



**SOUTH CANTERBURY DISTRICT HEALTH BOARD
TE POARI HAUORA O RAKAIA-WAITAKI**

Māori Health Profile 2015

Te taupori *Population*

In 2013, **4,400 Māori lived in the South Canterbury** District Health Board region, **8% of the District's total population** (57,600).



The South Canterbury Māori population is youthful, but showing signs of ageing. The median age in 2013 was 22.5 years. 15% of South Canterbury children aged 0–14 years were Māori, as were 12% of the District's youth aged 15–24 years.



The Māori population aged 65 years and over will increase by 56% between 2013 and 2020.



Whānau ora *Healthy families*

Te Kupenga data is presented for four DHBs combined: South Canterbury, Canterbury, Nelson Marlborough and West Coast. 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%).



The majority (59%) of Māori from the four DHBs thought Māori culture and **spirituality was very, quite or somewhat important**.

Most Māori from these DHBs (89%) had been to a marae at some time. 44% had been to their ancestral marae, with over half (56%) stating they would like to go more often.



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

11% of South Canterbury Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



This document is a summary of the South Canterbury District Health Board Māori Health Profile 2015, published in October 2015 by Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago Wellington. The full report with accompanying Excel data tables and a Māori language version of this report can be found at www.otago.ac.nz/MHP2015.

Wai ora *Healthy environments*

Education

In 2013, 96% of children starting school had participated in early childhood education.



In 2013, **46% of South Canterbury Māori adults aged 18 years and over had at least a Level 2 Certificate**, an increase since 2006 (39%). In 2013, the proportion of Māori with Level 2 was four-fifths that of non-Māori.

Work

In 2013, **8% of South Canterbury Māori adults aged 15 years and over were unemployed**, twice the non-Māori unemployment rate.



Most South Canterbury 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, without pay.

Income and standard of living

In 2013, 25% of South Canterbury children 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 in other households.



Among adults 18 years and over, 26% of those in a Māori household were in a low-income household, compared to 16% living in other households.

In 2013, **9% of Māori adults in South Canterbury, Canterbury, Nelson Marlborough and West Coast DHBs combined reported putting up with feeling the cold to keep costs down** in the previous 12 months, 5% had gone without fresh fruit and vegetables, and 9% had postponed or put off visits to the doctor.

In 2013, 9% of Māori households had no motor vehicle, compared to 7% of other households.



Residents in Māori households were less likely to have access to most forms of telecommunications (other than telephone/landline) than those living in other households in South Canterbury: 25% had no internet, 10% no mobile phone, 21% no telephone, and 2.5% had no access to any telecommunications at all.



Housing

In South Canterbury, Canterbury, Nelson Marlborough and West Coast 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%).

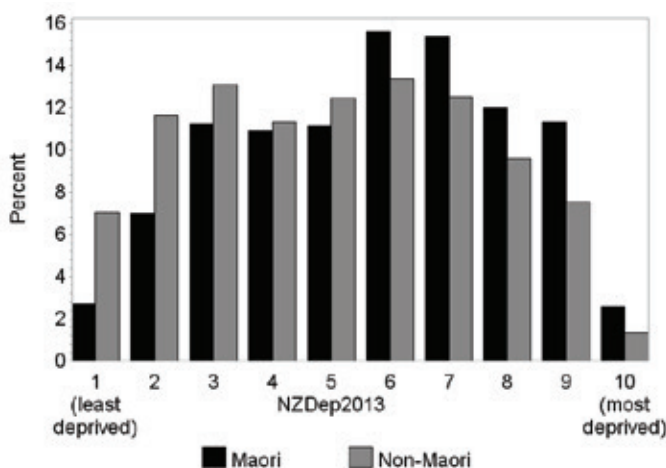


In 2013, children in Māori households in South Canterbury were 75% more likely to live in rented accommodation than children in other households (46% compared to 26%).

South Canterbury residents in **Māori households were 2.5 times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (10% compared to 4%).

Deprivation

Using the NZDep2013 index of small area deprivation, **41% of South Canterbury Māori lived in NZDep deciles 7 to 10, the four most deprived decile areas**, compared to 31% of non-Māori. Only 10% lived in the two least deprived deciles (deciles 1 and 2) compared to 19% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 108 Māori infants were born in South Canterbury per year during 2009–13, 17% of all live births in the DHB. 9% of Māori and 5% of non-Māori babies had low birth weight.



In 2013, **75% of Māori babies in South Canterbury were fully breastfed at 6 weeks.**

In 2014, **99% of Māori children were fully immunised at 8 months of age**, and 96% at 24 months.



In 2013, **55% of South Canterbury Māori children aged 5 years and 37% of non-Māori children had caries.** At Year 8 of school, 52% of Māori children and 44% of non-Māori children had caries. Among Māori children under 15 years there was an average of 11 hospital admissions per year for diseases of the teeth and gums during 2009–13.



During 2009–13, on average there were 12 hospital admissions per year for grommet insertions among Māori children under 15 years, and **one admission per year for skin infections.**



On average, **43 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions.

Twenty-nine hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care (ambulatory care sensitive hospitalisations, or ASH).



RANGATAHI *YOUNG ADULTS*

There has been a significant decrease in the proportion of South Canterbury Māori aged 15–24 years who smoke regularly, but Māori youth smoking rates remain substantially higher than those of non-Māori.



By September 2014, 40% of Māori girls aged 17 years and 64% of those aged 14 years had completed all three doses of the human papillomavirus (HPV) immunisation.



During 2009–13, there was an average of two hospital admissions per year for serious injury from self-harm among Māori youth aged 15–24 years, and one per year among Māori aged 25–44 years.



PAKEKE ADULTS

Over half of Māori adults (56%) in South Canterbury, Canterbury, Nelson Marlborough and West Coast DHBs combined reported having excellent or very good health in 2013, and over a quarter (28%) reported good health. One in six (17%) reported having fair or poor health.



Smoking rates among South Canterbury adults are decreasing, but remain **higher for Māori (35% in 2013)** than for non-Māori (19%).



Circulatory system diseases

On average, 28 South Canterbury Māori adults aged 25 years and over were admitted to hospital per year for circulatory system diseases

(including heart disease and stroke) during 2009–13, at a similar rate to non-Māori.



Ten Māori adults per year on average were admitted for ischaemic heart disease (IHD), of whom five had acute coronary syndrome (heart attack or unstable angina). Six per year had angiography, three had an angioplasty, and one per year had a coronary artery bypass and graft. There were no significant differences in rates between Māori and non-Māori.

Among South Canterbury Māori, **there were five hospital admissions per year for heart failure**, at a rate 2.8 times that of non-Māori.

Five Māori per year were admitted for stroke, with the rate for Māori females 2.5 times the rate for non-Māori females. Māori women were also more likely than non-Māori to be admitted for hypertensive disease.

Māori under 75 years were 69% more likely than non-Māori to die from circulatory system diseases during 2002–11.



Cancer

Cancer incidence overall was not significantly different for Māori and non-Māori during 2003–12.



Lung, breast, cancers of the genital organs, and cancers of the digestive organs were the most commonly registered among South Canterbury Māori women. The rate of lung cancer was 5.9 times as high for Māori as for non-Māori women.



Breast screening coverage of women aged 45–69 years during the 24 months to the end of 2014 was 72% for Māori women and 80% for non-Māori women.

Cervical screening coverage of Māori women aged 25–69 years was 47% over 3 years to the end of 2014 and 56% over five years (compared to 78% and 89% of non-Māori women respectively).

Lung and breast cancer were the most common causes of death from cancer among Māori women during 2002–11 (with mortality rates for both cancers over 3 times as high for Māori as for non-Māori).



Among South Canterbury males, cancers of the genital organs, respiratory organs, digestive organs and urinary tract were the most commonly registered for Māori. The cancer mortality rate was similar to that of non-Māori.

PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 2.3 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2009–13, with an average of 10 Māori admissions per year.



Asthma hospitalisation rates were similar for Māori and non-Māori.

Māori women under 75 years were 3.2 times as likely as non-Māori women to die from respiratory disease during 2002–11.



Mental disorders

Māori were 38% more likely than non-Māori to be admitted to hospital for a mental disorder during 2009–13.

Schizophrenia-related disorders and substance use disorders were the most common causes of admission.



Diabetes

In 2013, **4% of South Canterbury Māori were estimated to have diabetes.**



Among those aged 25 years and over, 52% were regularly receiving metformin or insulin, 71% were having regular blood sugar monitoring, and 38% were being screened regularly for renal disease.

Māori men with diabetes were 3.8 times as likely as non-Māori men to have a lower limb amputated (one per year on average) during 2009–13.

Gout

In 2011, **the prevalence of gout among South Canterbury Māori was estimated to be 4%.**



39% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, just under half had a lab test for serum urate levels in the following six months.

In 2009–13 **the rate of hospitalisations for gout was 5.8 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 14% lower for Māori than** for non-Māori during 2009–13.



There was an average of 155 potentially avoidable hospital admissions per year among South Canterbury Māori, and 87 ambulatory care sensitive admissions per year.

Injuries

There were 62 hospital admissions for injury per year on average among South Canterbury Māori during 2009–13, at a similar rate to non-Māori.



The most common causes of injury resulting in hospitalisation were **falls, exposure to mechanical forces, transport accidents and assault**.

Māori were **71% more likely than non-Māori to be admitted to hospital for assault**.

On average, **one Māori per year died from injuries during the decade 2002–11**, at a similar rate to non-Māori.

Mortality

The all-cause mortality rate for South Canterbury Māori females during 2003–12 was **around 50% higher than the non-Māori rate**, while the rate for males was similar for Māori and non-Māori.



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

Potentially avoidable mortality and mortality from conditions amenable to health care were both around 40% higher for Māori than for non-Māori in South Canterbury.

Life expectancy

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

Funded by Te Kete Hauora, Ministry of Health.

Rei puta design by Graham Tipene. Illustrations by Aki Design. Layout by Matthew Bartlett.
Background photo: South Canterbury, by Phillip Capper.

Suggested citation: Robson B, Purdie G, Simmonds S, Waa A, Faulkner R, Rameka R. 2016. *Tiro Whānui: South Canterbury District Health Board Māori Health Profile 2015 at a Glance*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. University of Otago.

ISBN: 978-0-9941317-1-3

