Key area: Promoting healthy ageing and improving access to services

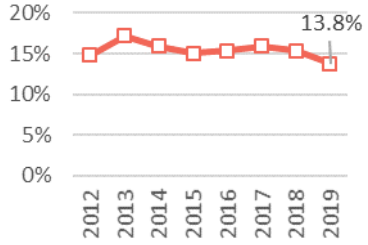
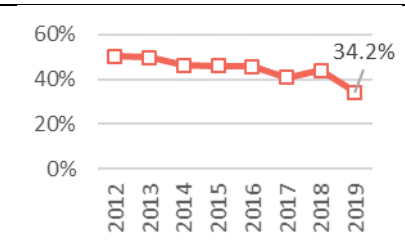
Within this key area for action, the outcomes the strategy wants to achieve are:

1. People enter later life as fit and healthy as possible.
2. People have equitable access to the health and social services and the support they need to live and age well.
3. A whānau-centred approach is taken to the design and delivery of health and social services.

This part of the strategy has links to, and complements, the Healthy Ageing Strategy, New Zealand Disability Strategy 2016, the New Zealand Carers' Strategy 2008 and New Zealand Carers' Strategy Action Plan 2019–2023. As indicators are developed for these strategies, we will work with the people developing them to align the Better Later Lives indicators where appropriate.

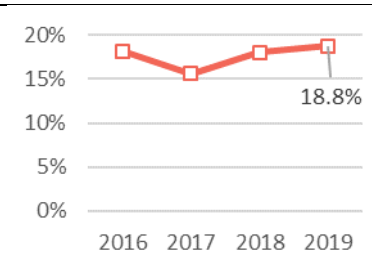
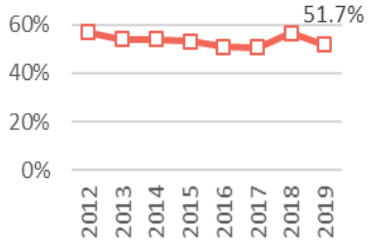
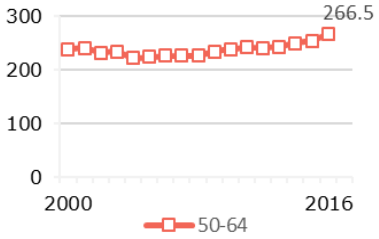
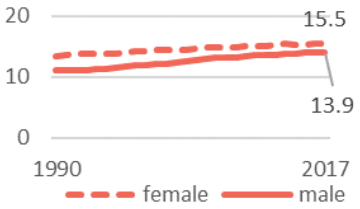
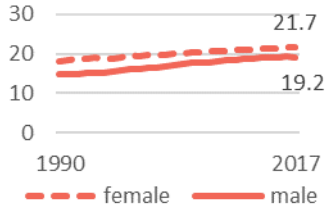
1. People enter later life as fit and healthy as possible

This outcome recognises that the way we lead our lives can affect our health in later life. The primary focus here is on the next generation of older people currently aged 50-64. Appendix 1 Graphs and notes contains more graphs by age group.

Proposed indicator	Source	Is it moving in the right direction as people enter later life? (50-64 unless otherwise specified)[1]	
Current smokers: percentage of people who smoke at least monthly and have smoked more than 100 cigarettes in their whole life	Ministry of Health, NZ Health Survey (NZHS) Annual Data Explorer 2018/19 and customised data for 50-64 and 65+ (annual, year ended June)	≈	
Nutrition (fruit and vegetable): percentage of people who meet vegetable and fruit intake guidelines (currently 3+ servings of	NZHS (year ended June)	✗	

[1] The assessment is based on statistical significance (where available) or consistent change in recent years.

— No trend data ≈ No change or statistically insignificant change ✓ Positive change – good outcome ✗ Negative change – poor outcome

Proposed indicator	Source	Is it moving in the right direction as people enter later life? (50-64 unless otherwise specified)[1]	
vegetables and 2+ servings of fruit per day)			
Hazardous drinking: percentage of people who are hazardous drinkers[i]	NZHS, year ended June (from 2016)	≈	
Physical activity: percentage of people who did at least 2.5 hours of activity in the past week, spread out over the week	NZHS, year ended June	≈	
Serious injury prevalence: prevalence of serious injuries in New Zealand per 100,000 people[ii]	Stats NZ, serious injury counts/estimated resident population, MSD calculations	✗	
Health expectancy at age 65: the average number of years a person aged 65 can expect to live without requiring assistance with everyday activities	The Global Burden of Disease Study (GBD)	✓	
Life expectancy at age 65: the average number of years a person aged 65 can expect to live	GBD	✓	

— No trend data ≈ No change or statistically insignificant change ✓ Positive change – good outcome ✗ Negative change – poor outcome

Commentary

The prevalence of smoking has declined across all age groups. However, smoking rates for those over 35 have not shown the same decline as younger age groups between 2012 and 2019. Smoking rates are lowest for those over 65, reflecting the impact of

smoking on life expectancy and people giving up as they acquire chronic health conditions. [Note: this measure does not include vaping.]

The percentage of people meeting the current fruit and vegetable guidelines (3+ servings of vegetables and 2+ servings of fruit per day) has generally declined in recent years across all age groups. Older people are more likely to meet the guidelines than younger people. [Note: starting in the 2018/19 Health Survey, showcards were used to illustrate serving sizes.]

Hazardous drinking rates have fallen amongst people aged 15-24 and 25-34, but we are not seeing the same falls amongst older age groups. [Note: this data is only available from the year ended June 2016.]

The proportion of people who are physically active has fluctuated for most age groups, including those aged 50-64.

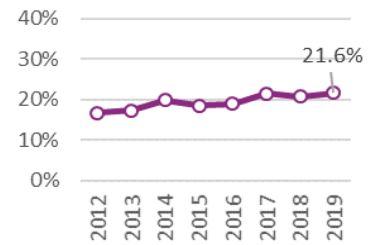
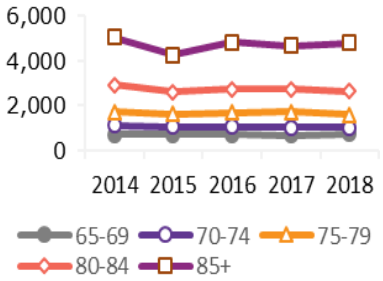
Serious injuries are included here due to the impact they can have on health in later life and life expectancy. The prevalence of serious injuries has been generally increasing over time for those aged 50-64 and older age groups. Accidents tend to be more serious as people become frail and the incidence of falls increases with age. [Note: our indicator is based on the same data as the Indicators Aotearoa NZ (IANZ) "injury prevalence" indicator. However, the IANZ indicator is not broken down by age and is "age-standardised" to account for differences in the age structure over time.]

Life expectancy for men has increased more than for women since 1990, but in 2017 a 65-year-old woman could still expect to live 21.7 more years on average compared to 19.2 years for a man the same age. Health expectancy has also increased, but not as fast as life expectancy, so the average number of years needing assistance for a long-term health condition or disability has increased.

We considered using the independent life expectancy (ILE) measure published by the Ministry of Health[iii], which is the preferred indicator of health expectancy in New Zealand. However, its infrequency makes it less suitable as an indicator than the more frequent GBD measure. Using the GBD measure is also consistent with the use of the GBD measure of health expectancy at birth in Stats NZ's IANZ indicators and Treasury's Living Standards dashboard.

2. People have equitable access to the health and social services and the support they need to live and age well

The Healthy Ageing Strategy recognises that inequities in health status need to be reduced, in particular for Māori, Pacific peoples, migrant and refugee communities, and disabled people.

Proposed indicator	Source	Is it moving in the right direction for those aged 65+?	
Unmet need for primary health care: Percentage who experienced one or more types of unmet need for primary health care in the past 12 months	NZHS, year ended June	✗	
Need for acute hospital care: days of acute care per older population	Ministry of Health, National Service Framework library, Actual Acute Bed Days per 1,000 people (years ended June)	–	
Health equity: the spread of health outcomes across the New Zealand population (the gap between high and low health outcomes)	IANZ indicator to be developed	–	
Access to social services	Not currently available	–	
Culturally appropriate health and social services	Not currently available	–	

– No trend data ≈ No change or statistically insignificant change ✓ Positive change – good outcome ✗ Negative change – poor outcome

Commentary

Older people are less likely to experience one or more types of unmet need for primary health care during the previous 12 months than younger people. The proportion of people experiencing an unmet need for primary health care increased significantly for those aged 15-24, 50-64 and 65-74 (but not 75+) between 2012 and 2019.

People aged 65 and over are less likely than average to report each of the barriers that make up this indicator. Comparing the components that make up this indicator between the 2012 and 2019 June years:

- the proportion unable to get an appointment at their usual medical centre within 24 hours increased significantly for most of the published age groups (apart from those aged 25-34)

- the proportion of people who had an unmet need for a GP due to cost did not change significantly for most age groups (apart from a significant fall for those aged 35-44)
- the proportion of people reporting unmet need for a GP due to lack of transport did not change significantly [Note: this component is an indicator in the "Making environments accessible" key area.]
- the proportion reporting unmet need for after-hours due to cost did not change significantly for most age groups (apart from a significant fall for those aged 25-34)
- there were significant falls in the proportion of those aged 15-24, 45-54 and 75+ reporting unmet need for after-hours medical centre due to transport.

The number of acute bed days per 1,000 population fluctuated between 2014 and 2018, but was lower in 2018 than in 2014 across most age groups. We have included an acute bed night indicator here on the assumption that people who receive the health and social services and support they need will be less likely to need acute hospital care. [Note: we have excluded the first estimate of data for the year to June 2019 because of significant upwards revisions to previous first estimates.]

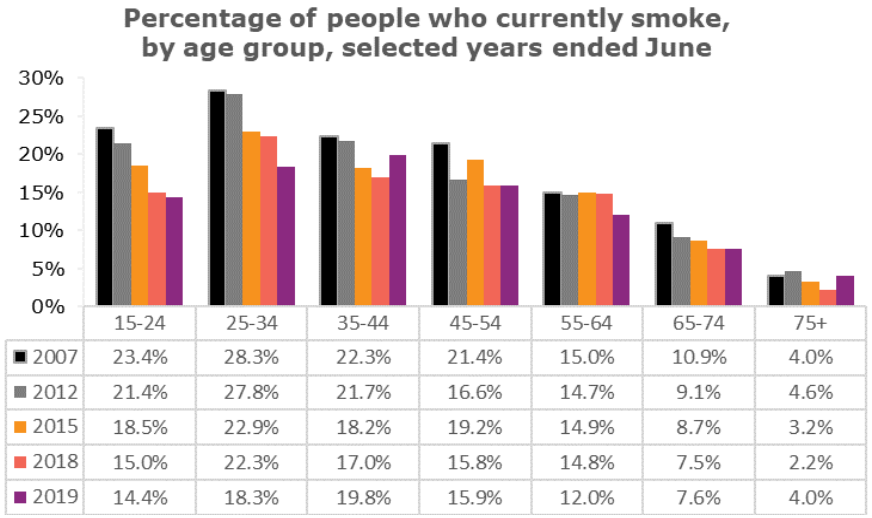
One way of looking at equity is to disaggregate and compare the indicators by factors such as age group, sex, location, disability status, ethnicity and socioeconomic status, which we propose to do in future indicator releases where the data is available. We also propose to include the health equity indicator to be developed as part of the IANZ suite of indicators. This indicator will give a different perspective on equity by showing the gap between high and low health outcomes.

Equitable access also includes people being able to access services appropriate for their needs, so we have also proposed a "culturally appropriate health and social services" indicator (not currently available).

3. A whānau-centred approach is taken to the design and delivery of health and social services

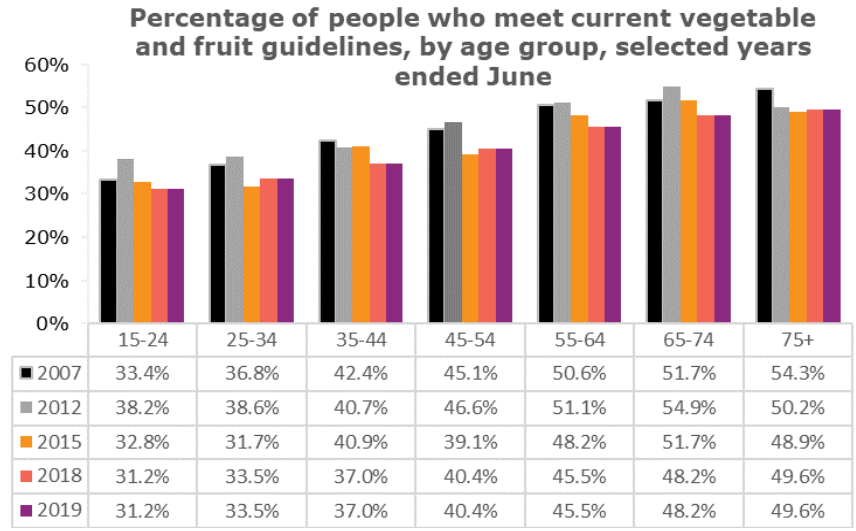
Suitable indicators for this outcome are not currently available.

Appendix 1 Graphs and notes



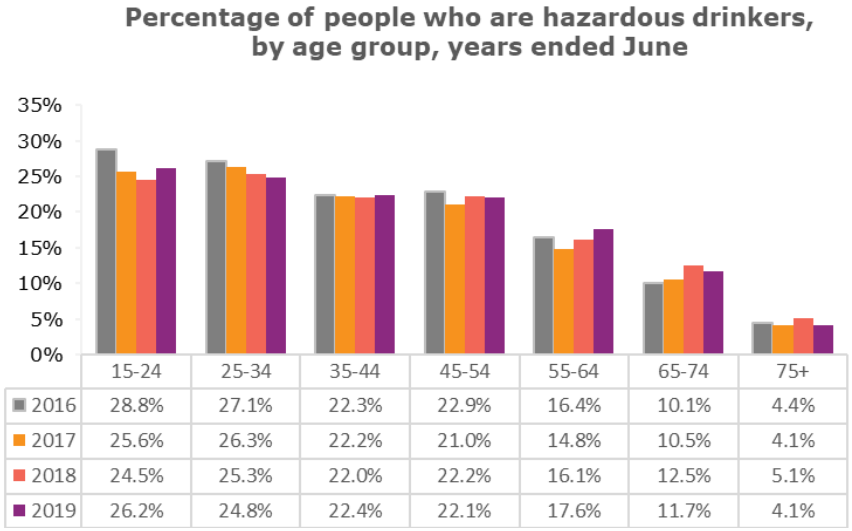
	15-24	25-34	35-44	45-54	55-64	65-74	75+
2007	23.4%	28.3%	22.3%	21.4%	15.0%	10.9%	4.0%
2012	21.4%	27.8%	21.7%	16.6%	14.7%	9.1%	4.6%
2015	18.5%	22.9%	18.2%	19.2%	14.9%	8.7%	3.2%
2018	15.0%	22.3%	17.0%	15.8%	14.8%	7.5%	2.2%
2019	14.4%	18.3%	19.8%	15.9%	12.0%	7.6%	4.0%

Source: Ministry of Health, NZ Health Survey, Annual Data Explorer 2018/19



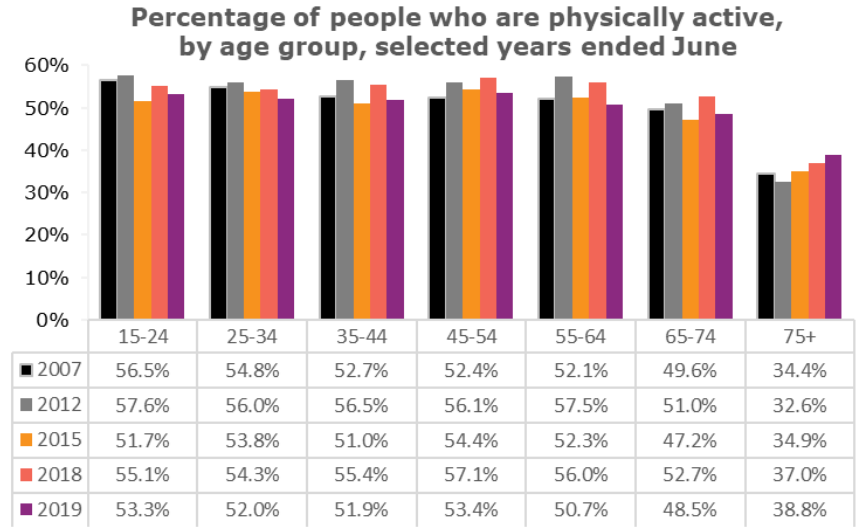
	15-24	25-34	35-44	45-54	55-64	65-74	75+
2007	33.4%	36.8%	42.4%	45.1%	50.6%	51.7%	54.3%
2012	38.2%	38.6%	40.7%	46.6%	51.1%	54.9%	50.2%
2015	32.8%	31.7%	40.9%	39.1%	48.2%	51.7%	48.9%
2018	31.2%	33.5%	37.0%	40.4%	45.5%	48.2%	49.6%
2019	31.2%	33.5%	37.0%	40.4%	45.5%	48.2%	49.6%

Source: Ministry of Health, NZ Health Survey, Annual Data Explorer 2018/19



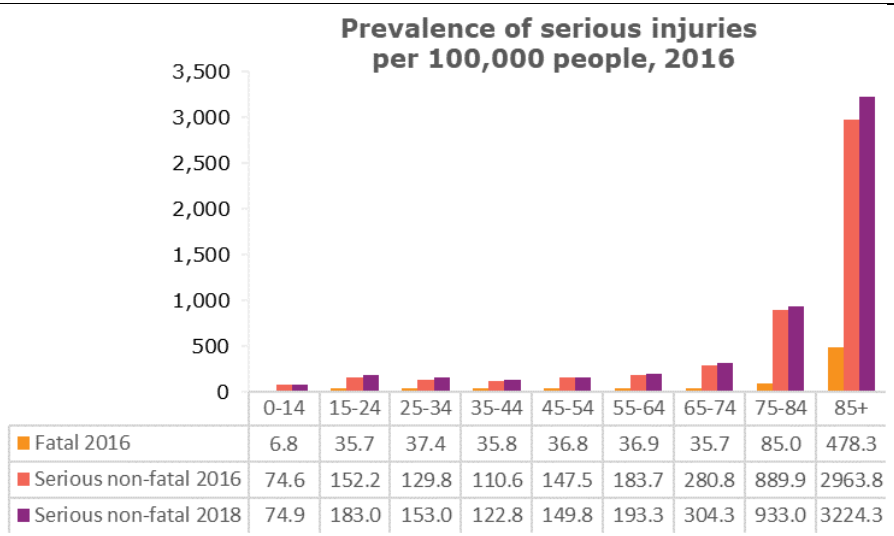
	15-24	25-34	35-44	45-54	55-64	65-74	75+
2016	28.8%	27.1%	22.3%	22.9%	16.4%	10.1%	4.4%
2017	25.6%	26.3%	22.2%	21.0%	14.8%	10.5%	4.1%
2018	24.5%	25.3%	22.0%	22.2%	16.1%	12.5%	5.1%
2019	26.2%	24.8%	22.4%	22.1%	17.6%	11.7%	4.1%

Source: Ministry of Health, NZ Health Survey, Annual Data Explorer 2018/19



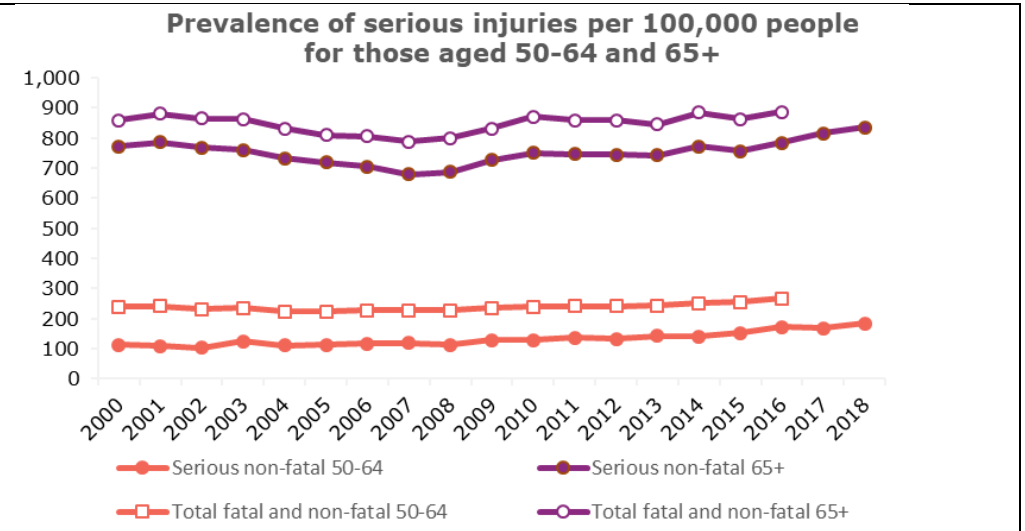
	15-24	25-34	35-44	45-54	55-64	65-74	75+
2007	56.5%	54.8%	52.7%	52.4%	52.1%	49.6%	34.4%
2012	57.6%	56.0%	56.5%	56.1%	57.5%	51.0%	32.6%
2015	51.7%	53.8%	51.0%	54.4%	52.3%	47.2%	34.9%
2018	55.1%	54.3%	55.4%	57.1%	56.0%	52.7%	37.0%
2019	53.3%	52.0%	51.9%	53.4%	50.7%	48.5%	38.8%

Source: Ministry of Health, NZ Health Survey, Annual Data Explorer 2018/19

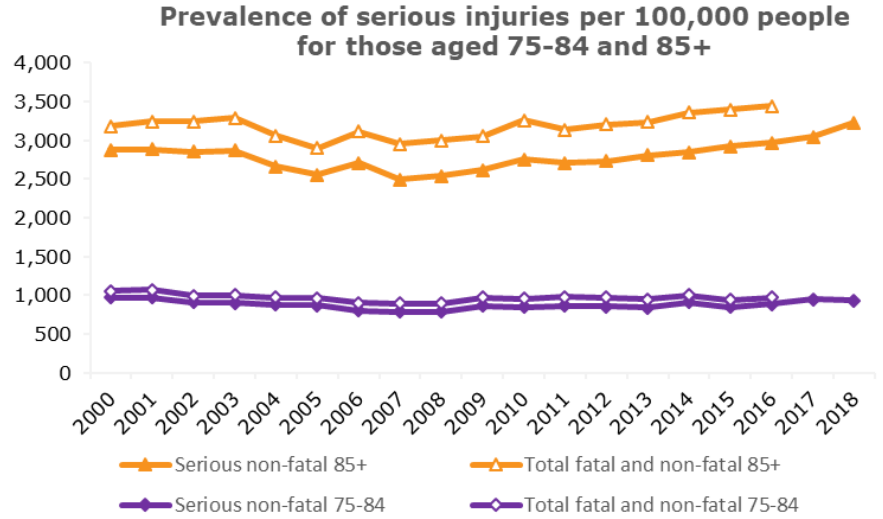


	0-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Fatal 2016	6.8	35.7	37.4	35.8	36.8	36.9	35.7	85.0	478.3
Serious non-fatal 2016	74.6	152.2	129.8	110.6	147.5	183.7	280.8	889.9	2963.8
Serious non-fatal 2018	74.9	183.0	153.0	122.8	149.8	193.3	304.3	933.0	3224.3

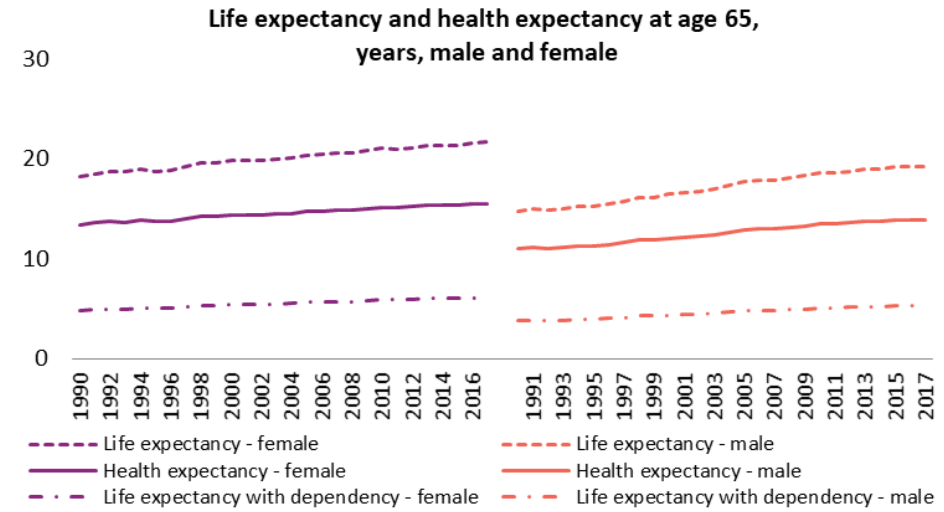
Source: Stats NZ, serious injury counts/estimated resident population, MSD calculations



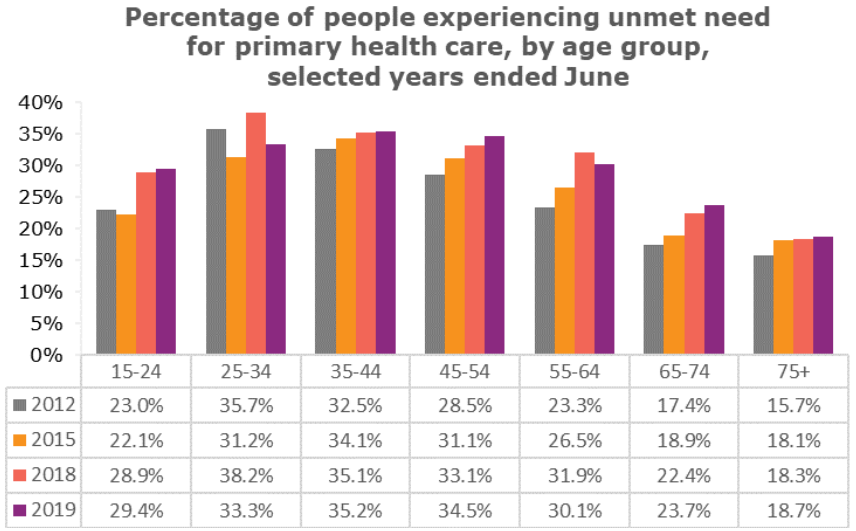
Source: Stats NZ, serious injury counts and estimated resident population, MSD calculations



Source: Stats NZ, serious injury counts and estimated resident population, MSD calculations

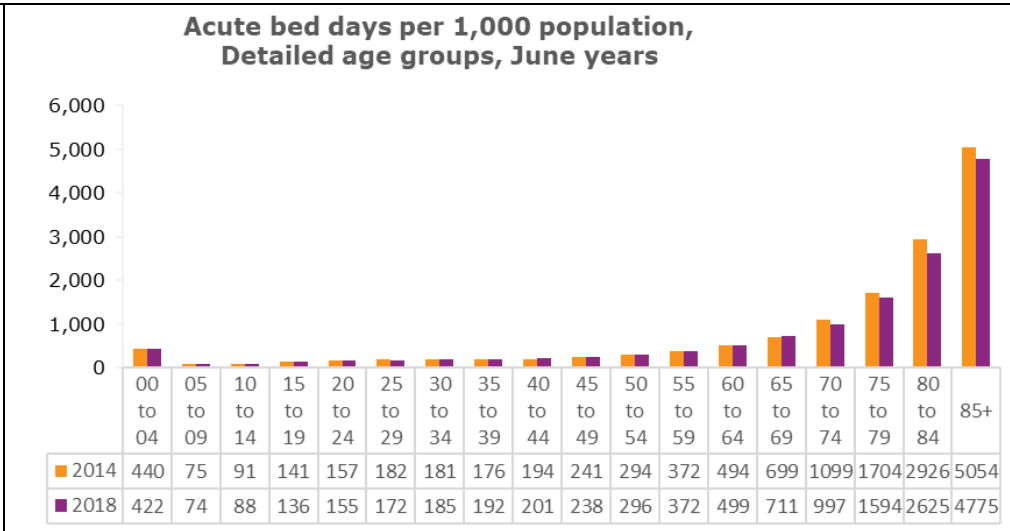


Source: Global Burden of Disease Study, GBD results tool, life expectancy and HALE, 65-69



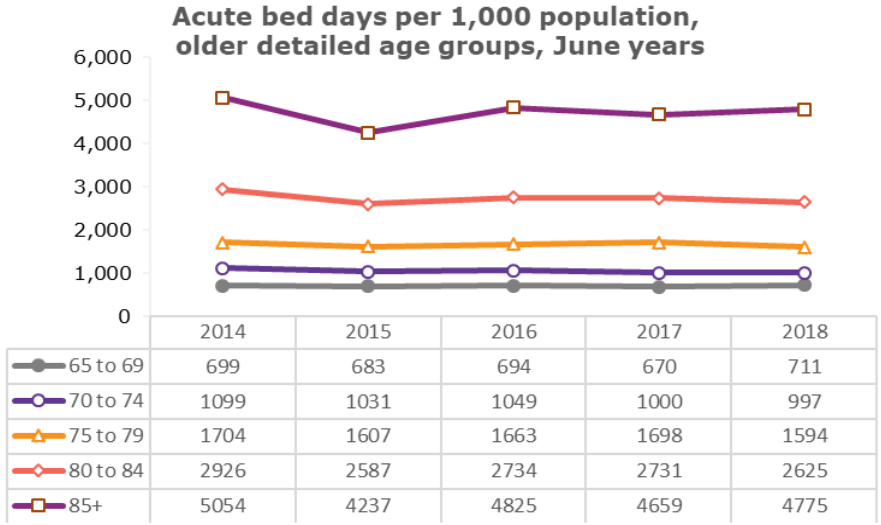
	15-24	25-34	35-44	45-54	55-64	65-74	75+
2012	23.0%	35.7%	32.5%	28.5%	23.3%	17.4%	15.7%
2015	22.1%	31.2%	34.1%	31.1%	26.5%	18.9%	18.1%
2018	28.9%	38.2%	35.1%	33.1%	31.9%	22.4%	18.3%
2019	29.4%	33.3%	35.2%	34.5%	30.1%	23.7%	18.7%

Source: Ministry of Health, NZ Health Survey, Annual Data Explorer 2018/19



	00 to 04	05 to 09	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 to 79	80 to 84	85+
2014	440	75	91	141	157	182	181	176	194	241	294	372	494	699	1099	1704	2926	5054
2018	422	74	88	136	155	172	185	192	201	238	296	372	499	711	997	1594	2625	4775

Source: Ministry of Health, National Service Framework library, Actual Acute Bed Days per 1,000 people



	2014	2015	2016	2017	2018
65 to 69	699	683	694	670	711
70 to 74	1099	1031	1049	1000	997
75 to 79	1704	1607	1663	1698	1594
80 to 84	2926	2587	2734	2731	2625
85+	5054	4237	4825	4659	4775

Source: Ministry of Health, National Service Framework library, Actual Acute Bed Days per 1,000 people

Notes

[i] 'Hazardous drinking' refers to an established alcohol drinking pattern that carries a risk of harming the drinker's physical or mental health or having harmful social effects on the drinker or others.
[ii] The term 'serious injuries' includes fatal injuries and non-fatal injuries (people who are admitted to hospital with a 6.9% or greater probability of death).
[iii] https://www.health.govt.nz/publication/independent-life-expectancy-new-zealand-2013-0