



TARANAKI DISTRICT HEALTH BOARD
TE POARI HAUORA Ā-ROHE O TARANAKI

Māori Health Profile 2015

Te taupori *Population*

In 2013, **20,400 Māori lived in the Taranaki** District Health Board region, **18% of the District's total population.**



The Taranaki Māori population is youthful, but showing signs of ageing. The median age in 2013 was 23.5 years. 30% of the District's children aged 0–14 years and 26% of the youth aged 15–24 years were Māori.



The Māori population aged 65 years and over will increase by 48% between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, **most Taranaki Māori adults (86%) reported that their whānau was doing well**, but 5% felt their whānau was doing badly. 8% found it hard to access whānau support in times of need, but most found it easy (79%).



Being involved in Māori culture was important (very, quite, or somewhat) to two-thirds of Māori adults (68%), as was spirituality (64%).

Practically all (99%) Taranaki Māori had been to a marae at some time. Over half (58%) had been to their ancestral marae, with 61% stating they would like to go more often.



One in seven had taken part in traditional healing or massage in the previous 12 months.

18% of Taranaki 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 Taranaki Māori children who started school had participated in early childhood education.



In 2013, **43% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, an increase since 2006 (36%). The proportion of non-Māori with this level of qualification was 60%.

Work

In 2013, **10% of Māori adults aged 15 years and over were unemployed**, twice the non-Māori rate (5%).



Most Māori adults in Taranaki (88%) do voluntary work.



In 2013, **Māori were more likely than non-Māori to look after someone who was disabled or ill**, within or outside of the home.

Income and standard of living

In 2013, two out of five children and 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 with one in five children and adults in other households.



In 2013, **12% of Taranaki Māori adults reported having put up with feeling the cold a lot to keep costs down** during the previous 12 months, 6% had often gone without fresh fruit and vegetables a lot, and 12% had postponed or put off visits to the doctor.

Residents of **Māori households were more likely than residents of other households to have no access to a motor vehicle** (8% compared to 3%).



People in Māori households were less likely to have access to telecommunications than those living in other households: 31% had no internet, 26% no telephone, 12% no mobile phone, and 3% had no access to any telecommunications in the home.



Housing

In 2013, the most common housing problems reported as a big problem by Māori adults were finding it hard to keep warm (14%), needing repairs (14%) and damp (11%).

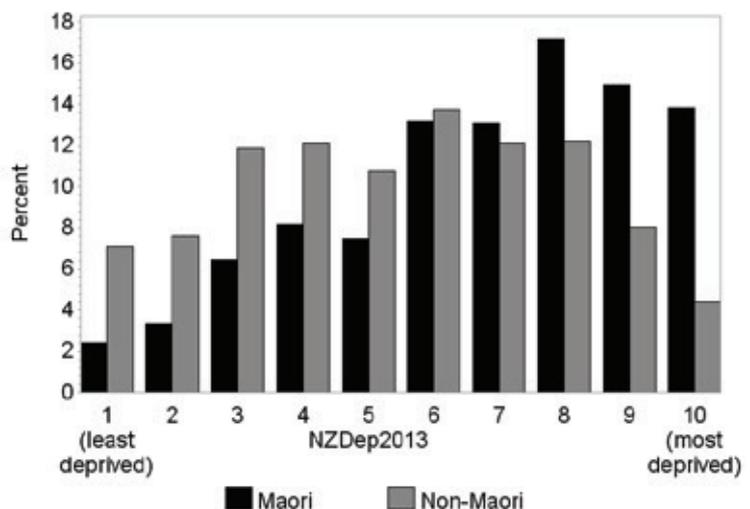


Over half of children in Taranaki Māori households (54%) were living in rented accommodation, twice the proportion of children in other households (25%).

Taranaki residents of **Māori households were 3.3 times as likely as others to be in crowded homes** (i.e. requiring at least one additional bedroom).

Deprivation

Using the NZDep2013 index of small area deprivation, **14% of Taranaki Māori lived in the most deprived decile areas** (decile 10) compared to 4% of non-Māori in 2013. Non-Māori were more likely than Māori to live in the least deprived neighbourhoods.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 531 Māori infants were born per year during 2009–13, 34% of all live births in the DHB. 6% of Māori babies had low birth weight, 2% had high birth weight and 7% were born preterm.



In 2013, **68% of Māori babies in Taranaki were fully breastfed at 6 weeks.**

Almost 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**, 92% at 24 months.



In 2013, **three out of five Taranaki Māori children aged 5 years and two out of five non-Māori children had caries.** At Year 8 of school, one of two Māori children and two out of five non-Māori children had caries. Māori males under 15 years were 32% more likely than non-Māori to be hospitalised for tooth and gum disease during 2011–13.



During 2011–13, on average there were 53 hospital admissions per year for grommet insertions among Māori children. The rate for Māori boys was 37% higher than for non-Māori boys.



The rate of admission for serious skin infections was 2.4 times as high for Māori as for non-Māori children, with an average of **30 admissions per year.**



One Māori child per year on average was admitted to hospital with acute rheumatic fever between 2011 and 2013.



On average, **313 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 51% higher than that of non-Māori children.

An average of **218 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 45% higher than for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of Taranaki 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.**



By September 2014, between 49% and 62% of Māori girls aged 14 to 17 years in 2014 had received all three doses of the human papillomavirus (HPV) vaccine. Coverage among Māori girls was lowest for those aged 17 years with 49% fully immunised and highest among those aged 14 years (62%).



Eleven Māori aged 15–24 years, and eight aged 25–44 years were admitted to hospital per year for serious injury from intentional self-harm during 2011–13. In the younger age group, rates were higher for females than for males.



PAKEKE ADULTS

Almost half of Māori adults in Taranaki reported having excellent or very good health in 2013, and a third reported being in good health. 18% reported having fair or poor health.



Smoking rates are decreasing, but remain **twice as high for Māori as for non-Māori**.



Circulatory system diseases

Māori adults aged 25 years and over were 54% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) during 2011–13.



Taranaki Māori were 39% more likely than non-Māori to be admitted with acute coronary syndrome, 45% more likely to have angiography, and just as likely to have either 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 76% higher for Māori than for non-Māori.

Admissions for hypertensive disease were 7.7 times as high for Māori women as for non-Māori women.

Chronic rheumatic heart disease admissions were 6 times as common for Māori as for non-Māori. Heart valve replacements were higher for Māori women than for non-Māori women.

Māori under 75 years were almost 3 times as likely as non-Māori to die from circulatory system diseases in 2007–11.



Cancer

Cancer incidence was similar between Māori and non-Māori, but cancer mortality was 52% higher for Māori, among both females and males.



Breast, lung, colorectal, uterine and cervical cancers were the most commonly registered among Taranaki Māori women during 2008–12. The rate of lung cancer was 4 times as high for Māori as for non-Māori women.



Breast screening coverage of Māori women aged 45–69 years was 59% compared to 75% of non-Māori women during the two years to the end of 2014.

Cervical screening coverage of Māori women aged 25–69 years was 65% over 3 years and 80% over five years (compared to 83% and 95% of non-Māori respectively).

The most common causes of death from cancer among Māori women during 2007–11 were cancers of the lung, digestive organs, breast and genital organs. Lung cancer mortality was 4 times as high for Māori as for non-Māori women.

Prostate, lung, non-Hodgkin's lymphoma, leukaemias, colorectal and liver cancers were the most common cancers among Taranaki Māori males. Lung cancer rates were 2.5 times as high for Māori as for non-Māori men. Liver cancer rates were 8 times as high.



Among Māori men, cancers of the digestive organs, lung and prostate were the leading causes of cancer death. Lung cancer mortality was 2.8 times as high for Māori as for non-Māori men. Mortality rates for cancers of the digestive organs were twice as high.



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were almost 5 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD).

Asthma hospitalisation rates were higher for Māori than non-Māori in each age group, notably 7.9 times as high among those aged 35–64 years.

Māori under 75 years had 4.6 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were almost 50% more likely than 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, **5% of Māori and 7% of non-Māori were estimated to have diabetes**. Nearly half of Māori aged 25 years and over who had diabetes were regularly receiving metformin or insulin, 81% were having their blood sugar monitored regularly, and 62% were being screened regularly for renal disease.



In 2011–13, **Māori women with diabetes were 3.3 times as likely as non-Māori women to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Taranaki Māori was estimated to be 6%**, almost 90% more than the prevalence in non-Māori (3%).



41% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 26% had a lab test for serum urate levels in the following six months.

During 2011–13, **the rate of hospitalisations for gout was 14 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 13% higher for Māori** than for non-Māori during 2011–13.



On average, 1,188 Māori hospital admissions per year were potentially avoidable, with the rate 37% higher for Māori than for non-Māori. **The ASH rate was 58% higher.**

Injuries

The **rate of hospitalisation due to injury was 12% higher for Māori** than for non-Māori in 2011–13.



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

Rates of hospital admission for injury caused by assault were 4.6 times as high for Māori females as for non-Māori females, and 55% higher for Māori males than for non-Māori males. Males had higher rates of admission than females.

On average, nine Taranaki Māori died from injury per year, with the mortality rate higher for males than for females.

Mortality

The all-cause mortality rate for Taranaki Māori was **77% higher than 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), breast cancer and stroke.** Leading causes of death for Māori males were **IHD, COPD, lung cancer, diabetes, accidents and suicide.**

Potentially avoidable mortality and mortality amenable to health care were both around 2.1 times as high for Māori as for non-Māori in Taranaki.

Life expectancy

During 2012–14, life expectancy at birth was 78.1 years for Māori females in the Taranaki region (5.3 years lower than for non-Māori females) and 73.6 years for Māori males (6.1 years lower than for non-Māori males).

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