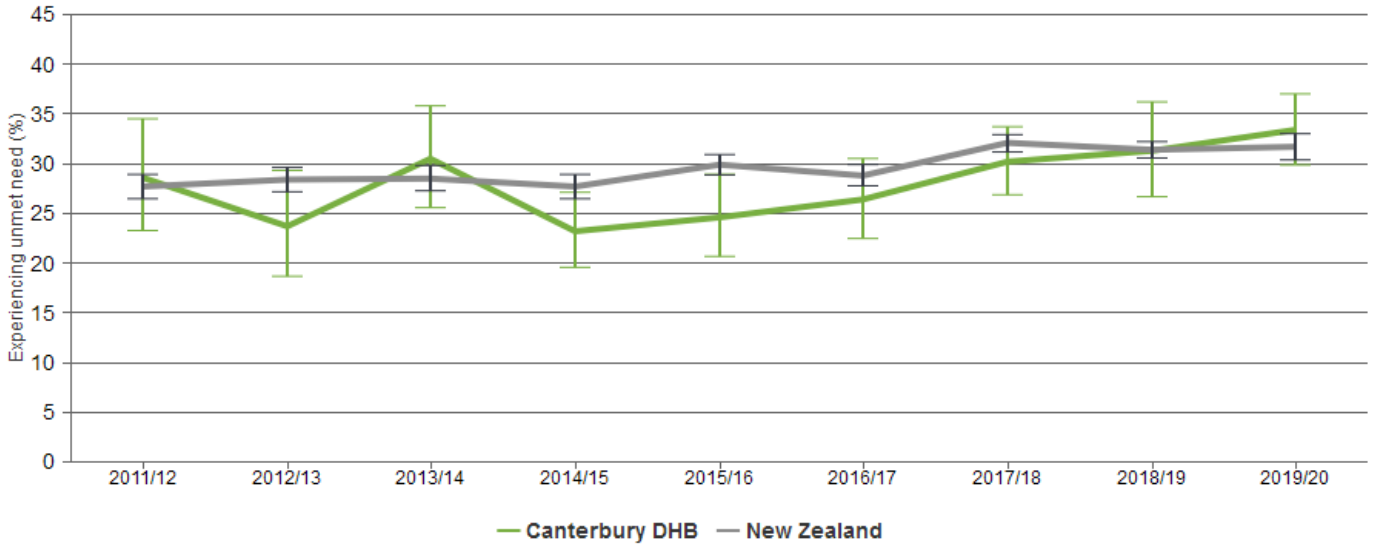
Health: Unmet need

Primary health care services such as general practices and medical centres are usually the first point of contact with the health system. Good access to primary care is particularly important for vulnerable groups, including those who experience socioeconomic disadvantage [38]. The availability, coordination, and appropriateness of services, as well as funding arrangements, all influence how easily people can access the health and disability services they need [39,40].

This indicator presents the proportion of those 15 years and over reporting unmet need for primary health care as recorded in the New Zealand Health Survey. Unmet need in this context is defined as people having experienced one or more of the following types of unmet need for primary health care in the last 12 months: unable to get an appointment at their usual medical centre within 24 hours; unmet need for GP services due to cost and/or lack of transport; unmet need for after-hours services due to cost and/or lack of transport.

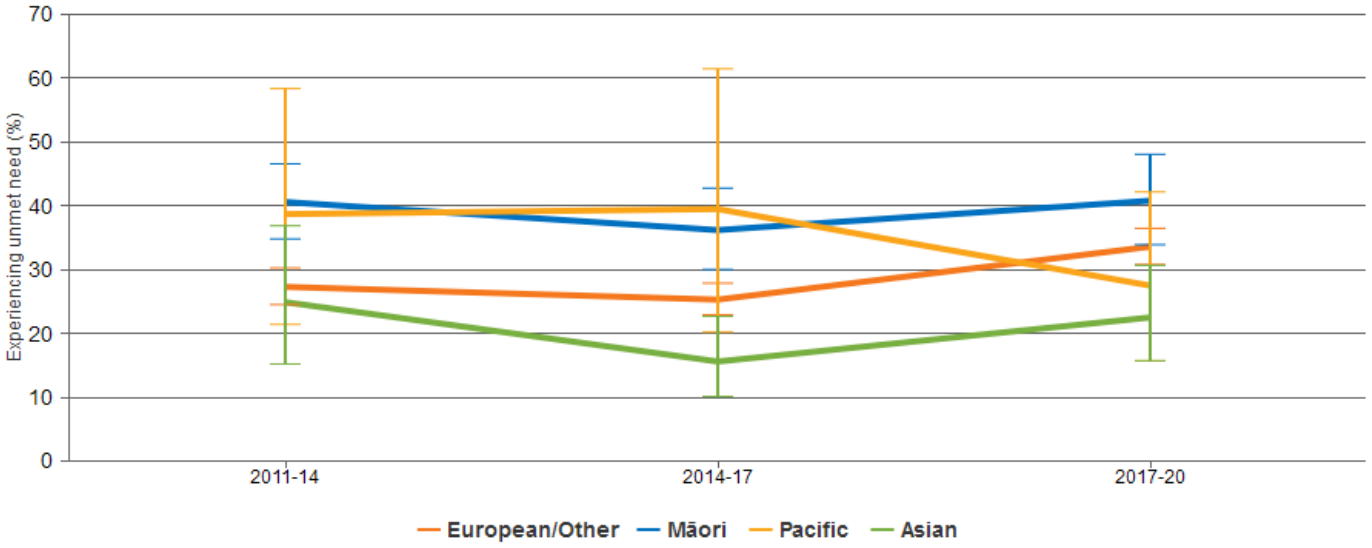
Figure 7.1: Proportion of those aged 15 years and over reporting unmet need for primary health care, in the Canterbury DHB region and New Zealand, 2011–2020



The figure shows, on average, about one-in-three Canterbury DHB region respondents reported experiencing some form of unmet need for primary care in 2019/20. The proportion of Canterbury DHB region respondents reporting unmet need for primary care has increased year-on-year since 2014/15 (23.2% in 2014/15 increasing to 33.4% in 2019/20, a statistically significant difference). Unmet need for primary care in the Canterbury DHB region was statistically similar to New Zealand overall, over the time series shown.

Breakdown by ethnicity

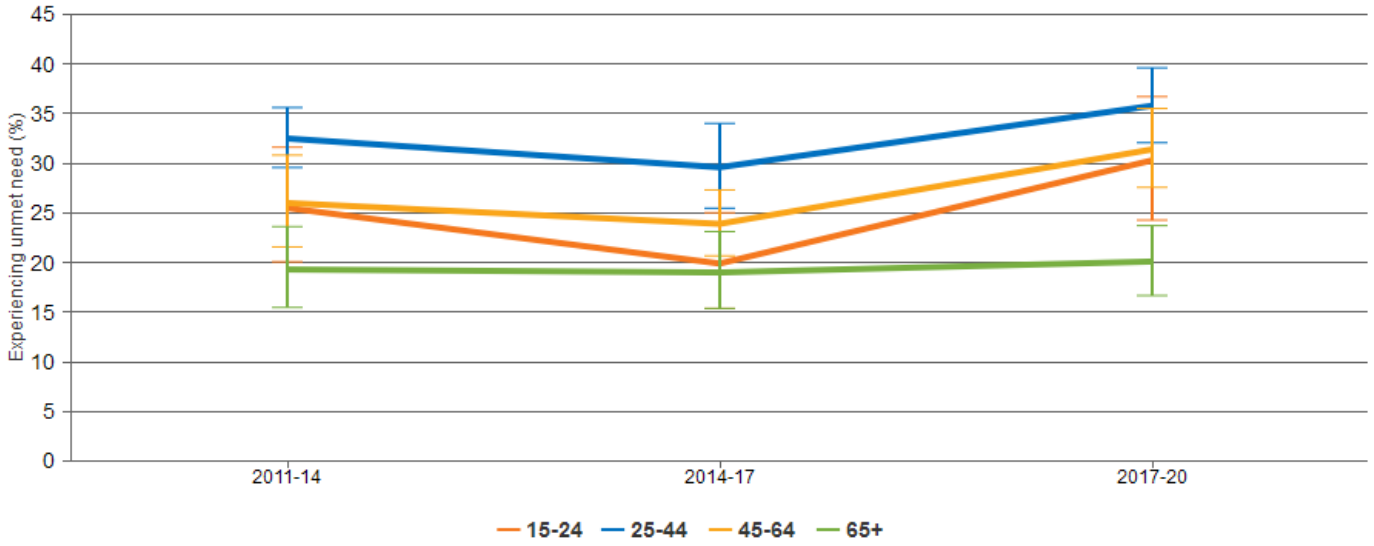
Figure 7.2: Proportion of those aged 15 years and over reporting unmet need for primary health care, in the Canterbury DHB region, by ethnicity, 2011–14 to 2017–20



Approximately two out of five Māori respondents in the Canterbury DHB region (40.8%) indicated an unmet need for primary health care during the period 2017–20, compared with one third 33.6% for European/Other respondents in the Canterbury DHB region, although this difference is not statistically significant. Asian respondents had a lower prevalence of unmet need for primary health care compared with Māori, Pacific, and European/Other respondents, over the time series shown. In 2017/20, Asian respondents had a statistically significantly lower prevalence of unmet need compared with Māori respondents (22.5% vs. 40.8%). Overall, the pattern of unmet need for primary health care by ethnicity appears relatively stable over the time series shown (with the possible exception of Pacific respondents), although the precision of the estimates is low due to small sample sizes.

Breakdown by age

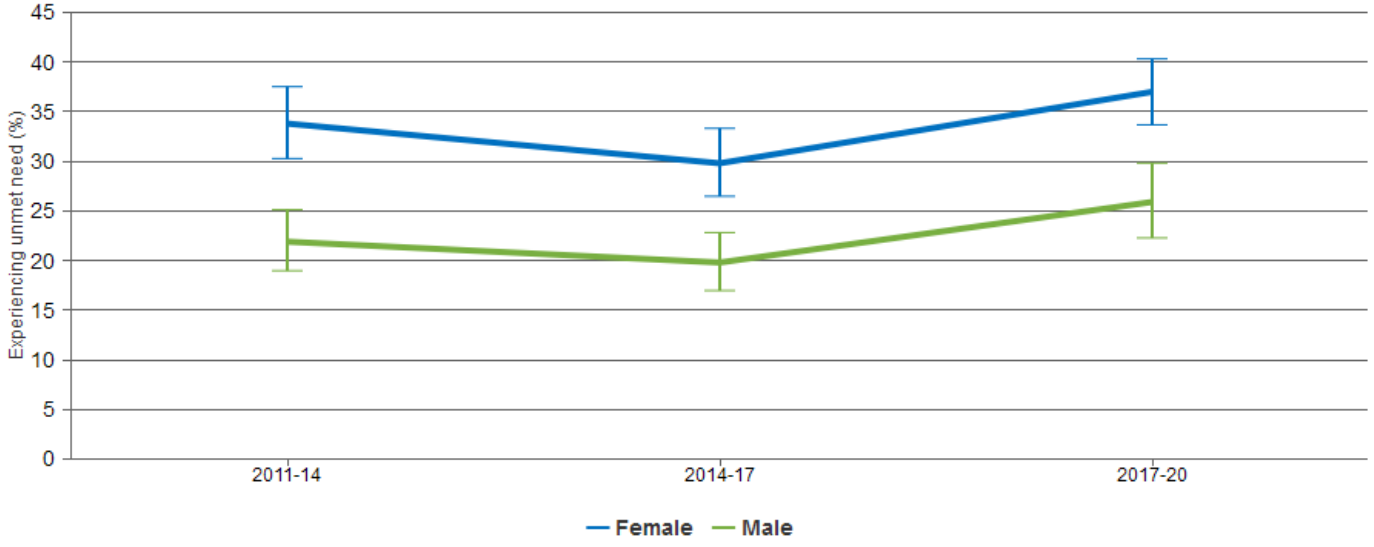
Figure 7.3: Proportion of those aged 15 years and over reporting unmet need for primary health care, in the Canterbury DHB region, by age group, 2011–14 to 2017–20



The figure shows a pattern of relatively higher unmet need for primary care (proportion of respondents aged 15 years and over reporting unmet need for primary health care in the past 12 months) for the 25 to 44 years age group in the Canterbury DHB region. In 2017-20, the proportion of respondents in the 25 to 44 years age group reporting unmet need (35.8%) was statistically significantly higher than for older people (65+ years, 20.1%).

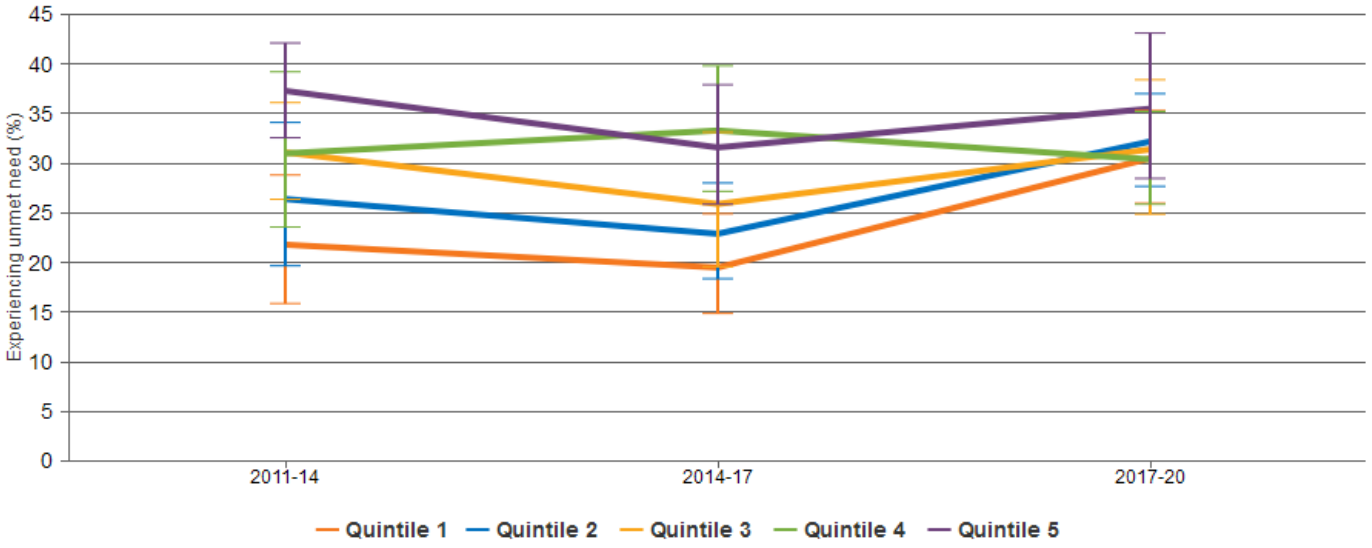
Breakdown by gender

Figure 7.4: Proportion of those aged 15 years and over reporting unmet need for primary health care, in the Canterbury DHB region, by gender, 2011–14 to 2017–20



The figure shows a pattern of a higher level of unmet need for primary care (proportion of respondents aged 15 years and over reporting unmet need for primary health care) for female respondents compared with male respondents in the Canterbury DHB region. The proportion of female respondents indicating unmet need for primary care increased statistically significantly between 2014-17 and 2017–20, from 29.8 percent to 37.0 percent. The increase in the proportion of male respondents indicating unmet need for primary care was similar but not statistically significant (19.8% in 2014–17 increasing to 25.9% in 2017–20). The differences between female and male respondents are statistically significant at all timepoints shown.

Breakdown by deprivation



The figure shows that adult respondents living in the most socioeconomically deprived neighbourhoods of the Canterbury DHB region had statistically significantly higher rates of unmet need for primary health care in the past 12 months in the time periods 2011–14 and 2014-17 (37.3% and 31.6%) compared with those living in the least deprived neighbourhoods (21.8% and 19.5%). However, the pattern of unmet need for primary care, by neighbourhood deprivation, appears to have changed in 2017-20, and the difference between the most and least socioeconomically deprived neighbourhood groups is no longer statistically significant (35.5% and 30.5% for quintiles 5 and 1, respectively, 2017-20).

Data Sources

Source: Ministry of Health.
Survey/data set: New Zealand Health Survey to 2020. Access publicly available data from the Ministry of Health website https://minhealthnz.shinyapps.io/nz-health-survey-2020-21-annual-data-explorer/_w_0bb7535a/#!/explore-indicators
Source data frequency: Survey conducted continuously with data reported annually. Regional results (pooled data) released every 3 years.

Metadata for this indicator is available at https://www.canterburywellbeing.org.nz/our-wellbeing/index-data

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