



BAY OF PLENTY DISTRICT HEALTH BOARD TE HAUORA A TOI

Māori Health Profile 2015

Te taupori *Population*

In 2013, **53,700 Māori lived in the Bay of Plenty** District Health Board region, **25% of the District's total population**. 40% of the District's children aged 0–14 year were Māori, and 35% of those aged 15–24 years.



The Bay of Plenty Māori population is youthful, but showing signs of ageing. In 2013, around **half were under 25 years** of age.



The number of Māori aged 65 years and over will increase by nearly 40% between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, **most Bay of Plenty Māori adults (84%) 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 (78%).



Being involved in Māori culture was important to three-quarters of Māori adults (76%). **Spirituality was important to two-thirds (65%)**.

A quarter (27%) of Bay of Plenty Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Practically all Bay of Plenty Māori (98%) had been to a marae at some time. Most (67%) had been to their ancestral marae, with over half (55%) stating they would like to go more often.



15% had taken part in traditional healing or massage in the last 12 months.



Wai ora *Healthy environments*

Education

In 2013, 86% of Bay of Plenty Māori children starting school had participated in early childhood education.



In 2013, **48% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, an increase since 2006 (39%). The proportion was three quarters that of non-Māori.

Work

In 2013, **14% of Māori adults aged 15 years and over were unemployed**, over twice the non-Māori rate (6%).



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 or outside of the home.

Income and standard of living

In 2013, 42% of children and 37% 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 17% of children and 19% of adults in other households.



10% of Bay of Plenty Māori adults reported putting up with feeling the cold a lot to keep costs down during the previous 12 months, 9% had gone without fresh fruit and vegetables, and 13% had postponed or put off visits to the doctor.

Residents of **Māori households were less likely than non-Māori to have access to a motor vehicle** (9% compared to 2%).



People in Māori households were less likely to have access to telecommunications than those living in other households: 35% had no internet, 15% no mobile phone, 30% no telephone, and 4% had no access to any telecommunications in the home.



Housing

The most common housing problems reported to be a big problem by Māori adults in 2013 were needing repairs (12%), finding it hard to keep warm (10%) and damp (7%).

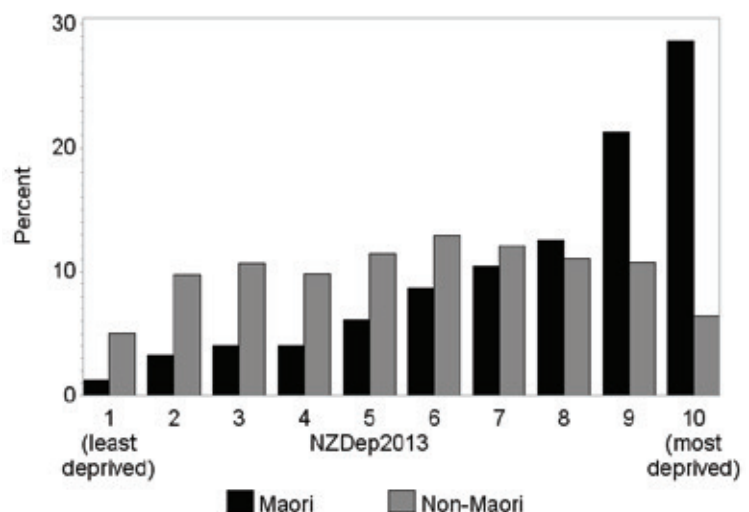


Almost half (47%) of children in Bay of Plenty Māori households were living in rented accommodation, twice the proportion of children in other households (24%).

Bay of Plenty residents living in **Māori households were 3.5 times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (21% compared to 6%).

Deprivation

Using the NZDep2013 index of small area deprivation, **50% of Bay of Plenty Māori lived in the two most deprived decile areas** compared to 17% of non-Māori. Conversely, only 4% of Māori lived in the two least deprived decile areas while the proportion of non-Māori was 15%.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI INFANTS AND CHILDREN

On average, 1,360 Māori infants were born per year over the 2009–13 period, 46% of all live births in the DHB. 7% of Māori and 6% of non-Māori babies had low birth weight.



In 2013, **78% of Māori babies in Bay of Plenty were fully breastfed at 6 weeks.**

Two thirds of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **85% of Māori children were fully immunised at 8 months of age**, 91% at 24 months.



In 2013, **74% of Bay of Plenty Māori children and 44% of non-Māori children aged 5 years had caries.** At school Year 8, two thirds of Māori children and half of non-Māori children had caries. Māori children under 15 years were a third more likely than non-Māori to be hospitalised for tooth and gum disease.



During 2011–13, on average there were 127 hospital admissions per year for grommet insertions among Māori children (at a rate similar to non-Māori) and **112 admissions for serious skin infections** (with the rate 2.5 times that of non-Māori children).



Māori children under 15 years were 10 times as likely as non-Māori children to be hospitalised for acute rheumatic fever, with 6 children per year admitted at least once.



On average, **1,255 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate one-third higher than that of non-Māori.

On average, **850 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations), with a rate one-third higher than for non-Māori children.



RANGATAHI YOUNG ADULTS

There has been a significant increase in the proportion of Bay of Plenty 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, Māori youth are twice as likely as non-Māori youth to smoke regularly.



By September 2014, between 56% and 64% of Māori girls aged 14 to 17 years had received all three doses of the human papillomavirus (HPV) vaccine (highest at age 14 and lowest at age 17 years). Coverage was higher for Māori than for non-Māori.



During 2011–13, 30 Māori aged 15–24 years and 21 aged 25–44 years were admitted per year for serious injury from intentional self-harm. Rates were lower for Māori than for non-Māori among those aged 15–24 years but similar to those of non-Māori at ages 25–44 years.

Two Māori and no non-Māori aged 15–24 years were admitted to hospital per year with acute rheumatic fever during 2011–13.



PAKEKE ADULTS

Just over **half of Māori adults in Bay of Plenty (53%) reported having excellent or very good health** in 2013, and a third reported having good health. One in seven (14%) reported having fair or poor health.



Smoking rates are decreasing, but were **more than twice as high for Māori as for non-Māori in 2013** (36% compared to 15%).



Cancer

Compared to non-Māori, cancer incidence was 34% higher for Māori females while cancer mortality was 2.4 times as high. Among males, cancer incidence was similar for Māori and non-Māori, but cancer mortality was 78% higher for Māori than for non-Māori.



Breast, lung, uterine and colorectal cancers were the most commonly registered among Bay of Plenty Māori women. The rate of lung cancer was 4.4 times the non-Māori rate, uterine cancer 84% higher, breast cancer 38% higher, and colorectal cancer 41% lower.



Cancers of the lung, breast, uterus and stomach were the most frequent causes of cancer death for Māori women.

Mortality rates for each cancer were significantly higher for Māori than for non-Māori women.

Breast screening coverage of Māori women aged 45–69 years was 57% compared to 70% of non-Māori women at the end of 2014. Cervical screening coverage of Māori women aged 25–69 years was 62% over 3 years and 78% over five years (compared to 83% and 97% of non-Māori).

Lung, prostate, colorectal and liver cancers were the most common cancers among Bay of Plenty Māori men. **Liver cancer registration rates were 10 times as high as for non-Māori men** respectively and lung cancer almost 4 times, while colorectal cancer was 40% lower.



Lung, liver, prostate, stomach and colorectal cancers were the most common cause of cancer death among Māori men.

Mortality rates for liver, lung and stomach cancers were significantly higher for Māori than for non-Māori men.



Circulatory system diseases

Māori adults aged 25 years and over were almost 80% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) during 2011–13.



Bay of Plenty Māori were 64% more likely than non-Māori to be admitted with acute coronary syndrome, 19% more likely to have angiography, just as likely to have angioplasty or coronary artery bypass and graft.

Heart failure admission rates were 3.9 times as high for Māori as for non-Māori.

Stroke admission rates were 87% higher for Māori than for non-Māori, and admissions for hypertension over twice as high.

Chronic rheumatic heart disease admissions were 4.7 times as common for Māori as for non-Māori, and heart valve replacements twice as frequent.

Māori under 75 years were 4 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 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 for non-Māori in each age group.

Māori under 75 years had 4 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were 55% 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, **5% of Māori and non-Māori were estimated to have diabetes**. Half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 78% were having their blood sugar monitored regularly, and 59% were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were 3.3 times as likely as non-Māori to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Bay of Plenty Māori was estimated to be 8%**, nearly twice the prevalence in non-Māori (4.2%).



Just under 40% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 36% had a lab test for serum urate levels in the following six months.

In 2011–13, **the rate of hospitalisations for gout was 6.5 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 17% higher for Māori** than for non-Māori during 2011–13.



Close to 3,400 Māori hospital admissions per year were potentially avoidable, with the rate 40% higher than for non-Māori. **The ambulatory care sensitive hospitalisations admissions rate was 62% higher for Māori**, with just over 2,000 admissions per year.

Injuries

The **rate of hospitalisation due to injury was 24% higher for Māori** than for non-Māori.



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

Compared to non-Māori, **rates of hospital admission for injury caused by assault were 4.2 times as high as for Māori females**, and 2.6 times as high as for Māori males. Admission rates were higher for males than for females.

Injury mortality was twice as high for Māori as for non-Māori in Bay of Plenty, and higher for males than for females.

Mortality

The all-cause mortality rate for **Bay of Plenty Māori was 2.3 times the non-Māori rate** in 2008–12.



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

Potentially avoidable mortality and mortality amenable to health care were both 2.8 times as high for Māori as for non-Māori in Bay of Plenty during 2007–11.

Life expectancy

Life expectancy at birth for Māori in the Bay of Plenty region during 2012–14 was 76.7 years for Māori females (7.8 years lower than for non-Māori) and 72.3 years for Māori males (8.4 years lower than for non-Māori).

Funded by Te Kete Hauora, the Ministry of Health.

Rei puta design by Graham Tipene. Illustrations by Aki Design. Layout by Matthew Bartlett.
Background photo: Mount Maunganui, by Robert Engberg.

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

ISBN: 978-0-9941319-1-1

