[Seminario 512. Subsidized Health Care and Food Insecurity: Evidence from Colombia](#)

- PhD Candidate on Applied Economics, University of Minnesota

Entrada libre. Indispensable inscribirse en el siguiente vínculo: Inscripciones

Hora: 12:00 m. (refrigerio) y 12:30 p. m. (inicio del seminario)
Tiempo de exposición: 12:30 p. m. a 2:00 p. m.
Lugar: Banco de la República, carrera 7 # 14-78, piso 13 (Sala de prensa), Bogotá D.C.

Idioma de la exposición: Español

Resumen del documento: *In 1993, the Colombian government undertook a significant health care reform, in which a subsidized health care regime (SR) was created in order to increase coverage among the poorest population. Using data from the 2008 Colombian Living Standards Survey, I estimate the association between SR participation and a set of Foster-Greer-Thorbecke-like (FGT) measures of food insecurity (incidence, gap, and severity). Enrollment to the SR is not exogenous due to self-selection from potentially eligible households, discretionary municipality-level policies that affect eligibility, and manipulation of the assignment process due to electoral purposes. Therefore, I propose the proportion of lifetime the household head has resided in the current municipality as an instrumental variable. Taking the uninsured population as the comparison group, the two-stage least squares regression estimates reveal that participation in the SR is associated with a reduction of the probability of being food insecure and the food insecurity gap, but does not have any correlation with the severity of food insecurity. These results principally take place in rural areas.*

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