

**TE ĀHUA O TE RĀNGAI HAUORA
ME TE TAUTĀWHI PĀPORI
I TE ROHE O MANAWATŪ**

**MANAWATŪ REGION
HEALTH CARE AND SOCIAL ASSISTANCE
SECTOR PROFILE**

2022



Contents

Executive summary	4
Introduction	7
Health and economic development	8
Key definitions and statistical classifications	10
Key sectors	11
Health education in the Manawatū region	17
Characteristics of the health care and social assistance sector labour force	20
Population trends	22
Measuring economic benefits of the health care and social assistance sector	23

Executive Summary

The purpose of these economic sector profiles for the Manawatū region is to describe the contribution of key sectors to the economic wellbeing of the region. Seven sectors are expected to contribute to a significant share of future growth in the number of jobs and incomes in the region over the next 25 years. They are healthcare, public administration (including defence), logistics, construction, tourism, professional, scientific and technical services, and manufacturing.

The health care and social assistance sector is the largest sector for employment in the Manawatū region. With an estimated workforce of 8,000 people in March 2020, and total earnings (salaries and wages and self-employment income) of \$451 million in the year ended March 2020, the sector accounted for 12.3% of employment in the region and 12.6% of earnings. At a national level the sector contributed 8.6% of total employment and 9.9% of earnings.

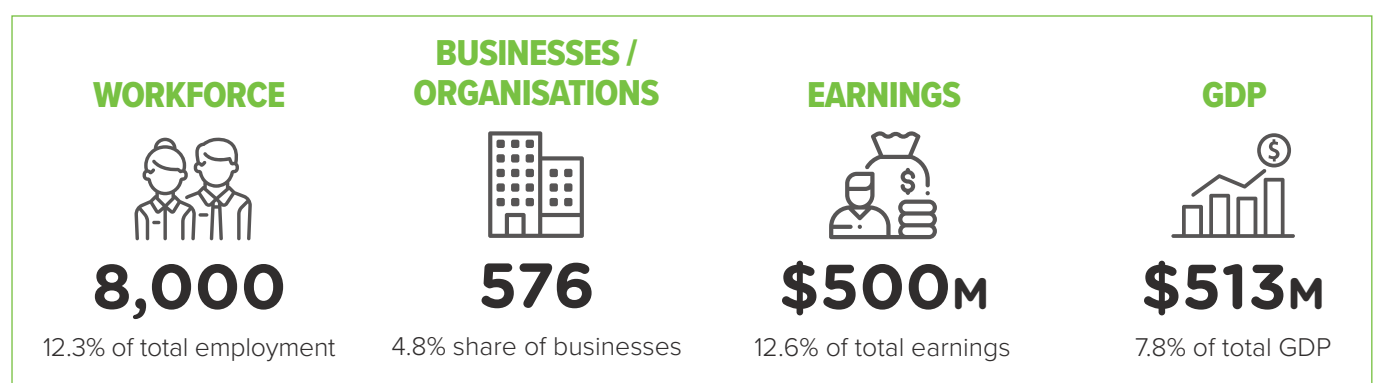
Employment in the sector has increased strongly over the past 20 years, with the workforce in the region increasing by 51% (2,720 people) between 2000 and 2020, while national growth in the sector was 69%. The 51% increase in employment in the health sector in the region was significantly higher than the employment growth of 29% recorded across all sectors in the Manawatū region. The 2,720 jobs created account for 19% of total employment growth in the region.

Infometrics' projections for workforce growth in the sector suggest the total health sector workforce will increase from 7,983 people in 2018 to 13,282 by 2048, an increase of 66% from 2018, with an additional 5,298 people working in the sector. The overall workforce in the region is projected to increase by 35% over this time.

Earnings in the sector have more than doubled between 2000 and 2020 (the latest earnings data available), increasing by \$357 million over this period - an increase of 249%. This accounted for 15% of total income growth in the region over this period. Total earnings across all sectors in the region increased by 159% between 2000 and 2020.

There were 576 businesses and other organisations operating in the sector in February 2021, a 4.8% share of total organisations in the region. This share is much lower than the sector's share of jobs and earnings because employment is concentrated in large organisations. Organisations with 50 or more employees accounted for 72% of health care and social assistance salary and wage earners in 2021. Organisations with 50 or more employees accounted for 53% of salary and wage earners in all sectors in the region.

The contribution to gross domestic product (GDP) by the health care and social assistance sector is estimated to have been \$513 million in the region in the year to March 2020 (7.8% of regional GDP). GDP in the sector increased by 72% between 2000 and 2020, an average annual growth rate of 2.7%.



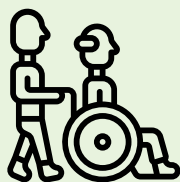
Major employment subgroups within the health care and social assistance sector in the Manawatū region are:



Hospitals

In February 2020, 2,384 people were employed in the two hospitals based in Palmerston North (Palmerston North Hospital and Crest Hospital), an increase of 706 jobs (42% increase) from February 2000. The importance of the City as a major regional centre for hospital-based services is reflected in the region's 3.1% share of national hospital employment, while the region's share of national employment across all industries is 2.7%.

Palmerston North Hospital has a dedicated Intensive Care Unit, Coronary Care Unit and Neonatal Unit, amongst other services, and provides one of the largest provincial trauma centres in New Zealand. Regional speciality services are provided at the hospital to residents of the Taranaki, Whanganui, Hawkes Bay, Tairāwhiti and Wairarapa DHBs.



Residential care services

In 2020 1,719 people were employed in residential care services in the region. The largest component of the employment in the residential care sector is aged care residential services, where 1,072 people were employed, increasing by 53% between 2000 and 2020 - well ahead of national employment growth of 41% in this sector. Statistics New Zealand population estimates show the Manawatū region experienced strong population growth in the 85 years and over age group, which increased by 115% between 1996 and 202. The total population in the region increased by only 19%.

Other residential care services employed 647 people in 2020, an increase of 121% from 2000. The category includes Arohanui hospice, Idea Services accommodation, MASH Trust, Women's Refuge, respite residential care, and other residential care facilities, such as Ozanam House (which provides accommodation for cancer patients and their families).

Palmerston North has a high number of disabled people because of the wide range of services offered in the City, the relative affordability of housing compared with larger centres and the ease of getting around the City. This is reflected in Ministry of Social Development data, showing that the region has a 3.3% share of the people receiving the Supported Living Payment as at June 2020, higher than its 2.4% share of the total population. The region has a 2.8% share of people receiving the Disability Allowance. The higher than expected number of people with a disability not only increases economic activity in the region through the additional number of people employed to provide support services, but also adds to the level of spending in the region by the people with a disability who have chosen to move here.



Medical and other health care services

The medical and other health care services category covers a broad range of health providers not covered elsewhere in the health care and social assistance classification. These include general practice and specialist medical service, dentists, midwives, podiatrists, clinical psychologists, dieticians and nursing services. In 2020 2,631 people were employed in the sub-sector, with a significant proportion employed in providing health and support services for people in their own home.



Child care services

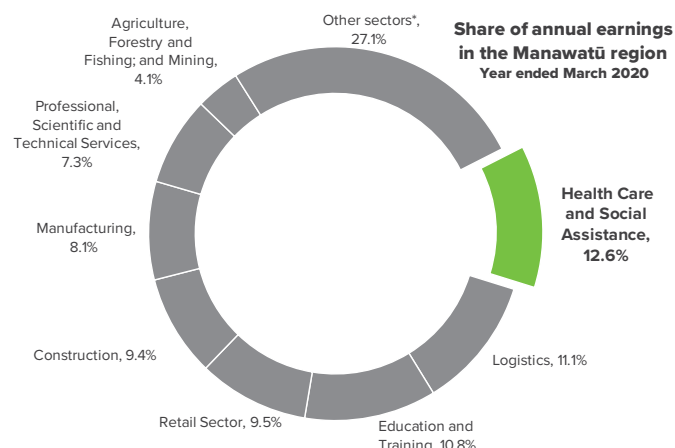
The child care services classification includes after-school care services, childminding services and day care services which are not accredited early childhood education providers, which are classified in the education sector. Employment increased by 143% between 2000 and 2020, with 553 people employed in February 2020.

Measuring economic benefits of the health care and social assistance sector

Health has long been recognised in development economics policy as one of the fundamental determinants of economic growth and poverty reduction. The positive impact that health has on growth and poverty reduction occurs through a number of mechanisms, such as a reduction of production losses due to less illness among workers, increased productivity as a result of better nutrition, lower absenteeism rates and improved learning among school children.

Improved health also allows for the alternative use of financial resources that might normally have been destined for the treatment of ill health. While the priorities for health improvement in high income countries change from those in developing countries, there is recognition that public investment in health services still produces significant social and economic benefits.

Other economic benefits from the expansion of the health sector are seen through increased demand for visitor accommodation (patients, their family and friends, and conferences and training associated with the health sector), the attraction of people to the region due to the availability of specialist services and expertise, and the attraction of skilled staff and their families.



* Other sectors includes: Public administration and safety services; Electricity, gas, water and waste services; Information media and telecommunications; Financial and insurance services; Rental, hiring and real estate services; Administrative and support services; Arts and recreation services; Other services





Introduction

The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”¹.

Health and disability services in New Zealand are delivered by a complex network of organisations and people. Each has their role in working with others across the system to achieve better health for New Zealanders. Around three quarters of Government funding for the health sector is currently administered by District Health Boards (DHBs). DHBs plan, manage, provide and purchase health services for the population of their District to ensure services are arranged effectively and efficiently for all of New Zealand. This includes funding for primary care, hospital services, public health services, aged care services, and services provided by other non-government health providers, including Māori and Pacific providers. Accident services are funded by the Accident Compensation Corporation (ACC).

There will be substantial change to the way the health system is structured, with all DHBs being disestablished and the establishment of Health NZ and the Māori Health Authority by July 2022. Health NZ will be responsible for

the planning and commissioning of hospital, primary and community health services and will operate four regional offices. The Māori Health Authority, established alongside Health NZ, will have shared responsibility for decision-making, planning and delivery.

Important roles in providing health services and ensuring efficiency and quality are undertaken by public health units, primary health organisations, non-government organisations, Crown entities, health professionals, and professional and regulatory bodies for all health professionals – including all medical and surgical specialist areas, nurses and allied health groups.

There is a range of educational and research institutions involved in the provision of services and training of the workforce. There are also many consumer bodies and non-government organisations that provide services and advocacy for the interests of different groups, and more formal advocacy and inquiry boards, committees and other entities.

¹ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

Health and economic development

Health has long been recognised in the development economics field as one of the fundamental determinants of economic growth and poverty reduction.

The positive impact that health has on economic growth and poverty reduction occurs through a number of mechanisms, such as a reduction of production losses due to less illness among workers, increased productivity as a result of better nutrition, lower absenteeism rates and improved learning among school children. Good health also allows for the alternative use of financial resources that might normally be destined for the treatment of ill-health. While the priorities for health improvement in high income countries change from those in developing

countries, there is recognition that public investment in health services still produces significant social and economic benefits.

An example of this recognition is a 2011 health and economic development paper prepared for the New York Regional Economic Development Council². The paper includes the following brief overview of how health and economic development interact.

How do health and economic development interact?

Health is fundamental to one of the main inputs for economic development: human capital. Along with financial, intellectual, social, and political capital, development schemes rely on skilled, healthy individuals as workers and as consumers. When you have a healthy population, economic benefits follow:

- Half of the overall economic growth in the US during the last century is associated with improvements in population health.³
- Reductions in heart disease and cancer mortality produce significant economic benefits for current and future generations.⁴
- A 10 - year increase in life span is associated with an increase of 4.5 percentage points in savings rates because healthier individuals with increased longevity are more concerned with future financial needs.⁵

Conversely, poor health and illness generate an economic burden to individuals, organisations, and regions. A less healthy population generates costs in preventable health care expenditures, higher premiums from insurance companies and healthcare costs to business.

These expenditures come at the expense of other investments. The public sector forgoes critical investments in education, transportation, housing and other infrastructure, social services, and the arts. Businesses experience opportunity costs and may have to sacrifice expansion and capital investment. Businesses want to locate in regions with healthier populations because their costs are lower and productivity is higher.

Furthermore, unemployment and low-income are among the leading determinants of poor health. Unemployment is consistently linked with higher rates of illness, injury, and premature mortality.

² The New York Academy of Medicine. (2011). Health and Economic Development.

³ Nordhaus WD. (2002). The Health of Nations: The Contribution of Improved Health to Living Standards. Cambridge, MA: National Bureau of Economic Research.

⁴ Murphy K, Topel R. (2003). Diminishing returns? The costs and benefits of improving health. *Perspect Biol Med.* 2003;46 (suppl 3):S108–S128.

⁵ Bloom DE, Canning D, Graham B. (2003) Longevity and life-cycle savings. *Scand J Econ.* 2003;105:319–338.

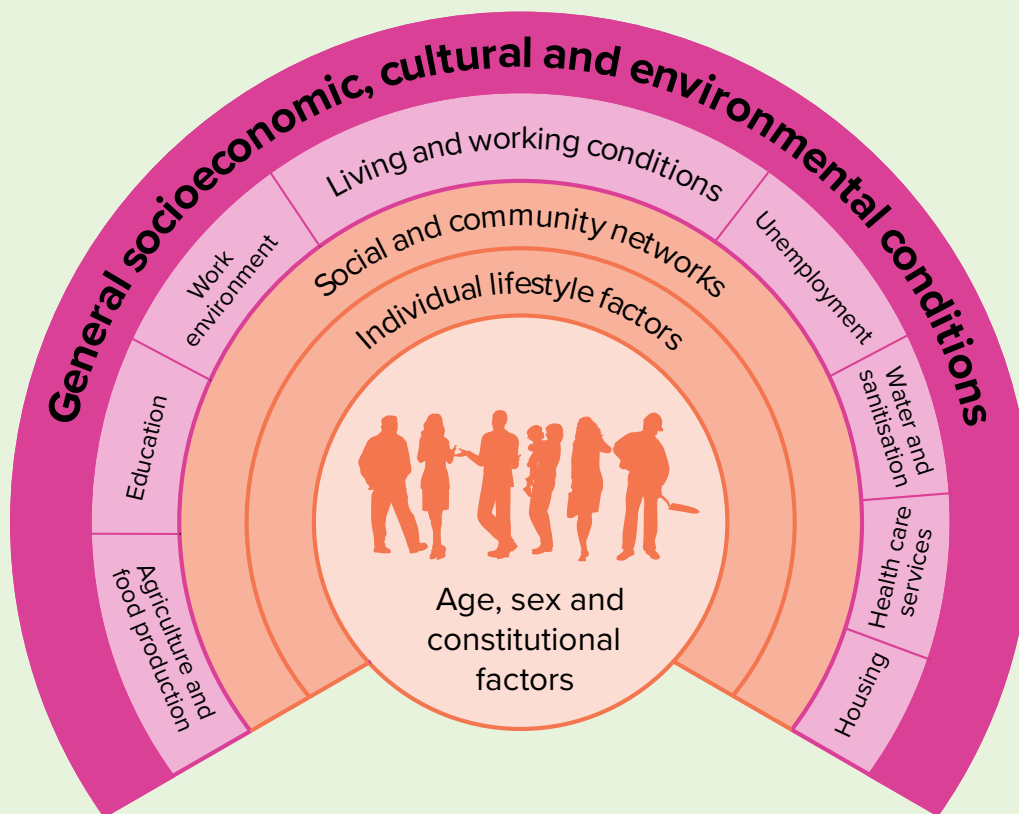
How can economic development produce health?

Health and economic development are often linked in people’s minds to the health care industry: hospitals and health care systems care for the sick and create health sector jobs. However, economic development can improve health and, over the long term, generate health care system savings in other ways.

Economic development strategies create the overarching “socioeconomic, cultural, and environmental conditions” (illustrated in Figure 2) that

influence population health. Creating a business climate and supporting public investments that contribute to good-paying jobs can create an economically thriving community that strengthens education, social networks, and community resources, in turn contributing to good health outcomes.

Figure 2: Dahlgren & Whitehead’s determinants of health⁶



Economic development plans also present an opportunity to make direct investments that can help prevent unnecessary illness and premature death from chronic diseases like heart disease, cancer, pulmonary disease, diabetes, and obesity — all of which have the same

risk factors of diet, exercise, tobacco, and alcohol use. Investments that support disease prevention can also yield economic returns.

⁶ Dahlgren, G., Whitehead, M., & World Health Organization WHO. (2006). European strategies for tackling social inequities in health: Levelling up part 2. Copenhagen: WHO Regional Office for Europe.

Key definitions and statistical classifications

Data on the Manawatū region Health Care and Social Assistance sector is based on the Australian and New Zealand Standard Industrial Classification (ANZSIC) 2006. Major groups within the Health Care and Social Assistance sector are:

Hospitals – general and psychiatric.

Medical services – includes GPs and specialist medical services.

Pathology and diagnostic imaging services

Allied health services – includes dental, optometry, physiotherapy, chiropractic, osteopathic and midwifery services, home-based healthcare services.

Other health care services – includes ambulance service and blood bank.

Residential care services – includes retirement villages, hospice, Women's Refuge and other community care facilities.

Child care services – early childhood education is included in the education sector, but services included in the health sector include; before and after school care services, child minding and children's nursery services.

Other social assistance services – includes a wide range of social support services, such as marriage guidance, counsellors and youth welfare services.

It is important to note that all employment in an organisation is classified to the predominant activity of the organisation. MidCentral District Health Board employment is recorded solely to the Hospitals classification even though staff employed by MidCentral are involved in a wide range of activities.

Other terms commonly used

Public health services

These are delivered by 12 District Health Board-owned public health units, and a range of non-government organisations, each delivering about half of these services.

Public health units focus on environmental health, communicable disease control, tobacco control and health promotion programmes. Many of these services include a regulatory component performed by statutory officers appointed under various statutes, though principally under the Health Act 1956. The MidCentral District Health Board Public Health District covers Manawatū, Whanganui, and Ruapehu (southern part)

Primary health care services

Primary health care relates to the professional health care received in the community, usually from a general practitioner (GP) or practice nurse. Primary health care covers a broad range of health and preventative services, including health education, counselling, disease prevention and screening.

Manawatū region

The Manawatū region covers the area of Palmerston North City Council and Manawatū District Council. In June 2021 the region had an estimated population of 123,500 people, a workforce of 65,385 (2020 estimate) and a land area of 2,950 km².

MidCentral DHB

The MidCentral DHB region covers the area of Palmerston North City Council, Manawatū, Horowhenua and Tararua District Councils, and the Otaki Ward of Kapiti Coast District Council. The region had a population of 189,100 in June 2021.

Key sectors



Hospitals

In March 2020 there were 2,384 people working in the two hospitals based in Palmerston North (Palmerston North Hospital and the Crest Hospital), an increase of 706 jobs (42% increase) from March 2000. The importance of the City as a major regional centre for hospital-based services is reflected in the region's 3.1% share of national hospital employment.

Palmerston North Hospital has a dedicated Intensive Care Unit, Coronary Care Unit and Neonatal Unit, amongst other services, and provides one of the largest provincial trauma centres in New Zealand. Regional speciality services are provided at the hospital to residents of the Taranaki, Whanganui, Hawkes Bay, Tairāwhiti and Wairarapa DHBs. Some aspects of cancer services across the continuum (prevention and early detection to palliative care) is provided by all DHBs. Major cancer treatment centres for the lower North Island are based in Capital & Coast (Wellington) and MidCentral (Palmerston North) DHBs. Clinicians from these services undertake regular scheduled outpatient clinics in the other DHBs (including Tairāwhiti and Taranaki). All patients who require radiotherapy travel to Wellington or Palmerston North for that component of treatment.

In August 2012, Southern Cross Hospital and Aorangi Hospital in Palmerston North amalgamated their hospital operations and a partnership was formed known as Southern Cross Aorangi Hospital Partnership. At the beginning of April 2013, the partnership assumed a new collective identity and became Crest Hospital.

The hospital sector accounts for 22% of the health care and social assistance sector employment in the region, with the two hospitals located in close proximity in the City. Improvements in primary health care provision are not reflected in the workforce data because all District Health Board employment is classified to its predominant activity (hospital). An increase in DHB spending on primary health care will therefore be recorded as an increase in hospital employment, unless there is an increase in the funding which goes to other non-hospital health service providers.

Hospital care facilities provided in retirement villages are included in the employment data for aged care residential services. Some minor surgical procedures, such as vasectomies and skin cancer removal are performed in clinics, consulting and/or procedural rooms, and are therefore included in the medical services classification. This is because they can be performed in smaller facilities, without the need of a general anaesthetic. Some oral and maxillofacial surgical procedures and minor plastic surgery procedures are not included in the hospital sector data. However, primary health care services and other non-hospital services provided by MidCentral DHB have been included in the hospital sector employment.

The number of hospitals in New Zealand declined by 11% between 2000 and 2020, reflecting the trend towards consolidation of health services in major regional hospitals and changes in the provision of mental health and intellectual disability services.

MidCentral DHB Workforce Profile (number of staff)





Medical services

The classification for medical specialists covers practices mainly engaged in the independent practice of specialised medicine, apart from pathology and diagnostic imaging services. These units consist of specialist medical practitioners who generally operate private or group practices in medical clinics or centres. Medical services employment in the region increased by 41% between 2000 and 2020, with 576 people employed in the sector in February 2020. Between 2000 and 2020 the number of general practice medical services declined due to consolidation of medical practices into larger facilities, which operate with more than one GP and shared facilities in the practice. The number of employees in general practice medical services increased by 56% from 2000, but the number of practices in the region declined from 84 in 2000 to 60 in 2021.

There were a further 103 people employed in specialist medical services in the region in 2020, a decline of 10% since 2000. In 2020 there were 75 specialist medical services operating in the region, an increase of 30 (67% increase) from 2000.



Pathology and diagnostic imaging services

This activity area covers the provision of pathology laboratory or diagnostic imaging services, such as analytical services including body fluid analysis, ultrasound or x-ray services. Employment in this sector has increased by 17% between 2000 and 2020, with 211 people employed in the region in February 2020.



Allied health services

The Allied Health Services classification is a broad category covering dental services, optometry and optical dispensing, physiotherapy, chiropractic and osteopathic services and other health care services not elsewhere classified. Some of the key activities included are:

- Audiology service
- Clinical psychology service
- Dental hygiene service
- Dietician service
- Hearing aid dispensing
- Herbalist service
- Homoeopathic service
- Hydropathic service
- Midwifery service
- Naturopathic service
- Nursing service
- Occupational therapy service
- Podiatry service
- Speech pathology service
- Therapeutic massage service

The provision of home-based nursing services is a major component of employment in the sector, accounting for a significant share of the 1,280 jobs in the “Other allied health services” classification in February 2020. There have been challenges with monitoring employment in this sector, with the number of jobs in this classification declining from 1,932 in 2000 to 1,280 in 2020. Statistics New Zealand noted there was a high prevalence of part-time and casual work in organisations providing nursing services. This includes home care services for the elderly and others requiring home support, such as following surgery, an accident, or for people with a disability.

There were 1,672 jobs in Allied health services in the region in February 2020, an increase of 19% from 2000 (276 additional jobs).



Other health services

The Other health services classification covers ambulance services (including air ambulance services), blood banks and other health assessment and care services. Restructuring by St Johns has contributed to fluctuations in ambulance services employment, with their regional office based in Palmerston North.

There were 172 employees in the Other health services sector in 2020, an increase from the 130 employees recorded in 2000.



Residential care services

The Manawatū region residential care services sector has experienced the largest increase in employment in the health sector, with 727 more jobs in February 2020 compared with February 2000, an increase of 73%.

The largest subsector within the sector is the aged care residential services sector, with 1,072 employees counted in 2020. This is an increase of 373 jobs since 2000, or a 53% increase. Total New Zealand employment in the sector increased by 41% between 2000 and 2020.

The strong growth of employment in the sector is also reflected in the strong growth in building consents for the construction of retirement village apartments and villas during the last ten years. Services offered by retirement villages include:

Independent living	Townhouse, apartment or villa options
Assisted Living	Serviced apartments
Care	Rest home
	Hospital
	Dementia care (secure environment)

Care options include day care, short-term respite care and long-term care for residents of the retirement village or rest home.

A stronger rate of employment growth was recorded in the other residential care services classification, with employment increasing by 121% between 2000 and 2020, with 354 additional jobs in the region. In 2020 there were 647 people employed in this subsector. Employment is highly concentrated in Palmerston North, with 600 jobs based in the City and just 47 in Manawatū District. It is likely that services are delivered across the wider region, but the employers are primarily based in Palmerston North.

One contributor to this growth is the closure of the Kimberley Centre near Levin in 2006 and the transfer of former residents into cluster housing in Levin and Palmerston North and single house community group homes.



Arohanui Hospice

One example of an organisation classified in the 'Other residential care services' subsector is the Arohanui Hospice, which is located adjacent to Palmerston North Hospital. While the ANZSIC classification for the residential care subsector includes hospices, Arohanui Hospice does not provide long-term inpatient care. Most patients are cared for at home, coming into the inpatient unit for specialist care for short periods of time.

Arohanui Hospice provides specialist palliative care for people living with any life-limiting condition, throughout Palmerston North, Manawatū, Rangitikei, Taranua, Horowhenua and Otaki. The care is tailored to each patient's individual needs. Hospice care is holistic, considering a person's physical, emotional, social, cultural and spiritual needs; to optimise their quality of life. Support is also provided for the patient's whanau and carers throughout the illness and after the death of their loved one.

Annually, Arohanui Hospice provides care for more than 1,100 patients throughout the region, and support for their whanau and carers. Around two-thirds of patients are cared for entirely in their own homes or place of residence, with regular visits by an assigned specialist registered nurse who provides patient assessment, monitoring and care coordination. They are supported by Arohanui Hospice doctors and pharmacists, as well as social workers, and pastoral, spiritual, cultural and bereavement support staff. Community team members work in partnership with a patient's General Practice (GP) team and/or District nurses. Around one-third of patients have an admission to the inpatient unit in Palmerston North, mostly for symptom management before returning home.

The hospice has on-average around 220 patients in its care at any one time. Its services also include respite care, a 24/7 telephone advice service, outpatient clinics, day procedures, activities-based day programmes, family support and bereavement support. Arohanui Hospice also has an education service to provide support to healthcare workers in a range of settings, including aged residential care, general practice, community hospitals, and other primary and secondary healthcare providers.



Ozanam House

The Ozanam House Trust provides homely accommodation for out of town cancer patients and their caregivers while undergoing radiotherapy treatment at the Regional Cancer Treatment Service, Palmerston North Hospital. Many patients travel from throughout the lower North Island from Hawkes Bay across to Taranaki and are treated as out-patients needing accommodation for anything from one day to weeks.

Being able to stay close to the hospital with a partner, close friend or relative can make a real difference in that time and is a major benefit for guests from outside of the City. Housework, cooking and recreation are often shared by mutual consent as guests come and go. Ozanam House is often referred to as a "home away from home".

In 2020/21, 1,425 patients and carers were accommodated with an average stay of two weeks, accounting for 9,898 room nights.



IDEA Services

IDEA Services is part of IHC and is New Zealand's largest provider of services for people with intellectual disabilities. It supports adults of all ages with intellectual disabilities to live independently and be part of their local communities. IDEA Services employs around 4,000 staff in New Zealand and in 2020/21 supported more than 3,800 people.

Its services are funded by government contracts through the Ministry of Health and Ministry of Social Development. This includes residential care, supported living and vocational support.

Choices NZ, another subsidiary of IHC, helps people with all disabilities and health-related conditions achieve their goals. This is achieved through flexible support relationships and access to community services. It assists people to achieve greater independence, develop social networks, find a home, gain employment, experience new challenges or interests and transition from school. In 2021 Choices NZ employed 17 people across New Zealand and in 2020/21 supported almost 400 people.



Enable New Zealand

Enable New Zealand is Aotearoa's largest provider of disability equipment and modifications. Its focus is supporting disabled people to live everyday lives in their communities. In the Manawatū region, it is contracted by the Ministry of Health and ACC to provide:

- Disability information services
- Disability equipment
- Housing modification and vehicle modification services.

Enable New Zealand also supports Mana Whaikaha, a disability support system based on the Enabling Good Lives principles, that is currently available to people in the MidCentral DHB region. It operates the EASIE Living Retail Store and Demonstration Centre, which is a one-stop-shop for disabled people, older people and those caring for them to access information, advice and products that promote and enable independent living. As well as a fully functional demonstration home, regular product demonstrations, and accessible meeting and conference facilities, it also has a mobile van service which provides demonstrations and retail opportunities to community groups across the region.

Does the Manawatū region have a higher than average proportion of people with disabilities who need access to care and support services?

There is no comprehensive data on the number of people in Palmerston North who need access to care and support services, but several partial indicators suggest the region does have a higher than average proportion of people with disabilities. One partial indicator is the number of people registered for the Ministry of Social Development Supported Living Payment. In June 2021 there were 3,162 people in the region receiving the Supported Living Payment benefit - 3.3% of national Supported Living Payment benefits. This was higher than the region's 2.4% share of New Zealand's population.

Between September 2013 and June 2021, the number of people in New Zealand receiving the Supported Living Payment increased by 2.9%, while there was an increase of 8.8% for the Manawatū region. The increase was 12.4% in Palmerston North, reflecting the availability of support services in the City, which are helping to attract more people to the region.

The benefits data only covers individuals aged between 18 and 64 years who are eligible to receive a benefit. Census 2018 included new questions on activity limitations, which also suggest there are higher rates of disability in the region compared with New Zealand's overall population. The proportion of people living in the region aged five years and over with activity limitations was higher than the region's 2.4% share of New Zealand's population:

1. The percentage of residents reporting some difficulty ranged from 2.8 to 2.9% across all activity areas,
2. The percentage of residents reporting a lot of difficulty ranged from 2.8 to 3.1% across all activity areas,
3. The percentage of residents reporting cannot do at all was 3% for difficulty walking and climbing steps and 2.7% for difficulty washing all over or dressing.



Child care services

Organisations providing accredited early childhood education are included in the education sector classification of economic activity, but other organisations primarily providing day care of infants or children are classified in the health care and social assistance sector. Organisations classified under the heading of child care services include before and/or after school care services, child minding services and other children's nursery or child care facilities that are not education providers. In 2020 553 people were employed in the child care sector while a further 820 people were employed in preschool education. Employment in child care in the region has increased strongly since 2000, with 325 more jobs in 2020, an increase of 143%.

Other social assistance services

The other social assistance services classification includes organisations mainly engaged in providing a wide variety of social support services directly to their clients. These services do not generally offer accommodation, except on a short stay basis. Activities listed in this classification include:

- Adult day care centre operation
- Aged care assistance service
- Disabilities assistance service
- Drug and alcohol counselling
- Relationship services
- Welfare counselling service
- Youth welfare service

Statistics New Zealand annual employment data shows there were 72 different organisations in the region offering services in this sector, employing 715 staff. Employment has increased strongly since 2000, with 361 more people working in the sector than in 2000, an increase of 102%.



Health education in the Manawatū region

The strong base in Palmerston North for health education at Massey University and UCOL reflects the importance of the health care sector to the Manawatū region and is also a factor in the strength of health services offered in the region.

Massey University College of Health

Massey University is taking a fresh approach to the complex issue of health, wellness and wellbeing, establishing a new College of Health in 2013. The College of Health has three broad goals: health promotion (the promotion of health and wellbeing), disease prevention (prevention of disease and injury at primary, secondary and tertiary levels) and health protection (protection from environmental risks to health). To achieve those goals, it has brought together specialists in public health, nursing, medical imaging, nutrition and dietetics, sport and exercise, social work and social policy, mental health and addiction, rehabilitation, Māori and Pacific health, social work, environmental health, occupational health and safety, physiology and medical laboratory science.

Working together, these disciplines will create a stronger health focus for Massey University students and researchers, one where there is greater understanding of the complex interactions between the social and economic factors that underpin health and wellbeing.

UCOL's Faculty of Health, Social Services & Applied Sciences

UCOL is a part of Te Pūkenga, a unified, sustainable public network of regionally accessible vocational and applied learning. It meets the needs of learners and employers by bringing together on-job, on-campus, and online learning.

The Health, Social Services, and Applied Science faculty has helped prepare successful graduates with industry relevant education for more than 30 years. Their many programmes focus on giving learners the opportunity to gain practical learning experience for rewarding careers in fields such as nursing, health, mental health, social services, and exercise and wellness.

UCOL's Bachelor of Nursing programme learners become registered nurses, who offer comprehensive nursing care. The well-equipped nursing simulation lab completes the learner's experience, enabling them to

work on "real" patients, each with their own personality, vital signs, and medical history. Laboratory teaching and learning uses SimCapture, which is a high tech audio and video data, easy to use web-enabled interface for peer-to-peer education.

UCOL's Health and Social Services programmes develop learners' knowledge and skills to enable them to better support people facing both chronic and acute health conditions, including mental health and addiction challenges. Degrees like our Bachelor of Social Services enhance learners' understanding of how social and community dynamics impact individuals, families, and groups of people. Learners who want to support people with mental health and addiction issues gain the knowledge and skills within the NZ Certificate in Health and Wellbeing (Social and Community Services) Programme. Learners interested in science can enrol in programmes such as Bachelor of Applied Science (Laboratory Science) and the Bachelor of Applied Science (Medical Imaging Technology) – both being community-based, industry-focused approach that combines laboratory and classroom teaching with clinical learning.

Learners who wish to turn their passion for exercise and sport into a career can explore the Exercise programmes that UCOL offers. The Bachelor of Applied Science (Exercise and Wellness) programme enables learners to develop a wide range of exercise knowledge and skills, culminating in offering students advanced skills in either physical health and wellbeing (diabetes prevention), athletic strength and conditioning, or sport and recreation management. Pathway programmes such as the New Zealand Certificate in Study & Career Preparation Levels 3 & 4 provide students entry status into degrees across UCOL, including other Health Science programmes.

UCOL is in the process of constructing a new HealthCare and Social Services Centre, due to open at the end of 2022. This modern Centre will be custom designed for teaching UCOL's practical programmes in nursing, medical imaging, social services, and mental health support.

Health programmes offered by Massey University and UCOL in the Manawatū region

Environmental Health – Offers the training needed for a career in human / community health protection working with people to promote a healthier environment in which to live. Graduates are eligible for key occupations such as health protection officers and environmental health officers.

Food Science and Technology - Food technology is all about using science to add value to commodity foods, such as dairy products, meat, fruit, vegetables and grains.

Health Disability and Rehabilitation - Offers a broad knowledge of the purpose, practice and philosophy of rehabilitation. A major in rehabilitation provides specific knowledge of the needs of people with physical, sensory, aged health related, psychiatric, intellectual and social disabilities.

Health and Life Sciences - Research in health and life science focuses on detection, examination and determination of the risk environmental factors such as water quality; noise control and hazardous substances play on human health also.

Human Nutrition - Study of biological, social and environmental aspects of nutrition equips graduates for careers in public health areas, private practice, industry, research and international organisations.

Human Physiology - The physiology major within the Bachelor of Science degree shows how the cells, tissues and organs of living organisms function and interact to ensure the survival and wellbeing as a whole, with early papers giving students an overall understanding of body function.

Medical Imaging – Career opportunities include general radiography, mobile and theatre radiography, computed tomography, digital angiography, mammography (breast screening), forensic radiography, Magnetic Resonance Imaging, ultrasound nuclear medicine, veterinary radiography, clinical teaching research, marketing and sales application specialist.

Medical Laboratory Science - Enables graduates to provide the test results essential for use by clinical medical staff in the detection, monitoring or prevention of disease. It gives a thorough grounding in biological sciences.

Mental Health and Addiction – Enables graduates to gain key concepts in mental health and addiction, its determinants and advocacy and providing the knowledge and transferrable skills to work within a range of mental health settings.

Nursing - Undergraduate nursing and the Master of Clinical Practice (Nursing) programmes provide two different pathways that prepare students to become registered Nurses.

Nutrition and Dietetics – Enables graduates to become accredited by the New Zealand Dietitians Board to become a New Zealand Registered Dietitian and to practice as a dietitian in New Zealand, applying nutritional science to practical dietary care for people in health and various disease states.

Occupational Health and Safety - Designed to provide advanced education in the fields of safety management, occupational health, environmental control, loss control and occupational hygiene.

Postgraduate Nursing – Designed to provide opportunities to further develop clinical knowledge and skills, postgraduate programmes allow students to progress in their preparation for advanced practice roles and/or Nurse Practitioner registration through the pathway embedded in the Master of Nursing.

Public Health - Brings together the combined efforts of several research programmes and centres, including the Research Centre for Hauora and Health, with expertise in numerous aspects of public health and Māori health research including environmental and occupational health and non-communicable diseases. It also includes work in areas such as sleep carried out at the Sleep/Wake Research Centre. The SHORE and Whāriki Research Centre is engaged in public-good research relevant to the health and social sectors, working to improve health and wellbeing in Aotearoa, New Zealand and globally. SHORE is a World Health Organization collaborating centre.

Social Work and Social Policy – Accredited undergraduate and postgraduate programmes providing a thorough knowledge of human development, detailed study of social institutions and policies and work integrated learning experience equipping graduates to become registered social workers.

Social Services – Understand how social and community dynamics can impact individuals, families, and groups of people. Gain the skills needed to work in a variety of areas such as community and social services worker, disability support advocate, and mental health advocate.

Sport and Exercise – Provides a broad, interdisciplinary understanding of key sport and exercise concepts and knowledge and the sociology of sport and high-performance sport with specialisation in sports development, physical education, and exercise prescription and valuable real-world experience through the sport and exercise practicum.



Characteristics of the health care and social assistance sector labour force

National and regional data for the health sector shows strong growth in the number of people employed in the sector, as well as growth in median earnings.

The data presented in this section is based on a mix of Manawatū region, Manawatū-Whanganui region and New Zealand wide statistics. The majority of indicators are published at the level of the Manawatū region. In 2020 the Manawatū region accounted for 57% of the health sector workforce in the Manawatū-Whanganui region and 62% of earnings in the region.

The data contained in this chapter of the profile is drawn from annual data from the Linked Employer-Employee Data (LEED) series published by Statistics New Zealand and the 2018 Census. The LEED data is created by linking a longitudinal employer series from the Statistics NZ Business Frame to a longitudinal series of Employer Monthly Schedule payroll and Payday filling data from Inland Revenue. Despite the lag in the availability of this data, it provides the most detailed picture of the regional workforce.

Age profile

The health care and social assistance sector in the Manawatū region is dominated by older workers, with 43% of the workforce in the sector aged 50 years and over compared with 35% for all industries. Just 9% of the health care and social assistance sector workforce is aged under 25 years compared with 17% for all industries.

The sector recorded strong growth in the proportion of its workforce in the region aged 50 years and over during the period from 2006 to 2018, increasing from 33% of the sector's workforce in 2006 to 43% by 2018. The proportion of the total workforce in the region aged 50 years and over increased from 28% to 34% between 2006 and 2018.

Part-time status

At the time of the 2018 Census 29% of the Manawatū region health sector workforce worked part-time, compared with an average of 23% for the total workforce in the region (30% of the New Zealand health sector workforce was employed part-time). Manawatū District had a higher part-time share, where 33% of the health sector workforce worked part-time, while in Palmerston North 28% were part-time. The difference between the two areas is likely to be due to the higher share of Manawatū District employment in aged care residential services. The share of fulltime employment in the health sector in the region has been increasing, with 65% employed fulltime in 1996, compared to 71% in 2018. The part-time share in 2018 was lowest in hospitals (19%) and higher in residential care (33%) and social assistance (35%) services.

Gender

The health care and social assistance sector in the Manawatū region is predominantly female, with males accounting for just 18% of the health sector workforce. Males hold a 19% share in the national health sector workforce. This small share for males in the workforce contrasts with the 53% share for males in the total workforce in the Manawatū region.

Female workers in the health sector were more likely than males to work part-time, with 32% of females working part-time in 2018 compared with 16% of males.

Ethnicity

The sector has a smaller proportion of its workforce with a Māori or Pacific ethnicity, but the proportion with an Asian ethnicity is higher than for the overall workforce in the region. In 2018 13.1% of health workers identified as Māori (15.1% share for the total workforce), 2.7% identified as Pacific peoples (3.1% share of the overall workforce) and 12.4% identified as Asian (8.5% for the total workforce). The Asian ethnic share increased from 5.3% in 2006.

Qualifications

The 2018 Census shows the health care and social assistance sector workforce is significantly better qualified than the overall workforce in New Zealand. Just 9% of the health sector workforce had no qualification, while 45% had a degree or higher qualification. In contrast 13% of the overall workforce had no qualification and 27% had a degree or higher qualification.

Median earnings

Median earnings in the health care and social assistance sector in the Manawatū-Whanganui region increased by 105% between 2000 and 2020. The median increase in earnings across all industries was 96%. The strongest growth in incomes was for salary and wage earners, with a 108% increase in median earnings between 2000 and 2020, significantly higher than the 30% growth in median earnings for those whose main income came from self-employment. This increase has reduced the gap in earnings between salary and wage earners, and those whose main income comes from self-employment. The data series does not include information on hours worked, so it is not possible to estimate median hourly earnings or changes in hourly earnings. Data for median earnings in the Manawatū region is not available.

The strongest growth in the workforce in the region was in the number of salary and wage earners, increasing by 51% between 2000 and 2020. The number of people whose main income came from self-employment increased by 51%

Employment status

Self-employment accounted for just 4.7% of the health care and social assistance sector in the Manawatū region compared with an average of 7.8% for all sectors in the region. A further 2.0% of the health workforce were classified as employers compared 5.1% for all sectors.

Employment by size of organisation

Employment in the Manawatū region health care and social assistance sector is strongly concentrated in large organisations, with organisations of 50 or more employees accounting for 72% of salary and wage earners in 2021. The proportion for all industries in the region was 53%. The concentration of employment in large organisations in the sector in the region is slightly lower than for the national health care and social assistance sector workforce. Organisations with 50 or more employees accounted for 80% of salary and wage earners in 2021 in the New Zealand health sector.

Projected employment growth

Infometrics' projections for workforce growth in the sector suggest the total health sector workforce will increase from 7,983 people in 2018 to 13,282 by 2048, an increase of 66% from 2018, with an additional 5,298 people working in the sector. The overall workforce in the region is projected to increase by 35% over this time, with an additional 22,000 jobs created. That suggests the health sector will contribute nearly a quarter of employment growth in the region over the next 30 years.

Population trends

Population trends data used in this section of the profile is drawn from Infometrics 30-year population and employment projections, which were published in March 2020.

These are useful for understanding future trends in the health sector since they will influence future levels of demand for health services. Expected population changes include slowing population growth due to continuing low fertility (the number of births per female), further gains in life expectancy, increasing ethnic diversity, and an ageing population.

There are limitations with employment and population projections. Firstly, projections are neither predictions nor forecasts. They represent the statistical outcomes of various combinations of selected assumptions about future changes in various dynamics of population change. These assumptions are formulated from the latest population trends and patterns, as well as international experiences.

Secondly, given the uncertainties about future trends in fertility, mortality and migration and their determinants, Infometrics prepared a range of alternative low, medium and high growth scenarios. The medium growth series has been used in this analysis, but it is acknowledged that this is one of several alternative future paths. In general, the chosen series conveys the broad features of likely future dynamics and patterns in Palmerston North City and Manawatū District. This data is combined to present the projections for the Manawatū region.

Thirdly, these projections do not take into account non-demographic factors such as war, catastrophe or changes in the economic outlook for the region (or New Zealand as a whole) that may invalidate the projections. Population trends and patterns are monitored regularly and, when necessary, the projections are revised to incorporate new demographic evidence. The projections were completed before the introduction of COVID-19 controls in New Zealand, and it is still too early to establish whether the pandemic will only have a short-term impact on the region or whether there will be longer-term change in the rate of growth in the region.

Annual population estimates were released by Statistics New Zealand in October 2021 and show continuing strong population growth in the Manawatū region. The population of the region is estimated to have increased to 123,500 people in June 2021, an increase of 19,600 people since June 2000 (18.9% increase). The population of Palmerston North is now estimated to be 90,500, while the population of Manawatū District is estimated to be 33,000. New Zealand's population is estimated to have increased by 1,264,900, a 32.8% increase, between 2000 and 2021.

The medium growth population projections prepared by Infometrics suggest the Manawatū region population could reach 164,600 by 2053 if growth levels continue based on current patterns, an increase of 42,000 people over the period between 2018 and 2053. The projections are based on assumptions about future fertility rates, life expectancy and migration levels, suggesting a gradual decline in annual growth rates. All age groups are expected to experience growth between 2018 and 2053. The strongest growth is expected to be in the 65 years and over population, which is projected to increase from 18,140 people in 2018 to 33,886 in 2053, an increase of 87%.

The projections suggest there will be an 83% increase in the 75 – 79 years population, a 165% increase in the 80 - 84 years population, and a 268% increase in the 85 years and over population.

Measuring economic benefits of the health care and social assistance sector

Infometrics GDP estimates suggest the health sector contributed \$513 million directly to regional GDP in the year ended March 2020, or 7.8% of annual GDP in the Manawātū region. Regional GDP in the sector increased by 72% between 2000 and 2020, a much stronger increase than the 49% increase in GDP for all sectors in the region. National GDP growth in the health sector has been stronger than in the region, which national GDP increasing by 93% between 2000 and 2020.

There are also wider economic benefits from the expansion of the health sector. These include increased demand for visitor accommodation (patients, their family and friends, conferences and training associated with the health sector), the attraction of people to the region through the availability of specialist services and expertise, and attraction of skilled staff and their families.

The positive impact that good health has on growth and poverty reduction occurs through a number of mechanisms, such as a reduction of production losses due to less illness among workers, increased productivity as a result of better nutrition, lower absenteeism rates and improved learning among school children.

Improved health also allows for the alternative use of financial resources that might normally have been destined for the treatment of ill health, and there is recognition that public investment in health services produces significant social and economic benefits. These economic benefits are more difficult to measure and have not been estimated for the region.

Funding for district health boards is based on the estimated population in each region, with adjustments for age, ethnicity and total MSD benefit numbers. Annual population growth in the MidCentral DHB region has been significantly weaker than the overall growth in New Zealand's population over the past 20 years, but the difference between the growth rate for the MidCentral region and New Zealand has decreased significantly over the last ten years. The closing of this gap has contributed to larger annual funding increases for MidCentral in recent years. Due to the concentration of specialist and hospital services for MidCentral DHB in Palmerston North, the health sector will continue to increase in importance in the City's economy.

The Government has announced it will be merging all DHBs to create four regional institutions across New Zealand. This may result in some loss of resources from Palmerston North, but may result in increased regional specialisation in Palmerston North, due to its central position in the new health region.

