Survey of attitudes towards the Australian health system
Part 2: Financial stress and the Australian health system

The survey showed a relationship between financial stress – measured in ability to pay bills, ability to pay a mortgage or the need to seek financial help – and poorer health within the household.

Q: In general, how would you describe your own health and the health of the least healthy member of your household?

![Figure 1 – Financial stress and household health](chart)

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In addition, the survey found a relationship between financial stress and the ability to afford health care.

Less than half of those reporting high levels of financial stress expressed confidence they could afford the care they need.

Q: If you become seriously ill, how confident are you that you would be able to afford the care you need?

![Figure 2 – Confidence in ability to afford care if seriously ill](chart)

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Notes on variables

1. Household health
   Interviewees were asked the following: In general, how would you describe your own health: Excellent; very good; good; fair; or poor?
   If there was another member in their household, the informant was asked: And what about the health of the least healthy member of your household: would you describe it as excellent, very good, good, fair, or poor?
   Reporting on their own health or that of the least healthy member of their household, 74% reported good to excellent health, while 26% reported fair to poor health.

2. Financial stress
   Interviewees were asked the following: Since the beginning of this year did any of the following happen to you because of a shortage of money?
   • Could not pay the electricity, gas or telephone bills on time
   • Could not pay the mortgage or rent on time
   • Asked for financial help from family, friends or a welfare or community organisation
   Answering ‘no’ to all three indicated ‘no financial stress’; ‘yes’ to one indicated ‘some financial stress’; ‘yes’ to two or more indicated ‘high financial stress’
   20% reported some financial stress, 8% reported high levels of stress.

Note that some chart columns do not sum to 100% due to omission of ‘don’t know’ responses, or exceed 100% due to rounding.

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Those reporting financial stress were more likely to skip a medical test or treatment recommended by a doctor, were more likely to fail to collect a prescription or skip doses of medicine, and were less likely to access dental services when necessary.

Q: During the last twelve months, was there a time when you skipped a medical test, treatment or follow-up that was recommended by a doctor?

Q: During the last twelve months, have you failed to collect a prescription or to skip doses of medicine?

Q: During the past 12 months, was there a time when you needed dental care but did not see a dentist?

Those reporting higher levels of financial stress were also more likely to have difficulty in obtaining non-hospital based medical services in the evenings, at weekends or on holidays.

Q: How easy or difficult is it to get care in the evenings, on weekends, or holidays without going to the hospital accident/emergency department/room?

(note that 316 respondents, or 28% of the entire sample, did not require out of hours care)
Most Australians are at least ‘somewhat confident’ about getting quality and safe medical care. However, those under high financial stress were far more likely to have little confidence in the ability of the system to provide quality and safe medical care, effective pharmaceuticals or the best medical technology.

Q: If you became seriously ill, how confident are you that you would:
- get quality and safe medical care?
- receive the most effective drugs?
- receive the best medical technology?

**Survey methodology**

The survey was conducted nationwide among Australian residents aged 18+, between July 21 and August 5, 2008. The number of respondents was 1200.

Interviews were conducted by telephone using random digit dialling CATI (Computer Assisted Telephone Interviewing).

The data were post-weighted by age, sex, state and education to reflect the population distribution. Weighting can result in total N below 1200 and in slight variations in total N between questions. Fieldwork and post-weighting were carried out by Q & A Market Research.