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Title

Distribution and language abilities of primary care physicians in Ontario

Priority 1 (Research Category)

Health Care Disparities

Presenters

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Abstract

Context: Language-concordant healthcare is an important social determinant of health, associated with better patient outcomes and lower mortality in some settings. Understanding where Ontario's family physicians practice and how many can provide language-concordant care to official language minority communities can inform future research and policy development.

Objectives: To conduct an Ontario-wide geospatial analysis of the supply of French-speaking physicians and French-speaking Ontarians, identifying underserved regions based on counts and physician/patient ratios.

Study Design and Analysis: A descriptive cross-sectional geospatial analysis.

Setting or Dataset: Publicly available physician data was collected from the College of Physicians and Surgeons of Ontario's (CPSO) website in January 2024. Regional geographic and census data were obtained from Statistics Canada's public website.

Population Studied: Population of Ontario, Canada

Intervention/Instrument: R Language for Statistical Computing (R Core Team 2023) and RStudio (Posit team 2023).

Outcomes Measured: Prevalence and distribution of community-based family physicians in Ontario (all, and French-speaking).

Results: The study found n=41,814 physicians practicing in Ontario, with n=14,754 (35.3%) identified as community-based family physicians. Of these, n=1,678 (11.4%) reported speaking French. French-speaking family physicians, and family physicians in general, are not uniformly distributed across the

province compared to the population. Northern and rural regions of Ontario are particularly underserved. French-speaking family physicians were more prevalent in Southern vs Northern Ontario (3.9 vs. 2.0 French-speaking physicians per 1,000 Francophone residents), and Urban vs. Rural Ontario (3.7 vs. 2.4 French-speaking physicians per 1,000 Francophone residents). However, Ontario Francophone residents are contrastingly more likely to live in Rural and Northern regions than the general population.

Conclusion: Locating Ontario's French-speaking family physicians is an important step towards measuring and understanding gaps in access to language-concordant healthcare for Francophone residents. However, more sophisticated measures of healthcare access, such as travel burden analyses to estimate local access to family physicians within a specific distance, and estimating competition for scarce resources should be considered.

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