# Maori health report reveals poor standards

## Deaths from all causes about twice those of non-Maoris

Maori standards of health are still much lower than that of non-Maoris despite a steady improvement over the past 20 to 25 years, according to a special report published by the Medical Research Council of New Zealand.

The report was prepared by Dr Eru W. Pomare, Gastroenterologist and Senior Lecturer in Medicine at the Wellington Clinical School of Medicine.

### ENCOURAGING CHANGES

Dr Pomare made a study of the incidence and causes of death of Maoris and non-Maoris between 1955 and 1975. He noted that one of the most notable and encouraging changes was the marked decrease in Maori infant mortality which is now little different from the non-Maori and three times less than in 1955.

Whilst less spectacular mortality reductions were noted in most other age groups, probably the most significant sign of the improving Maori health status was the improved life expectancy from birth.

**In 1950, the life expectancy for Maori males was 55 years and Maori females 56 years, whilst by 1970, this had increased to 61 and 75 years respectively.**

Dr Pomare's report was not all good news however. He said: "Although Maori health has improved considerably over the past 20 years, and this is reflected in the improved life expectancy from birth, the incidence and mortality from most common killing diseases are still appreciably higher in the Maori than the non-Maori".

Major causes of neonatal deaths were respiratory infections such as influenza, pneumonia, bronchitis, and "cot deaths". Most "cot deaths" were respiratory in origin.

### ACCIDENTS MAJOR KILLER

At the other end of the age scale, only one Maori in 100 reached the age of 70 years or more compared with six non-Maoris.

Deaths from all causes for Maoris between 25 and 64 years were about twice those for non-Maoris.

Between ages one and 44 years, accidents were the major cause of death in Maoris — about twice the rate of non-Maoris.

Eight times more Maori preschoolers died from accidental falls than non-Maoris while Maoris from the age of five on, had a three-times greater chance of dying from a motor vehicle accident than non-Maoris.

Deaths associated with homicides were up to six times more common in Maoris than non-Maoris.

Of note, was the excessive death rate attributed to obesity — this was 7 to 12 times greater in Maoris than non-Maoris from age 25 onwards.

At all ages, the Maori death rate from respiratory diseases was higher than non-Maoris, despite a marked reduction between 1955 and 1975.

Deaths from pneumonia, asthma and lung cancer were all far higher for Maoris while Maori women over 45 years were three times more likely to die from lung cancer than non-Maoris.

In addition, deaths due to diseases and disorders such as diabetes mellitus, gallstones and tuberculosis were all higher for Maoris, the report found.

**In his summing up, Dr Pomare said; "The poor health status of the Maori at present is largely due to environmental factors.**

"I have no doubt that any substantial improvements in Maori health status will come about by primary preventive measures. There is therefore, an urgent need to define clearly the role of important environmental factors such as overnutrition, smoking, alcohol and infection, if intervention programmes are to be mounted.

"It should be stressed that the Maori is sensitive to issues which affect his well-being and status within the community and it will be necessary for him to see the logic behind any proposed studies or intervention programmes and to see a clear benefit to himself. I see his cooperation and involvement in planning from the outset as being vital," Dr Pomare said.

He called for a comprehensive survey of the nutritional status and eating habits of the New Zealand Maori, both young and old, which could be contrasted with similar data from Europeans.

With this information, an intervention programme fostering sound nutritional habits could be set up.

"More information was needed on the smoking habits of the Maori to consolidate existing information that suggests smoking is more prevalent amongst Maoris, especially females," he said.

"The role of alcohol in overall nutrition disorders, motor vehicle accidents, other accidents and injuries, and homicides also needed to be defined clearly," Dr Pomare said, "and accidents, especially motor vehicle accidents, needed further study."

He called for further investigation into the high death rate in Maori adults due to asthma and chronic kidney diseases plus the documentation of the prevalence of common respiratory, kidney and gastrointestinal infections in Maoris.

He also urged an assessment of drug compliance, drug resistance and drug metabolism in the Maori "as it is possible any or all of these factors could influence the outcome of infectious diseases".

Dr Pomare said there were important differences in the types of mental health disorders that affect Maoris and non-Maoris (schizophrenia and paranoid states was commonest for Maori admissions while depressive neurosis and alcoholism figured higher on the list for non-Maoris) and he called for further studies in this area to determine the role of genetic and environmental factors.

### EDUCATION KEY FACTOR

Dr Pomare stressed that the key factor in any programme of intervention or prevention was education.

In the area of nutrition, he said: "Such a programme will fail unless the Maori first sees for himself that his eating habits are poor and that a change would bring about a clear benefit in his own health status.