



The Health of Māori Adults and Children, 2011–2013

This profile presents key findings on the health and wellbeing of Māori adults and children between 2011 and 2013. The results are based on pooled data from the 2011/12 and 2012/13 New Zealand Health Survey (NZHS).¹

The survey findings highlight persisting health inequalities for Māori in New Zealand and identify a number of challenges to improving Māori health, such as improving access to health services. For example, Māori were more likely to report an unmet need for primary health care in the past year.

Health behaviours and risk factors

Māori had higher obesity rates

One in five Māori children (18%) and two in five Māori adults (46%) were obese. These rates were about twice as high as the rate for non-Māori children and adults, respectively. The obesity rate for both Māori children and Māori adults had increased since 2006/07.

Māori had similar levels of physical activity to other adults

Eating a healthy diet and being physically active can help maintain a healthy body size. Māori adults had similar levels to non-Māori adults for being physically active (53%). However, Māori adults were less likely to eat at least three servings of vegetables (62%) or at least two servings of fruit (49%) each day than non-Māori.

Two in five Māori adults smoked

Māori adults were more than twice as likely to smoke as non-Māori adults, with two in five Māori adults (40%) smoking. This rate had remained stable since 2006/07.

Health conditions

Most Māori children were in good health

Almost all (97%) Māori children were in good health, according to their parents. About 84% of Māori adults reported being in good health and rated their health as being at least good (including excellent, very good or good), a decrease from 86% in 2006/07.

A higher burden from long-term health conditions

Many health conditions were more common for Māori adults than for other adults. These included ischaemic heart disease, diabetes, medicated high blood pressure, chronic pain and arthritis. Asthma rates were also higher for Māori, with one in five Māori children (21%) and 16% of Māori adults taking medication for this condition.

¹ See page 2 for a description of the pooled sample.

Contrasting mental health results

Although Māori adults had higher rates of psychological (mental) distress (9%) than non-Māori adults, they had similar rates of diagnosed common mental disorder (16%). For Māori adults, since 2006/07, the rate of diagnosed common mental disorder had increased and the rate of psychological (mental) distress had decreased.

Access to health care

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

Māori adults and children generally experienced disadvantage across all indicators of unmet need for health care.

Two in five Māori adults (37%) had an unmet need for primary health care in the past 12 months, as did 27% of Māori children. Some of the main reasons for this unmet need were that:

- cost prevented them from using GP services (22% of Māori adults) or after-hours services (12%) when they had a medical problem
- they were not able to get an appointment at their usual medical centre within 24 hours (affecting 20% of Māori adults and 16% of Māori children in the past year).

Compared with Māori adults, cost was less of a barrier for Māori children in accessing GP services (8%) or after-hours services (7%) but was still more of a barrier than for non-Māori children.

The rates of unmet need for primary health care were about 1.4 times higher for Māori adults and 1.6 times higher for Māori children than the rates for non-Māori adults and children respectively.

Also, a substantial proportion of Māori adults (15%) and Māori children (10%) did not collect one or more prescription items in the previous year due to cost. These rates were at least 2.7 times higher than the rates for non-Māori.

Māori were more likely to have had teeth removed due to poorer oral health

About 10% of Māori adults and 5% of Māori children had had a tooth removed due to decay or a similar reason in the past 12 months. These rates were about 1.6 times higher than 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 (77%).

However, Māori adults (with natural teeth) were less likely to have visited a dental health care worker in the past year (36%) than non-Māori adults. Most Māori adults (75%) usually only visit a dental health care worker for dental problems, or they never visit.

New Zealand Health Survey: pooled sample at a glance

Sample: 25,379 adults aged 15 years and over, and 8963 children aged 0–14 years. This includes 5229 Māori adults and 3206 Māori children.

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

Timing: Results refer to two samples selected in the 12-month periods July 2011 to June 2012 and July 2012 to June 2013.

For more information and the main survey publications, see the New Zealand Health Survey web page: www.health.govt.nz/new-zealand-health-survey

The health of Māori adults: summary table

The following table summarises the key indicators from the pooled 2011/12 and 2012/13 NZHS 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) ¹
Excellent, very good or good self-rated health	84	375,000	▼ Decrease	0.9
Current smoking	40	178,000	≈ No change	2.5
Daily smoking	37	166,000	≈ No change	2.6
Vegetable intake (3+ servings per day)	62	279,000	≈ No change	1.0
Fruit intake (2+ servings per day)	49	220,000	▼ Decrease	0.9
Physically active	53	235,000	▼ Decrease	–
Obesity	46	208,000	▲ Increase	1.9
High blood pressure (medicated)	13	60,000	▲ Increase	1.4
High cholesterol (medicated)	9	38,000	▲ Increase	1.2
Ischaemic heart disease (diagnosed)	5	22,000	≈ No change	1.8
Stroke (diagnosed)	2	8000	≈ No change	–
Diagnosed common mental disorder (depression, bipolar disorder and/or anxiety disorder)	16	71,000	▲ Increase	–
Psychological (mental) distress	9	38,000	▼ Decrease	1.7
Diabetes (diagnosed)	7	33,000	▲ Increase	2.0
Asthma (medicated)	16	73,000	≈ No change	1.6
Arthritis (diagnosed)	12	54,000	≈ No change	1.2
Chronic pain	18	83,000	≈ 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	11	45,000	na	0.8
Experienced unmet need for primary health care (any of the following) in the past 12 months:	37	155,000	na	1.4
• unable to get appointment at usual medical centre within 24 hours	20	75,000	▼ Decrease	1.3
• unmet need for GP services due to cost	22	93,000	na	1.6
• unmet need for after-hours services due to cost	12	50,000	na	1.9
• unmet need for GP services due to lack of transport	8	34,000	na	2.8
• unmet need for after-hours services due to lack of transport	4	16,000	na	3.0
Unfilled prescription due to cost in the past 12 months	15	64,000	na	2.7
Had any teeth extracted due to decay, abscess, infection or gum disease in the past 12 months	10	45,000	na	1.6
Visited a dental health care worker in the past 12 months ²	36	147,000	≈ No change	0.7
Usually only visits a dental health care worker for dental problems (or never visits) ²	75	309,000	▲ Increase	1.4

Notes: Percentages are rounded to nearest whole number. Estimated numbers are rounded to the nearest 1000 people. Time trends are standardised for age. Adjusted rate ratios adjust for age and sex.

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

¹ Only significant adjusted rate ratios (at the 5% level) are shown. A ratio above/below 1 means the outcome is more/less common among Māori than non-Māori. Sometimes, due to rounding, significant rate ratios appear as 1. Adjusted rate ratios adjust for age and sex.

² Only among Māori adults with natural teeth.

The health of Māori children: summary table

The following table summarises the key indicators from the pooled 2011/12 and 2012/13 NZHS for Māori children aged 0–14 years.

Indicator for Māori children ¹	Percent	Estimated number	Time trends since 2006/07	Māori vs non-Māori (significant adjusted rate ratios only) ²
Excellent, very good or good parent-rated health	97	223,000	≈ No change	1.0
Given solid food before 4 months (0–4 years)	16	14,000	▼ Decrease	2.2
Ate breakfast at home every day (2–14 years)	82	158,000	≈ No change	0.9
Usually watched 2+ hours of television each day (5–14 years)	64	90,000	▼ Decrease	1.3
Obesity (2–14 years)	18	34,000	▲ Increase	2.1
Asthma (medicated) (2–14 years)	21	40,000	≈ No change	1.7
Diagnosed emotional or behavioural problems (2–14 years)	5	9,000	▲ Increase	—
Visited a GP in the past 12 months	74	172,000	▼ Decrease	—
Visited a practice nurse (without seeing a GP at the same visit) in the past 12 months	25	57,000	≈ No change	0.9
Visited an after-hours medical centre in the past 12 months	20	43,000	na	0.9
Experienced unmet need for primary health care (any of the following) in the past 12 months:	27	59,000	na	1.6
• unable to get appointment at usual medical centre within 24 hours	16	34,000	na	1.4
• unmet need for GP services due to cost	8	17,000	na	1.9
• unmet need for after-hours services due to cost	7	15,000	na	2.2
• unmet need for GP services due to lack of transport	6	13,000	na	2.9
• unmet need for after-hours services due to lack of transport	3	6000	na	3.0
• unmet need for GP services due to lack of child care	4	9000	na	2.2
Unfilled prescription due to cost in the past 12 months	10	23,000	na	2.7
Visited a dental health care worker in the past 12 months (1–14 years)	77	163,000	≈ No change	—
Had any teeth extracted due to decay, abscess or infection in the past 12 months (1–14 years)	5	11,000	na	1.7

Notes: Percentages are rounded to the nearest whole number. Estimated numbers are rounded to the nearest 1000 children. Time trends are standardised for age. Adjusted rate ratios adjust for age and sex.

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

¹ Indicator covers Māori children aged 0–14 years unless otherwise stated.

² Only significant adjusted rate ratios (at the 5% level) are shown. A ratio above/below 1 means the outcome is more/less common among Māori than non-Māori. Sometimes, due to rounding, significant rate ratios appear as 1. Adjusted rate ratios adjust for age and sex.