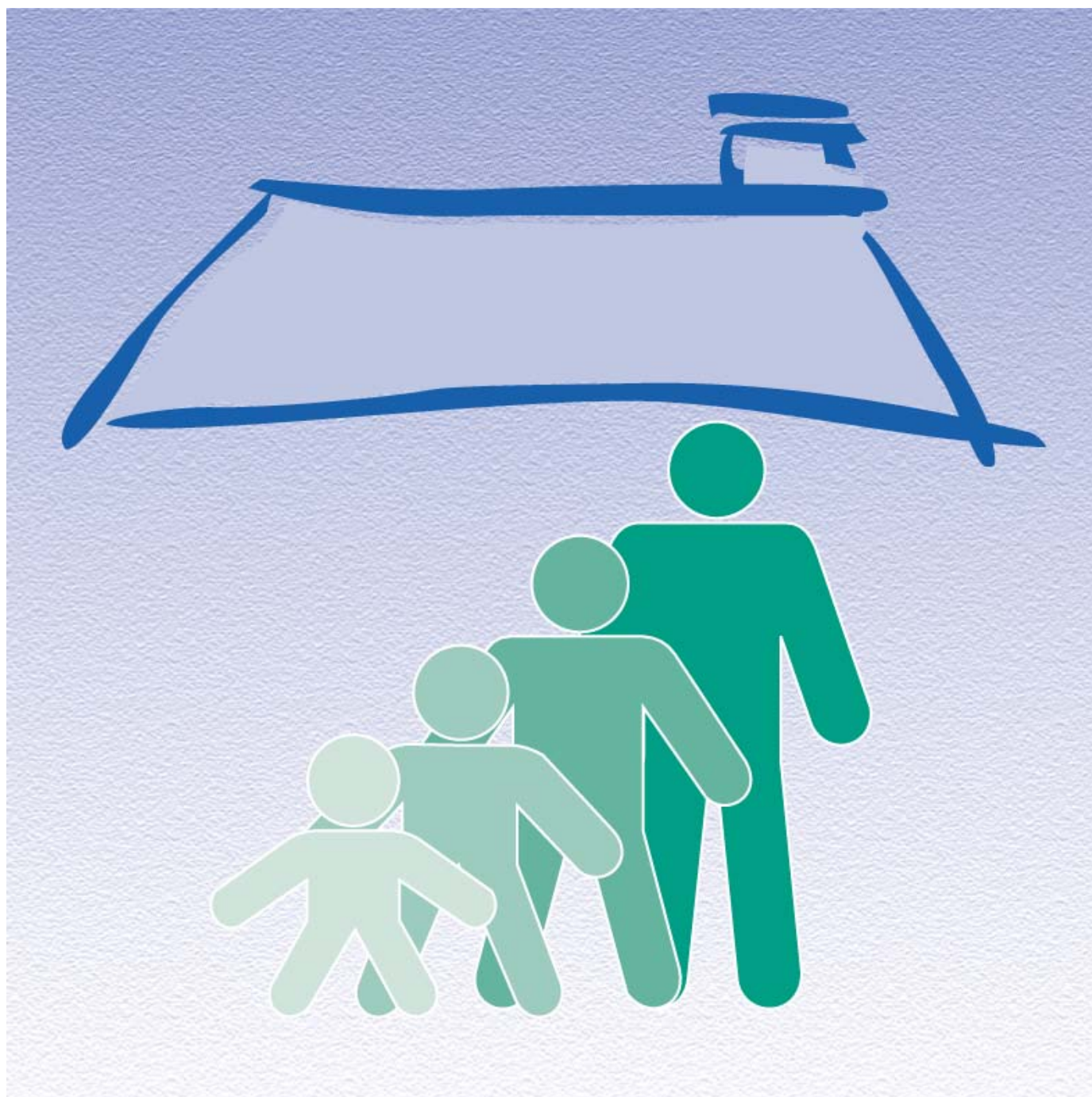


Access to Health Care Services in Canada, 2003



by Claudia Sanmartin, François Gendron, Jean-Marie Berthelot and Kellie Murphy
Health Analysis and Measurement Group
Statistics Canada





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Key Findings

- The HSAS provides timely data regarding patients' experiences accessing health care services including waiting times for specialized services. Most importantly, the information, in most cases, is provided at the provincial level, thus allowing for a comprehensive assessment of access to care across Canada.
- Overall, most individuals reported waiting 3 months or less for specialized services: close to 90% for specialist visit and diagnostic tests and slightly over 80% for non-emergency surgery.
- The median waiting times for specialized services were 4.0 weeks for specialist visits, 4.3 weeks for non-emergency surgery, and 3.0 weeks for diagnostic tests.
- There was some variation in waiting times across provinces: The proportion of individuals who waited longer than 3 months for a specialist visit ranged from a low of 8% in PEI to a high of 21% in Newfoundland and Labrador. Conversely, Newfoundland had the lowest rate (10%) of individuals waiting longer than three months for non-emergency surgery. The rate was highest in Saskatchewan (29%).
- Approximately one in five individuals who accessed a specialist visit for a new illness or condition reported experiencing difficulties. The lowest rates were observed in Prince Edward Island (14%) and Québec (16%). Among those who accessed a diagnostic test, 16% indicated that they faced difficulties. The lowest rate was observed in Québec, where 9% indicated that they had faced difficulties. Long waits were identified as the primary barrier to specialized services.
- The proportion of individuals who reported that they were affected by waiting for care ranged from 10% for non-emergency surgery to 19% for specialist visits. The primary effects of waiting for specialized care were worry, stress and anxiety, pain, and problems with activities of daily living.
- Among those who had waited for specialist visits, 29% reported unacceptable waits. These results ranged from a low of 19% in Prince Edward Island to a high of 34% in Newfoundland and Labrador.
- Among those who had waited for non-emergency surgery, 17% considered their waiting time unacceptable. The provincial rates ranged from a low of 13% in Manitoba to a high of 25% in British Columbia.
- One in five individuals who waited for a diagnostic test reported that their waiting time was unacceptable. The provincial rates varied from a low of 15% in New Brunswick to a high of 30% in Manitoba.
- Despite the fact that most individuals had a regular family doctor, almost one in six individuals of those who required routine care experienced difficulties accessing care. The rates were significantly lower in Saskatchewan (12%), Alberta (13%) and British Columbia (12%), and significantly higher in Newfoundland and Labrador (20%) and Québec (19%).
- The top two barriers to receiving routine or on-going care were difficulties getting an appointment, and long waits for an appointment.
- Overall, 16% of Canadians who had required health information or advice indicated that they had experienced difficulties accessing care. The rates were significantly lower in Saskatchewan (13%) and Alberta (13%), and significantly higher in Ontario (18%).
- Approximately one in four Canadians who required immediate care for a minor health problem experienced difficulties. The results ranged from a low of 17% in Saskatchewan to a high of 27% in Prince Edward Island. The top two barriers to receiving care were long in-office waits and difficulty getting an appointment.

Access to Health Care Services in Canada, 2003

Abstract

Objectives:

This report examines access to health care services in Canada at the national and provincial levels.

Data source:

The data are from the Health Services Access Survey (HSAS), a supplement to the Canadian Community Health Survey 2003 (CCHS).

Analytic techniques:

Frequency distributions and cross tabulations were used to describe access to selected health care services as well as rates of self-reported difficulties accessing care.

Main results:

Overall, most individuals reported waiting 3 months or less for specialized services: close to 90% for specialist visit and diagnostic tests and slightly over 80% for non-emergency surgery. The median waiting times for specialized services were 4.0 weeks for specialist visits, 4.3 weeks for non-emergency surgery, and 3.0 weeks for diagnostic tests. There was some variation in waiting times across provinces.

Difficulties were reported by 21% of those who had a specialist visit, 13% of those having non-emergency surgery, and 16% of those having diagnostic tests. For some provinces, rates were statistically different than the national rates. Lengthy waits were the primary barrier to specialized care.

Unacceptable waits were reported by 29% of those who had a specialist visit, 17% of those having non-emergency surgery, and 21% of those having diagnostic tests. Among individuals who waited for specialized services, those who reported unacceptable waits had waited up to six times as long as those with acceptable waits.

Finally, one in six individuals who required routine care and approximately one in four individuals who required immediate care for a minor health problem experienced difficulties.

Concluding remarks:

This report provides a first look at the results for the 2003 HSAS. The findings provide valuable information for policy-makers and health-care planners regarding the experiences of Canadians accessing first contact and specialized services. These data can also be used to conduct further analytical work to examine factors related to access to health care services.

Key words:

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

INTRODUCTION

Access to health care services continues to be a key issue for Canadians and health policy makers.^{1,2} The Health Services Access Survey (HSAS) was designed to provide timely data regarding patients' experiences accessing health care services, including difficulties accessing first contact services and waiting times for specialized services. This report presents the first results of the 2003 HSAS.

The HSAS was designed to collect information about access to first contact services and specialized services³ (see *Glossary*). In the first component, questions focused on difficulties accessing 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. Those who reported difficulties were asked about the type of barriers they faced. Individuals were also asked whether they had a regular family physician.

The second component of the HSAS focused 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 clearly remain an issue for access to specialized services. The HSAS provides comparable self-reported waiting time data at the national and provincial levels. To ensure comparability, standard definitions for waiting times for specialist visits, non-emergency surgery and diagnostic tests were used (see *Glossary*). Respondents were asked whether they felt their waiting time was acceptable and whether waiting for specialized services affected their lives. 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 2003 HSAS. The findings will contribute to our current understanding of access to health care services in Canada, at both the national and provincial levels.

METHODS

The 2003 HSAS was conducted as a supplement to cycle 2.1 of the Canadian Community Health Survey (CCHS). A subsample of CCHS respondents aged 15 years and older from the 10 provinces was selected

Glossary

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

Diagnostic test: MRI, CT scan or angiography requested by a physician to determine or confirm a diagnosis; does not include X-rays, blood test, etc.

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

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

First contact services: Include 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 through 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 resulting from a minor accident.

Non-emergency surgery: 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: Family or general practitioner 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 through 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 ongoing illness (e.g., prescription refills).

Specialized services: Services including 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).

Specialist visits: Visit with a medical specialist to obtain a diagnosis for a new illness or condition; does not include specialist visits for ongoing care for a previously diagnosed condition.

Waiting times:

Specialist visit: Time between when individuals and their doctor decided that they should see a specialist and the day of the visit.

Non-emergency surgery: Time between when individuals and their surgeon decided to go ahead with the surgery and the day of surgery.

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., Saturdays and Sundays.

and interviewed for the HSAS. The territories were not included. Sampling was conducted to provide reliable national- and provincial-level estimates. From January to December 2003, the questionnaire was administered by telephone and personal interview through the Statistics Canada regional offices. The results presented in this report are based on a sample of 32,005 Canadians aged 15 and over residing in a household dwelling (see *Methodological notes*).

Weighted distributions and frequencies were produced for Canada and by province, where possible. Missing data, including responses of 'don't know,' 'not stated' or 'refusal,' were excluded from the analysis. Pairwise differences between each province and the Canadian estimates were deemed statistically significant, based on a two-tailed test with $p < 0.05$ (see *Methodological notes*).

Methodological Notes

Data source

This report is based on cross-sectional data, collected by personal and telephone interviews between January and December 2003, using the 2003 Health Services Access Survey (HSAS) questionnaire. The HSAS was conducted as a supplement to the Canadian Community Health Survey (CCHS). The HSAS covers approximately 98% of the population of Canadians aged 15 and older living in private dwellings in the 10 provinces. Excluded from this survey are residents of the three territories, those living on Indian reserves or Crown lands, residents in institutions, full-time members of the Canadian Forces, and residents of certain remote regions.

Since the HSAS is a subsample of the CCHS, it is based on the same multiple sample frames as its parent survey. First, it uses the area frame designed for the Canadian Labour Force Survey (LFS). The sampling plan of the LFS is a multistage stratified cluster design in which the dwelling is the final sampling unit. The CCHS also uses two types of telephone frames: list frames and a random digit dialling (RDD) sampling frame of telephone numbers. For more detailed information regarding these sampling frames, please consult the CCHS cycle 2.1 user guide.

In order to produce reliable estimates at the national and provincial levels, in particular for the estimations of the waiting times, a subsample of more than 36,000 CCHS respondents was selected. However, because of the time frame for the implementation of the HSAS, the subsample selection of CCHS respondents had to be divided into two parts. The first part of the HSAS sample (part A) came directly from the CCHS; that is, the waiting times module was added to the CCHS questionnaire. Then this module was administered, along with the other HSAS modules, as part of the regular CCHS interviews between September and December 2003. However, in some provinces, the CCHS sample was insufficient to reach the HSAS-targeted sample size. Therefore, CCHS respondents who were interviewed between January 2003 and September 2003 were recontacted by telephone. This is part B of the HSAS sample. Table 1 presents, for Canada and each province, the sample size generated from this sampling strategy along with the number of respondents and response rates.

It should be noted that the CCHS aims at producing reliable estimates at the health region level, and the HSAS at the national and provincial levels.

Table 1
Sample size and response rates for the Health Services Access Survey, Canada, 2003

	Sample size	Number of respondents	Response rates
	number		%
Newfoundland and Labrador	2,868	2,520	87.9
Prince Edward Island	1,423	1,250	87.8
Nova Scotia	3,334	2,930	87.9
New Brunswick	3,430	2,895	84.4
Québec	4,420	3,876	87.7
Ontario	5,417	4,506	83.2
Manitoba	3,700	3,325	89.9
Saskatchewan	3,621	3,236	89.4
Alberta	3,922	3,352	85.5
British Columbia	4,596	4,115	89.5
CANADA	36,731	32,005	87.1

Data source: Statistics Canada, Health Services Access Survey 2003.

Note: The response rates reported in this table are based on the size of the sample as taken from the 2003 Canadian Community Health Survey (CCHS). They don't account for the response rate of the CCHS.

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. Weights were also adjusted to demographic projections by age group and province, and by census metropolitan area.

Analytical techniques

Weighted distributions and frequencies were produced. Weighted median waiting times were calculated for specialist visits, non-emergency surgery and selected diagnostic tests. Partial or item non responses generally accounted for less than 5% of the totals in most analyses; records with item non responses were excluded from the calculations. The bootstrap technique was used to estimate the variance and confidence intervals to properly account for the complex survey design. This technique fully adjusts for the design effects of the survey. Confidence intervals were established at the level of $p = 0.05$. Pairwise differences between each province and the Canadian estimates were deemed statistically significant based on a two-tailed test with $p < 0.05$.

Limitations

There are several limitations of the HSAS data and the analysis presented in this report. HSAS data are based on self-reported information for both service needs and difficulties accessing services over a 12-month period; as such, 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.

Reliable estimates at the national and provincial levels could not be produced for all the variables, given that, in some cases, very few individuals may actually need services or experience difficulties at various times and the survey sample may be too small to detect sufficient cases needed to generate reliable estimates. Also, pairwise differences between each provincial and the Canadian estimates were deemed statistically significant, based on a two-tailed test with $p < 0.05$. Some provincial estimates from HSAS are based on small numbers of respondents. Consequently, the sample may not have the power necessary to detect differences between each province and the Canadian level estimates.

The estimates produced for family physicians from the HSAS may vary slightly from those reported by its parent CCHS survey for several reasons, including differences in target samples (the HSAS includes those 15 years and older; the CCHS includes those 12 years and older), survey methods, and the context within which the question was presented. Furthermore, the question about family physicians in the HSAS asked about 'family doctor' while the CCHS asked for 'medical doctor,' which could be interpreted differently by respondents and cause the estimate to be different. The concept of 'regular family doctor' was used in the HSAS to have a more precise measure of access to primary care.

There are also several limitations to the HSAS data relating to estimates of waiting times for specialist services. Waiting time estimates are retrospective and included only those who 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 and physician reports, should be made with extreme caution.

In general, direct comparisons between the results from the 2001 HSAS and the 2003 HSAS should be made with caution because of changes in the manner in which the data were collected. Most notably, in the 2003 HSAS, the number of visits to medical specialists and the number of people requiring routine care are based on slightly different sets of questions, which were asked in a different sequence. Also, in 2003, the percentage of people reporting difficulties in accessing first contact services (routine care, health information or advice, and immediate care for a minor problem) at different times of the day were calculated based on the total number of individuals having required these services at any time of day; in 2001, these percentages were calculated based on the number of individuals who used the service at each specific time of day.

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

RESULTS

The presentation of the results of the 2003 HSAS begins with access to a regular family physician, followed by access to first contact services and specialized services, including waiting times. The results are primarily descriptive in nature and are intended to provide a comprehensive review of the findings at the national and provincial levels.

Access to a regular family physician

Overall, most Canadians (86%) had a regular family physician. The results varied across the provinces. In Québec, significantly fewer individuals than at the

national level reported having a regular family physician (76%). Compared to the national level, a significantly higher proportion of individuals in three of the four Atlantic provinces (Prince Edward Island, Nova Scotia and New Brunswick), as well as in Ontario and British Columbia, reported that they had a regular family physician (Table 2).

First contact services

Just over half (57%) of Canadians indicated that they had required routine care for themselves or a family member in the previous 12 months. The rate was significantly lower in Alberta, Manitoba, Saskatchewan and British Columbia. Over 60% in Nova Scotia, New

Table 2
Percentage of population reporting a regular family physician,
Canada, 2003

	Regular family physician	
	%	95% confidence interval
Newfoundland and Labrador	87.3	85.5, 89.2
Prince Edward Island	92.0*	89.9, 94.1
Nova Scotia	94.8*	93.5, 96.2
New Brunswick	93.0*	91.9, 94.1
Québec	75.5*	73.5, 77.5
Ontario	91.2*	90.1, 92.2
Manitoba	86.4	84.8, 88.0
Saskatchewan	87.2	85.7, 88.7
Alberta	85.3	83.3, 87.2
British Columbia	89.0*	87.6, 90.3
CANADA	86.3	85.7, 87.0

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Analysis excludes non-response ("don't know", "not stated", and "refusal").

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Brunswick and Québec reported requiring routine care—significantly higher than the national rate (Table 3).

Approximately 40% of Canadians reported that they had required health information or advice for themselves or a family member in the previous 12 months. The results ranged from a low of 36% in Newfoundland and Labrador to a high of 50% in Prince Edward Island (Table 3).

One-third of Canadians had required immediate care for themselves or a family member for a minor health problem. The results ranged from a low of 33% in British Columbia to a high of 39% in Nova Scotia.

Barriers to care

Individuals who had required routine care, health information or advice, or immediate care for a minor health problem were asked whether they had experienced difficulties accessing these services. Overall, 16% of those who had required routine care had experienced difficulties. The rates were significantly lower in Saskatchewan (12%), Alberta (13%) and British Columbia (12%), and significantly higher in Newfoundland and Labrador (20%) and Québec (19%) (Table 4).

Overall, 16% of Canadians who had required health information or advice indicated that they had experienced difficulties accessing care. The rates were significantly lower in Saskatchewan (13%) and Alberta (13%), and significantly higher in Ontario (18%). Approximately one in four Canadians who had required immediate care for a minor health care problem had experienced difficulties. The results ranged from a low of 17% in Saskatchewan to a high of 27% in PEI. (Table 4).

Barriers to care by time of day

An estimated 13% of those who had required routine care experienced difficulties during regular hours. The rates in Saskatchewan and British Columbia were significantly lower than for Canada—9% and 10%, respectively—and higher in Newfoundland and Labrador (17%). Less than 4% of those who had required routine care reported difficulties in the evenings and on weekends. The rate was significantly lower in Nova Scotia (3%), Saskatchewan (2%) and British Columbia (3%) and significantly higher in Québec (5%) (Table 5).

The types of barriers identified by those who had faced difficulties accessing routine care were similar during both time periods. The top four barriers to routine care during regular office hours were difficulty getting an appointment (44%), long waits for an appointment (37%), long in-office waits (22%) and difficulty contacting a physician (17%). The top four barriers to routine care during evenings and weekends were difficulty getting an appointment (31%), difficulty contacting a physician (29%), long waits for an appointment (24%), and long in-office waits (22%) (Chart 1; Table A.1).

An estimated 12% of those who required health information or advice experienced difficulties during regular office hours. The rates were significantly lower in Saskatchewan (9%) and Alberta (9%), and significantly higher in Ontario (14%). About 6% had experienced difficulties during the evenings and weekends. The rates ranged from a low of 3% in Saskatchewan to a high of 6%, observed in many provinces. Overall, less than 2% of individuals who required health information or advice experienced difficulties obtaining it in the middle of the night (Table 6).

When asked why they had experienced difficulties accessing health information or advice, approximately 40% in all three time periods indicated that they had difficulties contacting a physician or nurse. Between 32% (during regular hours) and 44% (during the middle of the night) indicated that they waited too long to

speak with someone. Between 24% and 30% of those who had difficulties accessing health information or advice indicated that it was because they received inadequate information or advice (Chart 2; Table A.2). An estimated 15% of individuals who required

immediate care for a minor health problem experienced difficulties during regular hours. The rates were significantly lower in Saskatchewan (10%) and Alberta (11%), and higher in Québec (18%). Approximately 12% of individuals had experienced

Table 3
Number and percentage of Canadians who required first contact services, Canada, 2003

	Routine care			Health information or advice			Immediate care for a minor health problem		
		95% confidence interval			95% confidence interval			95% confidence interval	
Newfoundland and Labrador									
Required services									
# of individuals ('000)	258	245-	272	157	145-	169	163	150-	177
% of population	58.8	55.7,	61.9	35.8*	33.0,	38.5	37.2	34.1,	40.3
Prince Edward Island									
Required services									
# of individuals ('000)	65	61-	70	57	53-	61	43	39-	47
% of population	57.7	53.9,	61.5	50.2*	46.5,	54.0	38.0	34.0,	41.9
Nova Scotia									
Required services									
# of individuals ('000)	471	450-	491	355	330-	380	296	269-	322
% of population	61.9*	59.2,	64.6	46.7*	43.4,	50.0	38.9*	35.4,	42.4
New Brunswick									
Required services									
# of individuals ('000)	390	376-	404	252	237-	266	229	215-	243
% of population	64.0*	61.8,	66.3	41.3	38.9,	43.7	37.6*	35.3,	39.9
Québec									
Required services									
# of individuals ('000)	3,829	3,690-	3,967	2,475	2,333-	2,617	2,025	1,887-	2,163
% of population	62.9*	60.7,	65.2	40.7	38.3,	43.0	33.3	31.0,	35.6
Ontario									
Required services									
# of individuals ('000)	5,542	5,352-	5,732	4,274	4,090-	4,457	3,558	3,378-	3,738
% of population	56.6	54.7,	58.6	43.7	41.8,	45.6	36.4*	34.5,	38.2
Manitoba									
Required services									
# of individuals ('000)	466	443-	489	410	384-	436	296	273-	318
% of population	53.7*	51.1,	56.3	47.3*	44.3,	50.3	34.1	31.4,	36.7
Saskatchewan									
Required services									
# of individuals ('000)	393	376-	411	316	298-	333	253	237-	269
% of population	52.0*	49.7,	54.3	41.7	39.4,	44.1	33.4	31.3,	35.6
Alberta									
Required services									
# of individuals ('000)	1,154	1,083-	1,226	1,000	933-	1,068	880	814-	946
% of population	46.7*	43.8,	49.6	40.5	37.7,	43.2	35.6	32.9,	38.2
British Columbia									
Required services									
# of individuals ('000)	1,748	1,676-	1,819	1,410	1,336-	1,485	1,092	1,025-	1,160
% of population	51.9*	49.8,	54.0	41.9	39.7,	44.1	32.5*	30.4,	34.5
CANADA									
Required services									
# of individuals ('000)	14,317	14,051-	14,583	10,705	10,459-	10,952	8,834	8,595-	9,073
% of population	56.7	55.6,	57.8	42.4	41.4,	43.4	35.0	34.0,	35.9

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Analysis excludes non-response ("don't know", "not stated", and "refusal").

Totals for Canada may not add up due to rounding

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

difficulties accessing immediate care during evenings and weekends and 4% did so during the middle of the night. In Saskatchewan, significantly fewer individuals reported having difficulties during evenings and weekends (7%) (Table 7).

Over half of those who had experienced difficulties accessing immediate care during evenings and weekends and in the middle of the night identified long in-office waits as the number one barrier. This was also cited by approximately 40% of those who had

Table 4
Number and percentage of Canadians who reported difficulties accessing first contact services, among those who required first contact services, Canada, 2003

	Routine care		Health information or advice		Immediate care for a minor health problem	
	# of individuals ('000)	95% confidence interval	# of individuals ('000)	95% confidence interval	# of individuals ('000)	95% confidence interval
Newfoundland and Labrador						
Reported difficulties						
# of individuals ('000)	52	43 - 62	25	18 - 31	39	29 - 49
% of population	20.3*	16.9, 23.8	15.8	12.0, 19.4	23.9	18.2, 29.7
Prince Edward Island						
Reported difficulties						
# of individuals ('000)	11	8 - 14	11	8 - 13	12	9 - 14
% of population	17.4	13.2, 21.6	18.5	15.0, 22.1	27.4	22.3, 32.5
Nova Scotia						
Reported difficulties						
# of individuals ('000)	68	56 - 81	54	42 - 65	77	64 - 89
% of population	14.5	12.0, 17.1	15.1	11.8, 18.4	25.9	21.7, 30.1
New Brunswick						
Reported difficulties						
# of individuals ('000)	60	52 - 69	44	36 - 51	54	45 - 64
% of population	15.5	13.3, 17.7	17.4	14.6, 20.2	23.8	20.2, 27.3
Québec						
Reported difficulties						
# of individuals ('000)	716	626 - 807	366	304 - 428	527	445 - 610
% of population	18.7*	16.4, 21.0	14.8	12.3, 17.3	26.1	22.3, 29.8
Ontario						
Reported difficulties						
# of individuals ('000)	853	751 - 956	761	665 - 857	889	775 - 1,003
% of population	15.4	13.6, 17.2	17.9*	15.7, 19.9	25.1	22.0, 28.0
Manitoba						
Reported difficulties						
# of individuals ('000)	87	72 - 102	79	65 - 94	77	62 - 92
% of population	18.7	15.6, 21.7	19.5	16.2, 22.5	26.2	21.1, 31.3
Saskatchewan						
Reported difficulties						
# of individuals ('000)	46	38 - 54	39	32 - 47	44	35 - 52
% of population	11.7*	9.7, 13.8	12.5*	10.1, 14.8	17.3*	14.0, 20.5
Alberta						
Reported difficulties						
# of individuals ('000)	153	124 - 181	129	103 - 154	192	156 - 229
% of population	13.2*	10.8, 15.7	12.9*	10.3, 15.4	21.9	18.0, 25.7
British Columbia						
Reported difficulties						
# of individuals ('000)	215	179 - 252	226	187 - 266	226	183 - 270
% of population	12.3*	10.3, 14.4	16.2	13.5, 18.6	20.8	17.0, 24.5
CANADA						
Reported difficulties						
# of individuals ('000)	2,264	2,120 - 2,407	1,734	1,612 - 1,855	2,138	1,982 - 2,295
% of population	15.8	14.9, 16.8	16.2	15.1, 17.3	24.2	22.5, 25.9

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

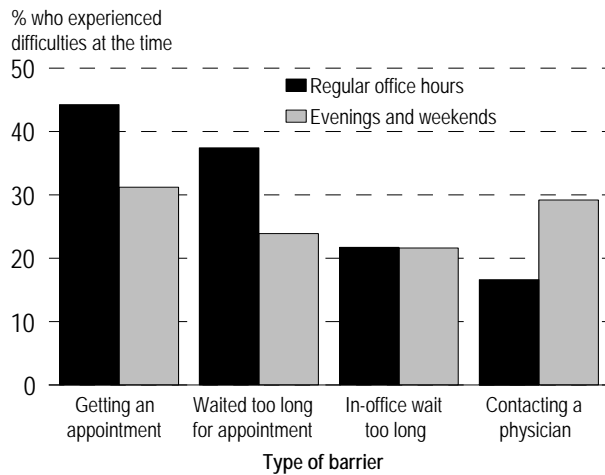
Based on population requiring these services in past 12 months, for self or family member.

Analysis excludes non-response ("don't know", "not stated", and "refusal").

Totals for Canada may not add up due to rounding

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Chart 1
Top four barriers to receiving routine or on-going care by time of day, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003

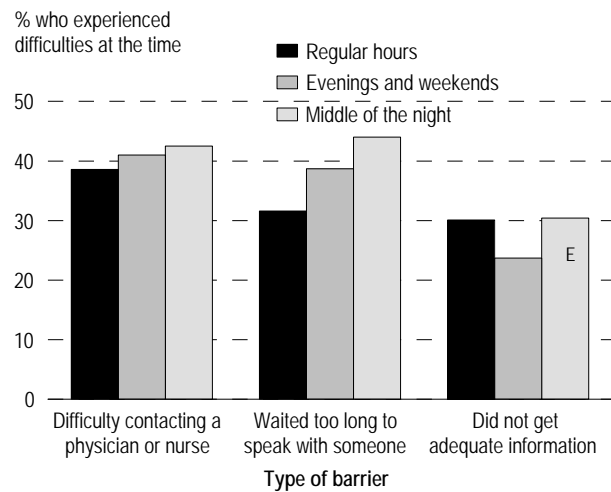
Notes: Household population aged 15 and over.

Based on population who required these services at any time of day in past 12 months.

Because multiple responses were allowed, totals may exceed 100%.

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

Chart 2
Top three barriers to receiving health information and advice by time of day, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Based on population who required these services at any time of day in past 12 months.

Because multiple responses were allowed, totals may exceed 100%.

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

E Interpret with caution (high sampling variability).

Table 5
Percentage of Canadians who reported difficulties accessing routine care, among those who required care at any time of day, Canada, 2003

	Regular hours		Evenings and weekends	
	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	17.0*	13.7, 20.3	3.6 ^E	2.3, 5.0
Prince Edward Island	14.3	10.7, 17.9	4.0 ^E	2.2, 5.7
Nova Scotia	13.5	11.0, 15.9	2.7 ^{E*}	1.7, 3.7
New Brunswick	13.6	11.5, 15.6	4.3	3.0, 5.6
Québec	14.6	12.5, 16.6	5.2*	4.0, 6.4
Ontario	13.3	11.5, 15.0	3.5	2.6, 4.5
Manitoba	15.8	12.9, 18.5	2.7 ^E	1.3, 4.0
Saskatchewan	8.9*	7.1, 10.7	1.7 ^{E*}	0.9, 2.5
Alberta	11.4	9.1, 13.7	3.8 ^E	2.3, 5.3
British Columbia	9.5*	7.7, 11.3	2.8 ^{E*}	1.8, 3.7
CANADA	13.1	12.1, 13.9	3.8	3.3, 4.4

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

Regular hours are from 9:00 a.m. to 5:00 p.m., Monday to Friday; evenings and weekends from 5:00 p.m. to 9:00 p.m. Monday to Friday or Saturday and Sunday.

Based on population requiring these services in past 12 months, for self or family member.

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

E Interpret with caution (high sampling variability).

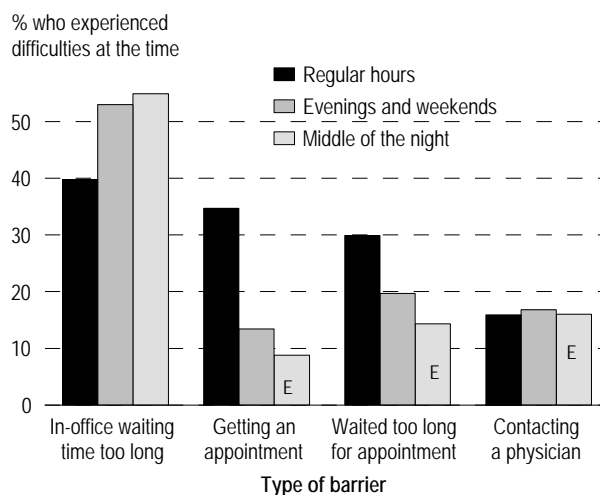
* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

experienced difficulties during regular hours. Difficulty getting an appointment was identified by 35% of those who experienced difficulties during regular office hours, by 13% of those who experienced difficulties during evenings and weekends and by 9% of those who experienced difficulties in the middle of the night. Other major barriers included waiting too long for an appointment and difficulty contacting a physician (Chart 3; Table A.3).

Access to specialized services

Overall, the proportion of Canadians accessing a specialized service varied from 12% (for specialist visits) to 6% (for non-emergency surgery). Specialist visits ranged from a low of 10% in Quebec to a high of approximately 15% in Prince Edward Island and Manitoba. Self-reported access to non-emergency surgery varied from 4% in Québec to 9% in Nova Scotia. Self-reported access to diagnostic tests ranged from 5% in Prince Edward Island to 10% in New Brunswick (Table 8).

Chart 3
Top four barriers to receiving immediate care for a minor health problem by time of day, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Based on population who required these services at any time of day in past 12 months.

Because multiple responses were allowed, totals may exceed 100%.

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

^E Interpret with caution (high sampling variability).

Table 6

Percentage of Canadians who reported difficulties in obtaining health information or advice, among those who required care at any time of day, Canada 2003

	Regular hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	12.8	9.4, 16.3	5.8 ^E	3.4, 8.2	..	..
Prince Edward Island	15.7	12.3, 19.0	5.6 ^E	3.4, 7.7	..	..
Nova Scotia	11.8	9.1, 14.4	5.4 ^E	3.2, 7.5	1.8 ^E	0.8, 2.9
New Brunswick	11.8	9.3, 14.3	6.3	4.3, 8.3	2.1 ^E	0.9, 3.2
Québec	10.8	8.7, 12.7	6.1	4.4, 7.7	1.1 ^E	0.4, 1.7
Ontario	14.0*	12.0, 15.9	6.1	4.7, 7.4	1.7 ^E	0.9, 2.5
Manitoba	14.8	12.0, 17.5	5.6 ^E	3.7, 7.4	..	..
Saskatchewan	8.8*	6.7, 10.8	2.6 ^{E*}	1.6, 3.5	0.9 ^E	0.3, 1.5
Alberta	9.2*	6.9, 11.5	5.1	3.5, 6.6	1.3 ^E	0.7, 2.0
British Columbia	12.2	9.9, 14.4	4.8	3.4, 6.1	1.8 ^E	0.9, 2.7
CANADA	12.3	11.3, 13.3	5.6	4.9, 6.4	1.5	1.1, 1.9

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

Based on population requiring these services in past 12 months, for self or family member.

Analysis excludes non-response ("I 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.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Barriers to specialized services

Individuals who accessed a specialized service were also asked whether they had experienced difficulties getting care. Approximately one in five individuals who accessed a specialist visit for a new illness or condition reported experiencing difficulties. The lowest rates were observed in Prince Edward Island (14%) and Québec (16%). British Columbia and Newfoundland and Labrador were significantly higher than the national rate with 26% and 29% of individuals, respectively, reporting difficulties accessing specialist visits (Table 9).

Approximately 13% of those who accessed non-emergency surgery reported that they had experienced difficulties. The provincial results ranged from a low of 9% in Ontario and Alberta to a high of 20% in British Columbia. Among those who accessed a diagnostic test, 16% indicated that they faced difficulties. The lowest rate was observed in Québec, where 9% indicated that they had faced difficulties (Table 9).

When asked what type of barriers they had faced, many indicated that they had waited too long for specialized services. Over 60% of individuals who had experienced difficulties accessing specialist visits or

non-emergency surgery reported that it was due to long waits for care. Long waits were barriers for 55% of those who had faced difficulties accessing diagnostic tests. Difficulty getting an appointment was also a problem for over 20% of those reporting problems for all three specialized services. In addition, long in-office waits were cited as a barrier by 22% of those who had had difficulties accessing specialist visits. Waiting for a diagnostic test was problematic for 14% of those who had had difficulties accessing non-emergency surgery. Difficulty getting an appointment was cited by 22% of those who had had difficulties accessing a diagnostic test (Chart 4; Table A.4, A.5 and A.6).

Waiting times

Close to half of individuals who waited for a specialist visit did so for less than one month (48%). The results ranged from a low of 40% in Newfoundland and Labrador to a high of 54% in Québec. At the other end of the waiting spectrum, 11% of individuals reported that they had waited longer than three months for a specialist visit. The rate ranged from a low of 8% in PEI to a high of 21% in Newfoundland and Labrador (Chart 5; Table 10).

Table 7

Percentage of Canadians who reported difficulties in obtaining immediate care for a minor health problem, among those who required care at any time of day, Canada, 2003

	Regular hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	20.0	14.5, 25.6	8.6 ^E	4.8, 12.3	..	..
Prince Edward Island	18.1	13.7, 22.4	11.4 ^E	7.4, 15.4	3.6 ^E	1.5, 5.6
Nova Scotia	12.7	10.0, 15.3	14.5	11.6, 17.5	4.6 ^E	2.9, 6.3
New Brunswick	14.1	11.3, 16.8	11.7	9.3, 14.2	3.6 ^E	2.0, 5.2
Québec	18.4*	14.9, 21.9	13.3	10.7, 15.8	3.6 ^E	2.2, 5.0
Ontario	14.8	12.3, 17.2	13.0	10.7, 15.3	4.8	3.4, 6.1
Manitoba	15.6	12.0, 19.2	10.1 ^E	6.2, 14.0	..	..
Saskatchewan	10.0*	7.4, 12.5	6.7 ^{E*}	4.3, 9.1	3.0 ^E	1.7, 4.3
Alberta	10.7*	8.0, 13.3	10.8	7.8, 13.8	4.5 ^E	2.3, 6.6
British Columbia	12.4	9.1, 15.7	9.7	6.7, 12.8	4.6 ^E	2.6, 6.6
CANADA	14.8	13.4, 16.2	12.1	10.9, 13.3	4.3	3.5, 5.1

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

Based on population requiring these services in past 12 months, for self or family member.

Analysis excludes non-response ("I 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.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Table 8
Number and percentage of Canadians who accessed specialized services,[†] by type of service, Canada, 2003

	Specialist visits		Non-emergency surgeries			Diagnostic tests		
		95% confidence interval		95% confidence interval		95% confidence interval		
Newfoundland and Labrador								
Accessed services								
# of individuals ('000)	49	41 - 57	33	26 - 40	40	30 - 49		
% of population	11.2	9.3, 12.9	7.5	5.9, 9.1	9.0	6.9, 11.2		
Prince Edward Island								
Accessed services								
# of individuals ('000)	17	14 - 20	8	6 - 10	5	4 - 7		
% of population	14.7*	12.1, 17.2	6.8	5.0, 8.5	4.7*	3.3, 6.1		
Nova Scotia								
Accessed services								
# of individuals ('000)	101	87 - 115	68	54 - 83	67	56 - 78		
% of population	13.4	11.5, 15.2	9.0*	7.1, 10.9	8.8	7.4, 10.2		
New Brunswick								
Accessed services								
# of individuals ('000)	78	68 - 88	46	38 - 53	62	53 - 71		
% of population	12.8	11.2, 14.4	7.5*	6.3, 8.7	10.2*	8.8, 11.7		
Québec								
Accessed services								
# of individuals ('000)	581	507 - 656	262	212 - 312	374	306 - 442		
% of population	9.6*	8.3, 10.8	4.3*	3.5, 5.1	6.2*	5.0, 7.3		
Ontario*								
Accessed services								
# of individuals ('000)	1,156	1,046 - 1,265	626	540 - 712	805	707 - 903		
% of population	11.8	10.7, 12.9	6.4	5.5, 7.3	8.2	7.2, 9.2		
Manitoba								
Accessed services								
# of individuals ('000)	126	108 - 144	68	56 - 79	75	61 - 88		
% of population	14.5*	12.4, 16.6	7.8*	6.5, 9.1	8.6	7.1, 10.1		
Saskatchewan								
Accessed services								
# of individuals ('000)	87	75 - 99	62	51 - 72	39	32 - 46		
% of population	11.5	10.0, 13.0	8.2*	6.8, 9.6	5.2*	4.2, 6.1		
Alberta								
Accessed services								
# of individuals ('000)	264	224 - 303	156	126 - 186	183	150 - 215		
% of population	10.7	9.1, 12.3	6.3	5.1, 7.5	7.4	6.1, 8.7		
British Columbia								
Accessed services								
# of individuals ('000)	455	406 - 504	230	194 - 266	249	212 - 287		
% of population	13.5*	12.1, 15.0	6.8	5.8, 7.9	7.4	6.3, 8.5		
CANADA								
Accessed services								
# of individuals ('000)	2,913	2,766 - 3,060	1,557	1,445 - 1,670	1,899	1,767 - 2,032		
% of population	11.6	11.0, 12.1	6.2	5.7, 6.6	7.5	7.0, 8.0		

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

[†] "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 ("I don't know", "not stated", and "refusal").

Totals for Canada may not add up due to rounding

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Table 9

Number and percentage of Canadians who reported difficulties accessing specialized services,[†] among those who accessed a specialized service, by type of service, Canada, 2003

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
		95% confidence interval		95% confidence interval		95% confidence interval
Newfoundland and Labrador						
Reported difficulties						
# of individuals ('000)	14 ^E	9 - 19	4 ^E	2 - 7	5 ^E	2 - 7
% of population	29.0*	21.3, 36.7	13.0 ^E	5.9, 20.0	12.2 ^E	5.4, 19.0
Prince Edward Island						
Reported difficulties						
# of individuals ('000)	2 ^E	1 - 3	..	.. - ..	..	.. - ..
% of population	13.7 ^{E*}	7.2, 20.1	..	.. - ..	15.7 ^E	5.8, 25.7
Nova Scotia						
Reported difficulties						
# of individuals ('000)	23	17 - 30	..	.. - ..	8 ^E	4 - 12
% of population	22.9	17.1, 28.8	..	.. - ..	12.0 ^E	6.5, 17.4
New Brunswick						
Reported difficulties						
# of individuals ('000)	13	9 - 18	7 ^E	4 - 10	7 ^E	4 - 11
% of population	17.2	12.2, 22.1	15.8 ^E	9.7, 21.8	11.7 ^E	6.7, 16.6
Québec						
Reported difficulties						
# of individuals ('000)	90 ^E	58 - 122	43 ^E	20 - 65	33 ^E	14 - 53
% of population	15.5*	10.6, 20.3	16.5 ^E	8.5, 24.2	8.9 ^{E*}	3.9, 14.0
Ontario						
Reported difficulties						
# of individuals ('000)	230	180 - 279	58 ^E	35 - 81	151	110 - 191
% of population	19.9	16.1, 23.6	9.2 ^{E*}	5.6, 12.8	18.7	14.0, 23.4
Manitoba						
Reported difficulties						
# of individuals ('000)	33	23 - 43	8 ^E	5 - 12	13 ^E	8 - 17
% of population	26.0	18.3, 33.7	12.5 ^E	7.4, 17.6	17.2 ^E	11.4, 23.1
Saskatchewan						
Reported difficulties						
# of individuals ('000)	18	13 - 22	11 ^E	7 - 16	5 ^E	3 - 8
% of population	20.3	15.3, 25.3	18.1 ^E	11.5, 24.7	13.4 ^E	6.9, 19.8
Alberta						
Reported difficulties						
# of individuals ('000)	64	44 - 85	14 ^E	7 - 21	34 ^E	17 - 50
% of population	24.4	17.7, 31.1	9.0 ^E	4.3, 13.6	18.5 ^E	10.0, 26.8
British Columbia						
Reported difficulties						
# of individuals ('000)	120	92 - 148	45 ^E	30 - 59	44	30 - 58
% of population	26.4*	21.1, 31.6	19.5*	13.5, 25.3	17.7	12.3, 22.9
CANADA						
Reported difficulties						
# of individuals ('000)	607	541 - 674	201	162 - 239	301	250 - 351
% of population	20.9	18.8, 22.9	12.9	10.6, 15.2	15.9	13.3, 18.4

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Based on population accessing a specialized service in past 12 months.

Analysis excludes non-response ("don't know", "not stated", and "refusal").

Totals for Canada may not add up due to rounding.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

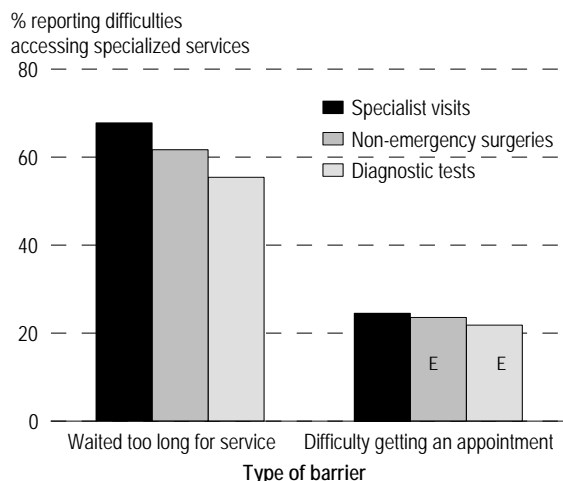
† "Specialized services" includes specialist visits for a new illness or condition; non-emergency surgery other than dental surgery; and selected diagnostic tests (non-emergency MRIs, CT scans, and angiographies).

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

E Interpret with caution (high sampling variability).

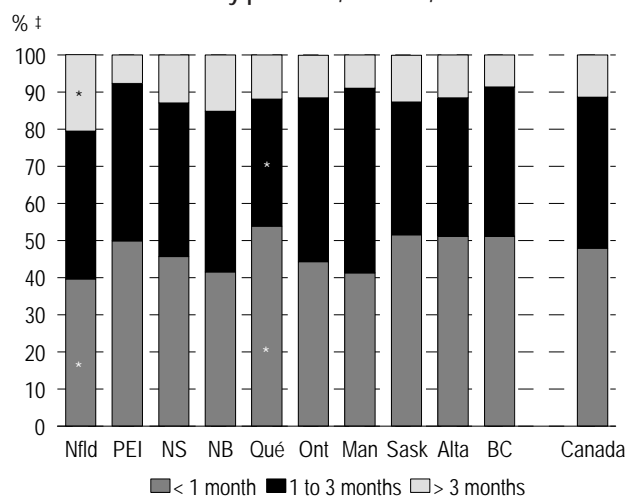
.. Data not provided due to extreme sampling variability or small sample size.

Chart 4
Top two barriers to accessing specialized services, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003
Notes: Household population aged 15 and over.
 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 ("I don't know", "not stated", and "refusal").
 E Interpret with caution (high sampling variability).

Chart 5
Distribution of waiting times for specialist visits for a new illness or condition by province, Canada, 2003



Data Source: Statistics Canada, Health Services Access Survey 2003
Notes: Household population aged 15 and over.
 Based on population reporting waiting times for specialist visits accessed in past 12 months.
 Analysis excludes non-response ("I don't know", "not stated", and "refusal").
 * Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).
 † See Table 10 for sampling variability measures.

The vast majority (83%) of individuals who waited for non-emergency surgery reported that they had waited three months or less. Specifically, 41% of Canadians who waited for non-emergency surgery did so for less than one month. The results ranged from a low of 34% in Québec to a high of 50% in Newfoundland and Labrador. An additional 42% of individuals reported that they had waited one to three months for non-emergency surgery. The results were significantly lower in British Columbia (33%) and significantly higher in Québec (51%) (Chart 6; Table 11).

Approximately 17% of individuals reported that they had waited longer than three months for non-emergency surgery. The rate was significantly lower in Newfoundland and Labrador (10%) and significantly higher in Saskatchewan (29%) than the national level (Table 11).

When surgical procedures were grouped according to those known or expected to have shorter waits (cardiac and cancer related surgery) versus those with longer waiting time (hip and knee replacements and cataract surgery), the distribution of waiting times clearly differed. The majority (60%) of individuals who accessed cardiac or cancer related surgery waited less than one month compared with only 25% of those waiting for hip or knee replacement or cataract surgery – most of these patients waited 1 to 3 months (49%) (Chart 7; Table A.7)

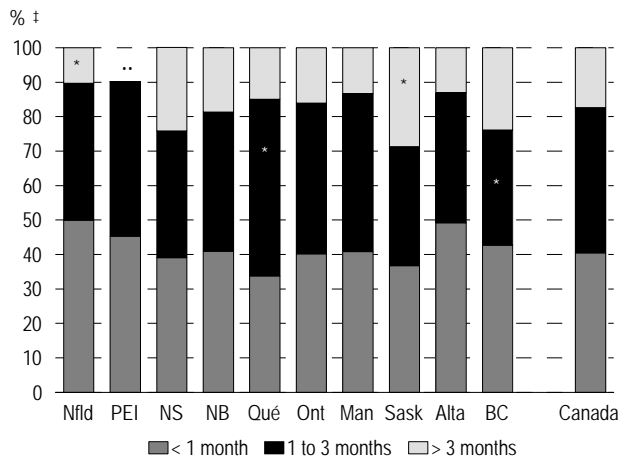
Overall, the majority of individuals who waited for selected diagnostic tests waited for less than one month (58%). Approximately one in three individuals who waited for a diagnostic test did so for one to three months and 12% reported that they had waited longer than three months. Despite some variation across provinces in the proportion of individuals who waited more than three months, none of the provincial rates was statistically different from the national level rate (Chart 8; Table 12).

When comparing across specialized services, the proportion of individuals who waited more than three months was higher for non-emergency surgery (17%) compared to specialist visits (11%) and diagnostic tests (12%).

Median waiting times

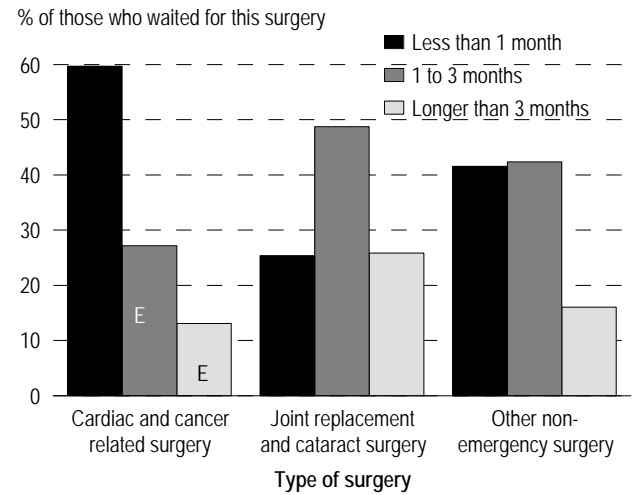
The median waiting time for specialized services was 4.0 weeks for specialist visits, 4.3 weeks for non-emergency surgery, and 3.0 weeks for diagnostic tests. The median waiting time varied across provinces from 3.0 weeks to 4.3 weeks for specialists visits, from 4.0 weeks to 8.6 weeks for non-emergency surgery and from 2.0 to 4.3 weeks for diagnostic tests. The median

Chart 6
Distribution of waiting times for non-emergency surgeries by province, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003
Notes: Household population aged 15 and over.
 Based on population reporting waiting times for non-emergency surgeries accessed in past 12 months.
 Analysis excludes non-response ("I don't know", "not stated", and "refusal").
 * Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).
 ‡ See Table 11 for sampling variability measures.
 .. Data not provided due to extreme sampling variability or small sample size.

Chart 7
Distribution of waiting times by type of non-emergency surgery, Canada, 2003



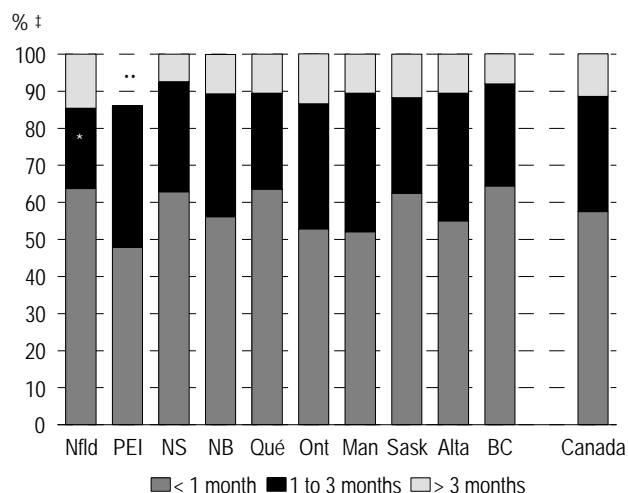
Data source: Statistics Canada, Health Services Access Survey 2003
Notes: Household population aged 15 and over.
 Based on population reporting waiting times for non-emergency surgeries accessed in past 12 months.
 Analysis excludes non-response ("I don't know", "not stated", and "refusal").
^E Interpret with caution (high sampling variability).

Table 10
Distribution of waiting times for specialist visits for a new illness or condition, Canada, 2003

	Less than 1 month		1 to 3 months		Longer than 3 months	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	39.6*	31.5, 47.6	39.9	31.7, 48.1	20.6 ^{E*}	13.0, 28.2
Prince Edward Island	49.9	39.8, 60.0	42.4	32.3, 52.6	7.7 ^E	3.0, 12.3
Nova Scotia	45.7	37.6, 53.8	41.4	33.4, 49.5	12.9 ^E	8.6, 17.1
New Brunswick	41.5	35.2, 47.8	43.3	36.9, 49.7	15.2	10.9, 19.6
Québec	53.9*	47.2, 60.6	34.2*	27.7, 40.6	11.9 ^E	7.4, 16.4
Ontario	44.3	39.0, 49.6	44.1	38.8, 49.5	11.5	8.4, 14.6
Manitoba	41.3	31.3, 51.3	49.7	40.2, 59.3	9.0 ^E	5.0, 13.0
Saskatchewan	51.5	44.7, 58.3	35.8	29.0, 42.6	12.6 ^E	8.4, 16.9
Alberta	51.1	43.2, 58.9	37.3	29.9, 44.7	11.6 ^E	6.8, 16.4
British Columbia	51.1	45.0, 57.2	40.3	34.3, 46.4	8.6 ^E	5.1, 12.1
CANADA	47.9	45.0, 50.8	40.7	37.9, 43.5	11.4	9.6, 13.1

Data source: Statistics Canada, Health Services Access Survey 2003.
Notes: Household population aged 15 and over.
 Based on population reporting waiting times for specialist visits accessed in the last 12 months.
 Analysis excludes non-response ("I don't know", "not stated", and "refusal").
^E Interpret with caution (high sampling variability).
 * Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Chart 8
Distribution of waiting times for diagnostic tests[†] by province, Canada, 2003



Data Source: Statistics Canada, Health Services Access Survey 2003
Notes: Household population aged 15 and over.
 Based on population reporting waiting times for diagnostic tests accessed in past 12 months.
[†] Diagnostic tests include non-emergency MRIs, CT scans, and angiographies. Analysis excludes non-response ("I don't know", "not stated", and "refusal").
 * Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).
[‡] See Table 12 for sampling variability measures.
 .. Data not provided due to extreme sampling variability or small sample size.

waiting time was higher than the national level in Québec for non-emergency surgery at 8.6 weeks and was lower for diagnostic tests for British Columbia at 2.0 weeks (Table 13).

Concerns about waiting times focus primarily on long waits. The 10% of individuals with the longest waits (90th percentile) waited 17 weeks for specialist visits and diagnostic tests, and 26 weeks for non-emergency surgery. Moving further along the tail of the distribution to the 5% of individuals with the longest waits (95th percentile), these individuals waited 26 weeks for specialist visits and diagnostic tests, and 34 weeks for non-emergency surgery (Table 14).

Waiting for care: What are the views of Canadians?

In addition to asking how long individuals waited, respondents were also asked about their views and experiences waiting for specialized services. Overall, fewer than one in five individuals (19%) who waited for a specialist visit reported being affected by waiting for care. The rate ranged from a low of 11% PEI to a high of 22% in Newfoundland and Labrador (Table 15).

Table 11
Distribution of waiting times for non-emergency surgeries, Canada, 2003

	Less than 1 month		1 to 3 months		Longer than 3 months	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	49.9	40.0, 59.9	39.8	29.7, 49.8	10.3 ^{E*}	4.8, 15.8
Prince Edward Island	45.3	31.2, 59.3	44.8	30.7, 58.9	..	..
Nova Scotia	39.1	27.8, 50.3	36.7	26.4, 46.9	24.3 ^E	11.8, 36.7
New Brunswick	40.9	32.9, 48.9	40.4	32.8, 48.0	18.7 ^E	11.5, 25.8
Québec	33.8	24.8, 42.9	51.2 [*]	41.3, 61.2	15.0 ^E	8.1, 21.8
Ontario	40.2	33.4, 47.0	43.7	36.8, 50.5	16.1	11.2, 21.1
Manitoba	40.8	31.4, 50.1	45.9	37.1, 54.7	13.3 ^E	8.3, 18.4
Saskatchewan	36.7	28.5, 44.9	34.6	25.7, 43.5	28.7 [*]	20.0, 37.4
Alberta	49.2	39.7, 58.8	37.8	28.4, 47.3	13.0 ^E	6.2, 19.7
British Columbia	42.7	34.9, 50.6	33.4 [*]	26.5, 40.3	23.9	16.5, 31.2
CANADA	40.5	36.9, 44.2	42.1	38.5, 45.6	17.4	14.7, 20.2

Data source: Statistics Canada, Health Services Access Survey 2003.
Notes: Household population aged 15 and over.
 Based on population reporting waiting times for non-emergency surgery accessed in the last 12 months.
 Analysis excludes non-response ("I 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.
 * Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Approximately one in ten individuals who had waited for non-emergency surgery reported being affected by waiting for care. Among those who had waited for a diagnostic test, 14% indicated that they were affected by waiting for care – ranging from a low of 7% in New Brunswick to a high of 19% in Manitoba (Table 15).

When asked how waiting for care affected their lives, between 72% (for specialist visits) and 60% (for non-emergency surgery) indicated that they experienced worry, stress and anxiety. Reports of pain ranged from 55% (for diagnostic tests) to 45% (for specialist visits) of individuals who were affected by waiting for care.

Other effects of waiting cited by respondents included problems with activities of daily living (25% for specialist visits, 31% for non-emergency surgery and 29% for diagnostic tests) and deterioration of overall health (20% for specialist visits, 24% for non-emergency surgery and 21% for diagnostic tests) (Table 16).

Acceptability of waiting times

Individuals who had waited for specialized services were also asked about the acceptability of their waiting times. Among those who had waited for specialist visits, 29% reported unacceptable waits. The results ranged from a low of 19% in PEI to a high of 34% in Newfoundland and Labrador. The rates for New

Brunswick (22%) and Québec (22%) were significantly lower than the national level (Table 17).

Among those who had waited for non-emergency surgery, 17% considered their waiting time unacceptable. The provincial rates ranged from a low of 13% in Manitoba to a high of 25% in British Columbia. Approximately one in five individuals who waited for a diagnostic test reported that their waiting time was unacceptable. The provincial rates varied from a low of 15% in New Brunswick to a high of 30% in Manitoba (Table 17).

Individuals reporting unacceptable waiting times waited longer and were more likely than those with acceptable waiting times to be affected by waiting for care. Of those who had waited for specialist visits, the ones who said their waiting time was unacceptable waited 8.6 weeks for care (median value), compared with 2.0 weeks for those with acceptable waits. Those who reported unacceptable waits for non-emergency surgery and diagnostic tests had waited three and six times longer, respectively, than those with acceptable waits (Chart 9; Table 18).

Individuals reporting unacceptable waits were more likely to report being affected by their waiting times. Over half (54%) of those reporting unacceptable waits for specialist visits were affected by waiting for care, compared with only 4% of those reporting acceptable waits. The results were similar for non-emergency surgery and diagnostic tests (Table 18).

Table 12
Distribution of waiting times for diagnostic tests,[†] Canada, 2003

	Less than 1 month		1 to 3 months		Longer than 3 months	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	63.7	52.5, 74.8	21.7 ^{E*}	14.2, 29.2	14.6 ^E	6.6, 22.7
Prince Edward Island	47.9	33.5, 62.2	38.1 ^E	23.9, 52.3	..	..
Nova Scotia	62.9	54.0, 71.8	29.7	21.3, 38.1	7.4 ^E	3.2, 11.5
New Brunswick	56.1	48.4, 63.8	33.2	26.3, 40.2	10.6 ^E	5.2, 16.1
Québec	63.6	54.5, 72.7	25.9	18.1, 33.8	10.5 ^E	4.8, 16.1
Ontario	52.9	46.0, 59.8	33.7	27.2, 40.1	13.5 ^E	8.4, 18.6
Manitoba	52.1	43.5, 60.6	37.4	29.2, 45.7	10.5 ^E	5.1, 15.8
Saskatchewan	62.4	52.1, 72.8	25.9 ^E	17.4, 34.4	11.7 ^E	5.5, 17.8
Alberta	55.0	44.8, 65.2	34.5	23.9, 45.1	10.5 ^E	4.2, 16.7
British Columbia	64.4	56.9, 71.8	27.6	20.9, 34.3	8.1 ^E	3.2, 13.0
CANADA	57.5	53.9, 61.1	31.1	27.6, 34.6	11.5	8.8, 14.1

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

Based on population reporting waiting times for diagnostic tests accessed in the last 12 months.

[†] Diagnostic tests include non-emergency MRIs, CT scans, and angiographies.

Analysis excludes non-response ("I 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.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Table 13
Median waiting times for specialized services,[†] by type of service, Canada, 2003

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
	Time (weeks)	95% confidence interval	Time (weeks)	95% confidence interval	Time (weeks)	95% confidence interval
Newfoundland and Labrador	4.3 ^E	1.7, 6.9	4.0 ^E	2.4, 5.6	2.0 ^E	1.1, 2.9
Prince Edward Island	4.0 ^E	2.7, 5.3	4.3 ^E	2.7, 5.9	4.3 ^E	2.3, 6.3
Nova Scotia	4.3	3.0, 5.6	4.3 ^E	1.7, 6.9	2.0 ^E	1.2, 2.8
New Brunswick	4.3	4.0, 4.6	4.3	3.4, 5.2	2.0 ^E	0.7, 3.3
Québec	3.0 ^E	1.8, 4.2	8.6*	6.3, 10.8	2.0 ^E	1.2, 2.8
Ontario	4.3	3.9, 4.6	4.3	3.7, 4.9	3.0	2.1, 3.9
Manitoba	4.3	3.7, 4.9	4.3	3.4, 5.2	3.0 ^E	1.4, 4.6
Saskatchewan	3.0 ^E	1.6, 4.4	6.0 ^E	3.1, 8.9	..	..
Alberta	3.0 ^E	1.7, 4.3	4.0 ^E	2.5, 5.5	3.0 ^E	1.4, 4.6
British Columbia	3.0 ^E	2.0, 4.0	4.3 ^E	2.8, 5.7	2.0*	1.7, 2.3
CANADA	4.0	3.4, 4.6	4.3	3.9, 4.7	3.0	2.1, 3.9

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

Based on population reporting waiting times for specialized services accessed in the last 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 ("I 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.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Table 14
Waiting times at selected percentiles for specialized services,[†] Canada, 2003

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
	Time (weeks)	95% confidence interval	Time (weeks)	95% confidence interval	Time (weeks)	95% confidence interval
50th percentile (Median waiting time)						
Time (weeks)	4.0	3.4, 4.6	4.3	3.9, 4.7	3.0	2.1, 3.9
# of individuals with waiting time ≥ percentile ('000)	1,486	1,377 - 1,595	700	620 - 780	916	825 - 1,006
75th percentile						
Time (weeks)	8.6	8.4, 8.7	12.9	10.0, 15.8	8.6	6.5, 10.7
# of individuals with waiting time ≥ percentile ('000)	911	824 - 997	263	217 - 309	464	396 - 531
90th percentile						
Time (weeks)	17.1	14.6, 19.6	25.7	21.8, 29.7	17.1	13.8, 20.5
# of individuals with waiting time ≥ percentile ('000)	319	267 - 371	160	125 - 195	208	157 - 258
95th percentile						
Time (weeks)	25.7	25.2, 26.2	34.3	27.6, 41.0	25.7	22.5, 28.9
# of individuals with waiting time ≥ percentile ('000)	191	150 - 232	61 ^E	38 - 84	109	77 - 141

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Based on population reporting waiting times for specialized services accessed in the last 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).

Table 15
Percentage of Canadians affected by waiting for specialized services,[†] by type of service, Canada, 2003[‡]

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	21.6 ^E	14.1, 29.1	12.6 ^E	5.6, 19.6	..	..
Prince Edward Island	10.7 ^{E*}	5.2, 16.3	..	..	..	..
Nova Scotia	19.3 ^E	12.4, 26.3	7.1 ^E	2.5, 11.7	11.4 ^E	5.1, 17.7
New Brunswick	13.8	9.4, 18.1	12.5 ^E	7.0, 18.0	7.3 ^{E*}	3.6, 11.0
Québec	16.7	11.5, 22.0	..	..	10.2 ^E	4.8, 15.7
Ontario	19.8	15.7, 23.9	9.6 ^E	5.7, 13.5	16.0 ^E	10.8, 21.3
Manitoba	18.2 ^E	11.7, 24.8	10.0 ^E	5.3, 14.7	18.7 ^E	11.8, 25.6
Saskatchewan	14.8	10.4, 19.1	15.0 ^E	8.7, 21.4	13.0 ^E	6.5, 19.4
Alberta	15.3	10.5, 20.1	8.9 ^E	4.4, 13.5	11.8 ^E	6.2, 17.3
British Columbia	20.6	16.0, 25.3	11.2 ^E	7.1, 15.4	12.6 ^E	7.9, 17.2
CANADA	18.5	16.5, 20.5	9.8	7.8, 11.8	13.6	10.9, 16.4

Data source: Statistics Canada, Health Services Access Survey 2003.

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 ("I 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.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

Table 16
Effects of waiting for specialized services,[†] by type of service, Canada, 2003[‡]

Effects	Specialist visits		Non-emergency surgeries		Diagnostic tests	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Worry, anxiety, stress	71.9	65.9, 78.0	59.8	49.1, 70.6	61.3	50.7, 71.8
Pain	45.3	38.4, 52.1	50.5	40.1, 60.9	54.8	44.4, 65.1
Problems with activities of daily living	24.9	19.1, 30.6	30.7	21.5, 39.8	28.7 ^E	18.7, 38.7
Worry, anxiety, stress for family or friends	24.7	19.7, 29.7	28.0 ^E	18.0, 38.0	18.2 ^E	12.1, 24.3
Deterioration of health	20.3	15.5, 25.0	24.4 ^E	15.9, 32.8	21.0 ^E	11.8, 30.2
Increased use of over-the-counter-drugs	11.6	8.0, 15.3	11.7 ^E	5.7, 17.7	12.5 ^E	4.5, 20.4
Increased dependence on family or friends	10.9	7.4, 14.3	20.2 ^E	11.7, 28.7	..	..
Loss of work	9.4 ^E	6.1, 12.6	14.3 ^E	7.9, 20.8	11.7 ^E	5.6, 17.7
Loss of income	7.6 ^E	4.8, 10.5	12.9 ^E	6.4, 19.3	7.6 ^E	2.8, 12.3
Personal relationships suffered	7.3 ^E	4.7, 9.8	..	..	..	..
Health problem improved	2.7 ^E	1.0, 4.3	..	..	..	..
Other	10.6 ^E	6.0, 15.1	..	..	4.7 ^E	1.6, 7.7

Data source: Statistics Canada, Health Services Access Survey 2003

Note: Household population aged 15 and over.

[†] "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).

[‡] Based on population who were affected by waiting for care in past 12 months.

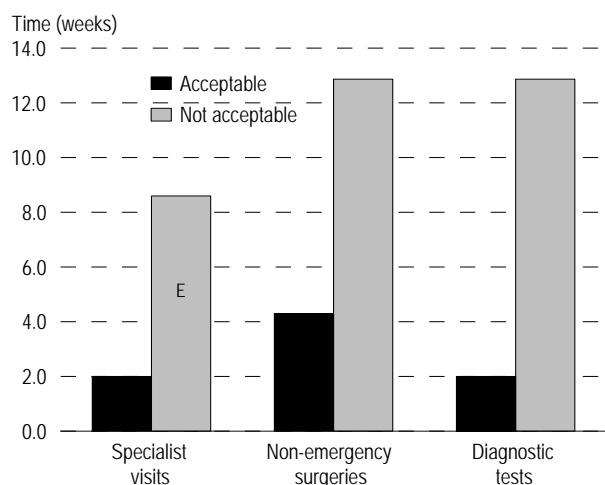
Analysis excludes non-response ("don't know", "not stated", and "refusal").

Because multiple responses were allowed, totals may exceed 100%.

E Interpret with caution (high sampling variability).

.. Data not provided due to extreme sampling variability or small sample size.

Chart 9
Median waiting time for specialized services[†] by reported acceptability, Canada, 2003



Data source: Statistics Canada, Health Services Access Survey 2003

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 ("I don't know", "not stated", and "refusal").

^E Interpret with caution (high sampling variability).

CONCLUSION

The HSAS provides timely data regarding patients' experiences accessing health care services, including their difficulties accessing first contact services and waiting times for specialized services. Most important, the information, in most cases, is provided at the provincial level, thus allowing for a comprehensive assessment of access to care across Canada.

Overall, most Canadians reported that they had a regular family doctor. The rate was significantly lower in Québec and higher in most of the Atlantic provinces, as well as in Ontario and British Columbia. Although most individuals had a regular family doctor, almost one in six individuals of those who required routine care experienced difficulties accessing care. The observed rates in Québec and Newfoundland and Labrador were significantly higher than for Canada, whereas in the western provinces, the rates were significantly lower. Generally, Saskatchewan reported significantly lower rates of difficulties accessing all first contact services.

The HSAS also provides important information about Canadians' experiences accessing specialized services. Waiting times were clearly identified as the number one barrier to specialized care among those

Table 17
Percentage of Canadians who considered waiting time for specialized services[†] unacceptable[‡], by type of service, Canada, 2003

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Newfoundland and Labrador	33.5	25.4, 41.6	16.1 ^E	8.9, 23.4	23.7 ^E	14.8, 32.7
Prince Edward Island	18.7 ^{E*}	12.0, 25.5	..	..	19.5 ^E	7.7, 31.4
Nova Scotia	29.4	21.8, 37.1	19.4 ^E	7.6, 31.2	20.5 ^E	13.5, 27.6
New Brunswick	22.0*	16.7, 27.3	17.9 ^E	11.0, 24.9	14.8 ^E	9.0, 20.6
Québec	22.4*	16.8, 27.9	16.9 ^E	8.9, 24.8	16.0 ^E	9.5, 22.6
Ontario	32.3	27.6, 37.0	14.4	9.8, 19.0	20.9	15.8, 26.1
Manitoba	29.4	21.2, 37.6	13.2 ^E	8.0, 18.3	30.3*	22.4, 38.1
Saskatchewan	24.5	18.8, 30.2	21.2 ^E	14.0, 28.5	18.9 ^E	10.8, 27.0
Alberta	28.5	21.9, 35.2	14.7 ^E	7.0, 22.3	27.9 ^E	17.2, 38.6
British Columbia	31.8	26.5, 37.0	25.0*	18.2, 31.9	21.4	15.8, 27.0
CANADA	29.1	26.6, 31.6	16.9	14.2, 19.7	20.9	17.9, 23.8

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

[†] "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).

[‡] Based on population accessing these services in past 12 months.

Analysis excludes non-response ("I 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.

* Statistically significant difference between Canada and provincial-level estimates ($p < 0.05$).

who had faced difficulties accessing this care. This result is consistent with previous studies regarding access to care.^{3,4} Overall, the vast majority of individuals in all provinces who accessed specialized services—such as a specialist visit for a new illness or condition, non-emergency surgery, or a diagnostic test—waited three months or less. Individuals waiting for specialist visits or diagnostic tests were more likely to receive care within one month than were those waiting for non-emergency surgery. While there was little variation in median waiting times, the distribution of waiting times clearly highlights some provincial variations. In Québec, for example, the median waiting time for non-emergency surgery was significantly longer compared with national level. However, individuals in Québec were more likely to wait less than one month for a specialist visit. In Newfoundland and Labrador, individuals were more likely to report long waits (larger than 3 months) for specialist visits but were less likely to do so for non-emergency surgery.

This report provides, for the first time, information regarding the acceptability of waiting times by province. While most deemed their waits acceptable, there were individuals in all provinces who considered their waits unacceptable. Whether or not individuals

deem their waiting times acceptable may be influenced by a range of factors, including how long they wait, whether or not they are affected by waiting, and as well as their expectations about waiting for care.^{5,6,7} The results of the HSAS clearly suggest that, for non-emergency surgery, provinces where individuals reported longer waits were also more likely to have a higher proportion of individuals reporting unacceptable waits. Further analysis is required to determine precisely what drives unacceptable waits in different parts of the country.

In summary, for most findings, only a few provincial rates were significantly different than the national rate. However, in most cases, there were statistically significant gaps between the highest and lowest provincial rates.

This report provides a first look at the results for the 2003 HSAS. Despite various limitations (see *Limitations*), these findings provide valuable information for policy-makers and health-care planners regarding the experiences of Canadians accessing first contact and specialized services. These data can also be used to conduct further analytical work to examine factors related to access to health care services.

Table 18

Waiting experiences of those who reported waiting times for specialized services[†] as acceptable or not acceptable, Canada, 2003

	Specialist visits		Non-emergency surgeries		Diagnostic tests	
		95% confidence interval		95% confidence interval		95% confidence interval
Median waiting times (weeks)						
Acceptable	2.0	1.6, 2.4	4.3	3.5, 5.0	2.0	1.8, 2.2
Not acceptable	8.6 ^F	4.9, 12.2	12.9	9.0, 16.7	12.9	9.6, 16.2
% who indicated that waiting affected their lives						
Acceptable	3.5 ^F	2.3, 4.8	3.3 ^F	2.0, 4.6	4.4 ^E	2.3, 6.5
Not acceptable	54.4	49.6, 59.2	41.7	33.3, 50.2	47.6	39.8, 55.3

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

Based on population accessing these specialized 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).

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APPENDIX A: Additional tables

Table A-1
Barriers to accessing routine or on-going care by time of day, Canada, 2003

	Regular office hours		Evenings and weekends	
	%	95% confidence interval	%	95% confidence interval
Difficulty getting an appointment	44.2	40.5, 47.9	31.2	25.3, 37.1
Waited too long for appointment	37.4	33.8, 40.9	23.9	18.2, 29.6
Waited too long to see physician (in-office visit)	21.7	18.5, 24.9	21.6	16.6, 26.6
Difficulty contacting a physician	16.6	14.2, 19.0	29.2	23.2, 35.2
No family physician	6.7	5.1, 8.3	8.9 ^E	5.4, 12.3
Service not available when needed	5.5	3.9, 6.9	15.8	11.1, 20.6
Service not available in the area	2.5 ^E	1.6, 3.4	5.4 ^E	2.6, 8.2
Didn't know where to go	..	..	..	..
Cost	..	..	..	..
Transportation problems	..	..	..	..
Language problems	..	..	..	..
Unable to leave the house because of health problem	..	..	..	..
Other	12.8	9.9, 15.7	14.2 ^E	9.1, 19.2

Data source: Statistics Canada, Health Services Access Survey 2003

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%.

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-2
Barriers to accessing health information or advice by time of day, Canada, 2003

	Regular office hours		Evenings and weekends		Middle of the night	
	%	95% confidence interval	%	95% confidence interval	%	95% confidence interval
Difficulties contacting a physician or nurse	38.6	34.3, 42.8	41.0	35.0, 47.1	42.5	29.7, 55.3
Waited too long to speak with someone	31.6	27.6, 35.5	38.7	32.4, 45.1	44.0	31.5, 56.4
Did not get adequate information or advice	30.1	25.8, 34.3	23.7	18.6, 28.8	30.4 ^E	20.4, 40.3
Could not get through	10.5	7.8, 13.1	15.8	10.8, 20.8	11.4 ^E	4.1, 18.7
Did not know where to go	4.3 ^E	2.7, 5.9	6.0 ^E	3.3, 8.8	..	..
Did not have a phone number	1.9 ^E	0.7, 3.1	..	..	..	..
Language problems	..	..	..	..	..	..
Unable to leave the house because of health problem	..	..	..	..	..	..
Other	22.1	18.3, 25.8	19.5 ^E	13.2, 25.9	16.0 ^E	6.4, 25.6

Data source: Statistics Canada, Health Services Access Survey 2003

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%.

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-3
Barriers to accessing immediate care for a minor health problem by time of day, Canada, 2003

	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)	39.8	34.8, 44.8	53.0	47.7, 58.3	54.9	46.2, 63.6
Difficulty getting an appointment	34.7	29.8, 39.5	13.4	10.0, 16.8	8.8 ^E	4.1, 13.4
Waited too long to get appointment	29.9	24.9, 34.9	19.7	15.0, 24.3	14.3 ^E	8.0, 20.6
Difficulty contacting a physician	15.9	12.6, 19.3	16.8	12.8, 20.7	16.0 ^E	9.9, 22.2
Service not available when needed	6.0 ^E	3.6, 8.3	8.3	5.8, 10.7	9.8 ^E	5.4, 14.3
No family physician	4.9 ^E	2.3, 7.5	3.0 ^E	1.4, 4.6	..	..
Cost	..	..	..	..	..	..
Service not available in the area	2.0 ^E	0.9, 3.1	5.1 ^E	2.6, 7.6	..	..
Transportation problems	..	..	..	..	..	..
Language problems	..	..	..	..	..	..
Unable to leave the house because of health problem	..	..	..	..	..	..
Didn't know where to go	..	..	..	..	..	..
Other	11.8	8.5, 15.1	12.8	9.1, 16.6	13.5 ^E	6.8, 20.2

Data source: Statistics Canada, Health Services Access Survey 2003

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%.

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-4
Barriers to accessing specialist visits for a new illness or condition, Canada, 2003[†]

	%	95% confidence interval
Waited too long for visit	67.8	62.6, 73.1
Difficulty getting an appointment	24.5	19.8, 29.2
Waited too long to see physician (in-office wait)	22.4	17.5, 27.3
No specialist/Service not available in the area	4.3 ^E	2.1, 6.5
Transportation problems	4.2 ^E	2.0, 6.4
Difficulty getting a referral/diagnosis	..	..
Appointment cancelled or deferred	..	..
General deterioration of health	1.5 ^E	0.5, 2.4
Cost	..	..
Language problems	..	..
Personal or family responsibilities	..	..
Unable to leave the house because of health problem	..	..
Other	5.9 ^E	3.6, 8.1

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

[†] 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-5
Barriers to accessing non-emergency surgeries, Canada, 2003[†]

	%	95% confidence interval
Waited too long for surgery	61.7	52.8, 70.7
Difficulty getting an appointment	23.6 ^E	15.3, 31.9
Waited for diagnostic test	13.7 ^E	6.7, 20.6
Waited for hospital bed	11.7 ^E	6.1, 17.4
Surgery cancelled or postponed	8.9 ^E	3.3, 14.6
No specialist/Service not available in the area	..	..
General deterioration of health	..	..
Difficulty getting a referral/diagnosis	..	..
Transportation problems	..	..
Cost	..	..
Personal or family responsibilities	..	..
Unable to leave the house because of health problem	..	..
Language problems	..	..
Other	5.5 ^E	2.0, 8.9

Data source: Statistics Canada, Health Services Access Survey 2003

Notes: Household population aged 15 and over.

[†] 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-6
Barriers to accessing diagnostic tests[‡], Canada, 2003[†]

	%	95% confidence interval
Waited too long for test	55.0	46.4, 63.7
Waited too long to get appointment	33.5	25.3, 41.6
Difficulty getting an appointment	21.8 ^E	13.5, 30.1
Difficulty getting a referral/diagnosis	..	..
No specialist/Service not available in the area	..	..
Service not available when needed	..	..
General deterioration of health	..	..
Cost	..	..
Transportation problems	..	..
Unable to leave the house because of health problem	..	..
Language problems	..	..
Did not know where to go	..	..
Other	8.1 ^E	4.0, 12.2

Data source: Statistics Canada, Health Services Access Survey 2003

Note: Household population aged 15 and over.

[†] Based on population reporting difficulties accessing these services in past 12 months.

[‡] Diagnostic tests include 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 A-7
Distribution of waiting times by type of non-emergency surgery, Canada, 2003

	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 surgery	59.7	48.2, 71.2	27.2 ^E	17.4, 37.0	13.1 ^E	5.3, 20.9
Joint replacement and cataract surgery	25.4	17.7, 33.0	48.8	39.9, 57.6	25.8	18.7, 33.0
Other non-emergency surgery	41.6	37.3, 45.8	42.4	38.2, 46.6	16.1	13.0, 19.1

Data source: Statistics Canada, Health Services Access Survey 2003.

Notes: Household population aged 15 and over.

Based on population reporting waiting times for non-emergency surgeries accessed in past 12 months.

Analysis excludes non-response ("I don't know", "not stated", and "refusal").

E Interpret with caution (high sampling variability).