# Waitemata Health Needs Assessment 2009

## Health and health care of Waitemata residents

**Health Information for Action Team**

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# Executive Summary

## Introduction

DHBs are responsible for funding and providing health services for the population living in their district. Health needs assessment (HNA) forms an initial step in the planning undertaken to fulfil this responsibility. DHBs are required to regularly assess the health status of their resident population, any factors that may adversely affect the health status of the population and their needs for services.

This document takes an epidemiological and comparative approach to health needs assessment. It provides an overview rather than detailed information in any area. Previous health needs assessments undertaken in 2001 and 2005 have produced a single document. In 2008 additional HNAs focused on the needs of our Maori, Pacific, and Asian communities and this overall HNA should be used in conjunction with those three documents.

## Data and information sources

This document uses information from a wide range of sources. Data sources include the 2006 Census, mortality, hospitalisation, and outpatient data, and a number of surveys. In addition, where documents have recently been produced that describe Waitemata's health needs we have drawn heavily from these documents rather than repeat analyses. We also have used a great deal of analyses provided by the Health and Disability Intelligence Unit of the Ministry of Health.

## Demography

In 2006 there were 481,611 people living in the Waitemata district, accounting for approximately 12.0% of the national population. Both the age and gender composition of Waitemata residents was similar to the New Zealand population.

8.9% of our population is Maori, 7.3% Pacific and 14.2% are Asian. The majority of our Maori population (53%) and the large majority of our Pacific population (78%) live in Waitakere. In contrast 55% of Asians live in North Shore City. Our Pacific population is predominantly Samoan (49%), Tongan (15%), and Cook Island Maori (14%). Our Asian population is diverse but is predominantly Chinese (40%), Indian (22%), and Korean (18%).

Waitemata has a relatively wealthy population compared to New Zealand as a whole. Only 8% of our population live in NZ Dep2006 decile 9 and 10 area (the poorest areas) compared to 20% for New Zealand as a whole. In contrast 26% of our population live in areas of the wealthiest two deciles compared to 20% for New Zealand as a whole. However, this varies between Territorial Authorities with Waitakere City having much higher proportions in more deprived areas than North Shore or Rodney.

Waitemata's population is predominantly urban with only 6% of our population living in rural areas.

22% of our population are children and 14% young people. 11% are 65 years or older. However our Maori, Pacific and Asian populations are considerably younger with 54% of

Maori, 51% of Pacific and 42% of Asians been under the age of 25. These populations are also notable for the small proportion of older people they contain (4% or less of their total populations).

There has been a gradual but steady increase in the number of births in Waitemata to just over 7,700 a year. The Maori and Pacific fertility rates are almost twice those of Asian and Others.

By 2026 Waitemata's population is predicted to be nearly a third larger than it is now. It will also be a considerably older population with the number of people 65 years and older expected to double. The Maori and Pacific population will also grow faster than the population as a whole.

## Determinants of Health

Health is largely determined by our environment and behaviours rather than by health services. This section examines these factors.

### *Social factors*

Social capital measures attempt to capture the coherence of our communities. Most people feel that there is a sense of community where they live and that people can usually be trusted although people in Waitakere are less likely to be positive than people in Rodney.

Social support is also known to have a positive impact on health. 40% of people feel isolated at least some of the time. The large majority of people have access to telephones and cars so these are unlikely to be barriers to social support. However many people are relatively new to the place in which they live. Over 20% of children, and over 40% of Maori children, live in single parent families. Many older people, and older women in particular, live alone.

Most people are happy with their lifestyle including their quality of life and work/life balance.

### *Violence and crime*

Crime and violence have important impacts on people's lives. About one third of people do not feel safe walking alone at night and one quarter of people do not think unsupervised children are safe in their area. People in Waitakere are more likely to report these safety issues. Whilst reporting of most crime has been stable over the last six years violence offences have increased since 2005. In particular Police attendances at family violence have increase in line with national trends.

New Zealand and Auckland studies show that over a quarter of women will experience some degree of violence from a partner during their lives although the proportion that has experienced it in the last year is much smaller. A smaller but still significant proportion of men also experience partner violence. Maori are more likely to experience partner violence.

Sexual assault is also a common experience for women (nearly 20%), often from a partner. The majority of these women will have experienced their initial sexual assault by age 17.

Physical violence, emotional abuse and neglect are common experiences for children and young people both at home and school or elsewhere. Children and Young Peoples services in Waitemata carried out investigations which resulted in 2,852 findings of abuse in 2007.

Older people are also victims of abuse, most commonly psychological or neglect, and usually from a family member.

***Cultural factors***

Culture can be an important positive or negative influence on health. Many people in Waitemata are immigrants and are therefore somewhat dislocated from their culture. This is particularly the case for Asians (84%) and Pacific people (41%) but is also common amongst Others.

For Maori although they are tangata whenua access to their culture is often still an important issue. 15% of Maori in Waitemata do not know their Iwi and over 80% cannot speak Te Reo.

***Economic factors***

Economic factors such as income, occupation and education are the most powerful determinants of health. Maori and Pacific young people in Waitemata are more likely to leave school with little or no formal attainment than Europeans and Asians, and are much less likely to achieve University Entrance standard.

Women are more likely to be unemployed than men. However, these differences are smaller than the differences that exist between ethnic groups with Maori being twice as likely to be unemployed as Other. Women are also much more likely to be on low incomes than men (29% vs 19%). Asians are much more likely to be on low incomes than other groups.

Household crowding is much more common amongst Maori and Asian households than Europeans. However, crowding is most common amongst Pacific households where 45% of households experience crowding.

***Environmental factors***

Environmental factors have an important impact on both communicable and non-communicable disease. Waitemata's transport use is dominated by cars. Over three-quarters of people travelled to work by private or company vehicle. Only a tiny percentage used active transport. Access to recreational activity areas is good for the large majority of people but green space provision is poorer in more deprived areas.

Access to fruit and vegetable retailers and takeaways is higher near urban centres and highest is more deprived areas (particularly for takeaways).

The large majority of Waitemata residents have access to reticulated water from safe drinking water supplies. Reticulated supplies are fluoridated except for Helensville and Huia.

A substantial minority of Waitemata residents perceive problems with air, noise and recreational water pollution.

***Lifestyle factors***

14% of Waitemata adults are daily smokers. This is considerably lower than for New Zealand as a whole (19%). However, rates are high amongst some groups, notably Maori (30%), Pacific people (19%) and younger adults. The proportion of Year 10 students who smoke has steadily declined over the last 5 years. Just under 20% of year 10 students still live in homes where smoking is allowed inside.

Poor nutrition is a major cause of poor health in New Zealand. Nutrition is complex and we only have limited information at the Waitemata level. Only 54% of adults eat the recommended daily intake of vegetables and only 61% eat the recommended daily intake of fruit. On these measures women have a healthier diet than men. Pacific and Asian people are also less likely to have the recommended intake of vegetables.

Children in Waitemata tend to have healthier eating habits than their national peers.

Only just over 50% of babies in Waitemata are fully breastfed at three months of age. Europeans and Others are more likely to be breastfed than Maori, Pacific, and Asian babies.

Fewer than half of Waitemata adults are regularly physically active and 15% had done less than 30 minutes of exercise in the last week. Asian people were the least likely to be physically active.

Poor diet and lack of physical activity lead to overweight and obesity. 51% of women and 61% of men in Waitemata are overweight or obese. One in five of our population is obese (compared to one in four of the national population). However, obesity is much more common in our Maori (31%) and Pacific (48%) populations and much less common in our Asian population (8%).

Over 80% of adults and young people in Waitemata drink alcohol. 18% of adults drink alcohol in a way that is classified as hazardous.

Marijuana is the most commonly used illegal drug in Waitemata and New Zealand with about 15% of people having used it in the last year. Maori were particularly likely to have used it (39%) whilst its use was very rare amongst Asians. Nationally other drugs most commonly used were nitrous oxide, Kava, Ecstasy, and Amphetamines but each of these was tried by less than 4% of people in the last year. Party pills were commonly used in 2006 prior to it being made illegal.

Nationally two out of three adults had gambled in the last year but less than one half of a percent of people were problem gamblers. Problem gambling was more common amongst Maori and Pacific people.

## State of Health

### *Overall health*

Except for Pacific men people in Waitemata have a higher life expectancy than their national counterparts and this is particularly so for Maori. However there are quite large differences in life expectancy between different population groups. Women have a longer life expectancy than men and Maori and Pacific people have a shorter life expectancy than Others. Life expectancy for Asians cannot be accurately calculated because of migration. Similar patterns are seen for overall mortality.

Avoidable mortality (AM) measures deaths that might have been avoided by successful public health (including changing lifestyles) or health service intervention. 37% of all deaths were considered potentially avoidable in 2003-05. Waitemata's avoidable mortality rate was 80% of New Zealand's as a whole. The very marked differences between groups indicate the opportunity for reduction of health inequalities. Men have a 50% higher avoidable mortality rate than women. Maori and Pacific avoidable mortality rates that are more than double Others.

The leading causes of avoidable mortality in Waitemata are ischaemic heart disease (IHD), lung cancer, colorectal cancer, suicide, and stroke. For women breast cancer is also important. For Maori, Pacific, and Asians diabetes is important and for Maori so is chronic obstructive pulmonary disease (COPD).

Avoidable hospitalisation (AH) is another useful measure for examining our ability to improve health and reduce inequalities. It is also important because reductions of these hospitalisations would reduce the burden on our health system. Waitemata has a similar avoidable hospitalisation rate as New Zealand as a whole. The Maori avoidable hospitalisation rate is almost 75% higher than that for Others and the Pacific rate is almost double. Asian is lower than Others.

The commonest avoidable hospitalisations are angina, respiratory infections, cellulitis, road traffic injuries, and ear, nose, and throat infections. For women kidney and urinary tract infections are common. Asthma and COPD are also important for Maori and Pacific people.

More than 60% of adults in Waitemata report that their overall health is excellent or very good although this is somewhat lower for Maori and Pacific people.

The World Health Organisation has calculated the overall burden of diseases for all countries including New Zealand. They use a measure that includes burden from early death and from lives led with disability. The most significant diseases using this measure are cancers, depression, IHD, stroke, COPD, and injuries which together account for 50% of all disease burden. Other important illnesses are diabetes, alcohol use disorders, dementia, hearing loss, asthma, osteoarthritis, and congenital anomalies.

### *Cardiovascular disease*

High blood pressure and high cholesterol are common risk factors for cardiovascular disease with one in seven Waitemata adults being on medication for high blood pressure and one in

14 being on medication for high cholesterol. A lower proportion of Maori and Pacific people are on these medications despite higher rates of cardiovascular disease (CVD).

Many people live with cardiovascular disease with the prevalence reaching 25-40% by the age of 80. CVD mortality was 49% more common in men than women, 69% more common in Maori as Others, and more than twice as common in Pacific people as Others. Asians have a lower rate. CVD hospitalisations show a similar pattern although the ethnic differences are less dramatic.

***Diabetes***

Over 20,000 people in Waitemata have diabetes. Diabetes prevalence increases dramatically with age reaching 40% of the population in some ethnic groups by the time people are in their 60s. Prevalence in Maori is twice that of Others, and is even higher for Pacific people and South Asians. Whilst these differences are large the differences in the incidence of diabetes complications such as renal failure admissions and lower limb amputation admissions are even larger.

***Cancer***

Cancer mortality in Waitemata is significantly lower than nationally. Maori and Pacific people have cancer mortality that is almost 50% higher than Others, whilst Asian people have the lowest rates. The most significant causes of cancer mortality are lung cancer, colorectal cancer, breast cancer and colorectal cancer. Waitemata has significantly lower rates of lung and colorectal cancer and than New Zealand as a whole. Maori and Pacific people have much higher rates of lung cancer and cervical cancer mortality than Others. Nationally they also have higher rates of breast cancer mortality. Asian mortality rates for most cancers are low.

Cancer hospitalisation and registration rates tend to mirror these trends although ethnic differences are usually less marked.

***Respiratory disease***

Nearly 10% of Waitemata adults are taking medication for asthma. Whilst the prevalence of asthma for Maori and Pacific people was similar to Others their hospitalisation rates was about three times that of Others. Asian people had both a low asthma prevalence and low hospitalisation. Women have a higher hospitalisation rate than men.

7% of Waitemata adults have chronic obstructive pulmonary disease (COPD). COPD is a particular burden for Maori with prevalence rates four times as high and hospitalisation rates nearly three times as high as Others.

***Infectious disease***

Infectious disease is now an uncommon cause of mortality. Many infectious diseases are notifiable. The most commonly notified diseases are those that cause gastroenteritis, particularly campylobacteriosis.

***Musculoskeletal disease***

Arthritis is very common in adults, particularly amongst Others where 13% of adults report having arthritis. Osteoporosis is also common amongst women.

***Injury***

ACC claims for injury are common, particularly amongst youth and young adults. Maori and Others have higher rates than Pacific and Asians have the lowest rates of claim. Nearly half of claims are for soft tissue injury, but fractures and dislocations and lacerations and puncture wounds are also common. Most injuries occur at home or during sport or recreation. Injury is also a cause of hospitalisation with Waitemata having higher rates than nationally. Maori and Pacific people have high rates of injury hospitalisation. Maori have high rates of injury mortality.

***Oral health***

Waitemata children have better oral health than New Zealand children as a whole. However there appears to have been some worsen in oral health status between 2004 and 2006. Maori and Pacific children have markedly poorer oral health than Others. Only limited national data is available on adult oral health. About half of adults have had one or more teeth removed due to disease.

***Mental Health***

12% of adults report they have a chronic mental health condition. Pacific and Asian people are less likely to report this although Pacific people are more likely to report psychological distress which is associated with mental health issues.

The NZ Mental Health Survey found that 21% of adults had a mental health disorder in the last 12 months. This was higher amongst youth and women and uncommon amongst older people. The commonest disorders were anxiety disorders (especially specific phobias), mood disorders (especially major depression) and substance abuse disorders. 0.4% of adults had attempted suicide. Waitemata's suicide rate was slightly lower than the national one.

***Disability***

Only regional and national data was available. 9% of children in the Auckland region had a disability. Amongst adults the rate of disability increases from 7% amongst young adults to 37% in older people (65 years and older). Nationally Maori have higher rates of disability and Asians low rates. Sensory and physical disabilities are most common types in adults and sensory and chronic health problems in children. Multiple disabilities are common. In children disabilities present at birth are the commonest cause, and remain important through all age groups. In middle ages disease and illness and accidents are important and aging processes become important in older people. Many children with disabilities (16%) have unmet needs.

***Maternity and birth***

There were 27 admissions for pregnancy complications for every 100 live births in Waitmata but this was a lower complication rate than for New Zealand as a whole. Pacific mothers were more likely to be admitted.

28% of all births in Waitemata were by caesarean section and a further 10% were assisted (e.g. forceps delivery). Maori and Pacific mothers were more likely to have normal deliveries.

6% of babies born have low birth weight. There has been a decline in small for gestational age babies and a smaller increase in preterm babies over the last 20 years.

Infant mortality rates in Waitemata are lower than New Zealand as a whole at about 4 per 1,000 live births. Maori infant mortality rates were higher than all other ethnic groups.

***Children***

Death in childhood, after the first month of life, is a fortunately rare event with an average of 30 deaths a year in Waitemata, almost half being infants. The most common cause of death in infants were sudden infant death syndrome (SIDS), congenital anomalies, suffocation and injuries. In older children the commonest causes were injury, cancers, and congenital anomalies.

There were 105 admissions to hospital each year for every 1,000 children in Waitemata. 63% of childhood hospital admissions were acute, 9% arranged, and 28% from waiting lists (for surgery etc). The commonest acute admissions were for injury, gastroenteritis, asthma, viral infections, respiratory infections, and skin infections. Admissions for infectious disease, skin infections and respiratory infections have all increased markedly over the last 10 years. The commonest waiting list admissions were for grommets, dental procedures, and tonsils and adenoids.

There were an average of 16 cancers a year registered amongst young people in Waitemata. Leukemia and brain cancer were the most common.

The commonest chronic conditions reported amongst children are asthma (15% of children), eczema (14%), allergy (6%), and birth conditions (4%).

***Young people***

An average of 33 young people (15-24 year olds) died each year in Waitemata. Most of these died from injury or suicide. Suicide deaths seem to have started to decline after a long period of increase.

There were 87 admissions to hospital for every 1,000 young people in Waitemata as well as pregnancy related admissions (including delivery). The commonest acute admissions were injury, abdominal or pelvic pain, and skin infections.

There were an average of 19 cancers a year registered amongst young people in Waitemata (in addition to 51 cases of cancer of the cervix in situ per year). Melanoma and lymphoma were the most common cancers.

About 6% of Maori teenage girls, 3-4% of Pacific teenage girls, and 1.5% of Other teenage girls have a baby each year.

***Older people***

In 2006 there were nearly 53,000 people aged 65 years or older in Waitmata and nearly 6,000 age 85 years and older. Only a tiny proportion of these were Maori, Pacific, or Asian.

The large majority of older people do not require any assistance. Only 14% of people who are 85 years or older live in a rest home or private hospital, 23% have some funded support at home, and 63% receive no funded assistance. Many older people continue to work or do voluntary work.

The commonest causes of mortality and hospitalisation for older people are similar to the population as a whole. In Waitemata the leading causes of death amongst older people are IHD, stroke, COPD, lung cancer, and diabetes. Cancers together also account for 28% of deaths. The leading causes of hospitalisation are IHD and angina, respiratory infections, falls, COPD, skin cancers, and eye disorders.

***Rodney, North Shore, Waitakere***

Waitakere has significantly higher avoidable hospitalisation rates than Rodney and North Shore. Although avoidable mortality rates are slightly higher this is not statistically significant.

***Migrants and refugees***

32% of Waitemata residents were born overseas (compared to 23% nationally) and of these 32% have lived in New Zealand less than 5 years. This includes 81,486 people of European ethnicity, 13,863 Pacific people, and 56,865 Asian people. 83% of Asian people in Waitemata were born overseas, 39% of Pacific people, and 26% of people of European ethnicity.

English language ability is important in order to participate in New Zealand Society. In Waitemata in 2006 10,482 Asian people, 1,956 Pacific people, 810 European people, and 633 people of other ethnicities said they could not hold a conversation in English about every day things.

New Zealand is one of nine countries which accept a quota of refugees (700 per year). In addition NZ accepts around 300 family reunification refugees and in 2007/08 200 people sought asylum in New Zealand. Recently a number of refugees have settled in Massey, Henderson, Glendene, and Kelston. Recently refugees have come from Afghanistan, Iraq, Iran, Myanmar, Somalia, Eritrea, Ethiopia, Sudan, Burundi, and Congo.

Refugees often have high health needs related to conditions they come from and stress of resettlement. Common issues are infectious disease, mental health issues, woman's health issues, and chronic diseases.

## Health services

### *Primary care*

There are six Primary Health Organisations (PHOs) in Waitemata with 99 general practices. The PHOs vary in size of enrolled populations from less than 14,000 to over 150,000. 92% of Waitemata residents are enrolled in PHOs, including 14% who are enrolled in PHOs outside of Waitemata. Health West and Waiora in Waitakere, and Te Puna in North Shore have the most ethnically diverse enrolled populations and Waiora has the most deprived population.

80% of Waitemata adults have seen a general practitioner (GP) in the last year and 38% have seen a practice nurse. Asian people are less likely to have seen either. Only 8% of people report having not seen a GP when they needed to but this was higher amongst Maori and Pacific people.

Information about the nature and quality of GP consultations is national. Most consultations (88%) are with a GP the person has seen before. The average consultation lasted 15 minutes and the large majority of people felt their doctor listened to them well and discussed their healthcare with them. Half of the problems GPs were seen for were new problems or short term problems being followed up, about a third were long term problems, and only 5% preventive care. Two thirds of people received a prescription from their visit, nearly a third had some form of test, and one in six was referred to another health professional.

General practices undertake a number of recommended preventive health interventions including influenza vaccination, CVD risk screening and cervical screening. 64% of people over the age of 65 had received an influenza vaccine in the last year. 67% of adults had had a blood pressure check, 37% a cholesterol test, and 22% a diabetes test in the last year. 76% of eligible women had had a cervical smear in the last 3 years and 54% had a breast screen. Generally Maori, Pacific, and Asian people had lower coverage rates for preventive services than Others.

Care of long term conditions are an important part of primary care but little information is available on care provided except for diabetes care. Less than half the estimated number of people with diabetes in Waitemata have a free annual review as part of the Get Checked programme. 71% of people in the Get Checked programme have had the recommended retinal screening within the last 2 years.

Other primary care providers include Family Planning and Sexual Health. The commonest sexually transmitted infections seen in Sexual Health Clinics were Chlamydia and Genital Warts. Chlamydia is a very common infection in young people, particularly women. Over 1% of women aged 15-24 had confirmed Chlamydia in a 3 month period. Family Planning provides almost 25,000 consultations a year in Waitemata.

### *Oral health care*

Only about a half of 5 year olds and two-thirds of eight year olds are accessing free school dental care. Maori and Pacific children are less likely to receive care. Only half of adolescents are enrolled in the oral health service. Half of Other adults and a third of Maori, Pacific, and

Asian adults have seen an oral health worker in the last year. 12% of adults report an unmet need for oral health care.

***Secondary care***

About one in 14 of our population has visited a hospital Emergency Department in the last year.

For every 100 men in Waitemata there are 34 Outpatient Clinic visits and for every 100 women there are 38 Outpatient Clinic visits. Maori have the highest rates of Outpatient attendance and Asian people the lowest. Waitemata residences have generally similar patterns of use of different outpatient services as residents in other parts of Auckland.

Waitemata public hospitals provided nearly 200,000 bed days of service in 2007/08. Bed occupancy at North Shore Hospital was very high, particularly for Medicine where it ran at over 100%. Long term projections show the need to continue to increase bed capacity.

Acute hospitalisations for both adults and children have increased over the last six years, particularly for Maori and Pacific people who have high rates of hospitalisation. Hospitalisations for Medical services are very much dominated by older people, whereas surgical hospitalisation is distributed amongst different age groups fairly evenly.

Maori and Pacific people also have higher rates of hospitalisation for elective services and Asians have low rates. There has been some increase in the rates of surgery for knee and hip joint replacement and for cataracts over the last six years but not for cholecystectomies and prostate surgery. The average wait between being given assurance of treatment and receiving surgery in Waitemata is 57 days which is less than for New Zealand as a whole. 95% of people receive their surgery within 5 months.

***Mental health***

About 1 person in 40 in Waitemata used mental health services in 2007. Utilisation rates were higher in men than women, and were also higher amongst young adults and people 75 years and older. Maori have higher utilisation than Other and Pacific and Asian people have very low rates.

A wide range of services are used with the most clients using Community Teams and Alcohol and Drug teams. Psycho-geriatrics, Child, Adolescent and Family, and Inpatient teams are also frequently accessed. People in Waitemata have a higher contact rate with mental health services but are less likely to be admitted to hospital (although if they are admitted they will stay longer).

***Maternity care***

Maternity care is provided at North Shore and Waitakere hospitals and community based maternity units at Helensville, Wellsford, and Warkworth. Some care is also provided by Auckland City Hospital including the most intensive neonatal care. Most maternity care is provided by midwives but there are important workforce issues.

***Public health***

Information is provided on the services provided by the Auckland Regional Public Health Service (ARPHS). ARPHS is our regional public health unit and the largest public health provider in our district as well as having statuary and regulatory responsibilities. A number of NGOs also provide national, regional, and local public health services, particularly health promotion activities, but these are not reported.

ARPHS has responsibility for communicable disease control through the disease notification system. Important diseases followed up include tuberculosis, enteric disease outbreaks, and hepatitis B. It also has some responsibilities around immunisation.

ARPHS also has many responsibilities around monitoring and protecting our environment as it impacts health. Important areas of focus are wastewater, drinking water, shellfish quality, food safety, and early childhood centres.

Non-communicable disease prevention is another important area of activity. This includes both health promotion and regulatory activity in the areas of alcohol, tobacco, and nutrition. ARPHS also does work on healthy housing programmes, and refugee and asylum seeker health, biosecurity, border response, and emergency management.