

Health



Sections

- Residents' rating of health
- Access to health services
- Visits to the doctor
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Introduction

Good health is fundamental to wellbeing. Without it, people are less able to participate fully in the social and economic life of the community. People in poor health are more likely to experience unemployment, economic hardship, stress and social isolation.

For these reasons, a key international human rights treaty, the International Covenant on Economic, Social and Cultural Rights, affirms the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health".¹

While many different factors affect health outcomes, people with lower incomes, fewer qualifications and poor housing tend to have poorer health. It also appears that Maori experience health inequalities over and above those experienced by others in the same socioeconomic groups.²

Major Policy Influences and Directions

- The New Zealand Public Health and Disability Act (2000) restructured the health sector and led to the formation of District Health Boards. There are now elected representatives on District Health Boards.

¹ Article 12 of the Treaty which was ratified by New Zealand in December 1978.

² Source: He Korowai Oranga – Maori Health Strategy, October 2002.



- The New Zealand Health Strategy provides the framework within which District Health Boards and other organisations across the health sector operate and highlights Government health priorities. The Waitemata District Health Board was established.³
- The Primary Health Care Strategy places a greater emphasis on population health, health promotion and preventative care. This has led to the development of Primary Health Organisations (PHOs).
- The Disability Strategy places a greater requirement on healthcare providers to take account of the needs of people with disabilities.
- The implementation of the Auckland Hospital Services Plan has led to the localisation of many services previously based at Grafton, Middlemore, North Shore and Greenlane.

Key issues

- Mental health – targeting children and youth to address mental health issues is the key to community mental health in the future. This is an area that needs to be addressed through primary care (community based) but requires additional funding and resources.
- Cardiovascular disease (diseases of the heart and blood vessels) is New Zealand’s number one killer disease, accounting for 41% of all deaths in 1999. This costs our country hundreds of millions of dollars every year. Both Waitemata DHB and our local primary care providers are developing programmes to reduce the impact of these diseases.
- Disparities in health outcomes – despite some improvements seen in recent years, Maori, Pacific and other ethnic groups continue to experience less favourable health outcomes within our current health system. This issue is being addressed through Maori and Pacific

providers, raising cultural awareness in mainstream health providers, and by providing additional resources. The health needs of migrants and refugees will also need to be addressed appropriately.

“Health issues such as diabetes, obesity, cardiac problems and others will prevail unless more collaborated and more co-ordinated strategies are put in place. Raising awareness and educating Pacific communities is only part of the puzzle. It is time the Pacific communities become responsible for themselves but they have to be empowered in this. That needs to be part of an overall strategy”. Rita Harder, Pacific Island Liaison Nurse, Waitakere Hospital.

- Child health – healthy children grow into healthy adults. As well as addressing childhood diseases children need to be encouraged to develop a healthy lifestyle in terms of good nutrition, exercise, intellectual stimulation and a healthy environment.

“The majority of Pacific people are in the lower socio-economic status, so health is greatly affected not only for adults but even more so for children, because of poor housing, inability to pay for medical consultations and medications, lack of proper nutrition and so on. Approaches to solving these issues are often piecemeal rather than holistically.” Rita Harder, Pacific Island Liaison Nurse, Waitakere Hospital.

- Health and wellbeing of older adults – this is a growing population with its own special needs and health issues. A holistic approach to creating a population of healthy older adults would include provision of suitable housing, recreational and intellectual opportunities, and appropriate transport facilities as well as addressing medical concerns.
- Meeting migrant and refugee health needs.

³ This includes Waitakere, North Shore and Rodney.

- After a period of successive structural changes, the sector needs a period of consolidation in order to secure gains from the current structure and strategic direction.
- Sub regional (Waitemata) health status and funding/resourcing equity for Waitakere within the Waitemata Health Board area remains a priority. The needs of the population of Waitakere City are, in some cases, different from the needs of other areas within Waitemata Health and need to be resourced accordingly.
- “We need more capacity building of community organisations – some basic tools, mentors, one liaison person with Council, guidance.” Estelle Muller, General Manager, Pasifika Healthcare.
- There is still some fragmentation in health service provision in Waitakere. In particular, there needs to be greater integration between social services and health services.

“People and agencies are trying to work collaboratively. There are a number of good examples e.g. Waitakere Shared Vision for Mental Health, and Waitakere Health Link. There is a good bi-cultural commitment from Council and the community sector in general.” Nelda Taurua, Wai Health and Social Services, Te Whanau o Waipareira Trust.

Some Highlights

- The creation of Waitemata District Health Board⁴ and many new regional provider organisations.
- The redevelopment and expansion of services at Waitakere Hospital.
- The creation and implementation of the Waitakere Health Plan.
- The creation of a community driven organisation called Waitakere Health Link to monitor the implementation of the Waitakere Health Plan and foster good communication between healthcare providers and the community.
- The formation of three Primary Health Organisations (PHOs) that are now operating in Waitakere City. These are HealthWest, Waiora Healthcare and Pasifika Healthcare.
- The PHOs are introducing more accessible and affordable primary healthcare programmes. For example, HealthWest has a programme (Care Plus) where those with long term illnesses or at high risk can be enrolled in a monitoring programme. They have longer consultations and are recalled for periodic check ups.

“Another successful initiative has been the ‘Health for Kids’ outreach programme run by Plunket, Pasifika, Waitemata Dental and Waitemata Child and Family Services”. Stephanie Shennan, Operations Manager, Royal New Zealand Plunket Society, Waitemata.

“Examples of initiatives that are working well are the Waitakere Youth Health Clinic and Westkids. A key feature is the integration of services addressing both physical and mental issues.” Ray Clarke, Coordinator, Waitakere City Effective Practice (Strengthening Families).

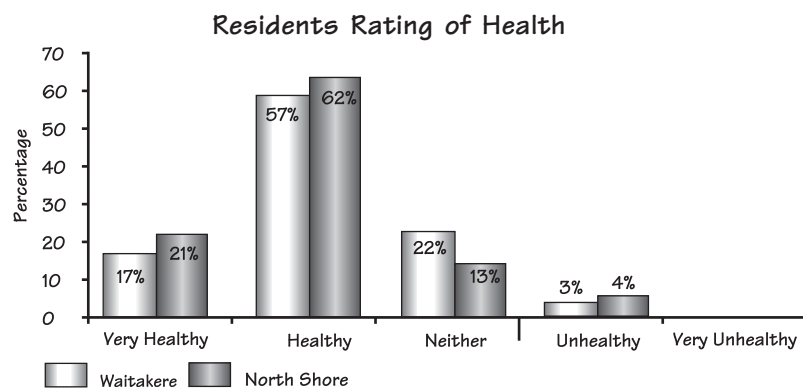
“The Waitakere intersectoral approach focused on the determinants of health is at the cutting edge of collaborative work. The Ministry has learnt a great deal from initiatives we have supported in the Waitakere area and have promoted the models in other cities.” Bruce McDonald, Ministry of Health.

⁴ This includes Waitakere, North Shore and Rodney.

Residents Self Rating of Health Status

In 2002 residents were surveyed and asked about their health.⁵

- Most people in Waitakere City (74%) reported good health.
- Only 3% said that they were unhealthy.
- North Shore residents reported better overall health than those in Waitakere City.
- Younger people (18 – 25) were less likely to rate their lifestyle as healthy than those from other age groups.



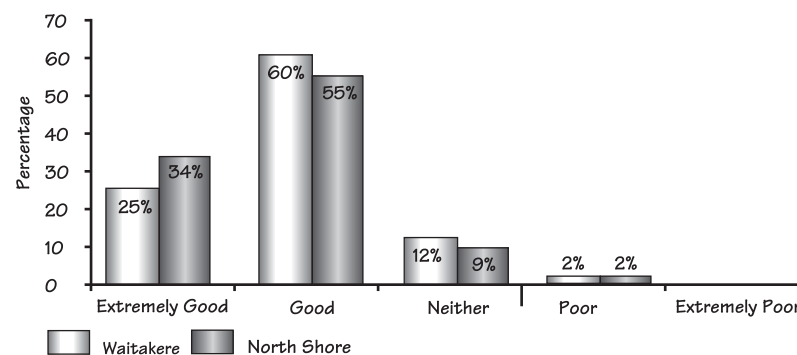
Source: Quality of Life Residents' Survey, 2003

Health Compared with Others of the Same Age

- Most people in Waitakere City (85%) reported that their health was extremely good or good compared with others their own age. This is similar to ratings found across New Zealand's eight largest cities.

- Only 2% of Waitakere City residents said that their health was poor.⁶

Residents Rating of Own Health
(Compared to Others of their Own Age) 2002



Source: Quality of Life Residents Survey, 2003

Young People

A survey of 717 young people in North and West Auckland in 2000 found that:⁷

- Over 90% considered their health to be good, very good or excellent.

⁵ Source: Quality of Life Residents' Survey, 2003.

⁶ Source: Quality of Life Residents' Survey, 2003.

⁷ Source: Auckland Northwest Youth: A profile of their health and wellbeing. Youth 2000, University of Auckland, 2003.

Access to Health Services

Access to General Practitioners (GPs)

GPs are a core part of the primary health team. The number of GPs per head of population is used as a measure of access to primary healthcare services.

- Of the eight largest cities in New Zealand, Waitakere City had the lowest rate of GPs per 100,000 population.⁸

Rate of GPs per 100,000 Population (1997 to 2000)

	1997	1998	1999	2000	2001
Waitakere	68	63	63	61	60
North Shore	78	82	83	80	75
NZ	NA	NA	87	87	80

Source: NZ Medical Council, 2004

- One-fifth (19%) of those in Waitakere stated they had felt unable to go to a doctor in the past 12 months although they had wanted to. The main reasons given for not seeing a doctor included cost and time. A similar survey in 1996 showed that 13% had wanted to go to a doctor but were unable to.⁹

Primary Health Organisations

A Primary Health Organisation (PHO) is a group of doctors, nurses and people trained in health care who are working together to provide a better health service for people enrolled with them. The group will

always include a GP and may also include nurses, Maori providers, Pacific providers, pharmacists, dieticians, mental health workers, community health workers and dentists - often working in teams.

Currently there are three PHOs operating in Waitakere City. These are *HealthWEST* which is the largest with over 30 practices, *Waioara Healthcare* which is an amalgamation of *Wai-Health* and *Union Health*, and *Pasifika Healthcare* which is part of an Auckland-wide Pacific PHO.

“With the new primary health strategy, there is an incentive to keep people well in the community. For example, doctors are now increasingly seeing the relevance of issuing a Green prescription. We are able to deliver a localised diabetes education service that can happen in a church hall or be delivered to an extended family.

Another example is our immunisation outreach and awareness programme. Our staff follow up if people don't respond and they can refer people to the Plunket home vaccination service.

“Overall we have a very accurate baseline of information now that enables us to effectively target our efforts.” Chief Executive, *HealthWest* PHO.

Visits to the Doctor

In 2002, Waitakere City residents were surveyed about visits to the Doctor in the last 12 months.

⁸ Source: Quality of Life Report, 2003.

⁹ Source: Waitakere Health and Wellbeing Survey, 1996.

- Nearly one-fifth (19%) said that they had wanted to go but didn't.
- Compared to other age groups, young people (18 to 25 years) were more likely to have failed to seek medical attention in the previous 12 months than those from other age groups.
- Maori and Pacific people were more likely to have wanted to go but not gone – particularly those in the 18-34 year age group.
- The larger the household and the more dependents in the household the more likely people were to want to go but not go.¹⁰

Reasons for not going to the Doctor

When asked the reason for not going to the doctor, Waitakere City residents gave the following reasons:

- Cost (58%)
- Too busy (14%)
- Got better (11%)
- Home remedy (10%)
- Couldn't be bothered (8%)
- Doctor too far away (5%)
- Didn't like the doctor (4%)
- Doctor too busy (3%)
- Went to chemist instead (1%)
- Other (8%)¹¹

"For a person who is really sick, the system's really hard to get through – you often have to see 3 to 4 different specialists and none of the care is in the home (not that it should be) – it should be fairly easy for someone to get access to all the resources they need as close as possible to them." Estelle Muller, General Manager, Pasifika Healthcare.

Young People

School students in Northwest Auckland who said that they had not sought health care when they needed to in 2000 said that they:

- Did not want to make a fuss
- Couldn't be bothered
- Didn't feel comfortable with the provider
- Found cost a barrier.¹²

Some schools have now set up health clinics.

"Kelston Girls High Schools has a health clinic called the Hau Ora Wellbeing Centre offering medical and social work services, guidance counselling and careers advice.

"The centre is a place for our students to go with concerns and issues and get them resolved so that they can go back into the classroom and focus on their learning. We want to be confident that we are offering a safe learning environment for our children. The centre is going really well and our students access it regularly." Linda Fox, Principal Kelston Girls High School.

¹⁰ Source: Quality of Life Residents' Survey, 2002.

¹¹ Source: Quality of Life Residents' Survey 2002.

¹² Source: Regional Report for Youth 2000, June 2003.

Mental Health Services and Staffing Levels

There are 79 funded staff positions for the Adult Community Mental Health Service working specifically in West Auckland. The benchmark for these services is approximately 158 positions.

This means that Waitakere City has only about 50% of the support and service service that the Blue Print for Mental Health Services in New Zealand suggests there should be.¹³

“Waitemata started from a lower baseline of resources in mental health compared to other areas. We have also experienced rapid population growth. Relative to the targets established by government in the Blueprint for Mental Health we are behind.

“There are good teams providing professional services but there are insufficient resources at present. If patients can’t access the relevant service when they need it, their situation escalates.” Dave Davies, General Manager, Mental Health Services, Waitemata DHB.

Maternal Mental Health

“It appears there is a need to increase the resourcing for maternal mental health services. If we do not resource our early intervention services situations escalate to crisis level.” Stephanie Shennan, Operations Manager, Royal New Zealand Plunket Society, Waitemata

Ethnicity and Mental Health

“Maori and Pacific populations are disproportionately represented in mental health statistics. We have to ensure mainstream services can respond effectively to Maori and Pacific population needs while supporting the development of specific ethnically based services”. Dave Davies, General

Manager, Mental Health Services, Waitemata District Health Board.

“There is a gap in Blueprint funding for Maori and PI populations. There is a shortfall in the numbers of people trained to work with Maori and PI in culturally appropriate way.” Coordinator, Waitakere Shared Vision for Mental Health.

“Health issues of Asian people need to be addressed differently. We know there are major mental health issues e.g. mothers having to become sole parents while husband earning overseas, young adults/teenagers here on their own. The culture is not kind to mental illness, there is a huge stigma issue, communication issues make it harder.” Coordinator, Waitakere Health Link.

Mental Health Services

“We need to keep people as well as possible in the community. We need to improve resourcing for the further development of community services in mental health.” Dave Davies, General Manager, Mental Health Services, DHB.

“Money needs to be put into primary service so people can be picked up early and so don’t need to come into hospital.

“The community sector should be the main provider of mental health services because that’s where people live, care and support is provided in the community. Without a robust NGO sector, clinical services get clogged up.” Coordinator, Waitakere Shared Vision for Mental Health.

¹³ The Mental Health Commission was set up by the government to advise the government on mental health services. The Blue Print was prepared by the Commission and is used by DHBs to benchmark services.

"We must continue to grow our mental health services. We need to improve the coordination of services around the individual patient or family." Dave Davies, General Manager, Mental Health Services, DHB.

Access to Dental Services

In 2002:

- There were 53 dentists practising in Waitakere City.
- Of the 8 largest New Zealand cities, Waitakere City had the second lowest rate of dentists per population.¹⁴

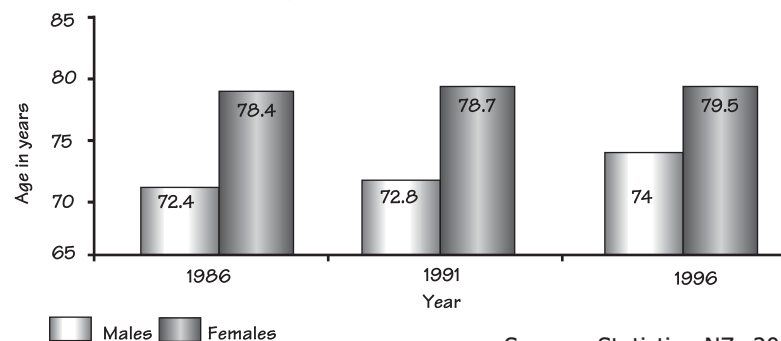
Life Expectancy

Life expectancy is an indicator of the health of the population. In addition to lifestyle, it reflects social and economic factors and access to quality medical services.¹⁵

Overall the estimated life expectancy of those born in Waitakere City increased between 1986 and 1996. Females continue to have a higher life expectancy than males.

- The life expectancy for males increased from 72.4 years in 1986 to 74 years in 1996.
- The life expectancy for females increased from 78.4 years in 1986 to 79.5 years in 1996.¹⁶

Estimated Life Expectancy at Birth (1986, 1991, 1996)



Source: Statistics NZ, 2001

Maori Life Expectancy

There is no life expectancy data by ethnicity for Waitakere City. However more recent national data show that Maori have a lower life expectancy than non Maori.

- Non-Maori now live about 8.5 years longer than Maori.
- This is down from a 9.1 year difference in 1995-1997.¹⁷

"The new data is important because it shows the first significant improvement in Maori life expectancy over the last two decades." Public Health Association Director Dr Gay Keating.¹⁸

¹⁴ Source: New Zealand Dental Association, 2003.

¹⁵ A study by the Ministry of Health found that there is a strong association between life expectancy and the level of deprivation where people live. Source: Ministry of Health. Life Expectancy and Small Area Deprivation in New Zealand 2001.

¹⁶ More recent life expectancy figures have been released, but the rates are not yet available for Waitakere City.

¹⁷ Press Release: Public Health Association, 30 March 2004.

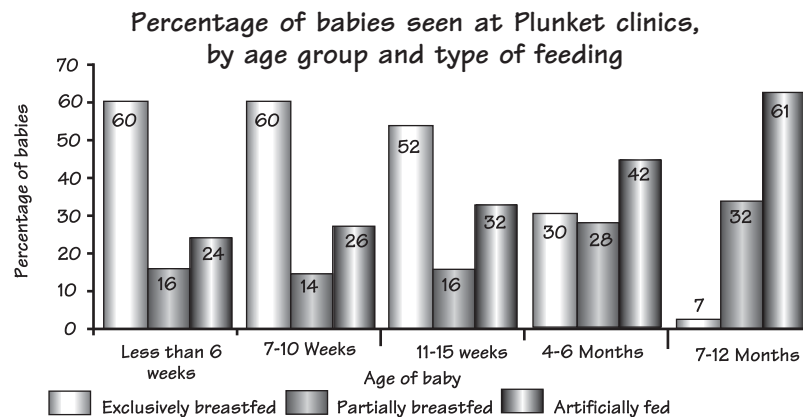
¹⁸ Press Release: Public Health Association, 30 March 2004.

Child Health

Breastfeeding

Breastfeeding¹⁹ has a wide range of health benefits for both infant and mother. The decision to breastfeed is influenced by several social factors. Once the decision has been made, establishing and maintaining breastfeeding can depend on the quality of health care and support given to the mother after the birth. In the past eight years, a number of initiatives to promote and support breastfeeding in New Zealand have been established. Some specifically target Maori and Pacific women.

Some women, however, still report problems getting consistent information and accessing support.



Source: Report on the Health Status of Children and Youth in the Waitemata DHB region

- In Waitakere City a majority of babies (60%) were fully breast fed up until 6 weeks. This is slightly lower than the national average (65.6%).
- Maori and Pacific babies in the Waitemata DHB area were less likely to be exclusively or fully breast fed at 6 weeks than European babies and those of other ethnicities.²⁰

"Although some professional support from lactation consultants is currently available for women within the WDHB region ... more support (and more culturally appropriate support) is needed for Maori and Pacific women, particularly in Waitakere."²¹

Infant Mortality

Infant mortality is the death of a child before his or her first birthday.²²

Infant mortality can reflect the wellbeing of infants, children and pregnant women. It is influenced by a wide range of factors. These include the health of the mother in pregnancy, access to quality health care services and social and economic factors.

New Zealand's infant mortality rate is high. In 1997 New Zealand ranked 17 out of 19 OECD countries.

- The rate of infant mortality in Waitakere City (6.2 per 1000 live

¹⁹ Source: Ministry of Health child health DHB performance indicator for 2002/2003. Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003.

²⁰ This includes Waitakere, North Shore and Rodney.

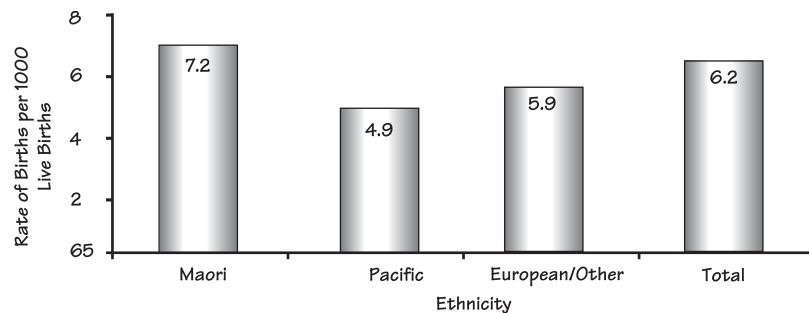
²¹ Source: Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003, p44.

²² Source: NZ Health Information Service, 2002.

births) is similar to the national rate (6.1 per 1000 live births).

- The rate is higher for Maori (7.2) in Waitakere City than Pacific (4.9) and European and other ethnic groups (5.9).

Rate of Infant Mortality per 1000 Live Births in Waitakere by Ethnicity (1997 to 1999)



Source: NZ Health Information Service 2002

One third of all Maori and non-Maori infant deaths nationally are due to Sudden Infant Death Syndrome (SIDS). The rate is falling. A reduction in the Maori SIDS rates is contributing to a lowering of the Maori infant mortality rate.²³

Child Mortality

Child deaths have a devastating impact on families, friends and the community.

- 113 children died in the 0-14 year age group in Waitakere from 1996-1999.
- Most of these children (64.6%) were under 1 year old.²⁴

Number and Percentage of Deaths by Age Group, 0-14 Years 1996-1999

Age Group	Number	Percentage
Under 1 Year	73	64.6
1-4 Years	19	16.8
5-9 Years	11	9.7
10-14 Years	10	8.8
Total	113	100

Source: Waitemata DHB 2003

- Within the Waitemata DHB, the child mortality rate was highest in Waitakere (68.3 per 100,000 children).
- This was higher than the NZ rate (65.9 per 100,000).

²³ Te Puni Kokiri, 2004 www.tpk.govt.nz/maori/population/children.asp

²⁴ Source: Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003.

Avoidable Deaths

The Waitemata DHB has categorised certain deaths as avoidable or potentially avoidable.

In Waitakere the DHB found that:

- 69% of the deaths in children aged under 1 were potentially avoidable.
- 63% of deaths in the 1-14 year age group were potentially avoidable.

Hospitalisations in Children Aged 0-14 Years

Nearly seven thousand (6693) children from Waitakere City were hospitalised in the three years from July 1999 to June 2002.²⁵

- The rates varied between the age groups. Those aged under 1 year have the highest hospitalisation rate.
- The rate decreases with the age of the child.
- The overall rate for Waitakere City children was the highest within the Waitemata DHB.

Hospitalisation Rates per 1000 Children by Age Group July 1999-June 2002

Age Group	Rate per 1000
Under 1 Year	1011.0
1-4 Years	155.6
5-9 Years	85.2
10-14 Years	63.2

Source: Waitemata DHB, 2003

Ethnicity

There were ethnic differences in the rate of hospitalisations.

In Waitakere City:

- Pacific children had the highest rate, followed by European/others and Maori children.
- Asian children had the lowest hospitalisation rate.

²⁵ The data relates to those discharged from hospital.

Rates of Hospitalisation per 1000 Population by Ethnic Group 0-14 Years

Ethnicity	Rate
European/Other	164.5
Maori	141.1
Pacific	193.9
Asian	117.0
Total	160.3

Source: Waitemata DHB, 2003

Potentially Avoidable Hospitalisations (PAH)

The Waitemata DHB categorises admissions to hospital which could potentially be avoided.

Under 1 Year

Within the Waitemata DHB the rate of potentially avoidable hospitalisations was highest in Waitakere City, although Waitakere’s rate was still lower than the national rate.

The leading causes in the DHB for those aged under 1 year were:

- Gastroenteritis (vomiting, diarrhoea)
- Respiratory and other infections e.g whooping cough, pneumonia

1-4 Years

Waitakere City had the highest rate of potentially avoidable hospitalisations within the Waitemata DHB. The rate was lower than the overall NZ rate.

The leading causes in the DHB were:

- Ear nose and throat infections
- Respiratory infections
- Dental conditions
- Asthma
- Gastroenteritis.

5-9 Years

Waitakere City had the highest rate of potentially avoidable hospitalisations within the Waitemata DHB in the 5-9 age group, although Waitakere’s rate was similar to the national rate.

Within the DHB the leading causes were:

- Ear nose and throat infections
- Recreational injuries such as falls or sports injuries
- Dental conditions
- Asthma
- Cellulitis (a serious skin infection).

10-14 Years

Within the Waitemata DHB, Waitakere City had lower rates of potentially avoidable hospitalisations than the North Shore and NZ as a whole.

The leading causes were:

- Road traffic injuries
- Cellulitis
- Asthma
- Ear nose and throat infections.

15-19 Years

Within Waitemata DHB, Waitakere had a lower rate of potentially avoidable hospitalisations than Rodney. The leading causes were:

- Road traffic injuries
- Attempted suicide
- Cellulitis
- Asthma.

Immunisations

Immunisations can protect children against some of the diseases that killed or disabled children in the past. Increasing access to immunisation is therefore a priority for improving children's health, particularly Maori and Pacific children.

- Of the 2076 West Auckland children aged 9 months or older:
 - 95% had their 6 week vaccinations
 - 93% their full 3 month vaccinations
 - 87% their full 5 month vaccinations.
- Maori children were slightly less likely than other children to have received these vaccinations.
- Immunisations were not always given at the correct time. In more than 98% of cases where children had not been fully immunised, the immunisations were simply overdue.²⁶

"Plunket have been contracted by HealthWest to run a mobile clinic focused on immunisation outreach. This has been very successful." Stephanie Shennan, Operations Manager, Royal New Zealand Plunket Society, Waitemata.

Form 1 Immunisations

- There were 2993 11 year olds enrolled in Waitakere schools in 2002 and 2979 in 2003. Of these around half were immunised at school in 2002 (47.6%) and 2003 (54.9%).²⁷
- Almost half the parents did not consent to their child being immunised - 48.9% in 2002 and 41.3% in 2003.

²⁶ Immunisation rates are based on the Kidslink data collected in West Auckland by Westkids, 4 February 2002 – 5 June 2003. Parents who opt off Kidslink or decline immunisations are not included. This could make the rates appear higher. Source: Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003.

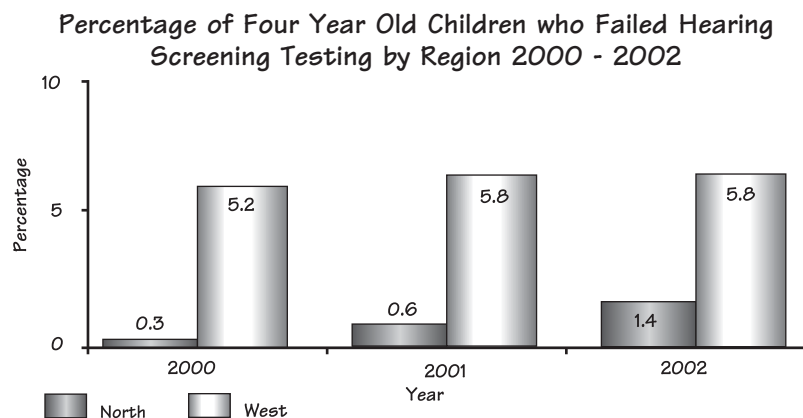
²⁷ The vaccines were for tetanus and polio.

Hearing Tests

Hearing can affect a child's speech, language development, learning and social skills. Left untreated, some hearing problems result in permanent hearing loss.

Hearing tests²⁸ are carried out in preschool children aged 3 and 4 years and in new entrants (aged 5). Waitemata DHB collects information on the percentage of children who failed two consecutive hearing tests between 10 and 16 weeks apart.

- Four year olds in West Auckland were five times more likely to fail hearing screening tests than those in the North .



Source: Waitemata DHB, 2003

Five Year Old Children

New entrants in the Waitemata DHB were also screened for hearing.²⁹ The percentage of five year olds who failed two consecutive hearing tests was recorded.

- Overall 12% of children in the West failed their hearing tests in 2002.
- Five year olds in the West were two and a half times more likely to fail screening tests than those in the North.
- Maori children in the West had a high failure rate. However, this is decreasing.
- One in five Pacific five year olds in the West failed their hearing tests. This has remained unchanged for the past three years.

Percentage of Five Year Old Children who Failed Hearing Screening Testing by Ethnic Group in the West 2000-2002

	2000	2001	2002
European	12.0	8.8	8.2
Maori	23.0	17.8	15.3
Pacific	22.2	21.2	21.9
Asian	8.6	9.1	8.6
Other	9.9	10.9	16.1
Total	15.0	12.5	12.2

Source: Waitemata DHB 2003

²⁸ Source: Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003.

²⁹ Source: Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003.

"Hearing affects learning, concentration and classroom behaviour. If we can't hear what is going on we get bored, distracted and lose interest. That these children are as attentive and focused as they are is the miracle." Gilli Sinclair, WEST.

The proportion of children who fail hearing screening tests in the West ... continues to be of concern, as are the proportions of Pacific and Maori children who fail hearing screening tests.³⁰

"The Waitemata District Health Board has funded a community health worker, through the Mercy Initiatives, to work with children in Kohanga Reo. She follows up children who have failed hearing screening tests to make sure they receive treatment." Carol Thomas, Child and Family Services, WDHB.

Diseases

Diseases such as meningococcal diseases and tuberculosis have been linked to poor living conditions and overcrowded households. Meningococcal disease and tuberculosis are both notifiable diseases as they are considered to pose a threat to public health.

Meningitis

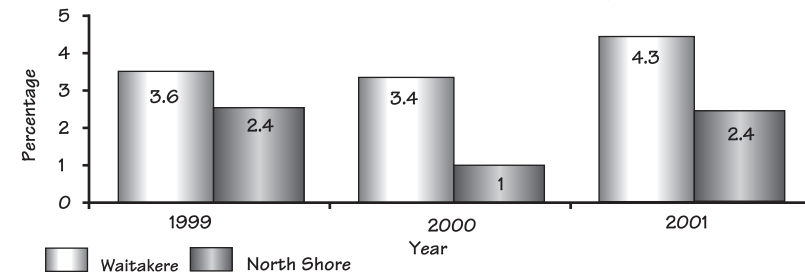
Since 1991 New Zealand has been experiencing a meningococcal epidemic (serogroup B). The highest rate of the disease occurs in children aged under 5 years.

- There were 47 cases of meningitis (meningococcal diseases) in Waitakere in the years 1999 to 2001. The rate of meningitis was higher than the rate on the North Shore but comparable with the

New Zealand rate.

- Although the numbers in Waitakere are too small to draw conclusions on ethnic differences, Maori and Pacific people in New Zealand as a whole have a higher rate than Europeans or those from other ethnic groups.

Rate of Notified Cases of Meningococcal Disease per 10,000 Children aged 15 Years and Under Rate per 10,000



Source: Institute for Environmental Science and Research Ltd, 2002

Tuberculosis (TB)

TB is one of the more common notifiable diseases. New Zealand has a high rate of TB compared with other developed nations. Most cases of TB are found in the cities. Over half of New Zealand's cases involve people born outside New Zealand.³¹

- There were 1172 notified cases of TB in New Zealand in the years 1999-2001. Of these 71 were in Waitakere City.

³⁰ Source: Report on the Health Status of Children and Youth in the Waitemata DHB region, September 2003, p.44.

³¹ Quality of Life Report, 2003.

- The rate of TB was higher in Waitakere City than the North Shore.³²
- The majority of cases involved those from ethnic groups other than European, Maori or Pacific people.

Number of Cases of TB in Waitakere City by Ethnicity 1999-2001

Ethnicity	Number of Cases
European	12
Maori	10
Pacific Island	8
Other	41
Total	71

Source: Institute for Environmental Science and Research Ltd, 2002

Other Illnesses and Diseases

HealthWest, a Primary Health Organisation in Waitakere covering approximately 150,000 people, has a group of patients (25,602) who have been identified as having one or more of the following conditions:³³

- Asthma 12,187
- High blood pressure 8671
- Raised cholesterol 5494
- Diabetes 3695
- Ischaemic heart disease³² 2874
- Chronic lung disease 1234
- Heart Failure 872³⁵

“Chronic diseases such as heart disease and diabetes are a major health issue for the Waitemata DHB area. The DHB and PHOs are working together to prevent these diseases occurring and to improve the care of those who develop them.

“The Government’s primary health care strategy enables PHOs to focus on the needs of their enrolled populations. This provides an opportunity to re-emphasise the vital role of primary care in supporting people to manage chronic illnesses in the community.” Julia Peters, Public Health Physician, Waitemata DHB.

Mental Health

Beds

There are 32 contracted inpatient beds across Intensive Care (ICU), Acute and Sub-acute categories, all within the Te Atarau unit on the Waitakere Hospital campus.³⁶

Intensive care unit beds are for people who are a danger to themselves or other people and are unable to be treated in open wards. These people are treated in ICU beds for a short period of time, usually three days.

Acute beds are for people who are unwell and need hospital care, usually for a short period of up to 21 days.

³² Source: Institute for Environmental Science and Research Ltd, 2002

³³ Note: The total is about 35,000 because a quarter of these patients may have two or more disease classifications.

³⁴ This disease occurs when the blood vessels do not carry enough oxygen e.g from hardening of the arteries or blocked arteries.

³⁵ HealthWest, 2004

³⁶ Other DHBs provide mental health services to Waitakere City, e.g. Starship provides the Child Mental Health Unit for Waitakere City.

Sub acute beds are for those ready to leave hospital and transition back to home life. They are treated in a service ward with low staffing.

The utilisation of beds within the Te Atarau Unit is extremely high, on average 94% (including short term leave).

There are however gaps in different bed categories across the Auckland/Northland region.

Utilisation of Beds 2004

Type of bed	Contracted Bed Numbers	Average Utilisation for Year to date January 2004
ICU	7	100%
Acute	20	93%
Sub acute	5	89%
Total	32	94%

Source: Waitemata DHB 2004

Youth Mental Health

A survey of school students in Northwest Auckland found that:

- Many students had had suicidal thoughts in the previous year.
- More female students (28.3%) than male students (12.9%) had thought about killing themselves.

- Many of the students reported significant symptoms of depression.

Neighbourhood environments were seen as contributing to the health and wellbeing of young people with most young people saying that they had friends or adults in the neighbourhood who they felt that they could talk to.³⁷

Suicide

- Between 1997 and 1999 there were 354 hospitalisations for attempted suicide by Waitakere City residents.³⁸
- 20 of these were 10-14 years old.
- 91 were in the 15-24 years of age.
- Two thirds (233) of these attempts were by females.
- The youth suicide rate was higher among males than females.

There were 72 suicides in Waitakere City over the same period. Nineteen were young people aged 15-24.

“Suicide is an issue particularly for the Indian community although maybe other communities are having difficulties too. A lot of it is due to peer pressure – kids want to try and establish an identity for themselves. They face relationship demands (often when they have a relationship with a Kiwi kid who has different expectations), clash with

³⁷ Source: Regional Report from Youth 2000, 2003.

³⁸ Source: NZ Health Information Service 2002.

parents (leaving home without asking for permission, clubbing, drinking, drugs, boy racing, coming home late) – there is confusion for the kids – how do we fit in?” Praveen Chandra, President Waitakere Ethnic Board.

Mental Health and Drug and Alcohol

There is serious concern about the impact of alcohol, cannabis and methamphetamine in relation to the acute mentally ill in Waitakere City.

There are problems accessing resources and support for clients with mental health issues triggered by drug and alcohol use. There is a need for the two areas of health, mental health and drug and alcohol services, to work together.

In particular the concerns are related to:

- Long term and generational cannabis use – there is concern that we are now seeing the effect of mental illness which has been triggered by this use.
- An increase in depression and self harm – as a result of a combination of poor health, lack of direction and exacerbated by substance misuse.
- Psychotic episodes associated with Methamphetamine use. Users become high risk – to themselves and others – the difficulty is how to handle this.” Project Leader Safe Waitakere.

Questions Arising from the Community

- We’ve just had our 69th review of mental health services- what actual differences are we seeing?
- Are people making fully informed choices around immunisation?
- Are health care providers responding to the needs to break down access barriers to health by being more flexible in their delivery of services? What else can be done to bring services to the community i.e. reducing barriers to accessing appropriate health services?
- Does the rise in TB cases in Waitakere necessitate the re-introduction of immunisation in schools?
- If Waitakere has a significant adult population with low literacy skills, how are these people enabled to be fully informed around health choices and treatment options?
- How do the PHOs improve health provision in Waitakere?
- Is there enough acknowledgement of the ‘holistic’ view of health within traditional western practices?
- Is the cost of attending primary health care providers (GPs) a barrier?
- What sectors of the community are using hospitals as primary health care providers?
- How can we prevent potentially avoidable hospitalisations and deaths?
- How can we, as a community, support families who have children who have died?