

Equity, Poverty, and Access in Canada

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Background

- ❑ Research and policy in medical workforce planning and inequity in access to health care share a fundamental premise: equal access to equal need
- ❑ However, in the past the two fields had little interaction
- ❑ They are coming closer together through need- or demand-based approaches to medical workforce planning

Objectives

- ❑ To review the recent literature on the access to physician services in Canada
- ❑ To explore how it can inform medical workforce planning

Three approaches

- ❑ Measuring access problems directly
- ❑ Measuring access against clinical care standards or guidelines
- ❑ Measuring access by examining utilization relative to need

Findings and recommendations (1/2)

- Inequity in access to physician services exists in Canada, especially around specialist services
 - Workforce planning based on current utilization may thus perpetuate inequities
 - Need- or demand-based workforce planning models should adjust for inequitable access and aim to mitigate it

Findings and Recommendations (2/2)

- Methods used in inequity in access to health care can inform workforce planning models
 - To adjust need- or demand-based planning models for inequity in access to health care
 - To model how health human resource factors (e.g., supply, organization, and delivery) affect inequity

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