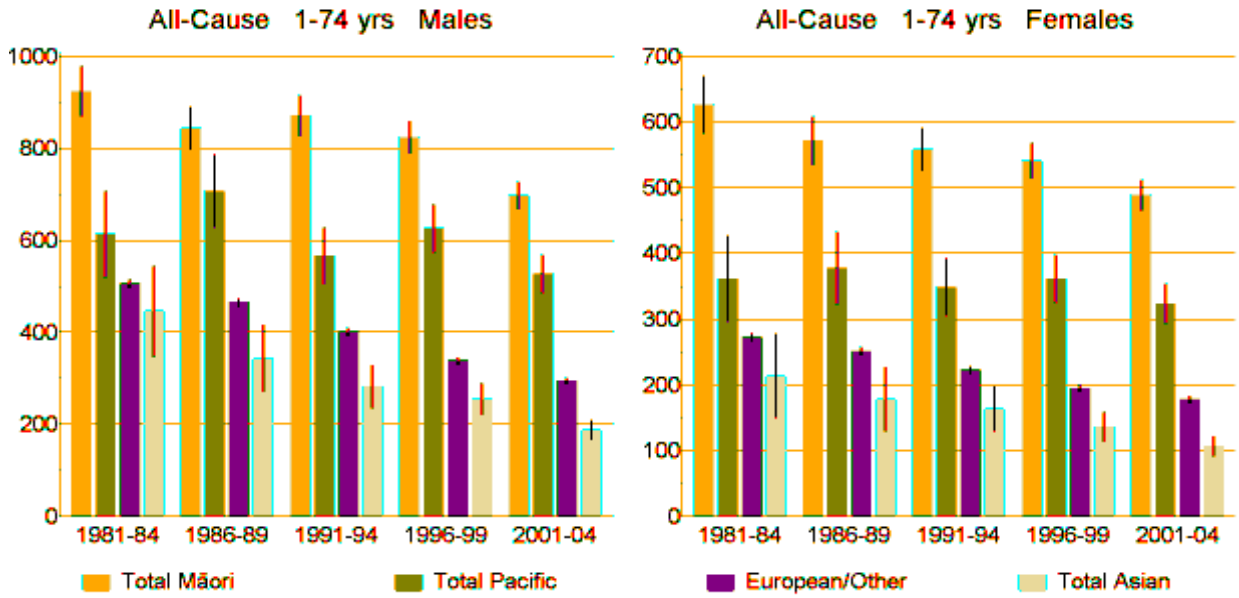
SUPPORTING INFORMAITON

1. ETHNIC MORTALITY DISPARITIES

Figure 1: All-cause mortality rates per 100,000, by ethnicity and sex, age standardised within the 1–74 years age group



In **absolute terms**, the gap between Māori and European/Other mortality rates:

- among **males** widened from 418 per 100,000 in 1981-84 (i.e. 925 for Māori *minus* 507 for European/Other) to 485 per 100,000 in 1996-99, then narrowed to 403 per 100,000 in 2001-04
- among **females** stayed about the same from 354 per 100,000 in 1981-84 to 347 per 100,000 in 1996-99, then narrowed to 311 per 100,000 in 2001-04.

In **relative terms**, the ratio of the Māori to European/Other mortality rates:

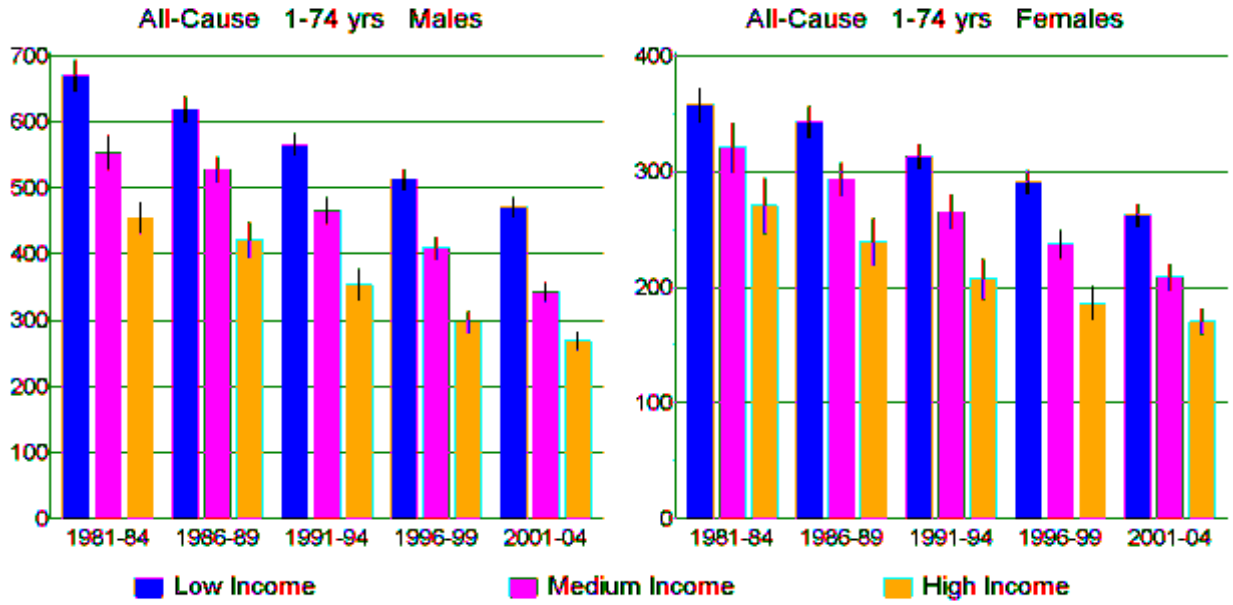
- among **males** widened from 1.83 in 1981-84 (i.e. 925 for Māori *divided by* 507 for European/Other) to 2.43 in 1996-99, then stayed about the same (or possibly fell) at 2.37 in 2001-04
- among **females** widened from 2.30 in 1981-84 to 2.78 in 1996-99, then stayed about the same (or possibly fell) at 2.74 in 2001-04.

What is the contribution of cardiovascular disease and cancer to ethnic disparities in 1-74 year old mortality?

- Cardiovascular disease contributed to over 40% of the gap between Māori and European/Other throughout the period for males, but has reduced among females from 47% in 1981–84 to 36% in 2001–04.
- Conversely, the contribution of cancer to Māori:European/Other inequalities has increased to about a quarter.
- Turning to Pacific:European/Other inequalities, CVD contributes over one third to the all-cause mortality gap, and cancer is again making an increasing contribution among females (up to a quarter of the total mortality inequality by 2001–04).
- However, unlike Māori, among Pacific people ‘other’ causes of death (a category that includes diabetes) also make a large contribution (about 40%) to the gap.

2. INCOME GROUP MORTALITY DISPARITIES

Figure 2: All-cause mortality rates per 100,000, by income group and sex, age- and ethnicity-standardised within the 1–74 years age group



In **absolute terms**, the gap between low and high-income group mortality rates:

- among **males** stayed about the same from 215 per 100,000 in 1981-84 (i.e. 670 for low-income group *minus* 455 for high-income group) to 216 per 100,000 in 1996-99, then narrowed to 202 per 100,000 in 2001-04
- among **females** widened from 87 per 100,000 in 1981-84 to 105 per 100,000 in 1996-99, then narrowed to 92 per 100,000 in 2001-04.

In **relative terms**, the ratio of the low to high-income group mortality rates:

- among **males** widened from 1.47 in 1981-84 (i.e. 670 for low-income group *divided by* 455 for high-income group) to 1.73 in 1996-99, then stayed about the same at 1.75 in 2001-04
- among **females** widened from 1.32 in 1981-84 to 1.56 in 1996-99, then stayed about the same at 1.54 in 2001-04.

What is the contribution of cardiovascular disease and cancer to disparities in 1-74 year old mortality between low and high-income groups?

- The major proximal cause of the observed trend in socioeconomic inequality in mortality is similar to that found for ethnic inequality – the reduction (in all population groups, but to varying extents) in cardiovascular mortality, reflecting falling incidence and improving survival for ischaemic heart disease and stroke in particular.
- However, as CVD has declined in importance as a contributor to disparities in mortality by income (from one-half to one-third), cancer has emerged as a leading cause and now accounts for one-quarter of the total disparity in both sexes.