# Community and Public Health Advisory Committee / Disability Support Advisory Committee Agenda

| | | | |
|---|---|---|---|
| **Location:** | Board Room<br>Level 1<br>Hockin Building<br>Waikato Hospital<br>Pembroke Street<br>HAMILTON | | |
| **Date:** | 18 November 2020 | **Time:** | 9am |

| | |
|---|---|
| **Commissioners:** | Emeritus Professor M Wilson, Deputy Commissioner (Chair)<br>Ms T P Thompson-Evans (Deputy Chair)<br>Dame K Poutasi, Commissioner<br>Mr A Connolly, Deputy Commissioner<br>Mr C Paraone, Deputy Commissioner<br>Ms R Karalus<br>Dr P Malpass<br>Mr J McIntosh<br>Mr F Mhlanga<br>Ms G Pomeroy<br>Ms J Small<br>Mr D Slone<br>Mr G Tupuhi |
| **In Attendance:** | Mr K Whelan, Crown Monitor<br>Dr K Snee, Chief Executive<br>Ms T Maloney, Executive Director Strategy, Investment and Transformation<br>Other Executives as necessary |

| | | |
|---|---|---|
| **Next Meeting Date:** | 24 February 2020 | |
| **Contact Details:** | Phone: 07 834 3622 | Facsimile: 07 839 8680 |
| | www.waikatodhb.health.nz | |

**Our Vision:** **Healthy People. Excellent Care**

**Our Values:**

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**
Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**

**Item**

**2. APOLOGIES**

**3. INTERESTS**
3.1 Schedule of Interests
3.2 Conflicts Related to Items on the Agenda

**4. MINUTES AND MATTERS ARISING**
4.1 Minutes 23 September 2020

**5. COMMITTEE MEMBERS UPDATES**
The Chair will invite members to provide updates as they relate to Waikato DHB

**6. PRESENTATIONS TO BE PROVIDED AT THE MEETING**
6.1 Cardiovascular Disease Overview
- Population health and equity view
- Funding
- Specialist services

**7. INFORMATION**
7.1 Locality Development Update
7.2 Whānau Hauā Disabled Peoples Health Wellbeing Profile

**8. GENERAL BUSINESS**
8.1 2021 Meeting Dates

**NEXT MEETING:** 24 February 2021

# Apologies


# Schedule of Interests

# SCHEDULE OF INTERESTS FOR COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETINGS TO NOVEMBER 2020

Dame Karen Poutasi

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Commissioner, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Finance Risk and Audit Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Deputy Chair, Network for Learning** | Non-Pecuniary | None | |
| **Daughter, Consultant Hardy Group** | Non-Pecuniary | None | |
| **Son, Health Manager, Worksafe** | Non-Pecuniary | None | |
| **Chair, Kapiti Health Advisory Committee** | Non-Pecuniary | None | |
| **Co-Chair, Kāpiti Community Health Network Establishment Governance Group** | Non-Pecuniary | None | |
| **Chair, Wellington Uni-Professional Board** | Non-Pecuniary | None | |
| **Chair, COVID-19 Vaccine and Immunisation Governance Group** | Non-Pecuniary | None | |

Mr Andrew Connolly

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Deputy Commissioner, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Finance Risk and Audit Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Chair, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Board member, Health Quality and Safety Commission** | Non-Pecuniary | None | |
| **Southern Partnership Group** | Non-Pecuniary | None | |
| **Employee, Counties Manukau DHB** | Non-Pecuniary | None | |
| **Member, Health Workforce Advisory Board** | Non-Pecuniary | None | |
| **Crown Monitor, Southern DHB** | Non-Pecuniary | None | |
| **Member, MoH Planned Care Advisory Group** | Non-Pecuniary | None | |

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Mr Chad Paraone

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Deputy Commissioner, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Finance Risk and Audit Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Independent Chair, Bay of Plenty Alliance Leadership Team** | Non-Pecuniary | None | |
| **Independent Chair, Integrated Community Pharmacy Services Agreement National Review** (stepped down from role from December 2020 to March 2021) | Non-Pecuniary | None | |
| **Strategic Advisor (Maori) to CEO, Accident Compensation Corporation** | Non-Pecuniary | None | |
| **Maori Health Director, Precision Driven Health** (stepped down from role from October 2020 to March 2021) | Non-Pecuniary | None | |
| **Committee of Management Member and Chair, Parengarenga A Incorporation** | Non-Pecuniary | None | |
| **Director/Shareholder, Finora Management Services Ltd** | Non-Pecuniary | None | |
| **Member, Transition Unit (Health & Disability System Reform), Department of Prime Minster and Cabinet)** | Non-Pecuniary | None | |

Emeritus Professor Margaret Wilson

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Deputy Commissioner, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Finance Risk and Audit Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Chair, Community and Public Health and Disability and Support Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Waikato Health Trust** | Non-Pecuniary | None | |
| **Co-Chair, Waikato Plan Leadership Group** | Non-Pecuniary | None | |

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Note 2: Members required to detail any conflicts applicable to each meeting.

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Ms Te Pora Thompson-Evans

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Attendee, Commissioner meetings, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Finance Risk and Audit Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Deputy Chair, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Chair, Iwi Maaori Council, Waikato DHB** | Non-Pecuniary | None | |
| **Iwi Maaori Council Representative for Waikato-Tainui, Waikato DHB** | Non-Pecuniary | None | |
| **Iwi: Ngāti Hauā** | Non-Pecuniary | None | |
| **Member, Te Whakakitenga o Waikato** | Non-Pecuniary | None | |
| **Co-Chair, Te Manawa Taki Governance Group** | Non-Pecuniary | None | |
| **Te Manawa Taki Iwi Relationship Board** | Non-Pecuniary | None | |
| **Maangai Maaori, Hamilton City Council** | Non-Pecuniary | None | |
| **Community Committee** | Non-Pecuniary | None | |
| **Economic Development Committee** | Non-Pecuniary | None | |
| **Hearings & Engagement Committee** | Non-Pecuniary | None | |
| **Director, Whai Manawa Limited** | Non-Pecuniary | None | |
| **Director/Shareholder, 7 Eight 12 Limited** | Non-Pecuniary | None | |
| **Director/Shareholder, Haua Innovation Group Holdings Limited** | Non-Pecuniary | None | |
| **Member, Waikato-Tainui Koiora Strategy Panel** | Non-Pecuniary | None | |
| **Maaori Coordination Lead - Waikato Group Emergency Coordination Centre** | Non-Pecuniary | None | |

Dr Paul Malpass

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Consumer Council, Waikato DHB** | Non-Pecuniary | None | |
| **Fellow, Australasian College of Surgeons** | Non-Pecuniary | None | |
| **Fellow, New Zealand College of Public Health Medicine** | Non-Pecuniary | None | |
| **Trustee, CP and DB Malpass Family Trust** | Non-Pecuniary | None | |
| **Daughter registered nurse employed by Taupo Medical Centre** | Non-Pecuniary | None | |
| **Daughter employed by Access Community Health** | Non-Pecuniary | None | |

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

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Mr John McIntosh

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Community Liaison, LIFE Unlimited Charitable Trust (a national health and disability provider; contracts to Ministry of Health; currently no Waikato DHB contracts)** | Non-Pecuniary | None | |
| **Coordinator, SPAN Trust (a mechanism for distribution to specialised funding from Ministry of Health in Waikato_** | Non-Pecuniary | None | |
| **Trustee, Waikato Health and Disability Expo Trust** | Non-Pecuniary | None | |

Ms Rachel Karalus

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Chair, Aere Tai Pacific Midland Collective** | Non-Pecuniary | None | |
| **Member, Waikato Plan Regional Housing Initiative** | Non-Pecuniary | None | |
| **Chief Executive Officer, K'aute Pasifika Trust** | Non-Pecuniary | None | |

Ms Gerri Pomeroy

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Co-Chair, Consumer Council, Waikato DHB** | Non-Pecuniary | None | |
| **Trustee, My Life My Voice** | Non-Pecuniary | None | |
| **Waikato Branch President, National Executive Committee Member and National President, Disabled Person's Assembly** | Non-Pecuniary | None | |
| **Member, Enabling Good Lives Waikato Leadership Group, Ministry of Social Development** | Non-Pecuniary | None | |
| **Member, Machinery of Government Review Working Group, Ministry of Social Development** | Non-Pecuniary | None | |

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

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| | | |
|---|---|---|
| **Co-Chair, Disability Support Service System Transformation Governance Group, Ministry of Health** | Non-Pecuniary | None |
| **Member, Enabling Good Lives National Leadership Group, Ministry of Health** | Non-Pecuniary | None |

[a]Mr Fungai Mhlanga

| **Interest** | **Nature of Interest** *(Pecuniary/Non-Pecuniary)* | **Type of Conflict** *(Actual/Potential/Perceived/None)* | **Mitigating Actions** *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Employee, Department of Internal Affairs (DIA) - Office of Ethnic Communities** | Non-Pecuniary | None | |
| **Trustee, Indigo Festival Trust** | Non-Pecuniary | None | |
| **Member, Waikato Sunrise rotary Club** | Non-Pecuniary | None | |
| **Trustee, Grandview Community Garden** | Non-Pecuniary | None | |
| **Volunteer, Waikato Disaster Welfare Support Team(DWST) - NZ Red Cross** | Non-Pecuniary | None | |
| **Volunteer, Ethnic Football Festival** | Non-Pecuniary | None | |

Mr David Slone

| **Interest** | **Nature of Interest** *(Pecuniary/Non-Pecuniary)* | **Type of Conflict** *(Actual/Potential/Perceived/None)* | **Mitigating Actions** *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Director and Shareholder, The Optimistic Cynic Ltd** | Non-Pecuniary | None | |
| **Trustee, NZ Williams Syndrome Association** | Non-Pecuniary | None | |
| **Trustee, Impact Hub Waikato Trust** | Non-Pecuniary | None | |
| **Employee, CSC Buying Group Ltd** | Non-Pecuniary | None | |
| **Advisor, Christian Supply Chain Charitable Trust** | Non-Pecuniary | None | |

[a] *The following statement has been requested for inclusion - All the comments and contributions I make in the Committee meetings are purely done in my personal capacity as a member of the migrant and refugee community in Waikato. They are not in any way representative of the views or position of my current employer (Office of Ethnic communities/Department of Internal Affairs).*

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

Ms Judy Small

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Consumer Council, Waikato DHB** | Non-Pecuniary | None | |
| **Director, Royal NZ Foundation for the Blind** | Non-Pecuniary | None | |

Mr Glen Tupuhi

| Interest | Nature of Interest *(Pecuniary/Non-Pecuniary)* | Type of Conflict *(Actual/Potential/Perceived/None)* | Mitigating Actions *(Agreed approach to manage Risks)* |
|---|---|---|---|
| **Member, Community and Public Health Advisory Committee, Waikato DHB** | Non-Pecuniary | None | Refer Notes 1 and 2 |
| **Member, Hospitals Advisory Committee, Waikato DHB** | Non-Pecuniary | None | |
| **Member, Iwi Maori Council, Waikato DHB** | Non-Pecuniary | None | |
| **Board member, Hauraki PHO** | Non-Pecuniary | None | |
| **Board member , Te Korowai Hauora o Hauraki** | Non-Pecuniary | None | |
| **Chair Nga Muka Development Trust, a representation of Waikato Tainui North Waikato marae cluster** | Non-Pecuniary | None | |

Note 1: Interests listed in every agenda.

Note 2: Members required to detail any conflicts applicable to each meeting.

Note 3: Roles within the Waikato DHB are recorded but are by definition not conflicts and for practical purposes, non-pecuniary.

# Conflicts Related to Items on the Agenda

# WAIKATO DISTRICT HEALTH BOARD

## Minutes of the Community and Public Health Advisory Committee (Including the Disability Support Advisory Committee Meeting) held on 23 September 2020 commencing at 9am

**Present:**
Professor M Wilson (Chair)
Ms R Karalus
Dr P Malpass
Mr J McIntosh
Mr C Paraone
Ms G Pomeroy
Dame K Poutasi
Mr D Slone
Ms J Small

**In Attendance:**
Dr K Snee, Chief Executive
Ms T Maloney, Executive Director – Strategy, Investment and Transformation
Ms S Hayward, Acting Executive Director – Hospital and Community Services
Mr N Hablous, Company Secretary
Ms T Thompson-Evans
Gabby Reynolds, Clinical Nurse Director, Oncology
Dr Nina Scott, Clinical Director – Māori Health
Riki Nia Nia, Executive Director – Māori, Equity and Health Improvement (from 9.07am)
Professor Diane Sarfati, Cancer Control Agency
Dawn Wilson, Cancer Control Agency
Claire Tahu, Chief Advisor – Allied Health
Nick Wilson, Director – Communications

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**ITEM 1: PRESENTATION FROM CANCER CONTROL AGENCY**

Professor Diane Sarfati and Dawn Wilson from the Cancer Control Agency were in attendance and presented to the Committee on the establishment, structure and priorities of the agency.

**Presentations from DHB**
Dr Nina Scott, Tanya Maloney and Alex Gordon presented to the Committee on equity, funding for cancer services, oncology services, how the DHB is performing and what challenges are being faced by the DHB.

The presentations will be made available to Committee members following the meeting.

***The meeting was adjourned at 10.35am***

***The meeting resumed at 10.50am***

## ITEM 2: APOLOGIES

**Resolved**
**THAT** the apologies from Mr F Mhlanga, Mr A Connolly and Mr G Tuphi are accepted.

## ITEM 3: INTERESTS

**3.1 Register of Interests**

Mr C Paraone advised there are amendments required to his interests and he will email the minute secretary with these.

**3.2 Conflicts relating to items on the Agenda**

No conflicts of interest relating to items on the agenda were foreshadowed.

## ITEM 4: MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

4.1 Waikato DHB Community and Public Health and Advisory Committee: 24 June 2020

**Resolved**
**THAT**
The minutes of the Waikato DHB Community and Public Health Advisory Committee held on 24 June 2020 are confirmed as a true and correct record.

**4.2 Matters Arising**

Nil

## ITEM 5: MEMBERS EXPERIENCE DURING COVID-19 RESPONSE

Committee members were invited to share their experience during the COVID19 lockdown and response with a view to integrating their experiences into the recovery moving forward.

Members provided feedback:

- Ms G Pomeroy –is involved with a social change programme within the Waikato Plan and was invited to do presentation to Waikato Plan stakeholders. Provincial Growth Fund representatives were present and were interested in hearing about supporting disabled people into employment. The Disabled Persons Assembly made a funding application and were successful. Trust Waikato have matched that funding. Two project leads have been appointed to lead the two year project – Rodney Bell and Tim Young. This may be one of the first disabled led projects.
- Professor M Wilson – acknowledged the tremendous contribution from Pasifika community during latest lockdown and the load the community has had to bear recently.
- Ms R Karalus – advised whilst nice to be acknowledged, the community were only able to do what they did because they were enabled by the DHB. Nurses were trained to do swabbing, a van provided by the DHB for mobile testing stations, and resource was redeployed to Tokoroa to support testing sites at South Waikato Pacific Islands Community Services (SWPICS). Thank you to the DHB. This was a good example of partnerships developing and evolving. The process would have been smoother if the messages were consistent with national ones. Ms Karalus acknowledged the support from DHB in terms of communication to the communities being translated to different languages, particularly for Pacific peoples.

- Mr P Malpass – concerns have been raised nationally regarding access to PPE for general practice. Ms Maloney advised Waikato DHB has continued to supply and pay for PPE for general practice. Nationally there was no requirement to continue to do this, however Waikato DHB is.
- Ms J Small – since Hamilton City rolled out the new rubbish collection, the red bins are not big enough for incontinence products. Mr Snee advised he has raised this concern with Chief Executive of Hamilton City Council and has been advised that they will be looking into this further. Dr Snee will raise the issue again, as it appears nothing has changed. Ms Hayward agreed to contact the incontinence service to gather data on volume with the Hamilton City boundary and will provide the information to the Committee and to Dr Snee for his discussions.
- Mr J McIntosh – Life Unlimited has written a book on COVID19 on disabled people of the Waikato and their experiences. The launch is next Tuesday 29 September, 2pm at the Hamilton City Council reception lounge. Mr McIntosh will arrange for relevant DHB staff to have a copy of the book.
- Mr C Paraone – the Pasifika stakeholder update had started recently which is helpful, however more effort could be made to bring the Pasifika picture through.
- Ms Karalus – COVID19 has shined a light on complexities and issues. MSD have provided a grant to develop an action plan for Pasifika across the region addressing health, education, climate, education to engage stakeholders commitment and hold stakeholders to account. This will be done by end of November and will be used to support funding from central government.

**ACTIONS**:
- Mr Snee will raise the issue with incontinence products with Hamilton City Council.
- Ms Hayward will contact the incontinence service to gather data on volume with the Hamilton City boundary and will provide the information to the Committee.
- Mr McIntosh will arrange for relevant DHB staff to have a copy of the book written regarding COVID19 and experiences of disabled people within the Waikato.

**Resolved**

**THAT**

The updates from around the table are noted.

## ITEM 6: PRESENTATIONS

**6.1 Population Health and Equity View of Cancer in the Waikato**

Provided at the start of the meeting

**6.2 Cancer Services Funding Overview**

Provided at the start of the meeting

## ITEM 7: DISCUSSION

**7.1 Update on Community Health Forums**

Report noted. Dame Poutasi, Professor Wilson and Ms Thompson-Evans will be visiting a medical centre in Kawhia that has a particular focus on diabetes on 24 September 2020.

**Resolved**

**THAT the Committee notes that:**

1. The second round of Community Health Forums was held in June/July 2020;
2. A number of issues were raised related to participants experience of COVID-19 including:

a. Local community leadership and responsiveness
b. Lack of connectivity and changing communications
c. Mental health and wellbeing including ongoing anxiety and isolation for some groups;
d. Primary and community healthcare response and ongoing impacts; and

3. The next round of community health forums will commence in October 2020.

## ITEM 8: GENERAL BUSINESS

There was no General Business to discuss.

If there are any issues that Committee members would like to examine in detail, please feed this back to the relevant Executive Director.

## ITEM 9: DATE OF NEXT MEETING

9.1 18 November 2020

Chairperson: Professor Margaret Wilson

Date: 23 September 2020

Meeting Closed: 11.08am

# Matters Arising from Minutes


# Members Updates


# Presentations

# Cardiovascular Disease

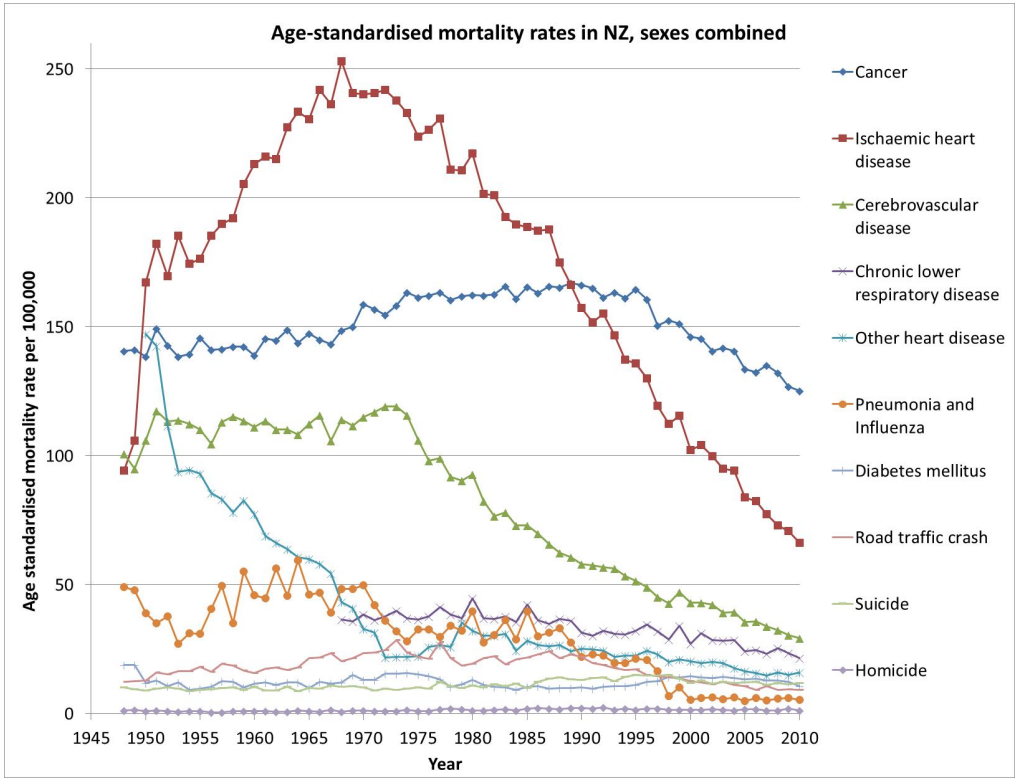
Ross Lawrenson
Strategy and Funding

November 2020

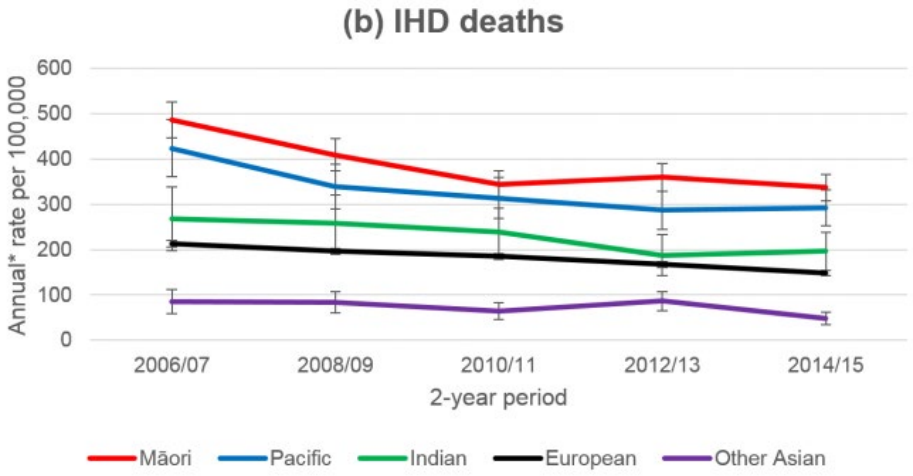
# Introduction

- Cardiovascular disease encompasses a number of conditions including:
  - IHD
  - Stroke
  - Heart Failure
  - Valvular disease
- This presentation will briefly cover:
  - Epidemiology of CVD
  - Role of the Hospital
  - Primary Care/General practice
  - Prevention

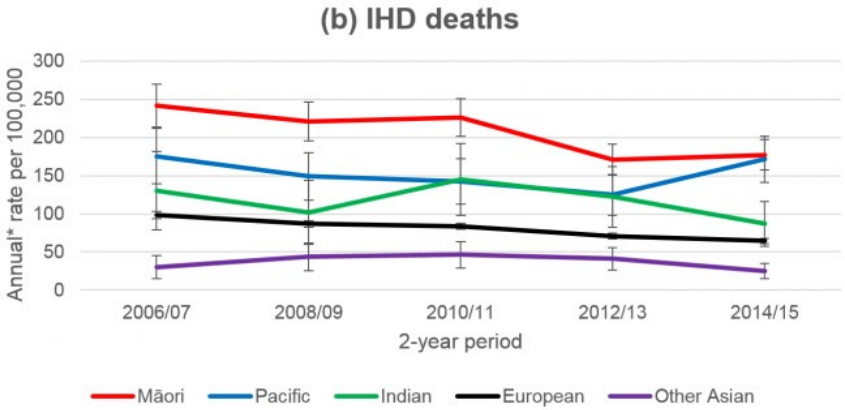
# Mortality rate in NZ from 1945



# New Zealand IHD deaths



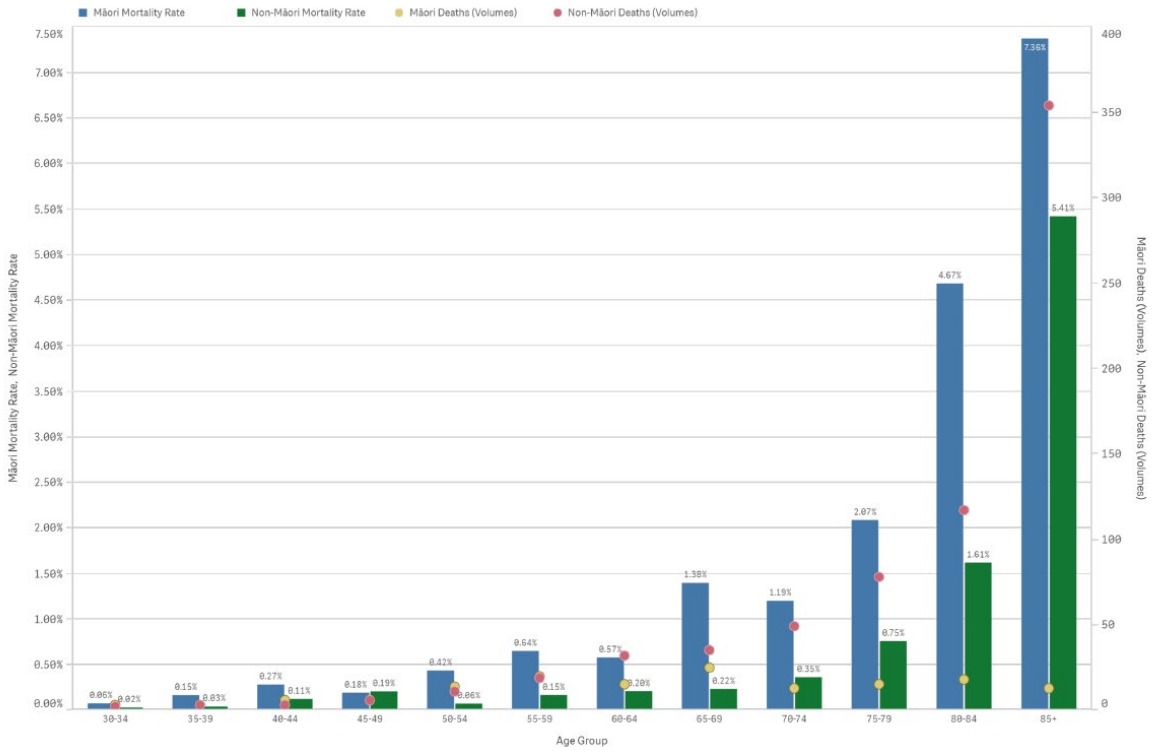

Men



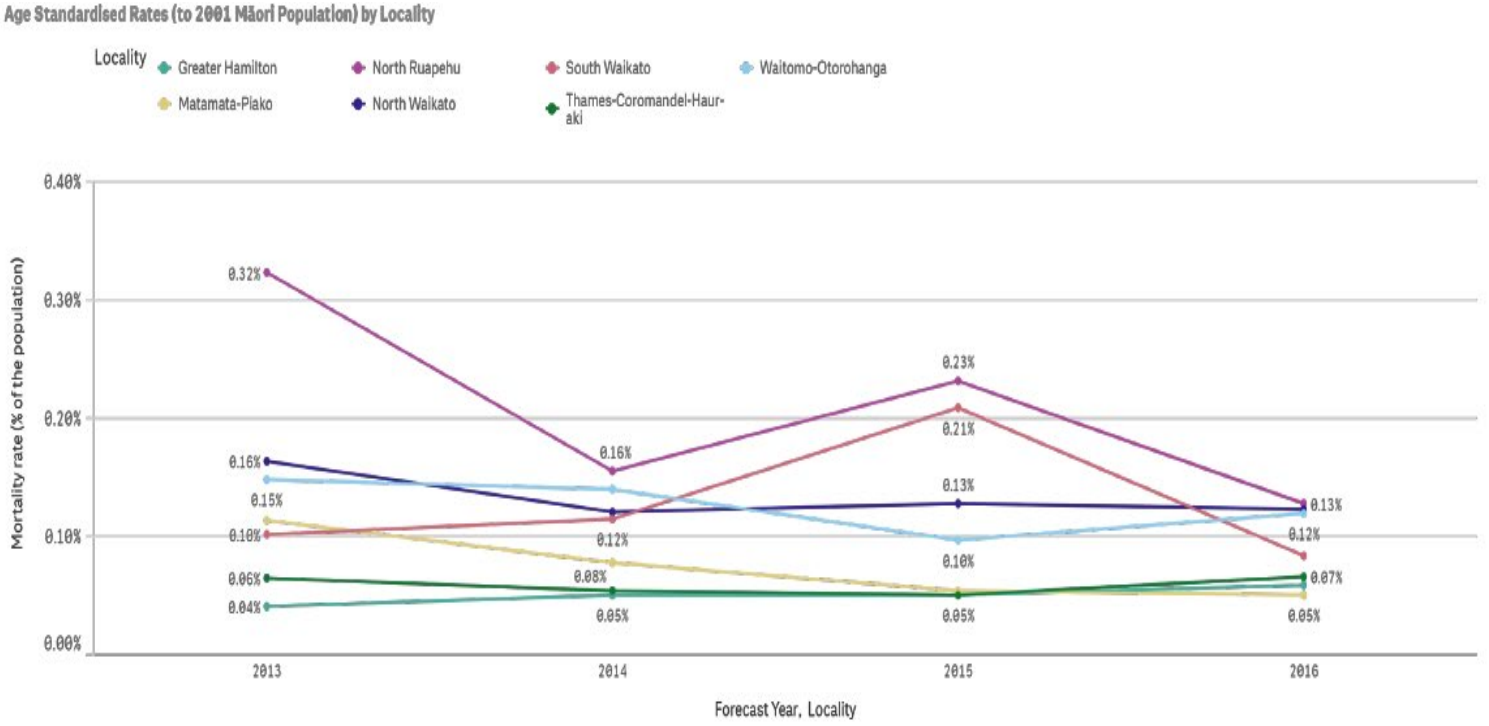

Women

Grey C Trends in ischaemic heart disease

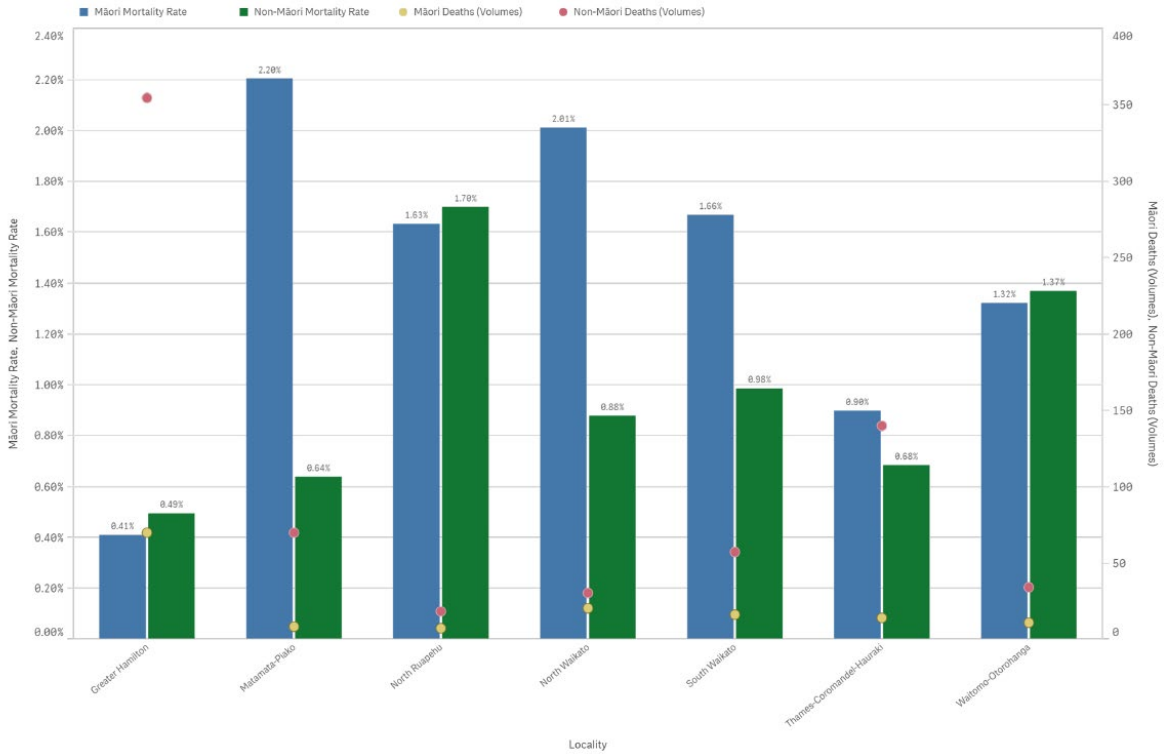
# Waikato Mortality rate by age and ethnicity



# Mortality rate by locality



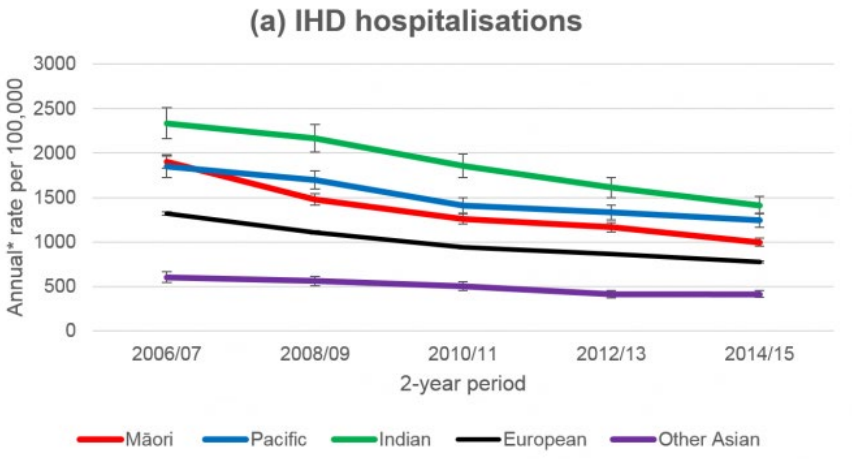
# Waikato Mortality rate by locality and ethnicity



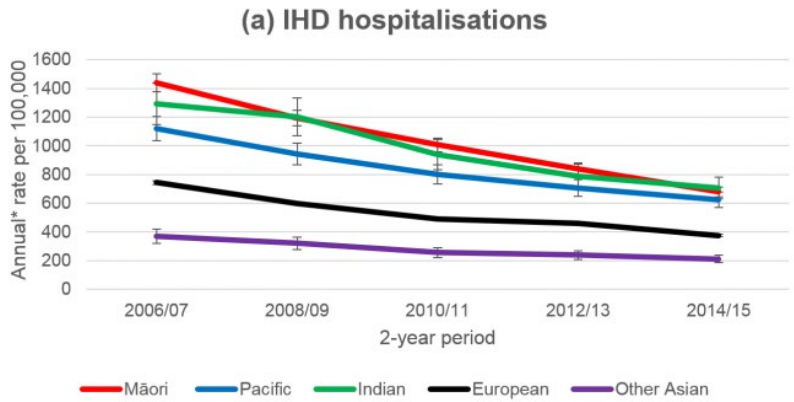
# Hospitals

- IHD – myocardial infarction, severe angina etc
- Stroke
- Heart failure and arrhythmias
- Valvular disease

Age-standardised* IHD Hospitalisation in Men and Women aged 35–84y, by ethnic group, 2006–2015 for NZ.

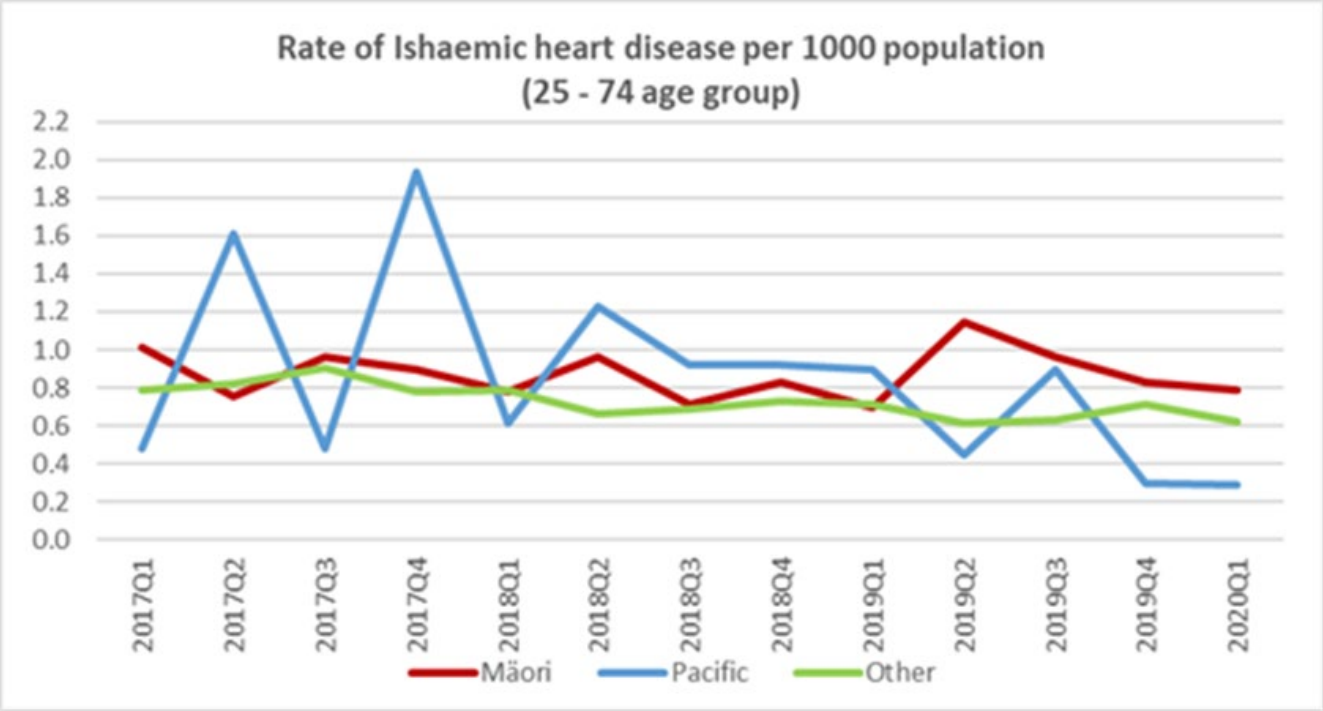



Men




Women

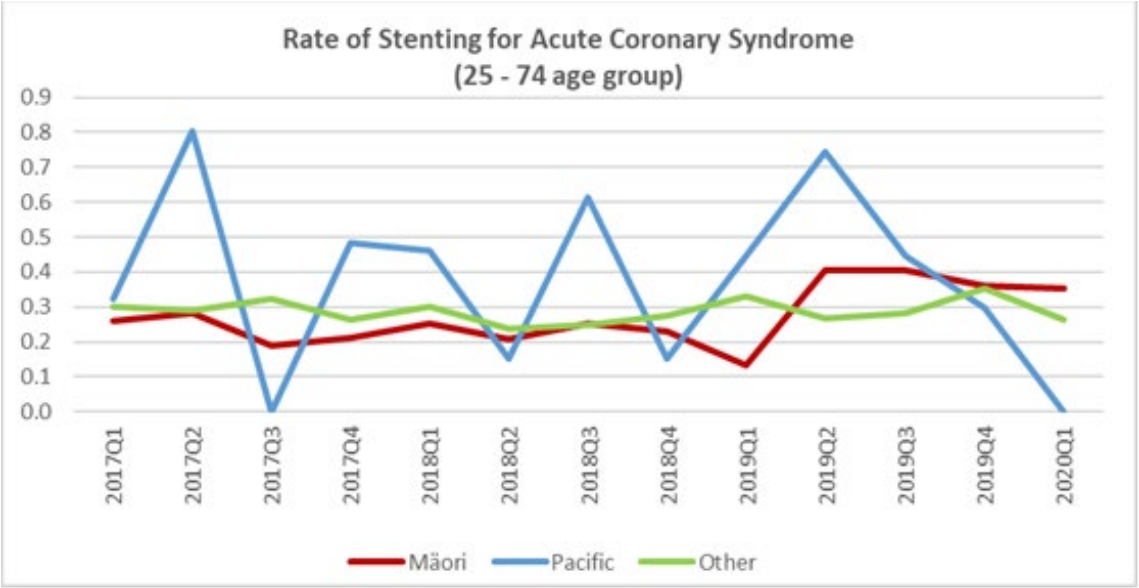
# Waikato DHB incidence of IHD 25-74yrs



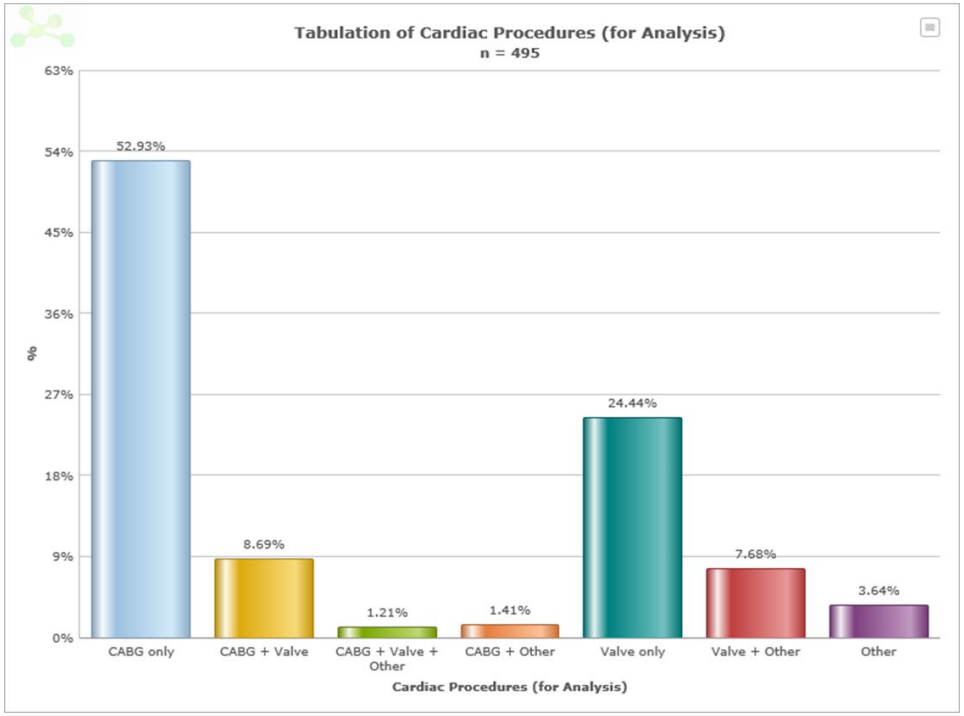
# IHD

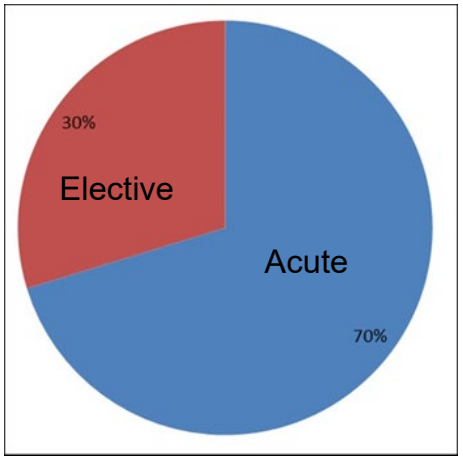
- NZ - Angiography 87%; stent 66%
- NZ - CABG – 6%
- Cardiac rehabilitation
- Acute MI – troponin testing in rural hospitals

# Waikato DHB incidence of stenting 25-74 yrs



# Cardiac surgery 2019/2020 Acute vs Elective

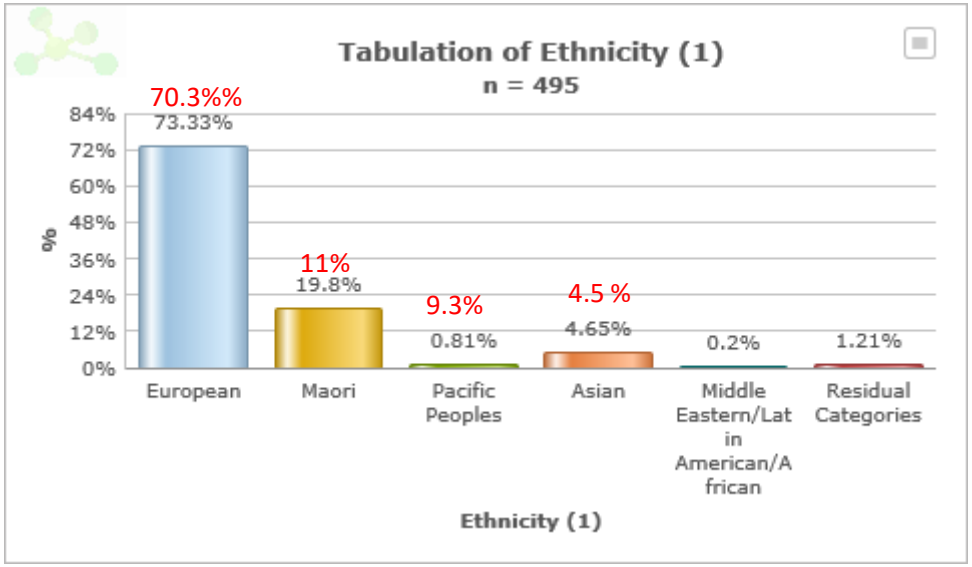


# Cardiac Surgery Audit

June 2019 – June 2020

National Benchmark




WAIKATO CARDIOTHORACIC UNIT

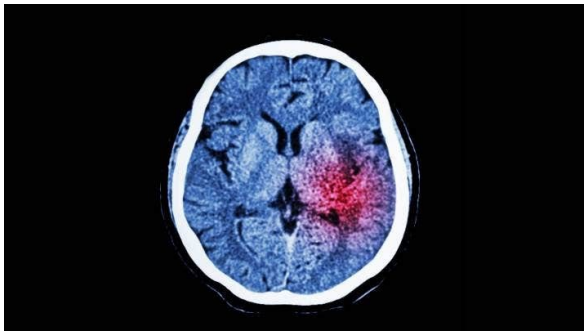
# Cardiac rehabilitation 2017

- Of 775 patients who were referred to Cardiac Rehab, 69 identified as Maori (8.9%), 6 identified as Pasifika
- Mean Age of Maori = 62.1; All = 68.4
-

| | Medical | PCI | CABG | Total |
|---|---|---|---|---|
| Maori | 17 (32.7%) | 20 (38.5%) | 15 (28.8%) | 52 |
| NZE | 157 (30.4%) | 253 (49%) | 106 (20.5%) | 516 |
| Other Euro | 25 (39.1%) | 28 (43.8%) | 11 (17.2%) | 64 |
| All Euro | 182 (31.4%) | 281 (48.4%) | 117 (20.2%) | 580 |

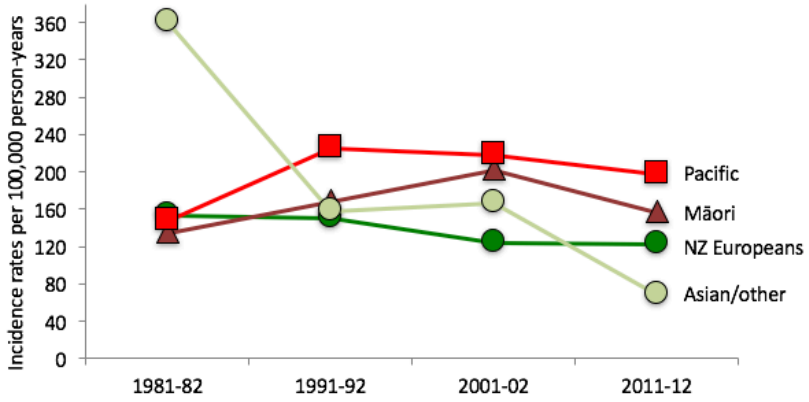
# Stroke

- Thrombolysis
- Need for CT assessment
- Stroke rehabilitation
- Thrombectomy

# Incidence of stroke in New Zealand

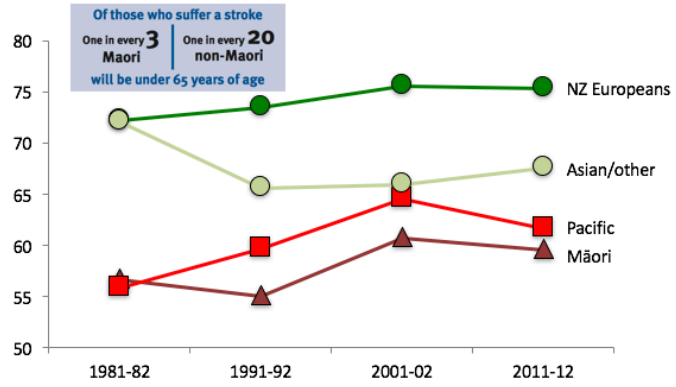
Age-adjusted stroke incidence rate per 100,000 people per year in NZ by ethnicity (1981-2012)




Feigin et al. *PLOS One* 2015

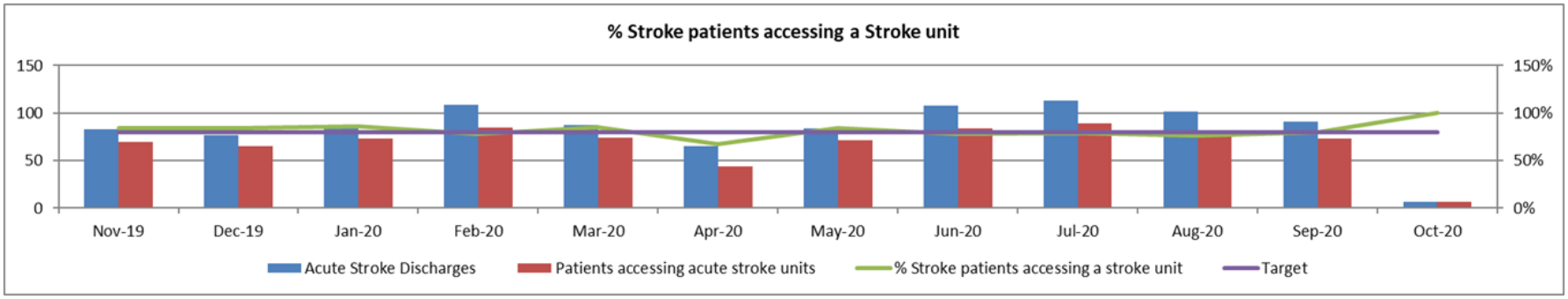
Mean age of stroke in NZ by ethnicity

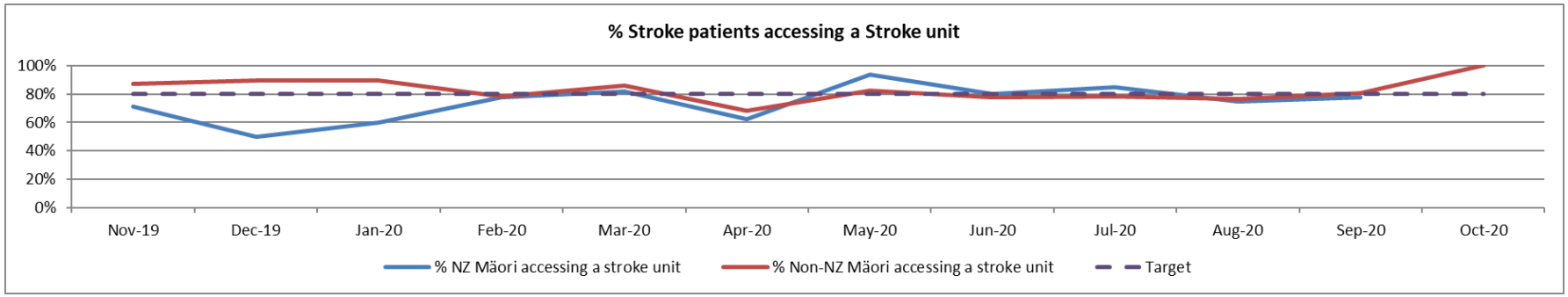
Developed country with developing country profile for M & P people



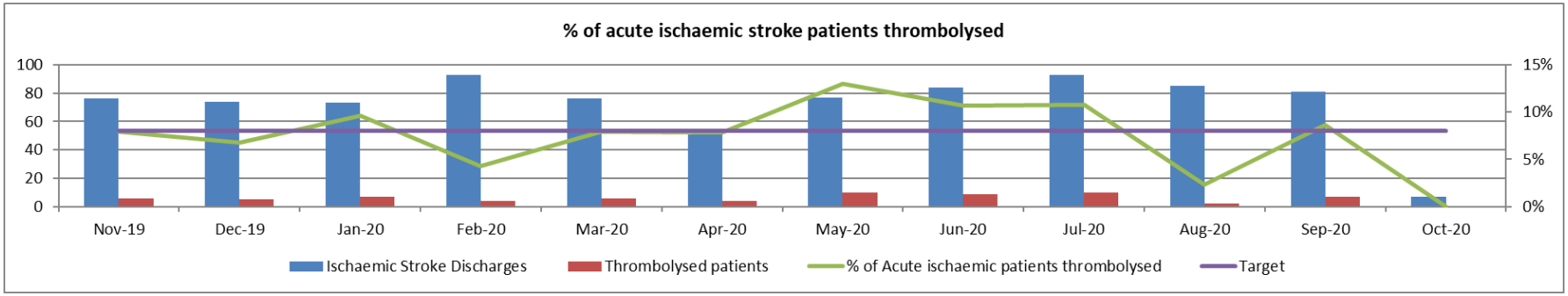

Feigin et al. *PLOS One* 2015

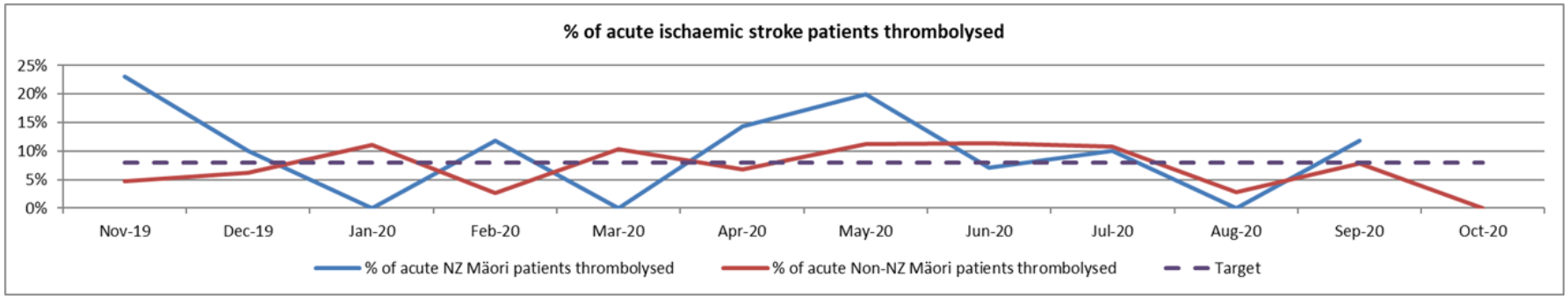
# Stroke unit activity Waikato Hospital (N=790)



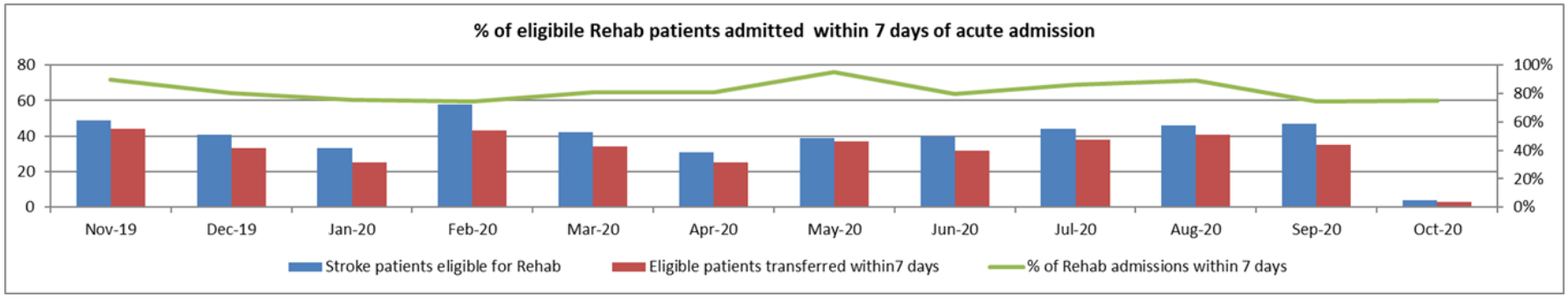



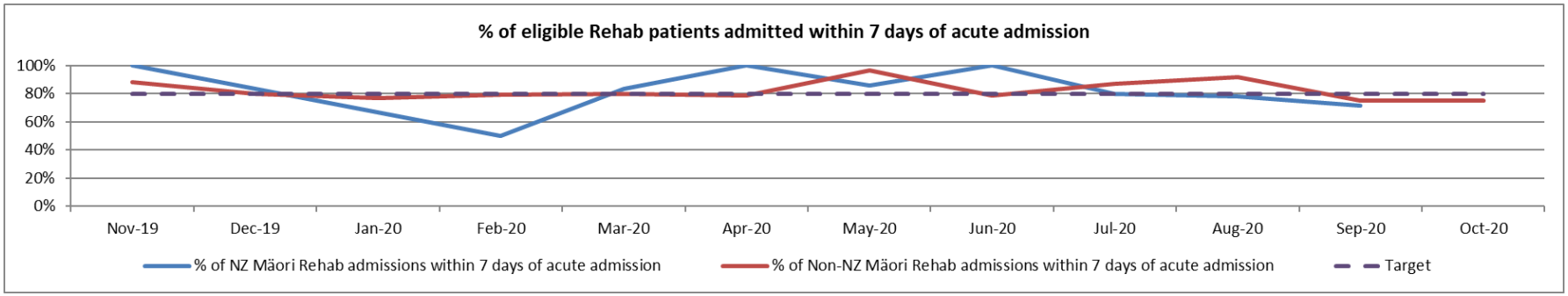
# Stroke patients receiving thrombolysis



# Stroke rehabilitation

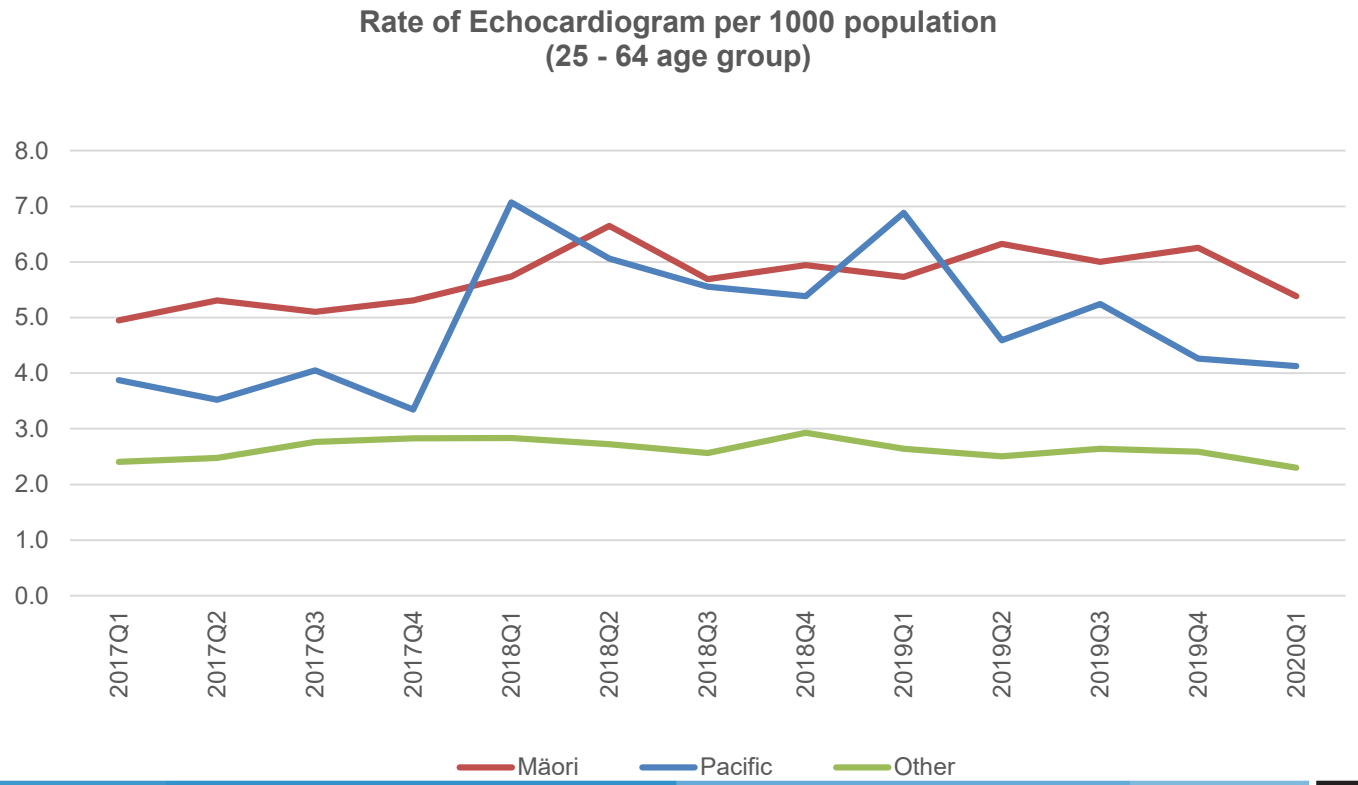


# Heart failure

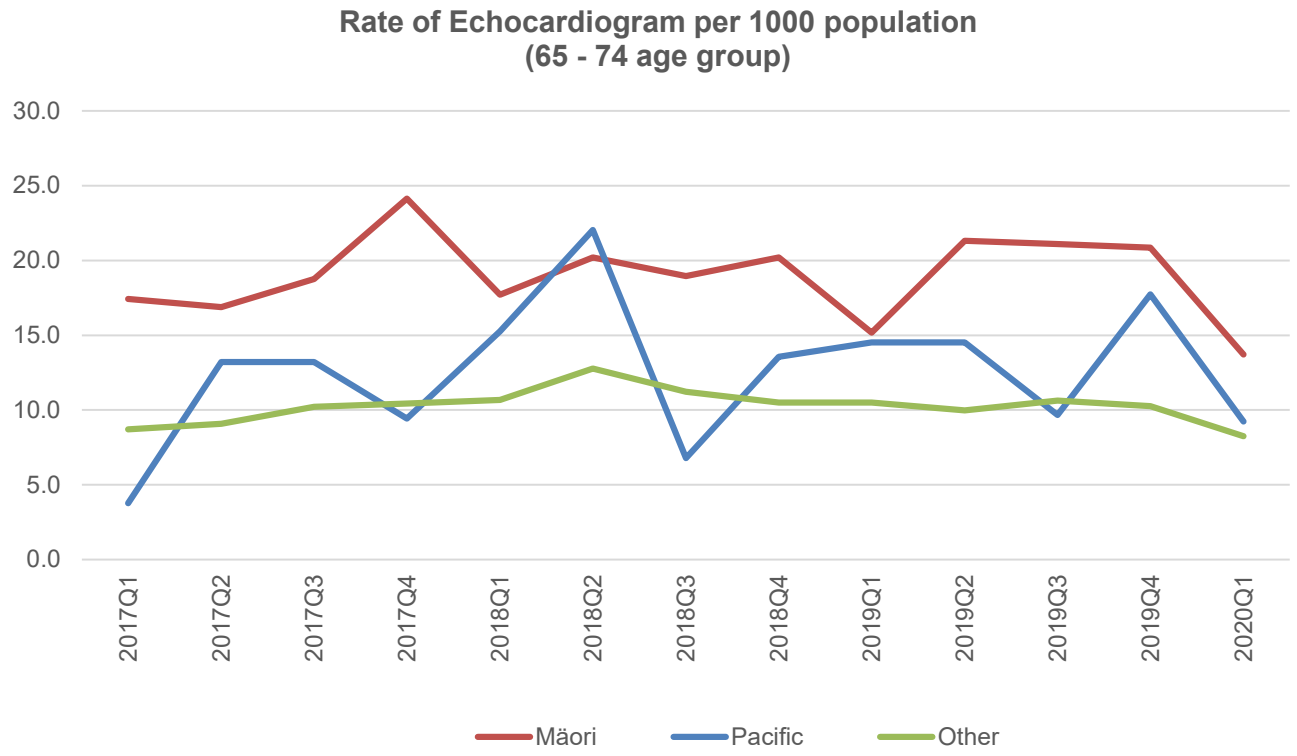
- Needs access to echocardiograms
- Testing using BNP
- Heart failure nurses in rural centres
- Arrythmias - ?screen for AF

# Echocardiograms Waikato Hospital

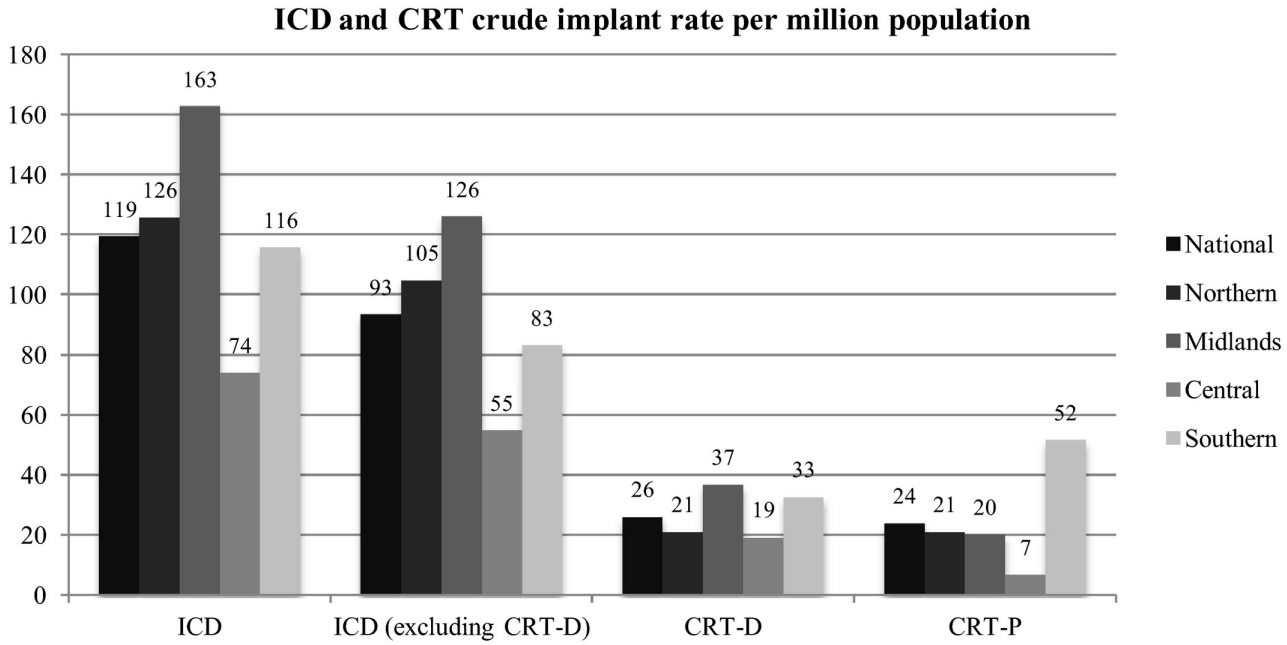



Waikato District Health Board

# Echocardiograms Waikato Hospital 65-74



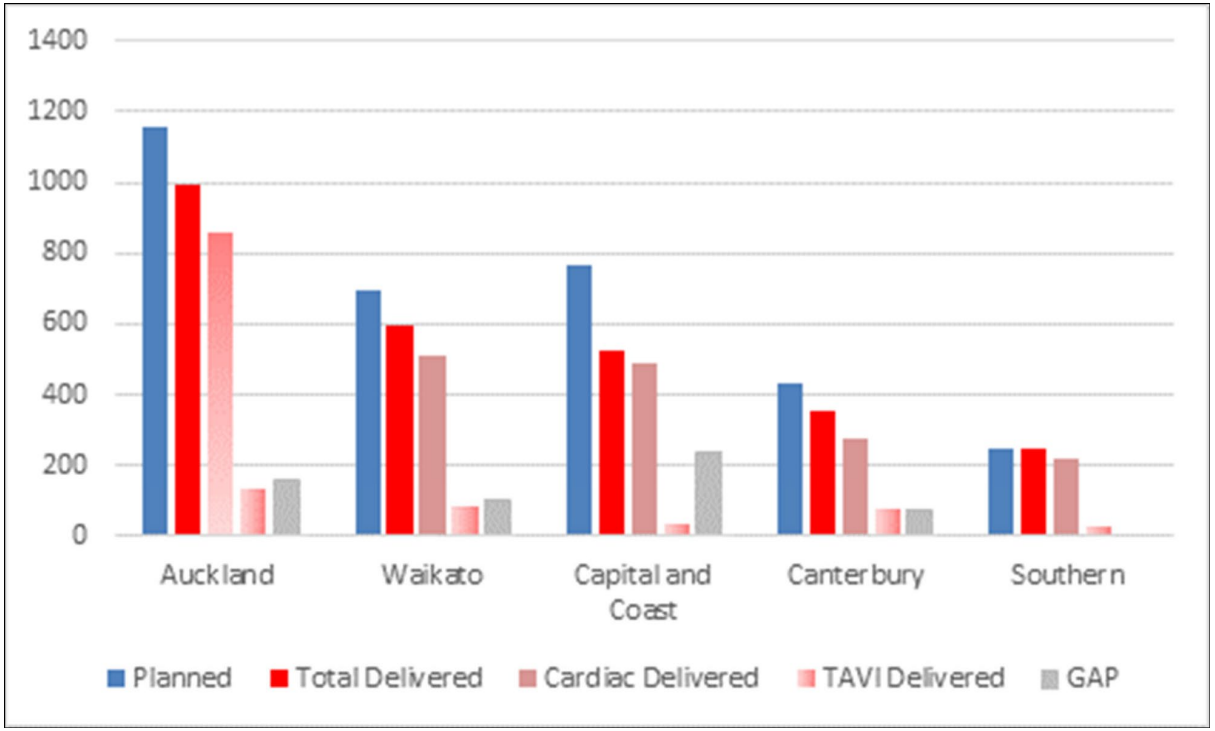
# Intra cardiac defibrillators



# Valvular disease

- Rheumatic heart disease
- Centre for cardiothoracic surgery/valve replacements
- TAVI

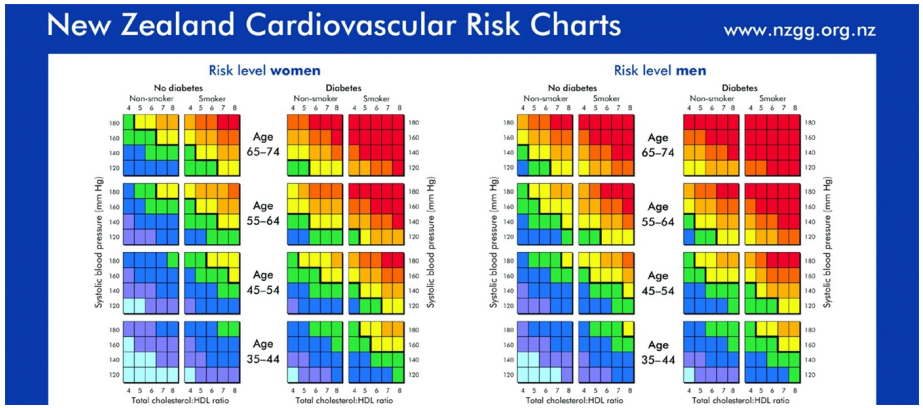
# Cardiac Surgery Report

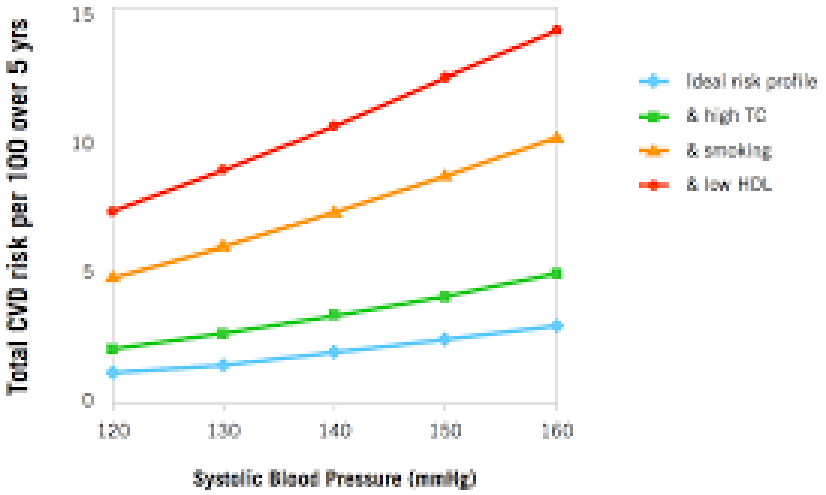


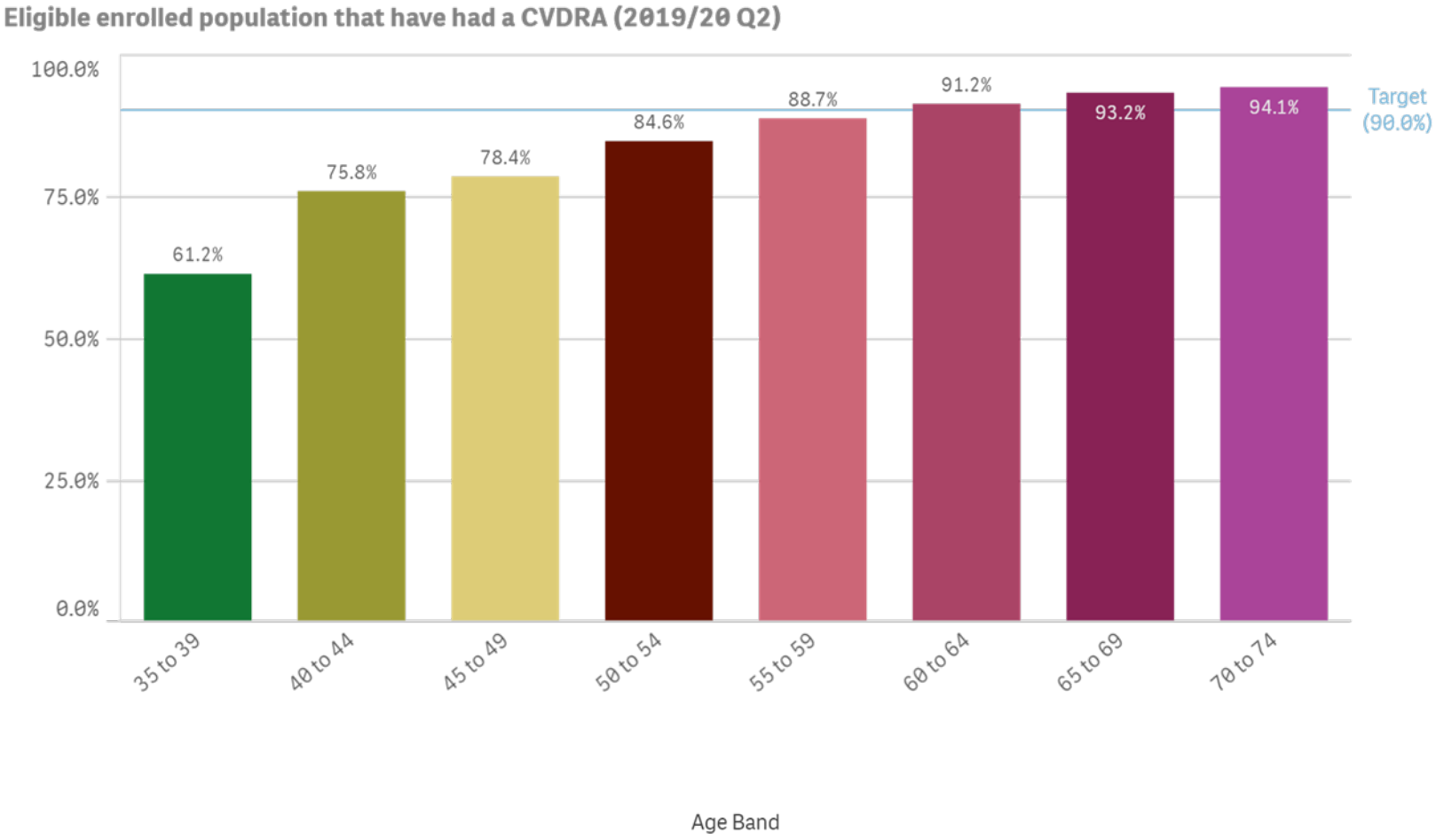
# General practice

- CVD risk assessment
- Access to ECG, Echo, ETT etc.
- Use of statins
- Hypertension management

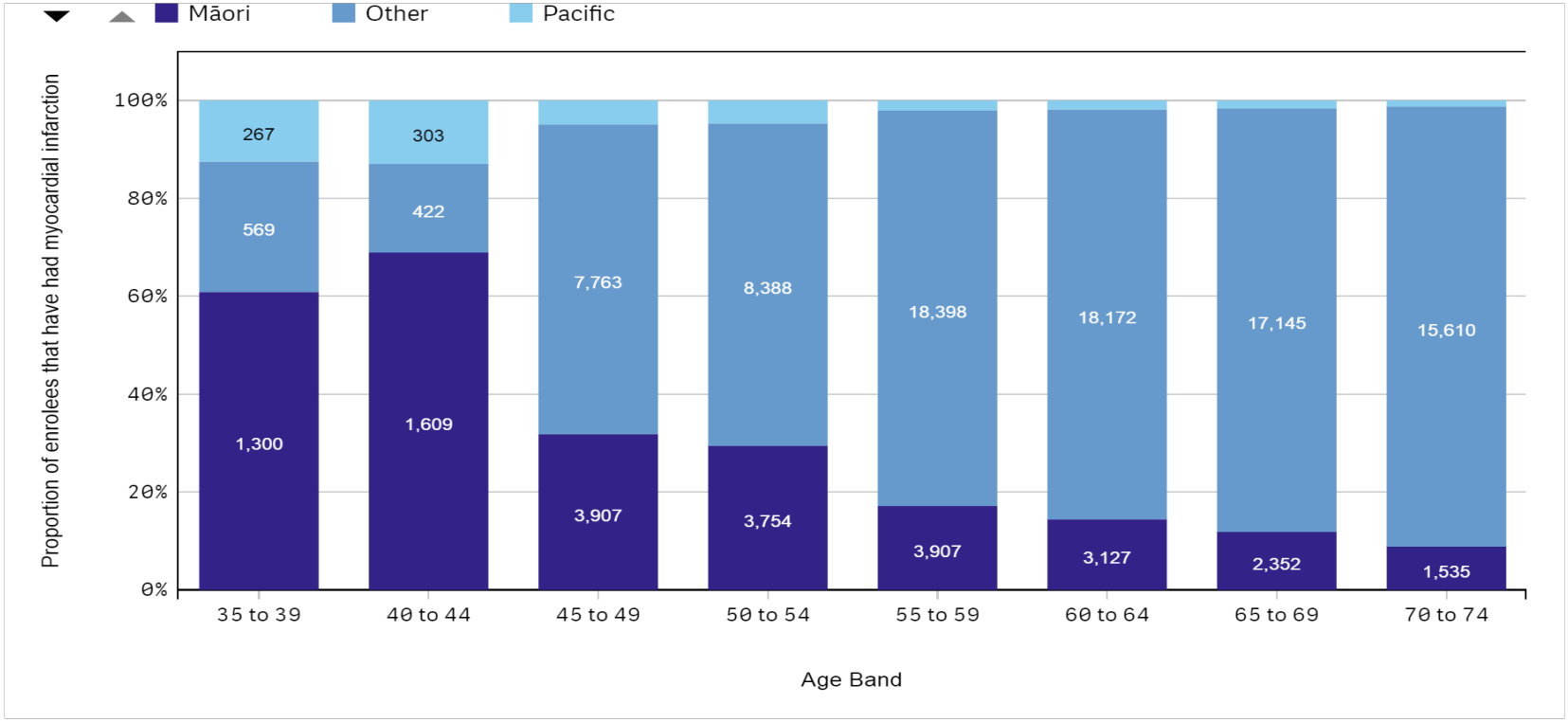
# Risk management




Eligible enrolled population that have had a CVDRA (2019/20 Q2)
100.0%
75.0%
50.0%
25.0%
0.0%
61.2%
75.8%
78.4%
84.6%
88.7%
91.2%
93.2%
94.1%
Target (90.0%)
35 to 39
40 to 44
45 to 49
50 to 54
55 to 59
60 to 64
65 to 69
70 to 74
Age Band

## Eligible enrolled population that have had a CVDRA (2019/20 Q2)



# Access to diagnostics

- ECG – extra charge for an ECG done by GP
- Echo – needs referral to a specialist unless GP has own U/S and training
- Exercise Tolerance Test – specialist referral

# Prevention

- Smoking
- Obesity
- Green prescription

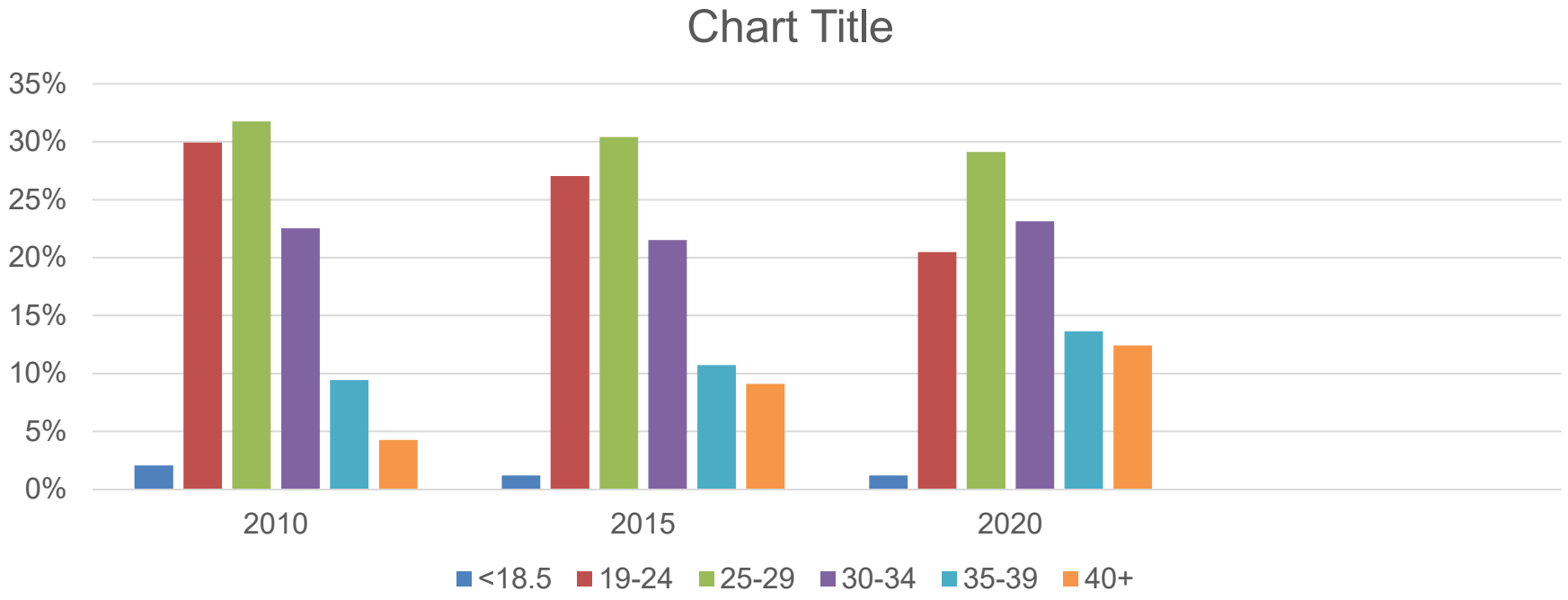
# Smoking

| DHB of Practice Location | Maori | | | Pacific | | | Other | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # People Advised | Eligible Population | % Population Advised | # People Advised | Eligible Population | % Population Advised | # People Advised | Eligible Population | % Population Advised | # People Advised | Eligible Population | % Population Advised |
| Northland | 10,642 | 15,372 | 69.2% | 444 | 627 | 70.8% | 8,232 | 10,566 | 77.9% | 19,318 | 26,565 | 72.7% |
| Waitemata | 8,200 | 10,006 | 82.0% | 4,200 | 5,077 | 82.7% | 24,476 | 31,380 | 78.0% | 36,876 | 46,463 | 79.4% |
| Auckland | 6,674 | 7,892 | 84.6% | 9,842 | 11,476 | 85.8% | 20,951 | 25,382 | 82.5% | 37,467 | 44,750 | 83.7% |
| Counties Manukau | 18,058 | 21,588 | 83.6% | 18,960 | 21,548 | 88.0% | 19,589 | 23,610 | 83.0% | 56,607 | 66,746 | 84.8% |
| Waikato | 17,237 | 21,385 | 80.6% | 1,415 | 1,782 | 79.4% | 23,921 | 28,579 | 83.7% | 42,573 | 51,746 | 82.3% |
| Bay of Plenty | 9,860 | 11,169 | 88.3% | 503 | 595 | 84.5% | 11,903 | 13,406 | 88.8% | 22,266 | 25,170 | 88.5% |
| Lakes | 7,107 | 9,653 | 73.6% | 334 | 453 | 73.7% | 5,626 | 6,889 | 81.7% | 13,067 | 16,995 | 76.9% |
| Tairawhiti | 4,550 | 6,523 | 69.8% | 122 | 170 | 71.8% | 1,952 | 2,450 | 79.7% | 6,624 | 9,143 | 72.4% |
| Hawke's Bay | 5,389 | 10,066 | 53.5% | 440 | 836 | 52.6% | 6,532 | 10,361 | 63.0% | 12,361 | 21,263 | 58.1% |
| Taranaki | 3,496 | 4,518 | 77.4% | 144 | 184 | 78.3% | 7,941 | 9,431 | 84.2% | 11,581 | 14,133 | 81.9% |
| MidCentral | 3,878 | 5,808 | 66.8% | 437 | 662 | 66.0% | 8,485 | 11,860 | 71.5% | 12,800 | 18,330 | 69.8% |
| Whanganui | 3,550 | 4,313 | 82.3% | 181 | 225 | 80.4% | 4,324 | 5,389 | 80.2% | 8,055 | 9,927 | 81.1% |
| Capital and Coast | 5,404 | 6,696 | 80.7% | 3,154 | 3,812 | 82.7% | 12,796 | 15,660 | 81.7% | 21,354 | 26,168 | 81.6% |
| Hutt | 4,861 | 5,528 | 87.9% | 1,670 | 1,867 | 89.4% | 8,150 | 9,240 | 88.2% | 14,681 | 16,635 | 88.3% |
| Wairarapa | 1,698 | 1,987 | 85.5% | 131 | 147 | 89.1% | 3,362 | 3,809 | 88.3% | 5,191 | 5,943 | 87.3% |
| Nelson Marlborough | 2,171 | 2,842 | 76.4% | 241 | 309 | 78.0% | 8,950 | 11,346 | 78.9% | 11,362 | 14,497 | 78.4% |
| West Coast | 749 | 825 | 90.8% | 44 | 50 | 88.0% | 3,628 | 3,910 | 92.8% | 4,421 | 4,785 | 92.4% |
| Canterbury | 6,248 | 9,377 | 66.6% | 1,400 | 2,112 | 66.3% | 26,952 | 39,424 | 68.4% | 34,600 | 50,913 | 68.0% |
| South Canterbury | 798 | 1,007 | 79.2% | 111 | 147 | 75.5% | 4,600 | 5,730 | 80.3% | 5,509 | 6,884 | 80.0% |
| Southern | 4,480 | 6,235 | 71.9% | 641 | 930 | 68.9% | 20,081 | 28,648 | 70.1% | 25,202 | 35,813 | 70.4% |
| **All DHBs** | **125,050** | **162,790** | **76.8%** | **44,414** | **53,009** | **83.8%** | **232,451** | **297,070** | **78.2%** | **401,915** | **512,869** | **78.4%** |

# BMI data thanks to Hauraki PHO

## Adults aged 25-64

**14% of those who had been recorded had a BMI >40 (n= 52,083)**



# Green prescription

- Evidence of effectiveness in weight loss (modest)
- Current contract with Sport Waikato has ceased ($800K)

# Summary

- Although mortality is falling there are still inequities in the system
- Prevention – address smoking and obesity rates
- CVRA – good coverage. GPs lack access to diagnostics for high risk patients and limited resource for intensive intervention for high needs
- Hospital services – excellent care but inequities in who gets into the system
- Need better data!

# Cardiac Investment 20/21

- In 20/21 Waikato DHB invests $88.4 million into specialist cardiovascular services across community and hospital settings. This compares to $82.8m in 19/20 - a 6.7% increase.
- CVD primary care management (including CVDRAs) is covered by capitation funding.
- Additional primary funding:
  - Maaori cardiovascular rehab programme – Te Kohao Health $563k
  - Heart Health – MoH agreement with 3 PHOs $200k
- This funding covers a variety of services that sit inside and outside the Cardiac department in the district and region such as nurse led clinics, specialist assessments and follow-ups, visiting specialists, pacemaker checks, surgical interventions and diagnostic services.

# New initiatives 20/21

- Cardiac nurse maaori rural initiative | South Waikato
- CT angio | cathlab alternative
- Heart failure patients | iron infusion in community with GP
- Referral pathway revision | district and region
- IT bespoke systems, BPAC and legacy system options

# Presentations

# REPORT TO COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE
## NOVEMBER 2020

# AGENDA ITEM 7.1

**LOCALITY DEVELOPMENT**

**Purpose**

The purpose of this report is to update the Committee on activities underway to achieve system transformation through Locality Development.

**Recommendations**

It is recommended that the Committee note the progress made on locality development since the last report in June 2020.

**TANYA MALONEY**
**EXECUTIVE DIRECTOR STRATEGY, INVESTMENT AND TRANSFORMATION**

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**APPENDICES**

Nil

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**SUPPORTING DOCUMENTS**

None

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**Background**

The locality development work programme is the primary mechanism for implementing Te Korowai Waiora, the DHBs health system plan.

The Committee last received an update on the locality development on 24 June 2020.

COVID-19 has impacted on our ability to make the progress we were hoping to see this year. The second outbreak in August 2020 saw a pause while attention focused on controlling the virus in the community in Tokoroa. On the up side, the resurgence strengthened relationships and trust between key stakeholders and providers.

The following outlines progress in the localities over the past few months. While the focus has been on South Waikato there have been initiatives of interest in other areas. Two initiatives of particular interest that will be rolled out across the Waikato DHB rohe in the near future are Whānau Pai (a kaupapa Maori mental health service based in GP practices) and Mate Huka (screening and waananga) to bring iwi-led services to whānau affected by diabetes.

**South Waikato**

- The focus of health resources on COVID-19 during the August 2020 resurgence has strengthened relationships and trust between key stakeholders (SWIPCS, Raukawa Charitable Trust (RCT), the PHOs and Tokoroa hospital).
- On 18 September 2020, a workshop was held with the DHB and RCT to explore priorities for future collaboration. Raukawa set out its aspirations for its health services which include doing more in the areas of mental health, diabetes and for the community's youth.
- The Commissioner and the Chief Executive signed the Mahi Tahi Agreement with the Chair and Chief Executive of the Raukawa Charitable Trust in Tokoroa on 15 October 2020.
- A business case has been submitted for the Tokoroa hospital emergency department upgrade. Funding of this upgrade is as result of the previously earmarked Crown funding of $1m from the Government's Health Infrastructure Investment Package. The Capital Investment Committee (CIC) will consider the business case in late October 2020.
- The Renal Outpatients clinic commenced its inaugural bi-monthly clinic last month for General Nephrology follow up and dialysis.
- Plans are progressing to implement an oncology service delivery model, closer to home. This will involve a monthly outpatients Oncology clinic at Tokoroa hospital with two oncology chairs based at Tokoroa hospital (initially resourced by oncology nurses).

**North Ruapehu**

- The Locality Development team will begin locality development discussions before Christmas with local iwi and the existing North Ruapehu Health Governance Group.
- A new bus service taking patients from Taumarunui for appointments at Waikato Hospital began in July 2020.
- Te Kuiti hospital has increased plastics outpatient clinics to weekly to reduce the social disruption of travel and to bring care closer to home.

**Thames Coromandel**

- A new mental health service *Step Up Step Down Beds (SUSD)* aims to provide a local service for whānau experiencing relapse in their mental health and wellbeing status, reduce admissions to the Henry Rongomau Bennett Centre, and improve equity for Māori and wellbeing for all whānau. Working collaboratively with local Hauraki providers Te Korowai Hauora O Hauraki, Thames Hospital, local tangata whaiora and whānau support, non-Government Organisations Stepping Out Hauraki and People Relying on People, has taught us that through power-sharing we achieve outcomes for Māori and whānau that are unable to be achieved from a single service. The collaborative project team have developed relationships that will be sustainable through the final stages of the SUSD project, the operation of the service, monitoring and evaluation phases, eventual transition to business as usual and into new local Hauraki health and wellbeing improvement initiatives.
- The SUSD service is nearing completion of the development phase. Final fit out of the rooms within Thames Hospital will provide a home-like environment where tangata whaiora can receive integrated care and support in a culturally safe and therapeutic

environment. Whānau are able to participate in the care of their loved one and stay in Whānau accommodation close by.
- The SUSD was officially blessed and opened by Ngāti Maru Iwi during Mental Health Awareness Week 21 – 25 September 2020.

**North Waikato**
- Discussions are ongoing between the Chief Executive and the Executive Director Maori Equity and Health Intelligence and Mana whenua of Rāhui Pōkeka to address Mana whenua's concerns about equity of access to the services the community needs.
- A new MHAS service established in June this year is receiving a steady flow of new referrals. A strong focus of this team is to support the development of groups in association with local services to accommodate the demand and engage whānau in meaningful therapeutic activity alongside traditional treatment for MHA issues. The service is also committed to recruiting local Maori staff and increasing the Māori workforce.

**Equity**

***Mana Whakahaere (Article 1)***

We are working closely in partnership with iwi across the district to develop new services within the community.

***Mana Motuhake (Article 2)***

The locality work is all about working in partnership with iwi and communities to bring health services closer home with the support of iwi, community organisations and other social agencies on the ground.

***Mana Tāngata (Article 3)***

We know that Maori are overrepresented in terms of many health conditions. We are developing service mapping for the South Waikato which will assist us to target services for Maori.

***Mana Māori (Declaration/Article 4)***

We are developing new kaupapa models of care (eg Whānau Pai).

**Efficiency**

We will deliver Locality Development within baseline, with the support of other agencies and through making the most of opportunities to access discretionary additional funding from the Ministry.

**Quality and Risk**

We will ensure that there is appropriate clinical oversight as well as oversight by the Alliance.

**Strategy**

Locality Development delivers on all seven goals within Te Korowai Waiora.

# REPORT TO COMMUNITY & PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE 18 NOVEMBER 2020

# AGENDA ITEM 7.2

## WHĀNAU HAUĀ DISABLED PEOPLES HEALTH AND WELLBEING PROFILE

**Purpose**
The purpose of this report is to provide an update on the current status of this profile.

**Recommendations**
It is recommended that the Committee:

1) Note the content of this report.

**Riki Nia Nia**
**Executive Director – Māori, Equity & Health Improvement**

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**Appendix 1:**
Disabled Peoples Health and Wellbeing Profile

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**Background**

The development of this profile originated through engagement between the Consumer Council and the Public Health Unit. The profile was initially completed in December 2019 but was not published due to work on the DHB's Equity Report and the potential for this profile to form part of that report. In addition, the Disability Responsive Plan was not in place as a response to the issues highlighted in the profile.

**Discussion**

The profile is now being updated with more recent data but the overall form including the disabled peoples stories will remain as is. The aim is to publish in the New Year.

**Equity**

***Mana Whakahaere (Article 1)***
*Māori staff from Strategy and Funding were part of the co-design process to determine the shape and content of the profile.*

***Mana Motuhake (Article 2)***
*The profile was co-designed with a rōpū of people with lived experience of disability. Three from seven of this rōpū were Māori.*

***Mana Tāngata (Article 3)***
*Data in this profile, where available, is presented by ethnicity, including Māori, Pacific Peoples and non-Māori non-Pacific.*

***Mana Māori (Declaration/Article 4)***
*Through the development of the report our endeavour was to co-design the report with whānau with lived experience and to whakamana their kōrero.*

**Efficiency**
The profile is a starting point and provides an overview of the health and wellbeing status of people with disabilities of all ages, using infographics and personal stories for ease of accessibility and understanding.

**Quality and Risk**
This profile has an extensive data content and there is no central one source for data on disabled peoples; this profile attempts to resolve that for the Waikato.

**Strategy**
Whānau Hauā Disabled Peoples Health and Wellbeing Profile has been co-designed as a tool for driving conversations toward equitable outcomes for disabled peoples in the Waikato. The profile aligns with Te Korowai Waiora in relation to supporting community aspirations to address the determinants of health (Goal 3) and access barriers for people with disabilities are eliminated (Action 4.3 under Goal 4).

**Future Reporting**
Once the profile is completed, and before launching, we will send the updated version to CPHAC and present the updated version to the Consumer Council. We are also looking at ways we can make the report accessible.

# Whānau Hauā Disabled Peoples Health and Wellbeing Profile

## *Waikato DHB*

**2020**

Public Health
Waikato District Health Board

# **Ngā whakamihi**
# Acknowledgements

Public Health would like to extend thanks to all who contributed and supported the development of this Whānau Hauā Disabled Peoples Health and Wellbeing Profile. This profile was developed through a co-design process with members of the community. Special thanks go to Paul Burroughs, Judy Small, Hiria Anderson, Gerri Pomeroy (Waikato DHB Consumer Council Co-Chair), Isaac Rakena, Joy Ho, Louise Were (Waikato DHB Consumer Council Co-Chair) and Kate Cosgriff who were part of the co-design rōpū. We also thank Disability Support Link for their support in developing this profile. Thank you for your views and support in researching key health data, information and document design and review. The time and effort you gave to the Whānau Hauā Disabled Peoples Health and Wellbeing Profile is acknowledged and much appreciated. We also thank those who shared their story in this profile. We also acknowledge the work of Dr. Elaine Bliss in facilitating the co-design rōpū and developing the stories with our contributors.

We also acknowledge the following organisations for providing data: ACC, Disability Support Link, Enabling Good Lives, Ministry of Education, Ministry of Housing and Urban Development, Ministry of Justice, Ministry of Social Development and Hauraki PHO.

**This document is fully accessible with audio and Etext versions available under the Health Profile section at** https://www.waikatodhb.health.nz/about-us/key-publications-and-policies/**. The He Whakarāpototanga / Executive Summary is also available in NZSL (Waikato DHB, 2020).**

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# He Whakarāpopototanga
# Executive Summary

Whānau Hauā Disabled Peoples Health and Wellbeing Profile aims to present health and social determinants of health holistically, where health is the driver and wellbeing is the outcome for disabled peoples in the Waikato. Disability is something that happens when people with impairments face barriers in society; it is society that disables people, not their impairments, this is the thing all disabled people have in common. Whānau Hauā Disabled Peoples Health and Wellbeing Profile has been co-designed as a tool for driving conversations toward equitable outcomes for disabled peoples in the Waikato. The profile is a starting point and provides an overview of the health and wellbeing status of people with disabilities of all ages, using infographics and personal stories for ease of accessibility and understanding.

Disabled peoples should have equity, regardless of ethnicity, gender, age or type of disability. Equity is important because:

- A higher proportion of the Māori and Pacific disabled population are in the younger age groups compared to the European age distribution.
- On average, disabled people earn 44% less than non-disabled people.
- 31% of all unlawful discrimination complaints are on the grounds of disability.

This Profile also acknowledges inequity in accessibility to the types and quality of data available for planning and providing services for disabled people's health and wellbeing. For example, there is a particular lack of data on disabled peoples under the age of 65 years and no central source for such data. Key figures on the disabled peoples of the Waikato follow in the remainder of this executive summary.

**Disability is not rare,**

**102,500**

**people estimated to have an impairment in the Waikato (2018).**

**Estimated number of people with an impairment by ethnicity (2018)**

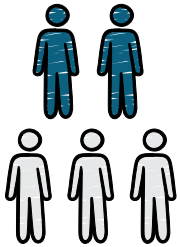
**25,200** Māori

**2,800** Pacific people

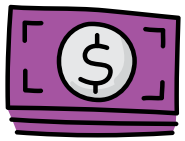
**5,700** Asian

**73,300** European

**Mobility impairments**
**are the most common.**



**2 in 5 (39%) of disabled people are employed**
**compared to 4 in 5 for non-disabled people.**

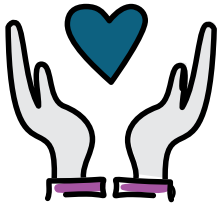


**On average disabled people earn 44% less**
**than non-disabled people.**

**1 in 3 (33%) of disabled Māori find their house damp**
**compared to 1 in 7 (14%) of disabled European/Other.**

**Unlawful discrimination**
**on the grounds of disability is the highest in number along with race grounds.**

**17%**
**of disabled people with a physical impairment**
**have a need for modifications**
**to their home to improve accessibility.**



**12%**
**of the estimated population with an impairment in the Waikato**
**receive support from Disability Support Link.**

# **Whakataki**
# Introduction

Whānau Hauā Disabled Peoples Health and Wellbeing Profile has been co-designed as a tool for driving conversations toward equitable outcomes for disabled peoples in the Waikato. The profile is a starting point and provides an overview of the health and wellbeing status of people with disabilities of all ages, using infographics and personal stories for ease of accessibility and understanding. Overall, Whānau Hauā Disabled Peoples Health and Wellbeing Profile aims to present health and social determinants of health holistically, where health is the driver and wellbeing is the outcome for disabled peoples in the Waikato. A consultative rōpū working group that includes disabled health consumers and service users was established early in the development of the profile to ensure a closer alignment of service delivery with what will work best for service users.

Removing barriers for people experiencing disabilities is a key strategic intention of the Public Health Unit and the wider Waikato District Health Board (Waikato DHB, 2016). Whānau Hauā Disabled Peoples Health Profile for the Waikato is a key initial step toward understanding the needs and aspirations of our region's disability communities.

***"Disability is sometimes separate from health, sometimes disability is caused by health, sometimes health impacts on disability, and sometimes disability impacts on health." - Judy Small, co-design rōpū member and Waikato DHB Consumer Council member***

Disability has traditionally been thought of as a personal problem for individuals to overcome. More recently, however, a social model of disability has become established, based upon principles of empowerment and reciprocity. Disability, therefore, is seen not as a medical problem, but a human rights issue. Unlike dominant medical models, a social model of disability promotes the view that disability is located within societal processes (Ellis, 2008).

Whānau Hauā Disabled Peoples Health and Wellbeing Profile demonstrates the disparities and inequities in access to health and wellbeing and their wider determinants in society for disabled peoples. It is intended for use as a planning and engagement tool by the Public Health Unit, the Waikato District Health Board, disabled people organisations, family networks, disability service providers, and other stakeholders throughout the region.

## Equity in access

Equity for disabled peoples is about removing unjust barriers. Disabled peoples should have equity, regardless of ethnicity, gender, age or type of disability. Equity is also important because a higher proportion of the Māori and Pacific disabled population are in the younger age groups compared to the European age distribution. Equity is important because, on average, disabled people earn 44% less than non-disabled people. And, equity is important because 31% of all unlawful discrimination complaints are on the grounds of disability.

Equity is also important because Māori and Pacific students are over-represented in learning support statistics. Barriers to inclusive education in New Zealand are evident and there is a lack of understanding of what inclusion really is (as distinct from integration or mainstreaming). The current system is financially deficient and lacks an appreciation of the benefits of a system that welcomes diversity and difference (IHC, 2019). Every day, barriers to inclusive education in New Zealand are evident – lack of understanding of what inclusion really is (as distinct from integration or mainstreaming), lack of appreciation of the benefits of a system that welcomes diversity and difference and, of course, a lack of resources.

Accessibility[1] is a key focus of Whānau Hauā Disabled Peoples Health and Wellbeing Profile and one of the eight outcome areas identified in the New Zealand Disability Strategy. Whānau Hauā Disabled Peoples Health and Wellbeing Profile presents accessibility holistically, emphasising equity, rather than equality, in order to achieve inclusiveness for disabled peoples in their access to health and wellbeing.

Equity and access are important principles of social justice. Equity is achieved when obstacles to health are

[1] The United Nations Convention on the Rights of People with Disabilities states that improving accessibility options will support more disabled people to participate in the economy and in their communities thus improving their lives and reducing total reliance on government assistance (Joint submission Parliamentary Inquiry into Mobility CCS Disability Action, 2015).

removed and everyone has a reasonable opportunity to be as healthy as possible (Braveman, Arkin, Orleans, Proctor & Plough, 2017). An equity approach to access for disabled peoples recognises that some people are more disadvantaged than others in accessing services and facilities for health and wellbeing.

***"It's important to remember that disabled people's lives are very different from people without impairments, we have real expertise in the way our bodies function. It's important for health services to recognize this and work in partnership with us so we can work together to maintain our best health and well-being." - Gerri Pomeroy, co-design rōpū member and Waikato DHB Consumer Council Co-Chair***

Equity is giving everyone what they need to be successful; equality is treating everyone the same. Equity in access to health and wellbeing for disabled peoples in the Waikato acknowledges that 'one size does not fit all'. Whānau Hauā Disabled Peoples Health and Wellbeing Profile advocates for this lack of equity in access to health and wellbeing by disabled peoples to be addressed.

Whānau Hauā Disabled Peoples Health and Wellbeing Profile also acknowledges inequity in accessibility to the types and quality of data available for planning and providing services for disabled people's health and wellbeing. For example, there is a particular lack of data on disabled peoples under the age of 65 years and no central source for such data. This is particularly acute at the regional level (e.g. Waikato). The population of the Waikato is also aging and this will increase the number of people with impairments. The over 65 age group is projected to make up over 20% of New Zealand's population from late 2033, compared with 14% in 2013 (Statistics New Zealand, 2018). The effects of an aging population will be particularly high on provincial and rural areas presenting a growing demand for affordable and accessible services (e.g. housing and transport) which central and local government will need to deliver upon (Bascand, 2012). The New Zealand Disability Strategy requires the government to ensure disabled people have access to safe, warm and affordable housing. The 2013 Disability Survey revealed that 107,440 people with a physical impairment in New Zealand had an unmet need for a house modification (Statistics New Zealand 2014). A lack of accessible housing, and appropriate housing modifications, are key factors holding back disabled people from being involved in and contributing to society.

Disabled peoples face additional vulnerabilities when it comes to power and control over their own lives. When negotiating the health system disabled peoples can be denied their autonomy and ability to make decisions independently if they lack supportive family/whānau or are in a financially and/or emotionally controlling relationship. All too often, medical practitioners avoid direct communication with the disabled patient and only interact with parents or spouses/partners. Major decisions, such as enduring powers of attorney, are often made, that can have devastating short and long-term consequences for disabled people.

***"Ki te kotahi te kākaho ka whati, ki te kāpuia, e kore e whati." If there is but one toetoe stem it will break, but if they are together in a bundle they will never break." – Ike Rakena, co-design rōpū member***

The following strategies provide further context on the access perspective taken in the profile. Recognising that Māori are more likely to be disabled than the general population, and the importance of Te Ao Māori (the Māori world), *Whāia Te Ao Mārama* provides a culturally anchored approach to supporting Māori with disabilities (Whānau Hauā) and their whānau (Ministry of Health, 2018). *Faiva Ora* addresses the under-representation of disabled Pacific people in disability support services and access impediments such as limited choice of culturally responsive disability services and negative traditional Pacific views of disability (Ministry of Health, 2017). *The New Zealand Disability Strategy* includes an accessibility outcome to ensure that disabled people are consulted and actively involved in decision-making about all areas of their lives. *The Waikato DHB Strategic Imperative on Disability* is committed to removing barriers for people experiencing disabilities as outlined in the 2016 DHB Health Strategy, *Healthy People Excellent Care* (Waikato DHB, 2016). *A Disability Responsive Plan* has been developed by the Waikato DHB to address the barriers and inequities facing Whānau Hauā who use DHB services.

## Aspirations

Whānau Hauā Disabled Peoples Health and Wellbeing Profile for the Waikato aims to demonstrate inequities within a strengths-based, enabling approach to health and wellbeing for disabled peoples. The aim of the 'Aspirations' graphic is to reflect a holistic, future-focused worldview for disabled peoples in the Waikato. The graphic was co-created with the co-design rōpū for inclusion in this profile, to initiate conversations, and as a guide for this and future profiles.


A FULLY ACCESSIBLE document
easy to understand
Good font size
language
Available in
and clear layout
different formats
BUILD ON FEEDBACK
INCREASE VISIBILITY OF disability issues
Lifemark
A tool that DRIVES Conversations
SHOWS WHAT DIFFERENCE MEANS ... AND How DIFFERENCE CAN BE MADE
TE RANGATIRA - Leading/guiding
TE AO MĀORI - Active in the Māori World
NGĀ TUHONOHONO - Maintain their Mana
TE AO HURIHURI - Active in the wider Community
working towards UNIVERSAL DESIGN ACCESSIBILITY
ONE SIZE DOESN'T fit all
TĀNGATA WHAIKĀHA
Aspirations
FOR THE PROFILE FOR DISABLED PEOPLES OF THE WAIKATO
KNOWING WHO THE AUDIENCE IS AND WHAT THE PURPOSE IS
OVERVIEW
A page that describes:
What the purpose is
What the function is
Who the user is
ADVOCACY beyond health
EQUITY
EQUALITY
VISIBLE DIVERSITY
Community
WAIKATO FOCUS
Rural to urban connection (making it easier)
CAPTURE Movement... ...and CHANGE
DATA SHOWS:
Statistics IMPROVING
Connection between data, people in stories and readers
Data about what we do/don't have
Other aspects where disability could be represented e.g. VOLUNTEERING
CONNECTION TO HIGHER DOCUMENTS

# Te takoto o ngā whakaritenga
# Layout of the profile

Whānau Hauā Disabled Peoples Health and Wellbeing Profile for the Waikato is organised around the eight outcome areas of the New Zealand Disability Strategy (Office for Disability Issues, 2019). Access and inclusion for disabled people in decision-making and development of all eight outcome areas is essential to the success of the New Zealand Disability Strategy, its vision of New Zealand being a non-disabling society and to achieving a barrier free New Zealand.

**Outcome 1 - Education**
We get an excellent education and achieve our potential throughout our lives.

**Outcome 2 - Employment and economic security**
We have security in our economic situation and can achieve our potential.

**Outcome 3- Health and wellbeing**
We have the highest attainable standards of health and wellbeing.

**Outcome 4 - Rights protection and justice**
Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system.

**Outcome 5 - Accessibility**
We access all places, services and information with ease and dignity.

**Outcome 6 - Attitudes**
We are treated with dignity and respect.

**Outcome 7 - Choice and control**
We have choice and control over our lives.

**Outcome 8 - Leadership**
We have great opportunities to demonstrate our leadership.

# **Ētehi kupu āpiti hei pānui i ngā whakaritenga**
# Notes in reading the profile

Where possible, local or regional data sources are used to inform the statistics provided in this profile. National data and information is provided when local or regional data is not available and this is identified throughout the profile. Detailed information about data sources, tables, and references are provided at the end of the document. Estimates may not add up to or exceed the total in some cases, which is due to the error in estimation of sub-groups.

Due to small numbers there are limitations to the impairment classification used. There is also a lack of clarity in the scope of classifications, for example, is autism within the intellectual, learning or psychological classification? Also classification varies depending on the purpose of the data collection by an organisation. For some topic areas there are additional data in the tables section that is not displayed in infographic format.

## Definitions of disability

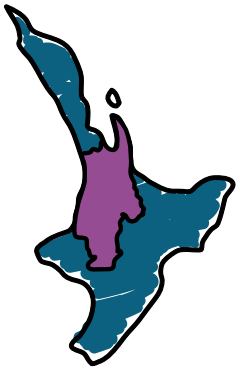
The way we look at disability in New Zealand has changed. Since the first New Zealand Disability Strategy was developed in 2001 there has been real progress in the lives of many disabled people and their families and whānau. Disability is something that happens when people with impairments face barriers in society; it is society that disables people, not their impairments, this is the thing all disabled people have in common (Office for Disability Issues 2019). Because disability is about the way other people treat disabled peoples, it is a dynamic concept that will continue to evolve as our society changes over time and for this reason this profile does not choose a definition.

However, depending on the source, there are many different definitions outlined by different governmental and non-governmental organisations in relation to data and its recording. For example, data in the “Ko wai te hunga hauā i Waikato? / Who are the disabled peoples of the Waikato?” section, disability was defined as: ‘an impairment which has a long-term limiting effect on a person’s ability to carry out day-to-day activities. Long-term means six months or longer and limiting effect means a restriction or lack of ability to perform (Statistics New Zealand, 2014). This data comes from the 2013 Disability Survey and used the Washington Group Short Set of Questions on Disability.

# Ko wai te hunga hauā i Waikato?

# Who are the disabled peoples of the Waikato?

## **Ko wai te hunga hauā i Waikato?** | Who are the disabled peoples of the Waikato?



**Disability is not rare,**

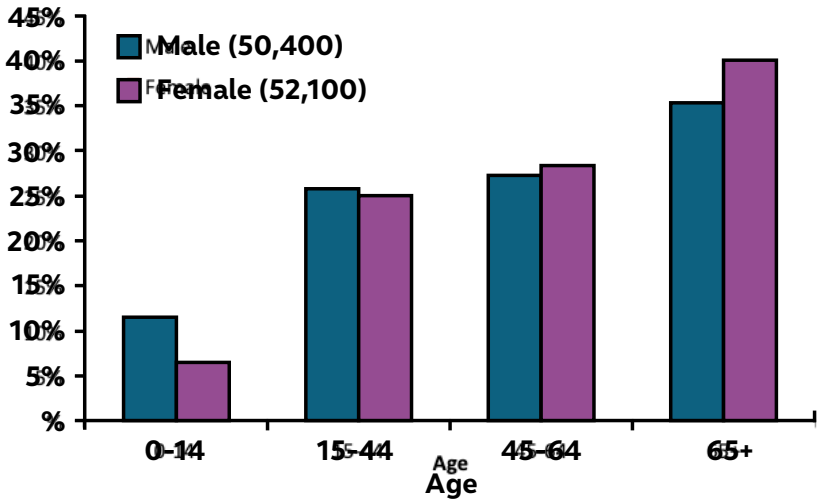
**102,500**

**people estimated to have an impairment in the Waikato (2018).**

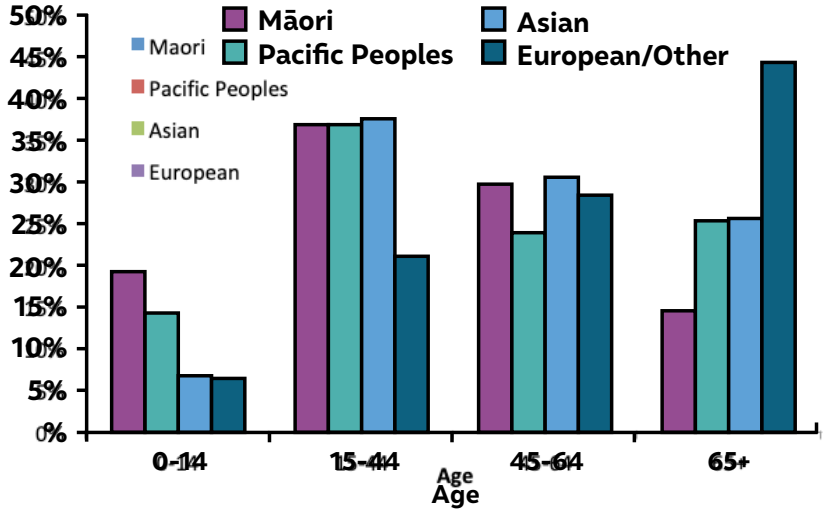
### Estimated number of people with an impairment by ethnicity (2018)

| 25,200 | 2,800 | 5,700 | 73,300 |
|---|---|---|---|
| Māori | Pacific people | Asian | European |

### Percentage of people with impairments by age group and gender



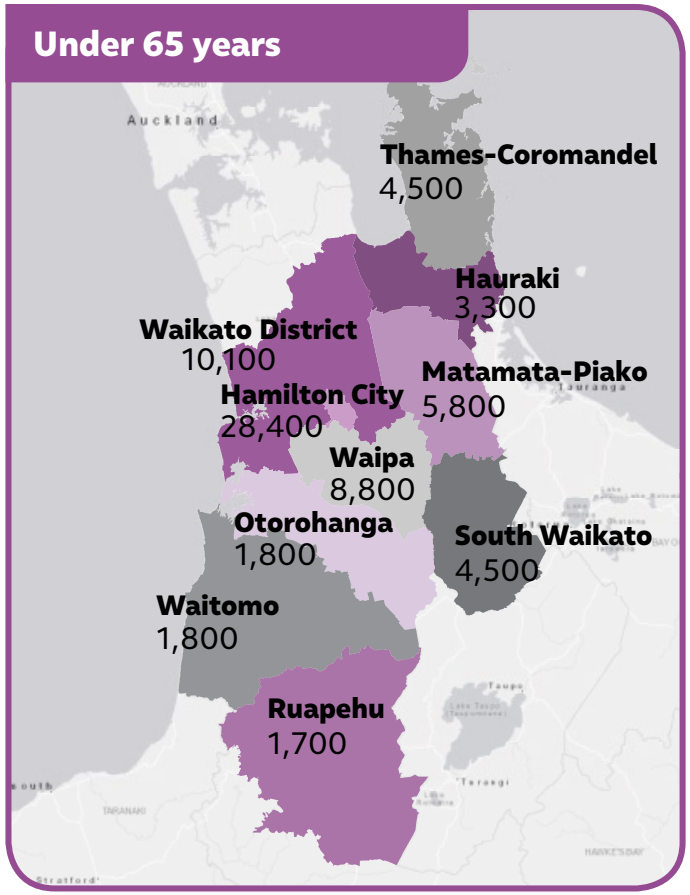

### People with impairments presented by age and ethnicity

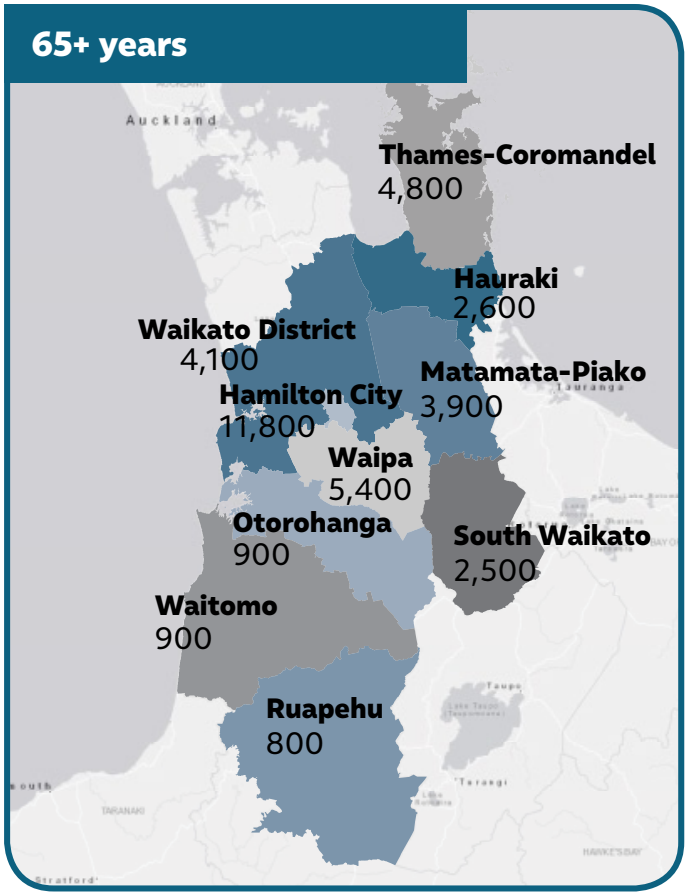



A higher proportion of the Māori and Pacific disabled population are in the younger age groups compared to the European age distribution.

## **Ko wai te hunga hauā i Waikato?** | Who are the disabled peoples of the Waikato?

**Estimated number of people with an impairment by Territorial Authority across the Waikato DHB area***

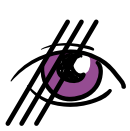
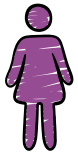



* Parts of Ruapehu and Waikato District not within Waikato DHB area are omitted.

## **Ko wai te hunga hauā i Waikato?** | Who are the disabled peoples of the Waikato?

### Impairment type by gender (all ages)*

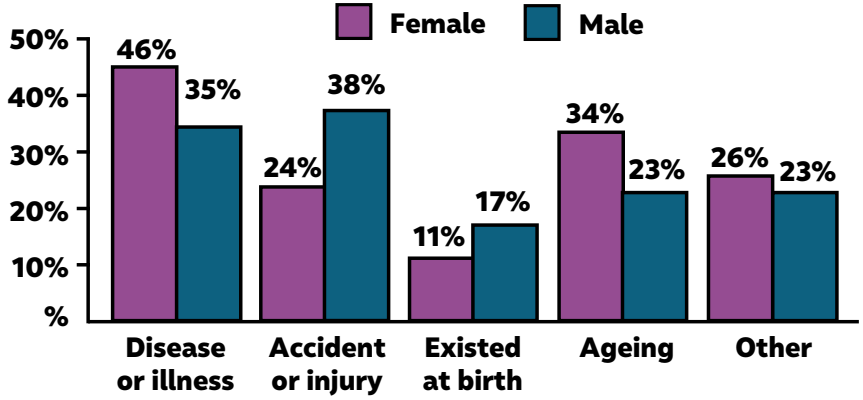
| Female | | | Male | | |
|---|---|---|---|---|---|
|  |  |  |  |  |  |
| **7%** Hearing | **4%** Sight | **15%** Mobility | **10%** Hearing | **3%** Sight | **11%** Mobility |
|  |  |  |  |  |  |
| **8%** Agility | **1%** Intellectual | **5%** Psychiatric/ psychological | **6%** Agility | **3%** Intellectual | **5%** Psychiatric/ psychological |
|  |  |  |  |  |  |
| **2%** Speaking | **4%** Learning | **4%** Remembering | **4%** Speaking | **6%** Learning | **4%** Remembering |

* As a proportion of general population. Data and classification identified through the Washington Group Short Set of Questions on Disability. Data for under 65 years and 65+ years are available in the Tables section.

(National data)

## **Ko wai te hunga hauā i Waikato?** | Who are the disabled peoples of the Waikato?

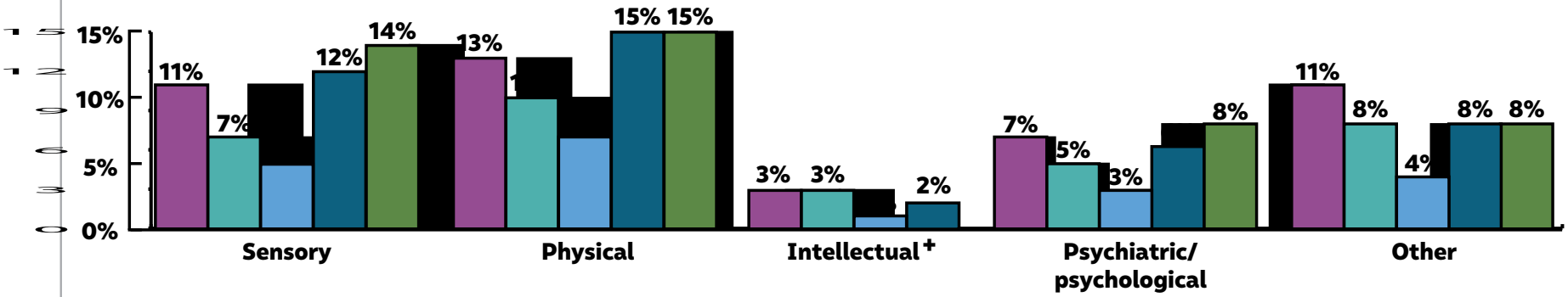
### Cause of impairment for people




**3% of the adult (15+ years) population use a visible mobility aid*.**

* Mobility aids include back or leg brace, splint or support, walking frame, walking stick, crutches, mobility scooter, manual wheelchair and motorised wheelchair.

### Impairment type by ethnicity (all ages)*




* More than one ethnicity could be chosen.

+ The data was reported using this term, however this is not the preferred term of many people with learning disabilities.

(National data)

# Mātauranga

## Education

## Renae Trow

Renae recently completed a SPACE (Self Paced Applied Computer Education) course through WINTEC. With the assistance of a volunteer at Interactionz Renae gained knowledge and skills in keyboarding, Microsoft Word, Excel, Publisher, Powerpoint and emailing. Renae is very proud of herself and all the hard work and study that she has put in every week to complete her course. She also acknowledges the important role of her volunteer in supporting her to achieve her educational goals by explaining content when she did not understand.

> It was awesome. I learned how to use a computer, websites, and how to type on a keyboard and use a mouse. I had never used a computer before. I use a computer at Interactionz now with my volunteer. She helps me use the computer and puts her hand where I should click. We play games that help me achieve my maths and literacy goals.

Renae now helps her peers to use technology like ipads and laptops, teaching them what she has learned through her course. She also works with photos on the computer that she has taken with her phone or a digital camera. She enjoys bringing photos home that she has printed off and uses them to make books at home with pictures of her goals. It gives her good visual aids to use when she is talking with her whānau. She tells whānau what she wants to do in the future, and they support her.

People with disabilities get stuck into groups of certain areas in town where its only specifically for disability. WINTEC is an everyday place for everybody. A variety of people go to WINTEC, not just people with disabilities. It has been a really positive, inclusive place, where Renae has got to meet different kinds of people.

## **Mātauranga** | Education: Support available for students at school

**901** ONGOING RESOURCE SUPPORT

**901** (9% of ORS students nationally) **students receive support from the ongoing resourcing scheme (ORS) (2017).**

**1,332** (10% of OLS students nationally) **students receive support from other learning support (OLS) services*.**

**132** ASSISTIVE TECHNOLOGY

**132** (7% of all students that are approved for assistive technology nationally) **students have been approved for assistive technology.**

* Inlcudes High Health, Behaviour, Communication, Physical Disability, Deaf and Hard of Hearing Moderate Needs services.

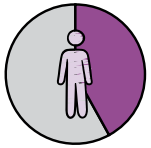
### Other Learning Support (2017):

**71%** **are male (946)**

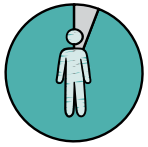
**29%** **are female (386)**

Children and young people receiving individualised Ministry of Education services represent only a small proportion of those with additional needs. The majority receive support directly within their school or early learning service, or from a Ministry contracted provider.

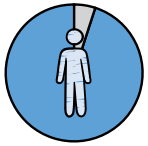
### Percentage by ethnicity of children receiving OLS support in the Waikato (2017)*.



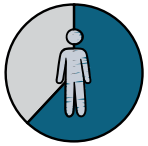
**42%** **Māori**



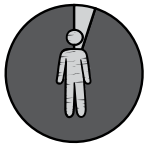
**6%** **Pacific Peoples**



**5%** **Asian**



**62%** **European**



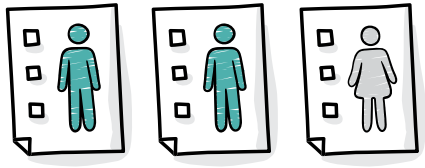
**3%** **Other**

* More than one ethnicity could be chosen.

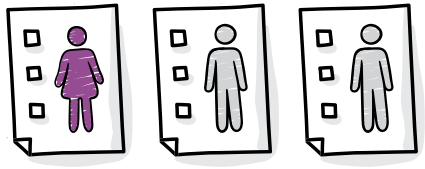
Assistive technology data is available in the Tables section

## **Mātauranga** | Education: Support available for students at school

### Ongoing Resourcing Scheme (2017):

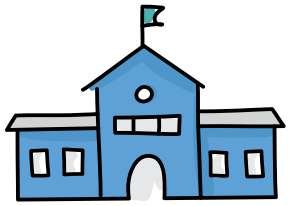


**Two-thirds are male (603)**



**One-third are female (298)**

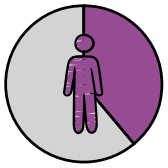
### Students receiving support from the ORS (2017):



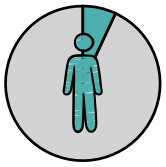
**45%**
**attend special schools**

**55%**
**attend other schools**

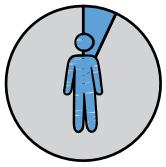
### Percentage by ethnicity of children receiving ORS support in the Waikato (2017)*



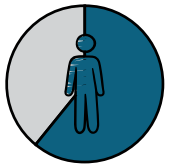
**39%**
**Māori**



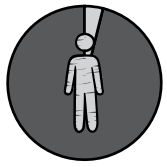
**8%**
**Pacific Peoples**



**7%**
**Asian**



**60%**
**European**

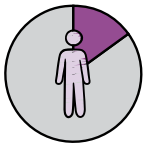


**3%**
**Other**

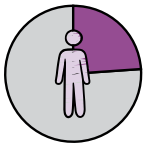
* More than one ethnicity could be chosen and percentages are similar between special and other school type.

## **Mātauranga** | Education: Educational attainment for school leavers

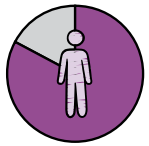
**NCEA level 1 or above (2017)***



**15%** Waikato Ongoing Resource Scheme (ORS) pupils

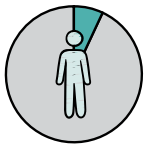


**24%** National ORS pupils

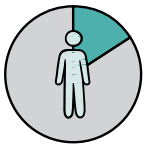


**88%** All Waikato pupils

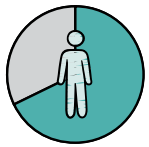
**NCEA level 2 or above**



**7%** Waikato ORS pupils

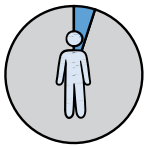


**16%** National ORS pupils

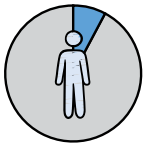


**78%** All Waikato pupils

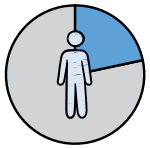
**NCEA level 3 or above**



**5%** Waikato ORS pupils



**9%** National ORS pupils



**46%** All Waikato pupils

* Educational attainment data available for ORS pupils only.

| Highest qualification attained | 15-44 years | 45-64 years | 65 years or above |
|---|---|---|---|
| **Bachelor's Degree or higher** | **14%** (28% non disabled) | **13%** (23% non disabled) | **8%** (13% non disabled) |
| **No qualification** | **24%** (12% non disabled) | **31%** (15% non disabled) | **42%** (34% non disabled) |

# Te whai mahi me te tiaki pūtea

## Employment and economic security

# Catherine Bang

Aphasia is a loss or disruption of language. Catherine had a legal background prior to her stroke, a profession that requires the reading of and engagement with lengthy, complex documents.

> I [now] have difficulty speaking, reading and writing. I have trouble understanding people who talk too fast. I can't read long documents, I have trouble processing the words. If someone interrupts me while I am trying to speak, then I lose my train of thought or the thought leaves my head. I felt that when I went home from the hospital people controlled everything I did. But I didn't need it. I just needed time to get the point across, without interruption. Everyone's in too much of a hurry nowadays they don't give people like me time to get the words out of my mouth in time.

Aphasia is not a loss of intelligence.

> People need to slow down because I am not thick, no way, I just can't get words out of my mouth properly. I have to explain, 'I've had a stroke and I have difficulty communicating with you.' If I don't say something, they start talking really loudly because [they think] I'm clearly deaf, or they think I am thick!

# Glenn Terry

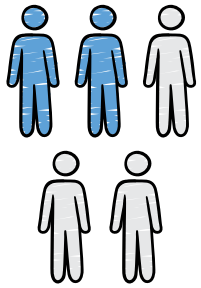
Glenn engages in volunteer work which provides him with valuable learning experiences and allows him to achieve goals toward getting a job that he wants.

> One of my volunteering jobs is packing vegetables from the community gardens at the Hamilton East Community Centre. People who can't go grocery shopping buy the boxes. We don't pick the vegetables, we just work with whatever vegetables are there. I chose this programme because it really helped my volunteering experience toward getting a job.

For many years Glenn has been doing volunteer gardening on Te Aroha Street as part of a gully restoration.

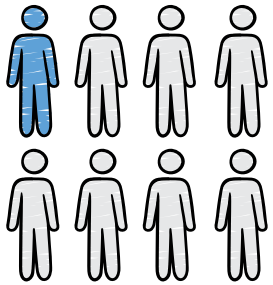
> Volunteering allows me to get to learn experience and achieve goals towards getting a job that I actually want. We plant plants, trees, clean up rubbish, different things every week. It started when I was looking for a job. I had to go to the Hamilton City Council to have a proper interview for the gully restoration volunteer position. I had to learn new skills, like how to carry tools properly. I've also met some good friends there.

## **Te whai mahi me te tiaki pūtea** | Employment and economic security: Labour Force 15-64 years (2018)



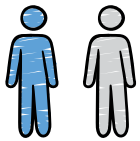
**2 in 5 (39%)**
**of disabled people are employed.**
4 in 5 (79%) of non-disabled people are employed.

(National data)



**1 in 8 (12%)**
**of disabled people are unemployed.**
1 in 25 (4%) of non-disabled people are unemployed.

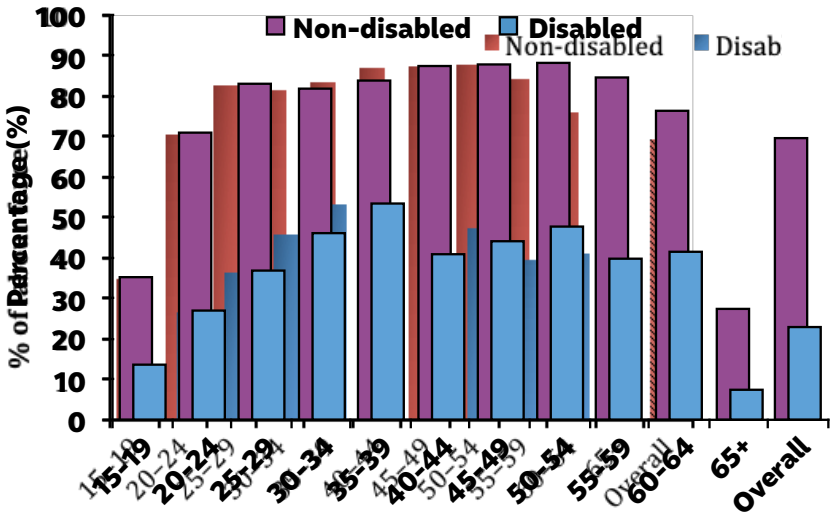
(National data)



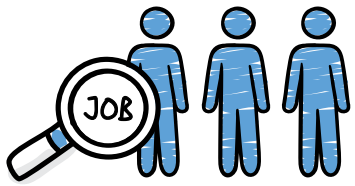
**Over half (55%)**
**of disabled people are not in the labour force.**
1 in 6 (18%) of non-disabled people are not in the labour force. (Does not include unemployed).

(National data)

**Employment rate by age (June 2017).**



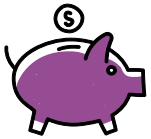

(National data)




**A disabled person is**
**3 times less likely to be employed**
**than a non-disabled person.**

(National data)

## **Te whai mahi me te tiaki pūtea** | Employment and economic security: Sources of income 15-64 years (2018)

| Disabled | | Non-disabled | |
|---|---|---|---|
|  | **9%** **Self employment** (National data) |  | **14%** **Self employment** (National data) |
|  | **30%** **Wage and salary** (National data) |  | **66%** **Wage and salary** (National data) |
|  | **50%** **Government transfer*** (National data) |  | **13%** **Government transfer** (National data) |

*Government transfers are income benefits, working for families tax credits, paid parental leave, student allowances, New Zealand (National) Super annuation, and veteran's and war pensions.

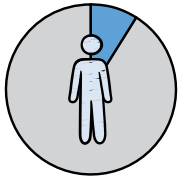
## Average weekly income

| 15-64 years (2018) | Disabled | Non-disabled | 65 years and over (2018) | Disabled | Non-disabled |
|---|---|---|---|---|---|
|  | **$578** | **$935** |  | **$415** | **$594** |

**On average disabled people earn 44% less than non-disabled people**

## **Te whai mahi me te tiaki pūtea** | Employment and economic security: Jobseeker Support 18-64 years

**Jobseeker support** is a weekly payment that helps people until they find work. The data presented are for people that have a health condition or disability which affects their ability to work. This means that they have had to reduce their hours or stop work for a while.

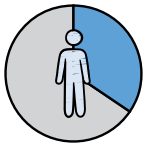


**9%**
**of the estimated disabled population receive support (2018).**

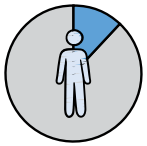

**4,797 people receiving support in 2018.**

**53% male**

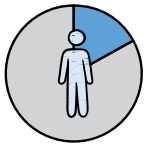
**47% female**



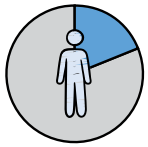
**38%**
**50-64 years**



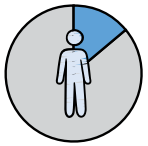
**12%**
**45-49 years**



**17%**
**35-44 years**



**19%**
**25-34 years**



**14%**
**18-24 years**

### Ethnicity of disabled people receiving Jobseeker Support

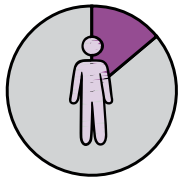
33/100 are Māori

2/100 are Pacific Peoples

50/100 are NZ European

## Te whai mahi me te tiaki pūtea | Employment and economic security: Supported Living Payment 18-64 years

**Supported living payment** (SLP) is a weekly payment to help you if you have, or are caring for someone with, a health condition, injury or disability. Other government support data is available in the Tables section, such as Special Needs Grant.

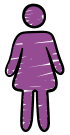


**14%**
**of the estimated disabled population receive SLP under health conditions and disabilities (2018).**

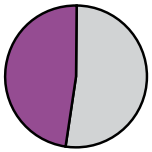
**7,161**

**7,161 people were receiving support in 2018.**

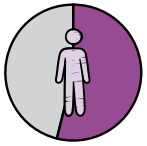
**736 are receiving support as a carer.**



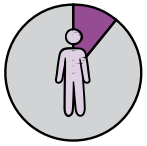
**48% female**



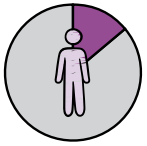
**52% male**



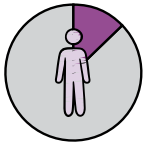
**54%**
**50-64 years**



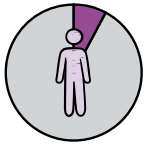
**11%**
**45-49 years**



**14%**
**35-44 years**



**13%**
**25-34 years**



**8%**
**18-24 years**

### Ethnicity of disabled people receiving Supported Living Payment

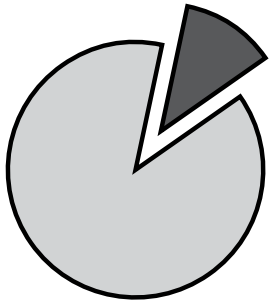
**33/100 are Māori**

**1/100 are Pacific Peoples**

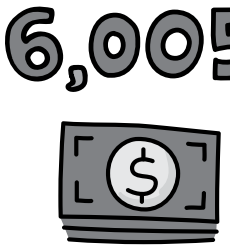
**50/100 are NZ European**

## **Te whai mahi me te tiaki pūtea** | Employment and economic security: Disability Allowance 18-64 years

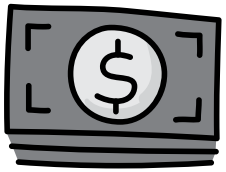
**Disability allowance** is a weekly payment for people who have regular, ongoing costs because of a disability, such as visits to the doctor or hospital, medicines, extra clothing or travel. Data presented here are for people who receive Jobseeker support (Health conditions and Disabilities) or the Supported Living Payment and the Disability Allowance.



**12%**
**of the estimated disabled population receive the disability allowance (2018).**




**6,005 people received the disability allowance in 2018.**



**34%**
**of people receiving Jobseeker Support (Health conditions and Disabilities) receive the disability allowance.**


**61%**
**of people receiving the Supported Living Payment receive the disability allowance.**

Disability allowance is means tested on the household rather than on the individual who has the impairment.

# Hauora

## Health and Wellbeing

# Frances Foote and Catherine Bang

Catherine and Frances met through Stroke Club Hamilton. Frances' stroke affected a different part of her brain than Catherine's and she can no longer see properly. Half the world does not exist for Frances, she cannot drive, and maths, and words, although not to the same extent, can be a problem for her. At first [Frances] wasn't interested [in attending Stroke Club].

> I went from working in a busy office and interacting continuously. I had been at home for long enough and bored out of my tree and just really missing human company during the day. Eventually it had kind of dawned on me that my father-in-law, who is 40 years older than me and has had previous strokes, and I could go together. I wasn't up to doing it on my own and thought at least one of us would have a nice day! This was a watershed moment for me. It was a huge room of people. There was about 60 people there and a lot of them were elderly, but there were a few younger people and that was the first time that I didn't feel like quite such a freak. A few months later Catherine came along.

Catherine and Frances have developed a close and supportive friendship. They spend a day together each week and it has helped both of them. "Catherine and I joke that, between the two of us, we make one whole person."

> Lots of friends fade out. Some people don't adjust well to the changes in people after stroke and that can be hard to deal with. Some people can cope with changes like that, some people can't.

Their respective experience with stroke, and everyday experience with the health system, has highlighted for Catherine and Frances the importance of strong and trusting relationships.

# Connor Bell

When I came to my home [through Oranga Tamariki] I was autistic, had ADHD, severe asthma, so all I basically did was just run around, being a pain. I had no emotions. I couldn't smile, I couldn't laugh, I couldn't cry. I had fixations and was frightened of things. I used to play alone and not like hugs.

But my family saw something in me that no one else could. You know how kids say, "when I grow up I want to be a fireman, or something like that"? For me, I wanted to grow up to be a 'normal' person.

When I was five I went to Crawshaw School and was placed in a Special Needs Unit for two years. I got smarter and was at the top of the class. They moved me into a mainstream classroom and put me with a teacher aid. I had ORRS funding for about 20 hours a week. Being in a 'normal' classroom was hard because that classroom sees you as the guy that used to go to the Special Needs class. I just wanted them to see me as a normal person. I used to think it was just funny, but as I got older I realised that it wasn't funny, and that it could hurt me, and I just got really annoyed.

From Crawshaw I went to Peachgrove Intermediate. I didn't want to stay at Crawshaw anymore. I wanted to go to Hamilton Boys' High and I needed to prepare for that in a different school. I needed to be in a bigger school, with more students, to be ready for Boys' High. That worked out well. I ended up being around the middle level classes. If I would have stayed at Crawshaw until Boys' High I may have been in the lower level classes. Tamar and Sam, my sister and brother, went to Peachgrove, so I wanted to go there. I didn't feel different. I just felt like everybody else there.

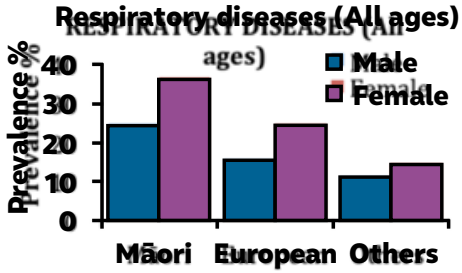
My brother went to Boys' High so that's where I wanted to go. That's the only high school I wanted to go to. I struggled at first but over the years I got more confident. High school was a whole other level. There was homework every day. I had to go to a lot of different classrooms every day. There were different subjects.

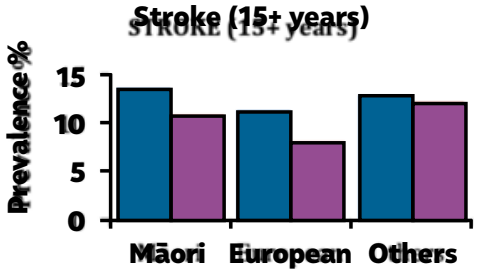
I had a teacher aid at Peachgrove, just to make sure I stayed on task. Once at Boys' High I had no extra help at all, or Special Consideration for exams. I had some catching up to do, having been in a Special Needs school, but I did it. I now have Level 1 and 2 NCEA and enough credits for Level 3. My favourite subjects are IT, music, electronics, physics and maths. In December I am going to Wellington to collect a Oranga Tamariki scholarship to help me attend tertiary school next year.

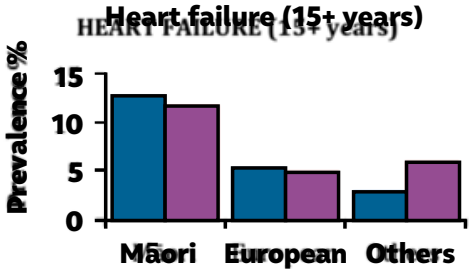
I have overcome a lot since I came into my home at three years old. My parents have really helped me, and my brother and sister have been a real inspiration. When I was younger I wanted to be normal, like them. I have felt part of this family since the first day I walked in. And there is church. I feel safe there and everyone is just really nice. I play music in a worship band and I am a church helper. I have good friends.

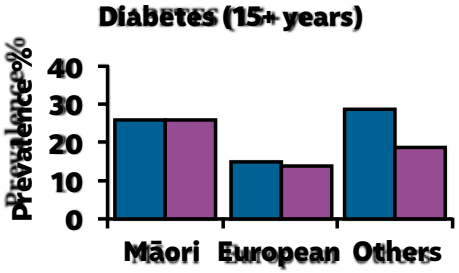
## **Hauora** | Health and wellbeing: Recorded disease prevalence

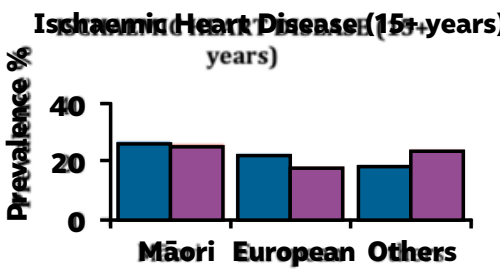
**Recorded disease prevalence in primary health care from a sample of Disability Support Link clients (2018).**

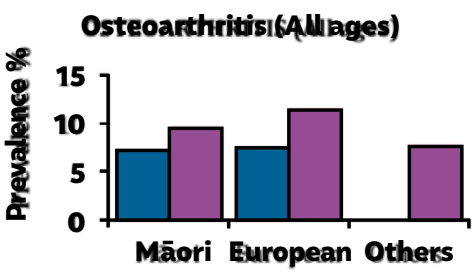


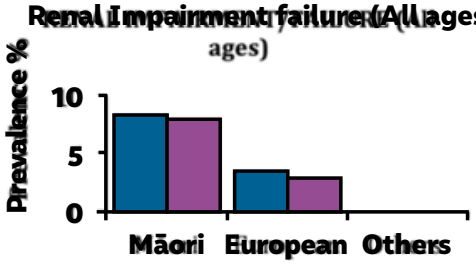



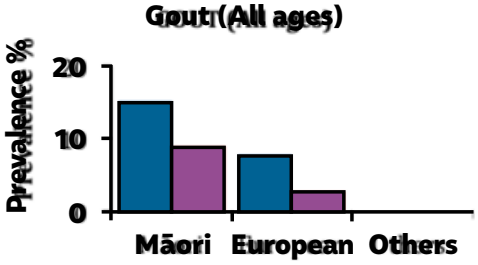



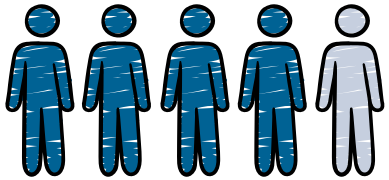




* Age differences between ethnicities have been accounted for (age standardisation).

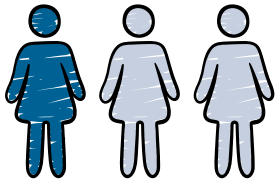
This data is based on a sample of disabled peoples health records

32

## **Hauora** | Health and wellbeing: Recorded primary health care quality measures and hospital ED attendances



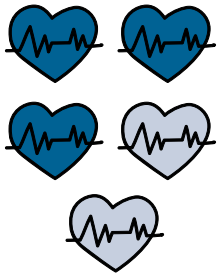
**4 in 5 (80%)**
**current smokers given smoking brief advice in the last 15 months**
(similar to Waikato average).



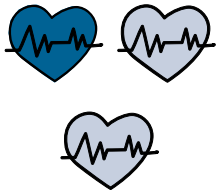
**1 in 3 (34%)**
**females (25-29 years) have had a cervical screen in last 3 years**
(compared to 3 in 4 (77%) for the Waikato average).

This data is based on a sample of disabled peoples health records

**2 in 3 (68%)**
**received a diabetes annual review in last 12 months**
(similar to the Waikato average).

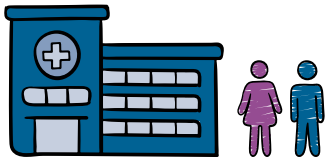


**3 in 5 (56%)**
**of males aged 45+ years without known risks had a cardiovascular risk assessment (CVRA) done in last 5 years.**



**1 in 3 (36%)**
**of females aged 55+ years without known risks had CVRA done in last 5 years.**

**On average over 5 years (2014-18) for every <u>ten</u> Disability Support Link clients there were:***



| Male | ED Attendances |
|---|---|
| Māori | 48 |
| Pacific Peoples | 25 |
| Asian | 27 |
| Other | 35 |

| Female | ED Attendances |
|---|---|
| Māori | 55 |
| Pacific Peoples | 30 |
| Asian | 56 |
| Other | 40 |

* Age differences between ethnicities have been accounted for (age standardisation). ED = Emergency Department.

# Ngā tika taumaru me te ture

## Rights protection and justice

# Isaac Rakena

The early years following my accident were about me and trying to get myself right physically, mentally and spiritually; whakatika te taha tinana, te taha hinengaro me te taha wairua. It was now time to concentrate on strengthening myself as a family man, te taha whaanau, and asserting my rights for self-determination.

Over the years my care support hours were being taken from me because I had a wife, two young children (an 8-year-old and 5-year-old respectively) and our eldest daughter living next door who had just given birth to a daughter. According to ACC, I had a family who could share the responsibility of looking after me. I knew that what was happening wasn't right so I sought a ACC review for 24/7 support care. My request for internal review was declined, which led me to seek an independent review. When my request for independent review was approved, I sought the support of an advocate.

After a thorough review of my file my advocate found multiple discrepancies. ACC had failed to provide a proper care assessment, unfairly decreased my hours of support care, failed to inform me of my entitlements, and was ordered to back-pay all the hours of support I had been denied. A mediator determined that ACC showed intentional negligence in trying to decrease my hours of support and ruled in my favour to receive 24/7 support care.

Now that I had 24/7 full-time support care hours, I found a caregiving agency that could provide me with caregivers other than my whaanau. Deb was able to get a part-time job which gave her a sense of freedom and a break from her caregiving and stay-at-home mum duties.

## Renae Trow

Renae is on a benefit, and her mum works full time. Their budget is limited at times. For Renae to get a computer they need to put money away and save before she can get one. Finance can be hard. If she wants to carry on learning and maintaining her education she only has limited ongoing support from a service. There needs to be more services available and service providers need more funding. There are a lot of rangatahi like Renae who need that support. They can't get a job, they struggle. Renae has had about three jobs. The last one a few years ago was at a care centre but because she was last on, she had to be first off. From then on it has been a real struggle to find just a part-time job that would suit Renae's needs. There are some good employers but then there are some who just don't want to take the time to teach.

People's awareness needs to be heightened. People just judge persons with disabilities. They don't take the time to get to know them. Having an awareness of disability, that, 'we are just like everybody else'. [People with disabilities] should have the same chances, the same choices in life. There needs to be more awareness in the health system of what is going on for people with disabilities.

## **Ngā tika taumaru me te ture** | Rights protection and justice: Discrimination

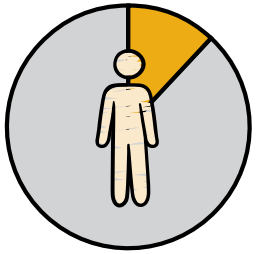

**764 human rights enquiries and complaints made**
**in relation to disability in 2017/18 across New Zealand.**


**31% of all unlawful discrimination complainants.**

425

UNLAWFUL DISCRIMINATION COMPLAINANTS

**425 unlawful discrimination complainants (under Human Rights Act) were on the grounds of disability across New Zealand.**



**12% of all human rights enquiries and complaints.**

UNLAWFUL DISCRIMINATION

**Unlawful discrimination**
**on the grounds of disability is the highest in number (along with race grounds).**

# Te whai wāhitanga

## Accessibility

## Kylee Black

It would be good to have better access to the hospital.

I can't push the lift buttons, I can't open the door from the carparks to get into the hospital. There are no buttons on the outside, no buttons on the inside. It's just a manual open door and so how do I do that from a wheelchair. A number of the lift buttons are quite high up and I can't lift my hands up that high.

Parking is also an issue. As a disabled person, I might be at the hospital three times a week or more. It would be good if there was a card for frequent users that is connected to appointments to be used for the duration of your time at the hospital. Disabled people don't have a lot of money and parking is horrendously expensive. We spend a lot of time there compared to the general public.

It would be cool to have patient education days for doctors and nurses where patients come in the hospital and share their diagnosis history or some things about their condition and how it affects them. I've started an organisation called Spirit Sparkplugs which is to 'spark the spirit'. We're working with three wards at Waikato Hospital now to bring colour and vibrancy to their interiors.

The other thing I'd like to see more of is something like Friends of the Hospital. How cool would it be to have friends of a ward who commit to go

and visit people on the ward once or twice a week and just say hi to people and encourage them because there are a lot of people who don't have visitors. It would be great to have younger people who were encouraged to become Friends of the Hospital and go around and say hi to people, whether it's once month or once a week.

I think that making sure that people know about health advocates (Health Consumer Service Trust) so that when you need help to resolve a situation you know where to go and who to talk to – because they're amazing! It would be good if a booklet could be made up that listed resources and supports that are available, like the health shuttle, or the parking cards, how people get support, where to find easy read documents, or an App that had all this information. Kind of like, 'when I come to hospital, what I can expect?'.

# Isaac Rakena

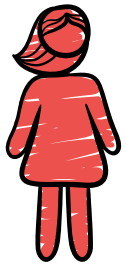
Over the years I learned to tackle the issues of disability as a husband and parent and have become an active member of my community. In 2010 I became a Maaori representative of the CCS National Board. I have had the privilege of providing input into the strategic direction and transformation of the organisation. CCS Disability Action and ACC have supported me by funding my support care, organising my rental equipment (hoist and commode), and paying for travel, accommodation and meal costs for me and my support person.

I am now at the stage of my life where I have returned to the Waikato region to live out the rest of my days. Although not returning to Ngaruawahia, finding a home in nearby Huntly has been a good compromise. Despite some initial problems with ACC in organising my temporary and permanent housing needs, my ACC Case Manager and Occupational Therapist have been very supportive around the cultural issues that are important to me. Whatever It Takes Agency also understands my personal values within their Te Aho Takitoru model and have come to know me as a strong-minded Maaori disabled person who values my culture and heritage. My support workers are part of my whaanau. They support me in living a quality of life and should be afforded reciprocity. Now that I am settled and my basic needs have been met, I am able to focus on building my life-coaching and consultancy business. Through the support of ACC and Healthcare Rehabilitation Ltd, I know that I'll be able to achieve my goal and share my knowledge and experience of the many taonga we value as Maaori.

## **Te whai wāhitanga** | Accessibility: Housing

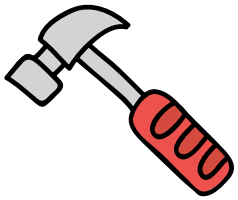
**284 (6% of all HNZ) Housing New Zealand properties in the Waikato region with modifications for people with impairments.**
(Excludes Rotorua district).


**Disabled people are more likely than non-disabled people to live in rental accommodation.**

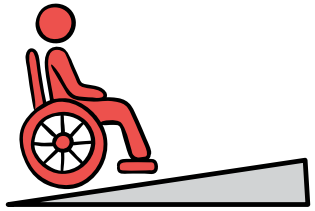


**Disabled peoples are more likely to live in a one-person household compared to non-disabled peoples.**

**29% of disabled people reported having difficulty keeping their home warm,**
compared with 16% of non-disabled people.

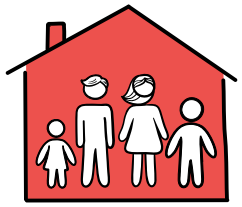


**35% of disabled people with a physical impairment used building modifications to improve accessibility to, or within, their home.**



**17% of disabled people with a physical impairment have an unmet need for modifications to their home to improve accessibility.**

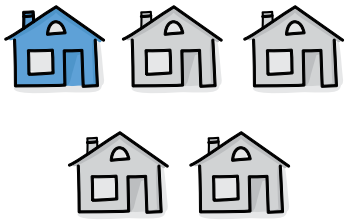
## **Te whai wāhitanga** | Accessibility: Housing quality



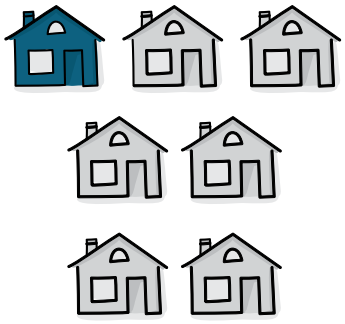
**Disabled peoples, particularly children, are more likely than non-disabled people to live in a house where it is**
**too small**
**for the number of people.**

**1 in 3 (33%) of disabled Māori find their house damp.**

**1 in 4 (23%) of disabled Pacific Peoples find their house damp.**



**1 in 5 (21%) of disabled Asian Peoples find their house damp.**



**1 in 7 (14%) of disabled European/Other peoples find their house damp.**

**One third of Māori (36%), Pacific (37%) and Asian (33%) disabled groups are living in a house they find**
**difficult to keep warm**
compared to 22% of disabled European/Other peoples.

# Ngā waiaro

## Attitudes

## Sarah Burrell

It's very important for a deaf person to choose their own voice. It's part of our rights, our human rights, but the DHB sets up a lot of barriers to us being able to choose the interpreters we want. Many deaf people don't even realise that they can speak up, they can say that they want a different interpreter. If they're not comfortable with the interpreter offered by the DHB they can ask for another interpreter. Sometimes they'll ask, and the hospital will say 'no', and so they'll say 'ok'. But I'm saying, you don't have to accept it. Don't give up! Just explain to the hospital why you would like to have a particular interpreter. The hospital should be, like, 'fair enough, I get where you're coming from, that's how it should be'. I inform the deaf community that they don't need to be aggressive, or fight in an aggressive way, just be firm, have a positive attitude, and hopefully the DHB will respond in the same way. It's just helping to settle the frustrations. I won't give up until the DHB decides that we should be able to access interpreters from any agency.

# Renae Trow

Renae uses public transport to access her classes at WINTEC which has given her independence and a sense of pride. She knows all the bus drivers and feels safe and supported by people at the depot.

It has also helped her to develop daily routines to support her success. Renee knows what time she has to be up, dressed and organised.

> I set my alarm to wake myself up at 7:00am, have a shower, get ready, get changed, make my lunch, then I'm out the door at 8:00am. I meet my friend at the transport centre. I finish at 12:00pm and get the bus back home. Sometimes I go to the library or stay in town to have lunch with friends.

Renae's mum feels that more people like Renae need to know what WINTEC can do. It needs to be put out there. The small steps that Renae has taken to help her education are brilliant, she says.

> The difference at home is so noticeable. Renae is really eager, really keen to talk, talks a lot about what she does, what she's achieving. One day she will get that good job, she will be employed, she will have her own flat. She will be an independent young lady who will support the community. She'll give back.

# Tegan Morris

I'm 31, nearly 32. I've lived in Hamilton for nearly 14 years. I moved here to attend university. I've had a lot to do with the Waikato DHB both up to that point and throughout the years that I've been in Hamilton because I grew up in the northern King Country.

One of my physicians asked me to come in as a case study for medical examinations when I was younger. It was fun for me because I liked to test their abilities, and it was also a good opportunity for me to see what their patient focus was, whether they would address me, or address my mum, or whether they would talk past me, in their 'ticking the boxes' kind of approach. So, throughout my life I generally have felt quite empowered, in terms of owning my own health journey. There are situations I've been in where I have had serious illnesses but I've always been able to be the one who has spoken up, and I've been supported by my family to do so. I've been able to have ownership of my own story and have not been shy about speaking to clinicians.

I think everyone has the capacity to feel empowered, which varies somewhat depending on their disability, and how their lived experience has empowered or disempowered them. I'm advantaged because I am of European descent, I'm from a middle-class family, and I have had the advantage of coming from a family who have empowered me to become confident to speak for myself. From a young age I can remember, if I had an appointment to see a doctor, and they asked my mum about my health history, what operations I had had, or what therapy did I do, mum would say "Ask Tegan". So, I learned from a young, pre-teen age to assert myself and I remember feeling

empowered in my relationships. I think there are a lot of families that, from a well-being perspective, don't give their kids an opportunity to do that. Because I have been able to communicate for myself, the clinicians give me more respect and talk to me like an adult, rather than like a child who doesn't have the power and authority to speak for myself.

# Te kōwhiri me te mana whakahaere

## Choice and control

## Catherine Bang and Frances Foote

Due to her aphasia, Catherine was unable to communicate effectively while in hospital, but she could still see, hear and understand. She felt frustrated and angry, however, when this was not respected by the health professionals caring for her.

Fellow aphasia patients told Catherine that their doctors rarely talked directly with them, but rather interacted only with their parents or spouses/partners. These are important considerations when major decisions, such as powers of attorney, are being made, and can have devastating and lasting effects on patients' lives.

> You have to be really, really, careful about who you choose, how well you know people, to make decisions on your behalf. The social workers, they talked to parents/spouses/partners, in a different room. I think more people need to know what aphasia is. Some doctors and nurses and OTs at the hospital don't know what it is! It feels like not many people know exactly what to do and what help is required so they just assume that everybody else will be fine and there is nothing there, there is nothing to check that people who are going to be making decisions and helping run someone's life are actually any good at it and are going to do it in a caring and inclusive way.
>
> I tend to tell people I've had a head injury rather than I've had a stroke because I find there's less judgement. "you're too young to have a stroke". And the number of people that will follow that with a question, "Did you have high blood pressure"? Why do we have to blame the victim? It happens to two year olds! No one checked their blood pressure! The FAST thing, I passed all that and the ambulance didn't think I was sick enough to go to hospital, so it's not broad enough. There are so many variances.

# Kylee Black

> Right from 8 or 9 years old I was told, 'Your body's not like other people's bodies. You can't do things other people can do. Your body doesn't behave the way other people's bodies behave, and I never understood why.'

Before being diagnosed at age 22 with Ehlers-Danlos Syndrome Kylee had been through 10 years of often being dismissed, misunderstood, or labelled clumsy and had often been relegated to the 'too hard basket'. She was told by a specialist that it was utterly impossible to have so many different things wrong in so many different body systems.

Ehlers-Danlos Syndrome is a multifactorial connective tissue disease that affects every part of the body. It is a complex condition that requires complex care.

> I've recently come out of Waikato Hospital. My surgeon came in one day and asked, "So who is the person overseeing your care? Who is the one who is in the hospital pulling it all together? Who's pulling it together? Who's making sure that everyone's on the same page? I said 'me'."

> I would rather not have to find my own way through the hospital and to my own specialists. We've got some amazing specialists at Waikato Hospital with connective tissue disease understanding. I've had amazing experiences working directly with my nurse specialists who are often the drivers more so than the doctors at times. They have made things so easy and so streamlined and actually hold so much power in themselves.

> Health advocates are very important too to make connections so it's not all on me as the patient, or my GP, because my GP can't have those internal conversations with the hospital either. The most important thing is to have early conversations about quality of life care rather than waiting until you are in palliative care. This

must be supported by a complex care team. We need a hub, or identifiable group of connected specialists and teams within Waikato Hospital in order to pull the right people together.

Having a diagnosis has changed everything for Kylee. She was no longer a set of medical conditions that didn't make sense. All of a sudden, her condition made sense. The diagnosis provided validation for Kylee and enabled her to receive the care she needed.

> For people with disabilities and complex health conditions there needs to be an early focus on quality of life. Disability affects the whole person, physically and psychologically. We need to look at the whole person, and the whole picture.
>
> There is psychology support if you have cancer. There is psychology support for pain management. There is psychology support for older person's rehabilitation, and that's great, but what happens if you're a young person with a complex health condition who is struggling with being told you are going to face deterioration after deterioration after deterioration and are constantly going to face losses? I was told, 'Well we can try older person's rehab and see if they can take you but it depends on, first, how many older persons they've got because that's their priority.' I've had seven surgeries in the last year. I've got a multifactorial, multisystemic condition, that affects every single part of my body. And you're telling me there is no access to psychological support for me?

Despite continuing challenges, Kylee believes that things have gotten better in terms of disabled people knowing their rights as patients.

> I now understand that it is my right, it is my body, it is my choice. Today I have nothing but incredible respect from all my teams. I say to everyone that comes into my room that I've got a life to live and I'll do whatever I have to do here to continue living my best life out there. Your job is to help me, and I'll partner with you in that because I have a life to live, that I want to live, that's out there.

## Sarah Burrell

I moved to NZ nearly 12 years ago. The New Zealand health system is really good, for the general public. For the deaf community, however, there are so many barriers. We can't just turn up and meet the doctor and discuss things. We have to first of all book an interpreter. It takes time to find the right interpreter for the specific job. So, we don't have the freedom to just turn up. That causes a lot of frustration because sometimes you want a specific interpreter but they can't come so you've got to get someone else, who may not be quite right for the job. There is lots of sorting and thinking to do before we even go to our appointment.

About two years ago I went to a specialist appointment with a physio, a referral from the DHB, while I was pregnant with my son. It was a terrible experience. They booked an interpreter for me with the DHB. I told them the specific person I wanted. I didn't want anyone else. I just felt comfortable with this interpreter, the interpreter knew my history, all my background information, so the appointment goes smoothly. They booked someone completely different, a different interpreter, a younger interpreter.

When I arrived for my appointment I saw a different interpreter. I approached the reception and I said, 'I'm pretty sure that I've asked for these specific people to be booked, one or the other.' And they said, 'Well we booked an interpreter.' I asked, 'Do you realise that this is a personal experience. I've got my legs apart in some situations. It's who I want to feel comfortable with. This person hasn't been a mother, hasn't been to other appointments with me. You can't just book anybody.'

I told the interpreter, 'Look. I'm really sorry, this is not personal, but you need to leave. I would prefer somebody else.' The interpreter was a bit

shocked. I said, 'I'm really sorry, this is not about you, personally, but this appointment is personal to me and I feel it's not appropriate to have you here. You will be paid and I'll ensure that that happens but I would like to go ahead with someone else.'

As it happened, I decided not to have an interpreter there at all. I decided to just go ahead with the appointment by myself. I felt that it was really important for me to feel comfortable. I was frustrated, of course, but that's what I have to deal with all the time. It's an occurrence that happens often. I feel like sometimes we're either drowning or, most of the time I just have to try to swim as best I can.

It's my choice. I can't choose the doctor, but I can choose my interpreter. I do have that right. We should all have the right to be able to do that. I felt that that right was taken away from me.

## **Te kōwhiri me te mana whakahaere** | Choice and control: Enabling Good Lives

**Enabling Good Lives (EGL)** is a partnership between the disability community and Government. EGL Waikato seeks to build local leadership, momentum and capacity and also demonstrate changes to the way disabled people and whānau get disability support to enable self-determination, choice and control.

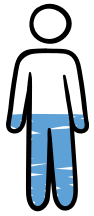
**EGL** **396 participants in EGL Waikato**

**225** **Male 225 (57%)**

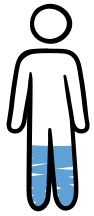
**162** **Female 162 (41%)***

* 2% of data had an unspecified gender

### EGL participants by age



**39% aged 0-14 years**

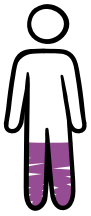


**32% aged 15-24 years**

**19% aged 25-39 years**

**11% aged 40 years and over**

### EGL participation by ethnicity



**33% are Māori**

**5% are Pacific Peoples**

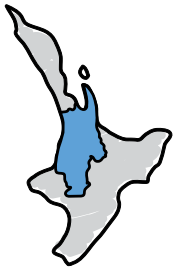
**7% are Asian**

**53% are European**

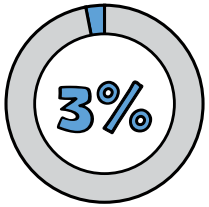
## **Te kōwhiri me te mana whakahaere** | Choice and control: Disability Support Link clients

**Disability Support Link** is a needs assessment and coordination (NASC) service for people with disabilities such as intellectual, physical, age related or psychiatric for any age. Short term illnesses or ACC related conditions are excluded. DSL's clients get to make independent choices on the services they receive and who delivers them. Individualised Funding, Choices in Community Living and Supported Independent Living are all options available to clients. A Service Co-ordinator will arrange for support services to be provided such as personal care, household assistance, carer support, medication oversight, day programmes, shopping assistance or residential care and support.

**12,404**
**disabled people are supported by Disability Support Link (DSL) in the Waikato (March 2019).**

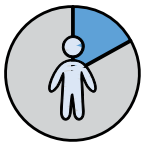
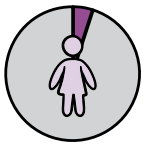
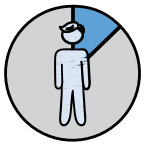
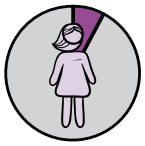
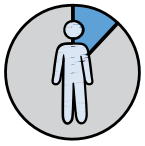
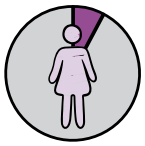
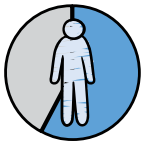


**12%**
**of the estimated population with an impairment in the Waikato are DSL clients.**

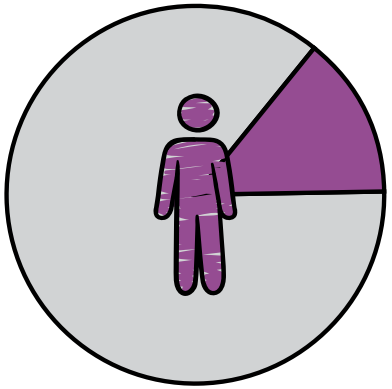



**3%**
**of the total population of the Waikato.**

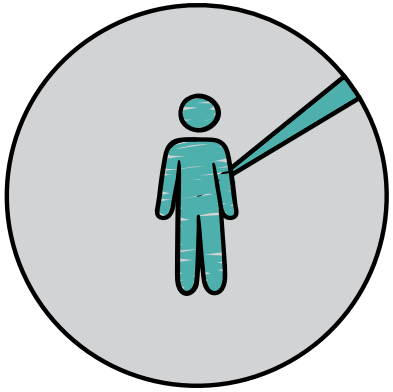
**Number and percentage across age groups within gender:**

| Male | Female |
|---|---|
|  **867 (17%)** 0-14 years |  **339 (5%)** 0-14 years |
|  **687 (13%)** 15-44 years |  **553 (7%)** 15-44 years |
|  **591 (12%)** 45-64 years |  **564 (8%)** 45-64 years |
|  **2,985 (58%)** 65+ years |  **5,818 (80%)** 65+ years |

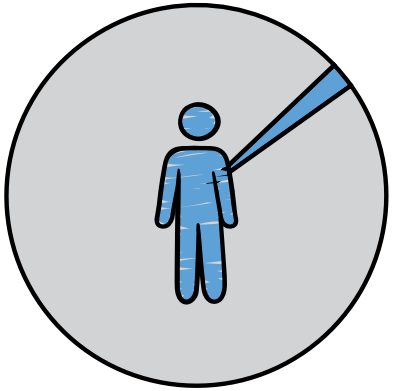
## **Te kōwhiri me te mana whakahaere** | Choice and control: Disability Support Link clients by ethnic group



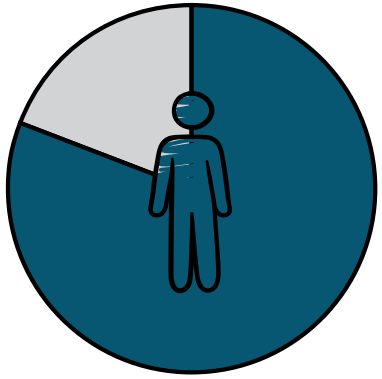
**14% Māori (1,692)**



**2% Pacific Peoples (204)**



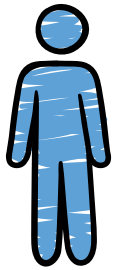
**2% Asian (291)**



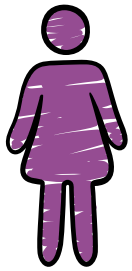
**81% European (10,021)**

## **Te kōwhiri me te mana whakahaere** | Choice and control: Te Kapore Āwhina Hunga Whara/Accident Compensation Corporation (ACC) clients


**93 disability related ACC clients* in 2017/18**



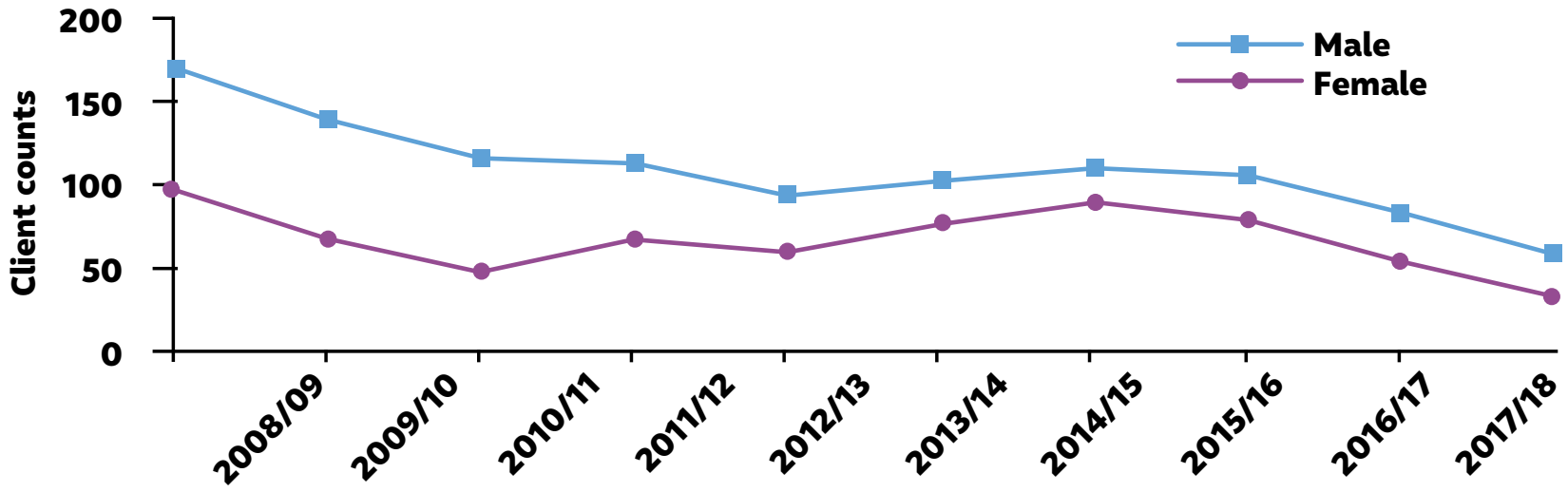
**59 (63%) male**



**34 (37%) female**

* Clients who have long term incapacity / disabilities as a result of an accident they have suffered, for which a claim was lodged with ACC.

**Number of ACC disabled related clients over the last 10 years**



# Ārahitanga

## Leadership

## Isaac Rakena

During the four years I was involved in wheelchair rugby, I got to travel across the country and even took a team to a wheelchair rugby tournament in Montréal, Canada in 1998, which was a personal highlight. I gained administration skills which came in good stead when I organised the NZ National Wheelchair Rugby Championships in 2000, which was another personal highlight. I learned a lot about my new life in a wheelchair and how to look after my body when I was playing wheelchair rugby. Deb and I made a lot of friends within our new community, who were a great source of tips and information; a few of whom are still close friends some 20 years later. Although I tried to seek ACC approval to fund my rugby wheelchair, I was declined under some sort of funding criteria, instead of considering how it could have benefitted in my rehabilitation. Therefore, I had to make do with other people's rugby wheelchairs which were either too big or too small, because I couldn't afford one.

# Tegan Morris

I was 21 when I was asked to come onto the Board of Interactionz. I enjoy public speaking, I've gone to conferences, I've been to forums and done various types of advocacy, and I do regular voluntary education work with AUT students. I've written publications for disability organisations, I've written a novel, I have a YouTube channel, I have Instagram. I have a life coaching business that fits with my interest in trying to help others.

I think one of the challenges in my leadership experience, and not just my own, but in general for people with disabilities, is being given the same voice as others, and not just, "hey we've given you a space" but actually tuning everybody in to the same time and the space for that person to be valued. And, having people actually adjust their ears and their eyes and their hearts to be open to want people with difference, whether it comes from a person with a disability, or someone who comes from a different culture, or sexual orientation. If all people who are trying to lead together, trying to make change, who are part of that shared experience, are not there whole heartedly, then all they're going to be doing is having their ears going, but there will be no buy in, which means that nothing will change. If there is a way to activate people to feel secure, even if there is conflict and unease, there is space for disabled people to grow.

I have felt successful in my leadership when people are able to put aside strongly held beliefs or bias to think, "Yea, ok, well, this is another perspective, or another way of looking at something that might look to some people one way, but actually there are other perspectives that we can build on to move forward together". It's not just one person on a stage, or on a soapbox. All voices need to be heard.

# Glenn Terry

Glenn is recognised for his leadership abilities. He is a member of the Leadership Group at Enabling Good Lives and a Consumer Advisor on the Health and Disability Commission.

> I was nominated by People First to be on the Health and Disability Commission Advisory Group. I was interviewed for the position and I got in and have served two terms already. I am sent and review all the papers and travel to Wellington for meetings several times a year. We talk about patient complaints and policy, and how the medical profession can support people like me, people living with a disability, who are going into hospitals, or going to the doctor, so that doctors learn to explain medical issues in easy to understand ways.

The people that support Glenn in his work with the Disability Commission Advisory greatly appreciate the valuable contribution that Glenn makes. He brings the conversation to the issues facing disabled people and makes it real. His voice is an important voice to the Disability Commission Advisory Group.

# Ngā tūtohi me ngā kohinga āwhina

## Tables and references

# Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

**Number of people with an impairment in the Waikato by ethnicity**

| | Waikato estimate (2018)[1] | | | | New Zealand (2013)[2] | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Age (years) | Māori | Pacific Peoples | Asian | European/Other | Māori | Pacific Peoples | Asian | European | Other[3] |
| Under 15 | 4,800 (19%) | 400 (14%) | 400 (7%) | 4,700 (6%) | 35,000 (15%) | 9000 (9%) | 4,000 (4%) | 69,000 (11%) | *2,000 (*8%) |
| 15-44 | 9,300 (37%) | 1,000 (36%) | 2,100 (37%) | 15,400 (21%) | 66,000 (23%) | 21000 (17%) | 26,000 (10%) | 205,000 (16%) | *9,000 (*18%) |
| 45-64 | 7,400 (29%) | 700 (25%) | 1,700 (30%) | 20,700 (28%) | 51,000 (43%) | *13,000 (*26%) | 19,000 (20%) | 243,000 (28%) | *12,000 (*38%) |
| 65 or older | 3,700 (15%) | 700 (25%) | 1,500 (26%) | 32,500 (44%) | 24,000 (63%) | *9,000 (74%) | *11,000 (50%) | 325,000 (58%) | *13,000 (69%) |

Numbers denote population counts and were rounded to the nearest 100. Numbers in parentheses are proportions of the total disabled population, in each ethnic group, by age. Percentages were calculated on unrounded numbers. [1]Estimated from 2018 population (medium) projection. Ethnicities were grouped by total response method i.e., where a person reported more than one ethnic group, they were counted in each applicable group. Projections for the 'European/'Other' group include people who belong to the 'European' or 'Other (including New Zealander)' ethnic groups defined in Level One of the ethnicity classification. If a person belongs to both 'European' and 'Other' ethnic groups, they have only been counted once. Almost all people in the 'Other' ethnic group belong to the 'New Zealander' subgroup. Source: Statistics New Zealand. (2018). *National ethnic population projections, by age and sex, 2013(base)-2038 update.* Disability rates from Disability Survey 2013 were then applied onto the estimated count of the Waikato population to derive the estimated disabled population count. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.* [2]Data from Disability Survey 2013. Ethnic grouping was by total response (rather than prioritised approach). [3]Includes Middle Eastern/Latin American/African and Other. *Relative sampling error is 30% or more, and less than 50%. Source: Statistics New Zealand. (2014). Disability Survey: 2013.

**Population of disabled peoples of the Waikato by gender**

| | Waikato estimate (2018)[1] | | | | | | New Zealand (2013)[2] | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Number | | | Percentage | | | Number | | | Percentage | | |
| Age (years) | Female | Male | Total | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| Under 15 | 3,500 | 5,800 | 9,300 | 7% | 12% | 9% | 35,000 | 60,000 | 95,000 | 8% | 13% | 11% |
| 15-44 | 13,000 | 13,000 | 26,000 | 25% | 26% | 25% | 145,000 | 138,000 | 283,000 | 16% | 16% | 16% |
| 45-64 | 14,800 | 13,800 | 28,600 | 28% | 27% | 28% | 165,000 | 149,000 | 314,000 | 28% | 28% | 28% |
| 65 or older | 20,800 | 17,800 | 38,600 | 40% | 35% | 38% | 201,000 | 169,000 | 370,000 | 60% | 58% | 59% |
| Population | 52,100 | 50,400 | 102,500 | 100% | 100% | 100% | - | - | - | - | - | - |

Numbers denote population counts and were rounded to the nearest 100. Percentages are proportions of the total disabled population for each gender, by age. Percentages were calculated on unrounded numbers. [1]Estimated from 2018 population (medium) projection. Source: Statistics New Zealand. (2018). *National ethnic population projections, by age and sex, 2013(base)-2038 update.* Disability rates from Disability Survey 2013 were then applied onto the estimated count of the Waikato population to derive the estimated disabled population count. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.* [2]Data from Disability Survey 2013. Count data was weighted using 2006 Census population estimates. Due to rounding, numbers may not sum to stated totals. Percentage is calculated as proportion of the total population, in each age and sex group, that was disabled. Source: Statistics New Zealand. (2014). Disability Survey: 2013.

## **Ko wai te hunga hauā i Waikato?** | Who are the disabled peoples of the Waikato?

**Number[1,2] of people with an impairment across the Waikato DHB area***

| Territorial authority | Under 65 years | 65 years or above |
|---|---|---|
| Waikato DHB | 70,200 | 37,200 |
| Hamilton City | 28,400 | 11,800 |
| Waikato | 10,100 | 4,100 |
| Waipa | 8,800 | 5,400 |
| Matamata-Piako | 5,800 | 3,900 |
| South Waikato | 4,500 | 2,500 |
| Thames-Coromandel | 4,500 | 4,800 |
| Hauraki | 3,300 | 2,600 |
| Otorohanga | 1,800 | 900 |
| Waitomo | 1,800 | 900 |
| North Ruapehu | 1,700 | 800 |

Numbers denote population counts and were rounded to the nearest 100. *Parts of Ruapehu and Waikato District not within Waikato DHB area are omitted. [1]Estimated from 2018 population projection. Source: Statistics New Zealand. (2018). *National ethnic population projections, by age and sex, 2013(base)-2038 update.* [2]Disability rates from Disability Survey 2013 were then applied onto the count of estimated Waikato population. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.*

**Impairment rate by gender (all ages)[1]**

| Impairment type[2] | Female | Male |
|---|---|---|
| Mobility | 15% | 11% |
| Agility | 8% | 6% |
| Hearing | 7% | 10% |
| Psychiatric/psychological | 5% | 5% |
| Sight | 4% | 3% |
| Learning | 4% | 6% |
| Remembering[3] | 4% | 4% |
| Speaking | 2% | 4% |
| Intellectual | 1% | 3% |

[1]As proportion of general population; [2] individual may appear in more than one impairment type; [3]Only asked of adults aged 15 years or above. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.*

# **Ko wai te hunga hauā i Waikato?** I Who are the disabled peoples of the Waikato?

**Cause of impairment (all ages)[1]**

| Cause of Impairment[2] | Total population | | Māori | |
|---|---|---|---|---|
| | Female | Male | Female | Male |
| Disease or illness | 46% | 35% | 44% | 36% |
| Accident or injury | 24% | 38% | 23% | 33% |
| Existed at birth | 11% | 17% | 20% | 27% |
| Ageing[3] | 34% | 23% | 27% | 11% |
| Other | 26% | 23% | 29% | 27% |

[1]An individual may appear in more than one cause of impairment group. [2]As percentage of disabled total, or Māori, population, in each gender group, who had the specified cause of impairment. [3]Only asked of adults aged 15 years or above. Percentages may not sum to the stated totals because: a) individuals were counted in each applicable higher level impairment type and ethnic group, and b) percentages are rounded. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.*

**Impairment rate by ethnicity (all ages)[1]**

| Impairment type[2] | Māori | Pacific Peoples | Asian | European | Other[3] | Total population |
|---|---|---|---|---|---|---|
| Sensory[4] | 11% | 7% | 5% | 12% | 14% | 11% |
| Physical[5] | 13% | 10% | 7% | 15% | 15% | 14% |
| Intellectual | 3% | *3% | *1% | 2% | S | 2% |
| Psychiatric/psychological | 7% | 5% | 3% | 6% | *8% | 5% |
| Other[6] | 11% | 8% | 4% | 8% | *8% | 8% |
| **Total** | **26%** | **19%** | **13%** | **25%** | **28%** | **24%** |

[1]As proportion of general population. Ethnicities were grouped by total response method i.e., where a person reported more than one ethnic group, they were counted in each applicable group. [2]An individual may appear in more than one impairment type. [3]Includes Middle Easter/Latin American/African and Other ethnicities. [4]Includes hearing and vision impairments. [5]Includes mobility and agility impairments. [6]Includes impaired speaking, learning, and developmental delay for children aged 0-14 years, and impaired speaking, learning, and remembering for adults aged 15 years or above. *Relative sampling error is 30% or more, and less than 50%; S: Suppressed. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.*

# **Mātauranga** | Education

**Number of students receiving learning support or services in the Waikato region, by gender (as at 1 July 2017)**

| | ORS | | | OLS | | | AT | | |
|---|---|---|---|---|---|---|---|---|---|
| **Gender** | **Waikato** | **%[1]** | **%[2]** | **Waikato** | **%[1]** | **%[2]** | **Waikato** | **%[1]** | **%[2]** |
| Female | 298 | 9% | 0.9% | 386 | 11% | 0.6% | 47 | 7% | <0.2% |
| Male | 603 | 9% | 1.7% | 946 | 10% | 1.3% | 85 | 6% | <0.2% |
| Total | 901 | 9% | 1.3% | 1,332 | 10% | 1.9% | 132 | 7% | 0.2% |

ORS: Ongoing Resource Scheme; OLS: Other Learning Support; AT: Assistive Technology

[1]As proportion of national numbers for the corresponding support type, for each gender. [2] proportion of Waikato's student number, for each gender. Source: Ministry of Education, 2019.

**Number of students receiving learning support or services in the Waikato region, by school year level (as at 1 July 2017)**

| School Year | ORS | | OLS* | | AT | | ORS school type | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Level** | **Waikato** | **%[1]** | **Waikato** | **%[1]** | **Waikato** | **%[1]** | **Special** | **%[2]** | **Other** | **%[2]** |
| Year 1-8 | 548 | 10% | 1,237 | 10% | 107 | 7% | 222 | 16% | 326 | 10% |
| Year 9-13 | 353 | 8% | 95 | 9% | 25 | 6% | 180 | 11% | 173 | 7% |
| All Levels | 901 | 9% | 1,332 | 10% | 132 | 7% | 402 | 12% | 499 | 8% |

ORS: Ongoing Resource Scheme; OLS: Other Learning Support; AT: Assistive Technology. [1] proportion of national numbers, in each level, for each support type. [2]As proportion of national numbers, in each level, for each school type. Data breakdown by school type is unavailable for OLS and AT due to small numbers. *Please note that children and young people receiving individualised Ministry services represent only a small proportion of those with additional needs. The majority receive support directly within their school or early learning service, or from a Ministry contracted provider. Source: Ministry of Education, 2019.

# Mātauranga | Education

**Number of students receiving learning support or services, by ethnicity (as at 1 July 2017)**

| | ORS | | | OLS | | | AT[3] | | |
|---|---|---|---|---|---|---|---|---|---|
| Ethnicity[1] | Waikato | %[2,4] | %[3,4] | Waikato | %[2,4] | %[3,4] | Waikato | %[2,4] | %[3,4] |
| Maori | 351 | 39% | 27% | 559 | 42% | 35% | 47 | 36% | 27% |
| Pacific Peoples | 72 | 8% | 13% | 76 | 6% | 12% | 8 | 6% | 9% |
| Asian | 66 | 7% | 11% | 66 | 5% | 7% | 6 | 5% | 7% |
| European | 538 | 60% | 58% | 829 | 62% | 60% | 90 | 68% | 68% |
| Other | 27 | 3% | 3% | 38 | 3% | 3% | 5 | 4% | 3% |
| **Total[4]** | **901** | - | - | **1,332** | - | - | **132** | - | - |

[1]More than one ethnicity could be chosen. [2]As proportion of students receiving each support type, by ethnicity, in Waikato. [3]National rates of students receiving each support type, by ethnicity. [4]Students who identified with more than one ethnicity were counted in each ethnic group, but only once in 'Total' ethnic groups. Thus, proportions by ethnicity do not sum up to 100%. Source: Ministry of Education, 2019.

**Students receiving ORS support, by student age and school type (as at 1 July 2017)[1]**

| | Waikato | | National | |
|---|---|---|---|---|
| Age (years) | Special schools | Other schools | Special schools | Other schools |
| 0-5 | 43 (47%) | 48 (53%) | 271 (34%) | 535 (66%) |
| 6 | 27 (50%) | 27 (50%) | 215 (32%) | 455 (68%) |
| 7 | 30 (38%) | 49 (62%) | 203 (29%) | 491 (71%) |
| 8 | 25 (38%) | 41 (62%) | 223 (30%) | 525 (70%) |
| 9 | 29 (43%) | 39 (57%) | 194 (29%) | 478 (71%) |
| 10 | 18 (33%) | 36 (67%) | 172 (26%) | 485 (74%) |
| 11 | 28 (41%) | 40 (59%) | 203 (30%) | 470 (70%) |
| 12 | 22 (32%) | 46 (68%) | 204 (31%) | 447 (69%) |
| 13 | 23 (50%) | 23 (50%) | 207 (33%) | 417 (67%) |
| 14 | 33 (52%) | 31 (48%) | 232 (38%) | 384 (62%) |
| 15 | 25 (48%) | 27 (52%) | 210 (35%) | 384 (65%) |
| 16 | 24 (45%) | 29 (55%) | 215 (35%) | 396 (65%) |
| 17 or above | 75 (54%) | 63 (46%) | 776 (42%) | 1,061 (58%) |
| **All ages** | **402 (45%)** | **499 (55%)** | **3,325 (34%)** | **6,528 (66%)** |

[1]Numbers indicate student counts; Numbers in parentheses indicate proportion of student in each age band, by school type. Source: Ministry of Education, 2019.

# **Mātauranga** | Education

**NCEA level attained by ORS school leavers in the Waikato (as at 1 July 2017)**

| NCEA Level Attained[1] | Region | Per 100 ORS school leavers | Per 100 General school leavers |
|---|---|---|---|
| 1 or above | Waikato | 15 | 88 |
| | National | 24 | 90 |
| 2 or above | Waikato | 7 | 78 |
| | National | 16 | 81 |
| 3 or above | Waikato | 5 | 46 |
| | National | 9 | 54 |

[1]Includes University Entrance Qualification. Note that the proportions for Waikato ORS school leavers are based on small numbers and should be interpreted with caution. Source: Education Counts, Ministry of Education, 2019.

**Highest educational qualification attained for the national working age population, by age and disability status**

| | 15-44 years | | 45-64 years | | 65 years or above | |
|---|---|---|---|---|---|---|
| **Highest Qualification attained** | **Disabled** | **Non-disabled** | **Disabled** | **Non-disabled** | **Disabled** | **Non-disabled** |
| No qualification | 24% | 12% | 31% | 15% | 42% | 34% |
| School qualification at Level 1-4[1] | 41% | 41% | 30% | 33% | 27% | 31% |
| Post-school qualification at Level 1-6[2] | 21% | 20% | 25% | 29% | 22% | 23% |
| Bachelor's degree or higher | 14% | 28% | 13% | 23% | 8% | 13% |
| **Total**[3] | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |

Percentages are calculated as proportion of the total working age population in each age group and by disability status. Working age population is defined as the usually resident, non-institutionalised, civilian population of New Zealand aged 15 years and over on census night. [1]Include Level 1–4 certificates gained at school and overseas school qualifications. [2] Include Level 1–4 certificates, and Level 5–6 diplomas completed post school. [3]Total number of people who answered the survey question with a useable response. Source: Statistics New Zealand. (2014). *Disability and the labour market: Findings from the 2013 Disability Survey.*

# Te whai mahi me te tiaki pūtea | Employment and economic security

**National employment rate for 15-64 year-olds (2018)**

| Labour status | Disabled | Non-disabled |
|---|---|---|
| **In labour force** | 45% | 82% |
| • Employed | 39% | 79% |
| • Unemployed | 12% | 4% |
| **Not in labour force** | 55% | 18% |
| **Working age population** | 100% | 100% |

Source: Statistics New Zealand. (2018). *Labour market statistics (disability): June 2017 quarter.*

**National employment rate (2017) by age**

| Age group (year) | Employment rate[1] | |
|---|---|---|
| | Disabled | Non-disabled |
| 15–19 | 13.0% | 34.7% |
| 20–24 | 26.7% | 70.5% |
| 25–29 | 36.5% | 82.7% |
| 30–34 | 45.7% | 81.6% |
| 35–39 | 53.1% | 83.3% |
| 40–44 | 40.6% | 86.8% |
| 45–49 | 43.7% | 87.3% |
| 50–54 | 47.2% | 87.8% |
| 55–59 | 39.3% | 84.2% |
| 60–64 | 40.9% | 76.1% |
| 65+ | 6.8% | 27.0% |

[1]As proportion of labour force. Source: Statistics New Zealand. (2018). *Labour market statistics (disability): June 2017 quarter.*

**National average weekly income, in each age and disability status group, by income source (2018)**

| | Income source: | Self-employment | | | Wage and Salary | | | Government Transfer[1] | | | All sources collected | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age group (years) | Population group | Average weekly income[2] | Number[3] | %[4] | Average weekly income[2] | Number[3] | %[4] | Average weekly income[2] | Number[3] | %[4] | Average weekly income[2] | Number[3] | %[4] |
| 15-64 | Disabled | $973 | 9,100 | 9% | $1,016 | 29,000 | 30% | $304 | 48,200 | 50% | $578 | 96,700 | 100% |
| | Non-disabled | $1,165 | 436,300 | 14% | $1,148 | 2,029,300 | 66% | $255 | 395,800 | 13% | $935 | 3,073,300 | 100% |
| 65 or above | Disabled | $617 | 2,800 | 3% | $632 | 4,500 | 4% | $385 | 105,600 | 97% | $415 | 108,700 | 100% |
| | Non-disabled | $927 | 64,200 | 11% | $952 | 95,600 | 16% | $359 | 574,600 | 96% | $594 | 597,800 | 100% |
| All ages | Disabled | $890 | 11,900 | 6% | $966 | 33,400 | 16% | $360 | 153,800 | 75% | $492 | 205,400 | 100% |
| | Non-disabled | $1,134 | 500,500 | 14% | $1,139 | 2,124,900 | 58% | $317 | 970,400 | 26% | $879 | 3,671,200 | 100% |

[1]Government transfers are income from benefits, working for families tax credits, paid parental leave, student allowances, New Zealand (National) Superannuation, and veteran's and war pensions. [2]Calculated as the total weekly income from that source divided by the number of people who receive income from this source. [3]The number of people receiving income from a particular source. [4]As proportion of the total population, in each age and disability status group. The total population is the total number of people in 'all sources collected' group. Source: Statistics New Zealand. (2018). *Household Labour Force Survey: June 2018 quarter.*

# Te whai mahi me te tiaki pūtea | Employment and economic security

**People receiving government transfer (18-64 year-olds), by transfer type and region (2017/18)**

| Government transfer: | | Waikato | | | National | |
|---|---|---|---|---|---|---|
| Type | Subtype | Number | %[1] | %[2] | Number | %[1] |
| Jobseeker | Health Condition or Disability | 4,797 | 42% | 9% | 58,234 | 45% |
| | Work Ready | 6,680 | 58% | 13% | 71,409 | 55% |
| | **Total** | **11,477** | **100%** | **22%** | **129,643** | **100%** |
| Supported Living | Health Condition or Disability | 7,161 | 91% | 14% | 83,828 | 91% |
| | Caring (carer support) | 736 | 9% | 1% | 8,585 | 9% |
| | **Total** | **7,897** | **100%** | **15%** | **92,413** | **100%** |

[1]As proportion of people receiving Jobseeker, or Supported Living Payment, benefit type. Data is for year ending 30 September 2018. Source: Te Hiranga Tangata - Work and income, 2019. [2]As proportion of the estimated disabled population in the Waikato (51,900). The estimate was based on 2018 population projection, and then disability rates from Disability Survey 2013 were applied onto the count of estimated Waikato population. Sources: Statistics New Zealand. (2018). *National ethnic population projections, by age and sex, 2013(base)-2038 update* .; Statistics New Zealand. (2014). *Disability Survey: 2013.*

**People receiving selected supplementary assistance in the Waikato (18-64 year-olds), by transfer subtype (2017/18)**

| Transfer subtype: | JS HC&D | | SLP HC&D | | JS & SLP (HC&D) | |
|---|---|---|---|---|---|---|
| | Number | %[1] | Number | %[1] | Total | %[2] |
| Accomodation Supplement | 3,731 | 78% | 3,993 | 56% | 7,724 | 15% |
| Disability Allowance | 1,647 | 34% | 4,358 | 61% | 6,005 | 12% |
| Temporary Additional Support | 1,140 | 24% | 1,112 | 16% | 2,252 | 4% |
| **Total** | **4,797** | **100%** | **7,161** | **100%** | **11,958** | **23%** |

[1]As proportion of people receiving Jobseeker, or Supported Living Payment, benefit type. [2]As proportion of the estimated disabled population in the Waikato (51,900). Data is for year ending 30 September 2018. JS HC&D: Jobseeker Support under Health Condition or Disability. SLP HC&D: Supported Living Payment under Health Condition or Disability. Source: Te Hiranga Tangata - Work and income, 2019. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

**People receiving selected hardship assistance (16 year-olds or older) in the Waikato, by transfer subtype (2017/18)[1]**

| Transfer subtype: | JS HC&D | | SLP HC&D | |
|---|---|---|---|---|
| | Number[2] | %[3] | Number[2] | %[3] |
| Special Needs Grant | 5,109 | 107% | 4,510 | 63% |
| • Emergency Housing Grant | 126 | 2% | 252 | 6% |
| Advances | 5,610 | 117% | 5,842 | 82% |

[1]For year ending 30 September 2018. JS HC&D: Jobseeker Support under Health Condition or Disability. SLP HC&D: Supported Living Payment under Health Condition or Disability. [2]Counts of grants made to clients. [3]Special Needs Grant as a proportion of each benefit subtype. Emergency Housing Grant as a proportion of Special Needs Grant, for each benefit subtype. A client may receive more than one grant so, the proportion may be more than 100%. Source: Te Hiranga Tangata - Work and income, 2019. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

## Te whai mahi me te tiaki pūtea | Employment and economic security

**People (18-64 years old) receiving Jobseeker Support under Health Condition or Disability in the Waikato (2018) by age, gender, ethnicity or incapacity group[1]**

| Gender | Number | % |
|---|---|---|
| Female | 2,251 | 47% |
| Male | 2,546 | 53% |
| **Total** | **4,797** | **100%** |

| Age (years) | Number | % |
|---|---|---|
| 18-24 | 653 | 14% |
| 25-34 | 916 | 19% |
| 35-44 | 812 | 17% |
| 45-49 | 590 | 12% |
| 50-64 | 1,826 | 38% |
| **Total** | **4,797** | **100%** |

| Ethnicity | Number | % |
|---|---|---|
| Māori | 1,745 | 36% |
| Pacific Peoples | 89 | 2% |
| European | 2,252 | 47% |
| Other | 575 | 12% |
| Unspecified | 136 | 3% |
| **Total** | **4,797** | **100%** |

| Incapacity group | Waikato Number | Waikato % | National % |
|---|---|---|---|
| Psychological or psychiatric conditions | 2,402 | 50% | 25% |
| Musculoskeletal system disorder | 729 | 15% | 1% |
| Accident | 291 | 6% | 5% |
| Cardiovascular disorders | 208 | 4% | 5% |
| Pregnancy related | 55 | 1% | 16% |
| Other disorders & conditions | 1,112 | 23% | 48% |
| **Total** | **4,797** | **100%** | **100%** |

[1]Data is for the year ending 30 September 2018. Source: Te Hiranga Tangata - Work and income, 2019. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

**People (18-64 years old) receiving Supported Living Payment under Health Condition or Disability in the Waikato (2018) by age, gender, ethnicity or incapacity group[1]**

| Gender | Number | % |
|---|---|---|
| Female | 3,408 | 48% |
| Male | 3,753 | 52% |
| **Total** | **7,161** | **100%** |

| Age (years) | Number | % |
|---|---|---|
| 18-24 | 563 | 8% |
| 25-34 | 917 | 13% |
| 35-44 | 1,010 | 14% |
| 45-49 | 793 | 11% |
| 50-64 | 3,878 | 54% |
| **Total** | **7,161** | **100%** |

| Ethnicity | Number | % |
|---|---|---|
| Māori | 2,236 | 31% |
| Pacific Peoples | 88 | 1% |
| European | 3,691 | 52% |
| Other | 965 | 13% |
| Unspecified | 181 | 3% |
| **Total** | **7,161** | **100%** |

| Incapacity group | Waikato Number | Waikato % | National % |
|---|---|---|---|
| Psychological or psychiatric conditions | 2,413 | 34% | 36% |
| Intellectual disability | 863 | 12% | 11% |
| Musculoskeletal system disorder | 752 | 11% | 10% |
| Nervous system disorders | 565 | 8% | 8% |
| Cardiovascular disorders | 463 | 6% | 6% |
| Accident | 283 | 4% | 4% |
| Cancer & Congenital conditions | 643 | 9% | 8% |
| Other disorders & conditions | 1,179 | 16% | 17% |
| **Total** | **7,161** | **100%** | **100%** |

[1]Data is for the year ending 30 September 2018. Source: Te Hiranga Tangata - Work and income, 2019. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

## Te whai mahi me te tiaki pūtea | Employment and economic security

**People (18-64 years old) receiving selected supplementary assistance in the Waikato (year ending 30 September 2018) by age, gender and ethnicity**

| | | Accommodation Supplement | | | | Disability Allowance | | | | Temporary Additional Support | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | JS HC&D | | SLP HC&D | | JS HC&D | | SLP HC&D | | JS HC&D | | SLP HC&D | |
| **Demographics** | | **Number** | **%** | **Number** | **%** | **Number** | **%** | **Number** | **%** | **Number** | **%** | **Number** | **%** |
| **Age Group (years)** | 18-24 | 569 | 15% | 297 | 7% | 152 | 9% | 223 | 5% | 108 | 9% | 22 | 2% |
| | 25-34 | 762 | 20% | 530 | 13% | 215 | 13% | 408 | 9% | 175 | 15% | 86 | 8% |
| | 35-44 | 661 | 18% | 607 | 15% | 256 | 16% | 573 | 13% | 188 | 16% | 148 | 13% |
| | 45-49 | 451 | 12% | 446 | 11% | 223 | 14% | 484 | 11% | 168 | 15% | 156 | 14% |
| | 50-64 | 1,288 | 35% | 2,113 | 53% | 801 | 49% | 2,670 | 61% | 501 | 44% | 700 | 63% |
| | **Total** | **3,731** | **100%** | **3,993** | **100%** | **1,647** | **100%** | **4,358** | **100%** | **1,140** | **100%** | **1,112** | **100%** |
| **Gender** | Female | 1,721 | 46% | 1,915 | 48% | 921 | 56% | 2,398 | 55% | 656 | 58% | 658 | 59% |
| | Male | 2,010 | 54% | 2,078 | 52% | 726 | 44% | 1,960 | 45% | 484 | 42% | 454 | 41% |
| | **Total** | **3,731** | **100%** | **3,993** | **100%** | **1,647** | **100%** | **4,358** | **100%** | **1,140** | **100%** | **1,112** | **100%** |
| **Ethnicity** | Māori | 1,308 | 35% | 1,200 | 30% | 528 | 32% | 1,319 | 30% | 360 | 32% | 295 | 27% |
| | Pacific Peoples | 69 | 2% | 49 | 1% | 20 | 1% | 48 | 1% | 13 | 1% | 11 | 1% |
| | European | 1,808 | 48% | 2,170 | 54% | 832 | 51% | 2,337 | 54% | 592 | 52% | 666 | 60% |
| | Other | 443 | 12% | 492 | 12% | 232 | 14% | 567 | 13% | 155 | 14% | 122 | 11% |
| | Unspecified | 103 | 3% | 82 | 2% | 35 | 2% | 87 | 2% | 20 | 2% | 18 | 2% |
| | **Total** | **3,731** | **100%** | **3,993** | **100%** | **1,647** | **100%** | **4,358** | **100%** | **1,140** | **100%** | **1,112** | **100%** |

JS HC&D: Jobseeker Support under Health Condition or Disability. SLP HC&D: Supported Living Payment under Health Condition or Disability. Source: Te Hiranga Tangata - Work and income, 2019. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

# Hauora | Health and Wellbeing

**Disease prevalence in primary health care from a sample of Disability Support Link clients (2018/19)**

| Disease | Ethnicity | Number[1] | | | Prevalence[2] | | |
|---|---|---|---|---|---|---|---|
| | | Male | Female | Total | Male | Female | Total |
| Respiratory diseases[3] (All ages) | Māori | 139 | 219 | 358 | 25% | 37% | 32% |
| | European | 289 | 591 | 880 | 16% | 25% | 21% |
| | Others | 18 | 31 | 49 | 11% | 15% | 13% |
| | **Total** | **446** | **841** | **1,287** | **18%** | **27%** | **23%** |
| Stroke[4] (15 years or older) | Māori | 51 | 74 | 125 | 13% | 11% | 12% |
| | European | 309 | 421 | 730 | 11% | 8% | 9% |
| | Others | 19 | 27 | 46 | 13% | 12% | 13% |
| | **Total** | **379** | **522** | **901** | **12%** | **9%** | **10%** |
| Heart failure[4] (15 years or older) | Māori | 57 | 81 | 138 | 13% | 12% | 12% |
| | European | 196 | 307 | 503 | 5% | 5% | 5% |
| | Others | 8 | 13 | 21 | 3% | 6% | 5% |
| | **Total** | **261** | **401** | **662** | **7%** | **7%** | **7%** |
| Diabetes[4] (15 years or older) | Māori | 108 | 153 | 261 | 26% | 26% | 26% |
| | European | 324 | 455 | 779 | 15% | 14% | 14% |
| | Others | 30 | 39 | 69 | 29% | 19% | 23% |
| | **Total** | **462** | **647** | **1,109** | **19%** | **18%** | **18%** |
| Ischaemic heart disease[4] (15 years or older) | Māori | 116 | 180 | 296 | 27% | 26% | 26% |
| | European | 678 | 1,014 | 1,692 | 22% | 18% | 20% |
| | Others | 34 | 54 | 88 | 19% | 24% | 22% |
| | **Total** | **828** | **1,248** | **2,076** | **24%** | **21%** | **22%** |
| Osteoarthritis[3] (All ages) | Māori | 36 | 82 | 118 | 7% | 10% | 9% |
| | European | 206 | 500 | 706 | 8% | 12% | 10% |
| | Others | S | 22 | 29 | S | 8% | 6% |
| | **Total** | **249** | **604** | **853** | **7%** | **10%** | **9%** |
| Renal impairment/ failure[3] (All ages) | Māori | 35 | 65 | 100 | 8% | 8% | 8% |
| | European | 120 | 183 | 303 | 4% | 3% | 3% |
| | Others | S | S | 9 | S | S | 2% |
| | **Total** | **159** | **253** | **412** | **5%** | **4%** | **4%** |
| Gout[3] (All ages) | Māori | 63 | 67 | 130 | 15% | 9% | 12% |
| | European | 181 | 136 | 317 | 8% | 3% | 5% |
| | Others | S | S | 16 | S | S | 3% |
| | **Total** | **252** | **211** | **463** | **10%** | **4%** | **6%** |

[1]Source: Hauraki PHO, 2019. Data are for all ages unless otherwise stated. [2]Age-standardised rates. The standard population used for age standardisation was the estimated number of disabled people in Waikato which was derived from the sum of territorial authority level estimates using data from Household Disability Survey 2013 and 2013 Census. Source: Statistics New Zealand. (2017). *Disability estimates for small areas: 2013.* [3]For period ending 31 December 2018. [4]For period ending 31 March 2019. 'S' denotes suppressed data due to small numbers.

# Hauora | Health and Wellbeing

**Current smokers aged 15 years or above[1], by ethnicity (as at 31 March 2019)**

| Ethnicity | Smokers | Total | % |
|---|---|---|---|
| Māori | 133 | 830 | 16% |
| European | 256 | 3,927 | 7% |
| Others | 14 | 243 | 6% |

[1]For period ending 31 March 2019. Source: Hauraki PHO, 2019.

**Primary health care quality measures (as at 31 March 2019)**

| | Female | | Male | |
|---|---|---|---|---|
| National Health Screen | Number[1] | %[2] | Number[1] | %[2] |
| Smoking Brief Advice[3] | 185 (225) | 82% | 138 (178) | 78% |
| Cervical Screening[4] | 220 (641) | 34% | - | - |
| Diabetes Annual Review[5] | 402 (604) | 67% | 287 (418) | 69% |
| Cardiovascular Risk Assessment[6] | 258 (715) | 36% | 202 (361) | 56% |

[1]These are a sample of Disability Support Link clients (aged 15 years or above) who enrolled with Hauraki PHO, for period ending 31 March 2019. Number indicates count of eligible clients who received a health screen. Number in parentheses indicates total count of eligible clients, by health screen. [2]As proportion of total eligible clients, by gender, for each health screen. [3]Current smokers who received brief advice in the last 15 months. [4]Females aged 25-69 years who were screened in the last 3 years. Waikato's screening rate is 77% (Waikato District Health Board Coverage Report - period ending 31 March 2019). [5]People diagnosed with diabetes who enrolled with the PHO within the last 12 months, and had a Diabetes Annual Review conducted. [6]Eligible females (aged 55 years or above) or males (aged 45 years or above) without known risk factors who were screened in the last 3 years. Source: Hauraki PHO, 2019.

## **Hauora** | Health and Wellbeing

**Emergency department attendances between 2014 and 2018, by ethnicity[1]**

| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| **Ethnicity** | **Number of attendances** | **Attendances per 10 persons[2]** | **Number of attendances** | **Attendances per 10 persons[2]** | **Number of attendances** | **Attendances per 10 persons[2]** |
| **Maori** | 3,999 | 55 | 3,425 | 48 | 7,424 | 50 |
| **Pacific Peoples** | 233 | 30 | 188 | 25 | 421 | 27 |
| **Asian** | 398 | 56 | 376 | 27 | 774 | 29 |
| **Other** | 19,574 | 40 | 13,774 | 35 | 33,348 | 37 |
| **Total** | **24,204** | **43** | **17,763** | **37** | **41,967** | **40** |

[1]Data is of the average number of emergency department attendances made by clients of Disability Support Link, Waikato, over the last 5 years (1 January 2014 to 31 December 2018). [2]Age-standardised rates (across all ages). Source: Waikato Hospital register CostPro, 2019.

**Emergency department admissions between 2014 and 2018, by ethnicity[1]**

| | Female | | Male | | Total | |
|---|---|---|---|---|---|---|
| **Ethnicity** | **Number of admissions** | **Admissions per 10 persons[2]** | **Number of admissions** | **Admissions per 10 persons[2]** | **Number of admissions** | **Admissions per 10 persons[2]** |
| **Maori** | 1,668 | 21 | 1,340 | 20 | 3,008 | 20 |
| **Pacific Peoples** | 80 | 11 | 77 | 12 | 157 | 11 |
| **Asian** | 181 | 21 | 178 | 15 | 359 | 14 |
| **Other** | 9,605 | 16 | 6,407 | 14 | 16,012 | 15 |
| **Total** | **11,534** | **17** | **8,002** | **15** | **19,536** | **16** |

[1]Data is of the average number of emergency department admissions made by clients of Disability Support Link, Waikato, over the last 5 years (1 January 2014 to 31 December 2018). [2]Age-standardised rates (across all ages). Source: Waikato Hospital register CostPro, 2019.

## Ngā tika taumaru me te ture | Rights protection and justice

**10 most common issues raised with the New Zealand Human Rights Commission (2017-18)**

| Keywords | Number | %[1] |
|---|---|---|
| Employment | 1,005 | 16% |
| Race | 825 | 13% |
| **Disability** | **764** | **12%** |
| Harassment | 693 | 11% |
| Government departments | 675 | 11% |
| Sex | 628 | 10% |
| Ethnic or national origins | 532 | 8% |
| Health | 387 | 6% |
| International | 381 | 6% |
| Age | 366 | 6% |
| **Total enquiries and complaints** | **6,304** | - |

[1]As proportion of the total enquiries and complaints (which includes unlawful discrimination) received for the year ending 30 June 2018. Source: Te Kāhui Tika Tangata - Human Rights Commission. (2018). *Annual Report - Pürongo ä Tau 2017/18 NZ Human Rights.*

**Unlawful discrimination enquiries and complaints, by ground (2017-18)**

| Ground | Number | %[1] |
|---|---|---|
| Race grounds | 426 | 31% |
| **Disability** | **425** | **31%** |
| Sex | 244 | 18% |
| Age | 150 | 11% |
| Sexual harassment | 123 | 9% |
| Family status | 101 | 7% |
| Racial harassment | 78 | 6% |
| Religious belief | 65 | 5% |
| Racial disharmony | 64 | 5% |
| Sexual orientation | 39 | 3% |
| Employment status | 23 | 2% |
| Marital status | 22 | 2% |
| Victimisation | 20 | 1% |
| Political opinion | 15 | 1% |
| Ethical belief | 13 | 1% |
| **Total[2]** | **1,381** | **-** |

[1]As proportion of the total unlawful enquiries and complaints received for the year ending 30 June 2018. An enquiry or complaint may appear in more than one ground so, proportions do not sum up to 100%. [2]Relates to unlawful discrimination under Part 1A or Part 2 of the Human Rights Act 1993. Source: Te Kāhui Tika Tangata - Human Rights Commission. (2018). *Annual Report - Pürongo ä Tau 2017/18 NZ Human Rights.*

# Te whai wāhitanga | Accessibility

**Use and unmet need of housing modifications[1], by impairment and modification type (2013)[2]**

| Impairment type | Modification type | Use | Need |
|---|---|---|---|
| Physical limitations | Entrance | 17% | 8% |
| | Kitchen | 3% | 2% |
| | Bathroom | 25% | 10% |
| | Moving about | 3% | 3% |
| | Other modifications | 3% | 4% |
| | Total any modification[3] | 35% | 17% |
| Vision limitations | Entrance | 13% | 8% |
| | Kitchen | 2%[4] | S |
| | Bathroom | 19% | 9% |
| | Moving about | 3%[4] | 3% |
| | Other modifications | 3% | 4%[3] |
| | Total any modification[3] | 26% | 16% |

[1]It is estimated that about 284 Housing NZ (HNZ) properties in the Waikato region (excluding Rotorua District) have modifications for people with impairments. The total number of properties in the Waikato region (excluding Rotorua District) owned and leased by HNZ was 4,496, as of 30 Jun 2018. This means that only about 6% of HNZ properties have modifications for people with impairments. Source: The Waikato Plan. (2018). *The Waikato Plan - Regional Housing Initiative 2018 Housing Stocktake. Nifa Limited.* [2]As proportion, in each impairment type, based on national data. Source: Statistics New Zealand. (2016). *Disability and housing conditions: 2013.* [3]People were able to select more than one modification, therefore percentages add to more than the total. [4]Relative sampling error between 30% and 40%. S: suppressed.

**Access to good housing conditions**

| Accessibility indicator | Household measure[1] | Disabled | Non-disabled | Total |
|---|---|---|---|---|
| Household tenure | Owner occupied | 48% | 53% | 52% |
| | **Rented** | **38%** | **30%** | **32%** |
| | In a family trust | 13% | 17% | 16% |
| Household composition for adults (15 years and over) | One-family household | | | |
| | **• Couple only** | **33%** | **23%** | **26%** |
| | • Couple with other people or child(ren) and others | 30% | 49% | 43% |
| | • One parent with child(ren) | 8% | 7% | 7% |
| | • One parent with child(ren) and others | 3% | 2% | 2% |
| | Two-family household | 5% | 6% | 6% |
| | Three- or more-family household | 1% | 1% | 1% |
| | Other multi-person household | 5% | 5% | 5% |
| | **One-person household** | **17%** | **7%** | **10%** |
| Household crowding measure | **Need more bedrooms** | **19%** | **14%** | **14%** |
| | Enough bedrooms | 32% | 30% | 30% |
| | Spare bedrooms | 50% | 56% | 55% |
| House problems | **Difficulty keeping house warm** | **29%** | **16%** | **19%** |
| | • Māori[2] | 36% | 21% | 26% |
| | • Pacific Peoples[2] | 37% | 28% | 30% |
| | • Asian[2] | 33% | 12% | 15% |
| | • European/Other[2] | 22% | 15% | 17% |
| | **Experiences damp** | **23%** | **12%** | **14%** |
| | • Māori[2] | 33% | 19% | 23% |
| | • Pacific Peoples[2] | 23% | 22% | 23% |
| | • Asian[2] | 21% | 9% | 10% |
| | • European/Other[2] | 14% | 11% | 12% |

[1]Age-adjusted household measures. As proportion based on national data. Source: Statistics New Zealand. (2016). *Disability and housing conditions: 2013.* [2]Source: McIntosh, J., and Leah, A. (2017). *Mapping housing for the disabled in New Zealand. New Zealand Medical Journal, 69-78.*

## Te kōwhiri me te mana whakahaere | Choice and control

**Participants of Enabling Good Lives, by demographics gender, age, ethnicity and location (as at 25 July 2019)**

Source: Cosgriff, K. (2019). Correspondence with Director, Enabling Good Lives Waikato, Kate Cosgriff dated 26th July 2019.

| Gender | Number | % |
|---|---|---|
| Male | 225 | 57% |
| Female | 162 | 41% |
| Unspecified | 9 | 2% |
| **Total** | **396** | **100%** |

| Age (years) | Number | % |
|---|---|---|
| 0-14 | 153 | 39% |
| 15-24 | 126 | 32% |
| 25-39 | 75 | 19% |
| 40-64 | 35 | 9% |
| 65 or above* | 7 | 2% |
| **Total** | **396** | **100%** |

*Includes Unknown. Aggregated due to small numbers.

| Ethnicity | Number | % |
|---|---|---|
| Maori | 130 | 33% |
| Pacific Peoples | 21 | 5% |
| Asian | 29 | 7% |
| European | 209 | 53% |
| Others | 7 | 2% |
| **Total** | **396** | **100%** |

| Location | Number | % |
|---|---|---|
| Hamilton | 213 | 54% |
| Te Awamutu | 26 | 7% |
| Cambridge | 21 | 5% |
| Huntly | 17 | 4% |
| Taumarunui | 14 | 4% |
| Ngaruawahia | 13 | 3% |
| Raglan | 10 | 3% |
| Tokoroa | 8 | 2% |
| Paeroa | 8 | 2% |
| Thames | 6 | 2% |
| Gordonton | 5 | 1% |
| Kihikihi | 5 | 1% |
| Other* | 50 | 13% |
| **Total** | **396** | **100%** |

*Includes Putaruru, Te Kauwhata, Taupiri, Waihi, Waitoa, Matamata, Te Kuiti, Te Aroha and Others. Aggregated due to small numbers

# Te kōwhiri me te mana whakahaere | Choice and control

**Disability Support Link clients: an overview (2019)**

| |
|---|
| 12,404 total disabled people supported by Disability Support Link, Waikato[1] |
| • 12% of the total population of the Waikato[2] |
| • 3% of the estimated population with an impairment in Waikato[3] |

[1]Source: Disability Support Link, Waikato (as at 29 April 2019). [2]Estimated from 2018 population projection. Source: Statistics New Zealand. (2018). *National ethnic population projections, by age and sex, 2013(base)-2038 update.* [3]Disability rates from Disability Survey 2013 were applied onto the count of estimated Waikato population. Source: Statistics New Zealand. (2014). *Disability Survey: 2013.*

**Disability Support Link clients by gender and age (2019)[1]**

| Age group | Number | | | Proportion[2] | | | Proportion[3] | | |
|---|---|---|---|---|---|---|---|---|---|
| (year) | Female | Male | Total | Female | Male | Total | Female | Male | Total |
| 0-14 | 339 | 867 | 1,206 | 5% | 17% | 10% | 28% | 72% | **100%** |
| 15-24 | 250 | 324 | 574 | 3% | 6% | 5% | 44% | 56% | **100%** |
| 25-44 | 303 | 363 | 666 | 4% | 7% | 5% | 46% | 55% | **100%** |
| 45-64 | 564 | 591 | 1,155 | 8% | 12% | 9% | 49% | 51% | **100%** |
| 65 years or above | 5,818 | 2,985 | 8,803 | 80% | 58% | 71% | 66% | 34% | **100%** |
| **Total** | **7,274** | **5,130** | **12,404** | **100%** | **100%** | **100%** | - | - | |

[1]Source: Disablilty Support Link, Waikato - as at 29 April 2019. [2]As proportion of total clients in each gender, by age group. [3]As proportion of total clients in each age group, by gender.

## Te kōwhiri me te mana whakahaere | Choice and control

**Disability Support Link clients by ethnicity and age (2019)[1]**

| Age group (year) | Number | | | | | | Proportion[2] | | | | | Proportion[3] | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Māori | Pacific Peoples | Asian | European | Other[4] | Total | Māori | Pacific Peoples | Asian | European | Other[4] | Māori | Pacific Peoples | Asian | European | Other[4] | Total |
| 0-14 | 352 | 39 | 82 | 709 | 24 | **1,206** | 21% | 19% | 28% | 7% | 12% | 29% | 3% | 7% | 59% | 2% | **100%** |
| 15-44 | 323 | 33 | 43 | 819 | 22 | **1,240** | 19% | 16% | 15% | 8% | 11% | 26% | 3% | 3% | 66% | 2% | **100%** |
| 45-64 | 308 | 25 | 21 | 754 | 47 | **1,155** | 18% | 12% | 7% | 8% | 24% | 27% | 2% | 2% | 65% | 4% | **100%** |
| 65 years or above | 709 | 107 | 145 | 7,739 | 103 | **8,803** | 42% | 52% | 50% | 77% | 53% | 8% | 1% | 2% | 88% | 1% | **100%** |
| **Total** | **1,692** | **204** | **291** | **10,021** | **196** | **12,404** | **100%** | **100%** | **100%** | **100%** | **100%** | **14%** | **2%** | **2%** | **81%** | **2%** | **100%** |

[1]Disablilty Support Link, Waikato - as at 29 April 2019. [2]As proportion of total clients in each ethnic group, by age. [3]As proportion of total clients in each age group (or all ages), by ethnicity. [4]Includes Middle Eastern/Latin American/African and Other.

**Disability Support Link clients by age and primary impairment type (2019)[1]**

| Primary disability type | 0-14 years | | 15-44 years | | 45-64 years | | 65 years or above | |
|---|---|---|---|---|---|---|---|---|
| | Number | %[2] | Number | %[2] | Number | %[2] | Number | %[2] |
| Physical | <5 | | <5 | | 8 | 3% | 3,957 | 46% |
| Dementia | <5 | | <5 | | 37 | 12% | 1,191 | 14% |
| Medical | 96 | 44% | 50 | 63% | 221 | 72% | 1,085 | 13% |
| Fraility | <5 | | <5 | | <5 | | 961 | 11% |
| Cognitive | <5 | | <5 | | 9 | 3% | 554 | 6% |
| Neurological | <5 | | <5 | | 11 | 4% | 437 | 5% |
| Age-related | <5 | | <5 | | <5 | | 152 | 2% |
| Sensory | <5 | | <5 | | <5 | | 141 | 2% |
| Other | <5 | | <5 | | <5 | | 53 | 1% |
| Psychiatric | 120 | 55% | 28 | 35% | 11 | 4% | 15 | 0.2% |
| Intellectual | <5 | | <5 | | <5 | | 15 | 0.2% |
| **Total** | **218** | **100%** | **79** | **100%** | **305** | **100%** | **8,561** | **100%** |

[1]Disablilty Support Link, Waikato - as at 29 April 2019. Data is of DSL clients who received DHB-funded assistance. '<5' denotes small client numbers (fewer than 5). Number of clients aged under 65 years are generally small, by primary impairment type, so these results should be interpreted with caution. [2]As proportion of total clients in each age group, by primary impairment type.

## Te kōwhiri me te mana whakahaere | Choice and control

**Clients of Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation by demographics gender, ethnicity and weekly compensation terms (2017/18)[1]**

| Demographic | | 2013/14[2] | | 2017/18[3] | |
|---|---|---|---|---|---|
| | | Number | % | Number | % |
| Gender | Male | 103 | 57% | 59 | 63% |
| | Female | 77 | 43% | 34 | 37% |
| | **Total** | **180** | **100%** | **93** | **100%** |
| Ethnicity | Maori | 38 | 21% | 34 | 37% |
| | non-Maori | 142 | 79% | 59 | 63% |
| | **Total** | **180** | **100%** | **93** | **100%** |
| Weekly compensation | Long Term | 53 | 29% | 8 | 9% |
| | Short Term | 25 | 14% | 23 | 25% |
| | Undefined | 102 | 57% | 62 | 67% |
| | **Total** | **180** | **100%** | **93** | **100%** |

[1]Source: Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation, 2019. Data is of clients who have incapacity as a result of an accident they have suffered, for which a claim was lodged with ACC. Long term claims are for clients who are in receipt of Weekly Compensation entitlements for 365 days or more (note this does not include clients considered to be Serious Injury claims). Claims that receive less than 365 days of Weekly Compensation entitlements would be short term claims. [2]For period 1 July 2013 - 30 June 2014. [3]For period 1 Jul 2017 - 30 June 2018.

**Number of disability-related Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation clients over the last 10 years[1], by gender**

| | Year: | 2008/09 | 2009/10 | 2010/11 | 2011/12 | 2012/13 | 2013/14 | 2014/15 | 2015/16 | 2016/17 | 2017/18 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number | Male | 170 | 140 | 117 | 114 | 95 | 103 | 111 | 106 | 84 | 59 |
| | Female | 98 | 68 | 48 | 68 | 61 | 77 | 90 | 79 | 54 | 34 |
| | **Total** | **268** | **208** | **165** | **182** | **156** | **180** | **201** | **185** | **138** | **93** |
| Proportion | Male | 63% | 67% | 71% | 63% | 61% | 57% | 55% | 57% | 61% | 63% |
| | Female | 37% | 33% | 29% | 37% | 39% | 43% | 45% | 43% | 39% | 37% |
| | **Total** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |

[1]Source: Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation, 2019 - for the period 1 July 2008 - 30 June 2018

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# General Business

# STATUTORY COMMITTEE MEETINGS

## Schedule for 2021

**Board Room, Level 1, Hockin building, Waiora Waikato Hospital**

**Meetings held fourth Wednesday of the month, starting at 9am and concluding 11.30am**

| DATE | GOVERNANCE MEETING |
|---|---|
| 24 February 2021 | **Statutory Committee Meetings** (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 28 April 2021 | **Statutory Committee Meetings** (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 23 June 2021 | **Statutory Committee Meetings** (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 25 August 2021 | **Statutory Committee Meetings** (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |
| 27 October 2021 | **Statutory Committee Meetings** (Community & Public Health Advisory Committee/Disability Support Advisory Committee and Hospitals Advisory Committee) |

**Our Vision:** **Healthy People. Excellent Care**

**Our Values:**

People at heart – **Te iwi Ngakaunui**
Give and earn respect – **Whakamana**
Listen to me talk to me – **Whakarongo**
Fair play – **Mauri Pai**
Growing the good – **Whakapakari**
Stronger together – **Kotahitanga**