



STARFIELD SUMMIT

...where primary care research inspires policy and practice

STARFIELD HEALTH EQUITY SUMMIT ISSUE BRIEF

Theme: Access to Primary Care is not Enough: A Health Equity Road Map

Title of IGNITE Presentation Topic:

Access to Primary Care is not Enough: A Health Equity Road Map

Why This Is an Important Topic to Address (brief description):

- The POWER study provided actionable data for policy makers, providers, and consumers in their efforts to improve health and reduce health inequities in Ontario.
- The POWER Study approach integrates clinical, public, and population health measures, emphasizing indicators that are modifiable and that can support efforts to link measurement to intervention and improvement. (www.powerstudy.ca)
- The POWER Study identified many large and modifiable inequities in health and health care that are cause for concern despite universal access to primary care.
- Lower-income Ontarians had worse health and functional status, had more chronic disease risk factors, received less preventive care, and had worse health outcomes than those with higher incomes.
- Coordinating across population health, public health, and health system efforts will help accelerate progress towards achieving health equity.

What We Think We Know (Bulleted evidence + Seminal references):

- The impact of health inequities is large. If all Ontarians had the same health as Ontarians with higher income, an estimated 318,000 fewer people would be in fair or poor health, an estimated 231,000 fewer people would be disabled, and there would be an estimated 3,373 fewer deaths each year among Ontarians living in metropolitan areas.
- We estimate that 30 percent of hospitalizations for four common ambulatory care sensitive conditions (ACSCs) (heart failure, chronic obstructive pulmonary disease, diabetes, and asthma)— or almost 16,000 hospitalizations a year—could potentially be avoided if the hospitalization rates observed among adults living in the highest-income neighborhoods could be achieved across all neighborhood income levels.
- These sizable inequities were identified within a system of universal healthcare where over 90% of the population has a primary care provider.
- These findings illustrate the enormous opportunities to improve overall population health while reducing health inequities.
- First, inequities in health and functional status were much larger than inequities in access to and quality of care. This finding underscores the importance of moving upstream to address the root causes of health inequities, which are grounded in the social determinants of health.
- Second, inequities in access to primary care and chronic disease management were

larger than inequities in treatment of acute conditions, highlighting the need to focus on primary care and community services.

- Third, the observed gender differences highlight the need for gender-sensitive solutions.
- Fourth, where there was an organized strategy for quality improvement in place informed by performance measurement, few inequities were observed.
- The POWER Study developed a leading set of health equity indicators and a health equity road map to inform efforts to eliminate disparities.
 - Bierman AS, Shack AR, Johns A, for the POWER Study. Achieving Health Equity in Ontario: Opportunities for Intervention and Improvement. In: Bierman AS, editor. Project for an Ontario Women's Health Evidence-Based Report: Volume 2: Toronto; 2012.
 - Starfeld B, Shi L, Macinko J. *Contribution of primary care to health systems and health. Milbank Q* 2005;83(3):457-502.

Questions for Group Discussion

Questions to Address in Group Discussion:

- How can the Health Equity Road Map be applied to other settings to help develop a comprehensive strategy for eliminating disparities in health and health care?
- How can we engage communities in identifying Health Equity Indicators that can be used to help guide and evaluate interventions and monitor progress toward achieving the important goal of health equity?
- Can this approach to examining gender, socioeconomic, race/ethnic, and regional differences in access, quality, and outcomes of care be applied to other contexts and environments?
- How can coordination between population health, public health, and health system efforts be improved to accelerate progress?

Implications for Action (In Research, Education, Policy, Practice and Organizational and Community Action):

The study reveals a number of areas for improvement:

- Targeting the Social Determinants of Health
- Chronic Disease Prevention and Management
- Patient-Centered Care
- Integration and Care Coordination
- Innovation, Learning, and Research

Additionally, the study had demonstrated that health equity needs to be monitored more effectively. In particular, measurement capacity can be enhanced through data development in the following areas:

- Gender Relevant Measures
- Data on Ethnicity and Language
- Prescription Drug Data
- Primary Care Data
- Enriched Clinical Data
- Patient-Reported Outcomes
- Dataset Linkage