



Quarterly Index

The previous Quarterly Index (Vol. 5, No. 4) provided preliminary findings from *The Berger Population Health Monitor's Survey #23*. This Quarterly Index provides final data on key indicators as well as additional findings.

To remind readers, Survey #23 differs from previous *Monitor* surveys reported in the Quarterly Index:

- *The Monitor's* sample size has been increased from 2,500 to 4,000 persons 15 and older.
- The three territories are now included in *The Monitor's* surveys along with the 10 provinces.
- The survey administration has been improved so that the response rate is now at $\pm 50\%$ compared to $\pm 30\%$ in previous surveys with a resulting improvement in the reliability of the data

PUBLIC EVENLY DIVIDED ON PRIORITY FOR HOME CARE OR PHARMACARE

The Canadian public is divided evenly in its preference for giving priority to including home care or pharmacare as part of the public health insurance. The regional figures, however, show substantial differences of opinion across the country.

The Atlantic region, Ontario, Alberta and British

Columbia are evenly divided in opinion.

However, Saskatchewan is much more in favour in giving pharmacare priority, while Quebec, Manitoba, Yukon, Nunavut and the Northwest Territories are greatly in favour of giving priority to home care.

PERCEPTIONS OF QUALITY OF CARE MAY BE IMPROVING

Over the past three years there has been a steady shift towards a more favourable opinion of healthcare among healthcare users (for example, Quarterly Index, Vol. 4, No. 4, p. 76).

The results from Survey #23, March 2002, however, suggest a significant increase in those who believe

the healthcare they received was good and a decrease in the proportion of users of healthcare who believe the quality of the service they received was only fair.

Looking in a more detailed way across the country, there appears to be an increase in some regions in those who think the healthcare they received was excellent.

For example, Quebec is up from 2001, Alberta is down from 2001 but up from 2000 and so is British Columbia. Yukon has one of the highest proportions reporting excellent care.

Subsequent surveys will tell us whether Survey #23 results reflect a switch in sentiment or only a pause in the decline in perceptions of quality.

EASE OF ACCESS

Despite the many media stories and anecdotal evidence of reduced access to care, users of the healthcare system are more likely to report that their access to health services was very easy.

Only British Columbia shows no change. There has also been a decrease in

Fig.2: Quality of healthcare was...

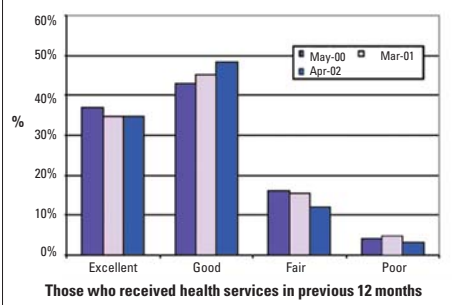


Fig.3: Healthcare I received was excellent

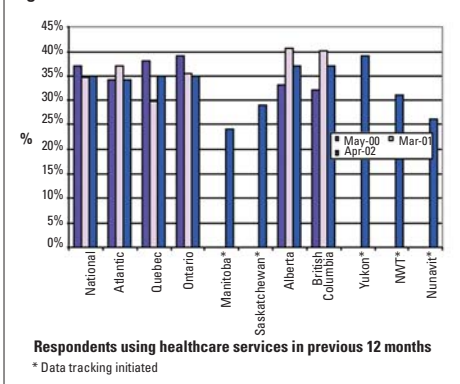


Fig.1: Which should be added to public health insurance...

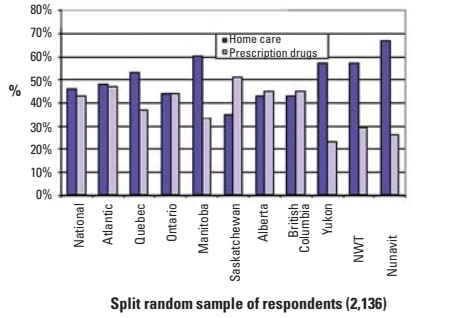
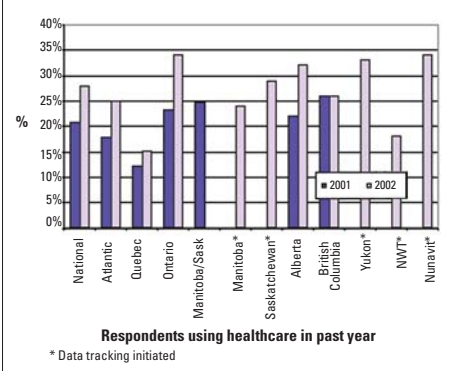


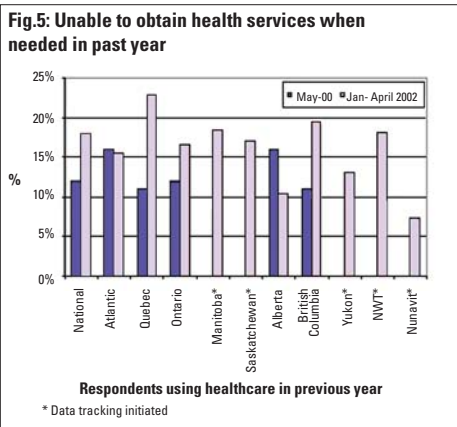
Fig.4: Access to health services very easy



the proportion of users reporting it was somewhat or very difficult to access health services.

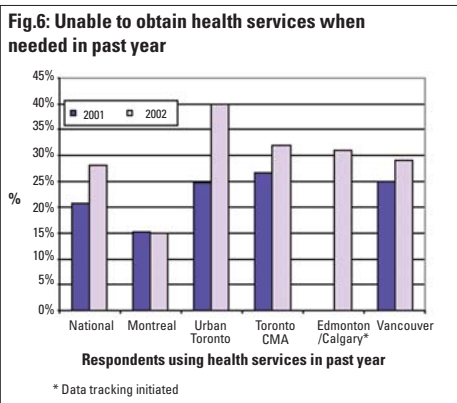
INABILITY TO ACCESS HEALTHCARE

Despite the good news there has been a significant increase in the proportion of healthcare users reporting they were unable to access services when they needed them.



Only Alberta shows a decline in those reporting difficulty accessing services. Quebec has seen a doubling in those reporting difficulty.

The large metropolitan areas show similar variations.



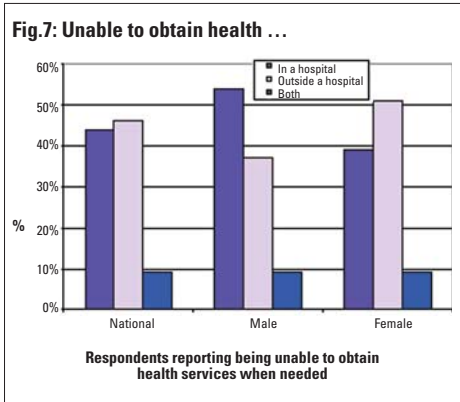
The situation appears to have improved substantially in urban (the old metropolitan) Toronto and in the Toronto census metropolitan area (CMA).

Vancouver also appears to have improved but the difference is not statistically significant. Edmonton/Calgary combined is a new addition made possible by the increased sample size.

PORTRAIT OF INACCESSIBILITY

Nationally, the population is evenly divided between those unable to access hospital services, and those unable to access non-hospital (usually medical) services.

Women, however, are more likely to have difficulty accessing non-hospital services, while men have difficulty accessing hospital services.



THE HOSPITAL

Of those unable to access a hospital service:

- About half said it was the ER, and of these, a third reported they did not receive ER services.
- Of those who reported they could not access other, non-ER, hospital services, the most frequently mentioned service was "special tests and diagnosis."

Data supplied by *The Berger Population Health Monitor* based on results from Survey #23 administered during January-April 2002. This component of the survey was administered to some 4,000 respondents 15 years of age and older. Previous surveys carried samples of ±2,500 respondents.

Topics in *The Berger Population Health Monitor*, which continues the Canada Health Monitor, are selected in consultation with subscribers and The Hay Healthcare Consulting Group. For more information contact, Earl Berger Managing Director of *The Monitor*, 416-815-6405 or email: Earl_Berger@haygroup.com

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