



NORTHLAND DISTRICT HEALTH BOARD TE POARI HAUORA Ā-ROHE O TE TAI TOKERAU

Māori Health Profile 2015

Te taupori *Population*

In 2013, **55,200 Māori** lived in the Northland

District Health Board region, **34% of the District's total**

population. Just over half of the District's children aged 0–14 years were Māori (52%) and just under half of the DHB's youth aged 15–24 years were Māori (47%).



The Northland Māori population is youthful, but showing signs of ageing. In 2013, **half were aged 24.5 years or under.**



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



Whānau ora *Healthy families*

In 2013, **most Northland Māori adults (82%) reported that their whānau was doing well, but 7% felt their whānau was doing badly.** A small proportion (5%) found it hard to access whānau support in times of need, but most found it easy (85%).



Being involved in Māori culture was important to the majority of Māori adults (81%). **Spirituality was important to 71%.**

Practically all (99%) Northland Māori 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.



One in six (16%) had taken part in traditional healing or massage in the last 12 months.

A quarter of Northland Māori could have a conversation about a lot of everyday things in te reo Māori.



Wai ora *Healthy environments*

Education

In 2013, 86% of Northland Māori children starting school had participated in early childhood education.



42% of Māori adults aged 18 years and over had at least a Level 2 Certificate, a higher proportion than in 2006 (36%). The proportion of non-Māori with this level of qualification was 62% in 2013.

Work

In 2013, **14% of Māori adults aged 15 years and over were unemployed**, more than twice the non-Māori unemployment rate (6%).



Most Māori adults (89%) do voluntary work.



In 2013, Northland 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 two children and two out of five 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, **15% of Northland Māori adults reported putting up with feeling the cold a lot to keep costs down** during the previous 12 months, 7% had gone without fresh fruit and vegetables, and 8% had postponed or put off visits to the doctor.

Residents of Māori households were over 4 times as likely as non-Māori to have no access to a motor vehicle (10% compared to 2%).



People in Māori households were less likely to have access to telecommunications than those living in other households: 39% had no internet, 32% no telephone, 15% no mobile phone, and 4% 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 (19%), needing repairs (18%) and damp (13%).

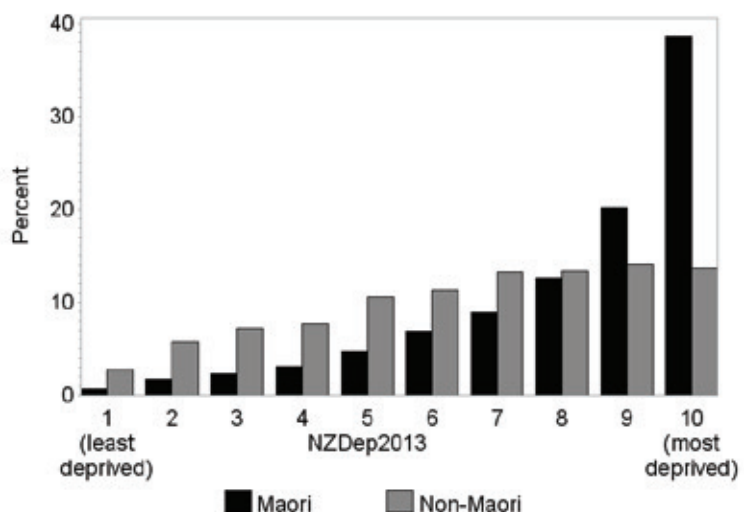


Over half of children in Northland Māori households were living in rented accommodation (57%), twice the proportion of children in other households (27%).

Northland residents living in Māori households were over 4 times as likely as others to be in crowded homes (i.e. requiring at least one additional bedroom) (23% compared to 5%).

Deprivation

Using the NZDep2013 index of small area deprivation, **39% of Northland Māori lived in the most deprived decile areas (decile 10)** compared to 14% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 1,386 Māori infants were born per year during 2009–13, 60% of all live births in Northland DHB. 7% of Māori and 4% of non-Māori babies had low birth weight.



In 2013, **78% of Māori babies in Northland were fully breastfed at 6 weeks.**

Two-thirds of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **87% of Māori children were fully immunised at 8 months of age**, 90% at 24 months.



In 2013, **three-quarters of Northland Māori children aged 5 years and half of non-Māori children had caries.** At Year 8 of school, two out of three Māori children and two out of five non-Māori children had caries. Māori children under 15 years were twice as likely as non-Māori to be hospitalised for tooth and gum disease.



During 2011–13, on average there were 119 hospital admissions per year for grommet insertions among Māori children (at a rate 20% higher than non-Māori) and a similar number of admissions for serious skin infections (with the rate over twice that of non-Māori children).



Māori children under 15 years were 21 times as likely as non-Māori children to be hospitalised for acute rheumatic fever, with 14 Māori children per year admitted at least once.



Approximately **1,280 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate two-thirds higher than that of non-Māori.

Around **870 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 two-thirds higher than for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Northland 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, 60% of Māori girls aged 17 years and 52% of those aged 14 years had completed all three doses of the human papillomavirus (HPV) immunisation. Coverage was higher for Māori than for non-Māori.



Māori aged 15–24 years were 5 times as likely as non-Māori to be admitted to hospital for acute rheumatic fever, with three rangatahi Māori and one non-Māori admitted per year during 2011–13.



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



PAKEKE ADULTS

Just over half of Māori adults in Northland reported having excellent or very good health in 2013, and a third reported good health. One in six (16%) reported having fair or poor health.



Smoking rates are decreasing, but remained **twice as high for Māori as for non-Māori** in 2013 (36% compared to 16%).



Cancer

Compared to non-Māori, cancer incidence was 37% higher for Māori females and 27% higher for Māori males, while cancer mortality was twice as high for Māori of both genders.



Breast, lung, uterine and colorectal cancers were the most commonly registered among Northland Māori women during 2008–12. The rate of lung cancer was over 4 times as high as for non-Māori, uterine cancer 2.5 times as high, breast cancer 26% higher, and colorectal cancer 42% lower.



Breast screening coverage of Māori women aged 45–69 years was 66% compared to 73% of non-Māori women at December 2014. Cervical screening coverage of Māori women aged 25–69 years was 63% over 3 years and 81% over five years (compared to 76% and 90% of non-Māori respectively).



Lung, prostate, colorectal and stomach were the most common cancers among Northland Māori men. Lung and stomach cancer registration rates were 4 and 5 times as high as for non-Māori men respectively, while the prostate cancer rate was lower, and the colorectal cancer rate similar.

Lung cancer was the most common cause of death from cancer among Māori men and women.



Circulatory system diseases

Northland Māori adults aged 25 years and over were 80% more likely than non-Māori to be hospitalised for circulatory system diseases

(including heart disease and stroke) in 2011–13.



Māori were 72% more likely than non-Māori to be admitted with acute coronary syndrome, 48% more likely to have angiography, just as likely to have angioplasty, and twice as likely to have a coronary artery bypass and graft.

Heart failure admission rates were 5 times as high for Māori as for non-Māori.

Stroke admission rates were twice as high for Māori as for non-Māori.

Admissions for hypertensive disease were 3 times as high.

Chronic rheumatic heart disease admissions were 5 times as common for Māori as for non-Māori, and heart valve replacements 65% higher.

Māori under 75 years were 4 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 4 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 3.5 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were around 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, **8% of Māori and 7% of non-Māori were estimated to have diabetes**. Nearly 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 two-thirds were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were nearly 6 times as likely as non-Māori to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Northland Māori was estimated to be 8%**, nearly twice the prevalence in non-Māori (4%).



Just under 40% 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 7 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 60% higher for Māori than for non-Māori** during 2011–13.



More than 3,400 Māori hospital admissions per year were potentially avoidable, with the rate 47% higher for Māori than for non-Māori. **The ASH rate was twice as high.**

Injuries

The rate of hospitalisation due to injury was 27% higher for Māori than for non-Māori.



The most common causes of injury resulting in hospitalisations among Māori were **falls, complications of medical and surgical care, exposure to mechanical forces, transport accidents and assault.**

Rates of hospital admission for injury caused by assault were 2.8 times as high for Māori as for non-Māori.

Injury mortality was 58% higher for Māori than for non-Māori in Northland.

Mortality

The all-cause mortality rate for Northland Māori was 2.4 times the non-Māori rate during 2008–12.



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

Leading causes of death for Māori males were **IHD, diabetes, accidents, lung cancer and COPD.**

Potentially avoidable mortality and mortality amenable to health care were over 2.5 times as high for Māori as for non-Māori in Northland during 2007–11.

Life expectancy

Life expectancy at birth for Māori residents in the Northland region during 2012–14 was 75.9 years for females (8.6 years lower than for non-Māori females), and 71.4 years for males (9.3 years lower than for non-Māori males).

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