



AUCKLAND DISTRICT HEALTH BOARD TE POARI HAUORA O TĀMAKI MAKĀURAU

Māori Health Profile 2015

Te taupori *Population*

In 2013, **38,600 Māori** lived in the Auckland District Health Board's region, **8% of the District's total population.**



The Auckland Māori population is youthful, but showing signs of ageing. In 2013, **13% of the District's children aged 14 years and under were Māori**, as were **10% of those aged 15–24 years.**



The Māori population aged 65 years and over will increase by **57%** between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, **most Auckland Māori adults (84%) reported that their whānau was doing well**, but 6% felt their whānau was doing badly. A small proportion (6%) found it hard to access whānau support in times of need, but most found it easy (77%).



Being involved in Māori culture was important (very, quite, or somewhat) to the majority of Māori adults (71%). **Spirituality was important to 62%.**

Most (92%) Auckland Māori had been to a marae at some time.

Three out of five (58%) had been to their ancestral marae, with a similar proportion (57%) stating they would like to go more often.



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

One in six (17%) Auckland Māori could have a conversation about a lot of everyday things in te reo Māori.



Wai ora *Healthy environments*

Education

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



In 2013, **62% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, more than in 2006 (52%). Although the gap between Māori and non-Māori reduced, the proportion was 85% that of non-Māori.

Work

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



Most Māori adults (88%) 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, over a third of children and over a quarter 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 a quarter of children and adults in other households.



6% of Auckland Māori adults reported putting up with feeling the cold a lot to keep costs down, 4% had gone without fresh fruit and vegetables, and 2% had postponed or put off a visit to the doctor during the previous 12 months.

11% of residents of Māori households had no access to a motor vehicle, compared to 6% of residents of other households.



People in Māori households were less likely to have access to telecommunications than those living in other households: 21% had no internet, 25% no telephone, 12% 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 (14%), needing repairs (11%) and damp (9%).

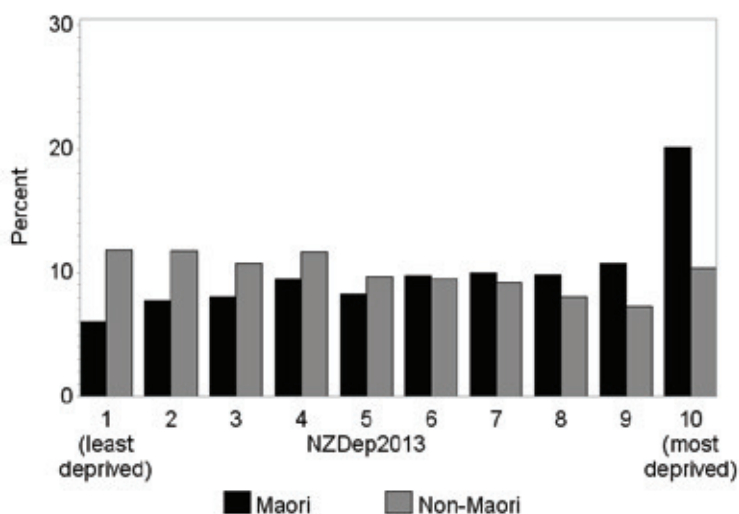


Three-fifths of children in Auckland Māori households were living in rented accommodation, compared to two-fifths of children in other households.

Auckland residents living in **Māori households were a third more likely than residents of other households to be in crowded homes** (i.e. requiring at least one additional bedroom) (23% compared to 18%).

Deprivation

Using the NZDep2013 index of small area deprivation, **20% of Auckland Māori lived in the most deprived decile areas** (Decile 10) compared to 10% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 916 Māori infants were born per year during 2009–13, 14% of all live births in the DHB. 6% of Māori and non-Māori babies had low birth weight.



In 2013, **81% of Māori babies in Auckland were fully breastfed at 6 weeks.**

Just under half of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **88% of Māori children were fully immunised at 8 months of age**, 94% at 24 months.



In 2013, **half of Auckland Māori children aged 5 years and a third of non-Māori children had caries.** At Year 8 of school, half of Māori children and two-fifths of non-Māori children had caries. Māori children under 15 years were 19% more likely than non-Māori to be hospitalised for tooth and gum disease during 2011–13.



During 2011–13, on average there were 122 hospital admissions per year for grommet insertions among Māori children under 15 years of age (at a rate 85% higher than among non-Māori), and **78 admissions for serious skin infections** (at a rate 48% higher than among non-Māori children).



Among children under 15 years, two Māori children and seven non-Māori children per year were admitted to hospital with acute rheumatic fever. The rate for Māori boys was 3 times as high as for non-Māori boys.



Over 650 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion and intersectoral actions, with the rate 19% higher than that of non-Māori.

On average, **432 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH), with the rate also 19% higher than for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Auckland 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 69% of those aged 14 years had received all three doses of the human papillomavirus (HPV) vaccine.



Among Auckland youth aged 15–24 years, one Māori and four non-Māori per year were admitted to hospital with acute rheumatic fever during 2011–13. The rate for Māori females was 7 times the non-Māori rate.



Rates of hospitalisation for serious injury from self-harm were higher for Māori than for non-Māori among young adults aged 15–44 years during 2011–13.



PAKEKE ADULTS

Two-thirds of Māori adults in Auckland reported having excellent or very good health in 2013, and a fifth reported good health. One in six (15%) reported having fair or poor health.



Smoking rates are decreasing, but **remain over twice as high for Māori as for non-Māori** (26% compared to 10% in 2013).



Circulatory system diseases

Māori adults aged 25 years were 69% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) during 2011–13.



Auckland Māori females were more likely than non-Māori females to be admitted with acute coronary syndrome, and to have revascularisation procedures. Māori male rates were similar to those of non-Māori males. However, Māori men generally had higher rates of admission than Māori women.

Heart failure admission rates were 4 times as high for Māori as for non-Māori.

Stroke admission rates were 45% higher for Māori than for non-Māori and hypertensive disease admissions twice as high.

Chronic rheumatic heart disease admissions were 2.7 times as common for Māori as for non-Māori.

Māori under 75 years of age were 2.5 times as likely as non-Māori to die from circulatory system diseases during 2007–11.



Cancer

Compared to non-Māori, cancer incidence was 24% higher for Māori females and 25% higher for Māori males, while cancer mortality was 87% higher and 78% higher respectively.



Breast, lung, uterine and colorectal cancers were the most commonly registered among Auckland Māori women during 2008–12. The rate of lung cancer registrations was 3.8 times the non-Māori rate.



Breast screening coverage of Māori women aged 45–69 years was 65% compared to 69% of non-Māori women at December 2014. Cervical screening coverage of Māori women aged 25–69 years was 56% over 3 years and 71% over five years (compared to 81% and 96% of non-Māori respectively).



Lung, prostate, colorectal and liver cancers were the most frequently registered cancers among Auckland Māori men.

Lung and liver cancer registration rates were around 3 times as high as for non-Māori men.



Lung cancer and cancers of the digestive organs were the most common causes of death from cancer among Māori women and men during 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) during 2011–13.



Asthma hospitalisation rates were higher for Māori than non-Māori among those aged under 65 years.

Māori under 75 years had 4 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 those caused by substance use.



Diabetes

In 2013, **5% of 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 twice as likely as non-Māori with diabetes to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Auckland Māori was estimated to be 6%**.



34% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 41% had a lab test for serum urate levels in the following six months.

During 2011–13, **the rate of hospitalisations for gout was 3.7 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 24% higher for Māori** than for non-Māori during 2011–13.



Approximately 2,310 Māori hospital admissions per year were potentially avoidable, with the rate 54% higher for Māori than for non-Māori. **The ASH rate was 70% higher.**

Injuries

The **rate of hospitalisation due to injury was 43% higher for Māori** than for non-Māori during 2011–13.



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

Rates of hospital admission for injury caused by assault were 6.7 times as high for Māori females as for non-Māori females and 3 times as high for Māori males as for non-Māori males. Males had higher rates of admission than females.

Injury mortality was 2.5 times as high for Māori as for non-Māori in Auckland during 2007–11.

Mortality

The all-cause mortality rate for **Māori in Auckland DHB during 2008–12 was twice as high** as the non-Māori rate.



Leading causes of death for Māori females during 2007–11 were **ischaemic heart disease (IHD), lung cancer, Chronic Obstructive Pulmonary Disease (COPD) breast cancer and accidents.** Leading causes of death for Māori males were **IHD, lung cancer, accidents, diabetes and COPD.**

Potentially avoidable mortality and mortality amenable to health care were 2.5 times as high for Māori as for non-Māori in Auckland.

Life expectancy

During 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 males).

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