

## 6.3. Self-reported delayed contacts with health services for financial reasons (% of households) (A-4) [updated on 22 December 2020] [see also the old sheet below]

### 6.3.1. Documentation sheet

<b>Description</b>	Self-reported delayed contacts with health services for financial reasons (% of households)
<b>Calculation</b>	<p><b>Health Interview Survey (HIS)<sup>1</sup></b></p> <p>Numerator: number of households that answered yes to one of the sub-questions in question AC.04. in the HIS survey (see below)</p> <p>Denominator: total number of households included in the survey</p> <p><b>EU-SILC – Medical examination<sup>2</sup></b></p> <p>Numerator: number of individuals aged 16 years old and over that answered yes, there was at least one occasion in question PH040 of the EU-SILC survey (see below)</p> <p>Denominator: total number of individuals aged 16 years old and over included in the survey</p> <p><b>EU-SILC – Dental examination<sup>2</sup></b></p> <p>Numerator: number of individuals aged 16 years old and over that answered yes, there was at least one occasion in question PH060 of the EU-SILC survey (see below)</p> <p>Denominator: total number of individuals aged 16 years old and over included in the survey</p>
<b>Rationale</b>	Financial access is a basic condition for a functional healthcare system. Foregoing necessary treatment because of its cost can be detrimental to a person's health. High out-of-pocket payments that affect other necessary expenses are also considered undesirable. Care is generally considered financially inaccessible when people limit or postpone the use of necessary care because of (excessively) high costs, or when they have to relinquish other basic necessities because they need care. Delayed contacts is therefore one of the indicators for unmet needs.
<b>Primary data source</b>	Health Interview Survey (HIS); EU Statistics on Income and Living Conditions (EU-SILC) from Eurostat
<b>Technical definitions</b>	<p><b>Health Interview Survey (HIS)<sup>3</sup></b></p> <p>AC.04. Was there any time during the past 12 months, when you or someone in the household needed the following kinds of care, but could not afford it?</p> <ul style="list-style-type: none"><li>• AC.04.01. Medical or specialist care or a surgery (yes/no)?</li><li>• AC.04.02. Dental care (yes/no)?</li><li>• AC.04.03. Prescribed medicines (yes/no)?</li><li>• AC.04.04. Eyeglasses or contact lenses (yes/no)?</li><li>• AC.04.05. Mental healthcare, by a psychologist or a psychiatrist for example (yes/no)?</li></ul>



An indicator AC\_04 was constructed and set equal to one as soon as one household member answered yes to one of the above questions and the household was considered to have postponed healthcare for financial reasons.

More technical details on the methodology are available in the HIS report.<sup>4</sup>

#### **EU-SILC (2018 questionnaire)<sup>2</sup>**

PH040 Was there any time during the past 12 months when you really needed a medical examination or treatment, but did not? The question refers to general practitioners as well as surgeons, gynecologists and other specialists.

- Yes, there was at least one occasion
- No, there was no occasion, I had a medical examination or treatment each time it was needed
- No, there was no occasion, I did not need any medical examination or treatment

PH050 What was the main reason for not having a medical examination or treatment?

- Could not afford to (too expensive or not covered by the insurance fund)
- Too far to travel / no means of transportation
- Waiting list / don't have the referral letter
- Could not take time because of work, care for children or for others
- Fear of doctor, hospitals, examination, treatment
- Wanted to wait and see if problem got better on its own
- Didn't know any good medical doctor
- Other reason

PH060 Was there any time during the past 12 months when you really needed a dental examination or treatment, but did not? The question refers to dental care in general, carried out by a dentist, an orthodontist, etc..

- Yes, there was at least one occasion
- No, there was no occasion, I had a dental examination or treatment each time it was needed
- No, there was no occasion, I did not need

PH070 What was the main reason for not having a dental examination or treatment?

- Could not afford to (too expensive or not covered by the insurance fund)
- Too far to travel / no means of transportation

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- Waiting list / don't have the referral letter
  - Could not take time because of work, care for children or for others
  - Fear of dentist
  - Wanted to wait and see if problem got better on its own
  - Didn't know any good dentist
  - Other reason
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**International comparability**

Data on unmet healthcare needs are available in Eurostat based on the EU-SILC survey.

Data in the EU-SILC refer to individuals aged 16 years and over in private households (collective households are excluded) and results are not standardised for age or sex. The EU-SILC survey includes questions on different possible barriers (such as cost, distance, waiting times, etc.) to accessing medical or dental examinations or treatment, but does not include questions on unmet need for surgery, prescribed medicines, eyeglasses or contact lenses or mental healthcare.

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**Limitations**

For the EU-SILC data, there is a break in the data series in 2011 (change of method).

The results for the percentage of households delaying contacts with health services for financial reasons in the HIS are divergent from those in the Eurostat database, which are based on the EU-Statistics on Income and Living Conditions (EU-SILC) survey and which are performed at an individual level.

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**Performance dimension**

Accessibility; Equity

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**Related indicators**

Out-of-pocket payments as a share of current healthcare expenditure and per capita

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### 6.3.2. Results

#### Analysis based on the HIS (2018) survey

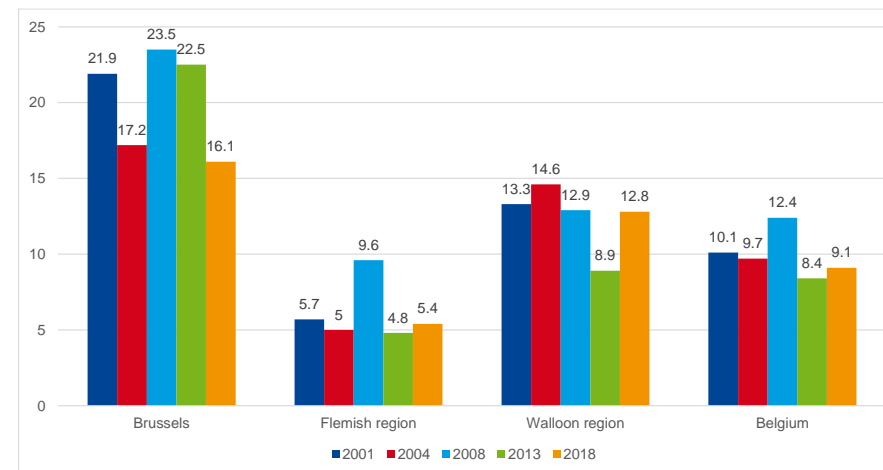
In 2018, 9.1% of households declared that they had to postpone healthcare (medical care, surgery, dental care, prescribed medicines, eyeglasses or contact lenses, mental healthcare) for financial reasons.<sup>1</sup>

There is a clear association with the level of education of the household head: 13.6% for households from the lowest education level (primary or no degree for the household head) versus 5.5% for households in the highest education level (superior education for the household head). This is also true for household income: 18.4% for households in the lowest income level versus 2.5% for households in the highest income level.<sup>1</sup>

There is also a regional difference: in Brussels 16.1% of households declared to postpone healthcare, versus 12.8% in Wallonia and 5.4% in Flanders (see Figure 69).<sup>1</sup>

Figure 69 also shows the evolution since the first Health Interview Survey in 1997. For Belgium, the share of households that postponed healthcare was more or less stable in 2001, 2004, 2013 and 2018 (around 9%) but increased to 12.4% in 2008. The results for Flanders show a comparable course over time, be it at a lower level. For Wallonia, the highest level was found in 2004 and not in 2008 and while the results for 2013 were the best since the first survey, results worsen in 2018. Only Brussels shows an improvement in 2018 compared to 2013 but results remain higher than in other regions.<sup>1</sup>

**Figure 1 – Percentage of households that reported to have delayed contacts with health services for financial reasons, by region (1997-2018)**



Source: Sciensano 2020<sup>1</sup>

#### Analysis based on EU-SILC survey

The results for the percentage of households delaying contacts with health services for financial reasons in the HIS are divergent from those in the Eurostat database, which are based on the EU-Statistics on Income and Living Conditions (EU-SILC) survey.<sup>2</sup>

The share of persons aged 16 and over in Belgium reporting unmet needs for medical examination due to financial reasons increased over the time from 1.4% in 2011<sup>a</sup> to 2.2% in the 2014-2016 period and then decreased slightly to reach 1.8% in 2018 (see Table 1). The only other reported reason in 2018 is “no time” (0.1%). Women reported more unmet needs for medical examination due to cost than men (see Figure 2).<sup>2</sup>

<sup>a</sup> Change of method in 2011

In 2018, the share of persons reporting unmet needs for medical examination due to cost is highest for patients aged between 35 and 54 years old, followed by younger patients (aged between 16 and 34 years old) and by patients aged 55-64 years old. In older patients (65 years and older) the share is the lowest (see Figure 2). There are large differences between income quintiles (equivalent disposable household income, see Table 1 and

Figure 3). The share of persons reporting unmet needs for medical examination due to cost was 0% in 2018 for the highest income quintile versus 5.4% for the lowest income quintile (see Table 1). For people in the lowest quintile, an improvement is nevertheless observed, with a decrease from 7.6% in 2014 to 5.4% in 2018.<sup>2</sup>

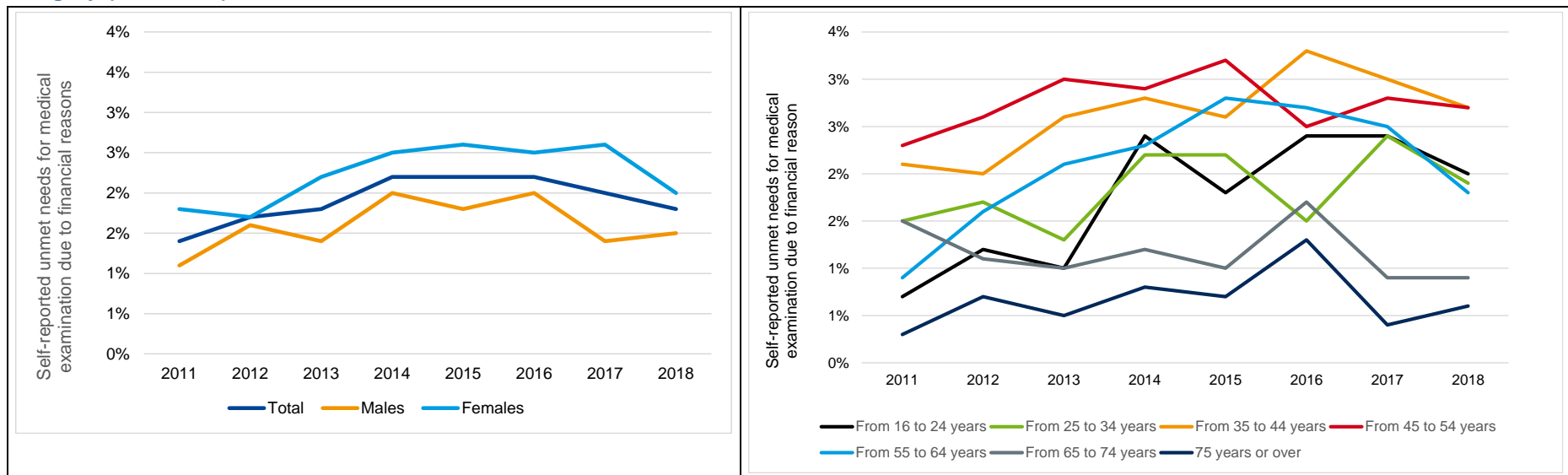
**Table 1 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium (2008-2018)**

EU-SILC		2008	2009	2010	2011*	2012	2013	2014	2015	2016	2017	2018
<b>Belgium</b>		0.5%	0.6%	0.4%	1.4%	1.7%	1.8%	2.2%	2.2%	2.2%	2.0%	1.8%
<b>Gender</b>	<b>Males</b>	0.4%	0.6%	0.3%	1.1%	1.6%	1.4%	2.0%	1.8%	2.0%	1.4%	1.5%
	<b>Females</b>	0.5%	0.6%	0.4%	1.8%	1.7%	2.2%	2.5%	2.6%	2.5%	2.6%	2.0%
<b>Age category</b>	<b>16-24</b>	0.4%	0.6%	0.2%	0.7%	1.2%	1.0%	2.4%	1.8%	2.4%	2.4%	2.0%
	<b>25-34</b>	0.3%	0.7%	0.6%	1.5%	1.7%	1.3%	2.2%	2.2%	1.5%	2.4%	1.9%
	<b>35-44</b>	0.6%	1.0%	0.5%	2.1%	2.0%	2.6%	2.8%	2.6%	3.3%	3.0%	2.7%
	<b>45-54</b>	0.5%	0.4%	0.5%	2.3%	2.6%	3.0%	2.9%	3.2%	2.5%	2.8%	2.7%
	<b>55-64</b>	0.8%	0.6%	0.3%	0.9%	1.6%	2.1%	2.3%	2.8%	2.7%	2.5%	1.8%
	<b>65-74</b>	0.1%	0.3%	0.1%	1.5%	1.1%	1.0%	1.2%	1.0%	1.7%	0.9%	0.9%
	<b>75 years or over</b>	0.4%	0.3%	0.1%	0.3%	0.7%	0.5%	0.8%	0.7%	1.3%	0.4%	0.6%
<b>Income levels</b>	<b>First quintile</b>	1.4%	1.5%	1.2%	4.1%	4.8%	5.3%	7.6%	7.0%	6.3%	5.6%	5.4%
	<b>Second quintile</b>	0.6%	0.9%	0.2%	1.9%	2.3%	2.0%	2.1%	2.9%	3.4%	2.8%	2.4%
	<b>Third quintile</b>	0.1%	0.2%	0.3%	0.8%	0.8%	1.6%	1.2%	0.8%	1.2%	1.1%	0.8%
	<b>Fourth quintile</b>	0.1%	0.3%	0.1%	0.3%	0.5%	0.2%	0.5%	0.4%	0.3%	0.5%	0.2%
	<b>Fifth quintile</b>	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.2%	0.0%

Source: Eurostat – EU-SILC 2020<sup>2</sup>; \* Break in data series

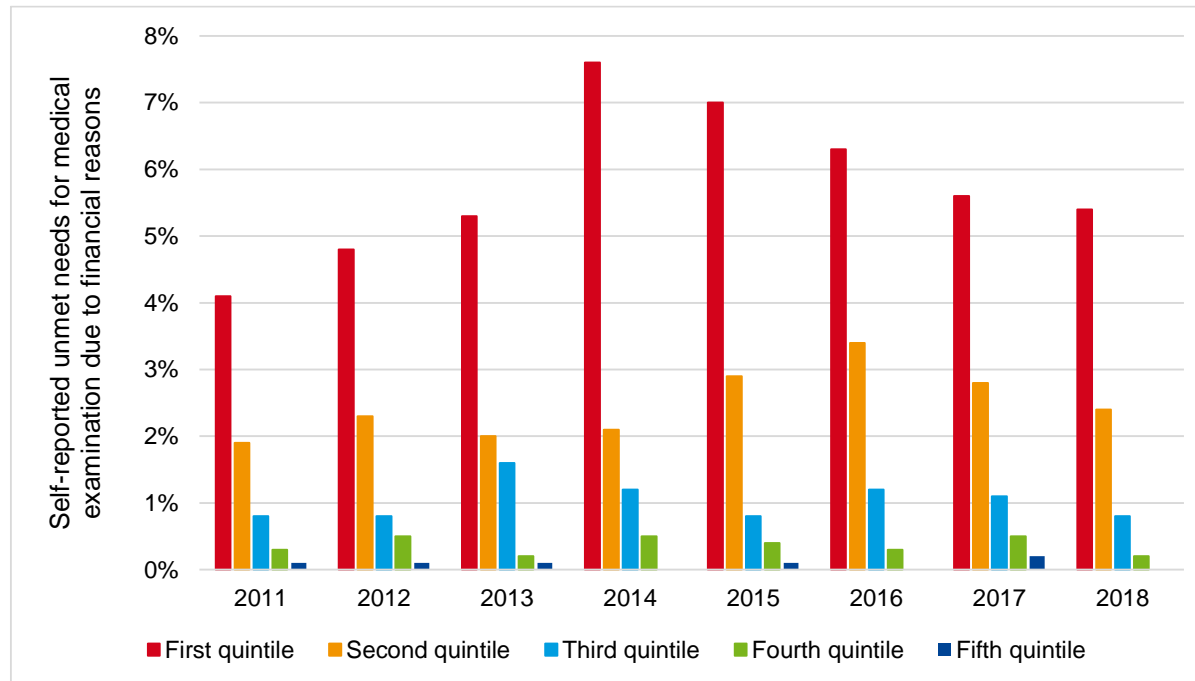


Figure 2 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium, by gender and by age category (2011-2018)



Source: Eurostat – EU-SILC 2020<sup>2</sup>

**Figure 3 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium, by income level (2011-2018)**



Source: Eurostat – EU-SILC 2020<sup>2</sup>

The results for **dental care** show a comparable pattern but shares are higher: 2.9% in 2011, 3.8% in 2014 and 3.1% in 2018 for unmet needs due to financial reasons for the population aged 16 and over (see Table 2 and

Figure 4). In 2018, results per income quintile range from 0.3% for the highest income quintile to 8.2% for the lowest income quintile (see Table 2 and Figure 5), with a decrease in the low income quintile group from 11.5 in 2014 to 8.2 in 2018.<sup>2</sup>



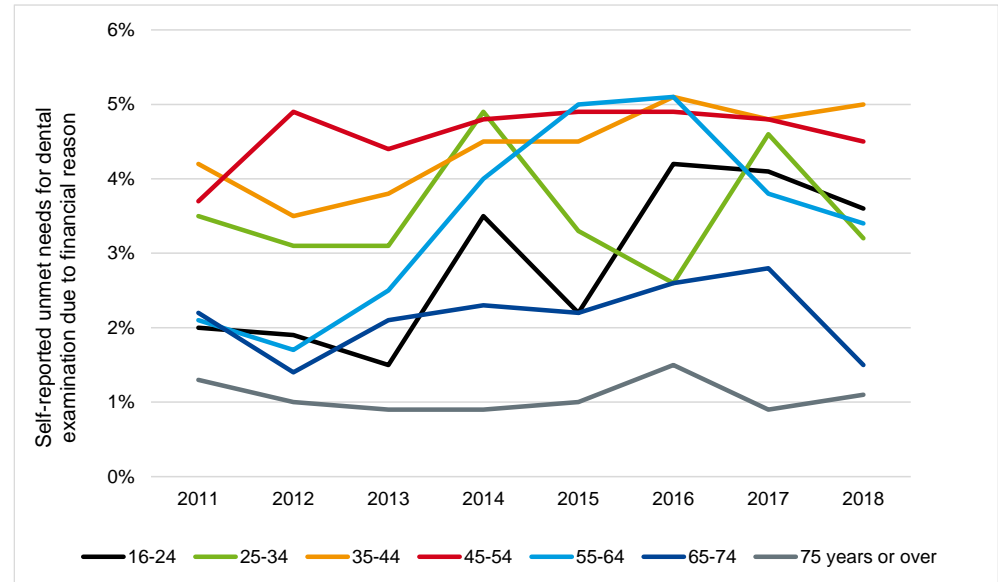
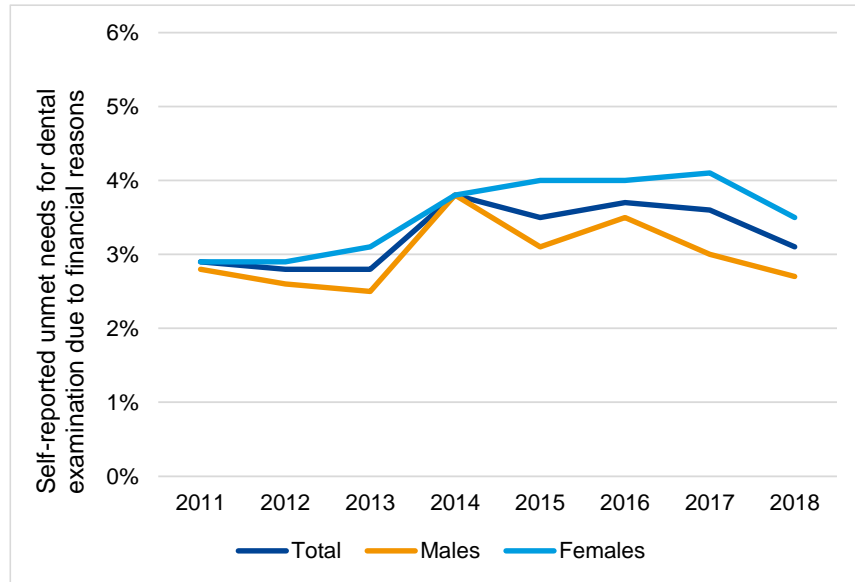
Table 2 – Self-reported unmet needs for dental examination due to financial reasons in Belgium (2008-2018)

EU-SILC	2008	2009	2010	2011*	2012	2013	2014	2015	2016	2017	2018	
<b>Belgium</b>	1.6%	1.3%	1.4%	2.9%	2.8%	2.8%	3.8%	3.5%	3.7%	3.6%	3.1%	
<b>Gender</b>	<b>Males</b>	1.3%	1.1%	1.2%	2.8%	2.6%	2.5%	3.8%	3.1%	3.5%	3.0%	2.7%
	<b>Females</b>	1.9%	1.4%	1.5%	2.9%	2.9%	3.1%	3.8%	4.0%	4.0%	4.1%	3.5%
<b>Age category</b>	<b>16-24</b>	0.9%	0.6%	0.9%	2.0%	1.9%	1.5%	3.5%	2.2%	4.2%	4.1%	3.6%
	<b>25-34</b>	1.1%	1.2%	1.1%	3.5%	3.1%	3.1%	4.9%	3.3%	2.6%	4.6%	3.2%
	<b>35-44</b>	2.1%	1.9%	1.8%	4.2%	3.5%	3.8%	4.5%	4.5%	5.1%	4.8%	5.0%
	<b>45-54</b>	2.4%	1.6%	2.0%	3.7%	4.9%	4.4%	4.8%	4.9%	4.9%	4.8%	4.5%
	<b>55-64</b>	1.9%	1.4%	1.4%	2.1%	1.7%	2.5%	4.0%	5.0%	5.1%	3.8%	3.4%
	<b>65-74</b>	1.0%	0.6%	0.7%	2.2%	1.4%	2.1%	2.3%	2.2%	2.6%	2.8%	1.5%
	<b>75 years or over</b>	1.6%	1.0%	1.0%	1.3%	1.0%	0.9%	0.9%	1.0%	1.5%	0.9%	1.1%
<b>Income levels</b>	<b>First quintile</b>	5.1%	3.9%	4.1%	7.6%	6.8%	7.8%	11.5%	10.1%	9.9%	8.9%	8.2%
	<b>Second quintile</b>	1.8%	1.3%	1.7%	4.1%	4.6%	4.0%	4.0%	4.3%	4.8%	5.5%	4.5%
	<b>Third quintile</b>	0.8%	0.6%	0.7%	1.7%	1.7%	1.9%	2.9%	2.2%	2.9%	2.1%	2.0%
	<b>Fourth quintile</b>	0.3%	0.5%	0.4%	1.0%	0.6%	0.2%	0.7%	1.0%	0.9%	1.1%	0.5%
	<b>Fifth quintile</b>	0.3%	0.2%	0.1%	0.3%	0.2%	0.3%	0.3%	0.4%	0.0%	0.3%	0.3%

Source: Eurostat – EU-SILC 2020<sup>2</sup>, \*Break in data series



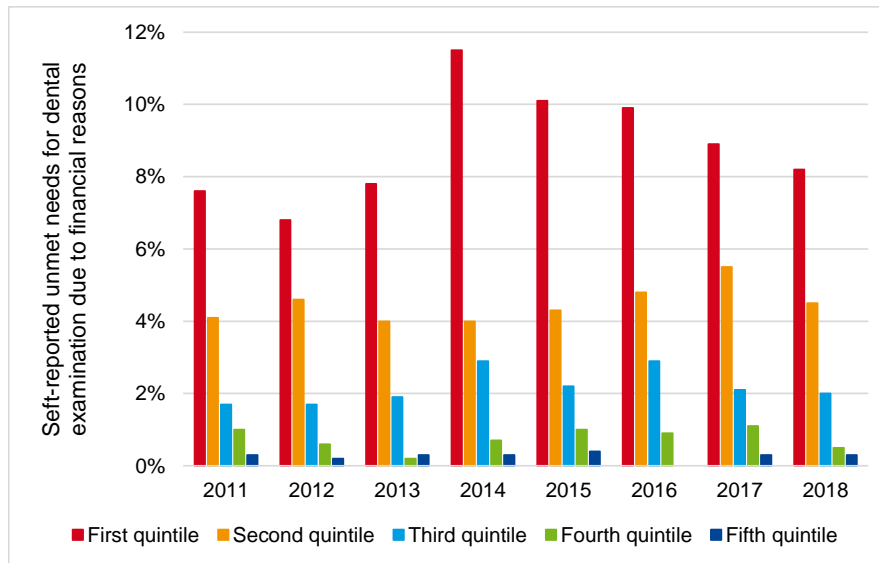
Figure 4 – Self-reported unmet needs for dental examination due to financial reasons in Belgium, by gender and by age category (2011-2018)



Source: Eurostat – EU-SILC 2020<sup>2</sup>



**Figure 5 – Self-reported unmet needs for dental examination due to financial reasons in Belgium, by income level (2011-2018)**



Source: Eurostat – EU-SILC 2020<sup>2</sup>

### International comparison

Figure 6 and

Figure 7 represent self-reported unmet needs for medical and dental examination due to financial reasons in Belgium and other European countries (EU-15). For medical examination, the share of unmet needs due to financial reasons is higher in Belgium than the EU-15 average in 2018 (respectively 1.8% and 1.1%, see Figure 6). Only Greece and Italy has unmet needs for medical examination due to financial reasons higher than in Belgium (8.3% in Greece and 2.0 in Italy)<sup>b</sup>. The share of unmet needs for medical examination due to financial reasons was stable around 2.2% in Belgium during the 2014-2016 period and then decreased to reach 1.8% in 2018 (see Figure 74).<sup>2</sup>

For dental examination, the share of unmet needs due to financial reasons is also higher in Belgium than the EU-15 average in 2018 (respectively 3.1% and 2.9%, see

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<sup>b</sup> Based on 9 countries. In 2016, based on the EU-15, only Italy and Greece (5% in Italy and 12% in Greece) had unmet needs for medical examination due to financial reasons higher than in Belgium (2.2%)

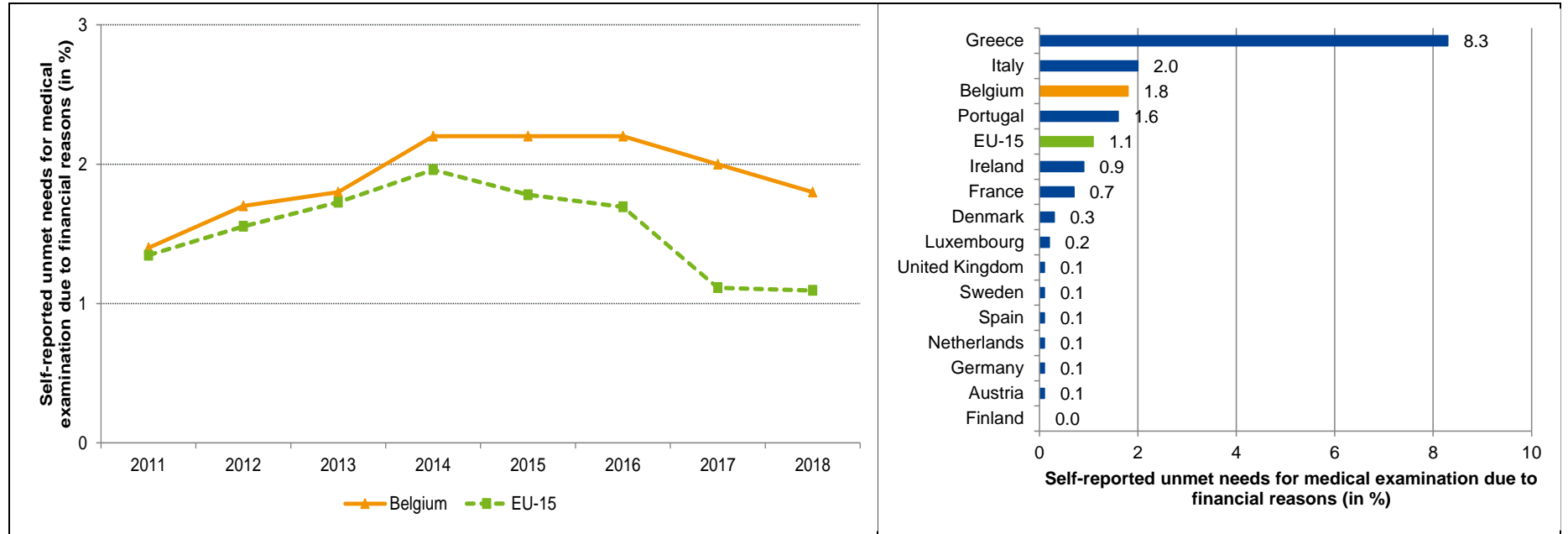


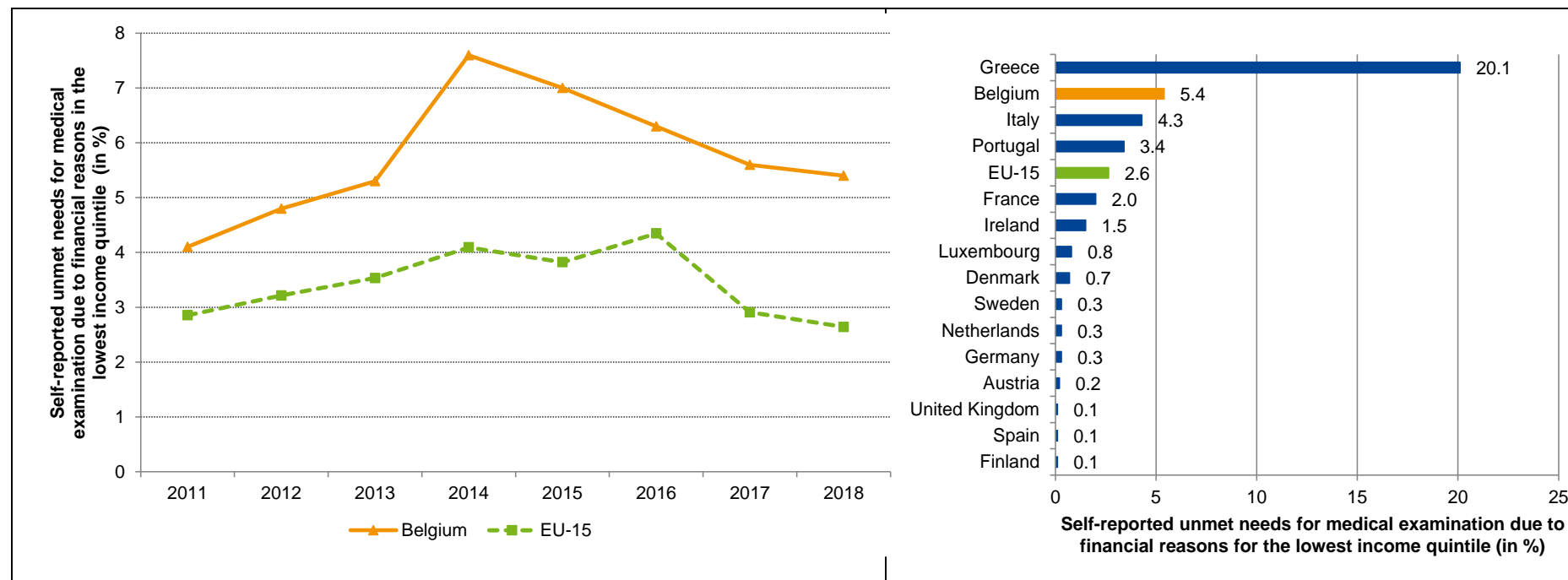
Figure 7). This share is higher in Portugal, Greece, Spain, and Denmark. The share of unmet needs due to financial reasons is higher for dental examination than medical examination in most of the European countries. The share of unmet needs for dental examination due to financial reasons seems to be stable around 3.5% in Belgium during the 2014-2017 period and then decreased to 3.1% in 2018 (see

Figure 7).<sup>2</sup>



Figure 6 – Self-reported unmet needs for medical examination due to financial reasons: international comparison (2011-2018)

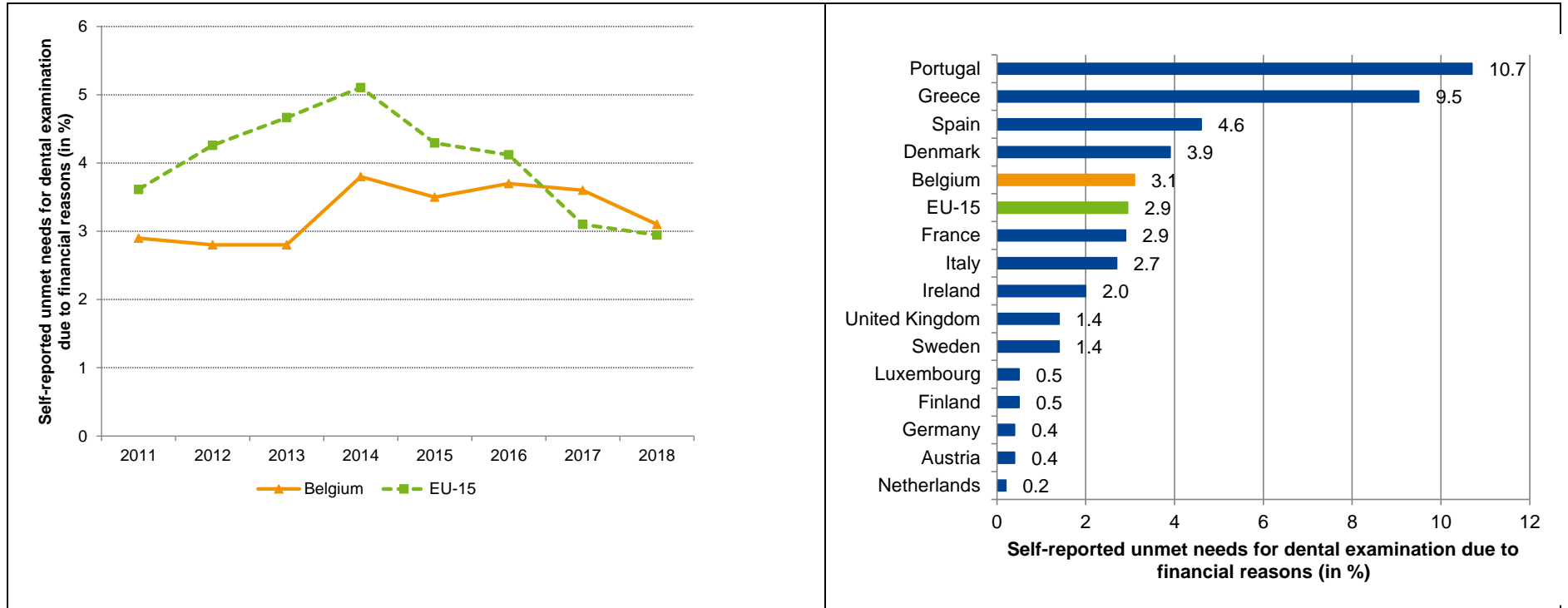




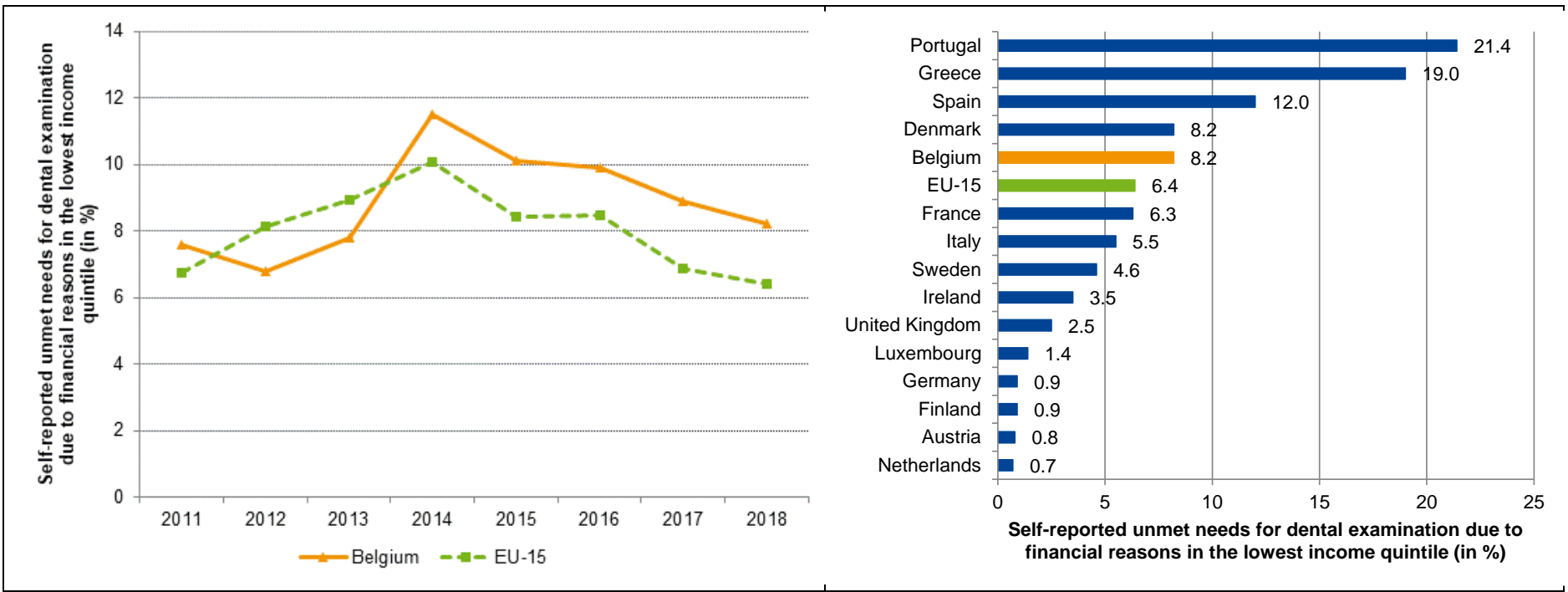
Source: Eurostat – EU-SILC 2020<sup>2</sup>



Figure 7 – Self-reported unmet needs for dental examination due to financial reasons: international comparison (2008-2016)







Source: Eurostat – EU-SILC 2020<sup>2</sup>



### Key points

- The percentage of households delaying contacts with health services for financial reasons is an indicator of how accessible, at least in financial terms, a health system is.
- In 2018, 9.1% of the households declared that they had to postpone healthcare (medical care, surgery, medicines, eyeglasses or contact lenses, mental healthcare) for at least one of the household member for financial reasons. The percentage is in line with results of previous surveys (1997, 2001, 2004, and 2013) but is lower than the 14% found in 2008.
- Shares of households delaying contacts with health services are not equally spread across different income or educational groups. Generally, the lower the income or educational level, the larger the percentage of households that has to postpone healthcare for financial reasons.
- There is also a clear regional difference: in Brussels 16.1% of households declared to postpone healthcare, versus 12.8% in Wallonia and 5.4% in Flanders.
- According to the EU-SILC, the share of individuals with self-reported unmet needs due to financial reasons is higher for dental examination (3.1%) than for medical examination (1.8%) in Belgium. In 2018, the share of individuals with unmet needs due to financial reasons is higher in Belgium than the EU-15 average for both dental examination and medical examination.
- Self-reported unmet needs due to financial reasons for the lowest income quintile group are among the highest in Europe for both medical and dental examinations.

## References

1. Sciensano. Belgian Health Interview Survey – Interactive Analysis. Brussels: Sciensano. Available from: <https://www.sciensano.be/en/projects/health-interview-survey-2018> (accessed December 2020).
2. Eurostat. Income and living conditions - national questionnaires. 2020. Available from: <https://ec.europa.eu/eurostat/web/income-and-living-conditions/quality/questionnaires> (Accessed December 2020)
3. Sciensano. Health Interview Survey – Questionnaire. Brussels: Sciensano. Available from : <https://his.wiv-isp.be/SitePages/Questionnaires.aspx> (accessed December 2020).
4. Demarest S, Charafeddine R, Berete F, Drieskens S. Enquête de santé 2018 : Expérience du patient. Bruxelles: Sciensano (D/2020/14.440/24); 2020. Disponible en ligne: Enquête de santé 2018 : Expérience du patient.



### 6.3. Self-reported delayed contacts with health services for financial reasons (% of households) (A-4) [Old sheet]

#### 6.3.1. Documentation sheet

<b>Description</b>	Self-reported delayed contacts with health services for financial reasons (% of households)
<b>Calculation</b>	Numerator: number of households that answered yes to one of the sub-questions in question AC.04. in the HIS survey (see below) Denominator: total number of households included in the survey
<b>Rationale</b>	Financial access is a basic condition for a functional healthcare system. Foregoing necessary treatment because of its cost can be detrimental to a person's health. High out-of-pocket payments that affect other necessary expenses are also considered undesirable. Care is generally considered financially inaccessible when people limit or postpone the use of necessary care because of (excessively) high costs, or when they have to relinquish other basic necessities because they need care. Delayed contacts is therefore one of the indicators for unmet needs.
<b>Primary data source</b>	Health Interview Survey (HIS); EU Statistics on Income and Living Conditions (EU-SILC) from Eurostat
<b>Technical definitions</b>	<p><b>Health Interview Survey (HIS)</b></p> <p>AC.04. Was there any time during the past 12 months, when you or someone in the household needed the following kinds of care, but could not afford it?</p> <ul style="list-style-type: none"><li>• AC.04.01. Medical care or a surgery (yes/no)?</li><li>• AC.04.02. Dental care (yes/no)?</li><li>• AC.04.03. Prescribed medicines (yes/no)?</li><li>• AC.04.04. Eyeglasses or contact lenses (yes/no)?</li><li>• AC.04.05. Mental healthcare, by a psychologist or a psychiatrist for example (yes/no)?</li></ul> <p>An indicator AC_04 was constructed and set equal to one as soon as one household member answered yes to one of the above questions and the household was considered to have postponed healthcare for financial reasons.</p> <p>More technical details on the methodology are available in the HIS report.<sup>1</sup></p> <p><b>EU-SILC<sup>2</sup></b></p> <p>PH050_Q1: What was the main reason for not having a medical examination or treatment? Could not afford to:</p> <ul style="list-style-type: none"><li>• Too expensive</li><li>• Waiting list</li><li>• Could not take time because of work, care for children or for others</li><li>• Too far to travel or no means of transportation</li><li>• Fear of medical doctors, hospitals, examination or treatment</li></ul>

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- Wanted to wait and see if problem got better on its own
  - Didn't know any good medical doctor
  - Other reasons
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**International comparability**

Data on unmet healthcare needs are available in Eurostat based on the EU-SILC survey. Data in the EU-SILC refer to individuals aged 16 years and over in private households (collective households are excluded) and results are not standardised for age or sex. The EU-SILC survey includes questions on different possible barriers (such as cost, distance, waiting times, etc.) to accessing medical or dental examinations or treatment, but does not include questions on unmet need for surgery, prescribed medicines, eyeglasses or contact lenses or mental healthcare.

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**Limitations**

The HIS results are based on the HIS 2013 because the HIS 2019 is not yet available. Results will be updated on the website. For the EU-SILC data, there is a break in the data series in 2011 (change of method). The results for the percentage of households delaying contacts with health services for financial reasons in the HIS are divergent from those in the Eurostat database, which are based on the EU-Statistics on Income and Living Conditions (EU-SILC) survey.

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**Performance dimension**

Accessibility; Equity

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**Related indicators**

Out-of-pocket payments as a share of current healthcare expenditure and per capita

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### 6.3.2. Results

#### Analysis based on the HIS (2013) survey

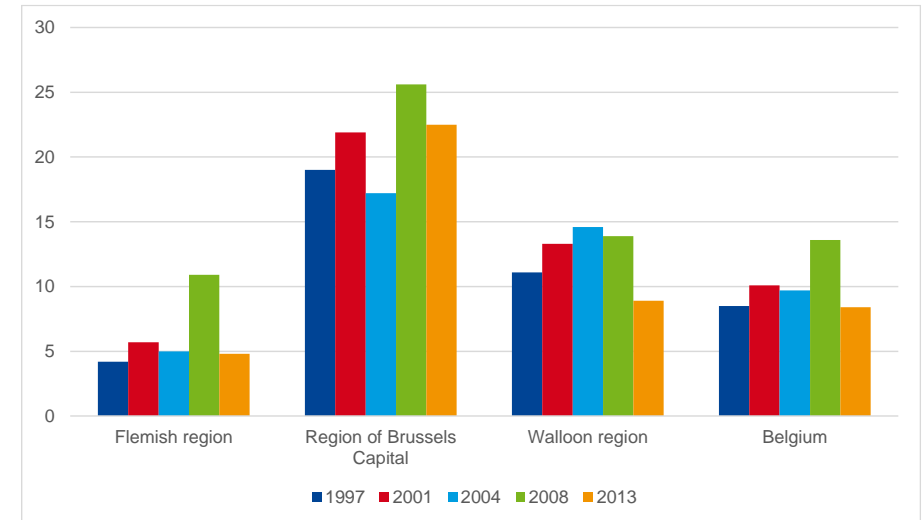
In 2013, 8% of households declared that they had to postpone healthcare (medical care, surgery, dental care, prescribed medicines, eyeglasses or contact lenses, mental healthcare) for financial reasons.<sup>3</sup>

There is a clear association with the level of education of the household head: 12.5% for households from the lowest education level (primary or no degree for the household head) versus 6.2% for households in the highest education level (superior education for the household head). This is also true for household income: 19.1% for households in the lowest income level versus 2.6% for households in the highest income level.<sup>3</sup>

There is also a regional difference: in Brussels 22% of households declared to postpone healthcare, versus 9% in Wallonia and 5% in Flanders. In the three regions this percentage is increasing over time (see Figure 69).

Figure 69 also shows the evolution since the first Health Interview Survey in 1997. For Belgium, the share of households that postponed healthcare was more or less stable in 1997, 2001, 2004 and 2013 (around 8%) but increased to 13.6% in 2008. The results for Flanders and Brussels show a comparable course over time, be it at a lower (Flanders) or higher (Brussels) level. The results for Wallonia are deviating from the other regions: the highest level was found in 2004 and not in 2008 and the results for 2013 are the best since the first survey in 1997.

**Figure 8 – Percentage of households that reported to have delayed contacts with health services for financial reasons, by region (1997-2013)**



Source: Sciensano 2018<sup>3</sup>

#### Analysis based on EU-SILC survey

The results for the percentage of households delaying contacts with health services for financial reasons in the HIS are divergent from those in the Eurostat database, which are based on the EU-Statistics on Income and Living Conditions (EU-SILC) survey.<sup>2</sup>

The share of persons aged 16 and over in Belgium reporting unmet needs for medical examination due to financial reasons increased over the time from 0.5% in 2008 to 2.2% in 2014 and then stabilized to reach 2.0% in 2017<sup>c</sup> (see Table 1). Women reported more unmet needs for medical examination due to cost than men (see Figure 2).

<sup>c</sup> And is similar (2.1%) when other reasons than the cost (i.e. distance, waiting times, etc.) are also taken into account.

The share of persons reporting unmet needs for medical examination due to cost is highest for patients aged between 35 and 64 years old, followed by younger patients (aged between 16 and 34 years old). In older patients (65 years and older) the share is the lowest (see Figure 2). There are large

differences between income quintiles (equivalent disposable household income, see Table 1 and Figure 3). The share of persons reporting unmet needs for medical examination due to cost was 0% in 2017 for the highest income quintile versus 6.7% for the lowest income quintile (see Table 1).

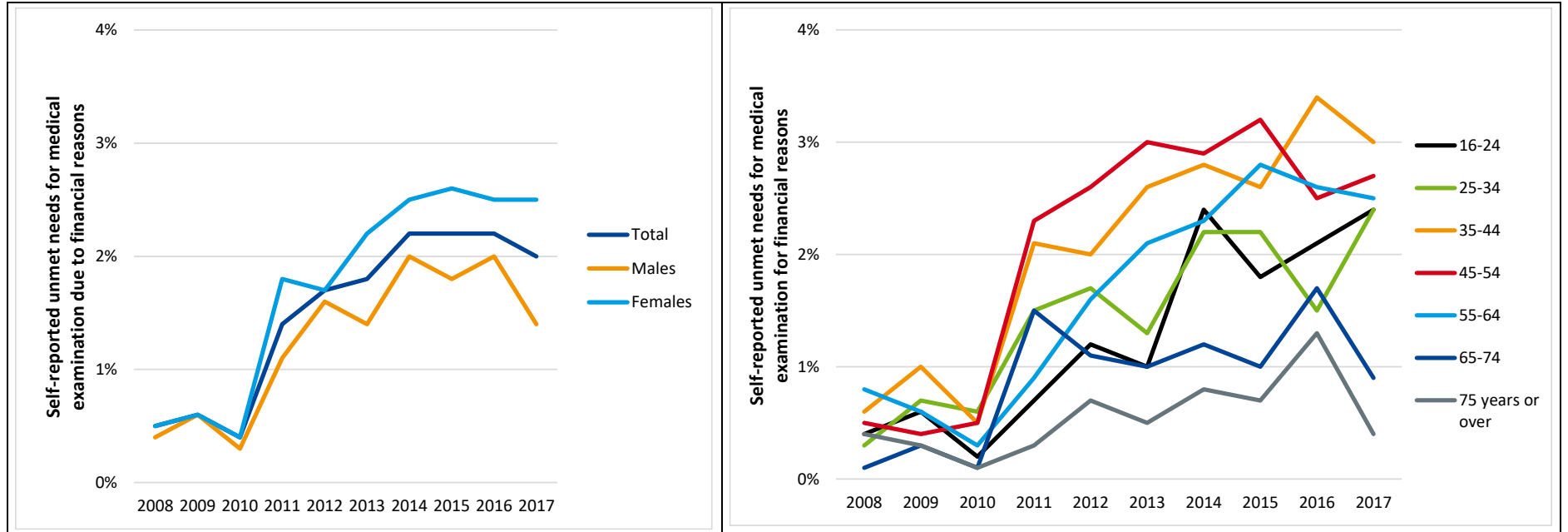
**Table 3 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium (2008-2017)**

EU-SILC		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Belgium</b>		0.5%	0.6%	0.4%	1.4%	1.7%	1.8%	2.2%	2.2%	2.2%	2.0%
<b>Gender</b>	<b>Males</b>	0.4%	0.6%	0.3%	1.1%	1.6%	1.4%	2.0%	1.8%	2.0%	1.4%
	<b>Females</b>	0.5%	0.6%	0.4%	1.8%	1.7%	2.2%	2.5%	2.6%	2.5%	2.5%
<b>Age category</b>	<b>16-24</b>	0.4%	0.6%	0.2%	0.7%	1.2%	1.0%	2.4%	1.8%	2.1%	2.4%
	<b>25-34</b>	0.3%	0.7%	0.6%	1.5%	1.7%	1.3%	2.2%	2.2%	1.5%	2.4%
	<b>35-44</b>	0.6%	1.0%	0.5%	2.1%	2.0%	2.6%	2.8%	2.6%	3.4%	3.0%
	<b>45-54</b>	0.5%	0.4%	0.5%	2.3%	2.6%	3.0%	2.9%	3.2%	2.5%	2.7%
	<b>55-64</b>	0.8%	0.6%	0.3%	0.9%	1.6%	2.1%	2.3%	2.8%	2.6%	2.5%
	<b>65-74</b>	0.1%	0.3%	0.1%	1.5%	1.1%	1.0%	1.2%	1.0%	1.7%	0.9%
	<b>75 years or over</b>	0.4%	0.3%	0.1%	0.3%	0.7%	0.5%	0.8%	0.7%	1.3%	0.4%
<b>Income levels</b>	<b>First quintile</b>	1.4%	1.5%	1.2%	4.1%	4.8%	5.3%	7.6%	7.0%	7.7%	6.7%
	<b>Second quintile</b>	0.6%	0.9%	0.2%	1.9%	2.3%	2.0%	2.1%	2.9%	2.4%	2.0%
	<b>Third quintile</b>	0.1%	0.2%	0.3%	0.8%	0.8%	1.6%	1.2%	0.8%	0.9%	1.0%
	<b>Fourth quintile</b>	0.1%	0.3%	0.1%	0.3%	0.5%	0.2%	0.5%	0.4%	0.2%	0.3%
	<b>Fifth quintile</b>	0.1%	0.2%	0.1%	0.1%	0.1%	0.1%	0.0%	0.1%	0.0%	0.0%

Source: Eurostat – EU-SILC 2018



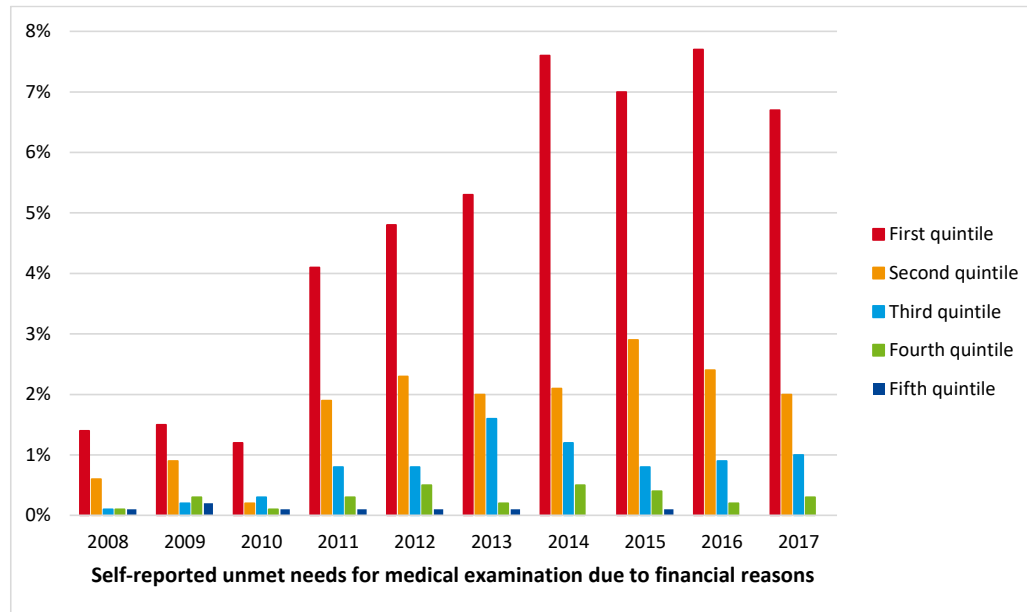
Figure 9 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium, by gender and by age category (2008-2017)



Source: Eurostat – EU-SILC 2018



**Figure 10 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium, by income level (2008-2017)**



Source: Eurostat – EU-SILC 2018

The results for **dental care** show a comparable pattern but shares are higher: 1.4% in 2008 and 3.5% in 2017 for unmet needs due to financial reasons for the population aged 16 and over (see Table 2 and Figure 4).

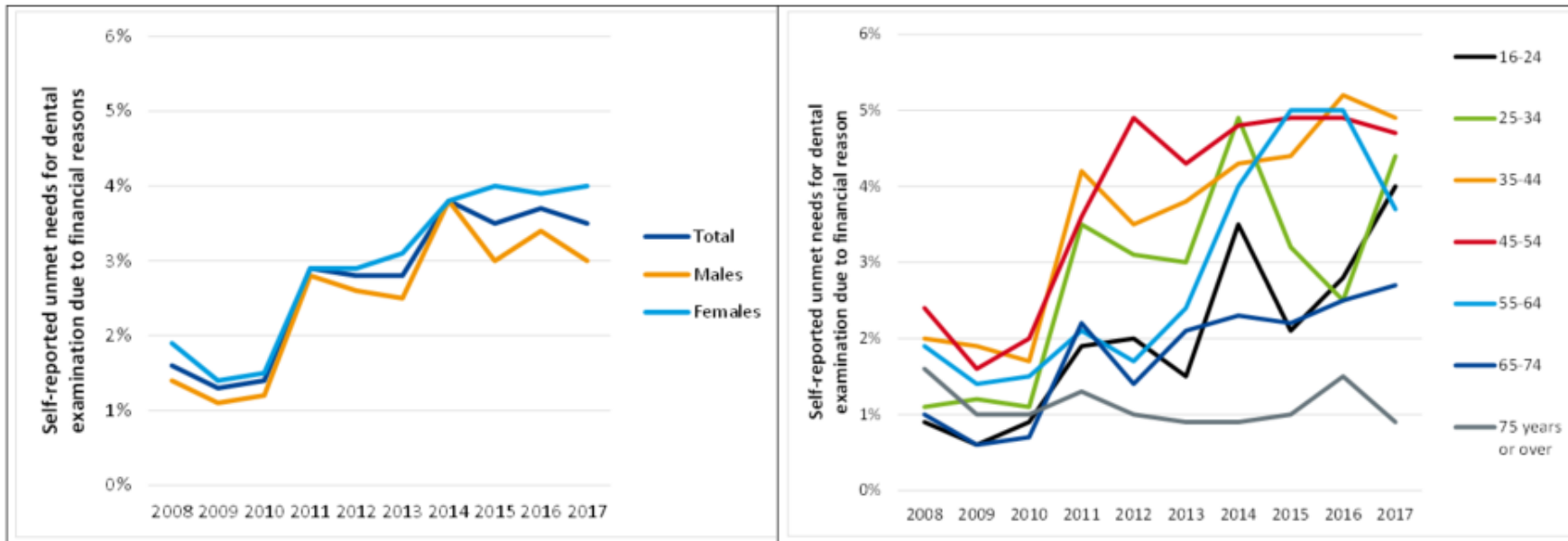
Results per income quintile range from 0.3% for the highest income quintile to 10.5% for the lowest income quintile (see Table 2 and Figure 5). Results show an increase for dental care for the total population and for most income quintiles.


**Table 4 – Self-reported unmet needs for dental examination due to financial reasons in Belgium (2008-2017)**

EU-SILC		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>Belgium</b>		1.6%	1.3%	1.4%	2.9%	2.8%	2.8%	3.8%	3.5%	3.7%	3.5%
<b>Gender</b>	<b>Males</b>	1.4%	1.1%	1.2%	2.8%	2.6%	2.5%	3.8%	3.0%	3.4%	3.0%
	<b>Females</b>	1.9%	1.4%	1.5%	2.9%	2.9%	3.1%	3.8%	4.0%	3.9%	4.0%
<b>Age category</b>	<b>16-24</b>	0.9%	0.6%	0.9%	1.9%	2.0%	1.5%	3.5%	2.1%	2.8%	4.0%
	<b>25-34</b>	1.1%	1.2%	1.1%	3.5%	3.1%	3.0%	4.9%	3.2%	2.5%	4.4%
	<b>35-44</b>	2.0%	1.9%	1.7%	4.2%	3.5%	3.8%	4.3%	4.4%	5.2%	4.9%
	<b>45-54</b>	2.4%	1.6%	2.0%	3.6%	4.9%	4.3%	4.8%	4.9%	4.9%	4.7%
	<b>55-64</b>	1.9%	1.4%	1.5%	2.1%	1.7%	2.4%	4.0%	5.0%	5.0%	3.7%
	<b>65-74</b>	1.0%	0.6%	0.7%	2.2%	1.4%	2.1%	2.3%	2.2%	2.5%	2.7%
	<b>75 years or over</b>	1.6%	1.0%	1.0%	1.3%	1.0%	0.9%	0.9%	1.0%	1.5%	0.9%
<b>Income levels</b>	<b>First quintile</b>	5.1%	3.9%	4.1%	7.6%	6.8%	7.8%	11.5%	10.1%	11.3%	10.5%
	<b>Second quintile</b>	1.8%	1.3%	1.7%	4.1%	4.6%	4.0%	4.0%	4.3%	3.6%	4.3%
	<b>Third quintile</b>	0.8%	0.6%	0.7%	1.7%	1.7%	1.9%	2.9%	2.2%	2.6%	2.0%
	<b>Fourth quintile</b>	0.3%	0.5%	0.4%	1.0%	0.6%	0.2%	0.7%	1.0%	0.9%	0.6%
	<b>Fifth quintile</b>	0.3%	0.2%	0.1%	0.3%	0.2%	0.3%	0.3%	0.4%	0.0%	0.3%

Source: Eurostat – EU-SILC 2018

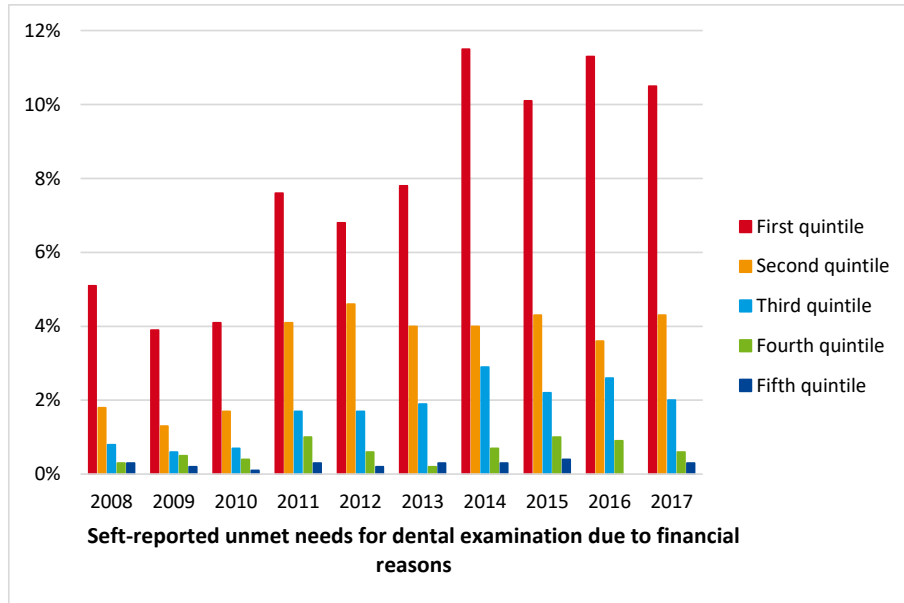
Figure 11 – Self-reported unmet needs for dental examination due to financial reasons in Belgium, by gender and by age category (2008-2017)



Source: Eurostat – EU-SILC 2018



**Figure 12 – Self-reported unmet needs for dental examination due to financial reasons in Belgium, by income level (2008-2017)**



Source: Eurostat – EU-SILC 2018

### International comparison

Figure 6 and

Figure 7 represent self-reported unmet needs for medical and dental examination due to financial reasons in Belgium and other European countries (EU-15). For medical examination, the share of unmet needs due to financial reasons is higher in Belgium than the EU-15 average in 2017 (respectively 2.0% and 1.2%, see Figure 6). Only Greece has unmet needs for medical examination due to financial reasons higher than in Belgium (8.2% in Greece)<sup>d</sup>. The share of unmet needs for medical examination due to financial reasons is stable around 2.2% in Belgium since 2014 (see Figure 74).

For dental examination, the share of unmet needs due to financial reasons is also higher in Belgium than the EU-15 average in 2017 (respectively 3.5% and 3.2%, see

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<sup>d</sup> Based on 9 countries. In 2016, based on the EU-15, only Italy and Greece (5% in Italy and 12% in Greece) had unmet needs for medical examination due to financial reasons higher than in Belgium (2.2%)

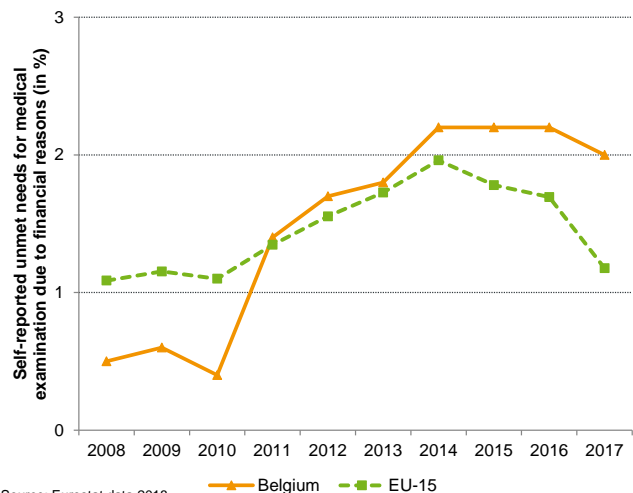


Figure 7). This share is higher in Portugal, Greece, Denmark and Spain. The share of unmet needs due to financial reasons is higher for dental examination than medical examination in most of the European countries. The share of unmet needs for dental examination due to financial reasons seems to be stable around 3.5% since 2014 in Belgium (see

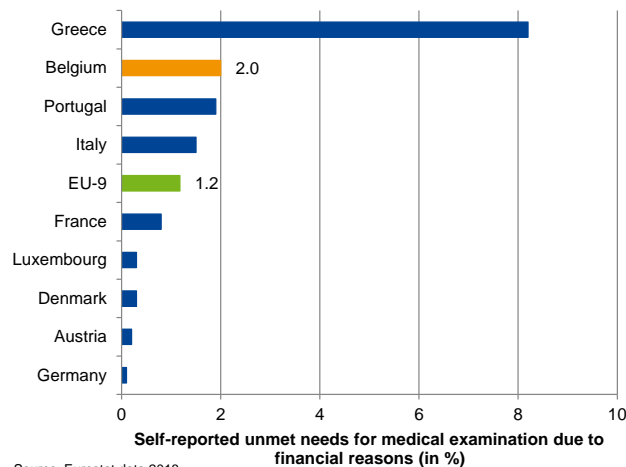
Figure 7).



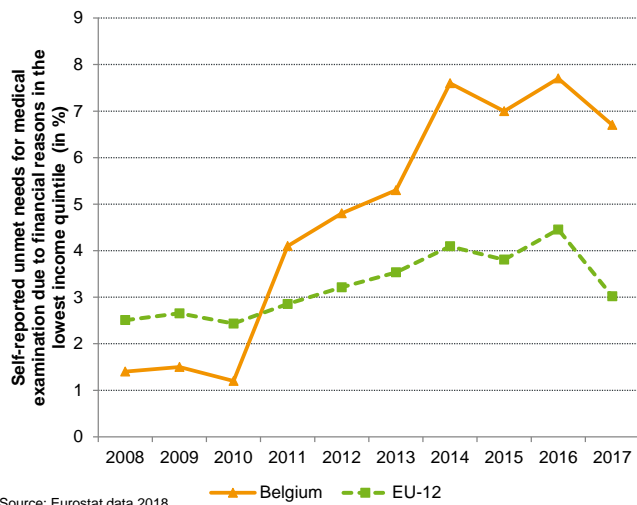
Figure 13 – Self-reported unmet needs for medical examination due to financial reasons: international comparison (2008-2017)



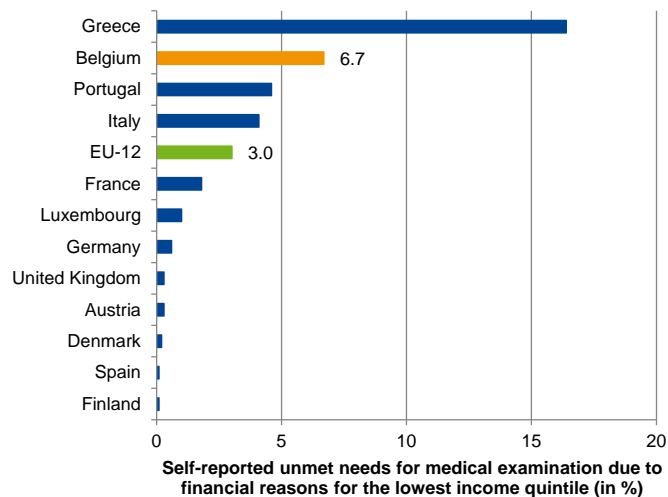
Source: Eurostat data 2018



Source: Eurostat data 2018



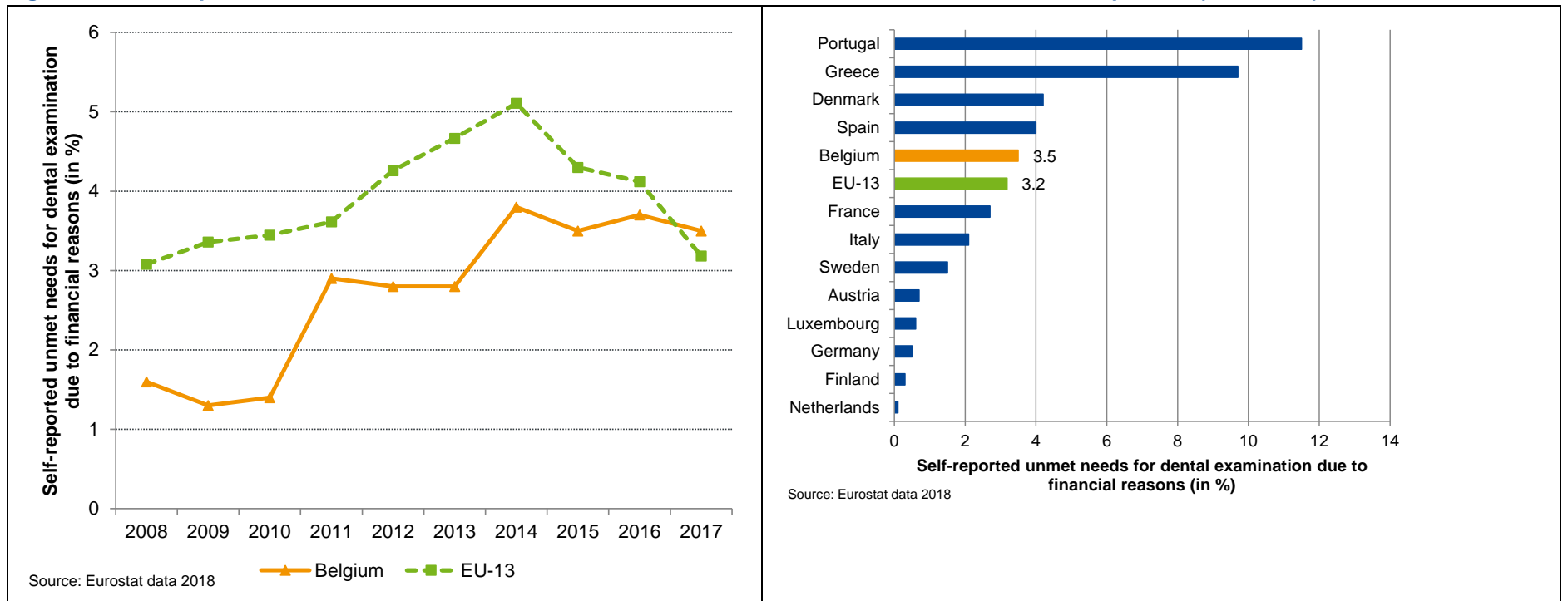
Source: Eurostat data 2018



Source: Eurostat – EU-SILC 2018



Figure 14 – Self-reported unmet needs for dental examination due to financial reasons: international comparison (2008-2016)



Source: Eurostat – EU-SILC 2018



### Key points

- **The percentage of households delaying contacts with health services for financial reasons is an indicator of how accessible, at least in financial terms, a health system is.**
- **In 2013, 8% of the households declared that they had to postpone healthcare (medical care, surgery, medicines, eyeglasses or contact lenses, mental healthcare) for at least one of the household member for financial reasons. The percentage is in line with results of previous surveys (1997, 2001 and 2004) but is lower than the 14% found in 2008.**
- **Shares of households delaying contacts with health services are not equally spread across different income or educational groups. Generally, the lower the income or educational level, the larger the percentage of households that has to postpone healthcare for financial reasons.**
- **There is also a clear regional difference: in Brussels 22% of households declared to postpone healthcare, versus 9% in Wallonia and 5% in Flanders.**
- **According to the EU-SILC, the share of individuals with self-reported unmet needs due to financial reasons is higher for dental examination (3.5%) than for medical examination (2.0%) in Belgium. In 2017, the share of individuals with unmet needs due to financial reasons is higher in Belgium than the EU-15 average for both dental examination and medical examination.**
- **Self-reported unmet needs due to financial reasons for the lowest income quintile group are among the highest in Europe for both medical and dental examinations.**

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