

Abstract

“Measuring horizontal equity in regional Italian health care systems utilisation: 1999-2005”

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Preferred style for presentation: oral

Equitable access to health care is a core objective of most European health care systems. For Italy, Despite its high ranking in recent comparisons of international health care system performance,¹ today the system is facing several challenges, the most important of which is to ensure geographical equity in access to health care across the country. There is mounting evidence that not all individuals in equal need are treated equally, with inequalities systematically associated with income. The aim of the paper is to measure the evolution of income-related horizontal inequity in the access to health care (GP and specialist visits and hospital admission) standardising for people needs and for the presence of chronic diseases. The measure of inequity is based on the indirect standardization approach proposed by Wagstaff and Van Doorslaer (2000). The data are taken from two Italian health and lifestyle Multiscopo surveys, respectively for the years 1999-2000 and 2004-2005. These surveys do not report income information, which was imputed by using the Eurostat panel households surveys (for the years 1999 and 2004) for Italy (n=139,300). Inequity indices are calculated based on the indirect standardization approach proposed by Wagstaff and Van Doorslaer (2000), generating indices for GP, specialist, hospital care. Comparisons across geographical areas are also performed. Variations across regions in the performance are also measured. Results show that inequities in access persisted if not worsened in many regions over time.

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