

# Innovations to Improve Access to Primary Health Care for Vulnerable Populations: Results from an Environmental Scan Using a Social Media Approach

Lauralie Richard PhD

Jane M. Gunn MBBS, PhD FRACGP

John Furler FRACGP, MBBS, PhD

Benjamin F. Crabtree PhD

Jeannie Haggerty PhD

*See next page for additional authors*

Follow this and additional works at: <https://scholarlyworks.lvhn.org/family-medicine>



Part of the [Medical Specialties Commons](#)

---

## Published In/Presented At

Richard, L., Gunn, J., Furler, J., Crabtree, B., Haggerty, J., Pluye, P., Miller, W., Levesque, J.-F. & Russell, G. (2014, November, 21-25). *Innovations to Improve Access to Primary Health Care for Vulnerable Populations: Results from an Environmental Scan Using a Social Media Approach*. Poster presented at the North American Primary Care Research Group, New York City, NY.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

---

**Authors**

Lauralie Richard PhD; Jane M. Gunn MBBS, PhD FRACGP; John Furler FRACGP, MBBS, PhD; Benjamin F. Crabtree PhD; Jeannie Haggerty PhD; Pierre Pluye MD, PhD; William L. Miller MD, MA; Jean-Frédéric Levesque MD, PhD, FRCP; and Grant M. Russell MBBS, PhD, FRACGP

# Innovations to improve access to primary health care for vulnerable populations: results from an environmental scan using a social media approach

Richard, L.,<sup>1</sup> Gunn, J.,<sup>1</sup> Furler, J.,<sup>1</sup> Crabtree, B.F.,<sup>2</sup> Haggerty, J.,<sup>3</sup> Pluye P.,<sup>3</sup> Miller, W.,<sup>4</sup> Levesque, J-F,<sup>5</sup> and Russell, G.<sup>6</sup> on behalf of the IMPACT research team

<sup>1</sup> University of Melbourne, <sup>2</sup> Robert Wood Johnson Medical School, <sup>3</sup> McGill University, <sup>4</sup> University of South Florida, <sup>5</sup> Bureau of Health Information, <sup>6</sup> Monash University

## Context

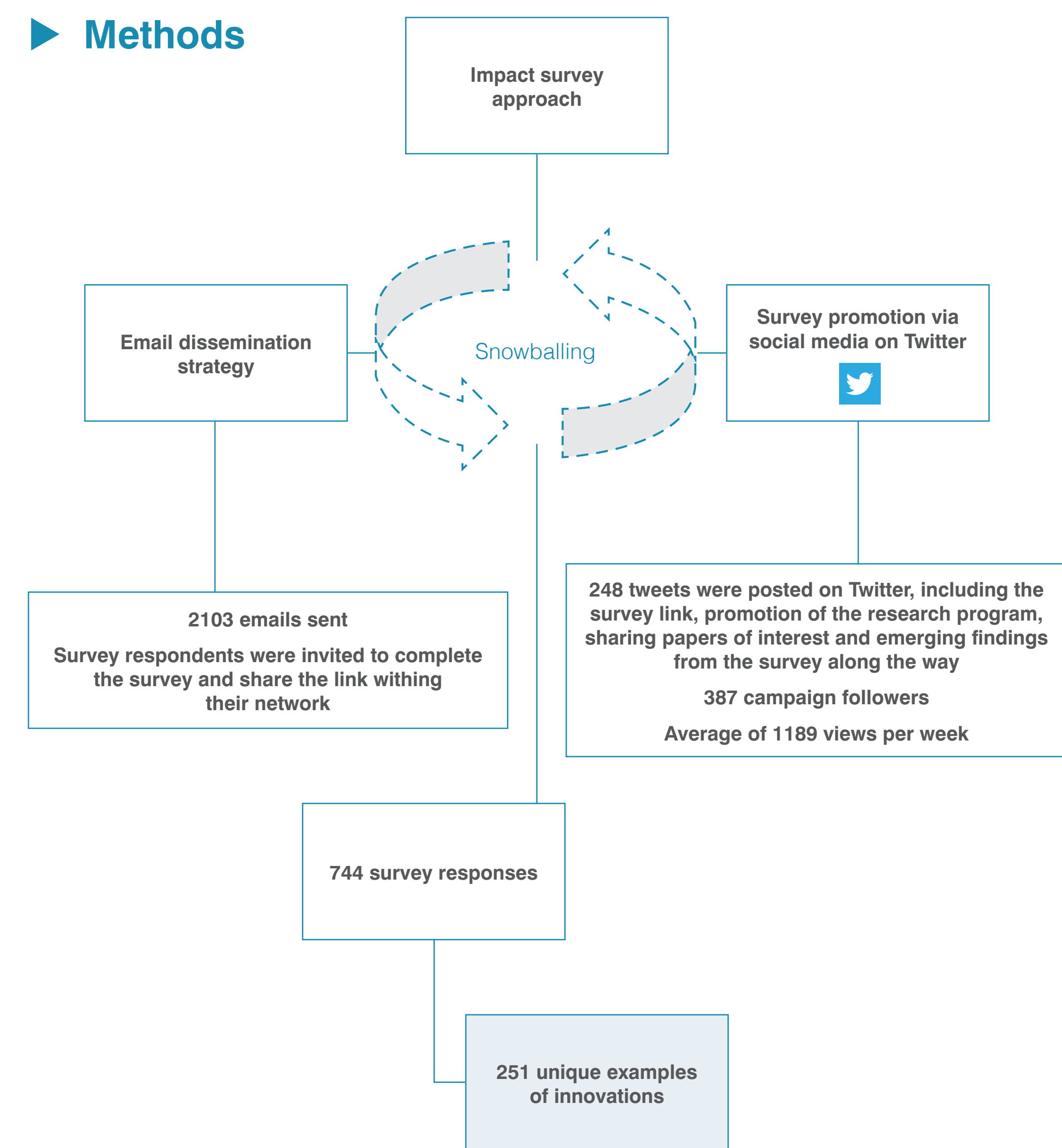
Improving access to primary health care (PHC) has been a focus of substantial health service reforms internationally<sup>1</sup>. However, many nations have struggled with achieving equitable access to comprehensive PHC services for vulnerable populations<sup>2-3,4-5</sup>. In the long run, poor access to PHC means unmet health care needs, worse health outcomes, increased health care costs, and potentially enhanced health inequities<sup>6</sup>.

IMPACT is a five year Australian-Canadian research collaboration that aims to identify, modify and implement best practice innovations to assist access to PHC for vulnerable populations. Here, we report on the findings of the Impact environmental scan survey as part of Project 1 – Scoping and mapping innovations research stream.

## Objective

The Impact survey aimed to provide a brief snapshot of the breadth of current examples of innovations that appear to be at the cutting edge of change in improving access to primary health care for vulnerable populations.

## Methods



- 5-minute online survey (Qualtrics software) disseminated widely amongst an international audience of primary health care leaders, researchers, practitioners, policy makers and stakeholders.
- Survey promoted using a combined email approach and social media campaign on Twitter<sup>7</sup> (open from July 10<sup>th</sup> to August 21<sup>st</sup> 2014).
- Respondents were invited to report on the most striking components or aspects of a program, service, approach or model of care that they considered innovative in helping vulnerable people to get access to primary health care services that meet their needs.
- Mixed qualitative and quantitative analysis was undertaken. Each description of innovation was analysed and coded with an access framework<sup>8</sup> to identify key determinants addressed. Descriptive statistics were used to provide a snapshot of the characteristics of the innovations. Results are based on responses from survey participants.

## 251 unique innovations from 20 countries were reported



## Who did we survey?

### Location of respondents\*

- Canada (47%)
- Australia (43%)
- Other (10%)

### Most survey respondents were:

- Female (71%)
- Aged between 35-54 years old (47%)

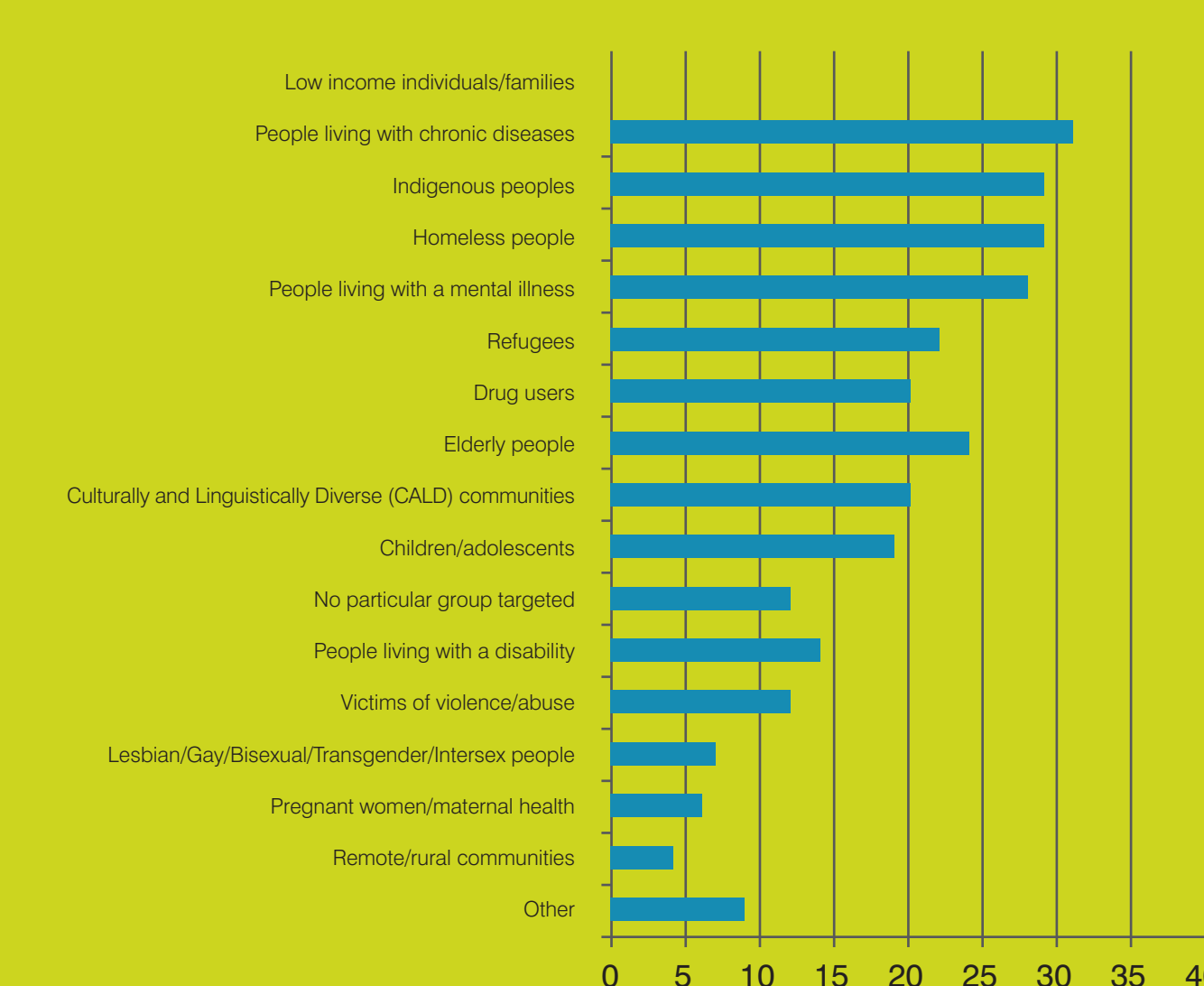
### Most respondents\*\*:

- Had completed a postgraduate degree (71%)
- Worked as a researcher (31%), nurse (26%), general practitioner (25%) or manager of primary health care services (18%)
- Reported an initiative that they designed, implemented or evaluated (46%), delivered as part of a program or service (46%), or used themselves (11%)

\*The percentages presented in this report are rounded up to the closest value.  
\*\*The percentages do not necessarily add up to 100% as this was a multiple choice question.

## Innovations' target groups, settings and funding sources

### What population groups are being targeted?\*

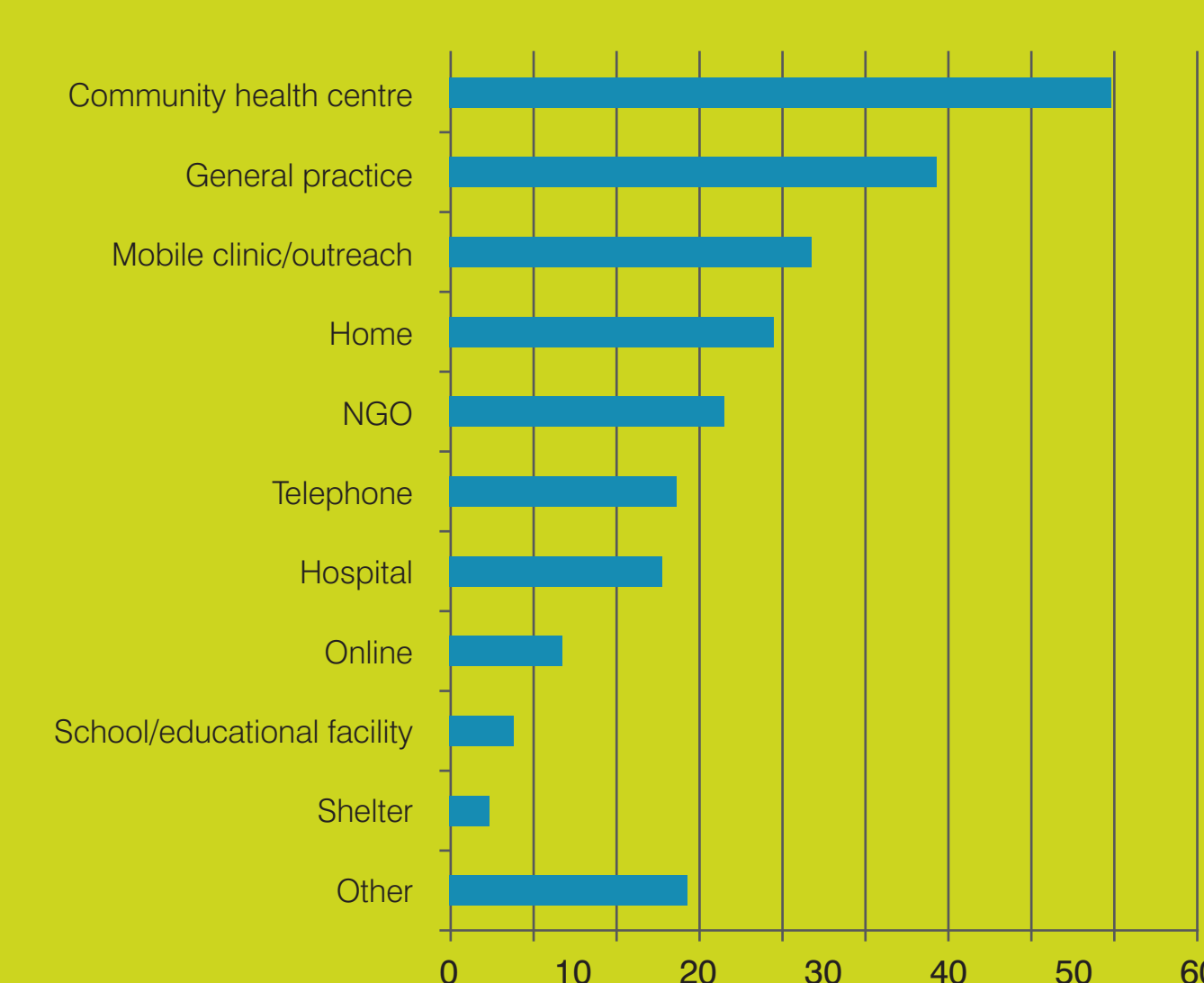


### Key findings

- Low income individuals and families is the most targeted group (36%).
- Half of the innovations target multiple populations.

\*The percentages do not necessarily add up to 100% as many initiatives target several population groups, settings and funding sources.

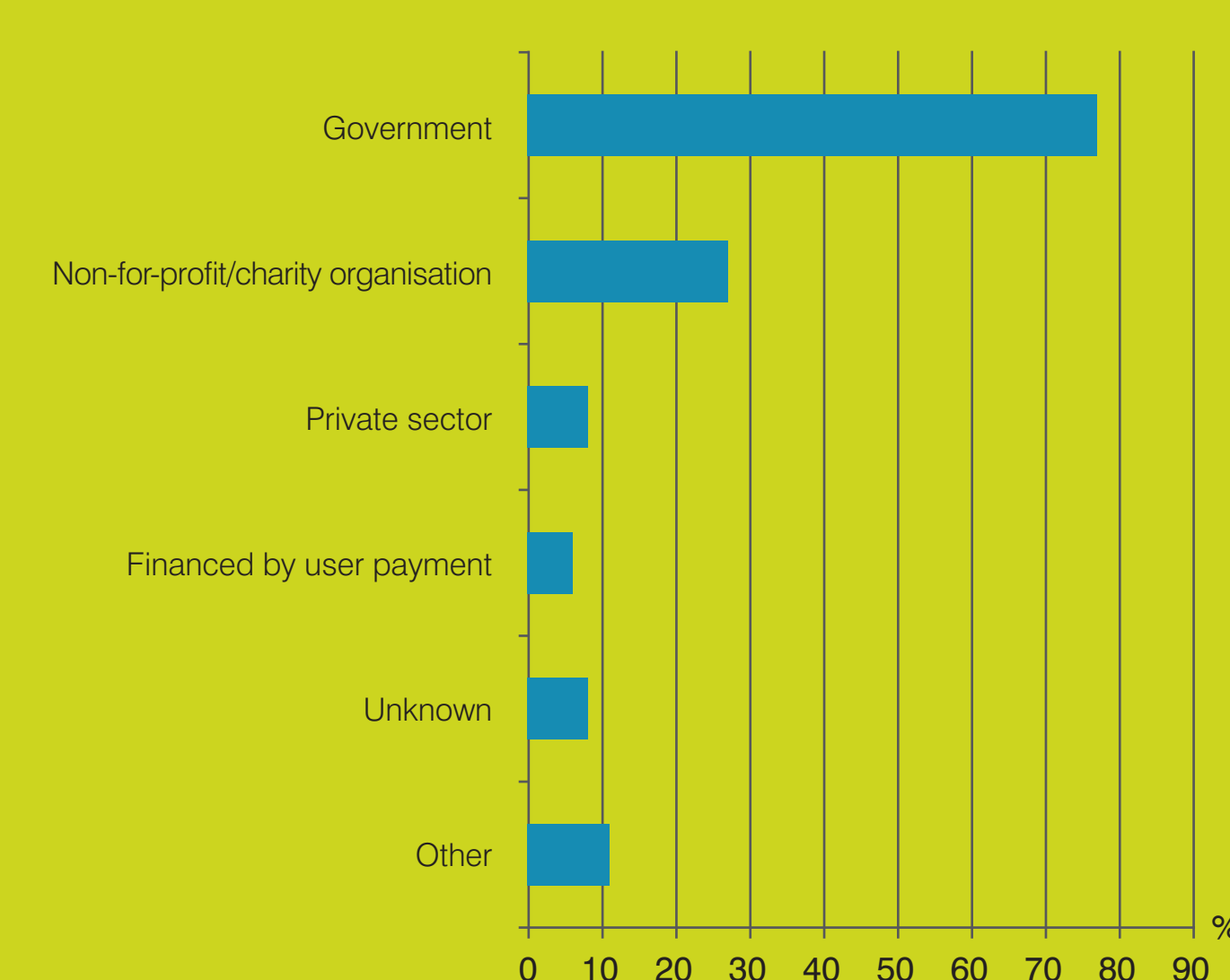
### Where are the innovations being delivered?\*



### Key findings

- Most innovations are delivered in the community health centre, the general practice setting and the mobile/outreach clinic.
- 56% of the innovations target multiple settings.
- 78% of the innovations target between 1 and 3 different settings.
- Most innovations were health sector focused only. Just over 1/4 involved both social and health partners.

### How are the innovations funded?\*

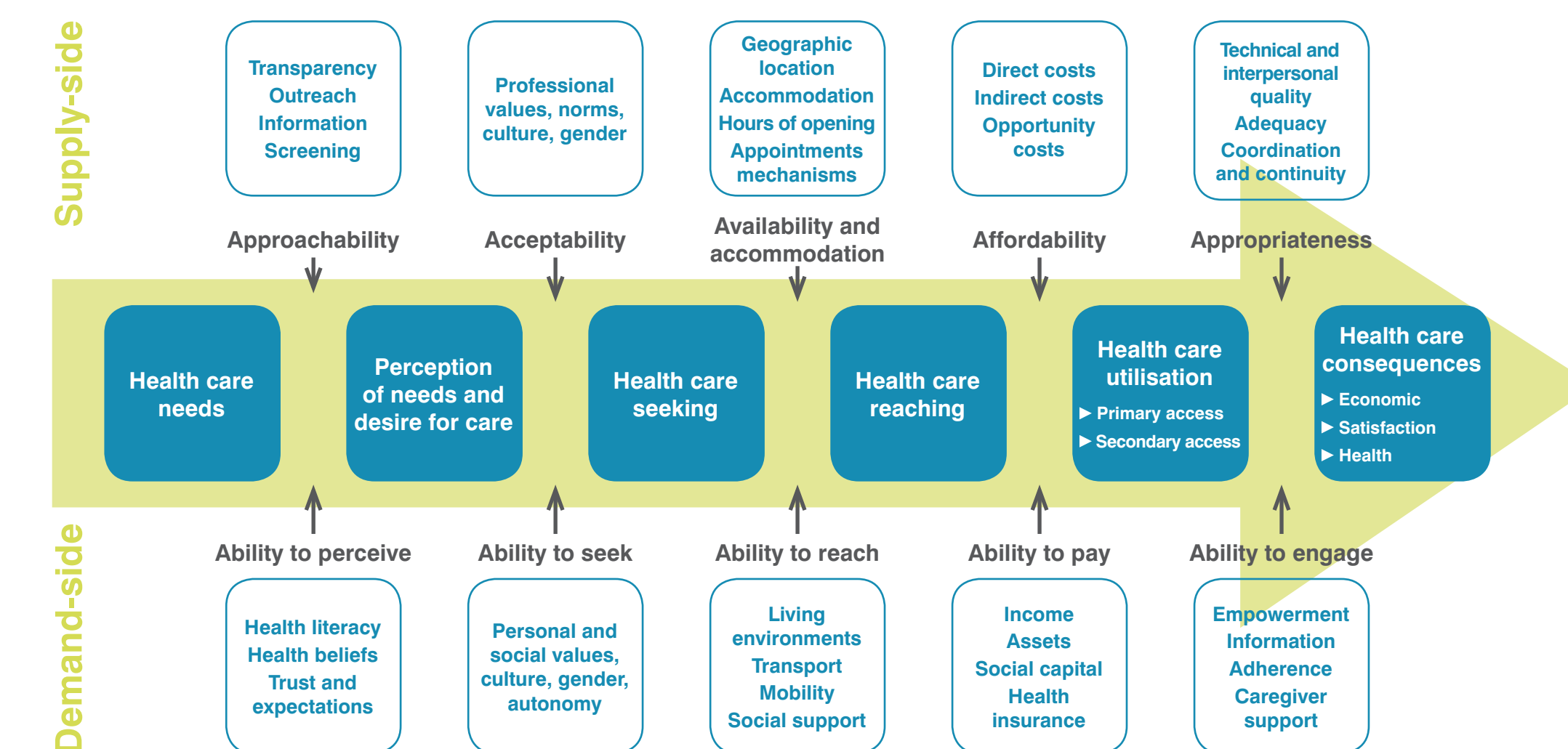


### Key findings

- Most initiatives were reported as government funded (77%).
- Non-profit organisations were involved in providing funding support for close to 30% of the innovations.
- Close to 1/3 of the innovations are financed by multiple funding sources (32%).

## Theoretical model

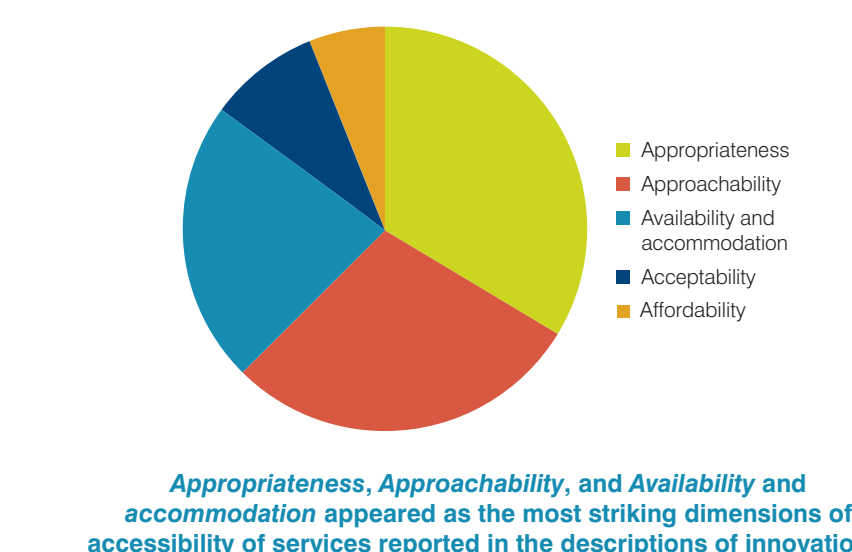
- The access framework described by Levesque, Harris and Russell (2013) was used to analyse the descriptions of innovations reported in the survey.
- Supply-side relates to features of health systems, organisations and providers. Demand-side relates to abilities of patients/populations to interact with the dimensions of accessibility to generate access.



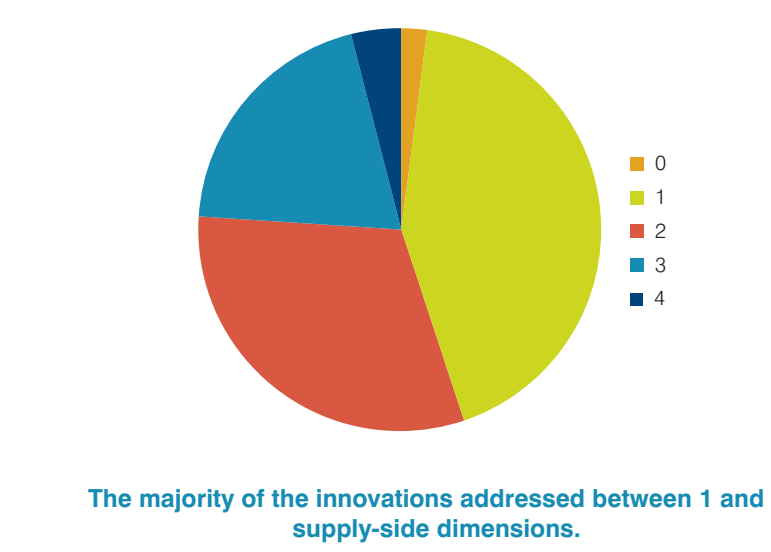
## Key findings

- The supply-side dimensions of accessibility of services were significantly more represented than the demand-side abilities of patients/populations to access services.
- Close to 1/4 of the innovations addressed both supply-side and demand-side dimensions.

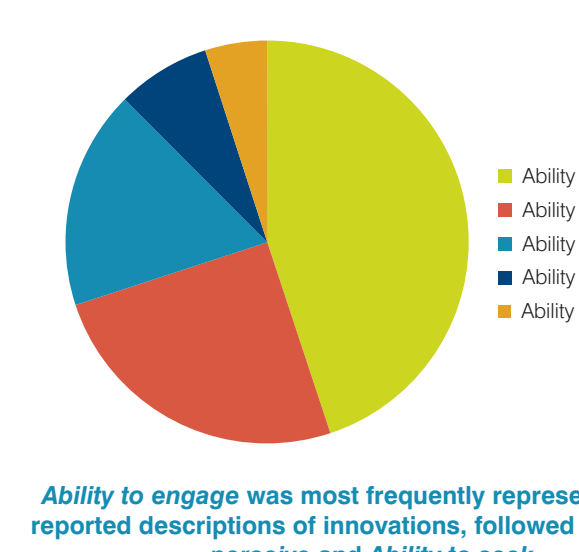
### Supply-side dimensions of accessibility of services



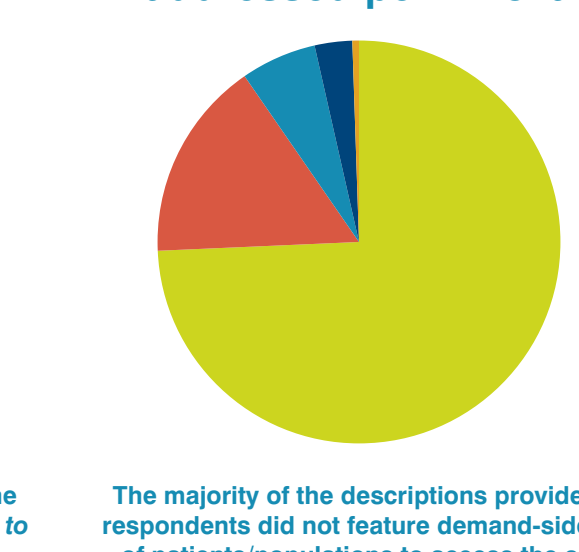
### Number of supply-side dimensions addressed per innovation



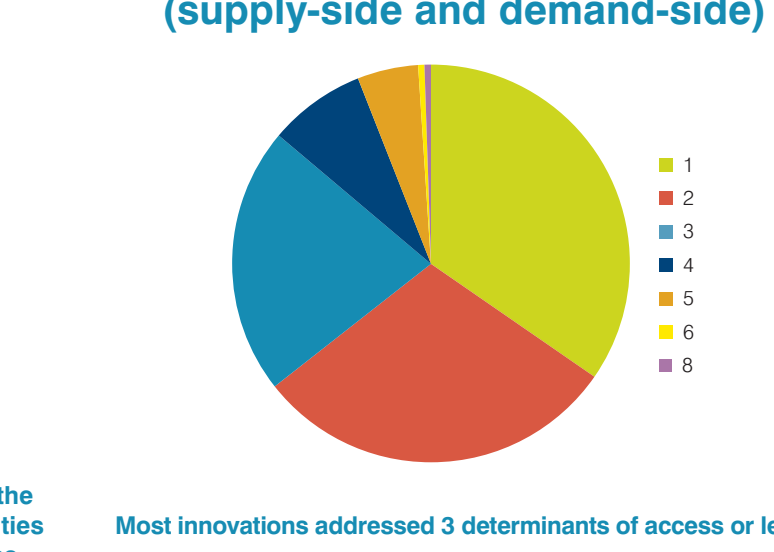
### Demand-side abilities of patients to access the services



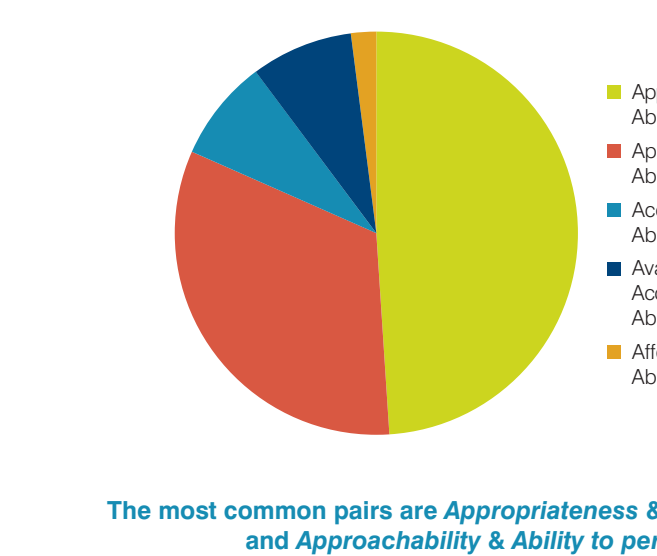
### Number of demand-side abilities addressed per innovation



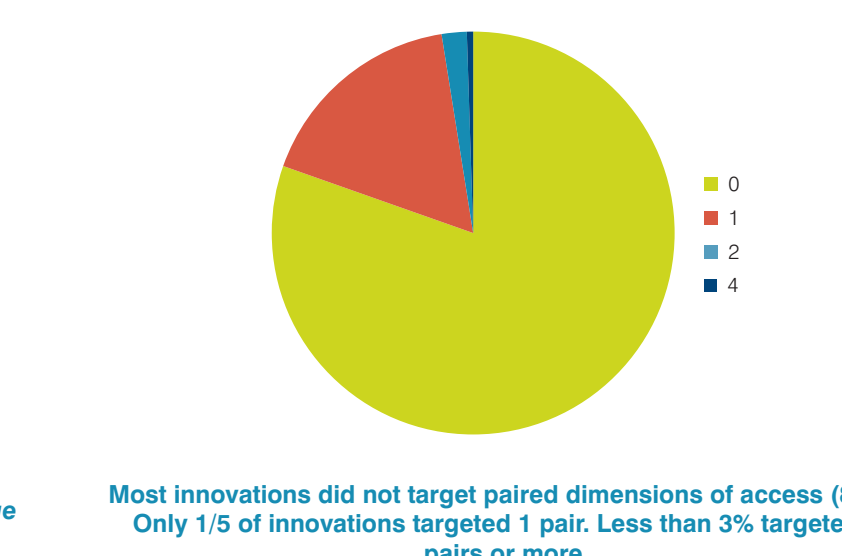
### Number of access determinants addressed per innovation (supply-side and demand-side)



### Paired supply-side and demand-side access determinants



### Number of pairs targeted per innovation



- Impact international research team** Principal investigators: Jeannie Haggerty (Canada), Grant Russell (Australia), Project team and international chief investigators: Jean-Frederic Levesque, Simone Dahrouge, Virginia Lewis, Mark Harris, Benjamin Crabtree, Pierre Pluye, Catherine Scott, William Miller, Siaw-Teng Liaw, Mylaine Breton.
- Funding bodies** Australian Primary Health Care Research Institute and the Canadian Institutes for Health Research, together with the Fonds de recherche du Québec – Santé.

## References

- World Health Organization. (2008). A summary of the 2006 World Health Report 'Primary Health Care: Now More Than Ever'. World Health Organization.
- Facella, K. (2011). Health Care Reform and Equity: Promise, Pitfalls, and Prescriptions. *Annals of Family Medicine*, 9, 78-84.
- Hatchison, B., Levesque, J-F., Shumil, E. and Coyte, N. (2011). Primary health care in Canada: systems in motion. *Milbank Quarterly*, 89, 256-288.
- Harris, M.F. (2012). Access to preventive care by immigrant populations. *BMC Medicine*, 10(25), 1-2.
- Spake, E.A., Smith, M.M., & Harris, M.F. (2011). Access to primary health care services by community-based asylum seekers. *Medical Journal of Australia*, 195(4), 188-191.
- Levesque, J-F., Pinaut, R., Hameel, M., Robarge, D., Kapetanakis, C., Simard, B., & Pichonme, A. (2012). Primary care affiliation and unmet needs for vulnerable populations: insights from a population-based survey in Quebec province. *BMC Family Practice*, 13(96), 1-11.
- Meroll, M., Martin-Sanchez, F., & Gray, K. (2014). Social media and Online survey: Tools for Knowledge management in Health Research. *Conferences in Research and Practice in Information Technology (CRPIT)*, 153, 21-29.
- Levesque, J-F., Harris, M.F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 1-9.

## What this survey has told us

- The Impact survey identified 251 unique examples of innovations aimed at improving access to primary health care for vulnerable populations.
- Most innovations are government funded, delivered in the community health centre or the general practice setting and target a wide variety of populations groups.
- Most innovations are health sector focused and can be implemented at the local/practice level.
- Most innovations address supply-side dimensions of accessibility of services.
- Less than 1/4 of the innovations incorporate supply- and demand-side dimensions.
- The most commonly addressed dimensions are Appropriateness and Approachability (supply-side) and Ability to engage (demand-side).

- How can we decide which dimensions to target, based on what evidence?
- How can we make those choices taking into account particular settings?

## Methodological challenges

- The email dissemination strategy was the most efficient, with more than 80% of respondents who learned about the survey via this method. Qualtrics survey software helped in coordinating this strategy with pre-programmed emails and pre-scheduled mailing.
- The use of social media for survey promotion involved preparing a large number of tweets. Diversity was key, with sharing documents and research material with followers along the way to raise and maintain interest. However, engaging followers to retweet and participate in our social media campaign remained challenging.

## Questions arising from the findings

- Are the reported initiatives effective?
- What is the optimal combination of supply- and demand-side dimensions? What might be the benefits or the risks of integrating supply- and demand-side dimensions?

## What's next?

- Our survey results will be combined with a scoping review of published literature to inform decisions on future innovations to be implemented by 6 Local Innovation Partnerships (LIPs) working in collaboration in this 5-year research program.