

## Access to services

Access to services affects how people obtain what is necessary to satisfy their needs and wants. The first indicator used to measure access to services is the share of households with a broadband connection, which is available for all OECD regions. A broadband connection is an important requirement for having access to information and to other services that shape people's quality of life and affect their opportunities to prosper.

The largest regional disparities in broadband connection are observed in the countries where the average national level of access to services is relatively low, such as in Turkey, Mexico and Chile. In these three countries, the value in the region with the highest proportion of households with broadband connection is more than three times higher than the lowest value. An urban-rural divide might partly explain these regional differences. Mostly urban regions, where more than half of the population live in a functional urban area, show, on average, a significantly higher share of broadband connection than the other less urbanised regions (on average, 72% and 64%, respectively). Korea and the Netherlands are the two countries with the highest average proportion of households with broadband connection and very low differences across regions (Figure 1.14).

Another indicator relates to access to healthcare, measured with self-reported unmet medical needs. Strong regional variation can be observed, although this indicator is currently available only for a sub-set of OECD countries at the TL2 regional level. The highest regional disparities are observed in Chile, Mexico and Italy. In Magallanes y Antartica (Chile), the share of people with unmet medical

needs is comparable to that of Austria, the country with the best performance in this area. On the other hand, the region of Arica Y Parinacota (Chile) has a value (21%) close to that of Mexico, the country with the second highest proportion of individuals with unmet medical needs (Figure 1.15).

### Source

OECD (2015), *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

Broadband access: 2014; TL2.

The classification of mostly urban regions does not include Israel, New Zealand and Turkey for lack of data on functional urban area. A t-test was performed to assess the statistical significance of the difference in the mean average access to broadband by type of region.

Unmet medical needs: 2013, except for New Zealand (2012); TL2. Regional data were available for Austria, Chile, Czech Republic, Estonia, Finland, France, Greece, Italy, Mexico, New Zealand, Spain and the United Kingdom.

### Further information

Brezzi, M. and P. Luongo, "Regional Disparities In Access To Health Care: A Multilevel Analysis In Selected OECD Countries", *OECD Regional Development Working Papers*, No. 2016/04, OECD Publishing, Paris, <http://dx.doi.org/10.1787/5jm0tn1s035c-en>.

OECD (2015), *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris, [http://dx.doi.org/10.1787/health\\_glance-2015-en](http://dx.doi.org/10.1787/health_glance-2015-en).

OECD (2014), *How's Life in Your Region?: Measuring Regional and Local Well-being for Policy Making*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264217416-en>.

OECD Regional Well-Being: [www.oecdregionalwellbeing.org/](http://www.oecdregionalwellbeing.org/).

### Figure notes

1.14: Available years: Australia, Israel and Turkey 2013; Canada, Chile, Iceland and New Zealand 2012; Japan and the United States 2011.

1.14-1.15: Each observation (dot) represents a TL2 region.

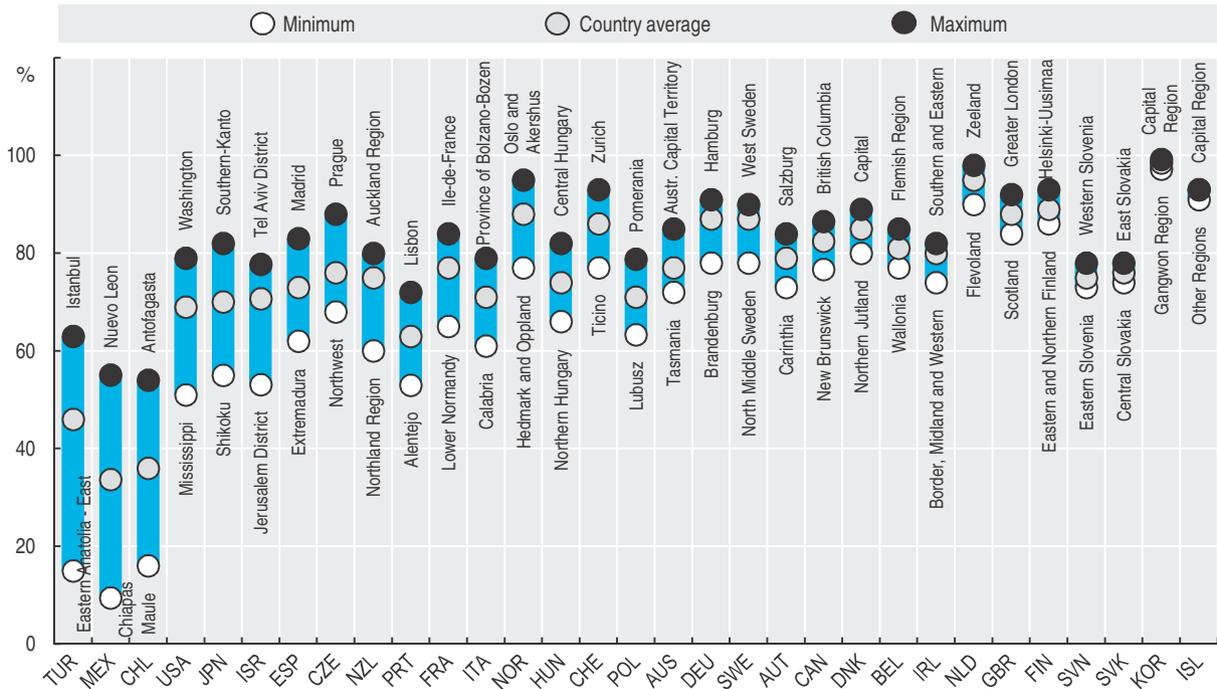
Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

### Definitions

The broad dimension of "access to services" can be broken down into several domains, such as the ease of access to the place where a specific service is provided (physical accessibility), its affordability (economic accessibility) and the extent to which the access is favoured or constrained by norms, values and laws (institutional accessibility).

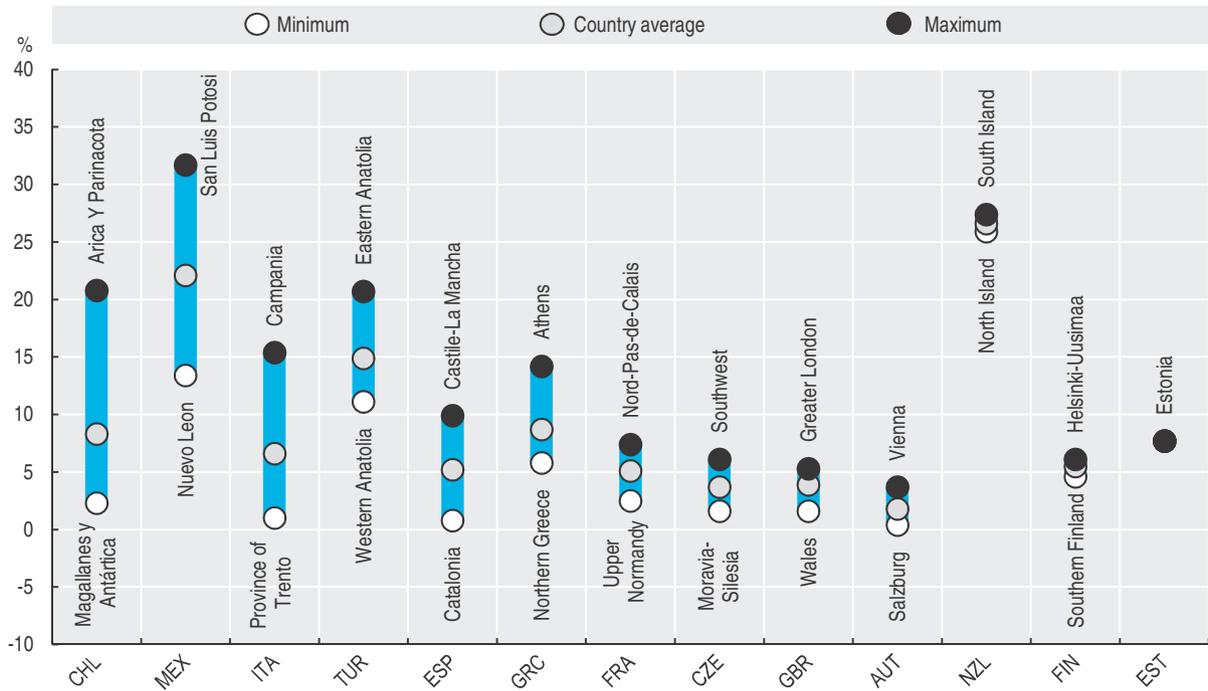
The proportion of the population who experienced unmet medical needs is defined as the individuals who report one or more occasions in which they were in need of medical treatments or examination, but failed to receive either.

1.14. Regional variation in the % of households with broadband connection, 2014

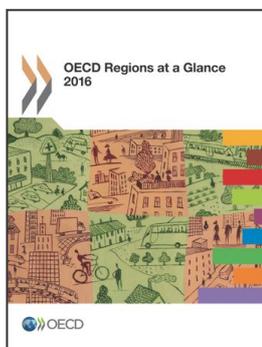


StatLink <http://dx.doi.org/10.1787/888933362982>

1.15. Regional variation in the % of population with unmet medical needs, 2013



StatLink <http://dx.doi.org/10.1787/888933362995>



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