



WAIKATO DISTRICT HEALTH BOARD TE POARI HAUORA O WAIKATO

Māori Health Profile 2015

Te taupori *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.

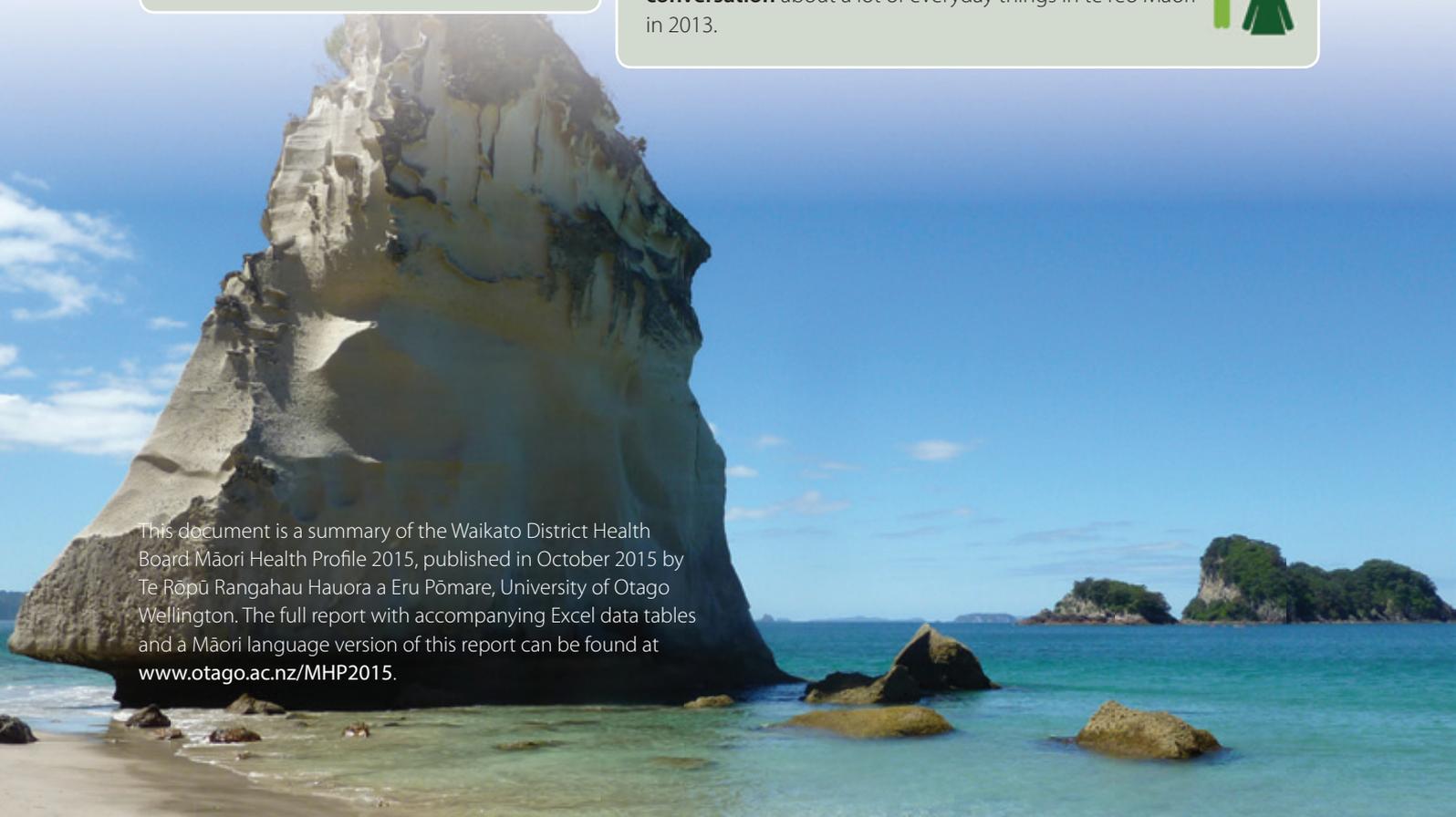


One in eight had taken part in traditional healing or massage in the last 12 months.

Almost a quarter of Waikato Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



This document is a summary of the Waikato 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, 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%).

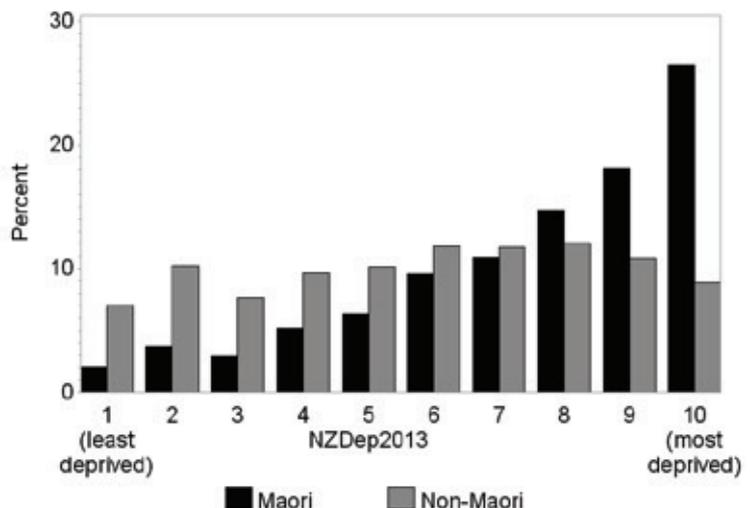


Three out of five children in Waikato Māori households were living in rented accommodation, twice the proportion of children in other households.

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%).

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*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 2,180 Māori infants were born per year during 2009–13, 40% of all live births in the DHB. 7% 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 2011–13, 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 papillomavirus (HPV) immunisation. Coverage was higher for Māori than for non-Māori.



Rates of hospitalisation for serious injury from self-harm were similar for Māori and non-Māori among those aged 15–24 years during 2011–13 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).



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.



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 2011–13.



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 3.5 times as likely as non-Māori to die from circulatory system diseases in 2007–11.



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 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 2007–11.



Mental disorders

Māori were four-fifths more likely as non-Māori to be admitted to hospital for a mental disorder during 2011–13.

Schizophrenia-type disorders were the most common disorders, followed by mood disorders.



Diabetes

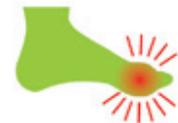
In 2013, **6% of Māori were estimated to have diabetes**. Nearly half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 84% were having their blood sugar monitored regularly, and almost two-thirds were being screened regularly for renal disease.



During 2011–13, **Māori with diabetes were nearly 4 times as likely as non-Māori to have a lower limb amputated**.

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 2011–13, **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.

NGĀ REANGA KATOĀ ALL AGES

Hospitalisations

The all-cause **rate of hospital admissions was 16% higher for Māori** than for non-Māori during 2011–13.



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.**

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 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.**

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 during 2007–11.

Mortality

The all-cause mortality rate for Waikato Māori was twice as high as the non-Māori rate during 2008–12.



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

Life expectancy

In 2012–14, 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).

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