



Primary Care Access Among Immigrants In Ontario, Canada

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Outline

- Background
- Objectives
- Methods & data source
- Results
- Interpretation & summary
- Limitations
- Future directions

Primary Care

- Care provided at first point of contact between patient and health care system
- Most often provided by family doctors (including general practitioners and family physicians)

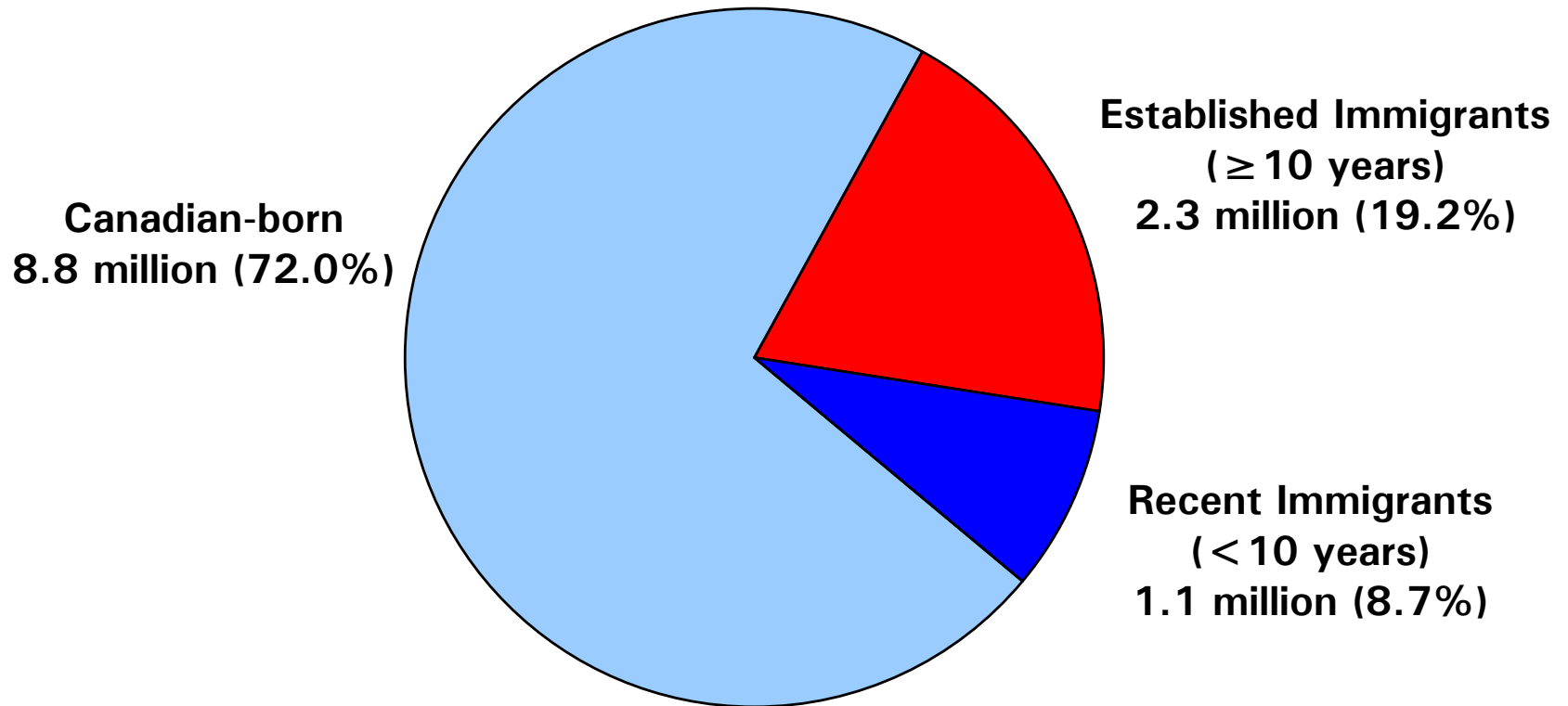
Background

- Importance of primary care
 - Facilitates access to specialists, preventive care and diagnostic services
 - Greater satisfaction with health care
 - Better health outcomes
 - ↓ Health disparities
 - ↓ Health care costs

Background

- Compared to the Canadian-born, immigrants:
 - Receive less preventive services (Hyman 2001; Maxwell et al 2001)
 - Are less satisfied with their health care (Lasser et al, 2006)
 - Experience a decline in health with increasing length of residence (Chen et al, 1996; McDonald & Kennedy, 2004; Newbold 2005)

Ontario Population By Immigrant Status, 2006



Objectives

To compare Ontario's immigrant and Canadian-born populations on:

1. Primary care *access*

- Attachment (having a family doctor)
- Wait time for immediate care

2. Primary care *utilization*

- Care from a family doctor
 - Overall care, routine care
- Walk-in clinics

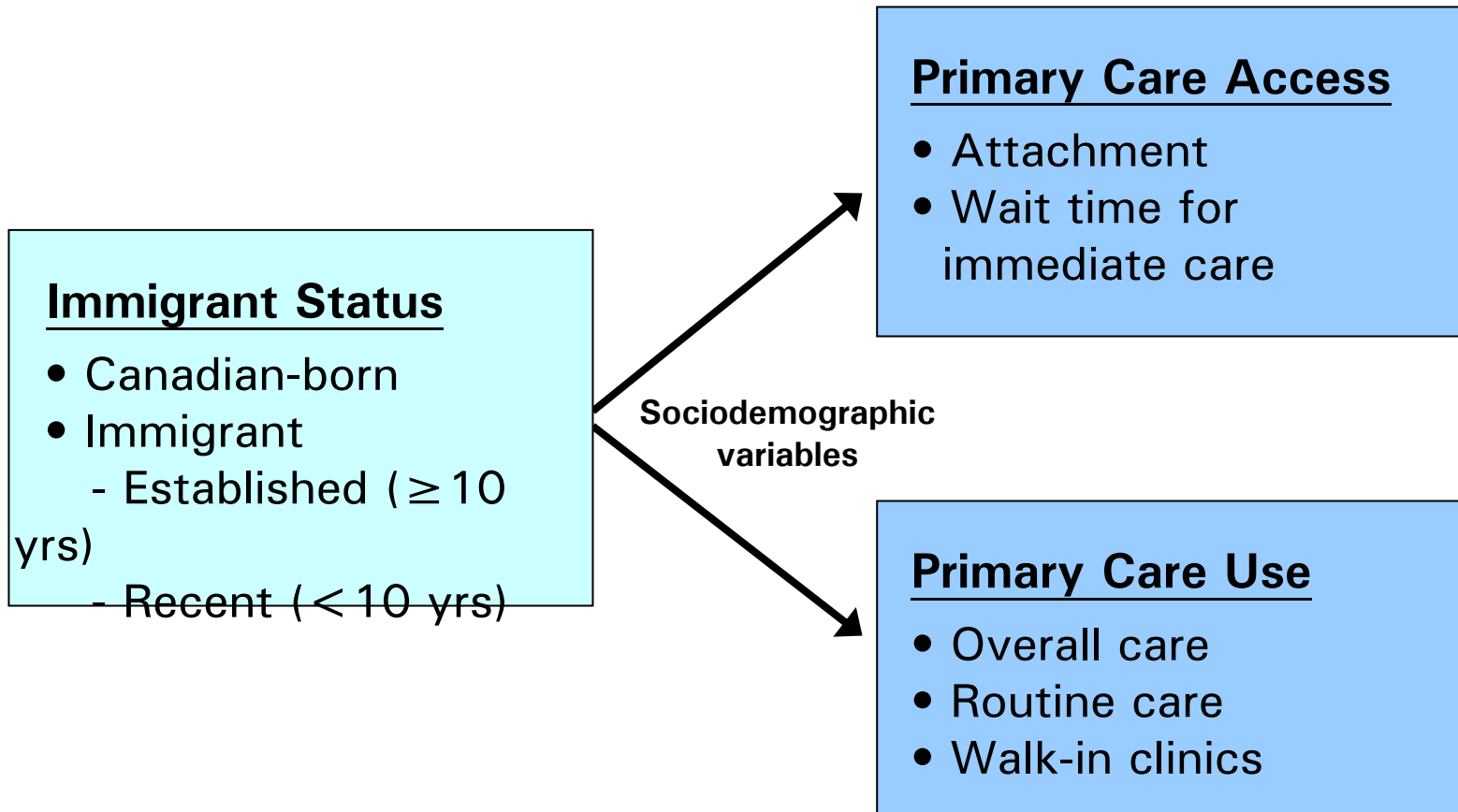
Methods: Data Source

- Primary Care Access Survey (PCAS)
 - Ontario MOHLTC survey
 - Began January 2006 – ongoing telephone survey
 - *Long term goal* – “to measure, on an ongoing basis, access to family doctors in Ontario”
 - *Target population* – Ontario residents, ≥ 16 years of age, English/French speaking, able to provide consent
 - Sampled equally among 14 Local Health Integration Networks
 - Data collection in quarters, $\sim 2,100$ respondents per quarter
 - Mean response rate $\sim 60\%$ (Jan 2006 – Mar 2008)

Methods: Study Population

- April 2006 - September 2007
- N = 12,391
- Exclusion criteria
 - Unknown age
 - Unknown country of birth
 - Unknown year of immigration to Canada (if born outside Canada)

Methods: Study Variables



Methods: Analytic Techniques

- Weighted and poststratified
- Proportions for descriptive comparisons
- Bivariate logistic regression to examine associations between immigrant status and primary care access/utilization
- Multivariate logistic regression to examine effect of sociodemographic factors
 - Age
 - Sex
 - Urban vs. rural residence
 - Chronic disease

Results: Population Characteristics

	Canadian-born (n = 9,535)	Established Immigrants (n = 2,323)	Recent Immigrants (n = 533)
Mean age (\pm SD)	48.9 yrs (\pm 17.7 yrs)	55.4 yrs (\pm 16.6 yrs)	36.1 yrs (\pm 11.8 yrs)
Males	48.3%	49.5%	54.9%
Females	51.7%	50.5%	45.1%
Living in urban areas	79.1%	88.3%	91.0%
\geq 1 Chronic disease¹	40.4%	44.7%	15.9%

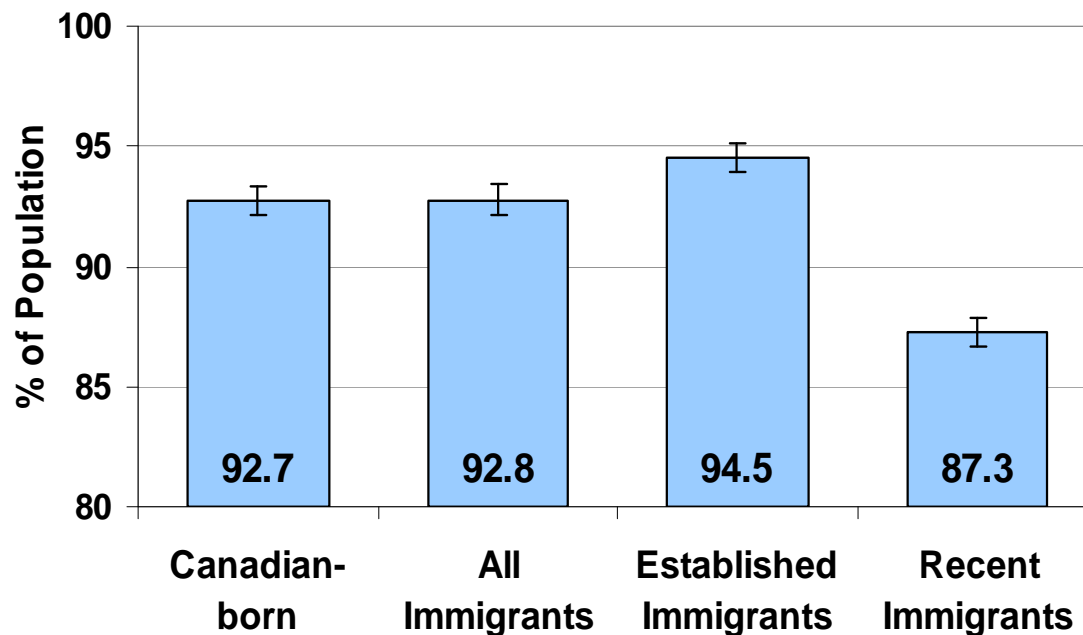
¹ Chronic diseases include: arthritis, asthma, cancer, chronic respiratory conditions, diabetes, heart disease or stroke, high blood pressure

Results:

Primary Care Access – Attachment

Attachment refers to whether the respondent currently has a family doctor.

Attached population, by immigrant status



Results:

Primary Care Access – Attachment

Adjusting for sex, age, urban/rural residence, presence of chronic disease¹:

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Canadian-born	1.00 (Ref)	1.00 (Ref)
All Immigrants	1.01 (0.83, 1.22)	0.98 (0.78, 1.24)
Established Immigrants	1.36* (1.07, 1.72)	1.20 (0.90, 1.60)
Recent Immigrants	0.54* (0.40, 0.72)	0.69* (0.48, 0.98)

(OR = Odds ratio, CI = Confidence interval)

¹ Chronic diseases include: arthritis, asthma, cancer, chronic respiratory conditions, diabetes, heart disease or stroke, high blood pressure

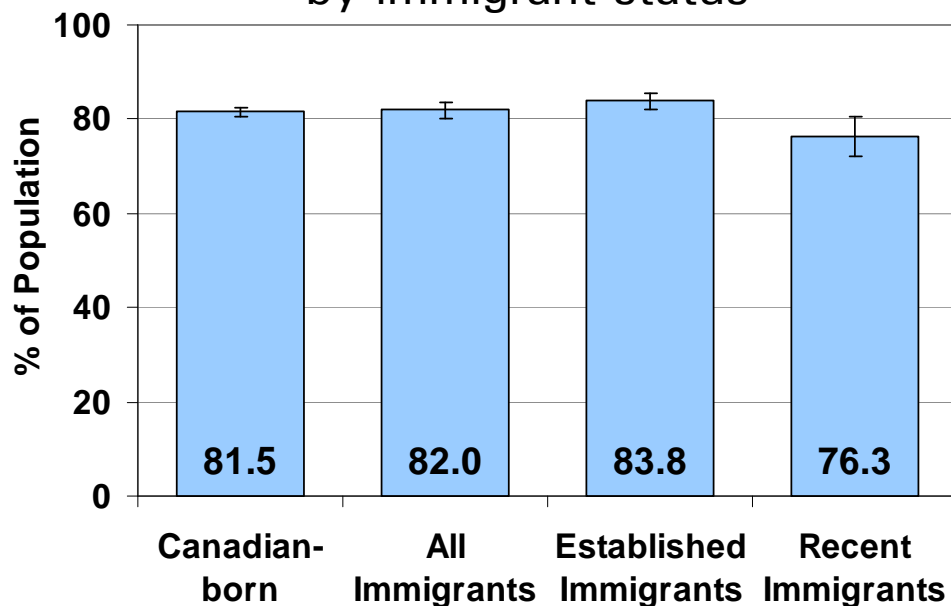
* Significantly different from Canadian-born (reference) population, $p < 0.05$

Results:

Primary Care Utilization – Overall care

Overall care refers to care for monitoring of health issues, for regular check-ups, for urgent health problems that require immediate attention, to obtain information, or to obtain advice regarding whether care is necessary

Received overall care from a family doctor in the last 12 months, by immigrant status



Results:

Primary Care Utilization – Overall Care

Adjusting for sex, age, urban/rural residence, presence of chronic disease¹:

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Canadian-born	1.00 (Ref)	1.00 (Ref)
All Immigrants	1.04 (0.91, 1.19)	1.01 (0.86, 1.19)
Established Immigrants	1.18* (1.01, 1.37)	1.05 (0.87, 1.26)
Recent Immigrants	0.73* (0.58, 0.93)	0.92 (0.69, 1.23)

(OR = Odds ratio, CI = Confidence interval)

¹ Chronic diseases include: arthritis, asthma, cancer, chronic respiratory conditions, diabetes, heart disease or stroke, high blood pressure

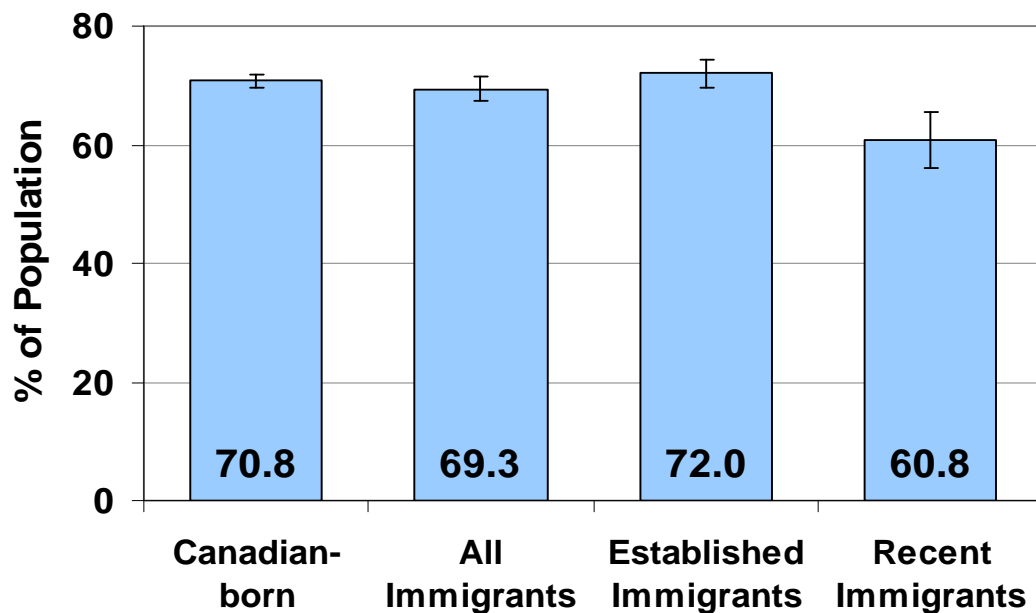
* Significantly different from Canadian-born (reference) population, $p < 0.05$

Results:

Primary Care Utilization – Routine Care

Routine care refers to care for regular check-ups or for monitoring of ongoing health issues

Received routine care from a family doctor in the last 12 months,
by immigrant status



Results:

Primary Care Utilization – Routine Care

Adjusting for sex, age, urban/rural residence, presence of chronic disease¹:

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Canadian-born	1.00 (Ref)	1.00 (Ref)
All Immigrants	0.93 (0.83, 1.04)	0.89 (0.78, 1.02)
Established Immigrants	1.06 (0.93, 1.21)	0.92 (0.79, 1.08)
Recent Immigrants	0.64* (0.52, 0.79)	0.82 (0.64, 1.05)

(OR = Odds ratio, CI = Confidence interval)

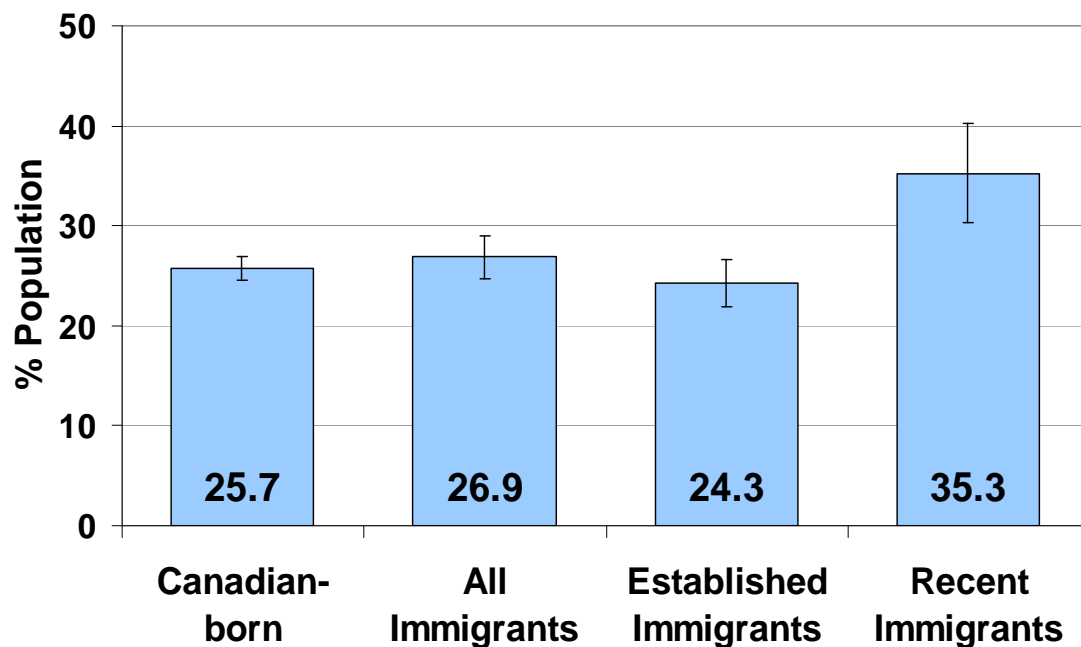
¹ Chronic diseases include: arthritis, asthma, cancer, chronic respiratory conditions, diabetes, heart disease or stroke, high blood pressure

* Significantly different from Canadian-born (reference) population, $p < 0.05$

Results:

Primary Care Utilization – Walk-in Clinics

Use of walk-in clinics in the last 12 months, by immigrant status



Results:

Primary Care Utilization – Walk-in Clinics

Adjusting for sex, age, urban/rural residence, presence of chronic disease¹:

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Canadian-born	1.00 (Ref)	1.00 (Ref)
All Immigrants	1.06 (0.91, 1.23)	1.12 (0.93, 1.35)
Established Immigrants	0.93 (0.78, 1.10)	1.05 (0.85, 1.29)
Recent Immigrants	1.55* (1.18, 2.05)	1.32 (0.94, 1.84)

(OR = Odds ratio, CI = Confidence interval)

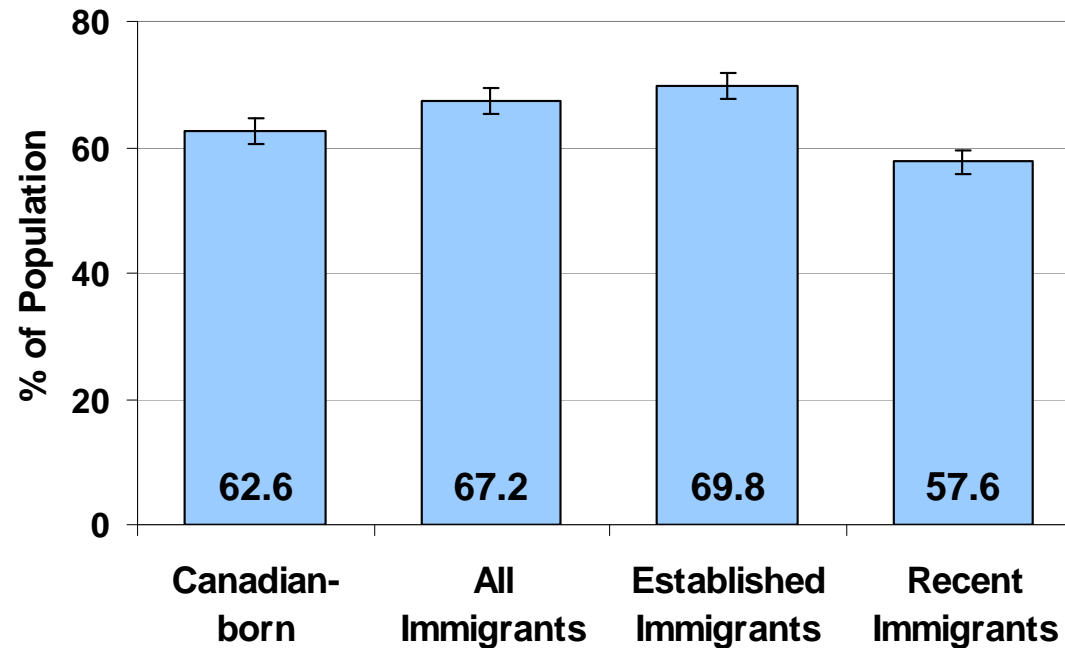
¹ Chronic diseases include: arthritis, asthma, cancer, chronic respiratory conditions, diabetes, heart disease or stroke, high blood pressure

* Significantly different from Canadian-born (reference) population, $p < 0.05$

Results: Primary Care Access – Wait Time for Immediate Care

Immediate care refers to care for urgent health problems that require immediate attention, for example when sick.

Obtained immediate care from a family doctor within 2 days,
by immigrant status



Interpretation & Summary

- Compared to the Canadian-born, recent immigrants were:
 - less likely to be attached (have a family doctor)
 - less likely to have received overall and routine care
 - more likely to have used walk-in clinics

Interpretation & Summary

- When health and demographic factors were taken into account:
 - recent immigrants were still **less likely to be attached** than the Canadian-born
 - **primary care use** (overall & routine care, walk-in clinic use) among recent immigrants was **not significantly different** from the Canadian-born

Limitations

- Selection bias - PCAS only conducted in English and French
- Recall bias
- Small sample of recent immigrants

Future Directions

- Examine reasons why recent immigrants are not attached
 - Individual vs health system factors
 - Follow-up with unattached respondents
- Examine reasons why recent immigrants are more likely to use walk-in clinics
- Examine other subgroups of immigrants
 - E.g. by birthplace, education, immigration class, health status

Thank you! Questions?

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