**Arduous Access:**

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

---

**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 (Fales et al., 1995; Nababamb & Millar, 2007; Wilson & Rosenberg, 2004).
  - The relationship is either non-existent or negative with access in other studies (Sieniawczyk, 1980; Keshart, Thomas & MacLean, 1998; Mustard & Frosch, 1995; Finkelstein, 2001).

- **Potential vs. achieved access:**
  - Potential: the presence of factors conducive to access.
  - 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.

**Methodology**

- **Data:**
  - Canadian Community Health Survey, 3.1 (2005).
  - Sample restricted to adult Quebeckers.

- **Variables:**
  - Main IVs: Household income; education.
  - Other measures of inequity: household size, health region, residence, labour status, language, visible minority status, marital status.

- **Method:**
  - Logistic regression.
  - Population & bootstrap weights.
  - Odds ratios & predicted probabilities.

**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 also exist in Quebec:**
  - Income (≥ $20,000).
  - Household size.
  - Living in rural regions.
  - Being married.
  - ...are all positively associated with greater likelihood of having a regular medical doctor.

  - *Education was not significant.*

**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?

- **In other words...**
  - The predicted probability of having a regular medical doctor for...

**In good health:**

- Average, relatively healthy patients in need of regular check-ups are subject to inequities in income and health region.

- *Good news:* The oldest and sickest in society have access to a family doctor, despite income, or health region.

- *Bad news:* ‘Average’, relatively healthy patients in need of regular check-ups are subject to inequities in income and health region.

---

**Acknowledgements/References**