

Survey on Access to Health Care and Pharmaceuticals During the Pandemic, March 2020 to May 2021

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In the 10 provinces, approximately half of Canadian adults needing health care in the first year of the COVID-19 pandemic experienced a difficulty receiving the services they needed. This finding is based on results from the Survey on Access to Health Care and Pharmaceuticals during the Pandemic, which was conducted from March to May 2021. Data from the survey, released today, cover topics such as access to pharmaceuticals, impacts of delayed health care, barriers to receiving health care, and general health status among Canadians aged 18 years and older living in the 10 provinces.

Almost 1 in 10 needing health care services were not able to schedule one or more appointments needed during the first year of the pandemic

Difficulties in receiving needed health care services include problems with scheduling appointments, long wait times, access issues related to quarantine rules or office closures, difficulty getting a referral, cost, services not available in the area, and transportation. Across the provinces, the proportions of Canadian adults who reported experiencing a difficulty receiving needed health care services ranged from 45% in Quebec to 60% in Newfoundland and Labrador. Among those who needed health care services, 9% reported they were not yet able to schedule one or more appointments needed.

Over one-quarter (28%) of those needing health care services reported that one or more appointments were cancelled, rescheduled, or delayed due to the COVID-19 pandemic, and 5% indicated that the reasons for cancellation, rescheduling, or delaying of appointments were due to reasons not related to the pandemic.

Most needing health care services in 12 months preceding the survey reported that they received all the services needed, while one in seven reported an unmet need

Despite encountering difficulties with receiving health care, most (85%) Canadian adults needing health care services in the past 12 months reported that they did receive all the services that they needed. Approximately 15% reported that they did not receive all the health care services they needed, ranging from 12% in Alberta to 17% in Prince Edward Island and Ontario. Among the 15% who reported that they did not receive all the health care services needed, nearly one-third (32%) reported they did not receive consultation with a specialist medical doctor such as a surgeon, allergist, orthopedist, or cardiologist, while over a quarter (27%) indicated they did not receive consultation or treatment from a family doctor or nurse practitioner. Other types of health care services not received included dental care (22%), screening and diagnostic testing (14%), and mental health or addiction services, such as counselling or therapy (9%).

Four out of five people who experienced difficulty accessing health care services reported a negative impact on their life

While most Canadians received the services they needed, among those who experienced a difficulty in accessing health care services, 80% reported that their life was negatively affected, with 5% of them reporting that it was extremely affected. Over two-thirds (68%) of those whose life was affected reported worry, anxiety, or stress as an impact of difficulties getting health care services or having to wait to receive services needed. In addition, adverse health impacts such as pain (29%) or problems with activities of daily living such as dressing, preparing meals, or driving (18%) were common. One in five (20%) of those whose life was affected indicated that their overall health deteriorated and their condition worsened.



The adverse health impacts were more pronounced for certain population groups. For example, among those whose life was affected by experiencing a difficulty accessing health care services, the proportion who reported that their overall health deteriorated and their condition worsened was 39% among those who identified as a person with a disability and 26% among those who indicated they were living with a chronic condition.

Canadians took the pandemic into consideration when deciding whether or not to seek services: over one-quarter of Canadians delayed contacting a medical professional during the first year of the pandemic

While about half of Canadians reported difficulties accessing health care services during the first year of the pandemic, some Canadians also made personal decisions to delay seeking medical care due to the pandemic, which could lead to deterioration of health from decreased preventive care, later diagnoses, and delayed or inadequate treatment of health conditions. Over one-quarter (30%) of Canadian adults needing health care services indicated that they delayed contacting a medical professional about a problem with their physical, emotional or mental health in the past 12 months, ranging from 22% in Prince Edward Island and New Brunswick to 34% in Ontario. Comparing by age, 22% of those aged 65 years and older reported having delayed contacting a medical professional compared with 38% among those aged 25 to 34 years. Differences across provinces in people delaying medical care could be partly attributed to the different age structures across provinces. For example, the Atlantic provinces have relatively fewer younger adults and relatively more older adults compared with the other provinces, and the health care services needed by younger Canadian adults may have differed in type and urgency.

Moreover, the reasons for delaying care were often related to taking precautions against COVID-19, both for personal protection and for helping the health care system. About 18% of those needing health care services delayed contacting a medical professional because of fear of possible COVID-19 exposure in health care settings (e.g., hospital, clinic), 7% cited fear of possible COVID-19 exposure outside of health care settings (e.g., transportation, public spaces), and 13% indicated concern of overloading the health care system.

Over half of First Nations, Inuit, and Métis adults needing health care services experienced difficulty during the first year of the pandemic

The survey also aimed to better understand access to health care services during the first year of the pandemic among First Nations, Inuit, and Métis adults in the 10 provinces. Over one-fifth (22%) of First Nations adults living off reserve needing health care services reported not receiving all the services needed, while 22% of Inuit (see Note to readers) and 17% of Métis adults reported the same.

Over half of First Nations (55%), Inuit (63%) and Métis (53%) adults needing health care services indicated they experienced a difficulty accessing health care in the past year. As a result of these difficulties, approximately three-quarters of First Nations (81%), Inuit (74%) and Métis (77%) adults reported their life was slightly to severely affected with various impacts ranging from worry, anxiety, and stress, to pain, problems with activities of daily living, and overall deterioration of health.

Table 1
Percentage of Canadian adults in the 10 provinces reported having experienced any difficulty accessing health care, did not receive all services needed, in the 12 months preceding the survey, among those who needed health care services

	Experienced Any Difficulty Accessing Health Care	Did Not Receive All Health Care Services Needed
	%	
Overall	49	15
Province		
Newfoundland and Labrador	60	16
Prince Edward Island	52	17
Nova Scotia	56	16
New Brunswick	50	16
Quebec	45	16
Ontario	52	17
Manitoba	48	13
Saskatchewan	47	14
Alberta	46	12
British Columbia	49	14
Age Group		
18 to 24 years	52	15
25 to 34 years	55	18
35 to 44 years	50	16
45 to 54 years	52	17
55 to 64 years	45	13
65 years and older	45	14
Gender		
Male	46	14
Female	52	17
Disability Status		
Yes	66	28
No	47	14
Chronic Condition		
Yes	54	19
No	43	12
Ethnic Group		
Black	50	15 ^E
Chinese	50	13 ^E
South Asian	55	18 ^E
White	49	15
Indigenous Identity		
First Nations (living off reserve)	55	22
Métis	53	17
Inuit	63	22 ^E

^E use with caution

Source(s): Survey on Access to Health Care and Pharmaceuticals During the Pandemic (5346).

Table 2
Percentage of Canadian adults in the 10 provinces reported delay in contacting a medical professional about a problem with their physical, emotional or mental health, in the 12 months preceding the survey, among those who needed health care services

	%
Overall	30
Province	
Newfoundland and Labrador	23
Prince Edward Island	22
Nova Scotia	27
New Brunswick	22
Quebec	23
Ontario	34
Manitoba	31
Saskatchewan	30
Alberta	32
British Columbia	32
Age Group	
18 to 24 years	33
25 to 34 years	38
35 to 44 years	33
45 to 54 years	32
55 to 64 years	28
65 years and older	22
Gender	
Male	27
Female	33
Chronic Condition	
Yes	32
No	28
Disability Status	
Yes	36
No	30

Source(s): Survey on Access to Health Care and Pharmaceuticals During the Pandemic (5346).

Note to readers

The estimate for Inuit adults should be interpreted with caution. High sampling variability is associated with the estimate, as the coefficient of variation > 15.0%.

The target population for the survey was persons 18 years of age and older living in the ten provinces and excluded persons living on reserves and other Indigenous settlements in the provinces and the institutionalized population. The survey was administered by electronic questionnaire and computer-assisted telephone interview, so those without internet or telephone access were excluded. An oversample of Indigenous people living in the ten provinces was included to increase the reliability of estimates for First Nations people living off reserve, Métis and Inuit living in the ten provinces. The additional sample was drawn from those who identified as Indigenous in the 2016 Census.

Health care services included were: consultation or treatment from a family doctor or nurse practitioner, consultation with a specialist medical doctor, treatment for or monitoring of a chronic condition, cancer treatment, screening or diagnostic testing (excluding COVID-19 testing), reproductive care or gynaecological services, surgery, mental health or addiction services such as counselling or therapy, dental care, such as dental cleaning, denture fitting, cavity fillings. An "other" category was also listed. Questions may not be directly comparable to previous Statistics Canada surveys.

Respondents could choose more than one category for Indigenous identity, ethnic groups, types of health care services, reasons for having delayed contacting medical professional, types of difficulties in accessing health care services experienced, impacts of having experienced any difficulty accessing health care services.

Chronic conditions included were those reported to last six months or more: chronic lung condition (e.g., emphysema or bronchitis), asthma, chronic heart disease, diabetes (exclude gestational diabetes), chronic kidney disease, liver disease (e.g., chronic hepatitis), high blood pressure, chronic blood disorder, a weakened immune system (e.g., due to disease or medication), chronic neurological disorder, stroke, Alzheimer's disease or other dementia, mental health condition (e.g., depression, anxiety), cancer, arthritis. An "other" category was listed.

Definitions, data sources and methods: survey number [5346](#).

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; STATCAN.infostats-infostats.STATCAN@canada.ca) or Media Relations (613-951-4636; STATCAN.mediahotline-ligneinfomedias.STATCAN@canada.ca).