ACCESS TO PRIMARY CARE IS NOT ENOUGH: A HEALTH EQUITY ROAD MAP

Arlene S. Bierman, MD, MS

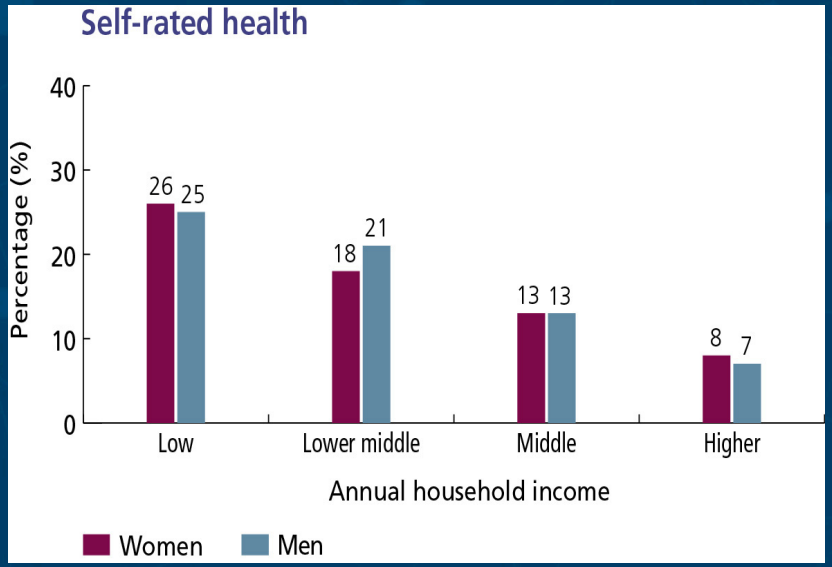
Portland, Oregon — April 22-25, 2017

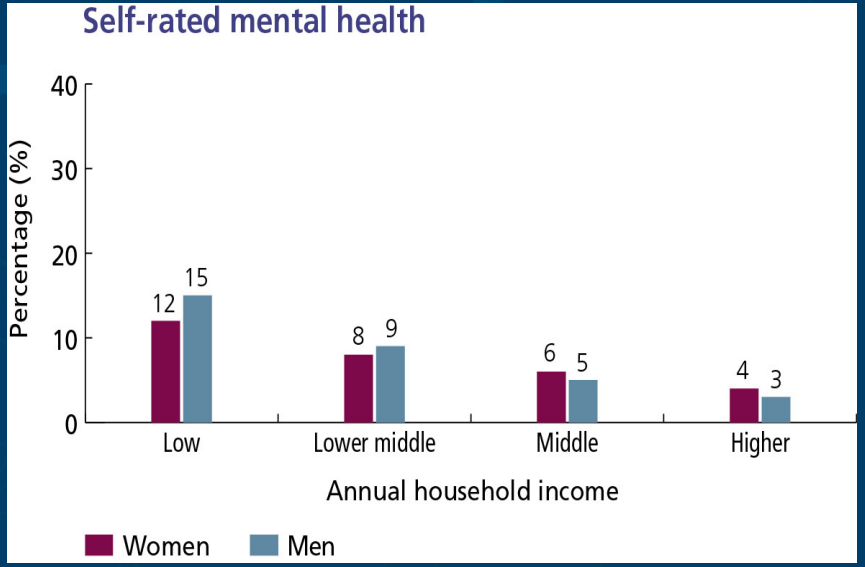
STARFIELD SUMMIT

If you don't know where you are going
you will end up somewhere else.

- Yogi Berra

Age-standardized percentage of adults aged 25 and older who reported their health or mental health as fair or poor, by sex and annual household income, in Ontario, 2005

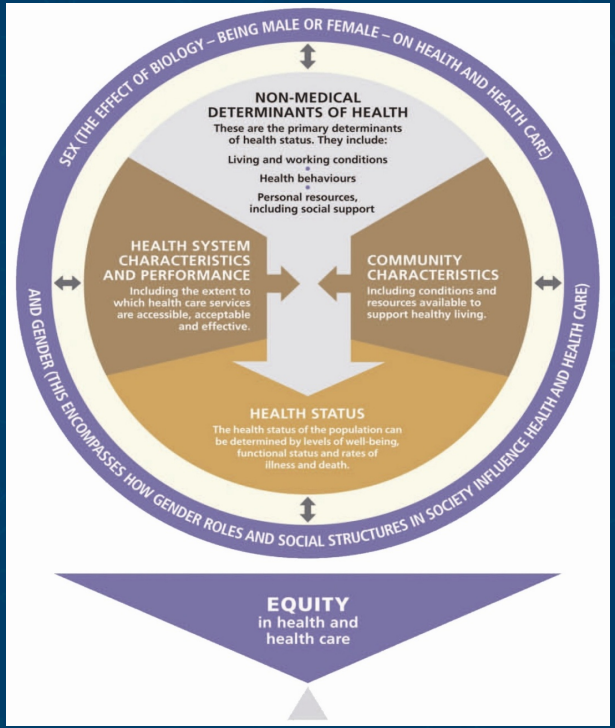




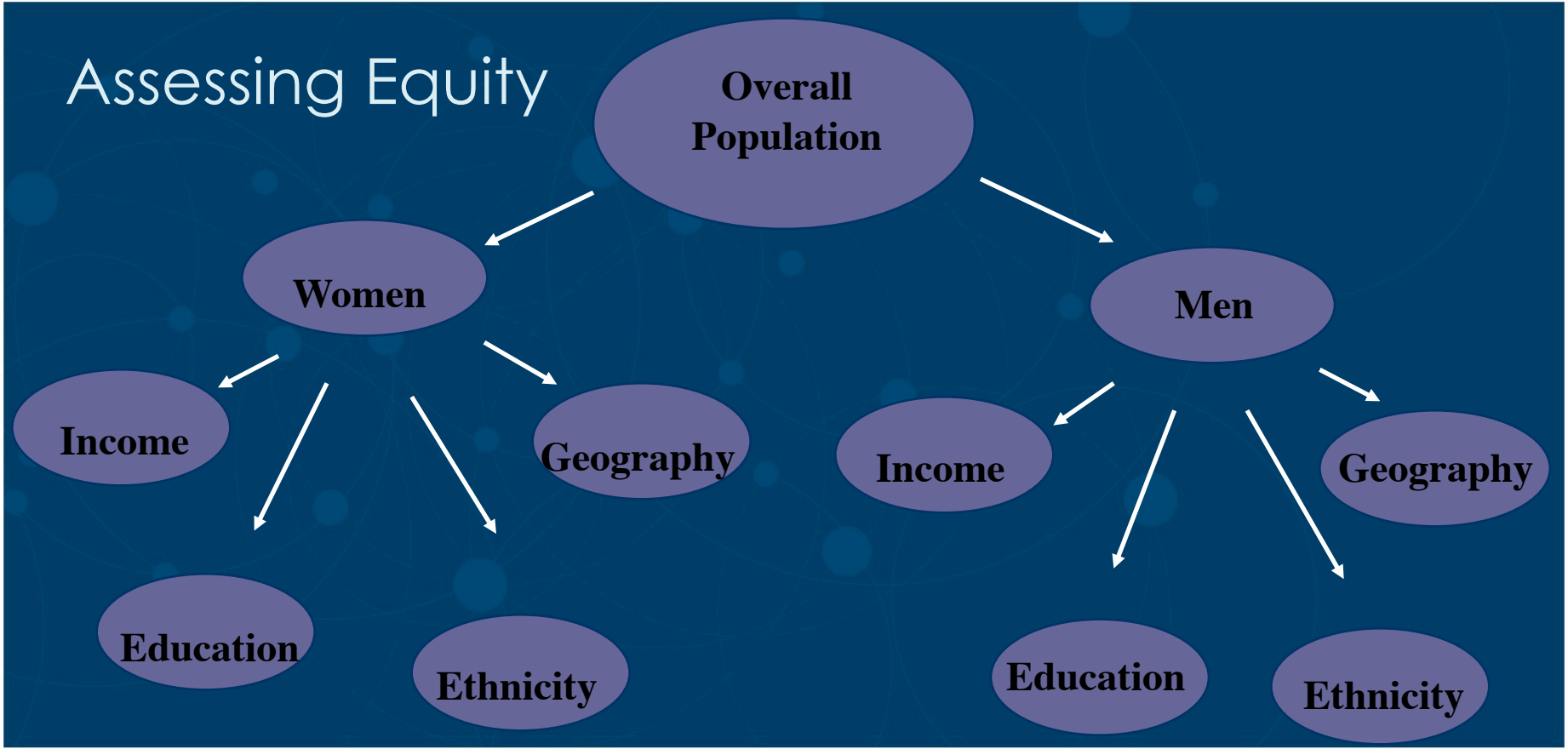
DATA SOURCE: Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)

The POWER Study

POWER Study Gender and Equity Health Indicator Framework

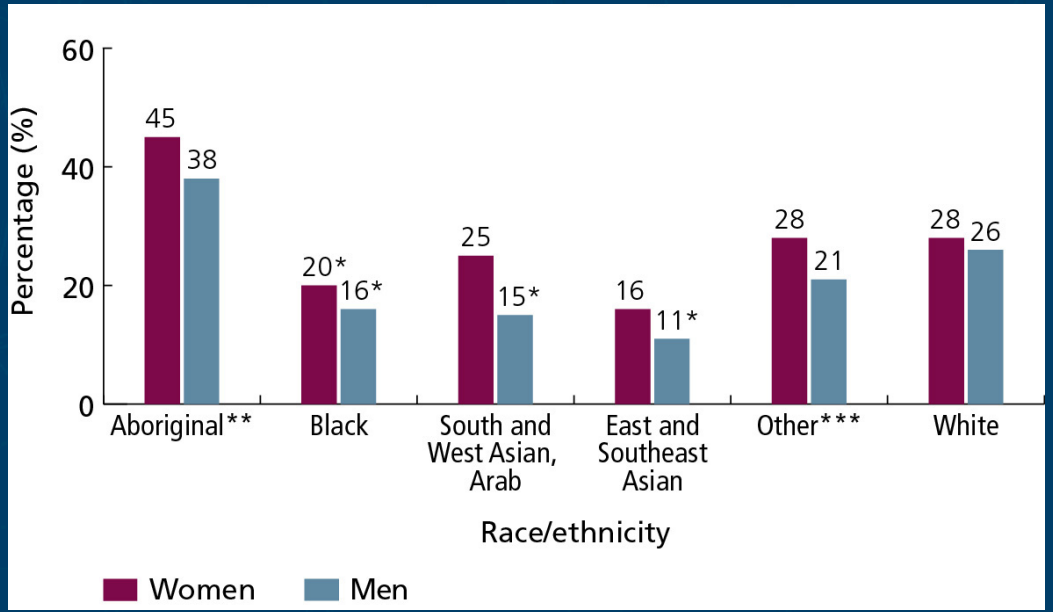


Assessing Equity



Age-standardized percentage of adults aged 25 and older who reported having activity limitations,¥ by sex and race/ethnicity, in Ontario, 2005

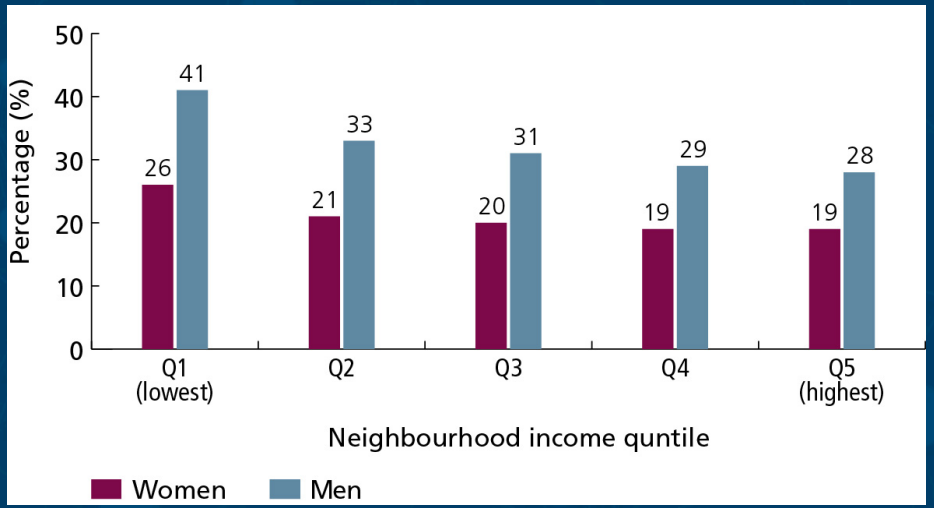
DATA SOURCE: Canadian Community Health Survey (CCHS), 2005 (Cycle 3.1)
¥ Activities at home, school or work have been limited due to a long-term physical condition, mental condition or health problem
* Interpret with caution due to high sampling variability
** Includes self-identified off-reserve Aboriginal adults (North American Indian, Métis, Inuit)
*** Includes Latin American, other racial and multiple racial origins



Percentage of adults age ≥ 45 who were seen by a physician within four weeks of discharge from hospital for HF, by sex and neighbourhood income quintile, in Ontario, 2005/06

Data sources: CIHI-DAD; Ontario Health Insurance Plan (OHIP); Statistics Canada 2001 Census

Percentage of the population who died before age 75 (premature mortality), by sex and neighborhood income quintile, in Ontario,^ 2001



DATA SOURCE: Statistics Canada's Canadian Mortality Database and 2001 Census
^Only Ontario Census Metropolitan Areas (CMAs) were included.

Impact of Inequities is Large

- If all Ontarians had the same health as Ontarians with higher incomes:
  - An estimated 318,000 fewer people (166,000 women and 152,000 men) would be in fair or poor health
  - An estimated 231,000 fewer people (110,000 women and 121,000 men) would be disabled
- There would be an estimated 3,373 fewer deaths each year (947 women and 2,426 men) among Ontarians living in metropolitan areas.

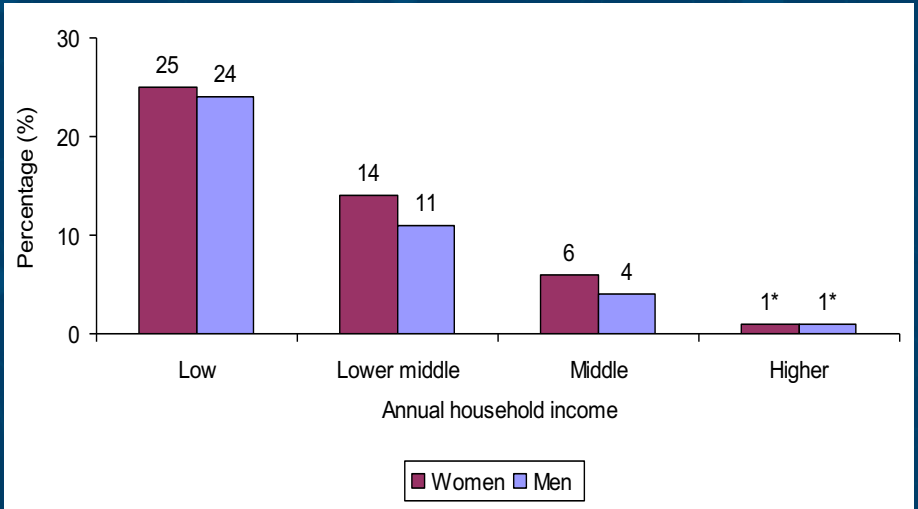
Potentially avoidable hospitalizations if all income groups achieved same rates as higher income groups

Total Admissions*	**51,930**
Avoidable	**15,709**
% Avoidable	**30%**

*Heart Failure, COPD, Diabetes, Asthma

Data source: Canadian Institute for Health Information Discharge Abstracts Database (CIHI-DAD)

Age-standardized percentage of adults aged 25 and older who reported food insecurity^, by sex and annual household income, in Ontario 2005



Data source: Canadian Community Health Survey 3.1

^ Refers to people who reported that they did not have enough to eat, worried about there

Not being enough to eat or did not eat the quality or variety of foods desired due to a lack

of money

***Interpret with caution due to high sampling variability (coefficient of variation 16.6–33.3)**

Inequities in Health and Health Care: With Universal Access to Primary Care

- The social determinants of health influenced women and men differently.
- Many of the observed inequities result from chronic diseases and their risk factors.
- Inequities in health status were much greater than inequities in access to and quality of care.
- Inequities in screening and chronic disease management were greater than inequities in care for acute conditions.

POWER Study Woman's Health Equity Road Map

- Equity, a major attribute of high performing health systems and important dimension of health care quality, is key to health system sustainability.
- Health equity cannot be achieved without moving upstream and addressing the root causes of disease in the social determinants of health.
- Prioritize chronic disease prevention and management to improve overall population health and reduce health inequities.
- Focus on patient-centeredness to improve access and satisfaction with care
- Province-wide, integrated, organized models of care delivery can improve health outcomes and reduce inequities in care.

POWER Study Woman's Health Equity Road Map

- Coordinate population health, community and clinical responses.
- Link community and health services.
- Routinely Include gender and equity analysis in health indicator monitoring .
- Develop strategies for effective implementation by creating learning networks and designing innovations for scale up and spread.
- Create a culture of innovation and learning and build the evidence base for improvement through rigorous evaluation and research.

All you need is the plan,
the road map,
and the courage
to press on to your destination.

Earl Nightingale