งานวิจัย/การสำรวจ/ผลการศึกษา

หัวข้อ	รายละเอียด
ชื่อบทความวิจัย:	The Impact of Thailand's Universal Coverge Scheme on Household Catastrophic Health Expensiture
ชื่องานวิจัย:	Analysis of Composition Change of Public-facility-care Users after the Universal Coverage Scheme in Thailand
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คณะ/สาขาวิชา:	ภาคสังคมและสุขภาพ คณะสังคมศาสตร์และมนุษยศาสตร์
ที่มาและความสำคัญ:	As Thailand faced rapid demographic changes with economic growth, single-person households (e.g., elderly people living alone) have become emerging types of family. Thus, this study, using single-person and non-single-person household factors, examined the impact of the Universal Coverage Scheme (UCS) on household catastrophic health expenditure with the national-level health survey data 2015. Specifically, defining household catastrophic health expenditure as out-of-pocket expenditure exceeding 40% of household disposable income.
ขอบเขตพื้นที่การศึกษา:	Data Source and Study Sample The Health and Welfare Survey (HWS) 2015 data was used as the main data source in this study (National Statistical Office of Thailand, 2019). The HWS data, which is a national-level health survey data, consists not only of demographic and socioeconomic characteristics but also health access and utilization information (e.g., health-seeking behavior and OOP expenditure). The National Statistical Office of Thailand releases the data annually or biannually. Regarding the study sample, the unit of analysis of this study was the household. Thus, households with any members who have received the UCS inpatient services within the last one year were selected as the study sample. We initially planned to conduct both inpatient and outpatient analyses. However, the preliminary analysis that we conducted showed that among all households with any members who have received the UCS outpatient services, no households faced catastrophic health expenditure. Thus, only inpatient analysis was performed in this study. Variables and Statistical Analysis Household catastrophic health expenditure, the dependent variable for the analysis, was measured as a dichotomous variable (yes and no). By applying the proposed method by the WHO (2005), if the total amount of OOP health

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	expenditure that a household has spent within the last one year was greater than 40% of the household disposable income, then it was classified into the “yes” group. In the opposite case (smaller than 40%), it was classified into the “no” group. The household disposable income was estimated from subtracting non-consumption expenditure (e.g., taxes and contributions) from total income in each household.
วัตถุประสงค์:	This study analyzed whether the selected factors were related to the catastrophic expenditure by performing binary logistic regression analysis.
แหล่งทุนสนับสนุน:	คณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดล
หน่วยงานที่ร่วมมือ:	-
ผู้มีส่วนได้ส่วนเสีย:	-
ระดับความร่วมมือ:	ภายในประเทศ
ผลลัพธ์ที่นำไปใช้ประโยชน์ต่อ:	Although the UCS has significantly reduced OOP health expenditure and improved health utilization for beneficiaries, it may be hardly expected to achieve further improvement without adequacy of publicsector health resources, which has long been cited as an important determinant of health utilization (Sakunphanit, 2006; Sakunphanit & Suwanrada, 2011; World Bank, 2007). Especially among single-person households, the elderly and unemployed householders are our main concern due to their much greater needs of health care but poorer economic conditions, as this study showed. For these people, even though the UCS eliminates all financial burdens of health utilization, there is still a doubt of improvement of health utilization due to non-medical costs and supports (e.g., Affordable transportation and caretakers). In general, elderly people tend to have not only a certain level of mobility constraints but also chronic diseases, which require intensive care and support on a regular basis. If they live alone without any connections and supports from families and relatives, such mobility constraints, together with lack of caretakers, are a critical barrier to health utilization. Furthermore, these people tend to live on public pension subsidies alone, which are not enough for their minimum living costs. They do not have additional resources for health care and even for traveling to health facilities. Particularly for those in rural and remote areas where public transportations (e.g., taxies or public buses) are not readily available, such poor economic situations may be a more critical barrier to health access and utilization (Osornprasop & Sondergaard, 2016).

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	It may imply that health policy alone without any collaborations with other social welfare policies may bring a limited effect and success because one social issue is interrelated with other social issues. Such collaboration may be more important, especially given the aging population. Thus, the government should make an effort to shift from the current health and social welfare policies, which are implemented independently, to an integrated approach, which can comprehensively address such interrelated social issues. For that, restructuring and combining such separate policies and program according to the goals and functions should be the first step.
Web link อ้างอิงการดำเนินงาน:	http://apssr.com/wp-content/uploads/2019/09/RA-11.pdf
รูปภาพประกอบ:	-
SDG goal ที่เกี่ยวข้อง:	3. สร้างหลักประกันว่าคนมีชีวิตที่มีสุขภาพดีและส่งเสริมสวัสดิภาพสำหรับทุกคนในทุกวัย (Ensure healthy lives and promote well-being for all at all ages)