

2020

WELCOME TO

WAIKATO

The beating heart of New Zealand

HEALTH



BETTER OUTCOMES FOR EVERYONE

When we are healthy we are more able to get involved in our communities, stay socially connected, participate in education, training or employment, and support other people who need our care.

Access to health care services is a priority in our region. Health outcomes vary widely based on location, and demographics like gender, age and ethnicity. We want an equitable health care system that supports people to stay healthy and access high quality, culturally appropriate health care when they need it.

How can we support our communities to lead healthier lives and enjoy the best possible health, regardless of ethnicity, or economic and social conditions?

“I dream of a place where there is no poverty, where there is plenty of kai, and everyone has what they need to live vibrant, happy lives. Where everyone has a warm, healthy home to raise a healthy whaanau.”

– South Waikato survey respondent

Access to primary health care

Primary health care covers a broad range of health services. Having affordable access to these services in a timely way is key to improving health outcomes.

1/3 of people in the Waikato Region have experienced one or more types of unmet need* for a GP, nurse or other health care worker in the past 12 months at their usual medical centre, or after-hours services, because of cost or transport. This rate is higher than the New Zealand average.

33% Waikato Region

29% New Zealand

**Age standardised rate of unmet need for primary health care in the population aged 15+, 2014/17.*

“Our community is isolated. We have a lot of older people and only one shoppers’ bus a week. We get help from the DHB to get to medical appointments but older people who can’t drive are isolated.”

– Matamata-Piako survey respondent

Obesity

Obesity is a serious public health problem linked with a wide range of health concerns. The rate* is higher in the Waikato Region than for New Zealand, and for people living in the most deprived areas.

35% Waikato Region

31% New Zealand

43% adults living in high deprivation areas

29% adults living in low deprivation areas

Definition: Obesity is defined as having a body mass index of 30 or greater for population aged greater than 18 years, or the International Obesity Taskforce equivalent for those aged 15-17 years.

** Age standardised prevalence of obesity in the population aged 15+, 2014/17.*

“Chronic health conditions need a higher priority. Large numbers of people live with these conditions and it is a major contributor to all negative indicators including mental health and economic issues.”

– Hamilton survey respondent

Smoking

Smoking is a leading cause of preventable illness and death in New Zealand. The number of people who are current smokers* has dropped in the Waikato Region. A greater proportion of people living in the most deprived areas are current smokers (32%).

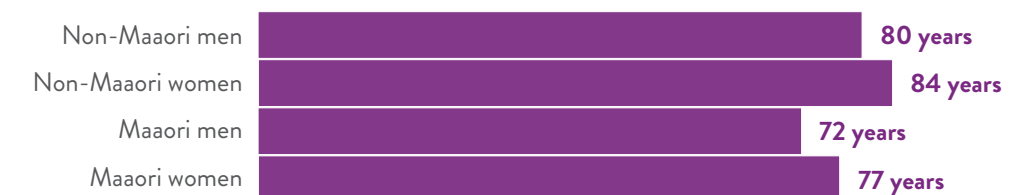
20%
2014/17

23%
2011/14

** Percentage of current smokers (age-standardised rate) among the population aged 15+.*

Average life expectancy

Life expectancy* for Maaori, both male and female, is significantly lower than for non-Maaori.



** Life expectancy at birth 2012/14.*

“Kaupapa Maaori programmes need to be highly represented if we are ever to change the curve for Maaori and ultimately the nation.”

– South Waikato survey respondent

Mental wellbeing

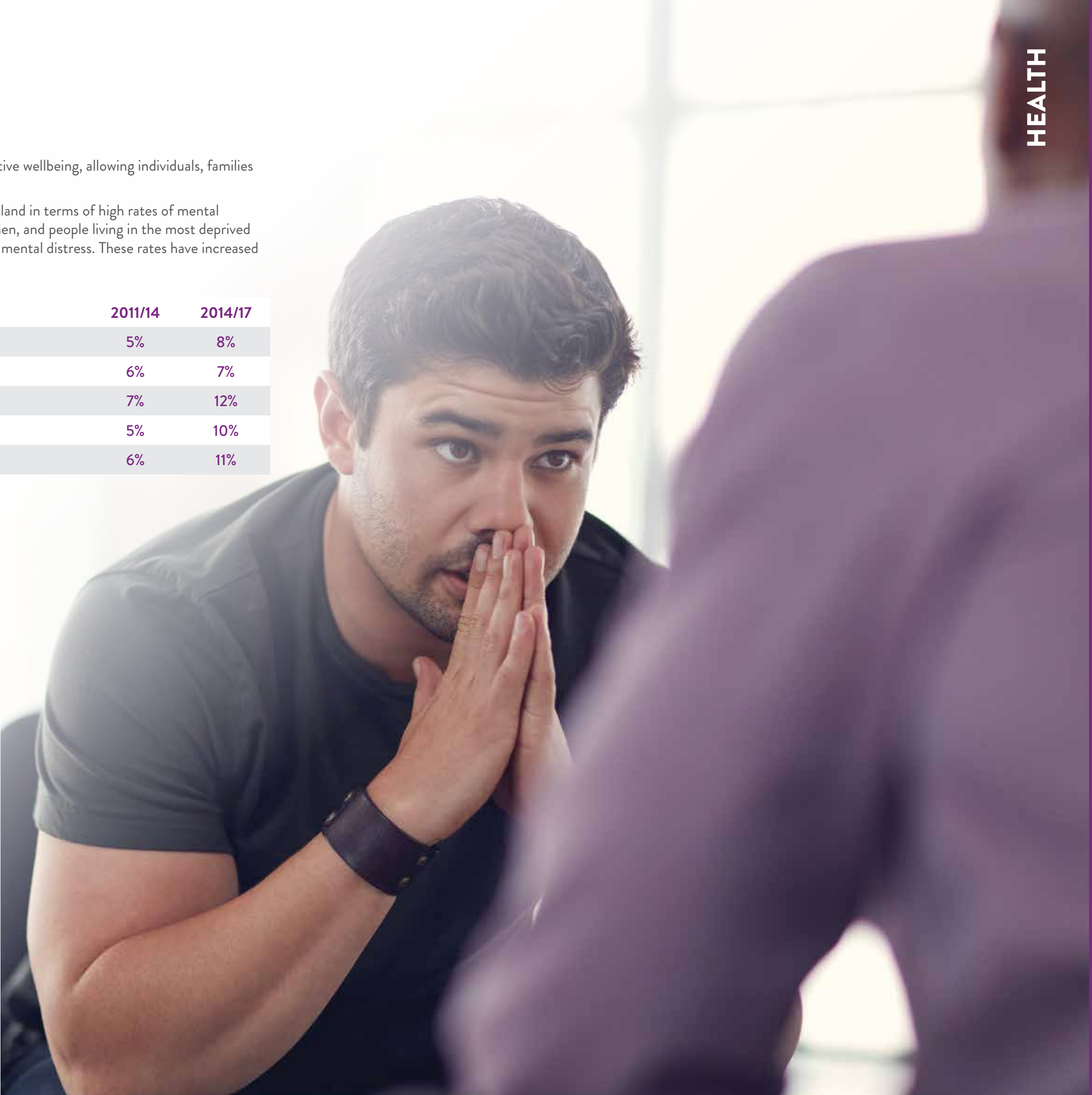
Good mental health is essential to our collective wellbeing, allowing individuals, families and communities to flourish.

The Waikato Region ranks fourth in New Zealand in terms of high rates of mental distress* among the population. Maaori, women, and people living in the most deprived areas experience significantly higher rates of mental distress. These rates have increased over time.

	2011/14	2014/17
Waikato Region	5%	8%
New Zealand	6%	7%
Maaori	7%	12%
Women	5%	10%
Living in most deprived areas	6%	11%

** Age standardised prevalence of psychological distress in the population aged 15+.*
Source: Waikato Vital Signs® Consultancy Report, 2020; New Zealand Health Survey, Ministry of Health, 2020.

Waikato Wellbeing Project target



Essential services stranded in funding gaps

Many Waikato Vital Signs® 2020 Survey respondents expressed concern about gaps in the resourcing of community services. Some pointed to resulting inequities and essential funding being insecure because it is not legally guaranteed.

Government funding does not cover all the community services that New Zealanders take for granted due to the varied and sometimes contradictory expectations of the public and policymakers on the responsibilities of the state.

There is seemingly little or no appetite for higher or even more progressive taxes, and yet most want their fellow Kiwis to get the social support, health and education they need to get to the startling line in life. As a result, some essential social, health and education services are provided by fundraising community-based organisations.

This is despite the fact that what the state does and doesn't cover is not fixed or inevitable, it varies between developed countries. A stark example - air ambulances in Ireland are provided by the military, here they are only made possible by public donations.

Many survey respondents expressed surprise and shame at the levels of deprivation revealed in the regional data shown in the Waikato Vital Signs® 2020 Data Map and Report.

People often land up in poverty because of ongoing chronic health conditions such as diabetes or stroke. If a breadwinner can no longer support their family, the financial and wellbeing impact can be widespread and sustained. And the resulting welfare load and productivity loss mean society as a whole carries the cost.

And yet organisations providing specialist targeted support for such health issues often fall outside the parameters of government funding, even though their work is ultimately benefiting social wellbeing and the economy.

The survey submission from Annette Evans, the Manager-Educator for Insight Endometriosis, a support and advocacy service based in Hamilton, highlighted the fragility of the community health sector as funders' shifting priorities have recently led to significantly diminished support.

The lack of recognition of the impact of endometriosis, a painful and debilitating condition and leading cause of fertility problems that will affect one in ten women, means there are class, ethnicity and age inequities in sufferers accessing GPs and then getting referred on to tertiary care.

The support work of Insight Endometriosis helps women manage the day-to-day effects of the condition and get the interventions they need, allowing many to re-enter the workforce and resume careers.

Annette says services which reduce the burden of chronic illnesses are therefore 'a fence at the top of the cliff'. "While endometriosis is a long-term condition it can be well-managed; information, education and support empower women and teen girls, so they are able to study, work, travel and in many cases enjoy parenthood."

"Chronic health support services are reducing the economic impact on the country," says Annette, "and yet organisations like ours are not routinely supported by government funding."

"We suspect that funders are increasingly of the view that community health should be funded by Government."

"Ideally community funding would indeed not be called upon to address food poverty, homelessness, domestic violence and other social issues, and yet it is. Philanthropic monies are found for these causes as a matter of equity, the same should apply for chronic health issues. 'Period poverty' is recognised as a gender inequity issue, period pain should be too."

What is needed to address gaps in government provision is an urgent ongoing public discussion on the relative roles of the state and community funders, and wider realisation that both equity and prosperity demand the shortfalls to be met.



Waikato Vital Signs®
Momentum Waikato Community Foundation

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