



MIDCENTRAL DISTRICT HEALTH BOARD TE PAE HAUORA O RUAHINE O TARARUA

Māori Health Profile 2015

Te taupori *Population*

In 2013, **32,100 Māori** lived in the MidCentral

District Health Board (DHB) region, **19% of the**

District's total population. A third of the District's children aged 0–14 years and a quarter of young adults aged 15–24 years were Māori.



The MidCentral Māori population is youthful, but showing signs of ageing. **Half the population was aged under 23 years** in 2013.



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



Whānau ora *Healthy families*

Data from Te Kupenga is presented for two DHBs combined: MidCentral and Whanganui. In 2013, **most Māori adults (88%) in MidCentral and Whanganui reported that their whānau was doing well**, but 6% 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 (82%).



Being involved in Māori culture was important to 67% of Māori adults, and **spirituality was important to 64%**.

Nearly all MidCentral and Whanganui Māori adults (97%) had been to a marae at some time. Most (68%) had been to their ancestral marae, with over half (58%) stating they would like to go more often.



9% had taken part in traditional healing or massage in the last 12 months.

Just over a fifth of MidCentral Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Wai ora *Healthy environments*

Education

In 2013, 97% of Māori children who started school had participated in early childhood education.



In 2013, **47% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, an increase of 6% since 2006 (41%). However the proportion was still three quarters that of non-Māori.

Work

In 2013, **11% of Māori adults aged 15 years and over were unemployed**, twice the non-Māori rate (5.5%).



Most Māori adults (89%) do voluntary work.



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

Income and standard of living

In 2013, around one in three children and 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, **9% of MidCentral and Whanganui Māori adults reported putting up with feeling the cold a lot to keep costs down** during the previous 12 months, 7% had often gone without fresh fruit and vegetables, and 9% had postponed or put off visits to the doctor.

10% of residents of Māori households had no access to a motor vehicle compared to 4% of residents in other households in MidCentral DHB.



Residents of Māori households were less likely to have access to telecommunications at home than those living in other households: 29% had no internet, 27% no telephone, 11% no mobile phone, and 3% had no access to any telecommunications.



Housing

The most common housing problems reported to be a big problem by MidCentral and Whanganui Māori adults in 2013 were finding it hard to keep warm (14%), needing repairs (9%) and damp (8%).

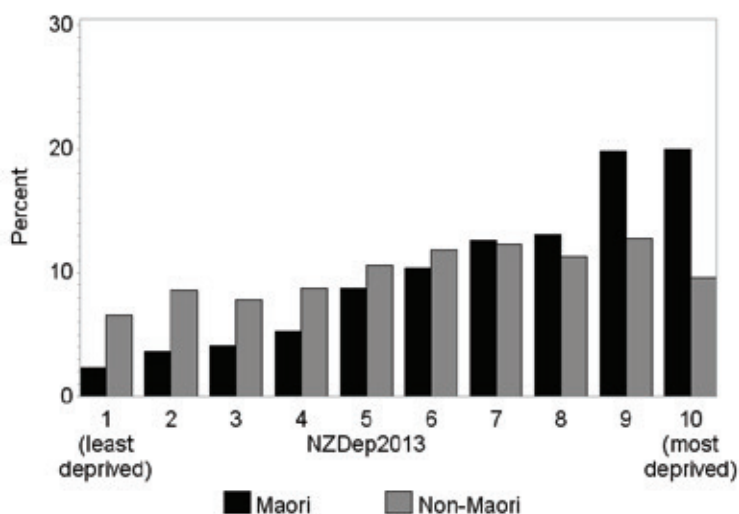


Over half of children in MidCentral Māori households (54%) were living in rented accommodation, compared to 30% of children in other households.

MidCentral residents of **Māori households were 2.5 times as likely as residents of other households to be in crowded homes** (i.e. requiring at least one additional bedroom) (15% compared to 6%).

Deprivation

Using the NZDep2013 index of small area deprivation, **40% of MidCentral Māori lived in the two most deprived decile areas** compared to 22% of non-Māori. Only 6% of Māori lived in the two least deprived decile areas compared to 15% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, close to 840 Māori infants were born per year during 2009–13, 37% of all live births in MidCentral DHB. 6% of Māori infants had low birthweight.



In 2013, **59% of Māori babies in MidCentral were fully breastfed at 6 weeks.**

Three out of five Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **95% of Māori children were fully immunised at 8 months of age**, also 95% at 24 months of age.



In 2013, **two out of three MidCentral Māori children aged 5 years and one out of three non-Māori children had caries.** At Year 8 of school, just over half of Māori children and two out of five non-Māori children had caries. An average of 139 Māori children per year were admitted to hospital for tooth and gum disease during 2011–13, at a similar rate to non-Māori children.



During 2011–13, on average there were 41 hospital admissions per year for grommet insertions for otitis media among Māori children (at a rate 27% lower than non-Māori) and a similar number of admissions for serious skin infections (with the rate 28% higher than non-Māori children).



One Māori child aged under 15 years was admitted to hospital per year with acute rheumatic fever.



500 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion and intersectoral actions, at a similar rate to non-Māori.

Nearly **360 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 similar to non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of MidCentral 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.** However, rangatahi Māori remain more than twice as likely to smoke as non-Māori.



By September 2014, 80% of Māori girls aged 17 years and 86% of those aged 14 years had received all three doses of the human papillomavirus (HPV) immunisation. Coverage was higher for Māori than for non-Māori.



Rates of hospitalisation for serious injury from self-harm were lower for Māori than for non-Māori youth during 2011–13. On average, there were 17 admissions per year among Māori aged 15–24 years and a similar number per year among those aged 25–44 years.



PAKEKE ADULTS

Just over half (55%) of Māori adults in MidCentral and Whanganui reported having excellent or very good health in 2013, and another 35% reported good health. Approximately one in seven reported having fair or poor health.



Smoking rates are decreasing, but remain twice as high for Māori as for non-Māori (33% compared to 16%).



Cancer

Compared to non-Māori, cancer incidence was 24% higher for Māori females while cancer mortality was 54% higher. For males, cancer registration rates were similar to non-Māori but cancer mortality was 34% higher.



Breast, lung, stomach, colorectal and uterine cancers were the most commonly registered among MidCentral Māori women during 2008–12. The rate of lung cancer was over 4 times the non-Māori rate, breast cancer 39% higher, and stomach cancer notably nearly 11 times as high.



Breast screening coverage of Māori women aged 45–69 years was 61% compared to 76% of non-Māori women during the 2 years prior to 31 December 2014.

Cervical screening coverage of Māori women aged 25–69 years was 66% over 3 years and 81% over five years (compared to 77% and 89% of non-Māori respectively).

Prostate, lung, colorectal and stomach cancers were the most frequently registered cancers among MidCentral Māori men. Lung and stomach cancer registration rates were 2.5 and 3.5 times the rates for non-Māori men respectively.



The most common causes of death from cancer among Māori women were lung (4.2 times the non-Māori rate), breast and stomach cancer (over 6.3 times the non-Māori rate) during 2007–11. For Māori men, lung cancer (3 times the non-Māori rate), prostate and colorectal cancers were the most common causes of cancer mortality.



Circulatory system diseases

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

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



MidCentral Māori were **19% more likely than non-Māori to be admitted to hospital with ischaemic heart disease (IHD), but had similar rates of admission for acute coronary syndrome.**

Māori women were 2.7 times as likely as non-Māori women to have a coronary artery bypass and graft.

Heart failure admission rates were 2.5 times as high for Māori as for non-Māori.

Stroke admission rates were 48% higher for Māori than for non-Māori, and hypertensive disease admissions were 2.3 times as high.

Chronic rheumatic heart disease admission rates were 3.4 times as high for Māori as for non-Māori, and heart valve replacements were twice as high.

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



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 2.5 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2011–13.



Asthma hospitalisation rates were 60% higher for Māori than for non-Māori aged 15–34 years and 41% higher in the 35–64 year age group.

Māori under 75 years of age had 3.2 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were 49% more likely than non-Māori to be admitted to hospital for a mental disorder during 2011–13. Māori males had higher rates of admission than Māori females. Schizophrenia-type disorders and mood disorders were the most common disorders for Māori men and women.



Diabetes

In 2013, **4% of Māori and 5% of non-Māori were estimated to have diabetes.**



Over half of Māori aged 25 years and over who had diabetes (57%) were regularly receiving metformin or insulin, 82% were having their blood sugar monitored regularly, and 62% were being screened regularly for renal disease.

During 2011–13, on average **three Māori per year with diabetes had a lower limb amputated.**

Gout

In 2011, **the prevalence of gout was estimated to be 6% among MidCentral Māori** and 4% among non-Māori.



Just under 40% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 30% had a lab test for serum urate levels in the following six months.

During 2011–13, **the rate of hospitalisations for gout was over 4 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 6% lower for Māori** than for non-Māori during 2011–13.



More than 1,500 Māori hospital admissions per year were potentially avoidable, with the rate 7% higher for Māori than for non-Māori. **The ASH rate was 14% higher.**

Injuries

The **rate of hospitalisation due to injury was 11% lower for Māori females** than for non-Māori females, while injury mortality was twice as high. Among males, the Māori hospitalisation rate was similar to that of non-Māori, but the injury mortality rate was around 50% higher.



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

Rates of **hospital admission for injury caused by assault were 2.2 times as high for Māori as for non-Māori.** Males had higher rates than females.

Mortality

The all-cause mortality rate for MidCentral Māori was **73% higher than for non-Māori** during 2008–12.



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

Potentially avoidable mortality and mortality amenable to health care were both twice as high for Māori as for non-Māori in MidCentral during 2007–11.

Life expectancy

In 2012–14, life expectancy at birth for Māori in the Manawatū–Whanganui region was 76.4 years for females (7 years lower than for non-Māori females) and 72.3 years for males (7.2 years lower than for non-Māori).

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