Ageing and ethnicity: identification of inaccuracy in the LiLACS NZ cohort

Background—Self-identification of one’s ethnicity in New Zealand is constantly shaped by political, social, economic and health forces. At advanced age, that is over 80 years of age for Māori and 85+ for non-Māori, self-identification of ethnicity continues to be an important issue as identification or denial of one’s ethnicity in a specific situation is often related to self-esteem or fear of being treated differently.

Collection of accurate ethnic data is important as increasingly both Māori and non-Māori populations are ageing and the oldest old Māori, tangata whenua in New Zealand, are the fastest growing population group.

Reliable and standardised collection of ethnic health data is fundamental for effective health planning and decision making and reviewing the effectiveness of different health interventions, such as admissions into hospital for either acute or elective care.

Discrimination by way of ethnicity in New Zealand is now increasingly being recognised. Māori generally at a primary and secondary care level are offered less treatment options and diagnostic assessment.

Māori, along with people over 65 years of age, share a similar experience of having twice the risk of adverse health events during inpatient hospital care. Monitoring of all adverse health events and outcomes from health interventions depends on accurate ethnicity recording.

Identification of inaccuracy—Te Puawaihanganga o Ngā Tapuwhae Kia Ora Tonu Life and Living in Advanced Age: a Cohort Study in New Zealand (LiLACS NZ) initiated in 2010, enrolled 937 participants aged between 80 to 90 years for Māori and aged 85 years for non-Māori. LiLACS NZ used self-identified ethnicity as per standardised options by Statistics New Zealand.

Written informed consent was sought from participants to be able to access their hospital records through the New Zealand Health Information System (NZHIS) using each individual’s unique identifier.

Of the 937 enrolled to LiLACS NZ, 877 (94%) gave permission to access their NZHIS health record and 60 (6%) declined. Of those who gave permission, 809 (809/877, 92%) had at least one hospital admission since 1988 and the remaining 68 (68/877, 8%) did not have a record of hospital admission. As per standard admission procedures, ethnicity is recorded on admission to hospital and available in the data supplied by NZHIS.

Of the 809 LiLACS NZ participants who had an admission to hospital between 1988 and 2011 (average of eight admissions per participant), 347 self-identified as Māori and 462 as non-Māori during the LiLACS NZ face-to-face interview.
Reviewing their NZHIS file, it was found that in the earliest (first) admission records of respective participant, only 186 were recorded as being Māori and 587 were recorded as non-Māori and 36 were not stated. This is an inaccuracy of 23% (Table 1). In the latest admission records, the inaccuracy reduced to 15% (Table 2).

**Table 1. Self-defined ethnic identity of LiLACS NZ participants compared to earliest ethnicity recorded in NZHIS**

<table>
<thead>
<tr>
<th>NZHIS Ethnicity – Earlier admission</th>
<th>LILACS Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Māori</td>
<td>Non-Māori</td>
</tr>
<tr>
<td>Māori</td>
<td>186</td>
<td>–</td>
</tr>
<tr>
<td>Non-Māori</td>
<td>151</td>
<td>436</td>
</tr>
<tr>
<td>Not Stated</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>347</td>
<td>462</td>
</tr>
</tbody>
</table>

**Table 2. Self-defined ethnic identity of LiLACS NZ participants compared to latest ethnicity recorded in NZHIS**

<table>
<thead>
<tr>
<th>NZHIS Ethnicity – Recent admission</th>
<th>LILACS Ethnicity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Māori</td>
<td>Non-Māori</td>
</tr>
<tr>
<td>Māori</td>
<td>243</td>
<td>–</td>
</tr>
<tr>
<td>Non-Māori</td>
<td>102</td>
<td>445</td>
</tr>
<tr>
<td>Not Stated</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>347</td>
<td>462</td>
</tr>
</tbody>
</table>

**Discussion**—The accuracy of the hospital record in correctly ascertaining ethnicity in older Māori is questioned here. The inaccuracy, although it is improving, is of concern. Counting for nothing or something is an important issue in New Zealand where ethnic data is used for a wide range of purposes, such as, mapping and predicting new health trends, planning and resource allocation decisions, location of services, monitoring of outcomes from services, and meeting Treaty of Waitangi, statute and human rights obligations.1

On admission to any hospital in New Zealand, those who administer admissions should not assume individual’s ethnic identity, but in a respectful way inquire how that person would like to be defined in terms of their ethnicity. Racism, sexism and ageism affects how people feel about themselves and this occurs at all stage of life.

Treating people with respect and dignity in accordance with the Code of Consumer Rights for Health and Disability Services in New Zealand may be a first step in facilitating accurate recording of ethnicity. Accuracy of hospital ethnicity recording is important for all ethnic groups as hospital admissions are likely to increase with the increasing ageing population and population diversity is increasing. Cultural factors pertaining to ethnicity need to be considered for future health care planning.10 It is especially important for tangata whenua.

Inaccuracy of hospital record ethnicity will lead to inappropriate health planning, imprecision and underestimation of disparities in outcomes, and potential
embarrassment for patients and confusion for other health professionals in reading the records. We call for greater attention to this issue.

With projections of a greater number of Māori reaching advanced age, this is to be celebrated, to be honoured and to be claimed “I got there being Māori all of the way”.

Te Puawaitanga o Nga Tapuwae Kia ora Tonu
The blossoming of life

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References: