

REVIEW
of the monograph
"HEALTH COSTS FROM THE POCKET AND HEALTH INEQUALITIES"

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The monograph is devoted to the study of two fundamental, very important and interrelated problems for Bulgarian citizens and households: the health costs of the pockets they pay and the existing social inequalities in health in Bulgaria. It is based on data from two of the four empirical social studies conducted in total and their analysis by the authors team. These studies are: 1. Health and quality of life (by the methodology of WHOQOL-Bref); 2. Household health costs (through the household health journal created by the team); 3. Health and quality of life for households; 4. Health inequalities.

The monograph is divided into two parts:

The first part examines the magnitude and cost structure of households' pockets in Bulgaria, a general characterization of health costs out of the pocket is analyzed, groups of costs and types of costs are analyzed, and finally they are studied through ethnicity, age and disability.

The second part is devoted to the study of social inequalities in health. The data presented provide a wealth of information about social inequalities in health according to social status and social position of respondents, and health care issues. The data is unique for the country.

Below, the team's achievements are presented in detail:

PART ONE: HOUSEHOLDS' HEALTH COSTS FROM THE POCKET

1. Methodical and methodological solutions.

The subject of analysis is the general population of the country's adult population. Two samples are combined - basic and complementary. The main sample was designed and realized as representative for the population in Bulgaria. A two-stage nest pattern was used. At the first stage, 80 nests of statistical network were randomly selected, which was built for the purposes of the census in 2011 by the National Statistical Institute. Statistical districts have permanent territorial boundaries and typically have 250-300 people. At the second stage in each of the statistical plots (nests) 10 households were selected.

Two tools were used to collect the information: Specially approved and applied in the "Household Health Expenses Log" and "Health and Quality of Life. Questionnaire 2 for the household", which are attached to the monograph.

Household health expenditure was recorded between 11 May and 10 June 2015. The interviewing network of the Institute for Society and Knowledge Studies at the Bulgarian Academy of Sciences was used to collect the information. For the purpose of processing the information, a special "Cost Classifier" has been developed.

1. Size and structure of health costs out of the household pocket.

The authors submit data showing that the total amount of the registered costs in one household is BGN 81 626. They were made by 800 households with a total of 1940 members in them. The authors assume that in 2015 the paid health costs from the pocket in Bulgaria could reach BGN 3 633 000 000.

The conclusions that researchers make are important. According to them, the health costs out of the pocket of the bulk of households in Bulgaria are disproportionately high compared to wages and pensions. These costs lead to inequalities, particularly pronounced among people and households living below the poverty line. Health inequalities between residents in small and big cities are similar.

2. Costs by groups and types of health costs.

- Household expenses for hospital care - the calculations of the authors show that each of the examined households paid an average of BGN 97.32 for hospital services;
- Household expenses for outpatient care - the average monthly cost per household is 22.33 BGN;
- Costs for medical services at home treatment - there is some polarization in these costs, for example - the majority of households have paid 30 BGN, but there are households that paid 31 to 60 BGN and 121 to 200 BGN;
- Costs for rehabilitation services - they are on average BGN 3.98 per month for the surveyed households; the largest share of outpatient rehabilitation - 72.2% of the costs in the surveyed group;
- Costs for additional medical services - an average of one person is 9.61 BGN in this cost group and 17.68 BGN per household;
- Costs of medical products for outpatient treatment - here the monthly cost for medicines and pharmaceutical products is estimated at 59.01 BGN per household; the average monthly cost for therapeutic appliances, appliances and devices is BGN 59.20 per month.

2. Health costs through ethnicity, high age and disability.

The researchers found that the average monthly cost of 1 Bulgarian household for health was BGN 100.42, with the average monthly income of one household being BGN 780.67. Therefore, 12.9% of the monthly income of a household goes to meet health costs. As the number of households increases, the average monthly health costs also increase. Combining small children and the elderly in a large household leads to higher costs, as both have larger health problems for which the household should allocate funds for medical services.

3. Health costs for Turks and Roma.

- In the case of the *Turks*, the average cost of health from the household pocket is 143.73 BGN. The average monthly expenditure for medicines of one household is 68.35 BGN. The average cost for outpatient care is 43.55 BGN;
- The average monthly cost of a *Roma* household for health is 68.07% with an average monthly income of 77.95%. The average monthly income for medical products is BGN 49.29. The average monthly cost for one Roma household for outpatient care is 215.97 BGN.

4. Costs of health of the people of "third age".

Over the monitored one-month period, household health expenditure by elderly people averaged BGN 87.59 per household per household. It represents about 17% of their total income. The highest is the cost for rehabilitation medical services - an average of BGN 147.27. The unit value of the costs of medical products and outpatient treatment ranges from BGN 1.40 to BGN 272.38 - an average of BGN 58.42. The analysis made by the researchers shows that the dynamics of household spending by older people is strongly dependent on their socio-economic profile.

5. Household health expenditures for persons with permanent disabilities

The authors focus on two types of households: 1. Households in which all members have disabilities; 2. inholds in which at least one of their members is disabled. The average monthly cost of such a household is BGN 132.02, with the average monthly income of such a household being BGN 491.80. This shows a very heavy burden on the budgets of the households of disabled people with health costs out of pocket. The average monthly cost of 1 household for medical products and outpatient treatment is BGN 88.81. For non-hospital care they are BGN 46.37. For hospital care, these households

pay 96.67 BGN. For additional medical services, they give BGN 22.52. The average monthly cost of a household with disabled persons for rehabilitation medical services is BGN 100.67.

The conclusions drawn by the researchers are different, but among them is the following: the average monthly total cost of pocket health is influenced by a number of factors - the type and severity of disability, education, employment, sources of income, domicile, gender, restaurants, pharmacies and more.

PART TWO: "SOCIAL INEQUALITIES IN HEALTH"

1. Theoretical-methodological statements.

The scientific interest in health inequalities is illustrated by 246,052 publications related to it. The authors draw attention to some important factors influencing the emergence, retention and deepening of social inequalities in health: financing healthcare as a percentage of GDP; health costs - public spending from the pocket; relative poverty; education; social position. They make a difference between "health inequalities" and health inequities. The views of a number of European and American authors on social inequalities in health are highlighted. Researchers conclude that health inequalities are more widespread and mean systemic differences and health disproportions in particular groups. But these are differences that arise on different grounds and can not always be avoided.

The authors of the monograph thoroughly examine the dimensions of health inequalities by different criteria: by gender, by age, by the city-village perspective, in the light of working conditions, income, classes, etc.

2. Methodological solutions of the study.

A system of indicators has been developed to assess the health status and factors affecting health inequalities. Two samples are combined - basic and complementary. The number of individuals in the sample is 2340, selected from 180 nests. The complementary sample contains $n = 689$. Thus, the total volume of the two samples includes 3029 individuals.

For collecting the information, researchers use the Face-to-Face Interview method with a special questionnaire on health inequalities, which was designed for this purpose and included 68 questionnaires. The interviewing network of the Institute for the Study of Societies and Knowledge at the Bulgarian Academy of Science was used to collect the information.

A comparative analysis of ESS seventh wave results (ESS-214) was carried out. This is a social study involving more than 30 countries across Europe in a total of seven research waves. Bulgaria has participated in four of the seven waves in 2006, 2008, 2010, 2012. A number of tables and graphs are satisfactory for the survey. The general conclusions that researchers come to by analyzing empirical information are as follows: the largest proportion of respondents assess their health as "bad or very bad"; their way of life to a very small extent adheres to the notion of "healthy lifestyle"; Among the people in Bulgaria are the so-called "Socially significant diseases".

3. Health and health inequalities.

The authors conclude that Bulgaria has a leading position in blood circulation and mortality as well as in the world. According to them, with the increase in health problems, the number of restrictions in daily life also increases.

Health problems and limitations in everyday life are according to different socio-economic characteristics: age, educational level, place of residence, etc. Health problems are also associated with mental health disorders. The results of the study show that three are the disease classes whose disease ratio exceeds 100 per 1000 population (100% 0): The disease coefficient "Diseases of the circulatory organs" is first (564.9% 0); Second is the disease ratio of "Diseases of the musculoskeletal system and connective tissue (246.6% 0); Thirdly, endocrine, nutritional and metabolic disorders (122.2% 0). These high values of researchers are at the root of social inequalities in health from the point of view of the magnitude of the suffering suffered and the cost of health - both public and pocket-sized. This requires the development of adequate and effective strategies and policies to reduce the disease rates of these diseases with a focus on primary prevention as well as monitoring their performance.

4. Risk factors for health.

In this part of the theoretical and practical study, several important conclusions are made regarding the fight against the risk factors of the public system: 1. The Role of Thought and Emotions in Rehabilitation and Maintenance of Good Health; 2. From

all health care most effective are actually related to the successful fight against risk factors, i. e. before a person becomes ill, prevention; 3. Of all the health costs, the smallest seem to be the ones to combat risk factors that reduce the risk of illness; 4. There is a reassessment of the state, functions and priorities of the health system in terms of prevention, a need for a management concept on this issue.

Researchers are exploring in detail the issues pertaining to basic elements of a healthy lifestyle - eating fruits and vegetables, milk and dairy products, meat and fish, along with sports, smoking and alcohol use. It is undeniable that in households surveyed, regular fruit consumption remains inaccessible not due to a market shortage, but mainly because of tight purchasing power. The same is the reason for the consumption of milk, but it should also add to it healthy eating habits. Reasons for inadequate consumption of meat and fish are the same as in previous nutrition items.

According to the survey data, it can be said that the population of the country over 18 years of age daily exercise 13.1%. The group of sportspeople 2-3 times a week is 12.9%. Only once a week spend on sports 11.7% - that's a little more than one in 10 people. This data is against the backdrop of the absence of mass sports in the country.

In terms of smoking in the country, the survey data is as follows: 60.7% of the country's citizens are not smokers. Of these, 46.8% never smoked. The total share of smokers is 39.13%. Researchers do not have information on whether the share of dropped smokers in the last decade has increased.

Regarding the use of wine, the survey presents the following results: 54.9% of the respondents do not drink wine; drink less than once a week - 22.1%; every day - 3.6%.

5. Health inequalities, living and working environments.

The work environment also affects health and, depending on the direction of this influence, it helps to increase or shorten working life, impacts on its quality, and forms health inequalities, say the authors of the study. Half of the respondents - 51.4% think they do not work under unhealthy working conditions. Disturbing is the fact that the rest of them are working in a detrimental environment, which degrades the quality of their lives. Among the most common unhealthy working conditions are: 1. painful or tired body conditions (19.6%); 2. lifting or carrying weights (17.0%); 3. Strong noise (14.8%).

Exploring *health inequalities and income* is one of the important things that finds a place in the study. Researchers say low incomes, and in particular poverty, have a key impact on health and the likelihood of premature death. The analysis of this question makes it possible to draw three important conclusions: 1. Individuals from low-income households assess their health as "poor" or "very poor" compared to those with higher income households; 2. There are grounds to believe that differences in self-assessment of health are related to income disparities; 3. The question remains whether income inequalities are actually not a consequence of wider social inequalities.

Poor living conditions are an important barrier to living standards, say the authors of the monograph. 46.7% of the surveyed have housing problems. Of the health problems, the most common are: dust, mold on the windows, doors and ceiling, moisture on the walls and running roof, lack of toilet in the dwelling. All of this leads to serious health problems. The inhabitants of the villages have the greatest number of housing problems, and the few people living in Sofia are the least affected. Ethnicity - 56.75% of Roma, 32.9% of Turks and 21.6% of Bulgarians have housing problems. The following dependence is also noticed - with the increase in incomes, housing problems are also reduced.

6. Inequalities and differences in health through the prism of ethnicity, high age and disability.

The inequalities and differences in the health of Bulgarians is one of the problems faced by the research team. From the gradation of the health problems that Bulgarians have, it can be concluded that most of them suffer from pain related to the skeleton of the human body - back, cross, legs, arms and heart, including high blood pressure. Then comes the health problems associated with the stomach, respiratory organs, headaches and diabetes. Finally, there are allergies, endocrine disorders, falling fractures and skin problems. It turns out that not a small part of the Bulgarians suffer more than one problem. Only 19.7% of them say they only have one health problem. Most of them - 52.2% have more than two health problems. One or two out of 10 people have 5 or more health problems. This is extremely

important for the assessment of the health status of Bulgarians. The authors outline health inequalities by gender, age, education. Ten major conclusions have been made, which are related to the gap between the two worlds - the poor and the rich.

The inequalities and differences in the health of the Turks. Few more than a fifth of the Turks had no health problems during the period under review. Nearly every 8 out of ten people experience some health problem, and in some cases more than one. Their financial strategy to deal with the problems encountered does not involve borrowing. One of their strategies to deal with the problem is the non-purchase of the prescribed medication by the doctor. But this is only possible with one disease, and there is no such possibility for more than one disease. Of those surveyed, 28.3% did not have a specific disease and were not diagnosed by a doctor. But the remaining two thirds of respondents have more than one disease. First of all, hypertension with a share of 17.6%. And the other widespread diseases among the Turks are influenza, bacterial and viral pneumonia - 9.4% and osteoarthritis - 8.5%. As a whole, among Turks there are: Average number of health problems per person - 1.9; Average number of health diseases - 1.62; Average number of mental health disorders - 3.81. On average, 25% of Turks have no health problems or health problems, while 56.4% consider their own health as very good or good. But 20.3% define their own health as bad or very bad. Turkey's health inequalities are linked to their financial capabilities. Low incomes are 82.8% of them, with an average income of 11.8% and a high income of only 5.4%.

Inequalities and disparities in health among roma. Over one third of Roma over 18 years of age - 34.6% did not have any health problems. Among those with health problems, the most common are: high blood pressure, back pain, including in the back, musculoskeletal leg pains and cardiovascular problems - those affected reach 38.1%. Much of them suffer from more than one problem. With two or more health problems, 38.1% and 13.2% have five or more health problems. 41% of the Roma have a very good and good self-esteem, 24.8% believe that their health is neither good nor bad, and 33% believe that their health is bad and very bad. The financial conditions under which Roma are placed predominantly determine inequalities in their health. There is a reduction in health or inability to pay for health costs. Two-thirds of Roma fall in group earnings to 200 lv. and incomes above 301 lv. to only 2.0%. Along with this, it is not a purchase of medications prescribed by a doctor, a failure to comply with the prescriptions of doctors, in which case women are in harder positions than Roma men.

6. Health inequalities and differences in "third age" people.

More than half of people over the age of 64 tend to assess their health as not good - 49.8%, while only 1.8% is "very good". Less than 10% are those of the elderly who think they have had no health problems in the last 12 months. And 20% of them think they did not have a health problem that would lead to limitations in everyday life. The most common health problems are: high blood pressure, cardiovascular problems, musculoskeletal pain, back pain, hand pain, rheumatic diseases, etc. Other common diseases include influenza, bacterial and viral pneumonia, diabetes mellitus. Only 15% of those over the age of 64 did not have any disease found by a doctor during the twelve months prior to the study. Nearly 2 out of 10 elderly people have 5 or more health problems. The relative share of people with four or more problems is close to 25%. Severe financial barriers pose additional health risks to "third age" people. To deal with these risks, nearly half of them took a loan to meet their health problems.

7. Disability and inequalities in health.

Each survey respondent is a person with a disability. This corresponds to the announced number in Bulgaria - 10% -12% of the country's population. Of these, a quarter - 24.5% are people with the most severe disabilities. Women are more often - 52.1% of men - 47.95% are disabled. People with disabilities are older than those without disabilities. Over two thirds of all disabled people - 67.2% live alone - in single and two-member households. People with disabilities with higher education are 15.8%, with basic and lower education - 28.25%. Only 11.8% of people with severe disabilities work. It turns out that 80% of people with disabilities fall into low-income groups - they have fewer choices: they are less educated, more often they do not work, they are more often subjected to material deprivation. Once it has arisen, disability is at the heart of the processes of impoverishment, marginalization, social exclusion of this social category. This in turn aggravates the deterioration of health and the increase of social inequalities in it, which is unfair.

As a result of the above, which reveals basic data from the monograph, the following conclusions can be drawn:

1. This outstanding creative work presents the assessment of the health status of Bulgarians, the inequalities in the access to and use of health services and medical products, as well as the large number of socio-economic factors, including those that are at risk for the health of the people.

2. Strong attention is paid to the need for disease prevention. There are serious conclusions that cosmetic but radical changes are needed in this area. It is emphasized that another conceptual model of the healthcare system should be sought, including health promotion, good preventive practices from other countries, and so on. They must be backed up with resource-assured programs and mechanisms to combat the most important risk factors for health.

3. Monograph is a fundamental scientific work that should provoke state thinking at all levels - from government to local self-government, as the study shows that the healthcare system in Bulgaria is not functioning properly. This in turn puts the country's human resources into a system of social inequalities that undermine its capacity for social change.