

'Ala Mo'ui

Progress Report

Pacific Health Care Utilisation

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 provides an outcomes framework for delivering high-quality health services to Pacific peoples. 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 set national target for the indicator, we show the rates for the Pacific population compared to the total New Zealand population, to demonstrate differences in equity 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

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 health care utilisation indicators:

- system level measures
- ambulatory sensitive hospitalisation (ASH) rates
- general practice (GP) and nurse utilisation
- access to mental health services
- access to drug and alcohol services
- smoking cessation
- cervical screening
- more heart and diabetes checks
- rheumatic fever.

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 Well Child Tamariki Ora and Community Oral Health Service 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 below 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 where we have reported by DHB, 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: publishing this data could compromise the privacy of individuals.

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

- [Programme for the Integration of Mental Health Data \(PRIMHD\)](#) Ministry of Health mental health statistics, used to measure the population accessing specialist mental health services and alcohol and drug services
- [National Cervical Screening Programme \(NCSP\) data](#), used to measure numbers of women who received a cervical smear
- the [Primary Health Organisation Enrolment Collection](#), used to measure nurse and general practitioner (GP) use, and numbers of smokers offered advice to quit
- [information on the 'Better help for smokers to quit' primary health care target](#)
- [National Minimum dataset](#) hospital discharge data, used to measure rheumatic fever hospitalisation and ambulatory sensitive hospitalisations (ASH)
- [Statistics New Zealand population projections](#), used as the baseline population for cervical smear testing, ASH rates and access of mental health and alcohol and drug services.

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

Table 1 sets out 'Ala Mo'ui indicators which suggest positive results for Pacific peoples when compared to the total New Zealand population.

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
GP and nurse utilisation	GP utilisation: average number of visits per person per calendar year	3.13	3.00
	Nurse utilisation: average number of visits per person per calendar year	0.78	0.75
Percentage of the population using DHB alcohol and drug services		1.1%	1.0%
Percentage of women aged 25–69 years who received a cervical smear test in the past three years		75.9%	75.7%
Percentage of current smokers aged 15 to 74 years offered brief advice and support to quit in primary health care		87.4%	86.5%

Table 2 sets out indicators against which rates for Pacific peoples are close to (within 5 percent of) rates for the total New Zealand population.

Table 2: 'Ala Mo'ui indicators which suggest that 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 the population using DHB specialist mental health services	3.1%	3.5%
Percentage of eligible adults who had cardiovascular risk assessed	89.1%	89.9%

Rates against the remaining two 'Ala Mo'ui health care utilisation indicators show poorer health outcomes for the Pacific population in comparison to the total New Zealand population (see Table 3).

Table 3: 'Ala Mo'ui indicators against which rates for Pacific peoples are lower than rates for the total New Zealand population, 31 March 2017

Indicator		Pacific peoples	Total New Zealand
Ambulatory sensitive hospitalisation rates per 100,000	Children (0–4 years old)	12,079	6,690
	Adults (45–64 years old)	8,787	3,789
Estimated percentage of people with diabetes		10.2%	5.5%
Rheumatic fever hospitalisation rate per 100,000		25	3

System Level Measures

With the update of the New Zealand Health Strategy, the Integrated Performance and Incentive Framework (the Ministry of Health's previous quality improvement framework) evolved into System Level Measures. This shifted the focus from primary care to the whole of the health system.

The purpose of System Level Measures is to:

- shift the focus of health sector performance from outputs to outcomes
- measure performance of the whole health system that is achieved through integration of services and systems
- reduce demand on hospital resources through providing access to primary care
- provide a high-level organising framework for local clinically led quality improvement
- eliminate health inequities for Māori and Pacific peoples who have poorer access to health care and poorer health outcomes
- ensure people experience integrated and safe health care.

System Level Measures focus on children, youth and vulnerable populations. They form part of the DHB annual planning process, and provide an opportunity for DHBs to work with their primary, secondary and community care providers to improve the health outcomes of their local populations. They promote better understanding and use of health information, engagement with people in the design and delivery of health services and better health investment in models of care based on local population needs. Within the System Level Measures system, improvement milestones and activities are based on local needs.

The Ministry expects that district alliances made up of relevant providers will use data to identify and analyse health outcome gaps, and develop activities and services to reach local improvement milestones. Reducing equity gaps is a priority for this work.

As System Level Measures are based on local quality improvement, the Ministry assesses individual DHB results at a local level only. All 20 district alliances work to a Ministry of Health-approved Improvement Plan outlining how they will implement and achieve the six System Level Measures.

The four System Level Measures that the Ministry implemented for 2016/2017 were:

1. ASH rates per 100,000 for 0–4-year-olds (ie, with the aim of keeping children out of hospital)
2. acute hospital bed days per capita (ie, with the aim of using health resources effectively)
3. patient experience of care (ie, with the aim of providing person-centred care)
4. amenable mortality rates (ie, with the aim of improving prevention and early detection).

Two additional System Level Measures were implemented from 1 July 2017:

1. the proportion of babies who live in a smoke-free household at six weeks of age (ie, with the aim of providing babies with a healthy start)
2. youth access to and utilisation of youth-appropriate health services (ie, with the aim of ensuring youth are healthy, safe and supported).

Ambulatory sensitive hospitalisation rates

Health systems often use ASH rates as a measure of the effectiveness of the interface between primary and secondary health care. The assumption is that better management of chronic conditions such as diabetes and cardiovascular disease within local communities (ie, in the primary care context) has the potential to reduce the number of avoidable hospital admissions (and therefore to moderate demand on hospital resources). On a quarterly basis, the Ministry of Health analyses diagnosis information on hospitalisations sent to the national data set to obtain ASH rates.

The Ministry initiated a review of the methodology used to calculate ASH rates towards the end of 2014. As a result, it has changed the previous ASH definition to differentiate 'Child ASH' from 'Adult ASH'. The rationale is that clinical conditions for 'Child ASH' differ from those for 'Adult ASH'. The Ministry is now reporting Child ASH rates (for 0–4-year-olds) and Adult ASH rates (for 45–64-year-olds) rates.¹

Figures 1A and 1D show national ASH rates for 0–4-year-olds and 45–64-year-olds respectively. As both of these graphs show, the ASH rates for the Pacific peoples population is significantly higher than that for the total New Zealand population. In 2016, both child and adult ASH rates were more than double the equivalent rates for the total New Zealand population.

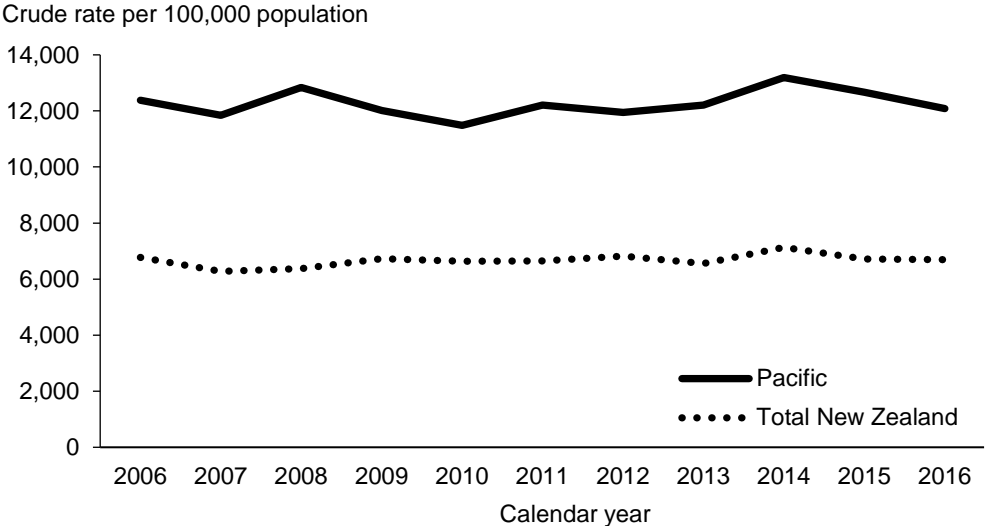
Table 4 lists crude ASH rate figures for 2016.

Table 4: Crude ASH rates for 2016, Pacific peoples and total New Zealand population

Crude child (0–4-year-olds) ASH rates per 100,000	Pacific peoples	12,079
	Total New Zealand	6,690
Crude adult (45–64-year-olds) ASH rates per 100,000	Pacific peoples	8,787
	Total New Zealand	3,789

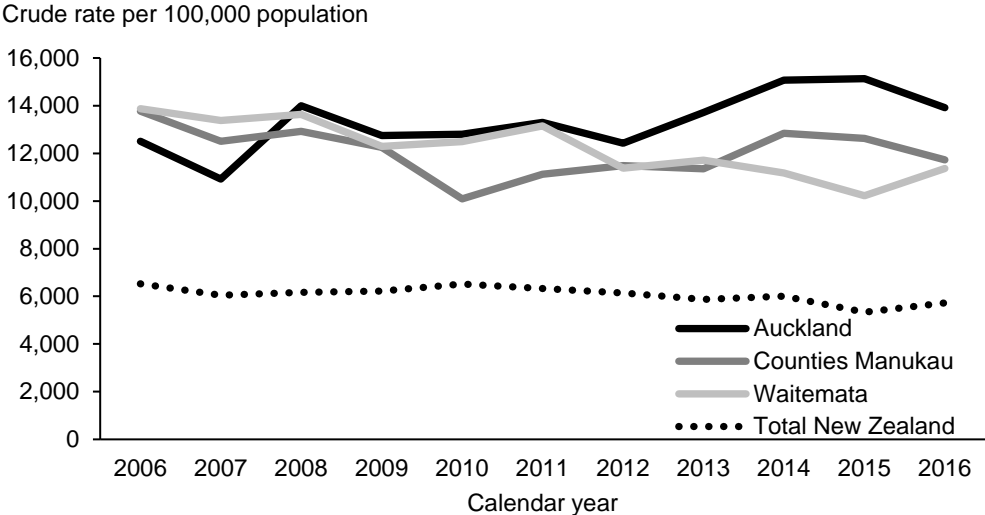
¹ More information available on the Nationwide Service Framework Library's website <http://nsfl.health.govt.nz/accountability/performance-and-monitoring/performance-measures/performance-measures-201516>

Figure 1A: Crude ASH rates per 100,000 population (0–4-year-olds), Pacific peoples and total New Zealand population, 2006–2016



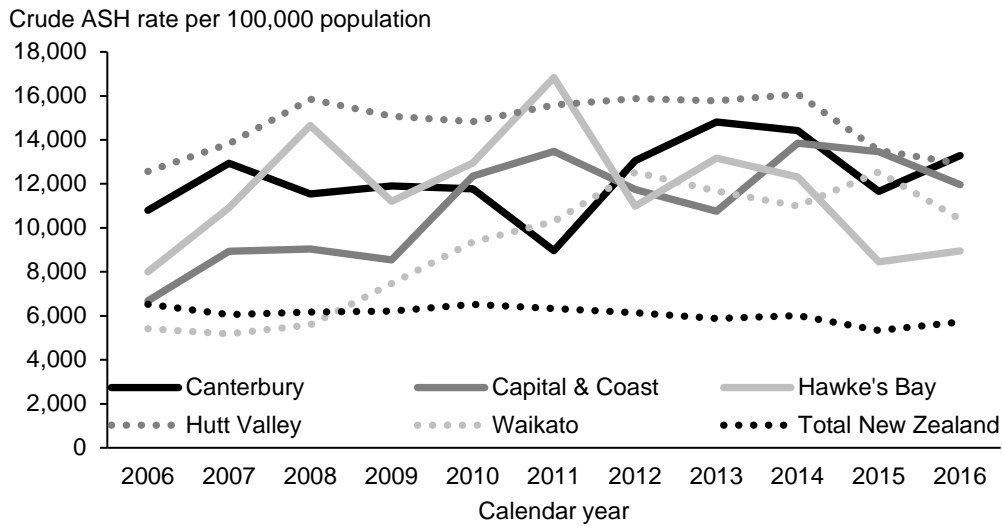
Source: National Minimum Dataset and Statistics New Zealand

Figure 1B: Crude ASH rates per 100,000 population (0–4-year-olds), Pacific peoples, Auckland region DHBs, 2006–2016



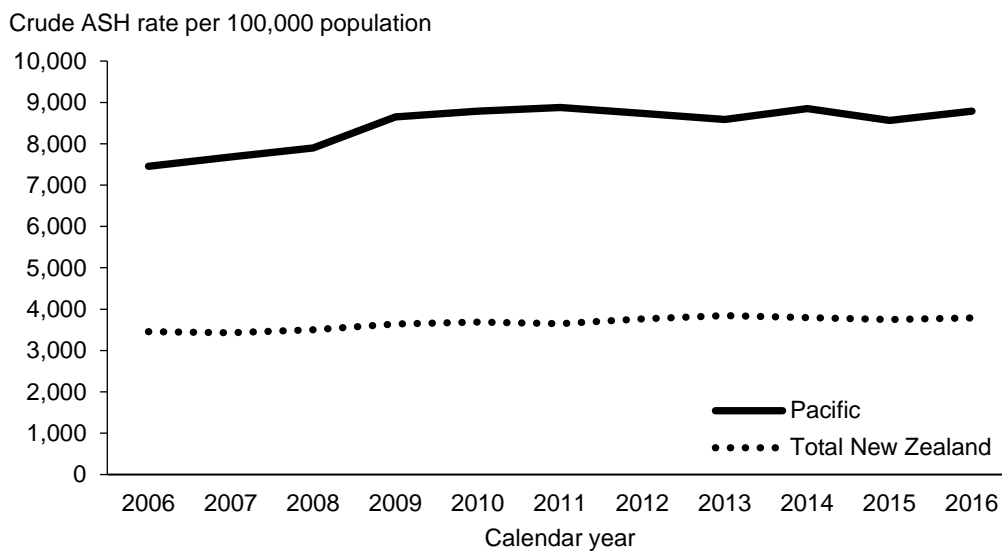
Source: National Minimum Dataset and Statistics New Zealand

Figure 1C: Crude ASH rates per 100,000 population (0–4-year-olds), Pacific peoples, priority DHBs outside the Auckland region, 2006–2016



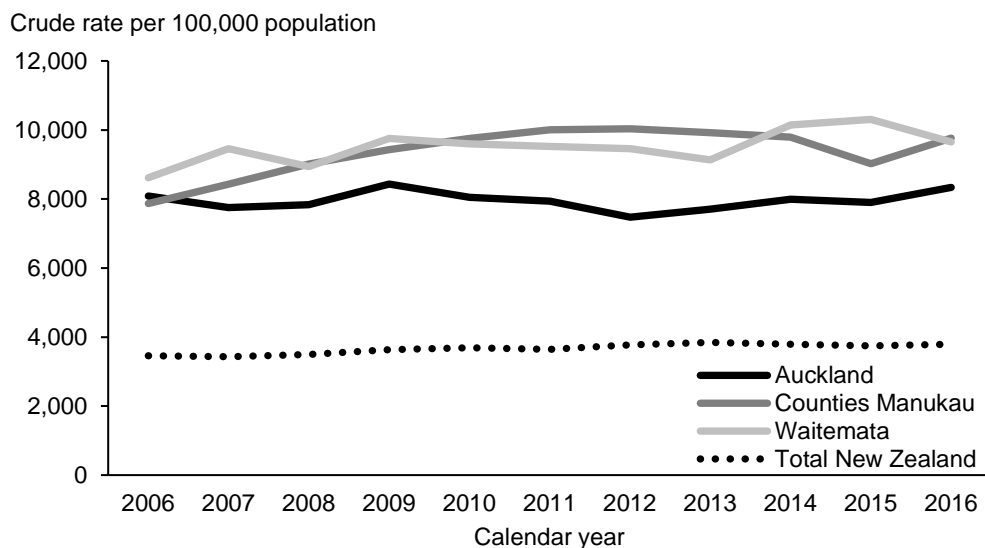
Source: National Minimum Dataset and Statistics New Zealand

Figure 1D: Crude ASH rates per 100,000 population (45–64-year-olds), Pacific peoples and total New Zealand population, 2006–2016



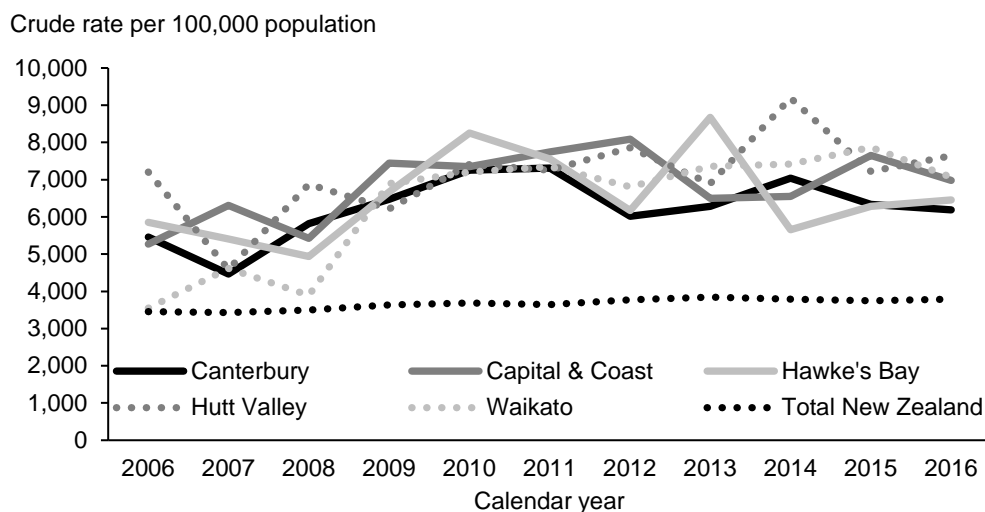
Source: National Minimum Dataset and Statistics New Zealand

Figure 1E: Crude ASH rates per 100,000 population (45–64-year-olds), Pacific peoples, Auckland region DHBs, 2006–2016



Source: National Minimum Dataset and Statistics New Zealand

Figure 1F: Crude ASH rates per 100,000 population (45–64-year-olds), Pacific peoples, priority region DHBs outside the Auckland region, 2006–2016



Source: National Minimum Dataset and Statistics New Zealand

Notes

Figures 1A–1F:

Timeframes: this data reflects a calendar year (1 January–30 December).

Numerator: the total number (count) of hospitalisations classified as being ambulatory sensitive during the relevant calendar year.

Denominator: the total relevant population (total population, Pacific population, or Pacific population in the DHB), from population projections provided by Statistics New Zealand, based on the 2013 Census.

Age: the age of the patient at the time they were admitted.

General practitioner and nurse utilisation

Primary health care is typically a person's first point of access into the New Zealand health care system. Evidence shows that improving access to health care is a major factor in improving overall health for Pacific peoples.

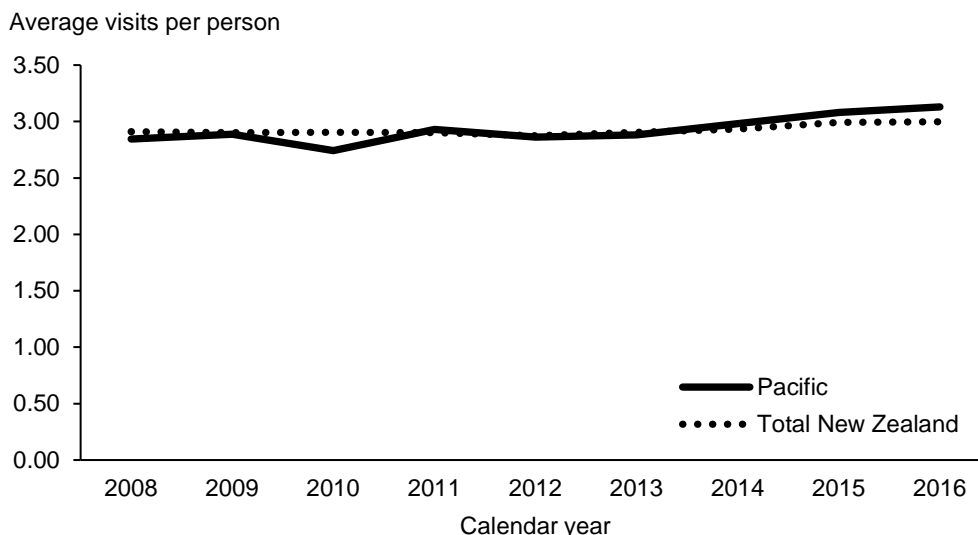
Figures 2, 4 and 6 show the national average number of GP visits, nurse visits and combined (GP and nurse) visits per person in a calendar year. All of these graphs show slightly higher GP and nurse utilisation rates across the board for the Pacific peoples population in comparison to rates for the total New Zealand population.

This appears to be a positive trend; however, it is important to look at this information in conjunction with other *'Ala Mo'ui* indicators, and particularly ASH rates, which remain significantly higher for Pacific peoples (see Figures 1A and 1D).

Increased utilisation rates of primary health care providers in the eight priority DHBs

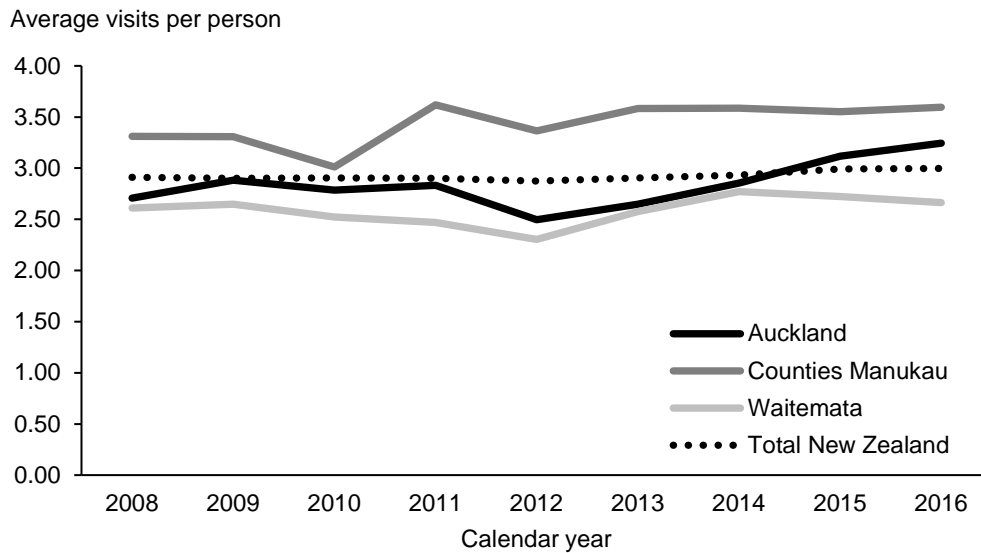
Performance: There is no target set for this indicator.

Figure 2: GP utilisation: average number of visits per person per calendar year, Pacific peoples and total New Zealand population, 2008–2016



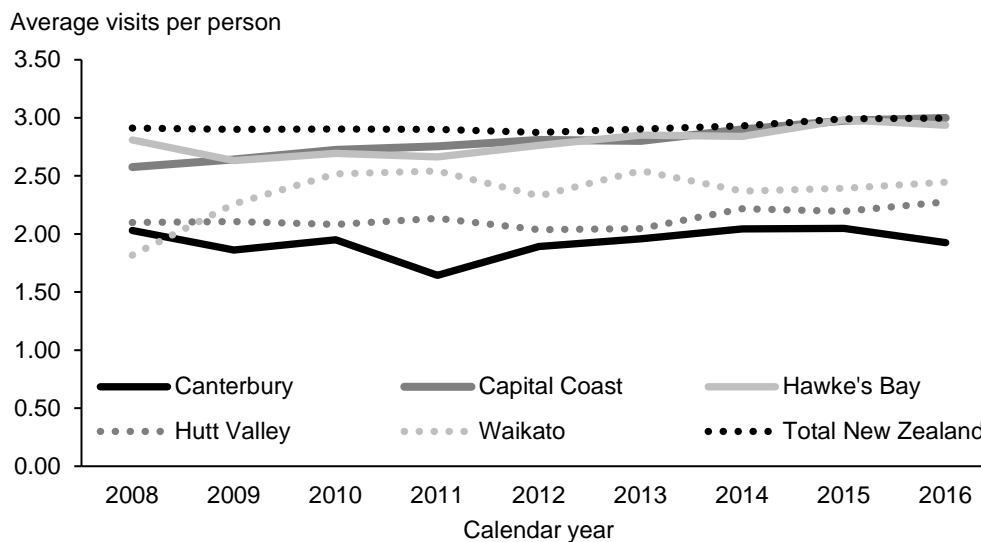
Source: PHO reporting

Figure 3A: GP utilisation: average number of visits per person per calendar year, Pacific peoples, Auckland region DHBs, 2008–2016



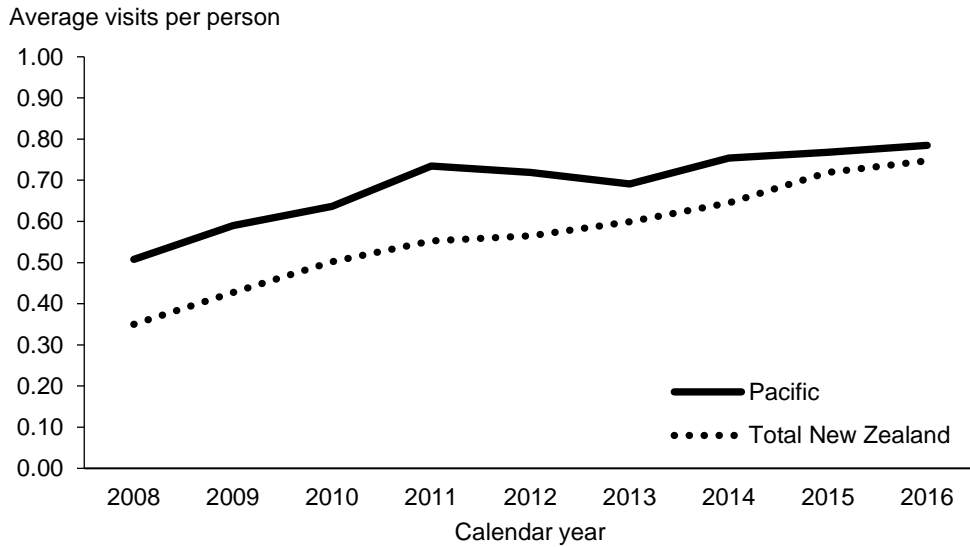
Source: PHO reporting

Figure 3B: GP utilisation: average number of visits per person per calendar year, Pacific peoples, priority DHBs outside the Auckland region, 2008–2016



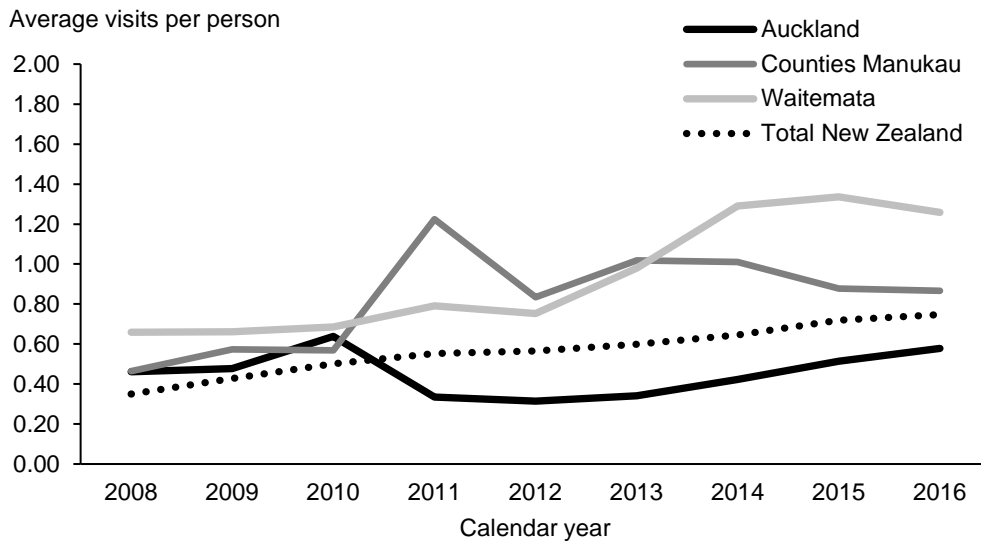
Source: PHO reporting

Figure 4: Nurse utilisation: average number of visits per person per calendar year, Pacific peoples and total New Zealand population, 2008–2016



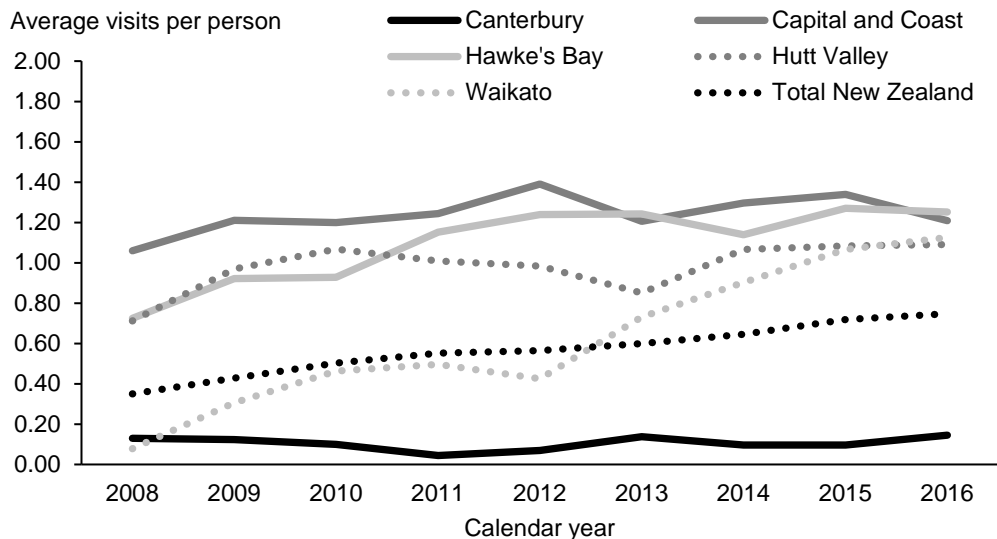
Source: PHO reporting

Figure 5A: Nurse utilisation: average number of visits per person per calendar year, Pacific peoples, Auckland region DHBs, 2008–2016



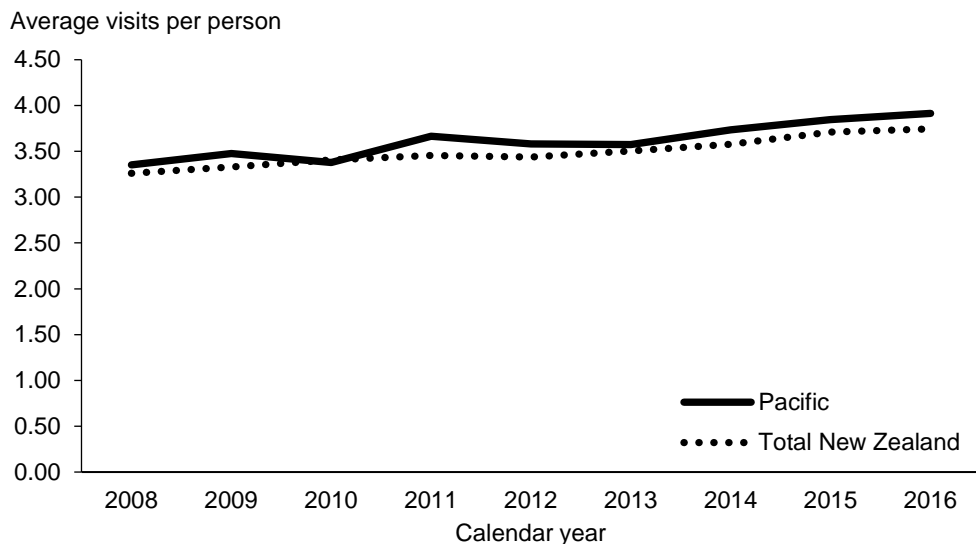
Source: PHO reporting

Figure 5B: Nurse utilisation: average number of visits per person per calendar year, Pacific peoples, priority DHBs outside the Auckland region, 2008–2016



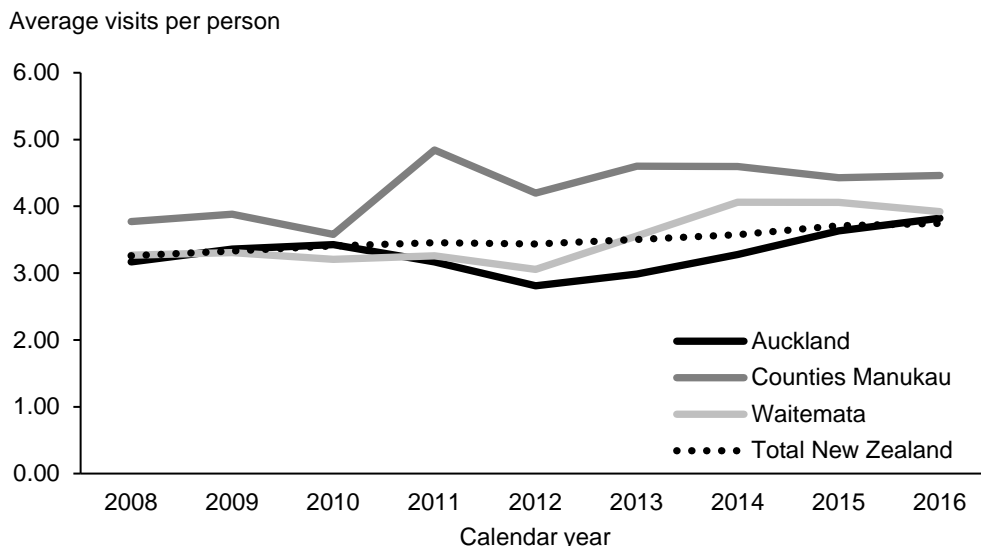
Source: PHO reporting

Figure 6: Total GP and nurse utilisation: average number of visits per person per calendar year, Pacific ethnicity and total ethnicity, 2008–2016



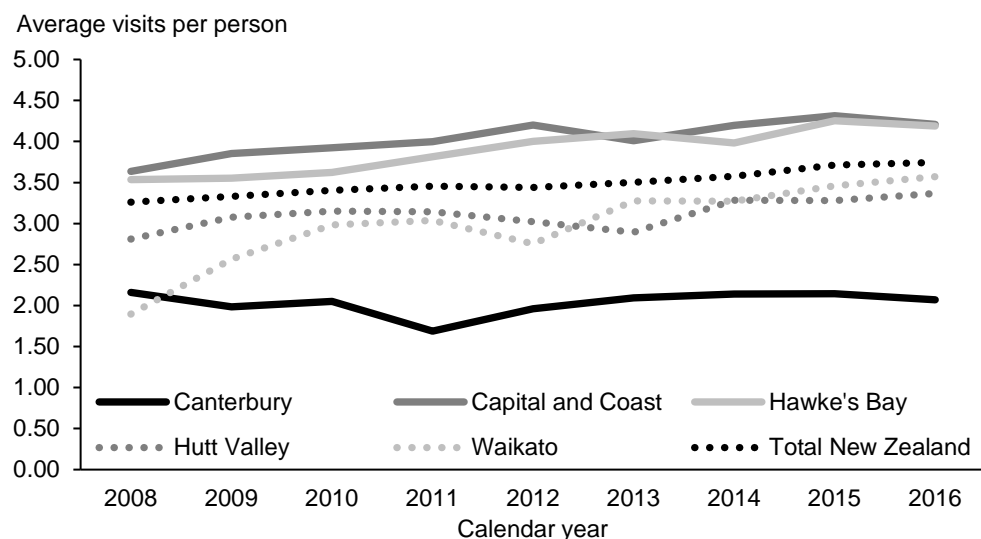
Source: PHO reporting

Figure 7A: Total GP and nurse utilisation: average number of visits per person per calendar year, Pacific peoples, Auckland region DHBs, 2008–2016



Source: PHO reporting

Figure 7B: Total GP and nurse utilisation: average number of visits per person per calendar year, Pacific peoples, priority DHBs outside the Auckland region, 2008–2016



Source: PHO reporting

Notes

Figures 2–7B:

Timeframe: this data reflects a calendar year (1 January–30 December).

Numerator: the number (count) of each instance where people visited their GP or nurse at each PHO in the relevant reporting period, added together for the relevant DHB (DHB reporting), the numbers for all DHBs together were then added together to give a national figure (total population reporting). Source: PHO reporting.

Denominator: the total number of people enrolled in a PHO in the relevant DHB (DHB reporting), added together to give a national denominator (total population reporting). Source: PHO reporting.

Figures 5A, 5B, 7A and 7B:

In 2008, GP practices and other PHOs began to count nurse visits that were not paid for. Changes in the data therefore reflect changes in reporting as well as changes in utilisation.

Table 5: Count and average number of nurse and GP visits combined, Pacific peoples, priority DHBs, 1 January–30 December 2016

	Region	Total number of consultations (count)	Number of people enrolled in DHB (count)	Average visits per person
Auckland region	Counties Manukau	481,560	107,923	4.46
	Auckland	430,817	112,709	3.82
	Waitemata	45,072	11,492	3.92
Rest of New Zealand	Capital & Coast	95,227	22,632	4.21
	Canterbury	27,677	13,369	2.07
	Hutt Valley	34,450	10,232	3.37
	Hawke's Bay	22,531	5,381	4.19
	Waikato	36,581	10,243	3.57
Total New Zealand (all population)		1,646,668	4,397,088	3.74

Access to mental health services

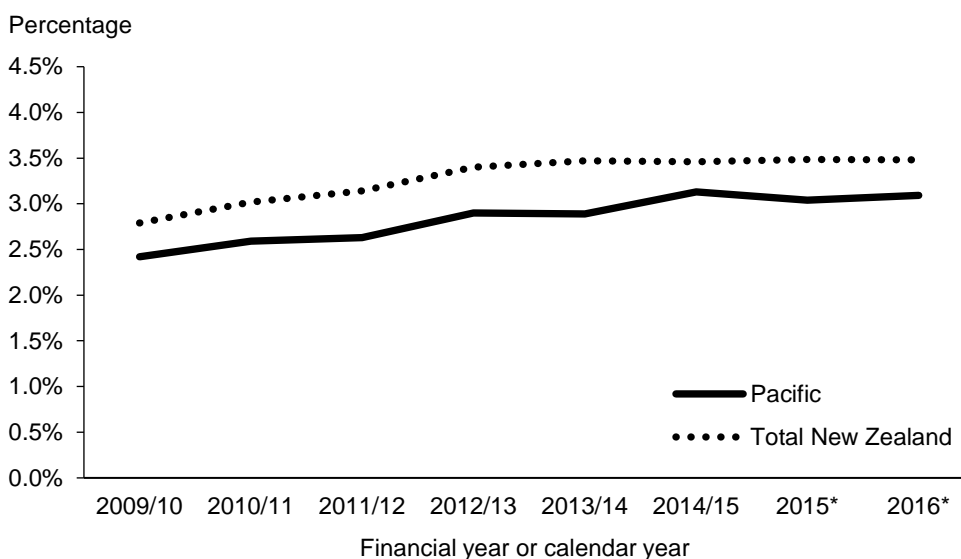
Nationally, the rate of access to mental health services for Pacific peoples is very close (within 0.4 percent) to the rate for the total New Zealand population (see Figure 8). The rate for most of the eight priority DHBs is within 1 percent of the rate for the total New Zealand population. It should be highlighted that Auckland DHB has shown consistently higher rates of mental health service utilisation since the 2009/10 financial year.

The three Auckland DHBs provide designated mental health services for Pacific peoples. Auckland DHB has Lotofale, Waitemata DHB has Takanga a Fohe and Counties Manukau DHB has Faleola. The three DHBs share addiction services through TUPU. It is likely this arrangement has contributed to access rates for both mental health services and alcohol and drug services for Pacific peoples in those DHBs.

Improved health status among Pacific people with severe mental illness through improved access rates

Performance: There is no target set for this indicator.

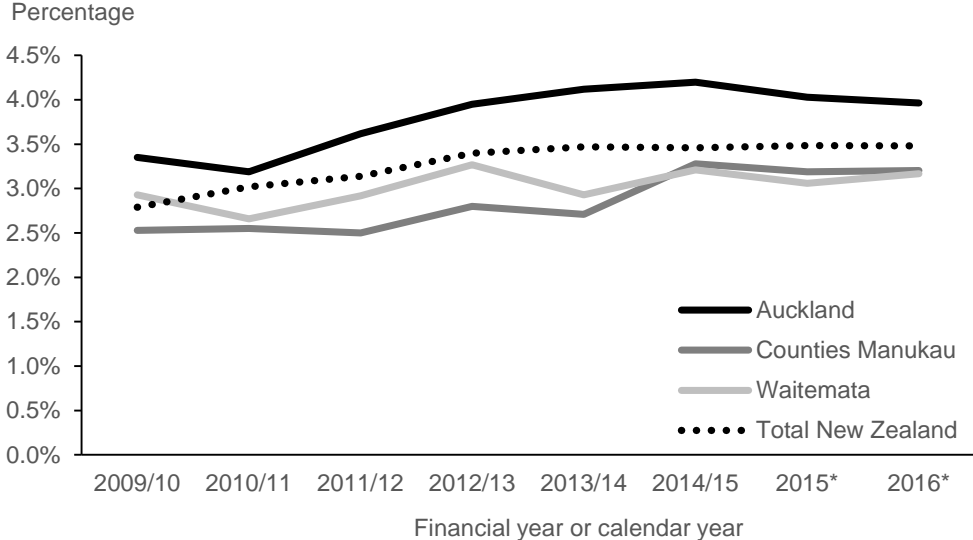
Figure 8: Percentage of the population using DHB specialist mental health services, Pacific peoples and total New Zealand population, 2009/10–2016



Source: PRIMHD and Statistics New Zealand

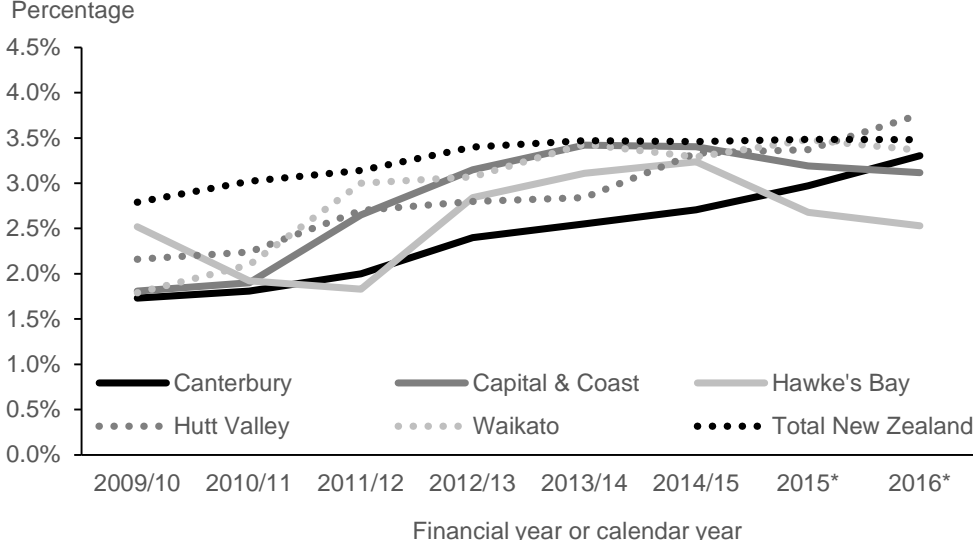
* These years are calendar years; all others are financial years.

Figure 9A: Percentage of population using DHB specialist mental health services, Pacific peoples, Auckland region DHBs, 2009/10–2016



Source: PRIMHD and Statistics New Zealand
 * These years are calendar years; all others are financial years.

Figure 9B: Percentage of the population using DHB specialist mental health services, Pacific peoples, priority DHBs outside the Auckland region, 2009/10–2016



Source: PRIMHD and Statistics New Zealand
 * Access rate recorded by calendar year. These years are calendar years; all others are financial years.

Notes

Figures 8, 9A and 9B:

Timeframes: the data reflects a 12-month period. In 2015, we moved to reporting in a calendar year instead of a financial year. The calendar year (2015, 2016) is 1 January–30 December. The financial year (2014/15, 2013/14 etc) is 1 July–30 June.

Numerator: the number (count) of unique clients (one person) seen at least once by specialist mental health services within the reporting period. Source: PRIMHD reporting.

Denominator: the number of people in the total population (Pacific population or total population). Calendar year reports use December population figures; financial year reports use June population figures. Source: Statistics New Zealand population projections, based on the 2013 Census.

Both numerator and denominator include all age groups.

Sources: PRIMHD is the national system for collecting information about New Zealanders using mental health and addiction services.

Our data reflects only DHB-provided services.

Table 6: Number and percentage of people using DHB specialist mental health services, Pacific peoples by priority DHBs, 1 January–30 December 2016

	Region	Number of people accessing services (count)	Total population (count)	Percentage of people accessing services
Auckland region	Counties Manukau	3,656	114,110	3.2%
	Auckland	2,148	54,200	4.0%
	Waitemata	1,340	42,320	3.2%
Rest of New Zealand	Capital & Coast	666	21,380	3.1%
	Canterbury	441	13,350	3.3%
	Hutt Valley	428	11,390	3.8%
	Hawke's Bay	155	6,130	2.5%
	Waikato	397	11,800	3.4%
Total New Zealand (all population)		164,125	4,715,555	3.5%

Access to drug and alcohol services

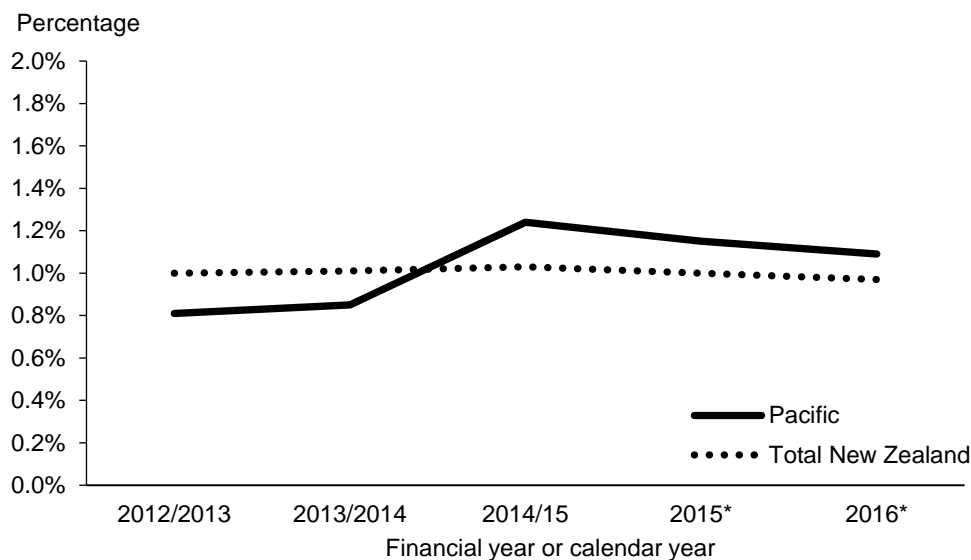
The Ministry of Health is committed to improving outcomes in relation to alcohol and drug issues. *Ala Mo'ui* supports this by monitoring Pacific peoples' utilisation of alcohol and drug services.

Figure 10 shows that nationally, between 2014 and 2016, rates of utilisation of alcohol and drug services were slightly higher for the Pacific peoples population than rates for the total New Zealand population. In particular, rates for Pacific peoples in the Auckland DHBs were consistently higher (see Figure 11A).

Improved health status among Pacific people with alcohol and drug addiction through improved access rates to alcohol and drug services

Performance: There is no target set for this indicator.

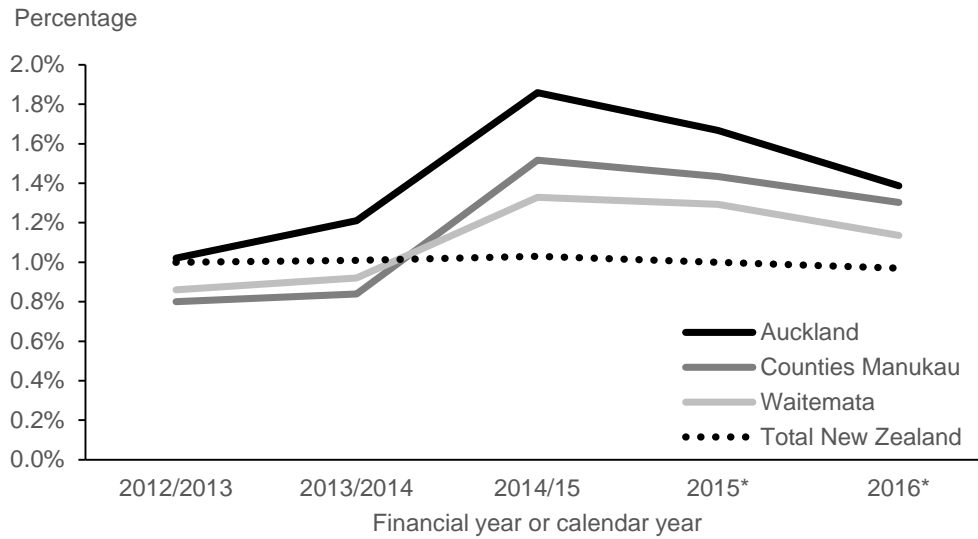
Figure 10: Percentage of the population using DHB alcohol and drug services, Pacific peoples and total New Zealand population, 2012/13–2016



Source: PRIMHD and Statistics New Zealand

* These years are calendar years; all others are financial years.

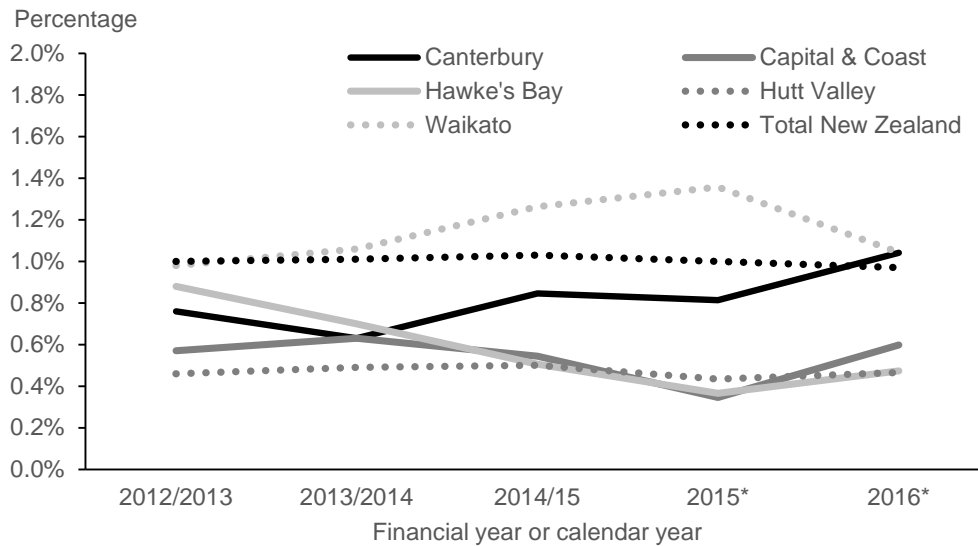
Figure 11A: Percentage of the population using DHB alcohol and drug services, Pacific peoples, Auckland region DHBs, 2012/13–2016



Source: PRIMHD and Statistics New Zealand

* These years are calendar years; all others are financial years.

Figure 11B: Percentage of the population using DHB alcohol and drug services, Pacific peoples, priority DHBs outside the Auckland region, 2012/13–2016



Source: PRIMHD and Statistics New Zealand

* These years are calendar years; all others are financial years.

Notes

Figures 10, 11A and 11B:

Timeframes: the data reflects a 12-month period. In 2015, we moved to reporting in a calendar year instead of a financial year. The calendar year (2015, 2016) is 1 January–30 December. The financial year (2014/15, 2013/14 etc) is 1 July–30 June.

Numerator: the number (count) of unique clients (one person) seen at least once by alcohol and drug addiction services within the reporting period. Source: PRIMHD reporting.

Denominator: the number of people in the total population (Pacific population or total population). Calendar year reports use December population figures; financial year reports use June population figures. Source: Statistics New Zealand population projections, based on the 2013 Census.

Both numerator and denominator include all age groups.

Sources: PRIMHD is the national system for collecting information about New Zealanders using mental health and addiction services.

Our data reflects only DHB-provided services.

Table 7: Count and percentage of people using DHB alcohol and drug services, Pacific peoples by priority DHBs, 1 January–30 December 2016

	Region	Number of people accessing services (count)	Total population (count)	Percentage of people accessing services
Auckland region	Counties Manukau	1,487	114,110	1.3%
	Auckland	752	54,200	1.4%
	Waitemata	481	42,320	1.1%
Rest of New Zealand	Capital & Coast	128	21,380	0.6%
	Canterbury	139	13,350	1.0%
	Hutt Valley	53	11,390	0.5%
	Hawke's Bay	29	6,130	0.5%
	Waikato	123	11,800	1.0%
Total New Zealand (all population)		45,684	4,715,555	1.0%

Smoking cessation

From the first quarter of 2015/2016, the New Zealand health target relating to offering patients help to quit smoking shifted its focus to the entire enrolled population who smoke; not only those seen in primary care. The target now covers advice provided over 15 months, instead of 12 months.

The current New Zealand health target aims for 90 percent of PHO-enrolled patients who smoke to be offered help to quit smoking by a health care practitioner in the last 15 months.

Figure 12 shows that the rate of smokers aged 15–74 offered help to quit smoking between September 2015 and March 2017 was slightly higher for Pacific peoples (87.4 percent) than the rate for the total New Zealand population (86.5 percent).

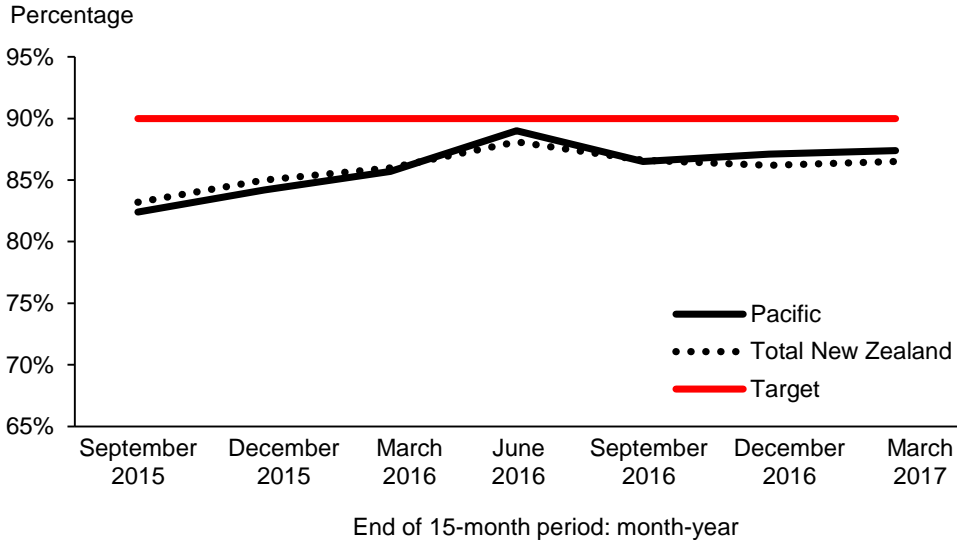
The Ministry continues to work closely with DHBs to ensure that providers offer advice and smoking cessation support to Pacific peoples in health care settings.

Figures 13A and 13B show DHB-level progress in relation to this indicator. These graphs indicate positive trends for the Pacific peoples population, particularly in the Auckland region, where rates consistently stayed around the 90 percent mark between March 2016 and March 2017.

Increased proportion of Pacific people who smoke who are offered brief advice and support to quit smoking in primary health care

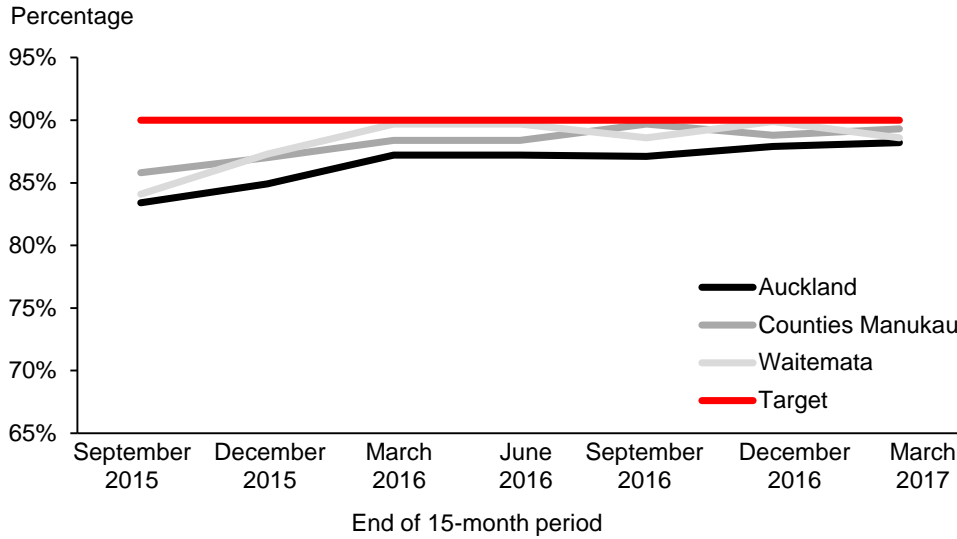
Performance: The target for this indicator was set at 90 percent.

Figure 12: Percentage of current smokers aged 15–74 years offered brief advice and support to quit in primary health care, Pacific peoples and total New Zealand population, September 2015–March 2017



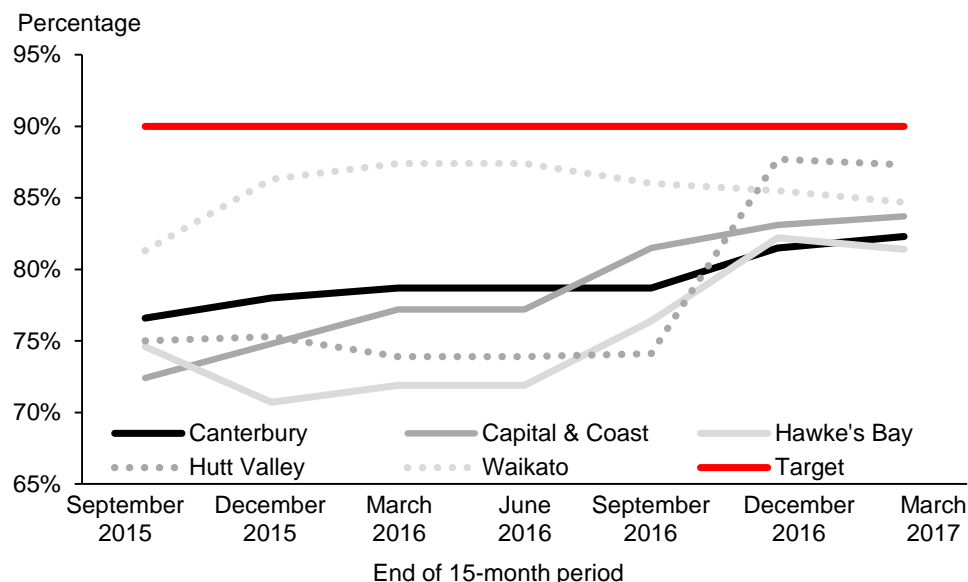
Source: PHO reporting

Figure 13A: Percentage of smokers aged 15–74 years offered brief advice and support to quit in primary health care, Pacific peoples, Auckland region DHBs, September 2015–March 2017



Source: PHO reporting

Figure 13B: Percentage of smokers aged 15–74 years offered brief advice and support to quit in primary health care, Pacific peoples, priority DHBs outside the Auckland region, September 2015–March 2017



Source: PHO reporting

Notes

Figures 12, 13A and 13B:

Timeframes: this data reflects a 15-month period. The dates on the graph are the end month of that period. 'March 2017' therefore covers the period 1 January 2016–31 March 2017.

Numerator: the number (count) of people aged 15–74 enrolled in a PHO who are current smokers (within the previous 15 months) and who were offered help to quit smoking by a primary care health practitioner in the previous 15 months. Source: PHO reporting.

Denominator: the number (count) of people aged 15–74 enrolled in a PHO who are current smokers (within the previous 15 months). Source: PHO reporting.

Table 8: Number and percentage of people enrolled in a PHO aged 15–74 years offered brief advice and support to quit in primary health care, Pacific peoples, priority DHBs, 1 January 2016–31 March 2017

	Region	Number given advice to quit (count)	Total eligible population (count)	Percentage given advice to quit
Auckland region	Counties Manukau	18,016	20,173	89%
	Auckland	10,581	11,993	88%
	Waitemata	4,296	4,851	89%
Rest of New Zealand	Capital & Coast	3,292	3,935	84%
	Canterbury	1,500	1,823	82%
	Hutt Valley	1,624	1,861	87%
	Hawke's Bay	669	822	81%
	Waikato	1,417	1,672	85%

Cervical screening

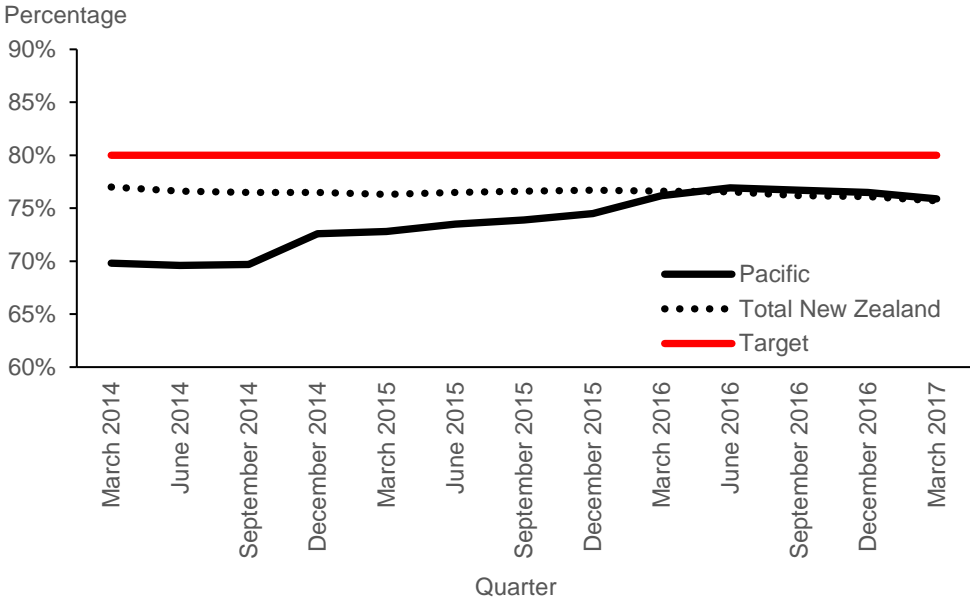
'Ala Mo'ui notes that maximising coverage and participation in cervical screening is an important factor in improving the health of Pacific women. The National Screening Unit provides cervical screening in New Zealand.

Rates of cervical screening have consistently increased for the Pacific peoples population. As at March 2017, the rate was 75.9 percent: slightly higher than the rate for the total New Zealand population (75.7 percent). This a marked improved from March 2014, when the Pacific peoples rate was 69.8 percent, well below the 77 percent rate for the total New Zealand population.

Increased proportion of enrolled Pacific women aged 25–69 years old who have received a cervical smear in the past three years, to equal or exceed the proportion in the total population

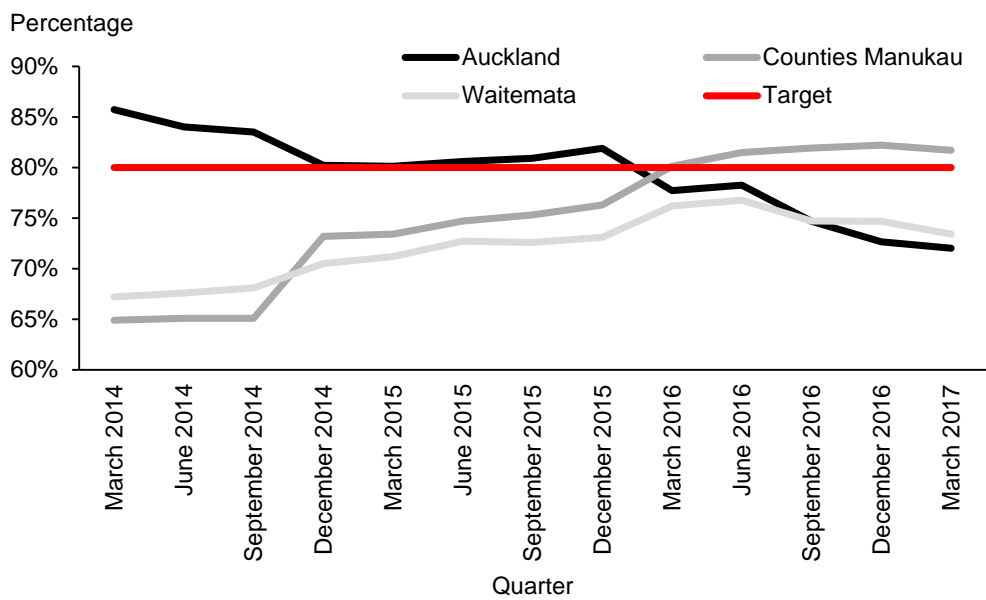
Performance: The target for this indicator was set at 80 percent.

Figure 14: Percentage of women aged 25–69 years who received a cervical smear test in the past three years, Pacific peoples and total New Zealand population, March 2014–March 2017



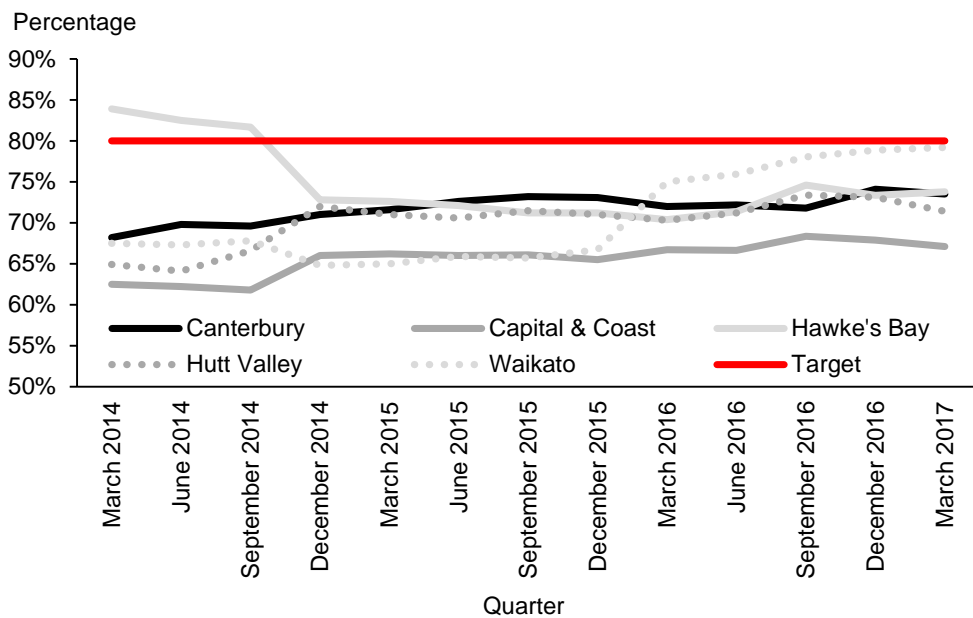
Source: NCSP reporting and Statistics New Zealand

Figure 15A: Percentage of women aged 25–69 years who received a cervical smear in the past three years, Pacific peoples, Auckland region DHBs, March 2014–March 2017



Source: NCSP reporting and Statistics New Zealand

Figure 15B: Percentage of women aged 25–69 years who received a cervical smear in the past three years, Pacific peoples, priority DHBs outside the Auckland region, March 2014–March 2017



Source: NCSP reporting and Statistics New Zealand

Notes

Figures 14, 15A and 15B:

Timeframes: the data reflects a quarter (three months). The dates shown on the graph are the end month of the quarter. For this report, 'March 2017' covers the period 1 January–31 March 2017.

Numerator: the number (count) of women aged 25–69 years at the end of the relevant reporting period who had received a cervical smear test in the previous three years. Source: NCSP reporting

Denominator: the number (count) of women aged 25–69 years at the end of the relevant reporting period in the relevant population (total New Zealand population, total New Zealand Pacific population and Pacific population in each DHB). Source: Statistics New Zealand population projections, based on the 2013 Census

Sources: After February 2016, ethnicity was classified using the demographic information recorded on the Ministry of Health's National Health Index. Prior to this date, ethnicity was classified using demographic information collected by the NCSP. Variation in the coverage level after February 2016 therefore reflects changes in ethnicity classification and changes in coverage.

Table 9: Number and percentage of women aged 25-69 years who received a cervical smear test in the previous three years, Pacific peoples, by priority DHBs, 1 January– 31 March 2017

	Region	Number screened (count)	Total eligible population (count)	Percentage screened
Auckland region	Counties Manukau	21,016	25,736	82%
	Auckland	9,347	12,986	72%
	Waitemata	7,095	9,666	73%
Rest of New Zealand	Capital & Coast	3,383	5,039	67%
	Canterbury	2,038	2,772	74%
	Hutt Valley	1,841	2,580	71%
	Hawke's Bay	835	1,131	74%
	Waikato	1,962	2,478	79%

More heart and diabetes checks

'Ala Mo'ui highlights cardiovascular risk assessments as an area of importance for improving Pacific peoples' health outcomes.

Figure 16 shows that the proportion of Pacific people with diabetes is still significantly higher than the equivalent proportion in the total New Zealand population. This proportion has continually increased since 2010: it was 10.2 percent in 2016, compared to 5.45 percent for the total New Zealand population. It is important that we continue to monitor and support Pacific peoples' access to heart and diabetes checks.

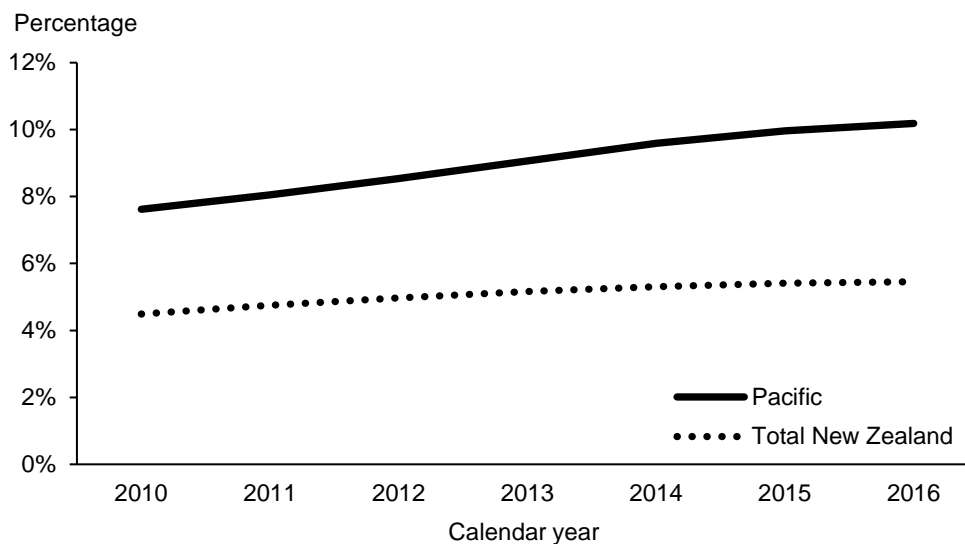
As Figure 18 shows, the percentage of eligible adults who had their cardiovascular risk assessed has continually risen since March 2014, when rates for Pacific peoples were at 80.7 percent. As at March 2017, rates for both the Pacific population and the total New Zealand population were very close to achieving the 90 percent target, at 89.1 percent and 89.9 percent respectively.

Improved management of diabetes and cardiovascular disease among Pacific peoples through more heart and diabetes checks

Performance: The target for this indicator was set at 90 percent.

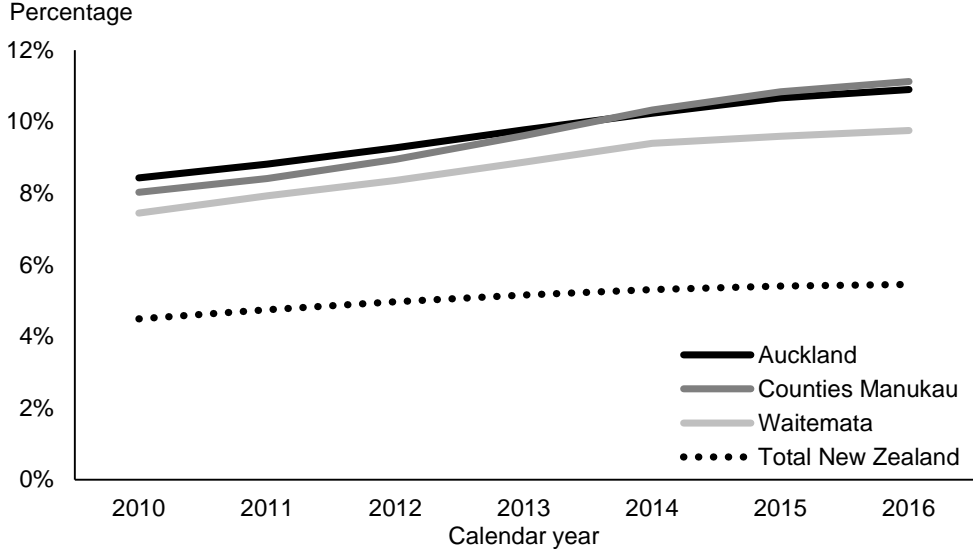
Note: Measures of diabetes prevalence do not provide information about the proportion of people who receive diabetes checks.

Figure 16: Estimated percentage of people with diabetes, Pacific population and total New Zealand population, 2010–2016



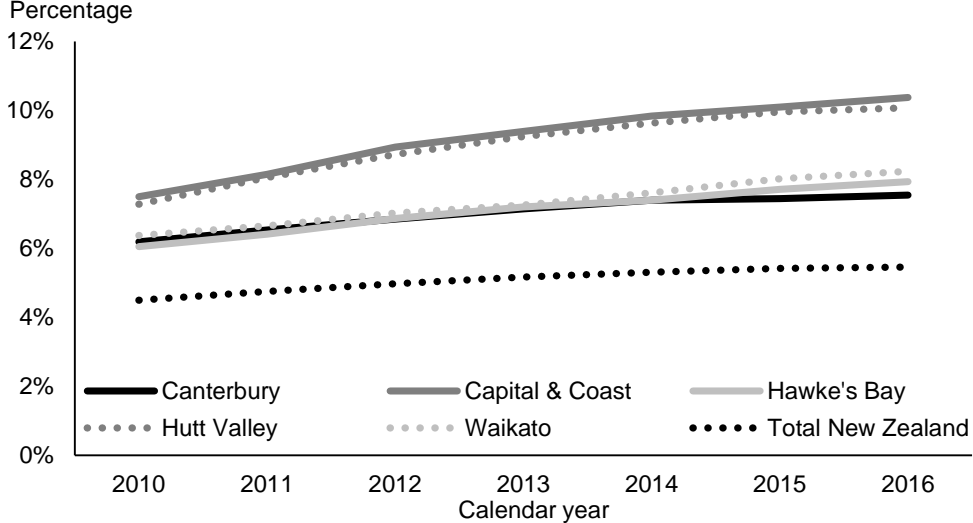
Source: The Virtual Diabetes register and PHO enrolments reported by DHBs

Figure 17A: Estimated percentage of people with diabetes, Pacific peoples, DHBs in the Auckland region, 2010–2016



Source: The Virtual Diabetes register and PHO enrolments reported by DHBs

Figure 17B: Estimated percentage of people with diabetes, Pacific peoples, priority DHBs outside Auckland, 2010–2016



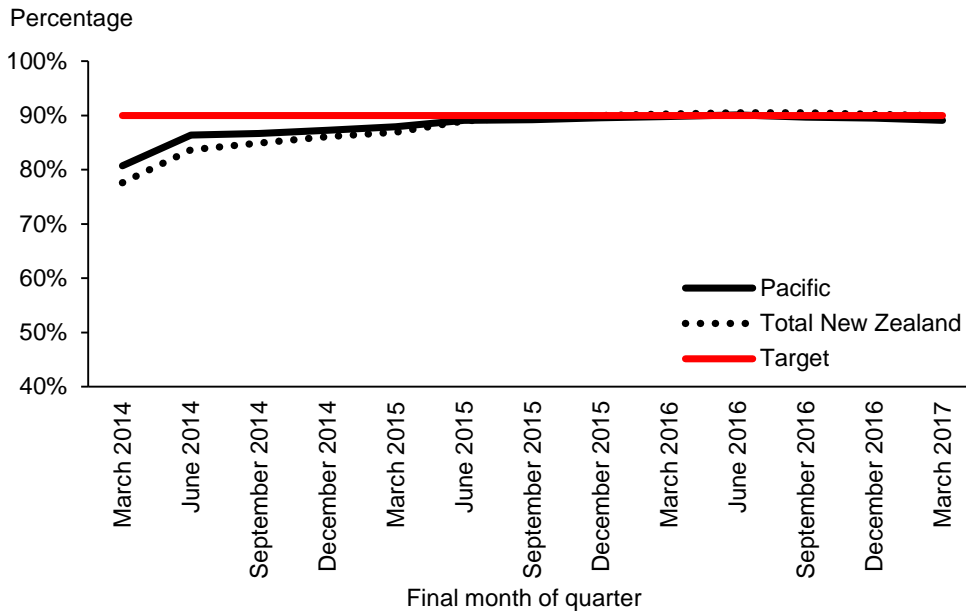
Source: The Virtual Diabetes register and PHO enrolments reported by DHBs

Notes

Figures 16, 17A and 17B:

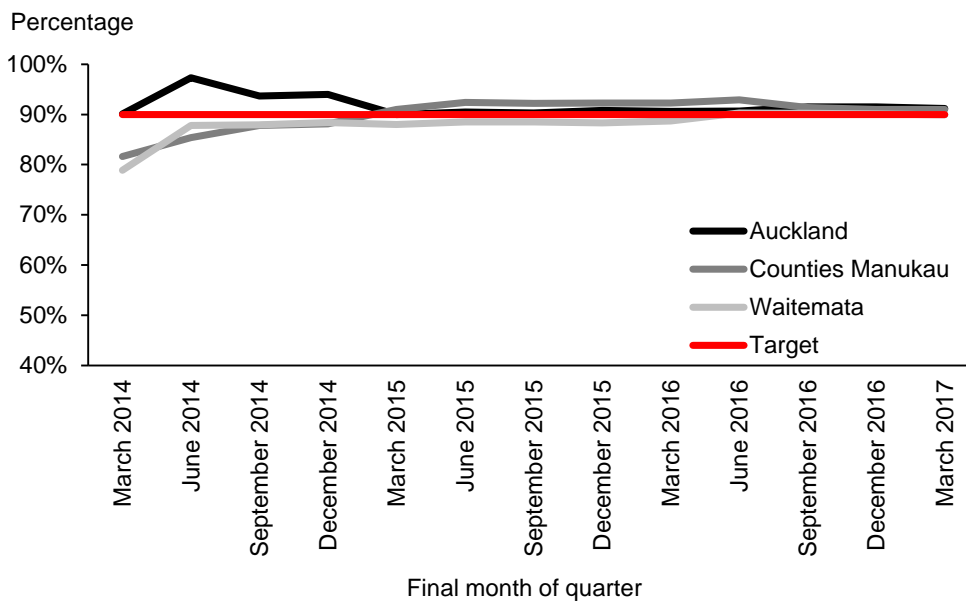
Timeframes: this data reflects a calendar year (1 January–30 December).
 Numerator: the number of people in New Zealand who are very likely to have diabetes, based on methodology used to create the Virtual Diabetes Register. Source: Virtual Diabetes Register.
 Denominator: the total population of people enrolled with a PHO for each relevant population (total New Zealand population, total New Zealand Pacific population and Pacific population in each DHB). Source: DHB reporting.
 Those not enrolled in a PHO or dead on 31 December of the relevant reporting year are excluded from both the numerator and the denominator.
 Note: the methodology used to estimate diabetes in New Zealand using the Virtual Diabetes Register was updated in 2016. The new methods have been applied to previous years' data. The data in this report is therefore different to data from previous reports.

Figure 18: Percentage of eligible adults who had cardiovascular risk assessed, Pacific peoples and total New Zealand population, March 2014–March 2017



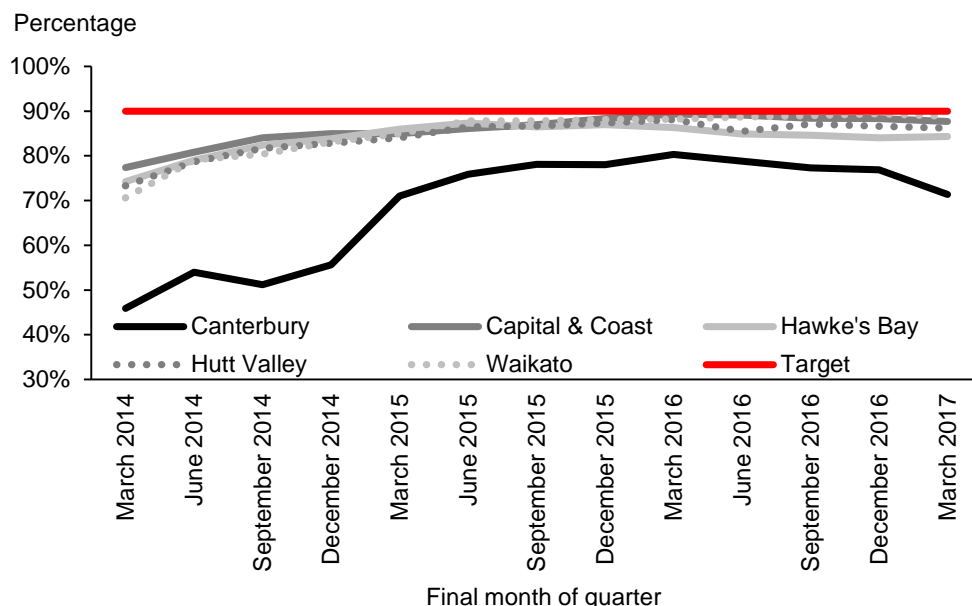
Source: DHB reporting

Figure 19A: Percentage of eligible adults who had cardiovascular risk assessed, Pacific peoples, Auckland region DHBs, March 2014–March 2017



Source: DHB reporting

Figure 19B: Percentage of eligible adults who had cardiovascular risk assessed, Pacific peoples, priority DHBs outside the Auckland region, March 2014–March 2017



Source: DHB reporting

Notes

Figures 18, 19A and 19B:

Timeframe: this data reflects a quarter (1 January–31 March; 1 April–30 June; 1 July–30 September; 1 October–31 December).

Numerator: the number (count) of people enrolled in a PHO within the eligible population who had a CVD risk recorded within the last five years.

Denominator: the number (count) of enrolled people in the PHO who are eligible for a CVD risk assessment.

The 'eligible population' is those who are enrolled with a PHO and who were the following age at the end of the reporting period:

- males of Maori, Pacific or Indian sub-continent ethnicity aged 35–74 years
- females of Maori, Pacific, or Indian sub-continent ethnicity aged 45–74 years
- males of any other ethnicity aged 45–74 years
- females of any other ethnicity aged 55–74 years.

Table 10: Number and percentage of eligible adults who had cardiovascular risk assessed, Pacific peoples, priority DHBs, 1 January–31 March 2017

	Region	People who had their risk assessed	Eligible population	Percentage assessed
Auckland region	Counties Manukau	30,561	33,575	91%
	Auckland	23,233	25,477	91%
	Waitemata	9,396	10,446	90%
Rest of New Zealand	Capital & Coast	6,323	7,210	88%
	Canterbury	1,500	1,823	82%
	Hutt Valley	3,038	3,525	86%
	Hawke's Bay	1,271	1,507	84%
	Waikato	2,936	3,308	89%

Rheumatic fever

Pacific peoples in New Zealand have high rates of rheumatic fever. In the 2016 calendar year, 75 Pacific people were hospitalised for the first time with rheumatic fever – a rate of 25 per 100,000. In the same year the equivalent number within the total New Zealand population was 137 – a rate of 3.0 per 100,000.

Figure 20 shows the rate of rheumatic fever hospitalisation for the Pacific peoples population in comparison to the total New Zealand population between 2011 and 2016. From 2013 to 2015, the rate consistently decreased, from 32.5 to 16.6 per 100,000. However, the rate had increased again by 2016, to 25 per 100,000.

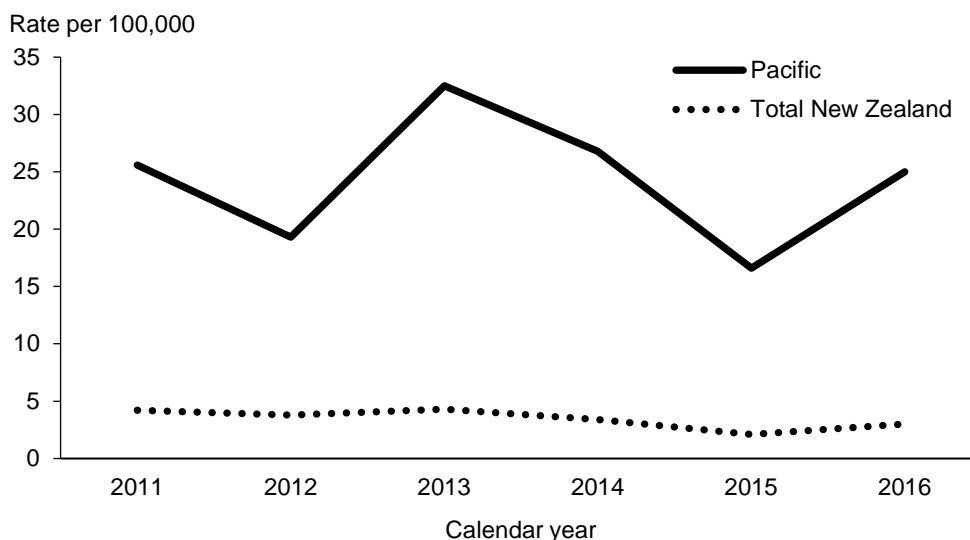
Reduced rates of rheumatic fever hospitalisation among Pacific peoples

Performance: The national target for this indicator was set at 1.4 per 100,000. The Pacific peoples target was set at 8 per 100,000, to be achieved by June 2017. The national target and the Pacific peoples target are both based on a two-thirds reduction from the baseline rate (2009/2010–2011/2012).

The latest data shows a 12 percent increase from the baseline rate for Pacific peoples – this increase is not statistically significant.

There has been a 23 percent decrease from the baseline rate for the total New Zealand population, which mainly reflects a 48 percent decrease in Māori communities.

Figure 20: Rheumatic fever hospitalisation rates, Pacific peoples, 2011–2016



Source: National Minimum Dataset and Statistics New Zealand

Notes

Figure 20:

Timeframes: this data reflects a calendar year (1 January–30 December).

Numerator: the number of people hospitalised for an initial incidence of rheumatic fever (not a recurrence) during the relevant period. Source: National Minimum Dataset.

Denominator: the total population of New Zealand residents (total and Pacific peoples) in December of the relevant reporting period. Source: population projections provided by Statistics New Zealand, based on the 2013 Census.

We have not reported on this indicator by DHB, as the numbers of cases per DHB are very small.

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