

PART V:

AUCKLAND DHB HEALTH
NEED ISSUES

Part V: Auckland DHB Health Need Issues

The following is a summary of the major findings of the report. The major findings have been derived from analysis of both quantitative and qualitative information presented in various sections of the document. This summary includes health need issues, service issues and recommendations for each of the sub-sections of the report.

5.01 Demographics

There were approximately 368,050 people living in the Auckland DHB zone in 1996. There were approximately 32,000 Maori, 42,000 Pacific people and 43,000 Asian people. Approximately twenty percent of the population were children (0-14yrs), 15 percent were aged between 15-24 years and more than 11 percent of the population were aged 65 years or more. Approximately one third of the population lived in highly deprived (NZDEP96, deciles 8-10) areas of the zone.

The population structure and trends over time have important implications for future service demand and service planning. The population is expected to grow by 36 percent from 1996 to 2021. The population is expected to age over time, with an increase in the proportion of the population aged over 65 years and a reduction in the proportion of children (0-14yrs) in the population over this period.

In addition, the ethnic composition of the population is expected to change over time, with a greater proportion of Asian and Pacific peoples and a reduction in the proportion of Maori in the Auckland DHB population. The Auckland DHB will need to exercise flexibility in planning in order to meet the future needs of the changing population.

5.02 The Thirteen Health Objectives

Reduce smoking

Smoking is a modifiable risk factor for the two leading causes of death in the Auckland DHB population: cancer and cardiovascular disease. Evidence suggests that if smoking rates are reduced then morbidity and mortality rates can be reduced.

Currently there are a number of smoking cessation programmes provided in the Auckland DHB zone, but more effective programmes aimed at young people, Maori and Pacific peoples are required in the community. There is also a need for smoke free school initiatives and retailer education is required. In addition, more research on effective programmes is required and existing programmes need to be evaluated and monitored over time to ensure they are meeting contractual obligations and that they are effective.

Reducing obesity

Obesity is a risk factor for a number of major diseases including diabetes, IHD and various cancers. The report includes BMI and waist-to-hip ratios as indicators of obesity in the population. Although there are a number of providers in the community that

promote non-obsegenic lifestyles, obesity continues to be an issue in the population, especially for Maori and Pacific peoples.

Improving nutrition

Most of the nutrition data in the report comes from surveys conducted around New Zealand and in Auckland. The data raises concerns about iron and calcium intakes in Maori and Pacific females and the dietary habits of males in the population. There is a need to target these groups in the population as the evidence indicates that the prevalence of diseases that are influenced by nutrition, such as CVD, various cancers and diabetes, are high in these groups (males, Maori and Pacific peoples).

Increasing levels of physical activity

A lack of physical activity is a modifiable risk factor for CVD and premature death. The information in the report on physical activity has been derived from a survey undertaken by the Hillary Commission. It shows that the Auckland DHB population is less active than the all NZ population. In particular, children and young people have low levels of activity in the Auckland DHB compared to children and young people in the New Zealand population. There is a need for more health promotion of the benefits of exercise in the community.

Comments from the focus groups suggest that there are barriers to many physical activities in the local community that prevent people from lower socio-economic groups (incl. Maori and Pacific people) from engaging in regular sporting activities.

Reducing the rate of suicide and suicide attempts

The NZ youth suicide rate is one of the highest youth suicide rates in the OECD. Although the Auckland DHB youth suicide rate is lower than the rates for the New Zealand population, there is a need to address some of the mental health needs of young people, Maori (15-19yrs) and males, especially in the Auckland DHB population.

Reducing violence in interpersonal relationships, families, schools and communities

Violence is increasingly being recognized as an issue in society with long-term health and social impacts. The data available indicates that hospitalization rates for intentional injury are very high in males and Pacific peoples in the Auckland DHB population. In addition, child mortality from intentional injury in the Auckland DHB zone exceeds national targets.

At present, there are very few health-funded providers in the local Auckland DHB community addressing violence. There is a need to support, or fund more anti-violence initiatives and to work more closely with other sectors that target violence in the community, such as CYPFs, NZ Police, local schools etc.

Minimizing harm caused by alcohol and illicit and other drug use

Whilst alcohol consumption is linked to the development of conditions such as pancreatitis, cirrhosis and high blood pressure, illicit drug use is linked to the transmission of infectious diseases like HIV and Hepatitis C, injury and premature death. Information on alcohol and drug use in this report has been collated from a number of surveys. In general, alcohol and drug use is of major concern among young people, Maori and among males in the Auckland DHB population. It is also associated with high levels of violence and intentional injury in the community.

The amount of alcohol consumed in a typical drinking session has increased in the Auckland region in recent years and the prevalence of alcohol use is high in young people. Of particular concern are attitudes towards drinking by young people in the population.

Harm from illicit drug use appears to have also increased in the Auckland DHB community in recent years and whilst cannabis remains a problem, there are indications that the use of other illicit drugs is on the increase in the zone.

Improve the health status of people with severe mental illness

There are major issues with the level of service currently provided. It is estimated that at any one time twenty percent of the population will be suffering a diagnosable mental disorder and three percent will be suffering a severe disorder, requiring access to specialist treatment services.

The data indicates that there is a high level of unmet mental health need in the population. Estimates indicate there may be as many as 2,568 children and 3,113 adults living within the Auckland DHB zone who require access to specialist care, but are not currently receiving this care.

Maori have high service needs and high hospitalization rates for psychiatric disorder. In comparison, males and Pacific peoples have very low hospitalization rates for psychiatric disorder in the Auckland DHB and women from 'Other' ethnic groups predominate the psychiatric disorder hospitalization data.

The community has identified mental health as an area of major concern. Indeed, mental health is understood in very broad terms as including emotional well being and freedom from stress. The community perceive significant gaps in meeting mental health needs and especially in addressing primary causes of distress.

The prevalence of serious mental health disorder appears to be increasing and there is a serious shortage of trained staff available to meet this need. The ability to provide comprehensive care for those accessing services is an issue. The current level of service for child and adolescent services, maternal mental health, eating disorders and older adult's mental health services is insufficient to meet demand in the community. In addition, there appears to be a shortage of acute, post-acute and 'dangerous patient's' beds across the region.

Improving oral health

The Auckland DHB currently manages secondary and tertiary oral health services in the region. There is a need to plan for population growth and accompanying growth in demand for services, like the Relief of Pain service.

The school dental service is managed by the Waitemata DHB. Maori and Pacific children in the Auckland DHB have very poor oral health status. Although most of the zone receives fluoridated water supplies, areas without fluoridated water include Onehunga, which has a large population of Maori and Pacific peoples.

There is a growing need for child oral health educators and education programmes. Cost continues to be a major barrier to private services.

Ensuring access to appropriate child healthcare services including Well Child and family healthcare and immunization

Children and young people (0-18yrs) currently comprise a significant proportion (27%) of the Auckland DHB population. The major issues arising from the analysis indicate worrying increases in the incidence of communicable disease, low immunization rates, high rates of hospitalization for respiratory disease and the growing demand for CCAFS services.

There is a need to improve integration, communication and collaboration between primary providers, specialists and NGOs. Some child services at Starship are currently in 'work-out' (eg gastro outpatient clinics), but processes are in place to monitor and manage progress with these services over time. Currently, there are also staffing recruitment and retention issues at Starship.

Reduce the incidence and impact of diabetes

Diabetes is estimated to cause about 1,200 deaths per year in New Zealand. Diabetic complications are major contributors to the burden of disability experienced by people from middle age, especially in Maori and Pacific communities. Diabetes is of major concern for Maori and Pacific peoples in the Auckland DHB zone. There are major concerns that the prevalence of the disease is increasing in the population – which will have major implications for services in future.

Interventions that may prevent the onset of Type II diabetes include reducing obesity through the promotion of physical exercise and good nutrition in the community. There is an ongoing need in the community for these programmes.

Reduce the incidence and impact of cancer

There are about 17,000 new cancer registrations each year in the New Zealand population. The aetiology and management of cancer varies considerably. Genetic predisposition and different life style factors influence the development of cancer resulting in variations in rates between different population groups.

Cancer is the leading cause of death in the Auckland DHB population. Breast cancer is the leading cause of cancer death in women. The breast cancer screening program in the Auckland DHB zone does not meet all of the MOH requirements for the program and screening coverage rates are low for the Auckland DHB compared to coverage rates for the all NZ population. Cervical cancer deaths are low in number compared to breast cancer deaths.

Lung cancer death rates are very high, especially among groups with high smoking rates. NZ large bowel cancer rates are the highest in the world and thought to be linked with a high meat/low fibre diet. Men aged 65yrs+ are at highest risk of prostate cancer.

The Auckland DHB provides a regional oncology service to the greater Auckland region. At present, there are concerns about waiting lists for treatment, especially for radiotherapy. There are also significant staff recruitment and retention issues. As the population ages over time and the number of people with cancer in the population increases, the service is likely to face increasing demand for services and increasing public expectations for up-to-date technologies and therapies. The challenge for the regional service will be meeting future demand and public expectations over time.

Reduce the incidence and impact of cardiovascular disease

Cardiovascular disease (CVD) includes IHD and stroke. It is the second leading cause of death in the Auckland DHB zone, but it accounts for the largest cause of DALYs and it is the largest cause of potentially avoidable hospitalizations. Interventions for CVD include reducing smoking in the population and reducing obesity through the promotion of physical exercise and good nutrition.

The data indicates that hospitalization and mortality rates are high for males and Maori in the population and Pacific mortality rates are very high. However, higher numbers of 'Other' peoples in the population are hospitalized, or die as a result of CVD.

Demand for surgery at Greenlane is expected to increase over time as the population ages. Waiting lists for surgery at Greenlane Hospital are long, but initiatives are now in place to help reduce waiting times.

5.03 Population Groups & Service Areas

Maori Health

Maori are over-represented in the excess mortality and morbidity statistics and also in the most deprived deciles in the Auckland DHB zone. They die earlier than any other population group at around 67 years for males and 73 years for females. Maori die and become ill from conditions that are largely preventable through primary care and many of the leading causes of death are modifiable such as smoking related deaths, those related to diet and exercise and communicable diseases such as cellulitis.

Major causes of death vary according to age group, but the most common causes of death are cancer and heart disease. Of particular concern are the high infant mortality and perinatal mortality rates for Maori in the Auckland DHB zone.

Approximately 25 percent of hospitalizations for Maori could be avoided through primary health prevention. The types of conditions that could be addressed include cellulitis, ear nose and throat infections, angina and respiratory infections. This is especially true for Maori children for whom almost sixty percent of hospital discharges are for avoidable conditions. There is also evidence to suggest that co-morbidities are not being adequately identified, for example diabetes with high rates of second and third diagnoses for Maori in the Auckland DHB zone.

Pacific Health

Pacific peoples currently comprise approximately 12 percent of the Auckland DHB population and like Maori, they are over-represented in the excess mortality and morbidity statistics and also in the most deprived deciles of the Auckland DHB zone. Cancer and cardiovascular disease are the leading causes of death. Lung cancer, leukemias and breast cancer are the leading causes of cancer death. In addition, Pacific people in the Auckland DHB suffer very high suicide and diabetes mortality rates and they have very high perinatal and infant mortality rates.

There is a need to promote healthy Pacific lifestyles by improving community and prevention programmes. There is also a need for locally available Pacific primary healthcare services and a need to support and help develop the Pacific provider workforce. In addition, there is a need for more Pacific health information and research. Finally, Pacific people need ready access to information about services and healthcare information.

Asian People's Health

There are a number of different nationalities and cultural groups covered by the category 'Asian'. The population in the region is projected to grow by 173 percent between 1996 and 2021. At present, 27 percent of all Asian peoples in NZ live in the Auckland DHB zone.

The leading causes of death among Asian peoples in the zone are cancer and cardiovascular disease. The leading causes of cancer death among Asian peoples are lung, large bowel and stomach cancer.

The Asian people's focus group session identified a need for more Asian health professionals. Language and cultural barriers were major concerns and access to service information was also an issue.

There is a need for the recognition of Asian health in national policy and health strategies and ethnic specific demographic profiles need to be provided in national data collections. There is a need to improve funding to enable mainstream services to provide support to Asian patients and guidelines are required on cultural perspectives for training and

practice standards. Finally, Asian people's health need should be recognized in other DHBs where a significant number of Asian people reside.

Refugee People's Health

At present, the majority of refugee peoples that settle in NZ, settle in Central Auckland. As a population, they have very high levels of health need and the Auckland DHB does not currently receive any additional funding to meet the health needs of these people.

There is a need for the Census to accurately record peoples from refugee backgrounds and a need for the routine collection of health status data on refugee peoples.

Refugee peoples have high rates of infectious disease, especially HIV/AIDS, tuberculosis and Hepatitis B, but many new migrants from refugee backgrounds are not screened for disease because of inconsistent screening policy. There are a number of changes that need to be made to immigration policy.

In addition, refugee peoples have specific mental health service needs that are currently not being met and there is a need for refugee-specific child services. Overall, services for refugee peoples need to be better planned and co-ordinated in order to meet health need.

The Refugee People's focus group session identified a need for interpreters in primary care. Primary care services, especially GP services, were of particular concern to the community representatives that attended the session. Concerns were raised about the barriers encountered by refugee peoples to accessing GP services. These barriers included the cost of consultations, transport issues and cultural and language barriers. In addition, mental health services were of concern and community representatives raised a number of issues relating to WINZ services.

Women's Health

The women's health section focuses on women's reproductive health. Although this is only one part of women's health and there is no men's health section in the report, gender analysis has been undertaken in other sections.

Approximately 11 percent of all NZ women live in the Auckland DHB zone and 11 percent of all NZ births occur among women in the zone. More Auckland DHB women appear to be having children at an older age than in the NZ population and the number of babies born to Maori mothers is increasing in the local population, whilst the number of babies born to women of other ethnic groups is decreasing.

The Auckland DHB teenage birth rate is lower than the rate for the all NZ population, although Auckland DHB Maori and Pacific teenage birth rates are extremely high.

Caesarian rates appear to be increasing, whilst forceps rates have decreased in recent years. Both hysterectomy and oophorectomy rates among women in the Auckland DHB zone are lower than the rates for the all NZ population. Auckland DHB population

hospitalization rates for reproductive tract infections are higher than those for the NZ population.

The Women's Health focus group session revealed a number of concerns and issues about women's health. Women remain as the primary caregivers in families and when the health system fails an individual, people are discharged early from hospital etc, it is usually a woman who assumes responsibility for the ongoing care of a family member or friend who is unwell.

Concerns were raised that changes to maternity funding would limit women's future service choices. Ageism and sexism appear to be rife throughout the health sector and many women from minority groups in the population remain 'invisible', in that their concerns are rarely heard or acknowledged. Further, concerns were raised about social problems such as the level of violence in society and the impact on health. Issues were also raised about mental health service gaps.

The Women's Health focus group session revealed that women want to see a more holistic approach to health care and they want access to reliable service and healthcare information.

Hauraki Gulf Islands

The main issues identified to date on Waiheke Island are concerned with rapid population growth and seasonal population fluctuations on the island, which places pressure on existing services. There are also specific issues with mental health services and ongoing problems organizing cover for staff on leave.

The major issue identified on Great Barrier Island is the need for a second GP. All primary and community services on the island are provided by a single provider. The island is extremely isolated and extremely 'rural', with no reticulated water or power supply to residents.

Public Health

Public health services are currently funded by the MOH, not by the Auckland DHB. Public health has been included in the document because many of the NZHS 13 population health objectives are public health issues and public health is crucial to raising population health status. This section in the report focuses on the Regional Public Health Service. Other public health services are covered in other sections of the report.

There is a need to translate public health resource materials into a variety of other languages and develop materials that communicate public health messages through pictures/cartoons etc. Communicable disease is an issue, with increases in demand for TB services, ongoing demand for meningitis awareness programmes, increasing demand for information on communicable disease outbreaks overseas and a need for support and compliance programmes for children with HIV in the community.

There is a need to develop Sun Smart strategies and programmes to reduce exposure to UV radiation in the population. There is also an ongoing need for injury prevention programmes in the community that target children and young people and also older adults.

Environmental Health

The regional Public Health Service provides not only health promotion services to the Auckland region, but also health protection services. This section of the report focuses on health protection and environmental health in the Auckland DHB zone.

There are ongoing air, noise and water pollution issues in the zone. There are areas of the zone (Onehunga and the Hauraki Isles) that do not have fluoridated water supplies. Food-borne infectious disease continues to be an issue in the region and there are potential hazards associated with the many landfill sites and contaminated sites in the Auckland region. Hazardous substances such as lead and mercury continue to pose a threat to public health.

Biosecurity has had a high profile in recent years and there are ongoing concerns over the risk of exotic diseases being introduced into the country through Auckland, which is the major port of entry to the country for overseas visitors and goods.

Disability Support Services (DSS)

The prevalence of disability in the population is estimated at twenty percent and severe disability is estimated to be at three percent. Disability appears to increase in prevalence in the population with age.

Auckland DHB resident's hospitalization rates for disability are lower than for the all NZ population, but local Maori and Pacific people's hospitalization rates are high compared to rates for the all NZ Maori and Pacific populations.

There are issues relating to the number of support agencies involved and co-ordination and integration of support services for people with multiple disabilities and people requiring access to multiple support services. In addition, major gaps in support services have developed over time with the funding of services through multiple agencies. Finally, eligibility to support services varies according to whether a person is born with a disability or acquires a disability. This issue has received attention in recent years, but remains unresolved.

Primary Care

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 scarce and there has been a reliance on 'proxy' data in the report. The primary care section of the report includes information and analysis of general practitioner services, practice nurse services and community pharmacies.

Concerns have been raised about GP services in high deprivation/low income areas of the zone. The data available indicates that there are fewer GP practices in high deprivation/low income areas of the Auckland DHB zone than in the more affluent areas of the zone and ambulatory sensitive hospitalizations rates appear to be high in the high deprivation/low income areas of the zone.

The major barriers to primary care services in the Auckland DHB zone include transport, service availability, culture and language and service costs.

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

Older Adults

The Auckland DHB population is aging. There are approximately 39,500 people over 65 years in the Auckland DHB zone; by 2021 there will be approximately 67,500. As people age, they experience multiple health problems. The average age at which multiple health problems occur is reducing. The aging process is slowing down. People aged seventy years in the community are generally healthier today than they were twenty years ago. The onset of multiple health problems occurs at different ages in peoples from various ethnic groups.

Older adults want more information about what's happening to them and about services. They want more choices, they want to stay at home, they need help for caregivers and Maori and Pacific older adults want culturally appropriate service providers who understand their needs. Co-ordinated care, integration and better communication between health professionals, and health professionals and families, is important in meeting the health needs of older adults in the community.

5.04 Community Perspectives

The focus groups drew together people from all over the Auckland DHB zone. Attendees were asked about health need and health priorities in the community. In general, attendees were well informed about the health sector and the issues Auckland DHB were facing. This understanding was reflected in the quality of their responses. 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 attendees felt needed immediate attention, especially in the area of mental health and primary care.

5.05 Next Steps

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.