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在线全文

西藏地区城乡居民卫生服务利用影响因素对比分析*

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【摘要】 目的 探讨西藏地区城乡居民卫生服务利用影响因素的差异与共性，确定卫生服务利用的弱势人群，从而为当地卫生政策的制定和卫生资源的配置提供参考。**方法** 利用西藏地区国家第六次卫生服务调查数据，采取χ^2检验及logistic回归模型对收集到的8 297名农牧区居民及2 179名城镇居民的卫生服务利用现状进行统计学分析。**结果** 农牧区、城镇居民两周患病医疗机构就诊率分别为65.3%、57.1%，一年住院率分别为8.3%、8.9%。农牧区居民两周患病医疗机构就诊的影响因素有：城乡医保、三保合一、就诊距离、是否患慢性病、体检、家庭医生签约、就业和健康自评，城镇居民两周患病医疗机构就诊的影响因素有：是否患慢性病、城乡医保、健康自评、健康档案和体检；农牧区居民住院的影响因素有：性别、年龄、婚姻、城乡医保、三保合一、大病统筹医保、健康自评、行动能力、健康档案、体检和是否患慢性病；城镇居民住院的影响因素有：性别、婚姻、健康自评、健康档案、城镇职工医保和是否患慢性病。**结论** 西藏地区城乡居民健康状况相对较差，且患病后及时就诊的意识相对薄弱，相关卫生部门应重视卫生服务利用的弱势人群，重点从城乡居民共有的卫生服务利用影响因素入手，兼顾差异性，合理配置卫生资源，提高西藏地区居民卫生服务有效利用率。

【关键词】 西藏 城乡居民 卫生服务利用 影响因素分析 对比分析

Comparative Analysis of Influencing Factors of Health Service Utilization Among Urban and Rural Residents in Tibet

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【Abstract】 Objective To examine the differences and commonalities of factors influencing the utilization of health services among urban and rural residents in Tibet and to identify vulnerable populations in the utilization of health services, thereby providing references for the formulation of local health policies and the allocation of health resources. **Methods** Using the Tibetan area data from the Sixth National Health Service Survey, we conducted statistical analysis of the health service utilization status of 8 297 residents of agro-pastoral areas and 2 179 residents of urban areas with χ^2 test and logistic regression model. **Results** The two-week outpatient visit rates of residents in agro-pastoral areas and that of the urban residents were 65.3% and 57.1%, respectively, and the one-year hospitalization rates were 8.3% and 8.9%, respectively. The influencing factors of two-week outpatient visits for rural and pastoral residents included urban and rural health insurance coverage, Three Guarantees in One coverage, distance to medical facilities, chronic disease status, physical examination, family doctor contract status, employment status, and health status self-assessment. The influencing factors of two-week outpatient visit for urban residents included chronic disease status, urban and rural medical insurance coverage, health status self-assessment, health records, and physical examination. The factors influencing hospitalization for agro-pastoral residents were sex, age, marital status, urban and rural medical insurance coverage, Three Guarantees in One coverage, critical illness insurance, health self-assessment, mobility, health records, physical examination, and chronic disease status. The factors influencing the hospitalization of urban residents were sex, marital status, health status self-assessment, health records, urban employee medical insurance coverage, and chronic disease status. The factors influencing the hospitalization of urban residents were sex, marital status, health status self-assessment, health records, urban employee medical insurance coverage, and chronic disease status. **Conclusion** The urban and rural residents in Tibet have relatively poor health and their awareness of seeking early medical help after they fall ill is relatively weak. The health institutions concerned should dedicate more attention to the vulnerable populations who have difficulty accessing health services, focus on the commonly shared influencing factors of health service utilization among urban and rural residents, take into account the differences, rationally allocate health resources, and improve the effective utilization rate

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of health services among residents in Tibet.

【Key words】 Tibet Urban and rural residents Health service utilization Analysis of influencing factors Comparative analysis

卫生服务利用是指卫生需求者实际利用卫生服务的数量,可以反映卫生系统对居民健康状况的影响程度,受卫生服务需要和卫生资源供给两者的相互影响[1]。两周患病医疗机构就诊率和一年住院率是反映居民自身健康水平以及卫生服务利用的重要指标[2]。两周患病医疗机构就诊率,是指每一百名两周内患病者前往医疗机构就诊的人次数;一年住院率是指每一百名调查人口的一年内住院人次数[3]。西藏地区位于中国西南边陲,卫生资源较为匮乏,故推动当地卫生系统建设、提高卫生服务利用率极为重要。为了解西藏地区农牧、城镇居民对卫生服务的利用情况,分析其背后影响因素的差异与共性,从而为当地开展和完善卫生服务工作提供参考依据,本研究拟探讨西藏地区城乡居民卫生服务利用现状及其影响因素。

1 对象与方法

1.1 调查对象

本研究数据来源于2018年西藏地区第六次国家卫生服务调查。该调查采取多阶段分层整群随机抽样方法,调查样本涵盖西藏地区7个地级市中的165个村(居委会),7个地级市包括:拉萨市、日喀则市、山南市、林芝市、昌都市、那曲市以及阿里地区。本研究以每户家庭是否有两周内患病医疗机构就诊或过去一年内有住院经历的15岁及以上的居民为调查对象,合计13 102人。纳入标准:①无重要数据缺失;②年龄≥15岁。排除标准:非城镇或农牧区户籍。最终纳入本研究的调查对象共计10 476人。

1.2 研究内容

由经过专业培训的调查员使用统一的第六次全国卫生服务调查问卷对居民开展问卷调查。经查相关文献,与本研究有关的主要包括两个方面:患者个人因素,主要包括性别、年龄、婚姻、文化程度等;卫生服务利用的相关因素,主要包括前往医疗机构所耗费时间、就诊距离、医疗保险等[4-9]。

1.3 指标定义

两周患病医疗机构就诊率:指过去两周内,每一百名患者前往医疗机构就诊的人次数。

一年住院率:指过去一年内,每一百名调查人口的住院人次数。

健康状况自评:通过调查问卷条目"假如给您目前的健康状况评分,满分100分,您的评分是?"获得分数;分数结果分为四组:0~39分为"极差";40~59分为"较差";60~79分为"中等";80~100分为"良好"[10]。

1.4 统计学方法

数据采用Epidata3.1进行双录入。使用SPSS25.0对数据进行统计分析。采用χ^2检验进行单因素分析;多因素分析采用逐步回归法,将所有因素纳入模型后分析城乡居民卫生服务利用影响因素。α=0.05。

2 结果

2.1 一般人口学特征

在本研究的10 476名受试者中,农牧区居民人数8 297人(79.2%),城镇居民人数2 179人(20.8%)。城镇居民中,女性、高龄、高学历、健康自评较好的人数占比更高;农牧居民中,已婚、在业、家庭医生签约、患慢病、有医保的人数占比更高,且差异均有统计学意义(P<0.05)。见表1。

2.2 城镇、农牧区居民卫生服务利用情况

本研究中,两周内患者人数为1 910人,两周患者医疗机构就诊率为63.0%;一年住院人数为884人,一年住院率为8.4%。农牧区居民两周患病医疗机构就诊率高于城镇居民,差异有统计学意义(P<0.001),一年住院率差异无统计学意义(表2)。

2.3 城镇、农牧区居民卫生服务利用单因素分析

单因素分析结果显示,两周患病医疗机构就诊的影响因素:①农牧区:婚姻、就业、是否患慢性病、就诊距离、前往医疗机构所耗费时间、三保合一和体检;②城镇:健康自评、是否患慢性病、城乡医保和体检;差异均有统计学意义(P<0.05,表3)。一年住院的影响因素:①农牧区:性别、年龄、婚姻、就业、家庭医生签约、行动能力、健康自评、是否患慢性病、大病统筹医保、体检和健康档案;②城镇:性别、婚姻、就业、家庭医生签约、行动能力、健康自评、是否患慢性病、城镇居民医保、城镇职工医保、其他医保、大病统筹医保和健康档案;差异均有统计学意义(P<0.05,表4)。

2.4 城镇、农牧区居民卫生服务利用多因素分析

本研究中,将所有因素纳入模型后,采用逐步回归法进行多因素分析。结果显示,两周患病医疗机构就诊的

表 1　城镇与农牧区居民人口社会学特征

Table 1　Socio-demographic data of respondents from urban and agro-pastoral areas

Variable	Total (n=10 476)	Urban residents (n=2 179)	Residents of agro-pastoral areas (n=8 297)	χ^2	P
Sex/case (%)				11.301	0.001
Male	4 912	952 (43.7)	3 960 (47.7)		
Female	5 564	1 227 (56.3)	4 337 (52.3)		
Age/yr., case (%)				16.654	0.001
15-29	2 080	414 (19.0)	1 666 (20.1)		
30-44	3 409	645 (29.6)	2 764 (33.3)		
45-59	3 242	729 (33.5)	2 513 (30.3)		
60 and above	1 745	391 (17.9)	1 354 (16.3)		
Highest education attained/case (%)				556.515	<0.001
No formal education	5 030	928 (42.6)	4 102 (49.4)		
Primary school	3 492	559 (25.7)	2 933 (35.3)		
Junior high school	1 212	295 (13.5)	917 (11.1)		
High school and above	742	397 (18.2)	345 (4.2)		
Marital status/case (%)				10.973	0.001
Single, divorced or widowed	2 534	586 (26.9)	1 948 (23.5)		
Married	7 942	1 593 (73.1)	6 349 (76.5)		
Employment status/case (%)				266.970	<0.001
Being employed	8 225	1 432 (65.7)	6 793 (81.9)		
Being unemployed	2 251	747 (34.3)	1 504 (18.1)		
Family doctor contract/case (%)				6.132	0.013
Yes	4 136	810 (37.2)	3 326 (40.1)		
No	6 340	1 369 (62.8)	4 971 (59.9)		
Health self-assessment/case (%)				55.250	<0.001
Very poor	648	99 (4.5)	549 (6.6)		
Poor	1 640	314 (14.4)	1 326 (16.0)		
Medium	3 441	631 (29.0)	2 810 (33.9)		
Good	4 747	1 135 (52.1)	3 612 (43.5)		
Chronic disease/case (%)				21.792	<0.001
Yes	4 300	799 (36.7)	3 501 (42.2)		
No	6 176	1 380 (63.3)	4 796 (57.8)		
Medical insurance/case (%)				4.900	0.036
Yes	10 371	2 148 (98.6)	8 223 (99.1)		
No	105	31 (1.4)	74 (0.9)		

表 2　不同地区居民卫生服务利用情况

Table 2　Utilization of health services in different regions

Variable	Total	Urban residents	Residents of agro-pastoral areas	χ^2	P
Outpatient visits within 2 weeks/case (%)	1 204 (63.0)	301 (57.1)	903 (65.3)	19.138	<0.001
One-year hospitalization/case (%)	884 (8.4)	193 (8.9)	691 (8.3)	0.625	0.437

表3 不同地区居民两周患病医疗机构就诊单因素分析

Table 3 Single-factor analysis of two-week outpatient visits by residents in different regions

Variable	Urban residents (n=527)				Residents of agro-pastoral areas (n=1 383)			
	Yes	No	χ^2	P	Yes	No	χ^2	P
Marital status/case (%)			0.176	0.675			8.298	0.004
Single, divorced or widowed	74 (58.7)	52 (41.3)			178 (58.4)	127 (41.6)		
Married	227 (56.6)	174 (43.4)			725 (67.3)	353 (32.7)		
Employment status/case (%)			0.027	0.871			8.459	0.004
Being employed	159 (56.8)	121 (43.2)			712 (67.4)	345 (32.6)		
Being unemployed	142 (57.5)	105 (42.5)			191 (58.6)	135 (41.4)		
Health self-assessment/case (%)			10.872	0.012			5.869	0.118
Very poor	31 (64.6)	17 (35.4)			144 (72.4)	55 (27.6)		
Poor	91 (63.2)	53 (36.8)			250 (65.8)	130 (34.2)		
Medium	117 (58.8)	82 (41.2)			319 (63.0)	187 (37.0)		
Good	62 (45.6)	74 (54.4)			190 (63.8)	108 (36.2)		
Chronic disease/case (%)			6.553	0.010			16.037	<0.001
Yes	243 (54.7)	201 (45.3)			658 (62.4)	396 (37.6)		
No	58 (69.9)	25 (30.1)			245 (74.5)	84 (25.5)		
Distance to medical facilities/km			9.061	0.107			28.195	<0.001
<1	193 (59.9)	129 (40.1)			406 (70.5)	170 (29.5)		
1-<2	49 (57.6)	36 (42.4)			159 (66.5)	80 (33.5)		
2-<3	20 (58.8)	14 (41.2)			96 (63.2)	56 (36.8)		
3-<4	8 (34.8)	15 (65.2)			63 (58.9)	44 (41.1)		
4-<5	9 (64.3)	5 (35.7)			46 (76.7)	14 (23.3)		
⩾5	22 (44.9)	27 (55.1)			133 (53.4)	116 (46.6)		
Time spent in medical facilities/min			4.727	0.193			9.094	0.028
1-5	131 (59.3)	90 (40.7)			442 (68.3)	205 (31.7)		
6-10	74 (58.3)	53 (41.7)			199 (67.0)	98 (33.0)		
11-15	28 (44.4)	35 (55.6)			81 (59.6)	55 (40.4)		
⩾16	68 (58.6)	48 (41.4)			181 (59.7)	122 (40.3)		
Urban and rural residents' medical insurance			10.220	<0.001			0.005	0.944
Yes	22 (88.0)	3 (12.0)			63 (65.6)	33 (34.4)		
No	279 (55.6)	223 (44.4)			840 (65.3)	447 (34.7)		
Three Guarantees in One coverage*			0.604	0.437			11.872	0.001
Yes	2 (40.0)	3 (60.0)			65 (83.3)	13 (16.7)		
No	299 (57.3)	223 (42.7)			838 (64.2)	467 (35.8)		
Physical examination			4.282	0.039			47.086	<0.001
Yes	206 (60.4)	135 (39.6)			676 (71.2)	273 (28.8)		
No	95 (51.1)	91 (48.9)			227 (52.3)	207 (47.7)		

* In order to promote the unified management of healthcare security services and equitable access to medical care, the policy of Three Guarantees in One was introduced by the Chinese government in 2013 to integrate three types of medical insurance programs, including the urban employees' medical insurance, the urban residents' medical insurance, and the new rural cooperative medical insurance.

影响因素:①农牧区:城乡医保、三保合一、就诊距离、是否患慢性病、体检、家庭医生签约、就业和健康自评(表5);②城镇:是否患慢性病、城乡医保、健康自评、健康档案和体检(表6)。年住院的影响因素:①农牧区:性

表 4　不同地区居民一年住院单因素分析

Table 4　Single-factor analysis of one-year hospitalization of residents in different regions

Variable	Urban residents (n=2 179)				Residents of agro-pastoral areas (n=8 297)			
	Yes	No	χ^2	P	Yes	No	χ^2	P
Sex/case (%)			13.669	<0.001			68.179	<0.001
Male	60 (6.3)	892 (93.7)			226 (5.7)	3 734 (94.3)		
Female	133 (10.8)	1 094 (89.2)			465 (10.7)	3 872 (89.3)		
Age/yr., case (%)			7.528	0.057			50.192	<0.001
15-29	26 (6.3)	388 (93.7)			167 (10.0)	1 499 (90.0)		
30-44	56 (8.7)	589 (91.3)			189 (6.8)	2 575 (93.2)		
45-59	65 (8.9)	664 (91.1)			169 (6.7)	2 344 (93.3)		
60 and above	46 (11.8)	345 (88.2)			166 (12.3)	1 188 (87.7)		
Marital status/case (%)			8.262	0.004			3.962	0.047
Single, divorced or widowed	35 (6.0)	551 (94.0)			141 (7.2)	1807 (92.8)		
Married	158 (9.9)	1 453 (90.1)			550 (8.7)	5 799 (91.3)		
Employment status/case (%)			7.152	0.007			4.146	0.042
Being employed	110 (7.7)	1 322 (92.3)			546 (8.0)	6 247 (92.0)		
Being unemployed	83 (11.1)	664 (88.9)			145 (9.6)	1 359 (90.4)		
Family doctor contract/case (%)			13.723	<0.001			9.491	0.002
Yes	48 (5.9)	762 (94.1)			239 (7.2)	3 087 (92.8)		
No	145 (10.6)	1 224 (89.4)			452 (9.1)	4 519 (90.9)		
Mobility/case (%)			44.301	<0.001			58.859	<0.001
No difficulty	140 (7.3)	1 769 (92.7)			527 (7.4)	6 606 (92.6)		
Difficulty	53 (19.6)	217 (80.4)			164 (14.1)	1 000 (85.9)		
Health self-assessment/case (%)			80.683	<0.001			99.746	<0.001
Very poor	22 (22.2)	77 (77.8)			85 (15.5)	464 (84.5)		
Poor	57 (18.2)	257 (81.8)			157 (11.8)	1 169 (88.2)		
Medium	61 (9.7)	570 (90.3)			253 (9.0)	2 557 (91.0)		
Good	53 (4.7)	1 082 (95.3)			196 (5.4)	3 416 (94.6)		
Chronic disease/case (%)			80.179	<0.001			92.311	<0.001
Yes	128 (16.0)	671 (84.0)			411 (11.7)	3 090 (88.3)		
No	65 (4.7)	1 315 (95.3)			280 (5.8)	4 516 (94.2)		
Urban residents' medical insurance			13.209	<0.001			0.125	0.724
Yes	72 (6.6)	1 013 (93.4)			7 (9.5)	67 (90.5)		
No	121 (11.1)	973 (88.9)			684 (8.3)	7 539 (91.7)		
Urban employees' medical insurance			13.269	<0.001			1.485	0.223
Yes	44 (14.3)	263 (85.7)			6 (13.3)	39 (86.5)		
No	149 (8.0)	1 723 (92.0)			685 (8.3)	7 567 (91.7)		
Other insurance coverage			23.619	<0.001			0.600	0.439
Yes	11 (32.4)	23 (67.6)			12 (6.7)	166 (93.3)		
No	182 (8.5)	1963 (91.5)			679 (8.4)	7 440 (91.6)		
Critical illness insurance			13.461	<0.001			7.956	0.005
Yes	108 (11.4)	839 (88.6)			470 (9.0)	4 762 (91.0)		
No	85 (6.9)	1 147 (93.1)			221 (7.2)	2 844 (92.8)		
Physical examination			3.727	0.054			9.186	0.002
Yes	121 (8.1)	1 379 (91.9)			499 (9.0)	5 062 (91.0)		
No	72 (10.6)	607 (89.4)			192 (7.0)	2 544 (93.0)		
Health record			44.301	<0.001			10.081	0.001
Yes	140 (7.3)	1 769 (92.7)			434 (7.7)	5 224 (92.3)		
No	53 (19.6)	217 (80.4)			257 (9.7)	2 382 (90.3)		

表 5 农牧区居民两周患病医疗机构就诊多因素分析

Table 5 Multivariate analysis of two-week outpatient visits by residents in agro-pastoral areas

Variable	β	Standard error	Wald	P	OR (95% CI)
Urban and rural residents' medical insurance					
Yes	−0.610	0.288	4.480	0.034	1.752 (1.003-3.061)
Three Guarantees in One coverage					
Yes	−1.280	0.372	11.867	0.001	0.278 (0.134-0.576)
Distance to medical facilities/km			20.430	0.001	
⩾5	−0.609	0.163	14.016	<0.001	0.544 (0.396-0.748)
4-<5	−0.407	0.195	4.371	0.037	0.665 (0.454-0.975)
2-<3	−0.195	0.220	0.789	0.374	0.823 (0.535-1.265)
2-<3	−0.020	0.247	0.006	0.936	0.981 (0.605-1.590)
1-<2	−0.841	0.339	6.154	0.013	0.431 (0.222-0.838)
Chronic disease					
Yes	0.534	0.155	11.852	0.001	1.705 (1.258-2.310)
Physical examination					
Yes	−0.741	0.126	34.361	<0.001	0.477 (0.372-0.611)
Family doctor contract					
Yes	0.255	0.129	3.901	0.048	1.291 (1.002-1.663)
Employment status					
Being employed	−0.416	0.145	8.283	0.004	0.659 (0.497-0.876)
Health self-assessment			14.523	0.002	
Good	−0.790	0.224	12.404	<0.001	0.454 (0.293-0.705)
Medium	−0.387	0.178	4.704	0.030	0.679 (0.479-0.963)
Poor	−0.148	0.164	0.714	0.367	0.863 (0.626-1.189)

β: regression coefficient; OR: odds ratio; CI: confidence interval.

表 6 城镇居民两周患病医疗机构就诊多因素分析

Table 6 Multivariate analysis of two-week outpatient visits by urban residents

Variable	β	Standard error	Wald	P	OR (95% CI)
Highest education attained			8.381	0.039	
Junior high school	0.188	0.290	0.417	0.518	1.206 (0.683-2.130)
Primary school	−0.446	0.319	1.951	0.162	0.640 (0.342-1.197)
No formal education	−0.321	0.399	0.648	0.421	0.725 (0.332-1.586)
Chronic disease					
Yes	0.789	0.277	8.110	0.004	2.202 (1.279-3.792)
Urban and rural residents' medical insurance					
Yes	−1.661	0.639	6.764	0.009	0.190 (0.054-0.664)
Health self-assessment			12.774	0.005	
Good	−0.994	0.378	6.920	0.009	0.370 (0.176-0.776)
Medium	−0.827	0.260	10.111	0.001	0.437 (0.263-0.728)
Poor	−0.613	0.237	6.684	0.010	0.542 (0.340-0.862)
Health record					
Yes	0.606	0.203	8.904	0.010	0.542 (0.340-0.862)
Physical examination					
Yes	−0.526	0.206	6.499 1	0.011	0.591 (0.394-0.886)

β: regression coefficient; OR: odds ratio; CI: confidence interval.

别、年龄、婚姻、城乡医保、三保合一、大病统筹医保、健康自评、行动能力、健康档案、体检和是否患慢性病(表7)；②城镇：性别、婚姻、健康自评、健康档案、城镇职工医保和是否患慢性病(表8)。

3　讨论

本研究中，2018年西藏地区居民两周患病医疗机构就诊率及一年住院率分别为63.0%、8.4%，低于第六次国

表 7　农牧区居民一年住院多因素分析

Table 7　Multivariate analysis of one-year hospitalization of residents of agro-pastoral areas

Variable	*β*	Standard error	Wald	*P*	*OR* (95% *CI*)
Sex					
Male	0.592	0.088	44.938	<0.001	1.807 (1.520-2.149)
Age/yr.			75.122	<0.001	
45-59	−0.660	0.149	19.496	<0.001	0.512 (0.386-0.693)
30-44	0.148	0.128	1.335	0.248	1.159 (0.902-1.489)
15-29	0.490	0.122	16.007	<0.001	1.632 (1.284-2.075)
Highest edcuation attained			8.186	0.042	
Junior high school	−0.033	0.243	0.018	0.892	0.968 (0.601-1.557)
Primary school	−0.280	0.240	1.362	0.243	0.756 (0.472-1.210)
No formal education	−0.044	0.254	0.030	0.863	0.957 (0.582-1.574)
Marital status	0.411	0.105	15.267	<0.001	1.508 (1.227-1.853)
Single, divorced or widowed					
Urban and rural residents' medical insurance					
Yes	0.458	0.229	4.002	0.045	1.581 (1.009-2.475)
Three Guarantees in One coverage					
Yes	−0.778	0.223	12.153	<0.001	0.459 (0.297-0.711)
Critical illness insurance					
Yes	−0.224	0.088	6.486	0.011	0.799 (0.673-0.950)
Health self-assessment			35.448	<0.001	
Good	−0.833	0.164	25.660	<0.001	0.435 (0.315-0.600)
Medium	−0.652	0.128	25.829	<0.001	0.521 (0.405-0.670)
Poor	−0.447	0.107	17.605	<0.001	0.640 (0.519-0.788)
Mobility	0.336	0.114	8.667	0.003	1.399 (1.119-1.750)
No difficulty					
Health record					
Yes	0.305	0.087	12.243	<0.001	1.357 (1.144-1.610)
Physical examination					
Yes	−0.279	0.093	8.982	0.003	0.756 (0.630-0.908)
Chronic disease					
Yes	−0.589	0.096	37.816	<0.001	0.555 (0.460-0.670)

β: regression coefficient; *OR*: odds ratio; *CI*: confidence interval.

表 8　城镇居民年住院多因素分析

Table 8　Multivariate analysis of hospitalization of urban residents

Variable	*β*	Standard error	Wald	*P*	*OR* (95% *CI*)
Sex					
Male	0.541	0.171	9.977	0.002	1.718 (1.228-2.404)
Marital status					
Single, divorced or widowed	0.520	0.203	6.550	0.010	1.682 (1.130-2.505)
Health self-assessment			29.241	<0.001	
Good	−1.101	0.304	13.109	0.001	0.332 (0.183-0.603)
Medium	−1.107	0.221	25.126	<0.001	0.331 (0.214-0.510)
Poor	−0.436	0.207	4.450	0.035	0.646 (0.431-0.970)
Health record					
Yes	0.665	0.172	14.968	<0.001	1.944 (1.388-2.722)
Urban employee medical insurance					
Yes	−0.769	0.198	115.116	<0.001	0.464 (0.315-0.683)
Chronic disease					
Yes	−0.943	0.176	28.857	<0.001	0.389 (0.276-0.549)

β: regression coefficient; *OR*: odds ratio; *CI*: confidence interval.

家卫生服务报告的结果(分别为88.1%、13.7%)[3]。可以看出,西藏地区居民健康水平相对较低且患病后及时就诊的意识还相对不足。

本研究多因素分析结果显示,医保、健康自评、体检和是否患慢性病均为西藏地区农牧区和城镇居民两周患病医疗机构就诊的影响因素。有医保的居民,可能因就诊带来的经济负担更小,故在患病后有更高的就诊倾向[11]。健康自评越差的居民可能对自身健康状况更加重视,患病后就诊的意愿更强烈。有定期体检行为的居民健康意识更高[12],故应该促进更多居民形成定期体检的习惯。未患慢性病的居民,其两周患病医疗机构就诊率更高,一方面可能是未患慢病的居民有更高的健康意识,患病后有更明显的就诊需求;另一方面,慢性病患者多为中老年人,可能家中储备药物较多,患病后可能更倾向于自我用药。

本研究还发现,农牧区失业居民较在业居民就诊服务利用率低,这提示需要加大对农牧区失业居民健康的关注力度。就诊距离越近,居民两周患病医疗机构就诊率越高,这可能与时间、体力、交通等成本有关[13]。西藏农牧地区地广人稀,导致地处偏远地区的居民就诊成本大,故患病后及时就诊倾向更低。此外,与家庭医生签约的农牧区居民患病后,可能从电话、网络等途径接受家庭医生的指导,故前往医疗机构就诊的倾向较低。

本研究多因素分析结果显示,性别、婚姻、健康自评、健康档案、是否患慢性病、医保是西藏农牧区和城镇居民住院的共有影响因素。女性居民住院率更高,可能原因为女性身体素质相对较差,患病概率较大,导致住院行为的增加。已婚者有更高的住院比例,可能是这类人群有家庭成员的照顾,且经济成本由家庭承担,故患病后住院倾向更高。健康自评差、行动困难、患慢性病者可能因常年患病,故有更高的住院率[14]。无健康档案的城乡居民住院率高,这类人群可能伴有不健康的行为及生活方式,亦或患病后未能规范化治疗,导致病重入院;而健康档案可帮助卫生人员更好地了解当地居民的健康状况,对患病及高危人群进行管理,这也体现出推动健康档案居民全覆盖的必要性。在业居民虽然门诊服务利用率较高,但住院服务利用率偏低。在业人员可能因工作原因,不愿甚至无法住院治疗,而这也提示我们可能需要加大对在业人员健康状况的关注力度。

此外,年龄、体检也是西藏地区农牧区居民住院的影响因素。老年人因机体各项功能衰退,易患各种疾病而住院[15]。定期体检的农牧居民可能家庭经济条件较好,健康意识较高,患病后及时住院意愿更强。

西藏地区城乡居民健康状况相对较差,且患病后及时就诊的意识相对薄弱。对此,相关卫生部门应加大对卫生服务利用弱势人群的关注力度,重点从城乡居民卫生服务利用共有的影响因素入手,兼顾差异性,合理配置卫生资源,提高西藏地区居民卫生服务有效利用率。此外,相关部门应进一步落实患病就医的经济补偿机制,防止城乡居民出现"因病致贫""因病返贫"等问题。最后,应加大健康教育等相关力度,转变部分城乡居民仍存在的"小病拖、大病扛"等观点。

* * *

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