



## Cardiovascular disease

Cardiovascular disease is the leading cause of death within New Zealand and contributes to many hospitalisations.

Hospitalisation and procedure rates are important indicators of both access to health care and the burden of a disease on a population. The rates help to describe the use of health care resources, and inform on areas of improvement, particularly for preventable diseases.

On the right are some findings related to cardiovascular disease mortality from 1996–98 to 2012–14 and hospitalisation from 1996–98 to 2014–16 for Māori and non-Māori adults aged 35 years and over.

Data was sourced from the Ministry of Health Mortality Collection Data Set (MORT) and National Minimum Data Set (NMDS).



Mortality rates for Māori in all cardiovascular diseases have been decreasing over time, often by more than 50 percent. Non-Māori had similar decreases over time.

Mortality rates in all cardiovascular diseases were higher for Māori compared to non-Māori, often more than twice as high.

Ischaemic heart disease has been the leading cause of death for both Māori and non-Māori over time.

Other heart diseases were often major causes of death for Māori males over time but not for non-Māori males.

Strokes were a leading cause of death for non-Māori over time but did not feature in the leading causes of death for Māori.



Māori had higher rates of hospitalisation due to all cardiovascular diseases, compared to non-Māori.

Māori females had higher rates of hospitalisation due to all revascularisation heart disease procedures and coronary angioplasty procedures (both treat ischaemic heart disease) than non-Māori females.

The largest difference between Māori and non-Māori was for heart failure hospitalisations, where rates for Māori were more than four times as high as those for non-Māori.

Māori females had higher hospitalisation rates for chronic rheumatic heart disease than both Māori males, and non-Māori males and females.

