



## COUNTIES MANUKAU DISTRICT HEALTH BOARD TE POARI HAUORA O MANUKAU, PAPA KURA, PUKEKOHE, ME WAIUKU

# Māori Health Profile 2015

### Te taupori *Population*

In 2013, **79,500 Māori lived in the Counties Manukau District Health Board region, 16% of the District's total population.**



The Counties Manukau Māori population is youthful, but showing signs of ageing. In 2013, the median age was 22.3 years. One in four of the District's children under 15 years were Māori as were one in five youth aged 15–24 years.



The Māori population aged 65 years and over will increase by nearly 43% between 2013 and 2020.



### Whānau ora *Healthy families*

In 2013, **most Counties Manukau Māori adults (76%) 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 (87%).



Being involved in Māori culture was important (very, quite, or somewhat) to the majority of Māori adults (71%) and **spirituality was important to 66%.**

**Almost all (96%) Counties Manukau Māori had been to a marae at some time.** Two-thirds (65%) had been to their ancestral marae, with over half (56%) stating they would like to go more often.



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

**A fifth of Counties Manukau Māori could have a conversation** about a lot of everyday things in te reo Māori in 2013.



This document is a summary of the Counties Manukau 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](http://www.otago.ac.nz/MHP2015).

# Wai ora *Healthy environments*

## Income and standard of living

In 2013, one in two 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 one in three children in other households.



Among adults 18 years and over, 43% in Māori households were in a low-income household, compared to 30% of adults in other households.

In 2013, **17% of Counties Manukau Māori adults reported putting up with feeling the cold a lot to keep costs down** during the previous 12 months, 5% had gone without fresh fruit and vegetables, and 9% had often postponed or put off a visit to the doctor.

Residents of Māori households were 3.6 times as likely as residents of other households to have no access to a motor vehicle in 2013 (10% compared to 3%).

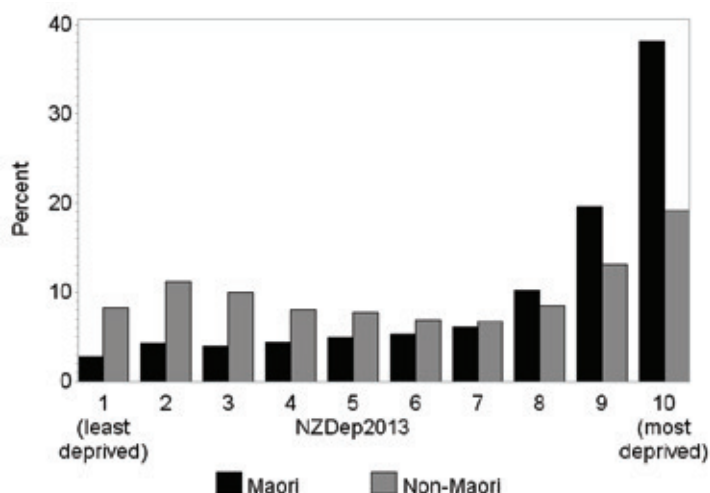


People in Māori households were less likely to have access to telecommunications than those living in other households: 34% had no internet, 29% no telephone, 14% no mobile phone, and 4% had no access to any telecommunications.



## Deprivation

Using the NZDep2013 index of small area deprivation, **58% of Counties Manukau Māori lived in the two most deprived decile areas** compared to 32% of non-Māori. Only 7% of Māori lived in the two least deprived deciles compared to 20% of non-Māori.



## Work

In 2013, **13% of Māori adults aged 15 years and over were unemployed**, 90% higher than the non-Māori rate (7%).



**Most Counties Manukau Māori adults (87%) do voluntary work.**



In 2013, **Māori were around 80% more likely than non-Māori to look after someone who was disabled or ill**, within or outside of the home.

## Education

In 2013, 88% of Counties Manukau Māori children starting school had participated in early childhood education.



In 2013, **43% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (34%). The gap between Māori and non-Māori closed by three percentage points but Māori remained three-quarters as likely as non-Māori to have this level of qualification in 2013.

## Housing

The most common housing problems reported to be a big problem by Māori adults in 2013 were finding it hard to keep warm (22%), needing repairs (19%) and damp (15%).



**Two-thirds of children in the Counties Manukau area Māori households were living in rented accommodation**, 54% higher than the proportion of children in other households (43%).

**A third of residents in Māori households were in crowded homes** (i.e. requiring at least one additional bedroom) compared to just under a quarter of residents of other homes (33% compared to 23%).



# Mauri ora *Healthy individuals*

## PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 2,422 Māori infants were born per year during 2009–13, 28% of all live births in the DHB. Approximately 7% of Māori and 6% of non-Māori babies had low birth weight.



In 2013, **76% of Māori babies in the Counties Manukau area were fully breastfed at 6 weeks.**

**56% 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, **61% of Counties Manukau Māori children aged 5 years and 46% of non-Māori children had caries.** These proportions were similar for children in Year 8 of school. On average, there were 203 hospital admissions per year among Māori children under 15 years during 2011–13, at a similar rate to non-Māori children.



During 2011–13, on average there were 172 hospital admissions per year for grommet insertions among Māori children (at a rate 11% higher than non-Māori) and **199 admissions for serious skin infections** (with the rate 22% higher than for non-Māori children).



**Māori children under 15 years were 51% more likely than non-Māori children to be hospitalised for acute rheumatic fever**, with 16 children per year admitted at least once. In addition, six Māori per year in the 15–24 year age group were admitted per year (twice the non-Māori rate).



Approximately **1,670 hospitalisations per year of Māori children under 15 years were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 6% higher than that of non-Māori.

Just over **1,000 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH), at a similar rate to non-Māori children.



## RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Counties Manukau 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, 72% of Māori girls aged 17 years and 69% 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 two-thirds higher for Māori than for non-Māori among youth aged 15–24 years during 2011–13 and twice as high for Māori than non-Māori among young adults aged 25–44 years.



## PAKEKE ADULTS

**Just over half of Māori adults in the Counties Manukau area (55%) reported having excellent or very good health** in 2013, and a quarter reported good health. One in five (19%) reported having fair or poor health.



Smoking rates are decreasing, but remain more than twice as high for Māori as for non-Māori in the Counties Manukau area.



## Cancer

**Compared to non-Māori, cancer incidence was 66% higher for Māori females** and 31% 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 Counties Manukau Māori women. The rate of lung cancer was over 4 times as high as the non-Māori rate, breast cancer 62% higher, and uterine cancer 42% higher.



**Breast screening coverage of Māori women aged 45–69 years was 69%** compared to 73% of non-Māori women in 2014.

Cervical screening coverage of Māori women aged 25–69 years was 62% over 3 years and 80% over five years (compared to 73% and 87% of non-Māori respectively).

Lung, prostate, colorectal and liver cancers were the most commonly registered cancers among Counties Manukau Māori men. **Lung and liver cancer registration rates were around 3 times as high as the non-Māori rates** respectively, while prostate cancer was 26% lower.



Lung cancer was the most common cause of death from cancer among Māori women, followed by breast, colorectal and stomach cancers. **Mortality rates for lung, breast and stomach cancers were higher for Māori** than for non-Māori women.

Lung cancer was the most common cause of cancer death for Māori men, followed by liver, colorectal, prostate and stomach cancers. Lung, liver and stomach cancer mortality rates were higher for Māori than for non-Māori men.



## Circulatory system diseases

**Māori adults aged 25 years and over were 88% more likely than non-Māori to be hospitalised for circulatory system diseases** (including heart disease and stroke) during 2011–13.



**Counties Manukau Māori women were around twice as likely as non-Māori women to be admitted with acute coronary syndrome**, and around twice as likely to have revascularisation procedures. Among men, Māori and non-Māori rates were similar.

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

**Stroke admission rates were three-quarters higher for Māori than for non-Māori** and admissions for hypertensive disease were twice as high.

**Chronic rheumatic heart disease hospital admissions were over twice as common for Māori as for non-Māori** and heart valve replacements 81% higher.

**Māori under 75 years were 2.9 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 most age groups other than 65 years and over.

**Māori under 75 years had 3.4 times the non-Māori rate of death from respiratory disease** during 2007–11.



### Mental disorders

**Māori were 2.5 times as likely as non-Māori to be admitted to hospital for a mental disorder** during 2011–13.

Schizophrenia-related disorders were the most common disorders, followed by mood disorders and substance use disorders.



### Diabetes

In 2013, **6% of Māori and 8% of non-Māori were estimated to have diabetes**. Half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 88% were having their blood sugar monitored regularly, and three-quarters were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were 4.5 times as likely as non-Māori to have a lower limb amputated**.

### Gout

In 2011, **the prevalence of gout among Counties Manukau Māori was estimated to be 8%**, compared to 5% among non-Māori.



37% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, 45% had a lab test for serum urate levels in the following six months. Around half were using non-steroidal anti-inflammatory medication.

In 2011–13, **the rate of hospitalisations for gout was 2.6 times as high for Māori as for non-Māori**.

## NGĀ REANGA KATOĀ ALL AGES

### Hospitalisations

The all-cause **rate of hospital admissions was 27% higher for Māori** than for non-Māori during 2011–13.



Approximately 5,480 Māori hospital admissions per year were potentially avoidable, with the rate 46% higher for Māori than for non-Māori. **The ASH rate was 68% higher.**

### Injuries

The **rate of hospitalisation due to injury was 43% higher for Māori males** than for non-Māori males and 57% higher for Māori females compared to non-Māori females during 2011–13.



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

**Rates of hospital admission for injury caused by assault were 4.7 times as high for Māori females** as for non-Māori females, and 2.6 times as high for Māori males as for non-Māori males. Rates were higher for males than for females.

**Injury mortality was 2.5 times as high for Māori** as for non-Māori in the Counties Manukau District during 2007–11.

### Mortality

The all-cause mortality rate for Counties Manukau Māori was **2.2 times the non-Māori rate** during 2008–12.



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

**Potentially avoidable mortality and mortality amenable to health care rates were 2.6 and 2.5 times as high respectively for Māori as for non-Māori** in the Counties Manukau District during 2007–11.

### Life expectancy

In 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).

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