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AUG 7 1998

**NATIONAL HEALTH SURVEY:
SUMMARY OF QUANTITATIVE RESEARCH FINDINGS
A
POLLARA/EARNSCLIFFE RESEARCH AND
COMMUNICATIONS PROJECT**

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INTRODUCTION

POLLARA, Inc., in consultation with Earncliffe Research and Communications is pleased to present the following report to Health Canada. This survey examines Canadians' values, beliefs and expectations regarding Canada's health care system. Earncliffe Research and Communications designed the questionnaire and analyzed the results. Pollara Research carried out sampling and data collection.

1700 Canadians were surveyed between December 1 and December 10, 1997. Interviews lasted approximately 20 minutes. National results are accurate to a margin of error of plus or minus 2.9%, while regional results have higher margins of error (5.8% in Atlantic Canada, 5.6% in Quebec, 4.7% in Ontario, and 8.2% in each of the western provinces). To ensure reliability of regional results, Earncliffe oversampled lower-population regions of the country.

The purpose of the research was to:

- #1 • Gain a better understanding of the importance of the health care system to Canadians
 - #2 • Assess Canadians' views of the past, present and future direction of the health care system
 - #3 • Assess Canadians' views of the past, present and future roles of the federal and provincial governments in the health care system
 - #4 • Evaluate various health care policy options for the federal government
 - #5 • Provide a snapshot of trends in use and knowledge of the health care system
- fournir + evidence*

Conclusions

There is a broadly based consensus among Canadians that Canada has growing and increasingly serious problems within its health care system. Canadians believe that these problems are contributed to by several factors, chief among them government mismanagement and diminishing resources. There is an equally broad consensus in Canada that the universal health care system should be fixed, and that health care renewal should be the first priority of both federal and provincial governments in the post-deficit era.

Universal health care is embedded within Canadians' collective sense of values, and is intrinsic to the Canadian identity. Equal access, based "on need, not ability to pay" lies at the core of these values. Value-based identification with the health care system resonated strongly in all parts of the nation, and among all major demographic groups. Respondents overwhelmingly rejected notions of a two-tier approach to health care, and were particularly negative toward the American model.

Support for universal health care is not unconditional. Canadians expect quality health care, and they are not prepared to compromise quality in exchange for a second-rate system. As quality erodes, so will consensus support for the current model. Importantly, many Canadians do not believe that such a compromise is required at this time, although some data suggests that such trade-offs may take place if current trends continue.

Canadians do not believe the health care system is unaffordable. Many Canadians believe that the system's problems are largely managerial in nature, although most concur that funding cuts have had a detrimental influence. Nevertheless, within limits and with adequate justification, Canadians appear willing to do their part to renew the system by allowing government to increase health care spending.

Canadians view both orders of government as complicit in contributing to the problems that plague the health care system. Provincial governments tend to suffer from more negative public sentiment on health care than the federal government, but both are viewed as part of the problem. Respondents did, however, clearly affirm a lead role for the federal government in finding solutions to health care problems.

There is evidence of a "leadership gap" on health care issues in Canada. There tends to be more anxiety about the future of the health system as a whole than its component parts. This suggests that there may be a "leadership gap" on health care, which may be as detrimental as specific problems within the system.

Canadians reject jurisdictional boundaries on health care. They assign responsibility for all aspects of health care to both orders of government, irrespective of constitutionally defined responsibilities. Canadians also expect their governments to address health care in a collaborative manner. Any evidence of conflict, blame, or finger-pointing between governments is likely to evoke negative public reaction toward the government(s) involved.

Many Canadians use a combination of factors to measure the performance of the health care system. Canadians tend to assign the most value to the most easily measurable “performance” factors within the health care system. Measures cited most often focus on “waiting periods” for various health services, including emergency services, elective surgery, and appointments with specialists. Many respondents believe that weakness in these areas represent the crux of the health care problem. Public anxiety about the health system tends to be greatest for care in “extraordinary circumstances” like surgery or emergency care, rather than the routine appointment with a family doctor.

Public satisfaction with the medical system itself is high, and include a very positive view of health care providers. Doctors, nurses, and others within the health care system tend not to be viewed as a source of the health care problem. Rather, they are often viewed as doing an admirable job under difficult circumstances.

A number of distinctly different near and longer term health policy initiatives received favourable responses from Canadians. In the near term, guarantees on waiting for various services and increased spending on medical technology were viewed as potentially positive steps. Long term policy initiatives that garnered support included tax breaks for low-income Canadians, an increased commitment to homecare, and greater support for medical research.

Involved Canadians, the segment of the population that is most attuned to public affairs, exhibit opinions that underscore the depth of public concern about the health care issue. They use the health system more than other Canadians, they tend to be more concerned about and dissatisfied with it, and are more likely to resist initiatives toward tier 2 medicine. Involved Canadians are more likely to hold the federal government accountable for fixing the system, but they give the federal government significant latitude for leadership and action.

Overall satisfaction with the direction of the nation remains strong, largely due to buoyant economic conditions. Overall satisfaction with government’s performance continues, largely due to its achievements in deficit reduction. Survey results suggest that the “priority” gap between health care and deficit reduction is growing, and as Canada’s financial situation stabilizes, health care, as well as education, will become even greater priorities.

Key findings – The State of the Health Care System

Most respondents were moderately satisfied with the current state of health care. Indeed, more than six in ten indicate they are somewhat or very satisfied with the system. However, more detailed analysis of the data reveals some disquieting trends. Only one quarter of respondents were very satisfied with the system, while an equal number expressed outright dissatisfaction.

Moreover, health care is widely viewed to be in deteriorating, heading in a downward trajectory for several years. When asked about the direction of the medicare system over the past five years, half believe it has worsened, while less than one in ten believe it has improved. Among women, who tend to be more frequent users and more committed supporters of health care, six in ten believe the system has worsened over the past five years.

When asked whether the medicare system is “broken”, however, fewer than half agreed. This suggests that Canadians feel the system is deteriorating, but not broken, and far from unfixable. Moreover, both federal and provincial governments have been assigned blame for the deteriorating health care system. A plurality of Canadians believe that governments have done a bad job than a good job on health care.

Canadians consider a number of factors when evaluating the health care system. Primary factors tend to be those that are most visible and measurable, such as waiting lists for various medical services. Worsening conditions on these factors contribute significantly to perceptions of system deterioration.

Given public perceptions about the deteriorating state of the health care system, it is not surprising that more than half of those surveyed are not confident about the future of the system. Only one in five believe the system will improve over the next five years.

These results reveal both a sense of uncertainty about the future and doubt that government can act as a catalyst to improve the system. This suggests that a more substantial federal role could have significant effects on the quality of the system, public perceptions of the system, and public views of the government as a whole.

Key Findings - Values

Canadians possess a deeply ingrained value-based identification with “their” health care system. In the eyes of many, it is a tangible reflection of Canada’s collective sense of identity.

Aspects of the health care system that Canadians know best are those most closely associated with values. In particular, the principle of equal access is of paramount importance. Over 90 per cent agreed with the statement “care should be based on need, not ability to pay”. Six in ten felt so strongly about the system

that they deemed it a “right of Canadian citizenship”. The other health care value that resonates most strongly among Canadians is quality.

Equal access and quality are the two key pillars of the system. If a trade-off between the two became necessary, the consensus supporting universal healthcare could be in danger of fracturing. Fewer than half of our sample would be unwilling to compromise system quality in order to maintain equal access. At this time, however, most Canadians do not believe such a trade-off is necessary – they believe that both equal access and quality can be maintained.

This value-based attachment to the system stands in contrast to Canadian’s scant knowledge of the legislative framework of the health care system. Almost seven in ten Canadians can not name one of the six pillars of the Canada Health Act.

Key findings – Roles, Ideas and Priorities

Canadians are waiting for federal leadership on health care. Health is Canadians’ number one priority for the federal government, and there is a broad societal consensus that the system needs to be “fixed”. In addition, nine of ten Canadians have assigned responsibility for health care to the federal government. Finally, redress of the system requires a focal point, which the federal government is uniquely able to provide.

The policy ideas and initiatives from the survey that generated most interest related to those parts of the system that evoke the greatest immediate concern. Action on “waiting list” issues was the number one policy priority, and increased spending on hospital equipment ranked second. Home care was an idea that resonated among many respondents, as did an enhanced federal role in health care research. Ideas that encountered resistance included pharmacare and direct transfers to poor families. Notably, indirect transfers to poor families (through the tax system) were viewed in a much more positive light than direct cash transfers were.

Any new policy initiative undertaken should be tempered with a realization that Canadians are wary of “throwing money” at problems. Even in the case of health care, where Canadians clearly believe that the system requires redress, they are not convinced that “fixing” the system should necessarily cost more money. Six in ten Canadians believe that governments do not need to spend more money on health, they simply need to spend existing resources more efficiently. Management and efficiency are viewed as more significant problems than resources.

With regard to policy implementation, respondents were clear. Inter-jurisdictional collaboration must be the order of the day. Canadians insist that their governments collaborate, and they reject conflict, irrespective of good intentions or actions. Since health is a field of provincial jurisdiction, new federal policy initiatives necessitate a joint approach.

Key Findings – Demographics

On a number of questions in the survey, regional results were strikingly similar. On the question of Canada's overall direction, with the exception of B.C., more than six in ten respondents in all regions indicated that the nation is headed in the right direction.

There was similar uniformity of regional opinion on the current state and direction of health care. More than four in ten respondents in every region of the country believe the system will worsen over the next five years. In addition, all regions gave the federal government a negative rating on health care, as they did to their respective provincial governments. Notably, on most of the key questions in the survey, including the direction of the nation, the role of government, and the state of health care, Québécois tended to respond in similar ways to their counterparts in other parts of the nation.

The question of whether "medicare embodies Canadian values" yielded one of the most important findings of the survey. Not only did a majority of respondents in all regions agree that "medicare embodies Canadian values", equal numbers of high and low income Canadians concurred. This result again underscores the depth and breadth of consensus on the values underpinning the national health care system.

Many of the major questions in the survey revealed a moderate gender split. Women tend to be more frequent users of the system, stronger advocates for the system, and harsher critics of government's role in the system. Women also tend to exhibit greater trepidation about the future of universal health care than men. Six in ten women believe the government is losing ground on the future of the health system, 10% higher than men on the same question.

Key Findings – Involved Canadians

Involved Canadians, the segment of the population that is most attuned to public affairs, exhibit opinions that underscore the depth of public concern about the health care issue. They use the health system more than other Canadians, they tend to be more concerned about and dissatisfied with it, and are more likely to resist initiatives toward tier 2 medicine.

They are negative toward the health care system's performance, and the federal government's performance on health care. Moreover, there is a widespread sense among this segment of the population that Canada is losing ground on health and education, two of Canadian's major government priorities.

Involved Canadians are more likely to hold the federal government accountable for fixing the system, but they give the federal government more latitude for action. They are more likely to support the federal government as it takes measures to buttress the system, they are receptive to joint federal-provincial action on health care, and are unsympathetic to provincial complaints about federal funding.

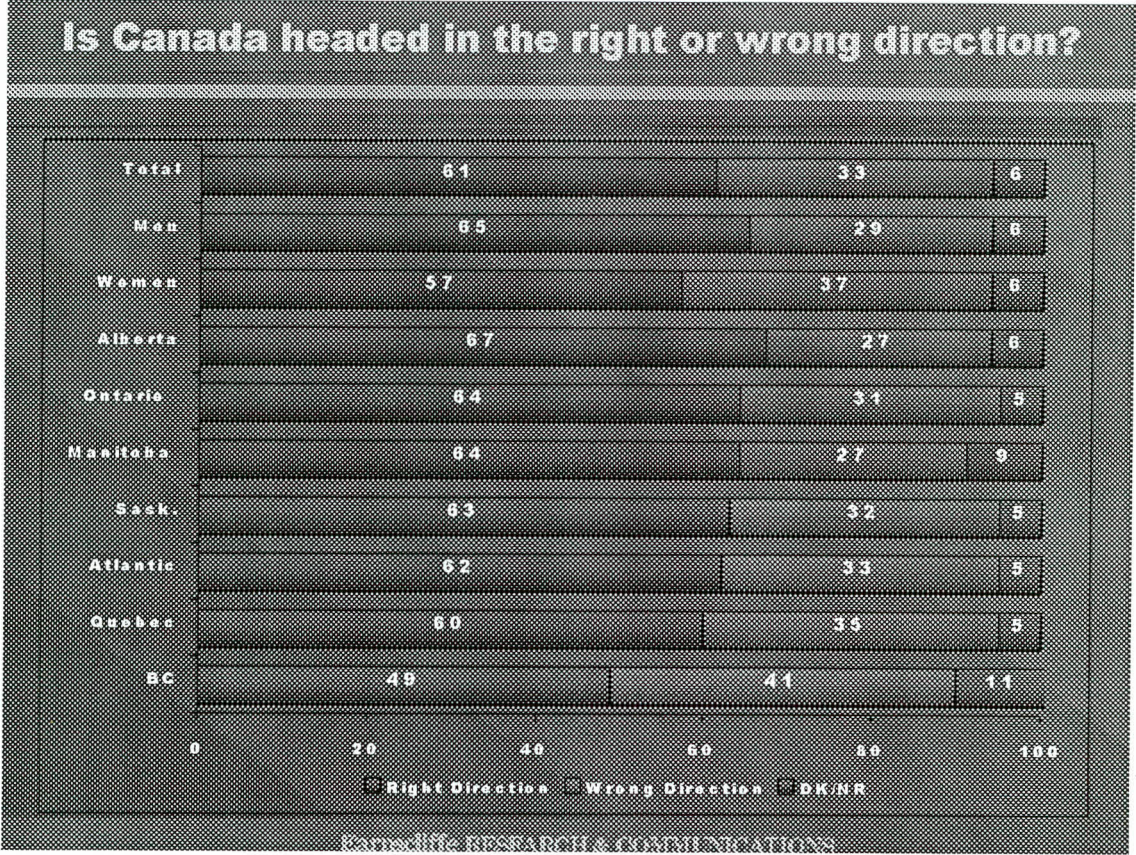
In short, this group is vitally important in the medicare debate. They best understand the jurisdictional, political and regulatory intricacies of the health system, they believe that the system is in a more deteriorated state, and they are more committed to restoring its health.

DIRECTION OF THE NATION AND GOVERNMENT PERFORMANCE

The general mood of the nation might be described as cautiously optimistic. Six in ten say that the country is headed in the right direction. We believe that this optimism is buoyed largely by the country's continuing economic growth.

Men, in particular, appear content with the current trajectory, while women are less certain. There is little variance among regions, where all but one part of the country mirror the national results. Results suggest that British Columbians are more concerned about the country's direction than individuals from other parts of Canada. This may be reflective of weaker than average economic trends in that region, and real anxiety about the effects of the Asian financial crisis on their economy.

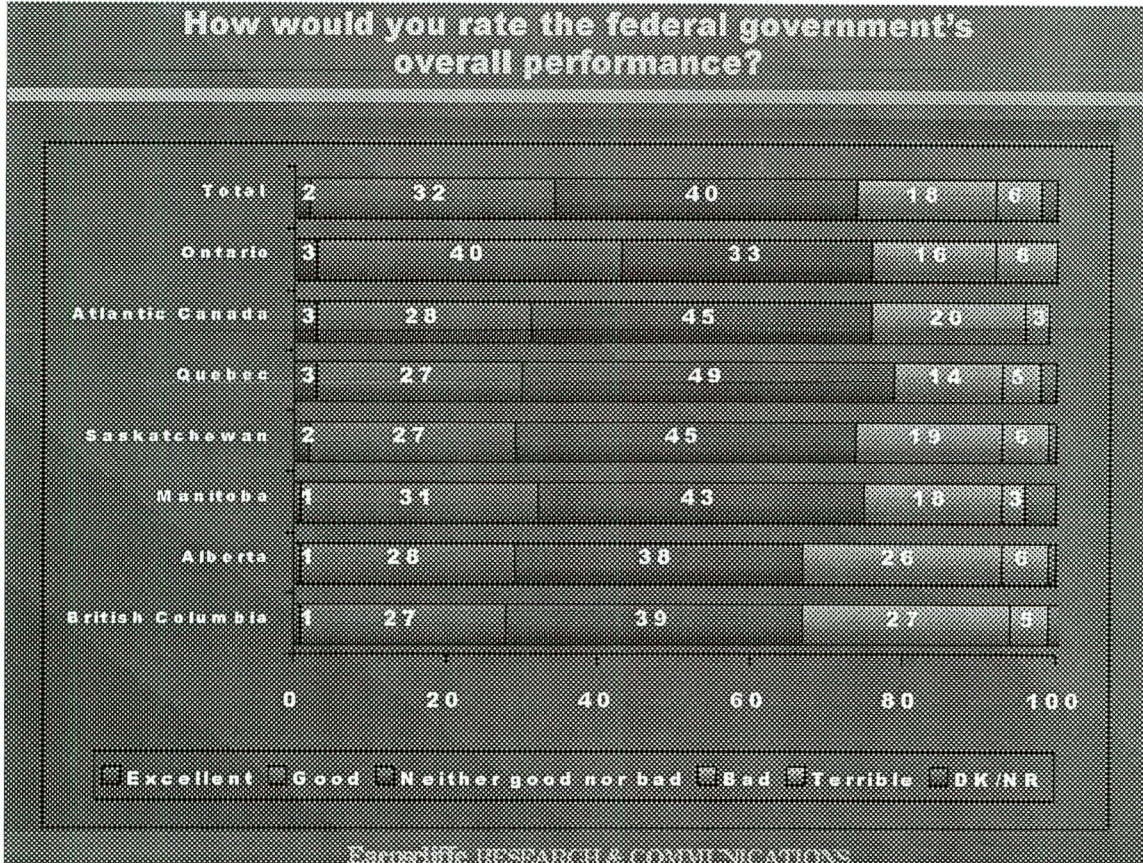
1.



There appears to be some relationship between public sentiment on the direction of the country and the perceived performance of the federal government. In the survey, the federal government received good performance ratings overall, with a plurality believing it has done a good job of guiding the nation.

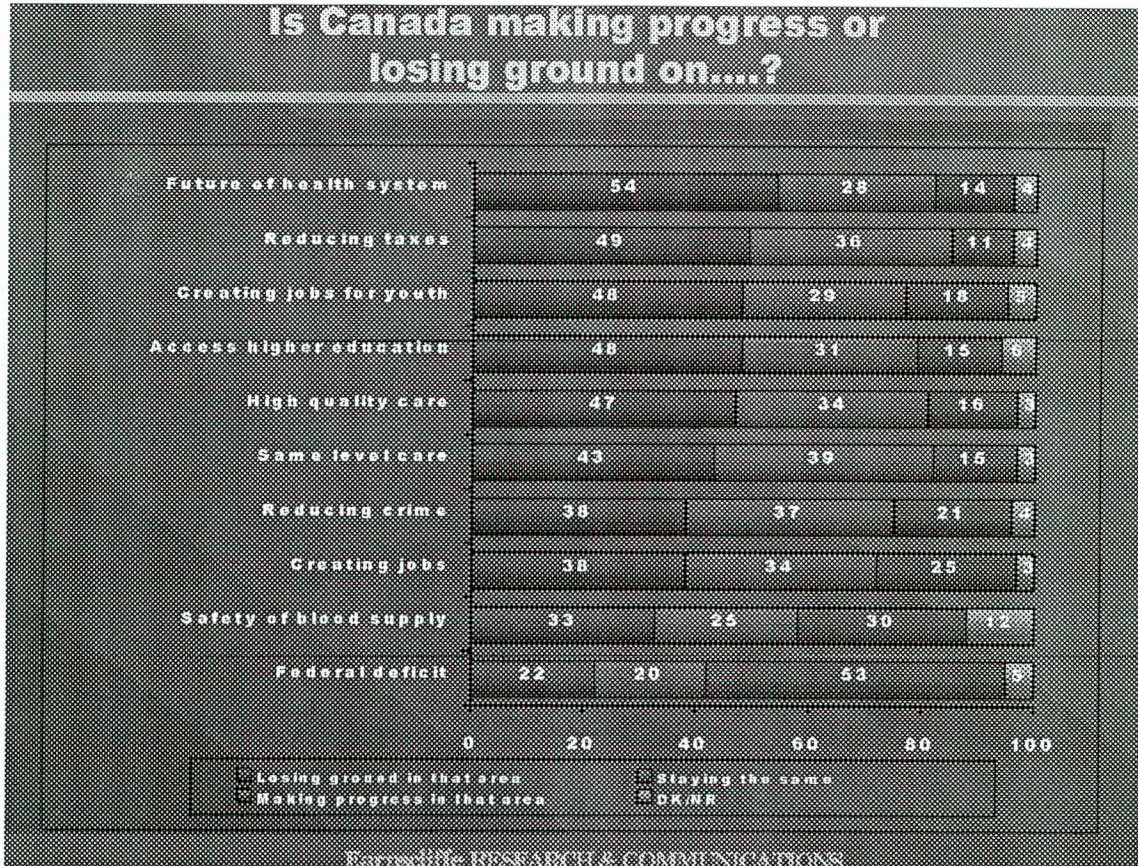
Ontarians gave the federal government highest marks nationally, while larger pockets of discontent reside in Alberta and British Columbia. On the direction of the country and on federal government performance, Quebec ranks in the middle, suggesting that the federal government may possess increased credibility in that part of the country. Overall, across the country, the federal government has levels of assessment that are quite low by historic standards.

2.



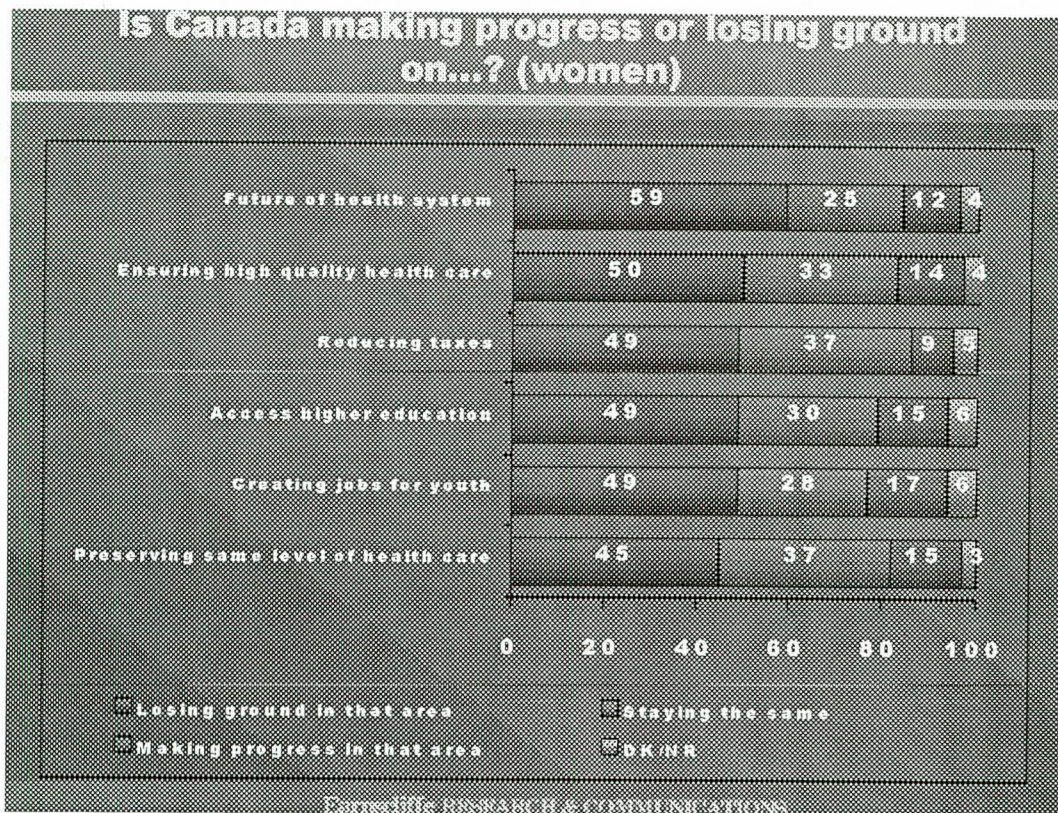
Participants were also asked to evaluate Canada's performance, by denoting whether the nation is "making progress" or "losing ground" in various areas. The results show strong support for progress on deficit reduction. On other issues, however, support for the nation's direction is more tenuous. In particular, more than half of Canadians believe that Canada is "losing ground" when it comes to health care. Similarly, almost half believe that the nation is "losing ground" on reducing taxes, creating jobs for youth, and higher education. In each of the policy areas discussed, women are more negative toward the country's direction than men. These may constitute potential "pressure points" on government in the medium term, but should be viewed in light of overall satisfaction with both national direction and government performance.

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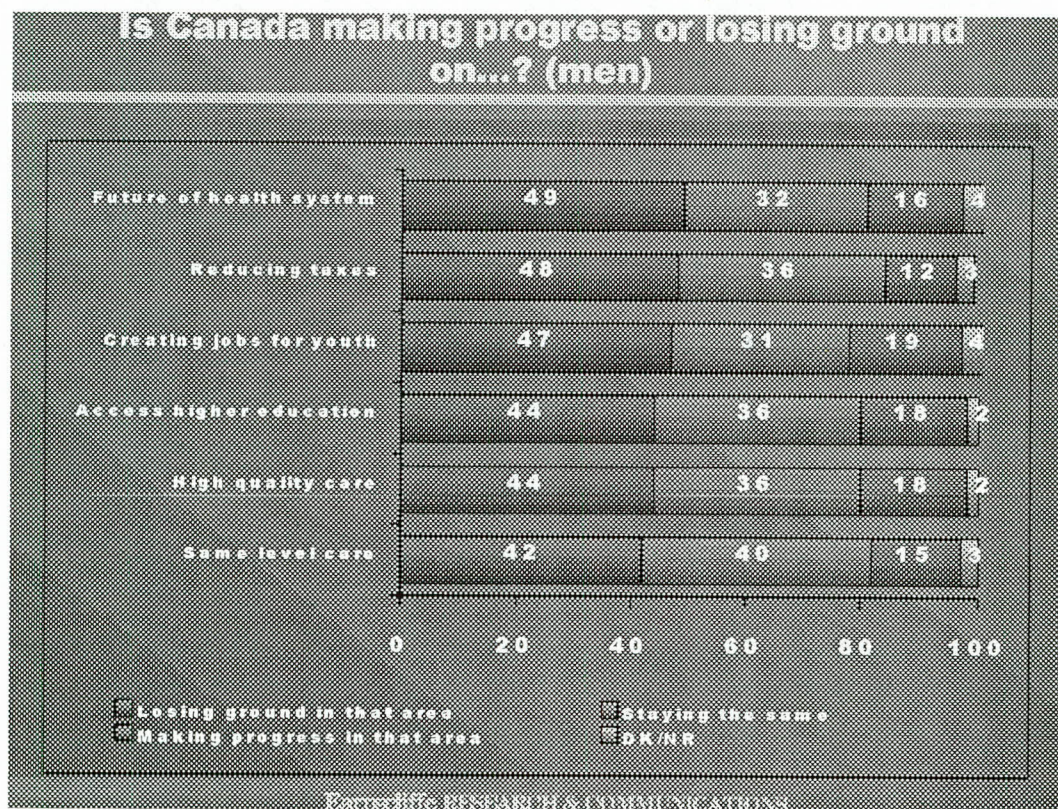


With regard to health issues, the graph above reveals that there is more anxiety about the future of the health system as a whole than its component parts. For example, in spite of very negative publicity, two-thirds believe that the government's direction on the blood system is the right one. These results suggest that there may be a "leadership gap" on health care which is as severe as specific problems within the system.

From a gender perspective, concerns differ slightly. While both men and women view health care issues as the number one concern, women show substantially more anxiety than men about the future of the health care system. This "gender split" will become more pronounced in later sections of the report.



The genders do exhibit similar views toward other policies, however. Reducing taxes, access to education, and creating jobs for youth were areas of anxiety among both men and women.

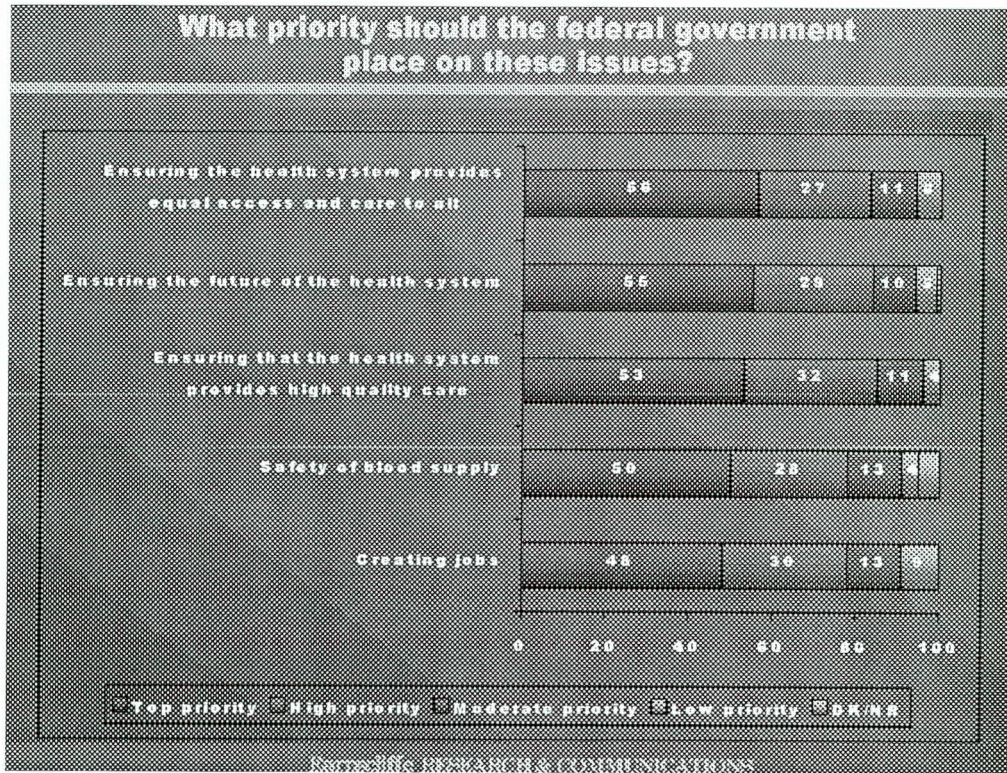


PRIORITIES FOR GOVERNMENT

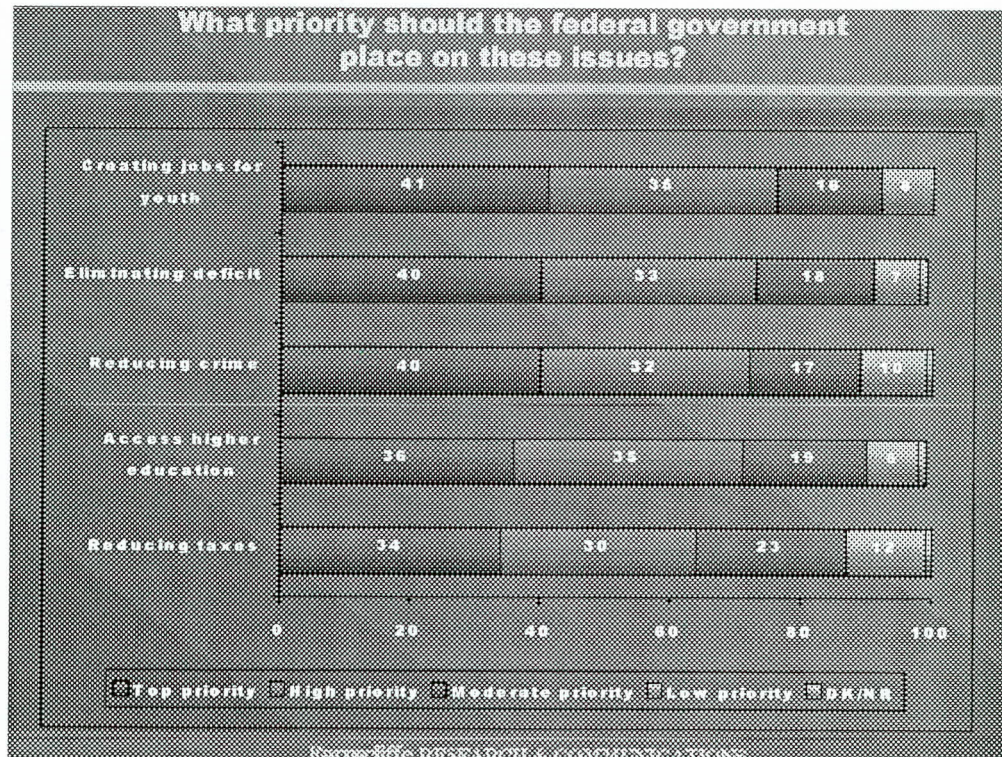
Health issues dominate Canadians' preferred federal agenda. Four health related issues ranked as higher priorities than the other major government policy issues tested.

4

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- e)



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- h)
- i)
- j)



Health care is the number one policy priority of Canadians. This consensus reflects growing concern that the system is in a state of disrepair, similar to concerns regarding the deficit in the early 1990s. Moreover, Canadians place as much priority on quality health care as equal access to health care.

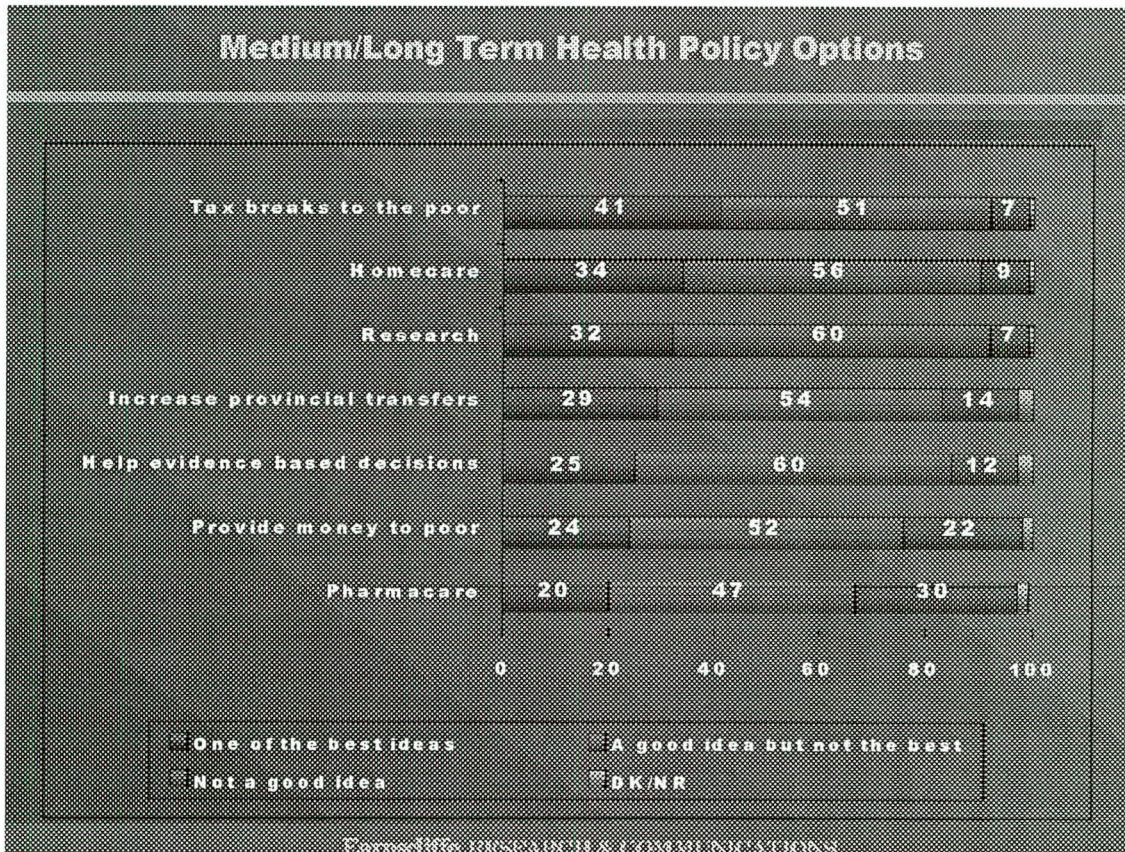
In addition to fiscal responsibility, several other issues rank as major governmental priorities. Crime reduction, access to higher education, and tax reduction were ranked as either the top priority or a high priority by more than six in ten respondents.

Previous Earncliffe research into Canadian priorities reveals that the gap between health care and deficit reduction as priorities is growing. We believe that this is a function of two key factors: an impression that the deficit “crisis” is less pressing and under greater control, whereas the health care “crisis” is more pressing and under less control. Comparative analysis also indicates that tax reduction is much less of a priority than health care, suggesting that addressing the financial problems within the health care may take precedence over tax cuts.

Among the long term policy ideas revealed to respondents, tax breaks for the poor, home care and an enhanced federal role in health care research were most highly rated. Ideas that encountered resistance included pharmacare and direct transfers to poor families. Notably, indirect transfers to poor families (through the tax system) were viewed in a much more positive light than direct transfers.

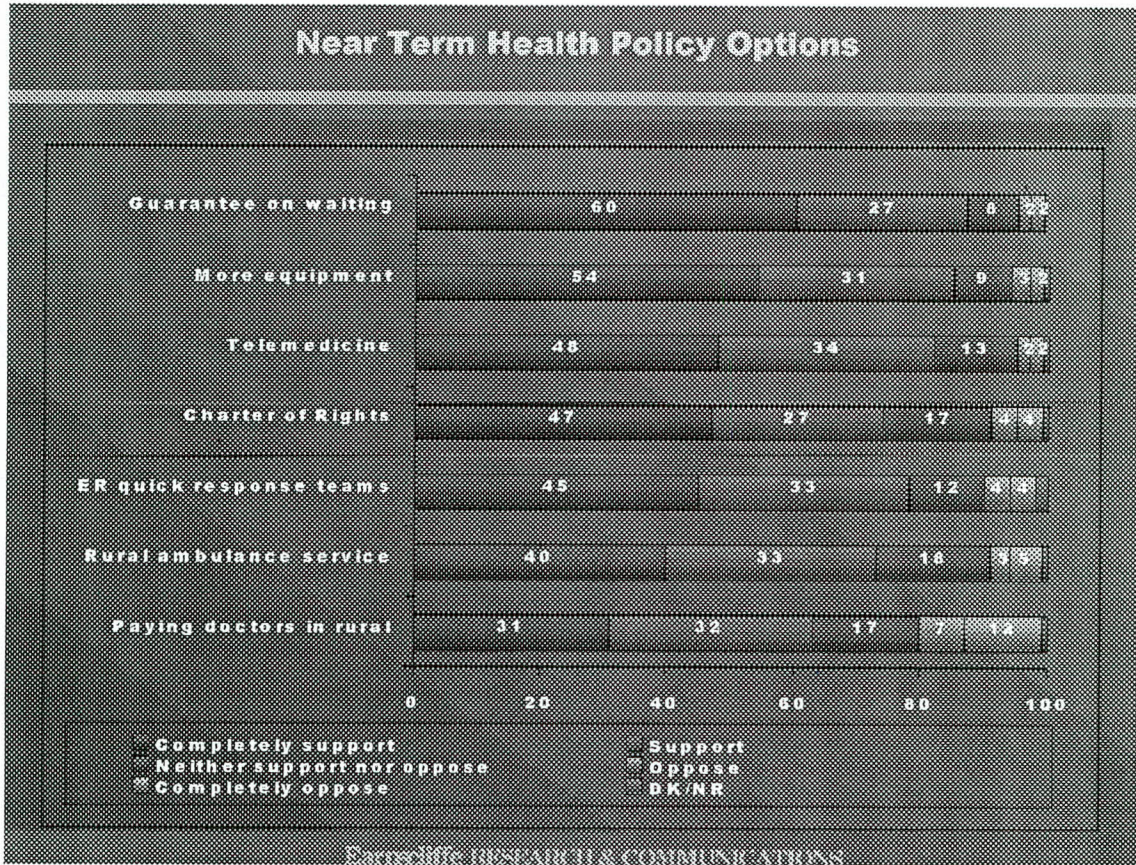
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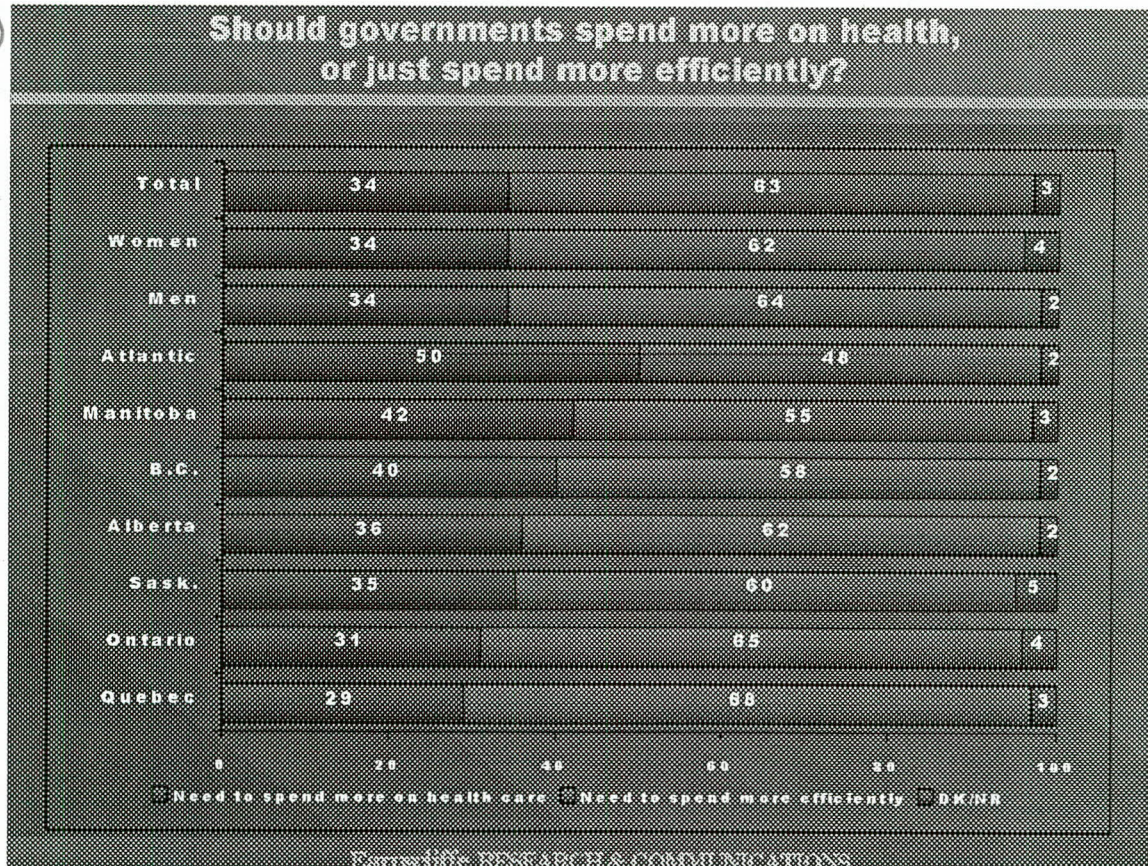
Among the near term policy initiatives proposed to respondents, those that generated most interest focused on those parts of the system which evoke greatest immediate concern, and are most easily measurable. Action on waiting list issues was the number one priority. Among rural Canadians, telemedicine was viewed as the strongest idea.

- b)
- a)
- b)
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- g)



Any new policy initiative undertaken should be tempered with a realization that Canadians are wary of “throwing money” at problems. Even in the case of health care, where Canadians clearly believe that the system requires redress, they are not convinced that “fixing” the system should necessarily cost more money. Management and efficiency are viewed to be more significant problems than resources.

7)



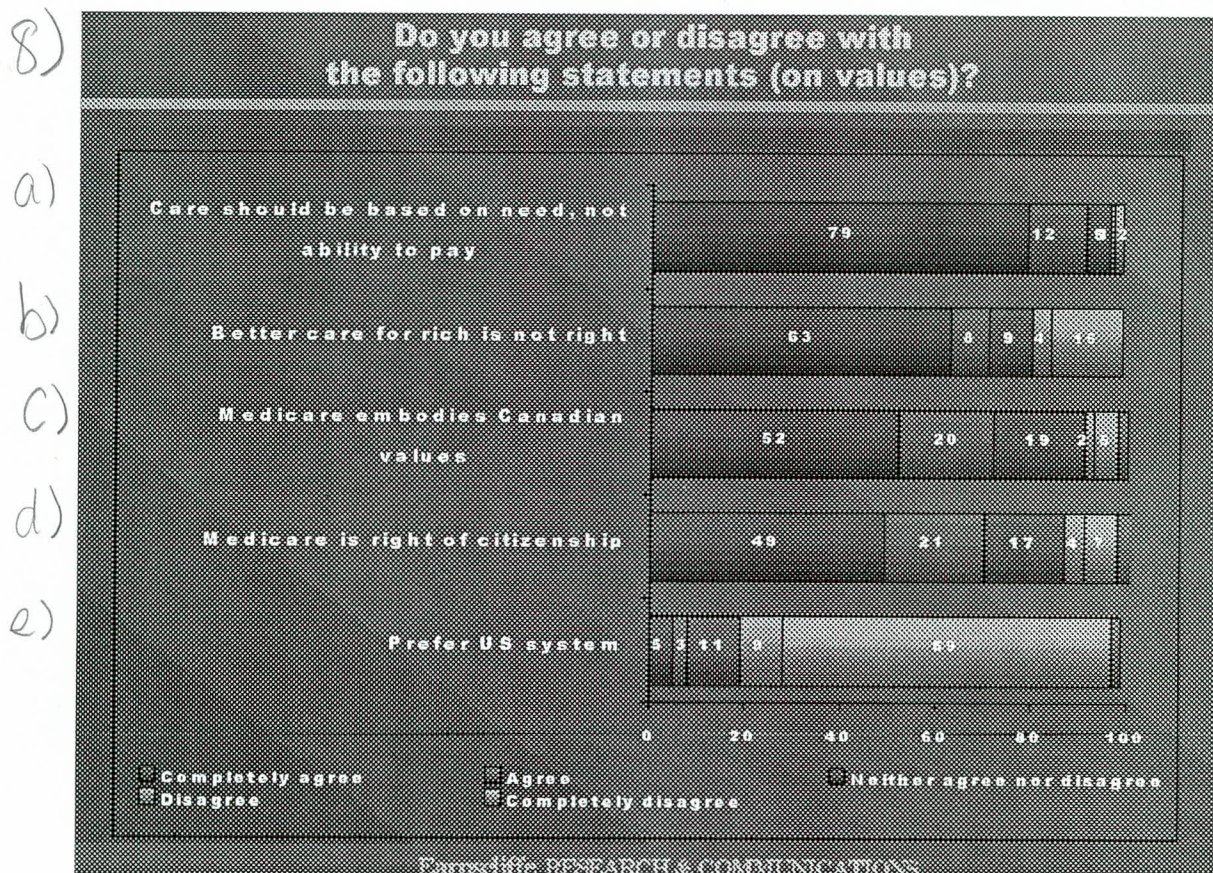
- Belief in Atlantic Canada that the system is starved for money. Provincial government is in more precarious circumstances. Cuts were more severe, reinvestment further off.
- Despite Ontario cuts, most do not inherently see need for more money.

HEALTH CARE AND CANADIAN VALUES

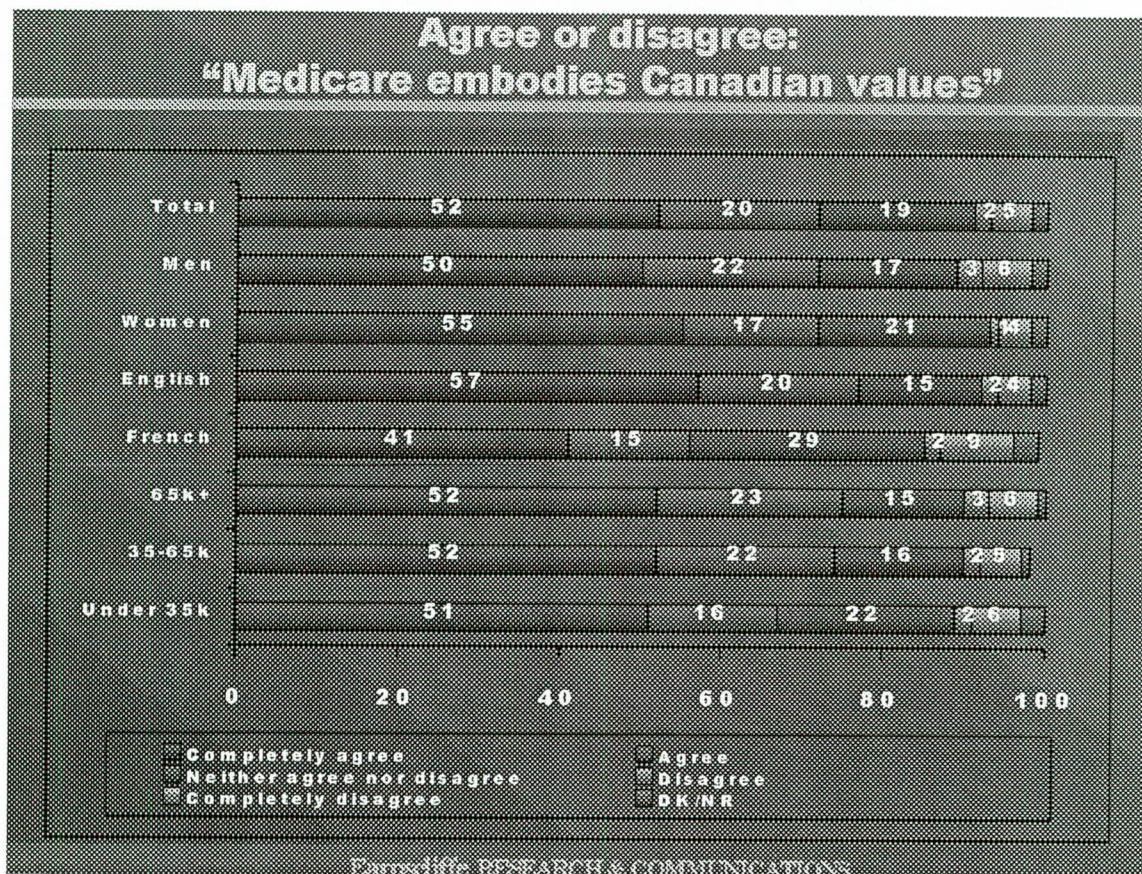
Among the many messages that emerge from the survey, one of the clearest is the value-based identification Canadians have with “their” health care system. In the eyes of many, it is a tangible reflection of Canada’s collective sense of identity.

The principles of the health care system that Canadians know best are those most closely associated with values. In particular, the principle of equal access resonates strongly, as over 90 per cent agree with the statement “care should be based on need, not ability to pay”. Six in ten felt so strongly about the health care system that they deemed it a “right of Canadian citizenship”.

Not only do Canadians identify strongly with the values and principles that underlie the health care system, they do not wish to see Canada set aside the current model in favour of a U.S. style approach. Less than one in ten respondents indicated that they would prefer the U.S. health system to the Canadian one.

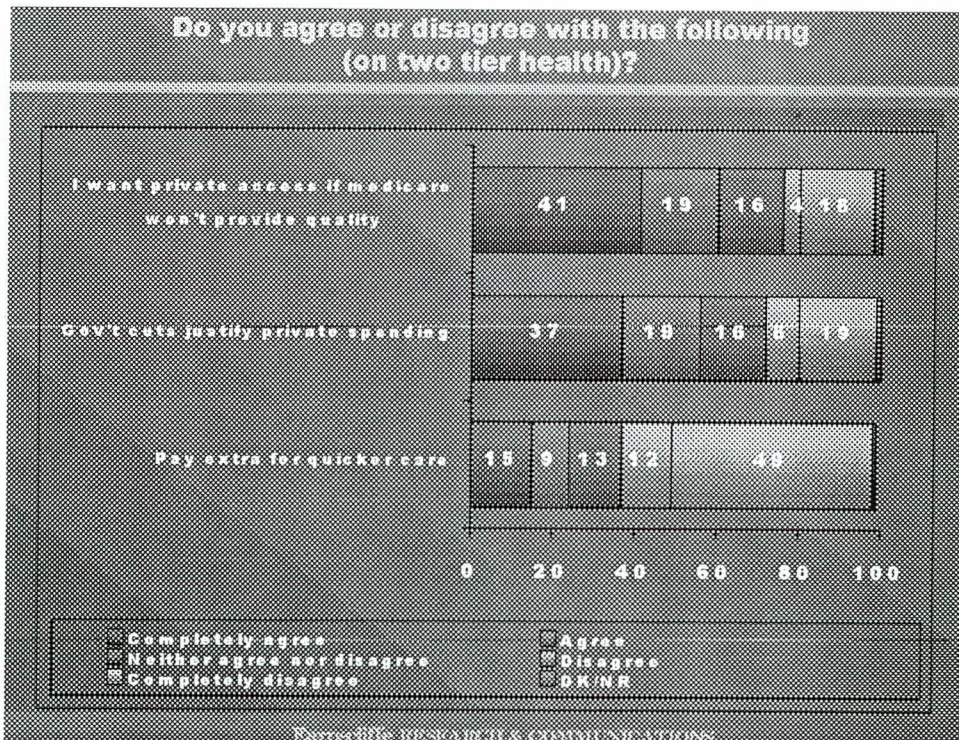


The data further suggests that belief in medicare as a Canadian value cuts across socio-economic lines. Wealthier Canadians are as likely as less wealthy Canadians to agree that “medicare embodies Canadian values”.



Given these strong attachments, it is not surprising that a majority of respondents rejected the idea of a two-tier approach to health care. However, Canadians are not unconditional advocates of the one-tier system, as they possess a complex mix of attitudes and values on health care. Support is predicated on an acceptable level of quality. Strong support for a one-tier model drops off significantly if system quality is not maintained.

a)



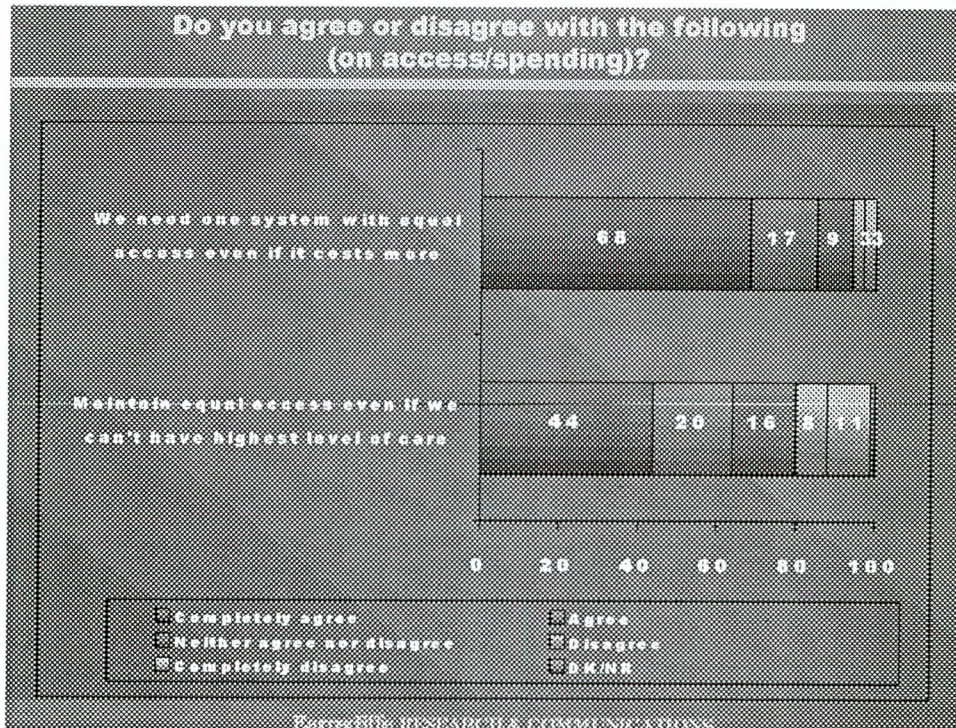
a)

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The principles of equal access and quality consistently emerged as touchstones in the survey. Many participants voiced their commitment to quality and equality in the current system - even if more spending were required. In an era of frugality, more than eight in ten support reinvestment if necessary to preserve equal access and quality. A much weaker response emerged for the idea of diminishing quality in order to preserve equal access.

10



a)

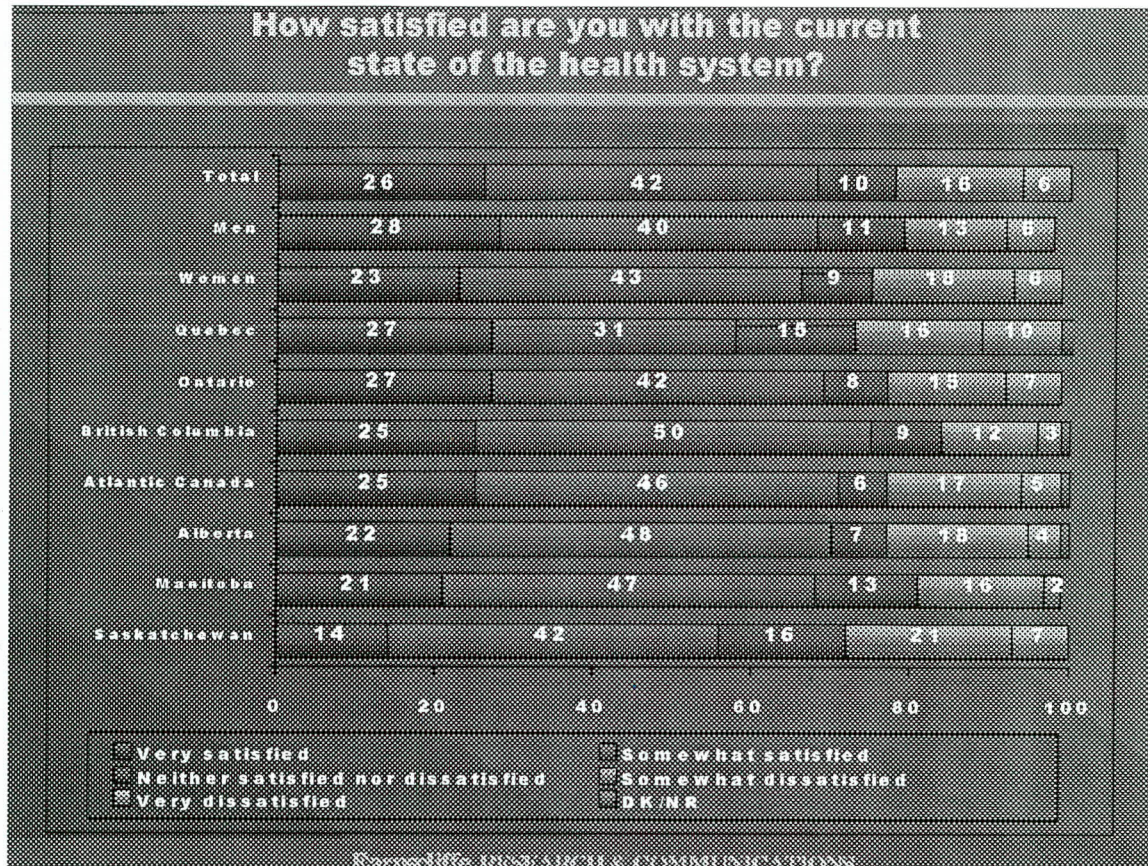
b)

In sum, Canadians are fundamentally attached to the health care system and the shared values and principles that underpin it. Support for the system is strong, strong enough to justify new spending in an era of government frugality. However, support for the system is not unconditional. The strong consensus for a one-tier system diminishes if quality is not maintained. People will not support a two-tier model for convenience (i.e. quicker access) but will support it if it is the only way to ensure quality care.

THE CURRENT STATE OF CANADA'S HEALTH CARE SYSTEM

Most respondents were moderately satisfied with the current state of the health care system. However, when we delve further, the data reveals some contradictory trends. Only one quarter of respondents were very satisfied with the system, while an equal number expressed outright dissatisfaction with the system.

11)



Satisfaction ratings are consistent across the country, with the exception of Saskatchewan, where only 14% were very satisfied with the current system. Levels of dissatisfaction were highest in Saskatchewan and in Quebec, and lowest in British Columbia.

When asked whether the medicare system is “broken”, less than half said yes. This data suggests that Canadians feel the system is deteriorating, but not broken, and far from unfixable. Nine out of ten participants believe that better management is the key to saving medicare, suggesting that Canadians envision a renewal rather than an overhaul of the system.

The sample was also evenly split on the question of system affordability. A substantial number, almost four in ten, believe the system is too comprehensive to be affordable. While these perceptions contravene what experts believe (The National Forum on Health), they are significant.

Interestingly, six in ten indicated that heightened concerns about system affordability may reflect perception over reality. The public tends to resist the idea that the system is too expensive to be sustainable.

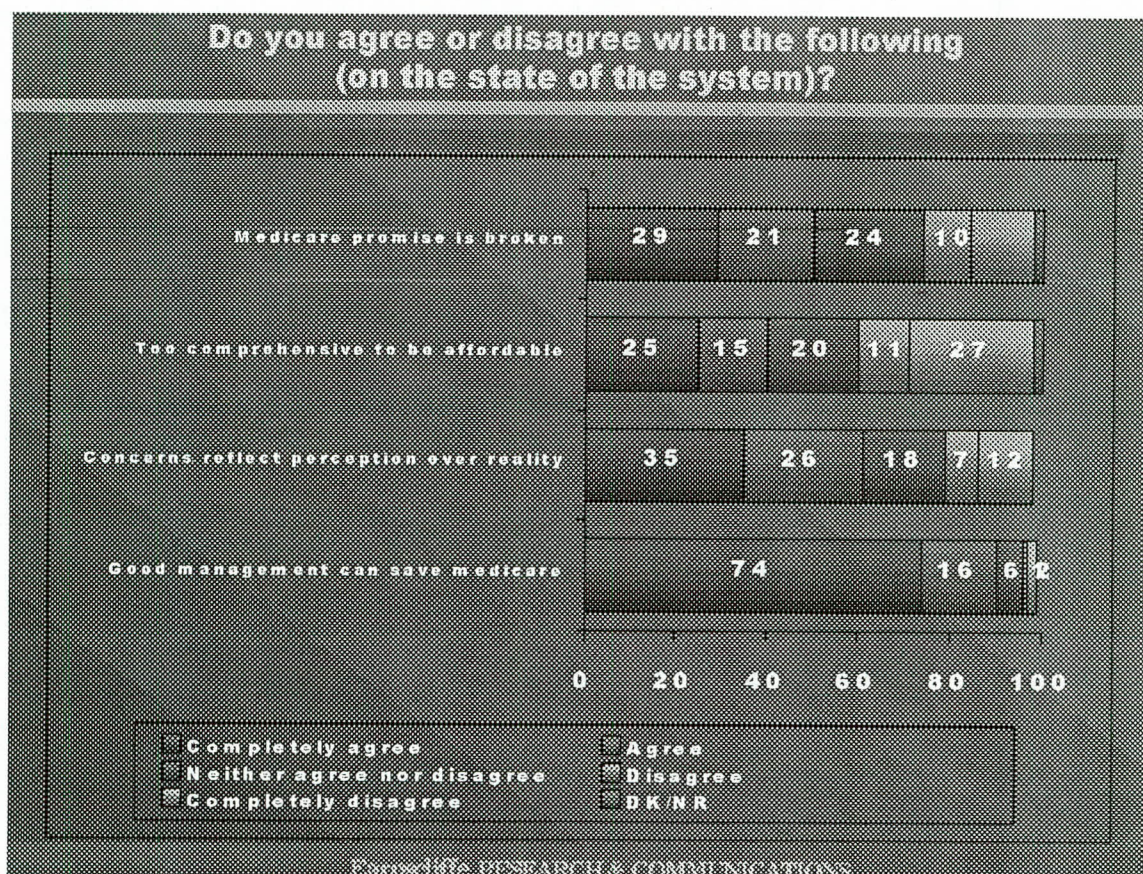
12)

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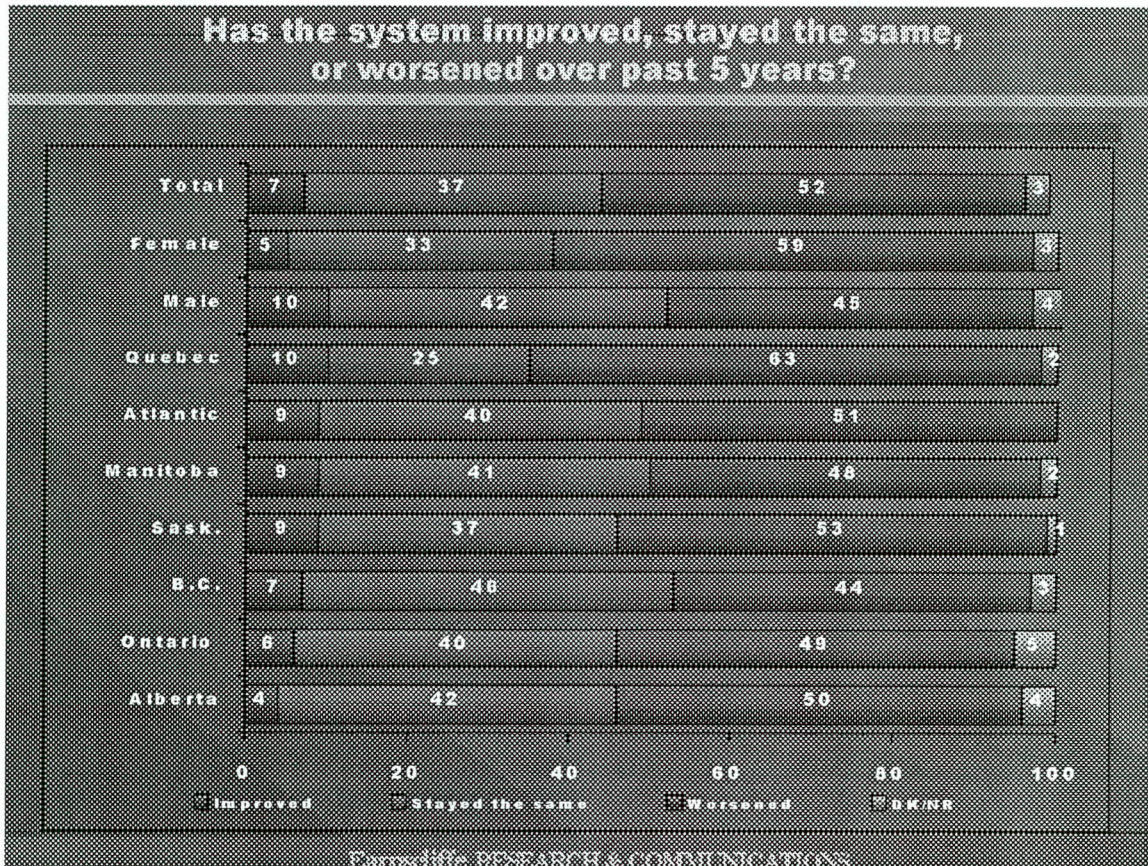


THE HEALTH CARE SYSTEM OVER THE PAST FIVE YEARS

The health care system is widely perceived to be in a continuing state of decline. When asked about the direction of the medicare system over the past five years, half believe it has worsened, while less than one in ten believe it has improved.

This question was one of several that revealed a divergence of opinion between the genders. Six in ten women believe the system has deteriorated, as opposed to less than half of the men. This point is particularly revealing because as later sections illustrate, women tend to use the system more and tend to care more about its sanctity. From a regional perspective, perceptions of system deterioration are much than average in Quebec, suggesting that recent budget cuts at the provincial level are exerting a negative influence. Results in the other regions suggest that similar conditions are evident across the nation.

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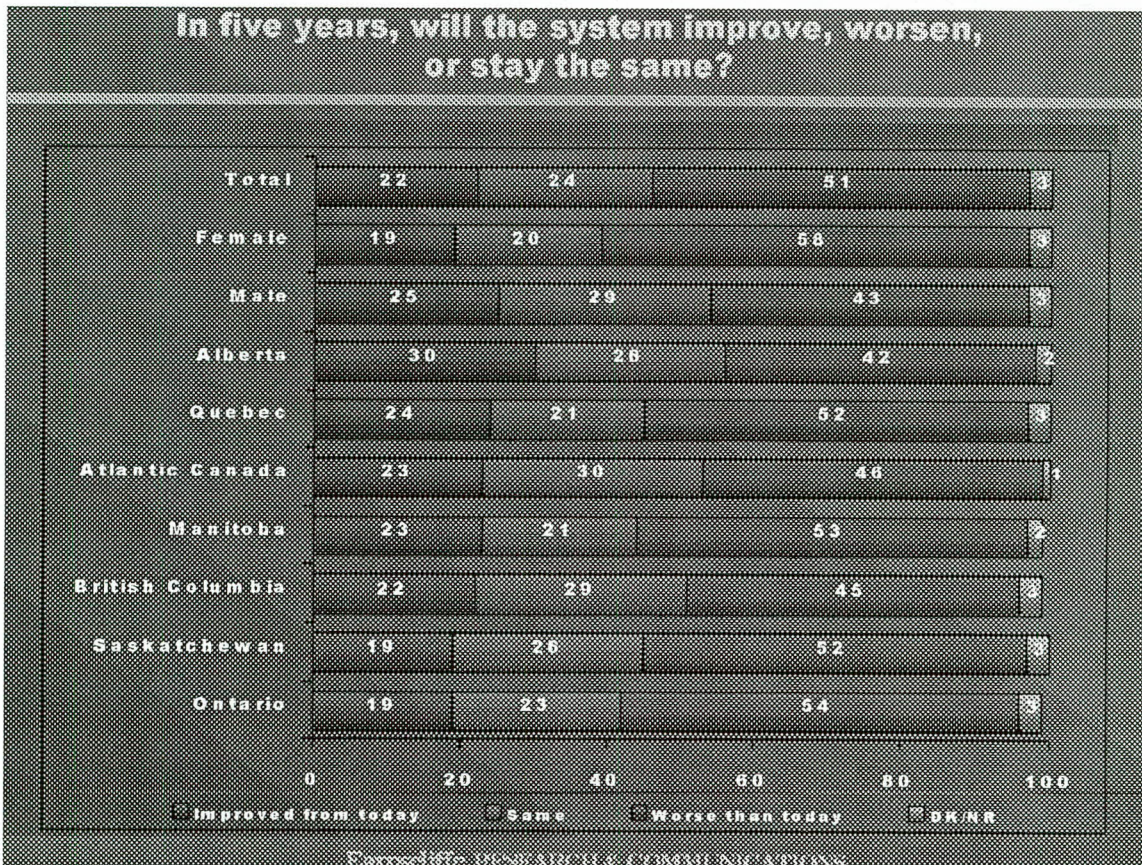
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EXPECTATIONS FOR FUTURE OF CANADA'S HEALTH CARE SYSTEM

Given Canadians' perceptions about the deteriorating state of the health care system, it is not surprising that more than half of those surveyed are not confident about its future. Only one in five believe the system will improve over the next five years. Women continued to be much less optimistic than men about the future of the system, however, another sign that a renewal process should pay close attention to women's concerns.

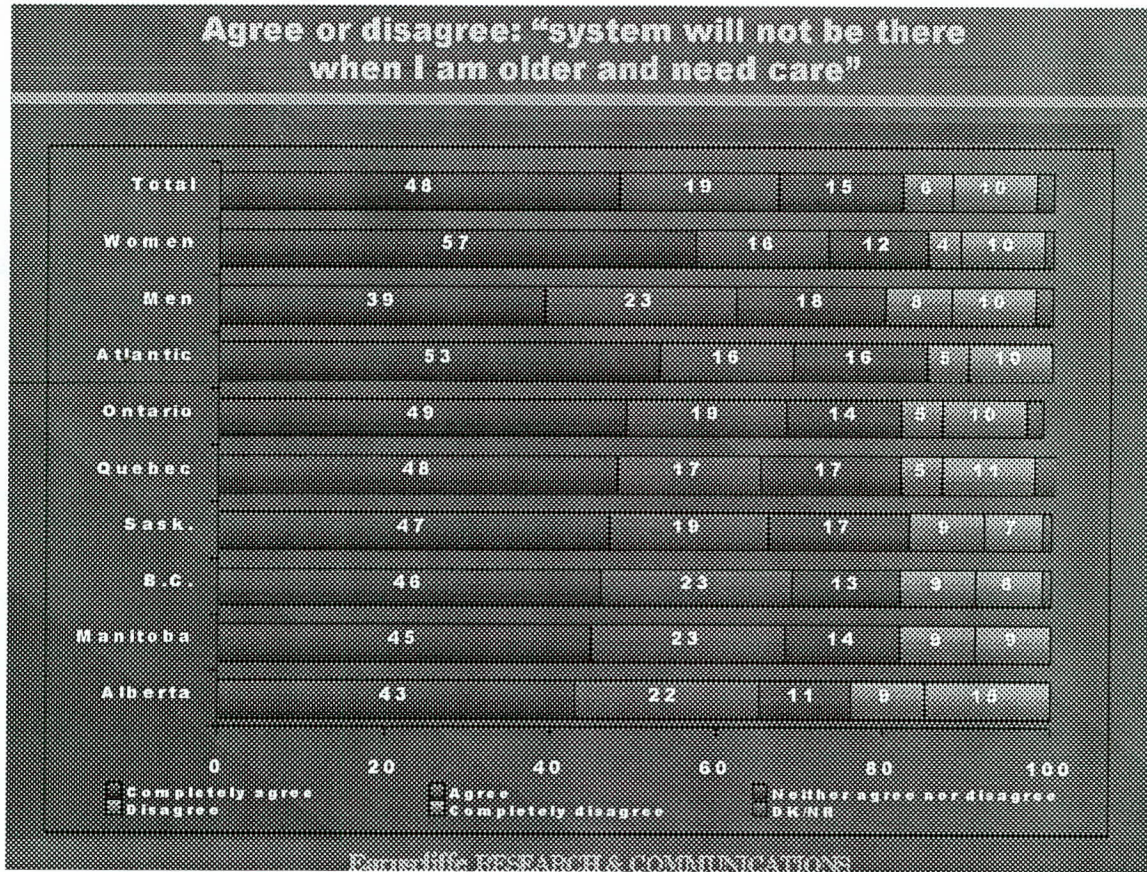
Alberta was the most optimistic province, while Ontario was the least optimistic, although there was no region where more than three in ten believe the system will improve over the next five years. These regional results may be informed in large part by the respective financial situations and timing of health care reforms at the provincial level. Results may also be dampened by a belief that federal cuts are not over. Only one quarter of respondents believe that the era of federal cuts is over.

14)



Delving further into attitudes about the future of health care, a significant majority agree that the system will not be there for many Canadians as they grow older and require more care. This result points toward a perceived lack of direction on health care issues in Canada, and a sense of uncertainty about the future.

15)



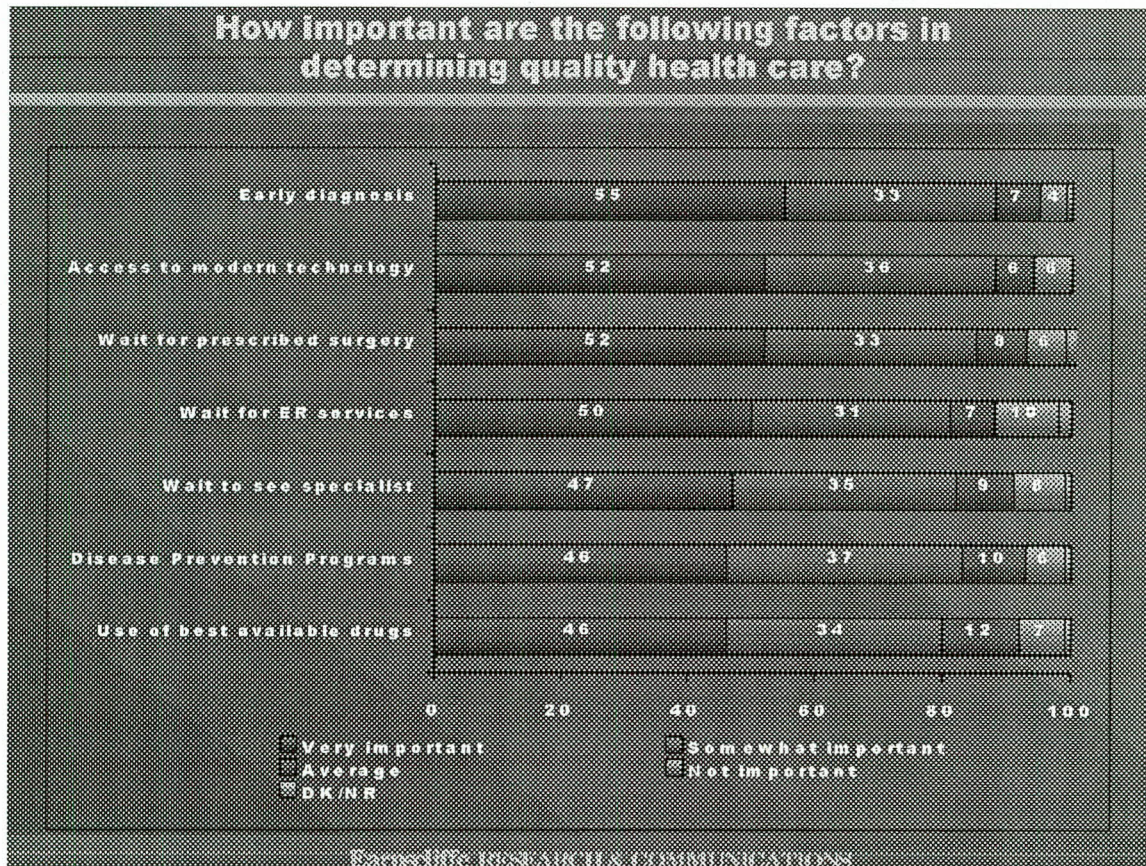
ASSESSING QUALITY AND PERFORMANCE OF ASPECTS OF THE HEALTH CARE SYSTEM

The survey sought to identify some of the ways in which Canadians assess quality within the system. Results indicate that no single factor outweighs all others. Rather, a number of factors, operating in combination, influence Canadians assessments of the system.

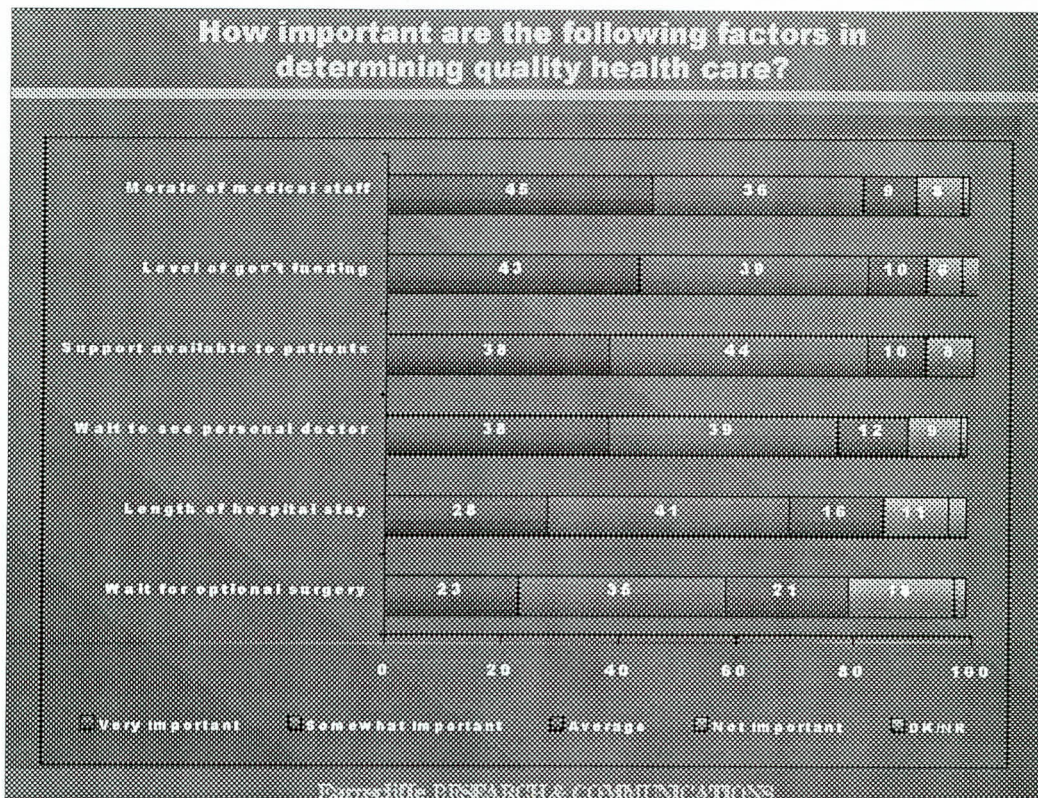
Respondents were attracted to factors that are most easily measurable. Among these, early diagnosis and access to modern technologies were rated highest, while waiting periods for surgery, specialists, or ER attention were all viewed as very important measures of quality. Notably, the level of government funding was not rated as highly as other factors, although it was viewed as significant.

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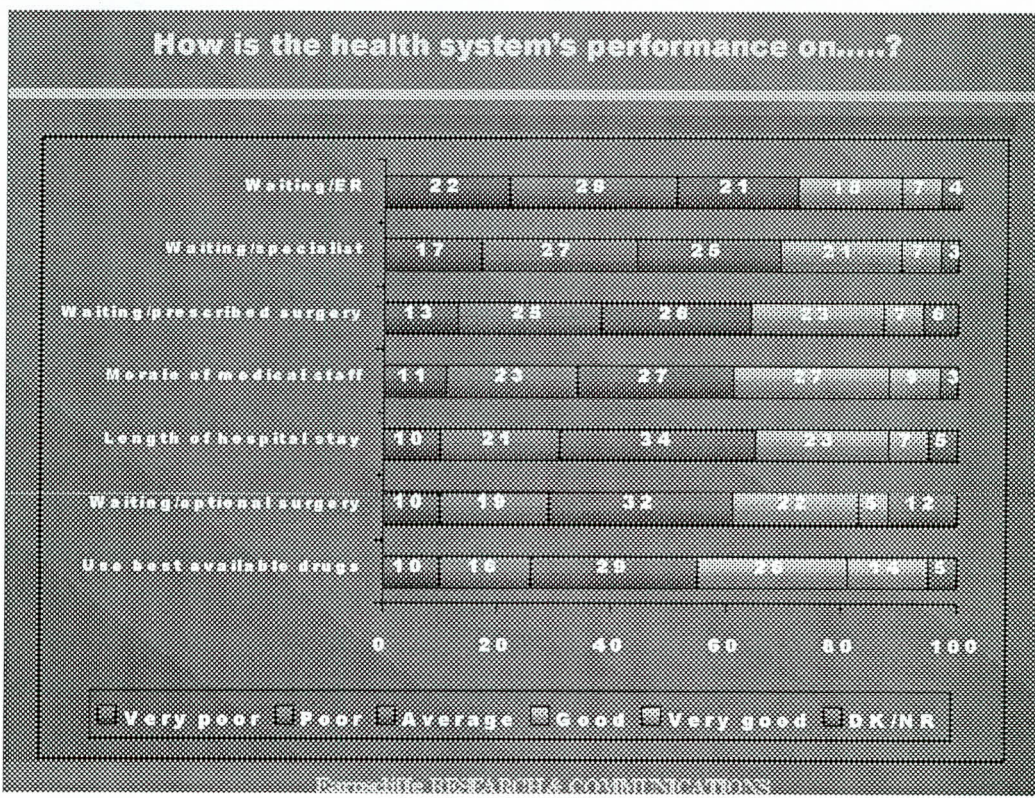


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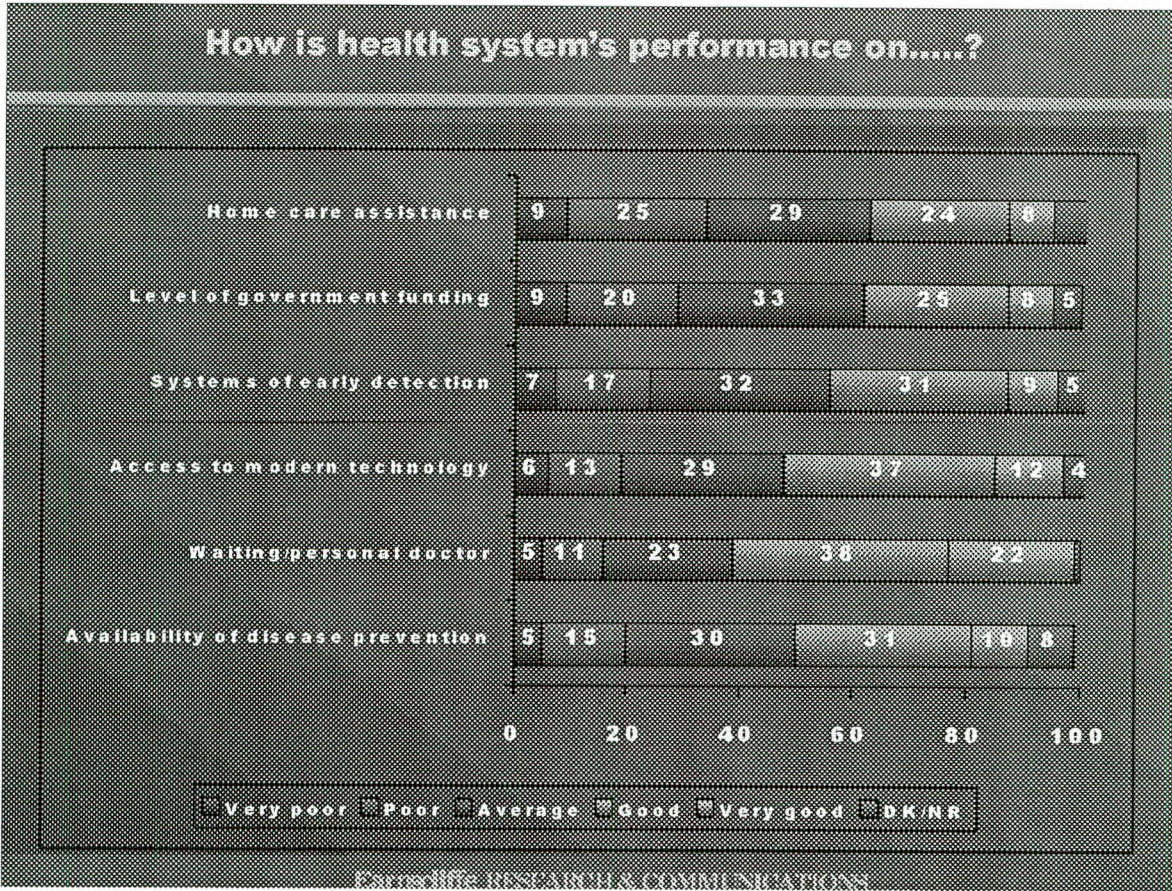
Areas of public satisfaction included early detection of medical problems, as well as access to modern technology, personal doctors and the best drugs.

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f)
g)



Indicators that reveal gaps within the system include waiting periods (i.e., for prescribed surgery, specialists, and emergency room care). All of these were highly rated on the health anxiety index (high importance + poor performance), illustrating a major contributing source of the perceived health care problem.

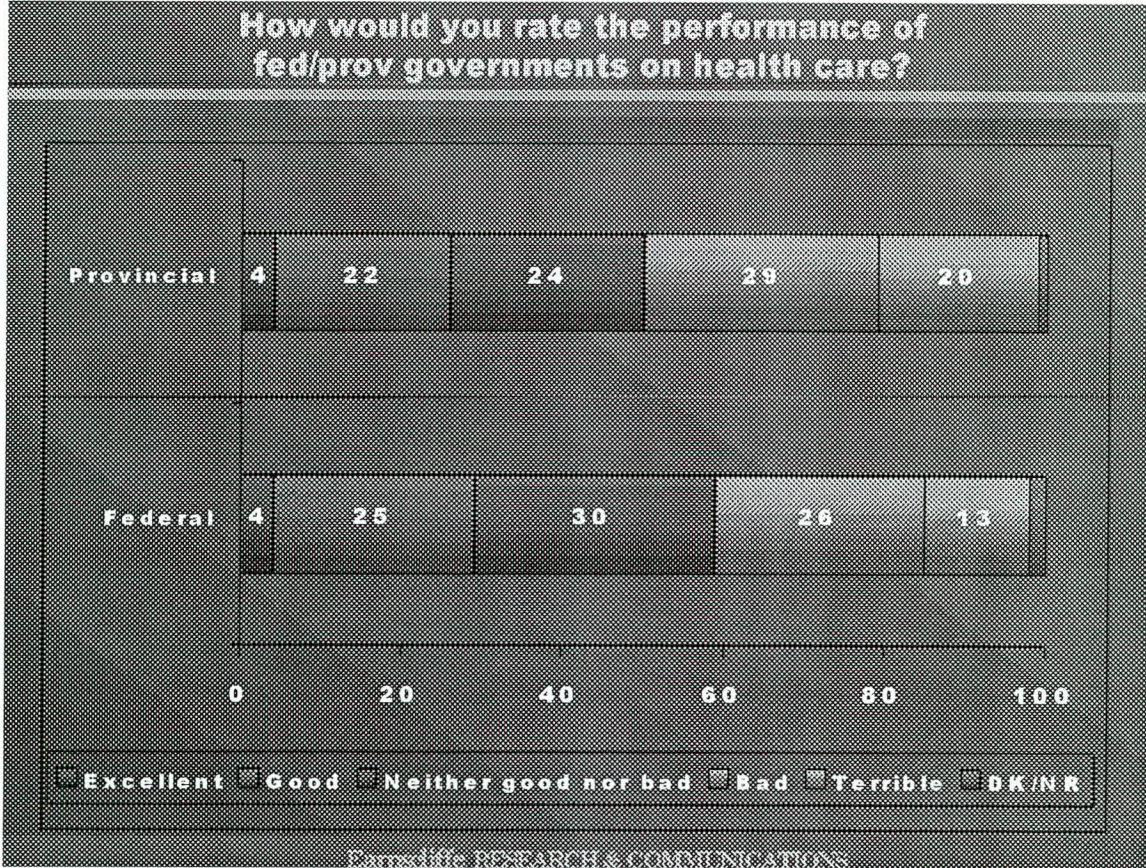
h)
i)
j)
k)
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FEDERAL AND PROVINCIAL PERFORMANCE ON HEALTH CARE

Although provincial governments have borne the brunt of public discontent over health care, both levels of government have decidedly negative ratings in this policy area.

18

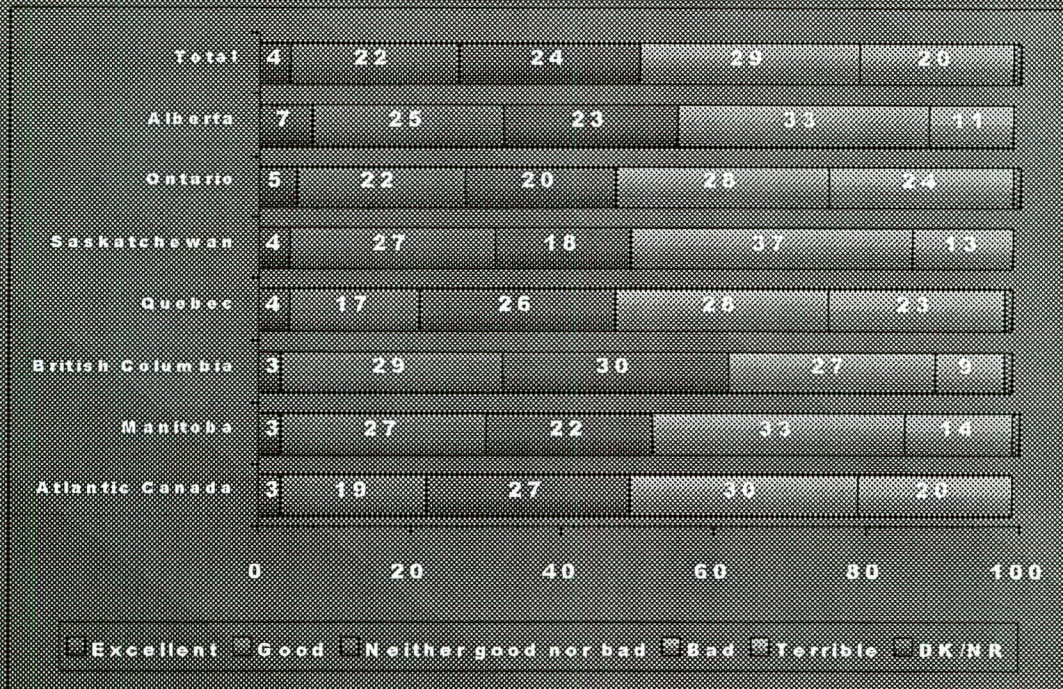


a)

b)

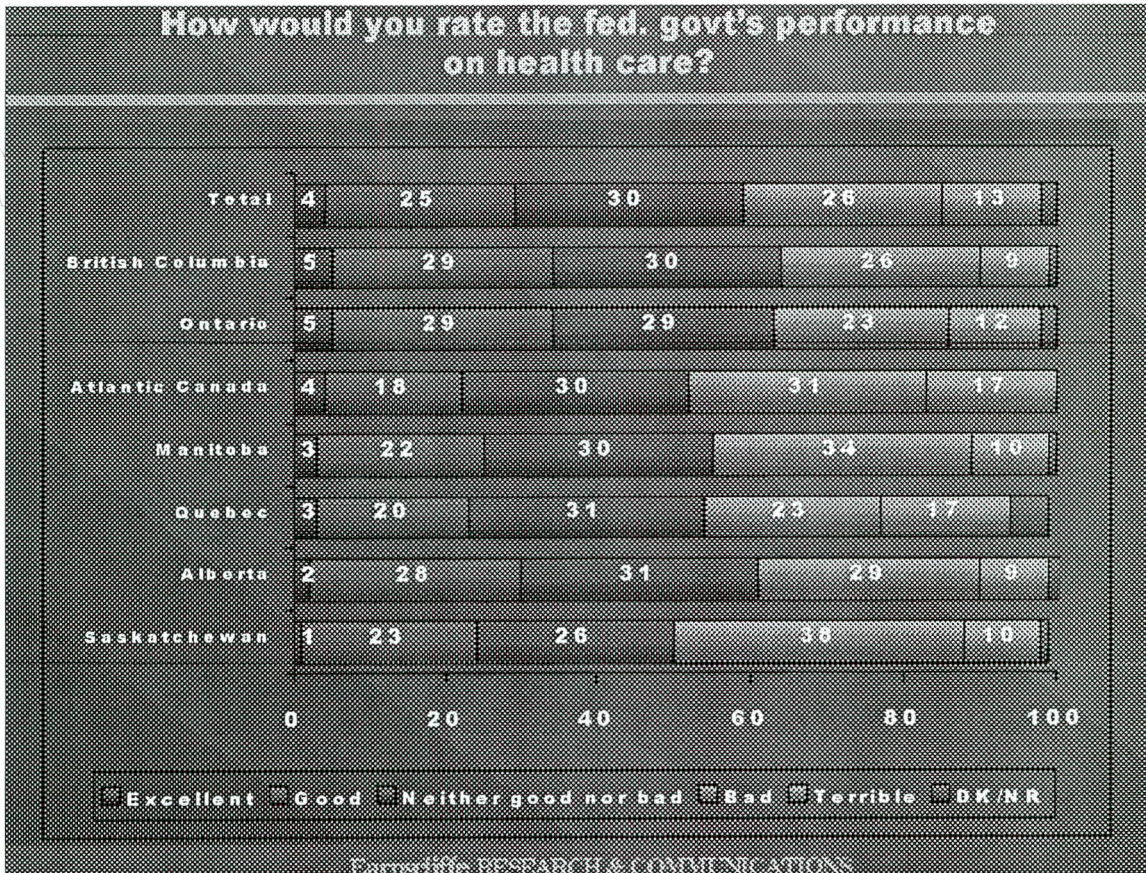
Certain provincial governments find themselves in particularly uncomfortable political situations over health care issues. In Ontario, Saskatchewan, Quebec and across Atlantic Canada, more than half of the population believe those provincial governments have done a poor job on health care.

How would you rate your prov. government on health care?



Ernst & Young RESEARCH & COMMUNICATIONS

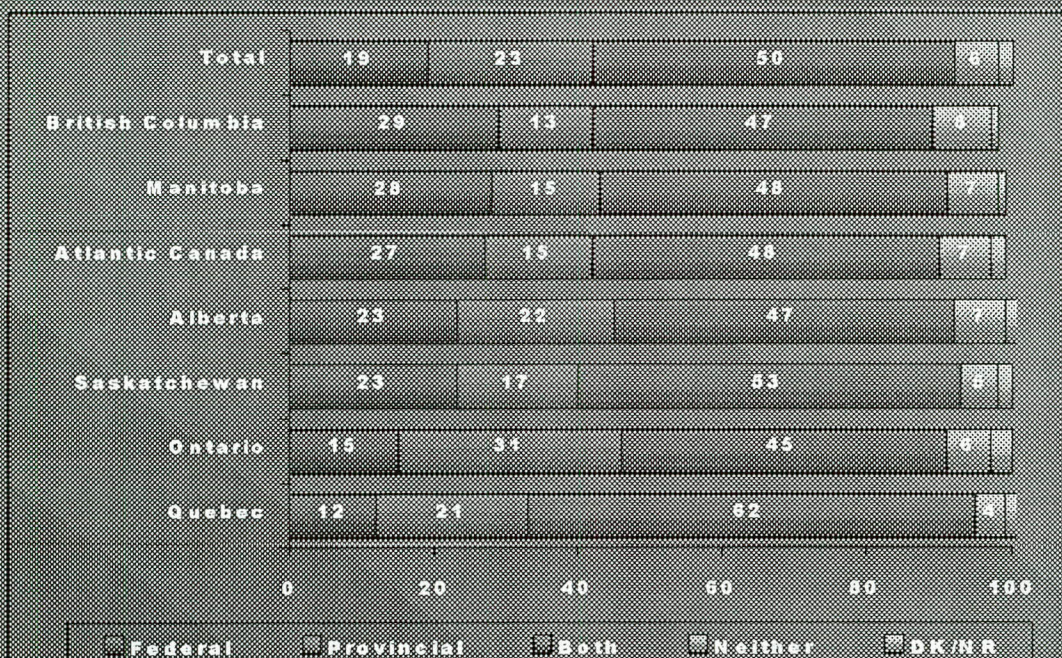
The federal government tends to receive lower performance ratings on health care than it does overall. Four in ten gave the government a poor rating on health care, versus only one quarter overall. In Atlantic Canada and on the prairies, the situation is particularly grave, where almost half give the federal government a poor rating. Another notable point here is that the “neutral” rating on health care is relatively small. There are fewer “fence-sitters” when it comes to the health care question, reflecting the importance of the issue to Canadians, and its link to government.



Canadians blame both orders of government for the erosion of the health care system. Central Canadians tend to assign blame to provincial governments, while in the east and west, discontent is directed at the federal government. In Quebec, francophones tend to assign more blame to their provincial government than to the federal government. Six in ten Canadians believe that the provinces could have done a better job at protecting health care from cutbacks, while only three in ten believe that the provinces had little choice. It appears that aggressive provincial attempts to lay blame for health care problems on federal transfer cuts has not succeeded in laying all the blame on the federal government.

19)

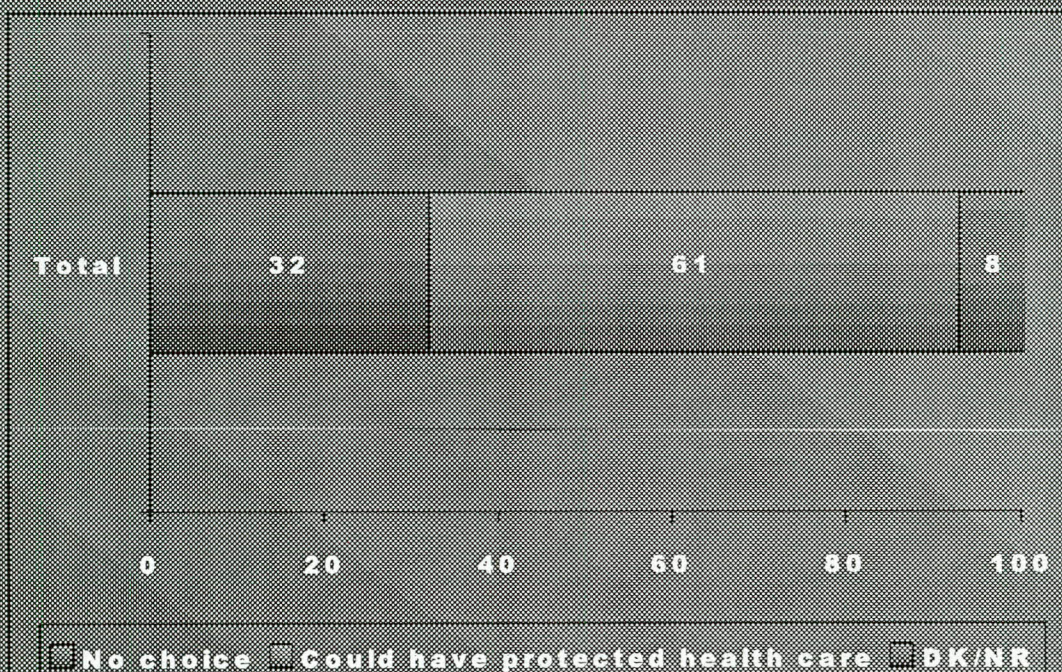
Who is to blame for the health care system's problems?



Forsythe RESEARCH & COMMUNICATIONS

20)

Did provinces have to cut health care, or could they have protected it?



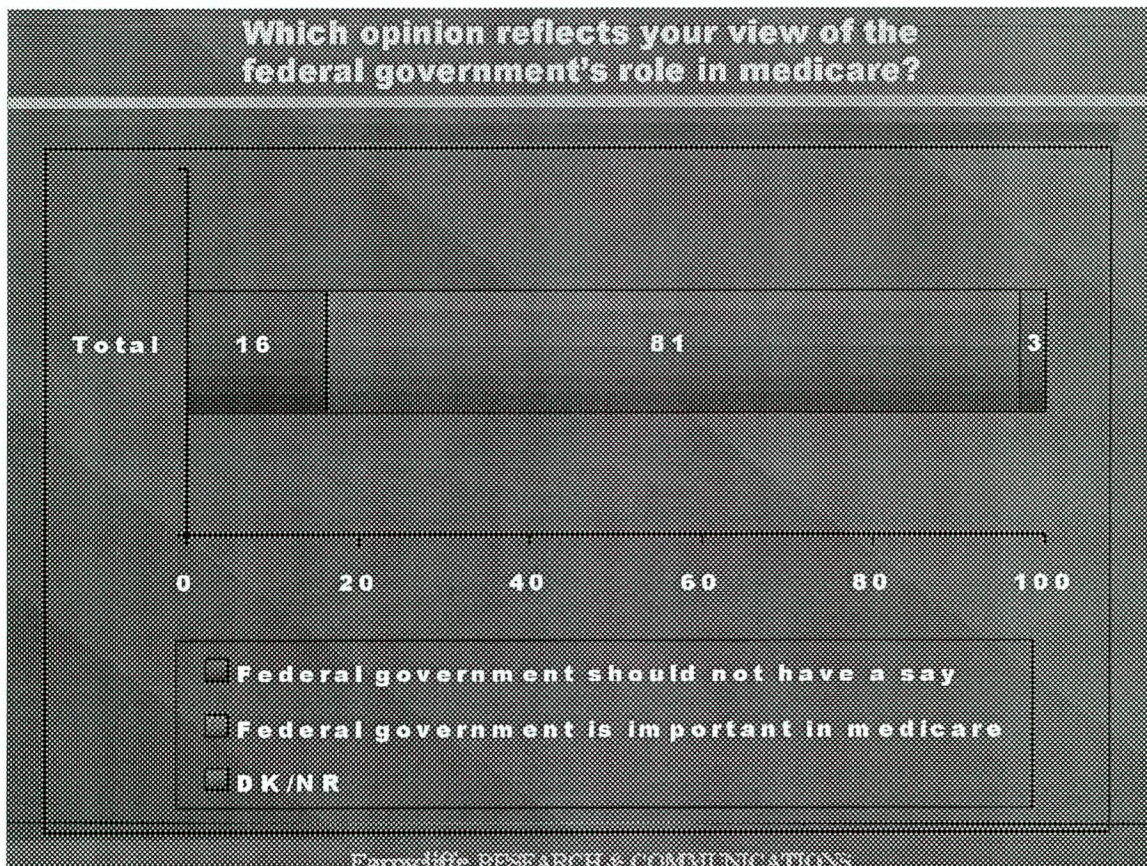
Forsythe RESEARCH & COMMUNICATIONS

HEALTH CARE AND GOVERNMENT JURISDICTION

Survey participants were asked a battery of questions on the future of health care and potential roles of federal and provincial governments. The results suggest that Canadians expect both orders of government to take on significant roles. They reject the premise and the practice of exclusive provincial jurisdiction over health care. The collective view might be summarized as “Canadians seek redress of the health care system’s problems by the most efficient and effective means possible, irrespective of jurisdictional boundaries”.

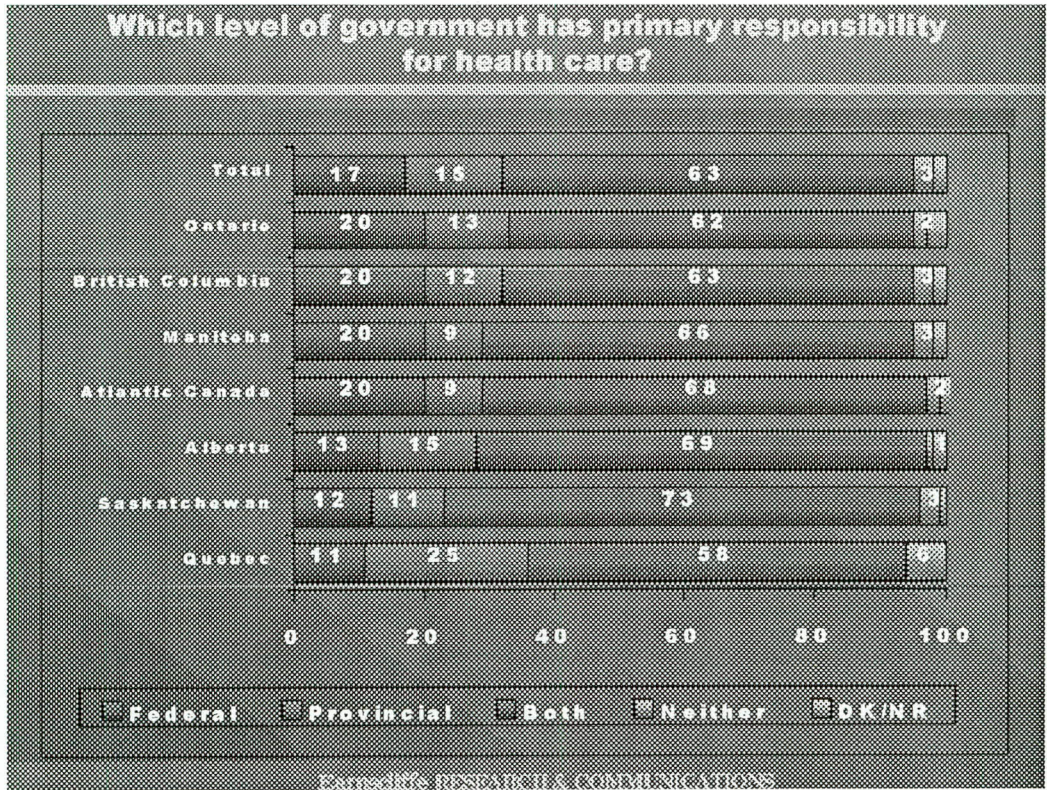
As the following graphs illustrate, these results contrast with the current context of intergovernmental relations, where provincial governments continue to demand that the federal government recede from any direct role in health care, and the federal government tends to resist taking a direct role on health care system related issues.

21)



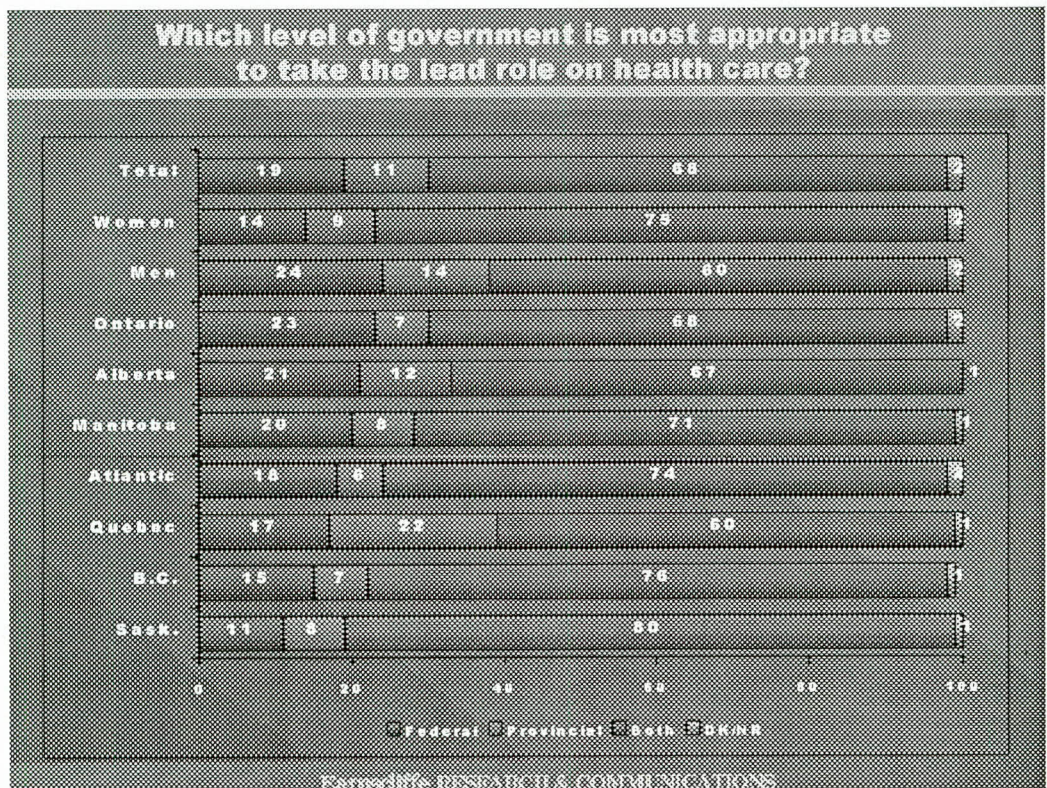
The graph below illustrates just how widespread the belief in shared government jurisdiction over health care is. These beliefs remain consistent across Canada’s regions, revealing an average of 85% support for a major federal role. In Quebec, almost seven in ten assign joint or primary responsibility for health care to the federal government.

22)



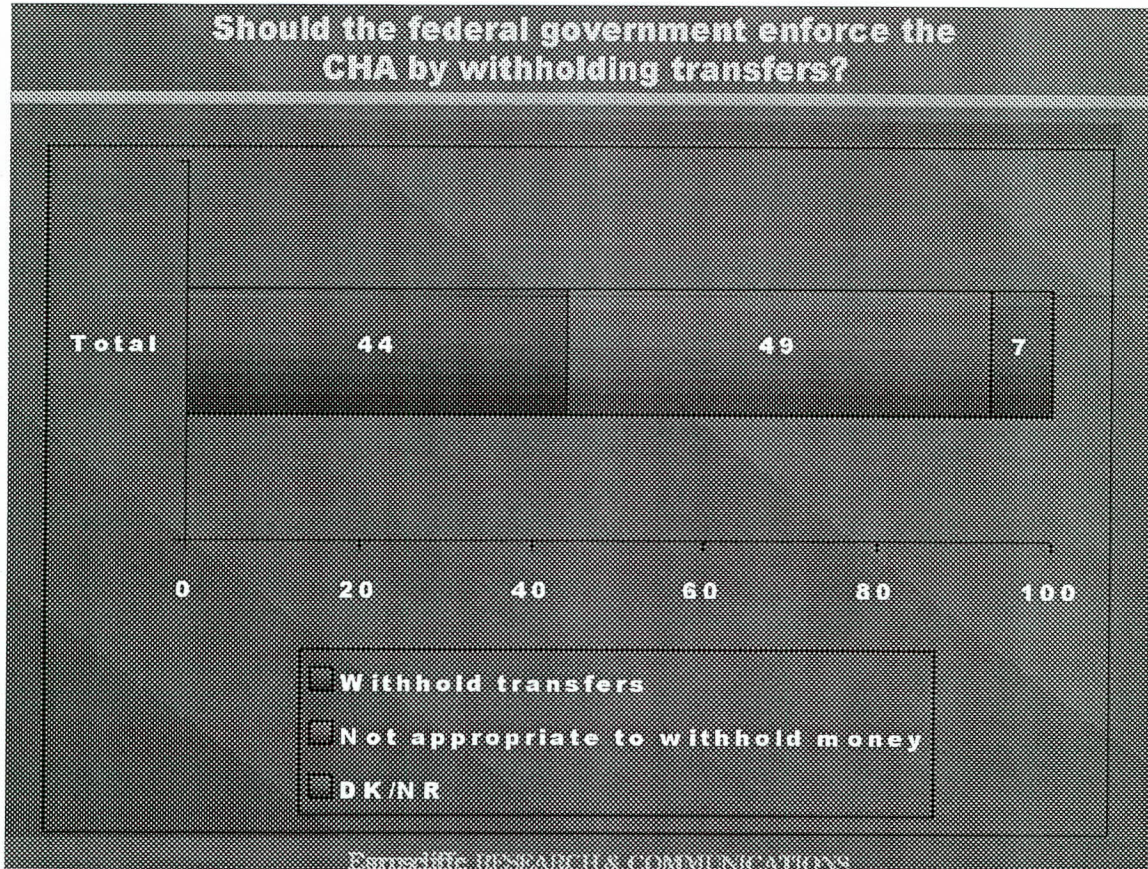
With responsibility come expectations. More expect the federal government to lead on health care issues than their respective provincial governments.

23)



A plurality of Canadians agree that the federal government should resist withholding transfer payments to the provinces in the event of CHA breaches. This response reinforces current federal policy on CHA enforcement, and again points toward Canadian wishes for a “collaborate” approach to health care. Results may also indicate that Canadians view use of the CHA as a counter-productive enforcement mechanism, since it would likely only exacerbate existing problems in the health care system.

24

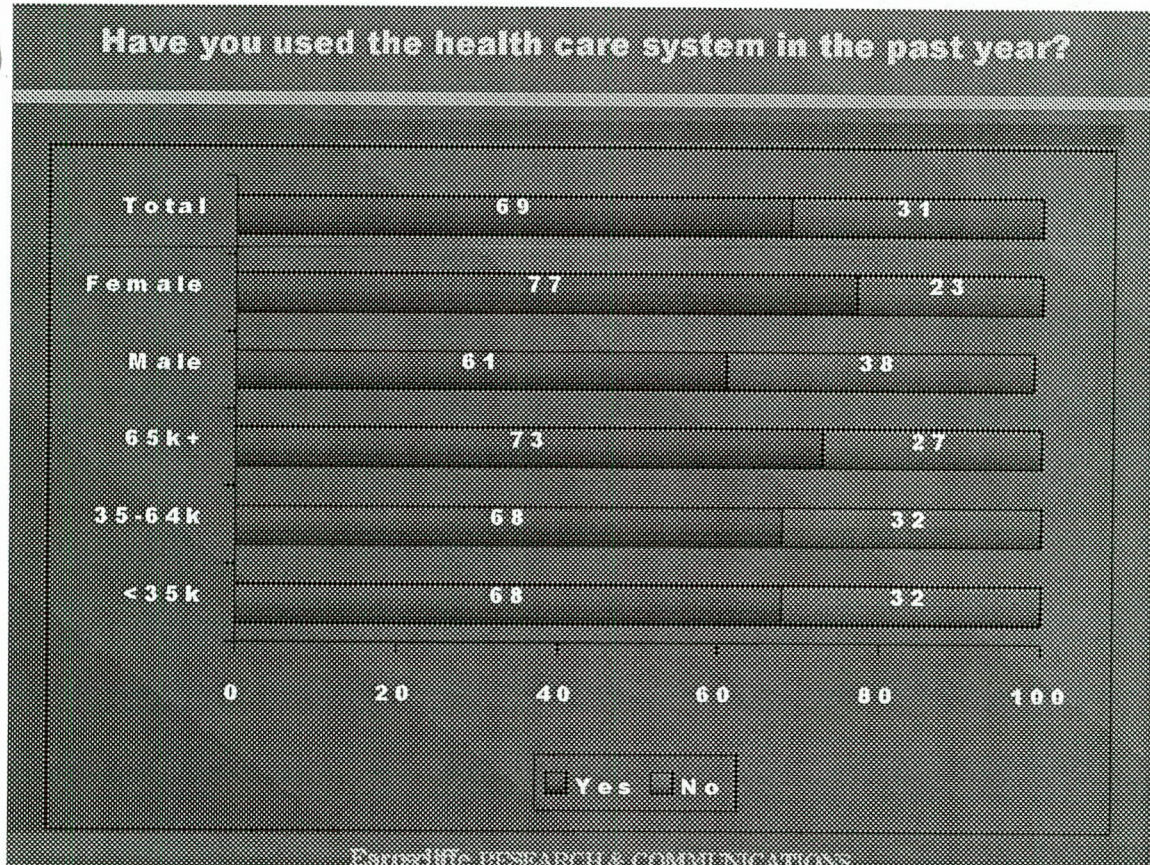


HEALTH CARE SYSTEM USAGE

After exploring views on the system as a whole, the survey asked a battery of questions about individual use of the health care system.

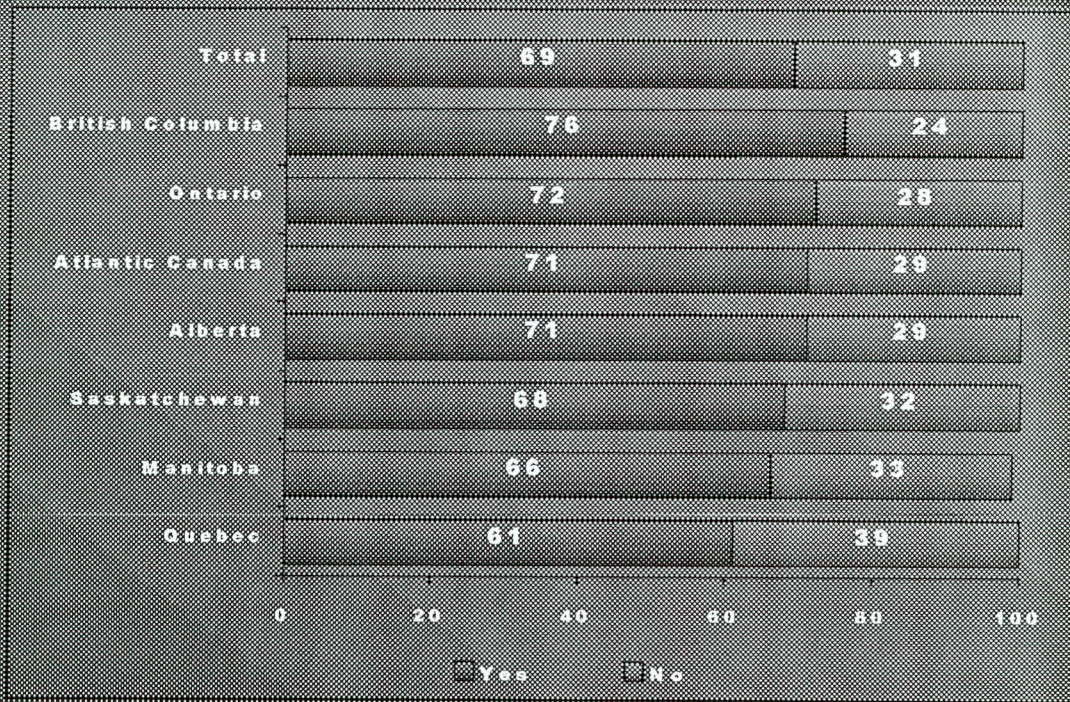
More than two-thirds of Canadians report having used the health care system over the past year. The vast majority of interactions were with general practitioners. Women and those with higher incomes were slightly more likely to use the system than men and those with lower incomes.

25)



From a regional perspective, usage levels are similar, but there are some important differences in points of access and types of services used. For example, Québecers were much less likely to see a family doctor than other respondents from across the country, but Québecers are more likely than other Canadians to use clinics and other outpatient services. Nevertheless, according to our results, Québec has the lowest rate of system use in the nation.

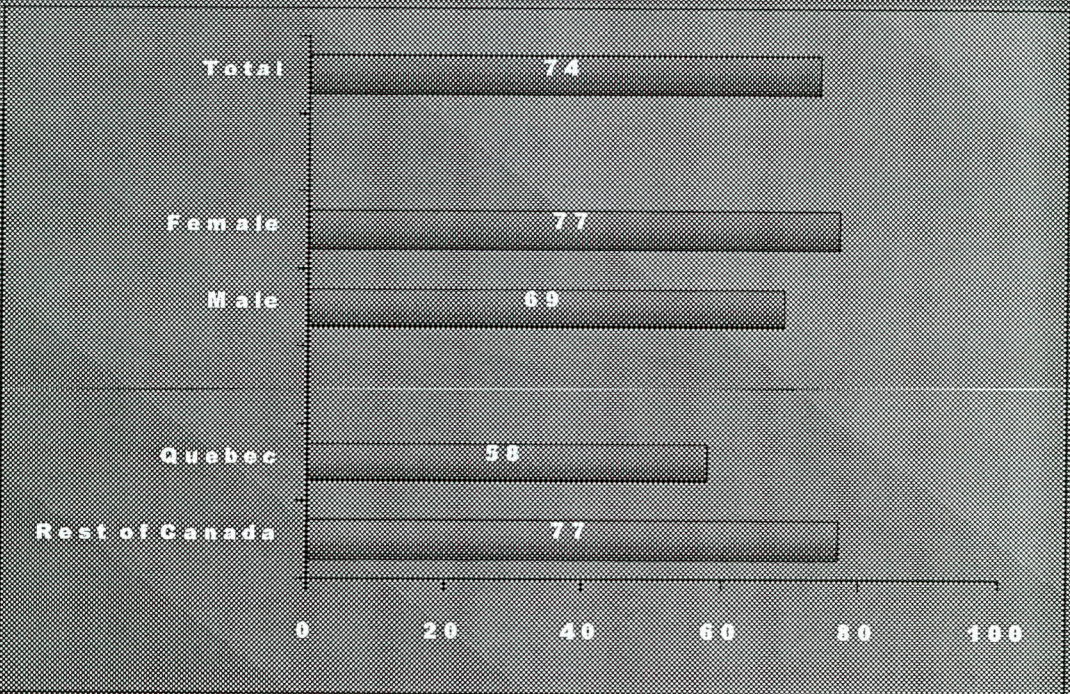
Have you used the health care system in the past year?



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26)

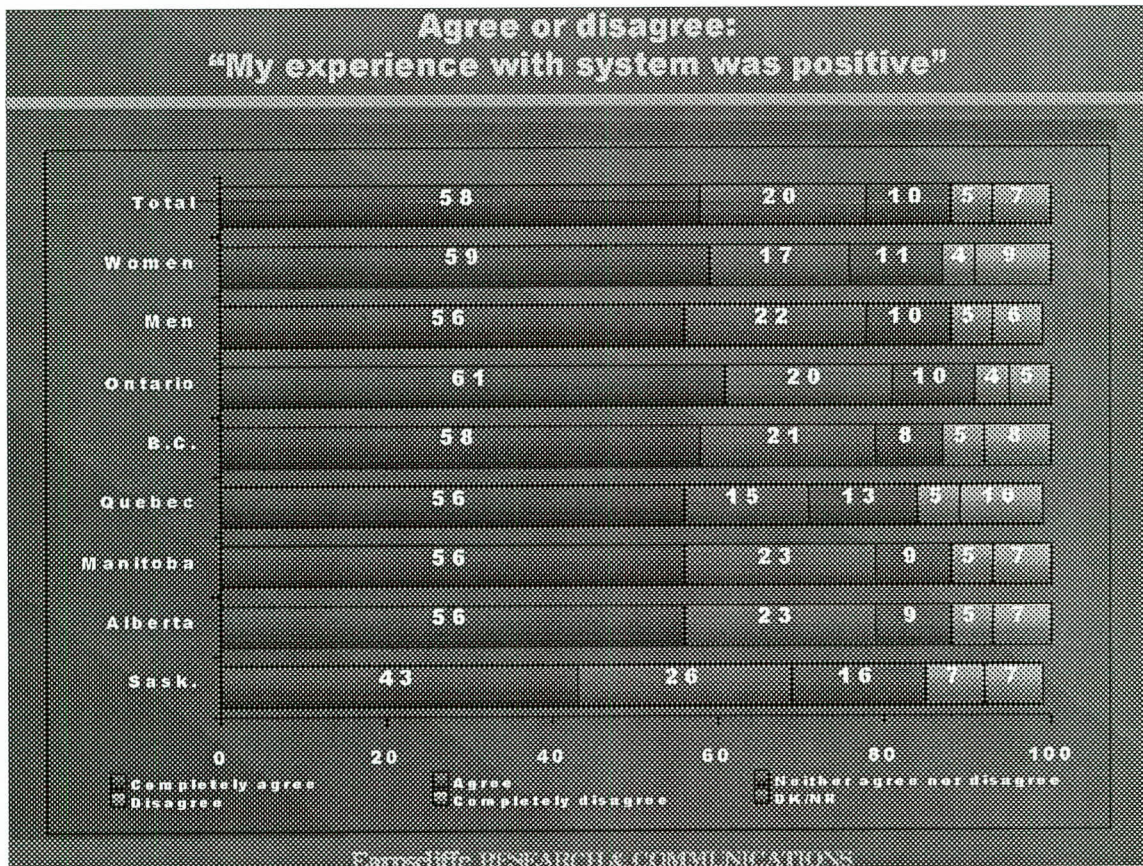
Have you visited your doctor in the past year?



Faircliff RESEARCH & COMMUNICATIONS

Not surprisingly, recent users exhibit greater concern about the system than other Canadians. They are likely to be particularly sensitive to the system's current hardship, and more pessimistic about the future of health care than infrequent users. This pessimism conflicts somewhat with positive individual experiences with the health care system, but suggest a clear identification with the plight of health care providers. Three quarters indicate that their individual experiences with the system have been positive, although they continue to believe that the system is deteriorating and will continue to do so. These results point toward a strong commitment to health care providers as they are perceived to be doing an outstanding job under difficult circumstances.

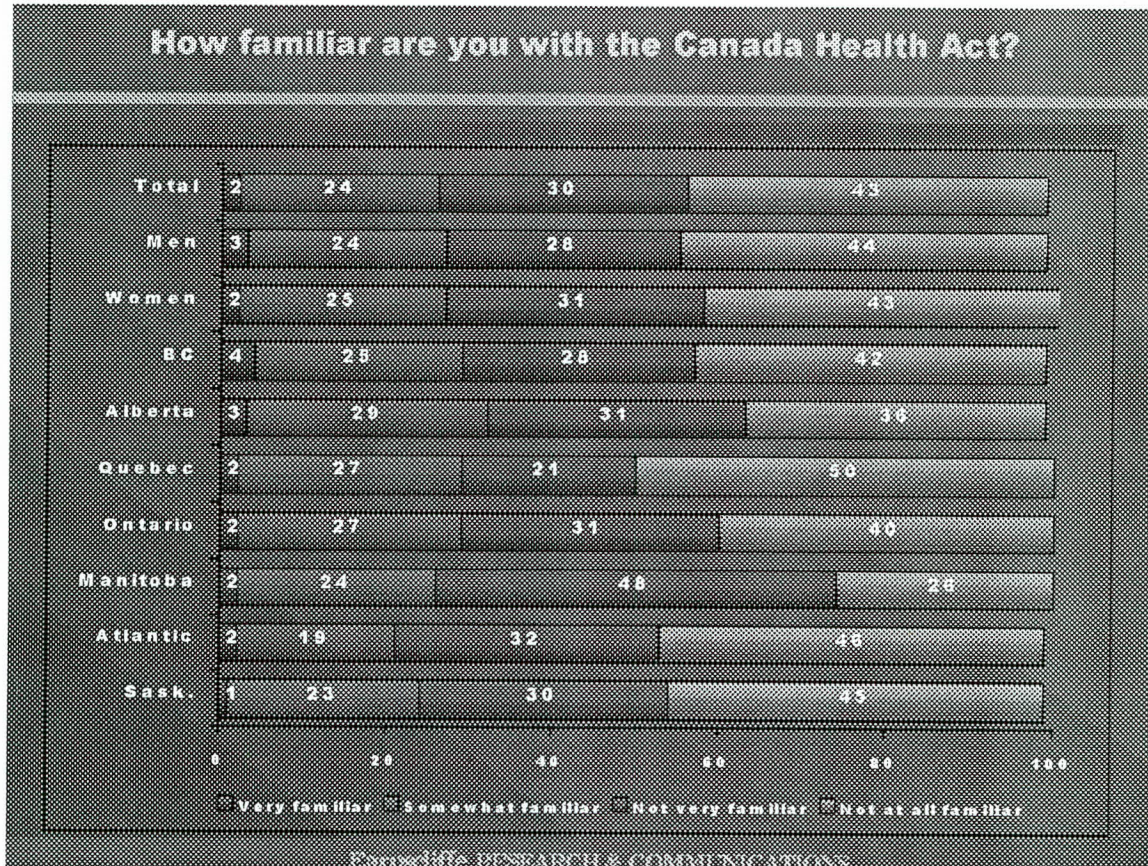
27)



KNOWLEDGE OF THE HEALTH CARE SYSTEM

Canadians may strongly identify with its health care system, but few are familiar with its most basic jurisdictional and legal components. Only one quarter of respondents described themselves as at least “somewhat familiar” with the Canada Health Act, while four in ten claimed they were “not at all familiar” with the Act. Findings were generally consistent across regional, economic and gender lines. Half of Québecers had no familiarity at all with the Act, while less than one in five Atlantic Canadians described themselves as at least “somewhat familiar” with the Act.

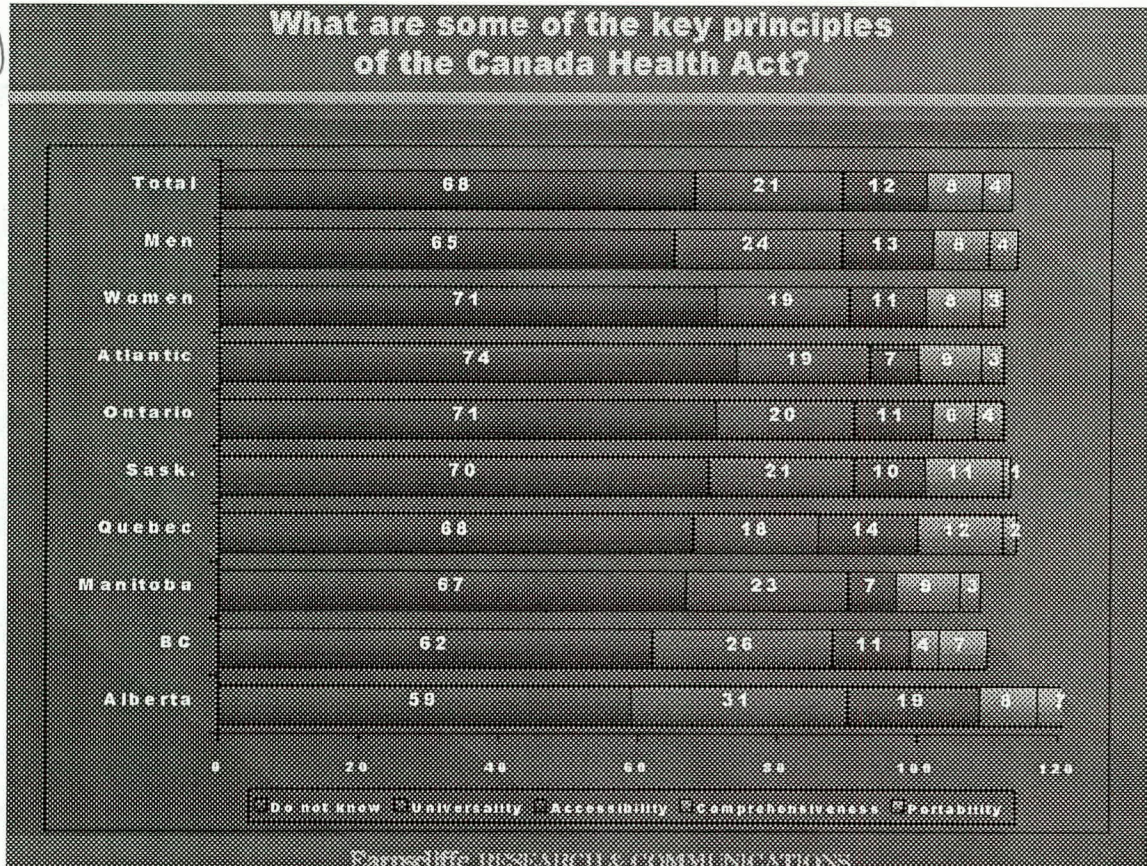
28)



This lack of knowledge, however, should not be mistaken as a lack of commitment to or concern for the health care system. As an earlier section revealed, Canadians are strongly committed to and strongly identify with the national health care system. Nevertheless, there is a clear gap between knowledge of the system and commitment to the system, indicating that the government has a communication challenge regarding the contents of the Act as well as the federal role.

Aspects of the Canada Health Act that are most well known are those most closely associated with values, rather than legal principles or process standards. Universality and accessibility are the two most frequently cited aspects of the Act. However, a sizeable portion of the sample could not name any of the principles of the Act, again underscoring Canadians' lack of knowledge of the "nuts and bolts" of the system.

29)

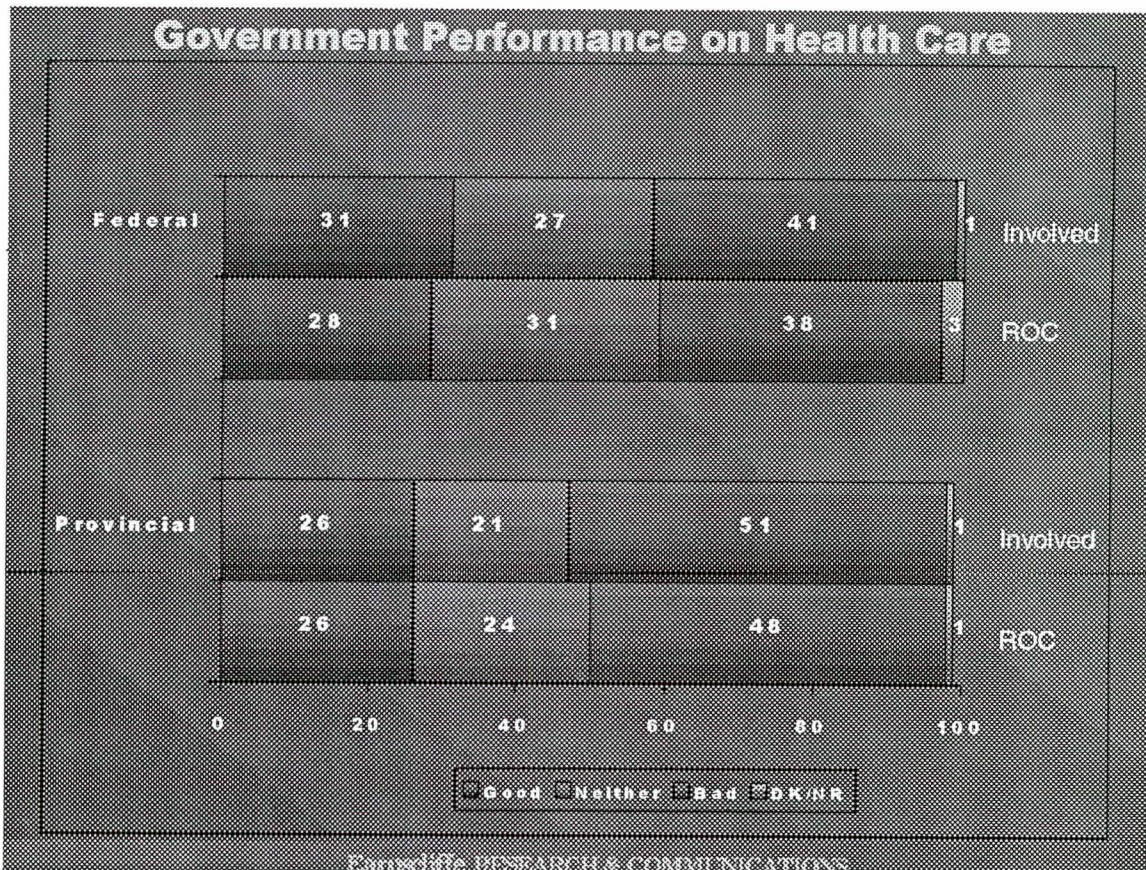


INVOLVED CANADIANS

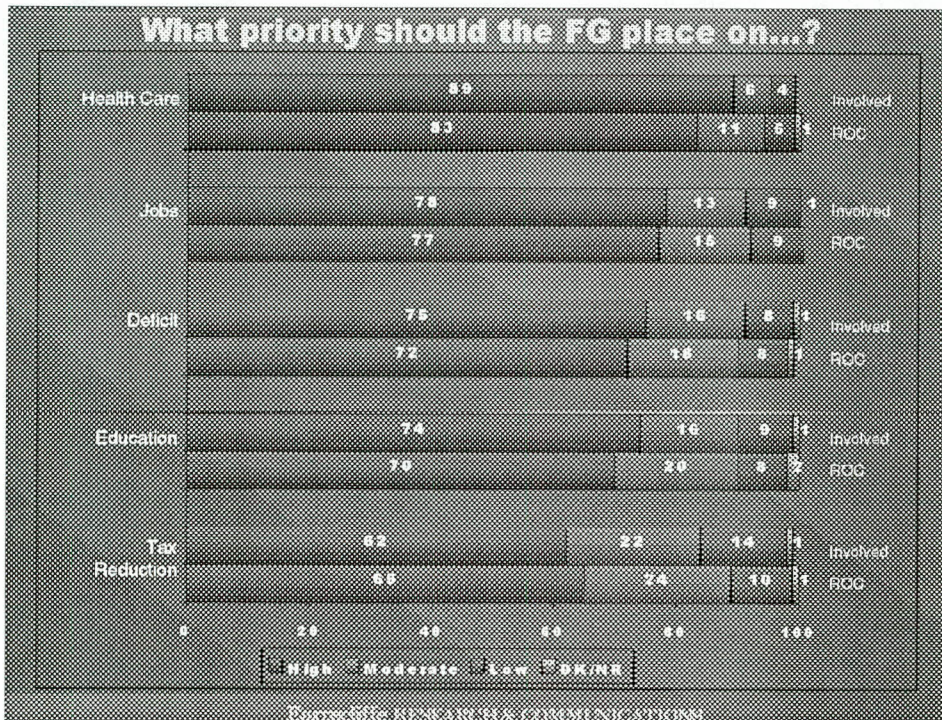
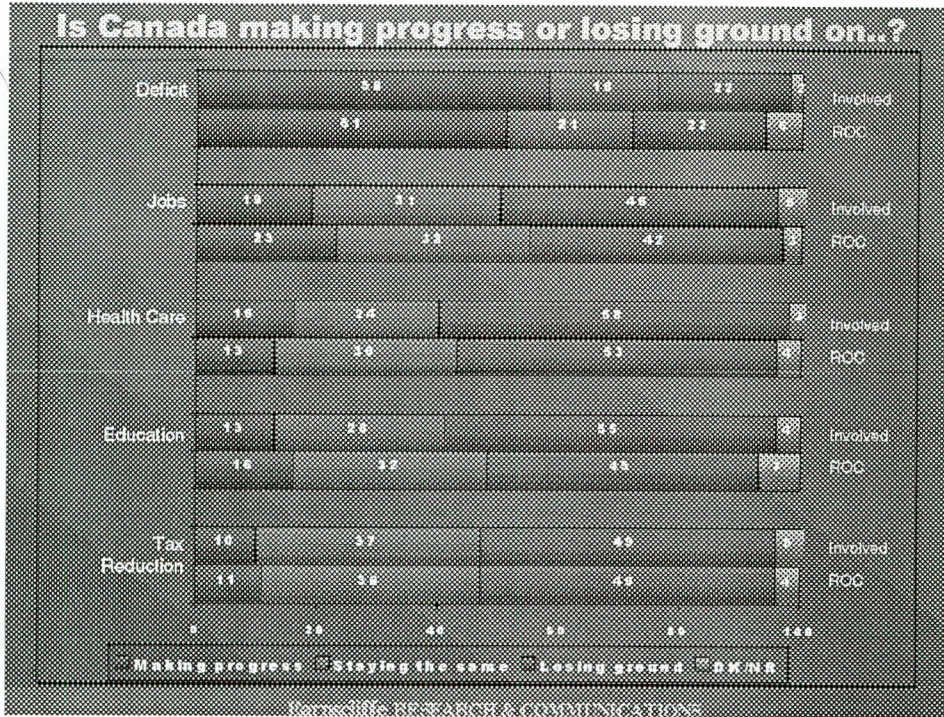
Involved Canadians are the segment of the population that is most attuned to public affairs. They are information seekers and opinion leaders. This group is vitally important in the medicare debate, because they are those that best understand the jurisdictional, political and regulatory intricacies of the health system, they believe that the system is in a more deteriorated state, and they are more committed to restoring its health.

Their opinions underscore the depth of public concern about the health care issue. They use the health system more than other Canadians, are more concerned about and dissatisfied with it, and are more likely to resist initiatives toward tier 2 medicine.

Overall, a plurality of involved Canadians are negative toward the federal government's performance on health care, and they are slightly more negative than the rest of Canadians. The graph below further underscores the negative ratings that provincial governments receive from Canadians on health care. A majority of involved Canadians believe that their provincial governments have underachieved on the health care issue. From both involved Canadians and the rest of the population, Provincial governments have borne the brunt of negative sentiment on the health care.

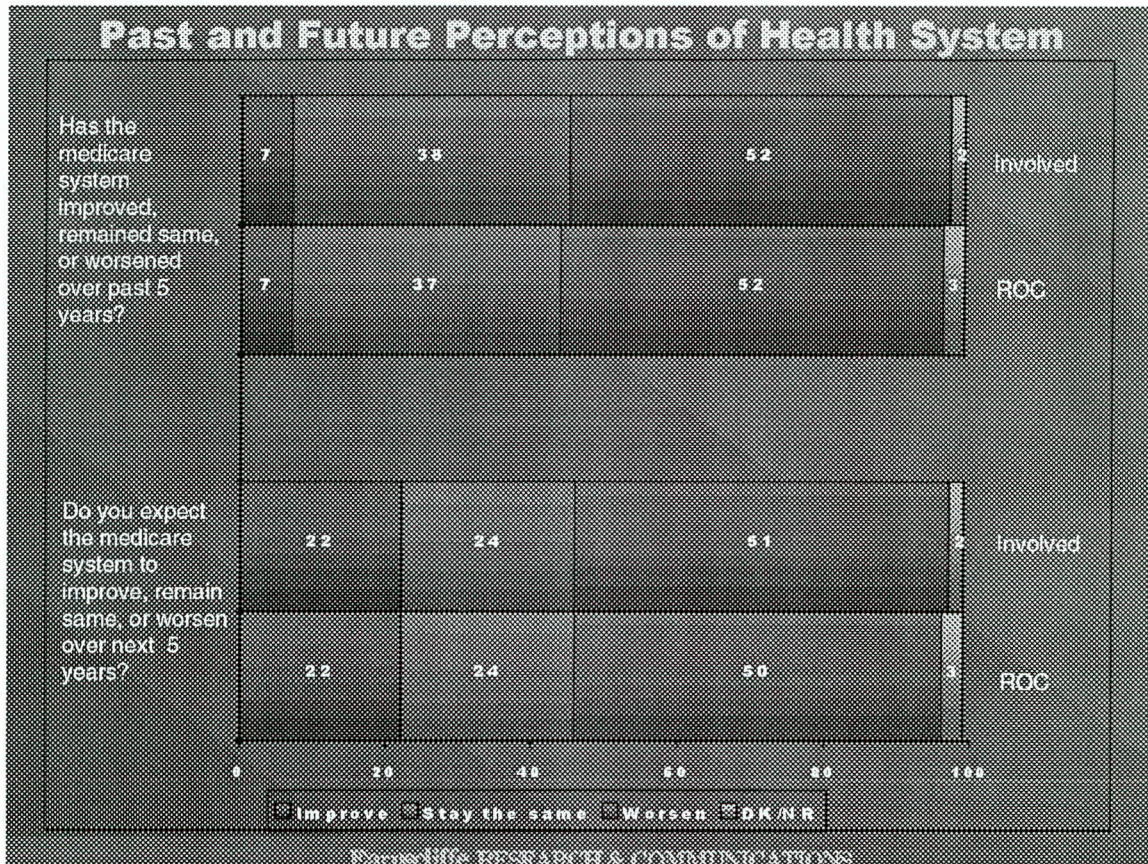


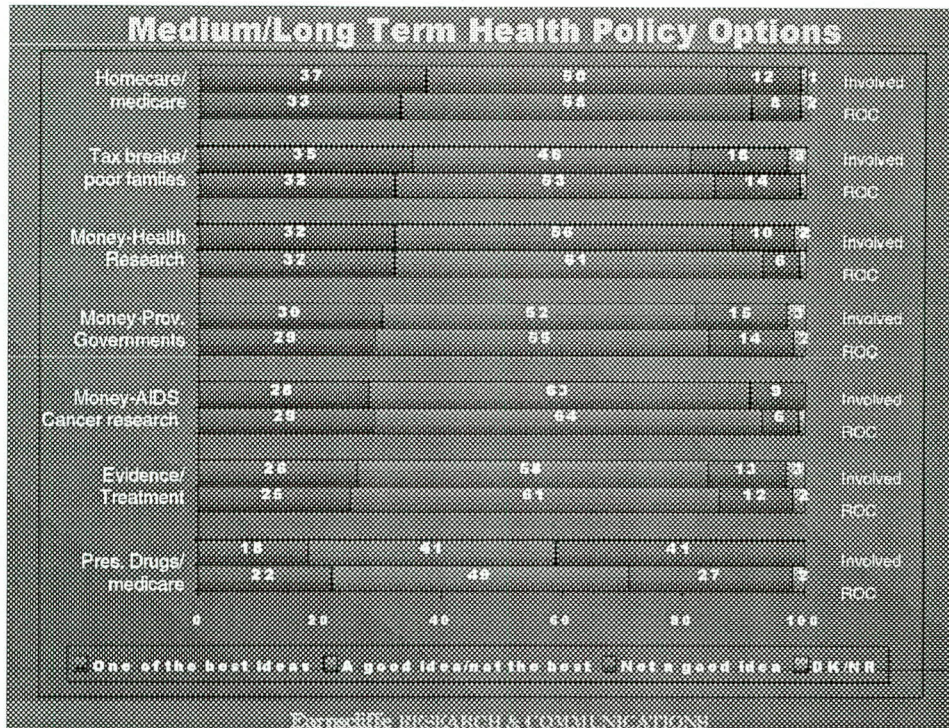
While involved Canadians are very satisfied with Canada's performance on the deficit, on most other issues they believe that the nation is losing ground. In particular, there is a widespread sense among this segment of the population that Canada is losing ground on healthcare. These results contrast significantly with the policy priorities that Involved Canadians wish government to pursue in the near term. Nine of ten believe health care is a high priority issue, a rating that far outstrips the priority placed on other issues.



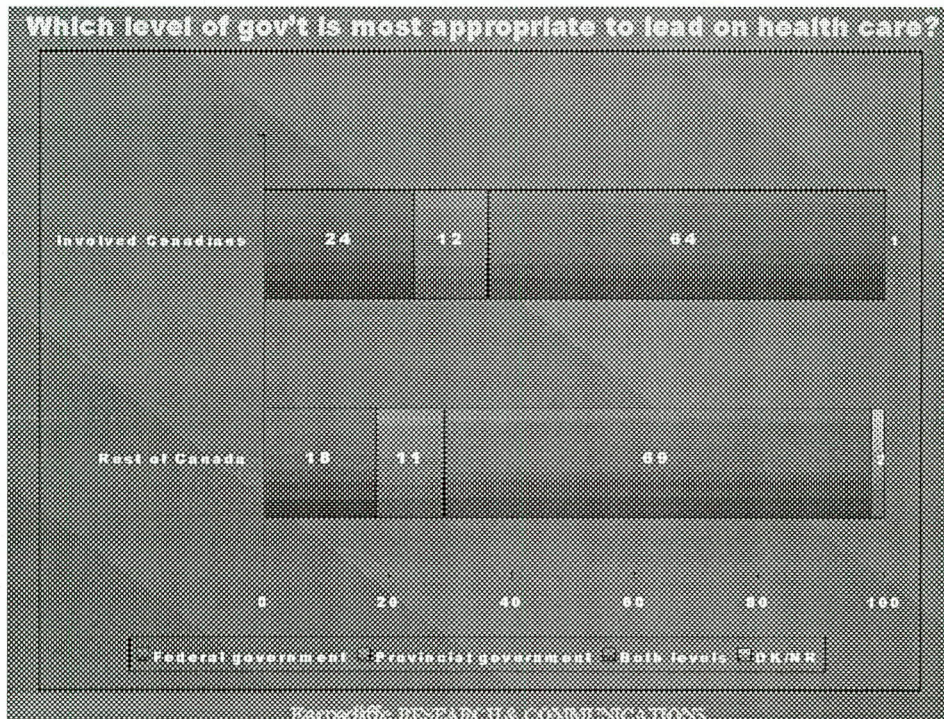
A majority of both involved Canadians and the general population believe the health care system has deteriorated over the past five years. More disconcerting are perceptions about the future of medicare. A majority of the involved Canadians segment believe the system will erode over the next five years. Given the weight assigned to health care as a priority, these results signal a need for health care renewal.

The medium term health policy ideas that resonated most strongly among this segment mirrored those of the general population. Homecare, tax breaks for poor families, and increased spending on health research all rated highly. Increased transfers to provincial governments received only moderate support among the involved Canadians segment, signalling some concern about the credibility of provincial governments on health care issues. Notably, pharmacare was rated last by involved Canadians, with lower ratings that the rest of the population.

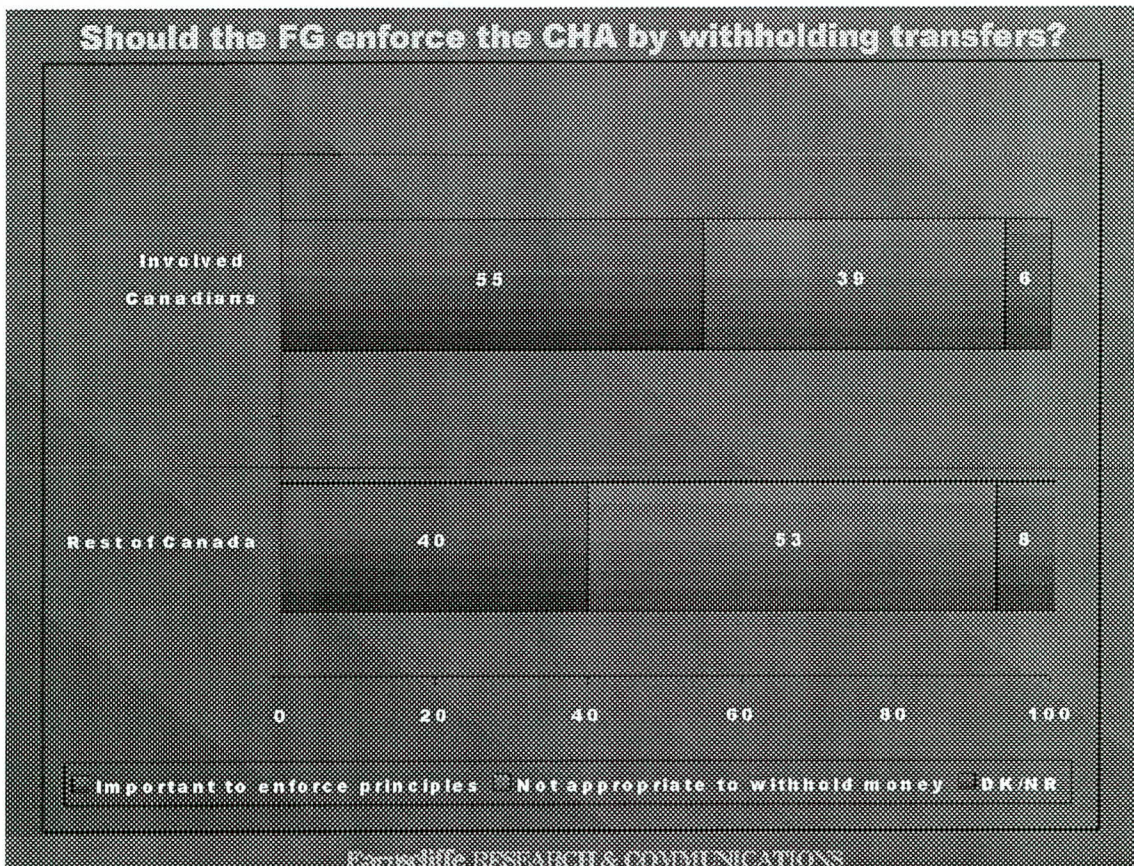




Involved Canadians give the federal government significant latitude for action on health care issues. Nine of ten assign a lead role to the federal government, either alone or in conjunction with provincial governments. One in four believe that the federal government should take the primary lead on health care, versus 12% that believe provincial governments should take the primary lead. They are most supportive of joint federal-provincial action on health care, however, and are unsympathetic to provincial complaints about federal funding.



Finally, involved Canadians demonstrated strong support for withholding federal transfers to if provinces fail to uphold the CHA. Support for this idea was 55%, 15% higher among involved Canadians than the rest of the sample.



CONCLUSIONS

There is a broadly based consensus among Canadians that Canada has growing and increasingly serious problems within its health care system. Canadians believe that these problems are contributed to by several factors, chief among them government mismanagement and diminishing resources. There is an equally broad consensus in Canada that the universal health care system should be fixed, and that health care renewal should be the first priority of both federal and provincial governments in the post-deficit era.

Universal health care is embedded within Canadians' collective sense of values, and is intrinsic to the Canadian identity. Equal access, based "on need, not ability to pay" lies at the core of these values. Value-based identification with the health care system resonated strongly in all parts of the nation, and among all major demographic groups. Respondents overwhelmingly rejected notions of a two-tier approach to health care, and were particularly negative toward the American model.

Support for universal health care is not unconditional. Canadians expect quality health care, and they are not prepared to compromise quality in exchange for a second-rate system. As quality erodes, so will consensus support for the current model. Importantly, many Canadians do not believe that such a compromise is required at this time, although some data suggests that such trade-offs may take place if current trends continue.

Canadians do not believe the health care system is unaffordable. Many Canadians believe that the system's problems are largely managerial in nature, although most concur that funding cuts have had a detrimental influence. Nevertheless, within limits and with adequate justification, Canadians appear willing to do their part to renew the system by allowing government to increase health care spending.

Canadians view both orders of government as complicit in contributing to the problems that plague the health care system. Provincial governments tend to suffer from more negative public sentiment on health care than the federal government, but both are viewed as part of the problem. Respondents did, however, clearly affirm a lead role for the federal government in finding solutions to health care problems.

There is evidence of a "leadership gap" on health care issues in Canada. There tends to be more anxiety about the future of the health system as a whole than its component parts. This suggests that there may be a "leadership gap" on health care, which may be as detrimental as specific problems within the system.

Canadians reject jurisdictional boundaries on health care. They assign responsibility for all aspects of health care to both orders of government, irrespective of constitutionally defined responsibilities. Canadians also expect their governments to address health care in a collaborative manner. Any evidence of conflict, blame, or finger-pointing between governments is likely to evoke negative public reaction toward the government(s) involved.

Many Canadians use a combination of factors to measure the performance of the health care system. Canadians tend to assign the most value to the most easily measurable “performance” factors within the health care system. Measures cited most often focus on “waiting periods” for various health services, including emergency services, elective surgery, and appointments with specialists. Many respondents believe that weakness in these areas represent the crux of the health care problem. Public anxiety about the health system tends to be greatest for care in “extraordinary circumstances” like surgery or emergency care, rather than the routine appointment with a family doctor.

Public satisfaction with the medical system itself is high, and include a very positive view of health care providers. Doctors, nurses, and others within the health care system tend not to be viewed as a source of the health care problem. Rather, they are often viewed as doing an admirable job under difficult circumstances.

A number of distinctly different near and longer term health policy initiatives received the favourable responses from Canadians. In the near term, guarantees on waiting for various services and increased spending on medical technology were viewed as potentially positive steps. Long term policy initiatives that garnered support included tax breaks for low-income Canadians, an increased commitment to homecare, and greater support for medical research.

Involved Canadians, the segment of the population that is most attuned to public affairs, exhibit opinions that underscore the depth of public concern about the health care issue. They use the health system more than other Canadians, they tend to be more concerned about and dissatisfied with it, and are more likely to resist initiatives toward tier 2 medicine. Involved Canadians are more likely to hold the federal government accountable for fixing the system, but they give the federal government significant latitude for leadership and action.

Overall satisfaction with the direction of the nation remains strong, largely due to buoyant economic conditions. Overall satisfaction with government’s performance continues, largely due to its achievements in deficit reduction. Survey results suggest that the “priority” gap between health care and deficit reduction is growing, and as Canada’s financial situation stabilizes, health care, as well as education, will become even greater priorities.