

Gender similarities and differences in primary health care use and need in Ontario women

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Background and rationale: Primary health care reform agenda - a moving target

- Federal level: Primary Health Care Transition Fund
 - Initial driving force to provide support for primary health reform
- Ontario's Action Plan for Health Care
 - In 2003, launched a number of initiatives to support and expand primary care services (i.e., introduction of family health teams (FHT), increased nurse-practitioners, community health centres etc)
 - In 2011-12, it reinforced that family health care is at the Centre of the System and suggested a number of strategies to support access and quality (i.e., faster 24 hour access, local integration reform etc)
- Ontario Women's Health Council/ECHO: Project for an Ontario Women's Health Evidence –Based Report - POWER study
 - Biermen, A., Angus, J. et al: (2010) Ontario Women's Health Equity Report: Improving health and promoting health equity in Ontario
 - Provided a detailed report on Ontarian's access to health care services including primary care and the influence of sex, age, socioeconomic status, ethnicity , immigration, language and geographical location
 - Gaps were identified
- Summary: A number of provincial and national initiatives, historically and currently, focused on quality primary health care - are they designed to best meet health care needs? Are we doing more of the same but in a different mode? Are the meeting the needs of women and men and subpopulations within each?

Health care needs and use

EXHIBIT 2.2 | POWER Study Gender and Equity Health Indicator Framework



- Health care needs and use is multidimensional as it is influenced by many determinants (i.e. POWER Study Women’s Health Framework)
- Imbalance characterized by:
 - Mismatch between needs and services
 - Presence of system barriers (i.e, resources, providers)
 - Availability
 - Accessibility
 - Acceptability

Project objectives

Given the context of ongoing primary health care reform and the desire to inform health service changes to best meet the needs of women and men, the objectives of this study were:

1. To describe and compare PHC use and need between Ontario men and women
2. To describe the factors associated with PHC use and need
3. To inform policy direction in regard to the planning of PHC services

“An environmental scan”

Project methods

- Data sources
 - Canadian Community Health Survey (CCHS) Cycle 2.1 2003
 - CCHS subsample 2003 and Health Services Access Survey (HSAS) 2003
- Sample
 - Adults (≥ 18 years, living in Ontario)
 - 7609 females and 8441 males
- Outcomes of interest
 - Primary care use: family doctor/GP consultations in last month
 - Unmet need: (HCUC – 06)
- Analytic methodology
 - Bootstrap resampling techniques (500 replicates) were used to calculate variance of estimates and CI for point estimates and models
 - Descriptive and multiple logistic regression analyses

	Female		Male		Sig
	(%)	95% C.I.	(%)	95% C.I.	
Age (years):					
• 18 – 34	29.1	(28.5, 29.7)	30.8	(30.1, 31.4)	*
• 35 – 44	22.3	(21.8, 22.9)	23.3	(22.7, 23.9)	
• 45 – 64	31.4	(31.3, 31.6)	31.8	(31.7, 31.9)	*
• 65+	17.1	(17.0, 17.2)	14.1	(14.1, 14.2)	*
Marital status:					
• Married	62.6	(61.6, 63.6)	67.5	(66.6, 68.4)	*
• Unmarried	37.3	(36.3, 38.3)	32.5	(31.6, 33.4)	*
Living arrangement:					
• Unattached	16.9	(16.2, 17.6)	14.1	(13.4, 14.8)	*
• Living with spouse/Partner/children	55.7	(54.7, 56.8)	59.7	(58.8, 60.7)	*
• Single parent living with children	8.7	(8.0, 9.4)	4.5	(4.1, 5.0)	*
• Child living with 2 parents/siblings	8.3	(7.6, 8.9)	11.3	(10.5, 12.0)	*
• Not stated	10.7	(9.6, 11.2)	10.4	(9.5, 11.3)	
Highest level of education:					
• Less than secondary school	17.0	(16.3, 17.8)	15.7	(14.9, 16.4)	
• Some post secondary†	29.6	(28.6, 30.6)	28.0	(27.0, 29.1)	
• Post secondary graduation	51.8	(50.6, 52.9)	54.3	(53.2, 55.5)	*
• Not stated	1.6	(1.3, 1.9)	2.0	(1.6, 2.3)	
Household income adequacy:					
• Lowest income quartile	7.7	(7.1, 8.2)	4.8	(4.3, 5.3)	*
• Lower middle income quartile	16.1	(15.3, 16.9)	13.0	(12.2, 13.8)	*
• Upper middle income quartile	28.8	(27.8, 29.7)	28.7	(27.9, 29.8)	
• Highest income quartile	33.4	(32.3, 34.5)	42.4	(41.4, 43.6)	*
• Not stated	14.0	(13.2, 14.9)	11.0	(10.2, 11.9)	*
Worked at job or business last week:					
• Yes	55.2	(54.2, 56.2)	68.7	(67.6, 69.7)	*
• No	33.8	(32.7, 34.8)	22.0	(21.0, 23.0)	*
• Permanently unable to work	1.8	(1.6, 2.1)	1.7	(1.5, 2.0)	
• Not stated	9.2	(8.6, 9.8)	7.6	(6.9, 8.3)	
Immigrant status:					
• Born in Canada	67.3	(66.3, 68.3)	66.4	(65.3, 67.5)	
• Immigrant	30.1	(29.1, 31.2)	30.6	(29.4, 31.7)	
• Not stated	2.6	(2.1, 3.1)	3.0	(2.5, 3.7)	

Characteristics

Women were more likely to be:

- Older
- Unmarried
- Living alone
- Lower level of post-secondary education
- Less income
- Not working

Women and men present with different socio-demographic characteristics (consistent finding)

Source: Canadian Community Health Survey 2003

-- Data not provided due to extreme sampling variability or small sample size.

† This category includes secondary school graduates and those with some post-secondary education.

Health status

Women were more likely to

- Rate their overall and mental health as poor
- Report more chronic conditions
- Perceive more stress
- Participate less in activity due to health problems

	Female		Male		Sig
	(%)	95% C.I.	(%)	95% C.I.	
Self rated health:					
• Poor	14.0	(13.2, 14.7)	10.8	(10.1, 11.4)	*
• Good	30.6	(29.5, 31.7)	31.8	(30.6, 33.0)	
• Very good	34.4	(33.4, 35.4)	35.8	(34.6, 37.0)	
• Excellent	21.0	(20.2, 21.9)	21.6	(20.7, 22.6)	
• Not stated	--	--	--	--	
Self rated mental health:					
• Poor	5.4	(4.9, 5.9)	4.2	(3.7, 4.6)	*
• Good	22.0	(21.0, 23.0)	22.1	(21.0, 24.0)	
• Very good	33.9	(32.8, 34.9)	32.6	(31.5, 33.8)	
• Excellent	36.6	(35.6, 37.7)	38.5	(37.3, 40.0)	
• Not stated	2.1	(1.8, 2.4)	2.6	(2.3, 3.0)	
Has one or more diagnosed chronic conditions^{†*}:					
Yes	81.1	(80.0, 82.1)	72.2	(70.9, 73.5)	*
• Arthritis/rheumatism	23.8	(23.1, 24.5)	14.5	(13.8, 15.2)	
• High blood pressure	16.5	(15.9, 17.2)	15.9	(15.1, 16.7)	
• Migraine headaches	15.3	(14.5, 16.1)	6.8	(6.2, 7.3)	
• Diabetes	4.9	(4.4, 5.4)	5.3	(4.8, 5.7)	
• Heart disease	0.4	(0.3, 0.6)	0.5	(0.4, 0.6)	
• Cancer	2.0	(1.7, 2.3)	1.9	(1.7, 2.2)	
No	24.0	(23.0, 25.0)	27.6	(26.3, 28.9)	
Not stated	--	--	--	--	
Self-perceived stress:					
• Not very stressful	31.7	(30.6, 32.7)	34.6	(33.5, 35.8)	*
• Somewhat stressful	43.1	(42.0, 44.3)	41.2	(40.0, 42.4)	
• Extremely stressful	24.9	(24.0, 25.9)	25.0	(24.0, 26.0)	
• Not stated	0.3E	(0.2, 0.4)	0.2E	(0.1, 0.3)	
Self-perceived work stress:					
• Not very stressful	24.7	(23.4, 25.9)	26.4	(25.1, 27.7)	
• Somewhat stressful	42.8	(41.4, 44.2)	42.9	(41.5, 44.2)	
• Extremely stressful	31.0	(29.7, 32.3)	29.5	(28.2, 30.8)	
• Not stated	3.6	(3.0, 4.1)	3.6	(3.2, 4.2)	
Participation and activity limitation due to physical and/or mental health problems that has lasted or is expected to last 6 months or more:					
• Sometimes	16.5	(15.8, 17.3)	15.1	(14.3, 15.8)	*
• Often	12.4	(11.8, 13.1)	9.8	(9.3, 10.4)	
• Never	70.1	(70.1, 71.9)	75.1	(74.2, 75.9)	
• Not stated	--	--	--	--	

Behaviours and lifestyle

- Women in comparison to men were more likely to:
 - Consume less alcohol
 - Eat more fruits and vegetables
 - Less than 5 servings of fruits/vegs per day (women vs men, 50% vs 62%)
 - Be less overweight and/or obese
 - Obesity (women vs men, 14% vs 16%)
 - Smoke less
 - Daily smoking (women vs men, 16% vs 20%)
 - Be less active
 - Levels of inactivity in women vs men (53% vs 46%)

Health care use

	Female		Male		Sig
	(%)	95% C.I.	(%)	95% C.I.	
Has regular medical doctor:					
• Yes	93.9	(93.3, 94.4)	88.9	(88.2, 89.7)	*
• No	6.1	(5.6, 6.7)	11.1	(10.3, 11.8)	
Reason has no medical doctor[†]:					
• No one available in area	20.2	(17.2, 23.2)	13.5	(11.6, 15.5)	*
• None taking new patients	24.1	(19.0, 25.1)	15.2	(12.9, 17.6)	*
• Not tried to contact one	28.0	(23.2, 32.8)	47.7	(43.9, 51.5)	*
• Has left or retired	26.4	(22.7, 30.1)	19.2	(16.3, 22.0)	*
• Other	17.0	(13.1, 20.9)	15.3	(12.1, 18.6)	
Number of consultations with family doctor/GP:					
• None	14.1	(13.4, 15.0)	25.9	(24.8, 27.0)	*
• 1	19.0	(18.1, 19.9)	21.6	(20.7, 22.5)	*
• 2+	66.3	(65.2, 67.4)	52.3	(51.1, 53.5)	*
• Not stated	0.6	(0.4, 0.7)	0.1E	(0.1, 0.8)	
Consulted with:					
• Medical specialist	33.0	(32.0, 34.1)	23.0	(22.1, 23.9)	*
• Nurse	12.1	(11.4, 12.8)	7.8	(7.2, 8.4)	*
• Eye specialist	44.7	(43.6, 45.8)	37.2	(36.1, 38.4)	*
• Dentist/orthodontist	70.8	(69.8, 71.8)	65.2	(64.1, 66.3)	*
• Chiropractor	11.7	(11.1, 12.4)	11.8	(11.0, 12.5)	
• Physiotherapist	9.0	(8.4, 9.6)	7.3	(6.7, 7.9)	*
• Social worker	4.9	(4.4, 5.4)	3.3	(2.9, 3.7)	*
• Psychologist	2.4	(2.0, 2.7)	1.6	(1.3, 1.9)	*
• Speech/occupational therapist/audiologist	1.5	(1.3, 1.7)	1.1	(0.9, 1.4)	*
• Alternative health care provider [‡]	15.8	(15.0, 16.6)	8.9	(8.2, 9.5)	*
Consulted mental health professional in past 12 months	9.6	(9.0, 10.2)	4.5	(4.1, 5.0)	*

Women were more likely to:

- To have a medical doctor
- Consult with GP and other services more

Women use health care services more

Source: Canadian Community Health Survey 2003.
E Interpret with caution (high sampling variability). -
- Data not provided due to extreme sampling variability or small sample size.

[†]Respondents who answered “No” to “Has regular medical doctor”.

[‡]Includes acupuncturist, homeopath, or massage therapist.

Health care need

- Relatively low prevalence of unmet need
- Commonly associated with availability
- Men just “didn’t get around to it”

	Female		Male		S
	(%)	95% C.I.	(%)	95% C.I.	
Self-perceived unmet health care needs:					
• Yes	12.7	(11.9, 13.5)	9.2	(8.5, 9.9)	*
• No	87.2	(86.4, 88.0)	90.7	(90.0, 91.4)	*
Reason care not received:[†]					
• Not available in area	14.8	(12.0, 17.5)	11.1	(9.1, 13.1)	*
• Not available at time required	19.2	(17.0, 21.3)	16.7	(13.6, 19.9)	
• Waiting time too long	32.6	(29.6, 35.6)	28.0	(24.9, 32.1)	
• Felt would be inadequate	9.7	(8.1, 11.3)	9.0	(6.7, 11.3)	
• Cost	9.8	(7.8, 11.7)	10.1	(7.4, 12.7)	
• Too busy	5.9	(4.4, 7.4)	7.2	(5.1, 9.4)	
• Didn’t get around to it	6.6	(5.0, 8.2)	12.2	(9.7, 14.7)	
• Didn’t know where to go	4.8	(3.7, 5.8)	5.2	(2.8, 7.6)	
• Transportation problems	2.3E	(1.5, 3.1)	1.0E	(0.4, 1.7)	
• Language problems	--	--	--	--	
• Personal or family responsibilities	1.9E	(0.8, 2.9)	--	--	
• Dislikes doctors/afraid	1.6E	(1.0, 2.2)	--	--	
• Decided not to seek care	6.8	(5.0, 8.6)	9.5	(7.3, 11.7)	
• Doctor didn’t think it was necessary	2.0E	(1.3, 2.6)	1.9E	(1.0, 2.7)	
• Unable to leave house/health problem	6.8	(5.6, 8.0)	5.4E	(3.4, 7.5)	
Type of care not received:					
• Treatment of a physical health problem	1.4E	(0.7, 2.0)	--	--	*
• Treatment of an emotional problem	74.0	(71.2, 76.8)	73.5	(69.8, 76.9)	
• Regular check-up	9.5	(7.8, 8.3)	5.1	(3.7, 6.4)	
• Care of an injury	8.0	(6.5, 9.5)	6.0	(4.3, 7.8)	
• Other	4.4	(3.3, 6.7)	9.8	(7.8, 11.8)	
	9.2	(7.5, 10.9)	10.2	(7.3, 13.1)	

Source: Canadian Community Health Survey 2003.

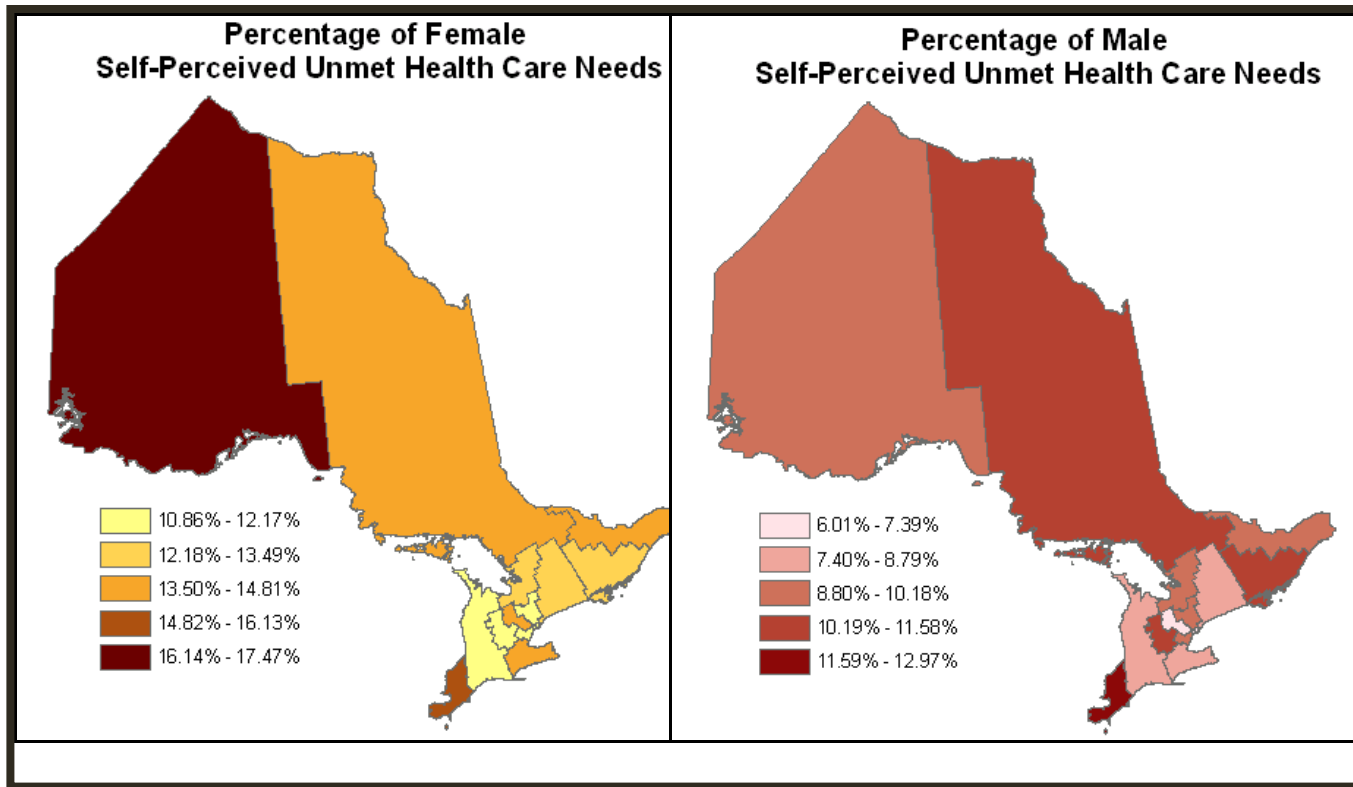
Assumption is that the data only include primary healthcare providers.

E Interpret with caution (high sampling variability).

-- Data not provided due to extreme sampling variability or small sample size.

[†]Respondents who answered “Yes” to “Self-perceived unmet health care needs”.

Geographical distribution of health care needs



The percentage of male and female self-perceived unmet health care needs was calculated by incorporating weighting factor into the male and female population in the survey who said Yes in HCUC_06. (WTSC_S * HCUC_06 (yes) for Total of WTSC_S for male population)

Associations between socio-demographic, health and lifestyle factors and health care use in women and men

- In both women and men, similar factors are associated with health care use
- Age (younger)
 - Single
 - Unemployment
 - Self-rated poor physical and mental health
 - Chronic conditions

		Women		Men	
		Adjusted odds ratio	95% confidence interval	Adjusted odds ratio	95% confidence interval
Age (yrs)					
	18 – 34 [†]	1	...	1	...
	35 – 44	0.7	0.5, 0.8	--	--
	45 – 64	0.6	0.5, 0.7	--	--
	65+	0.5	0.3, 0.8	--	--
Living arrangements					
	Single parent living with children	1.5	1.1, 2.1	1.5	0.8, 2.9
	Child living with 2 parents/siblings [†]	1	...	1	...
Worked at job or business					
	Yes [†]	1	...	1	...
	No	1.6	1.3, 2.0	1.4	1.0, 1.9
Self rated health					
	Poor	4	2.8, 5.8	3.2	2.3, 4.5
	Excellent [†]	1	...	1	...
Self rated mental health					
	Poor	1.6	1.0, 2.4	1.3	0.8, 1.9
	Excellent [†]	1	...	1	...
Self-perceived stress					
	Not very stressful [†]	1	...	1	...
	Extremely stressful	1.4	1.2, 1.7	1.5	1.2, 1.8
Chronic conditions					
	Arthritis/rheumatism	1.9	1.5, 2.5	1.9	1.5, 2.5
	High blood pressure	2.1	1.6, 2.8	2.8	2.2, 3.6
	Migraine headaches	1.4	1.2, 1.8	--	--
	Diabetes	2	1.1, 3.8	2.8	1.9, 4.1
	Heart disease	2.1	1.2, 3.7	2.1	1.4, 3.2

		Women		Men	
		Adjusted odds ratio	95% confidence interval	Adjusted odds ratio	95% confidence interval
Age					
	18 – 34 [†]	1	...	1	...
	35 – 44	0.7	0.5, 0.8	--	--
	45 – 64	0.4	0.3, 0.5	0.7	0.4, 0.7
	65+	0.2	0.1, 0.4	0.4	0.2, 0.7
Marital status					
	Married	0.8	0.7, 1.0	--	--
	Unmarried [†]	1	...	1	...
Level of education					
	Less than secondary school	0.5	0.3, 0.7	--	--
	Post secondary graduation [†]	1	...	1	...
Weight					
	Normal weight [†]	1	...	1	...
	Obese	1.5	1.1, 2.0	0.8	0.7, 1.1
Smoking status					
	Occasionally	1.4	0.9, 2.0	--	--
	Not at all [†]	1	...	1	...
Self rated health					
	Poor	2.6	1.9, 3.6	2.3	1.4, 3.6
	Excellent [†]	1	...	1	...
Self rate mental health					
	Poor	1.6	1.0, 2.6	2.9	1.6, 5.1
	Excellent [†]	1	...	1	...
Self perceived stress					
	Not very stressful [†]	1	...	1	...
	Extremely stressful	1.3	1.1, 1.7	1.3	1.0, 1.7
Self perceived work stress					
	Not very stressful [†]	1	...	1	...
	Extremely stressful	1.6	1.3, 2.0	1.4	1.1, 1.9
Chronic conditions					
	Arthritis/rheumatism	1.8	1.4, 2.4	1.5	1.1, 2.0
	Migraine headaches	1.5	1.1, 1.9	--	--
	Diabetes	0.5	0.2, 1.0	--	--
	Heart disease	2.4	1.1, 5.3	--	--
	Cancer	1.9	0.9, 4.2	2.3	0.9, 4.9

Associations between socio-demographic, health and lifestyle factors and health care need in women and men

Factors associated with need are somewhat different than those associated with use

In women and men, need is associated with

- Younger age
- Poor health
- Chronic conditions
- Stress

Women have additional factors

- Marital status
- Education (higher levels)
- Lifestyle (obesity, smoking)

Summary of findings

- Women report poorer health
- Women engage in healthier lifestyle behaviours
- Women access health care services more
 - Women accessing health care services: young, single, poor health, and high levels of stress
 - Same factors for men
 - Men sometimes “don’t get around to it”
- Women have greater unmet need
 - Women reporting unmet need: 1) younger, married, living with spouse, employed, higher income and 2) chronic conditions and poor health

Health service implications

- Primary health care practices need to consider a broader “suite” of programs focused more on broader determinants of health versus illness:
 - Chronic condition care
 - Life stress (work, family, illness related)
 - Age or developmental needs (i.e., young single women, middle age working women)
 - Illness prevention – particularly for men
- Practice models need to move beyond the “physician visit” – embrace PHC and better utilization of resources (i.e. nurses)
- Consideration of innovations – “ harness and integrate” the available resources
 - Workplace primary health care

Thank you

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