

'Ala Mo'ui

Progress Report

Pacific Child Health

November 2018

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Introduction

'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 ('Ala Mo'ui) is a four-year plan that sets out the government's strategic direction for Pacific health in New Zealand. The outcomes and actions in *'Ala Mo'ui* contribute to the Government's long-term outcomes for health: all New Zealanders, including Pacific peoples, will lead healthier and more independent lives; high-quality health services will be delivered in a timely and accessible manner; and the future sustainability of the health and disability sector will be assured (Ministry of Health 2014).

The long term vision of *'Ala Mo'ui* is:

Pacific 'āiga, kāiga, magafaoa, kōpū tangata, vuvale and fāмили experience equitable health outcomes and lead independent lives.

Purpose statement

This report aims to monitor and track national and regional progress in relation to the 21 indicators set out in *'Ala Mo'ui*. It tracks progress for the Pacific population both nationally and across the eight district health boards (DHBs) where 90 percent of Pacific peoples reside (the 'Pacific priority DHBs'). Those DHBs are (in order of the numbers of Pacific peoples they serve, highest to lowest):

- Counties Manukau
- Auckland
- Waitemata
- Capital & Coast
- Canterbury
- Hutt Valley
- Waikato
- Hawke's Bay.

In this report, we set out progress for each indicator against set national targets where possible. Where there is no national target for the indicator, we show the rates for the Pacific population compared to the total New Zealand population, to demonstrate differences over time. Note that we have compared the Pacific population indicators against the total population, which also includes the Pacific population, rather than comparing the Pacific population indicator with that of the non-Pacific population.

Background

Pacific child health is an extremely important focus area for the New Zealand health system. *'Ala Mo'ui* acknowledges this by setting out the key action:

Universal maternity and child health services will engage in a more timely manner with Pacific families.

Data on most child health indicators shows very good rates of enrolment with both general practices and the Community Oral Health Service (COHS). Rates of immunisation coverage and B4SCs are also high.

Although we have made great progress towards improving Pacific child health outcomes, there are opportunities for improvement in the areas of oral health outcomes (decayed, missing and filled teeth (DMFT) and children caries-free), childhood obesity and Well Child/Tamariki Ora (WCTO) core contacts.

This report is part of a series of progress reports the Ministry of Health publishes for *'Ala Mo'ui*, broken up into two theme-based reports, on child health and health care utilisation respectively.

Together, these reports cover all *'Ala Mo'ui* indicators. The separation of data into the two themes will ensure people can easily see and assess connections in data across similar subject areas, and discuss what is happening in each.

This report covers the following child health indicators:

- newborn enrolment with general practice
- Well Child / Tamariki Ora (WCTO) core contacts
- B4 School Checks (B4SCs)
- children breastfed at three months
- childhood obesity
- oral health
- immunisations.

Notes about the data

This report draws on a range of information.

Alongside each indicator, in a text box, we have noted the denominator (the base population) and the numerator, and the relevant information sources. Sources of data include WCTO and Community Oral Health Service (COHS) reporting, the New Zealand Health Survey (NZHS), the Primary Health Organisation (PHO) enrolment collection, the National Immunisation Register and Statistics New Zealand population projections based on the 2013 Census.

Table A1 shows the total projected population of Pacific peoples for each of the eight priority DHBs for the 2015/2016 financial year (Statistics New Zealand population projections).

It is important to remember that small sample sizes can contribute to trends apparent in the DHB-level data. For this reason it is more useful to consider the overall trend over time rather than the change between two reporting periods.

Where an indicator is measuring only one group within the population – for example, Pacific children aged eight months – the number may be very small. This means there is more variability in the data (the lines of the graph move up and down more sharply).

For most indicators recorded by DHBs, we have reported the number of people in relevant subgroups (eg, the number of Pacific children aged eight months old). For some indicators, we were unable to report this because the number was too small and publishing this data could compromise the privacy of individuals.

You can find more information about the measurement of progress against the indicators on the Ministry of Health's website. See, specifically:

- data on indicators from the [Well Child / Tamariki Ora Quality Improvement Framework](#), measuring infant general practice enrolment, WCTO core contacts, B4SCs, exclusive breastfeeding and referral of obese children to specialist services. The Ministry of Health reported this data until March 2016. After this date, it collated the data but did not publish it online
- data on [New Zealand Health Survey](#) indicators, used to measure childhood obesity
- data from the [Community Oral Health Service](#), measuring numbers of children caries-free and the mean number of decayed, missing and filled teeth (DMFT) for children in school year eight
- data from the [National Immunisation Register](#), measuring infant immunisation coverage, and functioning as the baseline population for infant enrolment with general practitioners (GPs)
- [Statistics New Zealand population projections](#), used as the baseline population for cervical smear testing, enrolment in the COHS, ambulatory sensitive hospitalisation rates, accessing mental health and alcohol and drug services, and rheumatic fever hospitalisation rates.

Table A1: Projected Pacific peoples population for 2015/16, by DHB, based on the 2013 Census

District health board	Pacific peoples population	Percentage of total Pacific peoples population
Counties Manukau	111,910	37.4%
Auckland	53,870	18.0%
Waitemata	41,430	13.8%
Capital & Coast	21,410	7.2%
Canterbury	12,910	4.3%
Hutt Valley	11,420	3.8%
Waikato	11,290	3.8%
Hawke's Bay	6,010	2.0%
Southern	6,000	2.0%
MidCentral	5,060	1.7%
Bay of Plenty	3,890	1.3%
Northland	3,300	1.1%
Lakes	2,480	0.8%
Nelson Marlborough	2,330	0.8%
Taranaki	1,535	0.5%
Whanganui	1,330	0.4%
Tairāwhiti	1,185	0.4%
Wairarapa	875	0.3%
South Canterbury	590	0.2%
West Coast	365	0.1%
Total	299,190	100%

Note: Percentages have been rounded to one decimal place. The eight priority DHBs are in bold.

National-level progress

At a national level, there has been significant progress against three of the *'Ala Mo'ui* child health indicators (see Table 1).

Table 1: *'Ala Mo'ui* indicators which suggest positive results for Pacific peoples as compared to the total New Zealand population, as at 31 March 2017

Indicator	Pacific peoples	Total New Zealand
Percentage of Pacific infants who are enrolled with a general practice by three months of age	69.0%	66.1%
Percentage of children with body mass index (BMI) >98 th percentile referred to a GP or specialist services	93.0%	86.0%
Immunisation coverage (percentage) at eight months of age (three-month reporting)	94.5%	92.3%

The two indicators listed in Table 2 show where performance for the total Pacific peoples population has come close to achieving parity (within 5 percent) with the total New Zealand population.

Table 2: *'Ala Mo'ui* indicators which suggest Pacific peoples are close to achieving parity (within five percent) with the total New Zealand population, as at 31 March 2017

Indicator	Pacific peoples	Total New Zealand
Percentage of four year old children who received a B4SC	89%	92%
Percentage of children under five years of age enrolled in the COHS	76%	80%

The remaining five child health indicators show poorer health outcomes for the Pacific population in comparison to the total New Zealand population.

Table 3: *'Ala Mo'ui* indicators which suggest poorer outcomes for Pacific peoples compared to the total New Zealand population, as at 31 March 2017

Indicator	Pacific peoples	Total New Zealand
Percentage of infants who received all WCTO core contacts in their first year of life	67%	77%
Percentage of infants exclusively or fully breastfed at three months of age	46%	56%
Percentage of children aged 2 to 14 years interviewed in the New Zealand Health Survey who were obese (BMI \geq Cole cut-offs)	30%	11%
Percentage of children caries-free at age five	33%	60%
Mean number of decayed, missing or filled teeth (DMFT) per child in school year eight	1.39	0.90

It is important to note that, although these indicators show disparity between Pacific peoples and the total New Zealand population, there are still signs of improvement. For example, rates against two particular indicators have shown consistent improvement over time, as follows.

- The percentage of Pacific infants who received all WCTO core contacts in their first year of life has shown continual improvement; it rose from 53 percent in June 2015 to 67 percent in June 2016.
- The mean number of DMFT per Pacific child in school year eight has gradually decreased; for example, from 1.85 in 2011 to 1.39 in 2015.

Newborn enrolment with general practice

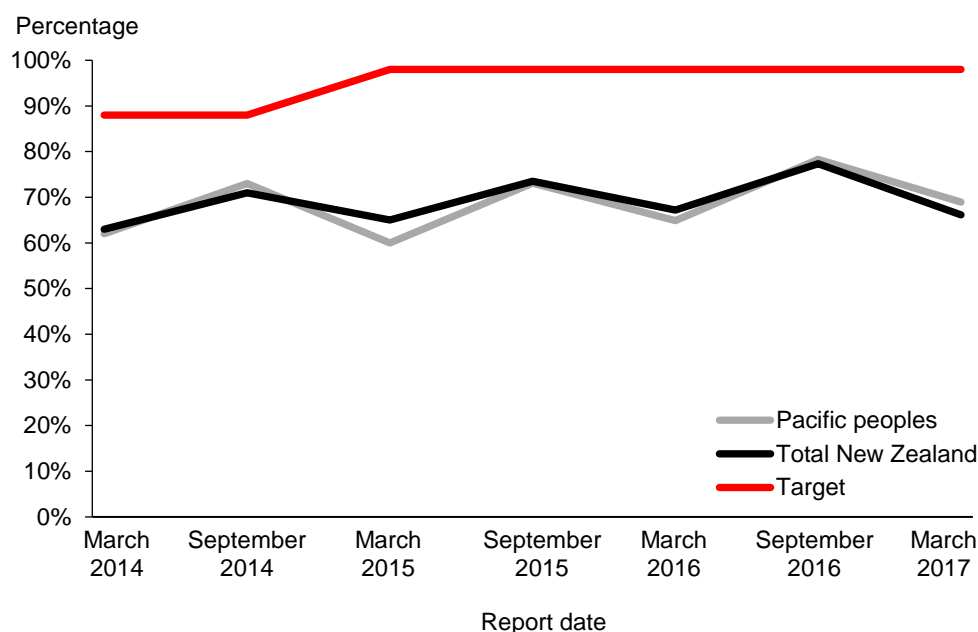
Nationally, the rate of Pacific newborn enrolment with a general practice is consistent with that of the total New Zealand population (see Figure 1). This is a promising indicator of equitable enrolment rates.

It is important to note that the Ministry of Health is continuing to work on addressing health service enrolment rates for the most vulnerable children and families, who require a complex and integrated cross-agency approach.

Increased percentage of Pacific newborn infants who are enrolled with a general practice

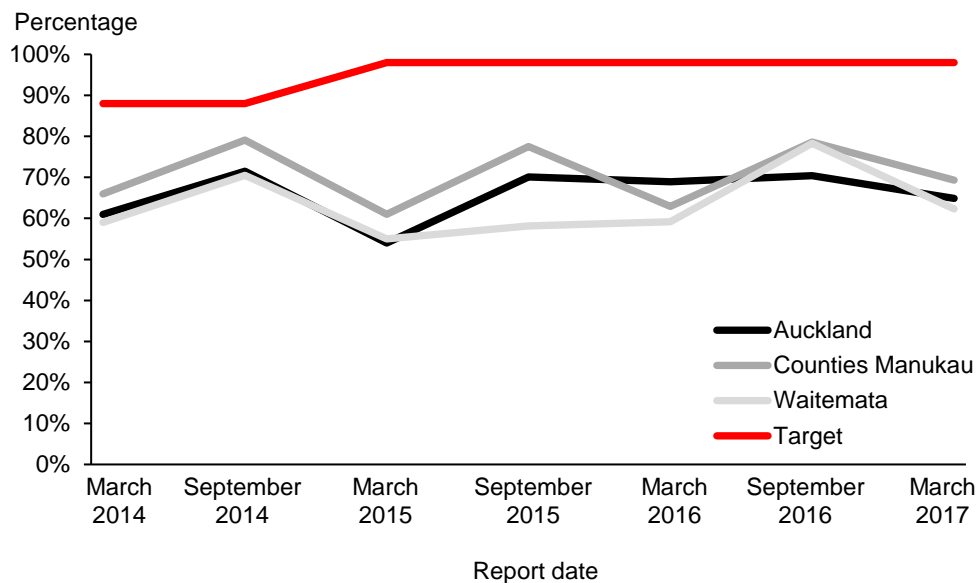
Performance: The target was set at 98 percent, to be achieved by June 2016. The previous target was 88 percent, to be achieved by December 2014.

Figure 1: Percentage of newborn infants enrolled with a general practice, Pacific peoples and total New Zealand population, March 2014–March 2017



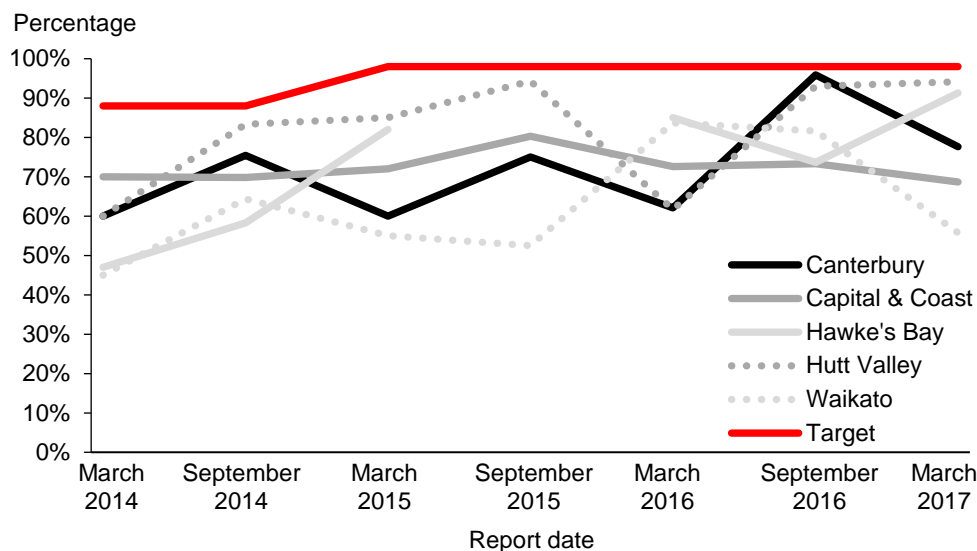
Source: PHO enrolment register (numerator) and the National Immunisation Register (denominator)

Figure 2A: Percentage of Pacific newborn infants enrolled with a general practice, Auckland region DHBs, March 2014–March 2017



Source: DHB reporting and the National Immunisation Register

Figure 2B: Percentage of newborn infants enrolled with a general practice, Pacific peoples, priority DHBs outside the Auckland region, March 2014–March 2017



Source: DHB reporting and the National Immunisation Register

Notes

Figures 1, 2A and 2B:

Timeframes: the data reflects a quarter (three months). The dates on the graph indicate when the data was reported under the WCTO. For the most recent data, 'March 2017' relates to the period 20 August–19 November 2016.

Numerator: the number of children enrolled with a PHO and born during the relevant reporting period. Source: PHO enrolment register.

Denominator: the total number of children eligible for enrolment born during the relevant reporting period, for each population (total New Zealand, total Pacific peoples, and Pacific peoples by DHB). Source: the National Immunisation Register.

The denominator includes all children born in the reporting period, even children who are only days old. This can reduce the percentage of babies recorded as enrolled within the reporting time period, as children are usually not enrolled in a practice until they are a few weeks old, and it takes a few weeks for enrolment data to be processed.

Enrolment data shows a seasonal effect. Decreases in March (and subsequent increases in September) reflect the Christmas period, during which providers have two weeks fewer to process enrolments.

The high level of variability in the DHB data, especially for those DHBs outside of the Auckland region, is largely due to the small infant Pacific population in each DHB (see Table 4).

Figure 2B:

For the September 2015 report, there were not enough Pacific children born in Hawke's Bay to report against this indicator.

Table 4: Number and percentage of newborn infants enrolled in a general practice, Pacific peoples, priority DHBs, 20 August–19 November 2016

	Region	Number enrolled (count)	Number of children (count)	Percentage enrolled
Auckland region	Counties Manukau	395	570	69%
	Auckland	142	219	65%
	Waitemata	96	154	62%
Rest of New Zealand	Capital & Coast	57	83	69%
	Canterbury	59	76	78%
	Hutt Valley	48	51	94%
	Hawke's Bay	21	23	91%
	Waikato	29	52	56%

Well Child / Tamariki Ora core contacts

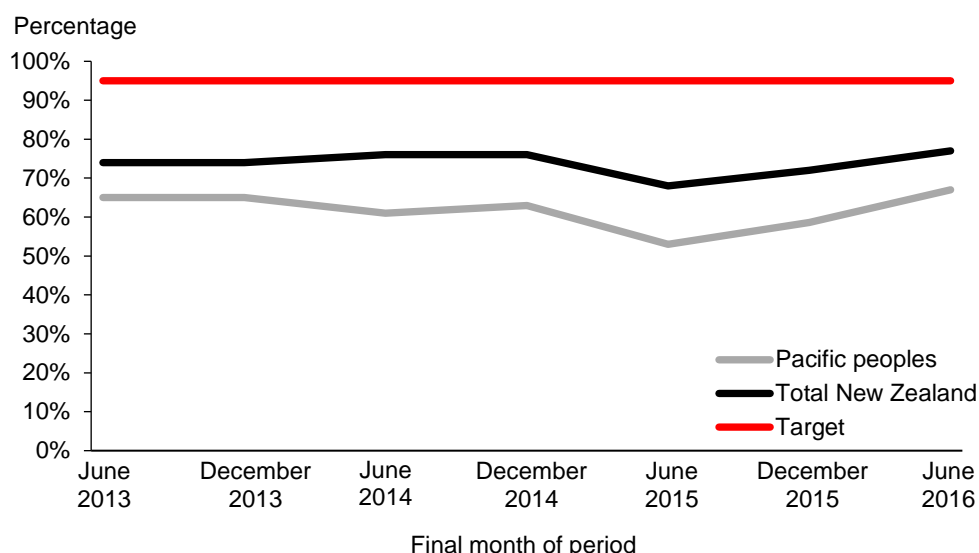
WCTO is a free health service offered to all New Zealand children from birth to five years. Its aim is to support families and whānau to maximise their child's developmental potential and health status, thereby establishing a strong foundation for healthy development.

As Figure 3 below shows, rates of WCTO core contacts among Pacific peoples consistently rose from June 2015 to June 2016. There are still inequities; 67 percent of Pacific infants received all five WCTO core contacts in their first year of life in January to June 2016, compared to 77 percent for the total New Zealand population in the same period.

Increased percentage of Pacific infants who receive all five WCTO core contacts in their first year of life

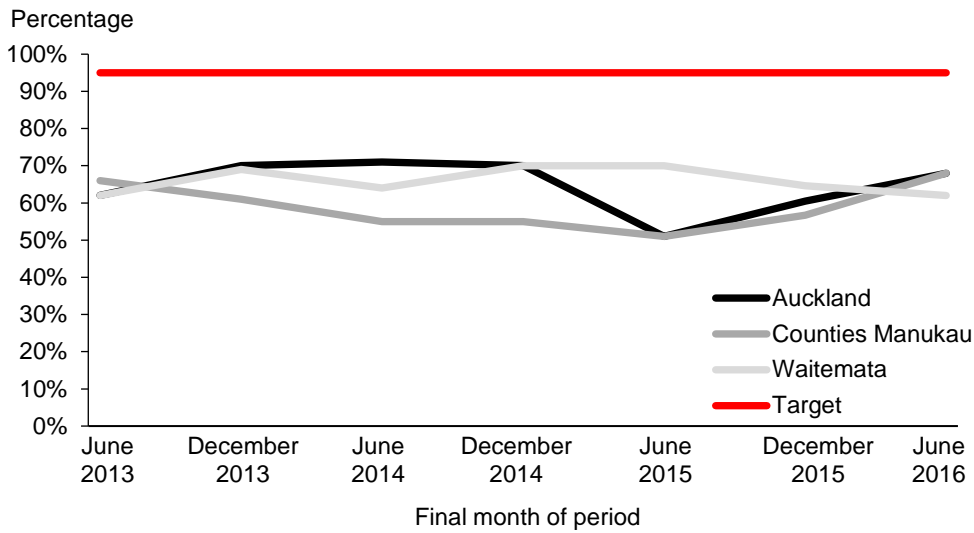
Performance: The target was set at 95 percent, to be achieved by June 2016.

Figure 3: Percentage of infants who received all Well Child / Tamariki Ora core contacts in their first year of life, Pacific peoples and total New Zealand population, June 2013–June 2016



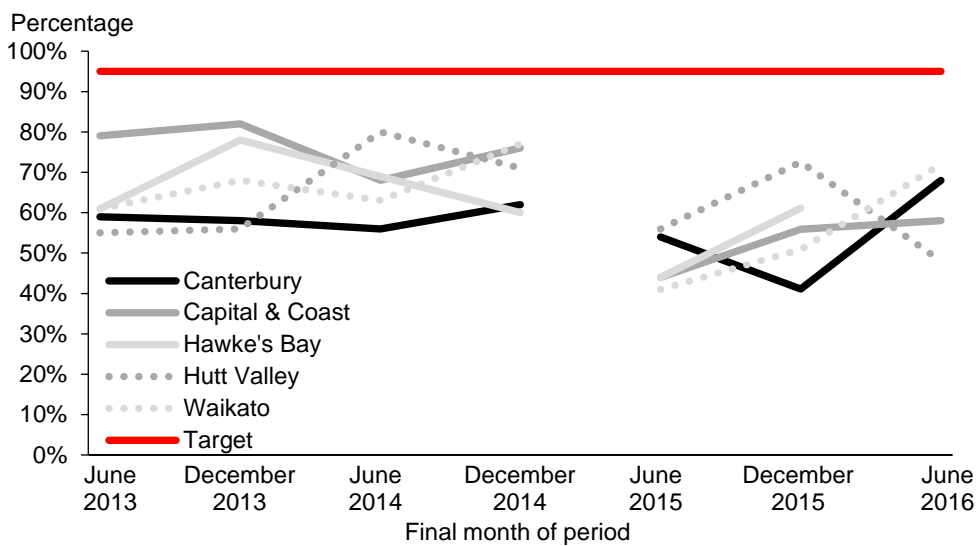
Source: WCTO provider reporting

Figure 4A: Percentage of infants who received all Well Child / Tamariki Ora core contacts in their first year of life, Pacific peoples, Auckland region DHBs, January 2013–December 2016



Source: WCTO provider reporting

Figure 4B: Percentage of infants who received all Well Child / Tamariki Ora core contacts in their first year of life, Pacific peoples, priority DHBs outside the Auckland region, January 2013–December 2016



Source: WCTO provider reporting

Notes

Figures 3, 4A and 4B:

Timeframes: the data reflects six month periods (1 January-30 June; 1 July – 31 December). For the latest report, 'June 2016' relates to the period 1 January–30 June 2016.

Numerator: the number of infants where contact was made by six weeks of age who received all five WCTO core contacts. Source: WCTO provider reporting.

Denominator: the number of infants where contact was made by six weeks of age who reached the age band for core contact 6 (13 months, 4 weeks, 1 day) during the reporting period. Source: WCTO provider reporting.

Prior to June 2015, the data for this indicator was sourced from Plunket alone. From June 2015 onwards, it was sourced from all WCTO providers. This means results for this indicator from June 2015 onwards are not directly comparable with results from earlier periods.

The Ministry of Health only receives data with percentages, so we are unable to provide a table of data showing the raw count of numerator and denominator for the most recent reporting period.

Figures 4A and 4B:

Hawke's Bay DHB had fewer than 20 children in the relevant population in September 2014; we cannot publish numbers for a population this small.

The high level of variability in the DHB data, especially for those DHBs outside of the Auckland region, is largely due to the small infant Pacific population in each DHB.

B4 School Checks

The purpose of the B4SC is to promote health and wellbeing in four-year-olds, and to identify health, developmental or behavioural problems that may have a negative impact on children's ability to learn and take part at school. The B4SC is the 12th WCTO core contact.

It is important to note that, in contrast to previous *'Ala Mo'ui* reports, the data for the B4SC is now displayed by financial year. This makes *'Ala Mo'ui* reporting consistent with existing B4SC reporting, and more accurately reflects yearly coverage.

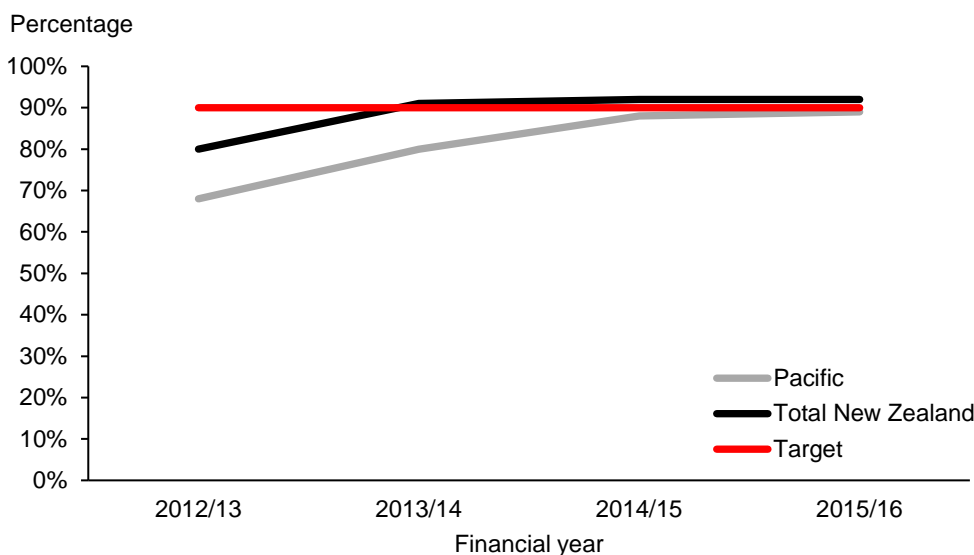
As Figure 5 shows, B4SC coverage for the Pacific peoples population has gradually improved since the 2012/13 financial year. In most recent years, the percentage of Pacific four-year-olds who receive a B4SC has come very close to the 90 percent target; coverage was 88 percent in the 2014/15 financial year and 89 percent in the 2015/16 financial year.

This data is counted cumulatively by financial year. Because at the time of writing this report the 2016/17 year was still in progress, we cannot report against this year. As of May 2017, 82 percent of eligible Pacific four-year-olds had received their B4SC check, which is the same proportion who had received their check in May 2016. It is very likely the high level of Pacific peoples B4SC coverage will have continued through to the end of June 2017.

Increased percentage of Pacific children who receive a B4SC

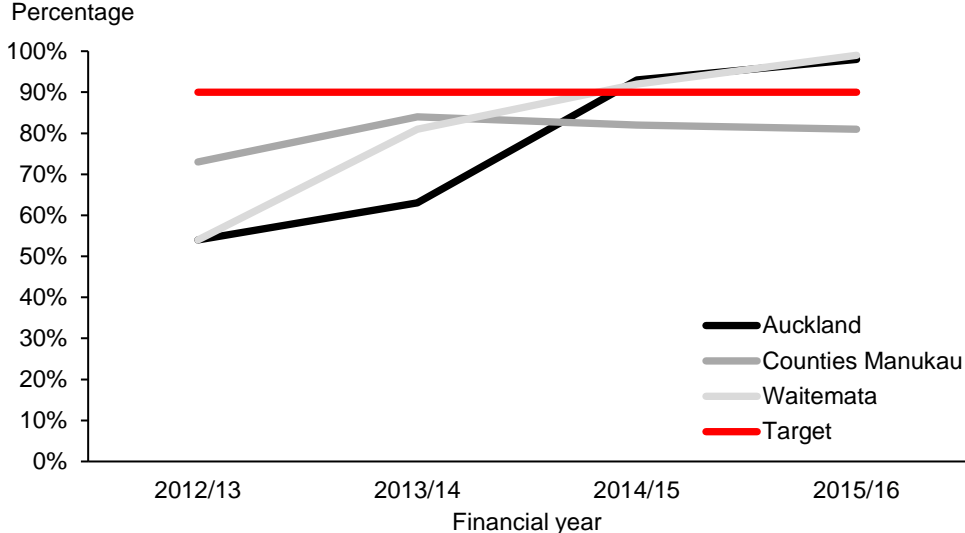
Performance: The target was set at 90 percent, to be achieved by June 2016.

Figure 5: Percentage of four-year-old children who received a B4 School Check, Pacific peoples and total New Zealand population, July 2012–June 2016



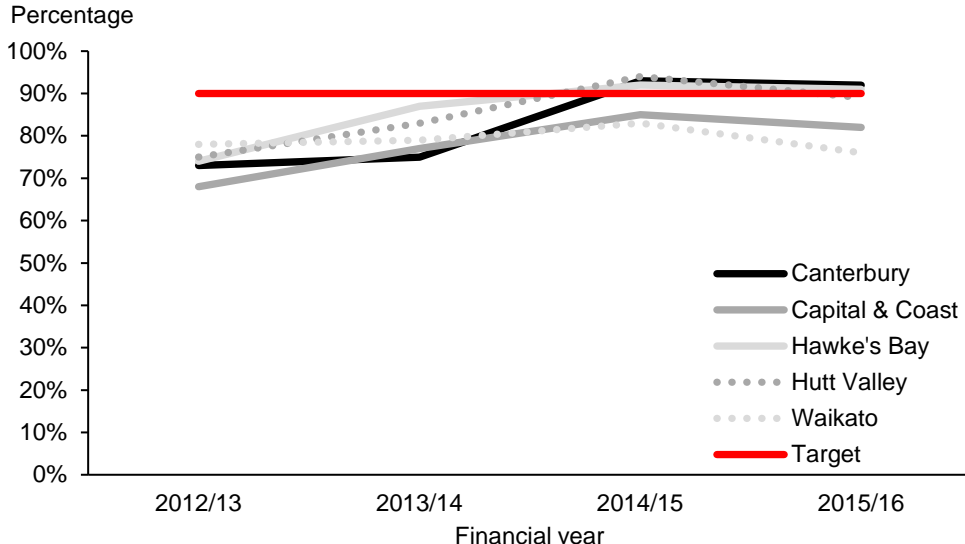
Source: DHB reporting on B4SCs

Figure 6A: Percentage of four-year-olds who received a B4 School Check, Pacific peoples, Auckland region DHBs, July 2012–June 2016



Source: DHB reporting on B4SCs

Figure 6B: Percentage of four-year-olds who received a B4 School Check, Pacific peoples, priority DHBs outside the Auckland region, July 2012–June 2016



Source: DHB reporting on B4SCs

Notes

Figures 5, 6A and 6B:

Timeframes: the data reflects financial years (12 months). For the 2015/16 data, the financial year was 1 July 2015–31 June 2016.

Numerator: the number of four-year-old children enrolled in a PHO who received a B4SC during the reporting period. Source: DHB reporting.

Denominator: the number of children who had a fourth birthday during the reporting period and were enrolled in a PHO. This includes all children who turned four years old in the relevant financial year, even those who were four years and one day old. This may add variability to the data, as the children who recently turned four were likely to have their B4SC in the subsequent financial year. Source: DHB reporting.

The high level of variability in the DHB data, especially for those DHBs outside of the Auckland region, is largely due to the small number of four-year-old Pacific children in each DHB.

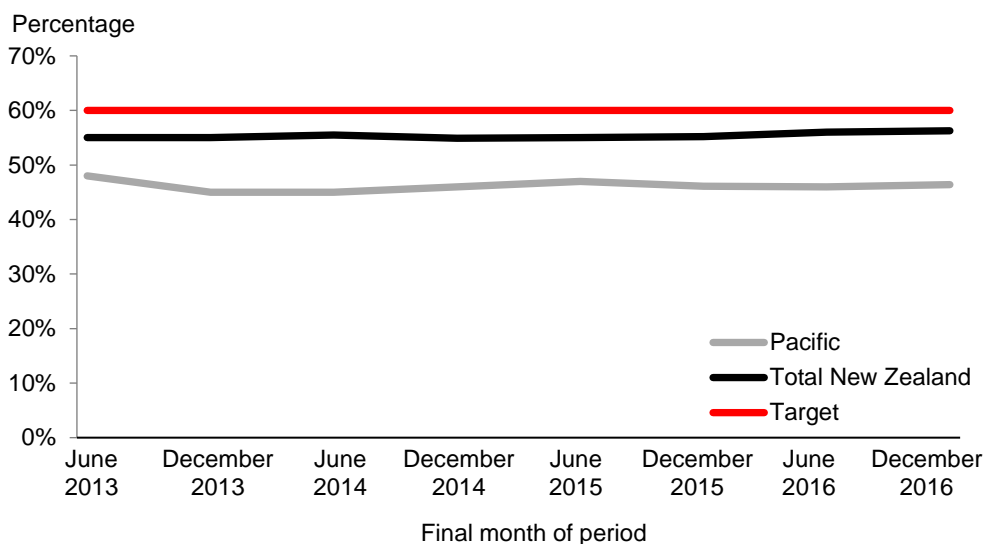
Children breastfed at three months of age

Figure 7 below shows the national percentage of Pacific children exclusively or fully breastfed at 2.5–4 months of age. The rates for this indicator were consistent between June 2013 and the most recent report (December 2016). Rates for the total New Zealand population were consistently higher than those for the Pacific peoples population.

Increased percentage of Pacific infants who are exclusively or fully breastfed at three months of age

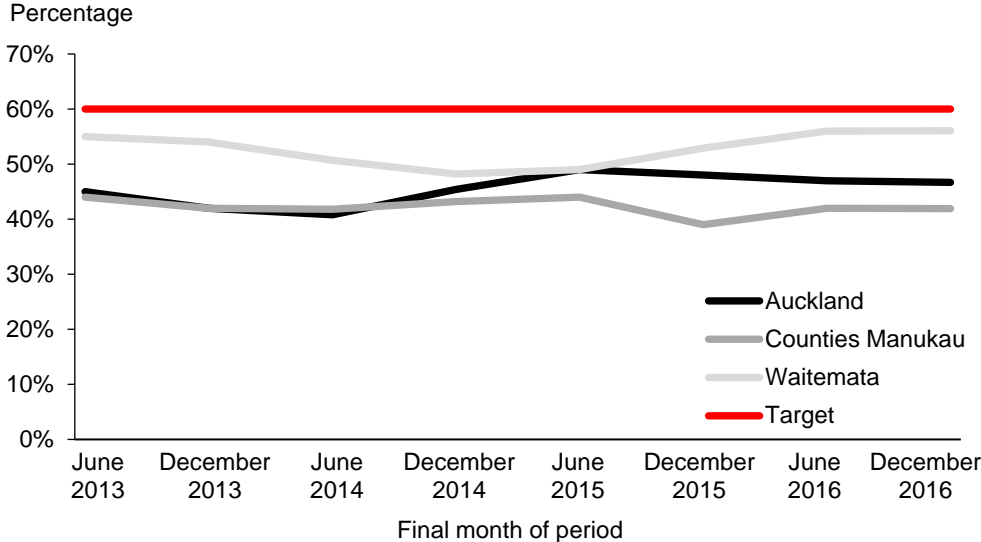
Performance: The target was set at 60 percent, to be achieved by June 2016.

Figure 7: Percentage of infants exclusively or fully breastfed at 2.5–4 months of age, Pacific peoples and total New Zealand population, June 2013–December 2016



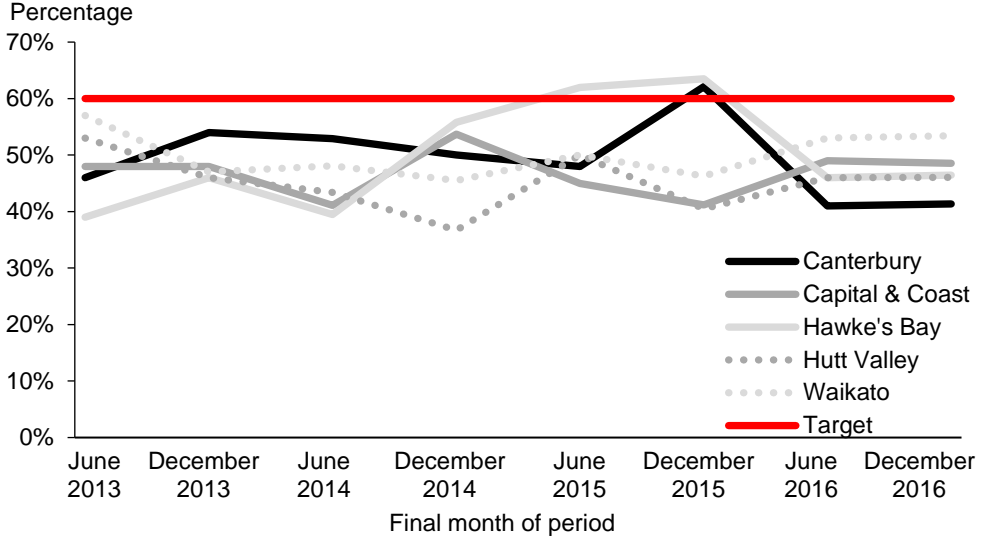
Source: WCTO provider reporting

Figure 8A: Percentage of infants exclusively or fully breastfed at 2.5–4 months of age, Pacific peoples, Auckland region DHBs, January 2013–December 2016



Source: WCTO provider reporting

Figure 8B: Percentage of infants exclusively or fully breastfed at 2.5–4 months of age, Pacific peoples, priority DHBs outside the Auckland region, January 2013–December 2016



Source: WCTO provider reporting

Notes

Figures 7, 8A, and 8B:

Timeframes: the data reflects six-month periods (1 January–30 June; 1 July–31 December). For the latest report, 'December 2016' relates to the period 1 July to 31 December 2016.

Numerator: the number of children who were exclusively breastfed who were between 70 and 111 days (2.5–4 months) of age at the time of the WCTO check. Source: WCTO provider reporting.

Denominator: the number of children who were between 70 and 111 days (2.5–4 months) of age at the time of the WCTO check. Source: WCTO provider reporting.

Prior to June 2015, the data for this indicator includes was sourced from Plunket alone. From June 2015 onwards, it was sourced from all WCTO providers. This means results for this indicator from June 2015 onwards are not directly comparable with results from earlier periods.

The Ministry of Health only receives data with percentages, so we are unable to provide a table of data showing the raw count for the numerator and denominator for the most recent reporting period.

The high level of variability in the DHB data, especially for those DHBs outside of the Auckland region, is largely due to the small infant Pacific population in each DHB.

Childhood obesity

Percentage of children aged four years with BMI > 98th percentile referred to a general practitioner or specialist service

From 1 July 2016, the definition of 'obesity' changed in line with the new Raising Healthy Children obesity target. The old definition of obesity applied to children whose BMI was greater than the 99.4th percentile, the new definition applies to those whose BMI is greater than the 98th percentile. Additionally, the definition of 'referral' was tightened to ensure that only children with a genuine referral were included. In this report, we have included data related to this new definition of referral, and the new definition of obesity. We note that in previous 'Ala Mo'ui reports the definitions of obesity and referral applied were different.

As Figure 9 shows, the percentage of obese four-year-old Pacific children being referred to a GP or specialist service was very low prior to the introduction of the new target. After the target was introduced, the percentage rose steadily (evident from the August 2016 report onwards); the target has nearly been achieved. A higher proportion of obese Pacific children are referred than the general population of four-year-old children in New Zealand.

Percentage of children aged 2–14 years interviewed in the New Zealand Health Survey who were obese (BMI \geq Cole cut-offs¹)

There is a large discrepancy between the percentage of Pacific children aged 2–14 who are obese and the percentage of obese children in the total New Zealand population. It is widely understood that childhood obesity is a major health issue for Pacific children, and it is an issue that encompasses a wide range of social determinants.

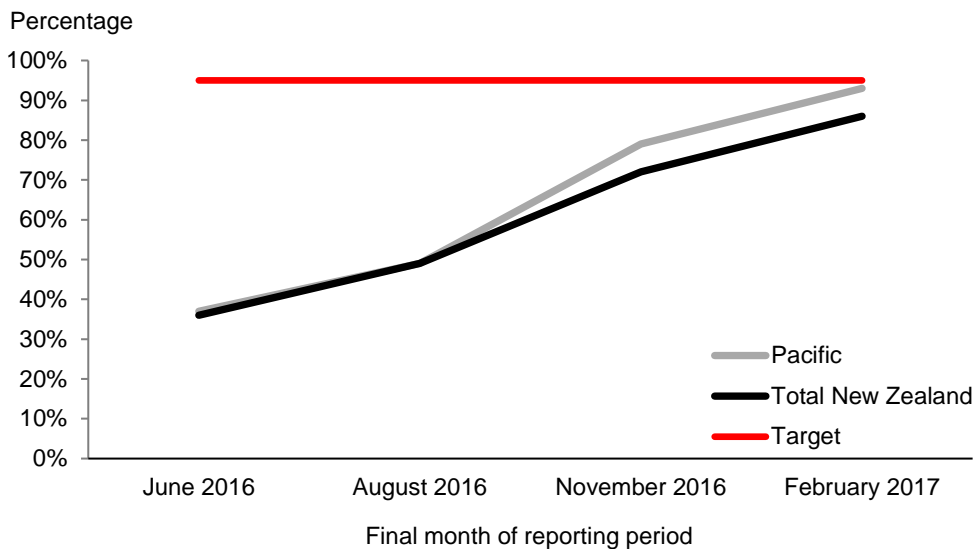
The NZHS is designed in such a way that the sample is representative of the total New Zealand population. For specific population subgroups, however – in this case Pacific children aged 2–14 years – the sample size can be small. This means the confidence intervals for these sub-populations are very wide; use caution when applying this data to the total population of Pacific 2–14-year-olds in New Zealand.

¹ international definition of overweight children and child obesity. This definition specifies the measurement, the reference population, and the age and sex specific cut off points (Cole et al., 2000).

Increased percentage of Pacific children with BMI >98th percentile who are referred to a GP or specialist services

Performance: The target was set at 95 percent, to be achieved by December 2017.

Figure 9: Percentage of children aged four years with body mass index >98th percentile referred to a general practitioner or specialist services, Pacific peoples and total New Zealand population, May 2016–February 2017



Source: DHB reporting on B4SCs

Notes

Figure 9:

Timeframes: the data reflects six-month periods. The dates on the graph are the final month of the reporting period. For the latest report, 'February 2017' relates to the period 1 September 2016–28 February 2017.

Numerator: the number of children who received a B4SC check whose BMI was greater than the 98th percentile and who were referred to a specialist service. Source: DHB reporting on B4SCs.

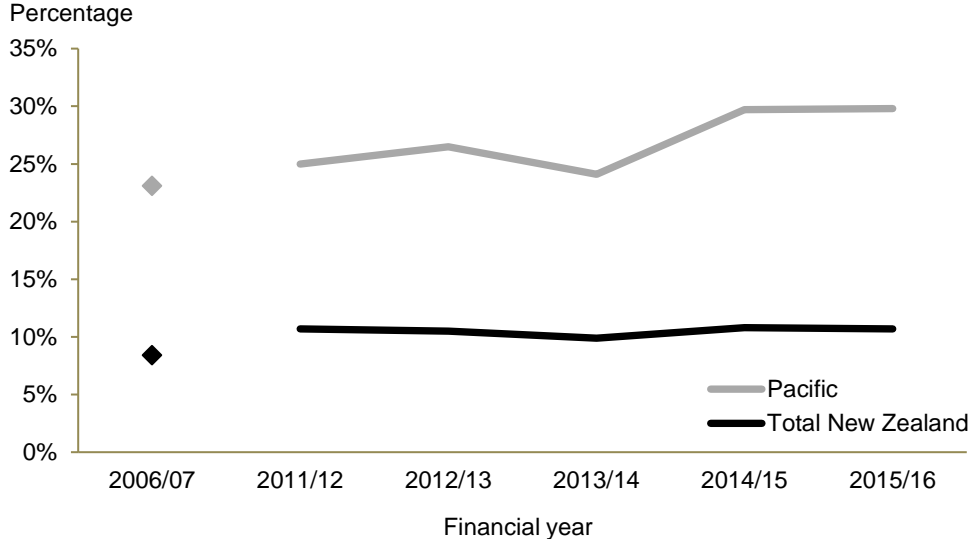
Denominator: the number of children who received a B4SC check whose BMI was greater than the 98th percentile. Source: DHB reporting on B4SCs.

We are not providing data by DHB for this indicator, due to the small numbers of Pacific children in each DHB whose BMI is at or above the 98th percentile.

Decreased number of Pacific children aged 2–14 years who are obese

Performance: There was no target set for this indicator.

Figure 10: Percentage of children aged 2–14 years measured in the New Zealand Health Survey who were obese (BMI \geq Cole cut-offs), Pacific peoples and total New Zealand population, 2006/07–2015/16



Source: NZHS

Notes

Figure 10:

Timeframes: the data reflects financial years (12 months). For the most recent data, '2015/16' relates to the period 1 July 2015–31 June 2016.

Numerator: the number of children aged 2–14 years who had their height and weight measured in the NZHS, and whose BMI was equivalent to an adult BMI of 30 or greater. Source: NZHS.

Denominator: the number of children aged 2–14 years who had their height and weight measured in the NZHS. Source: NZHS.

We are not providing data by DHB for this indicator, due to the very small number of Pacific children in each DHB interviewed by the NZHS.

Oral health

The *'Ala Mo'ui* indicators relating to oral health have a focus on children and infants.

The Ministry of Health is no longer monitoring or tracking two indicator measures relating to oral health:

- Pacific caries-free at year eight
- Pacific decayed, missing or filled teeth (DMFT) rates at age five.

We consider that the following three indicators suffice for monitoring oral health outcomes for Pacific children:

- Percentage of Pacific children under five years old enrolled with the COHS
- Pacific children caries-free at age five
- Pacific DMFT rates at school year eight.

Pacific enrolment with the Community Oral Health Service

Nationally, there has been continual improvement in rates of enrolment with the COHS for the total New Zealand population (see Figure 11); however, rates of enrolment for Pacific peoples appear to have plateaued from 2014 to 2015.

Figures 17A and 17B show DHB-level data. We note that the priority DHBs in the Wellington region (Hutt and Capital & Coast) have seen major increases in the percentage of children enrolled with the COHS.

Percentage of Pacific children caries-free at age five and rates of decayed, missing or filled teeth at school year eight

Nationally, there remains a large disparity between the Pacific peoples population and the total New Zealand population in terms of the percentage of children caries-free at age five (see Figure 13), and the mean number of DMFT at school year eight (see Figure 15).

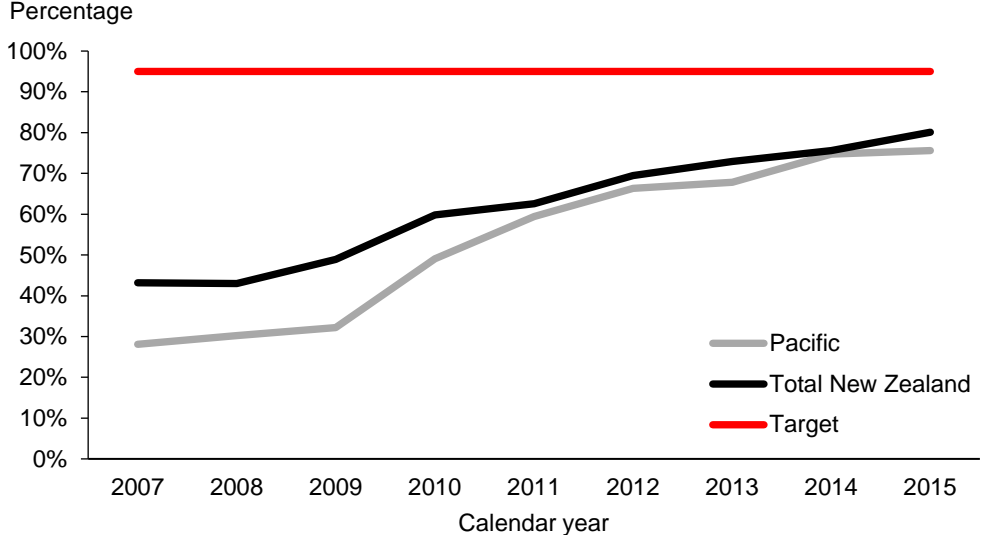
Figure 13 shows that the percentage of Pacific children caries-free at age five has consistently been around 30 percent since 2007; the rate was 33 percent in 2015.

Figure 15 shows that the Pacific peoples population has a higher mean number of DMFT than the total New Zealand population. It is important to note that both the total New Zealand rate and the Pacific peoples rate have been trending downward since 2011.

Increased percentage of Pacific children under five years of age who are enrolled with the COHS

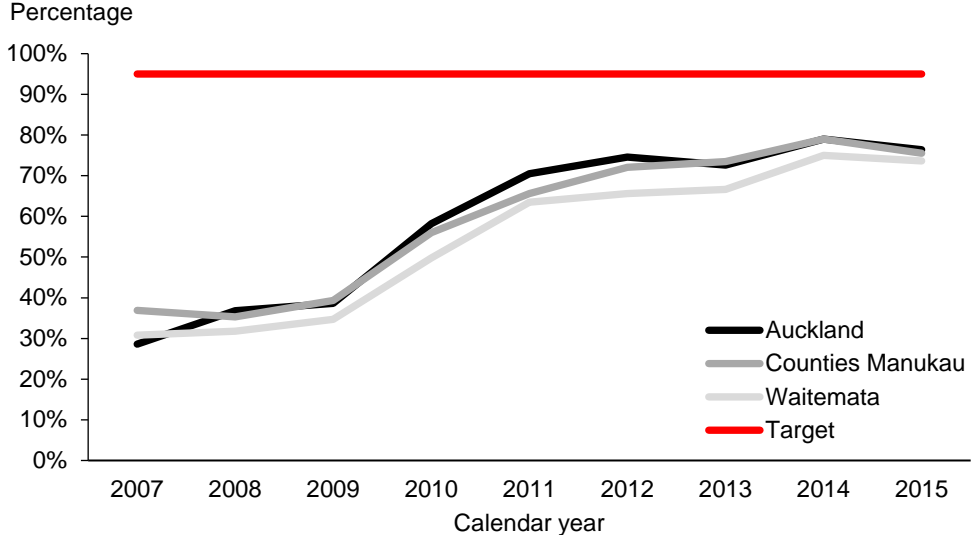
Performance: The target was set at 95 percent, to be achieved by June 2016.

Figure 11: Percentage of children under five years of age enrolled in the Community Oral Health Service, Pacific peoples and total New Zealand population, 2007–2015



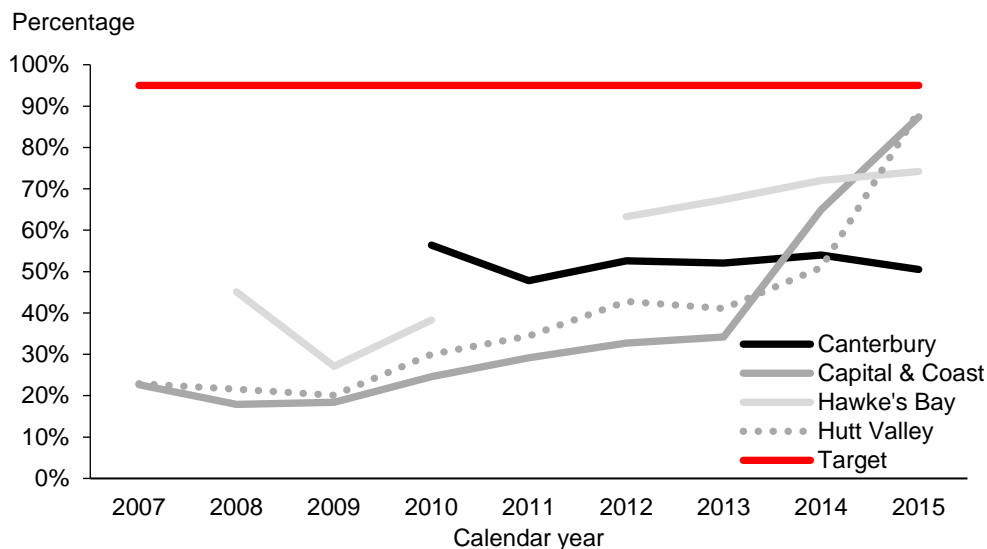
Source: DHB reporting and Statistics New Zealand

Figure 12A: Percentage of children under five years of age enrolled in the Community Oral Health Service, Pacific peoples, Auckland region DHBs, 2007–2015



Source: DHB reporting and Statistics New Zealand

Figure 12B: Percentage of children under five years of age enrolled in the Community Oral Health Service, Pacific peoples, priority DHBs outside the Auckland region, 2007–2015



Source: DHB reporting and Statistics New Zealand

Notes

Figures 11, 12A, and 12B:

Time period: this data reflects a calendar year: 1 January to 31 December.

Numerator: all children who were aged less than five years as of 31 December of the relevant year and who were enrolled with the COHS. Source: DHB reporting.

Denominator: the estimated number of children aged less than five years for the relevant population (total New Zealand, total Pacific and Pacific per each DHB). Source: Statistics New Zealand population projections, based on the most recent census.

The latest data for this indicator is from 2015.

Figure 12B:

Canterbury DHB did not report data by ethnicity for this indicator prior to 2010. Hawke's Bay DHB reported no data by ethnicity for the 2007 and 2011 years. Waikato DHB does not yet report by ethnicity for this indicator.

Data for this indicator are provided until 2015.

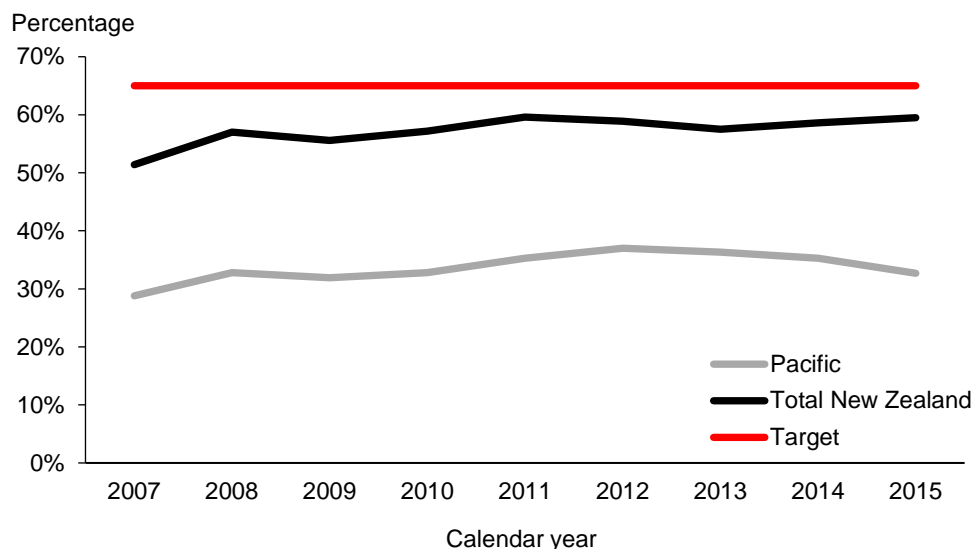
Table 5: Number and percentage of children under five years of age enrolled in the Community Oral Health Service, Pacific peoples, priority DHBs, 1 January–30 December 2015

Region		Number enrolled (count)	Total population (count)	Percentage enrolled
Auckland region	Counties Manukau	8,854	11,720	76%
	Auckland	3,742	4,900	76%
	Waitemata	2,989	4,060	74%
Rest of New Zealand	Capital & Coast	1,792	2,050	87%
	Canterbury	732	1,450	50%
	Hutt Valley	923	1,040	89%
	Hawke's Bay	482	650	74%

Increased number of Pacific children caries-free at age five, and rates of DMFT at school year eight at least equivalent to the total population

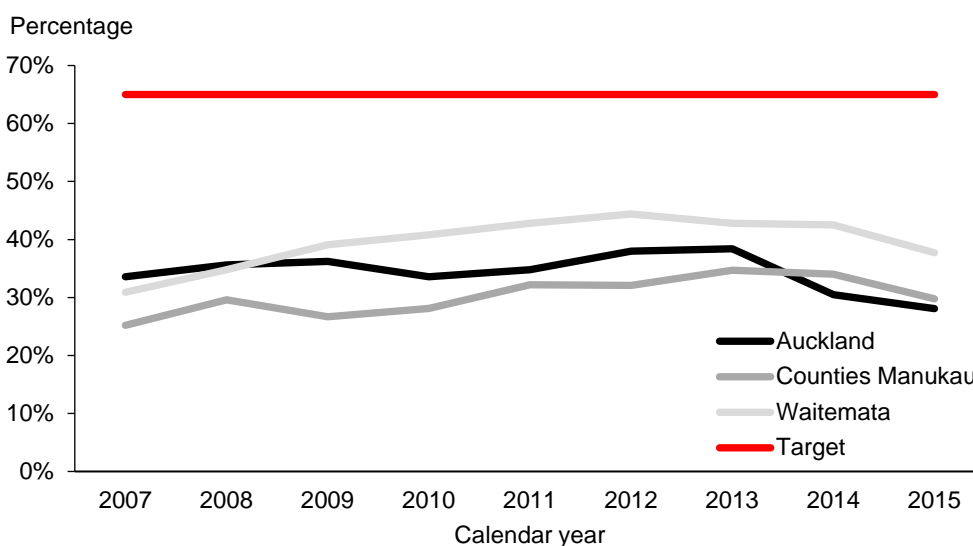
Performance: The target was set at 65 percent, to be achieved by June 2016.

Figure 13: Percentage of children caries-free at age five, Pacific peoples and total New Zealand population, 2007–2015



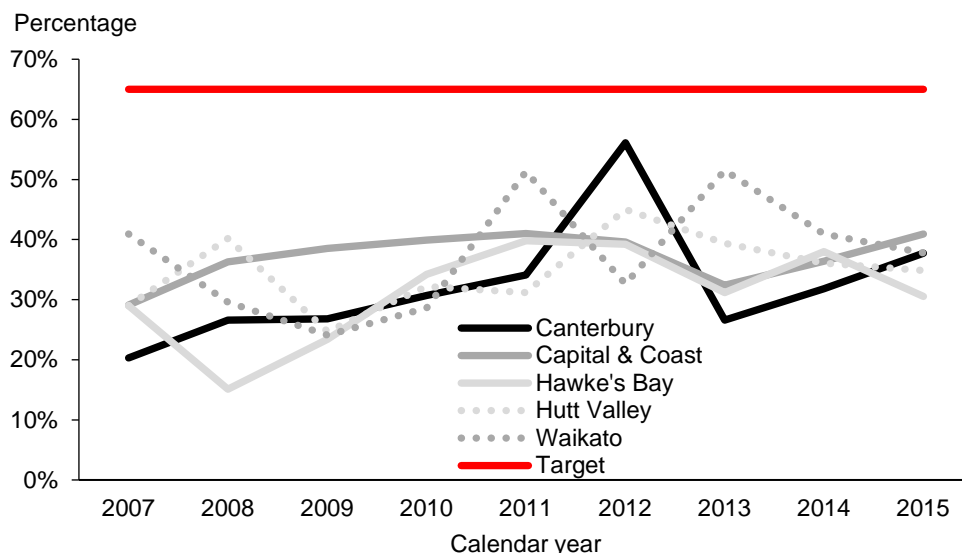
Source: DHB reporting against the COHS

Figure 14A: Percentage of children caries-free at age five, Pacific peoples, Auckland region DHBs, 2007–2015



Source: DHB reporting against the COHS

Figure 14B: Percentage of children caries-free at age five, Pacific peoples, priority DHBs outside the Auckland region, 2007–2015



Source: DHB reporting against the COHS

Notes

Figures 13, 14A and 14B:

Time period: this data reflects a calendar year: 1 January–31 December.

Numerator: the number of children with no dental caries who were five years old at the time of examination with the COHS. Source: DHB reporting.

Denominator: the number of children who were five years old at the time of examination with the COHS. Source: DHB reporting.

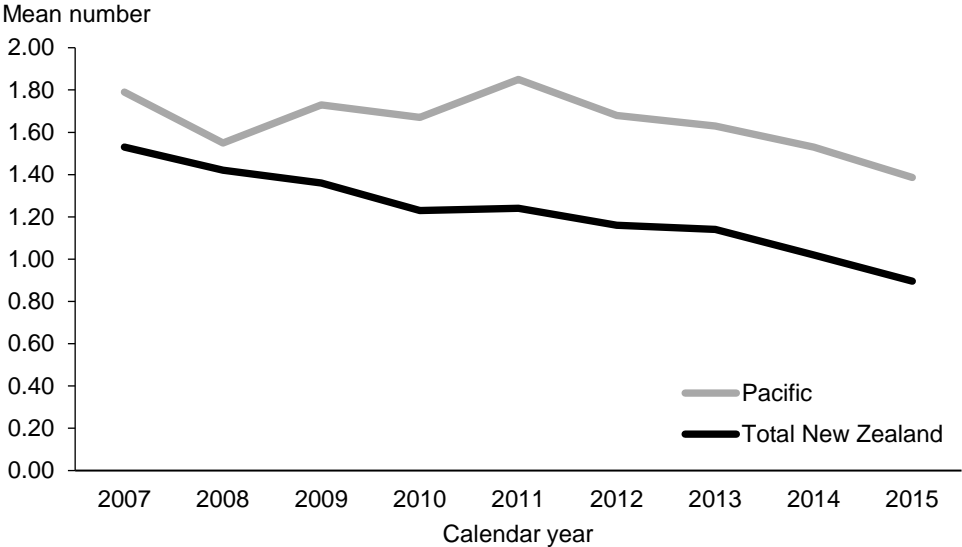
The high level of variability in the DHB data, especially for those DHBs outside of the Auckland region, is largely due to the small number of five-year-old Pacific children in each DHB (see Table 6).

The latest data for this indicator is from 2015.

Table 6: Number and percentage of children caries-free at age five, Pacific peoples, priority DHBs, 1 January–30 December 2015

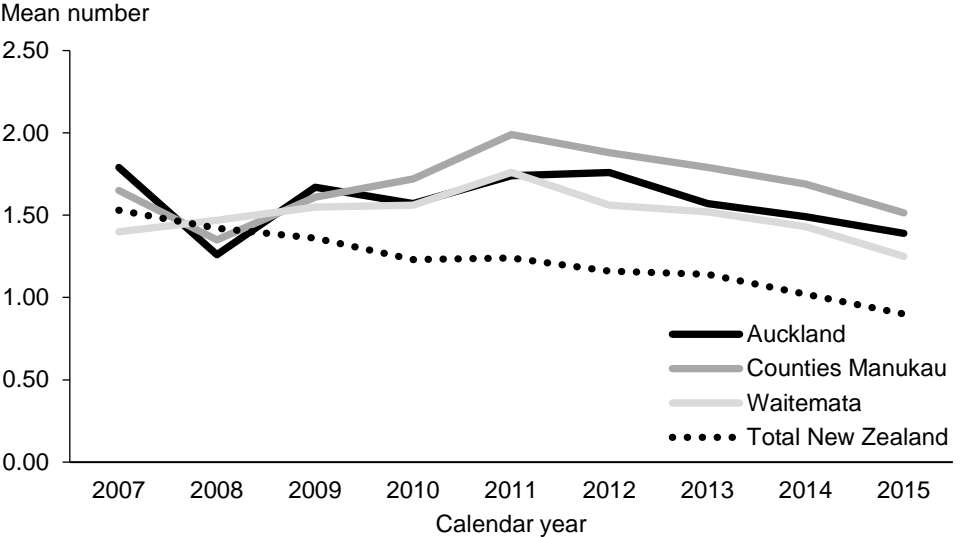
Region		Number caries-free (count)	Number examined (count)	Percentage caries-free
Auckland region	Counties Manukau	456	1,531	30%
	Auckland	194	691	28%
	Waitemata	166	440	38%
Rest of New Zealand	Capital & Coast	124	303	41%
	Canterbury	100	265	38%
	Hutt Valley	70	201	35%
	Hawke's Bay	36	118	31%
	Waikato	37	98	38%

Figure 15: Mean number of decayed, missing or filled teeth per child in school year eight, Pacific peoples and total New Zealand population, 2007–2015



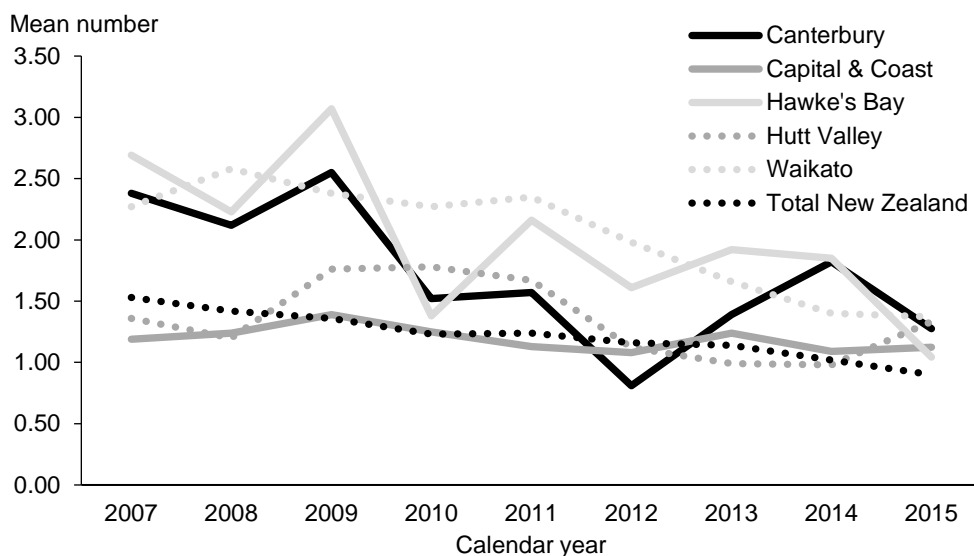
Source: DHB reporting against the COHS

Figure 16A: Mean number of decayed, missing or filled teeth per child in school year eight, Pacific peoples, Auckland region DHBs, 2007–2015



Source: DHB reporting against the COHS

Figure 16B: Mean number of decayed, missing or filled teeth per child in school year eight, Pacific peoples, priority DHBs outside the Auckland region, 2007–2015



Source: DHB reporting against the COHS

Notes

Figures 15, 16A and 16B:

Time period: this data reflects a calendar year: 1 January–31 December.

Numerator: the number of DMFT (count) for children in school year eight examined with the COHS. Source: DHB reporting.

Denominator: the number of children in school year eight examined with the COHS. Source: DHB reporting

The latest data for this indicator is from 2015.

The high level of variability in the DHB data, especially for those DHBs outside of the Auckland region, is largely due to the small number of Pacific children in school year eight in each DHB (see Table 7).

Table 7: Count and mean number of decayed, missing or filled teeth for children in school year eight, Pacific peoples, by priority DHBs, 1 January–30 December 2015

	Region	Number of DMFT (count)	Children examined (count)	Mean number DMFT
Auckland region	Counties Manukau	2,245	1,483	1.5
	Auckland	1,413	1,017	1.4
	Waitemata	655	524	1.3
Rest of New Zealand	Capital & Coast	356	317	1.1
	Canterbury	240	188	1.3
	Hutt Valley	224	168	1.3
	Hawke's Bay	96	92	1.0
	Waikato	118	86	1.4
Total New Zealand population		46,492	41,649	0.9

Immunisations

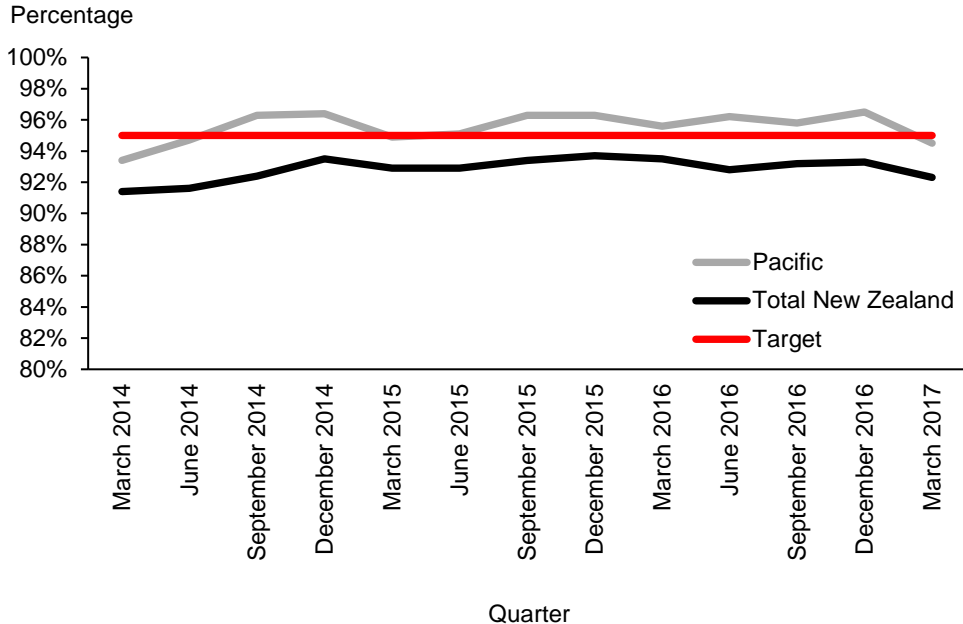
Immunisation protects children and communities against a range of preventable infectious diseases. The National Immunisation Schedule provides a series of free vaccinations to pregnant women, babies, children and adults. Timely immunisations provide the best protection; missing or delaying a vaccination can put a child at risk of catching infectious diseases such as measles and pertussis (whooping cough). The ‘increased immunisation’ target aims to ensure that 95 percent of all children, including Pacific children, are fully immunised at eight months – that is, that they have received all immunisations scheduled for six weeks, three months and five months of age.

Immunisation coverage for Pacific infants has consistently met the 95 percent target since June 2014, whereas the target is yet to be met for the overall population. In the most recent quarter (ending March 2017), the rate of coverage decreased slightly, to 94.5 percent, as Figure 17 shows. A similar decrease in overall coverage was apparent in this quarter. It is important to note that coverage in quarter three (January–March) has been lower than quarter two (October–December) in most previous years. This seasonal decrease is attributable to a number of factors, including infants missing immunisations during summer holidays and the start of the influenza vaccine season.

Increased Pacific infant immunisation coverage

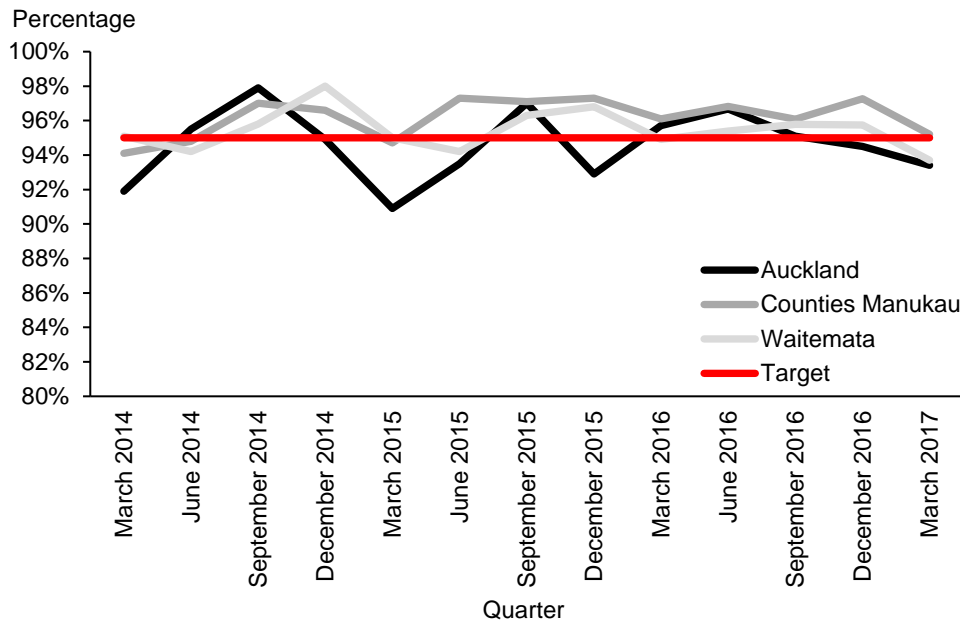
Performance: The target was set at 95 percent.

Figure 17: Immunisation coverage (percentage) of eight-month-old babies, March 2014–March 2017, Pacific peoples and total New Zealand population



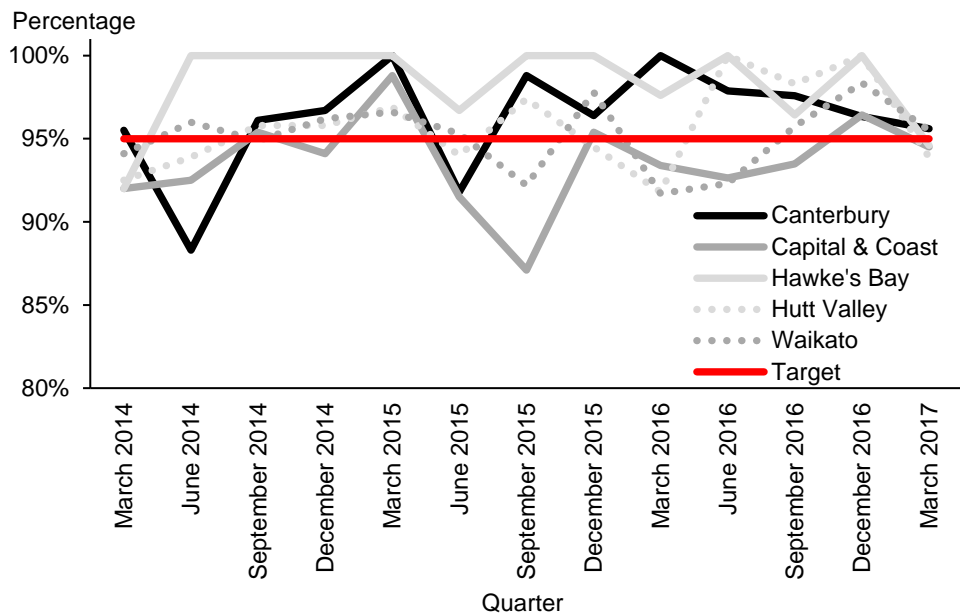
Source: National Immunisation Register reporting

Figure 18A: Immunisation coverage (percentage) of eight-month-old Pacific babies, Auckland region DHBs, March 2013–March 2017



Source: National Immunisation Register reporting

Figure 18B: Immunisation coverage (percentage) of eight-month-old Pacific babies, priority DHBs outside the Auckland region, March 2013–March 2017



Source: National Immunisation Register reporting

Notes

Figures 17, 18A and 18B:

Timeframes: the data is reported by quarter: 1 January–30 March; 1 April–30 June; 1 July–30 September; and 1 October–30 December.

Numerator: all children registered on the National Immunisation Register who were fully immunised (that is, received all immunisations scheduled for six weeks, three months and five months of age) on the day they turned eight months old. Source: National Immunisation Register.

Denominator: all children on the National Immunisation Register who are currently residents of New Zealand and who turned eight months of age in the relevant quarter. Source: National Immunisation Register.

The high level of variability in the DHB coverage, especially for those DHBs outside of the Auckland region, is largely due to the small infant Pacific population in each DHB (see Table 8).

Table 8: Count and percentage of babies fully immunised at eight months of age, Pacific peoples, priority DHBs, 1 January–30 March 2017

	Region	Number of babies fully immunised	Number of babies	Percentage fully immunised
Auckland region	Counties Manukau	611	642	95%
	Auckland	225	241	93%
	Waitemata	179	191	94%
Rest of New Zealand	Capital & Coast	86	91	95%
	Canterbury	65	68	96%
	Hutt Valley	46	49	94%
	Hawke's Bay	35	37	95%
	Waikato	42	44	96%

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