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ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

OASES EU-wide Conference

Making Medical Deserts Bloom

Breakout session 1

How to identify a medical desert?

By Corinne Hinlopen, Wemos

Countries



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Conceptualisation

Working definition of ‘medical desert’ (in call for proposals)

‘isolated or depopulated areas

and

urban and rural areas
with a low concentration of services’

In health workforce context:

‘falling number of medical practitioners;

inadequate composition of healthcare
professionals’ teams;

little or no access to digital technologies’

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Conceptualisation

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In Health Workforce context

'falling number of medical practitioners; inadequate composition of healthcare professionals' teams; little or no access to digital technologies'

?

How?
Geographically?
Otherwise?

What is
'depopulated'?

?

What services
are we talking
about exactly?

Connectivity? Digital
illiteracy? Other
reasons?

What practitioners are
we talking about?

?

What is 'inadequate'? For whom
is it inadequate?
What should a 'team' look like?

?

What is 'low'?

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Mentimeter

Go to www.menti.com and use the code 4954 7248

Which services do you consider, in your context, most important for the definition of 'medical desert'?

Which category are you missing? Please provide suggestions.

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The way AHEAD

- *Our challenge is*

To understand existing concepts of health, well-being and care, in their specific social, cultural and political context, at local as well as national level in order to develop a new definition and taxonomy for the concept 'medical desert'.

- **Step 1:** Review the literature
- **Step 2:** Formulate a working definition
- **Step 3:** Contextualise and refine
- **Step 4:** Develop new working definition and taxonomy of 'medical desert'

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The way AHEAD

Step 1: Review the literature

First observations:

- ‘Medical desert’ is used inconsistently
- Overlapping terms include rurality, rural/urban inequalities of access, remote or isolated communities, etc.
- It is measured inconsistently, based on availability of data
- Which raises questions on indicators and how to measure them

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Step 1: reviewing the literature & unravelling the results:

Distance

- Km
- Travel time

Density

- Per geographical unit
 - Per population
- Or a combination?
- Which health and care providers or centres, or services provided?

Access

- Financially
- Waiting lists
- Culturally
- Institutionalised discrimination

Challenges

- How to integrate qualitative information with the quantitative?
- How to compare supply with need & demand?
- How to account for subjectivity & perception?

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The way AHEAD

So, when can we classify an area as ‘medical desert’?

- Depends on indicators used (perhaps combined in composite index?)
- Depends on context
- Depends on what you compare it with: with other areas; with national averages; with the past
- Depends on whom you ask!

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The way AHEAD

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**Medical Deserts Diagnostic
Tool**

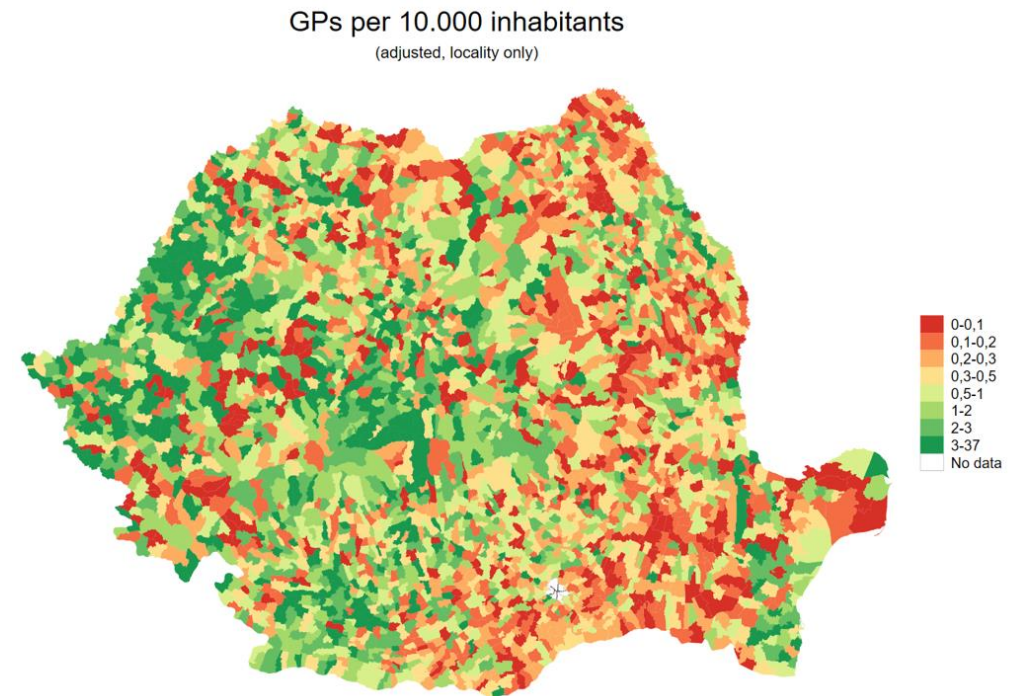
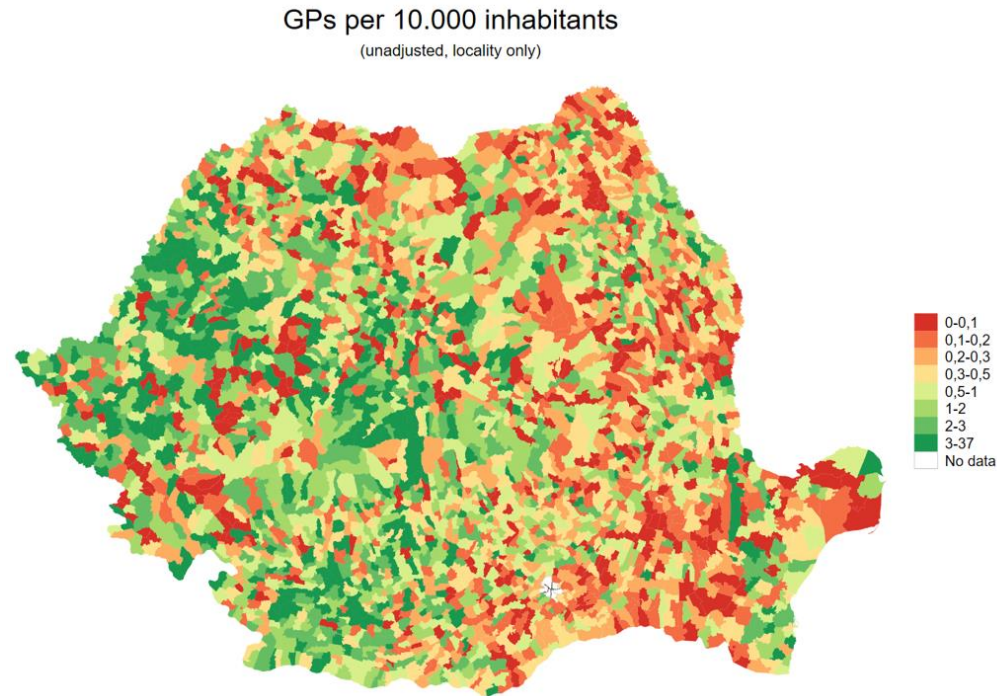
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Medical Deserts Diagnostic Tool

Example: Romania



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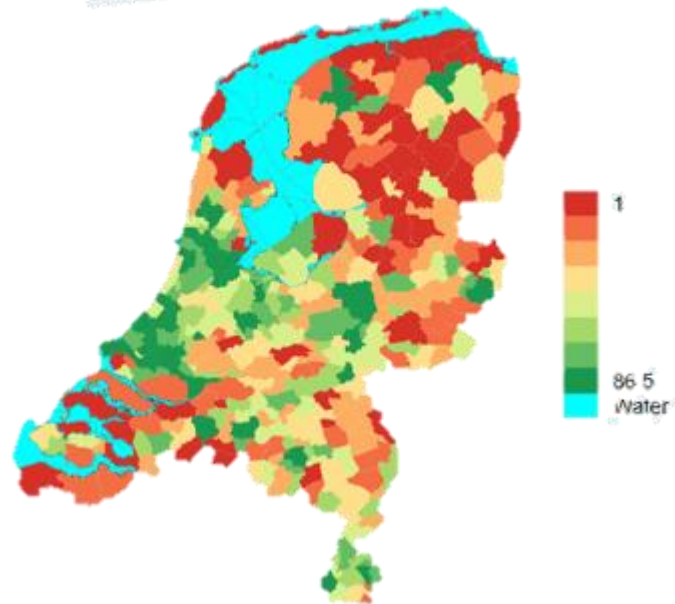


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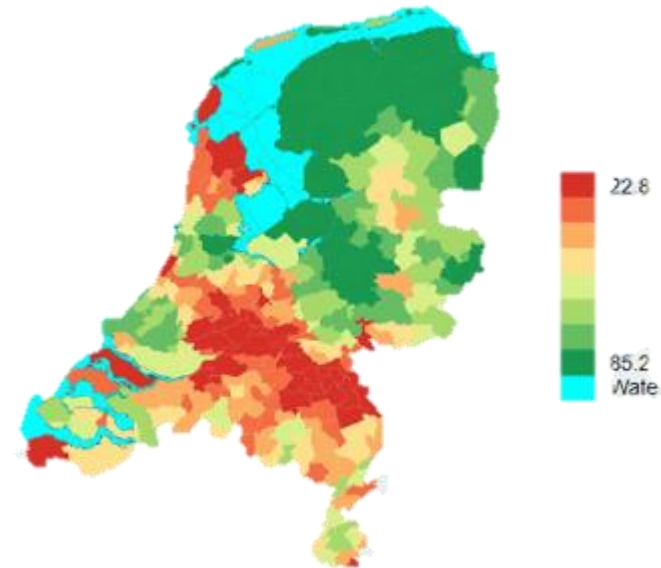
Medical Deserts Diagnostic Tool

Example: Netherlands

GPs IN A RADIUS OF 5 KM



GPs per 100.000 inhabitants
(adjusted, catchment area 30 km)



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Medical Deserts Diagnostic Tool

Added value

- Plug in your own indicator(s)
- Include relevant contextual information
- Give an answer to the key question!
- Support policy makers with their decisions, such as: resource allocation, health team composition / skills mix

**If you want to become part of this exciting work, sign up for our
Medical Deserts Network and AHEAD newsletter!**

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Questions?

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