

Tupu Ola Moui

Pacific Health Chart Book

2004

Tupu ola moui

“Growing a prosperous and healthy life” Niuean

In Samoan, Tongan, Niuean and Tokelaean, “tupu ola”
conveys the sense of “growing life”.

In Tongan and Niuean “moui” conveys
the sense of the “essence of life force”.

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Foreword

Pacific peoples currently make up 6.5% of the New Zealand population. Furthermore, the Pacific population is growing at a rate of 2.2% per year, compared to a growth rate of only 0.6% for the New Zealand population as a whole. So it is vitally important that the health of the Pacific population is carefully monitored and its changing needs accurately assessed.

The current report, *Pacific Health Chart Book 2004*, is the first comprehensive review of Pacific health since the Public Health Commission carried out such an assessment in 1996. Unlike the latter review, the current report adopts an indicator approach in order to focus attention on specific issues of particular importance to Pacific peoples. It was developed jointly by the Ministry of Health and the Ministry of Pacific Island Affairs.

Pacific Health Chart Book 2004 provides a stocktake of the health needs of the Pacific population. The report shows that, compared to the total New Zealand population, Pacific peoples:

- have poorer health status
- are more exposed to risk factors for poor health
- experience barriers to accessing health services.

Ensuring that health care and disability services are informed by accurate and useful information, that is relevant and reliable is one of the priority areas of the *Pacific Health and Disability Action Plan*.

Addressing inequalities in health, education, employment and housing for all disadvantaged groups is one of the government's key goals. Reducing inequalities in health is also a key goal of the *New Zealand Health Strategy*, released by the Minister of Health in December 2000. This report, which brings together information on more than 150 health and social indicators of relevance to Pacific peoples, will help in identifying priorities and assessing progress towards reducing inequalities in health for Pacific peoples in New Zealand.

Comments on this report are welcomed and should be addressed to Public Health Intelligence, Ministry of Health, PO Box 5013, Wellington.

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Summary of Indicators

The indicators included in this report are summarised in Table 1 (see text for description of indicators).

'Key' indicators have been highlighted in the summary table. The criteria used to select these indicators were:

- high impact
- high inequality
- modifiable
- good data quality

(Note: ASR = rate standardised for age by the direct method, using the WHO world population as the standard.)

Table 1: Summary of Indicators

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health outcomes						
Whole of life						
Health expectancy (ILE), 2000–2002, years	61.8	63.1	62.5	64.5	67.6	66.1
Life expectancy at birth, 2001, years	71.5	76.7	74.1	76.3	81.1	78.7
Disability requiring assistance 2001, ASR per 100	12.0	12.4	12.3	10.5	10.3	10.3
Avoidable mortality, 1996–2000, ASR per 100,000	771 (730–815)	471 (444–499)	604 (581–628)	497 (492–501)	318 (314–320)	397 (394–399)
Ambulatory sensitive hospitalisations, 1998–2002, ASR per 100,000	4780 (4709–4851)	4539 (4474–4605)	4655 (4608–4704)	2964 (2953–2976)	2745 (2733–2756)	2856 (2848–2864)
SF-36 Vitality scale mean scores, 2002/03	69.7 (66.6–72.9)	65.9 (63.5–68.2)	67.7 (65.7–69.7)	67.8 (66.9–68.7)	62.4 (61.6–63.1)	65.0 (64.4–65.6)
SF-36 Mental health scale mean scores, 2002/03	82.3 (79.9–84.7)	81.5 (79.2–83.7)	81.9 (80.3–83.4)	84.4 (83.8–85.0)	81.6 (81.0–82.2)	82.9 (82.5–83.4)
SF-36 Social functioning scale mean scores, 2002/03	89.0 (84.8–93.2)	90.1 (87.4–92.7)	89.6 (87.0–92.1)	91.7 (90.8–92.6)	89.4 (88.5–90.2)	90.5 (89.8–91.1)
Injury mortality, 1996–2000, ASR per 100,000	36 (29–45)	13 (10–19)	24 (21–29)	37 (36–39)	15 (15–16)	26 (25–27)



Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health outcomes						
Whole of life continued...						
Injury hospitalisation, 1996–2000, ASR per 100,000	3411 (3348–3474)	2141 (2095–2187)	2744 (2706–2782)	2852 (2841–2862)	1945 (1937–1954)	2393 (2386–2400)
0–14 years – infants and children						
Infant mortality, 1997–2001, rate per 1000 livebirths	7.9 (6.6–9.3)	6.2 (5.1–7.6)	7.1 (6.2–8.0)	5.7 (5.4–6.1)	4.3 (4.0–4.7)	5.1 (4.8–5.3)
Neonatal mortality, 1997–2001, rate per 1000 livebirths	-	-	4.0 (3.3–4.7)	-	-	2.8 (2.6–3.0)
Post-neonatal mortality, 1997–2001, rate per 1000 livebirths	-	-	3.1 (2.5–3.7)	-	-	2.3 (2.1–2.4)
Causes of infant mortality, rate per 1000 livebirths:						
• prematurity complications	-	-	1.3 (0.9–1.7)	-	-	0.8 (0.7–0.9)
• birth complications	-	-	0.3 (0.1–0.5)	-	-	0.4 (0.4–0.5)
• SIDS	-	-	0.7 (0.4–1.0)	-	-	0.9 (0.8–1.1)
• birth defects	-	-	0.6 (0.4–0.9)	-	-	0.4 (0.4–0.5)-
Low birthweight, 2001, rate per 100 livebirths	-	-	4.5	-	-	6.3
Hearing failure at school entry, 2001/02, percent			18.1 (16.7–19.5)			8.4 (8.1–8.7)
Mean number of missing or filled teeth at Year 8, 2002	-	-	Fluoridated 1.53 Non-fluoridated 2.34	-	-	Fluoridated 1.28 Non-fluoridated 2.06
Mean number of missing or filled teeth at school entry, 2002	-	-	Fluoridated 2.55 Non-fluoridated 3.93	-	-	Fluoridated 1.36 Non-fluoridated 2.34
Asthma hospitalisations, ASR per 100,000 children	815 (773–858)	679 (640–719)	748 (719–777)	572 (562–582)	406 (397–415)	491 (485–498)
Meningococcal disease notifications, ASR per 100,000 children	20.1	23.5	21.8	9.9	7.0	8.6



Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health outcomes						
0–14 years – infants and children continued...						
Rheumatic fever notifications, ASR per 100,000 children	3.6	5.1	7.0	1.2	1.0	1.4
Tuberculosis notifications, ASR per 100,000 children	6.2	5.9	6.1	0.9	1.1	1.0
Lower respiratory tract infection hospitalisations, ASR per 100,000 children	1663 (1604–1723)	1375 (1321–1431)	1523 (1483–1564)	659 (647–670)	518 (508–528)	590 (583–598)
15–24 years – young people						
Pregnancies 2002, rate per 1000 females (10–19 years)	-	65 (62–69)	-	-	37 (37–38)	-
Births 2002, rate per 1000 females (10–19 years)	-	41 (20–44)	-	-	19 (18–19)	-
Abortions 2002, rate per 1000 females (10–19 years)	-	15 (13–16)	-	-	13 (13–14)	-
Sexually transmitted infections, all types, 1999–2002, rate per 100 young people attending sexual health clinics	34.8	17.8	23.7	23.1	11.6	14.8
Suicide mortality, 1996–2000, rate per 100,000 young people	33 (22–48)	9 (4–18)	21 (15–29)	37 (34–41)	12 (10–14)	24 (22–26)
Road traffic injury mortality, 1996–2000, rate per 100,000 young people	26 (16–39)	8 (3–17)	17 (11–24)	40 (37–43)	15 (13–17)	28 (26–30)
Road traffic injury hospitalisation, 1998–2002, rate per 100,000 young people	353 (314–396)	170 (144–200)	260 (236–285)	560 (547–573)	258 (244–262)	407 (399–415)
Health outcomes						
25+ years – adults						
Cardiovascular disease mortality, 45–64 years, 1996–2000, per 100,000 middle-aged adults	554 (492–621)	235 (197–278)	390 (353–428)	253 (246–261)	100 (96–105)	176 (172–180)

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health outcomes						
25+ years – adults continued...						
Cardiovascular disease mortality, 65+ years, 1996–2000, rate per 100,000 older people	3145 (2817–3508)	2207 (1984–2449)	2617 (2427–2819)	2438 (2406–2470)	1638 (1618–1659)	1980 (1962–1998)
Ischaemic heart disease mortality, 45–64 years, 1996–2000, rate per 100,000 middle-aged adults	356 (307–411)	85 (62–113)	217 (190–246)	182 (176–188)	50 (47–53)	115 (112–119)
Ischaemic heart disease mortality, 1996–2000, 65+ years, rate per 100,000 older people	1521 (1304–1772)	882 (743–1040)	1165 (1041–1301)	1487 (1462–1512)	825 (810–840)	1103 (1089–1116)
Stroke mortality, 45–64 years, 1996–2000, rate per 100,000 middle-aged adults	73 (52–100)	70 (50–95)	71 (56–89)	28 (25–30)	25 (23–27)	26 (25–28)
Stroke mortality, 65+ years, 1996–2000, rate per 100,000 older people	840 (669–1048)	742 (615–888)	783 (680–899)	492 (477–506)	461 (451–472)	477 (469–486)
Self-reported high blood pressure, 2002/3, ASR per 100 adults	16.2 (11.0–21.4)	18.2 (13.0–23.4)	-	18.0 (16.9–19.1)	19.3 (18.0–20.5)	-
Self-reported high blood cholesterol, 2002/3, ASR per 100 adults	9.5 (4.8–14.1)	11.1 (6.9–15.2)	-	14.5 (13.4–15.5)	12.9 (12.0–13.8)	-
Self-reported diabetes, 15+ years, 2002/03, ASR per 100 persons (15+ years)	8.1 (4.6–11.5)	11.9 (7.7–16.2)	10.1 (7.0–13.2)	4.5 (3.8–5.3)	3.7 (3.1–4.3)	4.1 (3.6–4.6)
Vitrectomy in adults, 25+ years, ASR per 100,000	-	-	54 (46–61)	-	-	9 (8–9)
Lower limb amputation in adults, 25+ years, ASR per 100,000	-	-	44 (37–50)	-	-	17 (17–18)
Renal failure in adults, 25+ years, ASR per 100,000	-	-	60 (52–68)	-	-	13 (13–14)
Lung cancer registrations, 1996–2000, 65+ years, ASR per 100,000 older people	751	181	-	361	158	-



Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health outcomes						
25+ years – adults continued...						
Lung cancer mortality, 1996–2000, 65+ years, rate per 100,000 older people	524	201	-	340	148	-
Colorectal cancer registrations, 1996–2000, 65+ years, rate per 100,000 older people	181	98	-	429	317	-
Colorectal cancer mortality, 1996–2000, 65+ years, rate per 100,000 older people	182	56	-	219	150	-
Cervical cancer registrations, 1996–2000, 65+ years, rate per 100,000 older women	-	16	-	-	19	-
Cervical cancer mortality, 1996–2000, 65+ years, rate per 100,000 older women	-	10	-	-	11	-
Breast cancer registrations, 1996–2000, 65+ years, rate per 100,000 older women	-	254	-	-	310	-
Breast cancer mortality, 1996–2000, 65+ years, rate per 100,000 older women	-	136	-	-	123	-
Prostate cancer registrations, 1996–2000, 65+ years, rate per 100,000 older men	1272	-	-	1063	-	-
Prostate cancer mortality, 1996–2000, 65+ years, rate per 100,000 older men	463	-	-	267	-	-
Chronic obstructive pulmonary disease (COPD) mortality, 1996–2000, rate per 100,000 adults	144 (117–175)	42 (31–56)	82 (70–96)	70 (68–72)	37 (36–39)	50 (48–51)
Chronic obstructive pulmonary disease (COPD) hospitalisation, 1998–2002, ASR per 100,000 adults	873 (816–933)	458 (425–493)	629 (599–661)	301 (297–305)	251 (247–254)	269 (266–272)

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health service utilisation						
Primary care services						
Have usual carer, 2002/03, ASR per 100 adults	92.8 (88.8–96.9)	97.3 (95.7–98.9)	95.2 (93.1–97.3)	89.7 (88.1–91.4)	96.0 (95.3–96.8)	93.0 (92.1–93.9)
Saw doctor last year, 2002/03, ASR per 100 adults	75.1 (68.3–81.9)	83.7 (79.1–88.3)	79.6 (75.3–84.0)	75.7 (73.9–77.5)	85.5 (84.2–86.8)	80.8 (79.7–81.9)
GP visits, 2002/03, number, age-standardised mean per adult	3.1 (2.5–3.7)	4.1 (3.4–4.7)	3.6 (3.1–4.1)	2.7 (2.5–2.8)	3.7 (3.5–3.9)	3.2 (3.1–3.3)
Saw dentist last year, 2002/03, ASR per 100 adults	18.8 (12.0–25.5)	22.3 (17.6–26.9)	20.6 (16.3–24.9)	36.8 (35.1–38.6)	44.8 (42.9–46.6)	41.0 (39.5–42.4)
Registered with PHO, 2004, percent	-	-	96	-	-	62
Saw Pacific worker in the past year, 2002/3, ASR per 100 adults	9.0 (3.5–14.5)	10.4 (6.6–14.2)	9.7 (6.3–13.2)	0.5 (0.2–0.7)	0.6 (0.4–0.8)	0.5 (0.4–0.7)
Attended private A&E or after hours clinic, 2002/03, ASR per 100 adults	7.9 (3.4–12.4)	13.3 (8.4–18.1)	10.7 (7.6–13.9)	13.2 (11.6–14.8)	14.6 (13.2–16.0)	13.9 (12.8–15.0)
Saw complementary provider in the past year, 2002/03, ASR per 100 adults	11.2 (6.5–16.0)	12.8 (8.0–17.6)	12.0 (8.6–15.5)	18.4 (16.6–20.1)	29.2 (27.4–30.9)	24.0 (22.8–25.2)
Saw Pacific healer in the past year, 2002/03, ASR per 100 adults	3.1 (0.8–5.3)	3.3 (0.1–6.5)	3.2 (1.2–5.2)	0.1 (0.0–0.2)	0.3 (0.0–0.4)	0.3 (0–0.3)
Reasons for most recent primary care visit, 2002/03, ASR per 100 adults:						
• chronic disease or disability	15.5 (8.9–22.0)	20.5 (13.4–27.5)	18.3 (13.3–23.2)	19.2 (17.4–21.0)	18.2 (16.7–19.5)	19.3 (18.1–20.4)
• short-term illness	40.7 (30.9–50.6)	40.2 (35.2–45.3)	40.5 (34.8–46.1)	34.1 (32.4–36.3)	36.3 (34.5–38.1)	35.3 (34.2–36.7)
• clinical preventive service use	3.8 (0.2–7.4)	10.4 (6.1–14.7)	7.5 (4.6–10.3)	4.2 (3.1–5.3)	19.7 (18.2–21.3)	12.7 (11.7–13.8)
Proportion of children fully immunised at 2 years, 1996, Northern RHA Region, percent	-	-	53	-	-	63
Uptake of cervical screening, 2002, percent	-	49	-	-	73	-
Uptake of breast screening, 2002, percent	-	42	-	-	63	-

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health service utilisation						
Primary care services continued...						
Opportunistic screening in primary health care setting, 2002/03, ASR per 100 adults:						
• blood pressure test	51.7 (43.5–60.0)	60.1 (52.7–67.4)	56.1 (19.8–62.4)	46.3 (44.3–48.3)	53.5 (51.7–55.3)	50.0 (48.6–51.5)
• diabetes test	25.4 (17.8–33.1)	34.8 (27.2–42.3)	30.4 (24.4–36.3)	17.1 (15.6–18.6)	16.5 (15.0–18.1)	16.8 (15.7–17.9)
• cholesterol test	20.3 (14.2–26.5)	28.3 (22.3–34.2)	24.5 (19.9–29.1)	24.6 (23.6–26.2)	20.6 (19.5–21.8)	22.7 (21.8–23.6)
• discussed smoking	2.2 (0.5–3.9)	4.9 (2.3–7.6)	3.6 (2.1–5.2)	8.2 (7.2–9.3)	8.0 (7.0–9.0)	8.1 (7.4–8.8)
Needed to but did not see GP, 2002/03, ASR per 100 adults	17.6 (11.9–23.4)	18.1 (12.1–24.1)	17.9 (13.6–22.2)	11.0 (9.2–12.8)	14.3 (12.9–15.7)	12.7 (11.5–13.9)
Reasons for not seeing GP despite perceived need, 2002/03, ASR per 100 adults:						
• high cost	53.8 (33.6–74.0)	54.6 (37.4–71.8)	54.2 (40.6–67.9)	46.3 (38.2–54.3)	51.5 (46.2–56.9)	49.3 (44.6–54.1)
Did not collect prescription, 2002/03, ASR per 100 adults	12.4 (6.5–18.3)	21.1 (14.0–28.1)	17.2 (12.6–21.8)	13.5 (11.6–15.4)	21.4 (19.4–23.5)	18.0 (16.5–19.5)
Reasons for not collecting prescription, 2002/03, ASR per 100 adults:						
• cost too much	37.9 (14.6–61.1)	56.5 (39.2–73.8)	50.5 (36.1–64.9)	30.9 (24.3–37.5)	25.1 (21.5–28.6)	27.0 (23.7–30.2)
ACC claims						
Visits that were ACC related, 2002/03, ASR per 100 adults	11.1 (5.5–16.7)	3.1 (1.0–5.2)	6.7 (3.8–9.5)	13.6 (11.8–15.4)	6.3 (5.4–7.3)	9.6 (8.6–10.5)
ACC claims, 2003, rate per 100,000	-	-	300	-	-	660
New serious injury ACC claims, 2003, rate per 100,000	-	-	15	-	-	14
Ongoing serious injury ACC claims, 2003, rate per 100,000	-	-	44	-	-	70
Secondary care services						
Saw medical specialist, 2002/03, ASR per 100 adults	20.5 (14.3–26.7)	20.1 (15.3–24.8)	20.2 (16.5–24.0)	28.0 (26.1–29.9)	32.6 (31.1–34.2)	30.4 (29.3–31.5)
Proportion of people who saw medical specialist in private rooms, 2002/03, ASR per 100 adults	53.9 (33.2–74.5)	39.3 (24.3–54.4)	46.3 (32.7–59.9)	47.1 (43.0–51.2)	43.2 (39.9–46.5)	44.9 (42.3–47.6)

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health service utilisation						
Secondary care services continued...						
Attended hospital emergency department, 2002/03, ASR per 100 adults	3.6 (1.1–6.1)	6.1 (1.0–3.2)	4.9 (3.1–6.8)	7.9 (6.7–9.1)	7.7 (6.6–8.8)	7.8 (7.0–8.6)
Attended hospital outpatients, 2002/03, ASR per 100 adults	5.4 (2.9–7.9)	6.4 (3.5–9.3)	5.9 (4.0–7.9)	9.0 (7.8–10.3)	12.3 (11.1–13.5)	10.7 (9.8–11.7)
Attended hospital inpatients (including day patients), 2002/03, ASR per 100 adults	8.6 (4.6–12.7)	20.5 (14.6–26.4)	14.9 (11.2–18.5)	8.8 (7.6–9.9)	13.7 (12.4–14.9)	11.3 (10.5–12.1)
Pacific medical admissions, 2002/03, percent of expected (standard discharge ratio)	115	116	116	100	100	100
Pacific surgical admissions, 2002/03, percent of expected (standard discharge ratio)	91	89	90	100	100	100
Mental health services						
Use of mental health services, 2001, rate per 100,000:						
• substance abuse related	-	-	2	-	-	11
• day programme, rehab	-	-	5	-	-	12
• community outpatient care	-	-	141	-	-	290
• mental health crisis attendances	-	-	24	-	-	44
• inpatient bed days	-	-	20	-	-	28
• forensic	-	-	8	-	-	5
Disability support services						
Use of help with everyday services by people with a disability, 2002, percent	-	-	48	-	-	39
Disability equipment use by people with a disability, 2002, percent	-	-	21	-	-	30



Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Health service utilisation						
Disability support services continued...						
Access to needs assessment for adults by people with a disability, 2001, percent	-	-	8	-	-	15
Access to needs assessment for children by people with a disability, 2001, percent	-	-	11	-	-	15
People with a disability living in a residential facility, 2001, percent	-	-	2	-	-	4
Risk factors						
Physical activity						
Physically active children (5–17 years), 1997–2000, percent	53 (44–72)	52 (43–61)	52 (43–61)	73 (71–75)	64 (62–66)	68 (66–70)
Physically active adults (18+ years), 1997–2000, percent	68 (62–74)	58 (52–64)	63 (57–69)	69 (68–70)	66 (65–67)	68 (67–69)
Diet						
Mean percent energy from total fat, children (5–14 years), 1997, percent	35 (33.9–36.1)	34.3 (33.3–35.3)	-	33.2 (32.7–33.7)	32.9 (32.3–33.5)	-
Mean percent energy from total fat, adults (15+ years), 1997, percent	35 (32.5–37.6)	33 (31.0–35.0)	-	35 (34.4–35.6)	35 (34.6–35.4)	-
Consumption of at least three servings of vegetables per day, children (5–14 years), 2002, rate per 100 children	59	65	-	55	58	-
Consumption of at least two servings of fruit per day children (5–14 years), 2002, rate per 100 children	51	50	-	41	44	-
Consumption of at least three servings of vegetables per day, adults (15+ years), 2002/03, ASR per 100 adults	42.9 (35.0–50.8)	39.4 (32.2–46.7)	41.1 (35.1–47.0)	63.3 (60.8–65.8)	71.1 (69.1–73.1)	67.3 (65.6–69.1)

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Risk factors						
Diet continued...						
Consumption of at least two servings of fruit per day, adults (15+ years), 2002/03, ASR per 100 adults	53.5 (46.1–61.0)	57.5 (50.8–64.2)	55.6 (50.2–61.0)	43.3 (41.1–45.6)	63.6 (61.8–65.5)	53.9 (52.4–55.3)
Food Security						
Households with children (5–14 years) that can afford to eat properly, 2002, percent:						
• only sometimes	-	-	47.9	-	-	20.1
Households with children (5–14 years) that use foodbanks, 2002, percent:						
• often	-	-	1.2	-	-	0.8
• sometimes	-	-	18.1	-	-	8.6
Full breastfeeding at 3 months, percent, 2002/03	-	-	50.1	-	-	55.2
Overweight and obesity						
Overweight children (5–14 years), 2002, rate per 100 children	33.9	32.9	-	20.0	22.8	-
Obese children (5–14 years), 2002, rate per 100 children	26.1	31.0	-	9.0	10.7	-
Overweight adults (15+ years), 2002/03, ASR per 100 adults	43.9 (37.2–50.6)	34.8 (27.1–42.6)	39.2 (34.3–44.1)	40.5 (38.3–42.8)	27.5 (25.8–29.2)	34.0 (32.6–35.3)
Obese adults (15+ years), 2002/03, ASR per 100 adults	38.0 (31.1–44.8)	47.8 (39.8–55.9)	43.0 (37.7–48.3)	19.2 (17.7–20.6)	21.0 (19.5–22.5)	20.1 (19.0–21.2)
Tobacco consumption						
Tobacco smoking (14/15-year-olds) (at least weekly smoking), 2002, rate per 100	13.8	22.6	-	13.5	20.7	-
Tobacco smoking (15+ years), 2002, rate per 100	34.6	28.5	31.9	26.2	25.5	25.8
Alcohol consumption						
Hazardous drinking, adults (15+ years), 2002/03, ASR per 100	30.8 (22.1–39.6)	7.6 (4.0–11.3)	18.6 (13.7–23.5)	27.1 (24.7–29.5)	11.4 (10.1–12.7)	18.9 (17.6–20.3)



Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Socioeconomic determinants of health						
Neighbourhood deprivation						
Proportion of population living in 10% of most deprived areas (NZDep01 Decile 10), 2001, percent	-	-	42	-	-	10
Education						
Participation in early childhood education, 0–4 years, 2001, percent	-	-	33	-	-	63
Participation in tertiary education, 18–24 years, 2001, percent	-	-	15	-	-	32
Proportion of adults (18+ years) with no formal qualification, 2001, percent	-	-	36	-	-	28
Employment						
Labourforce participation, 2004, percent	-	-	62	-	-	67
Unemployment, 2004, percent	-	-	7.9	-	-	4.6
Occupation and industry						
Proportion of labour force by occupation and industry, 2001, percent of labour force:						
• legislators, administrators and managers	-	-	5.4	-	-	13.3
• professionals	-	-	7.9	-	-	14.7
• technicians and associate professionals	-	-	9.1	-	-	11.7
• clerks	-	-	16.4	-	-	13.3
• service and sale workers	-	-	16.8	-	-	14.4
• agriculture and fisheries workers	-	-	3.3	-	-	8.4
• trades workers	-	-	8.5	-	-	8.9
• plant and machine operators and assemblers	-	-	18.9	-	-	8.8
• elementary occupations	-	-	13.9	-	-	6.2

Indicator	Pacific peoples			Total NZ population		
	Male	Female	Persons	Male	Female	Persons
Socioeconomic determinants of health						
Income						
Real median annual income (15+ years), 2001, dollars	-	-	\$14,600	-	-	\$18,600
Housing						
Proportion of people owning (with or without mortgage) the dwelling in which they usually live, 2001, percent	-	-	26	-	-	55
Proportion of people renting the dwelling in which they usually live, 2001, percent	-	-	59	-	-	29
Proportion of people living in dwellings with more than two occupants per bedroom, 2001, percent	-	-	20.9	-	-	3.3
Family structure						
Proportion of people living in extended families, 2001, percent	-	-	29.4	-	-	8.3
Proportion of parents with dependent children who were sole parents, 2001, percent	8.9	32.0	21.9	6.4	25.7	17.3
Acculturation and discrimination						
Proportion of Pacific people born in NZ able to speak languages, 2001, percent:						
• Pacific language(s)	-	-	28	-	-	-
Proportion of Pacific people born overseas able to speak languages, 2001, percent:						
• English	-	-	81	-	-	-
Proportion of people acknowledging belonging to a religion, 2001, percent	-	-	80	-	-	60



Executive Summary

Mandate and objectives

- The New Zealand Health Strategy (Ministry of Health 2000) and the New Zealand Disability Strategy (Ministry of Health 2001a) set out goals and objectives for the health sector.
- Prominent among these is reducing inequalities in health and independence outcomes between ethnic groups. To this end, the Ministry of Health has long sought to engage with Pacific communities to foster the development of Pacific providers and the Pacific health workforce.
- The Pacific Health and Disability Action Plan sets out the strategic direction and actions for improving health outcomes for Pacific peoples.
- One of the six priority areas of this plan is to ensure that health care and disability services are informed by accurate and useful information that is relevant and reliable.
- The Ministry of Health also has a statutory obligation, under section 3(c) of the Health Act 1956 to monitor the health of New Zealanders, including Pacific peoples.
- The Ministry of Pacific Island Affairs, given its focus on the social and economic outcomes of Pacific peoples, including health, participated in and supported this project.
- This report is intended to provide reliable and easily accessible information about key Pacific health indicators and can be used for a variety of purposes, such as needs assessment, prioritisation, resource allocation, and the development and evaluation of policies, programmes and services.
- This report will be used as a baseline for future assessment of progress in Pacific health.

Indicator logic

- Health outcomes are the result of exposure to proximal risk and protective factors, which may be behavioural ('lifestyle') or biological, acting through disease and injury pathways.
- These risk exposures are in turn shaped by distal historical, socioeconomic, cultural and political determinants, influenced by demographic forces and environmental conditions.
- Health services are conceptualised as a bridge between risk and outcome.
- For each information domain, indicators were selected using conventional criteria relating to their ability to signal wider health concerns, to focus on salient health issues, to be reliably and validly monitored, and for their responsiveness to change.
- Indicators are aligned (where possible) with those already selected for use at the national level in the annual monitoring report *An Indication of New Zealanders' Health* (Ministry of Health).

Health outcomes

Whole of life

- Pacific peoples in New Zealand currently experience an independent life expectancy at birth of approximately 62.5 years, about four years less than the national average.



- This health expectancy reflects a life expectancy of approximately 74 years at birth (compared with a national average of 78 years) and a dependent disability prevalence of approximately 12% (compared with 10%).
- The Pacific population experiences relatively high rates of avoidable mortality and ambulatory sensitive hospitalisation, with excess rates of 50% or more compared with the national average.
- The avoidable mortality rate for Pacific peoples is nearly double that of the total New Zealand population at 604 (compared with 397) per 100,000, and the ambulatory sensitive hospitalisation rate is 4655 (compared with 2856) per 100,000.
- This suggests that public health strategies and primary care services are not yet fully meeting the needs of Pacific peoples.
- Mental health is closely linked to culture, which makes inter-ethnic comparisons challenging. Nevertheless, using SF-36 measures, it appears that Pacific peoples enjoy much the same level of mental health as the total New Zealand population (SF-36 mental health scale mean scores of 81.9 and 82.9 for Pacific peoples and the total New Zealand population respectively).
- However, reliable prevalence estimates for mental illness are lacking.
- Pacific peoples also experience similar or lower levels of injury to the total New Zealand population.

0–14 years – infants and children

- Pacific infants have a good birthweight distribution, with a low birthweight rate of 5 per 100 livebirths compared with 6 per 100 livebirths for the total New Zealand population.
- Infant mortality is still higher than average, at 7 per 1000 live births in 1997–2001 (compared with 5 per 1000).
- Pacific children have an unacceptably high hearing failure rate on audiometry at school entry (18% compared with a national benchmark of 8%). Hearing loss in early childhood impairs school readiness and academic performance.
- Pacific children experience above average risks of infection, including lower respiratory tract infection (hospitalisation rates of 1523 compared with 590 per 100,000), meningococcal meningitis (notification rates of 21.8 compared with 8.6 per 100,000) and rheumatic fever (notification rates of 7 compared with 1.4 per 100,000).
- Pacific children are also more likely than others to be admitted to hospital for control of asthma (hospitalisation rate of 748 compared with 491 per 100,000).
- Pacific children – like older Pacific age groups – have a below average risk of motor vehicle or other unintentional injury. However they are at higher risk for certain types of injury, including pedestrian injuries and burns.

15–24 years – young people

- Reproductive health is of concern, with Pacific rates of teen pregnancy and birth approximately twice the national average (65 and 41 versus 37 and 19 per 1000 girls aged 10–19 years respectively).
- However, the cultural specificity of fertility timing should be acknowledged and negative health consequences of early childbearing not simply assumed.
- Pacific youth have similar or slightly lower rates of completed suicide compared with the total New Zealand population (21 compared with 24 per 100,000).
- Pacific youth also experience lower risks of serious injury than average, in particular from motor vehicles (road traffic mortality rates of 17 compared with 24 per 100,000).
- Young people's health is of particular importance to Pacific communities, given their youthful age structure.

25+ years – adults

- Pacific adults have higher than average rates of a number of major chronic diseases.
- In particular, middle-aged Pacific men and women have ischaemic heart disease rates approximately twice the national average (middle-age mortality rates of 217 compared with 115 per 100,000), and almost three times the risk of death from stroke (71 compared with 26 per 100,000).
- But most outstanding is the high prevalence of self-reported (type 2) diabetes: over 10% among persons aged 15 years or older compared with fewer than 4% for the general New Zealand population in 2002/03.
- Indeed, almost one-third of older Pacific peoples self-report diabetes, and the true prevalence (including undiagnosed disease) may be twice this.
- Cancer rates among Pacific peoples are mostly similar to or higher than the national average, depending on the type of cancer. This applies to both tobacco-related (eg, lung) and non-tobacco-related cancers.
- Prominent among the non-tobacco-related cancers are breast and cervical cancer in Pacific women aged 45–64 years, with mortality rates from these two cancers of 85 (compared with 63) per 100,000 and 14 (compared with 8) per 100,000.
- Pacific men aged 65+ years have a mortality rate for lung cancer 1.5 times the national average (524 compared with 340 per 100,000).

Health service utilisation

- Pacific peoples are familiar with, and connected into, the health care system yet still experience significant barriers to accessing primary care and some secondary care services.
- These barriers are often cost related but may also reflect other dimensions of access, including cultural.
- Most Pacific peoples have a regular primary care provider, with over 96% of the Pacific population enrolled in PHOs (primary health organisations) (although there may be some double counting).
- The average number of GP visits per adult in the past year was 3.6 for Pacific peoples (compared with 3.2 for the total New Zealand population).
- Pacific peoples are less likely than average to visit the dentist, with the percentage of Pacific peoples aged 15+ years having visited the dentist in the past year being half that of the total New Zealand population (21% compared with 41%).
- Approximately 10% of Pacific adults are regular users of 'by Pacific, for Pacific' health care providers.
- Reliable recent national immunisation coverage rates are not available yet. From the data presented (Northern RHA, 1996), Pacific children are 10% less likely than the national average to be fully immunised at two years, with a coverage rate of only 50%.
- Uptake of breast and cervical screening programmes is lower for Pacific women than the national average, with uptake for these two programmes being less than 50% in 2002 (49% and 42% compared with 73% and 63% respectively).
- Pacific peoples are more likely to have foregone visiting a GP in the past year, despite a perceived need to do so, although this difference was not statistically significant (18% compared with 13%).
- Pacific peoples were less likely than the national average to have seen a medical specialist in the past year (20% compared with 30%).

- Pacific rates of medical admissions to public hospital inpatient services are higher than the national average once adjusted for age and NZDep (standardised discharge ratio of 116%). This still may not be fully proportional to need.
- Pacific rates of surgical admissions to public hospital inpatient services are lower than the national average once adjusted for age and NZDep (standardised discharge ratio of 90%). It therefore appears that Pacific peoples face more barriers to surgical than to medical care.
- Pacific peoples are relatively low users of mental health services, particularly community mental health services and hospital inpatient care (rates of 141 and 20 compared with 290 and 28 per 100,000 adults).
- It appears that reporting of ethnicity on admission to hospital is improving, but that some outpatient and community services remain reluctant to ascertain ethnic affiliation, so Pacific rates of health service utilisation (especially outpatient and community services) may have been underestimated.
- The geographic distribution of the Pacific population means that the pattern of service utilisation reflects local Auckland issues to a greater extent than does that of the total New Zealand population. Regional variation will be explored further in the next edition of this report.

Health risks

- Pacific children (52% compared with 68%) and adults (63% compared with 68%) are less likely than their total population counterparts to be physically active.
- Pacific adults are more likely to consume at least two servings of fruit (67% compared with 41%) and equally or slightly less likely to consume at least three servings of vegetables (54% compared with 56%) per day than their total population counterparts.
- Pacific households with children had low levels of food security, being more than twice as likely to be able to afford to eat properly *only sometimes* than the national average (48% compared with 20%).
- Half of Pacific infants (50%) were fully breastfed at three months compared with a slightly higher national average of 55%.
- Pacific children, youth and adults have much higher rates of overweight and (especially) obesity than the national average.
- Using the accepted thresholds, more than one-quarter of Pacific school-age children were obese (26% and 31% for Pacific boys and girls compared with 9% and 11% for total New Zealand population boys and girls). Four out of ten Pacific adults (15+ years) were classified as obese in 2002/03 (43% compared with 20%).
- These high rates of obesity reflect passive overconsumption of calories and low levels of physical activity.
- There are relatively high rates of smoking among adult Pacific males (35% compared with 26% for the total New Zealand population) and increasing rates among Pacific females, especially adolescents (23% of Pacific 14-year-old girls smoked at least weekly in 2002).
- Pacific men aged 25–64 years (but not youth or females of any age) also exhibit a relatively high prevalence of potentially hazardous drinking patterns (over one-third had an AUDIT score more than 8 compared with a national benchmark of approximately one-quarter, although the difference did not reach the conventional threshold for statistical significance).

Sociodemographic determinants of health

- At the 2001 Census, 42% of Pacific peoples lived in the 10% most deprived small areas of the country (NZDep2001 decile 10).
- The participation of Pacific children and adults in early childhood and tertiary education is half the national average (33% compared with 63% and 15% compared with 32% respectively).
- Consistent with this, Pacific workers earn median wages and salaries only 78% of the national median annual income.
- As at March 2004, unemployment among the Pacific labour force was 8%, or almost twice the national average (4.6%).
- Furthermore, the Pacific labour force participation rate, which dropped dramatically during the economic restructuring of the late 1980s and early 1990s, has never fully recovered.
- Although Pacific workers are no longer as occupationally segregated into a narrow range of manufacturing and service industries as during the 1980s, even today 25% of Pacific males remain factory workers (and 15% are still engaged in elementary occupations).
- Half the Pacific female workforce are clerical or low-skilled sales and service workers.
- By contrast, Pacific peoples are markedly under-represented among legislators, administrators, managers and professionals compared with the national average (13% compared with 28%).
- Only 26% of Pacific families own their own homes (versus 55% nationally) and 21% experience crowding, defined as more than two occupants per bedroom (versus 3% nationally). However, home ownership, extended family living and 'crowding' are to some extent culturally specific, and adverse consequences on health should not simply be assumed.

Policy implications

- This report collates evidence relating to the health status and health service utilisation of the New Zealand Pacific population. It will contribute to assessment of Pacific peoples' health needs and provide an input into evidence-informed policy for Pacific peoples.

Monitoring implications

- This report is a starting point. It is a benchmark report on the health status of Pacific peoples in New Zealand, which will require regular updating.
- PHI has undertaken to update the report every three years. The report will continue to evolve, with new indicators being added and some existing ones being dropped, as a result of feedback from users and as new information sources become available.
- This report covers a wide range of indicators, drawing together data available on the health of Pacific peoples into one accessible publication.
- Although each indicator is described only in brief outline, depth is achieved through linking the reader to further sources of information for each indicator.
- A bibliography of research into Pacific health in New Zealand is also provided as an additional resource (See Ministry of Health or Ministry of Pacific Island Affairs websites).
- No trend data was included in this report, due to the lack of a reliable historic time series for most indicators. Future editions will include trend information for the indicators, as this becomes available.

Future reports

- A key focus of future reports will therefore be the analysis of time series to assess progress in Pacific health, and identify issues where corrective action or further policy development is needed.
- Future reports will also attempt to explore differences between the health experience of different ethnic groups within the Pacific population, and contrast the health trajectories of the New Zealand born and overseas born generations.
- The impact on Pacific health of migration, acculturation and the experience of discrimination in New Zealand will also be explored in more detail.