



New Zealand Adults' Health Care System Views and Experiences, 2001

Findings from the Commonwealth Fund 2001 International Health Policy Survey

The Commonwealth Fund 2001 International Health Policy Survey finds that New Zealanders, on average, were more satisfied with their health care system in 2001 than they were in 1998. Yet a majority of adults in New Zealand continue to believe their nation's health care system needs major improvements. Compared with people in the other four countries surveyed—Australia, Canada, the United Kingdom, and the United States—New Zealanders were more likely to rate the quality of their health care and physicians positively. On several measures of health care access, however, respondents' reported experiences indicate there are inequities based on income and ethnicity. Maori as well as lower-income adults were notably more likely to report going without needed care or experiencing difficulties getting care when needed. Access concerns were often related to cost.

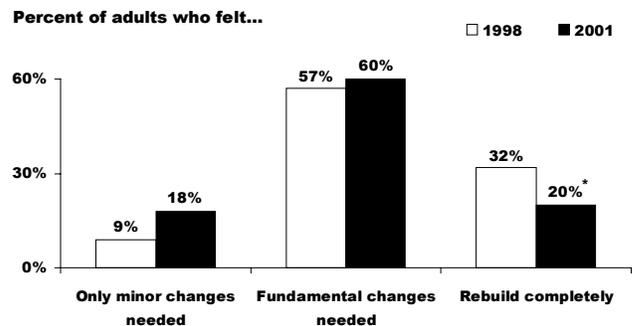
This data brief based on The Commonwealth Fund 2001 International Health Policy Survey focuses on the health system views and experiences of New Zealanders. Comparative findings from the five-nation survey were reported in the May/June issue of *Health Affairs*.¹ The data brief includes additional analysis of the survey that does not appear in the *Health Affairs* article.

Satisfaction with the Health Care System

- New Zealanders' views of their health care system improved from 1998 to 2001. Yet in 2001, less than one of five adults (18%) thought only minor changes were needed. The vast majority supported fundamental reforms (Figure 1).
- New Zealanders with income below the national average were more likely to call for a complete rebuilding of the system than were adults with income above the average (25% vs. 18%).

¹ Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, Kimberly Scoles, and Kinga Zapert, "Inequities in Health Care: A Five-Country Survey," *Health Affairs* 21 (May/June 2002): 182–91.

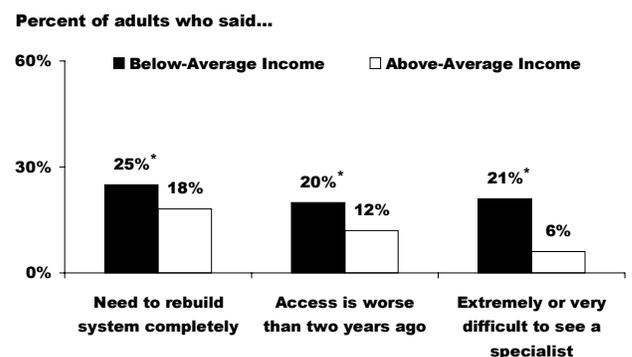
New Zealand Figure 1
New Zealand: Satisfaction with the Health Care System, 1998 and 2001



* Significantly different from 1998 at $p \leq .05$
Source: The Commonwealth Fund 1998 and 2001 International Health Policy Surveys

- Most adults said their own access to health care was about the same as two years ago (71%). Only 15 percent said it was worse and only 10 percent said it was better.
- New Zealanders with below-average income were more likely to report negative views of the health care system and decreased access to care in the past two years than were those with above-average income (Figure 2).

New Zealand Figure 2
New Zealand: System View and Access, by Income, 2001



* Significantly different from above-average income at $p \leq .05$
Source: The Commonwealth Fund 2001 International Health Policy Survey

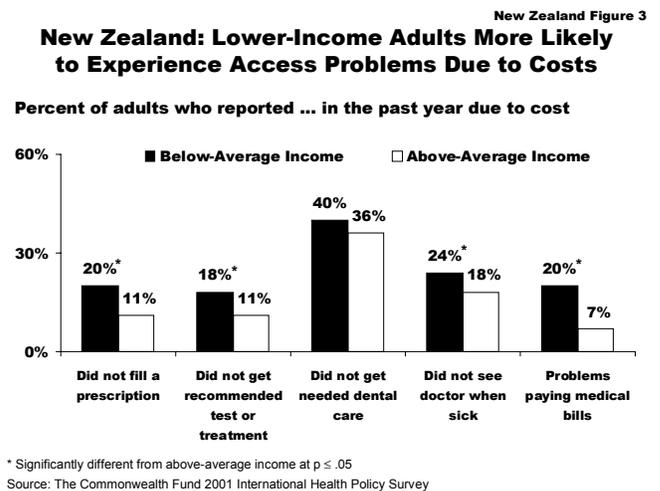
Access to Health Care

- One-third of New Zealanders said it was difficult to see a specialist when needed: 11 percent reported it was extremely or very difficult, while another 23 percent said it was somewhat difficult. Adults with income below the national average were more likely than those with above-average income to report it was extremely or very difficult to see a specialist (21% vs. 6%).
- Nearly half of those who said it was difficult to see a specialist (47%) cited their inability to pay for care as the reason. One-quarter of those reporting difficulties cited long waiting times for the type of care they needed.
- Among those needing elective (nonemergency) surgery in the past two years, 43 percent waited less than one month. However, 26 percent reported waits of four months or more.
- Nearly one of four New Zealanders (23%) said it was difficult to get care on nights and weekends—the lowest rate among the five nations in the survey.

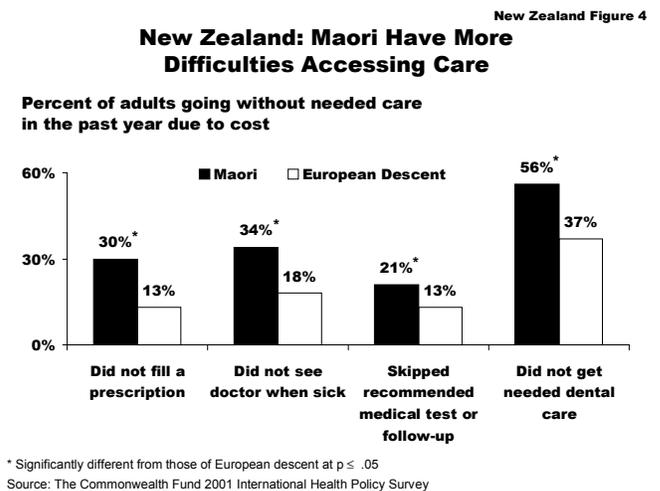
Cost-Related Difficulties

The survey asked participants several questions about going without needed medical care during the past year because of cost. Responses indicate that New Zealanders face financial barriers to care, particularly those with below-average income and those without private insurance coverage.

- One of five New Zealanders (20%) reported her or she had not seen a doctor when sick in the past year because of the cost. In addition, 37 percent did not get dental care, 15 percent did not fill a prescription, and 14 percent did not get a recommended medical test or treatment because of the cost.
- On four of five measures, New Zealanders with income below the national average were significantly more likely to report that they went without needed care because of the expense or had difficulties paying medical bills. The only cost/access measure for which respondents with below-average and above-average income reported similar rates of problems was dental care (Figure 3).



- The survey found that Maori were more likely to report health care access problems than adults of European descent.
 - ▶ Maori were about twice as likely as those of European descent to have gone without needed care in the past year because of the cost (Figure 4).

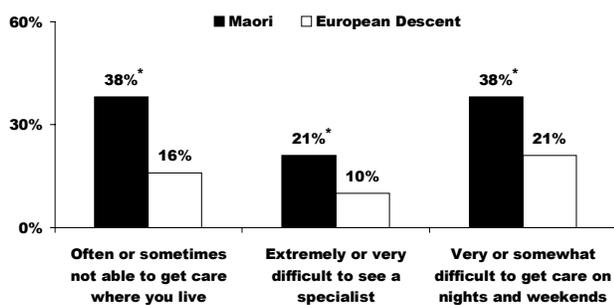


- ▶ Maori were also more likely to report general problems with getting care when needed, including difficulty obtaining care where they live (care not available), gaining access to a specialist, or getting care on nights and weekends (Figure 5).
- ▶ These disparities partly reflect income differences. Even when controlling for income, however, Maori were still significantly more likely to report access concerns.

New Zealand Figure 5

New Zealand: Maori Access to Care Compared with That of Adults of European Descent

Percent of adults who said...



* Significantly different from those of European descent at $p \leq .05$

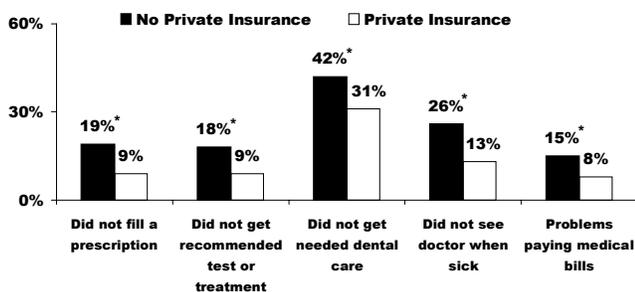
Source: The Commonwealth Fund 2001 International Health Policy Survey

- Disparities in access to care appear to be linked to whether adults have private supplemental insurance. New Zealanders with above-average income were much more likely to have private insurance than those with below-average income.
- Adults without private insurance were twice as likely as those with private insurance to forgo needed care because of the costs or to have difficulties paying medical bills (Figure 6).

New Zealand Figure 6

New Zealand: Access to Care, Adults with and Without Private Health Insurance

Percent of adults who had the following problems in the past year due to cost



* Significantly different from those with private insurance at $p \leq .05$

Source: The Commonwealth Fund 2001 International Health Policy Survey

Quality-of-Care Ratings

- When asked to rate their medical care overall, 67 percent of New Zealanders said the care they received in the last year was excellent or very good. This strong positive rating was the highest in the five-nation survey.
- New Zealanders rated their physicians very positively. On all six measures of physician responsiveness, New Zealanders gave either excellent or very good

ratings; these were at or near the top of ratings among the five countries (Figure 7).

- The lowest rating given to New Zealand physicians was for their accessibility by phone or in person (64% excellent/very good) (Figure 7).

New Zealand Figure 7

New Zealand: Physician Ratings Compared with Those of Other Four Countries, 2001

Percent of adults rating their physician as excellent or very good on:

	NZ	AUS	CAN	UK	US
Treating you with dignity and respect	84	80*	79*	73*	72*
Listening carefully	75	73	74	67*	65*
Providing all the information you want	73	72	67*	58*	63*
Spending enough time with you	71	69	62*	54*	58*
Being accessible by phone or in person	67	63	59*	51*	57*
Knowing you and your family	64	59*	55*	48*	52*

* Significantly different from New Zealand at $p \leq .05$

Source: The Commonwealth Fund 2001 International Health Policy Survey

- Among those hospitalized in the past two years, 58 percent rated their care as excellent or very good, while 20 percent gave hospitals only a fair or poor rating.
- Adequacy of nursing staff in hospitals was a concern: 22 percent said nursing staff was fair or poor. This was a concern shared by survey respondents in all five countries.
- On quality measures, there were no differences between adults with below-average income and those with above-average income.

Summary

The survey findings for New Zealand indicate that patient cost-sharing for physician care and some other services create financial barriers to care for lower-income adults. Although New Zealanders gave doctors high ratings—with no differences in ratings by income—income disparities did emerge on several indicators of access related to costs. Respondents with above-average income were also more likely to have private insurance to supplement public benefits, thus facilitating access to care. In general, Maori adults stood out in terms of their rate of access difficulties, including those related to specialist care and to care near where they lived.

The Commonwealth Fund 2001 International Health Policy Survey consisted of telephone interviews with 1,400 adults in each of five countries: Australia, Canada, New Zealand, the United Kingdom, and the United States. Conducted in April and May of 2001 by Harris Interactive, the survey explored adults' views of their health care system and recent care experiences; to permit analysis of trends over time, the survey also included questions asked in earlier surveys. To compare experiences between lower- and higher-income adults, the survey participants were quoted the national median household income in 2001 and asked whether their own income was much or somewhat below this amount, about average, or much or somewhat above the national median. In New Zealand, 27 percent of adults described their income as below average, 22 percent as average, and 48 percent as above average. Three percent did not answer the income question. Adults with average income were included in the country totals but not shown separately when comparing those with below-average and above-average income.

This data brief was prepared by Cathy Schoen, Robert Blendon, Catherine DesRoches, Robin Osborn, Michelle Doty, and Deirdre Downey.