Accessibility to Health Services Among Elderly People in the European Union: Do Health Care Finance and Organizational Models Matter?

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OLDER PEOPLE ARE THE main users of health care services¹ and this is important in all health care systems including in the European Union (EU), as this region is facing one of the fastest aging demographics in the world. The European Commission projects that the EU old-age dependency ratio (the ratio between the total number of elderly and the number of people of working age [15–64 years]) will increase from 27.5% in 2013, to 49.4% by 2050.² These trends may increase pressure on the health care sector. However, increase in prices and proportion of out-of-pocket costs leads some older people to refrain from seeking needed medical services. Such behavior is a growing concern for health systems and it is crucial to understand both prevalence and reasons.

In 2009, a cross-sectional study, ABUEL (Abuse of Elderly in Europe), was conducted with a target population of people aged 60–84 years living in selected cities in Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden. The population sample comprised 4467 respondents; the mean response rate across countries was 45.2%. Self-reported refraining from seeking care services was measured with the question: “*Have you been in need of a certain care service in the past year, but did not seek help?*” Reasons for refraining were measured with the question: “*What were the reasons for not using care services?*” The term “care services” included a range of different health-related services (eg, general practitioner, hospital, nurse, dentist). Evaluation of the association between refraining from seeking care services and selected sociodemographic factors was undertaken using an *Enter* model of logistic regression.³

Thirteen percent (n=579) of respondents refrained from seeking care services with significant variations ($P<0.001$)

identified between different countries. The highest rates were among the elderly from Lithuania (24.0%), Germany (16.2%), and Portugal (15.4%). Italy, Spain, Sweden, and Greece had much lower levels of refraining (10.4%, 9.4%, 8.5%, and 7.2%, respectively). Logistic regression revealed that refraining was statistically significantly associated with higher levels of education (odds ratio [OR]=1.21) and financial strain (OR=1.26). The main reasons for not seeking needed care services were: the problem disappeared (35.1%); too long on waiting list (21.0%); did not get an appointment fast enough (16.2%); financial problems (16.0%); previous negative experience (14.2%); did not have the time (11.7%); difficult contact with care services (11.5%); care services were not available (8.3%); did not know who to contact (7.9%).

This study revealed that older people refrain from seeking care services for reasons that differ across countries. The organization and financing of health care systems could be one of the reasons that explain this variation. We have noticed that the highest proportion of people who refrained from seeking care were among Bismark finance model (insurance-based) countries (ie, Lithuania, Germany, Greece); however, for Beveridge finance model (tax-based) countries (ie, Portugal, Italy, Spain, Sweden), there was a lower rate of refraining from seeking care.⁴ Other important factors that need to be reviewed and considered include patient behavior, expectations, the general economic situation, and cultural norms.

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