

Key concepts for assessing equity in health care access among older people

Key points

- The needs of older people have so far not been adequately considered in monitoring global progress toward universal health coverage (UHC).
- Current scientific knowledge suggests that equity in health services coverage among older populations should consider factors such as accessibility and affordability of services as well as needs and capacity to make decisions, from both provider and patient perspectives.
- Monitoring equity in health services coverage for older persons requires attention to multi-morbidities, complex care needs, capacity to make decisions and accessibility of services.
- The factors identified in this study correspond with major concepts underlying current UHC monitoring frameworks. They can therefore be developed into indicators based on country priorities and data availability and incorporated into national UHC monitoring frameworks.

Background

The World Health Organization (WHO)'s global monitoring reports on [Universal Health Coverage \(UHC\)](#) measure the progressive achievement of UHC by 2030. One critical aspect is '[just distribution of health care according to need](#)'. To date, needs among older people have not been adequately considered. This research sought to identify the key factors for understanding equity in health care needs and service coverage of older people.

Goal

To conduct a global scoping review of the conceptual and theoretical literature to determine what should be measured to assess equity in service coverage, particularly for older people.

Methods

The research team undertook a scoping review on equity in health and social care service coverage for older people using 11 international databases to identify relevant published and unpublished (grey) literature with no search limitations of date or language.

Data on relevant concepts from the studies were extracted and tabulated. From these studies, the team produced a framework to describe how equity in health needs and service coverage for older people has been conceptualized in the scientific literature.

The framework was compared to existing operational frameworks for monitoring UHC to determine the implications for UHC monitoring in the context of population ageing.

Findings

The scoping review identified 32 relevant articles which yielded nine key factors that affect an older person's ability to access integrated, person-centred health and social care services in a meaningful way: **acceptability, affordability, appropriateness of services, availability and resources, awareness, capacity to make decisions, personal social and cultural circumstances, needs, and physical accessibility (Box 1).** These concepts represent not only the older person's capacity and circumstances but also their interaction with health and social care services and the broader infrastructure or policy levels at which decisions about service coverage or funding are made. Equity in service coverage of older people is the product of complex interactions between these factors.

Box 1. Key concepts affecting equity in service coverage of older people

Acceptability is based on older people's perceptions of inclusivity, discrimination, trust, respect, and cultural knowledge and awareness among service providers.

Affordability means older people's ability to pay for services. This includes individual and family financial resources and availability of public financial support such as pension and insurance. It also includes the availability of insurance coverage and out-of-pocket payment requirements for chronic care which older people often require.

Appropriateness is a characteristic of person-centered care. It is determined by the provider's ability to supply quality services that satisfy an older person's needs in a culturally appropriate, unbiased, and nondiscriminatory way.

Availability and resources refer to the providers' ability to supply timely and adequate services and resources to meet older person's needs. This is particularly critical for older people who have a need for long-term (social) care that typically falls outside of the scope of health care services.

Awareness involves both the older person's awareness of relevant services and financial support as well as the appropriate provision of service information to eligible individuals by providers.

Capacity to make decisions relates to the older person's ability to make the right decisions and to act which depends on their understanding of their care needs and the services available to them. This may be challenged by declining cognitive function. Providers may have limited ability themselves to understand the care needs and the services required by older people and make decisions or act.

Personal social and cultural circumstances comprise the diverse characteristics of a patient's personal circumstances or sociocultural context that might shape their choice or ability to access services.

Need refers to older people's real or perceived need for health or social care services based on their age, multi-morbidities, chronicity or complexity of care needs, and cultural or family expectations. The quality and availability of family support can shape older person's perceptions of formal care need.

Physical accessibility relates to older people's ability to access services based on their mobility, geographic location, transportation options and facility design. The proximity of services to the home is particularly important because of older people's frequent use of healthcare and reduced mobility.

To determine the implications of the research findings for UHC monitoring in the context of population ageing, the research team compared their conceptual framework to several generic frameworks for monitoring UHC that WHO has published¹⁻⁵ and found several commonalities between them. As there is no consensus on the exact metrics to be used for measuring many of these concepts, there is an opportunity for countries to tailor specific indicators for their own contexts, by building on existing UHC monitoring frameworks and developing country-specific indicators based on the concepts identified in this research that are relevant to assess equity in service coverage for older populations.

Given the wide difference in needs among older people, policymakers need to take into account metrics that consider not just older people as a group, but subgroups of older people. Monitoring systems would need to compare service coverage and access among older people, for example, based on their age, levels of financial resources or their levels of need. Specific indicators would need to be developed at a national level considering local priorities and data availability.

For more details about the research, visit the project page on the WHO Kobe Centre's website:

https://extranet.who.int/kobe_centre/en/project-details/equity

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