



Chartbook

How Canada Compares

Results From the Commonwealth Fund's 2020 International Health Policy Survey of the General Population in 11 Countries

February 2021



Canadian Institute
for Health Information
Institut canadien
d'information sur la santé

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Please note that the analyses and conclusions in the present document do not necessarily reflect those of the individuals or organizations mentioned above.

Appreciation goes to the CIHI staff on the core team and in the supporting program areas who contributed to the development of this project.

About this chartbook

The 2020 edition of the Commonwealth Fund (CMWF) International Health Policy Survey focused on the views and experiences of the general population age 18 and older. This chartbook highlights the Canadian story and examines how these experiences vary across Canada and relative to other developed countries, as well as how they are changing over time.

For the first time, all 3 territories were oversampled, allowing their results to be reported alongside provincial results and to be statistically tested against the CMWF average.

The survey was conducted in Canada between March 6 and June 15, 2020, with 75% of interviews occurring in March and April. Although this coincided with the start of the COVID-19 pandemic, detailed analysis shows that results were not affected by the pandemic, with most patients recalling experiences with the health care system that occurred prior to its start. As such, results should be interpreted as a snapshot of patient experience prior to the COVID-19 pandemic.

In early March, the CMWF created supplemental questions targeting COVID-19. These questions were asked of a subset of each country's sample. Therefore, the sample size varied depending on how many surveys had already been conducted in each country. The results for 1 of these questions are included in this chartbook; all other results can be found in the [supplementary data tables](#).

[Supplementary data tables](#) are available online. These show more detailed responses to the questions presented in this chartbook, as well as some additional questions not covered here. Full data sets of the survey results are available to researchers upon request at cmwf@cihi.ca.

Interpreting results

The Canadian Institute for Health Information (CIHI) applied statistical methods to determine whether Canadian, provincial and territorial results were significantly different from the international average of 11 countries. Results are displayed throughout the chartbook using the following colour codes to indicate statistical significance and the desirable direction of the indicator:

Results with a desirable direction:

 Above average  Same as international average  Below average

Results without a clear desirable direction:

 Non-directional

Above-average results are more desirable relative to the international average, while below-average results often indicate areas for improvement.

Sample sizes in some provinces and territories are much smaller than in others and have wider margins of error. For this reason, 2 jurisdictions may have the same numeric results displayed in different colours (e.g., one result might be light blue, or same as average, while the other is orange, or below average). The wider the margin of error, the more difficult it is for a result to be significantly different from the average. Quebec and Ontario have the most robust samples because of the additional funding for an increased sample size from those provinces.

To assess the reliability of the results, the coefficient of variation (CV) was calculated. The CV is the standard error of an estimate expressed as a percentage of the estimate and is a measure of sampling error. These quality guidelines are consistent with those used at Statistics Canada.¹

- Estimates with a CV less than 16.6% are considered reliable for general use.
- Estimates with a CV between 16.6% and 33.3% are considered to have high levels of error, and caution should be exercised in interpretation; in this chartbook, these are marked with an asterisk (*).
- Estimates with a CV higher than 33.3% are considered unreliable and are suppressed; these are marked with an em dash (—).



The **maple leaf** icon indicates that the question was asked in a limited number of countries. International comparison is therefore not possible.



The **new** icon indicates that the question was not asked in a previous CMWF survey of the general population.



The **COVID-19** icon indicates that the question was part of the COVID-19 supplement and was asked of only a subset of respondents.

Possible relationships between survey questions were examined using logistic regression modelling.

This chartbook also references information from CIHI and other sources to provide additional context.

References (indicated by superscript numbers) can be found in the References section at the end of the document.

Executive summary

The 2020 Commonwealth Fund (CMWF) survey collected information from Canadians and from residents of 10 peer countries about their experiences and interactions with health care providers and their health care system. The questions covered a broad range of topics: behaviours affecting health, access to health care, person-centred care, coordination of care and cost barriers to care. The information summarized in this chartbook provides an important perspective on how well the health systems in Canada are meeting the needs and expectations of Canadians. Comparison with peer countries provides an opportunity to learn from policies and best practices in these other countries.

Timely access to mental health services has been identified in Canada as a priority area for health system improvement. The results of the CMWF survey confirm that Canada's investment in improving access to mental health services is relevant — less than half of Canadians who wanted help for mental health received services. Also, Canadians who reported having a mental health condition were more likely to report having cost barriers to care and financial distress compared with those without mental health conditions.

Improving access to health care for Canadians may mean moving beyond traditional in-person care to delivering care virtually. Canada is working hard to implement innovative strategies for care delivery, including digital health solutions. While Canadians reported some improvements in online access to health care, there is still a gap between the services that patients are using and the services that physicians report being available for patients. Not all Canadians can access virtual care equally: rural and low-income residents were less likely than urban and high-income residents to report access. The results in this chartbook reflect the experiences of survey respondents prior to the beginning of the COVID-19 pandemic; since then, the virtual care landscape has changed quickly.

For the first time, this chartbook includes comparable information from the countries surveyed by the CMWF about behaviours affecting health (alcohol use, tobacco use, use of electronic vaping devices, cannabis use and use of illicit drugs). This is important because these behaviours have both health and social impacts on individuals and on health systems. Compared with respondents in peer countries, a smaller percentage of Canadians reported using tobacco products daily and heavy drinking monthly, but a higher percentage reported using electronic vaping devices, cannabis and illicit drugs.

Delivering health care that is centred around the patient is a goal in Canada. Canadians reported better experiences with their regular doctors compared with people in peer countries, including feeling involved in decision-making. Also, a large proportion of Canadians reported having a regular doctor or place of care. That said, Canada still lags behind peer countries in timely access to primary care, specialist care and elective surgeries.

Key findings from this year's survey

Spotlight on mental health

- Less than half of Canadians who wanted help for mental health concerns received services.
- Canadians who reported having a mental health condition were more likely to report having cost barriers to care and financial distress than those without a mental health condition.

Spotlight on virtual care

- While patients reported some improvements in online access, there is still a gap between the services physicians report having available and the services patients report using.

Behaviours affecting health

- 5% of Canadians reported using electronic vaping devices (e-cigarettes). This rate was 11% among 18- to 34-year-olds, compared with less than 3% for those 35 and older.
- More Canadians reported having used cannabis than their international peers (23% versus 9%).
- 1 out of 4 Canadians reported heavy drinking at least once a month. Only 9% of respondents in Canada who reported heavy drinking had had a discussion with their doctor about alcohol use.

Access to health care

- Access continued to be challenging in Canada, with patients reporting difficulties with timely access to primary care, specialist care and elective surgeries.
- Almost half of Canadians (40%) reported that the condition they visited an emergency department for could have been treated elsewhere if timely care had been available.

Person-centred care

- Canadians reported better experiences with their regular doctor than the CMWF average, including feeling more involved in decision-making about their care.
- Fewer Canadians with chronic conditions felt they had sufficient support to manage their health problems: Canada ranked lowest among countries surveyed.
- Compared with their peers, Canadians were more likely to have medication reviews with a health professional.

Coordination of care

- 77% of Canadians had help from their doctor's office to coordinate and arrange care.
- Conflicting information from health care professionals was a challenge for Canadians.

Cost barriers to care

- Canadians were less likely to avoid a doctor's visit or skip a medical test, treatment or follow-up due to the cost compared with the CMWF average (5% versus 9%).
- Canadians faced cost barriers to dental care and prescription drugs similar to those reported by people in other countries.
- Cost barriers were highest for low-income Canadians.



Spotlight on mental health

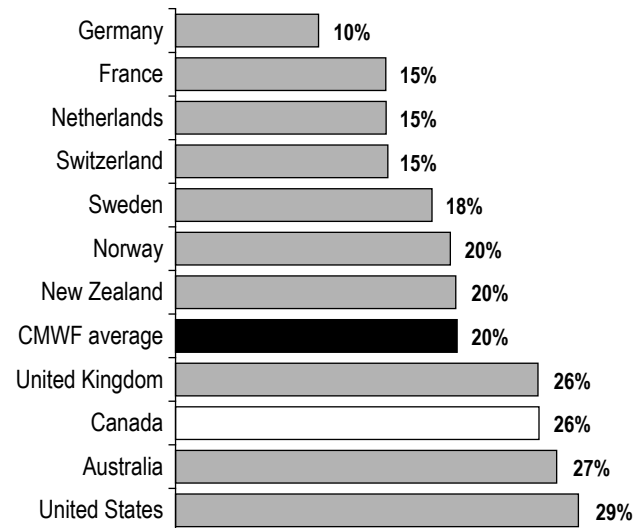


Key findings

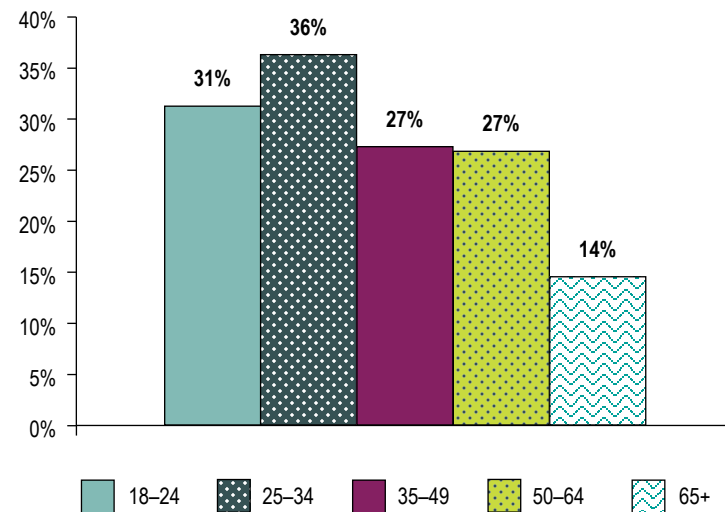
- Less than half of Canadians who wanted help for mental health concerns received services.
- Canadians who reported having a mental health condition were more likely to report having cost barriers to care and financial distress than those without a mental health condition.

1 out of 4 Canadians were told by their doctor that they have a mental health condition

Respondents who have been told by a doctor that they have depression, anxiety or other mental health conditions



Canadians who have been told that they have a mental health condition, by age group



63% of Canadians with a mental health condition also reported having another chronic condition.



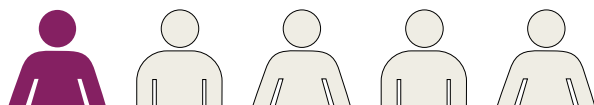
Notes

The age breakdown excludes respondents who were 18 and older but did not disclose their age.
 Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

● Above average
 ● Same as international average
 ● Below average
 ○ Non-directional but significantly different than the CMWF average



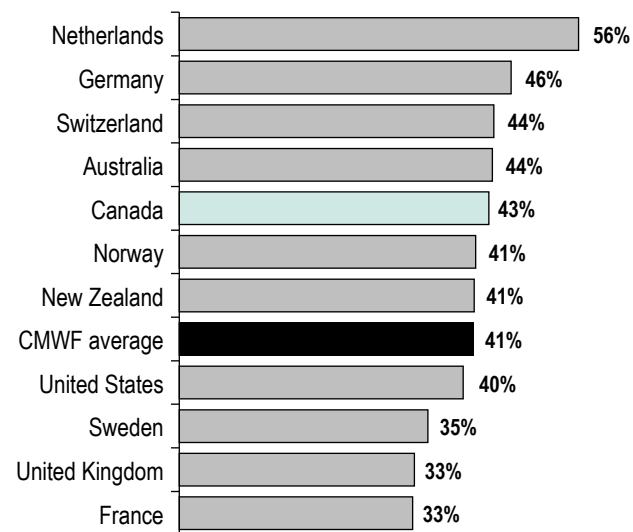
Less than half of Canadians who wanted help for their mental health concerns received services



1 out of 5 Canadians

reported that they had wanted to talk to a doctor or other health professional about their mental health in the past year (CMWF average: 1 out of 6).[†]

Have you received any counselling or treatment for your mental health in the past year?[‡] (Yes)



Notes

[†] Asked of all survey respondents.

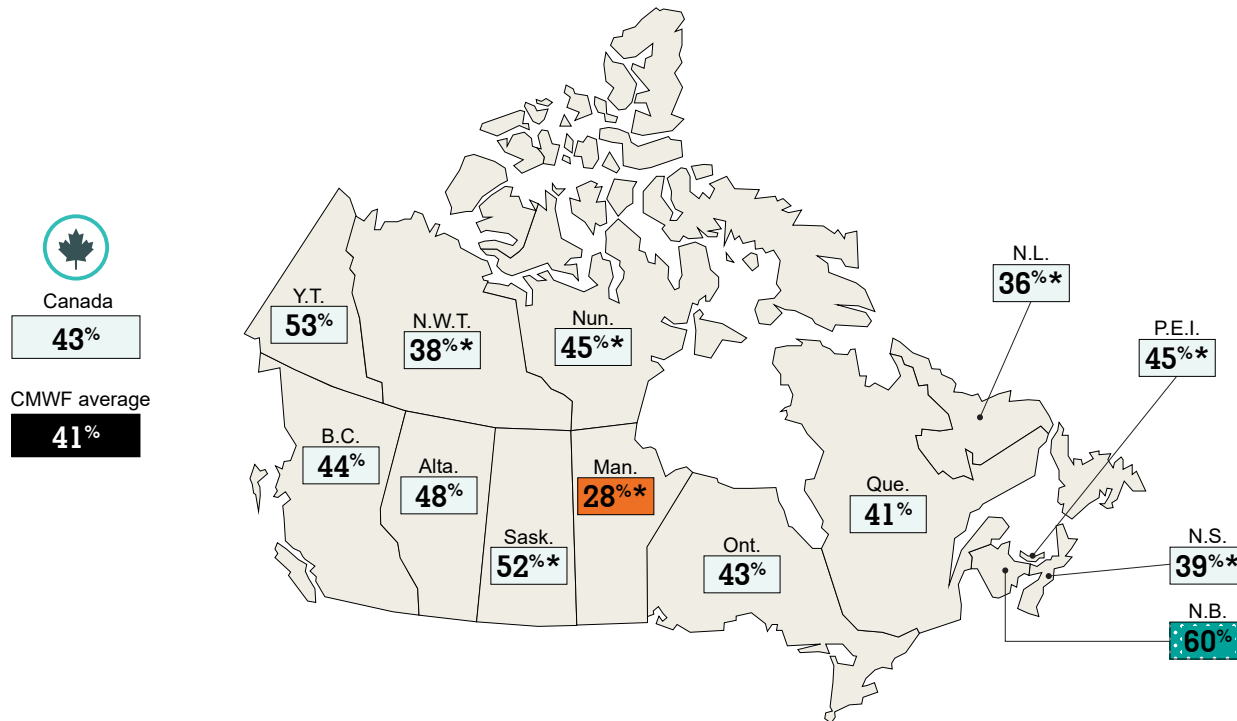
[‡] Asked of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

Above average
 Same as international average
 Below average

Provincial and territorial snapshot: Access to mental health care

Among respondents who wanted help for their mental health concern:

In the past 12 months, have you received any counselling or treatment for your mental health?†



Notes

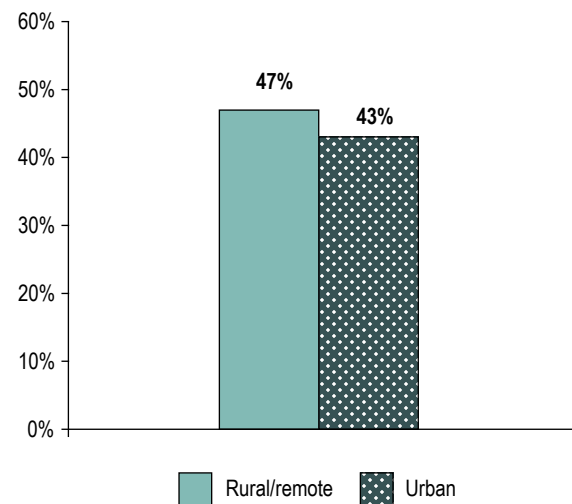
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

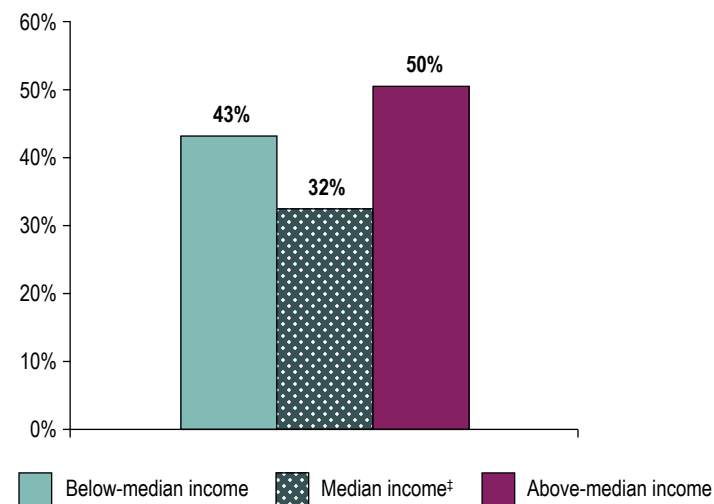
● Above average ● Same as international average ● Below average

Access to mental health services by income and rurality

Canadians in urban and rural/remote regions were equally likely to receive counselling or treatment for mental health concerns in the past year[†]



Canadians with below- or above-median income were more likely to receive counselling or treatment for mental health concerns in the past year[†]




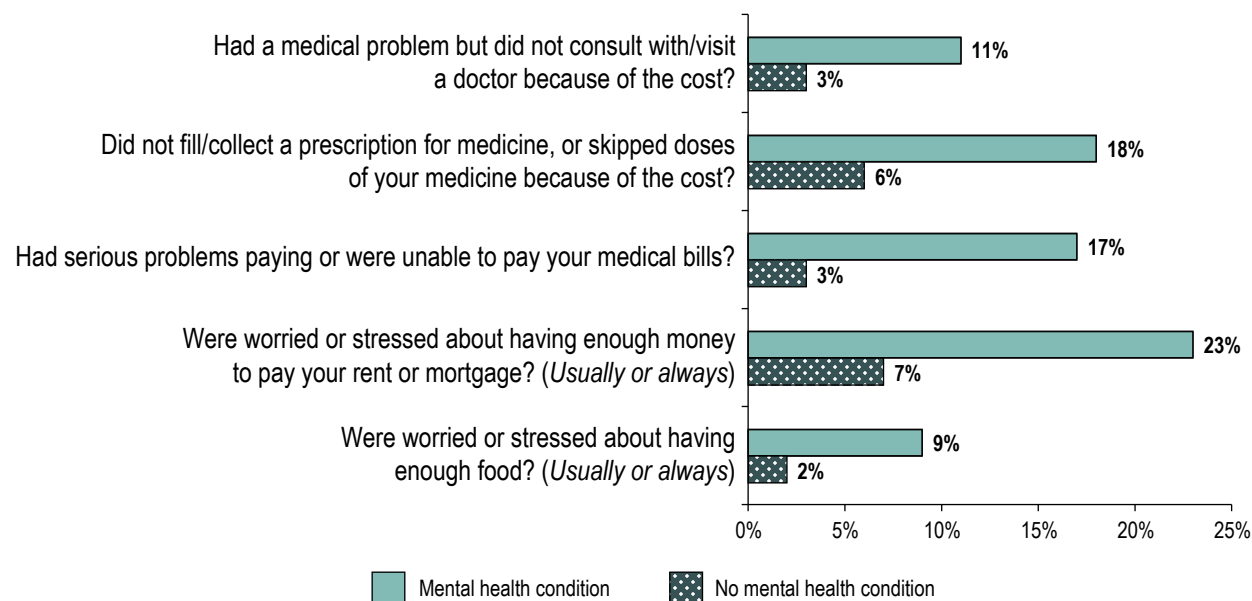
Notes

[†] Of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

[‡] Results are significantly different between respondents with median household income and those with above-median or below-median household income. Rural/remote or urban residence was assigned based on the respondent's self-reported postal code using Statistics Canada's Postal Code Conversion File Plus. Income is pre-tax income before any deductions. The median Canadian household income used was \$70,336.

Canadians with a mental health condition were more likely to report cost barriers to care and financial distress

During the past 12 months, was there a time when you . . .





2016 data showed similar trends in financial distress and cost barriers for those with mental health conditions.²

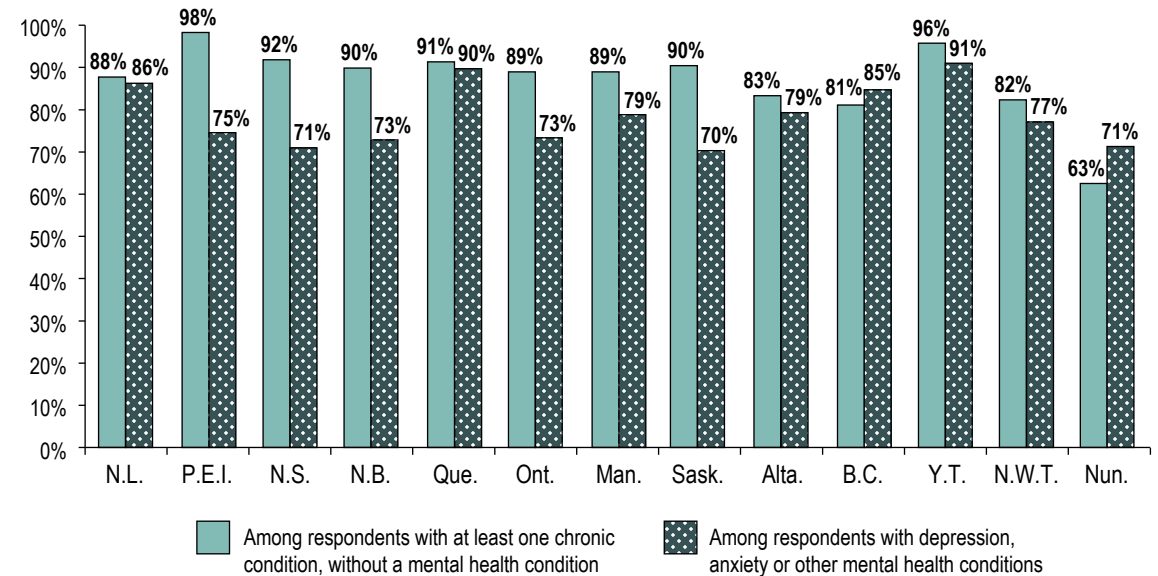
Notes

Each comparison between respondents with a mental health condition and respondents with no mental health condition has been statistically tested and found to be significant. 2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Canadians with a mental health condition felt less supported by health professionals than people with other chronic conditions

Respondents who felt that they had as much support from health professionals as they needed to help them manage their health problems

Response category	Canada	CMWF average
 Among respondents with depression, anxiety or other mental health conditions	79%	85%
 Among respondents with at least one chronic condition, without a mental health condition	88%	92%



Note

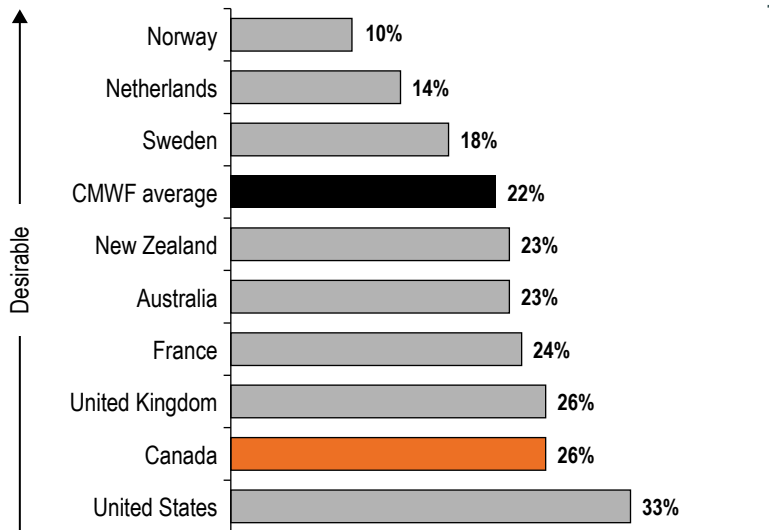
Respondents with depression, anxiety or other mental health conditions who also had another chronic condition were not excluded. 63% of respondents with a mental health condition also reported another chronic condition.

● Above average
 ● Same as international average
 ● Below average



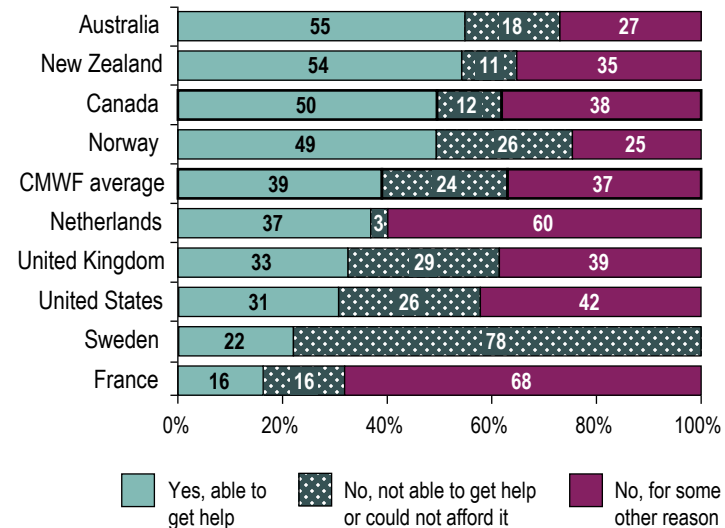
COVID-19 and mental health

Since the coronavirus outbreak started, respondents who experienced stress, anxiety or great sadness and who found it difficult to cope by themselves†



Among respondents who experienced stress, anxiety or great sadness and who wanted help from a professional:

Were you able to get help when you needed it?†



In 2016, **1 out of 4** surveyed Canadians (27%) said they had experienced emotional distress, such as anxiety or great sadness, in the past 2 years, which they found difficult to cope with it by themselves.²

Note

† These questions were part of the COVID-19 supplementary questionnaire. Only a subset of respondents were asked these questions. In Canada, this represents 1,173 respondents; respondents in Germany and Switzerland were not asked these questions. For additional COVID-19 supplementary questions, see the [data tables](#).

● Above average
 ○ Same as international average
 ● Below average



Spotlight on virtual care

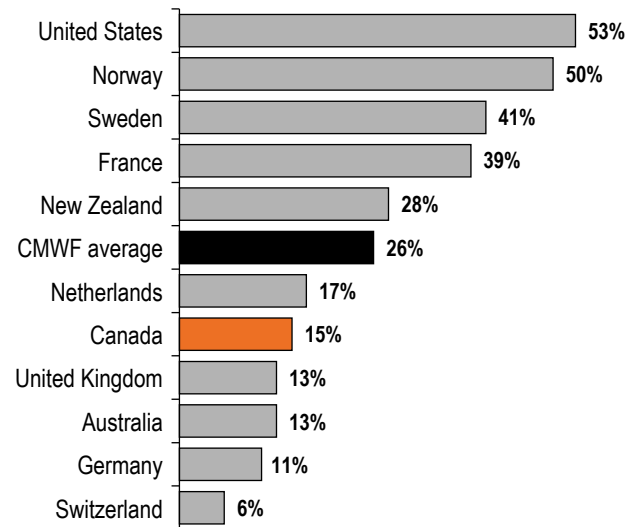


Key findings

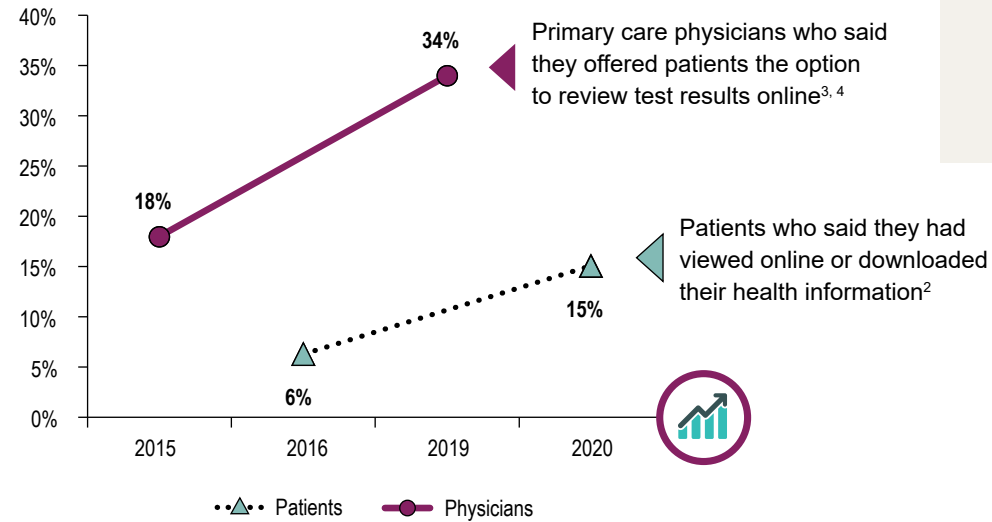
- While patients reported some improvements in online access, there is still a gap between the services physicians report having available and the services patients report using.

Few Canadians viewed online or downloaded their health information compared with CMWF average

In the past 2 years, patients who viewed online or downloaded their health information, such as visit summaries, or test or laboratory results



Patients who viewed information online and physicians who offered test results online in Canada



Canadians across all age groups reported similar rates of viewing online test results.

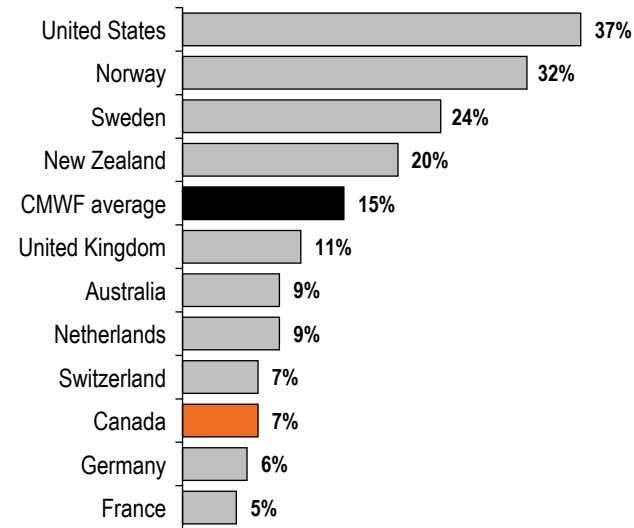
Notes

In 2020, the question's wording was modified to specify that the patient viewed online or downloaded health information or test/lab results using a "secure website or patient portal or app on [their] mobile phone." In Canada, all health information must be viewed using a secure website or patient portal, so it was determined that the results would not have changed due to this modification. 2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

● Above average
 ● Same as international average
 ● Below average

Few Canadians emailed their doctor compared with CMWF average

In the past 2 years, patients who emailed their regular practice about a medical question or concern



In 2019, **23%** of Canadian primary care physicians reported that they offered the option of communicating via email.⁴

Did you know?

2 out of 3 Canadians would like to be able to email their health care provider.⁵



Context

Prior to the COVID-19 pandemic, doctors in most provinces and territories were not able to bill for medical care provided by email. In late March 2020, many jurisdictions introduced billing codes to allow doctors to bill for emails and phone calls.⁶

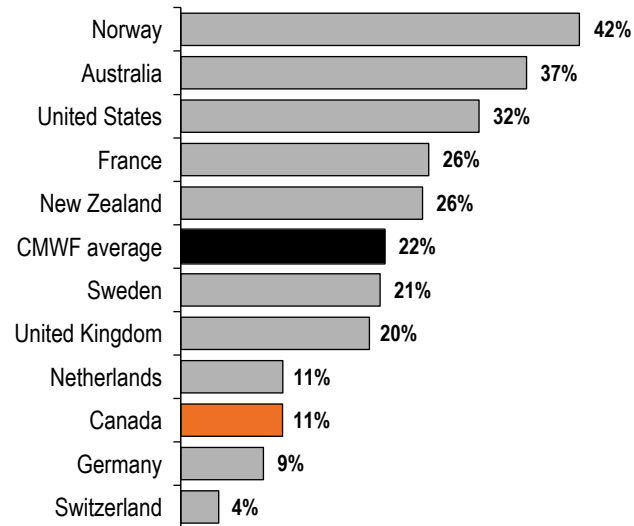
Note

The question specified that the patient used a "secure website or patient portal or app on [their] mobile phone" to email their doctor.

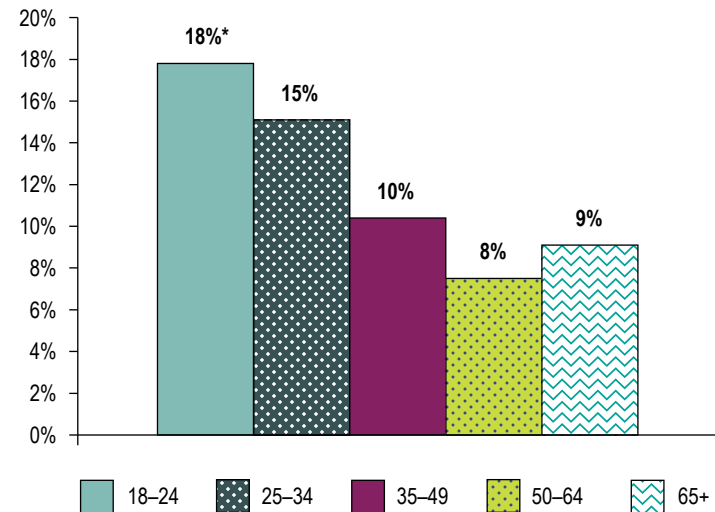
Above average Same as international average Below average

Few Canadians requested appointments online compared with CMWF average

In the last 2 years, patients who requested an appointment online with their regular practice



Canadians who requested an appointment online with their regular practice in last 2 years, by age group



In 2019, **22%** of Canadian primary care physicians reported that they offered the option of requesting appointments online.⁴

In 2019, physicians in **group practices** were more likely to offer patients the option to request appointments online (28%) compared with those in solo practices (9%).⁴

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

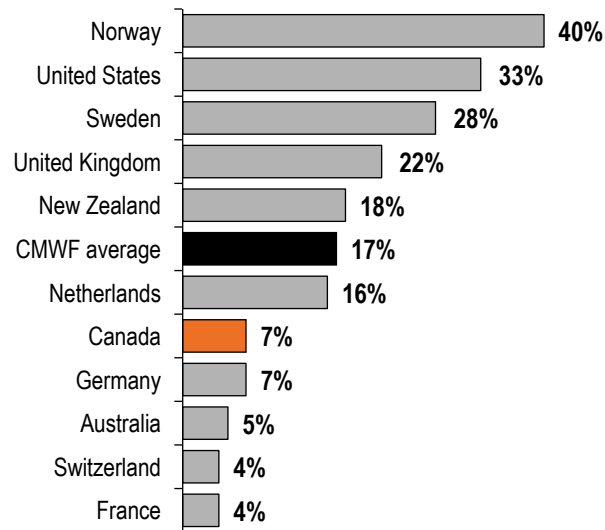
The question specified that the patient used a “secure website or patient portal or app on [their] mobile phone” to request an appointment online with their regular practice.

The age breakdown excludes respondents who were 18 and older but did not disclose their age.

● Above average
 ○ Same as international average
 ● Below average

Few Canadians requested prescription refills online compared with CMWF average

In the last 2 years, patients who requested prescription refills online from their regular practice



In 2019, **10%** of Canadian primary care physicians reported that they offered the option of renewing prescriptions online.⁴

Note

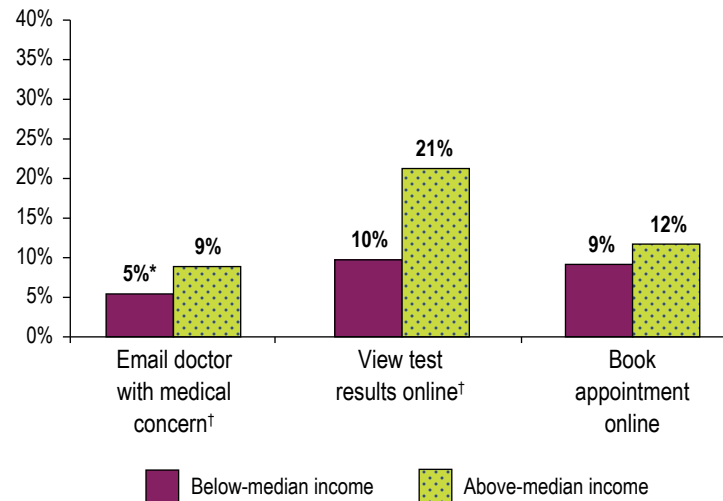
The question specified that the patient used a “secure website or patient portal or app on [their] mobile phone” to request prescription refills from their regular practice.

Above average Same as international average Below average

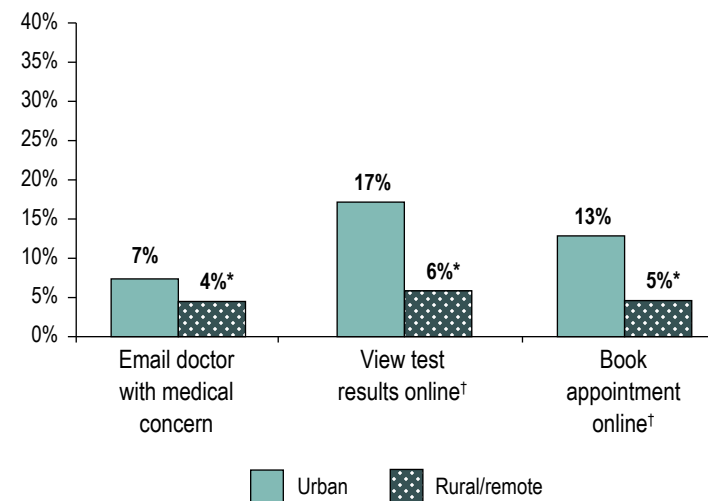
Canadians in rural or remote areas were less likely than urban residents to access online services

Lower-income Canadians and those who live in rural/remote regions less likely to report online access

Online access by household income



Online access by respondent rurality



Canadians who reported **below-median income** were more likely to report having **no access to a computer or mobile phone with internet (9%)** compared with people who reported above-median income (2%*).

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Results are significantly different between respondents from urban versus rural/remote areas, or between respondents with median income versus below- or above-median income, after controlling for age group and gender. Rural/remote or urban residence was assigned based on the respondent's self-reported postal code using Statistics Canada's Postal Code Conversion File Plus. Income is pre-tax income before any deductions. The median Canadian household income used was \$70,336.



Behaviours affecting health

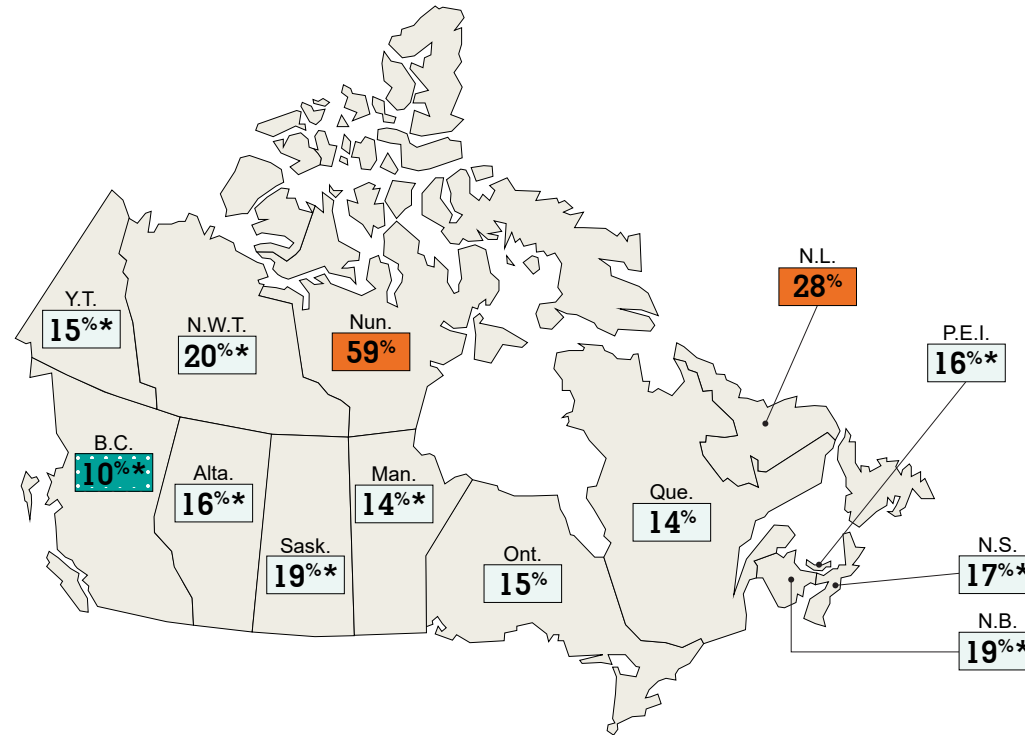
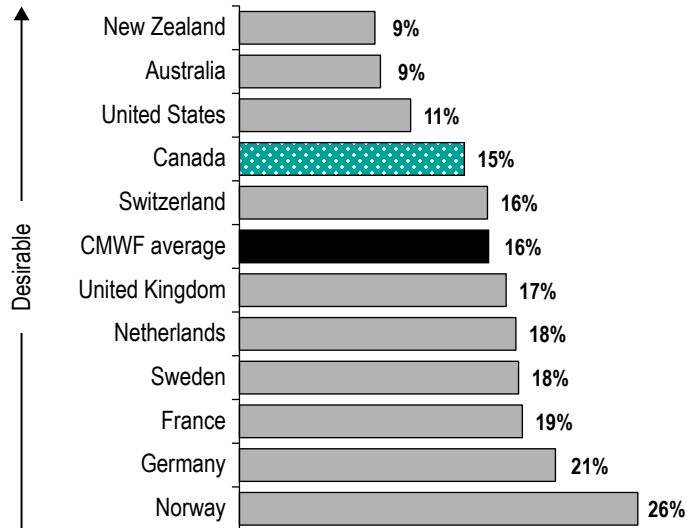
Key findings

- 5% of Canadians reported using electronic vaping devices (e-cigarettes). This rate was 11% among 18- to 34-year-olds, compared with 3% for those 35 and older.
- More Canadians reported having used cannabis than their international peers (23% versus 9%).
- 1 out of 4 Canadians reported heavy drinking at least once a month. Only 9% of respondents in Canada who reported heavy drinking had had a discussion with their doctor about alcohol use.



1 out of 7 Canadians reported smoking cigarettes or using another tobacco product every day

Respondents who reported smoking cigarettes or using another tobacco product every day



Note

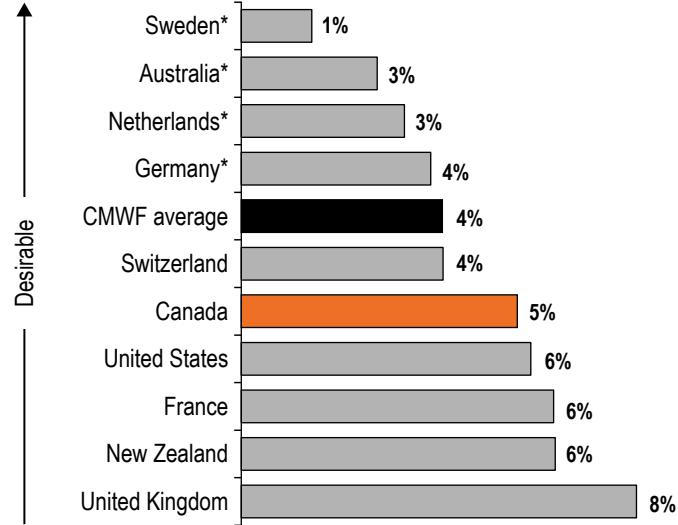
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Above average
 Same as international average
 Below average

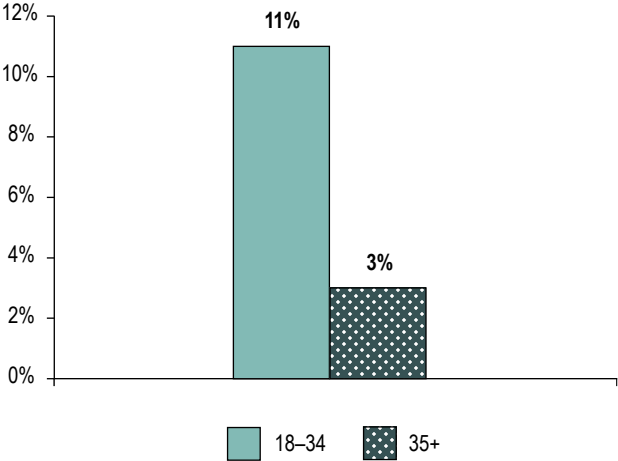


Younger age groups were more likely to report using e-cigarettes or other e-vaping products

Respondents who reported using e-cigarettes or other electronic vaping products every day or some days



E-vaping by age group in Canada



Did you know?

In Australia, the sale of e-cigarettes containing vaporiser nicotine is prohibited by law by each state and territory.⁷



Notes

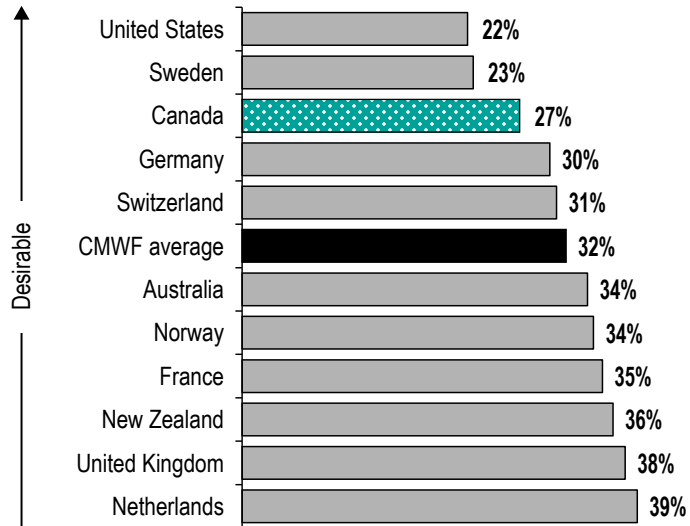
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 Norway is suppressed due to extreme sampling variability (CV greater than 33.3%).
 The age breakdown excludes respondents who were 18 and older but did not disclose their age.

● Above average
 ● Same as international average
 ● Below average



1 out of 4 Canadians reported at least one episode of heavy drinking each month during the past year

Respondents who reported having 4 or more (women) or 5 or more (men) drinks containing alcohol on 1 occasion at least monthly (in the past year)



Men in Canada are significantly more likely than women to have a heavy drinking episode at least once a month (32% versus 22%).

Did you know?

There are more hospitalizations each year for alcohol than for heart attacks.⁸

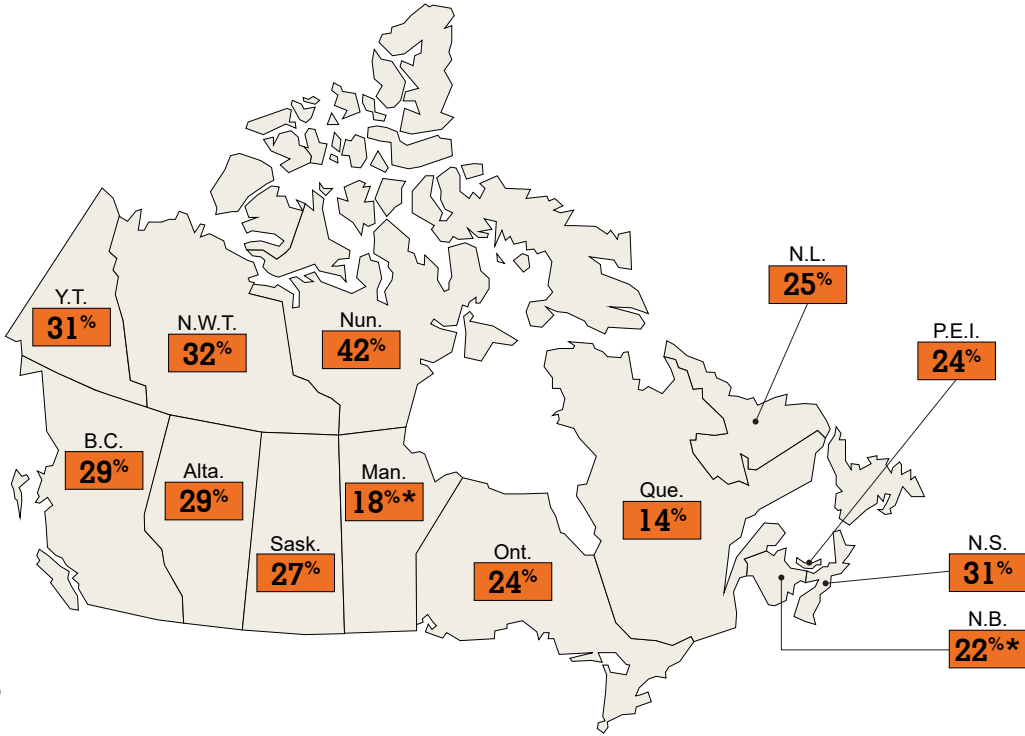
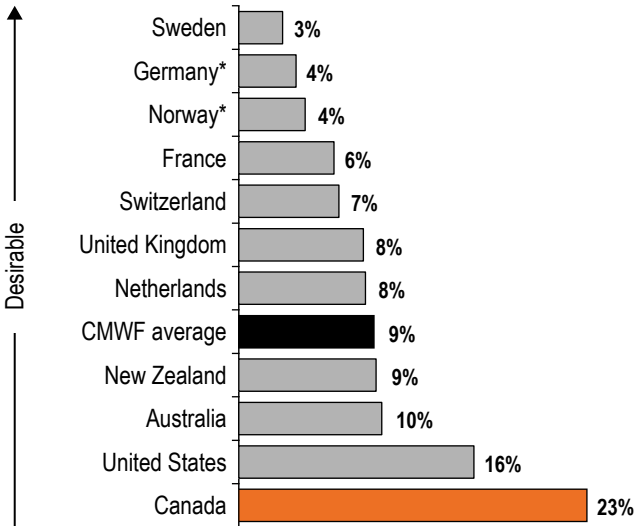
From 1990 to 2010, alcohol increased from the sixth to the third leading risk factor for death and disability globally.⁹

● Above average
 ○ Same as international average
 ○ Below average



More Canadians reported having used marijuana or cannabis compared with CMWF average

Respondents who reported having used marijuana or cannabis during the past 12 months



In parts of the United States where marijuana is legal for recreational use, the rate was 20%.



Did you know?

The Canadian Cannabis Survey 2019 found that 25% of Canadians reported cannabis use in the past year.¹⁰

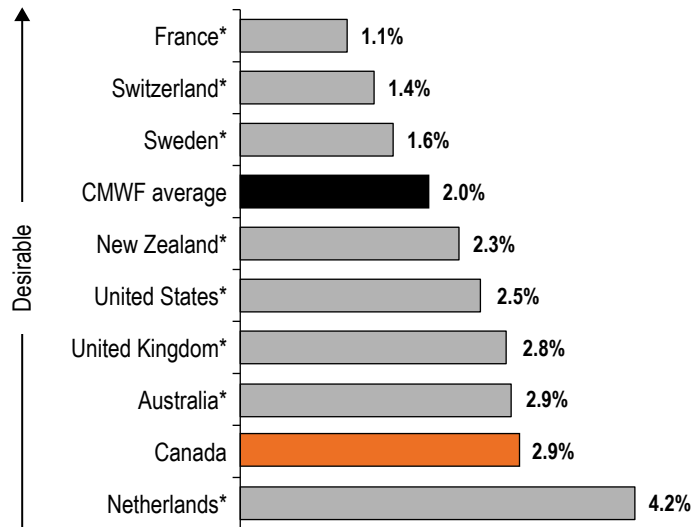
Note
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

● Above average
 ● Same as international average
 ● Below average



3% of Canadians reported having used cocaine, amphetamines, heroin or other similar substances in the past year

Respondents who reported having used any other drugs such as cocaine, amphetamines, heroin or other similar substances during the past 12 months



Did you know?

In 2018, there were 166,333 hospital stays for harm caused by all substances.¹¹



Notes

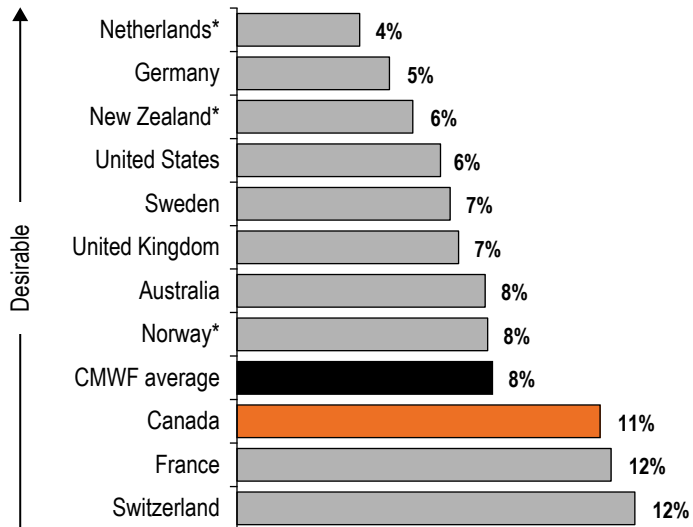
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
Germany and Norway are suppressed due to extreme sampling variability (CV greater than 33.3%).

Above average Same as international average Below average



1 out of 10 Canadians reported having used prescription pain medicine differently than prescribed or without a prescription

Respondents who reported they have taken prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it



Did you know?

Between 2013 and 2017, opioid poisoning hospitalization rates went up 27% in Canada.¹²



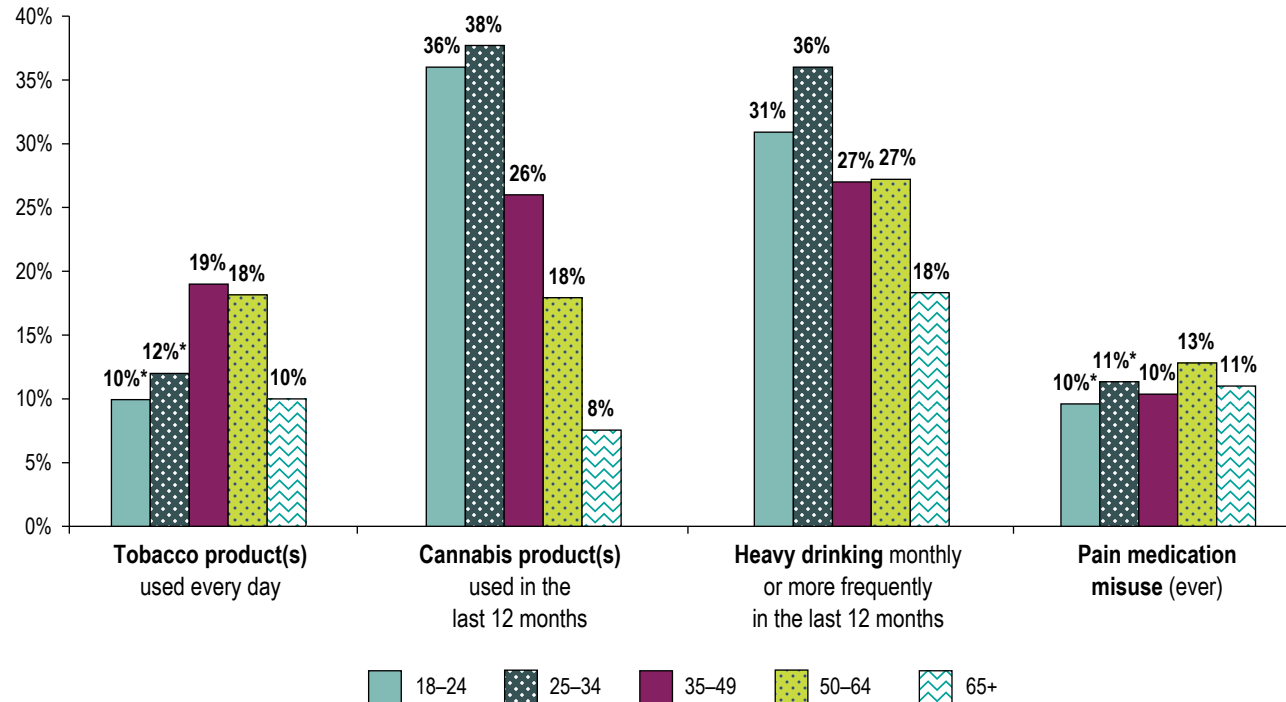
Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Above average Same as international average Below average



Behaviours change with age in Canada

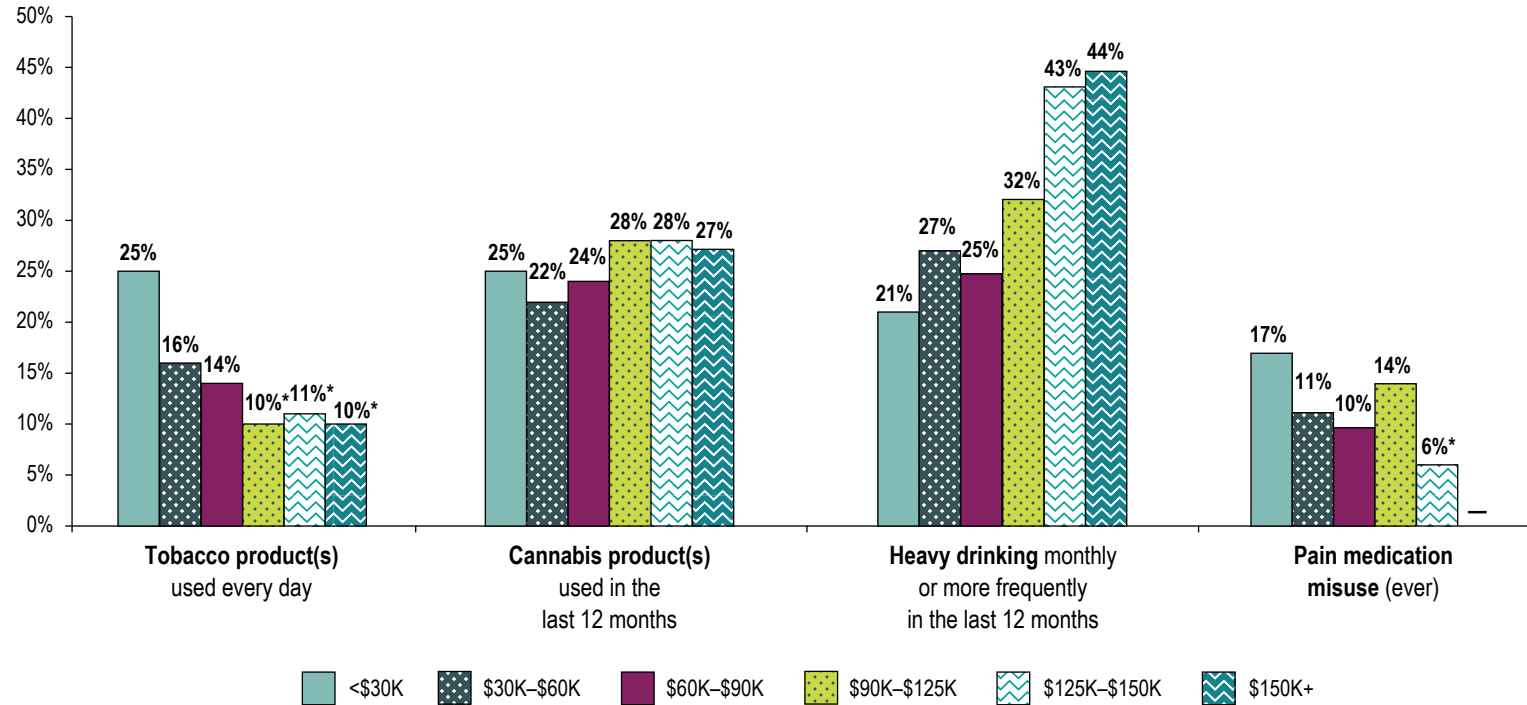


Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 Heavy drinking is defined as having 4 or more (women) or 5 or more (men) drinks containing alcohol on 1 occasion.
 The age breakdown excludes respondents who were 18 and older but did not disclose their age.
 Due to small volumes, illicit drug use is not reported by age.





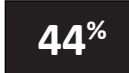

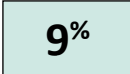




Behaviours change with income in Canada



Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 — Data suppressed due to extreme sampling variability (CV greater than 33.3%).
 Heavy drinking is defined as having 4 or more (women) or 5 or more (men) drinks containing alcohol on 1 occasion.
 Income is reported in thousands of dollars.
 Due to small volumes, illicit drug use is not reported by income.

Few Canadian health practitioners talk to their patients about alcohol use

During the past 12 months, did any doctor or other health care professional talk with you about . . .		Canada	CMWF average
	Health risks of smoking and ways to quit	 49%	 44%
	Your alcohol use	 9%	 9%
	Your use of marijuana, cannabis or any other drugs such as cocaine, amphetamines, heroin or other similar substances	 22%	 17%

NEW

Note

Excludes respondents who had not seen or talked to a doctor or other health care professional in the past 12 months.

 Above average
  Same as international average
  Below average



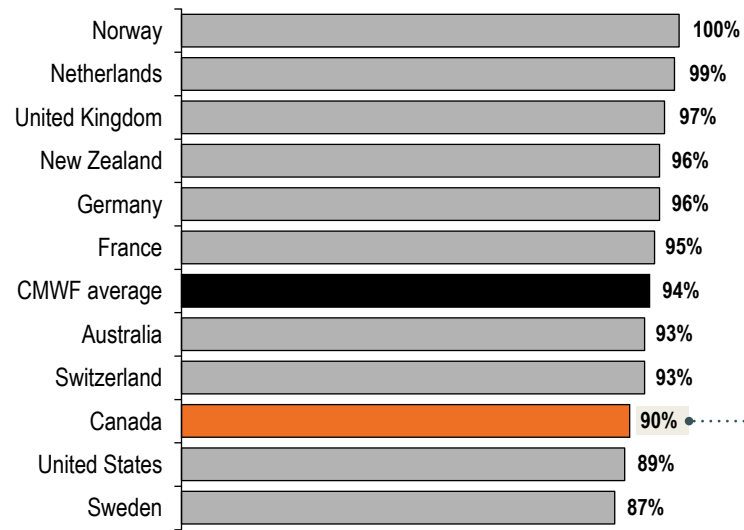
Access to health care

Key findings

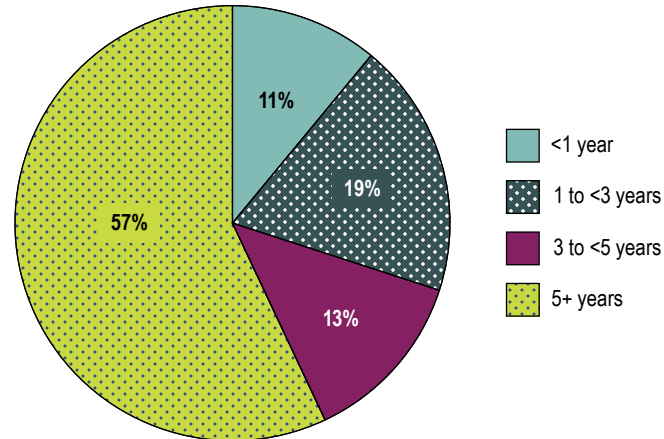
- Access continued to be challenging in Canada, with patients reporting difficulties with timely access to primary care, specialist care and elective surgeries.
- Almost half of Canadians (40%) reported that the condition they visited an emergency department for could have been treated elsewhere if timely care had been available.

Canadians were less likely to have a regular doctor or place where they receive care compared with CMWF average

Respondents who reported having 1 doctor or place they usually go to for medical care



Among Canadians who reported having 1 doctor or place they usually go to for medical care: How long have you been seeing this doctor, nurse or physician's assistant for your medical care?



In 2016, 93% of Canadians reported having a regular doctor or place of care.^{2,†}




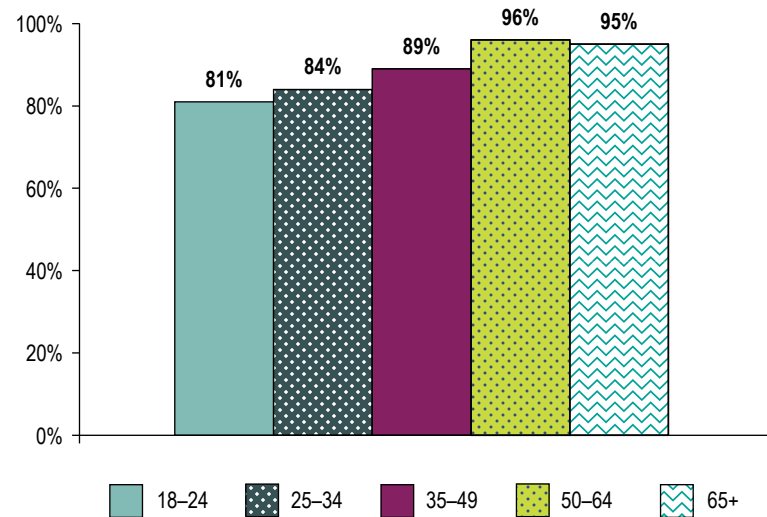
Note

† 2020 results are significantly different from 2016 results.

● Above average
 ● Same as international average
 ● Below average

Younger Canadians were less likely to have a regular doctor

Respondents who reported having 1 doctor they usually go to for medical care



Women in Canada were more likely than men to have a regular doctor or place of care (93% versus 88%).

Did you know?

In 2018, there were 272 physicians per 100,000 people in Canada. This compares with a high of 481 physicians per 100,000 in Norway and a low of 261 per 100,000 in the United States.¹³

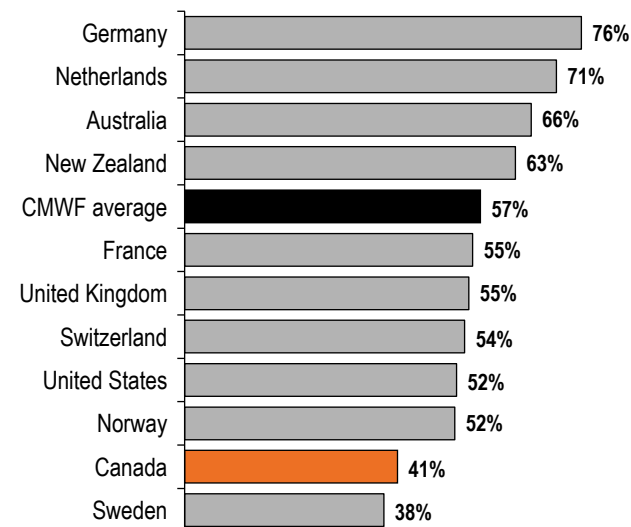
Note

The age breakdown excludes respondents who were 18 and older but did not disclose their age.

 Above average  Same as international average  Below average

Same- or next-day appointments were difficult to get in Canada

Respondents who were able to get a same- or next-day appointment to see a doctor or nurse the last time they were sick or needed medical attention



Compared with 2020, in 2016, more Canadians reported that they were able to get a same- or next-day appointment (**46%**).^{2, †}

Did you know?

Timely access to appointments with a family physician is associated with increased patient satisfaction (including interpersonal communication and continuity of care).¹⁴

Notes

Excludes respondents who did not need to make an appointment to see a doctor or nurse, and those who went to an urgent care facility or clinic.

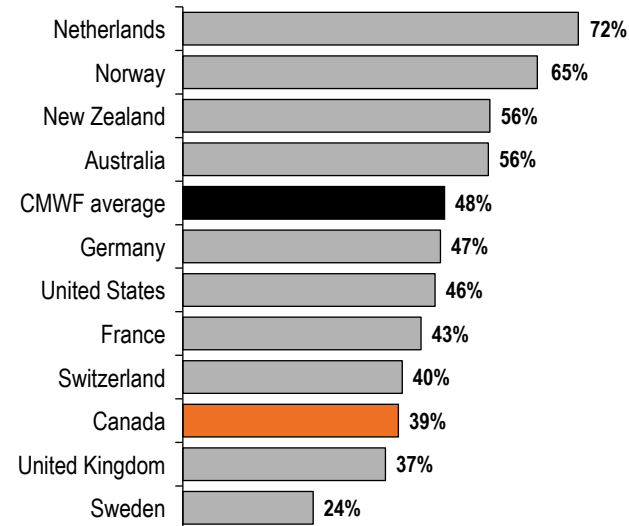
† 2020 results are significantly different from 2016 results.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

 Above average  Same as international average  Below average

While patients had difficulty accessing after-hours care, physicians reported offering after-hours appointments

Respondents who reported it was *very* or *somewhat* easy to get medical care in the evenings, on weekends or on holidays without going to the emergency department



Notes

† 2020 results are significantly different from 2016 results.

Excludes respondents who never needed care in the evenings, on weekends or on holidays.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

● Above average
 ● Same as international average
 ● Below average



In 2016, **35%** of Canadians reported easy access to after-hours care.^{2, †}



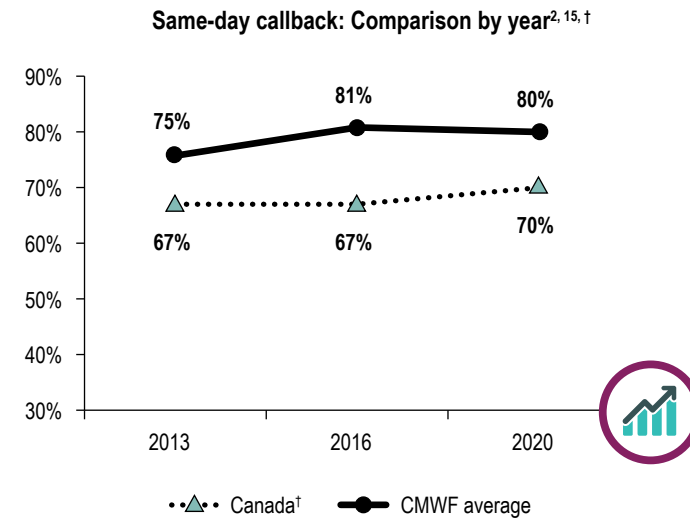
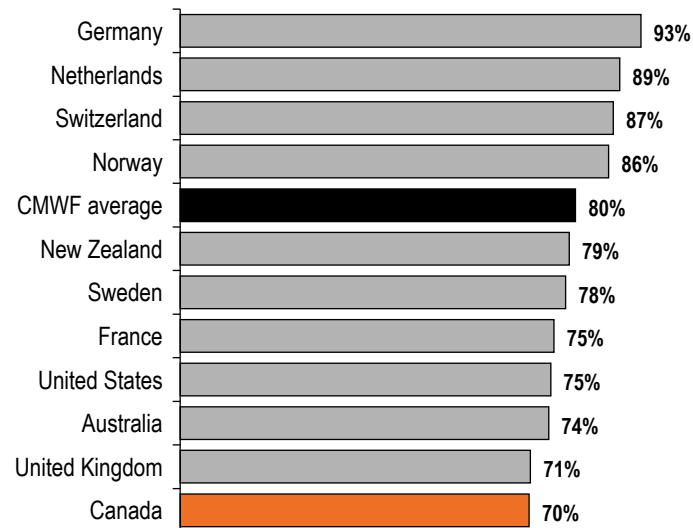
In 2019, **57%** of primary care physicians reported that they offered appointments after 6 p.m. during the week (i.e., Monday to Friday) at least once a week.⁴

.....

In 2019, **50%** of primary care physicians reported that they offered appointments on the weekend (i.e., Saturday or Sunday) at least once a month.⁴

Canadians were less likely to receive a same-day callback from their physician compared with CMWF average

Patients who reported they *often* or *always* received a same-day answer when contacting their regular doctor's office with a medical concern during regular practice hours



Notes

† 2020 results are significantly different from 2016 results.
 2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²
 Excludes respondents who never tried to contact their regular doctor's office.

● Above average
 ● Same as international average
 ● Below average

Provincial and territorial snapshot: Timely access to care

Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
Able to get same-day or next-day appointment [†]	35	36	23*	34	39	45	38	41	40	35	32	56	51	41	57
Very easy or somewhat easy to get after-hours medical care [‡]	31	28	24	36	40	42	35	44	38	35	28	37	57	39	48
Always or often get an answer to medical concern the same day [§]	71	74	66	71	70	72	66	72	68	71	69	54	54	70	80

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Excludes respondents who did not need to make an appointment to see a doctor or nurse, and those who went to an urgent care facility or clinic.

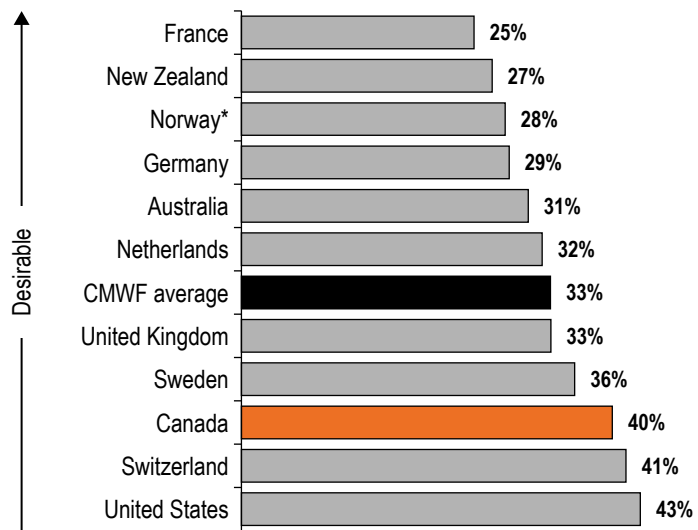

‡ Excludes respondents who never needed care in the evenings, on weekends or on holidays.

§ Excludes respondents who never tried to contact their regular doctor's office.


 Above average
  Same as international average
  Below average

Almost half of Canadians reported that the condition they visited the emergency department for could have been treated elsewhere

Patients who reported that the last time they went to the emergency department, it was for a condition they thought could have been treated by the doctors or staff at the place where they usually get medical care

In 2016, **43%** of Canadians reported that the last time they went to the emergency department, it was for a condition they thought could have been treated at their regular place of care.²



42% of Canadians reported that they had visited an emergency department for their own medical care in the last 2 years (CMWF average: 31%).

Notes

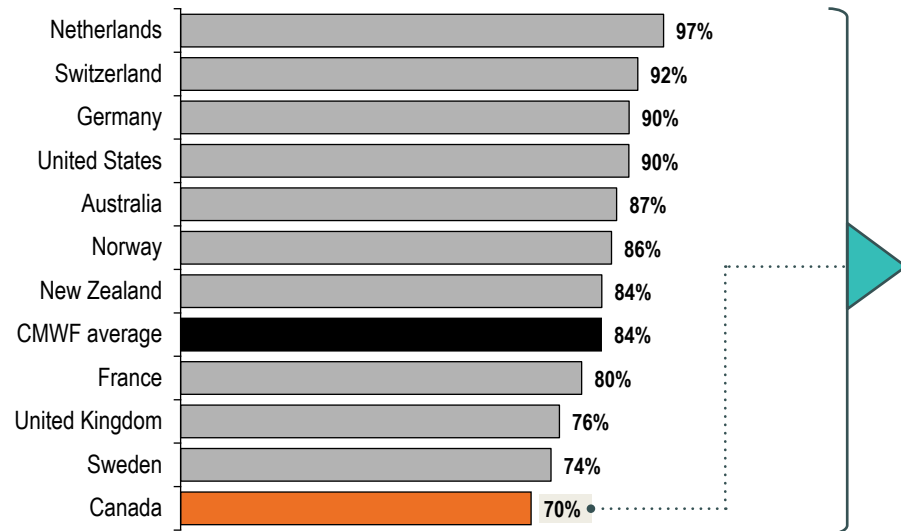
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

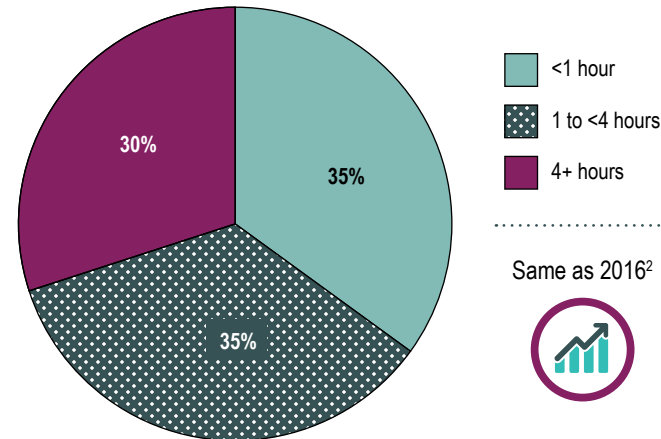
 Above average
  Same as international average
  Below average

Canadians were less likely to receive care within 4 hours at the emergency department compared with CMWF average

Respondents who received treatment within 4 hours the last time they visited the emergency department



Canada wait time breakdown for care in emergency department



Respondents in **rural communities** were more likely than those in urban areas to **report waiting less than 4 hours.**



Notes

Excludes respondents who left the emergency department without being treated.

Rural/remote or urban residence was assigned based on the respondent's self-reported postal code using Statistics Canada's Postal Code Conversion File Plus.

2016 results have been recalculated to match the 2020 methodology.

Above average
 Same as international average
 Below average

Provincial and territorial snapshot: Emergency department use

Respondents who received treatment within 4 hours the last time they visited the emergency department

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
70	66	56	75	60	72	72	91	77	74	90	86	73	70	84

Respondents who reported that the last time they went to the emergency department, it was for a condition they thought could have been treated by the doctors or staff at the place where they usually get medical care[†]

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
45	52	39*	40	46	36	43	53*	43	32*	44	64	71	40	33

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Lower results are more desirable.

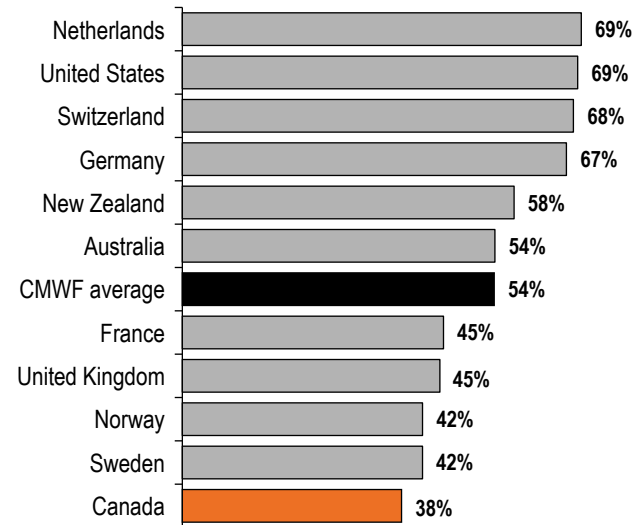
ED wait times exclude respondents who left the ED without being treated.

Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

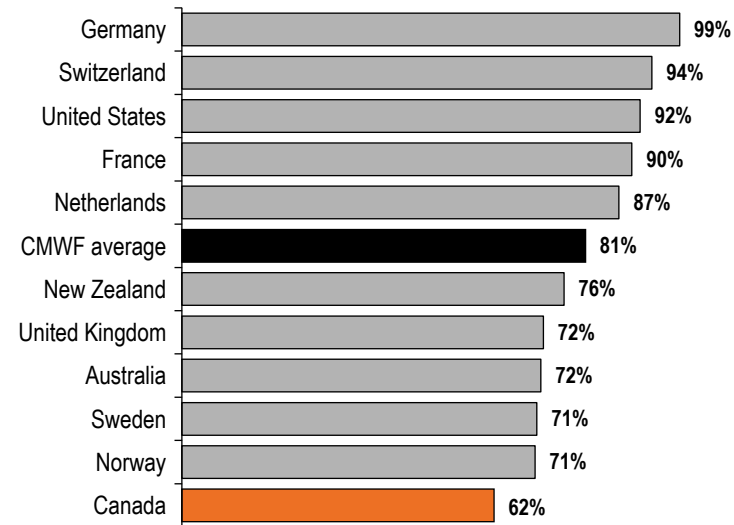
 Above average
  Same as international average
  Below average

More Canadians waited longer for specialist appointments and elective surgeries compared with CMWF average

Respondents who waited less than 4 weeks for an appointment after they were advised to see or decided to see a specialist



Respondents who waited less than 4 months for non-emergency or elective surgery after they were advised they needed it



Notes

Specialist wait times exclude respondents who never tried to get an appointment.
Surgery wait times exclude respondents who never tried to set up non-emergency/elective surgery.

Above average
 Same as international average
 Below average

Provincial and territorial snapshot: Specialist and surgical wait times

Respondents who waited less than 4 weeks for an appointment after they were advised to see or decided to see a specialist

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
35	33*	30*	42	40	38	29*	39	34	41	22*	38	36*	38	54

Respondents who waited less than 4 months for surgery after they were advised they needed it

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
52*	42*	47*	72	65	64	47*	68*	67	56*	63	63*	74	62	81

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Specialist wait times exclude respondents who never tried to get an appointment.

Surgery wait times exclude respondents who never tried to set up non-emergency/elective surgery.

 Above average
  Same as international average
  Below average



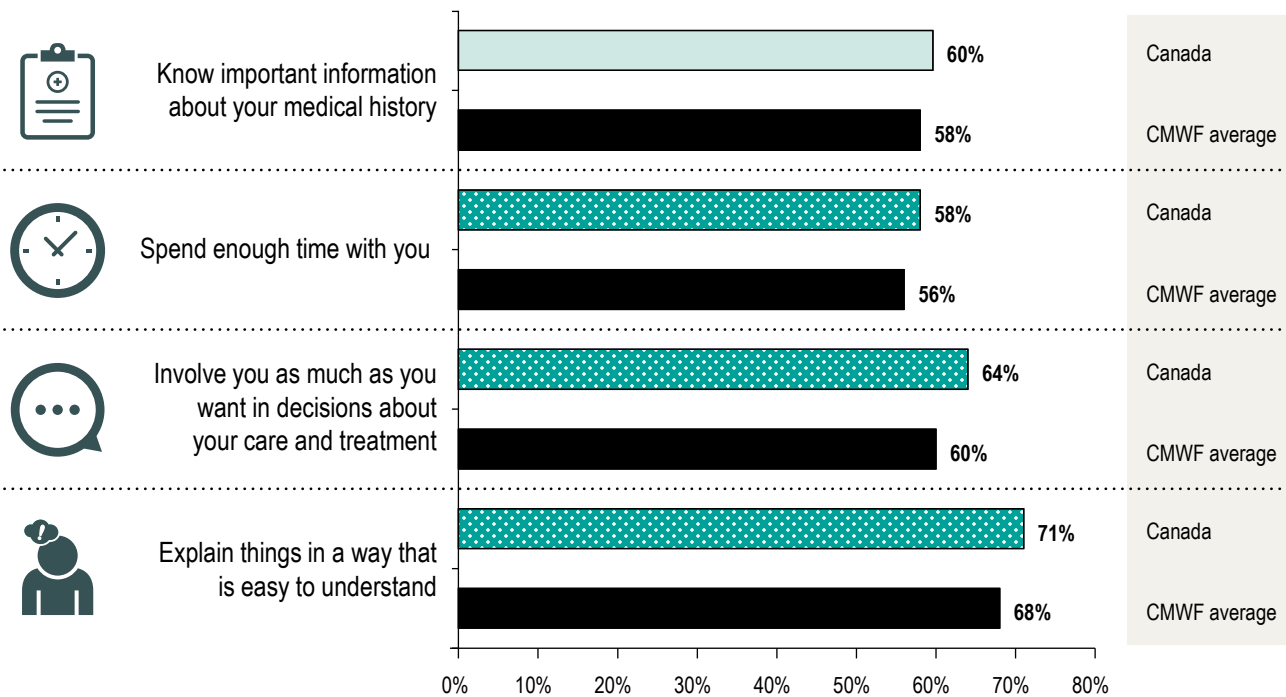
Person-centred care

Key findings

- Canadians reported better experiences with their regular doctor than the CMWF average, including feeling more involved in decision-making about their care.
- Fewer Canadians with chronic conditions felt they had sufficient support to manage their health problems: Canada ranked lowest among countries surveyed.
- Compared with their peers, Canadians were more likely to have medication reviews with a health professional.

More Canadians reported good experiences with their regular doctors compared with CMWF average

When you need care or treatment, how often does your regular doctor or the medical staff you see *always* . . .





● Above average ○ Same as international average ● Below average

Canadian seniors were more likely to report good experiences than younger Canadians.

Provincial and territorial snapshot: Experiences with regular doctors

When you need care or treatment, how often does your regular doctor or the medical staff you see *always* . . .

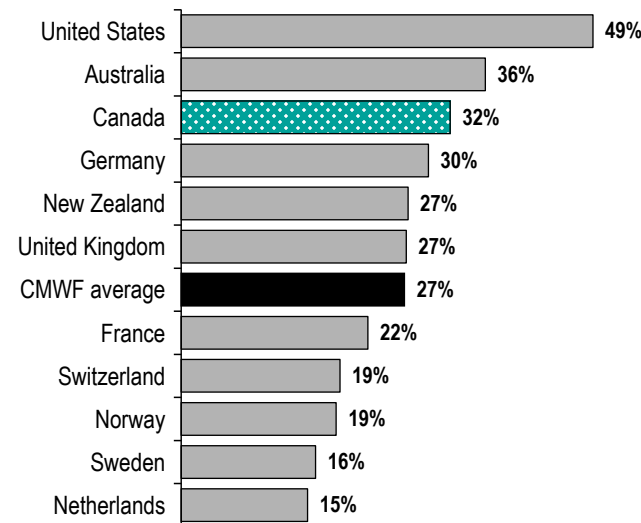
Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
Know important information about your medical history	61	69	66	60	65	61	51	55	56	52	59	45	34	60	58
Spend enough time with you	64	64	69	53	59	59	52	55	56	57	59	44	29	58	56
Involve you as much as you want in decisions about your care and treatment	59	65	69	63	60	64	61	71	67	64	70	54	36	64	60
Explain things in a way that is easy to understand	70	73	73	69	75	71	68	61	69	70	73	57	51	71	68

 Above average
  Same as international average
  Below average

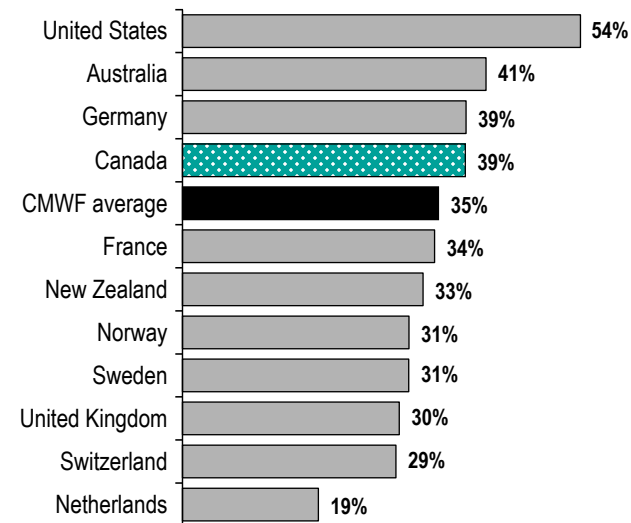
More Canadians talked with their doctor or other health care professional about a healthy lifestyle

During the past 12 months, did any doctor or other health care professional talk with you about . . .

Healthy diet and healthy eating



Exercise and physical activity




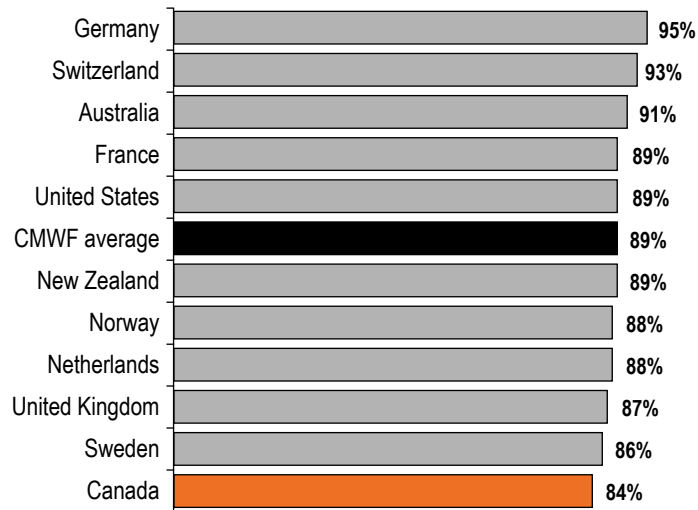
Note

Excludes respondents who had not seen or talked to a doctor or other health care professional in the past 12 months.

Above average
 Same as international average
 Below average

Fewer Canadians with chronic conditions felt they had as much support from health professionals as they needed to help manage health problems

Respondents with at least one chronic condition who felt they had as much support from health professionals as they needed to help them manage their health problems



60% of Canadians reported that they had at least one chronic condition (CMWF average: 56%).

Did you know?

Managing chronic health conditions is part of daily life for many Canadians and can significantly affect people's quality of life, their ability to work and their risk of dying prematurely.¹⁶

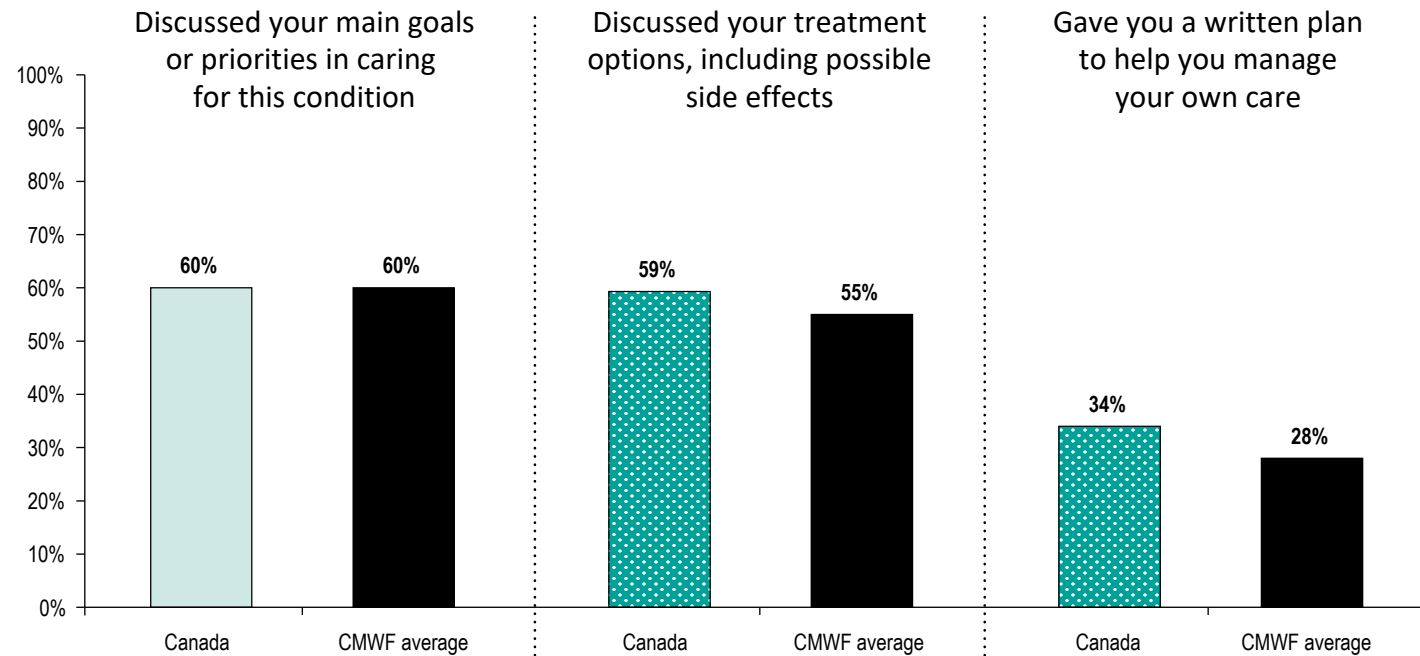
Note

Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

 Above average  Same as international average  Below average

Management of chronic conditions

Respondents with at least one chronic condition who answered that a health care professional provided care in the following ways in the last year



Note

Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

● Above average ○ Same as international average ● Below average

Provincial and territorial snapshot: Management of chronic conditions

Respondents with at least one chronic condition who answered that a health care professional provided care in the following ways

Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
Discussed your main goals or priorities in caring for this condition	62	59	64	55	60	61	56	58	60	57	70	64	52	60	60
Discussed your treatment options, including possible side effects	63	53	62	64	59	57	54	66	66	58	65	66	53	59	55
Gave you a written plan to help you manage your own care	30*	36	30	31*	33	35	37	52	29	31	45	52	41	34	28

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

 Above average
  Same as international average
  Below average

Provincial and territorial snapshot: Management of chronic conditions (continued)

Respondents with at least one chronic condition who felt that they had as much support from health professionals as they needed to help manage health problems

Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
Felt supported	87	91	82	82	91	82	85	81	81	83	94	80	66	84	89

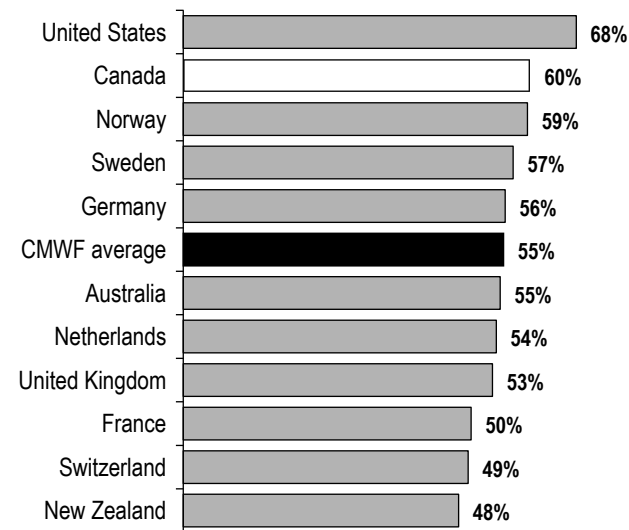
Note

Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

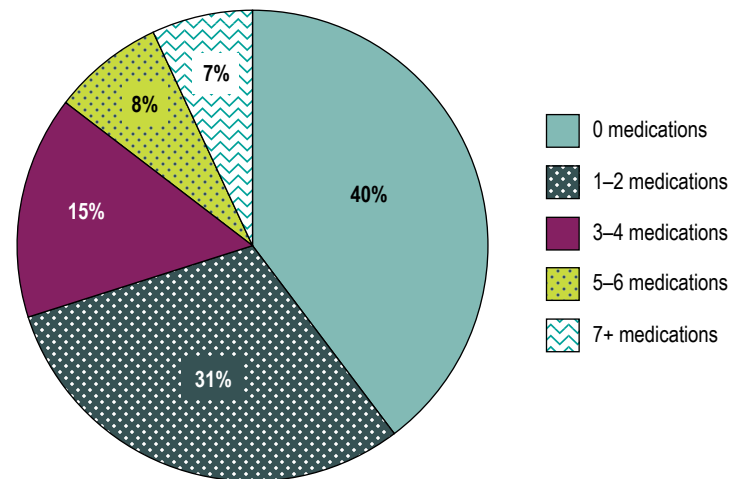
 Above average
  Same as international average
  Below average

Regular use of prescription drugs in Canada was higher than in most other countries

Respondents who were taking at least one prescription medication on a regular or ongoing basis




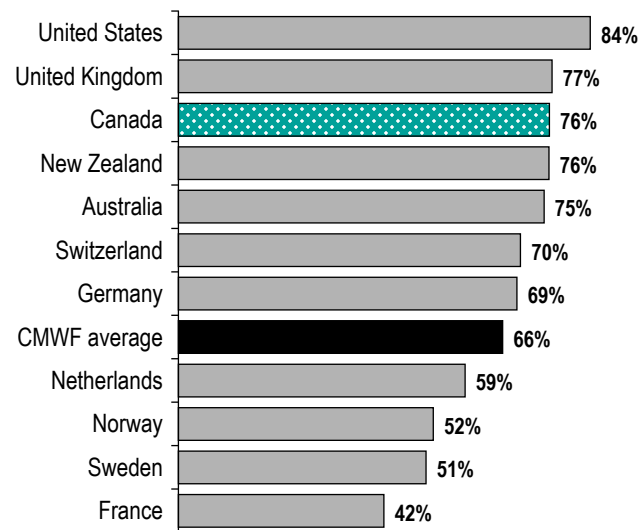
Number of different prescription medications Canadians were taking on a regular or ongoing basis




● Above average
 ○ Same as international average
 ● Below average
 ○ Non-directional but significantly different than the CMWF average

Medication reviews were more common in Canada than in other countries

Respondents who were taking 2 or more prescription drugs on a regular basis and had a doctor, nurse or pharmacist review their medications in the last 2 years



In 2016, **78%** of Canadians with 2 or more prescription drugs had their medications reviewed.²



In 2019, **33%** of Canadian primary care physicians reported that they could electronically exchange a list of all medications taken by an individual patient with doctors outside their practice.⁴

Note

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

 Above average  Same as international average  Below average

Provincial and territorial snapshot: Prescription medication use

Canadians who were taking at least one prescription medication on a regular or ongoing basis

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
65	65	59	70	63	56	53	51	61	67	46	47	36	60	55

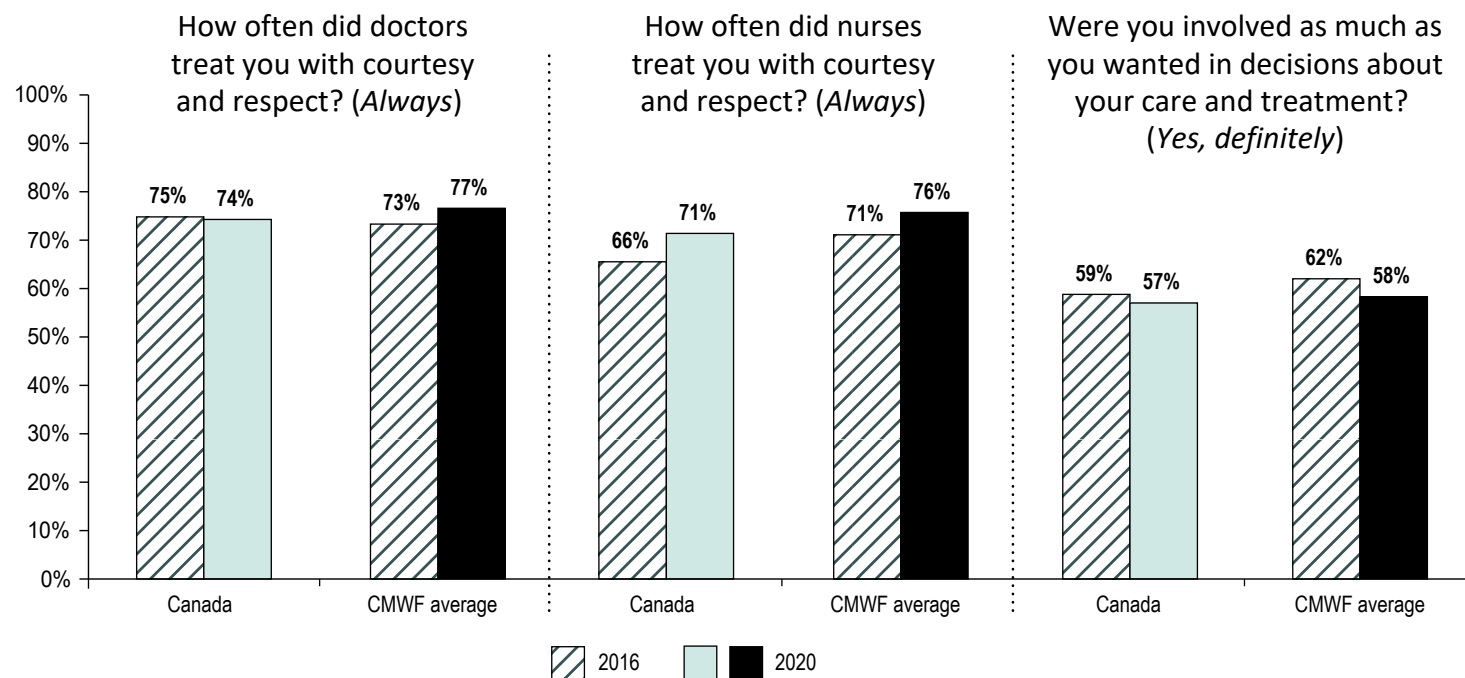
Canadians who were taking at least 2 prescription medications on a regular or ongoing basis and had a doctor, nurse or pharmacist review their medications with them in the last 2 years

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
77	75	80	74	65	80	75	75	81	77	93	87	85	76	66

 Above average
  Same as international average
  Below average
  Non-directional

Patient-centred care in Canadian hospitals was similar to CMWF average

Among respondents who were hospitalized, during their hospital stay . . .²



Note

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Above average
 Same as international average
 Below average

Provincial and territorial snapshot: Patient-centred care in hospitals

Among respondents who were hospitalized, during their hospital stay . . .

Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
How often did doctors treat you with courtesy and respect? (<i>Always</i>)	68*	79	88	82	72	76	70	65*	65	86	79	61*	67	74	77
How often did nurses treat you with courtesy and respect? (<i>Always</i>)	78	55*	80	80	79	65	78	44*	69	76	72	53*	68	71	76
Were you involved as much as you wanted in decisions about your care and treatment? (<i>Yes, definitely</i>)	54*	49*	66	62*	61	57	43*	—	41*	77	80	46*	55*	57	58

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.




— Data is suppressed due to extreme sampling variability (CV greater than 33.3%).

 Above average
  Same as international average
  Below average

Canadians with better health reported more person-centred care.



Most hospital patients reported comprehensive discharge planning, similar to CMWF average

Before you left the hospital,		Canada	CMWF average
	Did someone review with you all your prescribed medications, including those you were taking before your hospital stay?	81%	79%
	Did the hospital make arrangements for or make sure you had follow-up care with a doctor or other health care professional?	81%	78%
	Did you get information in writing about what symptoms or health problems to watch out for after you left the hospital?	78%	77%



In 2016, **76%** of Canadians reported that they received arrangements for follow-up care with a doctor when they left the hospital (CMWF average: 78%).²

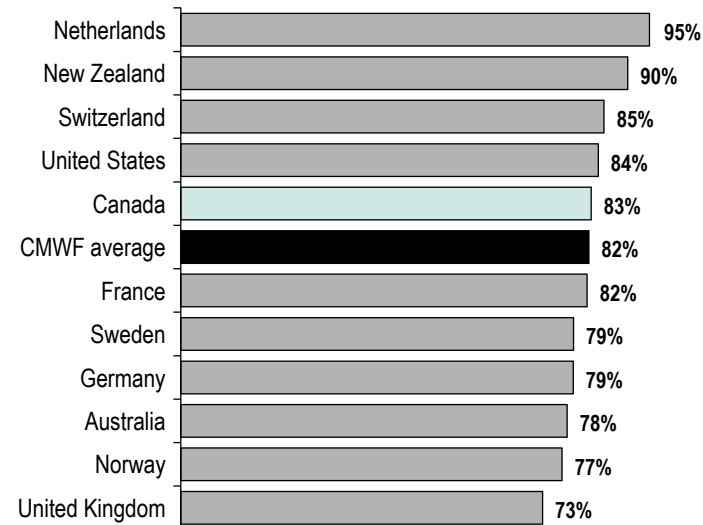
Note

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

 Above average
  Same as international average
  Below average

After leaving the hospital, most Canadians felt doctors or staff at the place where they usually get medical care seemed informed and up to date

After you left the hospital, did the doctors or staff at the place where you usually get medical care seem informed and up to date about the care you received in the hospital?



Did you know?

Results from the Canadian Patient Experiences Survey — Inpatient Care from 5 participating provinces show that 62% of patients said that their overall hospital experience was very good.¹⁷



Note

Includes respondents who had a regular doctor or place of care and who saw their doctor after leaving the hospital.

● Above average ○ Same as international average ● Below average

Provincial and territorial snapshot: Discharge planning

Before you left the hospital,

Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
Did someone review with you all your prescribed medications?	90	81	92	84	80	87	76	78	72	77	89	81	78	81	79
Did the hospital make arrangements for or make sure you had follow-up care with a doctor or other health care professional?	81	81	89	85	86	77	86	66*	76	86	82	82	93	81	78
Did you get information in writing about what symptoms or health problems to watch out for after you left the hospital?	68*	71	85	80	78	82	65*	58*	77	75	84	74	65	78	77
Did the doctors or staff at the place where you usually get medical care seem informed and up to date about the care you received in the hospital?	71*	92	91	76	84	88	91	51*	74	87	92	74	77	83	82

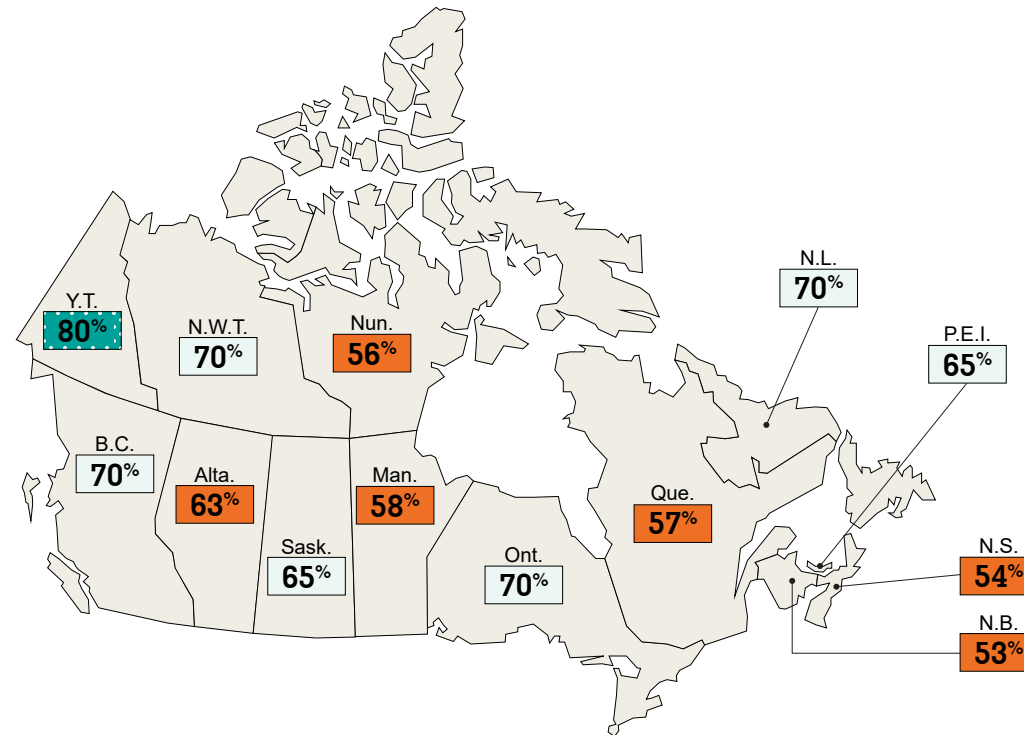
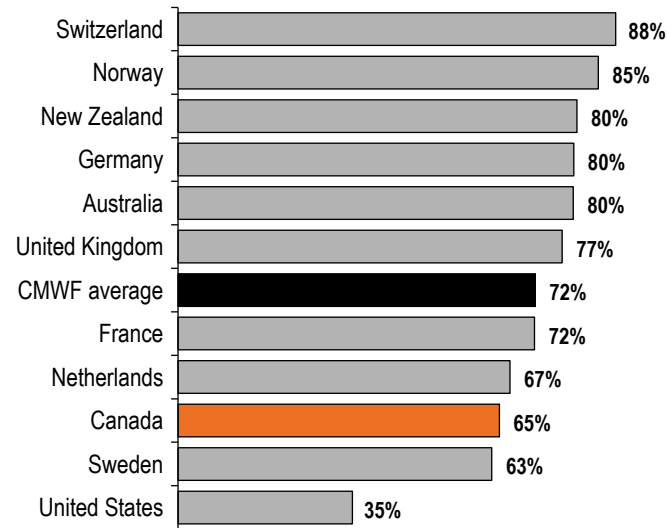
Note

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

 Above average
  Same as international average
  Below average

Two-thirds of Canadians rated the overall performance of their health care system good or very good

How would you rate the overall performance of the health care system? (*Very good or good*)



● Above average
 ● Same as international average
 ● Below average



Coordination of care

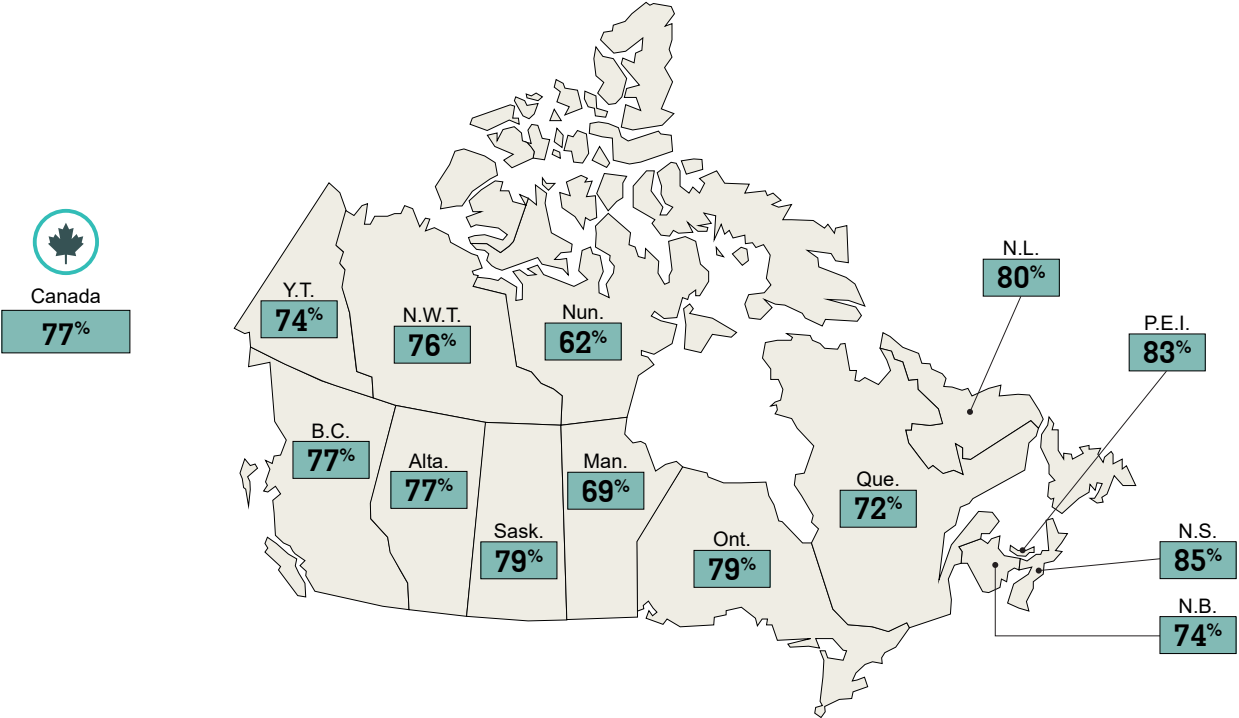
Key findings

- 77% of Canadians had help from their doctor's office to coordinate and arrange care.
- Conflicting information from health care professionals was a challenge for Canadians.






Three-quarters of Canadians had help from their doctor's office coordinating and arranging care

How often does your regular doctor or someone in your doctor's practice help coordinate or arrange the care you receive from other doctors and places? *(Always or often)*



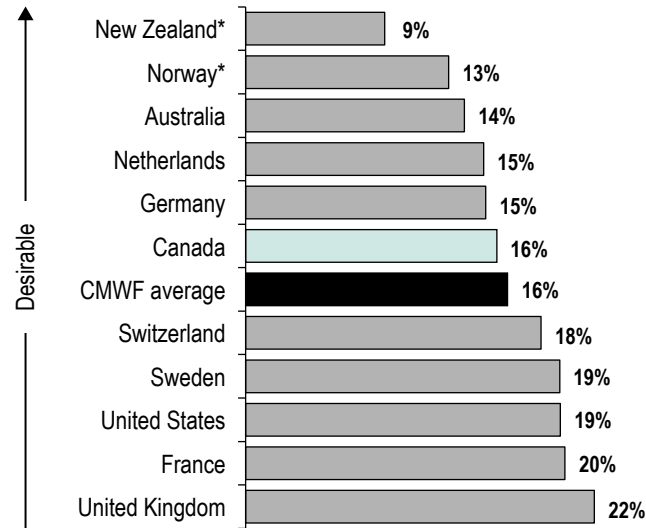


Conflicting information the biggest challenge for coordination of care

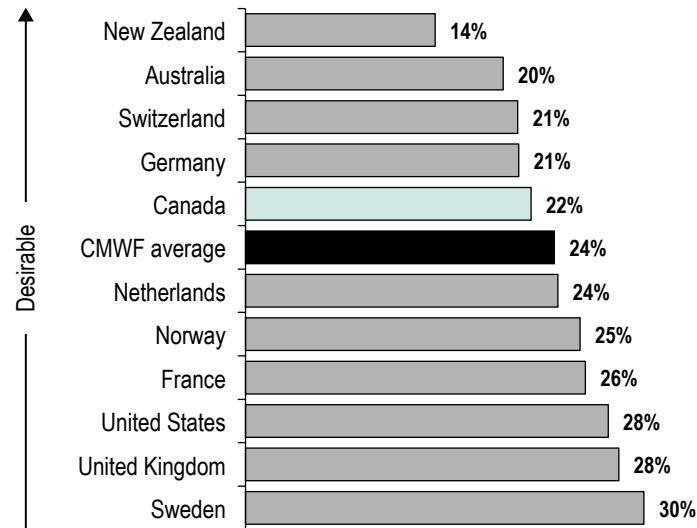
When receiving care for a medical problem, was there ever a time (in the past 2 years) when		Canada
	Test results or medical records were not available at the time of your scheduled medical care appointment	10%
	You received conflicting information from different doctors or health care professionals	15%
	Doctors ordered a medical test that you felt was unnecessary	8%

Two-way communication between specialists and regular doctors has not improved in Canada

In the past 2 years, when you saw a specialist, they did not have basic medical information or test results from your regular doctor about the reason for your visit



In the past 2 years, after you saw a specialist, your regular doctor did not seem informed and up to date about the care you got from the specialist



In 2016, **14%** of Canadians reported that their specialist did not have basic medical information or test results.²

In 2016, **23%** of Canadians reported that their regular doctor did not seem informed or up to date about their specialist care.²

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Above average
 Same as international average
 Below average

Provincial and territorial snapshot: Communication between doctors

In the past 2 years, when you saw a specialist, they did not have basic medical information or test results from your regular doctor about the reason for your visit[†]

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
—	15*	12*	13*	15	15	—	18*	29*	—	22*	32*	26*	16	16

In the past 2 years, after you saw a specialist, your regular doctor did not seem informed and up to date about the care you got from the specialist[†]

N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
22*	29*	27*	14*	16	24	21*	28*	29*	16*	33*	42	30*	22	24

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

† Lower results are more desirable.

— Data is suppressed due to extreme sampling variability (CV greater than 33.3%).

Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

 Above average
  Same as international average
  Below average



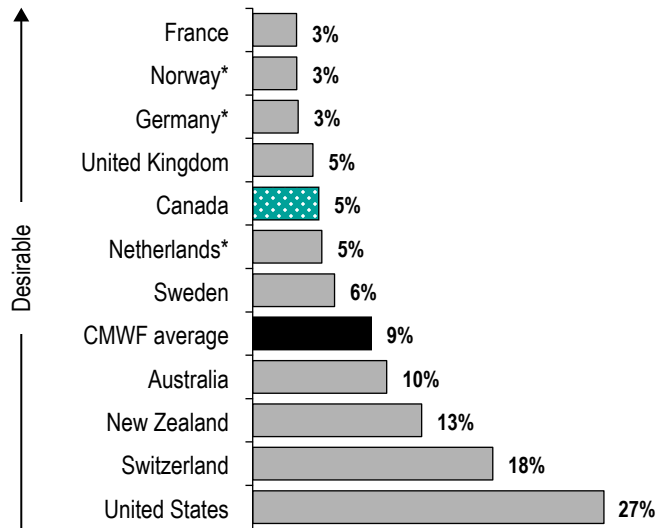
Cost barriers to care

Key findings

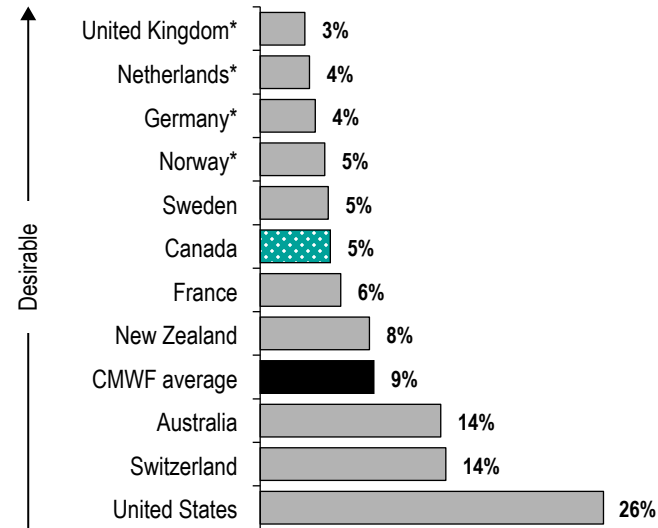
- Canadians were less likely to avoid a doctor's visit or skip a medical test, treatment or follow-up due to the cost compared with the CMWF average (5% versus 9%).
- Canadians faced cost barriers to dental care and prescription drugs similar to those reported by people in other countries.
- Cost barriers were highest for low-income Canadians.

Canadians were less likely to face cost barriers to care covered under the *Canada Health Act*

Respondents who had a medical problem but did not visit a doctor because of the cost in the last year



Respondents who skipped a medical test, treatment or follow-up because of the cost in the last year



In 2016, 6% of Canadians had a medical problem but did not visit a doctor because of the cost.²

.....

In 2016, 6% of Canadians skipped a medical test, treatment or follow-up because of the cost.²

Notes

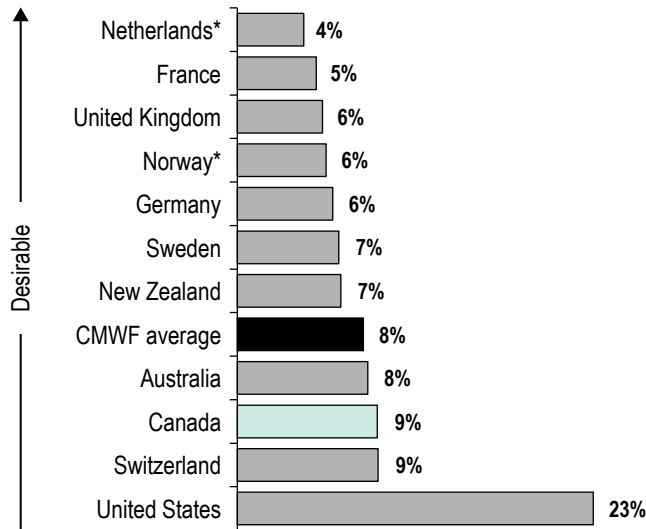
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

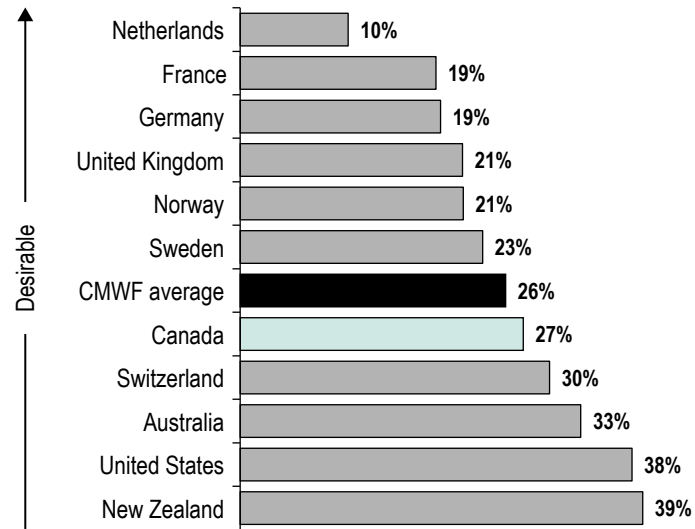
Above average
 Same as international average
 Below average

Canadians faced similar cost barriers to dental care and prescription drugs

Respondents who did not fill a prescription for medicine or skipped doses of medicine because of the cost in the last year



Respondents who skipped dental care or dental checkups because of the cost in the last year



In 2016, **10%** of Canadians did not fill a prescription for medicine or skipped doses of medicine because of the cost.²

In 2016, **29%** of Canadians skipped dental care or dental checkups because of the cost.²

Notes

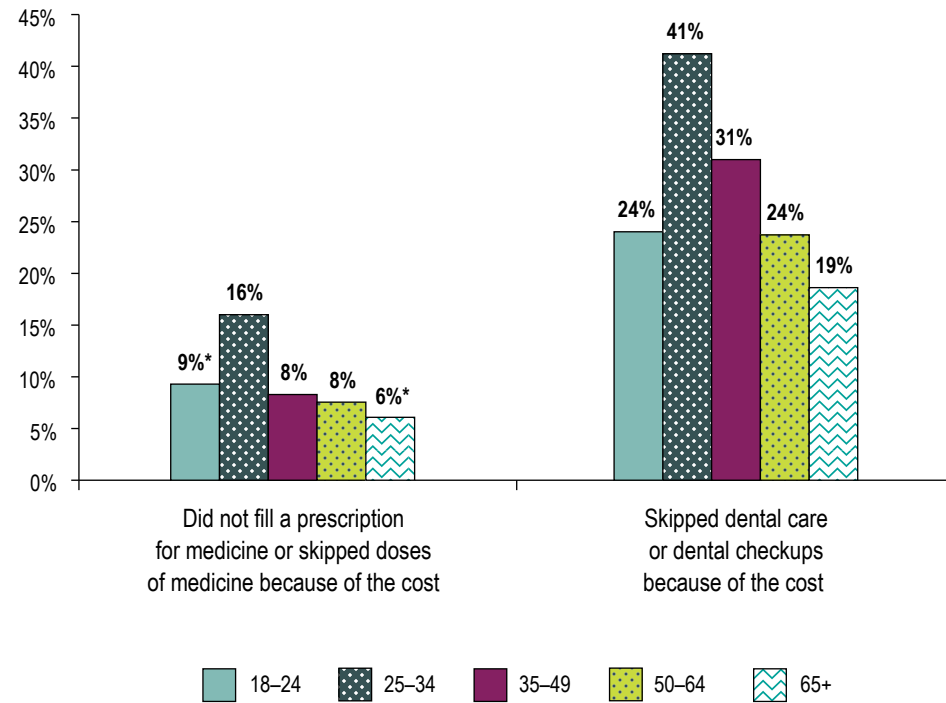
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Above average
 Same as international average
 Below average

Younger Canadian adults reported more cost barriers to care

During the past 12 months, was there a time when you . . .



Did you know?

Cost barriers may include the cost of transportation, time off work for appointments, and payment for medications or other medical devices/treatments.¹⁸

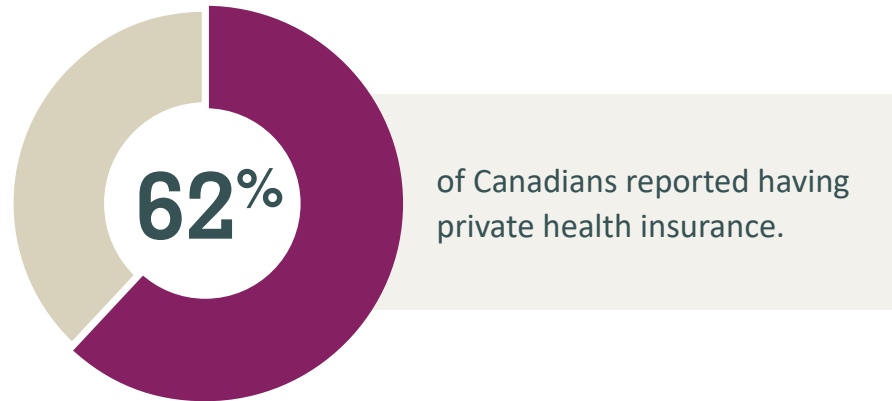
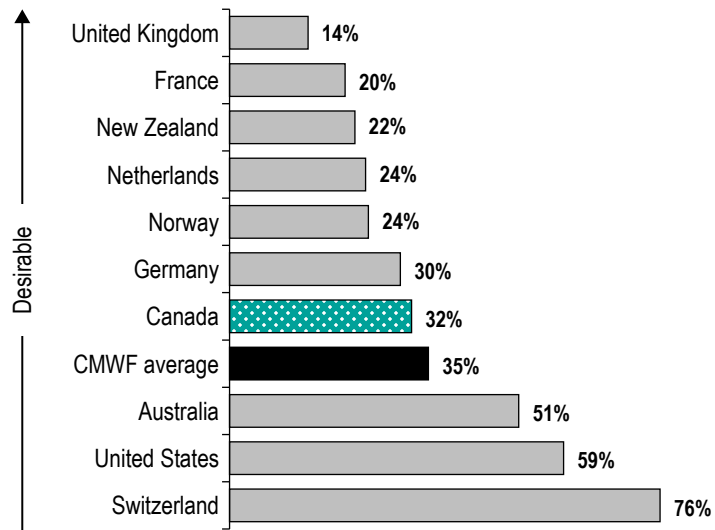


Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

The age breakdown excludes respondents who were 18 and older but did not disclose their age.

One-third of Canadians spent at least CA\$700 out of pocket for medical treatments or services not covered by private insurance



Note

Sweden is excluded from the results due to data changes.

Above average
 Same as international average
 Below average

One-third of Canadians spent at least CA\$700 out of pocket for medical treatments or services not covered by private insurance (continued)

Survey question	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.	CMWF avg.
Spent at least CA\$700 for medical treatments or services that were not covered by private insurance [†]	28	30	28	29	30	30	33	26	39	39	33	24	9*	32	35

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

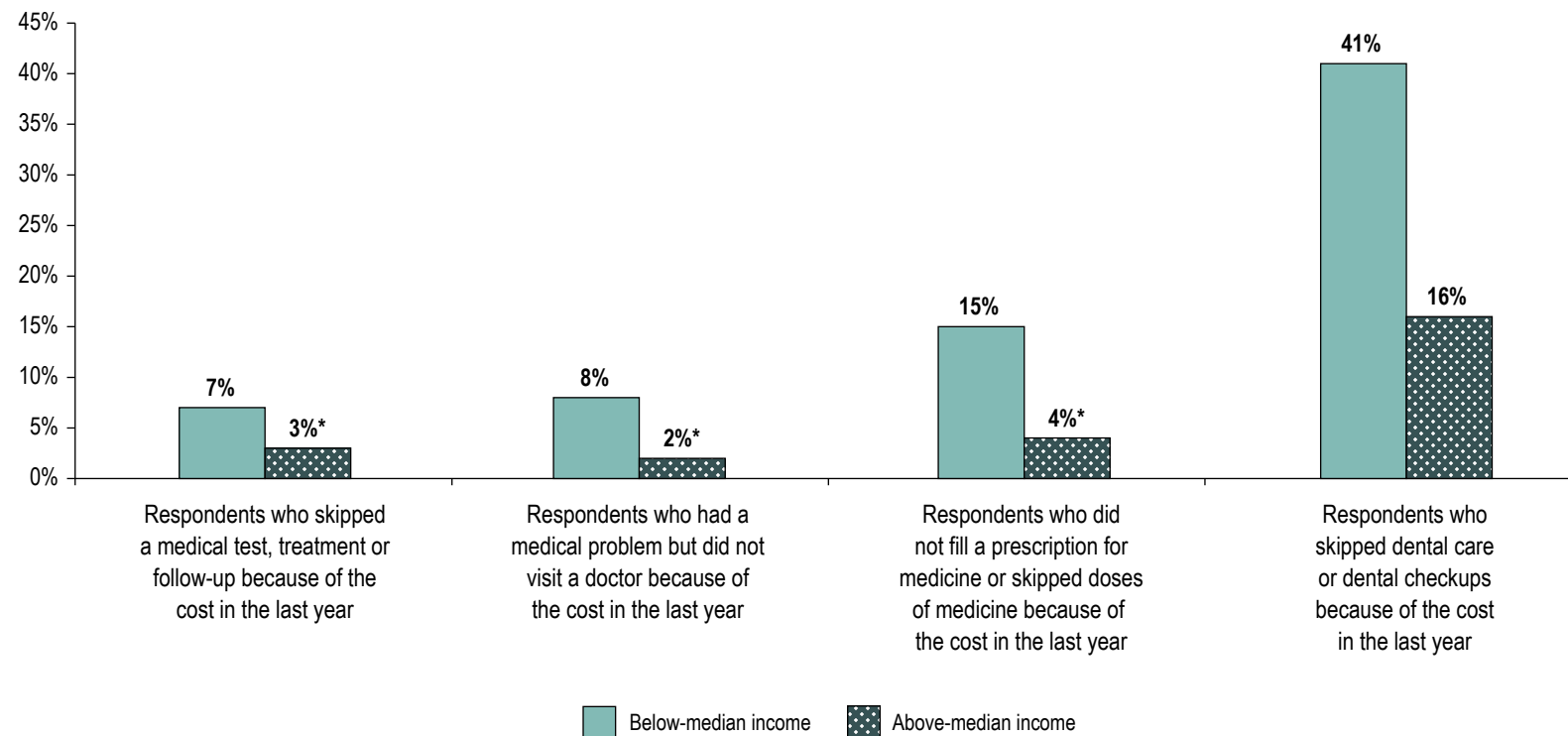
† Lower results are more desirable.

Sweden is excluded from the results due to data changes.

Above-average results are more desirable relative to the international average, while below-average results often indicate areas in need of improvement.

 Above average
  Same as international average
  Below average

Cost barriers to care were highest for lower-income Canadians



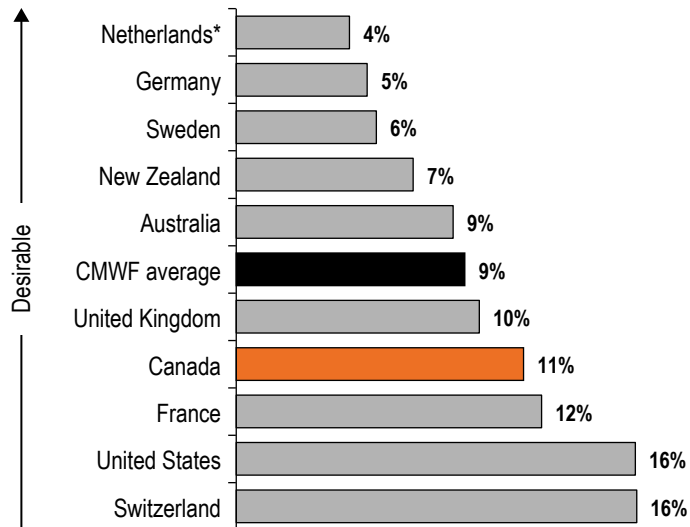
Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

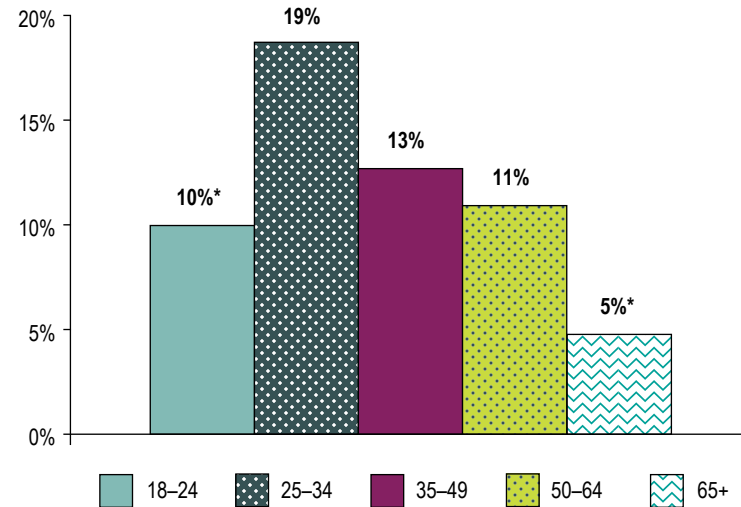
Income is pre-tax income before any deductions. The median Canadian household income used was \$70,336.

1 out of 10 Canadians worried about having enough money to pay rent or the mortgage

Respondents who were *usually* or *always* worried or stressed about having enough money to pay rent or the mortgage (in the past 12 months)



Canadians who were *usually* or *always* worried or stressed about having enough money to pay rent or the mortgage, by age group



In 2016, 12% of Canadians were stressed about having enough money to pay rent or the mortgage.²



Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Norway is suppressed due to extreme sampling variability (CV greater than 33.3%).

The age breakdown excludes respondents who were 18 and older but did not disclose their age

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Above average
 Same as international average
 Below average

Demographics of respondents

Demographic category	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.
Total	252	251	250	250	1,000	1,507	250	250	273	261	253	250	250	5,297
Gender (%)														
Male	42	47	45	38	40	44	44	43	51	42	44	48	50	44
Female	58	53	53	62	60	56	56	56	49	58	55	52	50	56
Age (%)														
18–24	6	8	5	4	6	8	6	4	5	8	5	5	9	7
25–34	11	7	10	11	12	14	16	10	14	13	8	13	23	13
35–49	19	19	20	28	28	22	24	19	24	21	25	30	29	24
50–64	36	31	28	29	27	27	25	29	26	25	31	36	30	28
65+	28	33	36	28	26	26	29	36	30	31	28	15	7	27
Highest level of education (%)														
Less than high school	7	8	10	5	6	6	12	6	8	5	6	8	31	8
High school graduate or equivalent	15	20	13	24	21	16	24	24	17	20	11	12	16	18

How Canada Compares: Results From the Commonwealth Fund's 2020 International Health Policy Survey of the General Population in 11 Countries

Demographic category	N.L.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	Y.T.	N.W.T.	Nun.	Can.
Highest level of education (%) (continued)														
Some community college, technical, trade or vocational college	24	15	21	14	17	13	20	20	23	23	26	23	13	17
College or university degree, or higher	53	55	55	57	55	64	45	49	52	52	56	56	38	56
Income (%)														
Less than \$30,000	10	13	12	11	11	11	10	11	10	9	8	6	12	11
\$30,000–\$60,000	23	26	18	22	24	18	30	19	22	25	19	12	19	21
\$60,000–\$90,000	22	19	24	22	25	22	26	26	19	20	24	12	14	22
\$90,000–\$125,000	12	15	20	14	14	14	11	13	16	13	19	24	15	15
\$125,000–\$150,000	10	8	7	8	5	8	6	6	8	8	9	9	6	7
\$150,000+	10	8	9	9	7	12	7	8	13	11	12	27	18	11
Not sure/declined to answer	13	12	10	14	14	14	12	17	12	14	10	10	15	13

Notes

Demographics of respondents are unweighted.

Percentages for gender may not add to 100% because there were additional response options (trans male, trans female, gender non-conforming, other, not sure, declined to answer); these numbers are suppressed due to low values in the provinces and territories (<5).

Percentages for “exact age refused” are suppressed due to low values in the provinces and territories (<5).

Percentages for highest level of education may not add up to 100% because “not sure/declined to answer” is not included (not always <5).

Methodology notes

Weighting of results

The survey data for Canada was weighted for each province and territory by age, gender, education and knowledge of French/English (for Quebec, for New Brunswick and for Canada as a whole). At the Canada level, there was an additional weighting adjustment for the share of the Canadian population age 18 and older that each province/territory represents. Population parameters were derived from the 2016 Census. Social Science Research Solutions (SSRS) obtained population estimates from Statistics Canada for the adult population (age 18 and older) for each of the provinces and territories, and for Canada as a whole.

Averages and trends

For this chartbook, the CMWF average was calculated by adding the results from the 11 countries and dividing by the number of countries. The Canadian average represents the average experience of Canadians (as opposed to the mean of provincial and territorial results). Except where otherwise noted, results were compared over time using data from previous CMWF surveys.

Trending results are for reference only, and caution should be used when interpreting the results. Some questions were modified compared with the 2016 survey (e.g., question text revised, response options added, question placement changed, translation changed).

Statistical analysis

Consistent with other published reports on CMWF data,¹⁹ non-response categories such as “not sure,” “declined to answer” and “not applicable” were excluded from reporting and statistical analyses

CIHI developed statistical methods to determine whether

- Canadian results were significantly different from the average of 11 countries;
- Provincial and territorial results were significantly different from the international average; and
- Canadian results in 2020 were significantly different from Canadian results in 2016.

For the calculation of variances and 95% confidence intervals, standard methods for the variances of sums and differences of estimates from independent simple random samples were used, with the design effects provided by SSRS used to appropriately adjust the variances for the effects of the survey design and post-survey weight adjustments. Coefficients of variation were calculated by dividing the standard error by the estimate. T-tests were used to determine whether there was a significant difference between the means of 2 groups.

Relationships between different variables were analyzed using logistic regression modelling. A main response category was determined for each question, and responses were dichotomized such that the response value of interest was coded as 1 and all other values, excluding non-response categories, were coded as 0. Logistic regression was then used to fit this binary variable on explanatory variables with appropriate adjustment for survey weights and stratification variables using the SAS procedure SURVEYLOGISTIC for the analysis.

More detailed methodology notes are available on [CIHI's website](#).

Appendix

Text alternatives for figures

Text alternative for Figure 1a on page 14

Table: Respondents who have been told by a doctor that they have depression, anxiety or other mental health conditions

Country	Percentage
Germany	10%
France	15%
Netherlands	15%
Switzerland	15%
Sweden	18%
Norway	20%
New Zealand	20%
CMWF average	20%
United Kingdom	26%
Canada	26% ^d
Australia	27%
United States	29%

Note

d: Non-directional but significantly different than the CMWF average.

Text alternative for Figure 1b on page 14

Table: Canadians who have been told that they have a mental health condition, by age group

Age group	Percentage
18–24	31%
25–34	36%
35–49	27%
50–64	27%
65+	14%

Note

The age breakdown excludes respondents who were 18 and older but did not disclose their age.

Text alternative for Figure 2 on page 15

Table: Have you received any counselling or treatment for your mental health in the past year?[‡] (Yes)

Country	Percentage
Netherlands	56%
Germany	46%
Switzerland	44%
Australia	44%
Canada	43% ^b
Norway	41%
New Zealand	41%
CMWF average	41%
United States	40%
Sweden	35%
United Kingdom	33%
France	33%

Notes

[‡] Asked of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

b: Same as average.

Text alternative for Figure 3 on page 16

Table: Among respondents who wanted help for their mental health concern: In the past 12 months, have you received any counselling or treatment for your mental health?[†]

Province or territory	Percentage
Newfoundland and Labrador	36% ^{*b}
Prince Edward Island	45% ^{*b}
Nova Scotia	39% ^{*b}
New Brunswick	60% ^a
Quebec	41% ^b
Ontario	43% ^b
Manitoba	28% ^{*c}
Saskatchewan	52% ^{*b}
Alberta	48% ^b
British Columbia	44% ^b
Yukon	53% ^b
Northwest Territories	38% ^{*b}
Nunavut	45% ^{*b}
Canada	43% ^b
CMWF average	41%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

[†] Of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

a: Above average.

b: Same as average.

c: Below average.

Text alternative for Figure 4a on page 17

Table: Canadians in urban and rural/remote regions were equally likely to receive counselling or treatment for mental health concerns in the past year[†]

Location	Percentage
Rural/remote	47%
Urban	43%

Notes

[†] Of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

Rural/remote or urban residence was assigned based on the respondent's self-reported postal code using Statistics Canada's Postal Code Conversion File Plus.

Text alternative for Figure 4b on page 17

Table: Canadians with below- or above-median income were more likely to receive counselling or treatment for mental health concerns in the past year[†]

Income	Percentage
Below-median income	43%
Median income [‡]	32%
Above-median income	50%

Notes

[†] Of those who have ever been told by a doctor that they have depression, anxiety or other mental health conditions, or who had wanted to talk to a doctor or other health professional about their mental health in the past year.

[‡] Results are significantly different between respondents with median household income and those with above-median or below-median household income.

Income is pre-tax income before any deductions. The median Canadian household income used was \$70,336.

Text alternative for Figure 5 on page 18

Table: During the past 12 months, was there a time when you . . .

Response category	Mental health condition	No mental health condition
Had a medical problem but did not consult with/visit a doctor because of the cost?	11%	3%
Did not fill/collect a prescription for medicine, or skipped doses of your medicine because of the cost?	18%	6%
Had serious problems paying or were unable to pay your medical bills?	17%	3%
Were worried or stressed about having enough money to pay your rent or mortgage? (<i>Usually or always</i>)	23%	7%
Were worried or stressed about having enough food? (<i>Usually or always</i>)	9%	2%

Note

Each comparison between respondents with a mental health condition and respondents with no mental health condition has been statistically tested and found to be significant.

Text alternative for Figure 6 on page 19

Table: Respondents who felt that they had as much support from health professionals as they needed to help them manage their health problems

Province or territory	Among respondents with at least one chronic condition, without a mental health condition	Among respondents with depression, anxiety or other mental health conditions
Newfoundland and Labrador	88%	86%
Prince Edward Island	98%	75%
Nova Scotia	92%	71%
New Brunswick	90%	73%
Quebec	91%	90%
Ontario	89%	73%
Manitoba	89%	79%
Saskatchewan	90%	70%
Alberta	83%	79%
British Columbia	81%	85%
Yukon	96%	91%
Northwest Territories	82%	77%
Nunavut	63%	71%

Note

Respondents with depression, anxiety or other mental health conditions who also had another chronic condition were not excluded. 63% of respondents with a mental health condition also reported another chronic condition.

Text alternative for Figure 7a on page 20

Table: Since the coronavirus outbreak started, respondents who experienced stress, anxiety or great sadness and who found it difficult to cope by themselves[†]

Country	Percentage
Norway	10%
Netherlands	14%
Sweden	18%
CMWF average	22%
New Zealand	23%
Australia	23%
France	24%
United Kingdom	26%
Canada	26% ^c
United States	33%

Notes

[†] These questions were part of the COVID-19 supplementary questionnaire.

Only a subset of respondents were asked these questions. In Canada, this represents 1,173 respondents; respondents in Germany and Switzerland were not asked these questions. For additional COVID-19 supplementary questions, see the [data tables](#).

c: Below average.

Text alternative for Figure 7b on page 20

Table: Among respondents who experienced stress, anxiety or great sadness and who wanted help from a professional: Were you able to get help when you needed it?[†]

Country	Yes, able to get help	No, not able to get help or could not afford it	No, for some other reason
Australia	55%	18%	27%
New Zealand	54%	11%	35%
Canada	50%	12%	38%
Norway	49%	26%	25%
CMWF average	39%	24%	37%
Netherlands	37%	3%	60%
United Kingdom	33%	29%	39%
United States	31%	26%	42%
Sweden	22%	78%	0%
France	16%	16%	68%

Note

[†] These questions were part of the COVID-19 supplementary questionnaire. Only a subset of respondents were asked these questions. In Canada, this represents 1,173 respondents; respondents in Germany and Switzerland were not asked these questions. For additional COVID-19 supplementary questions, see the [data tables](#).

Text alternative for Figure 8a on page 22

Table: In the past 2 years, patients who viewed online or downloaded their health information, such as visit summaries, or test or laboratory results

Country	Percentage
United States	53%
Norway	50%
Sweden	41%
France	39%
New Zealand	28%
CMWF average	26%
Netherlands	17%
Canada	15% ^c
Australia	13%
United Kingdom	13%
Germany	11%
Switzerland	6%

Note
c: Below average.

Text alternative for Figure 8b on page 22

Table: Patients who viewed information online and physicians who offered test results online in Canada

Viewed or offered option to view	2015 percentage	2016 percentage	2019 percentage	2020 percentage
Patients ²	n/a	6%	n/a	15%
Physicians ^{3,4}	18%	n/a	34%	n/a

Notes

n/a: Not applicable.

In 2020, the question's wording was modified to specify that the patient viewed online or downloaded health information or test/lab results using a "secure website or patient portal or app on [their] mobile phone." In Canada, all health information must be viewed using a secure website or patient portal, so it was determined that the results would not have changed due to this modification. 2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Text alternative for Figure 9 on page 23

Table: In the past 2 years, patients who emailed their regular practice about a medical question or concern

Country	Percentage
United States	37%
Norway	32%
Sweden	24%
New Zealand	20%
CMWF average	15%
United Kingdom	11%
Netherlands	9%
Australia	9%
Canada	7% ^c
Switzerland	7%
Germany	6%
France	5%

Notes

c: Below average.

The question specified that the patient used a “secure website or patient portal or app on [their] mobile phone” to email their doctor.

Text alternative for Figure 10a on page 24

Table: In the last 2 years, patients who requested an appointment online with their regular practice

Country	Percentage
Norway	42%
Australia	37%
United States	32%
France	26%
New Zealand	26%
CMWF average	22%
Sweden	21%
United Kingdom	20%
Netherlands	11%
Canada	11% ^c
Germany	9%
Switzerland	4%

Notes

c: Below average.

The question specified that the patient used a “secure website or patient portal or app on [their] mobile phone” to request an appointment online with their regular practice.

Text alternative for Figure 10b on page 24

Table: Canadians who requested an appointment online with their regular practice in last 2 years, by age group

Age group	Percentage
18–24	18%*
25–34	15%
35–49	10%
50–64	8%
65+	9%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution. The question specified that the patient used a “secure website or patient portal or app on [their] mobile phone” to request an appointment online with their regular practice. The age breakdown excludes respondents who were 18 and older but did not disclose their age.

Text alternative for Figure 11 on page 25

Table: In the last 2 years, patients who requested prescription refills online from their regular practice

Country	Percentage
Norway	40%
United States	33%
Sweden	28%
United Kingdom	22%
New Zealand	18%
CMWF average	17%
Netherlands	16%
Canada	7% ^c
Germany	7%
Australia	5%
Switzerland	4%
France	4%

Notes

c: Below average. The question specified that the patient used a “secure website or patient portal or app on [their] mobile phone” to request prescription refills from their regular practice.

Text alternative for Figure 12a on page 26

Table: Lower-income Canadians and those who live in rural/remote regions less likely to report online access, by household income

Online access by household income	Below-median income	Above-median income
Email doctor with medical concern [†]	5%*	9%
View test results online [†]	10%	21%
Book appointment online	9%	12%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 † Results are significantly different between respondents with median income versus below- or above-median income after controlling for age group and gender. Income is pre-tax income before any deductions. The median Canadian household income used was \$70,336.

Text alternative for Figure 12b on page 26

Table: Lower-income Canadians and those who live in rural/remote regions less likely to report online access, by respondent rurality

Online access by respondent rurality	Urban	Rural/remote
Email doctor with medical concern	7%	4%*
View test results online [†]	17%	6%*
Book appointment online [†]	13%	5%*

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 † Results are significantly different between respondents from urban versus rural/remote areas after controlling for age group and gender. Rural/remote or urban residence was assigned based on the respondent's self-reported postal code using Statistics Canada's Postal Code Conversion File Plus.

Text alternative for Figure 13a on page 28

Table: Respondents who reported smoking cigarettes or using another tobacco product every day

Country	Percentage
New Zealand	9%
Australia	9%
United States	11%
Canada	15% ^a
CMWF average	16%
Switzerland	16%
United Kingdom	17%
Netherlands	18%
Sweden	18%
France	19%
Germany	21%
Norway	26%

Note

a: Above average.

Text alternative for Figure 13b on page 28

Table: Respondents who reported smoking cigarettes or using another tobacco product every day, by province or territory

Province or territory	Percentage
Newfoundland and Labrador	28% ^c
Prince Edward Island	16% ^{*b}
Nova Scotia	17% ^{*b}
New Brunswick	19% ^{*b}
Quebec	14% ^b
Ontario	15% ^b
Manitoba	14% ^{*b}
Saskatchewan	19% ^{*b}
Alberta	16% ^{*b}
British Columbia	10% ^{*a}
Yukon	15% ^{*b}
Northwest Territories	20% ^{*b}
Nunavut	59% ^c

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

a: Above average.

b: Same as average.

c: Below average.

Text alternative for Figure 14a on page 29

Table: Respondents who reported using e-cigarettes or other electronic vaping products every day or some days

Country	Percentage
Sweden	1%*
Australia	3%*
Netherlands	3%*
Germany	4%*
CMWF average	4%
Switzerland	4%
Canada	5% ^c
United States	6%
France	6%
New Zealand	6%
United Kingdom	8%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

c: Below average.

Norway is suppressed due to extreme sampling variability (CV greater than 33.3%).

Text alternative for Figure 14b on page 29

Table: E-vaping by age group in Canada

Age group	Percentage
18–34	11%
35+	3%

Note

The age breakdown excludes respondents who were 18 and older but did not disclose their age.

Text alternative for Figure 15 on page 30

Table: Respondents who reported having 4 or more (women) or 5 or more (men) drinks containing alcohol on 1 occasion at least monthly (in the past year)

Country	Percentage
United States	22%
Sweden	23%
Canada	27% ^a
Germany	30%
Switzerland	31%
CMWF average	32%
Australia	34%
Norway	34%
France	35%
New Zealand	36%
United Kingdom	38%
Netherlands	39%

Note
a: Above average.

Text alternative for Figure 16a on page 31

Table: Respondents who reported having used marijuana or cannabis during the past 12 months

Country	Percentage
Sweden	3%
Germany	4%*
Norway	4%*
France	6%
Switzerland	7%
United Kingdom	8%
Netherlands	8%
CMWF average	9%
New Zealand	9%
Australia	10%
United States	16%
Canada	23% ^c

Notes
* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
c: Below average.

Text alternative for Figure 16b on page 31

Table: Respondents who reported having used marijuana or cannabis during the past 12 months, by province or territory

Province or territory	Percentage
Newfoundland and Labrador	25% ^c
Prince Edward Island	24% ^c
Nova Scotia	31% ^c
New Brunswick	22% ^{*c}
Quebec	14% ^c
Ontario	24% ^c
Manitoba	18% ^{*c}
Saskatchewan	27% ^c
Alberta	29% ^c
British Columbia	29% ^c
Yukon	31% ^c
Northwest Territories	32% ^c
Nunavut	42% ^c

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
c: Below average.

Text alternative for Figure 17 on page 32

Table: Respondents who reported having used any other drugs such as cocaine, amphetamines, heroin or other similar substances during the past 12 months

Country	Percentage
France	1.1% [*]
Switzerland	1.4% [*]
Sweden	1.6% [*]
CMWF average	2.0%
New Zealand	2.3% [*]
United States	2.5% [*]
United Kingdom	2.8% [*]
Australia	2.9% [*]
Canada	2.9% ^c
Netherlands	4.2% [*]

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
c: Below average.
Germany and Norway are suppressed due to extreme sampling variability (CV greater than 33.3%).

Text alternative for Figure 18 on page 33

Table: Respondents who reported they have taken prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it

Country	Percentage
Netherlands	4%*
Germany	5%
New Zealand	6%*
United States	6%
Sweden	7%
United Kingdom	7%
Australia	8%
Norway	8%*
CMWF average	8%
Canada	11% ^c
France	12%
Switzerland	12%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 c: Below average.

Text alternative for Figure 19 on page 34

Table: Behaviours change with age in Canada

Age group	Tobacco product(s) used every day	Cannabis product(s) used in the last 12 months	Heavy drinking monthly or more frequently in the last 12 months	Pain medication misuse (ever)
18–24	10%*	36%	31%	10%*
25–34	12%*	38%	36%	11%*
35–49	19%	26%	27%	10%
50–64	18%	18%	27%	13%
65+	10%	8%	18%	11%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 Heavy drinking is defined as having 4 or more (women) or 5 or more (men) drinks containing alcohol on 1 occasion.
 The age breakdown excludes respondents who were 18 and older but did not disclose their age.
 Due to small volumes, illicit drug use is not reported by age.

Text alternative for Figure 20 on page 35

Table: Behaviours change with income in Canada

Income category	Tobacco product(s) used every day	Cannabis product(s) used in the last 12 months	Heavy drinking monthly or more frequently in the last 12 months	Pain medication misuse (ever)
<\$30,000	25%	25%	21%	17%
\$30,000–\$60,000	16%	22%	27%	11%
\$60,000–\$90,000	14%	24%	25%	10%
\$90,000–\$125,000	10%*	28%	32%	14%
\$125,000–\$150,000	11%*	28%	43%	6%*
\$150,000+	10%*	27%	44%	—

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

— Data suppressed due to extreme sampling variability (CV greater than 33.3%).

Heavy drinking is defined as having 4 or more (women) or 5 or more (men) drinks containing alcohol on 1 occasion.

Income is reported in thousands of dollars.

Due to small volumes, illicit drug use is not reported by income.

Text alternative for Figure 21a on page 38

Table: Respondents who reported having 1 doctor or place they usually go to for medical care

Country	Percentage
Norway	100%
Netherlands	99%
United Kingdom	97%
New Zealand	96%
Germany	96%
France	95%
CMWF average	94%
Australia	93%
Switzerland	93%
Canada	90% ^c
United States	89%
Sweden	87%

Note

c: Below average.

Text alternative for Figure 21b on page 38

Table: Among Canadians who reported having 1 doctor or place they usually go to for medical care: How long have you been seeing this doctor, nurse or physician's assistant for your medical care?

Response category	Percentage
Less than 1 year	11%
1 to less than 3 years	19%
3 to less than 5 years	13%
5 years or more	57%

Text alternative for Figure 22 on page 39

Table: Respondents who reported having 1 doctor they usually go to for medical care, by age group

Age group	Percentage
18–24	81%
25–34	84%
35–49	89%
50–64	96%
65+	95%

Note

The age breakdown excludes respondents who were 18 and older but did not disclose their age.

Text alternative for Figure 23 on page 40

Table: Respondents who were able to get a same- or next-day appointment to see a doctor or nurse the last time they were sick or needed medical attention

Country	Percentage
Germany	76%
Netherlands	71%
Australia	66%
New Zealand	63%
CMWF average	57%
France	55%
United Kingdom	55%
Switzerland	54%
United States	52%
Norway	52%
Canada	41% ^c
Sweden	38%

Notes

c: Below average.

Excludes respondents who did not need to make an appointment to see a doctor or nurse, and those who went to an urgent care facility or clinic.

Text alternative for Figure 24 on page 41

Table: Respondents who reported it was *very* or *somewhat easy* to get medical care in the evenings, on weekends or on holidays without going to the emergency department

Country	Percentage
Netherlands	72%
Norway	65%
New Zealand	56%
Australia	56%
CMWF average	48%
Germany	47%
United States	46%
France	43%
Switzerland	40%
Canada	39% ^c
United Kingdom	37%
Sweden	24%

Notes

c: Below average.

Excludes respondents who never needed care in the evenings, on weekends or on holidays.

Text alternative for Figure 25a on page 42

Table: Patients who reported they *often* or *always* received a same-day answer when contacting their regular doctor's office with a medical concern during regular practice hours

Country	Percentage
Germany	93%
Netherlands	89%
Switzerland	87%
Norway	86%
CMWF average	80%
New Zealand	79%
Sweden	78%
France	75%
United States	75%
Australia	74%
United Kingdom	71%
Canada	70% ^c

Notes

c: Below average.

Excludes respondents who never tried to contact their regular doctor's office.

Text alternative for Figure 25b on page 42

Table: Same-day callback: Comparison by year^{2, 15, †}

Country	2013 percentage	2016 percentage	2020 percentage
Canada	67%	67%	70%
CMWF average	75%	81%	80%

Notes

† 2020 results are significantly different from 2016 results.

2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Excludes respondents who never tried to contact their regular doctor's office.

Text alternative for Figure 26 on page 44

Table: Patients who reported that the last time they went to the emergency department, it was for a condition they thought could have been treated by the doctors or staff at the place where they usually get medical care

Country	Percentage
France	25%
New Zealand	27%
Norway	28%*
Germany	29%
Australia	31%
Netherlands	32%
CMWF average	33%
United Kingdom	33%
Sweden	36%
Canada	40% ^c
Switzerland	41%
United States	43%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

c: Below average.

Text alternative for Figure 27a on page 45

Table: Respondents who received treatment within 4 hours the last time they visited the emergency department

Country	Percentage
Netherlands	97%
Switzerland	92%
Germany	90%
United States	90%
Australia	87%
Norway	86%
New Zealand	84%
CMWF average	84%
France	80%
United Kingdom	76%
Sweden	74%
Canada	70% ^c

Notes

c: Below average.

Excludes respondents who left the emergency department without being treated.

Text alternative for Figure 27b on page 45

Table: Canada wait time breakdown for care in emergency department

Wait time category	Percentage
Less than 1 hour	35%
1 to less than 4 hours	35%
4 or more hours	30%

Notes

Excludes respondents who left the emergency department without being treated.

Same as 2016.² 2016 results have been recalculated to match the 2020 methodology.

Text alternative for Figure 28a on page 47

Table: Respondents who waited less than 4 weeks for an appointment after they were advised to see or decided to see a specialist

Country	Percentage
Netherlands	69%
United States	69%
Switzerland	68%
Germany	67%
New Zealand	58%
Australia	54%
CMWF average	54%
France	45%
United Kingdom	45%
Norway	42%
Sweden	42%
Canada	38% ^c

Notes

c: Below average.

Specialist wait times exclude respondents who never tried to get an appointment.

Text alternative for Figure 28b on page 47

Table: Respondents who waited less than 4 months for non-emergency or elective surgery after they were advised they needed it

Country	Percentage
Germany	99%
Switzerland	94%
United States	92%
France	90%
Netherlands	87%
CMWF average	81%
New Zealand	76%
United Kingdom	72%
Australia	72%
Sweden	71%
Norway	71%
Canada	62% ^c

Notes

c: Below average.

Surgery wait times exclude respondents who never tried to set up non-emergency/elective surgery.

Text alternative for Figure 29 on page 50

Table: When you need care or treatment, how often does your regular doctor or the medical staff you see *always* . . .

Country	Know important information about your medical history	Spend enough time with you	Involve you as much as you want in decisions about your care and treatment	Explain things in a way that is easy to understand
Canada	60% ^b	58% ^a	64% ^a	71% ^a
CMWF average	58%	56%	60%	68%

Notes

a: Above average.

b: Same as average.

Text alternative for Figure 30a on page 52

Table: During the past 12 months, did any doctor or other health care professional talk with you about a healthy diet and healthy eating?

Country	Percentage
United States	49%
Australia	36%
Canada	32% ^a
Germany	30%
New Zealand	27%
United Kingdom	27%
CMWF average	27%
France	22%
Switzerland	19%
Norway	19%
Sweden	16%
Netherlands	15%

Notes

a: Above average.

Excludes respondents who had not seen or talked to a doctor or other health care professional in the past 12 months.

Text alternative for Figure 30b on page 52

Table: During the past 12 months, did any doctor or other health care professional talk with you about exercise and physical activity?

Country	Percentage
United States	54%
Australia	41%
Germany	39%
Canada	39% ^a
CMWF average	35%
France	34%
New Zealand	33%
Norway	31%
Sweden	31%
United Kingdom	30%
Switzerland	29%
Netherlands	19%

Notes

a: Above average.

Excludes respondents who had not seen or talked to a doctor or other health care professional in the past 12 months.

Text alternative for Figure 31 on page 53

Table: Respondents with at least one chronic condition who felt they had as much support from health professionals as they needed to help them manage their health problems

Country	Percentage
Germany	95%
Switzerland	93%
Australia	91%
France	89%
United States	89%
CMWF average	89%
New Zealand	89%
Norway	88%
Netherlands	88%
United Kingdom	87%
Sweden	86%
Canada	84% ^c

Notes

c: Below average.

Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

Text alternative for Figure 32 on page 54

Table: Respondents with at least one chronic condition who answered that a health care professional provided care in the following ways in the last year

Country	Discussed your main goals or priorities in caring for this condition	Discussed your treatment options, including possible side effects	Gave you a written plan to help you manage your own care
Canada	60% ^b	59% ^a	34% ^a
CMWF average	60%	55%	28%

Notes

a: Above average.

b: Same as average.

Chronic conditions include arthritis; asthma or another chronic lung disease such as bronchitis, emphysema or chronic obstructive pulmonary disease; cancer; depression, anxiety or another mental health condition; diabetes; heart disease, including heart attack; hypertension or high blood pressure; and a history of stroke.

Text alternative for Figure 33a on page 57

Table: Respondents who were taking at least one prescription medication on a regular or ongoing basis

Country	Percentage
United States	68%
Canada	60% ^d
Norway	59%
Sweden	57%
Germany	56%
Australia	55%
CMWF average	55%
Netherlands	54%
United Kingdom	53%
France	50%
Switzerland	49%
New Zealand	48%

Note

d: Non-directional but significantly different than the CMWF average.

Text alternative for Figure 33b on page 57

Table: Number of different prescription medications Canadians were taking on a regular or ongoing basis

Number of medications	Percentage
0	40%
1–2	31%
3–4	15%
5–6	8%
7+	7%

Text alternative for Figure 34 on page 58

Table: Respondents who were taking 2 or more prescription drugs on a regular basis and had a doctor, nurse or pharmacist review their medications in the last 2 years

Country	Percentage
United States	84%
United Kingdom	77%
New Zealand	76%
Canada	76% ^a
Australia	75%
Switzerland	70%
Germany	69%
CMWF average	66%
Netherlands	59%
Norway	52%
Sweden	51%
France	42%

Note
a: Above average.

Text alternative for Figure 35 on page 60

Table: Among respondents who were hospitalized, during their hospital stay . . .²

Response category	Country	2016 ²	2020
How often did doctors treat you with courtesy and respect? (<i>Always</i>)	Canada	75%	74% ^b
	CMWF average	73%	77%
How often did nurses treat you with courtesy and respect? (<i>Always</i>)	Canada	66%	71% ^b
	CMWF average	71%	76%
Were you involved as much as you wanted in decisions about your care and treatment? (<i>Yes, definitely</i>)	Canada	59%	57% ^b
	CMWF average	62%	58%

Notes
b: Same as average.
2016 results have been recalculated to match the 2020 methodology. Therefore, results reported in this chartbook will not match results reported in the 2016 chartbook.²

Text alternative for Figure 36 on page 63

Table: After you left the hospital, did the doctors or staff at the place where you usually get medical care seem informed and up to date about the care you received in the hospital?

Country	Percentage
Netherlands	95%
New Zealand	90%
Switzerland	85%
United States	84%
Canada	83% ^b
CMWF average	82%
France	82%
Sweden	79%
Germany	79%
Australia	78%
Norway	77%
United Kingdom	73%

Notes

b: Same as average.

Includes respondents who had a regular doctor or place of care and who saw their doctor after leaving the hospital.

Text alternative for Figure 37a on page 65

Table: How would you rate the overall performance of the health care system? (*Very good or good*)

Country	Percentage
Switzerland	88%
Norway	85%
New Zealand	80%
Germany	80%
Australia	80%
United Kingdom	77%
CMWF average	72%
France	72%
Netherlands	67%
Canada	65% ^c
Sweden	63%
United States	35%

Note

c: Below average.

Text alternative for Figure 37b on page 65

Table: How would you rate the overall performance of the health care system? (*Very good or good, by province or territory*)

Province or territory	Percentage
Newfoundland and Labrador	70% ^b
Prince Edward Island	65% ^b
Nova Scotia	54% ^c
New Brunswick	53% ^c
Quebec	57% ^c
Ontario	70% ^b
Manitoba	58% ^c
Saskatchewan	65% ^b
Alberta	63% ^c
British Columbia	70% ^b
Yukon	80% ^a
Northwest Territories	70% ^b
Nunavut	56% ^c

Notes

- a: Above average.
- b: Same as average.
- c: Below average.

Text alternative for Figure 38 on page 67

Table: How often does your regular doctor or someone in your doctor's practice help coordinate or arrange the care you receive from other doctors and places? (*Always or often*)

Province or territory	Percentage
Newfoundland and Labrador	80%
Prince Edward Island	83%
Nova Scotia	85%
New Brunswick	74%
Quebec	72%
Ontario	79%
Manitoba	69%
Saskatchewan	79%
Alberta	77%
British Columbia	77%
Yukon	74%
Northwest Territories	76%
Nunavut	62%
Canada	77%

Text alternative for Figure 39a on page 69

Table: In the past 2 years, when you saw a specialist, they did not have basic medical information or test results from your regular doctor about the reason for your visit

Country	Percentage
New Zealand	9%*
Norway	13%*
Australia	14%
Netherlands	15%
Germany	15%
Canada	16% ^b
CMWF average	16%
Switzerland	18%
Sweden	19%
United States	19%
France	20%
United Kingdom	22%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

b: Same as average.

Text alternative for Figure 39b on page 69

Table: In the past 2 years, after you saw a specialist, your regular doctor did not seem informed and up to date about the care you got from the specialist

Country	Percentage
New Zealand	14%
Australia	20%
Switzerland	21%
Germany	21%
Canada	22% ^b
CMWF average	24%
Netherlands	24%
Norway	25%
France	26%
United States	28%
United Kingdom	28%
Sweden	30%

Note

b: Same as average.

Text alternative for Figure 40a on page 72

Table: Respondents who had a medical problem but did not visit a doctor because of the cost in the last year

Country	Percentage
France	3%
Norway	3%*
Germany	3%*
United Kingdom	5%
Canada	5% ^a
Netherlands	5%*
Sweden	6%
CMWF average	9%
Australia	10%
New Zealand	13%
Switzerland	18%
United States	27%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

a: Above average.

Text alternative for Figure 40b on page 72

Table: Respondents who skipped a medical test, treatment or follow-up because of the cost in the last year

Country	Percentage
United Kingdom	3%*
Netherlands	4%*
Germany	4%*
Norway	5%*
Sweden	5%
Canada	5% ^a
France	6%
New Zealand	8%
CMWF average	9%
Australia	14%
Switzerland	14%
United States	26%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

a: Above average.

Text alternative for Figure 41a on page 73

Table: Respondents who did not fill a prescription for medicine or skipped doses of medicine because of the cost in the last year

Country	Percentage
Netherlands	4%*
France	5%
United Kingdom	6%
Norway	6%*
Germany	6%
Sweden	7%
New Zealand	7%
CMWF average	8%
Australia	8%
Canada	9% ^b
Switzerland	9%
United States	23%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

b: Same as average.

Text alternative for Figure 41b on page 73

Table: Respondents who skipped dental care or dental checkups because of the cost in the last year

Country	Percentage
Netherlands	10%
France	19%
Germany	19%
United Kingdom	21%
Norway	21%
Sweden	23%
CMWF average	26%
Canada	27% ^b
Switzerland	30%
Australia	33%
United States	38%
New Zealand	39%

Note

b: Same as average.

Text alternative for Figure 42 on page 74

Table: During the past 12 months, was there a time when you . . .

Age group	Did not fill a prescription for medicine or skipped doses of medicine because of the cost	Skipped dental care or dental checkups because of the cost
18–24	9%*	24%
25–34	16%	41%
35–49	8%	31%
50–64	8%	24%
65+	6%*	19%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
The age breakdown excludes respondents who were 18 and older but did not disclose their age.

Text alternative for Figure 43 on page 75

Table: One-third of Canadians spent at least CA\$700 out of pocket for medical treatments or services not covered by private insurance

Country	Percentage
United Kingdom	14%
France	20%
New Zealand	22%
Netherlands	24%
Norway	24%
Germany	30%
Canada	32% ^a
CMWF average	35%
Australia	51%
United States	59%
Switzerland	76%

Notes

a: Above average.
Sweden is excluded from the results due to data changes.

Text alternative for Figure 44 on page 77

Table: Cost barriers to care were highest for lower-income Canadians

Respondent category	Below-median income	Above-median income
Respondents who skipped a medical test, treatment or follow-up because of the cost in the last year	7%	3%*
Respondents who had a medical problem but did not visit a doctor because of the cost in the last year	8%	2%*
Respondents who did not fill a prescription for medicine or skipped doses of medicine because of the cost in the last year	15%	4%*
Respondents who skipped dental care or dental checkups because of the cost in the last year	41%	16%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.

Income is pre-tax income before any deductions. The median Canadian household income used was \$70,336.

Text alternative for Figure 45a on page 78

Table: Respondents who were *usually* or *always* worried or stressed about having enough money to pay rent or the mortgage (in the past 12 months)

Country	Percentage
Netherlands	4%*
Germany	5%
Sweden	6%
New Zealand	7%
Australia	9%
CMWF average	9%
United Kingdom	10%
Canada	11% ^c
France	12%
United States	16%
Switzerland	16%

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 c: Below average.
 Norway is suppressed due to extreme sampling variability (CV greater than 33.3%).

Text alternative for Figure 45b on page 78

Table: Canadians who were *usually* or *always* worried or stressed about having enough money to pay rent or the mortgage, by age group

Age group	Percentage
18–24	10%*
25–34	19%
35–49	13%
50–64	11%
65+	5%*

Notes

* The coefficient of variation (CV) is between 16.6% and 33.3%; use with caution.
 The age breakdown excludes respondents who were 18 and older but did not disclose their age.

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