

Health

This section looks at a variety of health measurements such as self-reported general health, mortality rates, heart disease, diabetes and mental health.

General Health

Self-reported health is based on an individual's own perception of their health status.

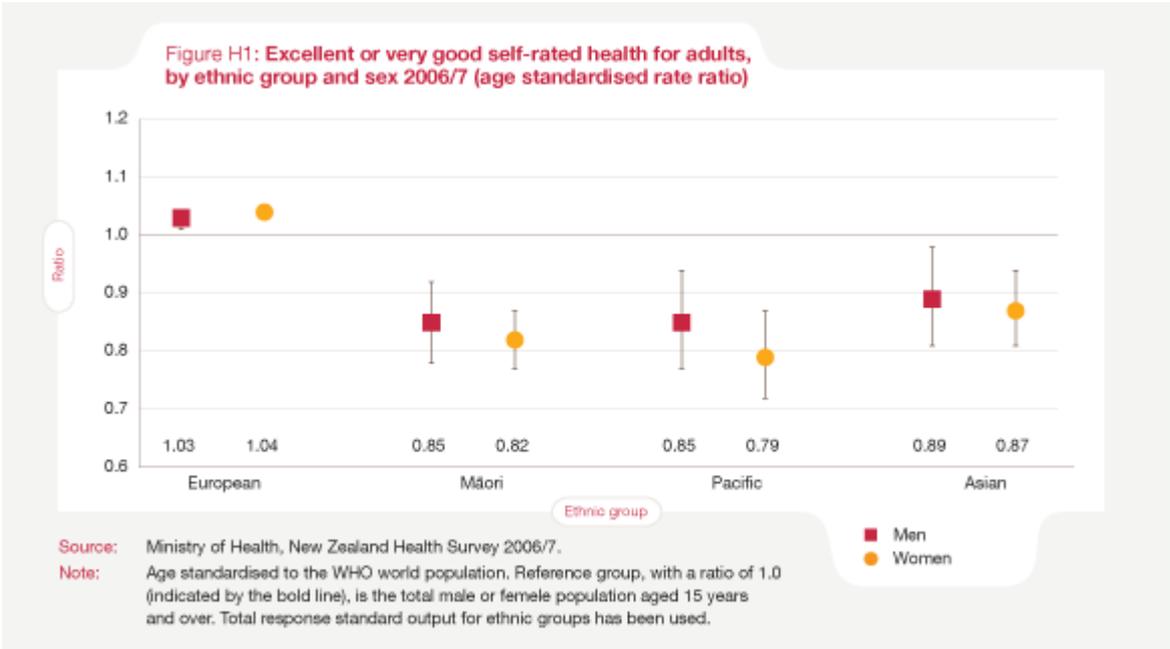
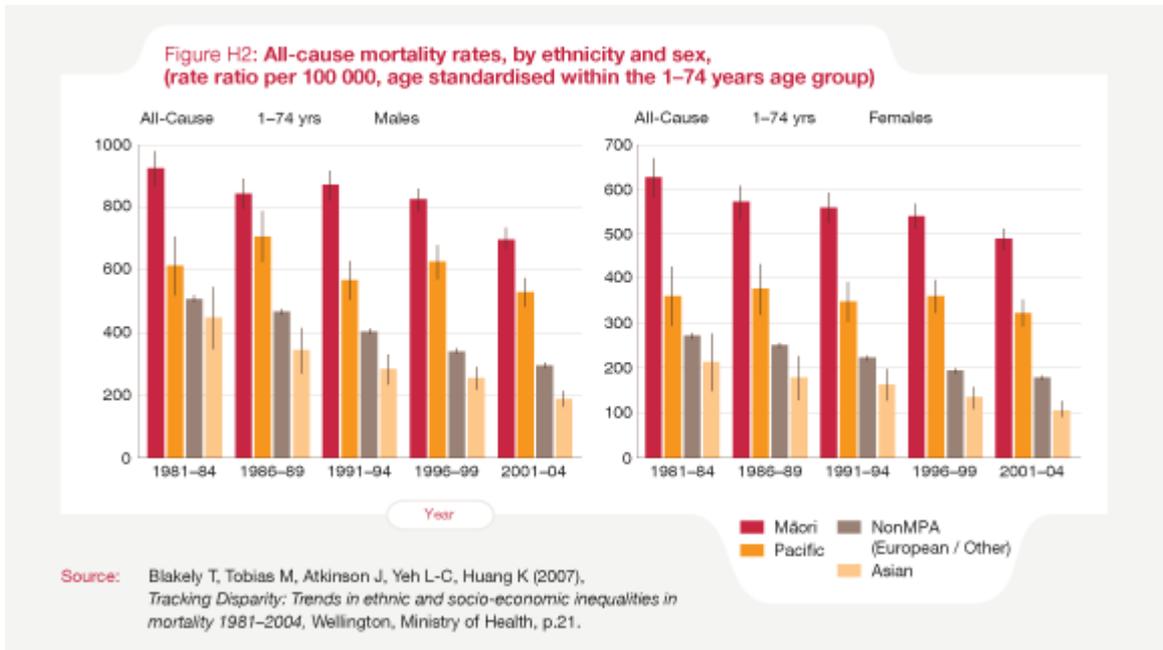


Figure H1 shows that Asian, Māori and Pacific men and women were all less likely to report excellent or very good self-rated health, compared to men and women in the total population.

In comparison, European/Other men and women were more likely to report excellent or very good self-rated health, compared to men and women in the total population.

Mortality

Mortality rates measure the number of deaths (due to all possible causes, rather than a specific cause) per 100,000 individuals, within the 1-74 year old age group. All-cause mortality records are linked to Census data to provide an insight into where inequalities in health status exist.



N.B. The following analysis comes from Blakely T, Tobias M, Atkinson J, Yeh L-C, Huang K (2007), *Tracking Disparity: Trends in ethnic and socio-economic inequalities in mortality 1981-2004*, Wellington, Ministry of Health, p. 27.

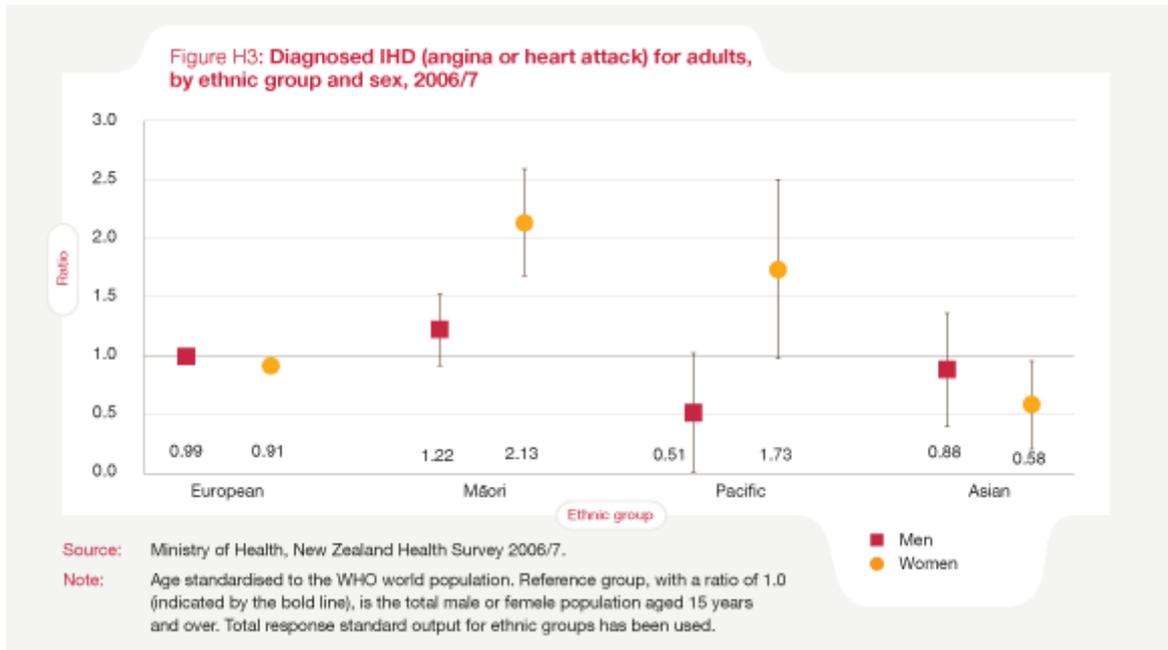
Figure H2 shows the rates for Asian mortality were lower than, and decreased faster than, other ethnic groups. This may reflect the rapid increase in Asian migration since the early 1990s (migrants typically have much lower mortality than the host population because of health selection criteria). Over half of the Asian advantage in all-cause mortality compared with other ethnic groups is due to lower cancer rates – mostly non-lung cancers.

However, males have substantially higher mortality rates than their female counterparts in all ethnic groups. Male all-cause mortality rates were about 50, 70, 80 and 90 per cent higher than the corresponding female rates for Māori, Pacific, European/Other and Asian ethnic groups respectively.¹

Heart Disease

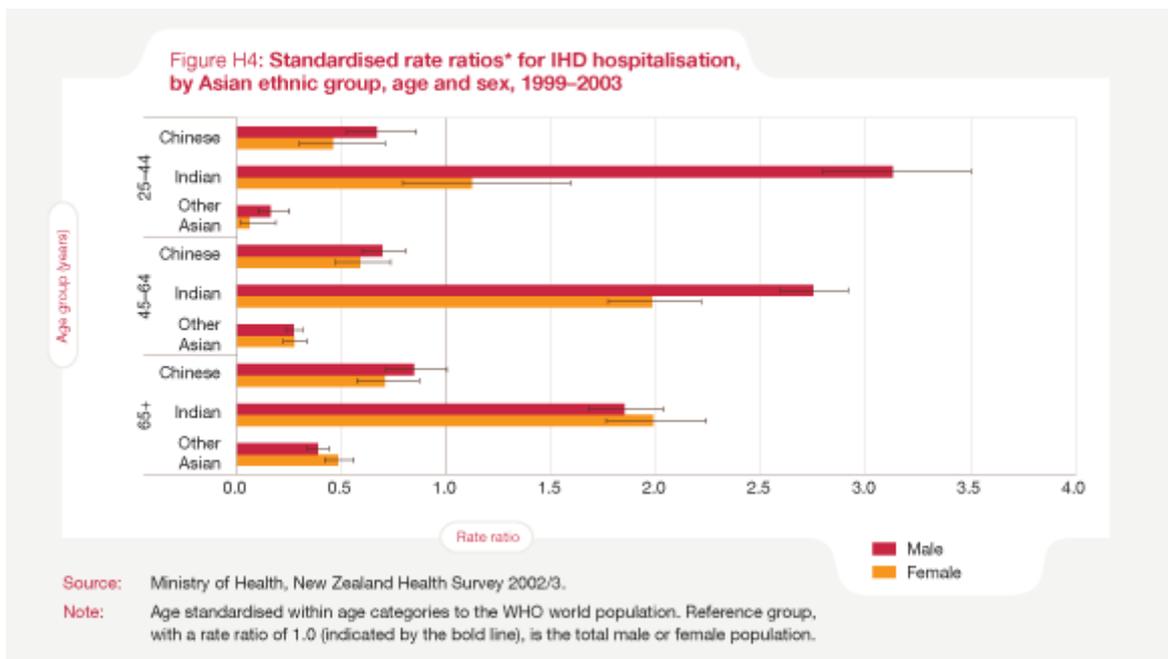
Heart disease is one of the leading causes of death in New Zealand. Measurements provided here relate to Ischemic Heart Disease (IHD), which is the narrowing or blocking of the coronary arteries that supply blood and oxygen to the heart. IHD can cause heart attacks and angina (typically temporary chest discomfort when walking or exercising) and lead to heart failure.

¹ Blakely T, Tobias M, Atkinson J, Yeh L-C, Huang K (Ministry of Health, 2007), *Tracking Disparity: Trends in ethnic and socio-economic inequalities in mortality 1981-2004*, Wellington, p. 27.



IHD has been measured in the New Zealand Health Survey by asking adult participants if they have ever been diagnosed by a doctor with a heart attack that resulted in hospitalisation, and/or angina.

Figure H3 shows that European women, Pacific men and Asian men and women have a lower prevalence of IHD than the total population.



N.B. The following analysis comes from: Ministry of Health (2006), *Asian Health Chart Book 2006*, Public Health Intelligence Monitoring Report No. 4, Wellington, pp. 42-44.

As **Figure 7 reveals, for all age groups IHD hospitalisation rates are significantly higher statistically for Indian males and females than for males and females in the total New Zealand population (except for 25-44 year old females).**

Chinese males and females have lower rates of IHD hospitalisation than males and females in the total population.

Other Asian males and females also have lower rates of IHD hospitalisation than males and females in the total population (except Other Asian males aged 65+).

Diabetes

The following graphs show diabetes prevalence in ethnic groups. The New Zealand Health Survey asked adults (aged 15 years and over) if they had ever been told by a doctor that they have diabetes (other than during pregnancy). If so, they were asked their age at diagnosis.

Diabetes is a metabolic condition which results in raised blood glucose. According to the Ministry of Health, it is one of the leading causes of ill health and death in New Zealand. Diabetes is characterised by raised blood glucose due to insulin deficiency, insulin resistance or both. There are two main types of diabetes, commonly referred to as Type 1 and Type 2.

Type 1 diabetes is less common and usually develops in childhood. It is caused by the destruction of insulin-producing cells, resulting in insulin deficiency. Daily insulin injections are usually required to sustain life.

Type 2 diabetes is more common and usually develops in adulthood. The condition is associated with insulin resistance. Type 2 diabetes may not have any symptoms and may not be diagnosed in some people who have the condition. Treatment includes changes to diet, tablets and/or insulin injections.

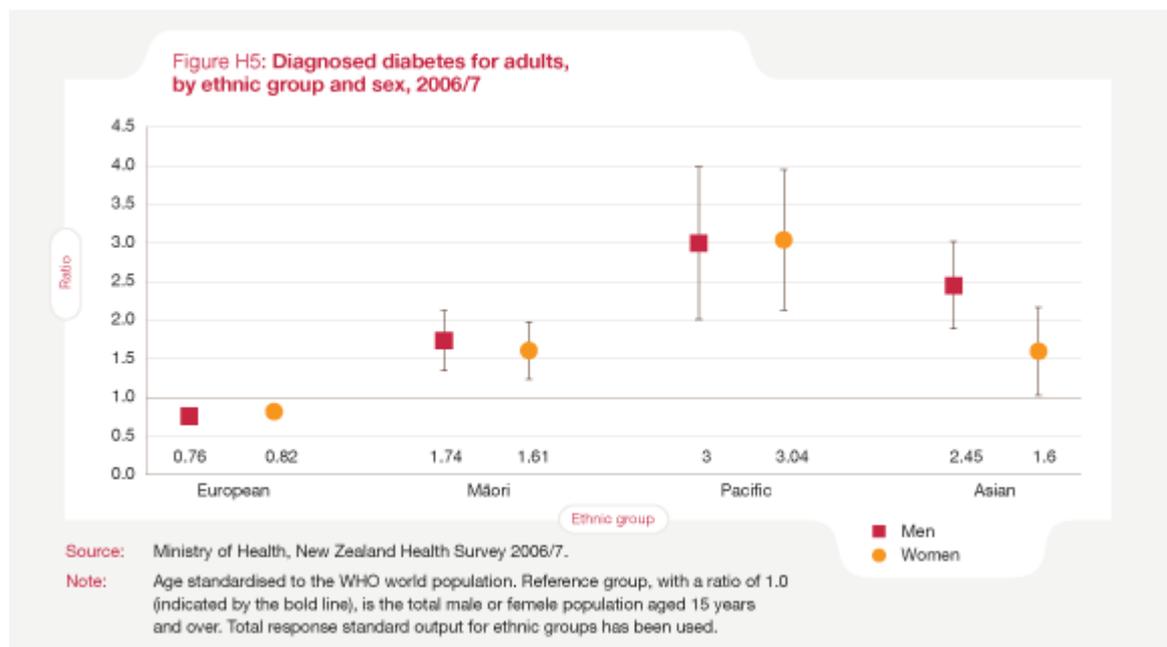


Figure H5 shows that Māori, Pacific and Asian men and women were more likely to have been diagnosed with diabetes than men and women in the total population.

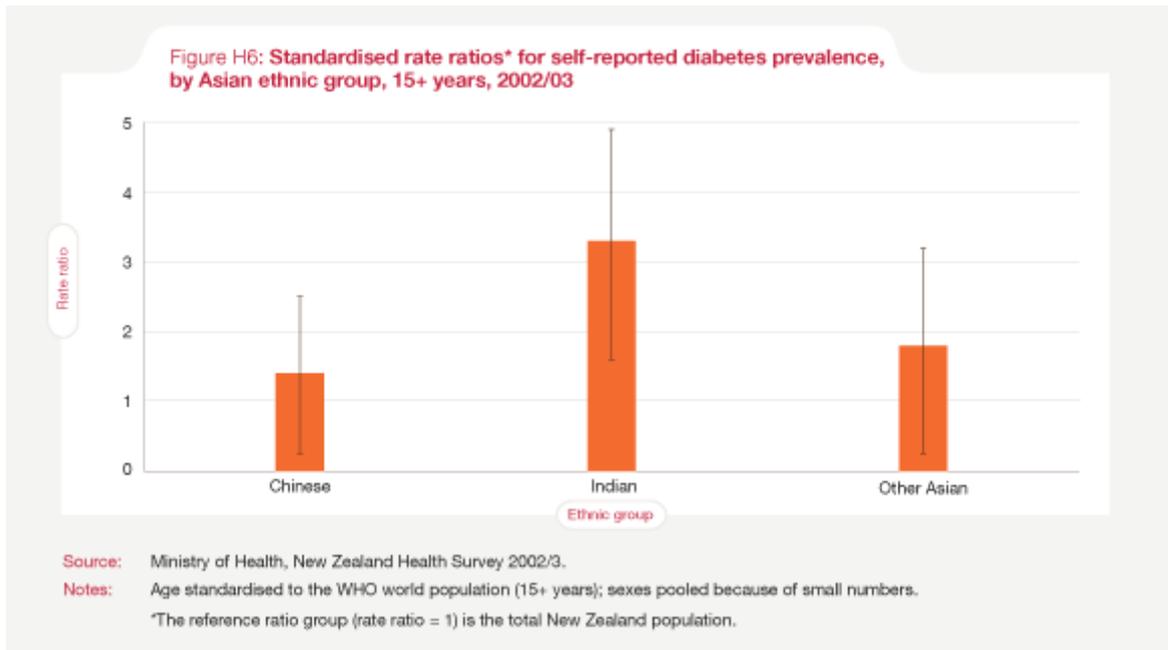


Figure H6 shows diabetes among Indians is over three times higher than the total population, which is a statistically significant result.

There is no statistically significant difference between the rate of self-reported diabetes between Chinese people and the total population, nor is there any difference between Other Asians and the total population.

Mental Health

Mental health is a broad term that can mean different things depending on context. The data presented below looks at whether people have experienced emotional problems, such as feeling depressed. Note that this is a subjective measurement based on an individual's own perception of their mental health status.

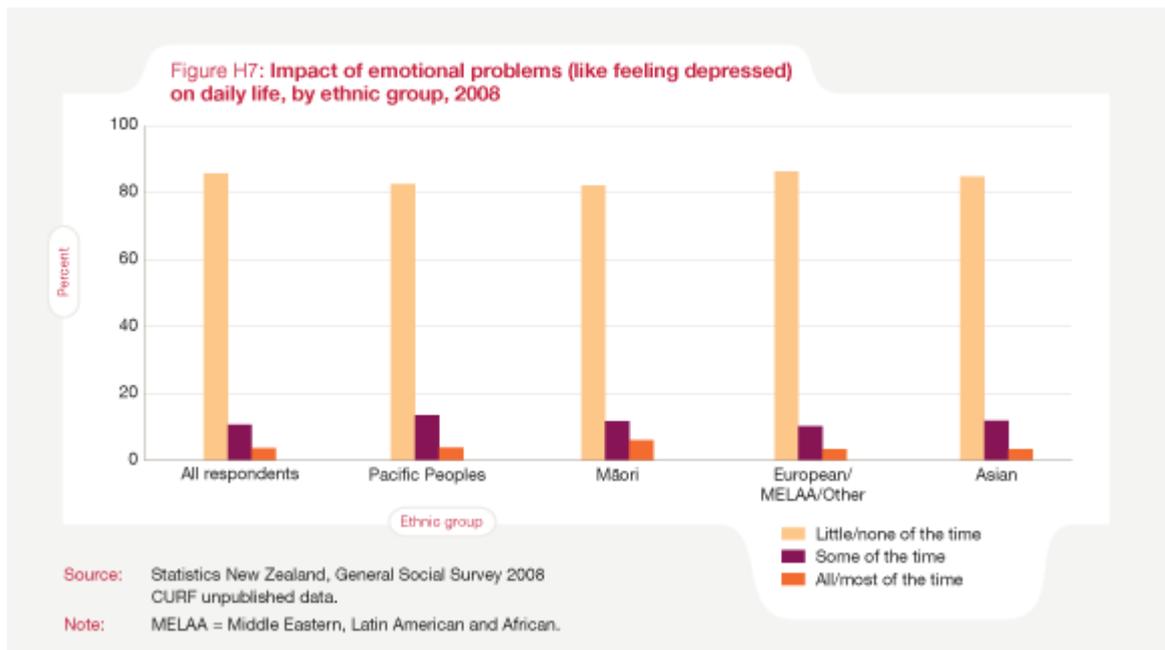


Figure H7 shows there is little variation between ethnic groups. The data suggests that over 80 per cent of all respondents report little impact of emotional problems in their daily life.