Oranga Kaumātua
Health of Older Māori

Oliver Menzies
Introduction

Who I am:

Ko Ngati Kahungunu te Iwi
My Tribe is Ngati Kahungunu
Ko Ngai te Whati Apiti te Hapu
My subtribe is Ngai te Whati Apiti
Ko Oliver Menzies taku ingoa
My name is Oliver Menzies
No Tāmaki Makaurau ahau
I live in Auckland

Geriatrician & General Physician, Auckland District Health Board, NZ
Te Reo – a note on pronunciation

Pronunciation is important to Māori

• a e i o u e.g Henare
• Macron = longer vowel e.g whānau
• R e.g korero
Data sources

Statistics NZ population data, DHB data

LiLACs NZ
• Longitudinal study, headed By Prof Ngaire Kerse
• 421 Māori aged 80–90y & 516 non-Māori aged 85y
• Living in areas covered by Bay of Plenty, Lakes DHBs
• Research began 2010, publications available online - search
Summary

• **Ageing for Māori** – Cultural factors, roles, whānau, diversity

• **Current Health Status** – mortality gap, age distribution, regional variation, disease prevalence

• **Health Determinants** – historical, socioeconomic, Te Tiriti, other

• **Health System & Kaumātua** – Government, DHB, Whānau Ora

• **Medical Practitioners & Kaumātua** – knowing someone, support initiatives
Ageing in Māori Society

Healthcare

CULTURAL FACTORS

Healthy ageing
Ageing

• Leadership
  (not only Marae)

• Guardians of knowledge & wisdom
  (Māori oral traditions)

Kaikaranga (caller)
Kaikorero (formal orator)
Ageing

Giving and receiving of family support

Whānau
Ageing in Māori Society

Whānau

• Māori grandparents more likely to make contributions than non-Maori:
  • providing occasional support (68% vs 50%)
  • financial contributions (47% vs 30%)
  • teaching their language (36% vs 17%)
  • bringing up grandchildren as parent (14% vs 1%)
  • shared parenting (40% vs 7%).

• Older Māori were more likely to live with other family members than non-Māori

LiLACs NZ data 2015
Diversity

• “Māori live in diverse cultural worlds. There is no one reality nor is there any longer a single definition which will encompass the range of Māori lifestyles”

(Durie M et al, 1996) from Ngā Āhuatanga Noho o te Hunga Pakeke Māori 2002

Mason Durie = one of the Giant Kauri’s of Māori Health Research)
Current Health Status
Age distribution

Statistics NZ 2013
Proportion of total population

Māori in 2001 (Statistics NZ Census data)

- Under 65 15%
- Over 65 4%

2051 predicted Over 65 13%

Source: 2006 Census of Population and Dwellings, Statistics New Zealand
Maori population distribution

• Most in North Island

Life expectancy at age 50

Source: Blakely et al 2007; Statistics New Zealand
## Ischaemic Heart Disease

Relative Rate Māori c/w non-Māori per 100,000 age 65+ 2005-2009

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHD mortality</td>
<td>+108%</td>
<td>+132%</td>
</tr>
<tr>
<td>IHD hospitalisation</td>
<td>+4%</td>
<td>+87%</td>
</tr>
<tr>
<td>CABG+PCI</td>
<td>-24%</td>
<td>+32%</td>
</tr>
</tbody>
</table>

Source: Tatau Kura Tangata: Health of Older Māori Chart Book 2011, NZ Ministry of Health
Diabetic complications

Source: Tatau Kura Tangata: Health of Older Māori Chart Book 2011, NZ Ministry of Health
Cardiovascular risk factors

• Age 15+ Smoking – Maori 42% c/w non-Maori 15%
• Diabetes 2x more common in Māori, deprivation mediates prevalence
• CHF, AF more common

Disability

• 65+ impairment in mobility
  • Māori 25%
  • Non-Māori 19%

  Source: 2006 New Zealand Household Disability Survey, Statistics New Zealand

• Despite this no self identified differences in:
  • Social functioning
  • Vitality
  • Mental health
  • Regular physical activity

  Source: 2006/07 New Zealand Health Survey, Ministry of Health
Dementia

• No significant difference in prevalence of dementia between Māori and non-Māori, adjusting for age, sex and socioeconomic deprivation (LiLACs study data).

• Bilingual status provides some protection against dementia – relevant in the Maori population (Allardi S et al, Neurology 2013 & other studies)

• Kaumātua roles may have a protective effect? – kapa haka, waiata, whānau assistance role
Falls and other issues

• About 34% Māori fell in prior 12 months. Non-Māori falls rates about the same.
• Māori drank less alcohol than non-Māori
• Similar Health Related QOL

*LiLACs NZ data*
Care

- 76% of non-Māori men and women with high care need lived in residential care c/w 36% Māori woman and 50% men.
- Almost all Māori had been to a marae in the last 12 months (82%).

LiLACs data
Determinants of Health for Older Māori

• Historical factors

• Current socioeconomic status
Historical Factors

ultra-brief summary of decades of NZ history...

• Colonisation
• Loss of land
• Introduced - guns, new infectious diseases, alcohol, smoking
• Other things e.g Laws to suppress traditional Māori Healers

(read Whaiora by Sir Mason Durie for more detail)
Socioeconomic

• Older Māori have:
  • lower income levels
  • ½ the rate of income from investments compared to non-Maori (28% vs 65%)
  • Less likely to own their own home

• Higher levels of deprivation (NZDep index) Statistics NZ 2006
Deprivation

- 2013

Other areas

• Other areas believed to determine Māori health status:
  • Māori language fluency
  • Health literacy
  • Pollution and other environmental issues
  • Religion & Wairua (Spirit)
  • Whānau integration
  • Involvement in Marae activities
  • Urbanisation -> reduction in tribal identity

Health literacy

Figure 5: The distribution of health literacy, Māori and non-Māori, aged 50–65 years, 2006

Statistics NZ, 2006 data
Te Tiriti O Waitangi (The Treaty of Waitangi)

• Partnership

• Participation

• Protection

Helps guide the relationship between the Crown & Māori

Source: Royal Commission on Social Policy 1988 Vol 2
The Health System and Older Māori

- Government policy
- Government initiatives
- District Health Board Māori Health Plans
- Superannuation
Government Policy

**Older People**
- New Zealand Positive Ageing Strategy
- New Zealand Health of Older People Strategy

**Māori**
- He Korowai Oranga - New Zealand’s Māori Health Strategy
- Whānau Ora
Government Initiatives

• Whānau Ora
• Māori Health Providers
Whānau Ora

• Commenced 2010

• “about co-ordinating care on behalf of patients and ensuring care plans and Whānau Ora plans comprehensively address client needs”

• “whānau as a whole” (not in silos)

• “Promotes collaboration”

• “move towards self-reliance”

Source: Best Practice Journal 2011, No. 37
Whānau Ora - results

• “Overall, the Whānau Ora sample results are positive”

• Delivering care to 42,000

• Education, career planning, health assessment, screening

• Average of 54% of whānau experiencing significant improvements (self identified) as a result of Whānau Ora
  Source: Ministerial report July 2014
Medical Practitioners & Older Māori

- Knowing who someone is – “who are you”
- Background to their health – personal and collective
- Cultural competence – (ANZGM statement extra reading)
- Diversity of Māori
- Advocacy for Māori, supporting government & DHB initiatives
Looking to the future

• Dementia prevalence may increase
  • Māori living longer
  • Māori have higher rates of smoking, cardiovascular risk factors
  • Socioeconomic deprivation increases the impact of dementia on whānau, families and persons with dementia

• Working on a tool for cognitive assessment in Māori (inspired by Kimberley Cognitive Assessment Instrument)

• Māori living longer – a cause for celebration
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