

**Ekos Research Associates Inc.** 

# SHIFTING PUBLIC PERSPECTIVES ON STRENGTHENING MEDICARE Canadians' Views of the Health Care System

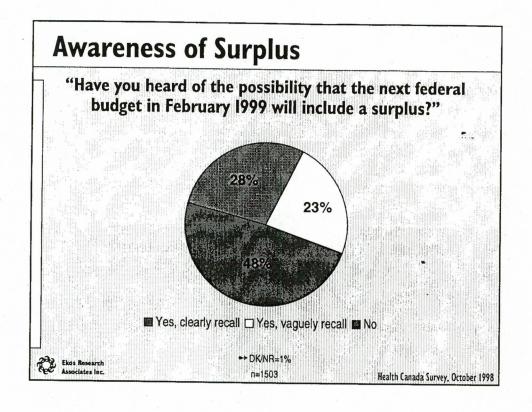
Presentation to: Health Canada

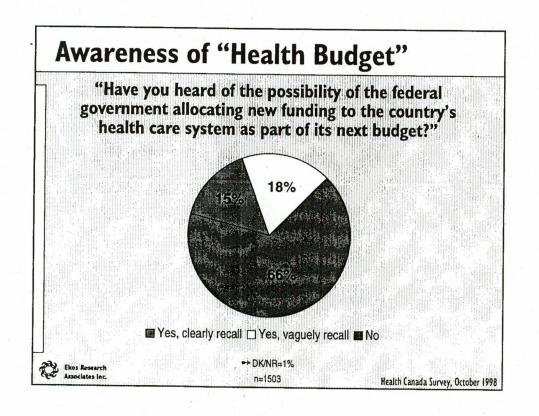
October 5, 1998

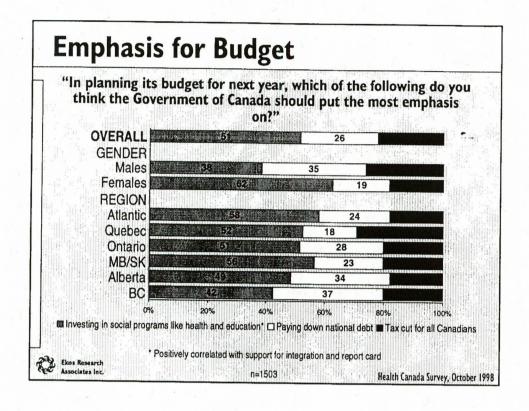
# Methodology

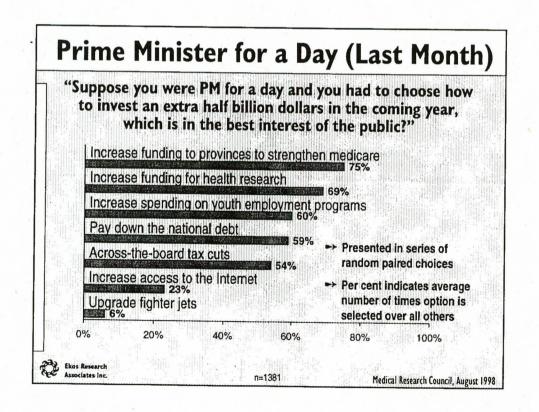
- Telephone survey conducted between September 30 and October 4, 1998
- I,503 interviews with a national random sample of Canadians aged 18 and over
- Results valid within +/- 2.5 percentage points, 19 times out of 20
- Results weighted according to age, gender and region

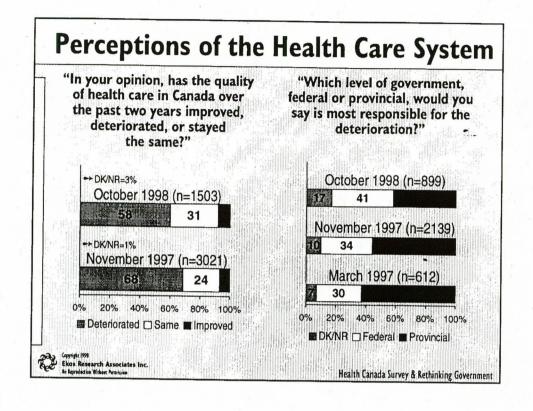


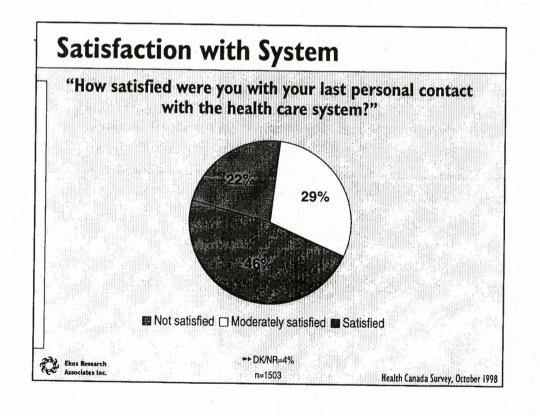






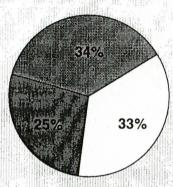






#### **Integration of System**

"Based on your personal experience, how well would you say the health care system is integrated in terms of allowing you to move quickly and easily from its different components ...?"



■ Not integrated □ Somewhat integrated ■ Well integrated

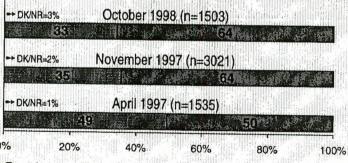


→ DK/NR±8%

Health Canada Survey, October 1998

# **Tracking Financial Stability of Health Care**

"Which of the following best reflects your own view?" 'Government puts enough money into the health care system, we just have to spend existing funds more efficiently' OR 'Government funding cuts to the health care system have gone too far, we need to put more money back into the system'



■ Enough money in health care system ■ Funding cuts have gone too far\*

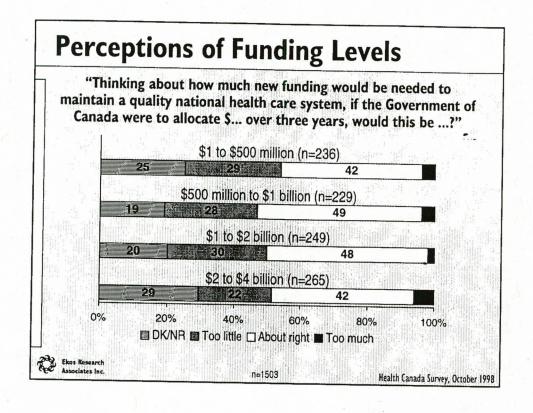
\* Positively correlated with support for integration and report card

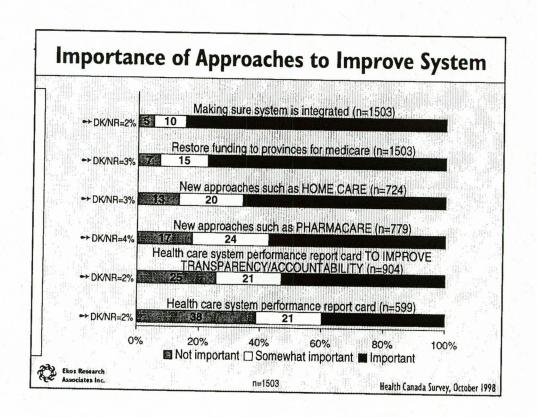
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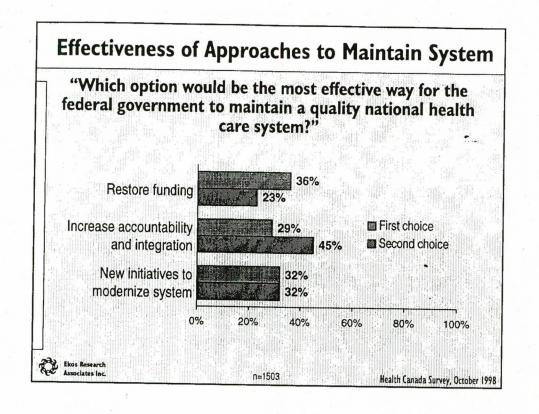
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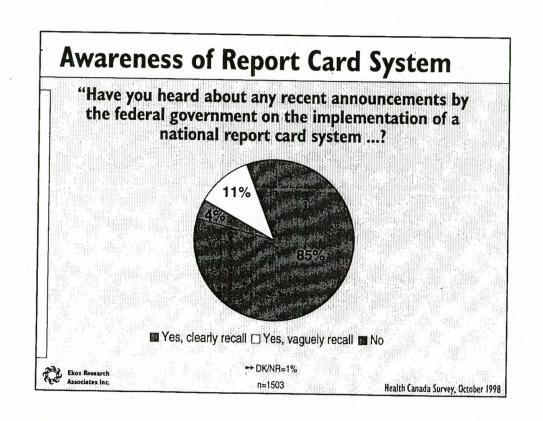
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Health Canada Survey & Rethinking Government









# Conclusions: Landscape Shifts? (a)

- Priorities for budget focus have not shifted significantly as consequence of Canadian dollar woes, market downturn and media focus on economic slow down/ shrinking fiscal surplus
- Active priorities (e.g., health and education) clearly dominant; debt and tax relief important but subordinate concerns
  - ✓ 1/2 remain focused on social investment, debt reduction is second and tax cut third (no evidence of qualitative shift in this ordering)
  - ✓ In hard tradeoffs health choices surpass debt reduction and tax cuts
    - -> highly significant gender and regional differences



# Conclusions: Landscape Shifts? (b)

- High anxieties about decline in quality persist but some evidence that perceived crisis is abating
  - ✓ 10 percentage point decline in those picking "deterioration" since last November
  - ✓ Alarm levels highest amongst women, Atlantic and lower income
- Federal and provincial governments now seen as equally to blame
  - ✓ Growing tendency to attribute deterioration to federal government
  - ✓ Unified provincial messaging may be gaining ground
  - ✓ Atlantic, Prairies, BC most critical of federal government, Quebec, Alberta, Ontario more critical of provincial government



### Conclusions: Landscape Shifts? (c)

- Personal, experiential, satisfaction outstrips macro/ system satisfaction by a large margin (22% dissatisfied versus 58% system deteriorated in past two years)
  - ✓ Alarm levels are partly vicarious and media lead
- Cumulative evidence suggests (perceived) health care crisis may be unstable and exaggerated
  - ✓ May imply growing emphasis on more rational, longer-term solutions
  - ✓ Evidence from previous research shows that deliberation, reflection and judgment shift emphasis to broader innovations (à la NFH)



#### **Conclusions: Awareness Levels (a)**

- Awareness of surplus moderately high (over I/2 claim some awareness)
- Awareness of "health budget" priority moderate to low (2/3 do not recall)
- Awareness of specific policy issues (e.g., funding levels, report card) low
- Lean (two-thirds) to "not enough" funding versus enough funding, but spend wiser
  - ✓ Stable since last year (moved from equal split two years ago)



# **Conclusions: Awareness Levels (b)**

- Funding is first in three part forced choice question and rated as important by 76% of respondents
- Other choices (viz. integration/accountability and new initiatives) also score well
  - ✓ But, in forced choice, only 37% pick funding as first choice
  - ✓ Of non-medicare funding options, people also seem to like both 1) integration/accountability stream (particularly at the level of language/ideas) and 2) new innovations (particularly home care)
  - Integration concept has surprising resonance, but clearly more work is needed to understand this appeal



### **Conclusions: Awareness Levels (c)**

- Report card generates low awareness and only moderate support (but support rises when linked to accountability theme)
- Integration and report card themes are not seen as alternatives to increased social/medicare spending, but complementary
- The answer to the question of how much immediate funding to direct to medicare is uncertain
  - ✓ Literacy levels are low, Canadians will look to spokespersons and opinion leaders to draw judgment of adequacy



## **Conclusions: Awareness Levels (d)**

- But, top-of-mind response suggests a lower rather than a higher figure
  - ✓ Highest adequacy rating goes to \$500 million to \$1 billion amount
  - ✓ Lowest rating is for the cheapest and most expensive amounts
  - ✓ May well shift as public debate matures



#### **Conclusions: Preferred Federal Responses (a)**

- Canadians expect a broader set of federal responses
  - ✓ Immediate response for calming waters should include new/restored funding to medicare, but, not just funding and perhaps not as much as thought/demanded
  - ✓ Later, balance may shift away from funding/restoration to innovations/ improvements



#### **Conclusions: Preferred Federal Responses (b)**

#### ■ Prudent response may be:

- 1) Relatively immediate medicare funding (but perhaps less than planned) with residual amount divided between
- 2) Aggressive information and integration program to promote accountability and integration
- 3) Firm commitment to develop initiatives (in concert with, and building upon provincial initiatives) to modernize the health care system using home care as showcase and linking explicitly to integration/ accountability themes

