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Original article

Comparison of Health Care Experience and Access Between Young and Older Adults in 11 High-Income Countries

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A B S T R A C T

Purpose: Young adults (18–24 years) frequently report poorer health care access and experience than older adults. We aimed to investigate how differences between young and older adults vary across 11 high-income countries.

Methods: A total of 20,045 participants from 11 high-income countries (i.e., Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, United Kingdom, United States) participating in the Commonwealth Fund 2013 International Health Policy Survey. We compared young adults (18–24 years) with older adults (25–34; 35–49; 50–64; 65+ years) on three aspects of health care: overall satisfaction, cost barriers to access, and four indicators of consultation quality relating to adequate information, time, involvement, and explanation.

Results: Across all participants, young adults reported significantly worse overall satisfaction (63.6% vs. 70.3%; $p < .001$) and more frequent cost barriers (21.3% vs. 15.2%; $p < .001$) than older adults. Country-level analyses showed that young adults reported lower overall satisfaction than older adults in five of 11 countries (Australia, Canada, Norway, Switzerland, United States) and more frequent cost barriers in six of 11 countries (Canada, France, Germany, Switzerland, Norway, United States). In five countries (Australia, Canada, France, Norway, Switzerland), most patient experience indicators were less positive among young adults than those among older adults.

IMPLICATIONS AND CONTRIBUTION

Young adults frequently report worse health care experience and access than older adults. This study found wide variation across high-income countries, with no significant differences between young and older adults in three of 11 countries (Netherlands, New Zealand, United Kingdom), suggesting that such differences are not inevitable and may be amenable to policy/practice interventions.

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In three countries (Netherlands, New Zealand, United Kingdom), there was no significant difference between young and older adults on any indicator.

Conclusions: Associations between age and health care access/experience varied markedly between countries, suggesting that poor access and experience among young adults is not inevitable and may be amenable to policy/practice interventions.

Young adulthood (18–24 years) is increasingly recognized as a formative stage of the life course when lifelong health attitudes and behaviors are established [1,2]. For health services, adolescence and young adulthood offer a critical developmental window when engaging young people with their health can result in lifelong better health and reduced future need for health care services [3]. This opportunity is, however, often lost because health services fail to meet the distinct needs of this population group [4–6]. Clinical outcomes deteriorate during this age group for many long-term conditions [4,7], and patient experience surveys show that young adults in the United States and England typically report poorer experiences of health care than children and older adults [4,8–10].

It is not known to what degree poorer patient experience among young adults represents genuine inequity in the quality of service provided. Patient experience measures are influenced by both provider factors (objective quality of service) and patient factors (expectations) [8,11]. Previous authors have suggested that poorer ratings by younger adults may reflect a cohort effect (i.e., higher expectations of health care among younger generations), age-related differences in preferred consultation style, or distinct health care priorities in this age group [11–13]. Previous national surveys from Australia [14], Sweden [15], the United Kingdom [16], and the United States [17] suggest that the magnitude of age differences in health care experience may differ significantly between countries. However, because of important methodological differences, these surveys cannot be compared directly, and there are no previous cross-country studies of health care quality for young adults. As a result, it is not clear whether age differences in patient experience are consistent across different countries or vary depending on health care, policy, or societal factors in each country.

It is also not known to what degree poorer patient experience in this group reflects greater financial barriers to accessing care. For example, in the United States, lack of health insurance and financial barriers to accessing care have historically been higher among young adults than any other age group [18], although there is early evidence that insurance rates have improved after the 2010 Affordable Care Act [19,20].

We hypothesized that perceived cost barriers and health care experience among young adults may be influenced by both individual-level factors (e.g., age) and country-level factors (e.g., national health care system, total national health care spending). To investigate the relative importance of these two levels, we sought to explore whether lower rates of satisfaction and higher rates of forgoing care were seen consistently across countries—suggesting they may be an inevitable consequence of providing care to this age group—or whether national differences in services, culture, and context could account for any of this variation.

Using data from the Commonwealth Fund's International Health Policy Survey, we compared health care access and experience among young (18–24 years) and older (≥25 years) adults across 11 countries. We then explored whether there were any associations between national systems of health care funding/delivery and health care access/experience among young adults.

Methods

Participants

We analyzed data on 20,045 adults (≥18 years) including 1,463 young adults (18–24 years) from 11 high-income countries (i.e., Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States) who took part in the 2013 Commonwealth Fund International Health Policy Survey [21]. This is an annual telephone survey of the general population in each country. Results are weighted to be nationally representative using data on age, sex, region, and education; additional weighting variables are also used in some countries for consistency with national polling practice (for example, race/ethnicity in the United States).

Age groups were defined as 18–24 years (young adults) and 25–34, 35–49, 50–64, 65+ years. The number of respondents in each country/age category is presented in Table 1.

The response rate ranged from 11% (Germany, Norway) to 33% (Switzerland). In the United States (response rate 22%), nonresponders were more likely to be male, younger, educated beyond high school, have only a cell phone, be Hispanic/black non-Hispanic, and be uninsured. Similar patterns of nonresponse were seen in other countries. Differential nonresponse was addressed through weighting to provide nationally representative findings for each country. Full details of the methodology used for the 2013 Commonwealth Fund International Health Policy Survey have been published previously [21].

Health care indicators

To assess experience/satisfaction with health care, we selected five questionnaire items relating to the quality of medical care. The first item reports overall assessment of the care patients have received from their regular doctor over the past 12 months; the remaining items relate to specific aspects of patients' experience of care (whether the doctor always has enough information, spends enough time, involves you in decisions about care and treatment, and explains things in a way that you can understand). As shown in Table 2, the response "always" represents the level of best practice; a dichotomous variable was created by aggregating the other four responses.

Cost barriers to accessing health care were assessed by combining responses to three questionnaire items relating to any cost barrier to accessing care or completing recommended tests