



NELSON MARLBOROUGH DISTRICT HEALTH BOARD TE POARI HAUORA O WHAKATŪ-WAIRAU

Māori Health Profile 2015

Te taupori *Population*

In 2013, **14,000 Māori lived in the Nelson Marlborough District Health Board region**, 10% of the District's total population.



The Nelson Marlborough Māori population is youthful, but showing signs of ageing. In 2013, the median age was 24.8 years compared to 43.5 years for the total DHB population. 18% of the District's children aged 0–14 years and **16% of the youth aged 15–24 years were Māori.**



The population aged 65 years and over will increase by two-thirds between 2013 and 2020.



Whānau ora *Healthy families*

Te Kupenga data is presented for four DHBs combined: Nelson Marlborough, West Coast, Canterbury and South Canterbury. In 2013, **most Māori adults (84%) from these four DHBs reported that their whānau was doing well**, but 5% felt their whānau was doing badly. A small proportion (8%) found it hard to access whānau support in times of need, but most found it easy (77%).



Being involved in Māori culture was important to the majority of Māori adults (59%), as was spirituality (59%).

Most Māori from these four DHBs had been to a marae at some time (89%). 44% had been to at least one of their ancestral marae, with over half (56%) stating they would like to go more often.



1 in 20 Māori from these four DHBs had taken part in traditional healing or massage in the last 12 months.

Just over 15% of Nelson Marlborough Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Wai ora *Healthy environments*

Education

In 2013, almost all Māori children (96%) who started school had participated in early childhood education.



In 2013, **50% of Nelson Marlborough Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (43%). The proportion of non-Māori with this level of qualification was 63%.

Work

In 2013, **8% of Nelson Marlborough Māori adults aged 15 years and over were unemployed**, three-quarters higher than the non-Māori rate (5%).



Most Māori adults (90%) 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, one in three children and just over one in four adults in Māori households (defined as households with at least one Māori resident) in Nelson Marlborough were in households with low equivalised household incomes (under \$15,172), compared to just under one in five children and adults in other households.



In 2013, **9% of Māori adults from Nelson Marlborough and three other South Island DHBs 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 visits to the doctor.

6% of residents of Nelson Marlborough Māori households had no access to a motor vehicle, compared to 3% of other residents.



Residents of Nelson Marlborough Māori households were less likely to have access to telecommunications than those living in other households: 24% had no internet, 22% no telephone, 12% no mobile phone, and 2.5% had no access to any telecommunications.



Housing

The most common housing problems reported to be a big problem by Māori adults in Nelson Marlborough, Canterbury, South Canterbury and West Coast DHBs combined in 2013 included finding it hard to keep warm (15%), needing repairs (14%) and damp (9%).

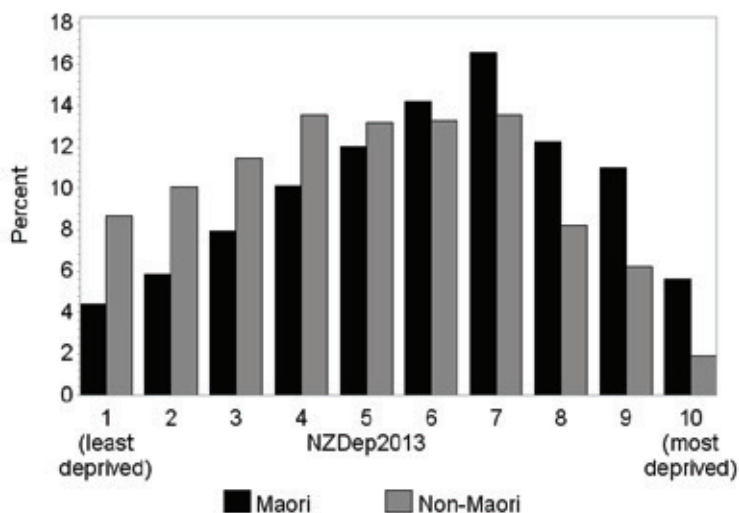


52% of children in Nelson Marlborough Māori households were living in rented accommodation, three-quarters higher than the proportion of children in other households (30%).

Nelson Marlborough residents in **Māori households were 2.5 times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (13% compared to 5%).

Deprivation

Using the NZDep2013 index of small area deprivation, **45% of Nelson Marlborough Māori lived in the four most deprived decile areas** compared to 30% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 343 Māori infants were born per year in Nelson Marlborough during 2009–13, 21% of all live births in the DHB. 6% of Māori and 5% of non-Māori babies had low birth weight.



In 2013, **two thirds of Māori babies in Nelson Marlborough were fully breastfed at 6 weeks.**

Around 60% of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **89% of Māori children were fully immunised at 8 months of age**, 90% at 24 months.



In 2013, **69% of Nelson Marlborough Māori children and 41% of non-Māori children aged 5 years had caries.** At Year 8 of school, 55% of Māori children and 45% of non-Māori children had caries. Māori children under 15 years were 50% more likely than non-Māori children to be hospitalised for tooth and gum disease.



During 2011–13, on average there were 31 hospital admissions per year for grommet insertions among Māori children (at a rate similar to non-Māori) and **10 admissions per year for serious skin infections** (with the rate 63% higher than that of non-Māori children).



Over **200 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.

Around **160 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 46% higher than for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Nelson Marlborough 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, human papillomavirus (HPV) immunisation rates were between 50% and 60% for Māori girls aged 14 to 17 years in 2014.



Rates of hospitalisation for serious injury from self-harm were lower for Māori than for non-Māori among those aged 15–24 years during 2011–13 but double for Māori males compared to non-Māori males at ages 25–44 years.



PAKEKE ADULTS

56% of Māori adults in the four DHBs combined reported having excellent or very good health in 2013, and 28% reported having good health. One in six (17%) reported having fair or poor health.



Smoking rates are decreasing, but remained **twice as high for Māori as for non-Māori** in Nelson Marlborough DHB in 2013 (32% compared to 16%).



Circulatory system diseases

Māori adults aged 25 years and over were 34% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) during 2011–13.



Māori in Nelson Marlborough were 29% more likely than non-Māori to be hospitalised for ischaemic heart disease.

Māori women were 86% more likely than non-Māori women to be admitted with acute coronary syndrome and twice as likely to have angiography. Rates of receipt of revascularisation procedures were higher but not statistically significant.

Heart failure admission rates were 2.7 times as high for Māori as for non-Māori.

Stroke admission rates were 59% higher for Māori than for non-Māori.

Chronic rheumatic heart disease admissions were 3.7 times as common for Māori as for non-Māori, while rates of heart valve replacements were similar.

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



Cancer

Breast, lung and colorectal cancers were the most commonly registered among Nelson Marlborough Māori women during 2008–12. **The rate of lung cancer was over 4.3 times the rate for non-Māori women.**



Breast screening coverage of Māori women aged 45–69 years was 80% compared to 83% of non-Māori women at December 2014.



Cervical screening coverage of Māori women aged 25–69 years was 68% over 3 years and 81% over five years (compared to 81% and 94% of non-Māori respectively).



Lung, colorectal and prostate cancers were the most commonly registered among Nelson Marlborough Māori men. The rate of lung cancer was 2.5 times the rate for non-Māori, while the rate of prostate cancer was half as high.

Cancers of the digestive organs, lung and breast were the most common causes of death from cancer among Māori women during 2007–11. Cancers of the lung and of the digestive organs were the most common causes of cancer death for Māori men. Mortality rates from lung cancer for Māori women and men were over 2.5 times the rates for non-Māori.



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 3 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2011–13.

Asthma hospitalisation rates were twice as high for Māori as for non-Māori under 65 years.

Māori under 75 years had 3.5 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were 27% more likely than non-Māori to be admitted to hospital for a mental disorder during 2011–13.

Substance use was the most common type of disorder, followed by schizophrenia-type disorders and mood disorders.



Diabetes

In 2013, **3% of Māori and 5% of non-Māori were estimated to have diabetes**.

Over half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin (54%), most (87%) were having their blood sugar monitored regularly, and two-thirds were being screened regularly for renal disease.



Gout

In 2011, **the prevalence of gout among Nelson Marlborough Māori was estimated to be 4%**, nearly 60% higher than the prevalence in non-Māori (3%).

41% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 22% had a lab test for serum urate levels in the following six months.

In 2011–13, **the rate of hospitalisations for gout was 8 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 4% higher for Māori than for non-Māori during 2011–13.



On average, 626 Māori hospital admissions per year were potentially avoidable, with the rate 23% higher for Māori than for non-Māori.

The ASH rate was 42% higher.

Injuries

Just under 300 Māori per year were hospitalised for injury, at a similar rate to non-Māori during 2011–13.



The most common causes of injury resulting in hospitalisation among Māori were **falls, exposure to mechanical forces, and transport accidents.**

The rate of hospitalisation for assault for Māori was 2.45 times that of non-Māori.

On average, **five Māori per year died from injuries** during 2007–11, at a rate similar to non-Māori.

Mortality

The all-cause mortality rate for Nelson Marlborough Māori was 40% higher than the non-Māori rate during 2008–12.



In 2007–11, the leading causes of death for Māori females were **lung cancer, ischaemic heart disease (IHD) and stroke.** For Māori males, the leading causes were **IHD, lung cancer and accidents.**

Potentially avoidable mortality was **74% higher for Māori than for non-Māori, and mortality from causes of death amenable to health care 81% higher.**

Life expectancy

Life expectancy at birth for Māori females in the Tasman, Nelson and Marlborough regions during 2012–14 ranged from 81.0 years in Marlborough, to 81.3 in Nelson, and 81.9 years in the Tasman region, between 2.4 and 2.9 years lower than for non-Māori females. For Māori males, life expectancy at birth was 77.1 years in Marlborough, 77.3 years in Nelson, and 78.0 years in Tasman and between 2.7 and 3.0 years lower than for non-Māori males.

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