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RESPIRATORY DISEASE

Key Findings

There has been progress on reducing smoking rates, the other DHB District Strategic Plan [DSP] key indicators of performance, hospital admission for respiratory disease has increased over the DSP rate.

- The hospitalisation rate for asthma, respiratory infections and CORD combined in the in the Wairarapa is significantly higher than the national rate.
- The mortality rate for asthma, respiratory infections and CORD combined in the Wairarapa is significantly higher than the national rate.
- The age group with the highest prevalence of hospitalisation for respiratory disease Wairarapa for all ethnic groups is the 0-4 age group.
- Those living in NZDep2001 quintile 5 areas have a greater chance of being hospitalised for respiratory disease than their proportion of the total population. The inverse is true for those in NZDep2001 quintile 1.

Strategic context

Reducing the incidence and impact of respiratory disease is one of the four key Wairarapa DHB priority areas.

The Wairarapa DHB District Strategic Plan [DSP] key indicators of performance for respiratory disease are in the table below. While the incidence of smoking has declined, the hospital admission rate has increased on the DSP rate.

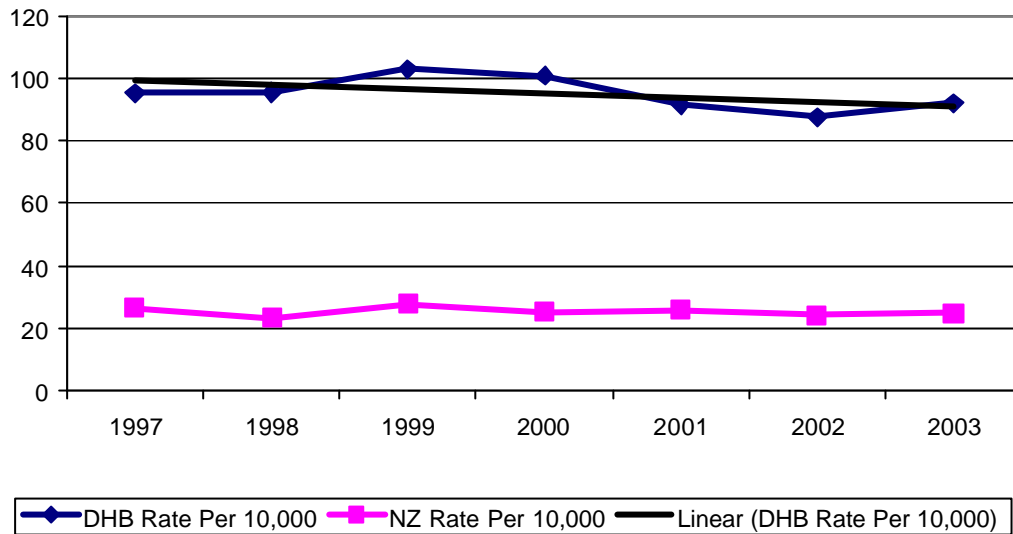
Key Indicator description	DSP	HSR	Target June 2007	Target June 2012
Hospital admissions for asthma, respiratory infections and CORD	8.0%	9.25%	6.0%	4.0%
Smoking Rates	29.4%	24%	26%	24%

Prevalence

Respiratory infections, asthma and chronic obstructive respiratory disease [CORD] were responsible for 31% of avoidable hospitalisation and 20% of avoidable deaths for the period 1999 to 2001.

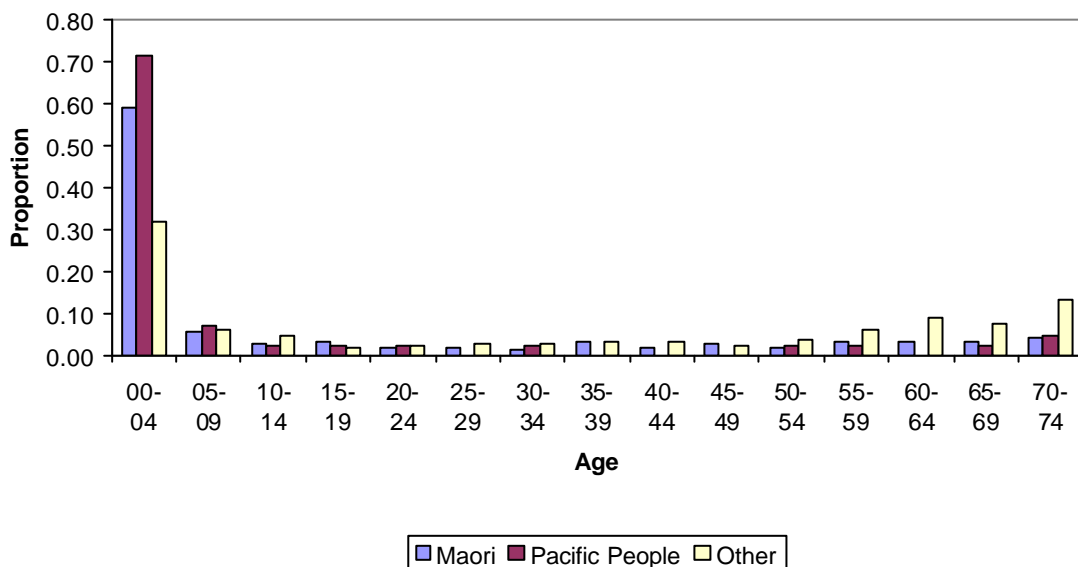
The hospitalisation rate for asthma, respiratory infections and CORD combined in the in the Wairarapa is significantly higher than the national rate. The rate is decreasing but not to the degree identified as the DHB target in the strategic plan.

Figure 1: Avoidable hospitalisation rate, asthma, respiratory infections and CORD combined, 1997-2003.



The age group with the highest prevalence of hospitalisation for respiratory disease Wairarapa for all ethnic groups is the 0-4 age group.

Figure 2: Wairarapa DHB Respiratory Infection Hospitalisations Age ethnicity proportions



Morbidity and Mortality Data

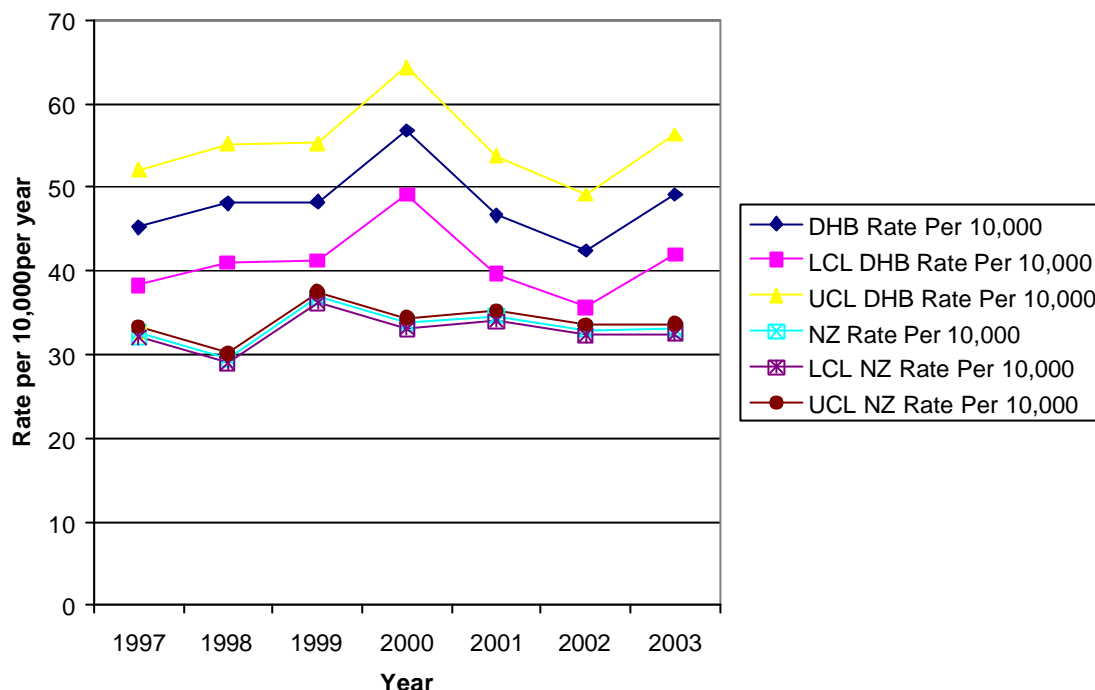
Detailed respiratory disease hospitalisation and mortality data is available in the Fact Sheets listed in Appendix 2 and in the OLAP cubes. They present national and Wairarapa information including trends over time, rates by ethnicity, age-sex distribution, deprivation status, and numbers in each of the Wairarapa districts.

Wairarapa hospitalisation (shown in the figure below) is significantly higher than New Zealand overall, this is also the case for Maori, Pacific people and “Other”

ethnic groups individually, although the numbers for Pacific people are statistically small and not statistically significant (see Fact Sheets).

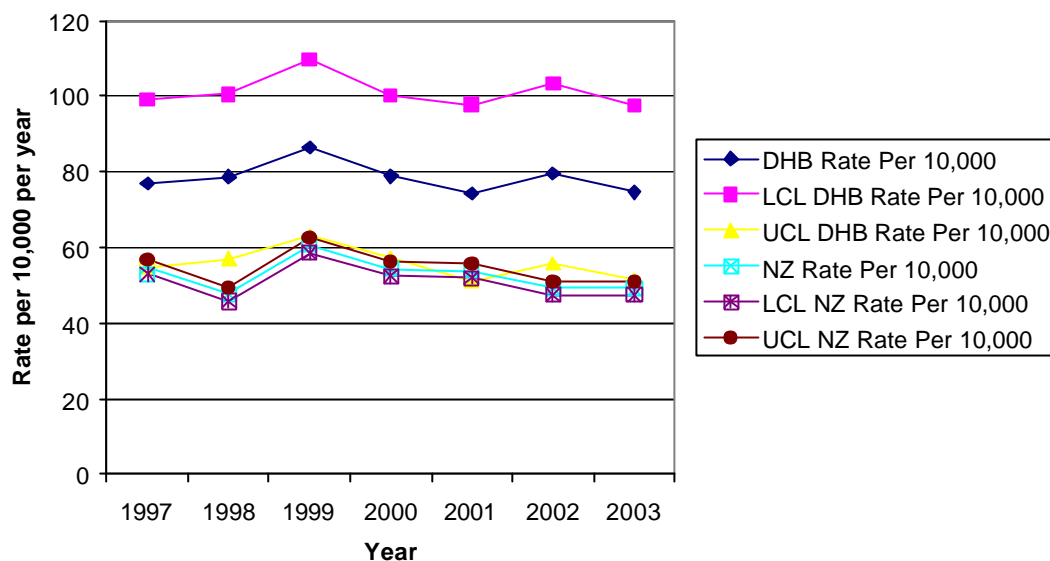
Mortality rates for respiratory disease are also significantly higher than national rates.

Figure 3: Wairarapa DHB and New Zealand Age Standardised Respiratory Disease Avoidable Hospitalisation Rates, all ethnic groups.



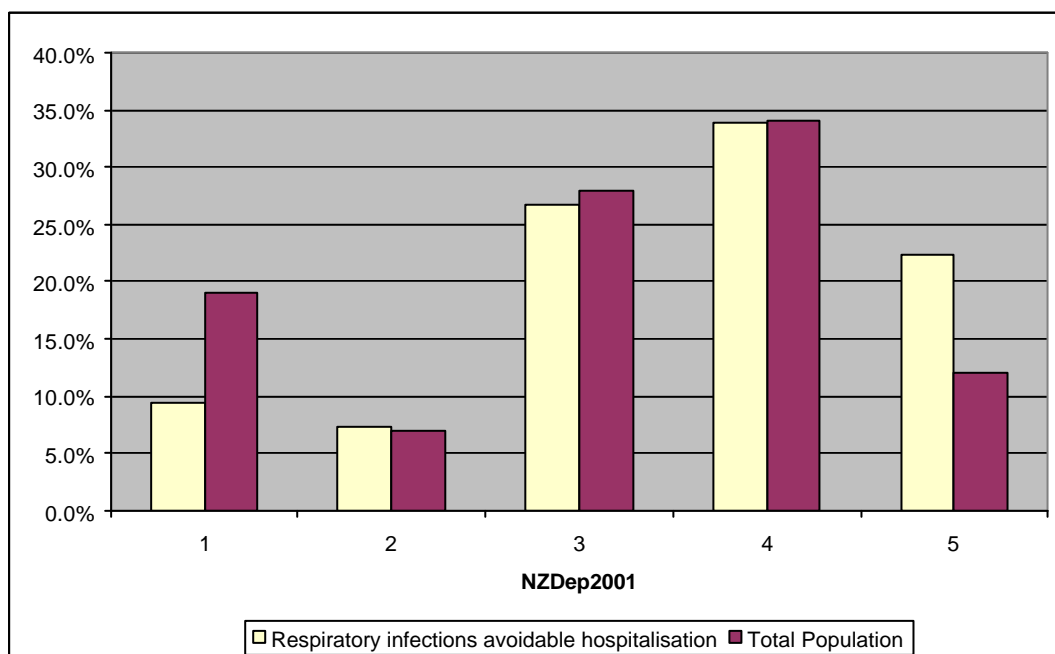
The Wairarapa Maori standardised avoidable hospitalisation rate for respiratory disease is significantly greater than the New Zealand Maori rate. The rate is decreasing by 0.6 persons per 10,000 per year. The rate of increase is slightly less than the national rate for the period 1997 to 2003.

Figure 4: Wairarapa DHB Age Standardised Respiratory Disease Avoidable Hospitalisation Rates for Maori.



Wairarapa hospitalisations for respiratory disease demonstrate an association with NZDep2001 deprivation quintiles 1 and 5. Those in level 5 have a greater chance of being hospitalised for respiratory disease than their proportion of the total population. The inverse is true for those in deprivation quintile 1.

Figure 5: Respiratory disease proportion of avoidable hospitalisations by deprivation quintile



Conclusion

Respiratory disease is a significant and increasing cause of poor health and disability in the Wairarapa, particularly for Maori, and people living in areas with a NZDep2001 quintile score of 5.

Wairarapa DHB has made respiratory disease one of its high priority issues, and is responding with initiating and extending a range of public health (health promotion), primary care, and secondary (hospital specialist) care initiatives in conjunction with the Maori community and the newly formed PHO.