



LAKES DISTRICT HEALTH BOARD
TE POARI HAUORA O ROTORUA-TAUPŌ

Māori Health Profile 2015

Te taupori *Population*

In 2013, **35,600 Māori lived in the Lakes** District Health Board region, **35% of the District's total population.**



The Lakes Māori population is youthful, but showing signs of ageing. In 2013, **half of the District's children and young people were Māori.**



The Māori population aged 65 years and over will increase by a third between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, **most Lakes Māori adults (84%) reported that their whānau was doing well**, but 8% 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 (83%).



Being involved in Māori culture was important to the majority of Māori adults (78%). **Spirituality was important to 76%.**

Practically all (99%) Māori from Lakes District had been to a marae at some time. Most (75%) had been to their ancestral marae, with over half (55%) stating they would like to go more often.



16% of Māori had taken part in traditional healing or massage in the last 12 months.

Over a quarter of Lakes Māori (28%) could have a conversation about a lot of everyday things in te reo Māori in 2013.



This document is a summary of the Lakes 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.

Wai ora *Healthy environments*

Education

Most Māori children (93%) who started school in 2013 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 higher proportion than in 2006 (40%). However the proportion was only three quarters that of non-Māori.

Work

In 2013, **13% of Māori adults aged 15 years and over were unemployed**, 2.4 times the non-Māori rate (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**, within or outside of the home.



Income and standard of living

In 2013, two out of five 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, **10% of Māori adults in Lakes DHB 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 9% had postponed or put off visits to the doctor.

Residents of **Māori households were over 3 times as likely as residents of other households to live in a home without a motor vehicle** (10% compared to 3%).



People in Māori households were less likely to have access to telecommunications than those living in other households: 38% had no internet, 34% no telephone, 12% no mobile phone, and 4% had no access to any telecommunications at all.



Housing

In Lakes DHB, the most common housing problems reported to be a big problem by Māori adults in 2013 were finding it hard to keep warm (17%), needing repairs (16%) and damp (14%).

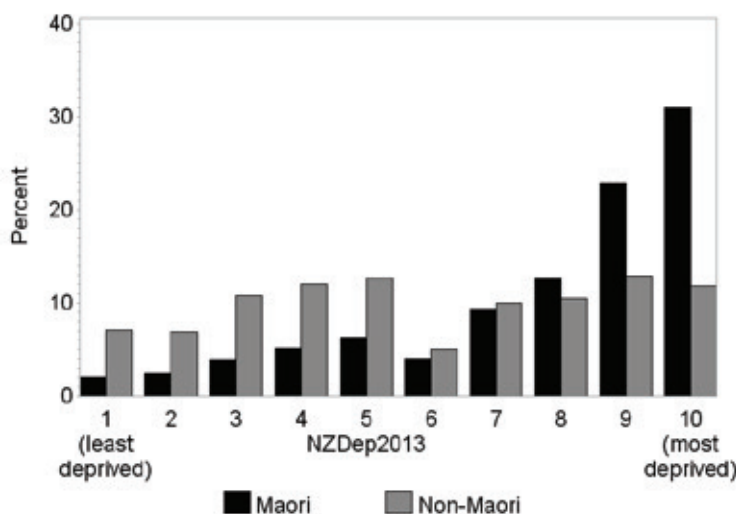


Over half (58%) of children in Māori households in Lakes were living in rented accommodation, nearly twice the proportion of children in other households (30%).

Lakes residents of **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, **54% of Lakes Māori lived in the two most deprived decile areas** (deciles 9 and 10) compared to 25% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI INFANTS AND CHILDREN

On average, 899 Māori infants were born per year during 2009–13, 57% of all live births in Lakes DHB. 7% of Māori and 5% of non-Māori babies had low birth weight.

In 2013, **75% of Māori babies in Lakes were fully breastfed at 6 weeks.**

81% 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**, also 90% at 24 months.

In 2013, **71% of Lakes Māori children and 40% of non-Māori children aged 5 years had caries.** At Year 8 of school, 69% of Māori children and 46% of non-Māori children had caries. Māori children under 15 years were 82% more likely than non-Māori to be hospitalised for tooth and gum disease.

During 2011–13, on average there were 93 hospital admissions per year for grommet insertions among Māori children (at a rate similar to that of non-Māori) and **64 admissions per year for serious skin infections** at 2.7 times the non-Māori rate.

Māori children under 15 years were 6 times as likely as non-Māori children to be hospitalised for acute rheumatic fever, with an average of four children admitted per year.

Around **760 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 46% higher than non-Māori.

500 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 44% higher than that of non-Māori children, or nearly 1,280 more admissions per 100,000.



RANGATAHI YOUNG ADULTS

There has been a significant increase in the proportion of Lakes 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.** In 2013, 45% of Māori aged 20–24 years smoked regularly compared to 23% of non-Māori.



By September 2014, 80% of Māori girls aged 17 years and 69% of those aged 14 years had received all three doses of the human papillomavirus (HPV) vaccine. Coverage was higher for Māori than for non-Māori.



Among Māori youth aged 15–24 years, an average of three individuals per year were admitted to hospital with acute rheumatic fever, at a rate 12 times the non-Māori (or 50 more hospitalisations per 100,000).



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 48% higher for Māori at ages 25–44 years. There were 23 Māori admissions per year among those aged 15–24 and 19 per year among those aged 25–44 years.



PAKEKE ADULTS

Over **half of Māori adults in Lakes District (57%) reported having excellent or very good health** in 2013, and over a quarter (27%) reported having good health. One in six (16%) reported having fair or poor health.



Smoking rates in Lakes are decreasing, but remain over **twice as high for Māori (36%)** as for non-Māori (17%) in 2013.



Cancer

Compared to non-Māori females, cancer incidence was 30% higher for Māori females and cancer mortality was 2.5 times as high. Among males, cancer incidence was similar for Māori and non-Māori while cancer mortality was 85% higher for Māori.



Breast, lung, uterine, colorectal, cervical and ovarian cancers were the most commonly registered among Lakes Māori women. Lung, breast, ovarian and colorectal cancers were the most common causes of cancer death. The lung cancer registration rate was 4 times the rate of non-Māori women and the mortality rate 5 times as high. Breast cancer registrations were 49% higher for Māori while the mortality rate was 3.2 times as high as the non-Māori rate. Ovarian cancer was 2.8 times as common for Māori while the mortality rate was 5.7 times as high as non-Māori.



Breast screening coverage of Māori women aged 45–69 years was 63% compared to 70% of non-Māori women.

Cervical screening coverage of Māori women aged 25–69 years was 70% over 3 years and 88% over five years (compared to 82% and 96% of non-Māori respectively).

Lung, prostate, colorectal and liver cancers were the most common cancers among Lakes Māori men. Lung, stomach, prostate, colorectal and pancreatic cancers were the most common causes of cancer death for Māori men. Lung cancer registration and **mortality rates were over 3 times as high as for non-Māori men. Stomach cancer mortality rates were 7 times as high for Māori as for non-Māori men.**



Circulatory system diseases

Lakes Māori adults aged 25 years and over were 73% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) in 2011–13.



Māori were 71% more likely than non-Māori to be admitted with acute coronary syndrome, 62% more likely to have angiography, 43% more likely to have angioplasty, and 61% more likely to have a coronary artery bypass and graft.

Heart failure admission rates were 5 times as high for Māori as for non-Māori.

Stroke admission rates were 86% higher for Māori than non-Māori (with 57 Māori admitted per year), and admissions for hypertensive disease 2.8 times as high (with eight Māori admitted per year).

Admissions for chronic rheumatic heart disease were 5 times as high for Māori as for non-Māori. Compared to non-Māori, heart valve replacements were 3 times as high among Māori females, but similar for Māori males.

Māori under 75 years were 4 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 4.8 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 over 3 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were 50% more likely than non-Māori to be admitted to hospital for a mental disorder during 2011–13.

Schizophrenia was the most common disorder, followed by mood disorders and substance use disorders.



Diabetes

In 2013, **5% of Māori and of non-Māori were estimated to have diabetes**. 51% of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 79% were having their blood sugar monitored regularly, and 62% were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were 7.7 times as likely as non-Māori to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Lakes Māori was estimated to be 6%**, higher than the prevalence in non-Māori (4%).



32% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, 31% had a lab test for serum urate levels in the following six months. Half of Māori with gout were using non-steroidal anti-inflammatory medication.

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



More than 2,500 Māori hospital admissions per year were potentially avoidable, with the rate 49% higher for Māori than for non-Māori. **The ASH rate was 79% higher.**

Injuries

The **rate of hospitalisation due to injury was 29% higher for Lakes Māori** than for non-Māori during 2011–13. Males had higher rates of admission than females.



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

The **rate of hospitalisation due to assault was 3.2 times as high for Māori** as for non-Māori.

Injury mortality was 2.4 times as high for Māori as for non-Māori in the Lakes District.

Mortality

The all-cause mortality rate for Lakes Māori during 2008–12 was **2.3 times the non-Māori rate.**



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

Leading causes of death for Māori men were **IHD, accidents, lung cancer, diabetes and COPD.**

Potentially avoidable mortality and mortality from conditions amenable to health care were around 3 times as high for Māori as for non-Māori in Lakes DHB.

Life expectancy

Life expectancy at birth during 2012–14 was 76.5 years for Māori females in the Waikato region (which includes Taupō), and 76.7 years in the Bay of Plenty region (which includes Rotorua) (7.5 and 7.8 years lower respectively than for non-Māori females). For Māori males, life expectancy was 72.2 years for Waikato residents and 72.3 years for Bay of Plenty residents (8.1 and 8.4 years lower than for their non-Māori counterparts).

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