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ACCESSIBILITY TO HEALTH FACILITIES BY THE ELDERLY: A COMPARATIVE ANALYSIS BETWEEN LISBON, PORTUGAL AND BELO HORIZONTE, BRAZIL

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Short Description

Comparative analysis for the accessibility to health facilities by the elderly in Lisbon, Portugal and Belo Horizonte, Brazil.

Main part

Accessibility is an important goal of transport and land use policy, especially when it concerns the access to health care (Paez et al., 2010; Islam and Aktar, 2011). Also, ageing societies need to evaluate the access to health facilities by the elderly in different geographic contexts, since they are the main consumers of health care services and experience more mobility concerns (Padeiro, 2018). Therefore, accessibility to health facilities is an important issue for this population (Kompil et al., 2018; Arranz-Lopez et al., 2019). In this context, we present a comparative analysis for the accessibility to health facilities by the elderly in two different geographic contexts: Lisbon, Portugal and Belo Horizonte, Brazil. Both cities face an ageing process of the population but differ in socioeconomic context and the demographic structure. Three types of facilities were considered: public hospitals, private hospitals and basic care health centers (BcHc). A set of accessibility measures were used including average distance to all facilities, distance to the closest facility and potential accessibility to health facility considering their spatial concentration and a distance-decay function. For BcHc, we have also analyzed the spatial coverage of facilities within a walkable distance. Spatial statistics were applied to confront the accessibility levels with the spatial distribution of the elderly. The main findings were: (i) for both cities the BcHc presented a more dispersed spatial structure compared to the hospitals. The elderly in Lisbon are better served by BcHc than in Belo Horizonte; (ii) hospitals present a more concentrated distribution in both cities. Nonetheless, there are differences in the accessibility spatial patterns of private and public hospitals, with the elderly being better served by private hospitals in both cities. These findings are subsidies to understanding the current scenario and to support policymaking regarding vulnerable groups to diminish spatial inequalities.

What is new?

A comparative analysis of the accessibility patterns to health facility by the elderly in two different urban realities face an ageing process of the population but differ in socioeconomic context and the demographic structure.

What is transferable to other cities and regions?

The method for analyzing the health accessibility patterns by the elderly.

What are outcomes and conclusions?

The elderly in Lisbon are better served by BcHc than in Belo Horizonte. The elderly are better served by private hospitals in both cities.

Who are the main target groups?

Elderly.

And what now? - what will change? - what is the relevance for the future?

Earlier this year, the world has faced the pandemic caused by the spread of the new coronavirus on a global scale. Social distancing, social isolation and lockdown have reduced displacement and human interaction, resulting in the growth of inequalities among citizens. SARS-CoV-2 has forced people to perform essential functions differently, but the means do not necessarily imply changes that bring improvement to the cities. For instance, we need to have universal health care, but in times of pandemic, a medical consultation becomes possible and desirable by virtual means. Older people, the ones most severely harmed by the virus, are now impacted not only by the restriction on their physical levels of accessibility to health opportunities, but also by the accessibility to technological solutions. In Belo Horizonte, health assessments are being provided by the city hall through the Internet in order to diminish the contamination probability. However, most people above 60 are not familiarized with interactions through computers and smartphones and, therefore, cannot accurately self-describe the severity of symptoms. In Lisbon, a similar scenario was put in action with different set of communications tools being used by both private (e.g. virtual consultation) and public (e.g. emails and telephones calls) health institutions. Health systems, previously planned through territories to encompass the entire population, becomes more of a segregation tool when only those who have the means to access the technological devices can be cared. This situation leads to the need in rethink cities and prioritize vulnerable population, by not letting the access to opportunities be entirely replaced through the technological environment.