Date last modification of documentation sheet: 17-04-2012

Compared to previous version documentation sheet (28-11-2011) the following issues were adapted:
- New section on relevant policy areas added to the documentation sheet
- Item added to work-to-do section on discussing addition of unmet needs for dental services to the indicator's operationalizations

Compared to previous version documentation sheet (15-07-2010) the following issues were adapted:
- Change in URL to OMC indicators of the health and long term care strand at the Eurostat website

ECHIM Indicator name	**D) Health interventions: health services** 80. Equity of access to health care services
Relevant policy areas	- Sustainable health systems - Health inequalities (including accessibility of care) - Health system performance, quality of care, efficiency of care, patient safety - Health in All Policies (HiAP)
Definition	Index of self-declared unmet need for health care services. Defined as the total self-reported unmet need for medical care (medical examination or treatment) for the following three reasons: financial barriers + waiting times + too far to travel.
Calculation	% of people who reported that at least once in the previous 12 months they felt they needed medical care and did not receive it either because a) it was too expensive, b) they had to wait or c) it was too far away. Age standardisation: see remarks.
Relevant dimensions and subgroups	- Calendar year - Country - Region (according to ISARE recommendations; see data availability) - Sex - Age group (18-64, 65 and over) - Socio-economic status (educational level. See remarks)
Preferred data type and data source	Preferred data type: - Survey Preferred source: - Eurostat, European Statistics of Income and Living Condition (EU-SILC)
Data availability	For 2004 data are available for 25 MS and for Iceland and Norway. Bulgaria and Romania launched SILC in 2007. Data are available by sex and age. For the availability of data by socio-economic status; see remarks. As SILC data are based on national surveys, no regional data are available. The ISARE project on regional data has not collected data on unmet needs for health care services.
Data periodicity	Data updated annually.
Rationale	The self-reported unmet need for medical examination or treatment is an indicator for equity of access to health care services. It gives insight into the need for medical care and the obstacles that stand in the way of the actual use of health care services. As such it can provide useful information on how to overcome the obstacles for use and improve health. The underlying assumption is that the self-reported unmet need corresponds with the actual need for medical care.
Remarks	- The EU-SILC based indicator self-reported unmet need for medical care, applying the same definition as ECHIM, is also one of the indicators of the health and long term care strand of the Open Method of Coordination on Social Inclusion and Social Protection (OMC). Self-reported unmet need for medical examination or treatment by income quintile is also one of the EU Sustainable Development Indicators, though the definition for this indicator is somewhat broader; reasons include problems of access (could not afford to, waiting list, too far to travel) and other reasons (could not take time, fear, wanted to wait and see, didn't know any good doctor or specialist, other). These other reasons are also asked for in EU-SILC, and the data for these other reasons are also published by Eurostat.

	- There may be comparability issues due to cultural differences between countries. - Comparability of the results is also limited since the implementation of the health questions in SILC is not fully harmonised. New guidelines were provided by Eurostat in 2007. - The Eurostat EU-SILC data on unmet need for health services appear not to be age standardised. ECHIM would prefer age standardised data, as this will improve comparability between countries. - Eurostat published data on unmet need for health care by income (quintile distribution of the disposable income of the household). However, income is not a good proxy for SES in international comparisons. It would be better to use educational level as proxy. Information on educational level (ISCED) is collected in SILC, though currently not published by Eurostat. ECHIM recommends calculating unmet needs by educational level using SILC data according to the 4 aggregated ISCED groups recommended for indicator 6 Population by education. However; see the documentation sheet for indicator 6 on limitations SILC for measuring educational level.
References	- Health Indicators in the European Regions (ISARE) project: http://www.isare.org - Eurostat, People with unmet needs for medical examination by sex, age, reason and income quintile (%): http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_silc_08&lang=en Metadata Health care: indicators from the SILC survey (from 2004 onwards): http://epp.eurostat.ec.europa.eu/cache/ITY_SDDS/EN/hlth_care_silc_esms.htm - OMC, indicators of the health and long term care strand, Eurostat website: http://epp.eurostat.ec.europa.eu/portal/page/portal/employment_social_policy_equality/omc_social_inclusion_and_social_protection/health_long_term_care_strand - EU Sustainable Development Indicators, Eurostat website: http://epp.eurostat.ec.europa.eu/portal/page/portal/sdi/indicators
Work to do	- Discuss with Eurostat possibilities for age standardisation of the data. - Discuss with Eurostat possibilities for providing data disaggregated by educational level. - Explore possibilities for/usefulness of adding other reasons for unmet need to the definition, e.g. refusal of employer to give employee permission to visit a health provider. - Discuss with (Extended) Core Group (or comparable body, if (E)CG is no longer maintained after the Joint Action for ECHIM) the addition of an additional operationalization to this indicator; unmet needs for dental services. This was a proposal by France during the lasting ECG meeting of the Joint Action in March 2012. ECG members however felt that it was better not to make substantial changes to the indicators this shortly before the ending of the Joint Action. Moreover, though data are readily available from EU-SILC, before adding this operationalization to the shortlist, it needs to be assessed whether these data are adequately comparable between countries.