

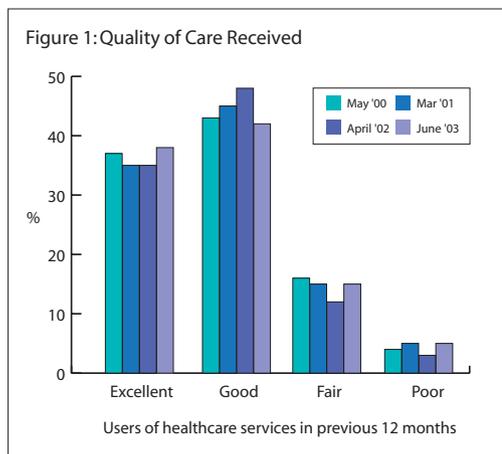


Quarterly Index

PUBLIC PERCEPTIONS ABOUT THE QUALITY OF HEALTHCARE

This quarter, public perceptions of the quality of care among healthcare users has remained stable – despite reports in the media about inadequacies in services.

Overall, about 80% of healthcare users think the quality of services they received was excellent or good, while about 20% think it was fair or poor.

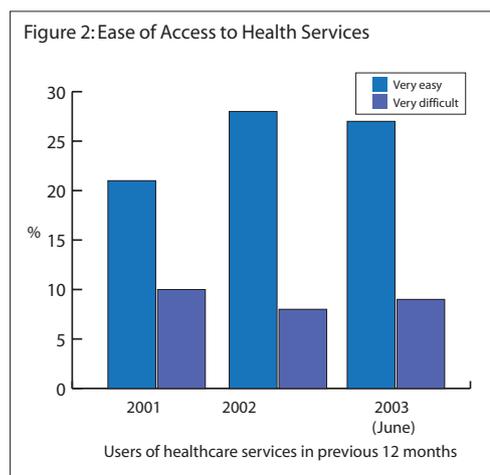


ACCESS TO HEALTHCARE SERVICES

There has a modest change this quarter in the perceptions of healthcare users about their access to services.

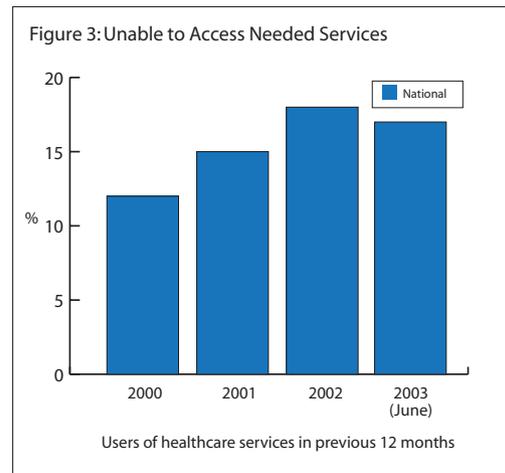
The proportion of healthcare users who reported access to services was "very easy" to obtain is down slightly from March

2003, and is now roughly the same as it was in 2002 but substantially higher than in 2001. There has been no change in the proportion reporting that access was "very difficult."



UNABLE TO ACCESS HEALTH SERVICES

Also this quarter, the proportion of healthcare users who report they or their families were unable to obtain some or all of the services they needed appears to be on an upward trend.



The figure of 17% of people reporting that they were unable to obtain health services is about the same as in 2002 and earlier in 2003, but remains significantly higher than in 2000.

ACCESS TO HOSPITAL SERVICES – SARS

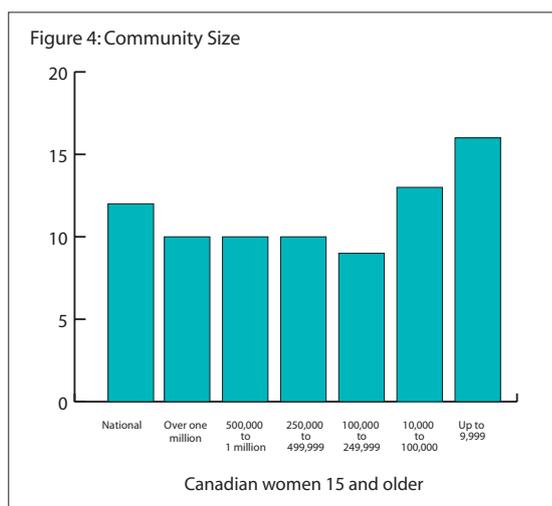
An indication of the impact of SARS is provided by the hospital access data. Between January and March 2003 (just before SARS hit), about a third (36%) of those who said they could not get health services when needed said that these services were in the hospital. Looking at the first six months of the year, however, we have close to half (44%) who say the inaccessible health services were in the hospital. This suggests that during the SARS epidemic (April to June) more than half of those unable to access health services needed hospital services. In the next Index we will provide a more detailed analysis of the data related to SARS.

On the positive side, the national data suggest no overall increase in inaccessibility, despite SARS. The regional data, especially from Ontario, will be examined in the next Index.

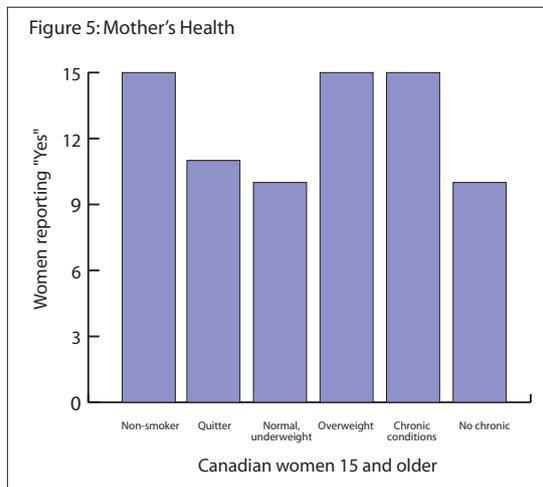
BIRTH WEIGHT

Birth weight is often cited as an indicator of future and chronic health conditions in adult life. The latest Monitor data indicates significant differences in birth weight in infants born to mothers in varying circumstances.

Nationally, 12% of women report giving birth at some time in their life to an infant weighing more than nine pounds. Community size appears to be one factor. Women in rural and smaller urban settings are significantly more like to report giving birth to a heavier infant than are women in communities with populations of 100,000 or more.



Women who report they have never smoked are more likely to give birth to a high weight baby than women who have quit (the sub-sample of women smokers reporting an overweight baby is too small to be useful). Other considerations are the weight of the mother and whether she has one or more of the several chronic conditions including: diabetes, high-blood pressure, heart disease or cancer.



It appears that women who are overweight or who have one or more of the specified chronic conditions are more likely to give birth to high-weight babies.

Other variables, which might be expected to be relevant, do not appear to be associated with significant differences in birth rate. For example, mothers reporting high levels of physical activity do not appear to be significantly less likely to report high weight babies than women with the lowest level of physical activity.

Data supplied by *The Berger Population Health Monitor*. Data from surveys prior to 2002 were administered to ±2,500 respondents 15 years of age and older in the 10 provinces. Data from 2003 are based upon six monthly surveys from January to June, February and March of 750 respondents each in the 10 provinces plus the three Territories 15 years of age and older for a total of approximately 5,412.

Topics in *The Berger Population Health Monitor* are selected in consultation with subscribers and the Hay Health Care Consulting Group. The Berger Population Health Monitor surveys are conducted jointly with the Physical Activity Monitor of the Canadian Fitness and Lifestyle Research Institute of Ottawa. The monthly surveys are administered by the Institute for Social Research, York University. For more information contact, Earl Berger, 416-815-6405 or e-mail: Earl_Berger@haygroup.com.