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Health*Insider*

Estrait

2002 Health*Insider* No. 7
Policy Input
Proprietary Questions for
Health Canada

Contract No. H1011-010138/001/CY

Policy Input

Background

The Canadian health care system is the topic of much debate. Viable options are being sought to create a better health care system for Canadians and ensure the sustainability of a publicly funded health care system.

Public concern about the state of our health care system is evident with eight in ten Canadians holding the opinion that the health care system in their province is currently in a state of crisis.[1] Furthermore, the majority of Canadians and front-line health care workers lack confidence in how the federal government and provinces are spending tax dollars on the health care system.[2]

This section will examine Canadians' opinions on who should have greater input into the direction of the health care system. It also explores what impact the Canadian public feels it could have on health care decision making.

Findings

Input on the direction of the Canadian health care system

Nine in ten Canadians felt that individually they should have greater input on the direction of the health care system; 94% felt that the Canadian public as a whole should have greater input. The vast majority also believed that health professionals, such as physicians and nurses; and health care experts, such as research institutes and academics, should have a greater voice. Fewer Canadians (65%) felt that industry, such as pharmaceutical companies and other businesses, should have a greater role determining the direction of the health care system (Fig 1).

Over half of Canadians (52%) felt that all of these sources should have a greater level of participation. Only 1% of Canadians felt there should

be no further input from any of these sources on the direction of the health care system.
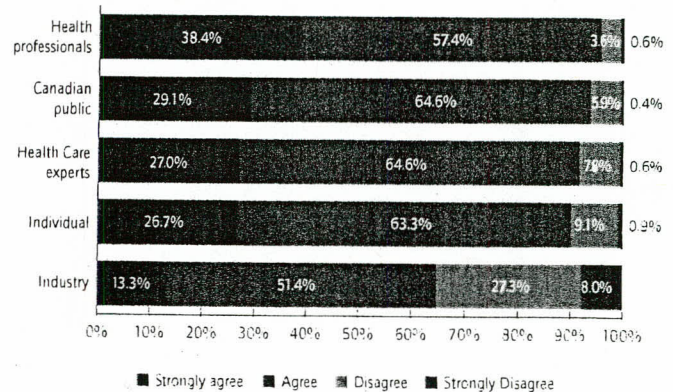

Figure 1: Canadians' opinions on who should have greater input on the direction of the health care system

Opinions about who should have greater input on the direction of health care in Canada were related to the sex and age of respondents (Table 1). Females were more likely to think that individually they should have greater input, and were more likely to think that health professionals and health experts should have greater input on the direction of the health care system compared to males.

Canadians under 65 were more likely to hold the opinion that individually they should have more input and that the Canadian public as a whole should have a greater role in determining the direction of the health care system. Canadians aged 25 to 44 were most likely to believe that health professionals should have a greater voice. Individuals aged 15 to 24 were most likely to feel that industry should have greater input on the direction of Canada's health care system.

Table 1: Sex and age of Canadians who felt input on the direction of the health care system from these sources is necessary

Source	Age (%)				Sex (%)	
	15-24	25-44	45-64	65+	Female	Male
Individual	89.6	**93.4**	90.0	81.4	**92.0**	88.0
Canadian Public	**95.8**	94.4	92.7	87.4	94.2	93.3
Health professionals	93.2	**98.9**	96.7	92.7	**98.1**	93.5
Industry	**77.2**	61.1	54.0	58.3	64.7	64.7
Health Care experts	91.5	92.9	90.2	90.2	**93.7**	89.5

Canadian's opinions on who should have a greater role in the direction of health care also varied by employment status, education level and income level. Working individuals were twice as likely to feel that individually they should have more influence, and more likely to feel health professionals should have greater input compared to individuals who were not working. Unemployed individuals were more likely to believe industry should have greater input on the direction of Canada's health care system.

Individuals who had attained a post-secondary education were more likely to have reported that health professionals should have greater involvement in determining the direction of health care in Canada compared to those who had completed less than a secondary education. However, individuals who had not completed high school were more likely to have felt that industry and health experts should have greater input.

Canadians with a higher income were more likely to think that health professionals should have more input on the health care system. Individuals with lower incomes were more likely to think that individually they should have more say and that industry should also have more input on the health care system.

Interestingly, regional variation was evident in the opinions about the extent of individual input in health care decision making. Canadians living in Manitoba were most likely to feel individuals should have a greater role to play in health care decision making, while individuals in British Columbia and Ontario were least likely (Fig 2).
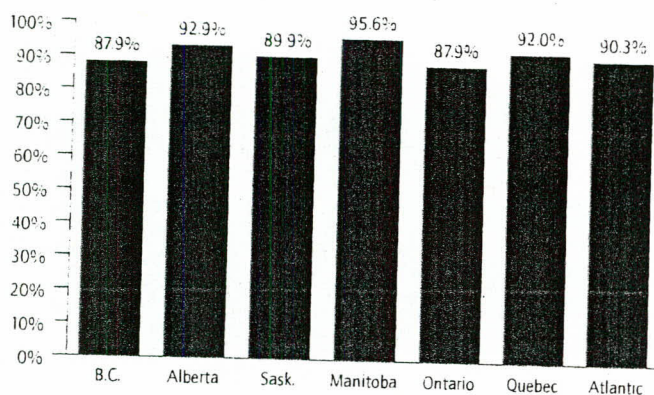

Figure 2. Percentage of Canadians who believe that individually they should have greater input on the direction of the health care system by region

Canadian's opinions about greater industry participation in health care decision making varied greatly by region. Canadians living in Quebec were most likely to have reported that industry should have greater input while individuals in British Columbia were least likely to hold this opinion (Fig 3).
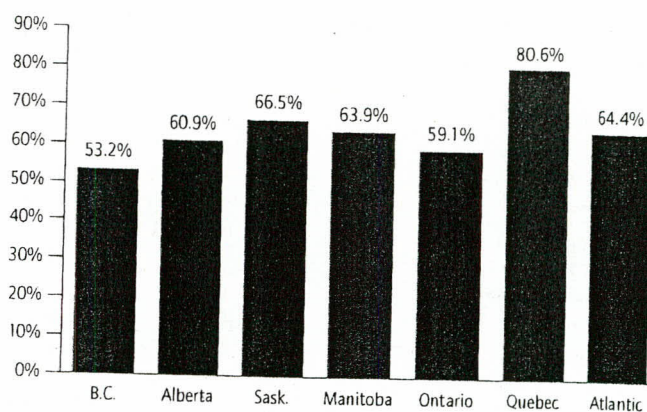

Figure 3. Percentage of Canadians who believe that industry should have greater input on the direction of the health care system by region

Public input in health care decisions

Over 90% of Canadians felt that public input in health care decision making would be an asset as it could improve the performance of the health care system, bring balance and new ideas to the health care debate, and offer unique information about the management of the health care system. Despite a high level of agreement that Canadians' contributions could benefit the health care debate, 65% still felt that public participation could add an unnecessary level of consultation or bureaucracy to the process and therefore be a hindrance to the process (Fig 4).
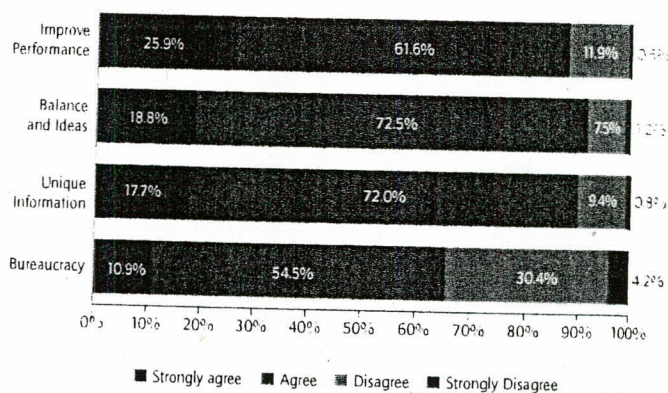

Figure 4: Canadians' opinions on the outcome of public participation in health care decision making

Canadian opinions about the potential contributions (or hindrances) of public input in health care decision making varied by age and sex (Table 2). Females were more likely than males to believe that improved performance would be the outcome of public input on health care decisions, and were twice as likely to have reported that public input would bring balance, new ideas and offer unique information about the management of the health care system.

Table 2: Outcome of public input in health care decision making by age and sex

Source	Age (%)				Sex (%)	
	15-24	25-44	45-64	65+	Female	Male
Improve performance	88.5	89.2	85.2	83.6	90.0	85.1
Offer unique information	93.0	90.8	86.2	83.5	92.4	87.2
Bring balance and ideas	92.9	91.6	90.6	86.6	94.6	88.1
Add unnecessary level of consultation	68.7	62.9	62.2	68.5	64.6	66.3

Individuals under 44 were more likely than those 45 and over to have felt that improved health care performance would be the outcome of public input. Individuals under 25 were more likely than any other age group to believe that public input would bring balance and ideas to the health care debate. Younger individuals and older individuals were more likely to feel that public input could improve or bring an unnecessary level of consultation or bureaucracy to health care decision making (Table 2).

Community size, income level, education level, and employment status were also related to opinions about public input on health care decision making. Individuals living in smaller communities were more likely than individuals living in large communities to feel that public input could improve performance, offer unique information or brings balance and ideas.

Individuals who had completed secondary school were also more likely to report that public input would improve performance or offer unique information for health care decision making. On the other hand, individuals who had not completed secondary school were more likely to feel public input would bring balance and new ideas, but add an unnecessary level of consultation to the process.

Individuals who had a lower income were more likely to believe that public input could improve performance, offer unique information and bring balance and ideas compared to individuals with a higher income.

Provincial variation was evident in the opinions about whether greater public input in health care decisions would improve the performance of the health care system. More Albertans agreed that giving the public a greater say would lead to improved performance in the health care system; individuals in Quebec were least likely to hold this opinion.
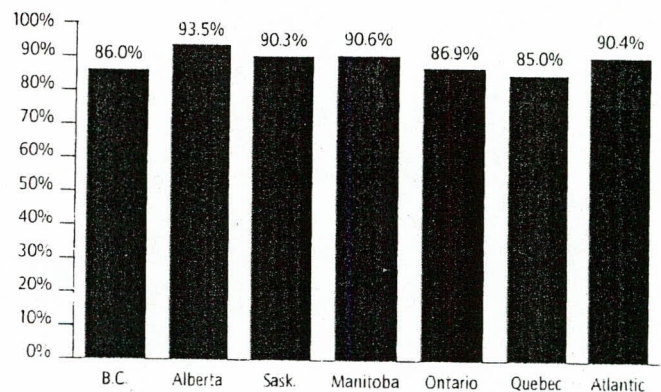

Figure 5. Canadians' opinions on whether giving the public a greater say in health care decisions could improve the performance of the health care system by region

Canadians living in Quebec, Manitoba, the Atlantic provinces and Alberta were most likely to feel that giving the public a greater say in health care decisions could bring balance and new ideas to the health care debate, while individuals living in British Columbia were the least likely to hold this opinion (Fig 6).
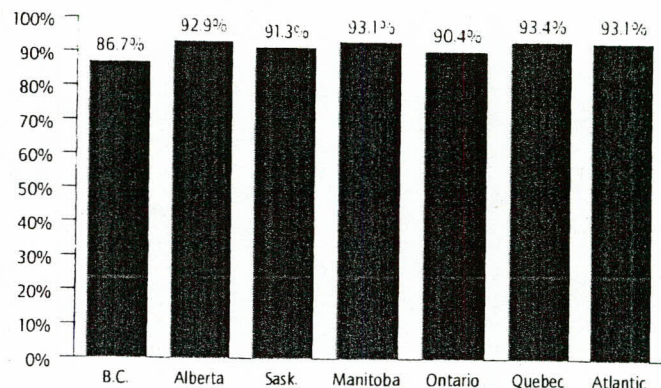

Figure 6. Canadians' opinions on whether giving the public a greater say in health care decisions could bring balance and ideas to the health care debate by region

Closing Comments

Canadians believe that input from several different sources is needed to provide direction to our health care system. These sources include health professionals, the Canadian public, health care experts and, to a lesser extent, industry.

Interestingly, many Canadians feel that they should have a say in the direction of health care on the individual level. This may be due to the fact that many Canadians feel they have little impact on decisions governments are making with regard to health care.[3]

Public participation in health care decision making is seen by Canadians to contribute far greater assets than liabilities. Over 90% of Canadians feel that public contribution could lead to improved performance in the health care system, bring balance and new ideas, and offer unique information about the management of the system. By comparison, only two-thirds feel that adding public consultation would add a greater layer of bureaucracy.

Adding more voices to the process of health care reform could lead to greater dialogue and innovation. As well, public participation could lead to greater accountability on the part of both the public and government, and a greater understanding by the public of the issues facing the health care system and their potential roles and responsibilities in maintaining it.

References

Health Care in Canada, Angus Reid, 2000
www.pollara.ca/new/Livrary/SURVEYS/mistrust.htm
www.pollara.ca/new/Library/SURVEYS/mistrust.htm

Methodology

Interviewing Dates, Sample Size and Margin of Error

The Health*Insider* survey was carried out by PwC Consulting National Survey Centre in Ottawa, Canada. The results are based on a probability sample of 2,565 Canadians, 15 years of age and older. The survey was conducted by telephone between March 13, 2002 and March 26, 2002.

The national margin of error for this research is plus or minus 1.9 percentage points in 19 samples out of 20. The margins of error are correspondingly higher for regional (i.e., provincial), demographic and other subgroups.

Questionnaire Design

PwC Consulting prepared the questionnaire. The instrument was pre-tested among 25 respondents. The final questionnaire required, on average, 25 minutes to administer. Respondents were interviewed in their official language of choice, with both French and English surveys available simultaneously on the Computer Assisted Telephone Interviewing (CATI) system.

Telephone Interviewing

Experienced, professional telephone interviewers administered this survey. Prior to the field work, each interviewer was briefed thoroughly about the nature of the study. Field supervisors were present at all times to ensure accurate and consistent interviewing and recording of responses. All responses obtained during the conduct of interviews were entered directly into the CATI system, which is programmed to automatically check responses for appropriateness of range and logical consistency at the time of data entry.

Upon completion, each interview was checked for any possible interviewer error. This procedure is equivalent to 100% keypunch verification when traditional paper and pencil methods are employed.

In addition, more than 10% of each interviewer's work was unobtrusively monitored in accordance with the verification standards of the Canadian Association of Marketing Research Organizations (CAMRO). Field operation supervisors monitored the interview over a one-way telephone while watching a terminal that showed the interviewer's keystrokes.

Sample Design

Table 1 shows the sample design for Health*Insider* No. 7.

Table 1. Sample design by province

Province	Percentage of Canadian population	Sample size	MOE (95% CI, 70% Prop)
Newfoundland	1.92%	85	9.8%
Prince Edward Island	0.47%	85	9.8%
Nova Scotia	3.16%	213	6.2%
New Brunswick	2.57%	213	6.2%
Quebec	24.83%	328	5.0%
Ontario	37.40%	328	5.0%
Manitoba	3.87%	328	5.0%
Saskatchewan	3.44%	328	5.0%
Alberta	9.38%	328	5.0%
British Columbia	12.95%	328	5.0%

Sample Selection

The sample for Health*Insider* was generated using a stratified two-stage random sampling technique. Each of the ten provinces in Canada was allocated a quota. This quota was treated independently in the sampling process of the survey.

Each of the provinces was stratified into five community sizes:

- 100,000 to 999,999 residents
- 30,000 to 99,999 residents
- 10,000 to 29,999 residents
- 5,000 to 9,999 residents
- less than 5,000 residents

The provincial quota was then distributed among community strata according to their contributions to the provincial population. In addition, separate strata were created for Montreal, Toronto and Vancouver. As a result, Quebec, Ontario and British Columbia had a total of six strata.

At the first stage of sampling, households were selected from a stratum using random digit dialling (RDD). Each sampled number has been checked against published phone lists and categorized as either "Directory Listed" (DL) or "Directory Not Listed" (DNL). The full RDD sample is composed of both the DL and DNL components. In total 17,240 telephone numbers were generated through this method.

At the second stage of sampling, one eligible respondent was chosen from each household identified by a selected telephone number using the Troldahl-Carter technique. This technique ensures that the sample accurately represents the eligible population according to its age and sex structures. Once a potential respondent was chosen using the Troldahl-Carter technique, no other person in the household could be substituted as a respondent.

Table 2. Report on telephone interviewing

Total telephone numbers dialled	*17,240*
Ineligible numbers	**3,986**
Non-residential / duplicate	622
Not in service / fax	3,364
Total eligible phone numbers	**13,254**
No answer/ busy	**1,734**
Answering machine	**1,400**
Interview not completed	**7,555**
Call-backs	1,523
Refusal (screening / introduction)	5,048
Refusal (incomplete interview)	252
Language barrier	293
Mental or physical disabilities / age	172
Respondent not available / quota filled	267
Completed interviews	**2,565**

Table 3. Report on valid interview attempts

Number of interviews required	2,564
Number of valid interview attempts	**7,865**
Refusals	**5,300**
Refused to participate (screening / introduction)	5,048
Refused to participate (incomplete interview)	252
Number of interviews completed	**2,565**
Completion rate *(completed interviews/number of valid attempts)*	*32.61%*

Weighting

At the conclusion of the survey and prior to the analysis, the data for the Health*Insider* were weighted and verified against 1996 Statistics Canada census information.

PwC Consulting generated three sets of weights for within province weighting: community size, sex and age. A composite provincial level weight was derived from these weights for each case, which was used for provincial comparisons. A national weight was also generated from the combination of the composite provincial weight with a national population weight for each province reflecting each province's contribution to the national total.

These weights were used for the purposes of analysis to adjust for any differences in response rates. The tables in Appendix A show the sample distribution by province and community size, province and gender, province and age, and province in relation to the national total.

Frequencies

IMPR7: You should have greater input on the direction of the health care system.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	671	26.1	26.7	26.7
	Agree	1589	61.8	63.3	90.0
	Disagree	228	8.9	9.1	99.1
	Strongly disagree	24	.9	.9	100.0
	Total	2512	97.6	100.0	
Missing	Refused	4	.1		
	Don't know	57	2.2		
	Total	61	2.4		
Total		2573	100.0		

Crosstabs

IMPR7: You should have greater input on the direction of the health care system. * What is the population of your community?

Crosstab						
			What is the population of your community?			
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	Total
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	452	127	92	671
		% within What is the population of your community?	26.4%	27.2%	27.6%	26.7%
	Agree	Count	1068	310	212	1590
		% within What is the population of your community?	62.4%	66.4%	63.7%	63.3%

			171	30	27	228
	Disagree	Count	171	30	27	228
		% within What is the population of your community?	10.0%	6.4%	8.1%	9.1%
	Strongly disagree	Count	21		2	23
		% within What is the population of your community?	1.2%		.6%	.9%
Total		Count	1712	467	333	2512
		% within What is the population of your community?	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.120(a)	6	.041
Likelihood Ratio	17.637	6	.007
Linear-by-Linear Association	3.350	1	.067
N of Valid Cases	2512		

a 2 cells (16.7%) have expected count less than 5. The minimum expected count is 3.05.

IMPR7: You should have greater input on the direction of the health care system. * In which age category do you belong?

Crosstab

			In which age category do you belong?				Total
			24 and under	25 to 44	45 to 64	65 and over	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	195	221	178	77	671
		% within In which age category do you belong?	22.5%	27.0%	33.5%	26.1%	26.7%
	Agree	Count	581	544	301	163	1589

		% within In which age category do you belong?	67.1%	66.5%	56.6%	55.3%	63.3%
	Disagree	Count	85	48	41	53	227
		% within In which age category do you belong?	9.8%	5.9%	7.7%	18.0%	9.0%
	Strongly disagree	Count	5	5	12	2	24
		% within In which age category do you belong?	.6%	.6%	2.3%	.7%	1.0%
Total		Count	866	818	532	295	2511
		% within In which age category do you belong?	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	73.623(a)	9	.000
Likelihood Ratio	66.740	9	.000
Linear-by-Linear Association	.168	1	.682
N of Valid Cases	2511		

a 1 cells (6.3%) have expected count less than 5. The minimum expected count is 2.82.

IMPR7: You should have greater input on the direction of the health care system. * What is your gender?

Crosstab

			What is your gender?		Total
			Female	Male	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	358	313	671
		% within What is your gender?	28.9%	24.6%	26.7%

Agree		Count	783	806	1589
		% within What is your gender?	63.1%	63.4%	63.3%
Disagree		Count	91	137	228
		% within What is your gender?	7.3%	10.8%	9.1%
Strongly disagree		Count	8	16	24
		% within What is your gender?	.6%	1.3%	1.0%
Total		Count	1240	1272	2512
		% within What is your gender?	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.893(a)	3	.002
Likelihood Ratio	15.009	3	.002
Linear-by-Linear Association	13.451	1	.000
N of Valid Cases	2512		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 11.85.

IMPR7: You should have greater input on the direction of the health care system. * What is your marital status?

Crosstab					
			What is your marital status?		Total
			no partner	partner	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	360	308	668
		% within What is your marital status?	24.8%	29.3%	26.7%
	Agree	Count	928	657	1585
		% within What is your marital status?	63.9%	62.5%	63.3%
	Disagree	Count	152	76	228

		% within What is your marital status?	10.5%	7.2%	9.1%
	Strongly disagree	Count	12	11	23
		% within What is your marital status?	.8%	1.0%	.9%
Total		Count	1452	1052	2504
		% within What is your marital status?	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12.173(a)	3	.007
Likelihood Ratio	12.311	3	.006
Linear-by-Linear Association	8.762	1	.003
N of Valid Cases	2504		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.66.

IMPR7: You should have greater input on the direction of the health care system. * What is the highest level of education that you have completed?

Crosstab

			What is the highest level of education that you have completed?			Total
			Less than secondary	Secondary	Post-secondary	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	29	284	355	668
		% within What is the highest level of education that you have completed?	23.4%	25.6%	28.0%	26.7%
	Agree	Count	77	708	795	1580
		% within What is the highest level of education that you have completed?	62.1%	63.9%	62.7%	63.2%

	Disagree	Count	*14*	*113*	*100*	*227*
		% within What is the highest level of education that you have completed?	*11.3%*	*10.2%*	*7.9%*	*9.1%*
	Strongly disagree	Count	*4*	*3*	*17*	*24*
		% within What is the highest level of education that you have completed?	*3.2%*	*.3%*	*1.3%*	*1.0%*
Total		Count	*124*	*1108*	*1267*	*2499*
		% within What is the highest level of education that you have completed?	*100.0%*	*100.0%*	*100.0%*	*100.0%*

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	*20.148(a)*	*6*	*.003*
Likelihood Ratio	*19.585*	*6*	*.003*
Linear-by-Linear Association	*3.632*	*1*	*.057*
N of Valid Cases	*2499*		

a 1 cells (8.3%) have expected count less than 5. The minimum expected count is 1.19.

IMPR7: You should have greater input on the direction of the health care system. * Are you now:

Crosstab

			Are you now:		Total
			not working	working	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	*242*	*429*	*671*
		% within Are you now:	*24.0%*	*28.6%*	*26.7%*
	Agree	Count	*626*	*960*	*1586*
		% within Are you now:	*62.0%*	*64.0%*	*63.2%*
	Disagree	Count	*136*	*92*	*228*

			13.5%	6.1%	9.1%
	Strongly disagree	Count	6	18	24
		% within Are you now:	.6%	1.2%	1.0%
Total		Count	1010	1499	2509
		% within Are you now:	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	43.283(a)	3	.000
Likelihood Ratio	42.584	3	.000
Linear-by-Linear Association	18.829	1	.000
N of Valid Cases	2509		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.66.

IMPR7: You should have greater input on the direction of the health care system. * Which one of the following categories best describes your total household income, before taxes, for 1999?

Crosstab

			Which one of the following categories best describes your total household income, before taxes, for 1999?			Total
			Less than 20,000	20, 000 to 49, 999	50, 000 and over	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	146	218	216	580
		% within Which one of the following categories best describes your total household income, before taxes, for 1999?	28.7%	28.0%	27.0%	27.8%
	Agree	Count	331	496	486	1313

	% within Which one of the following categories best describes your total household income, before taxes, for 1999?	65.0%	63.8%	60.8%	62.9%
Disagree	Count	30	60	84	174
	% within Which one of the following categories best describes your total household income, before taxes, for 1999?	5.9%	7.7%	10.5%	8.3%
Strongly disagree	Count	2	4	13	19
	% within Which one of the following categories best describes your total household income, before taxes, for 1999?	.4%	.5%	1.6%	.9%
Total	Count	509	778	799	2086
	% within Which one of the following categories best describes your total household income, before taxes, for 1999?	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.213(a)	6	.009
Likelihood Ratio	17.102	6	.009
Linear-by-Linear Association	7.024	1	.008
N of Valid Cases	2086		

a 1 cells (8.3%) have expected count less than 5. The minimum expected count is 4.64.

IMPR7: You should have greater input on the direction of the health care system. * Compared to other persons your age, what would you say is the status of your health?

Crosstab

IMPR7: You should have greater input on the direction of the health care system. * Any chronic illness

Crosstab

			Any chronic illness		Total
			No	Yes	
IMPR7: You should have greater input on the direction of the health care system.	Strongly agree	Count	350	320	670
		% within Any chronic illness	25.8%	27.9%	26.7%
	Agree	Count	886	697	1583
		% within Any chronic illness	65.2%	60.8%	63.2%
	Disagree	Count	106	122	228
		% within Any chronic illness	7.8%	10.6%	9.1%
	Strongly disagree	Count	17	7	24
		% within Any chronic illness	1.3%	.6%	1.0%
Total		Count	1359	1146	2505
		% within Any chronic illness	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.168(a)	3	.011
Likelihood Ratio	11.250	3	.010
Linear-by-Linear Association	.061	1	.805
N of Valid Cases	2505		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.98.

IMPR7: You should have greater input on the direction of the health care system. * What province do you live in? Crosstabulation		
	What province do you live in?	Total

Frequencies

TOP1A: The Canadian public should have greater input on the direction of the health care system.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	732	28.5	29.1	29.1
	Agree	1623	63.1	64.6	93.7
	Disagree	147	5.7	5.9	99.6
	Strongly disagree	10	.4	.4	100.0
	Total	2514	97.7	100.0	
Missing	Refused	2	.1		
	Don't know	57	2.2		
	Total	59	2.3		
Total		2573	100.0		

Crosstabs

TOP1A: The Canadian public should have greater input on the direction of the health care system. * What is the population of your community?

Crosstab

			What is the population of your community?			Total
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	
TOP1A: The Canadian public should have greater input on the direction of the health care system.	Strongly agree	Count	511	132	89	732
		% within What is the population of your community?	29.8%	28.3%	27.0%	29.1%
	Agree	Count	1095	304	225	1624

TOP1B: Health professionals should have greater input on the direction of the health care system. * What is the population of your community?

Crosstab

			What is the population of your community?			Total
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	
TOP1B: Health professionals should have greater input on the direction of the health care system.	Strongly agree	Count	654	180	141	975
		% within What is the population of your community?	38.0%	37.6%	41.3%	38.4%
	Agree	Count	984	285	188	1457
		% within What is the population of your community?	57.2%	59.5%	55.1%	57.4%
	Disagree	Count	69	13	11	93
		% within What is the population of your community?	4.0%	2.7%	3.2%	3.7%
	Strongly disagree	Count	13	1	1	15
		% within What is the population of your community?	.8%	.2%	.3%	.6%
Total		Count	1720	479	341	2540
		% within What is the population of your community?	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	6.019(a)	6	.421
Likelihood Ratio	6.554	6	.364
Linear-by-Linear Association	2.288	1	.130
N of Valid Cases	2540		

a 2 cells (16.7%) have expected count less than 5. The minimum expected count is 2.01.

TOP1C: Industry should have greater input on the direction of the health care system.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	331	12.9	13.3	13.3
	Agree	1275	49.5	51.4	64.8
	Disagree	676	26.3	27.3	92.0
	Strongly disagree	197	7.7	8.0	100.0
	Total	2478	96.3	100.0	
Missing	Refused	6	.2		
	Don't know	89	3.5		
	Total	95	3.7		
Total		2573	100.0		

Crosstabs

TOP1C: Industry should have greater input on the direction of the health care system. * What is the population of your community?

Crosstab

			What is the population of your community?			Total
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	
TOP1C: Industry should have greater input on the direction of the health care system.	Strongly agree	Count	237	57	37	331
		% within What is the population of your community?	14.0%	12.4%	11.4%	13.4%
	Agree	Count	834	241	199	1274
		% within What is the population of your community?	49.2%	52.4%	61.2%	51.4%
	Disagree	Count	486	122	68	676

N of Valid Cases	2463		

a 0 cells (.0%) have expected count less than 5. The minimum expected count is 25.03.

Frequencies

TOP1D: Health care experts should have greater input on the direction of the health care system.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	674	26.2	27.0	27.0
	Agree	1613	62.7	64.6	91.6
	Disagree	195	7.6	7.8	99.4
	Strongly disagree	15	.6	.6	100.0
	Total	2497	97.0	100.0	
Missing	Refused	3	.1		
	Don't know	73	2.9		
	Total	76	3.0		
Total		2573	100.0		

Crosstabs

TOP1D: Health care experts should have greater input on the direction of the health care system. * What is the population of your community?

Crosstab

	What is the population of your community?			Total
	100, 000 and over	5, 000 to 99, 999	Less than 5, 000	

Don't know	46	1.8		
Total	51	2.0		
Total		2573	100.0	

Crosstabs

TOP2A:Giving the public a greater say in health care decisions could improve the performance of the health care system. * What is the population of your community?

Crosstab

			What is the population of your community?			Total
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	
TOP2A:Giving the public a greater say in health care decisions could improve the performance of the health care system.	Strongly agree	Count	420	151	82	653
		% within What is the population of your community?	24.5%	32.1%	24.4%	25.9%
	Agree	Count	1053	278	222	1553
		% within What is the population of your community?	61.4%	59.1%	66.1%	61.6%
	Disagree	Count	229	41	30	300
		% within What is the population of your community?	13.4%	8.7%	8.9%	11.9%
	Strongly disagree	Count	13		2	15
		% within What is the population of your community?	.8%		.6%	.6%
Total		Count	1715	470	336	2521

	Don't know	77	3.0		
	Total	80	3.1		
Total		2573	100.0		

Crosstabs

TOP2B:Giving the public a greater say in health care decisions could offer unique information about the management of the health care system. * What is the population of your community?

Crosstab						
			What is the population of your community?			Total
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	
TOP2B:Giving the public a greater say in health care decisions could offer unique information about the management of the health care system.	Strongly agree	Count	276	108	58	442
		% within What is the population of your community?	16.3%	22.7%	17.7%	17.7%
	Agree	Count	1219	331	246	1796
		% within What is the population of your community?	72.1%	69.7%	75.2%	72.0%
	Disagree	Count	178	34	23	235
		% within What is the population of your community?	10.5%	7.2%	7.0%	9.4%
	Strongly disagree	Count	18	2		20
		% within What is the population of your community?	1.1%	.4%		.8%
Total		Count	1691	475	327	2493
		% within What is the population of your community?	100.0%	100.0%	100.0%	100.0%

Frequencies

TOP2C:Giving the public a greater say in health care decisions could bring balance and ideas to the health care debate.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	471	18.3	18.8	18.8
	Agree	1818	70.6	72.5	91.3
	Disagree	188	7.3	7.5	98.8
	Strongly disagree	31	1.2	1.2	100.0
	Total	2508	97.5	100.0	
Missing	Refused	8	.3		
	Don't know	57	2.2		
	Total	65	2.5		
Total		2573	100.0		

Crosstabs

TOP2C:Giving the public a greater say in health care decisions could bring balance and ideas to the health care debate. * What is the population of your community?

Crosstab

			What is the population of your community?			Total
			100,000 and over	5,000 to 99,999	Less than 5,000	
TOP2C:Giving the public a	Strongly	Count	299	98	74	471

	Agree	1332	51.8	54.5	65.4
	Disagree	742	28.8	30.4	95.8
	Strongly disagree	103	4.0	4.2	100.0
	Total	2442	94.9	100.0	
Missing	Refused	11	.4		
	Don't know	120	4.7		
	Total	131	5.1		
Total		2573	100.0		

Crosstabs

TOP2D:Giving the public a greater say in health care decisions could add an unnecessary level of consultation/bureaucracy. * What is the population of your community?

Crosstab

			What is the population of your community?			Total
			100, 000 and over	5, 000 to 99, 999	Less than 5, 000	
TOP2D:Giving the public a greater say in health care decisions could add an unnecessary level of consultation/bureaucracy.	Strongly agree	Count	170	57	39	266
		% within What is the population of your community?	10.2%	12.5%	12.2%	10.9%
	Agree	Count	913	245	174	1332
		% within What is the population of your community?	54.8%	53.6%	54.4%	54.5%
	Disagree	Count	499	143	100	742

Date: Wed, 24 Sep 2008 08:32:36 -0400 [2008-09-24 08:32:36 EDT]
De: Marie-Josée Bouffard <marie-josee.bouffard.2@ulaval.ca>
À: lisa-maureen.birch.1@ulaval.ca, marie-claude.bisson.1@ulaval.ca
Cc: Francois.Petry@pol.ulaval.ca
Objet: at last

Bonjour à vous,
Je vous envoie ce que j'ai pu photocopier du rapport "2002 HealthInsider No.7".

J'ai la page titre (il n'y avait pas de table de matière). Le Executive summary
est dans les 2 langues mais je n'ai photocopié que la partie en anglais.
La méthodologie est seulement en anglais.
Puis vient le questionnaire et rapport qui font environ 100 pages
Ce que j'ai fait est: j'ai photopié le premier "topic" avec tous ses dérivés
de questions: âge, population... etc. Puis j'ai photocopié la première
question des nouveaux "topics" qui ont tous les mêmes dérivés.
Vous verrez bien si vous avez des questions, juste à m'écrire. Le rapport fait
environ 120 pages (que j'ai du compter à la main)

Je vous envoie le rapport à cette adresse:

SCIENCE POLITIQUE, Département de
Faculté des sciences sociales
Pavillon Charles-De Koninck
Bureau 3449
Université Laval
Québec (Québec) G1K 7P4
CANADA

Et je vous souhaite bonne continuation. PAs besoin de m'envoyer de chèque, ca
sera ma contribution personnelle au CAPP :)

PS: Monsieur Pétry, mon essai s'en vient très prochainement!

Marie-Josée Bouffard
Présidente de l'AGIMAP
Centre d'analyse des politiques publiques
Université Laval
418-656-2131 ext: 14994

Date: Wed, 8 Oct 2008 13:22:43 -0400 [13:22:43 EDT]
De: Lisa Maureen Birch <lisa-maureen.birch.1@ulaval.ca>
À: Amanda Hayne-Farrell <amanda_hayne-Farrell@hc-sc.gc.ca>
Objet: Database & Request, News Update
Partie (s): 2 bdsondagesreviewsystematique06oct08.xls [application/vnd.ms-excel] 246 Ko

1 sans nom [text/plain] 5.59 Ko

Good Afternoon Amanda,

I hope you are doing well. I thought that I would send you an extract of our
database with the POR reports and their AMICUS numbers at the archives.

Database & request:
One of our research assistants is currently completing one last cross-check to
make sure that we have not missed any government reports that are cited in the
AMICUS data base. This assistant will also be checking for POR reports
commissioned by other actors in each policy sector. We will provide you with an
updated database if you are interested once this is completed.

There are a few reports that we are unable to access. These reports are
highlighted in orange. We would greatly appreciate having access to these
reports either via electronic copies or photocopies.

Would it be possible to access these documents through you?
Also, would it be possible to access the "lessons learned" documents we have
talked about before?

News Update:
We are in the process of coding the reports, the questionnaires and the
moderator's guides that we have already collected. The coders report a steady
improvement in the reporting of methodological details over time, which
reflects efforts such as those listed below in your april email.

We will be presenting some work on the use of focus groups in biotech, tobacco
control, and the health care system debate at a conference called "Les groupes
de discussion: Définitions conceptuelles, usages transdisciplinaires et
ancrages épistémologiques" at Université Laval on Octover 28th.

Best regards,

Lisa Birch
Doctoral Candidate
Political science
Centre d'Analyse des politiques publiques

Selon Amanda Hayne-Farrell <amanda_hayne-Farrell@hc-sc.gc.ca>, 25.04.2008:

> Good afternoon Lisa,
>
> Sorry it has taken so long to get back to you, but I hope the responses
> below are helpful to your questions:
>
> Regarding the format of final reports, there are now standard guidelines
> for reporting of POR for the Government of Canada and these have been in
> place for the past few years. Our contracts stipulate the following:
>

>   The report must include:
>
>   A. On the covering page, the title of the project, the
> public opinion research (POR) number, the month and year that fieldwork
> was completed, the name of the contractor who entered into the contract,
> the contract number and the award date;
>
>   B. A narrative executive summary consisting of, at a
> minimum, i. a statement of the research purpose and objectives; ii. a
> summary of key findings, except where the contractor who entered into the
> contract is not responsible for the design, development of the methodology
> and analysis of the research; iii. a brief description of the methodology
> used; and iv. a statement as to the extent to which the findings can be
> extrapolated to a broader audience.
>
>   C. For quantitative research, appendices containing: i. a
> full set of tabulated data; ii. sample size, sampling procedures and dates
> of research fieldwork; iii. if applicable, weighting procedures, the
> confidence interval and the margin of error; iv. if applicable, the
> response rate and method of calculation;
> v. the research instruments used; and vi. all other information about the
> execution of the fieldwork that would be needed to replicate the research
> initiative.
>
>   D. For qualitative research, appendices containing: i. the
> research instruments used and, if applicable, the test material; and ii.
> all other information about the recruitment or execution of the fieldwork
> that would be needed to replicate the research initiative.
>
> The projects you have without the requirements stipulated above were
> probably older and did not have to conform to the strict rules that now
> apply to reporting and publishing POR research results. You have probably
> received the final report (in a different format, even now, powerpoint
> reports are acceptable if they provide the information indicated above).
> However, if you have any questions regarding specific projects, please
> feel free to ask and I'll verify that these documents are the final
> reports. Please note that any projects contracted after August 1, 2006
> must comply with the above points.
>
> We have attached a list of projects that concern biotechnology, tobacco
> control and the health care system although this has been a cursory check.
> Our electronic filing system allows us access to reports from 2001 to the
> present so we should be able to provide any further reports that you would
> like. Again, let me know if there are specific reports needed and I'll
> send electronically as I am not too sure of what documents you currently
> have. Note too that reports will be published on the Library and
> Archives website (http://www.porr-rrop.gc.ca/index-e.html) for any
> research contracted after August 2006.
>
> I am afraid that the best practices reports contain information from both
> custom and syndicated reports and therefore are not available to those
> external to the Department as syndicated findings are proprietary to the
> research firm and therefore not owned by Health Canada or the Government
> of Canada. However, perhaps we can discuss to find out what information
> you are looking for specifically and I can see if specific issue papers
> not containing syndicated information can be passed on to you.
>
> I hope that helps. Again, please feel free to contact at any time.
> Amanda
>
>
>

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>
>
> Amanda Hayne-Farrell
> Senior Public Opinion Research Advisor
> Health Canada, Public Opinion Research and Evaluation
> 1010A, Jeanne Mance Building
> T: 613-948-3589    F: 613-941-9675
>
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