United States-Canada Study Focused on Women Living in Poverty Finds Breast Cancer Care Advantages in Canada: Explained by Better Health Insurance Coverage and Better Primary Care in Canada

Breast cancer patients living in high poverty neighborhoods were more likely to receive optimal care in Canada than in the United States according to a study published in the peer-reviewed Journal of Primary Care and Community Health. A historical study of breast cancer care prior to enactment of the Affordable Care Act (ACA), it affirmed that strengthening America’s system of primary care will probably be the best way to ensure full realization of the ACA’s benefits.

Windsor, Ontario, and Sacramento, California, Wednesday, June 28, 2017 – A historical study found that between 1995 and 2000 women with breast cancer in California’s poorest neighborhoods were 30% less likely to receive optimal care than were their counterparts in California’s less poor or more affluent neighborhoods. Poverty or affluence were not significantly related to breast cancer care in Ontario. Consequently, among women who lived in poverty, those in Ontario were 65% more likely to receive optimal care than those in California. Following them for ten years it was observed that those who did not receive optimal care were three times more likely to die in both countries.

Clinical guideline-based, optimal care was defined as having been diagnosed early before the cancer had spread to any lymph nodes, then having received breast conserving surgery or lumpectomy followed by radiation therapy.

Approximately half of Ontario’s physician workforce and a quarter of California’s were comprised of primary care physicians (PCP), general practitioners or family doctors, at the time of this study. Ontario’s PCP supply advantage was greatest in high poverty neighborhoods. Such neighborhoods in Ontario had nearly two more PCPs (6.7 physicians) for every 10,000 residents than did similarly poor neighborhoods in California (4.9 physicians).

“Protective effects of primary care were much greater in Ontario,” said lead author Kevin Gorey. “Living in communities that were adequately supplied with primary care physicians increased optimal care chances by approximately 40% in Ontario, but by less than 10% in California.”
“Better health insurance coverage and better primary care in Canada fully explained the advantages we found there” said Gorey, an epidemiologist at the University of Windsor. “Contrary to the Congressional GOP’s threat to repeal the Affordable Care Act (ACA) and replace it with the American Health Care Act, these findings underscore the need to fully enact ACA reforms across all 50 states in ways that are consistent with the federal act’s original legislative intentions. And given the importance of insuring all, strengthening America’s system of primary care will probably be the best additional way to ensure that the act’s full benefits are realized.”

Breast cancer care is a sentinel indicator of health care performance. The most common type of cancer among women in North America, directly affecting one of every eight to nine such women during their lives; its prognosis is typically excellent with early diagnosis and timely access to best treatments. The researchers used data from the United States’ and Canada’s most populous state and province with comprehensive and valid breast cancer surveillance systems. The study’s pre-Obamacare time frame was instructive because it was a time when breast cancer screening and treatment innovations had widely proliferated. Furthermore, observations of the relatively more protective effects of Canadian health care among the poor prior to enactment of the ACA clearly identified ways to maximize ACA protections in the post-Obamacare era.

The research was conducted by a team of academic and clinical researchers from universities and cancer treatment centers across Ontario as well as health care decision makers from Cancer Care Ontario, the Cancer Registry of Greater California and the California Department of Public Health.

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