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Health Canada Performance Survey

Final Report

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BACKGROUND

Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health and it is committed to improving the lives of all of Canada's people and making this country's population among the healthiest in the world. To try and accomplish this goal, Health Canada has a number of key roles including such things as providing national leadership to develop health policy, enforcing health regulations, promoting disease prevention and enhancing healthy living for all Canadians. Health Canada is also continually making Canadians more aware of dangers to their health to help protect them from avoidable risks and encouraging them to take a more active role in their health. In addition, Health Canada ensures that health services are available and accessible to First Nations and Inuit communities.

Given the number and broad nature of Health Canada's mandate and the initiatives it pursues, it is not surprising that the Department serves a broad range of constituencies spanning public, private and non-profit sectors. Not to be missed is the Department's direct and highly visible role with the Canadian public. The range and scope of the Department's activities and responsibilities create significant communications challenges. The nature of these challenges varies dramatically by issue area. Balancing short, medium and long-term policy and communications pressures and priorities is a profoundly complex exercise. It is important that Health Canada has an understanding of Canadians' views on what they feel should be the priorities of the Department and how they assess the Department's performance on their key roles.

As such, building on previous research, a performance survey was conducted in March 2005 among the general public. Two years have passed since that time, we have had a new Government and there have been many activities on the health care front during this time. Given this ever-changing environment, Health Canada felt it was necessary to once again speak with Canadians and get an update on their impressions of Health Canada. The 2007 survey tracks a number of questions that have been asked in the past, allowing us to see if and how opinion, attitudes and behaviours may have changed. In addition, we asked some new questions to obtain further information that is relevant to the mandate and activities of Health Canada.

Research Objectives

#1 The objectives of this research were to obtain an understanding of the attitudes, knowledge levels, concerns and awareness levels of Canadians about Health Canada, the state of healthcare, and relative priorities within an overarching health framework. The overall objective of this research is to gauge public attitudes towards the

72 Department and of its overall performance. These findings are meant to uncover basic public awareness of and expectations for the Department, and assist in evaluating current operational and communications activities. Furthermore, this research will allow Health Canada to better align and focus its priorities with those of the Canadian public.

The research objectives for the Health Canada performance survey included:

- Investigating various reputation measures;
- Updating data on key attitudes toward the state of the health care system;
- Testing and tracking the relative priorities and performance of the Department's specific health-related activities and services, thus determining the Department's perceived strengths and weaknesses;
- Assessing the nature (i.e. methods, frequency) and outcomes (i.e. satisfaction and dissatisfaction) of Canadians' interactions with Health Canada; and,
- Through in-depth statistical analysis, developing a model of the drivers of attitudes about the Health Canada "brand".

METHODOLOGY

The methodology for this study involved a national random telephone survey of 2,000 Canadians aged 18 years old and over. The survey was approximately 20 minutes in length, and was fielded from February 23rd to March 15th, 2007. The sample has been weighted to ensure that it is representative of Canada's regional, gender and age composition, according to Census data. A survey of this type is an accurate representation of the population (all Canadians over the age of 18 years old) within ± 2.2 percentage points, 19 times out of 20.

The survey was registered with the national survey registration system, and conducted using Computer Assisted Telephone Interviewing (CATI) technology. The sample consisted of random digit dialling (RDD). Regional breakdown of this sample is as follows:

REGION	SAMPLE SIZE n=2,000	WEIGHTED DATA n=2,000	MARGIN OF ERROR
British Columbia	250	264	± 6.0
Alberta	200	194	± 7.0
Manitoba/Saskatchewan	150	136	± 8.4
Ontario	725	758	± 3.6
Quebec	475	494	± 4.4
Atlantic Provinces	200	154	± 7.9
Canada	2,000	2,000	± 2.2

Statistical Analysis: Structural Equation Modelling

In order to analyze the drivers of Health Canada's "brand reputation", structural equation modeling (SEM) was applied to the data. SEM is a statistical technique for building and testing causal models. SEM encompasses aspects of factor analysis, path analysis and regression; as an extension of the general linear model, it simultaneously estimates relationships between multiple independent, dependent and latent variables. In this case, a series of latent variables – constructed from observed variables to minimize collinearity – were incorporated to estimate the drivers of brand health, a measure derived from trust in and overall performance of Health Canada.

Empirical Response Rate Calculation

This table details the calculation of the response rate for this study, as per the Marketing Research and Intelligence Association's (MRIA) standards.

Empirical Calculation for Data Collection	
Total Numbers Attempted	36423
Invalid (NIS, fax/modem, business/non-res.)	12811
Unresolved (U) (Busy, no answer, answering machine)	11673
In-scope - non-responding (IS)	9155
Language problem	426
Illness, incapable, deaf	147
Household refusal	7079
Respondent refusal	637
Qualified respondent break-off	866
In-scope - Responding units (R)	2784
No one 18+	113
Other disqualify (includes over gender quota and occupational disqualification)	671
Completed interviews	2000
Response Rate = R/(U+IS+R)	12%

EXECUTIVE SUMMARY

Background and Methodology

It is important that Health Canada has an understanding of Canadians' views on what they feel should be the priorities of the Department and how they assess the Department's performance on their key roles. Given the ever-changing political and health care environment, Health Canada felt it was necessary to once again speak with Canadians and get an update on their impressions of Health Canada.

The 2007 survey tracks a number of questions that have been asked in the past, allowing us to see if and how opinion, attitudes and behaviours may have changed. In addition, we asked some new questions to obtain further information that is relevant to the mandate and activities of Health Canada.

The objectives of this research were to obtain an understanding of the attitudes, knowledge levels, concerns and awareness levels of Canadians about Health Canada, the state of healthcare, and relative priorities within an overarching health framework. The overall objective of this research is to gauge public attitudes towards the Department and of its overall performance.

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Key Findings

The Health Care System and Health Care Priorities

During the past three years, there has been steady improvement with regard to perceptions of the state of the health care system in Canada. Ratings have climbed from 24% (saying "very good" or "excellent") in the fall of 2004, to 34% in March 2005 and 37% in March 2007.

Actual use of the health care system has remained relatively stable (71% have used health care services in the last twelve months, compared to 74% in 2005). Satisfaction among those who have used health care services in the past year also remains stable, barely shifting from 79% (satisfied) in 2005 to 78% in 2007.

According to Canadians, the most pressing health issues facing the nation include wait times and a lack of health human resources. When asked to prioritize several health-related initiatives, Canadians deem a patient wait time guarantee the most important (43%) compared to a cancer care strategy (28%), protecting Canadians' health from environmental effects (21%) or a mental health commission (8%).

When asked to rate the importance of a series of health issues, however, ensuring the safety of food and pharmaceutical products is considered to be slightly more important than establishing patient wait time guarantees (91% and 90% say "important" respectively, compared to 89% for wait times). Least important are regulating the labelling and promotion of tobacco products (68%) and preparing the Canada Food Guide (67%). Since 2001, the importance assigned to all but one of these issues (ensuring the safety of food products) has increased slightly. Clearly, issues that directly implicate the immediate health concerns of Canadians rank higher in importance than what might be perceived as more regulatory and bureaucratic issues.

Health Canada

Canadians recognize Health Canada to be the lead on seven of ten key health issues examined. The exceptions are issues involving the environment, the safety of consumer products and First Nations health care services, where other federal departments are more likely to be seen as the lead.

Overall performance ratings of Health Canada in the "early ballot" are up slightly in 2007 (43% rate it as positive in 2007, compared to 41% in 2005) – just over one in ten (14% in both 2007 and 2005) give Health Canada a negative performance ranking. Following consideration of a wide range of health issues, Health Canada's positive ranking increases to 57%. Much of this represents a shift from the neutral category, as Health Canada's negative ranking in the "late ballot" remains virtually unchanged (at 13%).

Among the health issues that Canadians consider to be important, Health Canada receives the most positive marks for preparing the Canada Food Guide (74% say "good") and for its efforts to regulate the labelling and promotion of tobacco products (71% say "good"). By contrast, Health Canada's perceived performance is considered somewhat weaker when it comes to ensuring the safety of food (68%) and consumer products (66%). On establishing patient wait time guarantees, however, Health Canada receives the least positive ratings (37%).

Contact with Health Canada is on the rise, from 25% in 2005 to 32% in 2007. The majority of this contact is now via the Internet; contact by mail and in person has declined somewhat in recent years. Satisfaction with recent contact with Health Canada is down slightly in 2007 (64% satisfied compared to 66% in 2005 and 2004, and 72% in 2001), but a majority continue to be satisfied.

Overall, the "Health Canada" brand is well recognized and well regarded, getting strong marks for overall performance and trust. However, when the drivers of Health Canada's "brand health" are analysed, it is a positive perception of corporate (or operating) activities such as being accountable, transparent, proactive, objective and managing risk that contribute most to the Department's overall brand strength. Recognition of Health Canada's involvement in, and the positive perception of Health Canada's performance on, issues affecting public safety and other relevant health issues are less likely to drive the public's overall perceptions of Health Canada; a significant change from the previous wave.

Recommendations

Future Priorities:

The issue of a patient wait times guarantee is central to the public's health-related concerns in 2007. Top of mind responses to the question of major health issues are more likely to involve wait times than any other policy issue. If Health Canada is to satisfy Canadians' needs in the health care arena, this should be a key priority for upcoming policy initiatives.

Policy and Perceptions of Health Canada:

Overall performance ratings of Health Canada could be improved by forging a stronger link in the public mind between health-related issues of importance, and Health Canada's policy efforts and initiatives on those issues. Raising awareness by publicizing its efforts in each of the relevant areas in which it holds a mandate would assist in creating such associations.

An area of particular opportunity involves Health Canada's many successful efforts to protect Canadians' health through ensuring the safety of food, pharmaceutical and consumer products, for example via timely product recalls. Increasing public awareness of such achievements could positively influence Canadians' views of this vital function of Health Canada.

Another area of opportunity involves patient wait times. Health Canada is most likely to be cited as holding a mandate for establishing a patient wait time guarantee; however, as yet, Health Canada receives comparatively low performance ratings for this important issue. Unlike several other areas for which Health Canada receives low performance ratings (such as providing health care services for First Nations and Inuit, and protecting Canadians' health from environmental effects), the issue of patient wait times has a substantial potential to influence overall perceptions of Health Canada, due to Health Canada's association with the issue of wait times in the public mind. As such, making headway on patient wait times should positively influence opinions of Health Canada.

Additionally, the corporate reputation of Health Canada – ratings of Health Canada on a series of measures that indicate perceptions of this institution's character – is a crucial driver of brand health. Positive ratings on these measures propel higher trust in Health

Canada, and elevate ratings of overall performance. Efforts to manage its corporate reputation are arguably the most important way that Health Canada can increase public regard for the institution.

Communications:

Internet usage is constantly increasing; focusing communications efforts on electronic media, namely Health Canada's presence, is therefore likely to prove the most efficacious way of presenting Health Canada to the public. Ensuring highly professional, easily negotiable, user friendly Web site, through which the public can access all information they might typically seek, will be key. However, for the approximately one-fifth that would continue to seek information via telephone (including many of those who are not in good health and therefore have limited access to the Internet), it will be imperative to keep this as an accessible option also.

The judicious use of spokespersons may also assist Health Canada in communicating information to the public effectively. Findings from this study, as in 2005, suggest that the public see health care practitioners such as doctors and nurses to be the most believable when it comes to speaking out about health issues, followed closely by representatives of health organizations such as the Heart and Stroke Foundation or the Canadian Cancer Society. However, more than two-thirds also find experts or doctors who are spokespersons from Health Canada to be believable on health issues; in order to convey information about health issues, therefore, Health Canada would do well to make use of such individuals, rather than relying on media relations officers, who are much less likely to be considered believable.

Publications from Health Canada are also a key way to disseminate important information to Canadians. Of those who remember reading publications from Health Canada, three-quarters (75%) are satisfied with the information provided; efforts to produce such publications on pressing health issues would be an efficacious communication strategy for Health Canada. These publications could be distributed at clinics and other points of health care service, as well as through the mail or the media.

Addressing Dissatisfaction with Health Canada

Only a small proportion of participants in this study expressed dissatisfaction with their past contact with Health Canada. For most of these individuals, dissatisfaction revolves around poor customer service and an inability to get satisfactory answers to questions.

These issues could be addressed by making detailed information more accessible (particularly online), by a renewed focus on high quality customer service when dealing with the public, and by ensuring that information provided is sufficient for the individual's needs. However, another key reason for dissatisfaction with contact from Health Canada involves a perception of the organization as deceptive, secretive, uncooperative and rude. This perception should also be addressed, again by renewing Health Canada's commitment to high quality customer service, and by making efforts to ensure that information is made available and that processes in which the public may have an interest are kept as transparent as possible.

Finally, increased public consultations could assist in rehabilitating any image issues for Health Canada. More than six in ten Canadians (62%) think that Health Canada does not undertake sufficient public consultations, and although a third (34%) say that they would be happy to let experts from health organizations or health care practitioners speak on their behalf, a majority (60%) say they would personally write a letter or email (28%), be part of a citizens' advisory group (18%) or appear at town hall (14%). Encouraging Canadians to participate in public consultation processes involving important health issues would be beneficial for perceptions of Health Canada, as well as for the information gathering process itself.

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RAPPORT SOMMAIRE

Contexte et méthodologie

Il est important que Santé Canada connaisse le point de vue des Canadiens sur ce que devraient être selon eux les priorités du ministère et l'évaluation de son rendement relativement à ses principaux rôles. Dans un contexte politique et un système de santé en perpétuel changement, Santé Canada a encore une fois senti le besoin de s'entretenir avec la population pour obtenir ses dernières impressions à son égard.

Le sondage de 2007 fait le suivi d'un certain nombre de questions qui ont été posées dans le passé pour savoir si l'opinion, les attitudes et les comportements ont changé et s'il y a lieu, de quelle manière. Nous avons en outre ajouté quelques questions afin d'en savoir un peu plus sur les perceptions du mandat et des activités de Santé Canada.

L'étude visait à comprendre les attitudes, les préoccupations et les niveaux de connaissance et de sensibilisation des Canadiens en ce qui concerne Santé Canada, l'état du système de santé et les priorités relatives dans une perspective de santé globale. L'objectif général de cette étude consiste à mesurer les attitudes du public à l'égard du ministère et de son rendement d'ensemble.

Dans le cadre de cette étude, un sondage téléphonique aléatoire a été mené auprès de 2 000 Canadiens de 18 ans ou plus dans tout le pays. Le sondage, d'une durée d'environ 20 minutes, s'est déroulé du 23 février au 15 mars 2007. L'échantillonnage a été pondéré de manière à refléter la population canadienne en fonction de la région, du sexe et de l'âge, selon les données du recensement. Un sondage de ce type constitue une représentation exacte de la population (tous les Canadiens de plus de 18 ans) à $\pm 2,2$ points de pourcentage, 19 fois sur 20.

Faits saillants

Le système de santé et les priorités en matière de soins

On observe depuis trois ans une amélioration constante des perceptions de la population canadienne à l'égard de l'état du système de santé au Canada. En effet, les évaluations sont passées de 24 % (disant « très bon » ou « excellent ») à l'automne 2004, à 34 % en mars 2005, et à 37 % en mars 2007.

L'utilisation réelle du système de santé est demeurée relativement stable (71 % des répondants ont eu recours à des services de santé au cours des 12 derniers mois, comparativement à 74 % en 2005). En outre, le niveau de satisfaction des répondants qui ont eu recours à des services de santé dans la dernière année est également demeuré stable, affichant une légère variation de 79 % (satisfaits) en 2005 à 78 % en 2007.

Selon les Canadiens, les enjeux les plus urgents auxquels le pays est confronté en matière de santé sont les délais d'attente et un manque de ressources humaines. Lorsqu'on demande aux répondants d'établir la priorité de plusieurs initiatives liées à la santé, ils indiquent que l'établissement de garanties sur les délais d'attente pour les patients (43 %) est la plus importante, comparativement à une stratégie de lutte contre le cancer (28 %), à la protection de la santé des Canadiens contre les effets de l'environnement (21 %) ou à une commission sur la santé mentale (8 %).

Cependant, lorsqu'on demande aux répondants d'évaluer l'importance d'une série d'enjeux liés à la santé, ils estiment un peu plus important d'assurer l'innocuité des produits alimentaires et des produits pharmaceutiques que d'établir des garanties sur les délais d'attente pour les patients (91 % et 90 % respectivement disent que c'est « important », comparativement à 89 % pour les délais d'attente). Par ailleurs, la réglementation de l'étiquetage et de la promotion des produits du tabac (68 %) et la préparation du *Guide alimentaire canadien* (67 %) figurent au nombre des enjeux moins importants. Depuis 2001, on observe une légère augmentation de l'importance accordée à tous ces enjeux sauf un (assurer l'innocuité des produits alimentaires). Manifestement, les enjeux qui touchent directement les problèmes de santé immédiats des Canadiens sont plus importants que ceux que les répondants relient peut-être davantage à la réglementation ou à la bureaucratie.

Santé Canada

La population canadienne reconnaît que Santé Canada joue un rôle de premier plan dans sept des dix principaux enjeux de santé à l'étude. Au nombre des exceptions figurent les enjeux touchant l'environnement, la sécurité des produits de consommation et les services de santé aux citoyens des Premières Nations; des domaines que les répondants ont davantage tendance à voir pris en charge par d'autres ministères fédéraux.

Dans le cadre de l'évaluation hâtive, les évaluations du rendement de Santé Canada dans l'ensemble sont légèrement en hausse en 2007 (43 % des répondants en font une évaluation positive en 2007, comparativement à 41 % en 2005). Un peu plus d'un répondant sur dix (14 % en 2007 et en 2005) font une évaluation négative du rendement de Santé Canada. Cependant, après considération de divers enjeux de santé, l'évaluation positive du rendement de Santé Canada grimpe à 57 %. Il s'agit d'un déplacement de répondants qui se disaient neutres puisque, dans le cadre de l'évaluation tardive, les évaluations négatives de Santé Canada demeurent pratiquement inchangées (à 13 %).

Parmi les enjeux en matière de santé que les Canadiens considèrent importants, Santé Canada récolte les meilleures notes pour la préparation du *Guide alimentaire canadien* (74 % disent « bon ») et ses efforts pour réglementer l'étiquetage et la promotion des produits du tabac (71 % disent « bon »). En revanche, les répondants estiment un peu moins bon le rendement de Santé Canada pour ce qui est d'assurer l'innocuité des produits alimentaires (68 %) et des produits de consommation (66 %). Mais c'est pour l'établissement de garanties sur les délais d'attente pour les patients que les répondants accordent les moins bonnes notes (37 %) à Santé Canada.

Les communications avec Santé Canada sont en hausse, de 25 % en 2005 à 32 % en 2007. La majorité de ces communications se font maintenant par Internet; les communications par la poste et en personne ont légèrement baissé au cours des dernières années. En 2007, le niveau de satisfaction des répondants par rapport à leurs récents contacts avec Santé Canada est en légère baisse (64 % sont satisfaits, comparativement à 66 % en 2005 et en 2004, et à 72 % en 2001), mais une majorité de répondants sont toujours satisfaits.

Dans l'ensemble, la marque « Santé Canada » est bien reconnue et jouit d'une bonne réputation puisqu'elle obtient de bonnes notes pour le rendement d'ensemble et la confiance. Toutefois, une analyse des facteurs déterminants de la « santé de la marque » de Santé Canada révèle que c'est une impression positive des activités d'entreprise (ou d'exploitation), comme le fait d'être responsable devant le public, d'être transparent, proactif et objectif et de gérer les risques, qui contribue le plus à la solidité de la marque du ministère dans l'ensemble. La reconnaissance de l'engagement de Santé Canada à l'égard des enjeux de sécurité publique et d'autres questions de santé pertinentes et l'évaluation positive du rendement de Santé Canada relativement à ces enjeux ont moins tendance à influencer les perceptions générales du public à l'égard de Santé Canada; il s'agit d'un changement significatif par rapport à la vague précédente.

Recommandations

Priorités pour l'avenir :

En 2007, la garantie sur les délais d'attente pour les patients figure au centre des préoccupations de la population en matière de santé. Les réponses spontanées à la question portant sur les principaux enjeux en matière de santé concernent plus souvent les délais d'attente que toute autre question stratégique. Si Santé Canada souhaite satisfaire les besoins des Canadiens dans le domaine des soins de santé, cette question devrait être une importante priorité dans les initiatives stratégiques futures.

Stratégies et perceptions de Santé Canada :

L'établissement d'un lien plus fort dans l'esprit du public entre les enjeux d'importance en matière de santé et les efforts et initiatives stratégiques de Santé Canada par rapport à ces enjeux pourrait améliorer les évaluations du rendement d'ensemble de Santé Canada. Un tel lien pourrait être créé par une sensibilisation accrue du public aux efforts de Santé Canada dans chacun des secteurs de son mandat.

On pourrait en particulier insister sur les nombreux efforts que réussit à faire Santé Canada pour protéger la santé des Canadiens en assurant l'innocuité des produits alimentaires, l'innocuité des produits pharmaceutiques et la sécurité des produits de consommation, notamment par le rappel de produits dans des délais raisonnables. Une plus grande sensibilisation du public à de telles réussites pourrait influencer positivement sur l'opinion qu'ont les Canadiens de la fonction fondamentale de protection de Santé Canada.

Les délais d'attente pour les patients constituent un autre secteur d'intérêt. C'est Santé Canada que les répondants ont le plus tendance à nommer comme responsable de l'établissement des garanties sur les délais d'attente pour les patients; cependant, jusqu'à maintenant, l'évaluation de rendement est plutôt faible en ce qui concerne cet enjeu important. Contrairement à plusieurs autres secteurs pour lesquels les évaluations du rendement de Santé Canada sont faibles (p. ex. pour ce qui est de fournir des services de soins de santé aux citoyens des Premières Nations et aux Inuits et de protéger la santé des Canadiens contre les effets de l'environnement), la question des délais d'attente pour les patients en est une qui pourrait influencer les perceptions générales à l'égard de Santé Canada, en raison du lien dans l'esprit du public entre Santé Canada et la question des délais d'attente. À ce titre, le fait de faire avancer la

question des délais d'attente pour les patients devrait influencer positivement les opinions sur Santé Canada.

En outre, la réputation d'entreprise de Santé Canada – évaluations de Santé Canada sur une série de paramètres qui indiquent les perceptions à l'égard du caractère de cette institution – constitue un indicateur essentiel de la santé de la marque. Des évaluations positives de ces paramètres génèrent une plus grande confiance en Santé Canada, en plus d'améliorer les évaluations du rendement d'ensemble. Les efforts de Santé Canada pour gérer sa réputation d'entreprise sont sans aucun doute la meilleure façon d'accroître l'estime du public pour l'institution.

Communications :

L'usage d'Internet ne cesse de croître; par conséquent, le fait de concentrer les efforts de communication sur les médias électroniques, notamment par la présence de Santé Canada, est probablement la méthode la plus efficace de présenter Santé Canada à la population. Il est donc capital que le site Web soit très professionnel, facile d'accès et convivial, et qu'il permette au public d'obtenir tous les renseignements dont il peut avoir besoin. Cependant, puisqu'environ le cinquième de la population continuerait de demander des renseignements par téléphone (y compris bon nombre de ceux qui ne sont pas en bonne santé et qui ont par conséquent un accès limité à Internet), il est impératif de maintenir cette option accessible également.

L'utilisation judicieuse de porte-parole pourrait aussi aider Santé Canada à communiquer efficacement des renseignements au public. Les résultats de la présente étude suggèrent que, tout comme en 2005, le public considère les professionnels de la santé, notamment les médecins et les infirmières, comme étant les plus crédibles lorsque vient le temps de prendre la parole sur des questions de santé, suivis de près par les représentants d'organisations du secteur de la santé comme la Fondation des maladies du cœur ou la Société canadienne du cancer. Cependant, plus des deux tiers des répondants sont aussi d'avis que les spécialistes ou les médecins agissant comme porte-parole de Santé Canada sont crédibles lorsqu'ils se prononcent sur des questions de santé. Par conséquent, si Santé Canada souhaite communiquer des renseignements sur la santé, il aurait avantage à utiliser ces groupes de personnes, plutôt que de compter sur les agents des relations avec les médias, que les répondants ont beaucoup moins tendance à considérer crédibles.

Les publications de Santé Canada constituent aussi un excellent moyen de diffuser des renseignements importants aux Canadiens. Puisque les trois quarts des répondants qui se souviennent d'avoir lu des publications de Santé Canada (75 %) sont satisfaits de l'information fournie, la production de publications sur les questions de santé urgentes constituerait une stratégie de communication efficace pour Santé Canada. Ces publications pourraient être distribuées dans les cliniques et autres centres de soins de santé, de même que par la poste ou dans les médias.

Se pencher sur l'insatisfaction à l'égard de Santé Canada

Seule une faible proportion des participants à l'étude se disent insatisfaits du dernier contact qu'ils ont eu avec Santé Canada. Dans la majorité des cas, l'insatisfaction concerne un mauvais service à la clientèle et l'impossibilité d'obtenir des réponses satisfaisantes à des questions. Pour remédier à de tels problèmes, on pourrait augmenter l'accessibilité à des renseignements détaillés (particulièrement en ligne), recentrer les efforts sur un service à la clientèle de grande qualité et s'assurer que les renseignements fournis répondent bien aux besoins des gens. Cependant, une autre raison importante de l'insatisfaction du dernier contact avec Santé Canada concerne l'organisation elle-même. Elle est perçue comme trompeuse, cachottière, peu coopérative et peu courtoise. Il faudrait changer cette perception, encore une fois, en réitérant l'engagement de Santé Canada à offrir un service à la clientèle de grande qualité et en faisant ce qu'il faut pour assurer l'accessibilité de l'information et rendre les processus dont le public a connaissance les plus transparents possible.

Enfin, des consultations publiques plus nombreuses pourraient aider Santé Canada à rétablir son image. Plus de six Canadiens sur dix (62 %) estiment que Santé Canada ne mène pas assez de consultations publiques et, bien que le tiers des répondants (34 %) laisseraient volontiers les spécialistes des organisations du secteur de la santé et les professionnels de la santé s'exprimer en leur nom, la plupart (60 %) affirment qu'ils rédigeraient personnellement une lettre ou un courriel (28 %), prendraient part à un groupe consultatif composé de citoyens (18 %) ou se présenteraient à l'hôtel de ville (14 %). Le fait d'encourager les Canadiens à participer à des consultations publiques sur des questions de santé importantes aurait un effet salutaire sur les perceptions à l'égard de Santé Canada, ainsi que sur le processus même de recherche de renseignements.

SOCIÉTÉ IPSOS-REID
CONTRAT N° H1011-060062/001/CY
DATE D'OCTROI DU CONTRAT : 30 janvier 2007
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DETAILED FINDINGS

Assessments of the State of Health Care

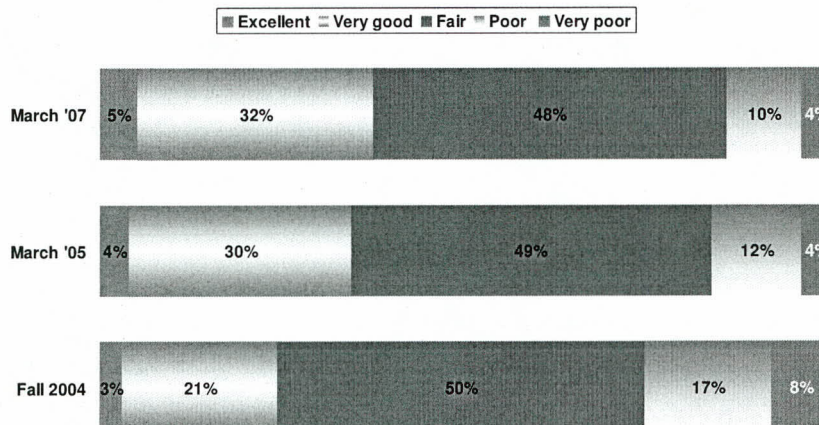
This section of the report explores Canadians' ratings of Canada's Health care system. Also considered are Canadians' self assessed health status and the frequency of their contact with the health care system, as well as respondents' satisfaction levels with the health care system.

Ratings of Canada's Health Care System

As in 2005, the majority of Canadians are positive about the state of health care, both in the abstract, and in light of their own personal experience. They generally assign a high rating to the health care system overall, and most are satisfied with the health care services they receive. Ratings of Canada's health care system have grown more positive over the past three years. In 2004, only a quarter of Canadians rated the health care system as excellent or very good, while just as many rated it poor or very poor. In 2005, numbers rating the health care system as excellent or very good had grown to 34%, and in 2007 this number has risen to 37%. Just 14% of Canadians in 2007 think the health care system is poor or very poor; a plurality (48%) rate it as fair; slightly fewer than in 2005 and 2004, but essentially unchanged over all three waves.

Ipsos State of the Health Care System in Canada

Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?



Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Ratings of the health care system vary according to Canadians' assessments of their own health: 38% of those who rate their own health as good (5, 6, or 7 on a 7 point scale) say that the health care system is excellent or very good, compared to 32% of those who rate their own health as neither good nor bad (4 on a 7 point scale). Similar variation exists according to satisfaction with health care services received in the previous twelve months: 42% of those who are satisfied (5, 6, or 7 on a 7 point scale) with the services they received rate the health care system as good, compared to just 19% of those who are dissatisfied with the services they received (1, 2 or 3 on a 7 point scale).

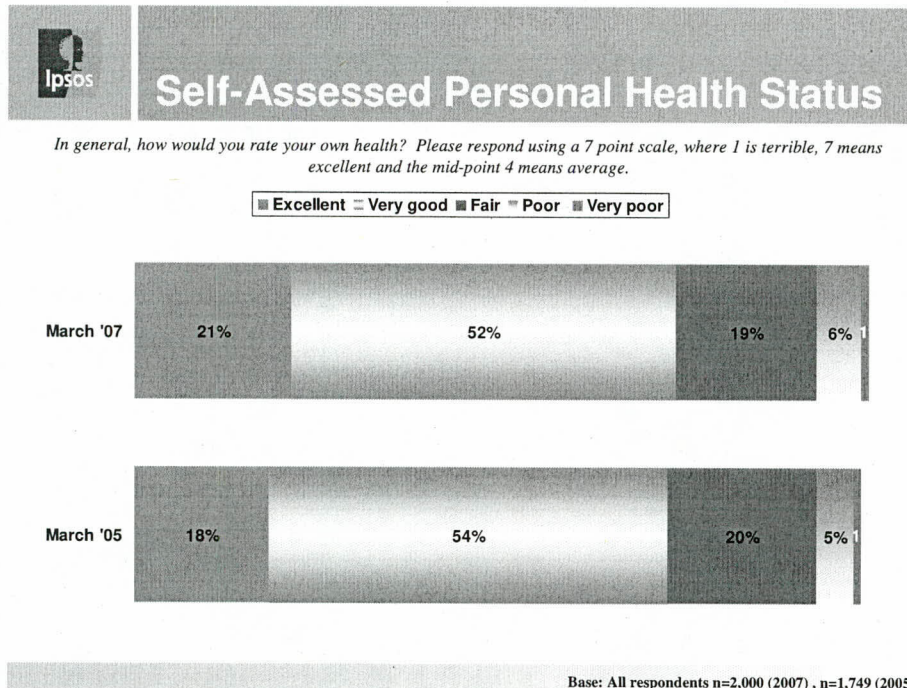
Regionally, Canadians in Quebec are less likely to rate the health care system positively than those in all other provinces: 23% of those living in Quebec rate the health care system positively (5, 6 or 7), compared to 44% in Saskatchewan and Manitoba and in Atlantic Canada, and 42% in Alberta and Ontario. Older Canadians also rate the health care system more positively than younger Canadians: 39% of those aged 55 and over rate it positively (5, 6, or 7) compared to 34% of those aged 35-54. Those with a university education and those with a high school diploma are more likely to rate the health care system positively (40% of both say 5, 6, or 7), compared to those with

some high school (34%) and those with some post-secondary education (31%). Finally, income influences ratings of the health care system; 40% of Canadians with a household income over \$60K rate it positively (5, 6 or 7) compared to 33% of those with a household income between \$30K-\$60K.

Those who rate the state of the health care system in Canada positively also include those who rate Health Canada’s performance positively (55%, compared to those who rate it negatively 13%).

Self-Assessed Personal Health Status and Contact with the Health Care System

Canadians in general also consider themselves to be quite healthy; although more than two-thirds have had occasion to use health care services during the past twelve months, less than a tenth of Canadians rate their own health poorly. Self-assessments of personal health have remained virtually unchanged for the past two years. More than seven in ten Canadians (73%) rate their health as excellent or very good (5, 6 or 7 on a 7 point scale) in 2007 (compared to 72% in 2005).



Socio-demographic and Subgroup Analysis

Regionally, Canadians in Quebec (80%) are more likely to rate their health positively (5, 6, 7) than those in all other regions (this compares to 71% in British Columbia, 73% in Ontario, 68% in Atlantic Canada, 69% in Saskatchewan and Manitoba and 73% in Alberta). Also, younger Canadians are more likely to rate their health positively, peaking at 81% among those aged 18 to 34 years old. Perhaps predictably, perceived good health seems to increase with levels of education. Canadians who have attained higher levels of education are more likely to rate their health positively, peaking at 80% among those with a university education. Higher incomes also increase the likelihood of rating one's health highly; 63% of those with a household income of less than \$30K rate their health positively, compared to 80% of those with a household income over \$60K. Additionally, Canadians who rate their personal health positively include those who have not used health care services in the last five years (84% versus 70% among those who have), and those who are satisfied with health care services (74% compared to 52% among those who are dissatisfied).

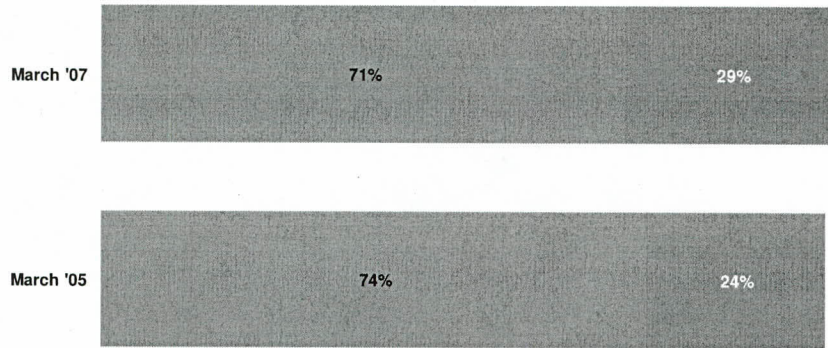
Personal Use of Health Care Services Within the Past Year

Usage of the health care system has also stayed fairly consistent over time. In 2007, more than two thirds (71%) of Canadians report having used health care services within the last twelve months, down very slightly from 2005 (74%).

Ipsos **Personal Use of Health Care Services Within the Past Year**

Have you used any health care services within the last 12 months?

■ Yes ■ No



Base: All respondents n=2,000 (2007) , n=1,749 (2005)

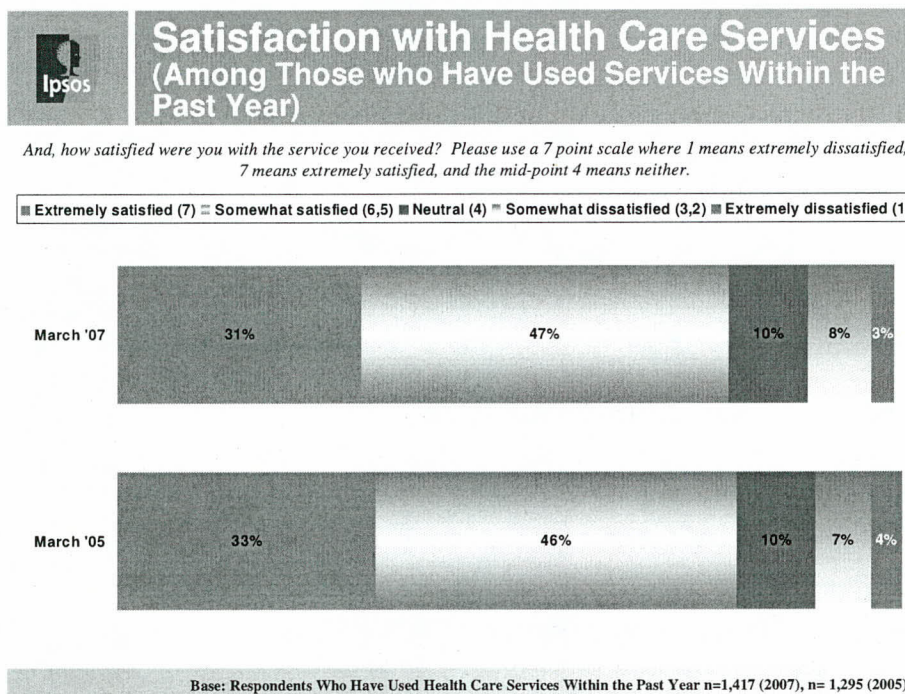
Socio-demographic and Subgroup Analysis

Few statistically significant regional differences appear here, although Ontario residents are more likely to have used health care services (73%) than respondents in Quebec (67%). Not surprisingly, those ages 55 and over are also more likely to have used health care services in the past twelve months (80%), compared to those aged 35-54 (68%) and those aged 18-34 (65%). Women are heavier users of the health care system than men (78% compared to 63%), as are more educated Canadians. More than two thirds of those with a university degree (73%) and those with some post-secondary education (72%) have used health care services in the last twelve months, compared to two thirds of those with a high school diploma (66%).

Those who rate their own health neutrally (4 on a 7 point scale) or poorly (1, 2 or 3 on a 7 point scale) are also more likely to say they have used health care services within the last twelve months (79% and 90% respectively, compared to 67% for those who rate their own health positively).

Satisfaction with Health Care Services (Among Those Who Have Used Services Within the Past Year)

Interestingly, satisfaction with health care services has remained steady over time; of those who have used health care services within the past year, four in five (78%) agree that they are satisfied (5, 6 or 7 on a 7 point scale) with the services they received in the last twelve months.



Socio-demographic and Subgroup Analysis

Those who rate their own health positively (5, 6 or 7 on a 7 point scale) are more likely to be satisfied with health care services they have received than those who rate their own health neutrally or poorly (83% compared to 70% and 64% respectively).

Those who do not have children under the age of 18 are also more likely to be satisfied with health care services they have received (81% versus 74% among those who do have children under 18).

Older Canadians rate health care services more highly than younger Canadians. Those aged 55 and over (86%) and those aged 35-54 (76%) are more likely than those aged

18-34 (72%) to be satisfied (5, 6 or 7 on a 7 point scale) with the health care services they received.

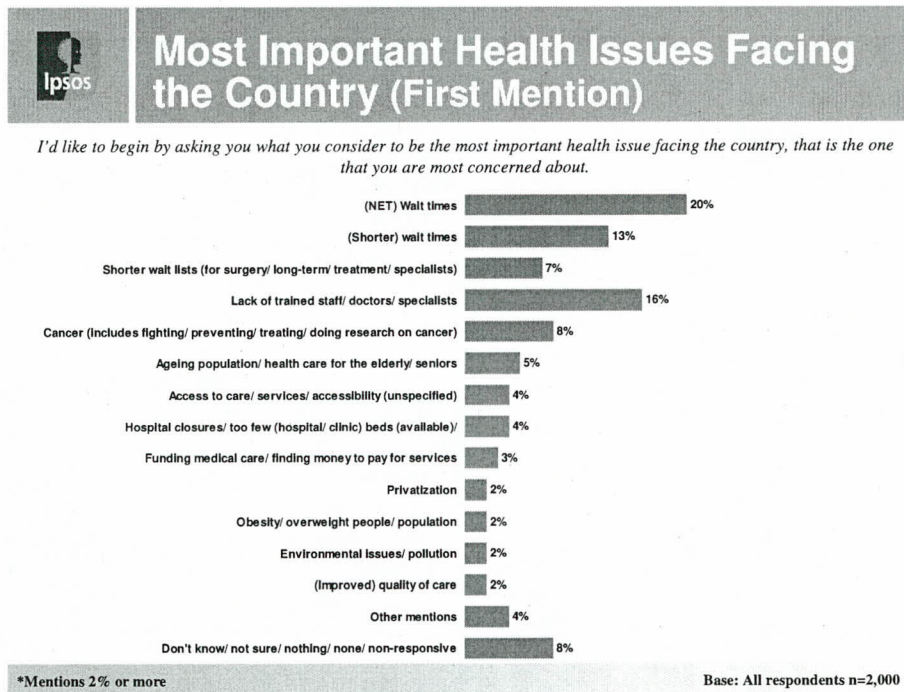
Concurrently, those with a household income under \$30K are less likely to be satisfied with health care services they have received (71%) compared to those with a household income of \$30K-\$60K (78%) or over \$60K (83%).

Health Priorities

This section of the report focuses on what Canadians identify as the most important health issues facing Canada today. In light of these top-of-mind issues, the rest of the section is framed in the context of the evolution of the Canadian public's perceptions of health care priorities over time. Specific consideration is given to the apparent gender gap concerning these issues, as well as to Canadians' top health care priorities.

Most Important Health Issues Facing Canada: First Mentions

Overall, results indicate that Canadians' top, unprompted health issues relate to wait times (20%), encompassing both wait times in hospital (13%) and wait times for specialized treatment and surgery (7%); understaffed hospitals and a general lack of trained health care staff, doctors and specialists (16%), and cancer (8%). These issues have not shifted significantly from those uncovered in previous years, when wait times, a shortage of health care professionals, specific illnesses (especially cancer) and a lack of funding topped the list.¹



¹ See *2005 Annual Performance Survey*, The Strategic Counsel, March 2005. All other references to 2005 throughout this report refer to the same study.

Socio-demographic and Subgroup Analysis

Top health issues vary according to Canadians' experience with the health care system. Those who have used health care services in the past twelve months are more likely to name a lack of trained health care staff, doctors and specialists as the key issue than are those who have not used health care services in the past twelve months (17% compared to 11%).

Regionally, residents of British Columbia (6%) are less likely than residents of all other regions to consider the lack of trained staff, doctors and specialists as the number one health issue facing Canada. Instead, residents of British Columbia (12%) and Saskatchewan and Manitoba (13%) are more likely than residents of Ontario (5%), Quebec (6%) and Atlantic Canada (4%) to say that shorter wait lists for surgery, long-term treatment and specialists are the number one health issue. Residents of British Columbia are also more likely (8%) than those in Ontario and Quebec (both at 2%) and Atlantic Canada (3%) to consider hospital closures as the top health issue facing Canada today.

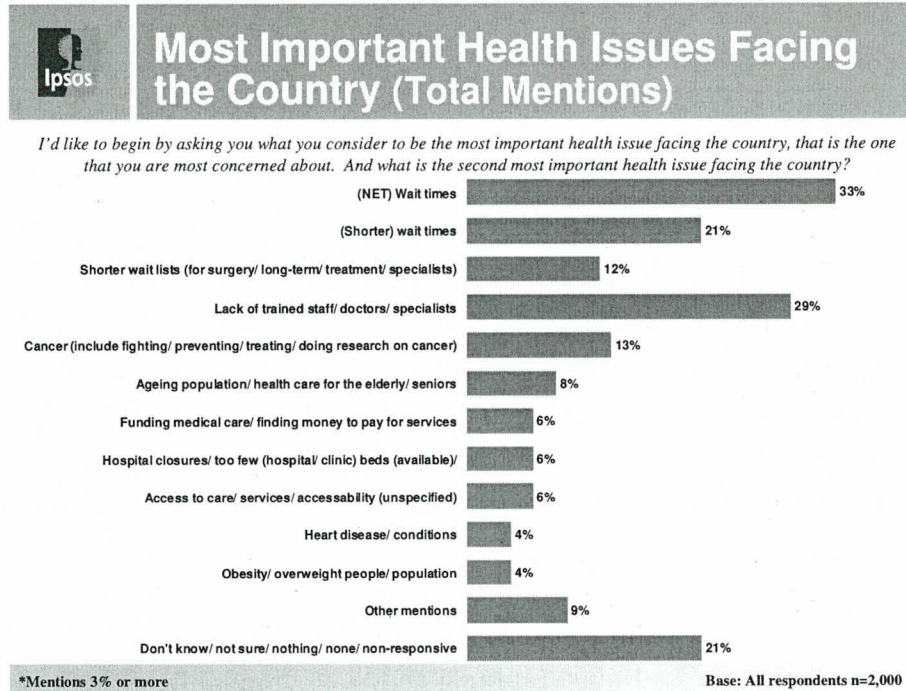
Atlantic Canadians (14%) are more likely than residents of British Columbia (8%) Ontario (9%) and Quebec (4%) to think that cancer (including fighting, preventing, treating and researching cancer) is the most important issue. Meanwhile, residents of Quebec are more likely to be concerned about access to care (7%) than are residents of Ontario (5%), Alberta (3%), Atlantic Canada (2%) and Saskatchewan and Manitoba (0%).

Concern about the lack of trained health care staff, doctors and specialists also increases with age. Those aged 55 and over are more likely than those aged 18-34 to name this as the number one issue (19% compared to 12%). Conversely, Canadians aged 18-34 are more likely than older Canadians, aged 35-54 and aged 55 and over, to name cancer as the top health issue facing Canadians today (12% compared to 6% and 7% respectively).

Most Important Health Issues Facing Canada: Total Mentions

In the aggregate, we see that the top issues facing Canada do not shift much from the listing of first mentions. Wait times (33%), including shorter wait times in general (21%) and shorter wait lists for specialized treatment (12%) top the list. This is closely

followed by a perceived lack of trained staff, doctors and specialists (29%). Just over one in ten (13%) think that cancer is the most important issue.



Socio-demographic and Subgroup Analysis

Those who have children under the age of 18 living at home are more likely than those who do not have children under 18 at home to say that shorter wait times is the key issue (24% compared to 19%).

Those who have used health care services in the past twelve months are more likely than those who have not to say that a lack of trained staff, doctors and specialists is the most important issue (32% compared to 23%) and that shorter wait times is the most important issue (22% compared to 17%).

Regionally, those who live in Ontario are more likely than those in Atlantic Canada to say that shorter wait times are the most important health issue (23% compared to 16%). Those in Saskatchewan and Manitoba (18%), British Columbia (17%) and Quebec (11%) are more likely to mention shorter wait lists for surgery, long term treatment and specialists than are residents of Atlantic Canada (6%). Residents of

Ontario (34%), Quebec (32%), Atlantic Canada (28%) and Alberta (27%) are more likely than those in British Columbia (6%) to mention lack of trained staff, doctors or specialists.

Older Canadians, aged 55 and over as well as those aged 35 – 54 are more likely than younger Canadians aged 18 – 34 to say that lack of trained staff, doctors or specialists is the key health issue (34% and 31% respectively, compared to 22%). They are also more likely to cite an ageing population, health care for the elderly or seniors (10% and 9% respectively, compared to 4%). Younger Canadians aged 18 – 34, by contrast, are more likely to say that cancer, including fighting, preventing, treating and doing research on cancer, is the key issue (16% compared to 11% for those aged 35-54 and ages 55 and over).

Those who have a university degree are more likely than Canadians with less education to list shorter wait times (22%, compared to a low of 15% for those with less than a high school diploma) or shorter wait lists for surgery, long-term treatment and specialists (14%, compared to a low of 6% for those with less than a high school diploma) as the most important issue.

Canadians with a household income of \$60K and over are also more likely than those with a household income of \$30K – \$60K to say that shorter wait times is the most important issue (23% compared to 18%).


Health Issues Over Time

When presented with a list of ten specific health issues and asked to rate their importance, Canadians focus on ensuring the safety of products they purchase, including food and pharmaceutical products. Establishing patient wait time guarantees ranks third in importance. Since 2001, overall concern for most of the issues discussed in this year's performance survey has increased slightly, with the exception of ensuring the safety of food products (which has slightly decreased).

The majority of Canadians rate all of the issues as "important" (5, 6 or 7 on the seven-point scale). Of the issues listed, Canadians in 2007 are most likely to say that ensuring the safety of food products is important (91%), followed closely by ensuring the safety of pharmaceutical products (90%), establishing patient wait time guarantees (89%) and encouraging Canadians to live healthy lifestyles (88%). Preparing the Canada Food

Guide is least likely of the listed issues to be considered important (67%), only slightly superseded by regulating the labelling and promotion of tobacco products (68%).

The top two items have consistently ranked highest since 2001; however, their importance has decreased very slightly since 2005, when more than nine in ten of Canadians said ensuring the safety of food products (down 1 point from 92% in 2005) and ensuring the safety of pharmaceutical products (down 4 points from 94% in 2005) was the most important issue. By contrast, the importance of encouraging Canadians to live healthy lifestyles (up 4 points from 84% in 2005) and of ensuring that environmental factors do not adversely affect the health of Canadians (up 1 point from 86% in 2005) has risen slightly.



Health Issues Over Time

Now I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale, where one means not at all important and seven means extremely important.
The first is ... % Important (5,6,7)

	March 2007 (5,6,7)	March 2005 (5,6,7)	March* 2004 (5,6,7)	August* 2001 (5,6,7)
Ensuring the safety of food products	91%	92%	94%	93%
Ensuring the safety of pharmaceutical products	90%	94%	88%	88%
Establishing patient wait time guarantees	89%	N/A	N/A	N/A
Encouraging Canadians to live healthy lifestyles*	88%	84%	83%	80%
Ensuring environmental factors do not adversely affect the health of Canadians	87%	86%	84%	83%
Promoting and protecting the key principles of Medicare	87%	N/A	N/A	N/A
Ensuring the safety of consumer products	86%	88%	80%	80%
Providing health care services to First Nations and Inuit	81%	77%	80%	79%
Regulating the labelling and promotion of tobacco products	68%	65%	N/A	N/A
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	67%	68%	N/A	N/A

*Health Canada Perceptions – Wave II – March 2004

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

In 2007, importance ratings vary slightly according to satisfaction with health care services received in the last twelve months. Those who are satisfied with health care services (rated 5, 6 or 7 on a 7 point scale) are more likely to rate half of these items as important (5, 6 or 7 on a 7 point scale) than are those who are not satisfied with health care services. In particular, among those who are satisfied with health care services, there is a 12-point increase in the numbers of those who say that encouraging Canadians to live healthy lifestyles, regulating the labelling and promotion of tobacco

products and preparing the Canada Food Guide are important, compared to those who are not satisfied.

Regionally, residents of Quebec are much less likely to rate ensuring the safety of pharmaceutical products (80%, compared to a high of 98% in Saskatchewan and Manitoba), food products (81%, compared to a high of 96% in Atlantic Canada) and consumer products (72%, compared to a high of 92% in Atlantic Canada and British Columbia) as important than are residents of all other regions. Residents of Atlantic Canada, Quebec and Ontario are more likely to rate promoting and protecting the key principles of Medicare as important (92%, 90% and 87% respectively, compared to a low of 80% in Saskatchewan and Manitoba), as well as providing health care services to First Nations and Inuit (86%, 82% and 84% respectively, compared to a low of 73% in Alberta). Those who live in Quebec are also more likely to rate ensuring that environmental factors do not adversely affect Canadians as important (90% compared to 83% for those in Saskatchewan and Manitoba). Residents of Alberta are more likely to rate establishing patient wait time guarantees as important (92% compared to a low of 86% in Ontario).

Older Canadians (aged 55 and over) are more likely to see a couple of these issues as important compared to younger Canadians, including ensuring the safety of pharmaceutical products (93% compared to 89% for those aged 18-34 and 35-54), and regulating the labelling and promotion of tobacco (73% compared to 65% for those aged 18-34). Gender differences are discussed in the next section, entitled "The Gender Gap".

Those with less than a high school education are more likely to rate several issues as important compared to those with a university education, including promoting and protecting the key principles of Medicare (90% compared to 84%), regulating and labelling tobacco products (73% compared to 66%), and preparing the Canada Food Guide (80% compared to 58%). However, those with less than a high school education are less likely to rate ensuring that environmental factors do not adversely affect the health of Canadians as important (80% compared to a high of 90% among those with some post-secondary education). Those with a high school diploma are similarly more likely to think some things are important than those with more education, including establishing patient wait time guarantees (91% compared to a low of 86% for those with a university degree), and promoting and protecting the key principles of Medicare (91% compared to 84% for those with a university degree). Those with some post-

secondary education are more likely to think that encouraging Canadians to live healthy lifestyles is important (90% compared to 85% among those with a university degree). Similar differences can be found according to household income, with higher importance ratings for several items among those with a household income of less than \$30K, compared to those with a household income of \$60K and over.

Rural Canadians are more likely than those in urban areas to think that promoting and protecting the key principles of Medicare is important (91% compared to 86%).

Health Issues Over Time: Rated "Extremely Important"

Similar patterns appear when we look at the respondents who ranked each of these issues as "very important" (7 on a 7 point scale). Again, ensuring the safety of food products (61%) and of pharmaceutical products (60%) and establishing patient wait time guarantees (53%) are most likely to be considered very important; the top two have not shifted noticeably since 2005. In both years, preparing the Canada Food Guide is thought to be the least important of the listed issues (24% in 2004 and 25% in 2005).



Health Issues Over Time: Rated "Extremely Important"

Now I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale, where one means not at all important and seven means extremely important.
The first is ... % Extremely important (7)


	March 2007 (7)	March 2005 (7)
Ensuring the safety of food products	61%	59%
Ensuring the safety of pharmaceutical products	60%	64%
Establishing patient wait time guarantees	53%	N/A
Encouraging Canadians to live healthy lifestyles*	51%	48%
Ensuring environmental factors do not adversely affect the health of Canadians	48%	44%
Promoting and protecting the key principles of Medicare	53%	56%
Ensuring the safety of consumer products	48%	50%
Providing health care services to First Nations and Inuit	46%	44%
Regulating the labelling and promotion of tobacco products	40%	38%
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	24%	25%

Base: All respondents n=2,000 (2007)

Health Issues in 2007: The Gender Gap

Aggregated national numbers for these health issues show clearly that overall, for Canadians, ensuring the safety of pharmaceutical products and of food products are rated as equally important, while preparing the Canada Food Guide is least likely to be rated as important. However, a clear gender divide exists in the importance ratings of these health issues, with women being more likely than men to rate all of these issues as important.

Overall, women are much more likely to rate all of these health issues as very important (7 on a seven-point scale). The largest differences can be found in attitudes about the importance of ensuring the safety of food products (+14 points), ensuring that environmental factors do not adversely affect the health of Canadians (+12 points), ensuring the safety of pharmaceutical products (+10 points) and encouraging Canadians to live healthy lifestyles (+10 points). The smallest gap is in the importance of regulating the labelling and promotion of tobacco products (+4 points). This suggests that women may be more concerned about health related issues in general, and perhaps more engaged in the health choices and concerns of families than are men.



Gender Gap Analysis: Health Issues, 2007

Now I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale, where one means not at all important and seven means extremely important.
The first is ... % Very Important (7)

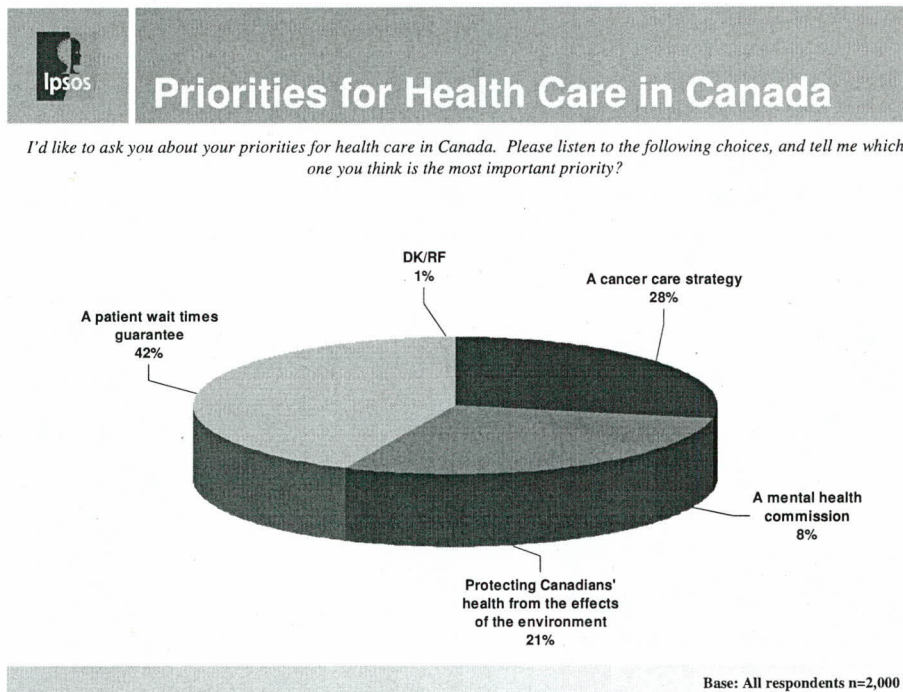
	Men (n=980)	Women (n=1020)	Gender Gap
Ensuring the safety of pharmaceutical products	55%	65%	+10
Ensuring the safety of food products	54%	68%	+14
Encouraging Canadians to live healthy lifestyles	46%	56%	+10
Promoting and protecting the key principles of Medicare	49%	57%	+8
Establishing patient wait time guarantees	49%	56%	+7
Ensuring the safety of consumer products	44%	52%	+8
Ensuring environmental factors do not adversely affect the health of Canadians	42%	54%	+12
Providing health care services to First Nations and Inuit	42%	51%	+9
Regulating the labelling and promotion of tobacco products	38%	42%	+4
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	20%	28%	+8

* Gap created by subtracting % "very important" figures for men from those for women

Base: All respondents n=2,000

Priorities for Health Care in Canada

When asked to choose between a few key priorities for health care in Canada, the most popular top priority is establishing a patient wait time guarantee; more than two-fifths of Canadians (42%) choose this over a cancer care strategy (28%), protecting Canadians' health from the effects of the environment (21%), or establishing a mental health commission (8%).



Socio-demographic and Subgroup Analysis

Priorities for health care vary slightly according to perceptions of one's own state of health and of the health care system. Those who are in good health are more likely to prioritize protecting Canadians' health from the effects of the environment than those who are in poor health (23% compared to 17%). Those who rate themselves as satisfied with the health care services they have received are more likely to prioritize a cancer care strategy (30%) than those who are dissatisfied with health care services (21%).

Having children under the age of 18 also influences priorities; these Canadians are more likely to prioritize a patient wait times guarantee (45%) than those who have no children under 18 (40%).

Priorities also differ regionally. Residents of British Columbia are less likely than those in all other provinces to want a cancer care strategy (16% compared to a high in Atlantic Canada of 37%). Instead, those in British Columbia are more likely to want a mental health commission (12% compared to a low in Saskatchewan and Manitoba and in Atlantic Canada of 6%). A patient wait time guarantee is also most popular in British Columbia (53%) and Quebec (45%), compared to a low in Ontario and Atlantic Canada (36% for both).

Younger Canadians, aged 18-34, are more likely than Canadians aged 35-54 to prioritize protecting Canadians' health from the effects of the environment (24% compared to 19%). Women are also more likely than men to want to protect Canadians' health from the effects of the environment (23% compared to 19% for men). By contrast, men are more interested in a patient wait times guarantee than are women (45% compared to 39%).

Less educated Canadians are more likely than those with a university degree to prioritize a cancer care strategy. Those with less than a high school diploma (34%) and those with a high school education (31%) are more likely than those with a university degree (24%) to want a cancer care strategy. Canadians with a university degree are more likely to say that a patient wait time guarantee is the most important priority than are those with less than a high school education (45% compared to 36%).

Financial status also influences health care priorities. Those with a household income of less than \$30K are more likely than those with a household income over \$60K to say that a mental health commission (12% compared to 7%) and protecting Canadians' health from the effects of the environment (28% compared to 18%) is the most important priority. Those with higher incomes prioritize a patient wait time guarantee; those with a household income over \$60K are more likely than those with a household income below \$30K to say that a patient wait times guarantee is the most important priority (45% compared to 34%).

Awareness of Health Canada, and Health Canada's Perceived Mandate

Against the backdrop of Canadians' broad views on the state of Canada's health care system and key health care priorities, both over time and today, this next section delves into specific awareness of the mandate for ensuring that these priorities (from ensuring the safety of pharmaceutical products to establishing patient wait time guarantees) are dealt with.²

Demographically, Quebec residents and those who live in Atlantic Canada are more likely to think that Health Canada is chiefly responsible for most of these issues. However, those who live in Quebec are also much more likely to cite the Ministry of Health (level unspecified) as being responsible for all of these issues than are any other Canadians. Awareness of Health Canada's mandate also increases with age, education and income levels for virtually every issue area.

Ensuring the Safety of Pharmaceutical Products

Many Canadians recognize that Health Canada has a mandate that covers a wide variety of health issues. When asked to name the organization primarily responsible for ensuring the safety of pharmaceutical products, Canadians are more likely to make reference to Health Canada, including the Department of Health and the Federal Ministry of Health (28%), than any other organization (down very slightly from 31% in 2005). However, 15% say the Government of Canada or the Federal Government.

² Throughout the discussion of mandate, references to "Health Canada" include these specific answers: Health Canada, Santé Canada, the Department of Health, and the Federal Ministry of Health.

Organization Identified as Primarily Responsible for Ensuring the Safety of Pharmaceutical Products (Top-of-Mind)

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Ensuring the safety of pharmaceutical products (Total Mentions)

	Total Mar '07 (n=2000)
NET: Health Canada/ Santé Canada (includes Department of Health and Federal Ministry of Health)	28%
- Health Canada/ Santé Canada (includes Department of Health)	22%
- Federal Ministry of Health	6%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	15%
Ministry of Health (unspecified)	10%
Department of Food and Drugs (includes variations/FDA)	6%
Provincial Government (specified or not)	3%
Provincial Ministry of Health/Ministre Santé (province specified or not)	2%
Department of Drugs (and variations)	2%
Other	11%
Don't know	23%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who are satisfied with the health care services they have received in the last twelve months are more likely to say that Health Canada is primarily responsible for the safety of pharmaceutical products than are those who rate their satisfaction with health care services they have received as neutral (31% compared to 20%).

Regionally, there are no differences among those who name Health Canada as responsible for the safety of pharmaceutical products. As for all of these items, residents of Quebec are much more likely than other Canadians to cite the "Ministry of Health" (unspecified) as primarily responsible for the safety of pharmaceutical products (19% compared to a low of 2% in Atlantic Canada).


Age influences the awareness of Health Canada's mandate for this issue; Canadians aged 55 and over are more likely than those aged 18 – 34 to think that Health Canada is responsible for ensuring the safety of pharmaceutical products (33% compared to 21%).

Men are also more likely than women to think that Health Canada is responsible for ensuring the safety of pharmaceutical products (31% compared to 26%).

Perhaps not surprisingly, awareness of Health Canada’s mandate also increases with education and income levels. Those with a university degree are more likely than all others to say that Health Canada is primarily responsible for ensuring the safety of pharmaceutical products (35% compared to a low of 18% for those with less than a high school diploma). Similarly, those with a household income of \$60K and over or of \$30K – \$60K are more likely than those with a household income of less than \$30K to think that Health Canada is primarily responsible for this issue (30% for both, compared to 21%).

Ensuring the Safety of Food Products

One in five (20%) Canadians think Health Canada is responsible for ensuring the safety of food products (down 2 points from 18% in 2005). It is notable in 2007 that the name Health Canada appears to be the most recognizable brand, with 17% who name it directly, and just 3% who say the Federal Ministry of Health. However, only slightly fewer (15%) say that the Federal Government is responsible for this task, while one in ten (10%) point to Agriculture Canada.

 **Organization Identified as Primarily Responsible for Ensuring the Safety of Food Products (Top-of-Mind)**

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Ensuring the safety of food products (Total Mentions)

	Total Mar '07 (n=2000)
NET: Health Canada/ Santé Canada (includes Department of Health and Federal Ministry of Health)	20%
- Health Canada/ Santé Canada (Includes Department of Health)	17%
- Federal Ministry of Health	3%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	15%
Agriculture Canada (includes other Agriculture references)	10%
Department of Food and Drugs (includes variations/FDA)	6%
Ministry of Health (unspecified)	5%
Provincial Government (specified or not)	4%
Consumer and Corporate Affairs	2%
Other	15%
Don't know	23%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who are satisfied with the health care services they have received in the last twelve months are also more likely to say that Health Canada is primarily responsible for the safety of food products, than are those who rate their satisfaction with health care services they have received as neutral (23% compared to 13%).

Regionally, those in Atlantic Canada are more likely than residents of British Columbia to name Health Canada as primarily responsible for ensuring the safety of food products (25% compared to 17%).

Again, older Canadians aged 55 and over (24%) and those aged 35-54 (21%) are more likely than younger Canadians aged 18-34 (16%) to say that Health Canada is primarily responsible for this issue.

Those with a university degree are more likely than less educated Canadians to think that Health Canada is responsible for ensuring the safety of food products (26% compared to a low of 15% for those with less than a high school diploma). Similarly, those with a household income of \$60K and over or of \$30K – \$60K are more likely than those with a household income of less than \$30K to name Health Canada as responsible for this issue (21% for both, compared to 16%).

Regulating the Labelling and Promotion of Tobacco Products

Three in ten Canadians (31%) name Health Canada as being primarily responsible for regulating the labelling and promotion of tobacco products (not a noticeable shift from 28% in 2005). Again in 2007, one quarter (24%) of Canadians mentioned the name "Health Canada" specifically.

Organization Identified as Primarily Responsible for Regulating the Labelling and Promotion of Tobacco Products (Top-of-Mind)

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. **Regulating the labelling and promotion of tobacco products**
(Total Mentions)

	Total Mar '07 (n=2000)
Net: Health Canada/ Santé Canada (Includes Department of Health and Federal Ministry of Health)	31%
- Health Canada/ Santé Canada (Includes Department of Health)	24%
- Federal Ministry of Health	7%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	18%
Ministry of Health (unspecified)	8%
Provincial Government (specified or not)	4%
Department of Food and Drugs (includes variations/FDA)	3%
Provincial Ministry of Health/Ministre Santé (province specified or not)	2%
Consumer and Corporate Affairs	2%
Other	11%
Don't know	21%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who are satisfied with the health care services they have received in the last twelve months are more likely than those who rate their satisfaction as neutral to say that Health Canada is primarily responsible for regulating the labelling and promotion of tobacco products (33% compared to 23%).

Regionally, those in Atlantic Canada and Quebec residents are more likely than residents of Ontario to name Health Canada as being primarily responsible for regulating the labelling and promotion of tobacco products (37% and 34% respectively compared to 28%).


Older Canadians aged 55 and over, and those aged 35 – 54, are more likely than younger Canadians aged 18 – 34 to think that Health Canada is primarily responsible for this issue (35% and 33% respectively, compared to 24%).

Men are more likely than women to say that Health Canada is primarily responsible for regulating the labelling and promotion of tobacco products (34% compared to 28%).

Finally, those with a university degree are more likely than those with less education to think that Health Canada is primarily responsible for this issue (39% compared to a low of 21% for those with less than a high school education).

Preparing the Canada Food Guide

Health Canada is seen by just over a third (35%) of Canadians as being responsible for preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat (up five points from 30% in 2005). Of the issues in this series of mandate questions, Canadians are most likely to attribute the responsibility of the Canada Food Guide to Health Canada. More than one in ten (15%) say the Government of Canada or the Federal Government, and one in ten (9%) say the Ministry of Health.

 Organization Identified as Primarily Responsible for Preparing the Canada Food Guide (Top-of-Mind)	
<i>Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat (Total Mentions)</i>	
	Total Mar '07 (n=2000)
Net: Health Canada/ Santé Canada (includes Department of Health and Federal Ministry of Health)	35%
- Health Canada/ Santé Canada (includes Department of Health)	28%
- Federal Ministry of Health	7%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	15%
Ministry of Health (unspecified)	9%
Agriculture Canada (Includes other agriculture references)	4%
Department of Food and Drugs (includes variations/FDA)	2%
Provincial Ministry of Health/Ministre Santé (province specified or not)	2%
Provincial Government (specified or not)	2%
Nutrition Canada	2%
Other	8%
Don't know	21%

*Mentions of 2% and above Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis


Regionally, residents of Atlantic Canada and Alberta are more likely than those in Quebec to think that Health Canada is primarily responsible for preparing the Canada Food Guide (43% and 41% respectively, compared to 32%).

Those aged 35-54 are more likely than younger Canadians aged 18-34 to think that Health Canada is responsible for this issue (38% compared to 31%).

Higher education and income also increase awareness of Health Canada’s mandate over the Canada Food Guide. Those with a university degree are more likely than those with less education to name Health Canada as primarily responsible for this issue (42% compared to a low of 25% for those with less than a high school diploma). Similarly, those with a household income over \$60K are more likely than those with a household income of less than \$30K to think that Health Canada is primarily responsible for the Canada Food Guide (38% compared to 30%).

Encouraging Canadians to Live Healthy Lifestyles

Three in ten (30%) Canadians say that Health Canada is responsible for encouraging Canadians to live healthy lifestyles (up 6 points from 24% in 2005). Another 13% say that the Government of Canada is responsible for this task. One in ten Canadians (10%) points to the Ministry of Health, without specifying a level of government.

 **Organization Identified as Primarily Responsible for Encouraging Canadians to Live Healthy Lifestyles (Top-of-Mind)**

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Encouraging Canadians to live healthy lifestyles (Total Mentions)

	Total Mar '07 (n=2000)
Net: Health Canada/ Santé Canada (Includes Department of Health and Federal Ministry of Health)	30%
- Health Canada/ Santé Canada (Includes Department of Health)	24%
- Federal Ministry of Health	6%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	13%
Ministry of Health (unspecified)	10%
Provincial Government (specified or not)	5%
Provincial Ministry of Health/Ministre Santé (province specified or not)	4%
Department of Health (province specified or not)	2%
Other	13%
Don't know	23%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who have no children under the age of 18 living at home are more likely than those who do have children under 18 at home to say that Health Canada is primarily responsible for encouraging Canadians to live healthy lifestyles (31% compared to 25%).

Regionally, residents of Atlantic Canada, Alberta and Ontario are more likely than those in British Columbia to think that Health Canada is primarily responsible for encouraging Canadians to live healthy lifestyles (37%, 32% and 31% respectively, compared to 23%).

Older Canadians aged 55 and over, and those aged 35-54, are more likely than younger Canadians aged 18-34 to think that Health Canada is primarily responsible for this issue (34% and 31% respectively, compared to 22%).

Higher education and income correlate with increased awareness of Health Canada's mandate over this issue. Those with a university degree are more likely than all others to think that Health Canada is primarily responsible for encouraging Canadians to live healthy lifestyles (36% compared to 25% for all others). Also, those with a household income over \$60K are more likely than those with a household income of less than \$30K to think that Health Canada is primarily responsible for this (31% compared to 25%).

Promoting and Protecting the Key Principles of Medicare

With regard to the promotion and protection of the key principles of Medicare, three in ten Canadians (28%, up slightly from 25% in 2005) say that this is the responsibility of Health Canada. However, one in five respondents (19%) points to the Government of Canada as a whole.



Organization Identified as Primarily Responsible for Promoting and Protecting the Key Principles of Medicare (Top-of-Mind)

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Promoting and protecting the key principles of Medicare
(Total Mentions)

	Total Mar '07 (n=2000)
Net: Health Canada/ Santé Canada (Includes Department of Health and Federal Ministry of Health)	28%
- Health Canada/ Santé Canada (Includes Department of Health)	22%
- Federal Ministry of Health	6%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	19%
Ministry of Health (unspecified)	11%
Provincial Ministry of Health/Ministre Santé (province specified or not)	7%
Provincial Government (specified or not)	6%
Department of Health (Province specified or not)	2%
Other	6%
Don't know	19%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who are satisfied with the health care services they have received in the last twelve months are also more likely to say that Health Canada is primarily responsible for promoting and protecting the key principles of Medicare, than are those who rate their satisfaction with health care services they have received as neutral (30% compared to 16%).

Regionally, residents of Atlantic Canada (37%), British Columbia (31%), Ontario (30%) and Alberta (29%) are more likely than those in Quebec (19%) to say that Health Canada is primarily responsible for promoting and protecting the key principles of Medicare.


Older Canadians aged 55 and over, and those aged 35-54 are more likely than younger Canadians, aged 18-34, to think that Health Canada is primarily responsible for this issue (30% for both, compared to 22%).

Men are more likely than women to think that Health Canada is primarily responsible for promoting and protecting the key principles of Medicare (31% compared to 25%).

Again, education and income play a role in increasing awareness of Health Canada’s mandate. Those with a university degree are more likely than Canadians with less education to recognize Health Canada as being primarily responsible for promoting and protecting the key principles of Medicare (34% compared to a low of 22% for those with a high school diploma). Those with a household income of \$60K and above are more likely than those with a household income of less than \$30K or of \$30K – \$60K to think that Health Canada is primarily responsible for this issue (32% compared to 25% for both).

Providing Health Care Services to First Nations and Inuit

Responsibility for the provision of health care services to First Nations and Inuit is more likely to be attributed to the Department of Indian Affairs (20%) than to Health Canada (17%, virtually unchanged from 18% in 2005).

 **Organization Identified as Primarily Responsible for Providing Health Care Services to First Nations and Inuit (Top-of-mind)**

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Providing health care services to First Nations and Inuit (Total Mentions)

	Total Mar '07 (n=2000)
Department of Indian Affairs (Includes Aboriginal/ First Nations)	20%
Net: Health Canada/ Santé Canada (includes Department of Health and Federal Ministry of Health)	17%
- Health Canada/ Santé Canada (includes Department of Health)	12%
- Federal Ministry of Health	5%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	17%
Ministry of Health (unspecified)	7%
Provincial Government (specified or not)	5%
Provincial Ministry of Health/Ministre Santé (province specified or not)	2%
Other	9%
Don't know	23%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)


Socio-demographic and Subgroup Analysis

Regionally, residents of Quebec are more likely than those who live in British Columbia and Ontario to think that Health Canada is primarily responsible for providing health care services to First Nations and Inuit (22% compared to 13% and 17% respectively).

Those with a university degree are also more likely than Canadians with less education to think that Health Canada is primarily responsible for this issue (22%, compared to a low of 12% among those with less than a high school education).

Ensuring the Safety of Consumer Products

When it comes to ensuring the safety of consumer products, almost one in five Canadians (17%) say that it is the Government of Canada or Federal Government’s job. Slightly fewer (14%) say that it is the responsibility of Health Canada to ensure the safety of consumer products. This is consistent with the 2005 results (15%).

 **Organization Identified as Primarily Responsible for Ensuring the Safety of Consumer Products (Top-of-Mind)**

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Ensuring the safety of consumer products (Total Mentions)

	Total Mar '07 (n=2000)
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	17%
Net: Health Canada/ Santé Canada (Includes Department of Health and Federal Ministry of Health)	14%
- Health Canada/ Santé Canada (Includes Department of Health)	12%
- Federal Ministry of Health	2%
Consumer and Corporate Affairs	9%
Provincial Government (specified or not)	5%
Ministry of Health (unspecified)	4%
Department of Food and Drugs (includes variations/FDA)	3%
Agriculture Canada/Ministry of Agriculture (and Agriculture references)	2%
Other	15%
Don't know	31%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who have no children under the age of 18 living at home are more likely than those who do have children under 18 at home to say that Health Canada is primarily responsible for ensuring the safety of consumer products (16% compared to 12%).


Regionally, residents of Atlantic Canada are more likely than those who live in Ontario to think that Health Canada is primarily responsible for ensuring the safety of consumer products (20% compared to 14%).

Older Canadians, aged 55 and over, as well as those aged 35-54, are more likely than younger Canadians aged 18-34 to think that Health Canada is primarily responsible for this issue.

Those with a university degree are again more aware of Health Canada’s mandate: when it comes to ensuring the safety of consumer products, they are more likely than those with less than a high school diploma to think that Health Canada is primarily responsible for this issue (17% compared to 9%).

Ensuring that Environmental Factors Do Not Adversely Affect the Health of Canadians

When asked who is responsible for ensuring that environmental factors do not adversely affect the health of Canadians, Health Canada is less likely to be cited than for all other issue areas. In fact, only one in ten (11%, virtually unchanged from 10% in 2005) say that this is the responsibility of Health Canada. A similar proportion (11%) cites the Ministry of the Environment (unspecified). Instead, Canadians are almost twice as likely to say that this is the responsibility of Environment Canada (19%).

 **Organization Identified as Primarily Responsible for Ensuring Environmental Factors Do Not Adversely Affect the Health of Canadians (Top-of-Mind)**

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Ensuring environmental factors do not adversely affect the health of Canadians (Total Mentions)

	Total Mar '07 (n=2000)
Environment Canada	19%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	16%
Net: Health Canada/ Santé Canada (Includes Department of Health and Federal Ministry of Health)	11%
-Health Canada/ Santé Canada (Includes Department of Health)	8%
-Federal Ministry of Health	3%
Ministry of the Environment (unspecified)	11%
Provincial Government (specified or not)	4%
Ministry of Health (unspecified)	3%
Other	7%
Don't know	23%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who are satisfied with the health care services they have received in the last twelve months are also more likely to say that Health Canada is primarily responsible for ensuring that environmental factors do not adversely affect the health of Canadians, than are those who rate their satisfaction with health care services they have received negatively (12% compared to 4%).

No regional differences exist among those who cite Health Canada as having primary responsibility for ensuring that environmental factors do not adversely affect the health of Canadians. However, it is notable that residents of Quebec are more likely than those who live elsewhere to say that the Ministry of the Environment (20%, compared to a low of 3% in Saskatchewan and Manitoba) or the Federal Ministry of the Environment (12% compared to a low of 0% in Atlantic Canada) is responsible for this issue.

Older Canadians aged 55 and over are more likely than younger Canadians aged 18-34 to say that Health Canada is responsible for ensuring that environmental factors do not adversely affect the health of Canadians (13% compared to 7%).

Those with a university degree are also more likely than those with less education to think that Health Canada is responsible for this issue (14%, compared to a low of 8% for those with a high school diploma or with less than a high school education).

Establishing Patient Wait Time Guarantees

Almost one in five (17%) Canadians say that establishing patient wait time guarantees is the responsibility of Health Canada. Almost as many (14%) say the provincial government, while one in ten (12%) say the provincial Ministry of Health.

Organization Identified as Primarily Responsible for Establishing Patient Wait Time Guarantees (Top-of-Mind)

Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. Establishing patient wait time guarantees (Total Mentions)

	Total Mar '07 (n=2000)
Net: Health Canada/ Santé Canada (Includes Department of Health and Federal Ministry of Health)	17%
- Health Canada/ Santé Canada (Includes Department of Health)	15%
- Federal Ministry of Health	2%
Provincial Government (specified or not)	14%
Ministry of Health (unspecified)	12%
Provincial Ministry of Health/Ministre Santé (province specified or not)	12%
Government of Canada/Federal Government (includes the Government/Government Agency unspecified)	8%
Department of Health (Province specified or not)	5%
Hospitals/Doctors/Healthcare professionals/Experts	3%
Other	9%
Don't know	20%

*Mentions of 2% and above

Base: All respondents n=2,000 (2007)

Socio-demographic and Subgroup Analysis

Those who rate their own health negatively are more likely than those who rate their health positively to say that Health Canada is chiefly responsible for this issue (28% compared to 17%).

Those who rate their own health as good (5, 6 or 7 on a seven point scale) are more likely than those who rate their own health as poor (1, 2 or 3 on a seven point scale) to say that the provincial Ministry of Health is primarily responsible for establishing patient wait time guarantees (14% compared to 7%). However, those who rate their health as poor are more likely than those who rate their health as good to say that Health Canada is responsible for this issue (25% compared to 14% respectively).

Regionally, residents of Atlantic Canada (29%), Saskatchewan and Manitoba (22%), Alberta (20%) and British Columbia (19%) are more likely than those who live in Quebec (13%) to think that Health Canada is primarily responsible for establishing patient wait time guarantees.

Older Canadians, aged 55 and over, and those aged 35 – 54, are more likely than younger Canadians aged 18 – 34 to think that Health Canada is primarily responsible for this issue (20% and 18% respectively, compared to 13%).

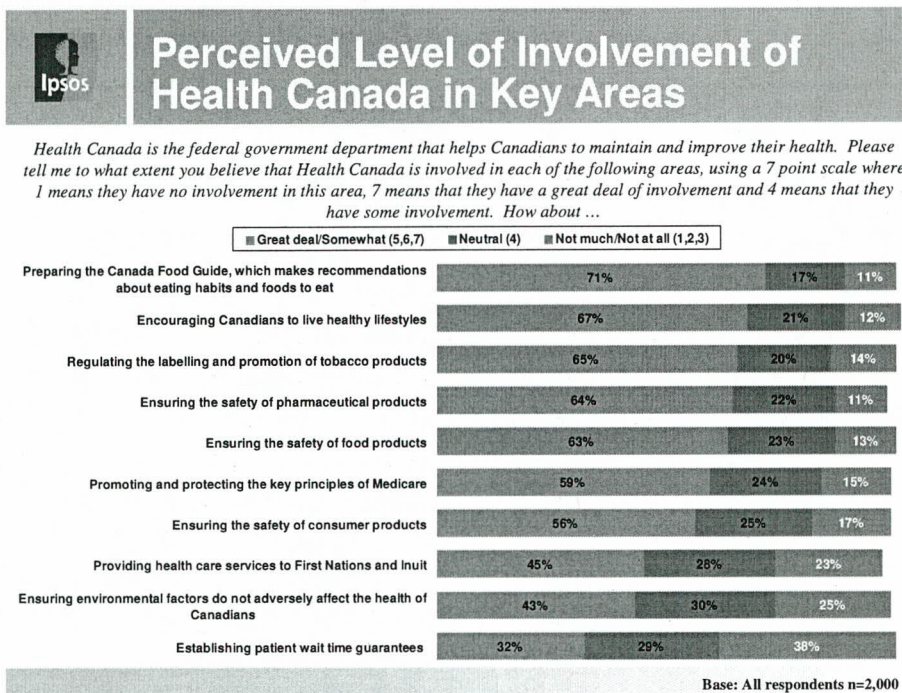
Those with a household income of \$30K - \$60K are more likely than those with a household income of \$60K and over to think that Health Canada is primarily responsible for establishing patient wait time guarantees (20% compared to 15%).

Familiarity with Health Canada and Selected Organizations

The next section of the report deals with Health Canada's perceived involvement in several key issue areas, compared to Canadians' familiarity with Health Canada's mandate. This chapter concludes with an exploration of Canadians' self assessed level of knowledge about five different health organizations; namely, the Heart and Stroke Foundation, the Provincial Ministries of Health, Health Canada, the Canadian Medical Association and the Public Health Agency of Canada.

Perceived Level of Involvement of Health Canada in Key Areas

Health Canada is well known to most Canadians, but perceptions of its involvement in key areas varies considerably from issue to issue. Canadians are most likely to think that Health Canada is somewhat or very involved in preparing the Canada Food Guide (71%), encouraging Canadians to live healthy lifestyles (67%) and regulating the labelling and promotion of tobacco products (65%). They are least likely to think that Health Canada is somewhat or very involved in establishing patient wait time guarantees (32%), in ensuring that environmental factors do not adversely affect the health of Canadians (43%) and providing health care services to First Nations and Inuit (45%).



Socio-demographic and Subgroup Analysis

Those who are satisfied with the health care services they have received are more likely than those who are dissatisfied to think that Health Canada is involved in around half of these issues. This also holds for those who rate their own health positively; those who rate their own health negatively are less likely to say that Health Canada is involved in these issues. Those who say they know a lot about Health Canada (rated 5, 6 or 7 on a 7 point scale) are also more likely (by more than twenty percentage points in some cases) to say that Health Canada is very or somewhat involved in all of these issues, compared to those who are not familiar with Health Canada.

Regionally, residents of Atlantic Canada are more likely than those in other regions, particularly residents of British Columbia and Quebec, to see Health Canada as being involved (5, 6, 7) across a number of key areas with the exception of providing health care services to First Nations and Inuit, ensuring the safety of consumer products, and ensuring environmental factors do not adversely affect the health of Canadians.

Older Canadians (peaking at 67% among those 55 years of age or older) are more likely to recognize Health Canada as being involved with ensuring the safety of pharmaceutical products, as well as ensuring the safety of consumer products (peaking at 61% among those 55 years of age or older).

Women are more likely than men to see Health Canada as being involved with preparing the Canada Food Guide (75% vs. 67%) and ensuring the safety of consumer products (59% vs. 54%).

Those with higher levels of education are more likely to say that Health Canada plays a role in preparing the Canada Food Guide and in encouraging Canadians to live healthy lifestyles (peaking at 77% and 70% respectively among those with a university degree). Additionally, those with higher income levels, peaking at 70% among those earning \$60K or more are more likely to say that Health Canada is involved in regulating the labelling and promotion of tobacco products.

Perceived Level of Involvement of Health Canada in Key Areas – Over Time

Perceived levels of involvement of Health Canada in the aforementioned areas have not changed dramatically compared to the 2005 study, although perceptions of Health Canada's involvement in encouraging Canadians to live a healthy lifestyle have increased (67% in 2007, up from 59% in 2005). However, in several key areas, Health Canada's perceived involvement has declined somewhat since tracking began in 2001, including ensuring the safety of pharmaceutical and food products (64% in 2007, down from 73% in 2001), providing health care services to First Nations and Inuit (45% in 2007, down from 51% in 2001), and ensuring that environmental factors do not adversely affect the health of Canadians (43% in 2007, down from 46% in 2001).



Perceived Level of Involvement of Health Canada in Key Areas – Over Time

Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a 7 point scale where 1 means they have no involvement in this area, 7 means that they have a great deal of involvement and 4 means that they have some involvement. How about ... % **Rated 5, 6 or 7**

	Total Mar '07 (n=2000)	Total Mar '05 (n=1750)	Total Mar '04 (n=2009)	Total Aug '01 (n=2203)
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	71%	70%	n/a	n/a
Encouraging Canadians to live healthy lifestyles	67%	67%	62%	59%
Regulating the labelling and promotion of tobacco products	65%	67%	N/A	N/A
Ensuring the safety of pharmaceutical products	64%	68%	69%	73%
Ensuring the safety of food products	63%	64%	70%	70%
Promoting and protecting the key principles of Medicare	59%	62%	N/A	N/A
Ensuring the safety of consumer products	56%	63%	58%	56%
Providing health care services to First Nations and Inuit	45%	51%	53%	51%
Ensuring environmental factors do not adversely affect the health of Canadians	43%	49%	52%	47%
Establishing patient wait time guarantees	32%	n/a	n/a	n/a

Base: All respondents n=2,000 (2007) n=1,749 (2005) n=2,009 (2004) n=2,203 (2001)

Awareness of Health Canada and Perceived Mandate

Perceptions of the degree of Health Canada’s involvement in these issues reflect its perceived mandate quite closely. That is, for each issue, very similar proportions name Health Canada as having primary responsibility, and say that Health Canada has a great deal of involvement in the issue.



Awareness of and Perceived Mandate


Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a 7 point scale where 1 means they have no involvement in this area, 7 means that they have a great deal of involvement and 4 means that they have some involvement. How about ...

Health Policy/Program Area	% Identifying Health Canada as having primary responsibility	% Saying Health Canada has a "great deal of involvement" (7 on 7-point scale)
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	35%	26%
Regulating the labelling and promotion of tobacco products	31%	23%
Encouraging Canadians to live healthy lifestyles	30%	21%
Ensuring the safety of pharmaceutical products	28%	21%
Promoting and protecting the key principles of Medicare	28%	17%
Ensuring the safety of food products	20%	17%
Establishing patient wait time guarantees	17%	9%
Providing health care services to First Nations and Inuit	17%	13%
Ensuring the safety of consumer products	14%	13%
Ensuring environmental factors do not adversely affect the health of Canadians	11%	9%

Base: All respondents n=2,000

Knowledge of Health Organizations

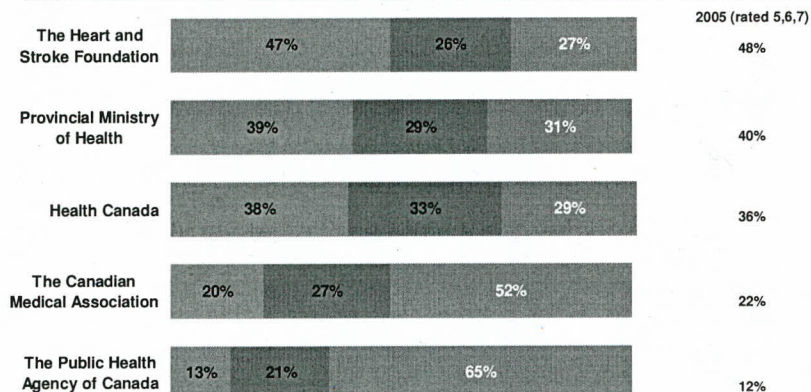
Compared to other health-related organizations, Canadians consider themselves to be more knowledgeable about the Heart and Stroke Foundation and their Provincial Ministry of Health than Health Canada. Canadians in 2007 are most likely to say they know about the Heart and Stroke Foundation (47%, virtually unchanged from 48% in 2005), and the Provincial Ministry of Health (39%, virtually unchanged from 40% in 2005); slightly fewer (38%, virtually unchanged from 36% in 2005) say they know something about Health Canada. Nonetheless, Health Canada is still more familiar to Canadians than the Canadian Medical Association (20%, virtually unchanged from 22% in 2005) and the Public Health Agency of Canada (13%, virtually unchanged from 12% in 2005).



Knowledge of Health Organizations

Now I'd like you to tell me how much you know about each of the following organizations. You can again do this by giving me a number from one to seven, where one means you know nothing at all about them, seven means you know a lot about them and the mid-point, four, means you know something about them. The first is....

■ Know a lot/something about them (5,6,7) ■ Neither (4) ■ Know very little/nothing at all about them (1,2,3)



Base: All respondents n=2,000 (2007, n=1,175 (2005))

Socio-demographic and Subgroup Analysis

Few clear patterns emerge in terms of experience with the health care system, ratings of personal health, and the presence of children under the age of 18 in the home when it comes to familiarity with these organizations. However, there are some differences. Those who rate their own health positively (5, 6 or 7 on a 7 point scale) are more likely to say they know something about Health Canada (40%) and their Provincial Ministry of Health (42%) than those who rate their health neutrally (31% say they know something about Health Canada) or poorly (31% say they know something about their Provincial Ministry of Health). Those who have used health care services in the past twelve months are more likely to say they know something about the Public Health Agency of Canada (14%) and their Provincial Ministry of Health (41%) than those who have not (10% and 34% respectively). The Canadian Medical Association is better known among those who have no children under 18 (23% compared to 16% for those who do have children under 18), those who have used health care services in the past twelve months (22% compared to 17% for those who have not) and those who were satisfied with the health care services they have received (23% compared to 14% for those who were dissatisfied). The Heart and Stroke Foundation is also better known among those who have no children under 18 (50% compared to 41% for those who do

have children under 18) and those who say they are satisfied with the health care services they have received (50% compared to 45% for those who are dissatisfied).

Regionally, those who live in the west are less likely than those who live in central or eastern Canada to say they know something about any of these organizations, the only exception being the Canadian Medical Association. Respondents in Quebec are much more likely to say that they know something (5, 6 or 7 on a 7 point scale) about Health Canada than those in any other region (51% compared to a low of 29% in Saskatchewan and Manitoba). They are also more likely to say they know something about the Public Health Agency of Canada (17% compared to a low of 6% in Alberta) and about their Provincial Ministry of Health, as do residents of Ontario and Atlantic Canada (51%, 40% and 33%, compared to a low of 23% in Saskatchewan and Manitoba). Quebec residents and those who live in Ontario are also more likely to know about the Heart and Stroke Foundation (53% and 48% respectively, compared to a low of 38% in British Columbia and Saskatchewan and Manitoba). By contrast, the Canadian Medical Association is best known among residents of Alberta (26%) and Ontario (22%) compared to a low in Quebec (16%).

Age also influences knowledge of health organizations; younger Canadians are less familiar with these organizations than older Canadians. Those aged 55 and over, and those aged 35-54, are more likely to say they know something about the Public Health Agency of Canada (17% and 13% respectively, compared to 9% for those aged 18-34), their Provincial Ministry of Health (47% and 41% respectively compared to 28% among those aged 18-34), the Canadian Medical Association (31% and 20% respectively, compared to 10% among those aged 18-34), and the Heart and Stroke Foundation (54% and 47% respectively, compared to 38% among those aged 18-34).

Women are more familiar than men with the Public Health Agency of Canada (16% compared to 10%) and with the Heart and Stroke Foundation (52% compared to 41%).

Education also influences familiarity with these health organizations; those who have a university degree are more likely to say they know something about Health Canada (42% compared to a low of 33% among those with a high school diploma), their Provincial Ministry of Health (47% compared to a low of 31% among those with a high school diploma), and the Canadian Medical Association (25% compared to a low of 17% among those with a high school diploma). Those with a household income over \$60K also are more likely to know about the Provincial Ministry of Health (42% compared to

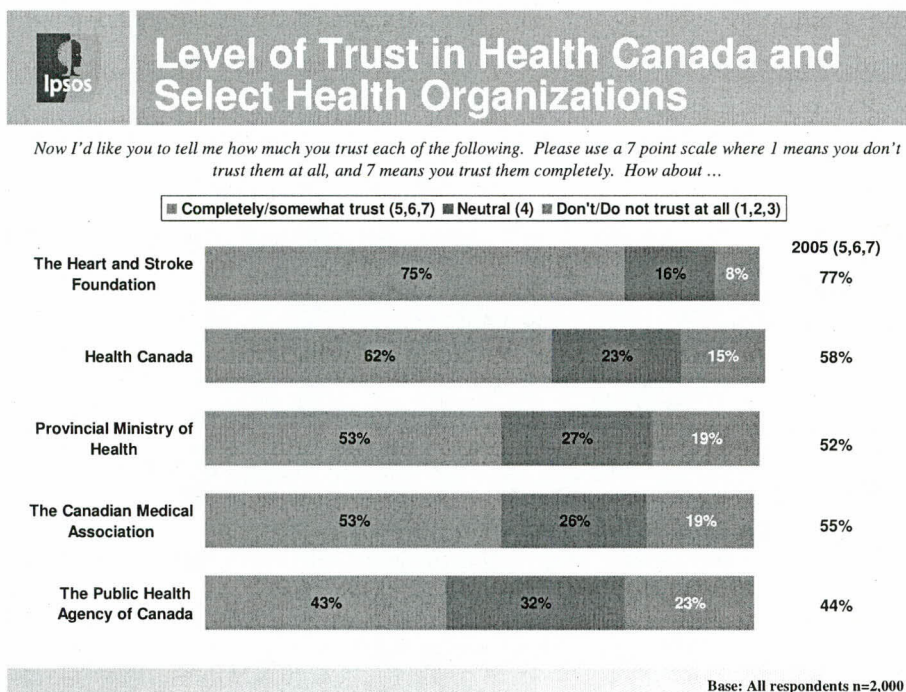
36% for those with a household income of less than \$30K). Residents who live in urban areas are more likely than those in rural areas to say they know something about Health Canada (39% compared to 33%) and about the Public Health Agency of Canada (14% compared to 9%).

Trust and Credibility

This section evaluates perceived trust in and credibility of Health Canada, and of the same five organizations discussed in the previous section. The credibility of various health spokespersons is also considered.

Trust in Health Canada and Select Health Organizations

When issues of trust and credibility are explored with Canadians in 2007, the overall findings are very consistent with those seen in 2005. As in 2005, Canadians in 2007 place more trust in the Heart and Stroke Foundation, a non-governmental organization, than they do in any of the governmental organizations assessed in the study (75% say 5, 6 or 7 on a 7 point scale, compared to 62% for Health Canada), or the Canadian Medical Association (53%). However, among governmental organizations included in the study, Health Canada obtained the highest trust ratings (62% compared to 53% for Provincial Ministry of Health and 43% for the Public Health Agency of Canada).



Socio-demographic and Subgroup Analysis

Positive ratings of one's own health, and satisfaction with health care services received, correlate with higher trust in almost all of these organizations. Those who rate their

own health positively are more likely than those who rate their health negatively to say that they trust Health Canada (65% say 5, 6 or 7 on a 7 point scale, compared to 50% for those who rate their own health negatively), the Public Health Agency of Canada (45% compared to 34%), their Provincial Ministry of Health (56% compared to 43%), and the Canadian Medical Association (55% compared to 41%). Similarly, those who are satisfied with the health care services they have received in the last twelve months are more likely than those who are dissatisfied to say they trust Health Canada (67%, compared to 41% of those who are dissatisfied), the Public Health Agency of Canada (46% compared to those who have 29%), their Provincial Ministry of Health (58% compared to 32%), the Canadian Medical Association (56% compared to 44%), and the Heart and Stroke Foundation (78% compared to 66%).

Familiarity with Health Canada also correlates with higher trust in these organizations. Those who say they know something about Health Canada are more likely than those who do not to say they trust Health Canada (78% compared to 47%), the Public Health Agency of Canada (52% compared to 34%), their Provincial Ministry of Health (64% compared to 43%), the Canadian Medical Association (64% compared to 44%), and the Heart and Stroke Foundation (84% compared to 65%).

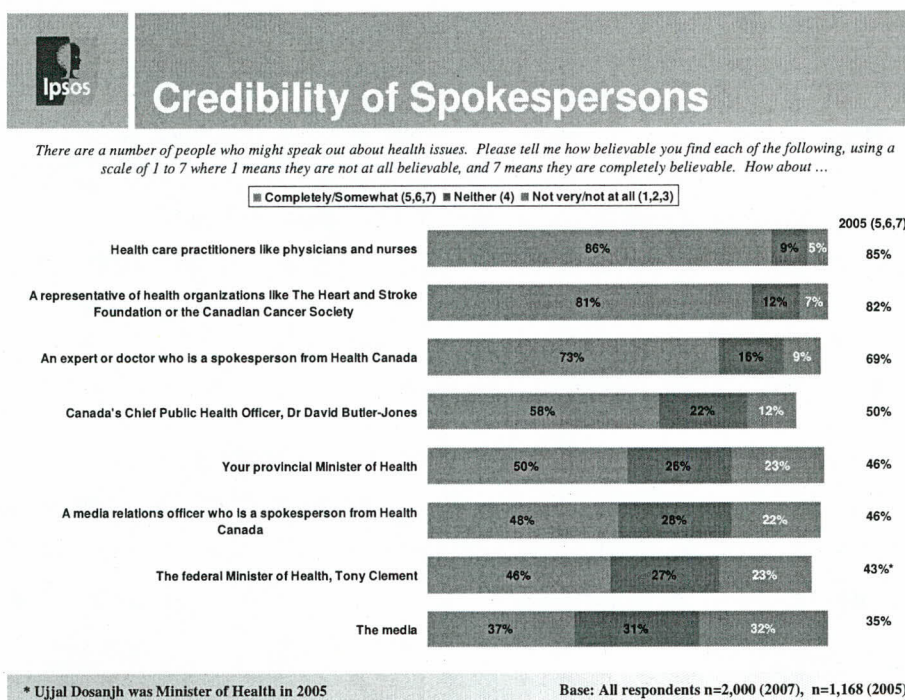
Regionally, trust in various organizations is higher in the east than in the west. Residents of Quebec are more likely than residents of British Columbia, Alberta, Saskatchewan and Manitoba, and Ontario to indicate that they trust (5, 6, 7) their Provincial Ministry of Health (59% compared to a low of 45% in British Columbia). Residents of Atlantic Canada (66%), Quebec (65%) or Ontario (63%) are more likely than those in British Columbia (55%) to say that they trust Health Canada. Residents of these same provinces, in addition to Saskatchewan and Manitoba (46%) are more likely (47%, 46% and 44% respectively) to trust the Public Health Agency of Canada. Residents of Alberta (56%), Ontario (55%) and Atlantic Canada (59%) are more likely to trust the Canadian Medical Association than are residents of Quebec (46%). Finally, residents of Quebec (81%) and Atlantic Canada (81%) are more likely to say that they trust the Heart and Stroke Foundation than are residents of British Columbia (67%) or Ontarians (74%).

Younger Canadians are also more likely than older Canadians to say that they trust the Public Health Agency of Canada, peaking at 47% among those 18 to 34 years old (compared to a low of 39% among those aged 55 and over).

Education and income have little effect on levels of trust, with the exception of two agencies: Health Canada and the Heart and Stroke Foundation. Those with less than a high school education (66%) are less likely than those with higher levels of education to say they trust the Heart and Stroke Foundation (compared to a high of 77% for those with some post secondary education). Income affects trust in Health Canada; those earning higher incomes are more likely to trust them, peaking at 66% among those earning \$30K-\$60K.

Credibility of Spokespersons

In another measure of trust, the credibility of various spokespersons was explored here. Again, the findings in 2007 are very consistent with those of the 2005 study. Canadians place a high degree of trust in health care practitioners (86%, virtually unchanged from 85% in 2005), and in the representatives of non-governmental organizations like the Heart and Stroke Foundation or the Canadian Cancer Society (81%, virtually unchanged from 82% in 2005). More than seven in ten (73%) also find expert spokespersons from Health Canada to be believable (up slightly from 69% in 2005), but this number drops to less than half when it is a media relations officer acting as a spokesperson for Health Canada (48%, virtually unchanged from 46% in 2005). A majority, but not a large one, also find Canada's Chief Public Health Officer, Dr David Butler-Jones (58%, up from 50% in 2005), and their Provincial Minister of Health (50%, up slightly from 46% in 2005) to be believable. By contrast, they are least likely to indicate that the federal Minister of Health Tony Clement (46%, up slightly from 43% in 2005) and the media (37%, virtually unchanged from 35% in 2005) are believable when speaking out about health issues.



Socio-demographic and Subgroup Analysis

In examining the credibility of spokespersons, similar patterns emerge as for trust in organizations. For those who are satisfied with the health care services they have received in the last twelve months, believability of all of the potential spokespersons is significantly higher than for those who are dissatisfied with the health care services they have received (including 78% compared to 53% for expert spokespersons from Health Canada, and 52% compared to 34% for media relations spokespersons from Health Canada). Those who rate their own health positively are also more likely to find almost all of these spokespersons more believable than those who rate their health neutrally or poorly, with the exception of representatives from health organizations such as the Heart and Stroke Foundation, and the federal Minister of Health, Tony Clement.

Regional patterns are also similar to those for trust in organizations. Generally, residents of eastern Canada (including especially Quebec and Atlantic Canada) are more likely to agree that various spokespersons are believable (5, 6 or 7 on a 7 point scale) when speaking about health issues.

Residents of Atlantic Canada (55%) are more likely to say that the Federal Minister of Health, Tony Clement is believable than are residents of Alberta (45%), British Columbia (43%) or Saskatchewan and Manitoba (43%). Those who live in Quebec

(56%) and Atlantic Canada (53%) are more likely to see their provincial Minister of Health as believable than are Ontarians (48%) or residents of British Columbia (39%). Ontarians are more likely than residents of Quebec to say that Canada's Chief Public Health Officer is believable (61% compared to 54%). When it comes to the media, residents of Quebec are most likely to say that it is believable (45% compared to a low of 27% in Saskatchewan and Manitoba). They are also more likely to say that an expert or doctor who is a spokesperson from Health Canada is believable (78%) than are residents of Saskatchewan and Manitoba (62%) or British Columbia (65%). Ontarians are also more likely to share this view than are residents of Saskatchewan and Manitoba (75% vs. 62%). Those in Quebec are also more likely to believe health care practitioners (89% compared to 81% for those in British Columbia) and expert spokespersons from Health Canada (78% compared to 65% for those in British Columbia). Finally, residents of Quebec are more likely to find a media relations officer from Health Canada (54% compared to 39% for those in British Columbia) and representatives of organizations like the Heart and Stroke Foundation (87% compared to a low of 76% in British Columbia) to be believable.

Older Canadians are more likely than younger Canadians to think that the media is believable, peaking at 42% for those aged 55 and over, compared to those aged 18-34 (30%). By contrast, younger Canadians aged 18-34 are more likely to believe an expert spokesperson from Health Canada (79% compared to 69% for those aged 55 and over).

The likelihood of saying that a representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society would be believable is also highest in Quebec (87% compared to a low of 76% in British Columbia).

More educated Canadians are more likely to say that Canada's Chief Public Health Officer, Dr. David Butler-Jones is believable, peaking at 64% among those with a university education. A similar trend is revealed regarding the perceived credibility of health care practitioners like physicians and nurses, peaking at 89% among those who are university educated. On the other hand, less educated Canadians are more likely to say that the media is believable (47% of those with less than a high school education and 41% of those with some high school, compared to 34% among this with at least some post secondary education).

Those with annual household incomes of less than \$30K are also more likely than Canadians with higher annual household incomes to assess the media as believable (41% compared to a low of 33% among those earning \$60K or more). Conversely, perceived credibility increases with income when it comes to Canada's Chief Public Health Officer, Dr. David Butler-Jones, peaking at 63% among those earning \$60K or more.

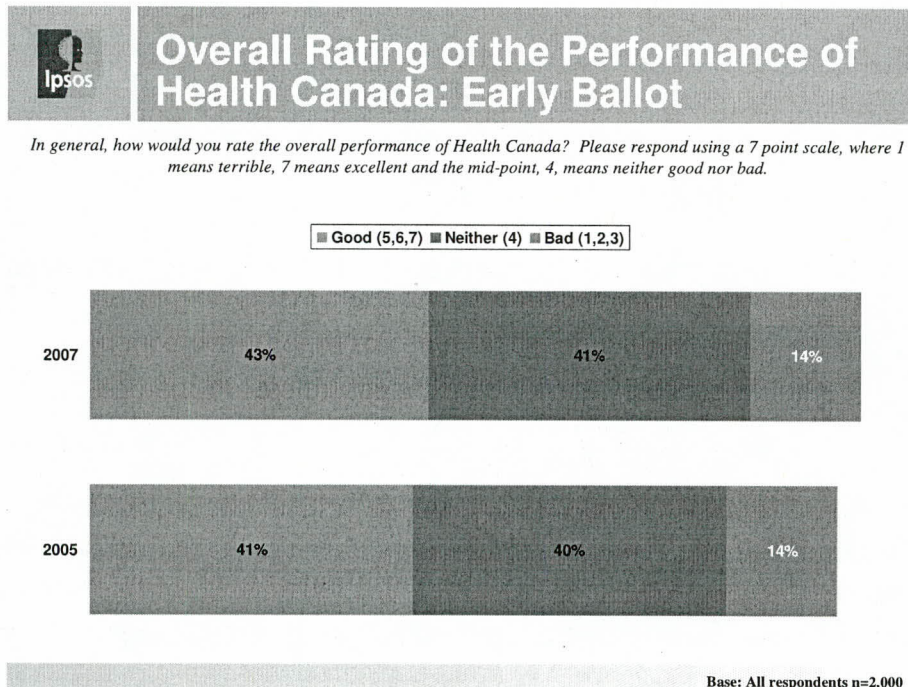
Women are more likely to say that a representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society (85% vs. 77% among men), an expert or doctor who is a spokesperson from Health Canada (77% vs. 68% among men) and their provincial Minister of Health (55% vs. 44% among men) are believable.

Performance of Health Canada

In this section, Canadians' assessment of Health Canada's performance is considered. The chapter begins and ends with an exploration of respondents' overall rating of Health Canada's performance. The reader will note that the same question was asked twice at two separate intervals during the questionnaire. This was done in order to gauge an overall rating based on instant, emotive reaction at the first interval, and to then assess reactions based on a more informed and considered response in the second case. The core of this section focuses on influences on these perceptions, performance ratings in key areas and the relevance of certain issues in relation to their importance and Health Canada's involvement. Specific attention is given to Health Canada's perceived performance with regard to communicating with and informing the public, as well as their assessment of Health Canada's performance based on nine key organizational attributes.

Overall Rating of Health Canada's Performance ("Early Ballot")

Judgements of Health Canada's performance have remained relatively unchanged since 2005, with a slight (2 point) increase among those who rate it well (5, 6 or 7 on a seven point scale) in the "early ballot" question (43% in 2007, up from 41% in 2005).



Socio-demographic and Subgroup Analysis

Regionally, residents of Alberta (49%) are more likely than those in British Columbia (38%) to rate Health Canada's performance positively. Younger Canadians, aged 18 to 34 years old, are more likely than those aged 35-55 to rate Health Canada's performance positively in the early ballot (48% compared to 42%).

Those who rate their own health positively (47%) are more likely to rate the performance of Health Canada positively than are those who rate their own health as neutral (35%). Those who are satisfied with health care services they have received in the past twelve months are also more likely to rate Health Canada's performance positively (50%) than those who are dissatisfied with health care services they have received (25%).

Those who rate the state of the health care system in Canada today as excellent or very good (66%) are more likely than those who rate it as only fair (37%) or as poor or very poor (11%) to rate Health Canada's performance positively. Familiarity with Health Canada also leads to more positive ratings of its performance; those who say they know something about Health Canada (58%) are more likely than those who know little (31%) to rate Health Canada's performance positively. Similarly, those who have had contact with Health Canada are somewhat more likely than those who have not to rate Health Canada's performance positively (48% compared to 42%), as are those who were satisfied with that contact compared to those who were not (59% compared to 20%).

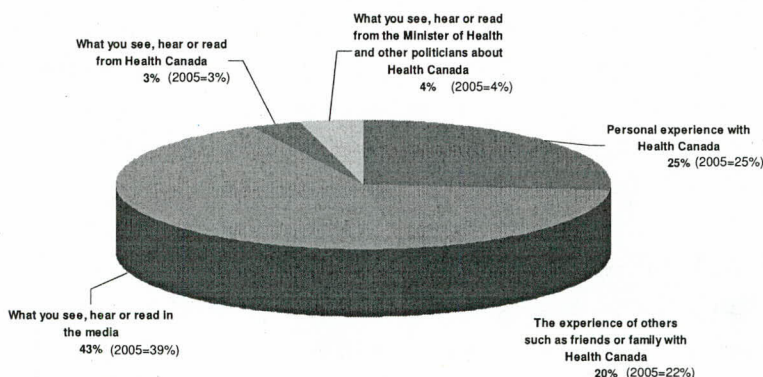
Influences on Perceptions of Health Canada

Canadians primarily tend to base their opinions of Health Canada on media reports; almost half say that their opinion is based on what they see, hear or read in the media (43%, up slightly from 39% in 2005). Personal experience with Health Canada is also important, with one-quarter of Canadians (25%, as in 2005) using this as the primary basis for their opinion; and the experience of family and friends with Health Canada informs the opinion of one-fifth of Canadians (20%, virtually unchanged from 22% in 2005) about this institution. Least influential of all is information from Health Canada itself: less than one in twenty (3%, as in 2005) say they base their opinion of Health Canada on what they see, hear or read from Health Canada, and almost the same

number (4%, as in 2005) base their opinion on what the Minister of Health and other politicians say about Health Canada.

Ipsos **What Influences Perceptions of Health Canada?**

And, on which one of the following is your opinion of Health Canada mostly based? Is your opinion of Health Canada mostly based on personal experience with Health Canada, the experience of others such as friends or family with Health Canada, what you see, hear or read in the media, what you see, hear or read from Health Canada, or what you see, hear or read from the Minister of Health and other politicians about Health Canada?



Base: All respondents n=2,000

Socio-demographic and Subgroup Analysis

Among individuals who rate their own health positively (5, 6 or 7 on a seven point scale), opinions are most likely to be based on media reports (46% compared to 30% for those who rate their health negatively). Those who rate their health negatively or neutrally are more likely to base their opinions on personal experience with Health Canada (42% and 31% respectively), as are those who have used health care services in the past twelve months (29% compared to 18% for those who have not used health care services). For those who have not used health care services in the past twelve months, opinions are more likely to be based on the experience of others (24% compared to 18% for those who have used health care services).

When asked what their opinions of Health Canada are primarily based on, those living in Quebec are more likely to say it is what they see, hear or read in the media (53% compared to a low of 36% in Alberta). Men are also more likely to say their opinion is based on media reports (46% compared to 41% for women). Residents of Alberta and Ontario are more likely to say their opinion is based on personal experience with Health Canada (34% and 29% respectively, compared to a low of 19% in Quebec), while

those in Saskatchewan and Manitoba and in British Columbia are more likely to base their opinion on the experience of others with Health Canada (28% and 26% respectively, compared to a low of 15% in Quebec).

Those with a university degree are more likely than those with less education to say that their opinion of Health Canada is based on what they see, hear or read in the media (47% compared to a low of 37% among those with less than a high school education). Those with a household income of less than \$30K are more likely than those with a household income over \$60K to say that their opinion is based on what they see, hear or read from the Minister of Health and other politicians (6%, compared to 2%).

Performance Ratings in Key Areas

A majority of Canadians rate Health Canada's performance as good or excellent for seven out of the ten key issues discussed here. Overall, performance ratings have shifted only marginally in the years since data first became available. In particular, Canadians think Health Canada is doing a good job of preparing the Canada Food Guide (74%, virtually unchanged from 72% in 2005), regulating the labelling and promotion of tobacco products (71%, virtually unchanged from 73% in 2005) and ensuring the safety of pharmaceutical products (70%, down slightly from 73% in 2005, but still up slightly from 67% in 2001).

Not far behind these top three issues are the positive performance ratings of encouraging Canadians to live healthy lifestyles (69%, up 5 points from 64% in 2001), ensuring the safety of food products (68%, down four points from 72% in 2005 as well as 2001), ensuring the safety of consumer products (66%, unchanged from 2001 but down three points from 69% in 2005), and promoting and protecting the key principles of Medicare (60%, virtually unchanged from 62% in 2005).

By contrast, less than half of Canadians think that Health Canada is doing a good job of providing health care services to First Nations and Inuit (48%, down from a peak of 53% in 2004), ensuring environmental factors do not adversely affect the health of Canadians (48%, down from a peak of 54% in 2004) and establishing patient wait time guarantees (37%).



Performance Rating in Key Areas

Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing. You can again give me a number from 1 to 7 in which 1 means terrible, 7 means excellent, and the mid-point 4 means neither good nor poor. The first is (% Good 5,6,7)

	Total Mar '07 (n=2000)	Total Mar '05 (n=1516)	Total Mar '04 (n=2009)	Total Aug '01 (n=2203)
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	74%	72%	N/A	N/A
Regulating the labelling and promotion of tobacco products	71%	73%	N/A	N/A
Ensuring the safety of pharmaceutical products	70%	73%	67%	67%
Encouraging Canadians to live healthy lifestyles	69%	67%	68%	64%
Ensuring the safety of food products	68%	72%	73%	72%
Ensuring the safety of consumer products	66%	69%	67%	66%
Promoting and protecting the key principles of Medicare	60%	62%	N/A	N/A
Providing health care services to First Nations and Inuit	48%	50%	53%	49%
Ensuring environmental factors do not adversely affect the health of Canadians	48%	50%	54%	51%
Establishing patient wait time guarantees	37%	N/A	N/A	N/A

Base: All respondents n=2,000 (2007) n=1,516 (2005) n=2,009 (2004) n=2,203 (2001)

Socio-demographic and Subgroup Analysis

Among Canadians who rate Health Canada's performance as good, there are some key differences according to several important demographic and experiential variables. Those who believe that Health Canada is involved with these issues are also much more likely than those who do not think Health Canada is involved with these issues to think that Health Canada is doing a good job (5, 6 or 7 on a 7 point scale) of all of the issues listed, without exception, a difference that ranges around 20 to 30 points.

Being in good health, and having a good experience with the health care system, correlates with higher performance ratings for Health Canada on nearly all of the issues. Those who rate their own health positively are more likely than those who rate their health negatively to say that Health Canada is doing a good job ensuring the safety of pharmaceutical products (72% compared to 61%), ensuring the safety of food products (70% compared to 62%), regulating the labelling and promotion of tobacco (74% compared to 69%), preparing the Canada Food Guide (77% compared to 69%), promoting and protecting the key principles of Medicare (63% compared to 53%), providing health care services to First Nations and Inuit (51% compared to 43%), ensuring environmental factors do not adversely affect the health of Canadians (49%

compared to 43%), and establishing patient wait time guarantees (39% compared to 29%).

Those who base their knowledge of Health Canada on what they see, hear or read in the media are more likely than those who base their knowledge on the experience of others to think that Health Canada is doing a good job of regulating the labelling and promotion of tobacco (74% compared to 67%). They are less likely than other Canadians to think that Health Canada is doing a good job of providing health care services to First Nations and Inuit (43% compared to a high of 58% among those who base their knowledge on what they see, hear or read from politicians). Those who base their knowledge of Health Canada on their personal experience are more likely than those who base it on the experience of others to think that Health Canada is doing a good job of ensuring the safety of consumer products (70% compared to 62%), ensuring that environmental factors do not adversely affect the health of Canadians (54% compared to 43%), and of establishing patient wait time guarantees (43% compared to 31%).

Those who have had contact with Health Canada in the last five years are more likely than those who have not had such contact to think that Health Canada is doing a good job of ensuring the safety of food products (72% compared to 66%), and of ensuring the safety of consumer products (69% compared to 64%). Those who have had contact with Health Canada in the last five years, and who rate themselves as satisfied with that contact, are more likely than those who are dissatisfied with that contact to think that Health Canada is doing a good job of every issue listed here, a difference that ranges from 10 to 30 points.

Those who are satisfied with the health care services they have received are more likely to than those who are dissatisfied to say that Health Canada is doing a good job of ensuring the safety of pharmaceutical products (74% compared to 60%), ensuring the safety of food products (71% compared to 58%), preparing the Canada Food Guide (77% compared to 65%), encouraging Canadians to live healthy lifestyles (71% compared to 56%), promoting and protecting the key principles of Medicare (65% compared to 47%), ensuring the safety of consumer products (69% compared to 61%), ensuring environmental factors do not adversely affect the health of Canadians (49% compared to 31%), and establishing patient wait time guarantees (38% compared to 22%).

Regionally, residents of Quebec and to a lesser extent Atlantic Canada are more likely than Canadians in other regions to rate Health Canada's performance as good for a series of issues. Those in Atlantic Canada are more likely than those in Quebec to think Health Canada is doing a good job of ensuring the safety of pharmaceutical products (78% compared to 63%). However, those who live in Quebec are more likely than those in Alberta and Ontario to think that Health Canada does a good job of encouraging Canadians to live healthy lifestyles (74% compared to 65% for both), and they are more likely than those in British Columbia to think that Health Canada does a good job of promoting and protecting the key principles of Medicare (66% compared to 52%), as are those in Atlantic Canada (66%). Residents of Quebec (54%), Alberta (51%), Saskatchewan and Manitoba (51%) and Atlantic Canada (50%) are also more likely than those in British Columbia (37%) to think that Health Canada is doing a good job of providing health care services to First Nations and Inuit. Those who live in Atlantic Canada and Alberta are more likely than those in Quebec to think that Health Canada is doing a good job of ensuring the safety of consumer products (61%). Finally, those in Quebec are more likely than residents of other regions to think that Health Canada is doing a good job of ensuring environmental factors do not adversely affect the health of Canadians (55% compared to a low of 38% in British Columbia), and of establishing patient wait times guarantees (48% compared to a low of 19% in British Columbia).

Those with less than a high school education are less likely than those with more education to think that Health Canada does a good job of regulating the labelling and promoting of tobacco products (62%, compared to a high of 76% among those with a university degree), or of preparing the Canada Food Guide (69% compared to a high of 77% for those with a university degree). They are more likely, however, to think that Health Canada does a good job of ensuring environmental factors do not adversely affect the health of Canadians (59%, compared to a low of 43% for those with a university degree) and of establishing patient wait time guarantees (44% compared to a low of 32% for those with a university degree).

Women are more likely than men to think that Health Canada is doing a good job of preparing the Canada Food Guide (79% compared to 69%). Rural residents are more likely to think that Health Canada does a good job encouraging Canadians to live healthy lifestyles than are urban residents (73% compared to 67%).

Those with a household income of \$30K - \$60K are more likely than those with a household income over \$60K to think that Health Canada does a good job of encouraging Canadians to live healthy lifestyles (72% compared to 65%), ensuring that environmental factors do not adversely affect the health of Canadians (51% compared to 44%), and establishing patient wait time guarantees (41% compared to 32%).


A Measure of Issue Relevance: Importance and Involvement

In order to analyze and compare the relevance of each of the key areas for Health Canada, a measure of "importance" and "involvement" was created. As in 2005, the measure of issue relevance employed in this section was created by taking the proportions rating an issue as 7 for importance (on a 7 point scale) and as 5, 6 or 7 for involvement (on a 7 point scale), adding them together and then dividing by two, to bring the maximum possible score back to 100%. These new scores are shown as the "relevance average" in the table below. In combining the perceived importance of an issue and the extent to which Health Canada is seen to have some involvement with that issue, its relevance for public perceptions of Health Canada is identified.

According to this analysis, the most relevant issues for Health Canada in 2007 are ensuring the safety of pharmaceutical (62%, down slightly from 66% in 2005) and food products (62%, unchanged from 2005), followed closely by encouraging Canadians to live healthy lifestyles (59%, virtually unchanged from 58% in 2005).

The relevance average also indicates that a majority of Canadians find promoting and protecting the key principles of Medicare to be relevant (56%, down slightly from 59% in 2005), as well as regulating the labelling and promotion of tobacco products (53%, virtually unchanged from 52% in 2005), and ensuring the safety of consumer products (52%, down slightly from 56% in 2005).

Least relevant for Health Canada are preparing the Canada Food Guide (48%, up from 42% in 2005), ensuring that environmental factors do not adversely affect the health of Canadians (46%, up slightly from 42% in 2005), providing health care services to First Nations and Inuit (45%, down slightly from 48% in 2005) and establishing patient wait time guarantees (43%, for which no data are available from 2005).



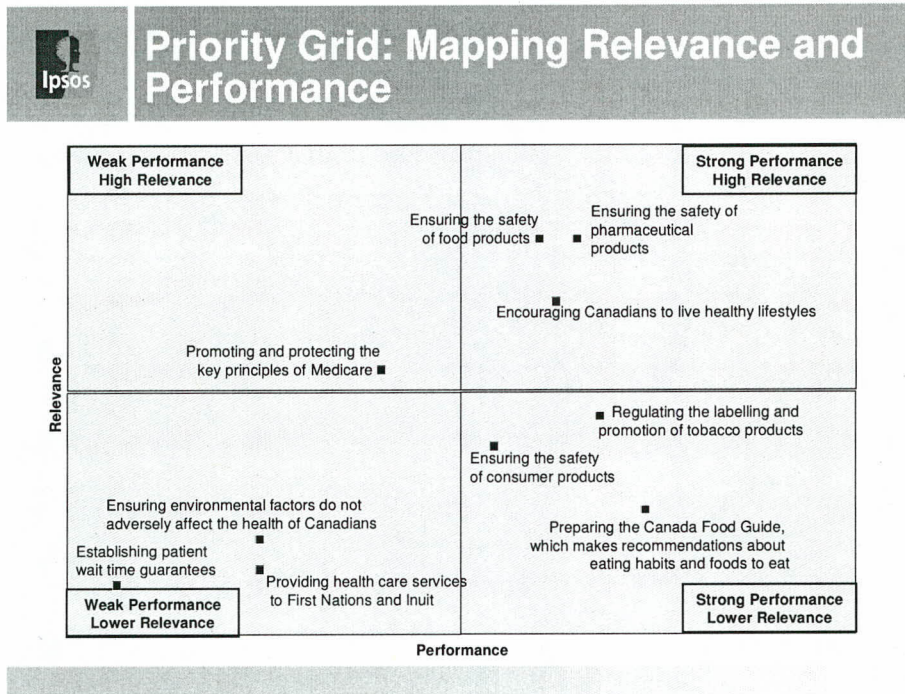
Creation of Relevance Variable from Importance and Involvement Scores

	Importance (7 on a 7-point scale)	Involvement with Health Canada (5,6,7 on a 7-point scale)	Relevance Score	Relevance Average % (2007)	Relevance Average % (2005)
Ensuring the safety of pharmaceutical products	60%	64%	124	62%	66%
Ensuring the safety of food products	61%	63%	124	62%	62%
Encouraging Canadians to live healthy lifestyles	51%	67%	118	59%	58%
Promoting and protecting the key principles of Medicare	53%	59%	112	56%	59%
Regulating the labelling and promotion of tobacco products	40%	65%	105	53%	52%
Ensuring the safety of consumer products	48%	56%	104	52%	56%
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat	24%	71%	95	48%	42%
Ensuring environmental factors do not adversely affect the health of Canadians	48%	43%	91	46%	42%
Providing health care services to First Nations and Inuit	46%	44%	90	45%	48%
Establishing patient wait time guarantees	53%	32%	85	43%	n/a

Base: All respondents n=2,000

Quadrant Analysis: Performance and Relevance

In order to better assess the relationship between Health Canada’s performance and the relevance of specific issues for Health Canada in the public mind, two sets of variables – performance, and the new relevance variable (which combines importance and involvement) – were mapped on the grid below. This grid produces four quadrants of interest: strong performance and high relevance; strong performance and low relevance; weak performance and high relevance; and weak performance and low relevance.



Strong Performance and High Relevance

Three issues are identified here as being both highly relevant to the public, and high performance issues for Health Canada. Of these, ensuring the safety of pharmaceutical products receives the highest performance ratings and is considered to be slightly more relevant than the other two. Ensuring the safety of food products and encouraging Canadians to live healthy lifestyles are also strong areas for Health Canada; they are relevant and Health Canada is thought to be performing well on these issues. Data from 2005 indicate that all three of these issues have remained in this quadrant over the past two years.

Weak Performance and High Relevance

This year, just one issue appears in the quadrant of high relevance and weak performance; promoting and protecting the key principles of Medicare. Canadians think this area is important, and that Health Canada is involved in it; thus, promoting and protecting the key principles of Medicare represents a key area of potential improvement for Health Canada.

Strong Performance and Low Relevance

In 2007, three issues appear in this quadrant: regulating the labelling and promotion of tobacco products, ensuring the safety of consumer products, and preparing the Canada Food Guide. Of these, regulating the labelling and promotion of tobacco products is thought to be slightly more relevant, followed closely by ensuring the safety of consumer products. Preparing the Canada Food Guide receives the highest performance ratings but the lowest relevance ratings. Of these three, only ensuring the safety of consumer products has shifted noticeably since 2005, and it has shifted down in relevance and slightly lower on performance. However, given that these issues are seen overall to be high performance issues for Health Canada, but of low relevance, these do not represent key areas of improvement for Health Canada.

Weak Performance and Low Relevance

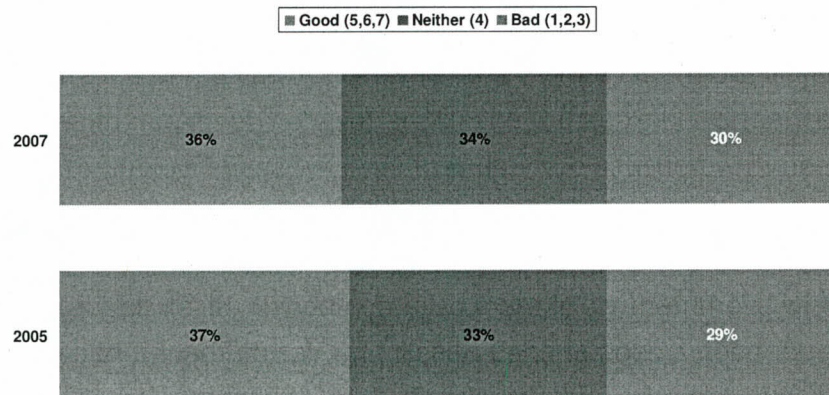
As in 2005, two issues – providing health care to First Nations and Inuit, and ensuring environmental factors do not adversely affect the health of Canadians – appear in the weak performance and low relevance quadrant. This year, they are joined by the issue of establishing patient wait time guarantees. Although Health Canada is judged to be performing weakly on each of these issues, they are nonetheless of low relevance to the public, and therefore do not represent key areas of improvement for Health Canada.

Performance of Health Canada at Informing the Public

When it comes to informing the public of its priorities, policies, programs and services, a little over one-third of Canadians (36%) perceives Health Canada as doing a good or an excellent job, rating it positively (5, 6 or 7 on a seven point scale). However, three in ten (30%) believe that Health Canada does a poor job of keeping them informed (1, 2 or 3 on a seven point scale). These numbers are virtually unchanged from 2005, suggesting that Health Canada could improve its ratings by increasing efforts to communicate this kind of information to the public.

Performance of Health Canada at Informing the Public

How would you rate Health Canada on keeping you informed about their priorities, policies, programs and services? Please respond using a 7 point scale, where 1 means they do a terrible job at keeping you informed, 7 means they do an excellent job and the mid-point 4 means they are neither good nor bad?



Base: All respondents n=2,000

Socio-demographic and Subgroup Analysis

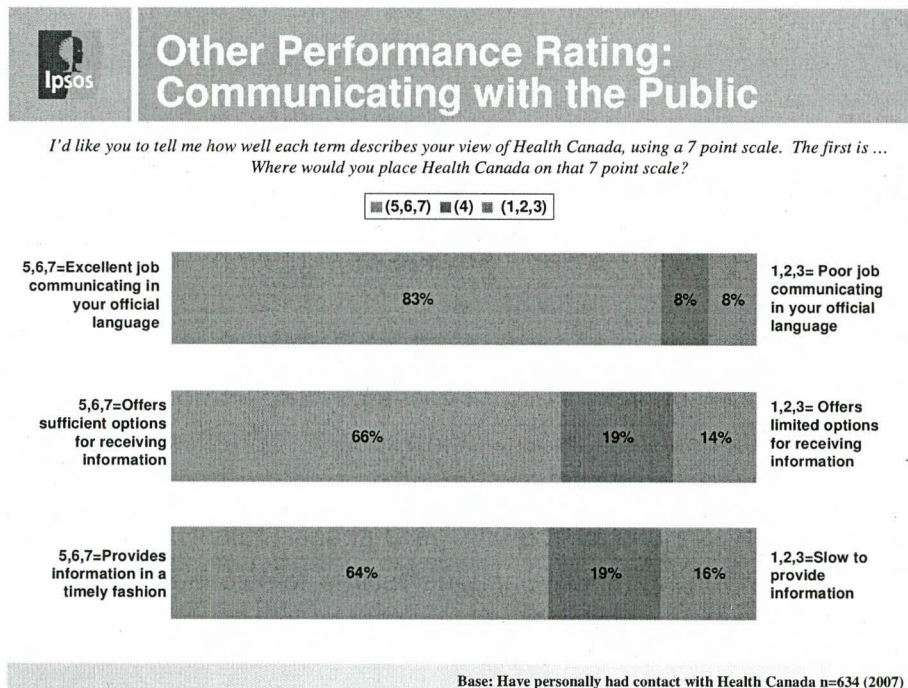
Ratings of one’s own health and of recent experiences with the health care system, as well as contact with Health Canada, influence perceptions of Health Canada’s performance in informing the public about their priorities, programs and services. Those who rate their own health positively (5, 6, 7) (40%) are more likely than those who rate their health negatively to also rate Health Canada’s performance positively (40% compared to 30%). Those who say that they are satisfied with health care services they have received are more likely than those who are dissatisfied to rate Health Canada’s performance positively (40% compared to 21%). Those who say they know something about Health Canada are also more likely than those who know nothing about Health Canada to say that Health Canada does a good job of keeping them informed (43% compared to 28%). Similarly, those who say that they base their opinions about Health Canada on personal experience with Health Canada (39%) or on what they see, hear or read from Health Canada (48%) are more likely than those who base their opinions on others’ experience (31%) to rate Health Canada’s performance positively in informing the public about their priorities, programs and services. Having had contact with Health Canada recently also boosts performance ratings in this area; those who have had contact are more likely than those who have not to rate Health

Canada positively for this (41% compared to 34%). Of those who have had contact with Health Canada, individuals who rated that contact positively are also more likely to rate Health Canada positively on this issue than those who were dissatisfied with their contact with Health Canada (51% compared to 21%).

Regionally, residents of Quebec (42%), Atlantic Canada (38%), Ontario (37%) and Alberta (37%) are more likely than residents of British Columbia (27%) to rate Health Canada positively when it comes to keeping them informed about its priorities, policies, programs and services. Age also impacts these positive perceptions (40% among those aged 55 years and older compared to 33% for those between the ages of 18 and 34).

Performance of Health Canada at Communicating with the Public

A majority of those who have had contact with Health Canada in the last five years give Health Canada positive ratings (5, 6 or 7 on a 7 point scale) on a series of measures regarding its communications efforts. Health Canada is seen by those Canadians who have had contact with Health Canada over the last five years as doing a good job communicating in their choice of official language (83%); of offering sufficient options for receiving information (66%); and of providing information in a timely fashion (64%).



Socio-demographic and Subgroup Analysis

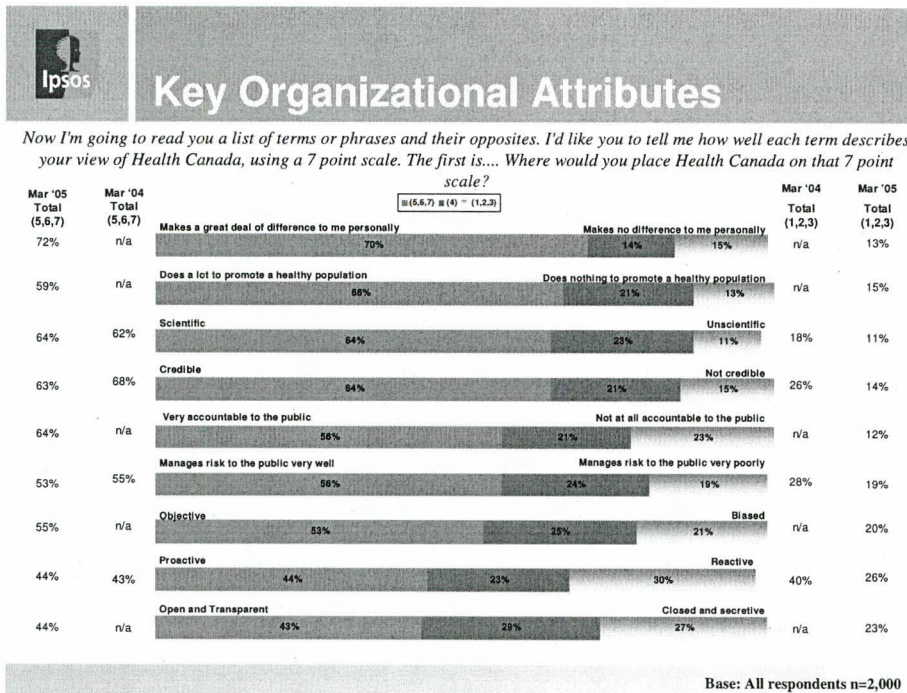
Ratings of one's own health, and satisfaction with health care services received, influence attitudes about the communications efforts of Health Canada. Those who rate their own health positively are more likely than those who rate it negatively to say that Health Canada is doing a good job (5, 6 or 7 on a 7 point scale) of communicating in the official language of their choice (86% compared to 68%), and of providing information in a timely fashion (66% compared to 50%).

Similarly, those who are satisfied with the health care services they have received are more likely than those who are dissatisfied to say that Health Canada is doing a good job (5, 6 or 7 on a 7 point scale) of communicating in the official language of their choice (89% compared to 60%), of providing information in a timely fashion (70% compared to 42%), and of offering a sufficient number of options for getting and receiving information (71% compared to 45%).

Regionally, residents of Quebec are more likely than those in other areas to think that Health Canada is doing a good job of providing information in a timely fashion (75% compared to a low of 54% in Alberta). Age also influences attitudes about these attributes of Health Canada's communications efforts. Younger Canadians aged 18-34 are more likely than older Canadians aged 55 and over to say that Health Canada is doing a good job communicating in the official language of their choice (89% compared to 75%). Those aged 35-54 are more likely than those aged 55 and over to think that Health Canada is doing a good job offering a sufficient number of options for getting and receiving information (72% compared to 60%).

Key Organizational Attributes

Most Canadians are quite positive about a variety of organizational attributes relating to Health Canada. More than half of Canadians would describe Health Canada as making a great deal of difference to them personally (70%), as doing a lot to promote a healthy population (66%), as credible (64%), scientific (64%), accountable to the public (56%), managing risk to the public very well (56%), and as objective (53%). Less than half, by contrast, call Health Canada proactive (44%) or open and transparent (43%).



Socio-demographic and Subgroup Analysis

Ratings of one's own health influence ratings of Health Canada on key organizational attributes; those who consider themselves to be in good health are more likely to rate Health Canada highly on all of these attributes. Those who rate their own health as good are more likely than those who rate their health poorly to say that Health Canada does a lot to promote a healthy population (67% say 5, 6 or 7 on a 7 point scale, compared to 51%), and that it is scientific (66% compared to 51%). Those who rate their own health as good are also more likely than those who rate their health poorly to say that Health Canada is credible (66% compared to 53%), that it manages risk to the public well (58% compared to 46%), that it is very accountable to the public (58% compared to 45%), objective (54% compared to 44%), proactive (45% compared to 29%) and that Health Canada is open and transparent (44% compared to 32%).

Recent experience with the health care system, and ratings of that experience, also influence attitudes about these attributes. Those who have used health care services in the past twelve months are more likely than those who have not to say that Health Canada makes a great deal of difference to them personally (74% compared to 62%). Similarly, satisfaction with health care services received in the past twelve months increases positive ratings of all of these attributes. In particular, those who are

satisfied with health care services they have received are also more likely than those who are dissatisfied with health care services to say that Health Canada does a lot to promote a healthy population (71% compared to 44% for those who are dissatisfied), that it is credible (69% compared to 42% for those who are dissatisfied), and that it manages risk to the public well (61% compared to 35% for those who are dissatisfied).

Familiarity with Health Canada also influences perceptions of Health Canada on each of these attributes. Those who say they know something about Health Canada are more likely to rate it positively on every attribute, with differences ranging from 15 to 20 points. However, this also holds for those who say they know something about a series of other health organizations, including the Public Health Agency of Canada, their Provincial Ministry of Health, the Canadian Medical Association and the Heart and Stroke Foundation – those who say they know something about these organizations are also much more likely to rate Health Canada positively on all of the attributes. Similarly, those who rate Health Canada's overall performance positively are also much more likely than those who rate its overall performance negatively to rate Health Canada positively on all of these attributes; differences range from 20 to 50 points.³

Having contact with Health Canada makes a difference for just two of the attributes. Those who have had contact with Health Canada in the past five years are more likely than those who have not to say that Health Canada makes a great deal of difference to

³ Those who base their knowledge of Health Canada on what they see, hear or read from Health Canada are also more likely than other Canadians, especially those who base their knowledge on personal experience with Health Canada, to rate Health Canada as accountable (70% compared to 54%), as open and transparent (67% compared to 43%), as objective (71% compared to 53%), as credible (84% compared to 62%), as making a great deal of difference to them personally (84% compared to 74%), as proactive (57% compared to 47%) and as doing something to promote a healthy population (81% compared to 65%). Those who base their knowledge on what they see, hear or read from politicians are also more likely than those whose knowledge is based on personal experience to rate Health Canada positively on a series of these attributes, saying that it is open and transparent (57% compared to 43%), scientific (77% compared to 64%), and that it makes a great deal of difference to them personally (84% compared to 74%). However, the small base size for these categories, those who base their knowledge on what they see, hear or read from Health Canada (n=61) and those who base their knowledge on what they see, hear or read from politicians (n=71) are insufficient for these findings to be taken as truly substantial; they should be read as directional only.

them personally (77% compared to 67%) and that it does a lot to promote a healthy population (69% compared to 64%). However, of those who have had contact with Health Canada, those who are satisfied with that contact are more likely than those who are not satisfied to rate Health Canada positively on all of the attributes, with differences ranging from 20 to 45 points.

Regionally, residents of Alberta, Ontario and Atlantic Canada are more likely to think that Health Canada makes a great deal of difference to them personally (75%, 75% and 73% respectively, compared to a low of 62% in Quebec). Those in Quebec are more likely to say that Health Canada does a lot to promote a healthy population (69% compared to a low of 60% in British Columbia). Those who live in Atlantic Canada think that Health Canada manages risk to the public well (63% compared to a low of 50% in British Columbia). Those in Quebec are more likely to rate Health Canada as accountable to the public (61%, compared to a low of 50% in British Columbia), and residents of Quebec, Alberta and Ontario are more likely to say Health Canada is objective (58%, 55% and 53% respectively, compared to a low of 43% in British Columbia). Those who live in Quebec and Ontario are more likely to say that Health Canada is proactive (48% and 44% respectively, compared to a low of 35% in Saskatchewan and Manitoba). Residents of Quebec are more likely to say that Health Canada is open and transparent (49% compared to a low of 37% in British Columbia)

Age also has an influence on these ratings; Canadians aged 55 and over or 35-54 are more likely to say that Health Canada makes a great deal of difference to them personally (75% and 72% respectively, compared a low of 63% for those aged 18-34). Younger Canadians aged 18-34 are more likely to say that Health Canada is credible (68% compared to a low of 61% for those aged 35-54) and accountable to the public (61% compared to a low of 53% for those aged 35-54). Older Canadians aged 55 and over are more likely to think that Health Canada is proactive (48% compared to a low of 42% for those aged 35-54) and that it is open and transparent (46% compared to a low of 40% for those aged 35-54).

Women are more likely to say that Health Canada makes a great deal of difference to them personally (75% compared to 65% for men), and that Health Canada is proactive (47% compared to 42% for men).

Education also has an effect on these ratings. Those with less than a high school education are more likely to think that Health Canada makes a great deal of difference

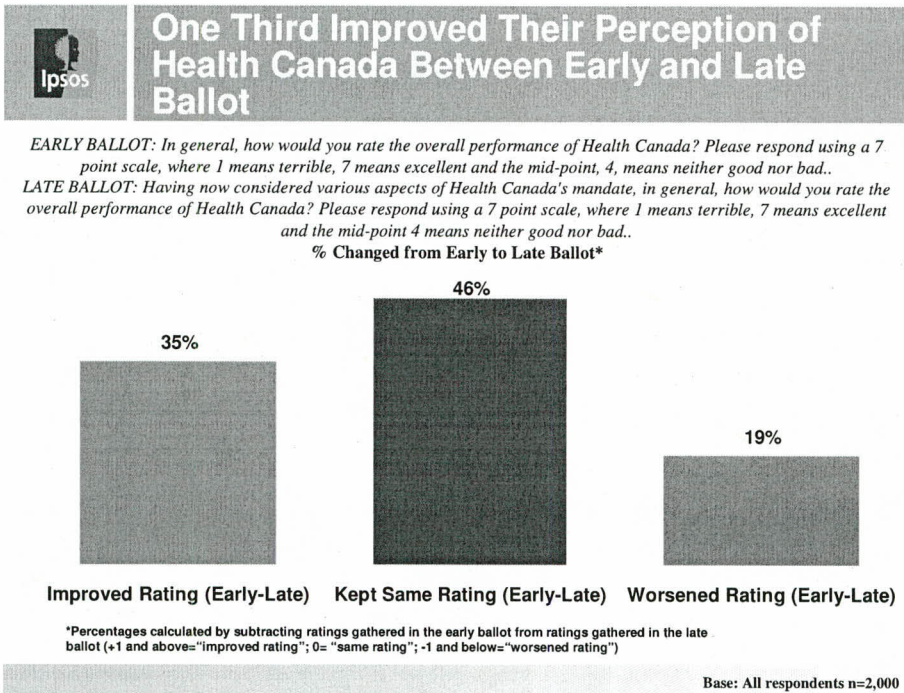
to them personally (75%, compared to a low of 68% for those with a university education). Those with a university education, by contrast, are more likely to say that Health Canada is scientific (68% compared to a low of 59% among those with a high school education). Those with less than a high school education are also more likely to think that Health Canada is accountable to the public (61% compared to a low of 53% for those with a university education) and that it is proactive (51% compared to a low of 39% for those with a university education) and open and transparent (54% compared to a low of 41% for those with a university education).

Those with a lower household income, of less than \$30K, are less likely than other Canadians to rate Health Canada positively on these attributes. They are less likely than those with a household income of \$30K-\$60K to think that Health Canada does a lot to promote a healthy population (64% compared to 71%), that it is credible (59% compared to 68%), that it is accountable to the public (51% compared to 61%), and that it is objective (48% compared to 55%). They are also less likely than those with a household income of \$60K and above to think that Health Canada is scientific (68% compared to 60%).

Overall Performance Ratings: The Late Ballot Compared to the Early Ballot

In order to determine whether the consideration of a variety of issues and organizational attributes influences overall performance ratings of Health Canada, Canadians were asked a second time to use a 7-point scale to gauge the overall performance of Health Canada.

By repeating the overall performance question late in the survey, respondents were able to more fully take Health Canada's performance, character and role into consideration. Responses were then compared to the "early ballot". Having had the opportunity to reflect on Health Canada and its performance on a variety of attributes, fully a third (35%) rate Health Canada's overall performance higher than when asked in the "early ballot" (prior to receiving a battery of questions about Health Canada). Almost half (46%) rate Health Canada the same as early in the survey, and one-fifth (19%) rate it more negatively.



Ratings Differences in 2004, 2005 and 2007

Compared to previous years, Canadians are slightly less likely to improve their ratings between the early and late ballots, but it should also be noted that the numbers rating Health Canada negatively in the early ballot in 2007 are commensurate with the lower number in the late ballot in previous years. In 2007, the early ballot results show that four in ten (43%) rate Health Canada's performance positively, while more than half (57%) give it a positive rating in the late ballot, a 14-point increase (compared to a 16-point increase in 2005, and a 12-point increase in 2004). Similarly, the late ballot shows an 11-point decrease in neutral ratings from the early ballot (compared to a 12-point decrease in 2005 and a 2-point decrease in 2004). However, the number of respondents who give a negative rating remains constant over both ballots, with just a 1-point decrease between the early and late ballots (compared to a 3-point decrease in 2005, and a 9-point decrease in 2004).



Deliberative Rating: Tracking

EARLY BALLOT: In general, how would you rate the overall performance of Health Canada? Please respond using a 7 point scale, where 1 means terrible, 7 means excellent and the mid-point, 4, means neither good nor bad.

LATE BALLOT: Having now considered various aspects of Health Canada's mandate, in general, how would you rate the overall performance of Health Canada? Please respond using a 7 point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means neither good nor bad.

	Mar 2007		Mar 2005		Mar 2004	
	Early Ballot	Late Ballot	Early Ballot	Late Ballot	Early Ballot	Late Ballot
Excellent/Good (7,6,5)	43%	57%	41%	57%	47%	59%
Neither (4)	41%	30%	40%	28%	28%	26%
Bad /Terrible (1,2,3)	14%	13%	17%	14%	24%	15%

Base: All respondents n=2,000

Socio-demographic and Subgroup Analysis

Compared to the early ballot, all socio-demographic and other subgroup differences examined show an overall increase in the number of positive ratings of Health Canada's performance in the late ballot.⁴ Those who rate their own health positively were much more likely than those who rate their health poorly to increase their positive ratings of Health Canada's performance (14 point increase, from 47% to 61%, compared to a 2 point increase, from 39% to 42%). Those who are satisfied with the health care services they have received in the past twelve months also show an increase in positive ratings by the late ballot, compared to those who are dissatisfied with health care services (14 point increase, from 50% to 64%, compared to a 10 point increase, from 25% to 35%).

Part of the increase in positive ratings may be attributable to increased knowledge about Health Canada gleaned from the survey itself. That is, those who say they know little about Health Canada show a greater increase in positive ratings by the late ballot

⁴ These differences have not been subject to t-tests and therefore should not be read as statistically significant; the analysis here is descriptive in nature only. Differences between subgroups are not reported if they are less than 4 points.

than those who say they know something about Health Canada (16 point increase, from 31% to 47%, compared to a 9 point increase, from 58% to 67%). Similar differences between the early and late ballot hold for those who say they know little about other health-related organizations, including the Public Health Agency of Canada, their Provincial Ministry of Health, the Canadian Medical Association and the Heart and Stroke Foundation. Likewise, those who have not had any contact with Health Canada in the past five years show a greater increase in positive ratings by the late ballot than do those who have had contact with Health Canada (14 point increase from 42% to 56%, compared to a 10 point increase, from 48% to 58%). However, those who rated that contact positively show a greater increase in positive ratings than those who rated the contact negatively (14 point increase, from 59% to 73%, compared to a 3 point increase from 20% to 23%).⁵

Regionally, this is particularly noticeable in Saskatchewan and Manitoba (16 point increase in positive ratings from 43% to 59%) and in British Columbia (15 point increase in positive ratings from 38% to 53%). In terms of age groups, the youngest Canadians, those aged 18-34, also experienced the largest increase in positive ratings (17 points, from 48% to 65%, compared to an 11 point increase among those aged 35-54 and 55 and over). Women increased their positive ratings more than men did (15 points, from 44% to 59%, compared to 11 points, from 44% to 55%).

In terms of education, those with a high school diploma and those with some post-secondary education experienced a larger increase in positive ratings (14 points for each, from 45% to 59% and from 42% to 56% respectively) than did those with less than a high school education (8 point increase, from 41% to 49%). Those with the lowest household income, less than \$30K, experienced the largest increase in positive

⁵ Those who say they base their knowledge of Health Canada on what they see, hear or read from Health Canada also show a greater increase in positive ratings, particularly compared to those who base their knowledge on what they see, hear or read from politicians (21 point increase, from 53% to 74%, compared to an 8 point increase, from 48% to 56%). However, the small base size for those who base their knowledge of Health Canada on what they see, hear or read from Health Canada (n=61) is insufficient for this finding to be taken as truly substantial; it should be read as directional only.

ratings (16 points, from 41% to 57%), compared to those with a household income of \$30K - \$60K (11 point increase, from 46% to 57%).

Exposure to Health Canada

To further analyze the way in which Canadians rate Health Canada’s performance, this section explores their experience with Health Canada’s programs and services. More specifically, levels of contact with Health Canada in the last five years, the purpose of this contact, and respondents’ satisfaction levels with the contact are examined. Also considered here is the level of exposure to publications from Health Canada, as well as respondents’ satisfaction with the publications.

Contact with Health Canada in the Last Five Years

The numbers of Canadians who have had contact with Health Canada in the last five years has increased somewhat this year (32%, up from 25% in 2005). In 2007, three in five (59%) of those who have been in contact with Health Canada in the last five years say that contact was over the Internet; this number is not noticeably larger than the proportion of those who said in 2005 that they had contacted Health Canada by going on their Web site (57%).



Contact with Health Canada in Last Five Years

Have you personally had contact with Health Canada in the last five years, either by going on their website, by mail, in person, by telephone or by fax? [IF YES]: And was the contact you had by mail, the internet, in person, by telephone or by fax?

	Total Mar 07 (n=2000) %	Total Mar 05 (n=1750) %	Total Mar 04 (n=1750) %	Total Aug 01 (n=2009) %
Contact with Health Canada?				
Yes	32%	25%	26%	29%
No	68%	74%	72%	69%
DK/Ref	0%	1%	2%	2%
Means of Contact				
Internet	59%	57%	28%	27%
Mail	15%	27%	25%	28%
In Person	14%	31%	24%	21%
Telephone	26%	35%	21%	23%
Fax	1%	5%	N/A	N/A
DK/Ref/ Other mentions	3%	<1	-	-

Base: All respondents n=2,000 / All respondents who had contact with Health Canada n=634

Socio-demographic and Subgroup Analysis

Those who are more likely to have had contact with Health Canada in the last five years include those who have used health care services in the last twelve months (34% compared to 27% for those who have not used services), and those who have children under the age of eighteen (36% compared to 29% for those who do not have children under eighteen).

Regionally, residents of Ontario are more likely to have had contact with Health Canada in the last five years (35%) compared to those in Quebec (26%). Those in Quebec are more likely to have had this contact over the Internet (68%) than those in Ontario (56%). Residents of Atlantic Canada (27%) and Ontario (15%) are more likely to have had this contact in person (compared to 7% in Quebec).

Younger Canadians aged 18-34 (36%) and 35-54 (35%) are also more likely to have had contact with Health Canada than older Canadians 55 and over (24%). Younger Canadians aged 18-34 (64%) and 35-54 (62%) are much more likely than older Canadians 55 and over (44%) to have had this contact via the Internet. Older Canadians 55 and over, by contrast, are more likely to have contacted Health Canada by telephone (33% compared to a low of 23% for those aged 35-54).


Education has an influence on whether an individual has had contact with Health Canada in the last five years. Those with a university degree (35%) or some university education (34%) are more likely than those with less than a high school diploma (21%) to report some contact. Those with less than a high school diploma are much less likely to have had this contact over the Internet (32% compared to a high of 69% for those with a university degree), as are rural residents (45% compared to 62% for urban residents). Instead, they are more likely to have contacted Health Canada over the telephone (46% compared to 20% among those with a university degree).

Income has a similar influence as education; those with a household income over \$60K (36%) or between \$30K - \$60K (32%) are more likely to have had contact with Health Canada than those with a household income under \$30K (25%). More wealthy Canadians with a household income over \$60K are also more likely to have contacted Health Canada over the Internet (70% compared to a low of 40% for those with a household income of less than \$30K). Those with a household income below \$30K

(39%) or \$30K-\$60K (29%) are more likely to have contacted Health Canada by telephone than those with a household income over \$60K (20%).

Purpose of Contact With Health Canada

When asked what the purpose of their last contact with Health Canada was, approximately one in ten of those who have had contact with Health Canada in the last five years say that it was to obtain information relating to the Canada Food Guide (12%) or for general information and inquiries (11%). Slightly fewer point to health card renewal or health care insurance and coverage inquiries (7% respectively).



Purpose of Contact with Health Canada

What was the purpose of your last contact with Health Canada? (Total Mentions)

	Total Mar 07 (n=634) %
Canada's Food Guide	12%
General information/ inquiries	11%
Health card (renewal)	7%
Health care/ insurance/ coverage inquiries	7%
(Academic) research	6%
(Personal) health issues	6%
Medication/ drug inquiries	4%
Food/ food safety	3%
For a family member	3%
Job/ work-related	3%
Research on different illnesses/ diseases	3%
Vaccinations/ immunization/ shots	3%
Don't know/ not sure/ none/ nothing/ non-responsive	11%
Other mentions	13%

*Mentions of 3% or more

Base: Respondents who have had contact with Health Canada in the last 5 years n=634

Socio-demographic and Subgroup Analysis

When asked the purpose of their last contact with Health Canada, those with children under the age of eighteen were most likely to say it was for health card renewal (10% compared to 5% for those without children under eighteen).

Regionally, Ontario residents are more likely to say the purpose of their last contact with Health Canada was for health card renewal (13% compared to a low of 0% in Atlantic Canada). Those in British Columbia are more likely to have contacted Health Canada regarding health care or insurance (16% compared to a low of 3% in Atlantic

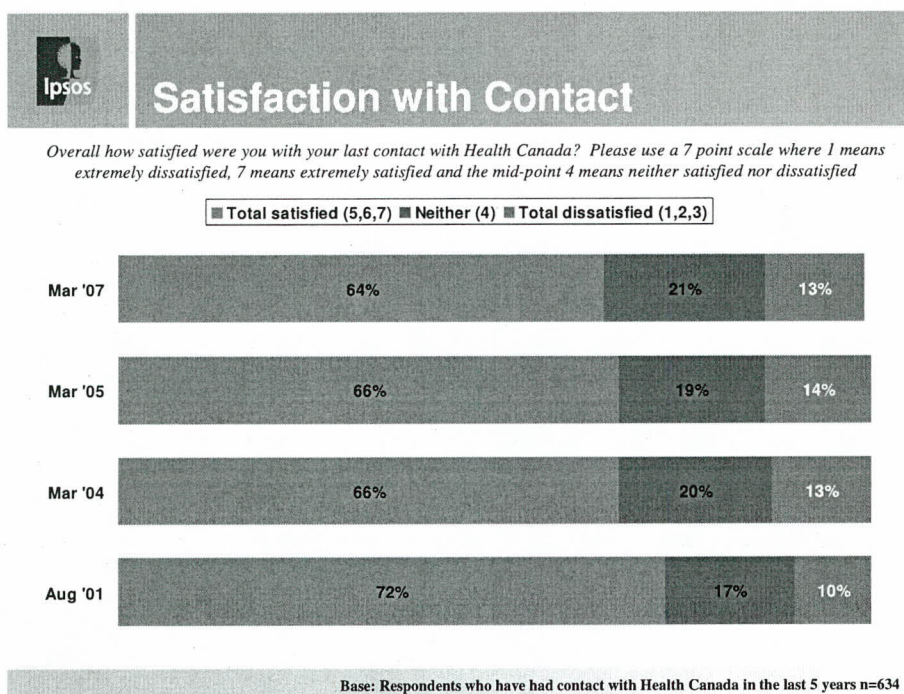
Canada). Atlantic Canadians are more likely to say it was regarding research (15% compared to 4% in Ontario and Quebec).

Older Canadians aged 55 and over are less likely to have contacted Health Canada regarding the Canada Food Guide (7%) than younger Canadians aged 18-34 (13%) or those aged 35-54 (14%).

Canadians with a university degree are also more likely to have contacted Health Canada regarding the Canada Food Guide (17% compared to a low of 2% for those with less than a high school diploma), as are those with annual household incomes over \$60K (18% compared to 5% for those with a household income of \$30K-\$60K).

Satisfaction with Contact with Health Canada

In 2007, almost two-thirds (64%) of Canadians who have had contact with Health Canada are satisfied with that contact. However, total satisfaction with this contact with Health Canada has declined very slightly from 2005 (64% down from 66%), and more noticeably since 2001 (down from 72%).




Socio-demographic and Subgroup Analysis

Ratings of one's own health, and of satisfaction with the health care system influence the extent to which respondents are satisfied with their last contact with Health Canada. Of those who remember having contact with Health Canada in the last five years, those who are satisfied with the health care services they received are much more likely than those who are dissatisfied with health care services to be satisfied with their past contact with Health Canada (71% compared to 40%). Similarly, those who rate their own health positively (69%) are much more likely than those who rate their health negatively to be satisfied (5, 6 or 7 on a 7 point scale) with the contact they had with Health Canada (69% compared to 39%). Interestingly, there are no differences in satisfaction with the contact with Health Canada according to the *means* of contact – whether it was via the Internet, telephone, in person, mail or fax.

Regionally, those who are most satisfied with their last contact with Health Canada include residents of Quebec (74%, compared to a low of 59% among those in Alberta). No other demographic differences appear among those who are satisfied with their past contact with Health Canada.

Reasons for Dissatisfaction with Contact

Key reasons for dissatisfaction with contact with Health Canada revolve chiefly around failure to resolve the problem or provide the information requested, either due to difficulties with staff, or insufficient availability of information.



Reason For Dissatisfaction With Contact

What was the main reason for your dissatisfaction with your last contact with Health Canada?


	Rated (1,2,3)
Health Canada deceptive/ secretive/ uncooperative/ rude	16%
They did not help me/ solve my problem	15%
Inadequate/ insufficient information available	13%
Was re-directed repeatedly/ given the 'run-around'	12%
They did not answer my question(s)	11%
Online/ website problems	9%
Poor communication/ unresponsive/ difficult to understand	6%
I had to wait too long/ service took too long	5%

Base: Respondents who were dissatisfied with their contact with Health Canada n=81

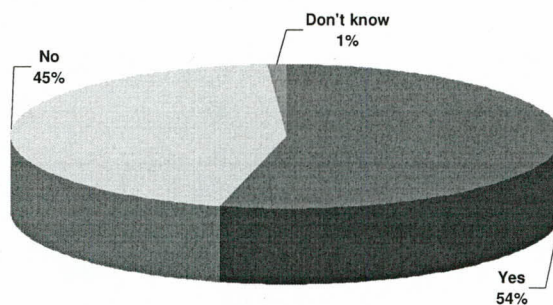
According to subgroup analysis, there are no notable differences among those who are dissatisfied with their past contact with Health Canada.

Exposure to Publications from Health Canada

Just over half of Canadians (54%) remember reading some kind of publication, including pamphlets or newsletters, from Health Canada in the previous year.

 **Exposure to Publications From Health Canada**

In the last year, do you remember reading any publications that were produced by Health Canada, such as pamphlets or newsletters?



Base: All respondents n=2,000

Socio-demographic and Subgroup Analysis

Those who have used some health care services in the past twelve months are more likely than those who have not used any health care services to remember reading some publication from Health Canada in the same time period (57% compared to 48%).⁶

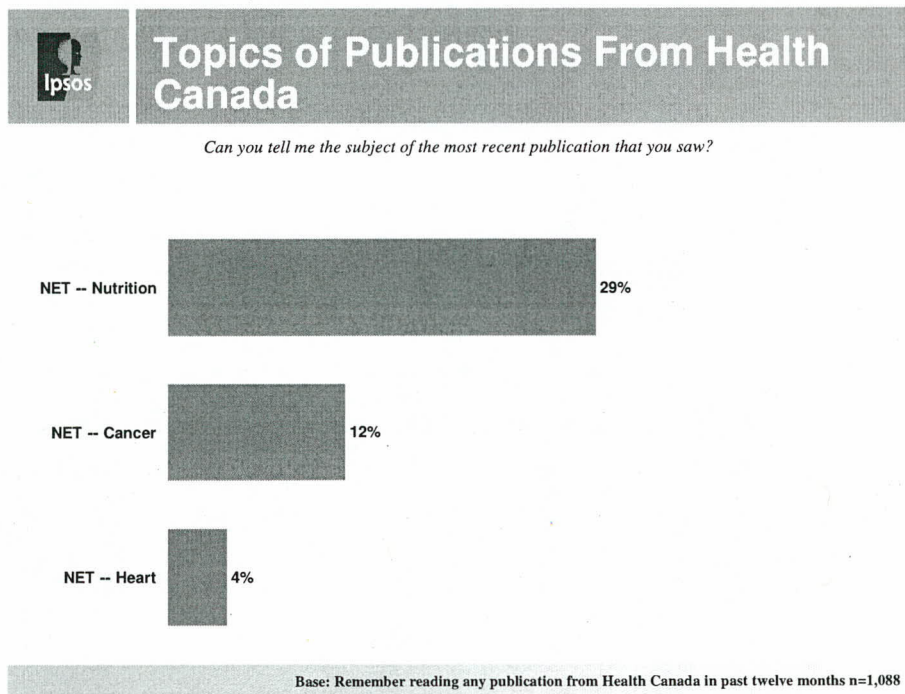
⁶ Those who base their knowledge of Health Canada on what they see, hear or read from Health Canada are also more likely than other Canadians to say that they remember reading publications produced by Health Canada in the past twelve months (72%, compared to a low of 52% among those who base their knowledge on what they see, hear or read in the media). However, the small base size for those who base their knowledge of Health Canada on what they see, hear or read from Health Canada (n=61) is insufficient for this finding to be taken as truly substantial; it should be read as directional only.

Regionally, those most likely to remember reading Health Canada publications include residents of Quebec (61%), Saskatchewan and Manitoba (60%), Atlantic Canada (58%) and Ontario (54%), compared to those in British Columbia (43%).

Women are also more likely than men to remember reading publications from Health Canada (59%, compared to 50%), as are rural residents compared to urban residents (59% compared to 53%), those with some post-secondary education compared to those with a high school diploma (58% compared to 48%), and those with a household income of \$30K-\$60K compared to those with a household income of less than \$30K (48%) or above \$60K (60% compared to 54%).

Topics of Publications from Health Canada

Among those who remember such publications, the major subject areas reviewed included something relating to nutrition (29%), cancer (12%) or the heart (4%).



Socio-demographic and Subgroup Analysis

Of the Canadians who remember reading any publications from Health Canada in the past twelve months, those who do not have children under the age of eighteen are more likely to remember publications about cancer (14% compared to 9% for those who do have children under eighteen). Those who rate their own health positively (5, 6

or 7 on a seven point scale) or neutrally (4 on a seven point scale) are more likely to remember publications about nutrition (30% and 29% respectively) than those who rate their health negatively (16%).

Those in Saskatchewan and Manitoba (36%) and in Quebec (34%) are more likely than residents of British Columbia to remember reading publications regarding nutrition (21%).

Canadians aged 55 and over are more likely to remember publications about the heart (8%) compared to younger Canadians aged 18-34 (2%). They are also more likely than younger Canadians to remember publications about cancer (17% compared to 9% among those aged 35-54). Those aged 35-54 are more likely to remember publications about nutrition (34% compared to 23% for those 55 and over).

Those with less than a high school diploma are the most likely to say that the subject of these publications was cancer (20% compared to a low of 9% for those with a university degree). Those with a household income of less than \$30K are also more likely to remember a publication about cancer (17% compared to 10% among those with a household income over \$60K). By contrast, those with a university degree are much more likely to remember publications about nutrition (39%) than those with less than a high school diploma (11%). A similar finding appears for household income; those with a household income over \$60K (36%) are more likely to remember publications relating to nutrition than those with a household income below \$30K (17%).

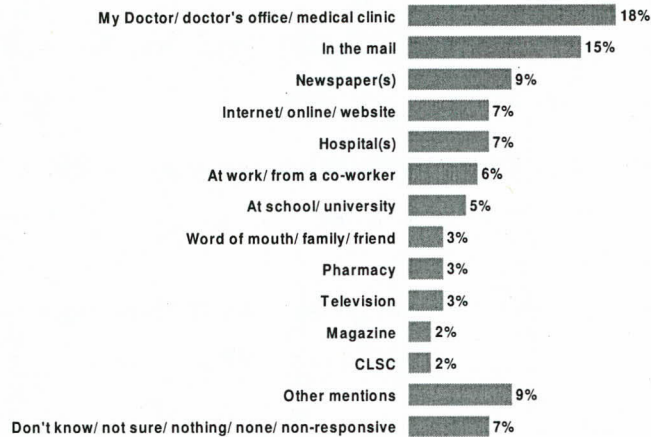
Sources of Publications from Health Canada

When asked where they got a publication from Health Canada in the last year, one in five (18%) Canadians say that they got it from their doctor, at the doctor's office or from a medical clinic. However, almost as many (15%) say that they received the publication through the mail. One in ten (9%) say that they read this information in the newspaper, and almost as many (7%) gained access to publications from Health Canada via the Internet or at the hospital (7% for both).

Sources of Publications From Health Canada



Where did you get this publication? (Total Mentions)



*Mentions of 2% or more

Base: Remember reading any publication from Health Canada in past twelve months n=1,088

Socio-demographic and Subgroup Analysis

Those who have used health care services in the last twelve months are more likely to say they got these publications at the doctor (21%) compared to those who have not used the services (12%). By contrast, those who have not used health care services in the last twelve months are more likely to say they got such publications in the newspaper (12% compared to 7%).

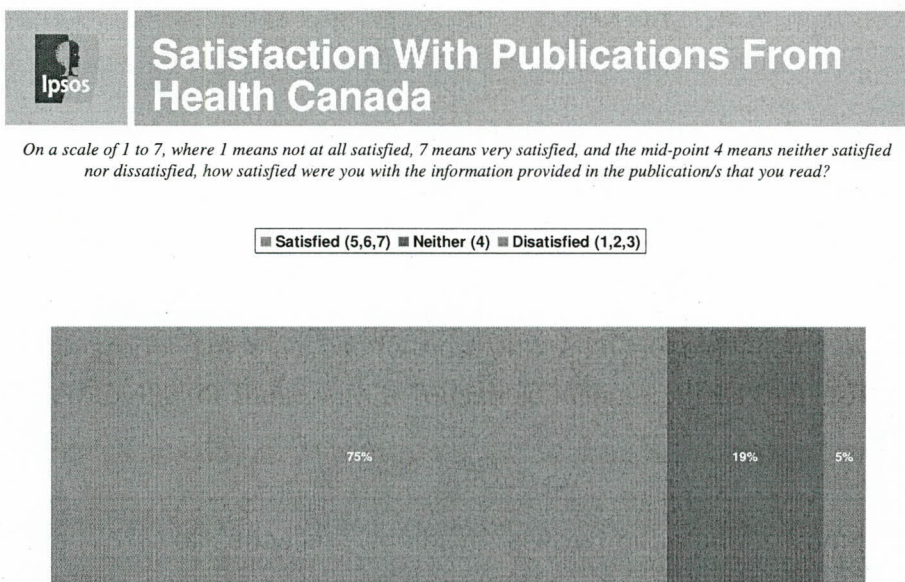
Residents of Quebec are the less likely than residents of all other regions to say that they received Health Canada publications from their doctor or a medical clinic (11% compared to a high of 26% in Saskatchewan and Manitoba), or at CLSC (6% compared to 0% for all others). Those aged 55 and over are more likely to say they received the publications in the mail (20% compared to 11% for those aged 18-34) or in the newspaper (12% compared to 4% for those aged 18-34). Younger Canadians aged 18-34, by contrast, say they received them at school or university (11% compared to 1% for those 55 and over).

Those with some post-secondary education are more likely to have received the publications at their doctor or a medical clinic (25% compared to a low of 14% for those with a university degree). Those with less than a high school education are more likely to have received them in the mail (26% compared to a low of 13% for those with

some post-secondary education). Those with a university degree are most likely to say they accessed the publications online (14% compared to a low of 1% for those with less than a high school diploma), as are those with a household income over \$60K (12% compared to 4% for those with a household income of less than \$30K).

Satisfaction with Publications from Health Canada

Three-quarters (75%) of Canadians who have received publications from Health Canada report being satisfied with the information provided in the publications that they read. Fewer than one in ten (5%) says that they are dissatisfied and one in five (19%) respond with a neutral rating.



Base: Remember reading any publication from Health Canada in past twelve months n=1,088

Socio-demographic and Subgroup Analysis

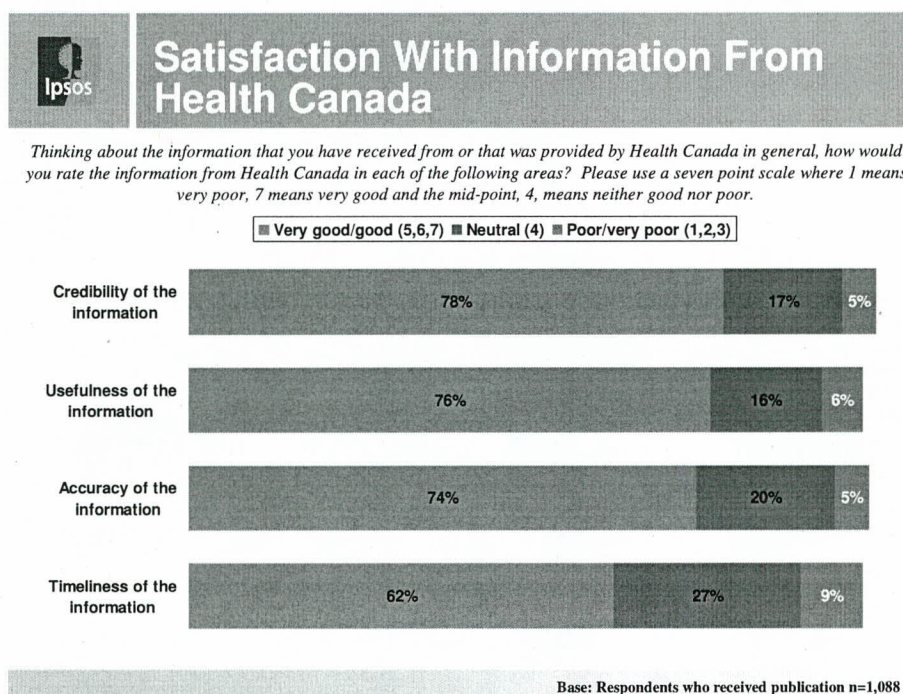
Among those who remember reading publications from Health Canada in the last year, satisfaction is highest among residents of Quebec (81%), compared to Saskatchewan and Manitoba (66%). Women (79%) are also more likely to be satisfied with the information in the publications than are men (71%).

Education levels influence satisfaction with the information provided in the publications from Health Canada. Those with a university degree are more likely than those with less education to say they are satisfied with the information (81% compared to a low of

67% for those with less than a high school education). Also, those with higher household incomes, of \$60K and above, are more likely than those with a household income of \$30K – \$60K or of less than \$30K to be satisfied with the information provided (83%, compared to 70% among all those earning less than \$60K).

Satisfaction with Information from Health Canada

Overall, a majority of those who remember receiving publications from Health Canada in the last year rate the information received from Health Canada positively (5, 6 or 7 on a 7 point scale) in terms of credibility (78%), usefulness (76%), accuracy (74%) and timeliness (62%). Fewer than one in ten rate the information from Health Canada negatively on any of these attributes.



Socio-demographic and Subgroup Analysis

Not surprisingly, given the many similar findings reported thus far, positive ratings of one’s own health and of satisfaction with health care services received in the last twelve months correlates with rating information received from Health Canada positively (5, 6 or 7 on a 7 point scale). Those who rate their own health positively are more likely than those who rate it negatively to say that information they have received from Health Canada was useful (80% compared to 62%), credible (80% compared to 69%),

accurate (77% compared to 56%) and timely (65% compared to 42%). Similarly, those who say they are satisfied with the health care services they have received are more likely than those who are dissatisfied to rate the information received from Health Canada as credible (81% compared to 69%), useful (80% compared to 62%), accurate (78% compared to 58%) and timely (67% compared to 40%).

Those who have no children under the age of 18 living at home are more likely than those who have children under 18 at home to rate the information they received from Health Canada as accurate (77% compared to 69%).

Regionally, those in Alberta and Atlantic Canada are more likely than residents of Ontario to think that the information provided by Health Canada is accurate (81% and 80% respectively, compared to 70%). Those in Atlantic Canada are more likely than those in Saskatchewan and Manitoba to rate the information as useful (86% compared to 72%). Residents of Quebec are more likely than those in British Columbia or Ontario to rate the information as timely (69% compared to 57% and 58% respectively).

Older Canadians aged 55 and over are more likely than younger Canadians aged 18-34 to think the information they have received from Health Canada is timely (67% compared to 56%).


Gender has a noticeable influence on positive ratings of information received from Health Canada; women are more likely to judge the information positively on all attributes. Women are more likely than men to judge the information from Health Canada as credible (81% compared to 74%), useful (80% compared to 75%), accurate (77% compared to 70%), and timely (66% compared to 57%).

Education and income also influence ratings of information received from Health Canada, with those in the top income and education brackets being more likely than those in lower brackets to assign positive ratings on these attributes. Those with a university degree are more likely than those with less education to think that the information they have received from Health Canada is credible (83% compared to a low of 70% for those with less than a high school education), useful (81% compared to a low of 70% for those with less than a high school education), accurate (77% compared to a low of 66% for those with less than a high school education), and timely (66% compared to a low of 58% for those with some post-secondary education).

Similarly, those with a household income of \$60K and over are more likely than those with lower household incomes to think that the information they have received from Health Canada is useful (84% compared to a low of 73% for those with a household income of less than \$30K), credible (81% compared to a low of 74% for those with a household income of \$30K – \$60K), and accurate (78% compared to a low of 68% for those with a household income of less than \$30K).

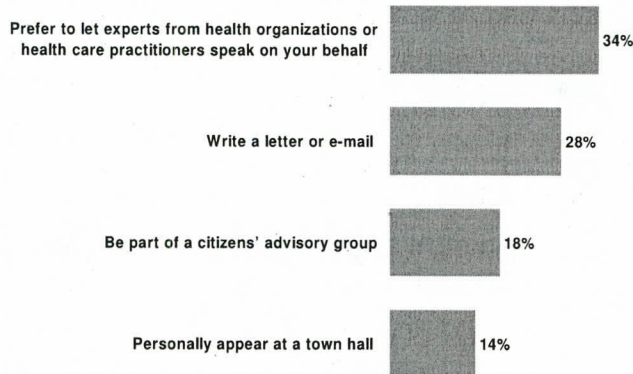
Attitudes Toward Public Consultation on Health Issues

When asked how they would be most likely to participate in a public consultation process, the most popular options among the four options provided involve some kind of indirect action. These options were: prefer to let experts from health organizations or health care practitioners speak on your behalf; write a letter or e-mail; be part of a citizens' advisory group; or, personally appear at a town hall. One-third of Canadians (34%) say they would like to let experts from health organizations or health care practitioners speak on their behalf. Almost as many (28%) say they would write a letter or an email, and almost one-fifth (18%) say they would be part of a citizens' advisory group. Just over one in ten (14%) would choose to personally appear at a town hall.



Preferred Way of Participating in Public Consultation Process

In what way would you be most likely to participate in a public consultation process?
(Single response allowed)



Base: All respondents n=2,000

Socio-demographic and Subgroup Analysis

Those who are satisfied with health care services they have received in the past twelve months are more likely than those who are dissatisfied with health care services they have received to say that they would prefer to let experts from health organizations or health care speak on their behalf (37% compared to 26%). Those who say they have not used any health care services in the past twelve months are more likely than those

who have used health care services to say that they would prefer to write a letter or email (32% compared to 26%). Finally, those who rate their own health positively are more likely than those who rate their health negatively to say that they would prefer to be part of a citizens' advisory group (19% compared to 10%).

Regionally, those who live in Quebec (39%), Saskatchewan and Manitoba (36%) and Ontario (35%) are more likely than those in British Columbia (26%) or Alberta (29%) to say that they would prefer to let experts from health organizations or health care speak on their behalf. By contrast, those in the west are more likely than those in eastern Canada to say that they would prefer to write a letter or email (peaking at 32% in British Columbia and Saskatchewan and Manitoba, compared to a low of 21% in Quebec). Residents of Quebec are much more likely than all others to say they would be part of a citizens' advisory group (28%, compared to a low of 12% in Saskatchewan and Manitoba), and much *less* likely than all others to say they would personally appear at a town hall (8%, compared to a high of 19% in Atlantic Canada).

Older Canadians aged 55 and over are more likely than younger Canadians aged 18-34 to say they would prefer to let experts from health organizations or health care speak on their behalf (38% compared to 31%). Younger Canadians aged 18-34, by contrast, are more likely than older Canadians aged 55 and over to say that they would prefer to write a letter or email (36% compared to 23%). Those in the middle age bracket, 35-54, are more likely than younger Canadians aged 18-34 to say they would be part of a citizens' advisory group (21% compared to 13%).

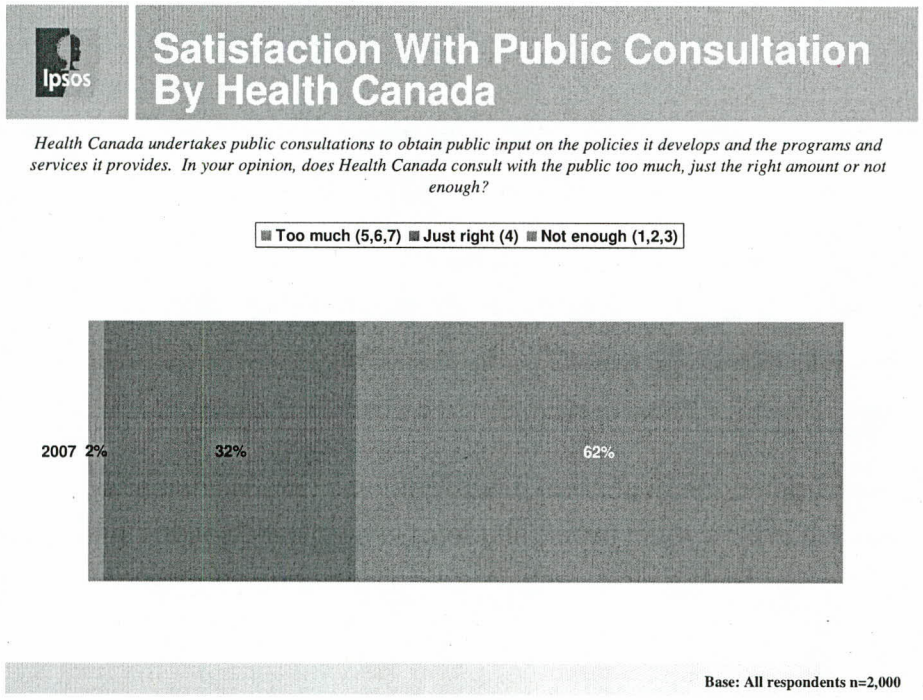
Men are more likely than women to say that they would prefer to personally appear at a town hall (17% compared to 12%).

Those who have less than a high school diploma (41%) and those who have a high school education (38%) are more likely than those with a university degree (30%) to say that they would prefer to let experts from health organizations speak for them. Those with less than a high school diploma are also more likely to say that they would personally appear at a town hall (20% compared to a low of 12% for those with a university degree). However, those with a high school diploma and those with a university degree are more likely to say that they would prefer to write a letter or email (32% and 28% respectively, compared to 22%). Those with a university degree are also more likely to say that they would prefer to be part of a citizens' advisory group (23% compared to a low of 9% for those with less than a high school diploma).

Similarly, Canadians with a household income of \$30K-\$60K (21%) and over \$60K (19%) are more likely than those with a household income of less than \$30K (14%) to say they would be part of a citizens' advisory group.

Satisfaction with Public Consultation by Health Canada

The majority of Canadians (62%) say that Health Canada is not doing enough in the way of undertaking public consultations to obtain public input on the policies it develops, and the programs and services it provides. Only a third (32%) say that Health Canada is undertaking just the right amount of public consultation, while a negligible two percent say that they are doing too much public consultation.



Socio-demographic and Subgroup Analysis

Those who rate their own health positively (5, 6 or 7 on a 7 point scale) are more likely than those who rate their health negatively to say that Health Canada undertakes just the right amount of public consultation (33% compared to 21%). This also holds for those who are satisfied with the health care services they have received in the past twelve months, who are more likely than those who are dissatisfied with the health care services they have received to think that Health Canada undertakes the right amount of public consultation (33% compared to 23%). By contrast, those who rate their own

health negatively are more likely than those who rate their health positively to think that Health Canada does not undertake enough public consultation (76% compared to 60%).


Regionally, those who are most likely to think that Health Canada undertakes the right amount of public consultations include residents of Quebec (41%), compared to a low among those in British Columbia (22%). Those who think that it does not conduct enough public consultation include residents of British Columbia (73%), Alberta (68%), and Atlantic Canada (67%).

Younger Canadians aged 18-34 are more likely to think that Health Canada undertakes the right amount of public consultation (40%, compared to a low of 28% for those aged 55 and over). Those aged 35-54 and 55 and over are more likely to think that it does not conduct enough public consultations (65% for both, compared to 56% for those aged 18-34). Women are more likely than men to think that Health Canada does not undertake enough public consultations (65% compared to 59%).

Education also has some influence on attitudes about public consultations. Those who have some post-secondary education, and those who have less than a high school diploma, are more likely than those with a high school diploma to think that Health Canada does not undertake enough public consultations (66% and 65% respectively, compared to 57%). By contrast, those with a high school diploma are more likely than those with some post-secondary education or a university degree to think that Health Canada undertakes the right amount of public consultation (39% compared to 30% for both).

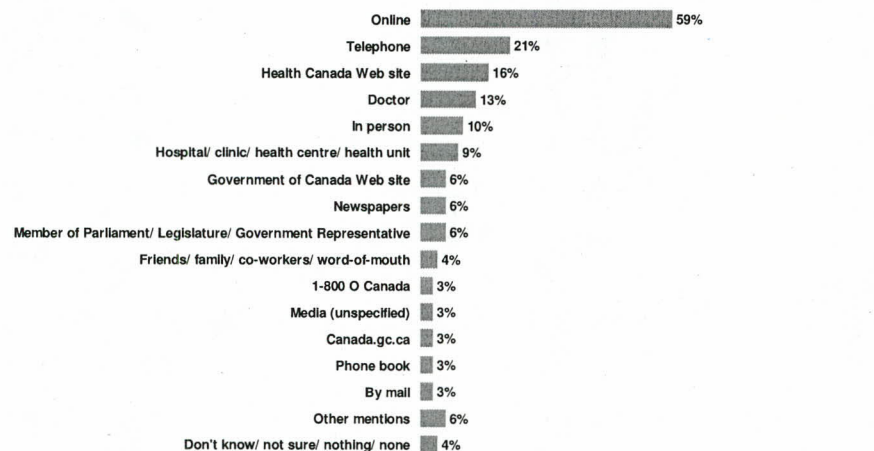
Seeking Information from Health Canada

When asked how they would go about seeking information from Health Canada, online is by far the most popular option in 2007: three in five (59%) say that they would go online to get information from Health Canada about their programs and services. One in five (21%) would use the telephone, and more than one in ten (16%) named the Health Canada Web site itself. Just over one in ten (13%) say they would ask a doctor for information about Health Canada programs and services. One in ten (10%) say they would contact Health Canada in person for information on its programs and services, and almost as many (9%) say they would seek the information from a hospital, clinic, a health centre or a health unit.



Preferred Methods for Seeking Information

If you wanted to seek out information from Health Canada about their programs and services, how would you go about obtaining this information? (Total Mentions)



*Mentions of 3% or more

Base: All respondents n=2,000

Socio-demographic and Subgroup Analysis

Those who would prefer to seek information online include those with children under the age of eighteen (66% compared to 56% for those with no children under eighteen), and those who rate their own health positively (62% compared to 50% for those who rate their health neutrally), again reinforcing the use of the Internet by those who are healthier. Those who have used health care services in the last twelve months are more likely to say they would use the telephone (23% compared to 18% for those who have not used services) or ask their doctor (14% compared to 10% for those who have not used services).

Regionally, those who are most likely to seek information by telephone include residents of Quebec (27%, compared to a low for those in Alberta 16%). Those in Alberta are more likely to say the Health Canada Web site (24% compared to a low in Quebec of 13%). Residents of Saskatchewan and Manitoba (16%), Ontario (15%), British Columbia (14%) and Atlantic Canada (14%) are more likely to say they would go to their doctors for information than those in Quebec (8%).

Perhaps not surprisingly, older Canadians aged 55 and over (44%) are less likely than younger Canadians aged 18-34 (72%) and those aged 35-54 (62%) to say they would look online for information. Similarly, younger Canadians aged 18-34 as well as those

aged 35-54 are more likely to name the Health Canada Web site (19% for both) than are older Canadians aged 55 and over (10%). By contrast, older Canadians aged 55 and over are more likely to look for information by telephone (31%, compared to a low of 14% for those aged 18-34), or from their doctor (16%, compared to a low of 10% for those aged 18-34).

Education and income also have an influence on the sources from which Canadians seek information about Health Canada programs and services. Those with less than a high school diploma are much less likely to say they would look online for information about Health Canada (35% compared to a high of 66% for those with some post-secondary education). Instead, they would use the telephone (26% compared to a low of 20% for those with a university degree). Those with a university degree are more likely than other Canadians to name the Health Canada Web site (22%, compared to a low of 10% for those with less than a high school diploma). Similarly, those with a household income of less than \$30K (46%) are less likely to look online than those with a household income of \$30K – \$60K (58%) or over \$60K (69%). Instead, those with a household income of less than \$30K would be more likely than wealthier Canadians to use the telephone (26%, compared to 17% for those with a household income over \$60K). The Health Canada Web site is named most often by those with a household income over \$60K (21% compared to 12% for those with a household income of less than \$30K). Those with a household income of less than \$30K are more likely than wealthier Canadians to say they would seek information from their doctor (17% compared to 10% for those with a household income over \$60K).

Drivers of Perceptions of Health Canada

A core objective of this research was to build a model of the brand health of Health Canada, testing the effect of different attitudinal drivers toward this institution. Based on previous research that also incorporated brand modelling, the conceptual framework outlined below was developed to describe the key attitudinal influences driving overall perceptions of Health Canada.

The Conceptual Framework

In order to determine what drives overall perceptions of Health Canada, a Structural Equation Model (SEM) was built using several constructs. SEM is an advanced statistical technique that can be thought of as an extension of regression analysis; it employs factor analysis to reduce measurement error within the model and permits multiple dependent variables to be tested. As such, it is particularly effective for testing brand health.

In this SEM analysis, we used observed variables from the survey to model brand health as a function of overall performance of and trust in Health Canada.⁷ The latent variable

⁷ Variables in the SEM analysis in this report are not identical to those incorporated in the analysis from the 2005 report. This is due both to differences in the questionnaire that make it impossible to replicate the analysis exactly, and also to differences in preferred statistical methodology between Ipsos-Reid and the firm that conducted the analysis in 2005. In particular, the following issues were identified:

- 1) A few of the questions were not tracked this year; specifically those questions that involve personal contact or experience with HC that were included in the analysis last year.
- 2) The description of the variables included in the 2005 model does not always make clear what the inputs are in the actual model. For instance, it is not clear from the discussion of the first dimension, "functional role and performance of HC", whether the "role and performance" refers to Health Canada's *involvement* in each issue, the perceived *importance* of each issue, or both (although the diagram of the SEM appears to contain *both* importance and involvement.)
- 3) It appears that "relevance" scores (created from "importance" and "involvement") were entered in the 2005 model in addition to the "involvement" variable itself. This presents a potentially serious multicollinearity problem that could result in artificially deflating the magnitude of the coefficients for those variables, and thus, artificially drive down the impact of those variables on the dependent variable.

produced, Brand Health, is then regressed on the latent variables "Relevance", "Awareness", "Performance" and "Corporate", to determine the variance in Brand Health that can be attributed to these various drivers. The variables on the left of the structural equation model are as follows:

Relevance: This variable taps the perceived importance of a variety of issues that fall under Health Canada's mandate, thereby drawing on the extent to which Canadians view these issues, and by extension, Health Canada, as relevant.

Awareness: This variable consists of ratings of Health Canada's involvement with each of the issues incorporated in the relevance construct, capturing Canadians' awareness of the extent to which Health Canada is actively involved in these issues.

Performance: This variable is comprised of performance ratings of Health Canada on each of the issues incorporated in the relevance and involvement constructs. This measure taps perceptions of the job Health Canada is doing on each of these important issues.

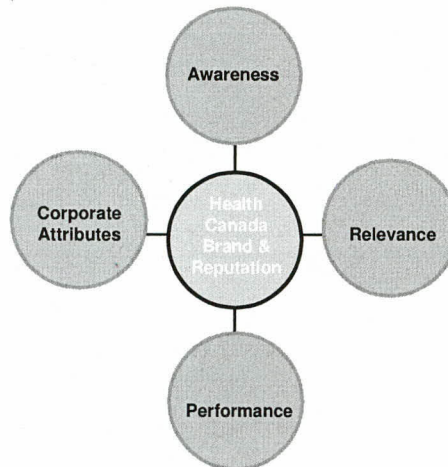
Corporate Reputation: This variable consists of a battery of seven items that measure Canadians' perceptions of Health Canada's "corporate reputation". These include measures of accountability, transparency, objectivity, risk management, scientific rigor, proactivity and promotion of a healthy population. As such, this variable is an assessment of the corporate image of Health Canada.

In a slightly similar vein, the operationalization of "awareness" in the 2005 analysis includes open-ended questions that have presumably (although again, it is not clear) been computed as scales. However, a different coding scheme was used this year, nullifying the possibility of exact replication. Furthermore, including a variety of mentions not directly related to Health Canada itself (as appears to have been the case in the 2005 analysis) is a less conservative measure of awareness, and may have artificially inflated the impact of "awareness of Health Canada" in that analysis.

4) It appears that the 2005 analysis used a latent dependent variable that was itself created from latent variables. This is an unusual structure for a SEM, and in this analysis, the choice was made to use a dependent variable that is derived from observed data. Thus, in 2007, Brand Health has been estimated as a function of overall performance and trust in Health Canada, rather than as a function of the drivers themselves.



The Conceptual Framework

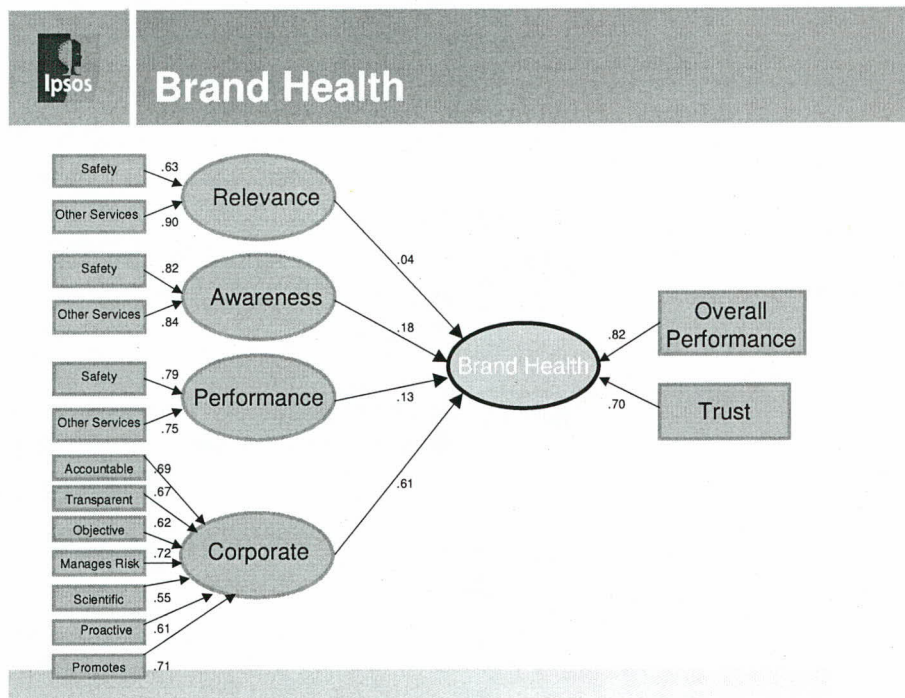


Drivers of Perceptions of Health Canada: The Model

Each variable was entered into a structural equation model, which estimates "brand health" as a function of overall performance and trust in Health Canada. The analysis illustrates that although awareness of Health Canada and Health Canada's perceived relevance and performance on specific issues are significant drivers, perceptions of corporate behaviour have a much more substantive contribution to brand health.

That is, the belief that Health Canada is characterized by high accountability, transparency, objectivity, and proactivity; good risk management; scientific rigour; and the promotion of a healthy population is much more likely to lead to high ratings on trust and overall performance than the other variables in this model.

Being aware that Health Canada is involved in issues of importance also helps to drive brand health, although much less so than corporate perceptions. Performance is second to awareness, and relevance is the least substantive of all the drivers in this analysis.



*See Appendix II for a detailed description of the inputs into this model.

Corporate Reputation

According to the results of this analysis, the size of the coefficient for the construct labelled “corporate reputation” is noticeably larger than for any other construct in this model (.61 compared to a high of .18 for awareness). Although the coefficients in a SEM analysis are not “variance explained” measures (that is, they do not indicate the amount of variance in the dependent variable – Brand Health – that is explained by each of the independent variables), they nonetheless are indicative of the *magnitude* of the relationship between a given variable and the dependent variable in the model. As such, we know that brand health, estimated as a driver of trust in Health Canada and overall performance, is most substantially influenced by attitudes about the corporate reputation of Health Canada.

Those individuals who are most likely to believe that Health Canada is accountable to the public, open and transparent, objective, scientific, proactive, manages risk to the public very well, and does a lot to promote a healthy population are also most likely to trust Health Canada and to believe that overall, Health Canada does a good job. The converse is also true: feelings of distrust and a general sense that Health Canada is not doing a good job are substantially driven by the belief that Health Canada is none of the

above. Above all other brand health drivers, it is perceptions of these corporate attributes that are most fundamental.

Awareness

Although the magnitude of the relationship between the awareness variable and brand health is much smaller than that of corporate reputation, awareness of Health Canada's involvement with a series of important health-related issues is nonetheless a significant driver of brand health. These health-related issues are divided into two categories: safety and other services (see Appendix II for further detail).

Individuals who recognize the key involvement of Health Canada in each of the areas covered in this survey – ensuring the safety of pharmaceutical, food and consumer products, regulating labelling and promotion of tobacco, preparing the Canada Food Guide, encouraging Canadians to live healthy lifestyles, promoting and protecting the key elements of Medicare, providing health care services to First Nations and Inuit, ensuring environmental factors do not adversely affect the health of Canadians, and establishing patient wait time guarantees – are much more likely to trust Health Canada and to believe that overall, Health Canada does a good job. Again, the converse is also true; those who do not think that Health Canada is very involved in any of these areas are also less likely to score highly on the brand health measure.

However, the comparatively small size of the relationship between these variables and brand health suggests that although awareness of Health Canada's involvement in these issues is important for establishing trust and favourable impressions of Health Canada's performance, it is nonetheless not the key influence on brand health.

Performance

As a driver of brand health, the performance construct behaves quite similarly to the awareness variables. That is, the magnitude of the relationship is almost identical, although slightly smaller. Performance ratings on a variety of important health-related issues are a significant driver of brand health. Here again, these issues are separated into two categories: safety and other services (see Appendix II for further detail).

Individuals who believe that Health Canada is doing a good job of each of the areas covered in this survey – ensuring the safety of pharmaceutical, food and consumer products, regulating labelling and promotion of tobacco, preparing the Canada Food

Guide, encouraging Canadians to live healthy lifestyles, promoting and protecting the key elements of Medicare, providing health care services to First Nations and Inuit, ensuring environmental factors do not adversely affect the health of Canadians, and establishing patient wait time guarantees – are much more likely to trust Health Canada and to believe that overall, Health Canada does a good job. For those who assess Health Canada's performance less positively in each of these ratings, overall trust in Health Canada and global performance ratings are also rated lower.

As with awareness, however, despite the fact that this relationship is statistically significant and therefore represents an important driver of brand health, the magnitude of the relationship – particularly by comparison to that of corporate reputation – suggests that performance ratings are not the key influence on brand health.

Relevance

The relevance construct in this model is also statistically significant, but the magnitude of the relationship is much smaller than for any of the other variables included in the analysis. Relevance is operationalized as the perceived importance of each health-related issue covered in this survey, for which Health Canada has a mandate. These issues are grouped into two categories: safety and other services (see Appendix II for further detail).

Individuals who believe that this series of health-related issues are important – ensuring the safety of pharmaceutical, food and consumer products, regulating labelling and promotion of tobacco, preparing the Canada Food Guide, encouraging Canadians to live healthy lifestyles, promoting and protecting the key elements of Medicare, providing health care services to First Nations and Inuit, ensuring environmental factors do not adversely affect the health of Canadians, and establishing patient wait time guarantees – are significantly more likely to trust Health Canada and to believe that overall, Health Canada does a good job. By contrast, trust and overall performance ratings are significantly lower for those who do not believe that any of these areas in which Health Canada has a mandate are important.

It is important to note that the effect of relevance – the perceived importance of health issues in which Health Canada is involved – is substantially smaller than the effect of corporate reputation, awareness of Health Canada's involvement in each of these issues, and performance ratings of Health Canada on these issues.

Conclusions

The findings from this SEM analysis suggest several important points for Health Canada in going forward.

First, the corporate reputation of Health Canada – ratings of Health Canada on a series of measures that indicate perceptions of this institution's character – is a crucial driver of brand health (when brand health is a latent – or unobserved – variable derived from trust in Health Canada and overall performance ratings of Health Canada). Positive ratings on these measures propel higher trust in Health Canada, and elevate ratings of overall performance. Efforts to manage its corporate reputation are arguably the most important way that Health Canada can increase public regard for the institution.

Second, it is certainly the case that awareness of Health Canada's mandate on a series of important health-related issues is essential to brand health. Similarly, performance on each of these issues helps drive brand health. When Health Canada is seen to be both responsible for, and performing well at, each of these issues, brand health is positively influenced, leading to increased trust in Health Canada and higher overall performance ratings. Publicizing the initiatives led by Health Canada in each of these fundamental areas would likely assist in elevating brand health.

Third, the perceived relevance of these issues – the extent to which each is considered to be important – although a statistically significant influence on brand health, is not a substantial contributor to overall performance ratings and trust in Health Canada. Although individuals who consider these issues to be particularly important are somewhat more likely to rate Health Canada's performance well and to say that they trust Health Canada, the individual influence of this construct is small. This is not altogether surprising; the perceived importance of these issues in and of itself does not necessarily indicate a particular attitude about Health Canada's role in dealing with these issues. Instead, it is awareness of Health Canada's involvement in these issues and ratings of the institution's performance on each that are more substantial influences on brand health. This is good news for Health Canada, in that the role played by Health Canada is more important for driving brand health than the perceived importance of the issues.

Research in social psychology indicates that more affective, character-based perceptions of an institution – as measured by such corporate reputation attributes

included in this analysis – may be more likely to drive global ratings of that institution than are the more cognitive, specific policy-related attitudes, such as those measured by the awareness and performance constructs in this analysis.⁸ This may be particularly true when the detailed mandate of the institution in question, Health Canada in this case, is not particularly well known. Over time, however, awareness and performance ratings on specific issues can be expected to feed into the corporate reputation and influence the ratings of various institutional attributes. In this context, despite the difference in the magnitude of the relationships between these constructs, each is highly interrelated. Health Canada would do well to continue to build on its positive corporate image, in part by publicizing its efforts in each of the relevant areas in which it holds a mandate.

⁸ See, for example, Abelson, R.P., Kinder, D.R., Peters, M.D. & Fiske, S.T. (1982). "Affective and Semantic Components in Political Person Perception." *Journal of Personality and Social Psychology*, 42, 619-630.

APPENDIX I: HEALTH CANADA PERFORMANCE QUESTIONNAIRE

INTRODUCTION: Good morning/afternoon/evening, this is _____ calling from Ipsos-Reid on behalf of the Government of Canada. We are a professional public opinion research company. I'd like to assure you that we are not trying to sell you anything. Today we are talking to a random sample of Canadians about health care. Your participation is voluntary, and all your answers will remain confidential. This survey is registered with the national survey registration system.

[FOR RESPONDENTS SEEKING MORE INFORMATION: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996.]

I'd like to speak to the person in your household who is 18 years of age or older, and who celebrated the most recent birthday. Is that you?

- Yes [CONTINUE]
- No [ASK]: May I speak to that person? [IF YES, REPEAT INTRODUCTION; IF NO, RESCHEDULE OR THANK AND TERMINATE]

INTERVIEWER: PLEASE RECORD GENDER AND LANGUAGE OF INTERVIEW

REVEAL NAME OF CLIENT DEPARTMENT THAT COMMISSIONED THE SURVEY AT THE END OF THE SURVEY ONLY.

Pas main

1. Do you or does anyone in your household work for any of the following types of organizations: the Government of Canada, a provincial government, a municipal political party, an elected official, an advertising or market research firm, or the media?

- Yes [THANK AND TERMINATE]
- No [CONTINUE]
- DK/RF [THANK AND TERMINATE]

2. I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. [OPEN-END, RECORD ONE ANSWER ONLY]

No/nothing
DK/RF

3. And what is the second most important health issue facing the country? [OPEN-END, RECORD ONE ANSWER ONLY]

No/nothing
DK/RF

4. Now I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale, where one means not at all important and seven means extremely important. The first is ... [READ AND RANDOMIZE]

- a) Ensuring the safety of pharmaceutical products
- b) Ensuring the safety of food products
- Regulating the labelling and promotion of tobacco products
- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
- Encouraging Canadians to live healthy lifestyles
- Promoting and protecting the key principles of Medicare
- Providing health care services to First Nations and Inuit
- Ensuring the safety of consumer products
- Ensuring environmental factors do not adversely affect the health of Canadians
- c) Establishing patient wait time guarantees

[1 - 7] DK/RF

5. Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?

Excellent
Very good
Fair
Poor
Very poor
DK/RF

6. I'd like to ask you about your priorities for health care in Canada. Please listen to the following choices, and tell me which one you think is the most important priority [READ AND RANDOMIZE, ACCEPT ONLY ONE RESPONSE]:

- a) A cancer care strategy
- A mental health commission
- Protecting Canadians health from the effects of the environment
- d) A patient wait times guarantee

DK/RF

7. Now, I'd like to ask you about which organization, government ministry or department is, to the best of your knowledge, primarily responsible for each of the following. The first is for ... [READ AND RANDOMIZE. OPEN-ENDED, RECORD ONE RESPONSE ONLY FOR EACH ITEM.]

[PROBE FOR SPECIFIC DEPARTMENT AND LEVEL OF GOVERNMENT; I.E. IF RESPONDENT SAYS HEALTH DEPARTMENT, ASK WHICH LEVEL OF GOVERNMENT; IF RESPONDENT SAYS FEDERAL GOVERNMENT ASK WHICH DEPARTMENT]

- a) Ensuring the safety of pharmaceutical products
- Ensuring the safety of food products
- Regulating the labelling and promotion of tobacco products
- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
- Encouraging Canadians to live healthy lifestyles
- Promoting and protecting the key principles of Medicare
- Providing health care services to First Nations and Inuit
- Ensuring the safety of consumer products
- Ensuring environmental factors do not adversely affect the health of Canadians
- Establishing patient wait time guarantees

No/nothing

DK/RF

[ASK Q8 OF 2/3 OF THE SAMPLE]:

8. Now I'd like you to tell me how much you know about each of the following organizations. You can again do this by giving me a number from one to seven, where one means you know nothing at all about them, seven means you know a lot about them and the mid-point, four, means you know something about them. The first is [READ AND RANDOMIZE]:

- a) Health Canada
- The Public Health Agency of Canada
- [INSERT RESPONDENT'S PROVINCE] Ministry of Health
- The Canadian Medical Association
- b) The Heart and Stroke Foundation

[1 - 7] DK/RF

[ASK Q9 OF ALL RESPONDENTS]:

9. (EARLY BALLOT) In general, how would you rate the overall performance of Health Canada? Please respond using a 7 point scale, where 1 means terrible, 7 means excellent and the mid-point, 4, means neither good nor bad.

[1 – 7] DK/RF

10. Now I'd like you to tell me how much you trust each of the following. Please use a 7 point scale where 1 means you don't trust them at all, and 7 means you trust them completely. How about ... [READ AND RANDOMIZE]

- a) Health Canada
- The Public Health Agency of Canada
- [INSERT RESPONDENT'S PROVINCE] Ministry of Health
- The Canadian Medical Association
- e) The Heart and Stroke Foundation

[1 – 7] DK/RF

11. Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a 7 point scale where 1 means they have no involvement in this area, 7 means that they have a great deal of involvement and 4 means that they have some involvement. How about ... [READ AND RANDOMIZE]

- a) Ensuring the safety of pharmaceutical products
- Ensuring the safety of food products
- Regulating the labelling and promotion of tobacco products
- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
- Encouraging Canadians to live healthy lifestyles
- Promoting and protecting the key principles of Medicare
- Providing health care services to First Nations and Inuit
- Ensuring the safety of consumer products
- Ensuring environmental factors do not adversely affect the health of Canadians
- Establishing patient wait time guarantees

[1 – 7] DK/RF

[FOR EACH ANSWER OF 4-7 AT Q11, ASK THE CORRESPONDING ITEM AT Q12. IF 1-3 FOR ALL ITEMS AT Q11, SKIP TO Q13]

12. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing. You can again give me a number from 1 to 7 in which 1 means terrible, 7 means excellent, and the mid-point 4 means neither good nor poor. The first is ... [READ AND RANDOMIZE]

- a) Ensuring the safety of pharmaceutical products
- Ensuring the safety of food products
- Regulating the labelling and promotion of tobacco products

Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
 Encouraging Canadians to live healthy lifestyles
 Promoting and protecting the key principles of Medicare
 Providing health care services to First Nations and Inuit
 Ensuring the safety of consumer products
 Ensuring environmental factors do not adversely affect the health of Canadians
 Establishing patient wait time guarantees

[1 – 7] DK/RF

13. And, on which one of the following is your opinion of Health Canada mostly based?
 Is your opinion of Health Canada mostly based on personal experience with Health Canada, the experience of others such as friends or family with Health Canada, what you see, hear or read in the media, what you see, hear or read from Health Canada, or what you see, hear or read from the Minister of Health and other politicians about Health Canada? [OPEN ENDED – RECORD ONE RESPONSE]

Personal experience with Health Canada
 The experience of others such as friends or family with Health Canada
 What you see, hear or read in the media
 What you see, hear or read from Health Canada
 What you see, hear or read from the Minister of Health and other politicians about Health Canada
 Other [SPECIFY]
 No/nothing
 DK/RF

14. Now I'm going to read you a list of terms or phrases and their opposites. I'd like you to tell me how well each term describes your view of Health Canada, using a 7 point scale. The first is ... [READ AND RANDOMIZE] Where would you place Health Canada on that 7 point scale?

- a) 1 is not at all accountable to the public, and 7 is very accountable to the public
 1 is closed and secretive, and 7 is open and transparent
 1 is biased, and 7 is objective
- d) 1 is not credible, and 7 is credible
 1 is manages risk to the public very poorly, and 7 is manages risk to the public very well
 1 is unscientific and 7 is scientific
 1 is makes no difference to me personally, and 7 is makes a great deal of difference to me personally
 1 is reactive, and 7 is proactive
- i) 1 is does nothing to promote a healthy population, and 7 is does a lot to promote a healthy population

[1 – 7] DK/RF

15. (LATE BALLOT): Having now considered various aspects of Health Canada's mandate, in general, how would you rate the overall performance of Health Canada? Please respond using a 7 point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means neither good nor bad.

[1 – 7] DK/RF

16. How would you rate Health Canada on keeping you informed about their priorities, policies, programs and services? Please respond using a 7 point scale, where 1 means they do a terrible job at keeping you informed, 7 means they do an excellent job and the mid-point 4 means they are neither good nor bad?

[1 – 7] DK/RF

17. If you wanted to seek out information from Health Canada about their programs and services, how would you go about obtaining this information? [OPEN-ENDED, DO NOT READ LIST, ACCEPT UP TO THREE RESPONSES, RECORD FIRST, SECOND AND THIRD RESPONSE]

[IF TELEPHONE/CALL CENTER MENTIONED, ASK]: Any number in particular?

[IF INTERNET OR WEB SITE MENTIONED, ASK]: Any Web site in particular?

PRECODES

Telephone
1-800 O Canada
Online
Health Canada Web site
Canada.gc.ca
Government of Canada Web site
In person [SPECIFY]
Computerized kiosks
By mail
Other [SPECIFY]
DK/RF

18. Have you personally had contact with Health Canada in the last five years, either by going on their Web site, by mail, in person, by telephone or by fax?

Yes [CONTINUE]
No [SKIP TO Q24]
DK/RF [SKIP TO Q24]

19. And was the contact you had by mail, the internet, in person, by telephone or by fax? [OPEN-ENDED, RECORD FIRST, SECOND AND THIRD MENTION]

No/nothing

DK/RF

20. What was the purpose of your last contact with Health Canada? [OPEN-ENDED, RECORD FIRST, SECOND AND THIRD MENTION]

No/nothing
DK/RF

21. Overall how satisfied were you with your last contact with Health Canada? Please use a 7 point scale where 1 means extremely dissatisfied, 7 means extremely satisfied and the mid-point 4 means neither satisfied nor dissatisfied.

[1 – 7] DK/RF

[IF RESPONDENT ANSWERED 3 OR LESS AT Q21, ASK Q22, OTHERWISE SKIP TO Q23]

22. What was the main reason for your dissatisfaction with your last contact with Health Canada? [OPEN-ENDED, ACCEPT ONE RESPONSE]

No/nothing
DK/RF

23. I'd like you to tell me how well each term describes your view of Health Canada, using a 7 point scale. The first is ... [READ AND RANDOMIZE] Where would you place Health Canada on that 7 point scale?

- Ⓐ 1 is does a poor job of communicating in the official language of your choice, and 7 is does an excellent job
- 1 is slow to provide information, and 7 is provides information in a timely fashion
- Ⓑ 1 is offers limited options for getting and receiving information, and 7 is offers a sufficient number of options for getting and receiving information

[1 – 7] DK/RF

[ASK Q24 OF ALL RESPONDENTS]

24. In the last year, do you remember reading any publications that were produced by Health Canada, such as pamphlets or newsletters?

Yes [CONTINUE]
No [SKIP TO Q29]
DK/RF [SKIP TO Q29]

[IF YES]:

25. Can you tell me the subject of the most recent publication that you saw? [OPEN-ENDED, ACCEPT ONLY ONE RESPONSE]

No/nothing
DK/RF

26. Where did you get this publication? [OPEN-ENDED, ACCEPT ONE RESPONSE]

No/nothing
DK/RF

27. On a scale of 1 to 7, where 1 means not at all satisfied, 7 means very satisfied, and the mid-point 4 means neither satisfied nor dissatisfied, how satisfied were you with the information provided in the publication/s that you read?

[1 – 7] DK/RF

28. Thinking about the information that you have received from or that was provided by Health Canada in general, how would you rate the information from Health Canada in each of the following areas? Please use a seven point scale where 1 means very poor, 7 means very good and the mid-point, 4, means neither good nor poor. How about ...

- a) Accuracy of the information
- Usefulness of the information
- Timeliness of the information
- b) Credibility of the information

[1 – 7] DK/RF

[ASK Q29 OF 2/3 OF SAMPLE]:

29. There are a number of people who might speak out about health issues. Please tell me how believable you find each of the following, using a scale of 1 to 7 where 1 means they are not at all believable, and 7 means they are completely believable. How about ... [READ AND RANDOMIZE]

- c) The federal Minister of Health, Tony Clement
- Your provincial Minister of Health
- Canada's Chief Public Health Officer, Dr David Butler-Jones
- The media
- Health care practitioners like physicians and nurses
- (SPLIT SAMPLE): An expert or doctor who is a spokesperson from Health Canada
- / A media relations officer who is a spokesperson from Health Canada
- d) A representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society

[1 – 7] DK/RF

[ASK Q30 OF ALL RESPONDENTS]

30. Health Canada undertakes public consultations to obtain public input on the policies it develops and the programs and services it provides. In your opinion, does

Health Canada consult with the public too much, just the right amount or not enough?

- Too much
- Just the right amount
- Not enough
- DK/RF

31. In what way would you be most likely to participate in a public consultation process? Would you [RANDOMIZE AND READ LIST, CODE ONLY ONE MENTION. IF MULTIPLE MENTIONS, CODE RESPONSE AS "OTHER SPECIFY"]:

- Personally appear at a town hall
- Write a letter or e-mail
- Be part of a citizens' advisory group
- Prefer to let experts from health organizations or health care practitioners speak on your behalf

[DO NOT READ "OTHER", "NO/NOTHING" OR "DK/RF"]

- Other [SPECIFY]
- No/nothing
- DK/RF

Now I'd like to ask you a few final questions for statistical purposes. I'd like to remind you that all your answers are completely confidential.

↓
Sociodemographics

32. In what year were you born? [RECORD YEAR – RANGE 1900-1988]

33. What is the highest level of formal education that you have completed? [READ LIST]

- Grade 8 or less
- Some high school
- Completed high school
- Technical, vocational post-secondary, college
- Some university
- Complete university degree (e.g. Bachelors)
- Post-graduate degree (e.g. Masters or Ph.D)
- DK/RF

34. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes? Please stop me when I reach your category. [READ LIST UNTIL STOPPED BY RESPONDENT]

- Under \$10,000
- \$10,000 to just under \$20,000
- \$20,000 to just under \$30,000
- \$30,000 to just under \$40,000
- \$40,000 to just under \$50,000

\$50,000 to just under \$60,000
\$60,000 to just under \$70,000
\$70,000 to just under \$80,000
\$80,000 to just under \$100,000
\$100,000 to just under \$120,000
\$120,000 and over
DK/RF

35. Do you have any children under the age of 18 currently living in your household?

Yes
No
DK/RF

36. In general, how would you rate your own health? Please respond using a 7 point scale, where 1 is terrible, 7 means excellent and the mid-point 4 means average.

[1 – 7] DK/RF

37. Have you used any health care services within the last 12 months?

Yes
No
DK/RF

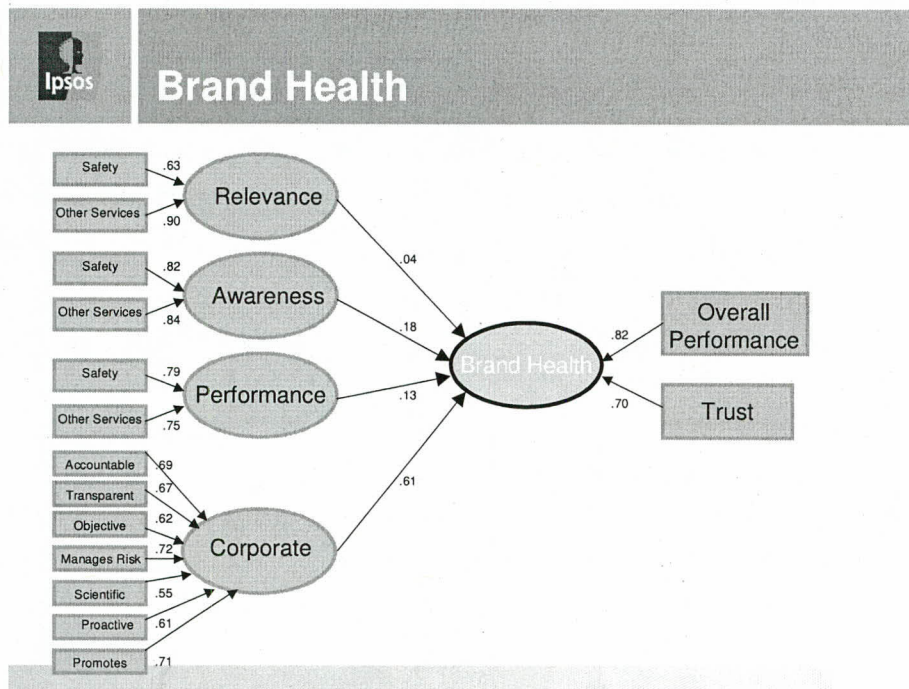
[IF "YES" AT Q37, ASK Q38, OTHERWISE SKIP TO END]:

38. And, how satisfied were you with the service you received? Please use a 7 point scale where 1 means extremely dissatisfied, 7 means extremely satisfied, and the mid-point 4 means neither.

[1 – 7] DK/RF

We have now come to the end of the survey. On behalf of Ipsos-Reid and the Government of Canada, I'd like to thank you for your participation.

APPENDIX II: SEM ANALYSIS DETAILS FOR FUTURE REPLICATION



Variables on the far left and far right of this diagram are the observed data entered into this model to produce the latent variables on the left of the diagram (Relevance, Awareness, Performance and Corporate) as well as the key dependent variable, Brand Health. On the left, inputs include:

Relevance (all items at q4 of the questionnaire): "Now I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale, where one means not at all important and seven means extremely important. The first is ..."

- Safety
 Ensuring the safety of pharmaceutical products
 Ensuring the safety of food products
 Ensuring the safety of consumer products

Other

Regulating the labelling and promotion of tobacco products
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
Encouraging Canadians to live healthy lifestyles
Promoting and protecting the key principles of Medicare
Providing health care services to First Nations and Inuit
Ensuring environmental factors do not adversely affect the health of Canadians
Establishing patient wait time guarantees

The average score for each of the two sets of variables was entered.

Awareness (all items at q11 of the questionnaire): "Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means they have a great deal of involvement and four means that they have some involvement. How about ..."

Safety

Ensuring the safety of pharmaceutical products
Ensuring the safety of food products
Ensuring the safety of consumer products

Other

Regulating the labelling and promotion of tobacco products
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
Encouraging Canadians to live healthy lifestyles
Promoting and protecting the key principles of Medicare
Providing health care services to First Nations and Inuit
Ensuring environmental factors do not adversely affect the health of Canadians
Establishing patient wait time guarantees

The average score for each of the two sets of variables was entered.

Performance (all items at q12 of the questionnaire): "Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing. You can again give me a number from one to seven in which one means terrible, seven means excellent, and the mid-point four means neither good nor poor. The first is ..."

Safety

Ensuring the safety of pharmaceutical products
Ensuring the safety of food products
Ensuring the safety of consumer products

Other

Regulating the labelling and promotion of tobacco products
Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat
Encouraging Canadians to live healthy lifestyles
Promoting and protecting the key principles of Medicare
Providing health care services to First Nations and Inuit
Ensuring environmental factors do not adversely affect the health of Canadians
Establishing patient wait time guarantees

The average score for each of the two sets of variables was entered.

Corporate (all but two items at q14 of the questionnaire, those two items were removed due to their poor fit in the statistical analysis): "Now I'm going to read you a list of terms or phrases and their opposites. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale. The first is ... Where would you place Health Canada on that seven point scale?"

1 is not at all accountable to the public, and 7 is very accountable to the public
1 is closed and secretive, and 7 is open and transparent
1 is biased, and 7 is objective
1 is manages risk to the public very poorly, and 7 is manages risk to the public very well
1 is unscientific and 7 is scientific
1 is reactive, and 7 is proactive
1 is does nothing to promote a healthy population, and 7 is does a lot to promote a healthy population

Dependent Variable

On the far right of the diagram, the two variables used to estimate the latent variable "Brand Health" appear. These include:

Overall Performance (an average of q9 and q15)

Q9: "In general, how would you rate the overall performance of Health Canada? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point, 4, means neither good nor bad."

Q15: "Having now considered various aspects of Health Canada's mandate, in general, how would you rate the overall performance of Health Canada? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means neither good nor bad."

Trust (q10): "Now I'd like you to tell me how much you trust each of the following. Please use a 7-point scale where 1 means you don't trust them at all, and 7 means you trust them completely. How about Health Canada?"

The dependent variable, Brand Health, was then regressed on the latent variables to the left, producing coefficients that indicate the extent to which each latent variable drives the Brand Health of Health Canada.