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# INCOME-RELATED INEQUALITY IN HEALTH AND HEALTHCARE UTILIZATION IN CHILE

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## ABSTRACT

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**Background.** Chile has undertaken several initiatives to promote greater equality and efficiency in the provision of health services to reduce clear gaps that exist among its population groups in several health indicators. The objective of this study is to measure and explain income-related inequalities in health and health care utilization across different years, while assessing variations within the country and changes over time.

**Methods.** Data from the National Socioeconomic Characterization Survey for 2000, 2003 and 2006 were used to measure inequality in health and health care utilization. We assessed income-related inequality in health care utilization with standardized concentration indices for the probability and total number of visits to specialized care, generalized care, emergency care, dental care, mental health care, and hospital care. Self-assessed health status and physical limitations were used as proxies for health care need. Standardization was performed with demographic and need variables. We applied the decomposition method<sup>3</sup> to estimate the contribution of each factor used to calculate the concentration index, including ethnicity, employment status, health insurance, and region of residence among others.

**Findings.** In Chile, the poor report worse health status and more physical limitations than the rich. In terms of health services utilization, we found pro-rich inequities for specialized and dental visits and a slight pro-rich utilization for GP and all physician visits. All pro-rich inequities have been decreasing over time. In contrast, emergency room visits and hospitalizations are concentrated among the poor and have increased over time. We found that higher education and private health insurance contribute to a pro-rich inequity in dentist, GP, specialized and all physician visits. Income contributes to a pro-rich inequity in specialized and dentist visits, whereas urban residency and economic activity contribute to a pro-poor inequity in emergency room visits.

**Interpretation.** The pattern of health care utilization in Chile is consistent with policies implemented in the country and the direction intended. In spite of that, the significant income-inequality in the use of specialized and dental services favoring the rich deserves the attention of policy makers and further investigation related to the quality of these services.

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**Conflicts of Interest.** The authors declare no conflicts of interest.

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