Key themes

This report provides an overview of the health information available for Counties Manukau District Health Board up to June 2005. It updates previous health indicator documents from CMBHB, and the CMDHB Health Profile, and is available like those earlier documents on www.cmdhb.org.nz. This section attempts to summarise the large amount of information presented into a series of themes to highlight the common threads running through the report. Each section has its own summary as its last page.

Counties Manukau is different
The demography of the population served by CMDHB is notable. CMDHB is:

- one of the youngest DHBs
- has the most children of any DHB
- the most multicultural of any DHB
- the DHB with the most Pacific people resident
- the DHB with the highest birth rate and fertility rate
- projected to be one of the fastest growing DHBs
- the fifth largest number of 65+ people of any DHB
- projected to have the fastest proportionate growth in the 65+ population
- the DHB with the largest number of relatively deprived adults
- the DHB with the largest number of relatively deprived children.

CMDHB population doing OK, but more needed
As a general pattern in CMDHB:

- CMDHB residents are on a par with the New Zealand average for population health measures
- CMDHB residents on average have worse health than their counterparts in Auckland and Waitemata.

Life expectancy (LE) at birth in CMDHB is 1-2.5 years less than in the rest of Auckland, giving a clear target for improvement. Of note however is that CMDHB manages to match the NZ LE despite the socioeconomic and ethnic makeup of its population. This feat is also matched looking at specific causes of death – IHD, stroke, many cancers – reaching the average is quite an achievement. Of the three Auckland DHBs Counties Manukau had the lowest prevalence of 'good or better' self-reported health status, and had lower scores for physical and mental functioning than the rest of Auckland or nationally. For disease prevalence and incidence **diabetes** stands out – Counties Manukau is higher than the rest of Auckland, all NZ, and rates are continuing to rise. Other conditions identified with high rates of hospitalisation include all acute conditions overall, IHD – angina and heart attacks, CORD and almost all infections including cellulitis, pneumonia, and rheumatic fever. On the positive side the hospitalisation rates have levelled off over the past 3 years in most conditions – albeit at a higher level than in the other DHBs. Diabetes hospitalisations show no sign of levelling off.

Disparities within CMDHB are stark
Within CMDHB in general:

- Poor people do worse than non-poor
- Males tend to do worse than females
- Maori tend to do worse than any other group
- Pacific tend to do worse than Asian and European/other groups
- People of Asian ethnicity tend to do better than any other group

Almost every health condition examined has a socio-economic gradient, with poor people doing worse than the average, and much worse than the wealthy. The NZDep01 social deprivation measure is useful in quantifying the gradient at a neighbourhood level, but tends to under-estimate the relationship. In Counties Manukau ethnicity and deprivation are

enmeshed – the poorest areas have larger proportions of Maori and Pacific people living within them. Statistically around half the health disparity gradient can be "explained" by neighbourhood, and half by ethnicity. Programmes that target areas such as Otara, Mangere, Clendon, Manurewa, and Papakura will be needed alongside specific Maori and Pacific programmes. If we are to address health inequalities at a fundamental level changes in income distribution, education levels, employment, housing – a whole of society approach - will be needed.

Males have poor health
Males have poorer health figures than females across most of the indicators examined. They smoked more (tobacco and marijuana), had higher cholesterol levels, were more likely to be overweight and to have a poor diet, and were much more likely to drink alcohol in a hazardous manner. A positive feature was that the number of men getting regular exercise was higher than females – or at least that is what the respondents said!

Males have a life expectancy about 5 years less than females – and an even worse gap for Pacific men (8 years). For almost every disease males are more likely to have more of it, a higher mortality rate due to it, and to die earlier than females. Despite this, worryingly, males are more likely to consider themselves in 'good or better' health and to have good physical and mental health. This mismatch between perception and reality will make effecting change that much harder – for example adult males are less likely to attend a GP than females.

We have much to work on with Maori
Maori have a life expectancy 9-10 years less than for the European/other group. This is reflected in the mortality rates - for almost every disease Maori are more likely to have a higher mortality rate. Maori in CMDHB were far more likely to smoke, either tobacco or marijuana, to have higher blood pressure, to be obese, and to drink alcohol in a hazardous manner. With disease rates, diabetes, heart disease, respiratory disease, cancer – especially lung cancer, and injury had the widest disparities. Maori are less likely to consider themselves in 'good or better' health or to rate themselves as having good physical and mental health. To be male and Maori is to be at highest risk. Although male use of GPs was low despite the poor health noted, Maori in CMDHB were more likely to state that they had attended a Maori-specific healthcare provider in the previous 12 months than those from the rest of Auckland or nationally. Smoking remains the single biggest remedial health factor. Further information on Maori health across the Auckland region can be found in the recently released *Te Hau o te Whenua, Te Hau o te Tangata.* This report from the Auckland Regional Public Health Service (ARPHS) is a snapshot of Maori Public Health in the Auckland region, showing the interconnectedness of public health and development of whanau, hapu, and iwi. It is available from www.arphs.govt.nz.

Pacific health can improve
Pacific people have a life expectancy at birth 5-8 years less than for the European/other group (5 for females, 8 males). Mortality for diabetes, stroke, respiratory disease, and all causes were high. Pacific people in CMDHB were far more likely to be obese, smoked more tobacco, and had a relatively poor diet. However Pacific people did have a higher rate of considering themselves to being in 'good or better' health than other ethnic groups. Being a male Pacifican puts one at high risk, yet they have one of the lowest attendances at general practice. Pacific in CMDHB were, however, more likely to state that they have attended a Pacific-specific service in the previous 12 months than those from the rest of Auckland or nationally.

Lifestyle needs work
While more structural/societal issues are the main drivers of health disparities in Counties Manukau, there is much that can be done at an individual level to improve health. The average adult in Counties Manukau is likely to be more overweight or obese than the national average and to eat less fruit and vegetables. They are also more likely to smoke tobacco. On the positive side self-rated exercise levels were as good as or better than the rest of Auckland and NZ – though still leaving nearly half the adult population with inadequate physical exercise. Despite the obesity and diet indicators, there was no evidence at a population level that Counties Manukau residents were any more likely to have lower or

higher blood pressure, cholesterol, or hazardous drinking than other New Zealanders. Within the Auckland metropolitan area, Counties Manukau residents have the poorest scores for every indicator except marijuana use, hazardous drinking, and exercise.

Elective surgery rates have improved

Publicly funded elective surgery rates have been increasing – up 11% over the past 4 years. Counties Manukau residents now match the rest of Auckland in surgical rates, and in some cases approach the national rates. Given the extra need in the Counties Manukau population (as evident eg in the acute surgery rates) there is still some way to go, but the trend is in the correct direction. In addition CMDHB residents were less likely to state they had attended a private hospital in the prior 12 months than those living in the rest of Auckland or NZ overall – so are unlikely to be making up any shortfall in the private area. Of note is the increased rates for people living in relatively deprived areas, Maori, and Pacific people in accessing elective surgery – they should perhaps be higher still to reflect disease prevalence rates, but it is an important signal of improvement.

Primary care and preventive health solutions sought

CMDHB has had a strong primary care strategy over the past years, and has embraced the change to PHOs faster than any other DHB. The solution to many of the health problems of CMDHB residents covered herein require investment in health promotion and preventive care, changes to the environment to make a healthy lifestyle the easy option, and in primary care. The Lets Best Diabetes initiative is a world-class example of the kind of work needed. Yet when compared with national average rates per head CMDHB still has a shortage within its borders of around 40 GPs, as well as over 300 nurses, and 80 dentists.

Healthy children and youth drive a healthy society

How a society cares for its children is a key measure of its values. Counties Manukau's population is more youthful and ethnically diverse than the NZ average, with more than half Counties Manukau's children living in the poorest NZDep01 deciles (8-10). While infant child and youth mortality rates have shown consistent downward trends, they are generally higher in Counties Manukau than the rest of Auckland or nationally (although perhaps not as high as one might expect for the degree of socioeconomic burden). Within Counties Manukau the risk of infant, child and youth mortality was greatest amongst Maori, Pacific, and the poor. The two top causes of potentially avoidable infant mortality in Counties Manukau and nationally were low birth weight and sudden infant death syndrome, and the rates for both causes were higher in CMDHB than nationally. In youth aged 15-24 years, the top two causes of death are due to injury, mainly suicide and road accidents.

Teenage birth rates have been consistently much higher in Counties Manukau than for the rest of the Auckland or nationally. Rates of sexually transmitted disease, pelvic inflammatory disease and ectopic pregnancy, all markers of unprotected intercourse are high in CMDHB. Survey data backs this up, indicating about half of sexually active South Auckland secondary school students don't consistently use contraception when having sex. Students are however very likely to have good community connections and to rate their school and family environment positively. Maori and Pacific teenagers have higher rates than European or other groups in most of the health indicators measured.

Older people population growing fast

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 heart disease and diabetes. 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 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 Counties Manukau.