Tittel: Use of health care in the main area of Sami habitation in Norway - catching up with national expenditure rates

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Sammendrag:
For many years political and professional concerns have centred on the health service access of Norway’s modern Indigenous Sami people. Thirty years ago, a study determined that a low rate of health expenditure on Sami patients had lead to inferior health services for the Sami people, with their average consultation rate 6 times lower than the Norwegian national average. Since 1980, there have been few studies of differences in the utilization of medical services between the Sami people and the rest of the Norwegian population. There are few official statistics relating to the ethnic category Sami. This study explored the present utilization of healthcare services among the Sami people by investigating Sami municipalities’ current expenditure on somatic hospital and specialist service. Methods: to assess the use of health care in Sami municipalities, data on expenditure of somatic hospitals and specialist services were retrieved from the Norwegian Patient Registry, and age- and sex-adjusted expenditure rates were calculated. Predominantly Sami and non-Sami municipalities were compared, as well as a comparison with the national average. Factors considered to be explanatory variables for expenditure rates were distance to care, the supply and characteristics of the healthcare system, and the stability of GPs. Results: the overall public hospital expenditure in Sami municipalities was above the national average and equivalent to corresponding municipalities in the same geographical area. However, there was considerable variation among the Sami municipalities. The age groups 35-49 and 50-64 years in all Sami municipalities had higher expenditure rates than the national average regarding out-patient contacts and hospitalizations, while the expenditure on the elderly (≥80 years) was below the national average in most Sami municipalities. In addition to the public sector, there was a considerable volume of private practice specialist health care, mostly public funded and in urban parts of Norway. If the use of specialists in private practice is included, there is less variation in total out-patient expenditure rates in the Sami municipalities, with one exception. The municipalities with the lowest rate of public
expenditure have the highest rate of private expenditure. Conclusion: no marked differences in healthcare expenditure was observed between the Sami and other municipalities. Overall healthcare use in Sami municipalities is above the national average and similar to corresponding municipalities in the same geographic area. However, a considerable variation in expenditure was observed among the Sami municipalities. These results do not indicate that ethnic barriers prevent Sami inhabitants from utilization of somatic hospital and specialist services. Disregarding the magnitude of expenditure, however, it is not possible to exclude that Sami patients experience a patient–physician relationship of lower quality.

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