



Health Needs Assessment

for the Central Region's District Health Boards

Key Findings for Regional Action

October 2008



Central Region's Technical Advisory Services Limited (TAS)

Health Needs Assessment - Key Findings for Regional Action chapter only

for the Central Region's District Health Boards

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This chapter is one of several contributing to the Central Region's Health Needs Assessment (HNA). The chapters included in this HNA are:

- Introduction
- **Key Findings for Regional Action**
- Demographic Profile of the Central Region
- Health Status of the Central Region
- Access to Services
- Risk and Protective Factors
- Chronic Conditions including Circulatory System Diseases, Diabetes, Renal Failure and Kidney Disease, and Respiratory Conditions
- Cancer
- Mental Health
- Child, Youth and Maternal Health
- Health of Older People
- Disability
- Injuries and Accidents
- Violence
- Data Quality

It is recommended that this chapter, along with the 'Health Status of the Central Region' chapter are read in order to gain a context of the Central Region.

For a summary of the findings for the region, their implications and some key areas for strategies readers should refer to the 'Key Findings for Regional Action' chapter.

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Key findings for regional action

The purpose of this chapter is to describe the current health status of the Central Region's population, identify opportunities for regional action and create a platform for the next level of health planning, so that population health needs can be better matched with health interventions, services and support infrastructure. This chapter, along with 'Demographic Profile of the Central Region' chapter and 'Health Status Among the People of the Central Region' chapter, provides a baseline against which the region's DHBs can track their progress in improving the population health.

A selection of key findings of this HNA is first provided to paint the picture of the health status of the region's population and help identify priorities for regional action. This is followed by a list of strategies and health interventions (actions) that the DHBs could deploy to address the identified areas of need, taking a continuum of care approach. Finally, important indicators of the population health status are distilled into a simple report card with an assessment of their current status and trend over the past five years. The report card can be used to track the region's progress going forward.

Key findings

The following table is based on the material presented in the various chapters of the Regional HNA report. Each section of the table represents a major chapter of the report. However, the table should not be seen as an exhaustive list, but rather a selection of findings most indicative of the population's characteristics and health needs.

The findings are presented from the regional perspective, i.e. they are concerned with the Central Region as a whole. However, the last section in the table provides a list of DHB-specific findings in order to highlight those DHBs that stand out from the rest of the region on a particular issue, or to describe how an issue is distributed across the region, i.e. which DHBs are least affected and which ones are most affected by a particular issue.

These findings should be read and interpreted in conjunction with local DHB health needs assessments.

Table 1: Central Region Population Health Observations – Key Findings of the Regional Health Needs Assessment

	Key findings
Regional Demographics	<ul style="list-style-type: none"> • Approximately 840,000 people live in the region, representing 20% of the NZ population • In the next 20 years the Central Region (CR) population is projected to grow by 7.3% - the lowest projected increase of any of the regions in NZ • Capital & Coast and MidCentral DHBs will experience the highest population growth over the next 20 years • Other demographic characteristics of the region are similar to the NZ average
Health Status	<ul style="list-style-type: none"> • The region has higher mortality rates than NZ average • Three quarters of deaths under the age of 75 are classified as avoidable • Most avoidable deaths are related to cardio-vascular disease, diabetes, smoking related cancers (lung), breast cancer, colorectal cancer, suicide, chronic obstructive pulmonary disease (COPD) • Māori have three times avoidable mortality rate and Pacific People have twice avoidable mortality rate compared to Other ethnicities • There is a strong relationship between increasing deprivation and increasing number of avoidable and unavoidable deaths
Service Access and Utilisation	<ul style="list-style-type: none"> • As at Jan 08, 92% of the Central Region population was enrolled with a primary health organisation (PHO) • Only Capital & Coast and Whanganui DHBs appear to be achieving the ratio of patients per full-time GP recommended by the Ministry of Health (71.4 GPs per 100,000 population) • One in five hospitalisations (18.6 %) can be categorised as potentially avoidable • The top five causes of ambulatory sensitive hospitalisations (those that can potentially be avoided by a primary care intervention) are respiratory infections, cellulitis, dental conditions, gastroenteritis and ENT infections • Ambulatory sensitive hospitalisation (ASH) rates in the Central Region as a whole have increased significantly since 2004
Risk and Protective Factors	<ul style="list-style-type: none"> • Smoking prevalence is decreasing across NZ for males and females and for Māori and non- Māori • Smoking prevalence is higher for Māori than non- Māori and higher for those in the most deprived areas • Māori children and children living in the most deprived areas have higher exposure to second hand smoke at home • 60-65% of people eat the recommended servings of fruit and vegetables per day; females tend to eat more fruit and vegetables than men • Pacific and Māori children are less likely to eat breakfast than other ethnic groups • 20% of children consumed 3+ fizzy drinks in the past week. Rates are significantly higher for Māori children, for Pacific girls, and for boys and girls living in the most deprived areas • 7% of children ate fast food 3+ times in the past week. Pacific boys and girls had twice the rate and Māori girls 1.5 times the rate of all boys and girls • 8% of children aged 2 - 14 years are obese. Pacific children are 2.5 times and Māori children are 1.5 times more likely to be obese than all children • 27% of adults are obese. Obesity is significantly higher for Pacific People and then Māori, than for Other ethnicities • Obesity in children and adults is highest in the most deprived areas • 51% of adults in New Zealand are regularly physically active. Asian adults have a significantly lower prevalence than other ethnic groups • 15% of adults in New Zealand are sedentary. Rates of sedentary behaviour are below the national average for all CR DHBs • Women in the most deprived areas have twice the rate of sedentary behaviour than all women. Rates are highest for Asian adults, Pacific People then Māori • European/other ethnicities have a significantly higher rate of medicated blood pressure than other ethnic groups

<p>Risk and Protective Factors continued</p>	<ul style="list-style-type: none"> • Māori have a significantly lower prevalence of taking medication for high blood cholesterol than non- Māori nationally • 18% of adults in New Zealand have a hazardous drinking pattern. Rates are significantly higher for Māori (Māori women twice and Māori men 1.5 times the rate for the total population) and lowest for Asian adults • 1 in 19 adults regularly smoke marijuana. Rates are highest for Māori and for males
<p>Chronic Conditions</p>	<p>Circulatory System Diseases</p> <ul style="list-style-type: none"> • Circulatory system disease (CSD) is responsible for over 40% of all deaths in the Central Region • CSD mortality rates are declining over time due to primary prevention (in particular quitting smoking) and improved medical treatments • Māori have three times and Pacific People twice the mortality rate of Other ethnicities for CSD; the gap between Māori and non-Māori is reducing • 43% of CSD mortality was classified as premature for Māori and Pacific males, 13% for Other ethnicities • People from lower socioeconomic deciles have higher rates of CSD admissions and mortality • CSD hospitalisation rates increased in the Central Region in 2006 but not in other regions • Māori have significantly higher CSD hospitalisation rates than non- Māori • Central Region acute myocardial infarction (AMI) hospitalisation rates are significantly higher than national average • Capital & Coast DHB provides almost all of cardiothoracic surgery and percutaneous coronary intervention (PCI) for Central Region DHBs and Nelson-Marlborough DHB • Central Region rates of PCI ('stenting') are similar to national average, but much lower than in Southern Region • Cardiothoracic surgery has decreased in the Central Region in recent years <p>CCDHB cardiothoracic services: some patients are having to wait too long for this service; i.e. some patients are waiting without a commitment to treatment even though their priority score is higher than the actual treatment threshold plus some patients who have been given a commitment to treatment have not been treated within six months.</p> <p>Diabetes</p> <ul style="list-style-type: none"> • Type 1 diabetes is not preventable and accounts for 10% of diabetes cases and deaths and 30% of diabetes admissions • Type 1 has reducing mortality and reduction in admissions; but increasing use of primary services, podiatrists, retinal screening and pharmaceuticals • Type 2 is substantially preventable with lifestyle changes and accounts for 90% of diabetes cases and deaths, and 70% of diabetes admissions • People from lower socioeconomic deciles have higher rates of diabetes admissions and mortality • Diabetes prevalence is significantly higher for Māori than non-Māori • Premature mortality rates are 12 to 14 times higher for Māori and Pacific People than Other ethnicities • Mortality and hospital admissions for type 2 are generally increasing due to the ageing population, increasing obesity and physical inactivity • Type 2 age standardised rates (ASR) of hospital admissions are significantly lower in the Central and Southern Regions than the national average • Avoidable hospitalisations for diabetes are increasing nationally and are significantly higher for Māori and Pacific People than Other ethnicities • Pacific People then Māori have lower rates of satisfactory or better diabetes management than Other ethnicities • Retinal screening rates are above the national average for Other ethnicities and Māori in all Central Region DHBs since 2004 <p>Respiratory Diseases</p> <ul style="list-style-type: none"> • Avoidable respiratory deaths are 95% COPD and 3% asthma, with Māori avoidable mortality rates significantly higher than non-Māori rates • 42% of all respiratory mortality was premature for Māori adults, 6% for Other ethnicities

Chronic Conditions continued	<ul style="list-style-type: none"> • People from lower socioeconomic deciles have higher rates of respiratory admissions and mortality • Asthma admissions are generally increasing across New Zealand, except for a decrease in 2006; over half the asthma admissions are for children • Central Region asthma hospitalisation rates are similar to national average but the rates vary by DHB • Asthma prevalence is higher amongst Māori adults and children • Māori and Pacific People have significantly higher asthma hospitalisation rates than Other ethnicities (but Central Region Pacific People are significantly below Pacific People nationally) • Patterns of asthma-related pharmaceutical expenditure in the Central Region are similar to nationally, with the highest spend for inhaled beta-adrenoceptor agonists ('relievers') as opposed to inhaled corticosteroids ('preventers') • COPD admissions are generally increasing across New Zealand, most are for adults 45+ years, 4/5 of admissions are for over 65+ years • Central Region COPD hospitalisation rates are significantly lower than national average, but significantly higher in WgudHB • Māori and Pacific People have higher COPD hospitalisation rates than Other ethnicities (but Central Region Pacific People are below national rates) <p>Renal Disease</p> <ul style="list-style-type: none"> • Major risk factors for chronic kidney disease (CKD) are diabetes and hypertension. Although only a small proportion of patients develop end-stage renal failure (ESRF) this accounts for most of the burden of CKD through the use of hospital services, health expenditure and impacts on quality of life. • There are two main renal medicine centres in the region – Palmerston North and Wellington – both providing renal dialysis for ESRF patients. Hawke's Bay DHB also provides renal dialysis. Between them, these three centres had some 930 registered ESRF patients in 2007. Of this number, 356 had received a transplant, while the others were receiving dialysis (474) or were enrolled in a pre-dialysis programme (100). • The number of dialysis patients is increasing faster for Palmerston North than Wellington Hospital. Both hospitals are following an international trend to treat a higher proportion of older patients (more so for Palmerston North). • Number of patients receiving home based dialysis is trending downward, but numbers still exceed those receiving hospital based dialysis • The crude rate for Māori patients commencing dialysis has been on average twice that for those of Other ethnicity (2002-2006)
Cancer	<ul style="list-style-type: none"> • Aged standardised rate for all-cancer registrations decreased by 6% between 2000-2004 and ASR for cancer mortality decreased by 4% (neither significant) • All-cancer registrations for Central Region Māori was 4% higher than for Māori nationally (2004 ASR) • All-cancer mortality was significantly higher for Māori than Other ethnicity (2004 ASR) • Top five female cancer registrations (by volume) in Central Region (2000-2004) were breast, colorectal, melanoma, lung, uterus • Top five fatal female cancers (by volume) in Central Region (2000-2004) were breast, lung, colorectal, unspecified site, ovary • Top five male cancer registrations (by volume) in Central Region (2000-2004) were prostate, colorectal, lung, melanoma, bladder • Top five fatal male cancers (by volume) in Central Region (2000-2004) were lung, prostate, colorectal, unspecified site, stomach • All ethnicity ASR for prostate cancer registrations decreased significantly between 2000-2004, but increased for Māori • Lung and stomach cancer registrations and deaths in Māori were significantly higher than that for Other ethnicity (2004 ASR) • National breast cancer screening target (70%) not being met by any of the Central Region DHBs (2005-2007) • Central Region average cervical cancer screening coverage was 72% (target 75%) (2004-2007) • Screening rates for both breast and cervical cancer were lower for Māori and Pacific People • Of the four regions, the Central Region consistently had the lowest chemotherapy rates (2004/05 to 2006/07) • Of the four regions, the Central Region consistently had the highest radiotherapy rates (2004/05 to 2006/07)

	<ul style="list-style-type: none"> • Of the four regions, the Central Region had the greatest number of patients waiting for more than 8 weeks for radiation treatment
Child, Youth and Maternal	<ul style="list-style-type: none"> • 2007 birth rate was the highest since 1963 in NZ and Central Region, with rates highest for Māori and Pacific women • Caesarean rates increasing in NZ and above rate recommended by the World Health Organisation • Infant mortality rates higher for Māori and Pacific People, 1/5 due to Sudden Infant Death Syndrome (SIDS), 75% of SIDS deaths in 2004 were Māori • Perinatal hospitalisation rates and respiratory hospitalisation rates for infants are significantly lower in Central Region than national average • Respiratory hospitalisation rates for Māori and Pacific infants are significantly higher than for Other ethnicity infants • Hospitalisation rates are significantly lower in CR than nationally for respiratory conditions (1-4 year olds) and injury and poisoning (1-14 year olds) • Hospitalisation rates for dental caries were significantly higher in CR than nationally for 5-9 age (until 2005) and for 10-14 age (2004+) • Child oral health varies greatly throughout Central Region, Māori and Pacific children have worse oral health than Other ethnicities • Māori women have the lowest breastfeeding rates in Central Region and nationally • Other ethnicity women have the highest breastfeeding rates in Central Region and nationally • Pacific People have higher breastfeeding rates in Central Region than nationally • Greater percentage of two year olds are fully immunised in Central Region DHBs than national average (2008) • The hospitalisation rate for unintentional injury for youth (mainly road traffic injury) is significantly lower in Central Region than national average • Suicide rates for youth declining, but in 2005 NZ had the 2nd highest rate of youth suicide for males and 3rd highest rate for females of OECD countries • Youth suicide rates higher for Māori than non-Māori • NZ has one of the highest teenage fertility rates in the OECD although rates have been declining • Teenage fertility rates are higher for Māori and Pacific teenagers • Prevalence of regular youth smokers is declining in NZ and Central Region
Older Persons Health	<ul style="list-style-type: none"> • By 2026 approximately one fifth (20%) of the New Zealand population is expected to be over 65 years (compared to 13% in 2006) • The number of people aged 85+ in the Central Region is expected to double by 2026 • People over 65 years are also high users of secondary care services with 35% of all hospitalisations in the Central Region being for people over 65 years • Approximately 6% of all people in the Central Region over the age of 65 live in residential facilities • In the Central Region the volume of potentially avoidable hospitalisations in the 65-74 age group has increased by 16% in the period 2001-2006 • The main causes of avoidable hospitalisations in the 65-74 age group are ischaemic heart disease, chronic obstructive respiratory disease, angina, diabetes, skin cancers, respiratory infections, congestive heart failure and stroke • Circulatory system diseases and cancers remain the leading causes of death • Falls are the leading cause of hospitalisations as the result of injury and one of the top three causes of injury related death in New Zealand. • Osteoarthritis and rheumatoid arthritis are common and disabling conditions amongst older people and are the main causes of hip and knee replacement
Mental Health	<ul style="list-style-type: none"> • Māori and people from lower socioeconomic deciles have higher rates of mental health disorder • Māori and people from lower socioeconomic deciles have higher rates of suicide • Intentional self-harm and death by suicide is a significant concern • Depression, anxiety disorders and substance use disorder place major demands on primary and secondary health services with co-morbidity often evident • Mental health services are transitioning from mostly secondary specialist services to comprehensive primary and secondary services

	<ul style="list-style-type: none"> • Completeness and quality of mental health service information is an issue and its value in planning for future services is limited
DHB-specific	<ul style="list-style-type: none"> • WguDHB, HBDHB, MCDHB have avoidable mortality rates higher than NZ average • HBDHB and WaiDHB avoidable mortality rates for Māori are significantly higher than for Māori in NZ • All-cancer registration rates for CCDHB are significantly lower than national average • CCDHB is only Central Region DHB to consistently have an aged standardised rate of cancer deaths below the national average (2000-2004) • WguDHB and HBDHB have higher daily smoking rates and higher exposure to second hand smoke at home for children than the NZ average • CCDHB and HVDHB have lower than NZ average rates of daily smoking and have met the target for smoke free homes for youth • Rates for 3+ fizzy drinks consumed per week by children are lower in CCDHB, HVDHB and WaiDHB than nationally • Adult obesity rates highest in HBDHB and WguDHB • Rates of sedentary behaviour significantly lower than nationally in HBDHB and WguDHB • Rate of hazardous drinking significantly higher in HBDHB and WguDHB • All-cancer mortality rates are higher for Māori than Other ethnicity in all DHBs, and significantly higher in Hawke's Bay (2004 ASR) • Stroke mortality rates for MCDHB are significantly higher than national average some years • CCDHB and MCDHB have significantly lower hospitalisation rates for circulatory system disease than national average • HBDHB, WguDHB, WaiDHB and HVDHB have significantly higher circulatory system disease hospitalisation rates than national average • CCDHB has significantly lower ischaemic heart disease (IHD) and acute myocardial infarction (AMI) hospitalisation rates than national average • HBDHB, WguDHB and HVDHB have significantly higher IHD and AMI hospitalisation rates than national average • WaiDHB avoidable hospitalisations for diabetes are significantly higher than national average most years • CCDHB and HBDHB asthma hospitalisation rates are significantly lower than national, due to low rates for children and reducing rates for other ages • HVDHB and WguDHB asthma hospitalisation rates are significantly higher than national, due to high rate for children (youth increase in WguDHB) • WguDHB Chronic Obstructive Pulmonary Disease hospitalisation rates are significantly higher than national average, mainly in 65+ age group • WaiDHB caesarean rate and assisted deliveries are noticeably higher than elsewhere in Central Region • WguDHB and HVDHB hospitalisation rates for dental caries for 5-14 year olds is high • CCDHB and HBDHB have higher rates of breastfeeding and WguDHB the lowest in Central Region • WguDHB and HBDHB have highest rate of two year olds fully immunised in Central Region (2008) • WguDHB has highest rate of regular youth smokers in CR and it recently increased (unlike decreasing trend elsewhere). Recent increases in MCDHB also • WaiDHB suicide mortality rates are one of highest in NZ

Key opportunities for action

Now that the regional health issues have been identified, what specific strategies need to be put in place to allow DHBs to be more effective, and are there any examples of programmes and initiatives that can be shared to learn from? Table 2 proposes key opportunities for population health strategies and interventions (actions), using a continuum of service approach. A set of possible strategies and interventions is listed under each component of the service continuum: Prevention and Self-care, Screening and Early Detection, Diagnosis and Treatment, Rehabilitation and Support, End of Life Care, and Research and Evaluation. Some interventions can be assigned to a particular service component, while others work across the entire continuum and have therefore been mentioned in more than one place. Also, it is important to note that many interventions are likely to be more effective if they are implemented in conjunction with others, so it is important to consider each intervention as part of the wider set of strategies for population health improvement.

Again, the strategies and interventions are presented primarily from the regional perspective, i.e. they are aimed at the Central Region as a whole. However, there is also a section that proposes DHB-specific initiatives in cases where a particular initiative is more relevant to one or two individual DHBs. While these initiatives are likely to be useful to all DHBs, those most affected by a particular issue (e.g. avoidable hospital admissions) are likely to benefit most from introducing a suggested intervention.

Finally, it is not intended that this list of strategies and interventions should supersede or replace those developed locally by individual DHBs as part of their local health needs assessments and district strategic plans. It is in fact aimed at supporting and enhancing those local efforts and suggesting areas where a joint, regional action may be most effective, thus saving the effort and resources of local DHBs.

Table 2: Opportunities for Regional and Local Health Strategies and Interventions (Actions)

	Continuum of Health Services					
	Prevention and Self-care	Screening and Early Detection	Diagnosis and Treatment	Rehabilitation and Support	End of Life Care	Research and Evaluation
Regional	<ul style="list-style-type: none"> • Focus on prevention and self-care programmes for lower socioeconomic deciles, as well as Māori and Pacific People • Strengthen public health measures aimed at improved diet and increased exercise to decrease the risk of cardiovascular disease and diabetes • Encourage healthy eating, regular exercise and avoidance of smoking in schools • Promote cardiovascular health in 'blue collar' workplaces such as factories • Strengthen public health messages to emphasise that reducing the risk factor burden to health by age 50 is likely to translate into reductions in lifetime cardiovascular risk and greater life expectancy • Focus on falls prevention, especially in elderly • Increase childhood immunisation rates • Improve secondary prevention of ischaemic 	<ul style="list-style-type: none"> • Focus on screening and early detection of illness in lower socioeconomic deciles, as well as Māori and Pacific People • Focus on early detection of ischaemic heart disease, diabetes, COPD and renal disease • Focus on early detection of breast, colorectal, lung, melanoma, ovary, prostate and bladder cancers • Focus on early detection of high blood pressure and high levels of blood lipids • Focus on early assessment and correct diagnosis of mental health disorders as a major risk factor for suicide • Meet national breast cancer screening target (70%), cervical cancer screening coverage and improve screening rates for both breast and cervical cancer for 	<ul style="list-style-type: none"> • Improve access to diagnostic and treatment services for lower socioeconomic deciles, as well as Māori and Pacific People • Promote the use of risk scores to target treatments to individuals at greatest risk of cardiovascular disease • Promote and incentivise effective management of cardiovascular risk (including statins, antihypertensive medication and aspirin) • Improve ratio of patients per full time GP across the region • Reduce the number of avoidable hospital admissions by early and effective management of respiratory infections, cellulitis, dental conditions, gastroenteritis and ENT infections in primary care • Increase percentage of patients with diabetes receiving free annual checks • Improve the rate of 	<ul style="list-style-type: none"> • Focus on rehabilitation and support services for lower socioeconomic deciles, as well as Māori and Pacific People • Focus on rehabilitation and education of patients with acute myocardial infarction and ischemic heart disease, with emphasis on home based programmes • Focus on rehabilitation and support for people with cancer • Focus on rehabilitation and support for elderly people • Focus on rehabilitation and support for people with chronic obstructive pulmonary disease, with emphasis on home based programmes • Focus on recovery 	<ul style="list-style-type: none"> • Improve access to appropriate end of life care for lower socioeconomic deciles, as well as Māori and Pacific People • Ensure that there are accessible, well coordinated, good quality and culturally appropriate end-of-life care options available across the region 	<ul style="list-style-type: none"> • Focus on research and evaluation of health determinants, barriers to access and effectiveness of health programmes for lower socioeconomic deciles, as well as Māori and Pacific People • Evaluate success rate of different public health measures in terms of their ability to motivate lifestyle changes • Evaluate the use of free annual diabetes checks by Māori in the Central Region in comparison with other ethnic groups • Investigate reasons behind the Central Region having significantly higher acute myocardial infarction admission rates compared to national rates • Investigate reasons behind the Central Region consistently having the lowest chemotherapy rates and the highest radiotherapy rates for

Continuum of Health Services						
	Prevention and Self-care	Screening and Early Detection	Diagnosis and Treatment	Rehabilitation and Support	End of Life Care	Research and Evaluation
Regional cont	<p>heart disease, diabetes, asthma, COPD and chronic renal disease through regular checks, patient/family education and improved self care</p> <ul style="list-style-type: none"> • Promote water fluoridation • Promote and invest in smoking cessation 	<p>Māori and Pacific People</p> <ul style="list-style-type: none"> • Increase percentage of children receiving oral examinations and prophylaxis from the school dental service 	<p>satisfactory or better diabetes management for Pacific People and Māori</p> <ul style="list-style-type: none"> • Improve access to cardiothoracic surgery in the Central Region • Increase the number of living donor renal transplants in the Central Region • Review chemotherapy treatment rates and radiotherapy treatment rates and waiting times for radiation treatment • Reduce variability in child oral health across the region • Reduce respiratory hospitalisation rates for Māori and Pacific infants • Enhance diagnosis and management in primary health of depression, anxiety disorders and substance abuse 	<p>and de-stigmatisation of people with severe mental illness</p> <ul style="list-style-type: none"> • Focus on rehabilitation and support for people with other long term conditions, with emphasis on home based programmes, education and self care 		<p>cancer patients</p> <ul style="list-style-type: none"> • Investigate differences in the rates of oncology services received by individual DHB populations in the Central Region • Improve collection, integration and analysis of mental health service information
DHB-specific	<p><u>Whanganui:</u></p> <ul style="list-style-type: none"> • Focus public health interventions on reducing smoking in youth • Focus on prevention of Circulatory System Diseases 	<p><u>MidCentral:</u></p> <ul style="list-style-type: none"> • Reduce stroke mortality rates by early detection and treatment of at-risk individuals <p><u>Hawke's Bay:</u></p> <ul style="list-style-type: none"> • Focus on screening 	<p><u>Whanganui:</u></p> <ul style="list-style-type: none"> • Reduce asthma hospitalisation rates for children by early and effective management in primary care • Reduce COPD 			<p><u>Whanganui:</u></p> <ul style="list-style-type: none"> • Review hospitalisation rates for dental caries for 5-14 year olds <p><u>Wairarapa:</u></p> <ul style="list-style-type: none"> • Review caesarean section and assisted




Continuum of Health Services						
	Prevention and Self-care	Screening and Early Detection	Diagnosis and Treatment	Rehabilitation and Support	End of Life Care	Research and Evaluation
DHBs cont	<ul style="list-style-type: none"> • Target public health messages on increasing the rates of breastfeeding <p><u>MidCentral:</u></p> <ul style="list-style-type: none"> • Focus public health interventions on reducing smoking in youth <p><u>Hawke's Bay:</u></p> <ul style="list-style-type: none"> • Focus public health interventions on Māori with the aim of reducing mortality rates • Focus on prevention of Circulatory System Diseases <p><u>Wairarapa:</u></p> <ul style="list-style-type: none"> • Focus on suicide prevention • Focus public health interventions on Māori with the aim of reducing mortality rates • Focus on prevention of Circulatory System Diseases <p><u>Hutt Valley:</u></p> <ul style="list-style-type: none"> • Focus on prevention of Circulatory System Diseases 	and early detection of cancer in Māori	<p>hospitalisation rates for elderly by early and effective management in primary care, as well as home based programmes</p> <p><u>Wairarapa:</u></p> <ul style="list-style-type: none"> • Reduce avoidable hospitalisations for diabetes by early and effective management in primary care <p><u>Hutt Valley:</u></p> <ul style="list-style-type: none"> • Reduce asthma hospitalisation rates for children by early and effective management in primary care • Improve ratio of patients per full time GP 			<p>delivery rates</p> <ul style="list-style-type: none"> • Evaluate effectiveness of suicide prevention programmes used to date <p><u>Hutt Valley:</u></p> <ul style="list-style-type: none"> • Review hospitalisation rates for dental caries for 5-14 year olds

Central Region's 'report card'

The final part of this chapter proposes a set of indicators of the population health status to be used as a 'yardstick' for how the region is progressing in its efforts to improve the population health outcomes. A selection of indicators has been combined into a simple report card, which assesses for each indicator:

- The current status as gleaned from this regional health needs assessment and other sources
- Changes to that indicator over the last 5 years to provide an understanding of whether the situation is improving or getting worse.

The assessment is provided by way of three simple symbols, based on the following logic:





























Symbol	Meaning for 'current status'	Meaning for 'trend over last 5 years'
 (good)	Central Region is better than NZ average and NZ average is considered to be favourable (e.g. against an international benchmark)	The situation has improved over the last 5 years
 (indifferent)	Central Region is similar to NZ average and NZ average is generally considered to be comparatively favourable	The situation has not changed or has only improved slightly or is variable (i.e. no clear trend)
 (bad)	Central Region is worse than NZ average or Central Region is equal to or slightly better than NZ average, but NZ average on this indicator is considered to be unfavourable	The situation has deteriorated over the last 5 years

While most of the indicators are based on this Regional Health Needs Assessment Report, the list is not limited to the scope of the Regional HNA – it seeks to include other indicators, some of which have not yet been measured or assessed. The purpose of including the indicators for which the information is missing is to encourage our thinking and action in relation to closing those information gaps in the future.

It is anticipated that the report card will be used by DHBs to track the region's progress going forward. In that sense, the following, initial assessment of the indicators offers a baseline, against which the region's future performance can be measured.

Table 3: Central Region's Report Card as at August 2008

 good  indifferent  bad

Indicator	Current status	Trend over last 5 years
Percentage of population in NZ dep deciles 9 and 10		
Average life expectancy - female		
Average life expectancy - male		
Age standardised mortality rates	Not known	
Perinatal mortality rates (2000 – 2004)		
Sudden unexpected death in infancy (2000 – 2004)		
CSD mortality rates (under 65 years and over 65 years) (2000 – 2004)		
Cancer mortality rates		
All injury related mortality rates		
Smoking estimated adult prevalence (NZHS 2006/07)	NZHS 2006/07 presented by DHB groupings not regions and DHBs vary a lot in CR	 (trend is NZHS 2006/07 compared to NZHS 2002/03)
Smoking estimated youth prevalence (Year 10 Survey)		
Obesity estimated adult prevalence – (NZHS 2006/07)		 (trend is NZHS 2006/07 compared to NZHS 2002/03)
Diabetes estimated prevalence – (NZHS 2006/07)		 (trend is NZHS 2006/07 compared to NZHS 2002/03)
Childhood immunisation rates (% of 2 year olds fully immunised as at 2008)		National Immunisation Register est.2005 so no trend data as babies turned 2 in about 2007
Cancer screening (breast, cervical)		Data presented combined for last two or three years
Percentage of 45+ with cardiovascular risk assessment	Not known	Not known
Diabetes detection - percentage take-up of free annual checks (2002 – 2006)		

KEY FINDINGS FOR REGIONAL ACTION

Indicator	Current status	Trend over last 5 years
Diabetes mgmt - percentage of patients with satisfactory or better diabetes mgmt (2002–2006)		
Retinal screening - percentage of diabetes patients screened in past 2 years (2002 – 2006)		
Prevalence of any mental health disorder (Te Rau Hinengaro 2006)		Not known
Prevalence of serious mental health disorder (Te Rau Hinengaro 2006)		Not known
Youth suicide rates (1995 – 2005)		
Acute admission rates	Not known	
Patients waiting more than six months for first specialist assessment (2003 – 2007)	Not known	
Patients waiting without a commitment to treatment with priorities higher than threshold (2003–2007)	Not known	
Patients given a commitment to treatment but not treated within six months (03 – 07)	Not known	
Rate of ambulatory sensitive hospitalisations (2002 – 2006)	Not known	
All injury related hospital rates (2002 – 2006)	Not known	
Public & private elective surgery rate	Not known	Not known
Percentage of 65+ in aged care facilities		
Percentage of population on renal replacement therapy		
GPs per 1,000 population		Not known
ED visits per 1,000 population	Not known	Not known
Community pharmaceutical spend per capita (excluding high cost drugs)		
Dental indicator (% carries free 2000 – 2006) – 5 year olds (includes Nelson Marlborough)		
Dental indicator (% carries free 2000 – 2006) – Y8 12 year olds (includes Nelson Marlborough)		
Teenage pregnancy rates		
Caesarean rates (1988 – 2005)		
Respiratory admission age standardised rates (2002 – 2006)		