Unequal health, health care needs and SES over the life course: the role of health insurance in a national health system

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IRIS (International Research Infrastructure on Social inequalities in health)



Background

Social inequalities in health

- Extensively described in the literature (relationship with income, education, SES)
- Increasingly assessed over the life course (cohort studies and longitudinal panel surveys)

Governmental policies as a social determinant of health

- Health care system
- Example: health insurance
 - Universal health coverage: reduce disparities, increase overall population health status
 - Private health insurance: increase the gap

Background

Canadian context

 Canada Health Act: National health system with universal public coverage of all "services provided by all hospitals, medical practitioners or dentist"

■ But:

- Coverage limited to hospital and physicians
- Provincial variations (means, needs tested) in coverage for:
 - Medication
 - Dental and eye care
 - Hospital charges (room)
- Social inequalities in supplementary private health insurance for services not covered by the public system

Objective

- Assess the contribution of health insurance to social inequalities in health through health care utilization:
 - Pathway through unmet health care needs because of cost

Methods

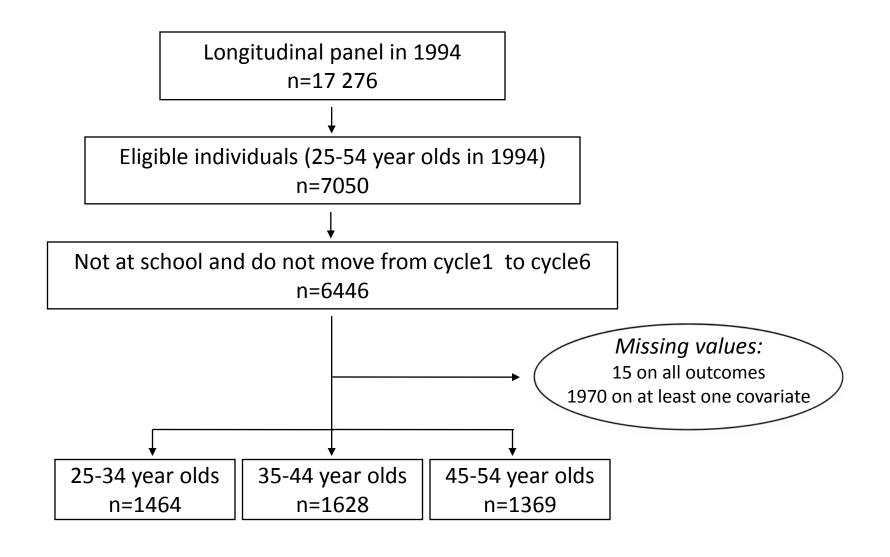
Population

Study sample

- National Population Health Survey (NPHS), Statistics Canada
 - Nationally representative longitudinal household survey
 - Inclusion in 1994
 - □ n=17 276
 - □ Biennial interviews from 1994/95 to 2006-07
 - 6 on 7 cycles used

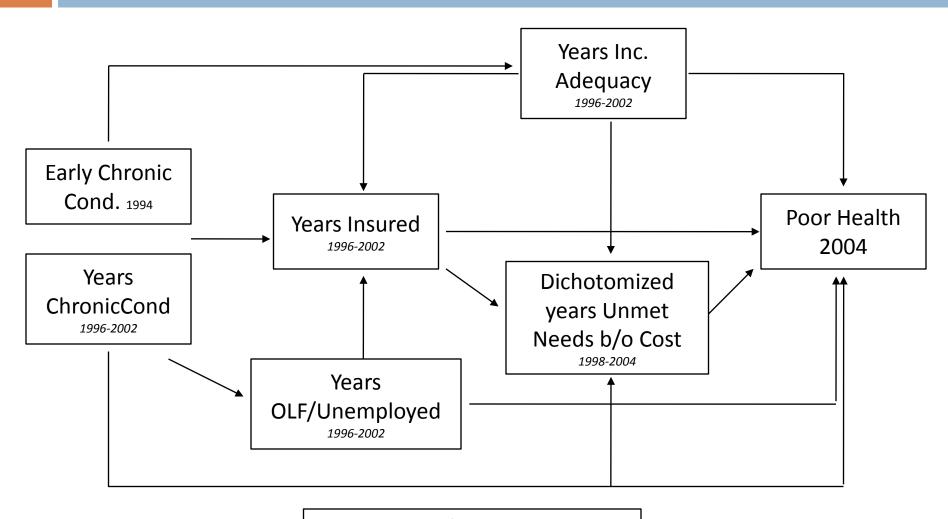
Methods

Sample restriction



Methods

Measurements & Models

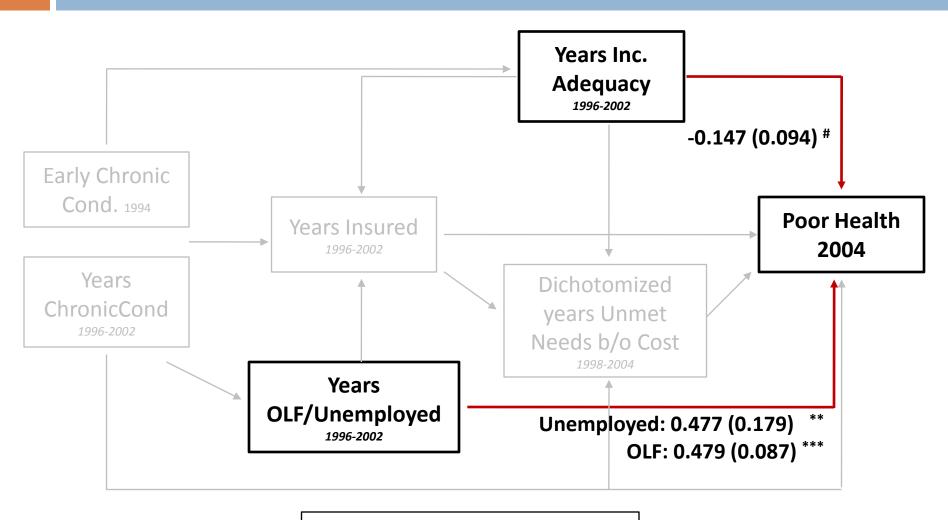


Impact of health insurance on social inequality through unmet needs because of cost

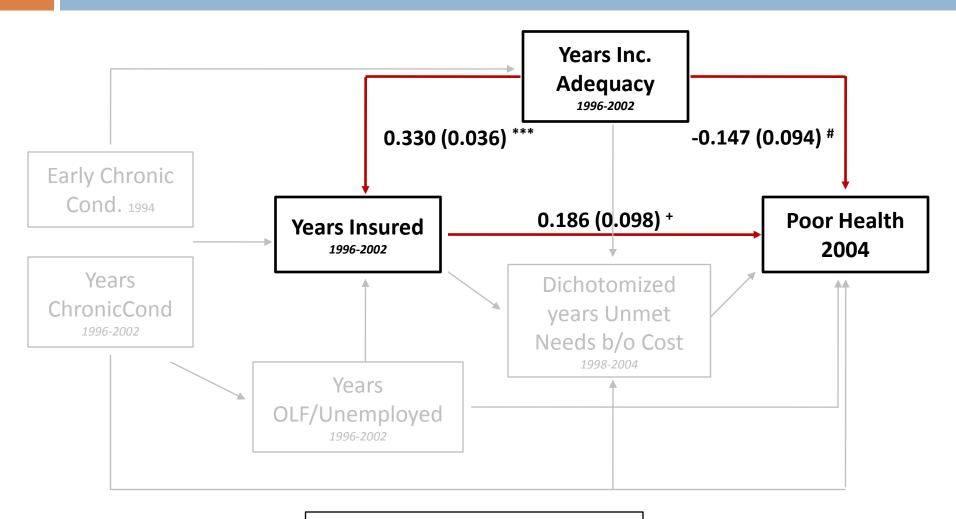
35-45 years olds	(n=1 628)	SRH	Unmet needs because of cost	Years insured	Years in income adequacy
	Unmet needs because of cost	1.435 (0.464)**			
	Years insured	0.186 (0.098)+	-0.226 (0.177) [#]		
	Years in income adequacy	-0.147 (0.094) [#]	-0.508 (0.214)*	0.330 (0.036) ***	
	Years unemployed	0.477 (0.179)**		-0.185 (0.078)*	-0.572 (0.080) ***
	Years out of labor force	0.479 (0.087) ***		-0.007 (0.041)	-0.397 (0.054) ***
	High school degree	-0.459 (0.311) [#]	0.397 (0.884)	-0.027 (0.096)	0.316 (0.135)*
	More than high school degree	-0.712 (0.329)*	1.314 (0.888) [#]	0.115 (0.092)#	0.621 (0.132)***
	Chronic condition 1994	-0.030 (0.274)	0.639 (0.550) #	0.166 (0.070)*	0.034 (0.093)
	Years with chronic condition	0.487 (0.089) ***	0.044 (0.196)	0.043 (0.027) #	0.049 (0.037) #
	Rsquare	0.781	0.363	0.225	0.227
45-55					
years olds					
	Unmet needs because of cost	0.756 (0.436) +			
	Years insured	-0.126 (0.090) [#]	-0.385 (0.113)***		
	Years in income adequacy	-0.325 (0.094) ***	-0.328 (0.164)*	0.257 (0.036) ***	
	Years unemployed	-0.262 (0.258)		-0.343 (0.083) ***	-0.363 (0.129)**
	Years out of labor force	0.263 (0.089) **		0.016 (0.030)	-0.246 (0.037) ***
	High school degree	0.147 (0.291)	-0.015 (0.606)	0.090 (0.095)	0.579 (0.124)***
	More than high school degree	0.333 (0.291)#	0.361 (0.659)	0.120 (0.093)#	0.793 (0.119)***
	Chronic condition 1994	-0.106 (0.247)	0.103 (0.524)	0.113 (0.081*)	-0.036 (0.094)
	Years with chronic condition	0.368 (0.115)**	0.448 (0.196)*	0.022 (0.030)	-0.036 (0.034)
	Rsquare	0.625	0.475	0.163	0.303

Adjusted for education, employment status, chronic condition, age, gender, ethnicity, marital status, and province of residence ***<.001; **<.01; * <.05; + <.10; # <.25;

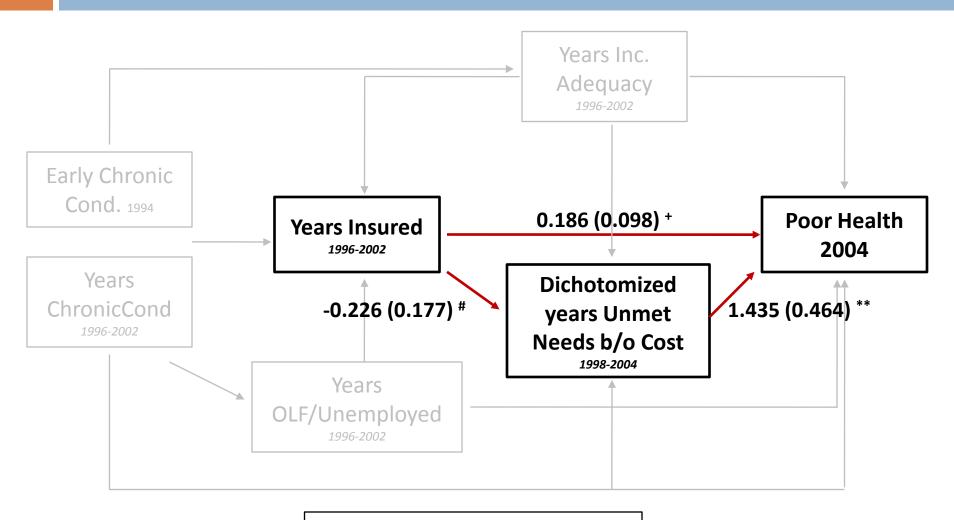
35-45 year olds



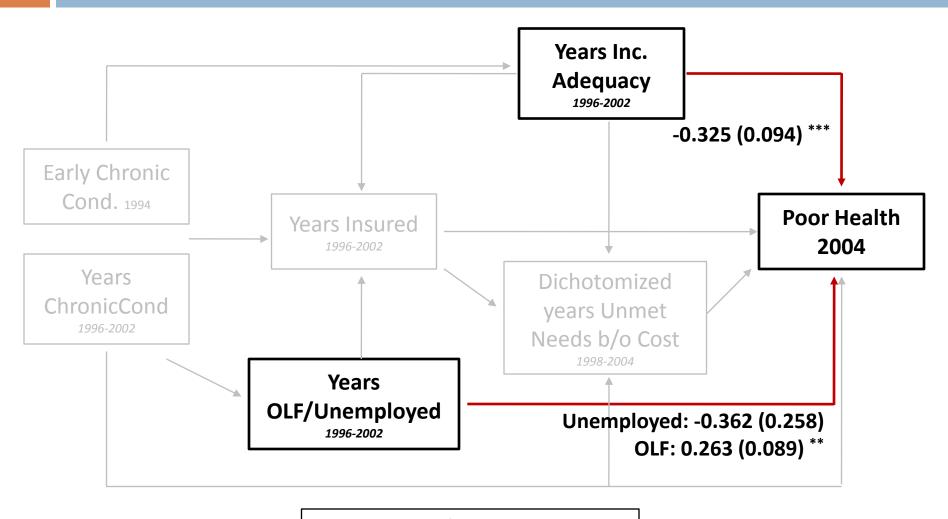
35-45 year olds



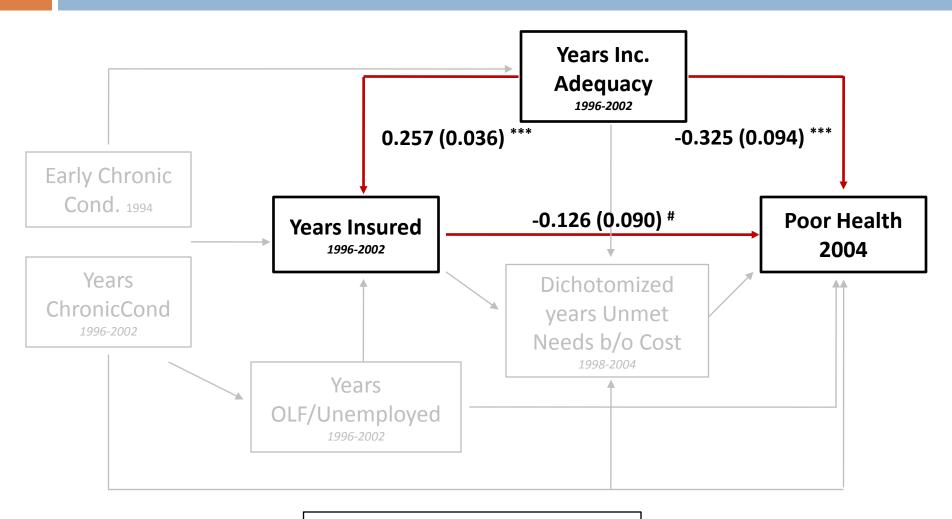
35-45 year olds



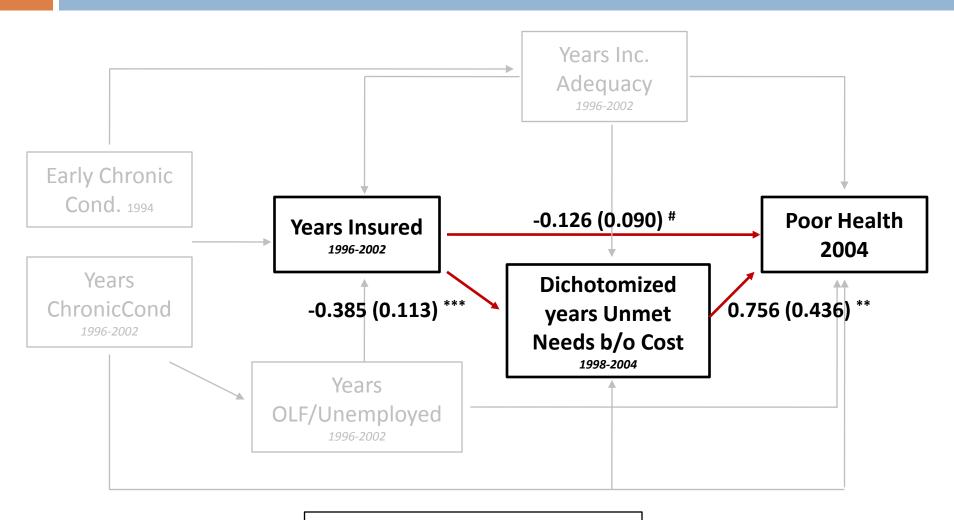
45-55 year olds



45-55 year olds



45-55 year olds



Discussion

- Impact of health insurance among the 35-45 year olds:
 - Tend to mitigate health inequalities
 - Positive impact on SRH only when barriers to health care utilization occur (unmet needs because of cost)
- Impact of health insurance among the 45-55 year olds:
 - Tend to exacerbate health inequalities
 - Positive impact on SRH, both directly & indirectly through unmet needs because of cost

Discussion

- Compositional effect of the privately insured population?
 - Initial pathway to social inequalities in health different between the two groups
 - Health issues and health concerns increase with age
 - Greater health concerns and preventive behaviors in middle-high SES
 - Insurance status not randomly assigned

Implications

- Positive impact of health insurance for those with the greatest need:
 - For those who experience cost barriers to health care access
- BUT even in a universal health insurance system, some are left behind:
 - Means-tested policies
 - Working poor
 - Unemployed
 - Retirees