ACCESS AND USE OF HEALTH CARE

Inequalities in health care access and use remain in all countries. Some common barriers to access include financial reasons, a lack of health care providers, excessive travelling distance, and excessive waiting times to see providers.

Definition

Health care access refers to people's ability to obtain appropriate health care services in a timely fashion and without obstacles. Inequalities in health care access and use are here assessed in terms of people's income, based on data from the European Union Statistics on Income and Living Condition survey for 2006. For non-European countries, data refer to the share of people who reported having gone without "needed care" due to costs among all adults and among those with low income; "needed care" refer to having unfilled prescription or missed medication, having missed tests, treatment or follow-up, or not having visited a doctor despite having a health problem.

Inequalities that are deemed to be unfair are sometimes termed "inequities". In determining these inequities in health service use, data on actual use are adjusted for people's differing needs for care, using information on their self-assessed health status. The index for horizontal inequity shown here refers to specialist care: specialist care is inequitable (favouring high income groups) if the 95% confidence interval does not contain zero.

Comparability

No single survey or study on inequalities in health care access and use has been conducted across all OECD countries. Cross-country comparisons have to rely on studies employing different sources and methods. Regarding unmet care and health service use, differing problems of access, survey questions and response categories affect the ability to make precise cross-national comparisons. Surveyed groups may also vary in terms of age, and the measures used to grade income, education and occupation can also differ across countries.

Overview

In 2006, high rates of unmet need for medical examination among the adult population in Europe are shown in Poland, Portugal, Italy and Greece. The ratio of reported unmet care between the lowest and the highest income groups was greater in Belgium, Portugal, and the Slovak Republic, although in Belgium the overall level of unmet care is low.

Inequalities in health care access and use are also evident in non-European countries, where foregone care for a number of different treatments due to costs is more prevalent among adults with below average income than among other people. There are also large differences in the size of these inequalities across countries; the share of people reporting having gone without needed care is much lower in the United Kingdom than in the United States. In the United States, adults with below-average incomes who have health insurance report significantly less access problems due to cost than their uninsured counterparts.

Even though people in lower socioeconomic groups tend to have higher rates of disease and mortality, they do not necessarily make greater use of health care. After adjusting for differences in the need for health care, the use of primary care is generally found to be equitably distributed, while use of specialist care has a 'pro-rich' bias in most countries. In Europe, this was especially true for Portugal, Finland, Ireland and Italy, countries where private insurance and direct private payments play a large role in accessing specialist services. In 9 European countries, after controlling for need, the share of people with higher education using specialist care is higher than that among less-educated people. Use of preventive health services, such as breast and cervical cancer screening, also varies much by income, even in countries where screening is common.

Source

- Van Doorslaer, E., C. Masseria and the OECD Health Equity Research Group Members (2004), *Income-related inequality in the use of medical care in 21 OECD countries*, OECD Health Working Papers, No. 14, OECD, Paris.
- Commonwealth Fund International Health Policy Survey 2004, *www.commonwealthfund.org*.
- European Union Statistics on Income and Living Conditions (EU-SILC), *www.epp.eurostat.ec.europa.eu*.

Further information

Analytical publications

- De Looper, M. and G. Lafortune (2009), *Measuring disparities in health status and in health care access and use (forthcoming)*, OECD Health Working Papers No. 43, OECD, Paris.
- OECD (2007), *Health at a Glance 2007: OECD Indicators*, OECD, Paris.

Websites

- Commonwealth Fund International Health Policy Survey 2004, *www.commonwealthfund.org*.
- European Union Statistics on Income and Living Conditions (EU-SILC), *www.epp.eurostat.ec.europa.eu*.

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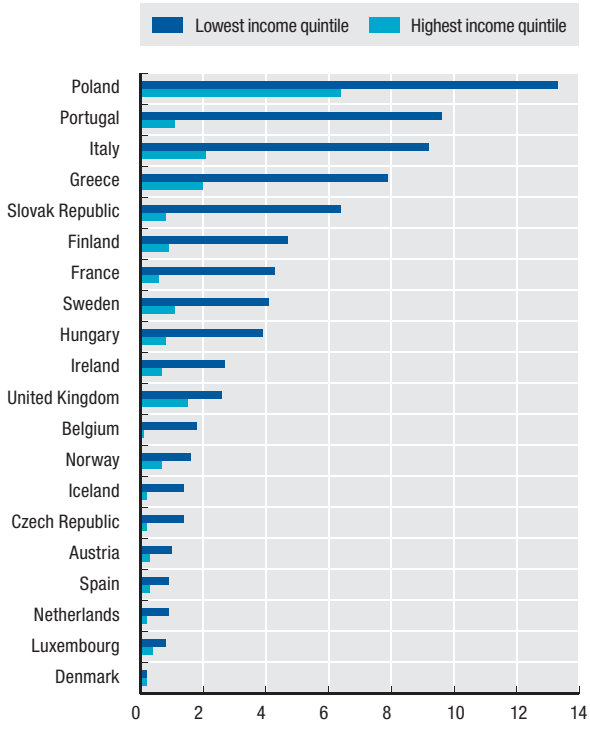
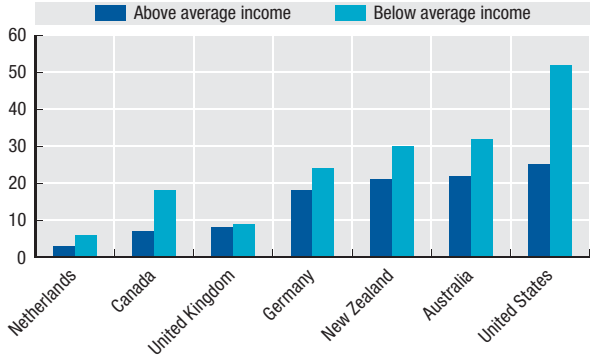
Persons reporting an unmet need for a medical examination because of problems of access

As a percentage of adults, 2006



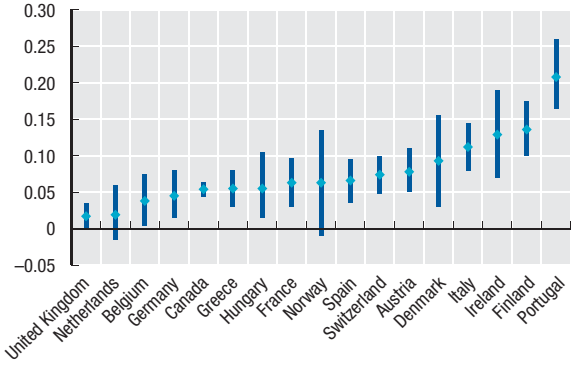
Persons going without needed care due to costs by income

As a percentage of adults, 2007



Pro-rich bias in use of specialist care

Confidence intervals not containing zero indicate a pro-rich bias, 2000 or latest available year



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