



Iwi-Māori Partnership Board Health Profile: **Te Tauraki**

Volume One



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Iwi-Māori Partnership Board Health Profile:

Te Tauraki

Volume One

Recommended citation: Curtis, E., Loring, B., Walker, R., Pearse, T., Gilbert-Perenise, S., Gray, G., Akuhata-Huntington, Z., Latham, K., Kiriona, K. (2023). *Iwi-Māori Partnership Board Health Profile: Te Tauraki. Volume One*. Te Aka Whai Ora – Māori Health Authority; Auckland.

15th December 2023

ISBN - 978-1-991286-14-7



Ngā kupu whakamihi

Acknowledgements

Toitū te mauri nui

Toitū te mauri roa

Toitū te mauri ora

Tīhei Te Aka Whai Ora e!

Kei ngā whakatiketike ki te rangi, kei ngā whakatamarahi ki te whenua, koutou e kōkiri ana i te Pae Ora nō roto mai i te oranga nui, te oranga roa o ō tātou whānau, hapū, iwi puta i Aotearoa whānui – tēnā koutou!

E pēnei ana te nui, me te hari o ngā mihi ki a koutou e ngā kaiwhakairo i te tauranga Hauora Māori kia pai ai te whakatakoto kupu mō tā tātou kaupapa, mō Te Aka Whai Ora.

Kāore e āriarika nei ngā mihi nui ki a koutou – huri noa, tēnā koutou, tēnā koutou, tēnā tātou katoa.

Ngā kupu whakamihi - Acknowledgements

Many people have contributed their time and expertise to the Iwi-Māori Partnership Board health profiles.

These profiles have been written by Elana Curtis, Belinda Loring, Rhiannon Walker, Tyla Pearce, Sade Gilbert-Perenise, George Gray, with overall leadership and direction provided by Zaine Akuhata-Huntington, Kadin Latham and Kingi Kiriona. This work has been supported by a wider team at Te Aka Whai Ora, including Nigel Chee, Paula Searle, Teei Kaiaruna, Riki Kyle, Yahp Jasperse, Swathy Babu Kathanaparambil, Ngarangi Williams, Michele Bristow, Ngarangi Katipa, TeMatetahuna Paki, and Raniera Albert.

We thank Doone Winnard, Delwyn Armstrong and Gary Jackson at Te Whatu Ora for their leadership and support with data quality assurance.

We are also very grateful to the following people who assisted us to obtain and analyse data: Sydney Kingstone, Mildred (Ai Wei) Lee, Michael Walsh, Dean Papaconstantinou; Liam Gray from Statistics New Zealand; and Kirk Paterson from Manatū Hauora.

Shelley Cousins from RUN developed the document template and graphic design.

We would like to thank Suzanne Pitama and Reigna Morgan for providing helpful peer review of earlier drafts.

We acknowledge the leadership of Bridget Robson and colleagues at Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago Wellington, whose earlier work on the 2015 District Health Board Māori Health Profiles was used as a basis for these Iwi-Māori Partnership Board profiles.



Te kupu takamua

Foreword

Proactively Released



Te kupu takamua - Foreword

We are extremely pleased to present this report that provides the most up-to-date snapshot of Māori health for the newly formed Iwi-Māori Partnership Boards.

In doing so, we acknowledge the legacy of work associated with Māori-led health data reporting to date – from the seminal *Hauora* series to *Tatau Kahukura* and the *2015 District Health Board Māori Health Profiles*, this report continues the commitment to excellence that Māori communities and whānau both need and deserve.

Iwi-Māori Partnership Boards were created under the Pae Ora (Healthy Futures) Act 2022 to provide a vehicle for local feedback and leadership on how the health sector is performing to meet the needs and aspirations of whānau in their area. Iwi-Māori Partnership Boards have a pivotal role to play in determining how health services and public health interventions should be designed and delivered.

Te Aka Whai Ora welcomes the contribution of each Iwi-Māori Partnership Board to use the data presented in these reports to understand what issues are important to them and what response(s) are needed to ensure their tino rangatiratanga and mana motuhake over their health and wellbeing are being realised. The data presented in this profile require contextualisation - they are a starting point for Iwi-Māori Partnership Boards to interpret, together with other sources of information, and decide how best to respond to the needs (and rights) of the whānau within their rohe.

This report represents the first wave of analysis (Volume One). This volume includes key demographic information, mauri ora (overall health status), whānau ora (healthy families) and wai ora (healthy environments) indicators specific to each Iwi-Māori Partnership Board. A second volume with additional indicators focused on Te Aka Whai Ora-identified health priority areas (e.g. cancer, long-term conditions, first 1,000 days and mental health) will be released early in 2024.

The data presented within these profiles are a dimension of 'whānau voice'. They represent Māori stories and Māori lived experience and should be valued as a taonga for the health system to use and respond to as part of the broader commitment to Te Tiriti o Waitangi and equity.

We are extremely humbled by the sacrifices that have been made by our people: externally, as Iwi-Māori Partnership Boards have been established, and within the organisation, to produce this output in such a short time-frame since our establishment as an entity in July 2022.

We thank our partners who have contributed to this report and hope that this commitment to excellence in Māori health continues - mō āke tonu atu.

Ngā mihi,



Tipa Mahuta

Waikato, Maniapoto, Ngāpuhi

Te Kaihautū (Chair)



Riana Manuel

Ngāti Pukenga, Ngāti Maru, Ngāti Kahungunu

Te Aka Matua (Chief Executive)



Te ihirangi

Contents

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The background features a purple-to-pink gradient. Overlaid on this are several white line-art patterns. On the right side, there are several curved, parallel lines that sweep upwards. On the left side, there are more intricate, swirling patterns that resemble stylized waves or calligraphic flourishes.

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List of Abbreviations, Acronyms and Initialisms

ANZSCO	Australian and New Zealand Standard Classification of Occupations
ANZSIC	Australian and New Zealand Standard Industrial Classification
Av	Average
CI	Confidence Intervals
COPD	Chronic Obstructive Pulmonary Disease
DHB	District Health Board
ERP	Estimated resident population
GCH	Geographic Classification for Health
ICD-10-AM	International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification
IMPB	Iwi-Māori Partnership Board
NHI	National Health Index
No	Number
NZ	Aotearoa/New Zealand
NZDep2018	New Zealand Index of Deprivation 2018
PHO	Primary Health Organisation
RR	Rate ratio
SA1	Statistical Area Level 1
SA2	Statistical Area Level 2
StatsNZ	Statistics New Zealand
TKHM	Te Kupenga Hauora Māori
UR	Usually resident
WHO	World Health Organization

Māori Glossary

Aotearoa	New Zealand
Hāpori Māori	Māori communities
Hauora Māori	Māori health
Hui	Meeting, gathering
Iwi	Tribe
Kaupapa Māori	Māori initiative, approach, topic, agenda, principle, ideology
Manatū Hauora	Ministry of Health
Māori	Indigenous people(s) of Aotearoa New Zealand
Marae	Complex of buildings significant to Māori, may include, but not limited to, wharenuī, wharekai, and urupā
Mauri ora	Overall health status
Mō āke tonu atu	Forever
Ngā āpitihanga	Appendices
Ngā kupu whakamihi	Acknowledgements
Ngā mihi	Greetings
Ngā tatauranga taupori matua	Key demographics
Pae ora	Healthy futures
Rohe	Region
Tangi	Funeral, mourning
Taonga	Treasure
Tatau Kahukura	Māori Health Chartbook 2015
Te Aka Whai Ora	Māori Health Authority
Te ihirangi	Contents
Te Kupenga Hauora Māori	Department of Māori Health, Faculty of Medical and Health Sciences, The University of Auckland
Te kupu takamua	Foreword
Te kupu whakataki	Introduction
Te rārangi tohutoro	References
Te Rōpū Rangahau Hauora a Eru Pōmare	Eru Pomare Māori Health Research Centre, The University of Otago
Te Tiriti o Waitangi	Treaty of Waitangi
Te Whatu Ora	Health New Zealand
Wai ora	Healthy environments
Whakamaui	Māori Health Action Plan: 2020-2025
Whānau	Family
Whānau ora	Healthy families

Te kupu whakataki

Introduction

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1. Te kupu whakataki - Introduction

1.1. Overview of Iwi-Māori Partnership Boards

One of the three purposes of the Pae Ora (Healthy Futures) Act 2022 (Pae Ora) is to “achieve equity in health outcomes among New Zealand’s population groups, including by striving to eliminate health disparities, in particular for Māori”. Iwi-Māori Partnership Boards (IMPBs) are an important legislated mechanism for the Crown to give effect to the principles of Te Tiriti o Waitangi (the Treaty of Waitangi). The Pae Ora Act requires Health New Zealand (Te Whatu Ora) and the Māori Health Authority (Te Aka Whai Ora) to engage with IMPBs.

The purpose of IMPBs is to represent local Māori perspectives on:

- a) the needs and aspirations of Māori in relation to hauora Māori outcomes; and
- b) how the health sector is performing in relation to those needs and aspirations; and
- c) the design and delivery of services and public health interventions within localities.

The Pae Ora Act sets out the criteria for recognition of an organisation as an IMPB. The criteria ensure the Boards are broadly representative of all Māori within the relevant area and include;

- a) that the proposed boundaries of the area covered by the organisation do not overlap with the boundaries of any area covered by any other IMPB;
- b) that the organisation has taken reasonable steps to engage with relevant Māori communities and groups; and
- c) the organisation must demonstrate that it has the capacity and capability to perform the necessary functions of IMPBs as set out in the Act, and that the organisation can represent and be accountable to hāpori Māori (Māori communities).

Once the Board of Te Aka Whai Ora is satisfied that an organisation has met the criteria for recognition, they advise the Minister of Health who then recommends the making of an Order in Council so that the organisation can be listed as an IMPB (under Schedule 4 of the Pae Ora Act). On the advice of the Te Aka Whai Ora Board, the Minister of Health can also recommend an Order in Council to vary or remove an IMPB from Schedule 4 of the Pae Ora Act. An important feature of IMPBs is that they can renegotiate boundaries between each other as and when works for the collective. Such is the case for any emerging organisation who must consult with neighbouring IMPBs should their intended boundary result in overlap. This ensures the self-determination of communities, and strategic alignment with community need.

As at July 2023, 15 IMPBs were listed in Schedule 4, as shown in Figure 1.

Figure 1 - Map of Iwi-Māori Partnership Board areas



1.2. Purpose and audience for this report

Under the Pae Ora Act, Te Aka Whai Ora must take reasonable steps to support IMPBs to achieve their purpose, including by providing administrative, analytical, or financial support where needed; and providing sufficient and timely information. These data profiles have been prepared for each IMPB formed in 2023, as part of a commitment by Te Aka Whai Ora to provide IMPBs with health information to inform priorities and actions.

Te Aka Whai Ora has produced these profiles, together with support from Te Whatu Ora, to provide IMPBs with a baseline snapshot of the health of Māori in their rohe (region). These profiles are limited to the data sources and indicators currently available in the government health system, and may not capture all aspects of hauora Māori, determinants of wellbeing, or government responsibility.

1.3. Positioning

This profile has been drafted from a Kaupapa Māori research and epidemiology positioning (Simmonds, Robson et al. 2008). This positioning includes:

- a commitment to high quality ethnicity data reporting and analysis (that includes understanding how ethnicity data are collected and recorded and the implications of these factors on data quality from various sources);
- a commitment to using appropriate comparator groupings (or not) within ethnic data comparisons (that reflect Te Tiriti o Waitangi/rights-based and equity appropriate interpretations) (Harris, Paine et al. 2022), and;
- a strengths-based interpretation of data that rejects 'victim-blame' or 'cultural-deficit' interpretations of any data presented (Curtis 2016).

It is important to note that the identification of inequities between Māori and non-Māori is not a signal of Māori failure or shortcomings. Rather, a Kaupapa Māori positioning foregrounds racism, privilege and power imbalances as the fundamental drivers of ethnic inequities in health for Māori compared to non-Māori (Curtis, Jones et al. 2023).

The data presented in this profile require contextualisation - they are a starting point for IMPBs to interpret, together with other sources of information, and decide how best to respond to the needs (and rights) of their specific population. Although quantitative in nature, the data presented within these profiles are a dimension of 'whānau voice'. They represent Māori stories and Māori lived experience and should be valued as a taonga for the health system to use and respond to as part of the broader commitment to Te Tiriti o Waitangi and equity.

1.4. Understanding Māori health and health inequities

It is important to have a common understanding on what the fundamental drivers of Māori health and health inequities are in order to respond appropriately. A helpful framework is the 'Te Kupenga Hauora Māori (TKHM) modified model' (Curtis, Jones et al. 2023) – a Māori model that draws upon international theorisation on the causation of ethnic health inequities (Figure 2). The TKHM modified model outlines a framework to understand the causes of Māori:non-Māori health inequities within an Aotearoa and Indigenous specific context.

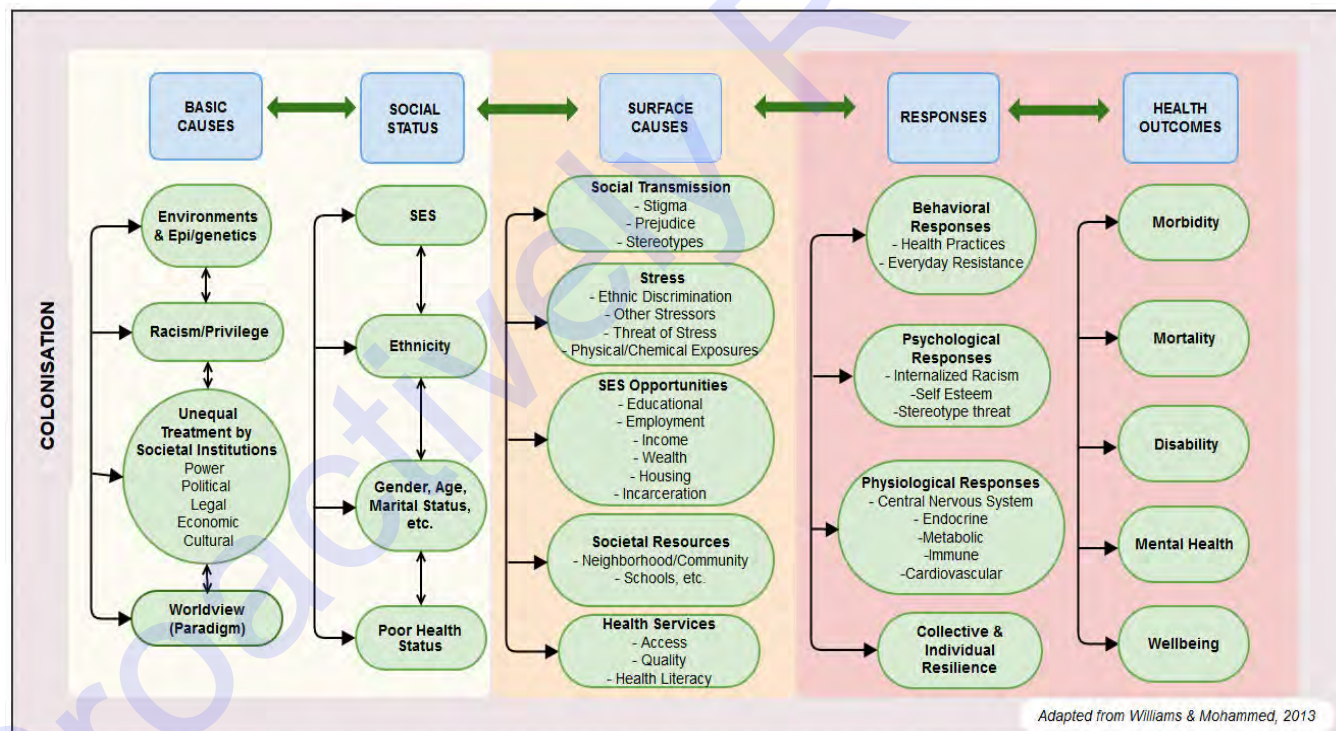
The framework emphasises the importance of distinguishing *basic* causes from *surface* (or intervening causes). Overall, changes in *basic* causes create important changes in health *outcomes*. *Social status* categories are created, and reinforced, by *basic* causes. *Social status* categories considered to have particular relevance to Māori health outcomes include: *ethnicity, socio-economic status, gender, age, and poor health status*. In the TKHM modified model, *surface causes* represent a number of intervening

mechanisms that link *social status* categories such as *ethnicity*, to *health outcomes*. Important intervening mechanisms include: *stress*, *socio-economic opportunities*, *societal resources*, *health services* and *social transmission*. *Health outcomes* reflect the mechanisms by which differences in health status and therefore health inequities are observed or measured. For example, health can vary with respect to *morbidity* (ill health), *mortality* (death rates), presence or absence of *disability*, *mental health* and generalised *wellbeing*.

The TKHM modified model foregrounds colonisation as a key determinant of health inequities underpinning all levels from *basic* to *surface* causes. In doing so, the model acknowledges the historical trauma of colonisation whilst also foregrounding the ongoing contemporary effects of colonisation in today's society. It is not a simple, unidirectional relationship between causes at different levels – but rather there is a dynamic interplay between causes and pathways. Worldviews and positioning are also a basic cause, and privilege alongside racism plays a causative role in Māori health inequities.

Explanations define solutions. Therefore, a conceptual framework can support the understanding of fundamental causes of Indigenous and Māori health inequities and how best to respond to those inequities once they have been identified. Many of the routine data that are collected and reported in Aotearoa, including in this report, focus on the downstream surface causes. It is important to understand that many of these indicators are outcomes/consequences of structural processes of marginalisation that we do not properly measure, and that intervention needs to occur upstream to achieve health equity for Māori.

Figure 2 - Te Kupenga Hauora Māori modified model for explaining Indigenous/ethnic determinants of health



Source: (Curtis, Jones et al. 2023)

1.5. Scope for these profiles

These profiles are the first reports which specifically focus on data related to IMPBs. These profiles focus on key population demographic data, indicators reflecting key socio-economic determinants of wellbeing, health status and health services indicators. Not every health issue or determinant is included. These IMPB profiles are presented in two volumes:

- Volume One – contains key demographic data and projections, overall life expectancy and health outcomes measures, and indicators relating to whānau wellbeing and socio-economic and environmental determinants of wellbeing.
- Volume Two – contains health service utilisation and outcomes measures, with a focus on the four health priority areas identified in the 2022 Te Aka Whai Ora Māori Health Priorities Report (Curtis E, Loring B et al. 2022): the first 1000 days, cancer, long term conditions, and mental health and addiction.

These reports are by no means exhaustive, and IMPBs may wish to also refer to other sources of information available through respective government agencies for more in-depth data related to areas such as education, social development, environment, employment or housing. We are limited to currently available data, which may not reflect all indicators of importance to IMPBs, and not all data (for example, on uncommon health conditions) can be meaningfully disaggregated by ethnicity to the level of IMPBs. These IMPB profiles are intended to be used in conjunction with other sources of publicly available health system reporting by the Ministry of Health, Te Whatu Ora, the Health Quality and Safety Commission, Statistics New Zealand (StatsNZ) and other agencies.

There have also been a number of previous sources of reporting specifically on Māori health, which IMPBs may wish to refer to for additional information relevant to their area, including trends over time. Some of these key sources include:

- **Whakamaua Dashboard¹**

This online dashboard presents quantitative measures which assess system performance against the four objectives of Whakamaua: Māori Health Action Plan 2020-2025. From 2023, the Whakamaua dashboard contains some indicators disaggregated by Iwi-Māori Partnership Boards (IMPB). These data for IMPBs use the Health Service Utilisation population as the denominator, which differs slightly from the Census population denominator chosen in these IMPB profiles. The Whakamaua dashboard compares Māori data to non-Māori non-Pacific data.

- **WAI 2575 Māori Health Trends Report²**

This report was compiled by the Ministry of Health in 2019, to inform the Wai 2575 Health Services and Outcomes Kaupapa Inquiry (Wai 2575). The report shows changes of Māori health over the years 1990–2015. Most data are presented at a national level, for Māori compared to non-Māori, and Māori compared to non-Māori non-Pacific, although some variables are available at a District Health Board (DHB) level.

¹ <https://minhealthnz.shinyapps.io/WhakamauaDashboard/>

² <https://www.health.govt.nz/publication/wai-2575-maori-health-trends-report>

- **A Window on the Quality of Aotearoa New Zealand's Health Care 2019 – a view on Māori health equity³**

A Window on the Quality of Aotearoa New Zealand's Health Care 2019 – a view on Māori health equity was compiled by the Health Quality and Safety Commission and highlights a number of areas where change is needed in the health system. The report is divided into three chapters. The first analyses inequity between how Māori and non-Māori access and receive health services, and the effects on equity of improvement activities in our system. The second chapter asks why these inequities exist, and the third chapter addresses opportunities for improvement.

- **2015 District Health Board Māori Health Profiles⁴**

The 2015 District Health Board Māori Health Profiles were produced by Te Rōpū Rangahau Hauora a Eru Pōmare at the University of Otago in Wellington. The District Health Board Māori Health Profiles present a snapshot of Māori health compared with non-Māori across a range of health and disability-related indicators. They can create a picture of the health status of a DHB's population at a given time and allow some comparison of trends over time. The profiles are available as word and pdf documents, and Excel tables containing data from the profiles together with national rates for most indicators.

- **Tatau Kahukura: Māori health statistics⁵**

Statistical profiles on Māori health compiled by the Ministry of Health, most recently completed in 2015. Presents Māori compared to non-Māori national level data for a range of health indicators (socio-economic determinants, risk factors, health services and health outcomes), and data are age-standardised to the 2001 Māori population.

- **Hauora: Māori Standards of Health IV: A study of the years 2000-2005⁶**

Hauora: Māori Standards of Health IV, published in 2007, is the most recent edition in the Hauora series, produced by Te Rōpū Rangahau Hauora a Eru Pōmare, and covers the period 2000 to 2005. Careful consideration has been given to the manner in which evidence has been presented and the commentaries are rightly written from Māori perspectives. The first three chapters situate health statistics within the broader context, including the theoretical, demographic and socio-economic contexts. This is followed by chapters on mortality, public hospitalisations, cancer and mental health. This volume of Hauora also includes a number of topic-based chapters from invited authors, including chapters on cardiovascular disease; diabetes; respiratory disease; oral health; disability; sleep problems; occupational safety and health; health in prisons; and the National Primary Medical Care Survey.

To maximise consistency and make it easier for IMPBs to assess how various indicators in their rohe are tracking over time, we have endeavoured to replicate the scope and approach taken in the 2015 District Health Board Māori Health profiles as closely as possible. There are some minor variations in statistical methods, definitions and geographical boundaries for some indicators, which mean that exact comparison with these earlier profiles is not always possible.

³<https://www.hqsc.govt.nz/resources/resource-library/a-window-on-the-quality-of-aotearoa-new-zealands-health-care-2019-a-view-on-maori-health-equity-2/>

⁴<https://www.health.govt.nz/publication/dhb-maori-health-profiles>

⁵<https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics>

⁶<https://www.otago.ac.nz/wellington/departments/publichealth/research-groups-in-the-department-of-public-health/erupomare/research/hauora-maori-standards-of-health-iv-a-study-of-the-years-2000-2005>

1.6. Data sources

The data presented in this report come from routinely collected national government health datasets and routine national surveys. The main data sources for this report are:

- The 2018 Census of Population and Dwellings
- Te Kupenga 2018 (the Māori Social Survey)
- Mortality registrations
- Te Whatu Ora Primary Care Enrolment data

Data are presented for Māori and non-Māori residents, using the geographical boundaries in each dataset which most closely correspond to the boundaries of the IMPB. For some measures, the closest available match at this time has been the boundaries of the former DHBs covering the IMPB rohe. Where an IMPB area encompasses more than one former DHB, data are presented separately for each DHB area, to provide a sense of variation for Māori within the IMPB.

1.7. How to understand this report

The technical appendix at the end of this report contains further information to help users interpret the data presented. This includes a basic explanation of how to interpret the graphs and tables provided. There is also a description of key methods, including age-standardisation, comparator groups and statistical calculations. The appendix also contains a description of the quality of ethnicity data in each data source used in this profile, and how this may affect the accuracy of information for Māori. Further technical details are provided about the methods and data sources used to compile these reports, so that the methods can be replicated by others.

Ngā tatauranga taupori matua

Key demographics

Proactively Released

2. Ngā tatauranga taupori matua – Key demographics

2.1. About Te Tauraki

Te Tauraki IMPB is home to an estimated 122,640 Māori in 2023 and consists of the geographic area of Te Waipounamu (South Island). Figure 3 shows that the health planning area of Te Tauraki IMPB includes all of the former West Coast, Southern, and South Canterbury DHBs, and virtually all of Canterbury DHB. The Chatham Islands are also part of Canterbury DHB, but the small population of the Chatham Islands is not likely to make a significant change to the relevance of Canterbury DHB data for Te Tauraki IMPB. As Figure 3 shows, Te Tauraki IMPB also includes parts of the former Nelson-Marlborough DHB, however as these areas of overlap do not include major population centres, data for Nelson-Marlborough DHB are not presented in this IMPB report for indicators where DHB level data are used. These geographic areas in the former Nelson-Marlborough DHB are included however in the IMPB level data on population demographics and whānau ora presented in this report. IMPB level data on population numbers presented in this report are mapped to SA2 geographic areas. In subsequent chapters, some IMPB data is mapped to DHB boundaries instead. See the technical appendix at the end of this report for more details about how the geographic areas for the IMPB have been calculated.

Figure 3 - Map of Te Tauraki IMPB with DHB boundaries, 2023

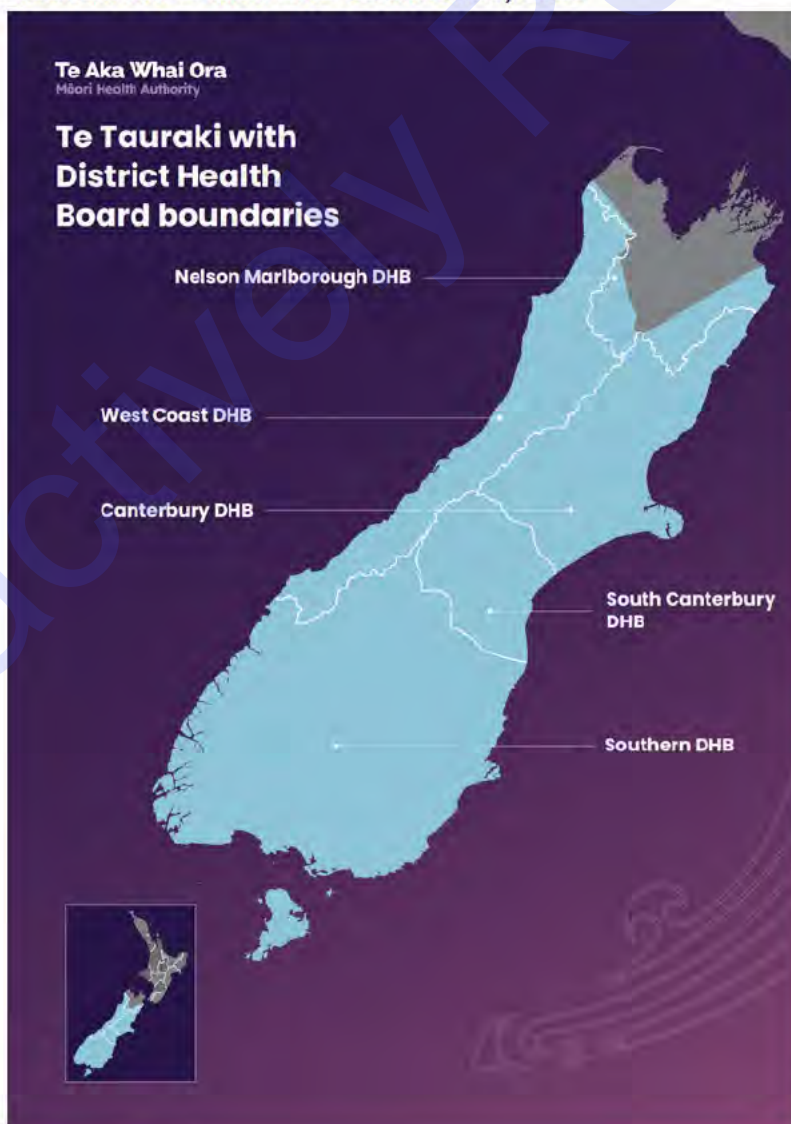


Table 1 shows the age breakdown of the population of Te Tauraki. The Māori population of Te Tauraki is very young, with 48% of the Māori population under the age of 25 years (compared to only 27% of the non-Māori population in the area). Overall, Māori make up 11% of the IMPB population, with slight variation by DHB. Māori make up 13% of the West Coast DHB population (Table 2), 10% of the Canterbury and South Canterbury DHB populations (Table 3 and Table 4), and 12% of the Southern DHB population (Table 5).

Table 1 - Population estimates by age group, Te Tauraki, 2023

Age group (years)	Māori			non-Māori		Total IMPB number
	Number	Age distribution	% of IMPB	Number	Age distribution	
0–14	35,660	29%	12%	143,005	15%	178,665
15–24	22,830	19%		115,050	12%	137,880
25–44	32,635	27%		255,630	27%	288,265
45–64	21,945	18%		244,670	26%	266,615
65+	6,985	6%		183,600	20%	190,585
Total	122,640	100%		939,810	100%	1,062,450

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 2 - Population estimates by age group, West Coast DHB, 2023

Age group (years)	Māori			non-Māori		Total DHB number
	Number	Age distribution	% of DHB	Number	Age distribution	
0–14	1,200	29%	13%	4,180	15%	5,380
15–24	640	15%		2,420	8%	3,060
25–44	1,000	24%		6,170	22%	7,170
45–64	940	22%		8,560	30%	9,500
65+	410	10%		7,220	25%	7,630
Total	4,200	100%		28,600	100%	32,800

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 3 - Population estimates by age group, Canterbury DHB, 2023

Age group (years)	Māori			non-Māori		Total DHB number
	Number	Age distribution	% of DHB	Number	Age distribution	
0–14	18,590	30%	10%	83,790	16%	102,380
15–24	11,230	18%		66,780	12%	78,010
25–44	17,070	28%		150,250	28%	167,320
45–64	11,290	18%		138,020	26%	149,310
65+	3,890	6%		95,370	18%	99,260
Total	62,000	100%		534,300	100%	596,300

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 4 - Population estimates by age group, South Canterbury DHB, 2023

Age group (years)	Māori			non-Māori		Total DHB number
	Number	Age distribution	% of DHB	Number	Age distribution	
0–14	1,940	31%	10%	8,540	15%	10,480
15–24	1,200	19%		4,970	9%	6,170
25–44	1,450	23%		13,450	24%	14,900
45–64	1,130	18%		15,430	27%	16,560
65+	490	8%		13,860	25%	14,350
Total	6,200	100%		56,300	100%	62,500

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 5 - Population estimates by age group, Southern DHB, 2023

Age group (years)	Māori			non-Māori		Total DHB number
	Number	Age distribution	% of DHB	Number	Age distribution	
0–14	11,790	29%	12%	45,950	15%	57,740
15–24	8,330	20%		39,930	13%	48,260
25–44	10,920	27%		83,660	27%	94,580
45–64	7,240	18%		80,560	26%	87,800
65+	2,860	7%		61,740	20%	64,600
Total	41,100	100%		311,900	100%	353,000

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Over the next two decades, the Māori population of Te Tauraki is projected to grow to an estimated 176,940 (Table 6) and to be older. By 2043, 11% of the Māori population will be over 65 years old, compared to 6% in 2023. The Māori population is projected to make up an increasing share of the Te Tauraki IMPB population – from 12% in 2023 to 15% in 2043. In West Coast DHB, Māori make up 13% of the IMPB population in 2023, and this is projected to increase to 18% in 2043 (Table 7). In Canterbury DHB (Table 8), Māori will make up 13% in 2043 (compared to 10% in 2023). In South Canterbury (Table 9) this is slightly higher making up 15% in 2043 (compared to 10% in 2023). Māori in Southern DHB (Table 10) will make up 16% of Te Tauraki IMPB in 2043, an increase from 12% in 2023.

Table 6 - Population projections, Te Tauraki, 2023 to 2043

Year	Māori					non-Māori				
	Residents	% of IMPB	0–14 years	15–64 years	65+ years	Residents	% of IMPB	0–14 years	15–64 years	65+ years
2023	122,640	12%	29%	63%	6%	939,810	88%	15%	65%	20%
2028	136,450	12%	27%	63%	8%	962,430	88%	14%	64%	22%
2033	150,360	13%	27%	63%	9%	981,590	87%	13%	64%	23%
2038	164,930	14%	26%	62%	10%	995,700	86%	13%	63%	25%
2043	176,940	15%	25%	63%	11%	1,003,670	85%	12%	63%	25%

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 7 - Population projections, West Coast DHB, 2023 to 2043

Year	Māori					non-Māori				
	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years
2023	4,200	13%	29%	61%	10%	28,600	87%	15%	60%	25%
2028	4,580	14%	27%	59%	14%	28,120	86%	14%	57%	29%
2033	4,950	15%	26%	58%	16%	27,450	85%	13%	55%	32%
2038	5,310	17%	25%	58%	16%	26,490	83%	12%	54%	35%
2043	5,680	18%	25%	59%	16%	25,320	82%	11%	54%	34%

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 8 - Population projections, Canterbury DHB, 2023 to 2043

Year	Māori					non-Māori				
	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years
2023	62,000	10%	30%	64%	6%	534,300	90%	16%	66%	18%
2028	69,300	11%	28%	64%	8%	552,000	89%	15%	66%	20%
2033	76,800	12%	27%	63%	10%	569,300	88%	14%	65%	21%
2038	84,400	13%	26%	63%	11%	584,200	87%	13%	64%	22%
2043	92,500	13%	25%	63%	12%	596,700	87%	13%	64%	23%

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

Table 9 - Population projections, South Canterbury DHB, 2023 to 2043

Year	Māori					non-Māori				
	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years
2023	6,200	10%	31%	61%	8%	56,300	90%	15%	60%	25%
2028	6,990	11%	29%	61%	10%	56,510	89%	14%	58%	27%
2033	7,820	12%	28%	61%	11%	56,380	88%	14%	57%	30%
2038	8,710	14%	27%	60%	12%	55,790	86%	13%	56%	31%
2043	9,640	15%	27%	60%	13%	54,960	85%	12%	56%	32%

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

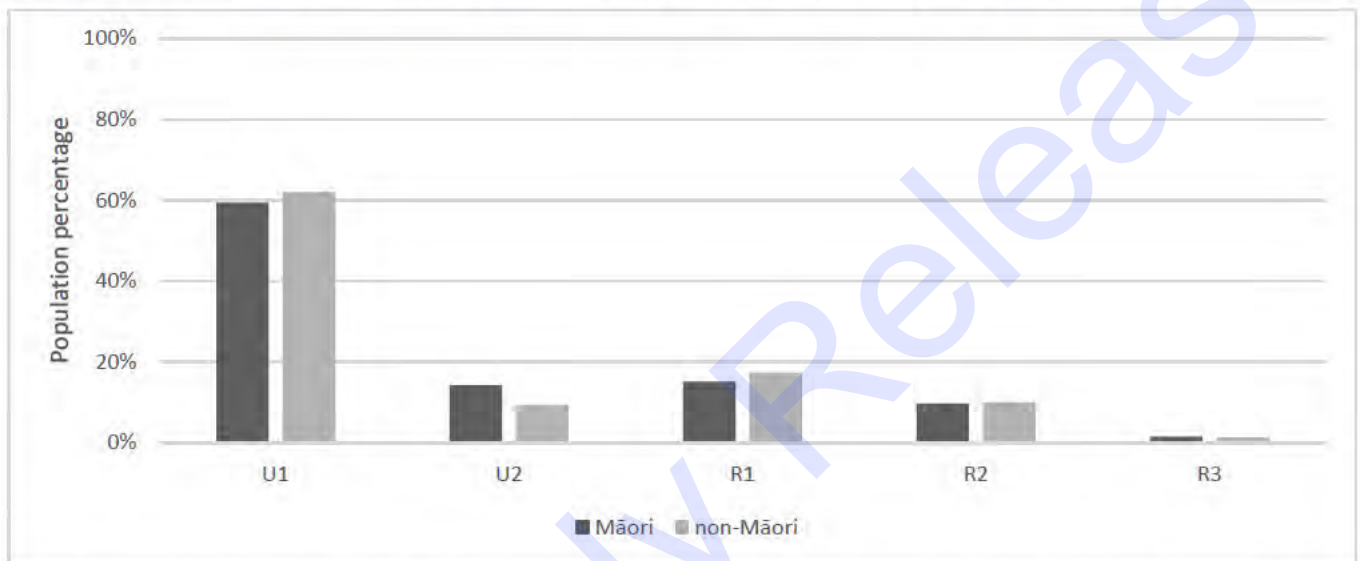
Table 10 - Population projections, Southern DHB, 2023 to 2043

Year	Māori					non-Māori				
	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years	Residents	% of IMPB	% 0–14 years	% 15–64 years	% 65+ years
2023	41,100	12%	29%	64%	7%	311,900	88%	15%	65%	20%
2028	46,000	13%	27%	65%	9%	316,900	87%	14%	64%	22%
2033	51,000	14%	26%	64%	10%	320,000	86%	13%	63%	24%
2038	56,100	15%	25%	64%	11%	321,400	85%	12%	62%	26%
2043	61,500	16%	24%	64%	12%	321,200	84%	12%	62%	27%

Source: Te Whatu Ora Populations Webtool (Statistics NZ base Census 2018 base).

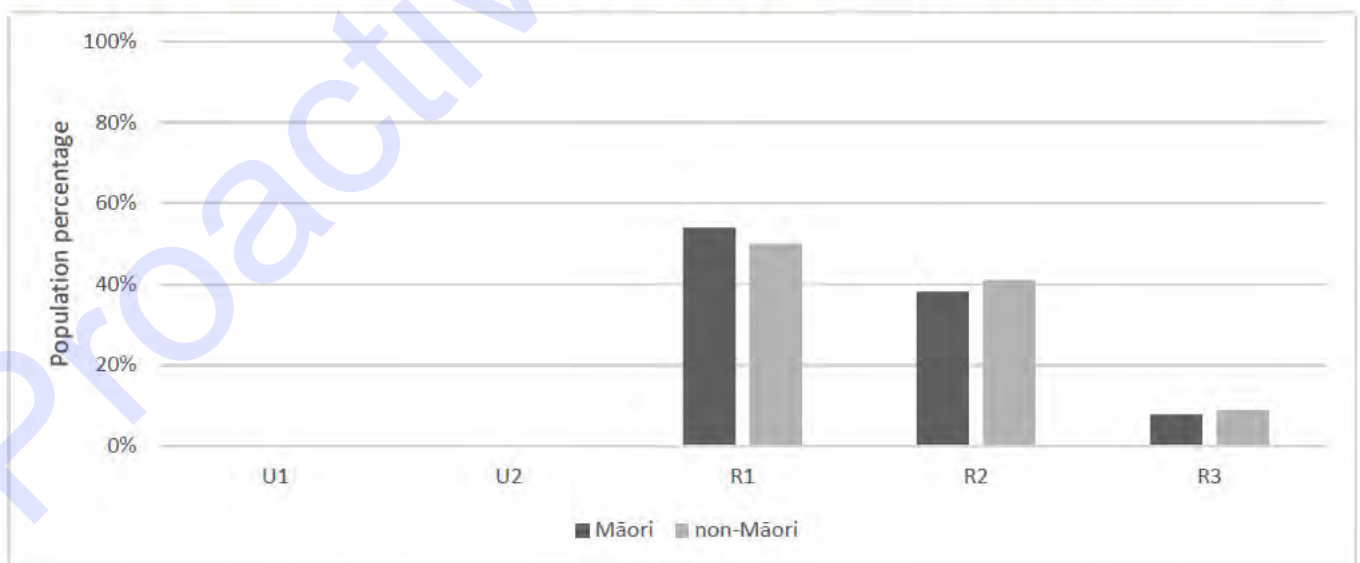
The Geographic Classification for Health (GCH) is a rural-urban geographic classification comprised of five categories, two urban and three rural, that reflect degrees of reducing urban influence and increasing rurality. It is applied to all of New Zealand's Statistical Areas on a scale from 'Urban 1' to 'Urban 2' based on population size, and from "Rural 1" to 'Rural 3' based on drive time to their closest major, large, medium, and small urban areas. Overall, most Māori in Te Tauraki (73%) live in urban areas compared to 71% for non-Māori (Figure 4). There are large differences in the rural-urban classification for Māori across DHBs within Te Tauraki IMPB. In West Coast DHB (Figure 5), no Māori live in urban areas with 100% of the Māori (and non-Māori) population living rurally. In Canterbury (Figure 6) and South Canterbury (Figure 7), the majority of the Māori population live in urban areas (87% and 77% respectively). In Southern DHB (Figure 8), 61% of Māori live in urban areas compared to rural areas (40%).

Figure 4 - Population distribution by urban and rural classification, Te Tauraki, 2023



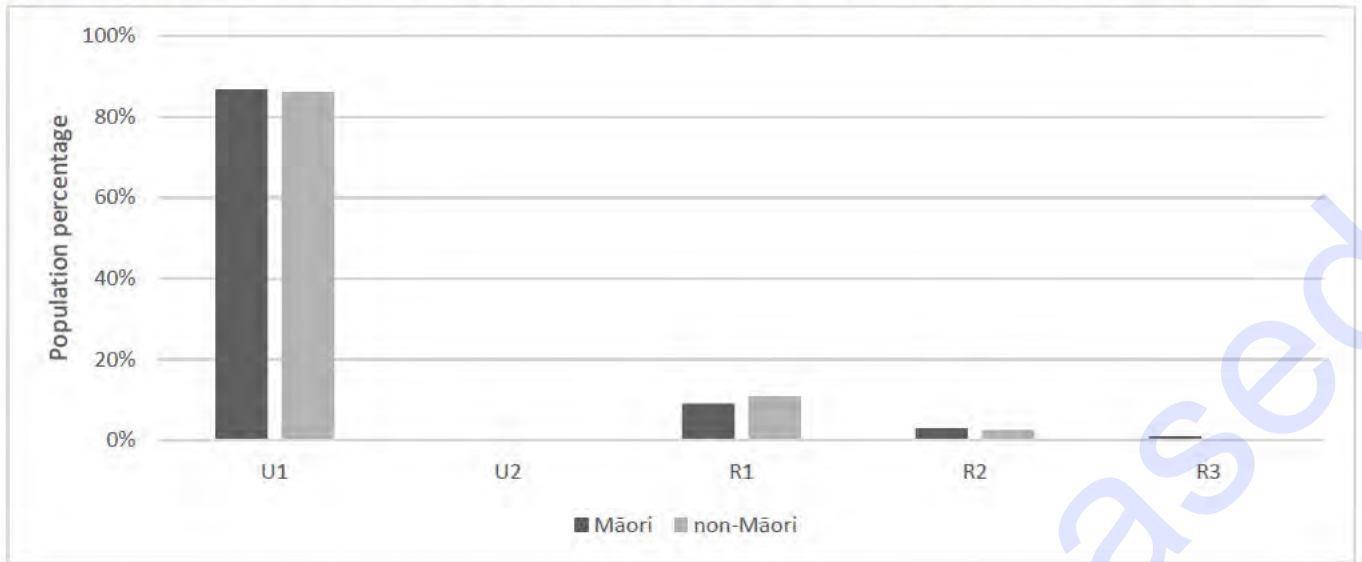
Source: Population count (Population Webtool SA2 2023); GCH (SA2 University of Otago). IMPB area is mapped to DHB geographic boundaries. Note that total values may add up to more than 100% due to rounding.

Figure 5 - Population distribution by urban and rural classification, West Coast DHB, 2023



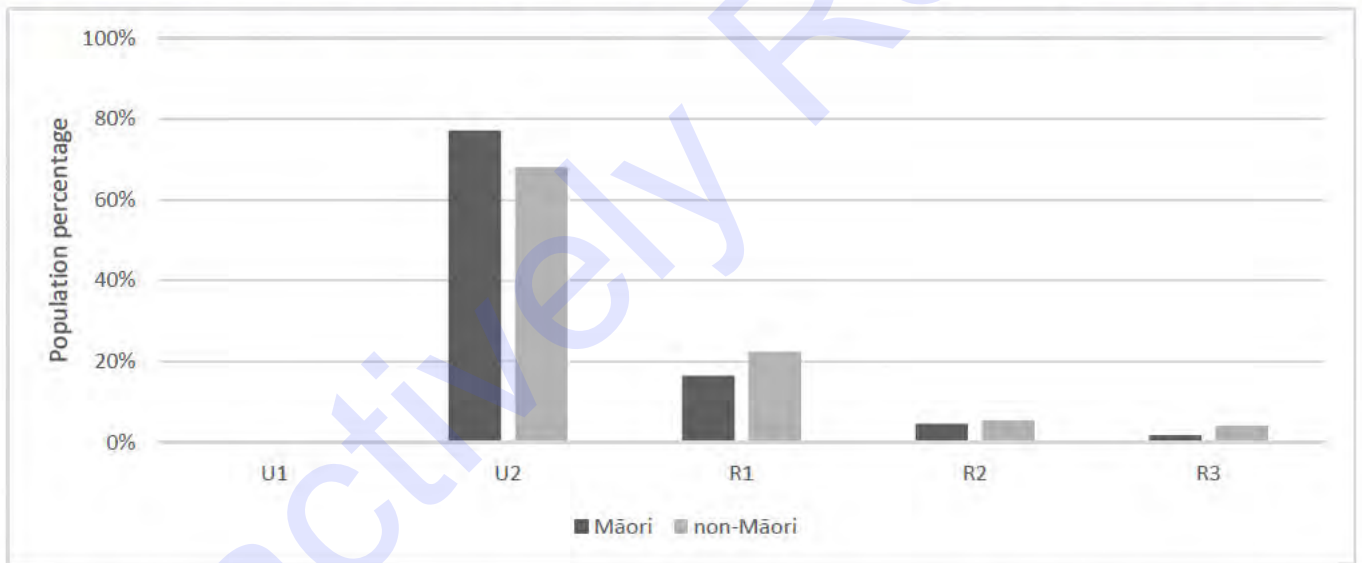
Source: Population count (Population Webtool SA2 2023); GCH (SA2 University of Otago). Note that total values may add up to more than 100% due to rounding.

Figure 6 - Population distribution by urban and rural classification, Canterbury DHB, 2023



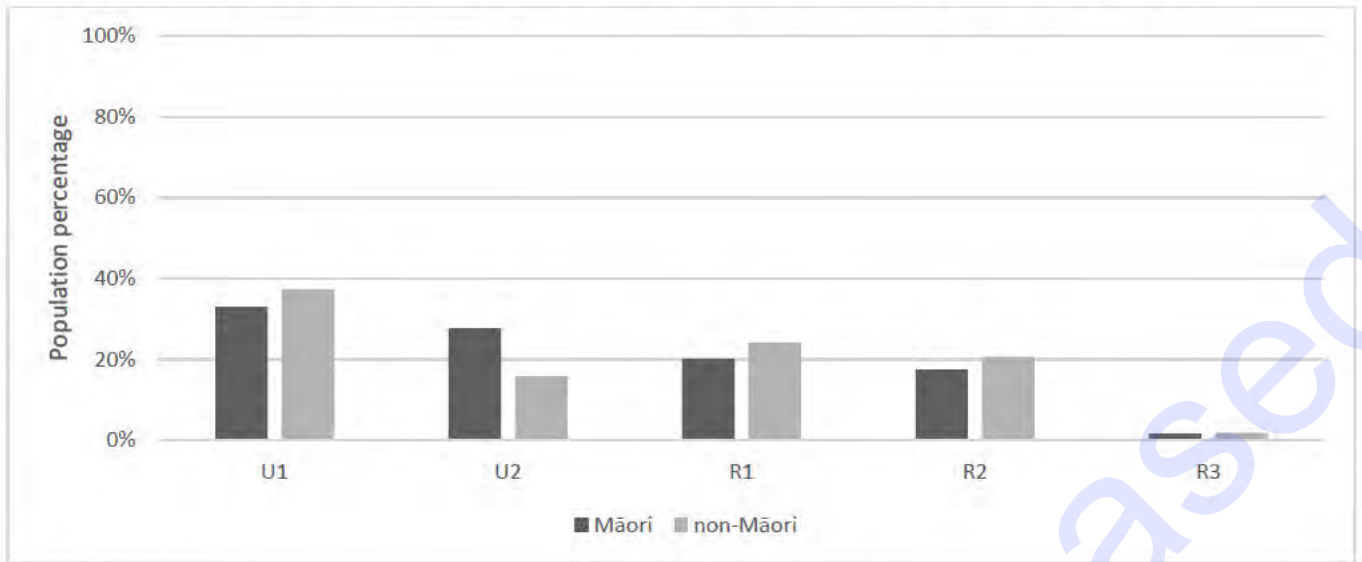
Source: Population count (Population Webtool SA2 2023); GCH (SA2 University of Otago). Note that total values may add up to more than 100% due to rounding.

Figure 7 - Population distribution by urban and rural classification, South Canterbury DHB, 2023



Source: Population count (Population Webtool SA2 2023); GCH (SA2 University of Otago). Note that total values may add up to more than 100% due to rounding.

Figure 8 - Population distribution by urban and rural classification, Southern DHB, 2023



Source: Population count (Population Webtool SA2 2023); GCH (SA2 University of Otago). Note that total values may add up to more than 100% due to rounding.

Mauri ora

Overall health status

Proactively Released

3. Mauri ora – overall health status

3.1. Life Expectancy

The life expectancy at birth for Māori born in Te Tauraki (mapped to SA2 geographic areas) between 2018-2022 is 82.4 years for females and 78.0 years for males (Table 11). Māori life expectancy in Te Tauraki is 1.8 years shorter for Māori females and 2.7 years shorter for Māori males, compared to non-Māori in Te Tauraki. These Te Tauraki data present a relatively small life expectancy gap between Māori and non-Māori given that nationally for 2018-2020, Māori life expectancy was 7.0 years shorter than non-Māori (Walsh 2023).

Table 11 - Life expectancy at birth, Te Tauraki, Māori and non-Māori, 2018 to 2022

Sex	Māori		non-Māori		Difference in years
	Years (95% credible interval)		Years (95% credible interval)		
Female	82.4	(81.4, 83.3)	84.2	(84.0, 84.4)	-1.8
Male	78.0	(77.3, 78.8)	80.7	(80.6, 80.9)	-2.7

Source: Mortality data sourced from Ministry of Health. Mortality Collection, <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/mortality-collection>.

Population denominator data from Statistics New Zealand, Population estimates (2022 update).

Analysed by Michael Walsh, Equity, Scientific and Technical Team, Equity Directorate, Service Improvement and Innovation, Te Whatu Ora; October 2023.

Within the Te Tauraki IMPB, life-expectancy for Māori shows similar patterns across DHBs. In West Coast DHB (Table 12), life expectancy at birth is 79.4 years for Māori females (3 years shorter than non-Māori females) and 75.8 years for Māori males (2.3 years shorter than non-Māori males). In Canterbury DHB (Table 13), life expectancy for Māori was 82 years for females (2.3 years shorter than non-Māori females) and 77.7 years for Māori males (3.2 years shorter than non-Māori males). South Canterbury DHB (Table 14) has the lowest life expectancy gap for Māori females compared to non-Māori (0.5 years), and the largest life expectancy gap for Māori males compared to non-Māori males (4.1 years) within the IMPB. Life expectancy within South Canterbury equates to 82.4 years for Māori females and 75.7 years for Māori males respectively. Southern DHB (Table 15) has a life expectancy of 82.8 years for Māori females (1.3 years shorter than non-Māori females) and 79 years for Māori males (1.6 years shorter than non-Māori).

Table 12 - Life expectancy at birth, West Coast DHB, Māori and non-Māori, 2018 to 2022

Sex	Māori		non-Māori		Difference in years
	Years (95% credible interval)		Years (95% credible interval)		
Female	79.4	(76.7, 82.0)	82.4	(81.4, 83.4)	-3.0
Male	75.8	(72.6, 79.0)	78.1	(77.0, 79.3)	-2.3

Source: Mortality data sourced from Ministry of Health. Mortality Collection, <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/mortality-collection>.

Population denominator data from Statistics New Zealand, Population estimates (2022 update).

Analysed by Michael Walsh, Equity, Scientific and Technical Team, Equity Directorate, Service Improvement and Innovation, Te Whatu Ora; October 2023.

Table 13 - Life expectancy at birth, Canterbury DHB, Māori and non-Māori, 2018 to 2022

Sex	Māori		non-Māori		Difference in years
	Years (95% credible interval)		Years (95% credible interval)		
Female	82.0	(80.5, 83.5)	84.3	(84.1, 84.5)	-2.3
Male	77.7	(76.7, 78.8)	80.9	(80.7, 81.1)	-3.2

Source: Mortality data sourced from Ministry of Health. Mortality Collection, <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/mortality-collection>.

Population denominator data from Statistics New Zealand, Population estimates (2022 update).

Analysed by Michael Walsh, Equity, Scientific and Technical Team, Equity Directorate, Service Improvement and Innovation, Te Whatu Ora; October 2023.

Table 14 - Life expectancy at birth, South Canterbury DHB, Māori and non-Māori, 2018 to 2022

Sex	Māori		non-Māori		Difference in years
	Years (95% credible interval)		Years (95% credible interval)		
Female	82.4	(79.3, 85.5)	82.9	(82.2, 83.6)	-0.5
Male	75.7	(72.9, 78.4)	79.8	(79.1, 80.5)	-4.1

Source: Mortality data sourced from Ministry of Health. Mortality Collection, <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/mortality-collection>.

Population denominator data from Statistics New Zealand, Population estimates (2022 update). 2022.

Analysed by Michael Walsh, Equity, Scientific and Technical Team, Equity Directorate, Service Improvement and Innovation, Te Whatu Ora; October 2023.

Table 15 - Life expectancy at birth, Southern DHB, Māori and non-Māori, 2018 to 2022

Sex	Māori		non-Māori		Difference in years
	Years (95% credible interval)		Years (95% credible interval)		
Female	82.8	(81.3, 84.3)	84.1	(83.9, 84.4)	-1.3
Male	79.0	(77.4, 80.5)	80.6	(80.3, 80.9)	-1.6

Source: Mortality data sourced from Ministry of Health. Mortality Collection, <https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/mortality-collection>.

Population denominator data from Statistics New Zealand, Population estimates (2022 update). 2022.

Analysed by Michael Walsh, Equity, Scientific and Technical Team, Equity Directorate, Service Improvement and Innovation, Te Whatu Ora; October 2023.

In terms of the conditions which make up the life expectancy gap for Māori, this degree of information is not available at IMPB level, however analysis has been done for the four Te Whatu Ora regions of Aotearoa.

In Te Waipounamu, the region where Te Tauraki is situated, for the period 2018 to 2020 the life expectancy for Māori was 80.1 years, 2.5 years lower than the non-Māori/non-Pacific population (82.6 years). The Te Waipounamu region also includes Nelson-Marlborough DHB, which is not part of Te Tauraki IMPB. Avoidable deaths include those considered *amenable* to high-quality healthcare, *preventable* through public health interventions, or both. Of the 2.5-year life expectancy gap for Māori in Te Waipounamu, 1.4 years can be attributed to conditions that are considered both amenable and preventable followed by 1.0 years from conditions considered preventable only and 0.4 years from conditions considered amenable only.

The leading avoidable causes of death contributing to the life expectancy gap among Māori in Te Waipounamu are coronary disease (0.5 years) and land transport injuries (0.3 years). A list of the top 10 conditions and their contribution to the gap are presented in Table 16. In total, these conditions contribute 2.0 years of the 2.5-year gap. These data are not able to be disaggregated by sex at a regional level because the numbers are too small.

Table 16 - Decomposition of the ethnic gap in life expectancy by avoidable category – Māori compared with non-Māori/non-Pacific, 2018 to 2020, Te Waipounamu region

Avoidable cause	Contribution (years)
Coronary disease	0.5
Land transport injuries	0.3
Suicide	0.2
Liver cancer	0.2
Diabetes	0.2
Chronic obstructive pulmonary disease (COPD)	0.2
Stroke	0.2
Other accidental injuries	0.1
Valvular heart disease	0.1
Alcohol use	0.1
Total contribution from top 10 avoidable conditions	2.0 years*

Source: Te Whatu Ora, May 2023. The Contribution of Avoidable Mortality to the Life Expectancy Gap among the Māori and Pacific population. Regional Summary.

Note: * total number provided reflects source reporting (rounding issues may apply).

3.2. Self-assessed health

In 2018, 86.1% of Māori aged 15 years and over in Te Tauraki (mapped to SA2 geographic areas) reported their own health status as good, very good or excellent (Table 17), a higher percentage than Māori nationally (82.3%). A total of 13.9% of Māori in Te Tauraki reported their health status as fair or poor compared to 17.7% of Māori nationally. A higher percentage of Māori in Canterbury DHB (Table 19) reported their health status as good, very good or excellent (88.1%) than in Southern DHB (82.7%) (Table 21), although based on the numbers of participants in the 2018 Te Kupenga survey, it is not possible to determine whether this difference is statistically significant. Survey numbers are too small for reliable estimates for West Coast (Table 18) and South Canterbury (Table 20) DHBs.

Table 17 - Health status reported by Māori aged 15 years and over, Te Tauraki, 2018

Health Status	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
Excellent	13.2	(11.4, 15.0)	15.1	(14.0, 16.2)
Very Good	42.4	(39.5, 45.3)	36.9	(35.4, 38.3)
Good	30.5	(27.9, 33.1)	30.3	(29.0, 31.7)
Fair/poor	13.9	(12.2, 15.5)	17.7	(16.6, 18.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 18 - Health status reported by Māori aged 15 years and over, West Coast DHB, 2018

Health Status	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
Excellent	S	(NA, NA)	15.1	(14.0, 16.2)
Very Good	42.1	(30.2, 54.0)	36.9	(35.4, 38.3)
Good	33.9 *	(23.1, 44.7)	30.3	(29.0, 31.7)
Fair/poor	S	(NA, NA)	17.7	(16.6, 18.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%, NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 19 - Health status reported by Māori aged 15 years and over, Canterbury DHB, 2018

Health Status	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Excellent	13.4	(10.4, 16.3)	15.1	(14.0, 16.2)
Very Good	43.4	(38.8, 47.9)	36.9	(35.4, 38.3)
Good	31.3	(26.8, 35.8)	30.3	(29.0, 31.7)
Fair/poor	12.0	(9.4, 14.6)	17.7	(16.6, 18.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 20 - Health status reported by Māori aged 15 years and over, South Canterbury DHB, 2018

Health Status	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Excellent	S	(NA, NA)	15.1	(14.0, 16.2)
Very Good	61.9	(45.6, 78.2)	36.9	(35.4, 38.3)
Good	24.8 **	(10.5, 39.2)	30.3	(29.0, 31.7)
Fair/poor	S	(NA, NA)	17.7	(16.6, 18.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: ** shows a sampling error of 50% or more but less than 100%, NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 21 - Health status reported by Māori aged 15 years and over, Southern DHB, 2018

Health Status	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
Excellent	14.9	(12.4, 17.4)	15.1	(14.0, 16.2)
Very Good	38.1	(34.7, 41.4)	36.9	(35.4, 38.3)
Good	29.7	(26.4, 32.9)	30.3	(29.0, 31.7)
Fair/poor	17.4	(15.0, 19.8)	17.7	(16.6, 18.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

3.3. Mortality

For the mortality data presented in this report, the IMPB area has been mapped to the DHB boundaries, so will differ slightly from IMPB data mapped to smaller SA2 geographic areas.

The leading causes of death for Māori in Te Tauraki in 2014-2018 were ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD), suicide and cerebrovascular disease (Table 22). This differs slightly to the leading causes of death for Māori nationally (Table 27), where suicide does not feature in the five leading causes, but diabetes does. In contrast, the leading causes of death for non-Māori in Te Tauraki were ischaemic heart disease, dementia, cerebrovascular disease, COPD and lung cancer in 2014-2018.

The leading causes of death for Māori females in Te Tauraki in 2014-2018 were ischaemic heart disease, lung cancer, COPD, cerebrovascular disease and breast cancer (Table 22), the first four of which are similar to Māori females nationally (Table 27). For Māori males in Te Tauraki, the leading causes of death in 2014-2018 were ischaemic heart disease, lung cancer, suicide, COPD and transport accidents (Table 22), which differed slightly to Māori males nationally, where diabetes featured as the third leading cause of death (Table 27).

Table 22 - Leading causes of death for Māori, all ages, Te Tauraki, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)	Rate difference	
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av.no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Ischaemic heart disease	16	22.5 (12.8, 36.6)		492	11.0 (9.6, 12.4)		2.05 (1.23, 3.41)	11.5	
Lung cancer	13	20.9 (11.1, 35.6)		149	7.8 (6.4, 9.4)		2.68 (1.51, 4.77)	13.1	
COPD	11	15.5 (7.6, 28.2)		179	6.6 (5.4, 7.9)		2.36 (1.25, 4.45)	8.9	
Cerebrovascular disease	8	11.5 (4.7, 23.2)		327	7.9 (6.6, 9.3)		1.46 (0.70, 3.05)	3.6	
Breast cancer	6	10.2 (3.5, 22.8)		131	9.1 (7.1, 11.3)		1.13 (0.47, 2.68)	1.1	
Male									
Ischaemic heart disease	36	53.1 (36.9, 74.0)		582	25.1 (22.6, 27.8)		2.11 (1.49, 3.00)	28.0	
Lung cancer	17	24.3 (14.0, 39.2)		171	9.5 (7.9, 11.3)		2.55 (1.53, 4.26)	14.8	
Suicide	13	28.7 (15.2, 49.0)		84	15.9 (12.3, 20.1)		1.81 (1.00, 3.27)	12.8	
COPD	10	14.1 (6.6, 26.3)		191	7.6 (6.4, 8.9)		1.86 (0.97, 3.59)	6.5	
Transport accidents	7	13.8 (5.3, 28.8)		57	11.1 (8.0, 14.8)		1.25 (0.55, 2.82)	2.7	
Total									
Ischaemic heart disease	52	38.1 (28.3, 50.2)		1,073	17.7 (16.3, 19.2)		2.15 (1.61, 2.87)	20.4	
Lung cancer	30	22.7 (15.3, 32.5)		320	8.6 (7.5, 9.8)		2.64 (1.80, 3.88)	14.1	
COPD	20	14.8 (9.0, 22.8)		370	7.0 (6.1, 7.9)		2.12 (1.34, 3.34)	7.8	
Suicide	18	19.7 (11.6, 31.3)		111	10.7 (8.6, 13.1)		1.85 (1.11, 3.09)	9.0	
Cerebrovascular disease	15	10.8 (6.0, 18.0)		540	8.2 (7.3, 9.3)		1.32 (0.77, 2.24)	2.6	

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Cerebrovascular disease includes stroke.

The leading causes of death for Māori in West Coast DHB in 2014-2018 were ischaemic heart disease, suicide, lung cancer, chronic obstructive pulmonary disease (COPD) and diabetes (Table 23). This is in contrast to the leading causes of death for non-Māori in West Coast DHB, which were ischaemic heart disease, cerebrovascular disease, dementia, COPD and lung cancer in 2014-2018. The leading cause of death for Māori females in West Coast DHB in 2014-2018 was ischaemic heart disease (Table 23). For Māori males, the leading causes of death in 2014-2018 were suicide, ischaemic heart disease and lung cancer. Because of the small population size in West Coast DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 27).

Table 23 - Leading causes of death for Māori, all ages, West Coast DHB, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av.no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Ischaemic heart disease	1	29.3	(0.9, 144.4)	16	13.9	(6.3, 25.0)	2.12	(0.32, 14.10)	15.4
Male									
Suicide	2	100.1	(6.2, 414.5)	4	27.2	(4.6, 75.6)	3.67	(0.54, 25.08)	72.9
Ischaemic heart disease	2	45.8	(2.8, 189.6)	24	25.9	(14.1, 41.8)	1.77	(0.34, 9.17)	19.9
Lung cancer	1	32.5	(0.8, 160.8)	8	12.8	(3.5, 28.5)	2.53	(0.34, 18.77)	19.7
Total									
Ischaemic heart disease	3	37.3	(6.8, 113.2)	40	19.8	(12.6, 29.0)	1.88	(0.54, 6.52)	17.5
Suicide	2	49.2	(3.2, 203.1)	6	17.8	(4.7, 42.0)	2.76	(0.45, 16.96)	31.4
Lung cancer	2	20.7	(1.4, 85.0)	14	10.1	(4.5, 18.4)	2.04	(0.38, 10.93)	10.6
COPD	1	20.3	(0.6, 92.0)	16	9.3	(4.7, 16.0)	2.19	(0.37, 13.04)	11.0
Diabetes mellitus	1	13.1	(0.2, 72.7)	7	3.8	(1.0, 8.9)	3.41	(0.39, 29.92)	9.3

Source: Mortality dataset, Ministry of Health.

The leading causes of death for Māori in Canterbury DHB in 2014-2018 were ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD), suicide and cerebrovascular disease (Table 24). This is in contrast to the leading causes of death for non-Māori in Canterbury DHB, which were ischaemic heart disease, dementia, cerebrovascular disease, COPD and lung cancer in 2014-2018. The leading causes of death for Māori females in Canterbury DHB in 2014-2018 were ischaemic heart disease, lung cancer, COPD, breast cancer and cerebrovascular disease (Table 24). For Māori males, the leading causes of death in 2014-2018 were ischaemic heart disease, lung cancer, suicide, transport accidents and COPD.

Table 24 - Leading causes of death for Māori, all ages, Canterbury DHB, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av.no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Ischaemic heart disease	9	23.9	(10.7, 45.6)	267	10.6	(8.8, 12.6)	2.25	(1.13, 4.46)	13.3
Lung cancer	7	22.8	(9.2, 46.4)	75	7.2	(5.3, 9.3)	3.18	(1.46, 6.94)	15.6
COPD	6	16.0	(5.5, 36.0)	86	6.0	(4.5, 7.8)	2.66	(1.11, 6.37)	10.0
Breast cancer	4	14.8	(3.9, 37.6)	70	8.5	(6.1, 11.4)	1.74	(0.63, 4.82)	6.3
Cerebrovascular disease	4	10.4	(2.3, 28.3)	184	7.6	(6.0, 9.3)	1.37	(0.46, 4.05)	2.8
Male									
Ischaemic heart disease	21	60.3	(37.0, 92.5)	310	25.2	(21.8, 28.9)	2.39	(1.52, 3.76)	35.1
Lung cancer	10	27.4	(13.0, 50.7)	93	9.5	(7.4, 12.0)	2.89	(1.48, 5.64)	17.9
Suicide	6	21.4	(7.5, 47.6)	45	14.6	(10.2, 20.0)	1.47	(0.61, 3.57)	6.8
Transport accidents	4	15.7	(4.2, 39.9)	26	8.5	(5.0, 13.1)	1.86	(0.63, 5.44)	7.2
COPD	4	12.7	(3.6, 31.5)	92	6.8	(5.2, 8.5)	1.88	(0.71, 4.99)	5.9
Total									
Ischaemic heart disease	30	42.9	(28.8, 61.5)	577	17.6	(15.7, 19.6)	2.44	(1.67, 3.56)	25.3
Lung cancer	17	25.3	(14.7, 40.5)	168	8.2	(6.8, 9.8)	3.08	(1.85, 5.11)	17.1
COPD	10	14.4	(6.8, 26.5)	178	6.3	(5.2, 7.5)	2.29	(1.19, 4.38)	8.1
Suicide	9	17.6	(7.9, 33.7)	59	9.8	(7.2, 13.0)	1.80	(0.88, 3.69)	7.8
Cerebrovascular disease	7	9.9	(3.9, 20.6)	303	8.1	(6.9, 9.5)	1.22	(0.57, 2.63)	1.8

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Cerebrovascular disease includes stroke.

The leading causes of death for Māori in South Canterbury DHB in 2014-2018 were ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD) and dementia (Table 25). This is in contrast to the leading causes of death for non-Māori in South Canterbury DHB, which were ischaemic heart disease, dementia, cerebrovascular disease, COPD and colorectal cancer in 2014-2018. The leading cause of death for Māori females in South Canterbury DHB in 2014-2018 was lung cancer (Table 25). For Māori males, the leading causes of death in 2014-2018 were ischaemic heart disease and COPD. Because of the small population size in South Canterbury DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 27).

Table 25 - Leading causes of death for Māori, all ages, South Canterbury DHB, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av.no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Lung cancer	1	29.3 (0.3, 163.3)		11	8.0 (3.1, 15.8)		3.65 (0.45, 29.68)	21.3	
Male									
Ischaemic heart disease	2	42.6 (2.9, 175.4)		50	28.4 (16.9, 42.6)		1.50 (0.30, 7.53)	14.2	
COPD	1	27.9 (0.2, 155.7)		16	8.1 (4.0, 14.0)		3.44 (0.44, 26.74)	19.8	
Total									
Ischaemic heart disease	2	28.9 (3.7, 99.4)		90	19.5 (13.1, 27.0)		1.48 (0.37, 5.84)	9.4	
Lung cancer	2	21.6 (1.5, 89.0)		22	7.6 (4.0, 12.5)		2.85 (0.55, 14.64)	14.0	
COPD	2	20.6 (1.3, 85.2)		31	6.9 (4.1, 10.5)		3.01 (0.59, 15.21)	13.7	
Dementia	1	13.5 (0.2, 67.5)		59	8.2 (5.9, 11.1)		1.64 (0.26, 10.41)	5.3	

Source: Mortality dataset, Ministry of Health.
 Note: Dementia includes Alzheimer's Disease.

The leading causes of death for Māori in Southern DHB in 2014-2018 were ischaemic heart disease, lung cancer, suicide, chronic obstructive pulmonary disease (COPD) and cerebrovascular disease (Table 26). This is in contrast to the leading causes of death for non-Māori in Southern DHB, which were ischaemic heart disease, dementia, cerebrovascular disease, COPD and colorectal cancer in 2014-2018. The leading causes of death for Māori females in Southern DHB in 2014-2018 were ischaemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD) and diabetes (Table 26). For Māori males, the leading causes of death in 2014-2018 were ischaemic heart disease, suicide, lung cancer, COPD and diabetes. Because of the small population size in Southern DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 27).

Table 26 - Leading causes of death for Māori, all ages, Southern DHB, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)	Rate difference	
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av.no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Ischaemic heart disease	5	19.9	(6.5, 45.6)	169	11.1	(9.0, 13.6)	1.79	(0.74, 4.33)	8.8
Lung cancer	5	18.6	(5.5, 45.1)	57	8.8	(6.3, 11.9)	2.11	(0.80, 5.56)	9.8
COPD	4	14.4	(3.4, 38.8)	71	7.4	(5.4, 9.7)	1.95	(0.66, 5.76)	7.0
Cerebrovascular disease	3	12.9	(2.8, 35.7)	105	8.6	(6.0, 11.5)	1.50	(0.49, 4.60)	4.3
Diabetes mellitus	2	7.7	(0.8, 27.9)	26	2.7	(1.4, 4.5)	2.85	(0.63, 12.77)	5.0
Male									
Ischaemic heart disease	11	45.0	(22.0, 80.8)	198	24.4	(20.1, 29.1)	1.85	(0.99, 3.45)	20.6
Suicide	6	36.4	(12.5, 81.2)	31	17.0	(10.9, 25.1)	2.14	(0.85, 5.38)	19.4
Lung cancer	5	20.2	(6.3, 47.5)	59	9.7	(7.1, 12.9)	2.08	(0.81, 5.29)	10.5
COPD	4	13.8	(3.4, 36.5)	74	8.4	(6.3, 10.9)	1.64	(0.57, 4.72)	5.4
Diabetes mellitus	3	13.2	(2.2, 39.8)	28	3.7	(2.1, 5.9)	3.53	(0.99, 12.65)	9.5
Total									
Ischaemic heart disease	17	32.5	(18.5, 52.7)	367	17.5	(15.1, 20.0)	1.86	(1.12, 3.10)	15.0
Lung cancer	10	19.3	(8.9, 36.1)	116	9.2	(7.4, 11.4)	2.09	(1.06, 4.10)	10.1
Suicide	7	22.0	(8.6, 45.8)	41	11.7	(8.0, 16.3)	1.89	(0.82, 4.31)	10.3
COPD	7	14.0	(5.7, 28.5)	145	7.8	(6.3, 9.4)	1.80	(0.85, 3.84)	6.2
Cerebrovascular disease	7	12.6	(4.8, 26.8)	172	8.3	(6.5, 10.3)	1.53	(0.68, 3.41)	4.3

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Cerebrovascular disease includes stroke.

Table 27 - Leading causes of death for Māori, all ages, Aotearoa, 2014 to 2018

Cause	Māori		non-Māori		Māori/non-Māori rate ratio (95% CI)		non-Māori leading cause
	Age-standardised rate per 100,000 (95% CI)		Age-standardised rate per 100,000 (95% CI)				
Female							
Lung cancer	29.4	(25.4, 33.9)	7.7	(7.0, 8.4)	3.84	(3.24, 4.55)	Ischaemic heart disease
Ischaemic heart disease	24.4	(20.8, 28.3)	10.1	(9.5, 10.7)	2.42	(2.05, 2.84)	Dementia
COPD	16.6	(13.7, 19.9)	5.3	(4.8, 5.8)	3.14	(2.55, 3.86)	Cerebrovascular disease
Cerebrovascular disease	13.9	(11.2, 17.1)	7.7	(7.1, 8.4)	1.80	(1.44, 2.25)	COPD
Diabetes mellitus	12.9	(10.3, 16.0)	2.7	(2.3, 3.2)	4.76	(3.64, 6.23)	Lung cancer
Male							
Ischaemic heart disease	56.7	(50.5, 63.4)	25.3	(24.1, 26.6)	2.24	(1.98, 2.53)	Ischaemic heart disease
Lung cancer	28.4	(24.2, 33.2)	9.1	(8.4, 9.9)	3.12	(2.61, 3.72)	Dementia
Diabetes mellitus	19.3	(15.8, 23.4)	4.1	(3.6, 4.6)	4.76	(3.77, 6.00)	Cerebrovascular disease
COPD	15.5	(12.5, 19.1)	6.4	(5.8, 6.9)	2.44	(1.95, 3.04)	Lung cancer
Suicide	23.6	(18.8, 29.3)	13.0	(11.4, 14.6)	1.82	(1.42, 2.34)	COPD
Total							
Ischaemic heart disease	39.4	(35.9, 43.1)	17.3	(16.6, 18.0)	2.27	(2.06, 2.51)	Ischaemic heart disease
Lung cancer	29.0	(26.0, 32.2)	8.3	(7.8, 8.9)	3.48	(3.08, 3.93)	Dementia
COPD	16.0	(13.9, 18.3)	5.7	(5.4, 6.1)	2.79	(2.40, 3.24)	Cerebrovascular disease
Diabetes mellitus	15.9	(13.7, 18.4)	3.4	(3.0, 3.7)	4.75	(3.99, 5.67)	Lung cancer
Cerebrovascular disease	13.4	(11.4, 15.7)	8.0	(7.5, 8.4)	1.68	(1.43, 1.99)	COPD

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates. Cerebrovascular disease includes stroke. Dementia includes Alzheimer's Disease

When looking at all deaths, the age-standardised death rate (254 deaths each year per 100,000 people) was 1.5 times higher for Māori compared to non-Māori in Te Tauraki in 2014-2018 (Table 28). This equates to an average of 134 Māori females and 179 Māori males dying each year in Te Tauraki.

Table 28 - All-cause deaths, all ages, Te Tauraki, 2014 to 2018

Sex	Māori		non-Māori		Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)	Av. no. per year	Age-standardised rate per 100,000 (95% CI)			
Female	134	215.9 (179.7, 257.2)	3,424	136.5 (128.0, 145.2)	1.58	(1.31, 1.91)	79.4
Male	179	289.9 (247.8, 336.9)	3,379	195.0 (184.8, 205.5)	1.49	(1.27, 1.74)	94.9
Total	314	254.3 (226.0, 284.9)	6,803	165.0 (158.4, 171.8)	1.54	(1.36, 1.74)	89.3

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Average no. per year columns may not total exactly because of rounding.

When looking at all deaths, the age-standardised death rate was 270 deaths each year per 100,000 people in West Coast DHB in 2014-2018 (Table 29). This equates to an average of 8 Māori females and 8 Māori males dying each year in West Coast DHB.

Table 29 - All-cause deaths, all ages, West Coast DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	8	237.1	(92.0, 484.4)	124	167.2	(113.5, 228.5)	1.42	(0.63, 3.21)	69.9
Male	8	307.5	(120.8, 621.5)	147	259.9	(190.4, 338.4)	1.18	(0.54, 2.60)	47.6
Total	16	270.0	(146.1, 449.6)	271	214.1	(169.5, 262.8)	1.26	(0.72, 2.22)	55.9

Source: Mortality dataset, Ministry of Health.

When looking at all deaths, the age-standardised death rate (269 deaths each year per 100,000 people) was 1.7 times higher for Māori compared to non-Māori in Canterbury DHB in 2014-2018 (Table 30). This equates to an average of 74 Māori females and 98 Māori males dying each year in Canterbury DHB.

Table 30 - All-cause deaths, all ages, Canterbury DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	74	233.6	(181.9, 295.2)	1,812	128.6	(117.8, 139.9)	1.82	(1.41, 2.33)	105.0
Male	98	299.8	(242.2, 366.7)	1,785	185.9	(172.9, 199.3)	1.61	(1.30, 2.00)	113.9
Total	172	269.0	(229.4, 313.3)	3,597	156.4	(147.9, 165.1)	1.72	(1.46, 2.02)	112.6

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Average no. per year columns may not total exactly because of rounding.

When looking at all deaths, the age-standardised death rate the age-standardised death rate was 213 deaths each year per 100,000 people for Māori in South Canterbury DHB in 2014-2018 (Table 31). This equates to an average of 6 Māori females and 10 Māori males dying each year in South Canterbury DHB.

Table 31 - All-cause deaths, all ages, South Canterbury DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	6	163.1	(53.1, 369.1)	291	149.3	(113.7, 188.1)	1.09	(0.45, 2.66)	13.8
Male	10	271.9	(125.8, 509.4)	273	209.7	(165.1, 258.5)	1.30	(0.66, 2.55)	62.2
Total	15	213.1	(118.0, 352.5)	564	178.9	(150.0, 209.6)	1.19	(0.70, 2.04)	34.2

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Average no. per year columns may not total exactly because of rounding.

When looking at all deaths, the age-standardised death rate the age-standardised death rate (238 deaths each year per 100,000 people) was 1.4 times higher for Māori compared to non-Māori in Southern DHB in 2014-2018 (Table 32). This equates to an average of 47 Māori females and 63 Māori males dying each year in Southern DHB.

Table 32 - All-cause deaths, all ages, Southern DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	47	196.6 (142.0, 264.5)		1,197	143.9 (129.0, 159.5)		1.37	(0.99, 1.88)	52.7
Male	63	278.3 (210.8, 359.6)		1,174	201.9 (183.9, 220.7)		1.38	(1.05, 1.81)	76.4
Total	110	237.9 (193.6, 288.8)		2,371	172.2 (160.4, 184.2)		1.38	(1.12, 1.70)	65.7

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Average no. per year columns may not total exactly because of rounding.

The gap between Māori and non-Māori was higher for avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) compared to all deaths in Te Tauraki in 2014-2018 (Table 33). The age-standardised potentially avoidable death rate (151.8 deaths each year per 100,000 people) was 1.9 times higher for Māori compared to non-Māori in Te Tauraki in 2014-2018. This equates to an average of 65 avoidable deaths each year in Māori females aged 0-74 years, and 105 in Māori males in Te Tauraki.

Table 33 - Potentially avoidable deaths, ages 0-74 years, Te Tauraki, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av.no. per year	Age-standardised rate per 100,000 (95% CI)		Av.no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	65	118.6 (90.8, 151.9)		596	65.8 (58.8, 73.3)		1.80	(1.37, 2.36)	52.8
Male	105	183.6 (149.2, 223.4)		864	98.2 (89.9, 107.0)		1.87	(1.51, 2.32)	85.4
Total	170	151.8 (129.3, 177.1)		1,460	82.1 (76.6, 87.8)		1.85	(1.56, 2.19)	69.7

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB.

The age-standardised potentially avoidable death rate was 173.5 deaths each year per 100,000 people for Māori in West Coast DHB in 2014-2018 (Table 34). This equates to an average of 3 avoidable deaths each year in Māori females aged 0-74 years, and 6 in Māori males in West Coast DHB.

Table 34 - Potentially avoidable deaths, ages 0-74 years, West Coast DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	3	118.3 (17.5, 347.9)		29	86.9 (43.6, 144.3)		1.36	(0.37, 4.99)	31.4
Male	6	234.1 (71.8, 538.3)		48	150.2 (93.1, 220.9)		1.56	(0.59, 4.11)	83.9
Total	9	173.5 (72.0, 340.3)		77	118.9 (82.2, 162.4)		1.46	(0.67, 3.16)	54.6

Source: Mortality dataset, Ministry of Health.

The gap between Māori and non-Māori was higher for avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) compared to all deaths in Canterbury DHB in 2014-2018 (Table 35). The age-standardised potentially avoidable death rate (163 deaths each year per 100,000 people) was 2.1 times higher for Māori compared to non-Māori in Canterbury DHB in 2014-2018. This equates to an average of 36 avoidable deaths each year in Māori females aged 0-74 years, and 61 in Māori males in Canterbury DHB.

Table 35 - Potentially avoidable deaths, ages 0-74 years, Canterbury DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	36	128.8 (89.6, 179.1)		302	60.4 (51.5, 70.1)		2.13	(1.48, 3.07)	68.4
Male	61	194.2 (147.5, 250.8)		451	92.5 (81.9, 103.8)		2.10	(1.58, 2.78)	101.7
Total	97	163.2 (131.7, 199.8)		753	76.5 (69.5, 83.9)		2.13	(1.71, 2.67)	86.7

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB.

The age-standardised potentially avoidable death rate was 115 deaths each year per 100,000 people for Māori in South Canterbury DHB in 2014-2018 (Table 36). This equates to an average of 3.0 avoidable deaths each year in Māori females aged 0-74 years, and 4 in Māori males in South Canterbury DHB.

Table 36 - Potentially avoidable deaths, ages 0-74 years, South Canterbury DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	3	103.4 (20.5, 292.2)		49	76.6 (46.6, 113.6)		1.35	(0.41, 4.41)	26.8
Male	4	130.3 (34.9, 330.3)		63	106.5 (71.8, 148.5)		1.22	(0.43, 3.44)	23.8
Total	8	115.3 (46.6, 234.1)		111	91.5 (68.1, 118.4)		1.26	(0.58, 2.74)	23.8

Source: Mortality dataset, Ministry of Health.

The gap between Māori and non-Māori was higher for avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) compared to all deaths in Southern DHB in 2014-2018 (Table 37). The age-standardised potentially avoidable death rate (138 deaths each year per 100,000 people) was 1.6 times higher for Māori compared to non-Māori in Southern DHB in 2014-2018. This equates to an average of 22 avoidable deaths each year in Māori females aged 0-74 years, and 34 in Māori males in Southern DHB.

Table 37 - Potentially avoidable deaths, ages 0-74 years, Southern DHB, 2014 to 2018

Sex	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female	22	106.3 (65.5, 162.5)		216	70.7 (58.2, 84.4)		1.50	(0.94, 2.40)	35.6
Male	34	169.7 (115.7, 239.5)		303	101.8 (87.1, 117.9)		1.67	(1.14, 2.43)	67.9
Total	56	138.1 (103.3, 180.6)		519	86.2 (76.5, 96.6)		1.60	(1.19, 2.15)	51.9

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB.

The leading causes of potentially avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) for Māori aged 0-74 years in Te

Tauraki in 2014-2018 were ischaemic heart disease, lung cancer, suicide, chronic obstructive pulmonary disease (COPD) and motor vehicle accidents (Table 38). This differs slightly to the leading causes of potentially avoidable deaths for Māori nationally (Table 43), where motor vehicle accidents do not feature in the five leading causes, but diabetes does. The leading causes of potentially avoidable death for Māori in Te Tauraki also differ to those for non-Māori in Te Tauraki, which were ischaemic heart disease, lung cancer, colorectal cancer, COPD and suicide in 2014-2018.

The leading causes of death for Māori females in Te Tauraki in 2014-2018 were lung cancer, ischaemic heart disease, COPD, suicide and breast cancer (Table 38). For Māori males, the leading causes of death in 2014-2018 were ischaemic heart disease, suicide, lung cancer, motor vehicle accidents and COPD. Again, these leading causes differ slightly from those for Māori males and females nationally as diabetes features as a leading cause for Māori males and females nationally (Table 43).

Table 38 - Leading causes of potentially avoidable deaths, ages 0-74 years, Te Tauraki, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)	Rate difference	
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Lung cancer	10	16.9 (8.1, 31.1)		80	6.1 (4.8, 7.7)		2.76 (1.42, 5.35)	10.8	
Ischaemic heart disease	8	12.1 (5.1, 24.4)		57	4.1 (3.0, 5.5)		2.94 (1.36, 6.32)	8.0	
COPD	6	9.3 (3.3, 20.5)		57	4.1 (3.0, 5.3)		2.30 (0.97, 5.42)	5.2	
Suicide and self-inflicted injuries	5	10.5 (3.1, 25.6)		26	5.3 (3.3, 8.1)		1.97 (0.71, 5.45)	5.2	
Breast cancer	5	9.3 (2.9, 22.0)		77	7.9 (6.0, 10.2)		1.17 (0.46, 2.98)	1.4	
Male									
Ischaemic heart disease	25	39.9 (25.7, 59.1)		180	14.7 (12.4, 17.3)		2.71 (1.77, 4.16)	25.2	
Suicide and self-inflicted injuries	13	29.0 (15.4, 49.5)		81	15.9 (12.3, 20.2)		1.82 (1.00, 3.30)	13.1	
Lung cancer	13	20.4 (10.9, 34.6)		93	7.2 (5.7, 8.9)		2.84 (1.59, 5.08)	13.2	
Motor vehicle accidents	6	11.4 (3.8, 25.7)		41	8.9 (6.1, 12.4)		1.28 (0.51, 3.18)	2.5	
COPD	6	9.1 (3.2, 20.2)		55	3.9 (2.9, 5.1)		2.34 (0.98, 5.59)	5.2	
Total									
Ischaemic heart disease	33	26.3 (18.0, 37.1)		237	9.3 (8.1, 10.7)		2.82 (1.94, 4.09)	17.0	
Lung cancer	24	18.8 (11.9, 28.1)		173	6.6 (5.6, 7.8)		2.83 (1.83, 4.38)	12.2	
Suicide and self-inflicted injuries	18	19.9 (11.7, 31.6)		107	10.7 (8.6, 13.2)		1.86 (1.11, 3.10)	9.2	
COPD	12	9.2 (4.6, 16.2)		113	4.0 (3.2, 4.8)		2.31 (1.26, 4.26)	5.2	
Motor vehicle accidents	9	8.9 (3.9, 17.4)		57	6.3 (4.6, 8.4)		1.42 (0.68, 2.99)	2.6	

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB.

The leading causes of potentially avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) for Māori in West Coast DHB in 2014-2018 were suicide, ischaemic heart disease and lung cancer (Table 39). This is in contrast to the leading causes of death for non-Māori in West Coast DHB, which were ischaemic heart disease, COPD, lung cancer, colorectal cancer and suicide in 2014-2018. Data numbers were too small for analysis by sex in West Coast DHB. Because of the small population size in West Coast DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of potentially avoidable death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 43).

Table 39 - Leading causes of potentially avoidable deaths, ages 0-74 years, West Coast DHB, 2014 to 2018

Cause	Māori		non-Māori			Māori/non-Māori rate ratio (95% CI)	Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)	Av. no. per year	Age-standardised rate per 100,000 (95% CI)			
Total							
Suicide and self-inflicted injuries	2	49.6 (3.2, 205.0)	6	18.0 (4.8, 42.4)	2.76 (0.45, 16.96)	31.6	
Ischaemic heart disease	2	30.2 (3.9, 103.8)	11	10.6 (4.6, 20.0)	2.85 (0.65, 12.58)	19.6	
Lung cancer	1	18.4 (0.9, 82.3)	8	7.3 (2.3, 15.9)	2.53 (0.40, 16.21)	11.1	

Source: Mortality dataset, Ministry of Health.

The leading causes of potentially avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) for Māori in Canterbury DHB in 2014-2018 were ischaemic heart disease, lung cancer, suicide, motor vehicle accidents and chronic obstructive pulmonary disease (COPD) (Table 40). This is in contrast to the leading causes of death for non-Māori in Canterbury DHB which were ischaemic heart disease, lung cancer, colorectal cancer, suicide and COPD in 2014-2018. The leading causes of death for Māori females in Canterbury DHB in 2014-2018 were lung cancer, breast cancer, ischaemic heart disease, suicide and COPD. For Māori males, the leading causes of death in 2014-2018 were ischaemic heart disease, lung cancer, suicide, motor vehicle accidents and liver cancer. Because of the small population size in the DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of potentially avoidable death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 43).

Table 40 - Leading causes of potentially avoidable deaths, ages 0-74 years, Canterbury DHB, 2014 to 2018

Cause	Māori			non-Māori			Māori/non-Māori rate ratio (95% CI)		Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)		Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female									
Lung cancer	6	19.0 (6.7, 42.2)		39	5.6 (3.9, 7.8)		3.41	(1.41, 8.29)	13.4
Breast cancer	4	13.9 (3.4, 36.7)		42	7.4 (5.1, 10.4)		1.87	(0.64, 5.50)	6.5
Ischaemic heart disease	4	12.7 (3.5, 31.8)		29	3.9 (2.5, 5.8)		3.21	(1.14, 9.09)	8.8
Suicide and self-inflicted injuries	3	13.5 (2.8, 38.6)		14	4.9 (2.4, 8.6)		2.79	(0.79, 9.79)	8.6
COPD	3	8.8 (1.6, 26.7)		29	3.9 (2.5, 5.6)		2.29	(0.67, 7.85)	4.9
Male									
Ischaemic heart disease	16	45.5 (25.5, 74.7)		99	14.9 (12, 18.4)		3.04	(1.76, 5.25)	30.6
Lung cancer	8	22.6 (9.7, 44.5)		49	7.1 (5.2, 9.6)		3.17	(1.49, 6.74)	15.5
Suicide and self-inflicted injuries	6	22.1 (7.9, 48.6)		43	14.6 (10.2, 20.1)		1.51	(0.63, 3.64)	7.5
Motor vehicle accidents	4	13.5 (3.1, 36.6)		20	7.4 (4.3, 11.8)		1.81	(0.57, 5.78)	6.1
Liver cancer	3	8.7 (1.9, 24.6)		9	1.3 (0.6, 2.4)		6.87	(1.91, 24.74)	7.4
Total									
Ischaemic heart disease	20	29.9 (18.1, 46.4)		128	9.3 (7.7, 11.2)		3.21	(1.98, 5.20)	20.6
Lung cancer	14	21.0 (11.4, 35.5)		88	6.3 (5.0, 7.9)		3.32	(1.87, 5.91)	14.7
Suicide and self-inflicted injuries	9	18.1 (8.2, 34.3)		57	9.9 (7.2, 13.1)		1.83	(0.90, 3.74)	8.2
Motor vehicle accidents	5	10.0 (3.2, 23.3)		27	5.1 (3.2, 7.8)		1.95	(0.74, 5.16)	4.9
COPD	5	8.2 (2.7, 18.7)		55	3.6 (2.7, 4.8)		2.26	(0.92, 5.53)	4.6

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB.

The leading causes of potentially avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) for Māori in South Canterbury DHB in 2014-2018 were ischaemic heart disease, lung cancer and chronic obstructive pulmonary disease (COPD) (Table 41). This is in contrast to the leading causes of death for non-Māori in South Canterbury DHB which were ischaemic heart disease, lung cancer, cerebrovascular disease, colorectal cancer and COPD in 2014-2018. Data numbers were too small for analysis by sex in West Coast DHB. Because of the small population size in the DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of potentially avoidable death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 43).

Table 41 - Leading causes of potentially avoidable deaths, ages 0-74 years, South Canterbury DHB, 2014 to 2018

Cause	Māori		non-Māori			Māori/non-Māori rate ratio (95% CI)	Rate difference
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)	Av. no. per year	Age-standardised rate per 100,000 (95% CI)			
Total							
Ischaemic heart disease	1	19.6 (1.0, 87.5)	19	10.9 (5.2, 18.9)	1.81 (0.31, 10.51)	8.7	
Lung cancer	1	13.9 (0.2, 77.4)	11	5.9 (2.6, 11.1)	2.35 (0.30, 18.53)	8.0	
COPD	1	13.7 (0.2, 76.2)	9	3.9 (1.6, 7.7)	3.55 (0.44, 28.58)	9.8	

Source: Mortality dataset, Ministry of Health.

The leading causes of potentially avoidable deaths (those deaths considered amenable to high-quality healthcare, preventable through public health interventions, or both) for Māori in Southern DHB in 2014-2018 were ischaemic heart disease, suicide, lung cancer, chronic obstructive pulmonary disease (COPD) and cerebrovascular disease (Table 42). This is in contrast to the leading causes of death for non-Māori in Southern DHB which were ischaemic heart disease, lung cancer, colorectal cancer, COPD and suicide in 2014-2018. The leading causes of death for Māori females in Southern DHB in 2014-2018 were lung cancer, COPD, ischaemic heart disease, cerebrovascular disease and suicide (Table 42). For Māori males, the leading causes of death in 2014-2018 were ischaemic heart disease, suicide, lung cancer, diabetes and cerebrovascular disease. Because of the small population size in the DHB, just 1-2 deaths from a particular cause can have a large impact on the ranking of leading causes. For this reason, local causes of potentially avoidable death for Māori should be interpreted together with the leading causes of death for Māori nationally (Table 43).

Table 42 - Leading causes of potentially avoidable deaths, ages 0-74 years, Southern DHB, 2014 to 2018

Cause	Māori		non-Māori		Māori/non-Māori rate ratio (95% CI)		Rate difference	
	Av. no. per year	Age-standardised rate per 100,000 (95% CI)	Av. no. per year	Age-standardised rate per 100,000 (95% CI)				
Female								
Lung cancer	3	13.8 (3.0, 39.2)	32	7.0 (4.6, 10.1)	1.98	(0.62, 6.32)	6.8	
COPD	2	10.4 (1.5, 34.0)	21	4.3 (2.6, 6.7)	2.39	(0.62, 9.17)	6.1	
Ischaemic heart disease	2	9.9 (1.3, 34.1)	20	4.2 (2.5, 6.5)	2.40	(0.59, 9.73)	5.7	
Cerebrovascular disease	2	8.6 (1.0, 30.9)	17	4.6 (2.3, 7.7)	1.88	(0.42, 8.36)	4.0	
Suicide and self-inflicted injuries	1	7.7 (0.2, 38.3)	10	6.4 (2.9, 12.1)	1.20	(0.18, 8.23)	1.3	
Male								
Ischaemic heart disease	7	32.5 (12.9, 67.0)	59	13.9 (10.2, 18.5)	2.33	(1.05, 5.18)	18.6	
Suicide and self-inflicted injuries	6	36.2 (12.2, 81.6)	29	17.1 (10.9, 25.2)	2.12	(0.83, 5.38)	19.1	
Lung cancer	4	17.9 (4.9, 45.2)	34	7.5 (5.1, 10.6)	2.40	(0.86, 6.73)	10.4	
Diabetes	2	10.7 (1.1, 37.7)	9	2.2 (0.9, 4.5)	4.80	(1.02, 22.66)	8.5	
Cerebrovascular disease	2	8.9 (0.9, 32.2)	14	3.8 (1.7, 6.8)	2.35	(0.51, 10.91)	5.1	
Total								
Ischaemic heart disease	9	21.2 (9.7, 40.0)	80	9.0 (6.9, 11.5)	2.36	(1.18, 4.72)	12.2	
Suicide and self-inflicted injuries	7	21.9 (8.4, 45.9)	39	11.7 (8.1, 16.4)	1.87	(0.81, 4.30)	10.2	
Lung cancer	7	16.0 (6.5, 32.4)	66	7.2 (5.5, 9.3)	2.22	(1.03, 4.78)	8.8	
COPD	4	9.5 (2.8, 23.3)	41	4.2 (2.9, 5.7)	2.27	(0.84, 6.11)	5.3	
Cerebrovascular disease	4	8.7 (2.3, 22.2)	31	4.2 (2.6, 6.2)	2.07	(0.71, 6.03)	4.5	

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates in the DHB. Cerebrovascular disease includes stroke.

Table 43 - Leading causes of potentially avoidable deaths, ages 0-74 years, Aotearoa, 2014 to 2018

Cause	Māori		non-Māori		Māori/non-Māori rate ratio (95% CI)		non-Māori leading cause
	Age-standardised rate per 100,000 (95% CI)		Age-standardised rate per 100,000 (95% CI)				
Female							
Lung cancer	24.6	(20.8, 28.9)	6.0	(5.3, 6.7)	4.11	(3.38, 5.00)	Breast cancer
Ischaemic heart disease	14.5	(11.5, 17.9)	3.9	(3.4, 4.5)	3.67	(2.85, 4.74)	Lung cancer
COPD	11.2	(8.7, 14.1)	3.1	(2.7, 3.6)	3.59	(2.72, 4.74)	Ischaemic heart disease
Breast cancer	11.7	(8.9, 15.1)	8.1	(7.2, 9.1)	1.45	(1.09, 1.92)	Colorectal cancer
Diabetes	9.7	(7.3, 12.6)	1.7	(1.4, 2.2)	5.56	(3.91, 7.91)	COPD
Male							
Ischaemic heart disease	42.1	(36.7, 48.1)	15.5	(14.4, 16.7)	2.71	(2.33, 3.16)	Ischaemic heart disease
Lung cancer	24.0	(20.1, 28.5)	6.7	(6.0, 7.5)	3.59	(2.93, 4.40)	Lung cancer
Suicide and self-inflicted injuries	23.8	(18.9, 29.5)	12.9	(11.4, 14.6)	1.84	(1.43, 2.36)	Suicide and self-inflicted injuries
Diabetes	15.5	(12.3, 19.3)	2.8	(2.3, 3.3)	5.64	(4.24, 7.51)	Colorectal cancer
Motor vehicle accidents	16.1	(12.2, 20.7)	7.0	(5.8, 8.4)	2.29	(1.68, 3.13)	Cerebrovascular disease
Total							
Ischaemic heart disease	27.6	(24.5, 30.9)	9.6	(9.0, 10.2)	2.88	(2.52, 3.28)	Ischaemic heart disease
Lung cancer	24.3	(21.6, 27.4)	6.3	(5.8, 6.8)	3.85	(3.34, 4.43)	Lung cancer
Diabetes	12.4	(10.4, 14.7)	2.2	(1.9, 2.6)	5.58	(4.47, 6.96)	Colorectal cancer
Suicide and self-inflicted injuries	16.9	(14.0, 20.2)	8.6	(7.7, 9.6)	1.96	(1.59, 2.41)	Suicide and self-inflicted injuries
COPD	10.4	(8.6, 12.4)	3.2	(2.8, 3.5)	3.30	(2.68, 4.05)	COPD

Source: Mortality dataset, Ministry of Health.

Note: Ratios in bold show that Māori rates were significantly different from non-Māori rates. Cerebrovascular disease includes stroke.

Whānau ora

Healthy families

Proactively Released

4. Whānau ora – Healthy families

Māori models of health encompass cultural vitality and whānau wellbeing. Indicators of these dimensions of health specific for Māori in each IMPB are included in these profiles, sourced from Te Kupenga 2018, the Māori Social Survey conducted in 2018 by StatsNZ. In 2018, this was a survey of almost 8,500 adults (aged 15 years and over) of Māori ethnicity and/or descent. Further information on Te Kupenga can be found [here](#)⁷. Data from Te Kupenga are presented for Māori only. For Te Kupenga survey data presented in this report, the IMPB area has been mapped to SA2 geographic areas.

Based on a scale where 0 is doing extremely badly and 10 is doing extremely well most Māori (76.3%) in Te Tauraki (Table 44) reported their whānau was doing well (7/10 or greater). Just under a quarter of Māori (23.8%) in Te Tauraki reported that their whānau was not doing well (6/10 or less).

Table 44 - Whānau well-being reported by Māori aged 15 years and over, Te Tauraki and Aotearoa, 2018

How the whānau is doing	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
(10 out of 10)	10.4	(8.4, 12.4)	12.9	(12.1, 13.7)
(9 out of 10)	16.7	(14.2, 19.1)	12.8	(11.9, 13.6)
(8 out of 10)	25.1	(22.5, 27.8)	24.4	(23.3, 25.6)
(7 out of 10)	24.1	(21.3, 26.9)	23.5	(22.5, 24.6)
(0–6 out of 10)	23.8	(21.2, 26.3)	26.4	(25.2, 27.6)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Reported whānau wellbeing in Canterbury DHB shows that 75% of Māori (Table 46) reported their whānau was doing well (7/10 or greater), compared to 76.3% of Māori in Southern DHB (Table 48). However, based on the numbers of participants in the 2018 Te Kupenga survey, it is not possible to determine whether these findings represent true differences. Two of the DHBs in Te Tauraki, West Coast (Table 45) and South Canterbury (Table 47) have survey numbers that are too small for reliable estimates.

Table 45 - Whānau well-being reported by Māori aged 15 years and over, West Coast DHB and Aotearoa, 2018

How the whānau is doing	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
(10 out of 10)	S	(NA, NA)	12.9	(12.1, 13.7)
(9 out of 10)	S	(NA, NA)	12.8	(11.9, 13.6)
(8 out of 10)	S	(NA, NA)	24.4	(23.3, 25.6)
(7 out of 10)	S	(NA, NA)	23.5	(22.5, 24.6)
(0–6 out of 10)	25.9 *	(15.1, 36.7)	26.4	(25.2, 27.6)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%, NA = Not Available, S = suppressed: number too small for reliable estimate.

⁷ <https://www.stats.govt.nz/information-releases/te-kupenga-2018-final-english>

Table 46 - Whānau well-being reported by Māori aged 15 years and over, Canterbury DHB and Aotearoa, 2018

How the whānau is doing	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
(10 out of 10)	10.1 *	(7.0, 13.2)	12.9	(12.1, 13.7)
(9 out of 10)	16.0	(12.2, 19.8)	12.8	(11.9, 13.6)
(8 out of 10)	23.9	(19.6, 28.2)	24.4	(23.3, 25.6)
(7 out of 10)	25.0	(21.2, 28.8)	23.5	(22.5, 24.6)
(0–6 out of 10)	25.0	(21.1, 28.9)	26.4	(25.2, 27.6)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%.

Table 47 - Whānau well-being reported by Māori aged 15 years and over, South Canterbury DHB and Aotearoa, 2018

How the whānau is doing	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
(10 out of 10)	S	(NA, NA)	12.9	(12.1, 13.7)
(9 out of 10)	S	(NA, NA)	12.8	(11.9, 13.6)
(8 out of 10)	26.9 *	(15.2, 38.6)	24.4	(23.3, 25.6)
(7 out of 10)	29.5 **	(5.8, 53.3)	23.5	(22.5, 24.6)
(0–6 out of 10)	S	(NA, NA)	26.4	(25.2, 27.6)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%, ** shows a sampling error of 50% or more but less than 100%, NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 48 - Whānau well-being reported by Māori aged 15 years and over, Southern DHB and Aotearoa, 2018

How the whānau is doing	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
(10 out of 10)	9.9	(8.0, 11.9)	12.9	(12.1, 13.7)
(9 out of 10)	16.6	(13.8, 19.4)	12.8	(11.9, 13.6)
(8 out of 10)	27.2	(23.3, 31.1)	24.4	(23.3, 25.6)
(7 out of 10)	22.6	(18.3, 27.0)	23.5	(22.5, 24.6)
(0–6 out of 10)	23.7	(20.5, 26.8)	26.4	(25.2, 27.6)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

When thinking about who made up the whānau, just under a quarter of Māori (22.5%) in Te Tauraki included “close friends or others” (Table 49). This figure was highest for West Coast DHB (Table 50) at 45.1% for Māori (compared to 22.6% for Māori nationally), 19.7% for Māori in Canterbury DHB (Table 51) and 23.6% for Māori in Southern DHB (Table 53). South Canterbury DHB (Table 52) has survey numbers that are too small for reliable estimates.

Table 49 - Whānau composition reported by Māori aged 15 years and over, Te Tauraki and Aotearoa, 2018

Whānau description	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
Size of whānau				
10 or less	57.0	(53.6, 60.4)	52.1	(50.6, 53.6)
11 to 20	23.6	(20.7, 26.4)	24.2	(23.0, 25.4)
More than 20	19.4	(16.6, 22.3)	23.7	(22.3, 25)
Groups included in whānau				
Parents, partner, children, brothers and sisters	97.7	(96.4, 99.1)	97.4	(97.0, 97.8)
Grandparents, grandchildren	40.2	(36.3, 44.1)	39.0	(37.5, 40.5)
Aunts and uncles, cousins, nephews and nieces, other in-laws	42.8	(39.1, 46.5)	48.6	(47.1, 50.2)
Close friends, others	22.5	(19.3, 25.6)	22.6	(21.3, 23.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 50 - Whānau composition reported by Māori aged 15 years and over, West Coast DHB and Aotearoa, 2018

Whānau description	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
Size of whānau				
10 or less	41.8 *	(25.6, 58.1)	52.1	(50.6, 53.6)
11 to 20	25.6 *	(13.0, 38.2)	24.2	(23.0, 25.4)
More than 20	32.6 **	(16.1, 49.0)	23.7	(22.3, 25.0)
Groups included in whānau				
Parents, partner, children, brothers and sisters	99.4	(98.3, 100.6)	97.4	(97.0, 97.8)
Grandparents, grandchildren	42.7 *	(24.2, 61.2)	39.0	(37.5, 40.5)
Aunts and uncles, cousins, nephews and nieces, other in-laws	53.0	(40.1, 65.8)	48.6	(47.1, 50.2)
Close friends, others	45.1	(32.8, 57.4)	22.6	(21.3, 23.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%. ** shows a sampling error of 50% or more but less than 100%

Table 51 - Whānau composition reported by Māori aged 15 years and over, Canterbury DHB and Aotearoa, 2018

Whānau description	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Size of whānau				
10 or less	57.1	(51.8, 62.5)	52.1	(50.6, 53.6)
11 to 20	24.1	(19.7, 28.5)	24.2	(23.0, 25.4)
More than 20	18.8	(14.2, 23.4)	23.7	(22.3, 25.0)
Groups included in whānau				
Parents, partner, children, brothers and sisters	97.5	(96.3, 98.8)	97.4	(97.0, 97.8)
Grandparents, grandchildren	41.1	(34.8, 47.3)	39.0	(37.5, 40.5)
Aunts and uncles, cousins, nephews and nieces, other in-laws	41.7	(35.9, 47.6)	48.6	(47.1, 50.2)
Close friends, others	19.7	(14.8, 24.6)	22.6	(21.3, 23.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 52 - Whānau composition reported by Māori aged 15 years and over, South Canterbury DHB and Aotearoa, 2018

Whānau description	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Size of whānau				
10 or less	66.5	(51.9, 81.1)	52.1	(50.6, 53.6)
11 to 20	S	(NA, NA)	24.2	(23.0, 25.4)
More than 20	S	(NA, NA)	23.7	(22.3, 25.0)
Groups included in whānau				
Parents, partner, children, brothers and sisters	100.0	(100, 100)	97.4	(97.0, 97.8)
Grandparents, grandchildren	24.6 **	(11.0, 38.3)	39.0	(37.5, 40.5)
Aunts and uncles, cousins, nephews and nieces, other in-laws	28.4 **	(12.0, 44.8)	48.6	(47.1, 50.2)
Close friends, others	S	(NA, NA)	22.6	(21.3, 23.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: ** shows a sampling error of 50% or more but less than 100%, NA = Not Available, S = suppressed: number too small for reliable estimate

Table 53 - Whānau composition reported by Māori aged 15 years and over, Southern DHB and Aotearoa, 2018

Whānau description	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
Size of whānau				
10 or less	57.6	(52.7, 62.4)	52.1	(50.6, 53.6)
11 to 20	23.3	(19.8, 26.7)	24.2	(23.0, 25.4)
More than 20	19.2	(15.3, 23.1)	23.7	(22.3, 25.0)
Groups included in whānau				
Parents, partner, children, brothers and sisters	97.4	(94.2, 100.7)	97.4	(97.0, 97.8)
Grandparents, grandchildren	41.0	(36.2, 45.9)	39.0	(37.5, 40.5)
Aunts and uncles, cousins, nephews and nieces, other in-laws	45.1	(41.0, 49.2)	48.6	(47.1, 50.2)
Close friends, others	23.6	(19.4, 27.7)	22.6	(21.3, 23.8)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Most Māori (79.8%) in Te Tauraki reported it was easy or very easy to get support in times of need (Table 54). This was similar across the four DHBs, with 81.0% of Māori in West Coast DHB (Table 55), 78.5% in Canterbury DHB (Table 56), 88.3% in South Canterbury (Table 57) and 80.1% in Southern DHB (Table 58) reporting that it was easy or very easy to get support in times of need. Fewer Māori in Te Tauraki (46.5%) reported it was easy or very easy to get help with Māori cultural practices, such as going to a tangi, speaking at a hui or blessing a taonga than Māori nationally (Table 54). Looking at this by DHB, 57.6% of Māori in West Coast DHB (Table 55), 43.3% in Canterbury DHB (Table 56), 47.6% in South Canterbury DHB (Table 57) and 49.5% in Southern DHB (Table 58) reported it was easy or very easy to get help with Māori cultural practices.

Table 54 - Access to whānau support, Māori aged 15 years and over, Te Tauraki and Aotearoa, 2018

How easy is it to get help	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
Support in times of need				
Easy, very easy	79.8	(77.0, 82.6)	76.1	(74.9, 77.3)
Sometimes easy, sometimes hard	13.6	(11.3, 16.0)	16.4	(15.5, 17.4)
Hard, very hard	6.6	(5.1, 8.0)	7.5	(6.7, 8.3)
Help with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga				
Easy, very easy	46.5	(43.1, 50.0)	59.0	(57.7, 60.3)
Sometimes easy, sometimes hard	21.2	(18.3, 24.0)	18.9	(17.9, 19.9)
Hard, very hard	25.5	(22.4, 28.6)	18.1	(17.0, 19.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 55 - Access to whānau support, Māori aged 15 years and over, West Coast DHB and Aotearoa, 2018

How easy is it to get help	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
Support in times of need				
Easy, very easy	81.0	(69.0, 93.1)	76.1	(74.9, 77.3)
Sometimes easy, sometimes hard	S	(NA, NA)	16.4	(15.5, 17.4)
Hard, very hard	S	(NA, NA)	7.5	(6.7, 8.3)
Help with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga				
Easy, very easy	57.6	(45.2, 70.0)	59.0	(57.7, 60.3)
Sometimes easy, sometimes hard	S	(NA, NA)	18.9	(17.9, 19.9)
Hard, very hard	S	(NA, NA)	18.1	(17.0, 19.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 56 - Access to whānau support, Māori aged 15 years and over, Canterbury DHB and Aotearoa, 2018

How easy is it to get help	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Support in times of need				
Easy, very easy	78.5	(73.9, 83.2)	76.1	(74.9, 77.3)
Sometimes easy, sometimes hard	15.0	(11.0, 18.9)	16.4	(15.5, 17.4)
Hard, very hard	6.5 *	(4.3, 8.7)	7.5	(6.7, 8.3)
Help with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga				
Easy, very easy	43.3	(37.3, 49.3)	59.0	(57.7, 60.3)
Sometimes easy, sometimes hard	22.0	(18.1, 25.9)	18.9	(17.9, 19.9)
Hard, very hard	25.8	(20.3, 31.3)	18.1	(17.0, 19.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 57 - Access to whānau support, Māori aged 15 years and over, South Canterbury DHB and Aotearoa, 2018

How easy is it to get help	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Support in times of need				
Easy, very easy	88.3	(77.1, 99.6)	76.1	(74.9, 77.3)
Sometimes easy, sometimes hard	S	(NA, NA)	16.4	(15.5, 17.4)
Hard, very hard	S	(NA, NA)	7.5	(6.7, 8.3)
Help with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga				
Easy, very easy	47.6 *	(31.1, 64.0)	59.0	(57.7, 60.3)
Sometimes easy, sometimes hard	23.2 **	(10.1, 36.2)	18.9	(17.9, 19.9)
Hard, very hard	27.6 *	(14.6, 40.6)	18.1	(17.0, 19.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%, ** shows a sampling error of 50% or more but less than 100%, NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 58 - Access to whānau support, Māori aged 15 years and over, Southern DHB and Aotearoa, 2018

How easy is it to get help	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
Support in times of need				
Easy, very easy	80.1	(77.3, 82.9)	76.1	(74.9, 77.3)
Sometimes easy, sometimes hard	12.8	(10.8, 14.8)	16.4	(15.5, 17.4)
Hard, very hard	7.1	(5.2, 9.0)	7.5	(6.7, 8.3)
Help with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga				
Easy, very easy	49.5	(46.1, 52.8)	59.0	(57.7, 60.3)
Sometimes easy, sometimes hard	20.1	(16.2, 24.0)	18.9	(17.9, 19.9)
Hard, very hard	25.2	(20.9, 29.4)	18.1	(17.0, 19.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Being involved in Māori culture was very/quite important to 32.7% of Māori in Te Tauraki, and spirituality was very/quite important to 21.3% of Māori in Te Tauraki (Table 59). Only 14.3% of Māori respondents in Te Tauraki reported that being involved in Māori culture was not at all important to them.

In Canterbury DHB (Table 61), being involved in Māori culture was very/quite important to 33.9% of Māori and spirituality was very/quite important to 37.1%. Māori in Southern DHB (32.7%) were less likely than Māori nationally (48.7%) to report that spirituality was very/quite important to them (although small numbers may mean that these findings are not statistically significant) (Table 63). West Coast DHB (Table 60) and South Canterbury DHB (Table 62) have survey numbers that are too small for reliable estimates for the importance of being involved in Māori culture. In South Canterbury DHB (Table 62), 47.1% of Māori report that spirituality was very/quite important to them.

Table 59 - Importance of Māori culture and spirituality, Māori aged 15 years and over, Te Tauraki and Aotearoa, 2018

	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
Importance of being involved in Māori culture				
Very important	11.7	(9.9, 13.5)	22.1	(21.1, 23.1)
Quite important	21.0	(18.5, 23.5)	23.2	(22.1, 24.3)
Somewhat	27.1	(24.0, 30.1)	25.8	(24.7, 26.9)
A little important	26.0	(22.5, 29.4)	18.3	(17.1, 19.5)
Not at all important	14.3	(11.6, 16.9)	10.6	(9.7, 11.6)
Importance of spirituality				
Very important	19.8	(17.1, 22.5)	30.7	(29.5, 31.9)
Quite important	17.5	(14.9, 20.1)	18.0	(16.9, 19.0)
Somewhat	17.2	(14.6, 19.8)	16.8	(15.9, 17.8)
A little important	17.2	(14.9, 19.5)	15.3	(14.3, 16.2)
Not at all important	28.4	(25.5, 31.2)	19.2	(18.1, 20.4)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 60 - Importance of Māori culture and spirituality, Māori aged 15 years and over, West Coast DHB and Aotearoa, 2018

	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
Importance of being involved in Māori culture				
Very important	S	(NA, NA)	22.1	(21.1, 23.1)
Quite important	S	(NA, NA)	23.2	(22.1, 24.3)
Somewhat	S	(NA, NA)	25.8	(24.7, 26.9)
A little important	31.2 *	(17.2, 45.2)	18.3	(17.1, 19.5)
Not at all important	S	(NA, NA)	10.6	(9.7, 11.6)
Importance of spirituality				
Very important	S	(NA, NA)	30.7	(29.5, 31.9)
Quite important	S	(NA, NA)	18.0	(16.9, 19)
Somewhat	S	(NA, NA)	16.8	(15.9, 17.8)
A little important	29.6 *	(18.6, 40.5)	15.3	(14.3, 16.2)
Not at all important	S	(NA, NA)	19.2	(18.1, 20.4)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%. NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 61 - Importance of Māori culture and spirituality, Māori aged 15 years and over, Canterbury DHB and Aotearoa, 2018

	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Importance of being involved in Māori culture				
Very important	11.3	(8.4, 14.1)	22.1	(21.1, 23.1)
Quite important	22.6	(18.6, 26.7)	23.2	(22.1, 24.3)
Somewhat	27.3	(23.3, 31.2)	25.8	(24.7, 26.9)
A little important	26.0	(21.0, 31.0)	18.3	(17.1, 19.5)
Not at all important	12.8 *	(8.7, 16.9)	10.6	(9.7, 11.6)
Importance of spirituality				
Very important	21.1	(17.1, 25.0)	30.7	(29.5, 31.9)
Quite important	16.0	(12.7, 19.3)	18	(16.9, 19.0)
Somewhat	19.4	(15.4, 23.4)	16.8	(15.9, 17.8)
A little important	14.4	(10.9, 18.0)	15.3	(14.3, 16.2)
Not at all important	29.1	(24.8, 33.4)	19.2	(18.1, 20.4)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%.

Table 62 - Importance of Māori culture and spirituality, Māori aged 15 years and over, South Canterbury DHB and Aotearoa, 2018

	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Importance of being involved in Māori culture				
Very important	S	(NA, NA)	22.1	(21.1, 23.1)
Quite important	21.6 **	(8.5, 34.8)	23.2	(22.1, 24.3)
Somewhat	27.2 **	(10.2, 44.2)	25.8	(24.7, 26.9)
A little important	35.4 *	(19.6, 51.2)	18.3	(17.1, 19.5)
Not at all important	S	(NA, NA)	10.6	(9.7, 11.6)
Importance of spirituality				
Very important	21.0 **	(3.7, 38.4)	30.7	(29.5, 31.9)
Quite important	26.1 **	(7.5, 44.8)	18.0	(16.9, 19.0)
Somewhat	S	(NA, NA)	16.8	(15.9, 17.8)
A little important	S	(NA, NA)	15.3	(14.3, 16.2)
Not at all important	23.0 **	(6.3, 39.7)	19.2	(18.1, 20.4)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%. ** shows a sampling error of 50% or more but less than 100%, NA = Not Available, S = suppressed: number too small for reliable estimate

Table 63 - Importance of Māori culture and spirituality, Māori aged 15 years and over, Southern DHB and Aotearoa, 2018

	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
Importance of being involved in Māori culture				
Very important	13.8	(11.5, 16.0)	22.1	(21.1, 23.1)
Quite important	18.9	(16.4, 21.3)	23.2	(22.1, 24.3)
Somewhat	27.8	(22.8, 32.8)	25.8	(24.7, 26.9)
A little important	23.7	(19.4, 28.0)	18.3	(17.1, 19.5)
Not at all important	15.9	(12.5, 19.3)	10.6	(9.7, 11.6)
Importance of spirituality				
Very important	18.6	(15.7, 21.5)	30.7	(29.5, 31.9)
Quite important	17.7	(13.6, 21.8)	18.0	(16.9, 19.0)
Somewhat	14.7	(12.4, 17.1)	16.8	(15.9, 17.8)
A little important	19.3	(16.8, 21.9)	15.3	(14.3, 16.2)
Not at all important	29.6	(25.2, 34.1)	19.2	(18.1, 20.4)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

In Te Tauraki in 2018, 11.7% of Māori aged 15 years and over used te reo Māori regularly in the home compared to 18.4% of Māori nationally (Table 64). In Canterbury DHB (Table 66), 12.5% used te reo Māori regularly, and 11.1% in Southern DHB (Table 68). Small numbers in the Te Kupenga survey sample make it difficult to assess te reo Māori use accurately for West Coast (Table 65) and South Canterbury (Table 67) DHBs.

Table 64 - Use of te reo Māori in the home, Māori aged 15 years and over, Te Tauraki and Aotearoa, 2018

Language spoken at home	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
Māori is main language	S	(NA, NA)	1.8	(1.3, 2.2)
Māori is used regularly	11.7	(9.8, 13.7)	18.4	(17.3, 19.5)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 65 - Use of te reo Māori in the home, Māori aged 15 years and over, West Coast DHB and Aotearoa, 2018

Language spoken at home	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
Māori is main language	S	(NA, NA)	1.8	(1.3, 2.2)
Māori is used regularly	S	(NA, NA)	18.4	(17.3, 19.5)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 66 - Use of te reo Māori in the home, Māori aged 15 years and over, Canterbury DHB and Aotearoa, 2018

Language spoken at home	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Māori is main language	S	(NA, NA)	1.8	(1.3, 2.2)
Māori is used regularly	12.5	(9.4, 15.7)	18.4	(17.3, 19.5)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 67 - Use of te reo Māori in the home, Māori aged 15 years and over, South Canterbury DHB and Aotearoa, 2018

Language spoken at home	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
Māori is main language	S	(NA, NA)	1.8	(1.3, 2.2)
Māori is used regularly	S	(NA, NA)	18.4	(17.3, 19.5)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 68 - Use of te reo Māori in the home, Māori aged 15 years and over, Southern DHB and Aotearoa, 2018

Language spoken at home	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
Māori is main language	S	(NA, NA)	1.8	(1.3, 2.2)
Māori is used regularly	11.1	(9.0, 13.2)	18.4	(17.3, 19.5)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

In 2018, almost all Māori aged 15 years and over in Te Tauraki (89.9%) had been to a marae, and of those (30.1%) had been in the last 12 months (Table 69). Of those who had ever been to a marae and who knew their ancestral marae, 69.5% had been to an ancestral marae at some time, with 23.9% noting that they had been in the last 12 months, and 69.7% reporting that they would like to go more often.

In West Coast DHB, 88.3% of Māori aged 15 years and over had been to a marae, and of those 34.9% had been in the last 12 months (Table 70). Of those who had ever been to a marae and who knew their ancestral marae, 76.1% said they had been to an ancestral marae at some time, and 68.2% would like to go more often. Other numbers are too small to be reliable.

In Canterbury DHB, 89.4% of Māori aged 15 years and over had been to a marae, and of those 30.1% had been in the last 12 months (Table 71). Of those who had ever been to a marae and who knew their ancestral marae, 69.0% said they had been to an ancestral marae at some time, although only 27% in the last 12 months, and 70.4% would like to go more often.

In South Canterbury DHB, 90.3% of Māori aged 15 years and over had been to a marae, and of those 32.2% had been in the last 12 months (Table 72). Of those who had ever been to a marae and who knew their ancestral marae, 61.1% said they had been to an ancestral marae at some time and 78.4% would like to go more often. Other numbers are too small to be reliable.

In Southern DHB, 90.6% of Māori aged 15 years and over had been to a marae, and of those 32.8% had been in the last 12 months (Table 73). Of those who had ever been to a marae and who knew their ancestral marae, 69.5% said they had been to an ancestral marae at some time, 21% in the last 12 months and 67.7% would like to go more often.

Table 69 - Access to marae, Māori aged 15 years and over, Te Tauraki and Aotearoa, 2018

Been to marae	Te Tauraki		Aotearoa	
	%	(95% CI)	%	(95% CI)
At some time	89.9	(87.6, 92.2)	96.6	(96.0, 97.1)
In previous 12 months ^[1]	31.4	(28.3, 34.5)	51.8	(50.6, 53.1)
Ancestral marae at some time ^{[1][2]}	69.5	(65.4, 73.6)	84.3	(82.9, 85.6)
Ancestral marae in previous 12 months ^{[1][2]}	23.9	(20.1, 27.7)	44.3	(42.6, 45.9)
Like to go to ancestral marae more often ^{[1][2]}	69.7	(66.7, 72.8)	63.6	(62.1, 65.1)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: [1] Those who had been to a marae at some time. [2] Includes only those who knew their ancestral marae.

Table 70 - Access to marae, Māori aged 15 years and over, West Coast DHB and Aotearoa, 2018

Been to marae	West Coast		Aotearoa	
	%	(95% CI)	%	(95% CI)
At some time	88.3	(77.8, 98.7)	96.6	(96.0, 97.1)
In previous 12 months ^[1]	34.9 *	(19.8, 50.1)	51.8	(50.6, 53.1)
Ancestral marae at some time ^{[1][2]}	76.1	(63.4, 88.9)	84.3	(82.9, 85.6)
Ancestral marae in previous 12 months ^{[1][2]}	S	(NA, NA)	44.3	(42.6, 45.9)
Like to go to ancestral marae more often ^{[1][2]}	68.2	(55.7, 80.8)	63.6	(62.1, 65.1)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: [1] Those who had been to a marae at some time. [2] Includes only those who knew their ancestral marae. An asterisk (*) shows the sampling error is 30% or more but less than 50%, NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 71 - Access to marae, Māori aged 15 years and over, Canterbury DHB and Aotearoa, 2018

Been to marae	Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
At some time	89.4	(85.6, 93.3)	96.6	(96.0, 97.1)
In previous 12 months ^[1]	30.1	(25.1, 35.0)	51.8	(50.6, 53.1)
Ancestral marae at some time ^{[1][2]}	69.6	(62.8, 76.5)	84.3	(82.9, 85.6)
Ancestral marae in previous 12 months ^{[1][2]}	27.0	(21.3, 32.8)	44.3	(42.6, 45.9)
Like to go to ancestral marae more often ^{[1][2]}	70.4	(64.7, 76.1)	63.6	(62.1, 65.1)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: [1] Those who had been to a marae at some time. [2] Includes only those who knew their ancestral marae.

Table 72 - Access to marae, Māori aged 15 years and over, South Canterbury DHB and Aotearoa, 2018

Been to marae	South Canterbury		Aotearoa	
	%	(95% CI)	%	(95% CI)
At some time	90.3	(81.6, 99.0)	96.6	(96.0, 97.1)
In previous 12 months ^[1]	32.2 **	(13.9, 50.6)	51.8	(50.6, 53.1)
Ancestral marae at some time ^{[1][2]}	61.1	(45.3, 76.8)	84.3	(82.9, 85.6)
Ancestral marae in previous 12 months ^{[1][2]}	S	(NA, NA)	44.3	(42.6, 45.9)
Like to go to ancestral marae more often ^{[1][2]}	78.4	(65.7, 91.2)	63.6	(62.1, 65.1)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: [1] Those who had been to a marae at some time. [2] Includes only those who knew their ancestral marae. ** shows a sampling error of 50% or more but less than 100%, NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 73 - Access to marae, Māori aged 15 years and over, Southern and Aotearoa, 2018

Been to marae	Southern		Aotearoa	
	%	(95% CI)	%	(95% CI)
At some time	90.6	(88.8, 92.5)	96.6	(96.0, 97.1)
In previous 12 months ^[1]	32.8	(28.9, 36.8)	51.8	(50.6, 53.1)
Ancestral marae at some time ^{[1][2]}	69.5	(65.1, 73.8)	84.3	(82.9, 85.6)
Ancestral marae in previous 12 months ^{[1][2]}	21.0	(16.5, 25.5)	44.3	(42.6, 45.9)
Like to go to ancestral marae more often ^{[1][2]}	67.7	(63.4, 72.0)	63.6	(62.1, 65.1)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: [1] Those who had been to a marae at some time. [2] Includes only those who knew their ancestral marae.

In 2018, 5.9% of Māori aged 15 years and over in Te Tauraki had taken part in traditional healing or massage in the past 12 months compared to 12.3% nationally (Table 74). This figure was 6.4% for Māori in Canterbury DHB (Table 76) and 5.6% for Māori in Southern DHB (Table 78). Other numbers are too small to be reliable.

Table 74 - Māori aged 15 years and over who took part in traditional healing or massage in last 12 months, Te Tauraki and Aotearoa, 2018

Te Tauraki		Aotearoa	
%	(95% CI)	%	(95% CI)
5.9	(4.6, 7.1)	12.3	(11.4, 13.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Table 75 - Māori aged 15 years and over who took part in traditional healing or massage in last 12 months, West Coast DHB and Aotearoa, 2018

West Coast		Aotearoa	
%	(95% CI)	%	(95% CI)
S	(NA, NA)	12.3	(11.4, 13.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 76 - Māori aged 15 years and over who took part in traditional healing or massage in last 12 months, Canterbury DHB and Aotearoa, 2018

Canterbury		Aotearoa	
%	(95% CI)	%	(95% CI)
6.4 *	(4.4, 8.3)	12.3	(11.4, 13.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%.

Table 77 - Māori aged 15 years and over who took part in traditional healing or massage in last 12 months, South Canterbury DHB and Aotearoa, 2018

South Canterbury		Aotearoa	
%	(95% CI)	%	(95% CI)
S	(NA, NA)	12.3	(11.4, 13.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: NA = Not Available, S = suppressed: number too small for reliable estimate.

Table 78 - Māori aged 15 years and over who took part in traditional healing or massage in last 12 months, Southern DHB and Aotearoa, 2018

Southern		Aotearoa	
%	(95% CI)	%	(95% CI)
5.6 *	(3.8, 7.3)	12.3	(11.4, 13.2)

Source: Te Kupenga 2018, Statistics New Zealand customised report.

Notes: An asterisk (*) shows the sampling error is 30% or more but less than 50%.