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Who should be Responsible for Providing Health Care Services in Latin America?

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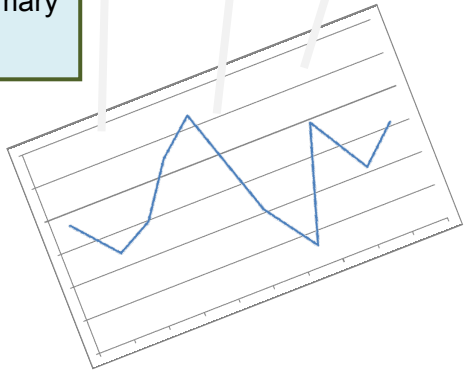
Executive Summary. This AmericasBarometer *Insights series* report examines the extent to which citizens in Latin America and the Caribbean agree that government should provide health care. Results suggest that positive perceptions of national and personal economic situations lead to lower support for government supplying health care, and perception of economic crisis is linked to support for government intervention. Furthermore, citizens who use public health care services and who have children are more likely to support this idea. Finally, evaluations of the government's economic performance have an interesting effect; those who give the government better ratings agree more strongly that the government should play a primary role in health care provision.



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The role of the state as provider of health care is an issue recently propelled into the limelight, in large part due to the recent vigorous debate on health care reform in the United States. On the heels of this debate, many are taking a closer look at the degree to which governments around the world supply health care services (e.g., the summer 2010 issue of *Americas Quarterly).* Another important topic concerns demand: to what extent and why do citizens prefer that the state provide health care services?

This discussion can be seen as part of a broader debate over the proper role of the government in the economy, a debate which continues in Latin America (Franko 2007) and worldwide. In prior *Insights* reports (I0801, I0808, I0816) we examined attitudes regarding the role of the government in creating jobs, in owning key businesses, and in ensuring citizens' well-being.[1] This new report assesses the extent to which mass publics across the Americas support the idea that the state should be the main entity responsible for the provision of health care services. Furthermore, it also analyzes the determinants of this support at both the individual and contextual levels within Latin America and the Caribbean.

The data we use to analyze this topic come from the 2010 round of the AmericasBarometer surveys by the Latin American Public Opinion Project (LAPOP).[2] In this round, 43,990 citizens in 26 countries were asked to what extent they agreed with the following statement on a scale from 1 to 7, where "1" represents "Strongly Disagree" and "7" "Strongly Agree":[3]

ROS6. The (Country) government, more than the private sector should be primarily responsible for providing health care services. How much do you agree or disagree with this statement? [4]

Responses to this question were then recalibrated on a 0-100 scale to conform to the LAPOP standard, which facilitates comparability across questions and survey waves.

Figure 1.
Average Support for Government Provision of Health Care in the Americas, 2010

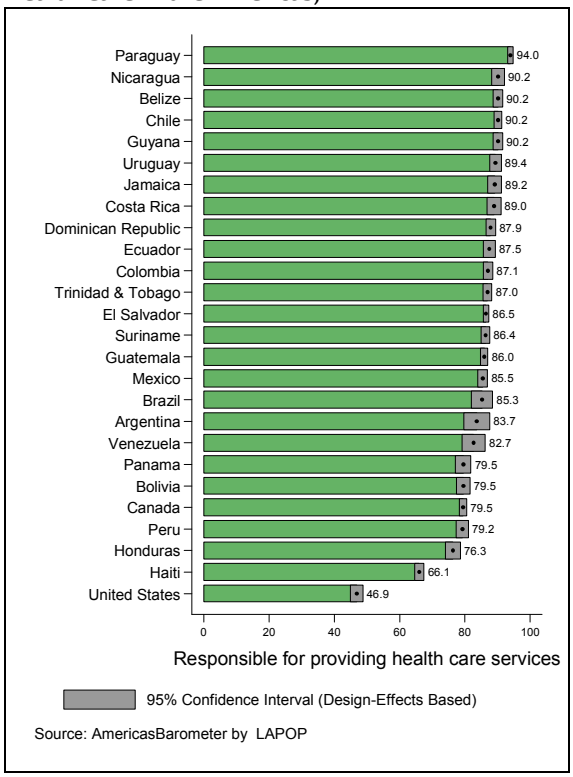


Figure 1, which displays national averages, shows that except for the United States, there is strong agreement over the notion that the state should be principally responsible for providing health care services in the Americas.

Support for this idea is especially high in Paraguay, Nicaragua, Belize, Chile, and Guyana, where the average rises above 90 points on the 0-100 scale. At the other extreme, the United States is the only country where the average does not exceed the midpoint of 50, a position that is not surprising given its traditional preference for a limited role of the

[1] Prior issues in the Insight series can be found at http://www.vanderbilt.edu/lapop/insights.php. The data on which they are based can be found at http://www.vanderbilt.edu/lapop/surveydata.php.

[2] Funding for the 2010 round mainly came from the United States Agency for International Development (USAID). Important sources of support were also the Inter-American Development Bank (IADB), the United Nations Development Program (UNDP), and Vanderbilt University.

[3] Item non-response was 1.71% for the sample.

[4] In the Spanish-language version of the questionnaire, the word "el estado" (the state) is used since the term "el gobierno" (the government) refers to the incumbent administration rather than the state apparatus.

state. Between these two extremes, the vast majority of the countries in the Americas fall in the 80's, showing high agreement that the government is responsible for providing health care services.

How much of this variation across countries is explained by country-level variation in individuals' socio-economic and demographic characteristics? In order to assess the effects of these characteristics, we control for education, gender, age, wealth, and city/town size. Figure 2 in the appendix shows how the results remain quite consistent with Figure 1, with averages varying only a few points higher or lower.[5]

To the extent that there remains variation within and across countries, what factors predict differences in attitudes concerning the role of the state as a provider of health care services? The next section examines the effects of demographics and political and economic attitudes on support for government providing health care services.[6]

Determinants of Support for the Government as Provider of Health Care

Conventional theories explaining attitudes toward state involvement in the provision of services focus on the role played by self-interest.[7] According to this perspective, citizens who are more economically vulnerable are more likely to support an active role of the government than are well-off citizens who are unlikely to receive, or need, as much benefit (Hasenfeld and Rafferty 1989, Coleman 2001).

The underlying idea in this perspective is that citizens are not going to support programs "where they do not think that they will benefit" (Sanders 1988: 323). For example, in a comparison of eight Western countries, Svallfors (2003) found that people in a weaker market position, such as women, the unemployed, and workers, are more supportive of government intervention than are members of groups in a more favorable position in the market. This self-interest explanation is related to "economic insecurity," a term used in demand-driven explanations of public policies such as social insurance. The meaning of economic insecurity ranges from more abstract assessments to specific issues regarding aspects of one's personal financial situation, such as employment (Anderson and Pontusson 2007: 212).

Following a framework consistent with this scholarship, I consider factors that might reflect an individual's self-interest in health care provision. These key independent variables are wealth, age, gender, number of children, unemployment, having been a user of public health care services in the last year, and perceptions of the personal economy. The expectation is that, first, those in a better socioeconomic situation (the wealthy, the employed, and those who rate positively their economic situation) are less likely to support an active government role in health care. Second, those in positions to receive greater benefit from an expanded health care system (those with children, and those who have already used public health services) should be more likely to support health services provided by the government.

Some analysts also suggest that attitudes toward the role of the state depend on the economic, social or even political context (Blekesaune and Quadagno 2003, Kam and Nam 2008, Gilens 1999, Schneider and Jacoby

[5] An analysis of variance model was employed, with the socio-economic and demographic variables used as covariates.

[6] These analyses exclude the United States and Canada, given that citizens in these two countries hold sharply higher levels on many socio-economic characteristics, and that the focus of this report is on Latin America and the Caribbean.

[7] This concept has been defined as "tangible losses or gains to an individual or his or her immediate family" (Bobo and Kluegel 1993:445).

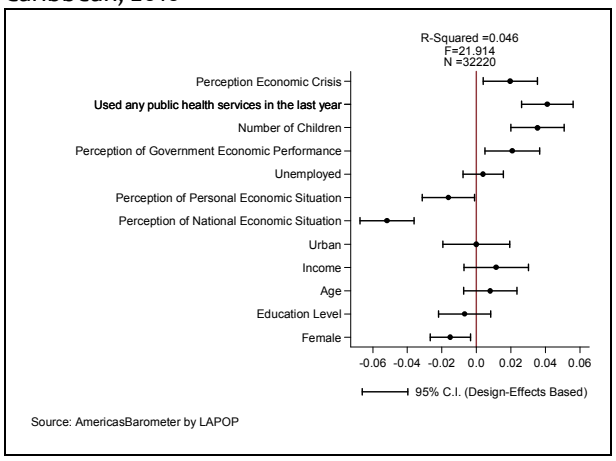
2005).[8] In this regard, I consider perceptions of the national economy and regarding whether the country is experiencing an economic crisis. I expect that the perception of a crisis may trigger citizens to seek the help of the government. Also, the perception of good times in the national economy might decrease the need for an active government.

Futhermore, as Franko (2007) suggests, poor administrative practices might affect the legitimacy of the state in Latin America.[9] Those who believe the state generally is not effectively dealing with important economic problems should be less likely to turn to the state for help in a particular issue area such as health care. Therefore, I expect a positive relationship between perceptions of government performance and support for an active role of the government in providing health care services.

Figure 2 shows the extent to which this model explains support for the government providing health services in Latin America and the Caribbean. Seven out of the twelve variables displayed in Figure 2 are statistically significant. This significance is graphically represented by a confidence interval that does not overlap the vertical "0" line (at .05 or better). When the dot, which represents the predicted impact of that variable, falls to the right of the vertical "0" line it implies a positive relationship, whereas when it falls to the left it indicates a negative contribution. The analysis also controls for sociodemographic variables and includes country fixed effects.

We see that not all the variables measuring one's personal economic situation are related to support for the government providing health care. While being unemployed and having low levels of income do not have a statistically significant impact, the perception of one's personal economic situation does have a negative effect. The more positive this perception, the lower the support for the idea of government-provided health services. On the contrary, as we expected those who might consider themselves beneficiaries of the health care system are more likely to support public health services. That is to say, respondents with children and those who have already used public health services report more support.

Figure 2.
Determinants of Support for the Government Providing Health Care in Latin America and the Caribbean, 2010



Regarding perceptions of the national economic situation, we see that both of the variables we considered have a statistically significant effect. While those respondents who perceive an economic crisis are more likely to support an active role of the state, those who perceive a positive national economic situation are more likely to prefer limited state sponsorship of public health services. In addition, perceptions of the performance of the current government have a positive impact.

Finally, contrary to what the literature for advanced democracies suggests, women in Latin America and the Caribbean are less likely

[8] Multilevel analyses predicting support for an active government role in health care using contextual variables such as GDP and level of democracy did not yield significant results. It is possible that other national-level data might explain the cross-national variation LAPOP has uncovered, but we leave that for future analyses.

[9] The index of the Perception of the Government's Economic Performance was constructed from two items that asked to what extent people thought that the current administration fights poverty and unemployment. Higher values of the index mean greater satisfaction with the government.

to support an active role of the government as provider of health care services. Although we do not have enough data to disentangle the relationship between gender and support for public health care in this region, this difference from other settings might reflect negative personal experiences with health services or a critique of their quality.

Conclusions

This *Insights* report has shown that, across the Americas with the exception of the United States, ordinary individuals strongly agree that their government should provide health services.

This attitude towards the role of the government regarding this kind of public policy appears to be linked to perceptions of the personal and national economic situation as well as to self-interest. On the one hand, positive perceptions of the national and personal economic situations lead to less support for state provision of health care services. However, perceptions of economic crisis lead citizens to ask for the intervention of the government. On the other hand, citizens who use health care services and who have children are more likely to support this idea.

Also, it is clear that when citizens see that the government is effective in dealing with the main economic problems (poverty and unemployment) they give it more space to take care of public services.

In sum, the results suggest that when economic situations are adverse, citizens tend to see the government as a source of protection and provider of public services--as long as they also perceive it as effective. Nonetheless, further research should analyze whether support for public health drops in "easy" times as well as the tension between economic development and preferences over the role of the state. In order for the government to provide public services, countries need some level of economic development. An adverse economic situation might create a disconnection between citizen preferences for public health care and governments' abilities to provide it. Such a situation might affect levels of dissatisfaction with the political system more broadly.

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Appendix

Figure 2. Average Support for the Government Providing Health Care in Latin America and the Caribbean

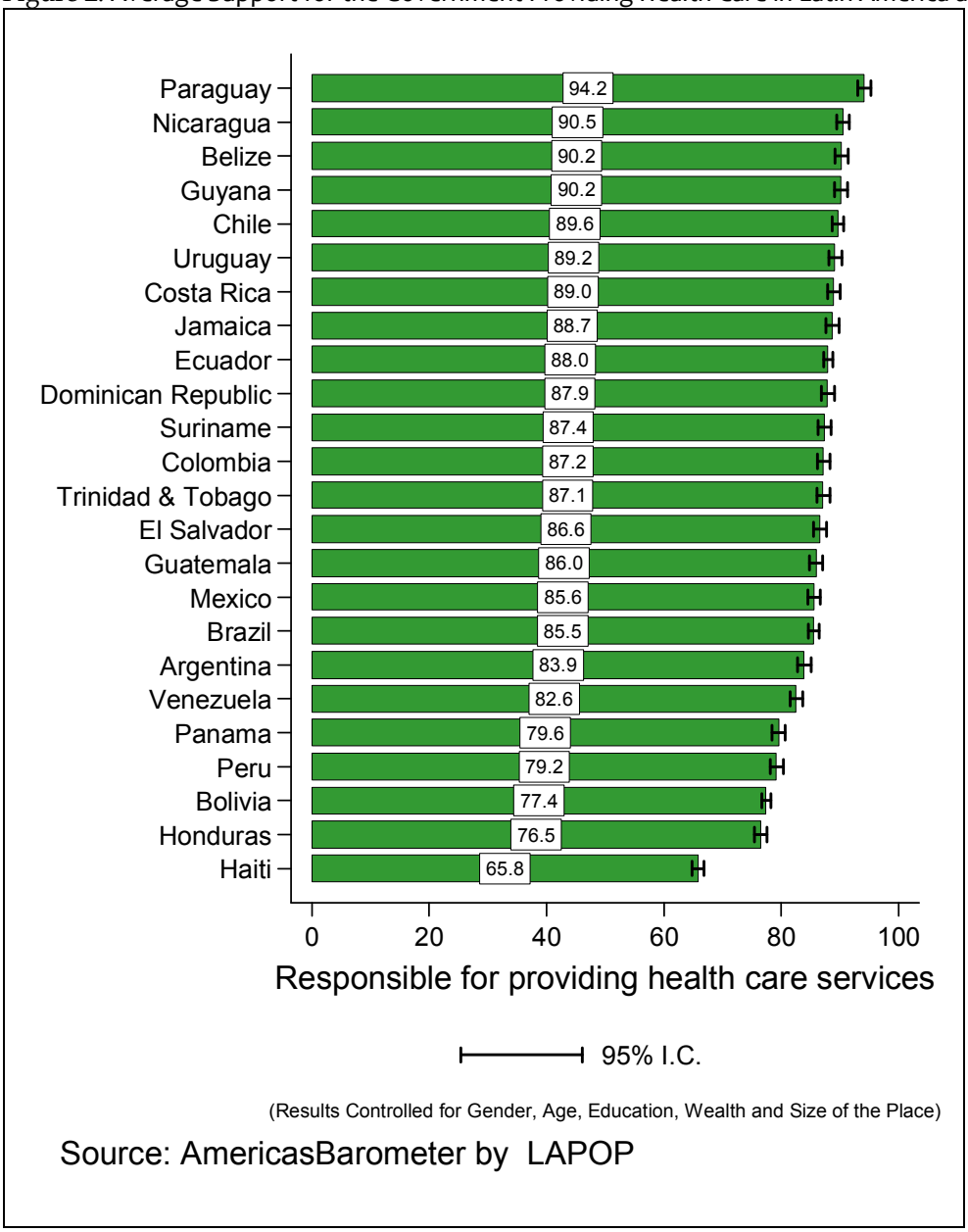

Table 1. OLS regression. Determinants of Support for the Government Providing Health Care

	Coefficient.	t
Female	-0.015*	(-2.51)
Education Level	-0.007	(-0.87)
Age	0.008	(1.04)
Income	0.012	(1.22)
Urban	-0.000	(-0.01)
Perception of National Economic Situation	-0.052*	(-6.50)
Perception of Personal Economic Situation	-0.016*	(-2.09)
Unemployed	0.004	(0.66)
Perception of Government Economic Performance	0.021*	(2.57)
Number of Children	0.035*	(4.52)
Have you used any public health services in the last twelve months?	0.041*	(5.38)
Perception of Economic Crisis	0.020*	(2.44)
Mexico	-0.086*	(-9.68)
Guatemala	-0.080*	(-10.07)
El Salvador	-0.079*	(-11.58)
Honduras	-0.171*	(-14.47)
Nicaragua	-0.040*	(-3.65)
Costa Rica	-0.043*	(-4.10)
Panama	-0.127*	(-10.41)
Colombia	-0.062*	(-7.29)
Ecuador	-0.082*	(-5.84)
Bolivia	-0.171*	(-10.20)
Peru	-0.130*	(-12.75)
Chile	-0.039*	(-4.17)
Uruguay	-0.035*	(-3.56)
Brazil	-0.085*	(-4.39)
Venezuela	-0.099*	(-5.73)
Argentina	-0.081*	(-4.33)
Dominican Republic	-0.063*	(-7.59)
Jamaica	-0.065*	(-5.51)
Guyana	-0.036*	(-4.05)
Trinidad & Tobago	-0.066*	(-7.18)
Belize	-0.045*	(-5.28)
Suriname	-0.061*	(-7.27)
Constant	0.004	(0.33)
R-Squared	0.046	
Number of Obs.	32,220	
* p<0.05 Paraguay is the country of reference		