

Evaluation of Seguro Popular

Design Framework

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A New Member of the Evaluation Team

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(Manett's) Arturo Vargas

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Evaluation Components

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- Impact Evaluation

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- National Level Analysis

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- Process Evaluation

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- National Level Analysis
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- In-depth Focus Groups

Goals of SP & Evaluation Outcome Measures

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Data Sources

- Panel survey ($n = 38,000$) at time 0 and year 1

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 - Places with better doctors and health administration: bigger effects

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 - Impossible because some areas do not have appropriate health facilities
 - Infeasible because of political preferences of local officials to affiliate some areas first

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 - This is the problem of “selection bias”
- If politicians (in a democracy) decide which areas get MAOs
 - Privileged areas will get affiliation first
 - Political favorites will be affiliated early
 - Even if SP has no effect, areas with SP will be healthier

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- Octavio Charged with *Talking* to Eduardo, Hector, and Gary!

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- **Generalization: its ethical to randomize at one level below that which officials care**

A Feasible Design for Scientific Evaluation

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- Drop areas where affiliation had started
- Drop (rural) clusters with < 1000 population,
- Only include urban clusters with 2,500–15,000 population
- Drop clusters from states that did not participate

Remaining in study: 148 clusters in 7 states



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- No randomization at individual level
- Without an evaluation, choices would still be made, but would be arbitrary choices made by local government officials

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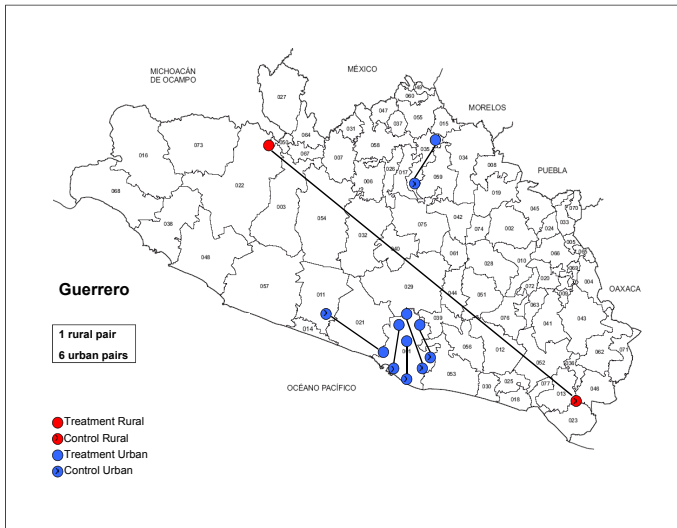
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- 74 matched treatment-control pairs in the evaluation: 55 rural and 19 urban in 7 states

State	Rural Pairs	Urban Pairs	Total
Guerrero	1	6	7
Jalisco	0	1	1
México	35	1	36
Morelos	12	9	21
Oaxaca	3	1	4
San Luis Potosí	2	0	2
Sonora	2	1	3
<i>Total</i>	<i>55</i>	<i>19</i>	<i>74</i>

Matched Pairs, Guerrero

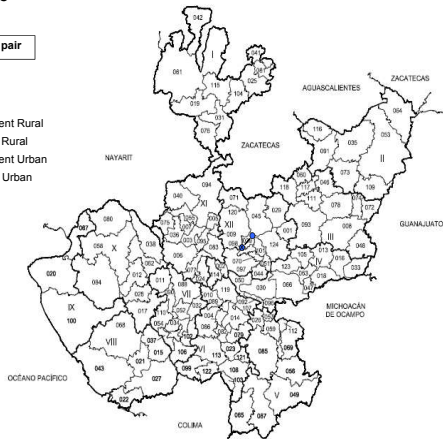


Matched Pairs, Jalisco

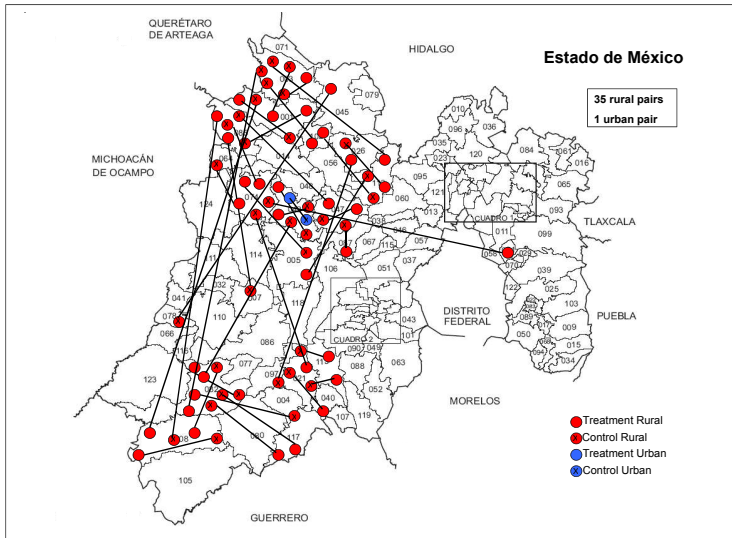
Jalisco

1 urban pair

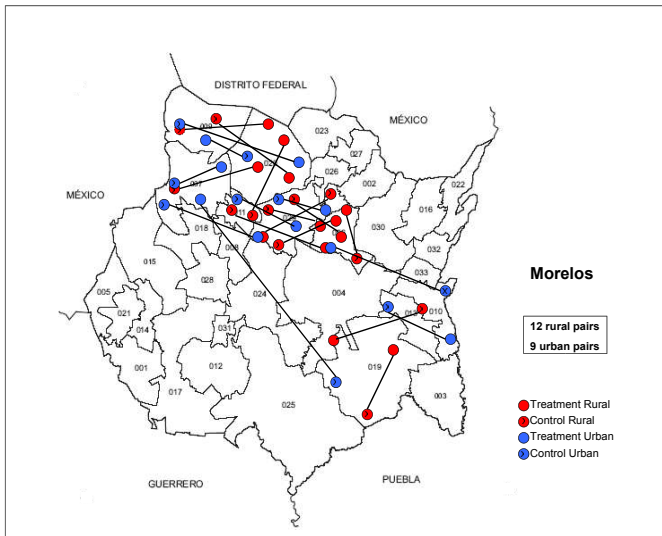
- Treatment Rural
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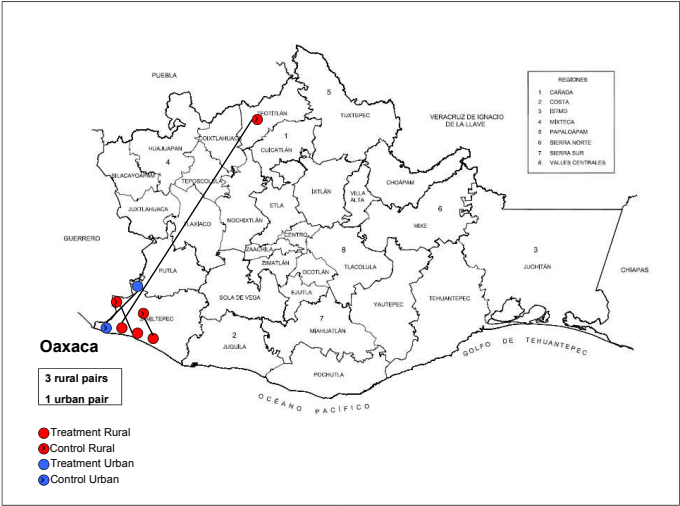
Matched Pairs, Estado de México



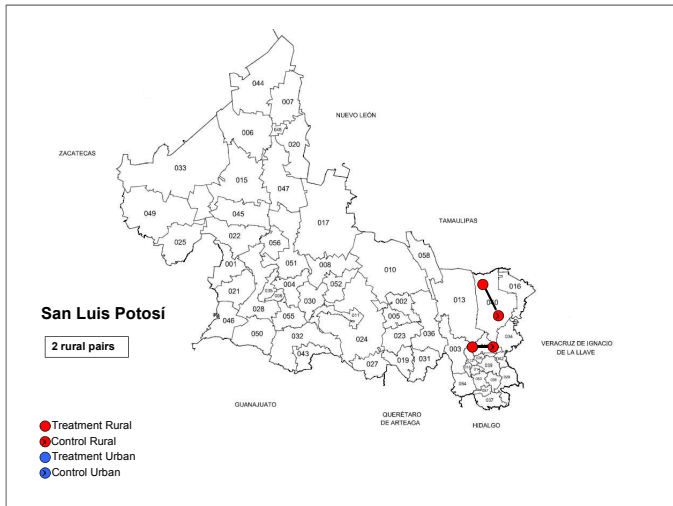
Matched Pairs, Morelos



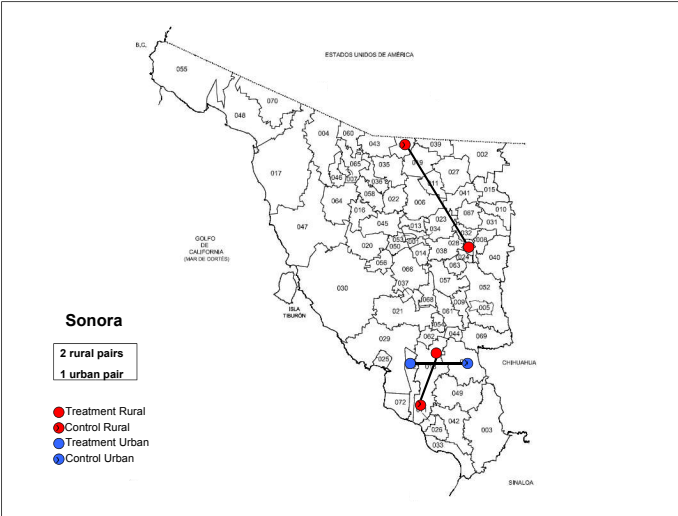
Matched Pairs, Oaxaca



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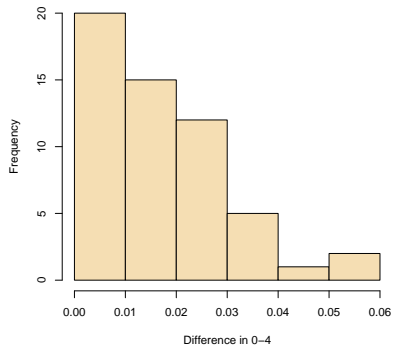
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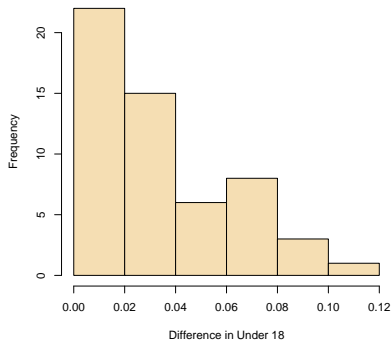
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Age Differences in Rural Pairs

Histogram of Proportion Aged 0–4,
Rural Pair Differences, Pre-Assignment

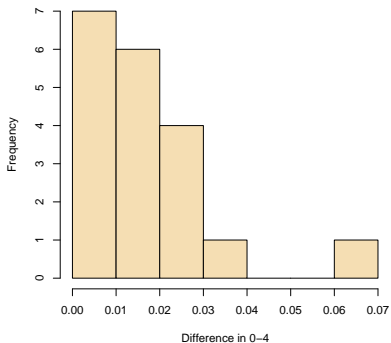


Histogram of Proportion Under 18 Years Old,
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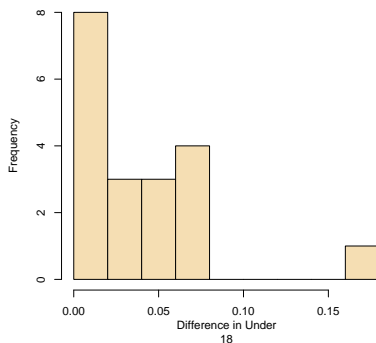


Age Differences in Urban Pairs

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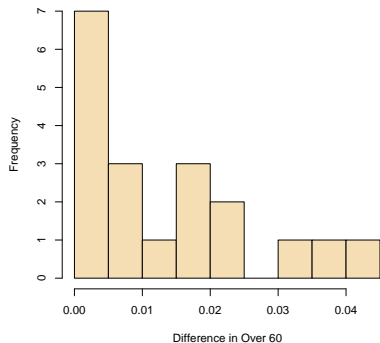


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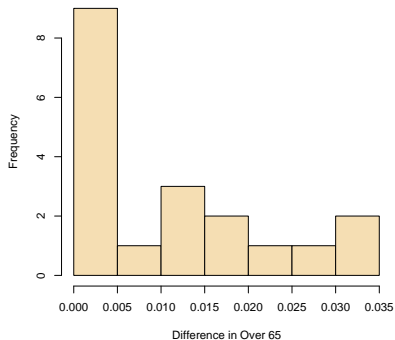


Age Differences in Urban Pairs, II

Histogram of Proportion Over 60 Years Old, Urban Pair Differences, Pre-Assignment

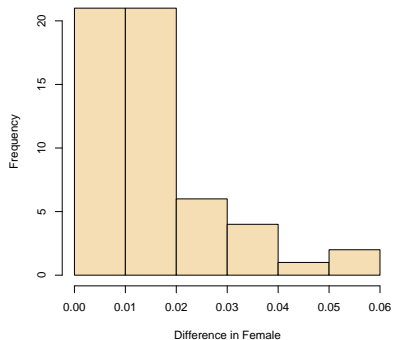


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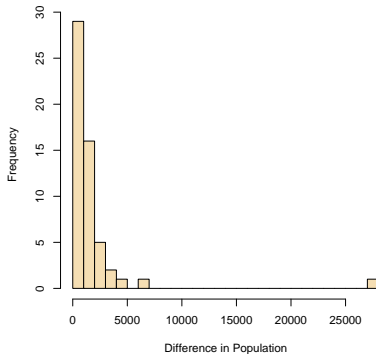


Demographic Distances in the Rural Pairs

Histogram of Proportion Female, Rural Pair Differences, Pre-Assignment

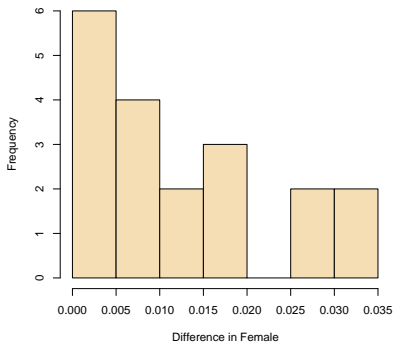


Histogram of Total Population, Rural Pair Differences, Pre-Assignment

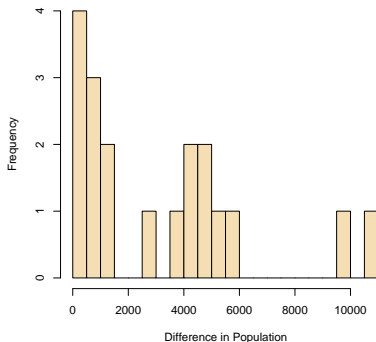


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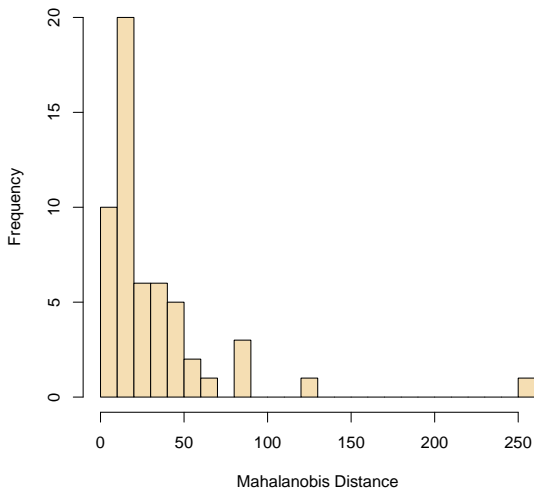


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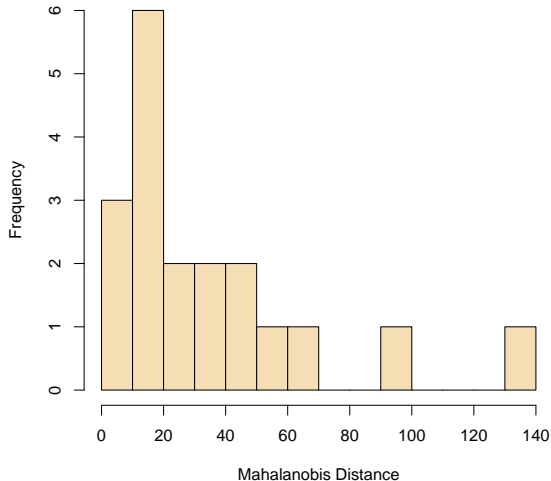
Total Multivariate Distances Within All 55 Rural Pairs

Histogram of Mahalanobis Distances for Rural Pairs, Pre-Assignment



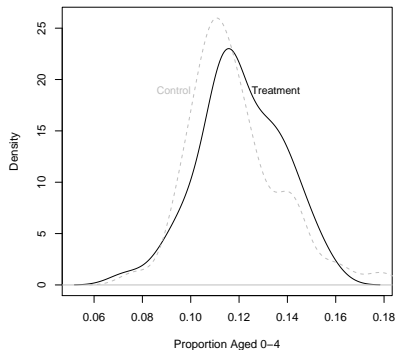
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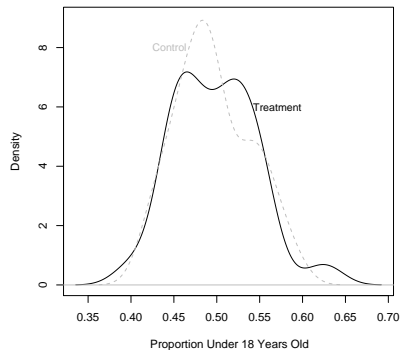


Rural Age Balance After Randomization

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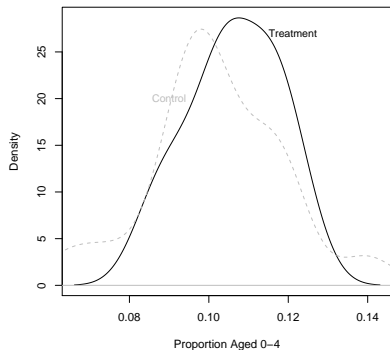


Smoothed Histogram of Proportion Under 18 Years Old, Rural Clusters, Post-Assignment

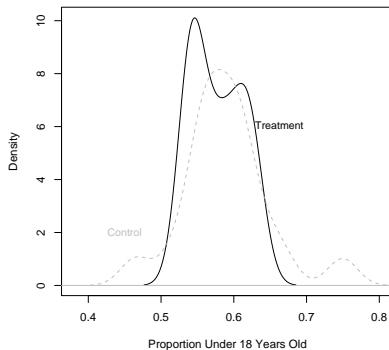


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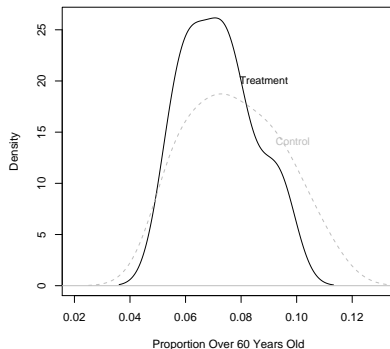


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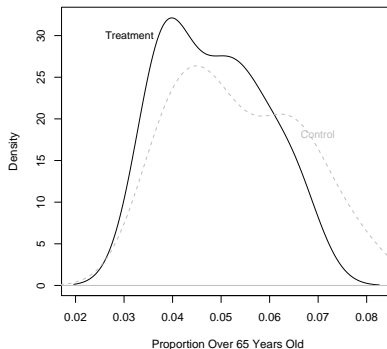


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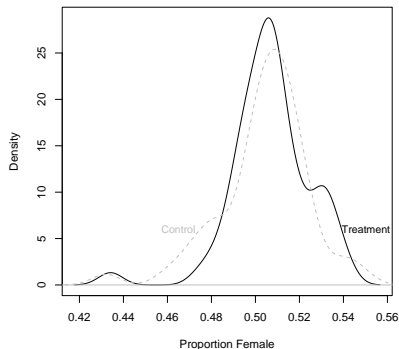


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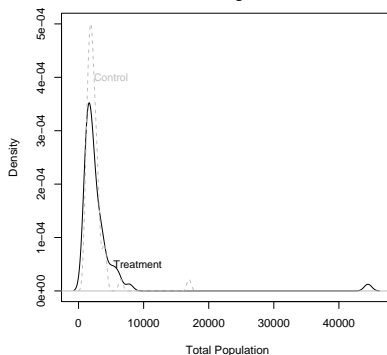


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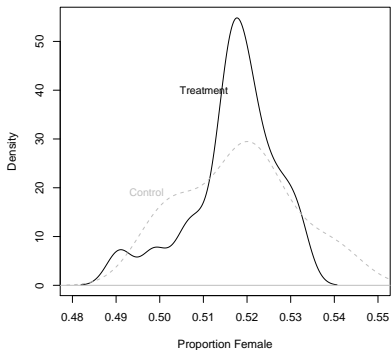


Smoothed Histogram of Total Population, Rural Clusters, Post-Assignment

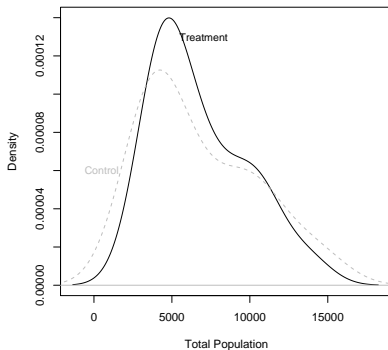


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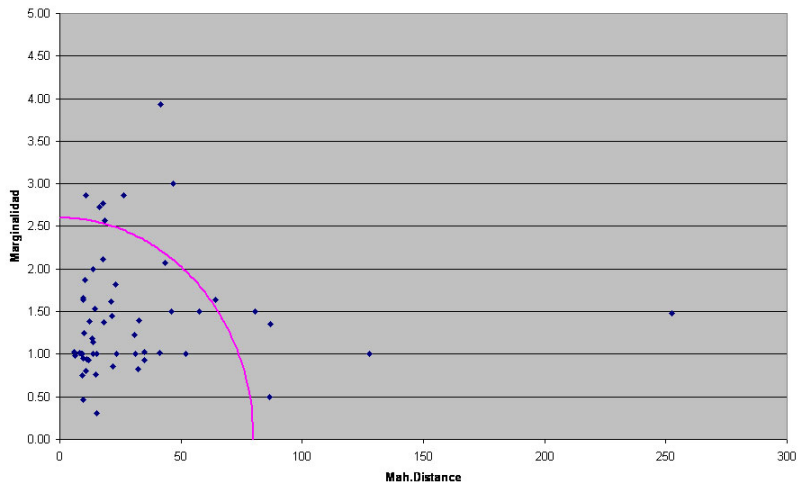
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Choosing Pairs for the Survey

RURAL



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 - Information on health unit operation, office visits, emergencies, personnel, infrastructure and equipment, and drug inventory.

Health Facilities Survey

- Sample size: 148 health units (corresponding to the pairs of health clusters in the study).
- Panel design
 - first measurement (baseline) in October 2005.
 - follow-up measurement in July-2006.
- Design and implementation:
 - Survey questionnaire designed by Harvard Team
 - Implementation by INSP
- Contents
 - Information on health unit operation, office visits, emergencies, personnel, infrastructure and equipment, and drug inventory.
 - Information on admissions and discharges.

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