Simultaneous effect of disabling conditions on primary health care use through a capability approach

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ABSTRACT
There is evidence of social disparities in the use of primary health services in most European countries, and these disparities particularly affect people with disabilities. Many determinants of disabilities interact to limit access to health care (e.g., impairments, functional limitations, educational level). However, these determinants have typically been examined separately. We adopted a capabilities perspective to define multidimensional disability. Capabilities refer to individuals’ real opportunities to achieve possible outcomes. In this context, we aimed to assess disability through latent capabilities (shaped by personal, social and environmental variables) and to simultaneously analyze their effects on primary health care use (GP and nurse care; cervical, breast, and colorectal cancer screenings). We used a structural equation modeling framework, which allowed complete and simultaneous tests of relationships taking into account measurement errors. The data source was the 2008 French Health and Disability Survey (29,931 individuals). Potential disability-related determinants were selected to measure five latent variables: health condition and cognitive, physical, societal, and socioeconomic capabilities. All things being equal, we did not identify any specific barriers to GP care use. We found a lower likelihood of nursing care use among people with lower cognitive capabilities. Unlike usual findings, we did not observe a significant influence of either cognitive or physical capabilities for any type of cancer screening use. However, cancer screening participation was mainly affected by societal and socioeconomic capabilities. Considering the capability approach, which suggests public action oriented toward restoring capabilities of individuals, future programs should seek to increase societal support to compensate for disability. This approach could be helpful in reducing inequalities in health care access.

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1. Introduction

The Alma-Ata Conference (WHO, 1978) mobilized a “Primary Health Care Movement” to address “politically, socially and economically unacceptable” health inequalities within all countries. Unfortunately, there are social disparities in the uptake of primary health services in most European countries, where evidence indicates differences in the utilization of primary health services for equal care needs (van Doorslaer et al., 2006). Several studies have shown that the likelihood of an individual using health services is not equally distributed across socioeconomic and sociodemographic groups. Gender, education, occupation, and income are all attributes that are closely linked to the way a person uses health care services.

People with disabilities constitute a significant part of the population: in 2010 approximately 15% of the world’s population reported a disability. This population continues to expand as the numbers of aging individuals and of people with chronic health diseases both increase (WHO, 2011). As a disadvantaged population in terms of socioeconomic characteristics and health outcomes (Iezzoni, 2011), people with disabilities experience barriers to accessing many services, including health care services (Diab and Johnston, 2004). To date, the determinants of disability have typically been examined separately (Angus et al., 2012). Indeed, the literature has mainly considered limitations or restrictions to daily activity as the only aspect of disability without taking into account the complex relationship between disability and disadvantageous situations.

Disability is causal in certain cases because it leads to precarious situations and greater vulnerability in terms of social integration.
resources, and social and environmental factors (e.g., architectural, technology), such as an individual's personal characteristics, available capabilities on primary health care use. Then, we analyzed the simultaneous effects of these latent model in which disabling conditions were assessed through capabilities, taking into account measurement errors. To capture potentially diverse disabling determinants rather than focusing solely on a few indicators of disability.

We adopted a capability perspective to define a disability situation. The capability perspective focuses on the extent to which people are empowered to make decisions about important aspects of their life (Burchardt and Vizard, 2014) and how they “convert” certain resources into possible outcomes (e.g., being healthy, participating in social activities). Hence, capabilities refer to an individual's real opportunities to achieve these outcomes (i.e., the ability to be healthy, the ability to participate in society). By acknowledging that all people differ in their abilities to convert resources into outcomes, Nussbaum’s capability approach can take disabled people into account (Nussbaum, 2011). The capability approach is a useful framework for defining disability (Mitra, 2006). Using this framework, disabling conditions can be analyzed as deprivations in terms of capabilities that result from the interaction of a variety of factors (‘conversion’ factors, in the capability terminology), such as an individual's personal characteristics, available resources, and social and environmental factors (e.g., architectural, economic, and political). These factors can influence people's ability to utilize health care services. The capability approach that we adopt has the benefit of offering a much richer set of dimensions to capture potentially diverse disabling determinants rather than focusing solely on a few indicators of disability.

To explore the complexity of the relationships among variables (i.e., disabling determinants, capabilities and health care use), we used structural equation modeling (SEM) to conduct simultaneous tests of all relationships and as the most appropriate way to assess latent capabilities, taking into account measurement errors. The aim of the study was to assess the effect of a set of disabling conditions on primary health care use through a capability perspective. We first developed and empirically tested a theoretical model in which disabling conditions were assessed through capabilities. Then, we analyzed the simultaneous effects of these latent capabilities on primary health care use.

This paper is organized as follows. Section 2 presents the materials and methods, introduces the capability approach background and the general principles of SEM, and describes the data, the econometric model and the statistical analysis. Section 3 contains our empirical results and presents robustness checks. Section 4 discusses the results and the method and concludes.

2. Materials and methods

2.1. The theoretical background to assess disability: the capability approach and the international classification of functioning, disability and health (ICF) framework

2.1.1. The capability approach

The capability approach was initiated by Sen (Sen, 1985). In his seminal work ‘Commodities and Capabilities’, he focused on the type of life that people are able to live. Capability (what I am able to do or be) appeared as the substantive freedom to achieve alternative functioning (what I actually do or am) combinations. This approach is concerned with people's ability to do valuable things rather than focusing only on things people actually do. Health is a major concern in Sen's capability approach; it is considered as a component of individuals’ well-being and analyzed as a component of the social justice arrangements (Sen, 2009, 2002). The capability approach is particularly suited for investigating issues such as health because it offers a wider space to evaluate the freedom and opportunities to achieve different outcomes. Nussbaum’s work (Nussbaum, 2011) refined the new conception of social justice initiated by Sen. Starting with the idea of a life in accordance with human dignity, Nussbaum listed ten central capabilities that represent a minimum standard of a just life: bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; other species; play; and control over one's environment.

More recently, Harnacke explored disability rights within Nussbaum's capability perspective (Harnacke, 2013). He acknowledges that all people differ in their abilities to convert resources into functioning and believes that the Nussbaum’s capability approach provides a good starting point from which to analyze disability. A person with impairments might not be able to do many things that a person without impairments can do with the same resources. Therefore, following the idea of social justice, a person becomes disabled due to unjust social arrangements and environments, and this person should simply receive more resources to be compensated for their disability. Examining the literature, Fleurbaey and Maniquet confirmed that some of the characteristics that make individuals unequal call for compensating transfers; these characteristics are involved in distributive issues (Fleurbaey and Maniquet, 2011). Thus, in a good resource allocation system, no actor should be envious of another actor with same circumstances (Fleurbaey, 2008).

Interpreting Sen’s work, Mitra argued that the capability approach is a useful framework for defining disability, which can be analyzed as a lack of capability due to restriction in the range of opportunities that results from the interaction of a variety of factors. In particular, the capability approach suggests the possibility that the economic environment of a person can be disabling (Mitra, 2006). Following this idea, Welch noted that the capability approach emphasizes the need to move beyond the individual body level to understand the influence of the environment on individual functioning and disability (Welch Saleeby, 2007). Several other authors in different disciplines have defined disability using Sen’s capability approach (Burchardt, 2004; Le Fanu, 2014; Morris, 2009), and many authors have argued that this approach opens new perspectives for policy making because it focuses on the specificities of the disabling situation to consider equality in terms of possibilities, such as reducing the consequences of disability (Biggeri et al., 2011; Dubois and Trani, 2009; Trani et al., 2011). The benefit of using the capability approach is that it can address the complexity of disability and cover the full range of the disability experience by shifting the focus away from the restricted view of identifying impairments (Dubois and Trani, 2009).

2.1.2. The international classification of functioning, disability and health (ICF) framework

As the closest statement to a definition of disability under the capability approach (Mitra, 2006), the ICF proposes a bio-psychosocial perspective in which disability is defined as a complex phenomenon that reflects the interaction between the features of a person’s body and the features of the society in which he or she lives (WHO, 2001). The ICF shares several common aspects with the capability approach, which facilitates the combined use of both
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