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Research on the Supply of Primary Healthcare Services in Minority Rural Areas in China:
evidence from Xiangxi Tujia and Miao Autonomous Prefecture.

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【Introduction/Objective】 Improving access to primary healthcare in rural areas is crucial for preventing disease progression and promoting population health. However, minority rural regions in central China face challenges in providing basic medical services. This study aims to investigate the supply of primary healthcare services in 13 administrative villages in Xichehe Town, Xiangxi Tujia and Miao Autonomous Prefecture, through questionnaire surveys and interviews.

【Methods】 From June to October 2020, primary data on healthcare services in Xichehe Town were collected using questionnaires and interviews. The number of rural healthcare institutions was recorded, and surveys were conducted with village clinic staff (n=31) and ordinary villagers (n=120). Interviews with clinic staff focused on their information, training, infrastructure, services provided, challenges, and suggestions. Villagers were randomly selected to gather information on medical expenditure, difficulties in accessing healthcare, and improvement suggestions.

【Results】 In Xichehe Town, there were 3 township health centers and 6 village clinics, with a healthcare institution-to-population ratio of 0.02%. Among the township health centers, the doctor-to-nurse ratio was 1:0.70. 83.4% of village clinics lacked nursing professionals, and 65% of healthcare workers in these clinics did not possess the required qualifications. 85.7% of healthcare workers in village clinics had a high school education or below. The clinics suffered from disorganized spatial arrangements and a severe shortage of medical equipment supply. The services provided by the village clinics were limited, lacking specialized nursing, chronic disease prevention and treatment, and health education. 70.8% of villagers expressed difficulties in accessing medical care, and only 30% of villagers expressed satisfaction or high satisfaction with the village clinics.

【Conclusions】 The results of this study underscore the significant challenges in providing primary healthcare services in minority rural areas. The low institution-to-population ratio, shortage of nursing professionals, inadequate infrastructure, and limited services offered by village clinics highlight the disparities in healthcare access and quality. To address these issues, there is a need for targeted interventions such as improving infrastructure, recruiting, and training qualified healthcare personnel, and expanding services to include specialized care and health education. By implementing these improvements, the overall accessibility and effectiveness of primary healthcare can be enhanced, leading to improved health outcomes for minority populations in rural areas.