

Chapter 4: Health Service Utilisation

Introduction

This section covers a wide range of health care providers, with a particular focus on primary health care providers. Primary health care providers are a person's first point of contact with the health system and include general practitioner services, Māori and Pacific health care providers, practice nurses, pharmacists, complementary and alternative health care providers, and a range of other providers (eg, dentists and physiotherapists). In addition to primary health care providers, this section also includes medical specialists and hospital use.

In this survey, the use of health services was determined by asking adults if they had seen certain health care providers or workers in the last 12 months. If they had, they were asked additional questions such as the number of times they had visited, the reasons for their last visit, why they had selected a particular type of provider, their satisfaction with the consultation and reasons for any dissatisfaction, and whether they felt they needed to see a health practitioner for some reason but did not (unmet health need) and the reasons for this.

Key results are presented by sex and ethnicity. The following ethnic groups are used: European/Other, Māori, Pacific and Asian. Selected results are also presented by sex and 10-year age group, and by sex and NZDep2001 quintile. Additional results are included in datacubes.

Ninety-five percent confidence intervals are presented for all descriptive results after the estimate in the text or summary tables at the end of the chapter, or as error bars in graphs (except where otherwise noted). When a difference between population subgroups is referred to as significant, it means the difference is statistically significant at the 95 percent confidence level (ie, the 95 percent confidence intervals do not overlap).

All results presented by sex, ethnicity and NZDep2001 in the body of this report have been age-standardised by the direct method using the WHO World Population as the standard population. This is to allow comparisons between population subgroups without differences in the age distribution of the comparison populations influencing results. However, age-standardised estimates have no meaning by themselves; they are meaningful only when compared with other age-standardised estimates. Therefore, only use these age-standardised estimates to compare one population subgroup with another.

If you want to know the actual use of health services by the population of interest, use the crude (unadjusted) estimates shown in the summary tables at the end of this chapter or in the datacubes.

Results

Key points

- Nine out of 10 adults have a health practitioner or service they usually first go to see when they are feeling unwell or are injured.
- Asian peoples were significantly less likely than European/Other, Māori and Pacific ethnic groups to have a usual health practitioner.
- One in seven Māori adults had visited a Māori health provider in the last 12 months.
- One in 11 Pacific adults had visited a Pacific health provider in the last 12 months.
- Eight out of 10 adults had visited a general practitioner (GP) in the last 12 months.
- The most common reasons for visiting a GP were a short-term condition, routine check-up or a chronic condition or disability.
- Seven out of 10 adults were given a prescription by their GP on their last visit.
- The most common cost of a GP visit was \$31–40.
- The average number of visits to a GP in the last 12 months was four.
- One in eight adults needed to see a GP in the last 12 months, but did not see one.
- The most common reasons for not seeing a GP when needed were high cost and inconvenience.
- Three out of 10 adults had seen a medical specialist in the last 12 months.
- Four out of 10 adults had seen a practice nurse in the last 12 months.
- Seven out of 10 adults had received a prescription for themselves in the last 12 months.
- One in six adults who received a prescription did not collect one or more of their prescription items from the chemist.
- One in four adults had seen a complementary or alternative health care worker in the last 12 months.
- The most common types of complementary or alternative health care workers were massage therapists, chiropractors and osteopaths.
- Four out of 10 adults had seen a dentist or dental therapist in the last 12 months.
- One in five adults had seen an optician or optometrist in the last 12 months.
- One in seven adults had seen a physiotherapist in the last 12 months.
- One in five adults had used a service at, or been admitted to, a public hospital in the last 12 months.
- One in 16 adults had used a service at, or been admitted to, a private hospital in the last 12 months.

General

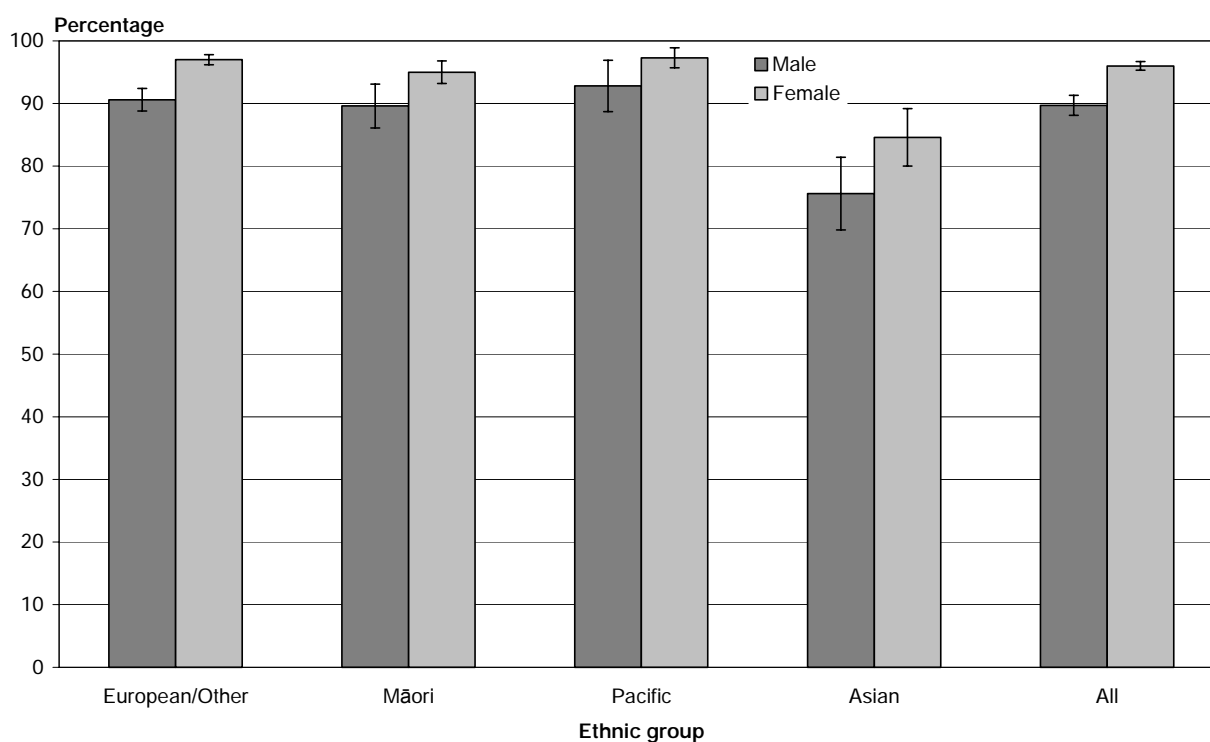
Usual health practitioner

Participants were asked whether they have a health practitioner or service that they usually first go to see when they are feeling unwell or injured, and what sort of practitioner this was.

Overall, nine out of 10 adults (93.5%; 92.7–94.2) reported they had a usual health practitioner. Females (96.0%; 95.3–96.8) were significantly more likely than males (89.7%; 88.1–91.4) to have a usual health practitioner.

In both males and females, Pacific, European/Other and Māori ethnic groups were significantly more likely to have a usual health practitioner than Asian peoples (Figure 76).

Figure 76: Have usual health practitioner, by ethnic group and sex (age-standardised)



Among adults who had a usual health practitioner, almost all (97.1%; 96.6–97.6) had a general practitioner (GP) as their usual health practitioner. Males (97.2%; 96.4–98.0) and females (96.6%; 95.8–97.3) were equally likely to have a GP as their usual health practitioner.

Males from European/Other (97.2%; 96.3–98.1), Māori (97.0%; 94.9–99.0), Pacific (98.6%; 97.0–100.0) and Asian (96.0%; 93.1–98.8) ethnic groups were similarly likely to have a GP as their usual health practitioner. Māori females (93.9%; 91.3–96.5) were less likely to have a GP as their usual health practitioner than European/Other (96.7%; 95.8–97.6), Pacific (98.6%; 97.4–99.8) and Asian (98.0%; 96.5–99.5) females.

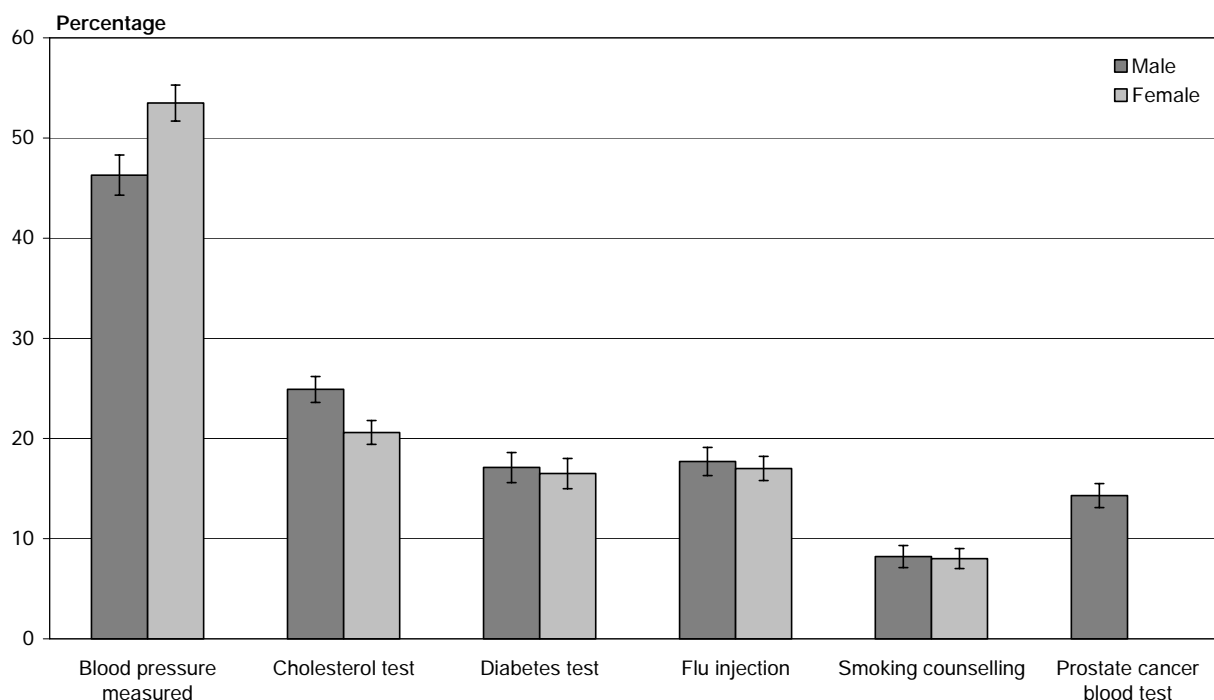
Health checks

Overall, in the last 12 months:

- one in two adults (52.0%; 50.7–53.3) had their blood pressure measured
- one in four adults (25.1%; 24.2–26.0) had their cholesterol tested
- one in six adults (17.8%; 16.7–18.9) had a diabetes test
- one in five adults (19.8%; 18.8–20.8) had a flu injection and six out of 10 adults aged 65 years and over (60.5%; 57.8–63.2) had a flu injection
- one in seven males (14.3%; 13.1–15.5) had a blood test for prostate cancer and over one-third of males aged 65 years and over (37.9%; 33.6–42.2) had a blood test for prostate cancer
- one in 13 adults (7.9%; 7.3–8.5) had been counselled about smoking.

Females were significantly more likely than males to have had their blood pressure measured, whereas males were significantly more likely to have had their cholesterol tested (Figure 77). There was no significant difference in the proportion of males and females who had had a diabetes test or flu injection or been counselled about smoking.

Figure 77: Health checks in the last 12 months, by sex (age-standardised)



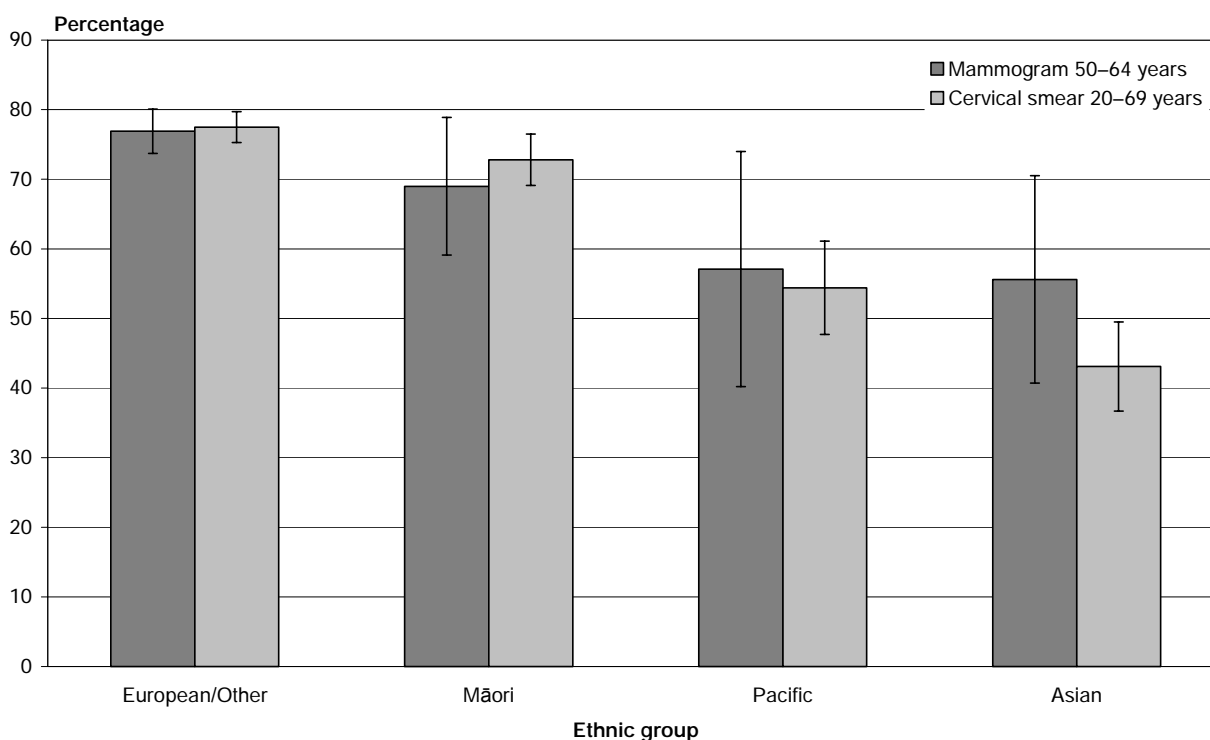
Mammograms and cervical smears (females)

BreastScreen Aotearoa provides a free mammogram (breast x-ray) every two years to all females aged 50–64 years to help check for early breast cancer. The National Cervical Screening Programme recommends that all women who have ever been sexually active have regular (every three years) cervical smear tests from the time they turn 20 until they turn 70 years old.

Overall, three out of four females (74.4%; 71.6–77.1) aged 50–64 years reported having a mammogram in the last three years. European/Other females were most likely to have had a mammogram in the last three years, followed by Māori, Pacific and Asian females, although the only significant difference was between European/Other and Asian females (Figure 78).

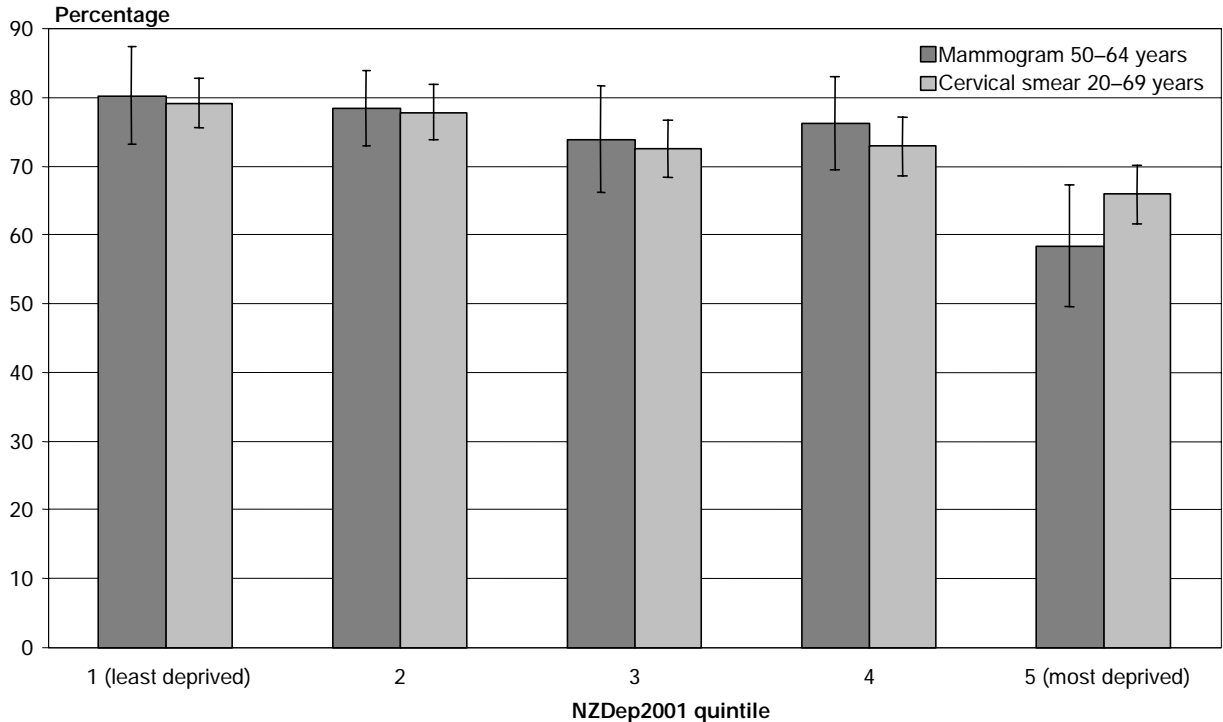
Overall, three out of four females (74.0%; 72.5–75.5) aged 20–69 years who had not had a hysterectomy reported having a cervical smear in the last three years. European/Other and Māori females were significantly more likely than Pacific and Asian females to have had a cervical smear in the last three years (Figure 78).

Figure 78: Mammogram or cervical smear in the last three years, by ethnic group (age-standardised)



Eligible females living in NZDep2001 quintile 1 (least deprived) were significantly more likely than eligible females living in quintile 5 (most deprived) to have had a mammogram or cervical smear in the last three years (Figure 79).

Figure 79: Mammogram or cervical smear in the last three years, by NZDep2001 quintile (age-standardised)



Access

Overall, one in 17 adults (5.9%; 5.3-6.5) had found it hard to find out who to go to, or what help they could get, for a health problem or disability in the last 12 months.

Females (7.9%; 6.9-8.9) were significantly more likely than males (4.4%; 3.5-5.4) to find it hard to find out who to go to, or what help they could get, for a health problem or disability.

Māori health providers

A Māori health provider is an organisation (ie, not an individual) that delivers health services mainly for Māori and is managed by Māori. An individual health care worker from the organisation is usually of Māori ethnicity, but this is not a requirement. Individual health care workers who may be Māori but are working for general practices or hospitals are not classed as Māori health providers.

The following results are restricted to Māori adults as it was not possible to provide reliable estimates for other ethnic groups due to the small number of non-Māori adults using these services.

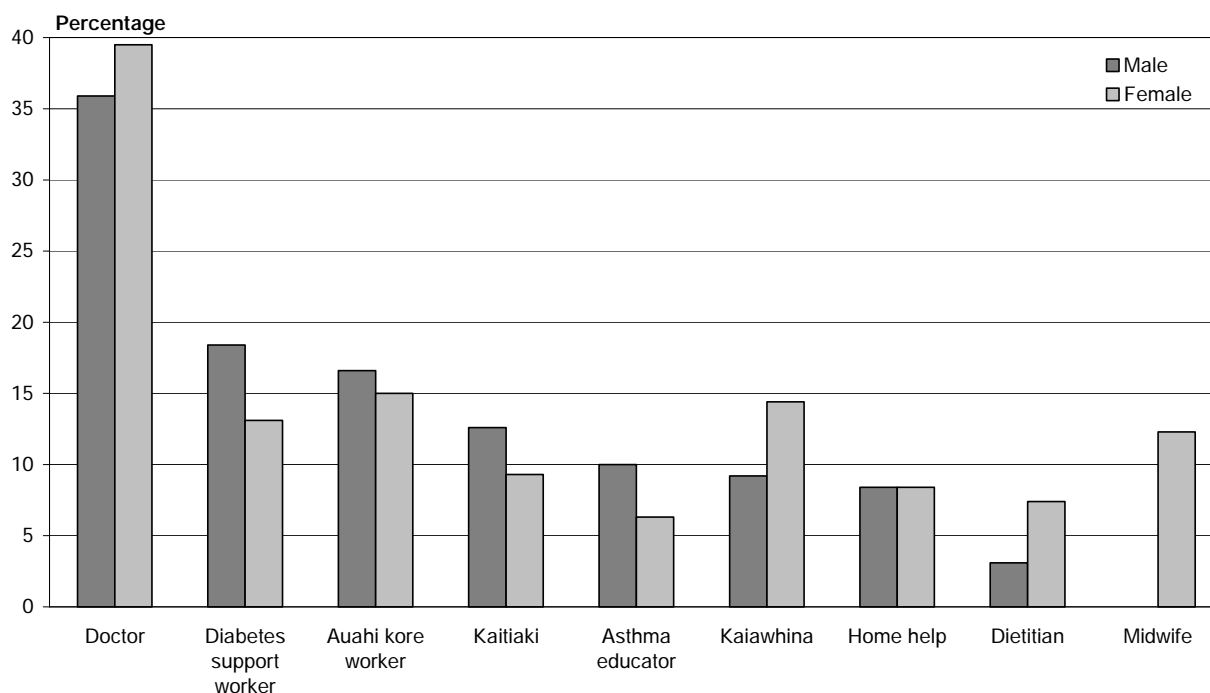
Use of Māori health provider services

Overall, one in seven Māori adults (13.7%; 11.3–16.0) had seen a health care worker from a Māori health provider in the last 12 months.

Māori females (16.3%; 12.9–19.8) were more likely than Māori males (12.3%; 8.9–15.6) to visit a Māori health provider, although this difference was not significant.

Doctors were the most common type of health care worker seen at a Māori health provider (Figure 80).

Figure 80: Type of health care worker seen at Māori health provider, by Māori adults, by sex (age-standardised)

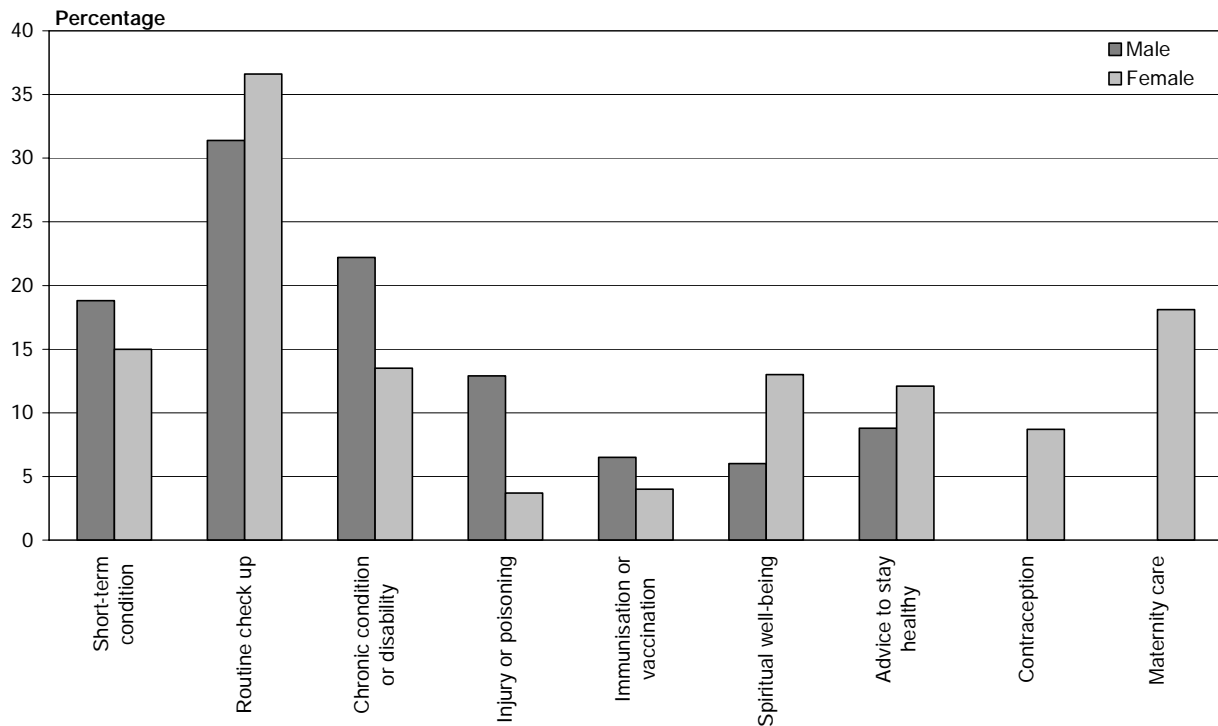


Note: Error bars are not shown because the 95 percent confidence intervals were wide and often included zero.

Reasons for visiting Māori health provider

A routine check-up was the most common reason Māori males and females gave for visiting a Māori health provider (Figure 81).

Figure 81: Reasons for last visit to Māori health provider, by Māori adults, by sex (age-standardised)



Note: Error bars are not shown because the 95 percent confidence intervals were wide and often included zero.

Reasons for choosing Māori health provider

Overall, the main reasons given by Māori adults for choosing a Māori health provider were:

- “I feel more comfortable talking to someone who understands my culture” (34.5%; 25.9–43.1)
- “it was cheaper than going to another provider” (27.3%; 21.2–33.4)
- “I was referred to them by a friend or relative” (25.9%; 19.3–32.5)
- “they are interested in the impact that my health and its treatments has on my whānau or family” (25.5%; 17.5–33.4)
- “I find they are willing to spend more time discussing my health” (18.3%; 12.6–24.1)
- “they were the closest provider” (14.9%; 10.0–19.7)
- “they offer specialist services that I need” (11.6%; 7.2–16.1)
- “I was referred to them by my doctor” (10.0%; 5.8–14.1).

Satisfaction with Māori health provider

Among Māori adults who had seen a Māori health provider about their health in the last 12 months, almost all were very satisfied (55.3%; 46.9–63.6) or satisfied (36.9%; 31.8–47.3) with the consultation.

The most common reason for any dissatisfaction with a Māori health provider was that the doctor did not spend enough time or was not thorough enough.

Unmet need for Māori health provider

Overall, one in 17 Māori adults (5.9%; 4.3–7.6) said they had wanted or needed to see a Māori health provider in the last 12 months, but were not able to.

Māori females (8.2%; 5.3–11.2) were significantly more likely than Māori males (3.2%; 1.6–4.7) to report an unmet need for a Māori health provider.

The most common reasons given by Māori adults for not being able to see a Māori health provider when needed were:

- “couldn’t get an appointment soon enough or at a suitable time or it was after hours” (33.3%; 18.5–48.1)
- “had no transport to get there” (31.5%; 16.5–46.6)
- “I couldn’t spare the time” (11.5%; 4.1–18.8)
- “didn’t want to make a fuss or couldn’t be bothered” (18.7%; 3.0–34.4)
- “couldn’t get in touch with the provider” (15.8%; 6.8–24.9)
- “costs too much” (12.2%; 3.2–21.2).

Pacific health providers

A Pacific health provider is an organisation (ie, not an individual) that delivers health services mainly for Pacific peoples and is managed by Pacific peoples. An individual health care worker is usually of Pacific ethnicity, but this is not a requirement. Individual health care workers who may be of Pacific ethnicity, but who are working for general practices or hospitals are not classed as Pacific health providers.

The following results are restricted to Pacific adults as it was not possible to provide reliable estimates for other ethnic groups due to the small number of non-Pacific adults using these services.

Use of Pacific health provider services

Overall, one in 11 Pacific adults (9.4%; 5.8–13.0) had seen a health care worker at a Pacific health provider in the last 12 months.

Pacific males (9.0%; 3.5–14.5) and females (10.4%; 6.6–14.2) were similarly likely to have seen a health care worker at a Pacific health provider in the last 12 months.

Among Pacific adults visiting a Pacific health provider, the most common types of health care worker seen were:

- doctors (60.8%; 36.4–85.2)
- nurses (17.2%; 5.1–29.2)
- health promoters (10.7%; 0.0–23.0).

Reasons for visiting Pacific health provider

The most common reasons Pacific adults gave for seeing a health care worker at a Pacific health provider were:

- a routine check-up or health advice (51.1%; 35.6–66.6)
- a short-term illness or temporary condition (27.4%; 7.7–47.1)
- a disability, long-term illness or chronic condition (15.4%; 4.7–26.0).

Reasons for choosing Pacific health provider

The main reasons given by Pacific adults for choosing a Pacific health provider were:

- “I feel more comfortable talking to someone who understands my culture” (74.4%; 57.9–90.9)
- “it was cheaper than going to another provider” (37.7%; 18.2–57.3)
- “I find they are willing to spend more time discussing my health” (31.8%; 15.0–48.5)
- “they are interested in the impact that my health and its treatments has on my aiga or family” (25.9%; 15.5–36.3)
- “they were the closest provider” (14.6%; 2.7–26.5)
- “I was referred to them by a friend or relative” (11.9%; 2.7–21.1).

Satisfaction with Pacific health provider

Overall, almost all Pacific adults who saw a Pacific health provider about their health were very satisfied (43.6%; 25.8–61.3) or satisfied (55.5%; 37.8–73.3) with the consultation.

Of the few Pacific adults dissatisfied or very dissatisfied with the consultation, the reasons given were:

- “costs too much”
- “didn’t like doctor or couldn’t talk to doctor or doctor wouldn’t listen”.

Unmet need for Pacific health provider

Overall, one in 32 Pacific adults (3.1%; 1.3–4.9) said they had wanted or needed to see a Pacific health provider in the last 12 months, but were not able to.

There was no difference in the proportion of Pacific males (3.2%; 0.0–6.7) and females (3.3%; 0.9–5.7) that reported an unmet need for a Pacific health provider.

Among the few Pacific adults who reported an unmet need for a Pacific health provider, the most common reasons given were:

- “couldn’t get in touch with the provider”
- “none in my area”
- “couldn’t get an appointment soon enough or at a suitable time or it was after hours”
- “had no transport to get there”.

General practitioners

Most GPs or family doctors work in clinics based in the community. GPs provide a range of primary health care services, as well as referring patients to medical specialists and hospitals.

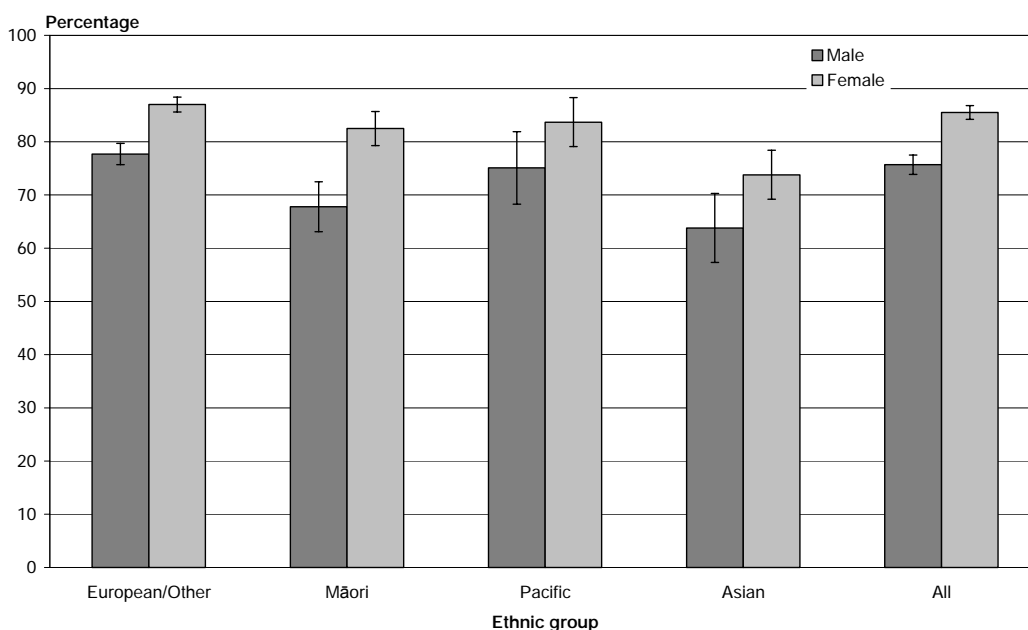
Use of general practitioner services

Overall, eight out of 10 adults (80.8%; 79.8–81.8) had visited a GP in the last 12 months. Almost all GPs or family doctors (96.1%; 95.4–96.8) who were visited were based at a mainstream practice.

Females (85.5%; 84.2–86.8) were significantly more likely than males (75.7%; 73.9–77.5) to have visited a GP in the last 12 months.

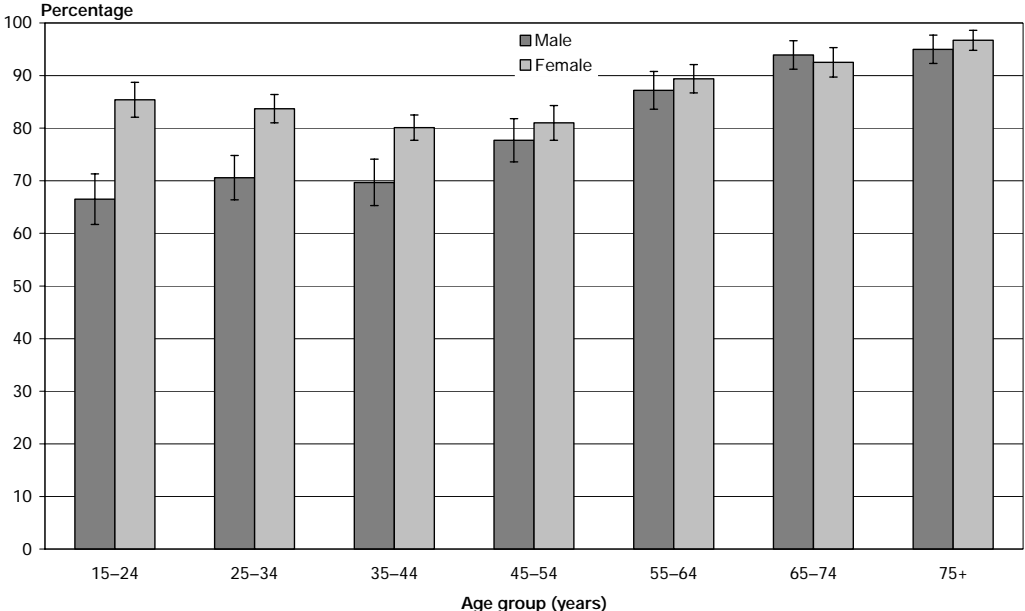
European/Other males were significantly more likely to have visited a GP in the last 12 months than Māori and Asian males (Figure 82). Asian females were significantly less likely to have visited a GP than females from other ethnic groups.

Figure 82: Seen a general practitioner in the last 12 months, by ethnic group and sex (age-standardised)



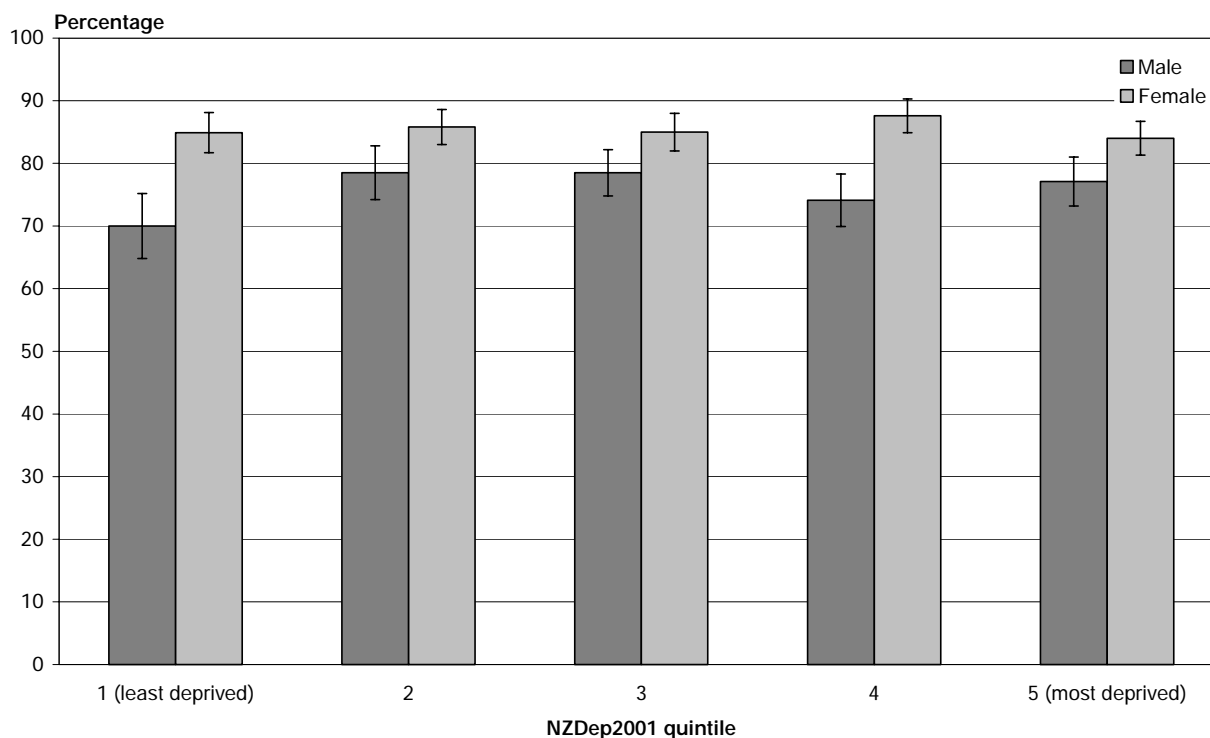
In both males and females, adults aged 65 years and over were significantly more likely than adults aged 15–24 years to have seen a GP in the last 12 months (Figure 83). Up to age 44 years, females were significantly more likely than males to have seen a GP in the last 12 months.

Figure 83: Seen a general practitioner in the last 12 months, by age group and sex



In both males and females, there was no significant difference in the use of GP services between NZDep2001 quintile 1 (least deprived) and quintile 5 (most deprived) (Figure 84).

Figure 84: Seen a general practitioner in the last 12 months, by NZDep2001 quintile and sex (age-standardised)



Number of visits

Overall, the mean number of GP visits among adults who had seen a GP in the last 12 months was four visits (3.8–4.1).

The mean number of visits to a GP was significantly higher in females (4.3 visits; 4.1–4.5) than in males (3.5 visits; 3.3–3.8).

In males, the mean number of GP visits was highest in Māori (4.2 visits; 3.7–4.8), followed by Pacific (4.1 visits; 3.3–5.0), Asian (3.8 visits; 2.4–5.2) and European/Other (3.4 visits; 3.2–3.6) ethnic groups. In females, the mean number of GP visits was highest in Māori (5.3 visits; 4.4–6.2), followed by Pacific (4.8 visits; 4.1–5.6), European/Other (4.2 visits; 4.0–4.4) and Asian (3.5 visits; 3.0–4.1) ethnic groups.

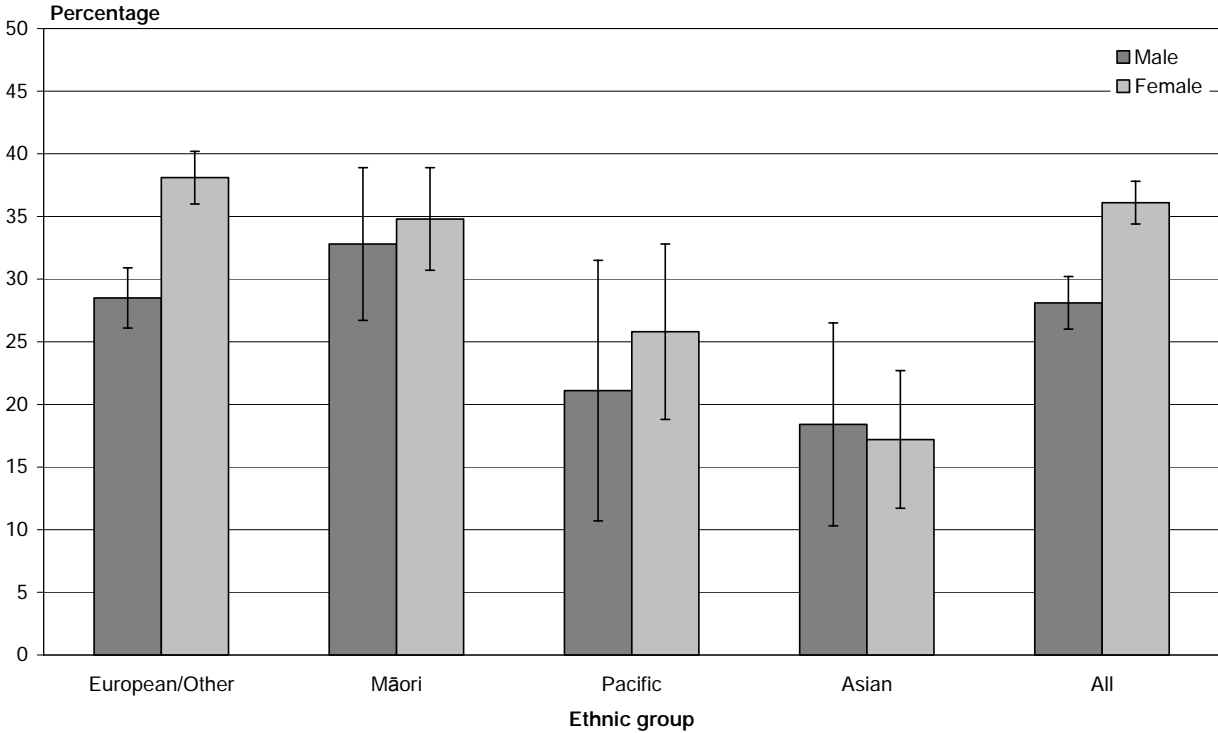
Seen more than one general practitioner

Overall, three out of 10 adults (31.4%; 30.1–32.7) who had seen a GP in the last 12 months reported seeing more than one GP.

Females (36.1%; 34.4–37.8) were significantly more likely than males (28.1%; 26.0–30.3) to have seen more than one GP in the last 12 months.

Māori males were most likely to have seen more than one GP in the last 12 months, followed by European/Other, Pacific and Asian males, although these differences were not significant (Figure 85). European/Other and Māori females were significantly more likely than Pacific and Asian females to have seen more than one GP.

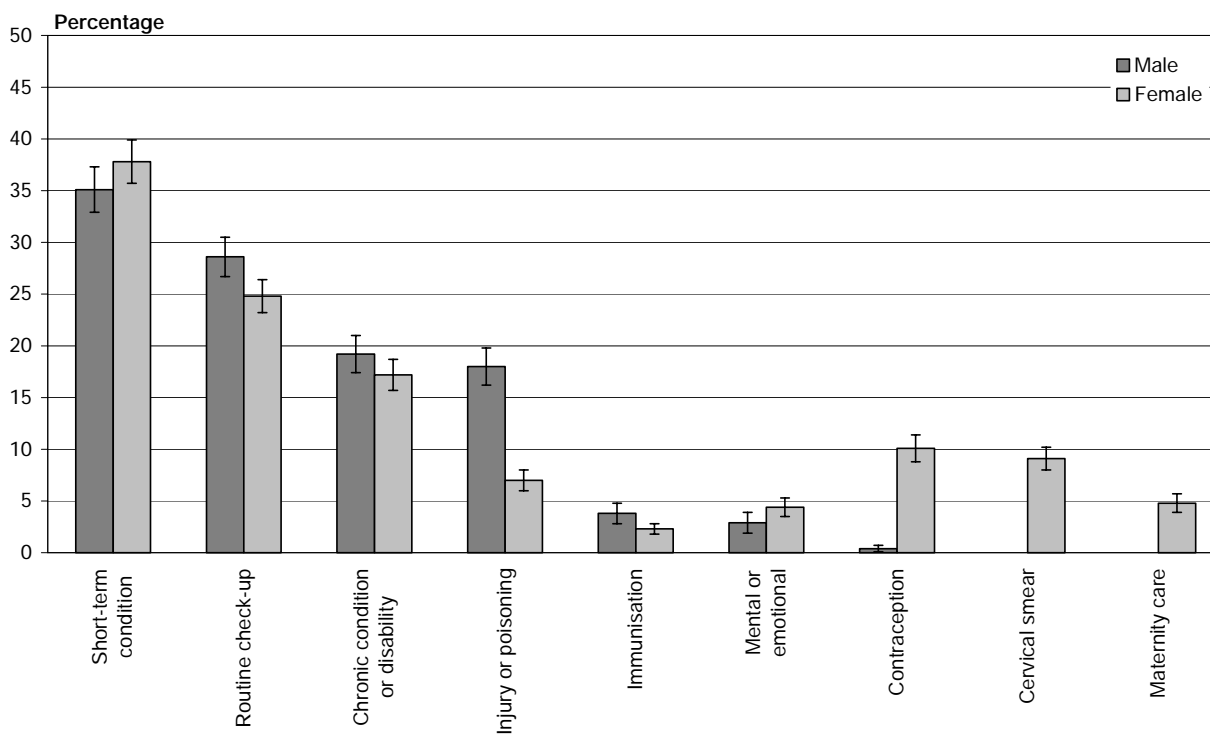
Figure 85: Seen more than one general practitioner in the last 12 months, by ethnic group and sex (age-standardised)



Reasons for visiting general practitioner

Overall, the most common reasons for seeing a GP were a short-term illness or temporary condition, a routine check-up or health advice, a chronic condition or disability, or an injury or poisoning (Figure 86).

Figure 86: Reasons for last visit to general practitioner, by sex (age-standardised)

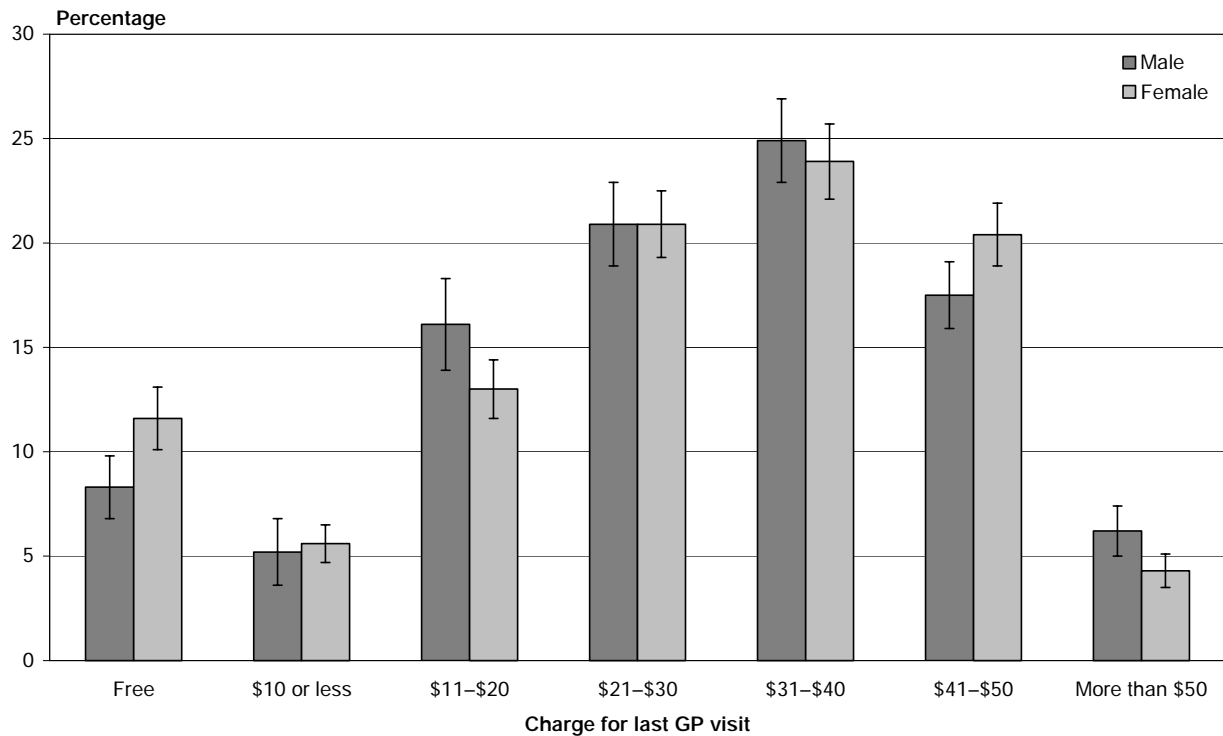


Cost of visiting general practitioner

Overall, the most common charge for the last GP visit was \$31–40. One in 10 adults (9.3%; 8.3–10.3) was not charged for their last GP visit, while one in 20 adults (5.0%; 4.4–5.7) was charged more than \$50.

Females were significantly more likely than males to not be charged for their last GP visit, while males were significantly more likely than females to be charged \$50 or more (Figure 87).

Figure 87: Cost of last visit to general practitioner, by sex (age-standardised)



Overall, one in 11 adults (9.4%; 8.6–10.2) had their last GP visit paid by the Accident Compensation Corporation (ACC). Males (13.6%; 11.8–15.4) were significantly more likely than females (6.3%; 5.4–7.3) to have had their last GP visit paid by the ACC.

Obtaining a prescription from general practitioner

Overall, a GP wrote a prescription for seven out of 10 adults (69.2%; 67.8–70.5) on their last visit.

Females (70.9%; 69.2–72.6) were significantly more likely than males (66.5%; 64.0–68.9) to have received a prescription from the doctor on their last visit.

Satisfaction with general practitioner services

Overall, almost all adults said they have been very satisfied (48.4%; 46.9–49.9) or satisfied (44.8%; 43.2–46.3) with their last GP visit.

When adults who were dissatisfied with their last GP visit were asked why, the most common reasons were:

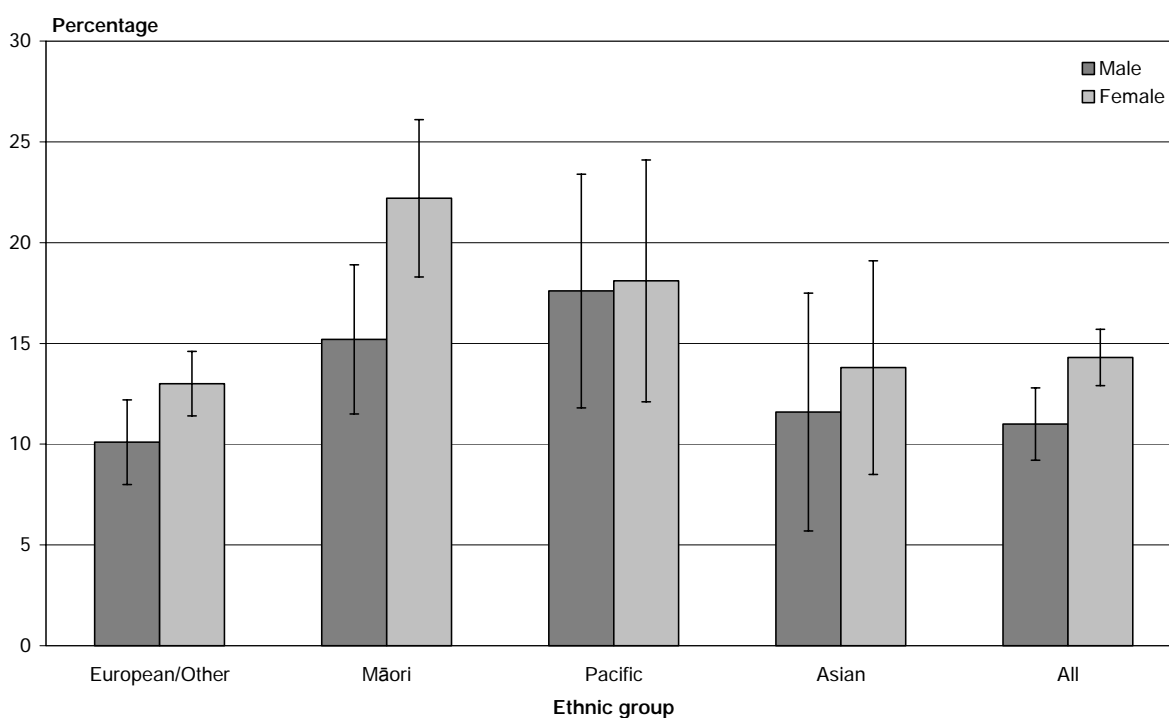
- “costs too much” (40.2%; 34.7–45.6)
- “doctor did not spend enough time or wasn’t thorough enough” (40.0%; 34.6–45.3)
- “doctor gave wrong treatment or didn’t give any treatment or only prescribed drugs” (22.5%; 17.4–27.5)
- “didn’t like doctor’s manner or couldn’t talk to doctor or doctor wouldn’t listen” (21.0%; 16.8–25.2).

Unmet need for general practitioner

Overall, one in eight adults (12.0%; 11.0–13.0) said they needed to see a GP in the last 12 months, but did not see one. Females (14.3%; 12.9–15.7) were significantly more likely than males (11.0%; 9.2–12.8) to report an unmet need for a GP.

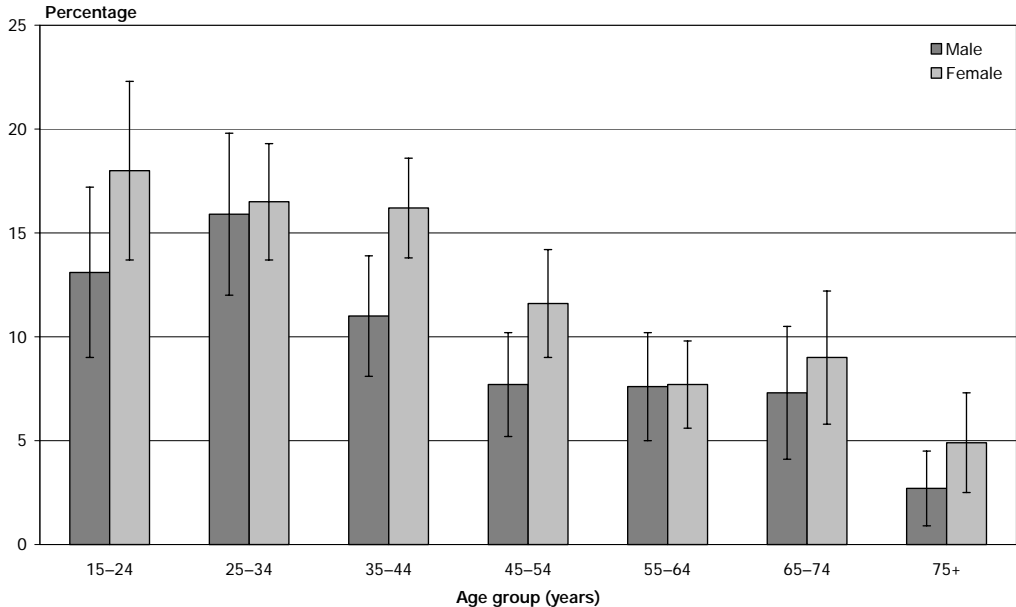
Pacific males were most likely to report an unmet need for a GP, followed by Māori, Asian and European/Other males, although these differences were not significant (Figure 88). Māori females were significantly more likely than European/Other females to report an unmet need for a GP.

Figure 88: Unmet need for general practitioner in last 12 months, by ethnic group and sex (age-standardised)



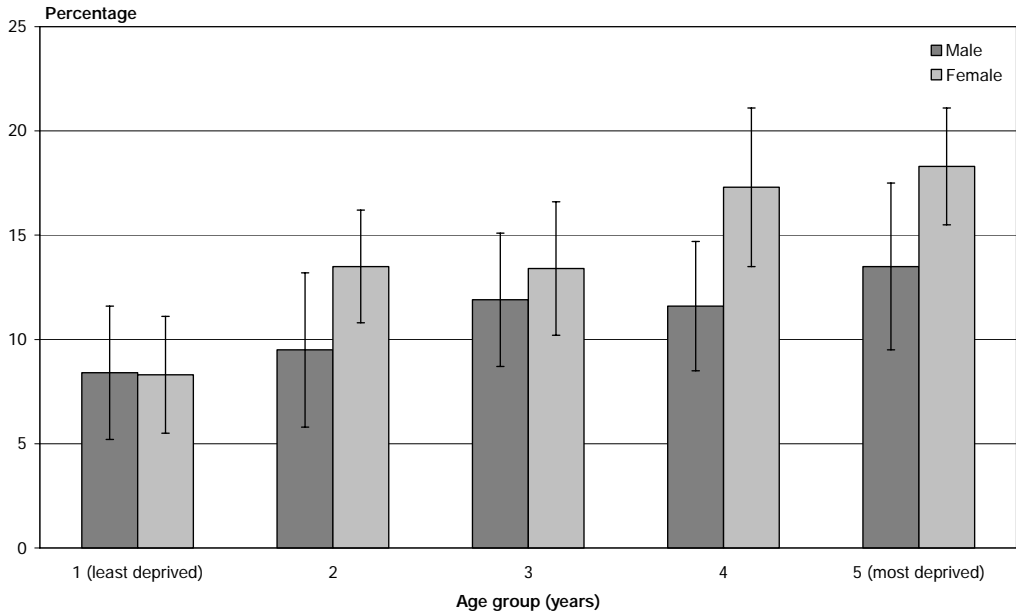
In both males and females, the proportion reporting an unmet need for a GP tended to decrease with age (Figure 89).

Figure 89: Unmet need for general practitioner in last 12 months, by age group and sex



In males, adults living in NZDep2001 quintile 5 (most deprived) were more likely than adults living in NZDep2001 quintile 1 (least deprived) to report an unmet need for a GP, although this difference was not significant (Figure 90). Females living in NZDep2001 quintile 5 (most deprived) were significantly more likely than females living in NZDep2001 quintile 1 (least deprived) to report an unmet need for a GP.

Figure 90: Unmet need for general practitioner in last 12 months, by NZDep2001 quintile and sex (age-standardised)



When asked why they had not seen a GP when they needed to, the most common reasons were:

- “costs too much” (48.5%; 44.2–52.7)
- “didn’t want to make a fuss or couldn’t be bothered” (26.1%; 22.3–30.0)
- “couldn’t get an appointment soon enough or at suitable time or it was after hours” (21.6%; 18.2–24.9)
- “couldn’t spare the time” (18.8%; 15.8–21.8).

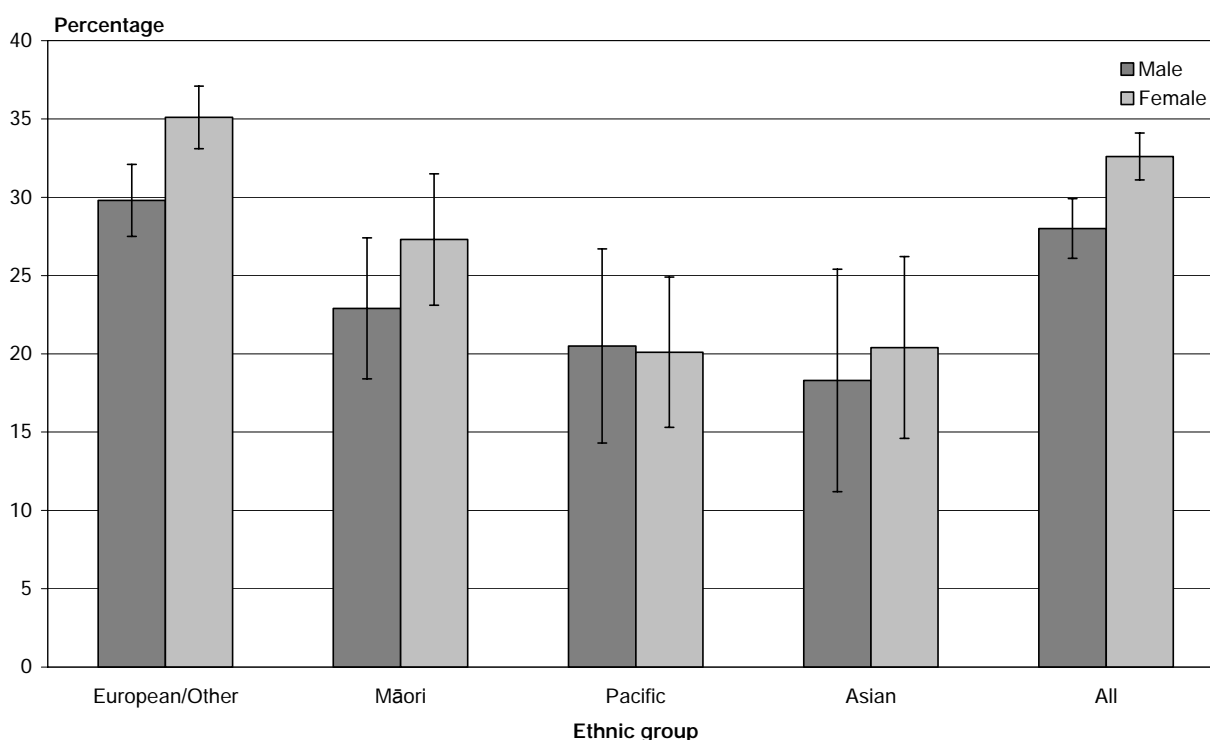
Medical specialists

Overall, three out of 10 adults (31.5%; 30.5–32.6) had seen a medical specialist in the last 12 months.

Females (32.6%; 31.1–34.2) were significantly more likely than males (28.0%; 26.1–29.9) to have seen a medical specialist in the last 12 months.

In both males and females, European/Other were significantly more likely to have seen a medical specialist in the last 12 months than all other ethnic groups (Figure 91).

Figure 91: Seen medical specialist in the last 12 months, by ethnic group and sex (age-standardised)



Overall, the mean number of visits to medical specialists in the last 12 months was three visits (2.8–3.1). There was no significant difference in the mean number of visits to medical specialists between males (2.9 visits; 2.6–3.2) and females (3.1 visits; 2.8–3.4).

Overall, medical specialists were most likely to be seen in a specialist’s private rooms or clinic (45.0%; 42.6–47.4) or at a public hospital outpatient department (39.8%; 37.2–42.3).

Nurses

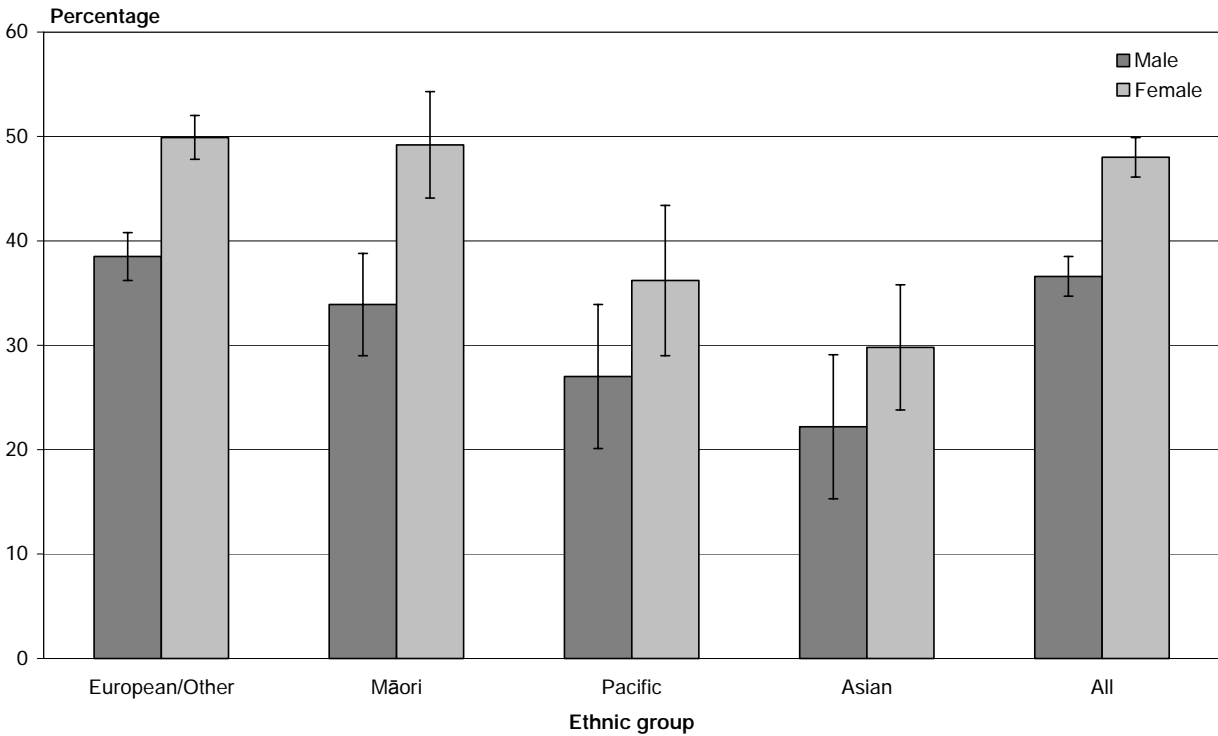
This includes nurses seen at a GP’s practice or who had visited at home, but excludes midwives and nurses seen in a hospital.

All nurses

Overall, four out of 10 adults (43.4%; 42.1–44.8) saw a nurse about their health in the last 12 months. Females (48.0%; 46.1–49.9) were significantly more likely than males (36.6%; 34.6–38.5) to have seen a nurse in the last 12 months.

European/Other males were significantly more likely than Pacific and Asian males to have seen a nurse in the last 12 months (Figure 92). European/Other and Māori females were significantly more likely than Pacific and Asian females to have seen a nurse in the last 12 months.

Figure 92: Seen nurse in the last 12 months, by ethnic group and sex (age-standardised)



Practice nurse as part of general practitioner consultation

Overall, about one in four adults (27.4%; 26.2–28.5) had seen a practice nurse alone as part of a consultation with the GP in the last 12 months. Females (29.5%; 27.9–31.1) were significantly more likely than males (23.8%; 22.1–25.5) to have seen a practice nurse as part of a GP consultation.

The overall mean number of visits to a nurse in the last 12 months as part of a GP consultation was 2.7 visits (2.5–2.9). There was no significant difference in the mean number of nurse visits between males (2.6 visits; 2.3–3.0) and females (2.7 visits; 2.4–3.1).

The most common reasons given for seeing a practice nurse as part of a GP consultation were:

- blood test (38.2%; 35.7–40.7)
- immunisation or vaccination (18.9%; 17.0–20.7)
- cervical smear (females, 13.0%; 11.1–14.9)
- bandaging (11.6%; 9.9–13.3)
- health advice (8.6%; 7.2–9.9).

Practice nurse without seeing general practitioner

Overall, one in six adults (16.4%; 15.3–17.4) had seen a nurse in the last 12 months without seeing a GP at the same time. Females (18.8%; 17.4–20.2) were significantly more likely than males (12.0%; 10.7–13.3) to have seen a nurse without seeing a GP.

Overall, the mean number of visits to a nurse in the last 12 months without seeing a GP was 2.8 visits (2.6–3.1). There was no significant difference in the mean number of nurse visits between males (2.9 visits; 2.5–3.3) and females (2.6 visits; 2.4–2.9).

The most common reasons given for seeing a nurse without seeing a GP at the same time were:

- immunisation or vaccination (24.9%; 22.3–27.5)
- blood test (18.6%; 16.4–20.9)
- cervical smear (females, 16.9%; 14.2–19.6)
- health advice (10.0%; 8.0–12.1)
- bandaging (9.6%; 7.9–11.3).

Other nurses

Overall, one in nine adults (11.2%; 10.1–12.2) had seen another type of nurse (ie, not a practice nurse, midwife or nurse in hospital) in the last 12 months. Females (12.8%; 11.5–14.2) were significantly more likely than males (9.4%; 8.0–10.8) to have seen other types of nurse.

Among adults who had seen other nurses, the common types of nurse were:

- plunket nurse (females 22.5%; 18.6–26.3)
- district nurse (16.5%; 13.8–19.2)
- occupational health nurse (15.4%; 12.8–18.1)
- dental nurse or therapist (9.9%; 7.2–12.6)
- public health nurse (8.2%; 6.1–10.3)
- diabetes nurse (7.3%; 5.4–9.1).

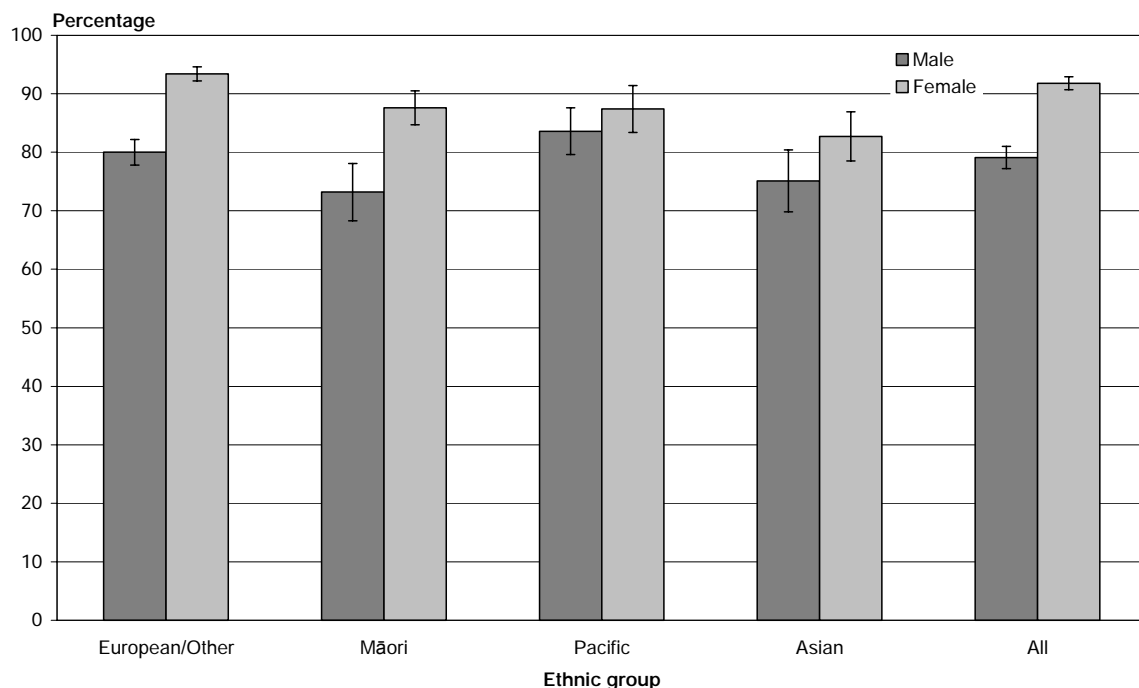
Pharmacists

Most adults (86.2%; 85.2–87.1) had been to a pharmacy or chemist for a health product or health information or advice in the last 12 months.

Females (91.8%; 90.8–92.9) were significantly more likely than males (79.1%; 77.2–81.1) to have been to a pharmacy or chemist in the last 12 months.

Māori males were significantly less likely than Pacific males to have been to a pharmacy or chemist in the last 12 months (Figure 93). European/Other females were significantly more likely than females from other ethnic groups to have been to a pharmacy in the last 12 months.

Figure 93: Seen pharmacist or chemist in the last 12 months, by ethnic group and sex (age-standardised)



Among adults who had visited a pharmacy or chemist in the last 12 months, the overall mean number of visits was 6.7 visits (6.5–6.9). The mean number of visits to a pharmacy or chemist was significantly higher in females (7.7 visits; 7.4–8.0) than in males (5.3 visits; 5.0–5.5).

The most common reasons for visiting a pharmacy or chemist were:

- collected a prescription for themselves (76.9%; 75.6–78.2)
- purchased a non-prescription medicine (excluding medicines that had to be signed for) (41.9%; 40.5–43.3)
- collected a prescription for someone else (41.1%; 39.8–42.4)
- got advice on non-prescription medicines (22.6%; 21.3–23.8)
- purchased vitamin or herbal supplements (19.9%; 18.9–21.0).

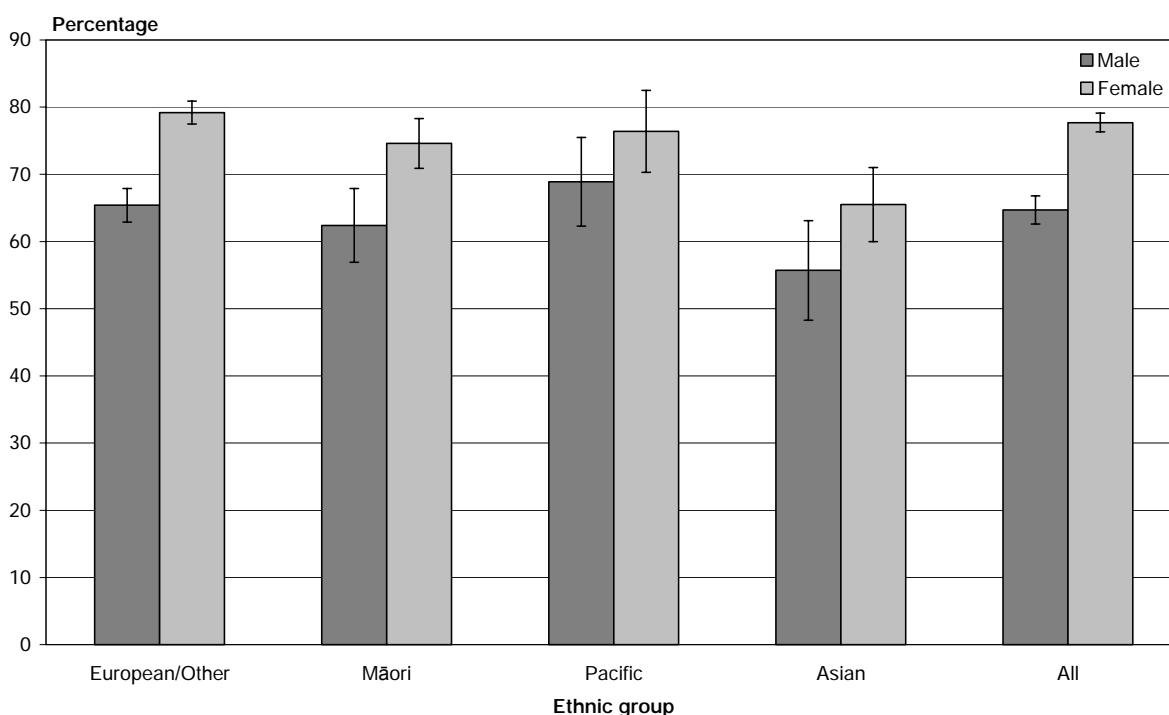
Prescriptions

Overall, seven out of 10 adults (71.8%; 70.6–73.0) said they had received a prescription for themselves in the last 12 months.

Females (77.7%; 76.3–79.2) were significantly more likely than males (64.7%; 62.6–66.8) to have received a prescription in the last 12 months.

In males, there were no significant differences between ethnic groups in the proportion receiving a prescription in the last 12 months (Figure 94). Asian females were significantly less likely than European/Other and Pacific females to have received a prescription in the last 12 months.

Figure 94: Prescription item in the last 12 months, by ethnic group and sex (age-standardised)



Among adults who had a prescription in the last 12 months, 48.1% (46.7–49.4) had one to four items, 15.9% (14.8–17.0) had five to nine items, and 36.1% (34.8–37.4) had 10 or more items.

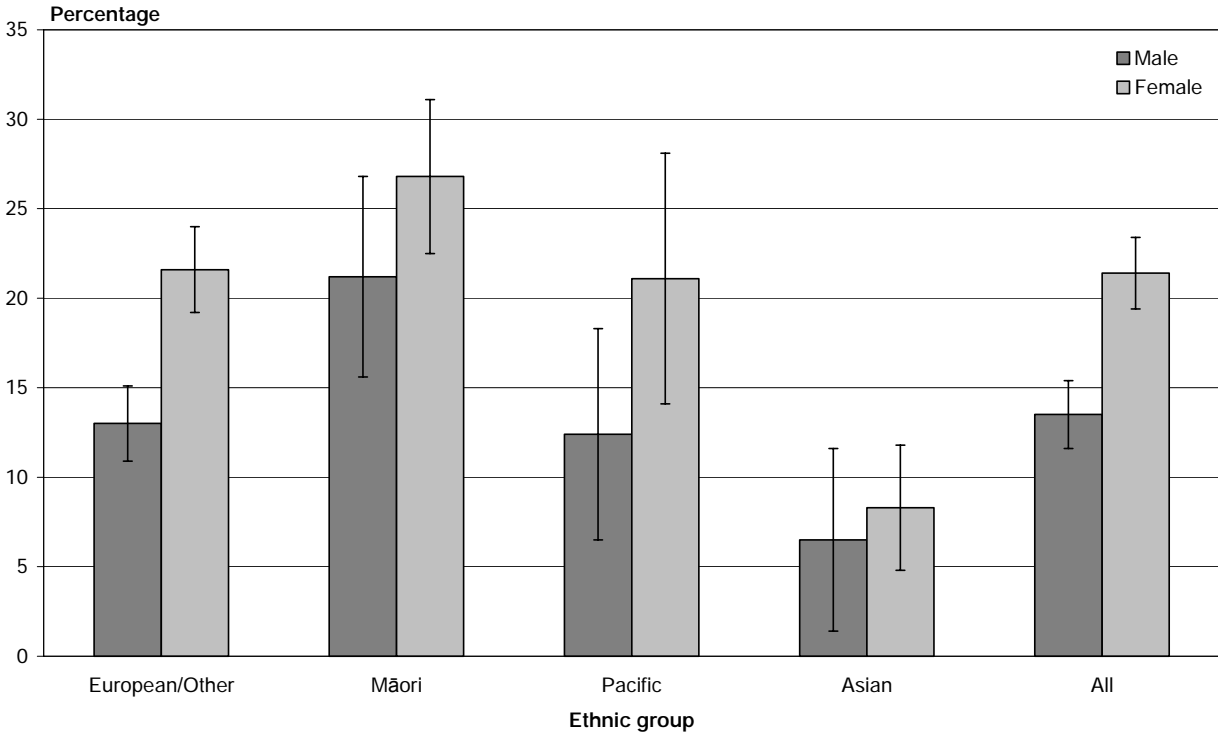
Uncollected prescriptions

Among adults who had received a prescription for themselves in the last 12 months, 17.2% (15.9–18.5) did not collect one or more of the items from the chemist or pharmacy.

Females (21.4%; 19.4–23.5) were significantly more likely than males (13.5%; 11.6–15.4) to have not collected a prescription item.

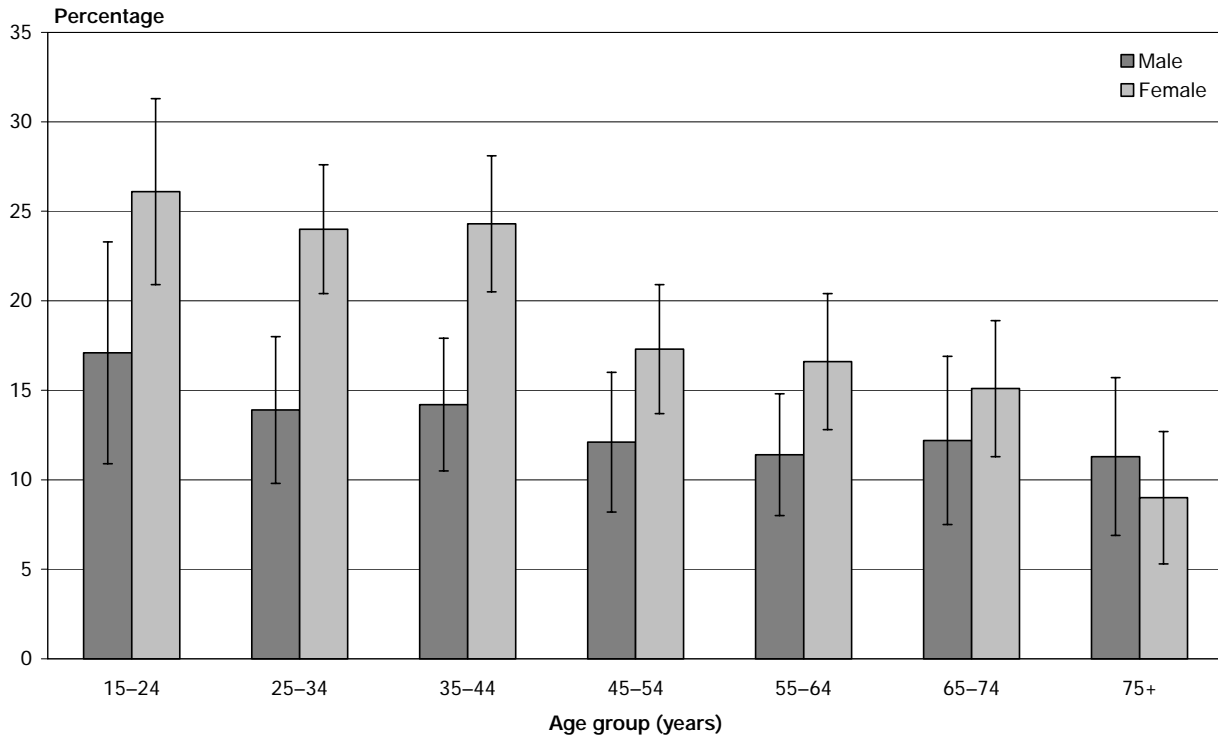
Māori males were significantly more likely than European/Other and Asian males to not collect one or more of their prescription items in the last 12 months (Figure 95). European/Other, Māori and Pacific females were significantly more likely than Asian females not to collect a prescription item.

Figure 95: Uncollected prescription in the last 12 months, by ethnic group and sex (age-standardised)



The proportion of males and females who did not collect one or more of their prescription items in the last 12 months declined with age, particularly in females (Figure 96).

Figure 96: Uncollected prescription in the last 12 months, by age group and sex

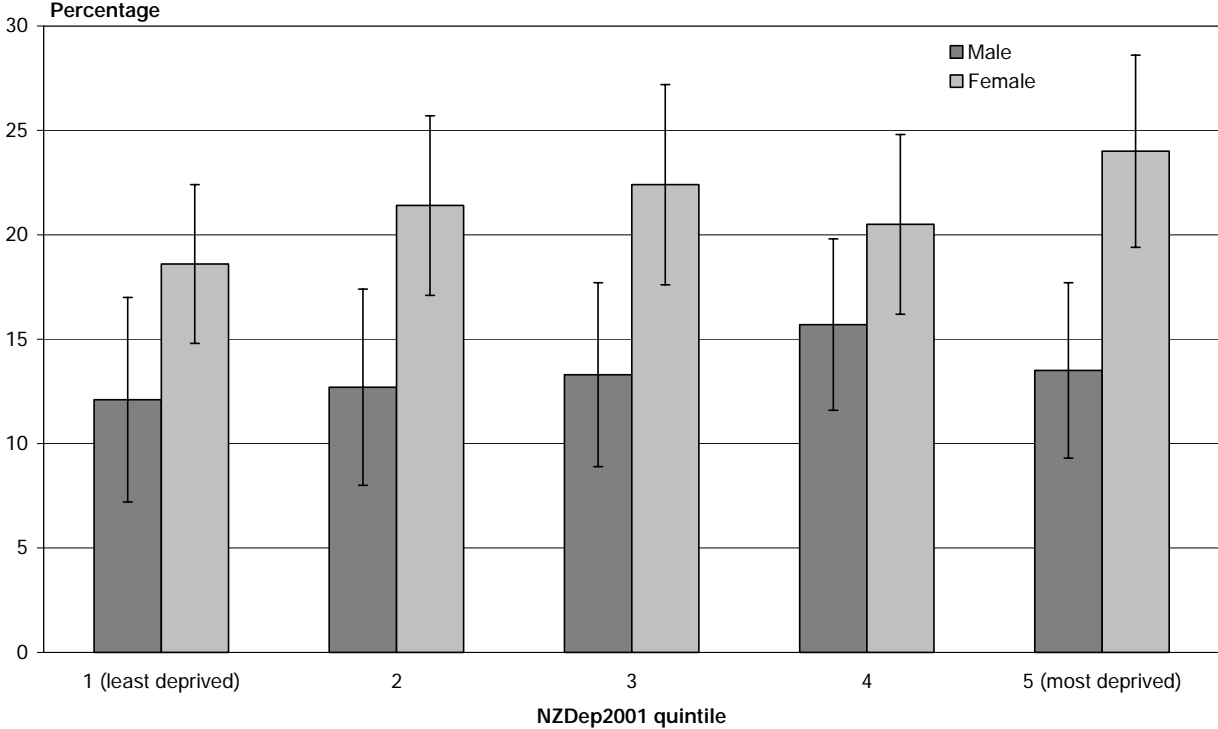


Overall, the most common reasons for not collecting a prescription item were:

- “costs too much” (26.9%; 23.8–29.9)
- “will pick up medication if needed or prescription written just in case” (21.1%; 17.7–24.4)
- “can only pick up one month’s prescription at a time” (16.4%; 13.2–19.6)
- “condition got better by itself” (16.1%; 13.0–19.2)
- “don’t like taking drugs” (11.0%; 8.6–13.5).

The proportion of males and females who did not collect one or more of their prescription items in the last 12 months did not vary significantly across NZDep2001 quintiles (Figure 97).

Figure 97: Uncollected prescription in the last 12 months, by NZDep2001 quintile and sex (age-standardised)



Complementary and alternative medicine providers

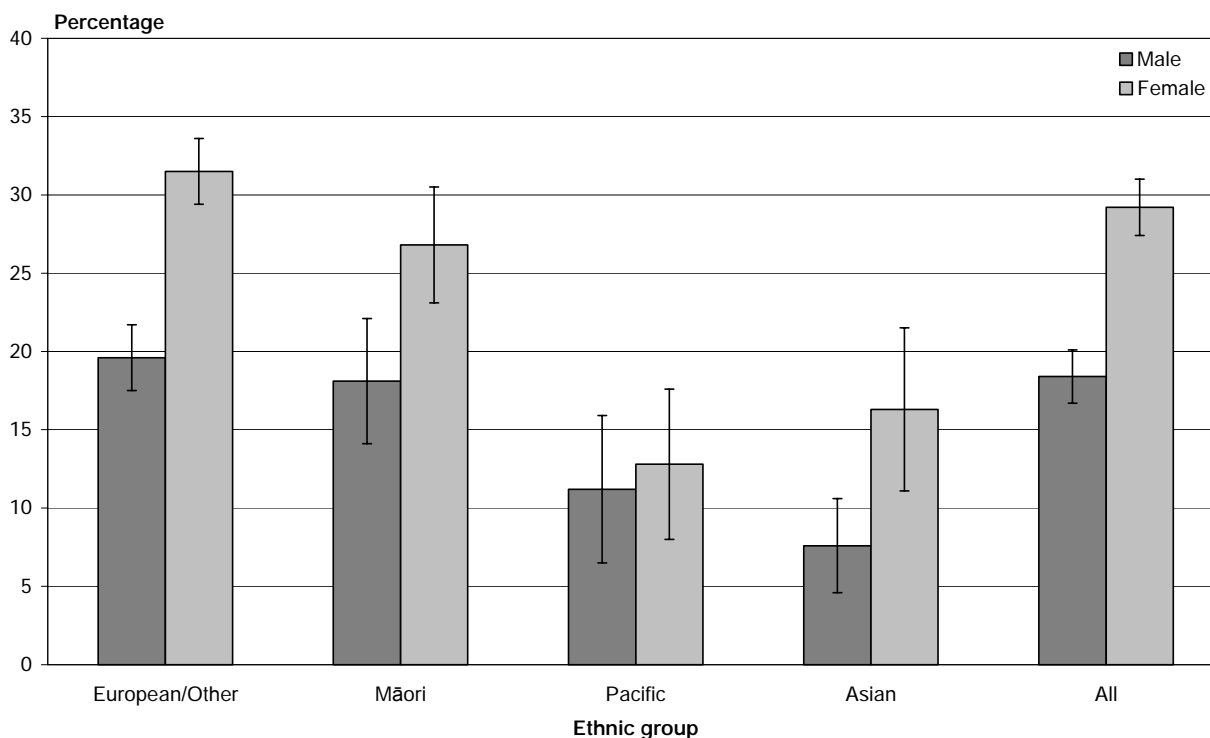
Complementary and alternative medicine (CAM) health care providers include providers not generally considered part of the mainstream health system.

Overall, one in four adults (23.4%; 22.4–24.5) had seen a CAM health care provider in the last 12 months.

Females (29.2%; 27.4–30.9) were significantly more likely than males (18.4%; 16.6–20.1) to have seen a CAM health care provider in the last 12 months.

In both males and females, European/Other and Māori ethnic groups were more likely than Pacific and Asian ethnic groups to have seen a CAM health care provider in the last 12 months (Figure 98).

Figure 98: Seen a complementary and alternative health care provider in the last 12 months, by ethnic group and sex (age-standardised)



Among all adults, the most common types of CAM health care provider visited were:

- massage therapists (9.1%; 8.3–9.9)
- chiropractors (6.1%; 5.6–6.7)
- osteopaths (4.9%; 4.3–5.5)
- homeopaths or naturopaths (4.5%; 3.9–5.0).

Overall, the most common reasons for seeing a CAM health care provider were:

- a disability, long-term illness or chronic condition (32.5%; 30.3–34.8)
- a short-term illness or temporary condition (28.3%; 26.1–30.6)
- an injury or poisoning (23.9%; 21.5–26.3).

The most common reasons given for choosing to see a CAM health care provider were:

- “I find they are able to provide help with conditions that other health care providers are unable to treat” (50.7%; 47.9–53.5)
- “I was referred by a friend or relative” (29.2%; 26.7–31.7)
- “they offer specialist services” (12.5%; 10.7–14.4)
- “I was referred to them by my doctor” (12.0%; 10.3–13.6).

Almost all adults who had seen a CAM health care provider were very satisfied (61.8%; 59.4–64.2) or satisfied (33.6%; 31.4–35.9) with the consultation.

One in three adults (33.4%; 30.6–36.1) who had seen a CAM health care provider had seen a GP about the same condition.

Other providers

Overall, six out of 10 adults (60.9%; 59.6–62.1) had seen other types of health care providers in the past 12 months. Among adults who had seen other types of health care providers, the most common types seen were dentists or dental therapists, opticians or optometrists, and physiotherapists.

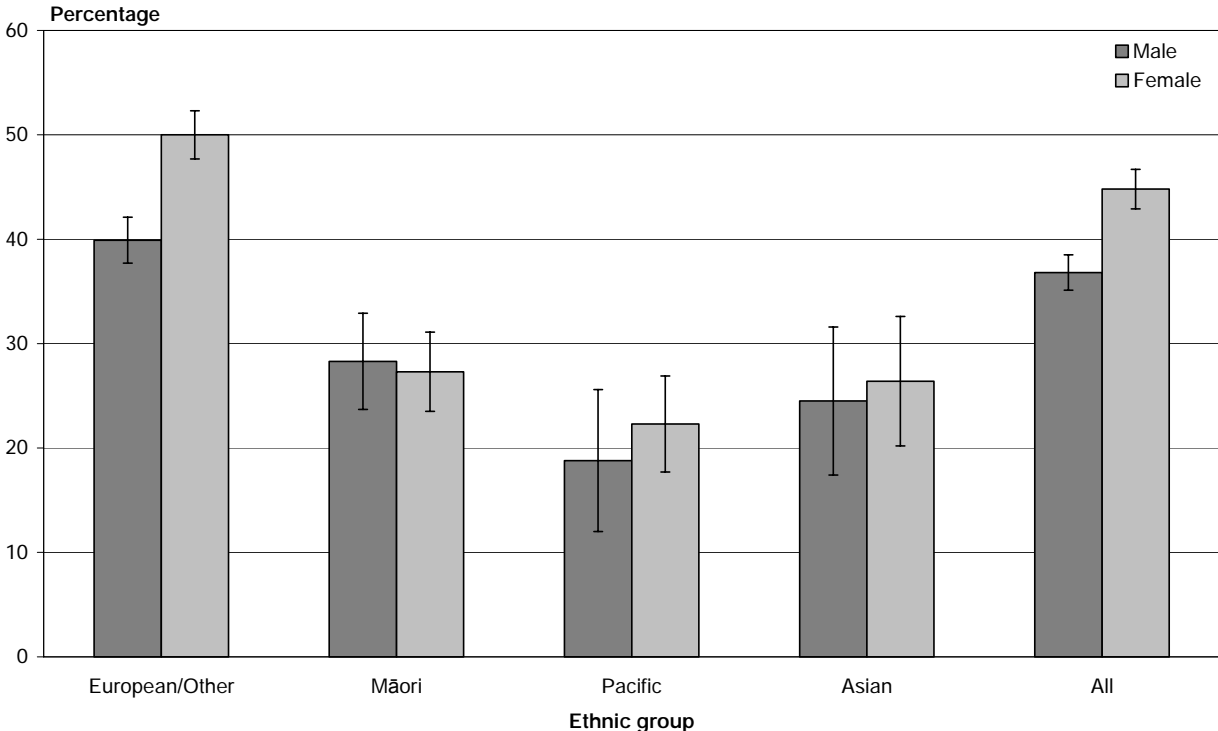
Dentists and dental therapists

Overall, four out of ten adults (40.4%; 39.1–41.7) had seen a dentist or dental therapist in the last 12 months.

Females (44.8%; 42.9–46.6) were significantly more likely than males (36.8%; 35.1–38.6) to have seen a dentist or dental therapist in the last 12 months.

In both males and females, European/Other were significantly more likely to have seen a dentist or dental therapist in the last 12 months than other ethnic groups (Figure 99).

Figure 99: Seen dentist or dental therapist in the last 12 months, by ethnic group and sex (age-standardised)



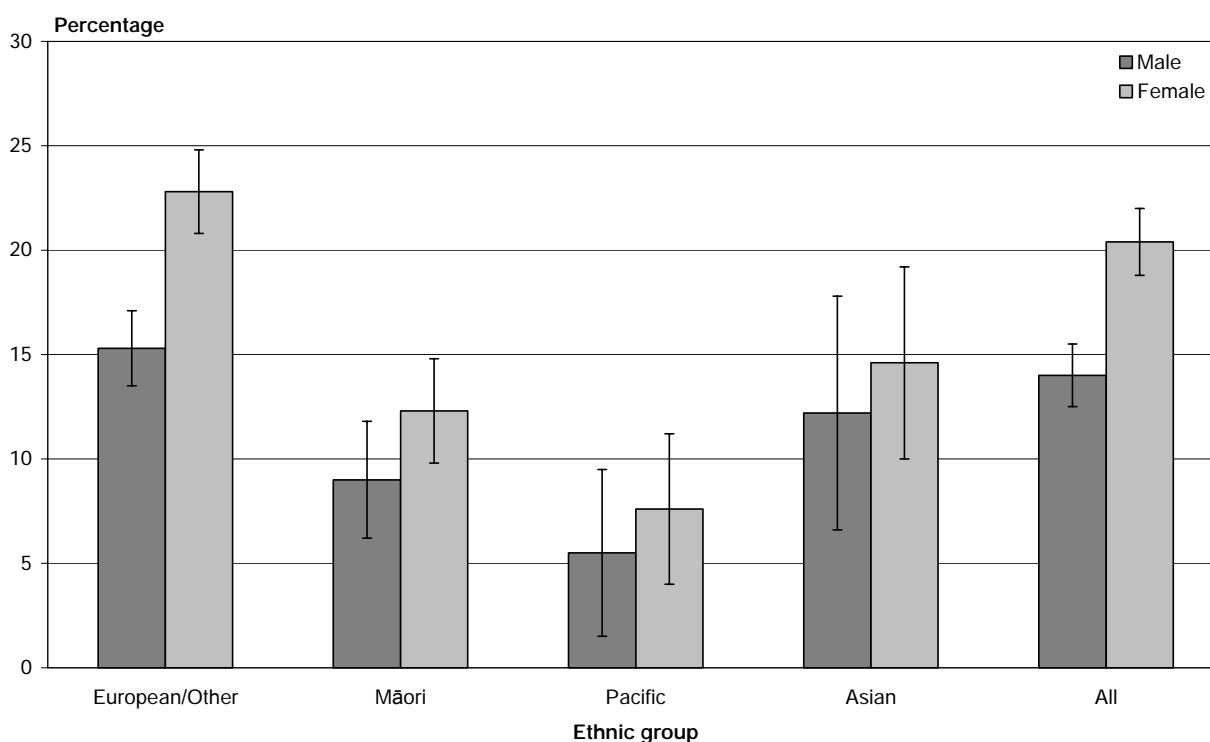
Opticians and optometrists

Overall, one in five adults (18.4%; 17.3–19.4) had seen an optician or optometrist in the last 12 months.

Females (20.4%; 18.8–22.0) were significantly more likely than males (14.0%; 12.5–15.6) to have seen an optician or optometrist in the last 12 months.

In both males and females, European/Other were significantly more likely to have seen an optician or optometrist in the last 12 months than Māori and Pacific ethnic groups (Figure 100).

Figure 100: Seen an optician or optometrist in the last 12 months, by ethnic group and sex (age-standardised)



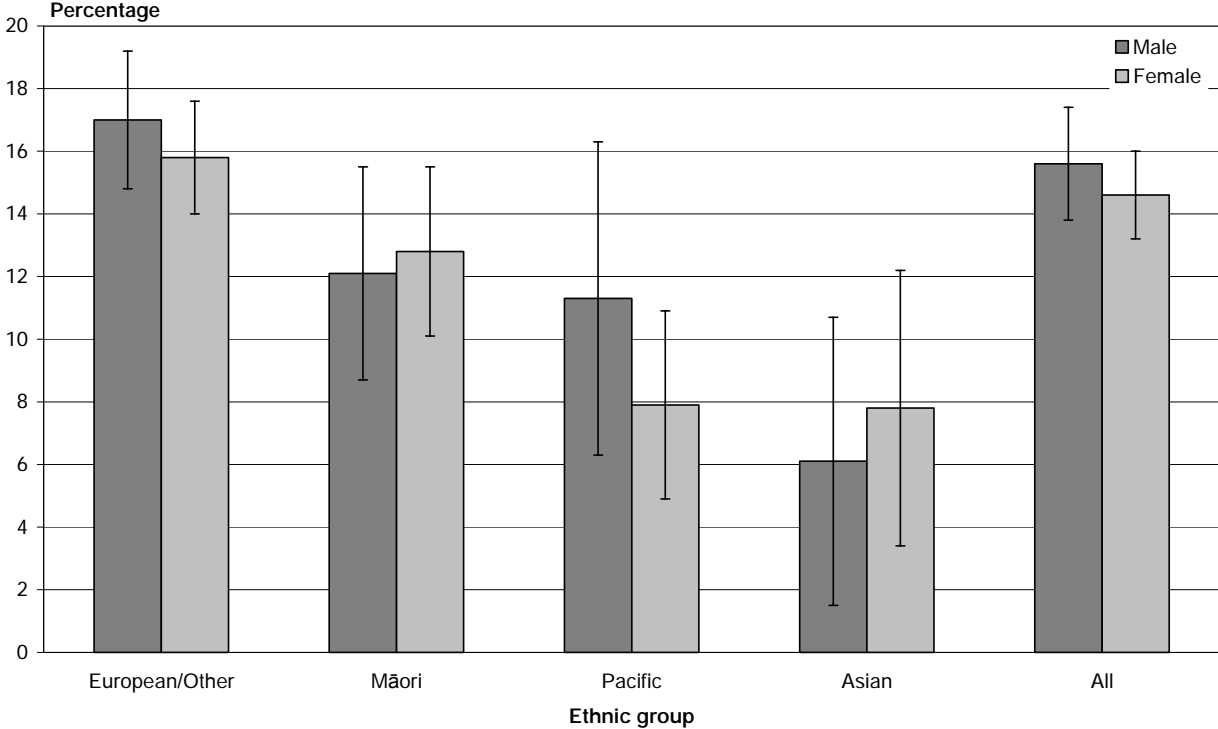
Physiotherapists

Overall, one in seven adults (14.8%; 13.9–15.6) had seen a physiotherapist in the last 12 months.

There was no significant difference in the proportion of males (15.6%; 13.9–17.4) and females (14.6%; 13.2–16.0) who had seen a physiotherapist in the last 12 months.

European/Other males and females were most likely to have seen a physiotherapist in the last 12 months, followed by Māori, Pacific and Asian males and females (Figure 101).

Figure 101: Seen a physiotherapist in the last 12 months, by ethnic group and sex (age-standardised)



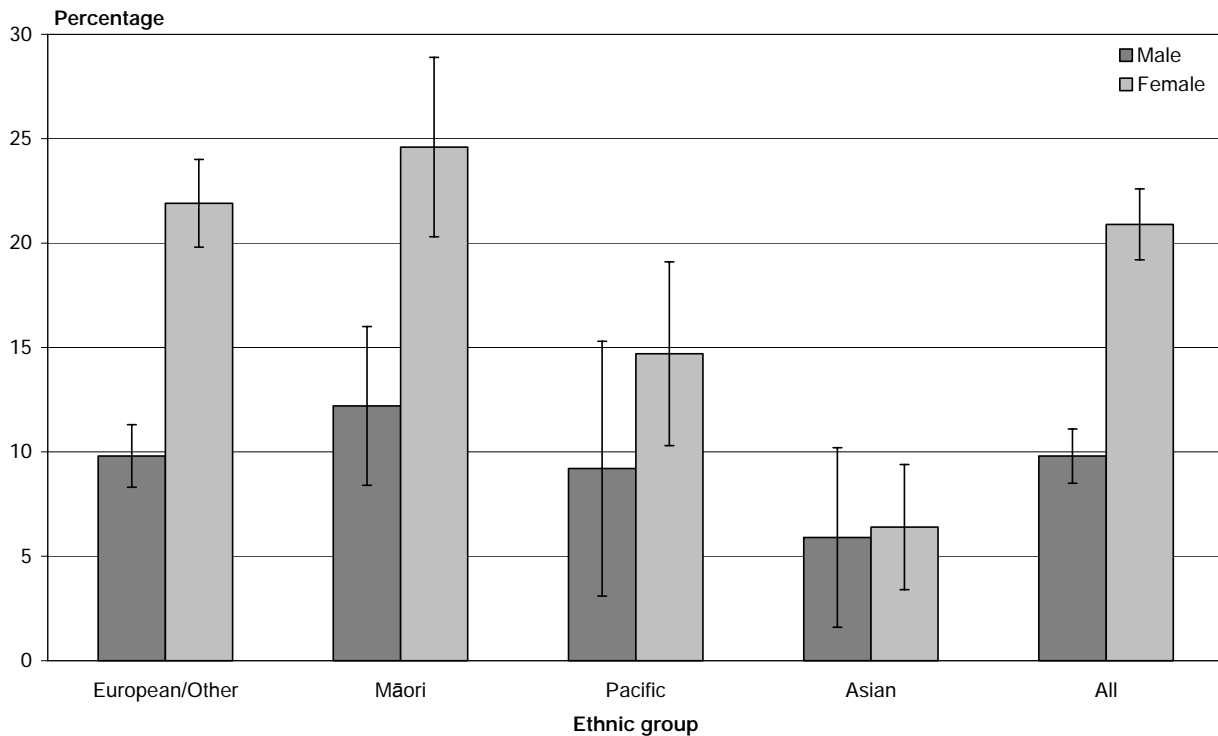
Telephone helplines

Overall, one in six adults (15.5%; 14.5–16.6) had used a telephone helpline in the last 12 months.

Females (20.9%; 19.3–22.6) were significantly more likely than males (9.8%; 8.5–11.14) to have used a telephone helpline.

In males, there were no significant differences between ethnic groups in the use of telephone helplines (Figure 102). European/Other and Māori females were significantly more likely than Pacific and Asian females to use telephone helplines.

Figure 102: Used telephone helpline in the 12 months, by ethnic group and sex (age-standardised)



Among adults who had used a telephone helpline, the most common services used were:

- GP's nurse (55.5%; 52.2–58.7)
- Quitline (13.4%; 11.1–15.7)
- after-hours medical centre (9.3%; 7.4–11.2)
- accident and emergency (8.2%; 6.3–10.1)
- Plunketline (7.9%; 6.4–9.5).

Overall, most adults using a telephone helpline were very satisfied (42.3%; 39.3–45.3) or satisfied (49.8%; 46.6–53.1) with the service.

Hospitals

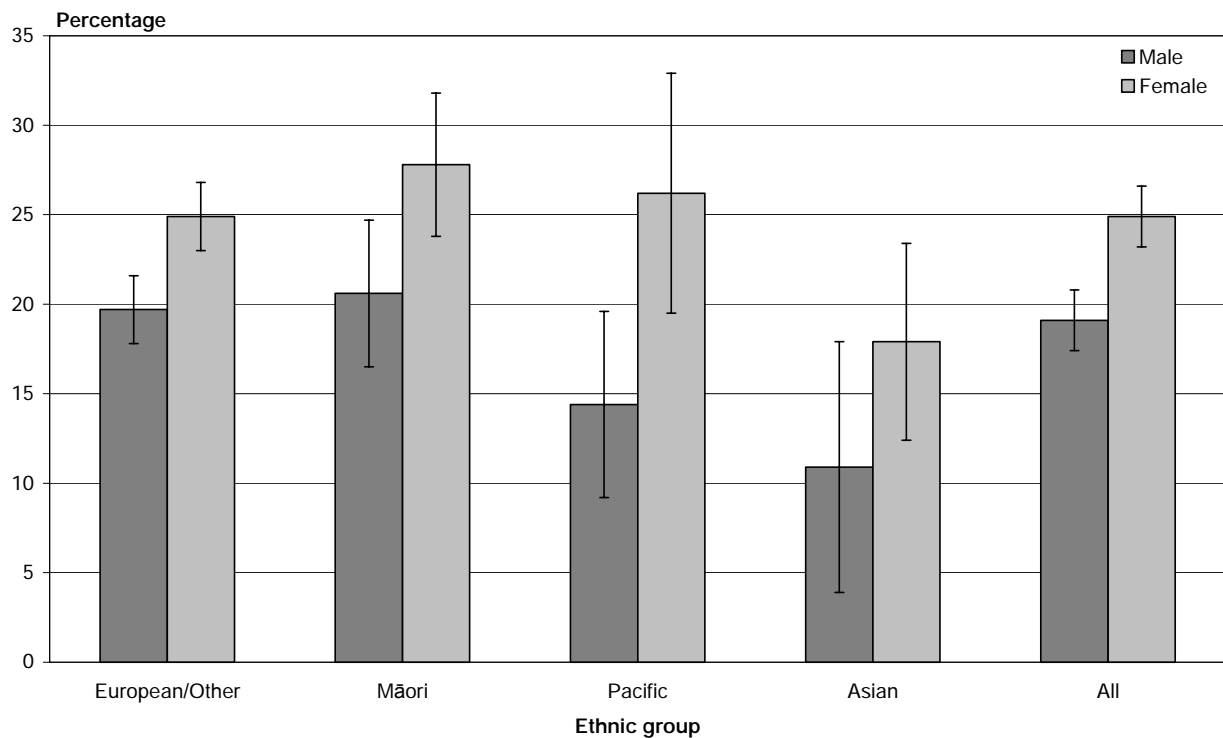
Public hospitals

Overall, one in five adults (22.2%; 21.1–23.3) had used a service at, or been admitted to, a public hospital as a patient in the past 12 months.

Females (24.9%; 23.2–26.6) were significantly more likely than males (19.1%; 17.4–20.8) to have used a service at, or been admitted to, a public hospital.

In males, the proportion that had used a service at, or been admitted to, a public hospital was highest in European/Other and Māori, intermediate in Pacific, and lowest in Asian ethnic groups (Figure 103). Māori, European/Other and Pacific females were more likely than Asian females to have been admitted to, or used a service at, a public hospital.

Figure 103: Public hospital use in the last 12 months, by ethnic group and sex (age-standardised)



Among adults who had used a service at, or been admitted to, a public hospital in the last 12 months, the most common types of service were:

- outpatient (49.8%; 47.0–52.6)
- inpatient (40.4%; 37.9–43.0)
- accident and emergency (32.8%; 30.3–35.4)
- day treatment (15.3%; 13.5–17.2).

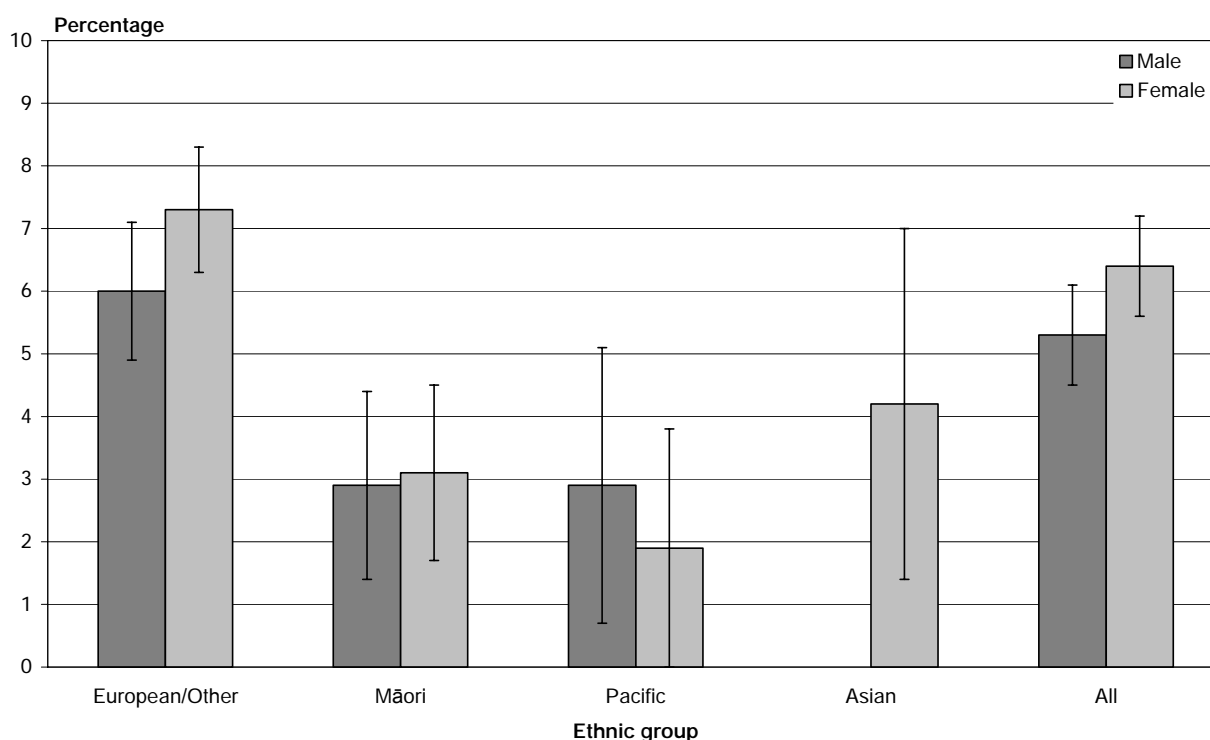
Private hospitals

Overall, one in 16 adults (6.1%; 5.5–6.6) had used a service at, or been admitted to, a private hospital as a patient in the past 12 months.

There was no significant difference in the proportion of males (5.3%; 4.4–6.1) and females (6.4%; 5.6–7.2) who had used a service at, or been admitted to, a private hospital.

In both males and females, the European/Other ethnic group was more likely than other ethnic groups to have been admitted to or used a service at a private hospital in the last 12 months (Figure 104).

Figure 104: Private hospital use in the last 12 months, by ethnic group and sex (age-standardised)



Among adults who had used a service at, or been admitted to, a private hospital in the last 12 months, 40.6% (35.5–45.6) were admitted for day treatment and 34.2% (28.8–39.6) were admitted as inpatients.

Private accident and emergency clinics

Overall, one in eight adults (13.1%; 12.2–14.1) had used a private accident and emergency clinic or doctor's after-hours clinic in the last 12 months.

There was no significant difference in the proportion of males (13.2%; 11.6–14.8) and females (14.6%; 13.2–16.0) using private accident and emergency clinics.

Summary tables

Table 15 (male) and Table 16 (female) summarise the crude utilisation (percent) of selected health services by ethnic group. Use these crude estimates if you want to know the actual use of health services by the population of interest, but do not use them to compare one population subgroup (sex or ethnicity) with another.

Table 15: Utilisation (percent) of selected health services and health checks in the last year, by ethnic group, males (crude)

	European/ Other	Māori	Pacific	Asian	All
Usual practitioner or provider	92.1 (90.7–93.5)	88.6 (84.8–92.3)	91.2 (86.1–96.4)	73.6 (67.5–79.6)	90.6 (89.3–92.0)
Māori health provider	0.7 (0.2–1.3)	10.9 (8.1–13.8)	–	–	1.8 (1.2–2.3)
Pacific health provider	–	–	9.1 (2.7–15.5)	–	0.4 (0.1–0.7)
GP or family doctor	79.1 (77.3–80.9)	64.9 (59.8–70.0)	70.9 (62.7–79.1)	60.9 (54.5–67.3)	76.2 (74.6–77.8)
Medical specialist	32.1 (30.1–34.1)	20.7 (16.8–24.6)	19.3 (12.9–25.7)	16.3 (10.9–21.7)	29.4 (27.7–31.1)
Nurse	40.7 (38.6–42.9)	31.5 (26.6–36.4)	26.5 (19.2–33.8)	20.2 (14.0–26.5)	38.0 (36.1–39.8)
Pharmacy or chemist	81.6 (79.7–83.5)	71.4 (66.3–76.5)	81.6 (77.1–86.0)	73.4 (68.1–78.7)	80.0 (78.4–81.7)
Prescriptions	67.6 (65.5–69.8)	59.9 (54.0–65.8)	63.6 (55.8–71.3)	52.3 (45.2–59.5)	65.8 (63.9–67.6)
Complementary and alternative	19.6 (17.8–21.5)	18.3 (14.2–22.4)	10.1 (6.0–14.2)	8.0 (4.7–11.2)	18.4 (16.8–20.0)
Dentist or dental therapist	40.0 (38.2–41.9)	28.7 (24.1–33.3)	19.4 (12.1–26.8)	23.5 (18.0–29.0)	37.0 (35.5–38.5)
Public hospital	20.6 (18.9–22.4)	18.9 (15.1–22.8)	13.4 (8.1–18.8)	9.7 (5.0–14.4)	19.5 (18.0–21.0)
Private hospital	6.3 (5.3–7.3)	2.8 (1.2–4.3)	3.0 (0.7–5.3)	–	5.5 (4.7–6.3)
Blood pressure test	51.2 (49.2–53.3)	38.9 (34.3–43.5)	46.7 (37.6–55.8)	36.8 (30.4–43.2)	48.9 (47.1–50.7)
Cholesterol test	29.3 (27.7–30.8)	17.8 (14.3–21.2)	17.3 (11.5–23.2)	27.3 (21.6–32.9)	27.4 (26.1–28.8)
Diabetes test	17.6 (16.2–19.1)	18.3 (14.5–22.0)	19.6 (13.3–25.9)	23.5 (18.1–28.9)	18.1 (16.6–19.6)
Flu injection	20.9 (19.3–22.6)	13.0 (9.6–16.4)	14.8 (8.1–21.5)	16.0 (10.6–21.3)	19.6 (18.1–21.0)
Flu injection (≥ 65 years)	61.1 (56.4–65.9)	64.2 (48.6–79.9)	44.2 (18.5–70.0)	55.2 (23.6–86.8)	60.4 (56.0–64.7)

Note: When ethnic groups were not represented in adequate numbers for reliable estimates results are suppressed and a dash (–) is shown in the table.

Table 16: Utilisation (percent) of selected health services and health checks in the last year, by ethnic group, females (crude)

	European/ Other	Māori	Pacific	Asian	All
Usual practitioner or provider	97.3 (96.7–97.9)	94.5 (92.4–96.6)	96.9 (95.0–98.7)	82.7 (77.5–88.0)	96.1 (95.4–96.8)
Māori health provider	0.7 (0.4–1.0)	16.1 (12.6–19.6)	3.2 (0.6–5.7)	–	2.5 (2.0–3.0)
Pacific health provider	–	0.9 (0.2–1.6)	9.6 (6.3–13.0)	–	0.6 (0.4–0.8)
GP or family doctor	87.0 (85.7–88.2)	81.6 (78.1–85.0)	81.8 (76.5–87.1)	71.1 (66.1–76.1)	85.1 (84.0–86.3)
Medical specialist	36.5 (34.7–38.3)	26.6 (22.2–31.0)	18.7 (14.2–23.2)	19.1 (14.5–23.7)	33.5 (32.1–34.9)
Nurse	50.8 (48.9–52.6)	49.0 (44.0–54.0)	35.5 (28.6–42.4)	28.0 (22.8–33.2)	48.5 (46.8–50.1)
Pharmacy or chemist	93.5 (92.4–94.6)	87.6 (84.7–90.5)	86.6 (82.3–90.8)	82.3 (78.5–86.0)	91.8 (90.8–92.8)
Prescriptions	79.3 (77.9–80.8)	73.0 (69.2–76.9)	74.1 (67.6–80.7)	62.4 (56.4–68.3)	77.3 (76.0–78.6)
Complementary and alternative	30.3 (28.6–32.1)	26.5 (22.8–30.2)	11.4 (7.3–15.5)	14.9 (10.6–19.1)	28.1 (26.6–29.6)
Dentist or dental therapist	48.4 (46.3–50.4)	28.2 (24.5–31.8)	23.1 (18.4–27.9)	25.8 (20.5–31.1)	43.6 (41.9–45.2)
Public hospital	24.7 (23.1–26.4)	27.9 (24.0–31.9)	26.0 (19.8–32.1)	17.5 (12.6–22.4)	24.7 (23.3–26.1)
Private hospital	7.6 (6.6–8.5)	3.1 (1.8–4.4)	1.9 (0.2–3.6)	4.3 (1.3–7.2)	6.6 (5.8–7.3)
Blood pressure test	56.7 (54.7–58.7)	49.0 (44.6–53.3)	56.7 (49.4–64.0)	40.4 (35.0–45.8)	54.8 (53.2–56.5)
Cholesterol test	24.1 (22.8–25.4)	15.2 (12.6–17.7)	25.4 (20.1–30.7)	20.8 (15.7–25.9)	23.0 (21.9–24.1)
Diabetes test	16.3 (14.9–17.8)	17.7 (14.5–20.8)	31.1 (24.1–38.2)	21.0 (16.1–25.9)	17.4 (16.1–18.8)
Flu injection	21.4 (20.0–22.8)	14.3 (11.7–17.0)	19.9 (14.9–25.0)	11.7 (8.0–15.5)	20.0 (18.8–21.2)
Flu injection (≥ 65 years)	61.2 (57.8–64.6)	49.3 (34.6–64.0)	60.1 (37.1–83.2)	36.7 (7.2–66.3)	60.2 (57.1–63.3)
Mammogram * (50–64 years)	76.9 (73.6–80.1)	68.0 (58.0–78.1)	56.5 (39.4–73.6)	51.4 (34.1–68.6)	74.4 (71.6–77.1)
Cervical smear * (20–69 years)	78.0 (76.1–80.0)	73.4 (69.6–77.2)	54.8 (48.2–61.3)	43.8 (37.7–49.9)	74.0 (72.5–75.5)

* Last three years.

Note: When ethnic groups were not represented in adequate numbers for reliable estimates results are suppressed and a dash (–) is shown in the table.

Table 17 (male) and Table 18 (female) summarise the age-standardised utilisation (percent) of selected health services by ethnic group. Note that age-standardised estimates have no meaning by themselves; they are meaningful only when compared with other age-standardised estimates. Therefore, only use these age-standardised estimates to compare one population subgroup (sex or ethnicity) with another.

Table 17: Utilisation (percent) of selected health services and health checks in the last 12 months, by ethnic group, males (age-standardised)

	European/ Other	Māori	Pacific	Asian	All
Usual practitioner or provider	90.6 (88.8–92.4)	89.6 (86.1–93.2)	92.8 (88.8–96.9)	75.6 (69.7–81.4)	89.7 (88.1–91.4)
Māori health provider	0.8 (0.1–1.4)	12.3 (8.9–15.6)	–	–	2.0 (1.3–2.6)
Pacific health provider	–	–	9.0 (3.5–14.5)	–	0.5 (0.2–0.7)
General practitioner or family doctor	77.7 (75.6–79.7)	67.8 (63.1–72.5)	75.1 (68.3–81.9)	63.8 (57.3–70.3)	75.7 (73.9–77.5)
Medical specialist	29.8 (27.5–32.0)	22.9 (18.4–27.4)	20.5 (14.3–26.7)	18.3 (11.2–25.5)	28.0 (26.1–29.9)
Nurse	38.5 (36.2–40.8)	33.9 (29.0–38.8)	27.0 (20.1–34.0)	22.2 (15.4–29.1)	36.6 (46.1–49.9)
Pharmacy or chemist	80.0 (77.7–82.2)	73.2 (68.3–78.0)	83.6 (79.6–87.7)	75.1 (69.8–80.4)	79.1 (77.2–81.1)
Prescriptions	65.4 (62.9–67.9)	62.4 (56.9–68.0)	68.9 (62.2–75.5)	55.7 (48.3–63.1)	64.7 (62.6–66.8)
Complementary and alternative	19.6 (17.5–21.7)	18.1 (14.1–22.1)	11.2 (6.5–16.0)	7.6 (4.5–10.6)	18.4 (16.6–20.1)
Dentist or dental therapist	39.9 (37.7–42.0)	28.3 (23.8–32.9)	18.8 (12.0–25.5)	24.5 (17.4–31.5)	36.8 (35.1–38.6)
Optician or optometrist	15.3 (13.5–17.2)	9.0 (6.2–11.8)	5.5 (1.5–9.5)	12.2 (6.7–17.8)	14.0 (12.5–15.6)
Physiotherapist	17.0 (14.9–19.2)	12.1 (8.7–15.5)	11.3 (6.4–16.3)	6.1 (1.5–10.7)	15.6 (13.9–17.4)
Public hospital	19.7 (17.8–21.6)	20.6 (16.5–24.6)	14.4 (9.2–19.7)	10.9 (3.9–18.0)	19.1 (17.4–20.8)
Private hospital	6.0 (5.0–7.1)	2.9 (1.4–4.4)	2.9 (0.7–5.0)	–	5.3 (4.4–6.1)
Blood pressure test	46.7 (44.4–48.9)	43.8 (39.0–48.6)	51.7 (43.5–60.0)	41.4 (34.1–48.7)	46.3 (44.3–48.3)
Cholesterol test	25.1 (23.6–26.6)	21.9 (18.1–25.7)	20.3 (14.2–26.5)	31.6 (24.6–38.5)	24.9 (23.6–26.2)
Diabetes test	15.2 (13.7–16.7)	21.5 (17.3–25.6)	25.4 (17.8–33.1)	28.8 (22.1–35.5)	17.1 (15.6–18.6)
Flu injection	17.7 (16.2–19.3)	16.9 (13.2–20.5)	17.1 (10.1–24.0)	19.3 (12.6–25.9)	17.7 (16.3–19.1)
Flu injection (≥ 65 years)	61.1 (56.4–65.9)	64.2 (48.6–79.9)	44.2 (18.5–70.0)	55.2 (23.6–86.8)	60.4 (56.0–64.7)

Note: When ethnic groups were not represented in adequate numbers for reliable estimates results are suppressed and a dash (–) is shown in the table.

Table 18: Utilisation (percent) of selected health services and health checks in the last 12 months, by ethnic group, females (age-standardised)

	European/ Other	Māori	Pacific	Asian	All
Usual practitioner or provider	97.0 (96.3–97.8)	95.0 (93.2–96.8)	97.3 (95.7–98.9)	84.6 (80.0–89.2)	96.0 (95.3–96.8)
Māori health provider	0.7 (0.4–1.0)	16.3 (12.9–19.8)	2.8 (0.6–4.9)	–	2.5 (2.0–3.0)
Pacific health provider	–	0.8 (0.2–1.4)	10.4 (6.6–14.2)	–	0.6 (0.4–0.8)
General practitioner or family doctor	87.0 (85.5–88.4)	82.5 (79.3–85.8)	83.7 (79.1–88.3)	73.8 (69.2–78.5)	85.5 (84.2–86.8)
Medical specialist	35.1 (33.1–37.1)	27.3 (23.1–31.6)	20.1 (15.3–24.8)	20.4 (14.6–26.2)	32.6 (31.1–34.2)
Nurse	49.9 (47.9–52.0)	49.2 (44.1–54.3)	36.2 (29.0–43.4)	29.8 (23.8–35.8)	48.0 (46.1–49.9)
Pharmacy or chemist	93.4 (92.2–94.6)	87.6 (84.7–90.5)	87.4 (83.3–91.4)	82.7 (78.5–86.8)	91.8 (90.8–92.9)
Prescriptions	79.2 (77.5–80.9)	74.6 (71.0–78.3)	76.4 (70.3–82.5)	65.5 (60.0–71.0)	77.7 (76.3–79.2)
Complementary and alternative	31.5 (29.4–33.6)	26.8 (23.1–30.5)	12.8 (8.0–17.6)	16.3 (11.1–21.5)	29.2 (27.4–30.9)
Dentist or dental therapist	50.0 (47.7–52.3)	27.3 (23.5–31.1)	22.3 (17.6–26.9)	26.4 (20.2–32.5)	44.8 (42.9–46.6)
Optician or optometrist	22.8 (20.8–24.8)	12.3 (9.8–14.8)	7.6 (4.0–11.2)	14.6 (10.1–19.2)	20.4 (18.8–22.0)
Physiotherapist	15.8 (14.1–17.6)	12.8 (10.1–15.4)	7.9 (4.9–10.8)	7.8 (3.4–12.2)	14.6 (13.2–16.0)
Public hospital	24.9 (23.0–26.9)	27.8 (23.8–31.8)	26.2 (19.5–33.0)	17.9 (12.4–23.4)	24.9 (23.2–26.6)
Private hospital	7.3 (6.3–8.3)	3.1 (1.7–4.4)	1.9 (0.0–3.8)	4.2 (1.3–7.0)	6.4 (5.6–7.2)
Blood pressure test	54.0 (51.9–56.2)	51.8 (47.5–56.1)	60.1 (52.7–67.4)	44.9 (38.9–50.9)	53.5 (51.7–55.3)
Cholesterol test	20.1 (18.8–21.4)	19.0 (15.9–22.2)	28.3 (22.3–34.2)	24.8 (18.2–31.5)	20.6 (19.5–21.8)
Diabetes test	14.4 (12.8–16.0)	19.9 (16.4–23.4)	34.8 (27.2–42.3)	24.9 (18.5–31.2)	16.5 (15.0–18.1)
Flu injection	16.8 (15.5–18.1)	17.4 (14.3–20.5)	22.5 (17.0–28.0)	14.6 (9.3–19.9)	17.0 (15.8–18.1)
Flu injection (≥ 65 years)	61.2 (57.8–64.6)	49.3 (34.6–64.0)	60.1 (37.1–83.2)	36.7 (7.2–66.3)	58.3 (54.9–61.7)
Mammogram* (50–64 years)	76.9 (73.7–80.1)	69.0 (59.1–78.9)	57.1 (40.2–74.1)	55.6 (40.7–70.5)	74.4 (71.6–77.1)
Cervical smear* (20–69 years)	77.5 (75.2–79.7)	72.8 (69.1–76.5)	54.4 (47.7–61.1)	43.1 (36.6–49.5)	74.0 (72.5–75.5)

* Last three years.

Note: When ethnic groups were not represented in adequate numbers for reliable estimates results are suppressed and a dash (–) is shown in the table.