

Unmet need for GP services due to a lack of transport

HIGHLIGHTS:

- In 2015/16, about 144,000 New Zealanders (or about 3% of the population) had missed out on a GP visit due to a lack of transport in the previous 12 months. There has been no significant change in the prevalence of this unmet need since 2011/12.
- Women were almost twice as likely as men (4.1% vs 2.3%) to have had an unmet GP need due to a lack of transport in the past 12 months.
- Lack of transport was a significant barrier to accessing GP services for Māori and Pacific peoples, with 5–9% of people in these ethnic groups affected.
- People living in the most deprived areas had much higher rates of unmet GP need due to a lack of transport (6.7%) than people in the least deprived areas (<1%).
- Hawke’s Bay DHB and Hutt DHB had higher rates of unmet GP need due to a lack of transport in 2011–14.



How a lack of transport can affect health

Access to transport is important for accessing health services and other services and facilities in society (Kjellstrom and Hill 2002). Not having access to transport when it is needed (either via a motor vehicle, cycling, walking or public transport) can be an important barrier to accessing health services, and can lead to an ‘unmet need’ for healthcare (that is, missing out on healthcare when it is needed), and a potential worsening of health.

Data for this indicator

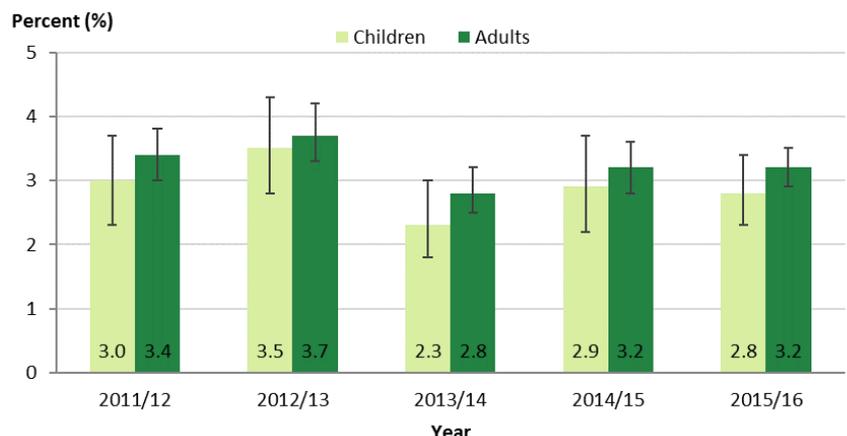
The data for this indicator come from the New Zealand Health Survey. Unmet need for GP services due to a lack of transport is defined as having had a medical problem but not visiting a GP due to lack of transport, in the past 12 months (Ministry of Health 2014). The results are presented for children (aged 0–14 years) and adults (aged 15+ years).

About 144,000 New Zealanders missed out on a GP visit due to no transport in 2015/16

In 2015/16 about 3% of New Zealanders had a medical problem but did not visit a GP due to a lack of transport, in the past 12 months (adults: 3.2%, 95% confidence interval 2.9–3.5; children: 2.8%, 2.3–3.4). This is about 119,000 adults and 25,000 children.

There has been no significant change in the percentage of people with unmet need for a GP due to a lack of transport between 2011/12 and 2015/16, for either adults or children (Figure 1), even when adjusting for age differences (Ministry of Health 2016).

Figure 1: Unmet need for GP services due to a lack of transport in the past 12 months, children and adults, 2011/12–2015/16 (unadjusted prevalence)



Source: Ministry of Health (2016)

Unmet need for GP services due to a lack of transport

Some variation by age group in unmet need for a GP due to a lack of transport

People aged 10–14 years and 65–74 years had somewhat lower rates of unmet need for a GP due to a lack of transport, compared with other age groups (Figure 2).

Women were more likely to have an unmet need for a GP due to a lack of transport than men

In 2015/16, rates of unmet GP need due to a lack of transport were significantly higher among women (4.1%, 3.6–4.6) than men (2.3%, 1.8–2.8).

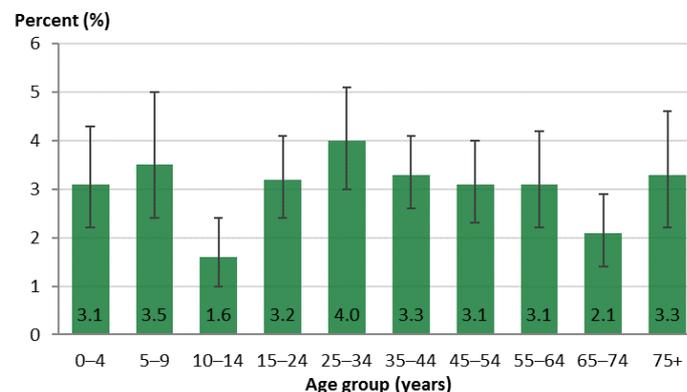
This difference remained statistically significant after adjusting for age, with women being almost twice as likely as men to have the unmet need (adjusted rate ratio 1.8, 1.4–2.3).

Māori and Pacific peoples have higher rates of unmet need for a GP due to a lack of transport

By ethnic group, rates of unmet GP need due to a lack of transport were highest among Pacific adults (8.6%) and Pacific children (7.4%), as well as Māori adults (8.2%) and Māori children (5.3%) (Table 1).

Māori children and adults were about three times as likely as non-Māori children and adults to have experienced an unmet need for a GP due to a lack of transport, after adjusting for age and sex differences (Table 2). Pacific children were 3.6 times as likely as non-Pacific children to have experienced this unmet need, while Pacific adults were almost three times as likely as non-Pacific adults.

Figure 2: Unmet need for GP services due to a lack of transport in the past 12 months, by age group, 2015/16 (unadjusted prevalence)



Source: Ministry of Health (2016)

Table 1: Unmet need for GP services due to a lack of transport, by ethnic group, 2015/16 (unadjusted prevalence and estimated number)

Ethnic group (total response)	Unmet need for GP services due to a lack of transport (%)		Estimated number of people affected	
	Children	Adults	Children	Adults
Total	2.8% (2.3–3.4)	3.2% (2.9–3.5)	25,000	119,000
Māori	5.3% (4.0–7.0)	8.2% (6.9–9.6)	13,000	40,000
Pacific	7.4% (5.3–10.3)	8.6% (6.8–10.7)	9,000	19,000
Asian	2.1% (1.0–3.9)	2.4% (1.5–3.8)	3,000	11,000
European/Other	1.6% (1.1–2.2)	2.4% (2.1–2.8)	10,000	69,000

Table 2: Unmet need for GP services due to a lack of transport, by ethnic group, 2015/16 (adjusted rate ratio)

Ethnic group (total response)	Adjusted rate ratio (adjusting for sex and age)	
	Children	Adults
Māori vs non-Māori	2.8* (1.8–4.2)	3.3* (2.7–4.0)
Pacific vs non-Pacific	3.6* (2.3–5.5)	2.9* (2.3–3.8)
Asian vs non-Asian	0.7 (0.4–1.4)	0.7 (0.4–1.2)

Notes for Tables 1 and 2: 95% confidence intervals are given in brackets. Estimated numbers will add to more than the total, due to total response ethnicity (where everyone is included in every ethnic group they report). An asterisk (*) shows a statistically significant adjusted rate ratio.

Source: Ministry of Health (2016)

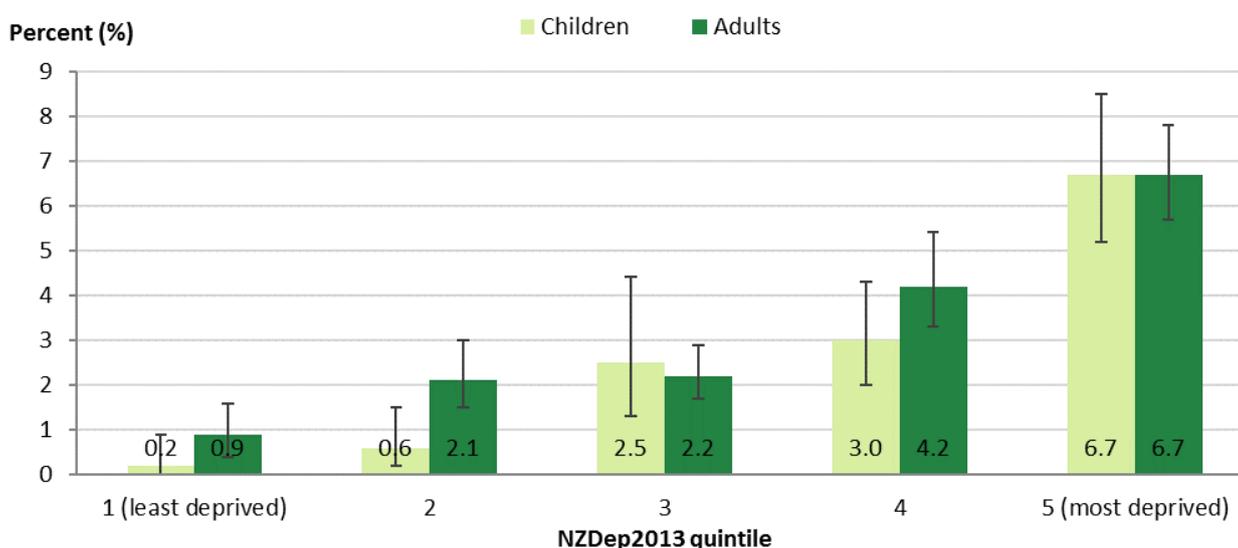
Unmet need for GP services due to a lack of transport

Lack of transport is an important barrier to healthcare for people living in highly deprived areas

Children and adults living in more socioeconomically deprived areas were much more likely than other people to have had an unmet need for GP services due to a lack of transport in the past 12 months.

In particular, 6.7% of people living in the most deprived areas (NZDep2013 quintile 5) had an unmet GP need due to a lack of transport in the past 12 months (Figure 3).

Figure 3: Unmet need for GP services due to a lack of transport in the last 12 months, by socioeconomic deprivation (NZDep2013 quintiles), 2015/16 (unadjusted prevalence)



Source: Ministry of Health (2016)

The differences in unmet GP need due to a lack of transport by socioeconomic deprivation (NZDep) remained significant after adjusting for sex, age and ethnic differences between areas.

Children living in the most deprived areas were 11 times as likely to have had an unmet need for a GP due to a lack of transport in the past year as children in the least deprived areas, after adjusting for age, sex and ethnic differences (Table 3).

Adults living in the most deprived areas were five times as likely as those in the least deprived areas to have experienced this unmet need in the past year, after adjusting for age, sex and ethnic differences.

Table 3: Unmet need for GP services due to a lack of transport, by NZDep2013, 2015/16 (adjusted rate ratio)

Socioeconomic deprivation (NZDep2013)	Adjusted rate ratio (adjusting for sex, age and ethnic group)	
	Children	Adults
Most deprived areas vs least deprived areas	11.2* (3.6–34.7)	5.0* (3.1–8.3)

Notes: 95% confidence intervals are given in brackets. An asterisk (*) indicates a statistically significant result. The rate ratio for socioeconomic deprivation refers to the relative index of inequality (Hayes and Berry 2002), which compares the estimated value for people at the minimum and maximum points on the deprivation scale (Ministry of Health 2012). These statistics were calculated and published by the Ministry of Health.

Source: Ministry of Health (2016)

Unmet need for GP services due to a lack of transport

Hawke’s Bay and Hutt DHBs had higher levels of unmet need

In 2011–14, rates of unmet GP need due to a lack of transport varied by district health board (DHB) (Figure 4).

For adults, rates of unmet need were significantly higher than the national rate in the following DHBs:

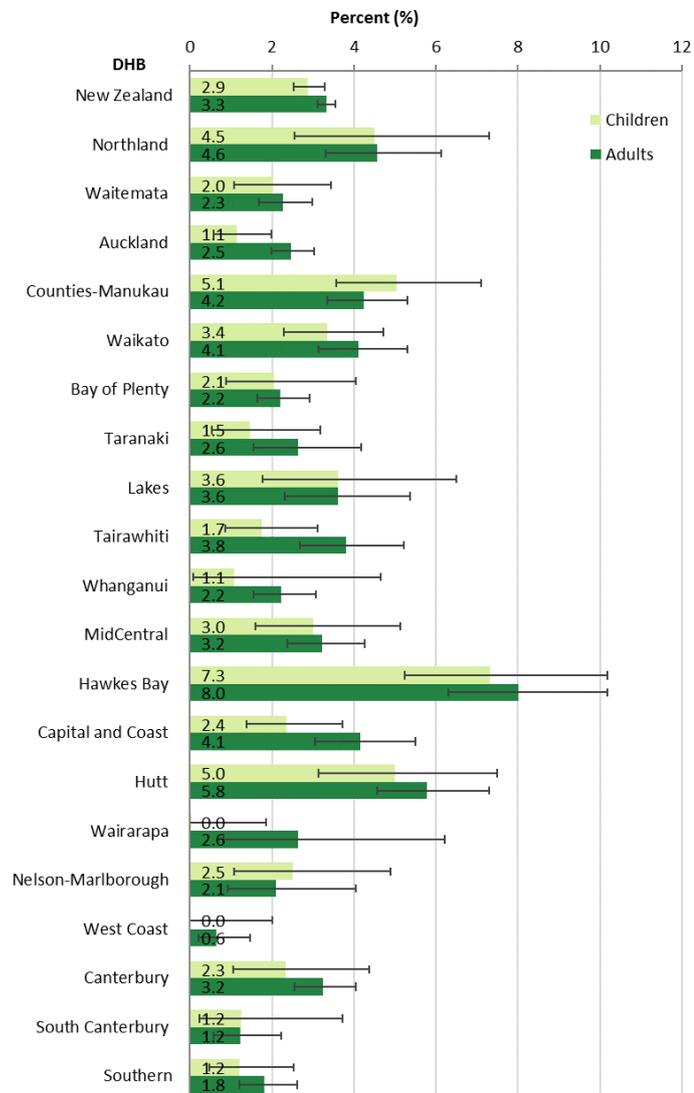
- Hawke’s Bay (8.0%)
- Hutt (5.8%).

For children, the following DHBs had significantly higher rates of unmet need:

- Hawke’s Bay (7.3%)
- Counties Manukau (5.1%)
- Hutt (5.0%).

These differences were examined using the unadjusted (crude) prevalence estimates. However, using age-standardised rates made little change to these results.

Figure 4: Unmet need for GP services due to a lack of transport in the last 12 months, by district health board (DHB), 2011–14 (unadjusted prevalence)



DATA SOURCES

Data come from the 2015/16 New Zealand Health Survey data tables (Ministry of Health 2016), and regional results from the 2011–14 New Zealand Health Survey data tables (Ministry of Health 2015). For more information about this indicator, see the metadata sheet.

Notes: Significant differences were calculated by the Ministry of Health.

Source: Ministry of Health (2015)

RELATED INDICATORS

Related environmental health indicators for transport, available from the EHINZ website (www.ehinz.ac.nz), include:

- Number of motor vehicles
- Main mode of transport to work on Census day
- Active transport to and from school
- Household travel time by mode of transport
- Transport injury hospitalisations and deaths
- About transport and health (information factsheet).

REFERENCES

- Hayes, L., Berry, G. (2002). Sampling variability of the Kunst-Mackenbach relative index of inequality. *Journal of Epidemiology and Community Health* 56: 762–5.
- Kjellstrom, T. and Hill, S. (2002). *New Zealand Evidence for Health Impacts of Transport: A background paper prepared for the Public Health Advisory Committee*. Wellington: National Health Committee.
- Ministry of Health. (2012). *The Health of New Zealand Adults 2011/12: Key findings of the New Zealand Health Survey*. Wellington: Ministry of Health.
- Ministry of Health. (2015). *Regional results from the 2011–14 New Zealand Health Survey*. Wellington: Ministry of Health.
- Ministry of Health. (2016). *Annual Update of Key Results 2015/16: New Zealand Health Survey. Online data tables*. URL: <https://minhealthnz.shinyapps.io/nz-health-survey-2015-16-annual-update/> Wellington: Ministry of Health.

For more information,
please contact
Kylie Mason on
ehnz@massey.ac.nz