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Access to health services in Iceland. Is there equity in geographical access?

Abstract

Background

Equal access to health services has always been a fundamental issue in the Icelandic Health Service Act. Indications of inequality in health and health services have emerged in Iceland suggesting that the Icelandic health system is not equally accessible for all groups. Regular surveillance and research on whether this is the case has been lacking. The distribution and division of health services is to a large extent based on a geographical foundation. It is therefore necessary that research concerned with access to health services also has spatial dimension.

Objectives

The proposed research will try and determine whether there are spatial inequalities in access to health services in Iceland and if there are examples of spatial inequalities in health. The research is divided into four parts. In the first part the geographical distribution of health care services will be mapped along with the spatial distribution and characteristics of population and places. In the second part the geographical access to primary health care in different areas of the country will be investigated. The third part will explore geographical access to hospital inpatient services in different areas and in the final part an effort will be made to investigate whether geographical inequity in access possibly influences outcome of selected health problems.

Data

The first part will rely on information from health authorities on provision and location of health services and on data from Statistics Iceland on population and places. In the second part the datasource will be an administrative database that includes minimal data on every registered contact with all health centres. In the third part the datasource will be another administrative database that includes minimal data on every stay at every hospital in Iceland. The Icelandic cancer registry will be used in the last part of the research.

Significance

Despite the fact that equity is often a fundamental issue in national health legislation and health plans, regular surveillance and research on whether this is the case has been lacking e.g. in Iceland, one of the reasons being lack of appropriate data. This research will contribute to the development of methods that rely on utilizing administrative data that is commonly collected routinely on a national basis.

Geographers and sociologists have long argued that place is relevant for health variation because it constitutes as well as contains social relations and physical resources. This research will contribute to understanding the mechanisms through which places affect health.

Doctoral Committee

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