



# The Health of Māori Adults and Children

This paper presents key findings about the health and wellbeing of Māori adults and children in 2011/12, which come from the New Zealand Health Survey.

## In summary

In 2011/12, almost all Māori children aged 0–14 years were in good health, according to their parents. More than four in five Māori adults aged 15 years and over reported being in good health.

However, the survey results also highlight persisting health inequities for Māori in New Zealand, and identify a number of challenges for improving Māori health. Māori continue to have higher rates of obesity and diabetes, as well as of a range of other health conditions, than non-Māori. While the Māori smoking rate remains unchanged since 2006/07, it is still substantially higher than the rate for the total population.

Another key challenge is to improve access to health services for Māori adults and children. For example, Māori were more likely to report an unmet need for primary health care in the past year, for a number of reasons (including cost). The health sector needs to ensure that health services are accessible, appropriate and responsive to Māori.

## Health behaviours and risk factors

### Improving trends for the age at which Māori babies are fed solid food

The Ministry of Health recommends exclusive breastfeeding until a baby is about six months old, when solid food should be introduced. The percentage of Māori children under five years who were given solid food before four months of age dropped from 22% in 2006/07 to 16% in 2011/12. However, this rate is still twice as high as the rate for non-Māori children.

### Māori and other adults have similar levels of physical activity and vegetable intake

Eating a healthy diet and being physically active can help maintain a healthy body size. Māori adults have levels similar to the national average for some healthy behaviours, including being physically active (57%) and eating at least three servings of vegetables each day (64%). Vegetable intake has improved for Māori since 2006/07.

One in two Māori adults eats at least two servings of fruit each day (49%), which is lower than the national average (59%).

### Māori have higher obesity rates

One in five Māori children (17%) and two in five Māori adults (44%) are obese. These rates are about twice as high as the rate for non-Māori children and adults respectively. The obesity rate for Māori adults has not changed since 2006/07, but the rate for Māori boys has increased in this time.

### Two in five Māori adults smoke

Māori adults are more than twice as likely to smoke as other adults, with two in five Māori adults (41%) smoking. While the national smoking rate dropped from 2006/07 to 2011/12, the Māori smoking rate did not change over this time.

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## Health conditions

### Higher burden from long-term health conditions

Many health conditions are more common for Māori adults than for other adults. These include ischaemic heart disease, stroke, diabetes, medicated high blood pressure, chronic pain and arthritis. Asthma is also a particular issue for Māori: nearly one in five Māori – both children (19%) and adults (17%) – take medication for this condition.

### Contrasting mental health results

While Māori adults have higher rates of psychological (mental) distress (9%) than other adults, they have similar rates of common mental disorders that have been diagnosed (16%). Together these findings suggest Māori may be less likely to seek help and/or they face more barriers to accessing mental health services.

## Access to health care

### Māori have a higher level of unmet need for health care, especially due to cost

Māori adults and children were generally more likely than other people to have experienced unmet need for health care in the past year.

Two in five Māori adults (39%) had an unmet need for primary health care in the past 12 months, as had 28% of Māori children. Some of the main reasons for this unmet need were that:

- > cost prevented them from visiting a GP when they needed to (23% of Māori adults and 8% of Māori children)
- > they were not able to get an appointment at their usual medical centre within 24 hours of needing one (20% of Māori adults and 18% of Māori children)
- > cost prevented them from visiting an after-hours medical centre when they needed to (14% of Māori adults and 9% of Māori children).

The overall rates for unmet need for primary health care were about 1.5 times as high for Māori adults and children as the rates for non-Māori. In particular, half of all Māori women (47%) had experienced unmet need for primary health care in the past year.

Also, a substantial proportion of Māori adults (18%) and Māori children (12%) did not collect one or more prescription items in the previous year due to the cost. These rates were at least 2.5 times as high as the rates for non-Māori.

### Māori are more likely to have had teeth removed due to poor oral health

About 12% of Māori adults and 6% of Māori children had had a tooth removed due to decay or for a similar reason in the past 12 months. These rates were about 1.7 times as high as the rates for non-Māori adults and children.

Regular dental checks are important for detecting and treating signs of oral disease early. Māori children were just as likely as other children to have visited a dental health care worker in the past 12 months (75%).

However, the percentage of Māori adults (with natural teeth) who had visited a dental health care worker in the past year (38%) was lower than the national average (49%). Most Māori adults (73%) usually only visit a dental health care worker for dental problems, or they never visit.

## The health of Māori adults

The following table summarises the key indicators for Māori adults aged 15 years and over.

Indicator for Māori adults	Percent (%)	Estimated number	Time trends since 2006/07	Māori vs non-Māori (significant adjusted rate ratios only) <sup>1</sup>
Excellent, very good or good self-rated health	84	371,000	▼ Decrease	0.9
Current smoking	41	182,000	≈ No change	2.4
Daily smoking	38	170,000	≈ No change	2.6
Vegetable intake (3+ servings per day)	64	285,000	▲ Increase	
Fruit intake (2+ servings per day)	49	219,000	▼ Decrease	0.8
Physically active	57	254,000	≈ No change	
Obesity	44	197,000	≈ No change	1.8
High blood pressure (medicated)	13	59,000	≈ No change	1.3
High cholesterol (medicated)	8	36,000	▲ Increase	
Ischaemic heart disease (diagnosed)	5	23,000	≈ No change	1.8
Stroke (diagnosed)	2	9,000	≈ No change	1.3
Diagnosed common mental disorder (depression, bipolar disorder and/or anxiety disorder)	16	70,000	▲ Increase	
Psychological (mental) distress	9	40,000	≈ No change	1.7
Diabetes (diagnosed)	7	33,000	≈ No change	2.1
Asthma (medicated)	17	74,000	≈ No change	1.6
Arthritis (diagnosed)	11	51,000	≈ No change	1.2
Chronic pain	18	78,000	≈ No change	1.3
Visited a GP in the past 12 months	75	335,000	▼ Decrease	
Visited a practice nurse (without seeing a GP at the same visit) in the past 12 months	30	133,000	≈ No change	1.1
Visited an after-hours medical centre in the past 12 months	13	59,000	na	
Experienced unmet need for primary health care in the past 12 months (any of following)	39	173,000	na	1.5
– Unable to get appointment at usual medical centre within 24 hours	20	81,000	≈ No change	1.3
– Unmet need for GP services due to cost	23	101,000	na	1.6
– Unmet need for after-hours services due to cost	14	63,000	na	2.1
– Unmet need for GP services due to lack of transport	9	38,000	na	3.0
– Unmet need for after-hours services due to lack of transport	5	20,000	na	3.2
Unfilled prescription due to cost in the past 12 months	18	81,000	na	2.8
Had any teeth removed due to decay, abscess, infection or gum disease in the past 12 months	12	52,000	na	1.7
Visited a dental health care worker in the past 12 months <sup>2</sup>	38	156,000	≈ No change	0.8
Usually only visits a dental health care worker for dental problems (or never visits) <sup>2</sup>	73	301,000	≈ No change	1.4

na = not available, as data not collected in 2006/07, or question wording has changed since then.

<sup>1</sup> Only significant adjusted rate ratios (at the 5% significance level) are shown. A ratio above/below 1 means the outcome is more/less common among Māori than non-Māori. Adjusted rate ratios adjust for age and sex.

<sup>2</sup> Only among Māori adults with natural teeth.

Notes: Percentages rounded to nearest whole number. Estimated numbers are rounded to the nearest 1000 people. Time trends are standardised for age.

## The health of Māori children

The following table summarises the key indicators for Māori children aged 0–14 years (or a group within this age range, where noted).

Indicator for Māori children <sup>1</sup>	Percent (%)	Estimated number	Time trends since 2006/07	Māori vs non-Māori (significant adjusted rate ratios only) <sup>2</sup>
Excellent, very good or good parent-rated health	97	223,000	≈ No change	
Given solid food before four months (0–4 years)	16	14,000	▼ Decrease	2.2
Ate breakfast at home every day (2–14 years)	82	154,000	≈ No change	0.9
Usually watched 2+ hours of television each day (2–14 years)	62	117,000	▼ Decrease	1.2
Obesity (2–14 years)	17	38,000	▲ Increase	2.1
Asthma (medicated) (2–14 years)	19	36,000	≈ No change	1.5
Diagnosed emotional or behavioural problems (2–14 years)	3	6,000	≈ No change	
Visited a GP in the past 12 months	74	170,000	▼ Decrease	
Visited a practice nurse (without seeing a GP at the same visit) in the past 12 months	24	55,000	≈ No change	0.8
Visited an after-hours medical centre in the past 12 months	21	48,000	na	
Experienced unmet need for primary health care (any of following) in the past 12 months	28	65,000	na	1.6
– Unable to get appointment at usual medical centre within 24 hours	18	39,000	na	1.4
– Unmet need for GP services due to cost	8	19,000	na	2.3
– Unmet need for after-hours services due to cost	9	20,000	na	2.5
– Unmet need for GP services due to lack of transport	6	14,000	na	2.8
– Unmet need for after-hours services due to lack of transport	3	8,000	na	3.2
– Unmet need for GP services due to lack of child care	3	8,000	na	1.7
Unfilled prescription due to cost in the past 12 months	12	28,000	na	2.5
Visited a dental health care worker in the past 12 months (1–14 years)	75	157,000	≈ No change	
Had any teeth removed due to decay, abscess or infection in the past 12 months (1–14 years)	6	12,000	na	1.7

na = not available, as data not collected in 2006/07, or question wording has changed since then.

<sup>1</sup> Indicator covers Māori children aged 0–14 years unless otherwise stated.

<sup>2</sup> A ratio above/below 1 means the outcome is more/less common among Māori than non-Māori. Only significant adjusted rate ratios (at the 5% significance level) are shown. Adjusted rate ratios adjust for age and sex.

Notes: Percentages rounded to nearest whole number. Estimated numbers are rounded to the nearest 1000 children. Time trends are standardised for age.

### New Zealand Health Survey – at a glance

Sample: 12,370 adults aged 15 years and over, and 4478 children aged 0–14 years. This includes 2543 Māori adults and 1592 Māori children.

Mode: Face-to-face, computer-assisted interviews.

Timing: Results refer to sample selected in the 12-month period from July 2011 to June 2012.

For more information, the main survey publications and data tables, see the New Zealand Health Survey webpage: [www.health.govt.nz/new-zealand-health-survey](http://www.health.govt.nz/new-zealand-health-survey)