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Canadians' Attitudes on Health Care Reform

Final Report of Linked Qualitative and Quantitative Study

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Report of Focus Group Findings

Outline: Focus Group Findings

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Ekos Research Associates Inc.

A.



Description of Research

1.1 Objectives

Focus groups conducted by Ekos Research Associates as part of linked qualitative and quantitative public opinion research study on Canada's health care system.

Principal objective to gauge public attitudes to a wide range of issues directly linked to the current public debate about the status and future direction of Canada's health care system

- measuring Canadians' perceptions of the system along the dimensions of quality, access and satisfaction in order to provide a basic platform for testing potential directions for reform and innovation
- broader context for this research is the current high-profile and high-level federal-provincial discussions on health care
- findings to be used by the client to refine ongoing policy development and in the development of strategic communications plans and materials

Qualitative component serves two distinct but complementary purposes

- explore the study's core themes and issues
- findings from this component will inform the design of the survey instrument

1.2 Format

A total of 10 focus groups conducted in five locations throughout Canada during the week of May 15.

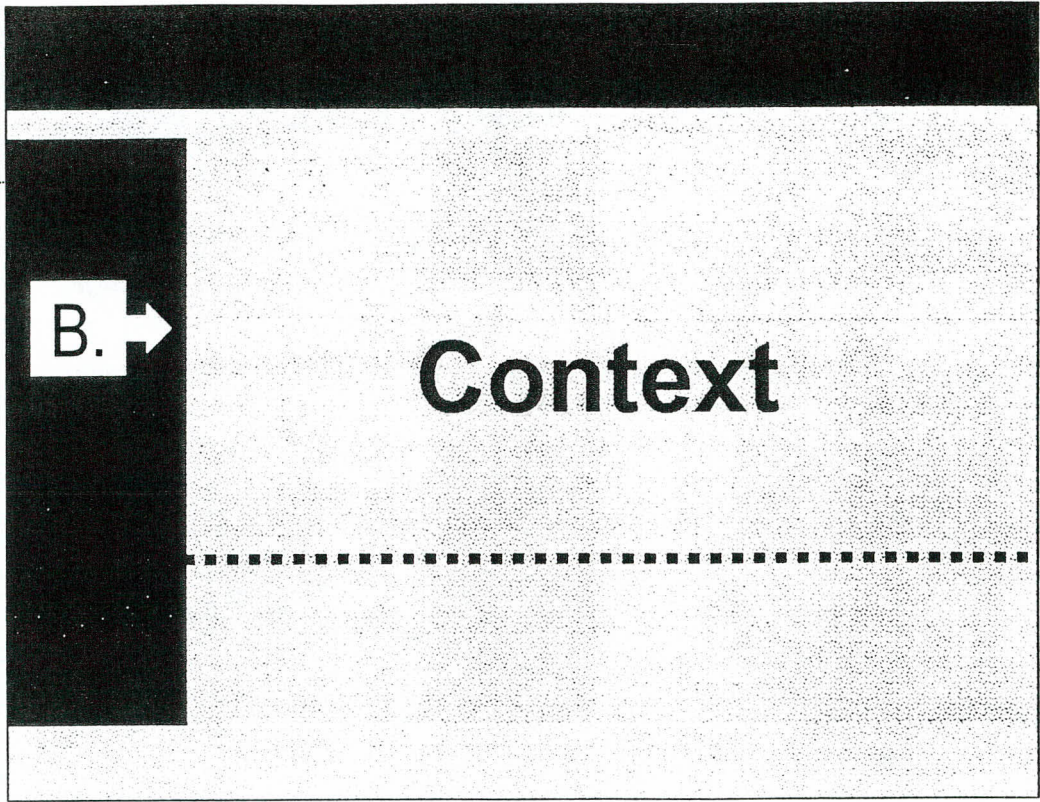
Two groups conducted in each of Charlottetown, Quebec City (conducted in French), Mississauga, Calgary and Vancouver

All focus groups included the participation of randomly selected members of the general public. Client specifications for participation included:

- personal annual income of \$40,000 or more and at least some post secondary education
- all participants personally used or taken a family member to use the public health care system at least three times in the last 12 months

- excluded members of, and immediate family members of, the media, federal or provincial public services and individuals employed in the health care field, and their immediate family

The findings presented below are based on qualitative research and are therefore not representative of the views held by Canadians at large. These findings do provide reliable directionality on key issues and shed light on how Canadians arrive at conclusions about the current state of the health care system, as well as on their aspirations for the future of health care in Canada.



2.1 General Attitudes and Perceptions

Top of mind reactions elicit mixture of positive and negative associations with “health care system”, with a lean towards the negative (for many, the positive aspects are offered only when prompted).

Positive imagery dominated by comments about importance to individuals and to society.

Negative imagery focused on perceived problems with a valued institution/support (e.g. waiting times, lack of specialists, equipment and advanced technology)

- Primary care most common focus, with particular reference to availability of general practitioners (“they’re not accepting new patients”)

Lean towards seeing the system as a province-by-province program, with preference for a more “national” orientation

- Many participants see the health care system “becoming” more articulated province-by-province
- Enhancing the national orientation of the system seen by many as a desirable option
- In Quebec, system seen as provincial
 - Little awareness/knowledge of other provincial systems
 - Merit of more national system based on practical/pragmatic considerations

Opinions on question of confidence in the system marked by points of consensus and divergence.

Most participants believe that for the “simple things” the health care system will provide what they need

Dramatic cleavage on the issue of confidence in the system to provide “higher-end” services (e.g. advanced technological equipment and surgery)

- United States offered as the “standard” which the Canadian system falls below
- Attitudes moderated by impressions of an “exclusive” American system and a more egalitarian, yet, more modest, Canadian system

Polarized views emerged on issue of quality and deterioration

- Overall view, however, that system is being expected to do more for more people, with less money (“Considering all the hospitals that have been closed, the health care system is still pretty good.”)
- Frequent mentions of waiting times for doctors and surgery, out-dated machinery and deteriorating infrastructure (i.e. hospitals)
- Growing population, aging population, poor consumer decisions and funding cuts cited as factors contributing to strain/stress on the system

Many participants expressed concern, bordering on alarm, about future demands on the system (“If we think the system is in trouble now, just wait until all the boomers are in their seventies and eighties.”)

Perceptions on quality based more on media coverage and personal experience.

Concerns based more on higher expectations and “nuisance factor” than on serious incidents or system failures

Consensus on main strength: “The health care system is there for everyone, no matter how much or how little money the person has.” “It’s not elitist.”

Weakness captured through a range of descriptions focused on the theme of quality and timeliness of access: “If you like at the kind of equipment they have in the States, you can really see hoe our health care system is falling behind.” “There’s no focus in our health care system.”

2.2 Renewal and Modernization

For many, “modernization” synonymous with technology.

Overall, broad skepticism about references to “renewal” and “modernization.”

Chiefly motivated by fatigue with “political promises” and linked to broader attitudes towards government performance

No real “visceral” reaction to the terms (many participants eager for movement from talk to action, which is aptly described as renewal or modernization)

“Tell us what you are going to do and then we’ll be able to tell you what we think about modernization and renewal- we need the details”

Most participants neither particularly comfortable nor literate in role of health care reformers.

Higher comfort and confidence level when reacting to prompts

Participants present a “grab-bag” of options for reform, which as might be expected are highly regional in nature (e.g. quicker and easier access to general practitioners in Vancouver, more hospitals and beds in Calgary, more specialists in PEI)

Increased funding alone not seen as a panacea, although inadequate funding seen as chief cause of the problem

Fairly pervasive view that human resource issues are large part of the problem to be addressed (i.e. nurses and doctors)

Many participants convinced that “our best doctors and nurses are going to the States.”

Asked bluntly what it would take to restore their confidence in the health care system, the only point of consensus was that there was no “one” solution, nor was it likely that confidence would be restored quickly.

The most potent drivers of confidence would be positive media stories and improved personal experiences

With prompting, participants identified a wide range of more specific actions and outcomes that would be seen as improvements leading to higher confidence levels:

- Reduced waiting times for surgery
- Reduced waiting times for appointments with doctors
- New equipment
- New hospitals (including refurbishing existing hospitals)
- Retention of health care professionals in Canada
- More responsible use of the system (by physicians, hospital administrators and average Canadians)
- Increased funding
- Expansion of services and supports for seniors

C. →

Testing Options for Reform/Renewal

3.1 Ten Ideas

Given the earlier discussion, the 10 “ideas” were positively received. Most participants accepted the list in a “matter-of-fact” way.

Participants, generally, approved of most items and acknowledged that they addressed (or at least some of the ideas) their concerns with the system

- The overall view was that the ideas were balanced in terms of immediate and future needs of the system
- The ideas presented were seen as “practical” and generally appropriate

Human resource options (access to doctors and nurses) and institutional enhancements (equipment and facilities like clinics) tended to receive the most support

Faring least well, overall, were expanding coverage of prescription drugs, electronic patient records, and performance reporting

- Drug coverage was by many as a low priority (covered by work plans), open to abuse and prohibitively expensive (most participants had private coverage)
- Electronic patient records, while popular with a significant proportion of participants, was seen more generally as a rather insignificant item within the broader discussion of “fixing” the health care system. Also, difficult to grasp without explanation
- Performance reporting was interpreted by most participants as “governments telling us how great they are doing” (at the same time, most participants said that the system should be more accountable to citizens, which suggests a semantic rather than a rather substantive problem)

The “24-7” option appeared to confuse some participants. Many were unsure how this would work, or whether it was any different to what was already available through emergency rooms. Others comforted by assumption that measure means more doctors and nurses

- Participants appeared comfortable to simultaneously support most strongly human resource enhancements and question the merits of “24-7”

As a general observation, participants were quite literal in their reading of the ideas. This became evident when asked what was missing from the list.

- Most participants had considerable difficulty unravelling the peripheral elements of each idea to see how it connected to aspects of reform they felt to be important
- With assistance, however, the connections were made

3.2 The Package

Given the discussion on the list of 10 ideas, and the preferences that emerged, reactions to the shorter list of five inspired somewhat more critical reaction. In the end, however, most felt it was “a good start”.

The first reaction for many participants was “My top choices aren’t on this list, so I guess I’m not as satisfied with it.”

Of the five items contained in the hypothetical package, two had done relatively poorly in the previous exercise (electronic health records and performance reporting) and a third was seen as unclear

While most participants acknowledged that the “package” represented a start, few were of the view that they would feel more confident in the health care system as result

- “At least it shows that they are trying to do something, but it will take more than this to fix the system.”
- “I’d have to see the details before I could say that this would make the system better.”

3.3 Challenge Statements

Most participants assigned low believability to the statement concerning the need to concentrate all resources on emergency treatment and surgery.

While not willing to dismiss this issue as critical, the overall view was that “just” concentrating on this aspect would not be enough

24-7 measures helped to blunt this criticism

The “doctors and hospitals” statement elicited mixed views.

Many participants agreed with the need to get beyond this relatively narrow focus, but also felt that under-funding of doctors and hospitals was part of the problem with the system

- “My doctor just went to the States, the system must be better there, for sure, he’ll make more money”
- Many participants, especially in Calgary, made specific reference to hospital closures and funding cutbacks as a serious problem

In what appeared to be equally motivated by principle and pragmatism, most participants expressed strong reservations about the two-tier statement

Except in Quebec City, a consensus emerged that the idea had merit on the surface, but, under closer inspection, opened the door to a bifurcation of the health care system along income lines

- Many participants felt that this was anathema to the values of the health care system (equal access)
- Other participants appeared to reject the private option because they felt that it would in some way place them at a disadvantage (assuming that they would not be the ones with the money to buy “quicker” access to quality health care – dominant perception is that only “the rich” would benefit)

Quebec City participants were more open to the idea. Their position was based on pragmatic belief that no practical solution should be ruled out

- Fear of repercussions on “values and identity” much less an issue

Notwithstanding these comments, a proportion of participants agreed with the statement (Mississauga different on this point)

- Some felt that it was simply a reality that exists now with Canadians going to the United States and paying for health care services they would have to wait for in Canada
- Others thought that it made certain amount of sense and the trade-off of money for quicker service was beneficial for both the person going into a private system and those queuing up in the public system who would advance more quickly

Little support was registered for the provincial fix statement. Most participants assigned a clear role to the federal government.

Federal stewardship is seen as a legitimate role (“It’s the federal government’s job to make sure that health care is there for all Canadians”)

For many participants, if the federal government was contributing money, it should have a say in how the money is spent

Overall, most participants assigned relatively little significance to the actual proportion of total funding paid by the federal government and its corresponding role

- Participants with the most knowledge of actual proportional funding, compared to those with little or no knowledge of the relative shares of health care funding, were more likely to question a significant federal role in determining how new investments should be spent

The “no guarantees, no money” statement appeared to resonate with most participants.

D. →

Process for Change

4.1 Expectations

Responsibility for reforming or fixing the health care system is seen to span governments, to health care professionals, to average Canadians. (“It’s everyone’s responsibility.”)

Despite a societal perspective, most participants acknowledged that the onus was primarily on governments to lead the process

For most participants it is the job of the federal and provincial governments to serve the interests of the people, so it only follows that they have a responsibility to work together to fix the health care system

Beyond the consensus that governments ‘should’ work together, few participants are of the view that governments “will” work together.

“It’s all about politics, that’s why they aren’t doing a better job of fixing the health care system.”

Participants had difficulty sorting through the various scenarios for federal action, whether it is multilateral, unilateral or bi-lateral.

This difficulty may be explained, in part, by a functional notion held by most participants. “If they are going to this big meeting to fix the health care system, and they know that it is the top priority for people in Canada, they are all going to look pretty bad if they don’t agree on something.”

Pushed to work through the various scenarios, opinion was mixed relatively equally between those who thought that the federal government should only proceed if a clear majority of provinces agree and those who thought it appropriate to proceed with whichever province or provinces were willing.

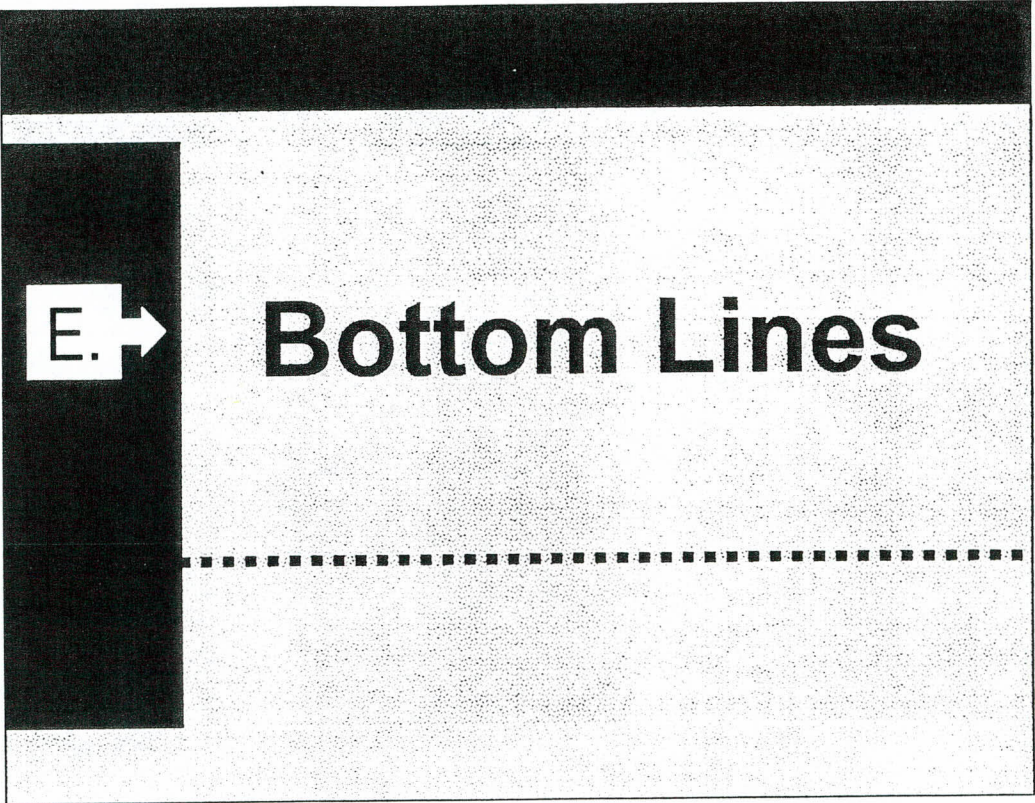
“The whole process shouldn’t be held up because everyone doesn’t agree.”

This opinion may be overstated in light of qualifying statements made by many participants. “If they [the provincial government] don’t go along, they’ll have to come back and explain to us what was wrong with the deal and then we’ll decide whether or not it was the right decision. There will always be another election.”

In Quebec City, a federal-provincial agreement is seen as desirable, but patience is running out. Most participants felt that funding should not be delayed because of a federal-provincial impasse.

Polarized views on the role of the federal government ranging from imposition of measures to immediate transfer of cash with no strings attached

Issue remarkably free of ideology and politics.



5.1 Overall Impressions and Perceptions

Public tends to see health care system first through personal lens, then community, then provincial and finally, but not insignificantly, the national.

This positioning has significant implications for both policy and communication

- clear federal advantage: national steward of health care system
- clear federal challenges include
 - balancing role of protector of national program with clear jurisdictional constraints
 - highly divergent system needs/challenges from region to region
 - provincial governments have to tell one story (“local”), feds have the big story (“national”), plus must demonstrate sensitivity and awareness of ground-level situation province by province
 - need expanded tool kit fitting clear framework (CHA) but allowing flexibility, improvisation and experimentation
 - need to balance short-term (immediate) and longer-term needs

Overall, participants express low patience, low technical/theoretical literacy, but not willing to vacate expert role (“We’re expert too, we’re the patients”).

Non-primary care measures are generally understood, particularly prevention, but will do very little to restore confidence

Participants very malleable on some issues, particularly around federal-provincial process

The public acknowledges the need to build structure and system for the future, not just for today. BUT, the critical balance of action must be demonstrable in the here and now.

Two ways to restore confidence

- Positive media
- Noticeable improvement in personal contact with system

5.2 Moving the Debate Forward

New approach should stress more than the mechanical aspects of reform. Widely held view that the health care system must become more humanized

Concerns with existing system of 10-minute doctor's visits and one-ailment per visit approach

- de-personalization of the system and a loss of focus on broader patient needs a recurring theme underscoring the deterioration belief

Need to de-link operational/administrative aspects (e.g. e-records and reporting) from structural components (e.g. primary care and home care). ✓

Best to present as parallel tracks

- if not, they are likely to be seen as trade-offs and be rejected

At this point, any action may well be positive, but requires ambitious communications to ensure that Canadians are aware

sensitive balance required in message - it cannot be about taking credit , but likewise "Health Budget" of 1999 seemed to be largely missed



Appendix



Draft Results of Ranking Exercise

Results of Ranking Exercises

Introduction

As part of the focus group discussion, participants were asked to rank 10 health care issues in order of importance where 1 indicated the most important option and 10 indicated the least important option. In part, to discern if participants would rethink their positions after a lengthy discussion of the topic, they were asked to make an initial ranking of the issues early in the discussion and rank them again after the discussion.

Note on methodology and reporting

To reiterate the methodological issue discussed in the report, the findings concerning the initial survey and post discussion survey are based on research that is not representative of views of Canadians at large. It is also important to remember that three criteria were used to screen recruits for participation in the focus groups:

- all participants had to have recent direct contact with the health care system, i.e., had at least three primary contacts in the preceding 12 months;

- all participants had to have a personal income of at least \$40,000; and

- all participants had to possess at least some post-secondary education.

These findings do provide reliable directionality on key issues among this group of Canadians. They also shed light on how, after extensive discussion of issues, Canadians can either change their minds or retain their original positions on the current state of the health care system and on their aspirations concerning the future of health care in Canada.

Overall Initial Survey Results

Table A.1 shows the overall ranking of the entire group of Canadians from across the country who participated in the focus groups. The ranking in the tables is based on the average or mean of the total ranking of each issue by participants. The closer the average is to one, “most important”, the more important the issue is seen to be by the participants.

TABLE A.1
Initial Ranking During the Focus Group (n= 85*)

Overall Initial Ranking	Options	Overall Initial Mean
1	Adequate numbers of nurses, doctors and specialists available across country	3.56
2	Available 24-hours a day, seven-days a week	4.22
3	Expanded home and community care services	4.23
4	Improved access to medical specialists	4.28
5	Better patient access to modern medical technology	4.43
6	Expanded support for community health clinics	4.49
7	Increased health promotion activities	6.92
8	Increased performance/reporting to the public by governments and health care providers	7.46
9	Expanded use of health information technology	7.60
10	Governments cover the costs of prescription drugs	7.77

The rank ordering of the options is similar from the first to the second ranking exercise. In general, the ranked options break fairly neatly into two groups: high resonance (options 1-6) and low resonance (options 7-10).

Overall, the public gravitates towards ideas/measures that they are familiar with in the regular course of dealing with the health care system (e.g., doctors, nurses, specialists, diagnostic machines). Non-primary care and direct support measures like community care and home care are generally understood and supported. People also appreciate the logic of prevention and promotion, but they are seen as less immediate and therefore engender less enthusiasm — other measures, such as performance reporting and electronic record keeping, fall into a similar trade-off dynamic. This may be partly explained by the inflamed/crisis environment portrayed through the media, which may preclude more thoughtful and reflected responses. (It should also be noted that the sample for this qualitative research included only those who had had fairly regular contact with the primary-care system.)

* The “n” or sample size is different for the survey before and after the groups. While 90 respondents participated in the groups overall, a number surveys were spoiled (ranked incorrectly) in both the first (n=85) and the second ranking exercise (n=81). The specific groups that contained spoiled surveys can be determined by looking at the tables for the individual cities where focus groups were held.

TABLE A.2
Overall Ranking After the Focus Group Discussion (n=81)

Overall Initial Ranking	Options	Overall Mean in 2nd Ranking	Differential (negative indicates increase in importance)
1 (3.56)	Adequate numbers of nurses, doctors and specialists available across country	3.56	-0.19
6 (4.49)	Expanded support for community health clinics	3.99	-0.50
3 (4.23)	Expanded home and community care services	4.17	-0.06
4 (4.28)	Improved access to medical specialists	4.22	-0.06
2 (4.22)	Available 24-hours a day, seven-days a week	4.33	+0.11
5 (4.43)	Better patient access to modern medical technology	4.87	+0.44
7 (6.92)	Increased health promotion activities	6.82	-0.10
9 (7.60)	Expanded use of health information technology	7.12	-0.48
8 (7.46)	Increased performance/reporting to the public by governments and health care providers	8.04	+0.58
10 (7.77)	Governments cover the costs of prescription drugs	8.07	+0.30

Note: Shaded portions indicate no change in ranking from pre- to post- focus groups. Number in brackets is the average rating of importance this issue was given in the 1st ranking exercise.



Appraisals of various ideas for reform tend to be dependent on whether people are trying to envision short or long-term solutions. In direct competition, the short-term options appear to receive higher priority. There is some evidence that, on a reflected basis, the public is willing to re-align priorities in a fashion that puts more emphasis on blending short and longer-term priorities.

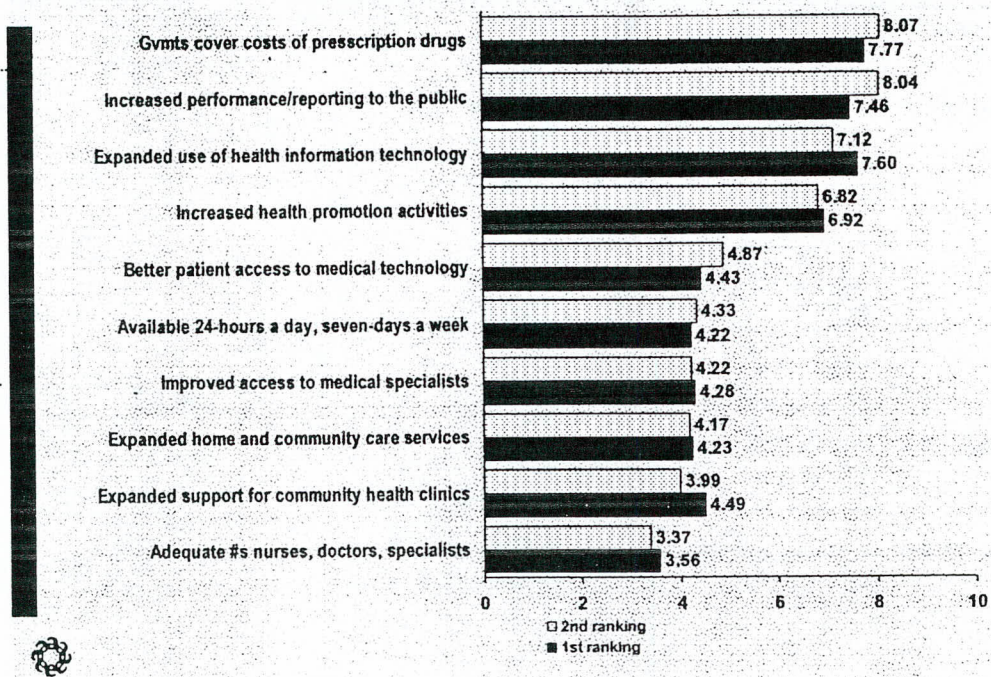
Overall Survey Results After the Focus Group Discussion

After the discussion group, this division between what is perceived to be more direct and immediate and issues of a more indirect and “process” nature is even more pronounced. The top six ranked issues are all still concerned with primary care issues (see Table A.2), while the bottom ranked four are more related to secondary and tertiary health issues which even includes “governments cover the costs of prescription drugs”, the tenth in importance both initially and after the focus group discussion. Exhibit A-1 clearly displays this distinction graphically.

The most important issue did not change. “Adequate numbers of nurses, doctors and specialists available across the country” became even more important (increasing in importance by 0.19).

The top four ranked issues after the focus group discussion have all been rated as even more important than they were initially.

Exhibit A.1 Overall Results for the 1st and 2nd Rankings



This is also the case with two longer-term health options, “expanded use of health information technology” and “increased health promotion activities”, both of which increased in importance after the discussion, although they remain relatively low resonance issues.

The only major change in ranking occurs for “expanded support for community health clinics” which moves from number six in importance initially to the number two ranked health option (increasing by 0.50 in importance).

Although there is little change in the mean, the option “[Medical services] available 24-hours a day, seven-days a week” falls in importance from number two to number five.

Survey Results 1st Ranking and 2nd Ranking by Site

The following tables, A.3 to A.7, show the results for each city in which focus groups were held. While of limited value in terms of generalizing to the broader public, they do show some interesting differences in priorities by region for the respective participants.

TABLE A.3
Overall Ranking After the Focus Group Discussion
(Vancouver, n=20)

Options	Overall Mean in 1st Ranking	Overall Mean in 2nd Ranking	Differential (negative indicates increase in importance)
Expanded home and community care services	3.35	2.85	-0.50
Adequate numbers of nurses, doctors and specialists available across the country	3.70	3.06	-0.64
Expanded support for community health clinics	4.10	3.06	-1.04
Increased health promotion activities	6.35	5.11	-1.24
Improved access to medical specialists	5.50	5.61	+0.11
Available 24-hours a day, seven days a week	6.35	6.28	+0.07
Better patient access to modern medical technology	5.15	6.39	+1.24
Increased performance/reporting to the public by governments and health care providers	5.55	7.28	+1.73
Expanded use of health information technology	7.30	7.33	+0.03
Governments cover the costs of prescription drugs	7.00	8.00	+0.45
Note: Shaded portions indicate no change from initial ranking after the focus group discussion.			



TABLE A.4
Overall Ranking After the Focus Group Discussion
(Calgary, n=17)

Options	Overall Mean in 1st Ranking	Overall Mean in 2nd Ranking	Differential (negative indicates increase in importance)
Adequate numbers of nurses, doctors and specialists available across the country	3.06	2.44	+0.62
Better patient access to modern medical technology	3.56	3.00	+0.56
Improved access to medical specialists	3.88	3.81	+0.07
Expanded support for community health clinics	3.75	4.06	-0.31
Expanded home and community care services	4.75	5.06	-0.31
Available 24-hours a day, seven days a week	5.25	5.63	-0.38
Expanded use of health information technology	8.13	6.63	+1.50
Governments cover the costs of prescription drugs	7.31	7.25	+0.06
Increased performance/reporting to the public by governments and health care providers	7.44	8.38	-0.94
Increased health promotion activities	7.88	8.75	-0.87
Note: Shaded portions indicate no change from initial ranking after the focus group discussion.			



TABLE A.5
Overall Ranking After the Focus Group Discussion
(Mississauga, n=18)

Options	Overall Mean in 1st Ranking	Overall Mean in 2nd Ranking	Differential (negative indicates increase in importance)
Available 24-hours a day, seven days a week	2.74	2.67	-0.07
Expanded support for community health clinics	4.21	3.61	-0.60
Better patient access to modern medical technology	3.89	4.17	+0.28
Adequate number of nurses, doctors, and specialists available across the country	4.16	4.28	+0.12
Expanded home and community care services	4.16	4.39	+0.23
Improved access to medical specialists	4.32	4.61	+0.29
Increased performance/reporting to the public by governments and health care providers	7.37	7.56	+0.19
Expanded use of health information technology	6.58	7.72	+1.14
Increased health promotion activities	7.21	8.00	+0.79
Government cover the cost of prescription drugs	7.47	8.00	-0.53
Note: Shaded portions indicate no change from initial ranking after the focus group discussion.			



TABLE A.6
Overall Ranking After the Focus Group Discussion
(Quebec City, n=18)

Options	Overall Mean in 1st Ranking	Overall Mean in 2nd Ranking	Differential (negative indicates increase in importance)
Adequate numbers of nurses, doctors and specialists available across the country	2.81	3.12	+0.31
Available 24-hours a day, seven days a week	2.88	3.53	+0.66
Expanded home and community care services	3.38	3.71	+0.34
Improved access to medical specialists	3.94	3.71	-0.23
Expanded support for community health clinics	5.13	4.18	-0.95
Better patient access to modern medical technology	5.25	5.76	+0.51
Increased health promotion activities	6.19	6.29	+0.10
Expanded use of health information technology	8.63	7.00	-1.63
Governments cover the costs of prescription drugs	8.19	8.53	+0.34
Increased performance/reporting to the public by governments and health care providers	8.50	9.18	+0.68
Note: Shaded portions indicate no change from initial ranking after the focus group discussion.			



TABLE A.7
Overall Ranking After the Focus Group Discussion
(Prince Edward Island, n=17)

Options	Overall Mean in 1st Ranking	Overall Mean in 2nd Ranking	Differential (negative indicates increase in importance)
Improved access to medical specialists	3.24	3.00	-0.24
Available 24-hours a day, seven days a week	3.41	3.43	+0.02
Adequate numbers of nurses, doctors and specialists available across the country	3.71	4.00	+0.29
Better patient access to modern medical technology	3.94	4.86	+0.92
Expanded home and community care services	5.41	5.14	-0.27
Expanded support for community health clinics	5.12	5.36	+0.24
Increased health promotion activities	6.65	5.93	-0.72
Expanded use of health information technology	7.18	6.79	-0.39
Increased performance/reporting to the public by governments and health care providers	8.41	7.86	-0.55
Governments cover the costs of prescription drugs	7.94	8.64	+0.70
Note: Shaded portions indicate no change from initial ranking after the focus group discussion.			





Review of Recent and Current Public Opinion Research on Health Care

Review of Recent and Current Public Opinion Research on Health Care

This overview note on health care is based on recent and ongoing public opinion research conducted by Ekos Research Associates. The note is organized so that the broader context (drawn from quantitative research studies) is presented first, followed by a summary of main findings from a recent (May 2000) qualitative research project (focus groups in Vancouver, Calgary, Mississauga, Quebec City and Charlottetown).

a) Overview of Public Opinion Environment (Quantitative Synthesis)

The overall public opinion backdrop for health care demonstrates areas of both stability and change. None of these areas are particularly encouraging for the federal (or provincial) government(s). Health care remains the dominant public issue and has widened its gap over virtually all other issues over the past few years. There is a broad conviction that the system is deteriorating rapidly and Canadians now assign equal responsibility to both federal and provincial governments (a substantial erosion of the significant federal advantage of as little as two years ago). Attention to the health care issue is very high and public patience levels are very thin. There is, however, a continued strong recognition of the need for a longer term plan and knowledge that profound change will be needed to meet future pressures (particularly aging). This does not obviate the need for immediate attention to deal with deficiencies in the primary care system (waiting lines, doctors and nurses, better technology and infrastructure). These short-term needs are linked to funding issues.

There is considerable stability in the public's *reflected* views on what to do about health care. First, and most importantly for the federal government, there has been an almost improbable tenacity to public commitment to avoiding privatization, for-profit and "two-tier" approaches. Notwithstanding core support (perhaps 25 per cent), most Canadians continue to reject privatization the more they think about and experience it (note Bill 11 experience). Quebec is off pattern here, possibly due to the subliminal but important link to values and identity in English Canada.

In terms of specific measures and reforms, both substantive (e.g., population health, prevention, doctor-patient relations) and process (integration, results reporting), the public response has been fairly consistent. They agreed with the broad directions of the National Forum on Health but strenuously disagreed with funding cuts. Since then, repeated quantitative tests have more or less continued the same receptivity to change — particularly under reflected conditions.

Particularly noteworthy in this is the idea of expanded, national home care. The home care idea consistently tests as the most important and compelling illustration of real change for the better. It both humanises and empowers patients and families and provides clear rational economic merits. It also provides a major opportunity for linking the public's continued commitment to national standards and equal access to a new "big idea".

A three stream strategy of (i) preserving existing medicare (particularly primary care) largely via funding; (ii) planned innovation (population health, prevention, etc. with home and community care as the centrepiece); and (iii) process reforms including better integration, reporting and working partnerships remains highly resonant. Continued deep disaffection is not a product of any abrupt shifts in the public environment but rather a lack of repetition and delivery of this framework.

b) ***What We Learned from Most Recent Qualitative Study***

Note on methodology and reporting: The findings presented below are based on qualitative research and are therefore not representative of the views held by Canadians at large. These findings do provide reliable directionality on key issues and shed light on how Canadians arrive at conclusions about the current state of health care system, as well as on their aspirations for the future of health care in Canada. It is also important to note that all participants had recent direct contact with the health care system, had a personal income of at least \$40,000 and possessed at least some post-secondary education. References to the public assume the qualifications noted above.

Situating Health Care in the Public's Mind

Canadians included in this research tend to see the health care system first through a personal lens, community, provincial and finally, but not insignificantly, through a national lens. Within this perceptual ordering, the main strength associated with health care system is that it is there for everyone — no matter how much or how little money a person has. Canadians are attached to the notion of preserving an open and inclusive system. Conversely, the overall views on the weakness of the system are clustered around the theme of quality and timeliness of access.

Without question, the public identifies health care as the critical issue and highest priority for government attention. At the same time, they are not following every announcement or tracking carefully the federal-provincial discourse on the issue. In practical terms, there is high public awareness of the issue, writ large, but uneven penetration of the details and parameters of the current debate. Quantitative research shows that overall perceptions of the health care issue are linked to negative acts (e.g., funding cuts).

Satisfaction and Confidence

Canadians simultaneously express fairly impressive levels of personal satisfaction with recent experiences with the health care system and a heightened sense that the quality of the system is deteriorating. This contradiction is partly explained by the prevailing and dominant forces shaping public perceptions and concerns about the health care system. Perceptions on quality appear to be based more on media coverage and vicarious experiences than on first-hand evidence. Actual concerns, too, tend to be based more on higher expectations and the “nuisance factor” than on serious incidents or personal experiences of system failures.

On a related point, Canadians appear to express low patience-thresholds with the “working-through” process, while appreciating that the overall exercise of health care reform/renewal is highly complex. In a sense, Canadians are willing to acknowledge that fixing the system is no simple task, but this is not seen as a legitimate rationale for inaction on the part of government.

Views on quality and deterioration are polarized. The overall view, however, is that the system is being expected to do more, for more people, with less money. There are also emerging concerns about future demands on the system driven by an aging population, poor consumer decisions and funding cuts. Looking to the future also conditions perceptions about confidence (lower).

The overall view is that for the “simple things” the health care system will provide what Canadians need (for now). There is dramatic cleavage on the issue of confidence in the system to provide “higher-end” services (e.g., advanced technological equipment and surgery) and its ability to keep pace with emerging and evolving demands. This “near future” — “distant future” formulation of the confidence question goes to the core of public expectations for a plan that speaks to the complexity of the issue.

Weighing the Options

Most Canadians are neither particularly comfortable nor literate in the role of health care reformers. They are more at ease in the mode of reacting to provisional or prospective options. And while the public harbours no illusions as to its capacity to design the architecture of a renewed health care system, neither does it see itself on the sidelines as decisions are made. Canadians feel relatively strongly about their role as legitimate stakeholder — not capable of technical design, but eminently qualified to speak to the practical outcomes required of “their” system (i.e., values issues).

The clear priority is protecting the principle of equal access to quality and timely medical services (personally, regionally and nationally). Beyond this fundamental expectation, which is particularly acute for the federal government, priority areas for reform tend to vary broadly by personal experience and notably by region (e.g., quicker and easier access to general practitioners in Vancouver, more hospitals and beds in Calgary, more specialists in PEI). Increased funding alone is not seen as a panacea, although inadequate funding is seen as chief cause of the problem. There is a fairly pervasive view that human resource issues are large part of the problem to be addressed (i.e., shortages of doctors and nurses caused by factors such as funding cuts and “brain drain” to the United States).

Overall, the public gravitates towards ideas/measures that they are familiar with in the regular course of dealing with the health care system (e.g., doctors, nurses, specialists, diagnostic machines). Non-primary care and direct support measures like community care and home care are generally understood and supported. People also appreciate the logic of prevention and promotion, but they are seen as less immediate and therefore engender less enthusiasm — other measures, such as performance reporting and electronic record keeping, fall into a similar trade-off dynamic. This may be partly explained by the enflamed/crisis environment portrayed through the media, which may preclude more thoughtful and reflected responses. (It should also be noted that the sample for this qualitative research included only those who had had fairly regular contact with the primary-care system.)

Appraisals of various ideas for reform tend to be dependent on whether people are trying to envision short or long-term solutions. In direct competition, the short-term options appear to receive higher priority. There is some evidence that, on a reflected basis, the public is willing to re-align priorities in a fashion that puts more emphasis on blending short and longer-term priorities.

Making Choices

Asked bluntly what it would take to restore their confidence in the health care system, the only point of consensus was that there was no “one” solution, nor was it likely that confidence would be restored quickly. The most potent drivers of confidence would be positive media stories and improved personal experiences. Woven into this thinking is the expectation of striking the right balance dealing with the present and preparing for the demands of the future.

In this regard, directing a disproportionate level of new funding towards emergency room services is not seen as an overwhelmingly obvious or efficacious choice. In fact, there are relatively high levels of dissatisfaction with the way the existing ER system is used by the public. In the absence of viable and available alternatives such as clinics or broader access to family doctors, emergency facilities are seen by many as a first resort, rather than a last resort. Expansion of non-institutional supports in the community and the home, thereby relieving the strain on hospitals, elicits broad approval.

Moving the Process Forward

Responsibility for reforming or fixing the health care system is seen to span all of society from governments, to health care professionals, to average Canadians. Despite this societal perspective, most participants acknowledged that the onus was primarily on governments to lead the process. However, there is clear frustration with lack of progress.

Pushed to work through various scenarios concerning how to proceed with new federal funding, views are polarized on the role of the federal government ranging from imposition of measures to immediate transfer of cash with no strings attached. Discussion of this aspect was remarkably free of ideology and politics.

People understand the broader federal role when discussing health care outside their own province, as evidenced by broad acceptance and desire for national standards. But many people also see their own personal health care as largely a provincial matter. In this regard, they would not hesitate to say “give us the money”, even if that meant that other provinces did not receive it.

This view, however, exists next to a broader expectation, which follows the a fairly functional logic: “If they [the provincial government] don’t go along, they’ll have to come back and explain to us what was wrong with the deal and then we’ll decide whether or not it was the right decision. There will always be another election.”

c) *Putting the Pieces Together*

Synthesis

There is unlikely to be a clear winning approach in the short-term. The problems are extremely complex and the various temporal and policy dimensions of the debate are difficult to reconcile:

- More MRI machines may satisfy expectations for technology upgrades, but on its own may well lead to criticisms of not enough specialists to interpret the results.
- Current “crisis” has developed over time and there fore will require a longer-term approach to resolve.

21 The federal government is seen to have the responsibility as the national steward of health care system. This designation carries both advantages, primarily one of legitimacy, and challenges.

Included among the chief challenges are:

- balancing role of protector of national program with clear jurisdictional constraints

- highly divergent system needs/challenges from region to region

- must demonstrate sensitivity and awareness of ground-level situation province by province, but concentrate on what it can deliver and avoid impression of casting about

- need expanded tool kit fitting clear framework (CHA) but allowing flexibility, improvisation and experimentation (e.g. home care)

- need to balance short-term (immediate) and longer-term needs

- dealing with residual impact of mismatch between government and public priority on 2000 Budget (i.e., taxes instead of health)

|| The public acknowledges the need to build a structure and system for the future, not just for today. BUT, the critical balance of action must be demonstrable in the here and now. To date, the federal government has not been able to demonstrate that it has such a plan. (There is nothing in this current research to contradict the relevance and applicability of the three-stream framework — supporting the core health care system, steering and innovation and modernization — developed on the strength of extensive ongoing quantitative and qualitative research.)

The new approach should stress more than the mechanical aspects of reform. There is a widely held view that the health care system must become more humanized. Perceived de-personalization of the system and a loss of focus on broader patient needs are recurring themes underscoring the deterioration belief. (community care and home care hit the mark, and are essential and demonstrable ingredients within any discussion of how to build a system for the future).

✓ Need to de-link operational/administrative aspects (e.g., e-records and reporting) from structural components (e.g., primary care and home care):

- best to present as parallel tracks

- if not, they are likely to be seen as trade-offs and be rejected

At this point, any action may well be positive, but requires ambitious communications to ensure that Canadians are aware:

sensitive balance required in message — it cannot be about taking credit , but likewise “Health Budget” of 1999 seemed to be largely missed (or seen to be inadequate)

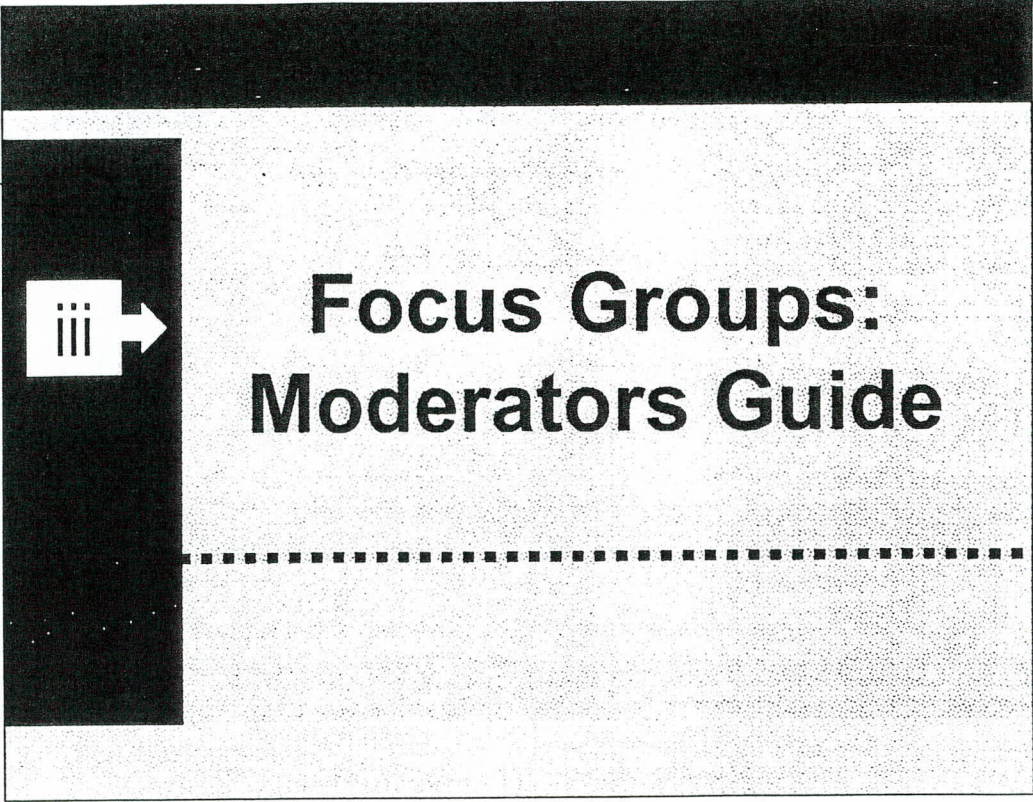
Strategic Questions

What are the unique expectations of the federal government beyond the general responsibilities it shares with other players?

Where will the public be next year? Are we responding to mercurial surface anxieties (necessary)? And how will this link to the relieving the long-term structural anxieties underlying the improbably rapid collapse of confidence?

Why the improbable/tenacious commitment to equal access in light of crisis level anxieties and recurring claims that privatization is a solution (even by trusted leaders such as Premier Klein in Alberta)?

What are the notions of change that embody the desire for continuity of equal access with the expectation for modernization and innovation?

The graphic features a dark grey background with a white horizontal bar at the top. On the left side, there is a vertical black bar containing a white square icon with three vertical bars and an arrow pointing right. To the right of this icon, the text "Focus Groups: Moderators Guide" is written in a bold, black, sans-serif font. A horizontal dashed line is positioned below the text.

**Focus Groups:
Moderators Guide**

May 12, 2000
Health Care Vision Study
Focus Groups: Draft Moderator's Guide

Introduction (10 minutes)

- Moderator explains purpose of the research.
- Explanation of format (ground rules)
- Moderator's role
- Participants introduce themselves

Warm Up: General Attitudes and Perceptions (25 minutes)

1ab 1. What type of thoughts/images comes to mind when you hear the term "health care system?" 1a

Do you see the health care system as a national program or do you see it as more of a province by province program? 1b

2a → c 2. How confident are you that you would be able to get access to the necessary health care services if you or a family member were to become ill? 2a

What about compared to the past, five years ago or so, is the quality of the system today better, worse, the same? 2b

Why? 2c

3ab 3. What would you say the strengths of the current system are? 3a

What about the weaknesses? 3b

4a → d 4. There has been a lot of talk about "renewal" of the health care system, or "modernizing" the health care system. When you come across terms like this what are your overall impressions? 4a

What does it mean to you? 4b

Is it a positive or negative thing/process? 4c

Is it a necessary process? 4d

5ab 5. What kinds of changes would you like to see in the health care system? 5a

What kind of things would have to happen for you to feel that the system has improved? 5b

Options for Reform/Renewal (50 minutes)

The federal government has said it is prepared to increase its funding for health care. And different people have put forward ideas about how this new investment might be used best to preserve and strengthen the publicly funded health care system for the future. I want to present you with a number of these ideas in no particular order and ask you to rank them in order of importance, with 1 being the most important and 10 being the least important. This is not a test, there are no right or wrong answers. I just want to get your views on how important each of these items is to you.

6 a → j
see Handout 1

Moderator distributes handout # 1 to participants and asks them to rank the ideas in order of importance and collects them at the end of this component of the group.

7 a → c

6. Overall, what did you think about these ideas? 7a

Did they address what you consider to be the serious problems with the health care system? 7b

Will they work? 7c

8 a → c

7. Again, thinking about all of these ideas as a group, are there any that really stand out from the others? 8a

Really bad or good ideas? 8b

Really clear or unclear ideas? 8c

9

8. Is there anything missing from the list that you think is important to add?

I want you to have a look at a second handout that presents a package of ideas that could be the basis of a plan. Once you have read the material I would like to get your impressions on how effective it would be.

10 a → e
see handout 2

Moderator distributes Handout #2 to participants.

11 a → e

9. What are your overall impressions of this package? 11a

Does it deal with the problems you see in the health care system? 11b

Does it seem too ambitious or too modest? 11c

Would measures like this give you greater confidence in the health care system? 11d

Compared to the previous list, what is missing that you think should be included? 11e

12a-g
10. There are a number of criticisms that might be made about these ideas. I want to present a few possible criticisms and get your sense of how believable or accurate they are.

Why spend money on things that will do nothing to fix the real problem with the system which is the amount of time it takes to get emergency medical treatment and surgery? 12a

If we continue to throw money at doctors and hospitals, we'll never get to the real causes of why people are requiring more health care services. 12b

The way to fix the system is to take pressure off by allowing people who can afford it to buy health services. 12c

Why doesn't the federal government stop wasting time on all these fancy sounding programs and just hand the money over to the provinces for them to fix the system? 12d

Why just hand over money to the provinces when we have no guarantee that they are going to fix the system? 12e

Process for Change (25 minutes)

We have spent a fair amount of time discussing WHAT could or should be done about health care. I want to move to another area that some people say is just as important, which is the process for making these changes.

13a-d
11. Who do you see as having the responsibility for reforming or fixing the health care system? a

Governments (federal, provincial, both) b

People working in the health care system c

The public d

14a-c
12. How well do you think the process is working? 14a

What are the problems? 14b

Why are things not moving ahead? 14c

15a-f
13. How likely is it that the federal government and provincial governments can agree on a plan? 15a

15b
And, what happens if they can't? Should the federal government move ahead anyway? 15c

Can it move on its own without the approval/co-operation of provincial governments? 15d

15e
What if the federal government could get deals with some provinces and not others? Should it proceed with those provinces that agree or wait until all provinces agree? 15f

Wrap Up (10 minutes)

The last thing I'd like to ask you to do is to repeat an exercise we did close to the start of tonight's group. I'll pass out copies of the ideas we talked about and have you rank them in order of importance. Please use the same scale with 1 being the most important and 10 the least

16a=j
Moderator distributes handout # 3 to participants and asks them to rank the ideas in order of importance and collects them before participants leave.

17
14. Before we finish, does anyone have something to add to what we have been discussing?

18
15. Questions or comments?

Thank you for your participation tonight.

Handout #1

Please rank the following in order of importance, with 1 being what you think is most important and 10 being the least important.

Some Ideas on How to Preserve and Strengthen the Health Care System for the Future

- ~~6a~~ 6a better patient access to modern medical technology, such as MRI machines _____ 6a
- ~~6b~~ 6b expanded use of health information technology for things like electronic patient records _____ 6b
- ~~6c~~ 6c increased health promotion activities, such as anti-smoking and fitness campaigns _____ 6c
- ~~6d~~ 6d improved access to family doctors and nurses, so that primary care is available 24-hours a day, seven-days a week _____ 6d
- 6e Expanded home and community care services so that people can get the care they need at home or close to home instead of extended hospital stays _____ 6e
- 6f improved access to medical specialists _____ 6f
- 6g expanded support for community health clinics to relieve pressure on hospital emergency rooms/wards _____ 6g
- 6h ensuring that adequate numbers of nurses, doctors and specialists are available right across the country _____ 6h
- 6i having governments cover the costs of prescription drugs _____ 6i
- 6j increased reporting to the public by governments and health care providers on the performance of the health care system _____ 6j

Handout #2

Please rank the following in order of importance, with 1 being what you think is most important and 10 being the least important.

Some Ideas on How to Preserve and Strengthen the Health Care System for the Future

- 10a Make doctors and nurses available 24-hours a day, seven days a week to help reduce pressure on emergency rooms _____
- 10b Put more money into diagnostic and treatment care, for example, MRI or cancer care to reduce waiting times _____
- 10c Implement electronic health records so patients don't have to keep giving their medical history or repeat diagnostic tests needlessly _____
- 10d Expand home care services so that patients can recover or rest at home instead of in the hospital _____
- 10e Increase reporting to the public by governments and health care providers on the performance of the health care system _____

Handout #3

Please rank the following in order of importance, with 1 being what you think is most important and 10 being the least important.

Some Ideas on How to Preserve and Strengthen the Health Care System for the Future

- 16a better patient access to modern medical technology, such as MRI machines _____
- 16b expanded use of health information technology for things like electronic patient records _____
- 16c increased health promotion activities, such as anti-smoking and fitness campaigns _____
- 16d improved access to family doctors and nurses, so that primary care is available 24-hours a day, seven-days a week _____
- 16e expanded home and community care services so that people can get the care they need at home or close to home instead of extended hospital stays _____
- 16f improved access to medical specialists _____
- 16g expanded support for community health clinics to relieve pressure on hospital emergency rooms/wards _____
- 16h ensuring that adequate numbers of nurses, doctors and specialists are available right across the country _____
- 16i having governments cover the costs of prescription drugs _____
- 16j increased reporting to the public by governments and health care providers on the performance of the health care system _____



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Report of National Health Care Survey

Outline: National Health Care Survey

- A. Objectives and Methodology**
- B. Trust and Confidence in Health Care System**
- C. Challenges facing the Health Care System**
- D. Federal – Provincial Relations in Health Care System**
- E. Approaching a Solution**
- F. Preliminary Conclusions**
- G. Additional Findings**
- H. Appendix: Annotated Survey Questionnaire**



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A. →

Objectives and Methodology

Objectives of the Research

- This research conducted in context of Federal-provincial discussions on health care system renewal
- Areas of inquiry include:
 - ✓ Public perceptions of current system
 - ✓ Measures of confidence in the current and prospective system
 - ✓ Testing public perceptions on the problems with the health care system
 - ✓ Identifying public expectations for respective federal-provincial roles in overall process of health care renewal
- Findings to be applied to Health Canada's ongoing development of strategic policy and communications



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Methodology

- **Telephone survey of the general public**
 - ✓ 1,210 completed interviews with a national random sample of Canadians 18 years of age and over
- **Interview period from June 8 to June 14, 2000**
- **Results valid within +/- 2.9 percentage points, 19 times out of 20**
 - ✓ The margin of error increases when the results are sub-divided
- **Data weighted along age, gender and regional lines**
- **Linked qualitative research phase conducted in May 2000**
 - ✓ 10 focus groups – Vancouver, Calgary, Mississauga, Quebec City, and Charlottetown



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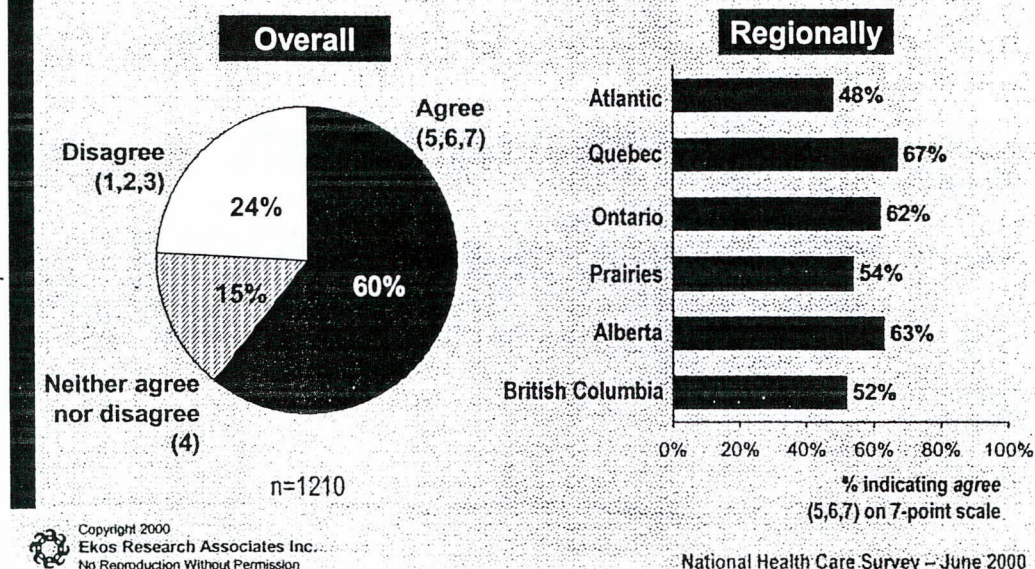
B.



Trust and Confidence in Health Care System

Confidence in Health Care System

"I'm confident that if I or a member of my family were to become seriously ill, we would be able to access the necessary health care services."



Overall, fairly positive views on ability to access necessary health care services. Acute anxiety about deterioration of health care system has not led to concerns of structural collapse (but without correction from current trajectory, that fear exists for the future).

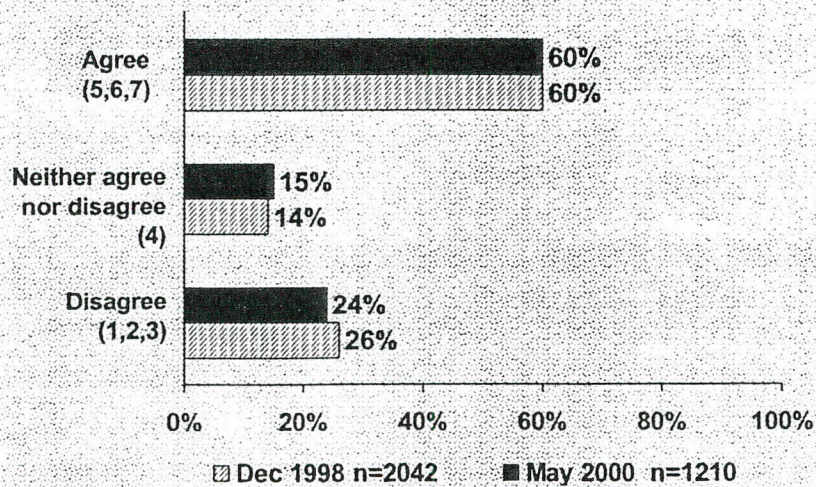
Results on this indicator mirror more positive first-hand experience scores. ✓

Fairly stable from a national point of view: no change since 1998. Ekos' survey of American households shows comparable to attitudes among Americans on same indicator.

Large and worrisome regional disparities in confidence (Atlantic, Prairies and British Columbia all significantly less confident). ✓

Tracking Confidence in Health Care System

"I'm confident that if I or a member of my family were to become seriously ill, we would be able to access the necessary health care services."



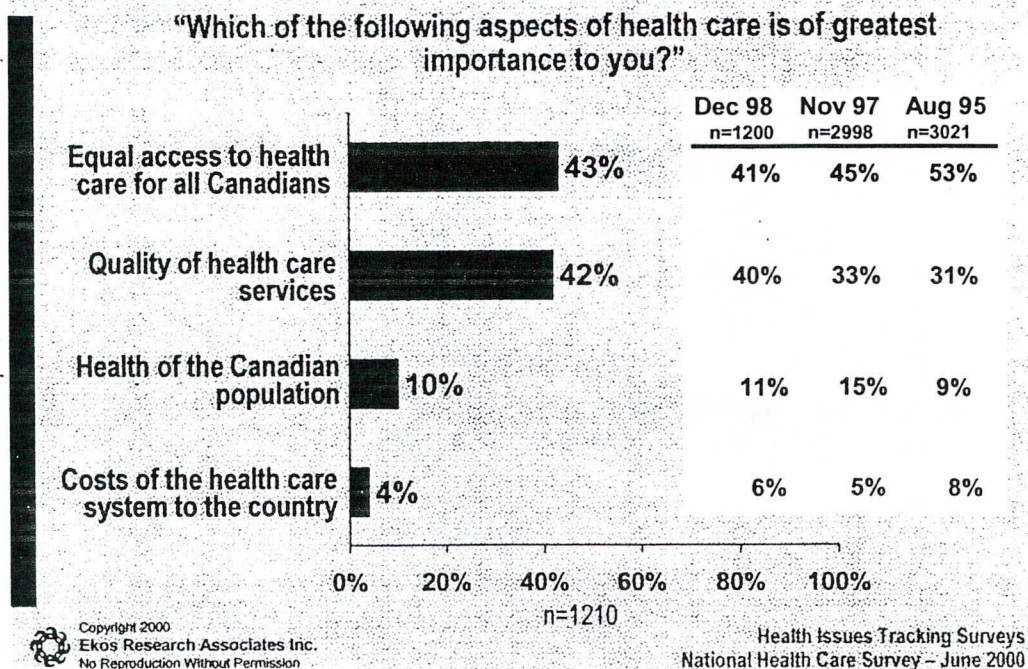
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Rethinking Government - December 1998
National Health Care Survey - June 2000

Stability of confidence highly noteworthy, especially in contrast with marked increase in sense of deterioration of system over the same period.

Important to understand that structural confidence and acute anxiety about the future can co-exist.

Tracking Priority Aspects of Health Care System



Overall stability of patterns is fairly impressive. Quality and equal access are the two ultimate principles.

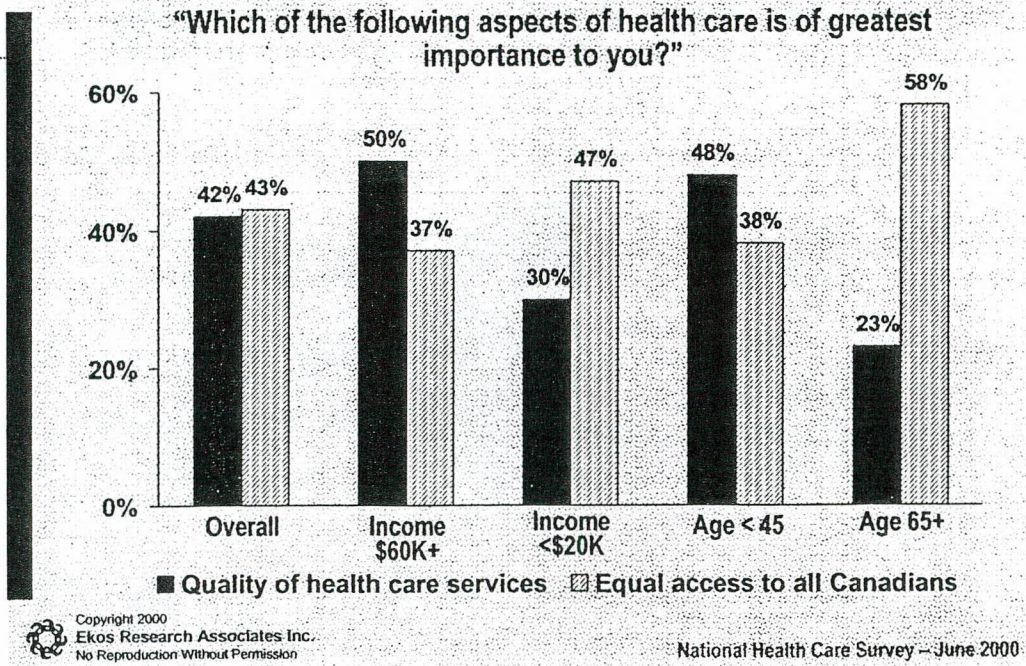
Concerns with quality have risen significantly since 1995 (+12 percentage points).

Equal access has declined correspondingly (-11 percentage points); concerns for equal access may not be dropping, rather concerns with quality becoming more prominent.

The strategic fulcrum of balancing quality and access has not produced shift to two-tier: public clearly see quality solutions elsewhere (i.e. within the framework of single-payer system).

Although small numbers it is crucial to note the steep decline (50%) in those selecting "costs" as crucial; this underlines the public's growing frustration with governments' inability/unwillingness to respond to their clear judgement that this area is financially under resourced.

Priority Aspects of Health Care System – demographic variations

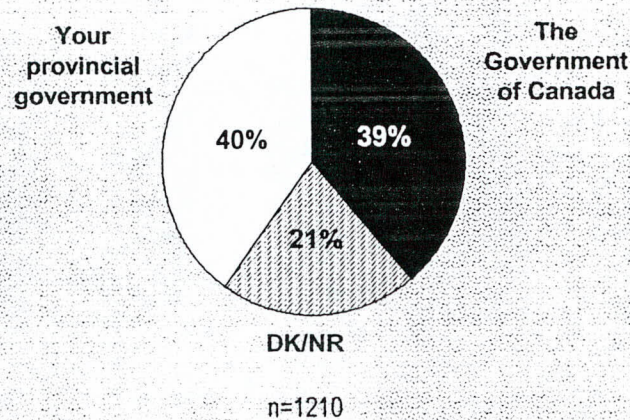


The national consensus on the twin principles of quality and equality shows major demographic and class cleavages.

Equal access is relatively more important amongst seniors and economically vulnerable.

Confidence in Protecting and Strengthening Health Care System

"When it comes to protecting and strengthening the health care system, would you say you have more confidence in your provincial government or in the Government of Canada?"



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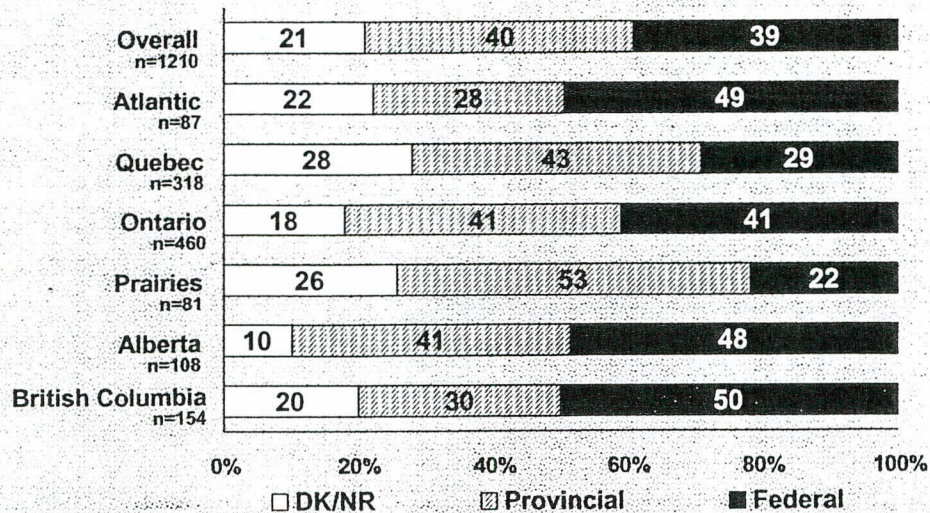
National Health Care Survey – June 2000

The public has a tough time answering this question (fully one in five do not know, which was not prompted by interviewer). The real answer is probably neither.

Both senior levels of government enjoy equal confidence/blame for the problem and this is a huge reversal of the erstwhile federal advantage.

Confidence in Protecting and Strengthening Health Care System – by region

“When it comes to protecting and strengthening the health care system, would you say you have more confidence in your provincial government or in the Government of Canada?”



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The data show significant regional effects with the Government of Canada faring poorest in Quebec and the Prairies. (Quebec's reversal of fortunes is recent but consistent with other research Ekos is conducting.)

The federal position is strongest in British Columbia, Atlantic and, notably, Alberta (post-Bill 11). Typically the federal government scores relatively poorly against Premier Ralph Klein's government.

High proportion of do not know responses in Quebec, Atlantic, the Prairies and British Columbia reflect ambiguity and instability.

Profiling Supporters of Government of Canada ✓

■ Respondents who indicate they have more confidence in the Government of Canada than in their provincial government are:

- ✓ More concerned by inadequate funding by governments
- ✓ More concerned by increasing demands on system from an ageing population
- ✓ More concerned by shortages of doctors, nurses and hospitals
- ✓ More fervently in support a strong national publicly-funded system
- ✓ More likely to want the federal government to **protect equal access** rather than partner with the provinces
- ✓ More likely to think the federal government's role is to protect equal access rather than provide funding to the provinces
- ✓ Less keen on providing funding to the provinces – with no strings attached
- ✓ More likely to be university-educated (especially graduate degree)

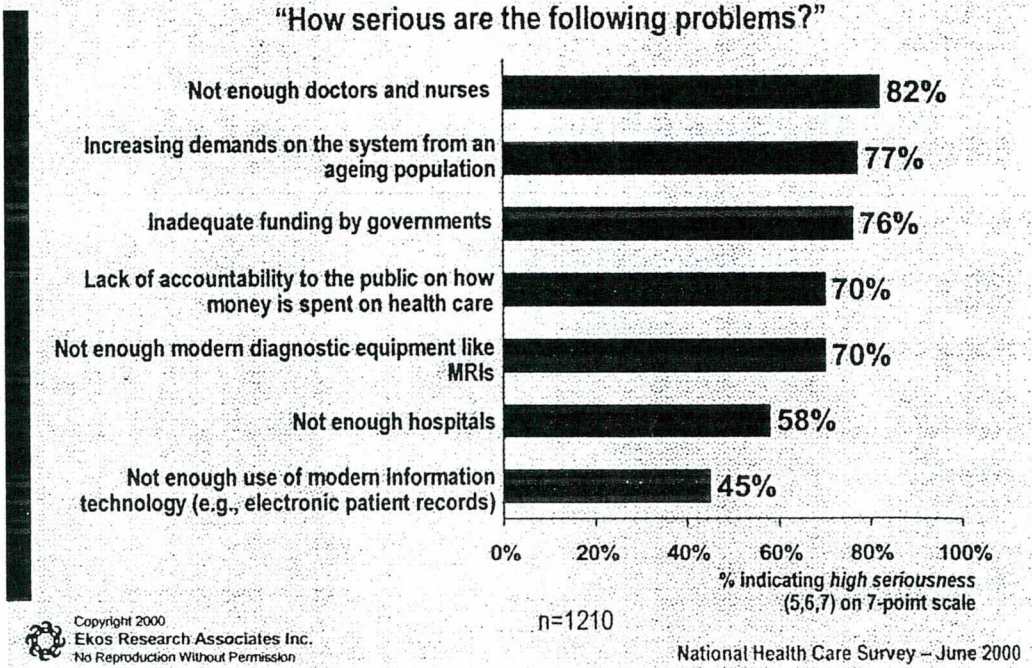


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C. →

Challenges Facing the Health Care System

Problems Facing the Health Care System



Clear, and dominant, concerns with supply of health professionals, aging and funding.

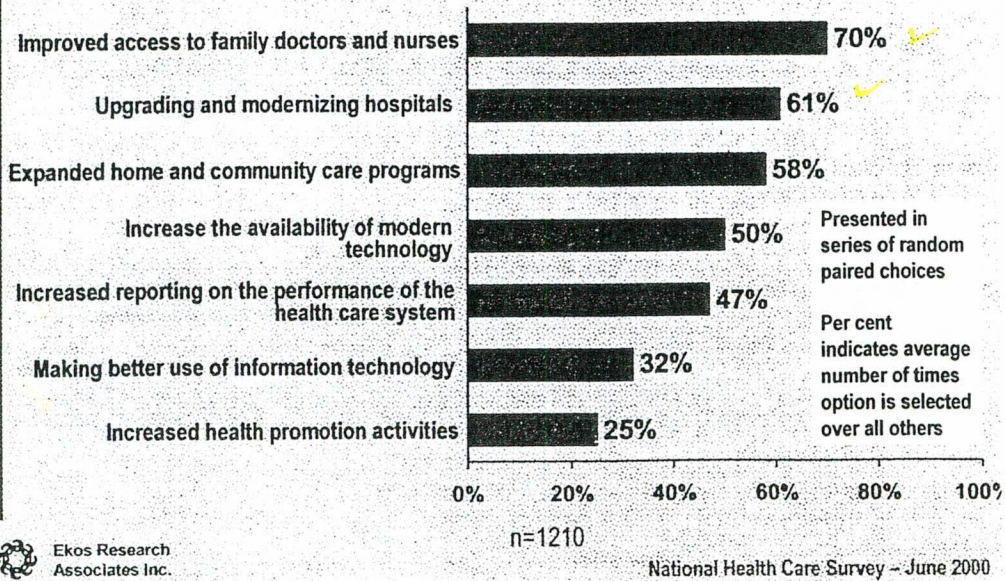
Accountability and technology are also important second tier issues.

Relatively low scores for “bricks and mortar” may show acceptance of need for shift from sole focus on primary care.

Information technology is not in the race (yet). This will change.

Prime Minister for a Day

"If you were Prime Minister for a day and had an additional \$1 billion to invest in health care, which would be in the best interest of the public?"



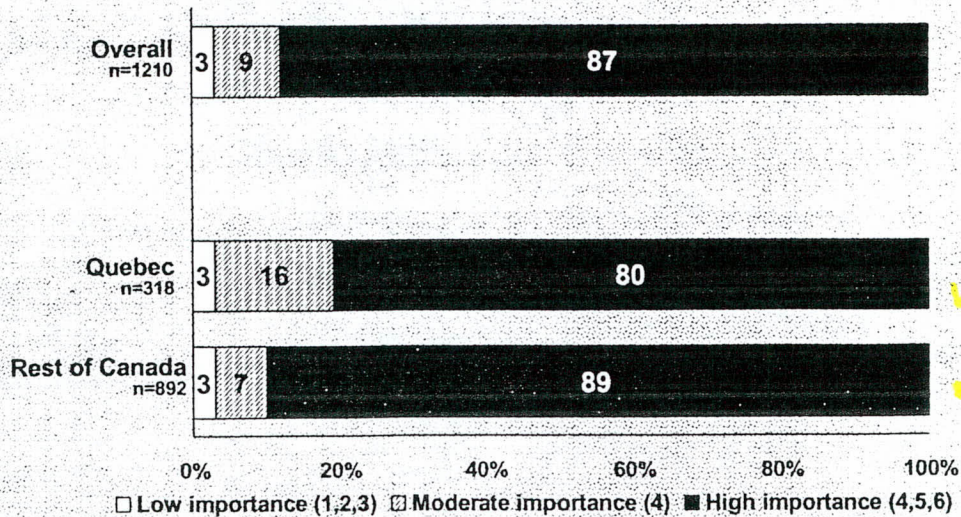
Professionals finish at top of trade-off exercise, but modernizing existing hospital (contrasted to "bricks and mortar" in previous battery) does better.

Home and community care continues to score well (the best form of innovation).

Longer-term prevention and information technology not seen in the same league: although there is support for these, too; but not as centrepieces of renewal.

Importance of Strong National System

"How important is it to you to have a strong national system of publicly-funded health care?" ✓



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National Health Care Survey – June 2000

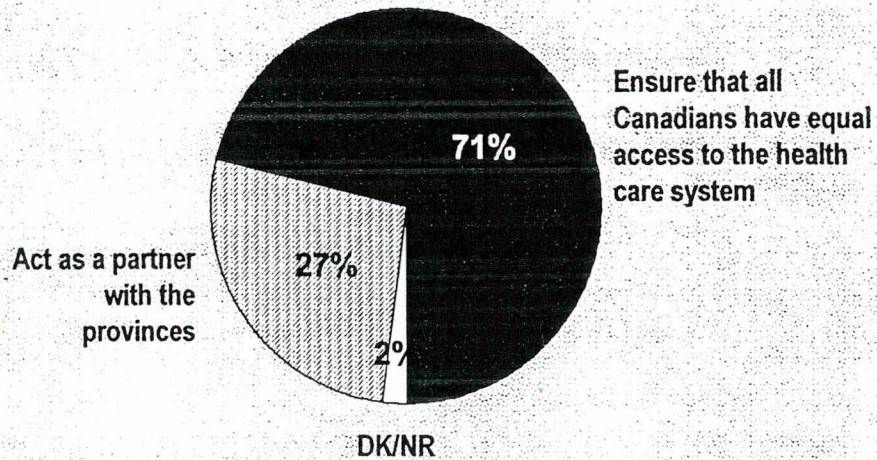
Only 3 per cent think a strong national system of publicly funded health care is not important. Enough said.

D. →

Federal – Provincial Relations in Health Care System

Role of Federal and Provincial Governments

"If there is a conflict between working as a partner and ensuring access to health care, which would you prefer the Government of Canada do?"



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n=1210

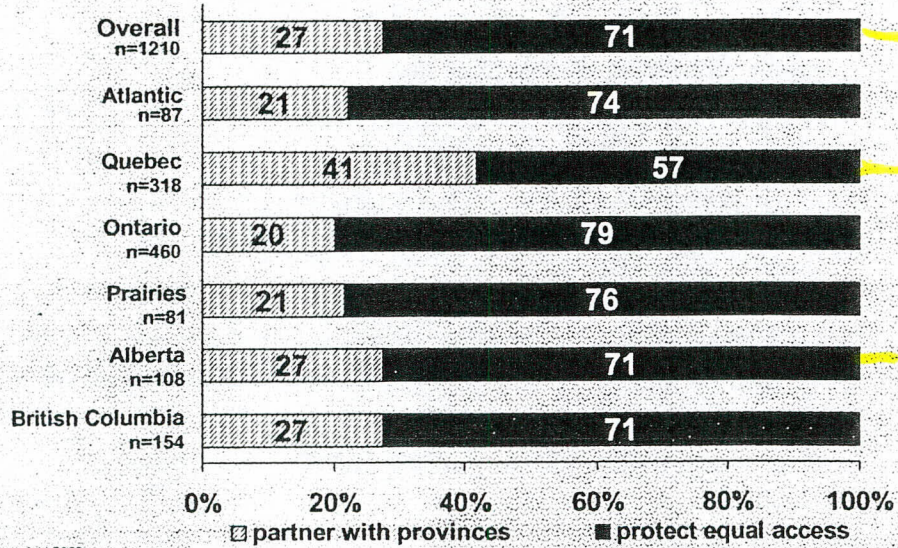
National Health Care Survey – June 2000

In the public's view, partnership yes, but not if co-operation fails. Quebec different on this point, although the majority there also leans towards protecting equal access. ✓

The federal government's franchise remains equal access and national standards. ✓

Role of Federal and Provincial Governments – by region

"If there is a conflict between working as a partner and ensuring access to health care, which would you prefer the Government of Canada do?"



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Profiling Equal Access Supporters

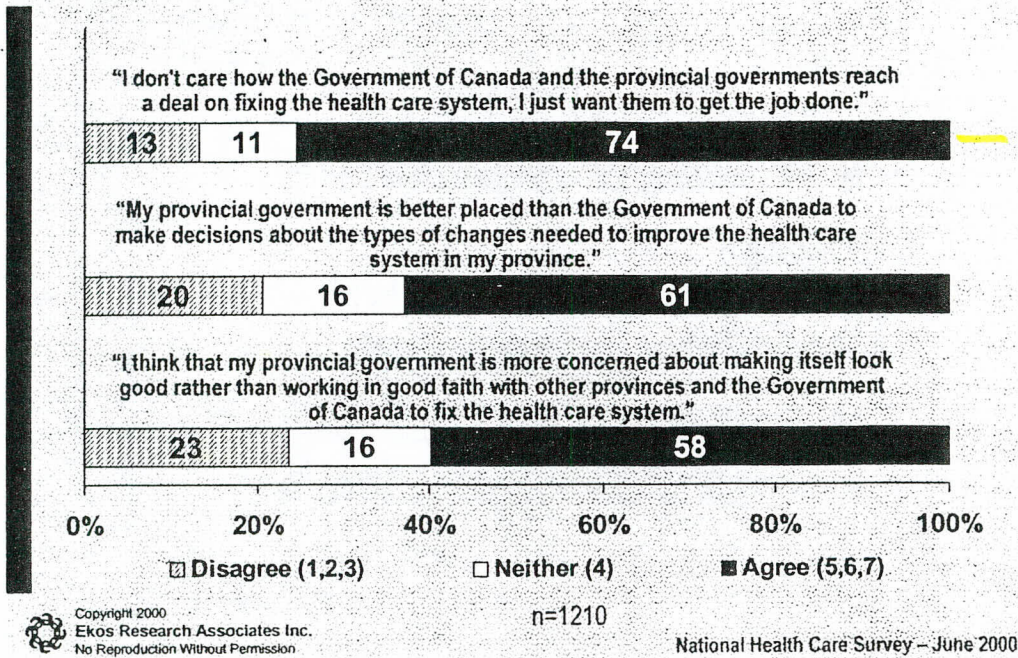
■ Respondents who indicate they would prefer the federal government protect equal access rather than partner with the provinces are:

- ✓ Represented by more women than men
- ✓ More confident in the Government of Canada than in their provincial government concerning health care
- ✓ More concerned by inadequate funding by governments
- ✓ More concerned by shortages of doctors, nurses and hospitals
- ✓ More fervently in support a strong national publicly-funded system
- ✓ Less likely to think their provincial government is better placed than the Government of Canada to make decisions to improve the health care system
- ✓ Less keen on providing funding to the provinces – with no strings attached
- ✓ More likely to have greater exposure to primary health care system



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Federal and Provincial Relations in Addressing the Health Care System

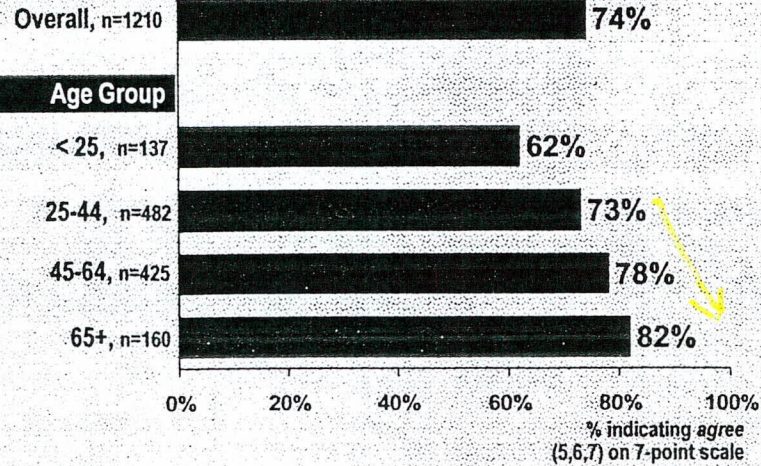


Clear majority "just want them to get the job done." In context of the overwhelming priority placed on health care by the public, this result appears to be surprisingly low.

Provincial governments seen to be better placed, but overall evidence suggests that federal government also has a role.

Striking a Deal – demographic variations

"I don't care how the Government of Canada and the provincial governments reach a deal on fixing the health care system, I just want them to get the job done."



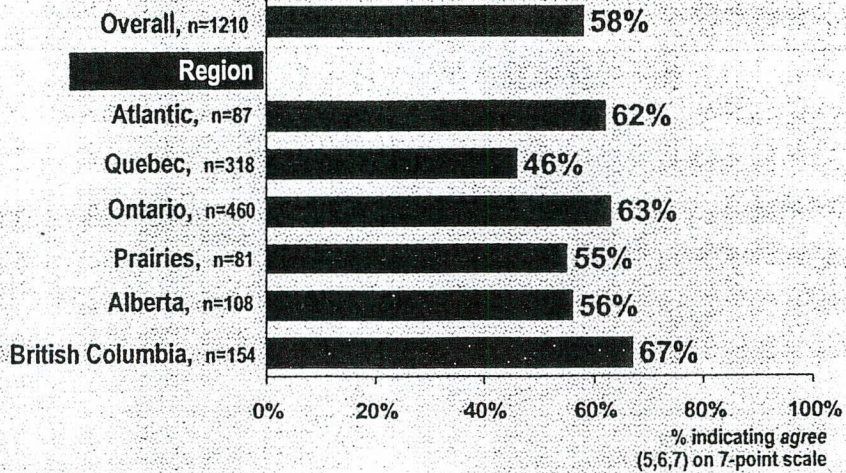
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Anxiety and impatience rise with age and self-interest. ✓

Governments Working in Good Faith – regional variations

“I think that my provincial government is more concerned about making itself look good rather than working in good faith with other provinces and the Government of Canada to fix the health care system.”



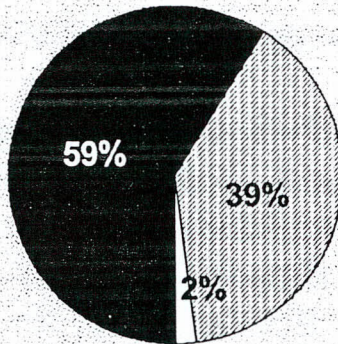
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Role of Federal Government

"Which view is closest to your own?"

The Government of Canada's role in the health care system includes more than helping the provinces pay for the system. The Government of Canada should also ensure that all Canadians, no matter where they live, have access to similar levels of health care services



The Government of Canada's role in the health care system is to give money to provincial governments to help cover the costs of provincial health care systems

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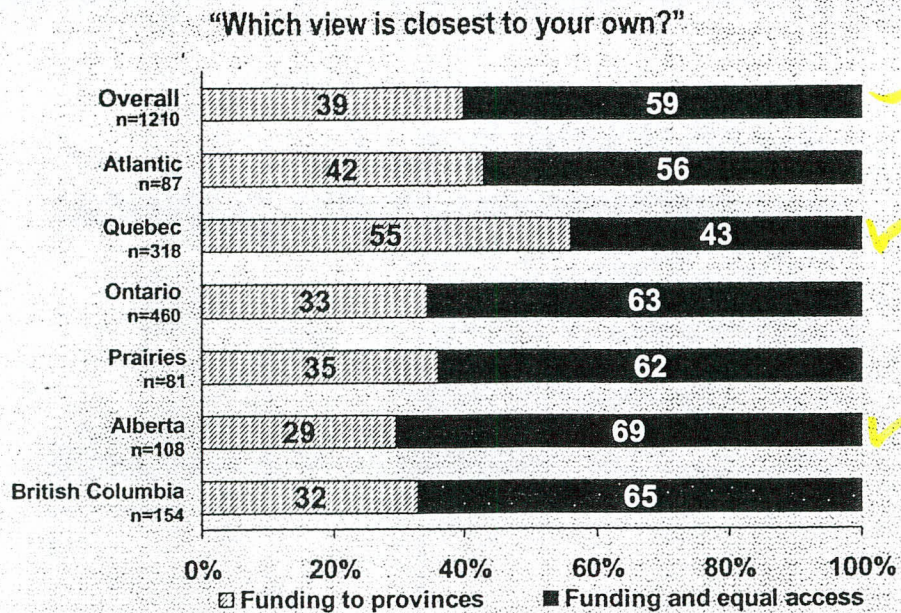
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National Health Care Survey - June 2000

|| Clear lean towards championing role for federal government on equal access, but also significant minority support for "hold nose (and bite tongue) and send money" approach by federal government.

This indicator is not a sufficient basis to declare strong consensus on this point beyond the rough majority lean here. Quebec is clearly the "outlier" even within the modest consensus.

Role of Federal Government – by region



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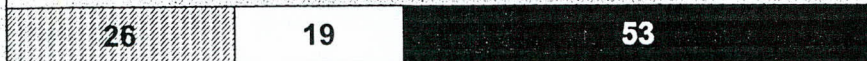
The Alberta result is worth watching within the context of Bill 11. Other evidence in survey suggests room to strengthen the federal position in this province.

Settling Federal and Provincial Differences

"I think the Government of Canada and the provincial governments **SHOULD** be able to put aside whatever differences they might have among themselves and reach an agreement on a common approach for strengthening the health care system."



"I think the Government of Canada and the provincial governments **WILL** be able to put aside whatever differences they might have among themselves and reach an agreement on a common approach for strengthening the health care system."



0% 20% 40% 60% 80% 100%

Disagree (1,2,3)
 Neither (4)
 Agree (5,6,7)

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n=1210

National Health Care Survey – June 2000

Once again, we see a profound between the public's desire for the federal and provincial governments to work together to fix the health care system and expectations that such a situation will come to fruition.

E. →

Approaching a Solution

Reasons for a Common Health Care Approach

"How important is...for a common health care approach?"*

Preserving the health care system for the future by preparing for longer-term challenges facing the health care system



Providing Canadians with comparable health care services no matter where they live



Ensuring that Canadians can move from one province to another knowing that they will be able to get the health care services they need



Allowing governments to move forward at about the same rate with improvements to the health care system.



0% 20% 40% 60% 80% 100%

Disagree (1,2,3) Neither (4) Agree (5,6,7)

n=1124

* Question was asked of those who think the Government of Canada and the provincial governments SHOULD reach an agreement.

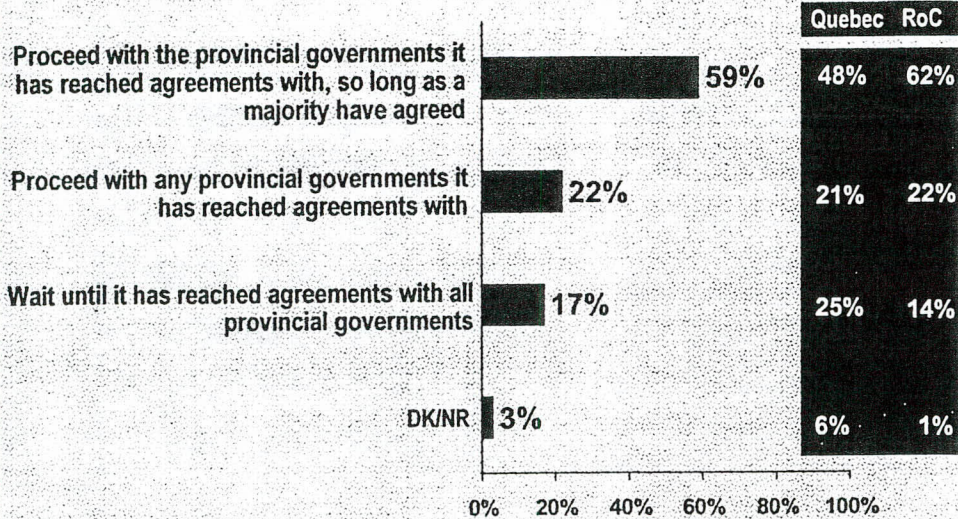
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National Health Care Survey – June 2000

Crucial rationale for building a common approach to health care built around preservation for the future, comparability and mobility. Impressive consensus.

Preferred Approach for the Government of Canada

"Which would be the best way for the Government of Canada to proceed?"



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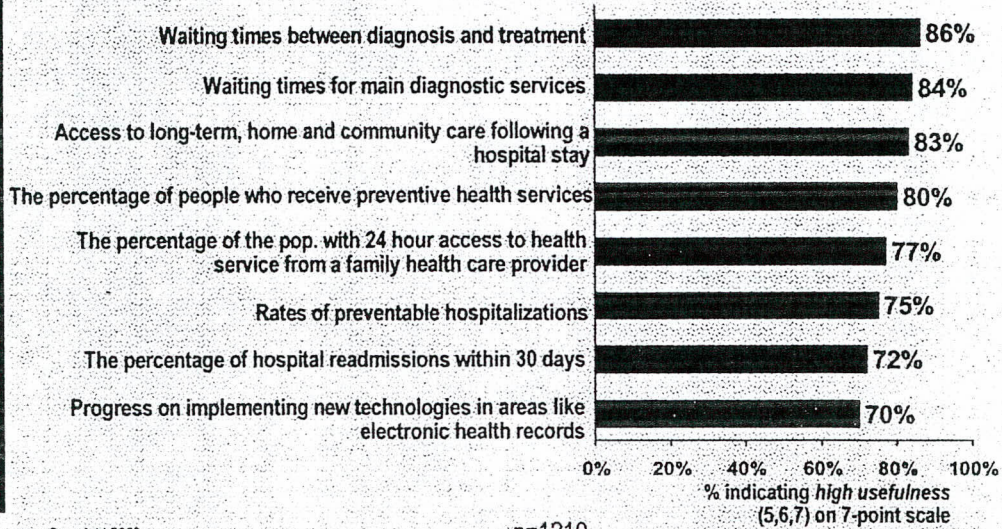
Canadians are seeking a practical, reasonable solution and not federal-provincial purity.

One-off, bilateral deals are unacceptable to most.

On a regional basis, consistent overall pattern exists. Quebec less comfortable with "majority option" than is the rest of Canada (although roughly one in two Quebecers are O.K. with this approach) and more attracted to the "all" or none option.

Performance Measures in the Health Care System

“How useful would comparing each of the following from one year to the next be in measuring the progress of the health care system?”



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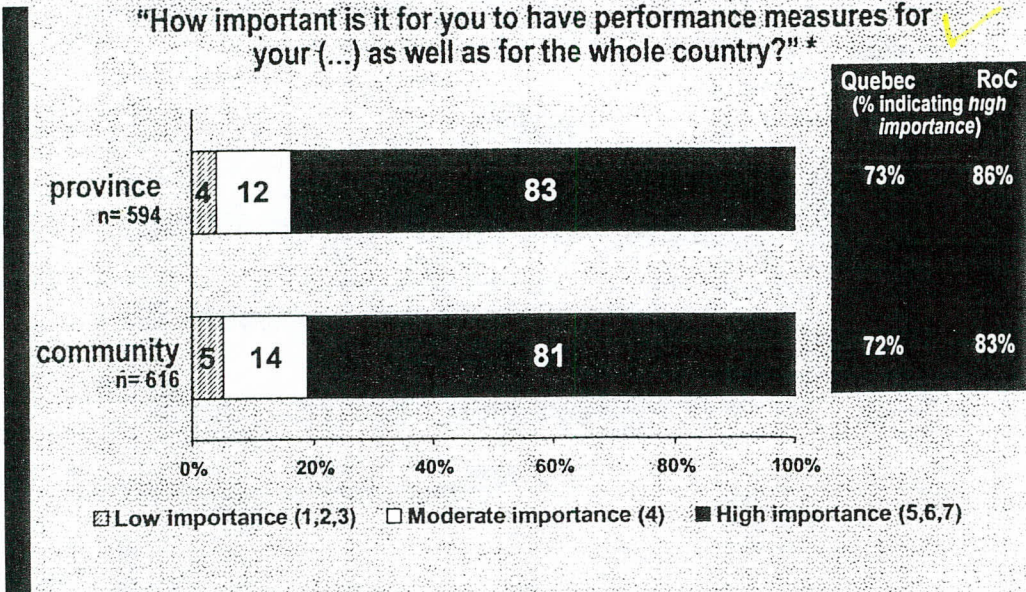
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National Health Care Survey – June 2000

Ranking of performance measure reflects the hierarchy of broader concerns and preferences for investment. ✓

Curious as to how “funding reports” would have fared in this exercise.

Importance of Performance Measures



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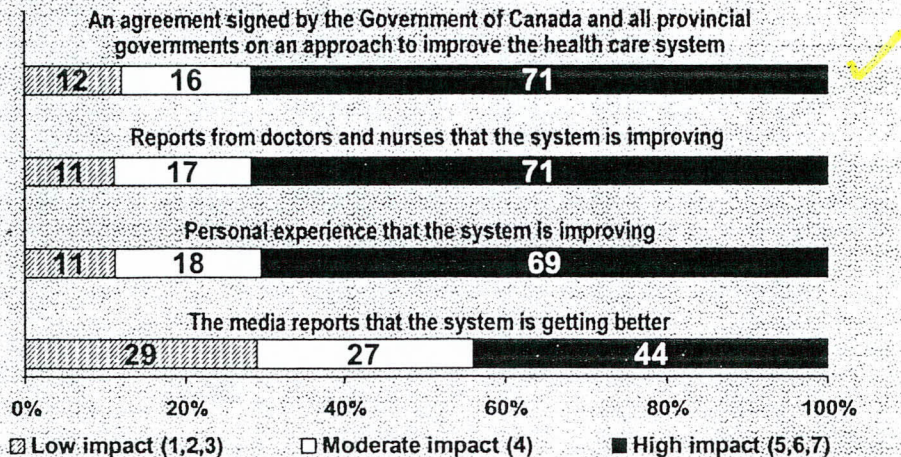
*Note: question asked in a half sample rotation

National Health Care Survey – June 2000

Broad and impressive support for the reporting concept from top down to provincial and local level.

Impact on Level of Confidence in Health Care System

"Thinking about your own personal level of confidence in the health care system and what it would take for your confidence to be increased, what impact would each of the following have on your level of confidence?"



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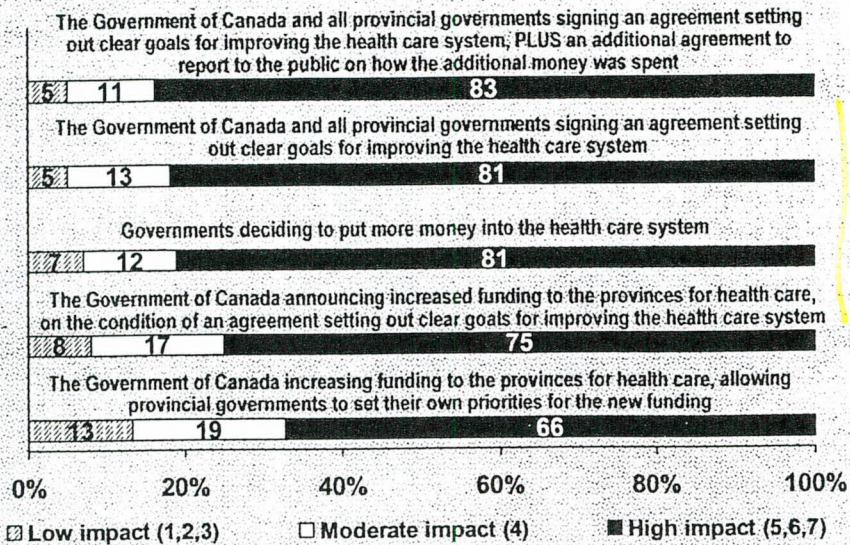
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National Health Care Survey - June 2000

Government action, validation by nurses and doctors and personal experience are clearly the acid test for confidence boost. Important to note that boost is likely linked to a combination of all three and each is unlikely to occur simultaneously (more likely sequentially), which has implications for short-term "pay off" of government action.

Effect of Government Measures on Level of Confidence in Health Care System

"Impact of (...) on your confidence in the health care system"



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National Health Care Survey – June 2000

This battery provides an imperfect test of the public's adjudication of the various permutations, which are somewhat blurred. But, the most attractive package appears to be: (1) funding; (2) agreement on goals; and (3) reporting.

Agreement on goals (alone) and money (alone) generate the same impact.

Both "conditions and "provincial freedom" version fare worse.



Preliminary Conclusions

Conclusions (a)

- Little shift, high anxiety, high impatience with current status of health care system ✓
- Anxieties do not equal collapse of structural confidence, but sense that this may come if plan, changes and money do not
- Continued erosion of the federal government's position, but no winners
 - ✓ Both senior levels of government suspect in the public's mind
- Public not ready to "just" accept dollars after this much wait/anxiety ✓
 - ✓ Funding crucial but not sufficient
 - ✓ Declining concerns with fiscal prudence arguments
- Main threats to the health care system
 - ✓ Scarcity of human resources (nurses and doctors) ✓
 - ✓ Increasing demands (aging population)
 - ✓ Inadequate funding



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Conclusions (b)

- **Support for equal access, national system, public funding, and comparability all robust**
- **Little growth in acceptance of two-tier despite:**
 - ✓ Quality now matches equal access as most important aspect of health care system (the two outstrip all other principles)
 - ✓ No happy consensus (except for need for more resources (especially human resources) and possibly a national system)
- **Strong demographic divisions on quality (higher importance for higher income and younger Canadians) vs. equal access (higher importance for lower income and older Canadians) and enforcer vs. provincial freedom**
- **Federal franchise is national, equal access, public system**
 - ✓ No friction free path (but strong majority constituency)

Conclusions (c)

- **Investment priorities led by professionals and modernizing primary care** ✓
 - ✓ Home and community care seen as best innovations
 - ✓ Other options (e.g. prevention and info technology) are O.K. but not as centrepiece of renewal
- **Performance measures good and important top down to local**
- **Most resonant measures focused on top areas of insecurity and change for the future**
- **Government action, validation by nurses and doctors and personal experience are clearly the acid test for confidence boost.**
- **Crucial rational for building a common approach to health care built around preservation for the future, comparability and mobility**
- **Canadians are seeking a practical, reasonable solution and not federal-provincial purity**
 - ✓ But one-off, bilateral deals are unacceptable to most

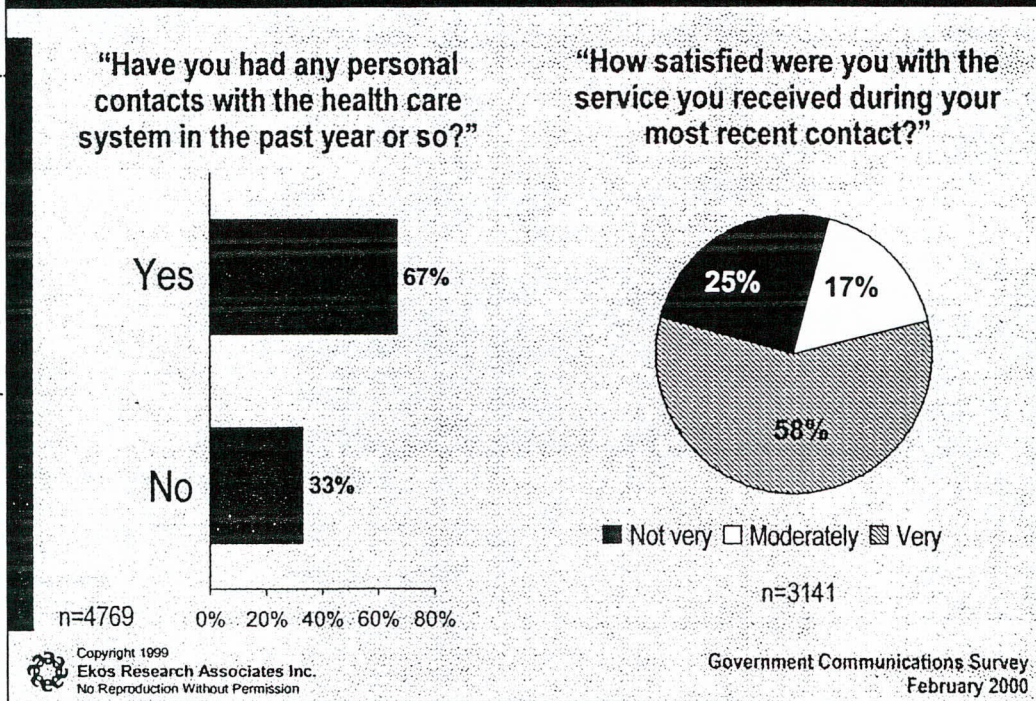


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G. →

Additional Findings

Contact and Satisfaction



Two out of three Canadians indicate that they have had personal contact with the health care system in the past year. The proportion is higher among women (72 per cent), Canadians over the age of 65 (71 per cent) as well as respondents with a college or university-level education (72 per cent).

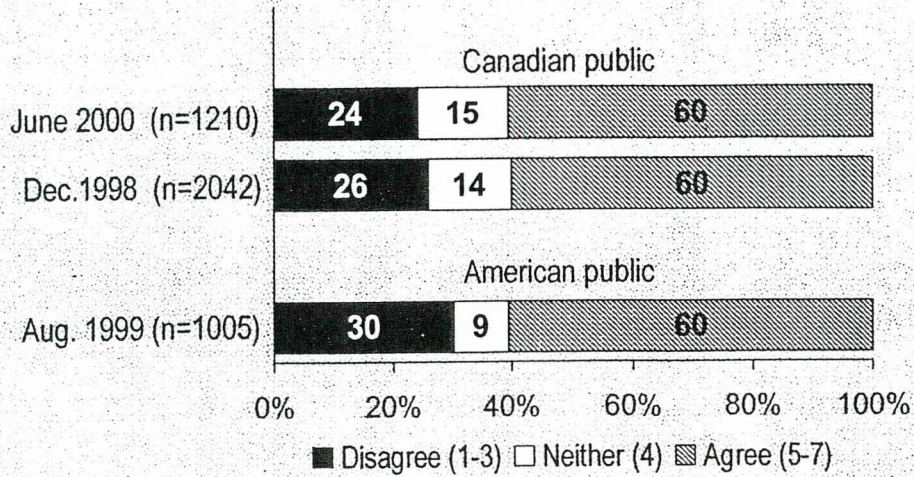
Regionally, respondents from Quebec (60 per cent) and from rural areas of Canada (62 per cent) have had a lower rate of contact with the health care system in the past year.

The majority of respondents who have had personal contact with the health care system report being very satisfied with the service they received (58 per cent) while one in four report low satisfaction.

Satisfaction is highest among respondents from British Columbia, respondents over the age of 65 and among men. Respondents from Ontario, Canadians with higher household incomes, as well as respondents with low economic security express higher rates of dissatisfaction with the services they received during their most recent contact with the health care system.

Accessing Health Care - Canada/U.S. Comparison

"I'm confident that if I or a member of my family were to become seriously ill, we would be able to access the necessary health care services."



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National Health Care Survey - June 2000, Rethinking Government - Dec 1998,
U.S. Benchmark Survey

H. →

Appendix: Annotated Survey Questionnaire

National Health Care Survey

Hello, my name is...and I work for Ekos Research Associates. We are conducting a survey on behalf of the Government of Canada concerning the views of Canadians 18 years of age and older, on several important issues in the news today. This survey is an opportunity to express your views to the government on major national issues. The interview is totally voluntary and all of your responses will be kept completely confidential. May I begin?

@intro

1- Continue, SHIFT + ? to terminate

INTRO

see screen

Continue 1

ROT1

=> * if IF((ROT1==0),TRC(RAN(1,2.99999999)),ROT1)

rot for Q13

province 1

community 2

SEX

DO NOT ASK

Record gender of respondent

Male 1

Female 2

INFO

Many of the questions in the survey require that you answer by choosing a number on a 7-point scale, where 1 usually means very negative, 7 means very positive, and the mid-point 4 means somewhere in the middle. If you wish to provide additional comments on any of the issues covered in the survey, I can record them at the end of the survey.

PRQ1

Please indicate how much you agree or disagree with the following statement, using a 7-point scale where 1 means strongly disagree, 7 means strongly agree, and the mid-point 4 means neither agree nor disagree.

Q1

I'm confident that if I or a family member were to become seriously ill, we would be able to access the necessary health care services.

1 Strongly disagree	7%	Mean = 4.75
2	6%	Std dev. = 1.80
3	11%	
4 Neither	15%	
5	21%	
6	19%	
7 Strongly agree	20%	
DK/NR	1%	

Unweighted n = 1210

Q2

Which of the following aspects of health care is of greatest importance to you?

Rotation => 4

1 Quality of health care service	42%	
2 Costs of the health care system to the country	4%	
3 Health of the Canadian population		10%
4 Equal access to health care for all Canadians	43%	
(DO NOT READ) DK/NR		1%

Unweighted n = 1210

Q3

When it comes to protecting and strengthening the health care system, would you say that you have more confidence in your provincial government or in the Government of Canada?

1 Provincial government	40%
2 Government of Canada	39%
9 DK/NR	21%

Unweighted n = 1210

A₉ → g

PRQ4

Thinking about today's health care system, how serious a problem do you think each of the following poses for the health care system? Please respond using a 7-point scale where 1 means not at all serious, 7 means extremely serious, and the mid-point 4 means moderately serious.

Q4A

Rotation => Q4G

How serious a problem is Inadequate funding by governments for the health care system?

1 Not at all serious	2%	Mean = 5.63
2	2%	Std dev. = 1.49
3	4%	
4 Moderately serious	14%	
5	14%	
6	24%	
7 Extremely serious	37%	
9 DK/NR	2%	

Unweighted n = 1210

Q4B

How serious a problem is Increasing demands on the system resulting from an ageing population for the health care system?

1 Not at all serious	1%	Mean = 5.54
2	2%	Std dev. = 1.36
3	4%	
4 Moderately serious	14%	
5	21%	
6	26%	
7 Extremely serious	30%	

9DK/NR

Unweighted n = 1210

Q4C

How serious a problem is Not enough doctors and nurses for the health care system?

1 Not at all serious	2%	Mean = 5.88
2	1%	Std dev. = 1.43
3	3%	
4 Moderately serious	10%	
5	14%	
6	21%	
7 Extremely serious	47%	
9 DK/NR	1%	

Unweighted n = 1210

Q4D

How serious a problem is Not enough hospitals for the health care system?

1 Not at all serious	6%	Mean = 4.86
2	7%	Std dev. = 1.84
3	10%	
4 Moderately serious	18%	
5	15%	
6	17%	
7 Extremely serious	26%	
9 DK/NR	1%	

Unweighted n = 1210

Q4E

How serious a problem is Lack of accountability to the public on how money is spent on health care for the health care system?

1 Not at all serious	2%	Mean = 5.38
2	3%	Std dev. = 1.52
3	5%	
4 Moderately serious	19%	
5	19%	
6	19%	
7 Extremely serious	32%	
9 DK/NR	2%	

Unweighted n = 1210

Q4F

How serious a problem is Not enough modern diagnostic equipment like MRIs for the health care system?

1 Not at all serious	2%	Mean = 5.38
2	3%	Std dev. = 1.54
3	5%	
4 Moderately serious	15%	
5	19%	
6	22%	
7 Extremely serious	29%	
9 DK/NR	4%	

Unweighted n = 1210

Q4G

How serious a problem is Not enough use of modern information technology (e.g., electronic patient records) for the health care system?

1 Not at all serious	4%	Mean = 4.52
2	6%	Std dev. = 1.57
3	9%	
4 Moderately serious	28%	
5	19%	
6	13%	
7 Extremely serious	12%	
DK/NR	8%	

Unweighted n = 1210

TRAD1

TRAD2

TRAD3

If you were Prime Minister for a day and had an additional \$1 billion to invest in health care, which of the following two choices would you pick as the best way to improve or strengthen Canada's publicly-funded health care system?

5

Elimination => 7 (NOT XFR1A NOT XFR1B)

- 1 Increase the availability of modern technology, such as MRI and other diagnostic equipment 50%
- 2 Making better use of information technology to improve the management of the system, through such practices as electronic patient records 35%
- 3 Increased health promotion activities, such as anti-smoking and fitness campaigns 26%
- 4 Improved access to family doctors and nurses, so that primary care is available 24 hours a day, 7 days a week outside emergency rooms 66%
- 5 Expanded home and community care services 57%
- 6 Increased accountability to the public by governments and health care providers on the performance of the health care system 52%
- 7 Upgrading and modernizing hospitals 50%
- 99 (DO NOT READ) DK/NR

Q5

How important is it to you to have a strong national system of publicly-funded health care? Please respond using a 7-point scale where 1 means not at all important, 7 means extremely important, and the mid-point 4 means moderately important.

6

- 1 Not at all important 1% Mean = 6.18
- 2 1% Std dev. = 1.25
- 3 1%
- 4 Moderately important 9%
- 5 10%
- 6 18%
- 7 Extremely important 59%
- 9 DK/NR 1%

Unweighted n = 1210

7ab split 7a

Most Canadians would prefer that the Government of Canada work as a partner with the provinces in the area of health care. Most Canadians would also want the Government of Canada to ensure that all Canadians, no matter where they live, have timely access to the health care services they need. If there is a conflict between working as a partner and ensuring access to health care, which would you prefer the Government of Canada do? Act as a partner with the provinces or ensure that all Canadians have equal access to the health care system?

- 1 - Partner with provinces
- 2 - Protect equal access
- 9 - DK/NR

Q6

7b

If there is a conflict between working as a partner and ensuring access to health care, which would you prefer the Government of Canada do? Act as a partner with the provinces or ensure that all Canadians have equal access to the health care system? (see screen)

- 1 Partner with provinces 27%
- 2 Protect equal access 71%
- 9 DK/NR 2%

Unweighted n = 1210

PRQ7

8a7c

Please indicate how much you agree or disagree with each of the following statements, using a 7-point scale where 1 means strongly disagree, 7 means strongly agree, and the mid-point 4 means neither agree nor disagree.

Q7A

8a

I think that my provincial government is more concerned about making itself look good rather than working in good faith with other provinces and the Government of Canada to fix the health care system

- 1 Strongly disagree 9% Mean = 4.86
- 2 6% Std dev. = 1.99
- 3 8%
- 4 Neither 16%
- 5 15%
- 6 13%
- 7 Strongly agree 30%
- 9 DK/NR 3%

Unweighted n = 1210

Q7B

My provincial government is better placed than the Government of Canada to make decisions about the types of changes needed to improve the health care system in my province

1 Strongly disagree	9%	Mean = 4.90
2	4%	Std dev. = 1.88
3	6%	
4 Neither	16%	
5	18%	
6	20%	
7 Strongly agree	24%	
9 DK/NR	3%	

Unweighted n = 1210

Q7C

I don't care how the Government of Canada and the provincial governments reach a deal on fixing the health care system, I just want them to get the job done

1 Strongly disagree	5%	Mean = 5.58
2	4%	Std dev. = 1.80
3	4%	
4 Neither	11%	
5	12%	
6	16%	
7 Strongly agree	46%	
9 DK/NR	1%	

Unweighted n = 1210

Which of the following two views is closest to your own?

- 1 - The Government of Canada's role in the health care system includes more than helping the provinces pay for the system. The Government of Canada should also ensure that all Canadians, no matter where they live, have access to similar levels of health care services
- 2 - The Government of Canada's role in the health care system is to give money to provincial governments to help cover the costs of provincial health care systems
- 9 - (DO NOT READ) DK/NR

10a

Q8

Which of the following two views is closest to your own? (see screen)

- 1 The Government of Canada's role includes ensuring that all Canadians have access to similar levels of health care services 59%
- 2 The Government of Canada's role in the health care system is to give money to provincial governments 39%
- 9 DK/NR 2%

Unweighted n = 1210

PRQ9

Please indicate how much you agree or disagree with each of the following statements, using a 7-point scale where 1 means strongly disagree, 7 means strongly agree, and the mid-point 4 means neither agree nor disagree.

10ab

10a

Q9A

Rotation => Q9B

I think the Government of Canada and the provincial governments SHOULD be able to put aside whatever differences they might have among themselves and reach an agreement on a common approach for strengthening the health care system

- | | | |
|---------------------|-----|-----------------|
| 1 Strongly disagree | 1% | Mean = 6.32 |
| 2 | 1% | Std dev. = 1.10 |
| 3 | 1% | |
| 4 Neither | 4% | |
| 5 | 11% | |
| 6 | 21% | |
| 7 Strongly agree | 61% | |
| 9 DK/NR | 0% | |

Unweighted n = 1210

10b

Q9B

I think the Government of Canada and the provincial governments WILL be able to put aside whatever differences they might have among themselves and reach an agreement on a common approach for strengthening the health care system

- | | | |
|---------------------|-----|-----------------|
| 1 Strongly disagree | 7% | Mean = 4.61 |
| 2 | 7% | Std dev. = 1.81 |
| 3 | 12% | |
| 4 Neither | 19% | |
| 5 | 20% | |
| 6 | 13% | |
| 7 Strongly agree | 20% | |
| 9 DK/NR | 2% | |

Unweighted n = 1210

PRQ10

=> Q11 if NOT Q9A=#5-#7

VQa → ↓

In your view, how important are each of the following as reasons for having a common approach for strengthening the health care system? Please respond using a 7-point scale where 1 means not at all important, 7 means extremely important, and the mid-point 4 means moderately important.

Q10A ka

Rotation => Q10D

How important is Ensuring that Canadians can move from one province to another knowing that they will be able to get the health care services they need for a common health care approach?

1 Not at all important	1%	Mean = 6.41
2	0%	Std dev. = 1.02
3	1%	
4 Moderately important	5%	
5	8%	
6	19%	
7 Extremely important	66%	
9 DK/NR	0%	

Unweighted n = 1210

Q10B llb

How important is Preserving the health care system for the future by preparing for longer-term challenges facing the health care system for a common health care approach?

1 Not at all important	0%	Mean = 6.35
2	0%	Std dev. = 0.95
3	0%	
4 Moderately important	5%	
5	11%	
6	24%	
7 Extremely important	59%	
9 DK/NR	1%	

Unweighted n = 1210

11c
Q10C

How important is Allowing governments to move forward at about the same rate with improvements to the health care system for a common health care approach?

1 Not at all important	1%	Mean = 5.85
2	0%	Std dev. = 1.19
3	2%	
4 Moderately important	11%	
5	21%	
6	26%	
7 Extremely important	38%	
9 DK/NR	2%	

Unweighted n = 1210

11d
Q10D

How important is Providing Canadians with comparable health care services no matter where they live for a common health care approach?

1 Not at all important	0%	Mean = 6.35
2	1%	Std dev. = 1.01
3	1%	
4 Moderately important	5%	
5	9%	
6	24%	
7 Extremely important	60%	
9 DK/NR	0%	

Unweighted n = 1210

12a

The Government of Canada has said that it wants to increase funding for health care and work with provincial governments to set goals and measure results for how the money is spent. In the event that the Government of Canada cannot reach an agreement with all 10 provincial governments, which of the following would be the best way for the Government of Canada to respond?

- 1 - Proceed with any provincial governments it has reached agreements with
- 2 - Wait until it has reached agreements with all provincial governments
- 3 - Proceed with the provincial governments it has reached agreements with, so long as a majority have agreed
- 9 - (DO NOT READ) DK/NR

Q11

Which of the following would be the best way for the Government of Canada to proceed? (see screen)

- 1 Proceed with any provincial governments it has reached agreements with 22%
- 2 Wait until it has reached agreements with all provincial governments 17%
- 3 Proceed with the provincial governments it has reached agreements with, so long as a majority of have agreed 59%
- 9 DK/NR 3%

Unweighted n = 1210

PRQ12

How useful would comparing each of the following from one year to the next be in measuring the progress of the health care system? Please use a 7-point scale where 1 means not at all useful, 7 means extremely useful, and the mid-point 4 means moderately useful.

13a → h 8

13a

Q12A

Rotation => Q12H

How useful would comparing The percentage of the population that has access to 24 hours a day, 7 days a week health service from a family health care provider *from year to year be?*

1 Not at all useful	2%	Mean = 5.60
2	1%	Std dev. = 1.42
3	4%	
4 Moderately useful	14%	
5	19%	
6	24%	
7 Extremely useful	35%	
9 DK/NR	2%	

Unweighted n = 1210

139

Q12B

How useful would comparing Waiting times for main diagnostic services from year to year be?

1 Not at all useful	2%	Mean = 5.95
2	1%	Std dev. = 1.33
3	1%	
4 Moderately useful	9%	
5	14%	
6	25%	
7 Extremely useful	45%	
9 DK/NR	2%	

Unweighted n = 1210

130

Q12C

How useful would comparing Waiting times between diagnosis and treatment from year to year be?

1 Not at all useful	3%	Mean = 6.07
2	1%	Std dev. = 1.37
3	1%	
4 Moderately useful	7%	
5	10%	
6	23%	
7 Extremely useful	53%	
9 DK/NR	1%	

Unweighted n = 1210

136

Q12D

How useful would comparing Access to long-term, home and community care following a hospital stay from year to year be?

1 Not at all useful	1%	Mean = 5.78
2	1%	Std dev. = 1.30
3	2%	
4 Moderately useful	12%	
5	20%	
6	24%	
7 Extremely useful	38%	
9 DK/NR	2%	

Unweighted n = 1210

13e

Q12E

How useful would comparing The percentage of people who receive preventive health services (i.e., immunizations, mammograms, etc.) from year to year be?

1 Not at all useful	1%	Mean = 5.72
2	1%	Std dev. = 1.29
3	2%	
4 Moderately useful	14%	
5	19%	
6	25%	
7 Extremely useful	35%	
9 DK/NR	2%	

Unweighted n = 1210

13f

Q12F

How useful would comparing Rates of preventable hospitalizations from year to year be?

1 Not at all useful	2%	Mean = 5.51
2	1%	Std dev. = 1.42
3	3%	
4 Moderately useful	15%	
5	22%	
6	23%	
7 Extremely useful	30%	
9 DK/NR	4%	

Unweighted n = 1210

13g

Q12G

How useful would comparing The percentage of hospital readmissions within 30 days from year to year be?

1 Not at all useful	3%	Mean = 5.40
2	2%	Std dev. = 1.48
3	3%	
4 Moderately useful	17%	
5	20%	
6	24%	
7 Extremely useful	28%	
9 DK/NR	3%	

Unweighted n = 1210

8h

Q12H

How useful would comparing Progress on implementing new technologies in areas like electronic health records from year to year be?

1 Not at all useful	2%	Mean = 5.32
2	3%	Std dev. = 1.43
3	4%	
4 Moderately useful	18%	
5	23%	
6	23%	
7 Extremely useful	24%	
9 DK/NR	3%	

Unweighted n = 1210

Q13 - 1

1A ab

1Aa

Thinking about the items just mentioned (which are referred to as performance measures of the health care system), overall how important is it for you to have performance measures for your PROVINCE as well as for the whole country? Please respond using a 7-point scale where 1 means not at all important, 7 means extremely important, and the mid-point 4 means moderately important.

1 Not at all important	2%	Mean = 5.86
2	0%	Std dev. = 1.33
3	1%	
4 Moderately important	12%	
5	15%	
6	26%	
7 Extremely important	41%	
9 DK/NR	2%	

Unweighted n = 594

Q13 - 2

Thinking about the items just mentioned (which are referred to as performance measures of the health care system), overall how important is it for you to have performance measures for your COMMUNITY as well as for the whole country? Please respond using a 7-point scale where 1 means not at all important, 7 means extremely important, and the mid-point 4 means moderately important.

14b

1 Not at all important	1%	Mean = 5.77
2	2%	Std dev. = 1.33
3	2%	
4 Moderately important	14%	
5	16%	
6	26%	
7 Extremely important	39%	
9 DK/NR	0%	

Unweighted n = 616

15a => d

Q14A^{15a}

Rotation => Q14D

*Impact of*The media (i.e., newspapers, magazines, television, radio) reports that the system is getting better *on your confidence in the health care system*

1 No impact	11%	Mean = 4.21
2	8%	Std dev. = 1.78
3	9%	
4 Moderate impact	27%	
5	20%	
6	11%	
7 Great impact	12%	
9 DK/NR	0%	

Unweighted n = 1210

57

Q14B

Impact of Personal experience that the system is improving on your confidence in the health care system

1 No impact	5%	Mean = 5.33
2	3%	Std dev. = 1.66
3	4%	
4 Moderate impact	18%	
5	17%	
6	21%	
7 Great impact	31%	
9 DK/NR	2%	

Unweighted n = 1210

58

Q14C

Impact of Reports from doctors and nurses that the system is improving on your confidence in the health care system

1 No impact	4%	Mean = 5.30
2	3%	Std dev. = 1.58
3	4%	
4 Moderate impact	17%	
5	20%	
6	22%	
7 Great impact	29%	
9 DK/NR	1%	

Unweighted n = 1210

59

Q14D

Impact of An agreement signed by the Government of Canada and all provincial governments on an approach to improve the health care system on your confidence in the health care system

1 No impact	4%	Mean = 5.33
2	3%	Std dev. = 1.62
3	5%	
4 Moderate impact	16%	
5	20%	
6	20%	
7 Great impact	32%	
9 DK/NR	1%	

Unweighted n = 1210

PRQ15

16a → c ⑤

Again thinking about your own sense of confidence in the health care system, please indicate the impact each of the following would have on your level of confidence, using a 7-point scale where 1 means no impact, 7 means a great impact, and the mid-point 4 means a moderate impact.

Q15A 16a

Impact of Governments deciding to put more money into the health care system on your confidence in the health care system

1 No impact	2%	Mean = 5.72
2	1%	Std dev. = 1.42
3	3%	
4 Moderate impact	12%	
5	16%	
6	26%	
7 Great impact	39%	
9 DK/NR	0%	

Unweighted n = 1210

Q15B 16b

Impact of The Government of Canada and all provincial governments signing an agreement setting out clear goals for improving the health care system on your confidence in the health care system

1 No impact	2%	Mean = 5.75
2	2%	Std dev. = 1.38
3	2%	
4 Moderate impact	13%	
5	17%	
6	25%	
7 Great impact	39%	
9 DK/NR	1%	

Unweighted n = 1210

16c

Q15C

Impact of The Government of Canada announcing increased funding to the provinces for health care, leaving the provincial governments to set their own priorities for the new funding on your confidence in the health care system

1 No impact	5%	Mean = 5.07
2	3%	Std dev. = 1.60
3	6%	
4 Moderate impact	19%	
5	24%	
6	20%	
7 Great impact	23%	
9 DK/NR	1%	

Unweighted n = 1210

16d

Q15D

Impact of The Government of Canada announcing increased funding to the provinces for health care, on the condition that The Government of Canada and all provincial governments sign an agreement setting out clear goals for improving the health care system. on your confidence in the health care system

1 No impact	3%	Mean = 5.49
2	2%	Std dev. = 1.48
3	3%	
4 Moderate impact	17%	
5	19%	
6	24%	
7 Great impact	32%	
9 DK/NR	1%	

Unweighted n = 1210

16e

Q15E

Impact of All the conditions of the previous statement (i.e., increased funding from the Government of Canada, and an agreement between the Government of Canada and all provincial governments), PLUS an additional agreement by the provincial governments to report to the public how the additional money was spent *on your confidence in the health care system*

1 No impact	2%	Mean = 5.86
2	1%	Std dev. = 1.34
3	2%	
4 Moderate impact	11%	
5	16%	
6	23%	
7 Great impact	44%	
9 DK/NR	1%	

Unweighted n = 1210

STATS

Now I have a few more questions to be used for statistical purposes only.

HLTH

17 Are you or is anyone in your household employed in the health care field, either directly or indirectly?

1 Yes	19%
2 No	81%
9 DK/NR	0%

Unweighted n = 1210

VISIT

18 In the last 12 months, how many times have you personally used the primary health care system (i.e., went to see a doctor or received treatment in a hospital or clinic)?

1 No visits	15%
2 1-5 visits	59%
3 6-10 visits	14%
4 11 or more visits	12%
9 DK/NR	0%

Unweighted n = 1210

HOUSE

19 Which of the following types best describes your current household? ** IF THEY SAY THEY ARE LIVING WITH THEIR PARENT(S) THEN THE HOUSEHOLD IS EITHER 02 (ONE ADULT WITH CHILD/CHILDREN) OR 04 (MARRIED OR COMMON-LAW COUPLE, WITH CHILDREN)

1 One person, living alone	16%
2 One adult with child/children	9%
3 A married or common-law couple, without children	27%
4 A married or common-law couple, with children	40%
5 Two or more unrelated persons	4%
6 Living with relatives other than parents	2%
7 More than one adult with child/children	2%
98 Other (please specify)	0%
99 DK/NR	0%

Unweighted n = 1210

EDUC

20 What is the highest level of schooling that you have completed?

1 Public/Elementary school or less (grade 1-8)	4%
2 Some high school	13%
3 Graduated from high school (grade 12-13)	27%
4 Vocational/Technical college or CEGEP	19%
5 Trade certification	3%
6 Some university	8%
7 Bachelor's degree	16%
8 Professional certification	3%
9 Graduate degree	7%
99 DK/NA	0%

Unweighted n = 1210

EMPLO

21

Which of the following categories best describes your CURRENT employment status?

1 Self-employed	11%
2 Employed full-time	42%
3 Employed part-time	9%
4 Seasonal employment	2%
5 Term/casual employment	1%
6 Unemployed	2%
7 Student	6%
8 Retired	20%
9 Homemaker	5%
10 Disability / sick leave	2%
11 Maternity / paternal leave	0%
98 Other (please specify)	0%
99 DK/NR	0%

Unweighted n = 1210

AGE

READ CATEGORIES IF NECESSARY

22

What is your age, please?

1 Under 25	17%
2 25-34 years	16%
3 35-44 years	23%
4 45-54 years	17%
5 55-64 years	11%
6 65 years or older	15%
99 (DO NOT READ) DK/NR	0%

Unweighted n = 1210

INCOM

B

What is your annual HOUSEHOLD income from all sources before taxes?

1 <\$20,000	13%
2 \$20,000-\$39,999	23%
3 \$40,000-\$59,999	19%
4 \$60,000-\$79,999	14%
5 \$80,000 or more	15%
9 DK/NR	16%

Unweighted n = 1210

THNK

End of Interview

Thank you for your cooperation and time!