



Poverty, Health Status and Access to GPs and Related Services in Ireland

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* Interim Presentation. Material not for public quotation unless otherwise agreed



Introduction

- Health, broadly understood, is a key component of overall well-being and quality of life
- Ample evidence that socio-economic factors are strongly related to death rates, health status and health care utilisation
- Relationship is particularly important in the Irish context because of the role of private health care and payment
- Understanding the relationship between present health and past and present socio-economic circumstances is complex
- The project will investigate processes and identify policy implications

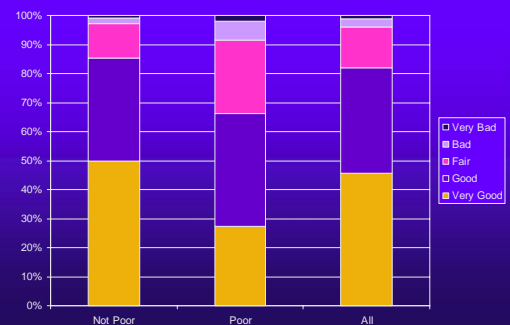


The Project

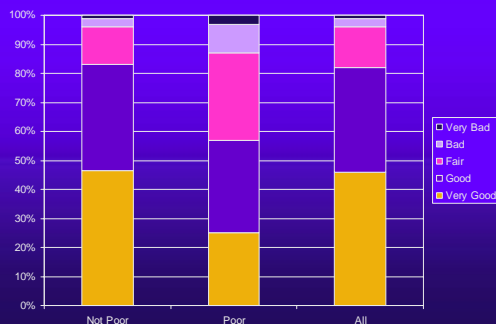
- Reviews the literature about the relationship between socio-economic factors, poverty and health and health care
- Examines processes across the life course
- Describes the level of inequalities across measures
- Provides evidence of the importance of different pathways
- Describes utilisation patterns across income groups
- Analyses the level of equity in utilisation across income groups
- Examines geographical inequalities in the distribution of GPs



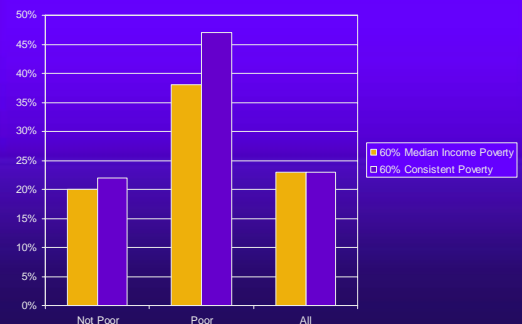
Self-Assess Health by 60% Median Income Poverty

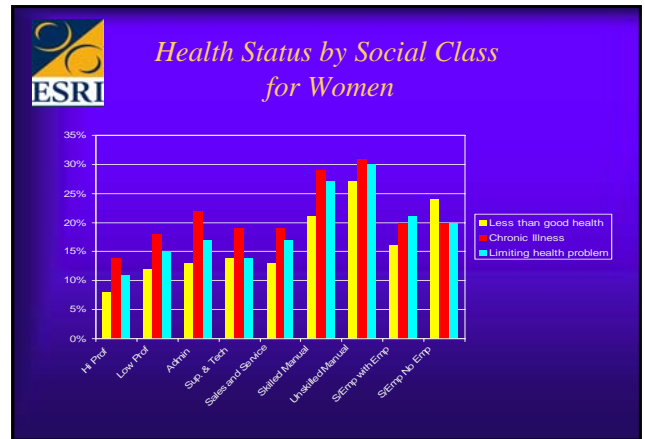
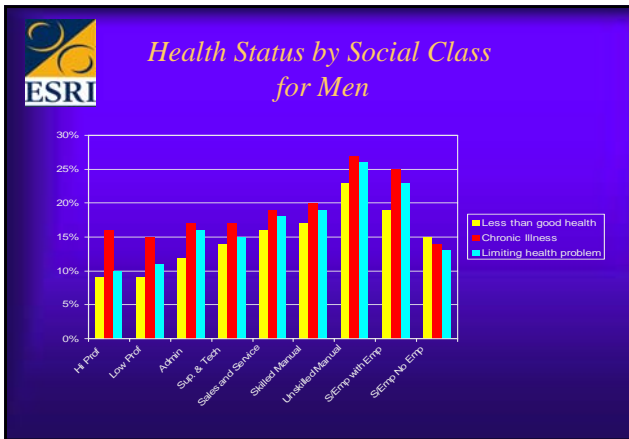
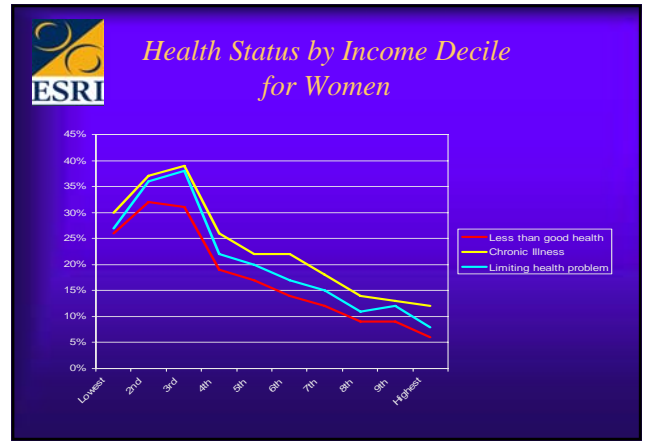
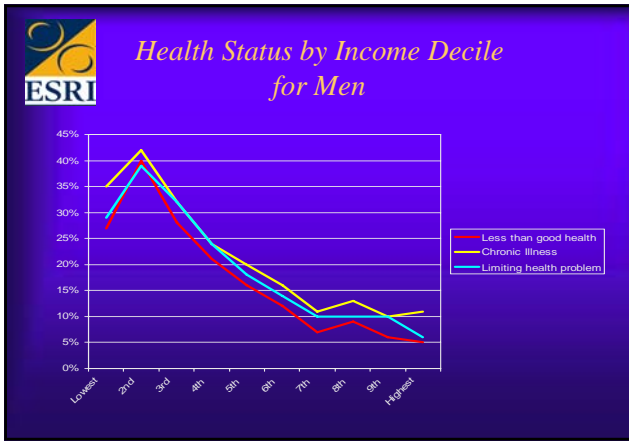
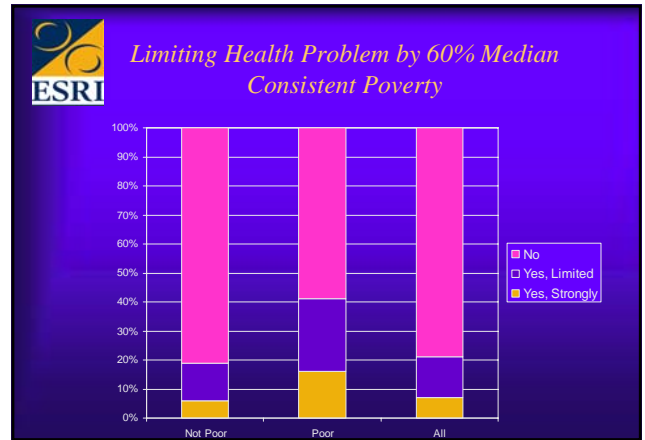
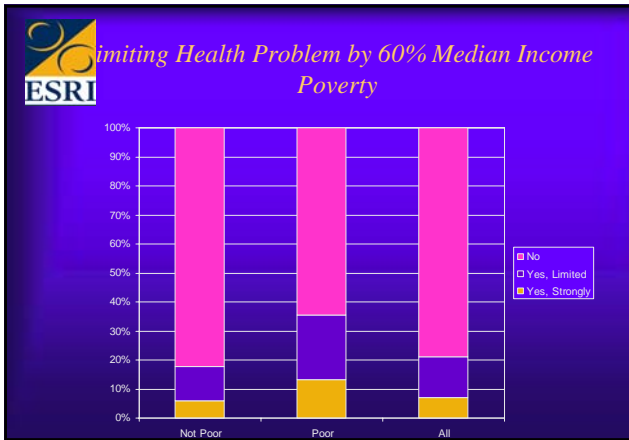


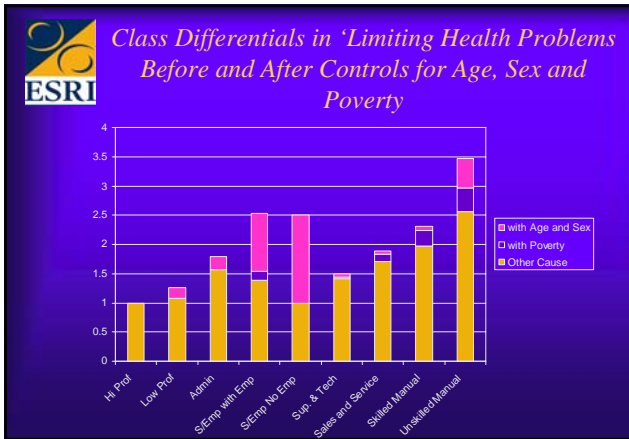
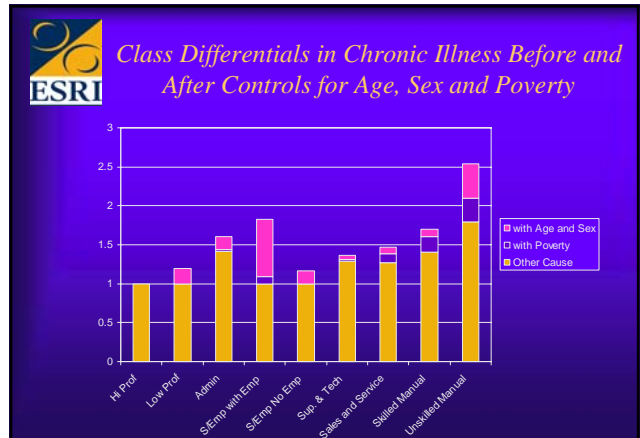
Self-Assess Health by 60% Median Consistent Poverty



Proportion with a Chronic Illness by Poverty Type





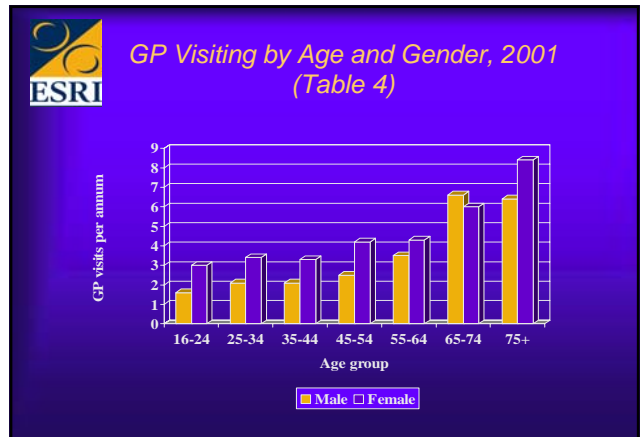


Conclusions

- Reported health status is lower for lower income, class and education groups
- Income and particularly consistent poverty are associated with lower reported health status
- Controlling for current income poverty status reduces class differentials, but significant inequalities remain 'unexplained'

The Utilisation of GP Services

- Descriptive patterns of GP visiting
- Multivariate analysis of GP visiting
- Focus on income and medical card eligibility effects
- Unmet Need for Medical Care
- Illustrate using data from 2001 Living in Ireland Survey and 2004 EU-SILC

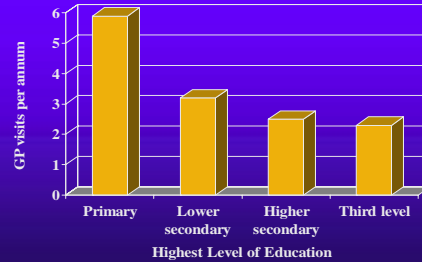




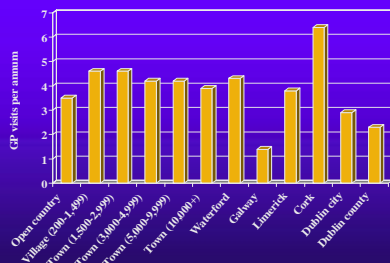
GP Visiting by Self-Assessed Health Status, 2001 (Table 5)



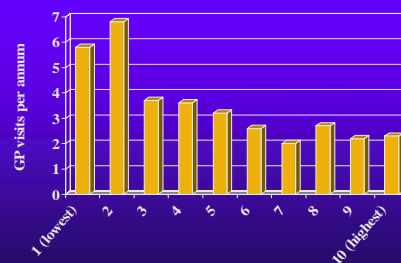
GP Visiting by Highest Level of Education, 2001 (Table 9)



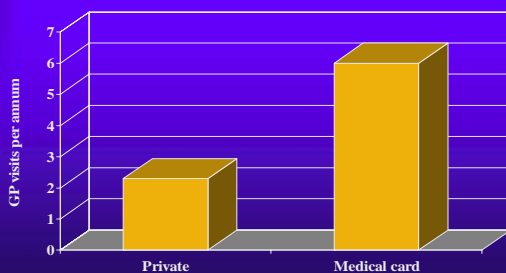
GP Visiting by Household Location, 2001 (Table 13)



GP Visiting by Household Equivalised Income Decile, 2001 (Table 14)



GP Visiting by Medical Card Eligibility, 2001 (Table 15)



Medical card vs. private patients, 2001

	Medical card	Private
Age (years)	56.3	39.9
Very good SAH (%)	23.7	55.2
Chronic illness (%)	40.7	11.5
Third level (%)	5.0	22.5
Employed (%)	21.3	69.2
Income (€ per week)	162.30	282.02



Multivariate Analysis of GP Visiting, 2001 (significant effects; see Table 26)

Variable	Effect	Variable	Effect
Female	1.00	Married	0.52
		Separated/Divorced	0.67
Good SAH	0.98	Widowed	0.49
Fair SAH	2.79		
Bad or very bad SAH	4.95	Employed	-0.30
Chronic	1.81	Income 5	0.59
		Income 7	-0.36
Stress	0.67		
		Medical card	1.06
Upper secondary	-0.30		



Income and Medical Card Eligibility

- Medical card eligibility remains highly significant, even with
 - Improved health status controls (Table 30)
 - Longitudinal analysis (Table 31)
- Impact of charges on private patients, particularly those just above the income threshold for a medical card?
- Extent of unmet need for medical care, particularly due to cost?



Impact of charges on those just above threshold for a medical card?

- Little significant difference in GP visiting levels among private patients on differing income levels (see Table 32)

	Effect
Income 3	-0.17
Income 4	0.51 ***
Income 5	-0.20
Income 6	-0.23 *
Income 7	0.00
Income 8	0.24
Income 9	0.03
Income 10 (highest)	0.26 *

*** significant at 1% level; ** significant at 5% level; * significant at 10% level



Unmet Need for Medical Care

- Unmet need for medical care (2004 EU-SILC)

" Was there any time during the last 12 months when, in your opinion, you need a medical examination or treatment for a health problem but you did not receive it? "

- 2.5 per cent of the population answered "yes" (Table 33)
- 50.7 per cent of "yes" respondents cite " could not afford to (too expensive) " as their main reason (Table 34)
- Among private patients, the proportion citing cost declines as income increases (Table 35) BUT, the number of cases is very small



Future Work

- Poverty and Health Status
 - Predictors of health outcomes – including childhood circumstances
- Utilisation of Primary Care Services
 - Utilisation of dentist and optician services using LIIS
 - Impact of location on access to services
 - Role of financial incentives facing GPs in influencing equity of access to GP services in Ireland
- Equity in utilisation
 - use versus "need", barriers to access for low incomes, policy