6.1. Unmet health care needs

Most OECD countries aim to provide equal access to health care for people in equal need. One method of gauging equity of access to services is through assessing reports of unmet needs for health care for some reason. The problems that patients report in getting care when they are ill or injured often reflect significant barriers to care.

Some common reasons that people give for not receiving care include excessive treatment costs, long waiting times, not being able to take time off work or needing to look after children or others, or that they had to travel too far to receive care. Differences in the reporting of unmet care needs *across* countries could be due to differences in survey questions, because of socio-cultural reasons, or because of reactions to current national health care debates. However, these factors play a lesser role in explaining any differences among population groups *within* each country. It is also important to consider self-reported unmet care needs in conjunction with other indicators of potential barriers to access, such as the extent of health insurance coverage and the amount out-of-pocket payments (see Indicators 6.2 "Coverage for health care" and 6.3 "Burden of out-of-pocket health expenditure").

In most OECD countries, a majority of the population report no unmet care needs. However, in a European survey undertaken in 2009, significant proportions in some countries reported having unmet needs. Generally, it is women, and people in low-income groups who report not getting the care they need.

Three possible reasons that might lead to access problems are presented in Figure 6.1.1. In Greece, Italy, Poland and Portugal, the most common reason is treatment cost. Although fewer than five per cent of survey respondents in these countries indicated that they were affected, the burden fell heaviest on low income earners. Waiting times were an issue for some in Poland, Finland and Estonia. Travelling distance did not feature as a major problem except in Norway, where one-third of the small number of persons indicating that they had an unmet care need said that it was because of the distance they had to travel to receive care.

A larger proportion of the population indicates unmet needs for dental care than for medical care. Portugal (14.5%) and a group of countries including Iceland, Sweden, Norway, Italy and Poland (all around 10%) reported the highest rates in 2009 (Figure 6.1.2). Large inequalities in unmet dental care needs were evident between high and low income groups in Portugal and Norway, as well as in Estonia and Germany, although in the latter two countries, average levels of unmet dental care were low.

Inequalities in self-reported unmet medical care needs are also evident in non-European countries (Figure 6.1.3). Again, foregone care due to cost is more prevalent among lower income groups. There are large differences in the size of these inequalities across countries, as shown by much lower levels in the United Kingdom than in the United States. In the United States, more than one-third of the adult population with below-average incomes reported having some type of unmet care need due to cost in 2010 (Commonwealth Fund, 2010). Adults with below-average incomes who have health insurance report significantly less access problems than do their uninsured counterparts (Blendon *et al.*, 2002). The proportion of the population reporting cost-related access problems declined markedly between 2007 and 2010 in New Zealand, and to a lesser extent in the United States and Australia (Commonwealth Fund, 2008, 2010).

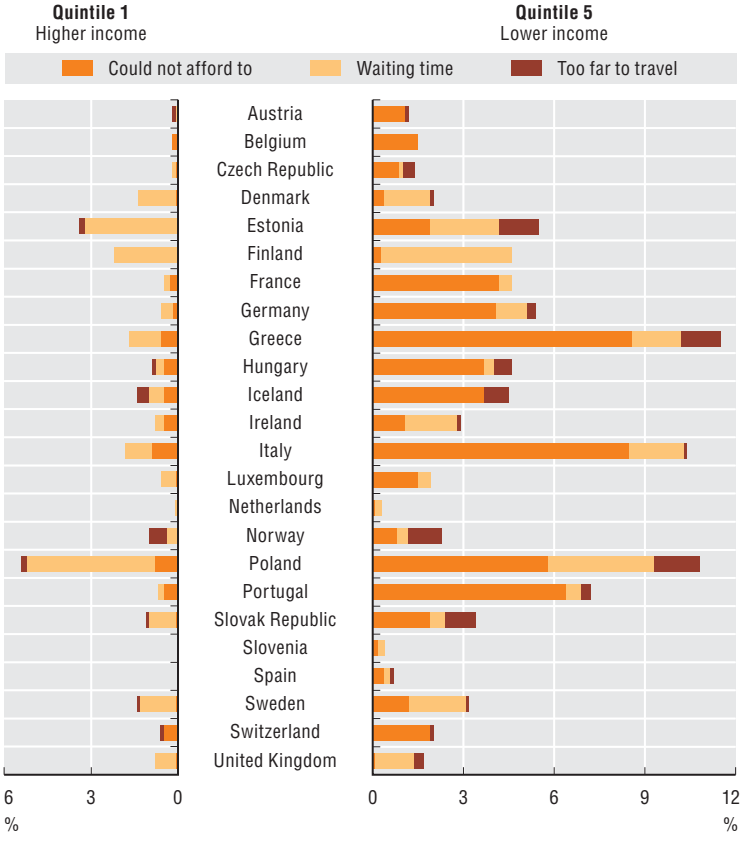
Definition and comparability

Questions on unmet health care needs are a feature of a number of national and cross-national health interview surveys, including the European Union Statistics on Income and Living Conditions survey (EU-SILC) and the international health policy surveys conducted by the Commonwealth Fund. No single survey or study on unmet care needs has been conducted across all OECD countries.

To determine unmet medical care, individuals are typically asked whether there was a time in the previous 12 months when they felt they needed health care services but did not receive them, followed by a question as to why the need for care was unmet. Common reasons include that care was too expensive, the waiting time was too long, or the travelling distance to receive care was too far.

Information on both unmet care and socio-economic status are derived from the same survey, although question and answer categories, age groups surveyed and measures to grade socio-economic status can vary. Cultural factors and policy debates may also affect attitudes to unmet care. Caution is needed in comparing the magnitude of inequalities across countries.

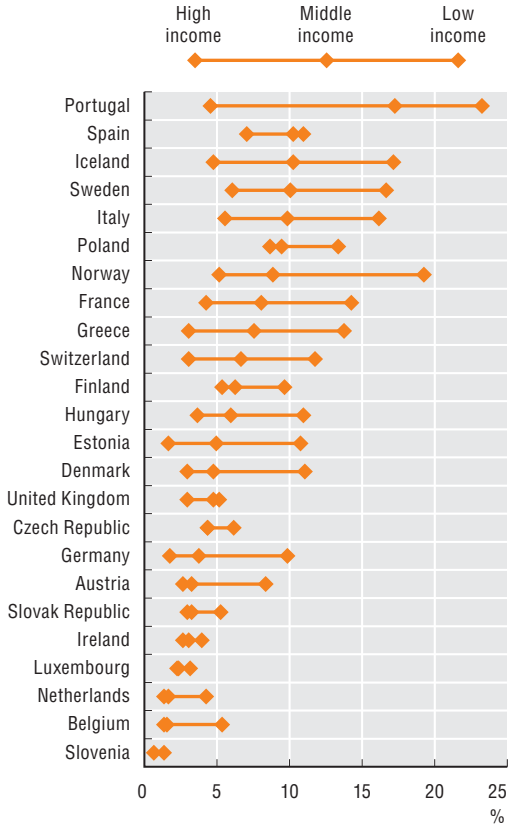
6.1.1 Unmet need for a medical examination, selected reasons by income quintile, European countries, 2009



Source: EU-SILC.

StatLink http://dx.doi.org/10.1787/888932525628

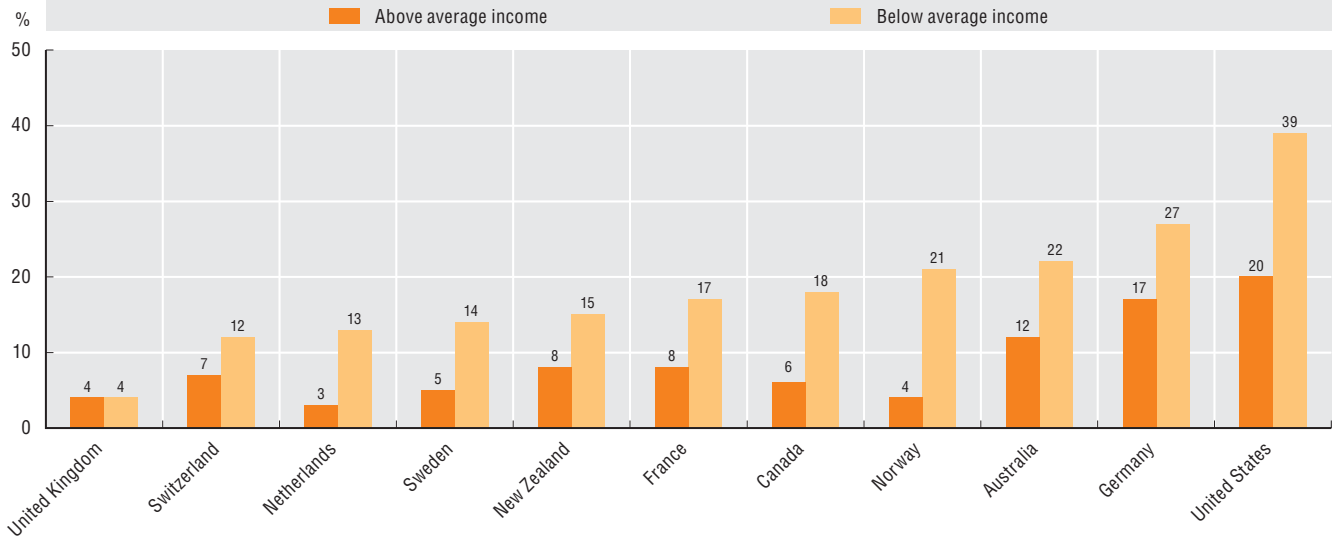
6.1.2 Unmet need for a dental examination, by income quintile, European countries, 2009



Source: EU-SILC.

StatLink http://dx.doi.org/10.1787/888932525647

6.1.3 Unmet care need[1] due to costs in eleven OECD countries, by income group, 2010



1. Either did not visit doctor with medical problem, did not get recommended care or did not fill/skipped prescription.

Source: Commonwealth Fund (2010).

StatLink http://dx.doi.org/10.1787/888932525666