



Canadian Adults' Health Care System Views and Experiences, 2001

Findings from the Commonwealth Fund 2001 International Health Policy Survey

The Commonwealth Fund 2001 International Health Policy Survey finds a steep decline in the Canadian public's satisfaction with their national health care system over the past 14 years. Echoing public views from 1998, only one of five Canadians participating in the five-nation survey—which included Australia, New Zealand, the United Kingdom, and the United States—thought the health system was working well.

Canadians' health care experiences, based on the survey, reveal concerns with an erosion in access to care and with lengthier waiting times. Compared with the United States, Canadians were relatively well protected against the costs of medical care, reporting relatively low rates of cost-related problems accessing basic care. The survey did find income disparities, however, in access to prescription drugs and dental care—two benefits not universally covered by Canada's Medicare program.

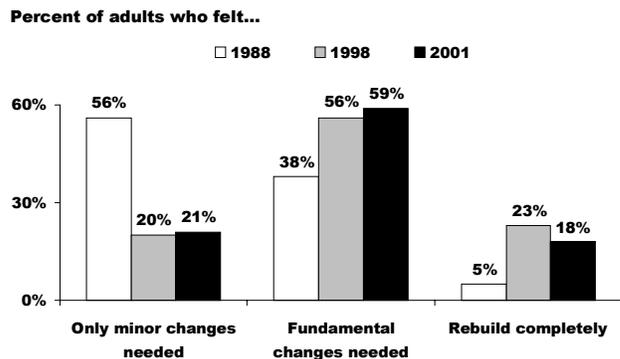
This data brief based on The Commonwealth Fund 2001 International Health Policy Survey focuses on the health system views and experiences of Canadian adults. Comparative findings from the five-nation survey were reported in the May/June issue of *Health Affairs*.¹ The data brief includes additional analysis of the survey that does not appear in the *Health Affairs* article.

Satisfaction with the Health Care System

- There has been a marked decline in the Canadian public's general satisfaction with the health care system. In 1988, the majority of Canadians said their health system needed only minor changes, and only 5 percent believed that it should be completely rebuilt. By 1998, eight of 10 Canadians thought their health care system required at least fundamental change. As of 2001, just 21 percent thought the sys-

tem needed only minor changes; 18 percent called for a complete rebuilding of the system (Figure 1).

Canada Figure 1
Canada: Satisfaction with the Health Care System, 1988, 1998, and 2001



Source: Harvard 1988 and The Commonwealth Fund 1998 and 2001 International Health Policy Surveys

- Canadians with income below the national average were more likely to think the system needed to be rebuilt than those with income above the average (23% vs. 13%).
- One-quarter (26%) of Canadians reported that their own access to medical care had deteriorated over the past two years. Only 6 percent said their access had improved. This view was shared by people with below- and above-average income.

Access to Health Care

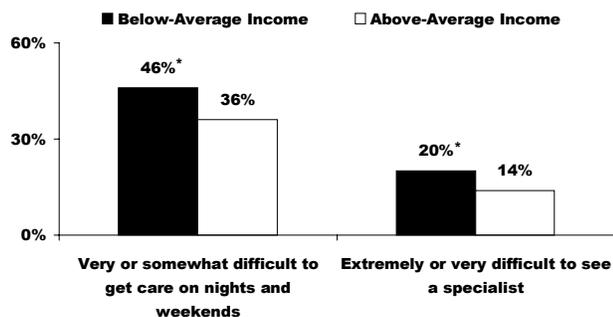
- Difficulty getting care on nights and weekends or seeing a specialist when needed were the most frequently reported access problems. Forty-one percent said it was very or somewhat difficult to obtain care during off-hours, while 44 percent said it was extremely, very, or somewhat difficult to see a specialist.
- Canadians with below-average income were significantly more likely than those with above-average income to report problems getting care on nights and weekends or problems seeing a specialist. (Figure 2).

¹ Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, Kimberly Scoles, and Kinga Zapert, "Inequities in Health Care: A Five-Country Survey," *Health Affairs* 21 (May/June 2002): 182–91.

Canada Figure 2

Canada: Problems with Access to Care, by Income

Percent of adults who said it was...



* Significantly different from above-average income at $p \leq .05$

Source: The Commonwealth Fund 2001 International Health Policy Survey

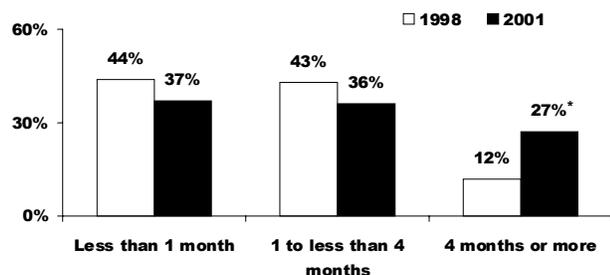
- When asked why it was difficult to see a specialist, Canadians most frequently cited long waits for care (41%) and long waits for an appointment (28%). Lack of doctors was also a concern (16%).
- Waiting times for elective (nonemergency) surgery in hospitals appear to have lengthened since the 1998 survey. Among Canadians who needed elective surgery in the past two years, 27 percent reported waiting four months or more. In 1998, only 12 percent of those needing elective surgery reported waiting this long (Figure 3).

Canada Figure 3

Canada: Waiting Times for Elective Surgery

Base: Adults with elective surgery in the past two years

Percent of adults needing elective surgery in the past two years who waited...



* Significantly different from 1998 at $p \leq .05$

Source: The Commonwealth Fund 2001 International Health Policy Survey

Cost-Related Difficulties

The survey asked participants several questions about going without needed medical care during the past year because of the cost. Canadian rates of cost-related access problems were lowest for services covered universally by

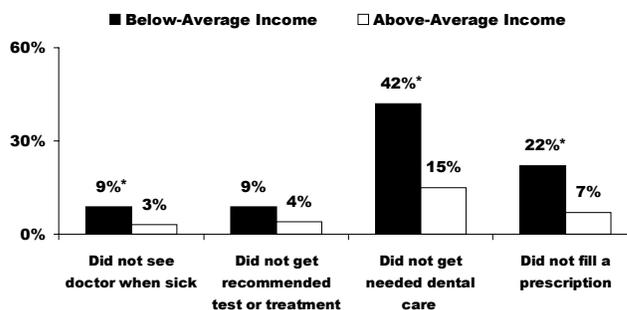
Canada's Medicare program and highest for services not covered as basic benefits.

- Relatively few Canadians said they had not seen a doctor when needed (5%) or gone without recommended medical tests or treatment because of the cost (6%).
- Dental care was the most frequently reported cost-related access problem: 26 percent of Canadians reported having gone without needed dental care in the past year because of the expense. Canadians with income below the national average were significantly more likely than those with higher income to report this problem (42% vs. 15%) (Figure 4).

Canada Figure 4

Canada: Access Problems Due to Cost, by Income

Percent of adults who went without care in the past year due to cost

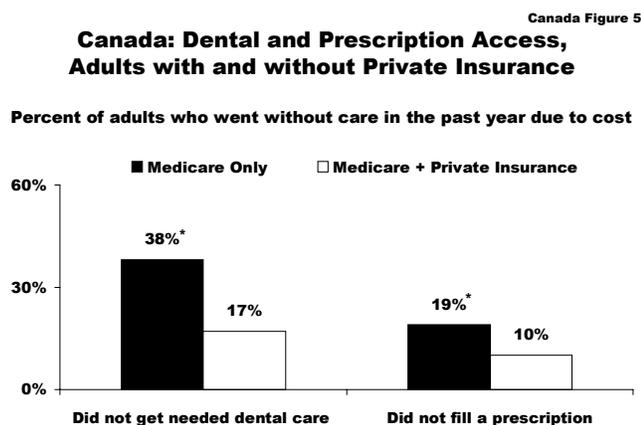


* Significantly different from above-average income at $p \leq .05$

Source: The Commonwealth Fund 2001 International Health Policy Survey

- Barriers to prescription drugs were also a concern. Thirteen percent of Canadians said they had not filled a prescription in the past year because of the cost. Those with below-average income were significantly more likely than Canadians with above-average income to report forgoing medications because of the expense (22% vs. 7%).
- Sixty-one percent of Canadians said they had private insurance coverage in addition to Medicare, up from 53 percent in 1998. Among those with above-average income in 2001, 79 percent had private coverage, compared with 36 percent of those with below-average income.
- Canadians without private supplemental coverage were notably more likely to report going without either

dental care or prescription drugs because of the cost (Figure 5).



* Significantly different from Medicare + private insurance at $p \leq .05$
Source: The Commonwealth Fund 2001 International Health Policy Survey

Quality-of-Care Ratings

- Slightly more than half of Canadians (54%) rated the overall care they received in the past 12 months as excellent or very good. Twelve percent rated their care as fair or poor. These ratings were similar to those in the other four countries.
- Canadians with income below the national average were more likely than those with income above the national average to give their care a fair or poor rating (15% vs. 9%). Lower-income Canadians were also more likely to believe that the quality of care had declined in the past two years (20% vs. 12%).
- One of five (19%) Canadians hospitalized in the past two years rated his or her hospital care as fair or poor, similar to rates reported in the other four countries surveyed.
- Availability of nurses in hospitals was of concern. Twenty-two percent of Canadians who recently received hospital care rated nurse availability as fair or poor.

Summary

The Canadian public perceives that their health care system has deteriorated, and a majority of citizens call for fundamental changes. Waiting times for elective surgeries have increased since the previous survey in 1998, and a significant proportion of Canadians reported difficulty getting specialty care. Benefit gaps in basic coverage appear to have contributed to access disparities based on income.

The Commonwealth Fund 2001 International Health Policy Survey consisted of telephone interviews with 1,400 adults in each of five countries: Australia, Canada, New Zealand, the United Kingdom, and the United States. Conducted in April and May of 2001 by Harris Interactive, the survey explored adults' views of their health care system and recent care experiences; to permit analysis of trends over time, the survey also included questions asked in earlier surveys. To compare experiences between lower- and higher-income adults, the survey participants were quoted the national median household income in 2001 and asked whether their own income was much or somewhat below this amount, about average, or much or somewhat above the national median. In Canada, 34 percent of adults described their income as below average, 22 percent as average, and 39 percent as above average. Five percent did not answer the income question. Adults with average income were included in the country totals but not shown separately when comparing those with below-average and above-average income.

This data brief was prepared by Robert Blendon, Cathy Schoen, Catherine DesRoches, Robin Osborn, and Deirdre Downey.