

5. HEALTH AND WELLBEING

DESIRED OUTCOME

Healthy active people enjoying a good quality of life in a caring and safe environment

- We have healthy active people with good access to health services (**Priority**)
- A range of agencies work together to create a safe environment
- Good systems are in place for, and respond to, emergencies
- Young people are supported to lead healthy and safe lives and are active participants in community life
- We have a caring community that supports the elderly and helps others in need

INTRODUCTION

Being safe and healthy is an important aspect of our community's social wellbeing. Through the community outcomes development process our community recognised the importance of having good access to health services and of being a healthy, active and well-supported community.

Five indicators and their measures tell the story of Ashburton Districts' progress towards achieving its health and wellbeing. These indicators are as follows; supportive community; affordable housing; healthy and active community; quality health services; and community safety.

	State	Trend
5.1 Supportive Community		
• New Zealand Deprivation Index (NZDep)	😊	↔
• Proportion and distribution of all means tested benefits being received	😊	↑
5.2 Affordable Housing		
• Rent to income ratio	😊	↑
5.3 Healthy and Active Community		
• Smoking rates	😊	↔
• Frequency of physical activity	😊	↔
5.4 Quality Health Services		
• Resident satisfaction with health services	😊	↑
• Resident barriers with accessing health services	😊	↑
5.5 Community Safety		
• Recorded crime offences and apprehensions in the Mid-South Canterbury Police District	😊	↓
• Satisfaction with community safety	😊	↓
• Road crash injury rates	😊	↔
• Road crash fatality rates	😊	↔
• Workplace accidents and injury rates	😊	↔

Key:

State	😊 Achieving our Target	😊 Close to Achieving	😞 Not achieving our Target
Trend	↑ Favourable / Improving	↔ No significant change	↓ Declining / Unfavourable

5.1 SUPPORTIVE COMMUNITY

By understanding a community's socio-economic composition, planning and decision-making can best be made to meet our community's diverse needs. Our residents want to live in a well-supported community, meaning that a variety of groups and organisations will work to achieve this support.

NZ DEPRIVATION INDEX (NZDEP INDEX)

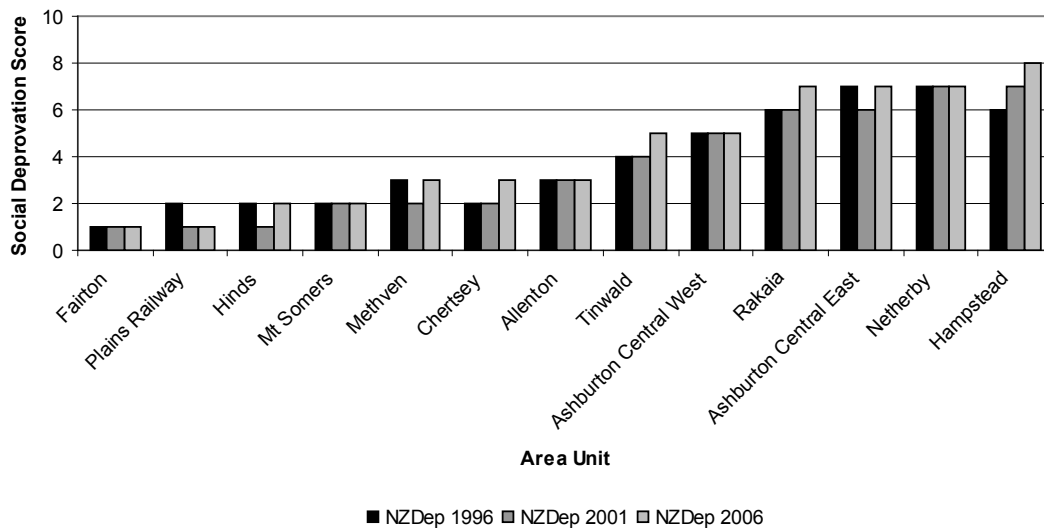
What is this about?

The New Zealand Deprivation Index (NZDep 2006 & 2001) measures the socio-economic status of small geographic areas and provides an indication of the ability of households to achieve positive outcomes in areas such as health, education, income and employment. Using data collected in the Census, the NZ Deprivation Index combines the following dimensions of deprivation:

- Income
- Home ownership
- Support
- Employment
- Qualifications
- Living Space
- Communication
- Transport

When combined, these total a deprivation score for each statistical meshblock in New Zealand, the graph below depicts the deprivation score for each area unit in the Ashburton District. The NZDep2006 score for each area reflects a continuum from 'least deprivation' (NZDep score of 1) to 'most deprivation' (NZDep score of 10).

Fig 45. Ashburton District Social Deprivation Index



Ashburton District Social Deprivation Index 1996 - 2006
 Source: New Zealand Deprivation Index, Ministry of Health

Key Points

- The areas in Ashburton District with the lowest deprivation index score are Fairton and Plains Railway (NZDep score of 1)
- Hampstead has the highest deprivation index score of 8, indicating it is an area with greater deprivation than other areas in the district. Netherby, Ashburton Central East and Rakaia each have a deprivation index score of 7 (2006)
- Hinds, Methven and Ashburton Central East have fluctuated over the ten year period, while Chertsey, Tinwald, Rakaia and Hampstead have become more socially deprived according to this measure
- In 2006 Ashburton District as a whole had an average deprivation index of 4, the same as recorded in 1996 and 2001

How are we doing?

Target:	State:	Trend:
Ashburton District has a social deprivation level of four or less	😊	↔

Data Limitations

The New Zealand Deprivation Index is about relative socio-economic deprivation and not absolute deprivation. This means there will always be 10% of the country which falls into the most deprived decile, as the index construction means the deprivation scores are divided by tenths over the whole country.

MEANS-TESTED BENEFITS

What is this about?

Means tested benefits are social support payments available for recipients who meet specific criteria. These benefits cover a range of situations and include; unemployment benefit, domestic purposes benefit (DPB), sickness benefit, and invalid's benefit.

Exclusion from paid employment is closely linked to socio-economic deprivation, poor health outcomes, lower educational attainment and lower levels of community connectedness.

Fig 45. Ashburton District Recipients of Means Tested Benefits

	June 2006		June 2007		June 2008	
Unemployment Benefit	121	11%	530	5.5%	32	3.6%
Domestic Purposes Benefit	357	34%	331	35%	320	36%
Sickness Benefit	124	12%	122	13%	107	12%
Invalid's Benefit	387	36%	384	41%	381	43%
Other	100	9%	53	5.5%	55	6%

Ashburton District - Recipients of means tested Benefits

- Number of Recipients and proportion of benefits received by type

Source: Ministry of Social Development; Benefit Factsheets

Fig 46. Proportion of Means Tested Benefits: Ashburton District, Canterbury and New Zealand

June 2008	Ashburton District		Canterbury		New Zealand	
	N	%	N	%	N	%
Unemployment Benefit	32	3%	704	3%	17,710	7%
Domestic Purposes Benefit	320	36%	7,976	33%	96,440	40%
Sickness Benefit	107	12%	5,026	21%	46,271	19%
Invalid's Benefit	381	43%	10,599	44%	82,879	34%
Total Means Tested Benefits	840	4.6%	24,305	6.6%	243,300	8.6%
Total Working Aged Population	18,100		368,300		2,841,600	

Proportion of working-aged population receiving means-tested benefits, Ashburton District, Canterbury, New Zealand (Other benefits not included)

Source: Ministry of Social Development and Statistics New Zealand – Population Estimates

Key Points

- The number of recipients receiving the unemployment benefit in the district since 2006 has dropped from 121 to 32, with 3.6% of means-tested benefit recipients receiving the unemployment benefit (June 2008)
- Since 2006, the percentage of beneficiaries receiving an invalid's benefit has increased by 9%, yet the numbers have remained relatively stable reflecting the declining total number of means-tested benefits in the district
- The total proportion of the working aged population receiving a means tested benefit is lower in Ashburton District than Canterbury and New Zealand (Ashburton District 4.6%, Canterbury 6.6%, New Zealand 8.6%)

How are we doing?

Target	State:	Trend:
Ashburton District has a lower proportion of means tested benefits received by the working aged population than for Canterbury and New Zealand	😊	↑

Data Limitations

Breakdown of benefit recipients by age and ethnicity is not possible due to the high level of suppression and confidentiality of the data. Trends in numbers receiving a benefit are more reliably shown by comparisons between the same quarters twelve months apart, than by comparison between consecutive quarters. For further information visit www.msd.govt.nz

5.2 AFFORDABLE HOUSING

Affordable housing is an important aspect of our community's quality of life, as housing costs have one of the biggest impacts on household spending. Affordable housing contributes to our community's health and wellbeing.

RENT TO INCOME RATIO

What is this about?

National research has revealed that many low income families pay a substantial portion of their salary in rent, reflecting resident's discretionary income.

If rent has a comparatively high ratio to wages, then this impinges upon resident's ability to meet their wider household needs. Further research has exposed the wide ranging effects of this, including: a lack of food (both quality and quantity), inability to visit health professionals, poor housing conditions, stress and reliance on others.

Rent to income ratio is calculated as a ratio of the median annual rent paid in each area, to the median household income. These figures are derived from census information. National results are currently unavailable as Statistics New Zealand does not have the national median household income data accessible.

Fig 47. Rent to Income Ratio for Households Paying Rent

	1996	2001	2006
Ashburton District	17%	16%	16%
Canterbury Region	21%	21%	21%

Rent to income ratio for households paying rent for the private dwellings they occupy 1996 - 2006
Source: Statistics New Zealand Census

Key points

- Ashburton District has a lower rent to income ratio than Canterbury (Ashburton District 16%, Canterbury 21%)
- Both Canterbury and our district have experienced an increase in both rent and income, meaning that the rent to income ratio has changed very little
- In 2006 the median weekly rent in the district was \$145 and weekly household income was \$886. This percentage is likely to have changed, as in 2008 the Building and Housing Department data indicated the median rent in Ashburton District was \$228. This may mean an increase in the rent to income ratio for the district since 2006

How are we doing?

Target:	State:	Trend:
Ashburton District has a lower rent to income ratio than for Canterbury as a whole	😊	↑

Data Limitations

As there has been rapid change in the housing market over the last five years, it is likely that the current rent to income ratio would be quite different to the most current statistics from 2006.

5.3 HEALTHY AND ACTIVE COMMUNITY

A healthy and active community has social and economic benefits for individuals and the community. From improving social cohesion and engagement through to reducing health costs associated with some illnesses, a healthy and active community is important for our district.

SMOKING RATES

What is this about?

Smoking harms nearly every organ and system in the body in some way. It is estimated that half of all long-term smokers will die from a smoking-related disease. This places a significant burden on the nation's health resources and reduces the quality of life of those affected (Ministry of Health, 2008).

Significant resources have been put into promotion of the smoke-free message, as the detrimental effects on the individual and their families are recognised, this is yet to be reflected in a reduction in the smoking rates collected by Census.

Fig 48. Proportion of the Population Aged over 15 years that are Regular or Ex-smokers

	1996		2006	
	Ashburton District	New Zealand	Ashburton District	New Zealand
Regular Smokers	21%	22%	21%	22%
Ex-Smokers	22%	20%	22%	20%

Proportion of the Population Aged over 15 years that are Regular, or Ex-smokers in Ashburton District and New Zealand 1996 - 2006
Source: Statistics New Zealand census

Key Points

- The proportion of the population who are regular smokers in Ashburton District and New Zealand has remained the same from 1996 – 2006. Ashburton District has a smaller proportion of the population smoking than New Zealand by 1%
- The proportion of ex-smokers in Ashburton District and New Zealand has remained the same from 1996 – 2006. Ashburton District has a higher proportion of the population who are ex-smokers than New Zealand by 2%
- The 2008 New Zealand Tobacco Use Survey indicates that there has been a slight decline in the proportion of smokers in New Zealand, therefore when this question is repeated in the census in 2016, it is likely a reduced proportion of smokers in Ashburton District and New Zealand will be found

How are we doing?

Target:	State:	Trend:
Ashburton District has a lower proportion of people who are regular smokers than for New Zealand as a whole	😊	↔

Data Limitations

Data at the Territorial Authority level is only collected every ten years through the census.

FREQUENCY OF PHYSICAL ACTIVITY

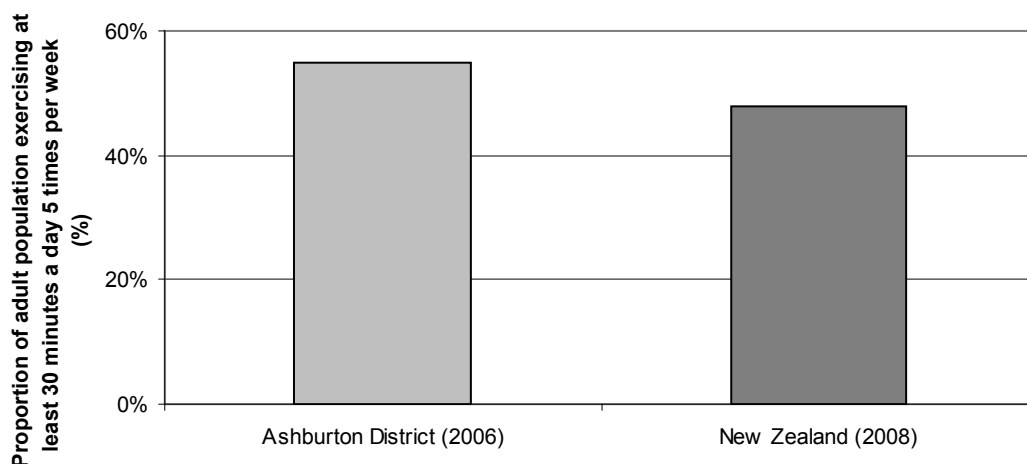
What is this about?

Participation in sport or physical activity can improve community connectedness, social relationships, health, wellbeing, and the quality of life for individuals, families and communities.

Sport and Recreation New Zealand (SPARC), recommend that New Zealand adults should participate in physical activity for at least 30 minutes, five or more times per week. This recommendation is to maintain a person's standard of health.

Significant resources have been invested into the promotion of the Active Living and Push Play initiatives. Being physically active is recognised as being beneficial to an individual's health and can reduce the risk of diseases such as Type 2 Diabetes and obesity related illnesses.

Fig 49. Proportion of the Adult Population Exercising at Least 30 Minutes per Day, 5 Times per Week



Proportion of the Adult Population Exercising at least 30 minutes per day, 5 times per week in Ashburton District and New Zealand 2006 - 2008
Source: Ashburton District Council NRB Communitrak Survey & SPARC 2007/08 Active NZ survey findings

Key Points

- Ashburton District has a higher proportion of the population participating in physical activity than New Zealand as a whole (Ashburton District – 55%, New Zealand – 48%)
- The SPARC 2007/08 Active NZ Survey identified that in New Zealand women are less likely to be physically active than men, a trend also reflected in the Ashburton District findings
- At this stage it is too early to identify if progress has been made to increase people's levels of physical activity in Ashburton District. Nationally, there appears to be a slowing in the national obesity rate (Ministry of Health, 2008, NZ Health Survey) which may indicate an increase in physical activity levels

How are we doing?

Target:	State:	Trend:
Ashburton District has a higher proportion of people who are physically active at least 30 minutes a day, five times per week than for New Zealand as a whole	😊	↔

Data Limitations

Discrepancies may exist when comparing the two sets of data (NRB Communitrak Survey and the 2007/08 Active NZ Survey) as different data collection methods were used for each.

5.4 QUALITY HEALTH SERVICES

Access to health care provision is important for the prevention and treatment of ill health. Barriers to access are associated with factors such as cost (socio-economic constraints), time constraints; cultural and ethnic values / practices and mobility issues.

Historically, the ratio of general practitioners (GP's) per 1000 people in the population has been used as an indicator of the quality of primary health care. It is increasingly recognised, however, that this measure does not account for travel times to access a GP and social deprivation barriers (Barbyn and Barnett, 1996). At present, there is no recognised measure for access to primary health care services (including GP's) freely available at the territorial authority level.

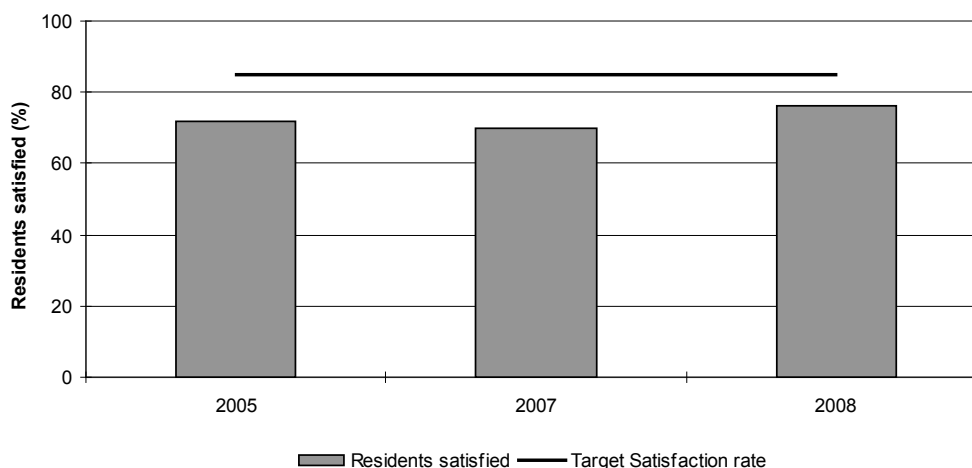
RESIDENT SATISFACTION WITH HEALTH SERVICES

What is this about?

Residents interviewed as part of Council's NRB Communitrak annual resident survey were asked how satisfied they were with the health services in Ashburton District.

Residents were asked if they were 'very satisfied', 'satisfied', 'neither satisfied nor dissatisfied', 'dissatisfied' or 'very dissatisfied' with health services in the District.

Fig 50. Resident Satisfaction with Health Services in Ashburton District



Resident satisfaction with health services in the District (don't know responses excluded) 2005 - 2008

Source: Ashburton District Council NRB Communitrak Survey

Note: The measure above (with Don't Know responses excluded) is the measure Ashburton District Council uses to measure resident satisfaction in Council's Annual Report.

Key Points

- Resident satisfaction with health services is fairly constant but may be trending upwards with 76% of survey respondents in 2008 being either very satisfied or satisfied with the health services available
- In 2008, 56 residents (14%) were dissatisfied with health services in the district, which is an improvement from 2007 when 66 residents (23%) of residents were dissatisfied.

How are we doing?

Target:	State:	Trend:
85% or more of residents surveyed are satisfied with the health services in the district	☹️	↑

Data Limitations

Resident satisfaction through the NRB Communitrak Survey results in data that is highly subjective as it is based on individual personal perception. These perceptions are largely determined by people's expectations and experiences. The NRB Communitrak Survey has a margin of error of +/- 6.9%, meaning that results may actually be greater or less than those shown.

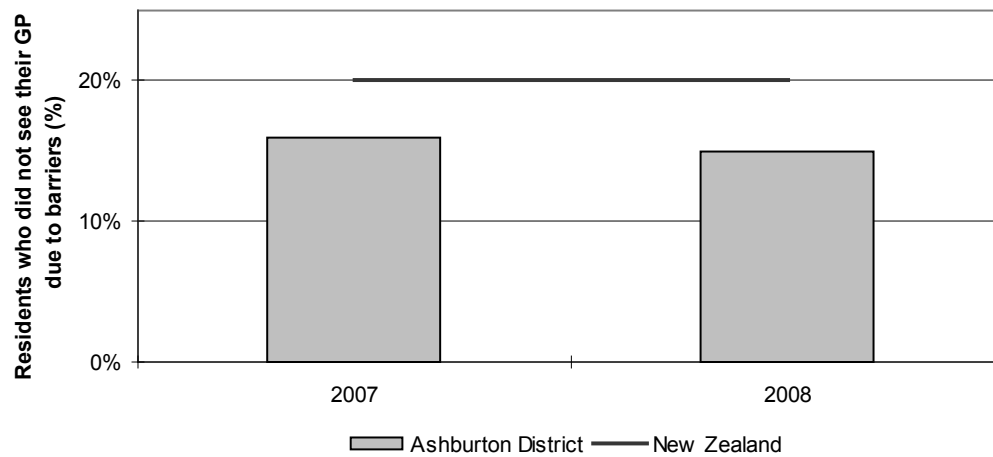
ACCESS TO HEALTH SERVICES

What is this about?

The NRB Communitrak annual resident survey asked respondents if there has been a time in the last 12 months when they, or a member of their family, wanted to see a doctor about their health, but did not see one. Residents were asked to also identify the reason why they did not see a doctor.

Early diagnosis and treatment of illness, through a GP visit, is likely to speed up recovery and reduce the long term cost of an illness. Therefore, the minimisation of barriers to primary health care access may lead to reduced long term health costs.

Fig 51. Residents who Faced Barriers to Accessing Health Services



Residents who faced barriers to accessing health care in Ashburton District and New Zealand 2007 - 2008
Source: Ashburton District Council – NRB Survey & Quality of Life Survey National Report

Key Points

- 15% of Ashburton residents surveyed in 2007 and 2008 reported having wanted to see a doctor about their health at some stage in the previous 12 months but did not see one. Twenty percent of all New Zealanders surveyed in the National Quality of Life Survey reported the same experience
- The most common reason given for not seeing a doctor for both Ashburton District and New Zealand residents surveyed was that it would cost too much. This highlights the precarious position some residents are facing to maintain a minimum standard of living

How are we doing?

Target:	State:	Trend:
Ashburton District has a lower proportion of people not visiting their GP due to barriers than the New Zealand proportion	😊	↑

Data Limitations

Resident satisfaction through the NRB Communitrak Survey results in data that is highly subjective as it is based on individual personal perception. These perceptions are largely determined by people's expectations and experiences. The NRB Communitrak Survey has a margin of error of +/- 6.9%, meaning that results may actually be greater or less than those shown.

5.5 COMMUNITY SAFETY

Community safety impacts on the health and wellbeing of the individual, the family and the wider community. This in turn impacts on people's quality of life, and can be an attraction or a deterrent for people living in the District or looking to move here.

Communities that feel safe are likely to be confident and optimistic about their future, which leads to positivity and innovation.

RECORDED CRIME IN THE MID-SOUTH CANTERBURY POLICE DISTRICT

What is this about?

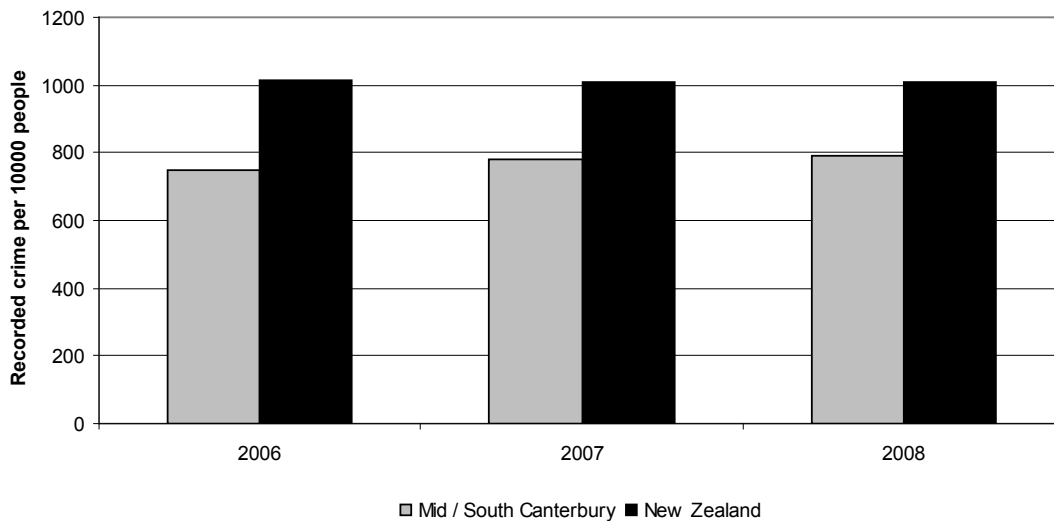
Criminal activity has important social implications as individual personal safety and wellbeing are influenced by crime.

Police crime statistics are affected by variations in actual offending, changes in reporting by victims and complainants, the deployment of police resources and by police policies and recording practices, including legislative changes.

Crime statistics only reflect reported and recorded offences, rather than the actual level of offending in the community. Actual offence levels are likely to be higher than reported offence levels.

Due to police district boundaries, data is unavailable at the district level. Ashburton District is included in the Mid / South Canterbury Police zone, which also includes Timaru, Waimate and McKenzie Districts.

Fig 52. Recorded Crime per 10,000 People in the Mid / South Canterbury Police District



Recorded crime per 10,000 people in the Mid / South Canterbury Police District 2006 - 2008

Source: New Zealand Police – Crime Statistics

Fig 53. Recorded Crime per 10,000 People by Category

Drugs & Antisocial behaviour	2006	2007	2008
Mid / South Canterbury	115	142	123
New Zealand	131	140	144
Dishonesty	2006	2007	2008
Mid / South Canterbury	302	284	312
New Zealand	566	531	521
Property Damage	2006	2007	2008
Mid / South Canterbury	157	177	190
New Zealand	116	125	127
Violence	2006	2007	2008
Mid / South Canterbury	106	107	108
New Zealand	121	135	140

Figure Nine: Recorded crime per 10,000 people by category 2006 - 2008
Source: New Zealand Police – Crime Statistics

Key Points

- Figure fifty-four shows the crime rate per 10,000 people is significantly lower in Mid / South Canterbury than for New Zealand as a whole
- Trends over the past three years show the Mid / South Canterbury crime rate has increased over 5% while national crime rates have slightly decreased (-0.3%)
- Drugs and antisocial behaviour, dishonesty, property damage and violence are the top four crime categories for both Mid / South Canterbury and New Zealand, with each category increasing in recorded crime since 2006
- Violent crimes have remained constant over the last three years in the district, while nationally these have increased significantly per 10,000 people

How are we doing?

Target:	State:	Trend:
Lower crime rate than for New Zealand as a whole	😊	↓

Data Limitations

Crime statistics are counted by the New Zealand Police District boundaries and are area boundaries only. This means that crime statistics for territorial authority is not possible.

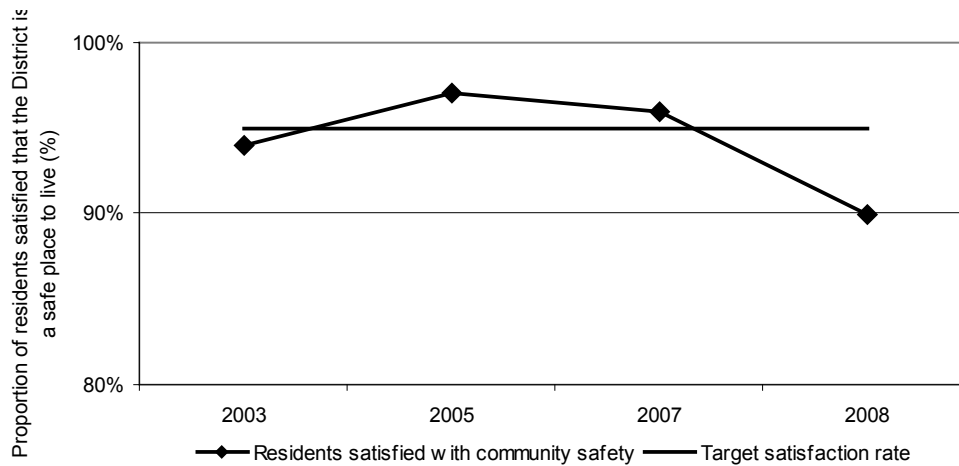
SATISFACTION WITH COMMUNITY SAFETY

What is this about?

Perception of safety impacts on the health and wellbeing of the individual, family and the wider community. This indicator is a useful supplement to official crime and safety statistics as it provides valuable information on how safe people feel in their community.

Residents who responded to Council's annual residents' NRB Communitrak Survey were asked if they thought the district was a safe place to live. They were asked to respond either 'yes, definitely', 'yes, mostly', 'not really' or 'no, definitely not'.

Fig 54. Resident satisfaction with the District as a Safe Place to Live



Resident satisfaction with the district as a safe place to live (don't know responses excluded) 2003 - 2008

Source: Ashburton District Council – NRB Communitrak Survey

Note: The measure above (with Don't Know responses excluded) is the measure Ashburton District Council uses to measure resident satisfaction in Council's Annual Report.

Key Points

- Resident satisfaction with community safety has averaged 94% in the four years it has been measured, just under the target of 95% resident satisfaction
- In comparison to 2007 there has been something of a shift from 'yes, definitely' to 'yes, mostly' in 2008. This is something Council and other community agencies need to incorporate into their planning and communication processes
- More rural residents rate the district as definitely safe, and residents aged over 60 were more likely to respond that the district is 'not really' or 'no, definitely not' a safe place to live
- Resident satisfaction of safety, although dropping, does not illustrate the district's lower crime rates when compared nationally. This may reflect the impact media and publicity can have on resident perception

How are we doing?

Target:	State:	Trend:
95% of residents report feeling "definitely" or "mostly" safe in Ashburton District	☹️	↓

Data Limitations

Resident satisfaction through the NRB Communitrak Survey results in data that is highly subjective as it is based on individual personal perception. These perceptions are largely determined by people's expectations and experiences. The NRB Communitrak Survey has a margin of error of +/- 6.9%, meaning that results may actually be greater or less than those shown.

ROAD CRASH INJURY AND FATALITY RATES

What is this about?

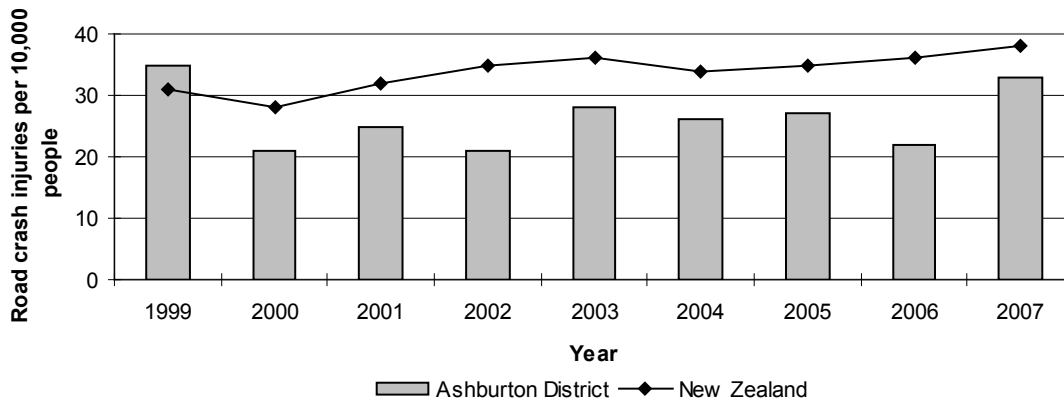
Ashburton District has the third largest roading network in New Zealand, with a total of 2,623 km of roads, of which 1,474 km is sealed and the remaining 1,153 km unsealed.

Road crash injuries and fatalities have significant social and financial costs, with ongoing health care costs, grief and trauma, which has a ripple effect on individuals, families and communities.

A road crash fatality is a death which occurs up to 30 days after a motor vehicle accident on a public road from injuries sustained in the accident. A road crash injury includes both serious and minor injuries.

This indicator looks at the road crash injury and fatality rates for Ashburton District in comparison with New Zealand as a whole. The graphs below show the number of road crash injuries and road crash fatalities per 10,000 people per year.

Fig 55. Road Crash Injuries for Ashburton District and New Zealand per 10,000 People



Road crash injury for Ashburton District and New Zealand per 10,000 people 1999 - 2007

Source: Ministry of Transport: Annual Report and Crash Analysis System (CAS)

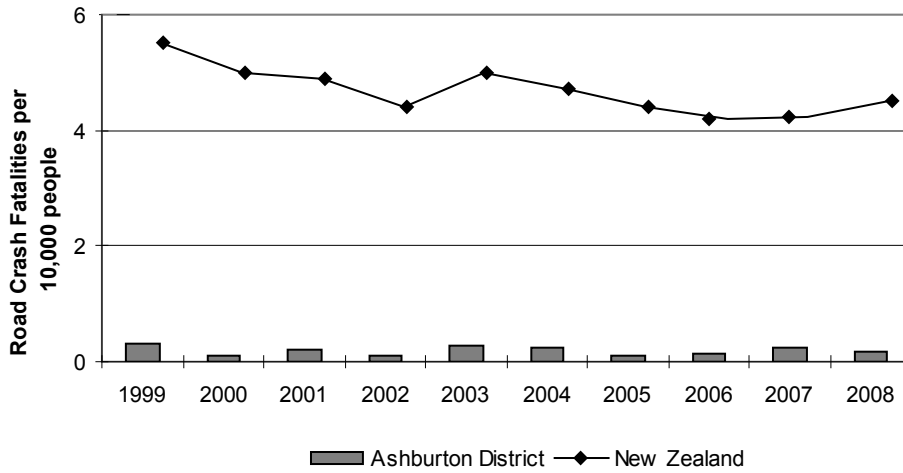
Fig 56. Road Crash Fatalities for Ashburton District and New Zealand per 10,000 people



Road crash fatalities for Ashburton District and New Zealand per 10,000 people 1999 - 2008

Source: Ministry of Transport Annual Report and Crash Analysis System (CAS)

Fig 57. Road Crash Fatalities for Ashburton District and New Zealand per 10,000 people



Road crash fatalities for Ashburton District and New Zealand per 1000 kilometres of road 1999 - 2008
 Source: Ministry of Transport Annual Report and Crash Analysis System (CAS)

Key Points

- Since 1999, Ashburton District has had a lower number of people per 10,000 injured in road crashes than New Zealand as a whole
- In 2007 the road crash injury ratios were – Ashburton District 33:10,000 New Zealand 38:10,000
- Road crash fatalities in Ashburton District have equalled, or exceeded the New Zealand ratio every year since 1999, except for 2005
- However, when comparing the number of road crash fatalities for every 1,000 kilometres of road, our district has a significantly lower road fatality rate than the New Zealand average

How are we doing?

Target:	State:	Trend:
Ashburton District has a lower road crash injury rates than New Zealand as a whole	😊	↔
Ashburton District has a lower road crash fatality rates than for New Zealand as a whole	😞	↔

Data Limitations

The Ministry of Transport notes: “When a road traffic crash involves a motor vehicle and results in someone being injured, then the law requires that crash to be reported. However, comprehensive hospital based surveys indicate that only about two thirds of such injury crashes are reported to the Land Transport New Zealand. There may also be a reporting bias by type of road user and by day of week and by hour of day and by region” (Annual Statistics, 2006).

WORKPLACE ACCIDENT AND INJURY RATES

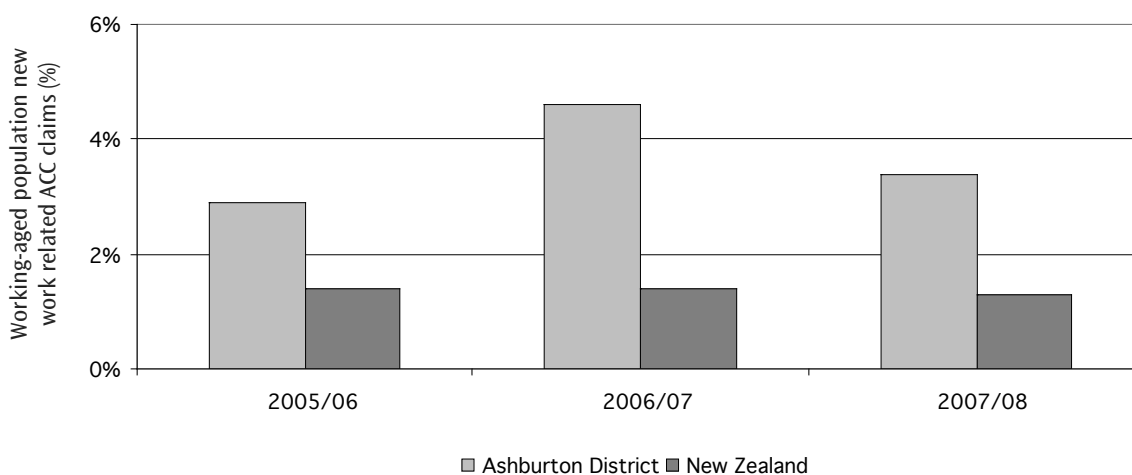
What is this about?

Providing a safe workplace for employees is a core responsibility of employers under the Health and Safety in Employment Act (1992) as they have the duty to promote the prevention of harm to all people at work, and others in, or in the vicinity of, places of work.

The Accident Compensation Corporation (ACC) provides personal injury insurance cover for all New Zealand citizens, residents and temporary visitors to New Zealand and maintains a record of claims made resulting from work-related accidents and injury.

This indicator looks at the number of new work-related ACC entitlement claims made as a proportion of the working aged population in Ashburton District and New Zealand. The highest injury-incidence rates are in the mining industry, construction industry, and agriculture, forestry and fishing sector.

Fig 58. Proportion of the Working Aged Population that lodged new work related ACC Claims 2005 - 2008



Proportion of the working aged population that lodged new work related ACC claims – Ashburton District & New Zealand
Source: Accident Compensation Corporation

Key Points

- Ashburton District has more than twice the proportion of the working aged population lodging new work-related ACC claims than New Zealand (Ashburton District 3.4%, New Zealand 1.3%)
- Three of the district's four top employment industries sectors are: agriculture, forestry and fishing; manufacturing; and construction. These sectors have historically had high levels of work related injury claims

How are we doing?

Target:	State:	Trend:
Ashburton District has a lower proportion of new work-related accident and injury claims than for New Zealand as a whole	☹️	↔️

Data Limitations

This measure is dependant on the injured party visiting a doctor and acknowledging the injury is work-related by making a claim with ACC.