

Chapter 5

Studies of Accessibility to Healthcare in Canada

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ABSTRACT

The main goal of this chapter is to provide a theoretical background for accessibility studies as a sub-discipline of health geography and a literature review on the topic. The chapter provides various definitions of accessibility, its major characteristics and comparison between main measuring techniques. The influence of accessibility on population health is also discussed. An overview of recent accessibility studies in Canada is provided and future directions of research are discussed. A case study is provided to illustrate one of the advanced methods in measuring access.

INTRODUCTION

The role of accessibility to healthcare is known to be one of the most important factors of population health and well-being. It is also recognized as one of the major topics in health geography. In addition, disparities in healthcare access and as a result inequality in health status have become one of the major public health priorities. Accessibility is a complicated issue that often requires integration of the knowledge from different fields

such as geography, sociology, economics and medicine. Access to healthcare as well as healthcare utilization are highly dependent on various characteristics of population as people have different abilities in terms of overcoming distance (Cromley & McLafferty, 2002). Awareness of accessible sources affects individual decision making in terms of utilizing healthcare. Certain demographic and socioeconomic factors such as income, age, gender and ethnicity have a strong effect on personal mobility.

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BACKGROUND

It is somewhat obvious that it is not possible to provide equal access to everyone as geographical distribution of the population and health providers are highly uneven. Living far from healthcare provider can be compensated by higher personal mobility such as having a car or availability of public transit. On the other hand, personal mobility is strongly influenced by socio-economic and demographic factors. Ideally, accessibility should be a reflection of health needs, e.g. people with higher healthcare needs should be able to reach health services more easily than people with less needs.

The Canadian Health Act (Health Canada, 2010) stated that healthcare should be accessible to everyone without any discrimination. As a result, majority of the healthcare accessibility studies focus on health inequalities among population groups with the respect to age, ethnicity and social status.

With respect to diversity among Canadian population groups, accessibility studies play a key role in health planning. For example, accessibility studies in Canada focus on health inequalities between rural, urban and remote areas such as First Nations reserves due to uneven distribution of health practitioners in those areas (Newbold, 1997; Pong, 2000; Schuurman, Fiedler, Grzybowski, & Grund, 2006). Health disparities between urban and rural population often reflects weaknesses of health delivery planning and policy. Identifying areas of limited accessibility is essential for developing and improving health provision, for regional planning and for conducting health promotion work within communities. Improving access to healthcare services from this perspective requires some changes in the current health delivery system. Another subject of the healthcare studies in Canada is accessibility to healthcare services by different groups of people. There are many studies focusing on the healthcare accessibility by various age groups such as elderly (Mercado & Páez,

2009; Mobley, Root, Anselin, Lozano-Gracia, & Koschinsky, 2006; Nemet & Bailey, 2000; Paez, Mercado, Farber, Morency, & Roorda, 2010) or children (Guagliardo, Ronzio, Cheung, Chacko, & Joseph, 2004). Women healthcare is also an important issue as it requires an access to breast screening and prenatal care (Meininger, 1986; Ross, Rosenberg, & Pross, 1994). Many studies revealed that people with different ethnical and cultural background experience difficulties in accessing healthcare. Such situations require careful planning of health delivery in order to make it accessible to everyone. Many immigrants and their families experience language barriers when retrieving healthcare (McDonald, 2006; L. Wang, 2007); therefore, attitude toward health is also an important issue and may be significantly improved with health promotion where needed. Aboriginal peoples also often experience language, economic and geographic barriers in obtaining healthcare especially those who are living in remote reserves (Couzos & Murray, 2008; Elikan, 2010; Shestowsky, 1993; Waldram, Herring, & Young, 2006; Wilson & Rosenberg, 2002; Young, 2003). This diversity in population groups should be considered in planning healthcare delivery and health promotion as everyone has a right to receive healthcare services when needed as stated in The Canadian Health Act (Health Canada, 2010). Unequal access to healthcare is one of the major health status determinants. People who have lower access to medical services are more likely to have lower health status (Blake, 2003; Whitehead, 1992).

ACCESS TO HEALTHCARE

Accessibility Definition

Accessibility to primary healthcare is known to be a one of the major determinants of overall population health. Disparities in healthcare accessibility have a strong association with barriers

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