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by Janine Clarke

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. not available for any reference period
.. not available for a specific reference period
... not applicable
0 true zero or a value rounded to zero
0^s value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
^{p} preliminary
^{r} revised
x suppressed to meet the confidentiality requirements of the *Statistics Act*
^{E} use with caution
F too unreliable to be published
* significantly different from reference category ($p < 0.05$)

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Health at a Glance

Difficulty accessing health care services in Canada

by Janine Clarke

Highlights

- In 2013, the majority of Canadians who needed health care (aged 15 years and older) did not report any difficulty with access (71%).
- Of those who reported difficulties accessing services, "waiting too long for an appointment" and "difficulty getting an appointment" were the most common problems reported.
- Canadians who reported fair or poor perceived health had the highest odds of reporting difficulty accessing specialized services such as specialist care, non-emergency surgery and selected diagnostics tests.
- Those with higher levels of education (i.e., at least some post-secondary) had the highest odds of reporting difficulty accessing first-contact services (e.g., immediate care, routine care or health information).

Introduction

Easy and timely access to health care services is important for the health of Canadians. Difficulty accessing services could result in: delays seeking and obtaining treatment, underuse or a lack of awareness of preventive health care or services, increased risk of complications if a diagnosis is delayed, increased financial burden on the health care system (e.g., if patients arrive sicker and/or need to stay longer in hospital), and/or decreased compliance with treatment.[1,2] As such, an important goal of Canada's national health insurance program is to ensure that all Canadians have access to medically necessary services free of cost.[3,4] However there are other factors, such as wait times, that can affect access to health care services resulting in some Canadians experiencing difficulty getting the care that they need.[2,5]

This article explores Canadians' (age 15 and older) self-reported experiences regarding access to selected health care services, in the year prior to answering the survey.

Definitions of the health care services examined in this article[6,7]

Specialized services is the term that will be used throughout this article to collectively refer to the following 3 types of health care services:

- **Specialist care** is care from a medical specialist, such as a cardiologist, allergist, urologist/ gynaecologist or psychiatrist, excluding an optometrist, for a diagnosis or consultation.
- **Non-emergency surgery** is any scheduled or planned non-emergency surgery, such as cardiac surgery, joint surgery (e.g., knee or hip), caesarean sections and cataract surgery, but excluding laser eye surgery.
- **Selected diagnostic tests** are tests that include magnetic resonance imaging (MRI) scans, computerized tomography scans (CT scans), and angiographies provided in non-emergency situations.

First-contact services is the term that will be used throughout this article to collectively refer to the following 3 types of health care services:

- **Immediate care** is immediate care for a minor health problem such as fever, headache, sprained ankle, vomiting, minor burns, cuts, skin irritation, unexplained rash or other health problems or injuries due to a minor accident.
- **Routine care** is routine or on-going care provided by a family doctor or general practitioner for the respondent or the respondent's family member living in the same dwelling. This includes an annual check-up, blood tests, or routine care for an on-going illness.
- **Health information** is information or advice regarding a new or existing health condition or disease. This could include information over the telephone or directly from a health care professional. Information may be about: treatment, care or who to contact for care (e.g., doctor, emergency room, hospital clinic).

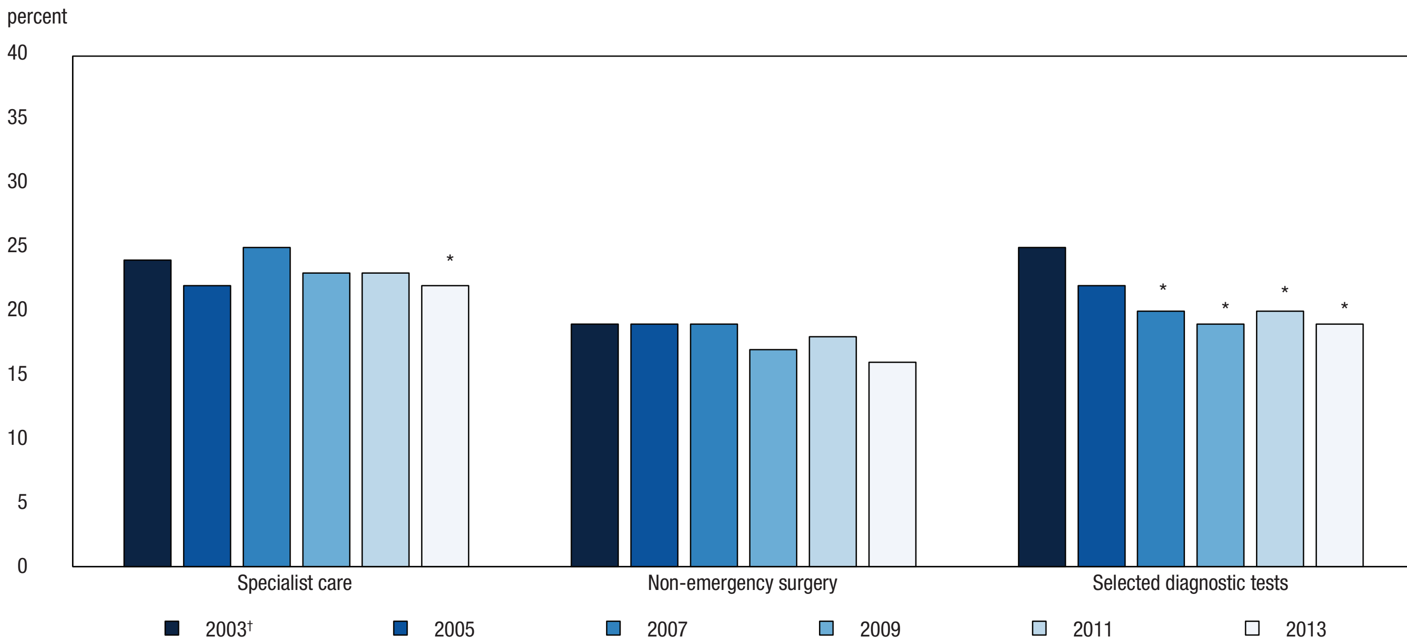
Data are from the "Access to health care services" module which was asked to respondents in the 10 provinces as part of the Canadian Community Health Survey every 2 years from 2003 to 2013. The module asks specifically about two groups of health care services: **specialized services** and **first-contact services**.[6,7,8] Specialized services include **specialist care**, **non-emergency surgery** and **selected diagnostic tests**. First-contact services include **immediate care**, **routine care** and **health information**. The results presented in this article are based on the population who required health care services in the twelve months prior to answering the survey. The percentage of Canadians who reported one or more perceived difficulties accessing each of these health care services, along with the most commonly reported reasons for their difficulty, will be presented. In addition, we assessed the sociodemographic (e.g., level of education, employment status) and health characteristics (e.g., perceived health) of those respondents who reported difficulty accessing health care services. The characteristics examined in this article were previously found to be associated with difficulty accessing immediate or routine care.[2]

Most Canadians did not report difficulty accessing health care services

In 2013, about 80% of Canadians aged 15 and older accessed one or more specialized or first-contact health care service in the year prior to being surveyed. Of those, the majority (71%) did not report any difficulty accessing services.

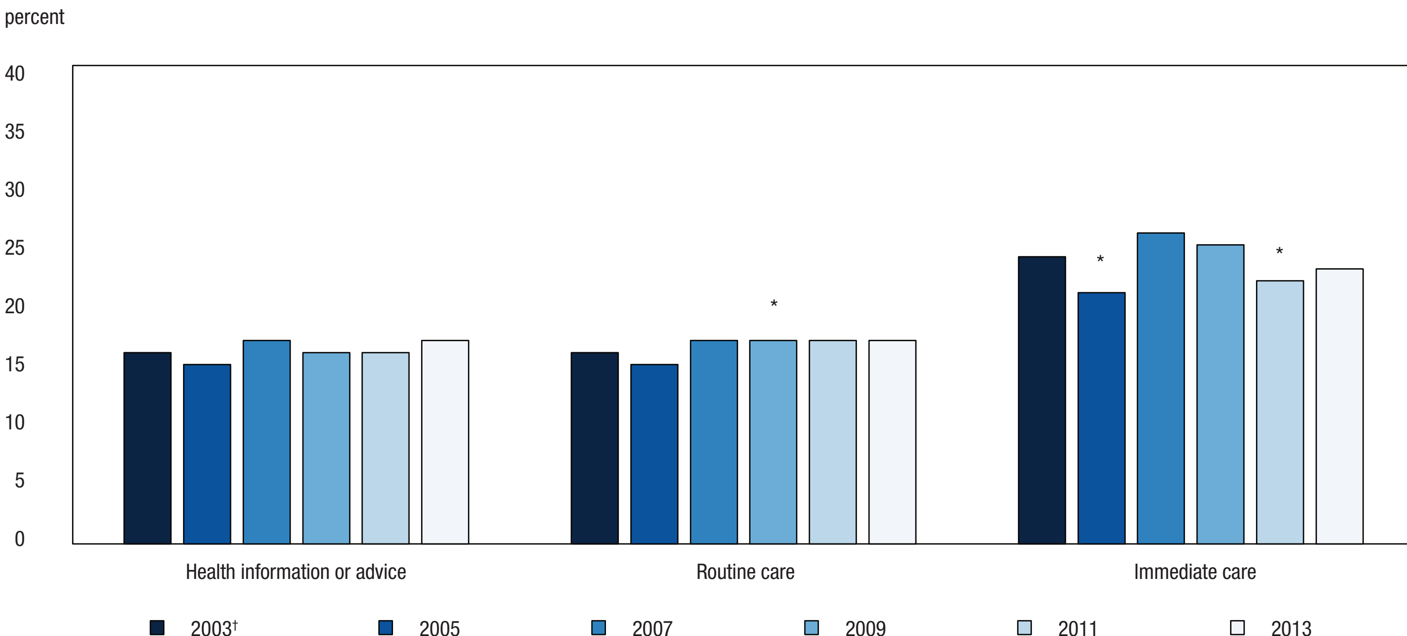
The remainder of this article, however, will focus on the Canadians who reported difficulty getting the care they needed. The percent of Canadians that reported difficulty accessing various health care services varied depending on the health care service. For example, 16% reported difficulty accessing non-emergency surgery while 23% reported difficulty accessing immediate care (Charts 1 and 2). For most types of health care services, the percentage who reported difficulty accessing care has not changed significantly since 2003. However, in 2013 the percentage who reported difficulty accessing specialist care or selected diagnostic tests was significantly lower compared to 2003 (Chart 1).

Chart 1
Percentage reporting difficulty accessing specialized[1] health care services, Canadians aged 15 and older,[2] 2003 to 2013



* significantly different from reference group ($p < 0.05$)
† reference group
1. See the "Definitions of the health care services examined in this article" text box for definitions of the variables in this chart.
2. Based on the population requiring health care services in the 12 months prior to answering the survey
Source: Statistics Canada, 2003, 2005, 2007, 2009, 2011 and 2013 Canadian Community Health Survey.

Chart 2
Percentage reporting difficulty accessing first-contact[1] health care services, Canadians aged 15 and older,[2] 2003 to 2013



* significantly different from reference group ($p < 0.05$)
† reference group
1. See the "Definitions of the health care services examined in this article" text box for definitions of the variables in this chart.
2. Based on the population requiring health care services in the 12 months prior to answering the survey
Source: Statistics Canada, 2003, 2005, 2007, 2009, 2011 and 2013 Canadian Community Health Survey.

Table 1
Three most commonly reported reasons for difficulties accessing health care services, by type of health care service,[1] Canadians aged 15 and older,[2] 2009 to 2013[3]

Reasons for difficulty, by type of health care service	Percent (%)	95% confidence interval
Specialized services		
Specialist care		
Difficulty getting an appointment	43	(40 to 45)
Waited too long for an appointment	51	(49 to 53)
Waited too long to see a doctor (in-office waiting)	17	(15 to 19)
Non-emergency surgery		
Difficulty getting an appointment with a surgeon	31	(27 to 36)
Waited too long for surgery	60	(55 to 65)
Still waiting for surgery	14	(11 to 18)
Selected diagnostic tests		
Difficulty getting an appointment	26	(22 to 30)
Waited too long for an appointment	53	(49 to 57)
Waited too long to see a doctor (in-office waiting)	22	(19 to 25)
First-contact services		
Health information or advice		
Difficulty contacting a nurse or physician	40	(38 to 43)
Waited too long to speak to someone	36	(34 to 39)
Did not get adequate information or advice	29	(27 to 31)
Routine or on-going care		
Difficulty contacting a physician	23	(21 to 25)
Difficulty getting an appointment	48	(46 to 50)
Waited too long to get an appointment	38	(36 to 40)
Immediate care (minor health problem)		
Difficulty getting an appointment	31	(29 to 34)
Waited too long to get an appointment	26	(24 to 29)
Waited too long to see a doctor (in-office waiting)	49	(46 to 52)

1. See the "Definitions of the health care services examined in this article" text box for definitions of the variables in this table.
2. Based on the population reporting difficulties accessing these services in the 12 months prior to answering the survey. For first contact services, this includes accessing services for self or for a family member living in the same dwelling.
Note: When asked about the type of difficulty experienced, respondents were able to select as many as were applicable. As such, the estimates do not add to 100%.
Source: Statistics Canada, 2009, 2011 and 2013 Canadian Community Health Survey.

"Waiting too long" was the most common reason why Canadians reported difficulty accessing health care services

People who reported difficulty accessing health care services were asked a follow-up question regarding the reason(s) for their difficulty.[9] Although many different types of difficulties were reported (e.g., language problems, cost, transportation problems) the top 3 difficulties for each health care service were included (Table 1). This was done in order to limit the focus to the most important reasons. Furthermore, some of the difficulties could not be presented due to a small sample size.

Reasons related to "waiting too long" were among the top three reasons for difficulties with accessing each type of health care service (Table 1). More than 50% of those who reported difficulty accessing any specialized services indicated that the problem was with wait times for an appointment. Wait times were also the main difficulty with access to non-emergency surgery, where 60% reported that they waited too long for surgery. The percentage of Canadians who reported waiting too long for non-emergency surgery has remained unchanged over time (data not shown).

Wait times for health care services is an important issue in Canada – in 2004, the First Ministers committed to a 10-year plan to reduce wait times in Canada for a number of services/procedures.[4] Although the current analysis indicates that a significant percentage of Canadians reported "waiting too long" as a barrier to accessing health care services, other recent reports suggest that wait times for certain procedures have improved in Canada since 2004.[10] In fact, the majority of Canadians are receiving procedures, such as hip or knee replacement, hip fracture repair, cataract surgery, or radiation therapy, in a "medically acceptable timeframe", which is defined as the amount of time that is appropriate to wait for a procedure based on clinical evidence.[11] However, what is considered a "medically acceptable timeframe" may not be considered an acceptable wait time from the perspective of the patient. Since the questionnaire did not specifically ask how long respondents had waited, it is not possible to determine if the wait time was outside the medically acceptable timeframe.

"Difficulty getting an appointment" was another reason why many Canadians experienced difficulty accessing both specialized and first-contact health care services (Table 1). This reason was given most frequently (48%) by people who had difficulty accessing routine care from a family doctor or general practitioner. Having difficulty getting an appointment could be related to physician availability in Canada. The number of physicians in Canada is continually increasing and in 2014 the physician-to-population ratio reached its highest ever (224 physicians per 100,000 people).[12] However, in that same year, about 15% of Canadians reported that they did not have a regular medical doctor.[13] This discrepancy may be due to the fact that of those 224 physicians per 100,000 people, only 51% are family doctors.[12]

For those who have a family doctor, difficulty getting appointments could be related to how services are organized or delivered by their healthcare provider. The amount of time a physician spends on direct patient care in an average week has decreased since the late 1990's.[14] However, in the last decade, efforts have been made to improve access to health care through the availability of group practices and primary health care networks.[15,16] Although, this model of health care delivery is not yet fully implemented in all provinces.[15,16]

Several factors are related to difficulty accessing health care services

Multiple logistic regression analysis was used to identify which of selected sociodemographic and health characteristics were associated with difficulty accessing specialized or first-contact health care services. The **adjusted odds ratio** for each characteristic found to be significantly associated with difficulty accessing health care services is presented in Table 2. It represents the odds of experiencing difficulty accessing health care services by a given characteristic (e.g., female) compared to a reference group (e.g., male), when the other characteristics were considered.

Age, sex, level of education, immigration status, region of residence and **perceived health** were significantly associated with difficulty accessing specialized services (Table 2). The odds of reporting difficulty were significantly higher compared with the reference group among: those under the age of 65, females, **immigrants**, those with at least some post-secondary education and those who reported poor or fair perceived health. The odds of reporting difficulty accessing specialized services were also significantly higher for people living in Quebec or the western provinces (the Prairies and British Columbia) compared with Ontario.

The results for first-contact services were similar to those for specialized services, such that age, sex, level of education, region of residence and perceived health were significantly associated with difficulty accessing services (Table 2). However, people without a regular medical doctor and those who identified as **Aboriginal** (living off-reserve) also had significantly higher odds of reporting difficulty accessing first-contact services. By contrast, those living in British Columbia (as compared with Ontario) and those with either part-time or no employment (as compared with full-time employment) had a significantly lower odds of difficulty accessing first-contact services. These results are consistent with previous research in Canada, however the strength of the association is generally lower (i.e., all odds ratios are less than 2) in the present analysis which suggests that there may have been some improvement over time.[2,17]

There are many inter-related factors that may affect one's ability to access health care services, including personal factors (e.g., work schedule, family responsibilities) and system factors (e.g., availability of services). Together these

Table 2
Adjusted odds ratios of difficulties accessing health care services,[1] by selected characteristics, Canadians aged 15 and older,[2] 2009 to 2013[3]

Characteristics	Specialized services		First-contact services	
	Adjusted odds ratio	95% confidence interval	Adjusted odds ratio	95% confidence interval
Age group				
15 to 64	1.51*	(1.33 to 1.71)	1.67*	(1.50 to 1.85)
65 or older†	1.00	…	1.00	…
Sex				
Male†	1.00	…	1.00	…
Female	1.12*	(1.01 to 1.23)	1.36*	(1.27 to 1.45)
Level of education				
Less than high school†	1.00	…	1.00	…
High school	1.13	(0.91 to 1.41)	1.18	(1.00 to 1.39)
Some post-secondary or higher	1.40*	(1.16 to 1.68)	1.75*	(1.51 to 2.02)
Employment status				
Currently working - full time†	1.00	…	1.00	…
Currently working - part time	0.85	(0.72 to 1.01)	0.82*	(0.73 to 0.91)
Not working[4]	0.90	(0.80 to 1.01)	0.84*	(0.77 to 0.91)
Immigration status				
Immigrant	1.15*	(1.01 to 1.3)	1.08	(0.98 to 1.20)
Canadian-born†	1.00	…	1.00	…
Aboriginal identity				
Yes	0.88	(0.70 to 1.1)	1.26*	(1.07 to 1.47)
No†	1.00	…	1.00	…
Region				
Atlantic	1.06	(0.93 to 1.21)	0.98	(0.89 to 1.08)
Quebec	1.36*	(1.18 to 1.56)	1.53*	(1.39 to 1.69)
Ontario†	1.00	…	1.00	…
Prairies	1.17*	(1.03 to 1.34)	1.18*	(1.07 to 1.31)
British Columbia	1.36*	(1.17 to 1.57)	0.87*	(0.76 to 0.99)
Perceived health				
Poor or fair	1.83*	(1.62 to 2.05)	1.64*	(1.49 to 1.80)
Good, very good or excellent†	1.00	…	1.00	…
Has a regular medical doctor				
Yes†	1.00	…	1.00	…
No	1.14	(0.97 to 1.34)	1.43*	(1.28 to 1.59)

… not applicable
* significantly different from reference group ($p < 0.05$)
† reference group
1. See the "Definitions of the health care services examined in this article" text box for definitions of the variables in this table.
2. Based on the population reporting difficulties accessing these services in the 12 months prior to answering the survey. For first contact services, this includes accessing services for self or for a family member living in the same dwelling.
3. Results are based on the combined data from the 2009, 2011 and 2013 Canadian Community Health Survey.
4. Includes those aged 15 to 75 who are currently not working and those aged 76 and older who are not asked any questions on employment.

Note: All variables were included in the logistic regression model at the same time. Results are also adjusted for survey year to account for possible changes over time. Income and residence type (population centre or rural area) were also included in the model but are not displayed due to a lack of statistical significance. For more information on logistic regression, see the section on "Data source, methods and definitions".
Source: Statistics Canada, combined 2009, 2011 and 2013 Canadian Community Health Survey.

have a complex effect on an individual's opinion about their access to health care which is important to consider when interpreting the results of this study. For many of the characteristics examined in this article, the higher odds of difficulty accessing health care may be related to a greater need for health care services. That is, there may be greater opportunity to experience difficulty because of more frequent use of health care services. For example, previous research in Canada and the United States has shown that women access health care services more than men.[17,18,19] In the present study, women had a higher odds of reporting difficulties accessing care than men. However, we could not assess whether difficulty accessing care was related to the number of times a person accessed services due to limitations of the questionnaire.

By contrast, some of the groups that had higher odds of difficulty accessing care (e.g., those with higher education) were less likely to have reported accessing health care in the year prior to the survey (data not shown). One possible explanation for this could be related to different expectations among different groups. For example, it has been suggested that those who are younger and those who are more educated may have higher expectations or be more critical of their experience.[20,21,22] As such, younger or more educated individuals may report more difficulty than their older or less educated counterparts.

Factors related to a person's availability is another possible explanation for experiencing difficulty accessing care. For example, those who work part-time or who do not work may experience less difficulty getting appointments because of a more flexible schedule compared with those who work full-time.[23]

Income was also included in the analysis although the results are not presented in Table 2 because the association with difficulty accessing health care services was not significant. This is consistent with previous research showing that Canada's universal health care coverage does help to reduce income-based inequalities often associated with difficulty accessing health care services.[2,18,24]

Conclusion

The results of this study show that on average about 29% of Canadians who required health care reported difficulty accessing these services. Wait times and difficulty getting appointments were the most commonly reported reasons for experiencing difficulty.

The results also showed that certain groups had higher odds of reporting difficulty accessing health care services. These included Canadians under the age of 65, females, those with higher levels of education, full-time workers, immigrants and those with poor or fair perceived health. Further research to understand why these groups are having difficulties is warranted.

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Data source, methods and definitions

Data source

The Canadian Community Health Survey (CCHS) is a cross-sectional survey that includes self-reported responses related to health status, health care utilization and health determinants. The CCHS includes Canadians aged 12 years and over who live in the ten provinces and three territories. Persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and persons living in the Quebec health regions of Région du Nunavik and Région des Terres-Cries-de-la-Baie-James were not included in the survey. Altogether, these exclusions represent less than 3% of the target population.

The Health Services Access module was asked to a subsample of respondents from the CCHS every two years (2003, 2005, 2007, 2009, 2011 and 2013) to gather additional information on health services and access to health care. The questions were asked to Canadians 15 years and older who lived in the ten provinces.

Methods

Weighted frequencies and cross-tabulations were used to estimate the percentage of people reporting difficulty when accessing health care services.

Weighted frequencies and cross-tabulations were also used to estimate the top three reasons for experiencing difficulty accessing health care services. For this analysis, three years of data (2009, 2011 and 2013) were combined in order to increase the sample size for the analysis. An increased sample size can help to reduce the random variation that can occur with small numbers.

Multiple logistic regression analysis was used to evaluate the association between the outcome variables (no difficulty versus difficulty accessing either specialized or first-contact health care services) and various sociodemographic and health characteristics, simultaneously. The sociodemographic characteristics that were examined were: age, sex, education, working status (not working, employed part-time or employed full-time), income, region of residence (Atlantic, Quebec, Ontario, Prairies or British Columbia), type of area of residence (**population centre** or **rural area**), immigrant status, Aboriginal identity (living off-reserve only). The health characteristic examined was perceived health (fair/poor versus good/very good/excellent). Whether or not the respondent had a regular medical doctor was also explored. All of these characteristics were included in the analysis at the same time. This allowed for the examination of one characteristic at a time by removing (i.e., holding constant or adjusting for) the effects of the other characteristics.

The results of the logistic regression are presented as **adjusted odds ratios** (Table 2). The value of an odds ratio can range from zero to infinity. It is interpreted as a measure of the size of the association between a given characteristic and the outcome (i.e., reporting difficulty accessing health care). The characteristics examined in this article are all categorical, and so the odds ratios are interpreted in comparison with a reference group within a given characteristic. For example, if the characteristic of interest is sex and the reference group is "males", then an odds ratio less than 1 means that the odds of the outcome occurring are lower for females compared with males. An odds ratio greater than 1 means that the odds of the outcome occurring are higher for females compared with males. An odds ratio equal to 1 means that the non-reference group is not different from the reference group (e.g. no difference between females and males reporting difficulty accessing care).

Three years of data (2009, 2011 and 2013) were combined for the regression analysis to increase the sample size. For all analyses, bootstrap weights were used to take into account the complex design of the survey.

Definitions

Aboriginal refers to those who self-identified as First Nations, Métis or Inuk (Inuit) living off-reserve. Persons living on reserves and other Aboriginal settlements are excluded from the survey's coverage.

Immigrants are those who reported that they were not a Canadian citizen by birth, regardless of the length of time since they first immigrated to Canada.

Perceived health is derived from the answer to the question 'In general, would you say your health is: excellent, very good, good, fair or poor?' For the purpose of the analysis, those who reported their health as "poor" or "fair" were grouped together while those who reported their health as "good", "very good" or "excellent" were grouped together. Perceived health is used as an indicator of overall health status.[7]

Population centre refers to an area with a minimum of 1,000 persons and a density of at least 400 persons per square kilometre, based on the current census population count.[25]

Rural area refers to all areas lying outside of population centres.[25] Taken together, population centres and rural areas cover all of Canada.[25]

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