

Executive Summary

Introduction

This executive summary briefly describes the purpose, methodology and content of the Pacific Health Needs Assessment (HNA) along with a summary of the demography and health status of, and issues raised in consultation with, Pacific peoples within the Waitemata district.

Purpose

The purpose of the Pacific HNA was to describe the health needs of the Pacific population within the Waitemata District. The approach this report took was to describe the health needs of the Pacific population through detailing different aspects of the Pacific population including the demography of Pacific people within New Zealand and the Waitemata District, their cultures and languages, social, economic and environmental factors, their health status, disease and risk factor prevalence/incidence and utilisation of health services.

Methodology

This report was written using routinely collected data and results from published national surveys and statistical reports. Most information was of a quantitative nature and there was a limit on the time and resources available for preparing and writing this report.

Initial community consultations were undertaken to discuss the content and structure of the Pacific HNA report. Based on these meetings the content and format of the report was decided upon. The content was to include ethnic, age-group and area based analysis and the format or structure of the report was to be guided by the Fonofale model of health. Ethnic and area-based analyses were not able to be undertaken for a substantial number of indicators because of the relatively small numbers involved. The Fonofale model of health incorporates the most important values of Pacific people including family, culture and spirituality as well as physical and mental health, and other factors that impact on health. The model also views Pacific health as being impacted upon by the environment, time (current and historical) and the contexts (such as political and socioeconomic).

There was also wider community consultation after an initial draft was prepared at which key findings were presented. At these meetings the community were asked to add further to these findings by providing either written or oral feedback on what they saw were other important health needs of their respective Pacific communities. These results are included in this report and add valuable qualitative information to the Pacific HNA.

Summary of findings

We list some of the findings under the headings of demography, adult health, infant and maternal health, child and youth health, older people's health, health service utilisation and

community consultations. Lastly we list some of the good news findings All rates mentioned (except infant and maternal rates) within this summary are age-standardised to the World Health Organisation (WHO) world population. Differences are statistically significant when specified as such. The term similar is used when difference may not be statistically significant. While a number of differences with the total Waitemata population were evident, these differences often failed to reach statistical significance because of the relatively small numbers involved.

Demography

- Pacific Peoples are estimated to number 36500 or 6.3% of the total population in Waitemata in 2008.
- Pacific Peoples are culturally and ethnically diverse.
- The Pacific population has a young age structure (over half are under 25 years old).
- Over three-quarters of Pacific people are residents of Waitakere City and a further one-fifth are residents of North Shore City.
- Close to a third (30%) of Pacific people live in the most deprived areas (Decile 9 and 10) compared to 8% of all Waitemata residents and 58% of New Zealand Pacific residents.
- Pacific people have the highest rate of live births in Waitemata (103.3 per 1000).
- The Pacific population is expected to number 62,000 or 8.9% of the total Waitemata population by 2031.

Adult Health

Life expectancy, mortality and hospitalisations

- Life expectancy at birth for 2003-05 for Pacific people in Waitemata was 71 years for males (which was nine years less than for total Waitemata population males but only one year less than New Zealand Pacific males) and 77 years for females (which was seven years less than for total Waitemata population females but the same as New Zealand Pacific females).
- The Pacific overall mortality rate for 2003-05 was 739 per 100,000, which was almost twice that of the total Waitemata population though similar to the New Zealand Pacific rate (708 per 100,000).
- The avoidable mortality rate for Pacific was 290 per 100,000 - more than twice as high as for the total Waitemata population though similar to the New Zealand Pacific rate (310 per 100,000).

- The Pacific overall hospitalisation rate for 2005-07 was 238 per 1000, which was 30% higher than that of the total Waitemata population though similar to the New Zealand Pacific rate (225 per 1000).
- The avoidable hospitalisation rate for Pacific was 6360 per 100,000, around 80% higher than the total Waitemata population and 10% higher than the New Zealand Pacific rate.

General and mental health

- 53.1% of Pacific people aged 15 and over reported their general health status was excellent or very good, this was 9% less than that reported by the total Waitemata population.
- 7.6% of Pacific people aged 15 and over reported a chronic mental health condition, which was similar to the rate for the total Waitemata population.
- 9.6% of Pacific people aged 15 and over had a high or very high probability of having an anxiety or depressive disorder; this was two times higher than that reported by the total Waitemata population.

Health status-Cardiovascular disease

- 311 Pacific people per 100,000 died from cardiovascular disease over the three year period of 2003-2005, this was more than two times higher than for the total Waitemata population.
- 6.6% of Pacific people aged 15 and over reported having diabetes. This was two times higher than the rate reported by the total Waitemata population.
- 762 Pacific people per 100,000 were hospitalised due to diabetes over the three year period 2005-2007, which was four times higher than the rate reported by the total Waitemata population.
- 114 Pacific people per 100,000 were hospitalised due to renal failure over the three year period of 2005-2007, which was almost seven times higher than the rate reported by the total Waitemata population.
- 2.1% of Pacific people aged 15 and over reported having Ischaemic heart disease, which was similar to the rate for the total Waitemata population.
- The Ischaemic heart disease mortality rate for Pacific people was 325 per 100,000, which was two and a half times higher than for the total Waitemata population.
- Around 1% of Pacific people aged 15 and over reported having had a stroke, which was similar to the rate for the total Waitemata population.
- The Stroke mortality rate for Pacific people was 113 per 100,000, which was two times higher than for the total Waitemata population.

Health status-Cancer

Mortality

- 178 Pacific people per 100,000 died from cancer over the three year period of 2003-2005, which was also 46% higher than for the total Waitemata population.
- The lung cancer mortality rate for Pacific people was 54 per 100,000, which was 50% higher than for the total Waitemata population.
- The breast cancer mortality rate for Pacific women was 61 per 100,000, which was 70% higher than for the total Waitemata population.
- The prostate cancer mortality rate for Pacific men was 70 per 100,000, which was similar to the rate for the total Waitemata population.
- The cervical cancer mortality rate for Pacific women was 27 per 100,000, which was five times higher than the rate for the total Waitemata population.
- The colorectal cancer mortality rate for Pacific people was 14 per 100,000 was similar to the rate for the total Waitemata population.

Registration

- The lung cancer registration rate for Pacific people was 86 per 100,000, which was almost two times higher than for the total Waitemata.
- The breast cancer registration rate for Pacific women was 114 per 100,000, which was similar to the rate for the total Waitemata population.
- The cervical cancer rate for Pacific women nationally was higher than the rate for the total female population in Waitemata.
- The prostate cancer registration rate for Pacific men was 204 per 100,000, which was similar to the rate for the total Waitemata population.
- Cervical cancer registration data was not supplied for Pacific women in Waitemata because of the relatively small numbers involved.
- The colorectal cancer registration rate for Pacific people was 53 per 100,000, which was similar to the rate for the total Waitemata population.

Health status-Respiratory diseases

- 7.7% of Pacific people aged 15 and over reported having taking medication for Asthma, which was similar to the rate for the total Waitemata population.
- 315 Pacific people per 100,000 were hospitalised due to Asthma over the three year period 2005-2007, which was three times higher than the rate among the total Waitemata population (107 per 100,000) and over twice the national Pacific rate (251 per 100,000).

- 3.2% of Pacific people aged 15 and over reported having Chronic Obstructive Pulmonary Disease (COPD), which was similar to the rate reported for the total Waitemata population.
- 1515 Pacific people (aged 45+) per 100,000 were hospitalised due to Chronic Obstructive Pulmonary Disease over the three year period of 2005-2007, which was more than three times higher than the rate among the total Waitemata population (506 per 100,000) and also higher than the rate among the national Pacific population (1247 per 100,000) .

Health Status-Injury

- 8.1% of Pacific people died from unintentional injury in 2003-05, which was similar to the rate for the total Waitemata population.
- 2067 Pacific people per 100,000 were hospitalised due to unintentional injury in 2003-05, which was 30% higher than the rate reported by the total Waitemata population.

Health Status-Risk factors

- 19% of Pacific people aged 15 and over are current daily smokers, which was similar to the rate for the total Waitemata population and considerably lower than the national Pacific population (26%).
- 38% of Pacific people aged 15 and over regularly ate three or more servings of vegetables per day. This rate was almost one and a half times lower than for the total Waitemata population.
- 60% of Pacific people aged 15 and over regularly ate two or more servings of fruit per day, which was comparable to the rate for the total Waitemata population.
- 44% of Pacific people aged 15 and over undertook regular physical activity, which was similar to the rate for the total Waitemata population.
- 25% of Pacific people aged 15 and over were overweight and a further 48% were obese; this rate of obesity was almost two and a half times higher than the obesity rate for the total Waitemata population.

Infant and maternal health

- The Pacific prevalence of low birth weight was around 40 per 1000 live births which was 70% lower than for the total Waitemata population.
- The Pacific infant mortality rate (birth to 1 year) was around 3 per 1000 live births, which was similar to the total Waitemata population rate (4 per 1000 live births) though considerably lower than the New Zealand Pacific rate (7.2 per 1000 live births).

- Pacific perinatal mortality rate (20 weeks gestation to 7 days) was around 10 per 1000 live births, which was comparable to the rate for the total Waitemata population and lower than the New Zealand Pacific rate (12 per 1000 live births).
- The Pacific exclusive and full breastfeeding for 10-16 weeks rate was 47%, which was lower than the total Waitemata rate (55%) though higher than the New Zealand Pacific rate (43%).
- The Pacific exclusive and full breastfeeding for 16 weeks-8 month rate was 19%, which was lower than the total Waitemata rate (24%) though higher than the New Zealand Pacific rate (18%).
- Pacific Mothers' admission for pregnancy complications was 378 per 1000 live births, which was the higher than the total Waitemata rate (271 per 1000 live births) though less than the New Zealand Pacific rate (412 per 1000 live births).

Child and Youth Health

- In 2006 around 61% of Pacific Year 8 School children had their teeth examined, which was 13% in magnitude less than total Waitemata population.
- In 2006, the average number of decayed, missing or filled teeth for Pacific Year 8 School children was two, which was 50% more than that of the total Waitemata population.
- The hospitalisation rate for Asthma in Pacific children aged 0-14 was 1011 per 100,000, which was close to three times higher than the total Waitemata population rate.
- The hospitalisation rate for falls in Pacific children aged 0-14 was 832 per 100,000, which was 20% higher than the total Waitemata population rate.
- The hospitalisation rate for unintentional injury for Pacific youth aged 15-24 was 2405 per 100,000, which was 40% higher than the total Waitemata population rate.
- The rate of Live and Still births to Pacific teenage (15-19) Mothers in 2007 was 41 per 1000 births, which was close to double the total Waitemata population rate.

Older People's health

Health status-Cardiovascular disease and lung disease

- The Pacific mortality rate among people aged 65+ years for Ischaemic heart disease was 1734 per 100,000 which was close to two and a half times higher than the total Waitemata rate.

- The Pacific mortality rate among people aged 65+ years for stroke was 585 per 100,000 which was over 70% higher than the total Waitemata rate.
- The Pacific hospitalisation rate among people aged 65+ years for stroke was 2055 per 100,000 which was over two and a half times higher than the total Waitemata rate.
- The Pacific male hospitalisation rate among people aged 65+ years for Chronic Obstructive Pulmonary Disease was 6704 per 100,000 which was over four and a half times higher than the total Waitemata rate.

Health Service Utilisation

Primary care

- Pacific PHO enrolment was 90% which was similar to the total Waitemata population.
- Pacific GP utilisation in preceding 12 months was 77% compared to 80% of the total Waitemata population.
- Pacific unmet need for GP services (i.e. needed to see a GP but not done so for any reason) in the preceding 12 months was 13% compared to 8% of the total Waitemata population though similar to New Zealand Pacific population (12%).
- Pacific use of an oral healthcare worker in the preceding 12 months was 33% compared to 49% of the total Waitemata population.
- Pacific use of complementary services in the preceding 12 months was 12% compared to 20% of the total Waitemata population.
- Pacific fully immunised at 2 years old was 76% compared to 79% of the total Waitemata population.
- Pacific people with diabetes who had free annual check was 62% compared to 47% of the total Waitemata population.
- Pacific people who had satisfactory management of their diabetes was 59% compared to 79% of the total Waitemata population.
- 48% of Pacific women were screened for breast cancer compared to 54% of the total Waitemata population.
- 55% of Pacific women were screened for cervical cancer compared to 76% of the total Waitemata population.

Secondary care

- Pacific Public hospital use was 13% compared to 14% of the total Waitemata population.

- Pacific acute readmission rate was 30% compared to 28% of the total Waitemata population.
- Pacific elective surgery rate was 3269 per 100,000 which was 24% higher compared to 2633 per 100,000 for the total Waitemata population.
- Pacific use of a medical specialist in the preceding 12 months was 18% compared to 30% of the total Waitemata population.
- Pacific use of Emergency Department in the preceding 12 months was 8% compared to 7% of the total Waitemata population.

Community consultation

The following additional health needs were identified during consultation with Waitemata's Pacific community. The point was made that the people attending the consultation meetings could only voice opinions from a well person's perspective – the reality for people burdened by ill health, with English as a second language, on a low income, also should be considered.

Barriers to health care

- Deprivation – this is a key factor for Pacific people in relation to accessing services and the barriers to accessing services.
- No emergency services in Waitakere; limited specialist services in Waitakere.
- Lack of transportation.
- Lack of childcare (barrier to participation in physical activity programmes)
- Opening hours restrictive.
- Work hours restrictive (e.g. may not be able to take time off work to see GP).
- Constraints on time and money (not enough money to buy good food).
- Cultural and communication barriers with health service staff leading to not feeling comfortable with services (e.g. use of medical jargon, not being listened to, being rushed out, needs not being considered, not being respected).
- Lack of information or knowledge of services and their costs.
- Expensive services (especially to see dentist and call ambulance; even relatively low cost services e.g. \$15 for a GP visit can be prohibitive given low income).
- Pride / losing face.

Health education

- Need to train church and community leaders and elders and they will train the community.
- Ethnic specific messages on Television and Radio useful.
- Children can inform their families – target schools (but need to target parents too so that they are receptive).
- Specific health education needs around: HEHA (healthy eating, healthy action including budgeting barriers to putting HEHA into practice), cancer screening, proactive approach to chronic disease, mental health (what it is and how to deal with it), navigating the health system (e.g. knowing that it's ok to ask questions, knowing how to make a complaint), when to access health services (so that don't come too late/early)).

Workforce

- Need to build Pacific health workforce capacity (e.g. through health sector scholarships, mentoring).
- Need to support those being trained by providing scholarships and mentoring.
- Need to increase the cultural and communication competence among the mainstream workforce – some people feel that they are not listened to and/or looked down upon.

Health service needs

- Pacific Board membership of Waitemata DHB.
- Full hospital services in Waitakere City.
- Health needs of Pacific people on the North Shore need to be addressed separately from Waitakere (but not forgotten).
- Generally need to advertise and promote health services better, especially those that are free / low cost.
- Health services need to be affordable, accessible (local, late opening hours, for primary and secondary services), appropriate (culturally and clinically).
- Pacific health centres with dental clinics to provide low cost (but high quality e.g. seeing same practitioner every / most times) GP and dental services.
- More Pacific specific services (e.g. for cervical/breast screening).
- Separate out Pacific services for men and women (tapu) (although Palagi services may be better for sensitive issues).
- Interpreters for Pacific people in the hospital.

- More high quality out-reach services like Wellness-out-West bus (e.g. for provision of dental services).
- Better discharge planning, especially the provision of information to patients and their families.
- Child, Youth and Maternal Mental health service.
- Support for care of elderly at home.
- Acknowledge role of traditional healers.
- Reduce bottlenecks in the system (e.g. having to go to GP for WINZ letters).

Groups to target

- Youth – need to make sure they get a good start in life; youth alcohol and drug services needed; lack of access to GP; sexual and mental health are important issues for youth; not engaged in processes such as this HNA.
- Men – not looking after themselves; too busy working; leaving health problems to the last minute; prostate cancer an important issue.
- People with chronic diseases – many too embarrassed to consult doctors about this.
- Older people.
- Mental health (consider contribution of mental health to other chronic diseases e.g. obesity/diabetes).
- Disability.
- Circumcision.
- Alcohol.
- Medication adherence.

Other issues

- Housing (ventilation and insulation, overcrowding).
- Safety (concern about violence in society).
- Budgeting services required.

Some good news comparisons

Waitemata Pacific compared with New Zealand

- Waitemata Pacific (all ages) had a lower rate (8.1 per 100,000) of unintentional injury mortality than their New Zealand counterparts (22.4 per 100,000).

- Waitemata Pacific females had a lower prevalence (8.3%) of chronic mental health conditions than their New Zealand counterparts (15.7%).
- Waitemata Pacific females had a lower rate (44.4 per 100,000) of self-harm hospitalisations than their New Zealand counterparts (130.5 per 100,000).
- Waitemata Pacific male and female babies had lower rates of low birth weight (37.6 and 42.4 per 1000 live births respectively) than their New Zealand male and female counterparts (57.1 and 65.7 per 1000 live births respectively).
- Waitemata Pacific had a higher live birth rate (103.3 per 1000) than their New Zealand counterparts (63.0 per 1000).

Waitemata Pacific compared with New Zealand Pacific

- Only 10% of Waitemata Pacific live the most deprived areas (NZDep06 Decile-10 areas) compared to 35% of their New Zealand Pacific counterparts.
- Waitemata Pacific youth aged 15-19 were less likely (males 17.2%; females 17.1%) to be current smokers than their New Zealand Pacific counterparts (males 27.8%; females 45.8%).
- Waitemata Pacific youth aged 20-24 were less likely (males 34.6%; females 35.0%) to be current smokers than their New Zealand Pacific counterparts (males 39.0%; females 38.5%).
- Waitemata Pacific had lower rates of obesity (47.6%) than their New Zealand Pacific counterparts (61.3%).
- Waitemata Pacific (all ages) had lower rates (8.1 per 100,000) of unintentional injury mortality than their New Zealand Pacific counterparts (20.7 per 100,000).
- Waitemata Pacific had higher immunisation coverage rates (75.6%) at two-years old than their New Zealand Pacific counterparts (67.6%).
- Waitemata Pacific had higher (2.2% or 2298 per 100,000) rates of access to secondary mental health and addiction services than their New Zealand Pacific counterparts (1.8% or 1855 per 100,000).
- Waitemata Pacific had lower infant mortality rates (3.1 per 1000 live births) than their New Zealand Pacific counterparts (7.2 per 1000 live births).