Abstract for the

RC 19 annual conference, Florence, 6-8 September 2007

Social Policy in a globalizing world: developing a north-south dialogue

Patterns of Trust in Health Care Institutions

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Abstract

Current social policy reforms often go beyond simple cost containment measures, but may involve structural changes in the organizational set-up of programs. Since such changes are likely to affect the performance of programs, they may lead to growing popular dissatisfaction and potentially even undermine the legitimacy of the welfare state. Conversely, in a crossnational perspective, a certain level of, for instance, health expenditures may be compatible with very different institutional arrangements for providing health services and result in equally different levels of satisfaction with these services.

The paper investigates the correspondence between particular institutional arrangements of providing social security and citizens' trust in the performance of these institutions, taking the health care system as a major part of the welfare state as an example.

The focus, however, is neither on welfare regime types nor on types of health care systems in a general sense (for instance, Social Insurance systems *versus* National Health Service systems), but on specific institutional arrangements as, for instance, "free choice of doctors" *versus* the "family doctor principle" or "direct access of patients to specialists" versus "general practitioners as 'gatekeepers". A comparative analysis of these and further institutional patterns will be combined with a micro data analysis of attitudes towards these institutional arrangements. The latter will be based on Eurobarometer survey data for the "old" 15 EU health care systems (EB 44.3/1996; EB 57.2/2002). Eventually, it will be possible to compare these patterns of trust and satisfaction with attitudes towards the health care system in the new EU member states and the candidate countries (CCEB 2004.1).

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