

### Regional access to health

Ensuring adequate access to health services for all the population is an important policy objective in OECD countries. This requires among other things an adequate supply of doctors and hospital beds in regions.

The most important regional differences in the number of hospital beds per 10 000 inhabitants can be found in Mexico, the United States and Canada, where regions like Campeche (Mexico), District of Columbia (United States), and Newfoundland and Labrador (Canada) had a number of hospital beds per capita more than two times higher than their country value (Figure 4.33).

In 2010, the regional variation in the number of physicians per population, a common indicator to measure differences in access to health services, was the largest in the United States and Czech Republic, (driven mainly by the large number in the national capital regions, the District of Columbia and Prague, respectively), and Spain. In the United States, the District of Columbia had a physician density of 8.8 physicians per 1 000 inhabitants, more than three times the country average; the region of Prague displayed 7.5 physicians per 1 000 inhabitants, almost two times higher than the national average (Figure 4.34).

When data at lower geographical scale are available, a higher supply of physicians is observed in predominantly urban regions, where cities facilitate the provision of medical infrastructure and services. Moreover, in some countries, urban regions may not only offer higher remunerations than their rural counterparts, but they also host certain amenities that may attract skilled physicians. This may create a significant mismatch between supply and demand for health services in rural areas, leading to delayed treatment, larger distances travelled, and higher costs for care. Considering the increas-

ing life expectancy in OECD countries, high costs of care can be a concern particularly for the elderly population (i.e. population aged 65 or more).

In Norway, the Slovak Republic and Greece, the number of physicians per elderly inhabitant in urban regions is more than 2.5 higher than in rural regions (Figure 4.35).

Results from the 2012 OECD Health System Characteristics Survey show that the uneven geographic distribution of doctors remains an important policy concern in nearly all OECD countries. OECD countries have used a range of policies to influence the choice of practice location of doctors. These include: education-related policies designed to select students from rural areas or to provide them with some incentives to work in underserved areas after graduation, financial incentives to doctors to work in these regions and policies regulating the choice of practice location for new doctors, among others.

#### Source

OECD (2013), *OECD Regional Statistics* (database), <http://dx.doi.org/10.1787/region-data-en>.

See Annex B for data sources and country-related metadata.

#### Reference years and territorial level

2010 hospital beds; 2011 physician density; TL2.

No regional data are available on hospital beds in Iceland, Finland, Korea, New Zealand and United Kingdom. Belgium, Mexico and the Netherlands 2008.

No regional data are available on physicians in Iceland and Ireland.

#### Further information

Schoenstein, M. and T. Ono, (forthcoming), "Policies to foster a better geographic distribution of doctors", *OECD Health Working Papers*.

Interactive graphs and maps: <http://rag.oecd.org>.

#### Figure notes

4.33-4.34: Each observation (point) represents a TL2 region of the countries shown in the vertical axis.

4.33: Regional values are expressed as a multiple of the country value.

#### Definition

The number of physicians includes general practitioners and specialists actively practicing medicine during the year, in both public and private institutions.

The number of hospital beds includes beds in all hospitals, including general hospitals, mental health and substance abuse hospitals, and other specialty hospitals.

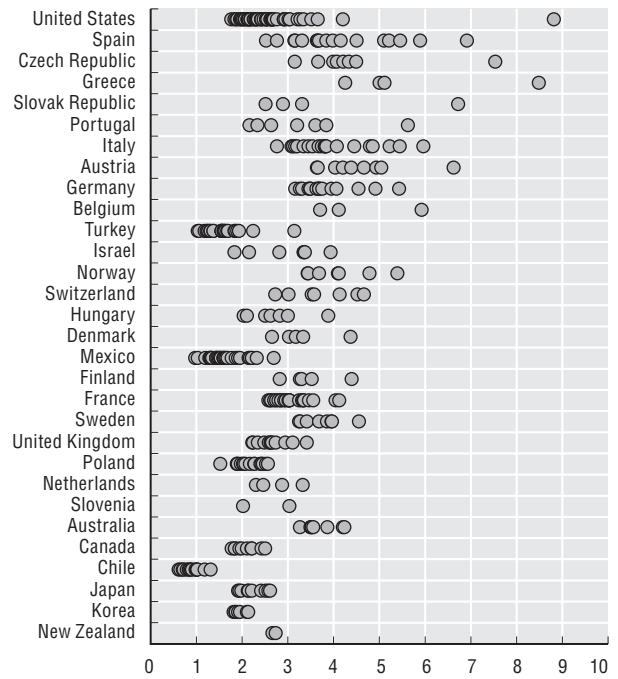
Physician density is defined as the ratio between the number of physicians and the population in a region.

**4.33. Range in TL2 regional hospital beds per 10 000 inhabitants, 2010; Country value = 100**



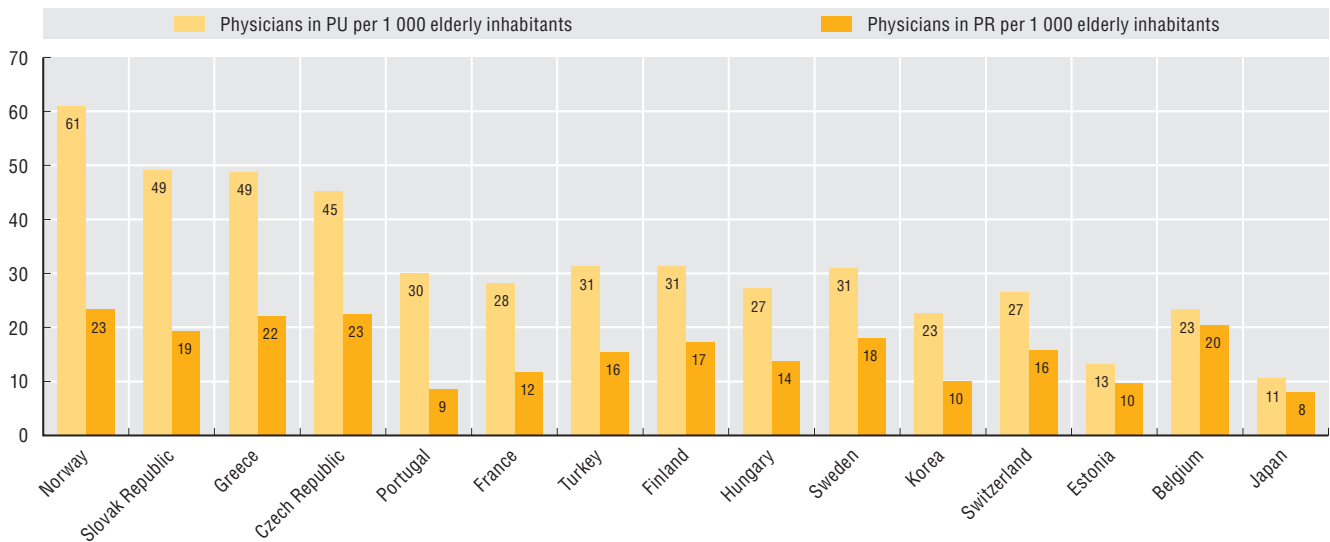
StatLink <http://dx.doi.org/10.1787/888932914710>

**4.34. Range in TL2 regional physicians density (per 1 000 inhabitants), 2011**



StatLink <http://dx.doi.org/10.1787/888932914729>

**4.35. Physicians in TL3 predominantly urban and rural regions by 1 000 inhabitants aged 65 and over, 2011**



StatLink <http://dx.doi.org/10.1787/888932914748>



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