USING SURVEY AND ADMINISTRATIVE DATA TO MEASURE INCOME-RELATED INEQUALITY IN HEALTH CARE UTILIZATION IN CANADA

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ABSTRACT

Background. Equity is a fundamental value of the Canadian health care system. There are no financial barriers to access to core medical services but lack of coverage for prescription drugs as well as rationing of health services may affect utilization differently at different income levels.

Methods. Using data from two waves of the Canadian Community Health Survey (CCHS) conducted in 2000-01 and 2005 with sample sizes of 131 535 and 132 947, respectively, the study applies the well-established Horizontal equity Index (HI) method to assess equity in health services utilization in Canada. In addition, the study uses administrative claims data from the province of Ontario to compare findings, consistency of self-reported measures, and indices of utilization and dollar value of services.

Findings. The study shows a strong pro-rich inequity for specialized and dental care, and a strong pro-poor inequity for hospital care. Results based on claims data confirm those based on self-reported survey data for the number of visits to a general practitioner, to a specialist, and the probability to be hospitalized. Furthermore, given the same level of need, the total value of health care services is the same across income levels, even though there are differences across income levels according to the type of health services used.

Interpretation. Income-related inequality in specialized health care and preventive dental care services persists in Canada. The latter may be attributed to the lack of public coverage for dental care and the pro-rich distribution of private health insurance for these services in the country. Specialist care is free at the point of use but still the main factor that contributes to inequity is income, which should be further investigated. Equity studies can reliably be based on self-report measures of health care utilization from Canada.

Funding. Canadian Institutes of Health Research and Pan American Health Organisation.

Contributors. All three authors contributed equally to the study and are listed in alphabetical order.

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

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