



WEST COAST DISTRICT HEALTH BOARD  
TE POARI HAUORA A ROHE O TAI POUTINI

# Māori Health Profile 2015

## Te taupori *Population*

In 2013, **3,600 Māori lived in the West Coast** District Health Board region, **11% of the District's total population** (33,000).



The West Coast Māori population is youthful, but showing signs of ageing. The median age in 2013 was 24.8 years. In 2013, 19% of the District's children aged 0–14 years were Māori, as were 17% of West Coast's youth aged 15–24 years.



**The Māori population aged 65 years and over will increase by 80% between 2013 and 2020.**



## Whānau ora *Healthy families*

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



**The majority (59%) of Māori from the four DHBs thought Māori culture and spirituality was very/quite or somewhat important.** Spirituality was important to a similar proportion.

**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.

**10% of West Coast Māori could have a conversation about a lot of everyday things in te reo Māori** in 2013.



# Wai ora *Healthy environments*

## Education

In 2013, 89% of children starting school had participated in early childhood education.



In 2013, **44% of West Coast Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (40%). 55% of non-Māori had this level of qualification.

## Work

In 2013, **7% of West Coast Māori adults aged 15 years and over were unemployed**, 1.5 times the non-Māori rate (4%).



**Most West Coast Māori adults (90%) do voluntary work.**



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

## Income and standard of living

In 2013, 29% of West Coast children and 27% 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 19% of children and 18% of adults in other households.



In 2013, **9% of Māori adults in West Coast, Nelson Marlborough, Canterbury and South Canterbury DHBs combined reported putting up with feeling the cold a lot 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, **6% of Māori household residents had no motor vehicle**, compared to 3% of residents in other households.



Residents in Māori households were generally less likely to have access to telecommunications than those living in other households on the West Coast: 24% had no internet, 21% no telephone, 15% no mobile phone, and 3% had no access to any telecommunications in the home.



## Housing

In West Coast, Nelson Marlborough, Canterbury 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%).

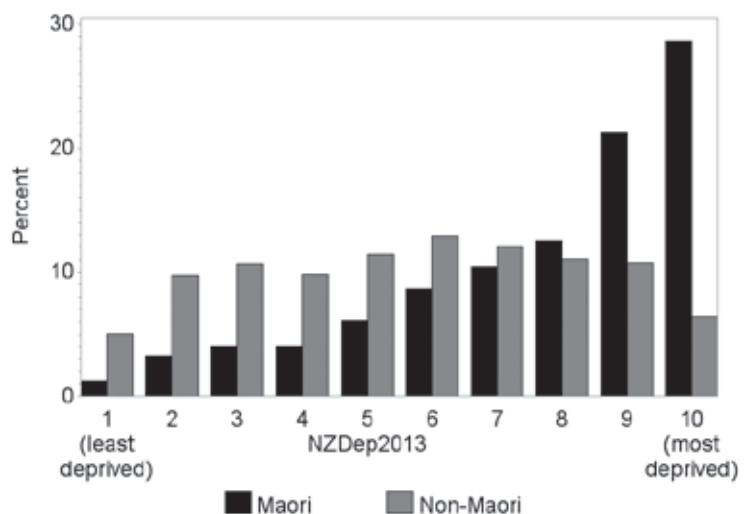


In 2013, **42% of children in Māori households on the West Coast were living in rented accommodation**, two-thirds higher than the proportion of children in other households (25%).

West Coast 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) (10% compared to 4%).

## Deprivation

Using the NZDep2013 index of small area deprivation, **the majority of West Coast Māori (75%) lived in NZDep deciles 5 to 9**. Only around 2% lived in the most deprived decile (decile 10) and around 2% in the least deprived decile (Dep 1) areas.



# Mauri ora *Healthy individuals*

## PEPI, TAMARIKI INFANTS AND CHILDREN

On average, 92 Māori infants were born per year during 2009–13, 22% of all live births in the DHB. 8% of Māori and 5% of non-Māori babies had low birth weight.

In 2013, **50% of Māori babies on the West Coast were fully breastfed at 6 weeks.**

In 2014, **90% of Māori children were fully immunised at 8 months of age**, and 94% at 24 months.

In 2013, **70% of West Coast Māori children aged 5 years and 46% of non-Māori children had caries.** These proportions were similar for Year 8 students (69% of Māori and 50% of non-Māori children). Māori children under 15 years were 43% more likely than non-Māori children to be hospitalised for diseases of the teeth and gums.

During 2011–13, on average there were six hospital admissions per year for grommet insertions among Māori children under **15 years, and one admission per year for skin infections.**

On average, **48 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 24% higher than that of non-Māori children.

**38 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 36% higher than for non-Māori children.



## RANGATAHI YOUNG ADULTS

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



By September 2014, between 40% and 57% of Māori girls aged 14 to 17 years had received all three doses of the human papillomavirus (HPV) vaccine. The coverage was lowest among 14 year olds.



During 2011–13, there was an average of three hospital admissions per year for serious injury from self-harm among Māori youth aged 15–24 years, and two per year among Māori aged 25–44 years.



## PAKEKE ADULTS

**Over half of Māori adults (56%) in West Coast, Nelson Marlborough, Canterbury and South Canterbury 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 West Coast adults are decreasing, but remain higher for Māori (35% in 2013) than for non-Māori (22%).



## Cancer

**Compared to non-Māori, cancer incidence was 47% higher for Māori females** during the ten-year period 2003–11, while cancer mortality was not significantly different. Among West Coast males, overall cancer incidence was similar for Māori and non-Māori. Cancer mortality, on the other hand, was twice as high for Māori as for non-Māori males.



Cancers of the breast, lung and digestive organs were the most commonly registered among West Coast Māori women. The rate of lung cancer was 2.6 times the rate for non-Māori women.



**Cancers of the digestive organs were the most common cause of cancer death for Māori women.** Breast screening coverage of women aged 45–69 years during the 24 months to the end of 2014 was 79% for both Māori and non-Māori women.

**Cervical screening coverage of Māori women aged 25–69 years was 62%** over 3 years to the end of 2014 and 73% over five years (compared to 76% and 88% of non-Māori women respectively).

Cancers of the prostate, digestive organs and lung were the most commonly registered cancers for Māori males.



Cancers of the digestive organs and of the lung were the most common causes of death from cancer among Māori males.

## Circulatory system diseases

On average, **31 West Coast Māori adults aged 25 years and over were admitted to hospital per year for circulatory system diseases** (including heart disease and stroke) during 2011–13, at a similar rate to non-Māori.



**Nine Māori adults per year on average were admitted for ischaemic heart disease (IHD), of whom seven had acute coronary syndrome** (heart attack or unstable angina). Five per year had angiography, two 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.

There were three hospital admissions per year for heart failure, two per year for stroke, and less than one for hypertensive disease among West Coast Māori.

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



## PAKEKE ADULTS

(continued)

### Respiratory disease

Māori aged 45 years and over were 75% more likely than non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2011–13, with an average of 10 Māori admissions per year.



Asthma hospitalisation rates were higher for Māori than non-Māori among children aged under 15 years and adults aged 35 to 64 years.

**Māori under 75 years had 3.6 times the non-Māori rate of death from respiratory disease** during 2002–11.



### Mental disorders

**Māori were 43% more likely than non-Māori to be admitted to hospital for a mental disorder** during 2011–13. Mood disorders were the most common disorders.



### Diabetes

In 2013, **4% of West Coast Māori were estimated to have diabetes.**

Among those aged 25 years and over, 60% were regularly receiving metformin or insulin.



### Gout

In 2011, **the prevalence of gout among West Coast Māori was estimated to be 5%** (and 4% among non-Māori).



Only 29% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only a quarter 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 (although the number of admissions was low, with one Māori admitted per year).

## NGĀ REANGA KATOĀ ALL AGES

### Hospitalisations

The all-cause rate of hospital admissions was similar for Māori and non-Māori females, but 10% lower for Māori males than for non-Māori males during 2011–13.



The avoidable hospitalisation rate was 18% higher for Māori than for non-Māori. There was an average of 144 potentially avoidable Māori admissions per year.

The ASH rate was 45% higher for Māori than non-Māori, with 90 Māori admissions per year on average.

### Injuries

There were 61 hospital admissions for injury per year on average among West Coast Māori during 2011 to 2013, at a similar rate to non-Māori.



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

On average, **two Māori per year died from injuries** during the decade 2002 to 2011.

### Mortality

The all-cause mortality rate for West Coast Māori during 2003–12 was 63% higher than the non-Māori rate.



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

Potentially avoidable mortality and mortality from conditions amenable to health care were around 70% higher for Māori than for non-Māori in the West Coast.

### Life expectancy

During 2012–14 life expectancy at birth was 80.3 years for Māori females in the West Coast Region (2.5 years lower than for non-Māori females) and 76.2 years for Māori males (2.9 years lower than for non-Māori males). The differences between Māori and non-Māori life expectancy were not statistically significant.

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