McGill University tania.jenkins@mail.mcgill.ca

# **Arduous Access:**

Amélie Quesnel-Vallée McGill University

amelie.quesnel-vallee@mcgill.ca

IRIS



# Does SES Affect Access to Primary Health Care in Quebec? Poster presented at the Conference on Health over the Life Course, UWO, London, ON, 14-16 October 2009

"[T]he primary objective of Canadian health care policy is to...facilitate reasonable access to health services without financial or other barriers" (Canada Health Act, R.S. 1985, c.C-6, s.3a)

### **Background**

#### ➤ Primary Health Care: (PHC)

→The envelope of services offered within the context of a medical home, characterized by: First-contact care and longitudinality. comprehensiveness, and coordination (Starfield 1998)

#### ➤ Strained access to (PHC) in Quebec

- →25% of Quebecers lack a family doctor (cf. national average of 15%)
- → Need for 800 new full-time family physicians to fulfill need

#### ➤ Mixed evidence on SES & access to PHC

→Income and/or education positively affect access to PHC in some studies

(Eyles et al., 1995; Nabalamba & Millar, 2007; Wilson & Rosenberg, 2004)

→The relationship is either *non-existent or negative* with access in other studies

(Siemiatycki 1980, Kephart, Thomas & MacLean, 1998; Mustard & Frohlich, 1995; Finkelstein, 2001)

#### > Potential vs. achieved access

Potential: the presence of factors conducive to

Achieved: actual number of visits to PHC provider

#### ➤ Gaps in the literature

→ Mixed evidence, lack of Quebec-specific studies, little consideration for potential instead of achieved access

Quebecers' likelihood of having a regular medical doctor

### Methodology

#### **≻**Data

Canadian Community Health Survey, 3.1 (2005)

- → Sample restricted to adult Quebecers
- → Regression sample: 23,502

#### **≻**Method

Logistic regression

- → Population & bootstrap weights
- →Odds ratios & predicted probabilities

#### **≻** Variables

- → Main IVs: Household income; education
- → Other measures of inequity: household size, health region, residence, labour status, language, visible minority status, marital
- → Control variables: Perceived & evaluated health need, age, sex

#### **Findings**

#### Inequalities in access exist, as expected

- →Age
- → Being female
- → Having chronic conditions
- → Having poor self-perceived health
- ...are all positively associated with greater likelihood of having a regular medical doctor

# > Inequities in accessing regular physicians

- → Living in rural regions
- ... are all positively associated with greater likelihood of having a regular medical doctor

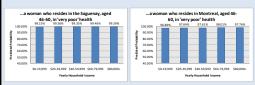
# also exist in Quebec\*

- →Income (≥ \$20,000)
- → Household size
- → Being married
- \*Education was not significant

#### In other words...

income, or health region

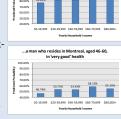
The predicted probability of having a regular medical doctor for...



**Good news:** The oldest and sickest in society have access to a family doctor, despite

#### Bad news:

'Average', relatively healthy patients in need of regular checkups are subject to inequities in income and health region



ho resides in Saguenay, aged 46-60, in 'very good health'

### Discussion

#### ➤ Main findings

→SES (income) does in fact affect access to PHC → Access is especially difficult for Montrealers, 'healthy' individuals and those with low income

#### ➤ So why does universal coverage ≠ universal access?

- →Complementary qualitative study highlighted perverse effects of certain health policies on access to PHC in the province – e.g. AMPs (Jenkins 2009)
  - √These policies ensure that those who need care the most (the oldest and sickest) do receive it, despite negative predictors of access
  - ✓ But they also provide disincentives for GPs to service the general population

#### → Could social networks be a compelling rationale?

High income → rich social networks → better access to PHC through networks

"It has nothing to do with money. No money changes hands here. In other societies, if you pony up the money, you get quick service. It's not the case here; it has everything to do with personal contacts"

-Dr. Alan Pavilanis, Chief of the Department of Family Medicine, St. Mary's Hospital

## Acknowledgements/References



### **Objective**

Assess the effect of socioeconomic status on