

REGIONAL ACCESS TO EDUCATION AND HEALTH SERVICES

Regional disparities in terms of access and quality of education and health services impact not only on the well-being of people but also on a region's competitiveness and ability to attract people and business. Regional data and country studies suggest that regional inequalities in the availability and quality of these services are often very large.

Definition

Regional data on educational attainment refer to the proportion of the labour force with a certain level of education, based on the International Standard Classification of Education (ISCED 97). Pre-primary, primary and lower secondary education include the 3 lowest ISCED levels (levels 0, 1 and 2) and is referred to here as basic (or lower secondary) education. Upper secondary education includes the ISCED levels 3-4, while tertiary education includes the levels 5-6.

Regional data on the health status of populations refer to mortality rates, which are age-adjusted (i.e. by applying the age-specific death rates of that region to the age distribution of the population averaged across all OECD countries) to eliminate differences due to different population structures. Inequalities in access to health services are described by the number of physicians of each region (both general practitioners and specialists practicing medicine in both

public and private institutions) in a given region during the year, per 1 000 people.

The range of regional variation of the various indicators is measured by the difference between the minimum and maximum values of the indicator observed among the regions of each country.

Comparability

As for the other regional statistics, comparability is affected by differences in the meaning of the word "region". The word "region" can mean very different things both within and among countries, with significant differences in terms of area and population. To address this issue, the OECD has classified regions within each member country based on two levels: territorial level 2 (TL2, large regions) and territorial level 3 (TL3, small regions).

International comparability of social indicators at the sub-national level is limited. While information on outcomes or on quality of services is increasing, international standards and harmonized surveys that allow computing statistics for sub-national units remain limited.

Data on basic educational attainment refer to 2006 for all countries except Australia and Mexico (2005). Data on age-adjusted mortality rates refer to 2005 for all countries except Belgium (2003); Australia, Italy and United Kingdom (2004); and Korea (2000). Data on the number of physicians per 1000 inhabitants refer to 2005 for all countries except Japan and the Netherlands (2004); Iceland and Switzerland (2002); United Kingdom (2000); Portugal and Turkey (2003).

Overview

Almost one fourth of the OECD labour force has only a basic education. This is a result of different patterns among regions within countries. The range of regional variation in the share of adults with only basic education was above 20 points in Mexico, Spain, Greece, Portugal, France and Italy. These same countries are also characterized by a proportion of adults with only basic education above the OECD average.

In almost all OECD countries the capital region shows the highest percentage of labour force with tertiary education. Ontario is the OECD region with the highest percentage of skilled labour force (55%), followed by the Capital Territory in Australia. The concentration of people with higher educational attainment in urban regions is often the result of migration away from rural areas, due to the existence of a significant differential in the return to education between rural and urban areas.

Health inequalities also have a geographic dimension both in terms of health status and of health resources. The gap between the regions with the lowest and the highest age-adjusted mortality rate is the widest in Mexico, the United States and Portugal, while it is lowest in Iceland, Ireland, the Netherlands and Greece.

In 2005, the regional variation in the density of physicians was the widest in the United States and the Czech Republic, in both cases due to the fact that the national capital region had a very high density of physicians compared to the rest of the country.

Source

- OECD (2009), *OECD Regions at a Glance 2009*, OECD, Paris.

Further information

Analytical publications

- OECD (2007), *OECD Regions at a Glance: 2007 Edition*, OECD, Paris.
- OECD (2007), *Higher Education and Regions: Globally Competitive, Locally Engaged*, OECD, Paris.
- OECD (2008), *OECD Health Policy Studies: The Looming Crisis in the Health Workforce: How Can OECD Countries Respond?*, OECD, Paris.
- OECD (2001), *OECD Territorial Outlook, 2001 Edition*, OECD, Paris.

Online databases

- OECD Regional Database.

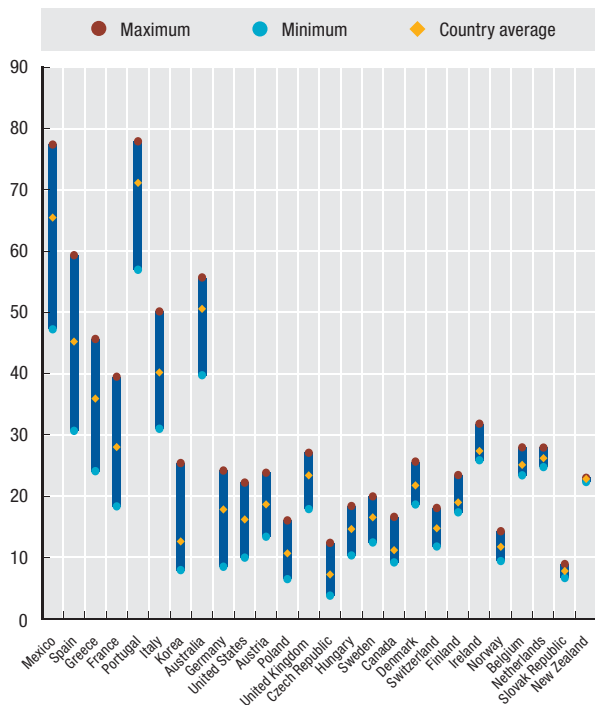
Websites

- Territorial grids, www.oecd.org/gov/regional/statisticsindicators.
- OECD eXplorer, www.oecd.org/gov/regional/statisticsindicators/explorer.



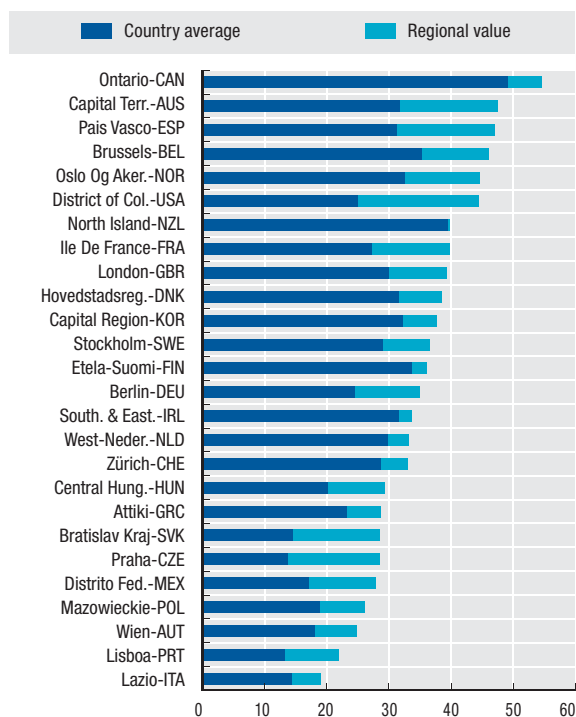
Regional differences in basic educational attainment, large regions

Percentage, 2006 or latest available year



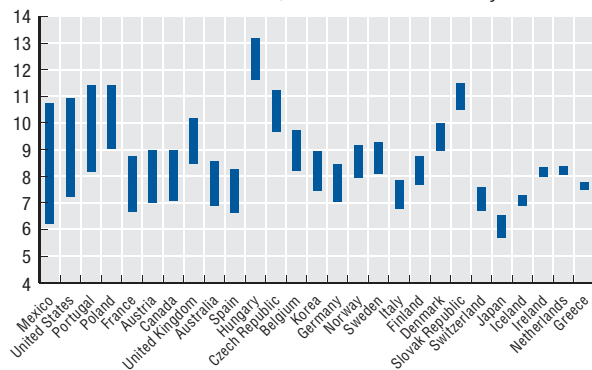
Regions with the highest tertiary education attainment compared to the national average, large regions

Percentage, 2005 or latest available year



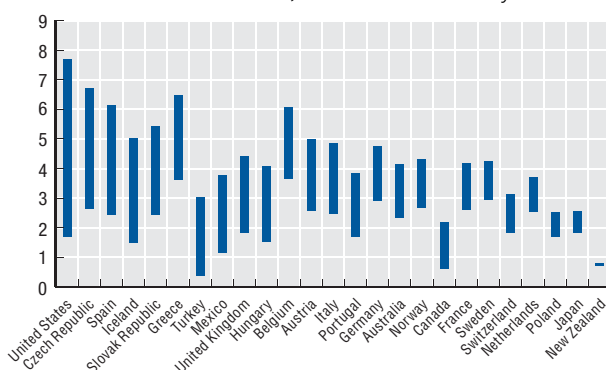
Regional differences in age-adjusted mortality rates, large regions

Per thousand inhabitants, 2005 or latest available year



Regional differences in the number of physicians, large regions

Per thousand inhabitants, 2005 or latest available year



StatLink <http://dx.doi.org/10.1787/540380235088>



From:
OECD Factbook 2009
Economic, Environmental and Social Statistics

Access the complete publication at:
<https://doi.org/10.1787/factbook-2009-en>

Please cite this chapter as:

OECD (2009), "Regional access to education and health services", in *OECD Factbook 2009: Economic, Environmental and Social Statistics*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/factbook-2009-111-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.