

# 1 INTRODUCTION AND BACKGROUND

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## 1.1 Introduction

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The Health Needs Assessment (HNA) involves the collection and subsequent analysis of data on the population's demand and need for health services. This provides guidance for prioritising health needs and services and determining the DHB's strategic priorities for the medium and long term. HNA plays an important part in guiding the DHB in effectively balancing their efforts in achieving the goals and objectives specific to their strategic direction alongside the New Zealand Health Strategy (NZHS) and New Zealand Disability Strategy (NZDS).

Data from a number of disparate databases within the Waikato DHB was analysed, with a view to reducing the gaps in the national data available for analysis. In addition, findings and recommendations from other research reports were incorporated into the HNA 2008.

The aims of this HNA are:

- To examine the health status of the Waikato population and set the scene for District Strategic Plan (DSP) 2009-2018;
- To provide a comprehensive data resource for clinicians and providers to enable focused service design and planning.

## 1.2 Statutory Requirements

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Prior to developing a District Strategic Plan, the DHB is required to regularly investigate, assess, and monitor the health status of its resident population, any factors that the DHB believes may adversely affect the health status of that population, and the needs of that population for service [S.23(1)(g)]<sup>14</sup>. This function of the DHB is specifically related to five of the eleven objectives of DHBs:

- *Promote effective care or support for those in need of health and disability services [S.22(1)(c)]* - the level of need for care and support required in the community should be assessed [S.38(3)(a)] and policy should be implemented to manage the delivery of care and support services to community members;
- *Promote independence and inclusion in society of people with disabilities [S.22(1)(d)]* - DHBs must undertake needs assessment and consult to identify the disability support services needs of the community and service provision solutions. Services and other policy responses should then be put into place;
- Reduce health disparities (with a view to elimination) by improving health outcomes for Māori and other population groups [S.22(1)(e)] - DHBs should assess health need (and consult) then determine and implement appropriate actions [S.3 and 38 (3)(a)];
- Implement programmes and services to eliminate health disparities between population groups [S.22(1)(f)] - DHBs should assess health need (and consult) then determine and implement appropriate actions; and
- *Exhibit environmental responsibility [S.22(1)(j)]* - DHBs are required to assess any factors that may adversely affect the health status of the population [S.38(3)(a)].

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<sup>14</sup> New Zealand Public Health and Disability Act 2000

### 1.3 Hauora \ Māori Health

Māori models of health are holistic in approach, and include<sup>15</sup>

- “whare tapa whā” approach - comprises whānau (family and community aspects)
- Tinana comprises physical aspects
- Wairua comprises spiritual aspects
- Hinengaro comprises mental aspects

Hauora is a concept that cannot be easily translated into mainstream paradigms of health<sup>16</sup>. However for the purposes of this document Hauora encompasses the social, cultural and economic development of Māori. It spans the full spectrum of wellness through to poor health and death. It also more commonly encompasses and is about the assessment and treatment of taha hinengaro, taha wairua, taha tinana, and taha whānau<sup>17</sup> (Durie, 1998). These dimensions are captured in the many Māori models of health including Te Whare Tapa Wha, Te Wheke, and Te Pae Mahutonga. Hauora needs to be appreciated within its own context; “Health commentators find it useful to use a model of health that reflects the way in which health is integrated in society. Unfortunately, this is not as simple as it seems. It is essential to understand the culture and value systems of a society in order that the relationship between health and society can be accurately explored “<sup>18</sup> .

### 1.4 What HNA is and is Not

The following table summaries the main purpose of HNA and what HNA is not:

Scope of HNA is to:	Scope of HNA is NOT to:
Undertake detailed analysis and assessment of the health status of the population in order to provide an overview and recommendations on the health and population priorities.	Undertake an extensive research based analysis or an epidemiological study.
Ensure the findings are based on the information stored in various systems, research findings and reports and relevant to the health needs of the population.	Focus on a specific disease or people diagnosed with a disease
Present the findings and recommendations that form the basis for strategic and annual planning processes.	Focus on low level service efficiencies required for achieving health outcomes.

<sup>15</sup> Durie, M. (1998). *Whaiora: Maori health development* (2nd ed). Auckland: Oxford University Press

<sup>16</sup> Cunningham, C., and Kiro, C. (2001). Tapuhia mo te hauora Maori. In P. Davis and T. Ashton (Eds.) *Health and public policy in New Zealand*. (pp 62-81). Auckland, N.Z: Oxford University Press

<sup>17</sup> Mental, spiritual, physical and family dimensions.

<sup>18</sup> Te Hauora o Nga Tamariki O Whaingaroa; C.Kiro, R Barton et al. Te Runanga o Whaingaroa1 and Massey University. September 2004

Scope of HNA is to:	Scope of HNA is NOT to:
Ensure the findings are Population focused and strongly supported by facts and figures.	

The main objective of the Waikato DHB HNA is to create a ‘population health’ focus to improve, promote and protect the health status of its communities. This means focusing on providing comprehensive health and disability services for whole populations. A population health approach looks across the life span from childhood to old age, and across diverse population groups, families/whānau and communities.

## 1.5 Determinants of Health

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The central factors of age, sex and hereditary factors have a strong influence on an individual’s health but cannot be modified by policy, public health or medical interventions. The determinants of health most responsive to intervention, i.e factors that are modifiable, are the individual’s lifestyle choices which can be influenced by changes in social attitudes and the conditions in the communities in which people live and work, while changes in socio-economic, cultural and environmental conditions have more influence on the long term health of the population. For more details refer to Chapter: “Health and Population Priorities”.

## 1.6 Health Inequities

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Health equity is defined as “the absence of systematic disparities in health (or in the determinants of health) between different social groups who have different levels of underlying social advantage/disadvantage - that is, different positions in a social hierarchy” (Braveman and Gruskin 2003, p.254). This concept of health shifts the focus from the individual and his/her health, instead it monitors effective and efficient distribution of health resources and services to the community<sup>19</sup>.

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The HNA 2008 analysis demonstrates continued existence of health inequities across all health priorities outlined in this report. The HNA also recommends an ethnic specific

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<sup>19</sup> Hauora, Māori Standards of Health IV, A Study of the Years 2000-2005, Te Ropu Rangahau Hauora A Eru Pomare, November 2007

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approach to health assessment and service design and delivery mechanisms in order to reduce the health equity gaps.

### 1.7 **Format of the HNA**

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The HNA 2008 report consists of four individual reports:

**Waikato DHB HNA 2008** - This is the core HNA report which contains the health needs of the Waikato population across all ethnic groups. In addition, detailed comparative analysis of health problems across Māori, Pacific People, Asians and Other ethnic groups are provided, where appropriate. This report contains key findings and recommendations for each of the health priority and for areas of health where Waikato DHB can influence the health of the population.

**Supplementary Māori Health HNA 2008:** This report is an extension of the above core HNA report, focusing on the health problems specific to Māori population in the Waikato. This report should form the basis for future Māori health service design planning and management.

**Supplementary Pacific People Health HNA 2008:** Similar to the Māori health report, the health related details in this report are specific to Pacific People in the Waikato and should assist with the future service design, delivery and support.

**Supplementary Other ethnic group Health HNA 2008:** In this report, the health issues with Other ethnic group, including Asians are presented separately for future service planning and support.

The three supplementary reports must be read in conjunction with the core HNA 2008, in order to fully understand and gain a conceptual view of the extent of the health problems and the target ethnic groups impacted by those problems, in the Waikato DHB area.