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

Components of accessibility in the case of haemophilia

Social component:
- Deprivation
- Education level
- Spatial capital

Spatial component:
- Distance
- Time

Therapeutical component:
- Prompt care
- Rare facilities
- Expensive drugs

Individual component:
- (bad?) experience of the disease, of the treatment
1/ Distribution of offer and demand

1.1 Health resources

Health resources for haemophiliacs in Brittany
Travel time from hospitals delivering FVIII or FIX drugs

- Haemophiliac patient
  - 0 - 10 min
  - 10 - 20 min
  - 20 - 30 min
  - 30 - 40 min
  - 40 - 50 min

Author: Morgan Berger  06/2010   Source: Navteq
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
Access time to haemophilia centre satisfaction
Reimbursements of journeys for follow up and emergencies
Frequency of journeys to emergency services (in the 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
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.
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
Example of qualitative geographic data representation in a GIS.

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 vigilence vis-à-vis all his journeys.

**Places attended**
- Place of residence
- Health care places
- Entertainment places
- Potential new place of residence

**Perception of places**
- Positive or neutral
- Moderately restrictive
- Very restrictive

**Living space**
- Sometimes
- Often
- Daily

**Special journeys**
- House moving
- Prospective journeys

**Frequency of journeys**
- Periodically
- Sometimes
- Frequently
- Often

**Perception of journeys**
- Not restrictive
- Very restrictive
- No information

Attempt to summarize qualitative information from an interview on a map.
References (not exhaustive at all!): 


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


Thank you for listening