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Territorial Identification of the inequality in the distribution of the doctors of primary care and his relation with indicators of communal health in Chile.

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Abstract

Introduction:

Health reform raised to an unprecedented boost to the Primary Health Care. However, there are not addressed problems that threaten the success of this process.

Objectives:

Analyze the territorial distribution of physicians in primary care Community Health in Chile.

To estimate the association between the rate of medical hours per commune and some indicators of community health.

Materials and methods:

Ecological design type of comparison group was used as the unit of analysis taking the communes. Comparing the availability of medical hours, with national and international standards. Furthermore, the association with health indicators was estimated.

Results:

Among the 261 communes of the study, it is shown that the territorial distribution of physicians in primary care Community Health is uneven, an average of 3.11 per 10,000 medical time equivalents people in large communities is observed rate and 2.24 for small municipalities.

There is a serious shortage of medical hours in most of the communes. For the standard of the Ministry of Health there is a gap of 8.37%. For the standard 2,000 people, a 45.01% and every 1,200 people, with a 67.01%.

In the correlation analysis would have a statistically significant association with most of the outcome variables (General Mortality Rate, Adjusted General Mortality Rate, Infant Mortality Rate Late, Mortality rate 20-44 years, 45-64 years Mortality rate, mortality rate 65 and 79 and 80

and Mortality Rate).

Conclusions:

Regarding the purpose of the present research, this study may contribute, along with a few made about medical resource of Primary Health Care in Chile, to a better understanding of our health situation and therefore, the development of public policies in the field of human resources for health, that a greater attraction, retention and better distribution of medical resources in primary care guidance. Thus, contribute to strengthening the Integral Health Care Model Approach to Family and Community, currently being implemented.

TERRITORIAL IDENTIFICATION OF THE INEQUALITY IN THE DOCTORS OF PRIMARY CARE AND RELATION WITH INDICATORS OF COMMUNAL HEALTH IN CHILE

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KEY WORDS
Inequality, land distribution, doctors, Primary Health Care, Health Indicators

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	Population	Medical time equivalents	Medical time equivalents by districts	People for medical time equivalents	Medical time equivalents rate per 10,000 people
Large municipalities (67)	8.688.100	2.530	37,76	3.434	3,11
Small municipalities (194)	3.544.299	832	4,29	4.258	2,24
Difference	5.143.801	1.698	33,47	824	0,87

Population, Medical time equivalents, Medical time equivalents by districts, People for medical time equivalents, Medical time equivalents rate per 10,000 people (2009-2013)

Standards	Quantity available	Quantity necessary	absolute deficit	percentage deficit
1 /3.333	3.363	3.670	307	- 8,37
1 /2.000	3.363	6.116	2.753	- 45,01
1 /1.200	3.363	10.194	6.831	- 67,01

Quantity available, Quantity necessary, absolute deficit and percentage deficit equivalent according to standard medical days national standards (Ministry of Health) and international (OECD) (2009-2013)

	General Mortality Rate	Adjusted General Mortality Rate	Infant mortality rate Late	Mortality rate 20 - 44 years	Mortality rate 45 - 64 years	Mortality rate 65 - 79 years	Mortality rate 80 and more
Medical time equivalents 10,000 people	-,239(**)	-,277(**)	-,157(*)	-,303(**)	-,273(**)	-,187(**)	-,180(**)
	,000	,000	,011	,000	,000	,002	,003

Analysis of correlation between the rate of medical time equivalents 10,000 people with health indicators of total communes

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