### **Contribution to the ESHMS Special Interest Meeting “Europe in a Global Perspective “**

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### Title of the presentation: *Unmet medical needs in European countries. How social policies can improve accessibility of healthcare.*

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**Availability as a discussant:** Yes.

**Abstract***Context:*

European healthcare systems differ regarding healthcare expenditure, financing, service provision and access regulation. These in turn determine the five dimensions of access to healthcare: 1) availability of adequate services, 2) geographical accessibility, 3) financial accessibility, 4) accommodation of patient’s needs, and 5) acceptability of services for patients. Due to a recent focus on fiscal consolidation, healthcare budget were reduced in many Member States, which often entailed the introduction of user charges for health services and a reduction of services. These policies effectively shifted the costs for healthcare to the individual. Less affordable and accessible healthcare will inhibit the take-up of services. If health services are used despite co-payments, private healthcare investments may divert financial resources away from other important elements of a household’s budget, e.g. food and rent payments, thereby negatively impacting other social determinants of health.

Broader social policies and in particular cash transfers help low income groups countervail such barriers to healthcare access. They influence access to healthcare indirectly in two ways. Firstly, social policies can improve living conditions and lower psycho-social stress, which in turn reduces medical needs. In particular policies that aim to address the unequal distribution of detrimental social determinants will complement public health policies. Secondly, access is facilitated by increasing the disposable income of households. Co-payments can be afforded more easily if the purchasing power of a household is boosted by in cash or in kind governmental benefits.

*Aim:*

The aim of the article is to advance the literature on comparative European social epidemiology by focussing on income-related problems of healthcare uptake. It explores in how far the Great Recession has led to changes in access to healthcare within the EU Member States and identifies social policies which can supplement health policies in order to guarantee universal access. The contribution differs from previous research by analysing one direct social determinant – income-related unmet medical needs - and by setting the focus not on the supply side of medical services, but on the side of the individual, whose demand is pre-structured by social policies and European and global integration processes. Findings about the co-variability of health and social policies are supposed to be distinguished, which apply to Europe and might be generalised beyond its Member States.

*Method:*

The analysis will focus on individuals reporting income-related absence of medical care. This includes unmet medical needs for reasons of waiting lists, transportation costs or costs of treatment. The analysis will apply logistic regressions to the cross-sectional time series data (TSCS) of EU SILC from 2007 to 2012 to determine characteristics at the individual level which determine the likelihood of unmet medical needs. Macro-level data on social support to beneficiaries will be retrieved from the SaMip dataset and analysed in multi-level models. Based on the current literature, three types of social policies are tested which are likely to improve the financial position of poor households: social assistance, family benefits and housing benefits. Cross-level interaction terms between these macro policies and income quintiles will reveal which population part is benefiting most from the support through social policies.

*Findings:*

The study observes increased unmet medical needs for the lowest income groups in the Baltic and Mediterranean Member States. On the macro level, factors influencing health care financing and de-commodification are able to explain national variations in unmet medical needs. The level of minimum income granted through social assistance is highly decisive for both the first and the second income quintile. On the other hand, housing and family policies contribute valuably solely to the access to healthcare for the second quintile. The social policy surrounding thus seems to be particularly important for the households above the poverty threshold, which have to overcome the barriers to healthcare access by use of their own resources.

**Keywords**   
Unmet medical needs, access to healthcare, European crisis, social expenditure, EU SILC