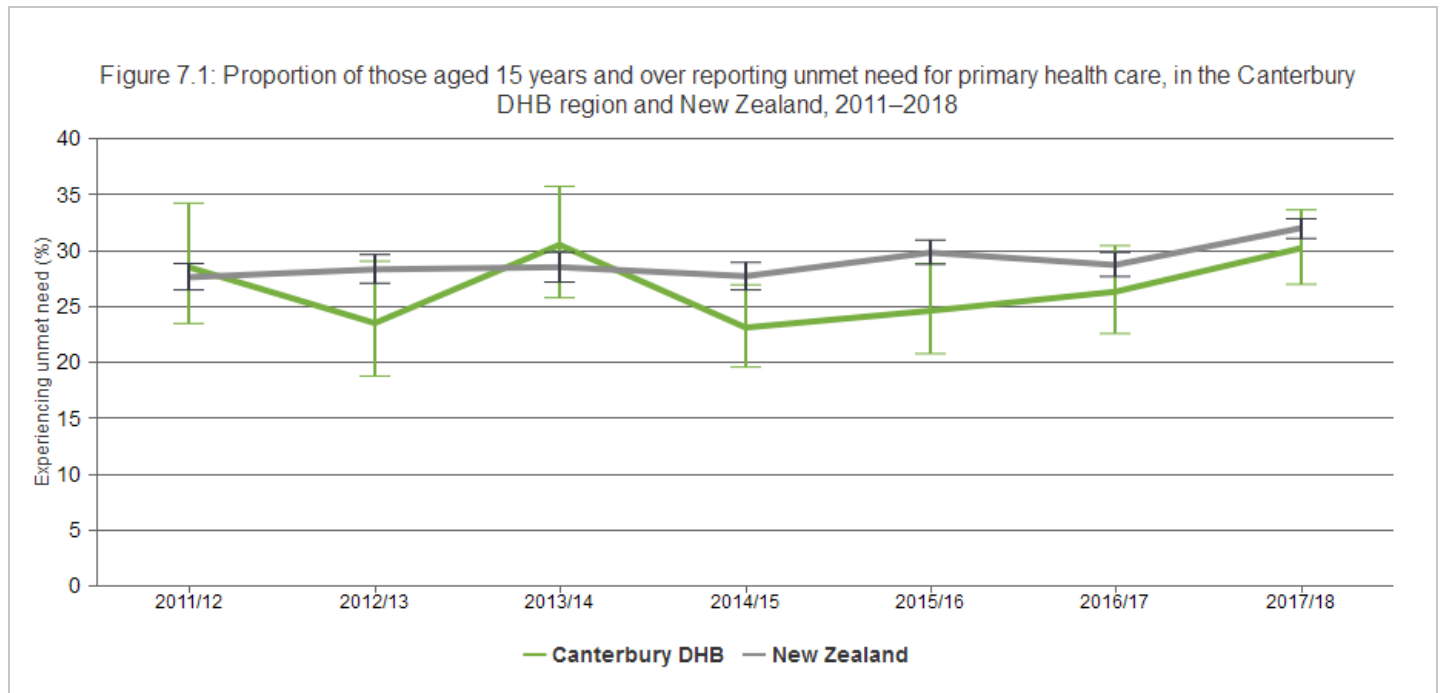


Health: Unmet need

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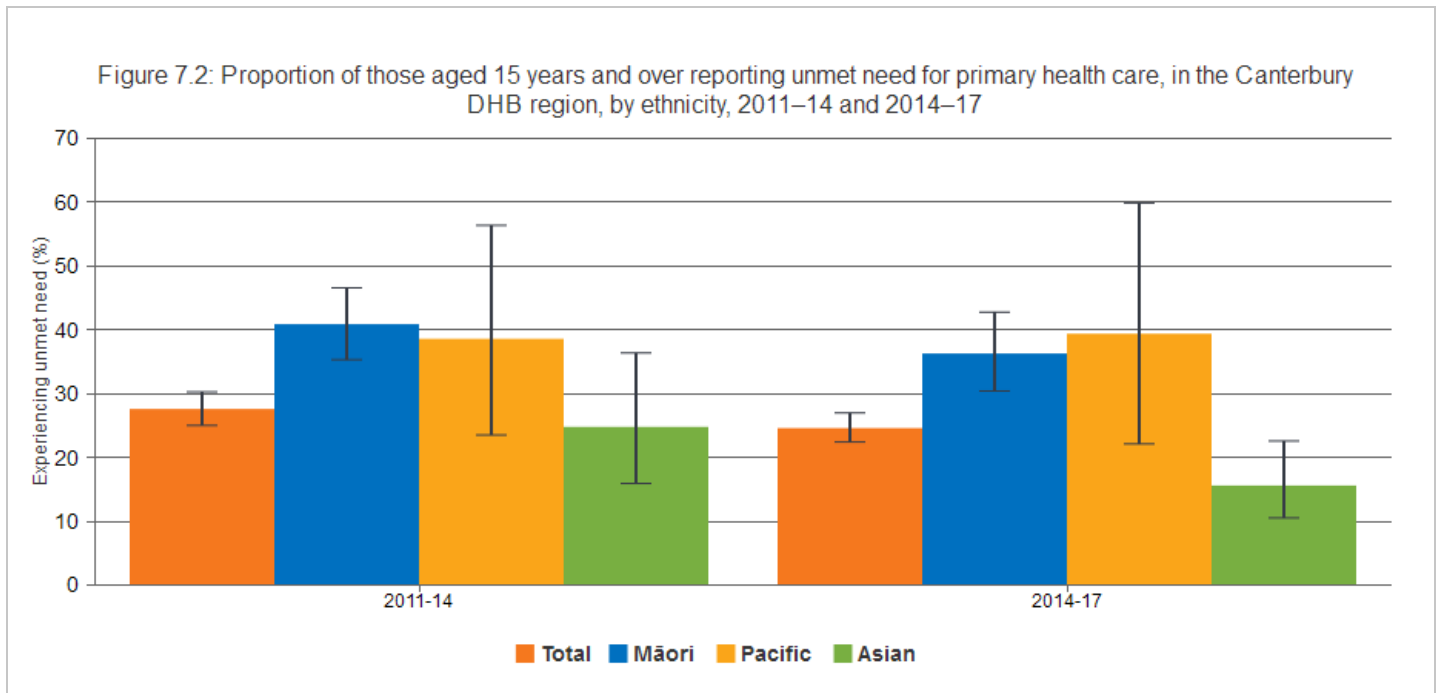
Primary health care services such as general practices and medical centres are usually the first point of contact with the health system. Good access to primary care is particularly important for vulnerable groups, including those who experience socioeconomic disadvantage [38]. The availability, coordination,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



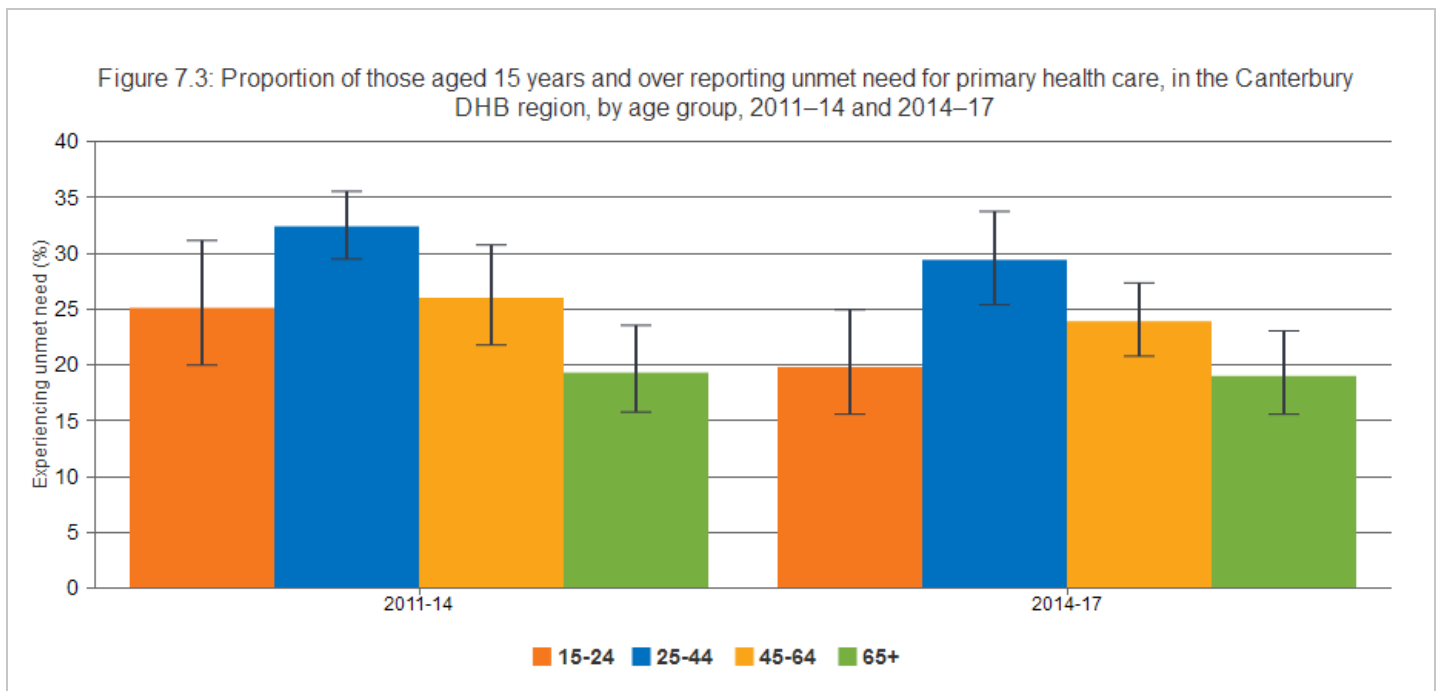
The figure shows, on average, about one-in-four Canterbury DHB region respondents reported experiencing some form of unmet need for primary care, in a typical 12-month period, over the time-series shown. The proportion of Canterbury DHB region respondents reporting unmet need for primary care has increased 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



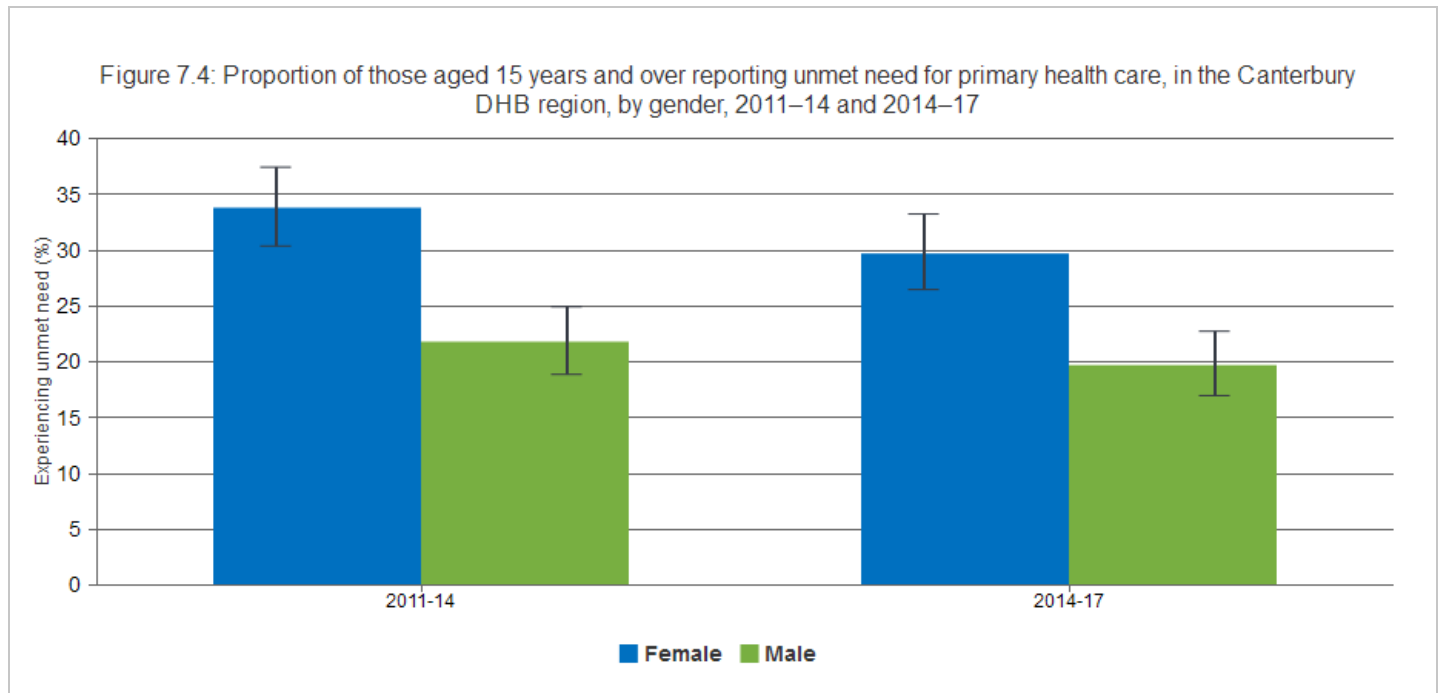
Approximately two-in-five Māori respondents in the Canterbury DHB region (36.3%) and a similar proportion of Pacific respondents (39.4%) indicated an unmet need for primary health care during the period 2014–17 (compared with 24.6% for all respondents in the Canterbury DHB region). This was consistent 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



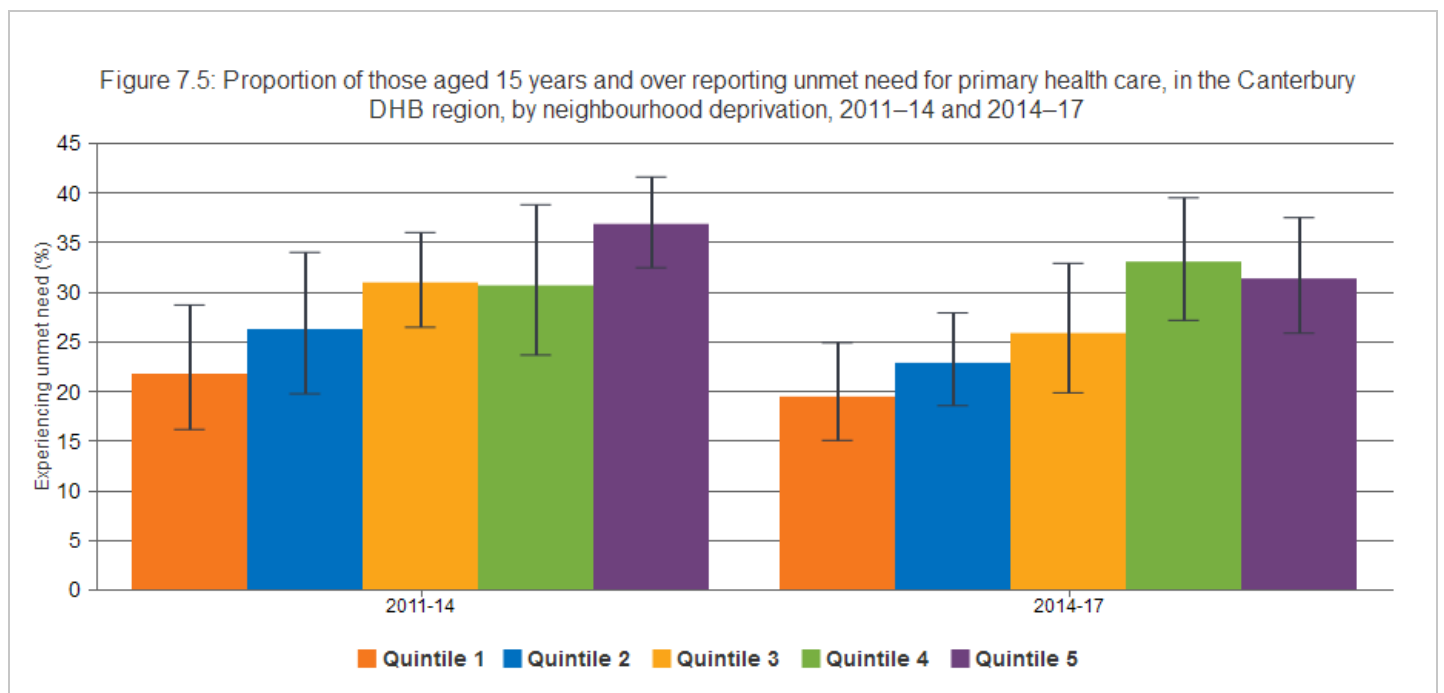
The figure shows a pattern of relatively higher unmet need for primary care (proportion of respondents aged 15 years and over reporting unmet need for primary health care in the past 12 months) for the 25 to 44 years age group in the Canterbury DHB region. In the current result, the proportion of respondents 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>

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