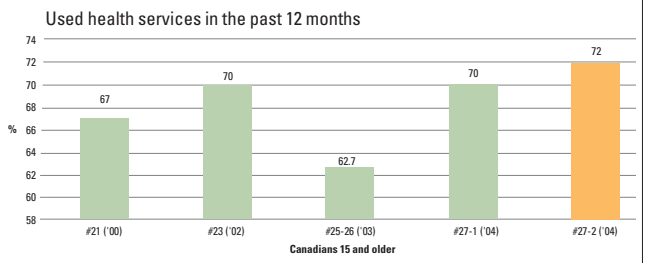
Quarterly Index

USE OF HEALTH SERVICES AND SARS

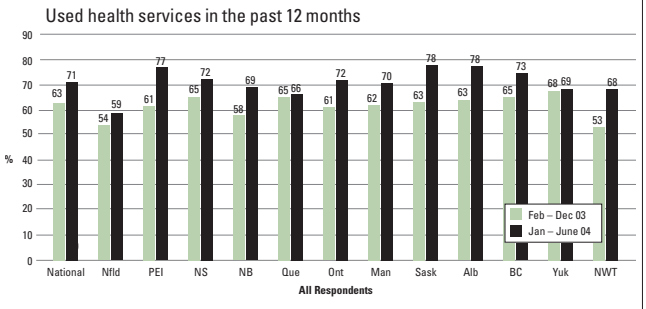
In the previous Quarterly Index (Vol. 7, No. 4, 2004, www.longwoods.com/hq/HQ74-2004/HQ74Qindex.pdf) we noted the sharp decrease in the use of health services during 2003, which we attributed to SARS because there seems to be no other explanation for this extraordinary difference in use from one period to another. We also noted the rebound in the use of health services during 2004. During the second quarter of 2004 use was higher than in the first quarter. The difference is not statistically significant and may be real.

FIGURE 1



We have had a chance to look at the regional and other differences between the two periods and they strengthen the conclusion that SARS affected the various regions of the country differently.

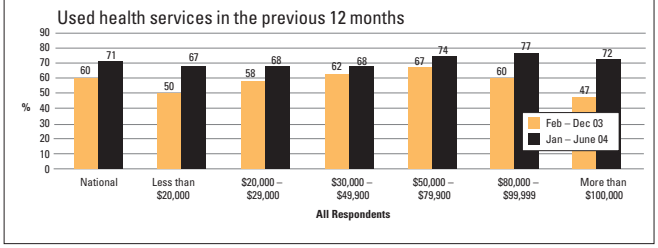
FIGURE 2



In some provinces, such as Prince Edward Island, Saskatchewan, Alberta and the Northwest Territories, the rebound in services is in the order of 15 percentage points. In Ontario, where SARS was a common occurrence the difference was less, 11 percentage points. There does not appear to be a direct connection between the differences in patient behaviour in terms of use of health services and the actual incidence of SARS in the region.

Other differences in use of health services pertain to income and ethnicity.

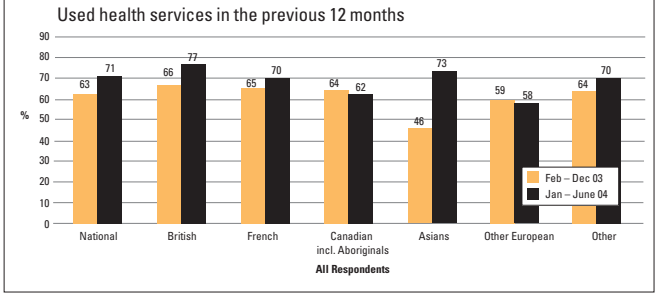
FIGURE 3



The largest rebound in the use of health services is among higher income Canadians. Among those with household incomes of $100,000 or more, there is an increase of 25 percentage points between 2003 and 2004 in the use of health services – an increase of more than 50%. The next largest increases – 17 percentage points – are among the poor: those with household incomes of $20,000 or less.

There are also differences by ethnicity. Asian respondents were the most likely to not use health services in 2003 – use dropped to 46% of this population – and then their use of health services rebounded by 27 percentage points in 2004. This is the largest rebound among all ethnic and other groups.

FIGURE 4



Topics in The Berger Population Health Monitor are selected in consultation with subscribers, the Hay Health Care Consulting Group and the Canadian Fitness and Lifestyle Research Institute (CFLRI) in Ottawa. The Berger Population Health Monitor monthly national surveys are conducted jointly with the Physical Activity Monitor of the CFLRI and administered by the Institute for Social Research, York University. This report includes results from Survey #27 which includes the monthly surveys conducted during January to June 2004 consisting of 4,147 respondents 15 and older. For more information contact, Earl Berger, 416-815-6405 or e-mail: Earl_Berger@haygroup.com.