

# Public Health Services Use in Latin America and the Caribbean

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# AmericasBarometer Survey Question

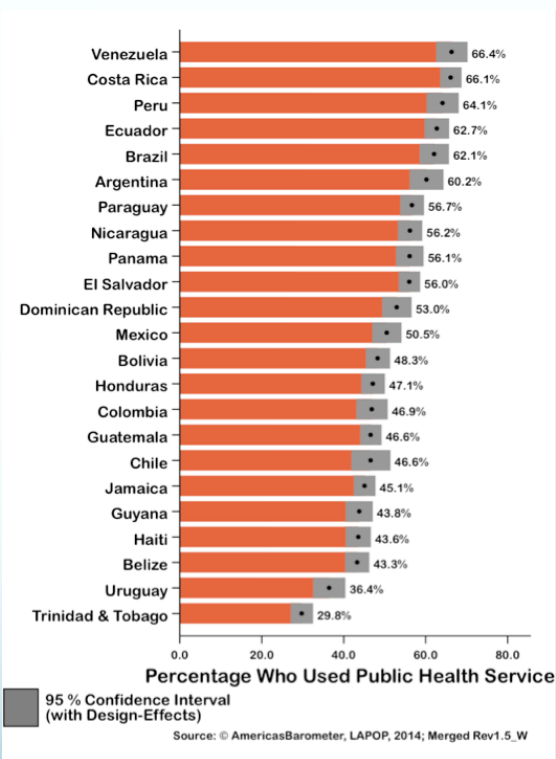
EXC15: Have you used any public health services in the last twelve months? (filter question)

(not analyzed in this report): In order to be seen in a hospital or clinic in the last twelve months, did you have to pay a bribe?

# Importance of the Topic

- Public health services are an important social service that governments provide
- They play a key role in assuring citizen's health and wellbeing
- Citizens can evaluate public health services, providing a measure of public opinion related to government effectiveness
- Latin America's equitable provision of public health services is lacking in comparison with other regions in the world (Wallace and Gutiérrez 2005, 394)

# Figure 1. Percent Who Accessed Public Health Services, 2014



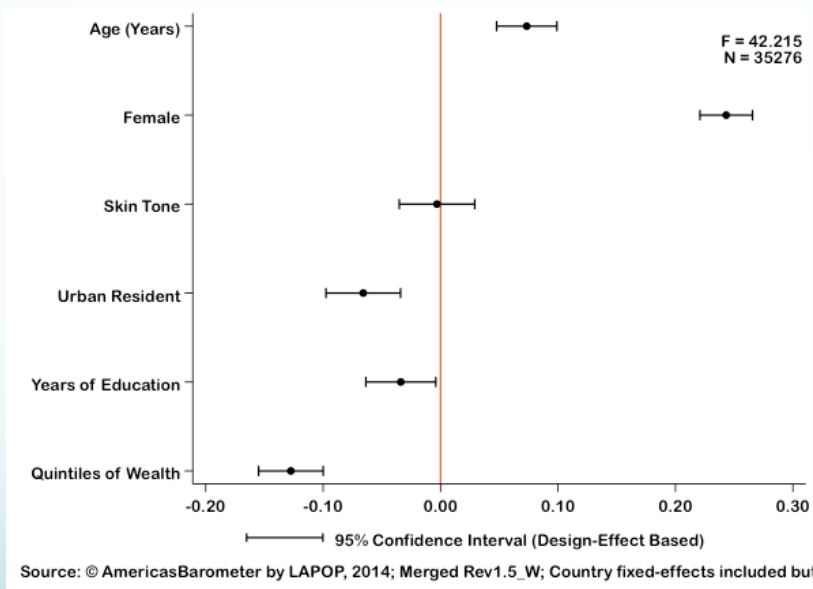
- No obvious cross-national comparisons
  - Ex. Range of estimates of citizen usage of public health services
  - Nearly identical rates of use in Chile and Haiti (46.6% and 43.6%); Venezuela and Costa Rica (66.4% and 66.1%)

# Who Uses Public Health Services? Expectations

- Variables predicting use of public health services:
  - Age – elderly more likely to use (Wallace et al. 2005, 405)
  - Gender – women more likely to use
  - Skin tone – cross-cutting implications given prejudice against individuals with darker skin tones (Uhlmann et al. 2002) and yet more in need of using public health services due to comparatively poorer health (Perreira and Telles 2014)
  - Urban/rural residence – greater availability of public health services in urban areas would yield the expectation that urban residents are more likely to use
  - Level of education – more educated are more likely to use
  - Household wealth – cross-cutting implications: rich tend to use more (The World Bank 2004, 136-137); yet, more affluent groups also tend toward the private over the public health sector (The World Bank 2004, 136-137; Regidor et al. 2008)

# Figure 2

## Socioeconomic and Demographic Predictors of Use of Public Health Services, 2014



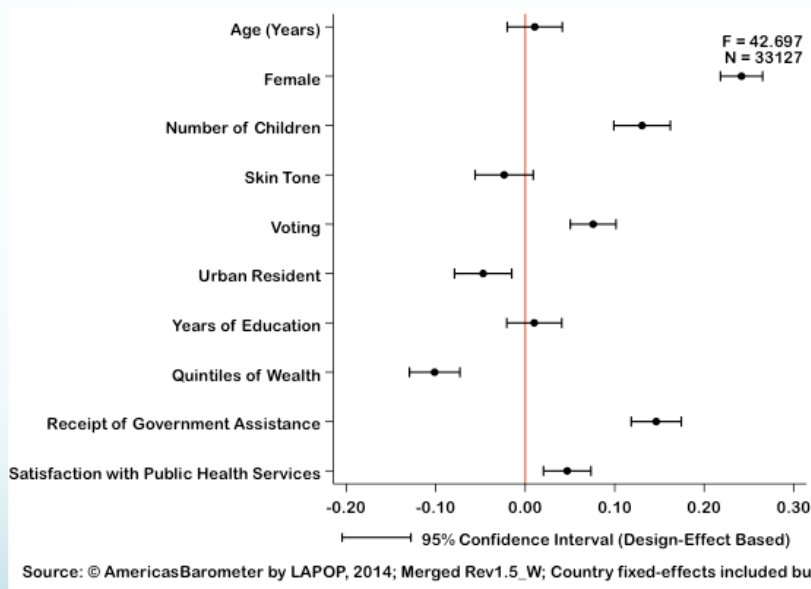
- Female and age variables: positive and statistically significant
- Skin tone: not statistically significant
- Urban/rural residence, years of education, and quintiles of wealth variables: negative and statistically significant

# Additional Socioeconomic and Demographic Factors

- Variable proxies for need of public health services
  - Number of children – likely to have a positive relationship
  - Recipient of government assistance – likely to have a positive relationship
    - Conditional cash transfer programs (Rawlings 2004, 1)
- Broader engagement with the political system
  - Voting – likely to have a positive relationship
    - Engagement in civil society might lead to engagement in government-provided social services
- Satisfaction with public health services – likely to have a positive relationship

# Figure 3

## The Effect of Individual-Level Factors on the Use of Public Health Services



- Variables examined in figure 2 that remain unchanged by the addition of the 4 new variables: gender, skin tone, urban/rural residence, and quintiles of wealth
- Age and years of education – now statistically insignificant
- Number of children, receipt of government assistance, voting, and satisfaction with public health services: all positive and statistically significant



# Conclusion

- 10 individual-level factors that predict the use of public health services
- Results:
  - Variables with a positive and statistically significant relationship with the dependent variable:
    - Females
    - Respondents with children
    - Respondents who voted in the last election
    - Recipients of government assistance
    - Respondents who are satisfied with public health services
    - Rural residents
    - The poor
  - Variables without a statistically significant relationship with the dependent variable:
    - Age
    - Skin tone
    - Years of education

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