



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

6.3.1. Documentation sheet

Description	Self-reported delayed contacts with health services for financial reasons (% of households)
Calculation	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
Rationale	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.
Primary data source	Health Interview Survey (HIS); EU Statistics on Income and Living Conditions (EU-SILC) from Eurostat
Technical definitions	<p>Health Interview Survey (HIS)</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"> • AC.04.01. Medical care or a surgery (yes/no)? • AC.04.02. Dental care (yes/no)? • AC.04.03. Prescribed medicines (yes/no)? • AC.04.04. Eyeglasses or contact lenses (yes/no)? • AC.04.05. Mental healthcare, by a psychologist or a psychiatrist for example (yes/no)? <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.¹</p> <p>EU-SILC²</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"> • Too expensive • Waiting list • Could not take time because of work, care for children or for others • Too far to travel or no means of transportation • Fear of medical doctors, hospitals, examination or treatment



	<ul style="list-style-type: none">• Wanted to wait and see if problem got better on its own• Didn't know any good medical doctor• Other reasons
International comparability	<p>Data on unmet healthcare needs are available in Eurostat based on the EU-SILC survey.</p> <p>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.</p>
Limitations	<p>The HIS results are based on the HIS 2013 because the HIS 2019 is not yet available. Results will be updated on the website.</p> <p>For the EU-SILC data, there is a break in the data series in 2011 (change of method).</p> <p>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.</p>
Performance dimension	Accessibility; Equity
Related indicators	Out-of-pocket payments as a share of current healthcare expenditure and per capita



6.3.2. Results

Analysis based on the HIS (2013) survey

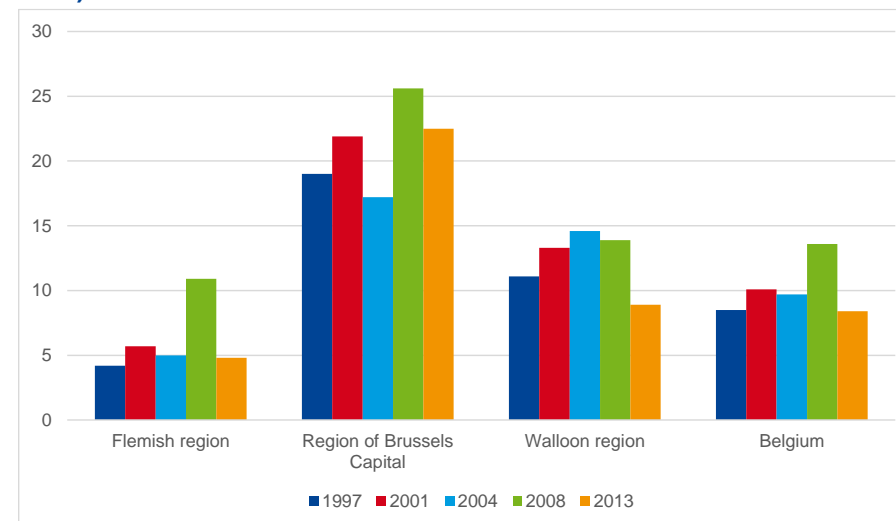
In 2013, 8% of households declared that they had to postpone healthcare (medical care, surgery, dental care, prescribed medicines, eyeglasses or contact lenses, mental healthcare) for financial reasons.³

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.³

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



Source: Sciensano 2018³

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.²

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^u (see Table 38). Women reported more unmet needs for medical examination due to cost than men (see Figure 70).

^u 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 70). There are large

differences between income quintiles (equivalent disposable household income, see Table 38 and Figure 71). 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 38).

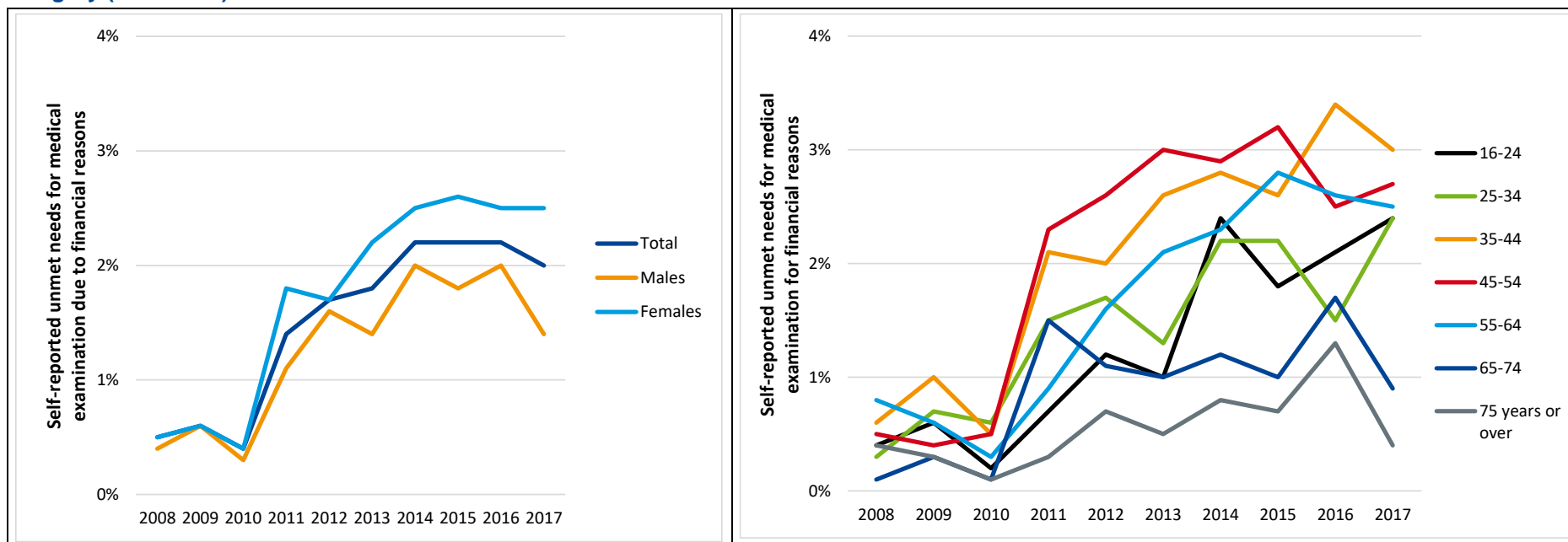
Table 38 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium (2008-2017)

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



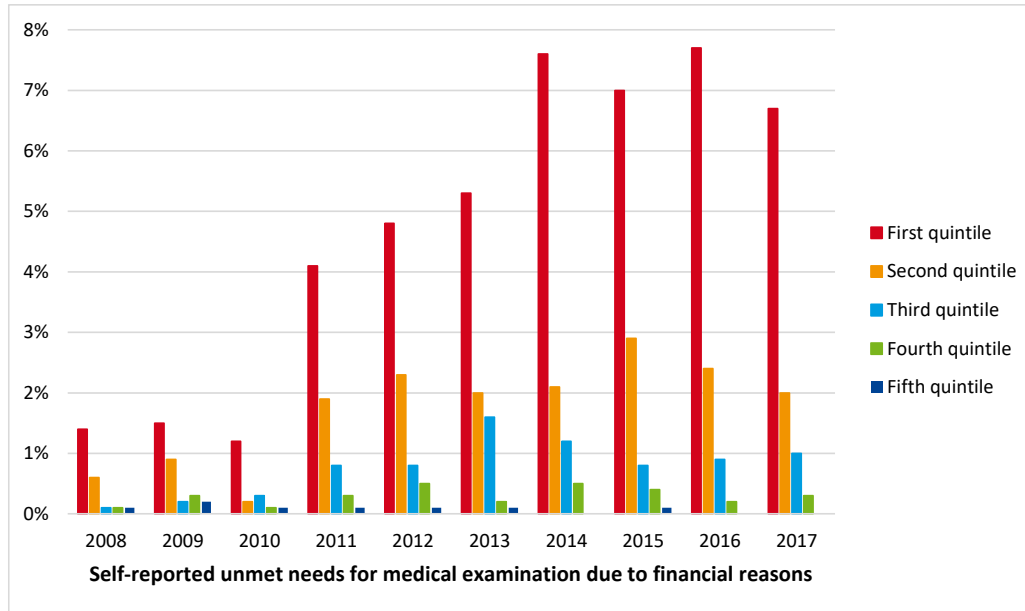
Figure 70 – Share of individuals with self-reported unmet needs for medical examination due to financial reasons in Belgium, by gender and by age category (2008-2017)



Source: Eurostat – EU-SILC 2018



Figure 71 – 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 39 and Figure 72).

Results per income quintile range from 0.3% for the highest income quintile to 10.5% for the lowest income quintile (see Table 39 and Figure 73). Results show an increase for dental care for the total population and for most income quintiles.



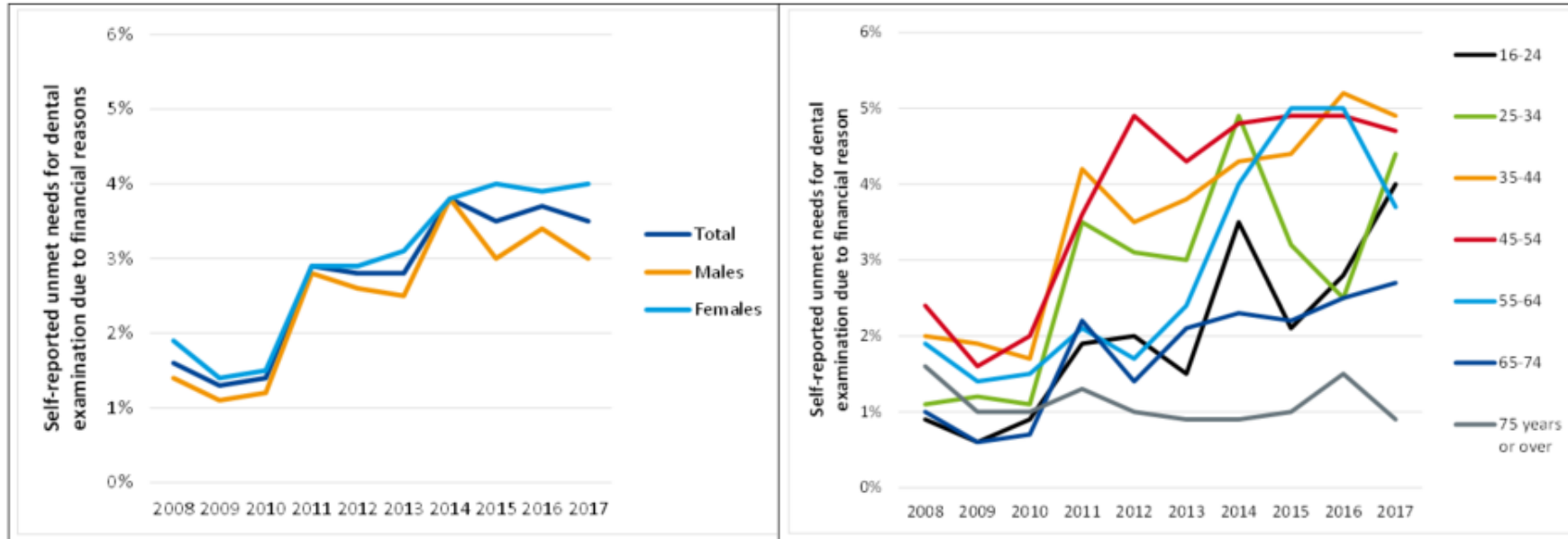
Table 39 – Self-reported unmet needs for dental examination due to financial reasons in Belgium (2008-2017)

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



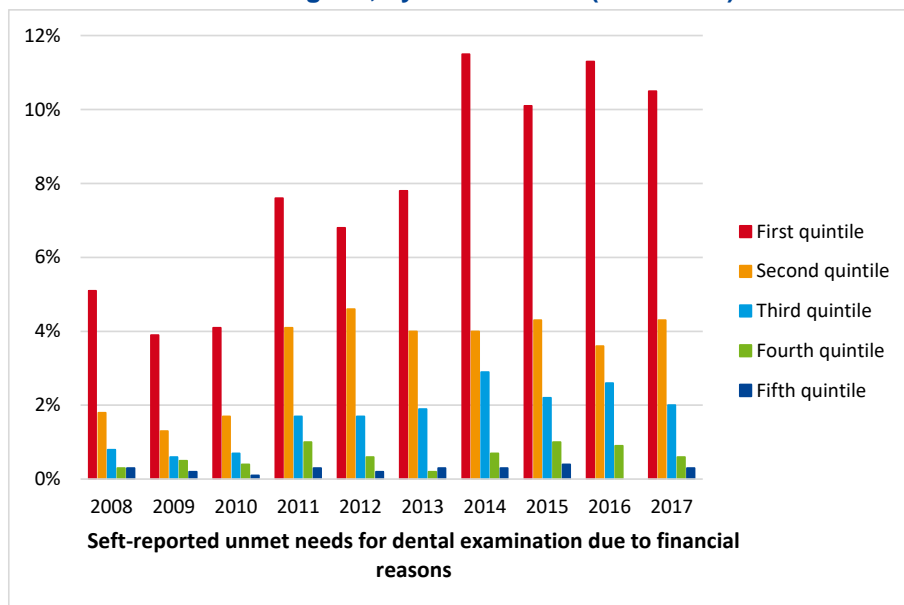
Figure 72 – Self-reported unmet needs for dental examination due to financial reasons in Belgium, by gender and by age category (2008-2017)



Source: Eurostat – EU-SILC 2018



Figure 73 – 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

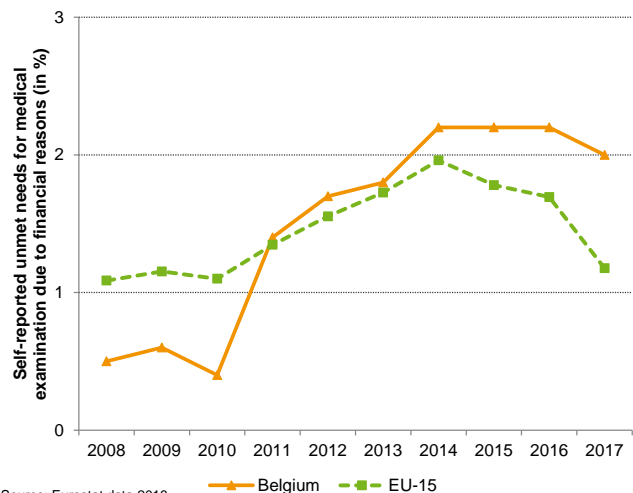
Figure 74 and Figure 75 represent self-reported unmet needs for medical and dental examination due to financial reasons in Belgium and other European countries (EU-15). For medical examination, the share of unmet needs due to financial reasons is higher in Belgium than the EU-15 average in 2017 (respectively 2.0% and 1.2%, see Figure 74). Only Greece has unmet needs for medical examination due to financial reasons higher than in Belgium (8.2% in Greece)^v. 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 Figure 75). 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 75).

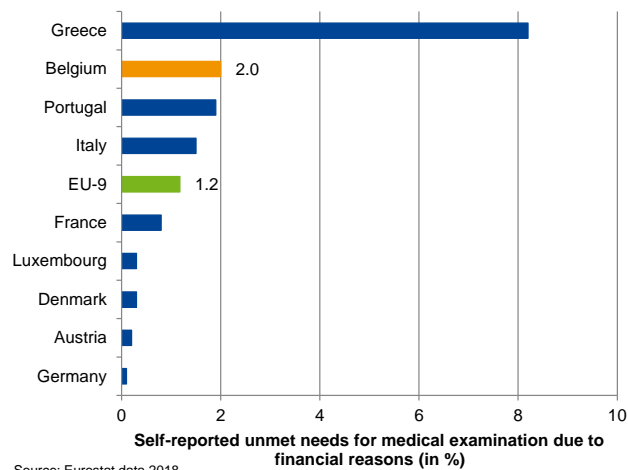
^v Based on 9 countries. In 2016, based on the EU-15, only Italy and Greece (5% in Italy and 12% in Greece) had unmet needs for medical examination due to financial reasons higher than in Belgium (2.2%)



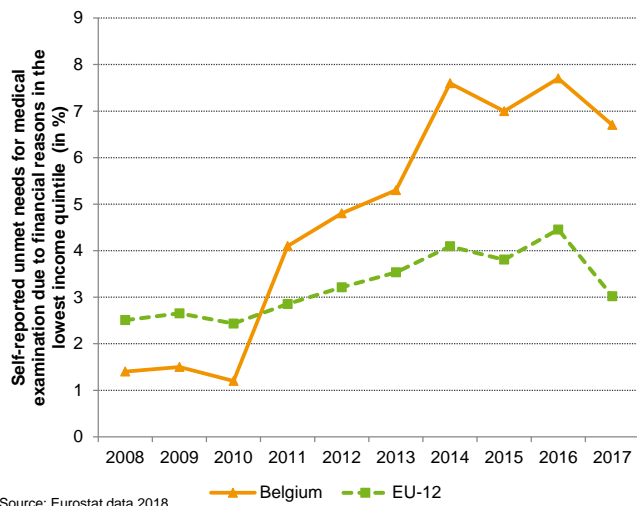
Figure 74 – Self-reported unmet needs for medical examination due to financial reasons: international comparison (2008-2017)



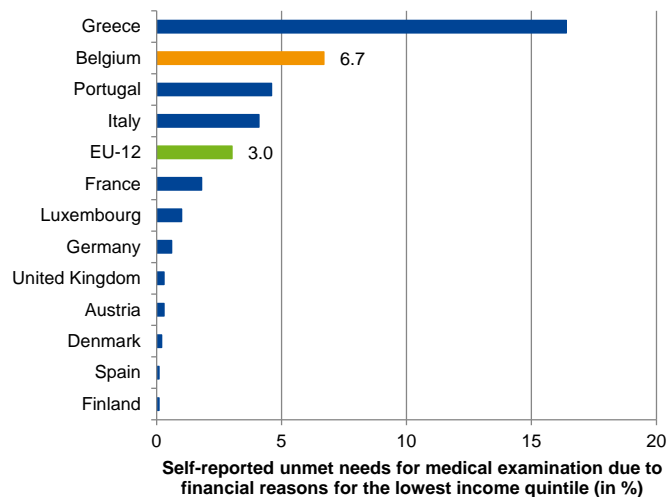
Source: Eurostat data 2018



Source: Eurostat data 2018



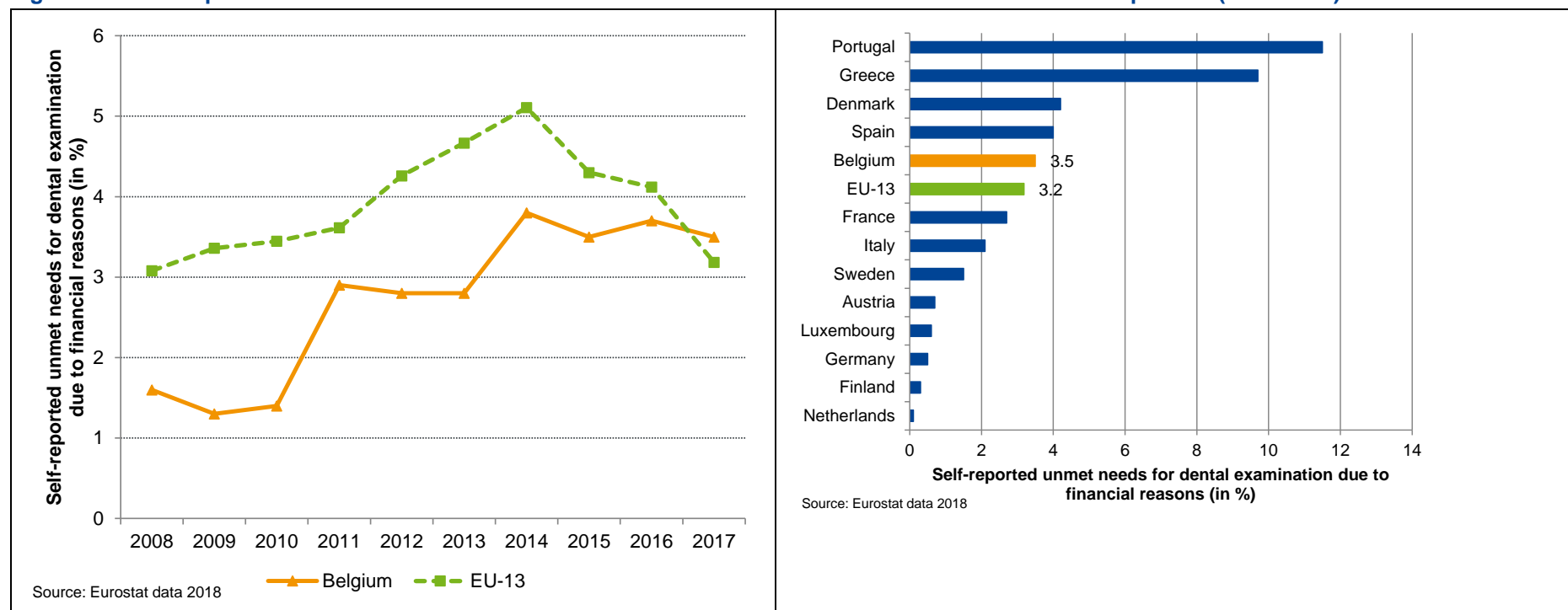
Source: Eurostat data 2018



Source: Eurostat – EU-SILC 2018



Figure 75 – 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.

References

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3. Sciensano. Belgian Health Interview Survey. – Interactive Analysis. Module: Health care accessibility - Update 2013 [Web page]. Brussels: Sciensano;2018 [cited January 2019]. Available from: <https://hisia.wiv-isp.be/SitePages/Home.aspx>