



WHANGANUI DISTRICT HEALTH BOARD TE POARI HAUORA O WHANGANUI

Māori Health Profile 2015

Te taupori *Population*

In 2013, **15,850 Māori lived in the Whanganui** District Health Board (DHB) region, **25% of the District's total population.**



40% of the District's children aged 0–14 years and 36% of young adults aged 15–24 years were Māori.



The Whanganui Māori population is youthful, with a median age of 24.6 years, but showing signs of ageing. The Māori population aged 65 years and over will increase by 42% between 2013 and 2020.



Whānau ora *Healthy families*

Data from Te Kupenga 2013 is presented for two DHBs combined: Whanganui and MidCentral. In 2013, **most Māori adults (88%) in Whanganui and MidCentral reported that their whānau was doing well**, but 6% felt their whānau was doing badly. A small proportion (5%) 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 68% of Māori adults. **Spirituality was important to 64%.**

Practically all (97%) Whanganui and MidCentral Māori had been to a marae at some time. Most (68%) had been to their ancestral marae, with over half (58%) stating they would like to go more often.



9% had taken part in traditional healing or massage in the last 12 months.

Just under a quarter of Whanganui Māori could have a conversation about a lot of everyday things in te reo Māori in 2013.



Wai ora *Healthy environments*

Education

In 2013, 96% of Whanganui Māori children had participated in early childhood education.



In 2013, **40% of Māori adults aged 18 years and over had at least a Level 2 Certificate**, a higher proportion than in 2006 (36%). 60% of non-Māori had this level of qualification.

Work

In 2013, **12% of Whanganui Māori adults aged 15 years and over were unemployed**, twice the non-Māori rate.



Most Māori adults (88%) do voluntary work.

In 2013, **Māori were more likely than non-Māori to look after someone who was disabled or ill** without pay, inside the home, and outside of the household.



Income and standard of living

In 2013, nearly one in two children and two in five 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, **9% of Whanganui and MidCentral 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 9% had postponed or put off visits to the doctor.

10% of residents of Māori households had no access to a motor vehicle compared to 4% of residents in other households in Whanganui DHB.



People in Māori households were less likely to have access to telecommunications than those living in other households: 37% had no internet, 31% no telephone, 14% no mobile phone, and 4% had no access to any telecommunications.



Housing

The most common housing problems reported to be a big problem by Whanganui and MidCentral Māori adults in 2013 included finding it hard to keep warm (14%), needing repairs (9%) and damp (8%).

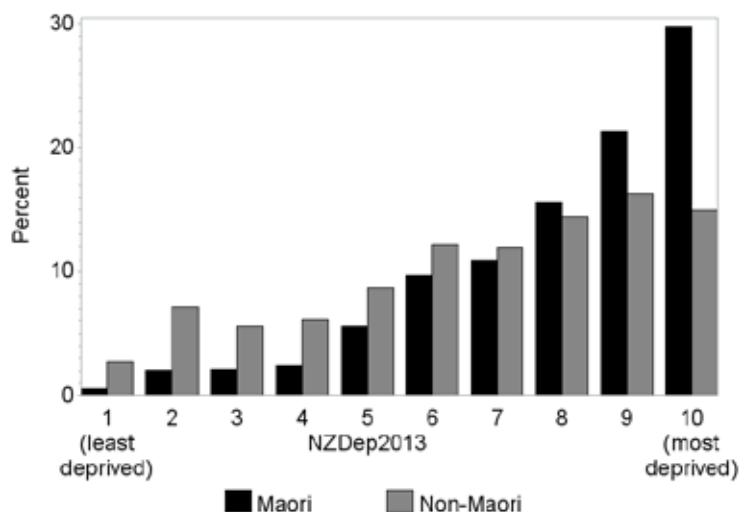


Over half of children in Whanganui Māori households (57%) were living in rented accommodation, nearly twice the proportion of children in other households.

Whanganui residents of **Māori households were 3 times as likely as residents of other households to be in crowded homes** (i.e. requiring at least one additional bedroom) (17% compared to 6%).

Deprivation

Using the NZDep2013 index of small area deprivation, **51% of Whanganui Māori lived in the two most deprived decile areas** compared to 31% of non-Māori. Only 3% of Māori lived in the two least deprived decile areas compared to 10% of non-Māori.



Mauri ora *Healthy individuals*

PĒPI, TAMARIKI *INFANTS AND CHILDREN*

On average, 404 Māori infants were born per year during 2009–13, 46% of all live births in Whanganui DHB. Māori infants were 26% more likely than non-Māori to have low birthweight (7.2% compared to 5.7%).



In 2013, **81% of Māori babies in Whanganui were fully breastfed at 6 weeks.**

Nearly 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**, and 93% at 24 months.



In 2013, **two-thirds of Whanganui Māori children aged 5 years and just over one-third of non-Māori children had caries.** At Year 8 of school, two out of three of Māori children and two out of five non-Māori children had caries. Hospitalisations for tooth and gum disease were 2.4 times as high for Māori as for non-Māori children aged 0–14 years.



During 2011–13, on average there were 16 hospital admissions per year for grommet insertions for otitis media among Māori children (at a rate 41% lower than for non-Māori).



There was an average of **24 admissions per year for serious skin infections** among Māori children, at a rate 87% higher than for non-Māori children.



One Māori child per year on average was admitted to hospital at least once with acute rheumatic fever among those aged 0–14 years, and one per year aged 15–24 years.



Just under **400 hospitalisations per year of Māori children were potentially avoidable through population-based health promotion** and intersectoral actions, at a rate 57% higher than the rate of non-Māori children.

Around **270 hospitalisations per year of Māori children were potentially avoidable through preventive or treatment intervention in primary care** (ambulatory care sensitive hospitalisations, or ASH), at a rate 53% higher than non-Māori children.



RANGATAHI *YOUNG ADULTS*

There has been a **significant decrease in the proportion of Whanganui Māori aged 15–24 years who smoke regularly.** However, the rate remains twice as high as non-Māori in this age group.



By September 2014, just over **60% of Māori girls aged 16 and 17 years and over 80% of those aged 14 and 15 years had received 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 lower for Māori than for non-Māori among those aged 15–24 years during 2011–13 with 11 admissions per year among Māori youth. Among Māori aged 25–44 years there were a similar number of admissions per year, with the rate similar to non-Māori.



PAKEKE ADULTS

Over **half (55%) of Māori adults in Whanganui and MidCentral DHBs reported having excellent or very good health** in 2013, and a further third (35%) reported good health. One in seven (14%) reported having fair or poor health.



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



Cancer

Compared to non-Māori, cancer incidence was 27% higher for Māori females and cancer mortality 86% higher. Among males, the cancer registration rate for Māori was similar to the rate for non-Māori while the cancer mortality rate was 56% higher.



Lung, breast, uterine, colorectal and thyroid cancers were the most commonly registered among Whanganui Māori women during 2008–12. The rate of lung cancer was 6.6 times the non-Māori rate.



Lung, breast, colorectal and pancreatic cancers were the most common causes of death from cancer among Māori women during 2007–11. Lung cancer mortality was 4.7 times higher, breast twice as high, and pancreatic cancer mortality 3 times as high for Māori as for non-Māori women.

Two-year breast screening coverage of Māori women aged 45–69 years was 67% compared to 78% of non-Māori women by the end of 2014.

Cervical screening coverage of Māori women aged 25–69 years was 67% over 3 years and 85% over five years (compared to 77% and 91% of non-Māori women respectively).

Cancers of the prostate, lung, colon and rectum, stomach and kidney were the most common cancers among Whanganui Māori men. Stomach cancer registration rates were over 6 times higher than for non-Māori men.



Lung cancer and cancers of the digestive organs were the most common causes of cancer death for Māori men. Lung cancer mortality was 3 times as high for Māori as for non-Māori.

Circulatory system diseases

Whanganui Māori adults aged 25 years and over were 72% more likely than non-Māori to be hospitalised for circulatory system diseases

(including heart disease and stroke) during 2011–13.



Māori were 56% more likely than non-Māori to be admitted with acute coronary syndrome, 51% more likely to have angiography, 60% more likely to have angioplasty, and just as likely to have a coronary artery bypass graft.

Heart failure admission rates were 4.4 times as high for Māori as for non-Māori.

Stroke admission rates were 2.5 times as high for Māori as for non-Māori and admissions for hypertensive disease 2.6 times as high.

Chronic rheumatic heart disease admissions were 4.8 times as common for Māori as for non-Māori, while heart valve replacements were not significantly different.

Māori under 75 years were 3.3 times 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 nearly 3 times as likely as non-Māori to be admitted to hospital for chronic obstructive pulmonary disease (COPD).

Asthma hospitalisation rates were over twice as high for Māori as for non-Māori in each age group.

Māori under 75 years had 2.7 times the non-Māori rate of death from respiratory disease in 2007–11.



Mental disorders

Māori were a fifth 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.



Diabetes

In 2013, **5.4% of Māori and 6.1% 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, 78% were having their blood sugar monitored regularly, and just over half were being screened regularly for renal disease.



In 2011–13, **Māori men with diabetes were over 4.5 times as likely as non-Māori to have a lower limb amputated**.

Gout

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



Just under 40% 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. Close to half of Māori with gout used non-steroidal anti-inflammatory medication.

During 2011–13, **the rate of hospitalisations for gout was over 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 12% higher for Māori** than for non-Māori during 2011–13.



More than 1,000 Māori hospital admissions per year were potentially avoidable, with the rate 33% higher for Māori than for non-Māori. **The ambulatory care sensitive hospitalisations (ASH) rate was two-thirds higher.**

Injuries

The rate of hospitalisation due to injury was similar for Māori and non-Māori in Whanganui DHB but the injury mortality rate was twice as high. Males had higher rates of hospitalisation and mortality 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, assault and transport accidents.**

Rates of hospital admission for injury caused by assault were 3.6 times higher for Māori females than for non-Māori females and 71% higher for Māori males than for non-Māori males.

Mortality

The all-cause mortality rate for Whanganui Māori during 2008–12 was **twice the non-Māori rate.**



Leading causes of death during 2007–11 for Māori females were **ischaemic heart disease (IHD), lung cancer, stroke, diabetes and Chronic Obstructive Pulmonary Disease (COPD)**. Leading causes of death for Māori males were **IHD, accidents, lung cancer, COPD and suicide.**

Potentially avoidable mortality and mortality amenable to health care were 2.3 and 2.5 times as high respectively for Māori as for non-Māori during 2007–11.

Life expectancy

In 2012–14, life expectancy at birth for Māori in the Manawatū-Whanganui region was 76.4 years for females (7 years lower than for non-Māori females) and 72.3 years for males (7.2 years lower than for non-Māori).

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