

Cope enuue

PORG-2004-1243

3040901

B2

***Testing of Follow-Up
Materials To The 2004
First Ministers' Meeting***

Final Report

POR-04-34 / H1011-040027/001/CY

Submitted to:

Health Canada

September 2004

Ipsos

Ipsos Reid ✓

Table of Contents

BACKGROUND	1
METHODOLOGY	4
KEY FINDINGS	5
CONTEXTE	9
MÉTHODOLOGIE	13
FAITS SAILLANTS	14
DETAILED FINDINGS	20
ASSESSMENT OF ADVERTISEMENTS	23
1-800 NUMBER	30
WEB SITE	30
BROCHURE	30
PLACEMENT OF ADVERTISEMENTS	31
APPENDIX I – SCREENER	32
APPENDIX II – MODERATOR’S GUIDE	35
APPENDIX III – DRAFT ADVERTISEMENTS	40

BACKGROUND

The 2004 First Ministers' Meeting achieved agreement on a number of objectives surrounding health care. Through an ongoing dialogue between governments, patients, health care providers and Canadians more generally, a deep and broad consensus has emerged on a shared agenda for renewal of health care in Canada. This agenda is focused on ensuring that Canadians have access to the care they need, when they need it.

Foremost on this agenda is the need to make timely access to quality care a reality for all Canadians. First Ministers remain committed to the dual objectives of better management of wait times and the measurable reduction of wait times where these times are longer than medically acceptable.

First Ministers also recognize that improving access to care and reducing wait times will require cooperation among governments; the participation of health care providers and patients; and strategic investments in areas such as: increasing the supply of health professionals (e.g. doctors, nurses and pharmacists); effective community-based services, including home care; a pharmaceuticals strategy; effective health promotion and disease prevention, and adequate financial resources.

Building on the renewal agenda set out by the First Ministers' meeting held in February 2003 and the related investments, significant progress has been made and numerous efforts are underway throughout Canada and across jurisdictions to make health care more responsive and sustainable. First Ministers remain committed to achieving results, recognizing that making health care sustainable and able to adapt to the ever-changing needs of Canadians will take time, sustained commitment and adequate resources.

First Ministers agree that access to timely care across Canada is our biggest concern and a national priority. First Ministers have come together and agreed on an action plan based on the following principles:

- universality, accessibility, portability, comprehensiveness, and public administration;
- access to medically necessary health services based on need, not ability to pay;
- reforms focused on the needs of patients to ensure that all Canadians have access to the health care services they need, when they need them;

- collaboration between all governments, working together in common purpose to meet the evolving health care needs of Canadians;
- advancement through the sharing of best practices;
- continued accountability and provision of information to make progress transparent to citizens; and,
- jurisdictional flexibility.

In addition, all governments have agreed to work together on the important matter of Aboriginal health, as set out in a separate communiqué.

Other areas of consensus involved:

- Reducing Wait Times and Improving Access;
- Strategic Health Human Resource (HHR) Action Plans;
- Home Care;
- Primary Care Reform;
- Access to Care in the North;
- National Pharmaceuticals Strategy;
- Prevention, Promotion and Public Health;
- Health Innovation;
- Accountability and Reporting to Citizens; and,
- Dispute Avoidance and Resolution.

In order to communicate these results to Canadians, the Government of Canada will be placing advertisements in weekly newspapers and distributing brochures to highlight the results of the FMM and provide contact information for those who wish to explore the topic in greater detail.

Research Purpose

The research will be used to ensure that the advertisement to be placed in weekly newspapers is clearly understood by Canadians in general. Also, the focus groups will be used to identify the types of information that Canadians want and need surrounding the results of the recent FMM.

Research Objectives

The research objectives were as follows:

- Determine which of the two potential advertisements is most effective in providing basic information including where to go to get additional information about the results achieved at the FMM);
- Test the tone, language, format and approach of the advertisement; and,
- Explore additional information needs and determine the best approach for providing this information to Canadians in the short term and long term – i.e. information for the phone staff at 1-800 O Canada, for the website at Canada.gc.ca and/or a brochure.

METHODOLOGY

Six focus groups were held in Montreal, Toronto and Halifax on September 21, 2004 with members of the general population. The groups were one and a half hours in duration. Ten participants were recruited for each discussion group. Participants who were interested in the issue of health care were recruited and the groups were segmented by level of education.

Two versions of a newspaper advertisement were tested within the focus groups.

Reminder to Readers

Readers are reminded that the results from qualitative research are not statistically valid. The results reported here cannot be generalized to the target population in general. They can however, suggest the range of perceptions that exist among participants as they relate to topics discussed.

KEY FINDINGS

Overall

- Participants were generally unaware of many aspects of the recent First Ministers Agreement.
- Additionally participants exhibited a general lack of knowledge about wait list management, and health care system performance and accountability measures. Due to this lack of knowledge, participants desire additional information on how these processes will work and benefit Canada's health care system;
- For the most part, participants approved of the draft newspaper advertisement designed to inform Canadians about some of the specifics of the recent First Ministers' Meeting (FMM) agreement. There was some recognition that the FMM agreement was intended to demonstrate the following:
 - A federal/provincial/territorial new action plan to improve health care in Canada.
 - A willingness on the part of the federal, provincial, territorial government to co-operate in a new way on health care; and,
 - A new accountability on the part of provincial/territorial governments with regard to the way that they spend their health care dollars.
- Participants, particularly those with a higher level of academic attainment desired more information on how the priority areas of care, performance and accountability measures will be structured, implemented and monitored;
- Until they understand how these aspects of the agreement are meant to work, or until they are able to see some results, many participants are unlikely to fully appreciate the intention of the FMM agreement. In the meantime, some participants may fill this information gap with traditional cynicism about governments and government promises.
- Generally, most participants preferred the longer version of the draft newspaper advertisement and felt the shorter version lacked detail. Given their low awareness of the specifics of the recent FMM agreement, participants approved of the additional detail provided within the longer version.
- However, the shorter version of the advertisement was recognized by some participants as more easily readable: concise and to the point. These participants demonstrated an inclination towards seeking out additional information via the web site.

Key Recommendations

The research findings suggest the following recommendation:

- Use the longer version of the advertisement;
- Regardless of which version is used, the contact information and the availability of additional information and/or a full copy of the agreement should be given more prominence through bolder fonts and/or placement within the advertisement;
- Regardless of which version of the advertisement is used, both need to have “medical/health care community language” converted in lay terms that use plain English.
- Graphics: The images could be improved by:
 - Ensuring that Canadian diversity is reflected in the images used in the advertisement;
 - Removing the third image: The woman sitting alone. Replace it with either another image altogether, or one in which she is seen with a health care professional;
 - The addition of an image that suggests healthy living. The current images do not suggest health living or preventative health care; and,
 - The use of colour (if possible) to boost visual appeal.
- Title of Advertisement
 - “Better Health Care for Canadians”- this phrase was regarded as a key way to draw the reader in. The font size should equal if not exceed that of “A 10-Year Plan”;
 - Include mention of the 41 billion dollars for health care;
 - [Quebec advertisement] Find a way to refer to the Quebec specific accord, or make it clear that province specific information is available upon request; and,
 - Describe the plan in a consistent manner: “New”, “10-Year” or “Action”.
- Key Priority Areas
 - Introductory sentence: Remove the words “Working Together”. Instead, either leave the remaining part of the sentence as is, or lead in with “As a result of the First Ministers’ Meeting...”
 - Bullets – They are regarded as too brief in the short version of the advertisement and neither version uses terms that are understandable to lay people. Instead, use lay language and plain English/French terminology.

- **Accountability Section**
 - “For the first time,…….”: This preamble introduces the specifics of provincial and territorial accountability and as is, it carries a somewhat negative connotation. Specifically, it suggests inaction on the part of the governments in the past. Participants felt the preamble could be enhanced by the:
 - Removal of the phrase “ For the first time”;
 - Insertion of an introduction to this section “Accountability” or “How accountability will work”.
 - Role of the federal government: As a guardian or overseer of Canada’s health care system and not simply as a source of additional health care funds. Also, as the organization to which the provinces/territories are accountable with regard to their health care spending;
 - Remove “All governments” and replace it with federal, provincial and territorial governments.
- **Bullets:** Again the message of accountability is obscured by medical and health care community specific language. This was particularly problematic in Montreal. Participants felt that this section should be re-written using lay terms and plain English/ French.
 - Comparable Indicators: Replace with something similar to “National Standards”. Replace the word jurisdiction with provinces and territories;
 - Benchmark/Jalons: This is again a term that most participants did not understand. This term should be converted into lay terms such as something like “Maximum Wait Times” for example. The terminology “Evidence-based” is also confusing to the participants.
 - Targets: The first part of the sentence is confusing and many participants felt that the latter part of the sentence contains the main point. Montreal participants did not understand the term “pluriannuels”. Also, the bullet lacks conciseness on the key point of provincial and territorial accountability. Some felt that the first part of the sentence could be eliminated, or at the very least, jurisdictions could be replaced with provinces and territories;
- “Now Canadians can see....making a difference”. Remove the words “Now and can”. Replace “can” with “will”. Participants did not understand the logic behind the bolding. Some felt that this key point could be moved up into the title box. Montreal groups did not think it was credible because of the word “personnellement”;
- **Contact Information:** Boost the visual appeal through increased font size. Provide a clearer indication of what Canadians can expect to obtain if they go to the web site. Invite the readers to access additional information via the 1-800 number or the web site;

- Web site, 1-800 numbers and brochures: (Web site/1-800) Participants expect to be able to obtain information on how to access a full copy of the agreement, province/territory specific information and answers to enquiries of a more personal medical nature. Have brochures available for order via the 1-800 line, or as a download on the web site. Participants favoured a direct link to the agreement, rather than having to click multiple times to get to the information.
- Participants preferred the web site to the 1-800 line. 1-800 line suffers an image problem among the participants – they felt that they would not be able to talk to a real person.

CONTEXTE

Lors de leur réunion de 2004, les premiers ministres se sont entendus sur un certain nombre d'objectifs en matière de soins de santé. Un dialogue permanent entre les gouvernements, des patients, des fournisseurs de soins et plus généralement, les Canadiens et les Canadiennes, a donné lieu à un profond et vaste consensus sur un programme commun de renouvellement du système de santé au Canada. L'objet principal de ce programme est de veiller à ce que les Canadiens et les Canadiennes aient accès aux soins dont ils ont besoin quand ils en ont besoin.

D'abord et avant tout, ce programme reflète la nécessité de faire de l'accès en temps opportun à des soins de qualité une réalité pour toute la population canadienne. Les premiers ministres s'engagent à réaliser le double objectif de cette stratégie : mieux gérer les temps d'attente et les réduire de façon mesurable lorsqu'ils dépassent le délai médicalement acceptable.

Les premiers ministres reconnaissent également que l'amélioration de l'accès et la réduction des temps d'attente exigera la collaboration entre les gouvernements, la participation des fournisseurs de soins et des patients ainsi que des investissements stratégiques dans des domaines comme l'accroissement de la réserve de professionnels de la santé (p. ex. des médecins, des infirmières et des pharmaciens), des services communautaires efficaces, y compris des soins à domicile, une stratégie pour les produits pharmaceutiques, la promotion de la santé et la prévention des maladies, et des ressources financières appropriées.

Partant du programme de renouvellement établi par les premiers ministres lors de leur rencontre de février 2003, et grâce aux investissements connexes, des progrès importants ont été réalisés et de nombreuses activités sont en cours au Canada et dans les provinces et territoires pour faire en sorte que le système de santé soit mieux adapté et plus viable. Les premiers ministres maintiennent leur engagement à obtenir des résultats, tout en reconnaissant que pour rendre les soins de santé viables et capables de s'adapter aux besoins sans cesse changeants de la population canadienne, il faudra du temps, un engagement soutenu et des ressources appropriées.

Les premiers ministres conviennent que l'accès à des soins en temps opportun dans tout le Canada constitue notre plus grande préoccupation et une priorité nationale. Ils se sont réunis et ont convenu d'un plan d'action fondé sur les principes suivants :

- Universalité, accessibilité, transférabilité, intégralité et gestion publique;
- Accès à des services médicalement nécessaires fondés sur le besoin et non pas sur la capacité de payer;
- Réformes axées sur les besoins des patients afin de veiller à ce que tous les Canadiens et les Canadiennes aient accès aux services de santé dont ils ont besoin, quand ils en ont besoin et où ils en ont besoin;
- Collaboration entre tous les gouvernements qui travaillent ensemble dans un but commun qui est de répondre aux besoins changeants de tous les Canadiens et Canadiennes en matière de soins de santé;
- Réalisation de progrès par la mise en commun des pratiques exemplaires;
- Reddition de comptes et transmission d'informations en permanence aux Canadiens et aux Canadiennes afin de les renseigner sur les progrès accomplis; et
- Allocation d'une certaine souplesse aux provinces et aux territoires.

En outre, tous les gouvernements ont convenu de travailler ensemble sur la question importante de la santé des Autochtones, comme il est établi dans un communiqué séparé.

Au nombre des autres questions ayant fait l'objet d'un consensus, mentionnons :

- La réduction des temps d'attente et l'amélioration de l'accès;
- Des plans d'action stratégiques concernant les ressources humaines dans le secteur de la santé;
- Les soins à domicile;
- La réforme des soins primaires;
- L'accès aux soins dans le Nord
- Une stratégie nationale relative aux produits pharmaceutiques;
- La prévention, la promotion et la gestion de la santé publique;
- L'innovation dans le domaine de la santé;
- Le rapport aux Canadiens et aux Canadiennes; et
- La prévention et la résolution des différends.

En vue de communiquer ces résultats aux Canadiens et aux Canadiennes, le gouvernement du Canada diffusera des publicités dans des journaux hebdomadaires et

distribuera des brochures qui présenteront les grandes lignes de la réunion des premiers ministres et donneront aux personnes qui désirent approfondir le sujet les coordonnées des ressources auxquelles elles ont accès.

But de l'étude

L'étude sera utilisée pour faire en sorte que les Canadiennes et les Canadiens en général comprennent bien la publicité qui sera publiée dans des journaux hebdomadaires. Les groupes de discussion serviront également à déterminer le type de renseignements que la population canadienne désire et dont elle a besoin concernant la réunion des premiers ministres.

Objectifs de l'étude

Les objectifs de l'étude étaient les suivants :

- Déterminer laquelle des deux publicités proposées est la plus efficace pour communiquer les principaux renseignements sur les résultats de la réunion des premiers ministres, y compris les ressources pour obtenir plus de détails;
- Tester le ton, le langage, le format et l'approche de la publicité; et
- Explorer les autres besoins en renseignements et déterminer la meilleure approche à court terme et à long terme pour communiquer ces renseignements à la population, c.-à-d. par l'entremise d'un numéro 1 800 O Canada, du site Web Canada.gc.ca et/ou d'une brochure.

MÉTHODOLOGIE

Le 21 septembre 2004, six groupes de discussion grand public ont eu lieu à Montréal, Toronto et Halifax. Les rencontres ont duré une heure et demie. Dix participants qui s'intéressaient à la question des soins de santé avaient été recrutés pour former chacun des groupes de discussion, segmentés selon le niveau de scolarité.

Deux versions d'une publicité pour les journaux ont été testées dans le cadre de ces rencontres.

Rappel aux lecteurs

Nous désirons rappeler aux lecteurs que les résultats d'une étude qualitative ne sont pas valables sur le plan statistique. Les résultats présentés ici ne peuvent pas être étendus à la population cible en général. Ils peuvent néanmoins suggérer la nature des perceptions que l'on observe chez les participants en ce qui concerne les sujets discutés.

FAITS SAILLANTS

Dans l'ensemble

- De manière générale, les participants ignorent un grand nombre d'aspects de la récente entente entre les premiers ministres.
- En outre, ils affichent un manque général de connaissance en ce qui concerne la gestion des listes d'attente, les mesures du rendement du système de santé et les mesures de reddition de comptes. En raison de ce manque de connaissance, les participants souhaitent obtenir d'autres renseignements sur le fonctionnement de ces processus et en quoi ils seront avantageux pour le système de santé du Canada;
- La majorité des participants approuvent l'ébauche de publicité pour les journaux conçue pour informer la population canadienne sur certains éléments de la récente entente entre les premiers ministres. Les participants reconnaissent dans une certaine mesure que la réunion des premiers ministres avait pour but d'annoncer ce qui suit :
 - Un nouveau plan d'action fédéral/provincial/territorial pour améliorer les soins de santé au Canada.
 - Une volonté de la part des gouvernements fédéral, provinciaux et territoriaux de mettre en place un nouveau genre de collaboration dans le domaine des soins de santé; et
 - Un nouveau type de reddition de comptes de la part des gouvernements fédéral/provinciaux/territoriaux en ce qui concerne la façon dont l'argent de la santé est dépensé.
- Les participants, surtout les plus scolarisés, souhaitent obtenir davantage de renseignements sur la façon dont les mesures prioritaires que sont les soins, le rendement et la reddition de compte seront structurées, mises en place et surveillées.
- Il est probable qu'un grand nombre de participants n'apprécieront pas pleinement la finalité de l'entente entre les premiers ministres avant d'avoir compris comment les aspects de l'entente sont censés fonctionner ou avant de voir des résultats. Dans l'intervalle, il est possible que certains d'entre eux combrent ce manque d'information en affichant le cynisme traditionnel à l'égard des gouvernements et de leurs promesses.
- De manière générale, la majorité des participants préfèrent la version longue de la publicité et sont d'avis que la version courte manque de détails. Compte tenu de leur connaissance limitée des détails de la récente entente entre les premiers ministres, les participants approuvent les détails supplémentaires inclus dans la version longue.
- Cependant, certains participants estiment que la version courte de la publicité est plus facile à lire; elle est concise et va droit au but. Chez ces participants, on

observe une tendance plus marquée à consulter le site Web pour obtenir des renseignements supplémentaires.

Principales recommandations

Les résultats de l'étude donnent lieu aux recommandations suivantes :

- Utiliser la version longue de la publicité;
- Peu importe la version utilisée, une importance accrue devrait être accordée aux sources d'information et à l'offre de renseignements supplémentaires et/ou de diffusion d'une copie complète de l'entente par l'utilisation de caractères gras et/ou de la disposition des éléments de la publicité;
- Peu importe la version de la publicité utilisée, il faudra opter pour un langage de tous les jours plutôt que pour un langage médical/de soins de santé.
- Éléments graphiques : Les images pourraient être améliorées :
 - En faisant en sorte que celles utilisées dans la publicité reflètent la diversité canadienne;
 - En enlevant la troisième image (la femme assise seule) pour la remplacer par une toute nouvelle image ou par une image montrant la femme avec un professionnel de la santé;
 - Par l'ajout d'une image qui suggère un mode de vie sain. Les images actuelles ne suggèrent pas un mode de vie sain ou des soins de santé préventifs; et
 - Par l'utilisation de couleurs (si possible) pour rehausser l'aspect visuel.
- Titre de la publicité
 - « De meilleurs soins de santé pour les Canadiens et les Canadiennes » - cette phrase est perçue comme un élément clé pour attirer l'attention du lecteur. La taille du caractère devrait être égale sinon supérieure à celle de « Un plan de 10 ans »;
 - Inclure la mention de 41 milliards de dollars pour les soins de santé;
 - [Publicité pour le Québec] Trouver une façon de parler de l'accord spécifique au Québec, ou indiquer clairement que les renseignements particuliers sur cette province sont disponibles sur demande; et
 - Décrire le plan de façon cohérente : « Nouveau », « 10 ans » ou « Action ».
- Secteurs clés prioritaires
 - ☞ Phrase d'introduction : enlever les mots : "Working Together". et laisser le reste de la phrase tel quel ou la faire précéder de la mention « À la suite de la réunion des premiers ministres... » [THIS IS NOT RELEVANT IN FRENCH SINCE THERE IS NO WORKING TOGETHER IN THE FRENCH TEXT]
 - ☞ Liste à puces – Les participants sont d'avis que la liste est trop brève dans la version courte de la publicité et aucune des deux versions n'utilise des termes

compréhensibles par le commun des mortels. Il faudrait plutôt utiliser une langue anglaise/française de tous les jours.

- Section sur la reddition de comptes
 - « Pour la première fois,... » : Ce préambule introduit les éléments précis de la reddition de comptes pour les provinces et les territoires et, tel que formulé, il a une certaine connotation négative. En particulier, il suggère l'inaction des gouvernements dans le passé. Les participants sont d'avis que ce préambule pourrait être amélioré :
 - En enlevant la phrase « Pour la première fois »;
 - Par l'ajout d'une introduction à cette section sur la « Reddition de comptes » ou « Comment fonctionnera la reddition de comptes ».
 - Rôle du gouvernement fédéral : gardien ou surveillant du système de santé au Canada et non pas simplement source de fonds supplémentaires pour la santé. Aussi, comme organisation à laquelle les provinces/territoires doivent rendre des comptes en ce qui a trait aux dépenses en santé;
 - En enlevant « Tous les gouvernements » pour le remplacer par les gouvernements fédéral, provinciaux et territoriaux.
- Liste à puces : Encore une fois, le message sur la reddition de comptes est obscurci par un langage propre à la communauté médicale et de la santé. On observe ce problème particulièrement à Montréal. Les participants sont d'avis que cette section devrait être réécrite en langage de tous les jours, en anglais/français simple.
 - Indicateurs comparables : les remplacer par quelque chose qui ressemble à « Normes nationales ». Remplacer le mot compétence par provinces et territoires;
 - Jalons : il s'agit encore une fois d'un terme que la plupart des participants ne comprennent pas. Il devrait être remplacé par des termes plus simples, par exemple « Temps d'attente maximum ». L'expression « données probantes » prête aussi à confusion pour les participants.
 - Établissement d'objectifs pluriannuels : La première partie de la phrase prête à confusion et un grand nombre de participants sont d'avis que c'est la dernière partie de la phrase qui contient l'idée principale. Les participants de Montréal ne comprennent pas le terme « pluriannuels ». En outre, la puce sur la reddition de comptes par les provinces et les territoires manque de concision. Certains participants sont d'avis que la première partie de la phrase pourrait être supprimée ou qu'on devrait à tout le moins remplacer le terme compétence par les termes provinces et territoires;
 - « Les Canadiens et les Canadiennes peuvent maintenant constater... et les résultats déterminants qu'ils produisent ». Enlever les mots « Maintenant et peuvent » Remplacer « peuvent constater » par « constateront ». Les participants ne comprennent pas le sens des caractères gras. Certains sont

d'avis que ce principal point pourrait être déplacé dans la boîte de titre. Les groupes de Montréal ne le trouvent pas crédible en raison du mot « personnellement »;

- Ressources pour obtenir des renseignements : Rehausser l'aspect visuel en utilisant un plus gros caractère. Donner une indication plus claire de ce à quoi les Canadiens et les Canadiennes peuvent s'attendre en allant sur le site Web. Inviter les lecteurs à obtenir des renseignements supplémentaires par l'entremise du numéro 1 800 ou du site Web;
- Site Web, numéros 1 800 et brochures : (site Web/1 800) Les participants s'attendent à pouvoir obtenir des renseignements sur la façon d'accéder au texte intégral de l'entente, des renseignements précis sur les provinces/territoires et des réponses à des demandes plus personnelles d'ordre médical. Offrir la possibilité de commander les brochures par l'entremise de la ligne 1 800 ou en les téléchargeant sur le site Web. Les participants privilégient un lien direct vers l'entente plutôt que d'avoir à cliquer plusieurs fois pour obtenir l'information.
- Les participants préfèrent le site Web à la ligne 1 800. La ligne 1 800 souffre d'un problème d'image parmi les participants – ils ont l'impression qu'ils ne pourront pas parler à une vraie personne.

DETAILED FINDINGS

Awareness and Knowledge of First Ministers' Agreement

Initially, many participants lacked awareness of the specifics of the FMM agreement. Additionally, they often doubted that the federal/provincial/territorial governments would deliver on key health care priority areas as promised in the agreement. Further impeding their understanding and acceptance of the recent agreement was their lack of knowledge about health care system performance and accountability measures.

Often, when participants did not understand the overall concepts of priority health care areas, performance and accountability measures, they defaulted to often-expressed views of cynicism with politicians and bureaucrats. That said, it was evident during the group discussion that they approved of the priority areas and accountability on the parts of the provincial and territorial governments. However, many participants will await evidence that the agreement has been implemented and has yielded some results.

In Nova Scotia, they did not express a great deal of faith in their provincial governments' willingness or ability to properly use the new federal funds, or to be actually held accountable for how they use federal funds or meet the targets.

"In reality, smaller provinces aren't as able to manage as well as larger provinces [the provinces/territories]."

"Just because we are getting more money- it doesn't mean they will be accountable."

In Montreal, participants expressed the same cynicism about the federal and provincial agreement and process. Additionally complicating the assessment of the draft advertisements was the participants' sense that health care is a provincial matter. When made aware of the separate Quebec agreement, participants felt that this was a very relevant fact to be brought out in any newspaper advertisement aimed at Quebec.

"Ce n'est pas le fédéral qui va mettre tout cela en application, c'est le provincial."

In Toronto, reactions to the recent First Ministers' Agreement were impacted not only by the same low awareness of the recent First Ministers' Meeting, but also by the participants' perceptions of the Ontario government's recent re-introduction of health care premiums. The participants in the lower education group had no pre-existing awareness or knowledge of the agreement (aside from one older participant). That said they generally thought that a FMM agreement was a hopeful sign and inspired optimism. However, there was some evidence of cynicism about delivery on all these fine promises.

Additionally, like many participants in Nova Scotia, participants in Montreal and Toronto *felt that the draft advertisement did not adequately address the role of the federal government.* In the case of Nova Scotia, this was most often seen as federal overview and monitoring of equality of access and the universality of health care.

"[Role of federal government is] To provide oversight and guarantee equality of access and availability of health care."

Following the discussion about the draft newspaper advertisements, participants were once again asked to assess the potential impact of the FMM agreement on Canada's health care system. At that point, several participants provided significantly higher scores to the potential impact of the FMM agreement on Canada's health care system. This was particularly true of participants who knew very little about the agreement. Others, particularly those with a higher level of academic attainment before the discussions, appreciated the additional detail on the agreement, but were desirous of additional information on the specifics of the agreement (e.g.: mechanism for implementing priority areas, division of funds by province and year).

"[The governments] They have realized that the health system needs to be improved."

"I raised my score because the advertisement clarified the agreement and as we discussed, it started to make more sense and I was able to evaluate it."

"I learned that the governments have established reporting."

In Toronto, it was evident that the overall storyline of the advertisements was lost on participants. To them, the main message of the advertisement was the new money, not the accountability measures. Therefore, the closing line made no sense to them.

ASSESSMENT OF ADVERTISEMENTS

Overall

The majority of participants felt that the longer version of the advertisement does a better job of helping readers understand the recent First Ministers' Agreement. In Halifax, most participants felt that it contains just the right amount of information and did not feel that anything more should be added. The shorter version, while seen as concise by some, was often seen as vague, or something they had seen before. For most, the longer version did a better job of providing them with new information and introducing the concept of provincial/territorial accountability for how their health care dollars are spent – a concept that participants strongly approved of.

"They have finally come to an agreement."

"This advertisement explains a lot more – there is a lot more detail."

"This ad is more informative – has better details."

"The federal government did a good job – came up with 41 billion."

In Montreal, most participants understood the advertisement was intended to inform the public about the FMM agreement, but some felt that it could be seen as a political tool for the federal government. Additionally, like groups in the other cities, they were uncertain about how the money would be allocated and how the plan to improve the health care system (i.e.: decrease wait times) would be achieved.

"The proof will be in the pudding."

Most participants in both educational groups felt that the longer version was better: more informative, more credible, and easier to understand. That said, it was felt that even the longer version could have been more detailed and informative (maybe this could have been addressed had the ad made it more clear that calling the 1-800 line or going to web site would provide that additional detail). Additionally there was also a feeling that there is insufficient detail to gauge credibility (this was unaccompanied by thought that this detail would likely be available on web site/desire to look for it there).

Similar to Halifax, Toronto participants within the high education groups were somewhat more aware and engaged about the recent FMM agreement. That said, while some felt that agreement did not talk about anything particularly new (participants felt that priority areas of health care have already been identified), they offered less commentary about the new accountability mechanisms built into the agreement. In part, this can be attributed to their inability to fully understand what this section is meant to convey.

In Halifax, most participants felt that the longer version of the advertisement provided them with enough information for now. The type of information they will be interested in will be the performance results and evidence that the agreement is starting to work.

Like the shorter version of the advertisement, participants felt that much of the “medical/health care community specific” language and terminology should be replaced by with lay terms in plain English.

"Il y a plus de détails que l'autre pub. Certains mots pourraient être changés. Mettre plus simple ou plus concret."

Most participants felt that one graphic should be replaced (details below) and the font size and visual appeal of the advertisement enhanced.

Pictures

In Montreal, the participants approved of the pictures used at the top of both of the advertisements. In Halifax, many participants felt that the third graphic of the older woman suggested someone who has been left alone and unattended. Instead, they felt that a health care professional should be included in the picture. Other comments about the graphics include:

- Blood Pressure: Illustrates a patient receiving a health care service and the patient is smiling;
- Young child and doctor: A personal and caring health care system. The health care professional is down at the level of the child;
- Older woman: The image was not clear. Participants had mixed views about this image. Some liked it, while others felt that it could be improved by adding a health care professional. In Halifax, participants felt that it is important that the needs of the elderly or terminally ill (image suggest palliative care for some participants) be dealt with. In Toronto, participants suggested that, contrary to the information on

shorter waiting times, this was a picture of someone waiting for health care services;

- Hand on shoulder: Suggests comfort and a caring health care system.

In addition to the comments about the image involving the woman sitting alone, participants in Toronto felt that the images lacked cultural diversity.

"They're all white people"

Title

Participants approved of the title, but felt that the font size for "Better Health Care for Canadians" should be promoted to that of "A Ten Year Plan" or that the font sizes should be reversed. Some participants felt that would increase the visual appeal and importance of the advertisement. In Montreal and Toronto, participants felt that the title should address the agreement and the amount of money involved.

"The 10-year plan gets my attention."

"If I saw the first line light up - I would be more likely to read it."

"The title suggests that the agreement is over time and progressive."

"It's going to take time to see changes."

"Ten years? Does that mean we won't see improvements until then?"

In Halifax participants, felt the terminology used to describe the plan should be consistent. Is it new, an action plan or a 10-year plan? Many participants debated the difference between the words "plan" and "commitment". As a result, they tended to approve of the term plan. Having said that, they felt that the term "Action Plan" was important. Others felt that "new plan" was also important. In the end, most agreed that Health Canada should choose a term to consistently describe what type of plan it is. Ten-year action plan tended to be approved of. In Montreal, participants thought the notion of "commitment" should be stronger. Perhaps it is not enough to say we have a "Plan" - it is important to say we will do this. A few participants in Toronto suggested that a 10-year plan was unrealistic given the governments and spending priorities would change within that time.

Priority Areas

"Working together,lead to better health care for all Canadians." Generally, participants approved of this sentence. However, some participants felt that "Working together" was inaccurate given all the public disagreements that took place between the federal/provincial/territorial governments during the conference. Instead, many felt that it would be more accurate to say "As a result of the First Minister's Conference, the Prime Minister and the Provincial and Territorial Leaders...."

"Working together - that makes me laugh – they were fighting for two days."

Participants approved of the 10-year plan and many felt that it suggests a progression toward improved access to care, quality of care and continuity. However, in Montreal participants thought the 10-year period was too long.

The \$41 billion figure was met with approval; though many participants questioned how it would be divided up between the provinces and across the years.

Participants also approved of the phrase "better health care for all Canadians". For many participants this affirms equality to access and the universality of health care in Canada.

Generally, participants approved of the bullets within this section and particularly the additional information provided in the longer version of the advertisement. Many participants felt that the additional information provided in the sub-bullets was "just the right amount" of information on these priority areas.

"Sounds good to me – especially reducing wait times."

However, there were problems with terminology used within this section. Specifically, some of the terminology is not in lay terms and is more suited for the medical and health care community – in other words "health care speak". Areas of specific concern include:

- Interdisciplinary training (They do not understand this terminology and would like to see lay terms or plain English used);
- Credentialing health care professionals – Several participants questioned whether "credentialing" is actually a word. Others felt that if this statement is meant to deal with the accreditation of foreign trained physicians – that it was important to say so.

Either way, almost all participants felt that lay terms and plain English should be used within this bullet. Further, several participants said this bullet did not address the retention of health care professionals.

- Improve access to Family and Community Care: Participants did not understand “multi-disciplinary teams” – they could guess, but they felt that they had no way of knowing what this meant. Again, lay terminology and plain English were preferred.

"I don't think credentialling is a word – what does this mean"?

"There is nothing here about how we are going to keep the doctors and nurses we have."

"I don't know what multidisciplinary means."

Accountability Section

Participants felt that the section on accountability does not adequately lay out and explain the concept of provincial/territorial accountability or the role of the federal government. This section in the shorter version of the advertisement was regarded as especially cryptic.

"Provinces and territories have to tell the federal government how they are using the money – can't be used on roads or lawn mowers."

[Short version]" C'est très déclaratif. Ça ne m'aide pas à comprendre l'entente. J'aimerais avoir plus d'informations."

"Federal government provides oversight to ensure we have equality of access and quality of care."

Participants generally approved of the accountability aspects of the FMM agreement. However, their approval of the accountability measures is accompanied by an expectation that they will be able to see results and progress, and gauge where their province sits in relation to others.

Some participants felt that the accountability concept could be dealt with through a title, a stronger preamble or a title in the form of a question “How provincial/territorial accountability?” The preamble should not start with the words “For the first time” – as this suggests inaction on the part of governments in the past. Also participants said not

to use "all governments"- instead, set out each specific level – federal/provincial/territorial.

Common to all participants and regardless of the level of academic attainment was the perception that the terminology used within the bullets was not understandable. More specifically:

- Comparable indicators: They approved of the access areas. However, few understood what "Comparable indicators" meant in either English or French. If this is meant to suggest "National Standards" then say so. Further problems with this bullet include:
 - "Each jurisdiction". Often participants asked what this meant. If it means the provinces and territories, they felt that it should say so.
 - Comparable indicators – Again, they did not understand this terminology- use standards instead;
- Benchmarks: Participants agreed with the priority care areas set out in this bullet. Again, while there was some understanding among the higher educated participants for the term benchmarks, they too agreed that lay terms and plain English should be used within this bullet. Additional concerns include:
 - Benchmarks/Jalons: Many participants felt that this terminology would not be understood by the average reader – e.g.: Maximum wait times;
 - Evidence-based: Participants did not understand what this term is meant to convey.
 - Medically acceptable wait times: A few participants were unsure as to how this would be determined;
- Targets: Many participants approved of the accountability aspect of this bullet and the provincial annual report mechanism on the progress made in meeting targets. However, participants expressed concern about different aspects of this bullet. More specifically:
 - Overall ability of individual provinces to determine their own benchmarks;
 - The importance of provincially specific targets (Within means of provincial health care system);
 - Use of individual benchmarks, continued equality of care for all Canadians and disparity between "have" and "have not" provinces;
 - Multi-year targets – Often, participants did not understand the mechanisms of multi-year targets (e.g.: Targets achieved over a number of years, or evolving targets over a number of years);
 - Priority benchmarks for each jurisdiction: Participants were not comfortable with the terms "benchmarks" or "jurisdiction".

"I don't know what jurisdiction means – change it to provinces and territories"

"Targets – I'm lost."

"[Targets]" Means they aren't just putting out a 10- year plan – in the meantime there will be shorter – term plans and annual reports."

"They say that they are going to benchmark – I might file that in the back of my head and later see how Ontario is doing."

- "Now Canadians can see for themselves.... making a difference" Participants generally approved of this statement and a few felt that it could be moved up into the title box. Montreal participants didn't believe the statement because of the word "personnellement". They doubted their personal ability to see results.

"Put this question in future tense and use the word will."

In Toronto given that neither group followed the "storyline" of the advertisement" - agreements, commitments, measuring success - the sentence "Now Canadians can see where health dollars are going." was problematic especially the word "now". Several participants in Halifax shared this view.

Contact Information

Generally, participants approved of the contact information, but felt that it could be boosted in terms of font and placement. Some participants felt that the contact information should be moved up in shorter version of the advertisement. Moreover, participants in Toronto were not sure what type of information would be available were they to call the 1-800 line or visit the web site.

1-800 NUMBER

Similar to the findings of other qualitative research initiatives, many participants indicated that they are reluctant to use the 1-800 number. Often this is not attributable to the subject matter under consideration, but rather to the common perception that the toll free line would mean that one would not access a real person and instead would be left pushing a menu of buttons for pre-recorded information.

"I would expect a general '(if you'd like press 1)'."

- If they were to call the toll free line, participants felt they would be interested in the following:
 - The specifics of the FMM agreement;
 - Specifics about the priority and accountability measures – how they would be structured, implemented and tracked;
 - Regional considerations and in a year, data comparing the progress made in different parts of Canada; and,
 - Information about a specific personal concern (e.g.: information on how to access health care programs and services in their community).

WEB SITE

Generally, participants expressed more interest in accessing additional information (as set out above) via the web site. They also see the web site as a convenient means of downloading a brochure on the FMM agreement. Several participants indicated that they were not interested in having to click through several screens to reach additional information on the FMM agreement. Some participants indicated that they would seek information about specific resources they need on a personal level. In Toronto, only a few participants said they would visit the web site.

BROCHURE

In Quebec, most participants approved of a brochure that they could order. In Nova Scotia, some participants felt that the longer version of the advertisement provides enough information for now, but acknowledged that some, like senior citizens might be

more comfortable with a brochure. None of Halifax or Montreal participants expressed the view that the brochure should be a direct mail piece.

Participants in Toronto did not express a great interest in a brochure on the FMM agreement.

"I think senior citizens might like a brochure."

"If I want a brochure I would just download it from the web site."

"[Brochures] could be left in clinics and doctors offices."

PLACEMENT OF ADVERTISEMENTS

Participants felt that advertisements could be placed in national and community newspapers, magazines, public transit, subways, doctor's offices, and clinics.

APPENDIX I – SCREENER

Health Canada

RECRUITMENT SCREENER

2866-
September 20th

Good morning/afternoon/evening, my name is _____ and I am calling from the Ipsos-Reid Corporation, a national marketing research organization. We are a professional public opinion research firm that gathers opinions from people. From time to time, we solicit opinions by sitting down and talking with people. We are preparing to conduct a series of these discussions and are calling to see if you would be willing to participate. The discussion will take about one hour and a half and those who qualify and attend will receive \$75.00 as a token of our appreciation.

Now, I would like to ask you some questions to see if you qualify to attend.

1. Have you attended a group discussion or in-depth interview in the past twelve months?

Yes THANK AND TERMINATE
No CONTINUE

- Do you or does anyone in your household work in any of the following areas?
(READ LIST) IF "YES" TO ANY – THANK AND TERMINATE

In an advertising agency
A market research company
The media, that is for TV, Radio or a newspaper
A graphic design or Web-site design firm
In Computer hardware and or software sales
The federal government
The health care sector (doctor/nurse)

- (INTERVIEWER RECORD GENDER, DO NOT ASK: OBTAIN 50/50 SPLIT
Male
Female

- On a scale of 1 to 7, where 1 means not at all interested and 7 means very interested, please tell me how interested you are in the issue of health care?

1 or 2 – THANK AND TERMINATE
3 – 7 – CONTINUE

- What is the highest level of formal education that you have completed? [READ LIST]
READ LIST AND SPLIT GROUPS BETWEEN LOW EDUCATION (HIGH SCHOOL EDUCATION AND LESS AND SOME POST SECONDARY/UNIVERSITY/COLLEGE GRADUATION = HIGH EDUCATION)

Some high school or high school = GROUP ONE

Some college/university or technical school = GROUP TWO

College, university or post-university = GROUP TWO

Terminate if respondent offers any reason such as sight or hearing problems, a written or verbal language problem, or a concern with not being able to communicate effectively.

Thank you. You qualify to attend the discussion group. As I mentioned earlier, the group will last about an hour and a half, you will receive \$75 as a token of our appreciation and refreshments will be served. The session will be held at:

	HALIFAX	TORONTO	MONTREAL
1. 5:30 to 7 pm Low ed	Omnifacts Research Cogswell Tower, Suite 800 2000 Barrington Street 902-491-2534	Consumer Vision 1255 Bay Street, 3 rd Floor; 416-967-1596	MBA 1470 Peel Street, Suite 800; 514-284-9644
2. 7:30 pm to 9:00 pm High ed	same	same	same

We are reserving a special place for you at this session. There will only be a few people attending, so if for any reason you cannot attend, please call **(FIELD SUPERVISOR PHONE NUMBER)** as soon as possible so that we can select someone else to take your place. Also, someone from our office will be calling you back to confirm these arrangements. Could I please have your name and phone number where we can reach you during the evening and during the day?

NAME: _____

DAYTIME PHONE NUMBER: _____

EVENING PHONE NUMBER: _____

**THANK YOU VERY MUCH!
WE LOOK FORWARD TO SEEING YOU THERE.**

RECRUITED BY: _____

CONFIRMED BY: _____

APPENDIX II – MODERATOR'S GUIDE

HEALTH CANADA HEALTH AGREEMENT COMMUNICATIONS

FINAL MODERATOR'S GUIDE September 20, 2004

INTRODUCTION (5 MINUTES)

Explain to participants:

- Ipsos-Reid Group
- the length of session (1.5hours)
- taping of the discussion
- one-way mirror and colleagues viewing in back room
- results are confidential and reported in aggregate/individuals are not identified/participation is voluntary/
- the role of moderator is to ask questions, timekeeper, objective/no vested interest
- role of participants: not expected to be experts, no need to reach consensus, speak openly and frankly about opinions, no right/wrong answers

Get participants to introduce themselves and their occupation/hobbies etc...

Introduction

AGREEMENT AWARENESS/KNOWLEDGE (5 MINUTES)

- Tonight we are going to talk about the recent Federal-Provincial Agreement on Health Care. Before we begin to talk as a group I would like you to take a piece of paper and write down a couple of things.

Instruction

1

- o First, based on what you've heard or read I'd like you to give the healthcare agreement a mark out of 10. Using a scale of 0 to 10 where 0 means the Federal – Provincial agreement will not have any impact on the healthcare system in Canada and 10 means the Federal – Provincial agreement will have a very positive impact on the healthcare system in Canada.

2

- o Second, I want you to write down the 2-3 things that you remembered/know about the recent Federal – Provincial agreement on healthcare?

Instructions

- o Please don't talk about this, we are going to talk about your score and your notes later in the group.

PRINT COMMUNICATIONS EVALUATION (45 MINUTES)

Instructions

- Show the proposed print advertisements. Allow participants an opportunity to read the ad.
- Before discussing the advertisement have participants answer the post-viewing questionnaire. See attached questionnaire.

General Probes:

- 3a → c • What are your views overall? Likes? Dislikes? ^{3a 3b 3c}
- 4 • What is the main message?
- 5 • Is the message easy to understand? ^{be 966 Hbc}
- 6 a b c • Is the message relevant to you? Why? Why not? ^{Hbc}
- 7 • Who is the ad aimed at?
- 8 • Do you approve of the message?
- Instruction • REVIEW RESPONSES TO QUESTIONNAIRE
- 9 • What do you think of the visuals?
- 10 • What about the words?
- 11 • Does this ad change anything in the way you think about the future of the healthcare system?
- 12 • Do you have any suggestions to improve this ad?
- 13 • Where should this ad appear?

16

1-800/BROCHURE/WEB EXPECTATIONS (20 MINUTES)

- 14 • If you called the 1-800 number for more information on the healthcare agreement what would you expect to happen?
- 15a→c • If a person answered the 1-800 number what questions would you want them to be able to answer? - 15a
 ○ Prompt: regional information? - 15b
 ○ Other? - 15c
- 16abc • If you could order a brochure that explained the agreement in more detail would you? Why? Why not? 16a
 16b 16c
- 17 • Would you go to a web site to look for more information?
- 18a→c • What kind of information would you expect to be in the brochure or on the web site? 18a
 ○ Prompt: regional information? 18b
 ○ Other? 18c

CONCLUSIONS (15 MINUTES)

- 19ab • Now I want to go back to the initial number/score that I asked you to give to the healthcare agreement at the start of the group and I want to know what number you gave it and why? 19a
 19b
- 20a→c • Now based on the advertisement and what other people said here tonight would you change that number? Would it be higher or lower? Why? 20a 20b 20c
- 21 • Also you all wrote down the 2-3 things you knew about the health agreement. Can you tell me what is the most important/most interesting thing that you learned about the agreement tonight that you didn't know before you came here?

15

22a → d • Were you aware that because of the different health systems in the North, Quebec and on Aboriginal reserves that these groups had different agreements? Do you think this is a good thing? Why? Why not? 22a 22b

22c → 22d

23 • Do you have any final comments?

Questionnaire

PLEASE CIRCLE OR CHECK THE APPROPRIATE NUMBER FROM 0 TO 10

The Newspaper Advertisement ...

Is not very believable					Very believable					
0	1	2	3	4	5	6	7	8	9	10
Is not very appropriate for the Federal Government					Very appropriate					
0	1	2	3	4	5	6	7	8	9	10
Is not very relevant to me					Very relevant to me					
0	1	2	3	4	5	6	7	8	9	10
Does not help me understand the agreement					Helps me understand the agreement					
0	1	2	3	4	5	6	7	8	9	10
Does not provide new information					Provides new information					
0	1	2	3	4	5	6	7	8	9	10
Decreases confidence in the Federal Government					Increases confidence					
0	1	2	3	4	5	6	7	8	9	10
Decreases confidence in my Provincial Government					Increases confidence					
0	1	2	3	4	5	6	7	8	9	10
Is not easy to understand					Is very easy to understand					
0	1	2	3	4	5	6	7	8	9	10
Decreases confidence in the health system					Increases confidence					
0	1	2	3	4	5	6	7	8	9	10
Does not show Federal-Provincial Cooperation					Shows Fed-Prov Cooperation					
0	1	2	3	4	5	6	7	8	9	10
Will not encourage me to call the 1-800#					Will encourage me to call the 1-800#					
0	1	2	3	4	5	6	7	8	9	10
Will not encourage me to visit the web site					Will encourage me to visit the web site					
0	1	2	3	4	5	6	7	8	9	10

APPENDIX III – DRAFT ADVERTISEMENTS



Better Health Care for Canadians:

A 10-Year Plan

Working together, the Prime Minister and the Provincial and Territorial Leaders have signed a 10-year, \$41 billion action plan that will lead to better health care for all Canadians. The new plan will:

- Reduce Waiting Times
- Train and hire more doctors, nurses and other health professionals
- Expand Home Care
- Improve access to Family and Community Care
- Improve affordable access to drugs

For the first time, all governments agree to report clearly on the progress we are making in health care.

- Comparable Indicators
- Benchmarks
- Targets

Now **Canadians** can see for themselves where their health care money is going and how it is **making a difference**.

For more information
 call 1 800 O-Canada (1 800 622-6232) or visit the Web site at www.canada.gc.ca
 (click on "First Ministers' Meeting," then "News Releases")



Canada



Better Health Care for Canadians: A 10-Year Plan

Working together, the Prime Minister and the Provincial and Territorial Leaders have signed a 10-year, \$41 billion action plan that will lead to better health care for all Canadians. The new plan will:

Reduce Waiting Times

- Improve access to reduce how long Canadians have to wait for surgeries and tests.

Train and hire more doctors, nurses and other health professionals

- Focus on interdisciplinary training, investments in post-secondary education and credentialing health professionals.

Expand Home Care

- Short term Acute Home Care and Community Mental Health Home Care and end-of-life care.

Improve access to Family and Community Care

- Increase the number of Canadians having 24/7 access to multi-disciplinary teams.

Improve affordable access to drugs

- Develop a drug plan, improve the drug approvals process and strengthen evaluation of drug safety, efficacy and dispensing practices.

For the first time, all governments agree to report clearly on the progress we are making in health care.

Comparable Indicators

- Each jurisdiction agrees to establish comparable indicators of access to health care professionals, diagnostic and treatment procedures.

Benchmarks

- Evidence-based benchmarks for medically acceptable wait times, starting with cancer, heart, diagnostic imaging procedures, joint replacements, and sight restoration.

Targets

- Multi-year targets to achieve priority benchmarks will be established by each jurisdiction; provinces and territories will report annually to citizens on their progress in meeting multi-year wait time targets.

Now Canadians can see for themselves where their health care money is going and how it is making a difference.

For more information

call 1 800 O-Canada (1 800 622-6232) or visit the Web site at www.canada.gc.ca
(click on "First Ministers' Meeting," then "News Releases")



Canada



De meilleurs soins de santé pour les Canadiens et les Canadiennes : un plan de 10 ans

Le premier ministre du Canada et les premiers ministres provinciaux et territoriaux ont adopté un plan d'action décennal de 41 milliards de dollars qui consolidera les soins de santé pour tous les Canadiens et les Canadiennes. Le nouveau plan prévoit les mesures suivantes :

✓ Réduction des temps d'attente

- Amélioration de l'accès pour réduire le temps que doivent attendre les Canadiens et les Canadiennes pour des chirurgies et des tests

✓ Embauche et formation d'un plus grand nombre de médecins, d'infirmières et d'autres professionnels de la santé

- Efforts axés sur la formation interdisciplinaire, les investissements dans l'enseignement postsecondaire et les titres des professionnels de la santé

✓ Elargissement des soins à domicile

- Soins actifs de courte durée à domicile, soins communautaires de santé mentale à domicile et soins aux termes de la vie

✓ Amélioration de l'accès à des services de santé à la famille et communautaires

- Augmenter le nombre de Canadiens et de Canadiennes qui ont accès à des équipes multidisciplinaires en tout temps

✓ Amélioration de l'accès aux médicaments à des coûts raisonnables

- Élaboration d'un plan relatif aux médicaments, amélioration du processus d'approbation des médicaments, de l'évaluation de l'innocuité et de l'efficacité des médicaments, et des pratiques d'ordonnance

Pour la première fois, tous les gouvernements ont convenu de rendre précisément compte des progrès accomplis dans le domaine de la santé.

✓ Mise en place d'indicateurs comparables

- Tous les gouvernements conviennent de mettre en place des indicateurs comparables de l'accès à des professionnels de la santé, à des services de diagnostic et à des traitements

✓ Établissement de jalons

- Jalons fondés sur des données probantes concernant les temps d'attente médicalement acceptables, d'abord dans les domaines du cancer, des maladies du cœur, de l'imagerie diagnostique, des remplacements d'articulations et de la restauration de la vue

✓ Établissement d'objectifs pluriannuels

- Chaque gouvernement provincial et territorial établira des objectifs pluriannuels visant l'atteinte des jalons relatifs aux temps d'attente et rendra compte annuellement à ses citoyens des progrès réalisés dans l'atteinte de ces objectifs

Les Canadiens et les Canadiennes peuvent maintenant constater personnellement où vont les fonds consacrés aux soins de santé et les résultats déterminants qu'ils produisent.

For more information

call 1 800 O-Canada (1 800 622-6232) or visit the Web site at www.canada.gc.ca
(click on "First Ministers' Meeting," then "News Releases")



Canada



De meilleurs soins de santé pour les Canadiens et les Canadiennes :
un plan de 10 ans

Le premier ministre du Canada et les premiers ministres provinciaux et territoriaux ont adopté un plan d'action décennal de 41 milliards de dollars qui consolidera les soins de santé pour tous les Canadiens et les Canadiennes. Le nouveau plan prévoit les mesures suivantes :

- ✓ Réduction des temps d'attente
- ✓ Embauche et formation d'un plus grand nombre de médecins, d'infirmières et d'autres professionnels de la santé
- ✓ Elargissement des soins à domicile
- ✓ Amélioration de l'accès à des services de santé à la famille et communautaires
- ✓ Amélioration de l'accès aux médicaments à des coûts raisonnables

Pour la première fois, tous les gouvernements ont convenu de rendre précisément compte des progrès accomplis dans le domaine de la santé.

- ✓ Mise en place d'indicateurs comparables
- ✓ Établissement de jalons
- ✓ Établissement d'objectifs pluriannuels

Les Canadiens et les Canadiennes peuvent maintenant constater personnellement où vont les fonds consacrés aux soins de santé et les résultats déterminants qu'ils produisent.

For more information

call 1 800 O-Canada (1 800 622-6232) or visit the Web site at www.canada.gc.ca
(click on "First Ministers' Meeting," then "News Releases")



Canada