Catalogue no. 82-625-X
ISSN 1920-9118

Health Fact Sheets

Unmet health care needs, 2014

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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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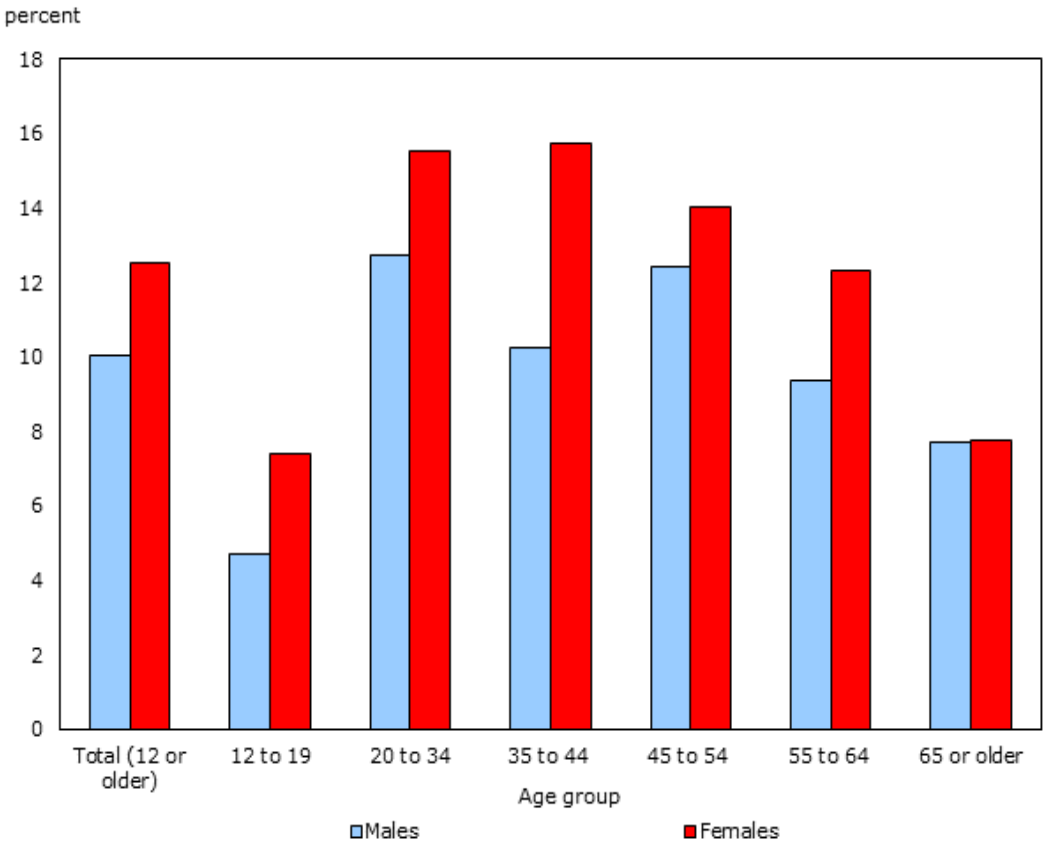
Health Fact Sheets

Unmet health care needs, 2014

In 2014, roughly 3.4 million Canadians aged 12 and older (11.2%) reported that they did not receive health care when they felt they needed it. Overall, females (12.4%) were more likely than males (10.0%) to have reported an unmet health care need. Among age groups, unmet health care needs were lowest for those aged 12 to 19 and those aged 65 or older, and were highest for those aged 20 to 54. (Chart 1).

Chart 1
Unmet health care needs, by sex and selected age group, household population aged 12 or older, Canada, 2014

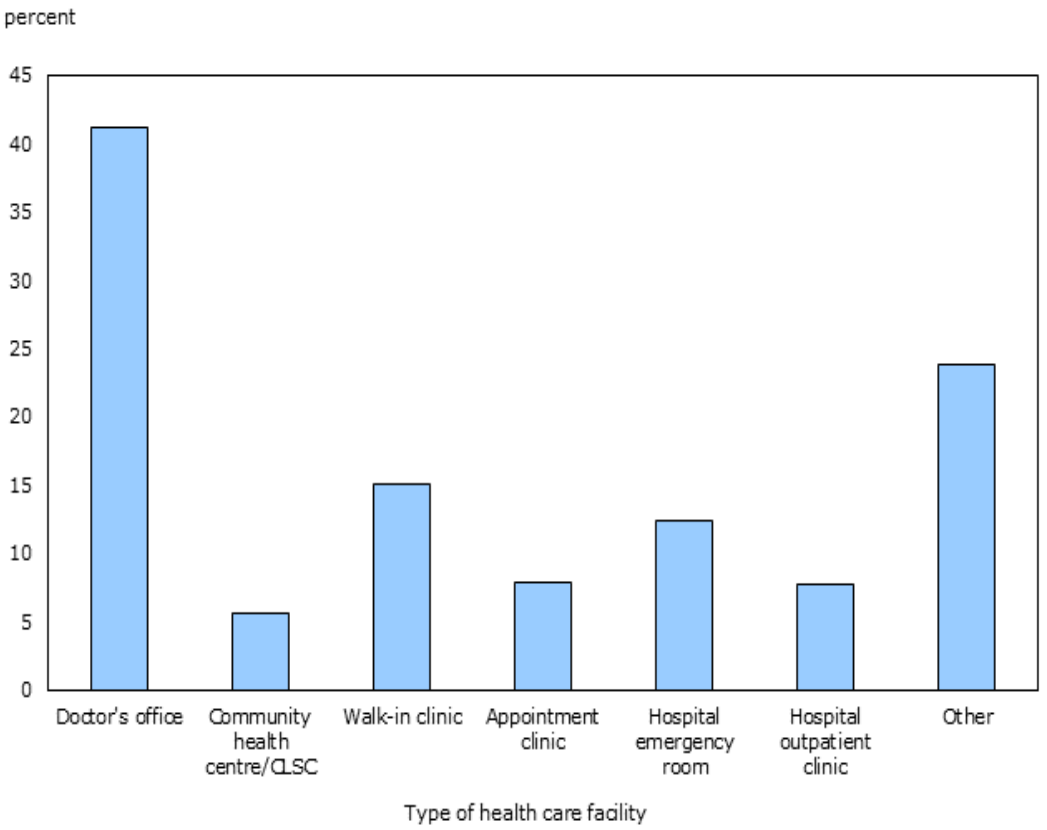


Source: Canadian Community Health Survey, 2014.

The three most reported reasons[1] for respondents not having had their most recent health care need met were that wait times were too long (33.4%), health care services were unavailable at the time required (13.7%) and the cost (11.4%).

In 2014, Canadians who felt they needed health care but didn't receive it attempted to get health care services from a number of places[2]. For those Canadians, 40.8% were unable to get service at a doctor's office. Other commonly reported places where Canadians could not get the health care they felt they needed included walk-in clinics (15.2%) and hospital emergency rooms (12.4%) (Chart 2).

Chart 2
Unmet health care needs by type of health care facility where service was sought, household population aged 12 or older, Canada, 2014



Note: Respondents could report more than one place they had attempted to receive care. As a result, these figures are not additive (they may add to more than 100%).
Source: Canadian Community Health Survey, 2014.

The largest proportion of reported unmet needs[3] was for the treatment of physical health problems (65.1%). Other types of unmet needs included treatment for emotional or mental health problems (11.4%), regular checkups (9.4%) and treatments for injuries (8.8%).

Unmet health care needs by province and territory

Compared to the national average (11.2%), the following provinces had lower reported rates of unmet health care needs:

- Newfoundland (7.9%)
- New Brunswick (8.9%)
- Ontario (10.3%)
- Saskatchewan (7.4%)
- Alberta (9.9%)

The following province and territory had higher rates than the national average:

- Quebec (14.1%)
- Yukon (16.9%)

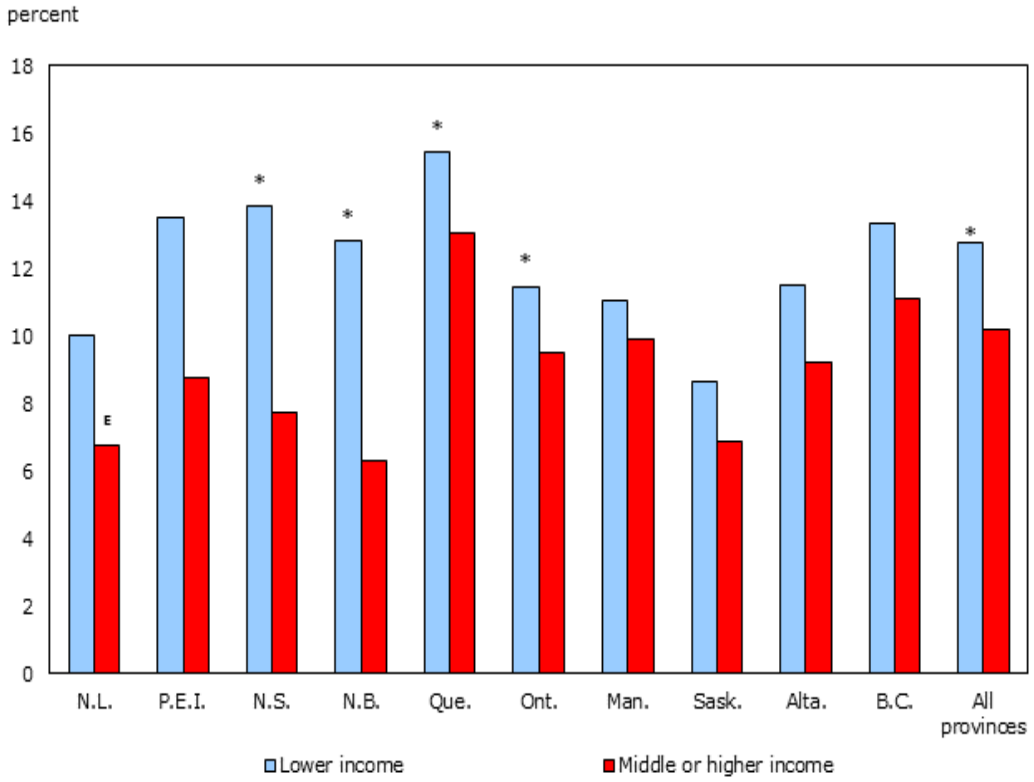
Other provinces and territories[4] reported rates that were about the same as the national average.

Income and unmet health care needs

Across the ten provinces, Canadians with lower incomes were more likely to have reported an unmet health care need (12.8%) than those with middle or higher incomes (10.2%).

However, in 2014 these differences were not significant in every province. Those with lower incomes were more likely to have reported an unmet health care need in Nova Scotia, New Brunswick, Quebec and Ontario. In Newfoundland and Labrador, Prince Edward Island, and western Canada, there was no significant difference between the income groups (Chart 3).

Chart 3
Unmet health care needs, by province, by income, household population aged 12 or older, Canada (excluding territories), 2014



E use with caution (data with a coefficient of variation (CV) between 16.6% and 33.3%)
* significantly different from middle or higher income reference group ($p < 0.05$)
Source: Canadian Community Health Survey, 2014.

Who is more likely to have an unmet health care need?

Other characteristics were also associated with higher rates of unmet healthcare needs in 2014. For example, not having a regular medical doctor, being an Aboriginal person,[5] being an overnight patient at a healthcare facility[6] or having at least one chronic condition[7] resulted in higher rates of reported unmet health care needs. There was no statistically significant difference in the proportion of Canadians reporting unmet healthcare needs between immigrant populations and non-immigrant populations or between those that lived in population centres and rural areas (Table 1).

Table 1
Unmet health care needs by selected characteristics, household population aged 12 or older, Canada, 2014

Selected characteristic	percentage
Geographic regions	
Population centre	11.4
Rural	10.4
Aboriginal status	
Aboriginal	16.2 *
Non-Aboriginal	11.2
Immigration status	
Immigrant	10.5

Non-immigrant	11.5
Medical doctor	
Has a regular doctor	10.0
No regular doctor	18.2 *
Overnight patient	
Overnight patient in health care facility	19.0 *
Not an overnight patient	10.6
Chronic conditions	
At least one chronic condition	14.0 *
No chronic condition	7.6

* significantly higher than the estimate of the other category ($p < 0.05$)

Note: The population centre and rural data are based on the derived variable GEODUR2 which identifies whether a respondent lives in a population centre or rural area. Population centres are built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometer. Please see the *Canadian Community Health Survey Annual Component, 2014 Derived Variable Specifications.*
Source: Canadian Community Health Survey, 2014.

Notes

1 Respondents could report more than one reason for why they felt that care was not received. As a result, these figures are not additive (they may add to more than 100%).

2 Respondents could report more than one place where they had attempted to receive care. As a result, these figures are not additive (they may add to more than 100%).

3 Respondents could report more than one type of care that was needed. As a result, these figures are not additive (they may add to more than 100%).

4 Note that the rate of unmet healthcare needs in Nunavut had a coefficient of variation (CV) between 16.6% and 33.3%; and should be interpreted with caution.

5 Aboriginal is defined in the Canadian Community Health Survey as being First Nations, Métis or Inuk (Inuit). Persons living on reserves and other Aboriginal settlements in the provinces are excluded from the survey's coverage.

6 Healthcare facility is defined as a hospital, nursing home or convalescent home.

7 Chronic conditions include any condition reported in the Canadian Community Health Survey, 2014. These chronic conditions include asthma, arthritis (excluding fibromyalgia), back problems (excluding fibromyalgia and arthritis), high blood pressure, migraine headaches, chronic bronchitis, emphysema or chronic obstructive pulmonary disease (COPD), diabetes, heart disease, cancer, intestinal or stomach ulcers, urinary incontinence, bowel disorders, scoliosis, Alzheimer’s Disease or any other dementia, mood disorders, anxiety disorders**,** or those that suffer from the effects of a stroke. In addition, fibromyalgia, chronic fatigue syndrome and multiple chemical sensitivities were added into this total.