FORGONE CARE AND HORIZONTAL INEQUITY IN HEALTHCARE USE IN NINE EUROPEAN COUNTRIES: DIFFERENCES BETWEEN IMMIGRANTS AND NATIVES

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ABSTRACT

Developed economies in Europe are committed to provide a wide access to healthcare services for all respecting the horizontal equity goal according to which, individuals with equal need receive equal treatment and equal access to healthcare. In this context, the reduction of barriers both on the supply and the demand side of healthcare becomes essential for those individuals belonging to minorities and socially disadvantaged groups. This paper aims to assess discrimination in healthcare access and utilisation focusing on the situation of immigrant groups in Europe. We conduct a comparison between two measures to describe healthcare access, namely self-reported unmet needs for care or forgone care and observed need-adjusted healthcare use in doctor visit and dental care, among native and immigrant respondents in 9 European countries (Austria, Germany, Sweden, Spain, Italy, France, Denmark, Switzerland, and Belgium) across the seven waves of the Survey on Health Ageing and Retirement in Europe (SHARE). Self-reported unmet needs for care or forgone care refer to the fact that individuals report to have foregone healthcare services due to various reasons, e.g. because of the high cost of dentist visits or due to a long waiting time for a specialist visit. Unmet needs for care therefore represent the individuals' perception of the dissatisfaction of their self-identified health needs. The concept of horizontal inequity refers instead to the idea that "two individuals with the same morbidity receive different amounts of care" (Fleurbaey and Schokkaert, 2011), where morbidity is defined in terms of needs for healthcare proxied by health variables (e.g. self-assessed health status, chronic diseases, limitations) as well as demographic characteristics. We define the immigrant status according to three dimensions: being born abroad (with respect of the country of interview), not having the citizenship, and being a second-generation immigrant (i.e. having at least one parent born abroad). Our results show that the immigrant status predicts a higher likelihood to renounce to care even after controlling for needs and socioeconomic factors. Concerning healthcare use, the immigrant status is not associated to a different predicted access to and use of doctor visits. Finally, not having the citizenship predicts a lowed access to dentist visits. We then decompose the total predicted variance into its determining factors, by also providing some measurements of horizontal inequity in foregone care and dentist visits between immigrants and natives.