

Ranking Health Equality of Opportunity in Europe

Paolo Brunori*, Caterina Francesca Guidi[§], Alain Trannoy[‡]

* University of Florence & University of Bari; § European University Institute; ‡ Aix-Marseille University, EHESS and CNRS.

1. Inequality of health opportunity

Health inequality of opportunity (IOPH) is health inequality due to circumstances beyond individual control.

Following Vam de gaer (1993) and Roemer (1998) IOPH is measured identifying types, groups of individuals sharing same circumstances, and calculating between-type inequality.

Inequality of opportunity curve generalizes Li Donni et al. (2015) approach. Types are latent groups whose membership explains the covariance of observable circumstances.

2. Estimation

Our focus: inequality systematically correlated with circumstances beyond individual control.

More than one econometric approach: Checchi and Peragine (2010), Ferreira and Gignoux (2011), Brunori, Hufe and Mhaler (2018).

Implemented for health among others by: Rosa Dias (2009, 2010), Trannoy et al. (2010) Jusot et al. (2013), Bricard et al. (2013), Li Donni et al. (2014), Carrieri and Jones (2016).

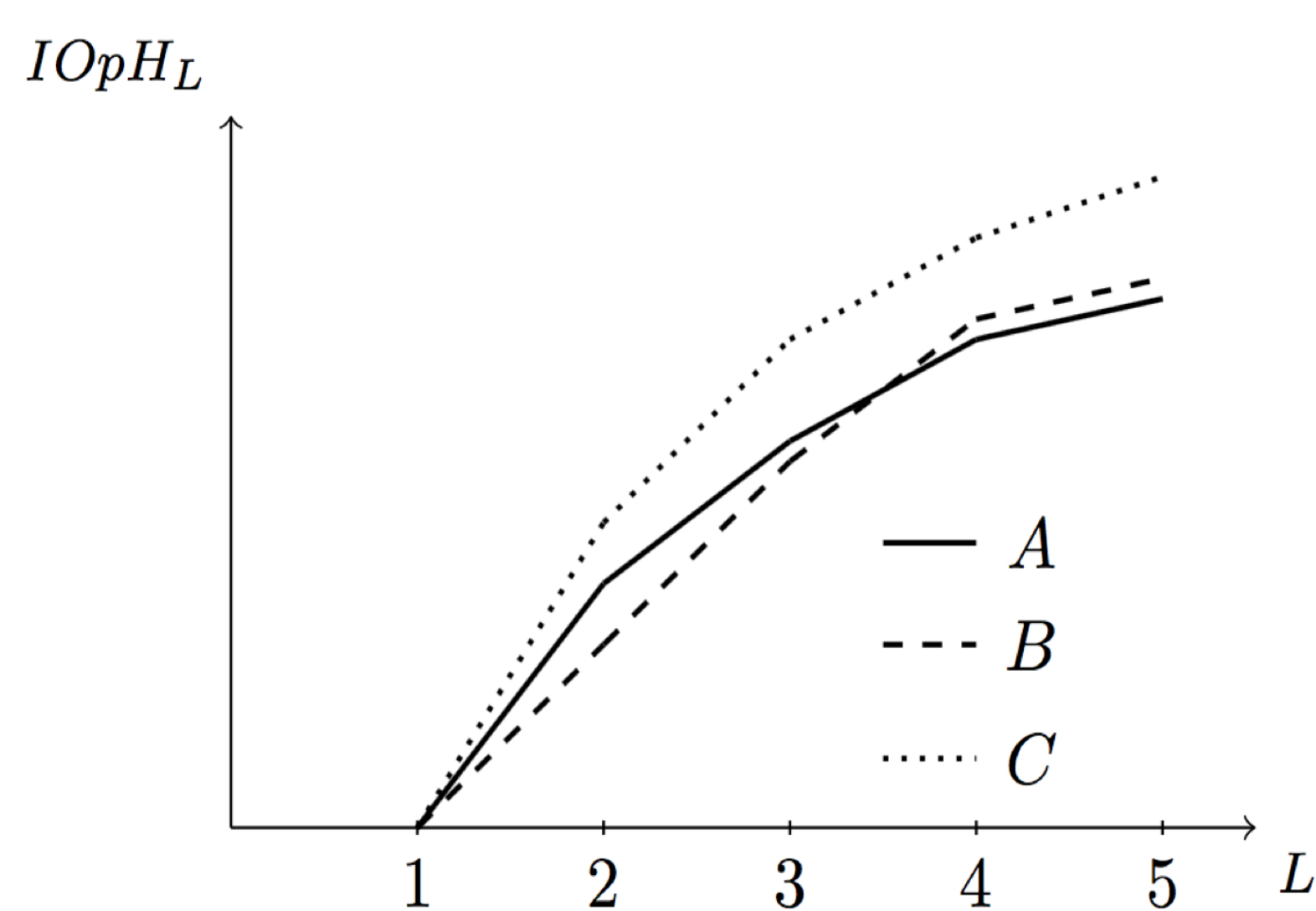
We adopt and generalize the method proposed by Li Donni et al. (2015) to estimate IOPH.

4. IOP curve

Latent class analysis takes the number of latent classes, L , as given. Li Donni et al. (2015) suggest selecting the number of classes minimizing the Bayesian Information Criterion.

BIC may indicate a different number for different countries and may induce a downward bias in IOPH (Lanza et al., 2013; Brunori et al., 2018).

Inequality of opportunity curve dominance is a criterion that mitigates the problem of comparing countries when available information differs.

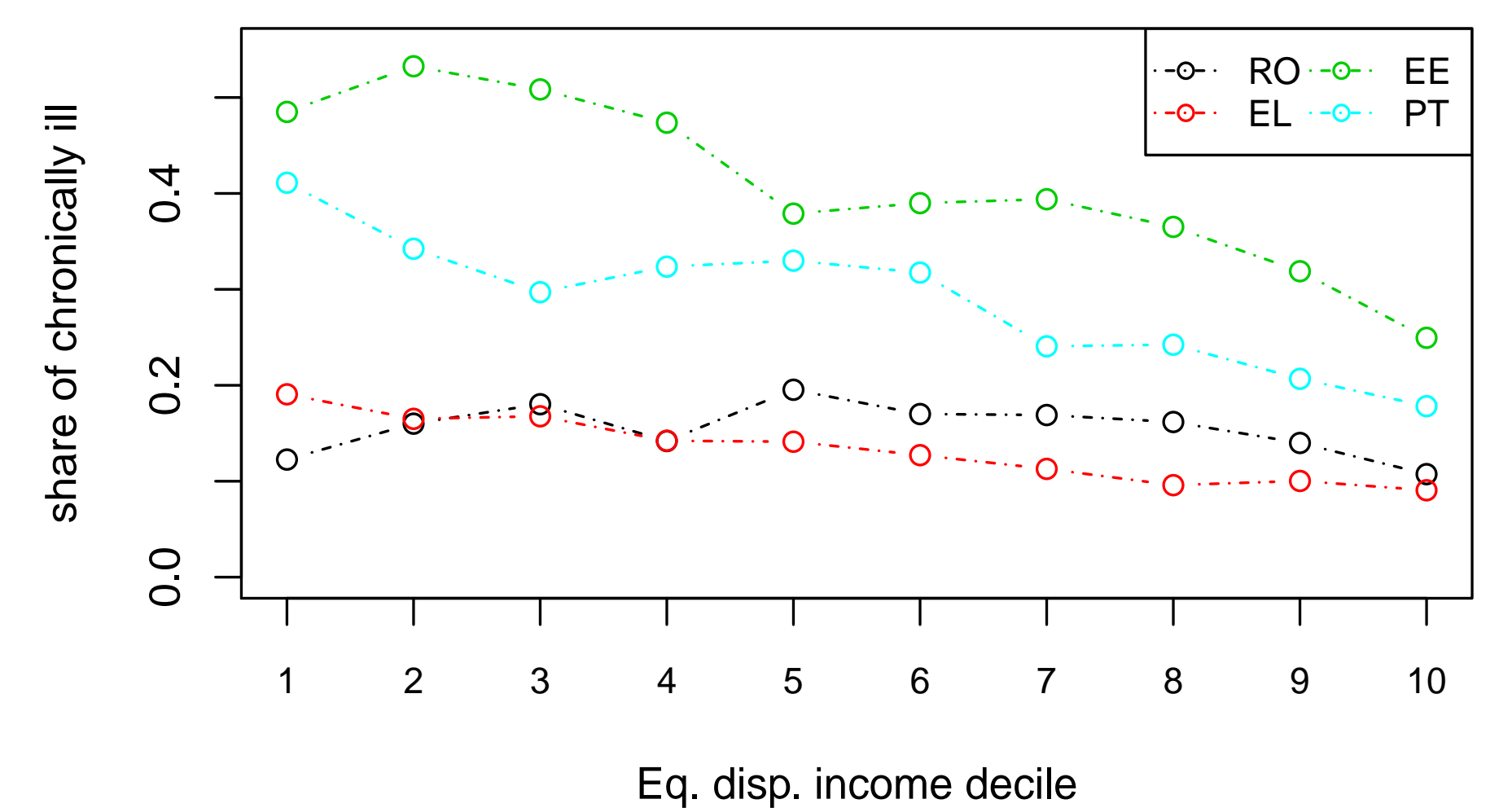
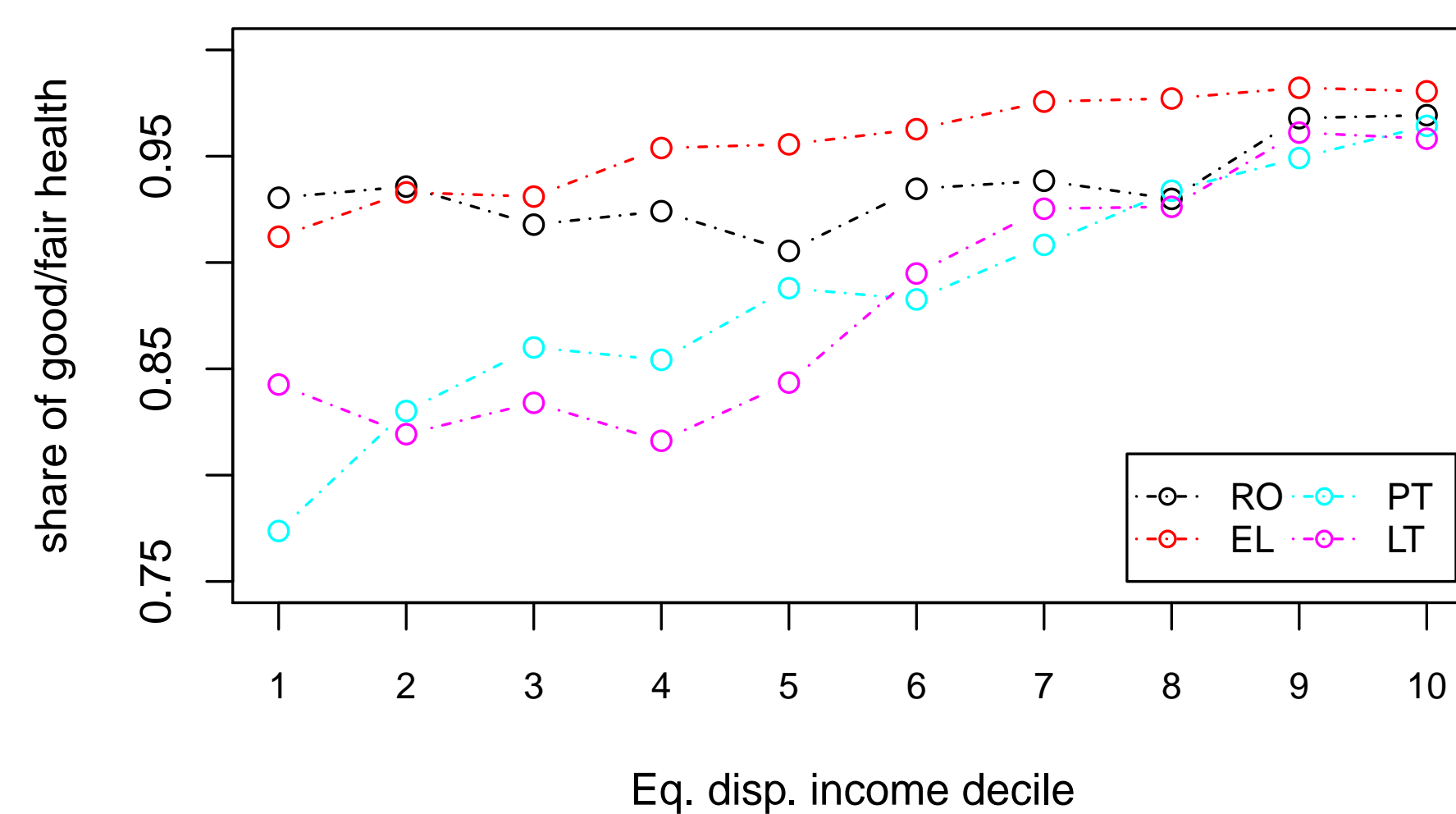


Dominance is evaluated for $L = 1, \dots, L^*$ latent types. L^* is selected by 5-fold cross validation in order to maximize the share of total inequality explained by between-type inequality.

The integral of the opportunity curve provides a complete ranking in terms of IOPH.

1. Social gradients in health

EU-SILC data show heterogeneity across European countries in the degree of association between self-reported health conditions and income.



3. Latent types

Li Donni et al. (2015): types, groups of individuals with access to same opportunities, are unobservable. Observable circumstances beyond individual control are manifest variables of latent membership to a type. Individuals are assigned to latent types to maximize **local independence**:

population		father occupation		tot
		low	high	
father education	low	26	14	50
	high	24	36	50
tot		50	50	

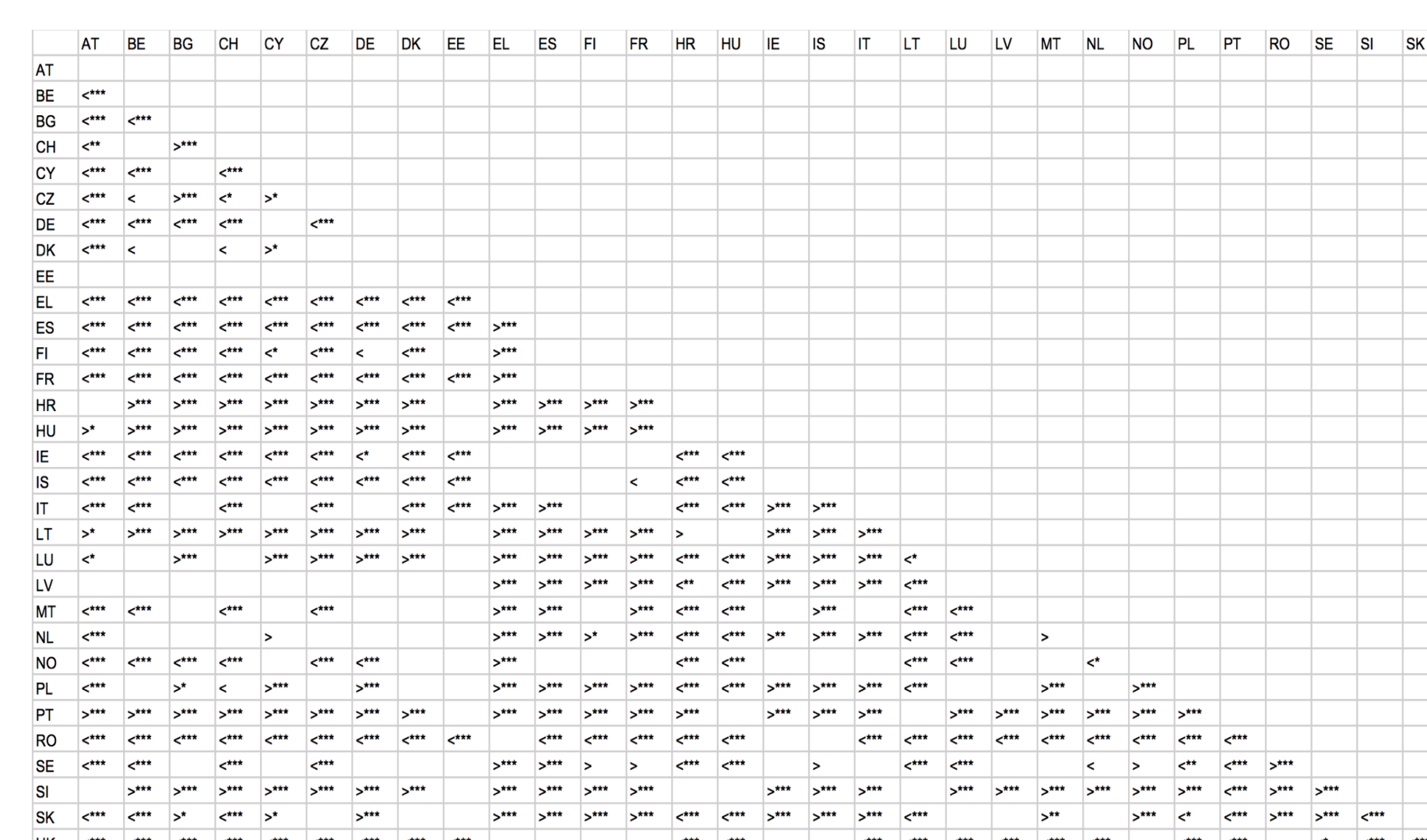
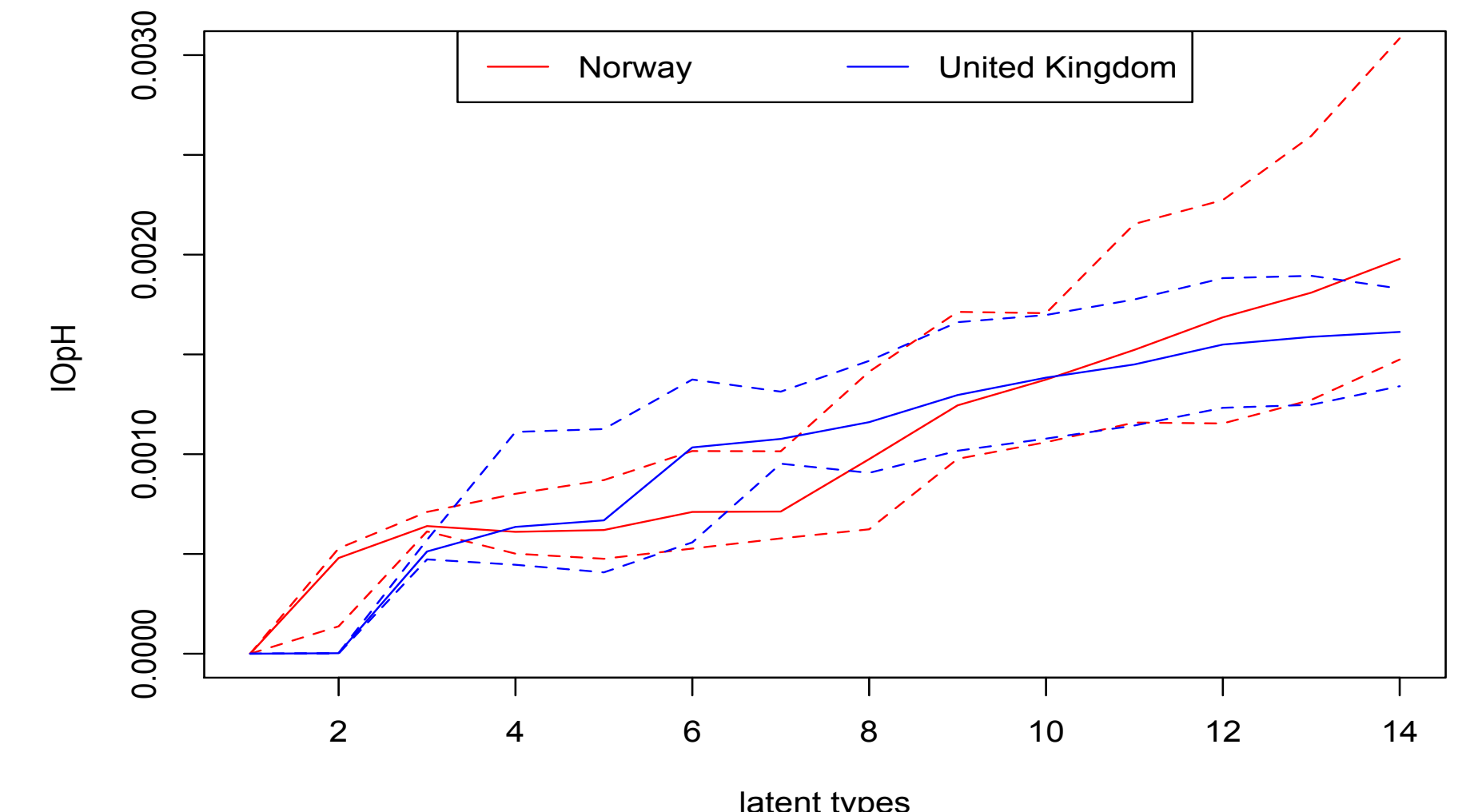
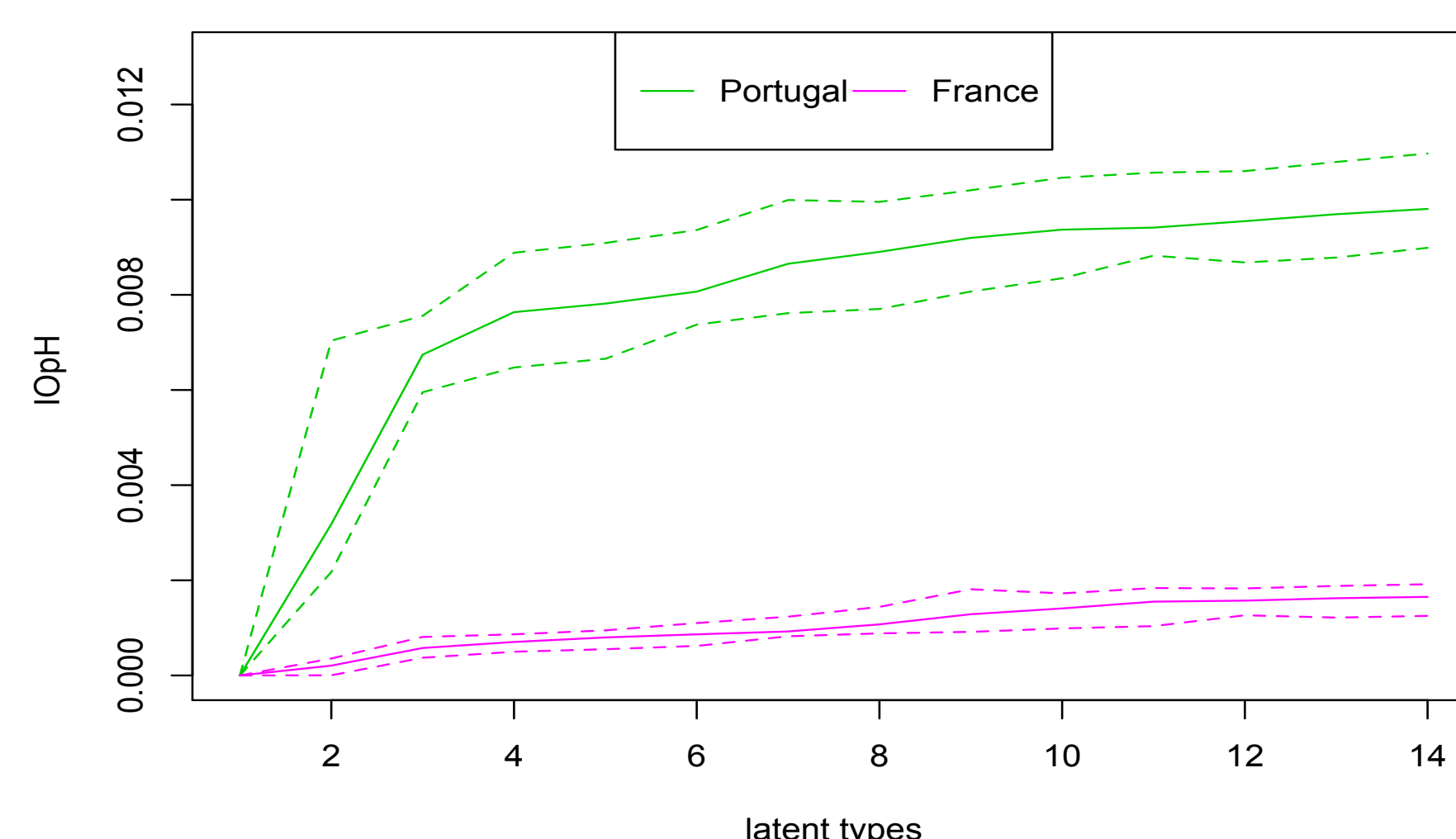
Father's occupation and education are dependent in the population: for those with low education the probability of having low occupation is $26/50=0.52$, for those with high education is $14/50=0.28$.

type 1: few opportunities		father occupation		tot	type 2: many opportunities		father occupation		tot
		low	high				low	high	
father education	low	24	6	30	father education	low	2	8	10
	high	16	4	20		high	8	32	40
tot		40	10		tot		10	40	

Conditional on type membership father's characteristics are independent: in type 1 a low education father has a probability $24/40=0.6$ to have low occupation, exactly as a high education father $6/10=0.6$.

Types' membership fully explains the correlation between circumstances. Latent types are assigned maximizing the likelihood of local independence. IOPH is between-type inequality.

5. IOPH in Europe (EU-SILC 2011)



Source: EU-SILC, 2011. Dominance is verified for each possible number of latent classes based on 100 bootstrap replications. Statistical significance: ***=0.01, **=0.05, *=0.1

