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NAB Health Insights Special Report

Part 1: The Health Consumer
NAB Behavioural and Industrial Economics

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Executive Summary



Australians are more conscious of their health than ever.

We're more proactive about making choices to protect our health. We love our practitioners, but we're happy to shop around to find healthcare that's affordable, accessible and meets our preferences. And we're feeling healthy, positive and prosperous.

These are the key lessons from our latest NAB Health Insights Special Report. Our national conversations in recent years have centred around healthcare and the cost of living; it's no surprise to see them reflected in the concerns of consumers and businesses. Overall, however, the state of Australians' health, and the state of Australia's health industry, is a cause for celebration.

There's plenty to dig into. Our team has pulled together economic and consumer behaviour research to produce findings that go beyond the headlines. The NAB Health Insights Special Report dives deep

into the data and comes up with some unique insights, which will be invaluable to those engaged with the Australian health industry.

Our health providers remain in great demand. About 8 in 10 Australians visited a GP in the past year, and 7 in 10 a pharmacy. Half of us have used a dentist's services. Whatever their level of income, Australians are able to – and choose to – access healthcare both routinely and in emergency circumstances.

Consumer satisfaction in those services is extraordinary. Our doctors, nurses, dentists, pharmacists, hospitals and front-line medical professionals are seen, by the vast majority of Australians, as providing an excellent standard of care. We trust them to provide the support we need to get the most out of life, and to protect us in our most vulnerable moments.

That perception of excellence and trustworthiness extends beyond primary healthcare to allied health services, specialists and mental health practitioners. In fact, almost universally across demographics, regions and service providers, Australians are satisfied with the standard of quality available to them in the health sector.

Curiously, however, Australians are switching healthcare providers at an elevated level. Affordability is seen as an important factor when choosing one provider over another. About 70% of consumers

are still able to access bulk billing GP services, but some are cutting back on other services or choosing lower-cost prescriptions.

Yet the rising cost of living is not driving this mobility in isolation. Patients want to be treated as people and not just a collection of symptoms; they're looking for compassion, listening ability and personal rapport. Some are also making a switch out of urgency: our research shows that difficulty getting an appointment or long waiting times can push consumers to shop around.

Regional and rural Australians have particular health needs, often finding it more difficult to see a number of practitioners than those in capital cities. They are also much more likely to mention cost and difficulty in getting appointments as key reasons behind them switching health professionals.

It's been a great pleasure for our team to find so much good news in producing this report. To see the level of affection Australians have for their health services, and the excellent standard of care in this country, has been inspiring. While there are some challenges ahead for the industry, savvy practitioners will also see the opportunities this report presents.

I hope you'll enjoy reading it as much as we have enjoyed putting it together for the 11th year.

Andrew Loveridge
Customer Executive, Health, NAB

Introduction

A new breed of healthcare consumer



Practitioner satisfaction is high, but a new breed of healthcare consumer is emerging. Affordability is a key concern, but is not the primary consideration.

Many parts of healthcare have forever been transformed by the pandemic. The virus accelerated innovation and co-operation across the entire health sector and challenged the very heart of health services – the interaction of a patient with a health provider. Health systems are often viewed as complex and slow; however, many providers rapidly implemented telehealth and virtual care technologies, accelerating the evolution of healthcare delivery through digital technologies. While some Australians self-isolated during the height of COVID, reducing visitation across a range of health services even when not mandated, today many health practitioners have never been busier as patients return to face-to-face care,

some after delaying treatment. This has come at a time when many practices are having trouble getting staff because of tightness in the job market.

Health consumers have also had to adapt and change. A new breed of healthcare consumer is emerging. Australians are becoming more engaged and proactive in managing their own health and wellbeing, bringing with them a growing list of expectations for practitioners and the health system. Consumers have become aware of a broader range of physical and mental health products and services, beyond the traditional areas of fitness and nutrition. The pandemic has also encouraged more people to seek care closer to home, potentially building a network of allied health professionals to support their longer-term health needs.

In Part 1 of this NAB Health Insights Special Report Series, we explore healthcare through the eyes of

consumers. Over 2,000 Australians share their views across a range of topics, including visitation to health professionals, accessibility, patient satisfaction, practitioner switching, affordability and impacts from the rising cost of living.

A new breed of healthcare consumer is emerging. Australians are becoming more engaged and proactive in managing their own health and wellbeing.

Most health consumers are satisfied with the quality of care, advice and treatment they receive, but increasingly expect care to be available when and how it is most convenient and safe for them. Practitioner switching remains high, and while cost is a key concern, it is not the only factor. Regional and rural Australians have particular needs.

On average, Australians consider themselves “moderately” healthy across all aspects of their health – emotional or mental, physical and social. However, health outcomes vary by gender and age. Men continue to report better health outcomes than women in all areas. The gap remains biggest for emotional and mental health. A growing number of Australians require ongoing treatment or medication for a chronic medical condition. A concerning number of Australians feel they need professional help for their mental health and many are not receiving the help they need.

A concerning number of Australians feel they need professional help for their mental health.

Just as people are looking to get back into their health routines, financial pressures are growing due to the rising cost of living. Australians are responding to rising living costs by changing their health spending and behaviours. But perceptions of healthcare affordability vary widely by type of practitioner, with bulk billing still broadly accessible when visiting a GP. That said, private health coverage varies widely by age, location and income. Most Australians with health insurance are satisfied with their

cover and do not intend to change. Not having private health insurance is a big determinant of dentist visitation, with a large number of Australians having not visited a dentist in over a year.

While affordability is increasingly important, it is not the primary consideration when choosing a health professional. That said, any significant increase in economic hardship could have longer-term impacts on the demand for private medical care, private healthcare, private health insurance membership and the use of public hospitals.

A growing number of Australians require ongoing treatment or medication for a medical condition.

Around 4 in 10 (39%) Australians require ongoing treatment or medication for a medical condition – around 1 in 5 among those aged 18-24 (21%), rising to over 6 in 10 (65%) among the over 65s. Incidence was lower in capital cities (35%) than

in regional cities (46%) and rural/remote areas where 1 in 2 (50%) required ongoing treatment or medication.

Most of those requiring ongoing treatment or medication suffer from a chronic condition.

Over 8 in 10 (84%) Australians said their condition was chronic (i.e. lasted or is expected to last six months or more). The most common conditions were mental and behavioural (anxiety, depression, etc), impacting around 1 in 4 people (26%). Just under 1 in 4 were afflicted by back problems (23%) and around 1 in 5 from arthritis (21%) and diabetes (18%). A significant number also suffer from heart, stroke & vascular disease and asthma (16%), and 1 in 10 osteoporosis (10%). Cancer or chronic pulmonary disease impacts 6% of people, and kidney disease 2%. Just over 1 in 3 had “other” chronic conditions.

More women identify as having chronic conditions across most ailments than men.

Mental and behavioural conditions are most common among women (30%) and diabetes for men (26%). Women were much more likely to identify mental health conditions (30% women vs. 22% men), arthritis (25% vs. 16%) and osteoporosis (15% vs. 5%). Over twice as many men identified diabetes (26% men vs. 11% women), and more heart, stroke and vascular disease (19% vs. 13%). A much higher share of those aged 18-24 (42%) and 25-34 (40%) suffer from mental health conditions, and 18- to 24-year-olds with asthma (37%). More people

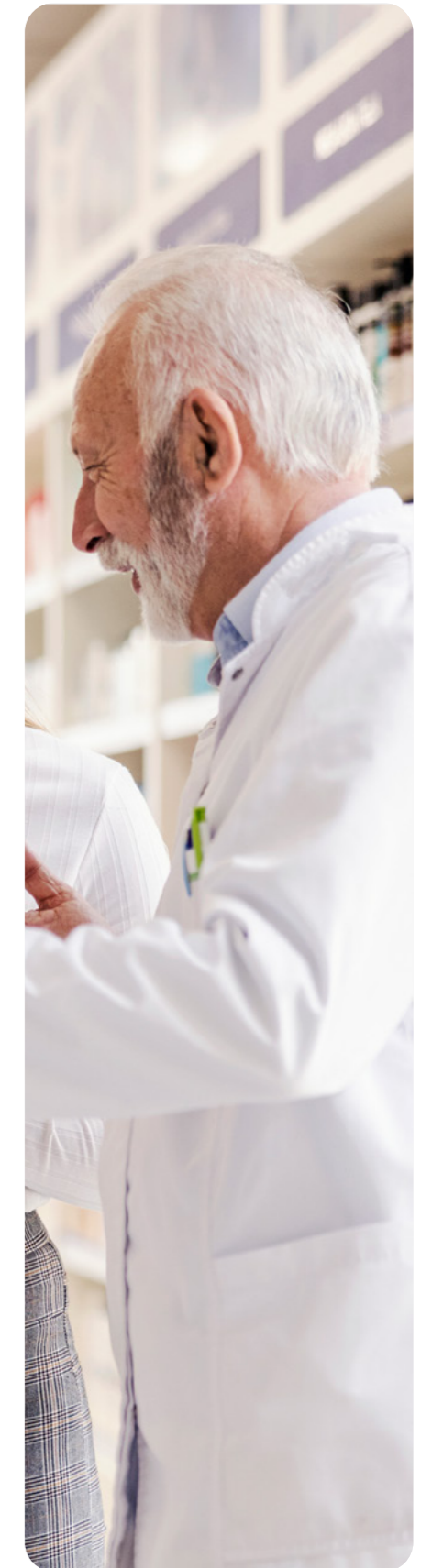
over 65 report most other ailments, particularly back problems (29%), arthritis (26%), heart, stroke and vascular disease (26%), diabetes (24%) and cancer (10%).

Visitation to health professionals is high, particularly for GPs and pharmacists.

Over the past year, almost 8 in 10 Australians have visited a GP (78%) and 7 in 10 a pharmacy (70%). Around 1 in 2 had visited a dentist (47%) and 1 in 4 an optometrist (28%), public hospital (25%) or specialist doctor (24%). Vets (18%), chiropractors, osteopaths or physiotherapists (16%), private hospitals (12%), psychologists/psychiatrists (11%) and other health providers (4%) followed. Women typically visit all health practitioners more than men. Significantly more older Australians had visited GPs, pharmacies, dentists and optometrists than any other age group, and younger people mental health practitioners. Income did not seem to unduly influence visitation.

Pharmacies are Australia’s most accessible health provider.

Scoring on average 8.9 out of 10 (where 10 is extremely easy), with optometrists (8.5 pts), chiropractors, osteopaths or physiotherapists (8.4 pts), other health providers (8.3 pts), vets (8.2 pts), private hospitals (8.0 pts) and dentists (7.9 pts) also rated “extremely” easy. Getting to see a psychologist/psychiatrist was only “moderately” easy (6.8 pts). It was also harder to see or use a specialist doctor (7.0 pts), public hospital (7.1 pts) or GP (7.3 pts).



Australians in rural/remote areas found it more difficult to see a chiropractor, osteopath or physiotherapist and psychologist/psychiatrist. Men and women were in broad agreement, except for seeing a GP, which was harder for women (7.0 pts vs. 7.6 pts).

Most Australians are satisfied with the quality of care, advice and treatment they receive.

Scores ranged from 8.6 pts for specialist doctors (10 = extremely satisfied) to 7.6 pts for public hospitals. Very high levels of satisfaction were reported for all providers in all areas, particularly optometrists (9.0 pts) and other providers (8.9 pts) in regional cities and vets (9.0 pts) in rural/remote areas. Satisfaction was scored somewhat lower for psychologists/psychiatrists (7.3 pts) in rural/remote areas.

But practitioner switching is high.

Around 4 in 10 (39%) Australians have switched GP and 3 in 10 (29%) dentists. 1 in 4 have switched pharmacy (25%), vet (25%) or psychologist/psychiatrist (24%). Switching was less common for specialists (20%), chiropractors, osteopaths or physiotherapists

(21%) and optometrists (22%). Noticeably more people in rural/remote areas had switched vets (35%), but far fewer their dentist (21%) and chiropractor, osteopath or physiotherapist (14%). Significantly more women switch GP (43%), dentist (32%), vet (28%) and psychologist/psychiatrist (29%), and men chiropractors, osteopaths or physiotherapists (25%). Switching was least common among the over 65s for most health professionals.

Cost is a key driver of switching, but not the only factor.

Cost (29%) was the top reason, but also lack of care and compassion (27%) and difficulty getting an appointment (26%). Around 1 in 4 switched because their health professional did not understand them, their symptoms or concerns (23%) or didn't help (22%). Time was a key factor, with time spent in waiting rooms (20%), getting an appointment (20%), being too far away (20%) and feeling rushed (18%) key reasons for 1 in 5 consumers. Not being able to find someone they like (17%), trust (15%) or who listens to them (14%) were also more common reasons.

Regional and rural Australians have particular needs.

People in regional cities and rural/remote areas are more likely to cite cost (34% & 36% respectively) and difficulty in getting appointments (31% & 30%) than those in capital cities. A much higher number of women than men switched because of lack of care (32% women vs. 22% men), difficulty in getting an appointment (31% vs. 20%), a lack of understanding them,



Around 4 in 10 Australians have switched GP in the past year.

their symptoms or concerns (29% vs. 16%), not helping (26% vs. 16%), not finding someone they liked (22% vs. 10%), listening to them (18% vs. 10%) or were too difficult to get to (11% vs. 6%).

Affordability is important but is not the primary consideration when choosing a health professional.

The most important considerations when choosing a health professional, according to around 6 in 10 Australians, are finding someone who listens to them (59%) and is trustworthy (58%). Around 1 in 2 highlighted the importance of being able to understand them, their symptoms and concerns (53%), care and compassion (51%), affordability (51%), clarity about condition/treatment (50%) and friendliness (48%). Convenience was important, with around 4 in 10 wanting someone close by (41%) or easy to see (40%), and 3 in 10 easy to get to (30%). Many also don't want to be rushed (37%) or wait too long (33%).

The most important considerations when choosing a health professional are finding someone who listens to them and is trustworthy.



Women also have particular considerations.

Women are much more likely to choose a health professional because they understand them (61% women vs. 47% men), don't rush (43% vs. 31%), are caring and compassionate (57% vs. 45%), close by (46% vs. 35%), easy to get to (35% vs. 24%) and listen (64% vs. 54%). Those aged 55-64 and over 65 are much more likely to value someone who listens, is trustworthy, understands them, is caring and compassionate, clear, close by and doesn't rush them. Friendliness and being easy to get to are also particularly important for the over 65s. Almost twice as many people aged 18-24 and 25-34 valued online appointment scheduling and online reviews.

Perceptions of healthcare affordability vary widely by type of practitioner.

Affordability was scored highest for public hospitals (8.8 pts, where 10 = extremely affordable). GPs (8.0 pts) and optometrists and pharmacies (7.8 pts) were also considered "very" affordable.

The least affordable were vets (5.5 pts), psychologists/psychiatrists (6.2 pts) and dentists, specialist doctors and private hospitals (6.4 pts). Australians with private health cover rated above-average levels of affordability for all health services, except vets.

Bulk billing is still widely accessible.

Around 7 in 10 (71%) consumers were bulk billed when they last visited a GP, but incidence is higher in capital cities (72%) than in rural/remote areas (67%). Bulk billing is highest in the low income group (89%) and for those holding a concession card (83%).

If a serious health issue arose, Australians are more confident they could meet the costs of some aspects of healthcare than they could others.

Consumer confidence is highest for pharmacies (7.7 pts out of 10), GPs (7.7 pts) and public hospitals (7.5 pts). Confidence is lowest (by some margin) for private hospitals (5.5 pts). Confidence was typically

higher in capital and regional cities than in rural/remote areas across all providers. Men were more confident than women, particularly for specialists (6.5 pts men vs. 5.8 pts women), psychologists/psychiatrists (6.5 pts vs. 5.8 pts), private hospitals (5.8 pts vs. 5.2 pts), chiropractors, osteopaths or physiotherapists (6.6 pts vs. 6.0 pts), dentists (6.7 pts vs. 6.1 pts) and vets (6.3 pts vs. 5.7 pts).

Australians are responding to rising living costs by changing their health spending and behaviours.

Around 4 in 10 (38%) consumers have responded to rising living costs by switching to lower cost prescription items and medications. Around 3 in 10 have cancelled or cut back on regular dental appointments (31%), dental treatments and procedures (30%) and fresh fruit and vegetables (29%), and around 1 in 4 on psychology/psychiatry (27%), chiropractic, osteopathic or physiotherapy (26%) and regular medical appointments such as

Over 1 in 2 (54%) consumers are happy with their cover and do not intend to change.

doctors and specialists (24%). Around 1 in 5 cut back on medical treatments or procedures (22%), optometry (21%) and private health insurance (19%).

Private health covers varies widely by age, location and income.

Just over 1 in 2 (52%) consumers have private health cover, but coverage varies significantly – just under 6 in 10 in capital cities (59%)

compared to just under 4 in 10 in rural/remote areas (38%) and 4 in 10 in regional cities (40%). Slightly more men (54%) have cover than women (51%). By age, coverage was lowest for those aged 18–24 (45%) and 45–54 (46%), stepping up for those aged 35–44 (57%) and over 65 (58%). Just 1 in 3 (33%) consumers in the lower income group were covered compared to just over 7 in 10 (71%) in the higher income group.

Most Australians with health insurance are satisfied with their cover and do not intend to change.

Over 1 in 2 (54%) consumers are happy with their cover and do not intend to change, but around 1 in 5 (22%) plan to shop around for cheaper or better cover. Only 1 in 20 (5%) plan to downgrade, 1 in 25 (4%) to drop their cover, and even fewer (2%) to upgrade or auto-enrol without checking other options. More consumers in regional cities (63%) and rural/remote areas (60%) are happy with their cover than in capital cities (52%), where more



plan to shop around (23%). By age, the over 65 (72%) and 18–24 (68%) age groups were by far the happiest with their cover, while significantly more people aged 25–34, 35–44 and 45–54 plan to shop around.

A concerning number of Australians feel they need professional help for their mental health and many did not receive the help they felt they needed.

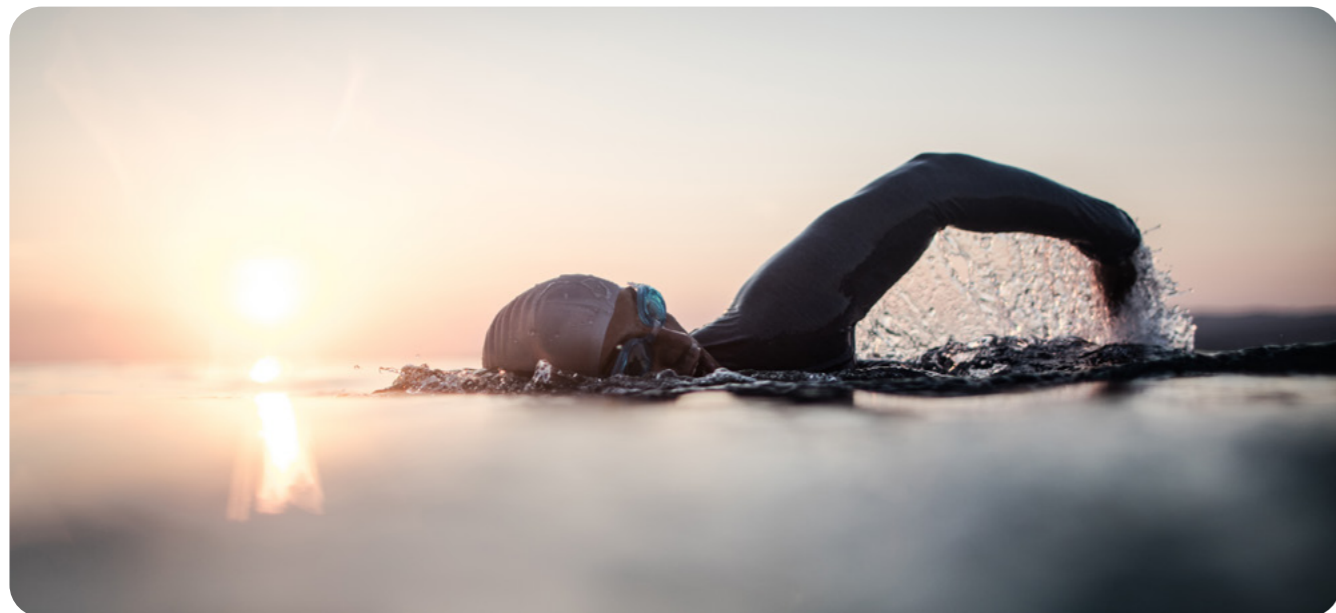
Over 4 in 10 (43%) consumers felt they needed professional help for their emotions, stress or mental health over the past year. Of concern, almost 7 in 10 aged 18–24 (69%) did compared to just 13% in the over 65 group.

Over 4 in 10 consumers felt they needed professional help for their emotions, stress or mental health over the past year.

Only around 1 in 2 (55%) consumers who thought they needed help actually got the professional help needed. The numbers receiving help were lowest among the 45–54 (44%) and 18–24 (49%) age groups, but did not vary significantly by income.

But those who did receive help valued it very highly.

Australians who got professional help rated it “very helpful”, scoring 7.5 pts (10 = extremely helpful). Just over 1 in 2 (53%) scored very high (i.e. 8+ pts), but significantly more women (58%) than men (48%) did so. The biggest gulf was by income, where almost 6 in 10 (59%) in the higher income group scored very high compared to fewer than 4 in 10 (37%) in the \$35–50,000 p.a. group.



Chapter 1: The Health Consumer

How people feel is the deepest reality of their experience of life and a key determinant of the quality of a person's life - how they experience it, not how we think it might be.

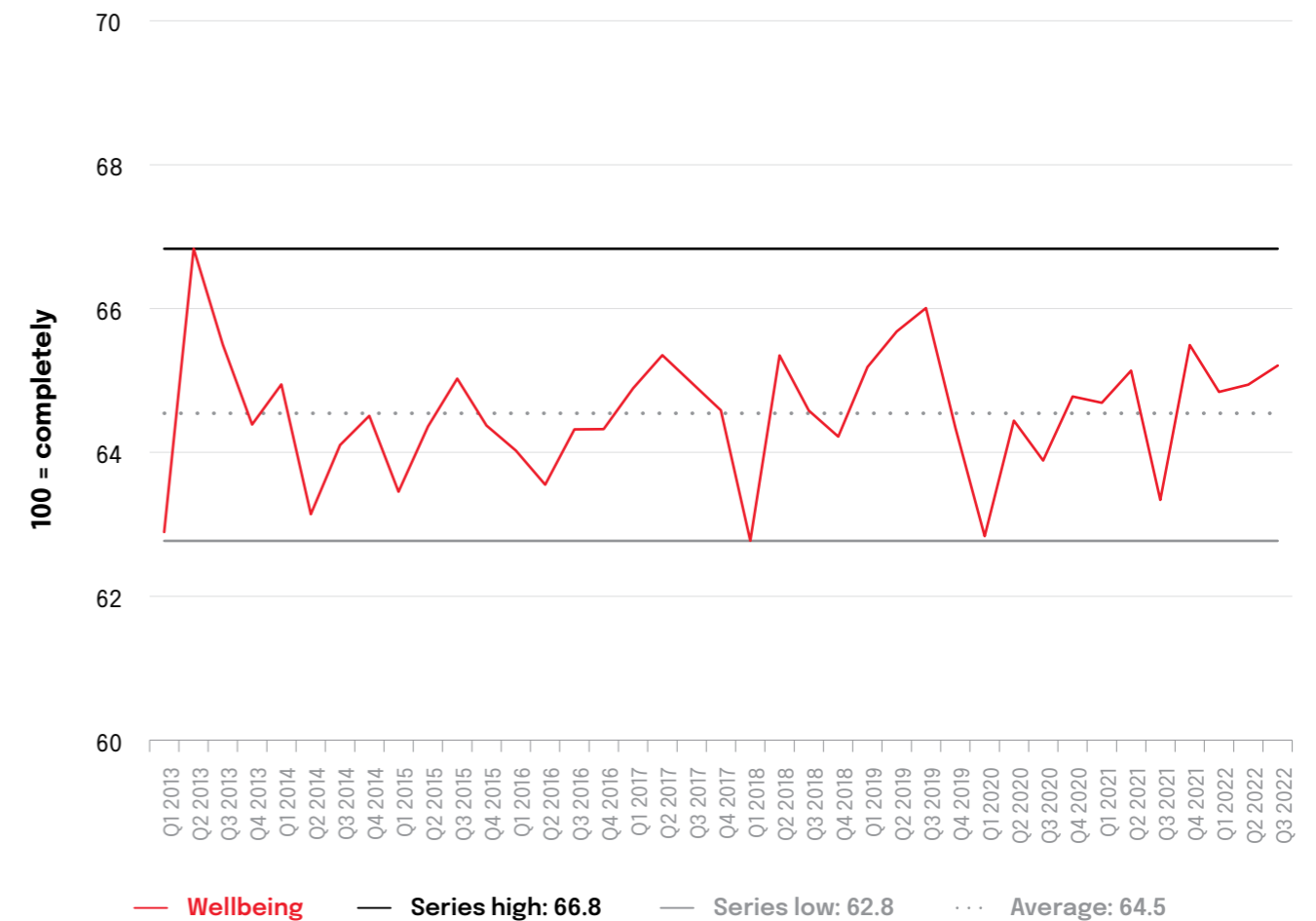
For more than 10 years, the NAB Wellbeing Index has sought to measure and explore our wellbeing as individuals, a community and a nation. Wellbeing relates to our quality of life and goes to the very core of how we feel about our lives as a whole.

It seemed likely wellbeing would fall as a result of the pandemic.

And it did - to survey lows driven by heightened anxiety. But it quickly staged a "V-shape" recovery, led by significantly lower levels of anxiety, and returned to survey average levels. Happiness and life satisfaction were also higher. Some people started to report positive experiences related to COVID-19 including greater work-life balance, more quality time with family, living more simply, having greater empathy for others, and more gratitude. But the gap between those reporting high and low wellbeing widened - with the unemployed, young Australians and low income earners among the lowest.

The gap between those reporting high and low wellbeing widened.

Figure 1: NAB Australian Wellbeing Index



The survey has consistently shown a direct correlation between wellbeing and income. Overall, wellbeing is highest in the \$100,000+ p.a. income group and steps down in each income group. Home ownership also remains a significant differentiator, with people who own and live in their house or apartment (65.8 pts) rating their personal wellbeing much higher than those who have “other” living arrangements.

The term “healthy” is difficult to define, involving a combination

of emotional, mental, physical and social aspects of our health. On average, Australians consider themselves “moderately” healthy across all aspects of their health.

However, health outcomes vary by gender and age. Men continued to report better health outcomes than women in all areas. The gap remains biggest for emotional and mental health (66.9 pts men vs. 63.0 pts women) and smallest for social health (65.1 pts vs. 64.6 pts).



By age, Australians over the age of 65 report the highest health outcomes for their emotional and mental health (75.9 pts) and social health (73.5 pts) – much higher than in other age groups. Physical health was rated highest in the 18-29 age group (65.9 pts). Emotional and mental health was rated somewhat lower in the 18-29 group (60.1 pts) and physical health much lower in the 50-64 group (58.0 pts) relative to other age groups. Social health outcomes were lowest in the 30-49 group (61.6 pts).



Figure 2: NAB Australian Wellbeing Index

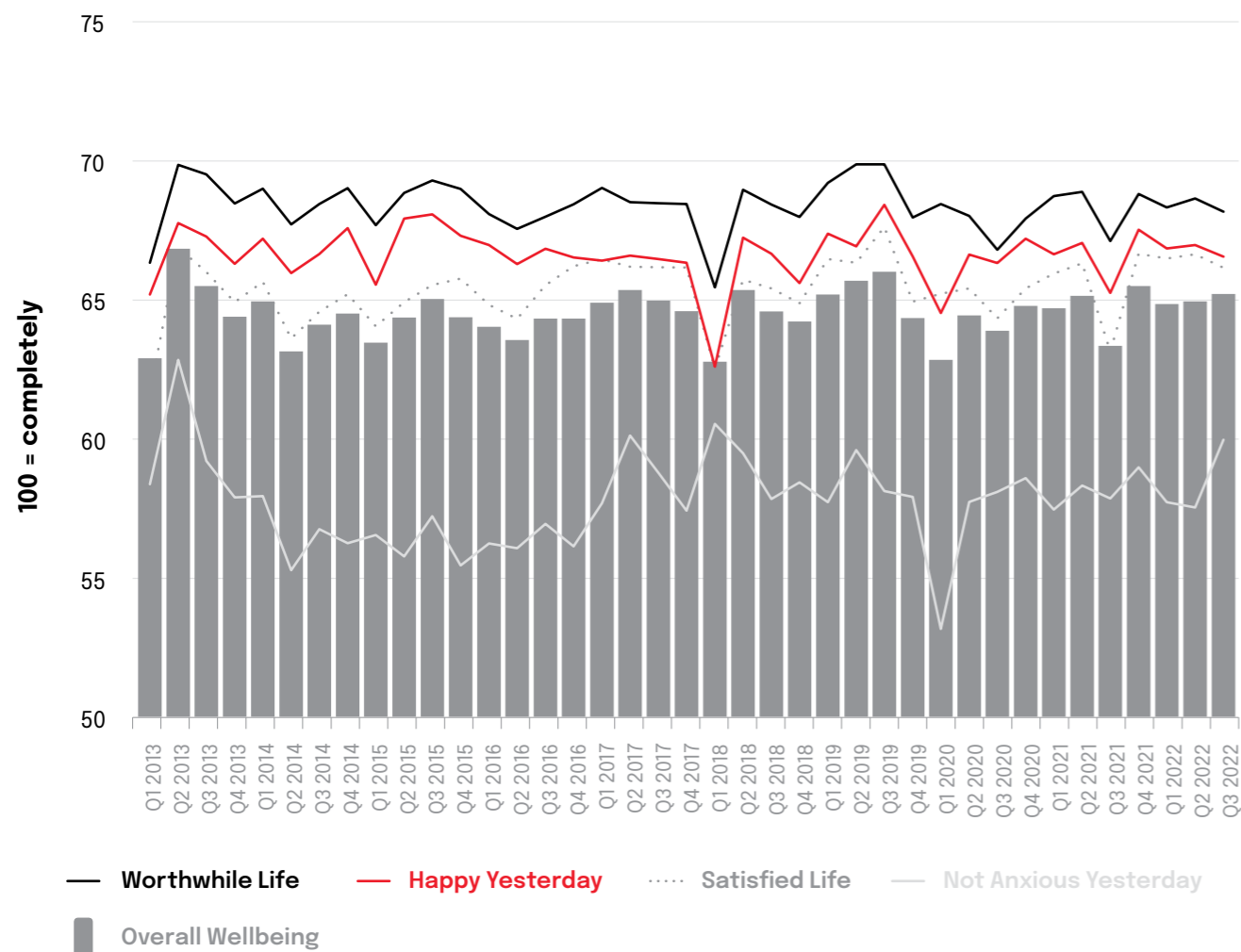


Figure 3: Rating our health today: overall

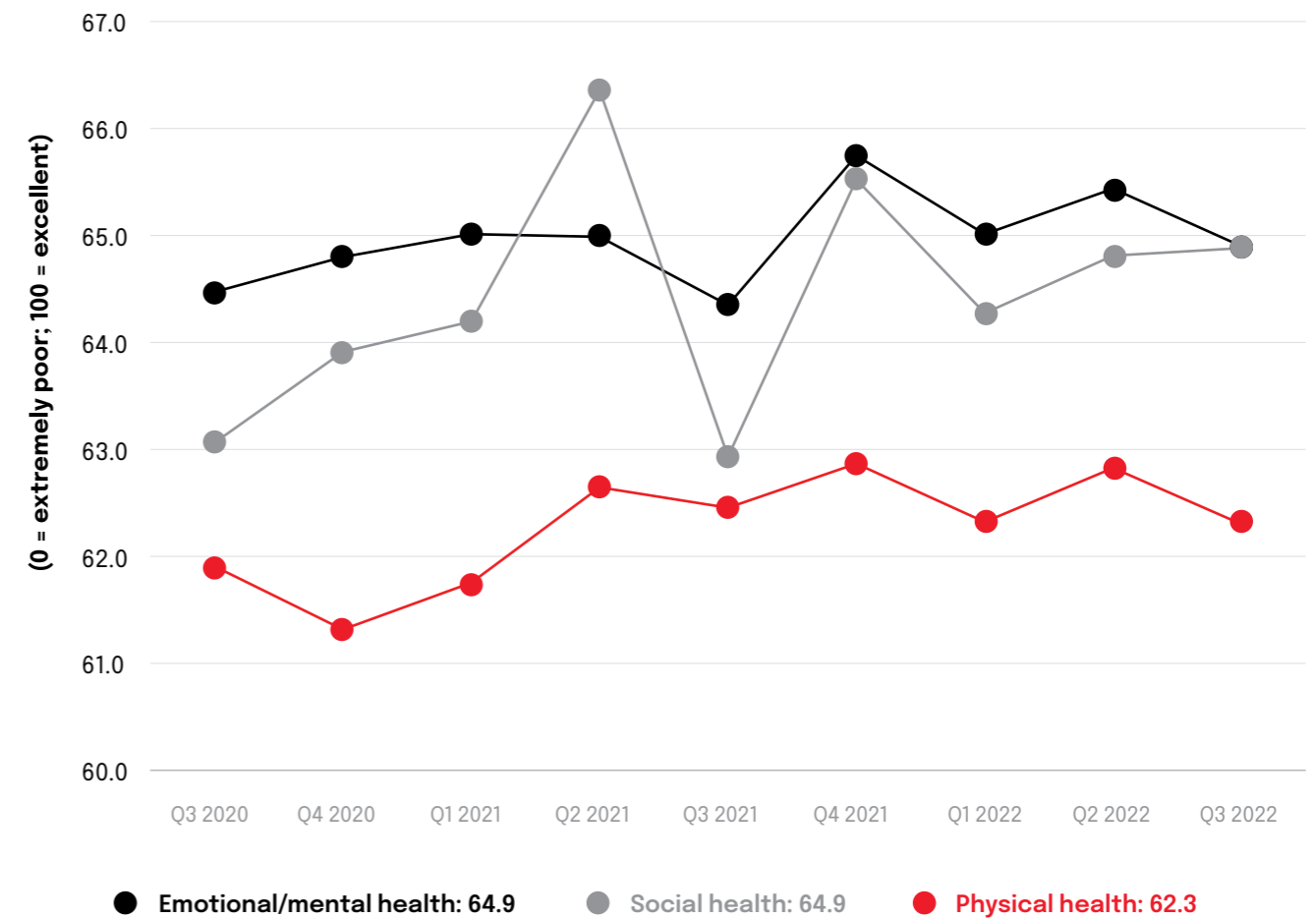
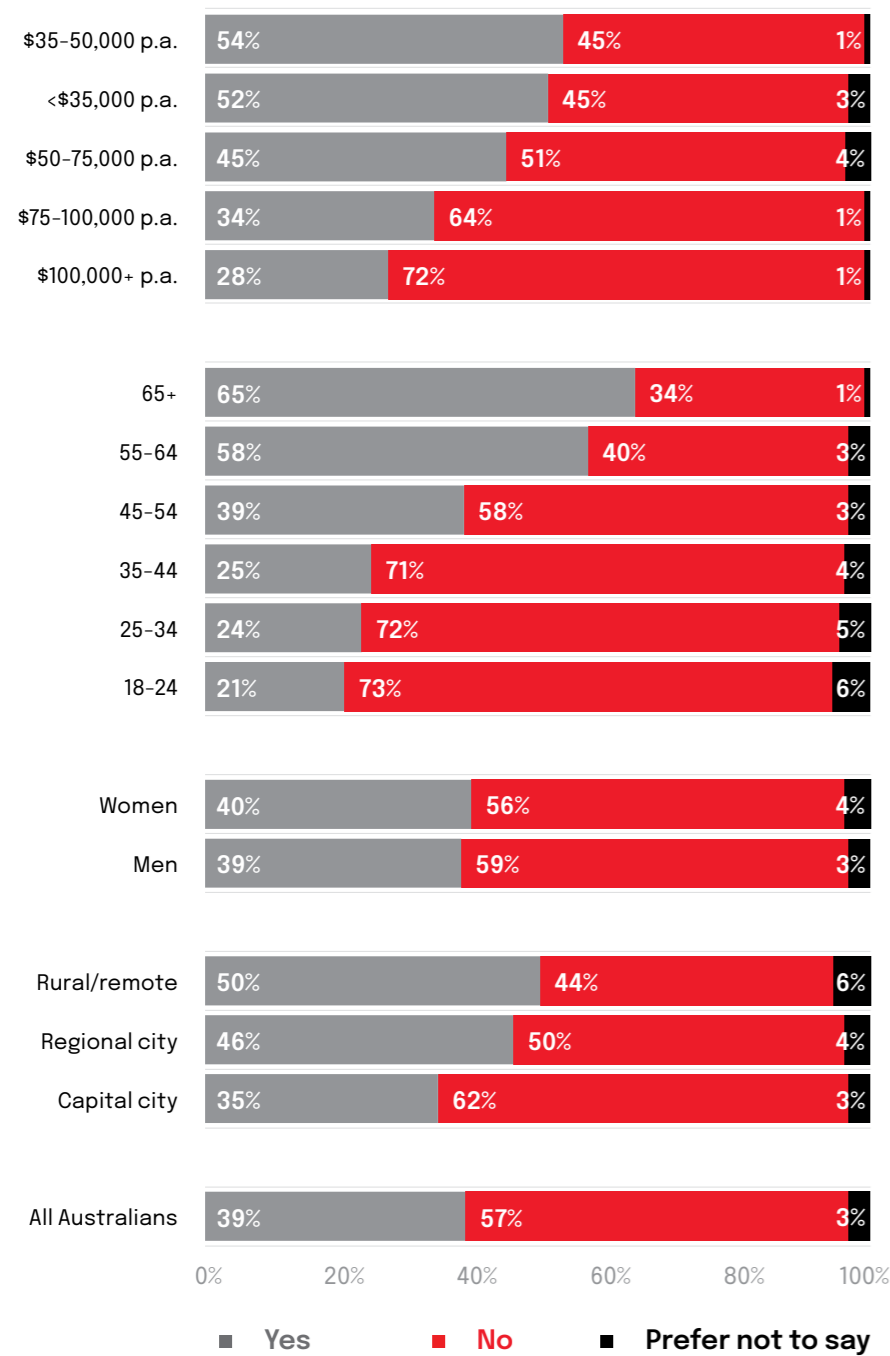


Figure 4: Number of Australians requiring ongoing treatment or medication for a medical condition



Almost 4 in 10 (39%) surveyed Australians required ongoing treatment or medication for a medical condition.

Almost 4 in 10 surveyed required ongoing treatment or medication for a medical condition.

This number was, however, somewhat lower in capital cities (35%) than in regional cities (46%) and rural/remote areas, where 1 in 2 (50%) required ongoing treatment or medication.

A broadly similar number of men (39%) and women (40%) needed ongoing treatment or medication.

We found a direct correlation with age, with the number requiring ongoing treatment or medication lowest in the 18-24 age group (21%), rising in each successive age group to 65% in the over 65 group.

Income also appeared to be a significant factor, with noticeably more Australians earning less than \$75,000 p.a. requiring ongoing treatment or medication for a medical condition than those earning more than \$75,000 p.a.

Over 8 in 10 (84%) Australians who required ongoing treatment or medication for a medical condition said their condition was chronic (i.e. at the time of completing this survey has lasted or is expected to last six months or more).

The number of people with a chronic condition was a little lower in regional cities (79%) than in capital cities (85%) and rural/remote areas (86%).

A similar number of men and women (84%) said their condition was chronic.



We did not find a strong correlation with age. The survey results showed the lowest number with a chronic condition in the 25-34 age group (67%) followed by the 18-24 age group (73%). It was highest in the 55-64 and 45-54 age groups (88%), just ahead of the over 65 group (87%).

There was also no correlation with income, with the highest number with a chronic medical condition in the lowest income group (92%) followed by the highest income group (85%). It was lowest in the \$75-100,000 p.a. group (73%).

Figure 5: Is this a chronic health condition?

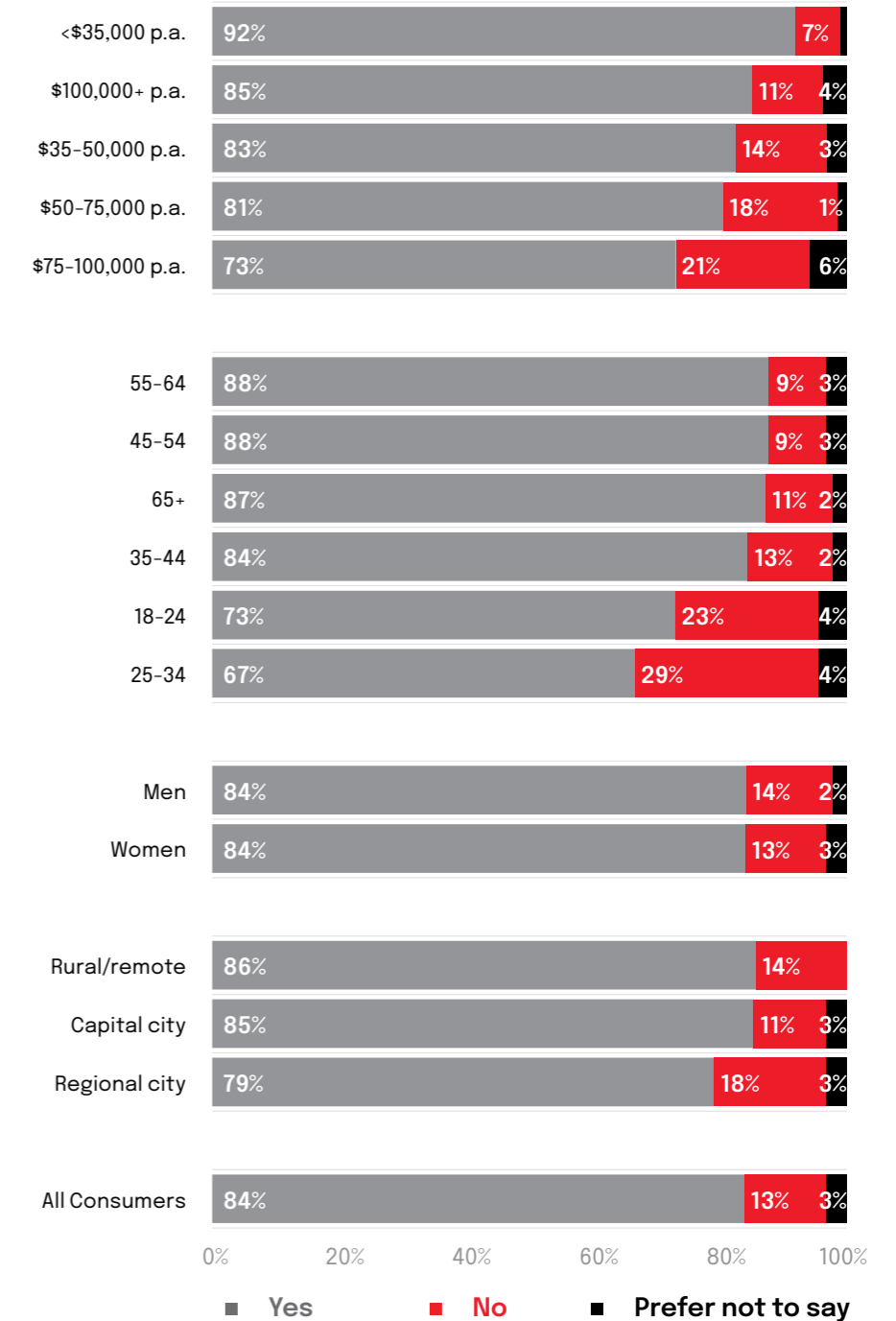
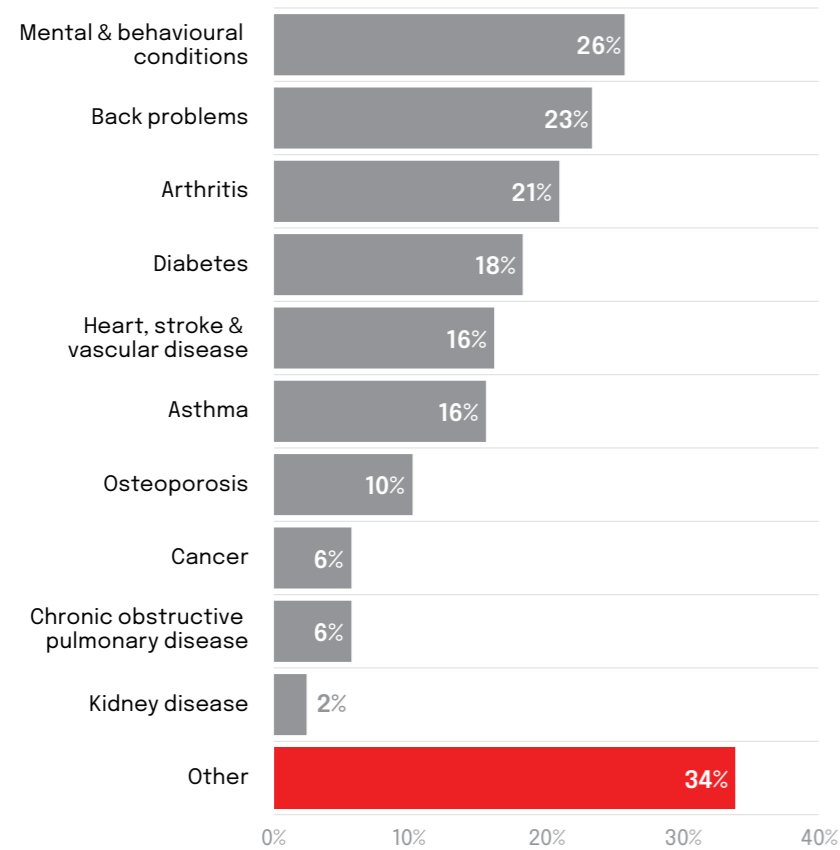


Figure 6: What best describes your chronic condition?



The most common chronic conditions were mental and behavioural conditions such as anxiety, depression, etc, impacting around 1 in 4 Australians (26%). Just under 1 in 4 were afflicted by back problems (23%).

The next most common conditions were arthritis (21%) and diabetes (18%), which impacted around 1 in 5 people. A significant number also suffered from heart, stroke and vascular disease (16%) and asthma (16%), and 1 in 10 osteoporosis (10%).

Cancer or chronic obstructive pulmonary disease were identified by 6% of people, and kidney disease by 2%. Just over 1 in 3 (34%) had "other" chronic conditions.

Mental and behavioural conditions were the most common condition for women (30%) and diabetes for men (26%). More women also identified a chronic condition for most ailments, particularly for mental and behavioural conditions (30% women vs. 22% men), arthritis (25% vs. 16%) and osteoporosis (15% vs. 5%). Over twice as many men, however, identified diabetes as a chronic condition (26% men vs. 11% women), and somewhat more heart, stroke and vascular disease (19% vs. 13%).

By age, key differences included the much higher number in the 18-24 (42%) and 25-34 (40%) age groups with mental and behavioural conditions, and in the 18-24 group with asthma (37%). More Australians over the age of 65 reported having a chronic condition for most other ailments, particularly back problems (29%), arthritis (26%), heart, stroke and vascular disease (26%), diabetes (24%) and cancer (10%).

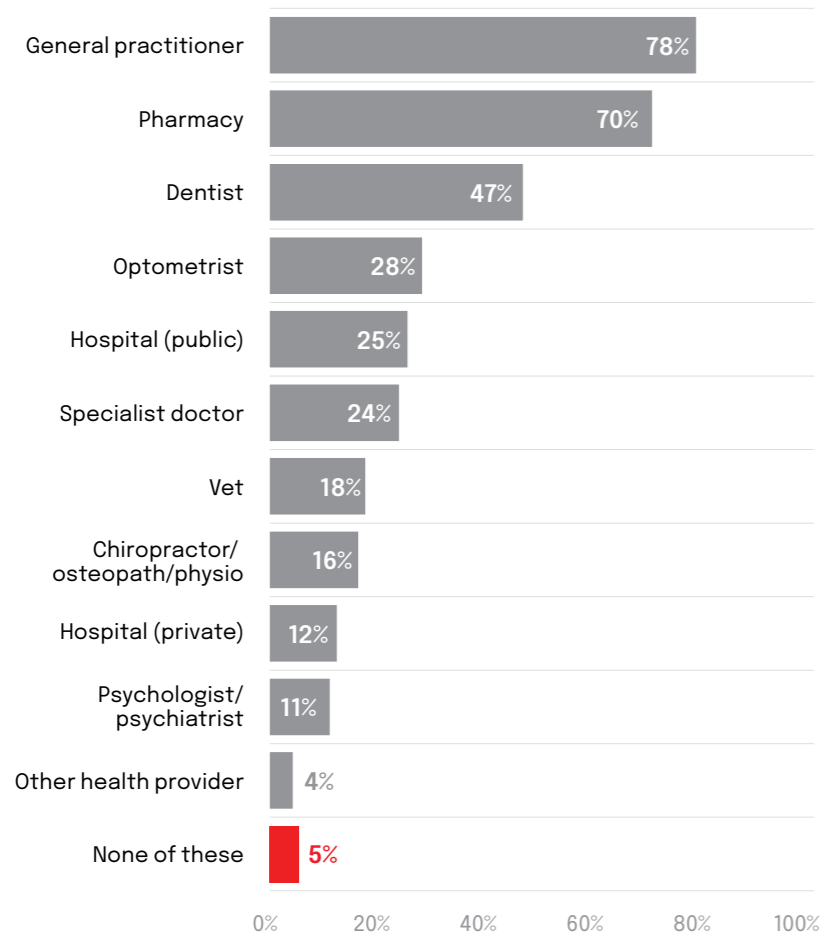


Figure 7: Chronic condition: gender & age

	Mental & behavioural conditions (anxiety, depression, etc)	Back problems	Arthritis	Diabetes	Heart, stroke and vascular disease	Asthma	Osteoporosis	Chronic obstructive pulmonary disease	Cancer	Kidney disease	Other
All Consumers	26%	23%	21%	18%	16%	16%	10%	6%	6%	2%	34%
Men	22%	25%	16%	26%	19%	13%	5%	5%	5%	3%	30%
Women	30%	22%	25%	11%	13%	18%	15%	6%	7%	2%	37%
18-24	42%	16%	5%	0%	5%	37%	5%	5%	0%	0%	42%
25-34	40%	20%	20%	13%	3%	10%	7%	0%	3%	0%	33%
35-44	32%	13%	21%	18%	5%	21%	0%	5%	5%	3%	39%
45-54	35%	23%	18%	18%	9%	12%	4%	5%	4%	2%	28%
55-64	21%	24%	20%	18%	20%	14%	16%	6%	4%	1%	41%
65+	15%	29%	26%	24%	26%	15%	15%	7%	10%	5%	28%



Figure 8: Have you used or visited any of these health practitioners in the past year?



The NAB Health Insights Special Report found, over the past year, that almost 8 in 10 Australians visited a GP (78%), 7 in 10 a pharmacy (70%) and around 1 in 2 a dentist (47%). Around 1 in 4 visited an optometrist (28%), public hospital (25%) or specialist doctor (24%).

Almost 8 in 10 Australians visited a GP in the past year.

Less frequently visited were vets (18%), chiropractors, osteopaths or physiotherapists (16%), private hospitals (12%), psychologists/psychiatrists (11%) or other health providers (4%). Around 1 in 20 Australians did not visit any of these (5%).

Where we live did not unduly influence the results, except for vet visits in capital cities. Women, however, typically visited all health practitioners more than men. Significantly more older Australians also visited GPs, pharmacies, dentists and optometrists than other age groups, and younger people mental health practitioners. Income did not seem to unduly influence the number of visitations to health practitioners in the past year – see table at right.

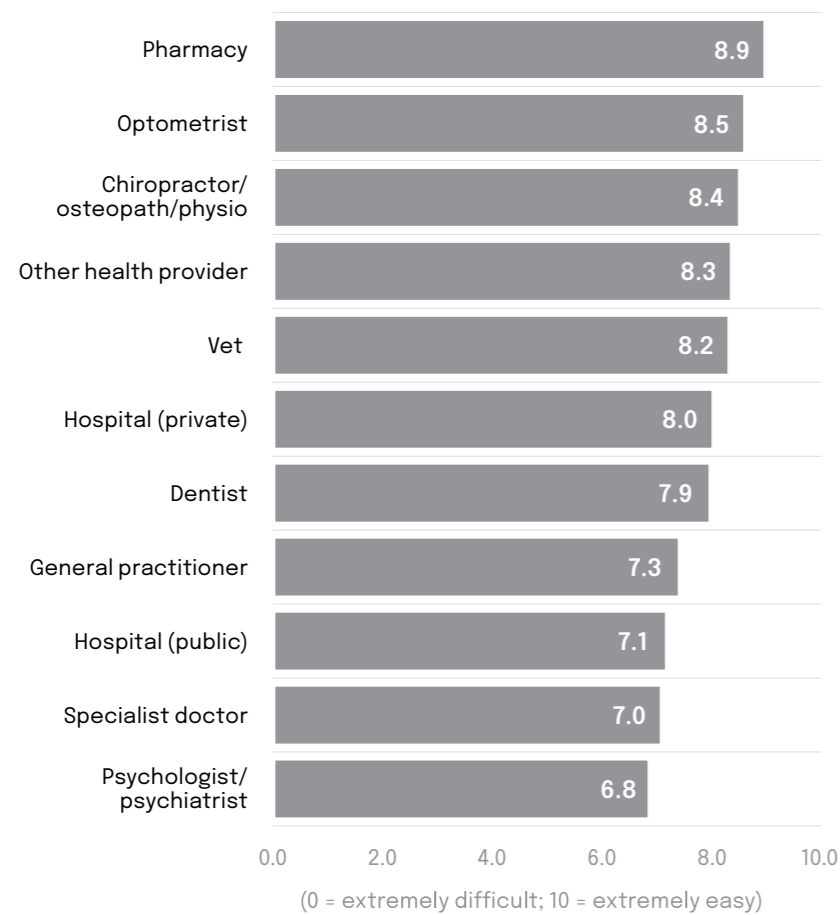


Figure 9: Visited a health practitioner in the past year: region, gender, age & income

	General practitioner	Pharmacy	Dentist	Optometrist	Hospital (public)	Specialist doctor	Vet	Chiropractor / osteopath / physiotherapist	Hospital (private)	Psychologist / psychiatrist	Other health provider	None of these
All Australians	78%	70%	47%	28%	25%	24%	18%	16%	12%	11%	4%	5%
Capital city	78%	69%	48%	30%	24%	25%	15%	18%	13%	10%	3%	5%
Regional city	78%	71%	44%	24%	29%	23%	24%	12%	12%	15%	7%	5%
Rural/remote	81%	75%	42%	26%	26%	21%	22%	15%	10%	9%	5%	6%
Men	76%	65%	42%	25%	25%	22%	12%	13%	12%	10%	4%	5%
Women	81%	75%	51%	31%	26%	26%	23%	20%	13%	13%	4%	5%
18-24	65%	66%	45%	19%	26%	14%	23%	12%	15%	19%	2%	6%
25-34	70%	65%	38%	24%	29%	18%	18%	18%	9%	16%	2%	6%
35-44	72%	54%	39%	15%	19%	13%	14%	16%	9%	10%	2%	7%
45-54	80%	74%	48%	26%	28%	25%	21%	11%	10%	8%	5%	4%
55-64	85%	73%	53%	32%	25%	34%	16%	17%	15%	10%	8%	4%
65+	94%	87%	56%	48%	25%	36%	16%	21%	16%	5%	7%	3%
<\$35,000 p.a.	75%	72%	38%	28%	31%	28%	18%	13%	9%	10%	7%	8%
\$35-50,000 p.a.	82%	77%	56%	34%	26%	32%	18%	20%	15%	7%	6%	1%
\$50-75,000 p.a.	81%	71%	45%	30%	24%	16%	12%	18%	9%	13%	2%	3%
\$75-100,000 p.a.	81%	72%	51%	29%	27%	24%	21%	17%	14%	15%	6%	4%
\$100,000+ p.a.	79%	68%	49%	27%	25%	23%	20%	18%	15%	12%	2%	4%



Figure 10: How easy or difficult was it to get to see or use these health practitioners?



When Australians were asked how easy or difficult it was to get to see or use these practitioners, pharmacies were easiest, scoring on average 8.9 out of 10 (10 = extremely easy).

The ease of seeing an optometrist (8.5 pts), chiropractor, osteopath or physiotherapist (8.4 pts), other health provider (8.3 pts), vet (8.2 pts), use a private hospital (8.0 pts) or see a dentist (7.9 pts) was also rated “extremely” easy.

Getting to see a psychologist/psychiatrist was only “moderately” easy (6.8 pts). It was also somewhat harder to get see or use a specialist doctor (7.0 pts), public hospital (7.1 pts) or GP (7.3 pts).

Australians in rural/remote areas found it somewhat more difficult to see a chiropractor, osteopath or physiotherapist (7.6 pts) and psychologist/psychiatrist (6.0 pts). It was, however, somewhat harder to see a vet in regional cities (7.9 pts) and use a public hospital in capital cities (6.9 pts). Men and women were in broad agreement, except seeing a GP, which was harder for women (7.0 pts) than men (7.6 pts).

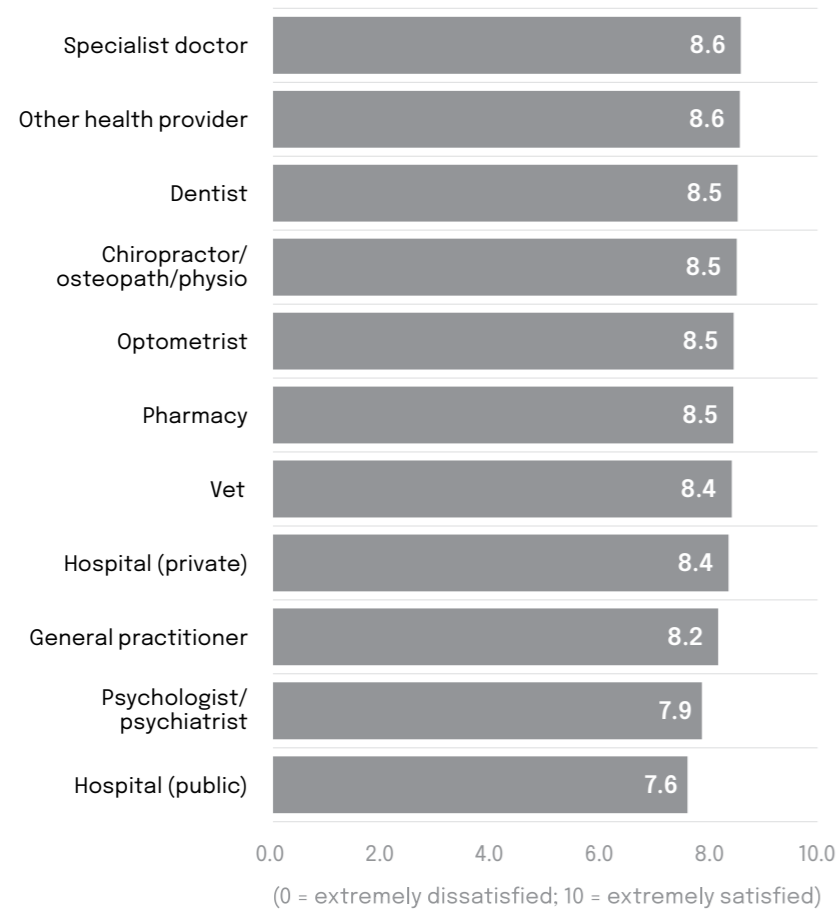
By age, people over 65 said it was easier to access or use all practitioners, except psychologists/psychiatrists (5.7 pts) – see table at right.

Figure 11: Ease of seeing or using health practitioners: region, gender & age

	Pharmacy	Optometrist	Chiropractor / osteopath / physiotherapist	Other health provider	Vet	Hospital (private)	Dentist	General practitioner	Hospital (public)	Specialist doctor	Psychologist / psychiatrist
All Australians	8.9	8.5	8.4	8.3	8.2	8.0	7.9	7.3	7.1	7.0	6.8
Capital city	8.9	8.5	8.6	8.3	8.4	7.9	8.0	7.5	6.9	7.0	7.0
Regional city	9.0	8.9	8.5	8.2	7.9	8.2	7.8	7.0	7.4	7.1	6.5
Rural/remote	9.0	8.3	7.6	8.3	8.4	8.1	7.6	7.1	7.5	6.9	6.0
Men	8.9	8.5	8.5	8.2	8.3	7.9	7.9	7.6	7.3	7.2	6.8
Women	8.9	8.5	8.4	8.4	8.2	8.1	7.9	7.0	6.9	6.8	6.8
18-24	8.7	8.4	8.0	8.0	8.0	7.2	7.8	7.3	6.8	6.4	7.0
25-34	8.5	8.3	8.3	7.7	8.3	7.4	7.9	6.9	6.9	6.4	6.9
35-44	8.4	8.4	8.4	8.3	8.0	7.8	7.6	7.3	6.7	6.5	7.1
45-54	8.7	8.1	8.3	7.6	8.1	7.9	7.7	6.9	7.6	6.9	7.3
55-64	9.3	8.5	8.0	8.3	8.2	8.1	7.9	7.7	6.7	6.7	6.1
65+	9.4	9.0	9.1	9.1	8.7	8.7	8.3	7.8	7.7	7.9	5.7



Figure 12: Satisfaction with quality of care, advice or treatment from health practitioners



When Australians were further asked how satisfied they were with the quality of care, advice or treatment they received from the health practitioners they visited, they indicated they were “extremely” or “very” satisfied with most providers.

Australians indicated they were “extremely” or “very” satisfied with the care they received from most providers.

On average, scores ranged from 8.6 pts for specialist doctors and other health providers to 7.6 pts for public hospitals out of 10 pts (10 = extremely satisfied).

Australians in all areas rated very high levels of satisfaction for all providers in all areas, particularly for optometrists (9.0 pts) and other providers (8.9 pts) in regional cities and vets (9.0 pts) in rural/remote areas. Satisfaction was scored somewhat lower for psychologists/psychiatrists (7.3 pts) in rural/remote areas.



Key differences between men and women included other health providers (8.8 pts men vs. 8.3 pts women) and psychologists/psychiatrists (8.1 pts women vs. 7.6 pts men).

By age, satisfaction levels were highest for Australians over 65 for most health providers, except psychologists/psychiatrists (7.0 pts), where it was highest in the 25-34 and 45-54 age groups (8.2 pts). People in the 18-24 group rated much lower satisfaction for specialist doctors (7.4 pts), the 35-44 group other health providers (6.8 pts) and, along with the 18-24 group, vets - see table below.



Figure 13: Satisfaction with quality of care, advice or treatment: region, gender & age

	Specialist doctor	Other health provider	Dentist	Chiropractor / osteopath / physiotherapist	Optometrist	Pharmacy	Vet	Hospital (private)	General practitioner	Psychologist / psychiatrist	Hospital (public)
All Australians	8.6	8.6	8.5	8.5	8.5	8.5	8.4	8.4	8.2	7.9	7.6
Capital city	8.5	8.4	8.5	8.7	8.3	8.4	8.4	8.3	8.1	7.9	7.5
Regional city	8.8	8.9	8.7	8.5	9.0	8.5	8.1	8.6	8.2	8.0	7.9
Rural/remote	8.6	8.5	8.4	7.5	8.5	8.5	9.0	8.6	8.2	7.3	7.8
Men	8.7	8.8	8.5	8.3	8.4	8.4	8.2	8.3	8.3	7.6	7.8
Women	8.5	8.3	8.5	8.6	8.5	8.5	8.6	8.5	8.1	8.1	7.4
18-24	7.4	8.0	8.3	7.9	8.2	8.1	7.9	7.7	7.8	7.9	6.4
25-34	8.1	8.3	8.2	8.6	8.0	8.1	8.3	8.1	7.8	8.2	7.3
35-44	8.7	6.8	8.2	8.6	8.6	8.0	7.8	8.0	7.9	7.8	7.4
45-54	8.1	8.3	8.4	8.1	8.0	8.3	8.8	8.8	7.9	8.2	8.1
55-64	8.7	8.9	8.8	8.6	8.4	8.7	8.4	8.7	8.3	7.6	7.4
65+	9.3	9.2	9.0	8.7	8.9	9.0	9.1	8.7	8.9	7.0	8.5

Chapter 2: Switching Practitioners



Switching regular health professionals because of dissatisfaction with something about the service, location or offering in some way occurs quite frequently, though for some health practitioners more than others.

The NAB survey found that around 4 in 10 (39%) Australians had switched GPs for these reasons, and around 3 in 10 (29%) their dentist. 1 in 4 switched their pharmacy (25%) and vet (25%) and around 1 in 4 their psychologist/psychiatrist (24%). Switching was less common for other health providers (19%), specialist doctors (20%), chiropractors, osteopaths or physiotherapists (21%) and optometrists (22%), with only around 1 in 5 people indicating they had switched.

By region, we found noticeably more people in rural/remote areas had switched vets (35%), but far fewer their dentist (21%), chiropractor, osteopath or physiotherapist (14%) or other health providers (13%).

By gender, significantly more women switched GP (43%), dentist (32%), vet (28%) and psychologist/psychiatrist (29%), and men their chiropractor, osteopath or physiotherapist (25%).

By age, we found a higher number in the 18-24 and 25-34 age groups switched GPs and other health providers, with switching also somewhat more common in the 25-34 age group for all other health professionals. Switching was least common in the over 65 age group for most health professionals.

Figure 14: Have you ever switched regular health professional because you were dissatisfied with something about the service, location or offering in some way?

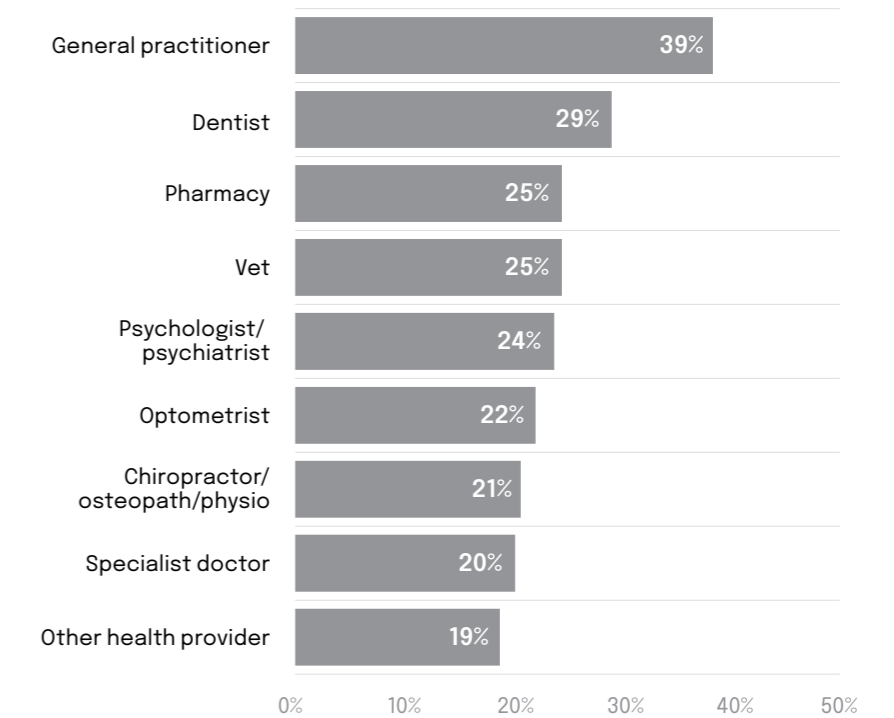
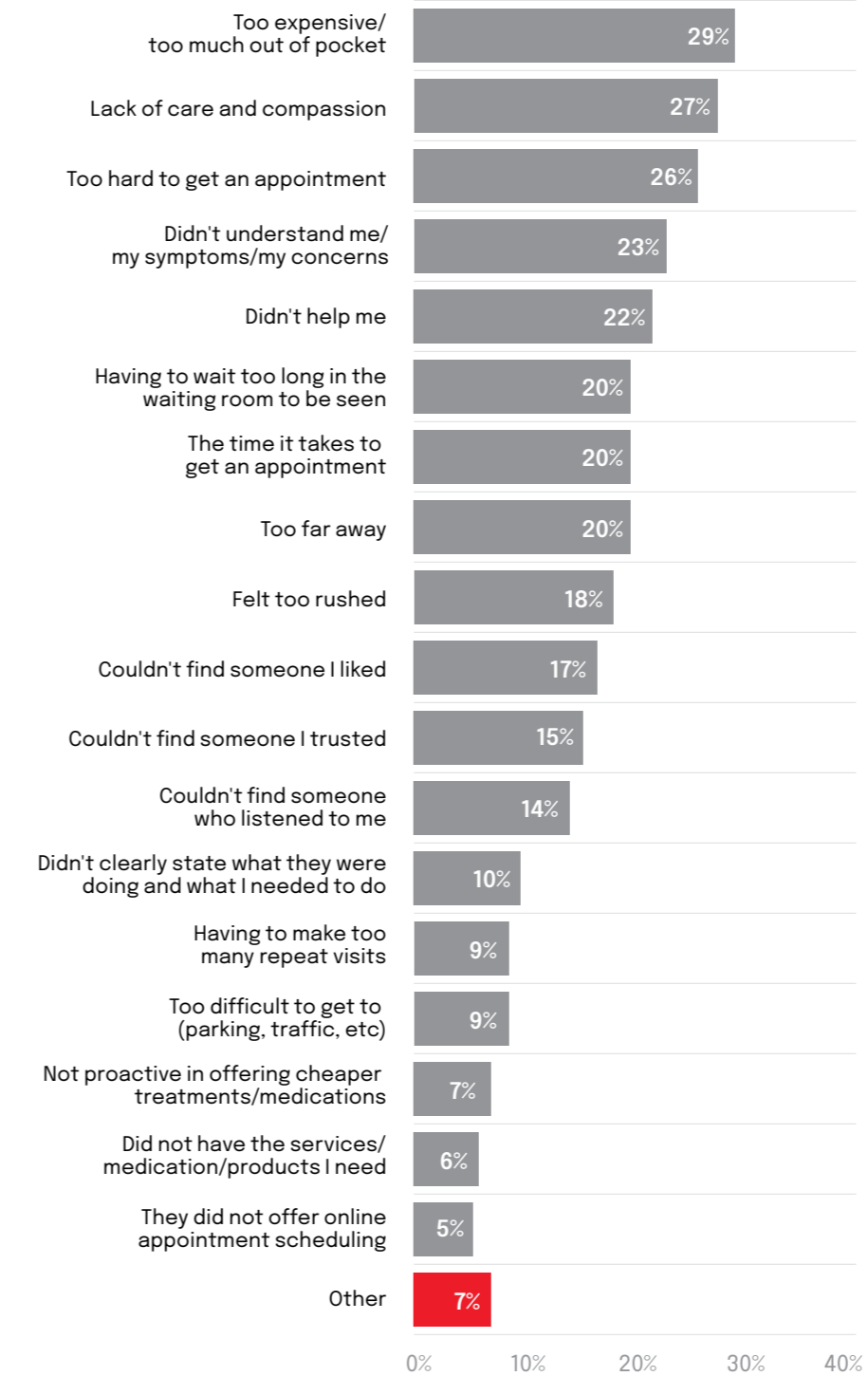


Figure 15: Switching health professionals: region, gender & age

	General practitioner	Dentist	Pharmacy	Vet	Psychologist / psychiatrist	Optometrist	Chiropractor / osteopath / physiotherapist	Specialist doctor	Other health provider
All Australians	39%	29%	25%	25%	24%	22%	21%	20%	19%
Capital city	39%	31%	26%	24%	25%	24%	21%	21%	20%
Regional city	38%	28%	22%	22%	20%	22%	23%	20%	18%
Rural/remote	39%	21%	26%	35%	24%	15%	14%	18%	13%
Men	34%	26%	25%	21%	20%	22%	25%	19%	20%
Women	43%	32%	26%	28%	29%	22%	17%	22%	18%
18-24	50%	35%	33%	25%	35%	26%	21%	22%	27%
25-34	52%	45%	41%	34%	39%	37%	31%	32%	29%
35-44	41%	28%	27%	25%	22%	22%	20%	26%	20%
45-54	30%	25%	21%	16%	14%	21%	15%	16%	11%
55-64	38%	26%	21%	29%	16%	22%	17%	18%	15%
65+	26%	19%	13%	16%	5%	10%	15%	10%	11%



Figure 16: Main reasons for switching regular health professional



Key reasons for switching health professionals related to cost (29%), lack of care and compassion (27%) and difficulties getting appointments (26%). Around 1 in 4 also switched because their health professional did not understand them, their symptoms or concerns (23%) or didn't help them (22%).

Key reasons for switching health professionals related to cost, lack of care and compassion, and difficulties getting appointments.

Time was also a key factor, with too much time spent in waiting rooms to be seen (20%), time taken to get an appointment (20%), being too far away (20%) and feeling too rushed (18%) cited as key reasons by around 1 in 5 Australians. Not being able to find someone they liked (17%), trusted (15%) or who listened to them (14%) were also among the more common reasons.

Figure 17: Main reasons for switching: region, gender & age

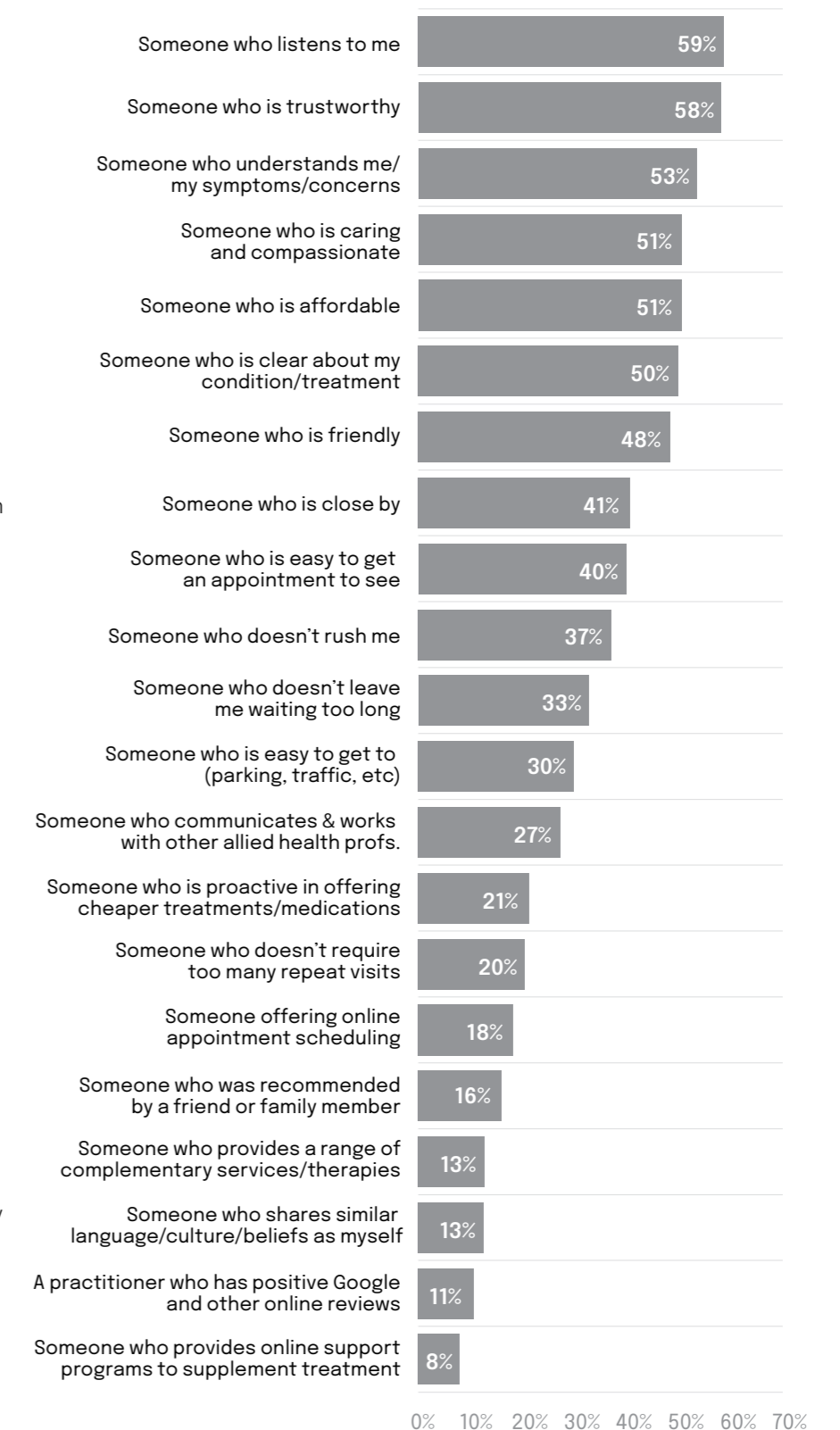
	All Australians	Capital city	Regional city	Rural / remote	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
Too expensive/too much out of pocket	29%	26%	34%	36%	28%	30%	34%	34%	23%	30%	21%	30%
Lack of care and compassion	27%	27%	30%	29%	22%	32%	27%	29%	18%	29%	42%	22%
Too hard to get an appointment	26%	23%	31%	30%	20%	31%	23%	33%	24%	28%	25%	18%
Didn't understand me/ symptoms/concerns	23%	22%	24%	23%	16%	29%	17%	26%	19%	22%	31%	22%
Didn't help me	22%	21%	25%	21%	16%	26%	22%	20%	21%	25%	27%	15%
Too long in the waiting room to be seen	20%	21%	23%	14%	18%	23%	15%	23%	18%	22%	26%	18%
The time it takes to get an appointment	20%	20%	19%	21%	16%	23%	13%	23%	14%	33%	25%	12%
Too far away	20%	20%	19%	17%	22%	18%	21%	29%	20%	11%	15%	15%
Felt too rushed	18%	18%	15%	24%	19%	17%	9%	23%	17%	20%	25%	11%
Couldn't find someone I liked	17%	16%	20%	14%	10%	22%	21%	19%	17%	15%	13%	13%
Couldn't find someone I trusted	15%	15%	21%	11%	15%	15%	13%	17%	13%	19%	20%	10%
Couldn't find someone who listened to me	14%	14%	15%	15%	10%	18%	16%	14%	15%	11%	18%	10%
Didn't clearly state what they were doing and what I needed to do	10%	9%	11%	12%	11%	8%	16%	8%	9%	8%	6%	12%
Having to make too many repeat visits	9%	9%	10%	11%	9%	9%	13%	7%	10%	5%	14%	9%
Too difficult to get to (parking, traffic, etc)	9%	10%	7%	3%	6%	11%	8%	10%	9%	6%	11%	6%
Not proactive in offering cheaper treatments/ medications	7%	7%	8%	5%	6%	7%	12%	9%	7%	5%	6%	1%
Didn't have services/meds/ products I need	6%	6%	6%	5%	4%	7%	7%	5%	4%	5%	10%	6%
Didn't offer online appointment scheduling	5%	6%	5%	2%	6%	5%	6%	9%	9%	4%	0%	1%
Other	7%	6%	8%	9%	5%	8%	2%	2%	2%	10%	13%	17%

Noticeably more people living in regional cities and rural/ remote areas cited cost (34% & 36% respectively) and difficulty in getting appointments (31% & 30% respectively) as reasons for switching than in capital cities (26% & 23% respectively). Time spent in waiting rooms was an issue for more people in regional (23%) and capital cities (21%), with significantly more people in regional cities also being unable to find someone they trust (21%) and in rural/remote areas feeling too rushed (24%) - see table at left.

A much higher number of women than men switched providers because of lack of care (32% women vs. 22% men), too hard to get an appointment (31% vs. 20%), didn't understand them, their symptoms or concerns (29% vs. 16%), because they didn't help them (26% vs. 16%), couldn't find someone they liked (22% vs. 10%), who listened (18% vs. 10%) or because it was too difficult to get to (11% vs. 6%).

By age, key highlights included the higher number in the 55-64 age group who cited lack of care and compassion (42%) and not understanding them, their symptoms or concerns (31%), in the 25-34 age group too hard to get an appointment (33%), in the 45-54 age group time taken to get an appointment (33%), in the 18-24 age group because the health professional did not clearly state what they were doing and what they needed to do (16%), and in the over 65 age group other reasons (17%).

Figure 18: Factors most important when choosing a health professional



The survey found the most important considerations when choosing a health professional, according to almost 6 in 10 Australians, were finding someone who listens to them (59%) and is trustworthy (58%). Around 1 in 2 also

The most important considerations when choosing a health professional were finding someone who listens and is trustworthy.

highlighted the importance of a health professional understanding them, their symptoms and concerns (53%), care and compassion (51%), affordability (51%), clarity about their condition and treatment (50%) and friendliness (48%). Convenience was also a factor for many, with around 4 in 10 citing someone close by (41%) and easy to see (40%), and 3 in 10 easy to get to (30%). Many people don't want to be rushed (37%) or left waiting for too long (33%).

Least important factors when choosing a health professional were someone who provides online support programs to supplement treatment (8%), has positive online reviews (11%), shares similar language, culture or beliefs (13%), provides a range of complementary

services and therapies (13%) or is recommended by a friend or family member (16%).

The table at right shows the most important considerations by region, gender and age. By region, among some key differences were the higher number in regional cities and rural/remote areas who highlighted proximity (46%), and in rural/remote areas clarity about condition and treatment (56%), not being rushed (42%) and communicates and works with other allied health professionals (35%). We also noted a somewhat higher number in regional cities who said ease of getting appointments (45%) and a lower number in capital cities who said being close by (38%) or shares similar language, culture or beliefs (10%) was key.

The report also found many considerations that were important for noticeably more women than men – particularly someone who understands them, their symptoms and concerns (61% women vs. 47% men), doesn't rush them (43% vs. 31%), is caring and compassionate (57% vs. 45%), is close by (46% vs. 35%), is easy to get to (35% vs. 24%) and listens to them (64% vs. 54%).

Significant differences were also apparent by age. Most obvious was the much larger number in the 55-64 and over 65 age groups who valued someone who listens to them; is trustworthy; understands them, their symptoms and concerns; is caring and compassionate; is clear about their condition and treatment; is close by; and doesn't rush them.

Friendliness and being easy to get to were important for noticeably more people in the over 65 age group. It was the same in the 55-64 age group for affordability, not being left waiting for too long and is proactive in offering cheaper treatments and medications. Almost twice as many people in the 18-24 and 25-34 age groups, however, valued health professionals who offered online appointment scheduling and had positive online reviews.



Figure 19: Most important considerations when choosing health professionals: region, gender & age

	All Australians	Capital city	Regional city	Rural / remote	Men	Women	18-24	25-34	35-44	45-54	55-64	65+
Listens to me	59%	56%	61%	67%	54%	64%	44%	49%	44%	60%	73%	79%
Is trustworthy	58%	56%	62%	62%	56%	60%	45%	53%	44%	56%	74%	73%
Understands me/my symptoms/concerns	53%	52%	56%	59%	47%	61%	45%	40%	36%	56%	70%	72%
Is caring and compassionate	51%	50%	51%	54%	45%	57%	40%	43%	39%	53%	65%	62%
Is affordable	51%	50%	53%	50%	49%	53%	46%	48%	41%	56%	61%	52%
Is clear about my condition/treatment	50%	49%	49%	56%	47%	54%	39%	45%	33%	43%	67%	70%
Is friendly	48%	47%	52%	52%	44%	52%	46%	46%	39%	46%	54%	59%
Is close by	41%	38%	46%	46%	35%	46%	35%	29%	32%	44%	54%	50%
Is easy to get an appointment to see	40%	38%	45%	39%	38%	42%	35%	35%	32%	41%	49%	47%
Doesn't rush me	37%	37%	35%	42%	31%	43%	29%	28%	32%	40%	47%	46%
Doesn't leave me waiting too long	33%	31%	36%	38%	30%	36%	25%	32%	22%	32%	44%	39%
Is easy to get to (parking, traffic, etc.)	30%	31%	29%	26%	24%	35%	27%	23%	22%	29%	37%	41%
Communicates & works with other allied health professionals	27%	25%	29%	35%	24%	31%	23%	24%	17%	24%	35%	39%
Is proactive offering cheaper treatments/medications	21%	20%	23%	23%	18%	24%	19%	17%	16%	23%	31%	23%
Doesn't require too many repeat visits	20%	20%	21%	22%	19%	23%	14%	16%	22%	22%	25%	23%
Offers online appointment scheduling	18%	18%	20%	14%	15%	22%	26%	26%	14%	14%	16%	15%
Was recommended by friend/family member	16%	16%	18%	13%	13%	19%	17%	20%	12%	17%	17%	14%
Provides range of complementary services/therapies	13%	13%	13%	14%	10%	16%	10%	10%	14%	14%	18%	11%
Shares similar language/culture/beliefs as me	13%	10%	17%	18%	12%	13%	9%	13%	10%	11%	16%	16%
Has positive Google & other online reviews	11%	10%	12%	11%	9%	12%	17%	19%	11%	5%	7%	6%
Provides online support programs to supplement treatment	8%	8%	10%	4%	7%	9%	11%	10%	10%	6%	7%	4%

Chapter 3: Cost & Affordability

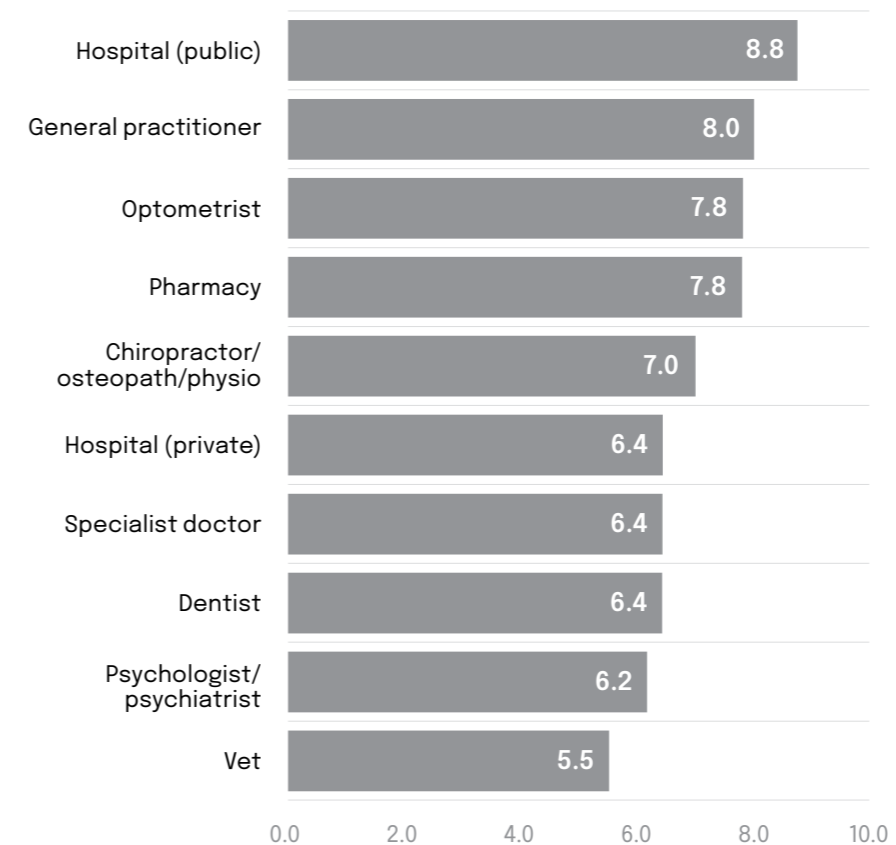
Perceptions of healthcare affordability vary by type of practitioner.

When Australians who had visited or used a health practitioner in the past 12 months were asked how affordable was the care, advice or treatment given, affordability was rated highest for public hospitals at 8.8 pts out of 10 (10 = extremely affordable). Care, advice and treatment received from GPs (8.0 pts) and optometrists and pharmacies (7.8 pts) were also considered “very” affordable. The least affordable were vets (5.5 pts), psychologists/psychiatrists (6.2 pts) and dentists, specialist doctors and private hospitals (6.4 pts).

By region, affordability was somewhat higher for optometrists in regional cities (8.4 pts), and for private hospitals (8.1 pts) and psychologists/psychiatrists (7.2 pts) in rural/remote areas. Affordability for private hospitals (6.1 pts) and specialist doctors (6.2 pts) and dentists (6.3 pts) was rated lower in capital cities, and psychologists/psychiatrists (5.4 pts) somewhat lower in regional cities.

By gender, men considered specialist doctors (7.2 pts men vs. 5.8 pts women) and psychologists/psychiatrists (6.7 pts vs. 5.8 pts) noticeably more affordable than did women.

Figure 20: How affordable was the care, advice or treatment from health practitioners?



Affordability was rated highest for all providers in the over 65 age group, except psychologist/psychiatrists. The 18-24 group scored affordability somewhat lower than other age groups for public hospitals (8.1 pts) and chiropractors, osteopaths or physiotherapists (6.1 pts), and the 25-34 group for private hospitals (5.2 pts). Affordability was considered much lower in the 35-44 group for specialist doctors (5.1 pts) and in the 55-64 group for vets (4.4 pts).

The lowest income group rated the care, advice and treatment they were given more affordable than the highest income group for all practitioners except vets. This was particularly evident in relation to private hospitals (7.4 pts low income vs. 5.8 pts high income), psychologists/psychiatrists (6.9 pts low income vs. 5.2 pts high income), specialist doctors (7.3 pts low income vs. 5.9 pts high income) and GPs (8.5 pts low income vs. 7.5 pts high income).

The survey also showed that Australians with private health cover rated above average levels of affordability for all health services, except vets.

GPs were rated among the most affordable of health care professionals by Australians. This may be partly explained by the very high number of people who were also bulk billed the last time they visited a GP. Indeed, the NAB survey found around 7 in 10 (71%)

Australians were bulk billed when they last visited a GP.

This did, however, vary slightly by region, ranging from 72% in capital cities to 67% in rural/remote areas. A basically similar number of women (72%) and men (71%) were bulk billed.

The survey did not find any correlation with age, with the highest number bulk billed in

the over 65 age group (80%), followed by the 35-44 (73%), 45-54 (72%) and 18-24 (71%) age groups. It was lowest in the 25-34 (63%) and 55-64 (65%) age groups.

We did, however, find a strong relationship with income, with the number of patients bulk billed the last time they visited a GP highest in the lowest income group (89%), stepping down in each consecutive

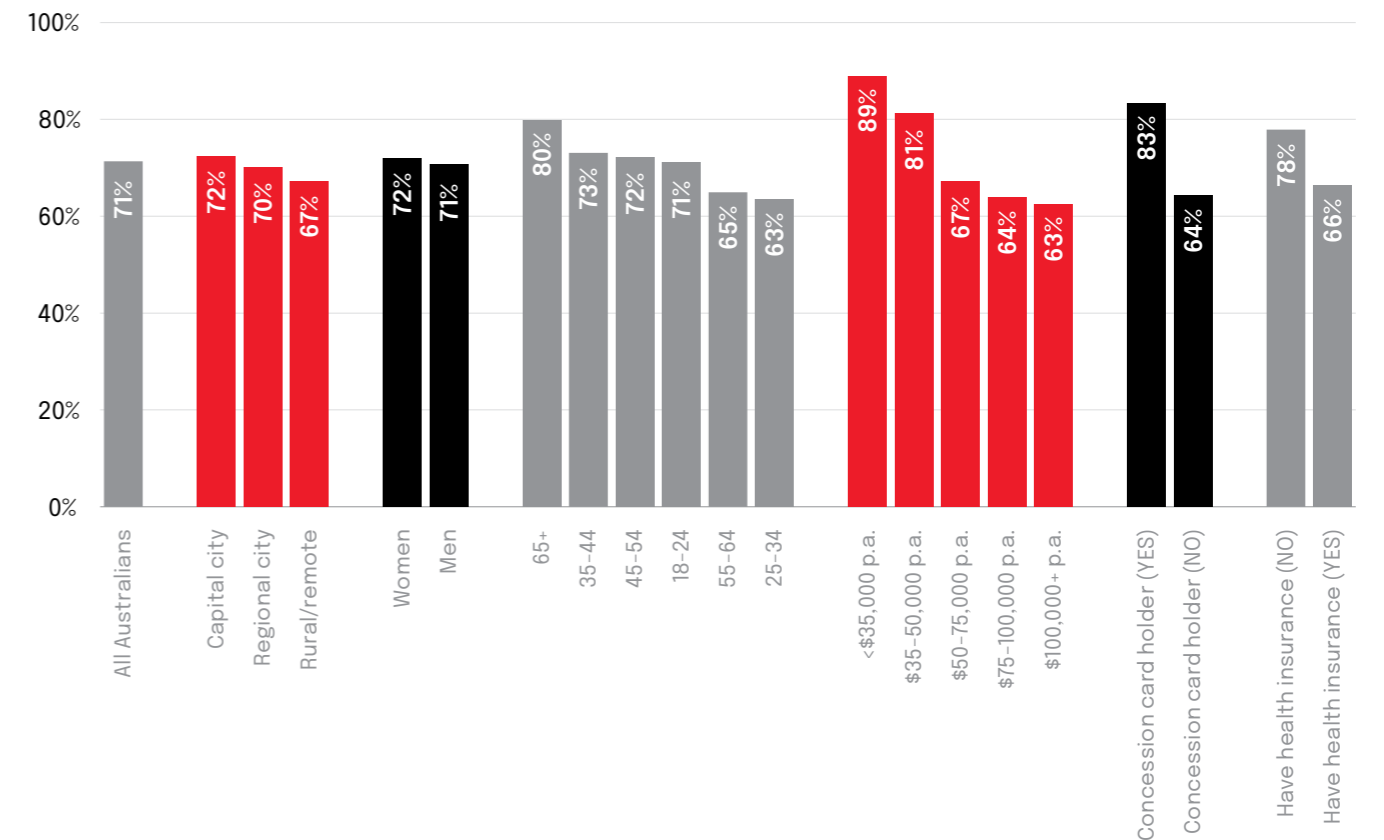
income bracket to 63% in the highest income group.

Just over 8 in 10 (83%) Australians holding a concession card were bulk billed compared to just over 6 in 10 (64%) who did not hold a concession card. Noticeably more people without private health insurance (78%) were also bulk billed than those with cover (66%).

Figure 21: Affordability: region, gender, age, high/low income & health insurance

	Hospital (public)	General practitioner	Optometrist	Pharmacy	Chiropractor / osteopath / physiotherapist	Hospital (private)	Specialist doctor	Dentist	Psychologist / psychiatrist	Vet
All Australians	8.8	8.0	7.8	7.8	7.0	6.4	6.4	6.4	6.2	5.5
Capital city	8.7	7.9	7.7	7.7	7.1	6.1	6.2	6.3	6.4	5.7
Regional city	8.8	8.1	8.4	8.1	6.8	6.9	7.1	6.9	5.4	5.1
Rural/remote	8.9	8.2	7.9	7.8	6.6	8.1	7.0	6.8	7.2	5.9
Men	8.8	8.1	7.8	7.8	7.3	6.8	7.2	6.7	6.7	5.7
Women	8.7	7.9	7.9	7.8	6.9	6.1	5.8	6.2	5.8	5.4
18-24	8.1	7.9	7.4	7.5	6.1	6.4	6.3	7.1	5.6	5.7
25-34	8.8	7.6	7.6	7.5	6.7	5.2	6.2	6.2	6.5	5.5
35-44	8.5	7.8	7.8	7.4	6.5	5.6	5.1	5.9	6.8	5.8
45-54	8.8	7.8	7.2	7.7	6.8	5.5	6.2	5.7	5.4	5.3
55-64	8.8	8.1	7.7	7.8	6.8	6.7	6.1	6.0	6.1	4.4
65+	9.3	8.7	8.4	8.6	8.2	8.0	7.4	7.5	6.7	6.5
Low income	8.9	8.5	7.9	7.9	7.4	7.4	7.3	6.8	6.9	5.4
High income	8.8	7.5	7.4	7.6	6.8	5.8	5.9	6.3	5.2	5.7
Private health insurance	8.9	8.7	8.3	8.4	7.8	7.4	7.1	7.0	7.2	5.5

Figure 22: Were you bulk billed the last time you visited your GP?



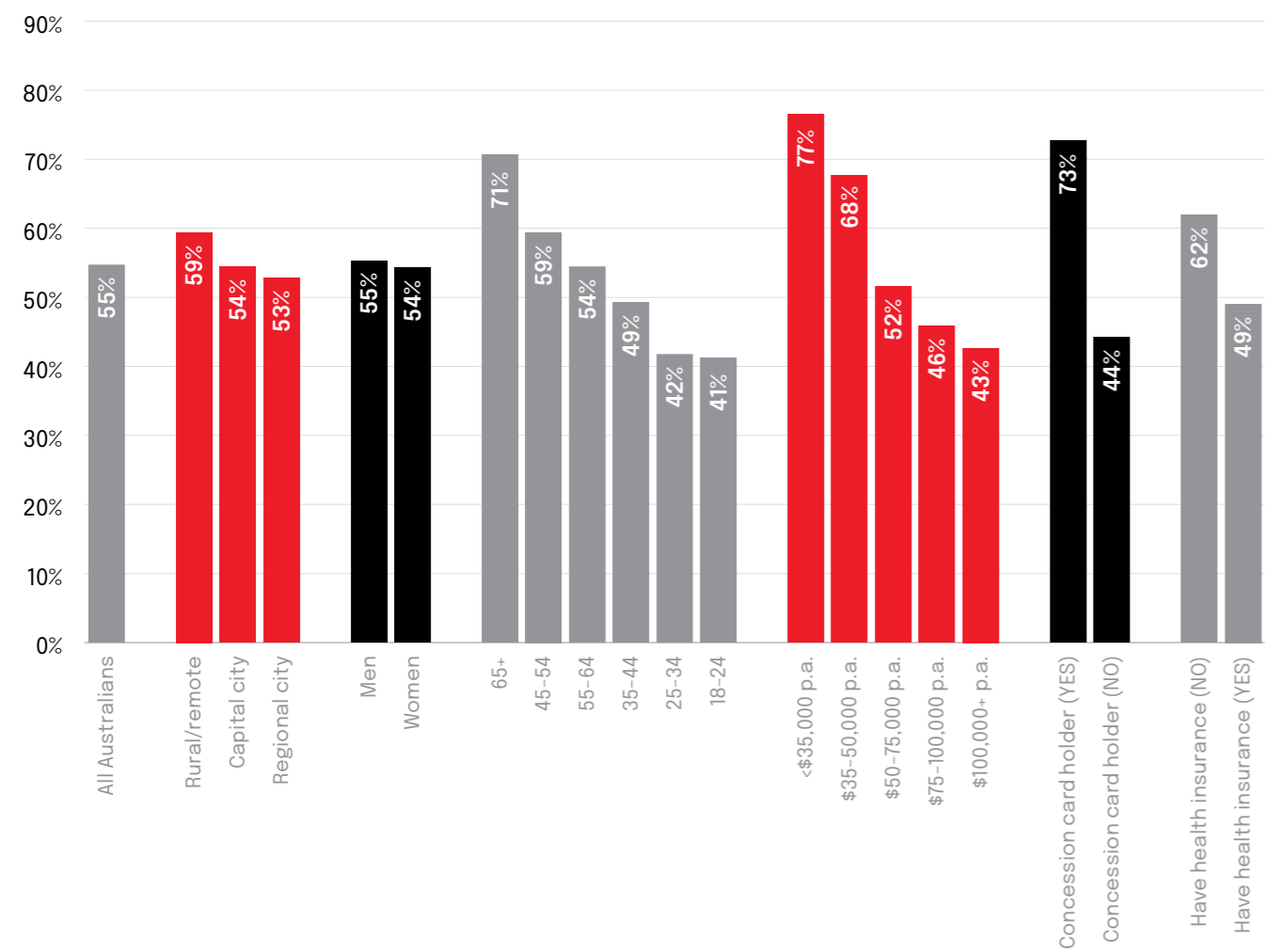
Australians, on average, also estimate 55% of all their GP visits were bulk billed over the past year. Coverage was broadly similar by region, ranging from 59% in rural/remote areas to 53% in regional cities. By age, Australians over 65 said 71% of all visits were bulk billed, with coverage much lower in the 18-24 (41%) and 25-34 (42%) age groups. Almost 8 in 10 (77%) of all GP visits in the lowest income group were bulk billed, with this stepping down in each successive income bracket to just 43% in the highest income group.

Around 3 in 4 (73%) visits from Australians holding a government concession card were bulk billed in the past year compared to 44% who did not hold a concession card. Australians without private health cover also had a greater proportion of GP visits bulk billed (62%) than those with insurance (49%).

Are Australians confident they can meet the costs of healthcare if a serious issue arises? They are most confident they could if they need support from pharmacies (7.7 pts out of 10), GPs (7.7 pts) and public hospitals (7.5 pts) - health

Pharmacies, GPs and public hospitals were rated the most affordable health professionals.

Figure 23: Proportion of all GP visits bulk billed over the past year



professionals who were also rated among the most affordable. They were least confident (by some margin) they could afford private hospital care (5.5 pts) and only "moderately" confident they could meet the costs of all other providers.

By region, confidence levels were typically higher in capital and regional cities than in rural/remote areas for all providers, and particularly in capital cities for public hospitals (7.7 pts), optometrists (7.2 pts) and private hospitals (5.7 pts).

Men were more confident than women about being able to afford necessary care if they had a serious condition requiring help from all health professionals, particularly specialist doctors (6.5 pts men vs. 5.8 pts women), psychologists/psychiatrists (6.5 pts vs. 5.8 pts), private hospitals (5.8 pts vs. 5.2 pts), chiropractors, osteopaths or physiotherapists (6.6 pts vs. 6.0 pts), dentists (6.7 pts vs. 6.1 pts) and vets (6.3 pts vs. 5.7 pts) - see table on page 40.

Figure 24: How confident are you that if your family had a serious health condition requiring help from these professionals you would be able to afford the care needed?

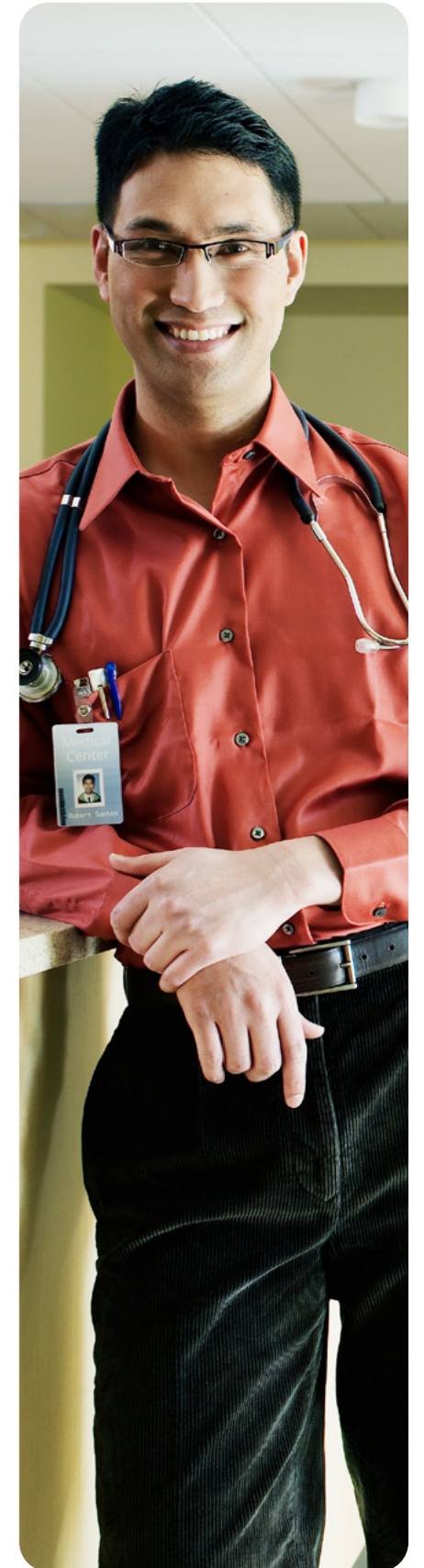
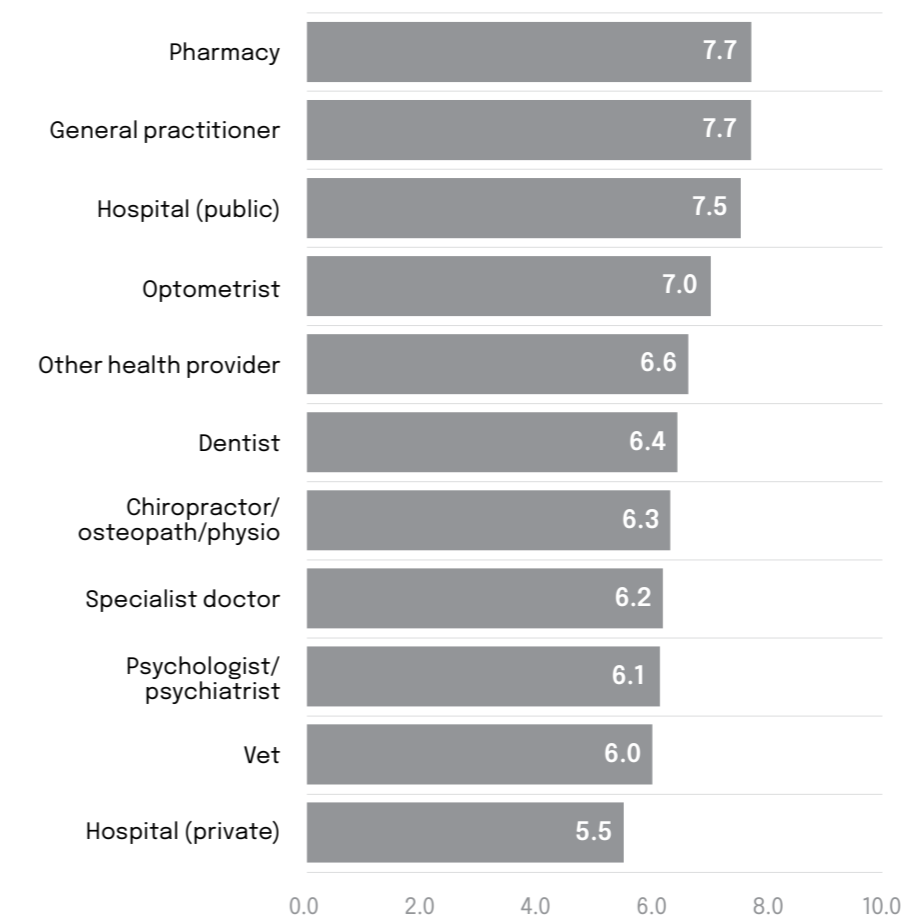


Figure 25: Confidence in being able to afford care needed for a serious health condition: region, gender, age, high/low income, health insurance & concession card

	Pharmacy	General practitioner	Hospital (public)	Optometrist	Other health provider	Dentist	Chiropractor / osteopath / physiotherapist	Specialist doctor	Psychologist / psychiatrist	Vet	Hospital (private)
All Consumers	7.7	7.7	7.5	7.0	6.6	6.4	6.3	6.2	6.1	6.0	5.5
Capital city	7.7	7.7	7.7	7.2	6.7	6.6	6.5	6.3	6.2	6.1	5.7
Regional city	7.9	7.9	7.2	6.8	6.6	6.4	6.2	6.1	6.2	5.8	5.2
Rural/remote	7.5	7.5	7.2	6.4	6.2	5.7	5.7	5.7	5.6	5.7	4.9
Men	7.8	7.9	7.7	7.2	6.9	6.7	6.6	6.5	6.5	6.3	5.8
Women	7.6	7.6	7.4	6.9	6.4	6.1	6.0	5.8	5.8	5.7	5.2
18-24	7.6	7.7	7.4	7.0	6.8	6.9	6.8	6.4	6.7	6.6	6.2
25-34	7.8	7.7	7.6	7.1	6.7	6.6	6.5	6.1	6.3	6.4	5.7
35-44	7.4	7.5	7.2	6.8	6.5	6.5	6.4	6.2	6.3	6.1	5.7
45-54	7.3	7.2	7.3	6.5	5.9	5.8	5.7	5.6	5.6	5.5	4.6
55-64	7.7	7.7	7.6	6.9	6.6	6.1	6.0	5.9	5.6	5.4	5.0
65+	8.5	8.5	8.1	7.8	7.4	6.8	6.7	6.9	6.3	6.1	5.9
<\$35,000 p.a.	7.3	7.5	7.0	6.1	6.1	5.7	5.3	5.7	5.5	4.8	4.7
\$35-50,000 p.a.	7.9	8.1	7.8	7.4	6.7	6.0	6.2	5.9	5.9	6.0	5.1
\$50-75,000 p.a.	7.7	7.7	7.4	7.0	6.5	6.3	6.3	6.2	6.1	5.7	5.5
\$75-100,000 p.a.	7.8	7.7	7.7	6.9	6.7	6.7	6.5	6.5	6.3	6.2	5.6
\$100,000+ p.a.	8.0	7.8	7.9	7.6	7.0	7.1	6.9	6.6	6.6	6.9	6.3
Have health insurance (YES)	8.0	8.0	7.9	7.7	7.3	7.2	7.0	6.9	6.7	6.6	6.8
Have health insurance (NO)	7.5	7.5	7.2	6.3	5.9	5.6	5.5	5.4	5.5	5.4	4.0
Have concession card (YES)	7.9	7.9	7.6	6.8	6.6	6.0	5.8	6.1	5.8	5.4	5.1
Have concession card (NO)	7.7	7.6	7.5	7.1	6.7	6.7	6.6	6.2	6.3	6.3	5.7

By age, people in the over 65 age group were noticeably more confident about meeting costs from pharmacies (8.5 pts), GPs (8.5 pts), public hospitals (8.1 pts), optometrists (7.8 pts), other health providers (7.4 pts) and specialist doctors (6.9 pts) than other age groups, and 18- to 24-year-olds psychologists/psychiatrists (6.7 pts) and private hospitals (6.2 pts). Confidence levels were, however, somewhat lower in the 45-54 age group when it came to dentists (5.8 pts), other health providers (5.9 pts), chiropractors, osteopaths or physiotherapists (5.7 pts), specialist doctors (5.6 pts) and private hospitals (4.6 pts).

Not surprisingly, confidence levels were highest in the highest income group for all providers except GPs, and lowest in the lowest income group. The confidence gap between the highest and lowest income groups was widest for vets (6.9 pts vs. 4.8 pts), private hospitals (6.3 pts vs. 4.7 pts), chiropractors, osteopaths or physiotherapists (6.9 pts vs. 5.3 pts), optometrists (7.6 pts vs. 6.1 pts) and dentists (7.1 pts vs. 5.7 pts).

Australians with private health cover reported higher levels of confidence than did those without cover for all providers, particularly private hospitals (6.8 pts vs. 4.0 pts). Having a concession card did not, however, influence the results. Indeed, concession card holders were noticeably less confident than non-concession card holders about being able to afford vet costs (5.4 pts vs. 6.3 pts), chiropractors, osteopaths or physiotherapists (5.8 pts vs. 6.6 pts), dentists (6.0 pts vs. 6.7 pts),

private hospitals (5.1 pts vs. 5.7 pts) and psychologists/psychiatrists (5.8 pts vs. 6.3 pts).

Surveyed Australians believe most health practitioners are still affordable – despite cost of living pressures weighing heavily. Indeed, NAB's latest **NAB Consumer Stress Index** for Q3 2022 found stress associated with cost of living continued to rise and is now at its highest point since 2018.

NAB's latest Consumer Stress Index found cost of living stress continues to rise and is now at its highest since 2018.

NAB research also suggests cost of living pressures are forcing consumers to change the way they spend for everyday items. Expectations about making major purchases in the next 12 months are also down sharply, except for private health insurance. Against this backdrop, the NAB Health Insights Special Report asked Australians if they had made changes to their health spending across several areas due to cost of living pressures.



More women than men have switched to lower cost prescriptions and medicines.

Around 4 in 10 (38%) have responded to rising living costs by switching to lower cost prescription items and medications. Around 3 in 10 cancelled or cut back regular dental appointments (31%) and dental treatments and procedures

(30%). Around 3 in 10 also cancelled or cut back buying fresh fruit and vegetables (29%), with around 1 in 4 scaling back on psychologists/psychiatrists (27%), chiropractic, osteopathic or physiotherapists (26%) and regular medical appointments such as GPs and specialists (24%). Around 1 in 5 cut back on medical treatments or procedures (22%), optometry appointments (21%) and private health insurance (19%), while 14% chose not to have a prescription they needed filled by a pharmacist.

In addition, the survey found that although around 1 in 20 Australians had not cut back in most of these areas, they intended to, with this number doubling to around 1 in 10 (9%) for private health insurance.

By region, we noted a much lower number of people in rural/remote areas who switched to lower cost prescriptions and medications (29%), chiropractic, osteopathic or physiotherapist appointments (19%) and optometry appointments (14%).

By gender, a much higher number of women switched to lower cost prescriptions and medicines (43% women vs. 33% men) and cut back on fresh fruit and vegetables (34% vs. 24%) and medical treatments and procedures (26% vs. 18%).

By age, fewer Australians over 65 cut back in all areas, while noticeably more in the 25-34 age group cut back on psychologists/psychiatrists (37%) and medical

appointments (38%), and in the 18-24 age group optometry appointments (31%). Noticeably more Australians under 45 also choose to not have prescriptions filled at a pharmacy (20%).

By income, the survey revealed a somewhat higher number

of Australians in the lowest income group who cut back or cancelled regular dental appointments (39%), dental treatments and procedures (36%), psychology/psychiatry appointments (37%), private health insurance (25%) and did not have prescriptions filled (21%) in response to cost of living

pressures. A much lower number in the highest income group cut or switched to cheaper prescriptions and medicines (33%) or cut back on regular dental appointments (26%) and dental treatments or procedures (24%) relative to other income groups - see table below.

Figure 26: Have you made any of these changes?

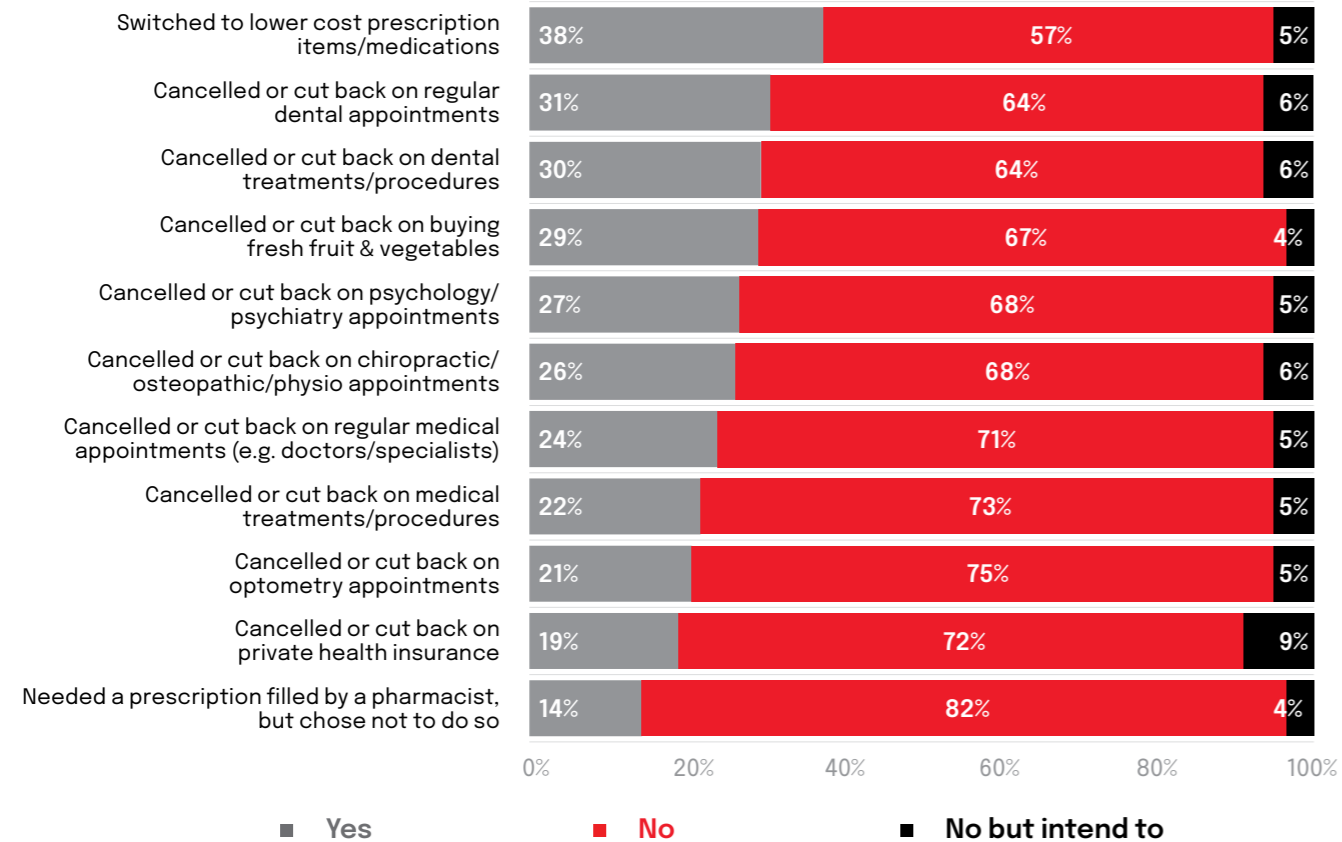
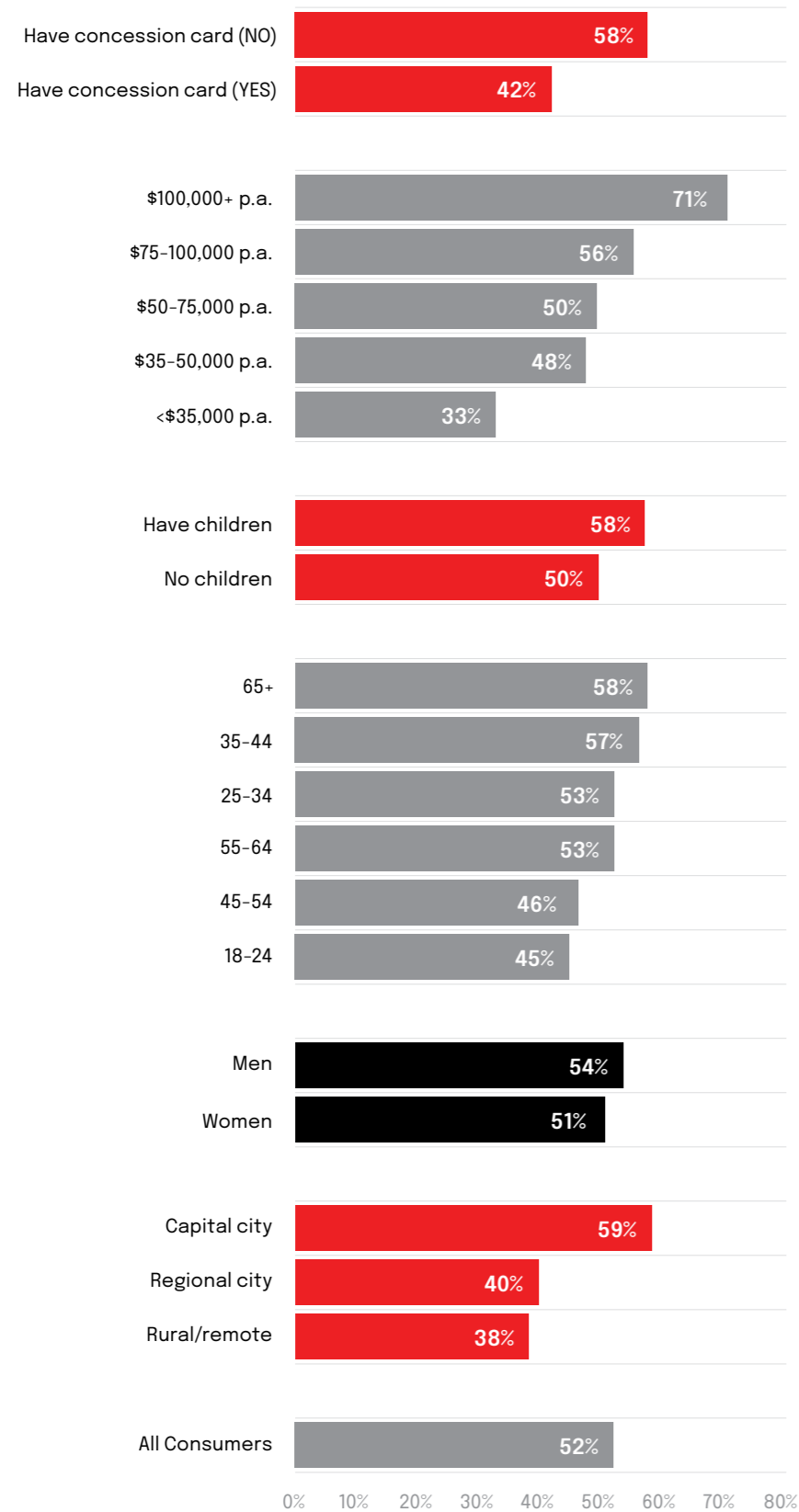


Figure 27: Changes made due to cost of living: region, gender, age & income

	Switched to lower cost prescription items / medications	Cancelled or cut back on regular dental appointments	Cancelled or cut back on dental treatments / procedures	Cancelled or cut back on buying fresh fruit & vegetables	Cancelled or cut back on psychology / psychiatry appointments	Cancelled or cut back on chiropractic / osteopathic / physio appointments	Cancelled or cut back on regular medical appointments	Cancelled or cut back on medical treatments / procedures	Cancelled or cut back on optometry appointments	Cancelled or cut back on private health insurance	Needed a prescription filled by a pharmacist, but chose not to do so
All Australians	38%	31%	30%	29%	27%	26%	24%	22%	21%	19%	14%
Capital city	38%	30%	30%	29%	25%	27%	23%	21%	21%	19%	14%
Regional city	40%	32%	28%	29%	31%	28%	26%	24%	23%	20%	14%
Rural/remote	29%	31%	28%	28%	32%	19%	24%	21%	14%	21%	17%
Men	33%	29%	28%	24%	23%	22%	22%	18%	20%	16%	14%
Women	43%	33%	32%	34%	30%	31%	26%	26%	22%	22%	14%
18-24	39%	38%	34%	30%	29%	29%	32%	26%	31%	22%	20%
25-34	41%	36%	34%	36%	37%	32%	38%	27%	22%	26%	20%
35-44	39%	28%	33%	38%	27%	29%	28%	30%	26%	20%	20%
45-54	38%	30%	30%	29%	18%	24%	22%	21%	23%	16%	13%
55-64	40%	34%	29%	26%	27%	26%	19%	21%	21%	19%	10%
65+	30%	22%	19%	17%	13%	14%	9%	9%	7%	10%	6%
<\$35,000 p.a.	41%	39%	36%	35%	37%	30%	25%	24%	26%	25%	21%
\$35-50,000 p.a.	43%	28%	31%	26%	31%	31%	25%	23%	23%	13%	13%
\$50-75,000 p.a.	40%	34%	33%	28%	32%	23%	26%	24%	18%	19%	13%
\$75-100,000 p.a.	42%	35%	31%	34%	23%	25%	27%	19%	27%	20%	14%
\$100,000+ p.a.	33%	26%	24%	27%	22%	26%	22%	21%	17%	18%	13%

Figure 28: Number of people who currently have private health insurance



Private health insurance can help pay some or all of the costs of treatment in public or private hospitals as a private patient with a doctor of choice, plus other health services that are not covered under Medicare such as physiotherapy, dental and optical services.

But how many Australians currently have private health insurance? According to our survey results, just over 1 in 2 (52%) Australians do. However, this number varies

Just over 1 in 2 Australians have private health insurance.

significantly in key demographic groups. By region, almost 6 in 10 (59%) people in capital cities had private health cover compared to around 4 in 10 in rural/remote areas (38%) and regional cities (40%). Slightly more men (54%) were covered than women (51%). By age, it ranged from 45% in the 18-24 age group and 46% in the 45-54 age group to 57% in the 35-44 and 58% in the over 65 age groups. Having children made a difference (58%) compared to not having them (50%). We found a clear relationship with income, with coverage just 33% in the lowest income group and stepping up in each income bracket to 71% in the highest income group.

Only 33% of Australians in the lowest income group have private health insurance.

Significantly fewer people holding a government concession card had private cover (42%) than those without (58%).

Australians with private health insurance were asked to describe how they felt about the cover and what their intentions about future health care cover were.

Over 1 in 2 (54%) were happy with their cover and did not intend to change anything, but just over 1 in 5 (22%) plan to shop around for cheaper or better cover. Only 1 in 20 (5%) had plans to downgrade their cover, and 1 in 25 (4%) to drop their health cover. Even fewer plan to upgrade (3%) and only 2% auto-enrolled without checking other options.

Noticeably more people in regional cities (63%) and rural/remote areas (60%) were happy with their cover than in capital cities (52%), where the most respondents planned to shop around (23%).

The main differences been women and men were the slightly higher number of women happy with their cover (56% women vs. 52% men) and men planning to shop around (23% men vs. 20% women).



Figure 29: Statements that best describe you with regards to private health insurance

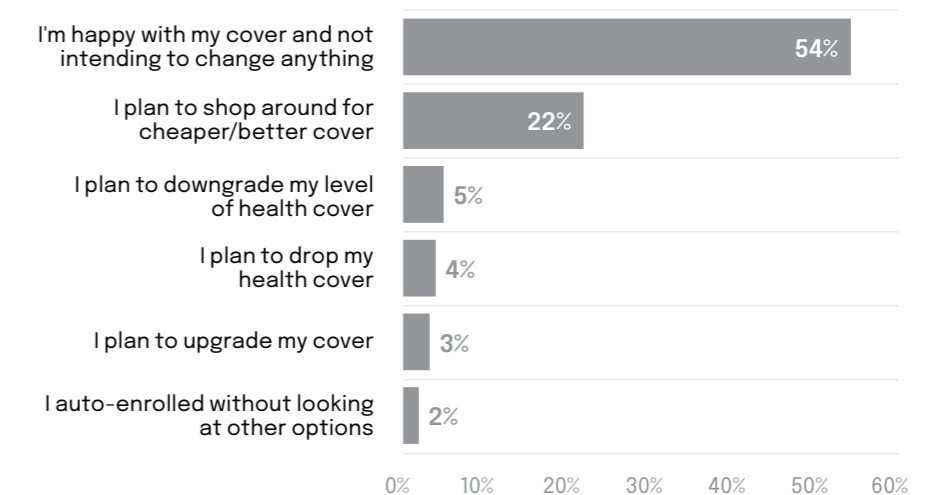


Figure 30: Best describes you: region, gender, age, children & income

	I'm happy with my cover and not intending to change anything	I plan to shop around for cheaper / better cover	I plan to downgrade my level of health cover	I plan to drop my health cover	I plan to upgrade my cover	I auto-enrolled without looking at other options
All Australians	54%	22%	5%	4%	3%	2%
Capital city	52%	23%	5%	5%	3%	2%
Regional city	63%	17%	4%	1%	2%	2%
Rural/remote	60%	21%	2%	2%	2%	0%
Men	52%	23%	5%	4%	3%	1%
Women	56%	20%	4%	4%	3%	2%
18-24	68%	9%	5%	0%	9%	0%
25-34	43%	29%	5%	5%	6%	2%
35-44	45%	27%	8%	3%	3%	1%
45-54	47%	26%	8%	9%	3%	0%
55-64	52%	18%	4%	5%	1%	5%
65+	72%	16%	1%	2%	0%	3%
Have children	42%	31%	9%	5%	3%	1%
No children	61%	17%	3%	3%	3%	3%
<\$35,000 p.a.	56%	12%	2%	9%	3%	5%
\$35-50,000 p.a.	61%	20%	5%	4%	2%	2%
\$50-75,000 p.a.	54%	20%	6%	4%	4%	0%
\$75-100,000 p.a.	58%	20%	7%	2%	2%	1%
\$100,000+ p.a.	51%	24%	5%	3%	4%	2%

By age, the over 65 (72%) and 18-24 (68%) age groups were by far the happiest with their cover, with significantly more people in the 25-34, 35-44 and 45-54 groups planning to shop around. Noticeably more people in the 35-44 and 45-54 groups planned to downgrade their cover (8%), and in the 45-54 group drop it (9%). People under 35 were most likely to upgrade. A lot more people without children were happy with their cover (61%) than those with children (42%), where many more

61% of people without children were happy with their insurance cover compared with 42% of people with children.

planned to shop around (31%) or downgrade their cover (9%). By income, the highest number happy with their cover was in the \$35-50,000 p.a. group (61%) and lowest in the highest income group (51%). The lowest income group was least likely to shop around (12%) and most likely to drop their cover (9%).



Chapter 4: Mental Health

Maintaining positive mental health and the treatment of mental health conditions are crucial to stabilising constructive behaviours, emotions and thoughts.

Doing so not only improves daily functioning but can also help combat some of the physical health problems directly linked to mental health conditions.

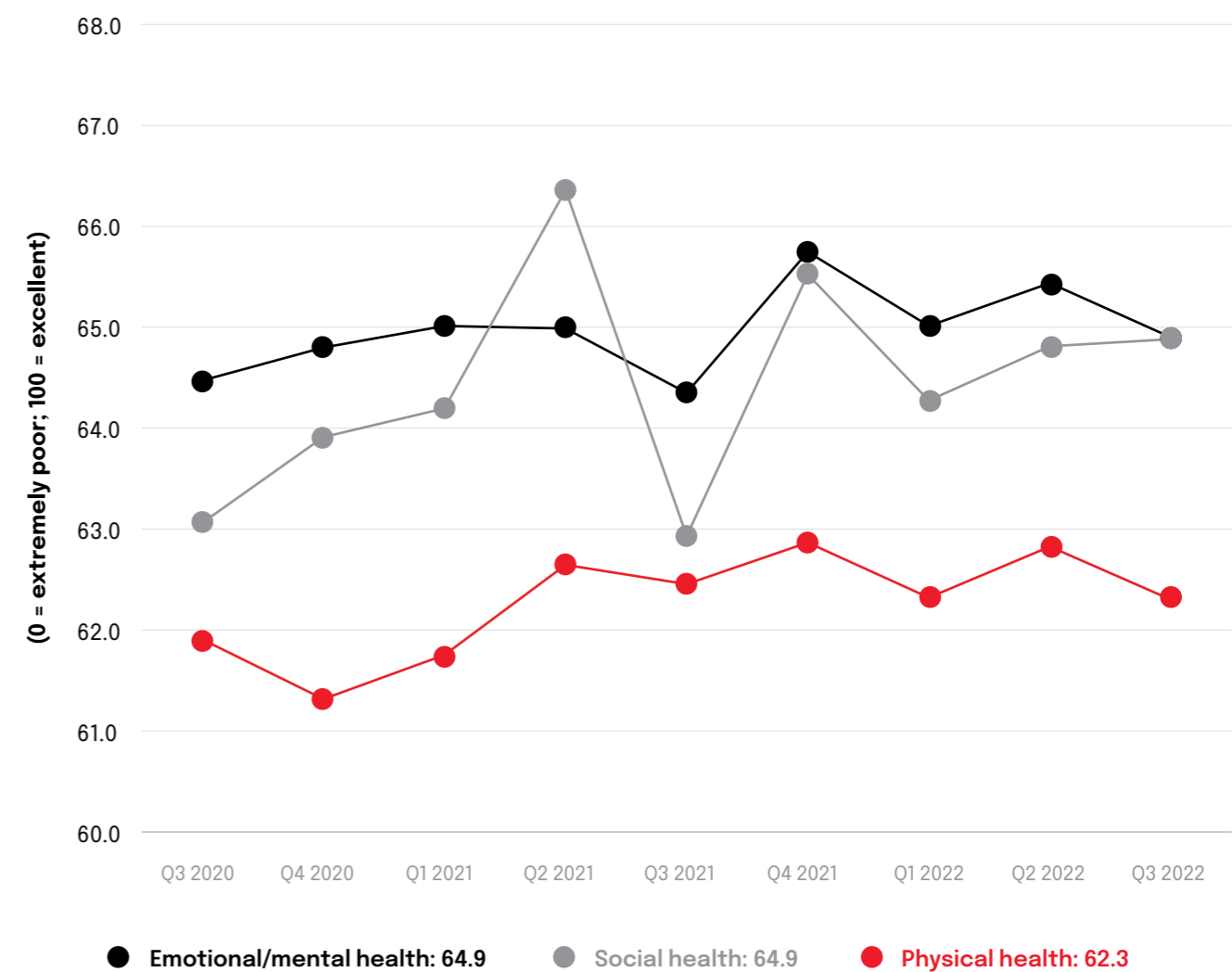
Overall, Australians consider themselves “moderately” healthy

across all aspects of health. NAB Wellbeing research shows that Australians rate their emotional and mental health on par with social health, and well above their physical health. However, our wellbeing research has also found that around 1 in 3 Australians typically are also “highly anxious”.

In this section, we explore the extent Australians felt they needed professional help for their emotions, stress or mental health, if they got the professional help they needed and how helpful it was.

Around 1 in 3 Australians report being “highly anxious”.

Figure 31: Rating our health today: overall



Over 4 in 10 (43%) Australians felt they needed professional help for their emotions, stress or mental health in the past year. Noticeably more people living in regional and capital cities (44%) thought they needed help than in rural/remote areas (34%). There was little difference between the number of women (44%) and men (42%) who thought they needed help.

The survey results did, however, show a very strong correlation with age. The number of people who thought they needed help was highest in the 18-24 age group (where almost 7 in 10 or 69% said they did), and this fell in each successive age bracket to just 13% in the over 65 group. The number

The number of people who said they needed help with emotions, stress or mental health was highest in 18- to 24-year-olds.

of people who thought they required help dropped sharply from 45 years of age.

Noticeably more Australians with children (57%) felt they needed help than did those without children (36%). We did not find a clear correlation with income, with the highest number who thought they needed help in the highest income group (49%), followed by the \$50-75,000 p.a. group (45%). It was lowest in the lowest income group (33%).

Just over 1 in 2 (55%) people who thought they needed help actually got the professional help they needed. People in regional cities (62%) were much more proactive in getting help than in rural/remote

areas (52%) and capital cities (53%). A broadly similar number of women (56%) and men (54%) got help, as did those with children (56%) or without children (54%).

Though there was a strong relationship between the number of people who thought they needed help and age, this did not hold true for getting help. The over 65 group was by far the most proactive group at getting help, with almost 3 in 4 (73%) in this age group who needed help getting it. The number who got professional help was lowest (and much lower) in the 45-54 (44%) and 18-24 (49%) age groups. The number who sought help did not vary significantly by income. It was

highest in the highest income group (58%), followed by the \$35-50,000 p.a. and \$75-100,000 p.a. groups (56%), and was lowest in the lowest income group (51%), marginally below the \$50-75,000 p.a. group (53%).

People aged over 65 were by far the most likely to seek help for their mental health.

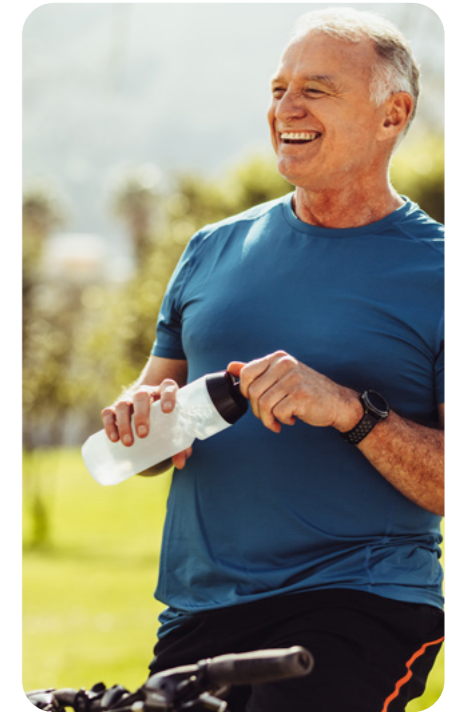


Figure 32: Number of people who felt they needed professional help for their emotions, stress or mental health over the past year

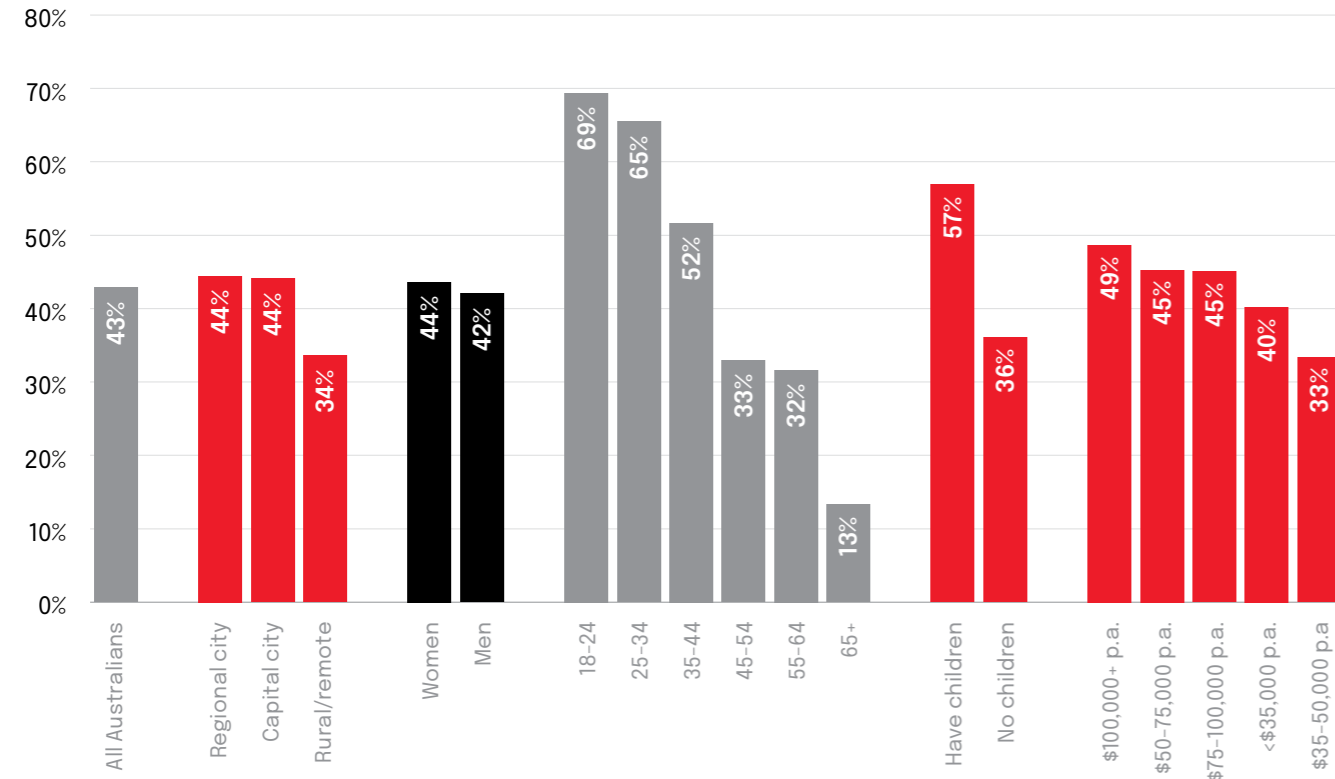
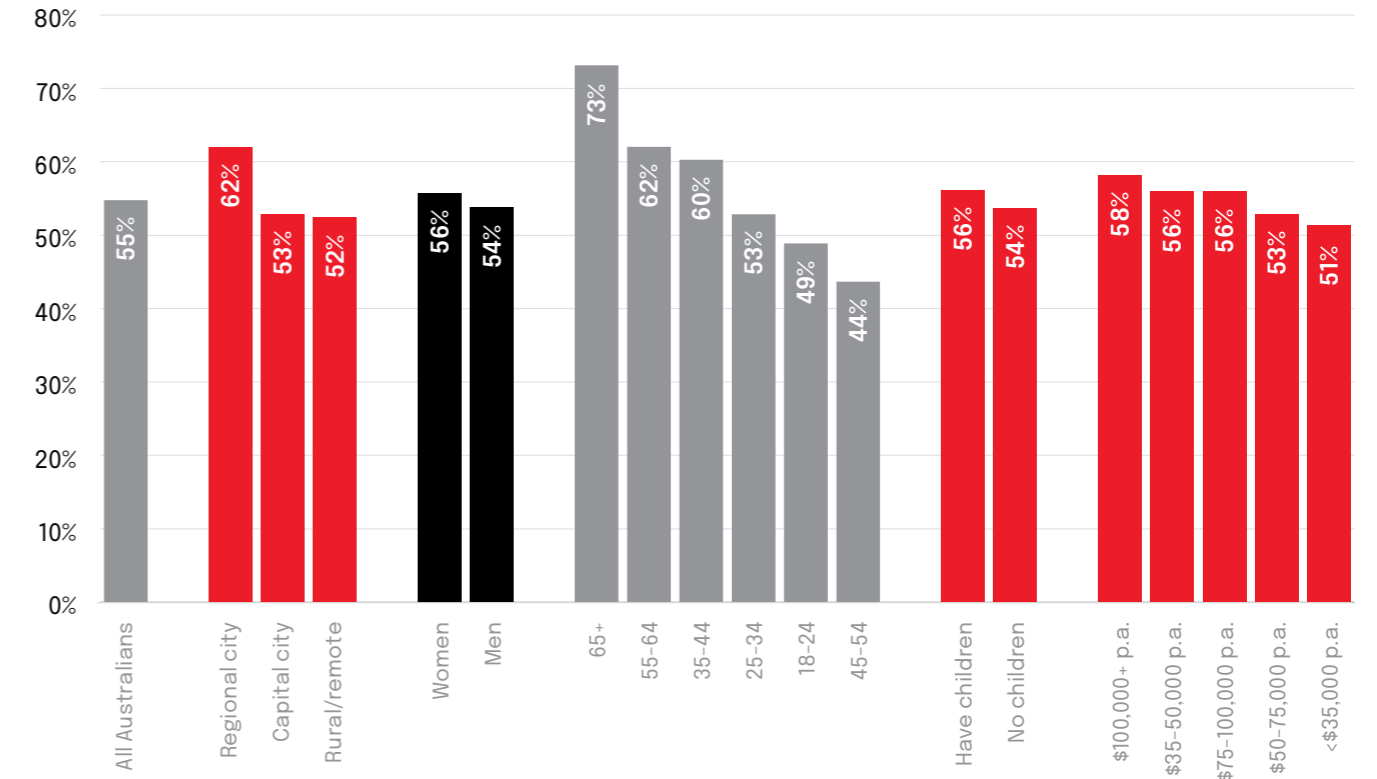


Figure 33: Number of people who got the professional help needed for their emotions, stress or mental health over the past year



Australians who got the professional help they needed said it was “very helpful” in helping them to manage their emotions, stress and mental health.

Most Australians described the help they received to manage mental health as very helpful.

When asked how helpful it was, on average, they scored 7.5 pts out of 10 (10 = extremely helpful). Most groups said it was very helpful, ranging from 7.8 pts in rural/remote areas to 7.5 pts in regional and capital cities, from 7.8 pts for women to 7.3 pts for men, from 7.8 pts in the 45-54 age group to 7.1 pts in the 55-64 group, and from 7.7 pts for people with children to 7.4 pts for those without. A much broader range was, however, reported by income, from 7.8 pts in the highest income group to just 6.8 pts in the \$50-75,000 p.a. group.

The average score does, however, mask some more noticeable

differences in the number of people who scored this help “high” (i.e. scored 8+ pts). Overall, just over 1 in 2 (53%) did. There was little difference by region, but significantly more women (58%) scored the help they received as high than did men (48%). It also ranged significantly by age, from 58% in the 45-54 age group to 47% in the over 65 group, and from 57% for Australians with children to 50% for those without children. The biggest gulf was by income, where almost 6 in 10 (59%) in the highest income group rated the help they received high compared to fewer than 4 in 10 (37%) in the \$35-50,000 p.a. group.

Figure 34: How helpful was the help you received in assisting you to manage your stress, emotions or mental health

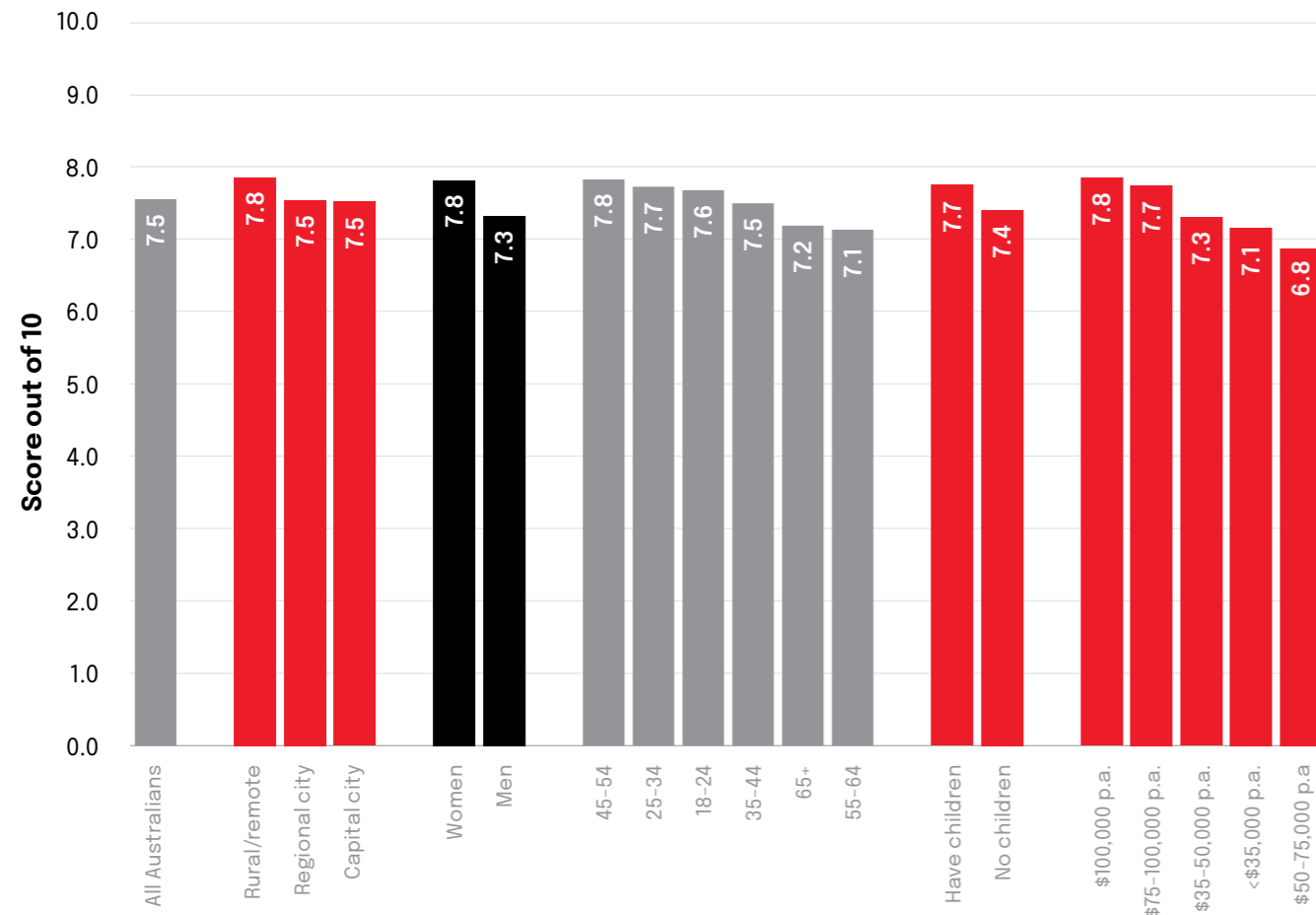
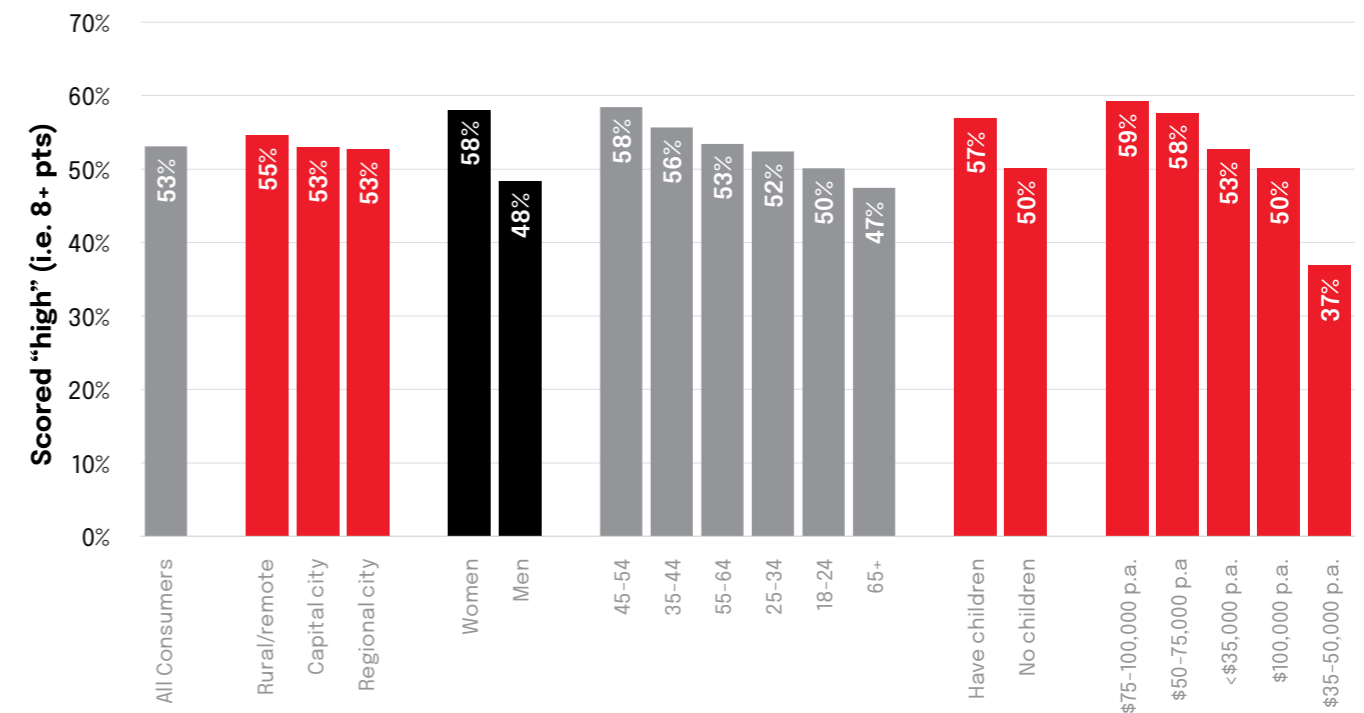
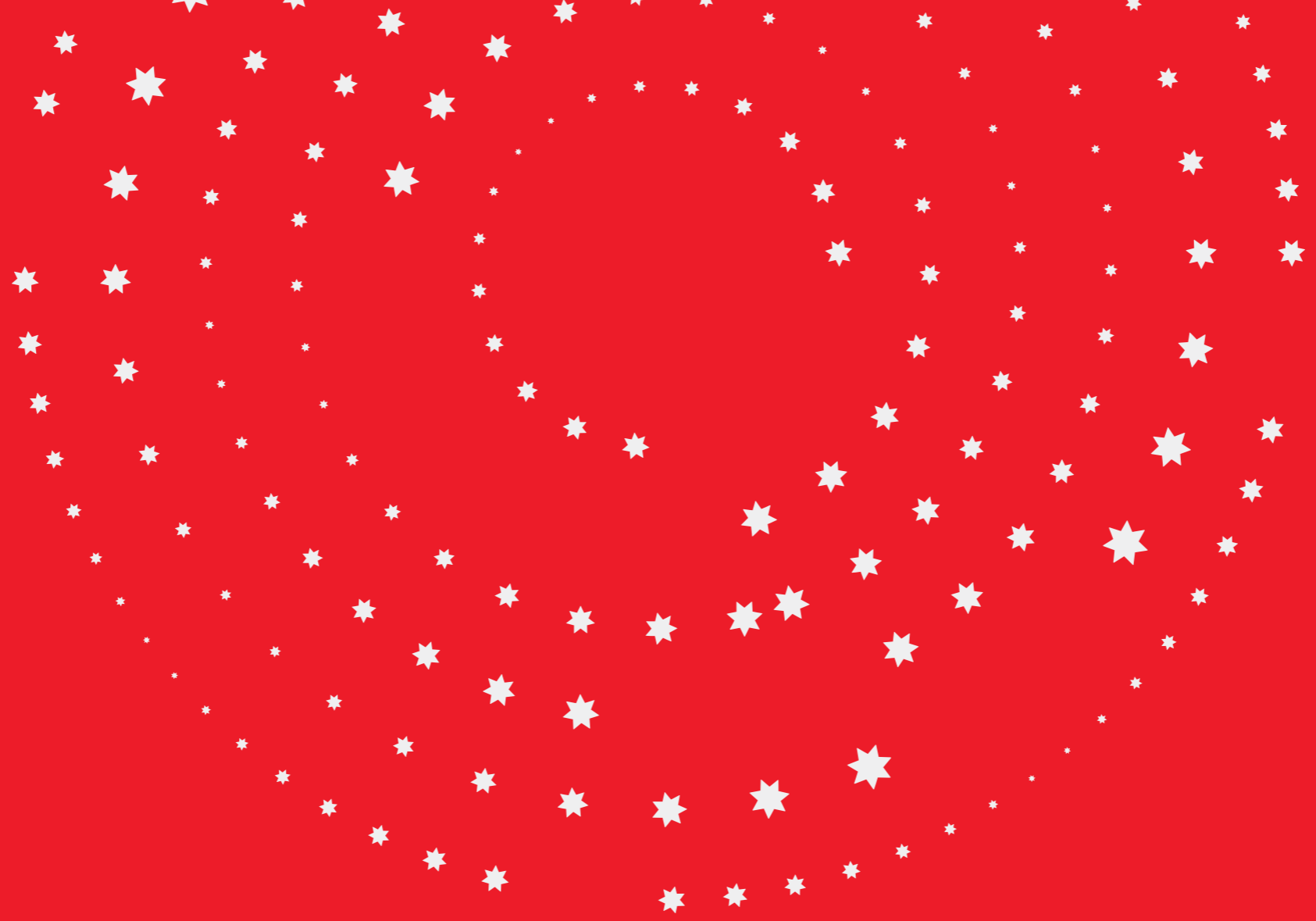


Figure 35: Percentage of people who scored the help they received in assisting them to manage stress, emotions or mental health as “high”





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