



SOUTHERN DISTRICT HEALTH BOARD TE POARI HAUORA Ā-ROHE O ŌTĀKOU-MURIHIKU

Māori Health Profile 2015

Te taupori *Population*

In 2013, **29,200 Māori** lived in the Southern District Health Board region, **10% of the DHB's total population.**



The Southern Māori population is youthful, but showing signs of ageing. The median age in 2013 was 23.8 years. 18% of the DHB's children under 15 years and 13% of the DHB's youth aged 15 to 24 years are Māori.



The Māori population aged 65 years and over will increase by 54% between 2013 and 2020.



Whānau ora *Healthy families*

In 2013, **most Southern Māori adults (84%)** reported that their **whānau was doing well**, but 6% felt their whānau was doing badly. One in ten found it hard to access whānau support in times of need, but most found it easy (80%). One in five found it hard to get help with Māori cultural practices.



Being involved in Māori culture was important to three out of five Māori adults (61%) and **spirituality was important to just over one in two (53%).**

Most Southern Māori (92%) had been to a marae at some time.

Two-fifths (42%) had been to their ancestral marae, with three-fifths (62%) stating they would like to go more often.



7% had taken part in traditional healing or massage during the previous 12 months.

One in seven Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Wai ora *Healthy environments*

Education

In 2013, 95% of Southern Māori children had participated in early childhood education.



In 2013, **53% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (45%). However the proportion was a fifth less than that of non-Māori.

Work

In 2013, **7% of Māori adults aged 15 years and over were unemployed**, compared to 5% of non-Māori.



Most Māori adults (89%) do voluntary work.

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



Income and standard of living

In 2013, one in four 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 one in six children and one in five adults not in Māori households.



In 2013, **10% of Māori adults in Southern reported having put up with feeling the cold a lot to keep costs down** during the previous 12 months, 9% had gone without fresh fruit and vegetables, and 13% had often postponed or put off a visit to the doctor.

Residents of **Māori households were less likely than residents of other households to have access to a motor vehicle** (7% compared to 4%).



People in Māori households were less likely to have access to telecommunications than those living in other households: 20% had no internet, 24% no telephone, 10% no mobile phone, and 2% 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 (14%), needing repairs (9%) and damp (8%).



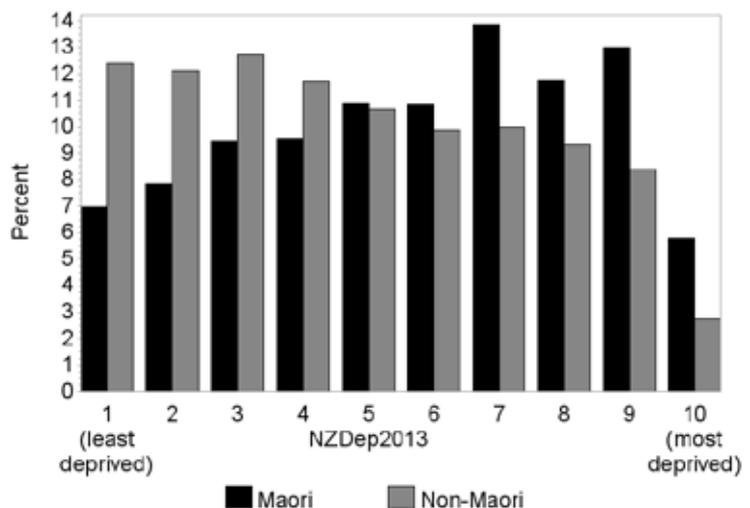
44% of children in Māori households were living in rented accommodation, compared to 27% of children in other households.

Southern residents living in Māori households were twice as likely as others to be in crowded homes (i.e. requiring at least one additional bedroom) (9% compared to 5%).

In 2013, 165 Māori households (1%) and 537 non-Māori households (less than 1%) in Southern had no form of heating.

Deprivation

Using the NZDep2013 index of small area deprivation, **44% of Māori in the Southern DHB lived in the four most deprived decile areas** compared to 30% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 731 Māori infants were born per year during 2009–13, 20% of all live births in the DHB. Around 7% of Māori and 5% of non-Māori babies had low birth weight.



In 2013, **69% of Māori babies in Southern were fully breastfed at 6 weeks.**

Three quarters of Māori infants were enrolled with a Primary Health Organisation by three months of age.

In 2014, **92% of Māori children were fully immunised at 8 months of age**, 95% at 24 months.

In 2013, **over half (55%) of Southern Māori children aged 5 years and a third of non-Māori children had caries.** At Year 8 of school, half of Māori children and two out of five non-Māori children had caries. Māori and non-Māori children aged 0–14 years had similar rates of hospitalisations for tooth and gum disease.



During 2011–13, on average there were 94 hospital admissions per year for grommet insertions among Māori children (at a similar rate to non-Māori), and **24 admissions per year for serious skin infections** (with a rate 43% higher than for non-Māori children).



Just over **470 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, with a rate 12% higher than that of non-Māori children.



Around **340 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH). The rate was similar to the rate for non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a significant increase in the proportion of 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 2013, the proportions of Māori girls aged 14 to 17 years in 2014 who had received all three doses of the human papillomavirus (HPV) vaccine ranged from 65% (17 year olds) to 75% (14 year olds). Coverage was higher for Māori than for non-Māori.



Rates of hospitalisation for serious injury from self-harm were 48% higher for Māori women than for non-Māori women at ages 25–44 years, but similar at ages 15–24 years.



PAKEKE ADULTS

Over **half of Māori adults (57%) in Southern** reported having excellent or very good health in 2013. One in six (16%) reported having fair or poor health.



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



Cancer

Among females, overall cancer incidence was similar for Māori and non-Māori but cancer mortality was 54% higher for Māori. Among males, overall cancer incidence and mortality were similar for Māori and non-Māori.



Breast, lung and colorectal cancers were the most frequent among Māori women, with lung cancer rates 4.4 times as high as for non-Māori.



Breast screening coverage of Māori women aged 45–69 years was 60% compared to 75% 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 73% over five years (compared to 81% and 95% of non-Māori respectively).

Lung, colorectal, prostate and testicular cancer were the most common cancers among Māori men. **Lung cancer rates were twice as high for Māori** as for non-Māori, while prostate cancer registration rates were half as high.



Lung and breast cancers were the most common causes of cancer death among Māori females (with lung cancer mortality 4.8 times the non-Māori rate). Lung, colorectal and pancreatic cancers were the most common causes of death from cancer among Māori males (with pancreatic cancer mortality 2.9 times the non-Māori rate).



Circulatory system diseases

Māori adults aged 25 years and over were 14% more likely than non-Māori to be hospitalised for circulatory system diseases (including heart disease and stroke) in 2011–13.



In general Māori males in Southern were less likely than non-Māori males to be admitted to hospital for ischaemic heart disease (IHD) or revascularisation procedures. Māori females were more likely than non-Māori females to be admitted for IHD and acute coronary syndrome.

Heart failure admission rates were over twice as high for Māori as for non-Māori.

Stroke admission rates were 45% higher for Māori than for non-Māori.

Māori under 75 years were twice as likely as non-Māori to die from circulatory system diseases during 2007–11.



PAKEKE ADULTS

(continued)

Respiratory disease

Māori aged 45 years and over were 2.5 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD) during 2011–13.

Asthma hospitalisation rates were higher for Māori than non-Māori in each age group.

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



Mental disorders

Māori were a third 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 and substance use disorders.



Diabetes

In 2013, **3% of Māori and 5% of non-Māori were estimated to have diabetes**. Just over 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 57% were being screened regularly for renal disease.



In 2011–13, **Māori males with diabetes were 2.5 times as likely as non-Māori males to have a lower limb amputated**.

Gout

In 2011, **the prevalence of gout among Māori in Southern was estimated to be 5%**, compared to 3% among non-Māori.

43% of Māori with gout regularly received allopurinol, a preventive therapy to lower urate levels. Of those who received allopurinol, only 28% had a lab test for serum urate levels in the following six months.

In 2011–13, **the rate of hospitalisations for gout was 3.5 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 5% lower for Māori** than for non-Māori during 2011–13.

On average, 1,320 Māori hospital admissions per year were potentially avoidable, with the rate 11% higher for Māori than for non-Māori. **The ASH rate was 18% higher.**



Injuries

The **rate of hospitalisation due to injury was similar for Māori** and non-Māori. Over 600 Māori per year were admitted for injury during 2011–13.

The leading causes of injury resulting in hospitalisations among Māori were **falls, exposure to mechanical forces, complications of medical and surgical care, transport accidents, assault and intentional self-harm.**

Rates of hospital admission for injury caused by assault were 2.4 times as high for Māori as for non-Māori.

Injury mortality was 33% higher for Māori than for non-Māori during 2007–11.



Mortality

The all-cause mortality rate for **Māori in Southern in 2008–12 was 36% higher than the non-Māori rate.**



Leading causes of death for Māori females were **lung cancer, IHD, Chronic Obstructive Pulmonary Disease (COPD), stroke, suicide and diabetes.** Leading causes of death for Māori males were **IHD, accidents, suicide, lung cancer and COPD.**

Potentially avoidable mortality was 62% higher for Māori than for non-Māori in Southern during 2007–11. Mortality amenable to health care was 54% higher.

Life expectancy

Life expectancy at birth during 2012–14 was higher for Māori in the Otago region than in the Southland region. For Otago residents, life expectancy at birth was 82.3 years for Māori females (one year lower than for non-Māori), and 78.4 years for Māori males (1.2 years lower than for non-Māori). For Southland residents, life expectancy at birth was 78.7 years for Māori females (4.1 years lower than for non-Māori) and 74.6 years for Māori males (4.4 years lower than for non-Māori).

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