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

Colon cancer patients living in high poverty neighborhoods were more likely to survive for 10 years in Canada than in the United States according to a study published online in the International Journal for Equity in Health. A historical study of colon cancer care prior to enactment of the Affordable Care Act (ACA), it affirmed that strengthening America's system of primary care will probably be necessary to ensure full realization of the ACA's benefits.

Windsor, Ontario, Monday, November 23, 2015 – A new study found that between 1995 and 2010 people with the most treatable types of colon cancer in California's poorest neighborhoods were 20% more likely to die within 10 years than were their counterparts in California's less poor or more affluent neighborhoods. Poverty or affluence were not significantly related to long-term colon cancer survival in Ontario.

The study then critically compared people living in poverty with colon cancer in California and Ontario. The 10-year survival rate was 15% greater in Ontario. When compared to uninsured or publicly-insured Californians the Ontario survival advantage was nearly 20%.

Approximately half of Ontario's physician workforce and a quarter of California's was 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 more than two more PCPs (8.6 physicians) for every 10,000 residents than did similarly poor neighborhoods in California (6.4 physicians).

"The 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 survival chances by approximately 30% in Ontario, but only by about 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. “They underscore the need to fully enact Affordable Care Act reforms across all 50 states in ways that are consistent with the federal act’s legislative intent. 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.”

Colon cancer care is a sentinel health care performance indicator because it is the second most frequent cause of cancer death in North America and its prognosis can be excellent with early diagnosis and treatment. The researchers used data from the United States’ and Canada’s most populous state and province with comprehensive and valid colon cancer surveillance systems. The study’s pre-Obamacare time frame was instructive because it was a time when colon cancer screening and treatment innovations began to proliferate. 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 four universities and two cancer treatment centers in Ontario as well as health care decision makers from Cancer Care Ontario and the California Department of Public Health.

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

“Colon cancer care and survival: Income and insurance are more predictive in the USA, community primary care physician supply more so in Canada,” Kevin Gorey, Sindu Kanjeekal, Frances Wright, Caroline Hamm, Isaac Luginaah, Emma Bartfay, Guangyong Zou, Eric Holowaty, Nancy Richter, *International Journal for Equity in Health* 2015;14:109. Open Access published by *BioMed Central* on October 29, 2015.

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Selected additional publications from this interdisciplinary research team:

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

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