Peer Review Report

Review Report on The Impact of Unmet Healthcare Needs on the Perceived Health Status of Older Europeans During COVID-19 Original Article, Int J Public Health

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Reviewer: Reviewer 1 Submitted on: 03 May 2024 Article DOI: 10.3389/ijph.2024.1607336

EVALUATION

Q1 Please summarize the main findings of the study.

The study is highly relevant and focuses on older adults as a vulnerable population whose health outcomes were significantly affected by healthcare access during the COVID-19.

The study addresses the impact of unmet healthcare needs on the self-reported health (SRH) of older adults during the COVID-19 pandemic using data from the SHARE Corona Survey comprising 28 countries. It found that although unmet healthcare needs decreased during the COVID pandemic, they significantly contributed to the worsening of SRH among older adults, females, individuals living alone, individuals with worse economic situation.

Q 2 Please highlight the limitations and strengths.

This is a very well, clearly written manuscript with well-defined research questions and appropriate methods. It uses data from the SHARE Corona Survey from 28 countries.

A current limitation is, that authors did not report the complete outcomes from the logistic mixed model regression analysis.

Q3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

Dear Authors,

Thank you for addressing a significant and timely topic in your article. The impact of unmet healthcare needs on self-reported health among the elderly during the COVID-19 pandemic is highly relevant. This relevance is important because older adults often have multiple chronic conditions that require regular healthcare interactions, which were notably disrupted during the pandemic due to closed facilities and the general reluctance of individuals to visit healthcare providers.

I have a few suggestions:

(Minor) Introduction: Please clarify what unmet healthcare needs represents in the context of your research; for example, delayed or missed treatments, lack of access to specialist care, difficulties in obtaining medications, barriers to preventive services and mental health support. Please, include current evidence.

(Major) Table 4: Please report the outcomes of the logistic mixed model regression analysis according to APA style (fixed effects (intercept) and random effects (variance of intercept, variance of slope):

• include random intercepts for country to see how countries differ in their baseline levels of SRH;

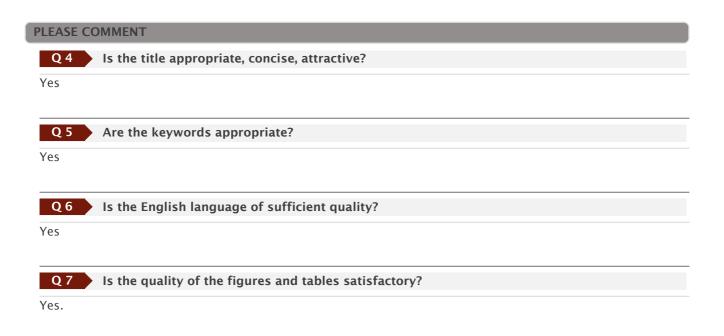
• report random slopes related to country to see how the effect of the wave varies by country

• report variance components - variance of the intercepts to see how much of the variability in SRH is due to differences between countries

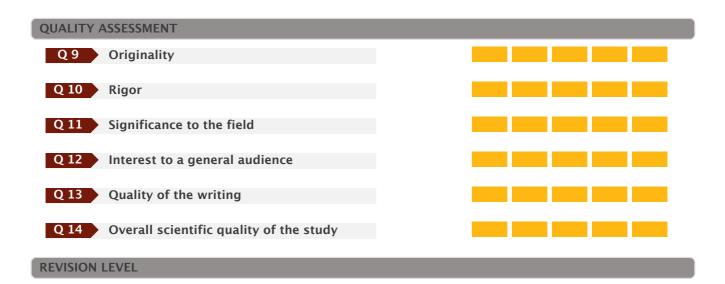
• variance of the slopes - to see how much the effect of wave varies across countries

(Minor) Table 2: It seems that global decreases in unmet healthcare needs do not uniformly apply across all countries. There are some outliers in postponed healthcare in wave 8 vs wave 9. In the majority of countries, postponed healthcare decreased in wave 9 compared to wave 8 (i.e. Austria 27.8 to 11.5, The Netherlands 36.3 to 16.7), but this was not the case in some CEE countries such as Slovakia (21.0 to 22.0); and Hungary (24.4 to 26.3). Similarly, the indicator of "denied healthcare" for Hungary increased from 3.8 to 10.4, for Bulgaria from 0.7 to 2.6, for Slovakia 5.4 to 6.4.

This I guess raises important questions about geographical disparities and the efficacy of healthcare systems during COVID pandemic. Therefore I see an opportunity to strengthen the article by acknowledging and detailing these disparities more explicitly. In the Discussion, I suggest to give more insights into countries which had the highest proportion of denied healthcare and postponed healthcare and comment on the consequences and actions for policy makers.



Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?) Yes





Major revisions.