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# Nelson Marlborough Maori Health Profile Summary

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“Kia korowaitia aku mokopuna ki  
te korowaitanga hauora”

Healthy As!

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## 1. MAORI POPULATION

Nelson Marlborough has a Maori population of 10953 (9%). There has been a slight increase from earlier census data. The census data does not account for migrant workers unless they were resident in the district at the time of the census.

Maori are relatively young (aged between 0 – 24 years). Chronic illness is more prominent in adult Maori aged between 44 – 60 years. People of Maori descent made up 1.6% of older people, slightly higher for those of Pacific origin 0.2% and of Asian origin 0.3%.

There is a higher portion of Maori living in Tasman and Nelson districts (61%). Table 1 gives a summary.

Table 1 – Regional Maori Population Census Data from 1991 – 2006

Regional Authority	1991	1996	2001	2006
Tasman	1626	2610	2778	3063
Nelson	1707	3015	3219	3615
Marlborough	2778	3909	3894	4275
<b>District Total</b>	6111	9534	9891	10953

Data Source: 2001/ 2006 NZ Census Data

Using 2001 census data we estimate that up 75 - 80% of the resident Maori population are affiliated to Iwi who are outside the traditional boundaries for Te Tau Ihu Iwi.

## 2. DEPRIVATION PROFILE OF MAORI LIVING IN THE NELSON MARLBOROUGH DHB REGION

This report draws on the 2004 Health Profile and gives a useful summary:

- Maori are disproportionately represented in the more deprived areas of New Zealand. This is true in Nelson Marlborough also, although the distribution of the Maori population is less heavily skewed towards the high deprivation deciles than in New Zealand as a whole (Nelson Marlborough DHB 2003-2005)
- life expectancy for Maori females in Nelson Marlborough is 78.2 years and 73.5 years for Maori males (Nelson Marlborough DHB 2003-2005)
- Maori men and women die younger than their non-Maori, non-Pacific people counterparts in Nelson Marlborough; 2.6 years younger for men and 3.1 years for women (Nelson Marlborough DHB 2003-2005)
- Maori households within all three Territorial Authorities have a higher proportion without access to a phone than Europeans in the same regions, but have slightly higher access than Maori nationwide
- Maori have a higher proportion with no qualifications than non-Maori in the area, but a lower rate than total Maori in New Zealand. There was little variation between the Territorial Authorities within Nelson Marlborough
- Maori have a significantly lower proportion with a degree than non-Maori in the area and also have a lower rate than total Maori in New Zealand. Of the three Territorial Authorities within the Nelson Marlborough DHB, Nelson City has the highest percentage (9.8%) with a university degree.

### **3. MAORI POPULATION HEALTH**

This section gives a summary to the key themes highlighted in the Health Profile on for Maori Health:

#### **3.1 Immunisations**

New Zealand has not achieved its target of 95% of children being fully vaccinated by the age of 2 years and inequalities exist, with coverage rates being lower for Maori and Pacific people children.

#### **3.2 Injury Prevention**

Injury is the lead cause of death for Maori between 1 and 34 years of age. Maori are over-represented with injuries such as assault, pedestrian injuries, spinal injuries and motor vehicle accidents.

#### **3.3 Hearing**

Hearing loss at childhood has a significant effect on speech and language development as well as emotional, social and educational development. The main cause of hearing loss in New Zealand is glue ear (obits media with effusion or OME) of which Maori children have higher rates than non-Maori (Canterbury DHB 2005).

#### **3.4 Asthma**

The prevalence of asthma is increasing world wide and in New Zealand. Tobacco use is likely to be a key factor in higher rates of respiratory related illnesses such as asthma that is experienced by Maori. While the prevalence of asthma is similar for Maori and non-Maori, Maori child and youth experience higher levels of morbidity and hospital admission than non-Maori (Health Funding Authority 1999-2000c).

During the period 1996-2002 asthma discharge rates for children 0-14 years showed little evidence of ethnic disparities between Maori and European children and between New Zealand and Nelson Marlborough children.

#### **3.5 Smoking**

Approximately 50% of Maori people smoke and Maori smokers start at a younger age than other ethnic groups. About 31% of Maori deaths are attributable to tobacco use. It is estimated that 14-15% more Maori would survive middle age if no Maori smoked after the age of 35 years (Canterbury DHB 2004).

In recent years, 46% of SIDS deaths among Maori were attributable to smoking (Ministry of Health 2003j). Smoking is more prevalent in deprived areas, among unemployed, among workers in 'disadvantaged' occupational classes, among low-income households and among crowded households (Robson 2004).

The smoking rates for Maori in Nelson Marlborough are higher (34.0%) than non-Maori (21.7%) as is the case nationally (Maori 40% and non-Maori 23.4%) (Nelson Marlborough DHB 2003-2005).

In 1999 Aukati Kai Paipa was funded by the Ministry of Health through Te Hotu Manawa Maori to provide appropriate and accessible cessation services for Maori smokers ready to quit. Te Hauora O Ngati Rarua in Marlborough were contracted to provide this service. Utilising the criteria used in the evaluation of Aukati Kai Paipa 2000, the quit rate for clients in the programme provided through Te Hauora O Ngati Rarua in Marlborough is 28% over the previous 12 months.

### **3.6 Diabetes**

In 1996 age standardised Maori mortality from diabetes was over six times that for non-Maori. Mortality also occurred at younger age groups when compared with non-Maori. In particular, in the ages from 45-60, age-specific Maori mortality for diabetes ranged between 12-15 times that of non-Maori in the same age group. Maori deaths due to diabetes constitute 22% of all diabetes deaths (Health Funding Authority 1999-2000d).

- Age standardised hospitalisation rates for diabetes are significantly lower in the Nelson Marlborough DHB region population than in New Zealand as a whole for both Maori and non-Maori (Public Health Consultancy 2001a)
- Maori are under-represented in admissions involving patients with diagnosed diabetes comprising 5.9% of the total, compared with an expected 10.3%. Misclassification of ethnicity status should be considered as a possible partial explanation for low admission rates for Maori - a project is currently being undertaken by Nelson Marlborough DHB to improve ethnicity-recording processes
- Maori were also under-represented in diabetes-related admissions (7.0% compared with an expected 10.3%)
- Generally, poorer glycaemic control is observed for Maori compared with “other” ethnic groups. Efforts to improve glycaemic control remain a high priority for all ethnic groups particularly Maori
- retinal screening coverage in the region is reasonably high both for Maori and “other” populations, although less than the target of 80% set for 2003
- The number and proportions of people having free annual checks who are smokers with diabetes has reduced for Maori but not for the overall population.

### **3.7 Mental Health**

Maori were seen as accessing services later and with greater severity at the point of entry. More recent data from the Mental Health Information National Collection show that in New Zealand Maori males aged 15–19 and 20–64 are significantly higher-than-average users of mental health services (Canterbury DHB 2004).

New Zealand Hospital admission rates for mental health or alcohol and drug related disorders are 40% higher for Maori than for non-Maori (Ministry of Health 2001h).

Maori have higher rates of presentation to crisis, acute and forensic services; and Maori are more likely than non-Maori to suffer from alcohol and drug disorders (Mental Health Commission 1998).

Overall Maori represented 15% of all people receiving treatment (Ministry of Health 2001).

In Nelson Marlborough region Maori utilisation of mental health services increased by approximately 11% in 2002 but was followed a 5% decrease in 2003.

### **3.8 Oral Health**

It is apparent that there are significant inequalities in oral health status for Maori and other low socioeconomic groups. Maori are more likely to experience poor oral health in all age groups. Maori adults are less likely to have filled teeth than Europeans however they are more likely to have missing teeth. Maori children have worse oral health than non-Maori (Health Funding Authority 1999-2000b). Adult oral health inequalities have their origin in child inequalities, which have been linked to factors such as SES and mothers educational level.

In Nelson Marlborough region the percentage of children caries free at 5 years was consistently higher than the New Zealand non-fluoridated average however figures are consistently lower than the New Zealand fluoridated average for virtually all of the years studied.

During 2002, disparities were present between the mean MF scores of Maori and European/Other children in Nelson Marlborough DHB. While the mean MF scores of European/Other children were similar to the New Zealand fluoridated average, rates for Maori children were more consistent with the non-fluoridated averages of the rest of the country.

Marked disparities exist between the oral health status of Maori and European/Other children in this region. Comparisons with New Zealand fluoridated averages again suggest that these disparities could be significantly reduced if Maori children could obtain access to fluoridated drinking water supplies.

### **3.9 Disability Support Services (DSS)**

Physical disabilities are the most common type for Maori adults however 'Other' disabilities are the most common for Maori children. The category 'Other' includes speech, learning and developmental disorders requiring special education. The most common cause of disability for Maori is disease or illness, followed by accidental injury. The rate of disability increases with age, with 15% of Maori between 0-14 years having a disability, compared with 60% of Maori over 65 years. Compared to non-Maori there are low numbers of Maori living in residential care facilities.

There is no Nelson Marlborough DHB data readily available for this section.

### **3.10 Rangatahi Health**

Young Maori represent almost 20% of New Zealand's total population (Statistics New Zealand, New Zealand Census 2001) and strong evidence suggests that young Maori are continuing to suffer more ill health than their non-Maori counterparts (Ministry of Health 2002i). Many health issues faced by youth today are closely related to their risk-taking behaviour connected with the use of alcohol and tobacco, misuse of motor vehicles, and sexual activities. Young Maori women and men are disproportionately represented accidental deaths rates, death suicide rates and hospitalisation due to self-injury than non-Maori (TPK 1999).

Child and youth make up a third of the Nelson Marlborough DHB population. The following material summarise information on a number of key indicators, which reflect the health status of Maori child and youth in this region. The indicators were selected not only because they represent issues of major public health importance, but also because routinely collected data was available with which to monitor trends over time.

### **3.11 Teenage Pregnancy**

Teenage birth rates for Nelson Marlborough DHB Maori women were lower than the New Zealand average rates for European women were similar. In addition there were large discrepancies between the teenage birth rates of Maori and European women in Nelson Marlborough DHB during 1996-2002.

### **3.12 Sexual and Reproductive Health**

The Ministry of Health's Sexual and Reproductive Health Strategy from 2001 identifies two keys areas of Government concern with regard to Sexual and Reproductive Health. These key concerns are the increasing number of confirmed cases of STI's in New Zealand and the high level of unintended/unwanted pregnancies.

This strategy identifies that teenage pregnancy is more common among Maori women. In 1998 the fertility rate for Maori females aged 13-17 years was 26.2 per 1,000, more than five times that of non-Maori (4.9 per 1,000). A study by Fenwick and Purdie 2000 showed that Maori students were nearly 3 times as likely as European students to be sexually active.

The strategy further shows that, overall the birth rates for Maori are slightly higher than those for the total population. In some cases of STI's youth, Maori and Pacific people were represented in disproportionately high numbers (Turley et al 2000). Maori females are more likely to have an ectopic pregnancy than non-Maori.

### **3.13 Alcohol and Drug Use**

Substance abuse causes significant harm to the health of New Zealanders. The most widely used drugs, alcohol and tobacco (tobacco is discussed under its own heading), account for the majority of that harm. There is evidence of disproportionate harm from alcohol and cannabis use among Maori compared to non-Maori. Maori hospitalisation rates for alcohol-related conditions are about 1.5 times the non-Maori rate, and for cannabis-related conditions it is over three times the non-Maori rate.

As an outcome of the South Island Alcohol and Other Drug Service Review Nelson Marlborough DHB have identified the following priorities:

- Appoint a dedicated Maori AOD health worker in Nelson Marlborough, DHB Provider Arm services. Ensure worker is linked to other Maori personnel (MH/AOD) to avoid isolation and ensure safety
- Trial a regional contract for week day/end treatment retreats or wānanga.

### **3.14 Cardiovascular Disease**

Cardiovascular disease is the leading cause of death in New Zealand, accounting for 41% of all deaths in 1999. The burden of cardiovascular disease is greatest among Maori and Pacific people. Mortality from all cardiovascular diseases is higher among Maori than the general population. Coronary heart disease is the leading single cause of death for Maori. Maori have the highest rate of hospital admissions for heart failure (nearly three times that of Europeans/Others). The chance of being dependent at 12 months post stroke is three times higher among Maori and Pacific people than among Europeans who have a stroke. Maori and Pacific people have the highest discharge rates for both rheumatic fever and rheumatic heart disease.

#### **Mortality**

- Maori males in Nelson Marlborough have a considerably higher cardiovascular disease mortality rate than the national average (genders and ethnic groups combined), however this result is not statistically significant and is based on a very small number of cases
- Overall, Nelson Marlborough has a similar ischaemic heart disease mortality rates to the South Island and New Zealand. However, the ischaemic heart disease mortality rate is considerably lower in Maori females in Nelson Marlborough than in Maori females in the South Island and New Zealand, and Non-Maori females in Nelson Marlborough have a higher ischaemic heart disease mortality rate than Non-Maori females in the South Island and New Zealand
- The stroke mortality rate for Maori males in Nelson Marlborough is much higher than for Maori males in the rest of the South Island and New Zealand.

#### **Hospitalisation**

- Maori males in Nelson Marlborough have a similar rate of cardiovascular disease hospitalisation to the national average
- Maori females in Nelson Marlborough have a higher cardiovascular disease hospitalisation rate than the national average (genders and ethnic groups combined). This result is statistically significant
- Maori males in Nelson Marlborough have a higher acute myocardial infarction hospitalisation rate than Maori males in the South Island but a lower rate than their New Zealand counterparts
- Maori females in Nelson Marlborough have a considerably higher acute myocardial infarction hospitalisation rate than their South Island and to a lesser extent New Zealand counterparts
- Maori males in Nelson Marlborough have a substantially lower stroke hospitalisation rate than their South Island and New Zealand counterparts. However this result is likely to be due to a small number of cases.

## **Heart Disease**

- Maori females, have a much lower heart disease prevalence rate in Nelson Marlborough compared to that of their national counterparts. However, the differences are not statistically significant.

### **3.15 Cancer**

Cancer is a major cause of premature mortality and disability for New Zealanders and particularly so for Maori. Cancers make the second-largest contribution to health loss in the Maori population after cardiovascular disease (Ministry of Health 2001i). Maori cancer patients are more likely to die than other cancer patients. Research suggests that Maori don't have the same access to health care as other patients, that patients from lower socioeconomic groups have poorer survival from most cancers and that there is a lack of awareness among Maori about palliative care services and the options when a life-threatening illness is diagnosed.

#### **Mortality**

- In the South Island and nationally, Maori females have a substantially higher cervical cancer mortality rate than non-Maori females. (National)

#### **Hospitalisation**

- The cancer hospitalisation rate for Maori females in Nelson Marlborough is higher than the national average (genders and ethnic groups combined). This result is statistically significant
- Maori males in Nelson Marlborough have a similar cancer hospitalisation rate to the national average (genders and ethnic groups combined)
- in Nelson Marlborough, Maori females have a higher breast cancer hospitalisation rate than non-Maori females, which is consistent with the South Island and national pattern
- Maori females in Nelson Marlborough have a lower cervical cancer hospitalisation rate than their South Island and New Zealand counterparts, although the actual number of cases is likely to be small.

#### **Registration**

- Maori in Nelson Marlborough have substantially lower cancer registration rates than the national average (genders and ethnic groups combined)
- Maori and non-Maori females in Nelson Marlborough have a similar cervical cancer registration rate to that of the South Island and New Zealand.

#### **Screening**

- The female breast cancer screening rate for Maori and non-Maori in Nelson Marlborough is slightly higher than nationally.