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**Presentazione orale**

**Area Tematica:** Disuguaglianze ed equità nella salute, nell'accesso ai servizi e nell'efficacia dell'assistenza

**Titolo:** Equity and differences in regional health care delivery

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**Abstract**

**Objectives:** Institutional reforms introduced in Italy since the 1992 have significantly expanded regional autonomy in the field of health care. As a consequence, regional policies has become increasingly important for the provision of health services. However, decentralization may amplify the existing disparities across the national territory and entail a different treatment of citizens depending on the place of residence. This paper focuses on the differences in regional expenditure on health care in the attempt to verify how equitable is the pattern of health care supply across the Italian regions according to an egalitarian view of equity. The analysis is carried out so as to check whether disparities are related to the socioeconomic imbalances among the Italian regions, especially in terms of the North-South divide.

**Methodology:** Per-capita expenditure is considered as a proxy for the regional provision of health services. Hence, data at the regional level on expenditure for the health care system as a whole and for some relevant areas of health services are used. Both mortality rates and self- assessed measures of health are adopted as need indicators. Equity is evaluated by means of comparisons between expenditure and illness. The amount of expenditure corresponding to the regional share of ill-health residents determined on the basis of need indicators is calculated for each region. Unequal treatment of equals occurs if the regional expenditure diverges from this “fair” level. Simple concentration measures and an horizontal inequity index are then derived in order to quantify the degree of inequity due to the discrepancy between provision and need.

**Results:** The analysis reveals that, in general, a close relationship between expenditure and need cannot be found. The gap is larger for some specific kinds of care. Territorial differences also take the form of a North-South disparity. However, there is evidence of some inequity favouring richer areas, i.e. the North, only for typologies of care for which expenditure by poorer regions, i.e. the South, is instead insufficient. This is the case of some forms of community care. On the contrary, the South generally benefits from expenditure higher than the levels implied by need as to other areas of health care, such as publicly-funded drugs. The different

composition of expenditure reflects a different attitude of switching to areas of care that can be considered quite innovative for the regional health systems. On the whole, in spite of the objectives fixed by the national health plans, traditional typologies of supply still take up a significant share of the resources spent on health care. Nevertheless, efforts to enhance social services and community care are very limited in the Southern regions. Failure to supply the mix of services that best fit the needs of the residents impacts on the effectiveness of public intervention. Also, there are strong equity implications. These are not confined to the sphere of territorial disparities, but also show a socioeconomic side whenever the pattern of services delivered is unable to satisfy in full the necessities of patients who are then induced to apply to other sources of care, including the private sector.