ALBERT EDEN LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

# WHO WE ARE Local Board Demographics: Quick Facts



98,622 **Population** 

of Auckland population



Median age

under 15

over 65



60%

European Asian **Peoples** 

32%

Māori

8%

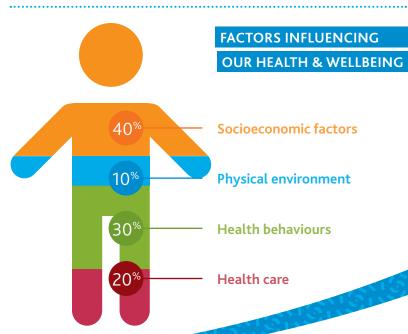
4%

**Pacific** MELAA/ **Peoples** Other 1



expectancy 2









Census area units at high or very high risk of climate change 3

# **OUR GREEN SPACE**



49% Residents within 10 minutes walk to large park 4

# OUR NEIGHBOURHOODS & CITY



Average number tobacco retailers 2km from home 5



Average number alcohol retailers 2km from home 6



Water fountains per

10,000 people 7

Travel to education by public or active transport

# **HOW WE LIVE**



Home always

significantly

mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** 9



Youth not in employment, education or training (NEET) 10

# **HOW WE CONNECT**



Positive sense of community 11



Korero te Reo

(Māori residents) 12

# WHAT WE DO



Hazardous drinking

by DHB % 13



active last week (adults) 14



Smokers



19%



Average hours



# **COLOUR KEY**

not in line with regional average (positive)

in line with regional average

not in line with regional average (risks or issues arising)

Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as +/- 10% from Auckland average unless otherwise stated in the notes

# THE IMPACT ON US

Health & Wellbeing



Living with Type2

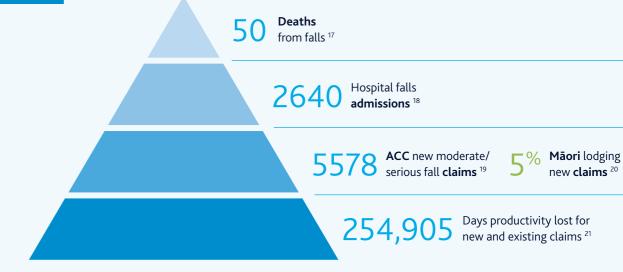
Diabetes 15



Quality of life is rated good or better 16

# THE IMPACT ON US

**Falls** 



# THE IMPACT ON US

**Alcohol Harm** 



163.6 Rate of hospital admissions from conditions wholly attributable to alcohol 22



Deaths and serious injuries (DSI) drivers with alcohol test above limit or refused 23

# THE IMPACT ON US

**Transport** 



203 Police attended DSI events 24



Māori **DSI** 25



Profile data collected and presented by:

# **Auckland Regional Public Health Service** Ratonga Hauora-ā-lwi ō Tāmaki Makaurau









- 1 **MELAA:** Middle Eastern, Latin American and African People
- 2 **Stats NZ Subnational Period Life Tables 2012-14**Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 **Census 2018** Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note:* Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019 *Note*: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)



AOTEA / GREAT BARRIER LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

### WHO WE ARE Local Board Demographics: Quick Facts



936 **Population**  of Auckland

population



Median age

under 15

over 65



European

Asian

**Peoples** 

21% Māori

3%

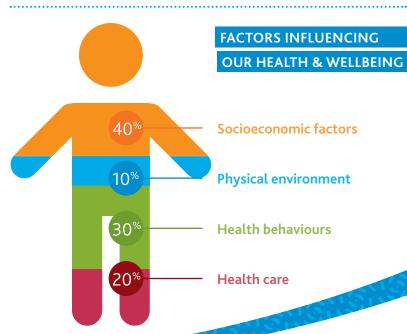
2%

**Pacific** MELAA/ **Peoples** Other 1



expectancy 2









100%

Census area units at high or very high risk of climate change 3

# **OUR GREEN SPACE**



Residents within 10 minutes walk to large park 4

# OUR NEIGHBOURHOODS & CITY



Average number tobacco retailers 2km from home 5



Average number alcohol retailers 2km from home 6



Water fountains per 10,000 people 7



Travel to education by public or active **transport** 

# **HOW WE LIVE**



4% Home always significantly mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** 9



Youth not in employment, education or training (NEET) 10

# **HOW WE CONNECT**



66% Positive sense of community 11



Korero te Reo

(Māori residents) 12

# WHAT WE DO



Hazardous drinking by DHB % 13



6.1 active last



Smokers



19%

Average hours week (adults) 14

### **COLOUR KEY**

not in line with regional average (positive)

in line with regional average

not in line with regional average (risks or issues arising)

Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as +/- 10% from Auckland average unless otherwise stated in the notes

# THE IMPACT ON US

Health & Wellbeing



Living with Type2

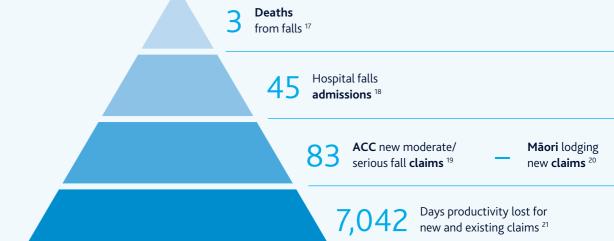
Diabetes 15



Quality of life is rated good or better 16

# THE IMPACT ON US

**Falls** 



# THE IMPACT ON US

**Alcohol Harm** 



Rate of **hospital** admissions from conditions wholly attributable to alcohol 22



Deaths and serious injuries (DSI) drivers with alcohol test above limit or refused 23

# THE IMPACT ON US

**Transport** 



Police attended DSI events 24



Māori **DSI** 25



**DSI** per road

Profile data collected and presented by:

# **Auckland Regional Public Health Service** Ratonga Hauora-ā-lwi ō Tāmaki Makaurau









- MELAA: Middle Eastern, Latin American and African People
- 2 **Stats NZ Subnational Period Life Tables 2012-14**Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 **Census 2018** Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note:* Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019

  Note: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)



DEVONPORT-TAKAPUNA LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

### WHO WE ARE Local Board Demographics: Quick Facts



57.975 **Population** 

of Auckland population



Median age

under 15

16%

over 65



European

26%

Asian **Peoples** 

6% Māori 3%

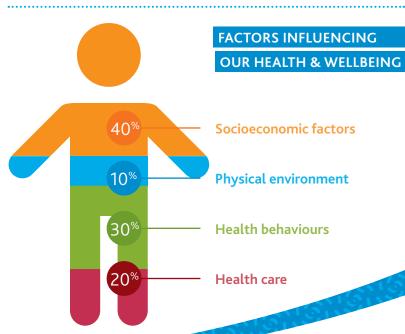
4%

**Pacific** MELAA/ **Peoples** Other 1



expectancy 2









46%

Census area units at high or very high risk of climate change 3

# **OUR GREEN SPACE**



Residents within 10 minutes walk to large park 4

# OUR NEIGHBOURHOODS & CITY



Average number tobacco retailers 2km from home 5



Average number alcohol retailers 2km from home 6



Water fountains per 10,000 people



Travel to education by public or active transport

# **HOW WE LIVE**



Home always significantly mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** 9



9%

Youth not in employment, education or training (NEET)  $^{10}$ 

# **HOW WE CONNECT**



66% Positive sense



Korero te Reo (Māori residents) 12

# WHAT WE DO



Hazardous drinking by DHB % 13



Average hours active last week (adults) 14







Smokers

### **COLOUR KEY**

not in line with regional average (positive)

in line with regional average

not in line with regional average (risks or issues arising)

Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as +/- 10% from Auckland average unless otherwise stated in the notes

# THE IMPACT ON US

Health & Wellbeing



Living with Type2

Diabetes 15

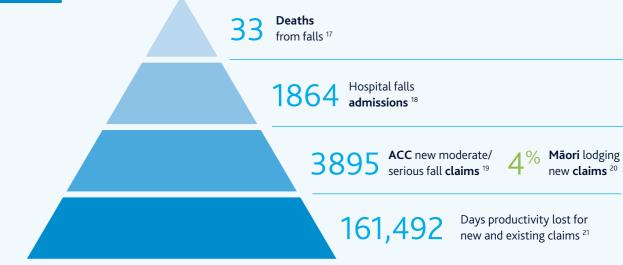


Quality of life is rated good

or better 16

# THE IMPACT ON US

**Falls** 



# THE IMPACT ON US

**Alcohol Harm** 



169.2 Rate of hospital admissions from conditions wholly attributable to alcohol 22



Deaths and serious injuries (DSI) drivers with alcohol test above limit or refused 23

# THE IMPACT ON US

**Transport** 



98 Police attended DSI events 24



Māori **DSI** 25



Profile data collected and presented by:

# **Auckland Regional Public Health Service**

Ratonga Hauora-ā-lwi ō Tāmaki Makaurau









- MELAA: Middle Eastern, Latin American and African People
- 2 **Stats NZ Subnational Period Life Tables 2012-14**Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 **Census 2018** Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note:* Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019

  Note: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)



FRANKLIN LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

# WHO WE ARE Local Board Demographics: Quick Facts



74,838 **Population** 

of Auckland population



Median age

under 15

over 65



European

9% Asian

**Peoples** 

15% Māori 5%

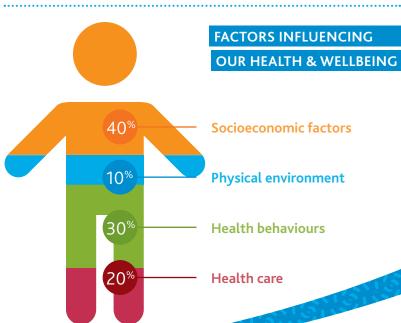
2%

**Pacific** MELAA/ **Peoples** Other 1



expectancy 2









85%

Census area units at high or very high risk of climate change <sup>3</sup>

# **OUR GREEN SPACE**



49%
Residents within
10 minutes walk
to large park 4

# OUR NEIGHBOURHOODS & CITY



2

Average number **tobacco retailers** 2km from home <sup>5</sup>



1

Average number **alcohol retailers** 2km from home <sup>6</sup>



1.6

Water fountains per 10,000 people 7



30%

Travel to education by public or active **transport** 

# **HOW WE LIVE**



4%
Home always significantly

mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** <sup>9</sup>



15%

Youth not in employment, education or training (NEET) 10

# **HOW WE CONNECT**



Positive sense of community 11



15%

Korero **te Reo** (Māori residents) 12

# WHAT WE DO



17%

Hazardous

drinking
by DHB % 13



5.4
Average hours
active last
week (adults) 14



12% Smokers

Average hours

### **COLOUR KEY**

not in line with regional average (positive)

in line with regional average

not in line with regional average (risks or issues arising)

Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as  $\pm$ 10% from Auckland average unless otherwise stated in the notes

# THE IMPACT ON US

Health & Wellbeing



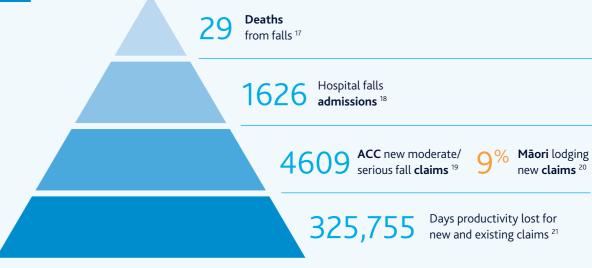
5% Living with Type2 **Diabetes** 15



**Quality of life** is rated good or better <sup>16</sup>

# THE IMPACT ON US

**Falls** 



# THE IMPACT ON US

**Alcohol Harm** 



112.1

Rate of **hospital** admissions from conditions wholly attributable to alcohol <sup>22</sup>



10%

Deaths and serious injuries (DSI) **drivers** with alcohol test above limit or refused <sup>23</sup>

# THE IMPACT ON US

**Transport** 



318
Police attended
DSI events 24



17% Māori **DSI** <sup>25</sup>



0.24

DSI per roa

Profile data collected and presented by:

# **Auckland Regional Public Health Service**

Ratonga Hauora-ā-lwi ō Tāmaki Makaurau









- MELAA: Middle Eastern, Latin American and African People
- 2 **Stats NZ Subnational Period Life Tables 2012-14**Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 **Census 2018** Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note:* Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019

  Note: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)



HENDERSON-MASSEY LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

# WHO WE ARE Local Board Demographics: Quick Facts



118,422 **Population** 

of Auckland population

Median age

under 15

over 65



European Asian **Peoples** 

28%

17% Māori 21%

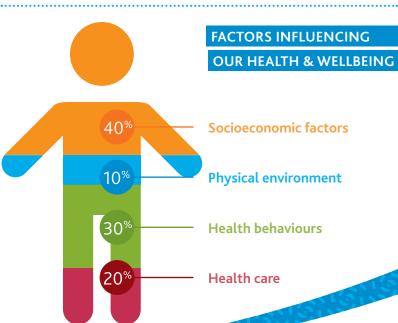
4%

**Pacific** MELAA/ **Peoples** Other 1



expectancy 2









Census area units at high or very high risk of climate change 3

# **OUR GREEN SPACE**



Residents within 10 minutes walk

to large park 4

# OUR NEIGHBOURHOODS & CITY



Average number tobacco retailers 2km from home 5



Average number alcohol retailers 2km from home 6



Water fountains per 10,000 people 7



Travel to education by public or active transport

# **HOW WE LIVE**



Home always significantly mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** 9



Youth not in employment, education or training (NEET) 10

# **HOW WE CONNECT**



Positive sense

**KIA ORA** 

Korero te Reo (Māori residents) 12

# WHAT WE DO



Hazardous drinking by DHB % 13



active last





Average hours week (adults) 14 Smokers

### **COLOUR KEY**

not in line with regional average (positive)

in line with regional average

not in line with regional average (risks or issues arising)

Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as +/- 10% from Auckland average unless otherwise stated in the notes

# THE IMPACT ON US

Health & Wellbeing



Living with Type2 Diabetes 15

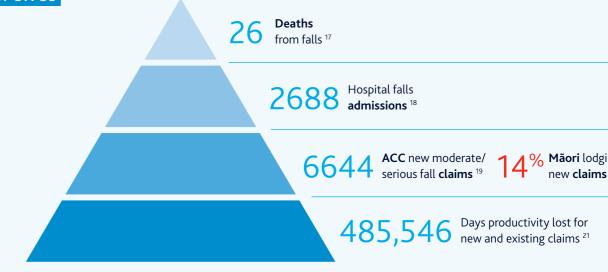


Quality of life is rated good

or better 16

# THE IMPACT ON US

**Falls** 



# THE IMPACT ON US

**Alcohol Harm** 



148.7

Rate of hospital admissions from conditions wholly attributable to alcohol 22



Deaths and serious injuries (DSI) drivers with alcohol test above limit or refused 23

# THE IMPACT ON US

**Transport** 



168 Police attended DSI events 24



Māori **DSI** 25



Profile data collected and presented by:

# **Auckland Regional Public Health Service** Ratonga Hauora-ā-lwi ō Tāmaki Makaurau









- 1 **MELAA:** Middle Eastern, Latin American and African People
- 2 **Stats NZ Subnational Period Life Tables 2012-14**Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 Census 2018 Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note*: Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019
  Note: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)



HIBISCUS AND BAYS LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

# WHO WE ARE Local Board Demographics: Quick Facts



104,010 **Population**  of Auckland population



Median age

under 15

over 65



European

16%

Asian **Peoples** 

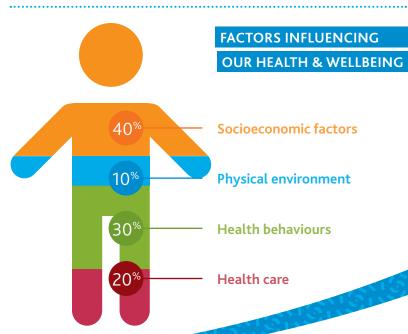
Māori

**Pacific** MELAA/ **Peoples** Other 1

3%



expectancy 2







Census area units at high or very high risk of climate change 3

# **OUR GREEN SPACE**



Residents within 10 minutes walk to large park 4

# OUR NEIGHBOURHOODS & CITY



Average number tobacco retailers 2km from home 5



Average number alcohol retailers 2km from home 6



Water fountains per 10,000 people 7



Travel to education by public or active transport

# **HOW WE LIVE**



3% Home always significantly

mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** 9



9%

Youth not in employment, education or training (NEET)  $^{10}$ 

# **HOW WE CONNECT**



Positive sense of community 11



Korero te Reo (Māori residents) 12

# WHAT WE DO



Hazardous drinking

by DHB % 13





**COLOUR KEY** 





Average hours active last week (adults) 14 Smokers

Profile data collected

# THE IMPACT ON US

Health & Wellbeing



Living with Type2

Diabetes 15

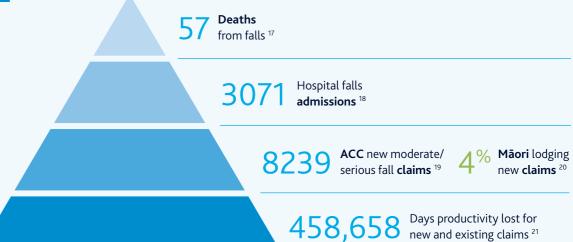


Quality of life is rated good

or better 16

# THE IMPACT ON US

**Falls** 



## THE IMPACT ON US

**Alcohol Harm** 



170 Rate of hospital admissions from conditions wholly attributable to alcohol 22



8%

Deaths and serious injuries (DSI) drivers with alcohol test above limit or refused 23

# THE IMPACT ON US

**Transport** 



119 Police attended DSI events 24



Māori **DSI** 25



# and presented by:

# **Auckland Regional Public Health Service**

Ratonga Hauora-ā-lwi ō Tāmaki Makaurau





orking with the people of Auckland, Waitemata and Cou





# not in line with regional average (positive) in line with regional average not in line with regional average (risks or issues arising) Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as +/- 10% from Auckland average unless otherwise stated in the notes

- 1 **MELAA:** Middle Eastern, Latin American and African People
- 2 **Stats NZ Subnational Period Life Tables 2012-14**Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 Census 2018 Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note*: Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019
  Note: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)



HOWICK LOCAL BOARD



# Why Wellbeing and Injury **Prevention?**

Being healthy and well is more than being free from disease. Genetics and access to health care are important, but the greatest impact on health, wellbeing and injury harm are the environment and living conditions by which we are born, grow, work, live, and age.

In Auckland there is an 8-year difference in life expectancy across the city, with many early deaths caused by preventable conditions or harm. Between 2012 and 2016. Auckland saw 2.169 injury-related deaths. 63% were unintentional and most were predictable and preventable.

By acting locally to improve the environment around us we can support and encourage healthy behaviours and minimise injury. A local approach recognises that people and places are inter-related, and local context is critical if we are to focus on local needs and priorities and engage the community in developing solutions.

Local boards are intimately connected to the community, and crucial to positively transforming the wellbeing and injury outcomes of their residents through the planning and support of relevant initiatives. Whether it's developing safe active transport networks; managing parks, playgrounds and open spaces; or building social connection, local boards are at the forefront.

# Measuring wellbeing and injury prevention

Having access to the underlying data is the first step to support local action on wellbeing and injury prevention. This profile highlights a range of wellbeing and injury indicators that describe the connections between our environment and the impact this can have on people's health, wellbeing and harm from injury.

Data is from the 2018 census unless otherwise stated.

# WHO WE ARE Local Board Demographics: Quick Facts



140,970 **Population** 

of Auckland population



Median age

under 15

14%

over 65



European

47% Asian

**Peoples** 

6% Māori

4% MELAA/

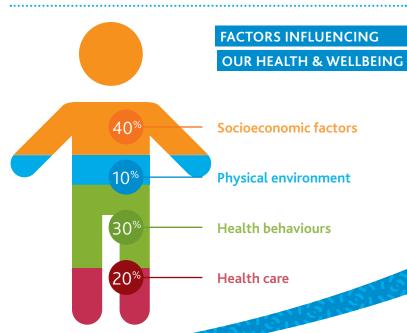
Other 1

expectancy 2



**Pacific** 

**Peoples** 







49%

Census area units at high or very high risk of climate change <sup>3</sup>

# **OUR GREEN SPACE**



65% Residents within 10 minutes walk to large park 4

# OUR NEIGHBOURHOODS & CITY



10

Average number **tobacco retailers** 2km from home <sup>5</sup>



7

Average number **alcohol retailers** 2km from home <sup>6</sup>



0.6
Water fountains per

10,000 people 7



Travel to education by public or active **transport** 

# **HOW WE LIVE**



4%

Home always significantly mouldy 8

# **OUR OPPORTUNITIES**



Children living in **poverty** <sup>9</sup>



Youth not in employment, education or training (NEET) 10

# **HOW WE CONNECT**



46% Positive sense

of community 11



10%

Korero **te Reo** (Māori residents) 12

# WHAT WE DO



17%
Hazardous drinking

by DHB % 13



4.2
Average hours
active last
week (adults) 14



8% Smokers

**COLOUR KEY** 



in line with regional average

not in line with regional average (risks or issues arising)

Regional comparison or data not available, appropriate or suppressed

Thresholds are calculated as +/- 10% from Auckland average unless otherwise stated in the notes

# THE IMPACT ON US

Health & Wellbeing



6%
Living with Type2

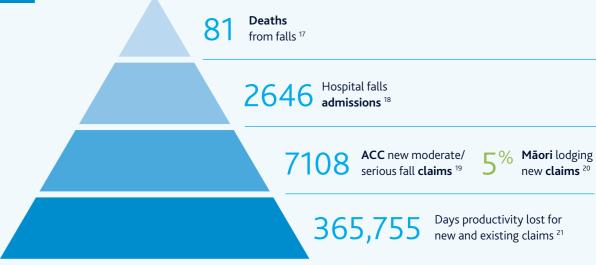
Diabetes 15



**Quality of life** is rated good or better <sup>16</sup>

# THE IMPACT ON US

Falls



## THE IMPACT ON US

**Alcohol Harm** 



Rate of hospital admissions from conditions wholly attributable to alcohol <sup>22</sup>



4%

Deaths and serious injuries (DSI) **drivers** with alcohol test above limit or refused <sup>23</sup>

# THE IMPACT ON US

Transport



166
Police attended
DSI events <sup>24</sup>



8% Māori **DSI** <sup>25</sup>



0.32

DSI per roa kilometre 2

Profile data collected and presented by:

# Auckland Regional Public Health Service

Ratonga Hauora-ā-Iwi ō Tāmaki Makaurau









- MELAA: Middle Eastern, Latin American and African People
- Stats NZ Subnational Period Life Tables 2012-14 Note: Compared to Auckland region life expectancy of 80.5 years, thresholds are 1 year less or greater than Auckland Life expectancy.
- 3 Auckland Council Technical Report 2019: An Assessment of Vulnerability to Climate Change in Auckland
- 4 ARPHS GIS Mapping 2013
- 5, 6 ARPHS GIS Mapping 2019
- 7 Auckland Council Parks Recreation and Sport Asset mapping 2019
- 8 **Census 2018** Significant mould is defined as larger than A4 sized
- 9, 12 **Census 2013** *Note*: Child poverty defined as households with less than 50% median household income before housing costs
- 10 Auckland Regional Household Labour Force Report 2019 *Note*: numbers suppressed over 4 previous quarters
- 11, 16 **2018 QOL Survey** *Note*: combined Waiheke and Great Barrier result
- 13 **NZ Health Survey** 2016/17 *Note*: data is for the local DHB area
- 14 **Sport New Zealand** *Note*: 2-years combined data 2018-19
- 15 Ministry of Health National Diabetes Register 2018
- 17 NZ Injury Query System (NIQS). Injury Prevention Research Unit (IPRU), Otago University 2012-2016 Note: From Ministry of Health NZ National Mortality Collection, for all intents.

- NIQS 2014-2018 Note: From Ministry of Health NZ National Minimum Dataset (NMD). Includes patients admitted and stayed in hospital past midnight with a principal diagnosis of a fall injury from all intents. Excludes day patient and readmissions for the same fall.
- 19,20,21 Accident Compensation Corporation (ACC) 2014-2018 Notes: (19) For new 'entitlement claims' that occur and are accepted during 2014-2018 for board residents. Entitlement claims cover moderate to serious falls beyond medical only treatment. (20) Ethnicity is prioritised (21) Includes all 'entitlement' claims, including both new and existing claims where payment is made for lost earnings. Does not include the initial seven days off work and includes days lost for both part time and fulltime workers.
- 22 Environmental Health Indicators programme, Massey University 2013-2017 Notes: Age-standardised rate (ASR) per 100,000 people, with 95% confidence intervals used to allocate alignment with regional average which differs to other regional average calculations. Includes conditions wholly attributable to alcohol where patient (aged 15 years and over) admitted to hospital (including emergency department (ED) visits >3 hours). Caution must be made when considering the rates as they do not include conditions partially attributable to alcohol or emergency department visits seen within 3 hours, representing only some of the burden of hospital alcohol related harm.
- 23-26 CAS NZTA Crash Analysis System and RAMM Road Assessment and Maintenance Management from Auckland Transport 2014-2018 Notes: (24) Police attended transport events resulting in deaths and serious injuries that occur within the board boundaries to both residents and non-residents. (26) Includes transport events that occur on public roads and excludes those in areas such as car parks and driveways. The number of lanes on a road are not accounted for.

Suppressed data: Data is suppressed when total numbers are too small for privacy or statistical purposes

### For more information and technical questions please contact

Wayne Levick | Strategic Advisor – Safety Collective

E: wayne.levick@aucklandcouncil.govt.nz

Ailsa Wilson | Senior Health Advisor - Auckland Regional Public Health Service (ARPHS)

