

10. Healthy ageing in Counties Manukau

This chapter describes the current and projected demography of the population of older people, defined as adults aged 65 years and over, residing in the geographical boundaries of Counties Manukau DHB and their health needs. Where data are available and numbers permit, differences in demographic composition and health status will be disaggregated by broad age groups (65-74, 75-84, 85+), gender and ethnicity, and comparisons with regional and national populations made. This chapter provides a working summary of a more comprehensive assessment of the health needs of our older population currently underway.

10.1. Demography

In common with other developed countries, New Zealand is undergoing a demographic transition which is characterised by a gradual ageing of the population, driven by declining fertility, the ageing of the “baby boom” generation and an increase in average life expectancy. Ageing refers to the phenomenon whereby an increasing proportion of the population is over 65 years of age. New Zealand’s population aged 65 years and over, represented 12% of the total population in 2002. This is similar to Australia (12.7%), the United States (12.3%) and Canada (12.7%), but lags behind Japan (18.4%), Sweden (17.2%) and the United Kingdom (15.9%) who are further advanced in the demographic transition¹⁴.

In Counties Manukau (CM) it is estimated there are 37,920 people aged 65 years and over in 2004 comprising 8.9% of the total resident population. In common with other neighbouring District Health Boards (DHBs), and NZ as a whole, the largest component of the older population in Counties Manukau is comprised of those in the 65-74 age group, the so called ‘young-old’, reflecting the post-war baby boom generation. Counties Manukau DHB (CMDHB) has the lowest proportion of its population in the 75-84 and 85+ age groups in comparison with individual DHBs and NZ as a whole, indicative of its relative youthfulness and high numbers of Māori and Pacific peoples.

Based on Statistics NZ medium growth assumptions, the CMDHB population is predicted to increase between 2001 and 2026 by 50% overall, equating to some 589,000 people. The largest proportional increase is evident in the over 65 year age group, with an increase of 172% from 33,790 to 92,020 people in this time period (Figure 2.2.1, p9).

In the population over 65 years of age the greatest changes will be in the 85+ age group with a projected increase of more than 3-fold from 2001 to 2026 (Table 10.1.1). The larger increase in the very old reflects both increasing longevity and the baby boom generations nearing 85 towards the end of this period.

Table 10.1.1: CMDHB projected population growth by age for the over 65 years of age population, 2001 to 2026

Year	65-74		75-84		85+		Sub-total 65+		All ages
	No.	% #	No.	% #	No.	% #	No.	% #	No.
2001	19,560	5.0%	10,940	2.8%	3,290	0.8%	33,790	8.6%	393,710
2006	23,850	5.4%	13,160	3.0%	4,130	0.9%	41,140	9.3%	443,170
2011	29,940	6.2%	15,080	3.1%	5,370	1.1%	50,390	10.4%	484,080
2016	37,560	7.2%	18,670	3.6%	6,940	1.3%	63,170	12.2%	518,700
2021	44,130	8.0%	23,710	4.3%	8,570	1.5%	76,410	13.8%	553,780
2026	50,520	8.6%	30,170	5.1%	11,330	1.9%	92,020	15.6%	589,000
% change 2001-2026	158%		176%		244%		172%		50%

% of total population all ages. Source: Statistics NZ – projections based on medium growth assumptions

¹⁴ OECD. *OECD Health Data 2004: Population 65 years old and over - % total population.* http://www.oecd.org/document/16/0,2340,en_2649_34631_2085200_1_1_1_1.00.html. 2004

Gender

Currently, the average life expectancy of females exceeds that of men, leading to a preponderance of older females (see Section 4.1, p29). With changing patterns of mortality and a more rapid relative increase in male life expectancy, this preponderance is decreasing¹⁵. The Statistics NZ 2004 projection estimates the 65+ population of Counties Manukau to comprise 21,090 females and 16,830 males, corresponding to 56% and 44% respectively. By 2026 it is projected that females will comprise 55% (50,330) and males 45% (41,690) of the CM population aged 65 years and over.

Ethnicity

In Counties Manukau in 2004 people identifying as Māori are estimated to comprise 5% of the population 65+, Asian 8%, Pacific 9% and Others 78%. The ethnic diversity amongst older New Zealanders will increase with population ageing. The largest proportionate increases in the CM population over 65 years will occur in those affiliated to Asian ethnic groups, followed by Māori, Pacific and then Other.

Māori

For 2004 Statistics NZ estimated 1,870 (2.5%) of a total 73,350 Maori in Counties Manukau were aged 65 or over (Table 2.1.1, p8). Maori comprise a much smaller proportion of the population aged 65+ (5%) than they do for the total CM Maori population (17.2%). This is attributed to the demographic phase the Maori population is in, but also to higher mortality rates in earlier age groups for Maori, resulting in a more youthful age structure.

The total Māori population in CM is projected to increase to 105,570 by 2026, equating to 18% of the total CM population at that time. Approximately 8% of the CM population aged 65+ is projected to be Māori (n=7,280) and Māori 65 years and over will comprise 7% of the total CM Māori population. There is projected to be a 52% increase in the total number of Māori in CM between 2001-2026 and a 4-fold increase in the number of Māori aged 65+ within this period. Māori aged 65-74 will still be the greatest proportion of Māori aged 65+ (70%) but increasing numbers are expected to live to older ages.

Pacific Peoples

Pacific peoples are also a youthful population with only 4% (n=3,450) of the total estimated 85,700 CM Pacific population aged 65 years or over in 2004. The youthful age structure reflects the higher mortality at younger ages, higher fertility rates, predominance of younger immigrants and evidence of return migration of some older Pacific peoples.

It is projected that the Pacific population aged 65 and over will increase in absolute numbers from 2,940 to 11,350 Pacific people aged 65 years and over from 2001 to 2026, a more than 3-fold increase. Older Pacific peoples (≥ 65 years) are estimated to comprise 8% of the total CM Pacific population (all ages) by 2026, and 12.3% of the total 65+ CM population (all ethnicities), compared to 3.7% and 8.7% respectively in 2001. The largest proportion of the Pacific population 65 years and over is aged 65-74, but the numbers and proportion of those in older age groups is increasing.

Asian Peoples

In 2001 2,320 people aged 65 years and over self-identified as belonging to an Asian ethnic group. By 2016, this number is projected to increase to 8,023. This increase represents a more than 3-fold change from 2001 to 2016. Older Asian people will make up an increasing proportion of the CM Asian community (4.8% in 2001 → 7.9% in 2016) and an rapidly increasing proportion of the total CM population aged 65 years and over (6.9% in 2001 → 12.7% in 2016). Nationally, older Asian is expected to increase from 4.3% of the total NZ Asian population in 2001 to comprise 7.1% by 2016.

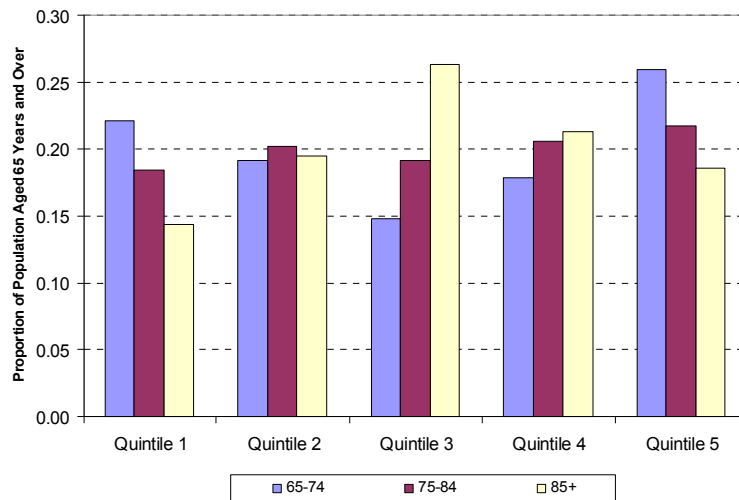
Population projections for Asian peoples extend to 2016 only currently as there is larger uncertainty about future migration patterns and as the absolute numbers are small.

¹⁵ Statistics New Zealand, *Older New Zealanders - 65 and Beyond*. 2004, Statistics New Zealand: Wellington. p81.

Socio-economic status

An adequate and stable income is a fundamental determinant of the ability to age in a positive and productive way. One measure of socio-economic status is the area-based NZDep01 (see Section 2.3, p10). Figure 10.1.1 shows the proportion of adults aged 65-74, 75-84, 85+ by NZDep01 Quintiles (where by definition, 20% of the population resides in each quintile, with quintile 1 = least deprived and quintile 5 = most deprived areas). The distribution of people in the various age groups is relatively even – certainly in comparison with the total population (see eg Figure 2.3.1, p10).

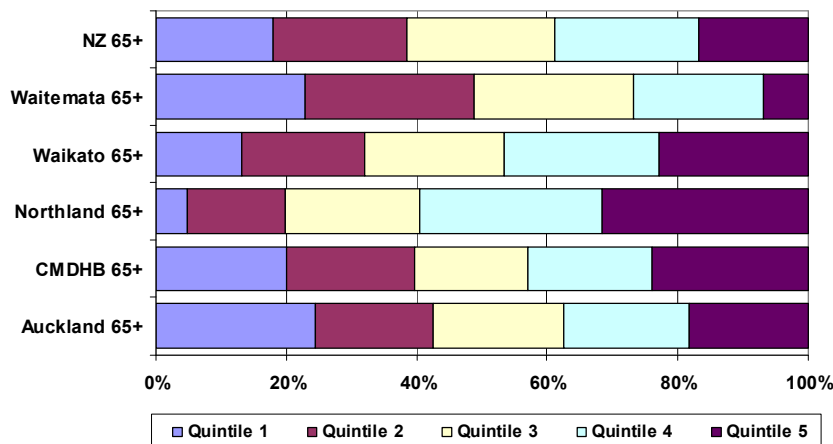
Figure 10.1.1: Proportion of adults usually resident in CM aged 65-74, 75-84, 85+ by NZDep01 quintiles, 2001



Source: Statistics NZ, based on NZDep01

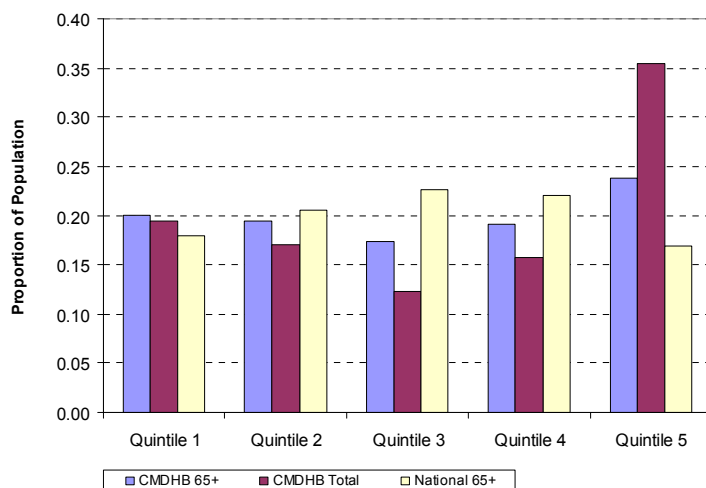
When comparing the area-based deprivation for people aged 65 years and over in CM with other Auckland DHBs and national values, 24% of the CM (n=7,710) population aged 65+ reside in quintile 5 (Figure 10.1.2). This is the second highest absolute number after Waikato (8,595) and the 6th highest proportion after Midcentral (24%), Lakes (27%), Wanganui (29%), Northland (32%), and Tairāwhiti (40%). As for total CM population (all ages) there is also a marginally greater proportion of people, aged 65 years and over, living in the least deprived areas (quintile 1) in CM (Figure 10.1.4).

Figure 10.1.2: CMDHB neighbouring DHBs and all NZ by NZDep01 quintiles for proportion of population aged 65 years and over, 2001



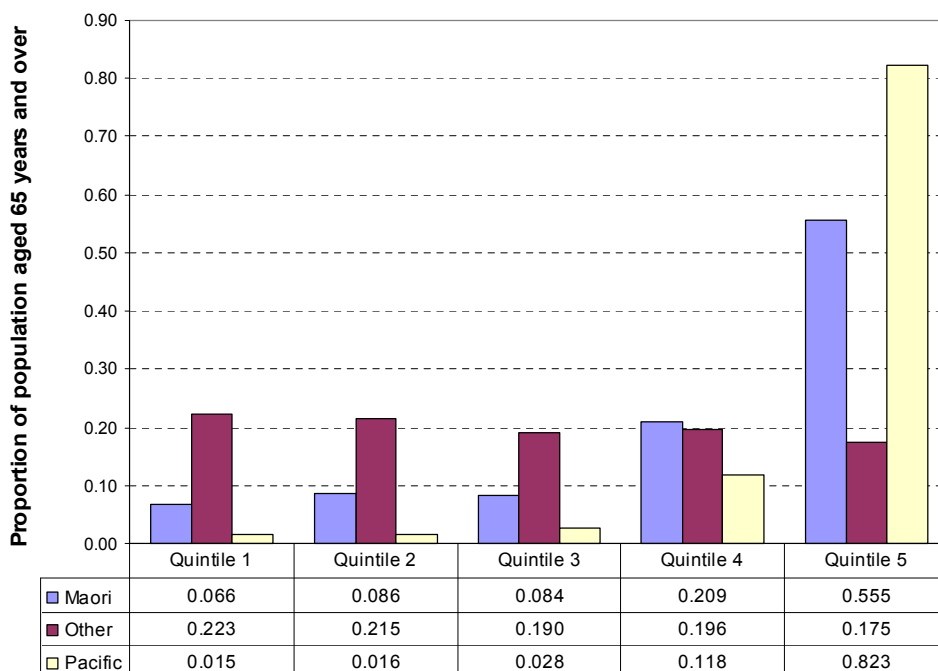
Source: Statistics NZ

Figure 10.1.3: Proportion of the total (all ages) and 65+ CM population by NZDep01 Quintiles compared to NZ 65+ population, 2001



There are clear ethnic disparities in the socioeconomic status of older people within CMDHB. The overall pattern is persistent across all age bands, with Pacific, followed by Māori, and then Others (here referring to all non-Māori, non-Pacific) residing in the areas with lowest socioeconomic status as defined by NZDep01. Approximately 94% of all Pacific peoples, 77% of all Māori and 37% of people defined as Other aged 65 years and over in CM reside in the two most deprived areas (Figure 10.1.4). Notably the distribution across quintiles is more uniform for Others in comparison with Māori and Pacific peoples, while few Māori or Pacific people live in the relatively least deprived areas (quintiles 1-2).

Figure 10.1.4: Proportion of the CMDHB population aged 65 years and over by NZDep01 quintiles (1-5) and ethnic group, 2001



10.2. Health status

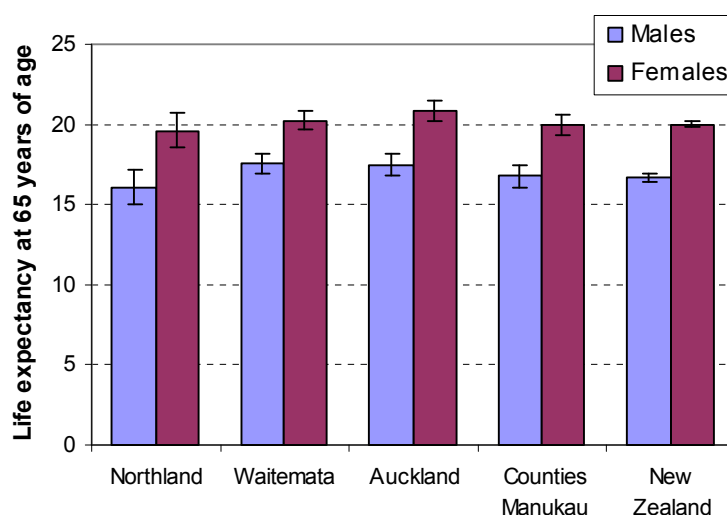
The burden of disease and injury is not borne homogeneously across populations. This section presents an overview of the health status of adults aged 65 years and over in CM and examines key indicators by subgroups and in comparison with neighbouring DHBs and NZ as a whole, where this information is available. It should be noted that sub-group estimates amongst those aged 85 years and over and for Māori and Pacific should be interpreted with caution because the numbers can be small.

10.2.1. Life expectancy

Life expectancy for CMDHB as a whole is examined in Section 4.1, p29 and by TA in Section 11.3, p169. The focus here is on LE at age 65 years by gender, ethnicity and DHB.

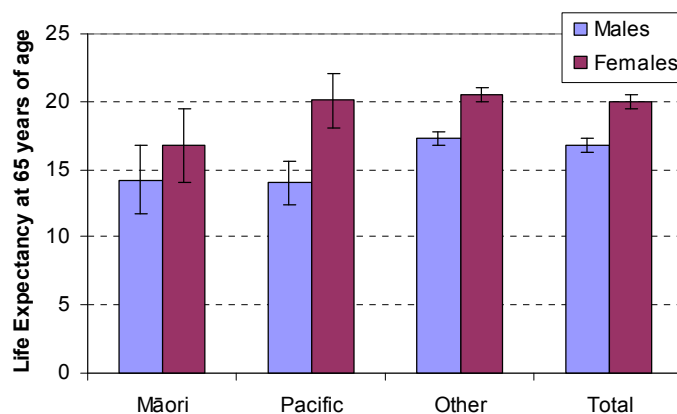
In CM females at age 65 may expect to live a further 20 years (Figure 10.2.1), equating to 3.2 additional years above that for a similarly aged CM male (at 16.8 years). The LE at age 65 years in CM is close to the NZ average. CM LE at age 65 is 0.9 and 0.7 below that for Auckland females and males respectively, and 0.3 and 0.8 for Waitemata females and males respectively. CM LE exceeds that estimated for Northland by 0.4 and 0.7 for females and males respectively.

Figure 10.2.1: Additional life expectancy at age 65 years in 2001, by gender and DHB



Ethnic disparities in LE described in Section 4.1 persist for LE at age 65 years. At age 65, males self-identifying as Māori or Pacific can expect to live approximately 3 years less than non-Māori, non-Pacific males (Figure 10.2.2). The disparity between Pacific and non-Māori, non-Pacific females is not as evident. However Māori females LE at age 65 is between 3.3 - 3.7 years less than for Pacific and non-Māori, non-Pacific females respectively.

Figure 10.2.2: Additional life expectancy at age 65 in Counties Manukau by gender and ethnic group, 2001



Source: NZHIS, 2001.

Independent life expectancy (ILE) is defined as the number of years that a person can expect to live independently i.e. without a functional limitation that necessitates assistance of another person or complex device. It is derived from both life expectancy tables and disability rates. This data is not available at regional level; however some inferences can be made from the national data (see Table 10.2.1). At a population level, while females can expect to live longer than males they will experience some form of disability requiring assistance for a higher proportion of these years.

Table 10.2.1: Life expectancy and independent life expectancy at age 65, NZ 2001

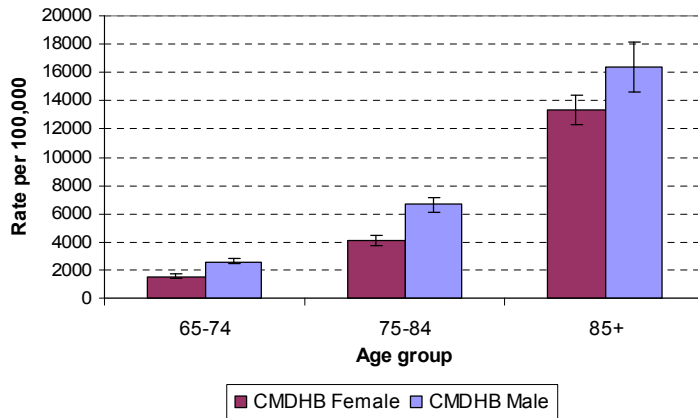
Life Expectancy	All NZ	Female	Male	Māori Female	Māori Male	Pacific Female	Pacific Male
Life Expectancy at age 65	17.8	19.5	16.1	15	12.6	16.6	13.4
Independent Life Expectancy at age 65	10.9	11.9	9.9	7.5	7.4	NA	NA
Life Expectancy at age 65 with disability requiring assistance	6.9	7.6	6.2	7.5	5.2	NA	NA
% of LE at 65 free of disability requiring assistance	61.2	61.0	61.5	50.0	58.7	NA	NA
% of LE at 65 with disability requiring assistance	38.8	39.0	38.5	50.0	41.3	NA	NA

Source: Adapted from Ministry of Health (2002) *Health of Older People in New Zealand – a statistical reference Table 4.1* Page 33. NA = not available

10.2.2. Mortality

In 2001 the Counties Manukau population aged 65 and over comprised 8.6% of the total Counties Manukau population, but accounted for 70% of the all deaths (1,507 out of 2,162). Age-specific mortality rates, expressed as the number of deaths per 100,000 resident population for the specified age-group, are given below by gender, ethnicity and region averaged for years 2000-2001. Caution is needed in interpreting subgroup comparisons in these figures due to small numbers.

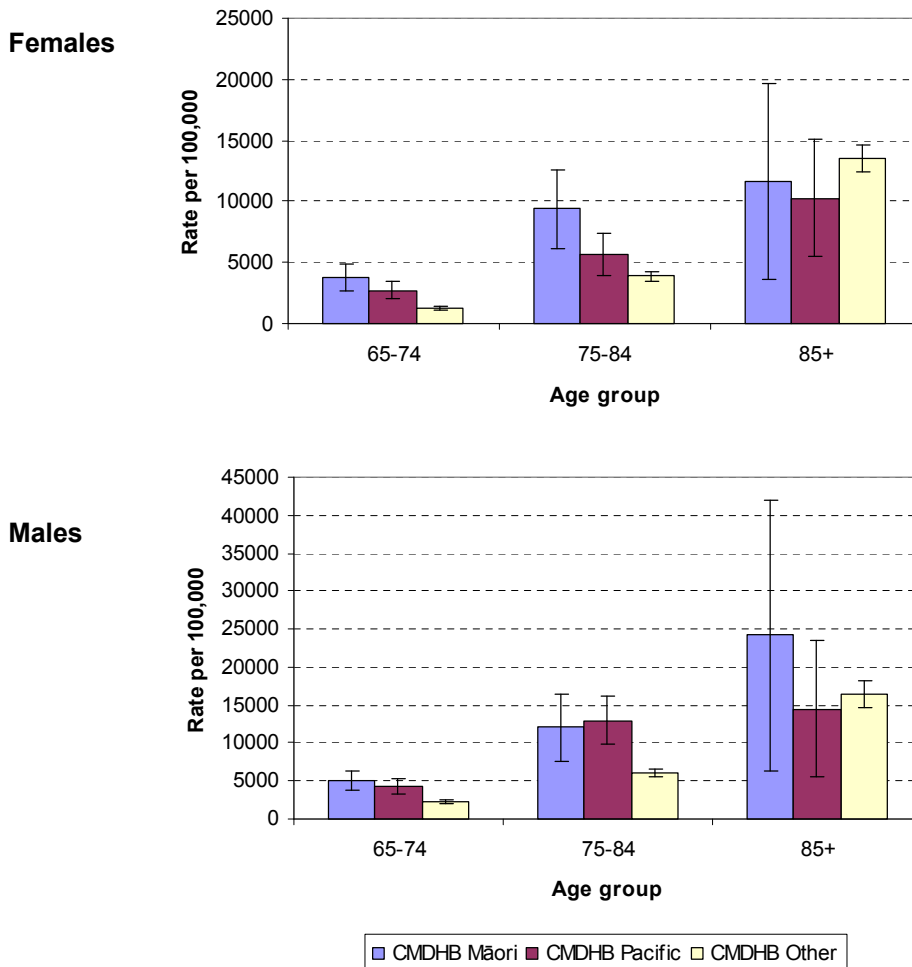
Figure 10.2.3: Age-specific all-cause mortality rates (per 100,000 population) in Counties Manukau by gender and age, average for 2000 - 2001



Mortality rates for the older CM population increase with age, with the rate of all cause mortality higher for males than females (Figure 10.2.3).

There are ethnic disparities in mortality rates by age, (Figure 10.2.4) however these figures must be interpreted with caution due to the small numbers of older Māori and Pacific in these age groups in CM (reflected in low precision of rates, seen as wide confidence intervals).

Figure 10.2.4: Age-specific all-cause mortality rates (per 100,000 population) in Counties Manukau by gender and ethnicity, average for 2000 - 2001



Leading causes of mortality by age and gender

The four major causes of death across age groups and genders are cancer (all-cause), ischaemic heart disease (IHD), chronic obstructive respiratory disease (CORD), and cerebrovascular diseases (Tables 10.2.2-4).

Table 10.2.2: Leading causes of death in CM, ages 65-74, annualised 2000-2001.

65-74 year olds	Males			Females		
	No.	Rate	%	No.	Rate	%
Cancer	102	2,168	41%	67	666	42%
IHD	49	1,042	20%	23	224	14%
CORD	18	372	7%	19	185	12%
Cerebrovascular diseases	15	308	6%	12	117	8%
Diabetes mellitus	12	255	5%	10	92	6%
Other forms of heart disease	7	149	3%	5	49	3%
Diseases of arteries/ arterioles/ capillaries	7	149	3%	4	34	3%
Unintentional Injury	3	64	1%	2	19	1%
Hypertensive diseases	3	53	1%	2	19	1%
All other causes	33	701	13%	27	258	17%
Total	248	5,261	100%	159	1,546	100%

Source: NZHIS, 2000-2001

Table 10.2.3: Leading causes of death in CM, ages 75-84, annualised 2000-2001.

75-84 year olds	Males			Females		
	No.	Rate	%	No.	Rate	%
Cancer	88	3926	29%	60	923	23%
IHD	84	3726	28%	65	1009	25%
Cerebrovascular diseases	32	1405	11%	39	598	15%
CORD	21	937	7%	23	357	9%
Other forms of heart disease	12	535	4%	10	155	4%
Diabetes mellitus	11	468	4%	10	147	4%
Diseases of arteries/ arterioles/ capillaries	8	357	3%	6	85	2%
Organic mental disorders	6	245	2%	5	70	2%
Other degenerative diseases of the nervous system	5	223	2%	6	85	2%
Unintentional Injury	4	178	1%	9	140	3%
All other causes	30	1316	10%	34	528	13%
Total	299	13,318	100%	264	4097	100%

Source: NZHIS, 2000-2001

Table 10.2.4: Leading causes of death in CM age 85+, annualised 2000-2001.

85+ year olds	Males			Females		
	No.	Rate	%	No.	Rate	%
IHD	46	8,961	27%	79	3,410	26%
Cerebrovascular diseases	19	3,644	11%	56	2,411	18%
Cancer	29	5,711	17%	37	1,586	12%
Other forms of heart disease	12	2,265	7%	26	1,129	8%
CORD	20	3,939	12%	18	760	6%
Organic mental disorders	4	788	2%	15	652	5%
Other degenerative diseases of the nervous system	4	788	2%	13	543	4%
Influenza & pneumonia	5	985	3%	9	369	3%
Unintentional Injury	3	591	2%	5	217	2%
All other causes	26	5,022	27%	95	4,105	26%
Total	166	32,693	100%	306	13,293	100%

Source: NZHIS, 2000-2001

Potentially Avoidable Mortality (PAM)

All cause mortality rates are a less useful indicator of the health for older people than for younger age groups (given that everyone dies from some cause). A potentially more useful indicator is that of avoidable mortality. Avoidable mortality refers to deaths that in theory could have been avoided by disease prevention or health care intervention (see eg Section 11.4, p170). While PAM is strictly meant to apply to deaths under the age 75 only we have shown the older age groups for comparison – perhaps a better phrase here would be potentially “postponable” deaths in these groups.

Approximately 60-66% of all deaths for CM adults aged 65 years and over are categorised as ‘potentially avoidable’ (Tables 10.2.5-7). The impact of smoking is seen in high rates of lung cancer and CORD, IHD, colorectal cancer and stroke in the 65-74 and 75-84 year old age groups. Diabetes as a contributor to cause of death will be understated – its impact will be included in the IHD figures.

Table 10.2.5: Potentially Avoidable Mortality for CMDHB population aged 65-74, 2001

PAM 65-74 years	Number deaths	Rate/ 100,000
IHD	72	366
Lung cancers	44	223
CORD	34	173
Colorectal cancer	23	117
Diabetes	22	109
Stroke	18	89
Other PAM	57	289
PAM Total	269	1,366
Total Mortality	407	2,064
% PAM	66%	

Table 10.2.6: Potentially Avoidable Mortality for CMDHB population aged 75-84, 2001

PAM 75-84 years	Number deaths	Rate/ 100,000
IHD	149	1359
Stroke	53	481
CORD	41	375
Lung cancers	32	288
Colorectal cancer	23	206
Diabetes	20	183
Other PAM	52	471
PAM Total	368	3,364
Total Mortality	563	5,148
% PAM	65%	

Table 10.2.7 Potentially Avoidable Mortality for CMDHB aged 85+ years, 2001

PAM 85+ years	Number deaths	Rate/ 100,000
IHD	124	3,742
Stroke	55	1,644
CORD	38	1,131
Diabetes	9	256
Respiratory infections	8	242
Colorectal cancer	8	227
Other PAM	49	1,463
PAM Total	289	8,705
Total Mortality	472	14,245
% PAM	61%	

10.2.3. Morbidity

Morbidity or ill-health can be conceptualised as any departure from a state of physiological or psychological wellbeing. Hospitalisation rates are one proxy for assessing morbidity and are often the default in the absence of timely or representative prevalence data from population surveys/surveillance. There are several important caveats to consider in doing so, namely that rates based on health service contact are an imperfect proxy for disease prevalence as they are influenced by other factors such as supply of services and access criteria or barriers.

In CM, approximately 15,100 of 48,868 (31%) of all hospitalisations for adults with medical or surgical conditions in 2004 were for adults aged 65 years and over. Hospitalisation rates increase with age amongst the 65+ year old cohort. Males have consistently higher rates of hospitalisation for all older age groups (Table 10.2.8), in keeping with their higher mortality rates and lower life expectancy.

Table 10.2.8: Hospitalisations for CMDHB residents aged 65+ by gender, 2004

Age	Female		Male	
	Number	Rate	Number	Rate
65-74	3,243	28,373	3,534	33,851
75-84	3,123	43,801	2,957	56,004
85+	1,404	55,494	839	75,586
Total 65+	7,770	36,842	7,330	43,553

Source: NMDS. Age-specific rates per 100,000 population

There is considerable variation in hospitalisation rates by ethnic group for older adults. The highest rates of hospitalisation in 2004 in CM were for Maori, followed by Pacific, Other and Asian peoples (Table 10.2.9). Very small numbers in the 85+ group make it difficult to compare there. The bulk of discharges at all ages were still for European/others.

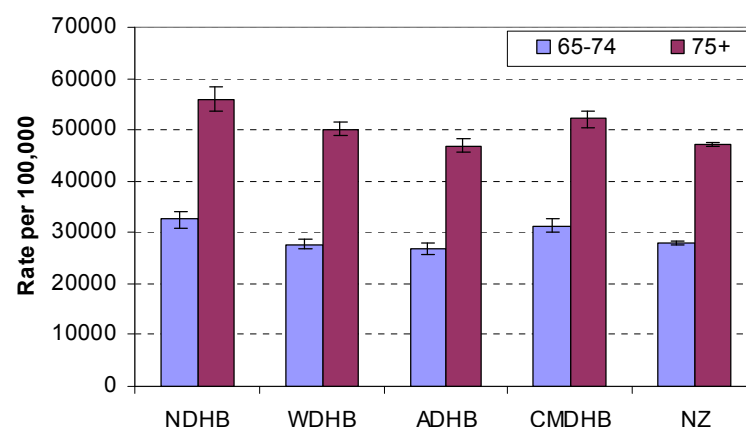
Table 10.2.9: Hospitalisations for CMDHB residents aged 65+ by ethnicity, 2004

CMDHB	65-74			75-84			85+			Total 65+		
	No.	Rate	%	No.	Rate	%	No.	Rate	%	No.	Rate	%
Maori	637	43,041	9	231	66,000	4	38	95,000	2	906	48,449	6
Pacific	964	41,197	14	566	60,213	9	79	46,471	4	1609	46,638	11
Asian	487	20,355	7	263	38,255	4	50	45,455	2	800	25,078	5
Other	4,689	29,947	69	5,020	48,119	83	2,076	62,530	93	11,785	40,071	78
Total	6,777	30,988	100	6,080	48,993	100	2,243	61,621	100	15,100	39,821	100

Source: NMDS. Age-specific rates per 100,000 population

Comparing age-standardised hospitalisation rates across DHBs, Counties Manukau has higher rates of admission for the older age groups than Auckland, Waitemata, and NZ as a whole (Figure 10.2.5). CM had lower rates than Northland for the older age groups. These differences are statistically significant for CM compared to ADHB, WDHB and NZ for those aged 65-74 and for CM compared to NDHB, ADHB and NZ for those 75 years and over. While the additional hospitalisations may be contributing to the overall relatively good life expectancy that CMDHB experiences relative to its socio-economic deprivation one would expect that over time improvements in health would see a reduction in hospitalisation rates. However as the older population is growing rapidly even a reduction in the rate of hospitalisation will do little to reduce the extra demand on hospital capacity expected.

Figure 10.2.5: Hospitalisation rates, ages 65-74 and 75+ years, by DHB and NZ, 2004



Source: NMDS. Age-standardised rates per 100,000, 95% CI

Potentially Avoidable Hospitalisations

Potentially avoidable hospitalisations (PAH) are defined as those that could theoretically have been avoided, through effective population-based or primary care (see eg Section 5.2 p79 and Section 11.5 p172). Normally PAH is applied to ages below 75 – here we are assuming some ‘avoidability’ in those older than 75. Of the total number of hospitalisations for adults aged 65+ between 36% - 41% would be considered potentially avoidable if we made that assumption.

The leading causes of potentially avoidable hospitalisation for this age group include IHD, CORD, diabetes, congestive heart failure, and stroke (Table 10.2.10 and Table 10.2.11). Prevention of smoking, improvements in nutrition and physical activity and improvements in primary care are likely to be key potentially amenable contributors to these leading causes of hospitalisations. The high preponderance of lower socioeconomic residents is likely overall contributor to these patterns.

Table 10.2.10: PAH aged 65-74 years by gender for CMDHB and NZ 2004

PAH 65-74 yrs	Number of hospitalisations				Age-standardised rate per 100,000			
	Female		Male		Female		Male	
	CM	NZ	CM	NZ	CM	NZ	CM	NZ
IHD	383	3,656	505	5,552	3,368	2,706	4,853	4,449
CORD	148	1,548	141	1,716	1,316	1,146	1,379	1,381
Diabetes	99	754	139	921	864	557	1,356	737
Skin cancers	84	762	98	1,507	747	565	940	1,213
Respiratory infections	72	731	97	917	638	540	922	737
Stroke	61	636	65	866	541	471	628	698
Congestive heart failure	54	560	65	824	494	415	628	663
Cellulitis	39	460	51	460	339	340	485	367
Breast cancer	28	371	-	-	249	274	-	-
Kidney/urinary infection	25	332	35	255	227	246	355	206
Colorectal cancer	24	418	40	480	220	310	385	385
Lung cancer	18	244	38	388	160	180	308	312
Other PAH	145	1,261	140	1,263	1,287	934	1,400	1,010
PAH Total	1,180	11,733	1,414	15,149	10,449	8,684	13,638	12,158
Non-PAH	2,063	21,758	2,120	23,911	18,203	16,096	20,582	19,209
Total	3,243	33,491	3,534	39,060	28,652	24,780	34,220	31,367
% PAH	36%	35%	40%	39%				

Source: NMDS, 2004

In comparison with total NZ, CM females aged 65-75 years have higher rates of hospitalisation for IHD, CORD, diabetes, skin cancers, respiratory infections, stroke, and congestive heart failure but lower rates of hospitalisation for cellulitis, breast cancer, renal

infections, colorectal cancer and lung cancer. Similarly CM males in this age group have higher rates of hospitalisations for IHD, diabetes, and respiratory infections in comparison with NZ males. However they are less likely than NZ males as a whole to be hospitalised for skin cancers, stroke, or congestive heart failure.

Table 10.2.11: PAH aged 75+ years by gender for CMDHB and NZ 2004

PAH categories 75+ year olds	Number of hospitalisations				Age-standardised rate per 100,000			
	Female		Male		Female		Male	
	CM	NZ	CM	NZ	CM	NZ	CM	NZ
IHD	426	5,757	353	5,145	4,379	3,946	5,563	5,827
Congestive heart failure	195	2,158	126	1,741	1,950	1,503	2,131	2,043
CORD	188	2,144	188	2,205	1,959	1,592	2,255	2,458
Respiratory Infections	170	1,914	134	1,825	1,720	1,345	1,740	2,164
Skin cancer	170	1,840	303	2,533	1,744	1,316	4,289	2,910
Stroke	117	1,892	112	1,459	1,186	1,334	1,745	1,674
Kidney/urinary infection	80	1,054	41	596	799	739	431	708
Cellulitis	76	931	62	610	767	654	719	707
Diabetes	68	915	78	931	716	669	858	1,036
Colorectal cancer	45	609	21	599	464	441	170	667
Nutrition	30	431	20	230	305	305	143	264
Lung cancer	12	171	28	328	131	129	224	353
Other PAH	164	2,009	91	1,163	1,694	1,658	4,842	1,329
PAH Total	1,741	21,825	1,557	19,365	17,814	15,631	25,110	22,140
Non-PAH	2,787	37,387	2,239	28,608	28,616	26,873	35,782	32,579
Total	4,528	59,212	3,796	47,973	46,430	42,504	60,892	54,719
% PAH	38%	37%	41%	40%				

Source: NMDS, 2004

10.3. Disability

'Disability' is defined by Statistics New Zealand as any self-perceived limitation in activity resulting from a long-term health problem or condition, lasting or expected to last six months or more and not completely eliminated by an assistive device (e.g. hearing aid)¹⁶. The NZ Disability Strategy¹⁷ emphasises that disability is not a property of individuals, but rather the process arising when individuals with impairments (physical, sensory, neurological, psychiatric, intellectual or other types) are limited in full participation in society by barriers within their environment.

There are two key sources of disability data in New Zealand available through Statistics NZ. The first is based on the 5 yearly Census Questions 14 and 15 in the Individual Form. The second data source is two disability surveys of a sample of New Zealanders undertaken by Statistics NZ in 1996/97 and 2001. The sample data is then used to estimate the number of people with disability in the overall population. Unfortunately the survey sample sizes are too small to provide DHB level data, thus the data is aggregated to regions based on the former Regional Health Authorities. The number estimates below for CM are estimated from the Disability Survey data provided for the region corresponding to the Northern Region encompassing Counties Manukau, Auckland, Waitemata and Northland DHBs. All data is for adults normally resident in private households – institutional residents are treated separately, and are not considered here.

The proportion of the population experiencing some disability increases with age. The proportion of each age group experiencing moderate or severe levels of disability also increases with age (Table 10.3.1).

¹⁶ Statistics New Zealand, *Information about the Household Disability Survey, 2001*. 2000, Statistics NZ: Wellington. p20.

¹⁷ Office for Disability Issues, *The New Zealand Disability Strategy*. 2001, Ministry of Health: Wellington.

In the under 65 age group, it is estimated 14% of the population have some level of disability, and 86% report no disability in the Northern region, compared with 17% and 83% respectively nationally. Based on the Northern region proportions this would equate to an estimated 36,300 CM residents in this age group experiencing some type of disability. In the younger age group, the majority of disability is mild or moderate.

In the 65-74 year age group, an estimated 40% of the Northern region population and 42% of the NZ population experience some disability. The levels of severity of disability are similar in the Northern region in comparison with NZ as a whole.

In the 75+ year age group, the proportion of the Northern region population living with disability increases to 61% compared to 63% nationally. A slightly greater proportion of the 75+ population in the Northern region report moderate disability compared to the levels reported for NZ (35% vs 39% respectively).

Table 10.3.1: Estimated CM number experiencing disability, 2001, by severity of limitation

Severity of limitation	Under 65		65-74		75+	
	No.	%	No.	%	No.	%
Mild	16,320	6.4	3,230	16.6	2,190	15.7
Moderate	15,480	6.1	3,320	17.0	4,910	35.3
Severe	4,480	1.8	1,120	5.8	1,420	10.2
Total adults with disability	36,300	14.2	7,700	39.6	8,510	61.2
No disability	218,720	85.8	11,780	60.6	5,390	38.8
Total all adults (disability + no disability)	255,020	100.0	19,460	100.0	13,910	100.0

Source: Statistics NZ, Household Disability Survey 2001

Percent is derived from data from Stats NZ Disability Survey, 2001 for the Northern region. The number is an estimate for CMDHB based on Northern region %, and estimated population for CMDHB in 2001.

Table 10.3.2 estimates the number of CM older population who could be experiencing the specified types of disability. It is estimated that 50% of 75+ year olds will experience some type of mobility limitation, affecting for example their ability to walk, carry their own weight or climb stairs; 37% will have their agility limited which may manifest as difficulty bending, dressing, or grasping objects; 28% will find it difficult to hear conversations despite hearing devices; and 11% will have problems seeing for everyday tasks despite corrective lenses.

Table 10.3.2: Estimated number of CM residents experiencing type of disability 2001

Type of Disability	Under 65		65-74		75+	
	No	%	No	%	No	%
Hearing impairment	10,430	4.1	2,860	14.6	4,040	28.4
Vision impairment	4,420	1.7	770	3.9	1,610	11.3
Mobility limitation	15,500	6.1	5,650	28.9	7,130	50.1
Agility limitation	14,060	5.5	4,130	21.1	5,190	36.5
Intellectual disability	1770	0.7	NA	NA	NA	NA
Psychological/Psychiatric disability	6220	2.4	NA	NA	460	3.3
Other disability	15,530	6.1	2,640	13.5	2,920	20.5
Total adults with disability	36,300	14.2	7,740	39.6	8,710	61.2
Total all adults (disability + no disability)	255,020	100.0	19,560	100.0	14,230	100.0

Source: Statistics NZ, Household Disability Survey 2001

Percent is derived from data from Stats NZ Disability Survey, 2001 for the Northern region encompassing CMDHB, ADHB, WDHB, NDHB. The number is an estimate for CMDHB based on Northern region %, and population for CMDHB in 2001. NA = not applicable – numbers were too small to make a valid estimate.

The receipt of help with everyday activities increases with age (Table 10.3.3). In 2001, for adults with disability, 28% of those aged under 65 years, 44% of those 65-74 years and 67% of those aged 75 years and over received some assistance with everyday activities in the Northern region. This closely approximates national estimates of 30%, 44%, and 67% for respective age groups.

Table 10.3.3: Estimated number of CM residents receiving assistance with everyday activities (based on data for Northern Region, 2001)

Receipt of help with everyday activities	Under 65		65-74		75+	
	No	%	No	%	No	%
Yes receive help	10,250	28.2	3,420	44.1	5,790	66.5
No help	23,170	63.8	3,720	48.0	2,100	24.1
Not specified or unstated	2,890	7.9	610	7.8	790	9.1
Total CM with disability	36,300	100.0	7,740	100.0	8,710	100.0

Source: Statistics NZ, Household Disability Survey 2001

Percent is of all those experiencing disability, and is derived from data from Stats NZ Disability Survey, 2001 for the Northern region encompassing CMDHB, ADHB, WDHB, and NDHB. The number is an estimate for CMDHB based on Northern region %s, and the population for CMDHB in 2001.

10.4. Risk and protective factors

The health of older people in Counties Manukau is influenced throughout the life-course by cumulative exposure to risk or protective factors. The major preventable risk factors for onset of disease and injury are related to:

- suboptimal nutrition: inadequate fruit and vegetable intake, high cholesterol, being overweight or obese;
- inadequate physical activity
- smoking
- consumption of alcohol at levels hazardous to health

Table 10.4.1: Estimated number of CM residents aged 65-74 and 75+ with specific risk/protective factors, 2002/03 (based on NZ proportions)

Reducing the risk of illness	% of NZ 65-74 year olds		Estimated No. for CMDHB aged 65-74 years		% NZ 75+ year olds		Estimated No. for CMDHB aged 75+ years	
	Male	Female	Male	Female	Male	Female	Male	Female
High cholesterol	35	43	3,280	4,390	25	24	2,180	1,330
3+ vegetables eaten a day	75	80	7,020	8,160	80	80	6,960	4,420
2+ fruit eaten a day	50	70	4,680	7,140	60	75	5,220	4,150
Physically active #	75	65	7,020	6,630	53	43	4,610	2,380
Sedentary ##	12	17	1,120	1,730	33	40	2,870	2,210
Over-weight	51	38	4,770	3,880	45	36	3,920	1,990
Tobacco smoking	12	12	1,120	1,220	6	4	520	220
Potentially hazardous alcohol habit	12	NA	1,120	NA	3	NA	260	NA

Physically active: 2.5 hours moderate activity/week

Sedentary: less than 30 minutes physical activity/week

Source: NZ Health Survey, 2001

Conversely adequate nutrition and regular physical activity, not smoking or drinking hazardedly are protective. Other protective factors include strong social capital (staying actively involved in social networks), and having regular health assessments.

The New Zealand Health Survey 2002/2003 provides an overview of the proportion of New Zealand older adults with selected risk/protective factors. These survey-derived data are

shown in Table 10.4.1, along with estimates of the numbers of CMDHB residents likely to have these factors. Although not specifically included here under-nutrition in the elderly is likely to be more important than obesity/overweight – at least in the older (85+) age groups.

Summary – Section 10 healthy ageing in Counties Manukau

The profile provided illustrates the diversity of the current cohort of people aged 65 years and over. In general the current Counties Manukau older population has life expectancy and mortality rates similar to overall NZ figures, but slightly below those for Auckland and Waitemata. Hospitalisation rates tend to be higher, particularly in IHD and diabetes. Disability rates increase with age, but most are maintained in their own home, with assistance.

It is anticipated that the population aged 65 years and over, will live longer and be increasingly characterised by ongoing independence, continued participation in work, home and community, and better health for a longer proportion of their older age than their predecessors. The increasing numbers of older people aged 85 years and over, increasing numbers of Asian, Maori and Pacific peoples, the high proportion of women in older age and likely increase in demand on health services are key policy considerations for CMDHB.