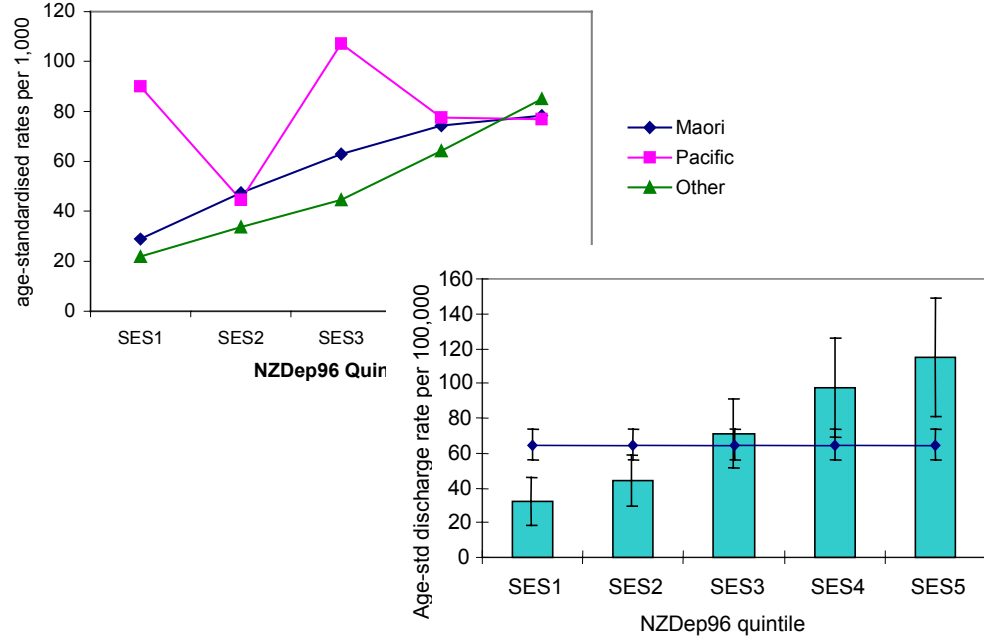


Counties Manukau Health Profile



A summary of health & health care information for the Counties Manukau People

May 2001

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Foreword

The establishment of the Counties Manukau District Health Board represents a milestone for health and disability support services in Counties Manukau. It provides an important opportunity for the people of this district to exercise greater local influence over the planning, funding and delivery of health and disability services than ever before.

The challenge for Counties Manukau DHB will be to move quickly to address the needs of our people. We are committed to reducing health inequalities. This report - an assessment of the health needs of the population - provides a profile of the health problems we face, and suggests an initial set of priorities for action.

Counties Manukau DHB will be responsive to the identified needs and preferences of our local communities. The information in this report about health status, and about health and disability services in Counties Manukau will be disseminated widely and will form the basis of our strategic planning during 2001/2.

This report is the first step on a journey to provide the best health and disability services we can within the resources allocated, and to make a real difference for the people of Counties Manukau.

A handwritten signature in black ink, appearing to read 'D Clarke', with a long, sweeping horizontal stroke extending to the right.

David Clarke
Chief Executive Officer

Acknowledgements

The data for this report and the wealth of information on which it is based was collated and organised by *Gary Jackson*. He initiated the work, wrote earlier drafts, edited it, and takes overall responsibility for it. *Celia Palmer* has been responsible for developing the report and finalising later drafts. She has written the sections on primary care, child health and priorities and made contributions to the ones on health status and health inequalities. *Andrew Lindsay* wrote the sections on surgery, the emergency department, mental health, and women's health and contributed to the section on the environment. *Jo Peace* wrote the sections on medical utilisation, disability and the life cycle and contributed to the one on mental health. *Rhys Jones* contributed to sections on the life cycle and child health. *Neil Solomon* was involved at an early stage, working on the environment and life cycle sections and contributing to the overall structure of the report. *Dean Papa* provided essential statistical support and most of the numerical information contained herein.

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Executive summary

A picture of Counties Manukau

- Counties Manukau is home to some of the wealthiest and poorest people in New Zealand. Our population comprises an estimated 382,000 people in the year 2000 (395,000 including Otahuhu).
- Counties Manukau has a relatively youthful population. Maori make up 17% of the Counties Manukau population, Pacific people 16%.
- 34% of the Counties Manukau population and 45% of Counties Manukau children live in areas classified as among the most deprived in New Zealand.
- Life expectancy at birth in Counties Manukau is 1.2 years shorter than the New Zealand average.
- There is a difference of 8 years in life expectancy at birth between men living in Howick and men living in Otara. Similar differences exist for women.

Health inequalities

- The impact of poverty and ethnicity on health is shown in virtually every aspect of health throughout the report. Counties Manukau, with relatively large numbers of Maori, Pacific and relatively poor people is particularly hard hit.
- Interventions that address socio-economic disparities and culturally targeted services will be required. These services will be required to (i) address conditions that are prevalent in particular ethnic or social groups, and (ii) to ensure equal access to health care.

Adult health

- Cardiovascular disease is the leading cause of death amongst all ethnic groups in Counties Manukau. It accounts for the largest cause of potential years of life lost, the largest cause of disability adjusted life years lost, and the largest cause of potentially avoidable admissions (3,465 Counties Manukau residents in 1999). Multiple interventions with a strong evidence base include four of the national objectives - a reduction in smoking and obesity, an improvement in nutrition, a reduction in diabetes, and an increase in exercise.
- The ten conditions that account for most potentially avoidable hospitalisations in Counties Manukau are angina; respiratory infections; cellulitis; gastroenteritis; ear, nose and throat infections; chronic obstructive respiratory disease; asthma; ischaemic heart disease; and skin cancer.
- Asthma and chronic obstructive airways disease make up 6% of medical admissions in Counties Manukau. Asthma is the sixth major cause of disability adjusted life years lost. It is a major cause of preventable admissions to hospital and is associated with poor use of prophylactic medication in Counties Manukau. In 1999 hospitalisation rates among Counties Manukau residents for both asthma and chronic obstructive airways disease were significantly higher than for New Zealand.

- Diabetes is a major health problem for Counties Manukau residents, particularly for Maori and Pacific people. The epidemic of obesity, unless addressed, will fuel the upward growth of this disease.
- Lung cancer accounts for 8% of premature avoidable mortality and 5% of potential years of life lost. Health service treatments are of low effectiveness, with prevention through reductions in tobacco smoking being the key. In Counties Manukau, lung cancer is more common among the deprived populations and among Maori. Maori have the highest smoking rates in Counties Manukau.
- Mental illness is the third most common cause of disability in industrialised countries, ranked after cancer and heart disease. Counties Manukau residents have a mental health status (as ranked by the SF-36 mental health score) statistically significantly lower than the national average, probably due to the lower socio-economic status of Counties Manukau.

Child health

- Childhood is a time of particular susceptibility to infectious disease. Counties Manukau has high rates of infectious disease in the 0-2 year old population. Hospitalisation rates are higher than the rest of the country for measles and whooping cough. Standard childhood immunisations are very cost-effective interventions, but rates in Counties Manukau are low. Full immunisation coverage at age two in 1996 (the most recent survey) was 64%.
- Respiratory infections in Counties Manukau account for 41% of admissions in children aged under 1 year. Admission rates in this group are very high particularly among Pacific. More than half the children born to Pacific mothers will be admitted to hospital in their first year of life.
- The incidence of sudden infant death syndrome (SIDS) remains high for Maori.
- Teenage pregnancy rates are very high for Maori and Pacific young people compared to their European and other counterparts, and compared with New Zealand rates.

Prioritisation

- The District Health Board is required to assess the needs of the populations it serves. Assessing health needs is a complicated process requiring information on current services (including community perceptions), epidemiology (the pattern of diseases in the population) and the effectiveness of interventions. The health information presented in this document will be important in contributing to the assessment of need and the prioritisation of services. More work will be needed to include community perspectives and to incorporate evidence of effectiveness.
- The prioritisation process itself is required to be both relevant and transparent. The identification of a set of principles on which prioritisation can be based will be an important first step in ensuring local accountability of the new District Health Boards.

Introduction

The first integrated health needs profile for the Counties Manukau region was published in 1988¹. Many of the health issues highlighted 12 years ago remain just as pertinent today. The 1988 report developed themes of socio-economic differentials, particularly in respect of the suburbs of Otara and Mangere, and ethnic group disparities. These issues continue unabated, and are enlarged upon in this present report.

Improved information systems now give us a wealth of additional information to examine. This information for Counties Manukau is contained in a number of recent published and unpublished reports. This document is a summary of needs and health and disability service provision for the Counties Manukau people, produced primarily for the newly established Counties Manukau District Health Board (DHB). Counties Manukau is the area covered by the Counties Manukau DHB, and is defined in Section I. It encompasses Manukau City, Papakura and Franklin districts, covering some of the most vibrant and rapidly expanding communities in New Zealand. As discussed in the methodology, Otahuhu residents, part of the DHB providers catchment have also been included in many of the analyses.

No attempt has been made to source health information outside of that already collected through surveys or routine data systems. As can be seen by the size of this report, there is ample data available from these sources. Further work on examining community wants, needs and expectations will be undertaken as the Counties Manukau DHB develops.

Report structure

The Counties Manukau Health Profile is arranged into three parts. The first part refers to the health of the people of Counties Manukau, and the second part to the use of health and disability support services in the area. The final part summarises the information and prioritises issues. More information about the chapters is given below. Not all areas have equal amounts of information available; hence the relative size of each chapter is not necessarily reflective of the importance of each! In particular we would note the relative dearth of primary care information, and the relative wealth of hospital-based information. As the DHB develops its functions we would hope to be able to provide further information about primary and community care. Mental health and disability support areas will also require further development in the future.

SECTION I Health in Counties Manukau

The Counties Manukau environment

Population dynamics and community health status are the main drivers of health service need and these matters are covered in the first section. Demography and the many socio-economic factors that impact on community health status are variously presented. Much of what is discussed in later chapters is bedded in the differences shown here.

Health status

A number of health indicators have been used to reflect health status. In this section, global health indicators have been applied locally. Indicators of access to and appropriateness of health services that directly impact on demand are also included.

¹ Jackson G, Hoskins R. *South Auckland health status review*. South Auckland Health Development Unit, 1988.

Health inequalities

Good health is not shared evenly by all New Zealanders. Poor people are in general ill more often and die sooner. Maori and Pacific people have worse health status on almost every measure used. Inequalities in health in Counties Manukau are highlighted.

SECTION II. The Life cycle

Health service demand is a reflection of community health status. It can be visualised within life cycle groups – for example child, young adult, mature adult and the elderly. Each group has a different set of epidemiological demands and this information is presented here.

SECTION III. Health utilisation

Information on service use with breakdowns by ethnicity age and sex are given for the following services:

Primary care

Emergency department

Medicine

Surgery

Women's health

Child health

Mental health

Disability

SECTION IV. Counties Manukau health priorities

This section provides the link between the upcoming NZ Health Strategy and the development of a strategic plan that will direct the orderly development of health and disability support service provision in the Counties Manukau region.

The Counties Manukau Health Profile should be considered a living document. A web-based version will allow for incremental updates and additions as information comes to hand. The Profile is designed so it can be read quickly and updated easily. Only the main points of each topic are covered, with readers being referred to more substantial material where that is appropriate. Topics are ordered and filed in their most appropriate section. The Counties Manukau District Health Board website, www.cmdhb.org.nz will contain further details on the web-based version of this report.

Methodology

This document attempt to assemble a summary of the current health status and health care utilisation patterns of the population served by the Counties Manukau District Health Board. Routine data sources were used where possible, and reference is made to other recent specific service reviews should the reader wish further more detailed information. Technical aspects are normally described in the text or footnote as they occur. Some general points on methodology are noted here.

The main comparison made is to the total New Zealand population, but often other areas locally, particularly Auckland are included. The closest areas demographically to Counties Manukau are central Auckland in terms of urban density and multiculturalism, and probably Northland and Tairāwhiti in terms of ethnicity and deprivation (Northland has been used here). West and North Auckland, making up the Waitemata DHB area, have been included at times by way of contrast – their relative affluence compared with the Counties Manukau population highlights the socio-economic differentials in health. Finally the Waikato area, the southern neighbour to CMDHB is included at times to contrast with a relatively high Maori population and mixed deprivation rural area.

The report uses a determinants of health framework. The first Chapter describes the unique demography of the Counties Manukau population, continued in Chapter 3 on socio-economic issues. The picture of a relatively young, relatively deprived, high Pacific high Maori population sets the scene for the health status and health care utilisation figures that follow. The focus of this report is on the total Counties Manukau population, and its comparison with New Zealand. At times we have looked into communities of interest, but most health care utilisation analyses are presented at the total population level.

The NZDep96 indicator has been used as a proxy for socio-economic status throughout this report. It is described on page 34, and some of the caveats around using an area measure in this way are spelt out there and on page 42.

Boundaries

Counties Manukau DHB encompasses Manukau City, Papakura and Franklin districts. The Counties Manukau DHB provider, South Auckland Health also includes Otāhuhu in its catchment. Otāhuhu is part of Auckland City, but has been a part of the South Auckland district for the past eight years (at least). Otāhuhu residents use South Auckland Health facilities almost exclusively, with Middlemore Hospital being just 0.5 km from Otāhuhu. However, the new legislation has moved Otāhuhu from Counties Manukau to the Auckland DHB. This has presented a dilemma in preparing this report - the strong community of interest, the pattern of health care utilisation and the congruence of Otāhuhu figures with those of the rest of Counties Manukau suggested that we should include Otāhuhu residents even if they are not formally part of the population covered by the DHB. This is the approach followed in this report - unless otherwise stated all figures in this report include Otāhuhu residents. Otāhuhu makes up about 3% of the population included so has little effect on the rates presented.

Hospital data

Hospital inpatient data is sourced from the National Minimum Data Set (NMDS), based on a download from NZHIS on 28 July 2000. Calendar years were used, with the latest year being 1999. Coding is virtually 100% complete for that year. Analysis was carried

out using Microsoft Access and Excel. Only public hospital data has been analysed in any detail – private hospital data available to us dates to 1995. This leaves a gap in particularly elective surgery.

All analysis was carried out by place of residence – the domicile code being used to assign this. Overseas residents were excluded. Most analyses concentrated on medical and surgical cases, using the health speciality codes to exclude pregnancy-related, mental health and DSS cases. Diseases were characterised by ICD-9-CMA code, and are stated in the text. Specialties were described by Service-Related Group (SRG) rather than by using the health speciality code. This enabled comparisons across New Zealand, as health speciality code usage varies by hospital. Potentially avoidable hospitalisation (PAH) is used as an indicator for avoidable morbidity. It is briefly described in the text (p28), and the reader is referred to the splendid Ministry of Health document *Our health our future* (available on www.moh.govt.nz) for a full description of its derivation and a listing of the conditions and ICD codes. For the purposes of this report the preventable injury section of the PAH indicator was not used, injuries being treated separately in Chapter 4 *The Life Cycle*. Rates were age-standardised by the direct method to the New Zealand 1996 resident population, using 5 year age groups. Rates are presented as per 1,000 for common events, or more usually per 100,000 population.

Apart from inpatient data, and Chapter 6 on the Middlemore Emergency Department, little outpatient or community services data has been included. Whilst South Auckland Health has detailed outpatient data, we were not able to source domicile-specific data from other institutions. Being then unable to derive Counties Manukau population-specific figures or to compare with anywhere else we felt it best not to include. Access to specialist care, either through the public or private system is clearly a key part of the secondary care system, and its lack is regretted.

Mortality data

A full set of mortality data was obtained from NZHIS in July 2000. 1998 data was used, although it is still labelled as provisional. Perhaps 30 deaths are not included, mainly Coroner's cases and the like, so it is close to being an accurate record. As with the hospital inpatient data domicile codes were used to assign place of residence, and direct age-standardisation by 5 year age groups to the New Zealand 1996 resident population was used.

Health need and unmet need

Chapter 2 *Health status* described various measures of health at the population level. From there, the profile tends to concentrate on health care utilisation data. Use of health care services gives one a handle on met need, but provides less information on expressed but not met need (eg waiting lists) or unmet need. The example of angina cases in people living in the most deprived areas of Counties Manukau (Figure 99 p125) compared with the ischaemic heart disease cases in the same group (Figure 94 p121) shows the kind of inference that is possible.

Better are more direct measures such as population surveys. Community perceptions of need, with a particular focus on unmet need will be explored in work following this document. Differentiating between health care supply and health care need can be difficult. Is the high rate of use for a service the result of high health need, or is it a result of the capacity being there so a lower threshold of entry can operate, with increasingly less serious cases being seen?

SECTION I

HEALTH IN COUNTIES MANUKAU