Grupo de Estudos em
Economia da Saúde e Criminalidade

UFMG Cedeplar

PROGRAMAÇÃO DE SEMINÁRIOS DO GRUPO DE ESTUDOS EM ECONOMIA DA SAÚDE E CRIMINALIDADE
1º SEMESTRE - 2011
PRIMEIRAS SEXTAS FEIRAS ÀS 14:30H

SEMINÁRIO 1
DATA: 25 DE MARÇO
HORÁRIO: 14:30h às 16:00h
TÍTULO: Desigualdades em Saúde: comparações entre Brasil e Índia no cuidado pré-natal e no cuidado hospitalar para idosos
PALESTRANTE: Kenya Noronha
LOCAL: SALA 3015
Resumo: Serão apresentados dois trabalhos em andamento que estão sendo realizados no escopo do projeto inter-institucional coordenado pelos professores Eduardo Rios Neto e André Caetano. Segue abaixo o abstract dos artigos.

Inpatient care of the elderly in Brazil and India: Assessing social inequalities

Amos Channon
Monica Viegas Andrade
Kenya Noronha
Tiziana Leone
T.R. Dilip

In Brazil and India the elderly are the fastest growing portion of the population. Health inequalities in the elderly are widespread in many countries and this paper studies social inequality in inpatient care utilization for adults aged over 60 in both Brazil and India, assessing a number of dimensions by which inequality is observed. The length of time that inpatient care is received is also studied. Two methodologies are used: 1) concentration curves and indexes; 2) hurdle negative binomial models, which uses both logistic regression and truncated-at-zero negative binomial regression to analyse the probability of receiving inpatient care and the length of time that care is received respectively. The socioeconomic status variables used are family income per capita (in the case of Brazil) and family expenditure per capita (in the case of India). Socioeconomic and demographic conditions, health status and health insurance coverage were controlled for. The datasets are the Brazilian National Household Survey (PNAD 2003) and the Indian National Sample Survey Organization (NSSO 2004-5).

The results from the concentration index and concentration curves indicate that there is no inequality in the utilization of inpatient care among the elderly population in Brazil. In India, the results show the presence of inequality in the probability of being hospitalized, with richer groups more likely to be admitted overnight, but not in the amount of time inpatient care is received. For Brazil, in order to verify whether access to healthcare is equal, inequalities relating to accessing any type of healthcare (both inpatient and outpatient) were analysed for the elderly group. The results of the concentration curves and indexes clearly show that there are major inequalities by income in the difficulty in accessing healthcare in Brazil and this difficulty is more concentrated among low income groups. Poorer older adults are more likely to experience difficulties in accessing any health care than richer older adults. The results of the hurdle models estimations are similar for Brazil and India. In both countries and in the absence of controls the presence of inequality was observed in the probability of being hospitalized favouring the richest individuals. In Brazil inequality was eliminated after controlling for health insurance coverage. There were also wide differentials by education, with the probability of being hospitalized lower among less educated individuals than the higher educated. Health insurance is significant in both countries and it is associated with higher probably of being hospitalized. Considering that private coverage is higher among high income groups, this result suggests that inequality may be mediated by the presence of health insurance coverage. The length of time inpatient care is received was not related to either income or expenditure in Brazil and India respectively. The main variables that are associated to the expected number of days in the hospital are the health status and sex. Therefore, conditional on having been hospitalized, the amount of care will be mostly defined by the individual needs.

Socioeconomic inequalities in Antenatal care: a comparison between Brazil and India

Monica Viegas Andrade
Kenya Noronha
Abhishek Singh
Cristina G Rodrigues
Sabu Padmadas

Brazil and India are very populous countries that have undergone deeply changes in the last few years: both countries are two newly emerging economies and they have experienced a fast demographic transition process and economic development. However there are still some dissimilarities when we compare Brazil and India, with Brazil at a later stage of the demographic transition, better socioeconomic and health outcomes and also a more organized health system. For example, even though infant and child mortality decreased between 1990 and 2008 in both countries, those numbers are still high in India compared to the levels observed in Brazil. One of the most important worries concerning health policy relates to equity in the access to healthcare services. According to literature, access problems in both countries are related to socioeconomic and demographic conditions, such as income level, woman schooling and presence of partner. In India, the access can be even worse for those who live in rural areas.

The aim of this paper is to measure socioeconomic inequality in antenatal care utilization comparing Brazil and India. In both countries, antenatal care is still inadequate. While in India the main issue is still related to the coverage of antenatal care (63% of pregnant women have not done at least 4 antenatal care visits), in Brazil coverage is not an issue anymore. Some studies have shown that there are still problems related to the quality of

antenatal care such as: late entry to the antenatal care and differences in access across types of services. Therefore, in both countries there is some room for improvements in healthcare indicators related to the access to antenatal care, even though these policies are quite different in each country.
Two different methodologies are used: 1) concentration index and concentration curves and 2) logistic models. The socioeconomic variables used are woman years of schooling and wealth index. The outcome variables are: number of antenatal care visits, doses of tetanus immunization, antenatal card (only for Brazil), blood test, urine analysis, measures of height, weight and blood pressure, had prescribed iron medicines and folic acid. The datasets used are: DHS for Brazil and National Family Health Survey for India. Our results point out the presence of inequality in both countries with higher inequalities being observed in India. The estimation of concentration index shows that inequality is still verified even when we control for age, health insurance, partner educational level and other variables. In Brazil, the services that show the higher inequality are folic acid prescription, antenatal care visits, iron medicines and doses of tetanus immunization. For antenatal card we observe the presence of inequality favoring low educated women. This result was expected since antenatal care card is a publicly financing program. In India, the services where inequalities were more pronounced are antenatal care visits (especially for number of adequate visits), urine analysis, blood exam, blood pressure, weight measured. The results of logistic models confirm the presence of inequalities in both countries. In Brazil, there is inequality favoring the more educated woman in the access to the following services: adequate antenatal care (6 or more visits), urine analysis and folic acid prescription. In the case of antenatal card, inequality is significant but favoring the low educated women. In India, we found the presence of inequality in the access to all types of antenatal care services analyzed.

SEMINÁRIO 2
DATA: 15 DE ABRIL
TÍTULO: INCENTIVOS FISCAIS E GASTOS EM SAÚDE
HORÁRIO: 14:30h às 16:00h
PALESTRANTE: ANA CAROLINA MAIA (GEESC/CEDEPLAR/UFMG E UNIFAL)
LOCAL: SALA 3015

Resumo: O objetivo do trabalho é analisar a decisão de gastos com planos de saúde no Brasil. Especificamente estamos interessados em analisar como os incentivos fiscais existentes na regulamentação do imposto de renda de pessoa física impactam na decisão de gasto e compra de planos de saúde. Para tanto são utilizados microdados das pesquisa de orçamento familiar – POF para o Brasil.

SEMINÁRIO 3
DATA:06 DE MAIO
HORÁRIO: 14:30h às 16:00h
TÍTULO: TECNOLOGIA E SAÚDE
PALESTRANTE: Eduardo da Motta e Albuquerque
LOCAL: SALA 3015
Resumo:

SEMINÁRIO 4:
DATA: 03 de JUNHO
HORÁRIO: 14:30h às 16:00h
TÍTULO: UMA CONVERSA SOBRE FARMACOECONOMIA
PALESTRANTE: FRANCISCO ACÚRCIO (Professor da Escola de Farmácia da UFMG)
LOCAL: SALA 3015
Resumo:

SEMINÁRIO 5:
DATA: 01 DE JULHO
HORÁRIO: 14:30h às 16:00h
TÍTULO: Evidências de Indução de Demanda de Parto Cesária no Brasil
PALESTRANTE: TABI THULER
LOCAL: SALA 3015
Resumo: