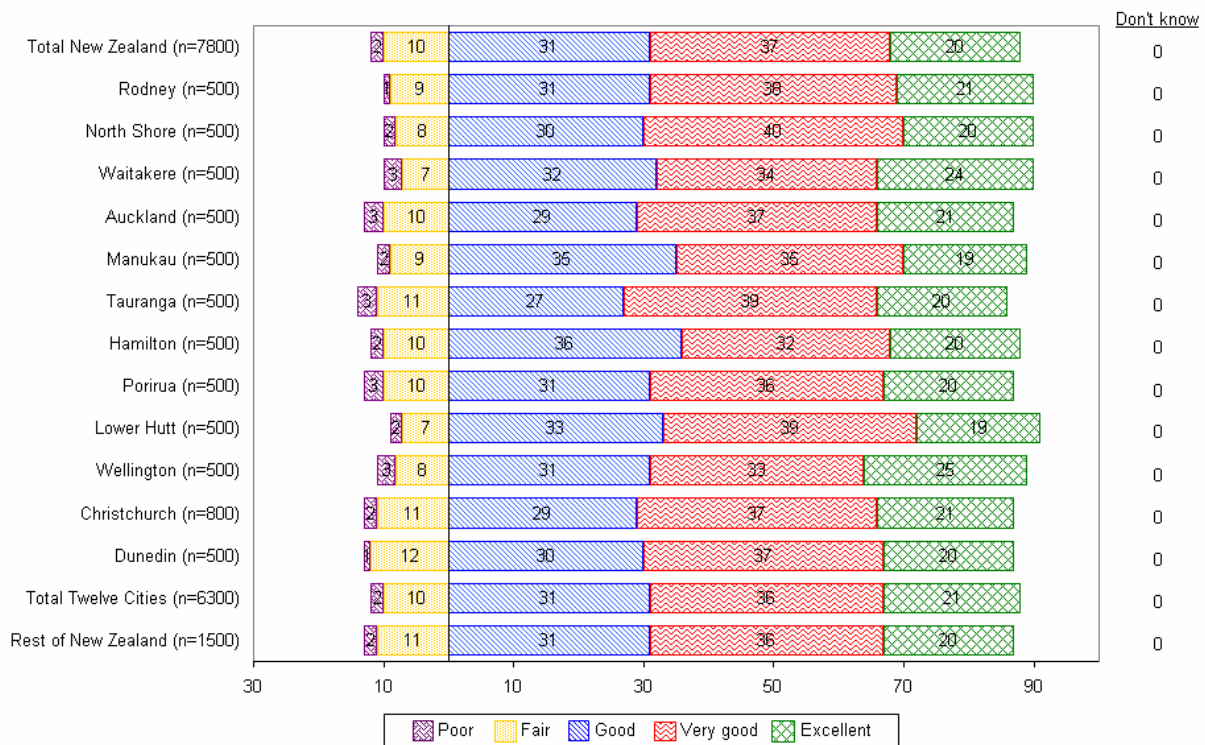


## 4. HEALTH

### 4.1 Overall Health

Most New Zealand residents rated their overall health positively (*good, very good or excellent*) (88%). Lower Hutt residents were most likely to rate their overall health positively (91%), while Tauranga residents were the most likely to rate their health negatively (*fair or poor*) (14%). There were no notable differences in ratings between residents of the Twelve Cities (88% *good, very good or excellent*) and those living elsewhere (87%).

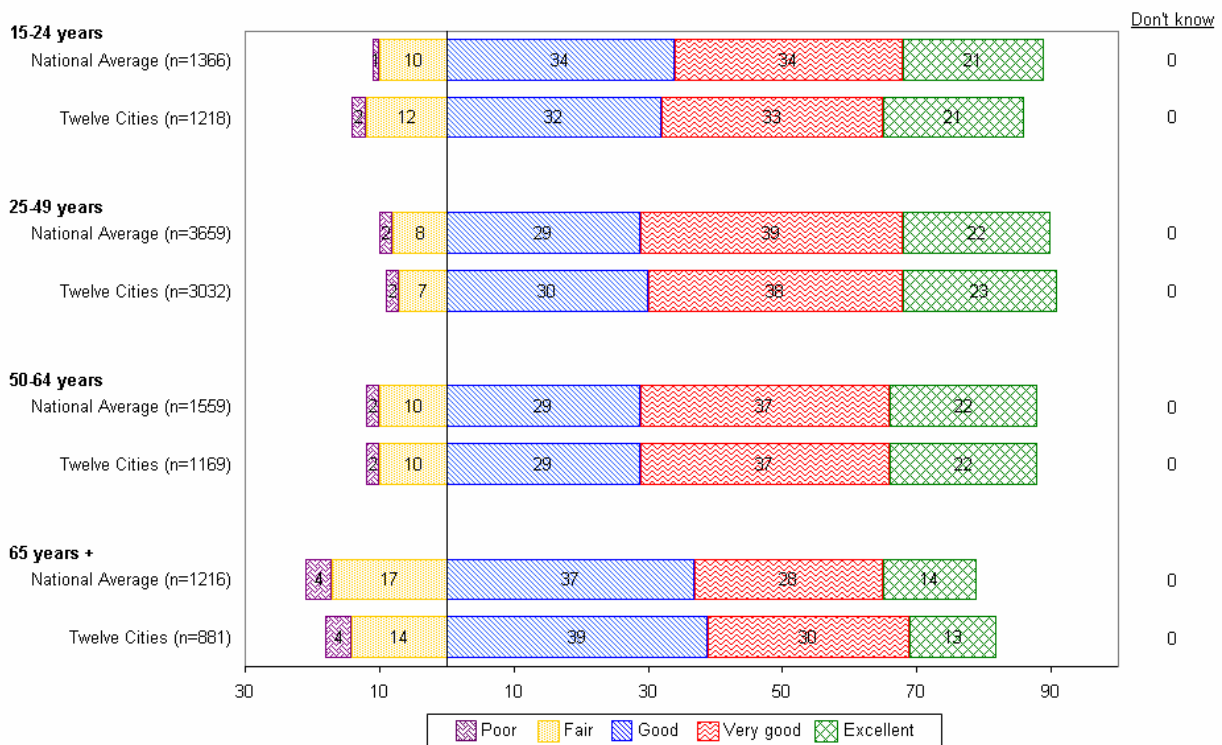
**Figure 4.1: Ratings For Perceptions Of Overall Health - By Location (%)**



Base: All respondents

Nationally, residents aged 25-49 years rated their overall health most positively, 90% describing their health as *good*, *very good* or *excellent*. By contrast, those aged 65 years or over were significantly less likely than all other age groups to rate their health positively (79% *good*, *very good* or *excellent*, compared with 89% of all other respondents). Among Twelve Cities' residents, those aged 25-49 years rated their overall health most positively (91%), while those aged 65 years or over were least positive about their overall health (82%).

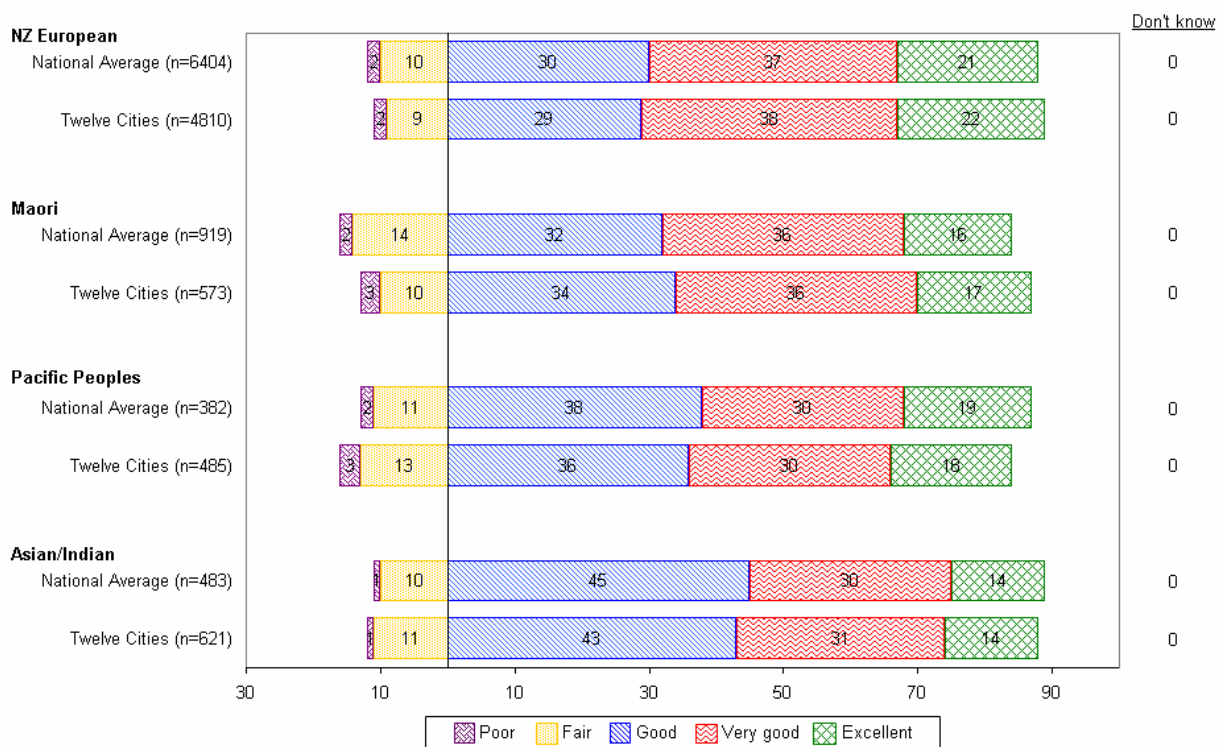
**Figure 4.2: Ratings For Perceptions Of Overall Health - By Age (%)**



Base: All respondents

At the national level, Asian/Indian (89% *good, very good or excellent*), and New Zealand European (88%) residents rated their overall health most positively, while Maori residents were least likely to rate their overall health positively (84%) (the difference in the share of positive ratings between New Zealand European and Maori residents being statistically significant). However, Asian/Indian residents were least likely to rate their overall health as *excellent* (14% - significantly lower than for New Zealand European residents – 21%). Results were slightly different among residents of the Twelve Cities, with Pacific Peoples least likely to rate their overall health positively (84%). However, Asian/Indian residents continued to be least likely to describe their overall health as *excellent* (14%).

**Figure 4.3: Ratings For Perceptions Of Overall Health - By Ethnicity (%)**

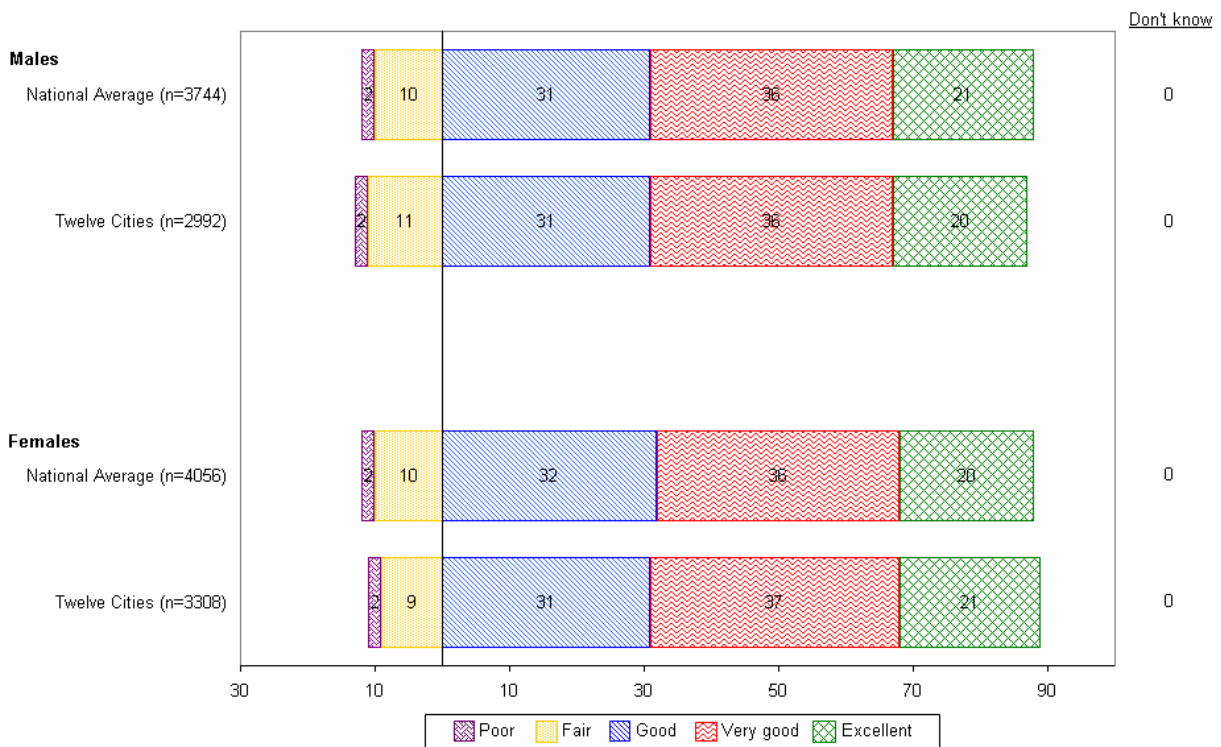


Base: All respondents

Note: Respondents able to select multiple ethnicities. Consequently bases may total more than 100%

At a national level, there was little difference in the rating of overall health, 88% of both males and females rating their overall health as at least *good*. However, among residents living in the Twelve Cities, females were significantly more likely to rate their overall health positively (89% *good, very good or excellent*) than their male counterparts (87%).

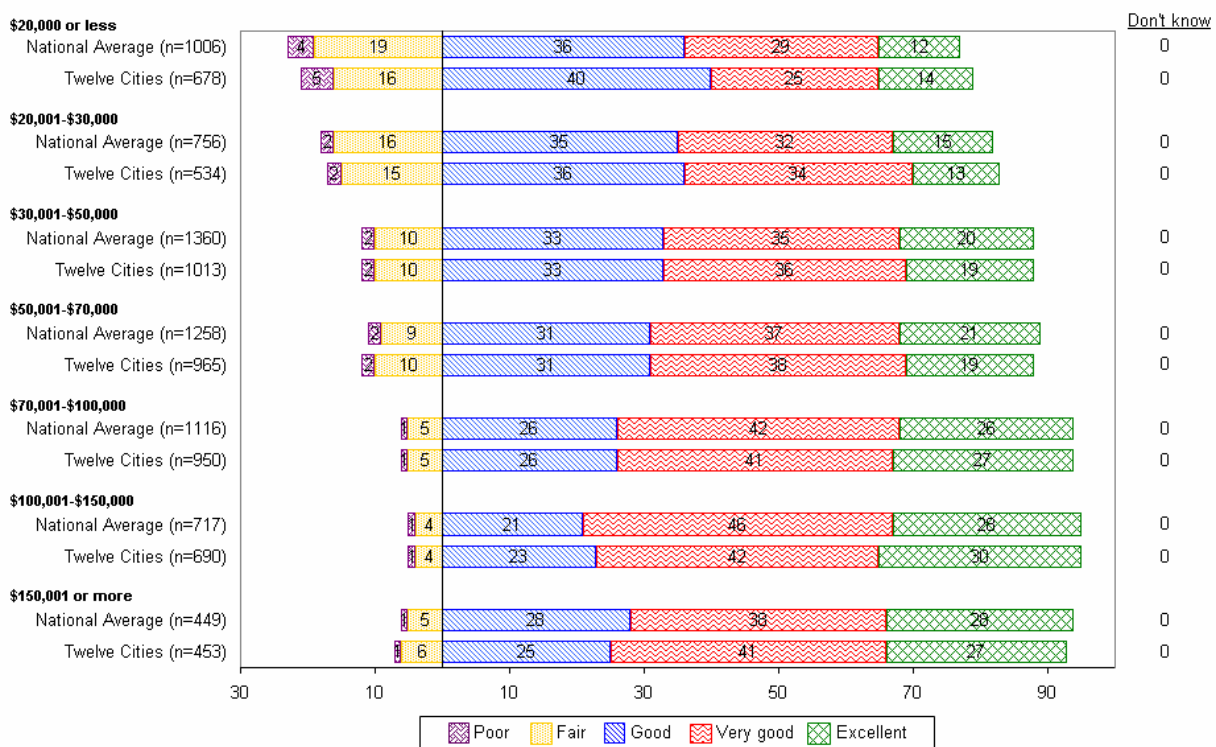
**Figure 4.4: Ratings For Perceptions Of Overall Health - By Gender (%)**



Base: All respondents

Both nationally and at the Twelve Cities' level, results suggest a positive relationship between household income and perceptions of overall health. Nationally, residents with an annual household income of \$70,001 or more were significantly more likely to rate their health positively (*good, very good or excellent*) (94%) than those with a household income of \$70,000 or less (84%), while residents with a household income of \$20,000 or less were the least likely to rate the overall health positively (77% *good, very good or excellent*). At the Twelve Cities' level, residents with a household income of \$20,000 or less were also least likely to rate their overall health positive (79%).

**Figure 4.5: Ratings For Perceptions Of Overall Health - By Annual Household Income (Before Tax) (%)**

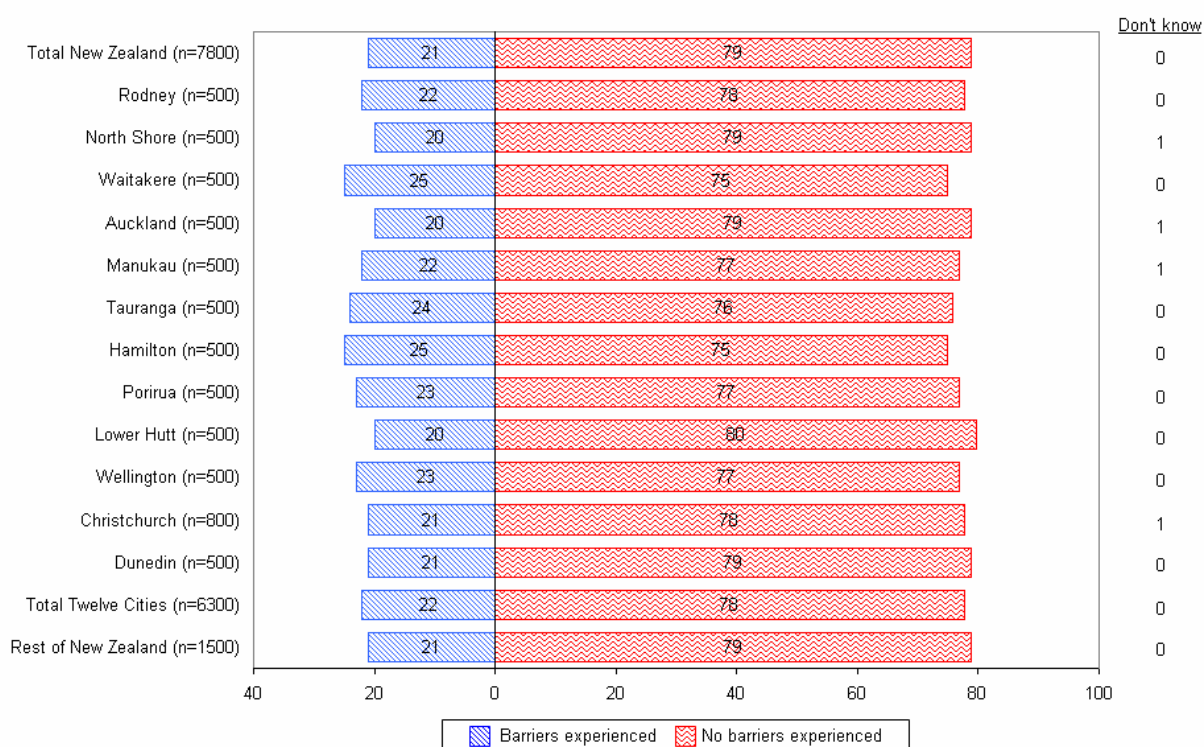


Base: All respondents

## 4.2 Experience Of Barriers To Usage Of General Practitioners

Over a fifth of all residents (21%) reported that, in the preceding 12 months, there had been at least once instance when they had wanted to visit a doctor but had not done so. The highest proportion of residents experiencing barriers to visiting a general practitioner (GP) was in Waitakere and Hamilton, where 25% of residents had not gone to a doctor at a time when they had wanted to. The lowest proportion of reported non-use was in North Shore, Auckland and Lower Hutt (20%). There were no notable differences in experience of barriers to a GP between those residents of the Twelve Cities (22% experiencing barriers) and those living elsewhere (21%).

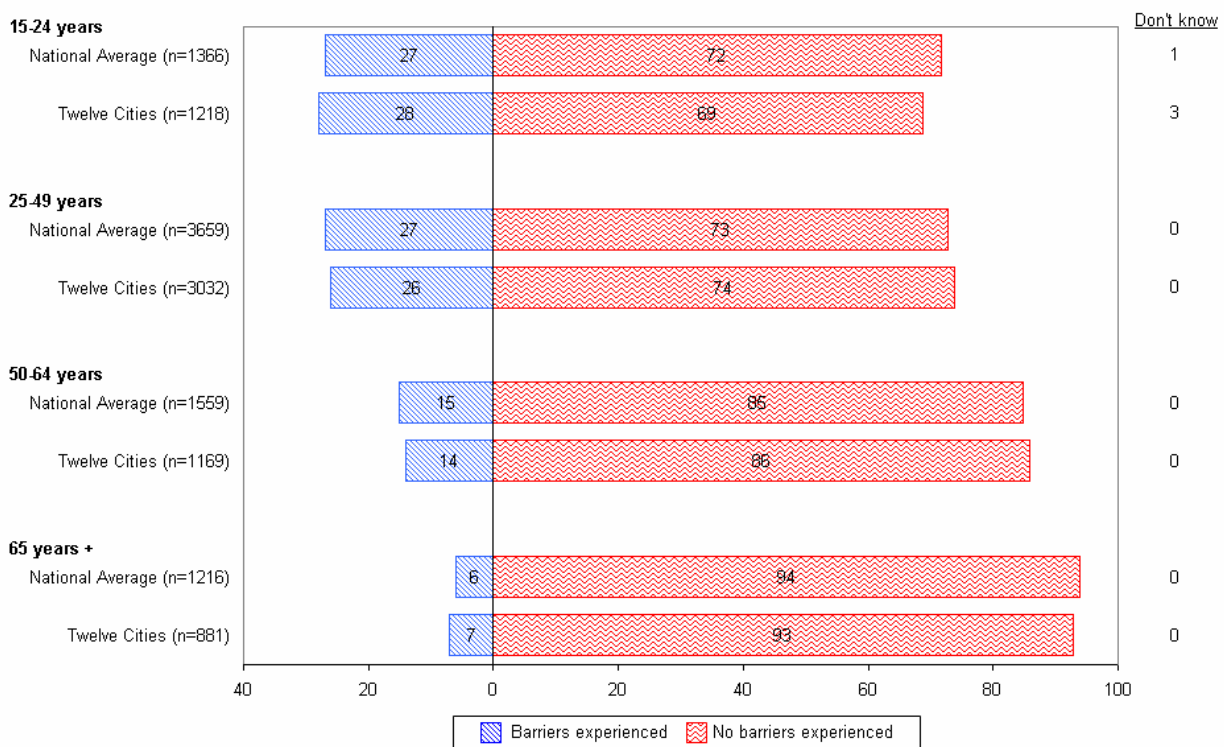
**Figure 4.6: Experience Of Barriers To General Practitioners - By Location (%)**



Base: All respondents

Nationally, residents aged 65 years or over were significantly less likely to have experienced barriers to visiting a GP when they wanted to in the preceding 12 months (94% of this group experiencing no barriers) than all other respondents (76%). Residents aged 15-24 and 25-49 years (27%) were the most likely not to have visited a GP when they wanted to some time in the preceding 12 months. Residents of the Twelve Cities aged 15-24 years (28%) were significantly more likely to have experienced barriers to visiting a doctor when they wanted to than all other age groups (20%).

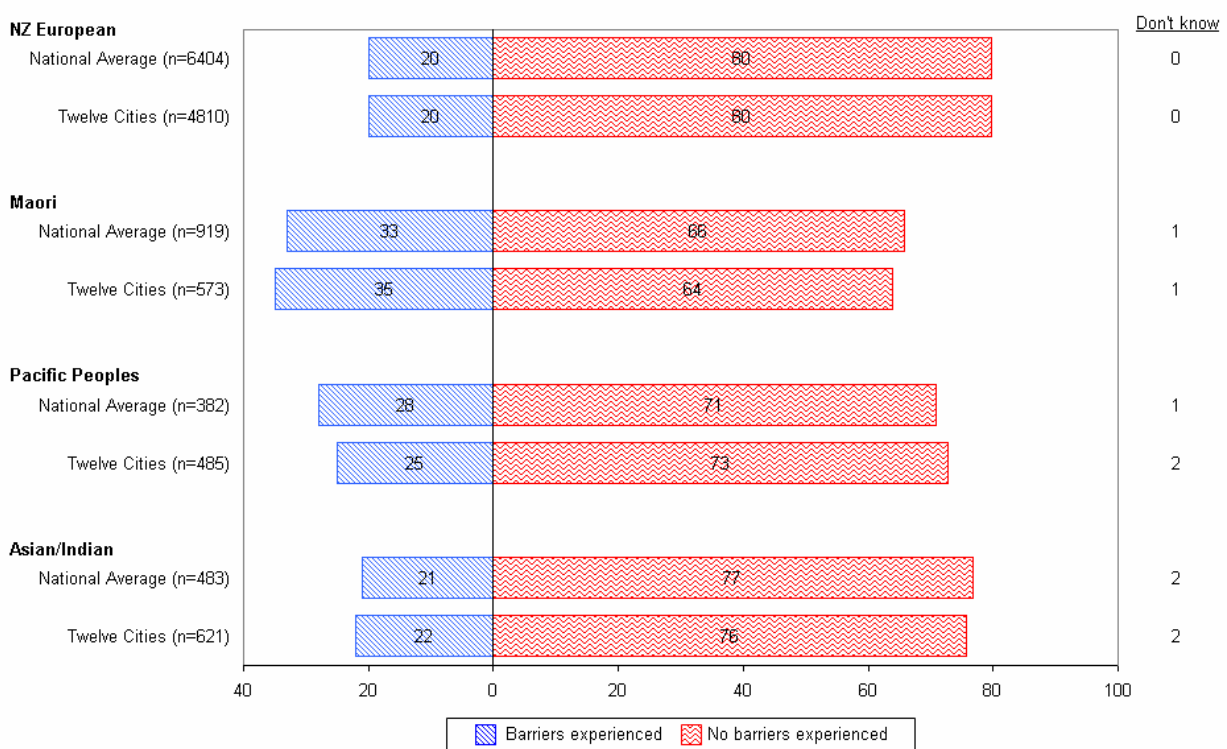
**Figure 4.7: Experience Of Barriers to General Practitioners - By Age (%)**



Base: All respondents

At a national level, Maori were most likely to have not visited a GP when they wanted to at least once in the preceding 12 months, 33% of Maori reporting a barrier to a GP visit. Residents of New Zealand European descent were the least likely to have experienced barriers to visiting a GP (20%). The experience of barriers to visiting a GP were significantly higher for both Maori (33%) and Pacific (28%) residents than for Asian/Indian (21%) and New Zealand European (20%) residents. At the Twelve Cities' level, results also show that Maori (35%) were significantly more likely to experience barriers to GP visits than New Zealand European (20%) or Asian/Indian (22%) residents.

**Figure 4.8: Experience Of Barriers To General Practitioners - By Ethnicity (%)**

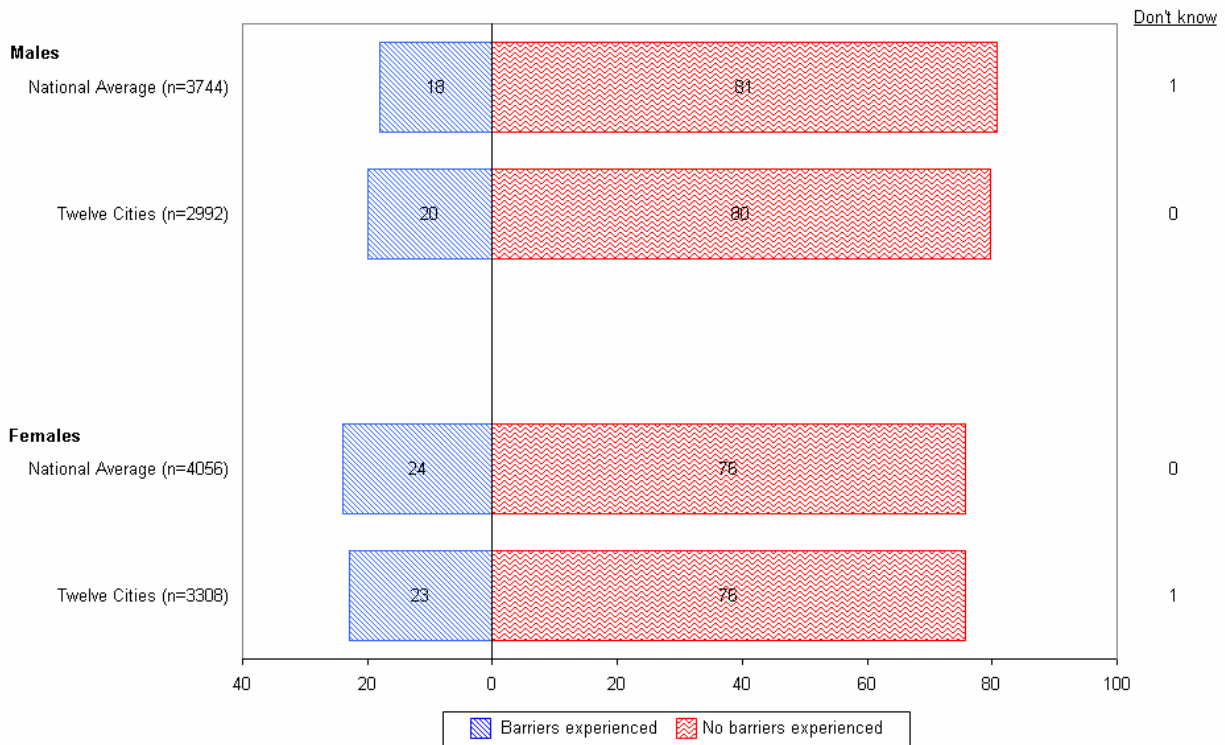


Base: All respondents

Note: Respondents able to select multiple ethnicities. Consequently bases may total more than 100%

Nationally, females (24%) were significantly more likely than males (18%) to have not visited a doctor when they wanted to at least once in the preceding 12 months. This difference between males (20%) and females (23%) was also significant for Twelve Cities' residents.

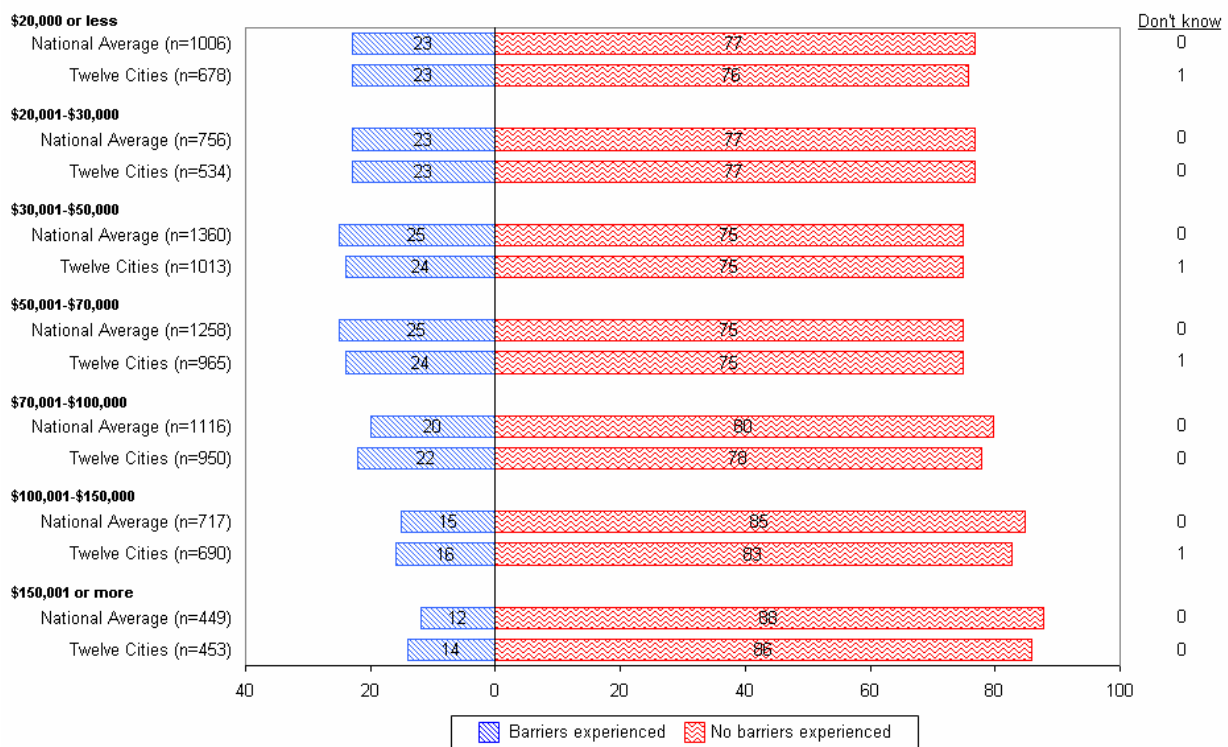
**Figure 4.9: Experience Of Barriers To General Practitioners - By Gender (%)**



Base: All respondents

Nationally, residents with an annual household income of \$100,001 or more (14%) were significantly less likely than those with a household income less than \$100,000 (23%) to have experienced barriers to visiting a GP at least once in the preceding twelve months. Of the seven income groups, those with an annual household income of between \$30,001 and \$70,000 were most likely to have experienced barriers to a GP visit (25% experiencing barriers). Results for the Twelve Cities are similar, with 15% of residents with an annual household income of \$100,001 or more experiencing barriers to visiting a GP compared with 23% with a household income less than this.

**Figure 4.10: Experience Of Barriers To General Practitioners - By Annual Household Income (Before Tax) (%)**

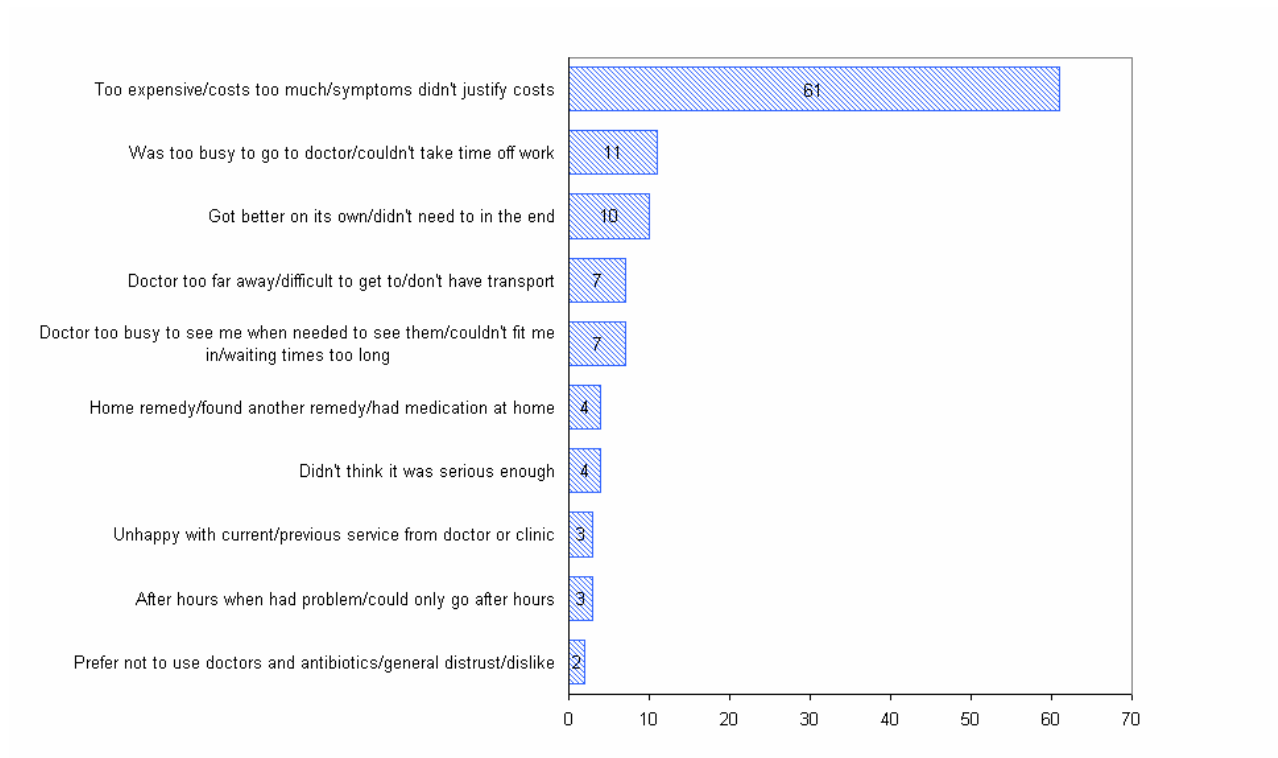


Base: All respondents

### 4.3 Barriers To Usage Of General Practitioners

Cost was the most dominant reason identified by residents who had not visited their GP when they wanted to, this barrier being cited by three in five (61%) of this group. One in ten residents (11%) who experienced barriers stated that they had been too busy to go to the doctor/couldn't take time off work, while a further one in ten (10%) noted that the condition got better on its own.

**Figure 4.11: Main Reasons For Not Visiting General Practitioner When Wanted To (%) (National Level)**



Base: n=1,644 (Those respondents who, at some time in the last 12 months, wanted to go to a GP, but didn't)

Note: Graph lists the ten most frequently mentioned reasons. A full list of reasons is provided in Appendix One

Across all twelve cities and for the “rest of New Zealand”, cost was the most dominant reason identified by residents who had not visited their GP when they wanted to, this barrier being particularly frequently mentioned by Hamilton and Tauranga residents (74% and 72% respectively). Of the twelve cities, a lack of time (*was too busy to go to doctor/couldn't take time off work*) was most frequently cited by residents in Porirua (21%), Manukau (18%), Auckland (17%) and Rodney (17%). Residents in Rodney were significantly more likely to mention inaccessibility (*GP too far away/difficult to get to/no transport*) (14%) than all other respondents (6%). While both Twelve Cities residents (62%) and those living elsewhere (59%) were most likely to mention cost as a barrier, those living outside the Twelve Cities were significantly more likely to mention that the condition got better on its own (12%, compared with 8% of Twelve Cities' residents) or that their GP was too far away/difficult to get to (10%, compared with 6% of Twelve Cities' residents).

**Table 4.1: Main Reasons For Not Visiting General Practitioner When Wanted To – By Location (%)**

	National Average (n=1644)	Rodney (n=109)	North Shore (n=99)	Waitakere (n=123)	Auckland (n=101)	Manukau (n=112)	Tauranga (n=119)	Hamilton (n=123)
Too expensive/costs too much	61	59	68	63	56	58	72	74
Too busy/couldn't take time off work	11	17	13	3	17	18	12	13
Got better on its own	10	4	5	10	9	5	7	6
GP too far away/difficult to get to/no transport	7	14	6	7	7	3	2	4
GP too busy/couldn't fit me in/long waiting time	7	4	9	6	3	8	5	7
Home remedy used/found another remedy	4	1	4	5	7	2	2	1
Didn't think serious enough	4	2	5	5	7	3	2	3
Unhappy with service from GP/clinic	3	4	2	5	4	3	1	3
Problem happened after hours	3	1	0	2	1	3	0	0
Prefer not to use GP/general distrust/dislike	2	1	3	1	2	1	2	1

	<b>Porirua</b> (n=114)	<b>Lower Hutt</b> (n=100)	<b>Wellington</b> (n=115)	<b>Christchurch</b> (n=166)	<b>Dunedin</b> (n=104)	<b>Total Twelve Cities</b> (n=1357)	<b>Rest of New Zealand</b> (n=308)
Too expensive/costs too much	51	56	63	64	69	62	59
Too busy/couldn't take time off work	21	14	13	9	11	13	9
Got better on its own	3	8	9	10	9	8	12
GP too far away/difficult to get to/no transport	9	7	3	7	7	6	10
GP too busy/couldn't fit me in/long waiting time	7	9	5	5	5	6	8
Home remedy used/found another remedy	5	4	3	2	2	4	4
Didn't think serious enough	5	5	6	4	4	4	2
Unhappy with service from GP/clinic	4	4	2	3	1	3	4
Problem happened after hours	2	4	3	1	3	2	4
Prefer not to use GP/general distrust/dislike	4	1	3	4	4	2	3

*Base: Those respondents who, at some time in the last 12 months, wanted to go to a GP, but didn't n=1,644*

Residents aged 65 years or over were significantly less likely to identify cost as a barrier to visiting their GP (42%) than all other respondents (62%). However, older residents were significantly more likely to mention access barriers (*GP too far away/difficult to get to/no transport*) – mentioned by 19% of those aged 65 years or over compared with 7% of all other respondents.

**Table 4.2: Main Reasons For Not Visiting General Practitioner When Wanted To – By Age (%) (National Level)**

	<b>15-24 Years (n=363)</b>	<b>25-49 Years (n=968)</b>	<b>50-64 Years (n=235)</b>	<b>65+ Years (n=77)</b>
Too expensive/costs too much	53	65	64	42
Too busy/couldn't take time off work	14	11	10	3
Got better on its own	11	8	13	14
GP too far away/difficult to get to/no transport	8	6	7	19
GP too busy/couldn't fit me in/long waiting time	5	8	5	7
Home remedy used/found another remedy	2	5	2	5
Didn't think serious enough	5	3	4	5
Unhappy with service from GP/clinic	3	3	5	2
Problem happened after hours	5	2	2	4
Prefer not to use GP/general distrust/dislike	2	2	2	8

*Base: Those respondents who, at some time in the last 12 months, wanted to go to a GP, but didn't, n=1,644*

New Zealand Europeans were most likely to identify cost as the main barrier to visiting a GP (62%) whereas Asian/Indians were least likely to cite this barrier (52%). Of the four ethnic groups, Pacific Peoples were most likely to cite time constraints (*too busy/couldn't get time off work*) (17%). Asian/Indian respondents were significantly more likely to mention that they used a home remedy/found another remedy/had medication at home (11%, compared with 3% of all other respondents).

**Table 4.3: Main Reasons For Not Visiting General Practitioner When Wanted To – By Ethnicity (%) (National Level)**

	<b>New Zealand European</b> (n=1272)	<b>Maori</b> (n=306)	<b>Pacific Peoples</b> (n=107)	<b>Asian/Indian</b> (n=100)
Too expensive/costs too much	62	58	54	52
Too busy/couldn't take time off work	11	14	17	12
Got better on its own	10	9	4	14
GP too far away/difficult to get to/no transport	7	7	6	5
GP too busy/couldn't fit me in/long waiting time	7	8	3	12
Home remedy used/found another remedy	3	5	4	11
Didn't think serious enough	3	4	5	7
Unhappy with service from GP/clinic	4	4	1	3
Problem happened after hours	3	1	4	2
Prefer not to use GP/general distrust/dislike	2	5	4	2

*Base: Those respondents who, at some time in the last 12 months, wanted to go to a GP, but didn't, n=1,644*

Cost was significantly more likely to be a barrier to visiting a GP for females than males (67%, compared to 52%), while time constraints (too busy/couldn't take time off work) were more likely to be a barrier for males than females (13%, compared to 10%). Males were also significantly more likely to respond that the problem *got better on its own* than females (12%, compared to 8%).

**Table 4.4: Main Reasons For Not Visiting General Practitioner When Wanted To – By Gender (%) (National Level)**

	Male (n=687)	Female (n=957)
Too expensive/costs too much	52	67
Too busy/couldn't take time off work	13	10
Got better on its own	12	8
GP too far away/difficult to get to/no transport	8	7
GP too busy/couldn't fit me in/long waiting time	5	8
Home remedy used/found another remedy	4	3
Didn't think serious enough	4	3
Unhappy with service from GP/clinic	1	5
Problem happened after hours	4	2
Prefer not to use GP/general distrust/dislike	2	3

*Base: Those respondents who, at some time in the last 12 months, wanted to go to a GP, but didn't, n=1644*

As might be expected, residents with a household income of \$150,001 or more were significantly less likely to identify *cost* as a barrier to visiting a GP (31%) than all other respondents (62%). However, this group were significantly more likely to cite a lack of time (*too busy/couldn't take time off work*) as a barrier (25%, compared with 11% of all other respondents). In addition, those with a household income of \$150,001+ had the greatest proportion of respondents specifying that the problem *got better on its own* (17%).

**Table 4.5: Main Reasons For Not Visiting General Practitioner When Wanted To – By Annual Household Income (%)  
(National Level)**

	<b>\$20,000 or less</b> (n=154)	<b>\$20,001 - \$30,000</b> (n=125)	<b>\$30,001- \$50,000</b> (n=246)	<b>\$50,001- \$70,000</b> (n=233)	<b>\$70,001- \$100,000</b> (n=205)	<b>\$100,001- \$150,000</b> (n=111)	<b>\$150,001+</b> (n=61)
Too expensive/costs too much	65	72	64	63	60	55	31
Too busy/couldn't take time off work	6	7	12	15	15	9	25
Got better on its own	8	7	11	10	7	10	17
GP too far away/difficult to get to/no transport	8	11	8	3	8	13	5
GP too busy/couldn't fit me in/long waiting time	4	3	9	8	10	5	4
Home remedy used/found another remedy	5	2	5	3	5	6	1
Didn't think serious enough	3	4	2	4	3	3	13
Unhappy with service from GP/clinic	6	2	3	3	5	3	1
Problem happened after hours	5	3	2	2	2	5	1
Prefer not to use GP/general distrust/dislike	3	3	1	3	2	1	2

Base: Those respondents who, at some time in the last 12 months, wanted to go to a GP, but didn't