

Understanding Health Inequities and Access to Primary Health Care in the SW LHIN

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On behalf of the SW Project Team

(HEAL, SW LHIN, Steering Committee and Analytics Group)



Presenter Disclosure

Presenter: Andy Kroeker, Jennifer Rayner

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Other:	None

Objectives for Today

- **Review equity-based population planning approach**
- **Discuss South West LHIN project**
 - **Background and Objectives**
 - **Methods – mixed methods**
 - **Results – maps, statistics, qualitative data**
 - **Next steps**

Equity-Based Population Planning Approach

Towards Equity in Access to Community-Based PHC: A Population Needs-Based Approach



- AOHC conducted a study (2010-2012) that examined equity based data by subLHIN (Expanding Access Report)
- Need for expanded access to CHCs & AHACs to reach those with barriers to care in urban settings and geographically dispersed populations in northern, rural and under-serviced areas
- Equity-focused, population-needs based planning and resource allocation method
- 22% of the population (3.5 million Ontarians)

Preliminary Data – Gaps in the SW LHIN (subregion)

Sub-LHIN area (SW)	Minimum aboriginal gap	Francophone gap	Gap in French-priority areas	Other pop'n gaps	Sum of gaps
Bruce	1,173	184		6,763	8,120
Grey	684	204		4,511	5,399
Huron	168	128		2,956	3,252
Perth	177	69		1,943	2,189
Middlesex		821	821	11,102	11,923
Oxford-Norfolk	386	123			509
Elgin	325	106			431

Sector-wide Strategic Priority

**EveryOne
Matters.**

*That's why we're working with communities
to create better health for all.*

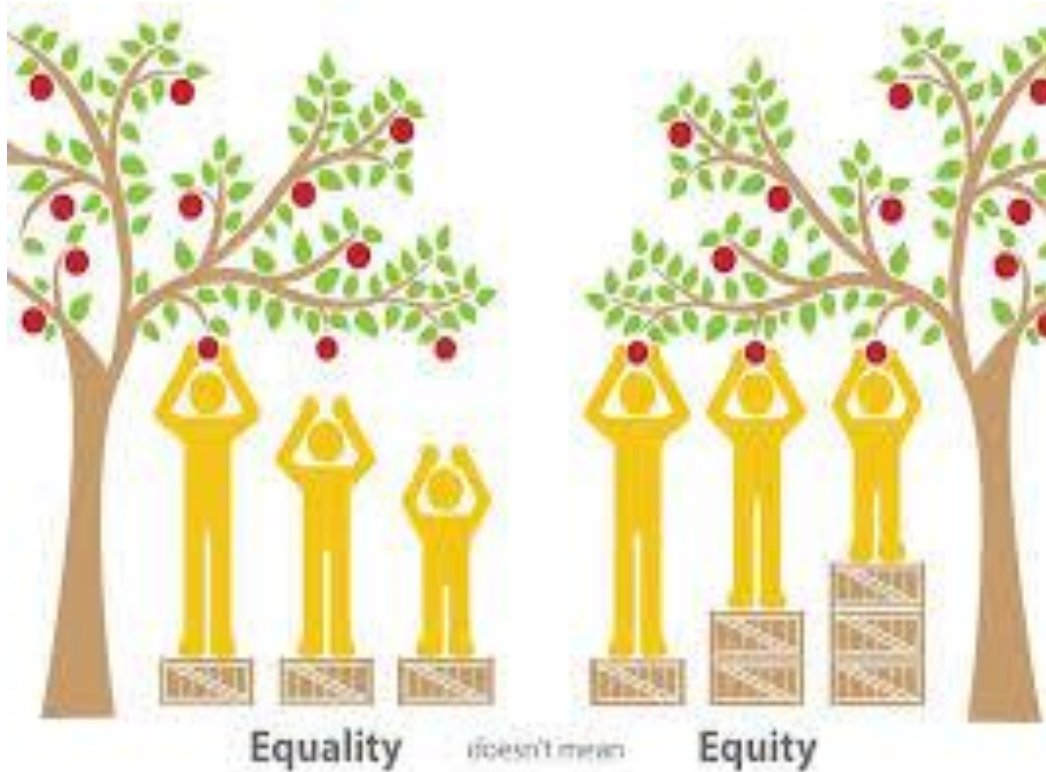


- Population planning ensures that everyone matters
- Model of Health and Wellbeing is ideal for people with barriers to care
- 30% of the Ontario population have access to team-based care → are these the people who would benefit from it the most
- SW CHCs and AHAC advocated for equity-based population based planning approach for primary health care in the SW LHIN



“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”

Equity-Based Population Planning



- A primary health care system should respond to the weighted needs of those facing multiple barriers to health
- Individuals and communities with complex primary health care needs may benefit from models and distribution of primary health care that involves interprofessional teams and integration of services
- Main goal – Increase our understanding of availability of PHC & where gaps in equitable access exist

SW LHIN Study Background and Objectives

Project History

- **Spring 2013 SW CHC EDs started strategizing on how to better work with the SW LHIN**
- **Oct 2013 Initial meeting with the SW LHIN asked the CHCs to do some more research and come back with recommendations on developing a population based primary care plan**
- **Dec 2013 looked at TC and SE LHIN plans - eventually adopted SE LHIN approach due to large size and rural nature of SW LHIN**
- **Jan 2014 met with LHIN discussed access, health equity, quality, comprehensiveness, social determinants, collaboration**
- **It has to be LHIN plan, CHCs are the catalyst - based on a similar investment strategy for mental health**
- **Initial challenges with LHIN trying to align plan with Health Links process and existing attempts to build local primary care networks**

Project History 2

- **Jun 2014 breakthrough meeting two options build a coalition of the willing or find funds to hire external resources to have them do the work.**
- **Dec 2014 flowed funds to West Elgin CHC (Co Chair)**
- **Feb 2015 RFP selected HEAL group from Western**
- **Apr 2015 Steering Committee launched (AHAC, FHT, MH, Health Unit, Hospital, CCAC, LHIN)**
- **Fall 2015 mandate impacted again by Patients First Primary Care preparations**
- **Summer 2016 final report due with actionable recommendations**

Study Goals

- 1. Needs identification & data collection to identify, assess & analyze the scope, scale and distribution of populations facing complex barriers to health & document their lived experience in accessing primary health care.**
- 2. Current state assessment of where, and what type of primary health care services are available across the LHIN and how provider demographics (age, retiring etc) will affect access to primary health care services.**
- 3. Actionable recommended strategies developed to address the gaps/barriers identified.**
- 4. Identification of partners to prioritize and implement strategies.**

Main and Secondary Objectives

Main Objectives

- How closely do the primary care services in the South West LHIN meet the needs of the population based on the social determinants of health (SDOH)

Secondary Objectives

- Examine access to interprofessional teams
- Determine provider age to estimate future supply
- Examine if SDOH correlate to health system utilization
- Explore the communities 'lived experience' in accessing primary care
- Explore primary care providers 'lived experience' in providing this care

Defining Vulnerable Populations

- **Selected populations most at risk based on key characteristics in the SW LHIN**
- **Focused specifically on the following 5 groups:**
 - **Indigenous peoples**
 - **Ethno-cultural groups and recent immigrants**
 - **Seniors**
 - **Rural residents**
 - **People with low socioeconomic status**
- **16+ variables based on SDoH**
- **Examining each variable separately + created a SDOH index (specific for SW – similar to ODI, etc)**

Methods

Methods



- 1. Literature Review identified vulnerable populations and barriers they face.**
- 2. Mapping informed us where these populations live, their levels of geographic accessibility to primary care providers & access to interprofessional teams.**
- 3. Statistics helped us understand health status & service utilization**
- 4. Qualitative Analyses through surveys and /or focus groups validated collected data and/or addressed gaps in available data and to understand peoples' lived experiences**

Calculating Accessibility to Primary Care

“Enhanced 2-Step Floating Catchment Area”

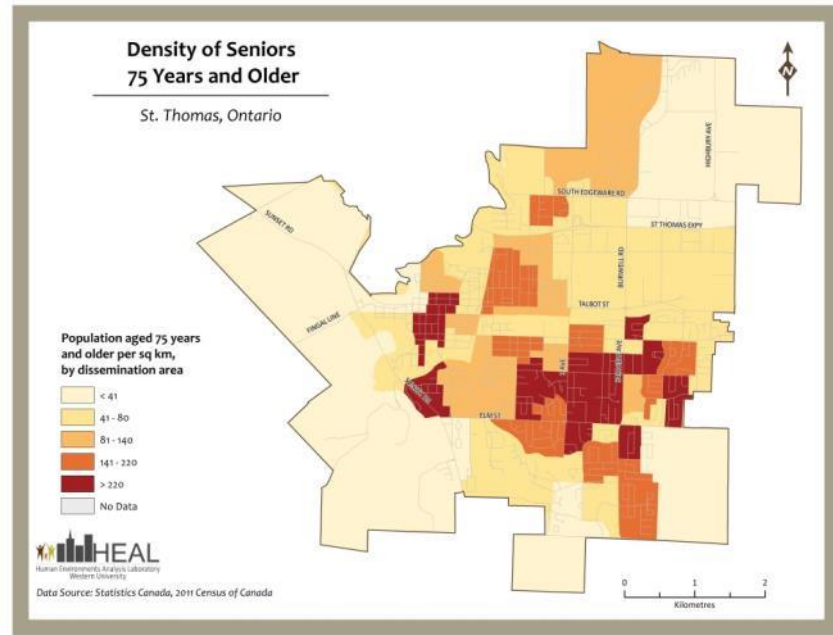
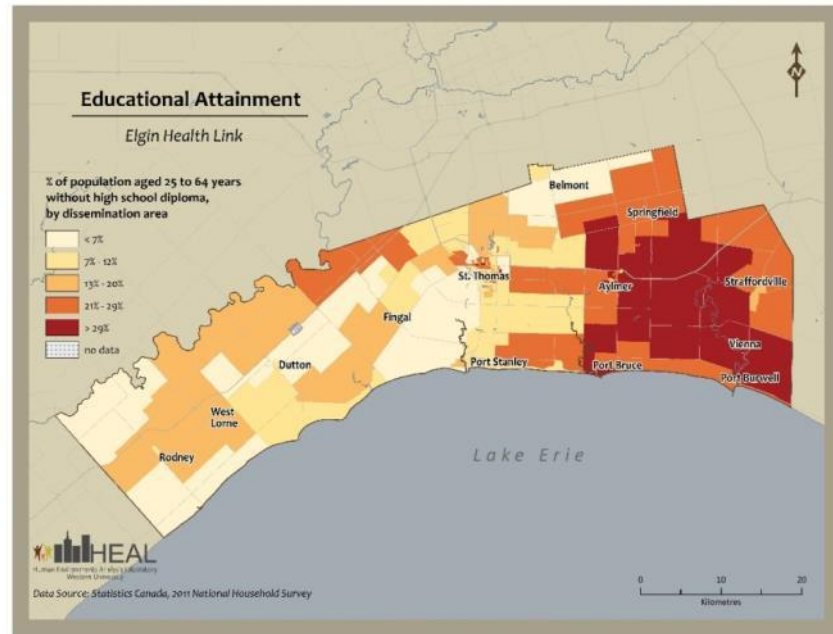
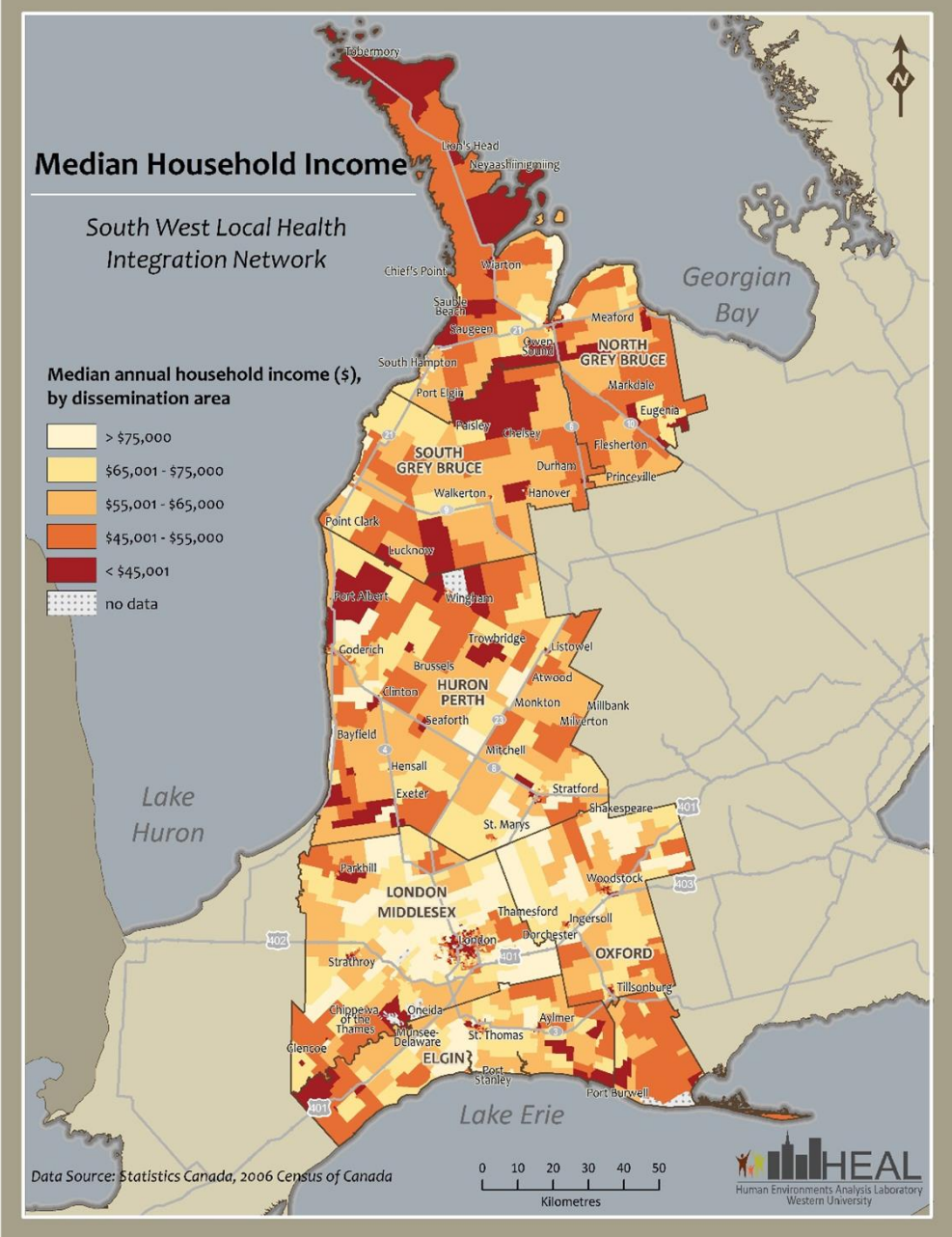


- Measures spatial accessibility to primary care providers (PCP)
- Assesses ‘PCP availability’ at the PCP location as the ratio of PCPs to their surrounding population (based on various travel times e.g., 15, 30, 45 or 60 minutes)
- Sums up ratios for each residential location
- Advantage of combining related types of information into one meaningful index

Accessibility Maps



- Variables measured at the dissemination block (DB)
 - Smallest area unit for which Stats Canada releases population counts
- Analyses for Aboriginal, French, Spanish & Arabic populations are at the DA level
- The DBs/DAs are categorized by quintiles
- Darkest shaded quintile represent areas with lowest accessibility
- Accessibility is reported in terms of primary care providers per 1,000 population
- >1000 maps generated

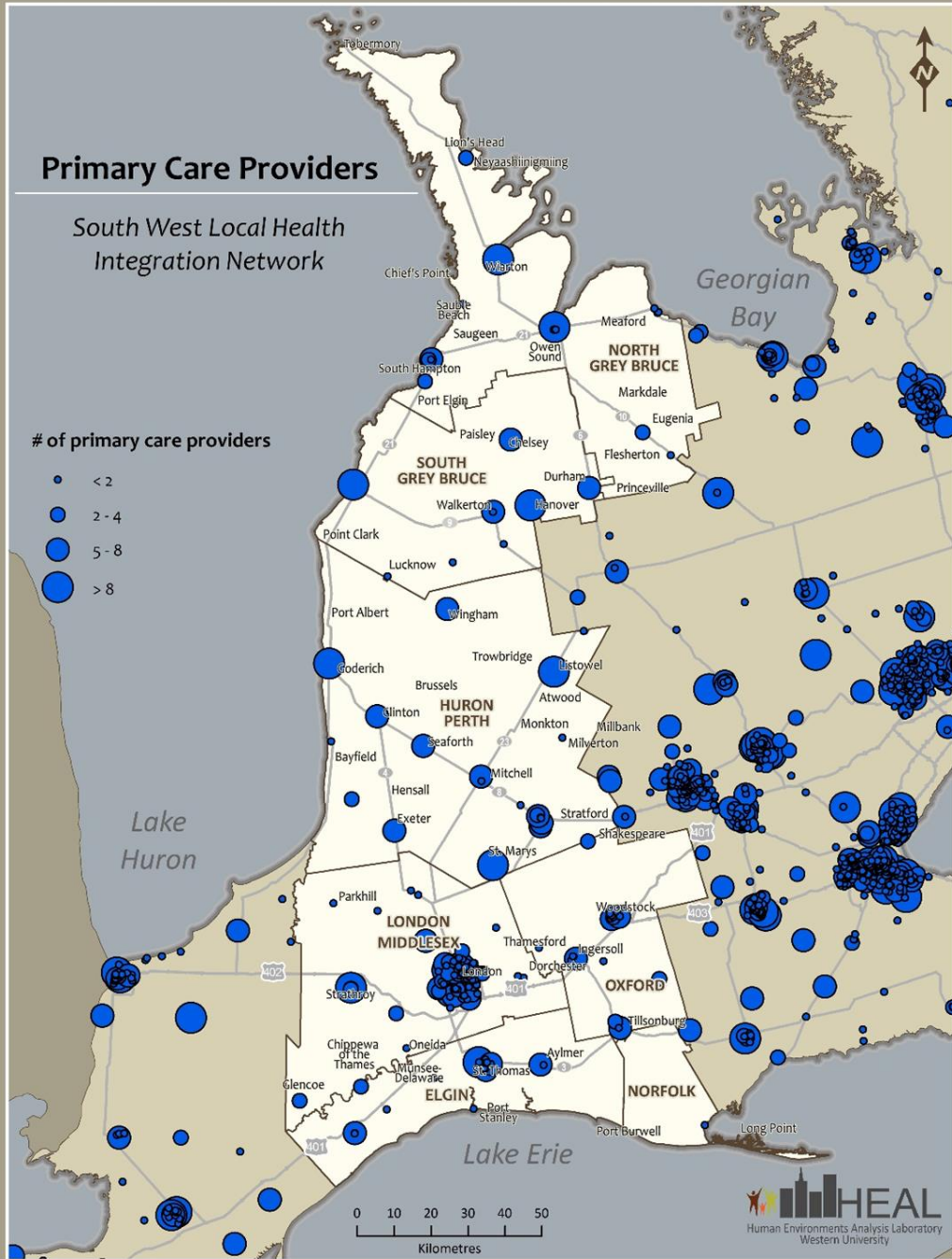
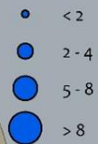


16 SDoH variables x 20 regions (1 LHIN + 6 Health Links + 6 Counties + 7 Major Settlements)

Primary Care Providers

South West Local Health Integration Network

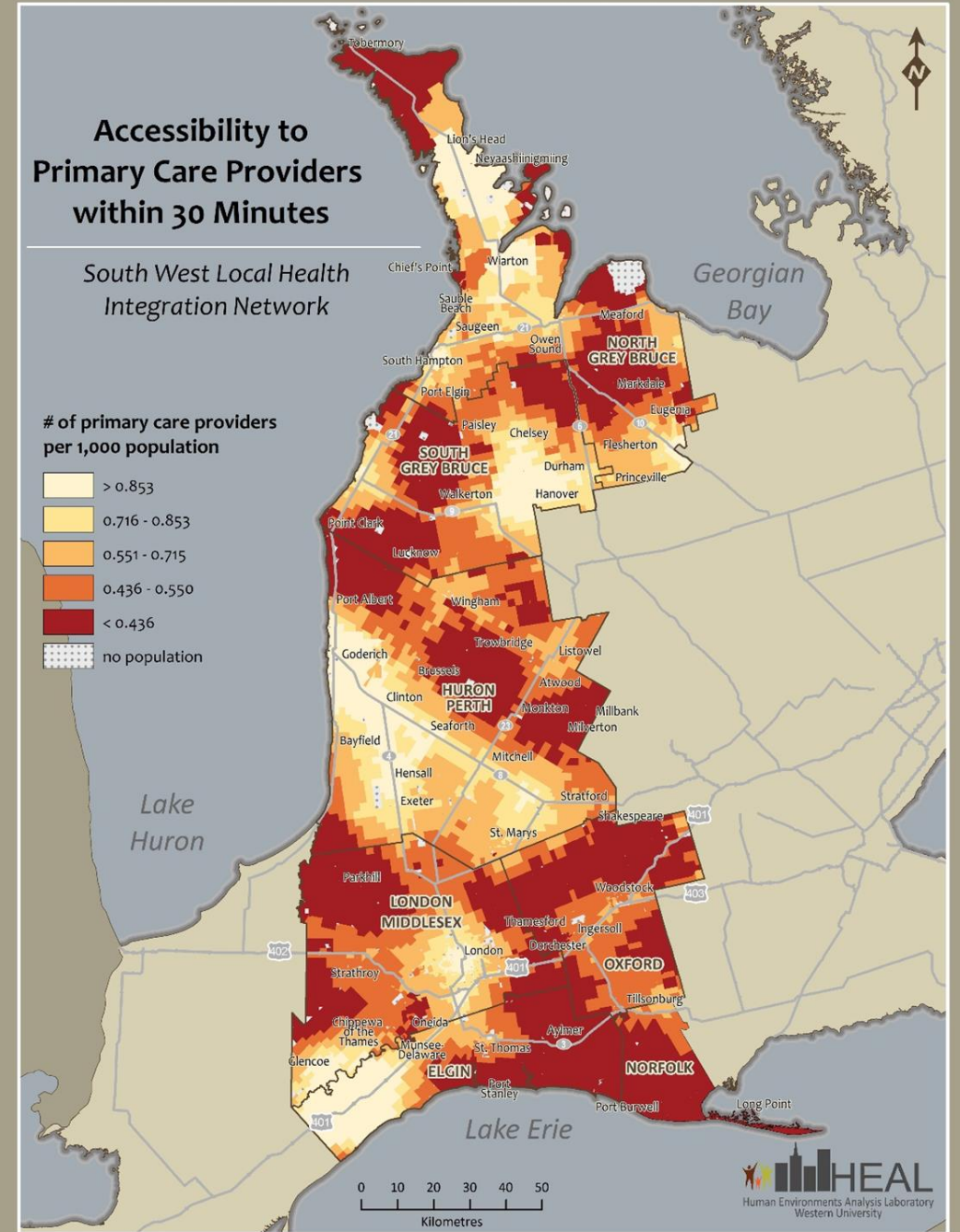
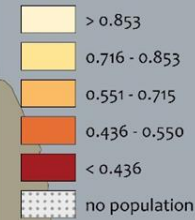
of primary care providers



Accessibility to Primary Care Providers within 30 Minutes

South West Local Health Integration Network

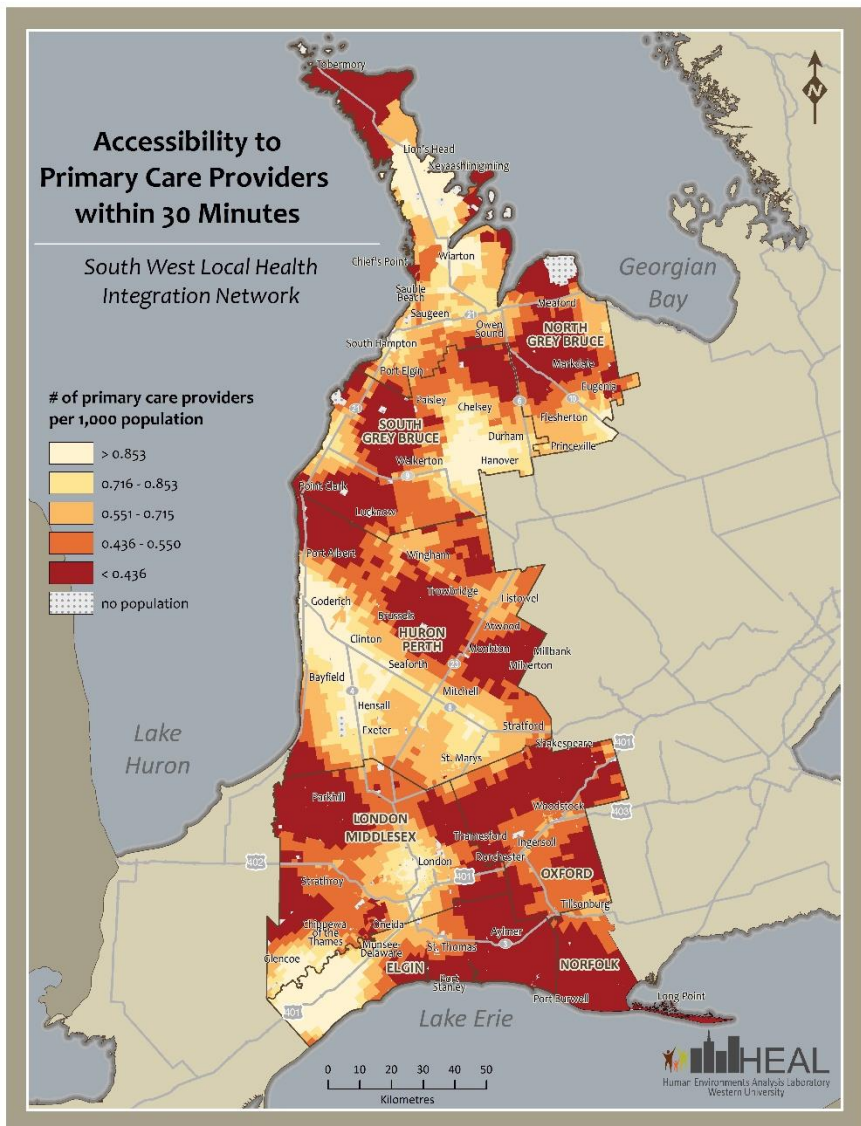
of primary care providers per 1,000 population



Results

Correlation b/w SDOH & Accessibility For SWLHIN

**no SW LHIN-wide systematic socio-spatial inequity*



Correlation Analysis

	SW LHIN			
	15-min	30-min	45-min	60-min
Population Density, 2011	0.427	0.369	0.374	0.427
Density of population 18 or under	0.362	0.293	0.304	0.362
Density of population 65 and older	0.461	0.366	0.346	0.378
Density of population 75 and older	0.484	0.366	0.330	0.353
% of families that are lone parents	0.198	0.130	0.119	0.430
% of population that are recent immigrants	0.077	0.135	0.178	0.171
% of population that are visible minorities	0.196	0.297	0.335	0.398
Density of Aboriginal population	0.148	0.118	0.116	0.140
% of the population not graduated high school	-0.141	-0.250	-0.279	-0.308
Percentage of population that lives under the Statistics Canada Low Income Cut-Off	0.271	0.222	0.202	0.208
Median Household Income (1/MHI)	0.221	0.160	0.129	0.090

Aboriginal Primary Care Providers

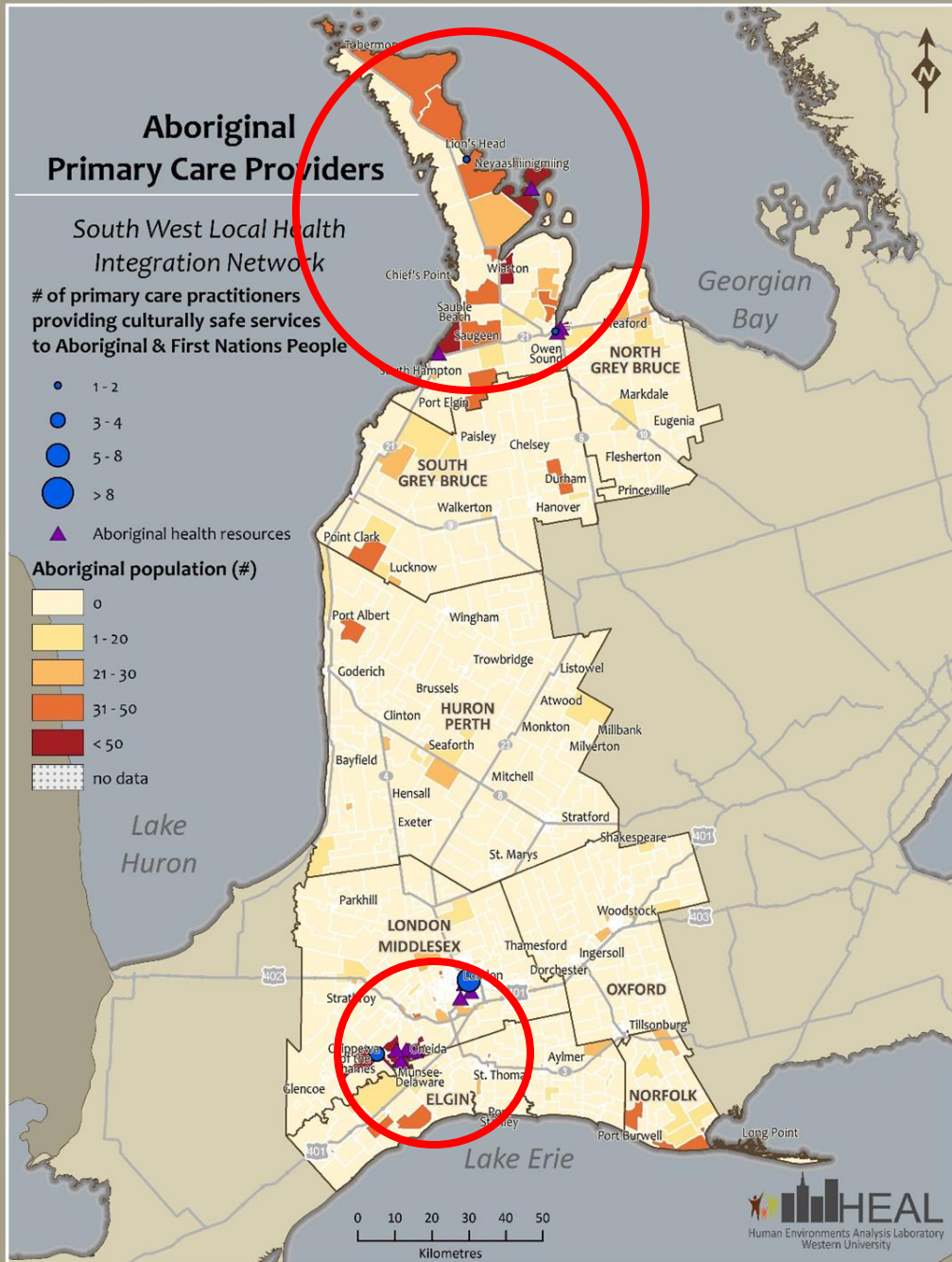
South West Local Health Integration Network

of primary care practitioners providing culturally safe services to Aboriginal & First Nations People

- 1 - 2
- 3 - 4
- 5 - 8
- > 8
- ▲ Aboriginal health resources

Aboriginal population (#)

- 0
- 1 - 20
- 21 - 30
- 31 - 50
- < 50
- no data

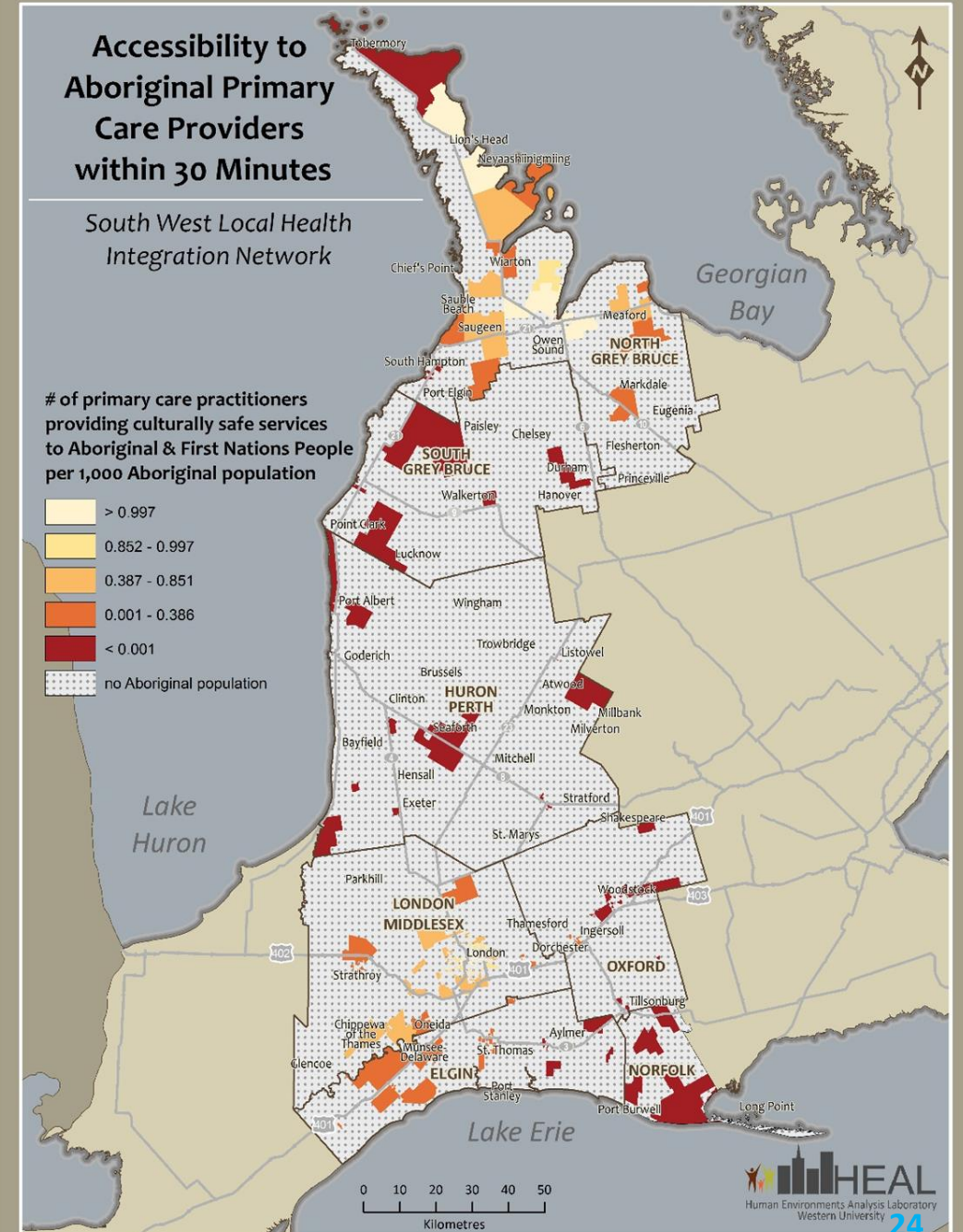


Accessibility to Aboriginal Primary Care Providers within 30 Minutes

South West Local Health Integration Network

of primary care practitioners providing culturally safe services to Aboriginal & First Nations People per 1,000 Aboriginal population

- > 0.997
- 0.852 - 0.997
- 0.387 - 0.851
- 0.001 - 0.386
- < 0.001
- no Aboriginal population



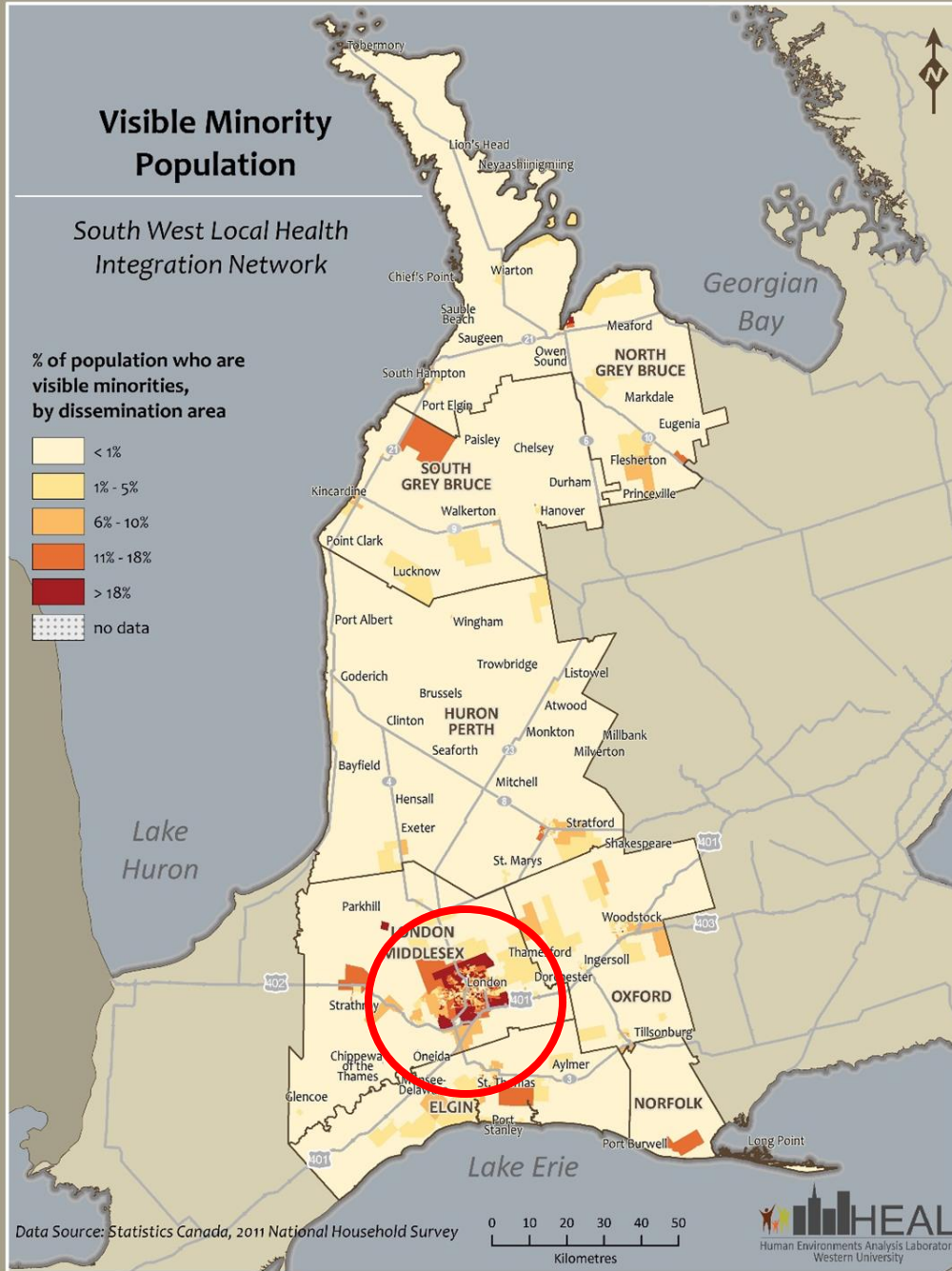
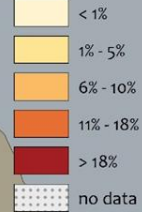
Indigenous

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	South West LHIN
Total Population	148,178	145,794	113,943	444,509	88,849	956,468
# of Aboriginal people per sq km	1.0	0.1	0.3	4.4	0.5	1.2
% of the population that are Aboriginal	5.2%	0.5%	0.7%	3.8%	1.2%	2.8%

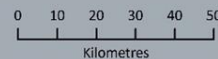
Visible Minority Population

South West Local Health Integration Network

% of population who are visible minorities, by dissemination area



Data Source: Statistics Canada, 2011 National Household Survey



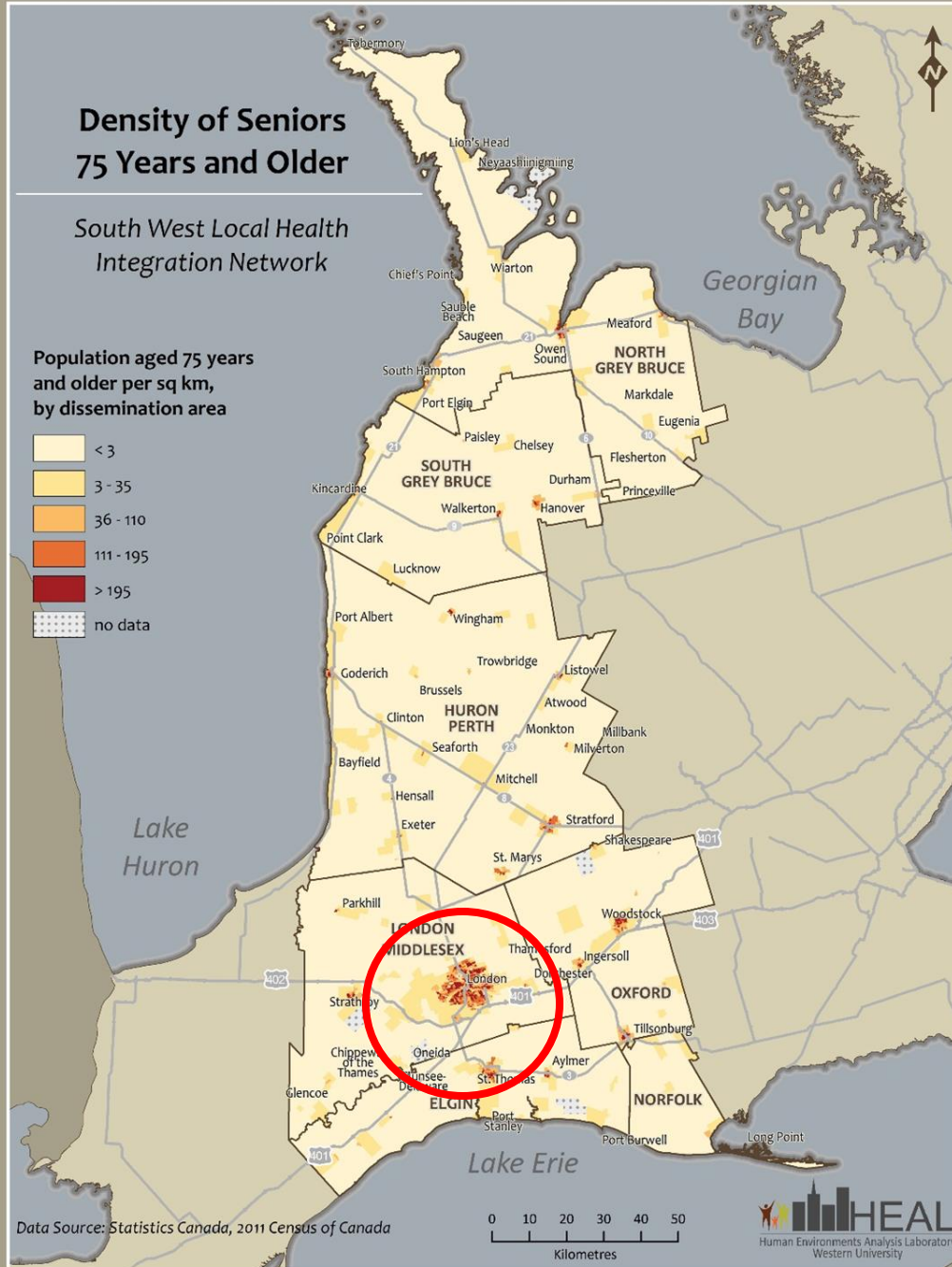
Ethno-cultural Groups and Recent Immigrants

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	South West LHIN
Total Population	148,178	145,794	113,943	444,509	88,849	956,468
% of the population that immigrated to Canada between 2006 and 2011	0.1%	0.3%	0.3%	2.3%	0.6%	1.2%
% of the population that are visible minority	1.2%	1.2%	2.0%	13.1%	2.0%	6.9%
% of the population that have Arabic as their Mother-Tongue	0.0%	0.0%	0.1%	1.8%	0.1%	0.8%
% of the population that have Spanish as their Mother-Tongue	0.1%	0.3%	0.2%	2.0%	0.3%	1.0%
% of the population that have French as their Mother-Tongue	0.9%	0.7%	1.0%	1.2%	1.0%	1.0%
% of the population who do not speak English or French	0.3%	0.7%	0.4%	1.1%	0.8%	0.8%

Density of Seniors 75 Years and Older

South West Local Health
Integration Network

Population aged 75 years
and older per sq km,
by dissemination area

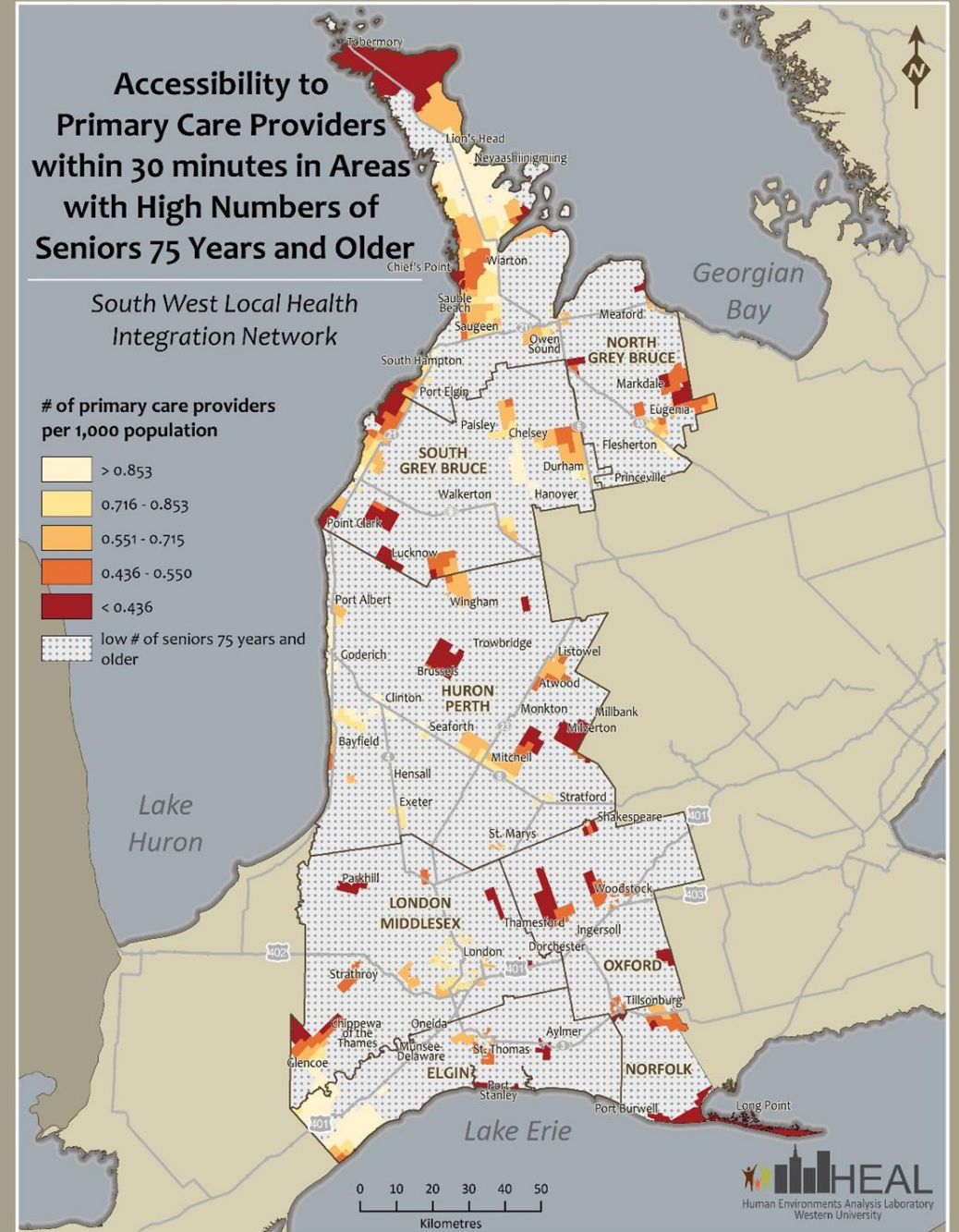
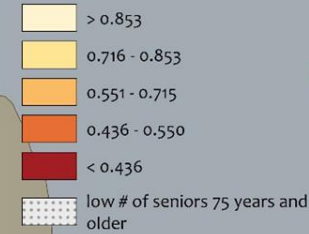


Data Source: Statistics Canada, 2011 Census of Canada

Accessibility to Primary Care Providers within 30 minutes in Areas with High Numbers of Seniors 75 Years and Older

South West Local Health
Integration Network

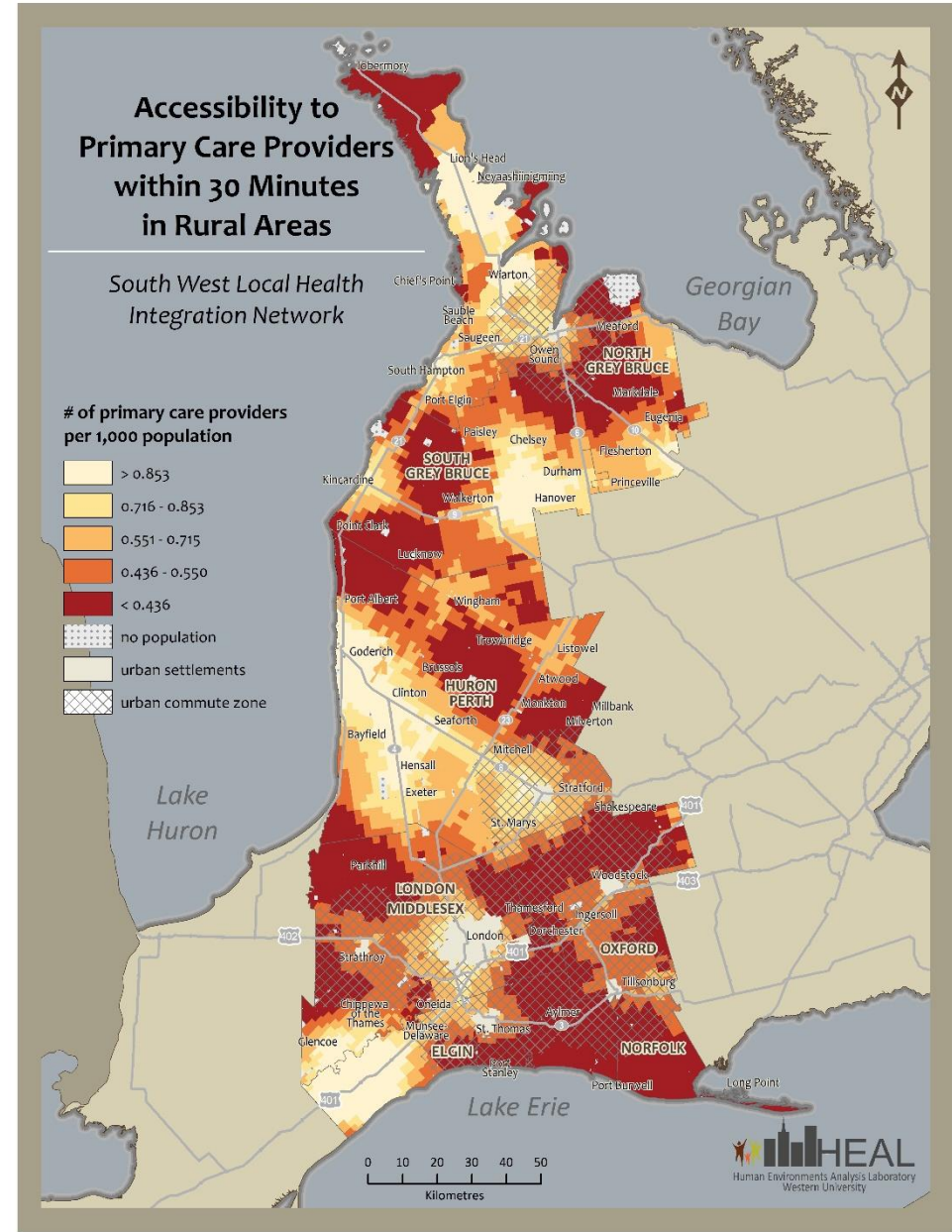
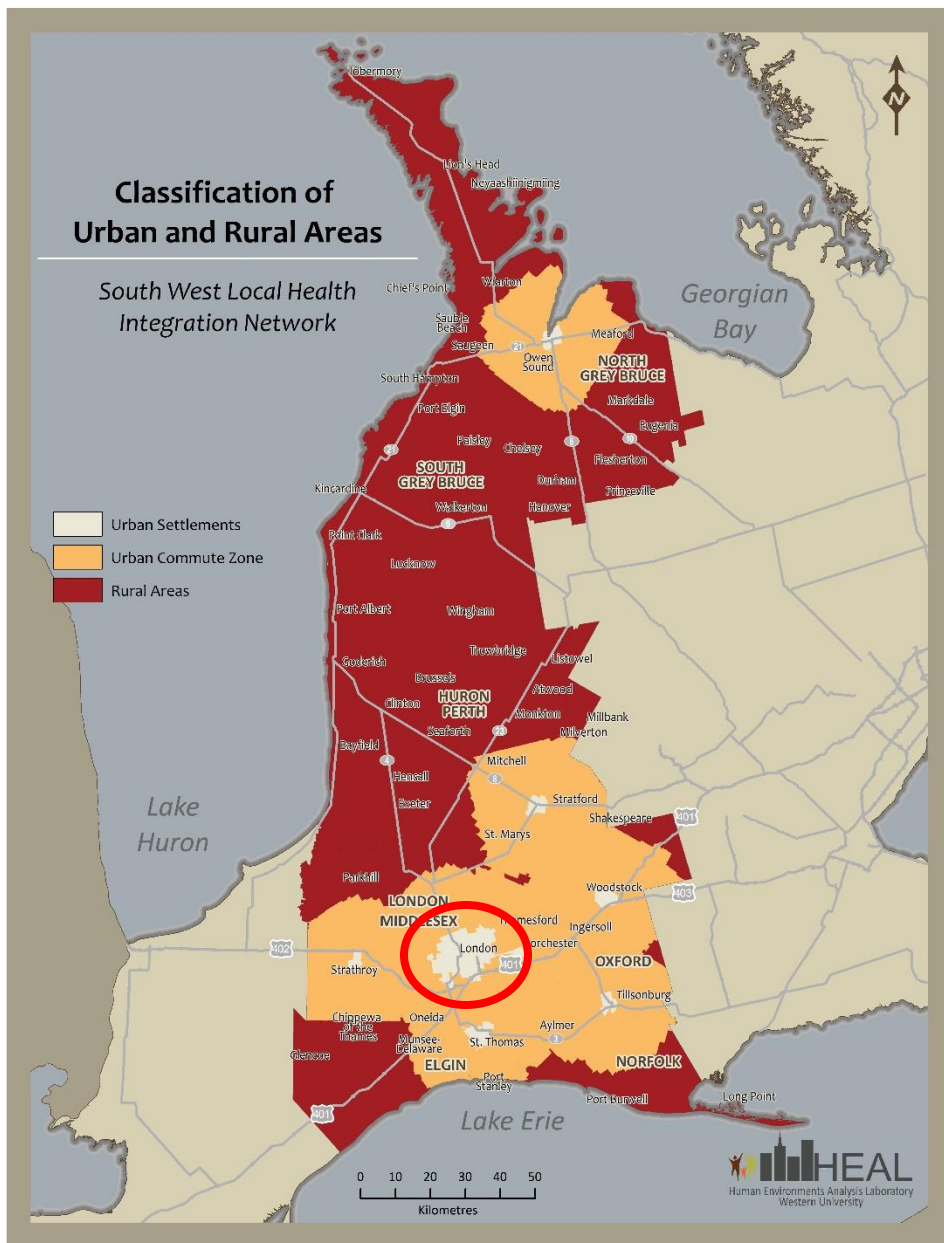
of primary care providers
per 1,000 population



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Kilometres

Seniors

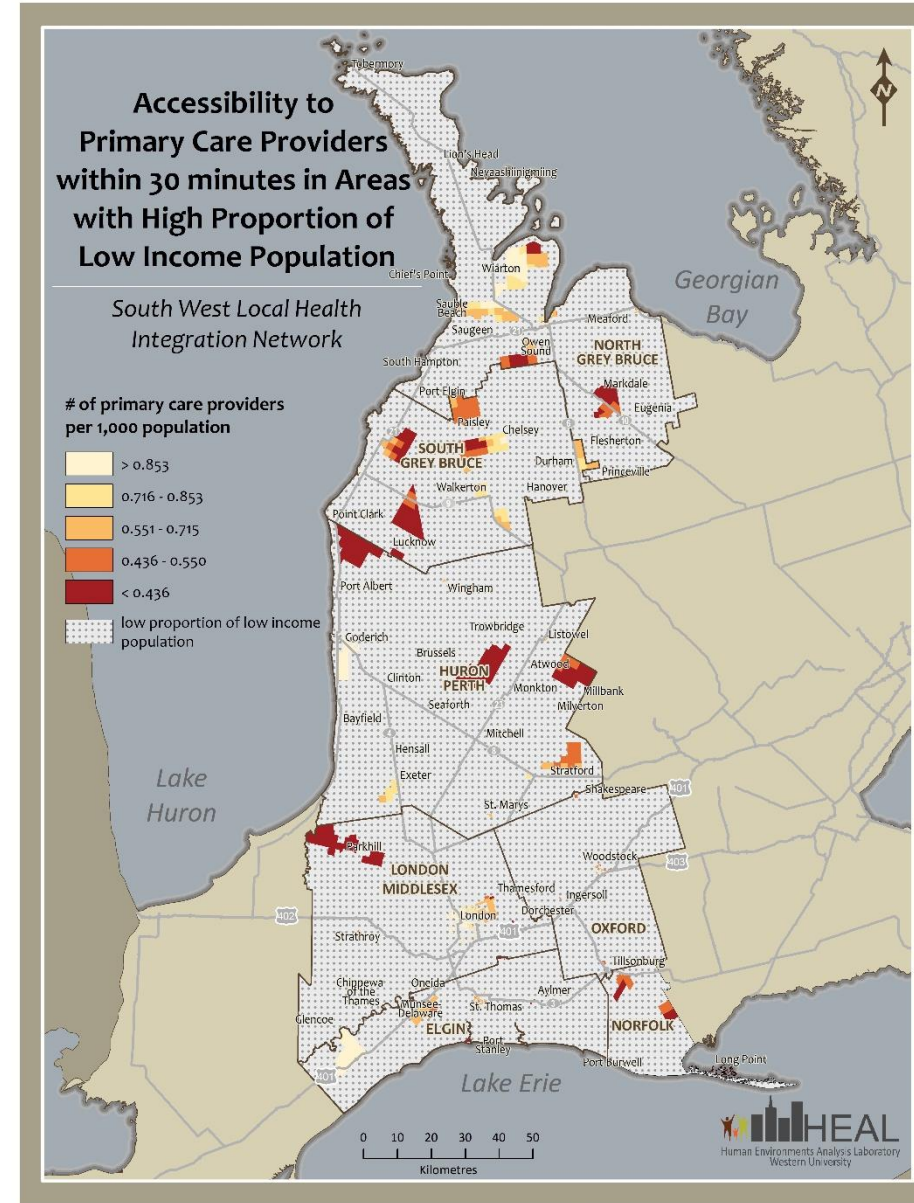
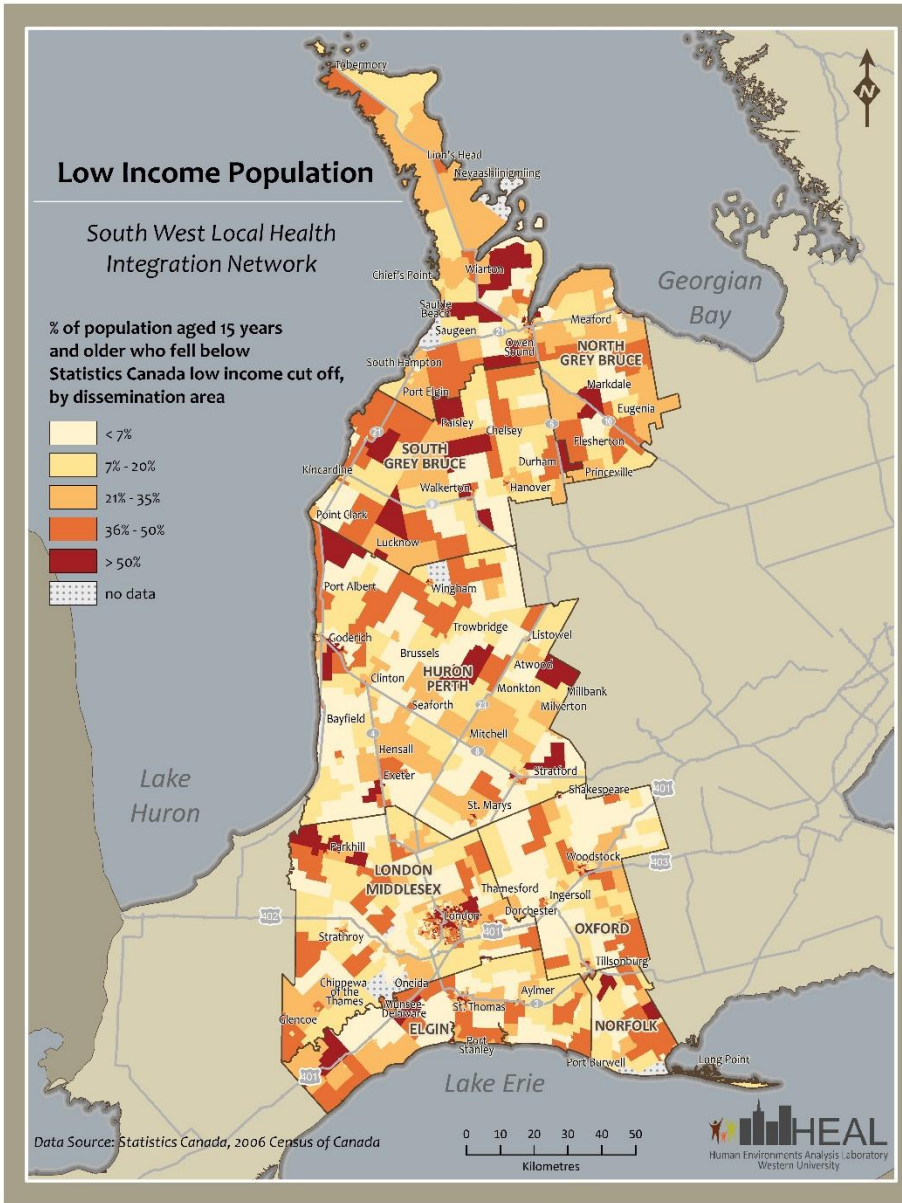
	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	South West LHIN
Total Population (2011)	148,178	145,794	113,943	444,509	88,849	956,468
# of seniors 65 years and older per sq km	3.8	4.2	7.4	17.2	6.8	6.8
% of seniors 65 years and older	17.9%	15.1%	10.9%	8.6%	12.3%	11.9%
# of seniors 75 years and older per sq km	1.7	2.0	3.5	8.2	2.9	3.2
% of seniors 75 years and older	7.6%	7.1%	4.1%	3.7%	5.0%	5.2%



Comparing Location of Rural/Urban Areas with Modelled Accessibility (30min)

Rural

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	South West LHIN
Total Population (2011)	148,178	145,794	113,943	444,509	88,849	956,468
% of the population living in urban areas	20.0%	20.0%	40.0%	80.0%	50.0%	50.0%
% of the population living in urban commute zone	10.5%	17.7%	47.0%	12.3%	37.2%	19.8%
% of the population living in rural areas	69.5%	62.3%	13.0%	7.7%	12.8%	30.2%



Low Income Areas with Low Accessibility: Identify DB accessibility values from the all population-all PCP analysis that are in the most vulnerable quintile of SDoH variable (LICO)

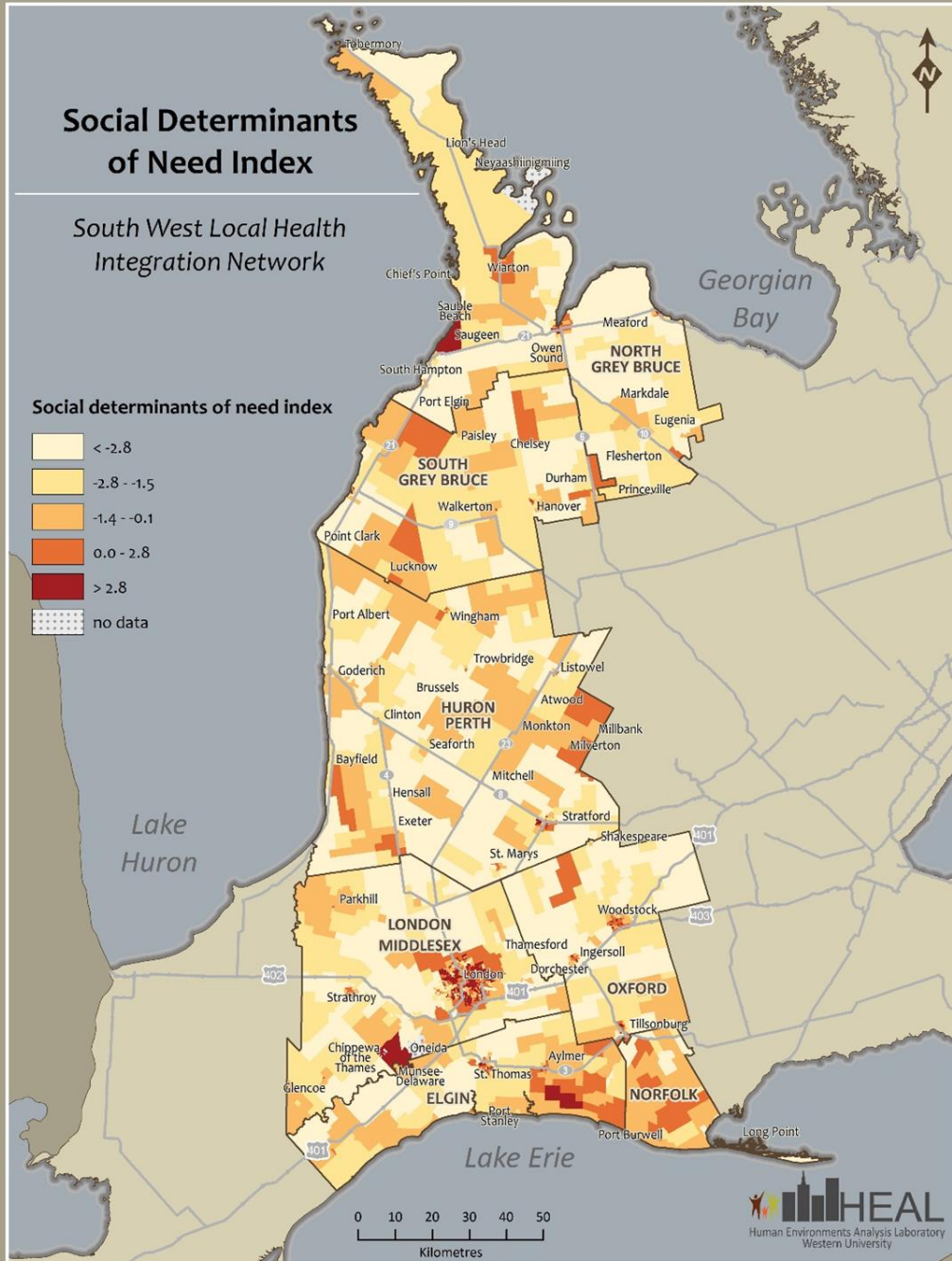
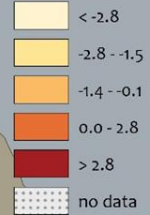
Characteristics of Low SES Population

	Grey Bruce	Huron Perth	Oxford	London/ Middlesex	Elgin	SW LHIN
Total Population	148,178	145,794	113,943	444,509	88,849	956,469
Median Household Income	52,770	56,375	61,042	64,196	59,392	60,037
% of pop'n living under LICO	29.8%	23.7%	23.1%	33.5%	29.0%	30.0%
% of pop'n btw 25-64 without high school diploma	2.3%	2.5%	3.8%	24.4%	3.9%	13.1%
% of lone parent families	11.7%	11.2%	13.7%	17.1%	14.0%	14.5%

Social Determinants of Need Index

South West Local Health Integration Network

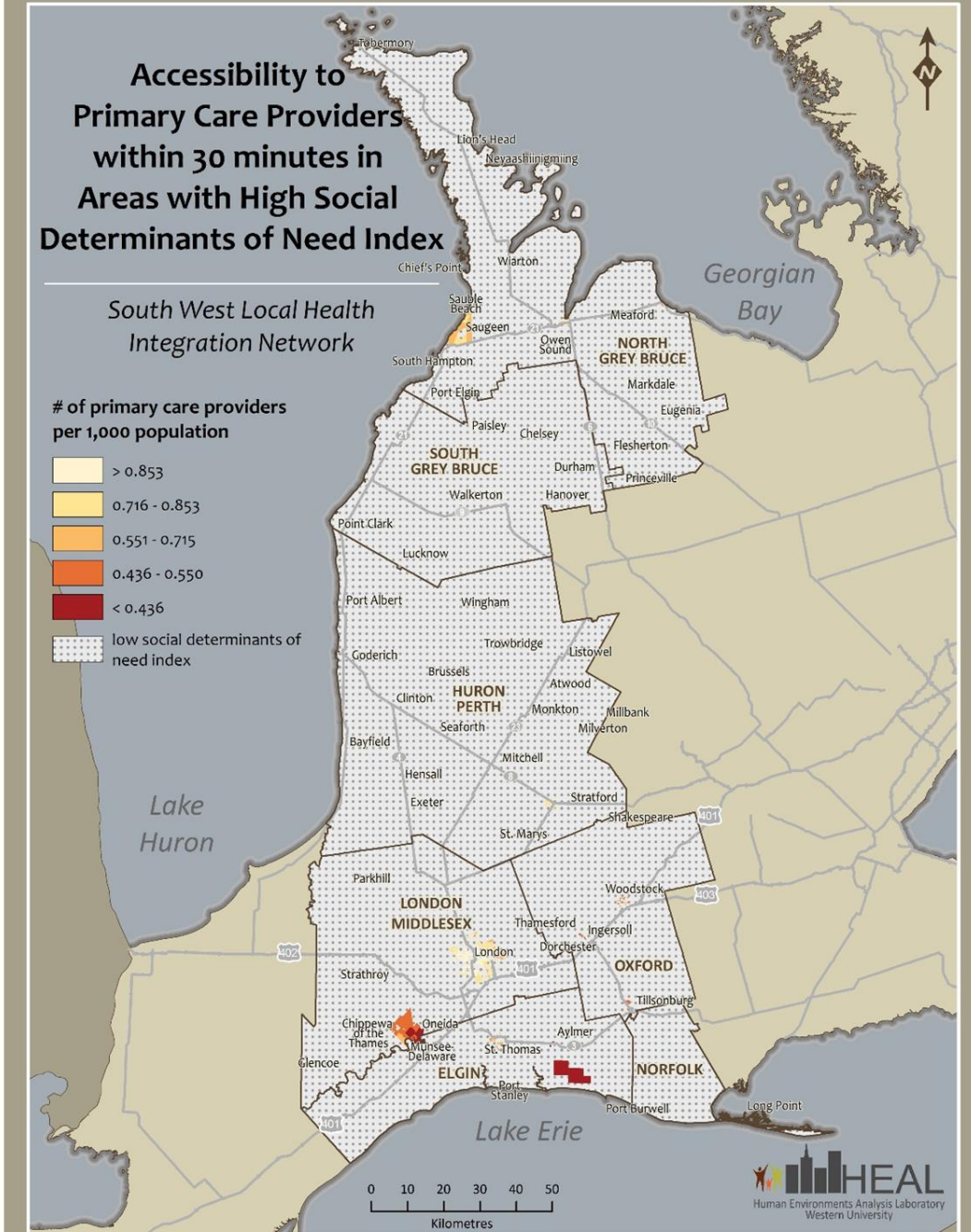
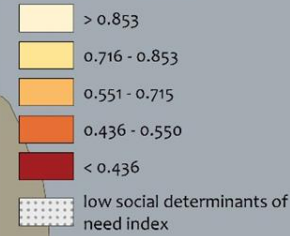
Social determinants of need index



Accessibility to Primary Care Providers within 30 minutes in Areas with High Social Determinants of Need Index

South West Local Health Integration Network

of primary care providers per 1,000 population



Social Determinants of Need Index

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	SW LHIN
Total Population	148,178	145,794	113,943	444,509	88,849	956,468
Social Determinants of Need Index	-1.220	-1.407	-0.880	1.730	-0.063	-1.035



Higher index values indicate higher need

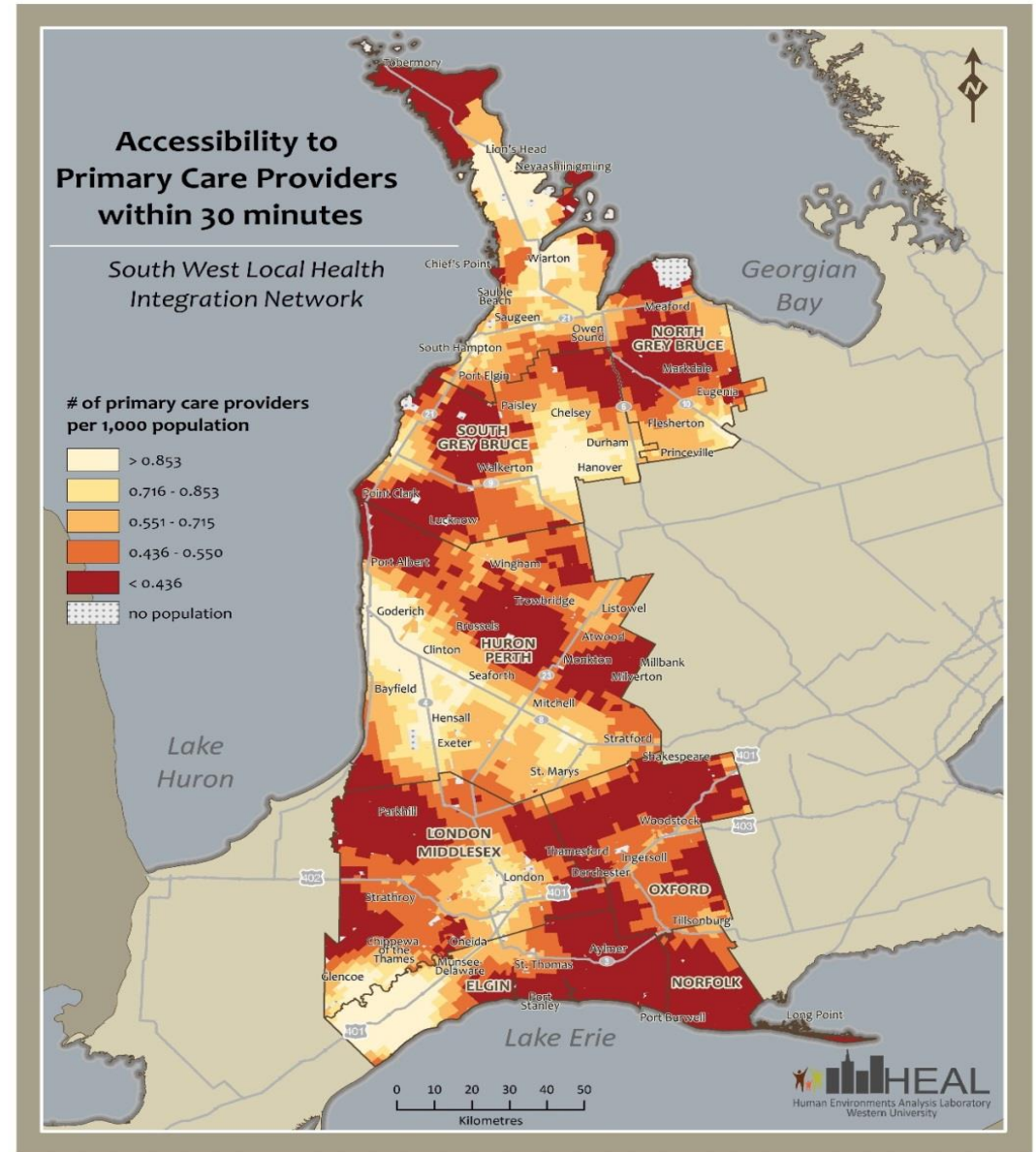
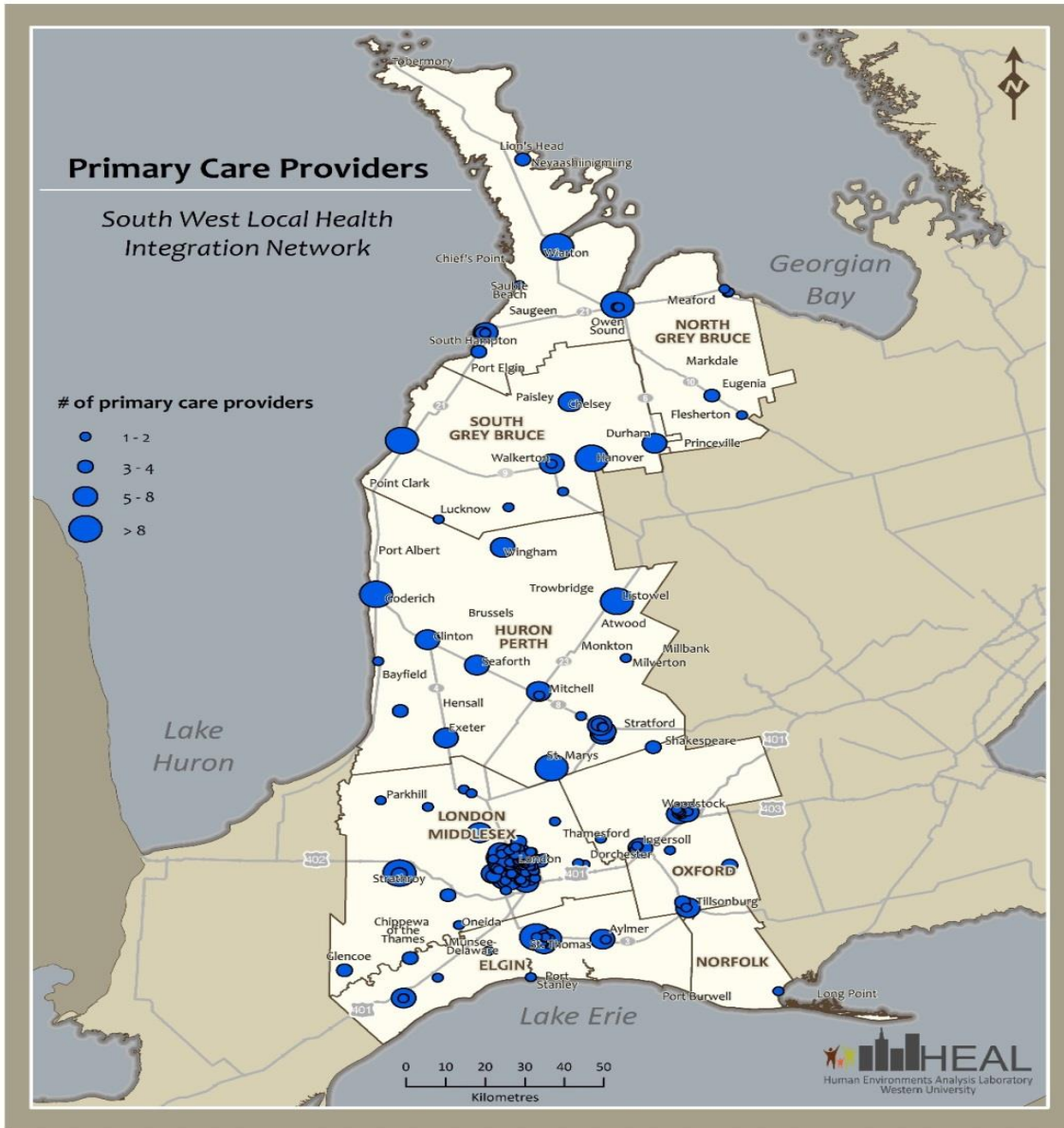
Health Status of the Population

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	SW LHIN
SAMI	0.92	0.86	0.87	0.95	0.92	0.92
RUBs 4-5	16.1%	14.1%	13.9%	15.6%	15.2%	15.2%
Asthma	8.0%	5.6%	7.2%	9.7%	9.0%	9.0%
Diabetes	7.3%	8.0%	5.6%	6.5%	6.6%	7.0%
Ischemic Heart Disease	4.7%	5.3%	4.6%	4.1%	5.2%	4.7%
Mental Health Condition	16.2%	14.5%	15.3%	20.9%	16.0%	18.0%

Primary Care Landscape



- **609 Family physicians (FPs) + 8 NPs (NPLCs) provide comprehensive primary care for 956,468 residents**
- **53% of the FPs are part of a team-based care model**
 - **1 AHAC (3,317 people)**
 - **5 CHCs (19,556 people)**
 - **19 FHTs (380,000 people)**
 - **2 NPLCs (4,904 people)**
- **21% aged 60+**



Comparing Location of Primary Care Providers with Modelled Accessibility (30min)

Access to Primary Care

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	SW LHIN
Total Pop'n 2011	148,178	145,794	113,943	444,509	88,849	956,468
% of pop'n reporting access to FP	86.5%	93.0%	96.3%	90.1%	89.9%	90.9%
% of pop'n without a <u>consistent</u> PCP	10.9%	12.1%	12.3%	17.5%	16.2%	14.9%



Only 36.2% of residents reported being able to see their PCP on the same or next day when they were sick (42.8% in Ontario overall)

Access to team-based care is highest in Huron Perth & lowest in London Middlesex and Oxford.

Geographic Accessibility to Primary Care

	Grey Bruce	Huron Perth	Oxford	London Middlesex	Elgin	SW LHIN
Average # of PCPs (per 1000 pop'n)	0.6919	0.6979	0.4722	0.7081	0.5544	0.6492
Average # of PCPs under 60 years old (per 1000 pop'n)	0.5185	0.6017	0.3334	0.5752	0.4487	0.5174
Average # of team-based PCP (per 1000 pop'n)	0.4522	0.5811	0.2240	0.3083	0.3288	0.3935

Lived Experience- Surveys

- **Survey available to general population – 866 respondents**
- **Provider survey about experiences working with people receiving primary care – 409 respondents**
- **15 Focus groups with HSPs and members of target population**
 - **2 FGs conducted with Indigenous peoples**
 - **4 FG conducted with specific ethno-cultural pop'n (2 Francophone, 2 Mennonite groups)**
 - **1 FG conducted with seniors**
 - **1 FG conducted with people living with a mental illness**
 - **9 with HSPs**

Lived Experience – Barriers to Care

- **Five Main Barriers**
 - **Timing of Appointments**
 - **Geographic Accessibility**
 - **Financial Accessibility**
 - **Health Literacy and Communication**
 - **Relationships with PCPs**

Lived Experience – Barriers to Care

- **25% of the general population and 40% of HSPs stated that people had to wait too long when booking an appointment**
- **23% of the general population and 22% of HSPs stated the people cannot afford to take time off work to attend appointments**
- **21% of the general population and 25% of HSPs stated that office hours did not fit people's schedule**
- **18% of the general population and 37% of the HSPs felt that distance from home or work to provider office was a barrier**
- **13% of the general population and 23% of the HSPs stated people do not having enough time to address concerns during an appointment**

Lived Experience – Indigenous Population

- **Indigenous population (focus groups + recent research on access in SW LHIN)**
- **Timing of appointments and long wait times to find a new PCP**
- **Geographical barriers including lack of PCPs in their area, and a lack of transportation (transportation not covered for cross-reserve travel)**
- **Financial accessibility – lack of assistance with Non-Insured Health Benefits and multiple financial strains**
- **Previous studies indicated communication barriers and poor relationships with PCPs, low access to culturally safe practices, lack of trust, and feeling unwelcome**

Lived Experiences – Ethno-cultural & Recent Immigrants

- Slightly less access to PCPs compared to overall population
- Reported facing most barriers. 15% reported that their health was not being effectively managed
- Timing of appointments biggest barrier (wait too long for appointments 35%, office hours 30%, and not having enough time to discuss their problems 28%)
- 26% stated that their PCP limit the number of issues that they can discuss
- 26% stated PCP not located within a convenient distance of home or work
- Greater financial accessibility concerns compared to overall population (28% unable to take time off work, 17% cost of child care, 17% ability to pay for meds)
- Health literacy & communication (38% of the respondents stated that they would prefer to receive care in a language other than English, and 22% stated that their PCP did not speak their preferred language)

Lived Experiences – Senior Populations

- **5% of the respondents do not have a PCP**
- **Overall senior population felt that they received quality primary care compared to the general respondents**
- **17% visited their provider 7 times or more per year**
- **Timing of appointments biggest barrier – 20% indicated that they waited too long, 11% felt that they did not have time to discuss their issues, and 15% stated they were limited in the number of issues that they could discuss**
- **12% stated distance was a factor – the PCP was too far (specialized transportation difficulties, no drivers licence, and poor weather)**

Lived Experiences – Rural Populations

- **Rural respondents 48% of the population survey**
- **23% reported waiting too long for appointments and 18% had concerns about office hours.**
- **Geographical accessibility 13% of respondents identify that their PCP is not located within a convenient distance**
- **Financial accessibility directly related to geographical accessibility – 20% of the population stated that they could not afford to take time off to attend appointments**

Lived Experience – Low SES Status

- **Highest proportion seeing their provider 7 or more times per year (20%)**
- **Timing is the greatest concern – 22% identify that they have to wait too long, 14% do not have enough time to talk about their concerns, and 13% state that the office hours do not fit their schedules**
- **Geographical barriers – difficulty travelling (13%), PCPs too far from their home (11%)**
- **Financial barriers – inability to take time off work (20%), cost of childcare, prescriptions, healthy eating, physical activity**
- **Feel unheard and excluded from decisions more often than overall respondents**

Lived Experience – Providers

- **Average roster size = 1375 (159-5000)**
- **11% actively accepting new patients**
- **62% planning or considering leaving in next five years**
- **PCPs reported that they lack the confidence in the support that they provide for people with addictions (41%), alternative medicine (39%), abuse screening (24%), culturally safe care (23%)**
- **PCPs reported challenges with referrals (46%), time spent with patients (32%) and connecting patients with local services (32%)**
- **PCPs advice to LHIN increase providers (19%), affordable transportation (15%), resources for home visits (14%) and system navigation (12%)**

Next Steps

Action/Strategies Identified

Initial themes for draft recommendations

- **Every person will have timely access to care**
- **All providers can access timely, consistent wrap-around services for their patients**
- **Right mix and distribution of primary care providers**
- **Providers will have access to shared information on patients and resources available to enable collaborative work**
- **Every person will have access to culturally safe primary care**

Project Challenges/Limitations



- **Understanding provider workload and defining FTEs**
- **Timely access to comprehensive data**
- **Accessibility does not equal access**
- **Strategies to engage vulnerable populations**
- **Other vulnerable populations not addressed in the study**
- **30 minute travel time car biased**

Opportunities

EveryOne Matters.



- **Methods and analyses plan developed. Easily ramped up as long as data is available → continually improving project (ESC LHIN)**
- **Province wide analyses would remove the limitation of the edge-effect (LHIN boundaries)**
- **Survey tools (provider and patient) could be shared with other parts of the province**
- **Data describing population co-morbidities and projected need for primary health and health care utilization is available for the entire province (new request being made by ESC LHIN for additional data)**

Questions?

Thank You!

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