



## HUTT VALLEY DISTRICT HEALTH BOARD TE POARI HAUORA O TE AWAKAIRANGI

# Māori Health Profile 2015

### Te taupori *Population*

In 2013, **23,800 Māori lived in the Hutt District Health Board region, 17% of the District's total population.**



The Hutt Māori population is youthful, but showing signs of ageing. The median age in 2013 was 24.2 years. 27% of the District's children aged 0–14 years and 23% of the District's youth aged 15–24 years were Māori.



The Māori population aged 65 years and over will increase by 62% between 2013 and 2020.



### Whānau ora *Healthy families*

Te Kupenga data is presented for Hutt Valley and Wairarapa DHBs combined. In 2013, **most Hutt Valley and Wairarapa Māori adults (80%) reported that their whānau was doing well**, but 7% 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 (76%).



Being involved in Māori culture was important to the majority of Māori adults (76%) and **spirituality was important to 66%.**

**Practically all Hutt Valley and Wairarapa Māori (98%) had been to a marae at some time.** Most (68%) had been to their ancestral marae, with 76% stating they would like to go more often.



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

**One in five Hutt Māori (21%) could have a conversation** about a lot of everyday things in te reo Māori in 2013.



# Wai ora *Healthy environments*

## Education

In 2013, 95% of Hutt Māori children starting school had participated in early childhood education.



In 2013, **51% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, higher than in 2006 (41%). However the proportion was still three-quarters that of non-Māori in 2013

## Work

In 2013, **11% of Māori adults aged 15 years and over were unemployed**, compared to 6% of non-Māori.



**Most Hutt Māori adults (88%) did voluntary work.**



In 2013, **Māori were 71% more likely than non-Māori to look after a household member who was disabled or ill**, and 40% more likely to care for someone outside of the home, without pay.

## Income and standard of living

In 2013, one in three children and one in four 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 the Hutt Valley DHB.



In 2013, **16% of Hutt Valley and Wairarapa Māori adults reported putting up with feeling the cold a lot to keep costs down** during the previous 12 months, 7% had often gone without fresh fruit and vegetables, and 16% had postponed or put off a visit to the doctor.

In 2013, **11% of residents in Māori households in Hutt Valley DHB had no motor vehicle** compared to 4% of residents in other households.



Residents in Hutt Māori households were less likely to have access to telecommunications than those living in other households: 26% had no internet, 24% no telephone, 11% no mobile phone, and 3% had no access to any telecommunications.



## Housing

The most common housing problems reported to be a big problem by Hutt Valley and Wairarapa Māori adults in 2013 were finding it hard to keep warm (23%), needing repairs (17%) and damp (16%).

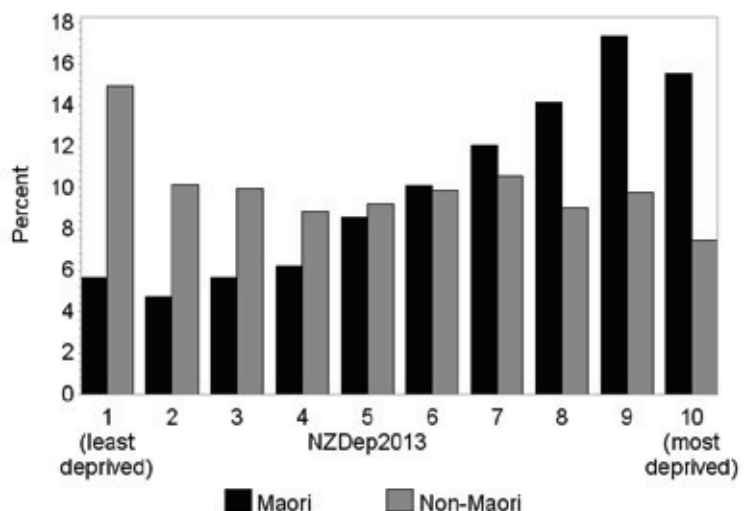


**Just over half of children in Hutt Māori households (54%) were living in rented accommodation**, four-fifths higher than the proportion of children in other households (29%).

Hutt residents living in **Māori households were twice as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (19% compared to 10%).

## Deprivation

Using the NZDep2013 index of small area deprivation, **59% of Hutt Māori lived in the four most deprived decile areas** compared to 37% of non-Māori. Conversely 10% of Māori lived in the two least deprived deciles compared to 25% of non-Māori.



# Mauri ora *Healthy individuals*

## PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, close to 620 Māori infants were born per year during 2009–13, 30% of all live births in Hutt Valley DHB. 7% of Māori and 6% of non-Māori babies had low birth weight.



In 2013, **65% of Māori babies in the Hutt Valley DHB area 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, **90% of Māori children were fully immunised at 8 months of age**, 92% at 24 months.



In 2013, **half of Hutt Māori children aged 5 years and a third of non-Māori children had caries.** At Year 8 of school, half of Māori children and just over a third non-Māori children had caries. Māori children under 15 years were 37% more likely than non-Māori children to be hospitalised for tooth and gum disease.



During 2011–13, on average there were 55 hospital admissions per year for grommet insertions among Māori children (at a rate 40% higher than non-Māori) and **64 admissions per year for serious skin infections** (with the rate nearly twice that of non-Māori children).



**Māori children under 15 years were 6 times as likely as non-Māori children to be hospitalised for acute rheumatic fever**, with 3 children per year admitted at least once on average.



**Over 600 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate a third higher than that of non-Māori children.

Around **420 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 27% higher than for non-Māori children.



## RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Hutt 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, at age 20–24 years, Māori were twice as likely as non-Māori to smoke regularly (44% compared to 21%) in 2013.



By September 2014, 55% of Māori girls aged 17 years and 70% of those aged 14 years had completed all three doses of the human papillomavirus (HPV) immunisation.



Rates of hospitalisation for serious injury from self-harm were 44% higher for Māori than for non-Māori among youth aged 15–24 years during 2011–13.



## PAKEKE ADULTS

Just under **half of Māori adults in Hutt Valley and Wairarapa DHBs reported having excellent or very good health** in 2013, and a third 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 (35%)** as for non-Māori (16%) in 2013.



## Cancer

Compared to non-Māori females, **cancer incidence was 46% higher for Māori females** while cancer mortality was 94% higher. Among Hutt males, overall cancer incidence was similar for Māori and non-Māori, but the cancer mortality rate was 50% higher for Māori.



Breast, lung, uterine and colorectal cancers were the most commonly registered among Hutt Māori women in 2008–12. The rate of breast cancer was 57% higher than the non-Māori rate, and the rate of lung cancer was over 4 times the non-Māori rate.



**Breast screening coverage of Māori women aged 45–69 years was 64%** compared to 74% of non-Māori women at December 2014.

Cervical screening coverage of Māori women aged 25–69 years was 70% over 3 years and 86% over five years (compared to 79% and 93% of non-Māori respectively).

Lung and breast cancer were the most common causes of death from cancer among Māori women in 2007–11. Lung cancer mortality for Māori women was 4.6 times as high as for non-Māori women.



Prostate, colorectal, testicular, liver, lung and stomach cancers were the most frequent cancers among Hutt Māori males. Lung and stomach cancer registration rates were 5.4 and 2.65 times the rate for non-Māori men respectively.



Lung, liver, colorectal and prostate cancers were the leading causes of cancer death for Māori men. Liver cancer mortality was 6.8 times as high for Māori as for non-Māori men.



## Circulatory system diseases

**Hutt Māori adults aged 25 years and over were 61% more likely than non-Māori to be hospitalised for circulatory system diseases**

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



**Māori were 30% more likely than non-Māori to be admitted with acute coronary syndrome**, 46% more likely to have angiography, just as likely to have angioplasty, and 88% more likely to have a coronary artery bypass and graft.

**Heart failure admission rates were 3.8 times as high for Māori** as for non-Māori.

**Stroke admission rates were 79% higher** for Māori than for non-Māori.

**Chronic rheumatic heart disease admissions were 5.6 times as common** for Māori as for non-Māori, and heart valve replacements 2.3 times as common.

**Māori under 75 years were nearly 3 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 3.5 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) in 2011–13.

Asthma hospitalisation rates were higher for Māori than non-Māori under 65 years of age.

**Māori under 75 years of age had 3.6 times the non-Māori rate of death from respiratory disease in 2007–11.**



### Mental disorders

**Māori were 82% 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, **4% 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 (57%), 86% were having their blood sugar monitored regularly, and two-thirds were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were over 3 times as likely as non-Māori to have a lower limb amputated.**

### Gout

In 2011, **the prevalence of gout among Hutt Māori was estimated to be 5.6%**, three-quarters higher than the prevalence in non-Māori (3.3%).



40% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 32% had a lab test for serum urate levels in the following six months. 43% of Māori with gout were using non-steroidal anti-inflammatory medication.

During 2011–13, **the rate of hospitalisations for gout was 2.9 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 22% higher for Māori** than for non-Māori during 2011–13.



On average, 1,500 Māori hospital admissions per year were potentially avoidable, with the rate 40% higher for Māori than for non-Māori. The ASH rate was 50% higher.

### Injuries

The **rate of hospitalisation due to injury was 37% higher for Māori** than for non-Māori during 2011–13.



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

**Rates of hospital admission for injury caused by assault were 2.7 times as high for Māori** as for non-Māori. Males had higher rates of admission than females.

**Injury mortality was nearly twice as high for Māori** as for non-Māori in the Hutt Valley DHB area during 2007–11.

### Mortality

The all-cause mortality rate for **Hutt Māori was 90% higher than the rate for non-Māori** in 2008–12.



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

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

**Potentially avoidable mortality and mortality amenable to health care were around twice as high for Māori as for non-Māori** in the Hutt Valley DHB area during 2007–11.

### Life expectancy

In 2012–14, life expectancy at birth for Māori in the greater Wellington region was 78.6 years for females (5.3 years lower than for non-Māori females) and 74.7 years for males (5.6 years lower than for non-Māori).

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