

Access to Health Care Services

Chapter 7

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- Access to Care for Chronic Disease
- Access to Specialized Services and Home Care



Project for an Ontario Women's Health Evidence-Based Report

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Project for an Ontario Women's Health Evidence-Based Report

A Tool for Monitoring and Improvement

The **P**roject for an **O**ntario **W**omen's Health **E**vidence-Based **R**eport (**POWER**) will serve as a tool to help policymakers and providers to improve the health of and reduce inequities among the women of Ontario.

Ontario Women's Health Equity Report

Volume 1

- Burden of Illness
- Cancer
- Depression
- Cardiovascular disease (CVD)
- Access to Health Care

Volume 2

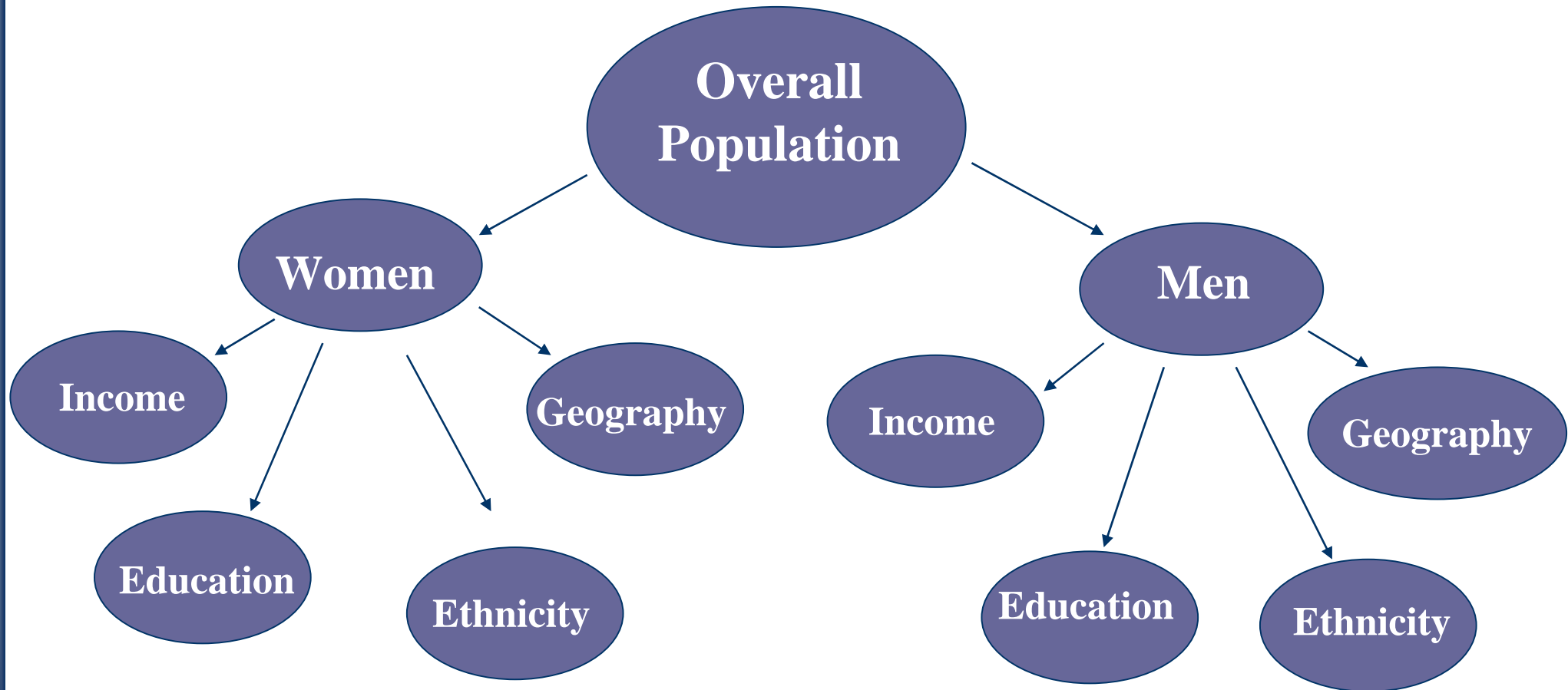
- Musculoskeletal Disorders (arthritis, osteoporosis)
- Reproductive and Gynecological Health
- Diabetes
- HIV Infection
- Special Populations (low income, immigrant and older women)
- Social Determinants of Health
- Conclusions and Policy Implications

Web-based reporting

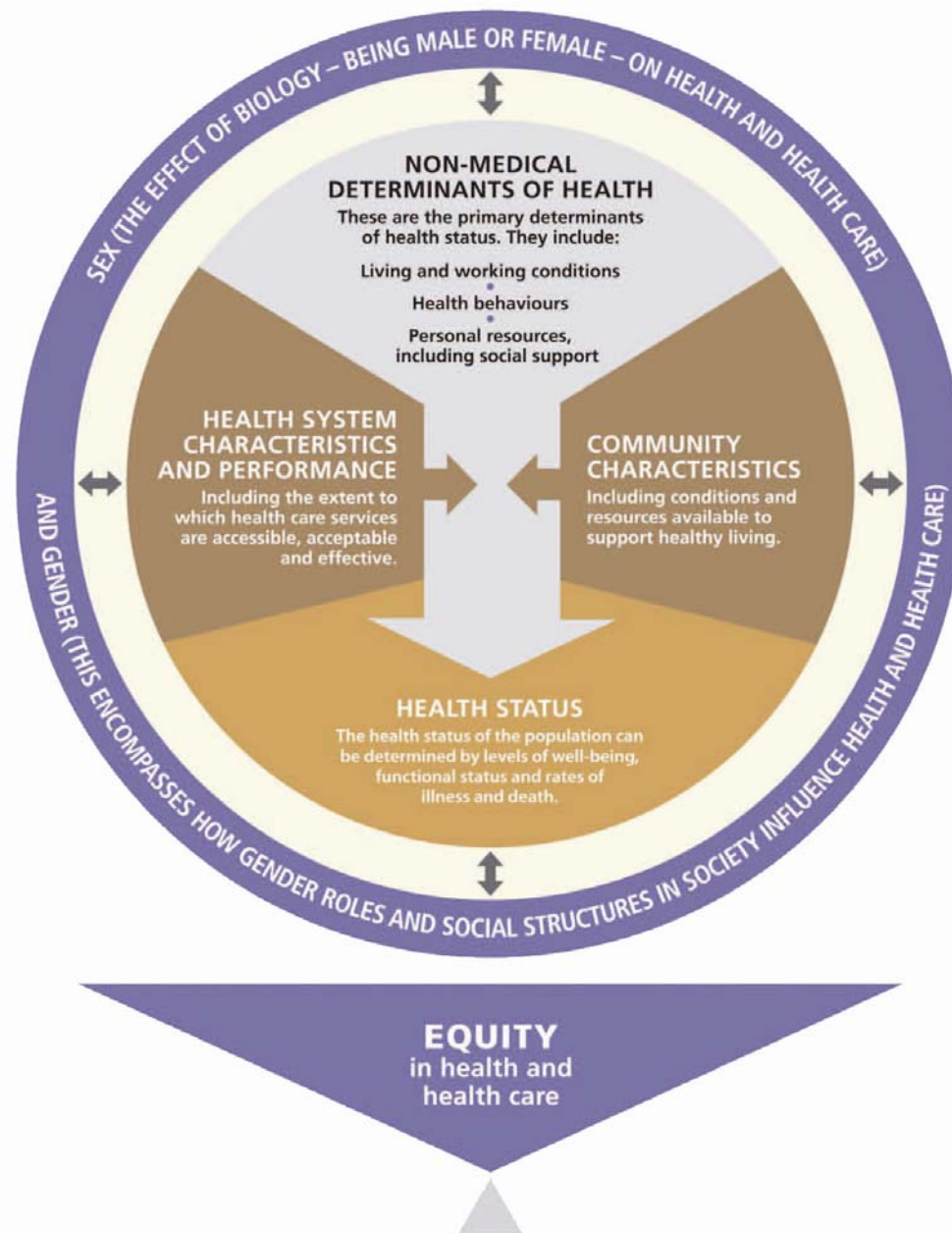
Community-Engaged Research

- POWER Study Roundtables
 - Inform indicator selection and Interpretation
 - Increase uptake of findings
- Consumers: representatives of community based organizations and associations
- Providers: clinicians, hospitals, community health centres (CHCs)
- Policymakers: government, regional health authorities, public health, health data agencies

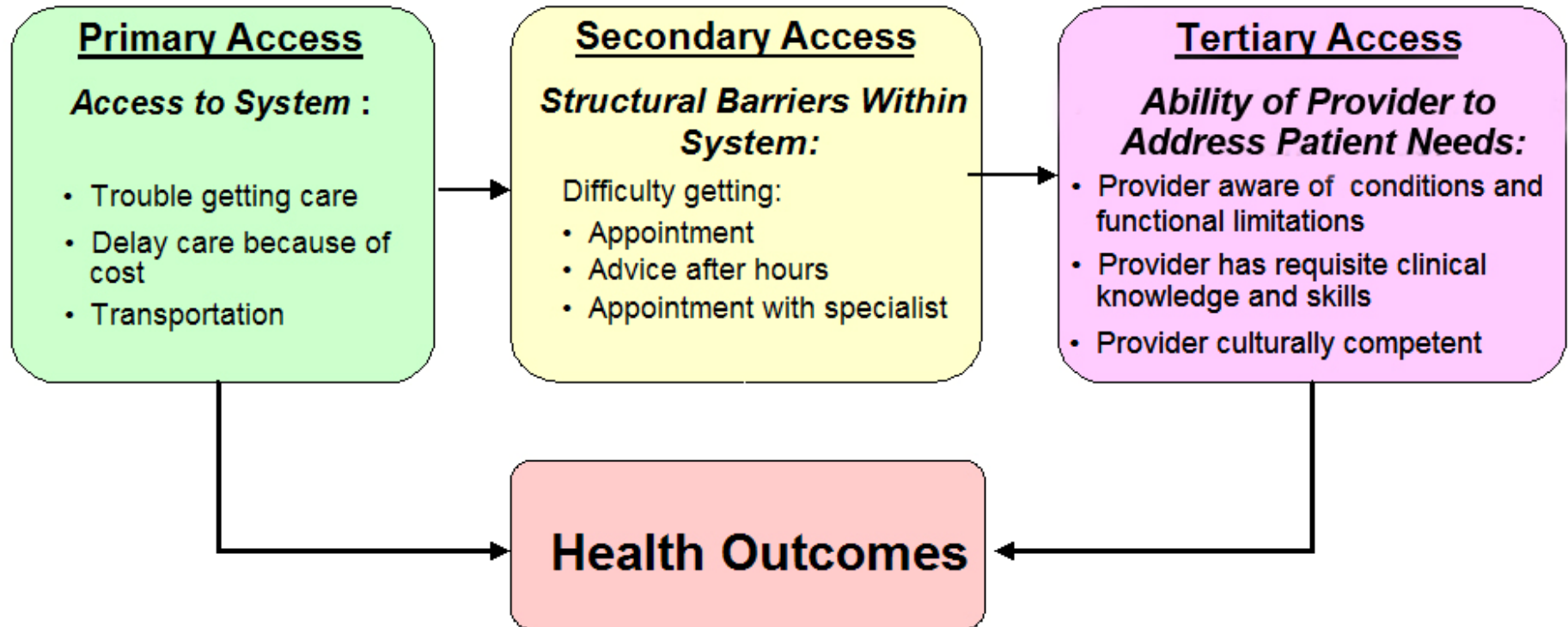
Assessing Equity



POWER Study Gender and Equity Health Indicator Framework

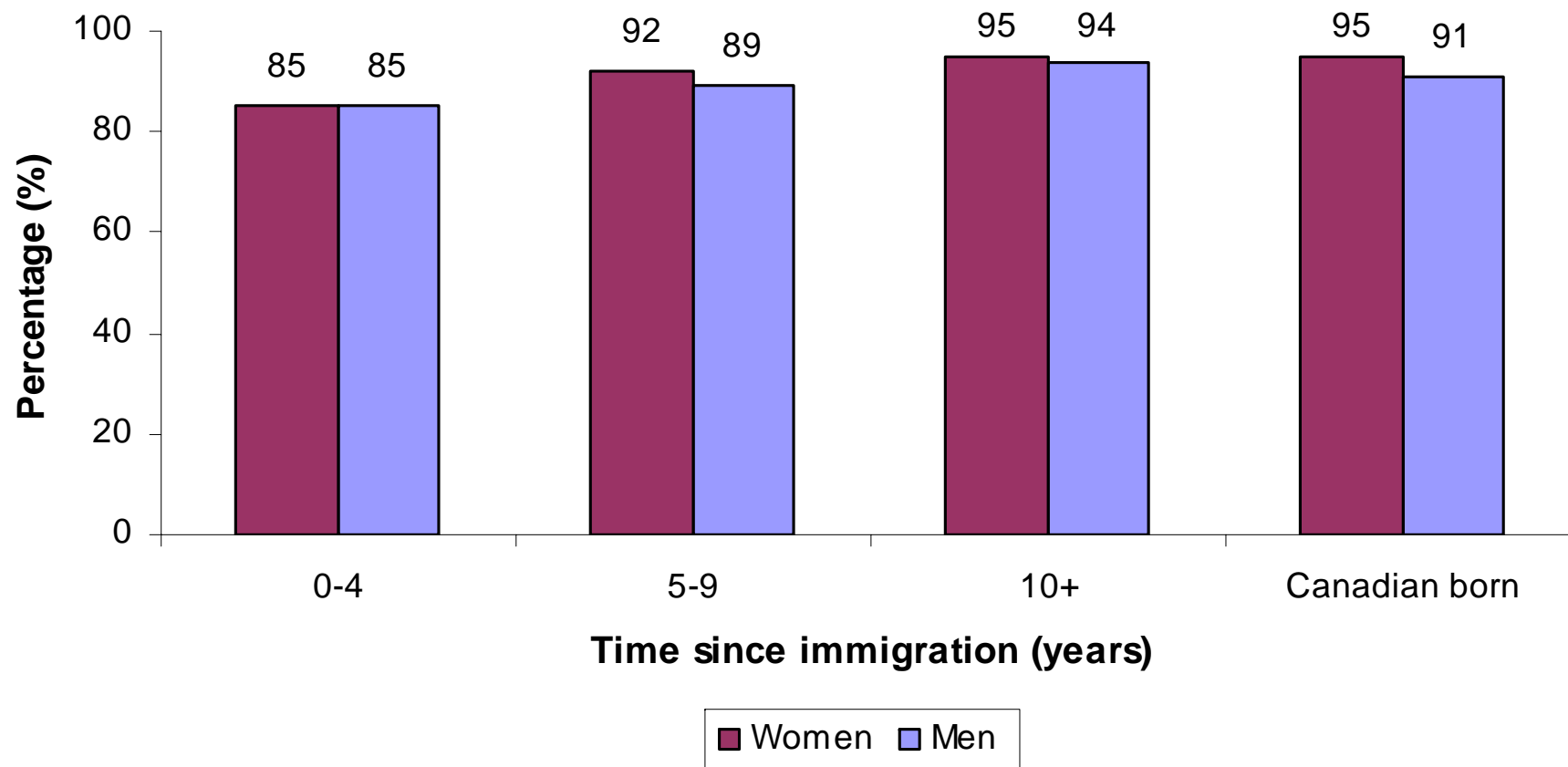


Access, Quality and Health Outcomes



Access to Primary Care

Percentage of adults aged 25 and older who reported having a primary care doctor[¥], by sex and time since immigration, in Ontario, 2006–08[^]

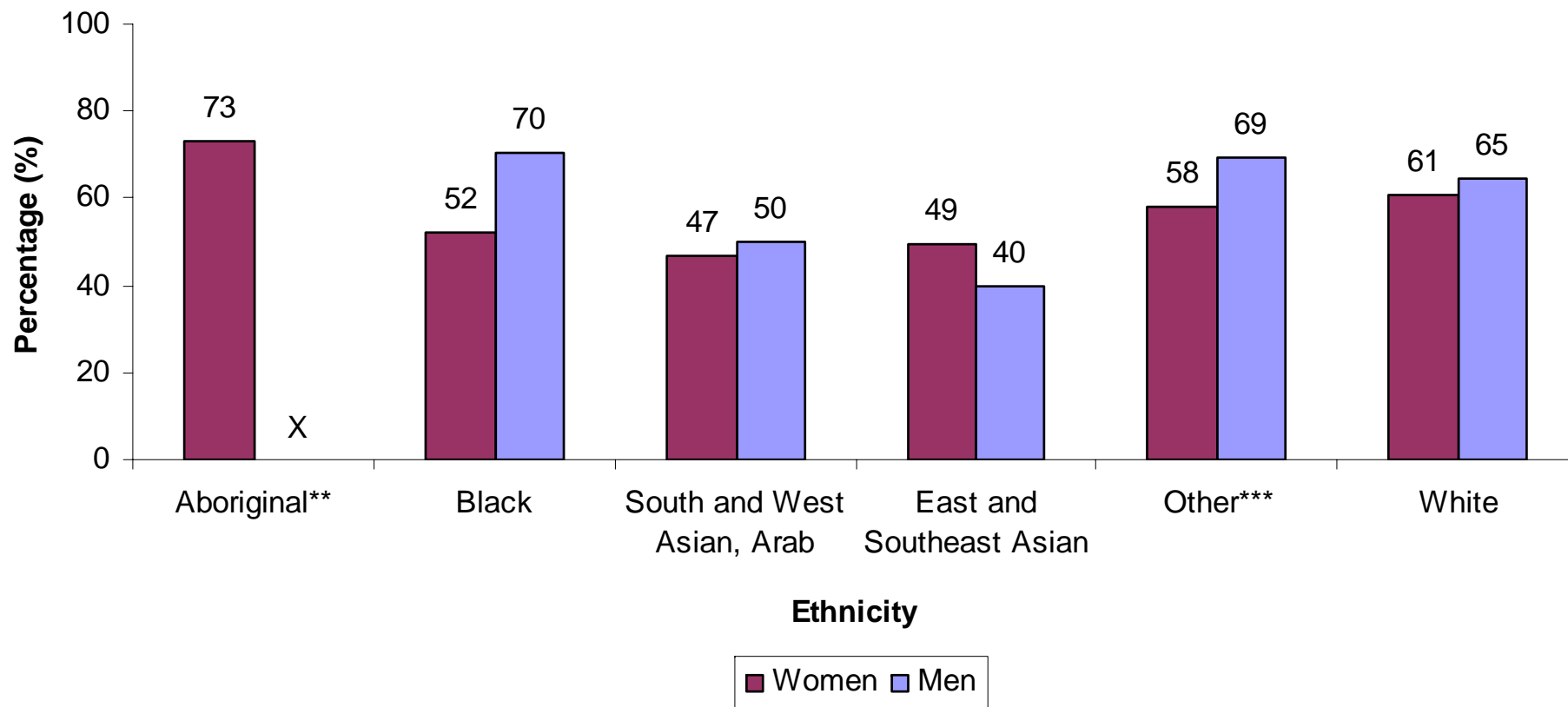


Data source: Primary Care Access Survey (PCAS), Waves 4–11

[¥] Includes family doctor, family physician, general practitioner or medical doctor (could include nurse practitioner)

[^] The survey period was from October 2006–September 2008

Percentage of adults aged 25 and older who reported being very satisfied with their experience of getting an appointment for a regular check-up, by sex and ethnicity, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11

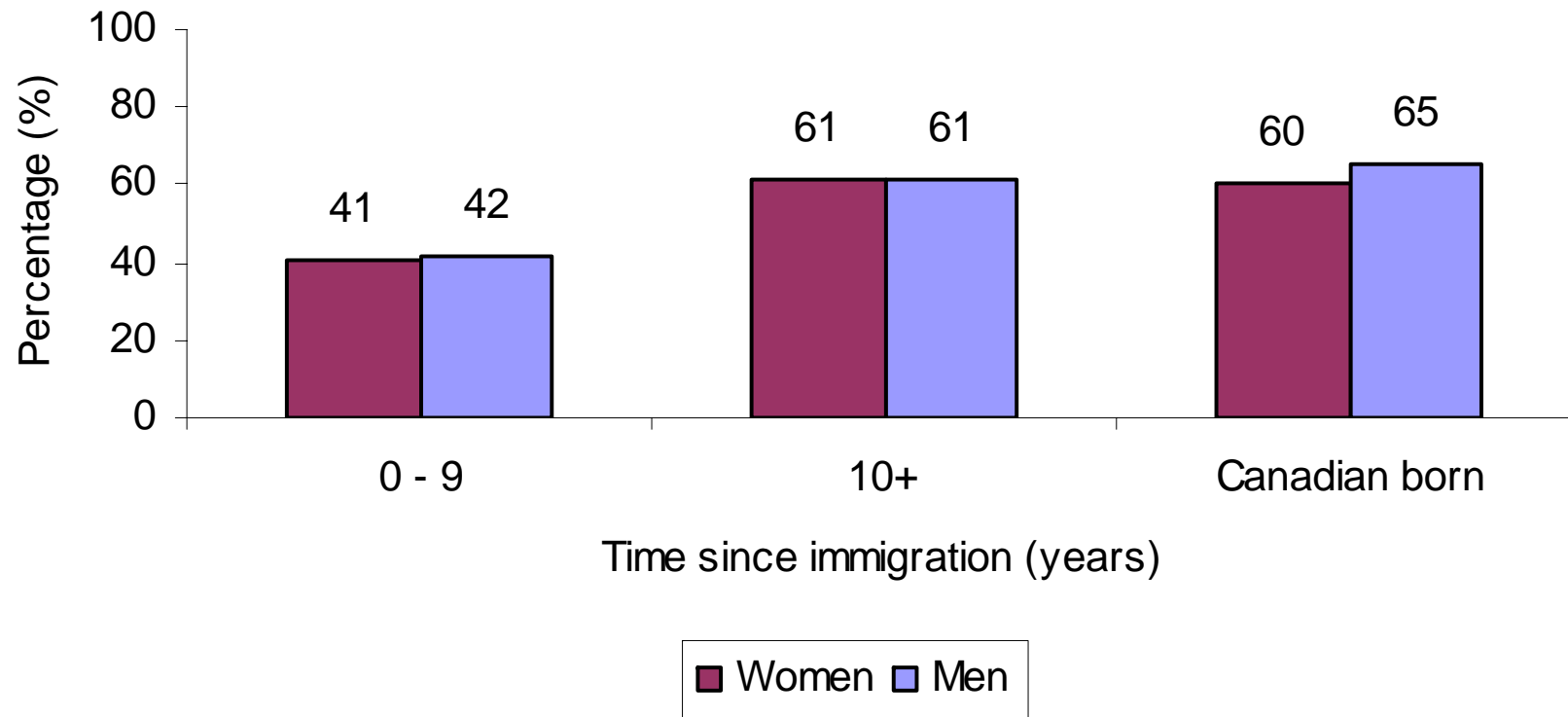
[^] The survey period was from October 2006–September 2008

X Suppressed due to small sample size

** Includes North American Indian, Metis, Inuit

*** Includes El Salvador, other European, other Central American, other South American, religion as ethnicity

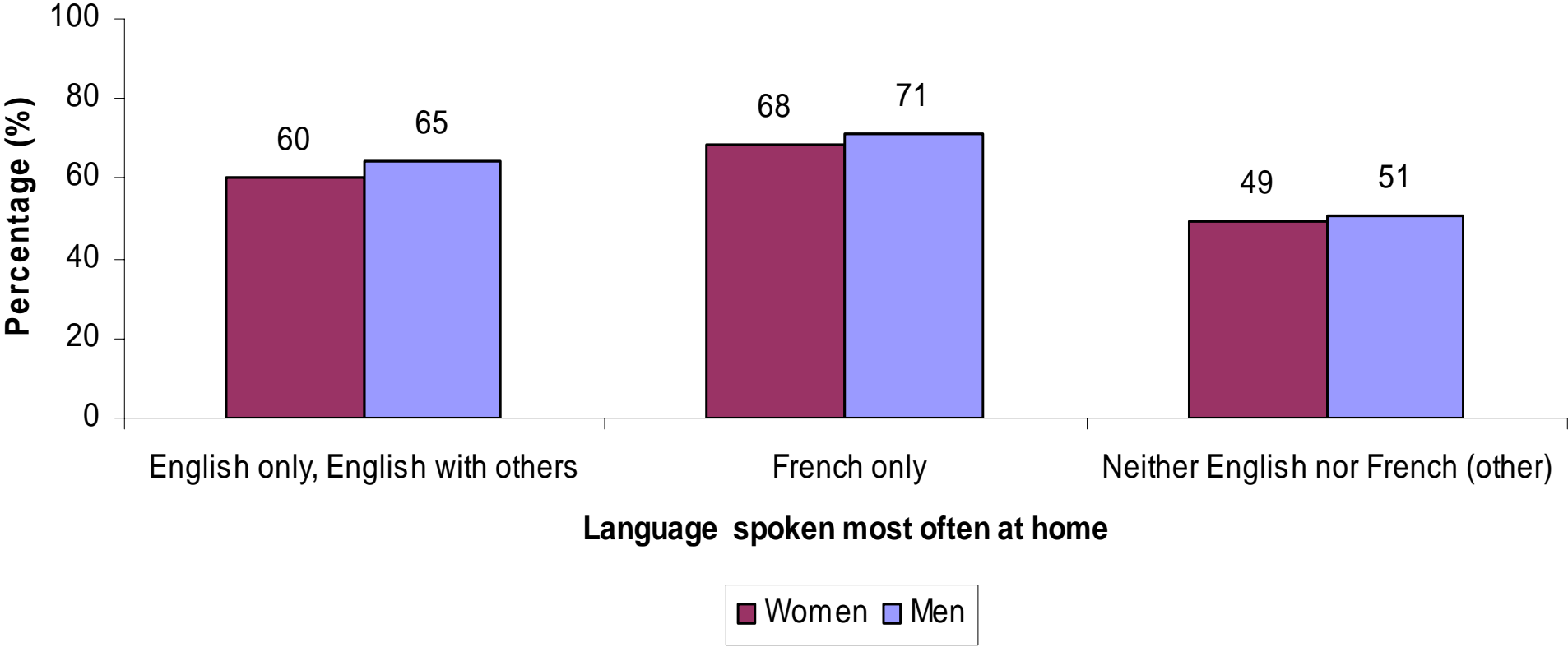
Percentage of adults aged 25 and older who reported being very satisfied with their experience getting an appointment for a regular check-up, by sex and length of time since immigration, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11

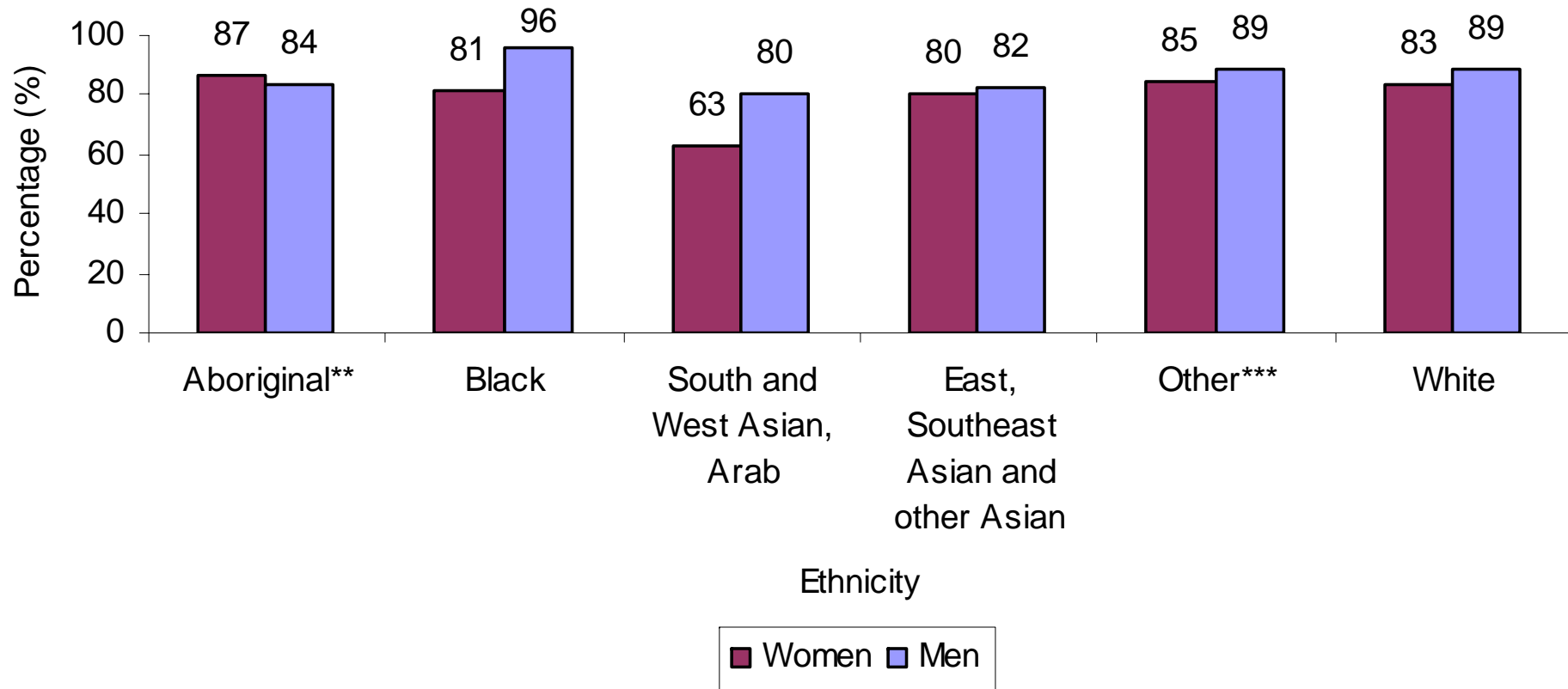
[^] The survey period was from October 2006–September 2008

Percentage of adults aged 25 and older who reported being very satisfied with their experience of getting an appointment for a regular check-up, by sex and language spoken most often at home, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11
[^] The survey period was from October 2006–September 2008

Percentage of adults aged 25 and older who reported no difficulties obtaining monitoring of ongoing problems from a family doctor, by sex and ethnicity, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11

[^] The survey period was from October 2006–September 2008

** Includes North American Indian, Métis, Inuit

*** Includes El Salvador, other European, other Central American, other South American, religion as ethnicity

Percentage of adults aged 25 and older who reported no difficulties making an appointment for an urgent, non-emergent health problem, by sex and neighbourhood income quintile, in Ontario, 2006–08[^]



Data sources: Primary Care Access Survey (PCAS), Waves 4–11; Statistics Canada 2006 Census

[^] The survey period was from October 2006–September 2008

Percentage of adults aged 25 and older who reported no difficulties making an appointment for an urgent, non-emergent health problem, by sex and ethnicity, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11

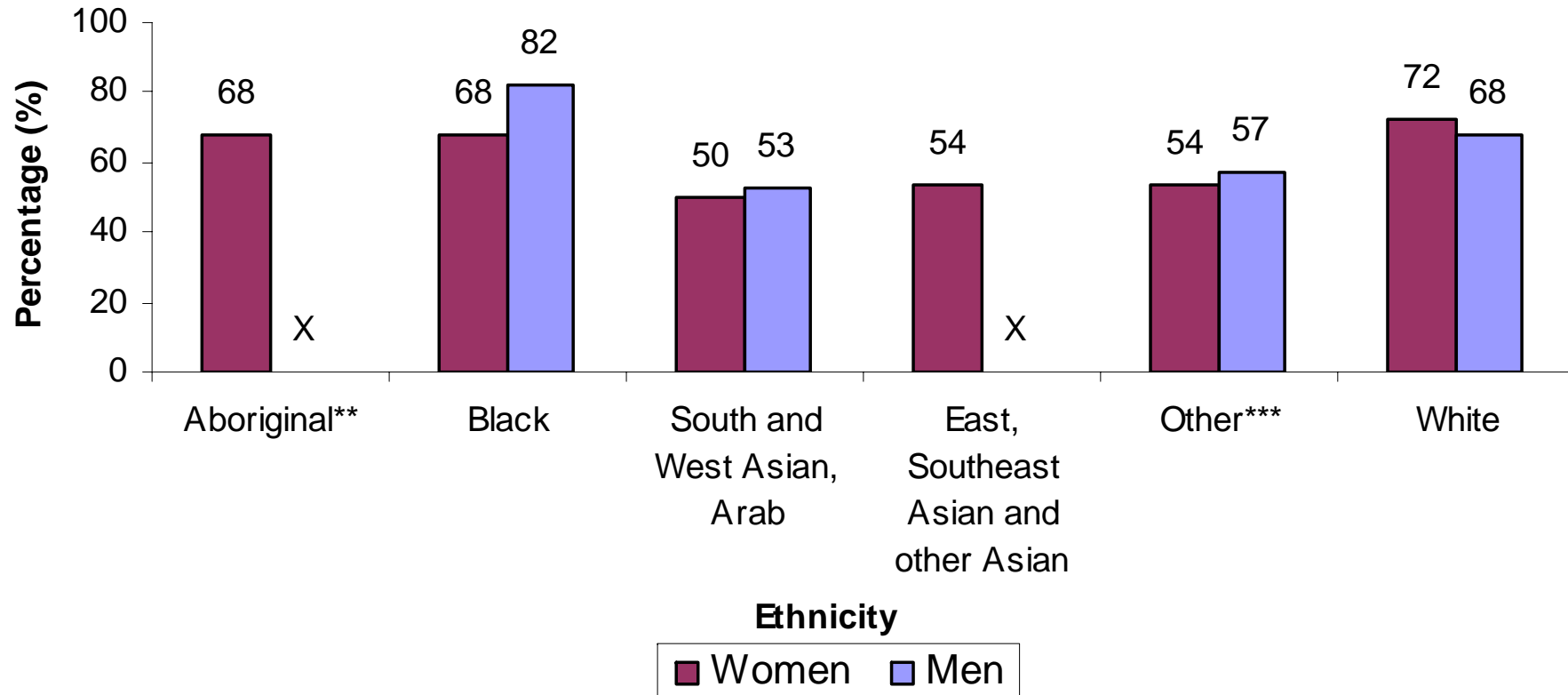
[^] The survey period was from October 2006–September 2008

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Percentage of adults aged 25 and older who reported being very satisfied with the care their doctor provided for an urgent, non-emergent health problem, by sex and ethnicity, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11

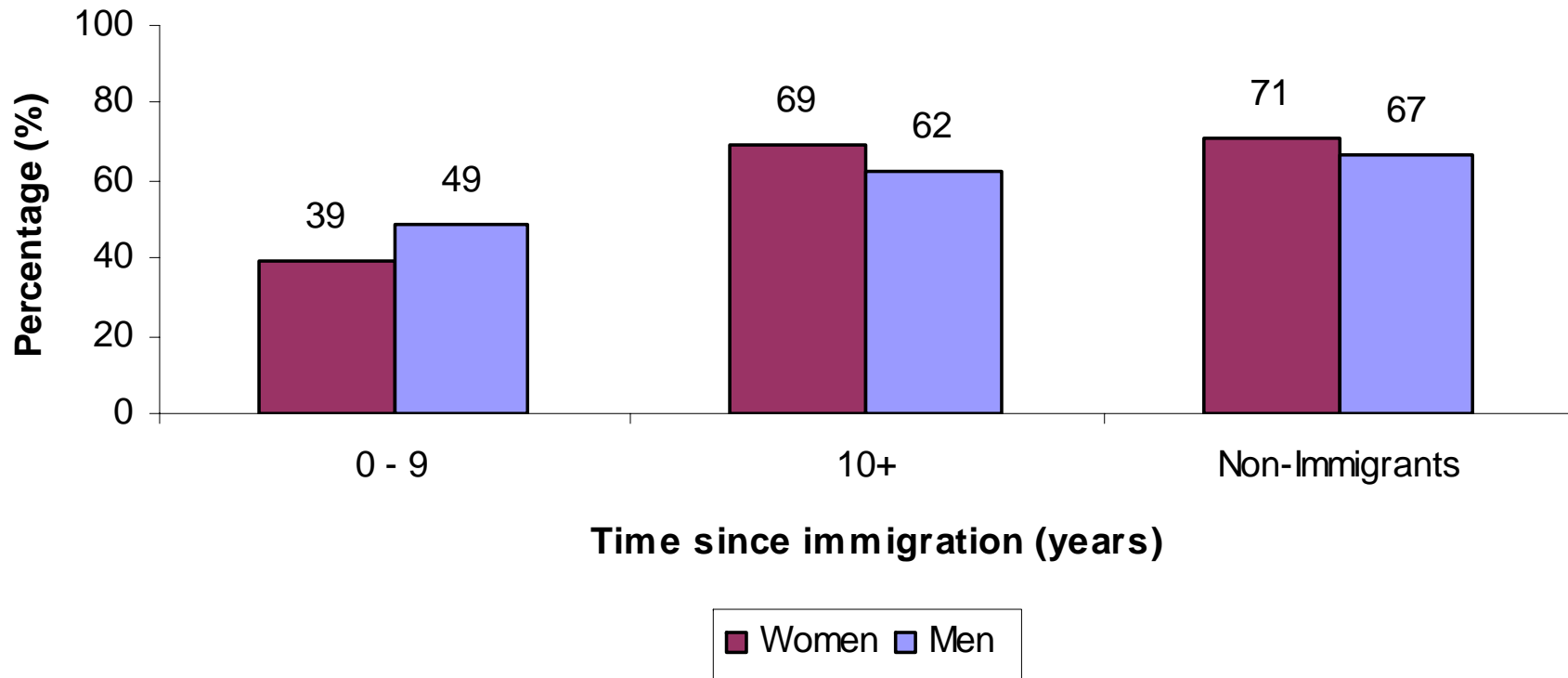
[^] The survey period was from October 2006–September 2008

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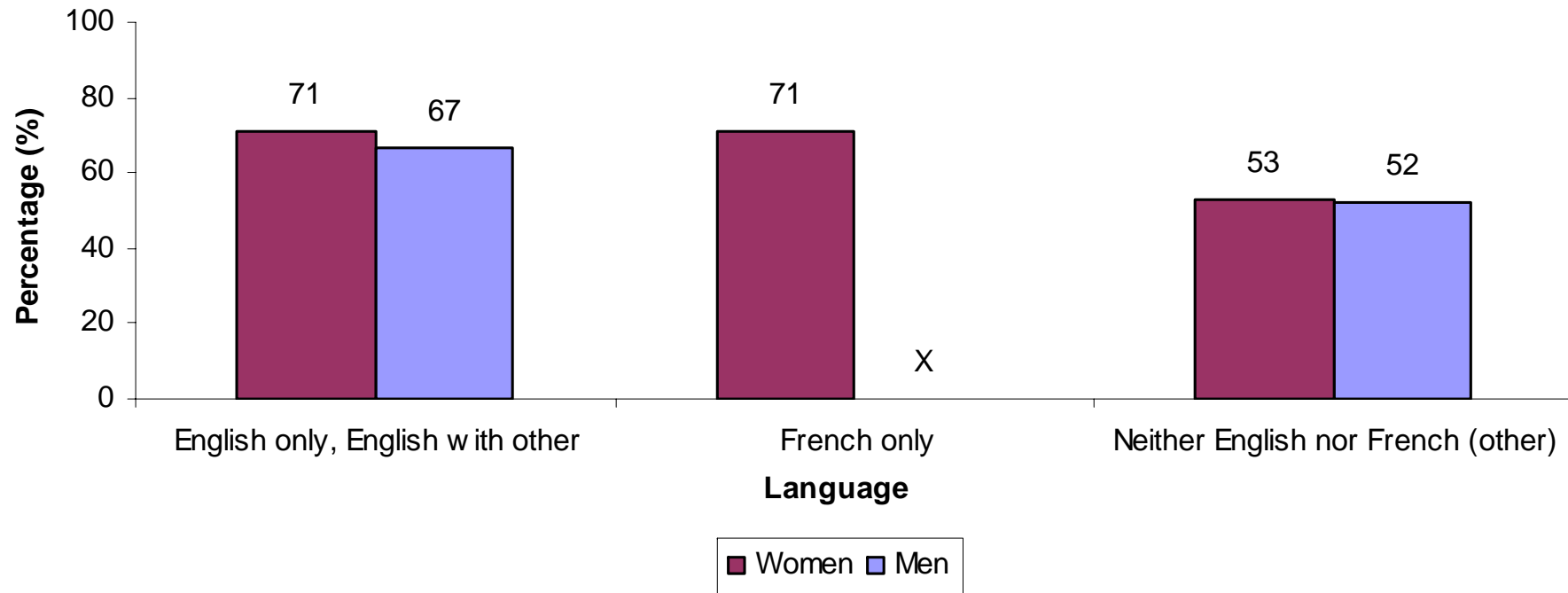
Percentage of adults aged 25 and older who reported being very satisfied with the care their doctor provided for an urgent, non-emergent health problem, by sex and length of time since immigration, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11

[^] The survey period was from October 2006–September 2008

Percentage of adults aged 25 years and older who reported being very satisfied with the care their doctor provided for an urgent, non-emergent health problem, by sex and language spoken most often at home, in Ontario, 2006–08[^]

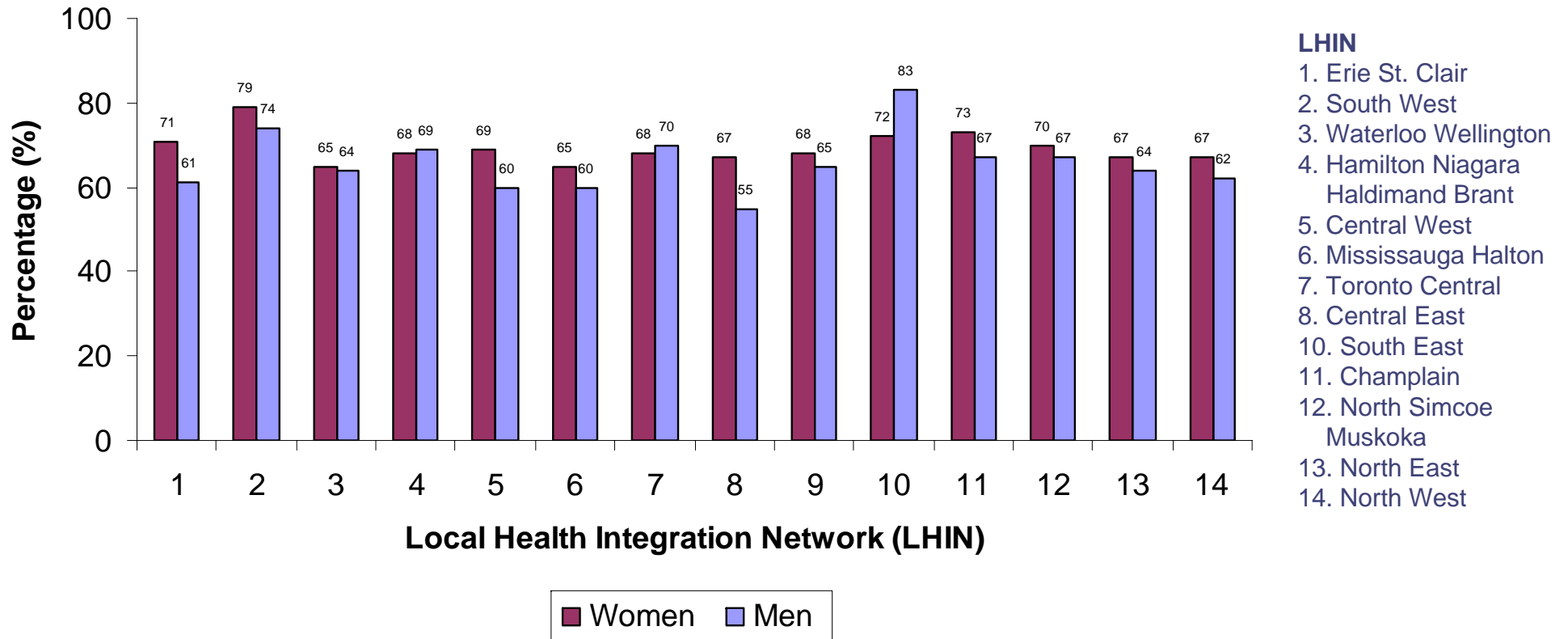


Data source: Primary Care Access Survey (PCAS), Waves 4–11

[^] The survey period was from October 2006–September 2008

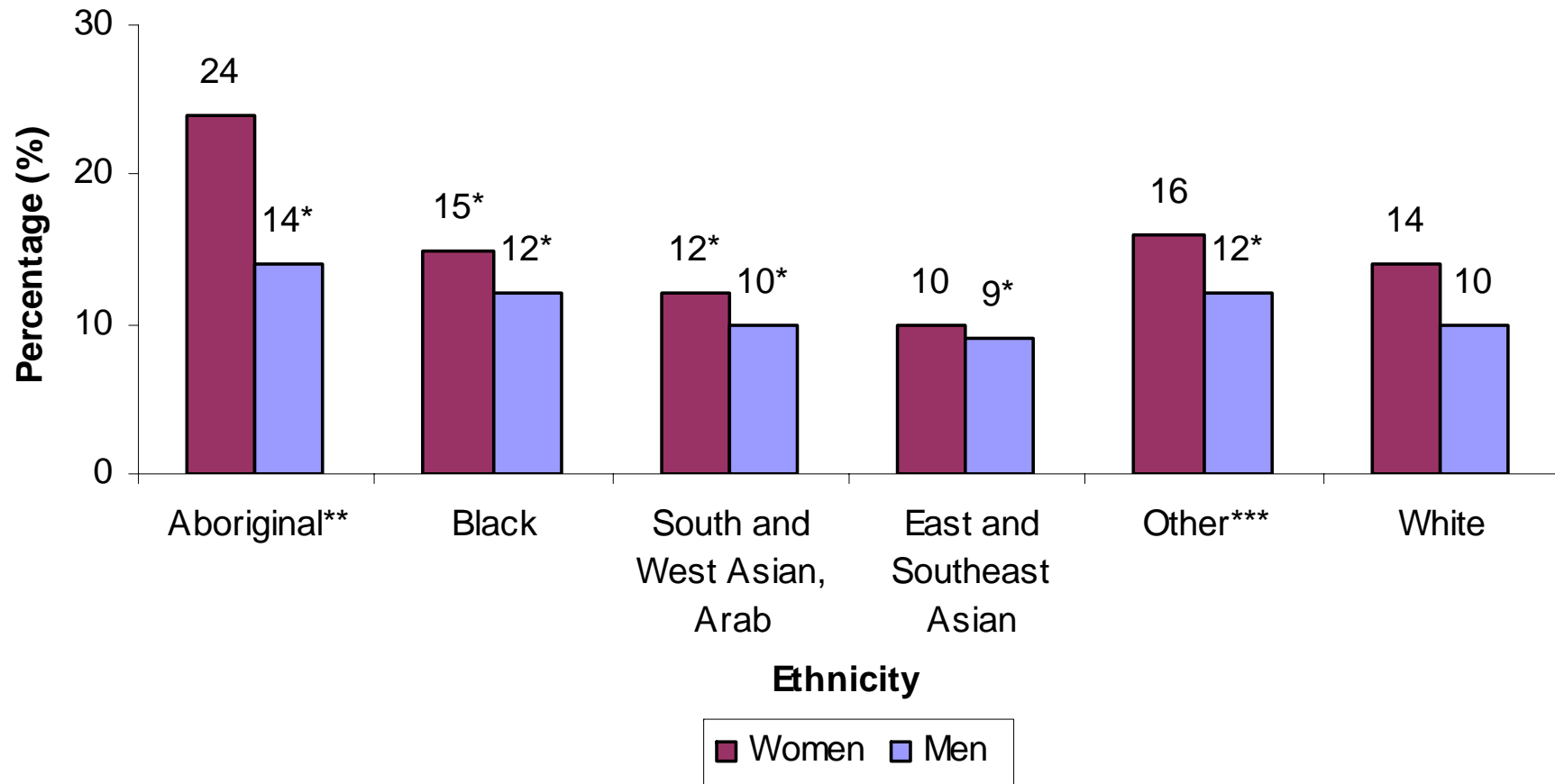
X Suppressed due to small sample size

Percentage of adults aged 25 and older who reported being very satisfied with the care their doctor provided for an urgent, non-emergent health problem, by sex and LHIN, in Ontario, 2006–08[^]



Data source: Primary Care Access Survey (PCAS), Waves 4–11
[^] The survey period was from October 2006–September 2008

Percentage of adults aged 25 and older who reported having unmet health care needs, by sex and ethnicity, in Ontario, 2005



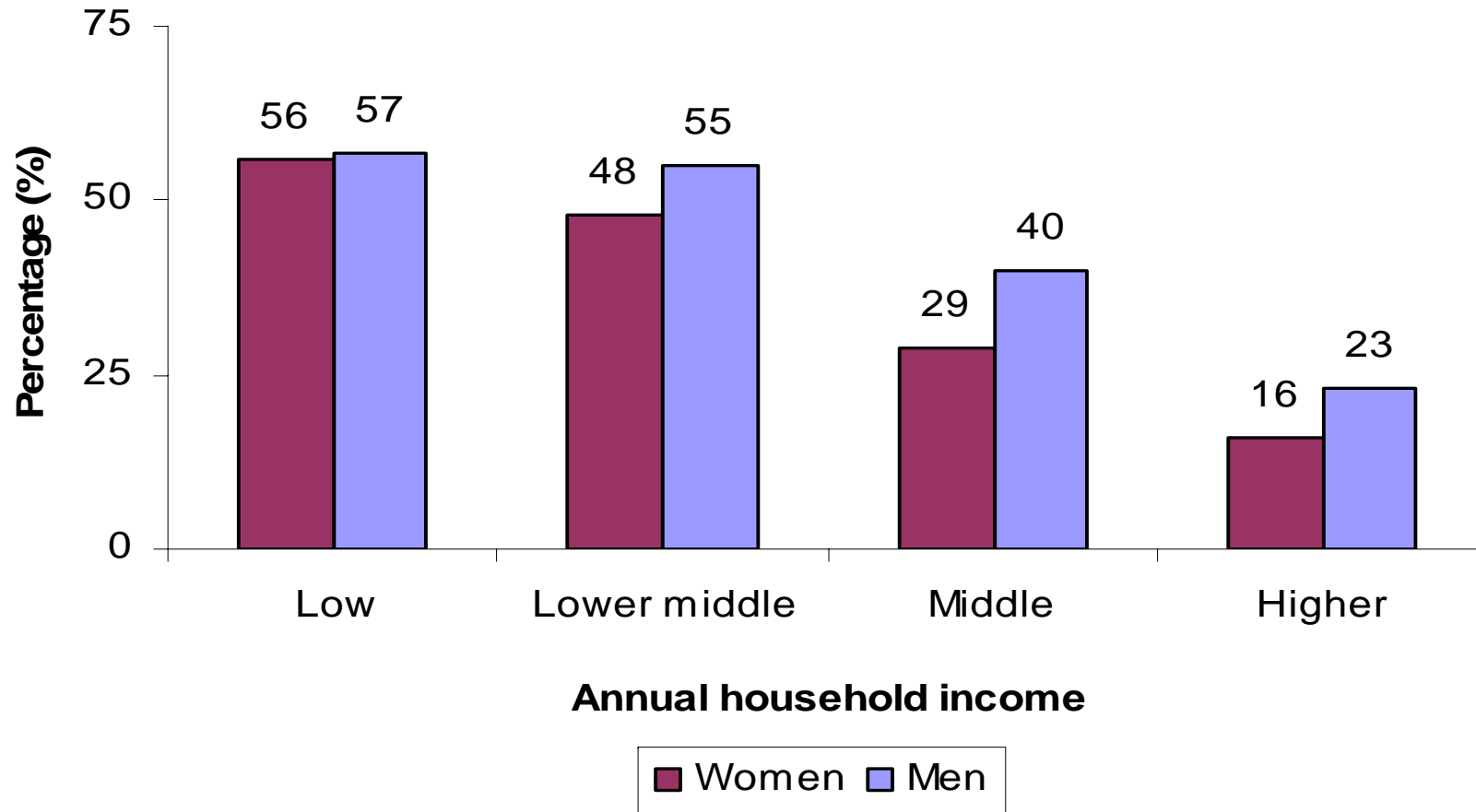
Data source: Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

* Interpret with caution due to high sampling variability

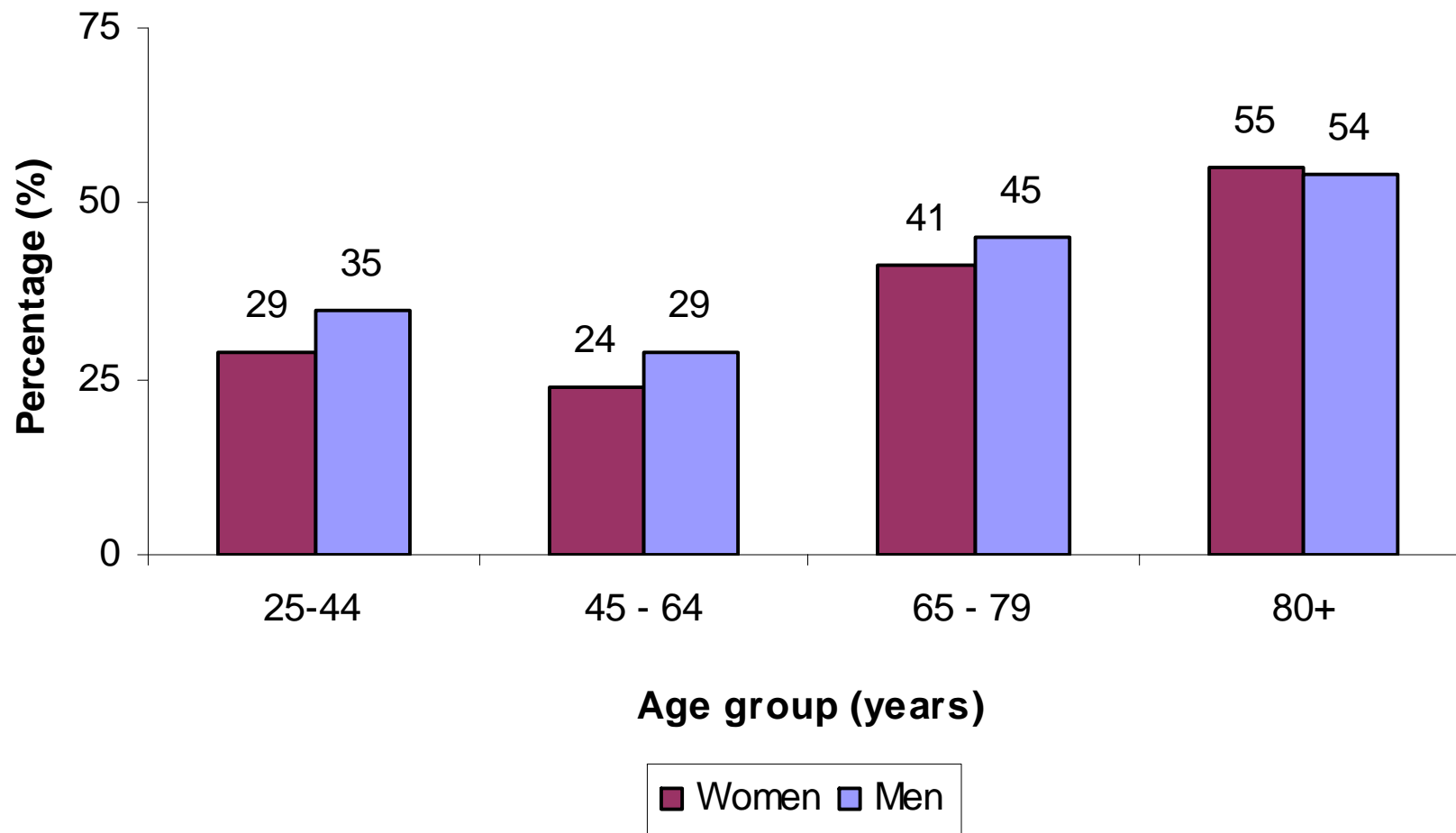
** Includes off-reserve Aboriginals (North American Indian, Metis, Inuit)

*** Includes Latin American, other racial and multiple racial origins

Percentage of adults aged 25 and older who did not visit a dentist in the past 12 months, by sex and annual household income, in Ontario, 2005



Percentage of adults aged 25 and older who did not visit a dentist in the past 12 months, by sex and age, in Ontario, 2005



Percentage of adults aged 25 and older who did not visit a dentist in the past 12 months, by sex and ethnicity, in Ontario, 2005

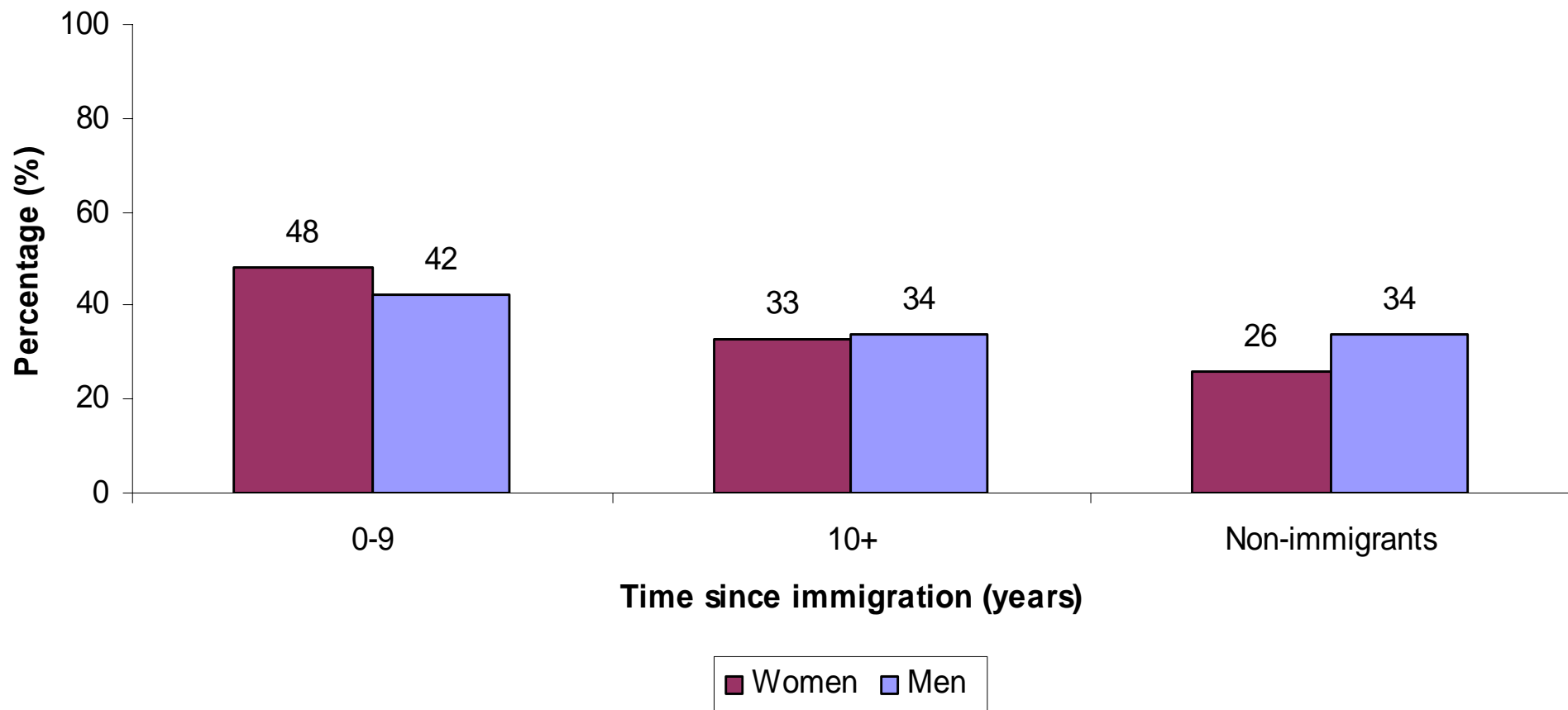


Data source: Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

** Only includes off-reserve Aboriginals (North American Indian, Metis, Inuit)

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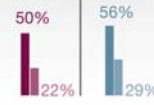
Percentage of adults aged 25 and older who did not visit a dentist in the past 12 months, by sex and length of time since immigration, in Ontario, 2005



Percentage of adults aged 25 and older who did not visit a dentist in the past 12 months, by sex, income and LHIN, in Ontario, 2005

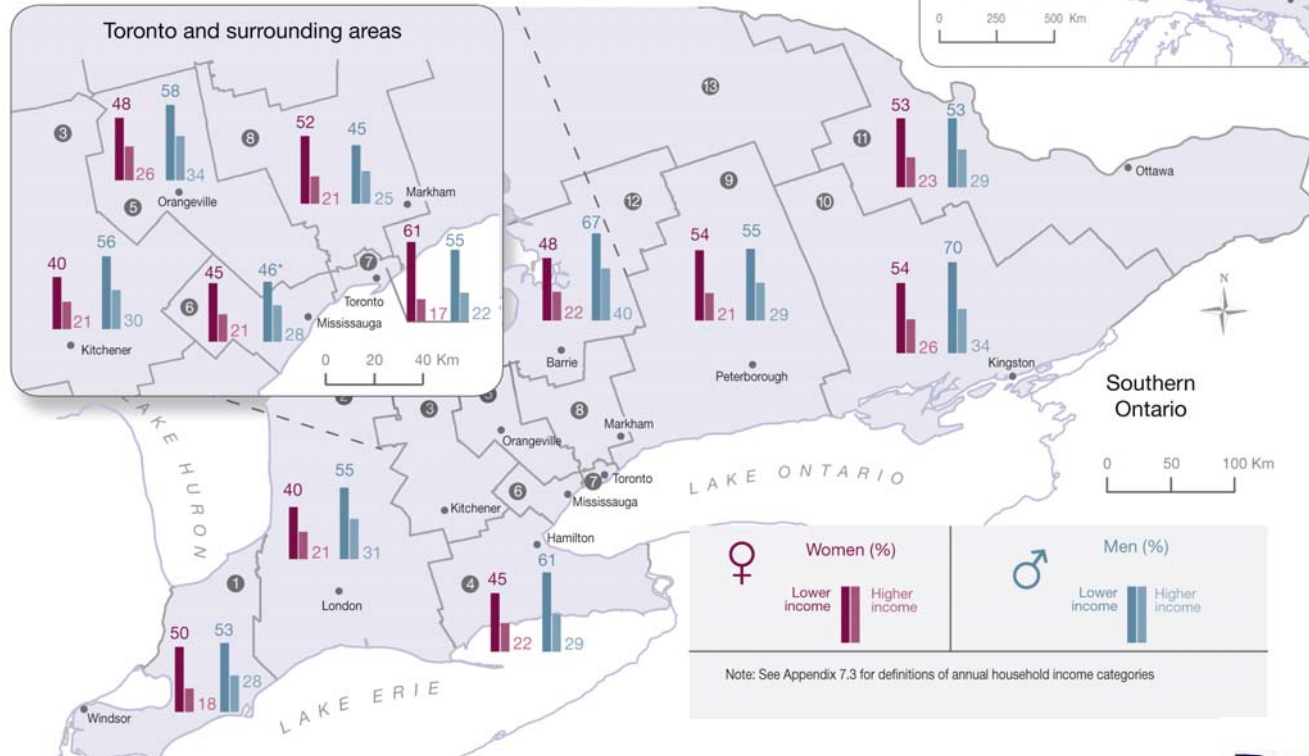
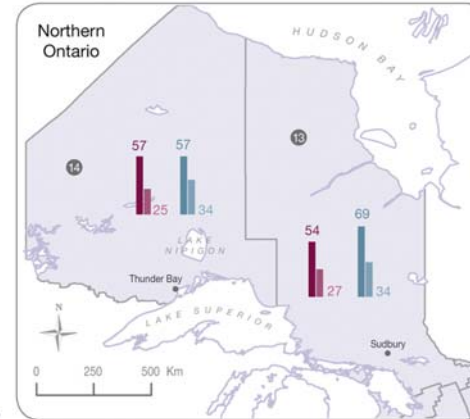
Overall Ontario

In Ontario, 50 percent of lower-income women, 22 percent of higher-income women, 56 percent of lower-income men and 29 percent of higher-income men did not visit a dentist in the past 12 months.



Local Health Integration Networks (LHINs)

- 1 Erie St. Clair
- 2 South West
- 3 Waterloo Wellington
- 4 Hamilton Niagara Haldimand Brant
- 5 Central West
- 6 Mississauga Halton
- 7 Toronto Central
- 8 Central
- 9 Central East
- 10 South East
- 11 Champlain
- 12 North Simcoe Muskoka
- 13 North East
- 14 North West



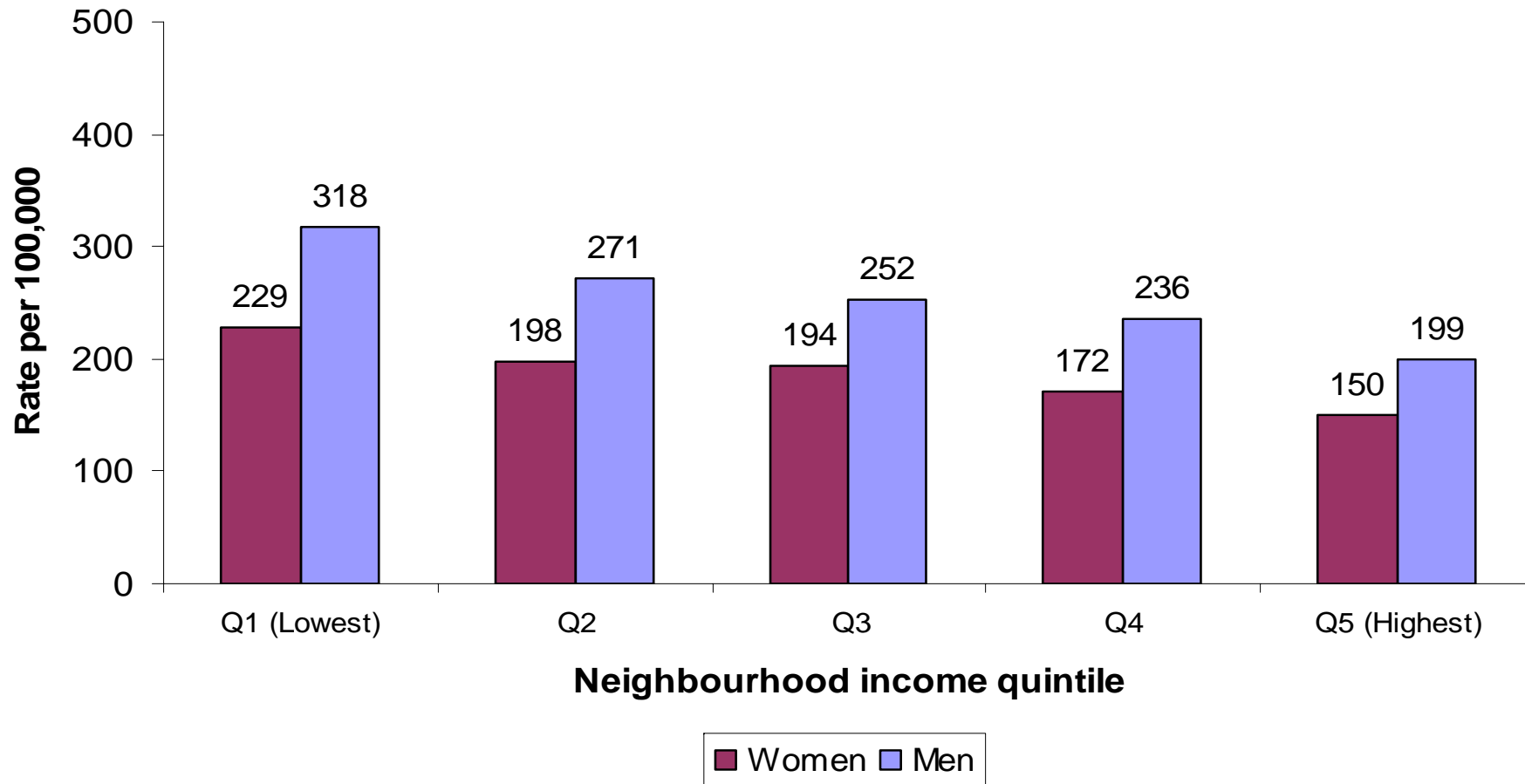
Note: See Appendix 7.3 for definitions of annual household income categories

Access to Care for Chronic Disease

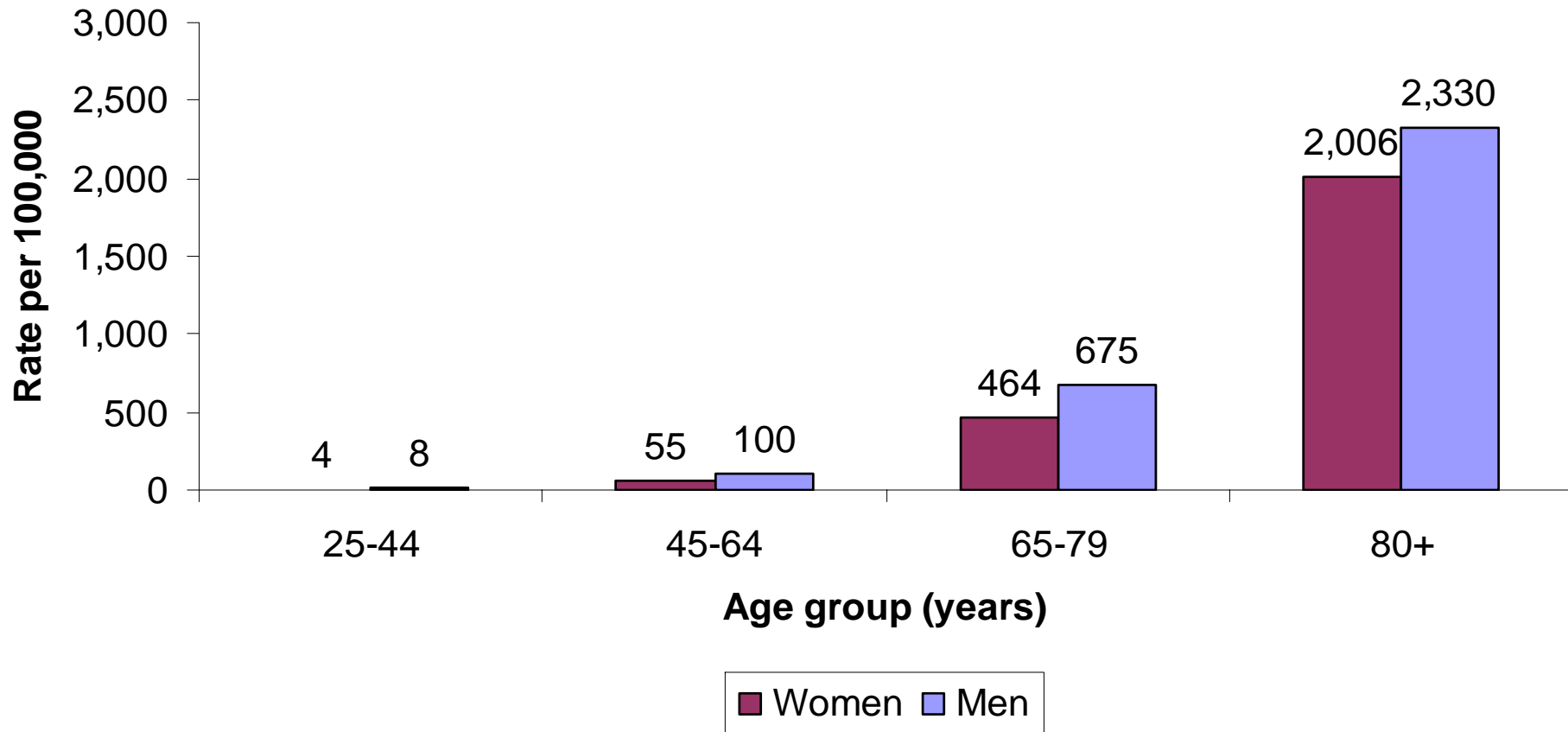
Number of hospitalizations for selected ambulatory care sensitive conditions, by sex and condition, in Ontario, 2006/07

Condition	Overall	Women	Men
CHF	18,909	9,639	9,270
COPD	23,791	11,752	12,039
Asthma	2,375	1,729	646
Diabetes	6,855	2,924	3,931
All conditions	51,930	26,044	25,886

Age-standardized hospitalization rates for congestive heart failure (CHF) per 100,000 adults aged 25 and older, by sex and neighbourhood income quintile, in Ontario, 2006/07

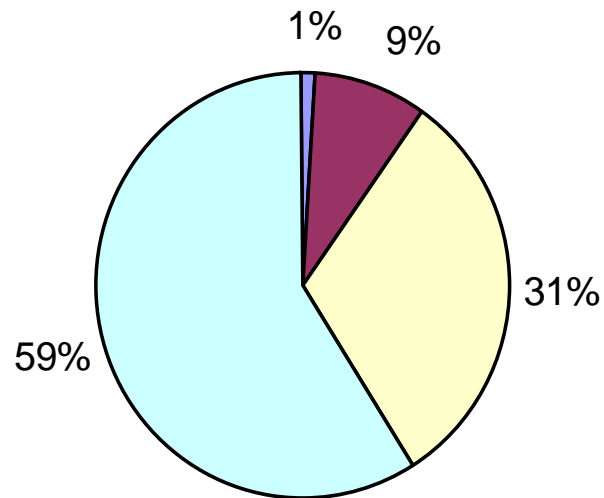


Age-specific hospitalization rates for congestive heart failure (CHF) per 100,000 adults, by sex and age group, in Ontario, 2006/07

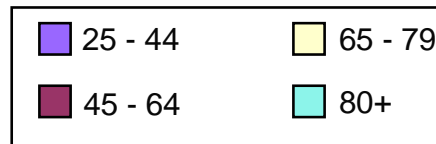
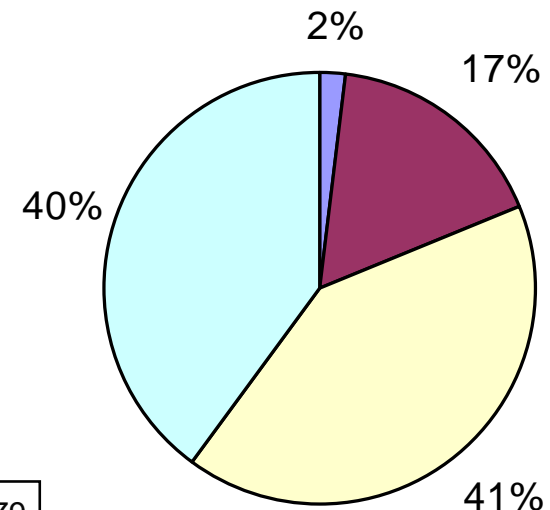


Age distribution of congestive heart failure (CHF) hospitalizations (percentage) for adults aged 25 and older, by sex, in Ontario, 2006/07

Women

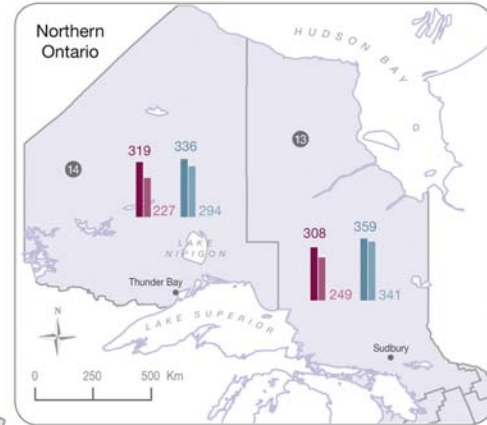


Men



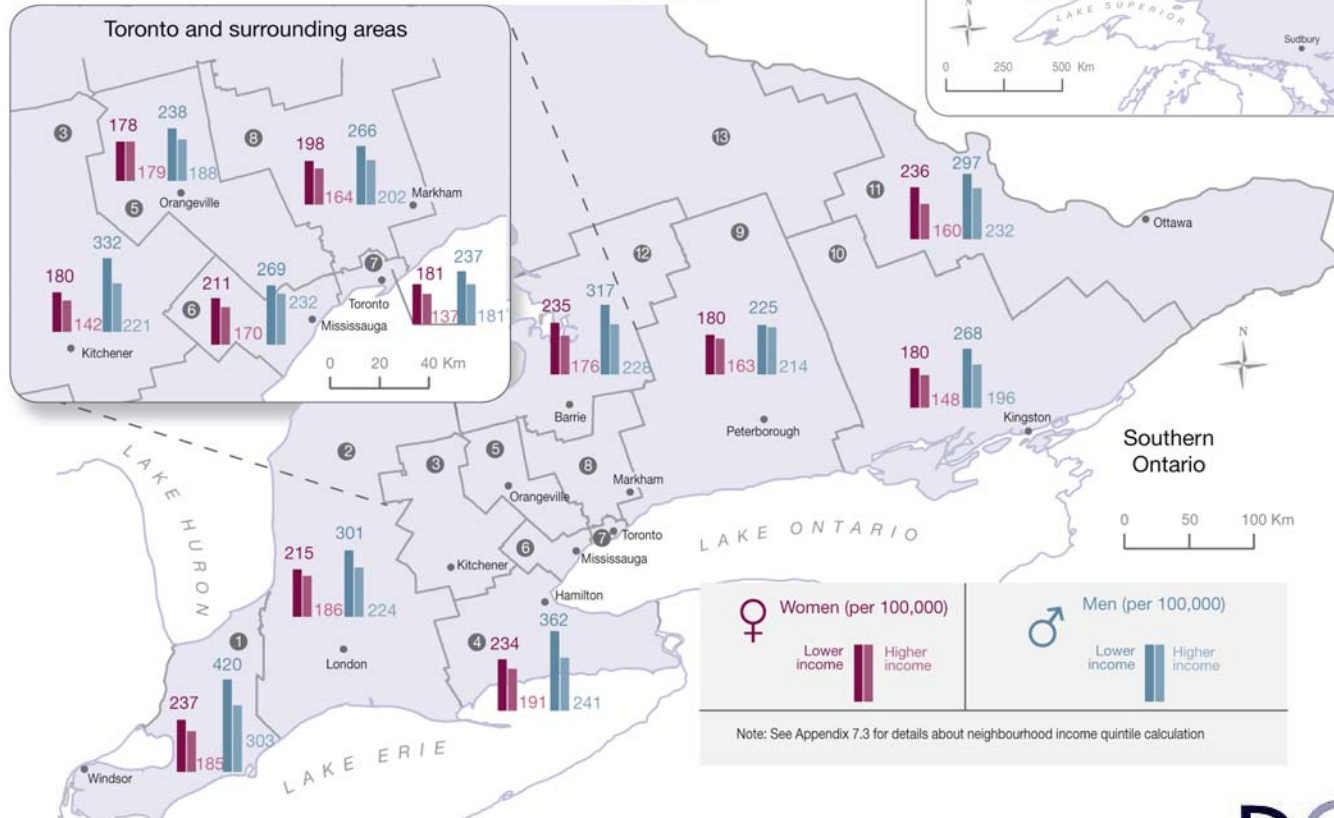
Age-standardized hospitalization rates for congestive heart failure (CHF) per 100,000 adults aged 25 and older, by sex, income and LHIN, in Ontario, 2006/07

Overall Ontario
 In Ontario, 213 per 100,000 lower-income women, 172 per 100,000 higher-income women, 294 per 100,000 lower-income men and 228 per 100,000 higher-income men were hospitalized for congestive heart failure.



Local Health Integration Networks (LHINs)

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- 7 Toronto Central
- 8 Central
- 9 Central East
- 10 South East
- 11 Champlain
- 12 North Simcoe Muskoka
- 13 North East
- 14 North West



♀ Women (per 100,000)

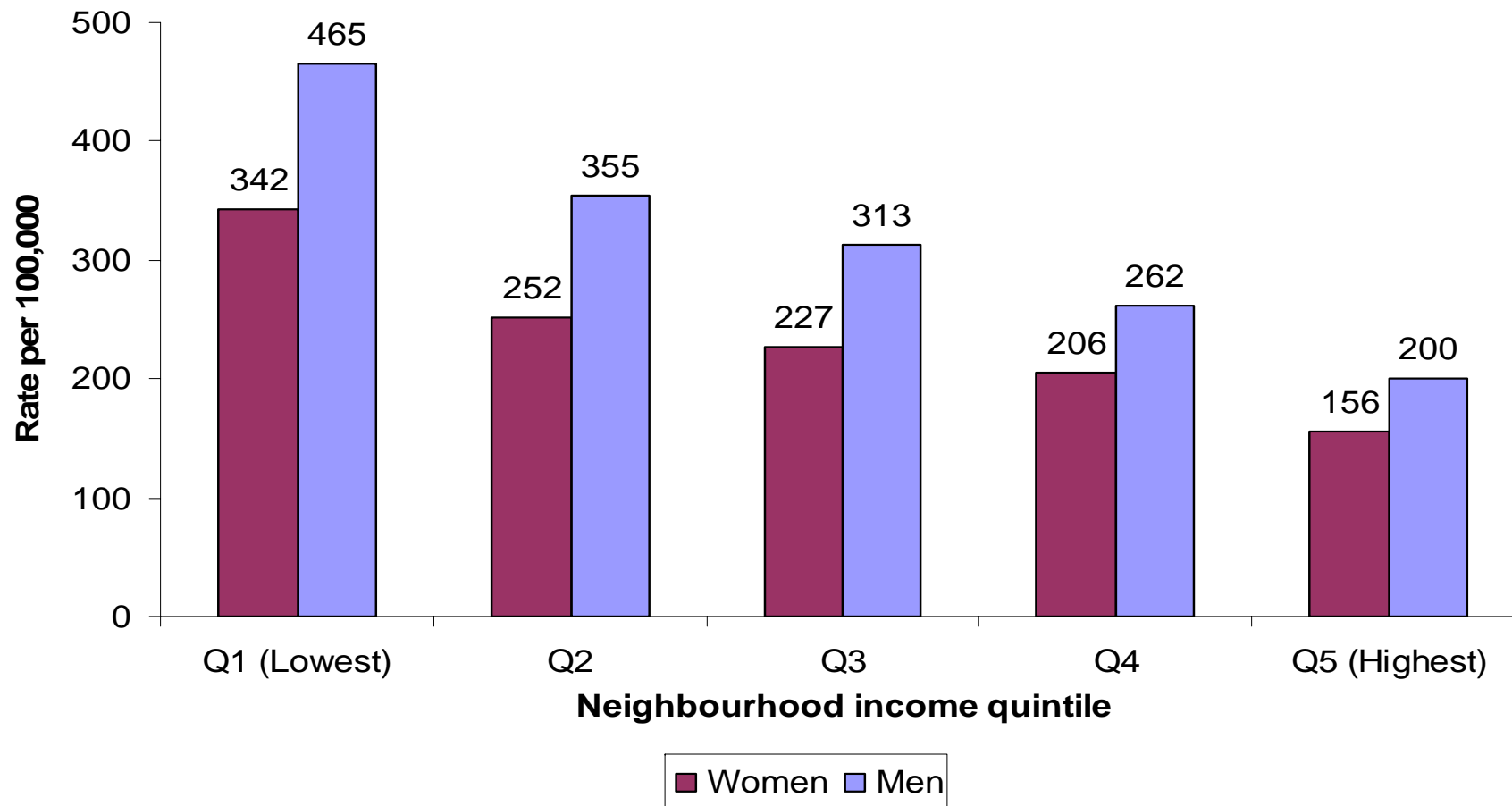
Lower income (red bar) Higher income (blue bar)

♂ Men (per 100,000)

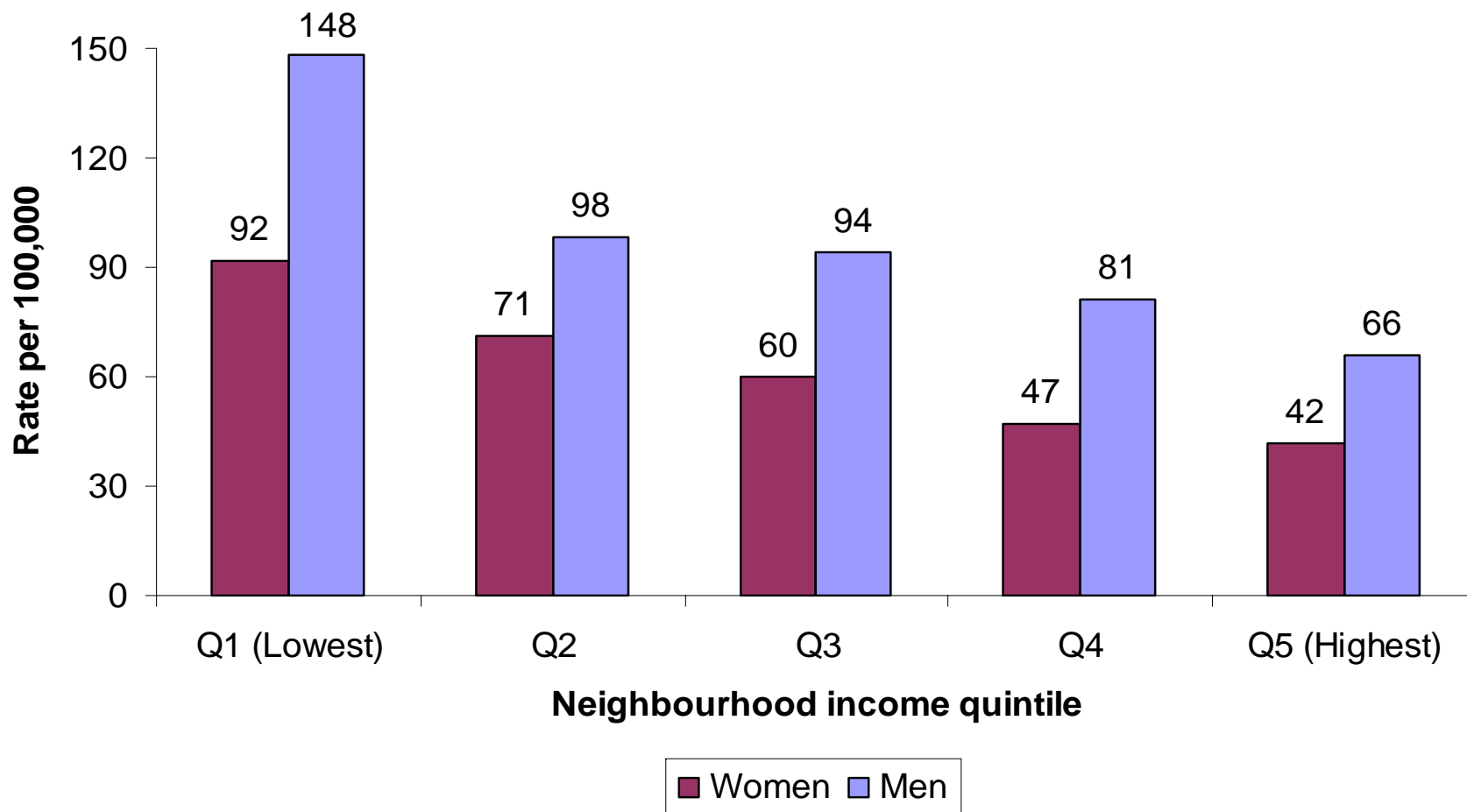
Lower income (red bar) Higher income (blue bar)

Note: See Appendix 7.3 for details about neighbourhood income quintile calculation

Age-standardized hospitalization rates for chronic obstructive pulmonary disease (COPD) per 100,000 adults aged 25 and older, by sex and neighbourhood income quintile, in Ontario, 2006/07

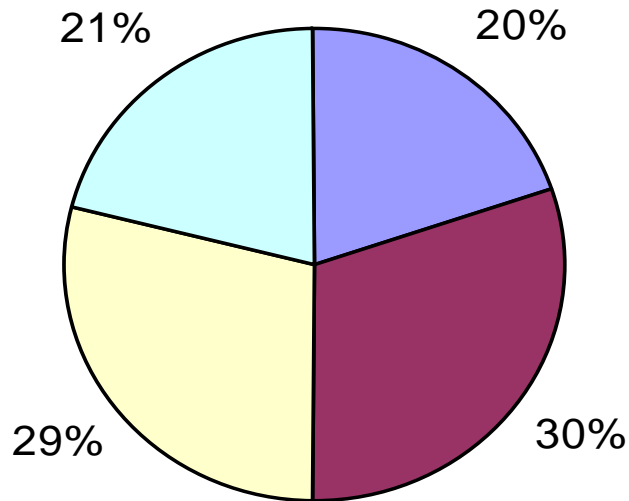


Age-standardized hospitalization rates for diabetes per 100,000 adults aged 25 and older, by sex and neighbourhood income quintile, in Ontario, 2006/07

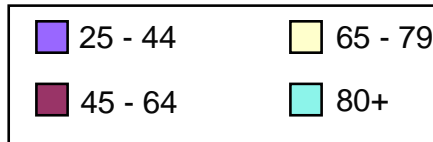
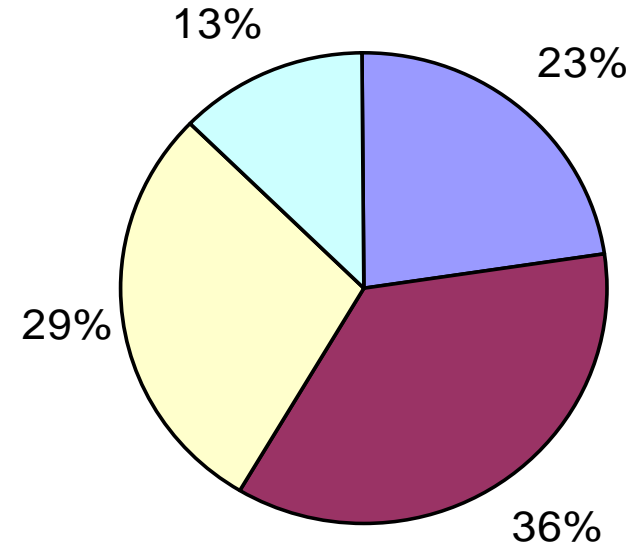


Age distribution of diabetes hospitalizations (percentage) for adults aged 25 and older, by sex, in Ontario, 2006/07

Women

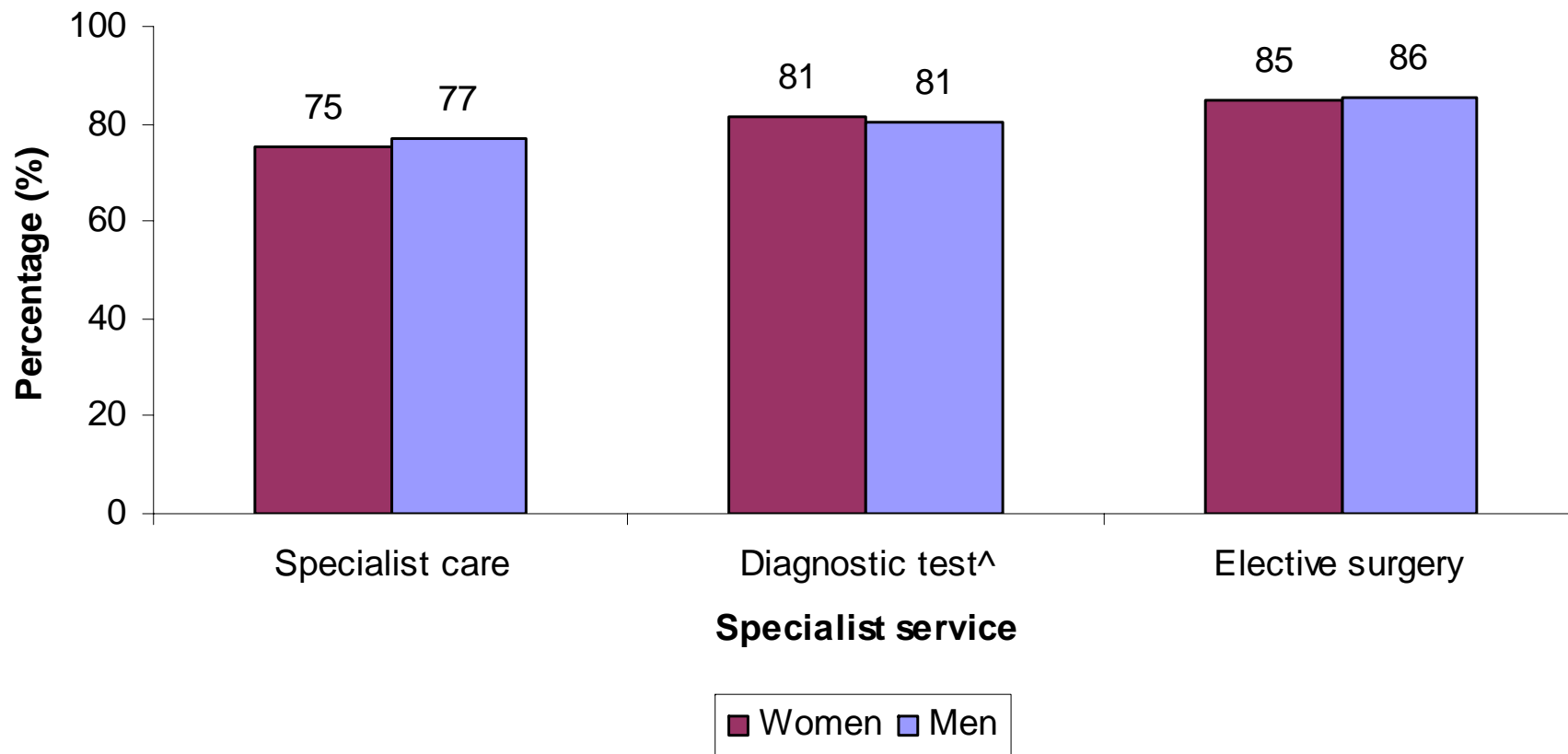


Men



Access to Specialized Services and Homecare

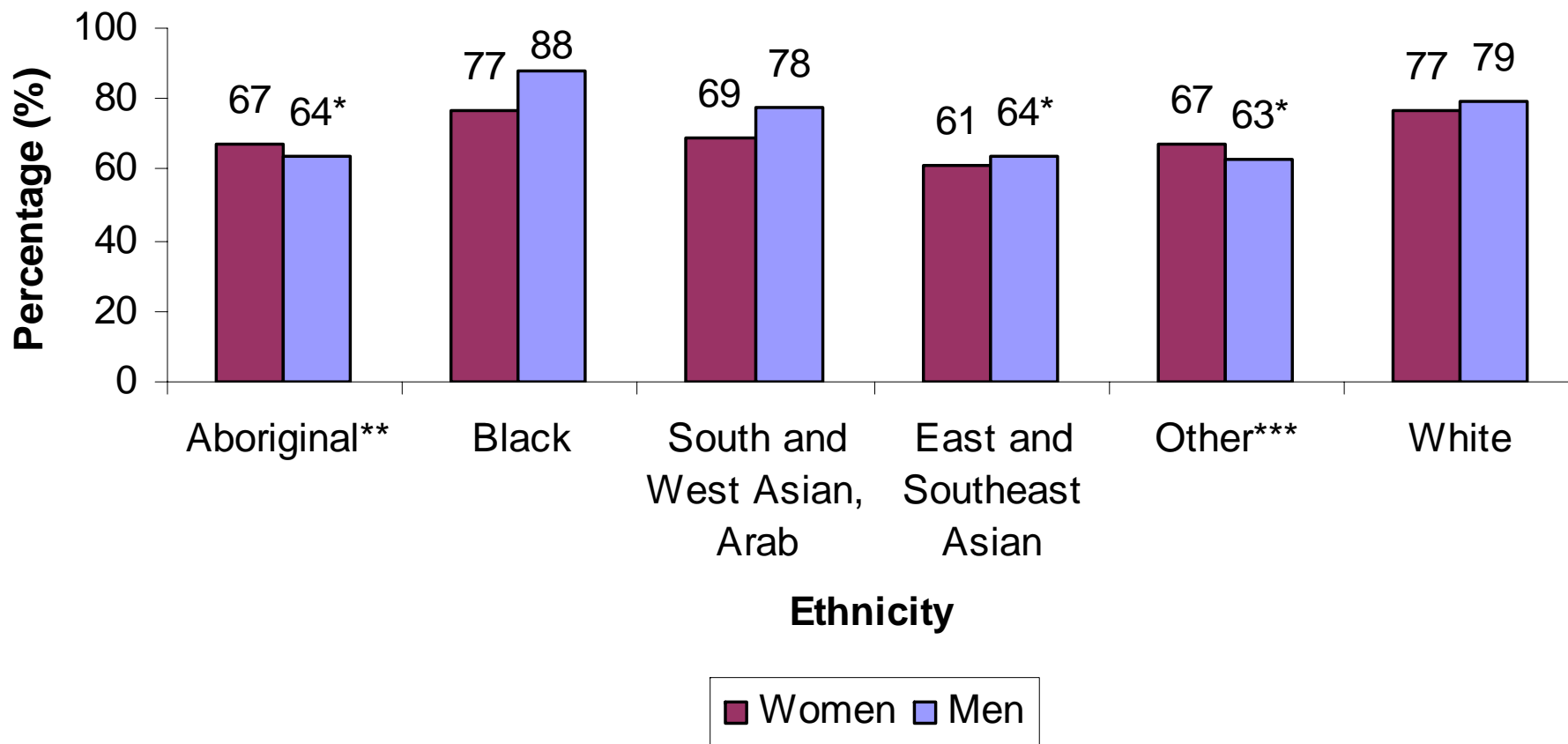
Percentage of adults aged 25 and older who reported no difficulties accessing specialized services, by sex and type of service, in Ontario, 2007



Data source: Canadian Community Health Survey (CCHS), 2007

[^] Includes non-emergency magnetic resonance (MR) imaging, computed tomography (CT) scanning, and angiography

Percentage of adults aged 25 and older who reported no difficulties accessing specialist care for diagnosis or consultation, by sex and ethnicity, in Ontario, 2007



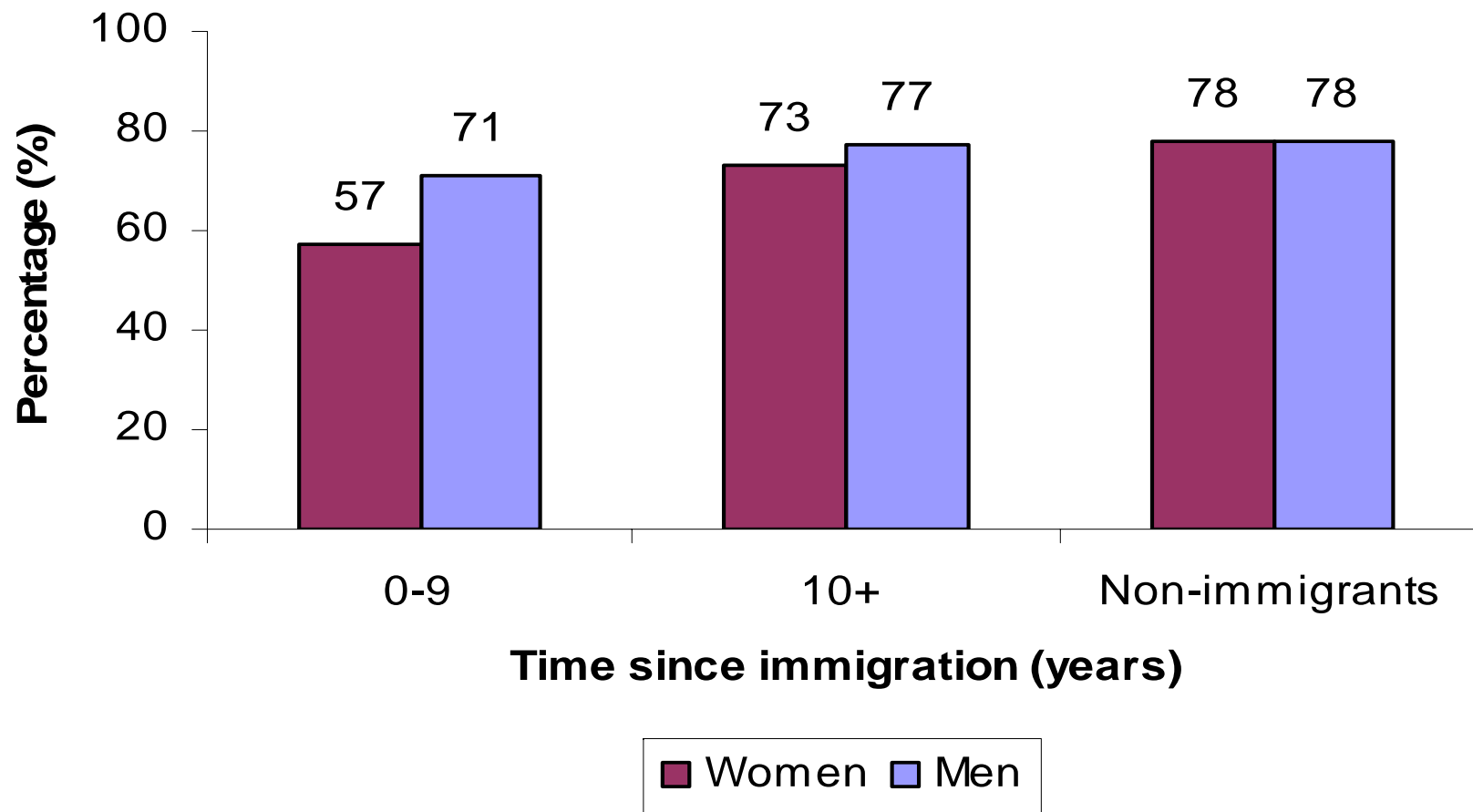
Data source: Canadian Community Health Survey (CCHS), 2007

* Interpret with caution due to high sampling variability

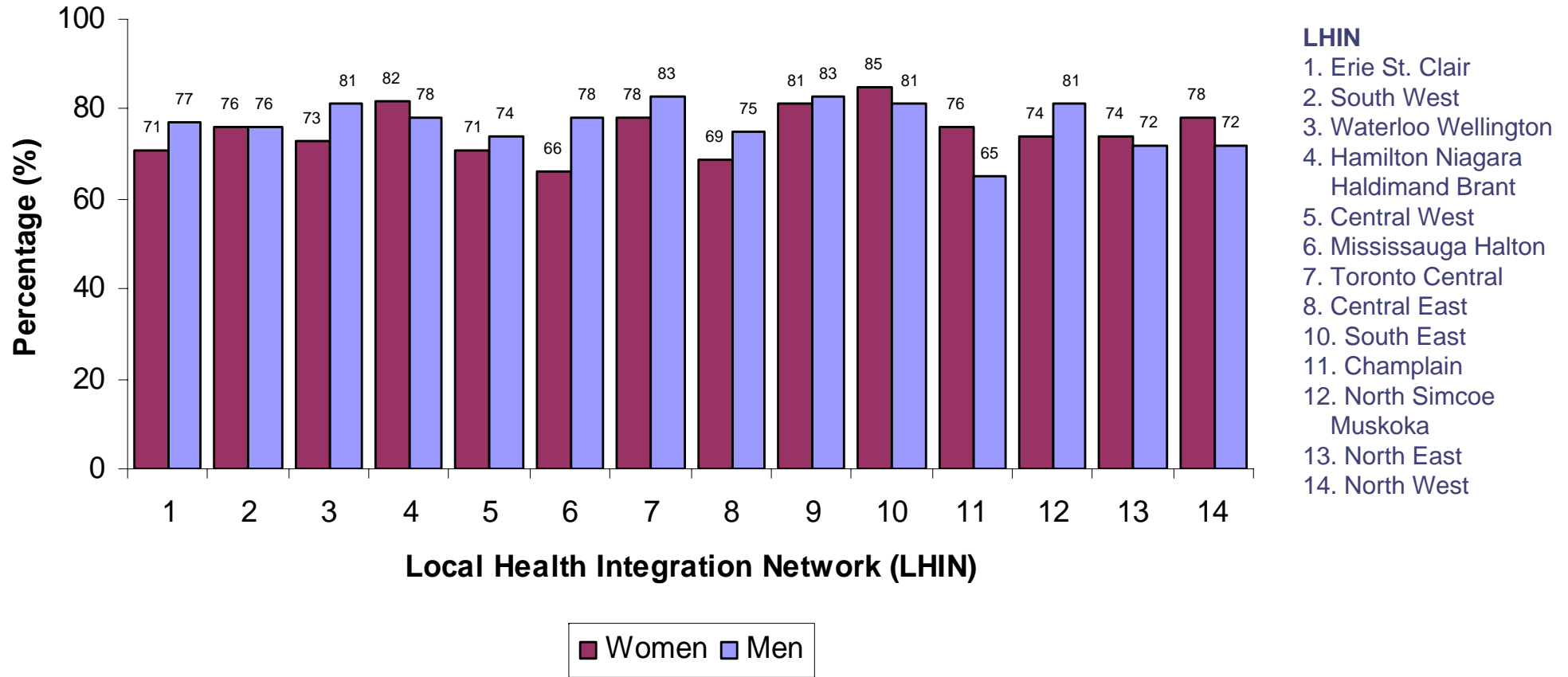
** Includes only off-reserve Aboriginal people (North American Indian, Metis, Inuit)

*** Includes Latin American, other racial and multiple racial origins

Percentage of adults aged 25 and older who reported no difficulties accessing specialist care for diagnosis or consultation, by sex and length of time since immigration, in Ontario, 2007



Percentage of adults aged 25 and older who reported no difficulties accessing specialist care for diagnosis or consultation, by sex and LHIN, in Ontario, 2007



Summary of Findings

- **While the overwhelming majority of Ontarians have a primary care provider, many do not.**
 - Individuals living in low-income neighbourhoods and recent immigrants were less likely to report having a primary care doctor
- **Women and men who have a regular primary care provider report difficulty getting care when they need it.**
 - Many who had a primary care provider reported difficulties getting an appointment for a check-up, monitoring of health problems and urgent, non-emergent care.
 - Adults from certain ethnic minorities (South and West Asian or Arab, East and Southeast Asian), recent immigrants, and those who did not often speak English or French were more likely to report difficulties with access.
- **There are also inequities in access to specialty care.**

Summary of Findings

- **Access to dental care is a problem, particularly for low-income women and men, older adults, immigrants, certain ethnic groups and Aboriginal women and men.**
 - 30 percent of women and 35 percent of men had not seen a dentist in the previous 12 months. Over half of low-income adults had not seen a dentist
- **Low-income Ontarians are at significantly increased risk of having potentially avoidable hospitalizations for common chronic conditions.**
 - There was a strong income gradient in the hospitalization rates for all ambulatory care sensitive conditions examined.
 - We estimate that 9000 hospitalizations a year could be potentially avoided if all neighbourhoods achieved the same admission rates as the highest-income neighbourhoods.
 - We estimate that 8500 hospitalizations a year could be potentially avoided if all LHINs achieved the same admission rates as the LHINs with the lowest admission rates for each condition.highest-income

Study Limitations

- We indicate **where** disparities occurred, but cannot explain **why** disparities occurred
- We report the impact of income, education, ethnicity, immigration, language and geography and indicators of access to care, however we do not capture the impact of their intersectionality.
- Use of secondary survey data and administrative limit the ability to assess specific barriers encountered by diverse communities.
- Sample size limitations also limit the ability to assess access for all indicators for characteristics such as ethnicity, language and time since immigration, which were measured in the surveys.
- Survey results are based on self-report and are prone to reporting and recall biases. As well, culture may influence responses. Expectations can differ by age, education and culture.

Key messages

1. Facilitate access to a primary care provider for all Ontarians
2. Design innovations in primary care practice to help ensure timely access to effective care
3. Address cultural and linguistic barriers to care
4. Focus on patient-centred care to improve satisfaction with health care access
5. Reduce avoidable hospital admissions for common chronic conditions through quality improvement in primary care
6. Develop strategies to improve access to dental care
7. Increase the capacity to assess and monitor access to care in diverse communities

For more information, please contact us:

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Ontario

Echo: Improving Women's
Health in Ontario

ST. MICHAEL'S HOSPITAL

A teaching hospital affiliated with the University of Toronto

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ICES

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