

# Perceptions of health care access in Europe: How universal is universal coverage?

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The past decade has witnessed a growing interest in the ability of health systems to protect citizens from the financial consequences associated with ill health and the use of medical care. In order to improve financial protection and access to care the WHO World Health Report 2010 firmly emphasizes that health systems move towards universal coverage of their populations. Of all regions, Europe has shown the most commitment to the goal of universal coverage. However, not all Europeans may feel as though they are able to access care if in fact they should need it. It is therefore important to investigate how the citizens of different European countries perceive their access to health care in order to better understand who these individuals are and what role different systems can play in providing better access to care.

To this end, we have been analysing data from the European Social Survey (ESS) 2008 – a cross-sectional multi-country survey designed to capture the attitudes, beliefs and behaviours of Europeans in over 30 countries. The ESS 2008 collects data on household income, subjective health status, age, employment status, and perceived ability to access health care services if the need should arise. Using multinomial logistic regressions, we estimate the odds of an individual who feels that they are unable to access care also reporting that they are poor, sick, elderly or unemployed.

Across Europe, we have found that individuals who report it being “very difficult to get by” on their current income are much more likely to also feel that it would be very difficult for them to be able to access care if they needed it in the next 12 months, regardless of model specification. In one model specification, individuals in the poorest income decile were estimated to be 4.5 times as likely ( $p < 0.001$ ) as individuals in the wealthiest income decile to feel as though their ability to access care if needed would be highly unlikely, as opposed to highly likely. Individuals who reported their health to be very bad were also significantly more likely to be very worried about health care access. Using an alternative model specification, we have identified and ranked countries including Cyprus, Portugal, and Croatia as having statistically significant likelihoods of a positive association between poverty and inability to access care.

This research is currently on-going. Despite commitments to reduce inequalities in access, we are finding that the poorest and sickest individuals in Europe are still the most likely to feel that they would not be able to access care they need. This is of great concern for those designing health care policies and highlights the need to focus on providing access to care for all individuals regardless of ability to pay, health status, age or employment.

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