

Executive Summary

Overview

This report presents an overview of the 1996/97 New Zealand Health Survey,* the second nationally representative survey of the health status and health service utilisation of New Zealanders. The survey had a sample size of 7862 adults (15 years and over) and 1019 children (0–14 years), and an adult response rate of 73.8%. The survey is a key component of the Ministry of Health’s population health monitoring function.

The 1996/97 Health Survey provides information on:

- selected health risk behaviours (smoking, physical activity, alcohol use, high blood pressure)
- the health status of New Zealanders, including their self-reported physical and mental health status, the prevalence of selected conditions (asthma, diabetes) and the incidence of injuries
- the utilisation of health services and prescriptions
- individuals’ experience and knowledge of health services, including their satisfaction with health services and barriers to accessing health services.

Key results

Health-related risk factors

Smoking

- In the 1996/97 Health Survey the proportion of New Zealanders who smoked (24.9%) was similar to that found in other surveys in recent years.
- Younger people were more likely to smoke than older people.
- Men reported smoking more than women, except in the 15–24 years group.
- Māori were more likely to be smokers than other ethnic groups.
- People in lower socioeconomic groups were more likely to be smokers.

Physical activity

- Six out of ten adult New Zealanders were physically active (that is, they took part in 2.5 hours or more of leisure-time physical activity in the previous week).
- This was the case for men and women, for Māori, European/Pākehā and Pacific people, and for all ages up to 75 years.
- Fifteen percent of all adults were sedentary (took part in no physical activity in the previous week).

High blood pressure

- More than 1 in 10 adults overall, and more than a third of those aged 65 years or over, had high blood pressure (defined as ever having taken medication for high blood pressure).
- Māori were more likely to have high blood pressure, as were those in lower socioeconomic groups.

* This is referred to as the 1996/97 Health Survey throughout the text.

Alcohol use

- Around a sixth of New Zealand adults indicated a pattern of drinking which put them at risk of future physical or mental negative effects from alcohol.
- Men, younger people, Māori, and those in lower socioeconomic groups were most likely to report such a pattern of drinking.
- Over a quarter of Māori, and more than half of both the Pacific and the Other ethnic group reported not drinking any alcohol in the previous year, compared with a little over a tenth of European/Pākehā.

Health status

Diabetes

- One in 27 adults (3.7%) reported that they had been diagnosed with diabetes.
- Māori and Pacific people were more than twice as likely to have been diagnosed with diabetes, and were diagnosed at a younger age than European/Pākehā.
- People in lower socioeconomic groups were more likely to have been diagnosed with diabetes.

Asthma

- A sixth of 15–44-year-olds fulfilled the criteria for probable asthma. This is a very similar prevalence rate to that found in other key asthma research in New Zealand.
- Women and Māori were more likely to fulfil the criteria for probable asthma.

Injuries

- A quarter of all adults and children reported suffering an injury or poisoning that required medical treatment in the previous year.
- Injuries and poisonings were most common among males, especially those aged 15–24 years.
- European/Pākehā and Māori groups reported higher rates of injury compared to Pacific people and the Other ethnic group.
- People in higher socioeconomic groups reported higher rates of injury requiring medical attention.
- Injuries were most commonly caused by sports or games, or falls.

The SF-36 Health Status Questionnaire*

- Men scored slightly higher than women on most of the SF-36 scales.
- SF-36 scores decreased with increasing age on all scales except for Mental Health.
- European/Pākehā rated their health somewhat, but not substantially, higher than either Māori or Pacific people.
- There was a tendency for higher SF-36 scores to occur in higher socioeconomic groups, but there were several exceptions to this.

* The SF-36 is a widely used questionnaire that measures self-reported health status in relation to eight health concepts: physical functioning; role limitations due to physical health; bodily pain; general health perceptions; vitality; social functioning; role limitations due to emotional health; general mental well being. Responses to the 36 questions are scored and summed into eight 0–100 scales, corresponding to each of the health concepts. Higher scores represent better self-reported health status. Interpretation of the SF-36 is based on comparing the average score of different subgroups on a given scale.

- Self-reported health was generally affected in the expected manner by health risk behaviours such as smoking, lack of physical activity and alcohol consumption. However, interpretation of the data is complicated by sex and ethnic differences, and by the cross-sectional nature of the survey.
- Marked differences emerged in the self-reported health status of groups with and without high blood pressure and diabetes, particularly among Māori.
- Those who had made least use of primary or secondary health care reported better health status.

Health service utilisation (previous 12 months)

General practitioner (GP) use

- GPs were the most widely used of all the health professionals covered in the health survey, with four out of five adults and children having visited a GP at least once.
- Women, older adults and young children were the most likely to have visited a GP.
- Māori and those with low family incomes were more likely to have visited their GP six or more times.
- Nine out of ten adults were either very satisfied or satisfied with their last GP visit.
- Nearly one in eight adults said they had needed to see a GP in the last 12 months but did not. Just under half of these gave cost as the reason.

Use of other health professionals

- More than 4 in 10 adults and just under a third of children had visited a pharmacist to obtain health advice or medicines.
- About a third of adults and more than half of the children had visited a dentist or dental nurse.
- More than a quarter of adults had visited a medical specialist. A similar proportion had seen a GP practice nurse, midwife, district nurse or some other kind of nurse.
- European/Pākehā adults were more likely to have visited virtually all of the health professionals covered in the survey.

Prescription item use

- Seven out of ten adults had obtained at least one prescription item.
- Older adults and European/Pākehā were more likely to have obtained 10 or more prescription items.

Hospital use

- Rates of hospital admissions did not differ across ethnic groups.
- Around 1 in 10 adults and children had been admitted to a public hospital, while 1 in 14 adults and 1 in 50 children had used a private hospital service.
- Nine out of ten adults were either very satisfied or satisfied with their overall health care.