

Access to health care a significant problem for one-in-five Canadians 55 and older

Twice as many say their province's health care system has 'deteriorated' as say it has improved

August 7, 2019 – As the 2019 federal election campaign approaches and parties begin making their pitches to voters, a new public opinion poll from the non-profit Angus Reid Institute suggests there is ample room for policy platforms based on improving health care delivery for Canada's aging population.

The study finds more than 2 million Canadians aged 55 and older face significant barriers when accessing the health care system in their province, such as being unable to find a family doctor or experiencing lengthy wait-times for surgery, diagnostic tests, or specialist visits.

Moreover, most Canadians in this age group have at least some difficulty getting the care they want or need in a timely manner.

The study focuses on the health care experiences of older Canadians, as well as their assessments of the quality of care they receive.

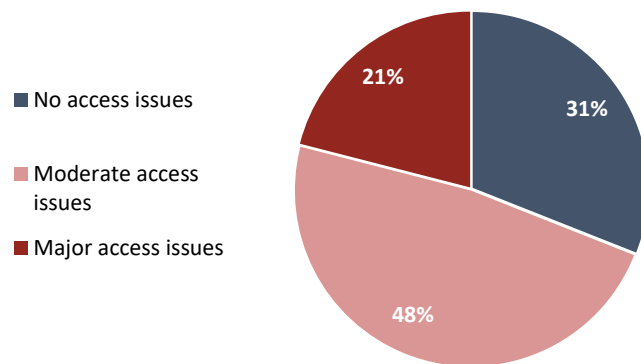
Most Canadians this age take a positive view of their own health care, but they are more skeptical in their assessments of the trajectory of care in their provinces. The perception that health care in their home province has "deteriorated" over the last 10 to 15 years outpaces the view that it has improved in every region of the country except Saskatchewan.

Indeed, while barriers to health care exist for Canadians 55 and older in every province, the problem is most acute in Atlantic Canada, where provincial systems are often swamped by [growing demand](#) from their aging populations.

More Key Findings:

- Most Canadians 55+ have either "easy" (31%) or "acceptable" (40%) access to primary care, but one-in-four (25%) say it is difficult to get an appointment with their doctors in a timely manner

**Overall access to the health care system
(among those ages 55+, n=2001)**



METHODOLOGY:

The Angus Reid Institute conducted an online survey from April 9 – 16, 2019, among a representative randomized sample of 3,049 Canadians ages 30 and older who are members of [Angus Reid Forum](#). The sample plan included an oversample of 2,001 Canadians ages 55 and older, as well as 1,048 Canadians ages 30-54. For comparison purposes only, probability samples of this size would carry margins of error of +/- 2.2 and +/- 3.0 percentage points, respectively, 19 times out of 20. Discrepancies in or between totals are due to rounding. The survey was self-commissioned and paid for by ARI. Detailed tables are found at the end of this release.

CONTACT:

Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

- Wait times for specialist visits, advanced diagnostic tests, and surgeries follow a similar pattern, with most in this age group receiving the care they need in less than six months, but significant minorities waiting longer than that
- While this study focuses on those 55 and older, there are some significant differences between age groups. Those ages 75 and older are more likely than people younger than them to be heavy users of their province's health care system and tend to have moderate difficulty accessing the services they need
- Atlantic Canadians ages 55 and older are more likely than those living in other regions to have major issues accessing health care, as well as to perceive their provincial health care systems as deteriorating

About ARI

*The **Angus Reid Institute (ARI)** was founded in October 2014 by pollster and sociologist, Dr. Angus Reid. ARI is a national, not-for-profit, non-partisan public opinion research foundation established to advance education by commissioning, conducting and disseminating to the public accessible and impartial statistical data, research and policy analysis on economics, political science, philanthropy, public administration, domestic and international affairs and other socio-economic issues of importance to Canada and its world.*

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Part 1: Measuring access issues

Introduction: A holistic approach to the system

In recent years, Angus Reid Institute studies have looked at [access to primary care](#), wait times for [orthopedic surgery](#), [prescription drug access](#) and pharmacare, among [other health topics](#). The goal of this study was to take a holistic approach to the health care system while focusing on those people who use it most: aging Baby Boomers and older Canadians.

CONTACT:

Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

The survey asked questions about primary care, medical specialists, advanced diagnostic tests, surgery, and prescription drugs, with the goal of canvassing the totality of a person’s interactions with the health care system where they live.

Combining respondents’ experiences with both primary and specialty care, this study groups people ages 55 and older into three categories: Those who have no trouble accessing the health care system in their province (“no access issues,” 31% of the population), those who have some trouble (“moderate access issues,” 48%) and those who have a lot of trouble (“major access issues,” 21%).

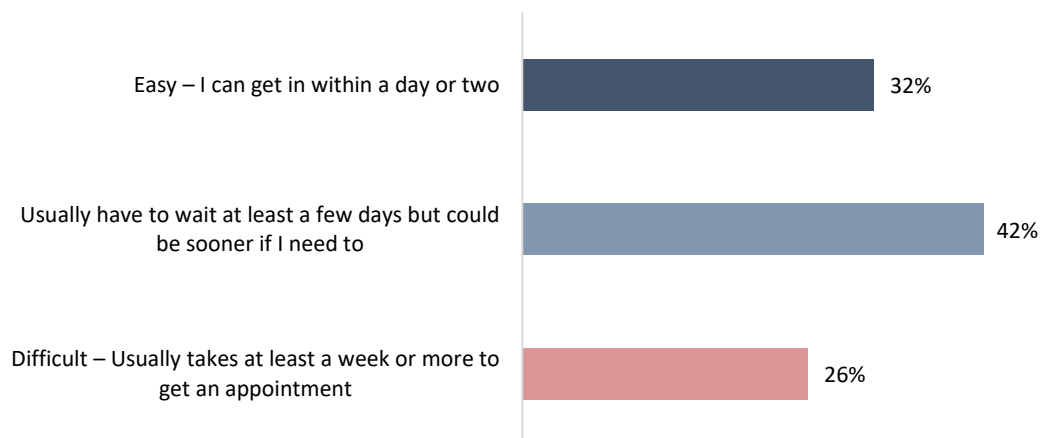
These three groups will be discussed in greater detail later in this section, and a technical description of how the groups were derived can be found in the “Notes on methodology” section at the end of this report.

Primary care: how easy is it to see your doctor?

In order to talk about access to the health care system, it’s helpful to begin with primary care. The vast majority of Canadians of all ages have a family doctor, including fully 19-in-20 older Canadians (96% of the 55-plus age group). That said, as the Angus Reid Institute found [in 2015](#), simply having a family doctor is not the same as being able to get the primary care you want or need.

Respondents who indicated they have a family doctor were asked a follow-up question about how easy it is to get an appointment with that doctor if something comes up:

**If something comes up, how easy or difficult is it to get an appointment to see your family doctor/GP?
(among those ages 55+ who have a family doctor, n=1919)**

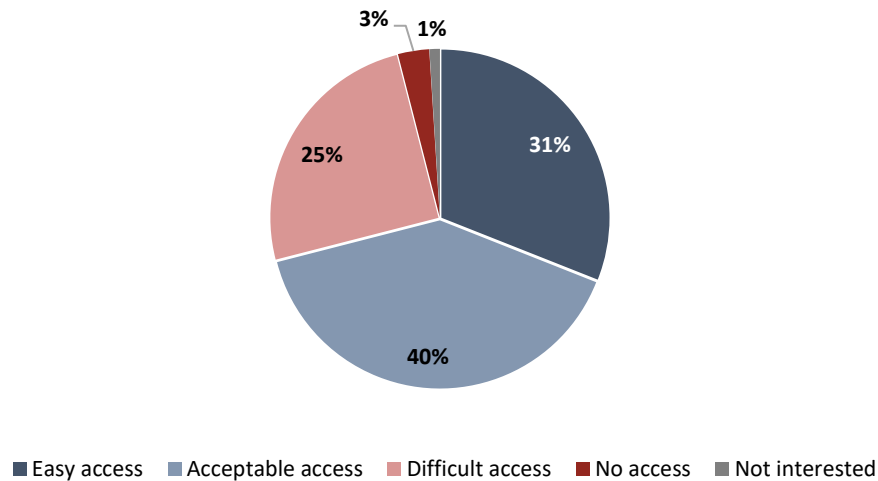


Thus, the overall landscape of primary care among Baby Boomers and seniors in Canada can be described in terms of the five overall groups shown in the graph that follows, which ARI first described in the 2015 study.

Those who say it’s easy to see their doctor make up the “easy access” group, those who say they have to wait at least a few days are considered to have “acceptable access,” and those who say it is difficult to get in to see their doctors make up the “difficult access” group. Those described in the graph as “no

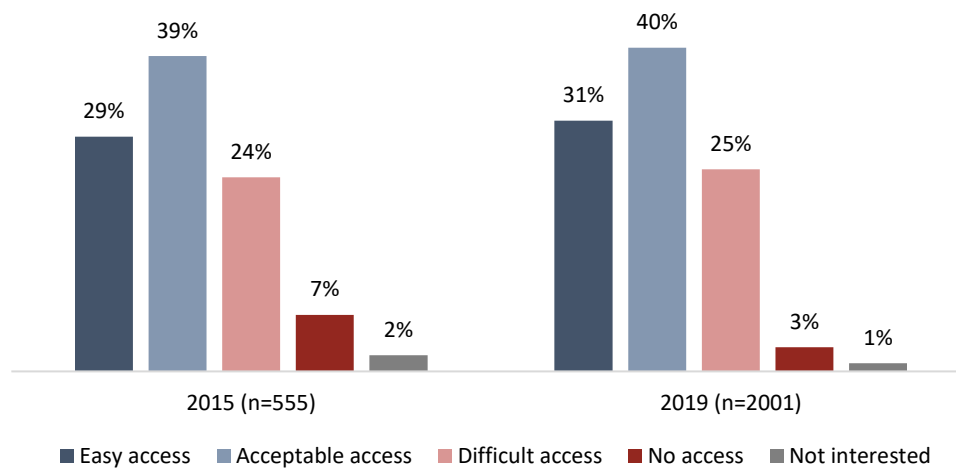
access” are respondents who don’t have a family doctor, but are looking for one, while those described as “not interested” are respondents who don’t have one and aren’t looking.

Five perspectives on primary care (Among those 55+, n=2001)



These totals are essentially unchanged from where they were among those ages 55 and older in 2015.

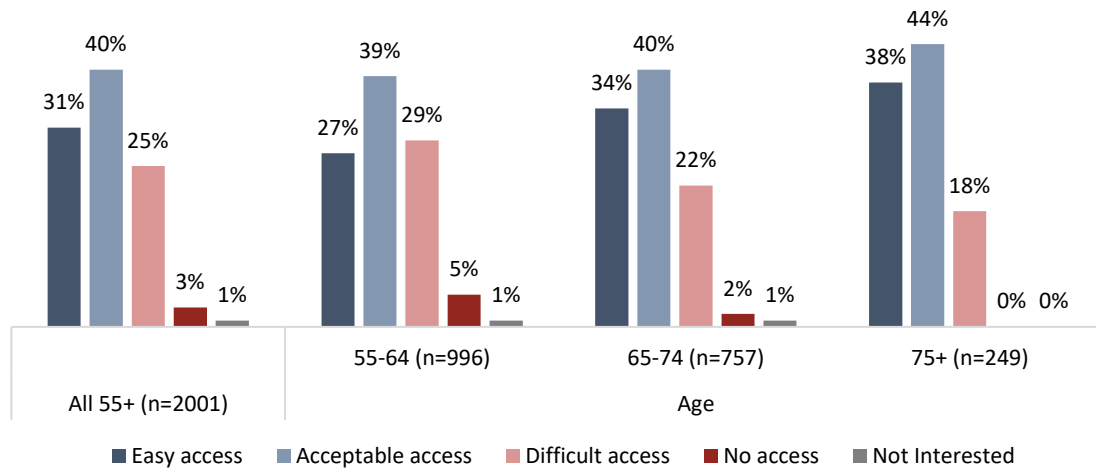
Access to primary care among those (aged 55+), 2015 vs. 2019:



Notably, the 2015 study found that access was correlated with age. Those under 55 were more likely to be in the “difficult” or “no access” groups, while those in older age brackets tended to find themselves in the “easy” or “acceptable access” groups.

This study finds a similar pattern within the 55-plus age group. Those ages 75 and older are more likely to have easy or acceptable access to primary care, while those ages 55-64 are more likely to have no access or difficult access.

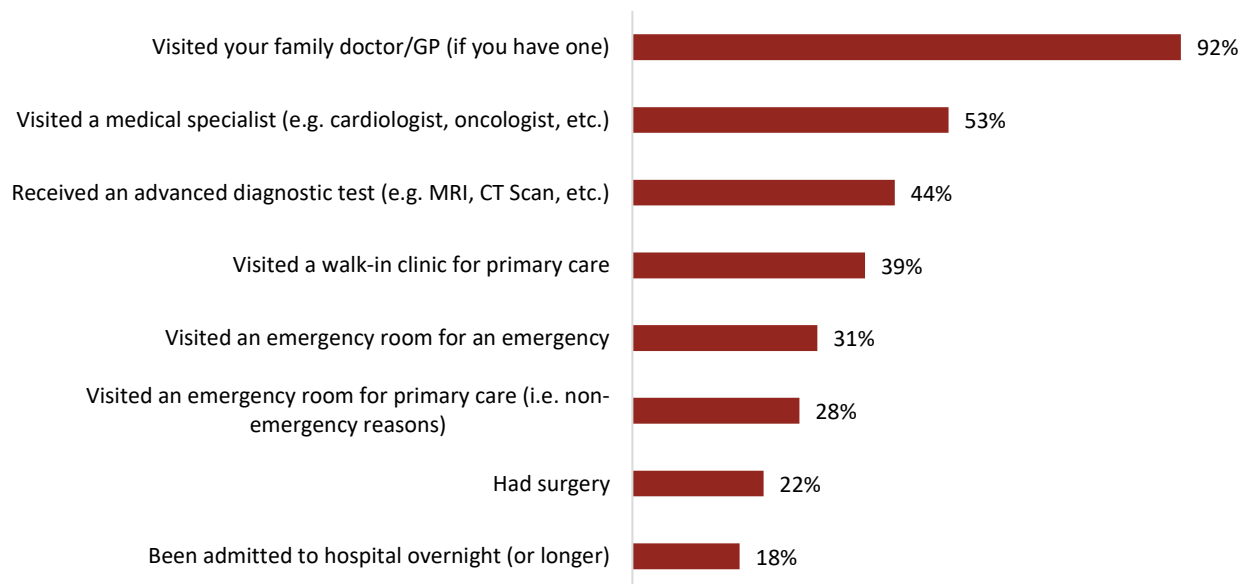
Access to primary care by age:



Specialists, tests, and surgeries

The family doctor may be the most common point of contact Canadians have with their provincial health care systems, but it is far from the only one. This survey asked about eight ways in which a person might have interacted with the health care system in the last year:

**Percentage who have done each of these at least once in the last year:
(Among those 55+, n=2001)**

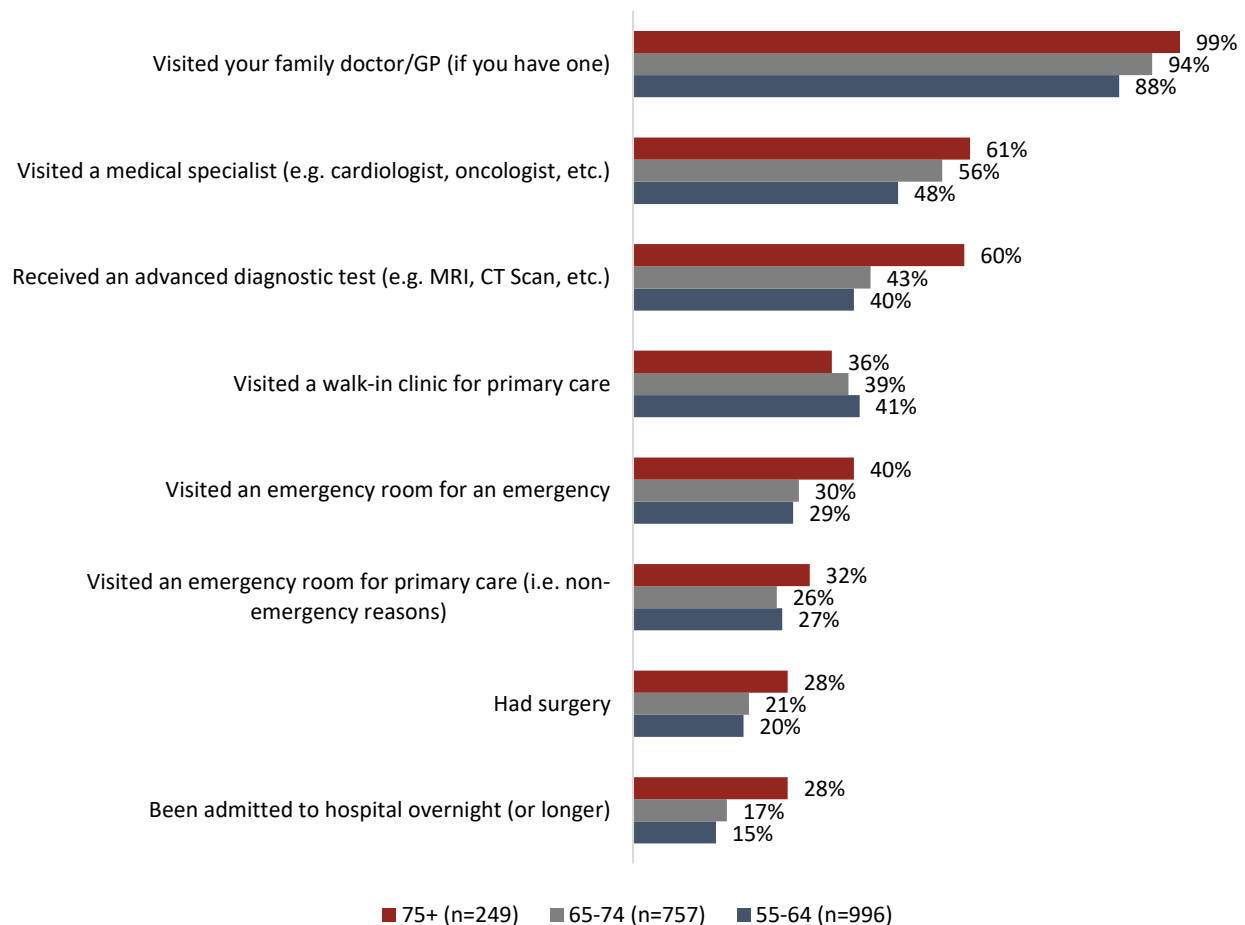


CONTACT:

Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
 Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

It's notable that the oldest Canadians (those ages 75 and older) are more likely than younger ones to have had each of the experiences on the list over the last 12 months, with the exception of visiting a walk-in clinic:

**Percentage of seniors who have done each of these at least once in the last year:
(Among those 55+, n=2001)**

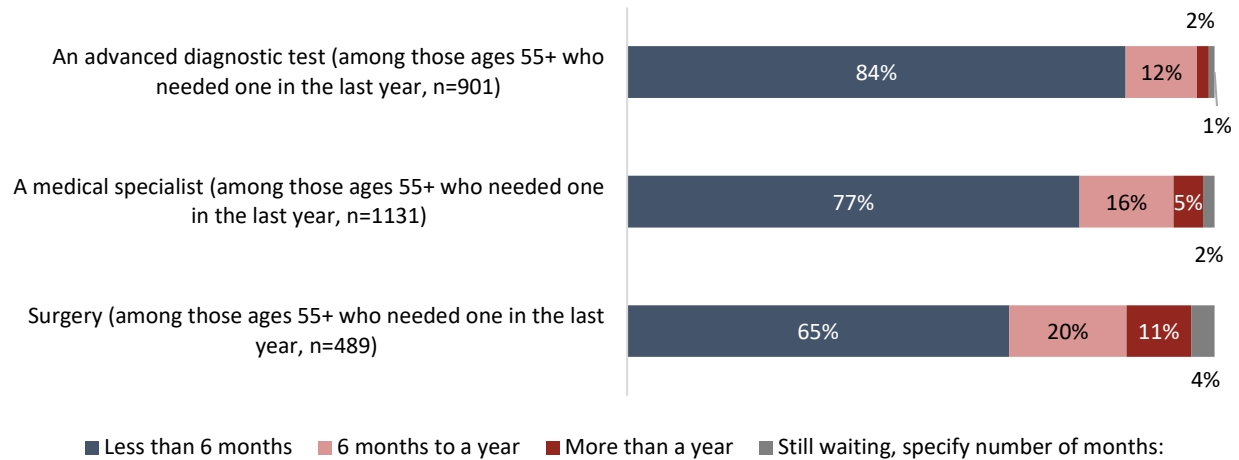


Respondents who visited a medical specialist, received an advanced diagnostic test, or had surgery – as well as those who indicated on a separate question that they needed these procedures but hadn't received them yet – were asked follow-up questions about their time spent waiting for each.

As with primary care, most older Canadians who needed an advanced diagnostic test, a medical specialist, or surgery report relatively easy access to the procedure, with significant majorities waiting less than six months for each of the three.

That said, one-in-three who needed surgery waited longer than six months ([the federal benchmark](#) for hip and knee replacements), while significant numbers also waited this long for diagnostic tests or to simply see a specialist:

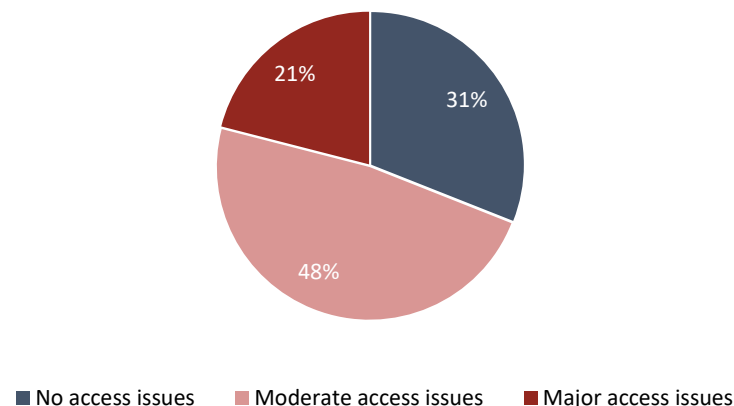
Time spent waiting for ...



One-in-five have major access issues

Combining these two considerations – primary and specialized care – yields the aforementioned three groups, as seen in the graph that follows.

Overall access to the health care system (among those ages 55+, n=2001)



There are a variety of ways in which a respondent can end up in each of these three groups, but in general, the follow descriptions of each group apply:

- **No access issues:** As the name implies, those in this group are largely untroubled by their interactions with the health care system. They have either “easy” or “acceptable” access to primary care, and they have mostly not needed to see specialists or have tests done. If they have needed surgery, they have received it within six months.

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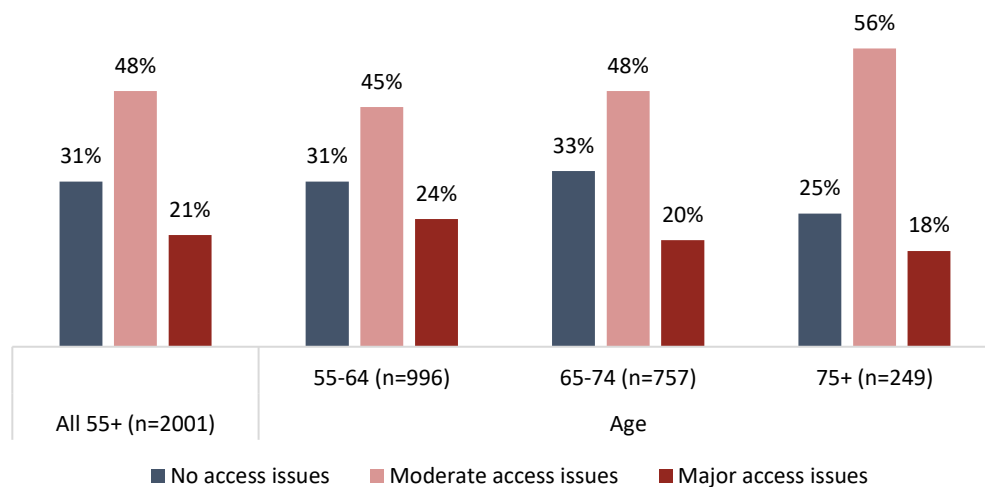
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- Moderate access issues:** Members of this group either have “difficult” or “acceptable” access to primary care but have needed to see a specialist or have a diagnostic test for which they waited, though not exceptionally long. Some in this group may have “easy” access to primary care, but those who do generally experienced long wait times for surgery or other specialty care. In general, “moderate access issues” are quite modest, reflecting either a significant number of small inconveniences in a person’s health care experience or a small number of significant ones.
- Major access issues:** Respondents in this group typically have “difficult” or “no access” to primary care, as well as needing multiple diagnostic tests and specialist visits. Those in this group who have “acceptable” or “easy” access to their family doctors have spent long periods of time waiting for tests or surgery, with many waiting more than a year.

Full details on the methodology used can be found in the “Notes on methodology” section at the end of this report.

Looking at the size of these three groups across different age categories, an interesting pattern emerges: The oldest Canadians are less likely to have “no access issues,” but they’re also less likely to have major ones. Instead, a full majority of those ages 75 and older (56%) find themselves in the “moderate access issues” group, a finding that likely reflects their more frequent use of the system, overall:

Overall access to the health care system:

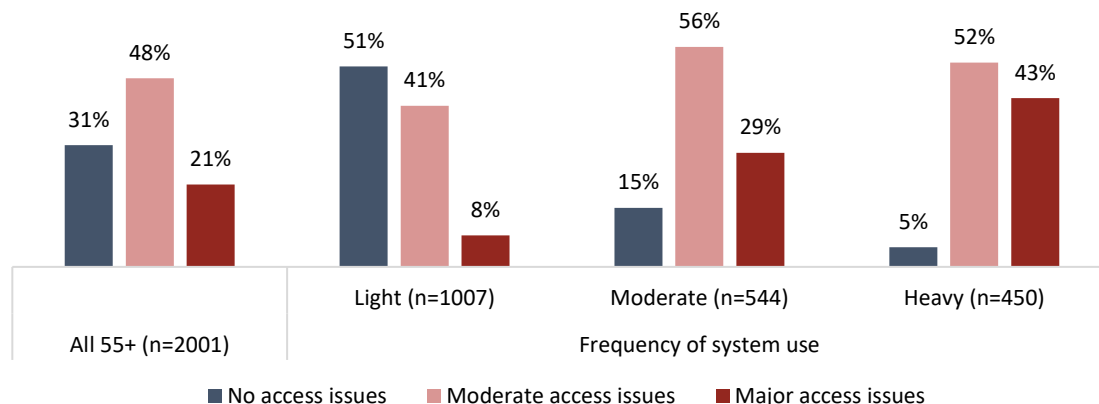


Indeed, use of the system is highly correlated with access issues. Those who use the system less frequently are less likely to report having problems accessing it, while heavy users are disproportionately represented in the “major access issues” group. For an explanation of how the usage groups in the following graph were derived, see “Notes on methodology” at the end of this report.

CONTACT:

Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
 Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

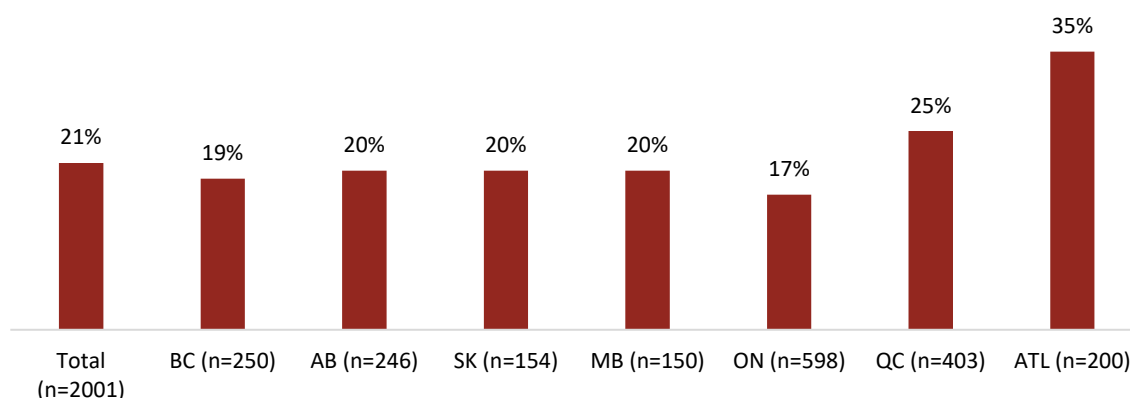
**Issues accessing health care by frequency of use of the health care system
(Among those ages 55+, n=2001)**



Regionally, Atlantic Canada has the highest proportion of older residents with major access issues, 10 percentage points higher than the next highest proportion, in Quebec.

This finding likely reflects the [longstanding doctor shortage](#) in the Atlantic provinces, a problem that – coupled with an aging population – has been described as “[a ticking time bomb](#)” in the region.

**Percentage of with 'major access issues' by region
(Among those ages 55+, n=2001)**



Part 2: Assessing system quality

Most rate the care they receive as good

Despite substantial problems with access, most aging Canadians rate the health care they receive in their province as “good” or “very good.”

This holds true across each of seven areas of interaction canvassed in this survey. Respondents who indicated they had done each of these activities were asked a follow-up question about how they would

CONTACT:

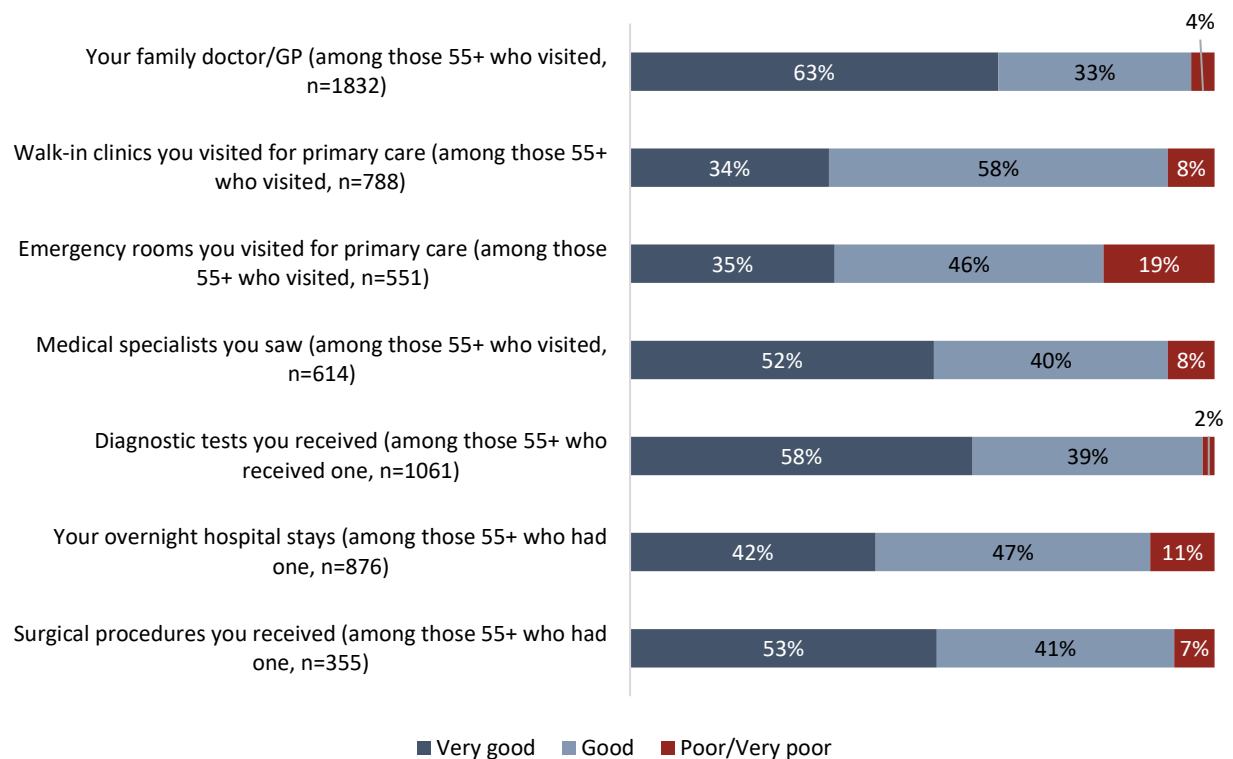
Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
 Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

rate the quality of the care they received. For each one, the vast majority of those 55+ describe the care they received favourably.

Even emergency room visits for primary care (i.e. non-emergency reasons), which are viewed most negatively, still receive a “good” or “very good” rating from eight-in-ten who made such a visit.

Assessments of each experience are summarized in the graph that follows.

How would you describe the quality of care you received over the last year from ... (Among those ages 55+ who did each activity)

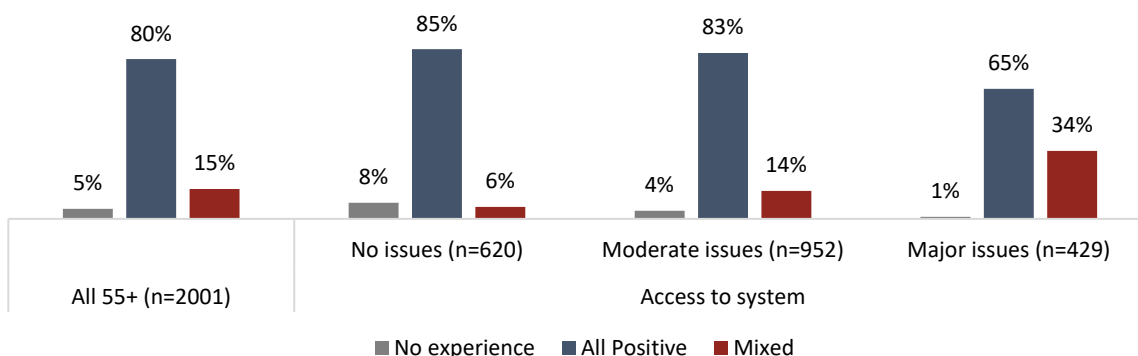


Looking at this data another way, respondents can be grouped into a few broad categories:

- Those who had **none** of the experiences asked about in the survey over the last year (only 5% of the population ages 55 and older find themselves in this category)
- Those who had **only positive experiences** with the health care system over the last year (80% of those ages 55 and older)
- Those who had **mixed experiences**, rating at least one of their health care experiences over the last year as “poor” (15%)

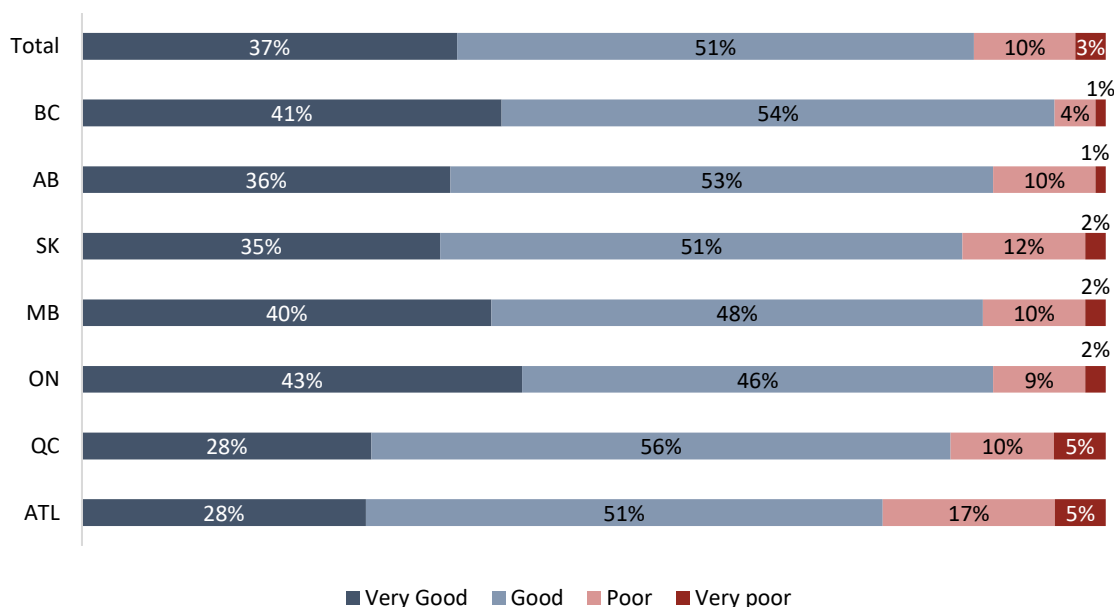
Access issues are highly correlated with bad experiences with the system. Only 6 per cent of those who have “no access issues” had a health care experience in the last year that they would describe as “poor.” This proportion rises to roughly one-in-seven (14%) among those with moderate access issues, and fully one-in-three (34%) among those with major ones:

**How would you describe the quality of care you received over the last year?
(Each respondent asked to rate the quality of care they received in the
specific situations they experienced in the last year)**



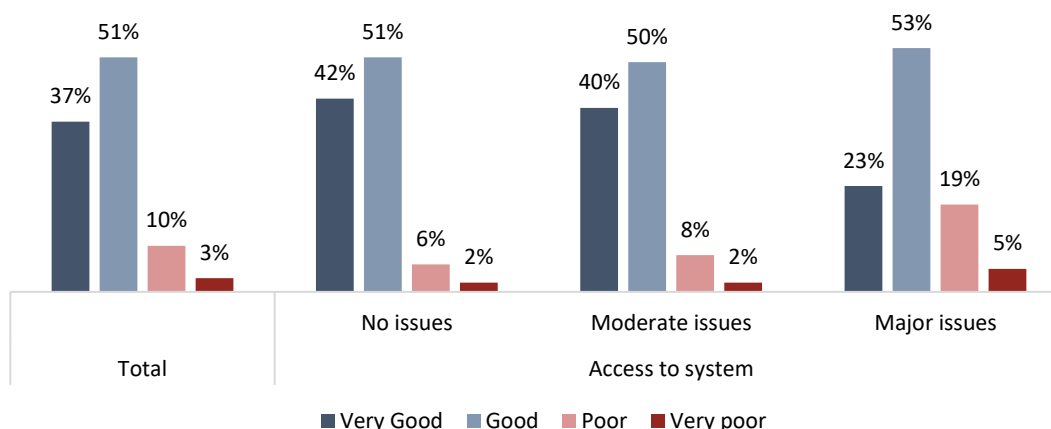
A similar picture emerges from a question about respondents' overall assessments of the health care they receive where they live. Quebec and Atlantic residents are notably less likely to choose "very good" and more likely to choose poor or very poor, though large majorities even in these regions still view their provincial systems favourably:

**Thinking about the overall quality of health care you receive in your
province, how would you describe your own personal experiences in the
last five years? (among those ages 55+, n=2001)**



Indeed, even those with major access issues say the care they are able to receive is good, though it's notable they're about half as likely as those in other groups to rate their overall care as "very good":

Thinking about the overall quality of health care you receive in your province, how would you describe your own personal experiences in the last five years? (among those ages 55+, n=2001)



Few see the system as improving

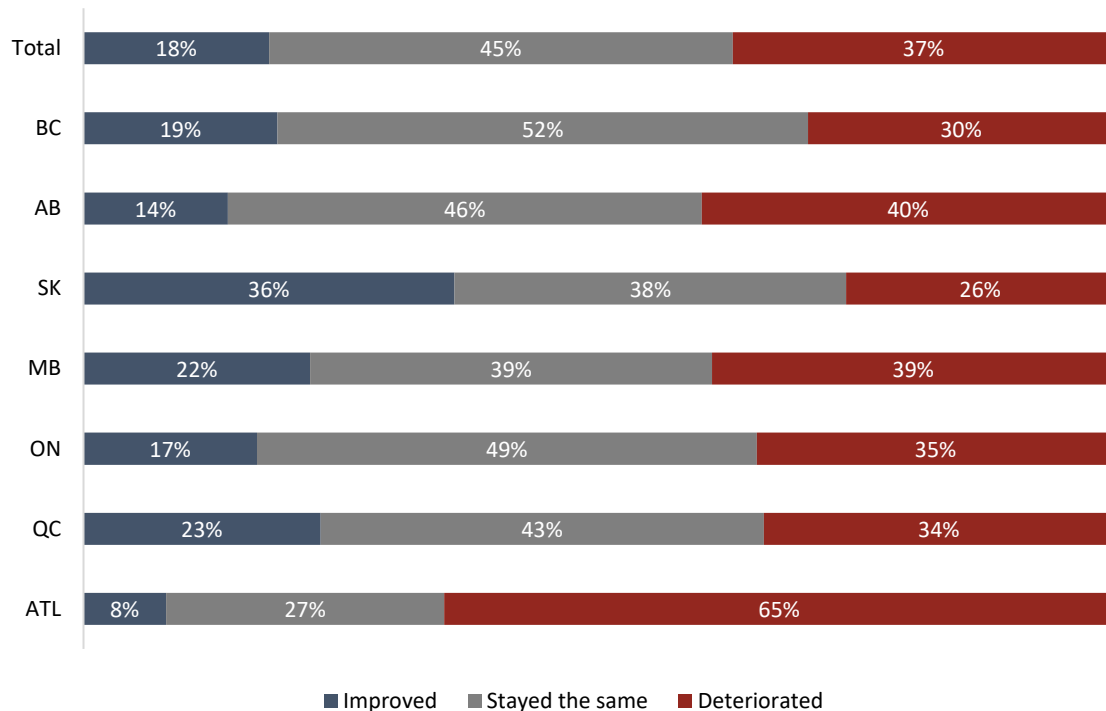
While most Canadians in the 55-plus category hold positive views of the health care they personally receive, they feel less sanguine about the quality of the system overall.

Asked whether health care in their province has been improving or deteriorating over the last decade or so, twice as many choose the latter (37%) as choose the former (18%). The rest (45%) place themselves in the middle, saying overall system quality has stayed the same.

Again, Atlantic residents stand out in their displeasure. Nearly two-in-three (65%) Atlantic Canadians aged 55 or older say the health care system in their province has deteriorated over the last 10 to 15 years.

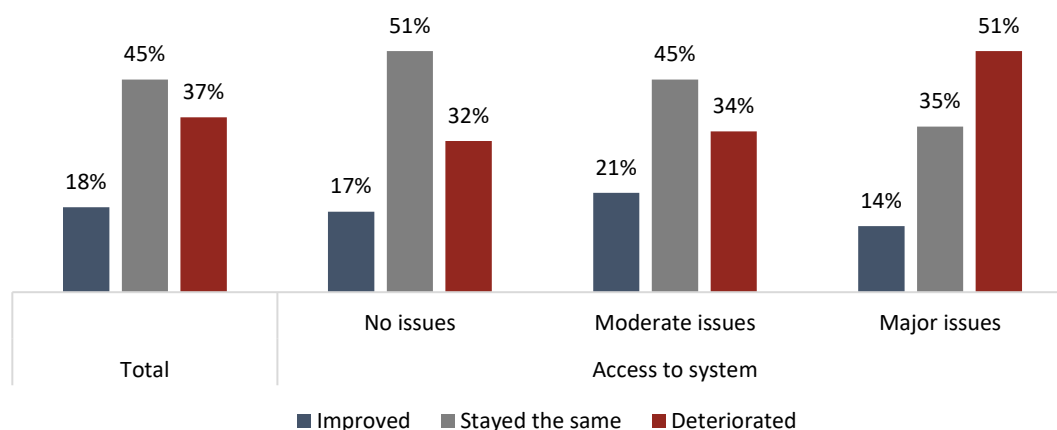
Residents of other regions tend to be more mixed in their responses to this question, though the perception that the system has worsened outpaces the perception that it has improved in every province except Saskatchewan:

Over the past 10 to 15 years or so, would you say the overall quality of health care in your own province has ... (among those ages 55+, n=2001)



On this question, those with major access issues are outliers. While this group generally has a positive view of the care they receive, half (51%) perceive the system in their province as deteriorating, compared to about one-in-three among those with greater access to health care:

Over the past 10 to 15 years or so, would you say the overall quality of health care in your own province has ... (among those 55+, n=2001)



Part 3: Notes on Methodology

System Access Index

In order to measure overall access to the health care system among Canadians, Angus Reid Institute researchers combined respondents' answers to questions about primary care, medical specialists, advanced diagnostic tests, and surgical procedures, assigning each response a value in points. The three groups that make up the System Access Index – those with “no issues,” “moderate issues,” and “major issues” – are derived by adding up a respondents' total accumulated points and grouping them with those achieving similar scores.

Points were awarded to respondents in the following manner:

- **Primary care:** Those who say it is “easy” to get an appointment with their family doctor, or who don't have a family doctor but aren't interested in having one, receive 0 points. Those who say they have to wait a few days – the group described as having “acceptable access” to primary care – receive 1 point. Those who say it is difficult to get an appointment with their doctors receive 2 points, and those who don't have a family doctor, but are looking for one, receive 3.
- **Medical specialists:** Those who say they haven't seen a medical specialist in the last year and do not need one receive 0 points. Those indicating they have seen one in the last year or need one but haven't seen them yet are scored based on the amount of time they have waited, with those waiting less than six months receiving 1 point, those waiting six months to a year receiving 2 points, and those waiting longer receiving 3.
- **Advanced diagnostic tests:** These procedures are scored in the same way as medical specialists. Those who haven't needed one receive 0 points, while those who have needed one are scored based on wait times, with less than six months equating to 1 point, six months to a year equating to 2, and longer equating to 3.
- **Surgery:** These procedures are scored in mostly the same way as medical specialists and advanced diagnostic tests, with one notable exception. Because the benchmark wait time for two of the most common surgical procedures is six months, those waiting less than six months for a surgical procedure receive 0 points. Those waiting longer than six months, but less than a year receive 2 points, and those waiting a year or more receive 3.

This creates a scale with a minimum score of 0 and a maximum score of 12, with most respondents registering on the lower end.

The group referred to in this report as having “no access issues” are those who score a 0 or a 1 on this scale. Those scoring a 2 or a 3 are considered to have “moderate access issues.” By definition, members of this group must either have difficult access to primary care, a wait time longer than six months for a test, specialist, or surgery, or multiple shorter waits and “acceptable access” to primary care.

Finally, those scoring a 4 or higher are considered to have “major access issues.” Mathematically, this group must have either difficult or non-existent access to primary care *and* a notable wait time for a specialist, test, or surgery, or they must have multiple wait times longer than six months, with acceptable or better access to primary care.

CONTACT:

Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
 Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

System Usage Index

Using similar methodology, ARI researchers also scored respondents based on their usage of the system. Specifically, researchers assigned points to respondents' answers to the question: "In the last year, how often, if at all, have you done each of the following?" Eight items were listed, and respondents could indicate that they had done each one "never," "once," "2-3 times," "4-5 times," or "6+ times." The items listed were:

- Visited a family doctor/GP
- Visited a walk-in clinic for primary care
- Visited an emergency room for primary care (i.e. non-emergency reasons)
- Visited an emergency room for an emergency
- Visited a medical specialist
- Received an advanced diagnostic test
- Been admitted to hospital overnight
- Had surgery

The first three items on the list (visited a family doctor, walk-in clinic, or emergency room for primary care) were scored according to the following scale: 0 points for "never," 1 point for "once," 2 points for "2-3 times," 3 points for "4-5 times," and 4 points for "6+ times."

The next three items (visited an emergency room for an emergency, visited a medical specialist, and received an advanced diagnostic test) are considered more serious uses of the health care system, and were awarded double points in comparison to the first three items. For these three, scores were 0 points for "never," 2 points for "once," 4 points for "2-3 times," 6 points for "4-5 times," and 8 points for "6+ times."

The final two items on the list (surgery and overnight hospital visits) are considered especially serious, and were given triple points: 0 points for "never," 3 points for "once," 6 points for "2-3 times," 9 points for "4-5 times," and 12 points for "6+ times."

This creates a scale with a minimum score of 0 and a maximum score of 60, with most respondents registering on the lower end.

For the purposes of this report, those scoring 0 to 6 on the scale (50% of all respondents ages 55 and older) are considered "light users," those scoring a 7 – 12 (27% of) are considered "moderate users," and those scoring 13 or higher (23%) are considered "heavy users" of the health care system.

Summary tables follow. For detailed results by age, gender, region, education, and other demographics, click [here](#).

For detailed results by System Access Index, click [here](#).

CONTACT:

Shachi Kurl, Executive Director: 604.908.1693 shachi.kurl@angusreid.org @shachikurl
 Dave Korzinski, Research Associate: 250.899.0821 dave.korzinski@angusreid.org

System Access Index by frequency of system usage:				
(weighted sample sizes)	All 55+ (2001)	System usage		
		Light users (1007)	Moderate users (544)	Heavy users (450)
No access issues	31%	51%	15%	5%
Moderate access issues	48%	41%	56%	52%
Major access issues	21%	8%	29%	43%