

METHODS:

Two data sets derived from the Canadian Health Measures Survey (CHMS) were used to test the concept of PC approximation: a spirometry subset with the measures from the first trial of spirometry; and, full data set that contained representative variables. Variables were centered and scaled. PCA were conducted with 282 and twenty-three variables respectively. PCs were approximated with two methods.

RESULTS:

The first PC (PC1) could explain 12.1 percent and 50.3 percent of total variances in respective data sets. The leading variables explained 89.6 percent and 79.0 percent of the variances of PC1 in respective data sets. It required one and two variables to explain more than 80 percent of the variances of PC1, respectively. Measures related to physical development were the leading variables to approximate PC1 and lung function variables were leading to approximate PC2 in the full data set. The leading variable to approximate PC1 of the spirometry subset were forced expiratory volume (FEV) 0.5/forced vital capacity (FVC) (percent) and FEV1/FVC (percent).

CONCLUSIONS:

Approximating PCs with input variables were highly feasible and helpful for the interpretation of PCs, especially for the first PCs. This method is also useful to identify major or unique sources of variances in data sets. The variables related to physical development are the variables related to the most variations in the full data set. The leading variable in the spirometry subset, FEV0.5/FVC (percent), is not well studied for its application in clinical use.

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PD27 A Case Study Of Equity In Health From Zhejiang Province, China

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INTRODUCTION:

Equity is the core of primary care. The issue of equity in health has become urgent and China has attached increasing attention to it. With rapid economic development and great change of the policy on medical

insurance, the pattern of equity in health has changed a lot. Reform of healthcare in Zhejiang province is at the forefront of China; studies on Zhejiang are of great significance to the whole country. This paper aims to measure the equity in health from the perspectives of health needs and health seeking behavior, and provides suggestions for decision making.

METHODS:

A household survey was conducted in August 2016. A sample of 1000 households, 2807 individuals in Zhejiang was obtained with the multi-stage stratified cluster sampling method. Descriptive analysis and Chi-square test were adopted in the analysis. The value of concentration index was used to measure the equity.

RESULTS:

This study finds that the poor have more urgent health needs and poorer health situation compared with the rich. The utilization of outpatient services was almost equal, whilst the utilization of hospitalization was pro-rich (the rich use more).Individuals with employer-based medical insurance use more outpatient services than those with rural and urban medical insurance. Compared to the rich, there were more people in the poorer income groups who didn't use inpatient services due to financial difficulties.

CONCLUSIONS:

The issue of equity in health has attracted broad attention in the world, and China is no exception. We measured and analyzed the equity of health needs and absent rate of health services. We find that the poor have more urgent health needs and high absent rate of inpatient services compared with the rich. Income level and medical insurance may well explain the equity of outpatient and inequity of hospitalization. In view of the pro-rich inequity of hospitalization, more financial protection should be provided for the poor.

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PD30 Cost-Effectiveness Of Stereo-Electroencephalography For Refractory Epilepsy

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