



Te Taiwhenua o  
**HERETAUNGA**

# He Purapura Whetū

Survey Report



**Mauri Ora ki te Mana Māori**

*Strong Whānau, Vibrant Communities*

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# He kupu whakataki

## *Ka rere ngā purapura a Matariki The seeds of Matariki are falling*

As we approach the rising of Matariki, it is a good time to reflect on the services and support that we provide to our whānau. Understanding and addressing the health priorities of whānau is a fundamental step towards building a healthier, vibrant community and brighter future. He purapura whetū project is a step towards this and is the first of its kind for Te Taiwhenua o Heretaunga. It aims to capture and collate the true, undiluted voices of whānau to understand how health and wellbeing is determined by them, their needs, and any gaps in service delivery. The name of the project is inspired by the tukutuku pattern that represents a great number of people, thus personifying our organisation's mission: Mauri ora ki te Mana Māori, that is strong whānau, vibrant communities.

This report provides an insight into the current health landscape in Heretaunga and highlights our key priority areas in the coming year:

- Whānau wellbeing and resilience;
- Physical wellbeing; and,
- The development of a Kaumātua Strategic Plan

In the coming months, these areas will be prioritised through Heretaunga marae initiatives that place whānau at the centre and address some of their health and wellbeing needs. The key areas will also be front of mind when collaborating with our funders and in any new service design.

With whānau at the centre and our kaimahi walking beside them towards mana motuhake over their health and wellbeing, we foster a community where everyone thrives.

Nei rā te mihi a Hinetakurua ki a koutou,  
Tēnā koutou kātoa.



**Waylyn  
Tahuri-Whaipakanga**  
Kaiwhakahaere Matua  
Chief Executive Officer

## Acknowledgements

Te Taiwhenua o Heretaunga (TToH) acknowledge Te Aka Whai Ora for their vision and foresight in providing financial support for this research. Their investment has enabled the realisation of this project, He Purapura Whetū. The significant potential to improve the health and wellbeing of Māori within Heretaunga will be seen in future service planning over the next five to ten years as we place whānau at the centre of their own health outcome aspirations.

We acknowledge ngā marae o Heretaunga and their whānau who participated and took the time to complete the He Purapura Whetū survey. Without whānau involvement this research would not have been possible. Your voices have been heard and will shape the future of services delivered in Heretaunga.

Lastly, we would like to express our deepest gratitude to the He Oranga Motuhake Steering Group, Business Growth and Design (Jeanine Corke, Diana MacDonald, Bridget Paku, Karena Karauria and Alexandra Bartlett) and Lisa Jones for their invaluable guidance, encouragement, and support throughout the entire duration of this research project. Their expertise and constructive feedback have been instrumental in contributing to shaping the direction and outcomes of this research.

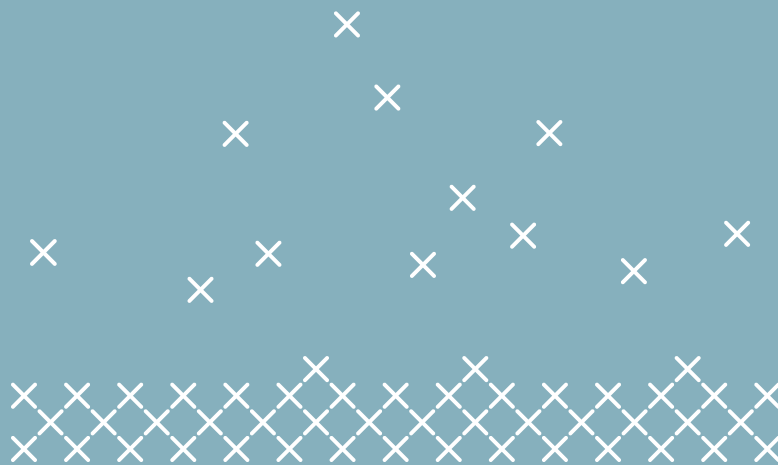


## Karakia

*Ka inoi atu nei mātou kia koe e te Kaihanga  
Kia tau mai tōu manaakitanga kia mātou  
Hei āwhina, hei tautoko i ngā mahi katoa  
Kia oti pai i ngā kaupapa  
Amene.*

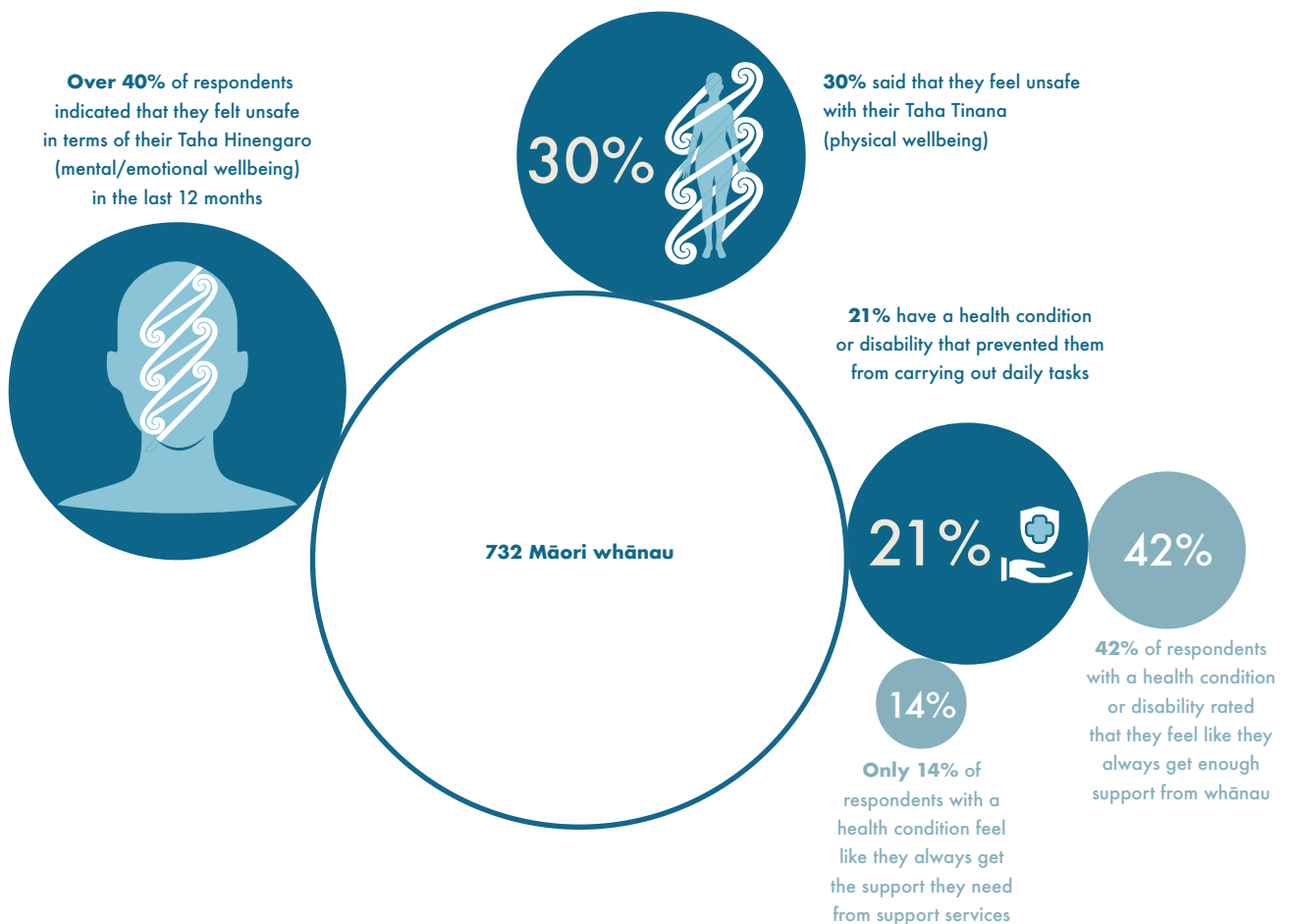
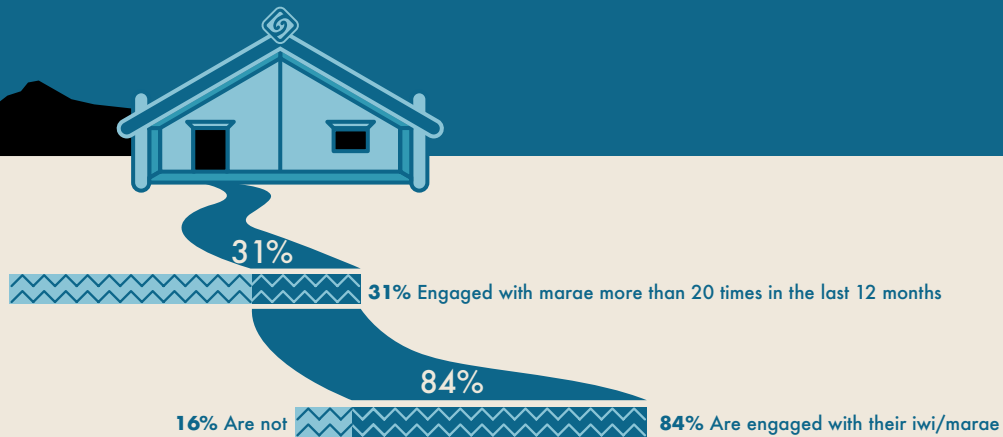
## Mihi Whakataū

*Ka tuku i ngā whakaaro ki ngā mate huhua o te wā  
Kua wehe atu ki tua o te ārai  
E ngā mate, haere, haere hoki atu rā  
Ka hoki mai ki tēnei ao hurihuri nei  
Tihei mauri ora!*



# Executive Summary

The He Purapura Whetū survey is the first research project of its kind undertaken by Te Taiwhenua o Heretaunga. This research project sought to investigate through an online survey the health and wellbeing status of Māori whānau living in Heretaunga. The research project launched with a short pilot exercise with Paki Paki marae that guided the full implementation of the survey. The research design and questions commenced with the framework that was developed by Dr Fiona Cram. This framework included a series of questions aligned to the Pae Ora Framework. It is envisaged that these research findings will help inform how existing services will be redesigned to better meet the needs of whānau and identify service gaps in which to engage with potential funders. Based on the He Purapura Whetū survey findings, 732 Māori whānau completed the survey. Of these whānau, the majority were connected or engaged with their marae.



# Executive Summary

The population projections show that in the next 10 years the Hastings District Māori population is expected to increase 14% to be 29,600 by 2033 and increase a further 11.5% in the following 10 years (2033 to 2043) to be 33,000. While all age groups experience some form of growth over the next 10 years, a more significant growth is seen in Māori older people in Hastings District who are projected to increase 68% over the next 10 years, from 1,900 in 2023 to 2,400 people by 2033. In all Māori, older people in Hastings District will increase 126% in the next 20 years from 1,900 people to 4,300 people.

From these survey results, key areas of priority and focus are:

- *Whānau wellbeing and resilience*
- *Physical wellbeing, and*
- *The development of a Kaumatua and Kuia Strategic Plan*

To provide a complete picture of health and wellbeing for Māori whānau residing in Heretaunga, population demographics and socio-economic determinants of health (education, income and housing) have been included in this report. Socio-economic factors are directly attributed with unequal health outcomes.

The socio-economic data shows that:

- Housing - Non-Māori have over twice the home ownership rates compared to Māori and are twice as likely to live in a damp and mouldy home.
- Education – 10 % of Māori have attained a degree or post graduate qualification compared to 20 % of non-Māori and 67 percent of Māori students in the Hastings District leave school with NCEA level 2 or above compared with 83 % of non- Māori.
- Income - The Hastings District Māori Medium income is \$22,300 compared to \$31,100 for non-Māori.

In addition, specific hauora datasets such as ambulatory sensitive hospitalisations (ASH) which are hospitalisations that are largely avoidable through early access to primary care have been included. Also, information regarding the low immunisation rates, poor oral health, self-harm and the leading causes of mortality for Māori.

## Introduction

Te Taiwhenua o Heretaunga (TToH) has been commissioned by Te Aka Whai Ora to undertake a three-year programme that aims to enhance the collective health and wellbeing intelligence of Māori whānau living within Heretaunga.

The purpose of this report is to present the undiluted voice and views of Māori whānau living within Heretaunga. In conjunction to this qualitative information, hauora and socioeconomic data have been collated to offer a more complete understanding of the health and wellbeing status of Māori whānau residing in Heretaunga.

The report provides a framework and a set of suggested questions aligned to Pae Ora (Healthy Futures). Pae Ora sets the future direction for a health system that is equitable, accessible, cohesive and people centred.

The overarching themes of Pae Ora and the Asking Māori about Wellbeing framework are:

- *Mauri Ora – Healthy Individuals*
- *Whānau Ora – Healthy Whānau*
- *Wai Ora – Healthy Environments*

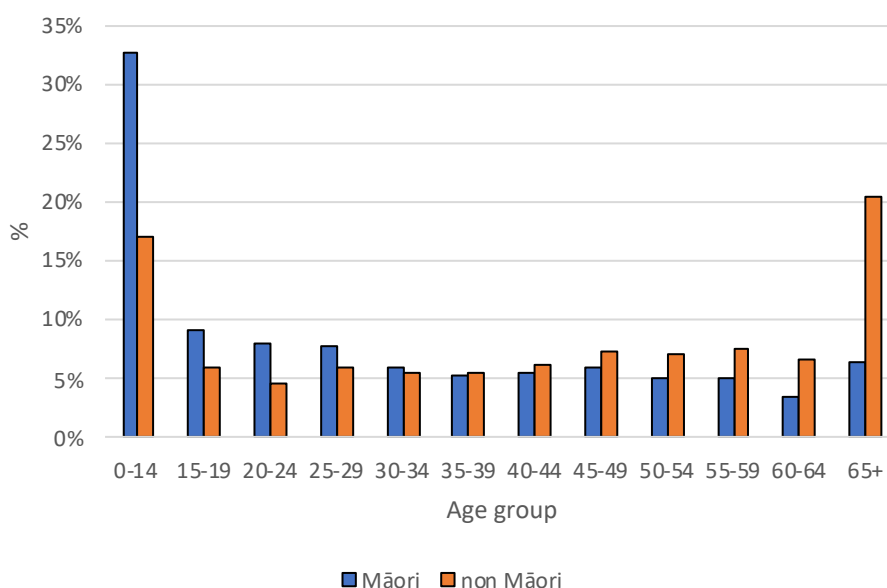
The key survey findings of Whānau Wellbeing and Resilience and Physical Wellbeing will commence a commissioning process with Heretaunga marae and community groups. This commissioning process will empower marae and community groups to determine initiatives that will address the key survey findings for Māori.



# Population Demographics

- 23,610 Māori reside in the Hastings District (2018 Estimated Residential Population). The most recent 2023 estimate is 25,900.
- 50% of the Māori population residing in the Hawke's Bay region live in the Hastings District, 31% of Māori (14,500) live in Napier City, 12 % of Māori live in Wairoa District and 7% in Central Hawke's Bay
- 45 % (1530) of all older Māori in Hawke's Bay region live in Hastings District, 26 % (850) live in Napier City, 19 % (630) live in Wairoa District and 8 % (260) in Central Hawke's Bay.
- 50 % (4050) of all Māori Rangatahi residing in Hawke's Bay live in Hastings District compared to 32 % (2550) living in Napier City, 11 % (870) in Wairoa district and 7 % (560) live in Central Hawke's Bay.
- 50 % (7670) of all Māori children living in Hawkes Bay live in Hastings District compared with 31 % (4810) in Napier city, 11 % (1690) in Wairoa district and 7 % (1130) live in Central Hawke's Bay.
- Māori (23,610), make up 27.8 % of the Hastings District population (84,690).
- 45 % of all 0-4-year old's (5,590) in Hasting's District are Māori children (n= 2,505)
- 11 % of Hastings District 65 years + population is Māori (n= 1,530)
- Hastings District Māori population has a younger age structure compared to the non- Māori population
- 50 % of the Hastings District Māori population is under 25 yrs of age compared to 28 % of the non- Māori population.
- On the other hand, 6 % of the Māori population is 65 years and over compared to 20 % of non- Māori

*Hastings District Population by % age group*



- 52 % (12,300) Māori live in the statistical areas with lower socio-economic deciles 9 and 10. Flaxmere, Camberley, Mayfair, Raureka, Hastings Central, Akina Park, Queens Square and Lucknow.
- 47 % n=700 of Māori 65 years and over population in Hastings District live in the statistical areas with lower socio-economic deciles 9 and 10. Flaxmere, Camberley, Mayfair, Raureka, Hastings Central, Akina Park, Queens Square and Lucknow.
- 53% of 0-4-year-old Māori children live in lower socio-economic areas 9 and 10.



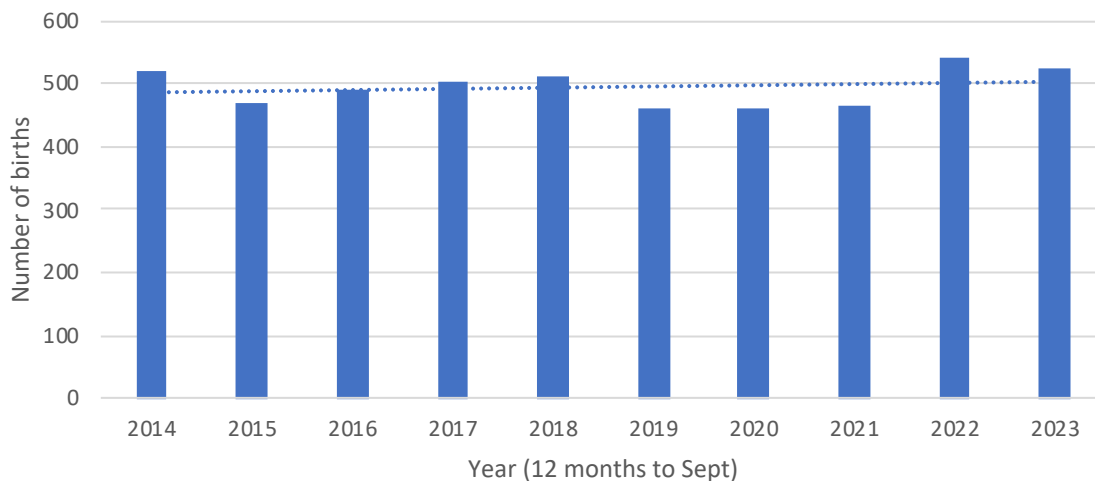
### Gender - 2018 Māori population

Age group	Total people	Male	Female	% Male	% Female
0-14 Years	7700	3900	3800	51%	49%
15-39 Years	8500	4200	4400	49%	52%
40-64 Years	5900	2700	3200	46%	54%
65 Years and over	1500	700	800	47%	53%
Total people, age	23600	11400	12200	48%	52%

### Live Births

- In the last three years there have been 3054 Māori babies born were domiciled in Hawke’s Bay.
- 50 % (1530) of all Māori babies born in Hawkes Bay are domiciled/live in Hastings District, 32 % (969) were domiciled in Napier City, 11 % (321) live in Wairoa District and 7 % (228) live in Central Hawkes Bay. There has been a recent increase in Māori births in Hasting District in the last two years (n=1062 babies in last two years)
- The impact of COVID saw a drop-in the numbers of babies born in Hawke’s Bay generally and this also impacted on the number of Māori births in the 2019, 2020 and 2021 period but Māori births In Hawke’s Bay are now higher than pre Covid numbers.
- In 2023 half of all babies born in the Hastings District were Māori infants (525) out of a total 1047.

### Hastings District Māori Live Births

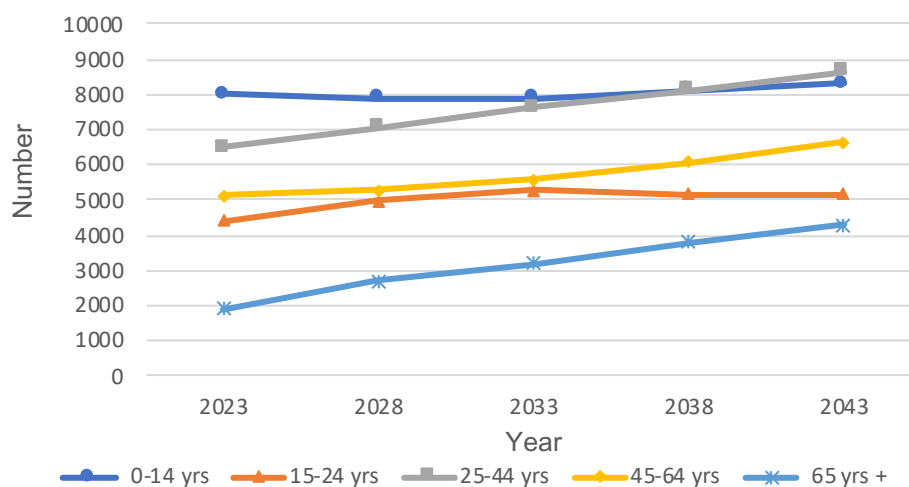


### Age of mother’s at time of birth by mother’s ethnicity

Hastings District Māori women are more likely to be younger than their non-Māori counterparts. In the last 5 years 38% of Māori mothers were under the age of 25 compared to 14% of non- Māori mothers. 67% of Māori mothers are under 30 years of age compared to 40% of non-Māori mothers. On the other hand sixty percent of non- Māori mothers are over 30 years of age compared to 33 % of Māori mothers. This is the same pattern across Hawke’s Bay.

# Population Projections

## Hastings District Māori Population projections to 2043 by age group



Hastings population is expected to grow 0.8 % per annum in the next 10 years taking the total Population to 98,200 by 2033 (8 % increase over the next 10 years) and 14 % in the next 20 years (103,800).

In the next 10 years the Hasting District Māori population is expected to increase 14 % to be 29,600 by 2033 and increase a further 11.5 % in the following 10 years (2033 to 2043) to be 33,000. All up the Hastings Māori population will grow by 27 % 7,100 people in the next 20 years which is 43 % of the growth in the total Māori population in Hawke's Bay in the next 20 years. Napier City Māori population will increase by 40 % (6,400 people) in the next 20 years or 39 % of the total growth in the Hawke's Bay Māori population.

Overall Māori population growth in Hastings District is projected to be 1.4 % per annum.

Māori Children 0-14 years in Hastings District are projected to decrease by 1 % over the next 10 years and then increase 4 % over following 10 years to 2043.

Rangatahi (15-24 yrs) population numbers are expected to grow nearly 2 % per annum in the next 10 years. All up Rangatahi will increase 20 % from 4,410 in 2023 to 5270 in 2033 and decline 2% in the following 10 years to be 5150 by 2043.

The mid age Māori 25-44 yrs are projected to increase 34 % in the next 20 years and the 45-64 will increase 30 % over the next 20 years. All up these age groups will increase in number by nearly 4000 in the next 20 years.

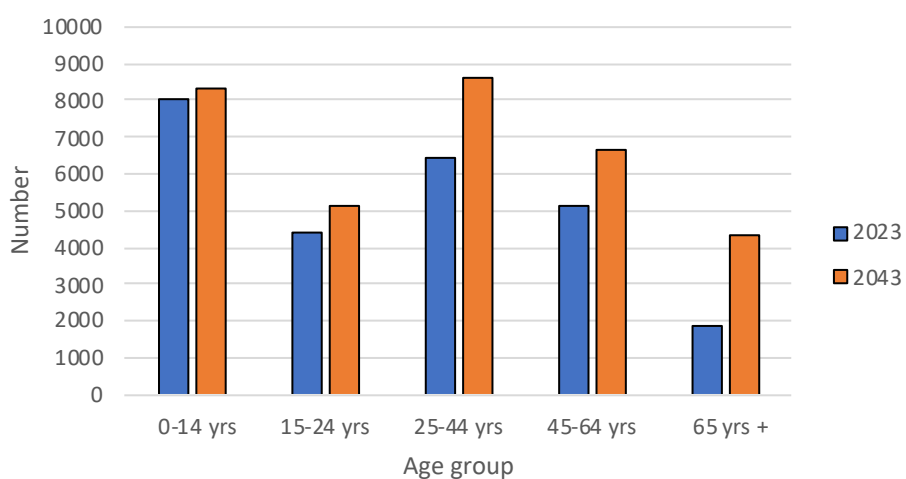
Māori older people in Hastings District are projected to increase 68 % over the next 10 years, from 1900 in 2023 to 2,400 people by 2033 and increase a further 1100 older people by 2043 to be 4,300. In all Māori older people in Hastings District will increase 126% in the next 20 years from 1900 people to 4300 people.

Hasting District will see the bulk (48 %) of the growth in numbers of older Māori people in the Hawkes Bay region in the next 20 years.

### Hastings District Māori population projections: 2023-2043

Age group	2023	2028	2033	2038	2043	# difference 2023-2043	% change
0-14 yrs	8000	7900	7900	8100	8300	300	4%
15-24 yrs	4410	4960	5270	5150	5150	740	17%
25-44 yrs	6470	7060	7630	8130	8640	2170	34%
45-64 yrs	5110	5260	5570	6080	6630	1520	30%
65 yrs +	1900	2700	3200	3800	4300	2400	126%
<b>Total</b>	<b>25890</b>	<b>27880</b>	<b>29570</b>	<b>31260</b>	<b>33020</b>	<b>7130</b>	<b>28%</b>

Hastings District Māori population by age group distribution change 2023 v 2043

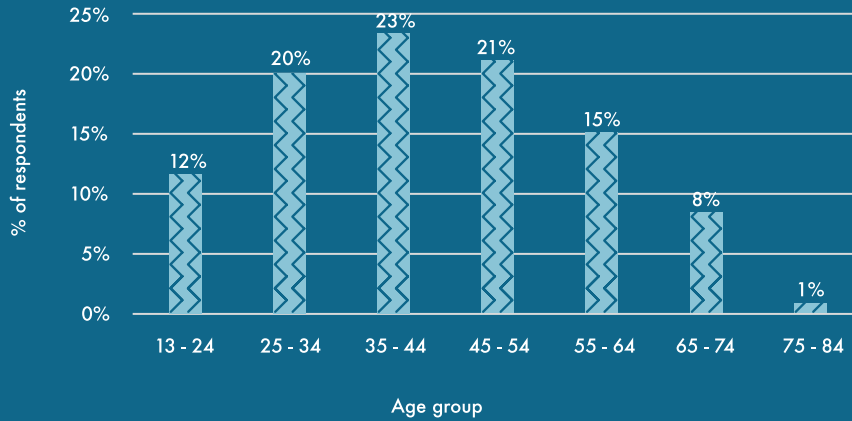


# He Purapura Whetū Survey Results

He Purapura Whetū Survey: November 2023

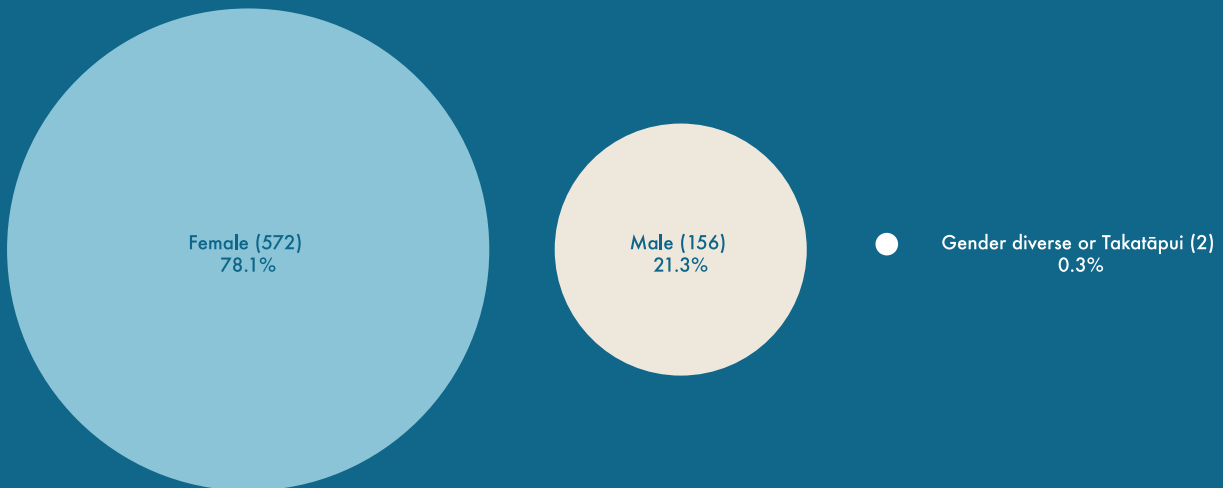
Respondents: A total 732 respondents participated in the He Purapura Whetū survey

He Purapura Survey : % respondents by age group.



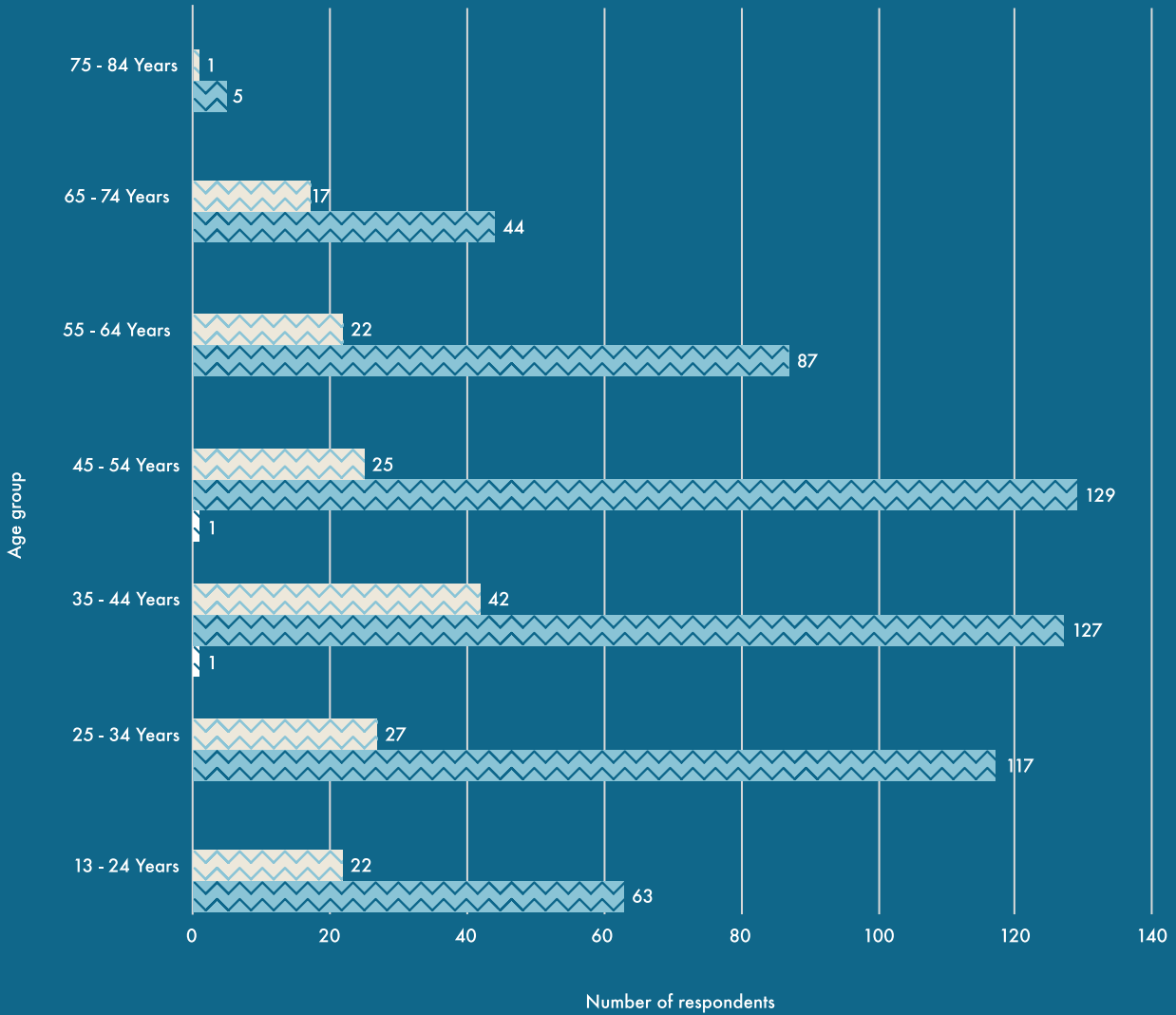
23% (n=170) respondents are in the 35-44 year age group, followed by 21% (n=154) in the 45-54 year age group and 20% (n=146) in the 25-34 year age group. 15% (n=110) respondents were in the age groups 55-64 years, 8% (n=59) in the 65-74 years and 1% (n=7) in the 75-84 years.

He Purapura Survey : % respondents by gender



Female respondents make up 78.1% (n=572) of all respondents.  
There are 156 Male respondents (21.3%) of all respondents.  
There were 2 respondents who were either gender diverse or Takatāpui.  
Non Response, 0.3%.

## He Purapura Survey: Number of respondents by age group (Gender)



# Theme 1: Mauri Ora

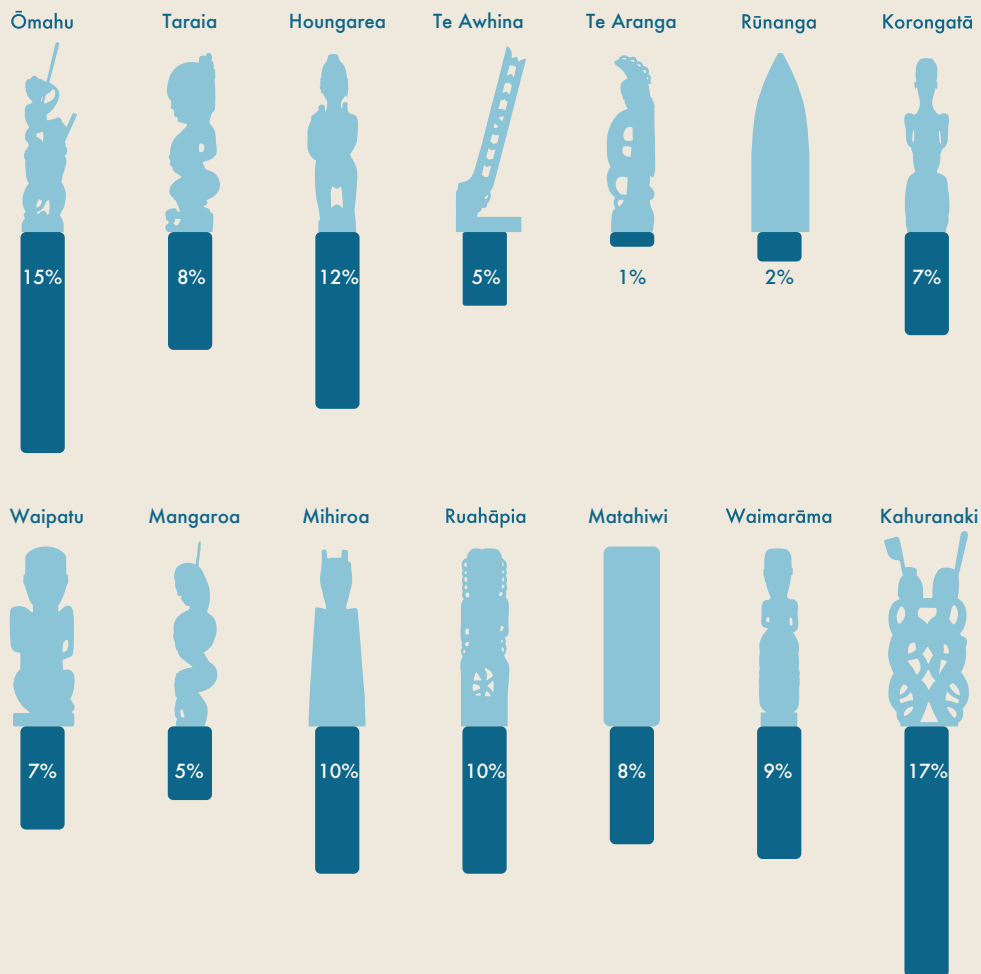
*Cultural identity, wairua (spirituality), Tuakiri (life/personal skills), hauora, mātauranga (education), and mahi (paid work)*

## Iwi/Marae Engagement

Iwi - 77% (n=567) of respondents identified with Ngāti Kahungunu iwi and 87% of these respondents (n=494) identified they were Ngāti Kahungunu ki Heretaunga.

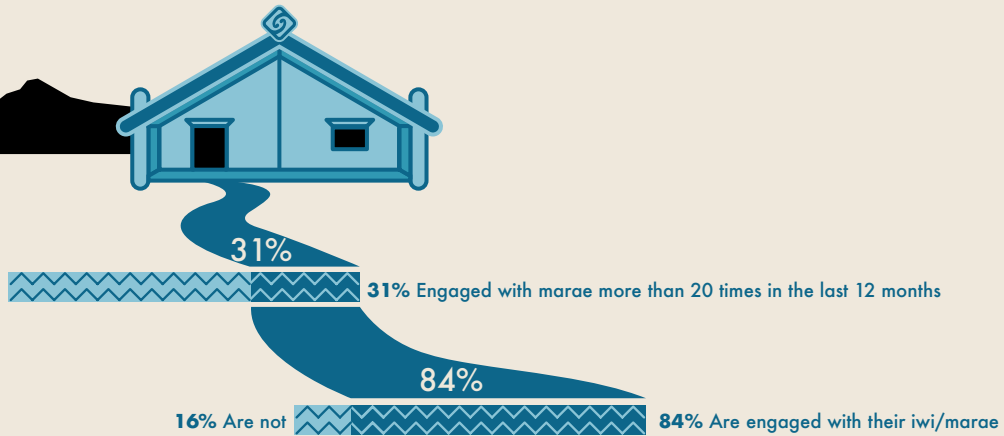
Marae - 23 % (n=171) of respondent's whakapapa to a marae outside of Heretaunga.

50 % of respondents n=369 identified with one marae within Heretaunga and 26.2% (n=192) respondents identified with more than one marae within Heretaunga. It should be noted that respondents selected as many marae as applicable. 84% or 615 respondents indicated they were engaged with their iwi/ marae and 16% or 117 respondents indicated they were not.



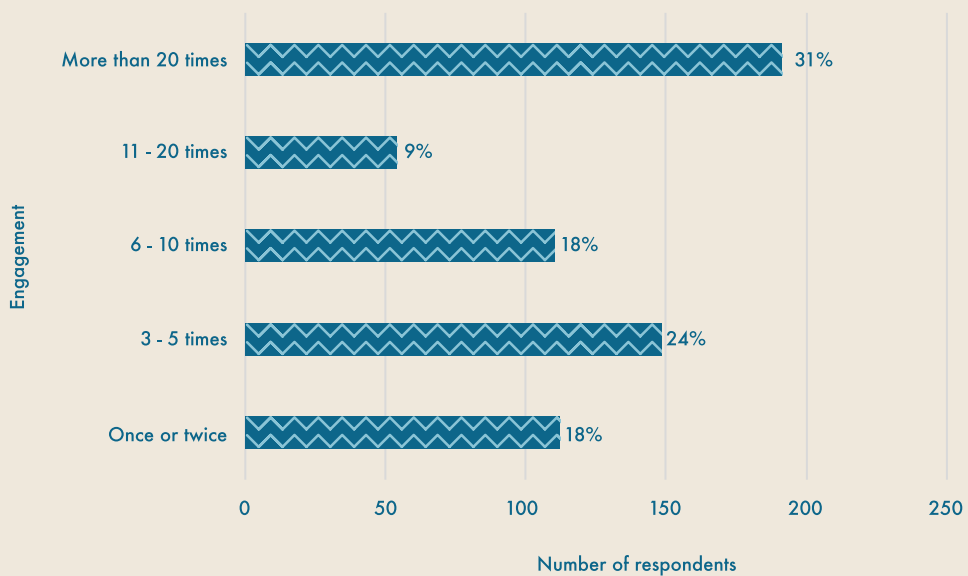
- 1% Winiata
- 1% Whitikaupaka
- 23% Whakapapa to a marae outside of Heretaunga

### Respondent's engaged with Iwi/Marae



31% (n=191) respondents who were engaged with their Marae or/iwi said they were engaged more than 20 time's in the last 12 months a further 27%(n=164) indicated they were engaged between 6 to 20 times

### Of respondents engaged : How often have you engaged with your marae and or iwi in the last 12- months?



If you selected “No” to the question “Are you engaged with Marae/and or Iwi” tell us more.

The most common theme for not engaging with a marae and or iwi was geographic distance n=36, cultural background and upbringing (raised away from marae, may not feel a strong cultural connection or tradition to visit marae) n=20.

The remaining themes were a cultural connection (maintains cultural connection for important life events or special celebrations) n=16, On a Cultural learning journey n=10, Shifts in whānau dynamics and Lifestyle n=9 , work and time constraints n=7

Illegible response, no answer, n/a, kao, no reason, don't know N=7 , I am not actively engaged, never had the chance n=3,

# Knowledge of Te Ao Māori

## Knowledge of Whakapapa

	Number	%
Very Happy	244	33%
Happy	287	39%
Neutral	132	18%
Unhappy	56	8%
Very Unhappy	13	2%
Total	732	100%

## Knowledge of Tikanga

	Number	%
Very Happy	226	31%
Happy	289	39%
Neutral	157	21%
Unhappy	48	7%
Very Unhappy	12	2%
Total	732	100%

## Knowledge of Te Reo

	Number	%
Very Happy	127	17%
Happy	236	32%
Neutral	216	30%
Unhappy	121	17%
Very Unhappy	32	4%
Total	732	100%

21 % (n=152) of respondents rated being unhappy or very unhappy of their knowledge of Te Reo.

This was a higher % rating of unhappiness compared to their rating of their knowledge of tikanga (where 9%(n=60) rated unhappy or very unhappy) and knowledge of whakapapa (10% (n=69) rated unhappy or very unhappy of their knowledge of whakapapa. Both Gender Diverse or Takatāpui respondents rated being happy of their knowledge of Whakapapa, Tikanga and Te Reo.

# Self-Reported Happiness and Health

## Happy with Home Life

	Number	%
Very happy	280	38%
Happy	310	42%
Neutral	120	16%
Unhappy	22	3%
Total	732	100%

## Happy with Home Life

	Female		Male		Gender Diverse / Takatāpui	
	Number	%	Number	%	Number	%
Very happy	222	39%	56	36%	2	100%
Happy	237	41%	72	46%		
Neutral	98	17%	21	13%		
Unhappy	15	3%	7	4%		
Grand Total	572	100%	156	100%	2	100%

81%(n=590) of respondents were either very happy or happy with their home life. 16% were neutral and 3% were unhappy. Males and females are similar in terms of home life happiness with slightly more males being happier than women.17% of women rated home life happiness as neutral compared to 13% of males. 4% of males rated they were unhappy with home life compared to 3% of women.

## Overall Happiness

	Number	%
Very happy	183	25%
Happy	405	55%
Neutral	132	18%
Unhappy	11	2%
Very Unhappy	1	0%
Total	732	100%

## Overall Happiness

	Female		Male		Gender Diverse / Takatāpui	
	Number	%	Number	%	Number	%
Very happy	144	25%	38	24%	1	50%
Happy	316	55%	86	55%	1	50%
Neutral	104	18%	28	18%		
Unhappy	7	1%	4	3%		
Very Unhappy	1	0%				
Total	572	100%	156	100%	2	100%

80%(n=588) of respondents rated they were either very happy or happy overall. With only 2%(n=12) rating they were unhappy or very unhappy. Male and female respondents were very similar in their rating of overall happiness. Males are slightly higher in unhappiness with home life.





# Key themes

Of the 153 respondent's who indicated they did have a health condition or disability that stopped them carrying out their daily activities 144 told us more about this.

The following summary outlines this.

The most common condition/s were associated with arthritis, sciatica, back pain and chronic pain such as fibromyalgia. Nearly 30% (n=40) of respondents recorded these conditions.

Being overweight, obese or morbidly obese was the next common condition (nearly 17% (n= 24) of respondents recorded followed by pre-diabetes and diabetes (15% n=22 of respondents). Heart conditions including high blood pressure and high cholesterol was the next most common condition (14% n= 20).

The next most common conditions were mental health wellbeing conditions such as anxiety, depression and bipolar (13% n=19 of respondents).

Whānau who stated that they had a health condition or disability shared the following regarding their support received:

## Support Whānau

	Number	%
Always	65	42%
Most of the time	47	31%
Some of the time	26	17%
Not that often	13	8%
Never	2	1%
Total	153	100%

## Support Services

	Number	%
Always	21	14%
Most of the time	53	35%
Some of the time	45	29%
Not that often	30	20%
Never	4	3%
Total	153	100%

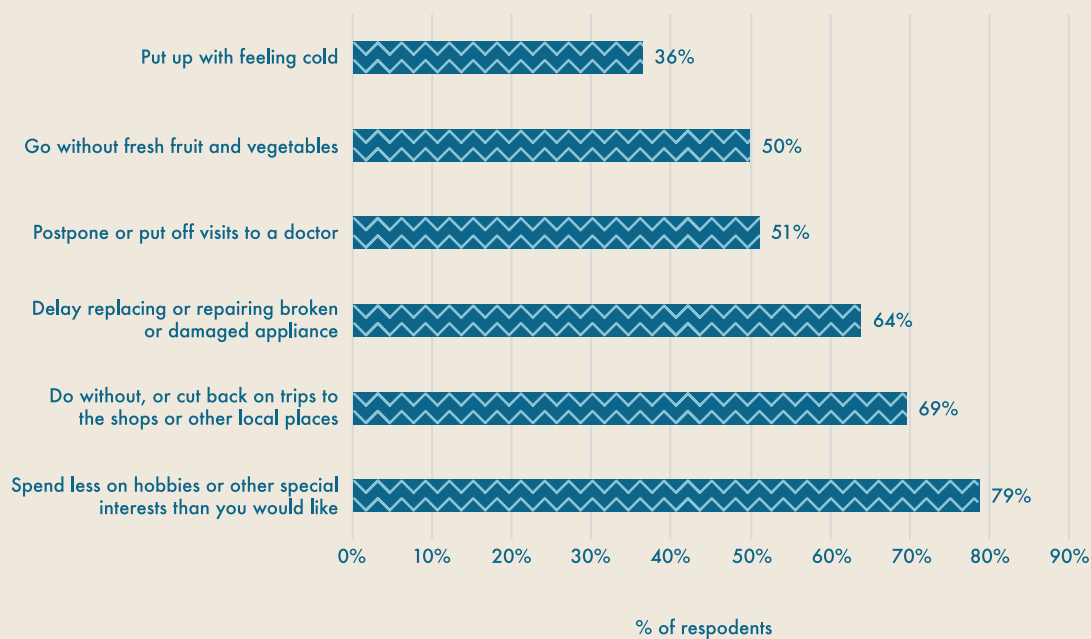
42% of respondents with a health condition or disability rated they feel like they always get enough support that they need from whānau and only 14% of respondents feel like they always get the support they need from support services.



## Theme 2: Whānau Ora

*Wākainga (housing), ngā manukura (leadership), whanaungatanga (connectedness), manaakitanga (caring), tahua (financial security), mahi aroha (unpaid work)*

**Cost of Living:**  
*In the past 12-months, have you had to do any of the following to keep costs down*



Respondents are more likely to spend less on hobbies or other special interests, cut back on trips to shops and other local places or delay replacing or repairing broken/damaged appliance to keep cost down.

Just over half of all respondents have postponed or put off visits to the doctor in the last 12 months to keep costs down. Half of respondents have gone without fresh fruit and vegetables to keep costs down.

Although less than other cost cutting categories, over 30% of respondents have put up with the cold to keep costs down in the last 12 months.

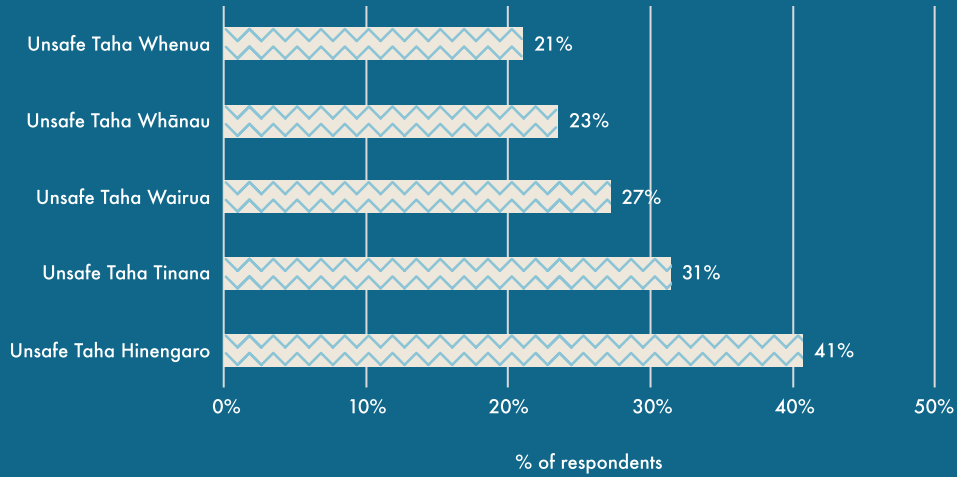
Other changes whānau made to keep costs down included:

- Food budgeting and meal planning
- Growing more of their own food maara Kai
- Buying less meat and less takeaways and using Nourish for Nil
- Going without food and prioritising the children
- Limiting social occasions and reducing sport opportunities for adults and school children
- Limit driving the car and using petrol (less trips out)
- Buying smaller vehicles and selling cars
- Using the bus and biking as well as carpooling
- Reducing electricity usage especially heating, hot water and lighting and wearing layers or using blankets to stay warm in winter
- Less visits to the dentist GP and other health professionals
- Getting support from MSD
- Borrowing from whānau and moving in with whānau
- Consideration of letting go of insurance
- Foregoing house and car repairs including WOF and car registration

# Theme 3: Wai Ora

Whakaruruhau (safety), discrimination – racism, civil participation and kaitiakitanga

Have you ever felt unsafe in the past 12-months - by category



Just over 40% of respondent’s have indicated that they have felt unsafe in terms of their mental/emotional wellbeing (Taha Hinengaro) in the last 12 months. Followed by just over 30% feeling unsafe with their Taha Tinana (physical wellbeing).

Of the responses regarding mental/emotional wellbeing, the most common theme was issues with anxiety, depression, social anxiety, addiction and generally issues with mental health wellbeing.

This was followed by the impact of the cyclone on people’s lives, marae, urupa, homes and whenua and fear of weather events.

Overwhelmed tired and stressed from work and home life in particular was a common theme.

Cost of living ,financial pressure, housing security, redundancy. Family issues such as family members behaviour, violence and home safety was another common theme. Grief was a strong theme and being afraid of dying or family members dying. Obesity, overweight and associated issues of social anxiety and loss of independence Government impacts on Māori.



## Have you experienced or felt unfairly treated by a health service provider?

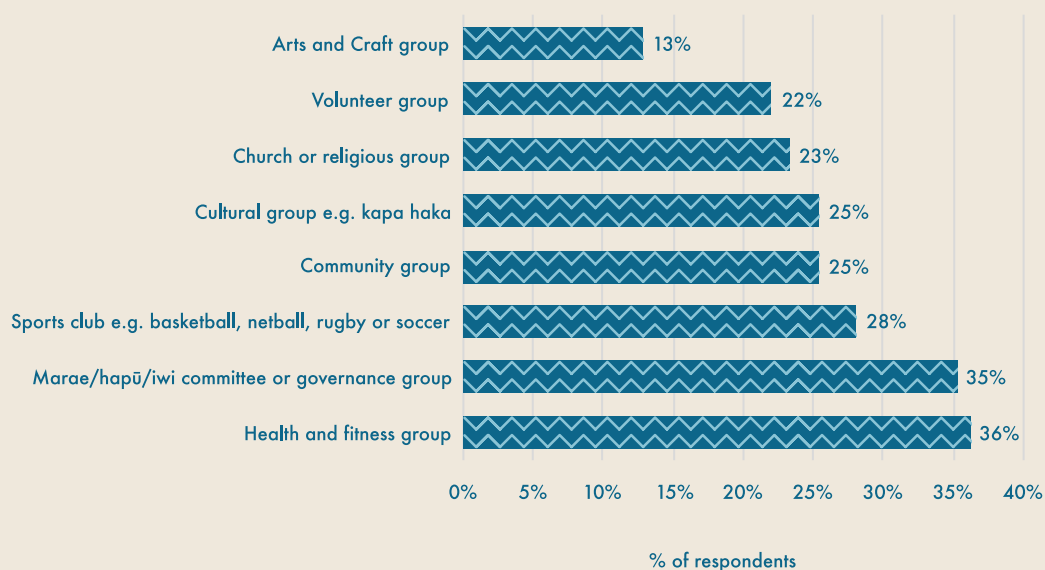
Age group	No	Yes	Total	% Yes
13-24 years	74	11	85	13%
25-34 years	106	40	146	27%
35-44 years	122	48	170	28%
45-54 years	100	54	154	35%
55-64 years	72	38	110	35%
65-74 years	53	8	61	13%
75-84 years	5	1	6	17%
Total	532	200	732	27%

27% of respondents have experienced or felt unfairly treated by a health service provider. This is higher for female respondents 30% have experienced or felt unfairly treated compared to 19% of Male respondents. The age groups with highest % of respondents experiencing or treated unfairly by a health service provider is in the age group 45-54 years and 55-64 years (35%).

Ten respondents gave more information on their experience of feeling unfairly treated by a health provider. The themes here are: Not been able to get appointments and access to services, lack of patient confidentiality by receptionists in general practice. Rude and judgmental, and not being listened to and referred on by the Doctor and health issues not being sorted out and having to return. Finally not meeting criteria for treatment.

## Involvement and participation in community activities Are you involved in any of the following community activities?

### % respondents involved in community activities by category



80% (n=587) of respondents were involved in one or more community activity.

20% (n=147) of respondents indicated they were not involved in any community activity. The most popular community activity was Health and Fitness group with 37% (n=265) of respondents participating in this activity. Followed closely by involvement in marae/hapu/iwi committee or governance group 35% (n=258).

Community activity	Number	% of respondents
Health and fitness group	265	36%
Marae/hapū/iwi committee or governance group	258	35%
Sports club e.g. basketball, netball, rugby or soccer	205	28%
Community group	185	25%
Cultural group e.g. kapa haka	185	25%
Church or religious group	170	23%
Volunteer group	161	22%
Arts and Craft group	94	13%

### What's important to you?

Categories	Rank								
	1	2	3	4	5	6	7	8	9
Education	4%	6%	6%	9%	13%	18%	14%	18%	15%
Emotional health and wellbeing	9%	16%	14%	10%	11%	12%	12%	12%	4%
Employment and/or job security	7%	14%	14%	12%	11%	12%	9%	12%	10%
Environment	4%	2%	3%	5%	8%	12%	10%	12%	47%
Health Care	4%	5%	8%	15%	15%	13%	17%	13%	8%
Housing	9%	14%	13%	16%	13%	9%	9%	9%	6%
Income	11%	15%	13%	12%	12%	9%	10%	9%	7%
Physical health and wellbeing	8%	17%	16%	10%	11%	8%	14%	8%	2%
Whānau wellbeing	43%	11%	12%	10%	6%	6%	4%	6%	2%

Categories ranked highest to lowest of importance to respondents

Whānau wellbeing is ranked the highest category of importance to 43% or (n= 317) respondents and the Environment was ranked least important by 47% n=343) of respondents.



### Cumulative importance Top 5

Categories	1	2	3	4	5
Education	4%	10%	16%	24%	37%
Emotional health and wellbeing	9%	25%	39%	49%	60%
Employment and/or job security	7%	21%	34%	47%	57%
Environment	4%	6%	9%	14%	22%
Health Care	4%	9%	18%	33%	48%
Housing	9%	23%	36%	53%	66%
Income	12%	27%	40%	52%	64%
Physical health and wellbeing	9%	27%	44%	54%	66%
Whānau wellbeing	43%	54%	66%	75%	81%

81% (n=595) of respondents ranked Whānau wellbeing in their top 5 categories by importance followed by 66% (n=486) physical health and wellbeing and 66% (n=479) housing. The lowest categories ranked in the top 5 by importance were Environment 2% and Education 37%



# Socio-economic determinants of health

Social and economic factors are associated with unequal health outcomes. The social economic conditions that people are born into and live in have a profound impact on Health outcomes.

These factors include housing, education, income social support and connection.

## Housing

### *Home ownership (Own or partly own including in a family trust) - Hastings District 2018*

Age group (Number of people)	Māori	Non Māori	Relative rate
Total people - age group	28.4%	61.3%	2.16
15-29 years	4.5%	12.3%	2.74
30-64 years	40.3%	70.4%	1.75
65 years and over	53.7%	77.1%	1.44

Non-Māori have over twice the home ownership rates compared to Māori.

Māori Older people 65 years and over have higher home ownership than other age groups. Non-Māori get on the housing ownership ladder earlier than Māori.

### *Number of people living in houses by mould indicator – Hasting District 2018*

Mould Indicator (Number of people)	Māori	Non Māori	Relative rate
Mould over A4 size - always	11%	3%	3.33
Mould over A4 size - sometimes	22%	10%	2.18
No mould/mould smaller than A4 size	67%	87%	

33 % of Māori live in a home that has mould always present or sometimes present. The presence of mould has been directly correlated with children's respiratory health, allergies, fungal infections and prolonged exposure to mould can lead to chronic respiratory conditions or exacerbate existing ones.

### *Number of people living in houses by damp category – Hasting District 2018*

Damp House (Number of people)	Māori	Non Māori	Relative rate
Always damp	9%	2%	4.96
Sometimes damp	32%	15%	2.12
Not damp	59%	83%	
Total people stated	100%	100%	

Hastings District Māori are nearly 5 times more likely to live in a house which is always damp and over 2 times a house that is sometimes damp compared to non- Māori.



### Number of people living in crowded homes – Hastings District 2018

Crowding (Number of people)	Māori	Non Māori	Relative rate
2 + bedrooms needed (severely crowded)	1870	1360	
1 bedroom needed (crowded)	2680	2670	
Total crowded	4550	4020	
Total stated	16180	50370	
Percent crowded	28.10%	8.0%	3.52

28.1 % (n=4450) of Māori people in the Hastings District live in a crowded home which is 3.5 times the rate of Non Māori.

41 % of Hastings District Māori (n=1870) live in severely crowded homes~(two or more bedrooms needed).

Hastings Māori people have the highest crowding across the district. Māori in Napier City have crowding rates of 21.8 % (n=860) Wairoa Māori crowding rate is 24 % and in Central Hawke's Bay District is 15.5 %.

## Education

### Highest qualification for the census usually resident population count aged 15 years and over, 2018 Censuses ( Hastings District)

Highest qualification	Māori		Non Māori		Total	
	Number	%	Number	%	Number	%
No qualification	3690	28%	9441	21%	13131	22%
Level 1 certificate	1848	14%	6108	13%	7956	14%
Level 2 certificate	1767	13%	5127	11%	6894	12%
Level 3 certificate	2115	16%	4182	9%	6297	11%
Level 4 certificate	1350	10%	4296	9%	5646	10%
Level 5 diploma	735	6%	2298	5%	3033	5%
Level 6 diploma	399	3%	2733	6%	3132	5%
Bachelor degree and level 7 qualification	957	7%	5967	13%	6924	12%
Post-graduate and honours degrees	240	2%	2163	5%	2403	4%
Masters degree	108	1%	996	2%	1104	2%
Doctorate degree	12	0%	249	1%	261	0%
Overseas secondary school qualification	45	0%	2106	5%	2151	4%
Total people stated	13263	100%	45663	100%	58926	100%
Total people - highest qualification	14898		48945		63843	

10 % n=1307 of Hastings District Māori have a degree or post graduate qualification.

# Education

## School leavers – highest attainment – Hastings District

<b>Māori</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Below level 1 Qualification	16%	18%	18%	20%	19%
Level 1 Qualification	12%	11%	9%	15%	15%
Level 2 Qualification	32%	28%	28%	28%	29%
Level 3 or above Qualification	17%	20%	19%	17%	18%
University Entrance	23%	24%	26%	20%	20%

<b>European/Pākeha</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Below level 1 Qualification	6%	5%	7%	7%	9%
Level 1 Qualification	7%	6%	7%	8%	8%
Level 2 Qualification	23%	23%	24%	21%	22%
Level 3 or above Qualification	10%	10%	8%	10%	13%
University Entrance	54%	56%	54%	54%	48%

<b>Total</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Below level 1 Qualification	10%	9%	10%	12%	13%
Level 1 Qualification	9%	7%	7%	10%	10%
Level 2 Qualification	25%	25%	24%	22%	24%
Level 3 or above Qualification	14%	14%	14%	14%	16%
University Entrance	42%	45%	44%	43%	38%

In 2022, 67 percent of Māori students in the Hastings District leave school with NCEA level 2 or above compared with 83 % for European/Pākeha and 78 % for all school leavers in Hastings District . This compares with 75 percent of school leavers nationally and 58.6 % of Māori school leavers nationally.

In 2022, 20 percent of Māori school leavers leave with university entrance compared to 48 % for European Pakeha in the Hastings District. This compares with 38.0% of all school leavers nationally. In 2022, 75 percent of school leavers achieved NCEA Level 2 or above.

# Income

Total personal income (grouped and median) for the census usually resident population count aged 15 years and over 2018.

## Hastings district – Māori population

Personal income group	Māori							
	15-29 years		30-64 years		65 years and over		Total people - wage group	
	Number	%	Number	%	Number	%	Number	%
<b>Median income</b>	14500		30000		22000		22300	
\$5,000 or less	1674	31%	678	8%	51	4%	2406	16%
\$5,001-\$10,000	549	10%	345	4%	42	3%	939	6%
\$10,001-\$20,000	1146	21%	1812	22%	477	33%	3435	23%
\$20,001-\$30,000	735	14%	1221	15%	480	33%	2439	16%
\$30,001-\$50,000	909	17%	1989	25%	222	15%	3123	21%
\$50,001-\$70,000	267	5%	1263	16%	93	6%	1623	11%
\$70,001 or more	57	1%	798	10%	78	5%	933	6%
Total people stated	5340	100%	8112	100%	1446	100%	14898	100%

In 2018 Hastings District Māori Medium income is \$22,300 compared to \$31,100 for European/Other. Māori medium income is lower across all age groups 30% of European /Other have a personal income over \$50,000 compared to 17 % of Māori.

### Hastings District – Total population

Personal income group	Total population							
	15-29 years		30-64 years		65 years and over		Total people - age group	
	Number	%	Number	%	Number	%	Number	%
<b>Median income</b>	15700		40000		22700		28400	
\$5,000 or less	4551	30%	2652	8%	345	3%	7545	12%
\$5,001-\$10,000	1455	10%	1188	3%	276	2%	2919	5%
\$10,001-\$20,000	2583	17%	5022	14%	4521	33%	12129	19%
\$20,001-\$30,000	1983	13%	4332	12%	4365	32%	10683	17%
\$30,001-\$50,000	3006	20%	8685	25%	2235	16%	13929	22%
\$50,001-\$70,000	1020	7%	6357	18%	1035	8%	8412	13%
\$70,001 or more	357	2%	6960	20%	906	7%	8223	13%
Total people stated	14955	100%	35199	100%	13689	100%	63843	100%

### Hastings District –European/Other

Personal income group	European/Other							
	15-29 years		30-64 years		65 years and over		Total people - age group	
	Number	%	Number	%	Number	%	Number	%
<b>Median income</b>	16300		44900		22900		31100	
\$5,000 or less	2841	31%	1755	7%	261	2%	4860	10%
\$5,001-\$10,000	867	9%	765	3%	213	2%	1842	4%
\$10,001-\$20,000	1380	15%	3069	12%	3948	33%	8397	18%
\$20,001-\$30,000	1131	12%	2748	11%	3834	32%	7716	17%
\$30,001-\$50,000	1911	21%	5970	23%	2004	17%	9885	21%
\$50,001-\$70,000	756	8%	4959	19%	945	8%	6660	14%
\$70,001 or more	300	3%	6213	24%	831	7%	7347	16%
Total people stated	9189	100%	25479	100%	12039	100%	46707	100%

# Conclusion

The He Purapura Whetū survey was designed to illuminate Māori health and wellbeing status within the Heretaunga rohe. The survey provides valuable insights into the health and wellbeing of Māori. Whānau ranked Whānau Wellbeing and Resilience as their top priority, followed by Physical Wellbeing and Housing.

According to the Hauora data (Appendix 1) another key area that would make a significant impact is the need to focus on addressing the risk factors that cause ischemic heart disease or heart attacks. For Māori, the leading cause of death is heart attacks. The major risk factors that contribute to this are being overweight, having diabetes, particularly type 2, high blood pressure and high cholesterol. Whānau shared in the survey that being overweight inhibited their ability to carry out daily tasks, cost barriers to weight loss surgery and medication. Overall weight issues were the second most common theme.

Congruent to this, are the socio-economic factors (housing, income and education) which have a direct bearing on hauora outcomes for whānau. It is proposed that the future focus will be to reorientate Te Taiwhenua o Heretaunga services to better address the socio-economic factors that impact on whānau.

It is hoped that these findings elucidate a baseline of qualitative and quantitative information in which to measure the effectiveness of Te Taiwhenua o Heretaunga hauora and social services and, will inform future decision making, design of services and service gaps.

Despite the limitations encountered, such as providing opportunities for respondents to complete the survey kanohi ki te kanohi, building research capability and ensuring a more equitable response from tane and wahine, the findings presented serve as a foundation for future research endeavours into the health and wellbeing of Māori residing in Heretaunga. More importantly, this research and future research studies will help to assess the effectiveness of existing services and initiatives on improving the health and wellbeing of Māori.



# Recommendations

*It is recommended that Te Taiwhenua o Heretaunga:*



*Note that a commissioning process is being undertaken with marae and community groups to address hauora and social service priorities identified in the report: Whānau Wellbeing & Resilience and Physical Wellbeing.*



*Note that based on the population projections and growth for Kaumatua and Kuia in the next ten – twenty years that a Kaumatua and Kuia Strategic Plan will be developed.*



*Endorse the development of strategies with Te Taiwhenua o Heretaunga services that mitigate risk factors related to ischemic heart disease so that there are more proactive engagements with whānau who are overweight to support healthy lifestyle changes including closer monitoring and management of patients who have diabetes, high blood pressure and high cholesterol.*



*Approve that all Te Taiwhenua o Heretaunga services continue to carrying out cardiovascular risk assessments earlier for Māori at age 30 years for males and age 40 years for females. For patients with severe mental illness who are considered a high-risk group, CVD risk assessments should be carried out from age 25 years.*



# Appendix 1

## Hauora

### Health Status

#### Ambulatory Sensitive Hospitalisations (ASH) (0-4 year)

There are large inequities in children 0-4 years ambulatory sensitive hospitalisation rates in Hawke’s Bay. Māori and Pacific children bear the burden of these hospitalisations which are for conditions which are largely avoidable through early access to primary care.

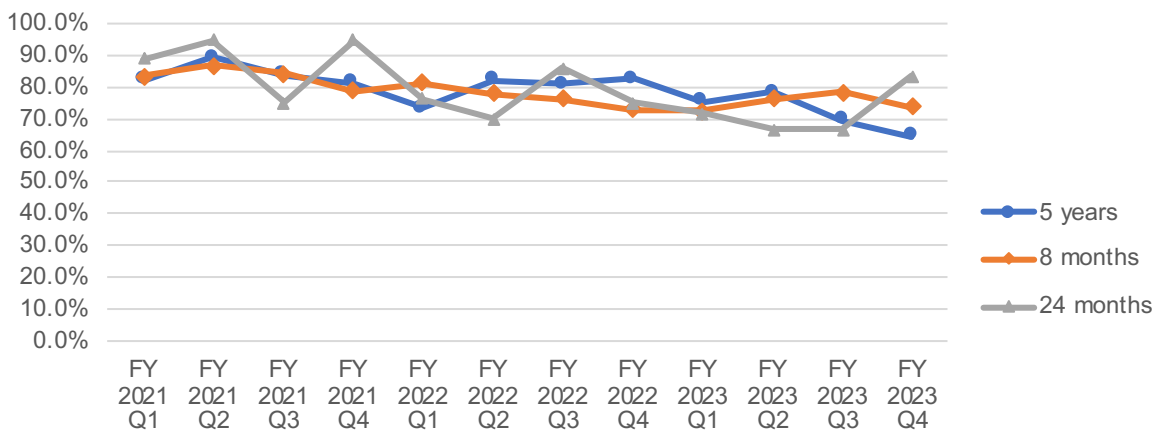
However, while ensuring early access to effective primary care is still likely to be of considerable value in reducing ASH, in Māori children in Hastings District where large socio-economic and ethnic disparities in child health exist, a greater emphasis may need to be placed on addressing factors, often outside of the health sector, which drive the underlying burden of disease (e.g., household income, the condition of housing, nutrition, exposure to second hand cigarette smoke).

Condition’s where there are higher hospitalisation rates for Māori children compared with non-Māori non-Pacific in Hawke’s Bay is admission to hospital for skin conditions (cellulitis, dermatitis and eczema) respiratory conditions (Upper and ENT respiratory, Asthma and Lower respiratory infections) and dental conditions.

The top 10 highest ASH rates in Hastings District are in the suburbs of Bridge Pa, Camberley, Kingsley -Chatham, Flaxmere East, Mayfair, Lochain, Mahora, Karamu and St Leonards and Raureka.

Top ASH conditions for Māori 0-4 year olds in Hastings is Upper and ENT respiratory infections, Asthma including wheeze, Dental conditions, Lower respiratory infections and Gastroenteritis/dehydration. Respiratory conditions make up 67 % of all Māori children (0-4 ASH hospitalisation in Hastings District in the 12 months to June 2023).

**Childhood immunisation coverage rates**  
**Hastings District : Quarterly Māori children immunisation coverage % (2021-2023)**



**Immunisation coverage rates for Hastings District Māori children at milestone ages of 5 years, 2 years and 8 months have decreased in the last 3 years**

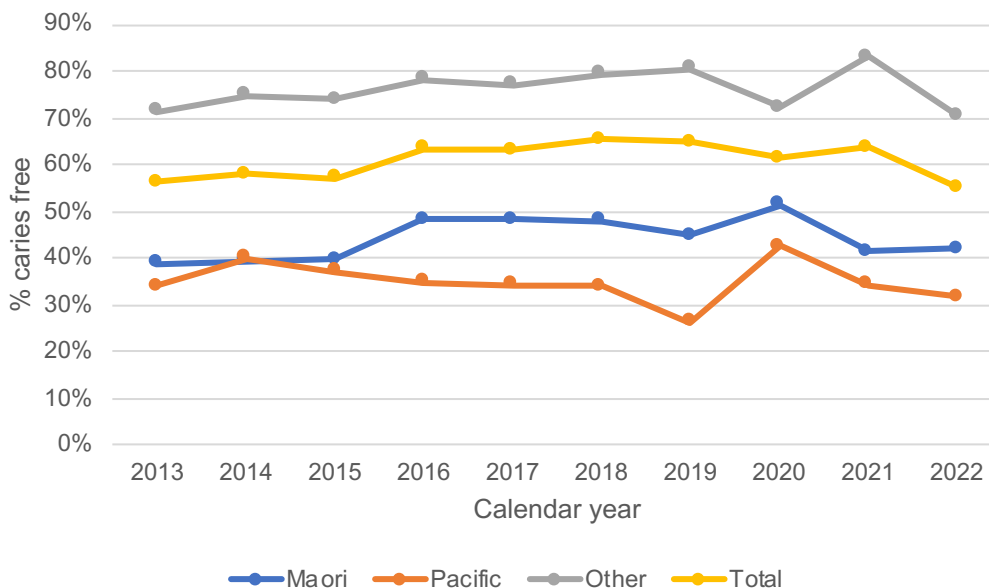
20/22/23	Hastings District % fully immunised				
Milestone Age	Māori	NZ European	Pacific	Asian	Total
8 months	75.1%	89.6%	87.2%	92.2%	83.6%
24 months	72.6%	88.0%	85.3%	96.5%	82.5%
5 years	71.8%	83.4%	82.7%	85.7%	79.0%

In the 22/23-year Hastings District Māori immunisation coverage rates at 8 weeks of age were 75.1 % (329 immunised out of 438 eligible children) 109 Māori children domiciled in Hastings District were not immunised for scheduled immunisations by 8 months of age. Māori coverage rates are lower than non-Māori non-Pacific (NZE and Asian children) immunisation coverage at 8 weeks.

In the 22/23-year Māori 2 years olds (24-month s) immunisation coverage was 72.6 % and Māori 5-year-olds immunisation coverage was 71.8%. this was substantially lower compared with other ethnicity group immunisation coverage.

### Oral Health

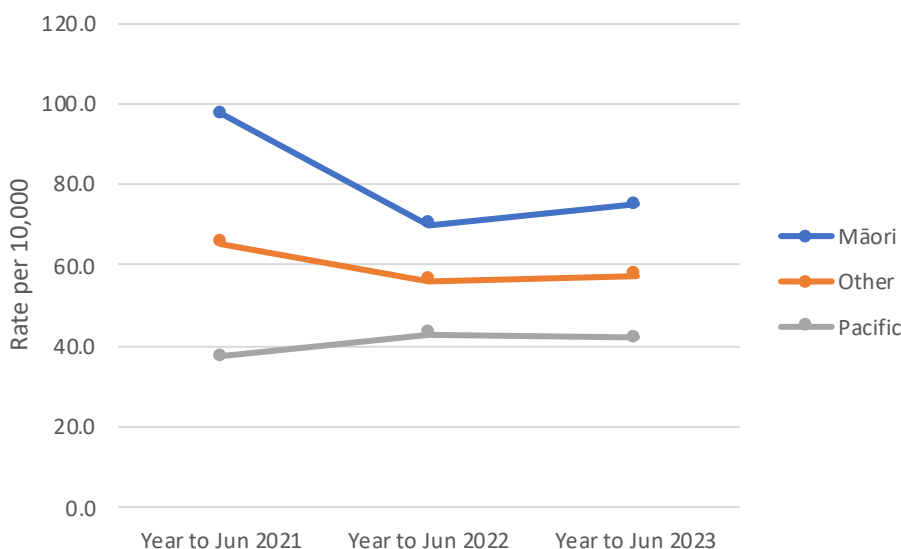
*Hastings District : % 5 year olds caries free*



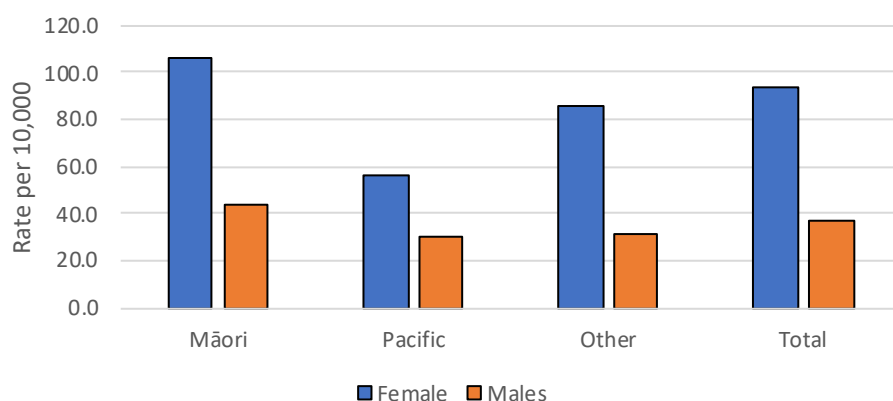
After a number of years of increases in the % of 5 years old’s who are caries free (no holes in teeth) in Hastings District over time there has been a drop since 2019 for Other ethnicity group and a drop in the Māori and Pacific rates since 2020. However Other rates are 1.7 times higher than Māori 5-year old’s and 2.2 times higher than Pacific 5-year-olds.

### Adolescents Self-harm hospitalisations in Rangatahi

*Hawke’s Bay - Youth (10-24 yrs) Self harm hospitalisation rates per 10,000 population (3 year trend)*



**Hawke's Bay - Youth (10-24 yrs) Self harm hospitalisation rates per 10,000 population (12 months to June 2023)**



Māori female 10-24 years have higher self harm hospitalisation rates compared to Other females 10-24 years .

Male rates across all ethnicity groups are significantly lower than female rates of self-harm. Māori males have higher self-harm hospitalisation rates in the 10–24-year age group compared to other male ethnicity.

**Adults 45-64 years Ambulatory Sensitive Hospitalisation (ASH) rates**

ASH rates in this age group are hospitalisations for conditions which could have been avoided in the 45–64-year age group through access to primary care and in particular covers conditions which are predominantly long-term chronic conditions.

Hawke's Bay Māori 45–64-year-olds bear a higher burden of ambulatory sensitive hospitalisations compared to their Non-Māori Non-Pacific counterparts with over twice the hospitalisation rate in the 12 months to June 2023.

Top ASH conditions in this age group where Māori have the highest burden relative to non-Māori are Chronic obstructive pulmonary disease (COPD), Congestive heart disease, cellulitis, pneumonia and kidney /urinary infection.

The highest ASH rates by suburb for Hastings District Māori 45–64-year-olds is Anderson Park, Bridge Pa, Kingsley Chatham, Camberley, Hastings Central, Mahora, Flaxmere East, Mayfair, Raureka and St Leonards. Top conditions for Māori 45-64 yrs in Hastings District are angina and chest pain, chronic obstructive pulmonary disease (COPD), gastroenteritis/ dehydration, congestive heart failure, pneumonia, epilepsy, asthma, cellulitis and myocardial infarction. Cardiovascular conditions make up 36 % of all Hastings Māori 45–64-year old's ambulatory sensitive hospitalisations in the 12 months to June 2023 and 32 % are for respiratory conditions.

**Historical trend of deaths – all ages 2017-2021  
Total deaths - Hawke's Bay**

Year	No. Deaths	Deaths under 75	% Deaths Under 75	Deaths Under 50	% Deaths Under 50
2017	1525	539	35%	105	7%
2018	1506	559	37%	98	7%
2019	1579	624	40%	114	7%
2020	1445	543	38%	107	7%
2021	1548	565	36%	98	6%
2017-2021	7603	2830	36%	522	7%

Source: National Mortality Collection downloaded January 2024



- 18 % of all Hawke’s Bay deaths are Māori deaths. This is 268 deaths on average per year in the last 5 years. One of the reasons for Māori deaths being a small proportion of all deaths in Hawke’s Bay is the younger age structure of the Māori population. Despite this the number of deaths should be much smaller. Sixty-nine % of Māori deaths are “premature deaths” (deaths where the person is under 75 years of age and further- more 18 % of these deaths were for Māori under 50 years of age.
- Non- Māori in Hawke’s Bay on the other hand make up 82 % of all deaths. Thirty % of deaths are premature deaths and 4 % of these deaths were under 50 years of age.
- These differences in age of death between Māori and Non- Māori drive the Life Expectancy gap we see in Hawke’s Bay between Māori and Non- Māori. In Hawkes Bay, the gap in life expectancy between Māori and non-Māori, is 7.7 years for males and 7.3 years for females . Hawke’s Bay Māori males’ life expectancy at birth is 72.4 years and for Māori females it is 76.3 years compared to a life expectancy at birth of 80.1 years for non-Māori males and 83.6 years for non-Māori females. Māori are more likely to die at younger ages from conditions that are preventable or treatable.
- There are also some differences in age of deaths between Māori Females and Males .
- Seventy four percent of Māori male deaths are premature deaths Under 75 years of age and 21 % are under the age of 50 years. For Māori females this is 64 % under age of 75 and 15 % under the age of 50 Years.

### *Total Māori deaths - Hawke’s Bay*

Year	No. Deaths	Deaths under 75	% Deaths Under 75	Deaths Under 50	% Deaths Under 50
2017	238	162	68%	37	16%
2018	265	186	70%	53	20%
2019	286	212	74%	54	19%
2020	265	186	70%	51	19%
2021	286	184	64%	47	16%
2017-2021	1340	930	69%	242	18%

Source: National Mortality Collection downloaded January 2024

### *Total Non Māori deaths - Hawkes Bay*

Year	No. Deaths	Deaths under 75	% Deaths Under 75	Deaths Under 50	% Deaths Under 50
2017	1287	377	29%	68	5%
2018	1247	373	30%	45	4%
2019	1293	412	32%	60	5%
2020	1180	357	30%	56	5%
2021	1262	381	30%	51	4%
2017-2021	6269	1900	30%	280	4%

Source: National Mortality Collection downloaded January 2024

### *Female Māori Deaths - Hawke's Bay*

Year	No. Deaths	Deaths under 75	% Deaths Under 75	Deaths Under 50	% Deaths Under 50
2017	112	69	62%	15	13%
2018	132	84	64%	17	13%
2019	125	90	72%	23	18%
2020	118	75	64%	16	14%
2021	145	89	61%	22	15%
2017-2021	632	407	64%	93	15%

Source: National Mortality Collection downloaded January 2024

### *Male Māori Deaths - Hawke's Bay*

Year	No. Deaths	Deaths under 75	% Deaths Under 75	Deaths Under 50	% Deaths Under 50
2017	126	93	74%	22	17%
2018	133	102	77%	36	27%
2019	161	122	76%	31	19%
2020	147	111	76%	35	24%
2021	141	95	67%	25	18%
2017-2021	6269	1900	30%	280	4%

Source: National Mortality Collection downloaded January 2024

*Hawke's Bay residents 5 year period 2017-2021, Top 10 Causes of Death (Māori and Non Māori)*

Cause of Death				
Rank of Cause of Death	Māori	Number of Deaths	Non Māori	Number of Deaths
1	I20–I25 Ischaemic heart diseases	180	I20–I25 Ischaemic heart diseases	939
2	C30–C39 Malignant neoplasms of respiratory and intrathoracic organs	115	C15–C26 Malignant neoplasms of digestive organs	572
3	J40–J47 Chronic lower respiratory diseases	110	I60–I69 Cerebrovascular diseases	462
4	C15–C26 Malignant neoplasms of digestive organs	97	F00–F09 Organic, including symptomatic, mental disorders	423
5	I30–I52 Other forms of heart disease	90	J40–J47 Chronic lower respiratory diseases	362
6	E09–E14 Intermediate hyperglycaemia and diabetes mellitus	77	I30–I52 Other forms of heart disease	333
7	I60–I69 Cerebrovascular diseases	59	C30–C39 Malignant neoplasms of respiratory and intrathoracic organs	308
8	X60-X84 Intentional self-harm	44	G30–G32 Other degenerative diseases of the nervous system	162
9	F00–F09 Organic, including symptomatic, mental disorders	38	C60–C63 Malignant neoplasms of male genital organs	161
10	C81–C96 Malignant neoplasms of lymphoid, haematopoietic and related tissue	36	C81–C96 Malignant neoplasms of lymphoid, haematopoietic and related tissue	146

Source: National Mortality Collection downloaded January 2024

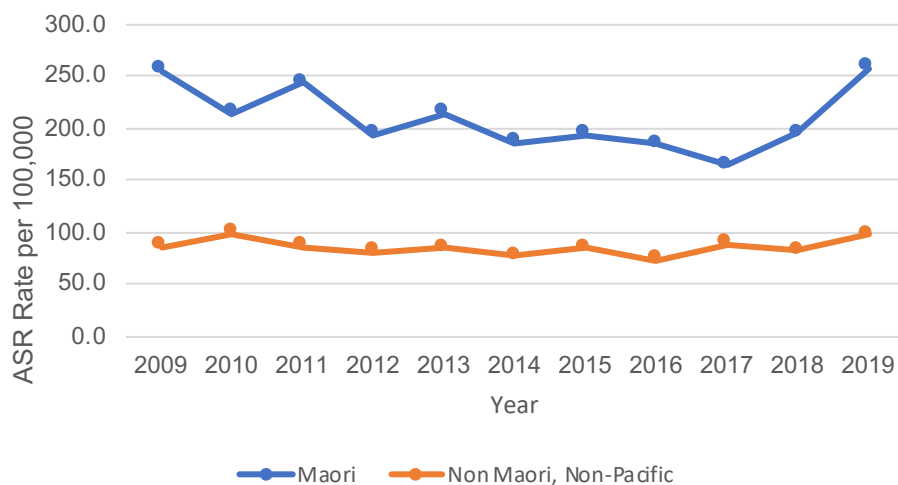
The Top 10 causes of death for Hawke's Bay Māori is Ischaemic heart Disease (includes Heart Attack), Cancer of Respiratory organs includes Lung cancer, Chronic Lower Respiratory disease includes Chronic obstructive Pulmonary Disease, Cancer of the digestive Organs includes bowel cancer, Other forms of heart disease , diabetes , cerebrovascular disease (Stroke), suicide, cerebral disease, brain injury, or other insult leading to cerebral dysfunction and Cancer of lymphoid, blood cells and related tissue disease these causes make up 63 % of all deaths for Māori in the 5 years 2017-2021.

Hawke's Bay residents 5 year period 2017-2021 Top 10 Causes of Death (Māori Male and Māori Female)

Rank of cause of Death	Māori			
	Female	#	Male	#
1	J40–J47 Chronic lower respiratory diseases	68	I20–I25 Ischaemic heart diseases	116
2	I20–I25 Ischaemic heart diseases	64	C30–C39 Malignant neoplasms of respiratory and intrathoracic organs	53
3	C30–C39 Malignant neoplasms of respiratory and intrathoracic organs	63	J40–J47 Chronic lower respiratory diseases	52
4	C15–C26 Malignant neoplasms of digestive organs	44	C15–C26 Malignant neoplasms of digestive organs	50
5	I30–I52 Other forms of heart disease	40	I30–I52 Other forms of heart disease	42
6	E09–E14 Intermediate hyperglycaemia and diabetes mellitus	38	E09–E14 Intermediate hyperglycaemia and diabetes mellitus	39
7	I60–I69 Cerebrovascular diseases	37	I60–I69 Cerebrovascular diseases	29
8	C50–C50 Malignant neoplasms of breast	34	X60-X84 Intentional self-harm	25
9	C51–C58 Malignant neoplasms of female genital organs	23	F00–F09 Organic, including symptomatic, mental disorders	22
10	F00–F09 Organic, including symptomatic, mental disorders	20	C81–C96 Malignant neoplasms of lymphoid, haematopoietic and related tissue	19

Source: National Mortality Collection downloaded January 2024

### Hawke's Bay amenable mortality age standardised rate by ethnicity 2009-2019



Cardio Vascular Disease Risk Assessment (CVDRA) is one way to identify the risks of CVD early; lifestyle and drug interventions can reduce the risks and severity of the disease. This is predominantly carried out in Primary Care. Currently in Hawke's Bay the Māori Rate of CVDRA for eligible age groups is 76 % and Non -Māori Non- Pacific is 78 %.

The recommendation is for cardiovascular risk assessment earlier in patients of Māori, Pacific or South-Asian ethnicity: at age 30 years for males and age 40 years for females.

Patients with severe mental illness are considered a high-risk group and CVD risk assessment from age 25 years is recommended.

#### Key Statistics for Hawke's Bay Māori New Zealand Health survey 2017-2019

Topic: Tobacco use - age standardised rates	% Prevalence of Adult 15 Years+ population		Relative Rate	Sig
	Hawke's Bay Māori	Hawke's Bay European/Other		
Current smokers	38.0%	13.8%	2.8	Yes
Daily smokers	35.5%	12.0%	3.0	Yes

Source: New Zealand Health Survey - Pooled year data: 2017-20 - Sig1 Statistically significant

Topic: Illicit drug use - age standardised rate	% Prevalence of Adult 15 Years +s population		Relative Rate	Sig1
	Hawke's Bay Māori	Hawke's Bay European/Other		
Cannabis use	34.0%	13.0%	2.6	Yes
Amphetamine use (total population)	1.8%	0.9%	2.0	No
Amphetamine use (16-64 years)	2.1%	1.3%	1.6	No

Source: New Zealand Health Survey - Pooled year data: 2017-20 - Sig1 Statistically significant

Topic: Body Size - Age standardised rate	% Prevalence of Adult 15 Years+ population		Relative Rate	Sig
	Hawke's Bay Māori	Hawke's Bay European/Other		
Obese	50.80%	34.20%	1.5	Yes
Overweight or obese	79.40%	66.30%	1.2	Yes
Females				
Obese	47.90%	31.10%	1.5	Yes
Overweight or obese	79.60%	62.90%	1.3	Yes
Males				
Obese	55.40%	37.30%	1.49	Yes
Overweight or obese	81.40%	70.40%	1.16	No

Source: New Zealand Health Survey - Pooled year data: 2017-20 - Sig1 Statistically significant

Topic: Body Size - Age standardised rate	% Prevalence of Adult 15 Years+ population		Relative Rate	Sig
	Hawke's Bay Māori	Hawke's Bay European/Other		
Obese	50.80%	34.20%	1.5	Yes
Overweight or obese	79.40%	66.30%	1.2	Yes
Females				
Obese	47.90%	31.10%	1.5	Yes
Overweight or obese	79.60%	62.90%	1.3	Yes
Males				
Obese	55.40%	37.30%	1.49	Yes
Overweight or obese	81.40%	70.40%	1.16	No

Source: New Zealand Health Survey - Pooled year data: 2017-20 - Sig1 Statistically significant

Topic : Cardiovascular disease - Age standardised rate	% Prevalence of Adult 15 Years+ population		Relative Rate	Sig
	Hawke's Bay Māori	Hawke's Bay European/Other		
Ischaemic heart disease	5.70%	2.90%	2.0	
Stroke	2.50%	1.00%	2.5	
Heart failure	2.80%	1.60%	1.8	
Females				
Ischaemic heart disease	5.10%	2.90%	1.8	
Stroke	3.00%	0.80%	3.8	
Heart failure	3.10%	1.00%	3.1	Yes
Males				
Ischaemic heart disease	6.50%	2.70%	2.4	
Stroke	2.20%	1.10%	2.0	
Heart failure	2.30%	2.00%	1.2	

Source: New Zealand Health Survey - Pooled year data: 2017-20 - Sig1 Statistically significant

Ischaemic heart disease if they had ever been admitted to hospital with a heart attack or if they had ever been diagnosed with angina by a doctor.

Adult respondents (aged 15+ years) are defined as having had a stroke if they had ever been told by a doctor that they have had a stroke. This does not include 'mini-strokes' or transient ischaemic attacks (TIAs).

Hawke's Bay Māori are two times more likely to have been diagnosed with Ischaemic heart disease compared to Hawke's Bay European/Other.

Hawke's Bay Māori females have 1.8 times higher prevalence of Ischaemic heart disease compared to Hawke's Bay European/other females.

Hawke's Bay Māori females are over 3 times more likely to be diagnosed with heart failure compared to Hawke's Bay European/other females.

Topic :Mental Health - Age standardised rate	% Prevalence of Adult 15 Years+ population	
	Hawke's Bay Māori	Hawke's Bay European/Other
Total		
Psychological distress	12.2	10
Mood and/or anxiety disorder	19.6	24.1
Depression	16.5	19.9
Bipolar disorder	1.6	1.2
Anxiety disorder	12.4	13.9
Mood disorder (depression and/or bipolar)	16.7	20.1
Females		
Psychological distress	14.8	11.3
Mood and/or anxiety disorder	27.2	31.1
Depression	23.3	25.1
Bipolar disorder	2.6	1.7
Anxiety disorder	17.7	18.1
Mood disorder (depression and/or bipolar)	23.6	25.6
Males		
Psychological distress	8.3	8.7
Mood and/or anxiety disorder	9.3	16.1
Depression	7.2	13.6
Bipolar disorder	0.2	0.7
Anxiety disorder	4.7	8.9
Mood disorder (depression and/or bipolar)	7.2	13.6

Source: New Zealand Health Survey - Pooled year data: 2017-20 - Sig1 Statistically significant

Hawke's Bay Māori Females have higher prevalence of psychological distress and Bipolar disorders compared to Hawkes Bay European/other females.

Māori females have higher rates of mood and/or anxiety disorders and depression compared to Māori males this is the same for European/other females

**2018 HealthEquity Report Hawkes Bay DHB**  
*Based on Life Expectancy analysis from Statistics NZ for 2017-2019*  
*National and subnational life tables: 2022–2024 will be released in 2025.*



Te Taiwhenua o  
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