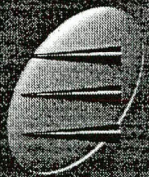


PORG-382 FY2002

Canadian Attitudes Toward Health Care – Rural Focus Group Findings (H1011-020075/001/CY /POR-02-83)

THUNDER BAY, KELOWNA, AND TROIS-RIVIÈRES



ENVIRONICS

November 2002

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BR

- A series of focus groups in smaller urban centres
 - Six groups, two each in Thunder Bay, Kelowna, and Trois-Rivières.
- Participants recruited from the general public and represented a mix of age groups, and educational backgrounds; also roughly equal proportions of men and women in each group.
- People working in the health care field were excluded from participating.



Assessment of Health Care in Canada

Assessment of Health Care in Canada

- Health care seen as a priority issue for the federal and provincial governments in Canada.
- Virtual consensus that things are bad and worse off than five years ago. Problem areas cited included a lack of health care professionals, increased waiting times, funding cutbacks, abuse of system, and more disparities between provinces in terms of care and access.
- A few positive comments about health care system such as receiving good care and having highly qualified professionals.

Assessment of Health Care – Region-Specific Results

- Thunder Bay participants expressed concerns about having to travel to receive service and not receiving same level of care as more urban centres. Agreement that other centres have problems, just not the same level of inconvenience.
- A number of Thunder Bay participants see health care services as being better in large urban centres in Ontario than in smaller urban or more rural locations.
- Certain Kelowna participants suggested that services in B.C. are better than other provinces and that health care in their community is better than more rural areas.
- Some Trois-Rivières participants felt that health care was better in Alberta and New Brunswick than other provinces and that urban areas in general have better health care services.



Health Care Reform

- Focus group participants in all three locations suggest that universality, having a system based on need (as opposed to wealth), and is generally free are the best things about the health care system in Canada. Also, system is seen as one with competent professionals and one where care is provided when needed.
- Two biggest fears are anxiety about increasing privatization and dissatisfaction with the status quo which may lead to continued deterioration.
 - Trois-Rivières participants express greater concern about exodus of doctors from the system/country and the increased costs of health care.

- Primary top-of-mind changes identified included more health care professionals, better use of current professionals (i.e. more use of nurse practitioners, improved licensing of foreign professionals), more funding, and reduced waiting times. Other changes identified included reducing the bureaucracy, better management, and more beds in hospitals.
- Generally, all these changes are seen as do-able (although some hesitancy was expressed in Trois-Rivières) if health care is viewed as a priority and can be achieved through proper management. Furthermore, such changes are seen as a necessity and something that is not only do-able, but required.

- Participants in all three locations feel that some changes need to be made (or started) in the short-term. Such changes should address crisis points – especially lack of equipment and starting to address human resource issues in the health care field.
- No clear timeframe identified for the implementation of such changes. Recognition that it will not happen overnight. While some participants in Thunder Bay saw a 5-10 year timeframe as acceptable, some in Trois-Rivières suggested a 2-7 year timeframe.

- Distinct preference for improving access and delivery of health care services that are already covered by Medicare over introducing new services. General view: we should be hesitant to add new services when there are problems delivering the services we have currently.
- When presented with a list of possible reforms and asked to rank their priorities the following three reforms emerge as the top priorities:
 - primary care
 - a national strategy to address the shortage of health care professionals
 - access to diagnostic, care and treatment services requiring equipment and technology

- While promoting health promotion and prevention, and homecare were also important health care reforms to Thunder Bay and Kelowna participants, improving access in rural health areas was seen as more important in Trois-Rivières.
- Reforms such as managing cost of pharmaceuticals/faster access to drugs, introducing a patients bill of rights, improving the health status of Aboriginals, and electronic health records management/tele-health are seen as less of a priority.
- When choosing priority reforms, participants select areas that are seen as “crisis points”, will provide the most benefits, appeal to them on a personal level, or help to improve access and maintain the universality of the system.
- Other suggested reforms included such things as improved accountability, more use of alternative health care approaches, and more cooperation between various levels of government.



Federal Government Leadership

Federal Government Leadership

- Overall, focus group participants in all three centres have difficulty identifying specific steps that the federal government has taken to improve health care.
 - Trois-Rivières participants explicitly state that federal government has not taken enough initiative in this area.
- A few participants in Thunder Bay note federal government efforts such as trying to reduce smoking, providing some additional funds for health care, developing a national standard on drugs, or trying to improve accountability.
- Generally positive reaction to federal government enforcing national standards (except in Trois-Rivières), developing an accountability framework, and funding and promoting medical research and technological advancements

Federal Government Leadership


- Enforcing national standards was seen as essential in maintaining universality and avoiding a patchwork system across the country. However, Trois-Rivières participants suggest that such a role would be too costly and takes too much autonomy from the provinces.
- Developing an accountability framework was viewed as a key step to help reduce waste and would provide clarification as to where the money is being spent. Such a framework could entail many forms including an audit, documenting improvements/problems with waiting times, assessing performance against benchmarks, and obtaining the public's opinions on the effectiveness of the system.

Federal Government Leadership

- Funding and promoting medical research and technological advancements was seen as a way to keep top medical professionals in Canada and help address certain shortcomings.
 - A couple of participants in Thunder Bay suggested that government involvement in this area would counter their concerns about private funding in this area, which may be self-interested.
- Focus group participants tend to be less certain that it would be wise for the federal government to deliver programs rather than simply finance them. While certain participants see no problem with such a move (and would welcome more active federal government involvement – Thunder Bay participants), others fear that the federal government may be too far away and not totally appreciate the local situation to effectively deliver such programs. A few Trois-Rivières participants expressed apprehension about the competence of the federal government to be able to fulfill this role.

Federal Government Leadership

- With respect to federal leadership in this area, a number of participants said that the government should provide more funds, and work with the provinces to solve the problems and improve the quality of health care in this country.



Reaction to the Royal Commission on the Future of Health Care

Reaction to the Royal Commission on the Future of Health Care

- Very little awareness of this Commission.
 - Those that they have heard of it, know very little, if anything, with respect to its mandate and activities.
 - Awareness was lower in Kelowna and Trois-Rivières. Only a couple of participants in Thunder Bay and Kelowna could provide any real details on the Commission and its activities.
- The Commission is seen as being independent and able to provide an impartial assessment.
- Reaction was mixed with respect to the impending report's ability to reflect the values of the average Canadian.



Funding

- Little is known about how health care is funded. Many participants made broad statements like “through our taxes”. Some were aware that both provincial and federal governments provide funds and that the feds provide lump sum transfers to the provinces.
 - Awareness of the funding principles was higher in Trois-Rivières.
- There is a wide range of estimates regarding how much the federal government provides of each dollar the provinces spend on health care. It ranged from 0 cents to 80 cents with many points in between.
- Most felt that ideal arrangement should be a 50/50 split, one participant suggested it should be based on need and not a percentage.

- Little awareness of provincial ads regarding funding (fed share only \$0.14), especially in Kelowna and Trois-Rivières.
- Reaction to the ad is mixed – while some suggest that such an arrangement is not fair and the federal government should provide a larger share, others treat the provincial ads with more skepticism. For some participants this ad is seen as a finger-pointing exercise by the provinces and they do not approve of such tactics.

- Taking money from other program areas and assigning it to health care is the preferred funding option (over raising taxes, deficit, status quo) in Kelowna and Trois-Rivières.
- Raising taxes slightly preferred funding option in Thunder Bay.
- Participants have great difficulty identifying specific programs where the funds could come from – most suggest eliminating waste, luxury spending, etc. A few suggest reduce funding in the arts, Aboriginals issues or defence.
- Going into a deficit to finance health care is the least preferred option in Thunder Bay and Kelowna while raising taxes was seen as the worst solution in Trois-Rivières.

- Clear perception that there is a lot of waste in the health care system.
 - Most feel that elimination of this waste is not sufficient to fund the necessary improvements but is an essential start in the right direction.
 - A few suggest that the elimination of this waste would be sufficient.



Credibility of Spokespersons

Credibility of Spokespersons

- Front-line health care professionals are seen as trustworthy spokespersons in this area, especially among Trois-Rivières participants. Some participants in other sessions express some concern that these professionals may act out of self-interest.
- Health charities generally viewed positively.
- A few participants in the English sessions viewed Roy Romanow as a good spokesperson.
- Mixed reaction to organizations like the CMA. While some feel they are credible and speak for all their members with one voice, others suggest they may have some self-interest.
- Media, pharmaceutical companies, governments viewed least favourably.



Responsibility for Health Care

Responsibility for Health Care

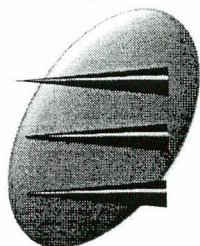
- General perception that a number of actors, especially the public and the federal and provincial governments, all need to play a role in fixing the health care system.
- Personal responsibility is seen on many different levels, from pressuring the government to act, providing input on the types of changes that are needed to leading healthier lifestyles and not overusing the system (i.e. visiting a health care professional only when absolutely necessary).
- Perceived federal responsibilities include providing more funding, ensuring systemic changes are made, and ensuring levels of delivery are the same across the country.
- The provinces are seen as being responsible for effectively using the money they have been provided.

Responsibility for Health Care

- A lot of scepticism about the potential government (both federal and provincial) reaction to the Romanow Commission final report. Many feel it will be ignored or result in a “blame game” between these two levels of government. Also some participants suggest that reaction will be dependent on what is said in report.
- A few Trois-Rivières participants felt that the situation has become so critical that the government cannot afford to disregard it.
- Also a desire for the federal government to publicize the findings of the Romanow Commission and to keep consulting with the public on this issue.

The Need For An Action Plan

- It is clear that focus group participants want a clear decisive reaction to the report.
 - Participants do not want excuses; they just want their governments to do something to address the problem.
 - Some participants in Kelowna were even more specific claiming they want to see an action plan that provides actions that will be pursued, timeframes for such action and that demonstrate follow-through.
- In general, it is felt that governments should review the various recommendations, prioritize them and tackle those areas that are most worthy of attention and that are most feasible within the short-term.



ENVIRONICS

R E S E A R C H G R O U P

336 MacLaren Street

Ottawa, Ontario

Phone: 613.230.5089

Fax: 613.230.3836

www.environics.net

Health Canada: Recruiting Guide
November 15, 2002

Note: Please recruit 12 people (10 to show) for each session according to the recruiting criteria attached to this guide. WATCH QUOTAS.

Good afternoon/evening. My name is (_____) of the _____, a professional public opinion research firm. From time to time, we get opinions by sitting down and talking with a group of people. We are having a discussion session and are calling to find out if someone in your household can participate. These sessions take about two hours and those who qualify and attend will receive \$50.00 as a token of our appreciation. I would like to ask you a few questions to see if you qualify to attend.

1. Could I speak to the person in your household over the age of 18 that has had the most recent birthday? Would you be that person?

Yes (**CONTINUE**)

No (**ARRANGE TO SPEAK TO THAT PERSON OR ARRANGE A TIME WHEN THAT PERSON WOULD BE AT HOME.**)

Call Back Date and Time: _____

2. Do you or does anyone in your household work for any of the following types of organizations: an advertising or market research firm, the health care profession, the media, the federal public service, or an elected official?

IF YES, THANK AND TERMINATE
IF NO, CONTINUE

3. Have you participated in a focus group or discussion group within the past 6 months?

IF YES, THANK AND TERMINATE
IF NO, CONTINUE

4. How many group discussions have you been to altogether?

None (1/2 OF GROUP, MINIMUM)
1 to 4 (1/2 OF GROUP, MAXIMUM)
5 or more (DISCONTINUE)

5. How much of your spare time would you say you spend talking, reading, or thinking about issues that affect your community, your province, or Canada as a whole? Do you spend a lot of time, some time, very little time, or no time at all?

A lot of time

Some

Very little

No time at all THANK AND TERMINATE

6. How often do you openly express your opinions on public issues to people **other** than your family and friends? This would include contacting public figures by letter, e-mail, fax or phone, writing letters to the editor, signing petitions, or attending public meetings and rallies. Do you do ANY of these things very often, sometimes, rarely, or never?

Very often

Sometimes

Rarely

Never THANK AND TERMINATE

Demographic Quotas

7. NOTE SEX...DO NOT ASK (**Need 50/50 gender balance**)

Male

Female

8. What is the highest level of education that you have reached? (**DO NOT READ - Need a distribution of education ranges – equal numbers on either side of an university education**)

Some elementary (Grades 1-6)

Completed elementary (Grade 7 or 8)

Some high school (Grades 9-11)

Completed high school (Grades 12 or 13)

Community College, vocational, trade school

Some university

Complete university (Bachelor's Degree)

Post graduate/professional school (Master's Degree, Ph.D., etc.)

No schooling

DK/Refuse

9. In what year were you born? (**Need a range of ages for each group - at least two people 60 years of age or older for each session and at least three people 40-55**)

SPECIFY _____

10. Would you be available to attend a session at (TIME) on (DATE)?

**IF YES, ASSIGN TO GROUP AND CONFIRM CONTACT INFORMATION
IF NO, THANK AND TERMINATE**

<i>Group Schedule</i>		
<i>Date</i>	<i>Location</i>	<i>Time</i>
November 20, 2002	Thunder Bay	17:30 – 19:30 20:00 – 22:00
November 21, 2002	Kelowna	17:30 – 19:30 20:00 – 22:00

Participant's Name: _____

Phone Number: _____

We ask that you arrive fifteen minutes early to register.

As we are only inviting a small number of people to attend, your involvement is very important to us. If for some reason you are unable to attend, please call so that we may get someone to replace you. You can reach us at xxx-xxx at our office, please ask for (name of supervisor). Someone will give you a call the day before to remind you about the discussion. We look forward to seeing you!

THANK AND DISCONTINUE

Recruiter's Name: _____

Santé Canada – Guide de recrutement :
Le 15 novembre 2002

Nota : Veuillez recruter 12 personnes (dont 10 se présenteront) à chaque séance, selon les critères de recrutement joints à ce guide. **SURVEILLEZ LES QUOTAS.**

Bonjour/Bonsoir. Je m'appelle (_____) et représente (_____), un bureau professionnel de recherche sur l'opinion publique. De temps à autres, nous recueillons des opinions en réunissant un groupe de personnes pour une discussion. Nous organisons une discussion et appelons pour savoir si quelqu'un dans votre foyer peut y prendre part. Ces séances dureront environ deux heures et ceux et celles qui se qualifient et y participent recevront 50,00 \$ en témoignage de notre appréciation. J'aimerais vous poser quelques questions afin de savoir si vous vous qualifiez pour participer.

1. Puis-je parler à la personne de votre foyer âgée de plus de 18 ans qui a célébré son anniversaire de naissance le plus récemment ? Est-ce vous ?

Oui (**CONTINUEZ**)

Non (**PRENEZ DES ARRANGEMENTS POUR PARLER À CETTE PERSONNE OU PRÉVOIR LE MOMENT OÙ CETTE PERSONNE SERA À LA MAISON.**)

Date et heure du rappel : _____

2. Est-ce que vous ou une autre personne de votre foyer travaille pour l'un des types d'organisations suivants : une agence de publicité ou un bureau d'études de marché, les professions des soins de santé, les médias, la fonction publique fédérale ou un élu ?

SI OUI, REMERCIEZ ET TERMINEZ.

SI NON, CONTINUEZ.

3. Avez-vous participé à un groupe d'intérêt ou un groupe de discussion au cours des 6 derniers mois ?

SI OUI, REMERCIEZ ET TERMINEZ.

SI NON, CONTINUEZ.

4. En tout, à combien de discussions de groupe avez-vous déjà pris part?

Aucun (½ **DU GROUPE, AU MINIMUM.**)
1 à 4 (½ **DU GROUPE, AU MAXIMUM.**)
5 ou plus (**TERMINEZ.**)

5. Dans vos temps libres, combien de temps diriez-vous que vous prenez pour parler, lire ou penser aux questions qui touchent votre collectivité, votre province ou l'ensemble du Canada ? Diriez-vous que vous y consacrez beaucoup de temps, un certain temps, très peu de temps ou pas du tout de temps ?

Beaucoup de temps
Certain temps
Très peu de temps
Pas du tout de temps

REMERCIEZ ET TERMINEZ

6. À quelle fréquence exprimez-vous ouvertement vos opinions sur des questions d'intérêt public à des personnes **autres** que vos parents et amis ? Cela pourrait comprendre des communications avec des personnalités publiques par lettre, par courriel, par télécopieur ou par téléphone, des lettres à la rédaction, la signature de pétitions ou votre participation à des assemblées publiques ou des rassemblements. Posez-vous L'UN de ces gestes très souvent, parfois, rarement ou jamais ?

Très souvent
Parfois
Rarement
Jamais

REMERCIEZ ET TERMINEZ

Quotas Démographiques

7. **NOTEZ LE SEXE... NE LE DEMANDEZ PAS. (Besoin d'une répartition des sexes 50/50.)**

Homme
Femme

8. Quel est le niveau de scolarité le plus élevé que vous ayez atteint ? **(NE LISEZ PAS – Besoin d'une répartition des niveaux de scolarité – en nombre égal de part et d'autre du niveau universitaire.)**

Partie du niveau primaire (1^{ière} à 6^e années)
Niveau primaire complété (7^e ou 8^e année)
Partie du niveau secondaire (9^e à 11^e années)
Niveau secondaire complété (12^e ou 13^e année)
Collège communautaire, école de métier, formation professionnelle
Partie du niveau universitaire
Premier niveau universitaire complété (Baccalauréat)
Études supérieures/École de profession (Maîtrise, Doctorat, etc.)
Aucune scolarité
SP/Refus

9. En quelle année êtes-vous né(e) ? (**Besoin d'une répartition des âges dans chaque groupe, au moins deux personnes de 60 ans ou plus dans chaque séance et au moins deux personnes de 40-55.**)

PRÉCISEZ : _____

10. Seriez-vous en mesure de participer à une séance qui aura lieu à (HEURE) le (DATE) ?

**SI OUI, ASSIGNEZ UN GROUPE ET CONFIRMEZ LES COORDONNÉES.
SI NON, REMERCIEZ ET TERMINEZ.**

<i>Horaire des groupes</i>		
<i>Date</i>	<i>Endroit</i>	<i>Heure</i>
21 novembre, 2002	Trois Rivières	

Nom du/de la participant(e) : _____

Numéro de téléphone : _____

Nous vous demandons de bien vouloir arriver quinze minutes avant le début afin de vous inscrire.

Comme nous n'invitons qu'un petit de personnes à participer, votre présence est très importante à nos yeux. Si, pour une raison quelconque il vous était impossible d'y prendre part, veuillez s'il vous plaît téléphoner pour que nous puissions trouver une personne pour prendre votre place. Vous pouvez nous joindre à nos bureaux au numéro xxx-xxxx et demandez à parler à (nom du superviseur.). Quelqu'un vous téléphonera la journée précédente pour vous rappeler la tenue de la discussion. Au plaisir de vous rencontrer !

REMERCIEZ ET TERMINEZ.

Nom du recruteur : _____

THE FOCUS CANADA REPORT 2002-4 (H-section)

H1. Some people say that, because the delivery of health care is a provincial responsibility, the federal government should be able to monitor and report on what the provinces are doing, but that they should not tell the provinces how to spend the money. Other people say that since the federal government funds health care with money from Canadian taxpayers, it should insist that any additional funding that goes to the provinces be used to support specific agreed-upon changes to the health care system. Which view is closer to your own?

	GENDER		A G E				MARITAL STATUS		KIDS <18 AT HOME		LANGUAGE OF INHW		RELIGION		NON-BRIT IMMIGRANT		TENURE		UNION MEMBER				
	Male	Female	18-29	30-44	45-59	60 or more	Single	Married	Yes	No	Engl	Fre	Cath	Prot	Ag	Other	Own	Rent	Yes	No			
	TOTAL																						
UNWEIGHTED SAMPLE	2010	1004	1006	318	642	589	422	804	1193	708	1290	1530	480	773	651	467	84	86	1378	610	375	96	258
WEIGHTED SAMPLE	2010	965	1045	434	652	455	435	842	1158	720	1279	1527	483	771	611	499	92	117	1304	687	351	88	243
Monitor but with no say in how money is spent	51	52	49	47	51	52	52	49	52	48	52	49	56	55	49	49	54	52	51	51	49	45	50
Insist that new money be spent in specific areas	46	45	48	49	47	46	43	47	46	49	44	48	41	44	47	48	45	47	47	45	49	52	48
DK/NA	3	3	3	4	2	2	5	5	2	2	3	3	3	2	4	4	1	1	2	4	2	3	2

	EMPLOYMENT STATUS				OCCUPATION				HOUSEHOLD INCOME						EDUCATION									
	Full time	Part time	mak er	Unem ed	Home Wkg	Reti red	Wb man	Prof Adm	Tech S.P.	Off sale serv	Sk/ semi skil	Un- work	Less than \$20K	\$20K to \$30K	\$30K to \$40K	\$40K to \$60K	\$60K to \$80K	\$80K to 100K	Less than H.S.	H.S.	Coll	Some Univ	Univ Deg.	
	TOTAL																							
UNWEIGHTED SAMPLE	2010	886	190	101	303	385	582	402	224	265	276	135	254	261	230	382	248	159	245	203	310	675	233	576
WEIGHTED SAMPLE	2010	881	191	100	282	383	596	406	221	266	266	118	251	254	232	375	253	164	262	182	301	687	230	600
Monitor but with no say in how money is spent	51	52	49	46	47	53	49	53	55	49	47	49	47	49	52	53	54	52	48	46	47	52	57	50
Insist that new money be spent in specific areas	46	45	50	52	50	42	49	46	45	48	50	46	45	47	46	46	46	44	50	46	48	46	41	48
DK/NA	3	2	1	2	3	5	2	1	1	3	4	6	8	4	2	1	1	4	2	7	5	2	2	2

THE FOCUS CANADA REPORT 2002-4 (H-section)

H1. Some people say that, because the delivery of health care is a provincial responsibility, the federal government should be able to monitor and report on what the provinces are doing, but that they should not tell the provinces how to spend the money. Other people say that since the federal government funds health care with money from Canadian taxpayers, it should insist that any additional funding that goes to the provinces be used to support specific agreed-upon changes to the health care system. Which view is closer to your own?

	REGION				SUB REGION							COMMUNITY SIZE					FED. POLITICAL PREFERENCE						
	TOTAL	Atl prov	Que bec	Onta rio	West Can	Toro nto	Mont real	Van cov	Man.	Sask	Albe rta	B.C.	Que + N.B.	Can 1 excl mill	100K to 1 mill	5K to 100K	Less than 5K	Lib	P.C.	NDP	Can. Alli ance	Blcc Que	Und.
UNWEIGHTED SAMPLE	2010	238	500	567	705	185	201	111	134	124	210	237	1510	497	535	498	480	661	263	247	334	152	260
WEIGHTED SAMPLE	2010	164	506	752	588	322	281	124	76	66	182	263	1504	727	452	442	389	689	250	246	314	154	247
Monitor but with no say in how money is spent	51	41	56	50	49	55	56	50	40	45	58	46	49	54	50	45	50	43	51	44	63	69	53
Insist that new money be spent in specific areas	46	57	41	47	48	41	42	48	55	47	40	51	48	42	46	53	47	55	45	52	35	29	43
DK/NA	3	2	3	3	3	4	3	2	5	8	2	3	3	3	3	2	3	2	3	5	2	2	4

THE FOCUS CANADA REPORT 2002-4 (H-section)

Using a scale of 1 through 7, how strongly do you agree or disagree with the following statements, where 1 means you strongly disagree, the mid-point 4 means you neither agree nor disagree and 7 means you strongly agree?

H2. Lately, my provincial government has been showing some real leadership on health care reform.

	GENDER		A G E				MARTIAL STATUS		KIDS <18 AT HOME		LANGUAGE OF INIW		RELIGION		NON-BRIT IMMIGRANT		TENURE		UNION MEMBER				
	TOTAL	Male	18 to 29	30 to 44	45 to 59	60 or more	Single	Married	Yes	No	Engl	Fre	Cath	Prot	Ath/ Eui	Other	Own	Rent	Yes	No			
	2010	2010	1004	1006	318	642	589	422	804	1193	708	1290	1530	480	773	651	467	84	86	1378	610	375	96
WEIGHTED SAMPLE	2010	965	1045	434	652	455	435	842	1158	720	1279	1527	483	771	611	499	92	117	1304	687	351	88	243
Strongly disagree	18	18	19	14	18	21	20	18	19	17	19	18	20	19	17	21	19	12	18	18	22	28	21
Disagree	11	10	12	14	13	10	6	12	10	12	10	10	13	10	7	15	10	14	10	13	12	16	12
Somewhat disagree	16	15	16	17	18	14	14	16	16	15	17	16	16	18	15	15	18	14	17	15	17	13	17
Neither agree nor disagree	28	27	28	29	27	29	27	28	28	29	27	29	25	28	29	27	24	28	27	29	28	27	28
Somewhat agree	15	17	14	19	14	14	15	14	16	16	15	15	15	15	19	12	11	17	15	16	12	8	14
Agree	6	6	5	5	5	6	8	6	6	5	6	6	5	5	7	5	9	4	7	3	4	4	4
Strongly agree	5	6	4	1	4	6	8	6	4	4	6	5	5	5	6	4	7	8	5	5	3	4	3
DK/NA	1	1	1	1	1	1	2	1	1	2	1	1	1	1	2	1	1	3	1	2	1	-	1

	EMPLOYMENT STATUS				OCCUPATION				HOUSEHOLD INCOME							EDUCATION								
	Full time	Part time	Retired	Unem	Prof	Tech	Off sale	Sk/semi	Unskil	Less than \$20K	\$20K to \$30K	\$30K to \$40K	\$40K to \$60K	\$60K to \$80K	\$80K to \$100K	Less than H.S.	H.S.	Voca	Coll	Some Univ	Univ Deg.			
	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010		
WEIGHTED SAMPLE	886	190	101	303	385	582	402	224	265	276	135	254	261	230	382	248	159	245	203	310	675	233	576	
Strongly disagree	18	17	19	15	18	21	16	19	17	15	16	22	18	17	18	19	18	20	15	24	16	19	18	17
Disagree	11	12	11	14	14	6	15	12	12	12	14	11	10	10	10	10	11	15	14	7	9	11	13	13
Somewhat disagree	16	17	13	15	17	14	17	17	18	18	15	12	12	16	14	17	17	19	18	12	14	17	20	15
Neither agree nor disagree	28	29	30	30	26	26	30	27	24	30	33	27	34	28	33	29	25	25	25	30	32	30	18	26
Somewhat agree	15	16	15	12	14	14	13	17	20	14	13	11	13	15	14	14	17	13	19	12	11	14	21	18
Agree	6	5	7	6	5	9	4	3	5	7	5	7	3	7	6	8	6	4	4	4	9	5	6	6
Strongly agree	5	4	3	8	6	8	4	4	2	4	3	7	6	7	4	3	4	2	5	8	7	4	3	4
DK/NA	1	1	1	2	1	2	1	-	1	1	*	3	4	1	1	*	2	1	-	2	2	1	1	1

THE FOCUS CANADA REPORT 2002-4 (H-section)

Using a scale of 1 through 7, how strongly do you agree or disagree with the following statements, where 1 means you strongly disagree, the mid-point 4 means you neither agree nor disagree and 7 means you strongly agree?

H2. Lately, my provincial government has been showing some real leadership on health care reform.

	REGION			SUB REGION							COMMUNITY SIZE						FED. POLITICAL PREFERENCE						
	TOTAL	Atl prov	Que bec	Onta rio	West Can	Toro nto	Van real ver			Albe rta	B.C.	Que + mill	100K 5K to 1 to than			Lib	P.C.	NDP	Can. Alli Bloc ance Que Uni.				
							Man.	Sask	Man.				100K	5K	100K				5K	Lib	P.C.	NDP	ance
UNWEIGHED SAMPLE	2010	238	500	567	705	185	201	111	134	124	210	237	1510	497	535	498	480	661	263	247	334	152	260
WEIGHED SAMPLE	2010	164	506	752	588	322	281	124	76	66	182	263	1504	727	452	442	389	689	250	246	314	154	247
Strongly disagree	18	13	21	15	21	15	20	29	12	13	14	31	18	19	16	22	15	17	16	32	17	12	17
Disagree	11	11	14	10	10	13	16	14	8	7	8	13	10	14	7	11	10	10	11	14	8	13	9
Somewhat disagree	16	13	16	17	16	16	16	24	12	13	13	19	16	18	16	15	14	18	13	18	13	16	16
Neither agree nor disagree	28	35	24	31	25	26	24	11	32	37	25	20	29	23	30	28	34	28	32	18	25	31	33
Somewhat agree	15	17	15	16	14	18	13	11	23	20	17	8	15	15	18	14	15	17	16	10	17	17	14
Agree	6	5	5	5	7	6	4	7	7	5	11	4	6	6	6	6	6	5	5	6	10	8	3
Strongly agree	5	5	5	4	6	2	6	5	7	3	10	4	5	4	7	4	6	4	6	2	9	3	5
DK/NA	1	1	1	2	1	3	1	-	1	1	1	-	1	2	1	1	*	1	1	*	1	-	2

THE FOCUS CANADA REPORT 2002-4 (H-section)

Using a scale of 1 through 7, how strongly do you agree or disagree with the following statements, where 1 means you strongly disagree, the mid-point 4 means you neither agree nor disagree and 7 means you strongly agree?

H3. Lately, the federal government has been showing some real leadership on health care reform.

	GENDER		A G E				MARITAL STATUS		KIDS <18 AT HOME		LANGUAGE OF INTW		RELIGION		NON-BRIT IMMIGRANT		TENURE		UNION MEMBER				
	Male	Female	18-29	30-44	45-59	60 or more	Single	Married	Yes	No	Engl	Fre	Cath	Prot	Ag	Other	Own	Rent	Yes	No			
	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	
UNWEIGHTED SAMPLE	2010	1004	1006	318	642	589	422	804	1193	708	1290	1530	480	773	651	467	84	86	1378	610	375	96	258
WEIGHTED SAMPLE	2010	965	1045	434	652	455	435	842	1158	720	1279	1527	483	771	611	499	92	117	1304	687	351	88	243
Strongly disagree	19	23	16	11	19	25	22	18	20	18	20	19	22	19	20	21	22	5	20	18	21	31	17
Disagree	13	14	12	10	14	14	11	11	14	12	13	11	17	13	12	12	16	7	13	12	15	17	14
Somewhat disagree	16	14	17	20	18	12	12	16	16	15	16	14	21	18	13	16	17	13	15	17	14	13	15
Neither agree nor disagree	28	24	32	34	26	27	24	32	25	30	27	30	22	27	29	28	20	25	27	29	29	18	31
Somewhat agree	15	15	14	16	15	13	14	12	17	14	15	16	10	13	14	17	12	25	15	14	16	12	17
Agree	4	5	4	5	3	3	7	5	4	5	4	5	2	4	4	3	10	10	4	5	2	3	2
Strongly agree	4	5	3	3	3	5	6	4	4	4	4	4	4	5	5	3	1	11	4	4	3	5	3
DK/NA	1	1	2	1	2	1	2	2	1	2	1	1	2	2	2	1	3	4	1	2	*	-	*

	EMPLOYMENT STATUS				OCCUPATION				HOUSEHOLD INCOME							EDUCATION								
	Full time	Part time	Retired	Unempl	Wkg	Prof	Tech	Sale	Off serv	Sk/semi	Unskil work	Less than \$20K	\$20K to \$30K	\$30K to \$40K	\$40K to \$60K	\$60K to \$80K	\$80K to \$100K	100K or more	Less than H.S.	H.S.	Coll Voca	Some Univ	Univ Deg.	
	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004	2010	2004
UNWEIGHTED SAMPLE	2010	886	190	101	303	385	582	402	224	265	276	135	254	261	230	382	248	159	245	203	310	675	233	576
WEIGHTED SAMPLE	2010	881	191	100	282	383	596	406	221	266	266	118	251	254	232	375	253	164	262	182	301	687	230	600
Strongly disagree	19	20	15	14	20	22	15	21	17	18	23	16	20	19	16	22	20	15	17	27	18	22	17	15
Disagree	13	13	9	19	13	12	12	13	12	12	14	9	11	14	11	15	14	13	7	11	13	13	14	
Somewhat disagree	16	17	14	9	16	12	19	18	17	20	14	11	12	15	17	16	15	20	17	10	14	15	17	18
Neither agree nor disagree	28	27	32	35	27	24	33	23	24	35	29	32	31	29	33	31	24	25	24	33	33	30	29	21
Somewhat agree	15	14	19	9	15	15	14	19	19	9	15	16	14	12	12	12	16	16	22	10	14	11	13	21
Agree	4	3	6	8	4	5	3	4	5	2	2	6	5	6	5	4	6	5	3	6	3	4	7	4
Strongly agree	4	4	2	2	4	6	3	3	6	3	3	5	5	6	2	3	4	4	6	4	6	3	3	4
DK/NA	1	1	2	3	1	2	1	*	*	1	1	1	5	2	1	1	1	1	-	4	2	1	2	1

THE ECLES CANADA REPORT 2002-4 (H-section)

Using a scale of 1 through 7, how strongly do you agree or disagree with the following statements, where 1 means you strongly disagree, the mid-point 4 means you neither agree nor disagree and 7 means you strongly agree?

H3. Lately, the federal government has been showing some real leadership on health care reform.

	REGION						SUB REGION						COMMUNITY SIZE						FED. POLITICAL PREFERENCE					
	Atl		Que	Onta	West	Toro	Van		Albe		Can	100K	5K	Less	Can.			Alli Bloc						
	TOTAL	prov	bec	rio	Can	nto	real	ver	Man.	Sask	rta	B.C.	Que	+	mill	100K	5K	than	Lib	P.C.	NIP	ance	Que	Und.
UNWEIGHTED SAMPLE	2010	238	500	567	705	185	201	111	134	124	210	237	1510	497	535	498	480	661	263	247	334	152	260	
WEIGHTED SAMPLE	2010	164	506	752	588	322	281	124	76	66	182	263	1504	727	452	442	389	689	250	246	314	154	247	
Strongly disagree	19	13	21	15	25	16	20	16	26	21	30	21	19	17	23	17	22	11	19	18	35	31	21	
Disagree	13	8	17	10	13	12	19	14	11	10	15	13	11	15	11	11	12	9	10	15	17	17	11	
Somewhat disagree	16	14	21	11	18	13	22	22	22	14	19	16	14	18	15	16	11	13	15	17	17	22	15	
Neither agree nor disagree	28	40	21	30	27	22	21	28	27	31	21	31	30	23	30	32	30	34	33	27	15	19	31	
Somewhat agree	15	17	11	19	11	21	9	12	7	15	9	12	16	15	13	14	17	21	14	13	9	5	13	
Agree	4	3	3	7	3	9	3	5	3	6	3	3	5	6	4	4	3	7	3	6	3	1	3	
Strongly agree	4	4	4	5	2	6	4	3	2	3	2	3	4	5	3	4	4	5	5	3	3	3	3	
K/A	1	1	2	2	1	2	2	1	1	-	1	2	1	2	1	2	2	1	1	2	1	1	4	

Canadian Attitudes Toward Health Care – Rural Focus Group Findings (H1011-020075/001/CY /POR-02-83)

THUNDER BAY, KELOWNA, AND TROIS-RIVIÈRES



ENVIRONICS

November 2002

Focus Canada 2002-4 Omnibus Survey Methodology Report

The results of the survey are based on questions asked to 2,000 Canadians 18 years of age and older living within the ten provinces of Canada: 235 in the Atlantic provinces, 501 in Quebec, 563 in Ontario and 701 in the Western provinces. The survey was conducted by telephone from December 19, 2002 to January 12, 2003.

Sample Selection

The sampling method was designed to complete approximately 2,000 interviews within households randomly selected across Canada. It is drawn in such a way that it represents the Canadian population with the exception of those Canadians living in the Yukon, Northwest Territories or Nunavut or in institutions (armed forces barracks, hospitals, prisons).

The sampling model relies on the stratification of the population by ten regions (Atlantic, Montreal CMA, the rest of Quebec, Toronto CMA, the rest of Ontario, Manitoba, Saskatchewan, Vancouver CMA and the rest of British Columbia) and by four community sizes (1,000,000 inhabitants or more, 100,000 to 1,000,000 inhabitants, 5,000 to 100,000 inhabitants, and under 5,000 inhabitants).

The final sample was distributed as follows.

	1996 Census* %	Weighted N=2,000	Unweighted N=2,000	Margin of Error
Atlantic Canada	8	163	235	6.4
Quebec	25	504	501	4.4
Ontario	37	748	563	4.1
Manitoba	4	76	132	8.5
Saskatchewan	3	66	122	8.9
Alberta	9	181	214	6.7
British Columbia	13	262	233	6.4

* Canadians aged 18 years or over in 1996, excluding those in the Northwest Territories and the Yukon (21,693,400)

EnviroNics uses a RDD (random digit dialling) sample selection technique. Telephone numbers are selected from the most recently published telephone directories, thus ensuring that only valid telephone exchanges are used. These numbers act as “seeds” or elements from which the sample is randomly generated. The numbers in the sample elements are selected in such a way that they are representative of the geographic area(s) under study. This sample selection technique ensures both unlisted numbers and numbers listed after the directory publication are included in the sample.

A total of 28,130 telephone numbers were drawn. From within each household contacted, respondents 18 years of age and older were screened for random selection using the “most recent birthday” method. The use of this technique produces results that are as valid and effective as enumerating all persons within a household and selecting one randomly.

Telephone Interviewing

Interviewing was conducted at Environics' central facilities in Toronto and Montreal. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. Ten percent of each interviewer's work was unobtrusively monitored for quality control in accordance with the standards set out by the Canadian Association of Marketing Research Organizations (CAMRO).

A minimum of five calls were made to a household before classifying it as a "no answer."

Margin of Error

The margin of error for a stratified probability sample of this size is estimated to be +/- 2.2 percentage points, 19 times out of 20. The margin of error is greater for results pertaining to regional or socio-demographic subgroups of the total sample.

Completion Results

A total of 2,000 interviews were completed. The following table presents the detailed completion results:

The effective response rate for the survey is 11 percent: the number of completed interviews (2,000) divided by the total sample (28,130) minus the sum of the non-valid/non-residential numbers, the numbers not in service and the numbers that presented a language barrier (10,080).

The actual completion rate is 19 percent: the number of completed interviews (2,000) divided by the number of direct contacts (10,388).

	N	%
Total sample dialled	28,130	100
Household not eligible	329	1
Non-residential/not in service	8,898	32
Language barrier	853	3
Subtotal	10,080	36
New Base (28,130 - 10,080)	18,050	100
No answer/line busy/ respondent not available	7,662	42
Refusals	8,186	45
Mid-interview refusals	202	1
Subtotal	16,050	89
Net Completions (18,050-16,050)	2,000	11
Completion Rate (2,000/[18,050-7,662])		19