

UNMET NEEDS FOR MEDICAL SERVICES: A REFLECTION OF THE ACCESSIBILITY OF PRIMARY CARE SERVICES?

J.-F. Levesque¹, R. Pineault¹, L. Robert¹, M. Hamel¹, D. Roberge², C. Kapetanakis¹, B. Simard¹ A. Laugraud¹

UNMET NEEDS: A GROWING ISSUE?

Unmet health care needs are defined as the difference between health services deemed necessary to treat a particular health problem and services actually received⁽¹⁾. Someone who has perceived the need to receive medical services—whether information from a health professional or a therapeutic procedure—but who has not obtained these services has unmet health care needs. This reflects in part the lack of access to health services.

Over the last ten years, the number of people reporting unmet needs has increased. According to Statistics Canada, reports of unmet needs have risen across the country from 4% in 1994-1995 to 6% in 1998-1999, and to 13% in 2000-2001. The 2005 study entitled "Accessibilité et continuité des services de santé – Une étude sur la première ligne au Québec" has provided interesting results on the issue of unmet needs among the population in Montréal and Montérégie. A thematic pamphlet on unmet needs for medical services is available on the Web sites of the DSP de l'Agence de Santé et des Services sociaux de Montréal (<u>www.santepub-mtl.qc.ca/ESPSS/production.html</u>) and of the INSPQ (<u>www.inspq.qc.ca/publications/</u>). This pamphlet looks at the issue of unmet needs: its scope, the profile of individuals reporting having unmet needs, the nature of health problems for which unmet needs are reported, and the consequences for the person of not obtaining services. Factors associated with experiencing unmet needs are also discussed.

In short,

- The prevalence of unmet needs seems to have grown over the past decade, and reaches 18% in our study.
- One out of five people perceive their health problems associated with unmet needs to be urgent, and a large percentage of people who reported unmet needs felt worried and experienced pain, and they needed to limit their activities.
- This issue affects the population as a whole but is more common among young adults, recent immigrants, people who work or study, individuals with high levels of education and people who report being in poor health.
- Unmet needs rates are clearly higher among individuals who have no family doctor and people who report an emergency unit as their usual source of primary care.

References

- (1) Sanmartin C, Houle C, Tremblay S, Berthelot J-M. Besoins non satisfaits de soins de santé : évolution. Statistics Canada, Catalogue no. 82-003. Health Reports, March 2002;13(3):17-24.
- (2) Chen J, Hou F, Sanmartin C, Houle C, Tremblay S, Berthelot JM. Besoins non satisfaits en matière de soins de santé. In Tendances sociales canadiennes. Statistics Canada, Catalogue no. 11-008 Winter 2002, p. 21-26.
- (3) Pineault R, Levesque J-F, Tousignant P, Beaulne G, Hamel M, Poirier L-R, Raynault M-F, Benigeri M, Roberge D, Lamarche P, Haggerty J, Bergeron P, Dulude S, Marcil M. L'accessibilité et la continuité dans la population : l'influence des modèles d'organisation des services de santé de première ligne. Project funded by the Canadian Health Services Research Foundation. FCRSS RC1-1091-05, 2004.

For information: Dr Jean-Frédéric Levesque 514-528-2400 extension 3216 - email: jflevesq@santepub-mtl.qc.ca

1 ESPSS

Direction de santé publique de l'Agence de la santé et des services sociaux de Montréal

Institut national de santé publique du Québec

² Centre de recherche de l'Hôpital Charles LeMoyne

Québec 🔡

Agence de la santé et des services sociaux de Montréal
Institut national de santé publique

February 2008