



Healthcare in Europe and the United States

**Results of the 2012 survey
Changes observed since 2006**

- Summary of primary results –



Introduction

Healthcare, and, more broadly, well-being and quality of life have become major concerns of public opinion in Europe.

In October 2006, **the Europ Assistance Group and the Cercle Santé Société**, in partnership with CSA, kicked off an annual cross-Europe survey on *"European citizens' healthcare practices and their relationship with their healthcare systems."*

Between 2006 and 2008, this survey covered 5 European countries, and it has since been extended to cover **10 countries**, including the United States since 2010.

This survey aims to **measure and compare** public opinion on major healthcare issues and **look at how these have changed since 2006**.

The survey was designed to rate citizens' opinions and expectations regarding issues related to maintaining the quality of healthcare systems and treatment.

To shed light on these issues, **eight topics** were covered in the seventh edition of this survey:

- **For the first time in 2012, this study focused on well-being and quality of life**, with a comparative observation based on various criteria related to well-being, an evaluation of perceived quality of life in different countries, a projection of the quality of life of future generations, and finally the consideration of criteria that have improved well-being over the recent decades.
- **The evaluation of the healthcare system and quality of treatment** since 2006, concerns for the future with an observation of changes in each main concern since 2009, new sources of financing, and each country's trust in the healthcare authorities' efforts to limit risks.
- Social **imperatives in terms of healthcare**, with an evaluation of equal access to care and, with respect to the issue of equality, questions on cost and coverage of costs. Finally, citizens' propensity to forgo or delay medical care, in general and by type of care?
- **Mobility as related to access to treatment** covers how the availability of care impacts holiday destinations and how this criterion has changed between 2006 and 2012.
- Demographic **aging**: how is **treatment of the dependent elderly rated**, how have opinions on the organisation and quality of treatment changed in each country since 2006? How has the preferred solution of in-home care changed since 2009? Excluding family support, what type of financial support may be sought for in-home care? What role can remote monitoring systems play in making in-home care safer? Should human or technological assistance be developed in priority? And finally, how should these services be financed?
- **How are new technologies** used or viewed? These include using the Internet to get healthcare information, using mobile phones for continuous medical monitoring in the home, or using webcams for remote visits with GPs.
- In terms of **prevention**, how aware is the public of gene mapping and do people intend to use it, do people get regular medical check-ups and how

has this practice changed, and do people need check-ups for work related disorders and if so which ones? All these questions will be covered in the second-to-last point.

- Finally, how does the **healthcare sector contribute to the economy?** This eighth and final point is an indicator people's awareness and opinions concerning the importance of their healthcare system and its impact on the economy.

This survey was conducted by telephone by CSA on a representative sample of 5500 individuals aged 18 or older, in ten countries - Germany, France, Great Britain, Italy, Sweden (2006), Poland (2009), the United States and Austria (2010), Spain and the Czech Republic (since 2011) - in May and June 2012.

I – Well-being and quality of life

Americans rate their quality of life higher than Europeans,

In the **United States**, the score was 7.1/10 compared with an average of 5.2/10 in Europe. Public perception of quality of life was relatively contrasted from country to country, with sharp contrasts within Europe: with **Sweden ranked first** (7/10), ahead of Austria (6.6/10), Great Britain (6.2/10), and Poland (4.9/10), with Italy trailing behind (4.3/10). The Czech Republic (5.3/10), Spain, Germany (5.1/10), and France (5.0/10) fell around the average.

The meaning of well-being: 75% of Europeans and 67% of Americans define it as physical health

Of the ten criteria for well-being included in the survey, with three possible ratings, "**good physical health**" was on top in all countries, except in Great Britain where "**having a family**" (72%) was ahead of "**being in good physical health**" (69%).

This criterion came out far ahead in Italy (95%), ahead of Spain (82%) and Sweden (81%). Germans gave relatively less importance to this criterion, with the rating still reaching 65%.

"**Having a family**" came in second in all countries, except in Great Britain where it was first with 70% of mentions; in Sweden, the rating was close to that of Britain, at 71%.

"**Sufficient financial independence**" came in third everywhere, except in Spain where "**having a satisfying job**" got 51%, compared with 39% for financial independence. In Spain and Italy, these criteria got higher results, no doubt influenced by the social and economic situation in these countries.

Of the remaining criteria, 38% of Swedish people, 36% of Austrians and 30% of Germans and Britons deemed that "**having friends**" was necessary to well-being, and **29%** of Americans mentioned "housing".

It is also worth noting that 23% of Americans said that freedom was essential to well-being, while Europeans rated this criterion at 11% on average.

In a sharp contrast to the other countries, 31% of Polish people said that "**being in love**" was important to well-being, ahead of the French (15%), with only 4% of Swedish people and 5% of people in Italy, Austria, and Spain choosing this criterion.

When asked what had most helped improve well-being in recent decades, 75% of Europeans and Americans cited medical progress

A majority of people named medical progress as the factor that had most helped to improve well-being over the past decades, and in every country except Poland where the **Internet** ranked first: 100% of Italians ranked "**medical progress**" first, followed by 83% of French people, 80% of Swedish and Austrian people, and 76% of people in Spain and Britain; this criterion held a majority position in all countries, including Poland, which had the lowest mention rate at 53%.

52% of Spanish people mentioned increased **life expectancy**, which came in second on this item.

The internet was the second development to help improve well-being and was mentioned by 56% of Polish people, 52% of Czechs and 51% of Americans.

The same countries were most likely to say that **mobile telephones** had improved well-being: 38% of Polish people, 34% of Czechs and 27% of Americans.

49% of Spanish people, 48% of Britons, and 46% of the Swedish cited **food quality**, which ranked ahead of the internet in these countries.

The Swedish paid the most attention to **broader access to leisure activities** with 37% of mentions, ahead of France (26%) and the United States (25%), the European average being 20%.

It is also worth noting that 25% of French people mentioned **women's contraceptives**, compared with 13% on average in Europe and 6% in the United States.

What about quality of life for our children? Americans are more confident than Europeans

People's opinions varied when asked if **their children's quality of life** would be better or worse.

- 56% of Austrians and 51% of the Swedish foresee a stable future, and they think that their current quality of life is good or excellent (6.6/10 and 7/10).
- while 50% of Italians were pessimistic, ahead of the Spanish (45%) and French (44%), even though they see their current quality of life as average or good (4.3/10, 5.1/10 and 5/10 respectively).
- Polish people, who were not very satisfied with their current quality of life (4.9/10), were the most optimistic (44%), ahead of the British (39%), who deemed their quality of life good or excellent, with a score of 6.2/10.
- Americans gave the best scores to their current quality of life (7.1/10), but their optimism ratings varied, with 32% optimistic, 31% pessimistic, and 34% neutral, while the Europeans ranked their quality of life (5.2/10) lower and were more pessimistic, to the tune of 8% more pessimists than optimists.

In summary, it seems that in terms of well-being and quality of life, the people surveyed gave more importance to health, inner balance and family happiness than to purely material aspects. The economic situation has a significant impact on people's perceptions, as observed in Italy, Spain, and France. Everywhere, great importance was placed on medical progress, and the emergence of the Internet was said to contribute to well-being, although there were high levels of doubt, including in the United States, concerning the future and the quality of life of future generations.

II- Rating the healthcare system and the quality of treatment

Organisation: moving towards medium-term structural equilibrium in all countries, with significant progress this year in Germany

In terms of public opinion on how **their healthcare systems are organised**, the spectrum ranges from quite satisfied in Austria (6.5/10) to low levels of satisfaction in Poland (2.6), far behind Italy (3.7), which rated this item second lowest.

The United States (5.0) fell within the average, just behind France (5.1) and Spain (5.1) but ahead of Sweden (4.7) and the Czech Republic (4.0). Germany (5.5) and Great Britain (5.3) rated this item slightly higher.

In terms of how opinion had changed, the general trend was structurally more balanced.

Against this backdrop, the increase in Germany from 2011 (4.3) to 2012 (5.5) seems to be related **to the economic circumstances**. The German healthcare funds are in good financial health overall, meaning that, in some regions, the monthly deductible for insureds seeking treatment could be eliminated.

In France, the election seemed to have no impact on changes in opinion.

In the United States, however, there was a regular rise in favourable opinions, which could be linked to the **current** healthcare reforms underway.

Physicians' technical competency: the Americans are more positive

One of the criteria likely to shed light on these opinions was the evaluation of **physicians' technical competency**, diagnoses and treatments.

This score was the most positive in the United States (7.1/10), while the average in Europe was 5.6/10. The Italians were the least satisfied, although their opinion increased by 0.5 point from 2011. Other countries were relatively stable.

All countries perceived an increase in equal access to healthcare and greater personal financing

When asked **what threats the country's healthcare system faces**, Spanish people were more worried on the whole, followed by people in Britain, Poland and the United States.

Looking at each factor mentioned as being a cause of these fears, **the increase in personal financing** was the greatest threat the healthcare system would have to face for 85% of Spanish people, followed by 68% of Americans, 67% of Polish people and Italians, compared with 39% of people in Sweden and Austria (43%). It is worth noting that this concern fell significantly in Germany between 2011 (55%) and 2012 (47%).

Unequal access to healthcare was seen as a risk by 84% of Spanish people in 2012, compared with 66% one year earlier. 73% of people in Poland and Britain thought this risk was very high, and 72% of Italians ranked it first.

The time spent waiting before receiving healthcare was of particular concern in Poland (90%) and to 88% of Spanish people, far ahead of the Italians (77%).

86% of Spanish people thought that **the risk of medical error** was very high, ahead of the British (78%), while only 36% of French people were concerned with this risk. There was a significant increase in the Czech Republic, where 57% thought the risk of medical error was very high in 2012, compared with 37% in 2011.

Financing systems: the cultural divide is shrinking

When asked their opinion on the coverage of higher healthcare costs, Swedish people again showed a preference for an increase in **mandatory contributions (67%)**, while the same trend began to lose out in Britain (37%) to optional private top-up insurance (22%). 50% of Czechs, 39% of Germans, 36% of Austrians and 30% of Polish people also opted for **this type of optional insurance**, along with an increasing number of Italians (24%). Coming out on top, 32% of people in Spain and Italy preferred to pay a higher deductible for medical treatments, as did 28% of people in the US, where a majority (30%) preferred an increase in mandatory contributions. A high number of Spanish and Italian people did not respond to this item.

It seemed that, on the whole, the traditional barriers between systems are beginning to fade, with public opinion in some countries beginning to favour **private insurance or deductibles for every treatment**, except in Sweden and the United States. Still, a significant proportion of people (ranging from 12 to 39%) did not state an opinion of the different solutions, except in Sweden (9%) and in Germany (8%).

Confidence in the healthcare authorities: contrasted but stable

While 66% of Spanish people said they trust the **healthcare authorities' efforts to limit the risks related to prescription drug use**, only 35% of people in Poland and the Czech Republic agree. At the same time, not counting Italy, where the confidence rate plummeted between 2011 and 2012 (to 55% from 85%), confidence rates remained relatively stable between 2012 and 2011 in other countries, considerable increases in Germany (47% vs. 41%) and the United States (61% vs. 50%). In both countries, the positive change was in line with previously observed indices. The Italians seemed to be in line with other European countries at the median level.

To sum up, in all countries considered, there is now greater structural balance in how the healthcare systems are organised, and the financing systems are becoming more standardised; however, people are increasingly worried.

On the whole, people were confident in the competency of physicians and in the role played by the healthcare authorities.

The change in opinion in Germany was particularly favourable and seems to show the Germans' satisfaction with the results of reforms undertaken there in recent years.

III – Healthcare and social imperatives

A heightened feeling of inequality: taxes are not a unanimously popular option

Over the long term, opinions on whether healthcare systems ensure **equal access to care** for all citizens seemed relatively stable in all countries. However, there was a significant decline in positive opinions in France from 2011 to 2012 (49% vs. 38%). The expectations raised by the HPST law and the new restrictions on patient care reversed the rise in positive opinions from 2010 to 2011.

In Spain, favourable opinions fell from 76% to 67% in one year, while Italy saw a return to 2007-2010 levels, with 44% of positive opinions in 2012 (vs. 33% in 2011).

On the question of **whether or not contributions or taxes should be increased to ensure more equitable access to healthcare**, there was a clear difference between Sweden (77%), the UK (57%) and even France (51%), where the majority was in favour of these measures, and other countries where there was strong or very strong opposition to them.

The most telling figures are the statistics on **changes in opinion**. In 2009, the Swedish and Germans at 80% were highly in favour of **an increase in taxes and contributions**, but only 38% were in favour of these measures in 2012, stable over the previous year. In Italy, 57% of people were in favour of such measures in 2009, versus 25% in 2012. After having a majority in favour of an increase in 2010, only 39% of Austrians accepted this option in 2012, in line with the Polish. More significantly still, Spain (24% vs. 44%) and the Czech Republic (30% vs. 37%) also showed this downward trend.

More people are forgoing medical care in Poland, Italy, France and Germany

When asked: *"Over the past year, did you forgo or delay medical care for yourself or for a member of your household because of financial difficulty?"*

In 2012, 41% of Polish people said yes compared with 36% in 2011, along with 30% of Germans compared with 15% the previous year, and 27% of Italians vs. 19% the year before.

The figure fell slightly in France (27% vs. 29%), in Sweden (4% vs. 5%) and in the United States (21% vs. 25%), with a paradoxical observation in the United States: there, people were more likely to forgo or postpone non-dental and optical medical treatments, which only made up 30% of mentions in 2011 but 90% of mentions in 2012: The figure fell slightly yet remained stable in Austria (10%).

Great Britain is now five points above Sweden, and the average number of medical treatments concerned also increased.

Taking a closer look at Germany, it was observed that **prescription drug purchases, optical purchases, and dental treatments** were massively postponed, respectively by 10% of citizens in 2012 vs. 3% in 2011, and 16% vs. 6% for glasses.

Italy saw a sharp increase in the postponement of **ordinary medical care**, with 12% of treatments delayed (vs. 4% in 2011). In Poland, postponed medical care saw a uniform increase for **all types of treatment**.

In 2012 in France, dental **care (19%)** was the hardest hit, ahead of **glasses (10%)**, and **prescription drugs (5%)**, compared with 6% for the latter in 2011.

In the United States, 13% of citizens delayed **dental care** and 17% delayed **prescription drug purchases**, a 10% increase in one year.

In sum,

In Europe and the United States, opinions still vary on how well the healthcare system provides equal care for all citizens.

In the majority of countries, an increasing number of citizens are forgoing or postponing care, in particular dental treatments and optical purchases. It is paradoxical that in Germany, there was a positive change in healthcare system quality, an incredible rise in people in favour of tax and contribution increases to cover increased spending, yet this year the proportion of people who said they had forgone or delayed care rose considerably. Could this be a direct effect of the recently introduced deductible (now being phased out)?

Opinions in the countries vary greatly on how to ensure equal access to medical care. Tax increases to make access more equitable is not unanimously popular, even in countries where it has traditionally been favoured.

IV – Demographic aging and care for the dependent elderly

The weak link in the European and American healthcare systems

On the whole, in most countries, people's perception of the quality and organisation of care for the elderly and dependent is not as good as their perceptions of the healthcare system in general. Austrians rated **their healthcare system's organisation** at 6.5/10 but only gave a score of 5.5/10 to **the quality and organisation of care for the elderly**. This contrast is especially high in Britain, with 5.3/10 for the general healthcare system and only 3.5/10 for **care for dependent individuals**. Only in Poland was the score slightly higher (2.9 vs. 2.6), in a rather bleak climate.

Perceptions of **the quality and organisation of care for the elderly and dependent** vary greatly from country to country.

- The harshest scores were given in Italy and in Poland (2.9/10), while the Austrians (5.5/10), Germans and Spanish (5.0/10), and Americans (4.8/10) were the most positive.
- Rounding out the middle, Sweden, the Czech Republic, and France (3.8/10) were nearly on a par with the UK (3.5/10).
- A comparison with previous years shows that in Italy, opinions were relatively stable over six years, as in other countries over the medium term, **with the exception of Germany once again**, where the score increased significantly, from 3.9/10 in 2011 to 5.0/10 in 2012, the highest since 2006 (4.2/10).

In-home care greatly preferred in France and the United States

When asked what should be done in priority to offset problems related to increased life expectancy and the increase in the number of elderly and dependent people, in-home care was much more popular than retirement homes, with an average of 74% in Europe and 81% in the United States.

There was even a significant increase in people who preferred this solution in Austria (+6%) and Sweden (+5%), with only Germany and the Czech Republic (-9%) down on this item. Great Britain returned to its already high levels given in 2010 (77%).

German progress in in-home care

Although, compared with 2011, French (40%), Italian (21%) and Czech people (29%) were less satisfied with **public financial assistance** for in-home care for the elderly and dependent in 2012, German levels of satisfaction were significantly higher, rising from 30% in 2011 to 40% in 2012.

The position was better in the United States, with respectively 60% of citizens saying that public financial assistance was satisfactory for in-home care of elderly and dependent individuals, ahead of the Swedish (52%) and the British (51%).

Non-profit organisations and the public sector offer the most support for the elderly and dependent

When asked "*Outside of their families, which groups give the elderly and dependent the best support for in-home care?*" **non-profit organisations** and **public organisations** were cited by a majority of people. 51% of Austrians preferred the former solution, ahead of people in Poland (39%), France (37%) and the US and Germany (tied at 34%).

Only in Spain had a majority in favour of **public organisations** (54%), with Americans being the least in favour of this solution (16%), with more citizens favouring **private organisations** (28%) than in other countries.

It should however be noted that 14% of Britons did not favour any type of organisation and that 18% of them did not have an opinion on the question.

The use of new technologies is making headway

To extend the possibilities of in-home care, **in-home caretakers were preferred** by at least 90% of people surveyed in all countries except in Germany (84%).

The next most popular solutions were **remote monitoring**, with 92% of Britons, 89% of Italians, and 87% of Americans in favour - just slightly more than the Spanish (86% vs. 75% in 2011) - while the Austrians (64%), Germans (65%), and Swedes (66%) were the least favourable to the idea. **Robotics** was even less popular in these countries (29% in Austria). This solution was by far the most popular in Great Britain (76% preferred robotics), and in Germany 41% were in favour of it in 2012 compared with 18% in 2011. Generally speaking, robotics seems to be increasingly popular, with stable or rising scores over the past three years, while opinions on remote monitoring moved slightly in the opposite direction.

In general, these solutions received high scores, which suggest that the people surveyed see these solutions as complementary, with **technology supporting the assistance of a caretaker in the home** rather than replacing it.

In addition, up to 86% of people surveyed in the United States, 82% in Great Britain, 81% in France and in Sweden, and 80% in Italy answered yes when asked "*Would you set up remote monitoring systems, such as electronic bracelets, fall detectors, or blood pressure detectors, for your elderly relatives to make them safer in their homes?*"

74% of Americans, 70% of Britons (8% more than in 2011), 43% of Germans, 42% of Italians (12% less than in 2011) agreed with the statement that "**remote monitoring and telephone or online medical tracking allow the dependent elderly to be independent in their homes.**"

In Europe and the United States: priority on mixed financing to meet daily needs

When asked: "*Who do you think should pay for services and assistance used to meet the daily needs of the elderly and dependent?*"

Behind mixed financing, which came in first in the United States (62%) and in Europe (54%), **public financing came in second in Europe** (36%) with **private financing in second place in the United States** (11%).

Within Europe, one divergence concerned **mixed financing**, which was popular with a majority of people in most countries,

- except in Sweden and Spain, where a respective 51% and 43% of people surveyed were in favour of **public financing with mandatory taxes or contributions** compared with 45% (Sweden) and 38% (Spain) in favour of mixed financing.
- Public financing as the only solution was popular with only 17% of people in France, compared with Germany (38%), Italy (41%) and Austria (21%), where significantly more people preferred it than in 2011.
- Although, overall, 25% of Americans preferred individual solutions, significant differences were only seen in **Medicaid recipients**, only 7% of whom cited this solution. This group was also the most in favour of **public solutions (40%)**.

On the whole, **mixed solutions** with varying levels of public, private, and personal financing depending on the respondents' type of social coverage, were the most popular in all categories, with scores of 60% or higher.

The dependency issue

In 2011, 37% of French people thought that the public authorities were on top of **the issue of dependency**, but one year later, only 26% of the French thought the same, now falling behind the Americans (30% vs. 21%), the Austrians (28% vs. 23%) and even the Germans, where the increase was sharp (28% vs. 14% in 2011).

News that the upcoming dependency reforms have been postponed could explain these changes in opinion.

In sum, the responses to questions on how dependency should be handled varied from country to country.

In the United States, people were the most positive, with 30% of people saying that this challenge is being handled well enough, while only 7% of Polish people, 8% of Czechs and 9% of Italians shared this opinion. People in Italy and Poland were also the least satisfied with the quality and organisation of care. In terms of the level of public assistance, French and Italian people were the least satisfied, compared with the Germans, who were on the whole much more positive this year when asked about dependency. Germany is currently thinking about how to handle this issue.

When asked about the best solutions to be implemented, in Germany, the UK, and the Czech Republic, fewer people were in favour of in-home care in 2012, compared with Sweden and Austria, where more people preferred this option.

Still, all countries were in favour of solutions that would foster in-home care, in relatively stable numbers since 2009. To keep the dependent and elderly in their homes, a majority of people in all countries preferred public or non-profit organisations, with some differences in opinion: Spain, Sweden, and Italy preferred non-profits, and other countries were in favour of public bodies.

V- Healthcare and new technologies

Healthcare and the internet: all countries saw a regular increase in the search for healthcare information online

Sweden (77%) remains the country where **searching for healthcare information online** is most common, followed by the United States (75%), and then Poland (61%). Spain (43%) and France (49%) were the countries where this practice is least common.

With the exception of Spain (-2%), all countries saw an increase in this practice; Germany (54%) increased by four points compared with 2010, after a drop in 2011 (43%), as did Italy (+7%), Sweden (+5%), Poland (+7%), and the Czech Republic (+9%).

It should come as no surprise that young professionals aged 18-35 and high-income urban men were the groups most likely to search for healthcare information online.

Continuous mobile phone monitoring:

Responses to the question *"Are you for or against the development of continuous medical monitoring via mobile phone"* have remained positive and relatively stable, to varying degrees, since 2010: 72% of Swedish people were in favour of this technology compared with only 46% of people in Germany.

Only Austria (55% in 2012 vs. 61% in 2010) and Spain (67% in 2012 vs. 79% in 2011) were the exceptions, with falling scores.

Remote doctor's visits still met with resistance

When asked about **remote visits with GPs over the Internet with a webcam**, Polish people (54%) were the most positive, followed by the Americans (50%) and the Swedish (49%), whereas 87% of Austrians, 72% of Italians and 68% of German and French people were against this innovation. Even 60% of Britons were opposed to this solution, versus 36% in favour.

To sum up, a majority of people in all countries **are increasingly in favour of the use of technologies** if they complement a physician's expertise without replacing two-way communication or taking the human aspect out of the patient-doctor relationship.

VI - Prevention

Prevention is a major aspect of public healthcare policies in most developed nations. How do people behave with regard to the public authorities' decisions to encourage preventive healthcare, and how has their behaviour changed?

Gene mapping: a gradual increase in awareness

"Soon, we will be able to access a map of our genome, meaning that it will be possible to predict our genetic risk of serious illnesses. Have you heard of gene mapping, and do you intend to map your genome?"

64% of Austrians, 63% of Americans, 58% of the Swedish and 56% of Germans have heard of gene mapping, compared with 26% of people in Poland and 31% of French people.

With the exception of these two countries, where awareness of **gene mapping** was stable, it has increased everywhere else, most significantly in Austria, Italy, the Czech Republic, Spain and Great Britain.

There was no uniform correlation in each country between awareness of gene mapping and the intention to use it. In proportion to their respective levels of awareness, people in Italy, the Czech Republic, Spain, and Poland (with a lower absolute value), were most inclined to use it.

Regular check-ups: the French and the Italians are the "misfits" of Europe

While 94% of Americans said that they had scheduled a **medical check-up** within the past five years, only 58% of Italians and 63% of French people had done so. The vast majority of people in the Czech Republic (93%), Britain (82%) and Sweden (81%) have regular **medical check-ups**.

In 2012, a much lower number of Germans (72%) and Austrians (69%) had medical check-ups than in 2011 (- 6%), whereas 9% more Italians had check-ups, in line with 2009 levels.

The high scores seen in Austria and Germany fell from one year to the next, whereas the situation improved in Italy and in France (63% vs. 58%), and remained more or less stable everywhere else.

In terms of prevention in the workplace, people were most concerned with back pain and stress management

When asked what types of healthcare programmes they might need as part of their work, the people surveyed scored **back pain** and **stress management** at more than 50% in most countries, except in the United States (41% and 39%).

Scores in the UK were relatively good on these criteria (52% and 47%), while the Spanish claimed a pressing need **for all types of prevention programmes** (including **serious illnesses**: 84%).

They were followed to a lesser extent by the Swedish (ranging from 77% for **back pain** to 47% for **serious illnesses**).

Polish people were highly concerned with **back pain** (76%), **stress** (67%) and **serious illnesses** (63%).

Only 36% of Americans felt the need for **obesity prevention** programmes, while 30% saw the need for tobacco and alcohol risk prevention efforts.

French people were highly concerned about these programmes, with **back pain** at the top of the list (71%), followed by **stress** (58%), with **tobacco and alcohol** coming in far behind (33%).

In sum, while people are more aware of gene mapping and are more likely to schedule medical check-ups, the need for programmes on prevention in the workplace still vary greatly from country to country.

VII- The healthcare sector's contribution to the economy

Healthcare: a buoyant sector overall

- All countries could **agree on one aspect of the healthcare sector**: 60% of Europeans and 62% of Americans believe that this sector contributes to a country's growth; the figure was an impressive 75% in Austria.
- In the Czech Republic (44%), Poland (53%) and France (57%), fewer people view the healthcare sector as an economic driver. In Poland, 61% of people said that the healthcare sector made a contribution to their country's economic growth in 2011, compared with only 53% in 2012.
- Opinions in most other countries remained **stable from one year to the next**, with the wide gap seen in Italy and Sweden from 2010 to 2011 evening out. Only Austria stood out, with a 6% rise in positive opinions.
- **Over the longer term**, most countries that have been in the panel since 2006 have remained at the same levels.

In sum....

How is well-being changing?

Far ahead of financial independence, **being in good physical health and having a family were the top criteria for well-being** for all people surveyed, in all countries.

However, opinions still vary between Northern Europe and Southern Europe, where people are more pessimistic, and have been harder hit by the crisis. These countries are more attentive to jobs and financial independence, while others are more attentive to family, friends, and romantic relationships, and in the United States, people are more concerned with having comfortable housing.

It is undeniable that the criteria for defining well-being and quality of life have moved more towards health-related aspects since this survey was created. This is also true in Poland, which, thanks to its use of new technologies, is on a par with other countries, in particular in terms of its outlook for improving care and handling dependency.

There appeared to be greater convergence towards better quality of life, if not happiness, for everyone.

A more consistent vision of healthcare systems

The relative difference in opinions from country to country is less pronounced, whether in terms of the healthcare system itself, equal access to healthcare, physicians' competency, or confidence in the healthcare authorities. All signs point to less strident criticism, but to greater fears for the future. Equal access to healthcare is still a major concern. Independently of healthcare access, the solutions for covering an increase in healthcare costs seemed more consistent, with Sweden being the only country to prefer an increase in mandatory contributions as other countries became more and more reticent to the idea, favouring optional top-up insurance instead. Italy and Spain, where people preferred to pay a higher deductible, were the exceptions.

More people are forgoing medical care in some countries, and this trend seems set to last

As the crisis continues, the trend towards postponing medical care, already observed in 2011, is persisting or even intensifying in several countries. However, this phenomenon varies by type of care from country to country. In some countries, the situation is particularly worrying, as in Poland where people are delaying prescription drug purchases and everyday care for long periods of time, in Italy, where many more people are putting off everyday care, and in Germany, where most people are postponing dental care, followed by optical purchases, as well as prescription drug purchases. People may be delaying care for financial reasons or because of changes in regulations on how medical care is organised and treatments are reimbursed; people without comprehensive coverage are the most likely to delay treatment.

The challenge of dependency

The average rating for the quality of elderly care rose from 3.6 in 2011 to 4 in 2012 in Europe, much lower than the American average of 4.8. This score is significantly lower than the rating for the healthcare system as a whole, 4.7 in Europe and 5 in the United States. These figures show that although people are still waiting for progress to be made, they have already felt some improvement following the solutions put into place, to varying degrees in different countries. Of all these solutions, in-home care for dependent individuals is by far the preferred option everywhere. However, opinions on how in-home care should be financed - by private or public bodies, for-profit or non-profit organisations - vary greatly from country to country. Finally, no one-size-fits-all solution has emerged, either for European countries or for Europe and the United States, where the solutions also vary from one type of social insurance to the other. People seem to be reaching a consensus on the use of certain technologies, such as remote monitoring and robotics, to extend the possibilities of in-home care. It is worth noting that the public authorities take risks in announcing plans that, when not followed through, result in disappointment and negative opinions, in line with people's expectations seen over the years in this survey. In this respect, it would be interesting to compare France and Germany. Between 2011 and 2012 in France, people's opinions on how the public authorities handled dependency fell by 11%, while in Germany, opinion rose by 14% when the public authorities opened debate on the issue!

And in conclusion:

By comparing each year's survey results, enriched by data from new countries and answers to new questions and topics, such as well-being in 2012, one gets an overview of how opinions on these essential subjects have changed since the first survey was given in 2006. It is now possible to distinguish structural trends from those influenced by current events, such as the economic, social, and political situation or changing regulations or modifications to the system, as in Germany or the United States. Another factor of change that influences public opinion is new technology that can be applied to health and well-being. This factor accelerates change while helping people adapt their mindsets and practices and their relationships with healthcare professionals.

This progress, which is tracked at regular intervals through varying degrees of increased satisfaction, has not eliminated people's concern for the future. In an uncertain climate, the current generations are less optimistic about their future and their children's future, and they cannot foresee any solutions that would improve this future. People know that new technologies can be useful and are accepting of an increased use of these technologies, but fear that they could hinder personal relationships.

People are aware of the economic crisis and know that each country's public deficit is strained, so they are resigned to accepting changes in how healthcare needs are funded, often with new authorities taking over services once funded primarily by the state. However, over the long term, these countries will not move from one system to another, but rather a mixed system will emerge, taking the best of what has already been established and adding new, more individualised and less collective solutions still concerned with general welfare.

While there is still a strong sentiment towards maintaining equal access to care, opinions diverge on how this should be done. Tax increases are no longer the preferred option, except in Sweden. It seems that the Swedish model of healthcare financing is no longer palatable in other countries. Now,

the public authorities in most European countries are faced with a challenge, made worse by fiscal deficits. Germany seems to be faring well, primarily because its insurance funds are in good financial health. In the United States, where the system is very different, it is still too early to say how fruitful the recent healthcare reform will be, but it has already resulted in some notable developments.

Against this backdrop, the increased postponement of treatment is becoming a worrying phenomenon, although it should be considered in relation to type of treatment, country, and demographics. Does the postponement of medical treatment make people more vulnerable?

If more and more people are forgoing medical treatment, are they going to show an interest in prevention? This issue is still relevant, as there has been a slight decline in prevention practices in countries that had thus far been the most active and a lower-than-expected rise in countries that were lagging. Communication efforts on prevention could be reaching their limits. From now on, the issue at hand may be holding people more accountable, both in terms of quality of life and keeping everyone's healthcare costs at bay.

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