



Auckland District Health Board

Health Needs Assessment 2001

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References

Common Abbreviations

ACC	Auckland City Council or Accident Compensation Commission
ADAPT	Alcohol and Drug in Pregnancy Team
AIDS	Acquired Immunodeficiency Syndrome
ARC	Auckland Regional Council or Auckland Rape Crisis
BFHI	Baby Friendly Hospital Initiative
BMI	Body Mass Index
CALS	Child and Adolescent Liaison Service
CCAFS	Community, Child, Adolescent and Family Service
CHE	Crown Health Enterprise
CFU	Child and Family Unit
CMHC	Community Mental Health Centres
CPHAC	Community and Public Health Advisory Committee
CVD	Cardiovascular disease
CYPFS	Children, Young persons and their Families Service
DALYs	Disability-adjusted life-years
DHB	District Health Board
DRG	Diagnostic related group
DSS	Disability Support Services
FGM	Female genital mutilation
GP	General practitioner
HFA	Health Funding Authority
HIV	Human Immunodeficiency Virus
HHS	Hospital & Health Service
IHD	Ischaemic heart disease
LMC	Lead maternity carer
MaPO	Maori Purchasing Organization
MMR	Measles, Mumps and Rubella
MOH	Ministry of Health
MRRC	Mangere Refugee Resettlement Centre
MVC	Motor vehicle crash
NDSA	Northern District Support Agency
NGO	Non-government organization
NMDS	National Minimum Data Set
NZDEP96	New Zealand deprivation scoring tool 1996
NZHIS	New Zealand Health Information Service
NZHS	New Zealand Health Strategy
NZIS	New Zealand Immigration Service
NZMDS	New Zealand Mortality Data Set

NZPHD Act 2000	New Zealand Public Health & Disability Act 2000
OECD	Organization for Economic Co-operation & Development
PHC	Public Health Commission
PHO	Primary Healthcare Organization
Pop.	Population
PTSD	Post Traumatic Stress Disorder.
RHA	Regional Health Authority
RTI	Reproductive tract infection or Road traffic injury
TB	Tuberculosis
THA	Transitional Health Authority
SIDS	Sudden Infant Death Syndrome
SPINZ	Suicide Prevention Information New Zealand
SSR	Standardized screening ratios
STDs	Sexually transmitted diseases
SUID	Sudden Unexplained Infant Death
TLA	Territorial Local Authority
WCHB	Well Child Health Book
WHO	World Health Organization
WINZ	Work and Income New Zealand

Definitions

Auckland DHB zone	Refers to the Auckland District Health Board geographical area. Note that this is equivalent to the Auckland City geographical zone.
Auckland/Auckland Region	Refers to the greater Auckland region, which includes the Waitemata and Counties-Manukau DHB geographical zones.

Executive Summary

The New Zealand Public Health and Disability Bill sets out the requirement for DHBs to improve, promote and protect the health of people in their respective communities. Under the Act, DHBs are required to regularly assess and monitor health status and service need among the people whom they serve. The MOH required DHBs around the country to have completed a health needs assessment of their resident populations by November 2001.

The report includes both quantitative and qualitative information that has been used to assess health need in the population. The report provides a demographic profile of the population; it profiles the thirteen population health objectives from the NZHS, a series of population groups, selected service areas and perspectives on health need from selected population groups in the community.

The Thirteen Population Health Objectives

Cardiovascular disease and cancer are the leading causes of death in the population. Cardiovascular disease is the leading cause of DALYs (disability-adjusted life years) and places the largest burden of any disease on the local population. Service demand for oncology services and cardiac surgery is of concern.

The prevalence of diabetes is set to increase markedly in the population over the next ten years and is of particular concern among Maori and Pacific peoples. There is an opportunity for the Auckland DHB to reduce the prevalence of these diseases by reducing smoking rates and reducing obesity in the population, through improved nutrition and physical exercise. There is an ongoing need in the community for effective public health programmes that target high-risk groups.

Current mental health service levels do not appear to be meeting mental health need in the community. Indeed, estimates suggest there is a high level of unmet need. Evidence suggests that alcohol and illicit drug use is on the increase in the zone and there are concerns about the use of these substances among young people, Maori and Pacific peoples living in the Auckland DHB zone. In addition, youth suicide rates are of concern. Youth suicide rates among males and among Maori are of particular concern.

Violence is increasingly being recognized as an issue in society and there is a need to fund and support anti-violence initiatives in the community. There is also a need to work more closely with other sectors that address violence in the community, such as the NZ Police, CYPFs and local schools.

There have been disturbing increases in the incidence of infectious disease among young children in the zone in recent years. In particular, tuberculosis, rheumatic fever, meningitis, cellulitis and gastroenteritis are of concern, especially among Maori, Pacific peoples and people from refugee backgrounds that live within the Auckland DHB zone. In addition, low immunization rates and high rates of hospitalization for respiratory disease are issues of concern for children within the zone. There are service integration issues that need to be resolved, waiting list issues for some services at Starship and staffing issues to be resolved.

Maori and Pacific children that live within the zone have poor oral health status in comparison to the non-Maori, non-Pacific child population. Pacific children living in the Auckland DHB zone have the poorest oral health status of all children in the Auckland region. Although most of the Auckland DHB population receives fluoridated water supplies, the Onehunga area (which has a large Maori and Pacific child population) does not currently receive fluoridated water and there is a need to remedy this situation, as water fluoridation is strongly linked to higher oral health status. There is also a need for dental education, especially in areas of the zone where oral health status is poor.

Population Groups & Selected Services

The analysis in the report shows that there are a number of inequalities in health status among specific population groups within the zone. The inequalities are most marked for Maori, Pacific and Refugee peoples and for people living in the most deprived (NZDEP96, deciles 8-10) areas of the zone.

Each population group included in the report has specific health concerns. However, there are a number of common themes that have emerged including: service access issues – both primary and secondary health service access; service integration issues; issues regarding the planning and co-ordination of services in the community; a need for more service information and there is a need to strengthen primary care and public health services in order to circumvent serious ill health at an early stage.

Public health services are currently funded by the MOH. There is ongoing demand for services to control infectious diseases such as meningitis and tuberculosis in the Auckland DHB community and non-communicable disease such as CVD, diabetes and injury. In addition, there are a number of environmental hazards that require careful monitoring and management in the Auckland DHB zone.

The prevalence of disability in the population is estimated at twenty percent, and at three percent for severe disability. There are a number of issues to be resolved regarding the availability, integration and co-ordination of disability support services in the local community.

A strong primary healthcare system is essential for improving health status in the population and tackling the inequalities that exist in health. Information on the Auckland DHB primary care sector is limited and there has been a reliance on 'proxy' data in the report. Concerns are raised about GP services in high deprivation/low income areas of the zone. There are a number of barriers to primary care services that need to be addressed. Barriers include transport availability, service availability, culture and language barriers and service costs.

There is a need to promote primary provider integration, communication and collaboration within the zone and an opportunity exists to promote these ideals through the development of PHOs.

Community Perspectives

A series of focus group sessions were held with a selection of individuals representing a series of population groups in the local community. Feedback was obtained on

health needs and the health priorities for each of these groups. There was an emphasis on changing existing services, rather than pleas for more services. There was an emphasis on quality issues and the need to circulate or communicate information about services. There were also some service issues and gaps that focus group participants felt needed immediate attention, especially in the area of mental health and primary care.

Health need assessment is an ongoing process and this report, which has been prepared for the MOH, is the 'first-cut' of health need for the Auckland DHB population. The DHB will continue to explore need within the population over time and plan accordingly to meet that need. It is the Auckland DHB's intention to incorporate major findings and common themes that have emerged in this report into the five year strategic plan for 2002-2007.

The DHB also intends to produce a 'people-friendly' report on population health for public circulation.