

# Inequalities in healthcare utilization among older adults during the second year of covid-19 pandemic: findings from the SHARE cohort

Jitka Pikhartova, Shakirah Sharif, Hynek Pikhart

## ABSTRACT

Background and objective:

Reorganisation of healthcare resources during the COVID-19 pandemic resulted in a global disruption of healthcare services, widening health inequalities among the vulnerable, particularly the older population. This study aims to investigate the sociodemographic and geographic factors associated with healthcare disruption among older European adults in second year of pandemic.

Methods:

We used Survey of Health, Ageing and Retirement in Europe (SHARE) data comprising 35,923 participants aged 50 years and above from 27 countries. The influence of sociodemographic factors from wave 7 and geographic factors (country-level COVID-19 context and welfare regime typology) on forgone, postponed and denied healthcare in 2021 (wave 9), controlling for health needs, health behaviours, and COVID-19 vaccination status was investigated using three multilevel logistic regression models.

Results:

Among older Europeans, the reported prevalence of forgone, postponed, and denied healthcare were 8.8%, 12.1% and 5.7%, respectively. Those higher educated had higher likelihood of healthcare disruption. Compared to primary-educated, those tertiary-educated had 44% (95%CI 28-62%), 24% (13-37%) and 50% (28-75%) higher odds of forgone, postponed and denied healthcare, respectively. Those with secondary compared to primary education had 15% (4-27%) higher odds of forgone healthcare. Retirees faced higher chance of postponed healthcare compared to employed (OR 1.26, 1.00-1.62). Those living with partners were less likely (0.91, 0.83-0.99) to experience forgone healthcare. Country-level COVID-19 case and death numbers, stringency of measures against COVID-19 and welfare regime typology were not associated with healthcare disruption. The models for each outcome variable explained 8-9% differences between countries.

Conclusion:

Differences in healthcare utilisation among older Europeans based on sociodemographic factors persisted in the second year of COVID-19 pandemic. Strategies to mitigate the repercussion of missed and unmet healthcare should be put in place to ensure preservation of health and wellbeing of this vulnerable population.