



University
of Victoria

Programme

Faculty of
GRADUATE
STUDIES

Thinking

Outside the box

The Final Oral Examination
for the Degree of

DOCTOR OF PHILOSOPHY
(SOCIOLOGY)

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2003

SFU

M.A.

1999

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B.A. w/distinction

“The Medical Pluralism Paradigm: Examining Patterns of Use across Conventional, Complementary and Public Health Care Systems among Canadians aged 50 and older.”

JANUARY 18, 2012

9:30am

Social Sciences and Mathematics Building, Rm. A136

Supervisory Committee:

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(Supervisor)

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Dr. Merrijoy Kelner, Institute for Life Course and Aging,
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Dr. James MacGregor, School of Public Administration,
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Abstract

This dissertation examined health care utilization patterns across conventional health care (CHC), complementary and alternative medicine (CAM), and public health care (PHC) systems among Canadians aged fifty and older. I argued that the current state of utilization research is limited by a primary focus on discrete use of health care services, largely within the CHC system (i.e., medical doctors, specialists, hospitals). However substantial growth in use of CAM and PHC, particularly among late middle-age cohorts, suggests the need to widen the research lens from discrete service use *within* health care systems to include medical pluralism or use *across* health care systems. To address the lack of research on medical pluralism and the need for a comprehensive overview of service use, I used two different strategies to create discrete patterns of service use and non-use. To frame the predictors of these patterns, a *medical pluralism paradigm* was proposed, which suggests that there are distinct social location and health characteristics that may explain use across health care systems. Five hypotheses were tested using data pooled from two cycles of the Canadian Community Health Survey (Cycles 2.1 [2003] and 3.1 [2005]). Results from the deductive (variable oriented) and inductive (person centred) strategies were compared. Differences in both the number and form of patterns are apparent. Across both strategies, the most common pattern is dual use of CHC (medical visits, specialist visits) and PHC (flu shots, sex-specific screening) but not CAM (chiropractors, CAM providers). Consistent with the literature, women use more types of services overall than do men. The gender effect is significantly mediated by age; older men are less likely to use services across three health care systems than older women. Strong evidence for a socioeconomic gradient in medical pluralism is also found. Higher levels of income and education increase the

likelihood of using services across the three health care systems compared to low and middle levels of both income and education. The relationship between race and health service use was much less significant. Rather, a better indicator of cultural diversity and medical pluralism is immigration status, as long-term immigrants demonstrate tri-use patterns close to those of Canadian born individuals; however, service differentials remain even after controlling for health needs, in favour of Native-born Canadians. Medical pluralism is also associated with health related-need as support was found for both illness and wellness care. Lastly, regional differences point to a greater likelihood of medical pluralism in western Canada, but not always in urban areas. In future, a longitudinal examination of medical pluralism is necessary and would help establish the sequencing of services and how services are used in relation to the disablement process. Health policy would thus benefit from insight into the extent of service duplication for specific conditions and clarify the role of medical doctors in referral processes.

Awards, Scholarships, Fellowships

2012- 2014: CIHR—*Postdoctoral Fellowship*

2011 - 2013: Alzheimer's Society of Canada—*Postdoctoral Fellowship (declined)*

2008 - 2009: UVIC —*Health Research Fellowship*

2005 -2008: CIHR *Doctoral Research Award*

2005- 2008: MSFHR- *Senior Trainee Award*

2005 -2008: UVIC- *President's Research Scholarship*

2001 -2003: MSFHR—*Junior Trainee Award*

Publications

1. Votova, K., Penning, M.P., Zheng, C., & Brackley, M. (2010) Trends and Predictors of Publicly Subsidized Chiropractic Service Use Among Adults Aged 50+, 1991 -2000. *Journal of Alternative and Complementary Medicine*, 16(9): 995-1004.
2. Votova, K., & Wister, A.V. (2007). Self-care dimensions of complementary and alternative medicine use among older adults. *Gerontology*, 53:21-27.
3. Scott, V.J., Votova, K., Scanlan, A., & Close, J. (2007). A systematic review of falls risk assessment tools for older adults across four settings: Community, home support, long term and acute care. *Age and Ageing*, 36:130-139.
4. Scott, V.J., Votova, K., & Gallagher, E.J. (2006). Falls prevention training for Community Health Workers: Results of a six-month pilot. *Journal of Gerontological Nursing*, 32(10):48-56.

Other Refereed Contributions: Book Reviews, Chapters

1. Votova, K. (2009). [Review of the book Complementary and Alternative Medicine: Ethics, The Patient and The Physician]. *Canadian Journal on Aging*, 28(4): 400-402.
2. Penning, M.J., & Votova, K. (2008). Health and Health Care: From Hospital and Residential Care to Home and Community Care. In S. Bolaria and H.D. Dickinson (Eds), Health, Illness and Health Care in Canada: 3rd Edition. Toronto: Harcourt.