



School of Social Work
167 Ferry Street
Windsor, Ontario, Canada N9A 0C5
T 519 253-3000 (3085) F 519 973-7036
gorey@uwindsor.ca
www.uwindsor.ca/gorey

FOR IMMEDIATE RELEASE

For more information please contact Kevin Gorey at (519) 253-3000, ext. 3085 or gorey@uwindsor.ca or @DocGorey.

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.

The study was supported by a Canadian Institutes of Health Research grant (no. 67161-2).

“Breast cancer care in California and Ontario: Primary care protections greatest among the most socioeconomically vulnerable women living in the most underserved places,” Kevin Gorey, Caroline Hamm, Isaac Luginaah, Guangyong Zou and Eric Holowaty, *Journal of Primary Care & Community Health* 2017;8(3):127-134. Open access published by *Sage Publications* on June 28, 2017.

For more information contact:

Kevin Gorey
School of Social Work
University of Windsor
167 Ferry Street
Windsor, Ontario, N9A 0C5, Canada
Academic Website: www.uwindsor.ca/gorey
Email: gorey@uwindsor.ca
Telephone: (519) 253-3000, ext. 3085
Twitter: @DocGorey

Selected additional publications from this interdisciplinary research team:

Free articles available at *PubMed* or Kevin Gorey's academic website (www.uwindsor.ca/gorey).

Gorey KM, Bartfay E, Kanjeekal SM, et al. Palliative chemotherapy among people living in poverty with metastasized colon cancer: Facilitation by primary care and health insurance. *BMJ Supportive & Palliative Care* 2016; Advanced access published.

Gorey KM, Kanjeekal SM, Wright FC, et al. Colon cancer care and survival: Income and insurance are more predictive in the USA, community primary care physician supply more so in Canada. *International Journal for Equity in Health* 2015;14:109.

Gorey KM, Richter NL, Luginaah IN, et al. Breast cancer among women living in poverty: Better care in Canada than in the United States. *Social Work Research* 2015;39:107-118.

Gorey KM, Haji-Jama S, Bartfay E, et al. Lack of access to chemotherapy for colon cancer: Multiplicative disadvantage of being extremely poor, inadequately insured and African American. *BMC Health Services Research* 2014;14:133.

Gorey KM, Luginaah IN, Bartfay E, et al. Better colon cancer care for extremely poor Canadian women compared with American women. *Health & Social Work* 2013;38:240-248.

Gorey KM, Luginaah IN, Holowaty EJ, et al. Mediation of the effects of living in extremely poor neighborhoods by health insurance: Breast cancer care and survival in California, 1996 to 2011. *International Journal for Equity in Health* 2013;12:6.

Gorey KM, Luginaah IN, Holowaty EJ., et al. Effects of being uninsured or underinsured and living in extremely poor neighborhoods on colon cancer care and survival in California: Historical cohort analysis, 1996—2011. *BMC Public Health* 2012;12:897.

Gorey KM, Luginaah IN, Bartfay E, et al. Effects of socioeconomic status on colon cancer treatment accessibility and survival in Toronto, Ontario, and San Francisco, California, 1996 to 2006. *American Journal of Public Health* 2011;101:112-119.

Gorey KM, Luginaah IN, Hamm C, et al. Breast cancer care in the United States and Canada: Ecological comparisons of extremely impoverished and affluent urban neighborhoods. *Health & Place* 2010;16:156-163.

Gorey KM, Luginaah IN, Holowaty EJ, et al. Breast cancer survival in Ontario and California, 1998 to 2006: Socioeconomic inequity remains much greater in the United States. *Annals of Epidemiology* 2009;19:121-124.

Gorey KM, Holowaty EJ, Fehringer G, et al. An international comparison of cancer survival: Toronto, Ontario and Honolulu, Hawaii. *American Journal of Public Health* 2000;90:1866-1872.

Gorey KM, Holowaty EJ, Fehringer G, et al. An international comparison of cancer survival: Toronto, Ontario and Detroit, Michigan metropolitan areas. *American Journal of Public Health* 1997;87:1156-1163.