

Assessing the development status of the health - treatment Indicator by using planning techniques and providing a composite model (Case Study: Zagros region)

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EXTENDED ABSTRACT

Introduction

One of the development indicators whose geographical distribution in provinces is always heterogeneous is the health-therapeutic index. For this reason, planners and policy makers have always tried to pay special attention to the proper distribution of health-care facilities during the development plans while trying to improve their health. Injustices in the distribution of health services and facilities impose heavy financial burdens on societies. The continuity of these inequalities leads to backwardness and slower growth of societies. Therefore, the purpose of this study was to evaluate and rank the degree of development of the Zagros Mountains of health - treatment Index care planning model (VIKOR, TOPSIS and taxonomy correction), The results of these three models provide integrated model is based on the integration techniques.

Methodology

Applied research and development and Methods of the "descriptive- analytical". The population is the five provinces of the region Zagros (Kermanshah, Kurdistan, Ilam, Lorestan and Hamedan). Information required from the Statistical Yearbook, provincial, and referring to health centers, have been collected (about 2011). Index examined in this study is health - treatment Index which consists of 35 variables. Also data is matched Province and Meaning that variables relating to the provinces are general and are related to the whole province, The variables are converted to 10 thousand people. Also in this study, data analysis software spss, Excel, a little planning models is used (VIKOR , TOPSIS and modified taxonomy) to measure and rank the degree of development of the region. Finally, according to the results of these models were not compatible with each other in some cases, is used so as to reach a general consensus of technical integration (Borda method, Copeland and Methods average). As well as to determine the results is used of which model can be used to determine the state of health development - health care trust area percentage change equation.

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Result & Discussion

The results show that the model VIKOR in Hamedan, Kurdistan, Ilam, Kermanshah and Lorestan and 5 are in the first place. But the results of TOPSIS, VIKOR is different from the provinces of Kurdistan, Hamedan, Kermanshah, Lorestan and Ilam are in the first place to fifth place in all provinces except Lorestan has changed and the results of model fit Taxonomy with TOPSIS and provinces under study their development level similar to the same ranking in TOPSIS are not topsis. In the end, we use for comparing the three VIKOR, topsis and modified taxonomy percentage change in method . The results show that, Modified taxonomy model with the lowest 26% and 40% respectively with two VIKOR and topsis have changed. So the modified taxonomy model to measure the degree of development is more appropriate than other models.

Conclusion

The first step to promote health and reduce health gaps among different regions achieving a relatively complete understanding of the health in those areas situation. Health status of the development of the Zagros region using the 3 model VIKOR, Topsis and modified taxonomy was based on the results VIKOR the province developed by a factor of 0/133 in the first place, therefore, Ilam, Kurdistan and development coefficients 0/263 and 0/382, 0/488 developed by a factor of Kermanshah is relatively developed, developing and ultimately by a factor of 0/619 in Lorestan province were relatively deprived of development. But the results of TOPSIS have a marked difference with the results VIKOR model was based on the results of the model developed at the regional level, there is no province And Kurdistan by a factor of 0/609, 0/581 of moderately developed by a factor of Hamedan, Kermanshah and Ilam developing coefficient 0/346 and 0/235 development, Lorestan relatively deprived and ultimately by a factor of 0/609 as the province was deprived of development. In this model. The ranked VIKOR significant difference remained the only place in the province and other provinces rank has changed. As well as the development level of provinces on the basis of this model suggests that the province: a relatively developed, Kordestan and Kermanshah: developing, Ilam: relatively deprived, Lorestan deprived of development. Thus the first hypothesis based on the results of the three models (it seems Zagros region in terms of indicators of health is in good condition) is rejected. At the end of the multi-criteria decision may be mentioned that in a number of ways may be used to decide the results of these methods are not always the same In such circumstances, the combined use of models can be a good way to rank. While rate fluctuations and changes in the results of this method compared to other methods used, the percentage change is less, the degree of importance and prestige more. Therefore, the second hypothesis (it seems VIKOR model than other models to measure the development level health research - health is more suitable area) is rejected.

Keywords: Zagros region, health - treatment Index, planning models, Regional development