



WAIRARAPA DISTRICT HEALTH BOARD
TE POARI HAUORA A-ROHE O WAIRARAPA

Māori Health Profile 2015

Te taupori *Population*

In 2013, **7,010 Māori lived in the Wairarapa** District Health Board region, **17% of the District's total population.**



The Wairarapa Māori population is youthful, but showing signs of ageing. The median age in 2013 was 24 years. 29% of the District's children aged 0–14 years and 28% of the District's youth aged 15–24 years were Māori.



The number of Māori aged 65 years and over will increase by 38% between 2013 and 2020.



Whānau ora *Healthy families*

Te Kupenga data is presented for Wairarapa and Hutt DHBs combined. In 2013, **most Wairarapa and Hutt Māori adults (80%) reported that their whānau was doing well**, but 7% felt their whānau was doing badly. A small proportion (7%) found it hard to access whānau support in times of need, but most found it easy (76%).



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

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



11% had taken part in traditional healing or massage in the last 12 months.

One in six Wairarapa and Hutt Māori (17%) could have a conversation about a lot of everyday things in te reo Māori in 2013.



This document is a summary of the Wairarapa District Health Board Māori Health Profile 2015, published in October 2015 by Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago Wellington. The full report with accompanying Excel data tables and a Māori language version of this report can be found at www.otago.ac.nz/MHP2015.

Wai ora *Healthy environments*

Education

In 2013, 96% of Wairarapa Māori children starting school had participated in early childhood education.



In 2013, **45% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (37%). The proportion of non-Māori with this level of qualification in 2013 was 63%.

Work

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



Most Wairarapa Māori adults (90%) do voluntary work.



In 2013, **Māori were 87% more likely than non-Māori to look after a household member who was disabled or ill**, and 44% more likely to care for someone outside of the home, without pay.

Income and standard of living

In 2013, just over one in three children and adults in Māori households (defined as households with at least one Māori resident) were in households with low equivalised household incomes (under \$15,172), compared to just under one in five children and one in six adults in other households in the Wairarapa District.



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

In 2013, **9% of residents of Māori households in Wairarapa DHB had no motor vehicle** compared to 4% of residents in other households.



Residents of Wairarapa Māori households were less likely to have access to telecommunications than those living in other households: 32% had no internet, 26% no telephone, 13% no mobile phone, and 3% had no access to any telecommunications.



Housing

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

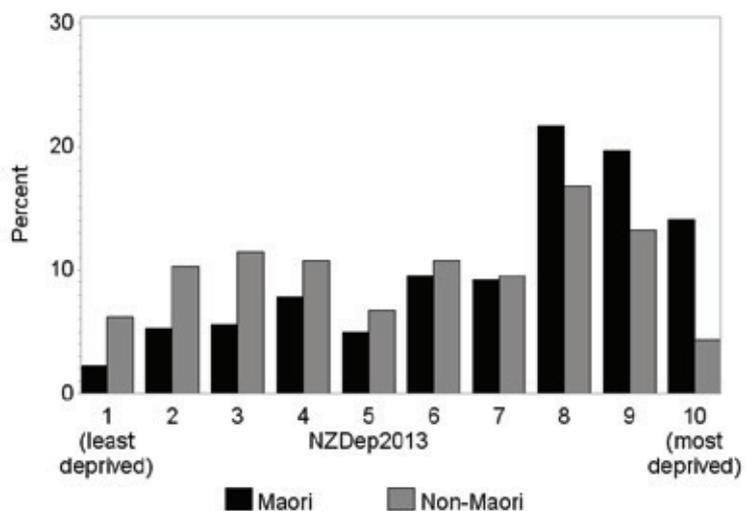


Just over half of children in Wairarapa Māori households were living in rented accommodation, almost twice the proportion of children in other households.

Wairarapa residents living in **Māori households were three times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom) (14% compared to 5%).

Deprivation

Using the NZDep2013 index of small area deprivation, **65% of Wairarapa Māori lived in the four most deprived decile areas** compared to 44% of non-Māori. Conversely 8% of Māori lived in the two least deprived deciles compared to 17% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 186 Māori infants were born per year during 2009–13, 53% of all live births in Wairarapa DHB. 6% of Māori and 5% of non-Māori babies had low birth weight.

In 2013, **67% of Māori babies in Wairarapa were fully breastfed at 6 weeks.**

Nine in ten Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **94% of Māori children were fully immunised at 8 months of age**, and 97% at 24 months.

In 2013, **half of Wairarapa Māori children aged 5 years and a quarter of non-Māori children had caries.** At Year 8 of school, three in five Māori children and two in five non-Māori children had caries. Māori children under 15 years were 65% more likely than non-Māori to be hospitalised for tooth and gum disease.

During 2011–13, on average there were 17 hospital admissions per year for grommet insertions among Māori children (at a rate 79% higher than non-Māori) and **10 admissions per year for serious skin infections** (with the rate 2.4 times that of non-Māori children).

On average, **142 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 52% higher than that of non-Māori.

Just over **100 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH), with a rate 54% higher than for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant decrease in the proportion of Wairarapa Māori aged 15–17 years who smoke regularly, but **no change in smoking rates among Māori aged 20–24 years.** In 2013, 48% in this age group were smoking cigarettes daily, compared to 27% of non-Māori.



By September 2014, 57% of Māori girls aged 17 years and 77% of those aged 14 years had received all three doses of the human papillomavirus (HPV) vaccine. Māori aged 16 years had the highest coverage at 93%.



Among Māori aged 15–24 years there was an average of nine hospitalisations per year for serious injury from self-harm during 2011–13.



PAKEKE ADULTS

Just under half of Māori adults in Wairarapa and Hutt DHBs reported having excellent or very good health in 2013, and just over a third reported having good health. One in six (17%) reported having fair or poor health.



Smoking rates are decreasing, but remained **twice as high for Māori (38%) as for non-Māori (19%)** in 2013.



Cancer

Compared to non-Māori, cancer incidence was two-thirds higher for Māori females while cancer mortality was just over twice as high. Among Wairarapa males, overall cancer incidence was 49% higher for Māori than for non-Māori, while the cancer mortality rate was similar.



Breast, lung, genital organs and colorectal cancers were the most commonly registered cancers among Wairarapa Māori women in 2008–12. The rate of lung cancer was fourfold the non-Māori rate, and cancers of the genital organs were 2.5 times the rate for non-Māori women.



Breast screening coverage of Māori women aged 45–69 years was 66% compared to 69% of non-Māori women during the two years to December 2014.

Cervical screening coverage of Māori women aged 25–69 years was 69% over 3 years and 86% over five years (compared to 76% and 90% of non-Māori respectively).

Cancers of the digestive organs and of the breast were the most common causes of cancer death for Māori women in 2007–11. Māori mortality rates for these cancers were 3 times the non-Māori rates.

Colorectal, lung and prostate cancers were the most frequent cancers among Wairarapa Māori males. The colorectal cancer rate was 2.5 times the rate for non-Māori men, and lung cancer was 3 times the non-Māori rate.



Cancers of the digestive organs and of the lung were the most common causes of death from cancer among Māori males.

Circulatory system diseases

Māori adults aged 25 years and over were 49% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) during 2011–13, with 73 admissions per year.



Wairarapa Māori were 57% more likely than non-Māori to be admitted with acute coronary syndrome, 48% more likely to have angiography, and just as likely to have angioplasty or a coronary artery bypass and graft.

Heart failure admission rates were 3 times as high for Māori as for non-Māori.

Stroke admission rates were similar for Māori and non-Māori, with seven Māori admitted per year.

On average, one Māori per year was admitted to hospital with chronic rheumatic heart disease.

Māori under 75 years were 3 times as likely as non-Māori to die from circulatory system diseases during 2007–11, with an average of six Māori deaths per year.



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 2.7 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2007–11.



Asthma hospitalisation rates were more than twice as high for Māori as for non-Māori in each age group, particularly for males. Among Māori aged 35–64 years the rate was notably 10.5 times the non-Māori rate.

Māori under 75 years of age had 10 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were 63% more likely than non-Māori to be admitted to hospital for a mental disorder during 2011–13.

Schizophrenia-related disorders were the most common disorders, followed by substance use disorders. The rate of admission for schizophrenia disorders was 4.2 times the non-Māori rate.



Diabetes

In 2013, **4% of Māori and 5% of non-Māori were estimated to have diabetes**. Half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, four-fifths were having their blood sugar monitored regularly, and two-thirds were being screened regularly for renal disease.



In 2011–13, **Māori with diabetes were over 4 times as likely as non-Māori to have a lower limb amputated** (with one person per year having an amputation).

Gout

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



39% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 25% had a lab test for serum urate levels in the following six months. 48% of Māori with gout were using non-steroidal anti-inflammatory medication.

In 2011–13, **the rate of hospitalisations for gout was 3.6 times as high for Māori as for non-Māori**, indicating a higher rate of flare-ups.

NGĀ REANGA KATOĀ ALL AGES

Hospitalisations

The all-cause rate of hospital admissions was **21% higher for Māori** than for non-Māori during 2011–13.



On average, 418 Māori hospital admissions per year were potentially avoidable, with the rate 40% higher for Māori than for non-Māori. **The ASH rate was 62% higher.**

Injuries

The **rate of hospitalisation due to injury was 25% higher for Māori** than for non-Māori during 2011–13.



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.**

Māori rates of hospital admission for injury caused by assault were almost treble those of non-Māori.

Injury mortality was similar for Māori and non-Māori in Wairarapa DHB, with four Māori per year dying from injuries during 2007–11.

Mortality

The all-cause mortality rate for **Wairarapa Māori in 2008–12 was 87% higher than the rate for non-Māori.**



Leading causes of death for Māori females during 2004–11 were **Chronic Obstructive Pulmonary Disease (COPD), diabetes, ischaemic heart disease (IHD), stroke and lung cancer.**

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

Potentially avoidable mortality and mortality amenable to health care were over twice as high for Māori as for non-Māori in Wairarapa during 2007–11.

Life expectancy

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

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