

KAITI HEALTH SURVEY REPORT

NOVEMBER 2005



This report specifically refers to data collected from a survey of 671 Kaiti residents conducted over a period of 6 weeks in 2005.

The report contains:

- Background information
- Project Methodology
- Key Findings
- Conclusions
- Recommendations
- Appendix One: Kaiti Health Survey
- Appendix Two: Collation of Data from Kaiti Health Survey

Acknowledgements:

- Kaiti residents
- Ka Pai Kaiti Trustees and working party
- Turanganui Primary Health Organisation PHO
- Te Ora Hou Te Tairawhiti / Te Aka Ora Charitable Trust
- Graeme Berry, Damon Berry and Roslyn Rangiawha

BACKGROUND

Introduction

The Kaiti Health Project is a collaborative project between Turanganui Primary Health Organisation and Ka Pai Kaiti. Turanganui Primary Health Organisation (TPHO) is a primary health organisation integrating the providers and services of Turanga Health, Pinnacle and First Health. Ka Pai Kaiti was formed in 2000 by a group of Kaiti residents who wanted to make Kaiti an even better place to live in. Ka Pai Kaiti gained charitable trust status in 2002.

Turanganui PHO received approval from Tairāwhiti District Health (TDH) to utilise SIA funding to implement a community focused programme concentrating on improving access. The selection of the community was crucial. It was important the PHO select a community that is reflective of high Maori, and high deprivation status. Initial investigations showed that the greatest concentration of Turanganui PHO enrolled patients that meet this criteria reside in the Kaiti and Elgin suburbs. It was decided by the Board of Turanganui PHO to work in the suburb which already had an established and recognised community committee. For this reason Turanganui PHO chose Kaiti.

Since 2003, both parties have been working together to develop a project proposal with the shared vision of improving access to primary health care services for residents of Kaiti.

The initial plan was to:

1. Develop the infrastructure to support this project;
2. Develop a community driven programme through the creation of an agreed service plan; and
3. Develop a community profile based on:
 - Surveys
 - Focus groups
 - Individual Interviews
 - Statistics gathered from other agencies
 - Develop a clinical advisory group (to assist with the service plan)

At this point in time, the overall Kaiti Health Project is not yet complete. This report refers specifically to the Kaiti Health Survey that was undertaken in 2005 to contribute to the development of a community profile.

KAITI HEALTH SURVEY

Aim

To conduct a health survey of Kaiti residents.

Purpose

To help Ka Pai Kaiti and the Turanganui PHO identify what the Kaiti community consider to be the priority health issues for local residents so that services could be planned to address those needs.

Methodology

Survey Development

The health survey was developed and piloted with Te Ora Hou Staff. Following this initial pilot, the survey was then tested with 10 Kaiti residents. Feedback from initial participants led to adjustments to the original survey. Testing showed that some of the questions were very similar. To avoid repetition one question was deleted, decreasing the survey from 19 questions to 18 questions. Following these adjustments the survey was taken to the Kaiti community. The survey can be viewed in Appendix One.

Sample

It was decided that all participants in this survey would have to be residents of Kaiti. Because of the Kaiti-specific nature of this particular project, surveying non-residents of Kaiti was not important. Rather, the survey would attempt to give Kaiti residents an opportunity to voice their views on healthcare available in Kaiti and to contribute to the development of the community they live in. All ethnic groups were targeted, across all age groups. Both males and females were targeted, also across all age groups.

The survey was completed by 671 residents of Kaiti. There were slightly more females than male participants. Whilst the number of females dominated the younger age groups, male participants outnumbered females in the older age groups.

Thirty-six percent of participants have lived in Kaiti for more than 10 years and over half of participants have lived in Kaiti for 5 or more years. The highest percentage (30%) of participants were aged 16-24 years, 27% were aged 25-34 year and 16% were aged 35-44 years. The smallest group to participate were less than 12 years old.

The majority of participants identified themselves as Maori/Tangata Whenua. The next largest ethnic group was Pakeha, followed by smaller numbers of Pasifikan and Asian participants.

Participants came from a range of employment situations with the highest percentage of participants (36%) identifying themselves as beneficiaries. A further 28% were employed on a full-time basis and 25% were employed on a part-time basis.

The average household size of participants was 4 people, including adults and children. Well over half (74%) of all participants live in a household with less than 6 people.

Overall, the sample for this survey can be deemed representative of the Kaiti community. Data from the 2001 Census and collated alongside other published data in the 2005 Kaiti community Cohesion Project confirms the following characteristics of Kaiti that were also characteristic of the sample of the Kaiti Health Survey:

- Slightly more females than males;
- The largest ethnic group is Maori, followed by Pakeha, Pasifikan and Asian groups respectively;
- The majority of the population are aged between 15-64; and
- Made up of established families who have resided in Kaiti for many years and over generations.

Research Team

Data collection using the survey was coordinated by Philippa Davies, the KaPai Kaiti Co-ordinator. Two surveyors were employed to distribute the surveys:

- Graeme Maurice Wiremu Berry, male, 18 years old.
- Roslyn Rangiawha, female, 24 years old.

Both surveyors had been raised in Kaiti and still reside in Kaiti. Their familiarity with the community was to be an advantage.

The Co-ordinator trained the surveyors to distribute the survey. The Co-ordinator explained the purpose of the survey, and how the survey was to be conducted. The code of ethics was reviewed and it was explained to both surveyors that throughout the duration of their employ they were representatives of Kapai Kaiti and that there was an expectation that they perform this duty ethically, and without reservation. The training included going through the questionnaire, and making sure that the surveyors understood each question (so that they can answer any queries). They were given identification badges, an introduction sheet, which introduced themselves, the survey, and the organisations. They were also given calling cards to leave with the participants, should they want to check any details. The completed surveys were to be delivered to the coordinator as was suitable to the surveyors, as long as they completed them within the given timeframes.

Distribution of Surveys

The main task of the surveyors was to distribute the survey and this was done in three different ways:

1. by visiting random residencies in the Kaiti area
2. by participating in community events
3. by visiting community spaces

The first method involved door-knocking. Surveyors visited homes in Kaiti and asked residents to participate in the survey. Participants filled in the survey while the surveyors waited and collected the completed form. A calling card was left by the surveyors so that the participants could contact the Co-ordinator should they have any questions.

The second method involved the participation of the Surveyors in community events including the wharf market, and where possible, they visited the flea market on Saturday mornings.

The third method involved the visting of the Surveyors to community spaces including Kaiti Mall and nightclubs. Surveyors approached participants at these spaces and waited for the completed surveys.

Data analysis

The surveying was undertaken during 2005. The completed surveys were then returned to the Co-ordinator. The information was entered onto a database and collated in table and graph forms.

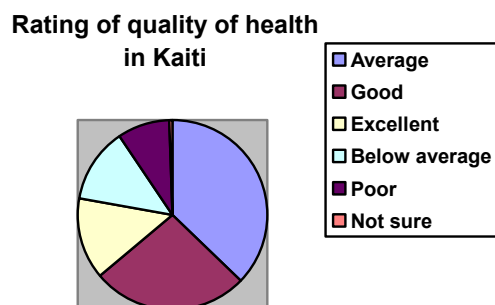
The survey questions differed and so questions were collated differently. Some were collated using the Microsoft Access programme, others used Microsoft Word. An analysis and summary of findings is included in this report. More in-depth data is presented in table and pie chart form in Appendix Two of this report.

KEY FINDINGS

Quality of health in Kaiti

Participants were asked to compare the quality of health in the Kaiti community to the rest of the country. They were given five different answers to choose from; excellent, good, average, below average or poor.

The highest percentage of participants (37.5%) rated the quality of health as average. This was followed by 27% of participants who gave a 'good' rating. A further 14% of participants rated it as excellent. Overall, the majority of participants (78.5%) felt that the quality of health for the Kaiti community was average or better.



Accessibility to high quality health care

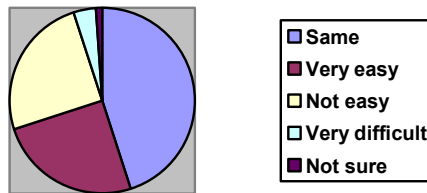
Participants were asked to indicate how easy they thought it was for people in Kaiti to access high quality health care compared to the rest of the country. Participants were given a choice of 4 different answers to choose from; very easy, same, not easy, or very difficult.

Nearly half (45%) of participants thought that accessibility to high quality health care in Kaiti was the same as for other communities. This was followed by a quarter of participants who thought that accessibility of Kaiti residents to quality healthcare is very easy. And, another quarter of participants who thought that accessibility of Kaiti residents to quality healthcare is not easy. A very small percent (4%) thought that it was very difficult for Kaiti residents to access quality healthcare.

Most participants in the younger age groups thought that access was either the same or very easy. For them accessibility may not be an issue because their parents or caregivers and schools could play the lead role in visits to doctors and addressing other health care issues.

For older participants, particularly those older than 55 years, an indication that accessing quality health care is very difficult could be illustrative of the fact that older people may have more serious health issues than younger participants, requiring specialist care and services that are not so readily available in the Kaiti community.

Accessibility of Kaiti residents to quality healthcare



Biggest health issues

Participants were asked to identify the three biggest health issues for people their age living in Kaiti. No choices were offered so answers were grouped according to similar themes for analysis. Across all age groups the three most common issues were smoking, alcohol and drugs, however there were some health issues that featured more amongst some age groups than others due to lifestyle, age and related health issues. The fact that smoking, alcohol and drugs does feature across all age groups suggests that the negative effects of these products has such a wide reach that those who choose to, or choose not to, indulge in these products agree that they constitute a big problem for the Kaiti community.

Younger participants, particularly those under 16 years, identified sex and sexually transmitted diseases as a problem for their age group. This is possibly because these participants are either beginning to think about sex or are actually engaging in sexual activity at this age. Head lice or kutu was another health issue that featured amongst younger participants.

Participants from 25 to 44 years old rated gambling and diet as health issues, alongside smoking, alcohol and drugs. Being of an age to access gambling establishments and indulge in gambling activities could have been the reason for rating this issue. Similarly, the targeting of diet, exercise and nutrition-related products and exposure, at these age groups could be the reason for rating this issue.

Middle-aged participants began to rate diabetes and asthma as significant health issues indicating that with increasing age, particular health issues begin to present themselves.

Older participants introduced health issues such as alzheimers, anxiety attacks and heart problems in addition to diabetes. Those over 65 years identified mobility as a big problem, signalling that old age brought problems in being physically mobile and active, particularly when compared to relatively intact mental ability.

Severity of health issues

Participants were given a list of 18 issues to rate in terms of how much they thought it was a problem for people living in Kaiti. They had the choice of four different answers; a big problem, a bit of a problem, not a problem or not sure. Analysis carried out on the issues that were identified as big problems shows that the commonalities across all age groups include violence (either domestic or neighbourhood), alcoholism and/or liver disease, and smoking-related disease.

Amongst the younger age groups (12-15, 16-24), sexually transmitted diseases and infections and teenage pregnancy and abortion were also rated as big problems. Amongst the older age groups (45-54, 55-64, 65+), cancer and diabetes were also rated as big problems.

This question was not too different from the previous question (question 10) asking participants to identify the three biggest issues for their age group. The purpose of question 10 was to encourage participants to identify the issues on their own. The purpose of question 11 was to follow up from question 10 by giving participants some issues to think about. Consequently, the results of question 11 do not differ too much from those of question 10.

Walking after dark

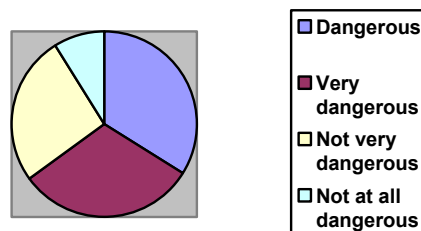
Participants were asked to indicate their perception of danger when walking alone in their neighbourhood after dark. They were given four answers to choose from; very dangerous, dangerous, not very dangerous or not at all dangerous.

The highest percentage (34%) of participants thought walking alone after dark was dangerous. This was followed by 31% of participants who thought it was very dangerous. A further 26% of participants thought it was not very dangerous. And, the remaining 9% of participants thought it was not dangerous at all. More than half of participants (65%), regardless of age group, think that it is dangerous to walk alone in their neighbourhood.

Participants less than 25 years were more likely to think it was very dangerous to walk alone, illustrative perhaps of their experience in walking alone. A higher frequency of walking (with less access to a car) and personal feelings about self defence ability could have been a factor in this perception.

Participants over 55 years were also more likely to think it was dangerous to walk alone, illustrative perhaps of their experiences but also their personal feelings about being able to defend themselves.

Safety when walking in Kaiti alone at night



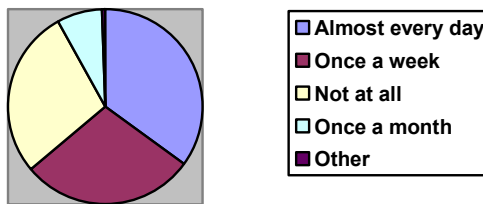
Family discussions about issues

Participants were asked to indicate how often their family has discussions about issues in the news media. They were given four answers to choose from; almost every day, once a week, once a month or not at all.

The highest percentage of participants (35%) stated that they discussed issues on a daily basis. This was followed by 29% of participants who stated that they discussed issues once a week. A further 28% of participants stated that they did not have family discussions about news issues at all. Overall however, the majority (64%) of participants have family discussions at least once a week.

Indications from participants aged 15 and under show that family discussions hardly ever occur, however it is possible that these participants are not present at such discussions. A similar conclusion could be drawn of the large number of participants aged 65 and over who indicated that family discussions did not occur.

Frequency of family discussions on news issues



Someone to share with

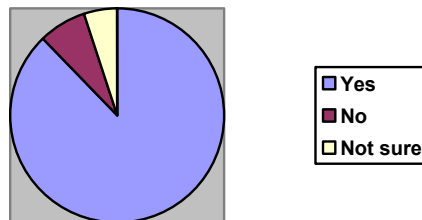
Participants were asked to indicate if they had someone they trusted to talk to about personal issues and concerns. A simple yes or no choice was given in the first instance. Then participants were given three choices for identifying that person they could share with; family/whanau, friend or workmate.

Of the total participants, 87% indicated that they had someone they trusted to share personal issues with. Seven percent of participants said that they did not have anyone to talk to and the remaining 5% were not sure if they had anyone to talk to.

Of those participants that said they did have someone to talk to, most identified that person as a family or whanau member. The second most popular answer was a friend. The third most popular answer was a workmate.

Participants between 16-44 years were more likely to identify sharing with a friend or workmate. Participants of these ages also had higher rates of employment (either full-time, part-time or seasonal). The possibility of increased relationships through work situations or colleagues as friends is more likely.

Ability to share personal issues

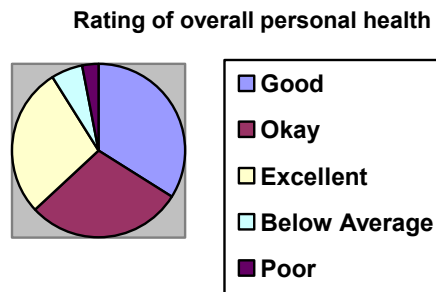


Rating of overall health

Participants were asked to rate their overall health. They were given five answers to choose from; excellent, good, ok, below average or poor.

The highest percentage of participants (34%) gave their health a good rating. This was followed by 29% of participants who gave their health an okay rating and 28% of participants who gave their health an excellent rating. Overall, the majority of participants (62%) believe that their health is good or better.

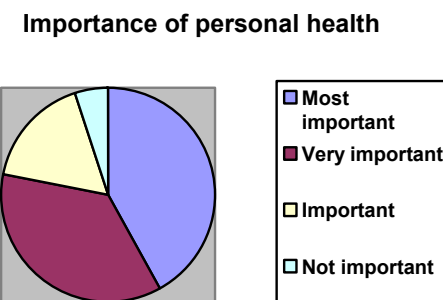
Participants aged over 45 years were less likely to give their health an excellent or good rating. This could be reflective of the severity and frequency of health related problems in older age.



Importance of personal health

Participants were asked to indicate the importance of their personal health and wellbeing. They were given four answers to choose from; most important, very important, important or not important.

The highest percentage (42%) indicated that their health is most important to them. The second highest percentage of participants (36%) indicated that their health is very important to them. The third highest percentage (17%) indicated their health is important. The remaining 5% of participants did not think their health was important. Overall, the majority of participants (95%), regardless of age, place importance on their health and personal wellbeing.



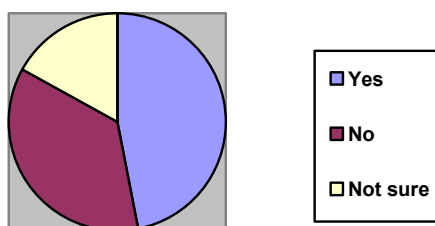
Enrolment in PHO

Participants were asked to indicate if they were enrolled in a primary health organisation. Three options were given; yes, no or not sure. The wording of the question did not allow participants to identify their PHO and the assumption cannot be made that because all participants are Kaiti residents that they are enrolled in a PHO based in Kaiti.

The highest percentage (47%) of participants indicated that they were enrolled in a PHO. The next highest percentage of participants (36%) said they were not enrolled in a PHO. The remaining 17% of participants were not sure if they were enrolled in a PHO.

Participants aged less than 15 years were more likely to not be sure if they were enrolled in a PHO. This could be because they do not have an understanding of the language used in the field of health. Some of these participants may indeed be enrolled in a PHO but be unaware of the definition of the term 'PHO' and thus not identify with it.

Enrolment in a PHO



Suggestions for improvements to health services

Participants were asked to give suggestions as to how primary health services for Kaiti could be improved. No choices were offered so answers were grouped according to similar themes for analysis. Nineteen themes were analysed.

The most popular suggestion (from 169 participants) across all age groups for improving healthcare services in Kaiti was to make it more affordable. This theme included suggestions such as:

- Free or cheaper visits to the doctor.
- Free or cheaper medicines.
- Free or cheaper dental care.
- Free ambulances.

The second most popular suggestion (from 87 participants) across all age groups was to increase resources for current services. This theme included suggestions such as:

- More staff, including doctors and nurses to cut down on waiting times.
- More funding for current healthcare services.
- More doctors that are Māori or Pacific Island or female.
- Each person having their own constant doctor.
- Better facilities.
- More professionals, specialists and qualified people working in healthcare services.

The third most popular suggestion (from 51 participants) across all age groups was to increase community awareness about health. This theme included suggestions such as:

- Education through workshops, courses etc about health issues including drugs, alcohol, teenage pregnancy, safe sex, injury prevention and diet and nutrition.
- Advertising of health services in the community.
- Promotion of health services in the community.

The fourth most popular suggestion (from 47 participants) across all age groups was to increase the health services available to Kaiti residents. This theme included suggestions such as:

- Home checkups.

- More pharmacies.
- More services for the elderly.
- An Abortion clinic.
- More services for men.
- More services for solo parents.
- More services focussed on drug and alcohol abuse.
- More services for rural areas.
- A free or cheap gym.

The fifth most popular suggestion (from 38 participants) across all age groups was to increase access for Kaiti residents to healthcare services. This theme included suggestions such as:

- Longer opening hours for healthcare services (including chemists), including weekends and after hours.
- Walk-in services requiring no appointment.
- Transport.

Participants in some age groups provided suggestions that did not feature amongst other age groups. Nine participants between 16-44 years gave suggestions that could be grouped under the theme 'use of traditional or alternative medicines'. This theme included suggestions such as:

- Legislation of cannabis.
- Use of cannabis for medicinal purposes.
- Use of tohunga and other traditional healing sources

Ten participants between 12-44 years of age suggested that one way of improving primary health services in Kaiti was to provide more activities for youth and children. A smaller number of participants (7) in the less than 12 years, 16-24, 25-34 and 45-54 year age groups suggested that there be an increase in other social services. This theme included suggestions such as:

- More services focussed on whanau support.
- A sports stadium.
- More childcare facilities.

Seven participants aged 16-34 years made suggestions with an environmental focus. This theme included suggestions such as:

- More rubbish bins.
- Cleaner and tidier community.
- Vege gardens.
- More speed bumps.
- More pedestrian crossings.

Finally, 24 participants from 16-65+ years indicated that they were happy with current standards, services and levels of healthcare services available to Kaiti residents and made no suggestions for improvement.

CONCLUSION

Residents of Kaiti place great importance on their health. Most participants gave their health an average or better rating. Data reveals that Kaiti residents are aware of their personal health and indeed, have a perspective on the healthcare they receive and the healthcare they would like to receive.

Current healthcare services are perceived as average, compared to other parts of the country. Based on participant's responses it seems that access to these services is relatively good. Some participants were happy with the current health services available to them but the majority had suggestions for improving current services and for the development of additional services.

Affordability will remain an issue as long as a large proportion of the Kaiti population are beneficiaries, combined with the high deprivation rating of the community. The most popular suggestion was that healthcare be made more affordable than it already is.

Many participants felt that current healthcare services needed an increase in resources, whether in terms of funding or human resources. For most participants this suggestion is a result of a negative experience with a healthcare service.

The suggestion to improve community awareness of health services is also reflected in the data related to the number of participants who were not, or did not know if they were enrolled in a PHO. More advertising, or education is needed by the PHO and its affiliated bodies.

There is general agreement across the age groups that smoking, drugs and alcohol are the main health problems in Kaiti. Older participants were more likely to identify diabetes, alzheimers, cancer as health problems of significance to older age groups.

Younger participants were more likely to also identify sex, teenage pregnancy, abortion and STD's as health problems of significance to younger age groups. Concern amongst participants under 24 years related to teenage pregnancy are warranted given that Gisborne has a significantly higher proportion of births to women aged under 20 years than any other region in the country (Statistics NZ).

The data provides useful information for healthcare providers to Kaiti residents that should inform future planning and operations. While the sample surveyed is comparatively representative of the Kaiti population, further community consultation with the general public, individuals and workers within the health field may yield more specific detail that can be married with the general picture presented in this report.

RECOMMENDATIONS

It is recommended:

1. That the key findings of this report are presented to the Kaiti community for consultation;
2. That key informant interviews, based in part on the findings of this survey, are undertaken with people working in healthcare services that cater for Kaiti residents and/or are based in Kaiti;
3. That focus groups are undertaken with specific age groups and with people working in healthcare and/or social services that cater for Kaiti residents and/or are based in Kaiti; and
4. That the results of the Kaiti Health Survey, community consultation and key informant interviews contribute to an overall health profile of Kaiti to be documented as part of the Kaiti Health Project to inform future investment of public funding in the Kaiti community.

APPENDIX ONE: KAITI HEALTH SURVEY

Kapai Kaiti / Turanganui Primary Health Organisation

Community Health Survey 2005

Thank you for agreeing to complete this survey. It is a combined project of Kapai Kaiti, the local residents association, and Turanganui PHO. The purpose is to help us identify what the Kaiti community consider to be the priority health issues for local residents so that we can plan services to address these needs. Participants will not be identified and results will be published in Kaiti Korero newsletter.

1.	Do you live in Kaiti?	YES	NO (if not then please do not continue)
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2.	How long have you lived in Kaiti?	Less than a year	1 – 5 years	5-10 years	More than 10 years
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3.	What is your age group?	Under 12	12-15	16-24	25-34	35-44	45-54	55-64	65+
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4.	How do you identify yourself?	Maori/Tangata Whenua: Iwi/Hapu:	Pasifika:	Pakeha/European:	Asian:	Other:
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5.	What is your gender?	Female	Male	Other
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6.	What is your paid employment status?	Working Fulltime	Working Part-Time/Seasonal	Retired	Beneficiary
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7.	How many people live in your house?	1	2	3	4	5	6+
	Adults (16+)						
	Children (under 16)						

8.	Overall how would you rate the quality of health in the Kaiti community compared to the rest of the country?	Excellent	Good	Average	Below Average	Poor
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9.	Overall how easy is it for people in Kaiti to access high quality health care compared to the rest of the country?	Very Easy	Same	Not Easy	Very Difficult
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10.	What do you think are the 3 biggest health issues most affecting people of your age living in Kaiti?	1.	2.	3.
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11.	Please rate the following issues in terms of how much you think it is a problem for people living in Kaiti (TICK BOX)	A big problem.	A bit of a problem.	Not a problem.	Not sure.
	Access to Affordable and Appropriate Health Services				
	Alzheimer's Disease & Dementia				
	Alcoholism &/or Liver Disease				
	Cancer				
	Dental Decay &/or Gum Disease				
	Depression, Anxiety (Stress) & Emotional Health				
	Diabetes				
	Domestic Violence				
	Inactivity and lack of exercise				
	Mental Health Disorders				
	Mobility				
	Neighbourhood Violence				
	Nutrition & Eating Disorders				
	Overcrowding and/or Inadequate Heating/Insulation				
	Spiritual/Wairuatanga Issues				
	Sexually Transmitted Diseases & Infections				
	Smoking Related Disease				
	Teenage Pregnancy & Abortion				

12.	Do you think walking alone in your neighbourhood after dark is:	Very dangerous	Dangerous	Not very dangerous	Not at all dangerous
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13.	How often does your family have a good korero/discussion about issues in the news media?	Almost every day.	Once a week.	Once a month.	Not at all.
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14.	Do you have someone that you trust to talk to about personal issues and concerns?	Yes	No	Not Sure
	Is the person usually a friend or family member?	Family/Whanau	Friend/Workmate	

15.	How would you rate your overall health?	Excellent	Good	OK	Below Average	Poor
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16.	How important would you say your personal health and wellbeing is to you?	Most important	Very important	Important	Not important
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17.	Are you enrolled in a Primary Health Organisation?	Yes	No	Not Sure
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18.	How do you think primary health services for Kaiti could be improved?	
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