Explaining Spatial Inequalities in Health Care Using Decision Electre Model (Case study: Townships of Khorasan Razavi Province)

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1. INTRODUCTION
Spatial balance in healthcare is one of the underlying principles of social justice. In this regard, spatial recognition of health inequalities at provincial level helps planners make decisions with the aim of bridging the health gap between different regions. Therefore, this article with the aim of explaining the spatial inequality in health care, seeks to assess and analyze the health of citizens in Khorasan Razavi province.

2. THEORETICAL FRAMEWORK
Sustainable development is one of the most important models of intellectual development in the twenty-first century that addresses all areas of human life such as economics, politics, culture, environment, security, education, health and ethics with an emphasis on human and society health. Today, health planning has been established by urban and regional planners to link the community environment with the physical and mental health of communities. The outcome of such effort is the development of a healthy society as a public health issue. It is noteworthy that in all descriptive patterns of a healthy society, humans, health and quality of life are at the center, with the community health being a variable of human health. Despite the expanded scope of the concept of health, still social and individual health builds the foundation of health concept. Also, in policy assessments of United Nations Development Program, the health security or health factor is one of the requirements of evaluating the nature of administrative and planning policies and an instrument for evaluating the status of countries in development process.

3. METHODOLOGY
The research method is descriptive and analytical. To analyze the health condition in the province and rank townships, ELECTRE method (Elimination Et Choice Translating Reality) was used. The study included 27 indicators in six subgroups of

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reproductive health, human health resources and physical health resources. Library method was used for data collection based on statistical data derived from Census of Population and Housing, Statistical Yearbooks and the Health and Medical Sciences Organization of Khorasan in the years 2005-2008. Criteria weight is also one of the inputs of Electre model, which was determined by Analytic Network Process (ANP) model and Super Decision Software in this paper based on the opinions of 13 experts in this field.

4. RESULT & DISCUSSION

The results show that there is a high spatial gap in health at the provincial level, so that nineteen townships of Khorasan province could be classified in eleven categories. Sabzevar and Kashmar with rank 1 and Mashhad with rank 2 had the most favorable health status whereas Khalilabad and Mahvelat with rank 11 had the lowest health level. Almost all main and large cities such as Mashhad and Sabzevar and their nearby cities such as Kashmar, Fariman and Bardaskan had acceptable health status whereas border cities such as Gonabad, Khaf, Sarakhs and Dargaz had poor health facilities and undesirable health status.

5. CONCLUSIONS & SUGGESTIONS

The spatial inequalities in health care between central and border cities of the province indicate that policies, plans and measures of health care have not been in line with social justice, resulting to regional health inequalities in the province. Therefore, to achieve improved health equity and reduce health inequalities in Khorasan Razavi province, the equitable allocation and distribution of resources, capitals, and health care services to citizens and other factors affecting health should be reconsidered. In particular, aspects of the health physical resource capacity and health human resource capacity should be further noted because despite their importance, they have been distributed unequally in the province.

Keywords: Health, Electre method, ANP Weighting method, Spatial inequality, Khorasan Razavi province.

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