



## TAIRĀWHITI DISTRICT HEALTH BOARD HAUORA TAIRĀWHITI

# Māori Health Profile 2015



### Te taupori *Population*

In 2013, an estimated **23,000 Māori lived in the Tairāwhiti** District Health Board region, **49% of the District's total population.**



The Tairāwhiti Māori population is youthful, but showing signs of ageing. In 2013, the median age was 25.2 years. 65% of the District's children aged 0–14 were Māori, as were 61% of 15–24 year olds.



The Māori population aged 65 years and over will increase by 37% between 2013 and 2020.



### Whānau ora *Healthy families*

In 2013, **most Tairāwhiti Māori adults (81%) reported that their whānau was doing well**, but 9% 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 (77%).



Being involved in Māori culture was important (very, quite, or somewhat) to the majority of Tairāwhiti Māori adults (78%), as was spirituality (also 78%).

**Practically all (99.5%) Tairāwhiti Māori adults had been to a marae at some time.** Most (83%) had been to at least one of their ancestral marae, with 61% stating they would like to go more often.



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

**30% of Tairāwhiti Māori could have a conversation about a lot of everyday things in te reo Māori** according to the 2013 Census.



This document is a summary of the Tairāwhiti 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*

## Education

In 2013, 93% of Tairāwhiti Māori children had participated in early childhood education.



In 2013, **46% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a significant increase since 2006 (38%).

## Work

In 2013, **12% of Māori adults aged 15 years and over were unemployed**, compared to 5% of non-Māori.



**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**, within the home, or outside the home.



## Income and standard of living

In 2013, 47% of children and 41% 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), over twice the proportion of children and adults in other households.



In 2013, **21% of Tairāwhiti Māori adults reported putting up with feeling the cold a lot during the previous 12 months to keep costs down**, 10% had gone without fresh fruit and vegetables, and 16% had often postponed or put off a visit to the doctor.

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



People in Māori households were less likely to have access to telecommunications than those living in other households: 41% had no internet, 33% no telephone, 16% no mobile phone, and 4% 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 (21%), needing repairs (19%) and damp (16%).

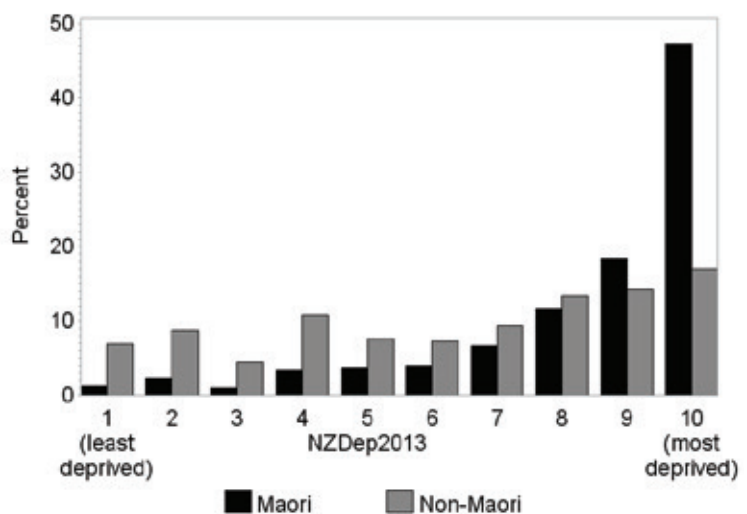


**More than half of children in Tairāwhiti Māori households (59%) were living in rented accommodation**, twice the proportion of children in other households (28%).

Tairāwhiti residents living in **Māori households were 4.2 times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (25% compared to 6%).

## Deprivation

Using the NZDep2013 index of small area deprivation, **47% of Tairāwhiti Māori lived in the most deprived decile area** (decile 10) compared to 17% of non-Māori.





# Mauri ora *Healthy individuals*

## PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 526 Māori infants were born per year during 2009–13, 70% of all live births in the DHB. 9% of Māori and 6% of non-Māori babies had low birth weight.



In 2013, **73% of Māori babies in Tairāwhiti were fully breastfed at 6 weeks.**

**Almost 80% of Māori infants were enrolled with a Primary Health Organisation by three months of age.**

In 2014, **90% of Māori children were fully immunised at 8 months of age**, 92% at 24 months.

In 2013, **65% of Tairāwhiti Māori children and 35% of non-Māori children aged 5 years had caries.** At Year 8 of school, one in two Māori children and one in three non-Māori children had caries. Māori children under 15 years were 83% more likely than non-Māori to be hospitalised for tooth and gum disease.



During 2011–13, on average there were 42 hospital admissions per year for grommet insertions among Māori children (at a similar rate to non-Māori) and **49 admissions per year for serious skin infections** (at a rate 2.4 times that of non-Māori children).



**Among Māori children under 15 years, an average of four per year were admitted at least once with acute rheumatic fever**, and one per year in the 15 to 24 year age group.



Around **540 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 23% higher than that of non-Māori.

Just over **350 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 31% higher than for non-Māori children.



## RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Tairāwhiti 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, one in two Māori aged 20–24 years was smoking regularly in 2013 (compared to just over one in five non-Māori).



By September 2014, 74% of Māori girls aged 17 years and 61% of those aged 14 years had received all three doses of the human papillomavirus vaccine. Coverage was higher for Māori than for non-Māori.



During 2011–13, on average, seven Māori aged 15–24 and three aged 25–44 years were admitted to hospital per year for serious injury from intentional self-harm.



## PAKEKE ADULTS

**Half of Māori adults in Tairāwhiti reported having excellent or very good health** in 2013, and a quarter reported having good health. A further quarter reported having fair or poor health.



Smoking rates are decreasing, but remain **more than twice as high for Māori as for non-Māori** (38% compared to 17% in 2013).



## Circulatory system diseases

**Tairāwhiti Māori adults aged 25 years and over were 82% more likely than non-Māori to be hospitalised for circulatory system diseases**

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



**Māori were 46% more likely than non-Māori to be admitted with acute coronary syndrome**, 50% more likely to have angiography, and just as likely to have an angioplasty or a coronary artery bypass and graft.

**Heart failure admission rates were 5.8 times as high for Māori** as for non-Māori.

**Rates of admission for stroke were 2.5 times as high for Māori as for non-Māori**, and hypertensive disease admissions 9.4 times as high.

**Chronic rheumatic heart disease admissions were 7.5 times as common for Māori as for non-Māori** and heart valve replacements 3 times as high.

**Māori under 75 years were nearly 4 times as likely as non-Māori to die from circulatory system diseases** in 2007–11.



## Cancer

**Compared to non-Māori, cancer incidence was 45% higher for Māori females**, while cancer mortality was 2.4 times as high. Among males in Tairāwhiti, cancer incidence was similar for Māori and non-Māori, but cancer mortality was over twice as high for Māori as for non-Māori.



Breast, lung, colorectal, stomach and uterine cancers were the most commonly registered among Tairāwhiti Māori women. The rate of lung cancer was 3.5 times the rate for non-Māori, and breast cancer 57% higher. Stomach cancer was notably 15 times as high as for non-Māori.



**Breast screening coverage of Māori women aged 45–69 years was 65%** compared to 74% of non-Māori women during the two years to December 2014.

**Cervical screening coverage of Māori women aged 25–69 years was 66%** over 3 years and 87% over five years (compared to 78% and 94% of non-Māori respectively) at December 2014.

Prostate, lung, colorectal cancer and leukaemias were the most common cancers among Māori men. **Lung cancer registration rates were 3.4 times as high as for non-Māori men**, while colorectal cancer was less than half the non-Māori rate.



Lung, breast, ovarian and pancreatic cancers were the most common causes of death from cancer among Māori females. Lung, prostate and colorectal cancer were the leading causes of cancer death for Māori males.



## PAKEKE ADULTS

(continued)

### Respiratory disease

Māori aged 45 years and over were almost three times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD).

Asthma hospitalisation rates were considerably higher for Māori than for non-Māori in each age group.

**Māori under 75 years had almost twice the non-Māori rate of death from respiratory disease** in 2007–11.



### Mental disorders

**Māori were 66% more likely than non-Māori to be admitted to hospital for a mental disorder** during 2011–13.

Schizophrenia-type disorders were the most common disorders, followed by mood disorders.



### Diabetes

In 2013, **7.6% of Māori and 9.1% of non-Māori were estimated to have diabetes**. 44% of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 72% were having their blood sugar monitored regularly, and half were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were 7 times as likely as non-Māori to have a lower limb amputated**.

### Gout

In 2011, **the prevalence of gout among Tairāwhiti Māori was estimated to be 9.4%**, more than twice the prevalence in non-Māori (4.4%).



A third of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 33% had a lab test for serum urate levels in the following six months.

During 2011–13, **the rate of hospitalisations for gout was more than 19 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 9% higher for Māori** than for non-Māori during 2011–13.



Approximately 1,350 Māori hospital admissions per year were potentially avoidable, with the rate 36% higher for Māori than for non-Māori. **The ASH rate was 59% higher.**

### Injuries

The **rate of hospitalisation due to injury was 15% higher for Māori** as for non-Māori. Males had higher rates of admission than females.



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

Compared to non-Māori, **rates of hospital admission for injury caused by assault were 4 times as high for Māori females** and 57% higher for Māori males.

**Injury mortality was 90% higher for Māori** than for non-Māori in Tairāwhiti.

### Mortality

The all-cause mortality rate for Tairāwhiti Māori was **2.4 times the non-Māori rate.**



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

**Potentially avoidable mortality and mortality amenable to health care were around 3 times as high for Māori as for non-Māori** in Tairāwhiti during 2007–11.

### Life expectancy

During 2012–14, life expectancy at birth was 74.8 years for Māori females in the Gisborne region (8.4 years lower than for non-Māori females) and 70.4 years for Māori males (9 years lower than for non-Māori males).

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