

Table 2. Selected features of geographical component of population-to-physician ratio computations		
Measure/Concept	Advantages	Disadvantages
Area: Administrative (e.g., province/territory, census division, public health unit, district health council and regional health authority)	<ul style="list-style-type: none"> <li>• “given”</li> <li>• excellent for quick overviews</li> <li>• few or small temporal changes in boundaries as areal units increase in size; therefore good for temporal analyses</li> <li>• data often keyed to or collected for these specific areas</li> </ul>	<ul style="list-style-type: none"> <li>• aggregated data provided most frequently (especially for larger areal units), therefore masking sub-regional variations</li> <li>• boundaries change more frequently for smaller units making time series analyses difficult</li> <li>• difficult to assess cross-border movements</li> <li>• may not reflect natural patterns of health care delivery or consumption</li> </ul>
Area: Service, market or trade areas	<ul style="list-style-type: none"> <li>• better reflects natural patterns of health care delivery and/or consumption</li> <li>• mobility patterns of health care providers and consumers better expressed</li> </ul>	<ul style="list-style-type: none"> <li>• not “given”</li> <li>• must be computed or derived; and often derived in order to capture the dynamic nature of service area boundaries</li> <li>• data rarely collected for such units on a regular basis</li> </ul>
Area: Forward sortation area (FSA) (i.e., areas with postal codes having “0” [zero] as the second character [first number])	<ul style="list-style-type: none"> <li>• “given”</li> </ul>	<ul style="list-style-type: none"> <li>• subject to frequent boundary changes that are not necessarily announced to researchers and health care planners</li> <li>• meant for postal delivery, NOT health workforce planning</li> <li>• depending on one’s definition of “rural,” boundaries may overlap rural and non-rural areas</li> </ul>
Area: Rural/remote	<ul style="list-style-type: none"> <li>• useful for rural health research, planning purposes</li> <li>• highlights gross disparities between rural and non-rural areas</li> </ul>	<ul style="list-style-type: none"> <li>• no agreement on definitions of “rural” or “remote”</li> <li>• “rural” accounts for about 90% of the Canadian land mass, too big for meaningful analysis</li> <li>• assumes a homogeneity (in terms of demographics, economics, etc.) across Canada that does not exist</li> </ul>
Distance: Straight-line measure	<ul style="list-style-type: none"> <li>• relatively easy to measure</li> <li>• able to be adjusted to serve future “distance” concepts that will emerge as a result of technological developments such as telemedicine</li> </ul>	<ul style="list-style-type: none"> <li>• fails to recognize real physical barriers like mountain ranges or lakes</li> <li>• fails to recognize actual travel routes</li> <li>• may not reflect travel times or similar measures of accessibility</li> </ul>
Distance: Road	<ul style="list-style-type: none"> <li>• better able to reflect travel times or similar measures of accessibility</li> <li>• becoming easier to measure with advances in GIS technology</li> <li>• other factors such as seasonal road conditions can be built in</li> </ul>	<ul style="list-style-type: none"> <li>• no standard, national road network yet for GIS analyses (although some provincial or sub-provincial datasets are very good)</li> <li>• other travel modes not recognized</li> </ul>

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