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Unmet Need For Health Care – A Serious Issue for European Elderly?

Veronika Krutilová^{a,*}

^aMendel University in Brno, Faculty of Business and Economics, Zemědělská 1, Brno, 61300, Czech Republic

Abstract

Unmet need is found as an undesirable feature of health care systems. The paper analyses unmet health care need among European elderly. The data from the Survey of Health, Ageing and Retirement in Europe is used. The methods of descriptive analyses are applied. Results showed that access to health care is not equal; unmet need exists and is serious in Estonia and Italy especially. The elderly with unmet need have worse health and suffer from a higher number of chronic diseases. They face higher health care burden. The most vulnerable are older elderly with a low income.

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1. Introduction

Unmet need for health care is an undesirable feature of modern health care and social systems and it is a subject of interest of health care policies. Access to health care is recognized as one of the basic principles of many health care systems in developed countries (European Commission, 2010; Koolman, 2007; Terraneo, 2014; Devaux, 2013).

From the point of view of horizontal equity in access to health care all individuals should have access to desirable care according to their (health) need regardless of characteristics such as such as age, race, gender, education (Whitehead, 1991; Gutmann, 1981). Access to health care is affected by various factors. In general, sociodemographic background, social network, health and economics play a crucial role (Tur-Sinai & Litwin, 2015). The decision about

* Corresponding author. Tel.: +420545132556; fax: +420545132645.

E-mail address: veronika.krutilova@mendelu.cz

consumption of health care is influenced by sociodemographic characteristics such as age, gender, education, number of household members or place of living. Unmet health care need can be caused by simple factors such as distrust of health care system, fear from treatment, attitude to own health or network or quality of health care providers. Worse health status and accumulation of diseases can lead to unmet need in particular. Other important factor is health care financing (limited resources for health care providers can cause waiting times) and a level of out-of-pocket payments. Out-of-pocket payments are considered as the most regressive way of spending for health care (Saltman & Figueras, 1997; Vörk et al., 2010; Hopkins & Cumming, 2001; Arhin-Tenkorang, 2001; Yardima et al., 2010; Xu et al., 2009). If the spending is too high and causes a high burden for household budgets, individuals can decide to postpone or forgo health care consumption. Moreover, whether income and health status are positively correlated, low-income consumers are influenced by high out-of-pocket payments the most (Hopkins & Cumming, 2001).

With reference to some studies health care cost and waiting times appeared to be the most important reason for unmet need (Koolman, 2007; Tur-Sinai & Litwin, 2015). These both reasons are serious ones and it is worth paying attention to them. Nevertheless, this paper focuses only on unmet need caused by health care costs (out-of-pocket payments). Unmet need appears as a reason of price of health care which has to be paid. Whether the level of out-of-pocket payments endangers the household's ability to maintain its customary standard of living (Berki, 1986), it can result in pushing households into the poverty and/or postponing or forgoing access to health care. In a number of studies the elderly were identified as the most vulnerable group (especially people over age 65) (Hong & Kim, 2000; Yardima et al., 2010; De Graeve et al., 2006; Habicht et al., 2006; Klavus & Kapiainen, 2008; Economou, 2010; Xu et al., 2009). The elderly face higher out-of-pocket payments and spend a higher share of their income than households with younger and economically active members (Berki, 1985; Rasell et al., 1994; Wyszewianski, 1986).

This paper focuses on unmet need of the elderly. The rationale is that a combination of characteristics such as age, higher morbidity, presence of chronic illnesses and a lower income (as a result of economic inactivity in retirement age) determine the elderly as the most vulnerable group.

The objective of the paper is to evaluate the extent of unmet need for health care among the elderly in selected European countries and to explore characteristics of the elderly with unmet need for health care.

2. Data and methods

2.1. Used Data

The data from the fifth wave of the Survey of Health, Ageing and Retirement in Europe (SHARE) is used (Börsch-Supan, 2015). SHARE is a unique survey focusing on people aged 50 and older. SHARE contains micro-level panel data of economic, social and health factors that accompany and influence ageing processes (Börsch-Supan et al., 2013). In wave 5, 14 European countries are covered (Austria, Belgium, Czech Republic, Denmark, Estonia, France, Germany, Italy, Netherland, Slovenia, Spain, Sweden, Switzerland, Luxemburg). Besides others, an extensive health care module is integrated in the fifth wave which allows international comparisons in two areas: health care utilization (in the last 12 months), including unmet need, and health insurance coverage and out-of-pocket expenditure (Malter & Börsch-Supan, 2015). The target population are persons born in 1962 or earlier, and persons who are a spouse/partner of a person born in 1962 or earlier (all households with at least one member belonging to the target population of individuals). The following respondents were not included: not speaking any the official national language(s) of the country, people incarcerated, hospitalized, or out of the country during the entire fieldwork period. To collect the data, so called CAPI (computer-assisted personal interviewing) was used. The fifth wave of survey was conducted in 2013 and the fieldwork was completed in November 2013. The survey is based upon probability samples with full population coverage. All the methodological aspects related to the SHARE survey are discussed in Börsch-Supan et al. (2013) and special methodological issues related to wave 5 in Malter and Börsch-Supan (2015).

2.2. Methods

The subject of research is unmet need for health care as a subjective feeling of respondents. In the analysis, 62 949 individuals aged 50 and more are included. First of all, the unmet need for health care is explored among all the

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