



Social Determinants

The Great Recession and inequalities in access to health care: a study of unemployment and unmet medical need in Europe in the economic crisis

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Abstract

Background: Unmet medical need (UMN) had been declining steadily across Europe until the 2008 Recession, a period characterized by rising unemployment. We examined whether becoming unemployed increased the risk of UMN during the Great Recession and whether the extent of out-of-pocket payments (OOP) for health care and income replacement for the unemployed (IRU) moderated this relationship.

Methods: We used the European Survey on Income and Living Conditions (EU-SILC) to construct a pseudo-panel ($n = 135\,529$) across 25 countries to estimate the relationship between unemployment and UMN. We estimated linear probability models, using a baseline of employed people with no UMN, to test whether this relationship is mediated by financial hardship and moderated by levels of OOP and IRU.

Results: Job loss increased the risk of UMN [$\beta = 0.027$, 95% confidence interval (CI) 0.022–0.033] and financial hardship exacerbated this effect. Fewer people experiencing job loss lost access to health care in countries where OOPs were low or in countries where IRU is high. The results are robust to different model specifications.

Conclusions: Unemployment does not necessarily compromise access to health care. Rather, access is jeopardized by diminishing financial resources that accompany job loss. Lower OOPs or higher IRU protect against loss of access, but they cannot guarantee it. Policy solutions should secure financial protection for the unemployed so that resources do not have to be diverted from health.

Key words: Health inequalities, unemployment, access to healthcare, out-of-pocket-payments, recession