

Quality of Life And Wellbeing In Auckland City

**Auckland District Health Board and
Auckland City Council**

Acknowledgements

Much of the data for this report was provided by Auckland City Council, and was extracted from the Quality of Life Report. Other data was extracted from the Auckland City Residents Survey (2005). A wide range of other data sources are used in this report, including data from government departments, council records and Census data.

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Key findings

The People Of Auckland City

At the 2001 census there were 367,737 people living in Auckland City, an increase of 6.4% since 1996. Between 2001 and 2004 it was estimated that Auckland City's population had increased a further 8.2% to 420,700.

In 2001, 66% of people in Auckland City said they belonged to the European ethnic group; 8% identified as Maori; 14% as Pacific peoples and 19% as Asian. The Auckland City population included proportionally more Pacific and Asian peoples, and proportionally less European and Maori compared to elsewhere in New Zealand.

It is predicted that between 2001 and 2021 Auckland City's population will increase by 44% to 530,600 people. The Auckland city population is increasing at a faster rate than other parts of New Zealand. Population increase will have an effect on the infrastructure, economy, the use of resources and the demand for goods and services, both within Auckland City and the greater Auckland region. Internal migration is a significant contributor to Auckland's population growth.

Age structure impacts on the range of services, facilities and health needs of a City. Auckland City has a higher proportion of its population in the 15-44 year age group than New Zealand as a whole and a lower proportion of people aged under 15 and over 65 years.

Although the median age of people in Auckland City was 33 in 2001, the median age of ethnic groups, other than European, is considerably younger. Maori and Pacific people had the youngest median age both in Auckland City and in New Zealand as a whole.

At the 2001 Census, there were 87,216 families in Auckland City. Of these, 19% were one parent families with children.

Socioeconomic Factors

The New Zealand Deprivation Index combines a range of key socioeconomic factor from the 2001 census, estimates an overall score of deprivation for an area, and ranges from 1 (least deprived) to 10 (most deprived). Across New Zealand 10% of people live in each decile. In Auckland City, a slightly higher percentage of people live in deciles one and two and decile 10.

The median household income in Auckland City is higher than the national median. Overall median household income was highest in the Hobson, Eastern and Western Bays. It was lowest in the Avondale, Penrose and Hauraki Gulf wards. Asian people and those from ethnic groups other than European, Maori and Pacific were most likely to earn under \$20,000 per year. Eleven percent of Europeans earn over \$70,000 per year. Women in Auckland city earn around 77.6% of the average ordinary time weekly male wage. Nationally this gap is 79.1%.

The number of people in Auckland City receiving means tested benefits fell by 14.3% between June 2002 and June 2004. The number of people on unemployment benefit almost halved over this period, however, the number of people on sickness and invalids benefits increased.

Participation in early childhood education in Auckland City is increasing. Almost half of the 5202 Year One students that attended a preschool were European.

The overall decile rating of Auckland schools is increasing. Between the 2002 and 2003 year, 37.8% of Auckland schools changed to a higher decile compared with 29.8% of schools nationwide. Only 6.7% of Auckland schools were relegated to a lower decile over this period.

Males are over-represented in stand down statistics. At July 2004, 73% of students stood down in Auckland City were male. This is higher than the national rate.

Maori students in Auckland are most likely to be granted an early leaving exemption, followed by European and Pacific students. Asian students and those of other ethnicities are least likely to receive an early leaving exemption.

In 2004, 8.5% of the 5759 students who left school in Auckland City left without qualifications. This is lower than the national rate. Over one-third of the school leavers that left with no qualifications were Pacific students. Those living in Auckland City are more likely to have formal qualifications than those in New Zealand as a whole.

Housing inequality is a significant contributor to social and economic inequality within New Zealand. In 2001, half of those in Auckland City owned their own home, a decline from 1991. Affordability is one of the primary indicators of home ownership rates and remains an issue of key concern for many New Zealanders. Living standards tend to be compromised when people on low incomes spend over 30% of their income on housing costs. Housing is considerably less affordable in Auckland City, than housing across New Zealand as a whole.

Home ownership is highest within the European and Asian population. Almost half of Europeans own their own home, and home ownership is lower among Maori, Pacific people and those from other ethnic groups. Only 18% of Pacific people in Auckland City own their own home, and Maori who live in Auckland are one-third less likely to own their own home than those in other parts of New Zealand. Low income earners in Auckland are nearly twice as likely to live in rental properties than low income earners nationally

A major energy and health issue is associated with the lack of insulation in New Zealand homes built before 1977, before insulation became mandatory. Auckland has a higher percentage of older homes than the national average.

Auckland also has a higher percentage of homes built in the 1990s than the national average. The building of homes showing signs of water damage after completion emerged as a serious problem in the mid 1990s. The problem became known as 'leaky building syndrome'. Auckland home owners appear to be particularly adversely affected, largely due to the number of new homes built during this period.

Crowding can be an indicator of housing affordability. Crowding can reflect customs and cultural attitudes towards the number of people living in households and sharing rooms. However, crowding is also associated with poor health status and respiratory diseases, infectious diseases and stress. Household crowding is one of the greatest risk factors in contracting meningococcal meningitis, which has reached epidemic proportions in New Zealand in recent years. Household crowding in Auckland City is in excess of national average. Pacific people are far more likely to live in crowded households however crowding among Maori and those of other ethnicities is also high.

In December 2004 the equivalent of 158,300 full time employees lived in Auckland City, accounting for 7.6% of total national employment. Nearly one-quarter of the full time workforce in Auckland City are employed in the property and business sector. Auckland residents are also more likely than national employees to work in the finance, insurance, wholesale trade and communication, cultural and recreational industries. Fewer people are employed in the manufacturing industry in Auckland City than nationwide.

Traffic congestion is a key issue facing Auckland City. In 2001, the average number of motor vehicles per household was 1.5. This is lower than Waitakere and Manukau Cities, the North Shore, the national average. In the Auckland region, Auckland City had the highest percentage of households with no vehicles.

Those living in Auckland City were more likely to take the bus than those living either in the rest of the Auckland region, or nationally. The majority of Auckland residents do not use

public transport on a regular basis. Most Auckland residents consider public transport to be affordable and safe.

Health Status

When surveyed, most Auckland City residents rated their overall health positively - good, very good or excellent. However, 13% of residents described their overall health as poor or very poor. Residents in Avondale-Roskill were most likely to describe their health as poor.

Those aged 15-24, and those aged 65 years or over were most likely to rate their health as fair or poor.

Of the four ethnic groups, Europeans were most likely to rate their overall health positively. Pacific Peoples were least likely to rate their overall health this way.

On the whole, those with higher household incomes were more likely to rate their health positively than those on low household incomes.

Nearly two-thirds of young people in Auckland Central are active, spending an average of 5.7 hours per week taking part in sports and active leisure, however this is less active than other young people elsewhere in New Zealand. Two-thirds of Auckland Central's adults are active for more than 2.5 hours per week. Only half this number, however, is active for 30 minutes or more on at least five days a week.

Half of adult Auckland residents participate in physical activity at least weekly, while one-third do some form of physical activity daily. Those aged 15-24 years were most likely to take part in physical activity about once a week/daily, while those aged 65 years or older were least likely to participate this often.

Auckland City residents of Pacific and New Zealand European descent were the most likely to have participated in physical activity about once a week/daily, while Asian and Indian residents were less likely.

Care and protection notifications relate to child abuse and neglect. One-quarter of all Child Youth and Family notifications are from Auckland City.

Teenage birth rates in Auckland (for women aged 15-19 years) are falling, with the rate in 2002 the lowest in over a decade. Teenage birth rates were highest amongst Maori and Pacific women and lowest amongst European and Asian / Indian women.

Although there was a rise in the road toll for 2003, the national trend remains downward. However, this is not the case in Auckland City where there has been little change since 2000. Major road issues for Auckland city are vulnerable road users; safe road environment; intersections; and arterial speed.

Service Provision And Access To Services

Auckland District Health Board (DHB) has a higher number of full time equivalent GPs per 100,000 population than other DHBs in the area, or nationally.

A survey of Auckland City residents found that a fifth reported that, in the preceding 12 months, there had been at least one instance when they had wanted to visit a doctor but had not done so.

Groups least likely to have visited a GP when they wanted to were Maori, and people with an income of between \$70 001 – \$100 000.

The highest proportion of residents experiencing these barriers was in Avondale/Roskill. Younger people, in the 15-24 year age group, were most likely to say that they had experienced barriers to visiting a GP. Nearly one-third of Maori said that they had experienced barriers to using a GP at least once in the preceding 12 months. Those with an annual household income of between \$70,001 and \$100,000 were most likely to have experienced barriers. Cost was the most common reason identified by those who had not visited their GP when they wanted to.

Pacific People were most likely to identify cost as the main barrier to visiting a GP. Of the four ethnic groups, Asian and Indian residents were most likely to cite time constraints. Maori respondents were the most likely to state that the condition got better on its own.

Environment And Health

The Consumers Price Index (CPI) measures the rate of the price changes of goods and services purchased by households. Between 1998 and 2005 prices rose both in the Auckland Region and nationally. Over this period the change in CPI peaked in the Auckland Region in 2001. The CPI in the Auckland Region increased by 1.4% between March 2004 and March 2005.

Auckland has experienced an overall net growth in the number of businesses since 2002. In 2004, there were over 54 000 businesses based in Auckland City. This comprises around one-fifth of all New Zealand businesses. The number of economically viable businesses in Auckland City increased by 7% between 2003 and 2004.

Most Auckland residents feel a sense of pride in the way their city looked and felt. Residents feel pride related to the outdoor environment, such as the gardens and parks, beaches and harbour, and the number of attractions and things to do. Key concerns about the city were that Auckland looked dirty and there was rubbish everywhere, there was insufficient planning, and that the city had unattractive new buildings and infill housing. Most Auckland residents agree that Auckland has a culturally rich and diverse arts scene.

Strong communities thrive if the residents feel connected with one another, safe within their homes and part of a larger resident's network. Most Auckland City residents feel that they had a positive overall quality of life. Those aged 65 years or over or 25-49 years, Europeans, women and those with high household incomes were more likely to rate their quality of life positively.

Over half of Auckland City respondents surveyed stated that the group or social network that matters to them the most are mostly made up of people who have the same interests, culture or beliefs. One-quarter said that their social networks were mostly made up of people living in their neighbourhood. Almost one in five said that there were no particular groups or networks that they felt part of.

Auckland is an increasingly diverse population. Auckland City residents were asked how they viewed this diversity. Most were positive about the effects of increased diversity upon the city, or felt that it made no difference. Over one-third of Maori residents disagreed that cultural diversity made Auckland a better/much better place to live.

Perceptions of safety may not relate directly to crime rates; however they impact on the health and wellbeing of the community. People who feel unsafe are more likely alter their behaviour and participate less in the community. Auckland City's residents, when surveyed, said that they felt safe from crime in their home after dark, with most stating they felt either safe or very safe. Only 5% felt unsafe or very unsafe in their homes after dark. Those most likely to feel safe/very safe included: residents of Eastern Bays, males aged 15-24 years and 65 years or older and Europeans residents. Those least likely to feel safe/very safe includes: those living in Avondale/Roskill, Females, those aged 25-49 years and Asian/Indian residents. Maori were the most likely to report feeling unsafe/very unsafe in their homes after dark.

Introduction

The purpose of this report is to provide a wide range of data about the quality of life and wellbeing in Auckland City. The report draws on data from a wide variety of sources, and focuses broadly on the determinants of health. It is intended that this report be a companion document to the Auckland District Health Board Health Needs Assessment, which will be released in 2006.

The data presented in this report will be useful to District Health Board funders and planners, local government planners, and other government and non-government agencies who contribute to the health and wellbeing of the residents of Auckland City.

Much of the data presented in this report is based on the larger data analysis reported in Quality of Life in New Zealand's Eight Largest Cities (2003), and provides detail on the quality of life in Auckland City. A wide range of data sources are used in this report, including data from government departments, council records and Census data. Other data was provided by Auckland City Council from the Auckland City Residents Survey (2004). While all efforts have been made to present the most current data, the report is limited by data availability at the time of compiling the report.

The report includes key quality of life indicators and their associated measures. Many indicators include more than one measure. Where possible and/or appropriate, indicators are examined by ethnicity, age and sex.

The report is presented in five sections:

Section One: The People Of Auckland City

This section examines the population of Auckland city, including projected population growth; ethnic composition; age structure; family and household size and structure; and life expectancy.

Section Two: Socio-Economic Factors

This section examines deprivation; levels of income; benefits and supplements; education and qualifications; training; levels of home ownership; housing costs and affordability; housing quality; urban intensification; and transport and communication.

Section Three: Health Status

This section examines residents' perceptions of their health status by location; age; ethnicity; and income. Modifiable risk factors to improve health status are examined by location; age; ethnicity; gender and income. Levels of injury, violence and safety behaviours are also examined.

Section Four: Health Services Provision And Access To Services

This section examines perceptions of access to General Practitioners by location; age; ethnicity; and gender. Barriers to accessing General Practitioners are also explored.

Section Five: Environmental Health.

This section examines the economic environment, including business growth; retail sales; and proportions of household income spend on goods and services. Residents' perceptions of the physical environment of Auckland City are examined, including reasons for pride in the city and local concerns. Residents' perceptions about their sense of community are explored. Access to services and perceptions of crime and safety are examined. Finally, residents' participation in the civil and political environment is described.