



Rangahau
Aotearoa

Research
New Zealand



How healthy are we?

NZ Health Status Report 2020


In November 2020 the Ministry of Health (MoH) published the results of their annual **New Zealand Health Survey**¹, tracking health outcomes for New Zealanders over eight key health indicators (Tier 1). The MoH has been carrying out the survey since 2011, to ensure effective and targeted health programmes, on the recommendation of the World Health Organization.

Surveys are based on interviews with over 13,000 adults and more than 4,000 parents or primary care-givers of children aged 0-14. Interviews begin in July, and take place on a continuous basis, until June the following year.

It is important to note that due to COVID-19, interviewing for 2019/20 was suspended in March 2020, shortening the survey period by a quarter. COVID-19 may also have affected some health indicators such as mental health and hazardous drinking.

KEY FINDINGS

Key findings from the data revealed that although New Zealanders are smoking less, their consumption of alcohol remains unchanged, with one in five respondents drinking six or more standard drinks in one occasion. More New Zealanders report themselves to be in good health, despite almost one in three being classified as obese, and almost one in ten respondents experiencing psychological stress in the four weeks before being interviewed.



Māori and Pacific adults, disabled New Zealanders and those living in the most socioeconomically deprived areas, measured below average across most health indicators. Within these communities further disparities are evident across gender lines, with cost preventing 24% of Māori women and 24% of disabled women from visiting their GP in the last year. Similarly, while only 5% of the general population was unable to fill a prescription due to cost in the last year, and 8% of Māori men, this figure jumps to 19% for Pacific women, 17% for Māori woman and 15% for disabled women.

Research New Zealand carried out its own health polls in March 2019 – **Healthy Priorities²**, **Smoking in Cars³**, **Time for a Sugar Tax?⁴** – and **Children’s Wellbeing⁵**, in September 2020.

A breakdown of the MoH findings, with correlating data from the Research New Zealand polls, is provided in this report.



“Māori and Pacific adults, disabled New Zealanders and those living in the most socioeconomically deprived areas, measured below average across most health indicators.”

1 Self-reported 'good health' has increased overall but not for Māori and Pacific adults

New Zealanders were asked to rate their health using a 5-point scale, from 'poor' to 'excellent'. 'Good health' included those rating their health as 'good', 'very good', or 'excellent'. This overall figure increased from 86% in 2018/19 to 87% in 2019/20.

In contrast, the proportions of Māori and Pacific adults reporting good health were significantly lower, with only 77% of Māori adults and 80% of Pacific adults reporting good health. Self-reported 'good health' amongst these groups has been decreasing since 2014/15.

People living in the most socioeconomically deprived areas were less likely to say their health was good (80%) than people in the least deprived areas (93%). Amongst disabled adults the figure was much lower, with only 56% describing themselves in good health, compared to 90% of non-disabled adults.

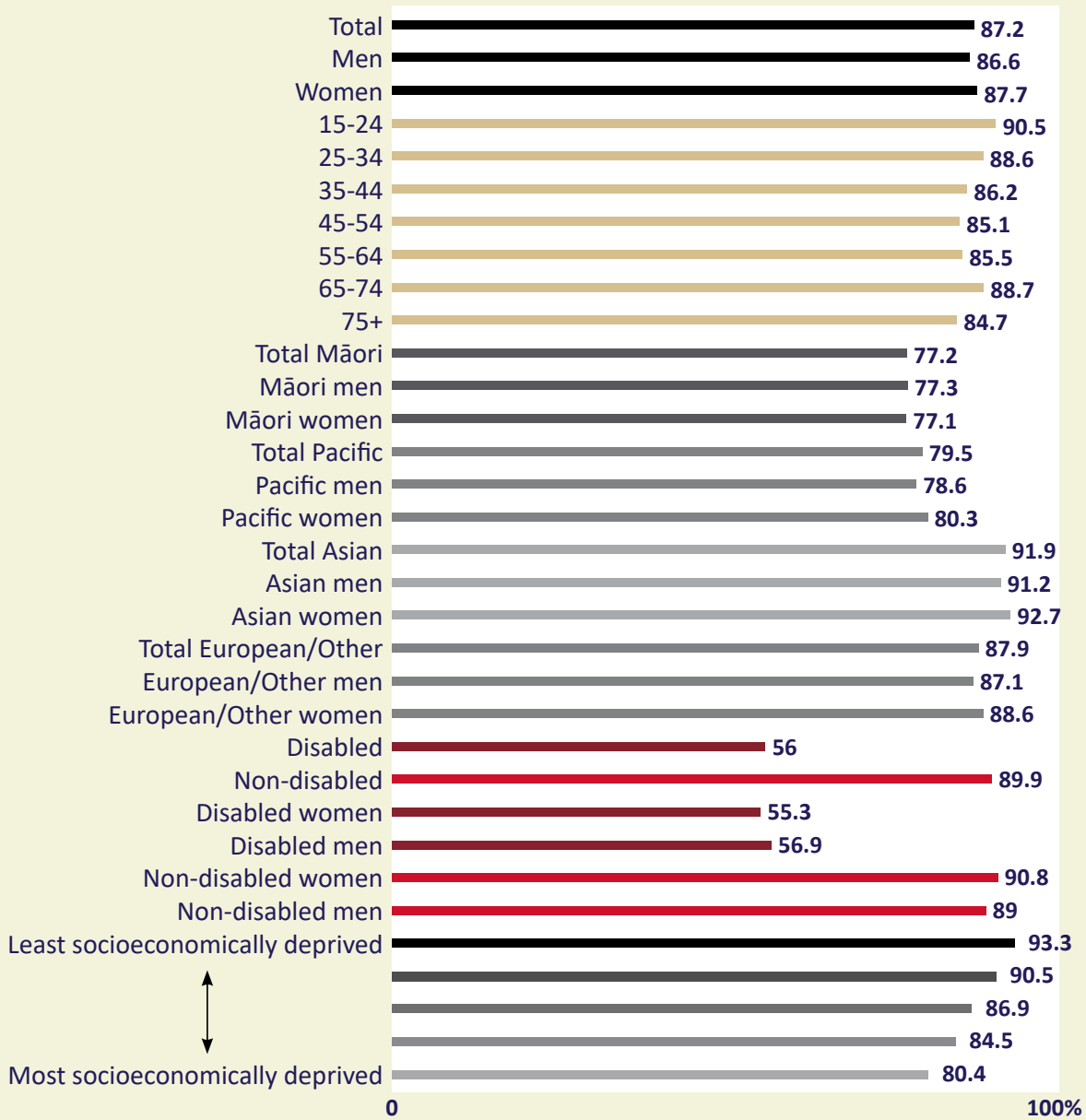
Almost all caregivers (97%) rated the children in their care as having 'good health'. This compares with 98% in the previous survey.¹

In September 2020, Research New Zealand's **Children's Wellbeing**⁵ poll asked New Zealanders what they thought were the biggest challenges to caring for our children. Forty five percent of New Zealanders polled were most concerned about children living in homes where there is not enough food.

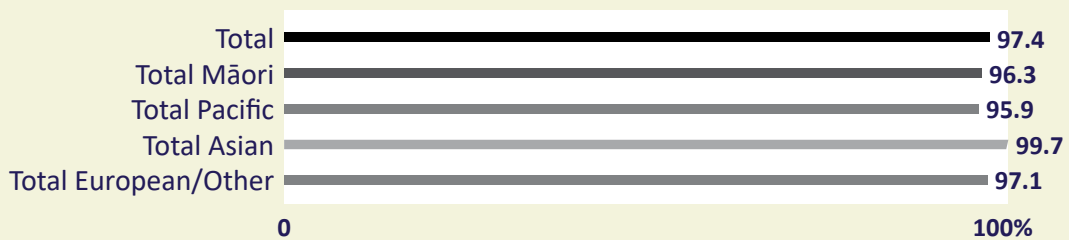


"Almost all caregivers (97%) rated the children in their care as having 'good health'."

Excellent, very good or good self-rated health



Excellent, very good or good parent-rated health Children 0-14



2 New Zealanders are smoking less



Current smokers, who are defined on the basis that they had smoked in the last seven days, is at 13%. This is significantly lower than all previous surveys, except 2018/2019. While the rate of current smokers remains higher for Māori at 31%, this figure is down from 39% in 2015/16. However, Māori women at 35% are 3.6 times more likely to be current smokers than their non-Māori counterparts.¹

The percentage of Pacific adults who are current smokers is 22%, making them 1.7 times as likely to be a current smoker as non-Pacific adults, which has not changed since 2006.¹

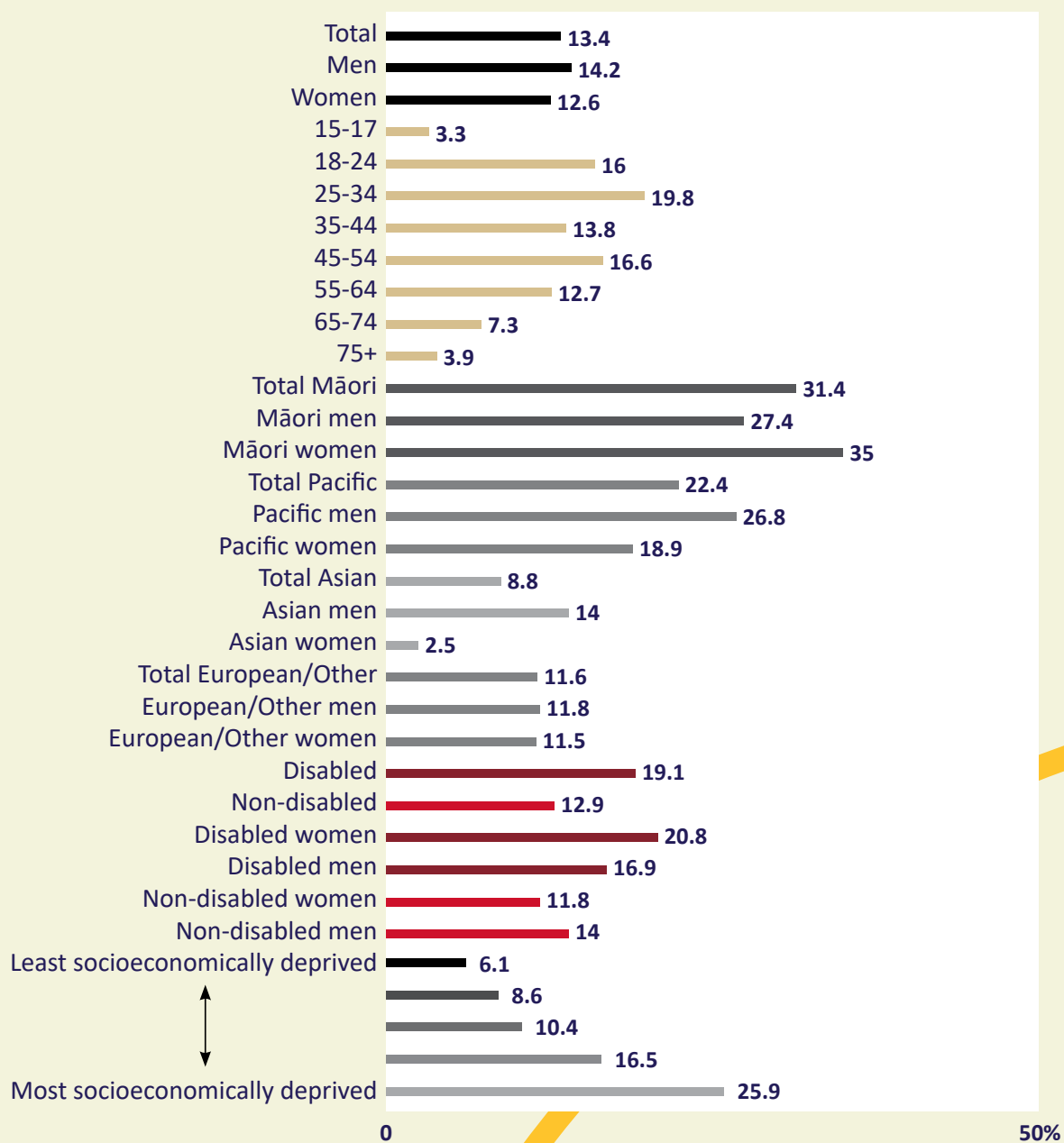
The figure for Asian adults is also unchanged since 2006 at 9%.

People living in the most socioeconomically deprived areas were 4.25 times as likely to be current smokers as those in the least deprived areas.¹

Disabled adults are more likely to be current smokers than non-disabled adults, at 19% and 13% respectively.

Research New Zealand's March 2019 Survey **Smoking in Cars**³ showed that 90% of respondents thought that smoking should be banned in cars carrying children. Slightly less, at 82%, thought that vaping should be banned in cars carrying children. Approval rates drop significantly amongst daily smokers (65%) or daily vapers (42%).

Current smokers



“People living in the most socioeconomically deprived areas were 4.25 times as likely to be current smokers as those in the least deprived areas.”

3 One in five drink alcohol in a way that could harm themselves or others

One in five New Zealanders (21%) said they drank six or more standard alcoholic drinks, on one occasion. This is defined as drinking in a 'hazardous' way, and this figure has not changed since 2015/16.

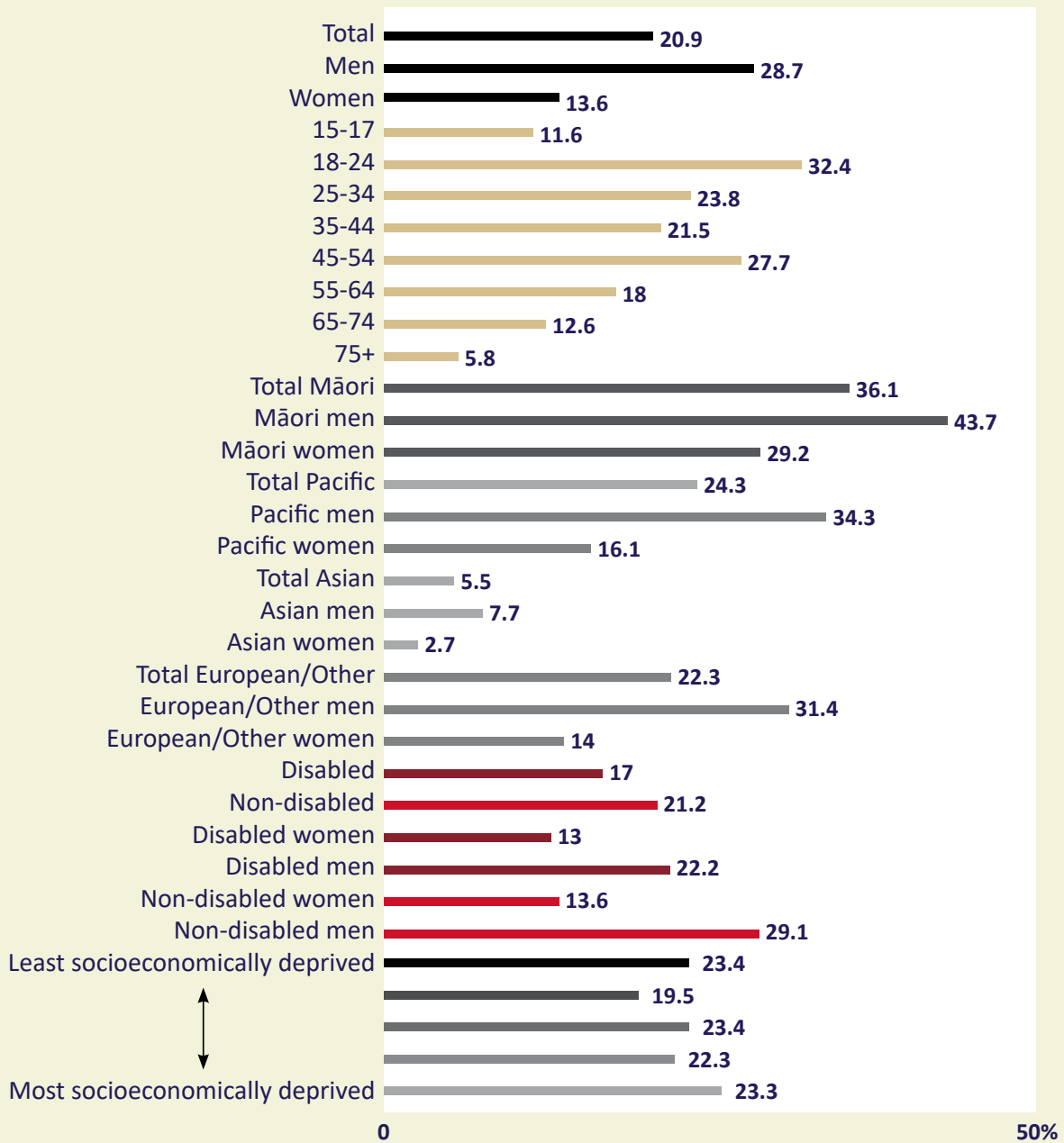
Men are more than twice as likely to be hazardous drinkers as women (29% and 14%, respectively). Hazardous drinking is also more prevalent amongst New Zealand youth (aged 18-24 years) at 32%.

Māori, at 36%, are 1.8 times as likely to be hazardous drinkers as non-Māori.¹

Sixty-six percent of New Zealanders thought it was important or very important for the health sector to address the harm caused by alcohol and alcoholism, in Research New Zealand's **Healthy Priorities**² poll, taken in March 2019.



Hazardous drinking



“20.9% drank alcohol in a way that could harm themselves or others.”

4 Alcohol consumption is highest amongst those living in the wealthiest socioeconomic areas

Adults living in the wealthiest 20% of the country most frequently state they consume alcohol, at 88%. This compares with only 73% for people living in the bottom 20%.

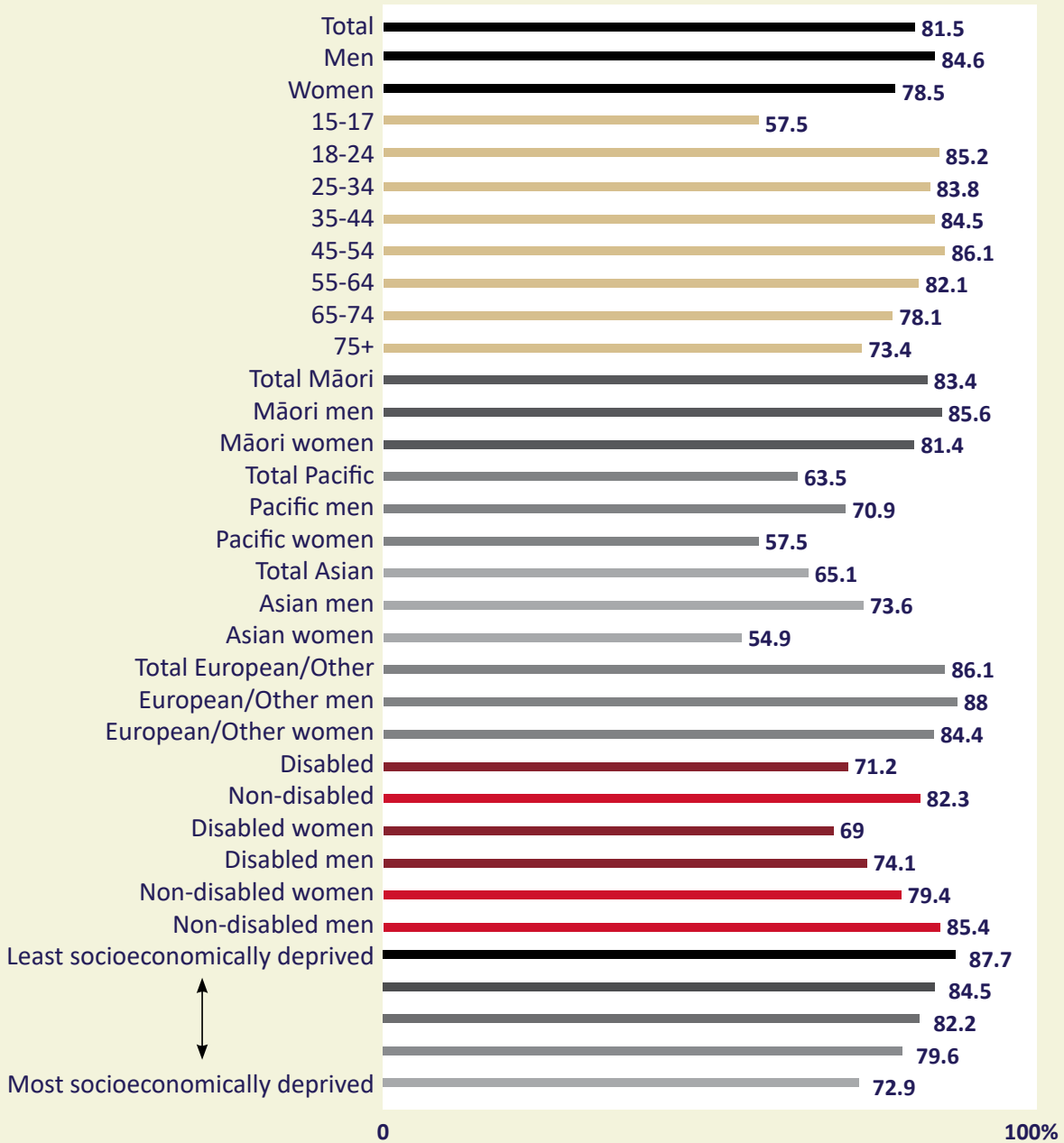
Amongst adult New Zealanders, 86% of Europeans said they had consumed alcohol in the last year, with Māori at 83%. This compares with only 65% of Asian adults, and 64% of Pacific adults.

Non-disabled adults (82%) reported drinking more than disabled adults (71%).

Over half (58%) of New Zealand youth aged 15-17 consumed alcohol over the last year, but this rate has not changed significantly since 2011. Nor has the overall consumption of alcohol which is relatively stable at 82%, compared with 80% (2017/18) and 79% (2016/17).¹



Consumed alcohol in the past year



“Non-disabled adults (82%) were drinking more than disabled adults (71%).”

5 Pacific people hardest hit by obesity epidemic


Thirty-one percent of New Zealanders are classified as obese, based on body mass index (BMI), as measured at the time of being interviewed. This translates to almost one in three obese adults, while the overall obesity level for children was 9%.

Although New Zealand's overall obesity level has remained relatively stable since 2012/2013, Pacific people are significantly over-represented in this statistic. Almost two-thirds of Pacific adults were classified as obese (63%), making them 2.3 times as likely to be obese as non-Pacific adults. Of even greater concern, at 29%, Pacific children were 4.7 times as likely to be obese as non-Pacific children.¹

Māori obesity figures were also high, with almost one half of adults classified as obese (48%), making them 1.8 times as likely to be obese as non-Māori. At 13%, Māori children were 1.6 times as likely to be obese as non-Māori children.¹

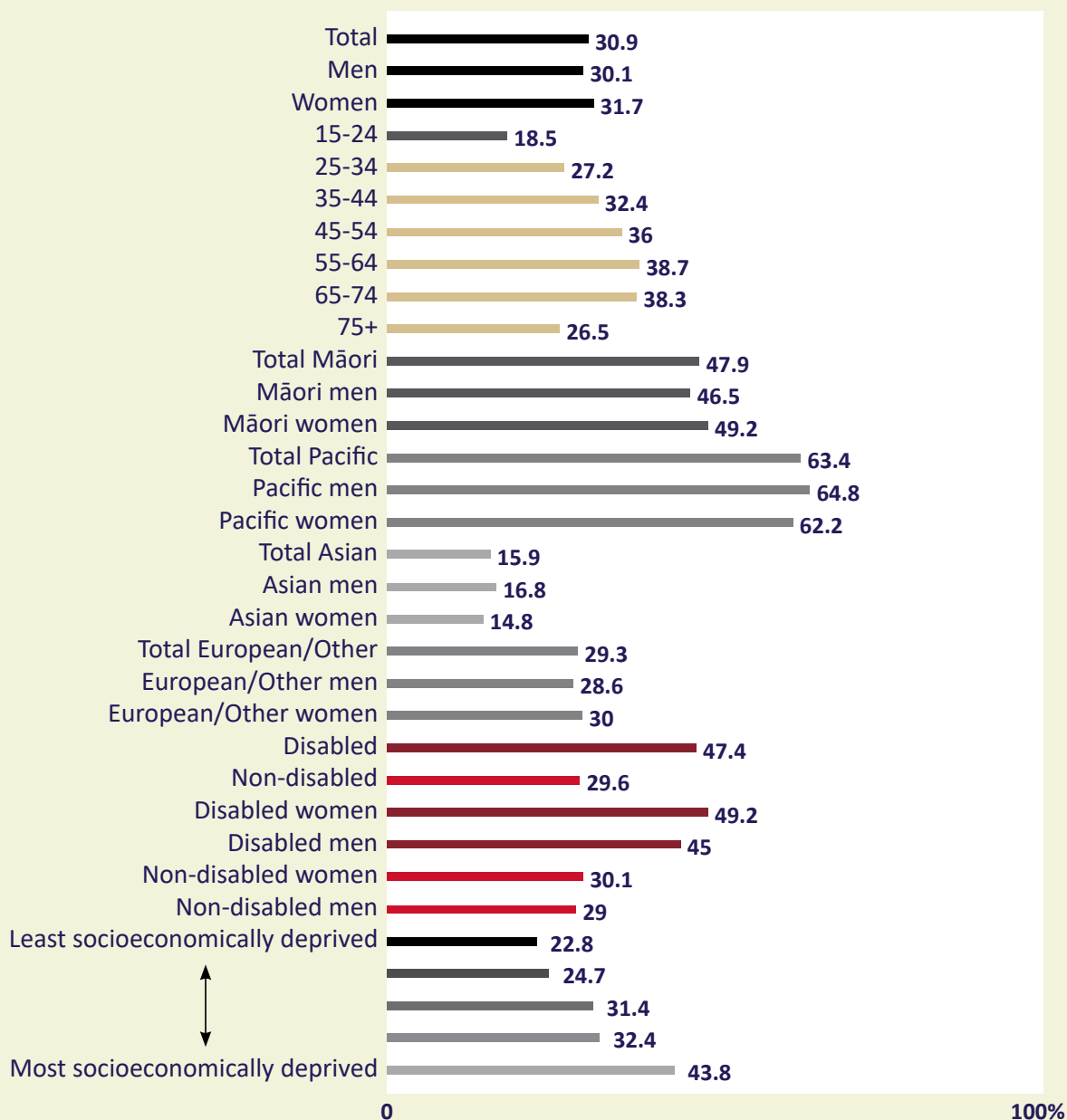
Adults living in the most socioeconomically deprived areas were, at 44%, 1.8 times as likely to be obese as those living in the least deprived areas, at 23%.¹

Research New Zealand's **Sugar Tax**⁴ poll in March 2019 showed that 54% of New Zealanders thought **harm caused by obesity should be an important priority area** for the government. Forty-seven percent stated that New Zealand should adopt a sugar tax on sweetened beverages, such as fizzy drinks. Respondents living in households with children aged 0-5 years old were more likely to agree that New Zealand should adopt a sugar tax, at 63%.

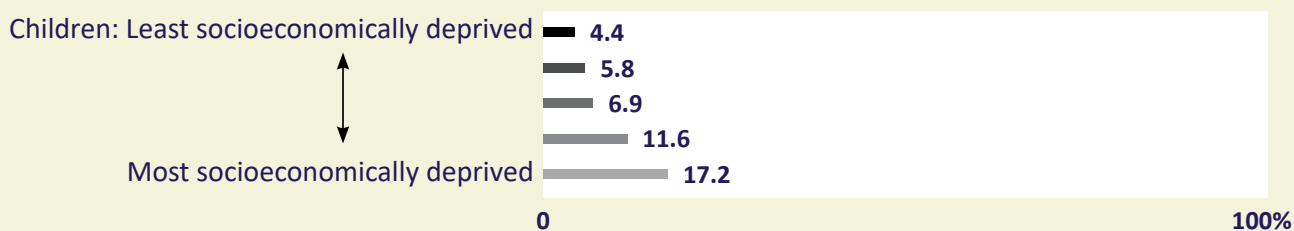


“Children living in the most socioeconomically deprived areas were 2.7 times as likely to be obese as children living in the least deprived areas.”¹

Classified as obese



Classified as obese Children 0-14



6 Disabled adults are most likely to experience psychological distress

Psychological distress is measured by the Kessler Psychological Distress Scale (K10). This is an internationally recognised means of measuring the mental health status of populations.

Using the K10 measure, 7% of survey respondents stated they had experienced psychological distress in the four weeks before being interviewed. This compares with 8% experiencing recent distress in the 2018/19 survey.

Disabled adults, at 27%, were 6.1 times more likely to have experienced recent psychological distress, than non-disabled adults.¹

Also experiencing relatively high psychological distress, were those living in the most socioeconomically deprived areas at 13%, making them 3.7 times more likely to experience psychological distress as those living in the least socioeconomically deprived areas.¹

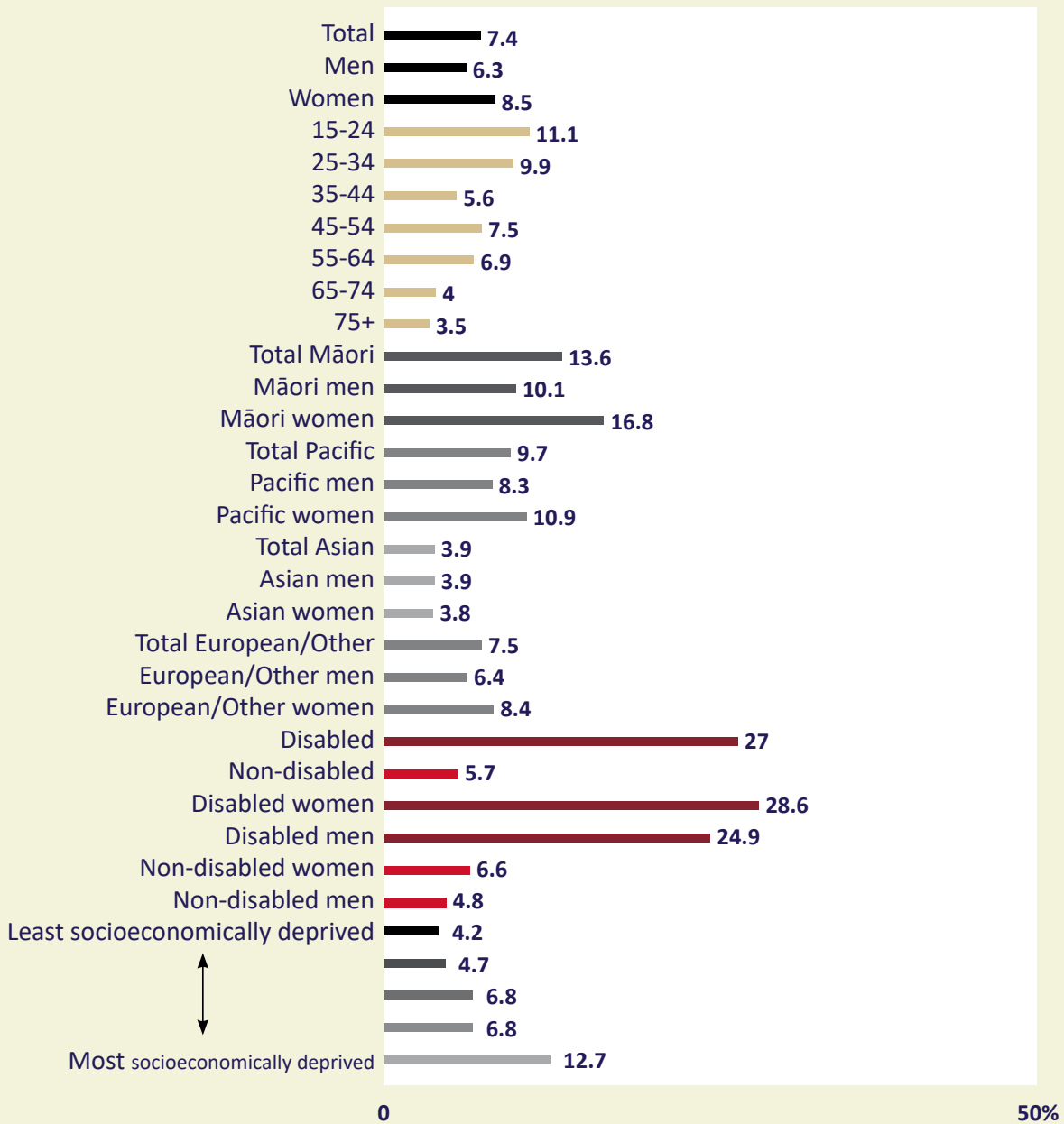
Māori adults, at 14%, were nearly twice as likely as non-Māori adults to have experienced recent psychological distress.

Pacific adults, at 10%, also experienced recent psychological distress at a higher rate than the general population.

Research New Zealand's **Healthy Priorities**² poll in March 2019 placed, **improving New Zealand's mental health services**, at No. 2 with 89% of respondents rating it as important, or very important.



Experienced psychological distress in the last 4 weeks



“Disabled adults, at 27%, were 6.1 times more likely to have experienced recent psychological distress than non-disabled adults.¹”

7 Over one in ten adults did not visit their GP because of cost

Thirteen percent of respondents did not visit a GP in the nine months covered by the 2019/20 survey period, due to cost.

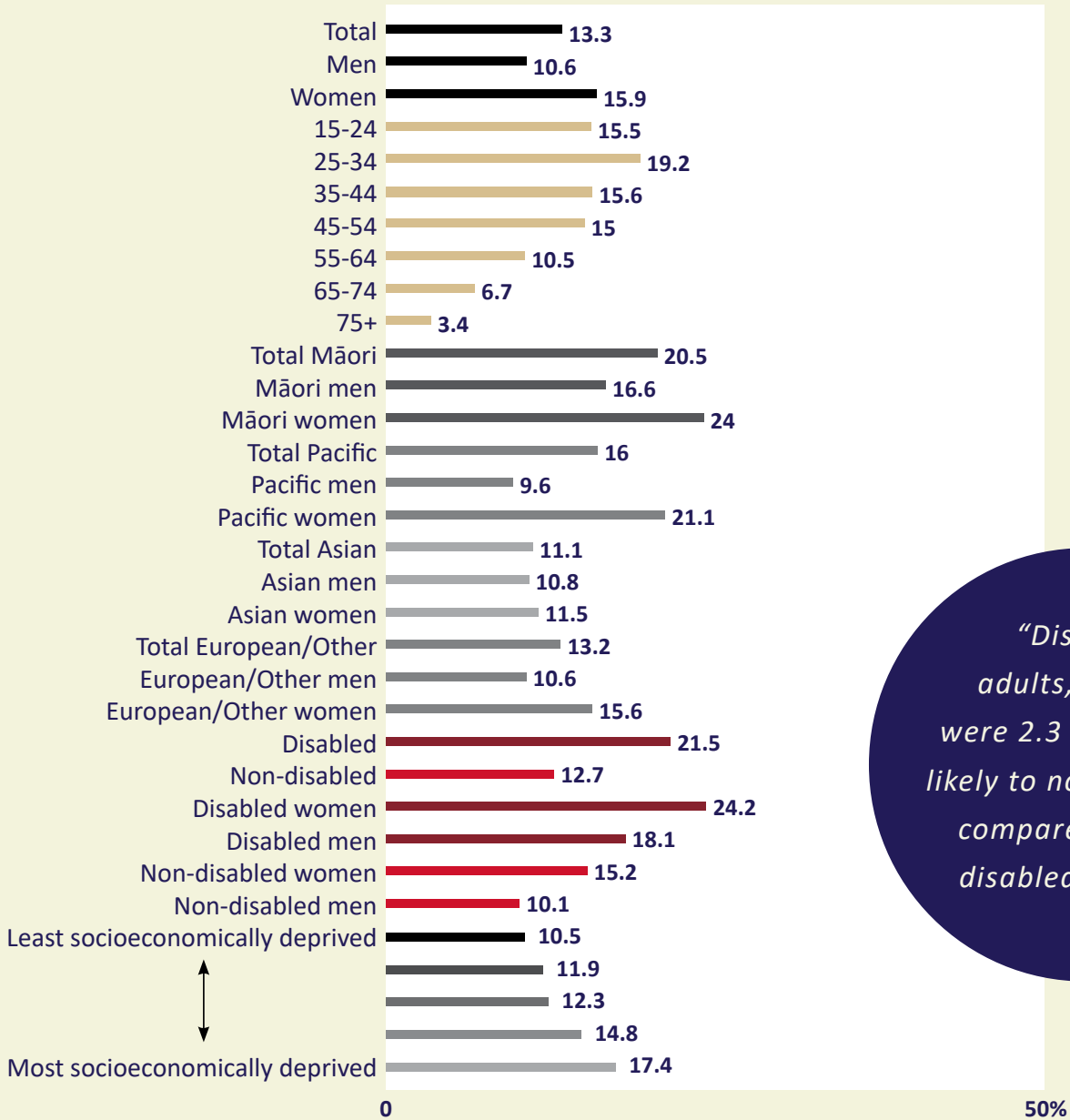
Higher rates were evident for the following groups:

- Disabled adults, at 22%, were 2.3 times more likely to not visit a GP, compared to non-disabled adults.¹
- Māori adults, at 21%, were 1.5 times as likely to not see a GP as non-Māori.¹
- 16% percent of Pacific adults did not visit a GP due to cost.
- At 17%, people living in the most socioeconomically deprived areas were 1.6 times as likely to be deterred by cost, as those living in the least deprived areas.¹

In comparison, only 2% of carers stated that the children in their care did not visit a GP over the time surveyed.

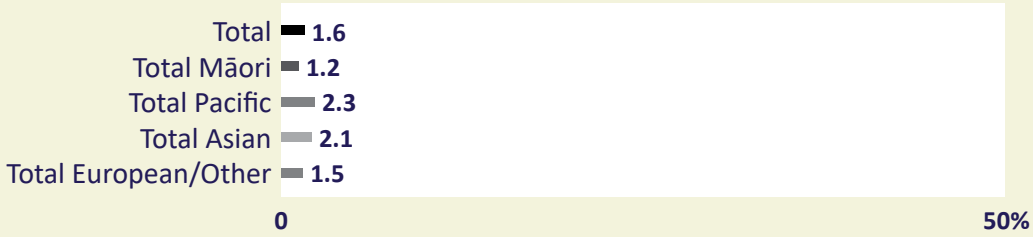


Not visited a GP in the last year because of cost



“Disabled adults, at 22%, were 2.3 times more likely to not visit a GP, compared to non-disabled adults.^{1”}

Not visited a GP in the last year because of cost Children 0-14



8 Relatively few New Zealanders unable to fulfil doctors' prescriptions

Only 5% of New Zealanders stated that they had not fulfilled a prescription over the survey period due to cost.

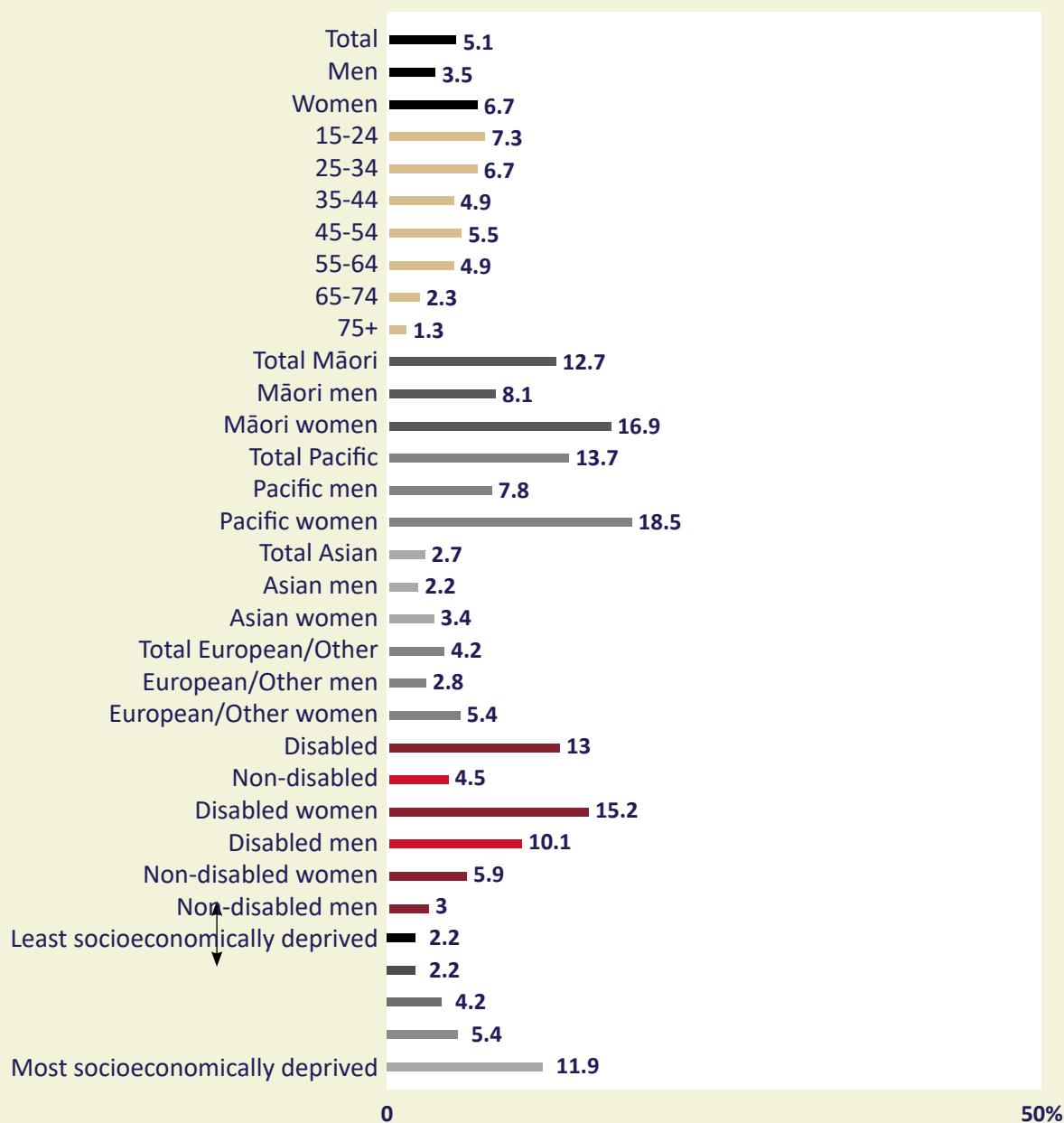
However, once again, cost was shown to be a greater obstacle for the following groups:

- 14% of Pacific adults did not fulfil a prescription due to cost making them 2.7 times more likely to not have done so than non-Pacific adults.¹
- Māori adults, at 13%, were 2.8 times as likely not to fulfil a prescription as non-Māori.¹
- Disabled adults, at 13%, were 3.8 times as likely to not fulfil a prescription as non-disabled adults.¹
- 12% of people living in the most socioeconomically deprived areas stated they had not fulfilled a prescription due to cost, making them six times less likely than those in the least deprived areas.¹

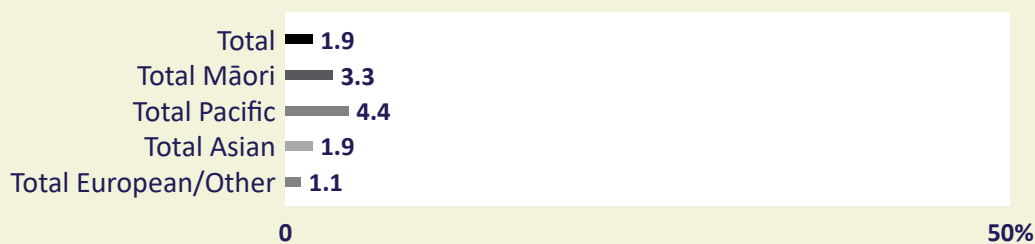
Only 2% of carers of children stated that the children in their care did not visit a GP due to cost, but this rate was significantly higher for Pacific and Māori children (4% and 3% respectively).

Improving child health care was voted as the No. 1 priority by 92% of New Zealanders in Research New Zealand's **Healthy Priorities**² poll.

Not fulfilled a prescription because of cost



Not fulfilled a prescription because of cost Children 0-14



Appendix 1

Research sources

Ministry of Health - Manatū Hauora

1. Tier 1 Statistics 2019/20: New Zealand Health Survey Nov. 2020

NB: To compare results for different population groups, the NZ Health Survey uses adjusted ratios. These ratios adjust for other demographic factors that may influence the comparison, such as age, gender and ethnicity.

The copyright content on the Ministry of Health website is licensed for re-use under a Creative Commons Attribution 4.0 International Licence.

Research New Zealand

Media releases:

2. Healthy Priorities March 2019

3. Smoking in Cars March 2019

4. Time for a Sugar Tax? March 2019

5. Children's Wellbeing Sept. 2020.

NB: Research New Zealand surveys 1000 respondents on a regular basis, on a range of social and economic issues. Respondents are aged 18 years and over, weighted by gender and age to ensure the results are representative.