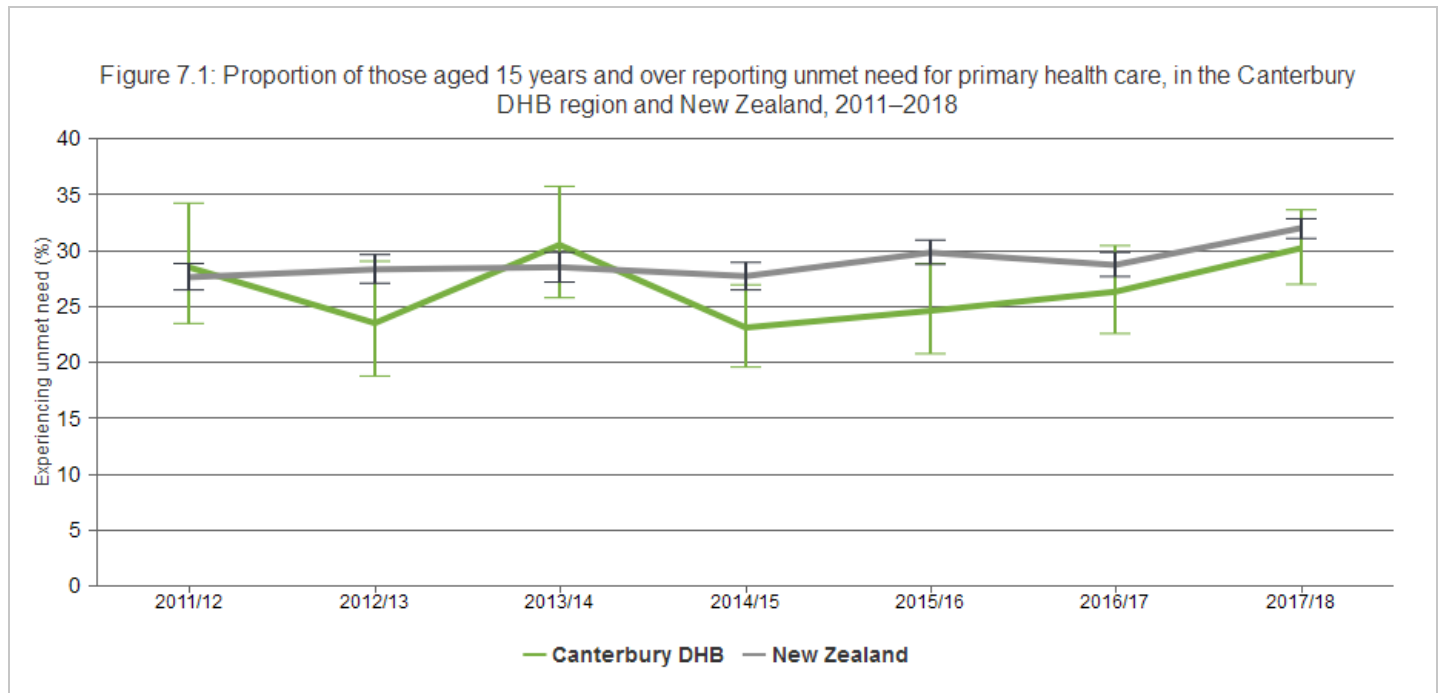


Health: Unmet need

Downloaded from <https://www.canterburywellbeing.org.nz/our-wellbeing/health/unmet-need/> on 21/04/2021 4:43 PM

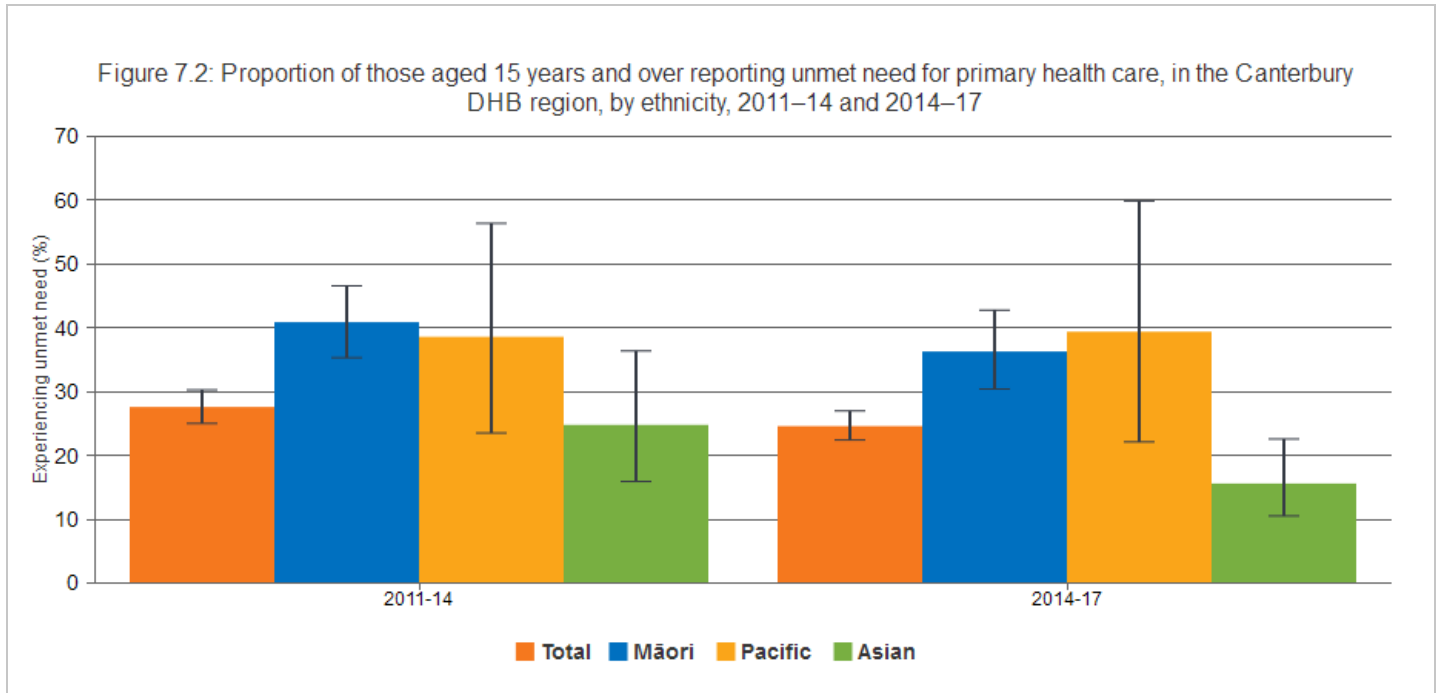
Primary health care services such as general practices and medical centres are usually the first point of contact with the health system. Good access to primary care is particularly important for vulnerable groups, including those who experience socioeconomic disadvantage [38]. The availability, coordination, 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.



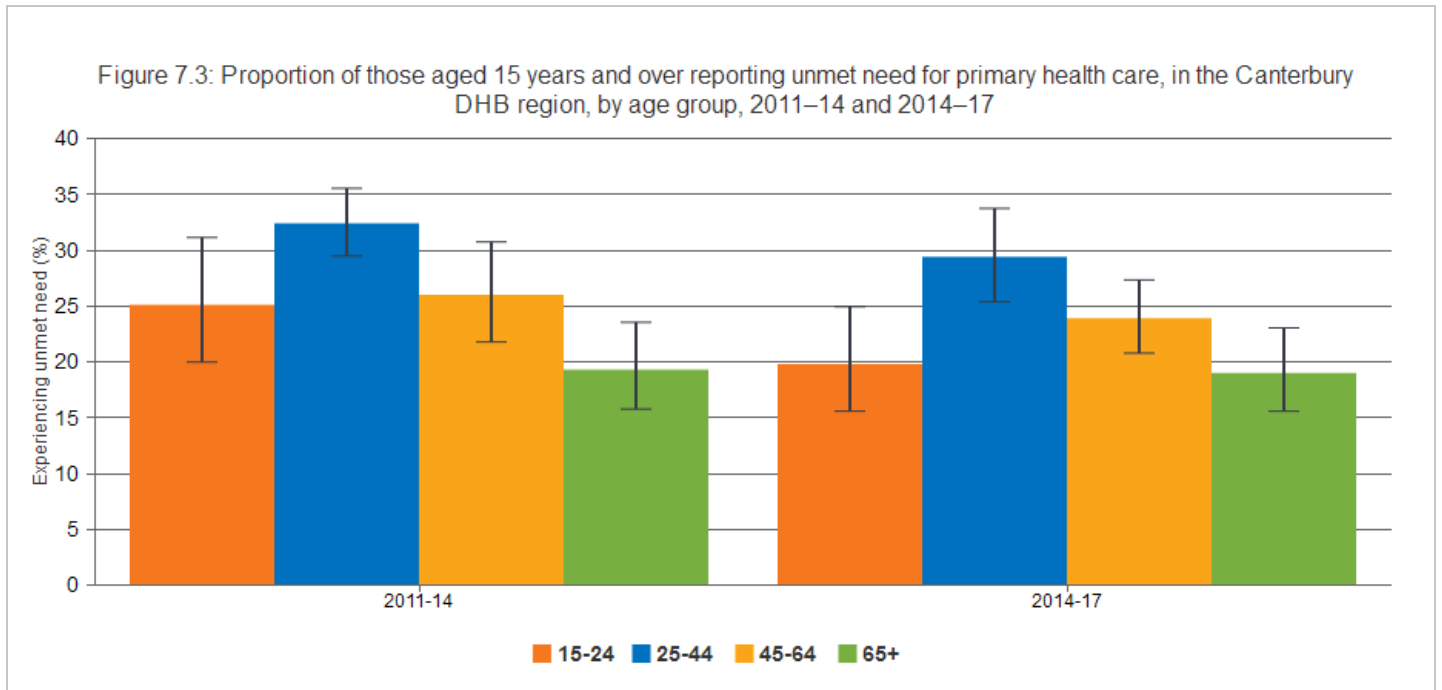
The figure shows, on average, about one-in-four Canterbury DHB region respondents reported experiencing some form of unmet need for primary care, in a typical 12-month period, over the time-series shown. The proportion of Canterbury DHB region respondents reporting unmet need for primary care has increased year-on-year since 2014/15. Unmet need for primary care in the Canterbury DHB region was statistically similar to New Zealand overall in 2017/18 (30.2% and 32.0%, respectively).

Breakdown by ethnicity



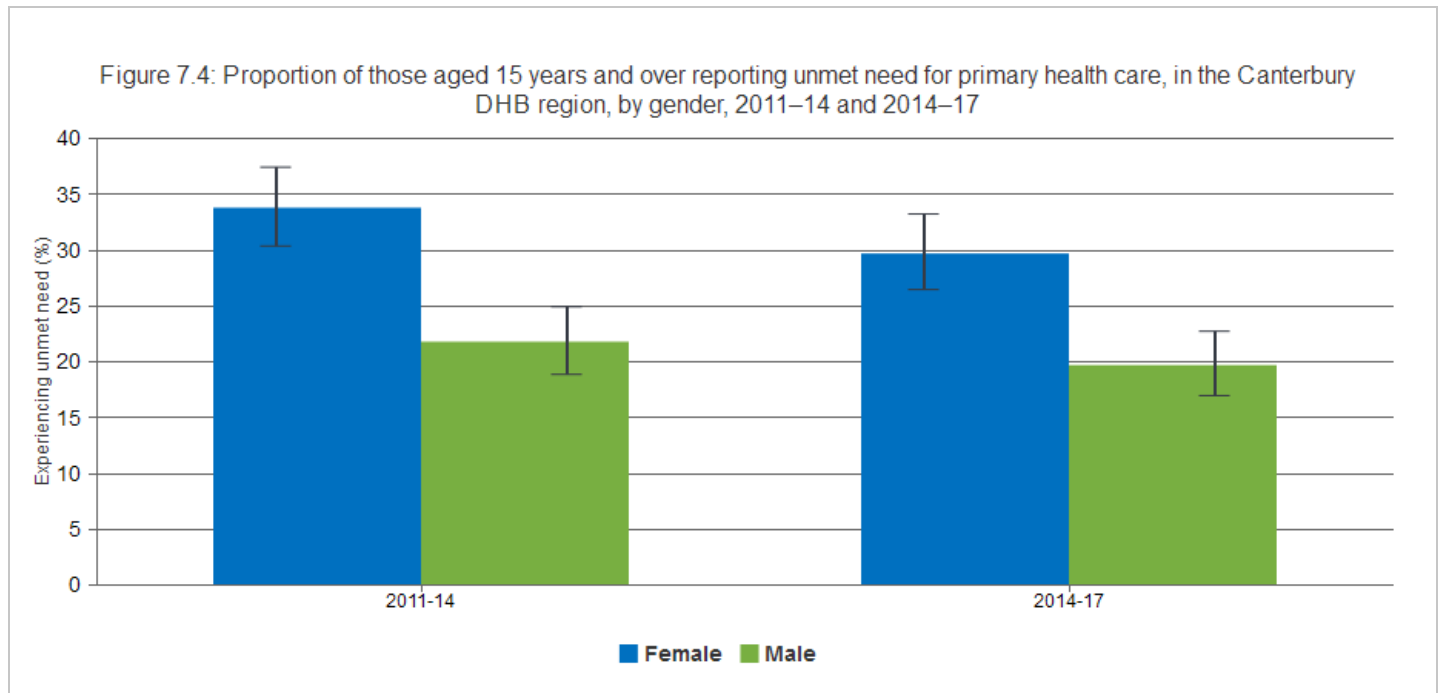
Approximately two-in-five Māori respondents in the Canterbury DHB region (36.3%) and a similar proportion of Pacific respondents (39.4%) indicated an unmet need for primary health care during the period 2014–17 (compared with 24.6% for all respondents in the Canterbury DHB region). This was consistent with the previous time period (40.9% and 38.6% for Māori and Pacific, respectively, in 2011–14). Asian respondents had a lower prevalence of unmet need for primary health care compared to all respondents in 2014–17 (15.6% compared to 24.6%), however this difference was not statistically significant. Overall, the pattern of unmet need for primary health care by ethnicity appears similar for the two time periods.

Breakdown by age



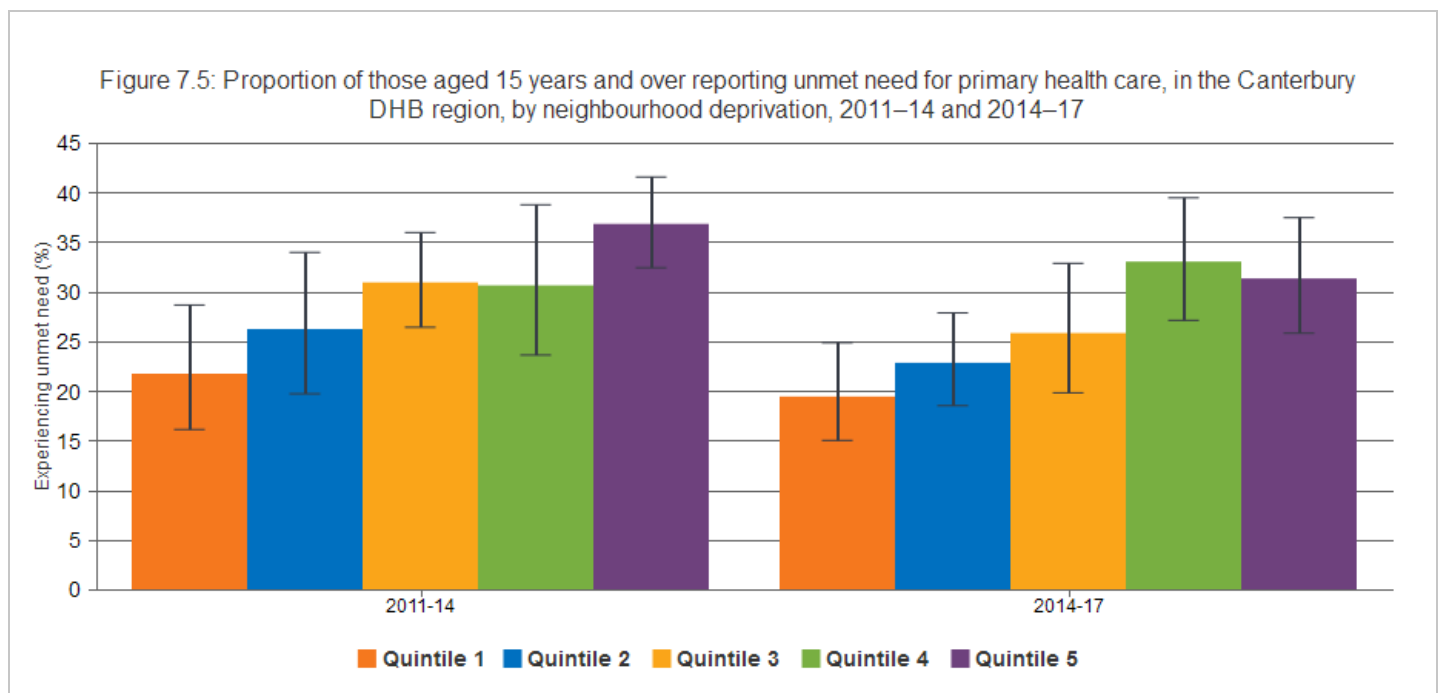
The figure shows a pattern of relatively higher unmet need for primary care (proportion of respondents aged 15 years and over reporting unmet need for primary health care in the past 12 months) for the 25 to 44 years age group in the Canterbury DHB region. In the current result, the proportion of respondents in the 25 to 44 years age group reporting unmet need (29.4%) was statistically significantly higher than for young people (15–24 years, 19.8%) and older people (65+ years, 19.0%).

Breakdown by gender



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 decreased statistically significantly between 2011–14 and 2014–17, from 33.8 percent to 29.7 percent. The decrease in the proportion of male respondents indicating unmet need for primary care was smaller but still statistically significant (21.8% in 2011–14 decreasing to 19.7% in 2014–17).

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 period 2014–17 (31.4%) compared with those living in the least deprived neighbourhoods (19.5%). The pattern of unmet need for primary care, by neighbourhood deprivation, appears to be relatively consistent across the two time periods.

Data Sources

Source: Ministry of Health.

Survey/data set: New Zealand Health Survey to 2018. Access publicly available data from the Ministry of Health website https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/_w_0811ceee/_w_77576899/#!/home

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>

REFERENCES

This is the full reference list for **Health**.

- 1 Marmot M, Allen J, Bell R, Bloomer E, Goldblatt P (2012) WHO European review of social determinants of health and the health divide. *Lancet* 380: 1011-1029.
- 2 Keefe V, Reid P, Ormsby C, Robson B, Purdie G, et al. (2002) Serious health events following involuntary job loss in New Zealand meat processing workers. *International Journal of Epidemiology* 31: 1155-1161.
- 3 Howden-Chapman P, Matheson A, Crane J, Viggers H, Cunningham M, et al. (2007) Effect of insulating existing houses on health inequality: cluster randomised study in the community. *BMJ* 334: 460.
- 4 Ross CE, Wu C-I (1995) The Links Between Education and Health. *American Sociological Review* 60: 719-745.
- 5 McKee-Ryan F, Song Z, Wanberg CR, Kinicki AJ (2005) Psychological and physical well-being during unemployment: a meta-analytic study. *J Appl Psychol* 90: 53-76.
- 6 Cormack DM, Harris RB, Stanley J (2014) Investigating the Relationship between Socially-Assigned Ethnicity, Racial Discrimination and Health Advantage in New Zealand. *PLoS ONE* 8: e84039.
- 7 Robson B, Harris R (2007) *Hauora: Māori Standards of Health IV. A study of the years 2000–2005*; Robson B, Harris R, editors. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.
- 8 Hider P (1998) *Acute medical admissions: a critical appraisal of the literature*. New Zealand Health Technology Assessment Clearing House.
- 9 Peter M. Fayers, Hays RD, editors (2005) *Assessing Quality of Life in Clinical Trials: Methods and Practice*. 2 ed. Oxford: UK: Oxford University Press. 467 p.
- 10 Idler EL, Benyamini Y (1997) Self-rated health and mortality: a review of twenty-seven community studies. *J Health Soc Behav* 38: 21-37.
- 11 CDHB (2017) *Canterbury Wellbeing Survey, June 2017: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 12 Health Promotion Agency (2016) Smokefree facts and figures. Retrieved from www.smokefree.org.nz/smoking-its-effects/facts-figures
- 13 Ministry of Health (2017) *Annual Update of Key Results 2016/17: New Zealand Health Survey*. Wellington: Ministry of Health.
- 14 National Center for Chronic Disease Prevention and Health Promotion (US) (2014) *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Patterns of Tobacco Use Among U.S. Youth, Young Adults, and Adults*. Atlanta (GA): Office on Smoking and Health, Centers for Disease Control and Prevention (US).
- 15 U.S. Department of Health and Human Services (USDHHS) (1994) *A report of the Surgeon General: Preventing tobacco use among young people*. Atlanta, GA: Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- 16 U.S. Department of Health and Human Services (USDHHS) (2012) *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta (GA): Centers for Disease Control and Prevention (US).
- 17 Ministry of Health (2013) *Health Loss in New Zealand: A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016*. Wellington: Ministry of Health.
- 18 Banks E, Joshy G, Weber MF, Liu B, Grenfell R, et al. (2015) Tobacco smoking and all-cause mortality in a large Australian cohort study: findings from a mature epidemic with current low smoking prevalence. *BMC Medicine* 13: 38.
- 19 World Health Organization (2008) *WHO report on the global tobacco epidemic, 2008: the MPOWER package*. Geneva: WHO.
- 20 Ministry of Health (2018) Regional Data Explorer 2014–17: New Zealand Health Survey [Data File].
- 21 Ministry of Health (2017) *Methodology Report 2016/17: New Zealand Health Survey*. Wellington: Ministry of Health.
- 22 WHO (2007) *Global Database on Body Mass Index*. Geneva: World Health Organization.
- 23 Ministry of Health (2017) *Clinical Guidelines for Weight Management in New Zealand Adults*. Wellington: Ministry of Health, Clinical Trials Research Unit.
- 24 Ministry of Health (2018) Obesity. Retrieved from www.health.govt.nz/our-work/diseases-and-conditions/obesity

- 25 Ministry of Health (2016) *Annual Update of Key Results 2015/16: New Zealand Health Survey*. Wellington: Ministry of Health.
- 26 Swinburn BA, Sacks G, Hall KD, McPherson K, Finegood DT, et al. (2011) The global obesity pandemic: shaped by global drivers and local environments. *Lancet* 378: 804-814.
- 27 Drewnowski A (2009) Obesity, diets, and social inequalities. *Nutr Rev* 67 Suppl 1: S36-39.
- 28 Physical Activity Guidelines Advisory Committee (2018) *2018 Physical Activity Guidelines Advisory Committee Scientific Report*. Washington, DC: U.S. Department of Health and Human Services.
- 29 McLean G, Tobias M (2004) *The New Zealand Physical Activity Questionnaire: Report on the validation of the NZPAQ-long and NZPAQ-short form physical activity questionnaires*. Wellington: Sport and Recreation New Zealand.
- 30 Craig CL, Marshall AL, Sjostrom M, Bauman AE, Booth ML, et al. (2003) International physical activity questionnaire: 12-country reliability and validity. *Med Sci Sports Exerc* 35: 1381-1395.
- 31 Ministry of Health (2018) Annual Data Explorer 2017/18: New Zealand Health Survey [Data File].
- 32 Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG, World Health Organization (2001) *AUDIT: the alcohol use disorders identification test: guidelines for use in primary health care*. Geneva: World Health Organization.
- 33 Ministry of Health (2013) Hazardous drinking in 2011/12: Findings from the New Zealand Health Survey. Retrieved from [www.moh.govt.nz/NoteBook/nbbooks.nsf/0/81BF301BDCF63B94CC257B6C006ED8EC/\\$file/12-findings-from-the-new-zealand-health-survey.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/81BF301BDCF63B94CC257B6C006ED8EC/$file/12-findings-from-the-new-zealand-health-survey.pdf)
- 34 Braillon A, Dubois G (2005) Alcohol and public health. *Lancet* 365: 1387.
- 35 Health Promotion Agency (2016) *Alcohol – the Body and Health Effects: A brief overview*. Wellington: Health Promotion Agency.
- 36 GBD 2016 Alcohol Collaborators (2018) Alcohol use and burden for 195 countries and territories, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 392: 1015-1035.
- 37 Connor, J., Kydd, R., Shield, K., & Rehm, J. (2015). The burden of disease and injury attributable to alcohol in New Zealanders under 80 years of age: marked disparities by ethnicity and sex. *N Z Med J*, 128(1409), 15-28.
- 38 Hall JJ, Taylor R (2003) Health for all beyond 2000: the demise of the Alma-Ata Declaration and primary health care in developing countries. *Med J Aust* 178: 17-20.
- 39 Winnard D, Crampton P, Cumming J, Sheridan N, Neuwelt P, et al. (2008) *Population Health – Meaning in Aotearoa New Zealand? A discussion paper to support implementation of the Primary Health Care Strategy*. Auckland: Auckland Regional Public Health Service.
- 40 Neuwelt P, Matheson D, Arroll B, Dowell A, Winnard D, et al. (2009) Putting population health into practice through primary health care. *NZ Med J* 122: 98-104.
- 41 Schluter PJ, Hamilton GJ, Deely JM, Ardagh MW (2016) Impact of integrated health system changes, accelerated due to an earthquake, on emergency department attendances and acute admissions: a Bayesian change-point analysis. *BMJ Open* 6: e010709.
- 42 Galenkamp H, Deeg DJH, de Jongh RT, Kardaun JWPF, Huisman M (2016) Trend study on the association between hospital admissions and the health of Dutch older adults (1995–2009). *BMJ Open* 6: e011967.
- 43 Canning UP, Kennell-Webb SA, Marshall EJ, Wessely SC, Peters TJ (1999) Substance misuse in acute general medical admissions. *QJM: An International Journal of Medicine* 92: 319-326.
- 44 Kessler RC, Angermeyer M, Anthony JC, R DEG, Demyttenaere K, et al. (2007) Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry* 6: 168-176.
- 45 Ministry of Health (2017) *Office of the Director of Mental Health Annual Report 2016*. Wellington: Ministry of Health.
- 46 Ministry of Health (2018) PRIMHD: Mental health data. Retrieved from www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data
- 47 Oakley Browne MA (2006) Lifetime prevalence and lifetime risk of DSM-IV disorders. In: Oakley Browne MA, Wells JE, Scott KM, editors. *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health.
- 48 Kessler RC, Foster CL, Saunders WB, Stang PE (1995) Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry* 152: 1026–1032.
- 49 The Mental Health Commission (1998) *Blueprint for Mental Health services in New Zealand. How things need to be*. Wellington: The Mental Health Commission.
- 50 The Mental Health Commission (2012) *Blueprint II Improving mental health and wellbeing for all New Zealanders. How things need to be*. Wellington: The Mental Health Commission.

- 51 Cerdá M, Tracy M, Galea S (2011) A prospective population based study of changes in alcohol use and binge drinking after a mass traumatic event. *Drug & Alcohol Dependence* 115: 1-8.
- 52 Fergusson DM, Horwood J, Boden JM, Mulder RT (2014) Impact of a Major Disaster on the Mental Health of a Well-Studied Cohort. *JAMA Psychiatry* 71: 1025-1031.
- 53 Galea S, Nandi A, Vlahov D (2005) The epidemiology of post-traumatic stress disorder after disasters. *Epidemiol Rev* 27: 78-91.
- 54 Gluckman P (2011) *The psychological consequences of the Canterbury earthquakes*. Wellington: Office of the Prime Minister's Science Advisory Committee.
- 55 Kessler RC, McLaughlin KA, Koenen KC, Petukhova M, Hill ED, et al. (2012) The importance of secondary trauma exposure for post-disaster mental disorder. *Epidemiology and Psychiatric Sciences* 21: 35-45.
- 56 Lock S, Rubin GJ, Murray V, Rogers MB, Amlot R, et al. (2012) Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011. *PLoS Curr* 4.
- 57 Kerdemelidis M, Reid MC. (2019) *Wellbeing recovery after mass shootings: information for the response to the Christchurch mosque attacks 2019. Rapid literature review*. Christchurch, New Zealand: Planning and Funding, Canterbury District Health Board.