1.1 People with self-reported unmet need for medical care due to geographic (too far for travel or no means of transport) or waiting time reasons (% of respondents, EU-SILC) (A-13)

1.1.1 Documentation sheet

Description	**Primary indicator - EU-SILC** People with self-reported unmet need for medical examination or treatment due to • geographic reasons (too far for travel or no means of transport) • waiting time reasons (% of respondents aged 16 years and older, based on EU statistics on income and living conditions (EU-SILC), indicator 'HLTH_SILC_08') **Secondary indicators - HIS** • People who experienced delay in getting healthcare because the time to get an appointment was too long (% of respondents aged 15 years and older, based on HIS Module Patient Experiences, PE10_1) • People who experienced delay in getting healthcare due to distance or transport problems (% of respondents aged 15 years and older, based on HIS Module Patient Experiences, PE11_1)
Calculation	**Primary indicator - EU-SILC** Numerator: Number of individuals aged 16+ that answer yes for unmet medical need and give as main reason "too far to travel or no means of transport" or "waiting list" Denominator: Total number of individuals aged 16 years old and over included in the survey **Secondary indicators - HIS** Numerator: Number of individuals that answer yes to the question about delayed healthcare due to either distance/transport problems or waiting time Denominator: Total number of individuals aged 15 years and older participating to the survey
Rationale	Healthcare systems of European countries are facing increasing demands for healthcare services. Important reasons for growth in care needs include demographic changes (people are getting older), the development of medical technology (which makes it possible to treat more illnesses), increase in chronic care (people who survive acute illness because of new treatments become chronic patients), changes in the prevalence of diseases (increasing prevalence of cancer and infectious diseases) and the medicalisation of society.[1] At the same time, countries try to organise care in an efficient way, limiting the resources used. This

requires choices to be made concerning health service capacity and distribution, which can impact accessibility. Assessing self-reported unmet needs for geographical or waiting time reasons is one way to assess whether health services distribution is adequate.

Data source	**Primary indicator - EU-SILC** Eurostat: EU-SILC: Online data code: HLTH_SILC_08 https://ec.europa.eu/eurostat/web/main/data/database Data navigation tree location: Population and social conditions > Health > Health care > Unmet needs for health care https://ec.europa.eu/eurostat/databrowser/view/HLTH_SILC_08__custom_5918717/default/table?lang=en : country data https://ec.europa.eu/eurostat/databrowser/view/HLTH_SILC_08_R/default/table?lang=en : regional data EU-SILC data are available for the years 2013-2022 **Secondary indicators – HIS/EHIS** Health Interview Survey: data available from interactive tool HISIA for the years 2013 and 2018 https://www.sciensano.be/en/projects/health-interview-survey/hisia European HIS data available from: https://ec.europa.eu/eurostat/databrowser/view/HLTH_EHIS_UN1I/default/table?lang=en
Technical definitions	**Primary indicator - EU-SILC** People with self-reported unmet need for medical care due to geographic reasons or waiting time Definition of self-reported unmet needs: Person's own assessment of whether he or she needed examination or treatment for a specific type of healthcare, but did not have it or did not seek for it. EU-SILC collects data on two types of healthcare services: medical care and dental care. Medical care refers to individual healthcare services (medical examination or treatment excluding dental care) provided by or under direct supervision of medical doctors or equivalent professions according to national healthcare systems. The questions in EU-SILC related to unmet medical need are formulated as follows: "Was there any time during the last 12 months when you personally, really needed a medical examination or treatment for a health problem but you did not receive it?" ► Yes ► No "What was the main reason for not receiving the medical examination or treatment? 1. Could not afford to (too expensive) 2. Waiting list 3. Could not take time off work/ from caring for children

4. Too far to travel or no means of transport

5. Fear of doctor/examination/treatment

6. Wanted to wait and see if problem got better on its own

7. Didn't know any good medical doctor

8. Other reason"

Statistical unit: Individuals aged 16 years old and over living in private households.

Statistical population: The EU-SILC target population in each country consists of all persons living in private households. Persons living in collective households and in institutions are generally excluded from the target population.

Reference Period for the unmet needs variables: the past 12 months. [2]

Secondary indicators - HIS

People who experienced delay in healthcare due to waiting time or distance or transport problems

The concerned questions in HIS are part of the individual questionnaire:

- "Have you experienced delay in getting healthcare in the past 12 months because the time needed to obtain an appointment was too long ?"

- "Have you experienced delay in getting healthcare in the past 12 months due to distance or transport problems?"

There is no age limit for participation in the survey, but these questions were asked only for those aged 15 years and older. Proxy response was not allowed for these questions.

Sampling frame: The HIS is addressed to all persons residing in the country, without restrictions as to their nationality, age or legal status. The most complete sampling frame to reach this target population is the National Register. People who are not registered in the National Register, such as the homeless or illegal immigrants, can therefore not be selected for participation in the survey. For pragmatic reasons, a number of categories of persons were excluded from the sample: persons residing (and registered) in a prison or religious community with more than 8 persons and residents of an institution with the exception of residents of a residential care or nursing home. [3]

International comparability	**Primary indicator – EU-SILC** EU-SILC data are available for the following countries: EU Member States, Iceland, Norway, Switzerland, Montenegro, the former Yugoslav Republic of Macedonia, Serbia, Turkey. [2] **Secondary indicators – HIS** The concerned questions are part of the European Health Interview Survey (EHIS-Wave III). Eurostat Metadata on EHIS: https://ec.europa.eu/eurostat/cache/metadata/en/hlth_det_esms.htm

Limitations	
Dimension	Accessibility – Health services distribution
Related indicators	People with self-reported unmet needs for medical examination due to financial reasons (% of respondents, EU-SILC)
	Households having postponed medical care because of financial reasons (% of households, HIS)
Reviewers	Rana Charafeddine (Sciensano)

1.1.2 Results

<u>People with self-reported unmet medical need due to geographic reasons (too far for travel or no means of transport) – Source: EU-SILC</u>

In the EU-SILC, unmet need for medical care is defined as having at least one episode when the person did not receive a medical examination or treatment for a health problem when s/he really needed it. So, unmet need in the EU-SILC refers to forgone care only (i.e. care not received) and not to delayed care. Persons who report unmet needs must select the main reason why they did not receive the care they needed, among a range of reasons including waiting time, distance to services or transport problems, cost and some personal reasons like lack of time and fear of doctors.[4]

Belgium

Figure 1, based on data from EU-SILC, shows that Belgium has a zero percentage for 'unmet medical need due to geographic reasons' for the years 2018 to 2022. In the years 2014 to 2017, this percentage was slightly higher (0.2%).

Regional comparison

The percentage unmet medical need due to geographic reasons is slightly higher in Brussels and Wallonia (0.1%) than in Flanders (0.0%) (data from 2022).

Figure 1: People with self-reported unmet medical need due to geographic reasons (too far for travel or no means of transport) (% of respondents) (2013-2022)
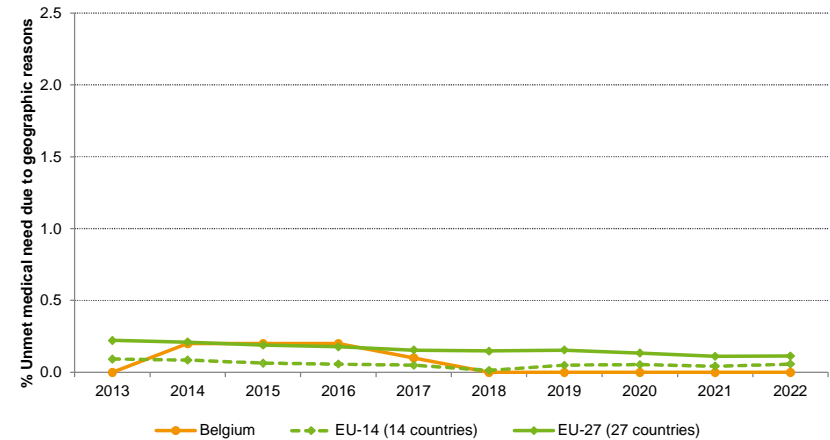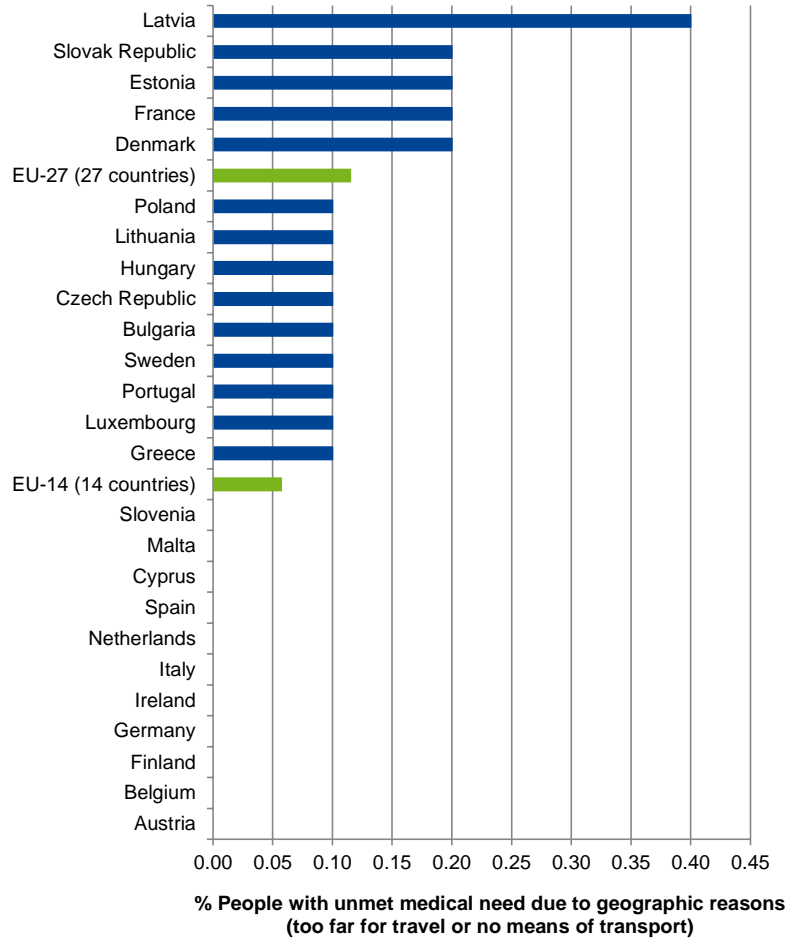

Source: Based on EU-SILC

Analysis by demographic characteristics and socio-economic status

As the value of this indicator was zero in the years 2018-2022, no further analysis is done with regard to demographic (gender, age) and socio-economic variables (income level).

International comparison

Figure 2 shows the percentage of people with unmet need for medical examination due to geographic reasons in 2022 for all countries participating in EU-SILC. In eleven countries, including Belgium, the value of this indicator is zero in 2022. The EU-14 average is 0.06% and the EU-27 average is 0.11%.

Figure 2: People with self-reported unmet medical need due to geographic reasons (too far for travel or no means of transport) (% of respondents) (2022)) – Source: EU-SILC


% People with unmet medical need due to geographic reasons
(too far for travel or no means of transport)

Source: Based on EU-SILC data 2022

Belgium

Figure 3, also based on data from the EU-SILC, shows that Belgium had a zero percentage for people with self-reported unmet medical need due to waiting list for the years 2017 to 2020. In 2021 there is a small rise to 0.5%, which likely can be linked to the COVID-19 pandemic. In 2022 the percentage drops to zero again.

Figure 3: People with self-reported unmet medical need due to waiting list (% of respondents) (2013-2022)
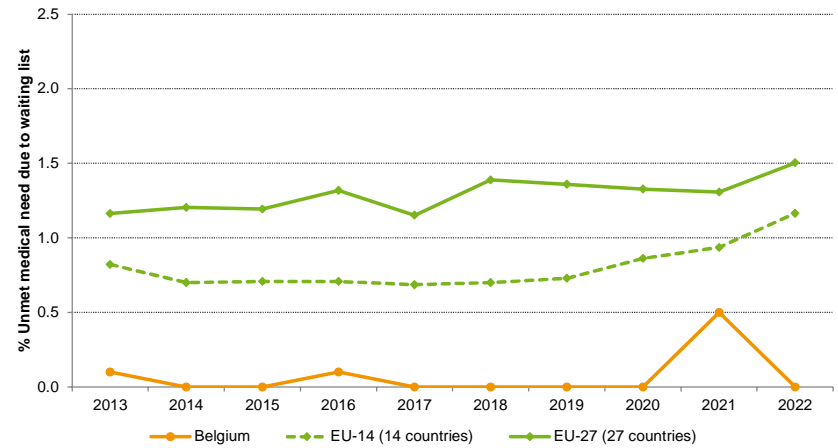
Source: Based on EU-SILC

Regional comparison

Whereas the self-reported unmet medical need due to waiting list reaches 0.0% for Belgium, it attains 0.1% in Wallonia and Brussels and 0.0% in Flanders (data for 2022). In 2021, where the percentage reaches 0.5% for Belgium, it attained 1.3% in Wallonia, 0.2% in Brussels and 0.0% in Flanders.

Analysis by demographic characteristics and socio-economic status

We analysed whether there were differences according to gender, age category or income quintile for the self-reported unmet medical need due to waiting time reported in 2021. (We analysed data from 2021 here, as the data for 2022 reach 0%). These more detailed data are displayed in Table 1. We see that the people in the age category 25-34 years were the least affected group (0.1%), compared to the other age groups. We also see that the people in the fifth income quintile were the least affected (0.1%) compared to the other income quintiles.

Table 1: People with self-reported unmet medical need due to waiting list (% of respondents) – analysis by gender, age category and income quintile (2021) – EU-SILC

EU-SILC		% of respondents
Belgium		0.5%
Gender	Males	0.4%
	Females	0.5%
Age category	16-24	0.4%
	25-34	0.1%
	35-44	0.4%
	45-54	0.7%
	55-64	0.6%
	65-74	0.6%
	75 or over	0.6%
Income levels	First quintile	0.6%
	Second quintile	0.5%
	Third quintile	0.5%
	Fourth quintile	0.5%
	Fifth quintile	0.1%

Source: Based on EU-SILC 2021

International comparison

Figure 4 shows the international comparison for the percentage of people with unmet medical need due to waiting time in 2022. Belgium, with 0.0% ranks lowest of the list. EU-14 average is 1.2% and EU-27 average is 1.5% in 2022.

Figure 4: People with self-reported unmet medical need due to waiting list (% of respondents) (2022) – Source: EU-SILC
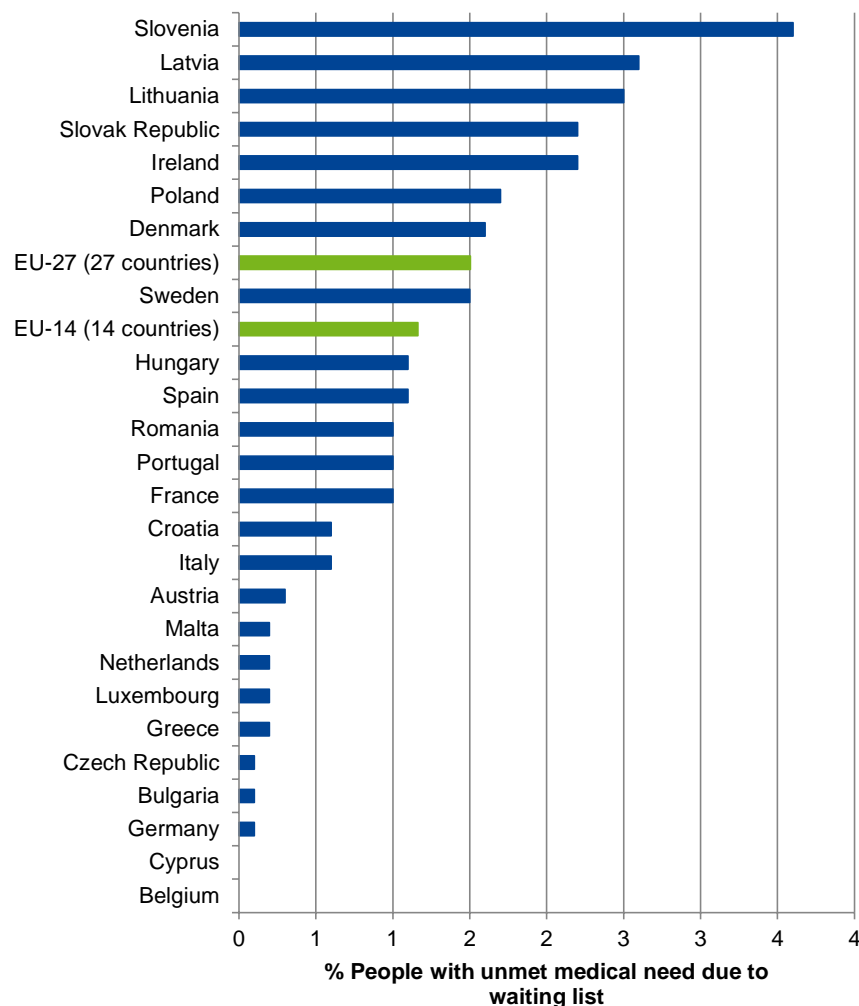
Source: Based on EU-SILC data 2022

People who experienced delay in healthcare due to distance or transport problems (% of respondents) – Source: HIS

There are some important differences between the EU-SILC and the HIS questions about access to healthcare. Whereas the EU-SILC is about 'forgone' healthcare (i.e. care not received), the HIS is about 'delayed' healthcare. Furthermore, in the EU-SILC, the persons only have to give the main reason (for forgone healthcare), whilst in the HIS the question is posed in such way that distance/transport or waiting list can be considered as one of the reasons (for delayed healthcare).

Belgium

In this section we describe the indicator from the HIS which gives the percentage of the people aged 15 years and older who experienced delay in getting healthcare due to distance or transport problems. Figure 5 shows that at Belgian level there was an increase in this indicator from 1.2% in 2013 to 1.6% in 2018, the most recent year available.
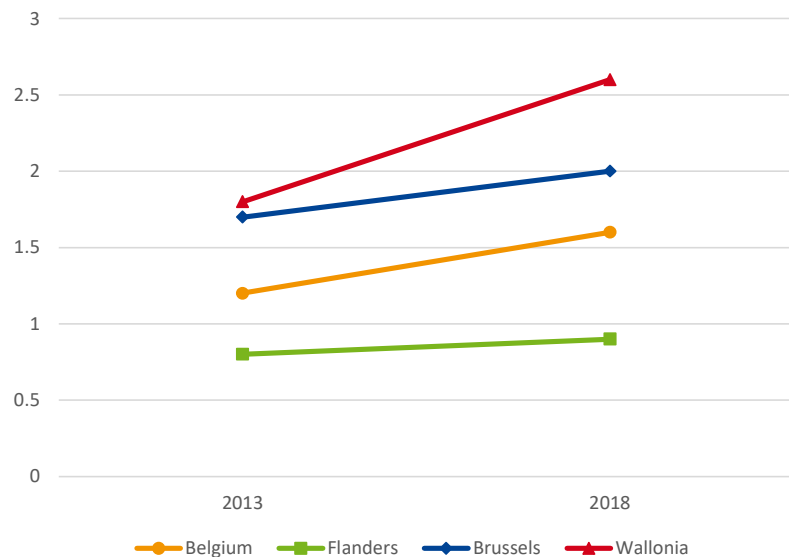
Regional comparison

The percentage of people who experienced delay in getting healthcare due to distance or transport problems is highest in Wallonia (2.6% in 2018) and lowest in Flanders (0.9%). In Brussels it is 2.0% (see Figure 5). The differences between Flanders and Brussels/Wallonia are statistically significant.

Figure 6 shows the percentage of people who experienced delay in getting healthcare due to distance or transport problems by province. The percentages in the provinces Vlaams-Brabant and Antwerpen are significantly lower than in Brussels, Liège, Brabant Wallon and Namur.
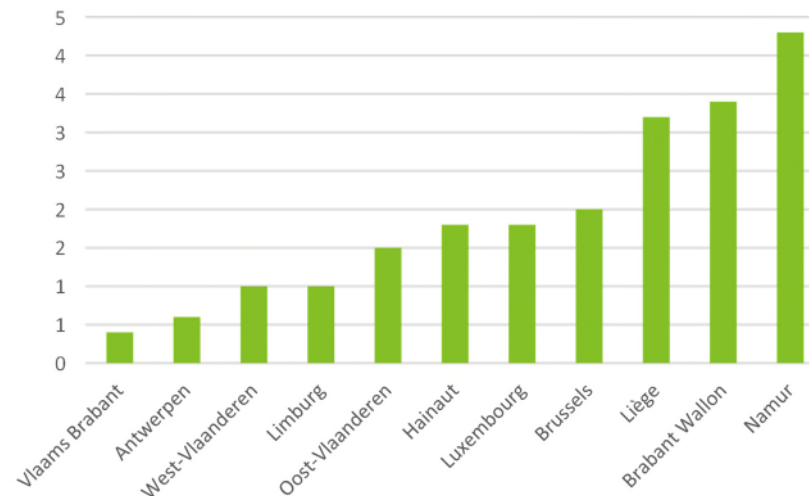
Figure 5: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents aged 15 years and older) (2013/2018)

Source: Based on HIS

Figure 6: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents aged 15 years and older) (2018) – analysis by province

Source: Based on HIS

Analysis by demographic characteristics and socio-economic status

Table 2 shows the percentage of people who experienced delayed healthcare due to distance or transport problems for the different age groups. The percentage is highest in the group of 35-44 years (2.2%) and is lowest in the group of 25-34 years (1%). However, the confidence intervals overlap, so there is no statistically significant difference.
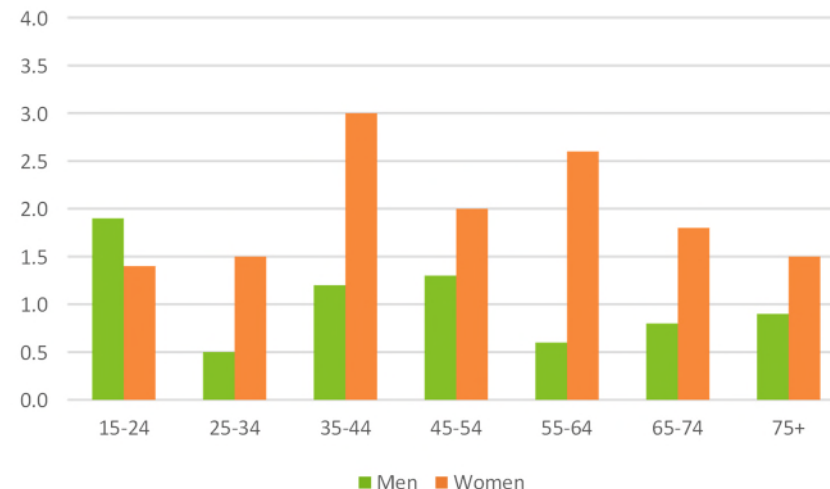
Table 2: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents) – analysis by age group (2018)

Age group	Crude %	95% CI
15-24	1.7	(0.2-3.1)
25-34	1.0	(0.4-1.7)
35-44	2.2	(0.9-3.5)
45-54	1.7	(0.8-2.5)
55-64	1.7	(0.9-2.5)
65-74	1.3	(0.5-2.1)
75+	1.3	(0.3-2.2)
Total	1.6	(1.2-1.9)

Source: Based on HIS (2018)

Figure 7 shows that the distance or transport problems are more frequent in women than in men, although the difference is not statistically significant. Across all age groups, the percentage of reported distance or transport problems attains 2.0% in women, whilst it attains 1.0% in men.

Figure 7: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents) – analysis by age group and gender (2018)

Source: Based on HIS (2018)

Table 3 shows the percentage of people who experienced delayed healthcare due to distance or transport problems by income level quintile. People in households in the lowest income quintile report most frequently that they have experienced delayed healthcare due to distance or transport problems (3.8%), whilst people in households in the highest income quintile least frequently report such problems (0.6%). The difference between the first and last quintile is statistically significant.

Table 3: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents aged 15 years and older) – analysis by income level (2018)

Income level	Crude %	95% CI
Quintile 1 (lowest income)	3.8	(2.4-5.2)
Quintile 2	2.4	(0.9-3.9)
Quintile 3	1.2	(0.5-1.9)
Quintile 4	1.5	(0.5-2.5)
Quintile 5 (highest income)	0.6	(0.2-1.0)
Total	1.6	(1.2-2.0)

Source: Based on HIS (2018)

Analysis by household composition

Table 4 shows that the occurrence of delayed healthcare due to distance or transport problems is highest in singles and one parent households (respectively 2.4% and 2.5%), whilst the occurrence is lowest in couples with children (1.0%). The difference between singles and couples with children is statistically significant.

Table 4: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents aged 15 years and older) – analysis by household composition (2018)

Household composition	Crude %	95% CI
Single	2.4	(1.5-3.2)
One parent household	2.5	(1.0-4.0)
Couple without children	1.4	(0.6-2.2)
Couple with children	1.0	(0.4-1.5)
Other or unknown	2.0	(0.3-3.8)
Total	1.6	(1.2-1.9)

Source: Based on HIS (2018)

Analysis by urbanization level

Table 5 shows that the occurrence of delayed healthcare due to distance or transport problems is highest in rural areas (2.5%), whilst it is lowest in the suburban/banlieus areas (0.9%). In the big cities/dense agglomerations and urbanized municipalities it approaches the average value of 1.6% (with respectively 1.4% in big cities/dense agglomerations and 1.8% in urbanized municipalities). The differences however are not statistically significant as the confidence intervals overlap.

Table 5: People who experienced delay in getting healthcare due to distance or transport problems (% of respondents) – analysis by urbanisation level (2018)

Urbanisation level	Crude %	95% CI
Big cities and dense agglomerations	1.4	(0.9-1.9)
Suburban / banlieus	0.9	(0.4-1.3)
Urbanized municipalities	1.8	(1.1-2.5)
Rural	2.5	(0.6-4.5)
Total	1.6	(1.2-1.9)

Source: Based on HIS (2018)

International comparison

According to the European Health Interview Survey (EHIS) of 2019, Belgium has a relatively low level of people with unmet need due to distance or transport problems (the same value of 1.6% as reported in the HIS (2018)) compared to other European countries (see Figure 8).

Figure 8: People with self-reported unmet needs for healthcare due to distance or transport problems (2019) – Source: EHIS
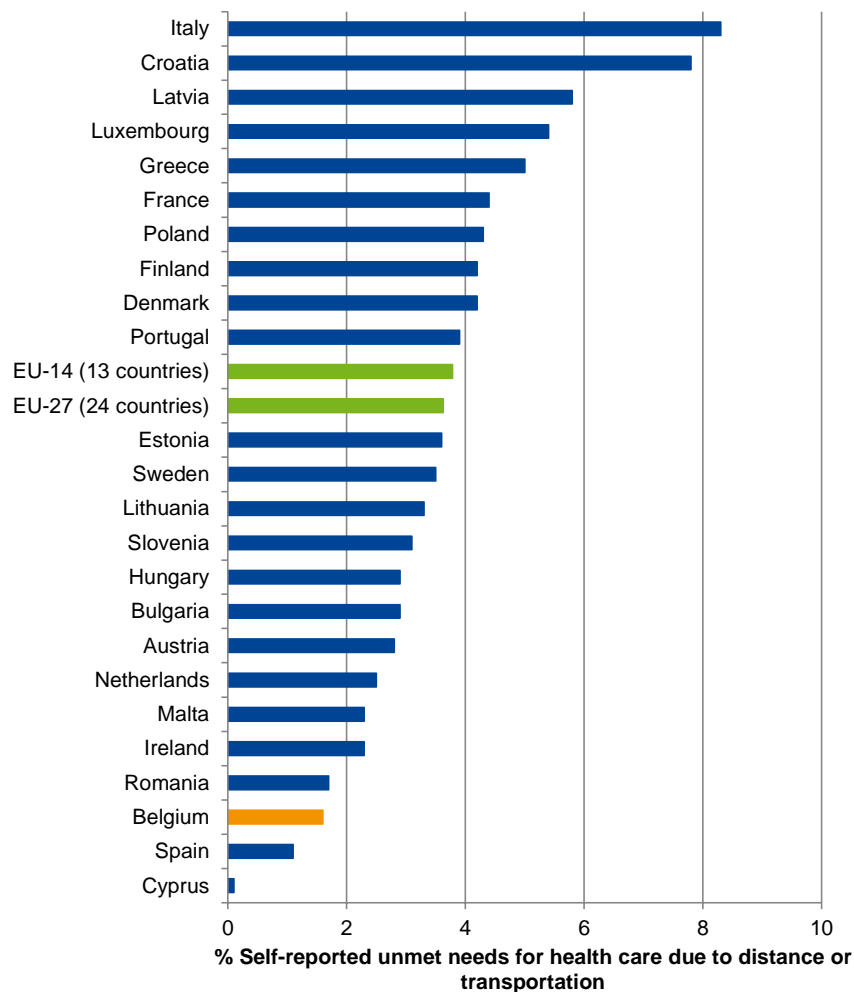
Source: based on EHIS data 2019

Belgium

Figure 9, based on the HIS, shows the percentage of the people who experienced delay in getting healthcare because the time to get an appointment was too long. This indicator attained 6.6% for Belgium in 2018.

Regional comparison

The indicator has the highest value in Brussels, where it attains 9.2% in 2018. In the same year in Wallonia it attains 7.1% and in Flanders it is lowest with 5.9%.

Analysis by demographic characteristics and socio-economic status

In 2018, 5.7% of male respondents experienced delay in healthcare because of waiting time, whilst 7.4% of female respondents experienced such delay. However, this difference between males and females is not statistically significant.

There is no clear relationship between this indicator and the income or education level of respondents.
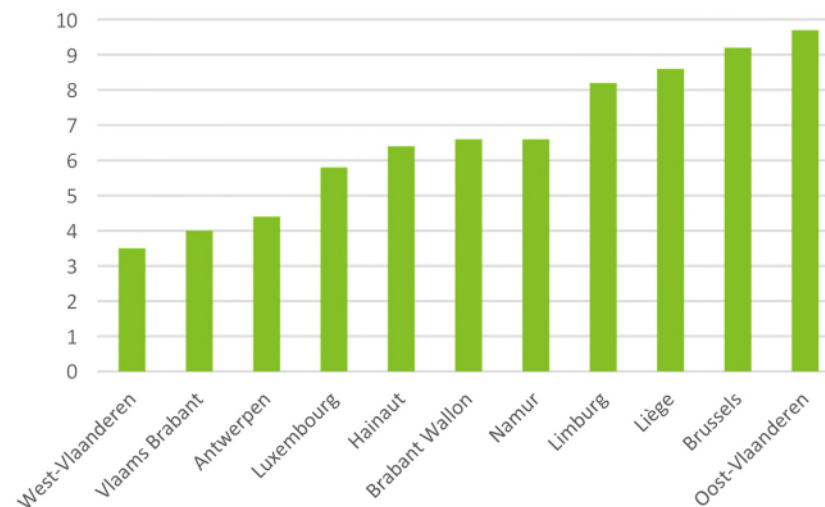
Figure 9: People who experienced delay in getting healthcare because the time to get an appointment was too long (% of respondents aged 15 years and older) (2013/2018)
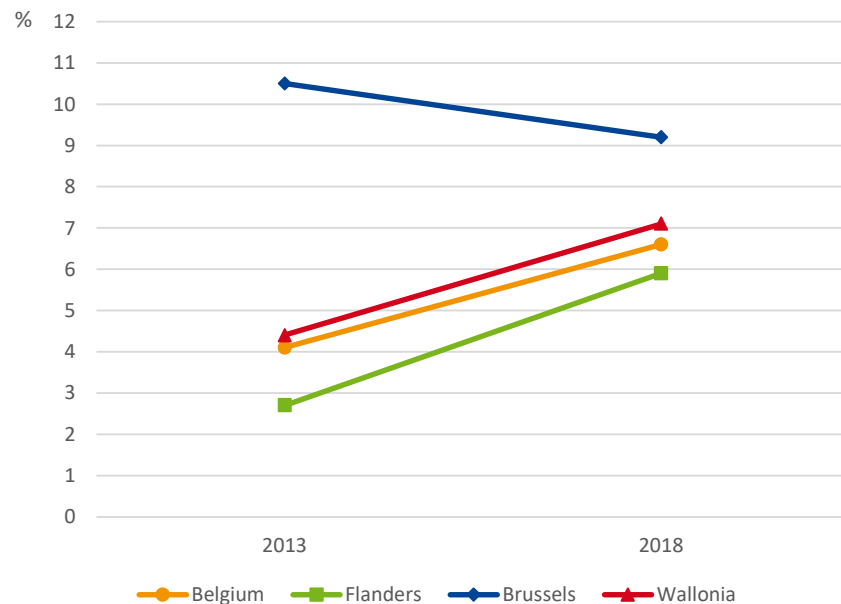
Source: Based on HIS

Figure 10 shows that there is variation between the provinces. The percentage people who experienced delay in healthcare due to waiting time is lowest in the province of West-Vlaanderen (3.5%) and highest in the provinces of Liège (8.6%), Brussels (9.2%) and Oost-Vlaanderen (9.7%). The differences between West-Vlaanderen and Liège, Brussels and Oost-Vlaanderen are statistically significant.

Figure 10: People who experienced delay in getting healthcare because the time to get an appointment was too long (% of respondents aged 15 years and older) (2018) – analysis by province
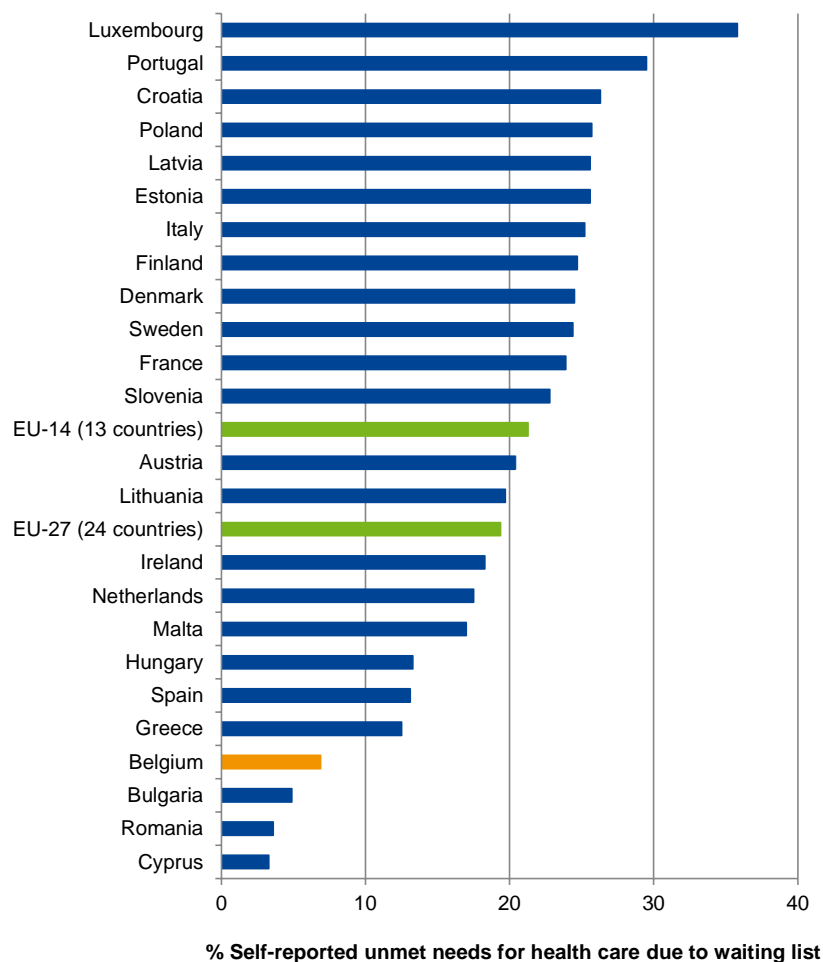

Source: Based on HIS

International comparison

According to the European Health Interview Survey (EHIS) of 2019 (see Figure 11), Belgium ranks relatively well for unmet medical need due to waiting list. For Belgium, a percentage of 6.9% is reported (relatively close to the percentage reported in the HIS (2018): 6.6%).

Figure 11: People who experienced delay in healthcare because the time to get an appointment was too long (% of respondents) (2019) – Source: EHIS

% Self-reported unmet needs for health care due to waiting list

Source: based on EHIS data 2019

Impact of COVID-19 pandemic

Time analysis of the EU-SILC data on people with self-reported unmet medical need due to waiting list shows that there is a small rise from zero in the four preceding years (2017-2020) to 0.5% in 2021. This small rise can likely be linked to the COVID-19 pandemic. In 2022 the value dropped to 0.0% again.

In contrast, but not surprisingly, there was no impact of the pandemic on the self-reported unmet medical needs due to geographic reasons (too far for travel or no means of transport).

As the data from the HIS are only available for 2013 and 2018, one cannot yet assess the impact of COVID for the indicators relying on this survey.

Key points

Unmet need due to geographic reasons (too long for travel or no means of transport)

- The EU-SILC data, which are about forgone (i.e. not received) healthcare, report a 0.0% unmet medical need due to geographic reasons (too long for travel or no means of transport) as main reason in Belgium in the period 2017-2022. Also the EU averages are low: EU-14 and EU-27 average is 0.1% for 2022.

- The HIS on the other hand, which is about delayed healthcare, reports that 1.6% of the population experienced delay in getting healthcare due to distance or transport problems as one of the reasons (data for 2018). This percentage is signifcantly higher in Wallonia (2.6%) and Brussels (2.0%), compared to Flanders (0.9%). Persons from a household in the lowest income quintile have a significantly higher percentage for delay in healthcare for geographic reasons (3.8%) than persons from households in the highest income quintile (0.6%).

Unmet need due to waiting time

- The EU-SILC data report a 0.0% of unmet medical need due to waiting time in 2022 in Belgium. EU averages are slightly higher: EU-14 average is 1.2% and EU-27 average is 1.5%. The year before (in 2021) it reached 0.5% in Belgium, which can likely be linked to the COVID pandemic.

- The HIS data on the other hand, reports that 6% of the people aged 15 years and older experienced delay in getting healthcare because the time to get an appointment was too long (data for 2018). The percentage is significantly higher in the provinces of Liège, Brussels and Oost-Vlaanderen compared to West-Vlaanderen.

- These data on unmet need should be used with caution and further analysis is needed to fully understand the differences in magnitude and the fluctuation of these indicators between years and between surveys.

References

1. Council of Europe. Health Policy. Report on Criteria for the management of waiting lists and waiting times in health care [Web page]. [cited September 2023]. Available from: https://www.coe.int/t/dg3/health/waitinglistreport_en.asp

2. Eurostat. Health variables of EU-SILC. Reference Metadata in Euro SDMX Metadata Structure (ESMS) [Web page].2020 [cited September 2023]. Available from: https://ec.europa.eu/eurostat/cache/metadata/en/hlth_silc_01_esms.htm

3. Demarest S., Berete F., Charafeddine R., J. VdH. Methodologie. Gezondheidsenquête 2018 [Web page].2019. Available from: https://www.sciensano.be/sites/default/files/method_nl_2018.pdf

4. OECD. Focus on unmet needs for health care: Comparing approaches and results from international surveys. January 2020 [Web page].2020. Available from: https://www.oecd.org/health/health-systems/Unmet-Needs-for-Health-Care-Brief-2020.pdf