

The Population We Serve

Census 2018 Counties Manukau Population Profile

June 2021

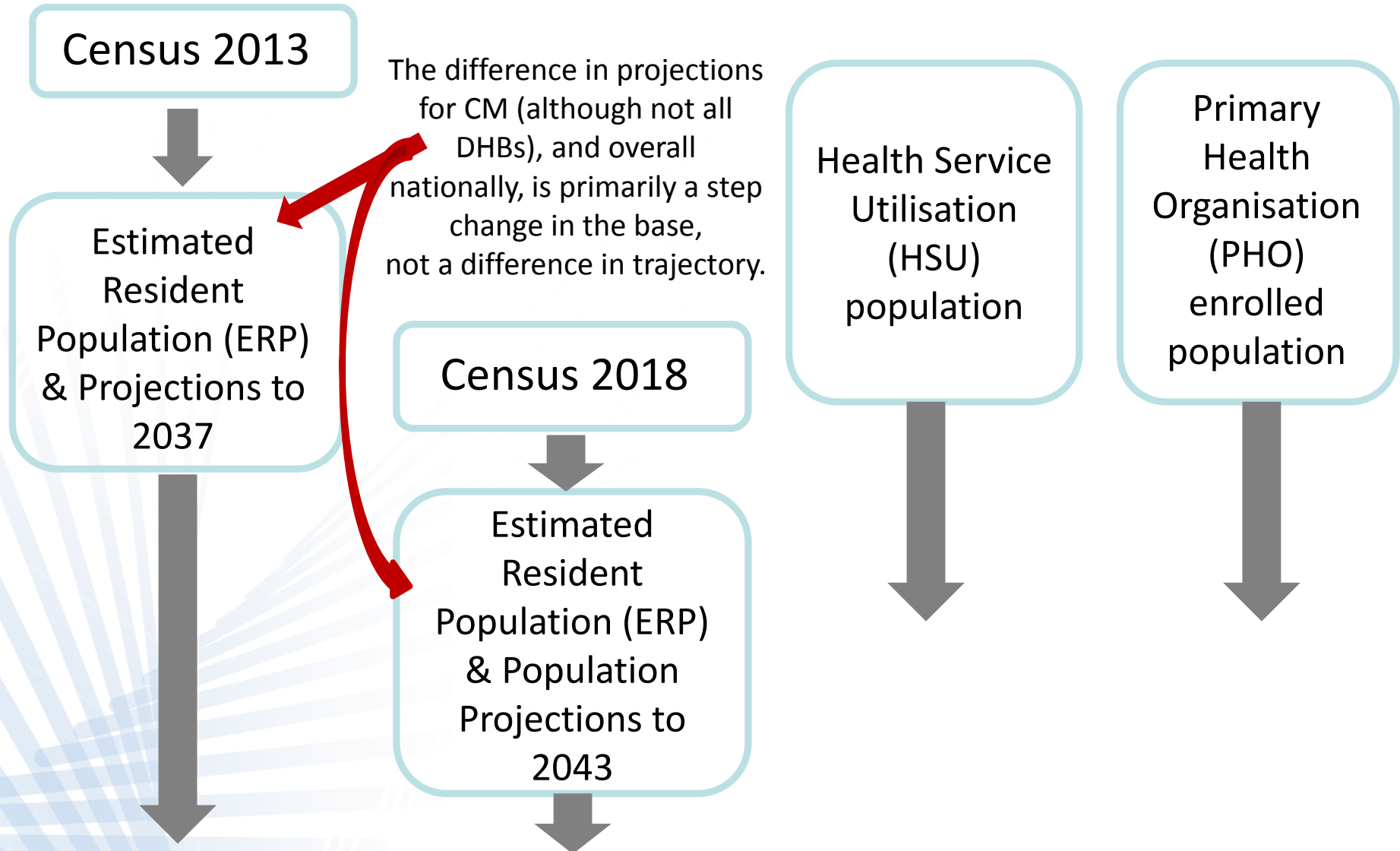
What the profile is, and what it isn't...

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- The profile provides information captured in the 2018 Census, and population estimates based on the 2018 Census, to describe the population of Counties Manukau.
- Comparisons are made between the CM population and the total NZ population in the text narrative (for the most part, NZ data are not shown in the tables).
- This summary PowerPoint does not include material from all sections of the profile; see slide 35 for the link to the full profile to access other material. There are also other axes of difference that are outside the scope of the profile; e.g. analyses based on whether people are born in NZ or not, disability status, refugee status. Other specific analyses may be required for these groups.
- This data is important for health service planning, but is only one piece of the puzzle. They don't provide an understanding of the details of individual lives and the values, strengths and challenges of the whānau and communities in the CM Health region. Largely, the strengths, resourcefulness and resilience of the populations we serve are not well captured in these data.
- Therefore, this profile is intended to be used in conjunction with other sources of information – in particular listening to the voices of the population we serve, about their priorities and values.

Our Population – ‘various versions’

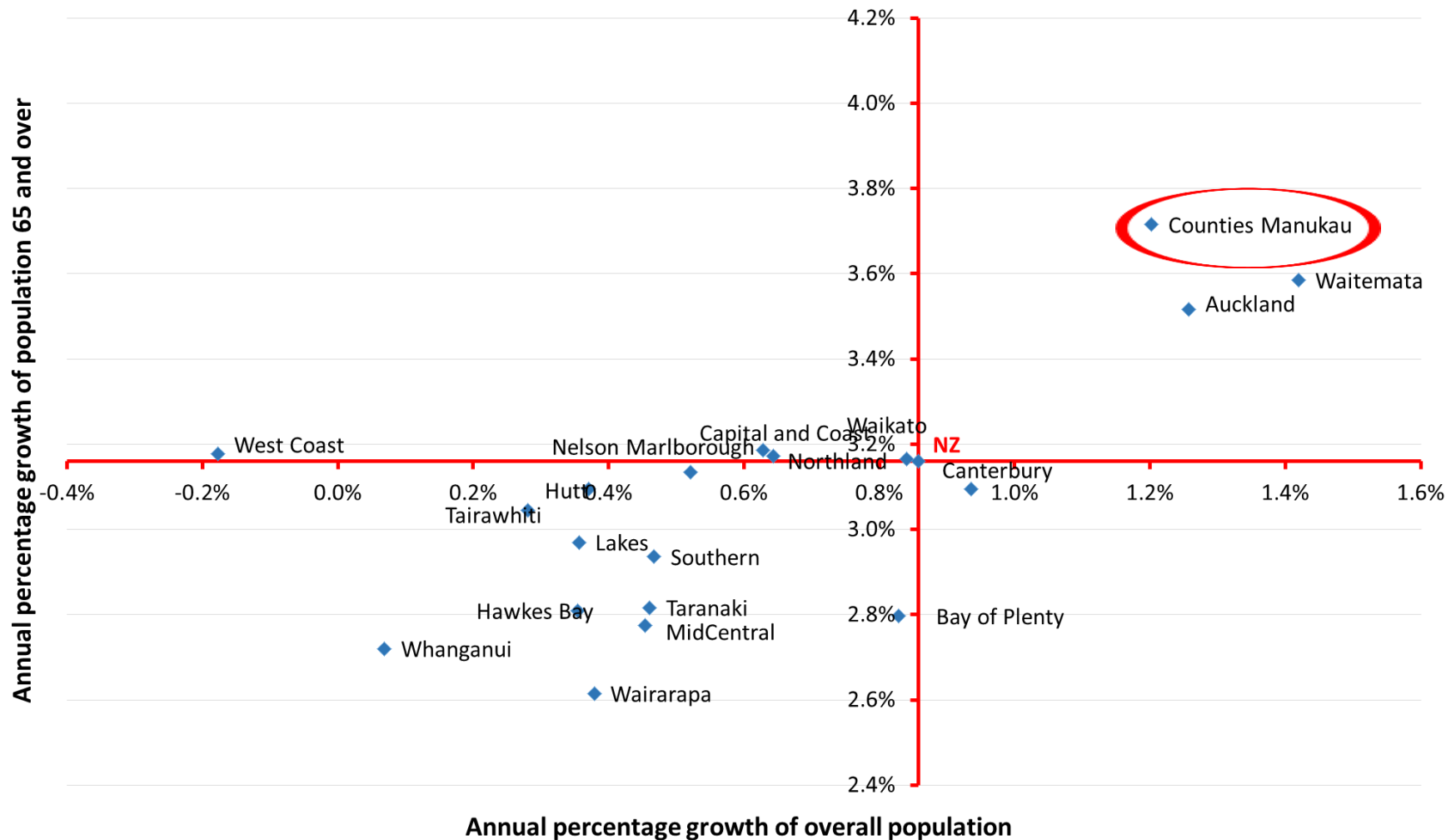


‘Within Version’ Growth is Pretty Consistent

- DHB population projections are updated annually
- There are material differences between the size of the population CM Health is funded for, and the size of the population utilisation data says we are serving
- However, within each ‘version’ of our population data there either has been or is projected to be
 - total population growth per year (1-2%) and
 - growth for those aged 65 yrs & over (~4%)
- Projection of the ageing population is more certain as the mortality rate is relatively stable
- The biggest unknown in growth going forward is migration, even more so because of COVID-19, but we can expect the ongoing growth will drive increased health and social system demand of various sorts, whatever other factors are in the mix

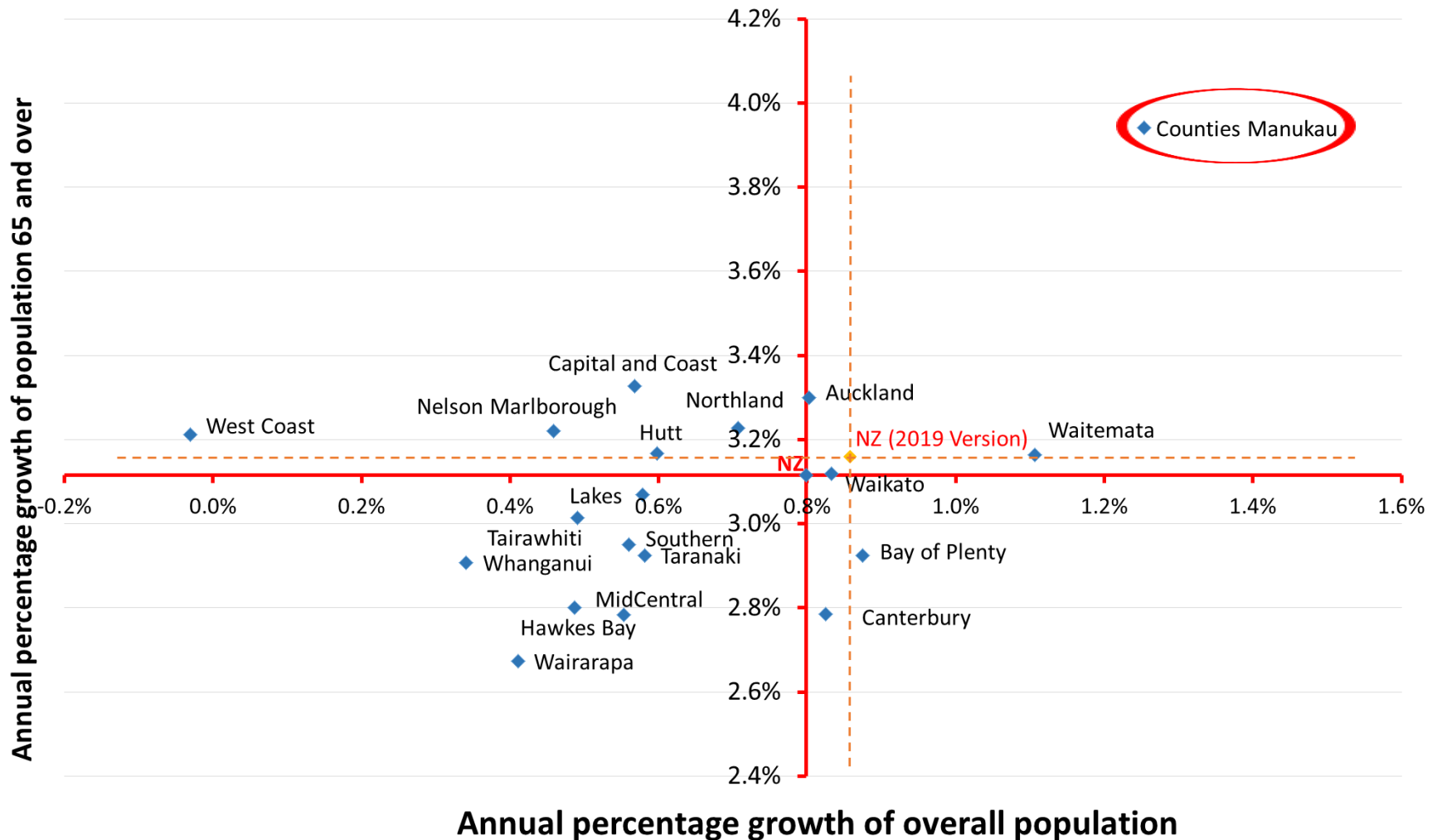
Population Projections from Stats NZ (*old 2019 version – based on Census 2013*)

Projected annual population growth from 2019/20 to 2030/31 by DHB

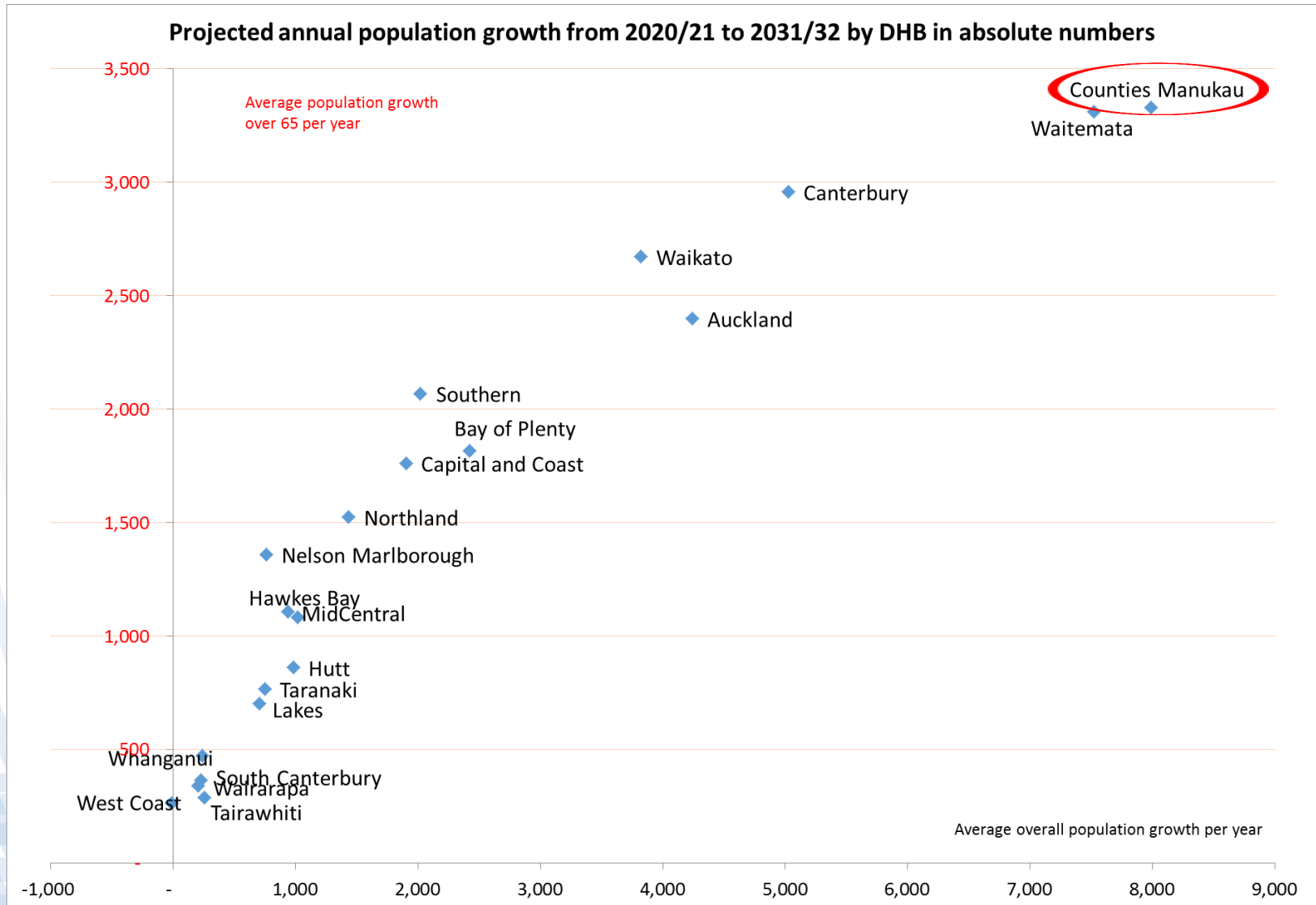


Population Projections from Stats NZ (updated 2020 edition based on Census 2018)

Projected annual population growth from 2020/21 to 2031/32 by DHB



Average Population Growth per Year in Absolute Numbers



How have lower response rates for Census 2018 affected data available to CM Health?

- Combining Census forms (89% of the national dataset) with administrative data (11%) means that total population counts and subnational distribution (e.g. across DHBs) from Census 2018 are closer to the Health Service Utilisation population than previous census outputs – a positive outcome.
- The downside is the amount from Census forms varied by age and ethnicity - only 71% for Maaori and 68% for Pacific (nationally). This means information from census forms that is not available in routine admin data (e.g. iwi, smoking status, household size) is not available in equivalent form for substantial percentages of people, so subgroup analysis is less robust.
- Although overall coverage is improved by using the admin data, there is still an undercount, at least in part because of the relatively high threshold for the admin data to be included in the Census dataset. In CM, that seems to have particularly affected Pacific peoples.

CM Health Population Compared with NZ in 2021

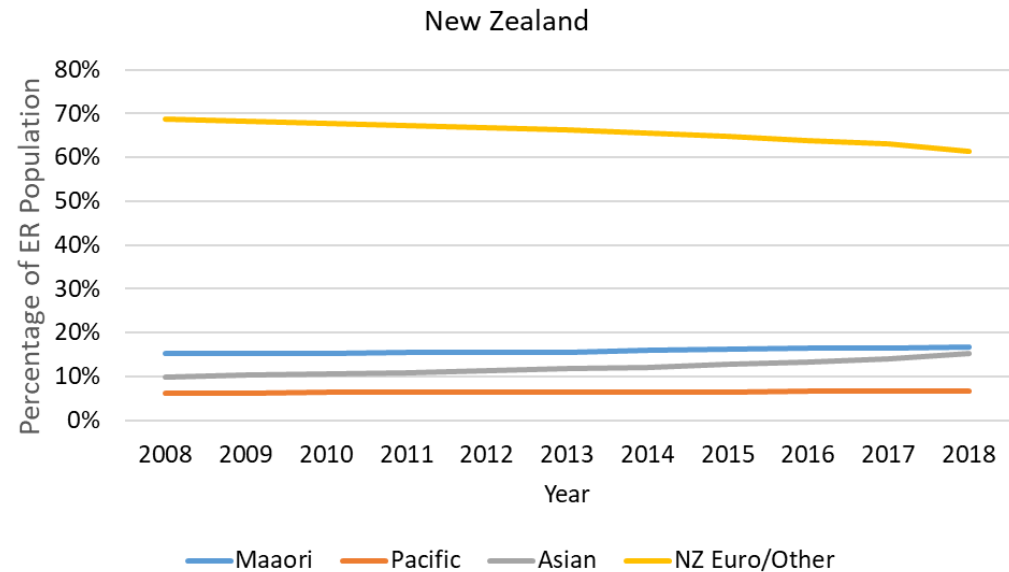
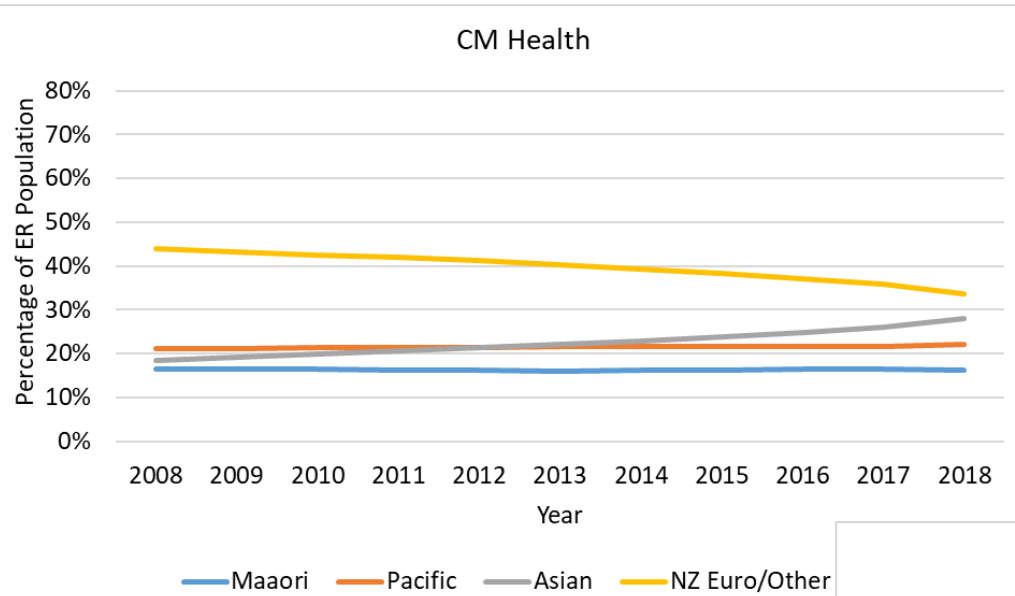
	Estimated CM Health population	% of CM Health Pop	% in NZ pop	% CM Health pop is of equivalent NZ pop
Total	601,490			11.7%
Maaori	98,520	16%	17%	11%
Pacific	133,330	22%	7%	38%
Asian	180,490	30%	17%	21%
NZ European/ Other	189,150	31%	59%	6%
Children 0-14	132,420	22%	19%	14%
Older people 65&over	70,290	12%	16%	9%
Living in NZDep 9 & 10*	220,380	37%	20%	

*Assuming Census 2018 distribution applies

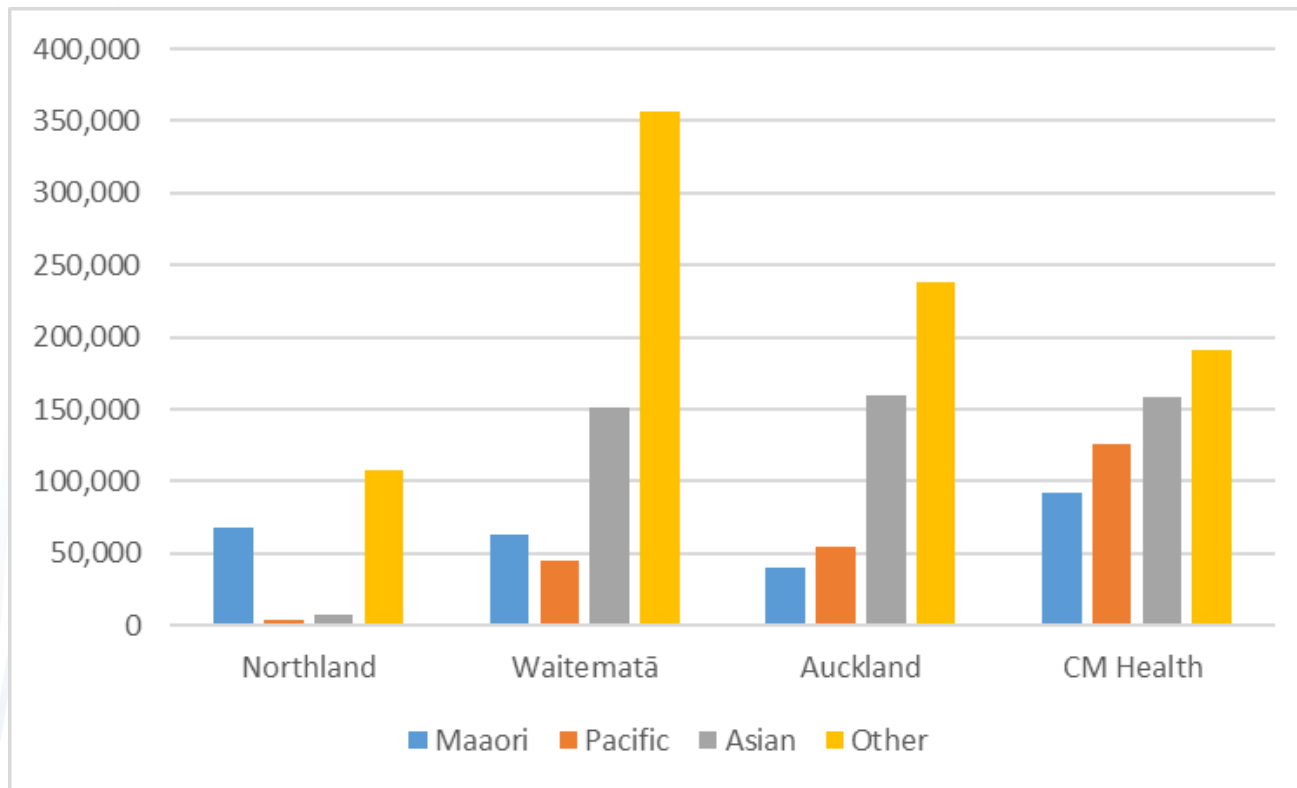
CM Health picture is very different from the total NZ population.

Also, compared with other DHBs, CM Health has 2nd largest Maaori population, largest Pacific, =largest Asian with WDHB & ADHB)

Ethnicity Mix and Historic Changes Over Time of CM Health Population Compared to NZ up to 2018

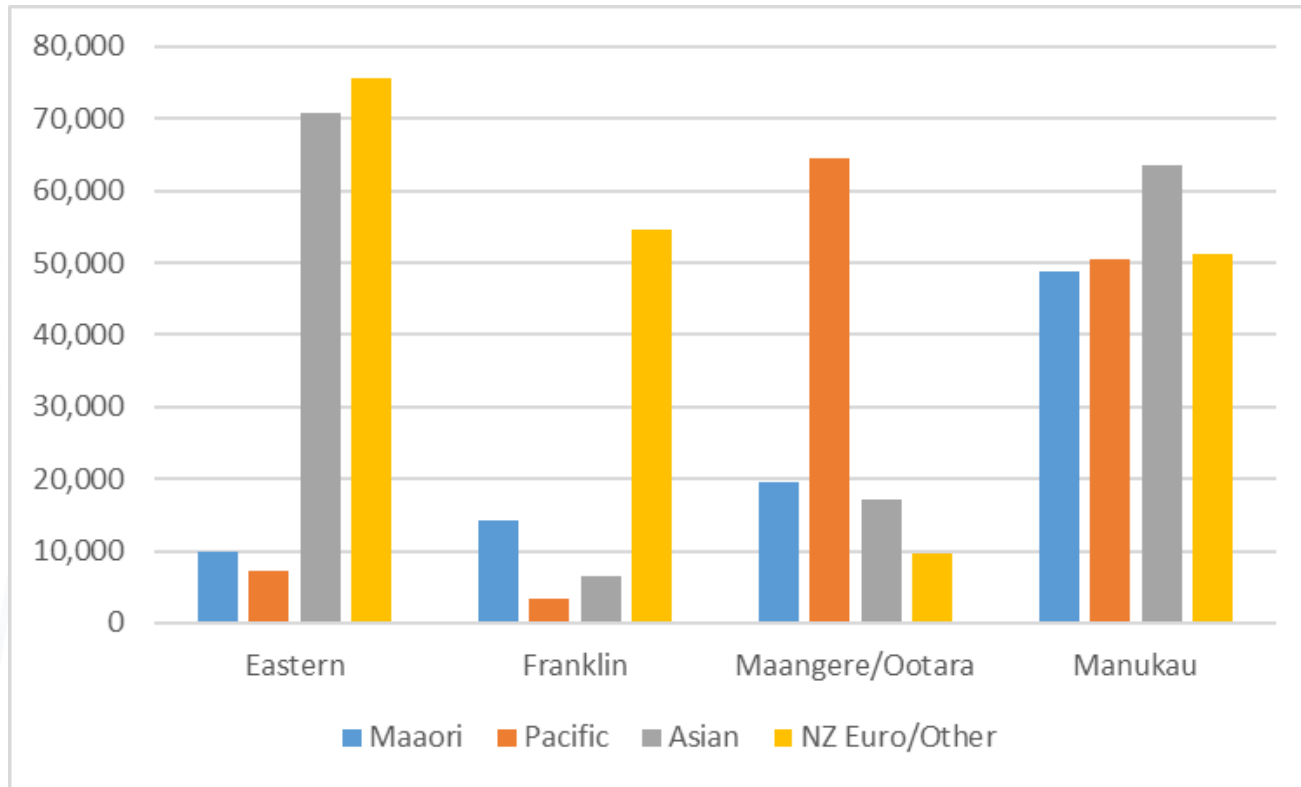


Ethnicity Mix of CM Health Population Compared with NR DHBs and NZ in 2018



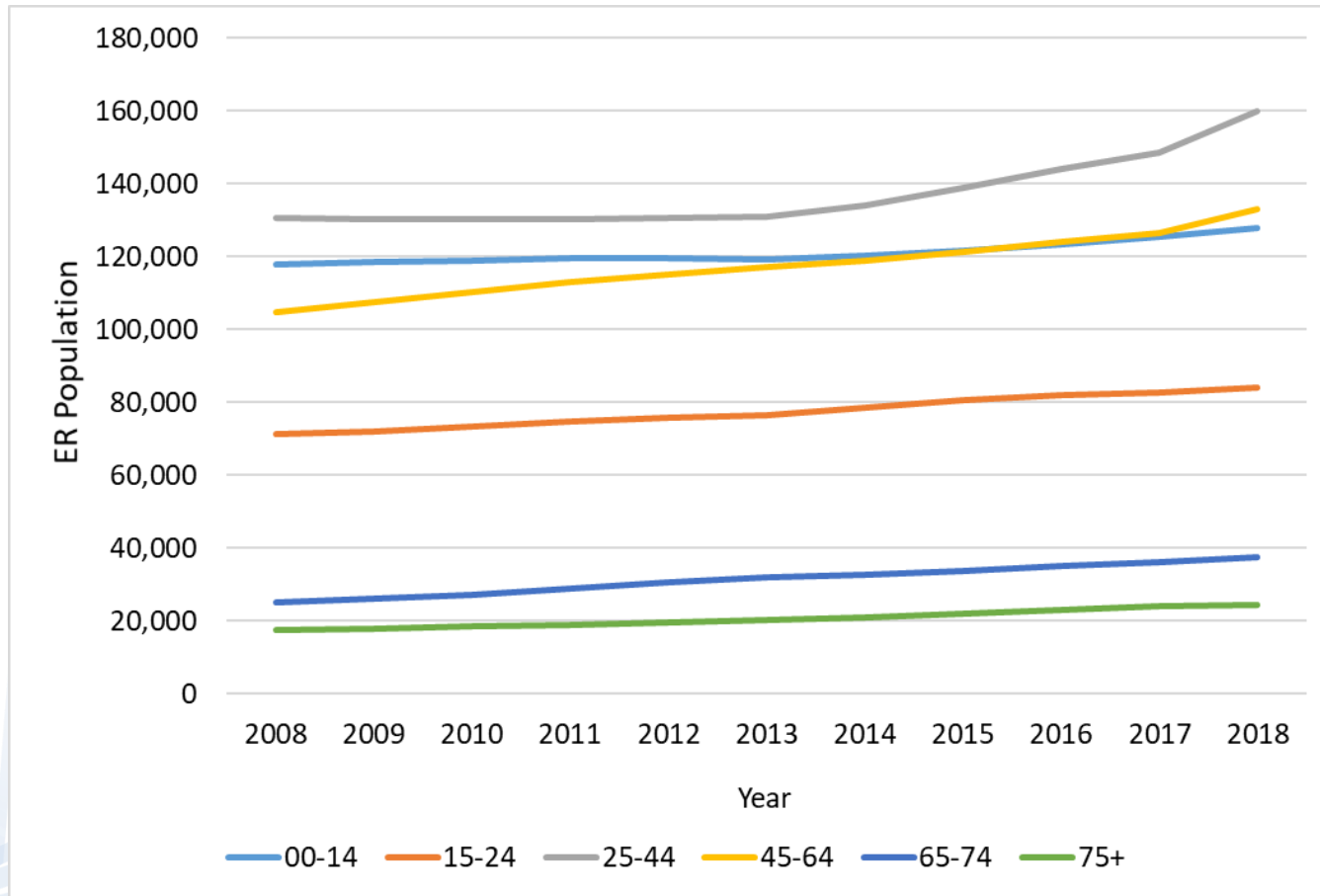
CM Health has more than double the Pacific population of other DHBs in the Northern Region, and significantly more Maaori. Asian populations are similar across the metro Auckland DHBs.

Ethnicity Distribution within CM Health Localities in 2018



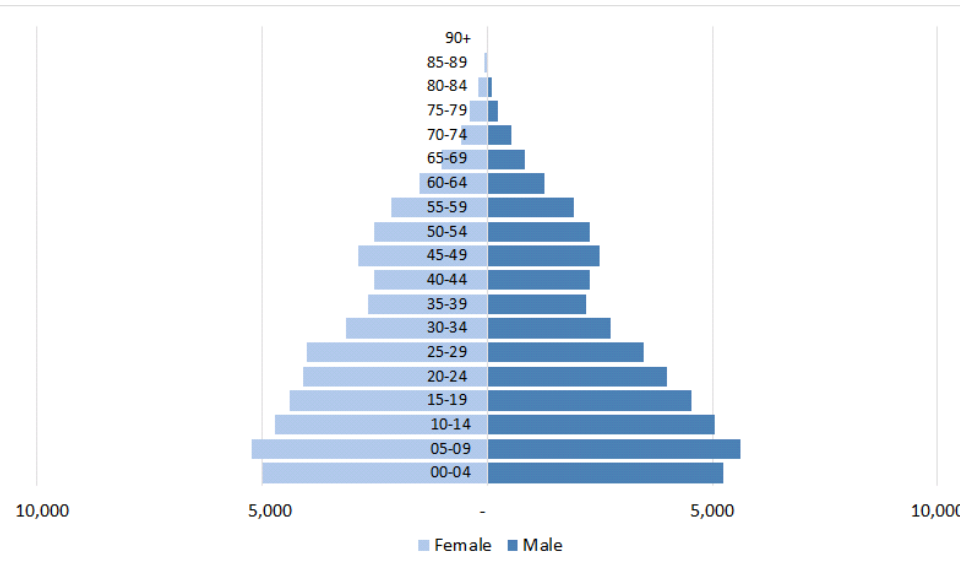
The Eastern locality has large Asian and NZ Euro/Other populations (43% and 46%); Franklin population is predominantly NZ Euro/Other and Maaori (69% and 18%); Maangere/Ootara has a large Pacific population (58%); in Manukau locality all four ethnic groups contribute ~ quarter of the population.

Changes in the Age Distribution of the CM Health Population Over Time to 2018

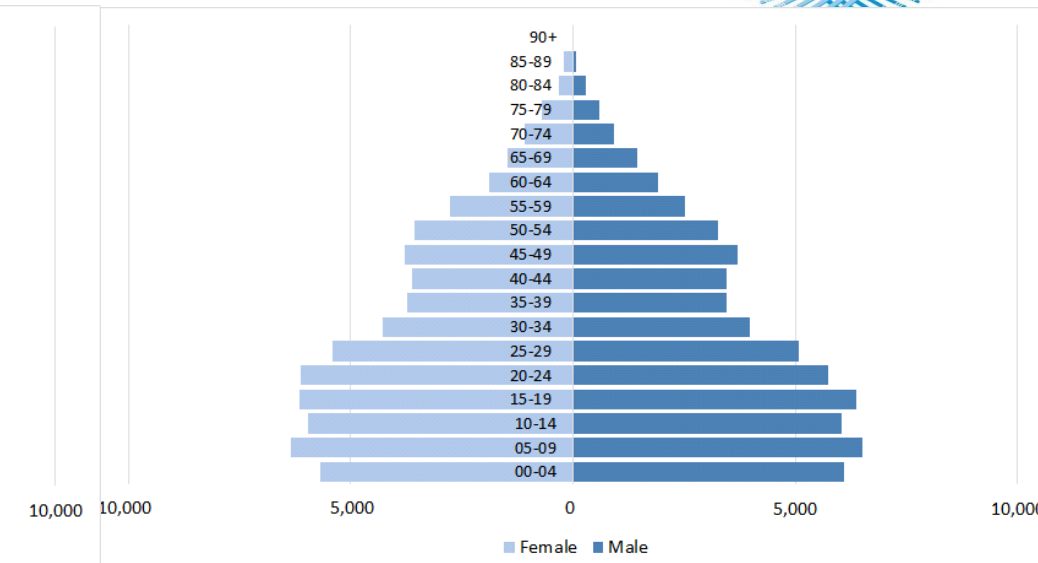
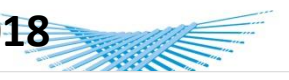


Estimated resident population of CM Health by age group 2008-2018

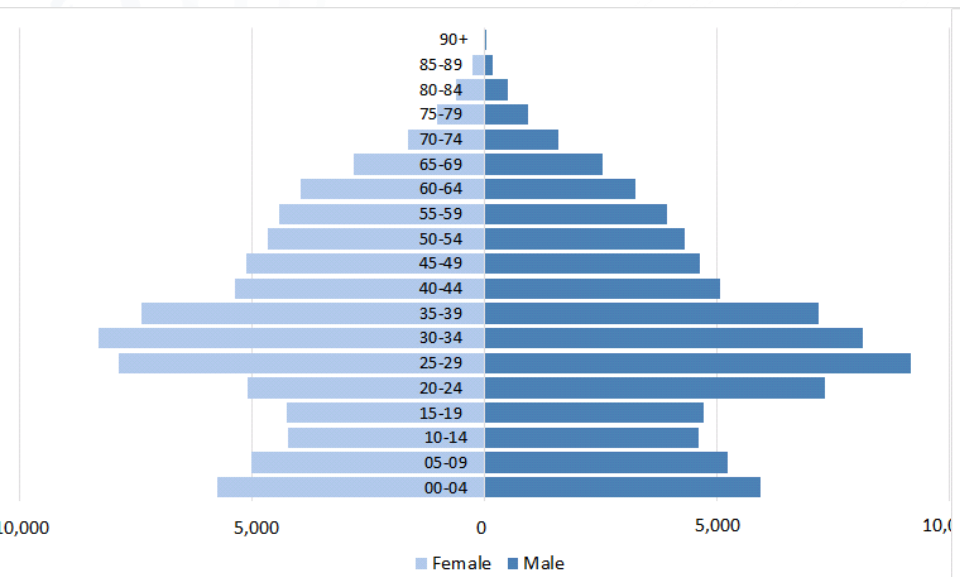
CM Health Maaori 2018



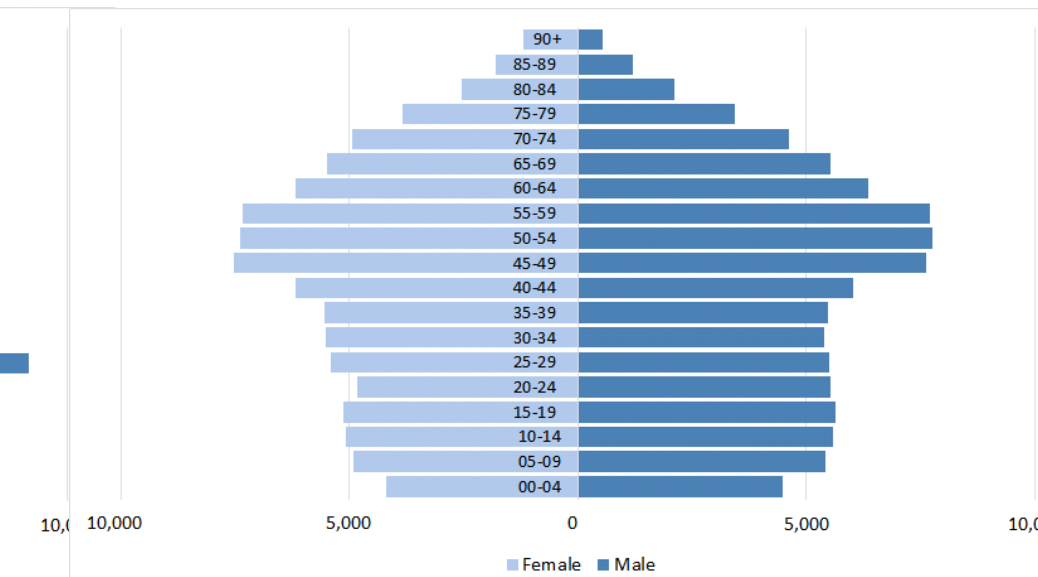
CM Health Pacific 2018



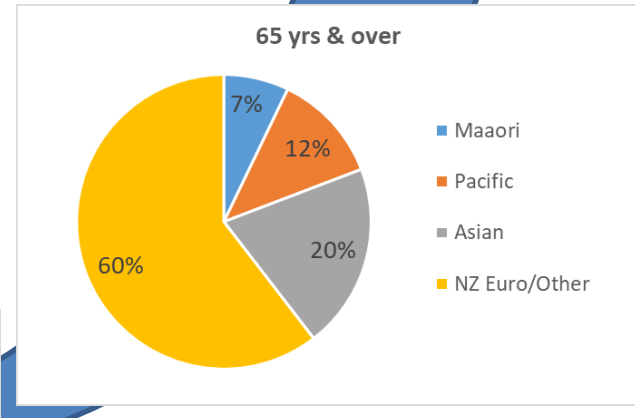
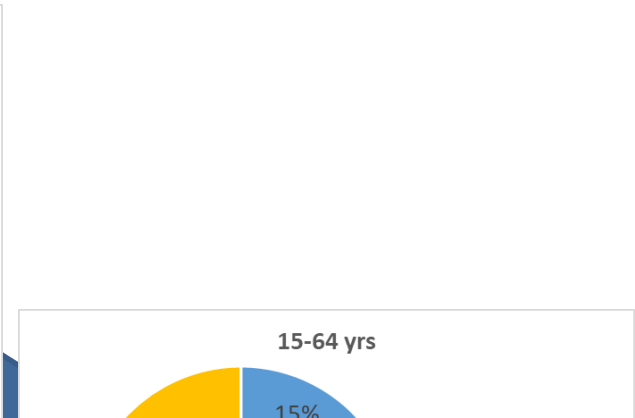
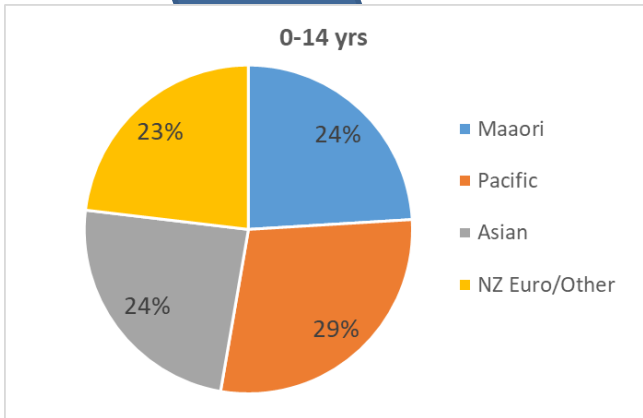
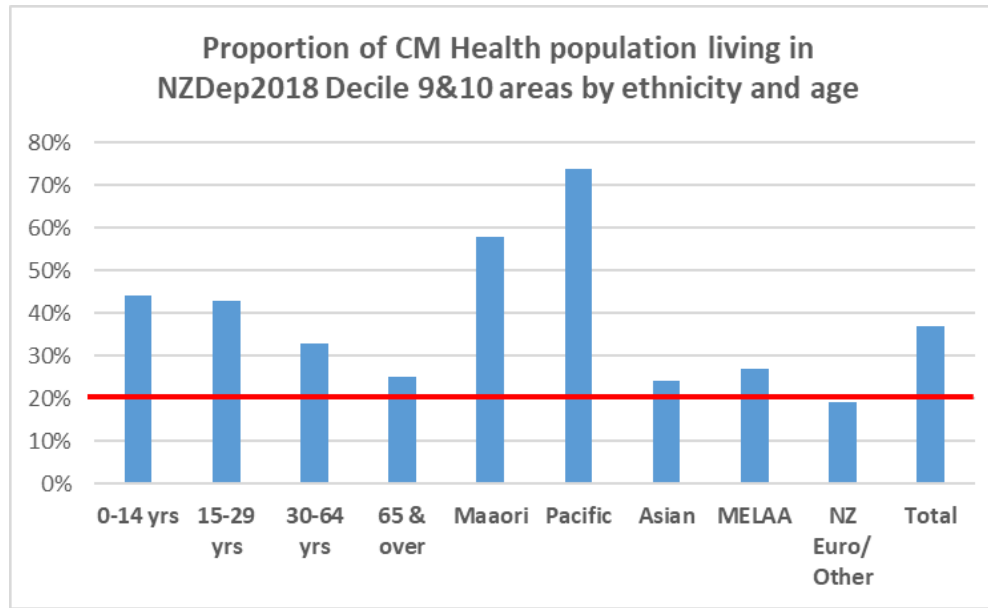
CM Health Asian 2018



CM Health NZ Euro/Other 2018



Ethnicity mix and measures of SE circumstance vary across the Life Course



Ethnicity from Estimated Resident (ER) Population for 2018, based on 2018 Census, prioritised ethnicity

NZDep based on Usually Resident (UR) pop 2018 Census, total response ethnicity

NZDep Comparisons Across DHBs – absolute number of people living in NZDep 9&10 in CM Health dwarfs all other DHBs

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DHB	Total ER Pop 2021	% pop living in NZDep 9 & 10 (2018)	Est pop living in NZDep 9 & 10 in 2021	ER Pop 0-14 yrs 2021	% children living in NZDep 9 & 10 (2018)	Est children living in NZDep 9 & 10 in 2021
Auckland	509,010	18%	90,840	78,590	22%	17,660
Bay of Plenty	266,210	22%	57,330	52,380	26%	13,470
Canterbury	586,980	11%	64,620	103,900	11%	11,670
Capital and Coast	326,430	11%	37,480	54,270	16%	8,490
Counties Manukau	601,490	37%	220,380	132,420	44%	58,730
Hawkes Bay	179,350	28%	50,600	36,370	35%	12,770
Hutt	160,060	20%	32,260	30,870	24%	7,370
Lakes	118,400	35%	40,940	24,780	40%	9,880
MidCentral	188,220	27%	50,010	36,180	28%	10,120
Nelson Marlborough	161,850	10%	16,300	27,250	12%	3,150
Northland	195,930	43%	83,900	39,780	49%	19,420
South Canterbury	62,225	13%	7,800	10,795	12%	1,330
Southern	352,010	14%	49,290	59,280	13%	7,730
Tairāwhiti	51,215	49%	25,260	11,720	54%	6,350
Taranaki	125,450	23%	29,430	25,755	25%	6,420
Waikato	441,850	28%	122,020	90,100	30%	26,990
Wairarapa	49,035	16%	7,620	8,940	18%	1,570
Waitematā	646,140	10%	61,950	123,360	12%	14,270
West Coast	32,380	25%	8,080	5,450	23%	1,230
Whanganui	68,900	41%	28,200	13,590	45%	6,160
Total	5,123,135			965,780		

Continued 'Demographic Demand at Both Ends' Plus High Morbidity in Middle Years Age Groups

- Estimated population for CM aged 65 & over for 2021 is 70,290; projected to increase to 100,540 **by 2030**
 - i.e. increase of just over 30,000; a 43% increase
(compared with a 12% increase for the total pop, 8% increase for those aged under 65 yrs, and <1% for those under 10 yrs)
- Even though our childhood population not growing as fast, in projections out to 2030 we continue to be the DHB with the largest number of children, **and**
- In 2018, 44% of our children lived in NZDep13 deciles 9 & 10
 - (cf WDHB with second largest child population but only 12% in Dec 9&10)
- Many long term conditions impact our population in their middle years

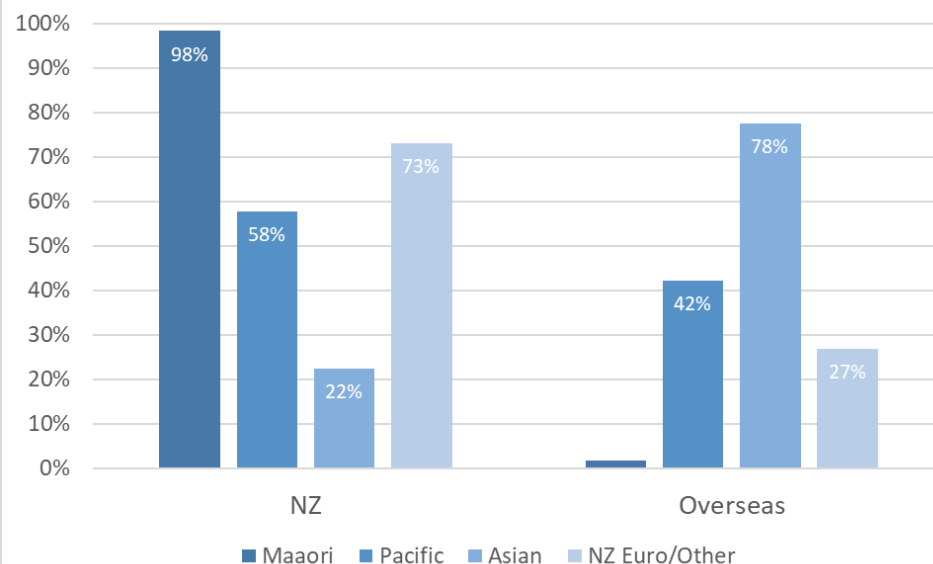
Birthplace

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	NZ	Pacific Isl	Asia	UK/Ireland	ME/Africa	Aust/Euro/US/Other
Maaori	98%					1%
Pacific	58%	41%				1%
Indian	22%	33%	41%		3%	
Chinese	24%		75%			
Other Asian	20%		79%		1%	1%
NZ Euro/ Other	73%		1%	10%	10%	6%
Total	60%	13%	16%	4%	4%	3%

Of note

- ~ 40% of our population born overseas
- Nearly 60% of our Pacific population are NZ born
- Third of our Indian population were born in the Pacific



Census 'Language Spoken' Indicators



- The Census question on language asks: *In which language(s) could you have a conversation about a lot of everyday things? Remember to mark English if you can have a conversation in English.* The categories given (with instructions to mark as many spaces as apply) are:
 - English
 - Māori
 - Samoan
 - New Zealand Sign Language
 - other language(s), for example GUJARATI, CANTONESE, GREEK. Print the language(s):
 - or none (for example too young to talk).
- Ability to have a conversation about everyday things is potentially quite different from the ability to have a conversation about health issue
- Being able to speak a language does not necessarily equate to literacy in that language, nor health literacy

Te Reo Maaori Speakers Among Maaori

- The quality and confidence in 2018 Census language data vary by language. English language data have been assessed as high quality, whereas Te Reo Maaori language data have been assessed as being of poor quality.
- Hence, this data should be taken as indicating the general pattern rather than placing too much reliance on the specific percentages.

Age group	CM Maaori	NZ Maaori
15-64	21%	22%
65 and over	42%	38%
Total 15 and over	22%	23%

CM Health Pacific Population Subgroups

Total Response Ethnicity	% of CM Health Pacific population*	Estimated CM Health Pacific population 2018*
Samoan	50%	62,700
Tongan	25%	31,400
Cook Island Maaori	21%	26,300
Niuean	8%	10,000
Fijian	4%	5,000
(Total Pacific)		125,440*

*people can appear in more than one group, so % and subgroup numbers add up to more than 100% and more than the total number of Pacific people

Source: Self identified ethnicity, Census 2018

Ideally all data are presented for Pacific subgroups; however, this is outside of the scope of the Census 2018 profile, and previous analyses indicate that many demographic and socioeconomic factors are similar across Pacific subgroups.

Language Indicators for CM Pacific Population

	15-29 yrs	30-44 yrs	45-64 yrs	65 yrs & over	Total 15 yrs & over
Total Pacific (TR)					
Total able to speak English	97%	95%	88%	76%	93%
Total not able to English	3%	5%	12%	24%	7%
Samoan: able to speak Samoan	58%	72%	81%	92%	70%
Samoan: able to speak English	95%	93%	85%	73%	90%
Tongan: able to speak Tongan	43%	57%	72%	79%	56%
Tongan: able to speak English	97%	94%	85%	65%	91%

A relatively high proportion of Samoan and Tongan people 15 years and over are reported as able to speak their heritage language, at least for every day matters. The figures were much lower for people who identify as Cook Island Māori or Niuean (17% and 21% respectively, not shown).

Among people aged 65 years and over, conversational English was less common for those who are Samoan or Tongan.

CM Health Asian Population Subgroups

Total Response Ethnicity	% of CM Health Asian population*	Estimated CM Health Asian population 2018*
Indian	48%	75,900
Chinese	32%	50,600
Filipino	6%	9,500
Korean/Cambodian/Vietnamese	2% each	3,200 each
(Total Asian)		158,040*

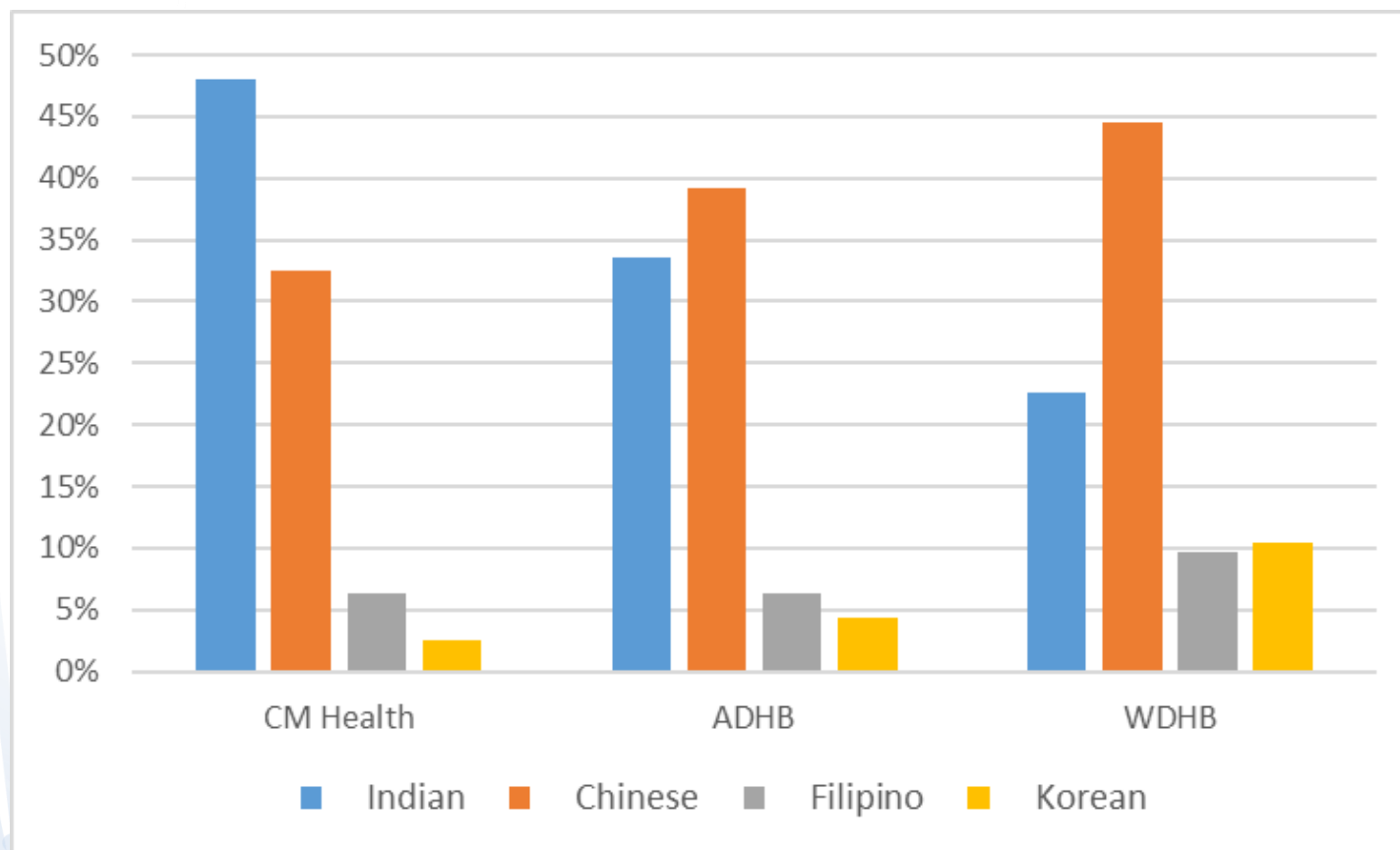
*people can appear in more than one group, so % and subgroup numbers add up to more than 100% and more than the total number of Asian people

Source: Self identified ethnicity, Census 2018

Note: most slides in this summary powerpoint present data for the Asian group as a whole; in the profile document a range of indicators are presented for Chinese, Indian, and other Asian groups separately as well as 'Total Asian', where that data is available, because previous analyses have shown considerable differences in health and socioeconomic profiles across those groups.

Ethnic Mix of Asian Populations Differs Across the Metro Auckland DHBs

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Source: Usually Resident Population, Level 3 ethnic group, by DHB, Statistics NZ release 2019

Language Indicators for CM Asian Population

	15-29 yrs	30-44 yrs	45-64 yrs	65 yrs & over	Total 15 yrs & over
Total Asian (TR)					
Total able to speak English	95%	91%	78%	54%	85%
Total not able to speak English	5%	9%	22%	46%	15%
Indian: able to speak Hindi	39%	49%	52%	53%	47%
Indian: able to speak Punjabi	27%	21%	16%	20%	22%
Indian: able to speak English	96%	95%	89%	69%	92%
Chinese: able to speak a Sinitic* language	66%	76%	83%	86%	77%
Chinese: able to speak English	93%	84%	63%	40%	73%

*Mandarin, Cantonese or other Sinitic language

A high proportion of Indian and Chinese people 15 and over are reported as able to speak a heritage language, at least for every day matters. The figures are also high for those identified as Filipino and Korean (63% and 86% respectively, not shown).

Among people aged 65 years and over, conversational English was less common, particularly for those who are Chinese (40%) or Korean (46%, not shown).

Population Mobility

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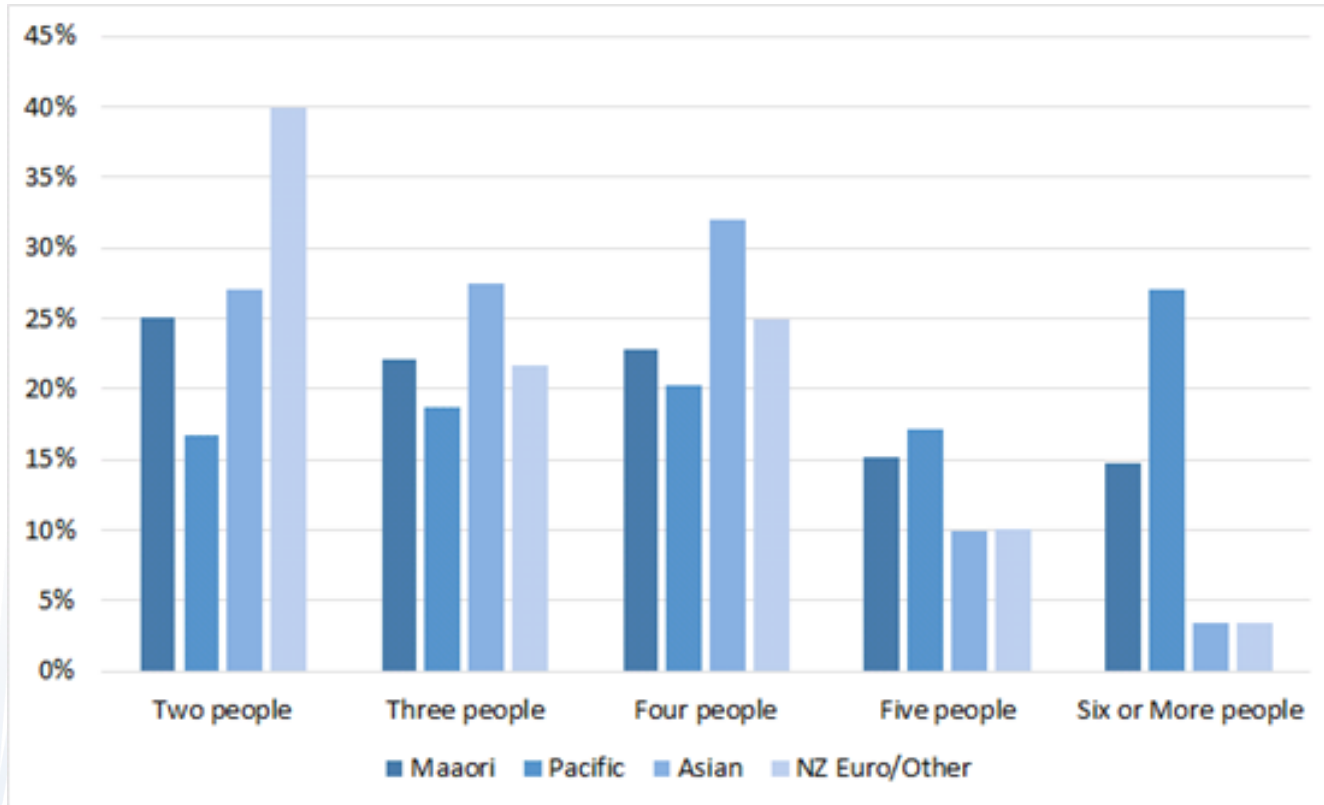


	Same as usual residence	Another residence (in NZ)	Not born five years ago	Overseas
Residence five years before census*, CM Health population	39%	43%	9%	9%

*based on data linkage to 2013 Census records; indicative because of limitations to data quality, but consistent with previous patterns

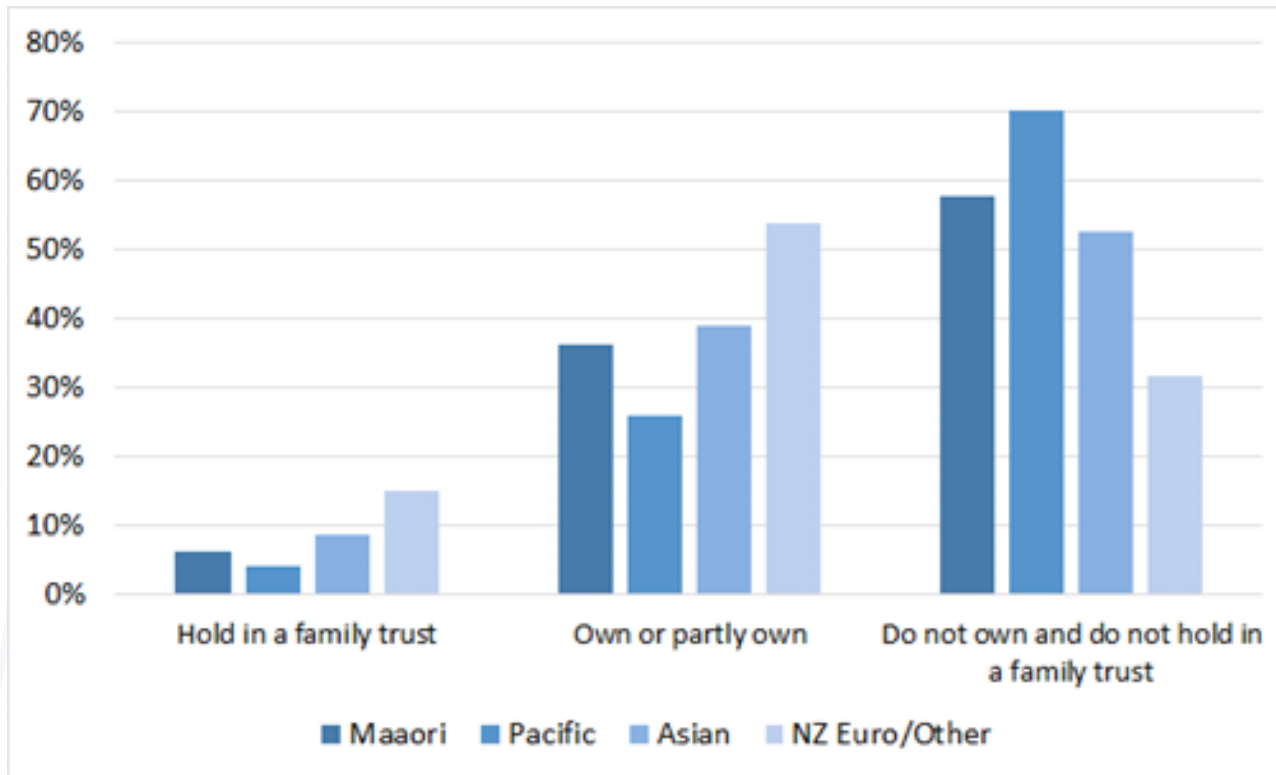
Residential mobility can have important impacts on social connection, education for children, continuity of health and social care provision.

Family Size



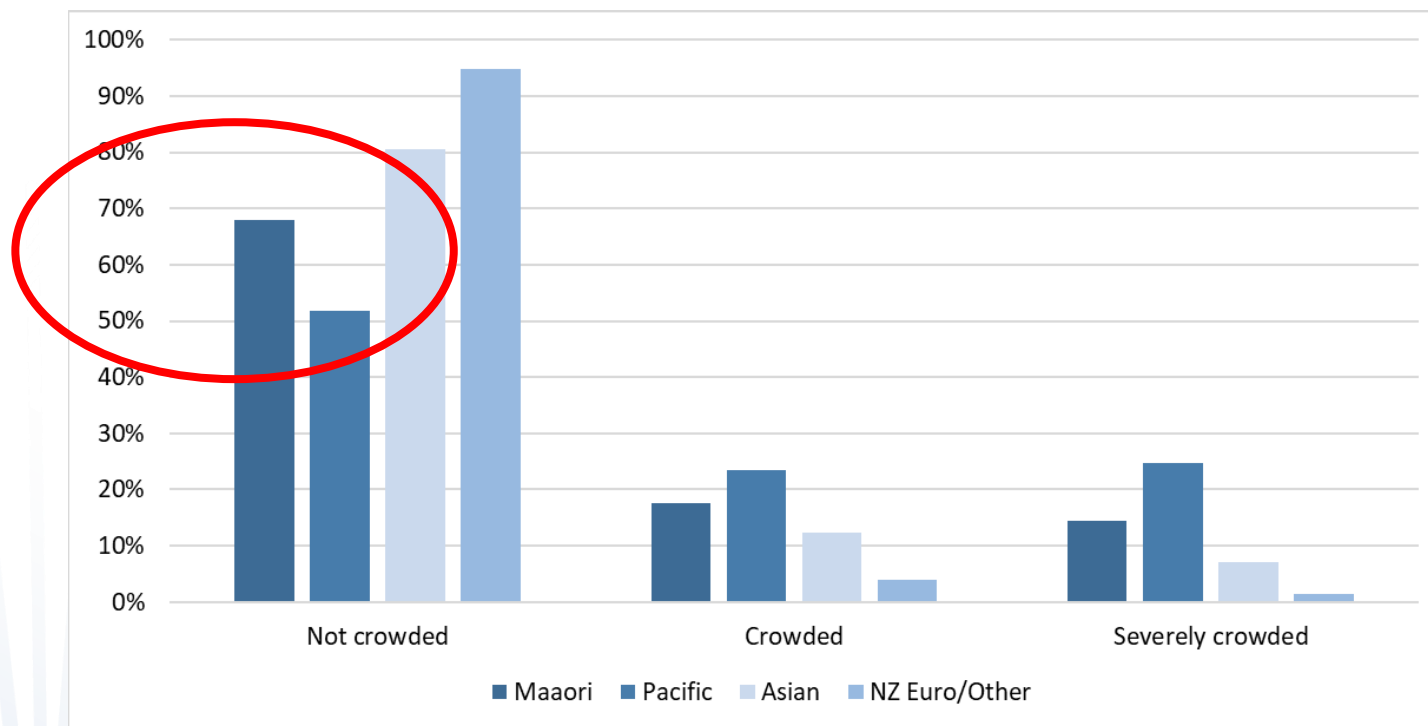
Larger family size was more common among Maaori and Pacific peoples. At the time of the 2018 Census, 15% of Maaori and 27% of Pacific families in CM Health consisted of six or more people, compared with 3% for Asian and NZ European/Other groups. (Note family size is different from household composition; see profile document)

Housing Tenure



47% of CM Health residents 25 years and older did not own their own home or hold it in a family trust in 2018. In comparison 39% of NZ residents aged 25 years and older did not own their own home or hold it in a family trust. This was higher for Maaori (68%) and Pacific peoples (73%), than NZ European/Other groups (34%).

Household Crowding



22% of Counties Manukau residents were living in a crowded or severely crowded household in 2018; **twice that of the NZ average (10.8%)**.

This was **much higher for Maaori (32%) and Pacific peoples (48%)** than for those in Asian groups (19%), and NZ European/Other groups (5%), and **higher for children (29%)**. (Note these figures are likely an underestimate given the data quality issues of Census 2018 and the method used for estimating household size).

Access to a Motor Vehicle

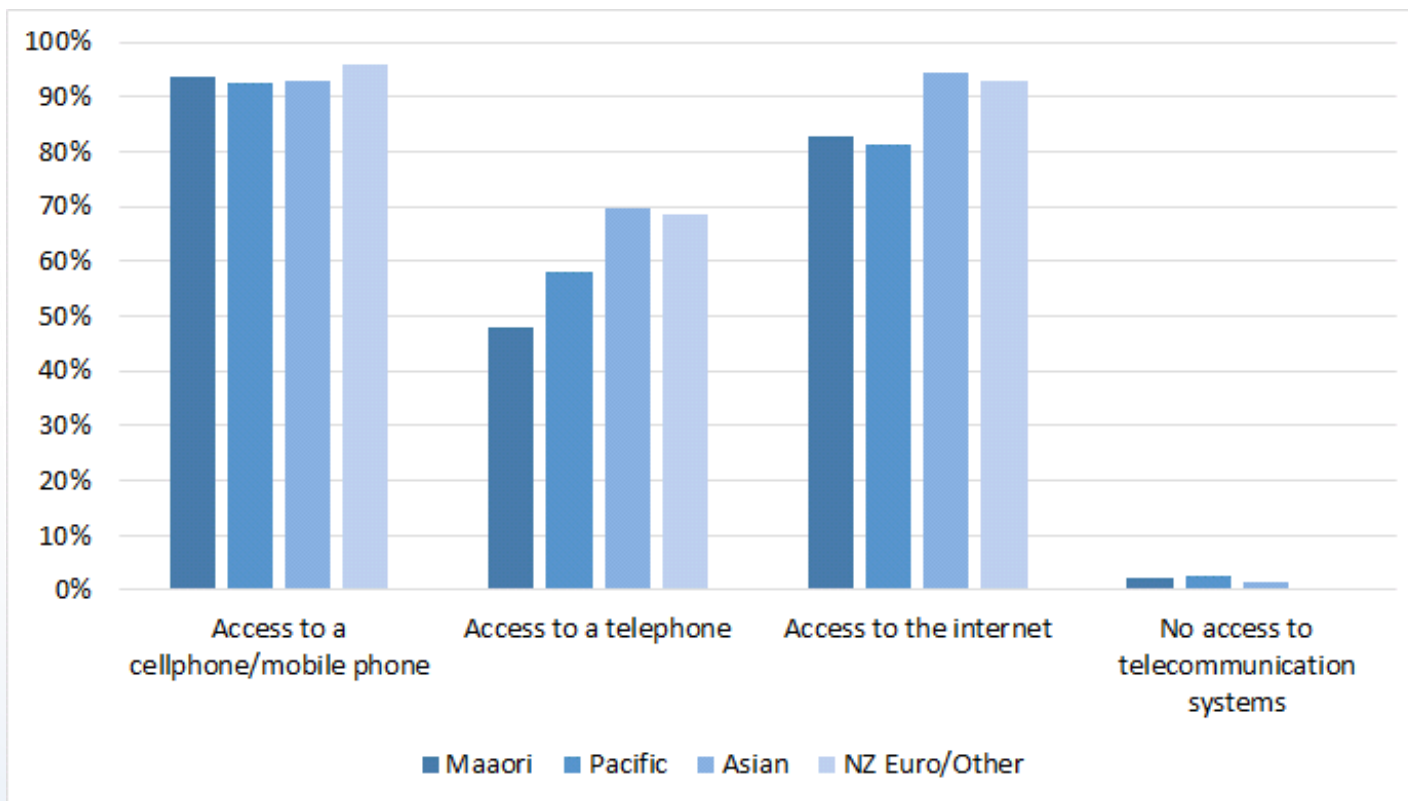
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	Maaori	Pacific	Asian	NZ Euro/ Other	Total
No motor vehicle	7%	5%	2%	2%	3%
Estimated population	6,390	4,220	2,860	4,550	18,240

Transport limitations can impact many facets of life, including social connection, and access to education, work, health and social care services.

The extent of public transport links varies across the CM Health rohe.

Telecommunications Access

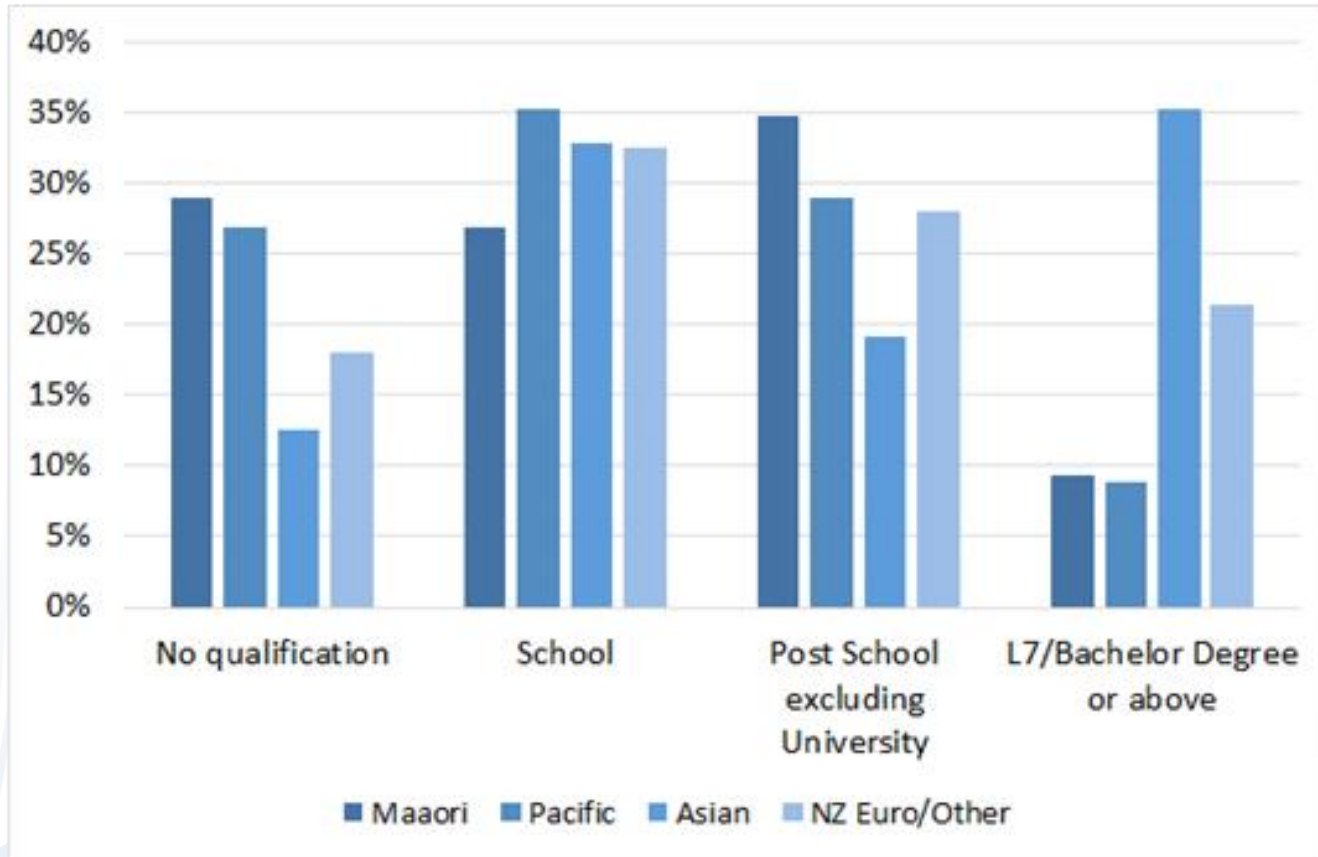


94% of Counties Manukau residents were reported as having access to a mobile phone. 90% had internet access at home - notably lower for Maaori and Pacific peoples (83% and 81%) compared with Asian and NZ European/Other groups (94% and 93%); internet access is also patterned by age.

(Note: this is access in the place of residence; it does not necessarily equate with personal use)

Highest Qualification Varies by Ethnic Group

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Overall 27% of CM Health population aged 15 & over (note this includes young people still at school/in tertiary education) had a qualification post school excluding university and a further 21% a L7 or Bachelor degree or above, but with substantial differences by ethnicity.

In summary...



- Census 2018 data confirms many of the patterns of Census 2013
 - The population of the CM Health rohe is diverse, young but aging
 - There is diversity within the Pacific and Asian 'groups' often used to describe our population in health data
 - Many in our communities speak their heritage language; conversational English is less common in some of our older Pacific and Asian groups
 - Many in our communities face substantial socioeconomic challenges, particularly Maaori and Pacific whaanau
 - Adequate housing continues to be a major concern especially for our tamariki and their whaanau
- Population projections based on Census 2018 data predict growth of 1-2% per year for the total CM population and ~4% per year for those aged 65 & over; this will continue to drive increased health and social system demand of various sorts (noting there are also other drivers of health system demand; see appendix of these slides).
- We are working with Stats NZ on Census 2023, but remain concerned about feasibility of a strong count, looking more to better quality administrative datasets to fill the gap.

Acknowledgements



This has been a Population Health ‘Team effort’

- **Mildred (Ai Wei) Lee** - compiling and analysing the data extracts and population projections from Stats NZ to populate the report
- **Julianna Lees**, Public Health Medicine Fellow - early drafts of the report
- **Doone Winnard** – later drafts and finalising of the report
- **Wing Cheuk Chan** - technical advice about the Census 2018 methodology, population estimates, and ongoing engagement with Stats NZ
- **Keming Wang** - organising the Northern Region customised extract from Stats NZ and historical knowledge of Census data
- **Gary Jackson** - peer review and oversight advice
- The report is available on the Counties Manukau Health website at: <https://countiesmanukau.health.nz/about-us/performance-and-planning/health-status-documents-2/>

Appendix:

Population health implications, priorities across the life course, and drivers of health system demand



Priority issues across the Life Course

The 'Double burden' of conditions of poverty across the life course

- High rates of infectious conditions
- High rates of LTCs/NCDs

Children 0-14 yrs

First 2000 Days (includes maternal health): Physical and emotional preconditions developed for adult life

High rates of infectious conditions (can have long term sequelae)

Development and disability issues

Adults 65 yrs & over

Multiple morbidities

Aging in place

Functional decline

LIFE COURSE

Smoking, obesity, alcohol, violence, injury impact across life course, as do End of Life care, Oral Health

Adults 15-64 yrs

LTC impact at younger age in Maaori & Pacific

Risk factors for long term conditions

Mental health conditions prominent

'Yes, and' – the Expansion of Years with Ill-Health

- Yes, life expectancy is increasing, and...
- Clinical workload continues to increase and we see more people with more complex health issues
- We need to remember
 - Large components of YLD (Years Lived with Disability) come from
 - **mental health and addiction disorders** – depression, anxiety, alcohol & drug use
 - **musculoskeletal disorders** including low-back pain, neck pain, and osteoarthritis
 - **Ill-health caused by diabetes**, including diabetic foot, neuropathy, retinopathy, amputation, and chronic kidney disease is also important

Actions to Impact Priority issues across the Life Course



Smokefree lives and environments

Housing

Immunisations

Multisector action to reduce psychosocial distress, alcohol related harm, family violence, injury and obesity

Improving accessibility, affordability, acceptability of services across the whole patient and whaanau journey

Enabling higher quality and coverage of proven interventions

System wide actions to address health literacy

Advanced Care Planning; addressing 'rule of rescue'

Understanding and addressing 'over diagnosis' and 'over treatment'

Whole of system planning and explicit prioritisation processes highlighting the opportunity cost (what else the resource could have been used for)

Integrated flow of Information for Action

Drivers of Growth & Impacts for CM Health

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Advancing Technology & Expectations

- Diagnostics (laboratory, radiology et al)
- Scope and cost of interventions
- Expectations of health professionals as well as public

Unmet Need

- Persistent ethnic (and other) health inequities
- Health literacy issues
- High hospitalisation rates cf. early care
- Mental health and addictions issues

Ageing Population

- High users of health services sector wide
- Multiple health and mobility problems

Burden of Preventable Diseases

- Importance of early years of life
- Impacts across the system
- Diagnostics and subspecialties, e.g. cancer, cardiology, renal, respiratory etc

People Living in Poverty = Poorer Health

- Primary care, emergency & acute inpatients
- Mental health and addictions