
HEALTH AND HEALTH CARE INEQUALITIES AND INEQUITIES IN MEXICO

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ABSTRACT

Background. During the past two decades, significant reforms were introduced in the Mexican health system to expand insurance coverage and promote greater equity in health financing. We have assessed the magnitude and sources of inequality in health and health care utilization to understand health system changes over time.

Methods. Data from the 2000 National Health Survey (ENSA) and the 2006 National Health and Nutrition Survey (ENSANUT) were used to calculate concentration indices for health and health care utilization. These surveys collected information on 187,786 and 205,877 individuals, respectively. Population groups were ranked by socio-economic status and results compared using three living standard measures: household income, wealth and expenditure. Decomposition analysis was used to assess contributions to inequality. Self-assessed health, physical limitations and chronic conditions were used as proxies for need. Health care utilization was measured for medical, dental, and hospital care, and standardized for age, sex, and need. Location of residence, education, employment activity, ethnicity, and health insurance were also analyzed.

Findings. Standardized concentration indices show the poor reports worse health status and more physical limitations, whereas the wealthy reports more chronic illnesses. This trend worsened between 2000 and 2006 for health status and physical limitations for which data are available. In contrast, and after adjusting for differences in need, concentration indices for the probability of physician visits and hospitalization indicate that use of these services is concentrated among the wealthy, although the gap is reducing. Education and living standard are major contributors to inequalities.

Interpretation. Despite gradual improvements in health care utilization patterns, the gap between the health of the poor and the wealthy has widened. Equity remains a challenge and a policy concern relating not only to socio-economic disparities, but also to health system characteristics such as health financing and access to care.

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

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