

HEALTH

Older people's quality of life is closely linked with their health status. The majority of older people in Rotorua are fit and healthy, but others require care and disability support.

KEY POINTS:

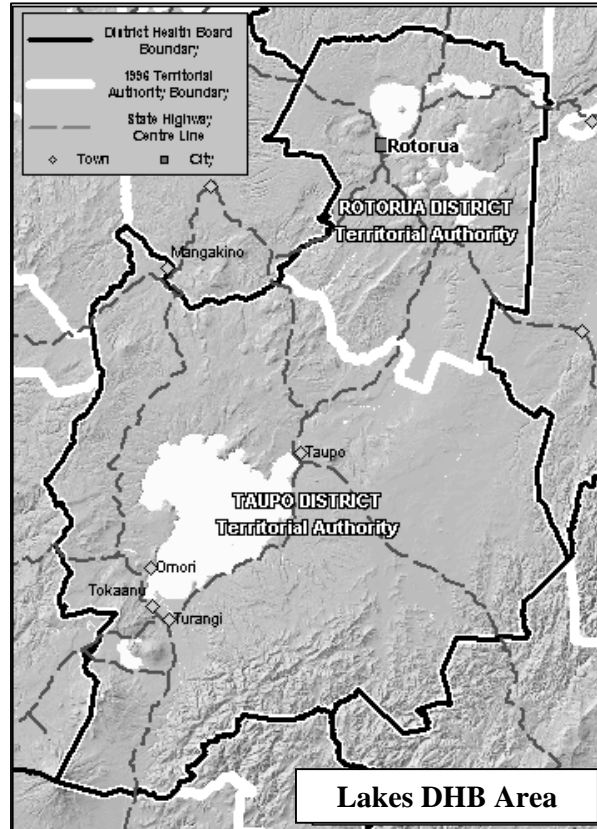
- Only 28.1% of people in the Lakes District Health Board area (Lakes DHB) live past 80 years of age compared with 39.8% nationally. The Lakes DHB area has a high proportion of Maori, and despite recent improvements Maori still have a lower life expectancy than the European ethnic group.
- Diseases that dominate in the older age range include diabetes, cardiovascular disease, stroke, cancer, and respiratory infections. Most deaths are caused by progressive illnesses that are preventable from an early age.

The information in this section relates to the health status of the Lakes DHB area, which includes the Rotorua and Taupo local authority areas. The information was largely sourced from "An Assessment of Health Needs in the Lakes District Health Board Region", published in 2001 by Lakes DHB.

PLEASE NOTE THAT THERE IS CURRENTLY NO UPDATED INFORMATION AVAILABLE TO THAT OF 2001.

The population of the Lakes DHB area has a below-average life expectancy. Recent estimates show that females in the Lakes DHB area have a life expectancy at birth of 78.8 years compared with 80.5 years nationally, while the life expectancy for males is 73.5 years compared with 75.2 years nationally.³

Mortality⁴ rates in the Lakes DHB area for almost every age-group are higher and often significantly higher than for New Zealand as a whole (see figures 13-16). The exception is for the 0-14 years in 2004. The mortality rate for 45-64 year olds in the Lakes DHB area had been declining since 2001

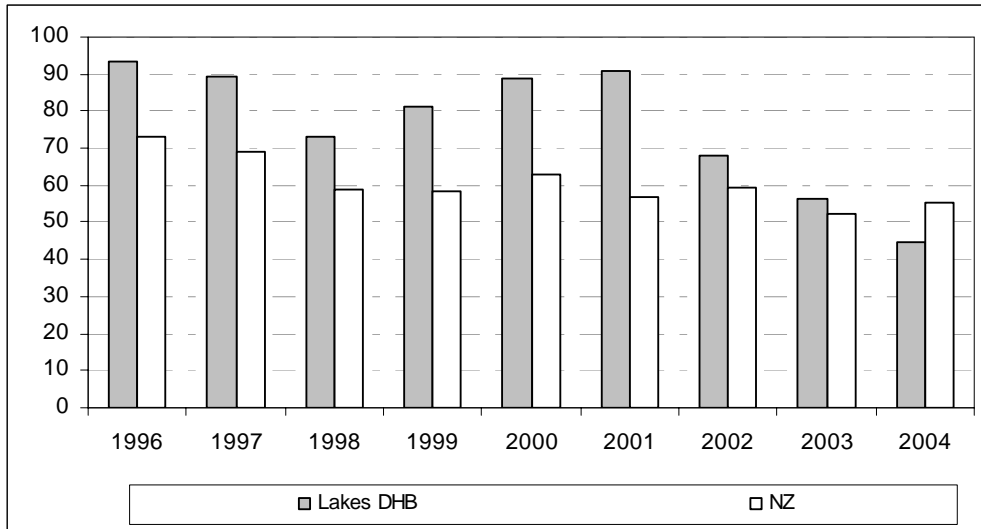


³ The 2000-2002 official estimates for Rotorua District (The Rotorua TLA area) at birth is 74.0 years for males and 78.5 years for females which is an increase of 2.3 and 0.4 respectively from 1995-1997. At 65 years, the estimate for males is another 15.3 years and 19.0 years for females, which is an increase of 0.9 and 0.2 respectively from 1995-1997.

⁴ Mortality is defined as death rate; often given as ratio of deaths per 100,000.

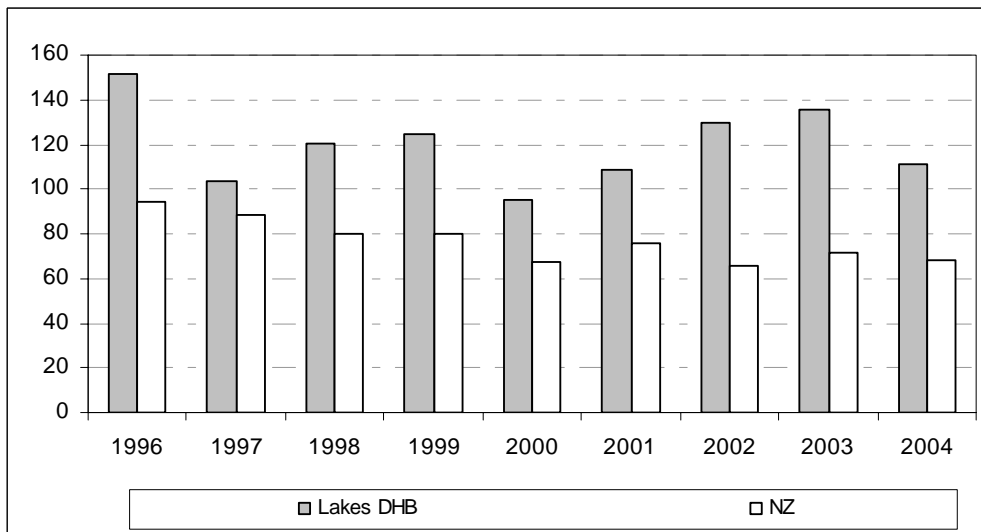
however in 2004 the mortality rate increased, while the mortality rate for New Zealand as a whole slightly decreased over the period 2000-2004.

Figure 13: Age standardised mortality⁵ rates per 100,000 for the 0-14 age group, Lakes DHB area and New Zealand, 1996-2004



Source: Ministry of Health

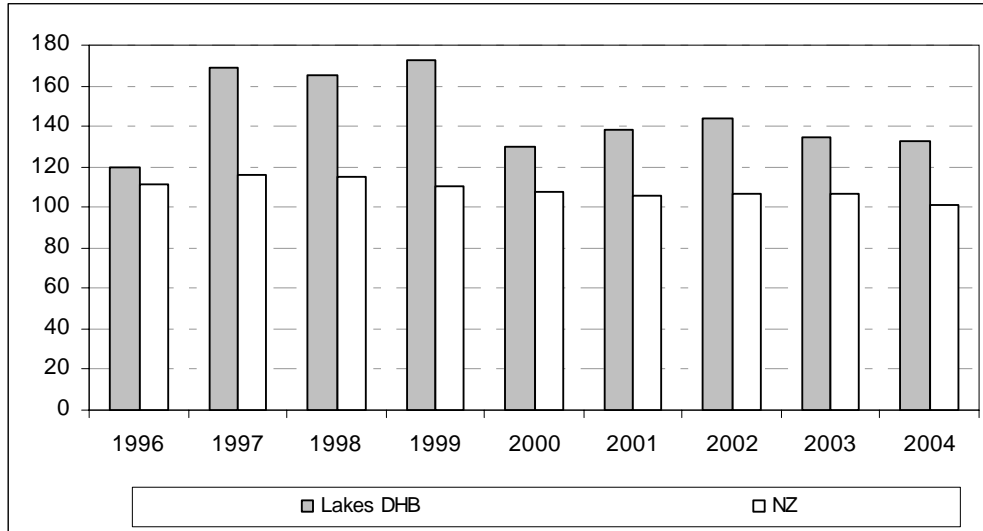
Figure 14: Age standardised mortality rates per 100,000 for the 15-24 age group, Lakes DHB area and New Zealand, 1996-2004



Source: Ministry of Health

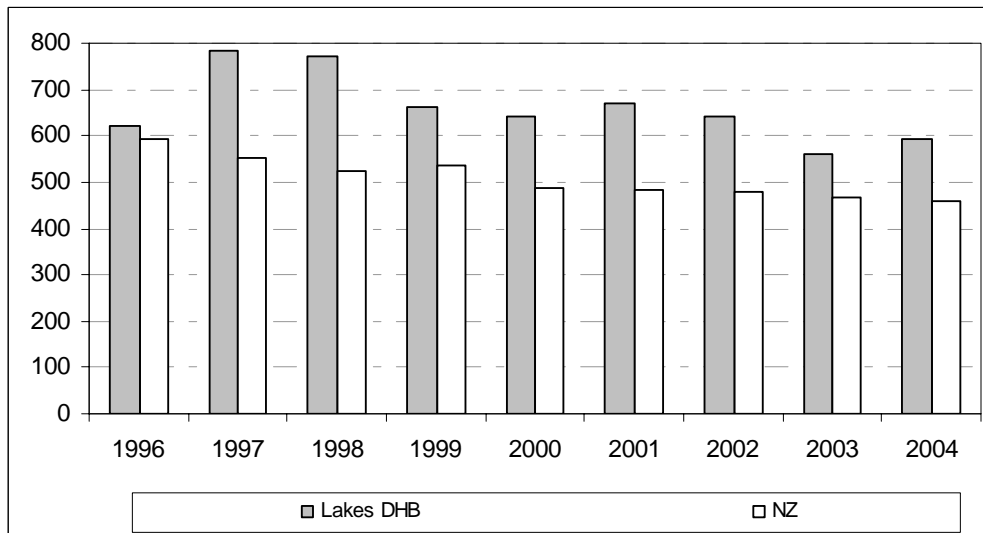
⁵ Age-standardised rate or age-adjusted rate is a summary measure of a rate that a population would have if it had a standard age structure. Standardisation is necessary when comparing several populations that differ with respect to age because age has such a powerful influence on the risk of cancer. The most frequently used standard population is the World standard population. The calculated incidence rate is then called the World Standardised incidence rate. It is also expressed per 100,000.

Figure 15: Age standardised mortality rates per 100,000 for the 25-44 age group, Lakes DHB area and New Zealand, 1996-2004



Source: Ministry of Health

Figure 16: Age standardised mortality rates per 100,000 for the 45-64 age group, Lakes DHB area and New Zealand, 1996-2004



Source: Ministry of Health

Physical activity

The best available data on physical activity is from the Hillary SPARC Facts Survey, which was carried out over the period 2000 to 2001. Information was collected from 1076 adults living in the Bay of Plenty region (which incorporates much of the Lakes DHB area) including 416 people aged 50 and over. Table 9 shows that ‘average’ older person in the Bay of Plenty Region engages in an above-average level of physical activity.

Table 9: Physical activity of people aged 50 and over, Bay of Plenty and New Zealand, 2000-2001

	Bay of Plenty Region	New Zealand
Active (2.5+ hours of activity per week)	72.0%	70.5%
Active 5 or more days per week	49.5%	44.0%
Hours active per week average	12.0	10.3

Source: SPARC New Zealand

Smoking

Cigarette smoking is one of the most significant preventable causes of ill health, particularly for Māori. Smoking is the most common cause of lung cancer, and historical smoking patterns are significant in determining mortality rates. The lung cancer mortality rate in the Lakes DHB area is 33.3 per 100,000 compared with 25.9 nationally. Results from the 1996 Census show that 30.0% of people aged 15 years and over in the Rotorua District smoke cigarettes compared with 23.7% for New Zealand overall.

Cancer

Cancer is one of the leading causes of death for middle to older age groups, and the Lakes area has a higher cancer mortality rate than New Zealand overall. The annual average mortality rate from cancer (all types) in the Lakes DHB area for 1996-98 was 153.1 per 100,000 people, compared with 135.6 nationally. The mortality rate for males is higher than that for females. Also, the mortality rate from cancer for Māori in the Lakes DHB area is 279.3 per 100,000 compared with 128.8 for non-Māori.

Cardiovascular disease and stroke

Although cardiovascular disease is declining in New Zealand, it is still the leading cause of death in New Zealand, mainly due to ischaemic heart disease (coronary artery disease) and stroke. The rate of hospitalisation for cardiovascular disease is 9.0 per 1,000 in the Lakes DHB area compared with 7.3 nationally. The rate for Māori is higher than for non-Māori, and males have more than double the rate of hospitalisations of females.

Stroke mortality is the third most common cause of death in New Zealand following cancer and ischaemic heart disease. The incidence of stroke increases with age, particularly above 65 years old. The hospitalisation rate for stroke in the Lakes DHB area is 8.1 per 1000 compared with 7.8 nationally. Stroke incidence is higher for Māori and Pacific peoples compared with other ethnicities.

Diabetes

Diabetes is a major cause of morbidity and early mortality in developed nations. The commonest type of diabetes is non-insulin-dependent diabetes mellitus (type II), which is diagnosed most frequently in middle and older ages. This form of diabetes accounts for nearly nine out of every ten cases of diabetes. The hospitalisation rate for diabetes is 110.9 per 100,000 in the Lakes DHB area compared with 77.3 nationally. Māori and Pacific Islanders are three to four times more likely to develop diabetes than people in European ethnic groups. The incidence of diabetes in New Zealand is expected to double in the next 20 years.