

Executive Summary

The 2006/07 New Zealand Health Survey is the fourth national population-based health survey carried out by the Ministry of Health. The first Health Survey was in 1992/93, followed by surveys in 1996/97 and 2002/03.

The New Zealand Health Survey is particularly valuable as it collects information on New Zealanders' health that is not available through health system records. The 2006/07 Survey measured self-reported physical and mental health states (including diagnosed health conditions), modifiable risk and protective factors for health outcomes, and the use of health care services, for the non-institutionalised resident population of all ages.

The 2006/07 New Zealand Health Survey was carried out from October 2006 to November 2007, collecting information on 4921 children aged from birth to 14 years and 12,488 adults aged 15 years and over. The survey included 11,632 European/Other people, 5143 Māori, 1831 Pacific peoples and 2255 Asian people of all ages.

The survey results have been weighted in order to be representative of New Zealand's resident population living in permanent private dwellings. A final response rate of 68% was achieved for the adult questionnaire and 71% for the child questionnaire.

This report presents the key findings of the 2006/07 New Zealand Health Survey by gender, age group, ethnic group, neighbourhood deprivation and District Health Board area where possible. Results are compared with earlier surveys where possible for the total population and for Māori by gender.

Key findings for adult health

Overall, three out of five adults (60.6%) rated their own health as excellent or very good. European/Other men and women were more likely to report that their health was excellent or very good compared to all men and women in the population.

Use of primary health care services

Access to and the use of primary health care services by adults was high.

Nearly all adults (93.3%) had a primary health care provider (a general practice clinic, student health clinic, accident and medical centre or nurse clinic) they went to first when feeling unwell or injured, most of whom (84.7%) had seen a health care worker from this place in the previous 12 months.

The majority of adults had good experiences when they visited their primary health provider: 91.7% of adults who saw a primary health care provider in the previous 12 months reported that they had been treated with respect and dignity all of the time, 75.9% reported that their health care professional listened carefully to what they had to say all of the time, and 74.8% reported that their health care professional discussed their health care as much as they wanted all of the time.

From 2002/03 to 2006/07 there was a decrease in the proportion of men and women reporting an unmet need for general practitioner (GP) services. In 2006/07 6.3% of adults had been unable to see a GP when they needed to within the previous 12 months, with only 1.7% of adults reporting that they could not see a GP due to cost.

Increasingly, New Zealanders are using primary health care nurses (also known as practice nurses). In 2006/07 40.8% of adults had seen a primary health care nurse in the previous 12 months. There was an increase from 2002/03 to 2006/07 in the proportion of both men and women who saw a primary health care nurse alone (without seeing a GP at the same time) in the previous 12 months.

Public hospital use

One in twelve adults (8.4%) had used an emergency department at a public hospital in the previous 12 months, with young men aged 15–24 years the most likely to have used an emergency department.

One in five adults (18.3%) had used a service other than an emergency department at a public hospital in the previous 12 months, with Māori men and women more likely to have used a public hospital compared to men and women in the total population. For both men and women there was a significant increase in the use of public hospital services between 2002/03 and 2006/07, with the same pattern for Māori men and women.

Oral health

Half of adults (51.0%) had visited an oral health care worker in the previous 12 months, and a further 18% had visited an oral health care worker more than one year but less than two years before.

One in ten adults (10.0%) reported that they were unable to see an oral health care worker when they needed to in the previous 12 months. The main reason for this unmet need was cost, followed by an inability to get an appointment soon enough or at a suitable time.

Half of all adults (48.7%) had one or more teeth removed due to decay, abscess, infection or gum disease, with older adults and Māori and Pacific adults much more likely to have had a tooth removed.

Chronic health conditions

In 2006/07, two out of three adults (65.7%) had been diagnosed with a health condition that lasted, or was expected to last, six months or more. The most common health condition for adults was medicated high blood pressure (13.6%), followed by asthma (11.2%). Other common health conditions were ischaemic heart disease, arthritis, neck or back disorders, migraine and eczema.

The prevalence of nearly all health conditions increased as age increased, and were higher for Māori, compared to the total population.

Medicated high blood pressure and high cholesterol

Between 2002/03 and 2006/07 there was an increase in the prevalence of high blood pressure and high cholesterol for men (no increases for women). In 2006/07 one in seven adults (13.6%) had medicated high blood pressure and one in twelve adults (8.4%) had medicated high cholesterol.

Diabetes

Between 1996/97 and 2006/07 there was a small but not significant increase in the proportion of adults who were diagnosed with diabetes, but no change for Māori over this time period. In 2006/07, one in twenty adults (5.0%) had doctor-diagnosed diabetes, almost all of whom had type 2 diabetes.

Mental illness

One in ten adults (10.9%) had ever been diagnosed with a mood disorder (mostly depression), half of whom were taking medication for the condition at the time of the survey. One in twenty-three adults (4.3%) had ever been diagnosed with an anxiety disorder at the time of the survey. European/Other adults were more likely to be diagnosed with a mood or anxiety disorder than adults in the total population.

When answering a set of questions designed to detect psychological distress, one in fifteen adults (6.6%) were found to have a high or very high probability of a mood or anxiety disorder. Māori and Pacific adults were one and a half to two times more likely to have a high or very high probability of a mood or anxiety disorder compared to men and women in the total population.

Tobacco

In 2006/07 one in five adults (19.9%) were current smokers (including those who smoked less than daily). Māori adults had one and a half (for men) to two times (for women) the rate of smoking compared to men and women in the total population. Adjusted for age, 18.7% of adults smoked daily in 2006/07, which is a significant decrease from 23.4% of adults in 2002/03. This decreasing trend was also seen in Māori adults.

The 2006/07 New Zealand Health Survey also had a reliable measure of exposure to second-hand smoke in New Zealand homes. One in ten children (9.6%) and one in thirteen adult non-smokers (7.5%) were exposed to second-hand smoke in their home. Second-hand smoke exposure was more prevalent for children and young people, Māori children and adults, Pacific adults, and those living in neighbourhoods of high deprivation.

Hazardous drinking patterns

Overall, from 1996/97 to 2006/07 there was no change in the prevalence of hazardous drinking for adults. However, for Māori men there has been an increase since 2002/03 in hazardous drinking patterns.

In 2006/07 one in seven adults (17.7%), including half of men aged 18–24 years (53.6%), had a potentially hazardous drinking pattern.

Nutrition

From 1997 to 2006/07 there was an increasing trend in the prevalence of adequate fruit intake for both men and women, but a decline in the proportion of men and women who consumed the recommended three or more servings of vegetables a day. Adults living in areas of high neighbourhood deprivation were less likely than adults living in areas of low deprivation to meet the recommendations of two servings of fruit and three servings of vegetables per day.

Physical activity

Half of all adults (50.5%) reported that they were regularly physically active, meaning they did at least 30 minutes of physical activity a day on five or more days in the previous week. One in seven adults (15.0%) were sedentary, reporting less than 30 minutes of physical activity per week. From 2002/03 to 2006/07 there was an increase in sedentary behaviour for both men and women.

Body size

There was an increase in the prevalence of obesity for adults from 1997 to 2006/07, but the rate of increase appears to be slowing, with no statistically significant increase from 2002/03 to 2006/07 for both men and women. For Māori adults, there was no change in the prevalence of obesity from 1997 to 2006/07. In 2006/07 one in three adults (36.1%) were overweight and a further one in four (26.5%) were obese.

Key findings for child health

Overall, nine out of ten (87.2%) parents rated their child's health as excellent or very good.

Use of primary health care services

Access to and the use of primary health care services by children was very high. Nearly all children (97.4%) had a primary health care provider (a GP clinic, accident and medical centre or nurse clinic) that their parents took them to first when the child was feeling unwell or injured. In terms of attendance, 79.2% of children had seen a GP in the previous 12 months and 44.7% had seen a primary health care nurse in the previous 12 months.

Between 1996/97 and 2006/07 there was an increase in the proportion of under six-year-olds whose last visit to a GP was free (from 55.5% to 67.0%).

Few children (4.0%) were unable to see a GP when they needed to in the previous 12 months, with the main reason for this being an inability to get an appointment. Only 0.8% of children were unable to see a GP because of cost in the past 12 months. However, Māori children were more than twice as likely to be unable to see a GP because of cost compared to all children.

Public hospital use

In 2006/07, one in twelve children (8.2%) had used an emergency department at a public hospital in the previous 12 months, and one in five (18.2%) had used a service other than an emergency department at a public hospital.

Oral health

Use of oral health care services for children, particularly those aged 5–14 years, was high. Four out of five children aged 2–14 years (80.4%) had visited an oral health care worker in the past 12 months, and a further 9.4% had visited an oral health care worker more than one year but less than two years before. Pacific and Asian children were less likely to have seen an oral health care worker in the previous 12 months compared to children in the total population.

Nearly all children (92.4%) aged 2–4 years had never had a filling, but this decreased to half of children (48.2%) aged 5–9 years, and then to one in three children (29.6%) aged 10–14 years.

One in nine children aged 2–14 years (11.3%) had one or more teeth removed due to decay, abscess, infection or gum disease.

Chronic health conditions

New Zealand children are generally healthy. One in three children (36.5%) had been diagnosed by a doctor with a health condition that lasted or was expected to last six months or more.

Asthma was the most common health condition for children, with one in seven children aged 2–14 years (14.8%) taking medication for asthma. Other common health conditions for children were eczema (14.1%) and all types of allergies (6.2%).

Discipline

Physical punishment was one of the least used forms of discipline in the previous four weeks, with one in ten children aged from birth to 14 years (10.4%) having experienced physical punishment by their primary caregiver in that time period. Children aged 2–4 years, and Māori and Pacific boys were the most likely to experience physical punishment.

One in twenty-two primary caregivers (4.5%) considered physical punishment to be an effective form of discipline, and fewer than one in three who had used physical punishment in the previous four weeks (29.8%) considered it to be effective.

Infant feeding

Nine out of ten children (87.8%) were ever breastfed, for an average time of eight and a half months. 72.9% of under five year olds were exclusively breastfed at six weeks of age, declining steadily to 55.8% at three months, then declining further to 7.6% at six months. One in ten children (10.6%) were given solids earlier than recommended (before four months of age), with children living in areas of high deprivation the most likely to be given solids early.

Nutrition

Nine out of ten children (87.8%) ate breakfast at home every day in the previous week. Most children (63.6%) had at least one fizzy drink in the previous week, with 19.6% having had three or more fizzy drinks in that week. Most children (70.9%) ate fast food in the previous week, with 7.2% having eaten fast food three times or more during that week.

For these nutrition indicators, older children (10–14 years old), Māori and Pacific girls and boys, and children living in neighbourhoods of high deprivation had poorer nutritional behaviour compared to other children.

Physical activity

Less than half of children (47.0%) usually used active transport (walking, biking or another form of physical activity) to get to and from school. Parents reported the main reasons why their children did not use active transport to school were that they lived too far from school, they were concerned about traffic, and they were worried about other dangers aside from traffic.

Two out of three children (64.1%) aged 5–14 years usually watched two or more hours of television a day. Māori boys and girls were more likely to watch two or more hours of television a day compared to boys and girls in the total population.

Body size

Most New Zealand children aged 2–14 years (67.9%) had a body mass index in the normal range. One in five children (20.9%) were overweight and a further one in twelve (8.3%) were obese.

From 2002 to 2006/07 there was no change in the proportion of New Zealand school-aged children who were obese.

Conclusion

This survey found the majority of New Zealand children and adults are in good health and have excellent access to health care services. Most notably, the proportion of adults who were unable to see a GP when they needed to in the previous 12 months has halved and the daily smoking rate has dropped since 2002/03. Other positive trends were a slowing in the rate of increase of obesity in adults and no change in obesity for Māori adults since 1997. There was no change in the prevalence of obesity for children since 2002.

However, there were still a considerable number of children and adults who did not meet healthy behaviour recommendations (such as doing regular physical activity, eating well and being smokefree). There were also increased prevalences of some common health conditions, such as high blood pressure and high cholesterol for men since 2002/03, although this may be due to better detection and treatment in primary health care services.

Most concerning is the persistence of large disparities across a range of risk factors and health outcomes for Māori and Pacific peoples compared to the total population, and also for children and adults living in neighbourhoods of high socioeconomic deprivation compared to those living in neighbourhoods of low deprivation. Even though this survey showed significant improvements in access to health care services, reducing inequalities remains an important challenge for both the health system and wider society in New Zealand.

These key findings from the 2006/07 New Zealand Health Survey and the comparisons with earlier surveys, alongside other data sources, provide information for the further development of many health policies and programmes. Appendix 1 contains an overview of the key results from this survey.

A Portrait of Health is the first of many publications that utilises 2006/07 New Zealand Health Survey data. Policy analysts, planners, non-governmental organisations and academic researchers are encouraged to undertake or commission their own analyses of the Health Survey data.