

A Literature Review investigating the relationship between Socioeconomic Status and the allocation of Healthcare Services by the Public Primary Healthcare System with implications for St. Vincent and the Grenadines

Presented by

Julian P. Prescod

Introduction

The Nassau Declaration (2001) ‘The Wealth of the Region is the Health of the Region’.

Scarcity of healthcare services identified in communities in St. Vincent and the Grenadines (CDB 2008).

Poor health reduces the ability to acquire the necessary capabilities to achieve one's best (Sen 1983)

Outline of Presentation

- ▶ Aim of the Investigation
- ▶ Research Approach
- ▶ Presentation of Findings
 - ▶ *Equity in healthcare*
 - ▶ *Healthcare and the Social Determinants of Health*
 - ▶ *Guiding philosophy of equity in the delivery of healthcare*
 - ▶ *The role of the State as a Healthcare Provider*
 - ▶ *Healthcare Financing*
 - ▶ *Access vs. Utilization*
 - ▶ *Identifying and measuring inequity in healthcare*
- ▶ Conclusion
- ▶ Future Research

Aim of Investigation

- ▶ To conduct a literature review into the relationship between socioeconomic status and the allocation of healthcare services.
- ▶ The findings from this review was used to guide research into identifying and applying the relevant theoretical framework and associated methodology to evaluate the existence of inequity in the delivery of healthcare services by the Public Healthcare Delivery System in St.Vincent and the Grenadines.
- ▶ This research cumulated with the presentation of a Thesis used as a partial requirement for the completion of a Masters of Philosophy, Economics.

Research Approach

- ▶ Use of online database: journals, text
- ▶ Bibliographies
- ▶ Other publications
- ▶ National documents:
 - ▶ St. Vincent and the Grenadines National Health Strategic Plan: 2007-2012
 - ▶ St. Vincent and the Country Poverty Assessment 2007/2008
 - ▶ Annual Estimates of the Budget: Community Nursing Program
 - ▶ Community Nursing Program
 - ▶ National Housing and Population Census 2000
 - ▶ A time frame of 2006 -2010 was used as the evaluation period

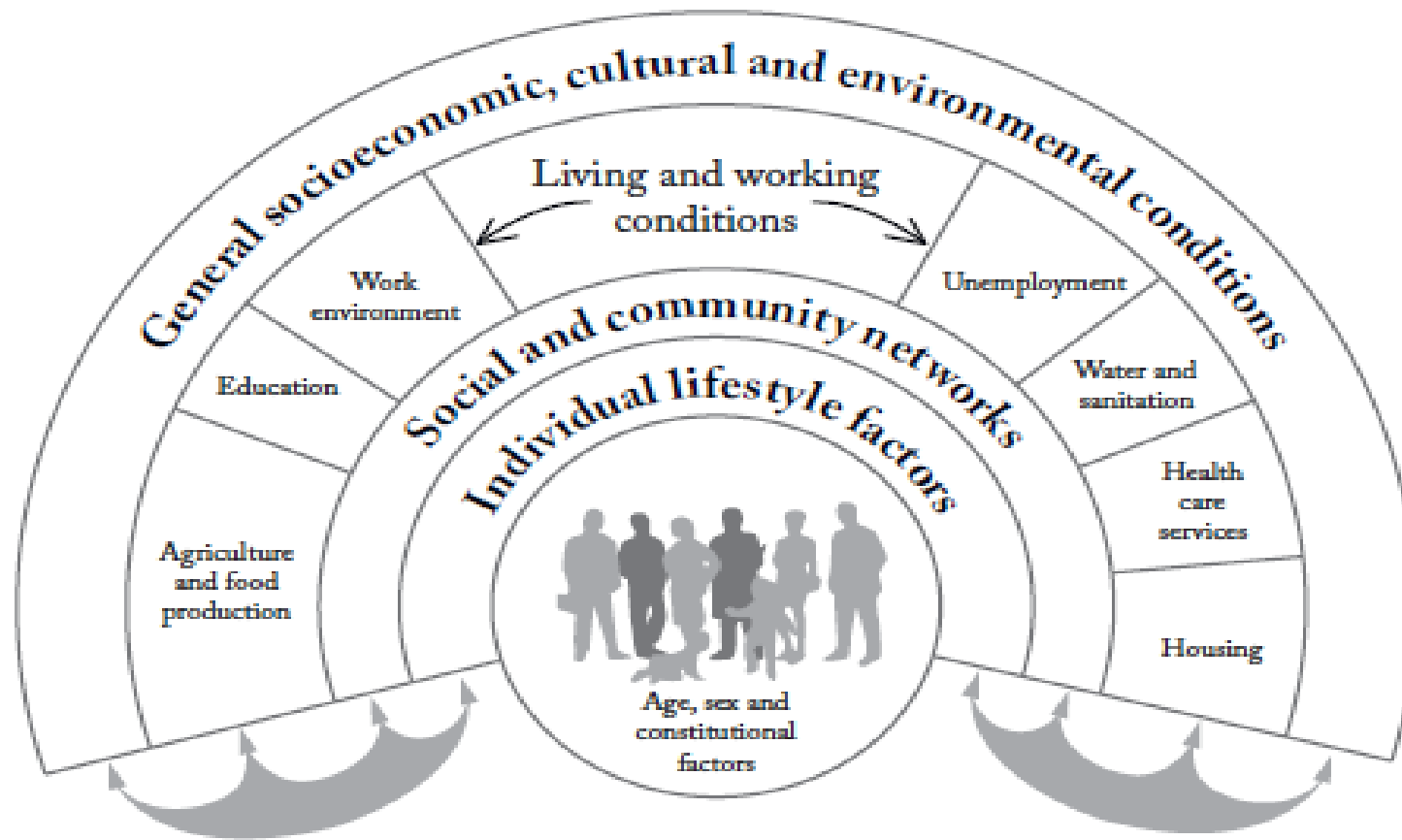
Presentation of Findings

- ▶ *Inequity in the allocation of healthcare services*
 - ▶ *The relationship between socioeconomic status and the allocation of healthcare services by the public healthcare delivery system characterizes Inequity in healthcare (Braveman 2003, Whitehead 1990).*
 - ▶ Inequity in the context of this investigation occurs as a result of differences in the allocation of healthcare services between communities owing to unfair, unjust or avoidable circumstances (Braveman 2003; Whitehead 1990).
 - ▶ **Socioeconomic status** is measured as the difference in *income* level (Filho et al. 2003). The re-categorization of the St. Vincent and the Grenadines Census Divisions by health district and the related poverty gap provided the socioeconomic status by community.
 - ▶ The *poverty gap* is a measure of the difference between the poverty line and the minimal provision of services to bring a household up to meet the poverty line (SVGCPA 2007/2008).
 - ▶ Based on the St. Vincent and the Grenadines Poverty Assessment of 2007/2008 (CDB 2008), an estimated annual EC\$5,523.00 per person is needed to satisfy the minimum annual consumption of food and non-food items. (EC\$1.00 = TT\$2.49)

Table 1 The Health Districts of the Public Health System of St.Vincent and the Grenadines by Poverty gap and Population size (2008)

Health District	Poverty Gap (SES)	Population
Calliaqua	6.7	24,674
Pembroke	7.5	19,914
Cedars	12	12,038
Marriaqua	9.8	11,178
Chateaubeliar	11.2	7,226
Georgetown	16.7	9,790
Kingstown	2.7	14,966
Northern Grenadines	1.8	5,647
Southern Grenadines	2.9	3,589

Healthcare and the role of the Social Determinants of Health



Source: Dahlgren and Whitehead (2007)

Fig. 1 Social Determinants of Health

Healthcare and the role of the Social Determinants of Health (Cont.)

- ▶ Healthcare is a Social Determinant of Health (World Health Organization 1999).
- ▶ The social determinants of health (SDH) are defined as *‘....specific features and pathways by which societal conditions affect health and potentially can be altered by informed action* (Krieger 2001, 1).
- ▶ As a social determinant of health (SDH), healthcare contributes to an improvement in an individual health status.
- ▶ Health status is defined as *‘a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity’* (WHO 1946, 1).
- ▶ Health has two dimensions (Gwatkin 2002b):
 - ▶ Incidence or the occurrence disease, which is addressed by non-healthcare mechanisms
 - ▶ Severity - addressed by the healthcare delivery system
- ▶ The healthcare delivery system manages the health of the population so as to reduce the severity of diseases through mechanisms using prevention and care. The measures of earlier detection, prevention or treatment to reduce the severity of a disease or ailment are best provided by the Primary Healthcare (PHC) services (Starfield 2006); which is also person focus (Starfield 2006).

Overview of St. Vincent and the Grenadines Healthcare Delivery System

➤ **Hierarchy:**

Minister of Health; Permanent Secretary

➤ **Health Services:**

Primary; Secondary; Tertiary (last two mostly offered abroad).

➤ **Facilities:**

- 39 clinics
- 5 district hospitals
- 1 major hospital
- 9 health districts

➤ **Primary Healthcare services:**

- emergency care,
- medical care,
- pre and post-natal, midwifery and child health services.

➤ **Primary Healthcare services (Cont.):**

- The complement of these services consists of immunization, oral health, family planning services and communicable and non-communicable disease control.
- Most primary healthcare centers were accessible, fell within a three mile radius, and can serve a population of about 2,900 persons.
- District clinic staffed: full-time District Nurse, Nursing Assistant and a Community Health Aide.
- Other support staff includes a Senior Nursing Officer, Health Nursing Supervisor, Coordinator Audiological Services, an Ambulance Driver, a Female Attendant and a Driver.

Guiding philosophy of equity in the delivery of healthcare

- ▶ Extra-welfarism philosophy - prioritization, need (Standard Encyclopedia of Philosophy 2007)
- ▶ The welfare-maximization philosophy is supported by principles of distributive justice and social justice which suggest that priority is given to those in greatest need to ensure the availability and utilization of the healthcare services (Standard Encyclopedia of Philosophy 2007)
- ▶ Whitehead defined equity in healthcare '*as equal access to available care for equal need, equal utilization for equal need, (and) equal quality of care for all*' (Cited in Braveman 2006, 168)
- ▶ Healthcare need is established by consensus (Daniels 1985)
- ▶ Most States have a moral or legal commitment to ensure access to healthcare by the populace (Hauck et al. 2004)
- ▶ The Mission State of the Ministry of Health of St. Vincent and the Grenadines: Equity/Equal access are guiding principles

The role of the State as a Healthcare Provider

- ▶ There is a need for the state intervention because of its moral and legal commitment to the population as the market mechanism does not discern healthcare need; these are also important for priority setting as advocated by the extra-welfarism (Hauck et al. 2004).
- ▶ The prioritization of healthcare services based on need will necessitate dialogue with the key health stakeholders of healthcare to identify a package of healthcare services, which is accessible to the populace (Hauck et al. 2004).
- ▶ A minimum package should primarily focus on the services which are necessary to target an identified healthcare need as agreed upon by the stakeholders in health (Daniels and Sabin 1997, 1998).
- ▶ This issue of priority setting is also essential for the assurance of equity. The desire to achieve Universal Healthcare (UHC), which assumes the assurance of the availability of healthcare to all in need of these services (Torrey 2008) is constrained by several factors.

The role of the State as a Healthcare Provider: Constraints

➤ Horizontal Equity vs. Vertical Equity

(Ataguba, James and McIntyre 2011)

➤ Access vs. Availability

(Ataguba, James and McIntyre 2011)

➤ Economic:

- ❖ Choice of financing: Loans, Revenue, User-Fees (Out-of-Pocket, Health Insurance (PAHO 2007)
- ❖ Transaction Cost (Theodore 1998)
- ❖ Exogenous shocks: Great Recession of 2008
- ❖ Other issues: High Poverty, High unemployment (Bliss 2009);
Grave indebtedness (CDB 2006)

NB: The cost to provide healthcare services did not appear as a concern in St.Vincent and the Grenadines; a staffing assessment was pending

Table 2 Annual growth in health expenditure per health district: 2006-2010					
Period	2006	2007	2008	2009	2010
Growth in district health expenditure	n.a	1.67	14.87	-5,54	21.73

Identifying and measuring inequity in healthcare

- ▶ Group data at community level (Braveman 2006)
- ▶ Social Determinant of Health framework
- ▶ Need: Prevalence of a disease common across socioeconomic status-disease-specific (Theodore 1998, Wagstaff 1993); use of the Diabetes (Brown et al. 2004)
- ▶ Monetization of healthcare services based on allocation to healthcare (primary healthcare services)
- ▶ The provision of similar services for different healthcare needs is an indicator of health inequity in the allocation of healthcare services (Starfield 2011, Theodore 1998a)
- ▶ Re-categorization of census divisions by health districts and poverty gap

Discussion

Future Research:

- An assessment of the cost to provide healthcare services by the public healthcare delivery system of St.Vincent and the Grenadines
- Linkage between efficiency and equity in the delivery of healthcare
- Use of a disease-specific approach to monitor equity in healthcare allocation

Constraints:

- Multi-island state influences the cost of the delivery
- Varying size of health districts
- Financing: government revenue loan/loans; mostly out-of-pocket/User-Fees; Health Insurance
- Economy Susceptibility to exogenous shocks/natural disasters
- Lost in preferential treatment due to improved economic profile

Limitations:

- Timely access to national data
- Statistics destroyed in fire

Conclusion

- ▶ The relationship between socioeconomic status and the allocation of healthcare services is essentially an investigation into the relationship into equity in the allocation of healthcare services
- ▶ St. Vincent and the Grenadines Public Healthcare delivery system during the period under reviewed advocated equity but mostly horizontal equity
- ▶ These findings will inform a Theoretical Framework and subsequent Methodology to investigate the efficient and effective delivery of healthcare services by the public healthcare system

THE END

QUESTIONS