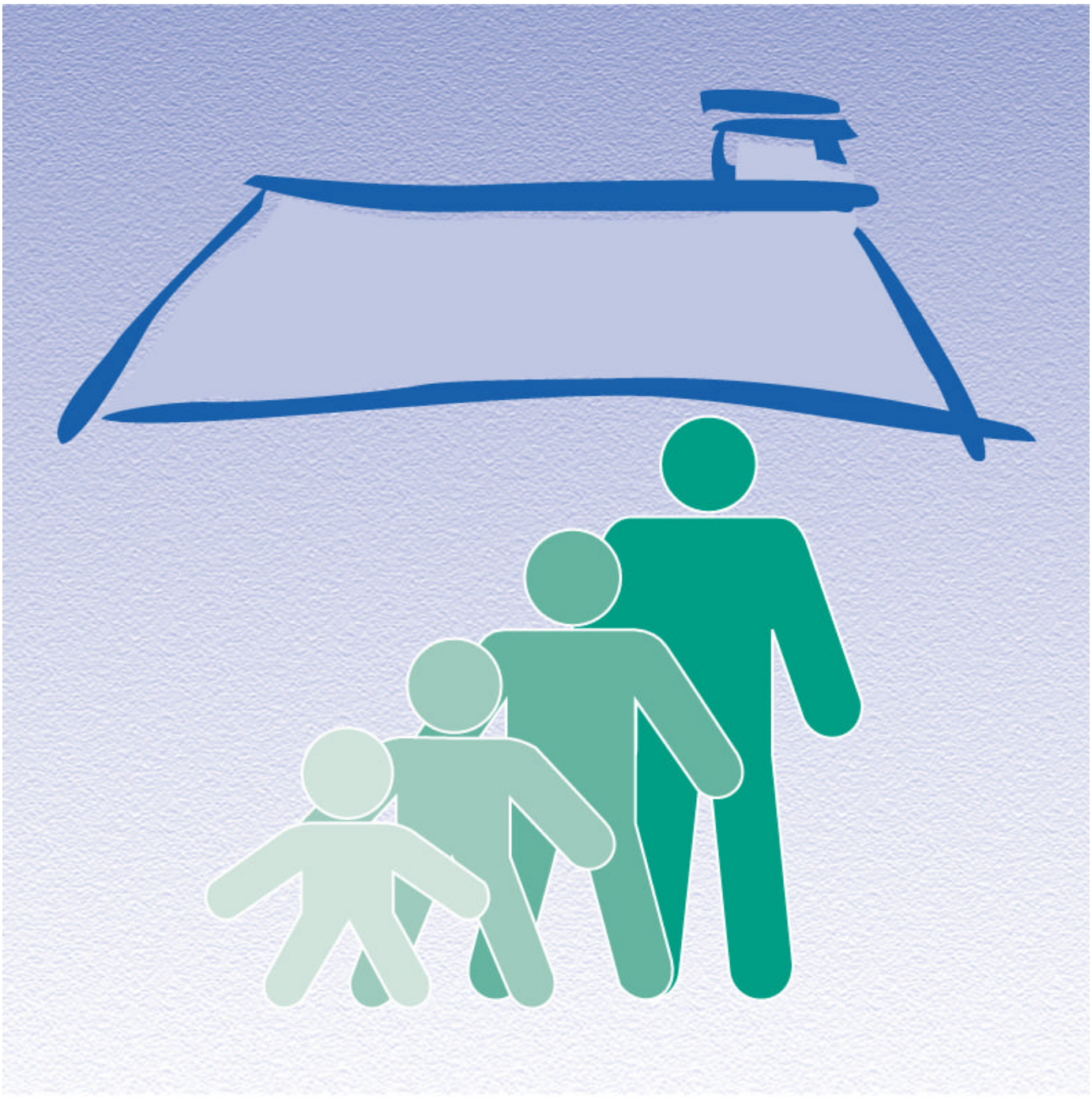
Access to Health Care Services in Canada, 2001

by Claudia Sanmartin, Christian Houle, Jean-Marie Berthelot and Kathleen White
Health Analysis and Measurement Group
Statistics Canada



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Published by authority of the Minister responsible for Statistics Canada

June 2002

Ottawa

Catalogue no. 82-575-XIE
ISBN 0-662-32259-2

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Note of Appreciation

Statistics Canada would like to acknowledge the contribution of Health Canada, the Province of British Columbia, the Province of Alberta and the Province of Prince Edward Island who contributed financially to the Health Services Access Survey, 2001. Statistics Canada would like to acknowledge the many experts consulted during the questionnaire development phase. Finally, Statistics Canada would like to acknowledge the contribution of survey respondents who took the time to provide the best quality data possible.

Aussi disponible en français

Table of Contents

List of Tables

List of Charts

Key Findings

- This is the first time that detailed information about access to health care services such as 24/7 first contact services and specialized services is available at the national level.

- The majority of Canadians (87.7%) have a regular family physician, ranging from 75.9% in Québec to 94.6% in New Brunswick. Among those with a regular family physician, 53.0% reported that the care they received was "excellent" (39.8% in Manitoba to 58.0% in Québec), while 6.7% reported that it was "fair or poor" (4.4% in Québec to 11.9% in Manitoba).

- Among the 12.3% of Canadians without a regular family physician, the reasons most frequently cited for not having one varied across the country: those living in the Atlantic provinces were more likely to cite reasons related to physician availability while those living in Québec, Manitoba, Alberta, or British Columbia were more likely to indicate that they had not tried to contact one.

- When they required first contact services such as routine care, health information or advice and immediate care for a minor health problem, most Canadians sought care from their physician during regular office hours and from walk-in clinics and hospital emergency rooms outside office hours.

- An estimated 4.3 million Canadians reported difficulties accessing first contact services and approximately 1.4 million Canadians reported difficulties accessing specialized services such as specialist visits, non-emergency surgery (planned surgery, excluding dental surgery) and selected diagnostic tests (non-emergency MRIs, CT scans, or angiographies). While the type of barrier varied by time of day and service type, lengthy waits and problems contacting a health care provider were frequently cited by those who experienced difficulty accessing care.

- Among those waiting for specialized services, between 39.5% of those who waited for non-emergency surgery and 54.7% of those who waited for diagnostic tests waited less than one month. Those waiting for cardiac and cancer related surgery were more likely to receive care within one month (53.6%) compared with those waiting for joint replacement or cataract surgery (19.8%). The 5% with the longest waits waited 26 weeks or more for specialist visits and diagnostic tests and 35 weeks or more for non-emergency surgery.

- One in five of those who waited for specialized services indicated that waiting for care affected their lives. Most of these individuals reported that they experienced worry, stress and anxiety, pain or diminished health as a result of waiting for care.

- Among those waiting for specialized services, between 21.7% of those who waited for non-emergency surgery and 26.7% of those who waited for specialist visits indicated that their waiting time was unacceptable. They reported longer waits, between three and six times as long as those who reported that their waiting time was acceptable. For instance, among individuals who waited for specialist visits, those who said their waiting times were unacceptable had waited 13 weeks (median value) compared with 2 weeks among those whose waits were acceptable to them.

- More than half of those who reported their waits to be unacceptable also reported that waiting for care had affected their lives, compared with only 5% among those who reported that their waiting time was acceptable.

Access to Health Care Services in Canada, 2001

Abstract

Objectives
This report examines access to health care services in Canada including 24/7 access to first contact services and specialized services, highlighting barriers to care and waiting times.

Data source
The data are from the newly developed *Health Services Access Survey* (HSAS), a supplement to the Canadian Community Health Survey 2000-01 (CCHS).

Analytic techniques
Frequency distributions and cross tabulations were used to describe access to selected health care services by time of day as well as rates of self-reported difficulties in accessing care. Median waiting times were calculated for selected specialized services.

Main results
The majority of Canadians (87.7%) reported that they have a regular family physician. When they required first contact services, most sought care from their physician during regular office hours, and from walk-in clinics and hospital emergency rooms during other times of the day. From 11.1% of those who used routine care to 18.8% of those who used immediate care reported difficulties accessing these services. The results varied by type of care and time of day. Approximately 20% of those who accessed specialized services reported difficulties, with the majority citing lengthy waits as a primary barrier to care. Median waiting times ranged from 3.0 weeks for selected diagnostic tests to 4.3 weeks for specialist visits and non-emergency surgery. However, waits for surgery varied by type of procedure. Between 21.7% of those who waited for specialist visits and 26.7% of those who waited for non-emergency surgery reported that their waiting times were unacceptable. They were more likely to have reported longer waits for services, up to six times longer, and they were more likely to report that waiting for care affected their lives (50%) compared with those whose waits were acceptable to them (5%).

Key words
health services accessibility, barriers to care, waiting times, health surveys, self-reported.

INTRODUCTION

Access to health care services has emerged as a key issue in the health care debate in Canada over the past several years. While Canadians continue to enjoy universal access to publicly insured services, concerns have been raised about the level of accessibility of health care services for all Canadians.[1-3] To date, it has been difficult to determine precisely the extent and nature of these concerns since there is limited information regarding Canadians' experiences accessing health care services. The *Health Services Access Survey* (HSAS) was developed by Statistics Canada and partially funded by Health Canada and the Ministries of Health of Prince Edward Island, Alberta and British Columbia. The survey gathered comprehensive and comparable information at the national level on the patterns of use and potential barriers faced by Canadians in accessing health care when they need it.

Access to health care services: What we know and what we don't know

In recent decades, we have learned more about access to health care services in this country. Increasingly, health service data and national health surveys have been used to monitor and track the use of health care services such as physician visits, rates of surgery and use of diagnostic tests.[4-6] Health researchers are also using health service data in conjunction with health status and socio-demographic information to better understand who is accessing services and what factors may affect the need for and use of care.[7-9]

Although information regarding service utilization is a valid measure of access, alone it does not provide the complete picture.[10] While it can tell us the volume of services used across groups and geographic areas, it cannot inform us about the choices and experiences of those accessing care and can provide only limited information regarding potential barriers to care.

Evidence is emerging to suggest that Canadians are increasingly facing difficulties accessing health care services.[11-13] To better understand the issues and challenges, we need to begin to focus on questions that address the process of accessing care: Who do Canadians contact first when they need health care services at different times of the day? Do they face

barriers when trying to access care? If so, what type of barriers exist: are services not available in their area or is the wait too long? And if they are waiting, for how long? Are individuals more likely to face problems during the day or in the middle of the night? Answers to these questions will provide a more comprehensive understanding of the issues and challenges surrounding access to health care services.

Glossary

24/7: 24 hours per day, 7 days a week.

Diagnostic tests: An MRI, CT scan or angiography requested by a physician to determine or confirm a diagnosis. Does NOT include x-rays, blood tests, etc.

Evenings: 5:00 p.m. to 9:00 p.m. Monday to Friday.

Family member: Individual living in same dwelling as respondent, related to respondent, and for whose care respondent is responsible.

First contact services: Services including routine care, health information or advice, and immediate care for a minor health problem provided by a family or general physician, nurse or other health care provider not including medical specialists.

Middle of the night: 9:00 p.m. to 9:00 a.m. Sunday to Saturday.

Minor health problem: Fever, vomiting, major headache, sprained ankle, minor burns, cuts, skin irritation, unexplained rash, etc. Non-life-threatening health problems or injuries due to a minor accident.

Non-emergency surgery: A booked or planned surgery provided on an outpatient or inpatient basis. Does not refer to surgery provided through an admission to the hospital emergency room as a result of, for example, an accident or life-threatening situation.

Regular family physician: A family or general physician seen for most of an individual's routine care (e.g. annual check-up, blood tests, flu shots, etc).

Regular office hours: 9:00 a.m. to 5:00 p.m. Monday to Friday.

Routine or on-going care: Health care provided by a family or general practitioner including an annual check-up, blood tests or routine care for an on-going illness (e.g. prescription refills).

Specialized services: Services including specialist visits for a new illness or condition, non-emergency surgery and selected diagnostic tests.

Specialist visits: A visit with a medical specialist to obtain a diagnosis for a new illness or condition; does not include specialist visits for on-going care for a previously diagnosed condition.

Unmet health needs: A time over the previous 12 months when an individual felt they needed health information or advice or health care services for themselves or a family member but did not receive it.

Waiting times:

(a) Specialist visit: Time between when individuals and their doctor decided that they should see a specialist and when they actually visited the specialist.
(b) Non-emergency surgery: Time between when individuals and their surgeon decided to go ahead with the surgery and the day of surgery.
(c) Diagnostic tests: Time between when individuals and their doctor decided to go ahead with the test and the day of the test.

Weekends: 9:00 a.m. to 5:00 p.m. Saturday and Sunday.

Health Services Access Survey: Filling the information gaps

The HSAS was designed to answer these questions and to begin to fill the information gaps. The survey addresses issues in two major areas: 24/7 access to first contact services and access to specialized services (see *Glossary*).

In the first component, questions focus on access to first contact services such as routine care, health information or advice and immediate care for a minor health problem for individuals or members of their families. Individuals were asked if they had a regular family physician and if not, the reason why they didn't. Evidence suggests that access to a regular family physician or regular source of care can improve one's overall access to primary care and preventive services as well as specialized services,[14-15] reduce inappropriate use of secondary or specialized services such as emergency rooms[16-17] and improve their overall health status.[18-19]

This component also focuses on the patterns of use of first contact services by time of day. While we can safely assume that most individuals receive specialty or emergency care from hospitals and speciality clinics, less is known about where Canadians go when they need routine care, health information or advice, or immediate care for a minor health problem at different times of the day. As the delivery of health care services, particularly primary health care services, changes and diversifies across the country, information on the patterns of use provide some indication of which services are being used and at what time of day. This information also provides the context to better understand the difficulties some may face accessing these services. Respondents were also asked about unmet health needs for both health information or advice and health care services (see *Glossary*).

The second component of HSAS focuses on access to specialized services such as specialist visits for a new illness or condition, non-emergency surgery and selected diagnostic tests (see *Glossary*). Waiting times have clearly been identified as an issue for access to specialized services. Accounts of patients facing lengthy waits for elective surgeries, such as knee or hip replacements have appeared in various reports and the media across the country. But how long do most individuals wait for these services? To date, there has been no comprehensive information on waiting times for health care services at the national level. While selected provinces and regions may collect waiting time data for specific procedures, the methods and measures vary, making it difficult to compare results across the country.[20]

One of the primary objectives of the HSAS was to collect comparable waiting time data at the national level. Respondents were asked how long they waited for services using defined waiting times (see *Glossary*). For the first time, Canadians were also asked about whether they felt their waiting time was acceptable and whether waiting for specialized services affected their lives. Despite concerns and apparent problems with waiting times in Canada, there are currently no national universally accepted standards to determine when a wait is too long or unacceptable.[21] While there are some guidelines in specific jurisdictions for selected procedures, standards are generally lacking for the wide range of services including specialist visits and diagnostic tests. For the first time, information regarding the waiting experiences of individuals and their views regarding the acceptability of waiting times is provided at the national level. The HSAS also provides information on other difficulties and barriers faced by those accessing specialized services.

This report provides the first comprehensive look at the results of the HSAS survey. The findings will contribute to our current understanding of access to health care services in Canada by expanding the current evidence beyond utilization patterns to more fully understand the experiences of Canadians and the challenges they may face when accessing health care services.

METHODS

The HSAS was conducted as a supplement to the Canadian Community Health Survey (CCHS). A sub-sample of CCHS respondents aged 15 and over in the ten provinces was selected and interviewed for the HSAS. The territories were not covered. Sampling was conducted to provide reliable national estimates and provincial estimates for those provinces who participated in a voluntary buy-in (Prince Edward Island, Alberta and British Columbia). Interviews were conducted during November and December of 2001 via telephone through the Statistics Canada regional offices. The national sample size was 17,616. With a response rate of 80.7%, the final sample size was 14,210 (see *Methodological Notes*).

Methodological Notes

Data source

This report is based on self-reported cross-sectional data collected in 2001 with the Health Services Access Survey (HSAS). The HSAS was conducted as a supplement to the Canadian Community Health Survey. A sub-sample of CCHS respondents in the ten provinces was selected and interviewed for the HSAS. The territories were not covered. To be selected, CCHS respondents had to meet the following inclusion criteria:

- fifteen years of age or older
- agree to share his/her CCHS responses with the provincial ministries of health (or with l'Institut de la statistique for Québec respondents), and with Health Canada;
- provide Statistics Canada with a telephone number;
- the household was selected to receive the CCHS questionnaire between November 2000 (October 2000 in the case of Prince Edward Island) and September 2001;
- not living in one of the territories, on an Indian reserve or in an institution;
- not chosen for the CCHS from the Random Digit Dialing (RDD) frame. The exception to this rule was in five northern health regions where only an RDD sample was selected for the CCHS; and
- not a member of the Canadian Armed Forces.

The HSAS selected a maximum of one person per household, unlike the CCHS which, in some cases, had selected two. The survey was designed to produce reliable estimates at the national level and for three provinces: Prince Edward Island, Alberta and British Columbia. A census of all eligible CCHS respondents in Prince Edward Island (1,259) was taken. The sample size in Alberta and British Columbia was set at 3,868 and 4,839 individuals, respectively. In order to produce reliable national estimates, the sample size was set at 1,400 for Ontario, 1,250 for Québec and 1,000 for the other provinces. The interviews took place in November and December of 2001 via telephone through the Statistics Canada regional offices. Only a small amount of tracing took place when the selected person could no longer be reached at the phone number provided to the CCHS. If the person who responded to the call could give the interviewer a new phone number at which the selected person could be reached, this number was used. Otherwise the selected person was considered to be a non-respondent.

Table 1
Sample size and response rates for the Health Services Access Survey, Canada, 2001

	Sample size	Number of records on file	File response rate (%)
Newfoundland and Labrador	1,000	773	77.3
Prince Edward Island	1,259	1,012	80.4
Nova Scotia	1,000	854	85.4
New Brunswick	1,000	800	80.0
Québec	1,250	1,030	82.4
Ontario	1,400	1,099	78.5
Manitoba	1,000	799	79.9
Saskatchewan	1,000	833	83.3
Alberta	3,868	3,087	79.8
British Columbia	4,839	3,923	81.1
CANADA	17,616	14,210	80.7

***Data source**: Statistics Canada, Health Services Access Survey 2001*

The initial national sample size was 17,616. With a response rate of 80.7% (Table 1), the final sample size was 14,210.

Following the collection and processing of the data, the respondents' records were weighted in order to reflect the sampling and non-response that occurred in both the CCHS and the HSAS. CCHS used two different sampling frames; records from each of these were weighted independently and then integrated. Record weights were also adjusted to account for four categories of non-response. Finally, weights were also adjusted to demographic projections by age group and province, and by Census Metropolitan Area.

Analytic techniques

Weighted distribution and frequencies were produced. Weighted median waiting times were calculated for specialist visits, non-emergency surgery and selected diagnostic tests. The bootstrap technique was used to estimate the variance and confidence intervals to properly reflect the complex survey design. This technique fully adjusts for the design effects of the survey. Confidence intervals were established at the 95% level.

Limitations

There are several limitations of the HSAS data and the analysis presented in this report. First, the data are based on self-reported information for both service utilization and difficulties in accessing services over a 12 month period. The information may be subject to recall bias and has not been clinically validated. To reduce reporting error due to recall bias, questions repeatedly referred to services used in the last 12 months.

Second, reliable estimates for selected variables at the national and provincial level could not be produced given that, in some cases, very few individuals may actually utilize services or experience difficulties at various times and the survey sample is too small to provide sufficient cases to generate reliable estimates.

Third, the estimates produced for unmet health care needs from the HSAS may vary slightly from those reported from the CCHS (2000/01) for several reasons. These include differences in target samples (HSAS includes those aged 15 years and older; CCHS includes those 12 and older), survey methods, and the context within which the question was presented. Furthermore, the unmet health needs question in the HSAS asked about health information or advice and health care services separately; this distinction was not made in the CCHS.

There are also several limitations to the HSAS data relating to estimates of waiting times for specialized services. Waiting time estimates are retrospective including only those who had completed their waiting periods and received care. The data do not reflect the waiting times of those still waiting at the time of the survey. Respondents could report waiting times in days, weeks or months and it is likely that many may have rounded their waiting times. For these reasons, direct comparisons of waiting time estimates presented in this report with estimates based from other sources such as waiting time registries, health administrative data or physician reports, should be done with extreme caution.

Finally, data from the HSAS are cross-sectional and therefore, no temporal or causal relationships among variables can be inferred.

RESULTS

The results of the HSAS are presented beginning with access to a regular family physician followed by access to first contact services and specialized services including waiting times. The results, primarily descriptive in nature, are intended to provide a comprehensive review of the findings which may raise interesting questions for future analytical study.

Access to a regular family physician

Most Canadians (87.7%) have a regular family physician. The results vary significantly across the provinces from 75.9% in Québec to 94.6% in New Brunswick (Table 2).

Among those with a regular family physician, slightly more than half (53.0%) reported that the quality of

Table 2
Percentage of population reporting a regular family physician, Canada, 2001

	Regular family physician		No regular family physician	
	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	86.2	83.3, 89.2	13.8	10.8, 16.7
Prince Edward Island	93.6	92.0, 95.3	6.4	4.7, 8.0
Nova Scotia	94.4	92.5, 96.4	5.6[E]	3.6, 7.5
New Brunswick	94.6	92.8, 96.5	5.4[E]	3.5, 7.2
Québec	75.9	72.2, 79.5	24.1	20.5, 27.8
Ontario	94.3	92.4, 96.1	5.7	3.9, 7.6
Manitoba	84.8	80.9, 88.7	14.9	11.1, 18.7
Saskatchewan	90.2	87.4, 92.9	9.8	7.1, 12.6
Alberta	84.1	82.4, 85.8	15.8	14.1, 17.6
British Columbia	90.2	89.0, 91.4	9.8	8.6, 11.0
CANADA	87.7	86.5,88.9	12.3	11.1, 13.5

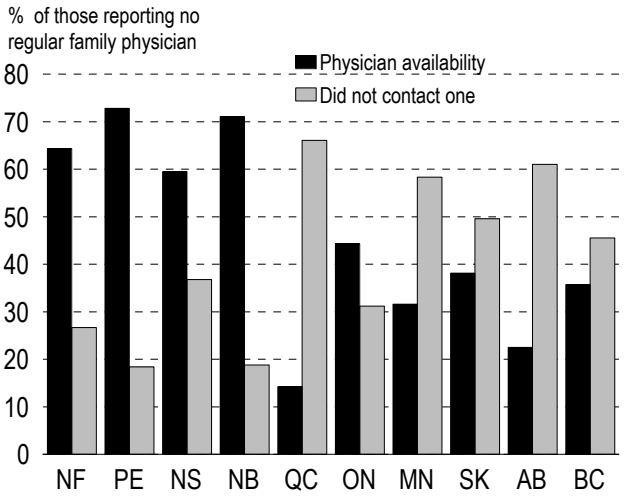
***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
May not add to 100% due to rounding.
E Interpret with caution (high sampling variability).

care received by their physician was "excellent" (Table 3). Once again, these results varied across the provinces from 39.8% in Manitoba, significantly lower than the national average, to 58.0% in Québec. Nationally, 39.2% indicated that the care was "good" and 6.7% indicated that it was "fair or poor". The latter results varied across provinces from 4.4% in Québec to 11.9% in Manitoba (Table 3).

Approximately 12% of Canadians reported that they did not have a regular family physician (Table 2). The proportion without a regular physician ranged from 5.4% in New Brunswick to 24.1% in Québec. When asked why they did not have a regular family physician, the majority of respondents (62.6%) indicated that they had not tried to contact one; 28.6% reported that it was due to physician availability (i.e. no physician available or available physicians were not taking any new patients or had recently retired or left the area); and 8.5% stated other reasons (Chart 1; Table A-1 in the appendix).

The reasons, however, varied across the country. Physician availability was most often cited among those with no regular family physician in the Atlantic provinces (59.5% to 79.3%) (Table A-1). In Québec, Manitoba, Alberta, and British Columbia, the pattern was the reverse with most of those who did not have a physician reporting that they had not tried to contact one. Between 55.2% (British Columbia) and 73.6% (Québec) did not try to contact a family physician.

Chart 1
Reasons for not having a regular family physician, Canada, 2001



Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
See Table A-1.

Table 3
Quality of family physician care reported by those with a regular family physician, Canada, 2001

	Excellent		Good		Fair/Poor	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	48.5	43.8, 53.3	45.1	40.6, 49.7	6.2[E]	4.1, 8.3
Prince Edward Island	48.2	44.5, 51.8	39.8	35.8, 43.8	9.9	7.2, 12.7
Nova Scotia	51.4	47.4, 55.4	40.0	35.9, 44.0	6.5	4.4, 8.6
New Brunswick	51.1	47.0, 55.3	39.8	35.9, 43.7	8.1	5.8, 10.4
Québec	58.0	53.3, 62.8	36.7	32.1, 41.2	4.4[E]	2.8, 5.9
Ontario	54.5	49.9, 59.1	38.3	33.9, 42.7	6.6	4.8, 8.4
Manitoba	39.8	34.9, 44.7	45.8	40.3, 51.3	11.9	8.5, 15.3
Saskatchewan	50.7	45.6, 55.7	41.2	36.5, 45.9	6.2[E]	4.1, 8.3
Alberta	50.1	47.6, 52.6	41.1	38.4, 43.7	7.5	6.2, 8.9
British Columbia	48.2	46.1, 50.4	41.7	39.7, 43.8	8.6	7.5, 9.6
CANADA	53.0	50.8, 55.2	39.2	37.1, 41.3	6.7	5.9, 7.6

Data source*: Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
May not add to 100% due to rounding.
E Interpret with caution (high sampling variability).

24/7 access to first contact services

Most Canadians (93.7% or 23.2 million) accessed at least one type of first contact service over a 12 month period for themselves or a family member, ranging from 90.9% in Québec to 96.0% in Nova Scotia (Tables 4 and A-2). Most Canadians (91.2%) accessed routine care, 45.7% accessed health information or advice and 33.9% accessed immediate care for a minor health problem over the past 12 months. An estimated 4.3 million Canadians indicated that they had difficulties accessing care: 2.5 million for routine care, 1.5 million for health information or advice and 1.6 million for immediate care for a minor health problem (Table 4).

Patterns of service use and barriers to care also differed by time of day and type of setting for first contact services. The setting in which individuals seek health care at various times of the day provides a better understanding of the pattern of service use and some indication of whether services are being used appropriately. This information also contributes to our understanding of when and where individuals face difficulties accessing care.

Patterns of service use by time of day

Individuals who accessed first contact services during regular office hours were most likely to contact their physician's office for routine care (80.3%), health information or advice (75.7%) or immediate care for a minor health problem (49.2%) (Tables 5-7). Walk-in clinics were the second most likely place individuals sought care during this time for all three types of first contact services.

Table 4
Access to first contact services, Canada, 2001

	Routine care		Health information or advice		Immediate care for a minor health problem		At least one first contact service	
		95% confidence interval		95% confidence interval		95% confidence interval		95% confidence interval
Accessed services								
# of individuals ('000)	22,582	22,325 - 22,839	11,301	10,832 - 11,770	8,380	7,913 - 8,847	23,194	22,976 - 23,412
% of population	91.2	90.2, 92.3	45.7	43.8, 47.6	33.9	32.0, 35.7	93.7	92.8, 94.6
Reported difficulties								
# of individuals ('000)	2,516	2,258 - 2,774	1,484	1,278 - 1,689	1,571	1,351 - 1,792	4,263	3,918 - 4,608
% of those who accessed this service	11.1	10.0, 12.3	13.1	11.4, 14.9	18.8	16.3, 21.2	18.4	16.9, 19.9

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").

Table 5
Health care settings most often contacted for routine or on-going care by time of day, Canada, 2001

	Regular office hours		Evenings and weekends	
	%	95% confidence interval	%	95% confidence interval
% who needed service	90.0	88.9, 91.1	28.8	27.1, 30.4
Setting most often contacted				
Physician's office	80.3	78.8, 81.8	20.1	17.0, 23.2
Walk-in clinic	12.0	10.6, 13.3	42.4	38.9, 45.8
Hospital	2.7	2.0, 3.3	11.2	9.2, 13.1
Community health centre (CLSC† in Québec)	2.5	2.0, 3.1	3.7[E]	2.5, 4.9
Emergency room	1.3[E]	0.8, 1.8	20.3	18.0, 22.6
Other	1.2[E]	0.8, 1.6	2.4[E]	1.3, 3.5

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
† Centre local de services communautaires.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
May not add to 100% due to rounding or non-response.
E Interpret with caution (high sampling variability).

The pattern shifted, however, during evenings and weekends with walk-in clinics and emergency rooms being the first point of contact for most individuals who needed care at this time. Among those who accessed routine care at this time, 42.4% indicated that they most often contacted a walk-in clinic. Among those who accessed health information or advice at this time, 26.7% contacted a walk-in clinic and 22.9% contacted an emergency room. Individuals seeking immediate care for a minor health problem went to either a walk-in clinic (34.0%) or an emergency room (39.6%) (Tables 5-7).

Table 6
Health care settings most often contacted for health information or advice by time of day, Canada, 2001

	Regular office hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
% who needed service	96.5	95.4, 97.6	42.1	39.4, 44.8	18.9	16.8, 21.0
Setting most often contacted						
Physician's office	75.7	73.0, 78.3	14.3	11.3, 17.3	7.5[E]	4.6, 10.5
Walk-in clinic	7.8	5.7, 9.9	26.7	23.2, 30.2	1.7[E]	0.8, 2.6
Community health centre (CLSC† in Québec)	4.0	2.9, 5.0	4.9[E]	3.2, 6.6	3.1[E]	1.4, 4.8
Telephone health line	3.1[E]	2.1, 4.2	10.7	7.9, 13.5	11.5[E]	7.0, 16.1
Hospital	2.7	2.0, 3.5	12.1	9.4, 14.8	19.2[E]	14.4, 24.0
Emergency room	2.1[E]	1.4, 2.9	22.9	19.9, 25.8	53.2	47.5, 59.0
Pharmacy	1.3[E]	0.5, 2.2	..	..	..	..
Internet	..	..	1.9[E]	1.1, 2.7	..	..
Other public services	0.5[E]	0.3, 0.7	0.2[E]	0.1, 0.4	..	..
Friends, relatives, or colleagues	0.3[E]	0.1, 0.4	1.0[E]	0.6, 1.4	..	..
Nurse at work or school	..	..	..	..	..	..
Other	0.9[E]	0.4, 1.3	1.4[E]	0.6, 2.1	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
† Centre local de services communautaires.
May not add to 100% due to rounding or non-response.
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table 7
Health care settings most often contacted for immediate care for a minor health problem by time of day, Canada, 2001

	Regular office hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
% who needed service	81.0	78.0, 84.0	54.4	51.1, 57.7	20.2	17.5, 22.9
Setting most often contacted						
Physician's office	49.2	45.5, 52.9	8.2	5.6, 10.8	..	..
Walk-in clinic	22.8	19.8, 25.8	34.0	29.8, 38.2	1.4[E]	0.7, 2.2
Emergency room	15.8	13.4, 18.2	39.6	35.6, 43.6	67.7	61.0, 74.5
Hospital	7.2	4.9, 9.5	13.7	11.1, 16.3	25.5	19.3, 31.6
Community health centre (CLSC† in Québec)	4.1[E]	2.7, 5.5	3.2[E]	1.8, 4.7	..	..
Other	0.9[E]	0.4, 1.5	1.3[E]	0.5, 2.1	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
† Centre local de services communautaires.
May not add to 100% due to rounding or non-response.
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

As expected, emergency rooms were the first point of contact for those who required services during the middle of the night. Over half of those requiring health information or advice (53.2%) contacted an emergency room as well as 67.7% of those who needed immediate care for a minor health problem. Individuals were also likely to contact hospitals for both health information or advice (19.2%) and immediate care (25.5%). Telephone health lines were the first point of contact for only 11.5% of those who needed health information or advice during this time (Tables 5-7).

Barriers to care

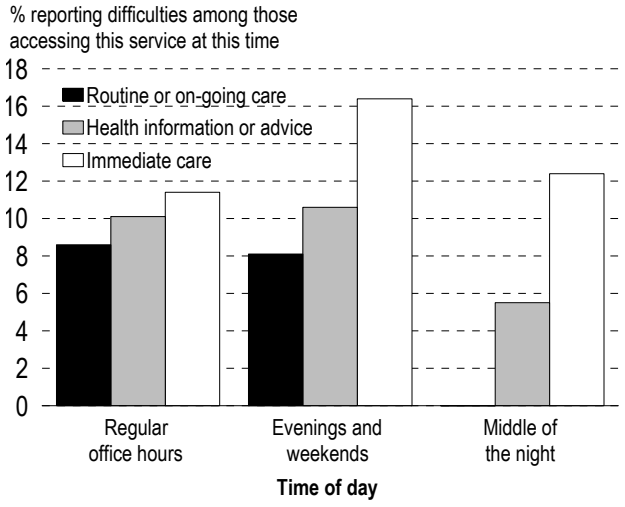
An estimated 4.3 million Canadians, or 18.4% of those who accessed first contact services, had difficulties accessing care (Table 4). The results varied across services, 11.1% of those who accessed routine care, 13.1% of those who accessed health information or advice and 18.8% of those who accessed immediate care for a minor health problem reported that they had difficulties (Table 4). Difficulties were reported during all three time periods (Chart 2; Table A-3).

Fewer than one in ten individuals requiring routine care during regular office hours or during evenings and weekends experienced problems (Table A-3). The type of difficulties, however, varied by time of day (Chart 3; Table A-4). During regular office hours - the time when most individuals sought care from a physician - those who had difficulties accessing care reported problems getting an appointment (42.1%), or having to wait too long for their appointment (33.2%). During evenings and weekends - the time when most individuals contacted walk-in clinics for care - 47.3% of those who had difficulties cited lengthy in-office waiting times as the barrier to care.

Individuals who accessed health information or advice during the middle of the night were less likely to report difficulties (5.5%) compared with about 10% during other times of the day (Table A-3). Over 30% of those who had difficulties getting health information indicated that it was because they did not get adequate information (Chart 4; Table A-5). Over 25% indicated that they had difficulties contacting a physician or nurse during regular office hours, evenings and weekends. The majority (58.4%) of those who had difficulties during the middle of the night - the time when most individuals sought information from emergency rooms and hospitals - indicated that they waited too long to speak with someone.

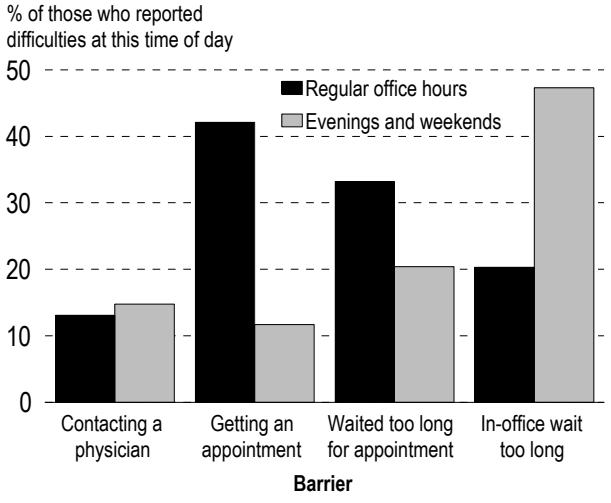
Individuals who accessed immediate care for a minor health problem were more likely to report difficulties during evenings and weekends (16.4%) than other times of the day (Table A-3). In-office waiting times were cited by many of those who had difficulties: between 37.5% of those who had difficulties during regular office hours and 59.3% of those who had difficulties during the middle of the night (Chart 5; Table A-6). Most individuals sought such care from emergency rooms during the middle of the night (Table 7).

Chart 2
Difficulties accessing first contact services by time of day, Canada, 2001



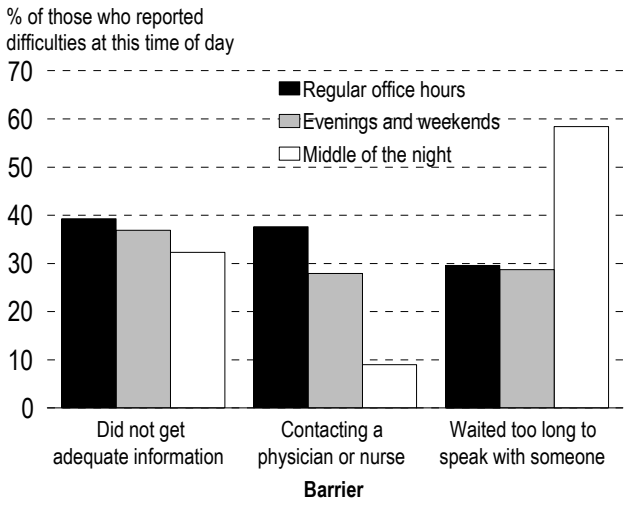
Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.

Chart 3
Top four barriers to accessing routine or on-going care by time of day, Canada, 2001



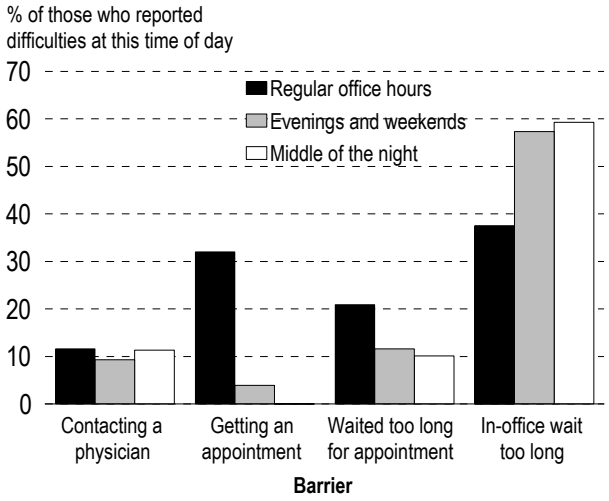
Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.

Chart 4
Top three barriers to accessing health information or advice by time of day, Canada, 2001



Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.

Chart 5
Top four barriers to accessing immediate care for a minor health problem by time of day, Canada, 2001



Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.

Self-reported unmet health needs

Self-reported unmet health needs is emerging as a new indicator of access to health care services. Individuals were asked whether there was a time in the past 12 months that they felt they needed health information or advice or health care services and did not receive them.

This section expands on the previous one, asking respondents about health care information or advice and health care services in general. Note that the scope of health care services represented is broader than in the previous section, and could include first contact services (already described), specialized services (described later in this report), or other services for themselves or family members.

Table 8
Percentage of population reporting unmet health care needs by type of service, Canada, 2001

	All services†		Health information or advice		Health care services‡	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	12.4	9.5, 15.2	4.3[E]	2.7, 6.0	10.9	8.2, 13.5
Prince Edward Island	12.6	10.5, 14.6	5.4	3.7, 7.0	10.5	8.7, 12.4
Nova Scotia	10.2	7.9, 12.5	4.6[E]	3.0, 6.1	7.6	5.5, 9.8
New Brunswick	10.1	7.8, 12.5	5.4[E]	3.6, 7.2	6.7	5.0, 8.4
Québec	9.9	7.6, 12.3	5.0[E]	3.1, 6.8	7.3	5.3, 9.3
Ontario	11.2	8.5, 14.0	4.0[E]	2.6, 5.4	9.4	6.8, 12.1
Manitoba	13.5	10.2, 16.8	6.4[E]	4.2, 8.5	10.4	7.4, 13.4
Saskatchewan	11.3	8.4, 14.2	6.7[E]	4.2, 9.1	7.4	5.3, 9.6
Alberta	11.4	10.1, 12.7	5.9	4.9, 6.9	7.7	6.6, 8.8
British Columbia	11.6	10.4, 12.7	5.5	4.7, 6.3	8.6	7.6, 9.7
CANADA	11.0	9.8, 12.2	4.8	4.1, 5.6	8.5	7.4, 9.7

Data source*: Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
† "All services" includes "health information or advice" or "health care services" in past 12 months, for self or family member.
‡ "Health care services" includes health care services in general in past 12 months, for self or family member.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).

Overall, 11.0% of Canadians reported unmet health needs at least once in the previous year for either health information or advice, or for health care services (Table 8). Fewer unmet health needs were reported for health information or advice (4.8%) compared with health care services (8.5%). Approximately 80% of individuals who experienced an unmet health need for either health information or advice or health care services were seeking care for a physical health problem (Table A-7).

When asked why they did not get health information or advice when they needed it, 44.2% indicated that it was because they received inadequate information (Table 9). Other reasons cited included that their physician was not available at the time (36.1%), or that services were not available when needed (10.4%).

When asked why they did not get health care services when they needed them, approximately half of respondents (49.4%) indicated that it was due to lengthy waits for care (Table 10). Other reasons included that the service was not available when needed (23.3%) or not available in the area (13.3%).

For the first time, individuals experiencing an unmet health need were asked from whom they were seeking care. About half of individuals experiencing an unmet need for health information (57.2%) or health care services (49.7%) reported that they were trying to access services from a physician's office (Chart 6; Table A-8). Almost 40% of those who reported an

Table 9
Reasons for self-reported unmet needs for health information or advice, Canada, 2001

	%	95% confidence interval
Did not get adequate information or advice	44.2	36.8, 51.5
Physician not available when needed	36.1	28.4, 43.8
Service not available	10.4[E]	6.7, 14.1
Did not know who to call	5.5[E]	3.0, 8.0
Waited too long	..	..
Too busy	..	..
Felt information would be inadequate	3.0[E]	1.3, 4.7
Dislikes physicians or afraid	..	..
Decided not to seek advice	1.0[E]	0.5, 1.6
Didn't get around to it	..	..
Personal or family responsibilities	..	..
Language problems	..	..
Other	7.1[E]	2.9, 11.2

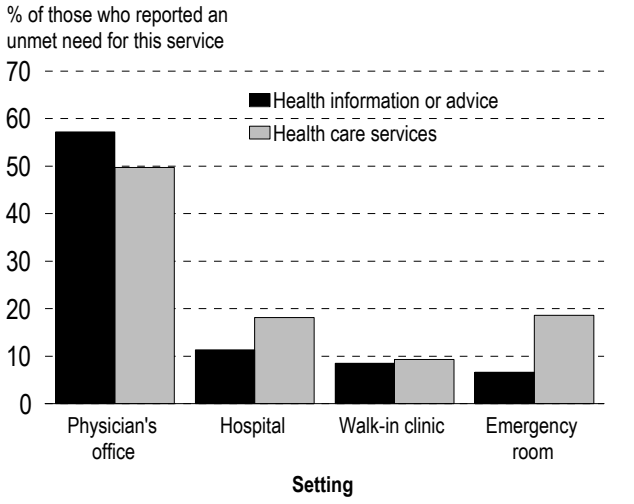
***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Note:** Household population aged 15 and over.*
Based on population reporting an unmet need for health information or advice in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table 10
Reasons for self-reported unmet needs for health care services, Canada, 2001

	%	95% confidence interval
Waiting time too long	49.4	42.1, 56.7
Service not available when needed	23.3	15.8, 30.8
Service not available in the area	13.3	9.4, 17.2
Felt service would be inadequate	7.5	5.1, 9.8
Cost	..	..
Didn't get around to it or didn't bother	3.1[E]	1.3, 4.9
Too busy	3.7[E]	1.7, 5.7
Didn't know where to go	1.4[E]	0.6, 2.3
Transportation problems	..	..
Personal or family responsibilities	..	..
Language problems	..	..
Dislikes physicians or afraid	2.2[E]	0.8, 3.6
Decided not to seek care	..	..
Other	15.9[E]	9.6, 22.2

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Note:** Household population aged 15 and over.*
Based on population reporting an unmet need for health care services in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Chart 6
Self-reported unmet health needs by setting, Canada, 2001



***Data source:** Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting an unmet need for health information or advice, or for health care services in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.

unmet health need for health care services had tried to access care from either a hospital (18.1%) or an emergency room (18.6%).

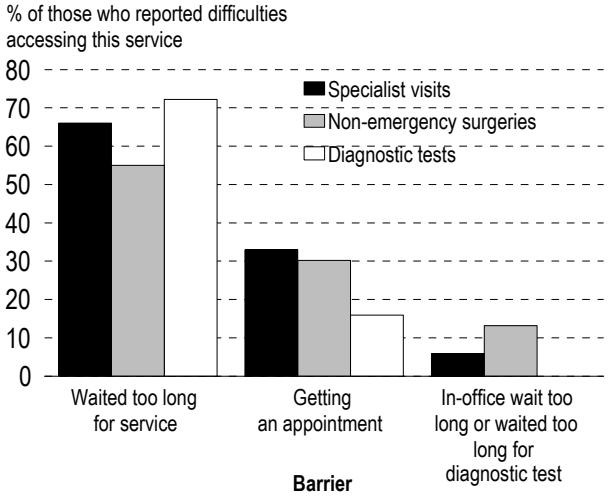
Access to specialized services

An estimated 6.1 million (24.8%) Canadians accessed a specialized service: 20.5% visited a specialist for a new illness or condition, 4.7% accessed non-emergency surgery and 6.7% accessed selected diagnostic tests including non-emergency MRIs, CT scans or angiographies over a 12 month period (Table 11). An estimated 1.4 million Canadians reported difficulties accessing specialized services, over one in five individuals who accessed these services in the past 12 months.

Barriers to specialized services

When asked what type of barriers they faced, many indicated that they waited too long for specialized services. Between 55.0% (for non-emergency surgeries) and 72.2% (for diagnostic tests) of those citing difficulties accessing specialized services pointed to waiting as the problem (Chart 7; Tables A-9 to A-11). Difficulty getting an appointment was also a problem for over 30% of those reporting problems accessing specialist visits and non-emergency surgery and for 15.9% of those reporting problems getting a diagnostic test. Waiting for a diagnostic test was problematic for 13.2% of those who had difficulties accessing non-emergency surgery (Table A-10).

Chart 7
Top three barriers to accessing specialized services†, Canada, 2001



Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months.
† "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).
Because multiple responses were allowed, totals may exceed 100%.

Table 11
Access to specialized services†, Canada, 2001

	Specialist visits		Non-emergency surgeries		Diagnostic tests		At least one specialized service	
		95% confidence interval		95% confidence interval		95% confidence interval		95% confidence interval
Accessed services								
# of individuals ('000)	5,063	4,686 - 5,440	1,165	1,015 -1,314	1,656	1,415 - 1,897	6,139	5,723 - 6,556
% of population	20.5	18.9, 22.0	4.7	4.1, 5.3	6.7	5.7, 7.7	24.8	23.1, 26.5
Reported difficulties								
# of individuals ('000)	1,110	912 - 1,308	243	174 - 311	293	201 - 385	1,410	1,195 - 1,625
% of those who accessed this service	21.9	18.3, 25.5	20.8	15.6, 26.1	17.7	12.6, 22.8	23.0	19.7, 26.2

Data source*: Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population accessing these services in past 12 months.
† "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).
Analysis excludes non-response ("don't know" , "not stated", and "refusal").

Waiting times

Among those who reported waiting for (and accessing) specialized services, between 39.5% of those who waited for non-emergency surgery and 54.7% of those who waited for diagnostic tests waited less than one month (Chart 8; Table A-12). Over 45% of those who waited for specialist visits waited less than one month, from 36.9% to 55.5% across provinces (data not shown). Approximately 40% of those waiting for non-emergency surgery waited less than one month, ranging provincially from 22.9% to 58.0%. Even though point estimates varied by province, most of the observed differences were not statistically significant.

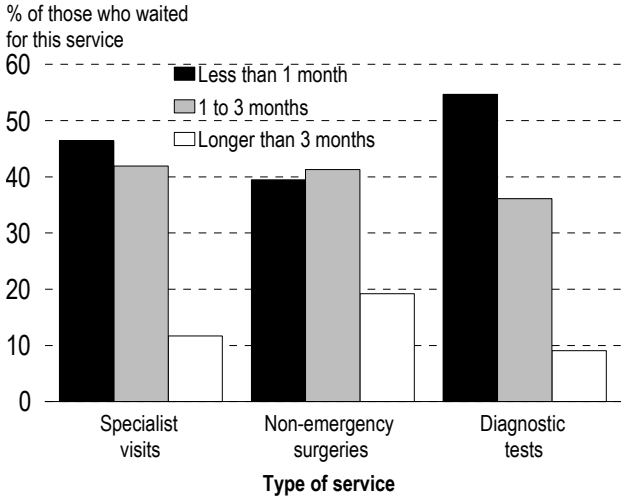
When surgical procedures were grouped according to those known or suspected to have shorter waits (cardiac and cancer related surgery) versus those with longer waiting times (knee and hip replacement and cataract surgery), the distribution of waits clearly differed.

Individuals who waited for cardiac and cancer related surgery were more likely to receive services within one month (53.6%) compared with 19.8% of those who waited for joint replacement or cataract surgery (Chart 9; Table A-13). Joint replacement and cataract surgery patients were more likely to wait more than three months (35.3%) compared with those waiting for other non-emergency surgeries.

Median waiting times for specialist visits, non-emergency surgery and selected diagnostic tests were 4.3 weeks, 4.3 weeks and 3.0 weeks respectively (Table 12). Median waits also varied by procedure type for non-emergency surgery with joint replacement and cataract patients waiting 8.6 weeks (C.I. 3.6 - 13.6) compared with 4.3 weeks (C.I. 2.9 - 5.6) for all other types of non-emergency surgery combined. The difference was not statistically significant, most likely due to sample sizes and the rarity of observations.

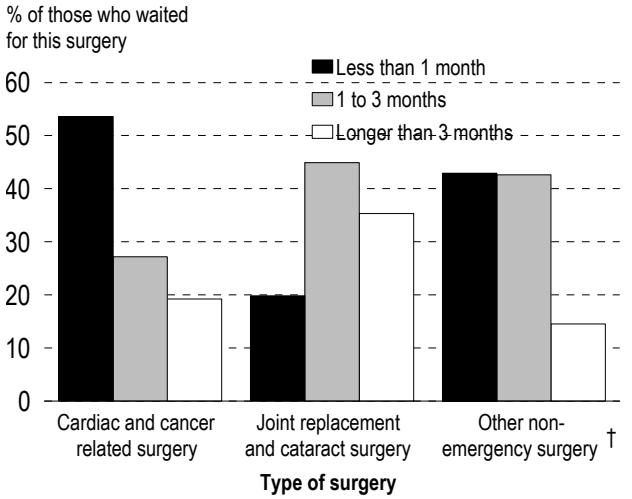
Waiting for specialized services is a particular concern for those who wait the longest. The 5% with the longest waits (95th percentile) waited 26 weeks or more for specialist visits and diagnostic tests and 34.7 weeks or more for non-emergency surgery (Table 12). The estimated number of Canadians waiting this long for care ranged from approximately 67,500 for non-emergency surgery to 345,500 for specialist visits.

Chart 8
Distribution of waiting times for specialized services†, Canada, 2001



Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population reporting waiting times for specialized services accessed in past 12 months.
†"Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).

Chart 9
Distribution of waiting times by type of non-emergency surgery, Canada, 2001



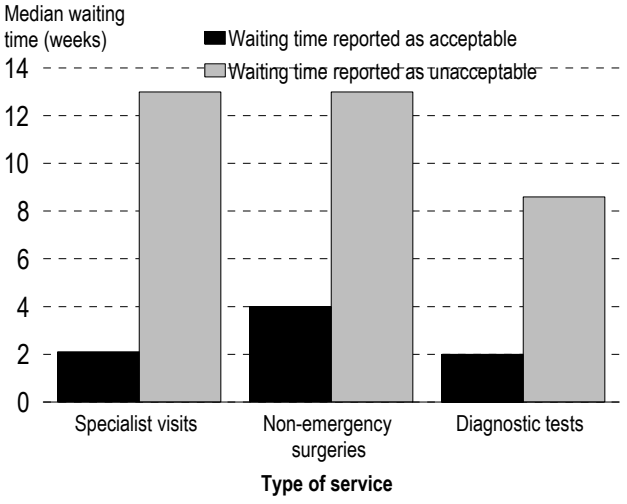
Data source: *Statistics Canada, Health Services Access Survey 2001*
Notes: *Household population aged 15 and over.*
Based on population reporting waiting times for non-emergency surgeries accessed in the past 12 months.
† Does not include dental surgeries.

Table 12
Waiting times at selected percentiles for specialized services†, Canada, 2001

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
		95% confidence interval		95% confidence interval		95% confidence interval
50th percentile (Median waiting time)						
Time (weeks)	4.3	3.8, 4.7	4.3	2.9, 5.7	3.0[E]	1.7, 4.3
# of individuals with waiting time ≥ percentile ('000)	1,945	1,711 - 2,179	571	467 - 676	836	675 - 997
75th percentile						
Time (weeks)	8.6	7.0, 10.2	13.0	10.4,15.6	8.6	6.9,10.3
# of individuals with waiting time ≥ percentile ('000)	1,609	1,394 - 1,824	332	248 - 416	478	346 - 610
90th percentile						
Time (weeks)	17.3	14.1, 20.5	26.0	20.0,32.0	13.0[E]	7.9,18.1
# of individuals with waiting time ≥ percentile ('000)	559	436 - 682	117[E]	69 - 164	285[E]	190 - 380
95th percentile						
Time (weeks)	26.0	25.1, 26.9	34.7[E]	18.7,50.7	26.0[E]	17.4,34.6
# of individuals with waiting time ≥ percentile ('000)	346	251 - 440	68[E]	27 - 108	91[E]	34 - 148

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months.
† "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).

Chart 10
Median waiting times for specialized services† by reported acceptability, Canada, 2001



***Data source:** Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting waiting times for specialized services accessed in past 12 months.
†"Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).

Waiting for care: What are the views of Canadians?

Less than 20% of individuals who waited for specialized services reported that waiting for care affected their lives (Table 13). When asked how their lives were affected, between 44% (for non-emergency surgery) and 68% (for diagnostic tests) indicated that they experienced worry, anxiety, and stress.

Pain was reported by almost 40% of those who said that waiting for services affected their lives. Diminished health status; problems with activities of daily living; worry, anxiety, and stress for family and friends; and loss of work or income were also cited as effects of waiting for care.

Between 21.7% (for non-emergency surgery) and 26.7% (for specialist visits) of those who waited for specialized services indicated that their waiting time was unacceptable (Table 13). At first glance, these results may appear surprising given that half of those who waited did so for a month or less. Did these individuals have different expectations than those who reported that their waits were acceptable, or did they in fact have different waiting experiences?

Further analyses clearly show that those who indicated that their waiting times were unacceptable had waited significantly longer, in some cases up to six times as long as those who considered their wait acceptable (Chart 10). Among individuals who waited for

Table 13
Acceptability and effects of waiting for specialized services§ by type of service, Canada, 2001

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Unacceptable waiting times†						
% who considered waiting time unacceptable	26.7	22.9, 30.5	21.7	16.1, 27.3	25.3	19.0, 31.6
Affected by waiting for care†						
% who said they were affected by waiting	18.3	15.3, 21.4	16.7	12.3, 21.1	16.5	11.7, 21.4
Effects‡						
Worry, anxiety, stress	59.1	50.7, 67.5	44.0	31.0, 57.0	68.0	53.0, 82.9
Pain	37.3	28.5, 46.1	36.7[E]	24.0, 49.4	39.5[E]	24.7, 54.3
General deterioration of health	30.5	22.1, 38.8	32.2[E]	18.8, 45.7	25.4[E]	10.9, 39.9
Problems with activities of daily living	23.7	16.9, 30.4	38.9[E]	25.6, 52.3	16.9[E]	8.7, 25.0
Worry, anxiety, stress for family or friends	23.2	15.9, 30.4	27.2[E]	15.4, 38.9	18.7[E]	9.9, 27.5
Loss of work	14.1[E]	7.3, 20.9	..	..	8.2[E]	3.5, 13.0
Increased use of over-the-counter-drugs	8.2[E]	4.2, 12.1	..	..	..	..
Loss of income	7.9[E]	3.7, 12.1	..	..	..	..
Increased dependence on family or friends	5.0[E]	2.7, 7.3	13.1[E]	5.9, 20.3	3.7[E]	1.3, 6.2
Personal relationships suffered	4.6[E]	2.0, 7.3	..	..	..	..
Health problem improved	..	..	..	..	..	..
Other	..	..	..	..	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Note:** Household population aged 15 and over.*
† Based on population reporting waiting times for specialized services accessed in past 12 months.
‡ Based on population reporting that they were affected by waiting for care in past 12 months.
§ "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table 14
Waiting experiences of those reporting waiting times for specialized services§ as acceptable or not acceptable, Canada, 2001

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
		95% confidence interval		95% confidence interval		95% confidence interval
Median waiting times (weeks)						
Acceptable	2.1[E]	1.2, 3.1	4.0	2.8, 5.2	2.0	1.5, 2.5
Not acceptable	13.0	10.7, 15.3	13.0[E]	7.5, 18.5	8.6[E]	3.4, 13.7
% who indicated that waiting affected their lives						
Acceptable	5.6[E]	3.2, 8.0	5.1	2.7, 7.5	5.0[E]	1.8, 8.2
Not acceptable	52.2	44.4, 60.0	..	..	50.8	36.0, 65.7

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting waiting times for specialized services accessed in past 12 months.
§ "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

specialist visits, those who said their waiting times were unacceptable had waited 13.0 weeks (median value) compared with only 2.1 weeks among those whose waits were acceptable to them (Table 14). Those who reported that their waits for non-emergency surgery were unacceptable had waited three times as long (13.0 weeks) as those whose waits were acceptable to them (4.0 weeks). The same pattern was observed for those who waited for diagnostic tests.

Those who indicated that their waiting times were unacceptable were also more likely to report that waiting for care affected their lives. Over 50% of them reported that waiting for care affected their lives compared with only 5% of those who reported acceptable waits.

DISCUSSION AND CONCLUSIONS

For the first time, detailed information regarding the experiences of Canadians when they access health care services is available at the national level. The HSAS provides information about access to first contact services and specialized services including specific barriers faced by those who experienced difficulties accessing care when they needed it. The key findings identify areas where there may be dissatisfaction or room for improvement, and provide an evidence base to inform those developing and prioritizing specific policies to improve equitable access to care. This information also provides a baseline for monitoring changes over time.

Overall, most Canadians have access to a regular family physician. Most seek first contact services from their physician during regular office hours and from walk-in clinics and hospital emergency rooms during other times of the day. There may be room for improvement regarding routine care and health information or advice to reduce the number of individuals using services such as hospitals and emergency rooms for first contact services at any time of the day. Service utilization patterns, however, are clearly affected by both patient choice and the availability of services. For example, the use of telephone health lines is affected by both the willingness of individuals to use these services when they need health information or advice and the availability of this service in provinces across the country. Further analyses could examine use based on availability of these services by province; such data could inform policy decisions.

Barriers to care were reported by those seeking both first contact services and specialized services. While the results of the HSAS clearly point to a range of barriers by type of service, waiting for care was cited by many who faced problems accessing care: both waiting for services and in-office waiting times. For first contact services, this occurred primarily when individuals sought care from walk-in clinics and emergency rooms, settings where booked appointments are not an option.

Perhaps the most significant information regarding access to care was about waiting times. According to the results of the survey, Canadians reported that waiting for services care was clearly a barrier to care.

While the results of the HSAS indicate that most individuals received services within a month, waiting times were longer for certain types of non-emergency surgery such as joint replacement and cataract surgery. Long waits were clearly not acceptable to Canadians, particularly when they experienced adverse affects such as worry and anxiety or pain while waiting for care. The situation may be worse for those who have experienced lengthy waits at each stage of their care from the first specialist visit to the diagnostic test to the final procedure. This information provides valuable insight regarding Canadians' views and experiences on waiting for care as well as baseline information for policy-makers and researchers working toward the establishment of standard benchmarks for waiting times.

This report provides a first look at the results of the HSAS. The information on the patterns of service utilization and barriers to care, including waiting times, is based on self-reports and has not been clinically validated. Comparisons of findings from the HSAS, particularly those related to waiting times, with estimates based on other sources of data should be done with extreme caution (see *Limitations*). Despite these and other limitations, this information can be used to both inform the policy process regarding access to health care services and for further analytical studies that more closely examine the patterns of use and barriers to care, such as the impact of socio-economic status on access. In both cases, there is clearly an opportunity for this type of information to contribute to an evidence-based approach to policy and decision making in the health care sector.

References

1 Romanow RJ. Shape the Future of Health Care. Commission on the Future of Health Care in Canada. Interim Report. February 2002. Ottawa.

2 Fyke KJ. Caring for Medicare: Sustaining a Quality System. Commission on Medicare. Regina (SK), April 2001.

3 Premier's Advisory Council on Health for Alberta. A Framework for Reform. Edmonton (AB), December 2001.

4 Canadian Institute for Health Information. *Health care in Canada 2001*. Ottawa: CIHI, 2001.

5 Statistics Canada and Canadian Institute for Health Information. *Health indicators 2002*. Ottawa: CIHI, 2001.

6 Canadian Institute for Health Information. *Health care in Canada 2002*. Ottawa: CIHI, 2002.

7 Ross NP, Mustard CA. Variation in health and health care use by socioeconomic status in Winnipeg, Canada: Does the system work well? Yes or No. *Milbank Quarterly* 1997; 75(1):89-111.

8 Dunlop S, Coyte PC, McIsaac W. Socio-economic status and the utilization of physicians' services: Results from the Canadian National Population Health Survey. *Soc Sci & Med* 2000; 51:123-133.

9 Chen J, Hou F. Unmet needs for health care. *Health Reports* 2002; 13(2):23-34.

10 Aday LA, Andersen R. A framework for the study of access to medical care. *Health Services Research* 1974; 9(3):208-20.

11 Donelan K, Blendon RJ, Schoen C, et al. The cost of health system change: Public discontent in five nations. *Health Affairs* 1999; 18(3):206-16.

12 Sanmartin C, Houle C, Tremblay S, Berthelot JM. Changes in unmet health care needs. *Health Reports* 2002; vol 13(3):15-21.

13 The Hay Health Care Consulting Group. The Berger Population Health Monitor. Survey #22. March 2001.

14 Labrew JM, DeFriese GH, Carey TS et al. The effects of having a regular doctor on access to primary care. *Medical Care* 1996; 34(2):138-151.

15 Grumbach K, Selby JV, Damberg C et al. Resolving the gatekeeper conundrum: What patients value in primary care and referrals to specialists. *JAMA* 1999; 282(3):261-266.

16 Grumbach K, Keane D, Bindman A. Primary care and public emergency department overcrowding. *AJPH* 1993; 83(3):372-378.

17 Roberts E, Mays N. Can primary care and community-based models of emergency care substitute for the hospital accident and emergency (A&E) department?. *Health Policy* 1998; 44:191-214.

18 Shi L. The relation between primary care and life chances. *J Health Care Poor Underserved* 1992; 3:321-335.

19 Shi L, Starfield B. The effect of primary care physician supply and income inequality on mortality among blacks and whites in US metropolitan areas. *AJPH* 2001; 91(8):1246-1250.

20 Sanmartin C, Shortt SED, Barer ML, et al. Waiting for medical services in Canada: lots of heat, but little light. *Canadian Medical Association Journal* 2000; 162(9):1305-10.

21 Sanmartin C. Establishing acceptable waiting times for medical services: A review of the evidence and proposed methods. In: *From Chaos to Order: Making Sense of Waiting Lists in Canada*. Final Report Appendices. Western Canada Waiting List Project, March 2001.

APPENDIX A: Additional tables

Table A-1
Reasons for not having a regular family physician, Canada, 2001

	Physician availability		Did not contact one		Other reasons	
		95% confidence interval		95% confidence interval		95% confidence interval
Proportion (%)						
Newfoundland and Labrador	65.9	56.4, 75.5	29.9	20.8, 39.0	..	..
Prince Edward Island	76.3	64.1, 88.5	19.9[E]	8.5, 31.3	..	..
Nova Scotia	59.5	44.4, 74.6	39.8[E]	24.6, 54.9	..	..
New Brunswick	79.3	66.5, 92.1	19.7[E]	7.0, 32.4	..	..
Québec	15.5[E]	9.4, 21.6	73.6	65.6, 81.7	10.7[E]	4.5, 16.9
Ontario	49.9[E]	33.6, 66.3	45.7[E]	29.2, 62.2	..	..
Manitoba	32.4[E]	20.3, 44.6	55.4	41.9, 69.0	..	..
Saskatchewan	39.1[E]	25.3, 52.9	50.0	36.0, 64.0	..	..
Alberta	23.6	18.0, 29.2	68.2	62.2, 74.3	8.1[E]	4.6, 11.5
British Columbia	36.3	29.7, 42.9	55.2	48.1, 62.3	8.5[E]	4.7, 12.3
CANADA	28.6	24.2, 33.1	62.6	57.5, 67.7	8.5[E]	5.3, 11.7
Number ('000)						
Newfoundland and Labrador	39.8	29.4 - 50.3	18.1[E]	11.2 - 25.0	..	..
PEI	5.4	3.7 - 7.1	1.4[E]	0.6 - 2.3	..	..
Nova Scotia	25.0[E]	13.8 - 36.1	16.7[E]	8.5 - 24.9	..	..
New Brunswick	25.9[E]	15.9 - 35.8	..	..	..	..
Québec	224.5[E]	129.6 - 319.5	1,067.1	876.3 - 1,257.9	155.6	59.1 - 252.2
Ontario	273.5[E]	152.8 - 394.2	250.2[E]	121.9 - 378.6	..	..
Manitoba	41.7[E]	24.8 - 58.6	71.3[E]	43.0 - 99.5	..	..
Saskatchewan	29.3[E]	17.2 - 41.3	37.4[E]	21.0 - 53.7	..	..
Alberta	89.1	65.9 - 112.4	258.2	221.5 - 294.9	30.5[E]	17.2 - 43.8
British Columbia	117.1	90.5, 143.7	178.1	147.5 - 208.6	27.4[E]	14.6 - 40.2
CANADA	871.3	713.9 - 1,028.6	1,904.8	1,664.3 - 2,145.4	257.6[E]	154.3 - 360.8

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population not having a family physician.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
May not add to 100% due to rounding.
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-2
Access to first contact services by province, Canada, 2001

	Routine care			Health information or advice			Immediate care for a minor health problem			At least one first contact service		
		95% confidence interval			95% confidence interval			95% confidence interval			95% confidence interval	
Newfoundland and Labrador												
Accessed services												
# of individuals ('000)	413.2	405.1 -	421.4	145.5	128.1 -	163.0	160.7	143.5 -	177.9	418.1	410.6 -	425.5
% of population	94.1	92.2,	96.0	33.1	29.2,	37.1	36.6	32.7,	40.5	95.2	93.5,	96.9
Reported difficulties												
# of individuals ('000)	67.3	53.1 -	81.4	25.0	17.7 -	32.3	38.1	28.5 -	47.8	94.7	79.3 -	110.1
% of those who accessed this service	16.3	12.8,	19.7	17.2	12.4,	21.9	23.7	18.2,	29.3	22.7	18.9,	26.4
Prince Edward Island												
Accessed services												
# of individuals ('000)	102.1	99.7 -	104.4	51.6	47.1 -	56.1	38.2	34.4 -	42.0	104.7	102.6 -	106.8
% of population	91.9	89.8,	94.0	46.4	42.4,	50.5	34.4	30.9,	37.8	94.3	92.3,	96.2
Reported difficulties												
# of individuals ('000)	16.5	13.7 -	19.4	9.2	6.8 -	11.7	10.0	7.7 -	12.3	27.0	23.4 -	30.5
% of those who accessed this service	16.2	13.5,	18.9	17.9	13.5,	22.4	26.2	20.8,	31.5	25.8	22.4,	29.1
Nova Scotia												
Accessed services												
# of individuals ('000)	714.9	702.0 -	727.7	318.4	287.7 -	349.2	278.5	246.1 -	310.9	723.0	711.5 -	734.5
% of population	94.9	93.2,	96.6	42.3	38.2,	46.4	37.0	32.7,	41.3	96.0	94.5,	97.5
Reported difficulties												
# of individuals ('000)	91.0	70.2 -	111.8	59.8	43.2 -	76.4	66.9	48.1 -	85.6	162.5	137.7 -	187.4
% of those who accessed this service	12.7	9.8,	15.6	18.8	13.8,	23.8	24.0	18.2,	29.9	22.5	19.0,	25.9
New Brunswick												
Accessed services												
# of individuals ('000)	556.1	541.8 -	570.4	307.5	282.6 -	332.4	177.8	157.0 -	198.5	568.6	555.5 -	581.7
% of population	91.7	89.4,	94.1	50.7	46.6,	54.8	29.3	25.9,	32.7	93.8	91.6,	95.9
Reported difficulties												
# of individuals ('000)	70.8	55.4 -	86.2	47.3	33.5 -	61.0	36.2	25.0 -	47.4	113.2	94.2 -	132.3
% of those who accessed this service	12.7	10.0,	15.5	15.4	11.1,	19.6	20.4	14.4,	26.4	19.9	16.6,	23.2
Québec												
Accessed services												
# of individuals ('000)	5,181.0	5,009.1 -	5,352.9	2,363.6	2,134.7 -	2,592.5	2,068.9	1,843.9 -	2,293.9	5,454.8	5,314.5 -	5,595.0
% of population	86.3	83.4,	89.2	39.4	35.6,	43.2	34.5	30.7,	38.2	90.9	88.5,	93.2
Reported difficulties												
# of individuals ('000)	524.1	389.3 -	659.0	362.9[E]	232.8 -	492.9	352.4	243.3 -	461.5	901.4	736.8 -	1,065.9
% of those who accessed this service	10.1	7.6,	12.7	15.4[E]	10.1,	20.6	17.0	12.0,	22.1	16.5	13.5,	19.5
Ontario												
Accessed services												
# of individuals ('000)	8,980.3	8,808.6 -	9,152.1	4,623.2	4,234.1 -	5,012.2	3,203.1	2,835.3 -	3,571.0	9,130.2	8,980.1 -	9,280.3
% of population	94.3	92.5,	96.1	48.5	44.4,	52.6	33.6	29.8,	37.5	95.8	94.3,	97.4
Reported difficulties												
# of individuals ('000)	956.3	745.1 -	1,167.6	449.8	306.3 -	593.2	563.0[E]	378.5 -	747.5	1,617.2	1,330.0 -	1,904.3
% of those who accessed this service	10.7	8.3,	13.0	9.7	6.8,	12.7	17.6	12.2,	23.0	17.7	14.6,	20.9
Manitoba												
Accessed services												
# of individuals ('000)	785.5	759.9 -	811.1	410.8	366.1 -	455.6	320.6	278.5 -	362.6	813.1	793.7 -	832.5
% of population	91.0	88.0,	93.9	47.6	42.4,	52.8	37.1	32.3,	42.0	94.2	91.9,	96.4
Reported difficulties												
# of individuals ('000)	134.5	104.3 -	164.7	79.6	54.3 -	105.0	83.9	60.7 -	107.1	207.5	171.2 -	243.7
% of those who accessed this service	17.1	13.3,	21.0	19.4	13.6,	25.2	26.2	19.7,	32.6	25.5	21.1,	30.0
Saskatchewan												
Accessed services												
# of individuals ('000)	702.5	685.4 -	719.7	367.0	331.0 -	402.9	319.5	287.1 -	351.9	718.7	705.4 -	731.9
% of population	92.4	90.1,	94.6	48.3	43.5,	53.0	42.0	37.8,	46.3	94.5	92.8,	96.2
Reported difficulties												
# of individuals ('000)	72.1	54.1 -	90.1	62.0[E]	41.6 -	82.3	42.0	29.1 -	54.8	132.1	107.3 -	157.0
% of those who accessed this service	10.3	7.7,	12.9	16.9	11.7,	22.1	13.1	9.2,	17.1	18.4	14.9,	21.8
Alberta												
Accessed services												
# of individuals ('000)	2,161.9	2,124.5 -	2,199.3	1,030.5	978.4 -	1,082.6	798.3	744.8 -	851.9	2,203.2	2,167.5 -	2,239.0
% of population	90.5	88.9,	92.0	43.1	41.0,	45.3	33.4	31.2,	35.7	92.2	90.7,	93.7
Reported difficulties												
# of individuals ('000)	288.7	255.3 -	322.1	165.5	140.1 -	190.9	185.0	157.5 -	212.5	463.0	422.4 -	503.5
% of those who accessed this service	13.4	11.8,	15.0	16.1	13.7,	18.4	23.2	20.0,	26.3	21.0	19.2,	22.9
British Columbia												
Accessed services												
# of individuals ('000)	2,984.6	2,945.3 -	3,023.9	1,683.1	1,618.0 -	1,748.3	1,014.3	955.2 -	1,073.3	3,059.5	3,021.6 -	3,097.5
% of population	90.5	89.3,	91.7	51.0	49.1,	53.0	30.8	29.0,	32.5	92.8	91.6,	93.9
Reported difficulties												
# of individuals ('000)	294.9	261.2 -	328.6	222.6	192.8 -	252.4	193.7	161.9 -	225.6	544.6	499.2 -	590.1
% of those who accessed this service	9.9	8.8,	11.0	13.2	11.5,	15.0	19.1	16.1,	22.1	17.8	16.3,	19.3
CANADA												
Accessed services												
# of individuals ('000)	22,582.1	22,324.7 -	22,839.4	11,301.2	10,832.0 -	11,770.4	8,379.9	7,912.8 -	8,847.0	23,193.9	22,975.7 -	23,412.1
% of population	91.2	90.2,	92.3	45.7	43.8,	47.6	33.9	32.0,	35.7	93.7	92.8,	94.6
Reported difficulties												
# of individuals ('000)	2,516.4	2,258.4 -	2,774.4	1,483.6	1,277.9 -	1,689.3	1,571.3	1,350.9 -	1,791.6	4,263.1	3,918.0 -	4,608.2
% of those who accessed this service	11.1	10.0,	12.3	13.1	11.4,	14.9	18.8	16.3,	21.2	18.4	16.3,	21.2

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.
Analysis excludes non-response ("don't know", "not stated", and "refusal").

Table A-3
Percentage reporting difficulties among those accessing first contact services by time of day, Canada, 2001

	Regular office hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Routine or on-going care	8.6	7.6, 9.5	8.1	6.3, 9.9	...	...
Health information or advice	10.1	8.5, 11.6	10.6	7.9, 13.2	5.5 E	3.3, 7.8
Immediate care for a minor health problem	11.4	9.3, 13.6	16.4	13.1, 19.7	12.4 E	8.4, 16.5

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
... Not applicable

Table A-4
Barriers to accessing routine or on-going care by time of day, Canada, 2001

	Regular office hours		Evenings and weekends	
	%	95% confidence interval	%	95% confidence interval
Difficulty getting an appointment	42.1	36.0, 48.2	11.7 E	6.0, 17.5
Waited too long for appointment	33.2	28.0, 38.4	20.4 E	12.1, 28.8
Waited too long to see physician (in-office visit)	20.3	16.1, 24.4	47.3	36.3, 58.3
Difficulty contacting a physician	13.1	9.3, 16.9	14.8 E	8.5, 21.1
Service not available when needed	6.3 E	3.5, 9.1	..	..
No family physician	4.8 E	2.8, 6.8	..	..
Service not available in the area	3.3 E	1.2, 5.4	..	..
Transportation problems	0.7 E	0.4, 1.1	..	..
Didn't know where to go	..	..	..	..
Language problems	..	..	..	..
Other	13.0 E	7.8, 18.2	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-5
Barriers to accessing health information or advice by time of day, Canada, 2001

	Regular office hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Did not get adequate information or advice	39.3	31.5, 47.1	36.9[E]	22.6, 51.1	32.3[E]	12.3, 52.2
Difficulties contacting a physician or nurse	37.6	29.7, 45.5	27.9[E]	14.4, 41.3	..	..
Waited too long to speak with someone	29.6	23.4, 35.7	28.7[E]	18.5, 38.9	58.4[E]	37.4, 79.3
Could not get through	4.5[E]	2.1, 6.9	..	..	..	..
Did not have a phone number	..	..	..	..	..	..
Other	..	..	12.4[E]	6.0, 18.8	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-6
Barriers to accessing immediate care for a minor health problem by time of day, Canada, 2001

	Regular office hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Waited too long to see physician (in-office wait)	37.5	28.1, 46.8	57.3	46.5, 68.1	59.3	44.2, 74.3
Difficulty getting an appointment	32.0	22.0, 42.1	..	..	..	..
Waited too long to get appointment	20.9[E]	14.0, 27.9	11.6[E]	4.8, 18.3	..	..
Difficulty contacting a physician	11.6[E]	4.6, 18.7	9.3[E]	4.4, 14.2	..	..
Service not available when needed	..	..	..	..	..	..
Service not available in the area	..	..	..	..	..	..
No family physician	..	..	..	..	..	..
Transportation problems	..	..	..	..	..	..
Language problems	..	..	..	..	..	..
Didn't know where to go	..	..	..	..	..	..
Other	12.9[E]	7.7, 18.2	20.0[E]	11.3, 28.8	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting difficulties accessing these services in past 12 months, for self or family member.
Regular office hours are 9 a.m. to 5 p.m., Mon to Fri; evenings are 5 p.m. to 9 p.m. Mon to Fri; weekends are 9 a.m. to 5 p.m. Sat and Sun.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-7
Health problems for which individuals reported unmet needs for health information or advice or health care services, Canada, 2001

	Health information or advice		Health care services	
	%	95% confidence interval	%	95% confidence interval
Physical health problem	81.4	75.2, 87.6	79.5	73.2, 85.7
Emotional or mental health problem	9.1 E	5.6, 12.6	5.8 E	3.3, 8.3
Routine care	..	..	..	..
Injury	3.6 E	2.1, 5.0	6.9 E	3.5, 10.3
Other	3.9 E	1.7, 6.1	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting an unmet need for health information or advice, or for health care services in past 12 months, for self or family member.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-8
Settings for which individuals reported unmet needs for health information or advice or health care services, Canada, 2001

	Health information or advice		Health care services	
	%	95% confidence interval	%	95% confidence interval
Physician's office	57.2	49.8, 64.5	49.7	42.2, 57.2
Hospital	11.3 E	6.9, 15.6	18.1	13.2, 23.0
Walk-in clinic	8.5 E	3.8, 13.3	9.3 E	6.1, 12.5
Emergency room	6.6 E	4.1, 9.1	18.6 E	11.3, 25.9
Community health centre (CLSC† in Québec)	..	..	..	..
Telephone health line	..	..	...	...
Other	8.5 E	5.4, 11.5	6.3 E	4.2, 8.4

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting an unmet need for health information or advice, or for health care services in past 12 months, for self or family member.
† Centre local de services communautaires
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.
... Not applicable

Table A-9
Barriers to accessing specialist visits for a new illness or condition, Canada, 2001

	%	95% confidence interval
% who reported difficulties†	21.9	18.3, 25.5
Barrier‡		
Waited too long for visit	66.0	58.0, 73.9
Difficulty getting an appointment	33.0	25.0, 41.0
Waited too long to see physician (in-office wait)	5.9[E]	3.2, 8.5
Difficulty getting a referral	..	..
No specialists in the area	..	..
Transportation problems	..	..
General deterioration of health	2.1[E]	1.0, 3.2
Appointment cancelled or deferred	..	..
Language problems	..	..
Other	3.7[E]	2.0, 5.4

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
† Based on population accessing these services in past 12 months.
‡ Based on population reporting difficulties accessing these services in past 12 months.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-10
Barriers to accessing non-emergency surgeries, Canada, 2001

	%	95% confidence interval
% who reported difficulties†	20.8	15.6, 26.1
Barrier‡		
Waited too long for surgery	55.0	40.2, 69.7
Difficulty getting an appointment with the surgeon	30.2[E]	15.5, 44.9
Waited too long for diagnostic test	13.2[E]	4.6, 21.9
Surgery cancelled or postponed by hospital or physician	11.3[E]	4.3, 18.3
Waited too long for hospital bed	10.2[E]	4.7, 15.8
Service not available in the area	..	..
Difficulty getting a diagnosis	..	..
Personal or family responsibilities	..	..
Transportation problems	..	..
Language problems	..	..
Other	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
† Based on population accessing non-emergency surgery other than dental surgery in past 12 months.
‡ Based on population reporting difficulties accessing these services in past 12 months.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-11
Barriers to accessing diagnostic tests† , Canada, 2001

	%	95% confidence interval
% who reported difficulties‡	17.7	12.6, 22.8
Barrier§		
Waited too long for test	72.2	59.0, 85.3
Difficulty getting an appointment	15.9[E]	8.6, 23.2
Waited too long to see physician (in-office wait)	..	..
Service not available when needed	..	..
Service not available in the area	..	..
Transportation problems	..	..
Difficulty getting a referral	..	..
Language problems	..	..
Did not know where to go	..	..
Other	..	..

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Note:** Household population aged 15 and over.*
† Diagnostic tests include non-emergency MRIs, CT scans, and angiographies.
‡ Based on population accessing these services in past 12 months.
§ Based on population reporting difficulties accessing these services in past 12 months.
Because multiple responses were allowed, totals may exceed 100%.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).
.. Data not provided due to extreme sampling variability or small sample size.

Table A-12
Distribution of waiting times for specialized services†, Canada, 2001

	Less than 1 month		1 to 3 months		Longer than 3 months	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Specialist visits	46.4	42.4, 50.4	41.9	37.9, 45.8	11.7	9.2, 14.2
Non-emergency surgeries	39.5	32.6, 46.4	41.3	34.4, 48.3	19.2	13.7, 24.6
Diagnostic tests	54.7	47.4, 62.1	36.1	29.4, 42.9	9.1[E]	5.1, 13.2

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting waiting times for these services accessed in past 12 months.
† "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
May not add to 100% due to rounding.
E Interpret with caution (high sampling variability).

Table A-13
Distribution of waiting times by type of non-emergency surgery, Canada, 2001

	Less than 1 month		1 to 3 months		Longer than 3 months	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Cardiac and cancer related surgeries	53.6	38.7, 68.6	27.2[E]	14.5, 39.9	19.2[E]	7.8, 30.6
Joint replacement and cataract surgeries	19.8[E]	10.2, 29.3	44.9	31.6, 58.2	35.3[E]	22.2, 48.4
Other non-emergency surgeries	42.9	34.4, 51.5	42.6	34.0, 51.1	14.5[E]	8.5, 20.6

***Data source**: Statistics Canada, Health Services Access Survey 2001*
***Notes:** Household population aged 15 and over.*
Based on population reporting waiting times for non-emergency surgery other than dental surgery accessed in past 12 months.
Analysis excludes non-response ("don't know" , "not stated", and "refusal").
E Interpret with caution (high sampling variability).