

عنوان مقاله:

Health Inequalities of STEMI Care Before Implementation of a New Regional Network : A Prefecture-Level Analysis of Social Determinants of Healthcare in Yunnan, China

محل انتشار:

مجله بین المللی سیاست و مدیریت بهداشت, دوره 11, شماره 8 (سال: 1401)

تعداد صفحات اصل مقاله: 12

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خلاصه مقاله:

**Background** As one of the most serious types of coronary heart disease, ST-elevation myocardial infarction (STEMI) faces huge challenges in the equal management and care of patients due to its life-threatening and time-critical condition. Health inequalities such as sex and age differences in STEMI care have been reported from developed countries. However, limited outcomes have been investigated and the major drivers of inequality are still unclear, especially in under-developed areas. This study aimed to explore the major drivers of health inequalities in STEMI care before implementation of a new regional network in the south-west of China. **Methods** Prefecture-level data of STEMI patients before the implementation of a regional network were analysed retrospectively. Drivers of inequality were identified from six social determinants of health, namely area of residence, ethnicity, sex, age, education and occupation. Outcomes of STEMI care included timely presentation, reperfusion therapy, timely reperfusion therapy, heart failure, inpatient mortality, length of hospital stay, hospital costs, and various intervals of ischaemic time. **Results** A total of 376 STEMI patients in the research area before implementation of the STEMI network were included. Compared with urban residents, rural patients were significantly less likely to have timely presentation (odds ratio [OR] = 0.47, 95% CI: 0.28-0.80, P = 0.004) and timely reperfusion therapy (OR = 0.32, 95% CI: 0.14-0.70, P = 0.005). Rural residents were less likely to present to hospital promptly than urban residents (HR = 0.65, 95% CI = 0.52-0.82, P < 0.001). In the first 3 hours of percutaneous coronary intervention (PCI) reperfusion delay and first 6 hours of total ischaemic time, rural patients had a significantly lower probability to receive prompt PCI (hazard ratio [HR] = 0.40, 95% CI: 0.29-0.54, P < 0.001) and reperfusion therapy (HR = 0.37, 95% CI: 0.25-0.56, P < 0.001) compared to urban patients. **Conclusion** Rural residents were a major vulnerable group before implementation of the regional STEMI network. No obvious inequalities in ethnicity, sex, age, education or occupation existed in STEMI care in Chuxiong Prefecture of China.

کلمات کلیدی:

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