



HAWKE'S BAY DISTRICT HEALTH BOARD TE POARI HAUORA O TE MATAU-A-MĀUI

Māori Health Profile 2015

Te taupori *Population*

In 2013, **39,500 Māori lived in the Hawke's Bay** District Health Board region, **25% of the District's total population.**



The Hawke's Bay Māori population is youthful, but showing signs of ageing. The median age in 2013 was 23.6 years. In 2013, Māori made up 40% of the DHB population aged 0–14 years and 35% of young adults aged 15–24 years.



The Māori population aged 65 years and over will increase by 41% between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, **most Hawke's Bay Māori adults (79%) reported that their whānau was doing well**, but 9% felt their whānau was doing badly. A small proportion (7%) found it hard to access whānau support in times of need, but most found it easy (75%).



Being involved in Māori culture was important (very, quite or somewhat) to the majority of Māori adults in Hawke's Bay (70%), as was spirituality (70%).

Almost all (98%) Hawke's Bay Māori had been to a marae at some time. Two-thirds (66%) had been to their ancestral marae, with over half (58%) 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 four Hawke's Bay Māori could have a conversation about a lot of everyday things in te reo Māori.



Wai ora *Healthy environments*

Education

In 2013, 94% of Hawke's Bay 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 significant increase since 2006 (35%). The proportion of non-Māori with this level of qualification was 63%.

Work

In 2013, **11% of Māori adults aged 15 years and over were unemployed**, more than twice the non-Māori rate (5%).



Most Māori adults (87%) do voluntary work.



In 2013, **Māori were twice as likely as non-Māori to look after someone who was disabled or ill** within the home, and around 50% more likely to care for a non-household member, without pay.

Income and standard of living

In 2013, almost one in two children and two in 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, **11% of Hawke's Bay 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 12% had often postponed or put off visits to the doctor.

Residents of Māori households were more likely to have no access to a motor vehicle than residents of other households (11% compared to 3% had no vehicle).



People in Māori households were less likely to have access to telecommunications than those living in other households: 36% had no internet, 29% no telephone, 17% no mobile phone, and 5% had no access to any telecommunications.



Housing

The most common housing problems reported to be a big problem by Hawke's Bay Māori adults in 2013 were finding it hard to keep warm (14%), needing repairs (13%) and damp (12%).

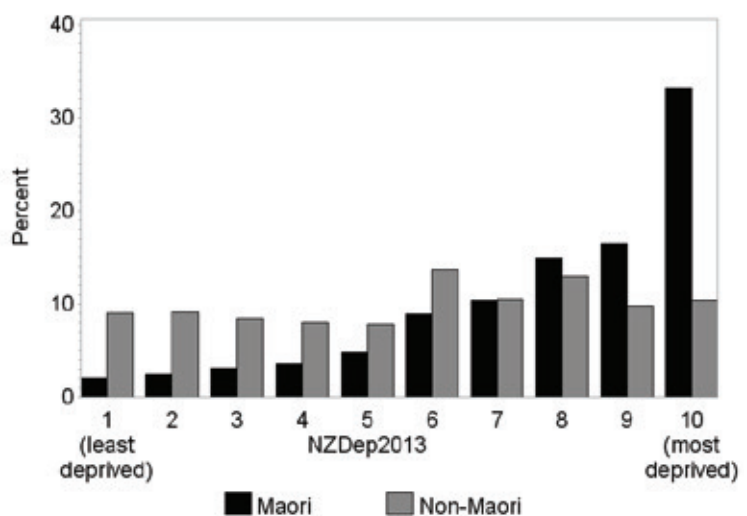


60% of children in Māori households were living in rented accommodation in 2013, twice the proportion of children in other households (30%).

Hawke's Bay residents living in **Māori households were 3.3 times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (23% compared to 7%).

Deprivation

Using the NZDep2013 index of small area deprivation, **33% of Hawke's Bay Māori lived in the most deprived neighbourhoods** (decile 10) compared to 10% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 1,066 Māori infants were born per year during 2009–13, 46% of all live births in Hawke's Bay DHB. 8% of Māori and 6% of non-Māori babies had low birth weight.



In 2013, **65% of Māori babies in Hawke's Bay were fully breastfed at 6 weeks.**

62% of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **94% of Māori children were fully immunised at 8 months of age**, 95% at 24 months.



In 2013, 63% of Hawke's Bay Māori children and 36% of non-Māori children aged 5 years had caries. At Year 8 of school, 52% of Māori children and 42% of 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 61 hospital admissions per year for grommet insertions among Māori children (at a rate 25% higher than non-Māori) and **73 admissions per year for serious skin infections** (with the rate 2.2 times that of non-Māori children).



An average of **two Māori children aged 0–14 years and one aged 15–24 were admitted to hospital per year for acute rheumatic fever.**



On average, **798 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 59% higher than that of non-Māori.



Each year, an average of **512 hospitalisations of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH), with a rate 49% higher than for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Hawke's Bay 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, in 2013, 47% of Māori aged 20–24 were regular smokers compared to 24% of non-Māori.



By September 2014, 74% of Māori girls aged 17 years and 68% 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.



Rates of hospitalisation for serious injury from intentional self-harm were 64% higher for Māori males than for non-Māori males among those aged 15–24 years during 2011–13.



PAKEKE ADULTS

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



Smoking rates are decreasing, but remain **over twice as high for Māori as for non-Māori** (37% compared to 17% in 2013).



Cancer

Compared to non-Māori, **cancer incidence was 45% higher for Māori females** while cancer mortality was 85% higher. Among males, Māori had similar cancer incidence but 70% higher mortality than non-Māori.



Breast, lung, colorectal and uterine cancers were the most commonly registered among Hawke's Bay Māori women during 2008–12. The rate of lung cancer was 4.2 times as high as the non-Māori rate, uterine cancer twice as high, and breast cancer 53% higher.



Breast screening coverage of Māori women aged 45–69 years was 65% compared to 75% of non-Māori women at the end of 2014.

Cervical screening coverage of Māori women aged 25–69 years was 74% over 3 years and 92% over five years (compared to 78% and 92% of non-Māori women respectively).

Lung, prostate, colorectal and stomach cancers were the most common cancers among Hawke's Bay Māori men. Lung cancer was 2.7 times as high as the non-Māori rate and stomach cancer was 5.8 times as high.



Lung cancer was the most common causes of death from cancer among Māori men and women. Compared to non-Māori, the lung cancer mortality rate was 4.6 times as high for Māori women, and 2.8 times as high for Māori men. Cancers of the digestive organs were the second leading cause of cancer death among Māori, followed by breast cancer for women, and prostate cancer for men.



Circulatory system diseases

During 2011–13, **Māori adults aged 25 years and over were 72% more likely than non-Māori to be hospitalised for circulatory system diseases**

(including heart disease and stroke), with around 500 admissions per year.



Hawke's Bay Māori were 87% more likely than non-Māori to be admitted with acute coronary syndrome, 66% more likely to have angiography, 34% more likely to have angioplasty, and 91% more likely to have a coronary artery bypass and graft.

Heart failure admission rates were 4.3 times as high for Māori as for non-Māori.

Stroke admission rates were two-thirds higher for Māori than for non-Māori, and hypertensive disease admissions over twice as high.

Chronic rheumatic heart disease admission rates were 4.5 times as high for Māori as for non-Māori, and heart valve replacement rates 82% higher.

Māori under 75 years were 3.6 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 3.5 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 under 65 years of age.

Māori under 75 years had 3.3 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were 68% more likely than 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.



Diabetes

In 2013, **5.2% of Māori and 5.5% of non-Māori were estimated to have diabetes**. Among Māori aged 25 years and over who had diabetes, 61% were regularly receiving metformin or insulin, 86% were having their blood sugar monitored regularly, and 69% were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were 5.2 times as likely as non-Māori to have a lower limb amputated** (seven Māori per year on average).

Gout

In 2011, **the prevalence of gout among Hawke's Bay Māori was estimated to be 7%**, compared to 4% in non-Māori.



40% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 27% had a lab test for serum urate levels in the following six months.

In 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 27% higher for Māori** than for non-Māori during 2011–13.



On average, 2,353 Māori hospital admissions per year were potentially avoidable, with the rate 53% higher for Māori than for non-Māori. **The ASH rate was 68% higher.**

Injuries

The **rate of hospitalisation due to injury was 36% higher for Māori** than for non-Māori 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 and transport accidents.**



Rates of hospital admission for injury caused by assault were 6.7 times as high for Māori females as for non-Māori females, and **2.4 times as high for Māori males** as for non-Māori males.

Injury mortality was nearly twice as high for Māori as for non-Māori in Hawke's Bay during 2007–11.

Mortality

The all-cause mortality rate for **Hawke's Bay Māori was twice the non-Māori rate** during 2008–12.



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

Potentially avoidable mortality was 2.5 times as high for Māori as for non-Māori in Hawke's Bay, and mortality amenable to health care 2.7 times as high.

Life expectancy

During 2012–14, life expectancy at birth was 75.9 years for Māori females in the Hawke's Bay region (7.7 years lower than for non-Māori females) and 71.7 years for Māori males (8.2 years lower than for non-Māori males).

Funded by Te Kete Hauora, Ministry of Health.

Rei puta design by Graham Tipene. Illustrations by Aki Design. Layout by Matthew Bartlett.
Background photo: Te Mata Peak, by Phillip Capper.

Suggested citation: Robson B, Purdie G, Simmonds S, Waa A, Rameka R, Scorrington K. 2016. *Tiro Whānui: Hawke's Bay District Health Board Māori Health Profile 2015 at a Glance*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago.

ISBN: 978-0-9941319-5-9

