Unmet health care needs statistics

Data extracted in May 2016. Most recent data: Further Eurostat information, Main tables and Database . Planned article update: May 2017.

This article presents an overview of unmet needs for medical or dental examinations or treatment among the population of the European Union (EU) . The article presents a variety of reasons why medical and dental health needs are not met, for example because of cost (too expensive), distance (too far to travel) or waiting lists which makes it possible to identify causes of limitations in access to healthcare services.

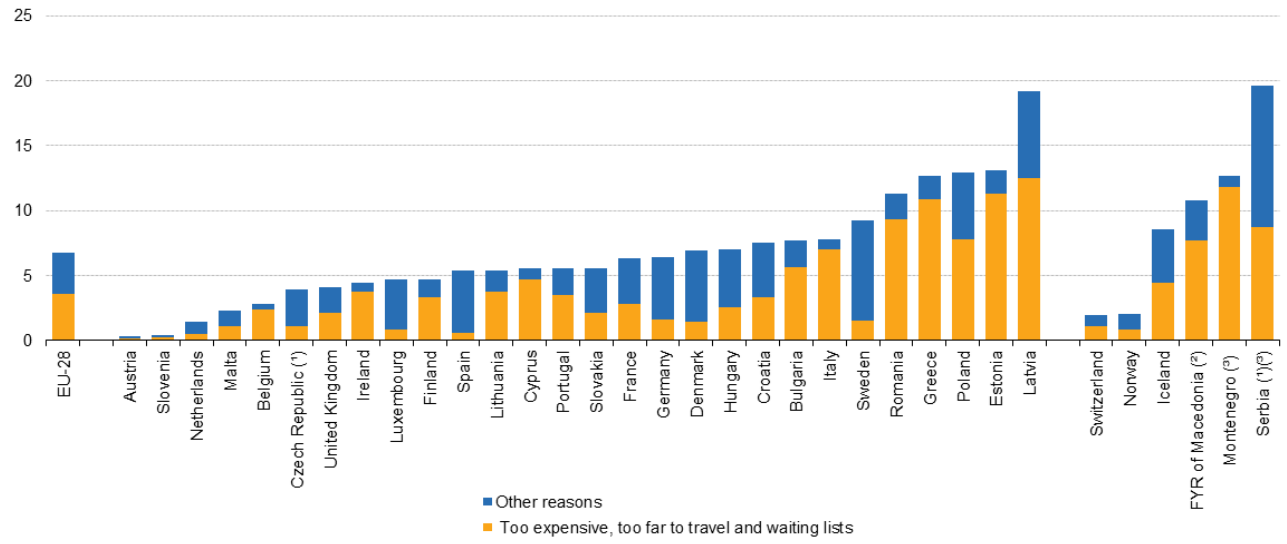
This article is one of a set of statistical articles concerning healthcare activities in the EU which forms part of an online publication on health statistics .

Main statistical findings

Unmet needs for medical care

Close to 7 % of the EU-28 population had an unmet need for a medical examination or treatment in 2014 and about half of them were related to the organisation of health services ...

In 2014, some 6.7 % of the population aged 16 and over in the EU-28 reported that they had unmet needs for medical examinations or treatment, a share that ranged from 2 % in Malta to 13 % in Estonia, with the Netherlands, Slovenia and Austria below this range and Latvia above it (see Figure 1). Norway and Switzerland also reported relatively low shares for this indicator while Serbia reported a relatively high share. As regards reasons related to the organisation and functioning of health care services — financial reasons (too expensive), transportation (too far to travel), or timeliness (long waiting lists) — 3.6 % of the EU-28 adult population reported they had unmet needs, a share that ranged from 1 % in Malta and the Czech Republic to 9 % in Romania, with Luxembourg, Spain, the Netherlands, Slovenia and Austria below this range and Greece, Estonia and Latvia above it.



(1) Data with low reliability.
(2) 2012.
(3) 2013

Figure 1: Share of persons aged 16 and over reporting unmet needs for medical care, 2014(%)Source: Eurostat (hlthsilc08)

. . . being too expensive was the most common reason

Overall in the EU-28, the most common reason for not having a medical examination or treatment was that it was too expensive; this reason alone accounted for one third of all the people who reported an unmet need for medical care, equivalent to 2.4 % of the population (see Table 1). The next most common reasons were that people wanted to see if their problem got better on its own, or there was a waiting list: these two reasons were each reported by about 1 % of the population. Less common reasons were due to no time, a fear of doctors, hospitals, examination or treatment, that it was too far to travel, or that the person did not know a good doctor or specialist, each of which were reported by 0.1 % to 0.8 % of the population. Aside from these seven specified reasons, a further 0.8 % of the population indicated another (unspecified) reason for an unmet need for a medical examination or treatment.

	All reasons	Health system related reasons	of which:			Reasons other than those related to the health system	of which:				
			Too expensive	Too far to travel	Waiting list		No time	Did not know a good doctor	Fear of doctor, hospital, examination or treatment	Wanted to wait and see if problem got better on its own	Other reasons
EU-28	6.7	3.6	2.4	0.1	1.1	3.1	0.8	0.1	0.3	1.1	0.8
Belgium	2.8	2.4	2.1	0.2	0.0	0.4	0.0	0.0	0.1	0.2	0.1
Bulgaria	7.7	5.6	4.4	0.5	0.7	2.1	0.5	0.1	0.1	1.1	0.3
Czech Republic (')	3.9	1.1	0.5	0.3	0.3	2.8	0.6	0.1	0.2	1.5	0.4
Denmark	6.9	1.4	0.4	0.2	0.8	5.5	0.8	0.1	0.4	2.3	1.9
Germany	6.4	1.6	0.6	0.1	0.9	4.8	1.1	0.1	0.3	1.4	1.9
Estonia	13.1	11.3	0.5	0.7	10.1	1.8	0.2	0.7	0.1	0.2	0.6
Ireland	4.4	3.7	2.6	0.0	1.1	0.7	0.1	0.0	0.1	0.3	0.2
Greece	12.7	10.9	9.7	0.3	0.9	1.8	0.6	0.1	0.3	0.5	0.2
Spain	5.4	0.6	0.5	0.0	0.1	4.8	1.3	0.0	0.3	2.4	0.7
France	6.3	2.8	2.3	0.1	0.4	3.5	1.1	0.1	0.6	1.3	0.4
Croatia	7.5	3.3	1.4	1.1	0.8	4.2	0.9	0.0	0.3	2.0	1.0
Italy	7.8	7.0	6.2	0.1	0.8	0.8	0.2	0.0	0.1	0.1	0.3
Cyprus	5.5	4.7	4.6	0.0	0.1	0.8	0.1	0.0	0.2	0.4	0
Latvia	19.2	12.5	10.5	0.4	1.6	6.7	1.7	0.6	0.4	3.6	0.4
Lithuania	5.4	3.7	0.7	0.3	2.7	1.7	0.2	0.1	0.1	1.2	0.1
Luxembourg	4.7	0.8	0.6	0.0	0.1	3.9	0.7	0.1	0.3	2.5	0.4
Hungary	7.0	2.5	2.1	0.2	0.2	4.5	1.6	0.0	0.4	2.1	0.3
Malta	2.3	1.1	0.9	0	0.2	1.2	0.2	0	0.2	0.4	0.4
Netherlands	1.4	0.5	0.4	0.0	0.1	0.9	0.1	0.0	0.1	0.2	0.5
Austria	0.3	0.1	0.1	0	0.0	0.2	0.0	0.0	0.0	0.1	0.0
Poland	12.9	7.8	3.1	0.3	4.4	5.1	1.9	0.1	0.7	1.8	0.6
Portugal	5.5	3.5	3.0	0.1	0.4	2.0	0.6	0.0	0.4	0.6	0.4
Romania	11.3	9.3	8.3	0.5	0.5	2.0	0.3	0.1	0.4	0.8	0.3
Slovenia	0.4	0.2	0.1	0.0	0.1	0.2	0.1	0.0	0.0	0.0	0.1
Slovakia	5.5	2.1	0.9	0.2	1.0	3.4	1.0	0.2	0.4	1.2	0.5
Finland	4.7	3.3	0.1	0.0	3.1	1.4	0.0	0.0	0	0.0	1.4
Sweden	9.2	1.5	0.5	0.1	1.0	7.7	1.3	0.8	0.3	3.7	1.7
United Kingdom	4.1	2.1	0.1	0.0	2.0	2.0	0.2	0.1	0.1	0.2	1.4
Iceland	8.5	4.4	3.4	0.3	0.7	4.1	0.3	0.3	0.1	1.4	2.1
Norway	2.0	0.8	0.2	0.0	0.6	1.2	0.1	0.1	0	0.2	0.8
Switzerland	1.9	1.1	1.0	0	0.1	0.8	0.2	0.0	0.0	0.2	0.4
Montenegro (²)	12.7	11.8	9.9	0.7	1.2	0.9	0.3	0.0	0.1	0.3	0.3
FYR of Macedonia (²)	10.8	7.7	6.1	0.6	1.0	3.1	0.3	0.1	0.4	1.8	0.5
Serbia (')(²)	19.6	8.7	5.7	0.9	2.1	10.9	3.3	0.3	0.9	4.0	2.5

(') Data with low reliability.
(²) 2012.
(³) 2013
Source: Eurostat (hlth_silc_08)

Table 1: Share of persons aged 16 and over reporting unmet needs for medical care, by detailed reason, 2014(%)Source: Eurostat (hlthsilc08)

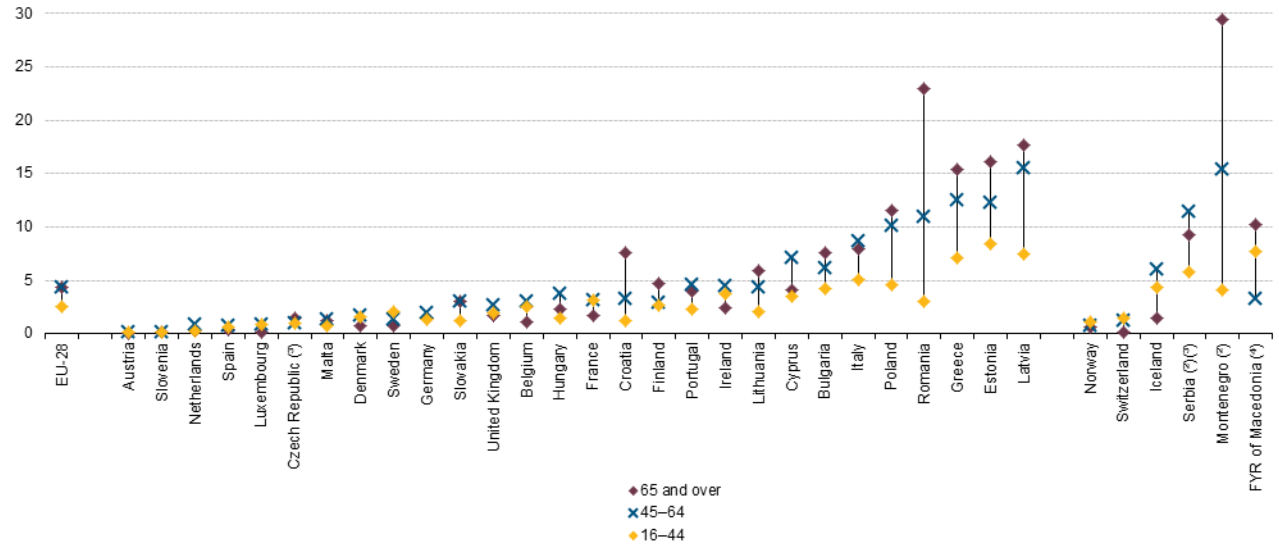
A waiting list hindering a medical examination or treatment was the most frequent reason given for unmet medical needs in Estonia, Poland, Finland, Lithuania and the United Kingdom. Patients wanting to wait and see whether their problem resolved itself was the most common reason in Sweden, Spain, Croatia, Hungary, Luxembourg, the Czech Republic, Denmark, Slovakia and Austria. A group of unspecified other reasons were more common than any of the seven specific reasons shown in Table 1 in Germany and the Netherlands. Due to low overall prevalence of unmet needs in Slovenia, there were no big differences in prevalences of specific main reasons. In half of EU Member States the expense of a medical examination or treatment was the most common reason for unmet medical needs.

Among all of the reasons for unmet needs for a medical examination or treatment, expense was the main reason for 70 or more percent of all people reporting an unmet need in Romania, Belgium, Greece, Italy and Cyprus. In five other EU Member States, at least half of the people reporting unmet needs for a medical examination or treatment cited expense as the reason. In contrast, in Estonia, the United Kingdom and Finland less than 5 % of people reporting unmet needs for a medical examination or treatment gave expense as the main reason.

Generally, Member States with high shares of unmet needs for medical care due to being too expensive, too far to travel or waiting lists displayed particularly high shares for older people

Age was a factor linked to unmet needs for medical care due to being too expensive, too far to travel or waiting lists in many of the EU Member States, although there was not a universal pattern (see Figure 2). Among the six EU Member States where there was a relatively high proportion of the population reporting an unmet need for medical care due to being too expensive, too far to travel or waiting lists (at least 7 %), younger people (aged 16–44) were generally less likely to report an unmet need, while older people (aged 65 and over) were more likely to do so, although in Poland and Italy, there were not big differences in the shares for the middle age group (persons aged 45–64) and older persons (aged 65 and over). A similar pattern was

also observed among some of the Member States with somewhat lower overall shares, for example Croatia and Lithuania.



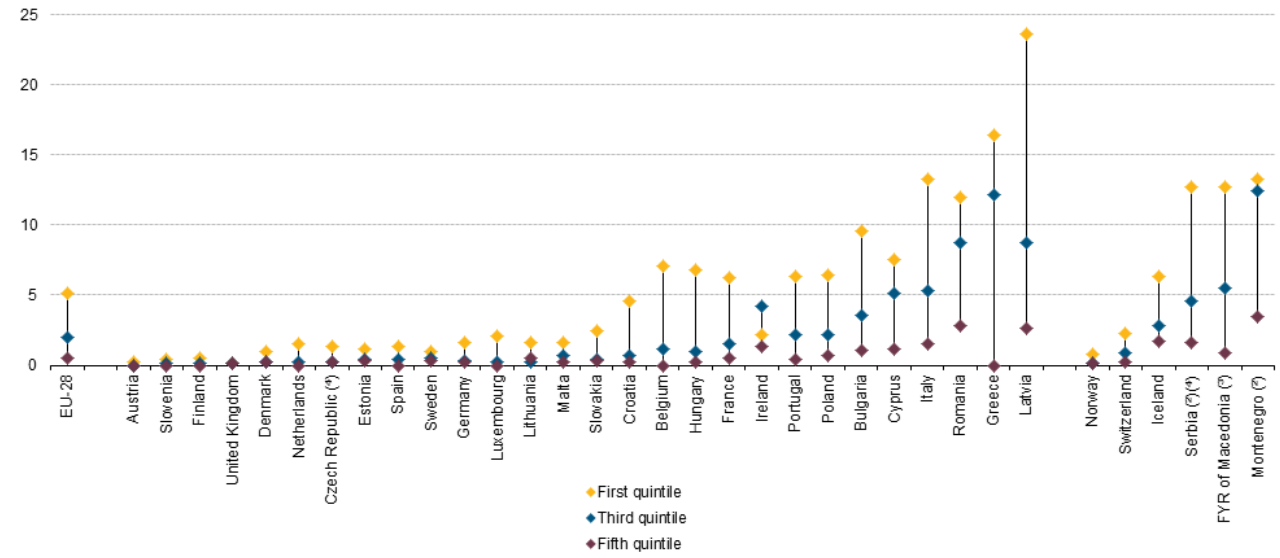
(1) Ranked on the overall share of persons reporting unmet needs for medical care due to being too expensive, too far to travel or waiting lists.
(2) 2013
(3) data with low reliability.
(4) 2012.
Source: Eurostat (online data code: hlth_silc_08)

Figure 2: Share of persons aged 16 and over reporting unmet needs for medical care due to being too expensive, too far to travel or waiting lists, by age, 2014 (1)(%)Source: Eurostat (hlthsilc08)

In contrast, the reverse situation was observed in a few Member States, with the lowest shares reported for older persons and the highest for younger people: France and Sweden are examples. A further exception to the general pattern was observed in several Member States where the highest share was reported for people in the middle age group (persons aged 45–64), for example in Cyprus and Hungary.

The frequency of reporting unmet needs for medical care for reasons of expense decreased with increasing income

Figure 3 focuses on just the most common reason for unmet needs for a medical examination or treatment in the EU-28, expense, and its relation to income levels. In 2014, 5.1 % of the population in the first income quintile group (the 20 % of the population with the lowest income) in the EU-28 reported unmet needs for a medical examination or treatment due to expense, compared with 3.0 % in the second quintile group, 2.0 % in the third quintile group, 1.2 % in the fourth quintile group and 0.5 % in the fifth income quintile group (the 20 % of the population with the highest income). As such, it can be seen that the frequency of reporting such unmet needs for reasons of expense decreased with increasing income. In 12 of the 13 EU Member States (the exception being Ireland) where the overall share of people reporting unmet needs for a medical examination or treatment due to expense was at least 1 %, a similar pattern was observed. Among the remaining Member States, those where the overall share of people reporting unmet needs for a medical examination or treatment due to expense was relatively low, the pattern was less regular.



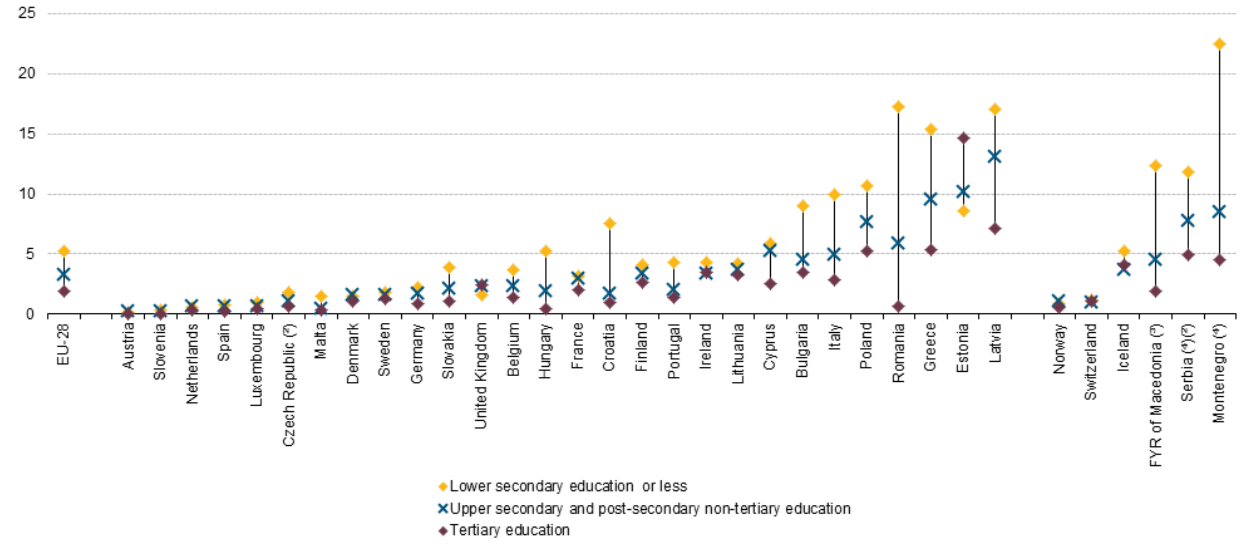
(') Ranked on the overall share of persons reporting unmet needs for medical care due to being too expensive.
(2) 2013
(3) 2012.
(4) data with low reliability.
Source: Eurostat (online data code: hlth_silc_08)

Figure 3: Share of persons aged 16 and over reporting unmet needs for medical care due to being too expensive, by income quintile, 2014 (1)(%)Source: Eurostat (hlthsilc08)

Generally, the frequency of reporting unmet needs for medical care for reasons of high expense, too far to travel or waiting lists increased with decreasing educational attainment

The final analysis for the share of the population reporting unmet needs for medical care due to being too expensive, too far to travel or waiting lists is based on three groupings showing the highest level of completed education (see Figure 4). In the EU-28, 1.9 % of persons having completed tertiary education reported unmet needs for a medical examination or treatment due to being too expensive, too far to travel or waiting lists in 2014; this share reached 3.3 % for people having completed upper secondary or post-secondary non-tertiary education and 5.2 % for people having completed at most lower secondary education.

This general pattern of increasing unmet needs with decreasing educational attainment was observed in the majority of EU Member States, clear examples being Latvia, Greece, Romania, Poland and Italy. This was also the pattern observed in several other Member States with an extra characteristic, that the share for persons with at most lower secondary education was notably higher than for people with either of the two other education levels, in Bulgaria and Croatia for example. Also following the general pattern were some Member States where the prevalence of unmet needs for medical care was notably lower for people having completed tertiary education than for people with either of the two other education levels, for example in Cyprus. Estonia was the most notable exception to the general pattern as the reverse situation was observed with the highest share among people having completed a tertiary education and the lowest among people having completed at most a lower secondary education.



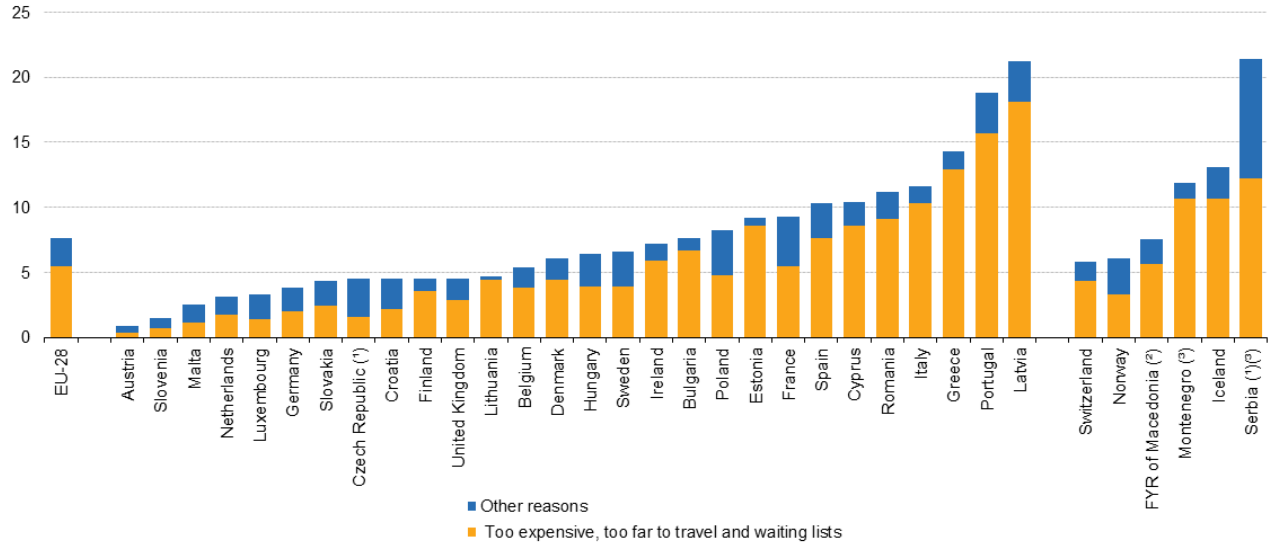
(1) Ranked on the overall share of persons reporting unmet needs for medical care due to being too expensive, too far to travel or waiting lists.
(2) Data with low reliability.
(3) 2012.
(4) 2013
Source: Eurostat (online data code: hlth_silc_14)

Figure 4: Share of persons aged 16 and over reporting unmet needs for medical care due to being too expensive, too far to travel or waiting lists, by educational attainment level, 2014 (1)(%)Source: Eurostat (hlthsilc14)

Unmet needs for dental care

In 2014, close to 8 % of the EU-28 population had an unmet need for a dental examination or treatment most of which were related to the organisation of health services

In 2014, some 7.6 % of the population aged 16 and over in the EU-28 reported that they had unmet needs for a dental examination or treatment; as such, the share of the population with unmet needs was greater for dental care than for medical care. For dental care, the proportion of the population with unmet needs ranged from 3 % in the Netherlands and Luxembourg to 12 % in Italy, with Austria, Slovenia and Malta below this range and Greece, Portugal and Latvia above it (see Figure 5). If only reasons related to the organisation and functioning of health care services are considered — financial reasons (too expensive), transportation (too far to travel), or timeliness (long waiting lists) — 5.5 % of the EU-28 adult population reported they had unmet needs, a share that ranged from 1 % in Malta to 10 % in Italy, with Slovenia and Austria below this range and Greece, Portugal and Latvia above this range.



(1) Data with low reliability.
(2) 2012.
(3) 2013.

Figure 5: Share of persons aged 16 and over reporting unmet needs for dental care, 2014(%)Source: Eurostat (hlthsilc09)

Being too expensive was far the most common reason

Overall in the EU-28, the most common reason for unmet needs for dental examination or treatment was that it was too expensive; this reason alone accounted for two thirds of all the persons who reported an unmet need for dental examination or treatment, equivalent to 5.1 % of the whole population — see Table 2.

After expense, the next most common reasons for unmet needs for a dental examination or treatment were fear (of dentists, hospitals, examination or treatment) and a lack of time, with these two reasons cited by 0.8 % and 0.5 % of the population. Less common reasons were due to waiting to see if the problem resolved itself, waiting lists, that it was too far to travel, or that the person did not know a good dentist or specialist, each of which were reported by 0.1 % to 0.3 % of the population. Aside from these seven specified reasons a further 0.5 % of the population indicated another (unspecified) reason for an unmet need for a dental examination or treatment.

	All reasons	Health system related reasons	of which:			Reasons other than those related to the health system	of which:				
			Too expensive	Too far to travel	Waiting list		No time	Did not know a good dentist	Fear of dentist, hospital, examination or treatment	Wanted to wait and see if problem got better on its own	Other reasons
EU-28	7.6	5.5	5.1	0.1	0.3	2.1	0.5	0.1	0.8	0.3	0.5
Belgium	5.4	3.8	3.7	0.0	0.0	1.6	0.5	0.0	0.5	0.2	0.4
Bulgaria	7.6	6.7	6.3	0.1	0.3	0.9	0.2	0.1	0.3	0.1	0.1
Czech Republic (')	4.5	1.6	1.2	0.1	0.3	2.9	0.5	0.2	0.9	0.7	0.6
Denmark	6.1	4.4	4.2	0.0	0.2	1.7	0.2	0.1	0.3	0.3	0.8
Germany	3.8	2.0	1.8	0.0	0.1	1.8	0.3	0.0	0.5	0.4	0.6
Estonia	9.2	8.6	7.6	0.1	1.0	0.6	0.2	0.1	0.2	0.0	0.1
Ireland	7.2	5.9	5.7	0.0	0.2	1.3	0.2	0.0	0.5	0.2	0.4
Greece	14.3	12.9	12.4	0.1	0.4	1.4	0.5	0.1	0.4	0.2	0.1
Spain	10.3	7.6	7.6	0.0	0.0	2.7	0.5	0.0	0.8	0.4	0.8
France	9.3	5.5	5.2	0.1	0.2	3.8	1.0	0.2	1.6	0.4	0.6
Croatia	4.5	2.2	1.5	0.6	0.1	2.3	0.5	0.0	0.7	0.4	0.7
Italy	11.6	10.3	10.0	0.1	0.3	1.3	0.3	0.0	0.3	0.3	0.4
Cyprus	10.4	8.6	8.5	0.0	0.0	1.8	0.5	0	0.6	0.6	0.1
Latvia	21.2	18.1	17.6	0.1	0.4	3.1	0.7	0.1	1.4	0.7	0.3
Lithuania	4.7	4.4	3.2	0.1	1.2	0.3	0.1	0	0.1	0.1	0.0
Luxembourg	3.3	1.4	1.3	0.0	0.0	1.9	0.2	0.2	0.7	0.5	0.4
Hungary	6.4	3.9	3.9	0.0	0.0	2.5	0.6	0.0	1.2	0.4	0.2
Malta	2.5	1.1	1.1	0.0	0.0	1.4	0.3	0.0	0.6	0.3	0.3
Netherlands	3.1	1.7	1.5	0.1	0.1	1.4	0.4	0.0	0.4	0.1	0.4
Austria	0.9	0.4	0.4	0.0	0.0	0.5	0.1	0.0	0.2	0.1	0.1
Poland	8.2	4.8	3.8	0.1	0.9	3.4	0.8	0.1	1.5	0.7	0.3
Portugal	18.8	15.7	15.5	0.1	0.1	3.1	0.8	0.0	1.4	0.5	0.4
Romania	11.2	9.1	8.8	0.2	0.1	2.1	0.5	0.0	1.1	0.4	0.1
Slovenia	1.5	0.7	0.4	0.0	0.3	0.8	0.1	0.1	0.2	0.1	0.2
Slovakia	4.3	2.4	2.0	0.1	0.3	1.9	0.3	0.0	0.9	0.4	0.3
Finland	4.5	3.6	0.3	0.0	3.3	0.9	0.0	0	0.1	0.1	0.7
Sweden	6.6	3.9	3.7	0.1	0.1	2.7	0.6	0.2	0.7	0.9	0.4
United Kingdom	4.5	2.9	2.4	0.0	0.5	1.6	0.2	0.1	0.4	0.1	0.7
Iceland	13.1	10.7	10.4	0.2	0.1	2.4	0.1	0.1	0.4	0.3	1.5
Norway	6.1	3.3	3.2	0	0.1	2.8	0.8	0.1	0.9	0.3	0.7
Switzerland	5.8	4.3	4.2	0.0	0.0	1.5	0.5	0.1	0.3	0.0	0.6
Montenegro (²)	11.9	10.7	10.3	0.2	0.2	1.2	0.3	0.1	0.4	0.2	0.2
FYR of Macedonia (²)	7.5	5.6	5.1	0.2	0.4	1.9	0.3	0.0	0.7	0.6	0.4
Serbia (')(²)	21.4	12.2	11.6	0.3	0.3	9.2	2.0	0.1	3.7	1.2	2.2

(') Data with low reliability.
(²) 2012.
(³) 2013.
Source: Eurostat (online data code: hlth_silc_09)

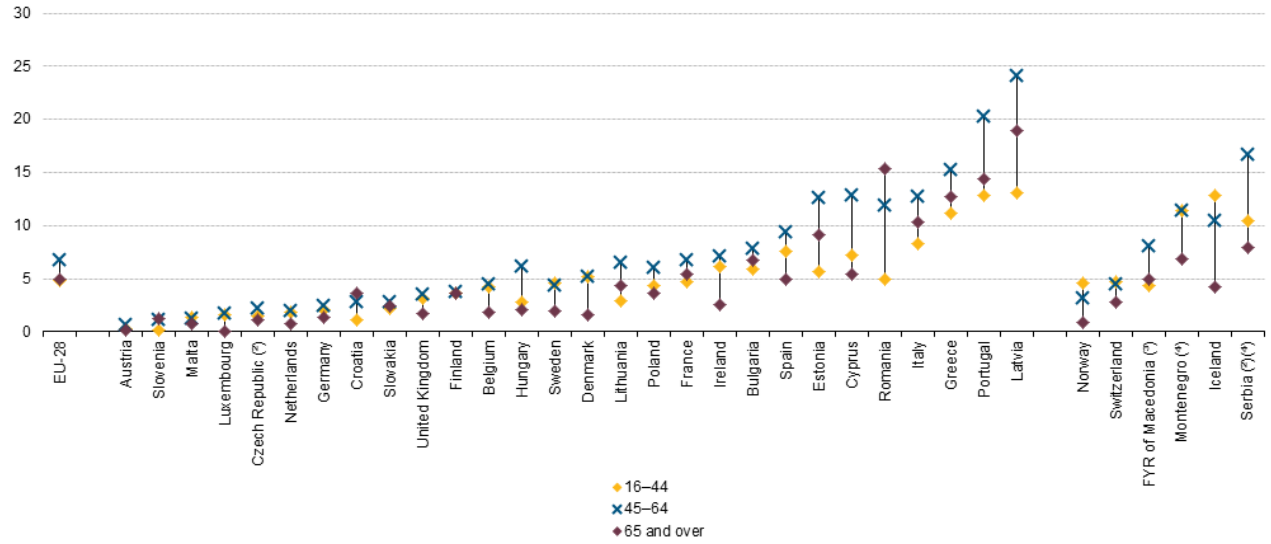
Table 2: Share of persons aged 16 and over reporting unmet needs for dental care, by detailed reason, 2014(%)Source: Eurostat (hlthsilc09)

A waiting list hindering a dental examination or treatment was the most frequent reason given in Finland. In all the remaining 27 EU Member States, the expense of a dental examination or treatment was the single most common reason for unmet needs.

In Greece, Italy, Latvia, Bulgaria, Estonia, Portugal and Cyprus, at least four in five people with unmet needs for a dental examination or treatment said that it was because a dental examination or treatment was too expensive. In 10 other EU Member States, at least half of the people reporting unmet needs for a dental examination or treatment cited expense as the reason. In contrast, in the Czech Republic and Slovenia just one in four of people reporting unmet needs for a dental examination or treatment gave this reason, while in Finland the share was as low as 7 %.

Generally, unmet needs for dental care due to being too expensive, too far to travel or waiting lists were most often reported by people aged 45–64

The middle age group (persons aged 45–64) was the most likely to report unmet needs for a dental examination or treatment due to being too expensive, too far to travel or waiting lists in all but five EU Member States. In Romania, the reporting of unmet needs gradually increased with higher age. In Croatia, the highest share of unmet needs was reported for older people (aged 65 and over) only. In Luxembourg, the Netherlands, Germany, Belgium, Sweden and Denmark, the older people reported less frequently unmet needs than people aged 16-44 or 45-64 as shown in Figure 6.



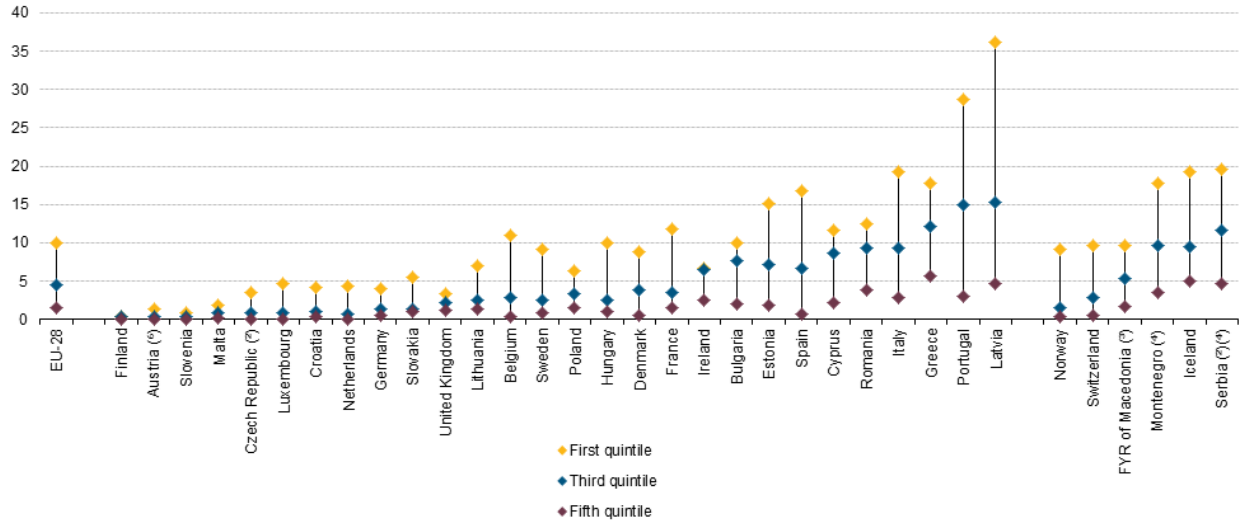
(1) Ranked on the overall share of persons reporting unmet needs for dental care due to being too expensive, too far to travel or waiting lists.
(2) Data with low reliability.
(3) 2012.
(4) 2013.
Source: Eurostat (online data code: hlth_silc_09)

Figure 6: Share of persons aged 16 and over reporting unmet needs for dental care due to being too expensive, too far to travel or waiting lists, by age, 2014 (1)(%)Source: Eurostat (hlthsilc09)

The frequency of reporting unmet needs for a dental care for reasons of expense decreased with increasing income

Figure 7 also focuses on the unmet needs for a dental examination or treatment due to expense. In 2014, 10.0 % of the population in the first income quintile group in the EU-28 reported unmet needs for a dental examination or treatment due to expense, compared with 6.5 % in the second quintile group, 4.5 % in the third quintile group, 3.2 % in the fourth quintile group and 1.5 % in the fifth income quintile group. As such, it can be seen that the frequency of reporting such unmet needs for reasons of expense decreased with increasing income, as was the case for medical care.

In nearly all of the 17 EU Member States where the overall share of people reporting unmet needs for a dental examination or treatment due to expense was at least 3.0 % the same pattern was observed as noted for the EU-28 as a whole: the one exception was Ireland, where the share of people with unmet needs due to expense was about the same among people in the four lower income groups. Among the remaining Member States, those where the overall share of people reporting unmet needs for a dental examination or treatment due to expense was relatively low, the pattern was less regular, although the highest shares of unmet needs were normally reported for the first income quintile group and the lowest shares normally for the fifth income quintile group.



(*) Ranked on the overall share of persons reporting unmet needs for dental care due to being too expensive.
(²) Data with low reliability.
(³) 2012.
(⁴) 2013.
Source: Eurostat (online data code: hlth_silc_09)

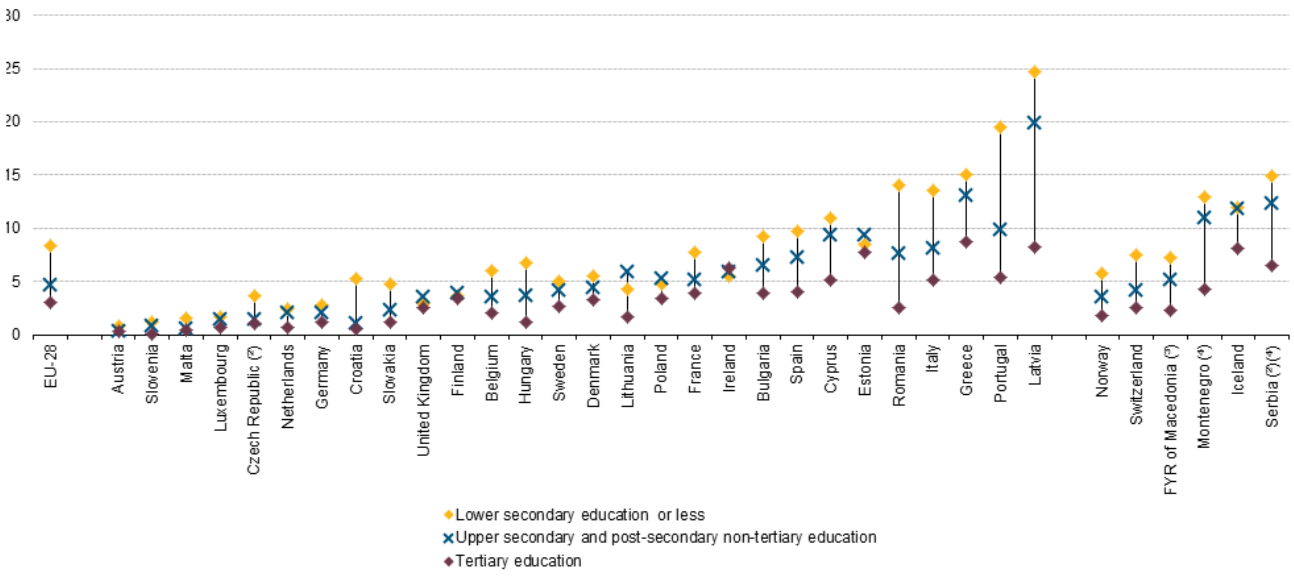
Figure 7: Share of persons aged 16 and over reporting unmet needs for dental care due to being too expensive, by income quintile, 2014 (1)(%)Source: Eurostat (hlthsilc09)

The frequency of reporting unmet needs for a dental care for reasons of high expense, too far to travel or waiting lists increased with decreasing educational attainment . . .

In the EU-28, 3.0 % of persons having completed tertiary education reported unmet needs for a dental care in 2014 due to being too expensive, too far to travel or waiting lists; this share reached 4.7 % for those having completed upper secondary or post-secondary non-tertiary education and 8.4 % for people having completed at most lower secondary education.

. . . although this was not observed in all EU Member States

This general pattern of increasing unmet needs with decreasing educational attainment was observed in the majority of EU Member States (see Figure 8). In Ireland, even though the differences were not substantial, the reverse pattern was observed as the lowest prevalence of unmet needs for dental care was reported by people having completed at most lower secondary education. In Estonia, Lithuania, Poland and the United Kingdom the lowest share of unmet needs was recorded for persons having completed tertiary education, while the highest share was generally recorded for persons having completed upper secondary or post-secondary non-tertiary education. In the Czech Republic and Croatia there was a notably higher prevalence of unmet needs among people having completed at most lower secondary education.



(*) Ranked on the overall share of persons reporting unmet needs for dental care due to being too expensive, too far to travel or waiting lists.
(²) Data with low reliability.
(³) 2012.
(⁴) 2013.
Source: Eurostat (online data code: hlth_silc_16)

Figure 8: Share of persons aged 16 and over reporting unmet needs for dental care due to being too expensive, too far to travel or waiting lists, by educational attainment level, 2014 (1)(%)Source: Eurostat (hlthsilc16)

Data sources and availability

The data used in the article concerning self-reported unmet needs for a medical or dental examination or treatment are derived from EU statistics on income and living conditions (EU-SILC) . This source is documented in more detail in this background article which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions.

The general coverage of EU-SILC is all private households and their members (who are residents at the time of data collection); this therefore excludes people living in collective households. Data refer to the population aged 16 years or over.

Note on tables: For cells which include symbol ':' data are not available. When 0 without decimal places is displayed, there were no cases found in the population sample.

Limitations of the data

The indicators presented in this article are derived from self-reported data so they are, to a certain extent, affected by respondents' subjective perception as well as by their social and cultural background.

EU-SILC does not cover the institutionalised population, for example, people living in health and social care institutions whose health status is likely to be worse than that of the population living in private households. It is therefore likely that, to some degree, EU-SILC under-estimates health problems in general. By contrast, the exclusion of health and social care institutions, where medical care is likely to be readily available, may lead to an over-estimation of unmet needs for a medical examination or treatment. Another factor that may influence the results shown is the different organisation of health care services, be that nationally or locally. Furthermore, the indicators presented are not age-standardised and thus reflect the current national age structures. Finally, the implementation of EU-SILC was organised nationally, which may impact on the results presented, for example, due to differences in the formulation of questions or their precise coverage.

Context

Good health is an asset in itself. It is not only of value to the individual as a major determinant of quality of life, well-being and social participation, but it also contributes to general social and economic growth. Many factors influence the health status of a population and these can be addressed by health policies regionally, nationally or across the EU.

Barriers to accessing health services include cost, distance, waiting times, lack of cultural sensitivities and discrimination. For non-native speakers, language can be an obstacle for those seeking to access services, while barriers to health care may result from poor understanding or a lack of knowledge with respect to a patient's rights and the administrative practices and requirements of health systems.

A European Commission Communication ' Towards social investment for growth and cohesion ' (COM(2013) 83 final) and its accompanying document on ' Investing in health ' (SWD(2013) 43) highlight the need to invest in sustainable health systems which can improve cohesion and boost economic growth by reducing health inequalities, enabling people to remain active longer and in better health. Investment designed to reduce health inequalities should contribute to increased social cohesion and may help break the spiral of poor health that both contributes to and results from poverty and exclusion. Health inequalities represent a considerable burden both in terms of their effect on an individual's health, as well as productivity losses and costs associated with social protection systems.

An indicator on the equality of access to health care service', defined as the total self-reported unmet need for medical care for the reasons of financial barriers, waiting times and too far to travel, is included in the health services chapter of the European core health indicators (ECHI) .

See also

Online publications

- Health in the European Union — facts and figures
- Disability statistics

Healthcare

- Physicians
- Dentists, pharmacists and physiotherapists
- Hospital discharges and length of stay
- Consultations
- Healthcare expenditure

Methodology

- Health variables in SILC

General health statistics articles

- Health statistics introduced
- Health statistics at regional level
- The EU in the world — health

Further Eurostat information

Publications

- Health statistics — Atlas on mortality in the European Union

Database

- Health care (hlthcare)

Unmet needs for health care (hlthunm)

Dedicated section

- Health
- Health care
- Statistics on income, social inclusion and living conditions

Methodology / Metadata

- Health variables of EU-SILC (ESMS metadata file — hlthsilc01esms)

Source data for tables and figures (MS Excel)

- Unmet health needs: tables and figures

External links

- European Commission — Directorate-General for Health and Food Safety — European core health indicators (ECHI)
- European Commission — Directorate-General for Health and Food Safety — Public Health — Social determinants and health inequalities
- European Commission — Directorate-General for Health and Food Safety — Health systems performance assessment
- European Commission — Directorate-General for Employment, Social Affairs & Inclusion — Indicators of the health and long-term care strand developed under the Open Method of Coordination on social protection and social inclusion
- Regulation (EU) No 282/2014 of the European Parliament and of the Council of 11 March 2014 on the establishment of a third Programme for the Union's action in the field of health (2014-2020)
- Report on health inequalities in the European Union (SWD(2013) 328 final) — European Commission Staff Working Document