

**Our Health, Our Future**  
**Hauora Pakari, Koiora Roa**  
The Health of New Zealanders 1999

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MANATŪ HAUORA

# Foreword

To achieve its health and independence objectives, the Government requires reliable and valid information on population health outcomes, how equitably these outcomes are distributed across subgroups of the population, and the causes or determinants of these outcomes. This information is required to monitor current trends, forecast future needs for Government intervention, and evaluate the effectiveness and efficiency of Government policies and programmes in meeting its objectives in this area of social policy.

The process employed by the Government to meet this information need has been a *State of the Public Health* reporting cycle, comprising annual reports on progress towards specific health targets and five yearly reports on population health status and health determinants. This reporting cycle is supported by a programme of national health, nutrition, disability and risk factor surveys (most recently carried out in 1996–97), dedicated disease and injury surveillance systems and registers, and national health statistical collections (including cause of death and hospital discharge statistics).

*Our Health, Our Future: The Health of New Zealanders 1999* updates an earlier report on the same theme published by the then Public Health Commission in 1994. It includes a description of population health status in terms of the two dimensions of health: quantity and quality of life. The report then integrates these two dimensions using both health expectancy and health gap measures. Finally, the scope for health gain is analysed.

Most analyses are presented separately for Māori and non-Māori, but in many cases data limitations have made it impossible to reliably estimate rates for Pacific people or Asian New Zealanders separately. Improvements in health statistical systems should allow better reporting of ethnic specific rates in future. Similarly, data gaps have limited the accuracy of many morbidity analyses, resulting in a greater reliance on mortality-based indicators than is desirable. Again, planned developments in health-related surveys should close these gaps. Future editions of this report may also be able to make use of more sophisticated epidemiological modelling and other analytical tools. These will allow the causal analysis of population health outcomes to be extended from diseases and their risk factors to the social, cultural and economic determinants of health. Further information on socioeconomic gradients in health outcomes will also be available in a companion volume to this report, *Social Inequalities in Health: New Zealand 1999*, to be published in 2000.

*Our Health, Our Future: The Health of New Zealanders 1999* is intended to serve as a resource for a wide range of users, including health planners and policy analysts, health service funders and providers, community groups and others with an interest in population health outcomes. Comments on this report should be sent to Policy Branch, Ministry of Health, PO Box 5013, Wellington.



Karen O Poutasi (Dr)  
**Director-General of Health**

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# Guide for readers

## The health of New Zealanders in brief

- This section provides an overview of the key findings. It also includes summary tables which cut across all chapters and are not presented elsewhere in the report.

## The health of New Zealanders in detail

- Each part of the report, and each chapter, is designed to stand alone and so includes its own ‘Introduction’ and ‘Summary and conclusions’. To avoid extensive cross referencing between chapters (or parts), information has been repeated where necessary.
- Each chapter follows (to the extent possible) a similar structure:
  - introduction
  - data sources and statistical methods
  - whole of population analysis
  - analysis by age, gender, ethnicity and socioeconomic status
  - analysis of causes (at disease level and, in some chapters, at risk factor level)
  - summary and conclusions.
- Many chapters also have ‘detail boxes’. The boxes are intended to provide additional information on methods or results, or illustrative examples such as specific diseases, and are not essential for understanding the key messages of the chapter.
- Technical terms and abbreviations are defined in the Glossary.

## Common abbreviations

CORD	chronic obstructive respiratory disease
CVD	cardiovascular disease
IHD	ischaemic heart disease
LRTI	lower respiratory tract infection
RTI	road traffic injury
SIDS	sudden infant death syndrome (cot death)
NZHIS	New Zealand Health Information Service
SNZ	Statistics New Zealand
NZHS	New Zealand Health Survey
NZDS	New Zealand Disability Surveys
NNS	National Nutrition Survey

