

Chapter 13: Use of Other Health Professionals

Key points

- Over 4 in 10 adults visited a pharmacist for health advice or to obtain medicines in the past 12 months, with women more likely than men to visit a pharmacist for these reasons. Under a third of children were taken to or visited a pharmacist to obtain health advice or medicines.
- About a third of adults visited a dentist or dental nurse in the past 12 months, although adult rates of contact with a dentist or dental nurse decreased with age. In the 0–14 years age group, more than half had visited a dentist or dental nurse in the past year, with over 70% of 5–9 and 10–14-year-olds doing so.
- Over a quarter of adults visited a public or private medical specialist in the last 12 months. For both men and women, specialist contact was significantly related to age, with over 40% of those in the 65–74 and 75 plus age groups visiting a specialist during this period.
- Just under a quarter of adults saw either a GP's practice nurse, midwife, district nurse, public health nurse, Plunket nurse or some other kind of nurse in the past 12 months.
- In the 25–44 years age group, 8% of women had seen a midwife in the last 12 months.
- Virtually all the health professionals referred to in the 1996/97 Health Survey were more likely to be visited by European/Pākehā adults. Similar trends were evident for children.
- In general, adults in the lower family income groups were less likely than those in the higher family income groups to use dentists or dental nurses, opticians and physiotherapists. However, rates of contact with medical specialists, nurses and pharmacists were related less strongly to people's family income levels.
- Altogether, 11% of men and 13% of women indicated that they had needed to see a health professional other than a GP in the last 12 months but did not.

Introduction

Apart from GPs, a variety of other health professionals provide health and disability-related services to people in the community. They include dentists, dental nurses, district nurses, public health nurses, Plunket nurses, practice nurses, midwives, pharmacists, physiotherapists, optometrists, podiatrists, social workers, psychologists and medical specialists.

The 1996/97 Health Survey examined how much contact New Zealanders have with these different health professionals (see Figure 107). This information will be used for predicting future trends in the use of community-based health professionals and the associated health workforce, and professional training requirements.

Unless otherwise stated, age- and sex-standardised rates, and 95% confidence intervals in parentheses, are given in the text. Tables related to this section are available on the Ministry of Health website (www.moh.govt.nz).

Results

Use of other health professionals

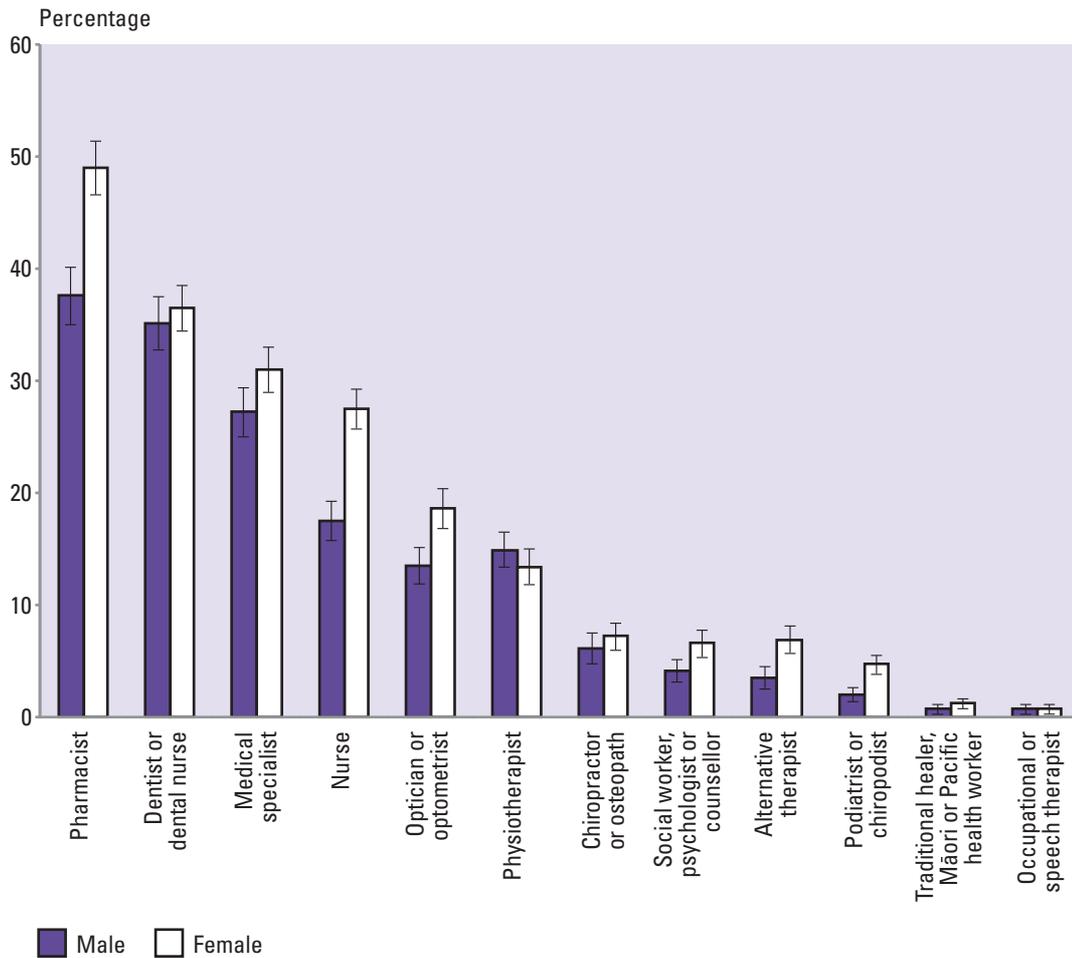
Pharmacists

After GPs, pharmacists were the next most widely used community-based health professionals, with 43.5% (41.5–45.5) of adults visiting a pharmacist for health advice or to obtain medicines in the past 12 months.* Women were more likely than men to visit a pharmacist for these reasons ($p < 0.0001$), with almost half of all women visiting a pharmacist at least once in the previous year (49.0; 46.7–51.3; men: 37.6; 35.1–40.1). Age was not a significant determinant of women's level of contact with a pharmacist, although older men were more likely than younger men to visit a pharmacist for health advice or medicines.

Compared to adults, children were less likely to use the services of a pharmacist in the past year, with under a third of children being taken to or visiting a pharmacist to obtain health advice or medicines. Younger children (0–4 and 5–9 years) were more likely than older children (10–14 years) to visit a pharmacist for these reasons, which is similar to the pattern found in the 1992/93 Health Survey (Ministry of Health 1995).

* Chapter 14: Prescription Use, indicates that a higher proportion of adults (7 in every 10), obtained at least one prescription item, including repeat prescription items, in the past year. This is substantially higher than the 44% of adults who visited a pharmacist in the past 12 months for health advice or to obtain medicines. One reason for this difference may be that not all people personally visit a pharmacist to collect their prescription items. Family members, friends or health professionals may obtain their prescription items for them. This may be particularly the case for children.

Figure 107: Health professionals used by adults in the past 12 months, by sex

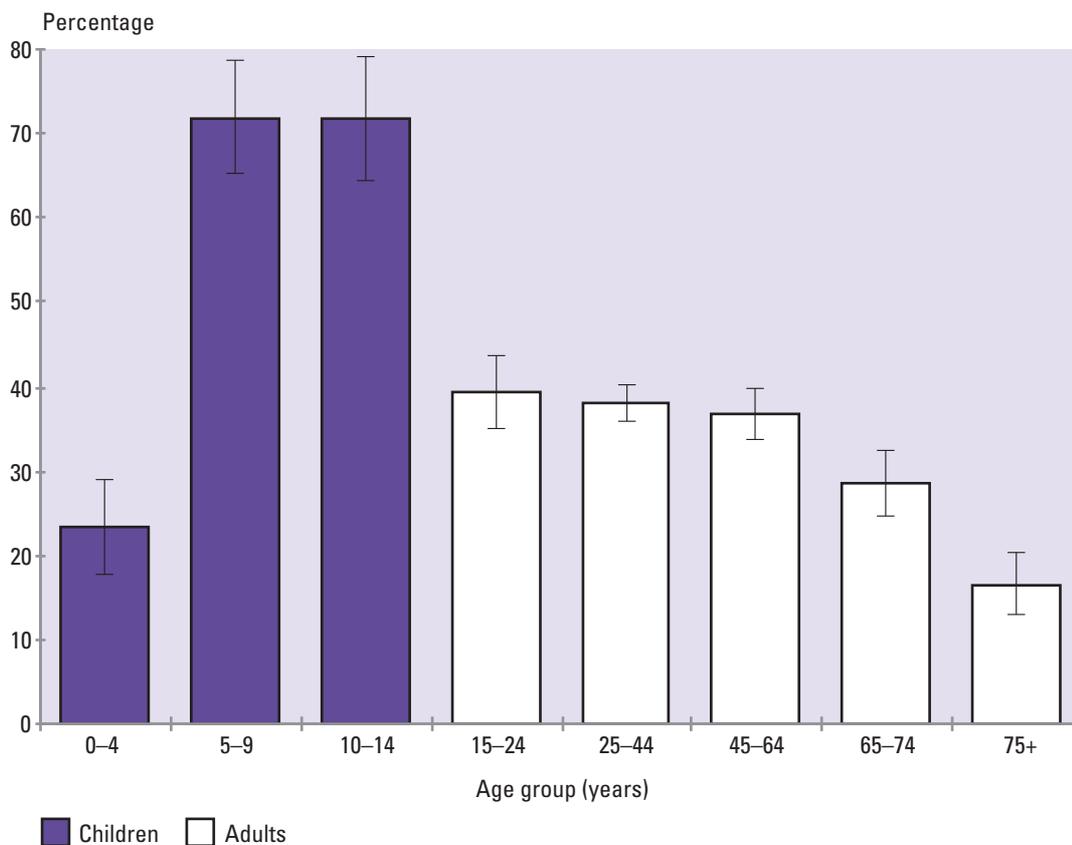


Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Dentists and dental nurses

Over a third of adults (35.8%; 34.2–37.4) visited a dentist or dental nurse in the past 12 months, with men and women having similar rates of contact (35.1%; 32.7–37.5 and 36.5%; 34.5–38.5 respectively). Contact with a dentist or dental nurse diminished with age ($p < 0.001$), with a little under 40% of 15–24 year olds (39.4%; 35.1–43.7) and 24–44 year olds (37.9%; 35.7–40.1) visiting a dentist or dental nurse in the past year, compared to 28.4% (24.5–32.3) of 65–74 year olds and 16.5% (12.8–20.2) of people in the 75 plus group (see Figure 108).

Figure 108: Proportion of children and adults who visited a dentist or dental nurse in the last 12 months, by age



Note: Error bars indicate 95% confidence intervals. For further explanation of graphs, see Appendix 2: Notes to Figures and Tables.

Compared to adults, a much greater proportion of children, more than half, had visited a dentist or dental nurse in the past year, with over 70 percent of those in the 5–9 and 10–14 year age groups having done so. These relatively high rates of contact reflect the availability of free dental care for school-aged children and for young people engaged in full-time study up to the age of 18.

Medical specialists

Over a quarter of adults visited a public or private medical specialist in the past year, with a higher proportion of women visiting than men (31.0%; 29.0–33.0 compared to 27.2%; 25.0–29.4; $p < 0.001$). For both men and women, specialist contact was significantly related to age ($p < 0.0001$), with only 21.1% (17.6–24.6) of 15–24-year-olds visiting a medical specialist, compared to over 40% of those in the 65–74 and 75 plus age groups (41.3%; 37.0–45.6 and 44.6%; 39.3–49.9 respectively).

In general, adults were most likely to visit a medical specialist either at the specialist’s private rooms or at a private hospital. However, those in the 65 plus age group, those with lower family incomes, as well as those from the Māori and Pacific ethnic groups, were more likely to visit a specialist at a public hospital.

Children had a lower rate of contact than adults with a medical specialist (19.0%; 16.1–21.9), although 26.0% (20.7–31.3) of 0–4-year-olds had seen a medical specialist in the past year.

Nurses

Just under a quarter of adults saw either a GP's practice nurse, midwife, district nurse, public health nurse, Plunket nurse or some other kind of nurse in the past 12 months. More women than men saw a nurse (27.5%; 25.7–29.3 compared to 17.5%; 15.7–19.3 respectively; $p < 0.0001$). Older men were more likely than younger men to see a nurse in the past year, although this pattern did not hold for women. Women in the younger, child-bearing age groups and in the age groups from 65 onwards had significantly higher rates of contact with nurses than women in the 45–64 years age group ($p < 0.0001$). In the 25–44 years age group, 8.2% (6.6–9.8) of women had seen a midwife in the last 12 months.

The type of nurse seen by the greatest proportion of adults in the past year was a GP's practice nurse, with 17.7% (16.5–18.9) of respondents seeing a GP's practice nurse without also seeing the doctor at the same time.

Children were seen by nurses at a higher rate than adults, with 42.1% (37.6–46.6) of children seeing a GP's practice nurse, district nurse, public health nurse, Plunket nurse or other kind of nurse in the past 12 months. Children in the 0–4 years age group were most likely to see a nurse ($p < 0.0001$), with two-thirds (65.5%; 59.0–72.0) doing so in the last year.

Optometrists or opticians

Optometrists or opticians were visited in the past year by about one in five women (18.6%; 16.8–20.4) and one in seven men (13.5%; 11.9–15.1). Not surprisingly, given the relationship between eyesight problems and aging, rates of contact with optometrists or opticians increased significantly in the older age groups, with nearly a third (32.2%; 26.1–38.3) of women in the 75 plus age group visiting an optician or optometrist, compared to only 13.5% (11.3–15.7) of women in the 25–44 years age group ($p < 0.0001$).

Physiotherapists

About one in seven adults visited a physiotherapist in the last 12 months, involving similar proportions of men and women.

Other health service providers

Of the remaining health professionals referred to in the 1996/97 Health Survey, in the last 12 months under 10% of adults had visited a social worker, psychologist or counsellor, an alternative therapist, a podiatrist or chiropodist, a chiropractor or osteopath, a traditional healer or Māori/Pacific health worker, or an occupational or speech therapist.

Ethnicity

Almost all the health professionals referred to in the 1996/97 Health Survey were more likely to be visited by European/Pākehā adults. Forty-five percent (44.9%; 42.7–47.1) of European/Pākehā adults, 42.7% (39.0–46.4) of Māori adults, 36.2% (29.3–43.1) of Pacific adults and 38.0% (29.0–47.0) of adults from the Other ethnic group visited a pharmacist in the past 12 months. European/Pākehā adults (31.6%; 29.8–33.4) saw medical specialists at a substantially higher rate than Māori adults (21.1%; 18.2–24.0), adults from the Other ethnic group (23.0%; 14.0–32.0) and Pacific adults (15.8%; 12.1–19.5; $p < 0.0001$). European/Pākehā adults were 75% more likely than Māori adults to visit a dentist or dental nurse, and more than twice as likely as Pacific adults to do so ($p < 0.0001$).

Similar ethnic-related patterns occurred in the 1992/93 Health Survey (Ministry of Health 1995).

The only health professionals seen by Māori and Pacific adults at a greater rate than Pākehā/Europeans were Māori traditional healers, or Māori and Pacific Island health workers.

Similar trends were evident for children, with European/Pākehā children being more likely to visit a medical specialist, pharmacist, and dentist or dental nurse. For example, nearly three out of five European/Pākehā children (59.4%; 54.5–64.3) visited a dentist or dental nurse in the last year, substantially more than the rate for Pacific children (38.5%; 25.6–51.4; $p < 0.01$).

In general, these ethnic group differences are likely to arise through the complex interaction of factors related to such things as cultural beliefs and expectations, health knowledge, income levels and the accessibility and availability of appropriate services.

Family income, NZDep96 score and education*

For certain health professionals, rates of contact varied significantly by measures of people's socioeconomic status. In general, adults in the lower family income groups were less likely than those in the higher family income groups to use dentists or dental nurses, opticians and physiotherapists. However, rates of contact with medical specialists, nurses and pharmacists were related less strongly to people's level of family income. This is likely to reflect the fact that in New Zealand many of the services obtained from these last three groups are fully funded or subsidised by government.

Use of dentists or dental nurses had a high correlation with family income, with close to twice as many adults in the \$50,001 plus family income group visiting a dentist or dental nurse in the last year than did those in the 0–\$20,000 family income group ($p < 0.0001$). Use of dentists or dental nurses was also closely linked to scores of relative deprivation, with 25.8% (23.6–28.0) of adults living in the most deprived areas of New Zealand using a dentist or dental nurse in the last year, compared to 45.9% (42.8–49.0) of those from the least deprived areas ($p < 0.0001$). Optometrists or opticians, too, were more likely to be visited by adults from the least deprived areas than from the most deprived areas (21.7%; 17.6–25.8 compared to 12.4%; 10.4–14.4; $p < 0.0001$).

Similar trends were evident when people's levels of formal educational attainment were compared with their rates of contact with these health professionals. The highest qualified adults in the 1996/97 Health Survey (those with both school and post-school educational qualifications) were more likely than other adults to visit a dentist or dental nurse, optometrist or optician, pharmacist and physiotherapist in the past year. However, educational level did not appear to be significantly related to rates of contact with nurses or medical specialists, except that in the case of medical specialists adults with higher educational qualifications were more likely to see a specialist privately, whereas those with few or no educational qualifications were more likely to see a specialist at a public hospital.

Unmet health need

Altogether, 11.3% (9.7–12.9) of men and 13.3% (11.7–14.9) of women indicated that they had needed to see a health professional other than a GP in the last 12 months but did not ($p < 0.001$). Adults in the younger age groups were generally more than twice as likely to report this as adults in the older age groups ($p < 0.0001$). In addition, the lower an adult's family income group, the more likely they were to report not using one of these services when they needed to ($p < 0.0001$).

Reference

Ministry of Health. 1995. *Patients in Profile*. Wellington: Ministry of Health.

* The NZDep96 score measures the level of deprivation in the area in which a person lives, according to a number of census variables, such as the proportion of people in that area who earn low incomes or who receive income support benefits, are unemployed, do not own their own home, have no access to a car, are single-parent families, or have no qualifications. The scores are divided into quartiles from 1 (least deprived) to 4 (most deprived). For more details, see Chapter 1: The Survey.