Families Affected by Long-Term Health Conditions in Aotearoa New Zealand

Lisa Underwood, Ofa Dewes and Barry Milne COMPASS (University of Auckland) and Langimalie Research Centre (Tongan Health Society)

Background

Non-communicable, long-term physical and mental health conditions (LTHCs) are increasing in prevalence and associated with high levels of disability, and multimorbidity. Living with a family member who has a LTHC is likely to affect wellbeing across the life-course.

The impacts of LTHCs can be compounded by inequitable health systems and societal responses; thus, it is important to understand the social environments in which LTHCs are experienced and how these might disadvantage or benefit health and social outcomes.

The Lifecourse project

Funded by three of the National Science Challenges (A Better Start, Healthier Lives & Ageing Well), the Lifecourse project aims to understand the challenges facing families who are affected by LTHCs. The aim is to improve understanding of the wider benefits of chronic disease prevention and find out what helps some families thrive despite their experience of living with LTHCs.

New Zealand families & whānau study

This study used the Integrated Data Infrastructure (IDI),

a national database that holds de-identified microdata about people and households from multiple government agencies and surveys. We analysed linked Census and Ministry of Health data from over 3



Aim

This Lifecourse brief describes the characteristics of household families in Aotearoa affected by long term health conditions.

Findings on the health & social outcomes for the people in these families are reported in Lifecourse briefings 2/2024 & 3/2024.

Key Findings

- Over 60% of families included at least one person with a long-term health condition
- Mental health conditions & diabetes were the most common conditions
- ½ million children were living in a family in which at least one person had a long-term health condition

million people who were living in 1 million families in Aotearoa in 2013. We determined whether these individuals had received treatment or services for any of nine LTHCs: cancer, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), diabetes, dementia, gout, stroke, traumatic brain injury and mental health/behaviour conditions (MHBCs).



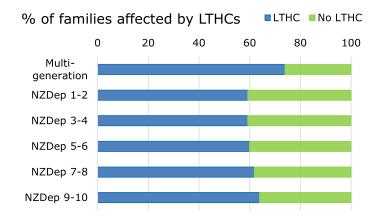
Findings

In 2013, there were 1,043,172 families or extended families living in the same household (according to the Census). Among the 3,153,501 people in these families, 29% had at least one of the selected nine LTHCs.

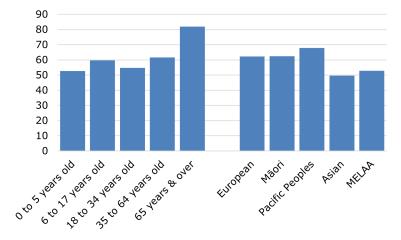
Over 60% of families included at least one person with a LTHC, and this rate was higher among multigeneration families (74%). The proportion of families affected by LTHCs increased as area-level deprivation (NZDep) increased.

The most common LTHCs among families were MHBCs (39% of families), followed by diabetes (16%), TBI (14%), gout (8%), COPD (7%), CHD (6%), stroke (1%) & dementia (0.4%).

Almost 2 million people were experiencing a LTHC, either themselves or through a household family member. Pacific Peoples and those over 65 were most likely to be in a family affected by LTHCs. Children had a low rate of LTHCs themselves (11%), but more than half (53%) had a family member with a LTHC, compared with 47% of adults. At the highest level of socioeconomic deprivation, 58% of children aged under 18 years lived with a family member who had a HC.







Conclusion

Among the 1 million families in our study, three

in five included at least one person with a LTHC (cancer, chronic obstructive pulmonary disease, heart disease, diabetes, dementia, gout, stroke, traumatic brain injury, or mental health/behaviour conditions). Around ½ million children were living with a family member who had a LTHC and three in four multigeneration families included at least one person with a LTHC.

Key Policy Recommendations

- High levels of family-based health support services are needed among Pacific Peoples, multigeneration families and those in areas of highest deprivation
- Policy changes are needed to enable health service providers to develop:
 - Culturally appropriate family-based preventative interventions that address modifiable risk factors for long-term health conditions
 - Family-wide health screening and assessment
 - Interventions for long-term health conditions that include the whole family

For more information, please visit http://auckland.ac.nz/compassresearch. Contact: lunderwood@auckland.ac.nz
Full article available in New Zealand Medical Journal. Adapted with assistance from Suzanne Woodward, PPI