

Rural-To-Urban Migrants' Experiences with Primary Care in Four Types of Medical Institutions in Guangzhou, China

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Abstract : Background: China is facing the unprecedented challenge of rapidly increasing rural-to-urban migration. Due to the household registration system, migrants are in a vulnerable state when they attempt to access to primary care services. A strong primary care system can reduce health inequities and mitigate socioeconomic disparities in healthcare utilization. Literature indicated that migrants were more reliant on the primary care system than local residents. Although the Chinese government has attached great importance to creating an efficient health system, primary care services are still underutilized. The referral system between primary care institutions and hospitals has not yet been completely established in China. The general populations often go directly to hospitals instead of primary care institutions for their primary care. Primary care institutions generally consist of community health centers (CHCs) and community health stations (CHSs) in urban areas, and township health centers (THCs) and rural health stations (THSs) in rural areas. In addition, primary care services are also provided by the outpatient department of municipal hospitals and tertiary hospitals. A better understanding of migrants' experiences with primary care in the above-mentioned medical institutions is critical for improving the performance of primary care institutions and providing indications of the attributes that require further attention. The purpose of this pioneering study is to explore rural-to-urban migrants' experiences in primary care, compare their primary care experiences in four types of medical institutions in Guangzhou, China, and suggest implications for targeted interventions to improve primary care for the migrants. Methods: This was a cross-sectional study conducted with 736 rural-to-urban migrants in Guangzhou, China, in 2014. A multistage sampling method was employed. A validated Chinese version of Primary Care Assessment Tool - Adult Short Version (PCAT-AS) was used to collect information on migrants' primary care experiences. The PCAT-AS consists of 10 domains. Analysis of covariance was conducted for comparison on PCAT domain scores and total scores among migrants accessing four types of medical institutions. Multiple linear regression models were used to explore factors associated with PCAT total scores. Results: After controlling for socio-demographic characteristics, migrant characteristics, health status and health insurance status, migrants accessing primary care in tertiary hospitals had the highest PCAT total scores when compared with those accessing primary care THCs/ RHSs (25.49 vs. 24.18, $P=0.007$) and CHCs/ CHSs(25.49 vs. 24.24, $P=0.006$). There was no statistical significant difference for PCAT total scores between migrants accessing primary care in CHCs/CHSs and those in municipal hospitals (24.24 vs. 25.02, $P=0.436$). Factors positively associated with higher PCAT total scores also included insurance covering parts of healthcare payment ($P < 0.001$). Conclusions: This study highlights the need for improvement in primary care provided by primary care institutions for rural-to-urban migrants. Migrants receiving primary care from THCs, RHSs, CHSs and CHSs reported worse primary care experiences than those receiving primary care from tertiary hospitals. Relevant policies related to medical insurance should be implemented for providing affordable healthcare services for migrants accessing primary care. Further research exploring the specific reasons for poorer PCAT scores of primary care institutions users will be needed.

Keywords : China, PCAT, primary care, rural-to-urban migrants

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