

A case at the meeting point between quantitative and qualitative approaches: accessibility to health care services for haemophiliacs



The 15th Emerging New Researchers in the Geography of Health and Impairment Conference

10-11 June 2010 -Paris – France

<http://www.irdes.fr/Enrghi2010>

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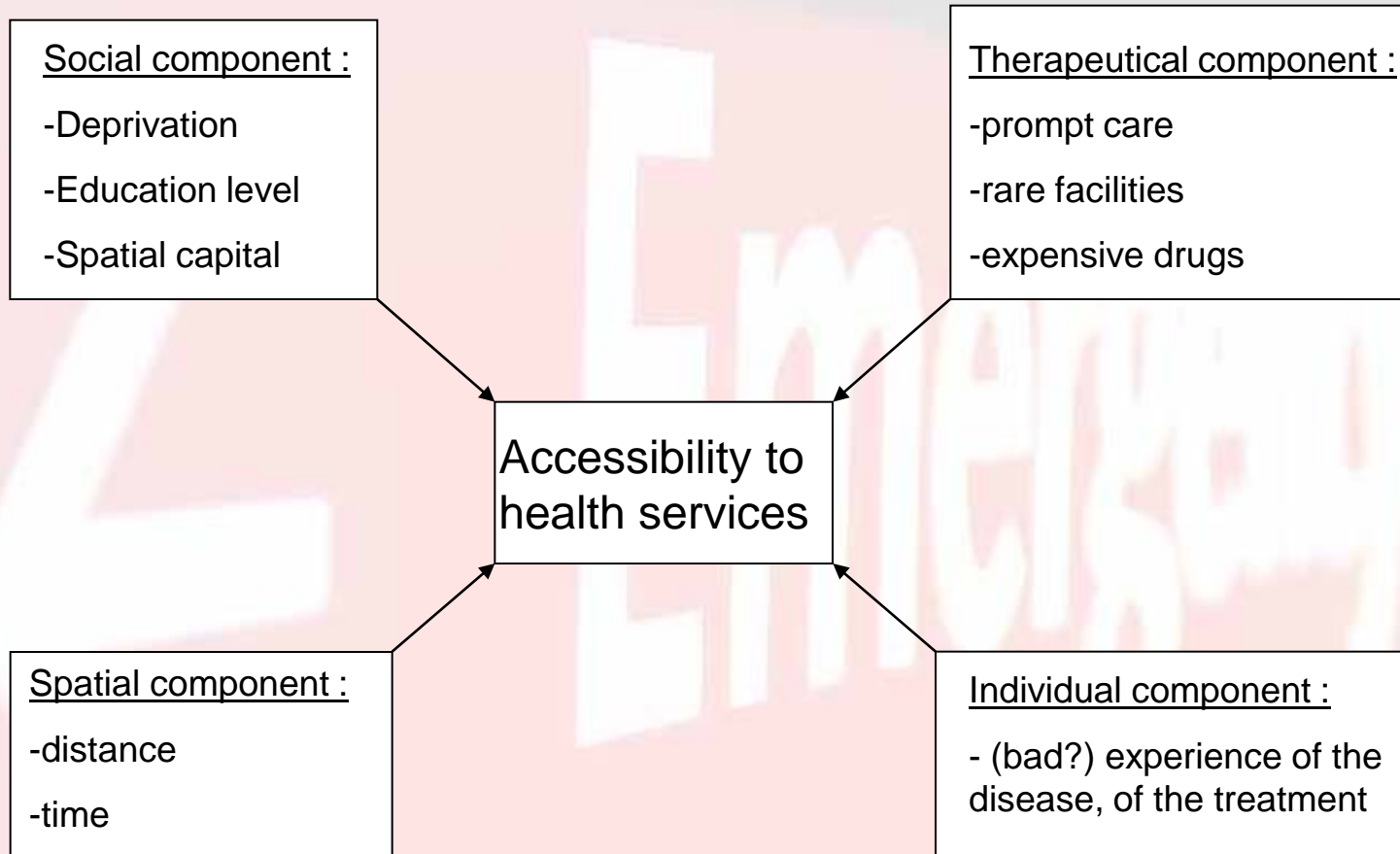
Introduction

- 1/ Potential accessibility: distribution of offer and demand of health care
- 2/ Revealed accessibility
- 3/ Mix them together to obtain a good (?) meal

Conclusion

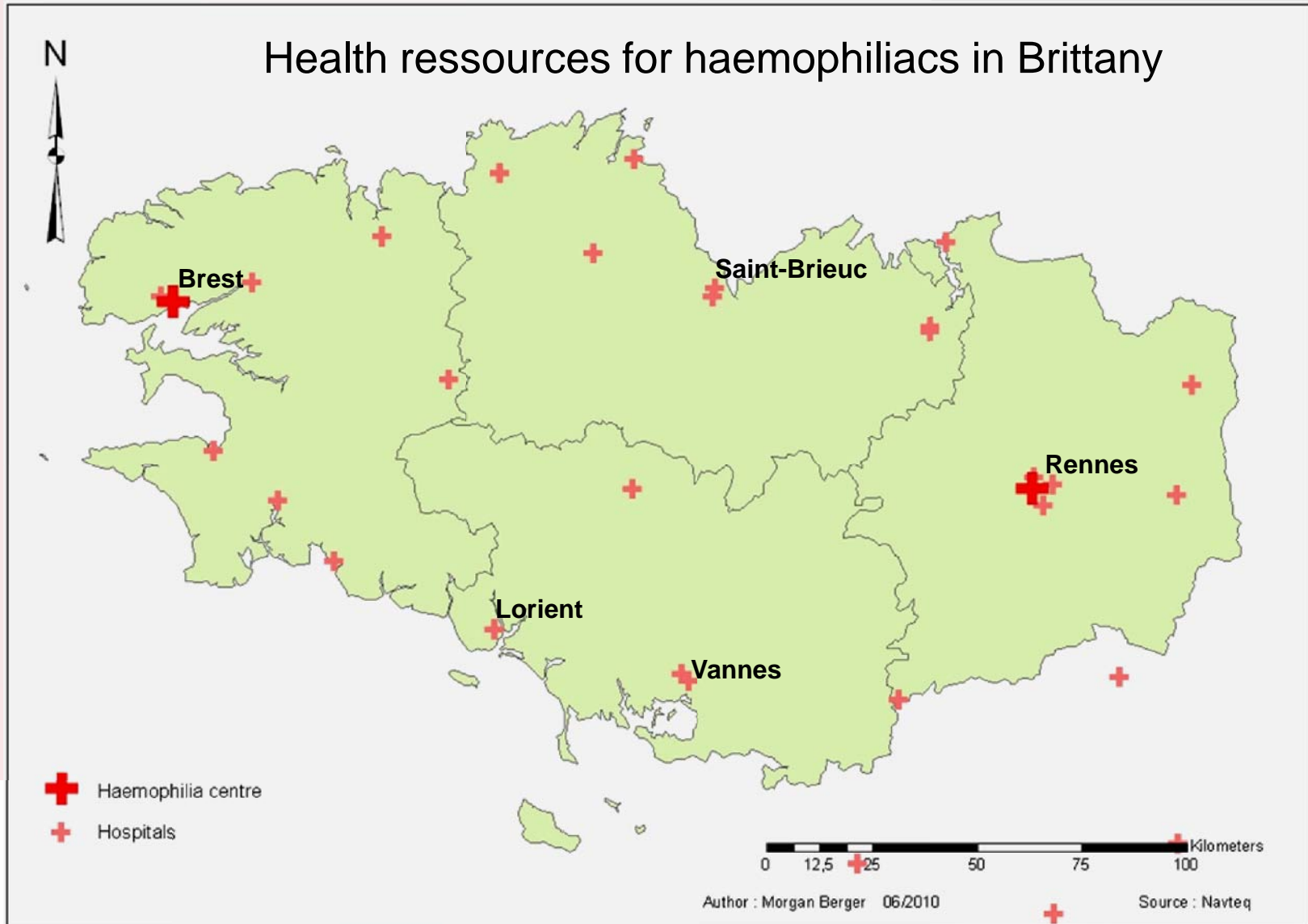


Components of accessibility in the case of haemophilia

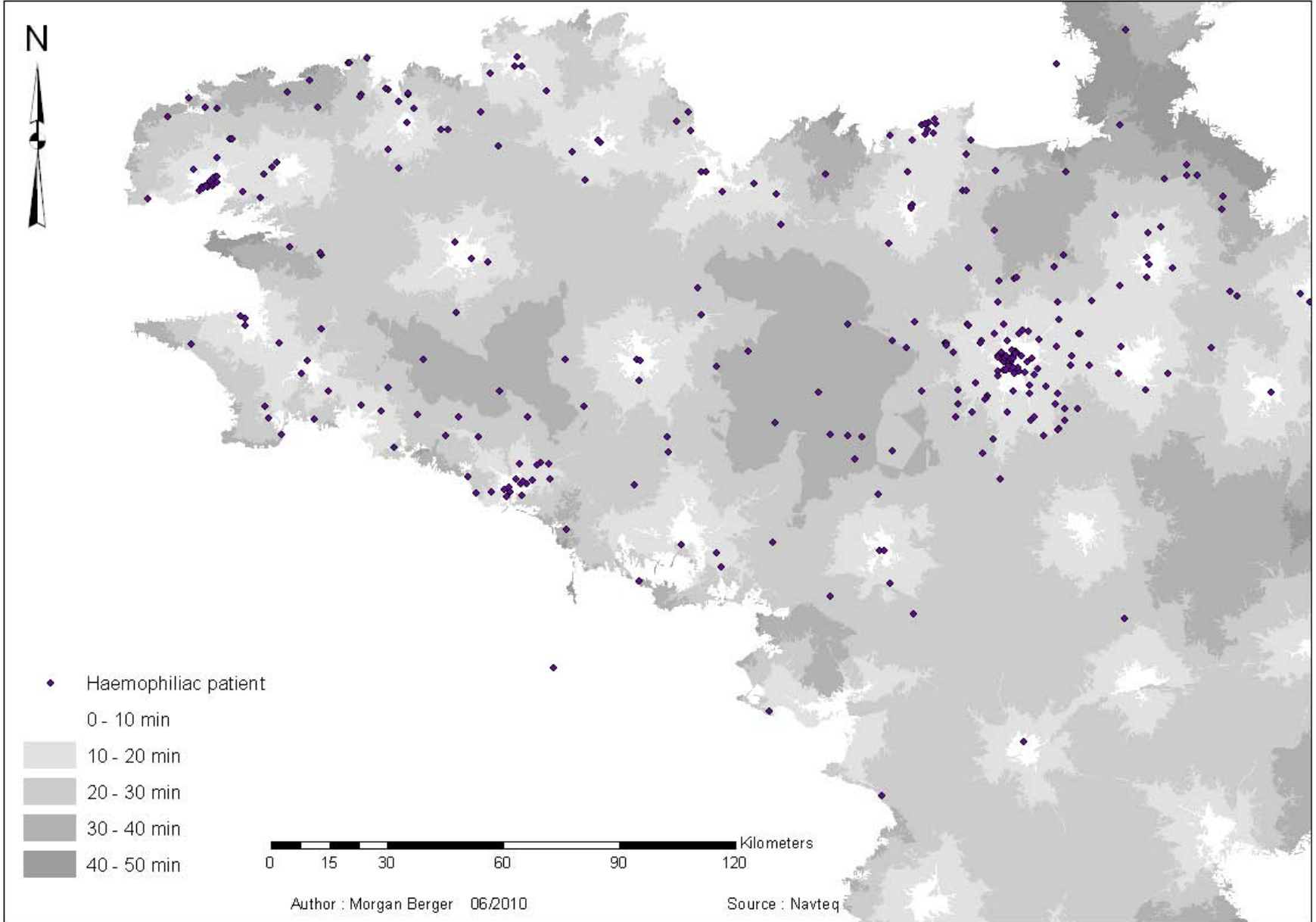


1/ Distribution of offer and demand

1.1 Health resources

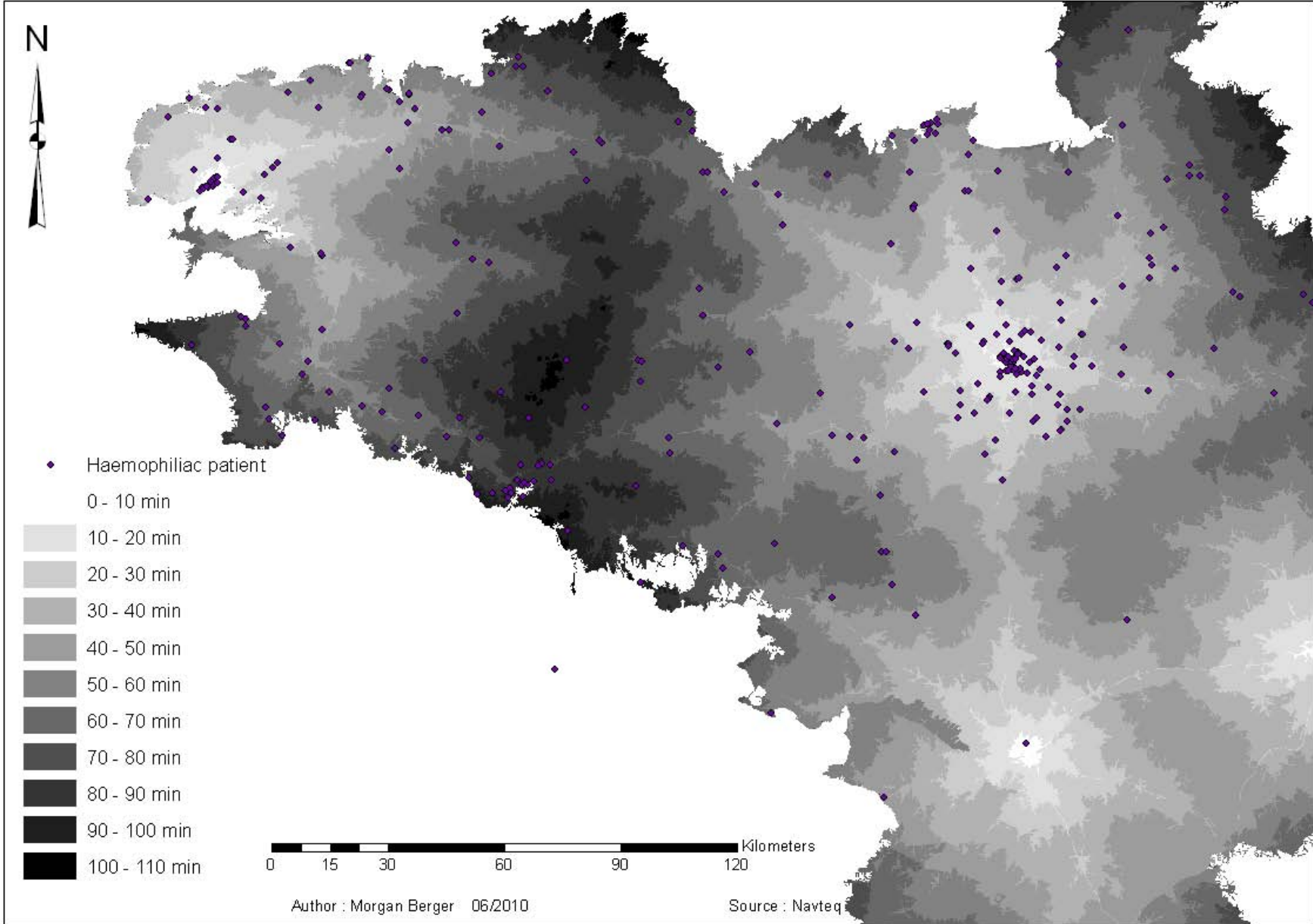


Travel time from hospitals delivering FVIII or FIX drugs



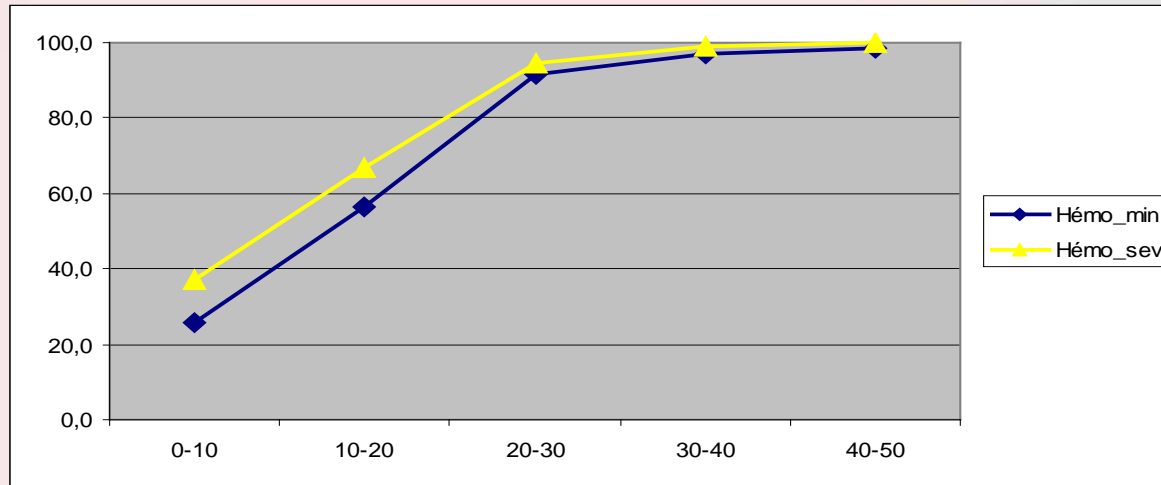
1.3 Relation between offer and demand

Travel time from haemophilia centres



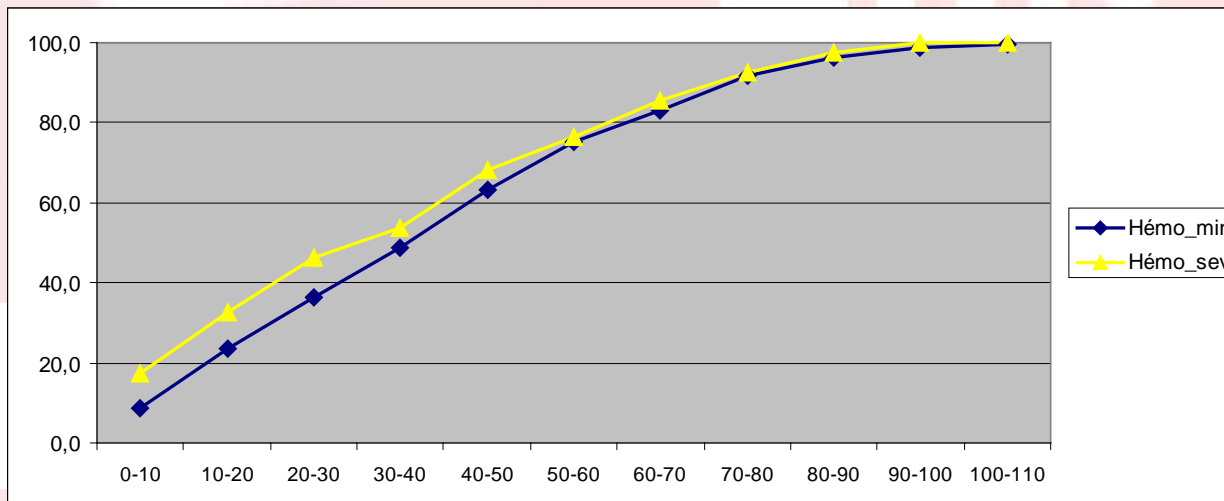
Number of patients contained in each isochrone

From all the hospitals



➔ More severe haemophiliacs close to haemophilia centres or small hospitals

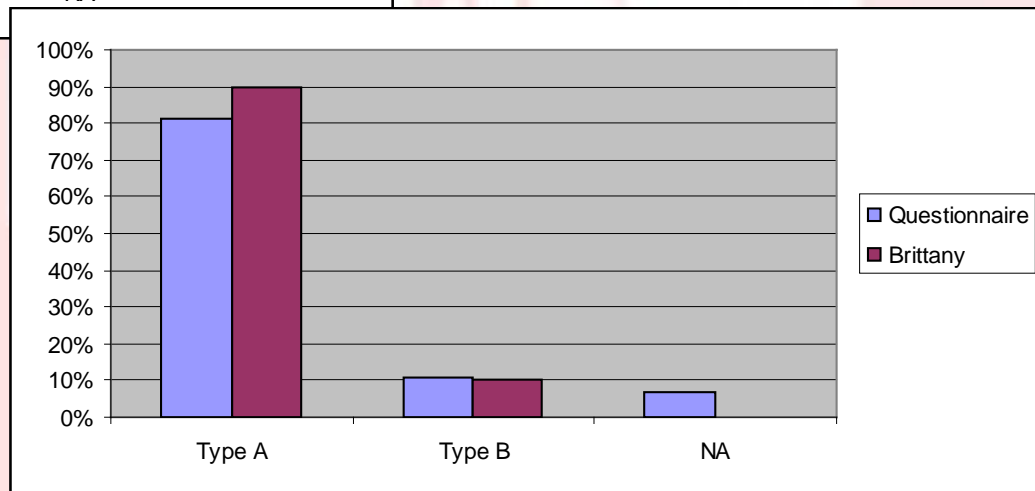
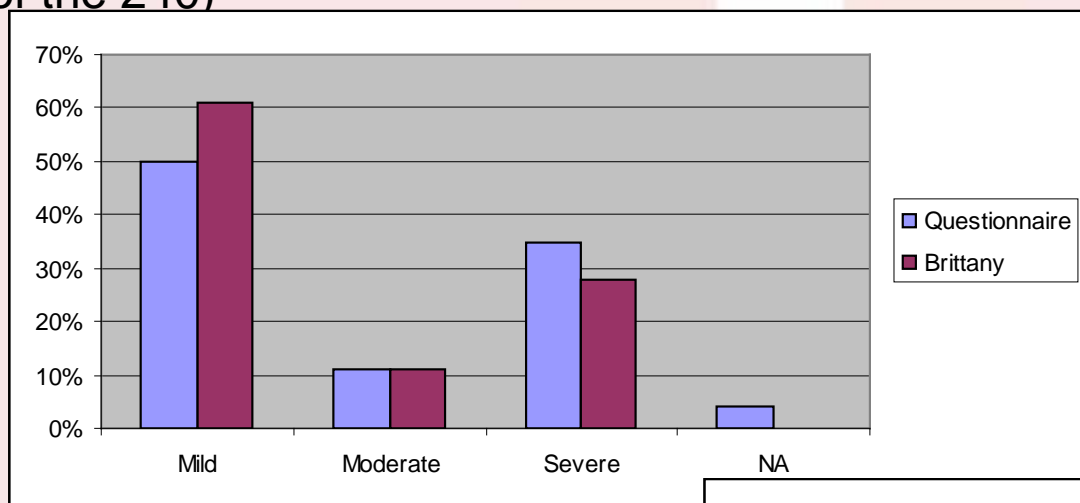
From haemophilia centres



2/ Revealed accessibility

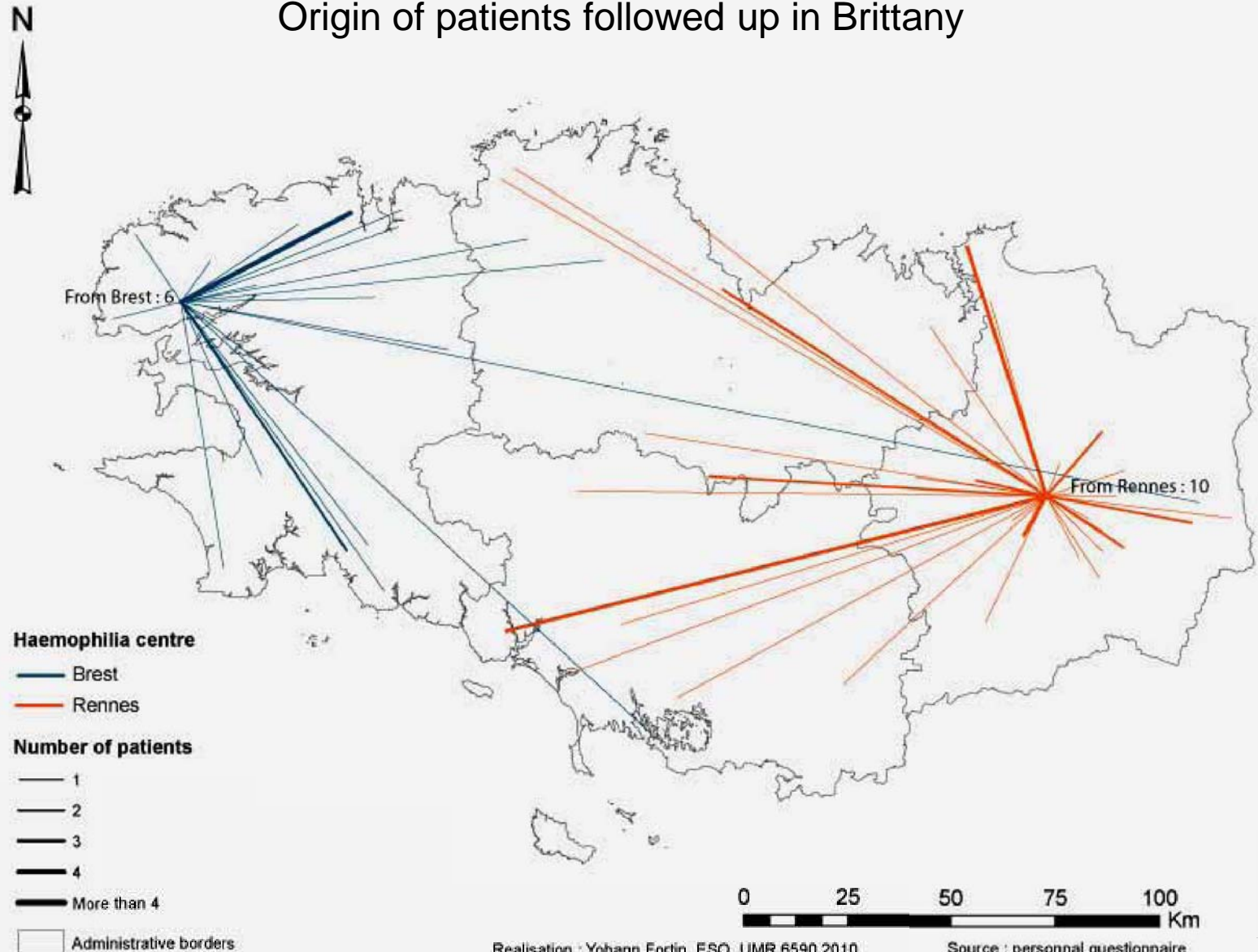
2.1 Questionnaire : main marks

Questionnaire sent out to all the patients of Brittany (240) : 107 replies (45% of the 240)

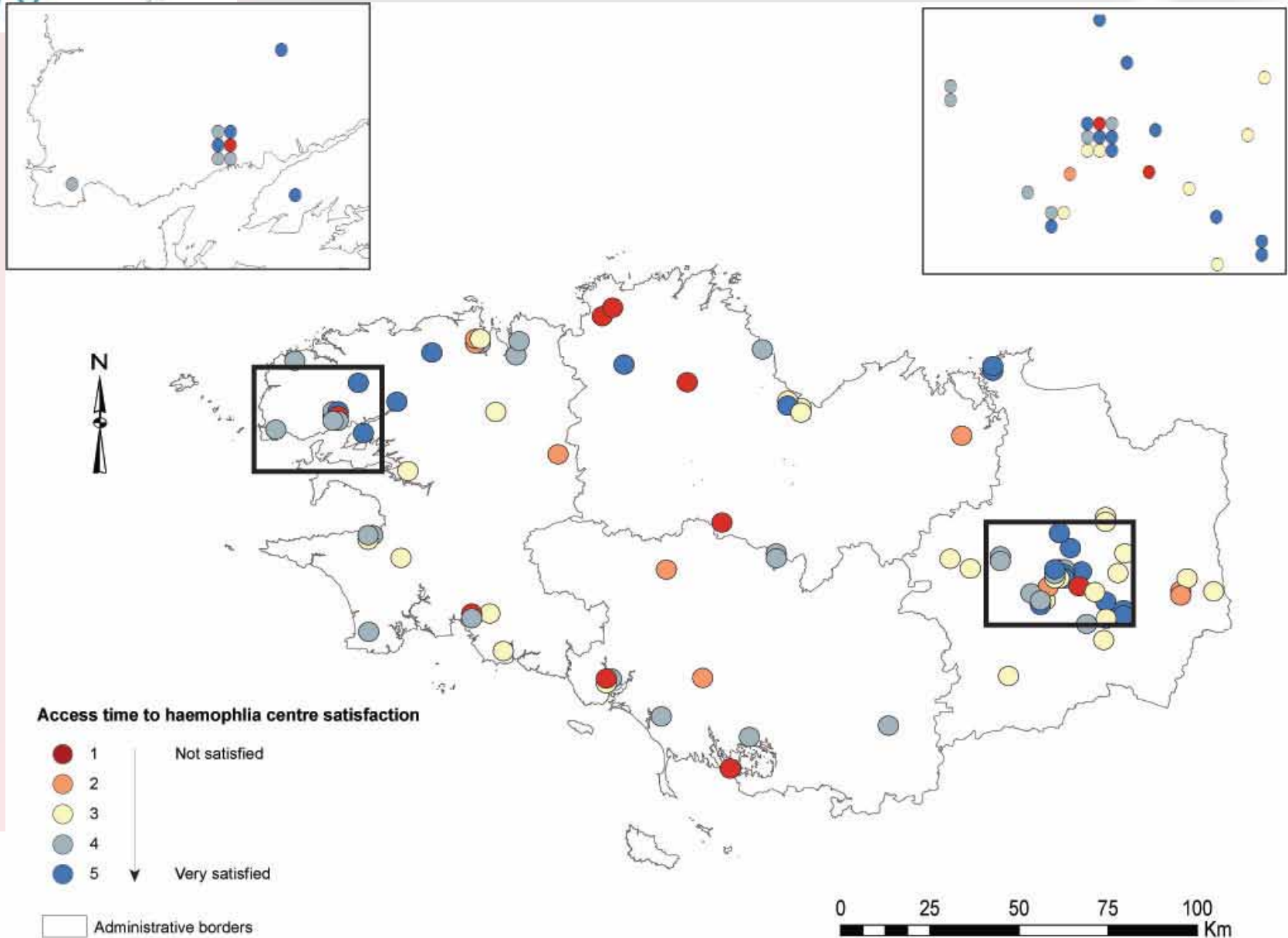


2.2 From revealed accessibility to perception of access

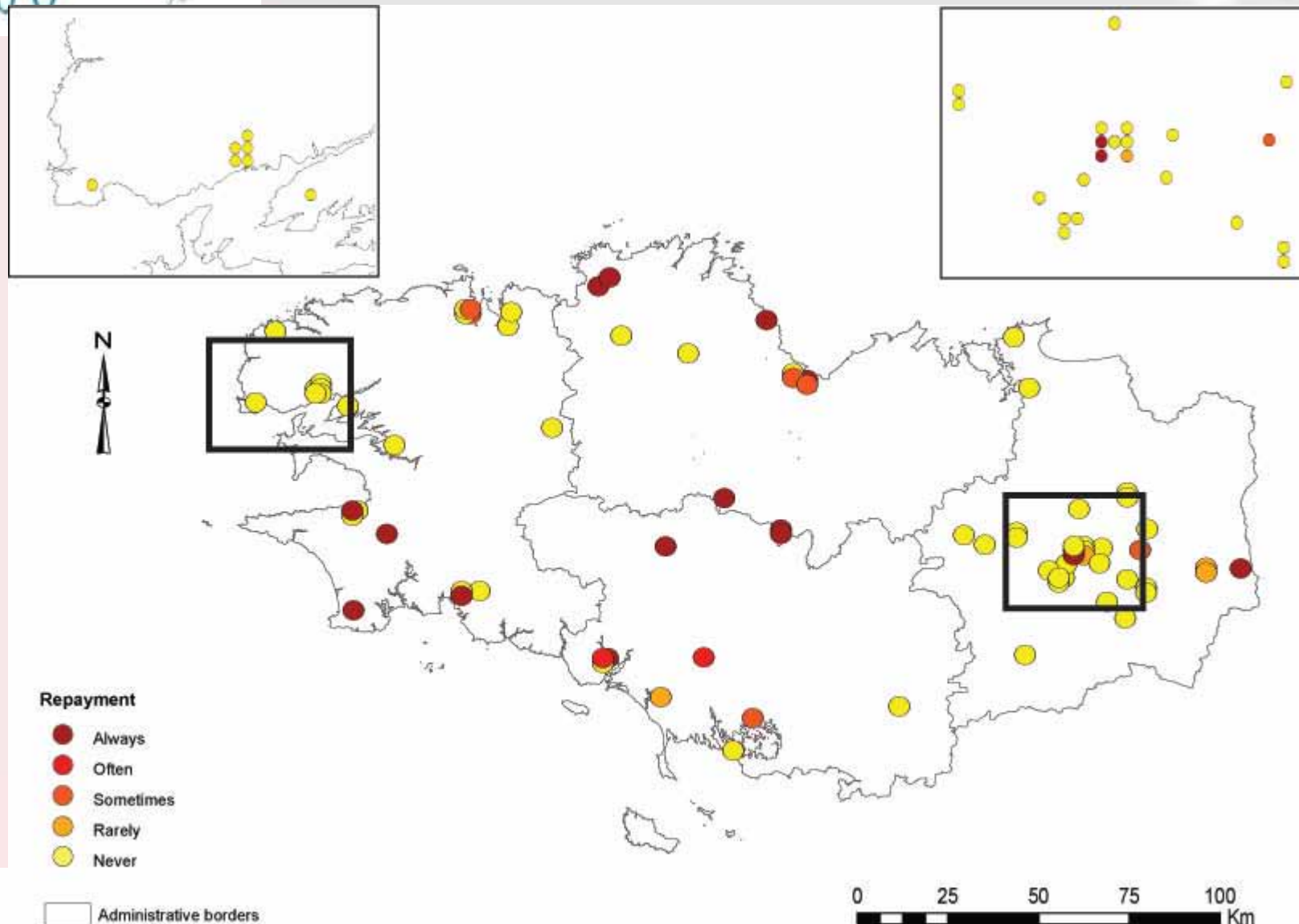
Origin of patients followed up in Brittany



Access time to haemophilia centre satisfaction



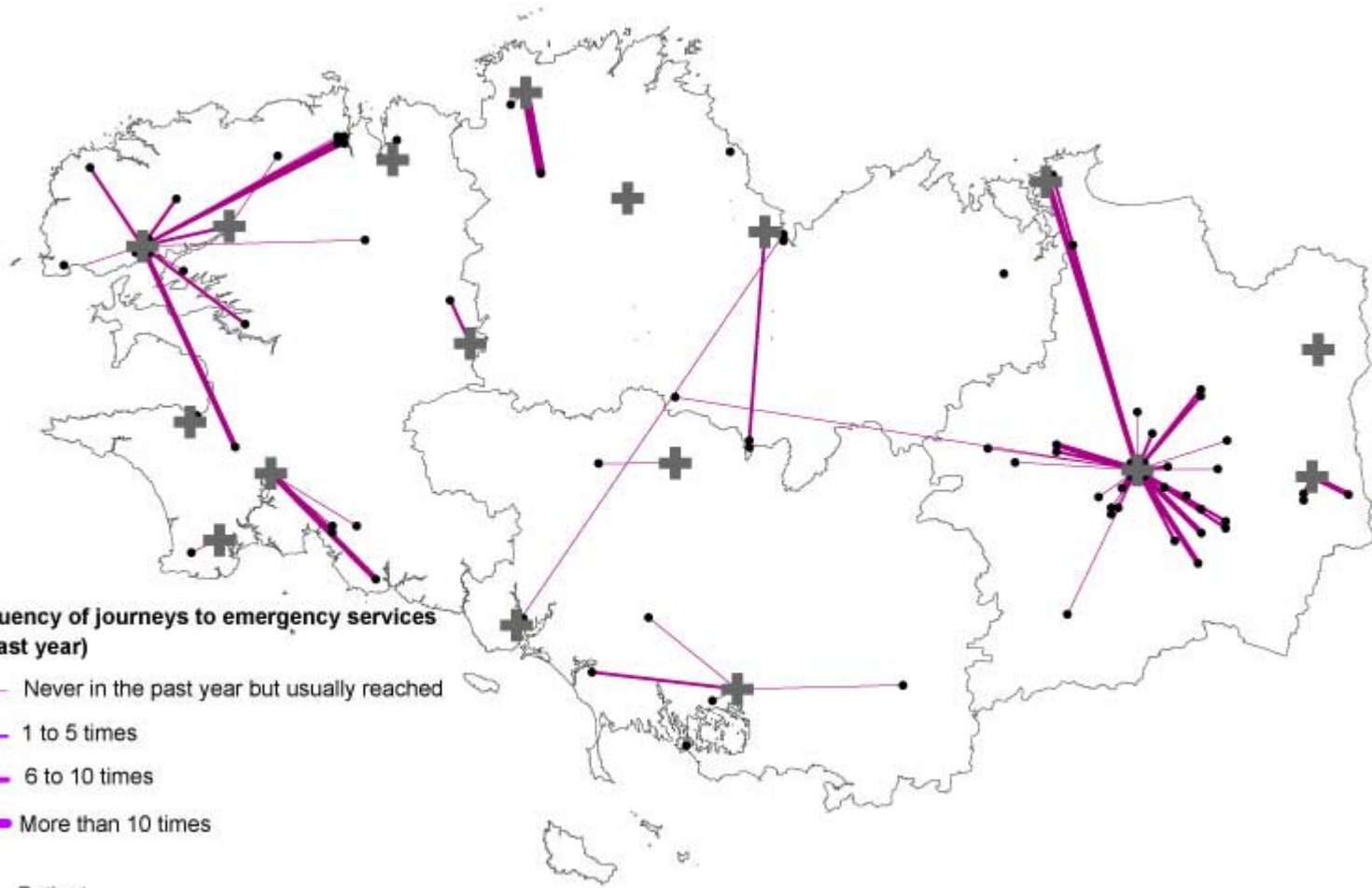
Reimbursements of journeys for follow up and emergencies



Realisation : Yohann Fortin, ESO, UMR 6590, 2010

Source : personnel questionnaire

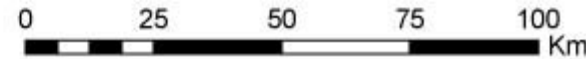
Frequency of journeys to emergency services (in the past year)



Frequency of journeys to emergency services (in past year)

- Never in the past year but usually reached
- 1 to 5 times
- 6 to 10 times
- More than 10 times

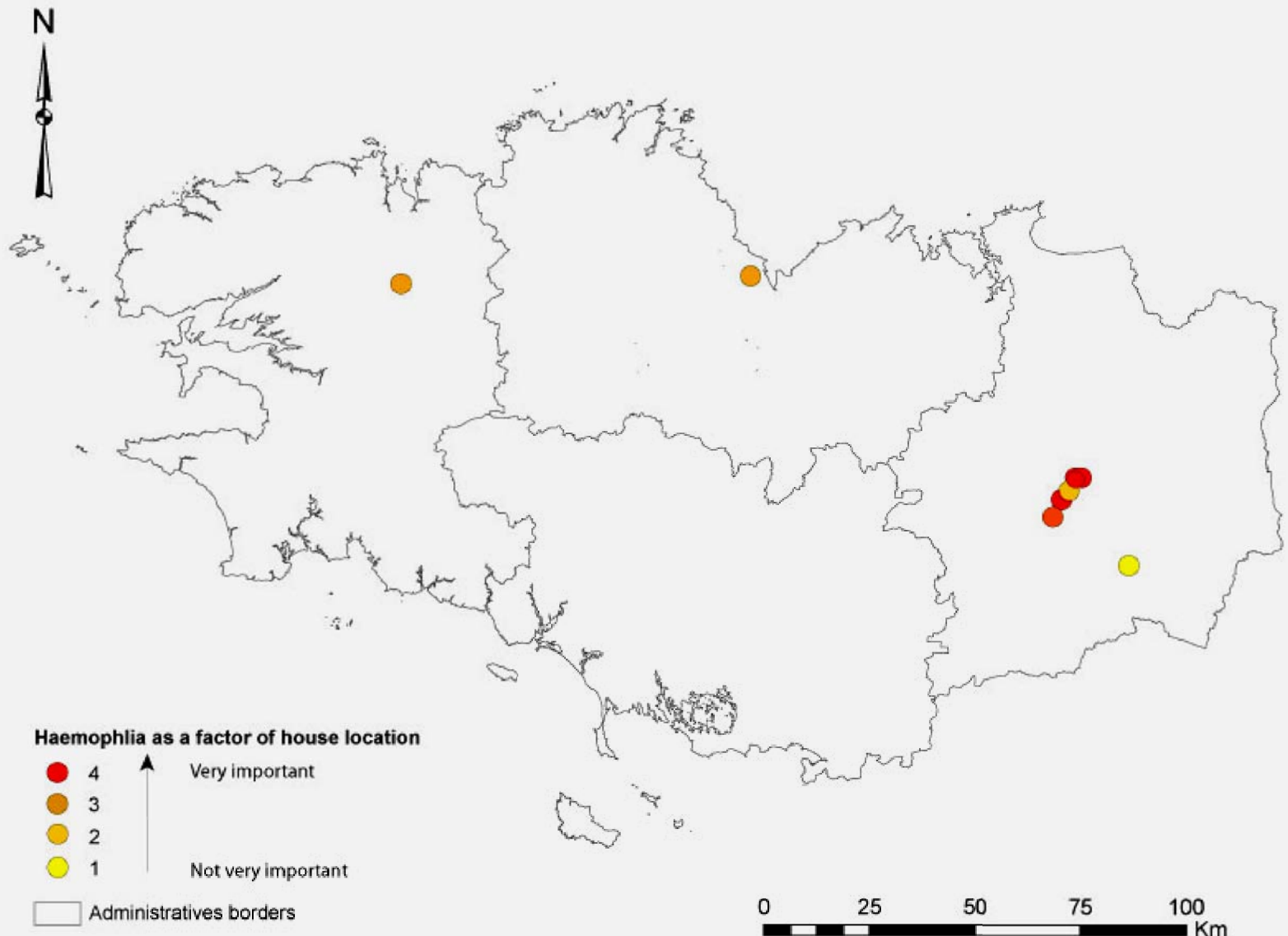
- Patient
- ⊕ Emergency service
- Administrative borders



Realisation : Yohann Fortin, ESO, UMR 6590, 2010

Source : personnel questionnaire

Haemophilia as a factor of house location



Haemophilia as a factor of moving



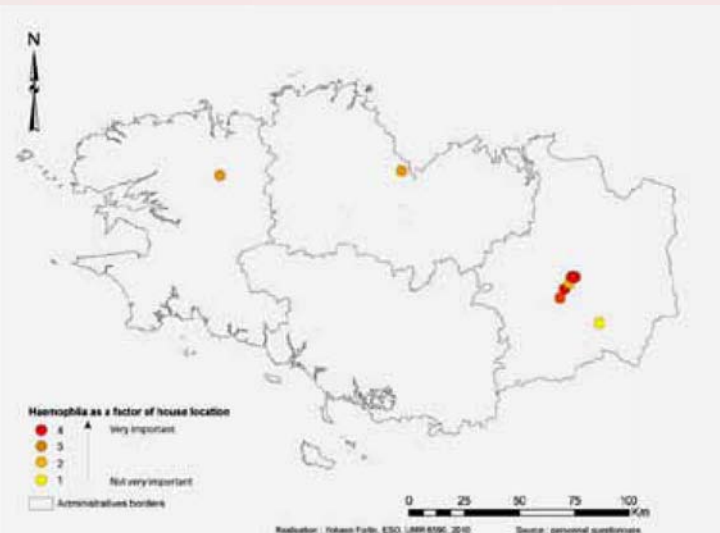
Haemophilia as a factor of moving

● Very important

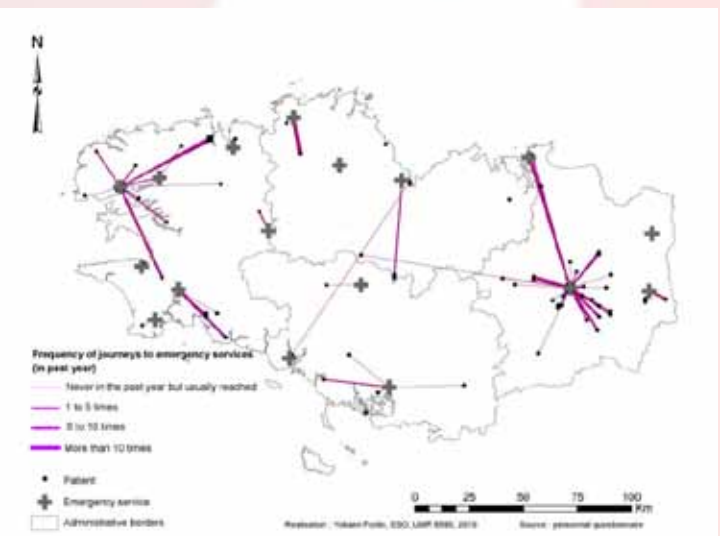
□ Administratives borders

0 25 50 75 100 Km

Cases where interviews allow understanding spatial distribution



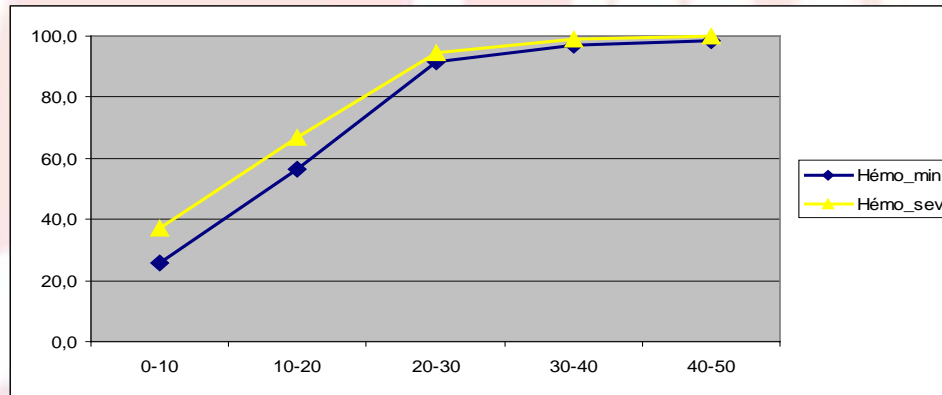
Farid : « We moved to Rennes when they discovered for my HIV, because I go to the hospital very frequently now »



Erwan : « I don't trust in the hospital in my city, they don't know my disease, I prefer to go directly to Brest [further] »

Case where maps challenge patients' speeches

Most of the patients do not clearly say that the disease has an impact on their housing location.



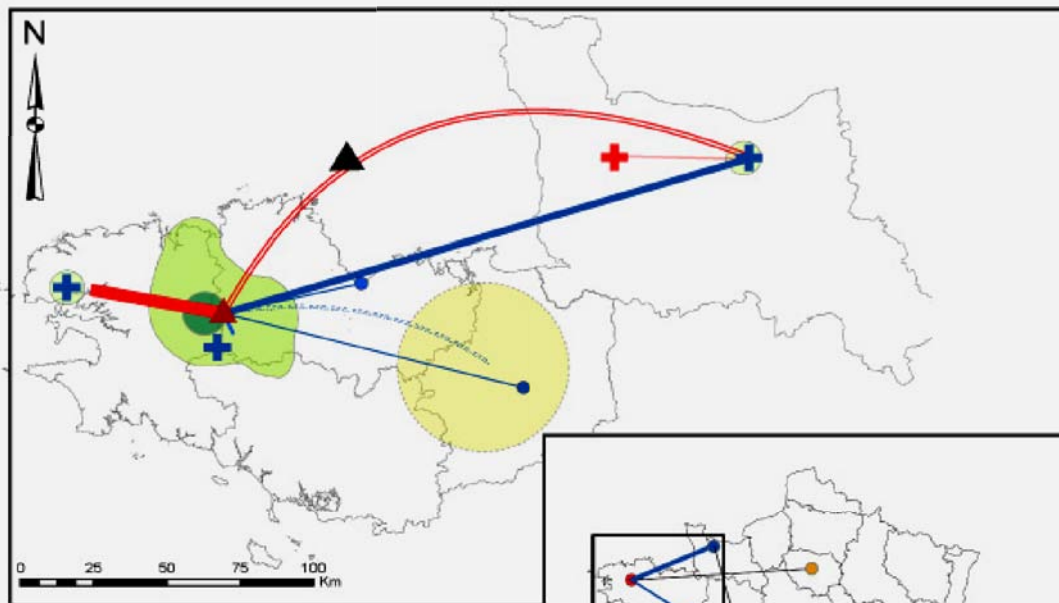
Case where new issues are emerging from interviews

Haemophilia ↔ mobility

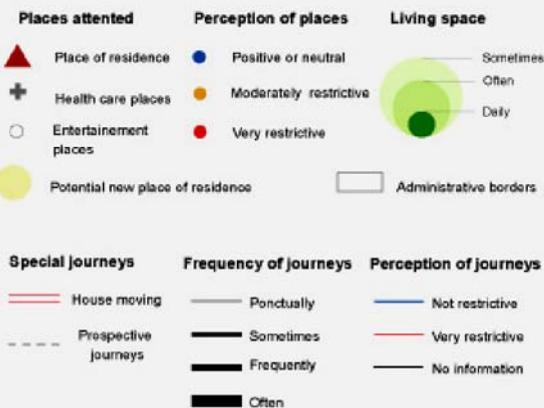
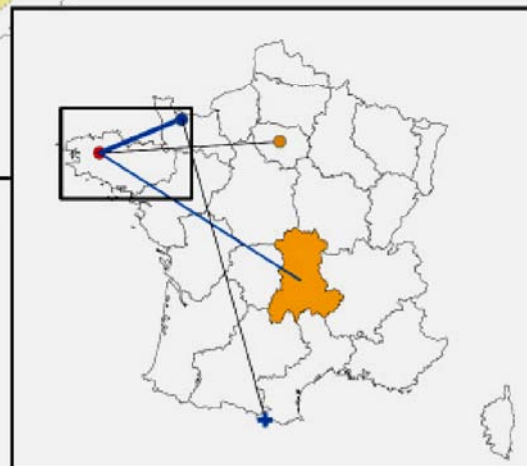
-because of disability, some haemophiliacs have a low capacity of mobility (crutches, wheelchair)

-Patients, especially severe ones, have to always think about their disease. Thierry : « Autonomy. It's something I developed in relation with haemophilia. I keep in mind the idea that something can happen at any time. I have to be ready to come back home to take my drugs, I don't want to be dependant on someone »

-disease imposes moving and could consequently have a negative impact on accessibility



The haemophilia of Stéphane seems to play an important role in his journeys and its perception. He moved from Normandy to Brittany in order to find a job adapted to his handicap. Trips to treatment are less accepted than any other trips. The Brest ones for follow up are among worst of them. The living area is perceived like a constraint because of the long distance to hospitals. Even if Stéphane seems to set aside his disease, he lives in a permanent vigilance vis-à-vis all his journeys.



Attempt to summarize qualitative information from an interview on a map

References (not exhaustive at all !) :

Curtis S., 2004. Health and inequalities, Geographical perspectives, Sage publications, London

Luo W., Wang F., 2003. Measures of spatial accessibility to health care in a GIS environment: synthesis and a case study in the Chicago region. Environment and Planning B: Planning and Design 30:865-884

Moon G., Kearns R., A la recherche d'une nouvelle géographie de la santé In : Fleuret S., Géographie de la santé, 2007, Anthropos, Paris

Wang F., Luo W., 2005. Assessing spatial and nonspatial factors for healthcare access: towards an integrated approach to defining health professional shortage areas. Health & Place 11,131-146

Thank you for listening