**

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Profile 2015

Te Rei Puta

The cover design represents the journey of data from its production to its use by the health sector. The overall shape of the design is the prized rei puta. This signifies the importance of information and the acknowledgement that knowledge is a taonga.

At the centre of the design interwoven kowhaiwhai represent the complexity of data that underpins the reports. The ngutu kākā represents the verbal mechanisms for passing on knowledge and the mangopare design symbolises strength and the application of knowledge.

The reports focus on the health status of Māori, and in particular where there are inequalities compared to non-Māori. Niho taniwha represents the strength required to meet adversity and persist through to a successful end, the koru symbolises the growth that results from access to information. The retention of knowledge is embodied in the pātaka kai.

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# He Mihi

Tūi Tuia i Te Herenga Tangata

Te tangi a Te Rōpū Rangahau Hauora a Eru Pōmare.

Tui Tui Tui Tuia

E ngā maunga whakahii, ngā pū kōrero huri noa

Tēnā koutou, tēnā koutou, tēnā tātou katoa.

Ngā mate huhua e hinga mai nei i runga i o tātou marae maha

Haere atu rā, okioki ai.

Ngā whakaaro, ngā kōrero aroha, ngā tautoko i awhi nei i te kaupapa

Anei te mihi ki ngā kaimahi hauora

Whakapiki te kaha

Whakapiki te ora

Whakapiki te māramatanga

Kia eke tātou katoa ki Te Pae Ora.

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Ngā mihi nui ki a koutou katoa.

Nā,

Te Rōpū Rangahau Hauora a Eru Pōmare (Eru Pōmare Māori Health Research Centre)  
University of Otago Wellington



Tiro whānui

− Waikato at a glance

Waikato population

* In 2013, 84,900 Māori lived in the Waikato District Health Board region, 23% of the District’s total population.
* The Waikato Māori population is youthful, but showing signs of ageing. In 2013, over a third (35%) of the District’s children under 15 years of age, and 29% of those aged 15–24 years were Māori.
* The Māori population aged 65 years and over will increase by 50% between 2013 and 2020.

Whānau ora – Healthy families

* In 2013, most Waikato Māori adults (87%) reported that their whānau was doing well, but 4% felt their whānau was doing badly. A small proportion (6%) found it hard to access whānau support in times of need, but most found it easy (82%).
* Being involved in Māori culture was important to 73% of Māori adults and spirituality was important to 71%.
* Practically all (99%) Waikato Māori had been to a marae at some time. A majority (62%) had been to their ancestral marae, with a similar proportion (60%) stating they would like to go more often.
* One in eight had taken part in traditional healing or massage in the last 12 months.
* Almost a quarter of Waikato Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.

Wai ora – Healthy environments

Education

* In 2013, 93% of Waikato 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, an increase since 2006 (40%). Māori were 29% less likely than non-Māori to have a Level 2 Certificate or higher in 2013.

Work

* In 2013, 12% of Māori adults aged 15 years and over were unemployed, more than twice the non-Māori rate (5%).
* Most Māori adults (89%) did voluntary work.
* In 2013, Māori were around twice as likely as non-Māori to look after someone within the home who was disabled or ill, and three-quarters more likely to look after someone outside the home.

Income and standard of living

* In 2013, two in five children and one in three 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, one in ten Waikato Māori adults reported putting up with feeling the cold a lot to keep costs down during the previous 12 months, 4% had gone without fresh fruit and vegetables, and 7% had postponed or put off visits to the doctor.
* Residents of Māori households were 3.7 times as likely as residents of other households to have no access to a motor vehicle in 2013.
* People in Māori households were less likely to have access to telecommunications than those living in other households: 35% had no internet, 32% no telephone, 13% 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 (16%), needing repairs (14%), and damp (11%).
* Three out of five children in Waikato Māori households were living in rented accommodation, twice the proportion of children in other households.
* Waikato residents living in Māori households were 3 times as likely as those living in other households to be in crowded homes (i.e. requiring at least one additional bedroom) (20% compared to 7%).

Area deprivation

* Using the NZDep2013 index of small area deprivation, 26% of Waikato Māori lived in the most deprived decile areas (decile 10) compared to 9% of non-Māori. Conversely, only 6% of Māori resided in the two least deprived decile neighbourhoods compared to 17% of non-Māori.

Mauri ora – Healthy individuals

Pepi, tamariki – Infants and children

* On average, 2,180 Māori infants were born per year during 2009–2013, 40% of all live births in the DHB. Seven percent of Māori and 6% of non-Māori babies had low birth weight.
* In 2013, 69% of Māori babies in Waikato 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, 89% at 24 months.
* In 2013, two-thirds of Waikato Māori children aged 5 years and one-third of non-Māori children had caries. At Year 8 of school, almost three in five Māori children and just over two in five non-Māori children had caries. Māori children under 15 years were two-fifths more likely than non-Māori to be hospitalised for tooth and gum disease.
* During 2011–2013, on average there were 204 hospital admissions per year for grommet insertions among Māori children (at a similar rate to non-Māori) and 136 admissions per year for serious skin infections (with the rate more than twice that of non-Māori children).
* Māori children under 15 years were 21 times as likely as non-Māori children to be hospitalised for acute rheumatic fever, with an average of 12 children per year admitted at least once. Among those aged 15–24 years, the rate was 6 times the non-Māori rate (with four Māori youth and one non-Māori youth admitted per year).
* On average, 1,800 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.
* Of the avoidable hospitalisations for Māori children, 1,190 were potentially avoidable through preventive or treatment intervention in primary care (ambulatory care sensitive hospitalisations, or ASH), with a rate one-quarter higher than for non-Māori children.

Rangatahi – Young adults

* There has been a significant increase in the proportion of Waikato 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, in 2013, 40% of Māori aged 20–24 years smoked regularly, twice the proportion of non-Māori (18%).
* By September 2014, 66% of Māori girls aged 17 years and 64% of those aged 14 years had completed all three doses of the human papilloma virus (HPV) immunisation. Coverage was higher for Māori than for non-Māori.
* Rates of hospitalisation for injury from self-harm were similar for Māori and non-Māori among those aged 15–24 years during 2011–2013 but over a third higher for Māori than for non-Māori at ages 25–44 years.

Pakeke – Adults

* Half of Māori adults in Waikato reported having excellent or very good health in 2013, and a third reported good health. One in five (20%) reported having fair or poor health.
* Smoking rates are decreasing, but remain more than twice as high for Māori as for non-Māori (36% compared to 15% in 2013).

Circulatory system diseases

* Māori adults aged 25 years were 82% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) in 2011–2013.
* Waikato Māori were 28% more likely than non-Māori to be admitted with acute coronary syndrome, 43% more likely to have angiography. Māori women were more likely than non-Māori women to have an angioplasty or coronary artery bypass and graft. Māori men were less likely to have an angioplasty than non-Māori.
* Heart failure admission rates were 5 times as high for Māori as for non-Māori.
* Stroke admission rates were twice as high for Māori as for non-Māori, as were rates of admission for hypertensive disease.
* Chronic rheumatic heart disease admissions were almost 6 times as common for Māori as for non-Māori, while heart valve replacement rates were just over twice as high.
* Māori under 75 years were three-and-a-half times as likely as non-Māori to die from circulatory system diseases in 2007–2011.

Diabetes

* In 2013, 6% of Māori were estimated to have diabetes. Nearly half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 84% were having their blood sugar monitored regularly, and almost two-thirds were being screened regularly for renal disease.
* During 2011–2013 Māori with diabetes were nearly 4 times as likely as non-Māori to have a lower limb amputated.

Cancer

* Compared to non-Māori, cancer incidence was almost 50% higher for Māori females while cancer mortality was close to twice as high. For Māori males, cancer incidence was similar to that of non-Māori, while cancer mortality was two-thirds higher.
* Breast, lung, colorectal, uterine and cervical cancers were the most commonly registered among Waikato Māori women. The rate of lung cancer was 4 times the rate for non-Māori, as was the mortality rate. Breast cancer incidence and mortality rates were both two-thirds higher for Māori than for non-Māori. Colorectal registration and mortality rates were similar for Māori and non-Māori. Stomach cancer was the fourth leading cause of cancer death with 4 times the mortality rate of non-Māori.
* Breast screening coverage of Māori women aged 45–69 years was 55% compared to 68% of non-Māori women at the end of 2014.
* Cervical screening coverage of Māori women aged 25–69 years was 60% over 3 years and 75% over five years (compared to 78% and 91% of non-Māori respectively).
* Lung, prostate, and colorectal cancers were the most common cancers among Waikato Māori men. The registration rate for lung cancer was 3 times the rate for non-Māori men and the mortality rate 2.4 times as high. The registration rate for prostate cancer was 41% lower for Māori than for non-Māori men, but the mortality rate was 79% higher. Registration and mortality rates for colorectal cancer were similar for Māori and non-Māori men. Other leading causes of cancer death for Māori men were cancers of the stomach, pancreas and liver, with mortality rates 2 to 3 times as high as those for non-Māori.

Respiratory disease

* Māori aged 45 years and over were 3.8 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD).
* Asthma hospitalisation rates were 2 to 3 times as high 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 2007–2011.

Mental disorders

* Māori were four-fifths more likely as non-Māori to be admitted to hospital for a mental disorder during 2011–2013. Schizophrenia type disorders were the most common disorders, followed by mood disorders.

Gout

* In 2011 the prevalence of gout among Waikato Māori was estimated to be 7%, twice the prevalence in non-Māori (3%).
* Just over a third (36%) 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.
* In 2011–2013 the rate of hospitalisations for gout was nearly 10 times as high for Māori as for non-Māori, indicating a higher rate of flare-ups.

All ages

Hospitalisations

* The all-cause rate of hospital admissions was 16% higher for Māori than for non-Māori during 2011–2013.
* Almost 5,200 Māori hospital admissions per year were potentially avoidable, with the rate 38% higher for Māori than for non-Māori. The ASH rate was 75% higher.

Mortality

* In 2012–2014, life expectancy at birth for Māori in the Waikato Region was 76.5 years for females (7.5 years lower than for non-Māori females) and 72.2 years for males (8.1 years lower than for non-Māori).
* The all-cause mortality rate for Waikato Māori was twice as high as the non-Māori rate during 2008–2012.
* Leading causes of death for Māori females during 2007–2011 were ischaemic heart disease (IHD), lung cancer, COPD, diabetes, and stroke. Leading causes of death for Māori males were IHD, accidents, diabetes, lung cancer, and COPD.
* Potentially avoidable mortality and mortality amenable to health care were 2.6 times and 2.7 times as high for Māori as for non-Māori in Waikato during 2007–2011.

Injuries

* The rate of hospitalisation due to injury was 19% higher for Māori than for non-Māori. Males had higher rates of admission than females.
* The most common causes of injury resulting in hospitalisations among Māori were falls, exposure to mechanical forces, complications of medical and surgical care, transport accidents, and assault.
* Rates of hospital admission for injury caused by assault were over 5 times as high for Māori females as for non-Māori females and 2.4 times as high for Māori males as for non-Māori males. Males had higher rates than females.
* Injury mortality was 85% higher for Māori than for non-Māori in Waikato. Males had higher rates of death from injury than females.

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# Introduction

T

he Ministry of Health commissioned Te Rōpū Rangahau Hauora a Eru Pōmare to produce a Māori Health Profile for each District Health Board (DHB) in Aotearoa New Zealand. Each profile report is accompanied by an Excel© data file. The profiles are intended to be used by the health sector for planning purposes. They build on and update the previous Health Needs Assessments produced by Massey University in 2012 which can be viewed [here](http://www.health.govt.nz/our-work/populations/maori-health/dhb-maori-health-plans-and-health-needs-assessments#hna).

The overall aim of the Māori Health Strategy, He Korowai Oranga, is Pae Ora or Healthy Futures. Pae Ora is a holistic concept that includes three interconnected elements; whānau ora, wai ora and mauri ora. Further detail on He Korowai Oranga can be found [here](http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/pae-ora-healthy-futures). Health indicators contained in the Māori Health Profiles are arranged according to these three elements. Whānau ora, healthy families, includes indicators of whānau wellbeing and support, participation in Māori culture and reo. Wai ora, or healthy environments, encompasses indicators on education, work, income, housing and deprivation. Mauri ora, healthy individuals, includes individual level indicators of health status. Mauri ora indicators are ordered according to life stage from pepi/tamariki to rangatahi then pakeke, and also a section on indicators that affect individuals of all ages.

This document presents data for residents of **Te Poari Hauora-a-Rohe o Waikato, the Waikato District Health Board.**

## Data sources and key methods

The main data sources for this report are: the 2013 Census of Population and Dwellings, Te Kupenga 2013 (the Māori Social Survey), mortality registrations, public hospital discharges, cancer registrations, the national immunisation register, the community oral health service, the Health Quality and Safety Commission’s Atlas of Healthcare Variation, Action on Smoking and Health (ASH) Year 10 Snapshot Survey of tobacco smoking among 14 and 15 year olds, and data from the Well Child/Tamariki Ora Quality Improvement Framework indicators.

Most data are presented for Māori and non-Māori residents of Waikato DHB. Accompanying Excel tables also include data for the total Waikato DHB population and the total New Zealand population for reo speakers, socioeconomic indicators, mortality, cancer registrations, and hospital discharges.

The unequal distribution of the social determinants of health is an important driver of health inequities between Māori and non-Māori. Information from the 2013 Census on living conditions that influence health has been analysed by individual, household, and neighbourhood. A household was classified as Māori if there was at least one Māori resident. The 2013 NZ Deprivation Index was used for classifying neighbourhoods. The index combines eight dimensions of deprivation, including access to telecommunications and internet, income, employment, qualifications, home ownership, support, living space, and access to transport.

Māori models of health encompass cultural vitality and whānau wellbeing. Indicators of these dimensions of health have been included in these Profiles, sourced from Te Kupenga 2013, the Māori Social Survey conducted in 2013 by Statistics New Zealand (SNZ). Further information on Te Kupenga can be found [here](http://www.stats.govt.nz/tekupenga). Data from Te Kupenga is presented for Māori only.

Hospitalisation, cancer registration, and mortality rates and Census data were age–sex-standardised to the 2001 Māori population[[1]](#footnote-1).

Ninety-five percent confidence intervals (95% CI) were calculated for crude and age-standardised hospitalisation and mortality rates and ratios using the log-transformation method (Clayton and Hills 1993). Confidence intervals for data from Te Kupenga were calculated by Statistics New Zealand. Confidence intervals have not been calculated for data from other sources.

For ambulatory care sensitive admissions and admission rates for specific causes, transfers are only included as an admission if the principal diagnosis is not in the same diagnostic group as the initial admission.

Average numbers of events per year have been rounded to the nearest whole number.

Further technical notes and methods are provided in Appendix 2.

## Further sources of data

Risk factors common to several chronic conditions such as diabetes, cardiovascular disease, cancer, respiratory disease, or vascular dementia, include smoking, alcohol and drug use, nutrition, body size, and physical activity. Improvements in these indicators require public health and intersectoral action to support healthy environments and living conditions for Māori communities, as well as primary care interventions designed for individuals and whānau. The 2012/13 New Zealand Health Survey provides evidence of inequities between Māori and non-Māori in the prevalence of these risks factors at the national level ([Ministry of Health 2013](http://www.health.govt.nz/publication/new-zealand-health-survey-annual-update-key-findings-2012-13)).

Other useful data sources include the Ministry of Health’s [publications](http://www.health.govt.nz/our-work/populations/maori-health/maori-health-publications) on Māori health, the Health Quality and Safety Commission’s [Atlas of Healthcare Variation](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/), the [DHB](http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/dhb-2011-2013.html) reports and [Te Ohonga Ake](http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/maori.html) reports of the New Zealand Child and Youth Epidemiology Service, the [Trendly](http://www.trendly.co.nz/) health performance monitoring website, and the Māori Health Plan Indicator reports provided to DHBs.

# Te Tatauranga o te Iwi

− Key demographics

I

n 2013, approximately 12% (84,900) of the country’s total Māori population lived in the Waikato District Health Board. The total population of the DHB (377,900) made up 9% of the national population. In 2015, the Māori population is estimated to be 87,700 and the total population 389,300. [[2]](#footnote-2)

Table 1: Population by age group, Waikato DHB, 2013

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age group (years)** | **Māori** | | | **Non-Māori** | | **Total DHB**  **Number** |
| **Number** | **Age distribution** | **% of DHB** | **Number** | **Number** |
| 0–14 | 29,070 | 34% | 35 | 52,960 | 18% | 82,030 |
| 15–24 | 15,980 | 19% | 29 | 38,380 | 13% | 54,360 |
| 25–44 | 20,470 | 24% | 22 | 71,880 | 25% | 92,350 |
| 45–64 | 15,110 | 18% | 16 | 79,300 | 27% | 94,410 |
| 65+ | 4,320 | 5% | 8 | 50,440 | 17% | 54,760 |
| Total | 84,900 | 100% | 23 | 293,000 | 100% | 377,900 |

Source: Statistics NZ Population projections for the Ministry of Health (2013 Census base) 2014 update

Māori residents comprised 23% of the DHB population in 2013. The Māori population is relatively young, with a median age in 2013 of 23.3 years, compared with 36.8 years for the total DHB population. In 2013, Māori comprised 35% of the DHB’s children aged 0–14 years and 29% of those aged 15–24 years.

Table 2: Population projections, Waikato DHB, 2013 to 2033

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | Māori | | | | | | | Total DHB | | | NZ Māori | Total NZ |
| Residents | %  of DHB | %  of NZ Māori | %  0–14 years | %  15–64 years | %  65+ years | Median age | Residents | Median age | % of NZ pop |
| 2013 | 84,900 | 23 | 12 | 34 | 61 | 5 | 23.3 | 377,900 | 36.8 | 8 | 692,300 | 4442,100 |
| 2018 | 90,800 | 23 | 12 | 33 | 61 | 6 | 24.3 | 400,000 | 37.1 | 8 | 734,500 | 4726,200 |
| 2023 | 96,400 | 23 | 13 | 32 | 61 | 8 | 25.4 | 414,100 | 38 | 8 | 773,500 | 4935,200 |
| 2028 | 101,900 | 24 | 13 | 30 | 61 | 10 | 26.5 | 427,400 | 39 | 8 | 811,700 | 5139,700 |
| 2033 | 107,600 | 25 | 13 | 29 | 60 | 11 | 27.4 | 438,800 | 40.4 | 8 | 850,700 | 5327,700 |

Source: Statistics NZ Population projections for the Ministry of Health (2013 Census base) 2014 update  
Note: Detailed population projections are provided in Appendix 1.

The proportion of Māori who were aged 65 years and over in 2013 was 5% but is projected to increase to 11% in 2033. Between 2013 and 2020 the number of Māori aged 65 and over will increase by 50% from 4,320 to 6,490 (see Appendix 1). In 2013, there were 1,280 Māori aged 75 years and over in Waikato, with 372 living alone (see accompanying Excel tables).

# Whānau ora

− Healthy families

T

he refreshed Māori health strategy, He Korowai Oranga (Ministry of Health, 2014) defines whānau ora as Māori families supported to achieve their maximum health and wellbeing. It aims to support families to be self-managing, leading healthy lifestyles, confidently participating in te ao Māori and society. This section reports selected findings from Te Kupenga 2013 on whānau well-being and support and engagement with Māori culture and reo.

## Whānau well-being

Table 3: Whānau well-being reported by Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How the whānau is doing** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| Well / Extremely well | 41,000 | 87.2 | (84.1, | 90.2) | 83.4 | (82.5, | 84.4) |
| Neither well nor badly | 4,000 | 8.4 | (6.1, | 10.7) | 10.3 | (9.4, | 11.2) |
| Badly / Extremely badly | 2000\* | 4.4\* | (2.8, | 6.1) | 6.3 | (5.6, | 7.0) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.  
Note: \* Sampling error is 30% or more but less than 50%.

Eighty-seven percent of Waikato Māori adults reported that their whānau was doing well or extremely well in 2013.However 4% felt their whānau was doing badly or extremely badly.

Table 4: Whānau composition reported by Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Whānau description** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| **Size of whānau** | | | | | | | |
| 10 or less | 22,000 | 47.1 | (42.2, | 52.1) | 53.7 | (52.1, | 55.3) |
| 11 to 20 | 12,500 | 26.8 | (22.4, | 31.3) | 22.6 | (21.3, | 24.0) |
| More than 20 | 12,500 | 26.0 | (22.1, | 29.9) | 23.6 | (22.4, | 24.8) |
| **Groups included in whānau** | | | | | | | |
| Parents, partner, children, brothers & sisters | 45,500 | 95.3 | (93.4, | 97.2) | 94.6 | (94.0, | 95.2) |
| Aunts & uncles, cousins, nephews & nieces, other in-laws | 27,000 | 56.3 | (51.2, | 61.4) | 41.3 | (39.8, | 42.8) |
| Grandparents, grandchildren | 21,500 | 45.5 | (41.0, | 50.1) | 41.9 | (40.5, | 43.4) |
| Friends, others | 7,000 | 15.0 | (11.4, | 18.6) | 12.4 | (11.5, | 13.3) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.

Table 4 shows the size and composition of whānau, with over a quarter reporting whānau sizes of more than 20 people. Over half of Waikato Māori included extended relations as part of the whānau. Fifteen percent included friends and others.

## Whānau support

Table 5: Access to whānau support, Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **How easy is it to get help** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| **Support in times of need** | | | | | |  |  |
| Easy, very easy | 39,000 | 82.2 | (78.7, | 85.6) | 81.2 | (80.1, | 82.4) |
| Sometimes easy, sometimes hard | 5,500 | 11.6 | (8.7, | 14.5) | 12.7 | (11.7, | 13.6) |
| Hard / very hard | 3000\* | 6.3\* | (4.1, | 8.4) | 6.1 | (5.4, | 6.8) |
| **Help with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga** | | | | | | | |
| Easy, very easy | 32,000 | 67.7 | (63.0, | 72.4) | 64.1 | (62.7, | 65.6) |
| Sometimes easy, sometimes hard | 8,000 | 16.7 | (13.1, | 20.4) | 16.9 | (15.9, | 18.0) |
| Hard / very hard | 6,000 | 13.0 | (9.4, | 16.6) | 14.7 | (13.5, | 15.9) |
| Don't need help | 1,000\*\* | 2.6\*\* | (1.2, | 3.9) | 4.2 | (3.7, | 4.7) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.   
Note: \* Sampling error is 30% or more but less than 50%.

In 2013, the majority of Māori adults in Waikato (82%) reported having easy access to support in times of need. However, an estimated 3,000 (6%) had difficulty getting help.

Sixty-eight percent reported finding it easy to get help with Māori cultural practices, while 13% said they found it hard or very hard. A further 3% reported not needing help.

## Importance of participation in Māori culture

Table 6: Importance of Māori culture and spirituality, Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| **Importance of being involved in Māori culture** | | | | | |  |  |
| Very / quite | 24,000 | 50.2 | (45.2, | 55.1) | 46.3 | (44.9, | 47.6) |
| Somewhat | 11,000 | 23.1 | (18.9, | 27.4) | 24.2 | (22.9, | 25.6) |
| A little / not at all | 12,500 | 26.7 | (22.3, | 31.1) | 29.5 | (28.3, | 30.7) |
| **Importance of spirituality** | | | | | | | |
| Very / quite | 26,500 | 55.9 | (51.3, | 60.5) | 48.7 | (47.4, | 49.9) |
| Somewhat | 7,000 | 14.7 | (11.6, | 17.9) | 17.0 | (16.0, | 18.0) |
| A little / not at all | 14,000 | 29.4 | (24.6, | 34.1) | 34.3 | (33.1, | 35.5) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.

Being involved in Māori culture was important to half of Waikato Māori adults, and somewhat important to a further 23%. Spirituality was important (very, quite, or somewhat) to over half of Waikato Māori (71%).

## Te Reo Māori

Table 7: People who can have a conversation about a lot of everyday things in te reo Māori, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| 16,998 | 23.3 | (22.9, | 23.6) | 1,755 | 0.7 | (0.6, | 0.7) | 34.06 | (32.19, | 36.05) | 22.6 |

Source: 2013 Censuses, Statistics New Zealand  
Notes: Percentages are age-standardised. Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

According to the 2013 Census, 23% of all Māori in Waikato and 1% of non-Māori could have a conversation about a lot of everyday things in te reo Māori.

Table 8: Use of te reo Māori in the home, Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Language spoken at home** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| Māori is main language | 1,000\*\* | 2.3\*\* | (0.9, | 3.7) | 2.6 | (2.2, | 3.0) |
| Māori is used regularly | 9,500 | 22.1 | (18.0, | 26.2) | 20.5 | (19.2, | 21.8) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.   
Note: \*\* Sampling error is 50 percent or more, but less than 100 percent

Twenty-two percent of Māori adults reported that Māori language was regularly in the home in 2013, and for 2% te reo Māori was the main language.

## Access to marae

Table 9: Access to marae, Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Been to marae** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| At some time | 47,000 | 98.7 | (97.4, | 99.9) | 96.0 | (95.5, | 96.6) |
| In previous 12 months(1) | 28,000 | 59.6 | (54.6, | 64.6) | 58.2 | (56.6, | 59.7) |
| Ancestral marae at some time(2) | 29,500 | 62.3 | (57.4, | 67.2) | 62.3 | (60.9, | 63.7) |
| Ancestral marae in previous 12 months(3) | 16,000 | 33.5 | (28.9, | 38.1) | 33.6 | (32.3, | 34.9) |
| Like to go to ancestral marae more often(2) | 19,000 | 59.9 | (53.0, | 66.7) | 58.7 | (56.7, | 60.7) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.  
Notes: (1) Those who had been to a marae at some time.  
(2) Both those who knew and did not know their ancestral marae.  
(3) Those who had been to any of their ancestral marae in the last 12 months.

In 2013, almost all Māori in Waikato (99%) had been to a marae, with most (60%) having been in the last 12 months. Around 60% had been to at least one of their ancestral marae, with a third having been in the previous 12 months. Sixty percent reported that they would like to go their ancestral marae more often.

## Traditional healing or massage

Table 10: Māori aged 15 years and over who took part in traditional healing or massage in last 12 months, Waikato DHB, 2013

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| 6,000 | 13.0 | (10.1, | 15.9) | 10.9 | (10.0, | 11.7) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.

An estimated 6,000 Māori adults (13%) in Waikato took part in traditional healing or massage in 2013.

# Wai ora

− Healthy environments

T

his section focuses on those aspects of social and physical environments that influence our health and well-being. Data is presented on individuals, households, and individuals living in households. A household that includes at least one Māori usual resident on Census night is categorised as a Māori household, and other households are categorised as non-Māori.

## Education

Table 11: Adults aged 18 years and over with a Level 2 Certificate or higher Waikato DHB, 2006 and 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| 2006 | 15,165 | 39.6 | (39.1, | 40.1) | 100,236 | 58.4 | (58.2, | 58.7) | **0.68** | **(0.67,** | **0.69)** | -18.9 |
| 2013 | 19,335 | 45.5 | (45.0, | 45.9) | 115,176 | 64.0 | (63.8, | 64.2) | **0.71** | **(0.71,** | **0.72)** | -18.5 |

Source: 2006 and 2013 Censuses, Statistics New Zealand  
Notes: Percentages are age-standardised. Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

The proportion of Māori adults aged 18 years and over with at least a Level 2 Certificate increased from 40% to 46% between 2006 and 2013. However Māori remained approximately 30% less likely than non-Māori to have this level of qualification as the non-Māori proportion increased at the same rate.

## Work

Table 12: Labour force status, 15 years and over, Waikato DHB, 2006 and 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Labour force status** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| **2006** | | | | | | | | | | | | |
| Employed full-time | 19,728 | 47.0 | (46.6, | 47.4) | 104,217 | 55.7 | (55.5, | 55.9) | **0.84** | **(0.80,** | **0.85)** | -8.7 |
| Employed part-time | 6,060 | 13.6 | (13.3, | 13.9) | 31,809 | 16.7 | (16.6, | 16.9) | **0.81** | **(0.79,** | **0.83)** | -3.2 |
| Unemployed | 3,648 | 8.4 | (8.2, | 8.7) | 5,697 | 3.9 | (3.8, | 4.0) | **2.18** | **(2.09,** | **2.27)** | 4.6 |
| Not in the labour force | 14,007 | 31.0 | (30.6, | 31.4) | 64,845 | 23.7 | (23.5, | 23.9) | **1.31** | **(1.29,** | **1.33)** | 7.3 |
| **2013** | | | | | | | | | | | | |
| Employed full-time | 19,839 | 42.2 | (41.8, | 42.6) | 105,054 | 52.8 | (52.5, | 53.0) | **0.80** | **(0.79,** | **0.81)** | -10.5 |
| Employed part-time | 6,213 | 12.4 | (12.1, | 12.7) | 32,757 | 16.0 | (15.8, | 16.2) | **0.78** | **(0.76,** | **0.80)** | -3.6 |
| Unemployed | 5,583 | 12.1 | (11.8, | 12.4) | 8,217 | 5.4 | (5.2, | 5.5) | **2.25** | **(2.18,** | **2.33)** | 6.7 |
| Not in the labour force | 17,046 | 33.3 | (32.9, | 33.8) | 72,213 | 25.9 | (25.7, | 26.1) | **1.29** | **(1.27,** | **1.31)** | 7.4 |

Source: 2006 and 2013 Censuses, Statistics New Zealand  
Notes Percentages are age-standardised. Ratios in **bold** show a statistically significant difference between Māori and non-Māori.  
Employed part-time includes people working 1 hour per week or more. Employed full-time includes people who usually work 30 or more hours per week. Unemployed people are without a paid job, available for work and actively seeking work. People not in the labour force includes people in the working age population who are neither employed nor unemployed.

Between 2006 and 2013 there was a decrease in the proportion of Māori adults employed full-time, or part-time, and a corresponding increase in the unemployment rate (from 8% to 12%). There was also an increase in the population who were not in the labour force.

In 2013, Māori were 2.3 times as likely as non-Māori to be unemployed, or an absolute gap of 7 percentage points in unemployment rates. The absolute gap in labour force participation was 7% in both periods.

Table 13: Leading industries in which Māori were employed, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANZSIC Industry** | **Waikato DHB** | | | | | | **New Zealand** | |
| **Māori** | | | **Non-Māori** | | |
| Number | % | Rank | Number | % | Rank | % | Rank |
| **Females** | | | | | | | | |
| Health Care and Social Assistance | 2,187 | 18.3 | 1 | 11,400 | 18.0 | 1 | 17.1 | 1 |
| Education and Training | 1,827 | 15.3 | 2 | 8,373 | 13.2 | 2 | 12.9 | 2 |
| Retail Trade | 1,341 | 11.2 | 3 | 7,398 | 11.7 | 3 | 11.6 | 3 |
| Accommodation and Food Services | 1,143 | 9.6 | 4 | 4,260 | 6.7 | 6 | 7.3 | 5 |
| Manufacturing | 909 | 7.6 | 5 | 3,309 | 5.2 | 7 | 6.0 | 6 |
| **Males** | | | | | | | | |
| Manufacturing | 2,466 | 20.3 | 1 | 9,831 | 14.1 | 2 | 13.4 | 1 |
| Construction | 1,944 | 16.0 | 2 | 8,724 | 12.5 | 3 | 13.2 | 2 |
| Agriculture, Forestry and Fishing | 1,449 | 11.9 | 3 | 11,391 | 16.4 | 1 | 8.7 | 4 |
| Transport, Postal and Warehousing | 738 | 6.1 | 4 | 3,033 | 4.4 | 7 | 5.9 | 7 |
| Retail Trade | 723 | 5.9 | 5 | 5,880 | 8.4 | 4 | 8.3 | 5 |

Source: 2013 Census, Statistics New Zealand

Service industries were the main employers of Māori women in Waikato, including health care and social assistance; education and training; retail; and accommodation and food services. For Māori men, leading industries were manufacturing; construction; and agriculture, forestry and fishing.

Table 14: Leading occupations of employed Māori, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANZSCO Occupation** | **Waikato DHB** | | | | | | **New Zealand** | |
| **Māori** | | | **Non-Māori** | | |
| Number | % | Rank | Number | % | Rank | % | Rank |
| **Females** | | | | | | | | |
| Professionals | 2,418 | 20.4 | 1 | 16,209 | 25.8 | 1 | 26.7 | 1 |
| Community and Personal Service Workers | 1,992 | 16.8 | 2 | 7,503 | 12.0 | 4 | 12.9 | 4 |
| Labourers | 1,947 | 16.4 | 3 | 5,265 | 8.4 | 6 | 8.3 | 6 |
| Clerical and Administrative Workers | 1,857 | 15.6 | 4 | 12,441 | 19.8 | 2 | 19.5 | 2 |
| Sales Workers | 1,425 | 12.0 | 5 | 6,996 | 11.1 | 5 | 11.7 | 5 |
| Managers | 1,377 | 11.6 | 6 | 10,155 | 16.2 | 3 | 14.4 | 3 |
| Technicians and Trades Workers | 597 | 5.0 | 7 | 3,420 | 5.4 | 7 | 5.0 | 7 |
| Machinery Operators and Drivers | 264 | 2.2 | 8 | 768 | 1.2 | 8 | 1.5 | 8 |
| **Males** | | | | | | | | |
| Labourers | 3,306 | 27.2 | 1 | 9,402 | 13.6 | 4 | 13.6 | 4 |
| Technicians and Trades Workers | 2,013 | 16.6 | 2 | 13,218 | 19.2 | 2 | 18.5 | 3 |
| Machinery Operators and Drivers | 1,950 | 16.0 | 3 | 6,003 | 8.7 | 5 | 9.1 | 5 |
| Managers | 1,749 | 14.4 | 4 | 18,927 | 27.5 | 1 | 22.7 | 1 |
| Professionals | 1,245 | 10.2 | 5 | 10,659 | 15.5 | 3 | 18.6 | 2 |
| Community and Personal Service Workers | 837 | 6.9 | 6 | 3,036 | 4.4 | 7 | 5.4 | 7 |
| Sales Workers | 537 | 4.4 | 7 | 4,881 | 7.1 | 6 | 7.1 | 6 |
| Clerical and Administrative Workers | 513 | 4.2 | 8 | 2,793 | 4.1 | 8 | 5.1 | 8 |

Source: 2013 Census, Statistics New Zealand  
Note: Australian and New Zealand Standard Classification of Occupations (ANZSCO), major grouping

Among employed Māori women, the leading occupational groupings were professionals (20%); community and personal service workers (17%); clerical and administrative workers (16%). The next most common occupations were sales workers, managers and technicians and trades workers.

Māori men were most likely to be employed as labourers (27%); technicians and trade workers (17%); machinery operators and drivers (16%); and managers (14%).

Table 15: Unpaid work, 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Unpaid work** | **Māori** | | | | **Non-Māori** | | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | | |
| Any unpaid work | 39,606 | 89.2 | (88.9, | 89.5) | 183,222 | 89.3 | | (89.1, | 89.5) | 1.00 | (1.00, | 1.00) | -0.1 |
| Looking after disabled/ill household member | 6,091 | 13.7 | (13.4, | 14.0) | 13,878 | 6.5 | | (6.4 | 6.6) | **2.12** | **(2.05,** | **2.18)** | 7.2 |
| Looking after disabled/ill non-household member | 5,956 | 12.9 | (12.6, | 13.2) | 18,180 | 7.3 | | (7.1 | 7.4) | **1.78** | **(1.73,** | **1.83)** | 5.7 |

Source: 2013 Census, Statistics New Zealand  
Notes: Percentages are age-standardised. Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

Around 90% of Māori adults worked without pay in 2013. Māori were twice as likely as non-Māori to look after someone within the home who was disabled or ill without pay and 78% more likely than non-Māori to look after a disabled or ill non-household member.

## Income and standard of living

Table 16: Unmet need reported by Māori aged 15 years and over to keep costs down in the last 12 months, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Actions taken a lot to keep costs down** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| Put up with feeling the cold | 5,000 | 10.6 | (7.9, | 13.2) | 11.0 | (10.2, | 11.8) |
| Go without fresh fruit and vegetables | 2,000\* | 4.1\* | (2.1, | 6.0) | 5.4 | (4.8, | 6.0) |
| Postpone or put off visits to the doctor | 3,500\* | 7\* | (4.8, | 9.1) | 8.8 | (7.9, | 9.6) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.  
Note: \* Sampling error is 30% or more but less than 50%.

An estimated 5,000 Māori adults (11%) reported putting up with feeling cold to keep costs down, 2,000 (4%) went without fresh fruit and vegetables, and 3,500 (7%) postponed or put off visits to the doctor in 2013.

Table 17: Children aged 0–17 years living in families where the only income is means-tested benefits, Waikato DHB, 2006 and 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **Māori families** | | | | | **Non-Māori families** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | | Number | % | (95% CI) | |
| 2006 | 6,249 | 21.0 | | (20.6, | 21.5) | 3,609 | 6.8 | (6.6, | 7.0) | **3.10** | **(2.99,** | **3.23)** | 14.3 |
| 2013 | 8,169 | 25.5 | | (25.0, | 26.0) | 3,789 | 7.1 | (6.9, | 7.3) | **3.59** | **(3.46,** | **3.72)** | 18.4 |

Source: 2006 and 2013 Censuses, Statistics New Zealand  
Notes: Māori families include at least one Māori member. Non-Māori families have no Māori members.   
Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

There was an increase in the number of children living in Māori families where the only income was means-tested benefits between 2006 and 2013, with the proportion increasing from 21% to 26%. In 2013, children in Māori families were 3.6 times as likely as non-Māori children to be in this situation.

Table : Children and adults living in households with low incomes, MidCentral DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age group** | **Māori households** | | | | **Non-Māori households** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| Children 0–17 years | 10,797 | 41.2 | (40.6, | 41.8) | 9,060 | 18.1 | (17.7, | 18.4) | **2.28** | **(2.23,** | **2.33)** | 23.1 |
| Adults 18 years & over | 16,407 | 34.5 | (34.1, | 35.0) | 27,312 | 18.9 | (18.7, | 19.2) | **1.82** | **(1.79,** | **1.86)** | 15.6 |

Source: 2013 Census, Statistics New Zealand  
Notes: % is age-standardised. Ratios in **bold** show a statistically significant difference between Māori and non-Māori.  
A Māori household is a household with at least one Māori resident. Non-Māori households have no Māori residents.  
Household income is equivalised using the revised Jensen scale. Low income is defined as an equivalised household income under $15,172.

On average 41% of the children in Māori households (over 10,800) were in households with low equivalised household incomes, 2.3 times the proportion of other children. Thirty-five percent of adults in Māori households (over 16,400) lived in low income households, 82% higher than other adults.

Table 19: Households with no access to a motor vehicle, Waikato DHB, 2006 and 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measure | **Māori households** | | | | **Non-Māori households** | | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | | |
| **Households** | | | | | | | | | | | | | |
| 2006 | 2,535 | 10.3 | (9.9, | 10.7) | 5,769 | 6.3 | (6.1, | | 6.4) | **1.65** | **(1.57,** | **1.72)** | 4.0 |
| 2013 | 3,390 | 12.0 | (11.6, | 12.3) | 5,670 | 5.8 | (5.6, | | 5.9) | **2.07** | **(1.99,** | **2.15)** | 6.2 |
| **People (% age-standardised)** | | | | | | | | | | | | | |
| 2006 | 6,588 | 7.9 | (7.7, | 8.1) | 7,971 | 2.3 | (2.3, | 2.4) | | **3.36** | **(3.24,** | **3.49)** | 5.5 |
| 2013 | 8,838 | 9.6 | (9.4, | 9.8) | 8,238 | 2.6 | (2.5, | 2.7) | | **3.70** | **(3.57,** | **3.83)** | 7.0 |

Source: 2006 and 2013 Censuses, Statistics New Zealand  
Note: A Māori household is a household with at least one Māori resident. Non-Māori households have no Māori residents.   
Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

In 2013, 10% of Māori households in Waikato had no access to a motor vehicle, two thirds more than the proportion of non-Māori households. The proportion of Māori households without a vehicle increased between 2006 and 2013.

Table 20: People in households with no access to telephone, mobile/cell phone, internet, or any telecommunications, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mode of tele-communication** | **Māori households** | | | | **Non-Māori households** | | | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage | |
| Number | % | (95% CI) | | Number | % | | (95% CI) | | |
| No mobile/cell phone | 13,017 | 13.3 | (13.1, | 13.6) | 32,391 | | 10.5 | | (10.3, | 10.6) | 1.27 | (1.25, | 1.30) | | 2.9 | |
| No telephone | 28,665 | 32.3 | (31.9, | 32.6) | 26,526 | | 13.5 | | (13.3, | 13.6) | 2.39 | (2.36, | 2.43) | | 18.8 | |
| No internet | 32,151 | 34.7 | (34.3, | 35.0) | 41,088 | | 12.8 | | (12.6, | 12.9) | 2.71 | (2.67, | 2.75) | | 21.9 | |
| No tele-communications | 3,492 | 3.8 | (3.7, | 3.9) | 2,331 | | 1.0 | | (1.0, | 1.1) | 3.74 | (3.53, | 3.96) | | 2.8 | |

Source: 2013 Census, Statistics New Zealand  
Note: A Māori household is a household with at least one Māori resident. Non-Māori households have no Māori residents.   
% is age–sex-standardised to the 2001 Māori population.  
Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

In 2013, 35% of people in Māori households had no access to the internet, 32% had no landline, 13% did not have a cell phone, and 4% had no access to any telecommunications in the home. The largest absolute gap between Waikato Māori and non-Māori households was in access to the internet.

## Housing

Table 21: Housing problems reported by Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Housing problem (a big problem)** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| Too small | 2,000\* | 3.7\* | (2.2, | 5.2) | 5.3 | (4.7, | 5.9) |
| Damp | 5,000 | 11.0 | (8.1, | 13.9) | 11.3 | (10.5, | 12.2) |
| Hard to keep warm | 7,500 | 16.1 | (13.0, | 19.3) | 16.5 | (15.4, | 17.7) |
| Needs repairs | 6,500 | 13.9 | (10.9, | 16.9) | 13.8 | (12.7, | 14.9) |
| Pests in the house | 3000\* | 6.2\* | (3.8, | 8.6) | 5.8 | (5.1, | 6.5) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.   
Note: \* Sampling error is 30% or more but less than 50%.

Housing problems reported by Waikato Māori adults in 2013 included difficulty keeping the house warm (16%), needing repairs (14%), and damp (11%). Only 4% felt their house was too small, and 6% stated that pests were a big problem in their house.

### Housing security

Table 22: Children and adults living in households where rent payment are made, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measure | **Māori households** | | | | **Non-Māori households** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| Households | 15,006 | 53.6 | (53.0, | 54.2) | 24,843 | 25.7 | (25.4, | 26.0) | **2.08** | **(2.05,** | **2.12)** | 27.9 |
| Children under 18 years (% age-standardised) | 19,716 | 60.2 | (59.7, | 60.7) | 16,833 | 31.0 | (30.6, | 31.4) | **1.94** | **(1.91,** | **1.97)** | 29.2 |
| Adults 18 years and over (% age-standardised) | 30,111 | 53.5 | (53.1, | 53.9) | 45,099 | 33.5 | (33.3, | 33.8) | **1.60** | **(1.58,** | **1.61)** | 20.0 |

Source: 2013 Census, Statistics New Zealand  
Notes: A Māori household is a household with at least one Māori resident. Non-Māori households have no Māori residents.   
Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

In 2013, 15,000 Māori households were rented, making up 54% of all Māori households, compared to 26% of non-Māori households.

Among children living in a Māori household, 60% (over 19,700) were living in rented homes, compared to 31% (over 16,800 children) in non-Māori households.

Fifty-four percent of adults living in Māori households were living in rented accommodation (around 30,100), 60% more than the proportion of adults living in non-Māori households.

### Household crowding

Table 23: People living in crowded households (requiring at least one more bedroom), Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measure | **Māori households** | | | | | **Non-Māori households** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | | (95% CI) | | Number | % | (95% CI) | |
| Households | 3,228 | 11.4 | (11.0, | | 11.8) | 2,262 | 2.3 | (2.2, | 2.4) | **4.93** | **(4.68,** | **5.20)** | 9.1 |
| People (% age standardised) | 17,910 | 20.4 | (20.1, | | 20.7) | 11,439 | 6.6 | (6.5, | 6.7) | **3.09** | **(3.02,** | **3.16)** | 13.8 |

Source: 2013 Census, Statistics New Zealand  
Crowding was defined as needing at least one additional bedroom according to the Canadian National Occupancy Standard (based on the age, sex and number of people living in the dwelling).  
Note: A Māori household is a household with at least one Māori resident. Non-Māori households have no Māori residents.   
Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

In 2013, Māori households in Waikato were almost 5 times as likely as non-Māori households to be classified as crowded using the Canadian National Occupancy Standard, with over 3,200 homes needing at least one additional bedroom, affecting almost 18,000 people. People living in Māori households were 3 times as likely as people living in non-Māori households to be living in crowded conditions.

### Fuel poverty

Table 24: People living in households where no heating fuels are used, Waikato DHB, 2013

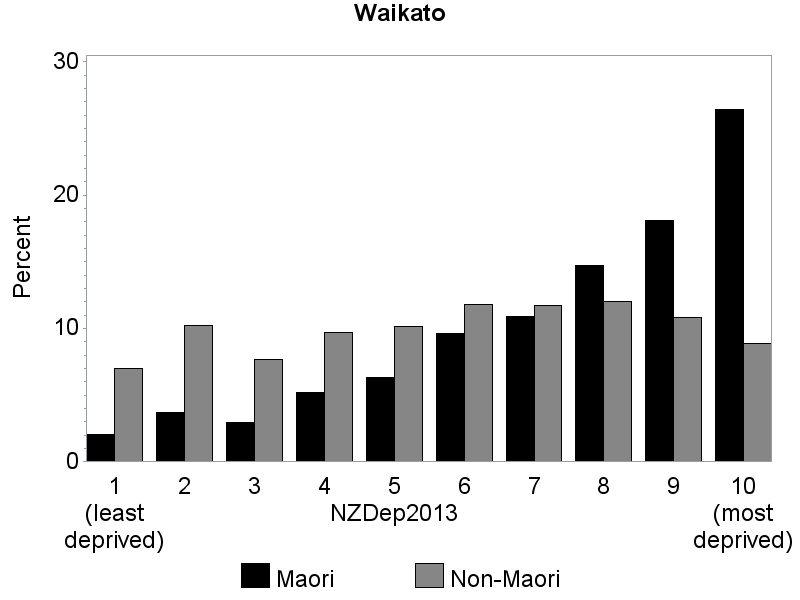
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Measure | **Māori households** | | | | **Non-Māori households** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percentage |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| Households | 1,119 | 4.0 | (3.7, | 4.2) | 1,968 | 2.0 | (1.9 | 2.1) | **1.97** | **(1.84,** | **2.12)** | 2.0 |
| People (% age standardised) | 3,282 | 3.6 | (3.5, | 3.8) | 4,557 | 2.3 | (2.2, | 2.4) | **1.57** | **(1.50,** | **1.65)** | 1.3 |

Source: 2013 Census, Statistics New Zealand  
Notes: No form of heating used in the dwelling (including electricity, coal, mains or bottled gas, wood, solar heating equipment, other heating).  
A Māori household is a household with at least one Māori resident. Non-Māori households have no Māori residents.   
Ratios in **bold** show a statistically significant difference between Māori and non-Māori.

In 2013, 4% of Māori households (1,119 homes) had no heating, twice the proportion of non-Māori households (1,968 homes).

## Area deprivation

Figure 1: Distribution by NZDep 2013 decile, Waikato DHB, 2013



Source: 2013 Census, Statistics New Zealand. Atkinson J, Salmond C, Crampton P. 2014. NZDep2013 Index of Deprivation. University of Otago Wellington.

Waikato Māori have a more deprived small area profile than Waikato non-Māori. In 2013, 70% of Māori lived in the four most deprived decile areas, with 26% in the most deprived decile (compared to 43% and 9% of non-Māori respectively). Conversely 6% of Māori lived in the two least deprived decile areas compared to 17% of non-Māori (see accompanying Excel tables).

# Mauri ora: Pepi, tamariki

− Infants and children

T

his section presents information on infants and children. Indicators include birth-weight and gestation, immunisations, breastfeeding and other well-child/tamariki ora indicators, oral health, skin infections, middle ear disease, acute rheumatic fever, and potentially preventable hospitalisations.

Infant mortality, including perinatal mortality and sudden unexpected death in infants (SUDI), are also important indicators of Māori health need. Although the numbers are too small to present at a DHB level, the national data shows that Māori infant mortality and SUDI rates are improving, but significant inequities still remain. The reports of the Perinatal and Maternal Mortality Review Committee ([PMMRC](http://www.hqsc.govt.nz/our-programmes/mrc/pmmrc/)) and the Child and Youth Mortality Review Committee ([CYMRC](http://www.hqsc.govt.nz/our-programmes/mrc/cymrc/publications-and-resources/publication/1311/)) provide useful information and recommendations on preventing infant and child deaths.

Other useful sources of information include the DHB reports by the Child and Youth Epidemiology Service (CYES) on health status (2011), the determinants of health (2012), chronic conditions and disability (2013). The [*Te Ohonga Ake*](http://dnmeds.otago.ac.nz/departments/womens/paediatrics/research/nzcyes/maori.html) reports by the CYES also include in-depth information on Māori child and youth health at a national level.

## Births

Table 25: Birth-weight and gestation, Waikato DHB, 2009–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicator | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori ratio (95% CI) | | | Rate difference |
| Ave. no. per year | % of live births  (95% CI) | | | Ave. no. per year | % of live births  (95% CI) | | |
| Low birth-weight | 146 | 6.7 | (6.2, | 7.2) | 191 | 5.8 | (5.4, | 6.2) | **1.15** | **(1.05** | **1.26)** | 0.9 |
| High birth-weight | 54 | 2.5 | (2.2, | 2.8) | 110 | 3.3 | (3.1, | 3.6) | **0.75** | **(0.65,** | **0.86)** | -0.9 |
| Preterm | 167 | 7.7 | (7.2, | 8.2) | 250 | 7.6 | (7.2, | 8.0) | 1.01 | (0.93 | 1.10) | 0.1 |

Source: Birth registrations, Ministry of Health  
Notes: Low birth-weight less than 2500g, High birth-weight greater than or equal to 4500g, Preterm less than 37 weeks gestation

From 2009 to 2013 there were 2,182 Māori infants born per year on average, 40% of all live births in the DHB (5,484 per year). On average, 146 Māori babies per year (7% of live births) were born with low birth-weight, 15% higher than the rate for non-Māori. Fifty-four Māori infants per year (2%) were born with high birth-weight at a rate 25% lower than non-Māori, and 167 per year (8%) were born preterm.

## Well child/Tamariki ora indicators

Table 26: Selected Well Child/Tamariki Ora indicators for Māori children, Waikato DHB

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator | Period | **Māori** | |
| Count | % |
| 1. Babies enrolled with a Primary Health Organisation (PHO) by three months old | 20 Aug to 19 Nov 2013 | 256 | 65 |
| 11. Babies exclusively or fully breastfed at 2 weeks | January to June 2013 | 624 | 78 |
| 12. Babies exclusively or fully breastfed at 6 weeks | 591 | 69 |
| 19. Mothers smoke-free two weeks postnatal | 478 | 61 |
| 5. Children under 5 years enrolled with oral health services (PHO enrolled children) | 2012 | <10 | . |
| 7. Children starting school who have participated in ECE | 2013 | 1907 | 93 |
| 15. Children with a healthy weight at 4 years, DHB of service | July to Dec 2013 | 526 | 68 |

Source: Well Child/Tamariki Ora Indicators, Ministry of Health, March 2014  
Notes: Since the production of this table, the Ministry of Health (2015) has published more recent Well Child/Tamariki Ora Indicators for March 2015 which can be viewed [here](http://www.health.govt.nz/publication/indicators-well-child-tamariki-ora-quality-improvement-framework-march-2015).  
Indicator 1: Source: PHO Enrolment Collection (numerator), National Immunisation Register enrolment (denominator)  
Indicator 11: Source: National Maternity Collection. Number of babies with breastfeeding recorded (denominator)  
Indicator 12: Source: National Maternity Collection. Number of babies with breastfeeding recorded (denominator)  
Indicator 19: Source: National Maternity Collection. Number of mother with tobacco use recorded at 2 weeks postnatal (denominator)  
Indicator 5: Source Community Oral Health Services (numerator); PHO enrolments (denominator)  
Indicator 7: Source: ENROL Ministry of Education  
Indicator 15: Source: B4 School Check Information System. Children who have a BMI recorded at their B4 School Check (denominator)

During late 2013, 65% of Māori babies were enrolled with a PHO by three months of age. In the first half of 2013, 78% of Māori babies were breastfed at two weeks of age and 69% at six weeks. Sixty-one percent of Māori mothers were smoke-free two weeks after giving birth.

In 2013, 93% of Māori children who started school had participated in early childhood education. Over two-thirds of Māori children who had their BMI recorded at their B4 School Check had a healthy weight.

Table 27: Children fully immunised by the milestone age, Waikato DHB, 1 Jan 2014 to 31 Dec 2014

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Milestone age** | **Māori** | | **Non-Māori** | | Māori/non-Māori ratio | Difference in percentage |
| No. fully immunised for age | % fully immunised | No. fully immunised for age | % fully immunised |
| 6 months | 1,192 | 60% | 2,600 | 78% | 0.77 | -18% |
| 8 months | 1,717 | 85% | 2,952 | 90% | 0.94 | -5% |
| 12 months | 1,841 | 90% | 3,065 | 92% | 0.98 | -2% |
| 18 months | 1,525 | 73% | 2,828 | 85% | 0.86 | -12% |
| 24 months | 1,908 | 89% | 3,098 | 90% | 0.99 | -1% |
| 5 years | 1,509 | 70% | 2,776 | 75% | 0.93 | -5% |

Source: National Immunisation Register

In the 12 months to 31 December 2014, 60% of infants aged six months were fully immunised, compared to 78% of non-Māori infants. However, 85% of Māori children aged eight months and 89% of those aged 24 months had completed their appropriate immunisations. At five years of age 70% of Māori children were fully immunised.

## Oral health

Table 28: Oral health status of children aged 5 or in Year 8 at school, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age group** | **Māori** | | | | | | **Non-Māori** | | | | | | Māori/non-Māori ratio % with caries (95% CI) | | | Difference in percentage |
| Total | % with caries (95% CI) | | | Mean DMFT | | Total | % with caries (95% CI) | | | Mean DMFT | |
| Age 5 | 1,347 | 67 | (65, | 70) | | 3.2 | 2,780 | 35 | (33, | 36) | | 1.6 | **1.95** | **(1.83,** | **2.08)** | 33 |
| Year 8 | 1,508 | 57 | (54, | 59) | | 1.7 | 3,043 | 44 | (42, | 46) | | 1.1 | **1.29** | **(1.21,** | **1.37)** | 13 |

Source: Community Oral Health Service, Ministry of Health  
Notes: DMFT is Decayed, missing or filled teeth  
Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

Two-thirds of Māori children aged five years in 2013 had caries, almost twice the proportion of non-Māori children. The mean number of decayed, missing or filled teeth was 3.2 for Māori and 1.6 for non-Māori. Of those in Year 8, 57% of Māori children had caries, 29% higher than non-Māori with a mean DMFT of 1.7 compared to 1.1.

Table 29: Hospitalisations for tooth and gum disease, children aged 0–14 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Rate per 100,000 (95% CI) | | | Ave. no. per year | Rate per 100,000 (95% CI) | | |
| Female | 177 | 1,252.4 | (1,150.1, | 1,363.8) | 218 | 853.5 | (790.5, | 921.5) | **1.47** | **(1.31,** | **1.65)** | 398.8 |
| Male | 195 | 1,310.3 | (1,208.2, | 1,421.0) | 249 | 950.7 | (884.9, | 1021.3) | **1.38** | **(1.24,** | **1.54)** | 359.6 |
| Total | 372 | 1,281.3 | (1,208.2, | 1,358.9) | 467 | 902.1 | (856.1, | 950.6) | **1.42** | **(1.31,** | **1.54)** | 379.2 |

Source: National Minimum Data Set (NMDS).  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 372 hospital admissions per year on average for tooth and gum disease among Māori children in Waikato, at a rate that was 42% higher than non-Māori, or around 380 more admissions per 100,000 children.

## Middle ear disease

Table 30: Hospitalisations for grommet insertions, children aged 0–14 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Rate per 100,000 (95% CI) | | | Ave. no. per year | Rate per 100,000 (95% CI) | | |
| Female | 78 | 556.2 | (489.4, | 632.2) | 147 | 577.2 | (525.7, | 633.6) | 0.96 | (0.82, | 1.13) | -20.9 |
| Male | 126 | 845.3 | (764.0, | 935.2) | 229 | 869.6 | (807.0, | 937.2) | 0.97 | (0.86, | 1.10) | -24.3 |
| Total | 204 | 700.8 | (647.3, | 758.7) | 376 | 723.4 | (682.4, | 766.9) | 0.97 | (0.88, | 1.07) | -22.6 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, there were 204 admissions per year for grommet insertions among Māori children per year, at a rate similar to the non-Māori rate.

## Healthy skin

Table 31: Hospitalisations for serious skin infections, children aged 0–14 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Rate per 100,000 (95% CI) | | | Ave. no. per year | Rate per 100,000 (95% CI) | | |
| Female | 66 | 466.5 | (405.9, | 536.1) | 42 | 163.1 | (136.9, | 194.2) | **2.86** | **(2.29,** | **3.58)** | 303.4 |
| Male | 69 | 462.7 | (403.8, | 530.2) | 68 | 255.0 | (222.3, | 292.6) | **1.81** | **(1.50,** | **2.20)** | 207.6 |
| Total | 136 | 464.6 | (421.5, | 512.1) | 110 | 209.1 | (187.7, | 232.9) | **2.22** | **(1.92,** | **2.57)** | 255.5 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average there were 136 admissions per year for serious skin infections among Māori children. The rate was 2.2 times the rate for non-Māori children, or 256 more admissions per 100,000 children per year.

## Acute rheumatic fever

Table 32: Individuals admitted to hospital for acute rheumatic fever, ages 0–14 and 15–24 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age group and Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Rate per 100,000 (95% CI) | | | Ave. no. per year | Rate per 100,000 (95% CI) | | |
| **0–14 years** | | | | | | | | | | | | |
| Female | 3 | 24.6 | (13.2, | 45.7) | 1 | 2.6 | (0.7, | 10.4) | **9.42** | **(2.06,** | **42.97)** | 22.0 |
| Male | 8 | 58.3 | (39.4, | 86.4) | <1 | 1.3 | (0.2, | 9.2) | **45.00** | **(6.10,** | **332.11)** | 57.1 |
| Total | 12 | 41.5 | (29.8, | 57.8) | 1 | 2.0 | (0.6, | 6.1) | **21.22** | **(6.53,** | **69.01)** | 39.5 |
| **15–24 years** | | | | | | | | | | | | |
| Female | 2 | 21.0 | (8.7, | 50.5) | 1 | 3.6 | (0.9, | 14.5) | **5.85** | **(1.13,** | **30.39)** | 17.4 |
| Male | 2 | 25.7 | (11.5, | 57.2) | 1 | 3.7 | (0.9, | 14.7) | **6.97** | **(1.41,** | **34.56)** | 22.0 |
| Total | 4 | 23.3 | (12.9, | 42.2) | 1 | 3.6 | (1.4, | 9.7) | **6.42** | **(2.04,** | **20.22)** | 19.7 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

Among Waikato Māori children aged 14 years and under, on average 12 per year were hospitalised at least once for acute rheumatic fever, at a rate 21 times the rate for non-Māori, or 40 more children per 100,000. Among Māori aged 15 to 24 years, an average of four per year were admitted, at a rate of 23 per 100,000, 6.4 times the rate for non-Māori in this age group.

## Potentially preventable hospitalisations

Potentially preventable hospitalisations can be categorised into those which are considered potentially avoidable and those more likely to be unavoidable. Potentially avoidable hospitalisations are those resulting from diseases preventable through population-based health promotion strategies and those related to the social determinants of health. Addressing these can require actions beyond the health care system, including intersectoral actions.

A subgroup of potentially avoidable hospitalisations, ambulatory care sensitive hospitalisations (ASH) reflect hospitalisations for conditions considered sensitive to preventive or treatment interventions in primary care. It is also recognised that while access to effective primary care is important in reducing ASH, addressing the factors which drive the underlying burden of disease such as housing, or second hand smoke exposures, is also important.

Table 33: Potentially avoidable hospitalisations for children aged 1 month to 14 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Rate per 100,000 (95% CI) | | | Ave. no. per year | Rate per 100,000 (95% CI) | | |
| Female | 759 | 5312.2 | (5,098.3, | 5,535.2) | 995 | 3,928.4 | (3,789.9, | 4,071.9) | **1.35** | **(1.28,** | **1.43)** | 1,383.8 |
| Male | 1,041 | 6803.7 | (6,568.9 | 7,046.9) | 1,281 | 4,872.6 | (4,720.9, | 5,029.2) | **1.40** | **(1.33,** | **1.46)** | 1,931.1 |
| Total | 1,800 | 6057.9 | (5,898.2 | 6,222.0) | 2,276 | 4,400.5 | (4,297.3, | 4,506.2) | **1.38** | **(1.33,** | **1.43)** | 1,657.5 |

Source: NMDS   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 1,800 potentially avoidable hospitalisations per year on average among Māori children aged 14 years and under, at a rate nearly 38% higher than the non-Māori rate, or 1,658 more admissions per 100,000.

Table 34: Ambulatory care sensitive hospitalisations for children aged 1 month to 14 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Rate per 100,000 (95% CI) | | | Ave. no. per year | Rate per 100,000 (95% CI) | | |
| Female | 528 | 3,729.4 | (3,550.1, | 3,917.8) | 772 | 3,041.3 | (2,919.9, | 3,167.8) | **1.23** | **(1.15,** | **1.31)** | 688.1 |
| Male | 661 | 4,380.8 | (4,191.9, | 4,578.2) | 913 | 3,474.2 | (3,346.4, | 3,606.8) | **1.26** | **(1.19,** | **1.34)** | 906.6 |
| Total | 1,190 | 4,055.1 | (3,924.0, | 4,190.6) | 1,684 | 3,257.7 | (3,169.1, | 3,348.9) | **1.24** | **(1.19,** | **1.30)** | 797.4 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average there were 1,190 admissions per year for ambulatory care sensitive conditions among Māori children, at a rate 24% higher than the rate for non-Māori children, or almost 800 more admissions per 100,000 children.

# Mauri ora: Rangatahi

− Young adults

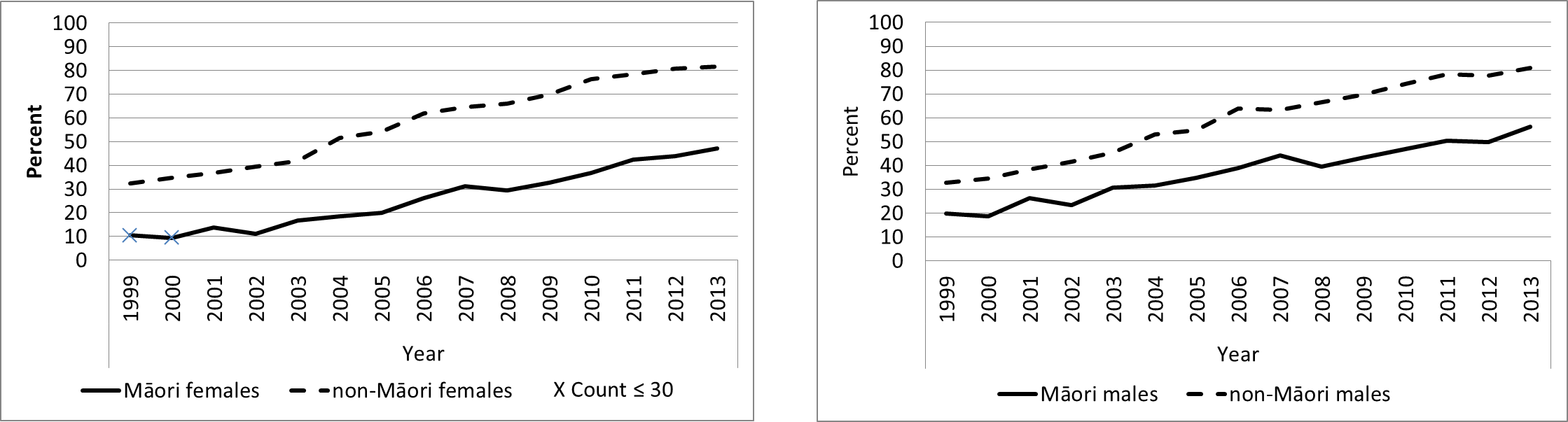
T

his section presents data on smoking, immunisations, and self-harm as an indicator of mental health. Nationally, leading causes of hospitalisation among Māori aged 15 to 24 years include pregnancy and childbirth, injury, digestive system diseases, symptoms and signs (unknown causes), and mental disorders. Major causes of death for Māori in this age group include accidents, suicide, cancer, and homicide ([Robson and Harris 2007).](http://www.hauora.maori.nz)

Challenges faced by rangatahi Māori that can affect their health and wellbeing include socioeconomic factors, perceived positive school climate, access to healthcare, exposure to violence, and risky health behaviours including suicide attempts [(Crengle et al, 2013](https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/publications-by-year.html)). Other data related to youth can be found in the CYES reports on child and youth health. The [Child and Youth Health Compass](file:///C:\Users\brrobso\Downloads\http:\compass.hiirc.org.nz\section\31015\9-youth-health-services\) provides exemplars of youth specific services.

## Smoking

Figure 2: Trends in the proportion of students aged 14–15 years who have never smoked, by gender, Waikato DHB, 1999–2013

Source: ASH Year 10 Snapshot Survey, 2013

Over the last 15 years there has been a significant increase in the number of Māori males and females aged 14 or 15 who have never smoked cigarettes (Figure 2).

Figure 3: Regular smokers, ages 15–17, 18–19, 20–24 years, Waikato DHB, 2013

Source: 2013 Census, Statistics New Zealand  
Note: Regular smoker defined as smoking at least one cigarette daily.

Smoking rates have decreased significantly among young Māori and non-Māori adults in Waikato since 2006. However, smoking uptake remains relatively high among those aged 18–24 years, with a sizeable group starting smoking in this age group. At ages 20–24 years, 4% of Māori were smoking regularly in 2013. Non-Māori in each age group were at least half as likely as Māori to smoke regularly.

## Immunisations

Table 35: Human papilloma virus immunisations (HPV) by birth cohorts, Waikato DHB, 1 September 2008 to 30 September 2014

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Birth cohort | **Age in 2014** | Offered HPV vaccine in (year) | **Māori** | | **Non-Māori** | | Māori/non-Māori ratio | Māori % minus non-Māori % |
| Fully immunised | % fully immunised | Fully immunised | % fully immunised |
| 2000 | 14 | 2013 | 534 | 63.6% | 970 | 54.2% | 1.17 | 9.4% |
| 1999 | 15 | 2012 | 497 | 66.3% | 914 | 51.3% | 1.29 | 14.9% |
| 1998 | 16 | 2011 | 519 | 64.1% | 812 | 44.9% | 1.43 | 19.2% |
| 1997 | 17 | 2010 | 518 | 66.4% | 783 | 43.5% | 1.53 | 22.9% |

Source: National Immunisation Register.   
Notes: Three doses are required to be fully immunised. Young women are eligible for free vaccination up to the age of 20.

Human papilloma virus immunisation rates in Waikato are higher for Māori than for non-Māori girls. Sixty-four percent of Māori women who were aged 14 years in 2014 had received all three doses. Māori aged 17 in 2014 had a higher rate of coverage compared to non-Māori (66% compared to 44%).

## Mental health

Table 36: Hospitalisations for injury from intentional self-harm, 15–24 and 25–44 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age group and gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **15–24 years** | | | | | | | | | | | | |
| Female | 36 | 458.0 | (379.6, | 552.6) | 91 | 506.0 | (449.2, | 570.0) | 0.91 | (0.72, | 1.13) | -48.0 |
| Male | 18 | 225.8 | (172.5, | 295.5) | 36 | 180.0 | (148.8, | 217.7) | 1.25 | (0.90, | 1.74) | 45.8 |
| Total | 54 | 341.9 | (293.1, | 398.8) | 127 | 343.0 | (310.0, | 379.5) | 1.00 | (0.83, | 1.20) | -1.1 |
| **25–44 years** | | | | | | | | | | | | |
| Female | 31 | 277.5 | (226.4, | 340.2) | 85 | 229.1 | (202.3, | 259.4) | 1.21 | (0.95, | 1.54) | 48.4 |
| Male | 22 | 236.3 | (185.9, | 300.4) | 51 | 146.8 | (125.1, | 172.3) | **1.61** | **(1.21,** | **2.15)** | 89.5 |
| Total | 53 | 256.9 | (219.9, | 300.3) | 136 | 187.9 | (170.4, | 207.3) | **1.37** | **(1.14,** | **1.64)** | 69.0 |

Source: NMDS.  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

An average of 54 Māori aged 15–24 years were admitted to hospital per year for injury caused by intentional self-harm at a similar rate to non-Māori. However, Māori aged 25–44 years were almost 40% more likely than non-Māori to be admitted, with an average of 53 Māori per year.

# Mauri ora: Pakeke

− Adults

T

his section focuses mainly on long term conditions among adults, including heart disease and stroke, cancer, diabetes, respiratory disease (asthma, chronic obstructive pulmonary disease), mental disorders, and gout. Information is also presented on hip fractures, hip replacements and cataract surgery. Self-assessed health status and smoking status are also included.

Information on other causes of hospitalisation or deaths in Waikato can be found in the accompanying Excel© tables labelled ‘Death registrations’ and ‘Hospitalisations by principal diagnosis’. For example, the hospitalisations table shows disparities between Waikato Māori and non-Māori in rates of admission for viral hepatitis, meningococcal infection, thyroid disease, atrial fibrillation and flutter, bronchiectasis, gastric ulcers, gallstones (cholelithiasis), renal failure, pancreatitis, epilepsy, head injuries, and burns.

The New Zealand Health Survey provides other information on long term conditions and risk factors that have been shown to be more common for Māori adults than other adults at a national level, including medicated blood pressure, obesity, chronic pain, arthritis, oral disease, and mental distress ([Ministry of Health 2014](http://www.health.govt.nz/publication/health-maori-adults-and-children-2011-2013)).

## Self-assessed health

Table 37: Health status reported by Māori aged 15 years and over, Waikato DHB, 2013

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Health status** | **Waikato DHB** | | | | **New Zealand** | | |
| Estimated number | % | (95% CI) | | % | (95% CI) | |
| Excellent | 6,000 | 12.4 | (9.1, | 15.7) | 18.1 | (16.8, | 19.3) |
| Very good | 17,000 | 35.4 | (30.0 | 40.8) | 37.0 | (35.5, | 38.5) |
| Good | 15,500 | 32.4 | (27.2, | 37.5) | 28.5 | (27.3, | 29.7) |
| Fair / poor | 9,500 | 19.8 | (15.1, | 24.5) | 16.4 | (15.3, | 17.5) |

Source: Te Kupenga 2013, Statistics New Zealand customised report.

In 2013, half of Waikato Māori adults (48%) reported having excellent or very good health and another third (32%) described their health as good. One in five (20%) reported having fair or poor health status.

## Smoking status

Table 38: Cigarette smoking status, 15 years and over, Waikato DHB, 2006 and 2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Smoking status** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Difference in percent | |
| Number | % | (95% CI) | | Number | % | (95% CI) | |
| **2006** | | | | | | | | | | | | | |
| Regular smoker | 17,307 | 43.1 | (42.6, | 43.5) | 36,384 | 21.2 | (20.9, | 21.4) | **2.04** | **(2.01,** | **2.07)** | 21.9 | |
| Ex-smoker | 7,305 | 17.7 | (17.3, | 18.0) | 45,087 | 18.6 | (18.4, | 18.7) | **0.95** | **(0.93,** | **0.97)** | -0.9 | |
| Never smoked | 15,936 | 39.2 | (38.8, | 39.7) | 115,272 | 60.3 | (60.0, | 60.5) | **0.65** | **(0.64,** | **0.66)** | -21.0 | |
| **2013** | | | | | | | | | | | | | |
| Regular smoker | 15,864 | 35.5 | (35.1, | 36.0) | 27,699 | 14.9 | (14.7, | 15.1) | **2.39** | **(2.35,** | **2.43)** | | 20.6 |
| Ex-smoker | 10,005 | 20.6 | (20.3, | 21.0) | 49,584 | 18.7 | (18.5, | 18.8) | **1.10** | **(1.08,** | **1.13)** | | 2.0 |
| Never smoked | 19,863 | 43.8 | (43.4, | 44.3) | 131,478 | 66.4 | (66.2, | 66.7) | **0.66** | **(0.65,** | **0.67)** | | -22.6 |

Source: 2006 and 2013 Censuses, Statistics New Zealand  
Notes: % is age-standardised to the 2001 Māori population  
Regular smokers smoke one or more cigarettes per day.

Between 2006 and 2013 the proportion of Māori adults who smoked cigarettes regularly decreased from 43% to 36%. However, Māori remained more than twice as likely as non-Māori to smoke regularly.

## Heart disease and stroke

Table 39: Hospitalisations for circulatory system diseases, 25 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 452 | 1,665.5 | (1,576.5, | 1,759.4) | 2,247 | 820.3 | (793.1, | 848.4) | **2.03** | **(1.90,** | **2.17)** | 845.2 |
| Male | 520 | 2,321.2 | (2,206.3, | 2,442.2) | 2,904 | 1,376.2 | (1,340.2, | 1,413.3) | **1.69** | **(1.59,** | **1.79)** | 945.0 |
| Total | 972 | 1,993.3 | (1,920.1, | 2,069.4) | 5,150 | 1,098.3 | (1,075.6, | 1,121.4) | **1.82** | **(1.74,** | **1.89)** | 895.1 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, 972 Waikato Māori were admitted to hospital per year for diseases of the circulatory system (including heart disease and stroke), at a rate 82% higher than non-Māori, or 895 more admissions per 100,000.

Table 40: Ischaemic heart disease indicators, 25 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **Ischaemic heart disease admissions** | | | | | | | | | | | | |
| Female | 70 | 247.5 | (215.7, | 283.9) | 486 | 159.7 | (149.6, | 170.4) | **1.55** | **(1.33,** | **1.80)** | 87.8 |
| Male | 102 | 432.2 | (385.8, | 484.1) | 886 | 412.3 | (394.3, | 431.1) | 1.05 | (0.93, | 1.18) | 19.9 |
| Total | 172 | 339.8 | (311.3, | 371.0) | 1372 | 286.0 | (275.6, | 296.7) | **1.19** | **(1.08,** | **1.31)** | 53.8 |
| **Angiography procedures** | | | | | | | | | | | | |
| Female | 82 | 306.9 | (270.2, | 348.6) | 382 | 161.2 | (150.5, | 172.7) | **1.90** | **(1.65,** | **2.20)** | 145.7 |
| Male | 110 | 483.1 | (433.0, | 539.0) | 755 | 390.8 | (372.3, | 410.2) | **1.24** | **(1.10,** | **1.39)** | 92.3 |
| Total | 192 | 395.0 | (363.4, | 429.3) | 1137 | 276.0 | (265.2, | 287.2) | **1.43** | **(1.30,** | **1.57)** | 119.0 |
| **Angioplasty procedures** | | | | | | | | | | | | |
| Female | 18 | 63.7 | (48.6, | 83.4) | 118 | 47.1 | (41.6, | 53.4) | **1.35** | **(1.00,** | **1.82)** | 16.6 |
| Male | 29 | 126.7 | (102.5, | 156.6) | 309 | 160.8 | (149.2, | 173.2) | **0.79** | **(0.63,** | **0.99)** | -34.1 |
| Total | 47 | 95.2 | (80.5, | 112.5) | 427 | 103.9 | (97.5, | 110.8) | 0.92 | (0.77, | 1.10) | -8.8 |
| **Coronary Artery Bypass Graft (CABG)** | | | | | | | | | | | | |
| Female | 6 | 22.2 | (14.0, | 35.4) | 28 | 12.0 | (9.4, | 15.4) | **1.85** | **(1.09,** | **3.14)** | 10.2 |
| Male | 12 | 52.7 | (38.1, | 72.9) | 130 | 62.8 | (56.1, | 70.3) | 0.84 | (0.59, | 1.18) | -10.1 |
| Total | 18 | 37.5 | (28.7, | 48.9) | 159 | 37.4 | (33.8, | 41.5) | 1.00 | (0.75, | 1.33) | 0.0 |
| **Acute coronary syndrome admissions** | | | | | | | | | | | | |
| Female | 54 | 190.9 | (163.2, | 223.3) | 338 | 106.3 | (98.1, | 115.2) | **1.80** | **(1.51,** | **2.14)** | 84.6 |
| Male | 70 | 301.3 | (262.8, | 345.4) | 597 | 279.1 | (264.1, | 294.9) | 1.08 | (0.93, | 1.25) | 22.2 |
| Total | 125 | 246.1 | (221.9, | 272.9) | 934 | 192.7 | (184.1, | 201.7) | **1.28** | **(1.14,** | **1.43)** | 53.4 |

Source: NMDS.   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, 172 Māori per year were admitted to hospital for ischaemic heart disease, at a rate 19% higher than non-Māori. Of these, 125 were admitted with acute coronary syndrome (with a rate 28% than non-Māori).

Māori men had higher rates of angiography, angioplasty, and CABG than Māori women. There were 192 angiography procedures conducted for Māori patients per year, at a rate 43% higher than non-Māori. On average, 29 Māori men and 18 Māori women per year had angioplasty procedures, with the rate for Māori women 35% higher than the non-Māori rate. Six Māori women per year were admitted for a CABG on average, at a rate 85% higher than that of non-Māori women. Eighteen Māori men per year had a CABG at a similar rate to non-Māori men.

Table 41: Hospitalisations for heart failure, stroke, and hypertensive disease, 25 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **Heart failure** | | | | | | | | | | | | |
| Female | 82 | 275.0 | (242.0, | 312.7) | 299 | 61.8 | (56.2, | 67.8) | **4.45** | **(3.80,** | **5.22)** | 213.3 |
| Male | 121 | 511.6 | (460.7, | 568.1) | 326 | 95.6 | (88.3, | 103.5) | **5.35** | **(4.69,** | **6.10)** | 416.0 |
| Total | 203 | 393.3 | (362.5, | 426.8) | 625 | 78.7 | (74.1, | 83.6) | **5.00** | **(4.52,** | **5.53)** | 314.6 |
| **Stroke** | | | | | | | | | | | | |
| Female | 73 | 260.6 | (227.4, | 298.6) | 324 | 92.8 | (85.0, | 101.3) | **2.81** | **(2.39,** | **3.30)** | 167.8 |
| Male | 47 | 206.3 | (174.5, | 243.9) | 325 | 130.9 | (120.9, | 141.7) | **1.58** | **(1.31,** | **1.90)** | 75.4 |
| Total | 120 | 233.5 | (210.0, | 259.6) | 649 | 111.8 | (105.4, | 118.6) | **2.09** | **(1.85,** | **2.36)** | 121.6 |
| **Hypertensive disease** | | | | | | | | | | | | |
| Female | 12 | 47.1 | (33.4, | 66.4) | 52 | 21.2 | (17.1, | 26.3) | **2.22** | **(1.48,** | **3.33)** | 25.9 |
| Male | 8 | 38.6 | (25.6, | 58.3) | 31 | 19.4 | (14.9, | 25.4) | **1.99** | **(1.22,** | **3.25)** | 19.2 |
| Total | 20 | 42.8 | (32.9, | 55.8) | 83 | 20.3 | (17.1, | 24.1) | **2.11** | **(1.54,** | **2.89)** | 22.5 |

Source: NMDS.   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were around 200 admissions per year on average for Māori with heart failure, at 5 times the rate for non-Māori, or 315 more admissions per 100,000.

On average, 120 Māori per year were admitted for stroke, at twice the non-Māori rate, or 122 more admissions per 100,000.

There were 20 Māori admissions per year on average for hypertensive disease, at twice the rate of non-Māori, or 23 more admissions per 100,000.

Table 42: Hospitalisations for chronic rheumatic heart disease and heart valve replacements, 25 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **Chronic rheumatic heart disease** | | | | | | | | | | | | |
| Female | 22 | 88.8 | (69.1, | 114.1) | 32 | 12.0 | (9.3, | 15.5) | **7.41** | **(5.18,** | **10.60)** | 76.8 |
| Male | 9 | 41.4 | (27.8, | 61.5) | 24 | 10.3 | (7.6, | 13.9) | **4.02** | **(2.44,** | **6.61)** | 31.1 |
| Total | 30 | 65.1 | (52.6, | 80.5) | 57 | 11.1 | (9.2, | 13.6) | **5.84** | **(4.37,** | **7.80)** | 53.9 |
| **Heart valve replacements** | | | | | | | | | | | | |
| Female | 7 | 27.4 | (17.7, | 42.5) | 28 | 11.0 | (8.3, | 14.7) | **2.48** | **(1.47,** | **4.19)** | 16.4 |
| Male | 8 | 40.9 | (27.4, | 61.2) | 50 | 19.2 | (15.8, | 23.3) | **2.13** | **(1.37,** | **3.34)** | 21.8 |
| Total | 15 | 34.2 | (25.4, | 46.1) | 78 | 15.1 | (12.9, | 17.8) | **2.26** | **(1.61,** | **3.18)** | 19.1 |

Source: NMDS.   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, there were 30 hospital admissions per year for Māori with chronic rheumatic heart disease, at a rate 5.8 times that of non-Māori.

Heart valve replacements were conducted on 15 Waikato Māori per year on average, at a rate 2.3 times the rate for non-Māori.

Table 43: Early deaths from circulatory system disease, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 30 | 59.6 | (50.7, | 70.2) | 54 | 14.4 | (12.5, | 16.5) | **4.15** | **(3.36,** | **5.14)** | 45.3 |
| Male | 51 | 117.4 | (103.8, | 132.9) | 126 | 37.0 | (33.9, | 40.3) | **3.18** | **(2.73,** | **3.69)** | 80.5 |
| Total | 81 | 88.5 | (80.2, | 97.7) | 179 | 25.7 | (23.8, | 27.6) | **3.45** | **(3.05,** | **3.90)** | 62.9 |

Source: Mortality data, Ministry of Health  
Notes: “Early deaths” are defined as those occurring under 75 years of age.  
Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average 81 Māori per year died early from circulatory system disease, at a rate 3.5 times the rate for non-Māori, or 63 more deaths per 100,000. Māori men had twice the mortality rate of Māori women.

## Diabetes

Table 44: Diabetes prevalence, medication use, monitoring of blood glucose levels, screening for renal disease, Waikato DHB, 2013

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicator | **Māori** | | **Non-Māori** | | Māori/non-Māori ratio | Difference in percentage |
| Count | % (crude) | Count | % (crude) |
| Prevalence of diabetes (all ages) | 4,436 | 5.5 | 15,795 | 5.4 | 1.00 | 0.0 |
| People with diabetes regularly receiving metformin or insulin, 25+ | 2,118 | 47.8 | 7,962 | 50.4 | 0.95 | -2.7 |
| People with diabetes having regular Hb1Ac monitoring, 25+ | 3,710 | 83.6 | 1,3748 | 85.4 | 0.98 | -1.8 |
| People with diabetes having regular screening for renal disease, 25+ | 2,833 | 63.9 | 1,1084 | 70.2 | 0.91 | -6.3 |

Source: NZ Atlas of Healthcare Variation  
Note: The ‘crude’ percentage is not adjusted for differences in the age structure of the Māori and non-Māori populations.

Over 4,400 Waikato Māori are estimated to have diabetes, giving a crude prevalence of 6%, similar to the prevalence among non-Māori. The prevalence has not been adjusted for age and the rate for Māori would likely be higher than for non-Māori if age differences were taken into account. Almost half of Māori with diabetes were regularly receiving metformin or insulin in 2013. Almost 84% were having regular monitoring of blood glucose levels and 64% were being screened for renal disease.

Table 45: Hospitalisations for lower limb amputations for people with concurrent diabetes, 15 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 7 | 20.4 | (13.3, | 31.1) | 18 | 4.7 | (3.4, | 6.5) | **4.30** | **(2.53,** | **7.32)** | 15.6 |
| Male | 14 | 44.1 | (32.4, | 59.9) | 42 | 11.9 | (9.6, | 14.6) | **3.71** | **(2.56,** | **5.38)** | 32.2 |
| Total | 21 | 32.2 | (25.1, | 41.3) | 60 | 8.3 | (7.0, | 9.9) | **3.88** | **(2.86,** | **5.26)** | 23.9 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average 21 Māori individuals per year with diabetes had lower limbs amputated, at a rate nearly 4 times that of non-Māori.

## Cancer

Table 46: Most common cancer registrations for Māori by site, all ages, Waikato DHB, 2008–2012

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender and site** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **Female** | | | | | | | | | | | | |
| All cancers | 134 | 252.9 | (234.1, | 273.2) | 663 | 170.5 | (163.1, | 178.1) | **1.48** | **(1.36,** | **1.62)** | 82.4 |
| Breast | 45 | 85.4 | (74.7, | 97.6) | 185 | 53.5 | (49.6, | 57.7) | **1.60** | **(1.37,** | **1.86)** | 31.9 |
| Lung | 26 | 46.6 | (39.2, | 55.4) | 54 | 10.6 | (9.1, | 12.2) | **4.42** | **(3.53,** | **5.53)** | 36.1 |
| Colorectal | 10 | 18.6 | (14.0, | 24.7) | 107 | 19.4 | (17.4, | 21.6) | 0.96 | (0.71, | 1.30) | -0.8 |
| Uterus | 7 | 12.7 | (9.0, | 17.9) | 30 | 7.5 | (6.2, | 9.0) | **1.70** | **(1.15,** | **2.52)** | 5.2 |
| Cervix | 5 | 9.6 | (6.4, | 14.6) | 10 | 4.7 | (3.4, | 6.4) | **2.07** | **(1.22,** | **3.50)** | 5.0 |
| **Male** | | | | | | | | | | | | |
| All cancers | 100 | 211.6 | (193.7, | 231.2) | 841 | 198.5 | (191.1, | 206.2) | 1.07 | (0.97, | 1.17) | 13.1 |
| Lung | 21 | 41.5 | (34.2, | 50.3) | 78 | 13.8 | (12.3, | 15.4) | **3.02** | **(2.41,** | **3.77)** | 27.7 |
| Prostate | 16 | 32.2 | (25.8, | 40.1) | 253 | 54.9 | (51.8, | 58.3) | **0.59** | **(0.47,** | **0.74)** | -22.8 |
| Colorectal | 10 | 21.0 | (15.8, | 27.8) | 124 | 24.6 | (22.4, | 27.1) | 0.85 | (0.63, | 1.14) | -3.7 |

Source: Cancer Registry, Ministry of Health  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 134 cancer registrations per year on average among Waikato Māori females, at a rate 48% higher than non-Māori. The most common cancers registered for Māori females were breast, lung, colorectal, uterine, and cervical cancers. Registration rates were higher for Māori than for non-Māori women for each of these cancers, apart from colorectal cancer.

Among Waikato Māori males there were 100 cancer registrations per year on average, at a similar rate to non-Māori. Lung, prostate, and colorectal cancers were the most common cancers registered for Māori males. Lung cancer incidence was 3 times as high for Māori as for non-Māori males, while the prostate cancer registration rate was lower.

Table 47: Most common cancer deaths for Māori by site, all ages, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender and site** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **Female** | | | | | | | | | | | | |
| All cancers | 54 | 102.9 | (91.2, | 116.2) | 293 | 53.4 | (49.8, | 57.3) | **1.93** | **(1.67,** | **2.21)** | 49.5 |
| Lung | 18 | 33.2 | (27.0, | 40.9) | 44 | 8.1 | (6.9, | 9.5) | **4.12** | **(3.17,** | **5.34)** | 25.1 |
| Breast | 9 | 16.9 | (12.6, | 22.9) | 46 | 10.1 | (8.6, | 11.9) | **1.68** | **(1.20,** | **2.37)** | 6.9 |
| Colorectal | 4 | 7.8 | (5.1, | 12.1) | 49 | 7.8 | (6.6, | 9.3) | 1.00 | (0.63, | 1.59) | 0.0 |
| Stomach | 3 | 6.1 | (3.6, | 10.4) | 9 | 1.5 | (1.0, | 2.2) | **4.18** | **(2.15,** | **8.12)** | 4.6 |
| **Male** | | | | | | | | | | | | |
| All cancers | 53 | 114.5 | (101.4, | 129.1) | 365 | 68.0 | (64.2, | 72.0) | **1.68** | **(1.47,** | **1.92)** | 46.5 |
| Lung | 14 | 29.0 | (22.9, | 36.7) | 68 | 12.1 | (10.7, | 13.6) | **2.41** | **(1.84,** | **3.14)** | 16.9 |
| Colorectal | 7 | 14.1 | (10.1, | 19.8) | 53 | 9.9 | (8.6, | 11.4) | 1.43 | (0.99, | 2.06) | 4.3 |
| Prostate | 6 | 12.2 | (8.5, | 17.5) | 53 | 6.8 | (6.0, | 7.8) | **1.79** | **(1.22,** | **2.62)** | 5.4 |
| Stomach | 4 | 8.3 | (5.2, | 13.2) | 13 | 2.4 | (1.8, | 3.2) | **3.44** | **(1.98,** | **5.98)** | 5.9 |
| Pancreas | 3 | 5.9 | (3.5, | 10.0) | 15 | 2.9 | (2.2, | 3.9) | **2.02** | **(1.12,** | **3.67)** | 3.0 |
| Liver | 3 | 5.8 | (3.3, | 10.0) | 10 | 2.1 | (1.5, | 2.9) | **2.75** | **(1.45,** | **5.21)** | 3.7 |

Source: Death registrations, Ministry of Health  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

For Māori females, deaths from cancer comprised a third of all deaths, with a rate nearly twice that of non-Māori. Lung cancer was the most common cause of cancer death (33% of all cancer deaths) at a rate 4 times that of Māori, or 25 more deaths per 100,000. Breast, colorectal, and stomach cancers were the next most common causes of cancer death. Stomach cancer mortality was 4 times that of non-Māori, or 5 more deaths per 100,000. Breast cancer mortality was 68% higher for Māori than non-Māori, or 7 more deaths per 100,000 per year.

For Māori males, cancer deaths accounted for 25% of all deaths, with a rate 68% higher than that of non-Māori males. Lung cancer was the most common cause of cancer death for Māori males, comprising 26% of all cancer deaths, at a rate over twice that of non-Māori males or 17 more deaths per 100,000. Lung cancer was followed by colorectal, prostate, stomach, pancreatic, and liver cancers. Waikato Māori males had significantly higher mortality rates than non-Māori for each of these cancers except colorectal.

### Breast and cervical cancer screening

Table 48: BreastScreen Aotearoa breast screening coverage, women aged 45–69 years, Waikato DHB, 24 months to 31 December 2014

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Māori** | | | **Non-Māori** | | |
| Number screened | Eligible population | % screened | Number screened | Eligible population | % screened |
| 5,115 | 9,240 | 55.4% | 33,529 | 49,355 | 67.9% |

Source: National Screening Unit, Ministry of Health

BreastScreen Aotearoa provides free mammography screening for breast cancer to women aged 45 to 69 years, with a target of at least 70% of eligible women screened every two years. During the two years up to the end of 2014, 55% of Māori women and 68% of non-Māori women in Waikato had been screened.

Table 49: Cervical screening coverage, women aged 25–69 years, Waikato DHB, 3 years and 5 years to 31 December 2014

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Māori** | | | | | | **Non-Māori** | | | | |
| Eligible population | Women screened in last 5 years | 5-year coverage % | Women screened in last 3 years | 3-year coverage % | | Eligible population | Women screened in last 5 years | 5-year coverage % | Women screened in last 3 years | 3-year coverage % |
| 18,639 | 13,952 | 74.9% | 11,183 | | 60.0% | 76,918 | 70,187 | 91.2% | 59,898 | 77.9% |

Source: National Screening Unit, Ministry of Health  
Note: Population is adjusted for hysterectomy.

Among women aged 25 to 69 years, 75% of Māori women and 91% of non-Māori women had had a cervical smear test during the five years prior to December 2014. The three year cervical screening coverage was 60% for Māori women and 78% for non-Māori women. The National Cervical Screening Programme has a three year screening coverage target of 80% of eligible women aged 25 to 69 years.

## Respiratory disease

Table 50: Hospitalisations for asthma, by age group, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender and age group** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **0–14 years** | | | | | | | | | | | | |
| Female | 63 | 445.0 | (386.0, | 513.1) | 69 | 269.6 | (235.2, | 308.9) | **1.65** | **(1.36,** | **2.01)** | 175.4 |
| Male | 109 | 713.4 | (639.9, | 795.3) | 89 | 337.8 | (299.7, | 380.8) | **2.11** | **(1.80,** | **2.48)** | 375.6 |
| Total | 172 | 579.2 | (531.2, | 631.5) | 158 | 303.7 | (277.6, | 332.3) | **1.91** | **(1.68,** | **2.16)** | 275.5 |
| **15–34 years** | | | | | | | | | | | | |
| Female | 53 | 380.9 | (325.6, | 445.6) | 44 | 119.8 | (100.9, | 142.1) | **3.18** | **(2.52,** | **4.01)** | 261.1 |
| Male | 20 | 155.0 | (119.7, | 200.7) | 18 | 49.9 | (38.3, | 65.0) | **3.11** | **(2.15,** | **4.50)** | 105.1 |
| Total | 72 | 267.9 | (234.3, | 306.4) | 62 | 84.8 | (73.5, | 97.9) | **3.16** | **(2.59,** | **3.85)** | 183.1 |
| **35–64 years** | | | | | | | | | | | | |
| Female | 43 | 315.4 | (264.0, | 376.9) | 48 | 85.5 | (71.7, | 102.0) | **3.69** | **(2.87,** | **4.74)** | 229.9 |
| Male | 23 | 203.3 | (159.5, | 259.2) | 28 | 52.6 | (41.7, | 66.5) | **3.86** | **(2.76,** | **5.41)** | 150.7 |
| Total | 65 | 259.4 | (224.6, | 299.6) | 76 | 69.1 | (60.0, | 79.5) | **3.75** | **(3.07,** | **4.59)** | 190.3 |
| **65 years and over** | | | | | | | | | | | | |
| Female | 9 | 415.2 | (284.4, | 606.1) | 34 | 124.9 | (101.0, | 154.5) | **3.32** | **(2.15,** | **5.13)** | 290.3 |
| Male | 4 | 234.8 | (136.3, | 404.5) | 12 | 51.3 | (36.2, | 72.7) | **4.57** | **(2.40,** | **8.73)** | 183.5 |
| Total | 13 | 325.0 | (238.0, | 443.7) | 46 | 88.1 | (73.5, | 105.7) | **3.69** | **(2.57,** | **5.29)** | 236.9 |

Source: NMDS.   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 172 admissions for asthma per year among Māori children aged 0–14 years, at a rate almost twice that of non-Māori. Young Māori adults were admitted at a rate 3 times as high as those for non-Māori, with an average of 72 admissions per year. Among Māori adults aged 35–64 years, there were 65 admissions per year on average, at 3.8 times the rate of non-Māori. Māori aged 65 years and over were admitted at a rate of 3.7 times the non-Māori rate, with thirteen admissions per year on average.

Table 51: Hospitalisations for chronic obstructive pulmonary disease (COPD), 45 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 213 | 1,989.0 | (1,839.3, | 2,150.8) | 439 | 409.9 | (385.1, | 436.2) | **4.85** | **(4.39,** | **5.36)** | 1,579.1 |
| Male | 96 | 1,029.0 | (916.2, | 1,155.8) | 421 | 382.3 | (359.2, | 406.8) | **2.69** | **(2.36,** | **3.07)** | 646.8 |
| Total | 309 | 1,509.0 | (1,414.0, | 1,610.4) | 860 | 396.1 | (379.0, | 413.9) | **3.81** | **(3.52,** | **4.12)** | 1,112.9 |

Source: NMDS.  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 309 hospitalisations per year on average for Māori with COPD, at a rate 3.8 times that of non-Māori, or 1113 more admissions per 100,000.

Table 52: Early deaths from respiratory disease, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 11 | 23.3 | (17.9, | 30.3) | 20 | 5.9 | (4.6, | 7.5) | **3.98** | **(2.77,** | **5.71)** | 17.4 |
| Male | 13 | 30.5 | (24.0, | 38.9) | 24 | 7.1 | (5.7, | 9.0) | **4.29** | **(3.07,** | **5.99)** | 23.4 |
| Total | 25 | 26.9 | (22.5, | 32.1) | 44 | 6.5 | (5.5, | 7.7) | **4.15** | **(3.24,** | **5.30)** | 20.4 |

Source: Mortality data, Ministry of Health  
Notes: “Early deaths” defined as those occurring under 75 years of age.  
Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, 25 Waikato Māori per year died early from respiratory disease, at a rate 4 times the non-Māori rate, or 20 more deaths per 100,000.

## Mental disorders

Table : Hospitalisations for mental disorders, all ages, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Disorder** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate (95% CI) | | | Ave. no. per year | Age-standardised  rate (95% CI) | | |
| **Female** | | | | | | | | | | | | |
| All disorders | 247 | 555.2 | (516.1, | 597.3) | 800 | 390.1 | (371.5, | 409.6) | **1.42** | **(1.30,** | **1.55)** | 165.1 |
| Schizophrenia | 80 | 176.2 | (154.9, | 200.4) | 92 | 44.4 | (38.7, | 50.9) | **3.97** | **(3.29,** | **4.79)** | 131.8 |
| Mood (affective) | 70 | 157.4 | (137.2, | 180.6) | 332 | 146.7 | (136.0, | 158.1) | 1.07 | (0.92, | 1.26) | 10.7 |
| —Bipolar | 29 | 64.1 | (51.7, | 79.4) | 72 | 31.3 | (26.8, | 36.6) | **2.05** | **(1.57,** | **2.67)** | 32.7 |
| —Depressive   episode | 29 | 66.4 | (53.7, | 82.0) | 203 | 85.0 | (77.0, | 93.8) | **0.78** | **(0.62,** | **0.99)** | -18.7 |
| Substance use | 43 | 101.1 | (85.0, | 120.3) | 90 | 61.3 | (53.9, | 69.7) | **1.65** | **(1.33,** | **2.05)** | 39.8 |
| —Alcohol | 25 | 57.2 | (45.5, | 72.0) | 71 | 48.7 | (42.1, | 56.3) | 1.17 | (0.90, | 1.54) | 8.5 |
| Anxiety,  stress-related | 37 | 84.9 | (70.3, | 102.6) | 132 | 71.4 | (63.4, | 80.3) | 1.19 | (0.95, | 1.49) | 13.6 |
| **Male** | | | | | | | | | | | | |
| All disorders | 314 | 813.2 | (762.1, | 867.8) | 715 | 367.3 | (349.0, | 386.6) | **2.21** | **(2.04,** | **2.40)** | 445.9 |
| Schizophrenia | 176 | 473.5 | (434.3, | 516.3) | 204 | 94.4 | (85.4, | 104.3) | **5.02** | **(4.40,** | **5.73)** | 379.2 |
| Mood (affective) | 45 | 110.3 | (92.8, | 131.1) | 185 | 94.0 | (85.4, | 103.5) | 1.17 | (0.96, | 1.43) | 16.3 |
| —Bipolar | 27 | 65.0 | (52.0, | 81.2) | 51 | 26.1 | (21.8, | 31.2) | **2.49** | **(1.87,** | **3.32)** | 38.9 |
| —Depressive   episode | 12 | 30.6 | (21.9, | 42.7) | 91 | 43.8 | (38.1, | 50.3) | 0.70 | (0.49, | 1.00) | -13.2 |
| Substance use | 54 | 133.8 | (114.4, | 156.4) | 141 | 94.0 | (84.7, | 104.3) | **1.42** | **(1.18,** | **1.72)** | 39.8 |
| —Alcohol | 26 | 61.3 | (49.0, | 76.8) | 107 | 66.7 | (59.0, | 75.3) | 0.92 | (0.71, | 1.19) | -5.3 |
| Anxiety,  stress-related | 24 | 61.8 | (48.9, | 78.1) | 79 | 48.9 | (42.2, | 56.6) | 1.26 | (0.96, | 1.66) | 12.9 |
| **Total** | | | | | | | | | | | | |
| All disorders | 562 | 684.2 | (651.7, | 718.4) | 1515 | 378.7 | (365.6, | 392.3) | **1.81** | **(1.70,** | **1.92)** | 305.5 |
| Schizophrenia | 256 | 324.9 | (302.3, | 349.1) | 296 | 69.4 | (64.0, | 75.3) | **4.68** | **(4.20,** | **5.22)** | 255.5 |
| Mood (affective) | 115 | 133.9 | (120.2, | 149.1) | 517 | 120.3 | (113.4, | 127.7) | 1.11 | (0.98, | 1.26) | 13.5 |
| —Bipolar | 56 | 64.5 | (55.3, | 75.3) | 122 | 28.7 | (25.5, | 32.3) | **2.25** | **(1.85,** | **2.73)** | 35.8 |
| —Depressive  episode | 41 | 48.5 | (40.5, | 58.0) | 294 | 64.4 | (59.4, | 69.8) | **0.75** | **(0.62,** | **0.92)** | -15.9 |
| Substance use | 97 | 117.5 | (104.6, | 131.9) | 231 | 77.6 | (71.6, | 84.2) | **1.51** | **(1.31,** | **1.74)** | 39.8 |
| —Alcohol | 51 | 59.3 | (50.5, | 69.6) | 179 | 57.7 | (52.5, | 63.4) | 1.03 | (0.85, | 1.24) | 1.6 |
| Anxiety,  stress-related | 61 | 73.3 | (63.3, | 85.0) | 211 | 60.1 | (54.8, | 65.9) | **1.22** | **(1.03,** | **1.45)** | 13.2 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

Rates of hospitalisation for mental disorders were 1.8 times as high for Māori as for non-Māori.

Among Māori females, the most common cause of admission was schizophrenia related disorders, with 80 admissions per year on average, at a rate 4 times that of non-Māori females. Admission rates for bipolar disorders were higher for Māori than for non-Māori, while the rate of admission for depressive episodes was lower. Substance use admissions were higher for Māori women.

Among Māori males, the overall admission rate was 2.2 times the non-Māori rate. Admissions for schizophrenia type disorders were the most common, at a rate 5 times the non-Māori rate. The admission rate for bipolar was two-and-a-half times the non-Māori rate. Māori males were also more likely than non-Māori males to be admitted for substance use disorders.

## Gout

Table 54: Gout prevalence and treatment, 20–79 years, Waikato DHB, 2011

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Indicator | **Māori** | | **Non-Māori** | | Māori/non-Māori ratio | Difference in percentage |
| Count | % | Count | % |
| Gout prevalence | 3,093 | 6.6 | 6,754 | 3.4 | 1.95 | 3.2 |
| People with gout who received allopurinol regularly | 1,102 | 35.6 | 2,830 | 41.9 | 0.85 | -6.3 |
| Colchicine use by people with gout not dispensed allopurinol | 234 | 7.6 | 435 | 6.4 | 1.17 | 1.1 |
| NSAID use by people with gout | 1,422 | 46.0 | 2,684 | 39.7 | 1.16 | 6.2 |
| Serum urate test within six months following allopurinol dispensing | 571 | 31.6 | 1,295 | 32.4 | 0.98 | -0.8 |

Source: NZ Atlas of Healthcare Variation, Ministry of Health.   
Notes: Denominator is people in contact with health services (using Health Tracker). Prevalence may be underestimated by up to 20%. Prevalence rates are not age adjusted. NSAID is non-steroidal anti-inflammatory medication.

Approximately 3,100 Māori were estimated to have gout in 2011, a prevalence of 7%, compared to 3% for non-Māori. Just over a third 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 within the following six months.

Table 55: Hospitalisations for gout, 25 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 19 | 64.8 | (49.8, | 84.1) | 17 | 4.2 | (2.5, | 6.8) | **15.57** | **(8.94,** | **27.13)** | 60.6 |
| Male | 54 | 246.6 | (210.3, | 289.3) | 53 | 27.6 | (22.5, | 33.8) | **8.93** | **(6.90,** | **11.56)** | 219.0 |
| Total | 73 | 155.7 | (135.7, | 178.7) | 70 | 15.9 | (13.2, | 19.2) | **9.80** | **(7.76,** | **12.37)** | 139.8 |

Source: NMDS  
Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 73 hospital admissions for gout per year on average among Waikato Māori, more frequent among males than females. The rate of admission for Māori females was 15.6 times the rate for non-Māori females, or 61 more admissions per 100,000. Māori males had an admission rate nearly 9 times the non-Māori rate, or 219 more admissions per 100,000.

## Hip fractures

Table 56: Hospitalisations for hip fractures, 65 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 6 | 233.4 | (147.1, | 370.3) | 196 | 402.0 | (364.8, | 443.0) | **0.58** | **(0.36,** | **0.93)** | -168.6 |
| Male | 2 | 88.1 | (36.7, | 211.9) | 84 | 250.0 | (218.2, | 286.4) | **0.35** | **(0.15,** | **0.86)** | -161.8 |
| Total | 8 | 160.8 | (106.5, | 242.8) | 280 | 326.0 | (301.1, | 352.9) | **0.49** | **(0.32,** | **0.75)** | -165.2 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, 8 Māori per year aged 65 and over were admitted to hospital for hip fractures, at a rate half that of non-Māori.

## Elective surgery

Table 57: Hospitalisations for hip replacements, 50 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 21 | 280.1 | (219.1, | 358.1) | 175 | 224.8 | (204.2, | 247.4) | 1.25 | (0.96, | 1.62) | 55.3 |
| Male | 17 | 257.8 | (196.4, | 338.5) | 152 | 240.8 | (217.9, | 266.1) | 1.07 | (0.80, | 1.43) | 17.0 |
| Total | 39 | 269.0 | (224.0, | 322.9) | 327 | 232.8 | (217.2, | 249.5) | 1.16 | (0.95, | 1.40) | 36.1 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, 39 Māori aged 50 years and over were admitted to hospital per year for a hip replacement, at a similar rate to non-Māori.

Table 58: Publicly funded hospitalisations for cataract surgery, 45 years and over, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 82 | 755.2 | (665.6, | 856.9) | 535 | 407.5 | (384.6, | 431.7) | **1.85** | **(1.61,** | **2.13)** | 347.8 |
| Male | 83 | 907.4 | (801.3, | 1,027.6) | 370 | 335.9 | (313.9, | 359.4) | **2.70** | **(2.35,** | **3.11)** | 571.6 |
| Total | 165 | 831.3 | (760.6, | 908.6) | 904 | 371.7 | (355.7, | 388.4) | **2.24** | **(2.03,** | **2.47)** | 459.7 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

Around 165 Waikato Māori per year aged 45 years and over were admitted to hospital for cataract surgery. The rate for Māori was 2.2 times that for non-Māori, or 460 more admissions per 100,000.

# Mauri ora: All ages

T

his section presents information on overall hospitalisations, potentially avoidable and ambulatory sensitive hospitalisations, overall mortality rates, potentially avoidable mortality and mortality amenable to health care, and injuries. ICD codes for these classifications are provided in Appendix 2. Life expectancy at birth is presented for the Waikato Region, as this data was not available by DHB.

## Hospitalisations

Table 59: All-cause hospitalisations, all ages, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 11,601 | 25,501.1 | (25,228.4, | 25,776.7) | 38,872 | 21,676.9 | (21,515.4, | 21,839.6) | **1.18** | **(1.16,** | **1.19)** | 3,824.2 |
| Male | 8,641 | 19,946.0 | (19,700.6, | 20,194.5) | 32,969 | 17,587.1 | (17,439.6, | 17,735.8) | **1.13** | **(1.12,** | **1.15)** | 2,359.0 |
| Total | 20,242 | 22,723.6 | (22,539.8, | 22,908.8) | 71,841 | 19,632.0 | (19,522.5, | 19,742.0) | **1.16** | **(1.15,** | **1.17)** | 3,091.6 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, there were 20,242 Māori hospital admissions per year and 71,841 non-Māori admissions. All-cause admission rates were 16% higher for Māori than non-Māori. This includes admissions for pregnancy and childbirth.

Data on hospital admissions by principal diagnosis are available in the accompanying Excel tables.

### Potentially avoidable hospitalisations

Table 60: Potentially avoidable hospitalisations, 0–74 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 2,704 | 5,965.3 | (5,834.1, | 6,099.5) | 6,051 | 4,165.2 | (4,091.6, | 4,240.1) | **1.43** | **(1.39,** | **1.47)** | 1,800.2 |
| Male | 2,475 | 5,835.7 | (5,702.4, | 5,972.0) | 6,473 | 4,395.9, | (4,320.6, | 4,472.4) | **1.33** | **(1.29,** | **1.37)** | 1,439.8 |
| Total | 5,179 | 5,900.5 | (5,806.7, | 5,995.8) | 12,524 | 4,280.5, | (4,227.8, | 4,333.9) | **1.38** | **(1.35,** | **1.41)** | 1,620.0 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB. Table revised April 2016.

On average, 5,179 Māori hospital admissions per year were potentially avoidable through population based prevention strategies at a rate nearly 40% higher than for non-Māori, or 1,620 more admissions per 100,000.

Table 61: Ambulatory care sensitive hospitalisations, 0–74 years, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 1,373 | 2,987.3 | (2,895.2, | 3,082.2) | 2,592 | 1,649.3 | (1,603.6, | 1,696.2) | **1.81** | **(1.74,** | **1.89)** | 1,338.0 |
| Male | 1,326 | 3,073.9 | (2,978.3, | 3,172.7) | 2,983 | 1,820.1 | (1,772.9, | 1,868.5) | **1.69** | **(1.62,** | **1.76)** | 1,253.9 |
| Total | 2,698 | 3,024.1 | (2,957.5, | 3,092.1) | 5,574 | 1,730.9 | (1,698.1, | 1,764.4) | **1.75** | **(1.70,** | **1.80)** | 1,293.1 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average, there were 2,698 ambulatory care sensitive hospitalisations per year among Māori, at a rate that was 75% higher than the non-Māori rate, or 1,293 more admissions per 100,000.

## Mortality

Table : Life expectancy at birth, Waikato Region, 2012–2014

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | **Non-Māori** | | | Difference in years |
| Years (95% credible interval) | | | Years (95% credible interval) | | |
| Female | 76.5 | (75.8, | 77.2) | 84.0 | (83.8, | 84.3) | -7.5 |
| Male | 72.2 | (71.5, | 72.9) | 80.3 | (80.0, | 80.5) | -8.1 |

Source: Statistics New Zealand Subnational Period Life Tables: 2012–14.  
Notes: This data is for the Waikato Region (including Waikato DHB area and the Taupo District). A map of Regional Council boundaries can be found [here](http://www.lgnz.co.nz/home/nzs-local-government/new-zealands-councils/). The credible interval is the 2.5th percentile and the 97.5th percentile, the expected years of life at birth is the 50th percentile. Further information on the regional life tables and methods can be found [here](http://www.stats.govt.nz/browse_for_stats/health/life_expectancy/SubnationalPeriodLifeTables_HOTP12-14/Commentary.aspx).

Life expectancy at birth is a summary measure of age-specific mortality rates during a specific period, and takes no account of changes in death rates after that period. During 2012–2014, among residents of the Waikato Region, life expectancy at birth was 76.5 years for Māori females, 7.5 years lower than that of non-Māori females (84.0 years). For Māori males, life expectancy was 72.2 years, 8.1 years lower than for non-Māori males (80.3 years).

Table 63: All-cause deaths, all ages, Waikato DHB, 2008–2012

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 166 | 331.2 | (315.4, | 347.9) | 1039 | 147.8 | (143.0, | 152.8) | **2.24** | **(2.11,** | **2.38)** | 183.4 |
| Male | 204 | 483.3 | (462.6, | 504.9) | 1085 | 231.3 | (225.0, | 237.8) | **2.09** | **(1.98,** | **2.20)** | 252.0 |
| Total | 370 | 407.3 | (394.1, | 420.8) | 2124 | 189.6 | (185.6, | 193.6) | **2.15** | **(2.07,** | **2.23)** | 217.7 |

Source: Mortality dataset, Ministry of Health.   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 370 Māori deaths per year on average in Waikato from 2008 to 2012. The Māori mortality rate was over twice the non-Māori rate, or 218 more deaths per 100,000.

Table 64: Leading causes of death for Māori, all ages, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender and cause** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| **Female** | | | | | | | | | | | | |
| IHD | 20 | 35.2 | (28.9, | 42.9) | 181 | 14.6 | (13.3, | 16.1) | **2.41** | **(1.94,** | **3.00)** | 20.6 |
| Lung cancer | 18 | 33.2 | (27.0, | 40.9) | 44 | 8.1 | (6.9, | 9.5) | **4.12** | **(3.17,** | **5.34)** | 25.1 |
| COPD | 13 | 23.0 | (17.9, | 29.5) | 55 | 6.3 | (5.4, | 7.3) | **3.66** | **(2.73,** | **4.89)** | 16.7 |
| Diabetes | 12 | 22.0 | (17.1, | 28.4) | 24 | 2.3 | (1.8, | 2.9) | **9.50** | **(6.75,** | **13.36)** | 19.7 |
| Stroke | 10 | 17.7 | (13.3, | 23.6) | 117 | 9.7 | (8.6, | 11.0) | **1.83** | **(1.34,** | **2.50)** | 8.0 |
| **Male** | | | | | | | | | | | | |
| IHD | 34 | 74.6 | (64.1, | 86.8) | 236 | 37.4 | (34.8, | 40.1) | **2.00** | **(1.69,** | **2.36)** | 37.2 |
| Accidents | 21 | 52.9 | (43.6, | 64.2) | 55 | 28.1 | (24.2, | 32.7) | **1.88** | **(1.47,** | **2.40)** | 24.8 |
| Diabetes | 14 | 29.5 | (23.4, | 37.3) | 32 | 5.7 | (4.7, | 6.9) | **5.21** | **(3.85,** | **7.06)** | 23.9 |
| Lung cancer | 14 | 29.0 | (22.9, | 36.7) | 68 | 12.1 | (10.7, | 13.6) | **2.41** | **(1.84,** | **3.14)** | 16.9 |
| COPD | 12 | 25.7 | (20.0, | 32.9) | 62 | 7.9 | (7.0, | 9.0) | **3.23** | **(2.44,** | **4.27)** | 17.7 |
| **Total** | | | | | | | | | | | | |
| IHD | 55 | 54.9 | (48.7, | 62.0) | 418 | 26.0 | (24.5, | 27.5) | **2.11** | **(1.85,** | **2.42)** | 28.9 |
| Lung cancer | 32 | 31.1 | (26.6, | 36.4) | 112 | 10.1 | (9.1, | 11.1) | **3.09** | **(2.57,** | **3.71)** | 21.0 |
| Accidents | 29 | 35.5 | (30.1, | 41.9) | 96 | 19.1 | (16.9, | 21.7) | **1.85** | **(1.50,** | **2.28)** | 16.3 |
| Diabetes | 26 | 25.8 | (21.7, | 30.6) | 55 | 4.0 | (3.4, | 4.7) | **6.46** | **(5.13,** | **8.13)** | 21.8 |
| COPD | 25 | 24.3 | (20.4, | 29.0) | 117 | 7.1 | (6.5, | 7.8) | **3.42** | **(2.80,** | **4.18)** | 17.2 |

Source: Mortality dataset, Ministry of Health.   
Notes: IHD is ischaemic heart disease, COPD is chronic obstructive pulmonary disease.  
Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

The leading causes of death for Waikato Māori women were ischaemic heart disease (IHD), lung cancer, COPD, diabetes mellitus and stroke. Mortality rates for these conditions were 1.8 times higher to 9.5 times as high for Māori women compared to non-Māori women.

For Waikato Māori men, the leading causes of death were IHD, accidents, diabetes mellitus, lung cancer and COPD. Mortality rates were 1.9 times higher to 5.2 times as high for Māori compared to non-Māori men.

Data on leading causes of death by ICD chapter are available in the accompanying Excel tables.

### Potentially avoidable mortality

Avoidable mortality includes deaths occurring among those less than 75 years old that could potentially have been avoided through population-based interventions (including actions to address the social determinants of health) or through preventive and curative interventions at an individual level.

Amenable mortality is a subset of avoidable mortality and is restricted to deaths from conditions that are amenable to health care.

Table 65: Potentially avoidable mortality, 0–74 years, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 97 | 202.0 | (184.6, | 221.1) | 204 | 69.8 | (64.5, | 75.4) | **2.90** | **(2.57,** | **3.26)** | 132.2 |
| Male | 129 | 300.8 | (278.2, | 325.2) | 329 | 125.2 | (117.8, | 133.1) | **2.40** | **(2.18,** | **2.65)** | 175.6 |
| Total | 226 | 251.4 | (237.0, | 266.7) | 533 | 97.5 | (92.9, | 102.3) | **2.58** | **(2.39,** | **2.78)** | 153.9 |

Source: Mortality, Ministry of Health  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

There were 226 potentially avoidable Māori deaths per year in Waikato, at a rate 2.6 times the non-Māori rate, or 154 more deaths per 100,000.

Table 66: Amenable mortality, 0–74 years, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 69 | 143.8 | (129.2, | 160.0) | 137 | 48.3 | (43.9, | 53.1) | **2.98** | **(2.58,** | **3.44)** | 95.5 |
| Male | 96 | 223.1 | (203.8, | 244.3) | 234 | 88.3 | (82.2, | 94.8) | **2.53** | **(2.25,** | **2.84)** | 134.8 |
| Total | 164 | 183.4 | (171.2, | 196.6) | 371 | 68.3 | (64.5, | 72.3) | **2.69** | **(2.46,** | **2.94)** | 115.2 |

Source: Mortality, Ministry of Health  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

Amenable mortality was 2.7 times as high for Māori as for-Māori, or 115 more deaths per 100,000. On average, 164 Waikato Māori died per year from conditions that were amenable to health care.

## Injuries

A table on the causes of hospital admissions for injuries can be found in the accompanying Excel tables. The most common causes of injury among Waikato Māori were falls; exposure to mechanical forces; complications of medical and surgical care; transport accidents; and assault.

Table : Hospitalisations for injuries, all ages, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 957 | 2,164.2 | (2,084.9, | 2,246.6) | 3,527 | 1,853.0 | (1,806.0, | 1,901.3) | **1.17** | **(1.12,** | **1.22)** | 311.2 |
| Male | 1,367 | 3,381.9 | (3,278.5, | 3,488.7) | 4,266 | 2,820.2 | (2,762.1, | 2,879.5) | **1.20** | **(1.16,** | **1.24)** | 561.7 |
| Total | 2,323 | 2,773.1 | (2,707.6, | 2,840.2) | 7,793 | 2,336.6 | (,299.1, | 2,374.7) | **1.19** | **(1.15,** | **1.22)** | 436.5 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average there were 2,323 hospitalisations for injury among Māori, at a rate 19% higher than non-Māori, or almost 440 more admissions per 100,000.

Table 68: Hospitalisations for assault, all ages, Waikato DHB, 2011–2013

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 78 | 185.6 | (163.1, | 211.3) | 47 | 35.7 | (29.9, | 42.6) | **5.20** | **(4.18,** | **6.48)** | 149.9 |
| Male | 138 | 360.1 | (326.5, | 397.0) | 187 | 148.3 | (136.0, | 161.7) | **2.43** | **(2.13,** | **2.77)** | 211.8 |
| Total | 216 | 272.8 | (252.3, | 295.0) | 234 | 92.0 | (85.1, | 99.4) | **2.97** | **(2.66,** | **3.31)** | 180.9 |

Source: NMDS  
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average 216 Māori per year were admitted to hospital for injury caused by assault, at a rate 3 times the non-Māori rate, or 181 more admissions per 100,000. Males had higher admission rates than females.

Table 69: Deaths from injury, all ages, Waikato DHB, 2007–2011

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Gender** | **Māori** | | | | **Non-Māori** | | | | Māori/non-Māori  ratio (95% CI) | | | Rate difference |
| Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | | Ave. no. per year | Age-standardised  rate per 100,000 (95% CI) | | |
| Female | 12 | 27.2 | (21.0, | 35.3) | 48 | 14.7 | (12.1, | 17.9) | **1.85** | **(1.33,** | **2.56)** | 12.5 |
| Male | 32 | 80.6 | (68.8, | 94.3) | 83 | 43.5 | (38.7, | 49.0) | **1.85** | **(1.52,** | **2.25)** | 37.1 |
| Total | 43 | 53.9 | (47.1, | 61.7) | 131 | 29.1 | (26.3, | 32.2) | **1.85** | **(1.56,** | **2.19)** | 24.8 |

Source: Mortality dataset, Ministry of Health.   
Note: Ratios in **bold** show that Māori rates were significantly different from non-Māori rates in the DHB.

On average 43 Waikato Māori died from injuries per year, at a rate 85% higher than non-Māori, or 25 more deaths per 100,000. Mortality rates were higher for males than females for both Māori and non-Māori.

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# Appendix 1: Population projections

Table 70: Māori population projections, single year by age group, Waikato DHB, 2013 to 2020

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Projected Māori Ethnic Group Population by Age and Sex at 30 June 2014–33 (2013-Base)** | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  | |
| **\*\*\* Medium Projection : Assuming Medium Fertility, Medium Mortality, Medium Inter-Ethnic Mobility, and Medium Migration \*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Age** | | **Male** | **Female** | | **Total** | |  | | **Male** | | **Female** | | **Total** | |  | | **Male** | | **Female** | | **Total** | |  | | **Male** | | **Female** | **Total** | |
|  | **2013(Base)** | | | | | |  | |  | | **2014** | |  | |  | |  | | **2015** | |  | |  | |  | **2016** | |  |
| 0 | 1,050 | | 1,010 | | 2,060 | |  | | 1,060 | | 1,000 | | 2,060 | |  | | 1,050 | | 1,000 | | 2,050 | |  | | 1,050 | 990 | | 2,040 |
| 1-4 | 4,390 | | 4,060 | | 8,450 | |  | | 4,330 | | 4,070 | | 8,400 | |  | | 4,280 | | 4,060 | | 8,340 | |  | | 4,160 | 4,020 | | 8,170 |
| 5-9 | 4,920 | | 4,700 | | 9,620 | |  | | 5,120 | | 4,800 | | 9,920 | |  | | 5,250 | | 4,960 | | 10,210 | |  | | 5,480 | 5,020 | | 10,510 |
| 10–14 | 4,590 | | 4,350 | | 8,940 | |  | | 4,560 | | 4,370 | | 8,930 | |  | | 4,570 | | 4,300 | | 8,880 | |  | | 4,520 | 4,340 | | 8,870 |
| 15-19 | 4,330 | | 4,170 | | 8,500 | |  | | 4,370 | | 4,220 | | 8,590 | |  | | 4,460 | | 4,200 | | 8,670 | |  | | 4,500 | 4,230 | | 8,730 |
| 20-24 | 3,590 | | 3,890 | | 7,480 | |  | | 3,760 | | 3,940 | | 7,700 | |  | | 3,870 | | 3,990 | | 7,860 | |  | | 3,990 | 4,020 | | 8,020 |
| 25-29 | 2,660 | | 2,980 | | 5,640 | |  | | 2,760 | | 3,040 | | 5,800 | |  | | 2,840 | | 3,230 | | 6,070 | |  | | 2,980 | 3,320 | | 6,300 |
| 30-34 | 2,280 | | 2,670 | | 4,950 | |  | | 2,280 | | 2,700 | | 4,980 | |  | | 2,360 | | 2,730 | | 5,090 | |  | | 2,370 | 2,790 | | 5,160 |
| 35-39 | 2,260 | | 2,610 | | 4,870 | |  | | 2,260 | | 2,600 | | 4,860 | |  | | 2,200 | | 2,580 | | 4,780 | |  | | 2,220 | 2,610 | | 4,830 |
| 40-44 | 2,270 | | 2,740 | | 5,010 | |  | | 2,280 | | 2,770 | | 5,050 | |  | | 2,330 | | 2,800 | | 5,130 | |  | | 2,270 | 2,700 | | 4,960 |
| 45-49 | 2,100 | | 2,430 | | 4,530 | |  | | 2,090 | | 2,440 | | 4,530 | |  | | 2,100 | | 2,450 | | 4,550 | |  | | 2,160 | 2,560 | | 4,720 |
| 50-54 | 2,040 | | 2,410 | | 4,450 | |  | | 2,090 | | 2,420 | | 4,510 | |  | | 2,070 | | 2,440 | | 4,510 | |  | | 2,060 | 2,410 | | 4,460 |
| 55-59 | 1,620 | | 1,880 | | 3,500 | |  | | 1,670 | | 1,970 | | 3,640 | |  | | 1,730 | | 2,030 | | 3,760 | |  | | 1,800 | 2,090 | | 3,900 |
| 60-64 | 1,210 | | 1,420 | | 2,630 | |  | | 1,240 | | 1,510 | | 2,740 | |  | | 1,330 | | 1,600 | | 2,930 | |  | | 1,380 | 1,690 | | 3,070 |
| 65-69 | 870 | | 970 | | 1,830 | |  | | 910 | | 1,030 | | 1,950 | |  | | 950 | | 1,120 | | 2,070 | |  | | 1,010 | 1,190 | | 2,200 |
| 70–74 | 580 | | 630 | | 1,210 | |  | | 630 | | 660 | | 1,290 | |  | | 620 | | 690 | | 1,310 | |  | | 640 | 710 | | 1,350 |
| 75-79 | 290 | | 360 | | 650 | |  | | 320 | | 400 | | 710 | |  | | 380 | | 430 | | 800 | |  | | 400 | 480 | | 880 |
| 80-84 | 180 | | 250 | | 420 | |  | | 190 | | 260 | | 440 | |  | | 200 | | 260 | | 460 | |  | | 200 | 270 | | 470 |
| 85-89 | 60 | | 100 | | 160 | |  | | 50 | | 100 | | 140 | |  | | 40 | | 110 | | 140 | |  | | 50 | 120 | | 170 |
| 90+ | 20 | | 30 | | 50 | |  | | 30 | | 40 | | 70 | |  | | 40 | | 50 | | 90 | |  | | 40 | 50 | | 90 |
| **All Ages** | **41,300** | | **43,700** | | **84,900** | |  | | **42,000** | | **44,300** | | **86,300** | |  | | **42,700** | | **45,000** | | **87,700** | |  | | **43,300** | **45,600** | | **88,900** |
|  |  | | **2017** | |  | |  | |  | | **2018** | |  | |  | |  | | **2019** | |  | |  | |  | **2020** | |  |
| 0 | 1,040 | | 990 | | 2,040 | |  | | 1,050 | | 990 | | 2,040 | |  | | 1,050 | | 1,000 | | 2,050 | |  | | 1,050 | 1,000 | | 2,050 |
| 1-4 | 4,200 | | 3,990 | | 8,180 | |  | | 4,180 | | 3,960 | | 8,140 | |  | | 4,170 | | 3,950 | | 8,120 | |  | | 4,170 | 3,950 | | 8,120 |
| 5-9 | 5,430 | | 5,030 | | 10,470 | |  | | 5,380 | | 5,010 | | 10,380 | |  | | 5,310 | | 5,000 | | 10,310 | |  | | 5,240 | 4,980 | | 10,220 |
| 10–14 | 4,630 | | 4,450 | | 9,080 | |  | | 4,800 | | 4,590 | | 9,390 | |  | | 4,990 | | 4,680 | | 9,670 | |  | | 5,110 | 4,830 | | 9,930 |
| 15-19 | 4,470 | | 4,210 | | 8,680 | |  | | 4,410 | | 4,130 | | 8,540 | |  | | 4,370 | | 4,130 | | 8,500 | |  | | 4,370 | 4,050 | | 8,420 |
| 20-24 | 4,070 | | 3,950 | | 8,020 | |  | | 4,120 | | 3,980 | | 8,100 | |  | | 4,140 | | 4,020 | | 8,160 | |  | | 4,230 | 3,990 | | 8,220 |
| 25-29 | 3,110 | | 3,450 | | 6,550 | |  | | 3,240 | | 3,510 | | 6,750 | |  | | 3,410 | | 3,550 | | 6,960 | |  | | 3,500 | 3,600 | | 7,100 |
| 30-34 | 2,430 | | 2,900 | | 5,330 | |  | | 2,520 | | 2,920 | | 5,440 | |  | | 2,610 | | 2,960 | | 5,570 | |  | | 2,680 | 3,150 | | 5,830 |
| 35-39 | 2,220 | | 2,580 | | 4,800 | |  | | 2,200 | | 2,630 | | 4,820 | |  | | 2,200 | | 2,650 | | 4,850 | |  | | 2,270 | 2,680 | | 4,950 |
| 40-44 | 2,190 | | 2,630 | | 4,830 | |  | | 2,180 | | 2,560 | | 4,730 | |  | | 2,180 | | 2,540 | | 4,720 | |  | | 2,100 | 2,520 | | 4,620 |
| 45-49 | 2,180 | | 2,580 | | 4,760 | |  | | 2,180 | | 2,680 | | 4,860 | |  | | 2,190 | | 2,700 | | 4,900 | |  | | 2,230 | 2,730 | | 4,960 |
| 50-54 | 2,070 | | 2,410 | | 4,480 | |  | | 2,000 | | 2,360 | | 4,350 | |  | | 1,980 | | 2,360 | | 4,340 | |  | | 1,980 | 2,360 | | 4,350 |
| 55-59 | 1,800 | | 2,200 | | 4,000 | |  | | 1,920 | | 2,310 | | 4,230 | |  | | 1,970 | | 2,320 | | 4,290 | |  | | 1,950 | 2,340 | | 4,280 |
| 60-64 | 1,470 | | 1,770 | | 3,250 | |  | | 1,490 | | 1,770 | | 3,260 | |  | | 1,530 | | 1,860 | | 3,390 | |  | | 1,590 | 1,900 | | 3,490 |
| 65-69 | 1,050 | | 1,220 | | 2,270 | |  | | 1,080 | | 1,310 | | 2,390 | |  | | 1,100 | | 1,390 | | 2,490 | |  | | 1,190 | 1,480 | | 2,670 |
| 70–74 | 680 | | 780 | | 1,450 | |  | | 740 | | 850 | | 1,590 | |  | | 780 | | 910 | | 1,690 | |  | | 810 | 980 | | 1,800 |
| 75-79 | 440 | | 500 | | 950 | |  | | 460 | | 530 | | 980 | |  | | 500 | | 550 | | 1,050 | |  | | 490 | 580 | | 1,070 |
| 80-84 | 180 | | 280 | | 460 | |  | | 200 | | 270 | | 470 | |  | | 210 | | 300 | | 510 | |  | | 260 | 320 | | 580 |
| 85-89 | 80 | | 130 | | 210 | |  | | 100 | | 150 | | 250 | |  | | 110 | | 160 | | 270 | |  | | 130 | 170 | | 300 |
| 90+ | 30 | | 60 | | 90 | |  | | 30 | | 60 | | 90 | |  | | 20 | | 60 | | 80 | |  | | 10 | 60 | | 70 |
| **All Ages** | **43,800** | | **46,100** | | **89,900** | |  | | **44,200** | | **46,600** | | **90,800** | |  | | **44,800** | | **47,100** | | **91,900** | |  | | **45,400** | **47,700** | | **93,000** |
| These projections were derived in October 2014. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source: Statistics New Zealand Population Projections** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Table : Total population projections, single year, by age group, Waikato DHB, 2013 to 2020

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Projected Total Population by Age and Sex at 30 June 2014–33 (2013-Base)** | | | | | | | | | | | |  |  | |  | |  | |
| **\*\*\* Medium Projection : Assuming Medium Fertility, Medium Mortality, Medium Inter-Ethnic Mobility, and Medium Migration \*\*\*** | | | | | | | | | | | | | | | | | | |
| **Age** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** | **Male** | | | **Female** | | **Total** | |
|  | **2013(Base)** | | |  | **2014** |  |  | **2015** |  |  | | | **2016** | |  | |
| 0 | 2,720 | 2,650 | 5,370 | 2,660 | 2,530 | 5,190 | 2,710 | 2,570 | 5,290 | 2,740 | | | 2,610 | | 5,350 | |
| 1-4 | 11,810 | 11,060 | 22,870 | 11,540 | 10,990 | 22,520 | 11,270 | 10,810 | 22,080 | 11,050 | | | 10,650 | | 21,700 | |
| 5-9 | 13,730 | 13,420 | 27,150 | 14,230 | 13,710 | 27,940 | 14,610 | 13,970 | 28,580 | 14,940 | | | 14,150 | | 29,090 | |
| 10–14 | 13,510 | 13,120 | 26,640 | 13,340 | 12,960 | 26,300 | 13,180 | 12,840 | 26,020 | 13,080 | | | 12,850 | | 25,930 | |
| 15-19 | 14,200 | 13,280 | 27,480 | 14,250 | 13,440 | 27,690 | 14,390 | 13,570 | 27,960 | 14,290 | | | 13,520 | | 27,820 | |
| 20-24 | 13,510 | 13,380 | 26,880 | 14,040 | 13,650 | 27,690 | 14,470 | 13,690 | 28,160 | 14,840 | | | 13,670 | | 28,510 | |
| 25-29 | 11,170 | 11,770 | 22,940 | 11,870 | 12,270 | 24,140 | 12,420 | 12,950 | 25,370 | 12,940 | | | 13,400 | | 26,340 | |
| 30-34 | 10,380 | 11,290 | 21,670 | 10,630 | 11,640 | 22,270 | 11,010 | 11,920 | 22,920 | 11,290 | | | 12,480 | | 23,770 | |
| 35-39 | 10,650 | 11,610 | 22,250 | 10,490 | 11,450 | 21,940 | 10,470 | 11,520 | 21,990 | 10,680 | | | 11,490 | | 22,170 | |
| 40-44 | 12,070 | 13,420 | 25,490 | 12,010 | 13,230 | 25,250 | 11,850 | 13,020 | 24,870 | 11,400 | | | 12,500 | | 23,910 | |
| 45-49 | 12,050 | 13,070 | 25,120 | 12,090 | 13,050 | 25,140 | 12,100 | 13,210 | 25,310 | 12,200 | | | 13,490 | | 25,700 | |
| 50-54 | 12,430 | 13,380 | 25,810 | 12,400 | 13,540 | 25,940 | 12,450 | 13,410 | 25,870 | 12,370 | | | 13,290 | | 25,660 | |
| 55-59 | 11,200 | 11,830 | 23,030 | 11,520 | 12,220 | 23,750 | 11,710 | 12,520 | 24,230 | 12,020 | | | 12,920 | | 24,940 | |
| 60-64 | 9,910 | 10,540 | 20,450 | 10,080 | 10,760 | 20,840 | 10,420 | 11,090 | 21,510 | 10,720 | | | 11,290 | | 22,000 | |
| 65-69 | 8,820 | 9,170 | 17,990 | 9,210 | 9,620 | 18,820 | 9,570 | 10,000 | 19,570 | 9,870 | | | 10,390 | | 20,260 | |
| 70–74 | 6,530 | 7,080 | 13,620 | 6,880 | 7,340 | 14,220 | 7,040 | 7,680 | 14,720 | 7,220 | | | 7,870 | | 15,080 | |
| 75-79 | 4,630 | 5,070 | 9,690 | 4,790 | 5,330 | 10,120 | 5,070 | 5,650 | 10,720 | 5,370 | | | 6,070 | | 11,440 | |
| 80-84 | 3,230 | 4,070 | 7,300 | 3,260 | 4,080 | 7,340 | 3,360 | 4,100 | 7,470 | 3,440 | | | 4,100 | | 7,540 | |
| 85-89 | 1,660 | 2,520 | 4,180 | 1,710 | 2,520 | 4,240 | 1,770 | 2,560 | 4,330 | 1,850 | | | 2,710 | | 4,560 | |
| 90+ | 590 | 1,390 | 1,980 | 660 | 1,510 | 2,180 | 730 | 1,600 | 2,330 | 780 | | | 1,660 | | 2,440 | |
| **All Ages** | **184,800** | **193,100** | **377,900** | **187,700** | **195,800** | **383,500** | **190,600** | **198,700** | **389,300** | **193,100** | | | **201,100** | | **394,200** | |
|  |  | **2017** |  |  | **2018** |  |  | **2019** |  |  | | | **2020** | |  | |
| 0 | 2,760 | 2,620 | 5,380 | 2,770 | 2,630 | 5,410 | 2,800 | 2,650 | 5,450 | 2,830 | | | 2,680 | | 5,510 | |
| 1-4 | 10,970 | 10,520 | 21,490 | 10,970 | 10,450 | 21,430 | 11,050 | 10,530 | 21,580 | 11,120 | | | 10,600 | | 21,720 | |
| 5-9 | 14,860 | 14,130 | 28,990 | 14,630 | 13,890 | 28,520 | 14,210 | 13,620 | 27,830 | 13,890 | | | 13,390 | | 27,280 | |
| 10–14 | 13,220 | 12,910 | 26,130 | 13,540 | 13,220 | 26,760 | 13,970 | 13,440 | 27,410 | 14,270 | | | 13,630 | | 27,900 | |
| 15-19 | 14,050 | 13,380 | 27,430 | 13,660 | 13,060 | 26,720 | 13,390 | 12,810 | 26,210 | 13,140 | | | 12,600 | | 25,740 | |
| 20-24 | 14,920 | 13,520 | 28,440 | 15,000 | 13,490 | 28,490 | 14,870 | 13,490 | 28,360 | 14,840 | | | 13,450 | | 28,300 | |
| 25-29 | 13,490 | 13,800 | 27,290 | 13,880 | 14,070 | 27,960 | 14,170 | 14,120 | 28,290 | 14,340 | | | 13,930 | | 28,270 | |
| 30-34 | 11,560 | 12,840 | 24,400 | 11,940 | 13,150 | 25,090 | 12,430 | 13,450 | 25,880 | 12,810 | | | 13,960 | | 26,770 | |
| 35-39 | 10,680 | 11,570 | 22,250 | 10,770 | 11,670 | 22,440 | 10,910 | 11,900 | 22,820 | 11,180 | | | 12,070 | | 23,250 | |
| 40-44 | 11,090 | 12,030 | 23,120 | 10,770 | 11,700 | 22,480 | 10,520 | 11,440 | 21,960 | 10,410 | | | 11,410 | | 21,820 | |
| 45-49 | 12,190 | 13,470 | 25,670 | 12,110 | 13,380 | 25,500 | 11,980 | 13,120 | 25,110 | 11,740 | | | 12,830 | | 24,570 | |
| 50-54 | 12,140 | 13,120 | 25,260 | 11,990 | 13,050 | 25,040 | 11,970 | 12,970 | 24,930 | 11,910 | | | 13,050 | | 24,950 | |
| 55-59 | 12,210 | 13,240 | 25,460 | 12,400 | 13,380 | 25,780 | 12,330 | 13,490 | 25,820 | 12,320 | | | 13,310 | | 25,630 | |
| 60-64 | 11,010 | 11,610 | 22,610 | 11,210 | 11,950 | 23,160 | 11,490 | 12,300 | 23,790 | 11,610 | | | 12,540 | | 24,150 | |
| 65-69 | 9,840 | 10,390 | 20,240 | 9,830 | 10,510 | 20,350 | 9,970 | 10,700 | 20,670 | 10,270 | | | 10,990 | | 21,260 | |
| 70–74 | 7,660 | 8,240 | 15,900 | 8,330 | 8,820 | 17,150 | 8,700 | 9,250 | 17,950 | 9,040 | | | 9,600 | | 18,630 | |
| 75-79 | 5,660 | 6,430 | 12,090 | 5,720 | 6,540 | 12,260 | 6,020 | 6,770 | 12,790 | 6,130 | | | 7,070 | | 13,200 | |
| 80-84 | 3,450 | 4,190 | 7,640 | 3,620 | 4,300 | 7,920 | 3,740 | 4,520 | 8,260 | 3,990 | | | 4,800 | | 8,790 | |
| 85-89 | 2,020 | 2,840 | 4,860 | 2,020 | 2,880 | 4,900 | 2,040 | 2,900 | 4,940 | 2,130 | | | 2,940 | | 5,060 | |
| 90+ | 830 | 1,690 | 2,510 | 890 | 1,760 | 2,650 | 940 | 1,800 | 2,740 | 980 | | | 1,840 | | 2,810 | |
| **All Ages** | **194,600** | **202,500** | **397,100** | **196,100** | **203,900** | **400,000** | **197,500** | **205,300** | **402,800** | **199,000** | | | **206,700** | | **405,600** | |
| These projections were derived in October 2014. | | | | | | | | | | | | | | | | | |
| **Source: Statistics New Zealand**  **Population Projections** | | | | | | | | | | | | | | | | | |

# Appendix 2: Technical notes

This appendix provides a list of data sources and technical information on the analyses of deaths, cancer registrations, and hospitalisations, Census data and data from Te Kupenga 2013.

## Data sources

Table 72: Data sources

|  |  |  |
| --- | --- | --- |
| **Source (agency or collection)** | **Data** | **Period** |
| Action on Smoking and Health (ASH) | ASH Year 10 Snapshot Survey | 2013 |
| Health Quality and Safety Commission | New Zealand Atlas of Healthcare Variation | 2011, 2013 |
| Ministry of Education | ENROL (Education Counts) | 2013 |
| Ministry of Health | Birth registrations | 2009–2013 |
|  | B4 School Check Information System | 2013 |
|  | Cancer Registry | 2008–2012 |
|  | Community Oral Health Service | 2013 |
|  | Death registrations | 2007–2012\* |
|  | National Immunisation Register | 2008–2014 |
|  | National Maternity Collection | 2013 |
|  | National Screening Unit | 2010–2014 |
|  | PHO Enrolment Collection | 2012–2013 |
|  | Well Child/Tamariki Ora Indicators | 2014 |
|  | National Minimum Data Set (NMDS) – hospital discharges | 2011–2013 |
| Plunket | Breastfeeding rates | 2013 |
| Statistics New Zealand | Census of Population and Dwellings | 2006 |
|  | Census of Population and Dwellings | 2013 |
|  | NZ Population projections for the Ministry of Health (2013 Census base) | 2014 |
|  | Te Kupenga 2013, the Māori Social Survey | 2013 |
|  | Subnational Period Life Tables | 2012–2014 |

Note: \*no causes for 2012

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## Data from the Census of Population and Dwellings

Indicators using data from the Census of Population and Dwellings include the Census usually resident population.

Prioritised ethnicity was used to identify Māori individuals (any person who identified Māori as any of their ethnic groups) and non-Māori included people who had at least one valid ethnic response, none of which was Māori.

Households were classified as Māori if any usual resident was Māori. Households were counted if they were in private occupied dwellings.

People living in households included the population resident in permanent private households.

Standard Census definitions and forms can be found [here.](http://www.stats.govt.nz/Census/2013-census/info-about-2013-census-data/2013-census-definitions-forms/definitions.aspx)

Data on proportions of people were age-standardised to the 2001 Māori population.

## Data from Te Kupenga 2013

Te Kupenga 2013 was a post-census survey of individuals who identified Māori ethnicity or Māori descent in the 2013 Census. The target population was the usually resident Māori population of New Zealand, living in occupied private dwellings on the 2013 Census night and aged 15 years or older. The data was collected during June to August 2013.

All estimates of numbers, percentages, and confidence intervals for data presented from Te Kupenga were calculated by Statistics New Zealand. The estimates of numbers of people in the DHB were rounded to the nearest five hundred in order to provide a more appropriate level of precision to the sample survey. All percentages were calculated from unrounded data.

Further details on the survey measures are available in the Te Kupenga 2013 [Data Dictionary](http://www.stats.govt.nz/survey-participants/a-z-of-our-surveys/te-kupenga-data-dictionary.aspx).

## Deaths, hospitalisations and cancer registrations

### Ethnicity

Most indicators are presented for Māori and non-Māori. In each data set a person was classified as Māori if any one of their recorded ethnicity was Māori. No adjusters for undercount of hospitalisations, cancer registrations, or deaths were applied.

### Residence

The DHB of residence was determined from the domicile code attached to the public hospital discharge record, the death registration, or the cancer registration.

### Hospital transfers

For ambulatory sensitive hospitalisations and analyses of hospitalisations by cause (such as asthma, ischaemic heart disease) transfers to other services or others hospitals were not counted as an admission if the admission had an ambulatory sensitive diagnosis or had the same principal diagnosis group respectively, was on the same day or the following day as the initial admission and either had its admission source code as ‘transfer from another hospital facility’ or initial admission had its event end type code indicating a discharge to an acute facility, another healthcare facility, or other service within same facility. For avoidable hospitalisations, all admissions, the tables of hospitalisations for mental disorders, causes of hospital admissions for injuries and causes of admissions, admissions were not counted if the admission had its admission source code as ‘transfer from another hospital facility’.

### Suppression of causes of death or hospitalisation

In tables presenting data on causes of death, hospitalisation, or cancer registrations by site, data is not presented where there were fewer than five Māori events during the period represented by the data.

### Ninety-five percent confidence intervals

The rates and ratios presented are estimates of the ‘true’ rate or ratio, calculated using data available. The 95% confidence interval (CI) indicates the interval that has a 95% probability of enclosing the ‘true’ value.

The CI is influenced by the population size of the group. When the population is small, the CI becomes wider and there is less certainty about the rate.

When the CIs of two groups do not overlap, the difference in rates between the groups is statistically significant. Sometimes, even when there are overlapping CIs, the difference between the groups may be statistically significant. In this report, if CIs overlap but a difference has been reported, a test of statistical significance (the log-transformation method) was performed (Clayton and Hills 1993).

### Age standardisation

Age-standardised rates adjust for differences in age distribution of the populations being compared. They are artificial rates created to allow comparisons to be made with differing groups. Age-standardised rates are calculated by applying age-specific rates to a standard population; they should only be compared with other adjusted rates that were calculated using the same ‘standard’ population. The standard population used in this report was the 2001 Census Māori population (shown below).

Rates for the total Māori and non-Māori populations were age–sex-standardised. This means the rates were standardised to a population with equal numbers of males and females and the age distribution of the total Māori population from the 2001 Census (Robson, Purdie et al 2007).

Standardising to the Māori population provides age-standardised rates that closely approximate the crude Māori rates (the actual rates among the Māori population) while also allowing comparisons with the non-Māori population. Care should be taken when using data from another source that are standardised using a different standard population, as they are not comparable.

Table 73: 2001 Census total Māori population

|  |  |  |
| --- | --- | --- |
| **Age group (years)** | **2001 Census total Māori population** | **Weighting** |
| 0–4 | 67,404 | 12.81 |
| 5–9 | 66,186 | 12.58 |
| 10–14 | 62,838 | 11.94 |
| 15–19 | 49,587 | 9.42 |
| 20–24 | 42,153 | 8.01 |
| 25–29 | 40,218 | 7.64 |
| 30–34 | 39,231 | 7.46 |
| 35–39 | 38,412 | 7.30 |
| 40–44 | 32,832 | 6.24 |
| 45–49 | 25,101 | 4.77 |
| 50–54 | 19,335 | 3.67 |
| 55–59 | 13,740 | 2.61 |
| 60–64 | 11,424 | 2.17 |
| 65–69 | 8,043 | 1.53 |
| 70–74 | 5,046 | 0.96 |
| 75–79 | 2,736 | 0.52 |
| 80–84 | 1,251 | 0.24 |
| 85 and over | 699 | 0.13 |

### ICD-10 codes

The International Classification of Diseases (ICD-10) codes used for the calculation of avoidable and ambulatory sensitive hospitalisations and avoidable and amenable mortality are presented in Tables 45 to 49 below. For the Excel tables of deaths by cause, hospitalisations by cause, mental disorders, hospitalisations for injuries by external cause, and cancer registrations, the codes are listed in Appendix 2 of [Hauora: Māori Standards of Health IV.](http://www.otago.ac.nz/wellington/otago067739.pdf) For other tables, the ICD codes are listed in the accompanying Excel tables.

Table 74: Potentially avoidable hospitalisation ICD-10 codes for children aged 1 month to 14 years

|  |  |
| --- | --- |
| **Condition** | **ICD-10-AM code** |
| Acute bronchiolitis | J21 |
| Acute rheumatic fever | I00–I02 |
| Acute upper respiratory tract infection excluding croup | J00–J03, J06 |
| Asthma | J45, J46 |
| Bacterial meningitis\* | G00, G01 |
| Bacterial/Unspecified pneumonia | J13–J16, J18 |
| Bronchiectasis | J47 |
| Constipation | K59.0 |
| Chronic rheumatic heart disease | I05–I09 |
| Croup, acute laryngitis, tracheitis | J04, J05.0 |
| Dental (dental caries, pulp, periodontal) | K02, K04, K05 |
| Dermatitis/eczema | L20–L30 |
| Febrile convulsions | R560 |
| Gastroenteritis | A00–A09, K529, R11, |
| Gastro oesophageal reflux | K21 |
| Meningococcal disease | A39 |
| Nutritional deficiency | D50–D53, E40–E64, |
| Otitis media | H65–H67 |
| Osteomyelitis | M86 |
| Skin infection | H00.0, H01.0, J34.0, L00–L05, L08, L98.0 |
| Tuberculosis | A15–A19 |
| Urinary tract infection ≥ 5 years | N10, N12, N13.6, N30.0, N30.9, N39.0, |
| Vaccine preventable diseases: tetanus neonatorum congenital rubella | P350, A33, A34 |
| tetanus, diphtheria, pertussis, polio, hepatitis B | A35, A36, A37, A80, B16, B18.0, B18.1 |
| measles, rubella, mumps | B05, B06, B26, M01.4 |
| Viral pneumonia | J12, J10.0, J11.0 |
| Viral /other / unspecified meningitis | A87, G02, G03 |
| Viral infection of unspecified site | B34 |

Source: Anderson et al (2012)  
Notes:  
Includes all acute admissions and arranged admissions that were admitted within 7 days.   
Waiting list admissions were excluded, apart from dental admissions which were all included.   
Admissions were included for patients aged 29 days through to 14 years, at admission.

Table 75: Ambulatory care sensitive hospitalisation ICD-10 codes for children aged 1 month to 14 years

|  |  |
| --- | --- |
| **Condition** | **ICD-10-AM code** |
| Acute rheumatic fever | I00–I02 |
| Acute upper respiratory tract infections excluding croup | J00–J03, J06 |
| Asthma | J45, J46 |
| Bacterial/Unspecified pneumonia | J13–J16, J18 |
| Bronchiectasis | J47 |
| Constipation | K59.0 |
| Chronic rheumatic heart disease | I05–I09 |
| Dental (dental caries, pulp, periodontal) | K02, K04, K05 |
| Dermatitis/eczema | L20–L30 |
| Gastroenteritis | A02–A09, K529, R11 |
| Gastro oesophageal reflux | K21 |
| Nutritional deficiency | D50–D53, E40–E64 |
| Otitis media | H65–H67 |
| Skin infection | L00–L04, L08, L98.0, J34.0, H01.0, H00.0 |
| Urinary tract infection ≥ 5 years | N10, N12, N136, N30.0, N30.9, N39.0 |
| Vaccine preventable diseases: tetanus neonatorum congenital rubella | P350, A33, A34 |
| > 6 months: tetanus, diphtheria, pertussis, polio, hepatitis B | A35, A36, A37, A80, B16, B18.0, B18.1 |
| > 16 months: measles, rubella, mumps | B05, B06, B26, M01.4 |

Source: Anderson et al (2012)  
Notes:  
Includes all acute admissions and arranged admissions that were admitted within 7 days.   
Waiting list admissions were excluded, apart from dental admissions which were all included.   
Admissions were included for patients aged 29 days through to 14 years, at admission.

Table 76: Ambulatory care sensitive hospitalisation ICD-10 codes for people aged 1 month to 74 years

|  |  |
| --- | --- |
| **Condition** | **ICD-10 code** |
| Gastroenteritis/dehydration | A02–A09, K52.9, R11 |
| Vaccine preventable disease MMR | B05\*, B06\*, B26\*, M01.4\*, P35.0 |
| Vaccine preventable disease Other ‡ | A33–A37, A40.3, A80, B16, B18 |
| Sexually transmitted infections § | A50–A59, A60, A63, A64, I98.0, M02.3, M03.1, M73.0, M73.1, N29.0, N34.1 |
| Cervical cancer § | C53 |
| Nutrition deficiency and anaemia | D50–D53, E40–E46, E50–E64, M83.3§ |
| Diabetes § | E10–E14, E162 |
| Epilepsy § | G40, G41, O15, R56.0, R56.8 |
| Upper respiratory and ENT | H65, H66, H67, J00–J04, J06 |
| Rheumatic fever/heart disease | I00, I01, I02, I05–I09 |
| Hypertensive disease § | I10–I15, I67.4 |
| Angina and chest pain † § | I20, R07.2–R07.4 |
| Myocardial infarction † § | I21–I23, I24.1 |
| Other ischaemic heart disease † § | I24.0, I24.8, I24.9, I25 |
| Congestive heart failure § | I50, J81 |
| Stroke † § | I61, I63–I66 |
| Pneumonia | J13–J16, J18 |
| Asthma | J45, J46 |
| Bronchiectasis || | J47 |
| Dental conditions | K02, K04, K05 |
| Gastro-oesophageal reflux disease | K21 |
| Peptic ulcer § | K25–K28 |
| Constipation | K590 |
| Cellulitis | H00.0, H01.0, J34.0, L01–L04, L08, L98.0 |
| Dermatitis and eczema | L20–L30 |
| Kidney/urinary infection ¶ | N10, N12, N13.6, N30.9, N39.0 |

Source: Ministry of Health   
Notes:  
Acute and arranged (occurring in less than 7 days of decision) admissions, except dental where elective admission are also included.  
Excluding discharges from an emergency department with one day of stay or shorter.  
\* Aged 15 months to 14 years.  
† Each admission counts as a half.  
‡ Aged six months to 14 years.  
§ Aged 15 years and over.  
|| Aged more than 15 years.  
¶ Aged 5 years and over.

Table 77: Avoidable mortality ICD-10 codes

|  |  |
| --- | --- |
| **Condition** | **ICD-10-AM** |
| Tuberculosis | A15–A19, B90 |
| Selected invasive bacterial and protozoal infection | A38–A41, A46, A48.1, B50–B54, G00, G03, J02.0, J13–J15, J18, L03 |
| Hepatitis | B15–B19 |
| HIV/AIDS | B20–B24 |
| Viral pneumonia and influenza | J10, J12, J17.1, J21 |
| Lip, oral cavity and pharynx cancers | C00–C14 |
| Oesophageal cancer | C15 |
| Stomach cancer | C16 |
| Colorectal cancer | C18–C21 |
| Liver cancer | C22 |
| Lung cancer | C33–C34 |
| Bone and cartilage cancer | C40–C41\* |
| Melanoma of skin | C43 |
| Non-melanotic skin cancer | C44 |
| Breast cancer (female only) | C50 |
| Uterine cancer | C54–C55 |
| Cervical cancer | C53 |
| Prostate | C61\* |
| Testis | C62\* |
| Bladder cancer | C67 |
| Thyroid cancer | C73 |
| Hodgkin’s disease | C81 |
| Lymphoid leukaemia, acute/chronic | C91.0, C91.1 |
| Benign tumours | D10–D36 |
| Thyroid disorders | E00–E07 |
| Diabetes | E10–E14\*\* |
| Alcohol-related diseases | F10, I42.6, K29.2, K70 |
| Illicit drug use disorders | F11–F16, F18–F19 |
| Epilepsy | G40–G41 |
| Rheumatic and other valvular heart diseases | I01–I09, I33–I37\* |
| Hypertensive heart disease | I10\*, I11 |
| Ischaemic heart disease | I20–I25 |
| Heart failure | I50\* |
| Cerebrovascular diseases | I60–I69 |
| Aortic aneurysm | I71 |
| Nephritis and nephrosis | I12–I13, N00–N09, N17–N19 |
| Obstructive uropathy and prostatic hyperplasia | N13, N20–N21, N35, N40, N99.1 |
| DVT with pulmonary embolism | I26, I80.2 |
| COPD | J40–J44\*\*\* |
| Asthma | J45–J46\*\*\* |
| Peptic ulcer disease | K25–K28 |
| Acute abdomen, appendicitis, intestinal obstruction, cholecystitis/lithiasis, pancreatitis, hernia | K35–K38, K40–K46, K80–K83, K85–K86, K91.5 |
| Chronic liver disease (excluding alcohol related disease) | K73, K74 |
| Complications of pregnancy | O00–O96\*, O98–O99\* |
| Birth defects | H31.1, P00, P04, Q00–Q99 |
| Complications of perinatal period | P01–P02\*, P03, P05–P95 |
| Road traffic injuries | V01–V04, V06, V09–V80, V82−V86\*, V87, V88.0−V88.5\*, V88.7−V88.9\*, V89, V98\*, V99 |
| Accidental poisonings | X40–X49 |
| Falls | W00–W19 |
| Fires | X00–X09 |
| Drownings | W65–W74 |
| Suicide and self-inflicted injuries | X60–X84, Y87.0 |
| Violence | X85–Y09, Y87.1 |
| Event of undetermined intent | Y10–Y34, Y87.2\*\*\*\* |
| Treatment injury | Y60–Y82\* |

Notes: \*Added from amenable mortality  
\*\*E09 should be added if using ICD-10 AM version 3 or higher.  
\*\*\*All ages added from amenable mortality  
\*\*\*\*Y87.2 added by authors for completeness

Table 78: Amenable mortality ICD-10 codes

| **Group** | **Condition** | **ICD-10** |
| --- | --- | --- |
| Infections | Pulmonary tuberculosis | A15−A16 |
| Meningococcal disease | A39 |
| Pneumococcal disease | A40.3, G00.1, J13 |
| HIV/AIDS | B20–B24 |
| Cancers | Stomach | C16 |
| Rectum | C19–C21 |
| Bone and cartilage | C40–C41 |
| Melanoma | C43 |
| Female breast | C50 |
| Cervix | C53 |
| Testis | C62 |
| Prostate | C61 |
| Thyroid | C73 |
| Hodgkin’s | C81 |
| Acute lymphoblastic leukaemia (age 0–44 years) | C91.0 |
| Maternal and infant | Complications of pregnancy | O00–O96, O98–O99 |
| Complications of the perinatal period | P01–P03, P05–P94 |
| Cardiac septal defect | Q21 |
| Chronic disorders | Diabetes | E10–E14\* |
| Valvular heart disease | I01, I05–I09, I33–I37 |
| Hypertensive diseases | I10–I13 |
| Coronary disease | I20–I25 |
| Heart failure | I50 |
| Cerebrovascular diseases | I60–I69 |
| Renal failure | N17–N19 |
| Pulmonary embolism | I26 |
| COPD | J40-J44 |
| Asthma | J45–J46 |
| Peptic ulcer disease | K25–K27 |
| Cholelithiasis | K80 |
| Injuries | Suicide | X60–X84 |
| Land transport accidents (excluding trains) | V01–V04,V06−V14, V16−V24, V26−V34, V36−V44, V46−V54, V56−V64, V66−V74, V76−V79, V80.0−V80.5, V80.7−V80.9, V82−V86, V87.0−V87.5, V87.7−V87.9, V88.0−V88.5, V88.7−V88.9, V89, V98−V99 |
| Falls (accidental fall on same level) | W00−W08, W18 |
| Fire, smoke or flames | X00–X09 |
| Treatment injury | Y60–Y82 |

Source: Ministry of Health 2010  
Note: \* E09 should be added if using ICD-10 AM version 3 or higher.





1. The use of the 2001 Māori population standard makes the age-standardised data in this report comparable to the Ministry of Health’s Māori health chartbooks, but not to other Ministry of Health documents which use the World Health Organisation’s world population. [↑](#footnote-ref-1)
2. Population projections are provided in Appendix 1. [↑](#footnote-ref-2)