HAUORA:

AN INDICTMENT ON SOCIAL EQUALITY

Training & Development

1992

HAUORA:

AN INDICTMENT ON SOCIAL EQUALITY

A major report released last month reveals improvement in some areas of Maori health between 1970 and 1984 since a previous study covering the years 1955 to 1975. But in many areas.Maori health statistics approximate reported third world figures.and in some cases top the list. KAREN CHARMAN discusses the report and reactions to it.

Maori people can expect to live on average 7.75 years less than non-Maori people in this country. More Maori newborns are of low birthweight. and the cot death rate - already high by world standards - is almost twice that of the non-Maori as well as being the leading killer of Maori infants.

Respiratory disease is much more prevalent in the Maori community - the percentage of Maori people leaving hospital for respiratory complaints is three times higher than non-Maori people and causes two to three times as many deaths. Maoris are four to five times as likely to die from diabetes, rheumatic and hypertensive heart diseases.

Liver cancer is four times higher than the non-Maori rate and has increased 80% since 1974-76. Lung cancer is 4.5 times as common in Maori women. and the incidence of cervical cancer has risen 14% since 1974-76 while the non-Maori rate has remained unchanged. Maori people also show disproportionately high rates of stomach cancer - up to nine times higher in Maori people aged 25-44 than non-Maoris.

Ear disease, which can seriously impair language skills and thus inhibit education, is much more prevalent in Maori children. And hepatitis B incidence, the cause of serious liver disease, is extremely high in Maori people compared with those in other western countries.

These are some of the main findings in Hauora: Maori Standards of Health 1970-84, by medical professor Eru Pomare and National Health Statistics Centre assistant director Gail de Boer.

Many of these figures rival those found in third world countries, yet de Boer says that because death certificates and hospital records often do not record race, the real situation would be much worse.

But this is New Zealand, not a third world country. And although the standard of living has slipped considerably since peaking in 1955 when it was third highest, it still ranks among the world's wealthier nations.

So why should such a great disparity in health standards exist between the Maori and Pakeha communities in this country?

The reasons are undoubtably complex, and much including genetic predisposition to certain diseases in Maori people, is still unknown.

However, the findings are consistent with health statistics of disadvantaged minorities in monocultural societies, and according to the report, the Maori community fits that description.

"Maori people are grossly disadvantaged socially, economically and culturally. This is highlighted in their high levels of unemployment, low earning capacity, poorer educational attainment, low home-ownership, over-representations and high rates of physical and mental ill-health."

The report says Maori people are the lowest wage-earners in New Zealand. Two-thirds are in the two lowest socio-economic classes - twice the rate of non-Maoris. Many cannot pay for medical services, the report says which may indicate why Maori adults overall go to the doctor less often than might be expected from their levels of sickness.

Unemployment in the Maori labour force is 2.5 times that of the non-Maori.

The current levels of Maori unemployment is "high by world standards, appalling for New Zealand and detrimental to health."

There have been significant increases recently, and as unemployment continues to rise in this country, Maori people are likely to be hardest hit. The current level of Maori unemployments "high by world standards, appalling for New Zealand and detrimental to health", the report says.

Maori people smoke and drink and eat more fat than Pakehas. The report points out that harmful health habits are often adopted as a result of stress from lack of economic security.

Census figures from 1981 show that 60% of Maori women aged 15-44 smoked compared with 30% of their non-Maori counterparts. The gap between the figures is almost as startling for the males although in all age categories a greater percentage of Maoris smoked.

Statistics on Maori alcohol consumption are somewhat mixed, but the report maintains "alcohol exacts a heavy toll on the Maori community, not to speak of the money required to support such a habit". Alcohol-related deaths are nearly three times greater in Maori males than non-Maori males, but the rate for Maori females is less than half that for non-Maori females.

Urbanisation has also had a profound influence on Maori health. At the beginning of the century the Maori population was rural, whereas now more than 80% live in cities, particularly in and around Auckland.

The report says that the immense cultural, economic and social issues associated with this change are "at the root of the unequal health experience of the Maori people in New Zealand society today". "In many respects the patterns of ill-health in Maori people resemble those of migrant populations, in this case the migration being a rural-urban one."

In 1986 census shows that 12.4% of New Zealand's population is of Maori descent. By the year 2000, this figure is expected to reach 17%-19%, although some estimates put it as high as 30%.

Because the Maori population is young with over 70% under 30, large shifts in the composition of that population are predicted which will greatly impact upon this country's social and economic policies, the report says. It also notes that high unemployment hits the 15-29 year age group hardest and says those people will go into the 1990s with a dismal unemployment record and few skills to earn them a decent living.

"This cohort of younger Maori could therefore be even more underprivileged than the cohorts of Maori people both behind and ahead of them. Unless new solutions are applied, future trends indicate that the health of Maori people will worsen.

Pomare and de Boer say that any substantial improvement in the short term will require jobs and better access to health care. In the long term. reducing the level of accidents and unhealthy habits such as smoking. drinking and eating junk food. and raising the social. economic and cultural status of Maori people will be required.

Health Department director-general Dr George Salmond says the statistics reported in Hauora reflect the general state of Maori health after 150 years of European influence in the country. This period has seen a dramatic deterioration in Maori health. he says, but significant improvements have been made since the turn of the century. Nevertheless, he says "an enormous amount of ground must be made up, and as a health service we are very concerned."

Salmond acknowledges that Maori health problems are related to unemployment levels, education, housing and poor health habits. But he says gains have been made in some areas, such as death rates in the health of younger Maori age groups, and is encouraged progress will continue.

Salmond says Pomare and de Boer's recommendations will have to be considered within the structure of area health boards (AHBs). And he admitted that might mean uneven distribution of resources for Maori health across the country.

"From the centre, we can only encourage the relationship of local Maori communities with their area health boards. Ultimately area health boards will have to make up their own minds as to the priority they give to Maori health."

The department must see that basic needs are met in various areas, but over and above that, he says there will be "considerable discretion" for the boards to determine the services they offer. Basic needs are to be defined as what can be met within existing available resources.

But the question still remains as to whether Maori health will improve within the area health board framework.

"You can ask that question about society at large - whether area health boards will improve health status in general and at the productivity of the system."

Salmond says the health service has two options: to make sure information is available on discrepancies of services offered between AHBs and advocate any changes in investment and management it believes are necessary. Or the Government can assume it is better placed to direct area health boards.

Because of the complexity of health issues and their relation to local issues, Salmond maintains health services are better handled by competent managers working with locally elected AHB members who can be replaced after three years if the community believes they are not performing.

"There are no cast iron assurances, .but after looking at the pros and cons, we think this is the most appropriate way for health services to be delivered."

Health Minister David Caygill says the current system is not a centrally driven system but a loose regional one made up of regional health offices, locally elected hospital boards and primary practitioners. The move to area health boards is designed to "achieve much better coordination at the regional level between these various elements".

"The establishment of area health boards will not see an abandonment by central Government of the important responsibility of maintaining national standards and progress towards national objectives."

For example, he says Aids is such a threat that it must be addressed nationally. But Caygill could not say which other diseases and disorders of national significance would be dealt with in that way because there were so many.

"The question is, what is the most effective way of addressing each challenge? Given the comprehensive nature of area health boards, I'm sure many of the actual services will be delivered by them or under their oversight."

The minsiter is not worried about the possibility of uneven priorities and resources being given to Maori health across AHB regions because the percentage of Maori people in different communities varies. "There will be some boards that need to pay even more attention to Maori issues than perhaps other boards." he says.

The Government is trying to encourage Maori representation on AHBs, and Caygill is considering appointing Maori members to the Taranaki, Marlborough and Otago boards. He would also like to see "significant Maori representation" on AHBs in the Bay of Plenty, Waikato and Auckland.