

# Challenges in access to healthcare for older people in the Covid-19 pandemic – findings from SHARE

Šime Smolić, Ph.D.

Faculty of Economics & Business, University of Zagreb

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# Outline

- 1 Introduction
- 2 Data and methods
- 3 Results 1
- 4 Results 2
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- **Motivation:** sizeable reduction and discontinuity in healthcare provision for conditions non-related to Covid-19; overwhelmed health capacities during the Covid-19 outbreak.
- **Facts:** medical treatments could not be provided due to decisions about healthcare resources allocation to deal with the Covid-19 patients (Czeisler et al., 2020; Vergano et al., 2020).
- **Consequences:** serious long-term unintended health consequences (Palmer et al. 2020), increased morbidity and mortality (Morrow-Howell, Galucia, and Swinford 2020). Older people and populations with underlying health conditions are especially vulnerable to limited access to healthcare and deserve special attention (Clark et al. 2020; White et al. 2021).

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- SHARE, the **Survey of Health, Ageing and Retirement in Europe**, is a research infrastructure for studying the effects of health, social, economic and environmental policies over the life-course of European citizens and beyond. From 2004 until today, 530,000 in-depth interviews with 140,000 people aged 50 or older from 28 European countries and Israel have been conducted.

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- SHARE is the ideal database to study **the non-intended socio-economic and health consequences and the long-term effects of the Covid-19 pandemic**. The European Commission supports a new Covid-19 research project (SHARE-COVID19) with funds provided by Horizon 2020 and the Coronavirus Global Response.

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- Data used in this presentation come from the **1st (June-August 2020) and the 2nd (June-August 2021) SHARE Corona Survey**.

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- SHARE Corona questionnaire assessed the living situation of people who were 50 years and older during the onset of pandemic (Scherpenzeel et al. 2020).
- More than **57,000 interviews were collected in the 1st, and almost 50,000 in the 2nd round of SHARE Corona Survey**.

- We investigate whether respondents (1) had **forgone** medical treatment due to fear of infection, (2) had their scheduled medical treatment/appointment **postponed** and (3) had medical treatment **denied** after they asked for it.



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- We then show logistic regression models to explore the characteristics of older adults who faced barriers in access to healthcare in the Covid-19 pandemic.

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# Healthcare forgone due to fear of infection

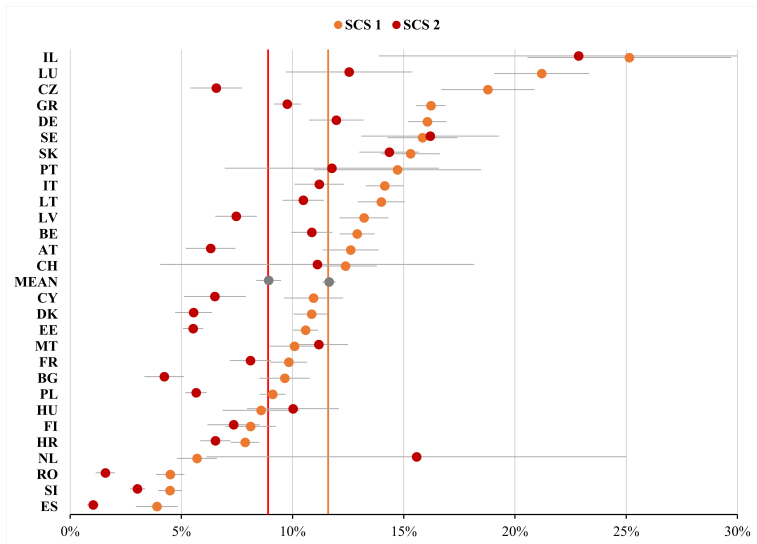


Figure 1: Percentage of people aged 50+ who had forgone medical treatment due to fear of infection with coronavirus

Note: SCS1 and SCS2 (SHARE Corona Survey) Release 8.0.0 weighted data.  $N_{SCS1} = 57,104$ ;  $N_{SCS2} = 48,961$ .

# Postponed healthcare

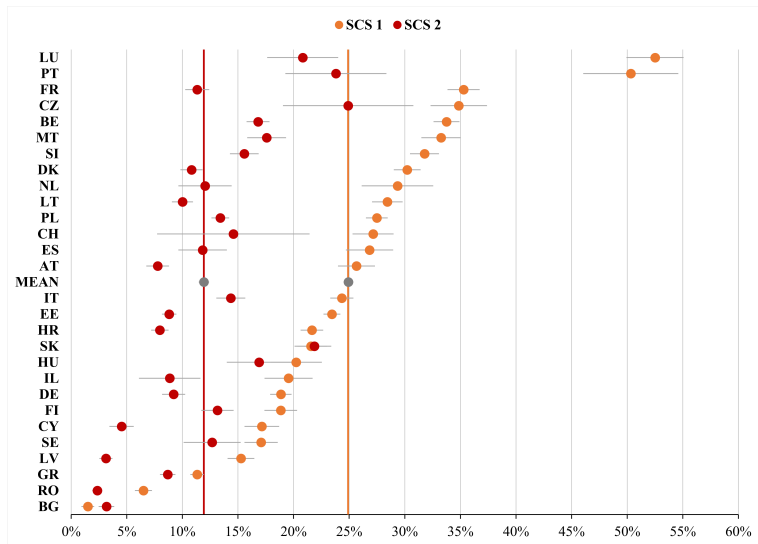


Figure 2: Percentage of people aged 50+ who had their medical treatment postponed

Note: SCS1 and SCS2 (SHARE Corona Survey) Release 8.0.0 weighted data.  $N_{SCS1} = 57,156$ ;  $N_{SCS2} = 48,924$

# Denied healthcare

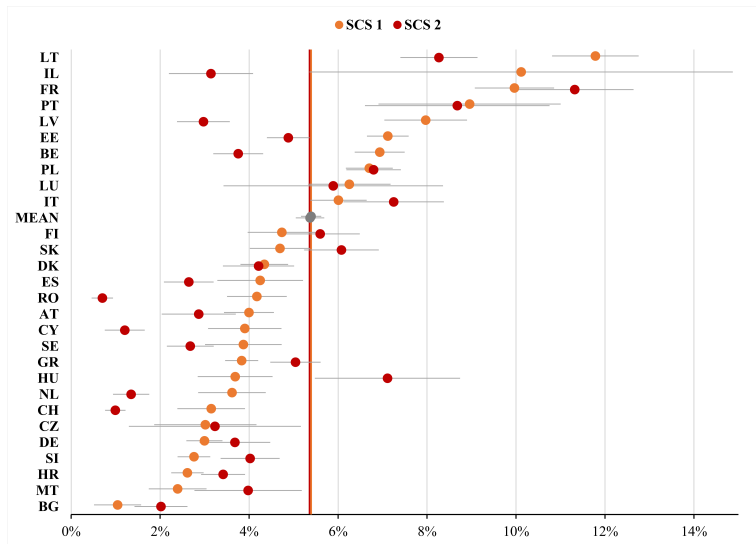


Figure 3: Percentage of people aged 50+ who were denied after asking for medical treatment

Note: SCS1 and SCS2 (SHARE Corona Survey) Release 8.0.0 weighted data.  $N_{SCS1} = 57,156$ ;  $N_{SCS2} = 48,954$

# Results 1

- We can observe improved access to healthcare between summer 2020 and summer 2021.
- It seems that health systems across Europe managed to increase the provision of medical treatments despite specific challenges within each pandemic wave.
- In several countries, denied healthcare had become more pronounced in the SCS2 (FR, IT, GR, HU, FI, SK, CZ, DE, SI, HR, MT, BG). On the other side, it was not the case with healthcare forgone and postponed scheduled medical treatments.

# Results 1

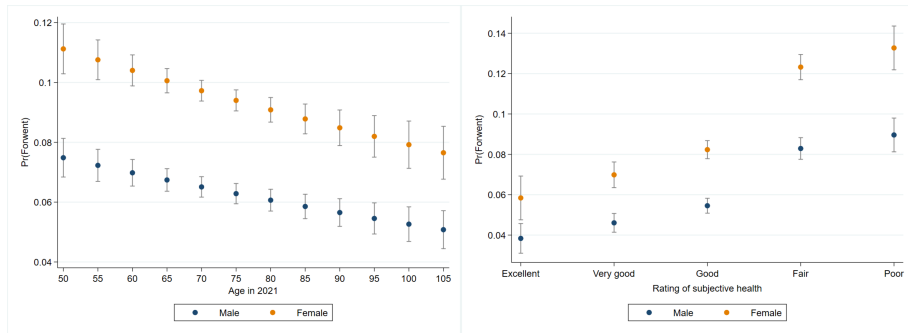


Figure 4: Predicted probabilities for healthcare forgone (controls: age, gender and self-reported health)

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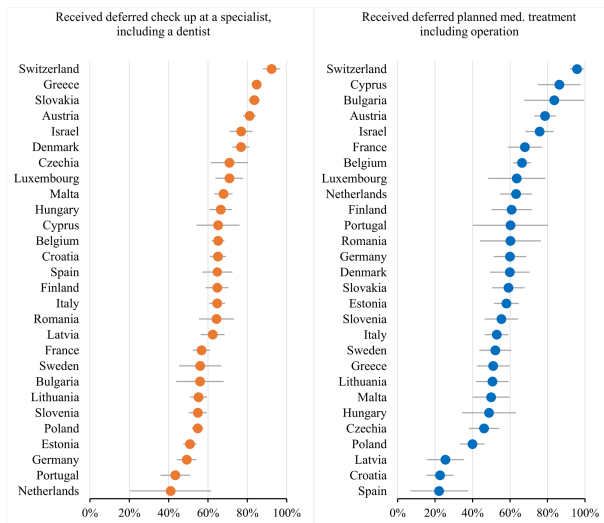


Figure 5: Percentage of people 50+ who had received their deferred treatments (forwent, denied or postponed) in the last 12 months

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## Results 2

- Based on studies in *European Journal of Ageing*: Smolić et al. (2021) "Access to healthcare for people aged 50+ in Europe during the COVID-19 outbreak", Arnault et al. (2021) "Economic vulnerability and unmet healthcare needs among the population aged 50 + years during the COVID-19 pandemic in Europe."

## Results 2

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- Both the **economically deprived and patients with poor or worsening health status** perceived stronger restrictions to healthcare.
- Individuals with **higher education perceived stronger healthcare barriers** during the pandemic.
- The newer, mainly **post-socialist EU member states managed to respond more efficient** to the initial outbreak and compensated for their comparably fragile healthcare systems.

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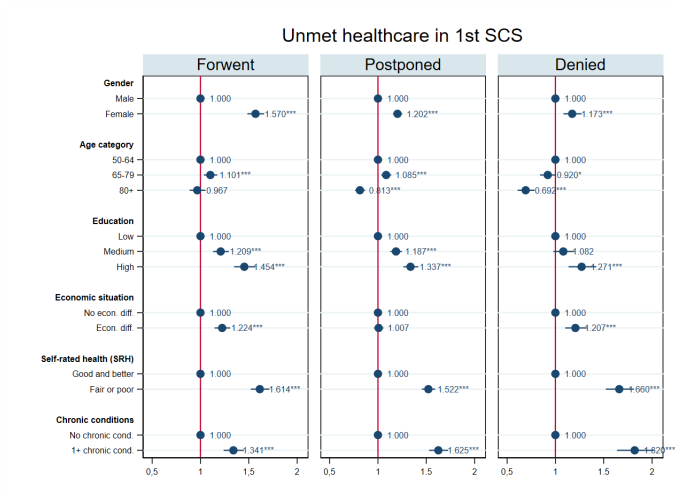


Figure 6: Logistic regression models of unmet healthcare (SCS1)

Note: SCS1 (SHARE Corona Survey) Release 1.0.0, Odds Ratios, \* $p < 0.1$ ; \*\* $p < 0.05$ ; \*\*\* $p < 0.01$ ,  $N = 54,323$



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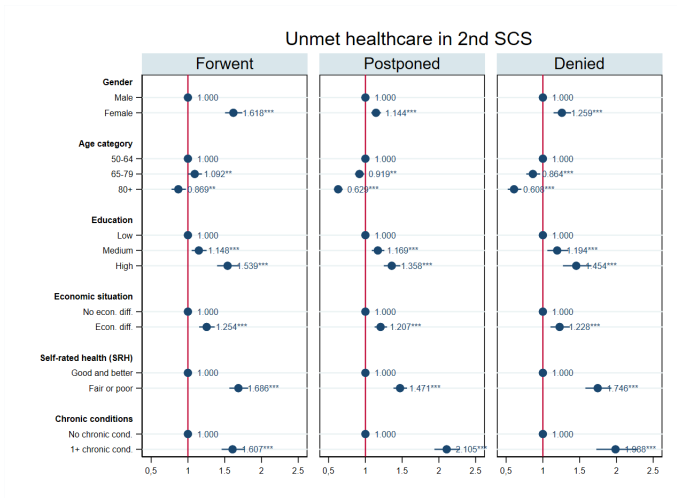


Figure 7: Logistic regression models of unmet healthcare (SCS2)

Note: SCS2 (SHARE Corona Survey) Release 0, Odds Ratios, \* $p < 0.1$ ; \*\* $p < 0.05$ ; \*\*\* $p < 0.01$ ,  $N = 45,056$

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- It is essential to **account for potential negative health consequences** for patients with non-communicable diseases whose treatment has been discontinued or reduced.

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- Health authorities should **target individuals who reported a poor or worsening health status or suffer from chronic conditions** as they perceived higher barriers to healthcare.
- It is essential to **account for potential negative health consequences** for patients with non-communicable diseases whose treatment has been discontinued or reduced.
- How to deal with possible **rebound in demand for healthcare resources** in the aftermath of COVID-19 pandemic?



- **SHARE-COVID19 research group:** Šime Smolić ([ssmolic@efzg.hr](mailto:ssmolic@efzg.hr)), Ivan Čipin, Petra Međimurec, Margareta Fabijančić, Nikola Blaževski and Dario Mustač.
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- More information @ [www.share-project.org](http://www.share-project.org); [www.share-project.hr](http://www.share-project.hr)