

A report to the Health Council of Canada

# Canadian Perceptions of the Health Care System

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Health Council of Canada



Conseil canadien de la santé

T A K I N G T H E P U L S E

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Canadian Perceptions of the Health Care System: A Report to the Health Council of Canada  
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The Health Council of Canada was created as a result of the 2003 First Ministers' Accord on Health Care Renewal to report publicly on the progress of health care renewal in Canada, particularly in areas outlined in the 2003 Accord and the 2004 10-Year Plan to Strengthen Health Care. Our goal is to provide a system-wide perspective on health care reform for the Canadian public, with particular attention to accountability and transparency.

The participating jurisdictions have named Councillors representing each of their governments and also Councillors with expertise and broad experience in areas such as community care, Aboriginal health, nursing, health education and administration, finance, medicine and pharmacy. Participating jurisdictions include British Columbia, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and Labrador, Yukon, the Northwest Territories, Nunavut and the federal government. Funded by Health Canada, the Health Council operates as an independent non-profit agency, with members of the corporation being the ministers of health of the participating jurisdictions.

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## PREFACE

The Health Council of Canada is pleased to publish this synthesis of recent trends in public opinion on the Canadian health care system. It was prepared for the Council by Stuart Soroka, an associate professor and William Dawson Scholar in the Department of Political Science at McGill University, to whom we offer our thanks for producing an excellent piece of work.

This paper builds on work undertaken for the Romanow Commission in 2002. Matthew Mendelsohn, currently a deputy minister with the Ontario government, produced an excellent analysis, *Canadians Thoughts on their Health Care System: Preserving the Canadian Model Through Innovation*. The Health Council of Canada decided to pick up where Dr. Mendelsohn's work left off.

We were particularly interested in understanding how public views on the quality and sustainability of the health care system have evolved over the past four years, as well as recent trends in Canadians' views on the challenges and policy options facing health care in this country. We hope you find it useful in informing your thinking, analysis and actions as we work together to improve the health of Canadians and the system that serves them.

Jeanne Besner  
Interim Chair  
Health Council of Canada

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## EXECUTIVE SUMMARY

This report presents a synthesis of the last four years of public opinion polling data (2002 – 2006) on the Canadian health care system. Data are drawn from polls by Ipsos Canada, Decima Research, Environics Research Group, Innovative Research Group Inc., Ekos Research Associates Inc., Pollara Inc., and The Strategic Counsel, among others. These data are used to understand how Canadian perceptions have changed since the Romanow Commission – including whether Canadians see the system as improving or deteriorating, and how they view governments' performance on health care issues. In addition, the report examines the state of Canadian opinion on issues such as government spending, private health care, problems with the current system, and priorities for future policy developments, including home care and pharmacare.

Overall, results suggest that the Canadian public remains firmly committed to universal health care. That said, Canadians are greatly concerned about the state of their health care system. More precisely:

- Overall ratings of the health care system have improved slightly in recent years, but a large majority of Canadians still believe that the system is unsustainable and urgently in need of substantive change.
- Both federal and provincial governments receive relatively low ratings for their performance on health care, though Canadians have slightly more confidence in their provincial governments to make positive changes in the future.
- There is overwhelming support for increased spending on health care, from both levels of government. There is a strong sense that the federal government should transfer more money to the provinces, but not without conditions – there is also strong support for national standards in health care provision.
- The highest policy priority for Canadians is timely access to care. Quality is also a major concern. Both are believed to have declined in recent years, and – without fundamental change to the system – are seen as likely to decline more in the future.
- There is increasing attention to private sector provision of health care services, in large part a response to expectations about the quality of public services. Most people interested in private health care view this as an addition to, rather than a replacement for, the public health care system. And support for private care does not preclude support for additional public funding – many support both.
- There is strong support for additional home care services, and moderate support for a national pharmacare program.

In addition, this report examines Canadians' views on the role of the Health Council of Canada and on what indicators of system performance are most meaningful for people. It also offers preliminary tests of the accuracy of Canadians' views on the performance of their health care system. Results suggest that Canadians' have a reasonably accurate view of the current system, and that their attitudes about the future should be given serious consideration.





# 1. THE STATE OF THE CANADIAN HEALTH CARE SYSTEM

## 1.1 Context

For many Canadians, publicly funded universal health care is one of the foremost policy features of the Canadian state. This is clearly evident in public opinion polling on the subject. For instance, in 2005, 85 per cent of Canadians believed that “eliminating public health care” represented a “fundamental change to the nature of Canada” (Figure 1). Indeed, respondents were more likely to view eliminating public health care as a fundamental change than any of the other six policies listed in that survey, including abandoning English and French as Canada’s official languages, and ending peacekeeping missions. Moreover, 87 per cent of respondents viewed eliminating public health care as negative (Figure 2) – again, a greater proportion than for any other policy change in the survey. Support for the Canadian health care system, it seems, is as strong as ever.

Nevertheless, many Canadians feel somewhat dubious about the health of the system itself. Health care has been the most-cited “most important problem” in Canada since the late 1990s (Figure 3). When asked about policy issues they are “concerned about,” respondents have overwhelmingly expressed concern about health care as far back as 1997 (Figure 4). Responses have not shifted in recent years – Canadians continue to be very interested in, and concerned about, the health care system.

The situation is nicely captured in a 2002 Communications Canada polling report. The report showed responses about issue “priorities” plotted against assessments of government performance. At this time, as the Commission on the Future of Health Care in Canada (Romanow Commission) prepared its final report, health care was both the highest-priority policy issue and the one for which the federal government received the lowest ratings (Figure 5).

The state of public opinion at that time was the subject of a thorough analysis by Matthew Mendelsohn of Queen’s University, in a report entitled *Canadians’ Thoughts on Their Health Care System: Preserving the Canadian Model through Innovation*.<sup>1</sup> The report, submitted to the Romanow Commission, provided a detailed picture of Canadian opinion on health care policy at the time. Mendelsohn’s findings were clear: Canadians overwhelmingly supported universal health care. At the same time, they were concerned about the quality and sustainability of the current system, and felt strongly that Canadian governments needed to make a greater effort to fix the system.

Much has happened in health care policy since 2002. Most importantly, Canadian governments have recognized and begun to respond to rising public concern. In October 2002, the Standing Senate Committee on Social Affairs, Science and Technology issued its report (the Kirby Report), *The Health of Canadians: The Federal Role*. One month later, the Romanow Commission issued its final report, *Building on Values: The Future of Health Care*

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<sup>1</sup> Dr. Mendelsohn’s report is available on the website of the Commission on the Future of Health Care in Canada, at [www.hc-sc.gc.ca/english/care/romanow/hcc0383.html](http://www.hc-sc.gc.ca/english/care/romanow/hcc0383.html).

*in Canada.* Both reports made substantive though sometimes different suggestions about reforming the Canadian health care system. In 2003, First Ministers' Meetings led to a *First Ministers' Accord on Health Care Renewal* which set out plans for change, including the establishment of the Health Council of Canada. Similar meetings one year later led to a more detailed *10-Year Plan to Strengthen Health Care*. These meetings received considerable media and public attention. About 50 per cent of Canadians were aware of the Romanow Commission's report and the 2003 First Ministers' Meetings; by September 2004, awareness of the 2004 First Ministers' Meetings increased to 73 per cent (Figure 6).

There have been important events in non-legislative arenas as well. The Canadian Federation of Nurses' Unions has been active in advocating a national pharmacare program, for instance, and the National Aboriginal Health Organization conducted their first major opinion poll on health issues. Perhaps most importantly, the Supreme Court decision in the Chaoulli case increased considerably policy-makers' (and the public's) attention to private health clinics in Canada. Following this decision, the Canadian Medical Association (CMA) presented a list of 10 principles for managing the interaction between the public health care sector and the private health care sector in Canada.

What are Canadians' attitudes about health care issues now, four years after Mendelsohn's report to the Romanow Commission? Figures 3 and 4 show that health care remains a top concern. This on its own is telling: at a minimum, we know that government actions have had little effect on the extent to which Canadians are concerned about the health care system. But a more detailed analysis of opinion is required to better understand the effects that recent events may have had on Canadians' perceptions of the system. This information is critical for judging governments' performance since the Romanow Commission. It is also important as policy-makers consider future policy priorities and developments.

The purpose of the current study is to review current Canadian perceptions of the health care system. This report focuses on opinion polling on health care issues since 2002 to early 2006. When it provides a useful baseline from which to examine change, the report draws on historical data – sometimes directly from Mendelsohn's report to the Romanow Commission.

The data themselves have been graciously provided by a number of Canadian polling and consultancy firms. I am particularly thankful to Greg Lyle and Elizabeth Christie at the Innovative Research Group, Andrew Grenville and Alison Babcock at Ipsos Canada, David Anderson and Tony Coulson at Decima Research, Keith Neuman at Environics Research Group, and Derek Jansen at Ekos Research Associates Inc. These people were able to provide data, and in some cases useful commentary on different parts of the report that follows. My thanks also to Sine MacKinnon at the Health Council of Canada, and Jane Hazel and Jeff O'Neill at Health Canada from whom I received The Strategic Counsel and Veraxis data. Pollara Inc. data were drawn from the Health Care in Canada surveys, provided online by Pollara and the various sponsors of those surveys.<sup>2</sup> Canadian Election Study data were also available online.<sup>3</sup>

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<sup>2</sup> More information about the *Health Care in Canada* surveys is available at: [www.mediresource.com/e/pages/hcc\\_survey/index\\_e.asp](http://www.mediresource.com/e/pages/hcc_survey/index_e.asp).

<sup>3</sup> More information about the *Canadian Election Study* is available at: [www.ces-ec.umontreal.ca](http://www.ces-ec.umontreal.ca).

All figures discussed here are included at the back of this report, and contain information on data sources and survey question wording. There were some concerns that polls commissioned by health care stakeholders would tend to be biased in one direction or another. For the most part, this was not the case for the polls made available for this report – questions were well-phrased, and wording was often randomized in ways that avoid potential biases. In the very few cases in which questions seemed particularly leading or misleading, I have chosen to simply not include those data in the analyses that follow. Nevertheless, when data were collected on behalf of a particular health care stakeholder, this is noted in the relevant figures. And wherever relevant, question wording is discussed in the text.

Approximate sample sizes are also listed in each figure. Sample sizes are approximate for two reasons: (1) a limited number of respondents may choose not to respond to a single question, and so sample sizes may change slightly across questions within a given survey, and (2) sometimes only aggregate, weighted data were available, and weights will typically shift the total sample size slightly. The sample sizes listed here nevertheless provide an important indication of the significance and reliability of survey results.<sup>4</sup>

The results presented below provide, I hope, an accurate picture of current attitudes about the Canadian health care system. Many themes evident in past work on health care are equally evident here. Most Canadians have had positive experiences with the health care system, but nevertheless have serious concerns about its overall quality and sustainability. Wait times and access to services are predominant concerns; so too are the progress and accountability of governments in the health care domain. Importantly, the pressure for change is considerable: the vast majority of Canadians believe that five years or less is a reasonable time frame within which to expect to see real change in Canada’s health care system; just over 50 per cent believe that two years is enough time (Figure 7). Clearly, Canadians are interested in substantive, and timely, change in the Canadian health care system. Exactly what kind of change is the subject of the sections that follow.

## 1.2 The State of the Health Care System

Long-term trends in Canadians’ attitudes about the Canadian health care system show mildly positive developments since 2002. In each of four long-term public opinion series, for instance, post-Romanow trends are better than those in the pre-Romanow period:

1. Pollara asks whether respondents’ “confidence in the health care system” is rising or falling. The proportion of respondents saying “rising” has not changed, but there has been a shift away from “falling” towards “same.” 43 per cent say “same” in 2005, versus 36 per cent in 2002, while the proportion citing “falling” has dropped from 58 per cent to 50 per cent (Figure 8).

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<sup>4</sup> The margin of error for a poll will be smaller as the sample size increases. For instance, a sample of 1,000 is considered to be accurate to within  $\pm 3.1$  percentage points, 19 times out of 20; a sample of 2,000 is considered to be accurate to within  $\pm 2.2$  percentage points, 19 times out of 20; a sample of 3,000 is considered to be accurate to within  $\pm 1.8$  percentage points, 19 times out of 20.

2. Ekos asks respondents if they feel the “quality of health care over the past two years [has] improved, deteriorated, or stayed the same.” The proportion citing “deteriorated” has dropped from 63 per cent to 39 per cent since early 2003, with resulting gains in both the “same” and “improved” categories (Figure 9).
3. Pollara has regularly asked, “Overall would you say that Canadians are or are not receiving quality health care right now?” The proportion of respondents agreeing rose from a low of 49 per cent in 2001 to 58 per cent in 2003 (Figure 10).
4. Finally, Ekos has asked if respondents agree with the following: “I am confident that if I or a family member were to become seriously ill, we would be able to access the necessary health care services.” Again, the negative trend shifted in 2003, and the proportion agreeing has risen from 52 per cent to 63 per cent (Figure 11).

That all these series have moved in roughly the same direction since 2002 is telling. Using any one of these repeated survey questions, it appears as though Canadians’ opinions of their health care system have improved slightly in recent years.

This is not to say that no problems exist. It is still the case that Canadians are most likely to say that their confidence in the system is falling (Figure 8), and that the quality of health is deteriorating (Figure 9). And a slowly increasing proportion of Canadians believe that something more than a “minor tuning up” is needed. In 2004, 54 per cent of Canadians felt the health care system was in need of “fairly major repairs,” and another 17 per cent felt the system required “complete rebuilding” – up from 45 per cent and 12 per cent respectively in 1998 (Figure 12).

The Ipsos Health Report Card surveys provide some useful summary measures of Canadians’ attitudes about the health care system. In terms of sustainability, the health care system ranks comparably with other public systems – less sustainable than emergency services, education, and water and sewage, but roughly the same as the CPP/QPP and roads and highways (Figure 13). Even so, a majority of Canadians give the health care system a poor or failing grade (C or F) for sustainability.

That said, while the sustainability of the health care system may be in doubt, the current system receives comparatively good ratings from respondents. In 2005, 63 per cent of respondents gave “the overall quality of health care services available to you and your family” a high grade of A or B (Figure 15). And 67 per cent of respondents gave an A or B for “your most recent dealing with the health care system in your community.”

Herein lies one of the puzzles of Canadian health care: Canadians increasingly view the health care system as unsustainable and under threat, even as their own experiences with the system are mostly positive. This difference between sociotropic (society-level) versus egotropic (individual) experiences has certainly been identified before. Antonia Maioni of McGill University and Pierre Martin of the Université de Montréal have suggested that media may be partly to blame – the increasing volume of crisis-oriented media coverage of health

care may lead citizens to see a failing system even as their own experiences remain positive.<sup>5</sup> Media rarely invent issues independently, of course, and governments have been particularly vocal about health issues in recent years. Regardless of where the idea started, however, it is clear that for many Canadians there is a disconnect between personal experience and system-level expectations.

The disconnect may be perfectly reasonable: it is possible for current services to be sufficient, but for sustainability to be in jeopardy. Indeed, this may be the best one-line description of Canadian attitudes about health care at the present time. It may also be that the public's attitudes about sustainability are driven as much by people's views of governments (as managers of health care) as by their views of the system itself. It is certainly true that governments receive markedly worse grades than does the health system. Federal government funding receives the lowest grades in terms of its contribution to sustainability of the system (Figure 14). And a majority of respondents give the provincial and federal governments a C or F for their "performance in dealing with health care" (Figure 15).

### 1.3 Health Care and Governments

This section examines some recent trends in citizens' approval of federal and provincial government actions in the health care domain. Figure 16 captures the general story quite simply: in spring 1988, 65 per cent of Canadians believed the federal government was doing a "good job" at "improving health care;" in spring 2005, 67 per cent believed the federal government was doing a "poor job." Indeed, when a survey asked in 2005 about federal government performance in 19 policy domains, health care elicited the greatest proportion of negative responses (Figure 17) – worse even than "making governments more accountable."

A political effect on government ratings is evident in Figure 18. Here, the proportion of Canadians agreeing with "I am confident that the federal government will be able to improve the health care system in the next two years" increases somewhat following the 2006 election. That said, the shift is rather slight, and 46 per cent continue to disagree with this statement. Clearly, dissatisfaction with governments' performance is durable – it may be partly related to partisan or political attitudes, but seems to have much more to do with broader attitudes about what federal and provincial governments have been doing in the health care domain.

The slip in government ratings is not exclusive to the federal government. The same negative trend is clearly evident in long-term tracking of provincial government ratings. In 1980, roughly 70 per cent of Canadians believed their provincial government was doing a good job; by 2005, the provincial average was about 35 per cent (Figure 19). That said, when the federal and provincial governments are compared directly, the federal government does slightly worse. In late 2005, among respondents who viewed the health care system as having deteriorated, 50 per cent attributed that decline to the federal government, while 40 per cent attributed it to the provinces (Figure 20). Indeed, Ontario is the only province in

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<sup>5</sup> See Maioni A and Martin P. (2001). Is the Canadian Health Care Model Politically Viable? Some Evidence from Public Opinion. Paper presented to the conference of the Canadian Political Science Association, Université Laval, May 27-29, 2001, Québec, Québec.

which responsibility is evenly attributed to the federal and provincial governments; in all other provinces, respondents were more likely to view the federal government as primarily responsible (Figure 21). Cross-provincial differences in this regard appear to be relatively rational: the proportion of citizens blaming the federal government varies roughly alongside the extent to which the province is dependent on federal funds for the provision of services. The gap in federal and provincial ratings is perhaps clearer in Figure 22. Here, when asked about which level of government they “have more confidence in to lead changes to the health care system,” 27 per cent of respondents chose the federal government, while 53 per cent chose their provincial governments. In terms of both past performance and future expectations, provincial governments receive more support than the federal government. The federal government is nevertheless seen as having a critical role, as we shall see below.

## 2. POLICY ISSUES

### 2.1 Health Care Spending

Figure 23 shows public preferences for spending over time. Respondents are asked whether the federal government should spend more, spend less, or spend the same amount on a number of different policy areas; this figure introduces the idea of *net support* for spending as the proportion saying “more” spending minus the proportion saying “less.”<sup>6</sup> The figure makes clear Canadians’ strong support for spending on health care. Since the late 1990s, there has been nearly an 80-point gap between those saying “more” and those saying “less” spending on health care. This is a greater net support for spending than for any other policy domain.

Support for additional spending is also evident in survey data asking respondents to consider different means of managing health care spending. Less than 25 per cent support restricting the range of services provided; roughly 45 per cent support a health care tax linked to income; roughly 65 per cent support cutting other government services and redirecting the cash to health care (Figure 24). We should not take these budgeting preferences too seriously – respondents are likely not giving serious consideration to where exactly the money should come from. Nevertheless, these results show the extent to which Canadians support additional spending on health care: respondents may consider reducing other services, but restricting health care services is unacceptable.

Health care funding involves a complicated combination of federal and provincial funding arrangements. The extent to which the federal government pays its share is a prominent theme, and there is considerable evidence here that respondents view the federal government as shirking its responsibilities. We have already seen the extent to which federal government performance on health care receives lower ratings than does provincial government performance. And when asked directly in 2004, 72 per cent of respondents believed that the federal government was not paying its fair share (Figure 25).

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<sup>6</sup> See Soroka S and Wlezien C. (2005). Opinion representation and policy feedback: Canada in comparative perspective. *Canadian Journal of Political Science* 37(3): 531-60.



It is nevertheless the case that Canadians do not want the federal government to simply turn over funds to provincial governments. Indeed, Canadians support a delicate balance of federal conditions and provincial flexibility. On the one hand, Canadians show strong support for national standards in health care, and this is reflected in their preferences where funding is concerned. Two different polls with quite different questions found roughly 70 per cent support for conditions attached to federal funds, rather than unconditional transfers to provinces (Figure 26). On the other hand, when asked about what exactly provinces should be able to do with health care dollars, 79 per cent of respondents advocated a flexible scheme allowing provinces to allocate spending based on where they perceive the greatest needs (Figure 27). This nuanced view is certainly not untenable. Canadians appear to support the combination of national standards and interprovincial flexibility that has characterized the system thus far.

## 2.2 Policy Priorities

Spending increases are just one possible change in health care policy. While it is true that a vast majority of Canadians support increases in health care spending, they do not view spending as the only change required. In 2004, 66 per cent of respondents believed that a combination of more money and fundamental change was required (Figure 28).

What kind of fundamental change? Policy priorities are identified here using five different instances in which respondents were asked to suggest, rank or rate different priorities in the health care domain. Specific policies in these results are discussed in more detail in Section 3. For the time being, the focus is on trends in the items – indeed, the item – commonly viewed as a top priority.

The first of the policy priority items examined here is from a 2002 poll, just prior to the final report of the Romanow Commission. At this time, respondents were asked if each of seven different areas should be a top priority for more spending, an important priority for more spending, a moderate priority, or not much of a priority (Figure 29). A majority of respondents believed six of the seven were “top” or “important” priorities. The highest priority, which 63 per cent of respondents viewed as a top priority, was reducing waiting lists for diagnostic services like MRIs and CAT scans.

A similar result is evident in subsequent surveys. At the time of the 2003 First Ministers’ Meetings, respondents were asked the open-ended question, “Thinking about the state of health care in Canada, what is the one improvement that would make you feel more confident about the state of the health care system?” (Figure 30). The most-cited category was access; the second was reducing waiting lists. Again, at the time of the 2004 First Ministers’ Meetings, respondents were asked to rate nine different proposals to improve the quality of health care (Figure 31). The proposal viewed as most likely to make a significant difference was reducing waiting times. Just after the 2004 meetings, respondents were asked to rank 13 items in the *10-Year Plan to Strengthen Health Care* (Figure 32). Again, the item receiving the most support, just slightly above “more medical equipment” and “funding for 10 years,” was “reduce waiting times.”

The only survey in which waiting times were not the top priority was a 2006 survey for the Canadian Medical Association (CMA) (Figure 33).<sup>7</sup> This survey asked respondents to rate each of 10 CMA priorities, and found that “comprehensiveness” received the highest ranking. This finding fits with earlier evidence of Canadians’ reluctance to accept limitations in health care services, but the ranking of “comprehensiveness” above “timely access” was likely driven by the focus of this particular survey. The survey examines opinion on the CMA’s 10 priorities for managing private and public health care systems; “timely access” is accordingly described as “Canadians should have timely access to medically necessary care, and if wait times become unreasonably long there should be an option for them to get care elsewhere.” This description merges access with support for a parallel private system, and likely shifts results somewhat.

The CMA survey aside, then, what emerges from these separate sets of questions on policy priorities is the extent to which Canadians prioritize waiting lists and timely access to services over other health care objectives. The combination of waiting lists and timely access here is purposeful: while in terms of policy-making waiting lists for surgeries or diagnostic services are substantively different topics from more general access to primary health care, it is not clear that this is true in public opinion. Rather, it seems likely that a more general access to services – capturing a combination of concerns about ready access to family doctors, hospitals, surgeries and diagnostic services – is the top health care policy priority for Canadians.

### 2.3 Private Health Care

General assessments of the Canadian health care system have improved somewhat since 2002. A considerable degree of concern remains, however, particularly about the sustainability and future quality of the system. It should come as no surprise, then, that Canadians are increasingly giving serious consideration to privately-run health care services. This is not to say that a large portion of Canadians would eschew public care for private care – this is very clearly not the case. There has nevertheless been a slow and steady trend in consideration of private services. For instance, Ekos has asked if respondents agree that “individuals should be allowed to pay extra to get quicker access to health care services.” The percentage agreeing has risen from 23 per cent to 40 per cent over the last eight years, while the percent disagreeing has dropped from 67 per cent to 48 per cent (Figure 34). In his report for the Romanow Commission, Mendelsohn distinguishes between (a) attitudes about the public health care system and (b) attitudes about individuals being able to make their own decisions about what they do with their money. The distinction is an important one – there is greater support in response to questions about what individuals are allowed to pay for than there is for private health care. The general trend is nevertheless quite similar: an increasing proportion of Canadians are giving serious consideration to private health care possibilities.

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<sup>7</sup> The CMA is by no means the only stakeholder to have made proposals regarding health care policy over the past four years. Their poll is included here because it provides the only available 2006 data directly comparing a list of policy priorities.



Public attention to the role of private clinics certainly rose following the Chaoulli decision. Canadians interpreted the decision as one that would lead to the rise of private health care services. 78 per cent saw it as encouraging the growth of private clinics (Figure 36); 64 per cent saw it as leading to the rise of two-tiered health care in Canada (Figure 35).

Whether this is viewed as a positive or negative development is somewhat unclear. On the one hand, more than 60 per cent of respondents believed one consequence of the Chaoulli decision would be shorter waiting lists (Figures 35 and 36). On the other hand, 57 per cent agreed that their province should use the notwithstanding clause<sup>8</sup> to ban private clinics (Figure 35). Respondents tend to be more likely to agree than disagree with statements in surveys (this is referred to as “acquiescence bias”), so the level of support for either item is less interesting than is the extent to which roughly similar proportions agree with both. Canadians appear torn between acknowledging some potential benefits of a parallel private system, while being strongly supportive of a universal public system.

We should, of course, distinguish between different possibilities where privatization is concerned. Canadians appear largely supportive of private insurance schemes (Figures 37 and 38). Responding to questions on the potential impact of private insurance, Canadians are most likely to believe that private insurance would be beneficial for their own family and for the public in general. A majority believe it would be positive for the public health care system and employers. They believe private insurance would help reduce waiting lists, and improve both the quality of and access to health care services. (Many Canadians already have private insurance for services not covered by provincial plans. The potential confusion regarding private sector provision of health services is discussed further below.)

Private clinics, to which the government could contract out services, receive more moderate support. A narrow majority (53 per cent) supported the idea of private clinics in 2004 (Figure 39). In a July 2005 poll following the creation of the first private clinic in BC (Figures 40 and 41), this support is only very weakly related to income (though see Figure 43 discussed below).

Support for private hospitals appears to be lower still. In the Canadian Election Study, a majority of Canadians across all income categories oppose the idea of private hospitals (Figure 42). That said, a large minority (roughly 40 per cent) support the idea of having private hospitals in Canada – a rather surprising finding given the widespread support for the current universal system, and further evidence of Canadians’ two-mindedness on this issue.

There are at least three critical questions concerning support for private health services. The first is: What drives support for private health care? This issue is addressed here using data from the Innovative Research Group’s (IRG) Ontario This Month survey in March 2006.<sup>9</sup> Figure 43 shows the predicted support for private medical clinics by income and by

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<sup>8</sup> Section 33 of the Canadian Charter of Rights and Freedoms allows Parliament and the provincial legislatures to pass laws “notwithstanding” Charter clauses on fundamental freedoms and legal and equality rights.

<sup>9</sup> The sample size for this survey is relatively small – about 500 respondents for the questions examined here. The same trends are evident, however, in IRG’s Canada This Month online panel with a sample of 2,500.

assessment of the current health care system. Income differences do emerge more clearly here: having a higher income does appear to make respondents more supportive of private health clinics. Just as important are individuals' assessments of the current system. Within each income category, those who regard the overall quality of the health care system as high are considerably less supportive of private clinics. This finding is critical: it nicely illustrates how increasing attention to private health care possibilities is driven in part by perceived failings of the current system.

The second question is: does increasing support for private care necessarily lead to decreasing support for the public system? Using data from the 2004 Canadian Election Study, Figure 44 plots the proportion of Canadians supporting private hospitals against the proportion supporting increased government spending on health care. The aim is to ascertain the extent to which citizens supporting the private system also support decreasing government spending in health care. Results suggest that this is not the case. 47 per cent of respondents do not support private hospitals, and do support increasing spending; at the same time, 36 per cent of respondents support both private hospitals and increased government spending. The potentially negative relationship between support for privatization and support for increased government spending is very mild at best. More to the point: of those who support private hospitals, a vast majority also support increasing government spending. It follows that support for private health care possibilities does not clearly lead to decreasing support for a universal public system. In short, to the extent that Canadians are considering private health care, many are doing so in reaction to concerns about the quality and sustainability of the current system, and many are considering private care in conjunction with – rather than in place of – the public system.

A third question is perhaps the most critical: what do respondents believe is the current balance of the private versus public sectors in the provision of health care services? This section has thus far taken survey results at face value; it is likely that many respondents do not fully understand the balance of private and public health care in Canada, however, and surveys typically do not provide respondents with very much information on the subject. Take, for example, “private insurance.” In most surveys, we do not know if respondents interpret “private insurance” as insurance in addition to or in place of provincial health care plans. “Private hospitals” is similarly problematic. Most Canadian hospitals are private entities, though almost entirely publicly funded. Do survey respondents interpret “private hospitals” as entirely private, both administratively and funding-wise? Most probably do, but we cannot be sure without more detailed work on the matter.

There is accordingly a need for survey research examining what Canadians understand about the current balance of private versus public health care in Canada. Initial evidence, discussed in more detail in Section 4, suggests that Canadians tend to underestimate the proportion of private health care spending in Canada (Figure 62). But we need to know more about the accuracy of Canadians' perceptions in this regard, and interpret preferences for change accordingly. In the meantime, survey results do suggest that Canadians are giving increasing consideration to private provision of health care services, not so much as a replacement for the public system, but as a potential solution to the problem of sustaining the public system.

### 3. KEY ELEMENTS OF THE FIRST MINISTERS' AGREEMENTS ON HEALTH CARE

This section reviews attitudes on six elements of the First Ministers' agreements on health care (2003 and 2004). The six reviewed here are by no means a comprehensive list. They are among the most salient elements, however, and are those for which most public opinion data are available.

#### 3.1 Access to Care

First and foremost are attitudes about access to care. As demonstrated in Section 2.2, timely access to services is the highest health care priority for Canadians. There appear to have been marginal increases in satisfaction with "timeliness of access to care" since 2001. The increases are slight at best, however, and it is still the case that barely half of Canadians (46 per cent) are satisfied in this regard (Figure 45).

In terms of access to specific health services, medical specialists and diagnostic equipment are seen as the most problematic. In the 2005 Ipsos Health Report Card, less than 45 per cent of respondents assign a grade of A or B for access to either of these services (Figure 46). Access to other services appears somewhat better. 54 per cent give an A or B for access to emergency services, 62 per cent for access to a family doctor, and 65 per cent for access to walk-in clinics.

These actually seem to be quite reasonable ratings. There is a perception that access will worsen in the future, however. In 2004, 52 per cent of respondents believed that "access to timely, quality health care" would somewhat or significantly worsen over the next five years (Figure 47). The priority that respondents assign to timely access thus appears to be motivated partly by current access to specialists and diagnostic equipment, but perhaps more by future expectations.

#### 3.2 Wait Times

Similarly negative views are evident when respondents are asked about "wait times" specifically. In 2005, for instance, when asked, "In the past two years, do you think that waiting times for elective surgery have become longer or shorter or have they remained the same?," 67 per cent of respondents said "longer" (Figure 48). Perhaps more strikingly, only three per cent said shorter. In 2004, 52 per cent of respondents believed that waiting times for MRIs and CAT scans had worsened, 58 per cent believed that waiting times for surgeries had worsened, and 64 per cent believed that waiting times in hospital emergency rooms had worsened (Figure 49).

Pollara data from 2005 show respondents' estimates of waiting times. Respondents were most likely to believe that "a 50-year-old woman with a lump in her breast that requires a biopsy" will have to wait between one and five months (Figure 50). A "65-year-old man who requires a routine hip replacement" is expected to wait six to 12 months (Figure 51), while a typical emergency-room wait is expected to last two to four hours (Figure 52). Whether these

are accurate estimates, or represent a particularly pessimistic view of wait times, is the subject of Section 4 below.

### 3.3 Home Care

Home care has been of moderate importance to Canadians over the past few years. In 2004, when discussed as part of a list of policy priorities, home care ranked roughly in the middle (Figures 31 and 32). That said, the items that received a higher ranking tended to be general ones – increasing access, increasing spending, and more medical equipment, for instance. Of the specific policy items in each set of questions (including pharmacare, electronic health records, and foreign accreditation), home care was one of the foremost issues.

It is worth noting that as many as 20 per cent of respondents are unable to say whether they are satisfied or unsatisfied with current home care services. This may be because: (a) some people are not in need of home care and (b) many people are simply unaware of the supply or lack of home care services. Of those able to say, a majority are satisfied, and this proportion has not changed since 2000 (Figure 53). Even so, there is strong support for the development of further home care programs. In 2005, 45 per cent of respondents strongly supported “developing more home and community care programs,” while an additional 36 per cent somewhat supported such an initiative (Figure 54).

### 3.4 Pharmaceuticals Management

Pharmacare has been less salient than home care, consistently ranked as one of the lowest priorities for Canadians (Figure 31 and 32). The comparatively low importance is likely due in part to the fact that many Canadians currently have private drug plans. Nevertheless, when asked directly about support for pharmacare, the program receives majority support. In 2005, 38 per cent of respondents strongly agree, and another 34 per cent somewhat agree with the development of a Canada-wide government-financed pharmacare program (Figure 55). Reflective of Canadians’ support for universal health care, 93 per cent of respondents strongly or somewhat agree that “government drug plans should include coverage for any medications that a patient and their doctor agree are the most effective treatment” (Figure 56).

### 3.5 Health Human Resources

An overwhelming majority (87 per cent) of Canadians believe that there are not enough doctors and nurses in Canada (Figure 57). This belief seems at odds with the comparatively low priority status of either “more money for nurses” or “more money for doctors” (Figure 29). We may be confusing (a) increased salaries for individual nurses and doctors with (b) increased funding to hire additional nurses and doctors. The former, it appears, does not receive majority support. The latter clearly does.

We can likely infer from the results on access to services that the number of specialists in particular is seen as being too low. There is no question asking this directly, however.

### 3.6 Public Reporting

In 2003, when the Health Council of Canada was established, 63 per cent of Canadians believed the Council would significantly or somewhat improve the quality of health care (Figure 58). These results are testament to the importance that Canadians assign to accountability and monitoring in health care policy. From 2000 to 2003, Pollara asked about the “level of reporting to the public on health care system performance.” In each year, a narrow majority of those able to respond were very or somewhat satisfied with the level of reporting (Figure 59). Unfortunately, these data are unavailable since the Health Council was created.

Recent data do exist on what respondents view as the priorities of the Council. In 2003, The Strategic Counsel asked respondents to select one of two types of information that “would be a better indicator to demonstrate to you that the health care system is improving” (Figure 60). In line with public priorities (Figures 29 to 33), the greatest degree of support went to “the average waiting time for cancer therapy or surgical procedures.” In 2004, Pollara included an open-ended question asking respondents what they believe the Council’s priorities should be (Figure 61). 15 per cent cited accountability, in line with the Council’s stated objectives. Testament to the importance Canadians attach to timely access, however, 16 per cent believe the Council’s priority should be shorter waiting times, while another 13 per cent said better access. The priorities for Council suggested by respondents are thus in line with their more general health care priorities: timely access to high-quality medical care.

## 4. PERCEPTIONS AND REALITY

In one sense, Canadians’ perceptions of the state of health care policy matter regardless of whether they are accurate. That is, Canadians may view problems where they do not exist; they may miss problems that do exist. Either way, these perceptions affect individuals’ support for current policies and governments, and they affect individuals’ preferences for policy change.

The accuracy of public opinion on health care does matter a great deal, however, to the role that opinion research plays in the policy process. Uninformed opinion suggests a need for increased dissemination of information about the state of health care; informed opinion is a valuable tool in assessing the success of recent policy change, and in establishing future policy objectives.

What exactly are accurate perspectives on health care? We cannot judge the accuracy of preferences for more or less spending, or for more or less privatization. These are simply policy preferences – there is no objective way of determining that one preference is more “correct” than another. These preferences are likely based on individuals’ perceptions of some basic, objective facts, however. We can thus compare some real-world measures of health care performance with individuals’ impressions of the state of affairs. Doing so gives us some valuable information about the accuracy of public perceptions and, consequently, about how policy-makers might view and react to public opinion on health care issues.

## 4.1 Canada Among Nations

How do Canadians think their health care system compares with other nations? Figure 62 shows the average ranking Canadians gave to their country, when asked to rank Canada among the 30 member countries of the Organisation for Economic Co-operation and Development (OECD). These data are compared with the actual rankings, drawn from the OECD Health Data 2005 project.<sup>10</sup> Results show some important differences. Canadians place their country 11<sup>th</sup> in terms of government spending on health care; the actual ranking is sixth. Canadians also place their country 10<sup>th</sup> in terms of public sector funding; the actual ranking is 19<sup>th</sup>. While Canadians tend to underestimate government spending on health care (in relation to other governments), they tend to overestimate the proportion of spending on health care that comes from the public rather than private sector. (Note that these findings speak in part to Canadians' confusion about what is currently paid for by private rather than public means. See Section 2.3.)

Subsequent results in Figure 62 are perhaps more striking. In terms of the number of doctors, acute care beds, and MRIs, Canadians actually overestimate rather than underestimate the state of Canadian health care. This may seem surprising, given Canadians' increasing concern about the quality and availability of health care. Recall, however, that Canadians still have largely positive reviews regarding their own recent experiences with health care. It may also be that a certain degree of patriotism leads Canadians to over-rank Canada vis-a-vis other countries. It is nevertheless striking that Canadians tend to be optimistic where access and availability issues are concerned. Were Canadians more aware of their ranking amongst OECD countries, it seems likely that demands for system improvements would increase.

## 4.2 Wait Times

Wait times are a particularly salient aspect of the Canadian health care system. How accurate are Canadians' views of wait times? Figure 63 presents an attempt to compare surgery wait times estimated by respondents with actual wait times. Provinces currently report wait times in very different ways, however, making a direct comparison of opinion and wait times across Canada somewhat difficult. In Figure 63, then, estimates by a representative sample of Canadians are compared with estimates from a representative sample of actual patients – individuals with direct experience with the wait times in question. The general sample is drawn from Pollara's Health Care in Canada poll. Figure 63 presents the median estimated waiting times: one to five months for breast cancer surgery, and six to 12 months for non-urgent hip replacement surgery. (Complete results are given in Figures 50 and 51.)

Patients' recollections of their wait times are drawn from Statistics Canada's *Access to Health Care Services in Canada – January to June 2005* (see Figure 63 for details).<sup>11</sup> Note that these

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<sup>10</sup> See Organisation for Economic Co-operation and Development. (2005). *Health at a Glance –OECD Indicators 2005*. Paris: OECD. [www.oecd.org](http://www.oecd.org).

<sup>11</sup> The relationship between polling data and actual wait times is given some attention in the report, available from Statistics Canada. See the most recent issue: *Access to Health Care Services in Canada, January to December 2005, vol 1*. Catalogue no. 82-575-XWE2006002. [www.statcan.ca](http://www.statcan.ca). Wait times do differ a great deal across provinces; here, only the Canadian average is presented.

are recollections of wait times, and may well differ from the actual wait times. It is likely, for instance, that longer wait times are exaggerated when patients try to remember how long they waited. Consider, then, the Statistics Canada data as slight overestimates of wait times.

The two datasets are difficult to compare directly. The surgeries are not exactly the same; for instance, Pollara asks about (a) breast cancer surgery and (b) hip replacement, while Statistics Canada reports results for (a) cardiac and cancer-related surgery and (b) joint replacement and cataract surgery. In addition, Pollara responses include a “one to five month” category, while Statistics Canada reports a “one to three month” category. Even so, comparing results offers an initial, and valuable, picture of the degree to which public perceptions about wait times are accurate.

In both cases, the Canadian public is not far off in their wait time estimates. The median public estimate lies within the range of one to five months, while the median recalled wait time lies within the one to three month range. 45 per cent of the Canadian public believes wait times for breast cancer surgery would be less than one month; 42 per cent of patients recall a wait time of less than one month. The relationship between perceived and recalled wait times here is quite strong. That said, there are hints of a slight overestimate by the Canadian public: only eight per cent of patients recall wait times of over three months, while 16 per cent of the public believes wait times could be more than five months.

An overestimate by the Canadian public is more evident for hip replacement surgery. The median recalled wait time here is one to three months, while the median public expectation is six to 12 months. It is notable that 39 per cent of patients recall a wait time of longer than three months, however.<sup>12</sup> At a minimum, we can say that Canadians’ perceived wait times move upwards alongside patients’ recalled wait times. That said, perceived wait times for routine hip replacements appear to be somewhat less accurate than perceived wait times for breast cancer surgery.

In sum, what is perhaps most striking about Canadians’ perceptions – both of waiting times, and of Canada’s rank among OECD countries – is that they are not overwhelmingly pessimistic. Indeed, the few comparisons made here suggest that Canadians’ perceptions can be sometimes mildly pessimistic (e.g. wait times for hip replacements), but also sometimes mildly optimistic (e.g. number of physicians per capita). It accordingly does not appear as though Canadians’ concerns about health care are driven by wholly inaccurate views of the current state of affairs. That this is true certainly gives more weight to Canadians’ perceptions about the current and future state of the health care system. The general thrust of these perceptions is reviewed and summarized below.

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<sup>12</sup> The most recent Statistics Canada report does not include a breakdown of wait times over three months.



## 5. CONCLUSIONS

Most public opinion polls over the past five years find a public greatly concerned with the future of the Canadian health care system. Many Canadians are pleased with their own recent interactions with Canadian health care services. They also appear to have relatively accurate views of the current state of the health care system, and even show signs of increasing optimism where the future of the system is concerned. That said, the overall level of optimism remains low. A majority of Canadians believe that the Canadian health care system is unsustainable and that fundamental changes are required.

The highest priority for Canadians is timely access to care – encompassing a wide range of health care services, from access to family doctors and primary health care, to emergency services, to surgical procedures. Quality of care is also a major concern. There is, in short, a widespread concern that – in the absence of change – high-quality health care will be less and less available over time.

Canadians' response to this potential decline in the availability and quality of health care has been twofold. On the one hand, there are considerable demands for increased spending and government action on health care, even if it requires reduced spending and less action elsewhere. On the other hand, Canadians are increasingly considering private sector options. For most individuals considering private health services, these are regarded as supplementing rather than replacing a universal public system. Even so, the gradual shift in attention towards private sector options is unmistakable. It is important, then, to note that considerations of private health care appear to be driven in part by a perceived decline in the public system. That is, it is not so much that an ideological shift is driving Canadians towards private health care, but rather the perception that timely access to high-quality health care is declining and will continue to decline in the future.

Whether this is an accurate perception is, of course, another matter, and certainly not one that can be dealt with in this report. It is nevertheless clear that Canadians' perceptions of system performance over the next few years are critical – critical, that is, to the success and development of the public health care system and/or to the growth of private sector care. Canadians clearly expect substantive change, relatively quickly. Governments' capacity to respond is likely to have a considerable impact on the future of health care in Canada.



## FIGURES

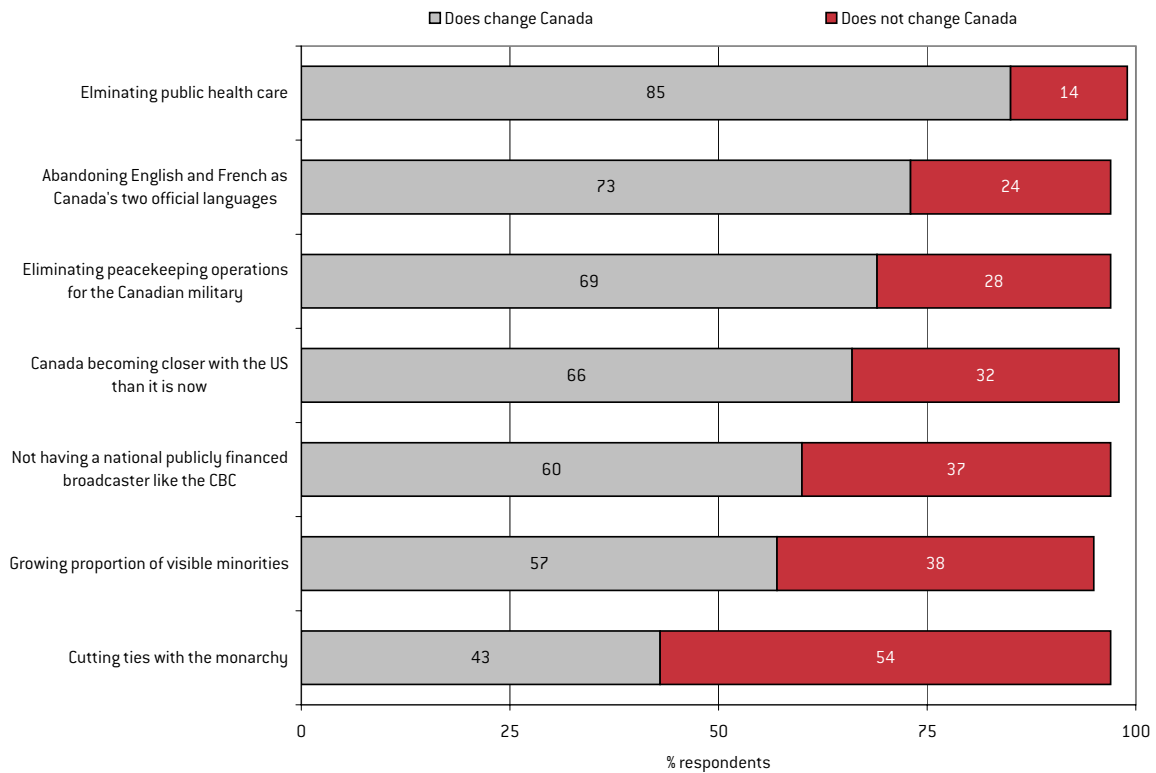
1. Health Care and Canada I
2. Health Care and Canada II
3. The Importance of Health Care
4. Concern about Health Care
5. Priorities and Performance
6. Public Awareness of Events
7. The Time Frame for Reform
8. Confidence in the Canadian Health Care System
9. Perceived Trends in the Quality of Health Care
10. Quality of Health Care
11. Trends in Perceived Access to Health Care
12. Need for Change
13. Comparative Sustainability of the Health Care System
14. Contributions to Sustainability
15. System Quality and Government Performance
16. Satisfaction with Federal Government Performance I
17. Satisfaction with Federal Government Performance II
18. Confidence in the Federal Government
19. Satisfaction with Provincial Governments
20. Responsibility for Deterioration
21. Responsibility for Deterioration: by Province
22. Confidence in Federal and Provincial Governments
23. Public Preferences for Spending
24. Spending Priorities
25. Intergovernmental Transfers
26. Intergovernmental Transfers, with Conditions
27. Limited Conditionality
28. Spending, with Fundamental Change
29. Policy Priorities, 2002 Romanow Commission
30. Policy Priorities, 2003 First Ministers' Meeting
31. Policy Priorities, 2004 First Ministers' Meeting
32. Policy Priorities, 2004 10-Year Plan to Strengthen Health Care
33. Policy Priorities, 2005 CMA Priorities

34. Pay for Quicker Access
35. Views on the Chaoulli Decision I
36. Views on the Chaoulli Decision II
37. Views on Private Health Insurance I
38. Views on Private Health Insurance II
39. Private Clinics
40. Private Clinics: Support, by Income
41. Private Clinics: Likelihood of Subscribing, by Income
42. Private Hospitals: Support, by Income
43. Support for Private Health Care
44. Support for Public and Private Health Care
45. Timeliness of Access to Care
46. Access to Specific Services
47. Perceived Future Access to Timely Care
48. Perceived Change in Wait Times
49. Perceived Change in Specific Wait Times
50. Breast Cancer Surgery Wait Times
51. Hip Replacement Surgery Wait Times
52. Emergency Room Wait Times
53. Satisfaction with Home Care Services
54. Support for Home Care Programs
55. Support for Pharmacare
56. Government Drug Plans
57. Human Resources
58. Importance of Health Council
59. Satisfaction with Level of Reporting
60. Best Indicators
61. Council Priorities
62. Canada Among Nations
63. Estimated Wait Times: Public and Patients

Figure 1  
**Health Care and Canada I**

Section 1.1 Context

For each of the following items, do you tend to agree or disagree that they would result in a fundamental change to the nature of Canada?...

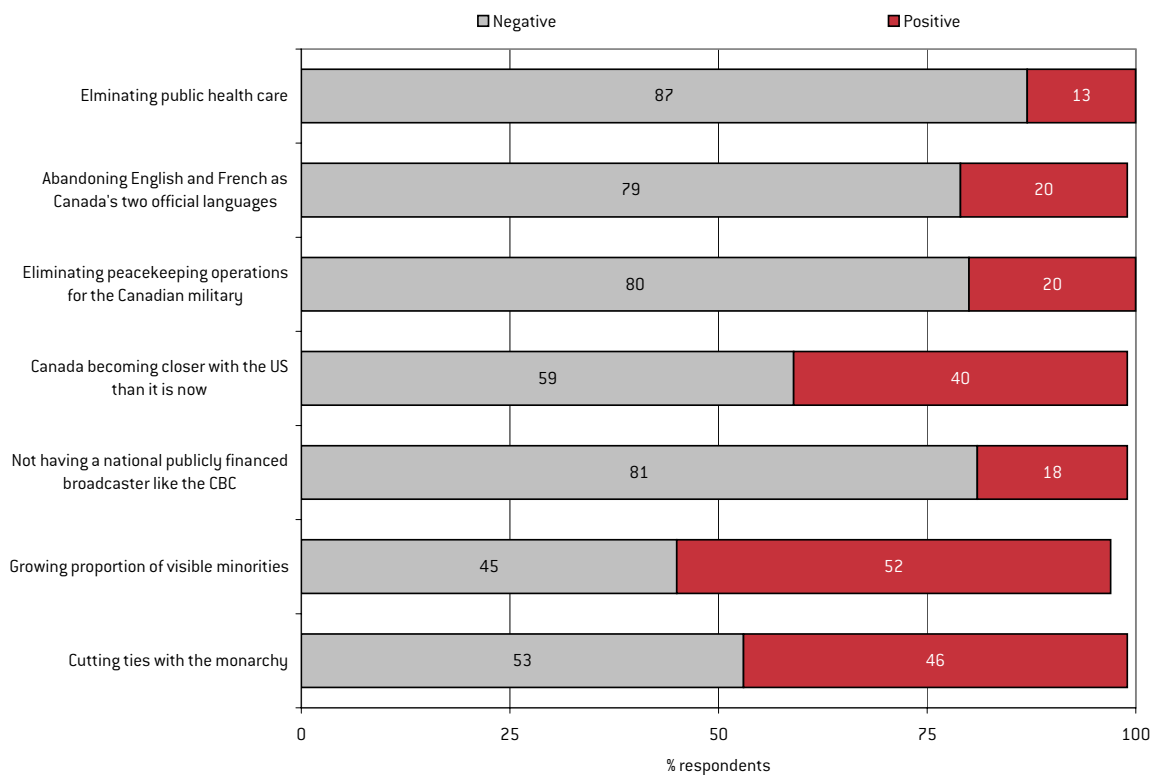


Source: Environics & CROP, for Centre for Research and Information on Canada (CRIC), Portraits of Canada, 2005 (N=3200)

Figure 2  
**Health Care and Canada II**

Section 1.1 Context

For each of the following items, do you tend to agree or disagree that they would result in a fundamental change to the nature of Canada?... [follow-up question: is direction of change negative or positive?].

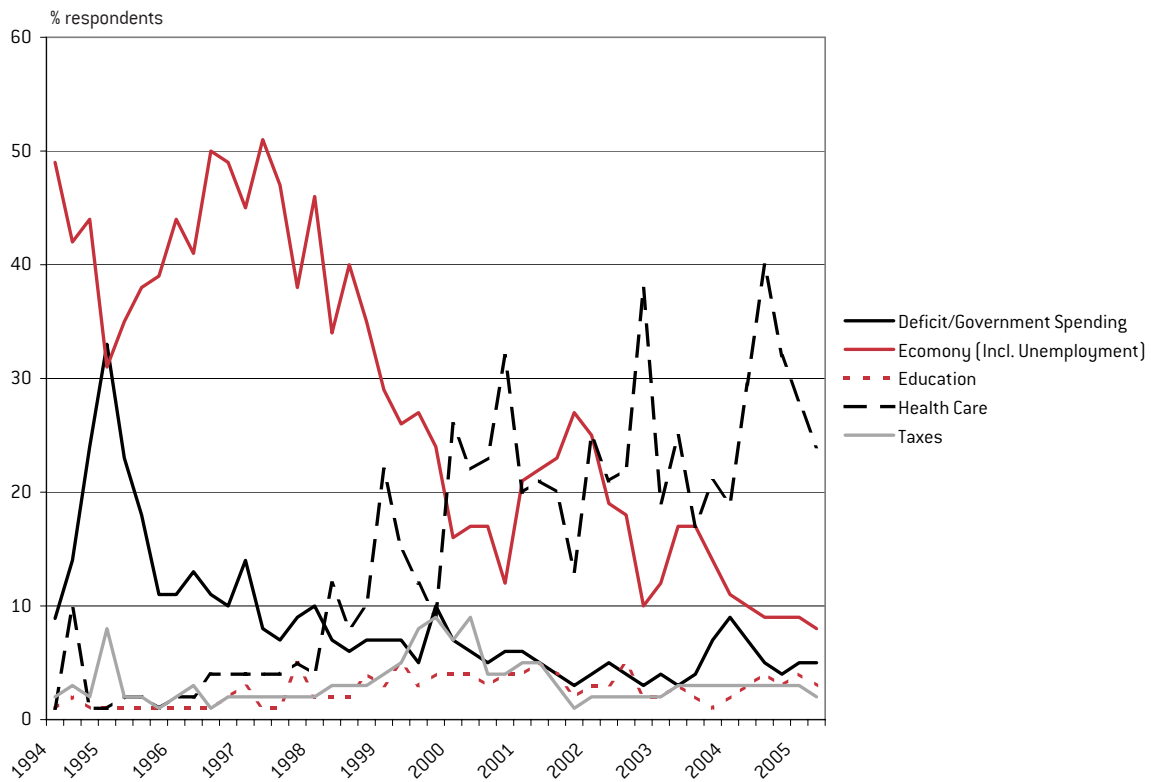


Source: Environics & CROP, for CRIC, Portraits of Canada, 2005 (N=3200)

Figure 3

### The Importance of Health Care

In your opinion, what is the single most important problem facing Canada today?

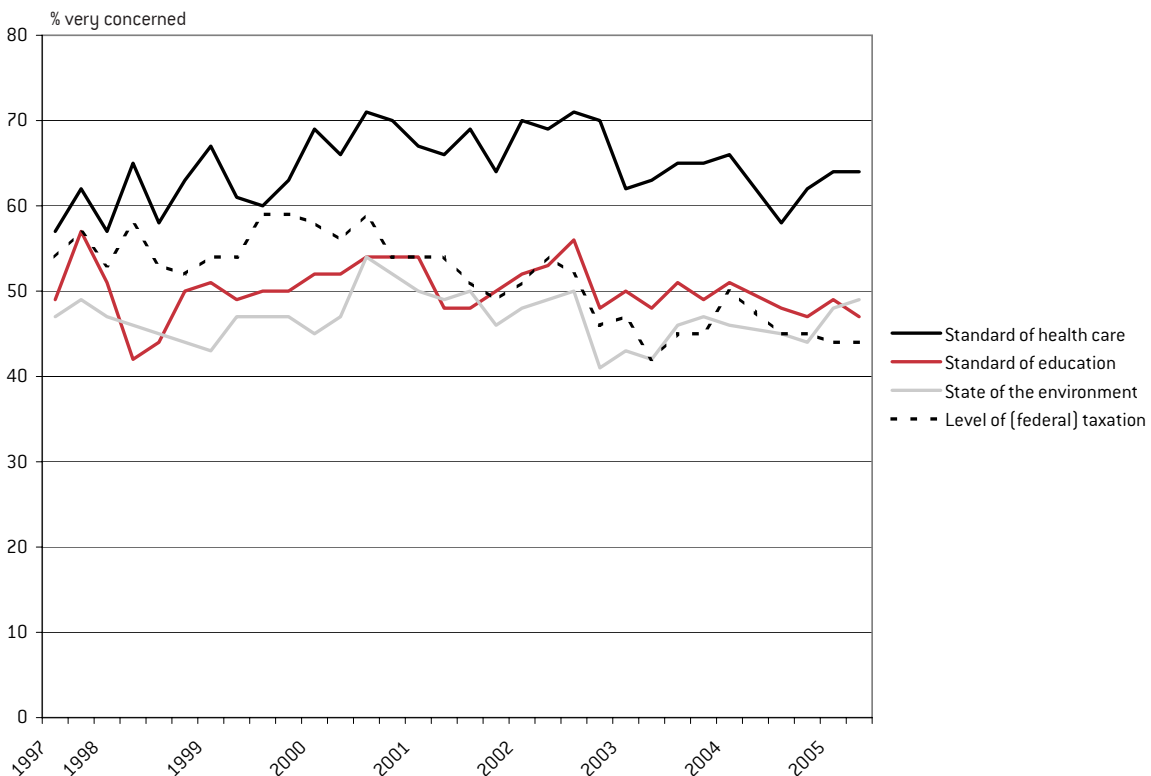


Source: CRIC, as reported in Portraits of Canada, 2005 (N=~1000)

Figure 4

### Concern About Health Care

Now thinking more generally, would you say you are very concerned, somewhat concerned, not too concerned, or not at all concerned about the following issues?...



Source: CRIC, as reported in Portraits of Canada, 2005 (N=~1000)

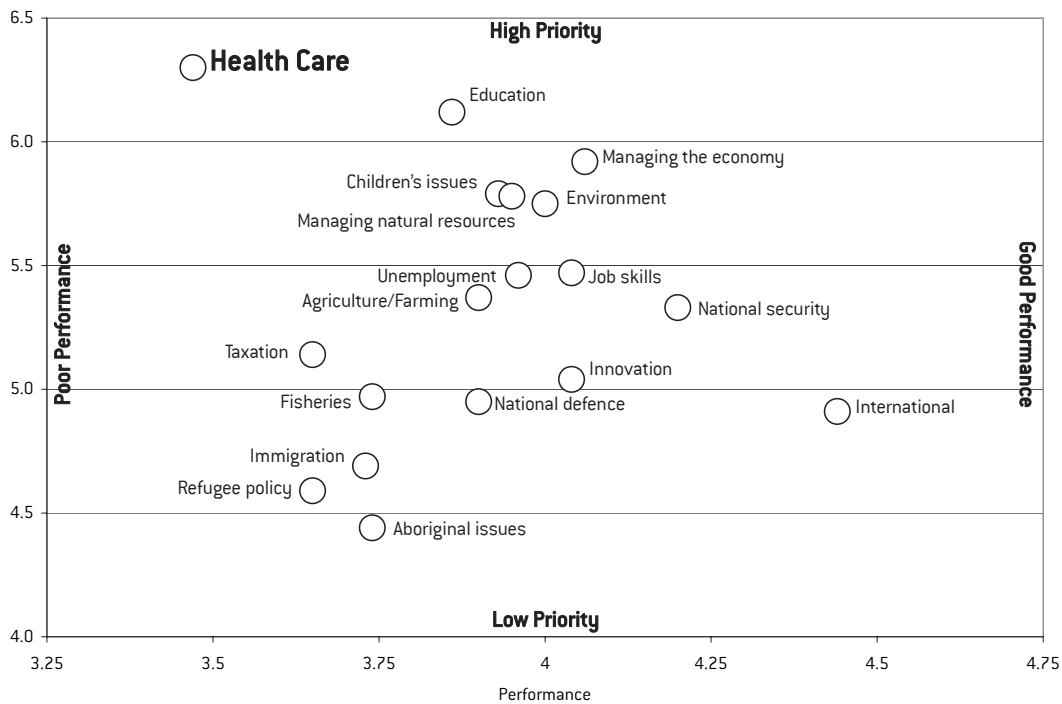
Figure 5

Section 1.1 Context

**Priorities and Performance**

Priorities: Canada is facing a set of difficult challenges. Thinking not just of today but over the next five years, what priority should the Government of Canada place on each of the following areas? Please rate your response on a 7-point scale where 1 means the lowest priority, 7 means the highest priority and the mid-point 4 means middle priority. How about...?

Performance: How would you rate the Government of Canada's performance in each of the following areas? Please use a 7-point scale where 1 is terrible, 7 is excellent and the midpoint 4 is neither. How about...?



Source: Ipsos and GPC for Communications Canada, Listening to Canadians, Spring 2002 (N=5400)

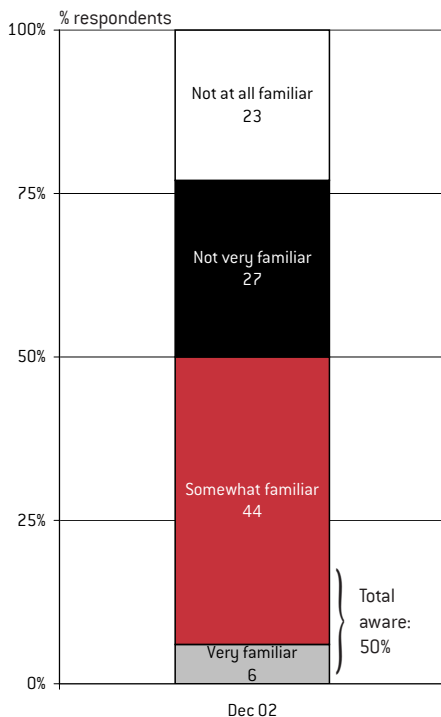
Figure 6

Section 1.1 Context

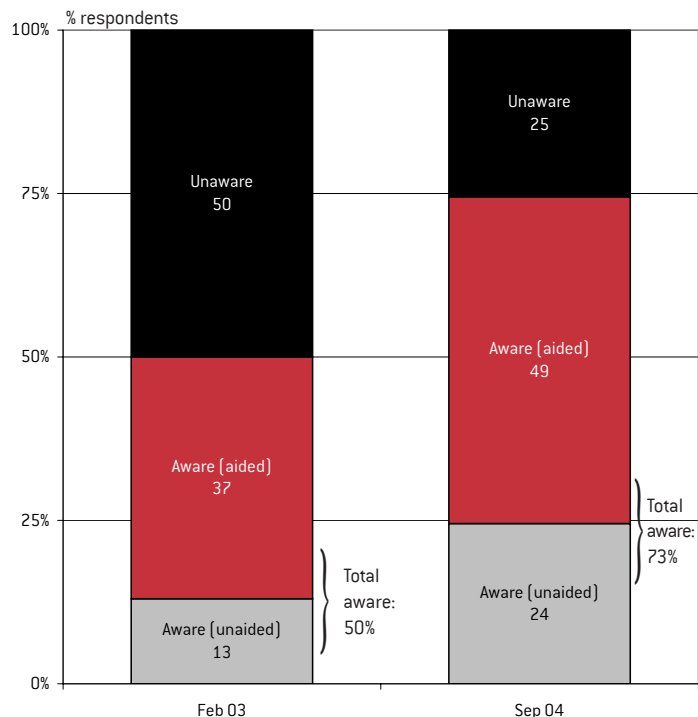
**Public Awareness of Events**

How familiar are you with the Royal Commission report on the future of health care in Canada that was released last week by Roy Romanow? Are you very familiar, somewhat familiar, not very familiar or not at all familiar with this report?

Have you seen, read or heard about anything happening on the issue of health care reform? What have you heard? [unaided]  
 Have you seen, read or heard something about a meeting between the provincial, territorial and federal governments on health care reform? [aided]



Source: Ipsos, Dec 2003 (N=~1000)

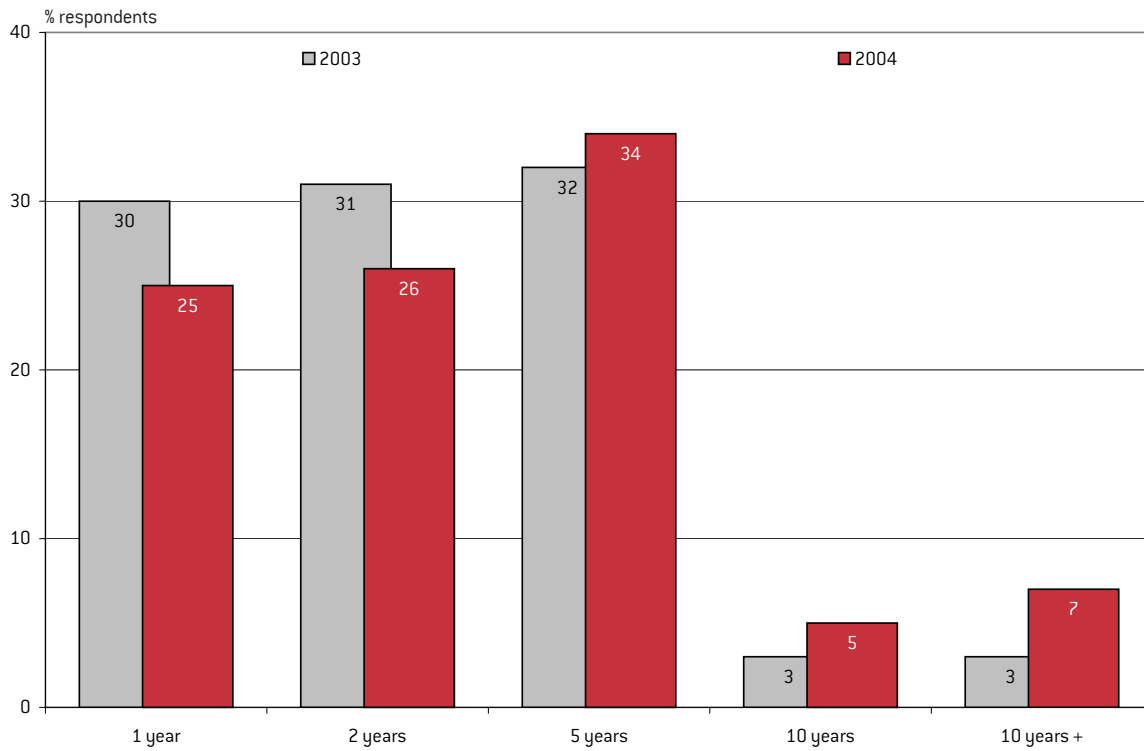


Source: The Strategic Counsel, for Health Canada, Feb 03 & Sep 04 (N=~2000)

Figure 7

**The Time Frame for Reform**

What do you think is a reasonable time frame within which to expect to see real change in Canada's health care system? [in 2003: as a result of this Accord?]

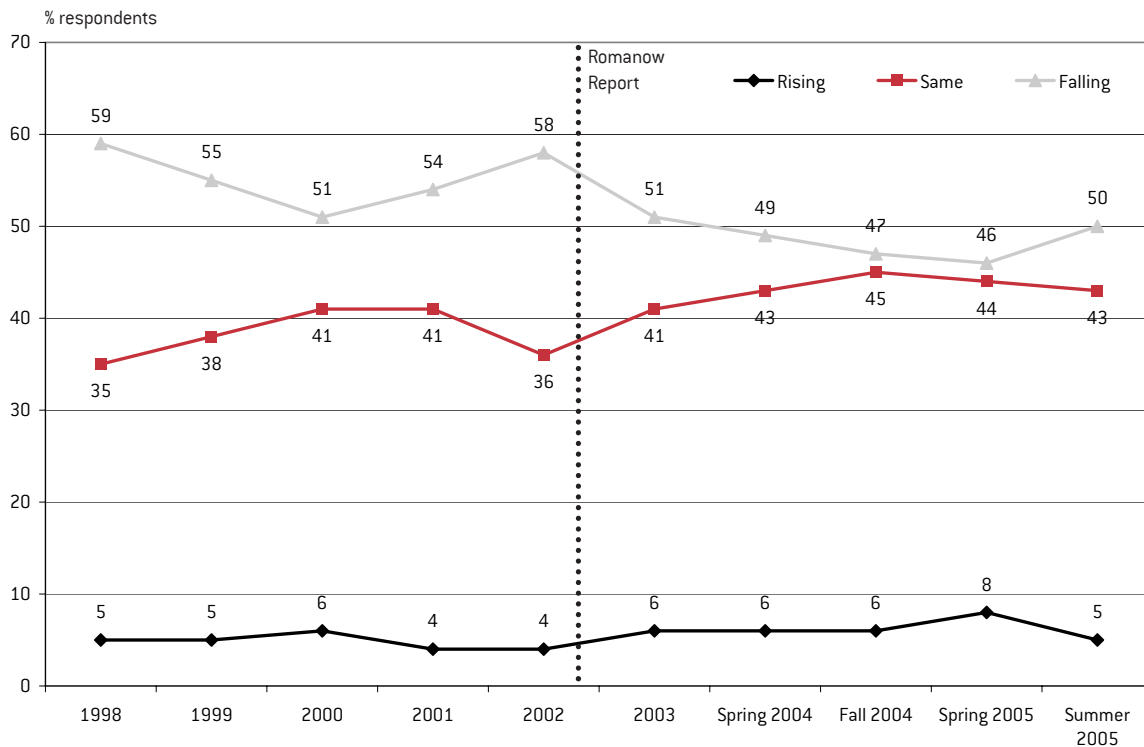


Source: The Strategic Counsel, for Health Canada, Feb 2003 and Sep 2004 (N=~2000)

Figure 8

**Confidence in the Canadian Health Care System**

Overall, would you say that your confidence in the Canadian health system is rising or falling, or is it about the same as it ever was?

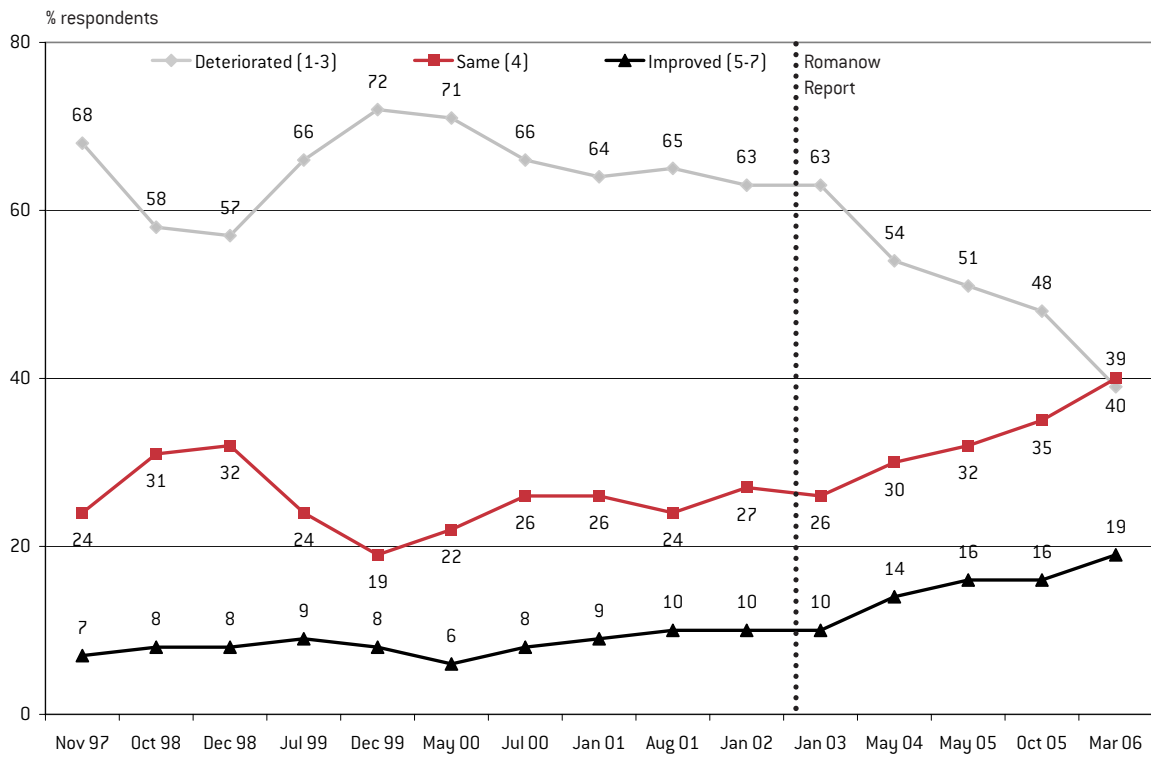


Source: Pollara, as reported in Health Care in Canada (HCIC), 2005 (N=~1000)

Figure 9

**Perceived Trends in the Quality of Health Care**

Has the quality of health care over the past two years improved, deteriorated, or stayed the same?

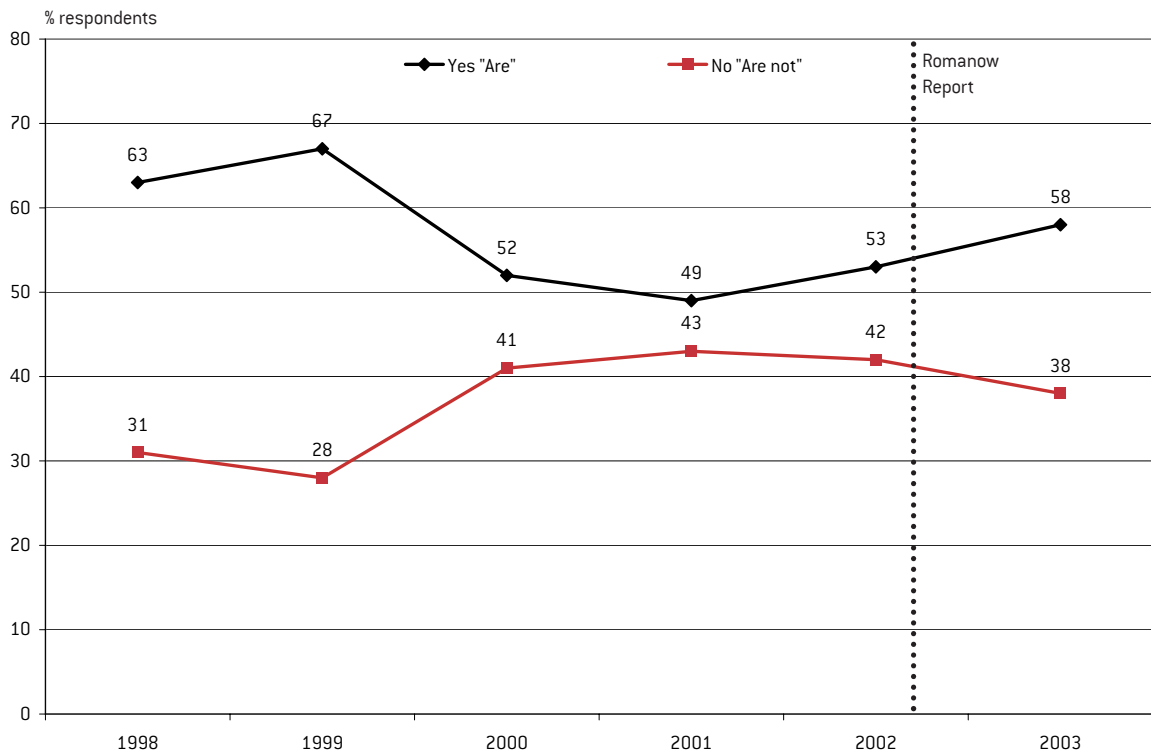


Source: Ekos surveys (N=~1000)

Figure 10

**Quality of Health Care**

Overall would you say that Canadians are or are not receiving quality health care right now?

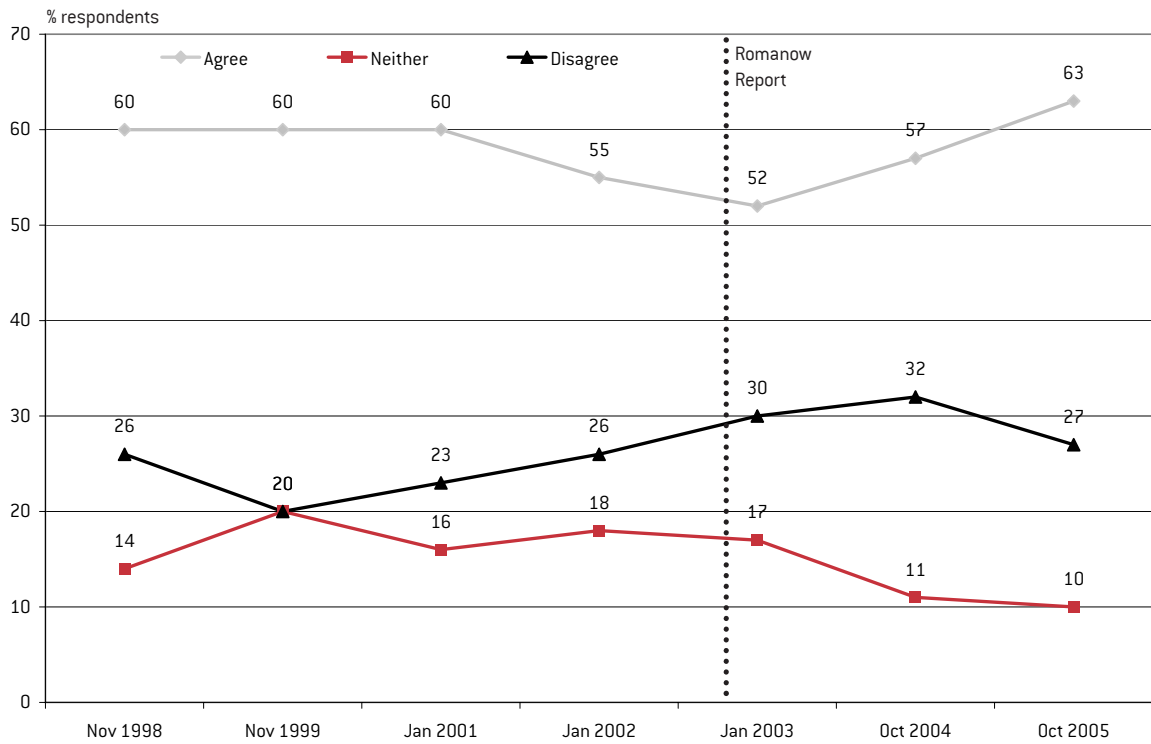


Source: Pollara, as reported in HCIC, 2004 (N=~1000)

Figure 11

**Trends in Perceived Access to Health Care**

I am confident that if I or a family member were to become seriously ill, we would be able to access the necessary health care services.

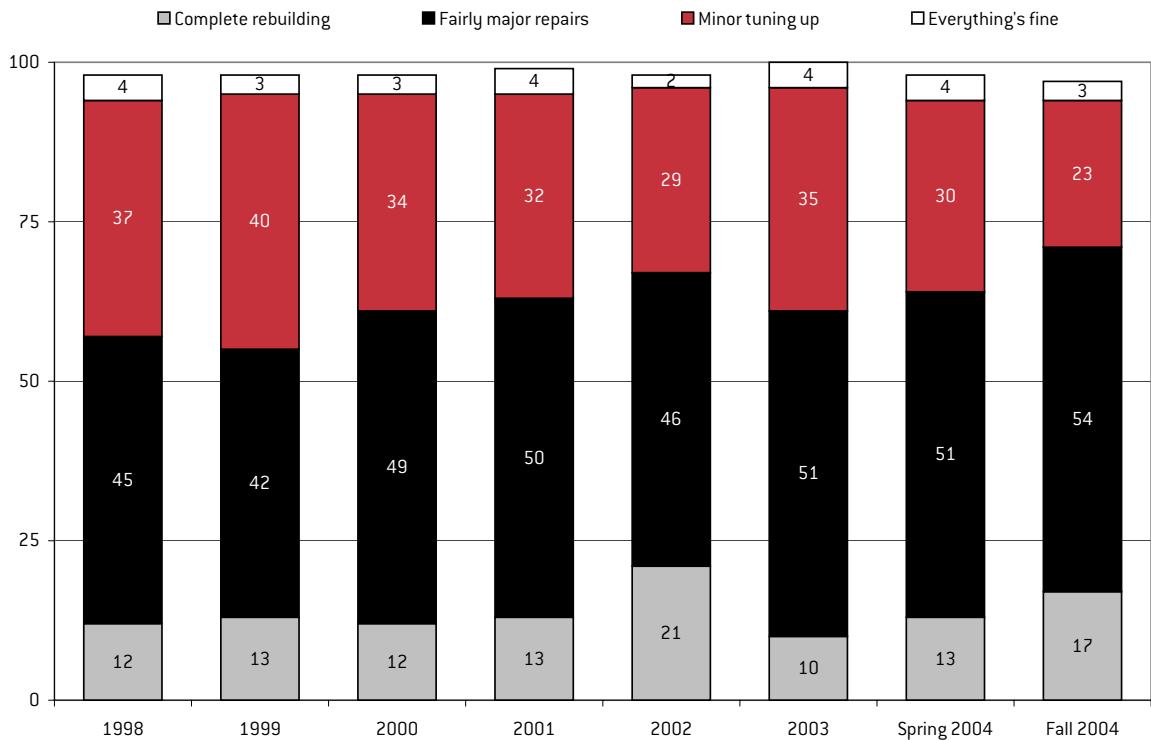


Source: Ekos surveys (N=~1000)

Figure 12

**Need for Change**

What approach would you say that Canada's health system requires at present - a complete rebuilding from the ground up, some fairly major repairs or some minor tuning up, or is everything fine the way it is?



Source: Pollara, as reported in HCIC, 2004 (N=~1000)

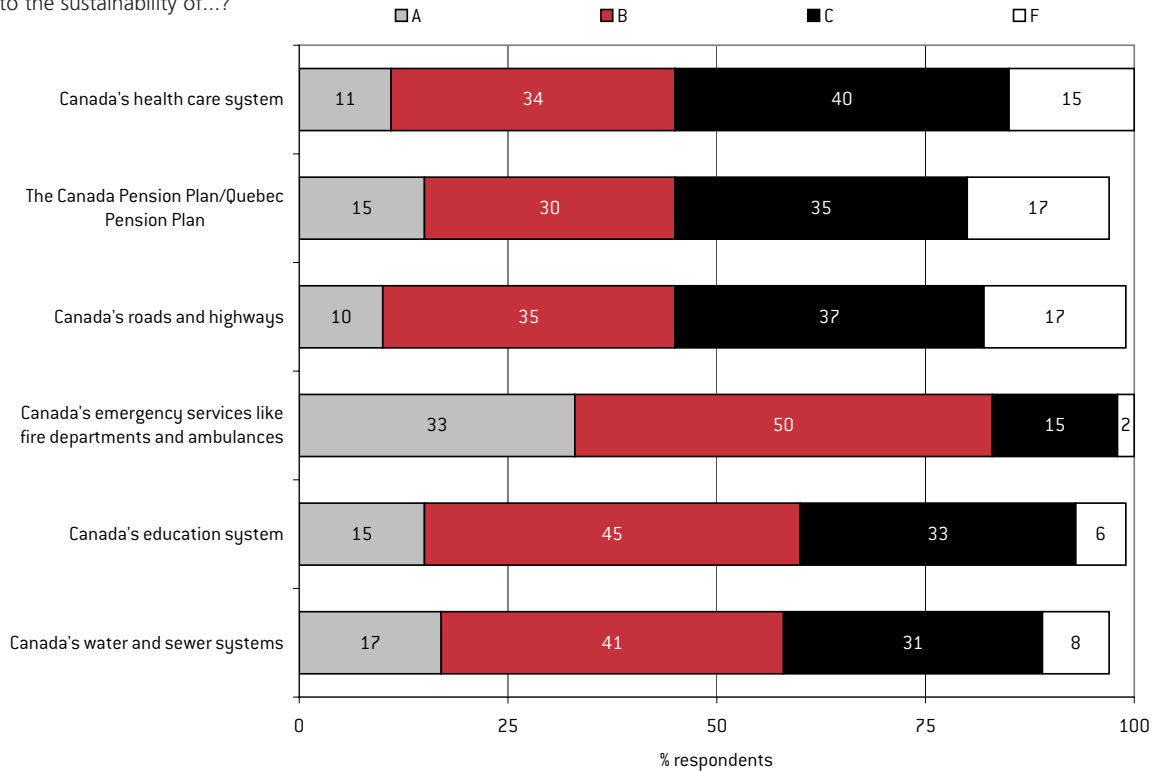


Figure 13

Section 1.2 The State of the Canadian Health Care System

**Comparative Sustainability of the Health Care System**

The next question is about the future and the sustainability of Canada's public systems such as health care, transportation, education and pensions. By sustainability we mean that these systems will be available to the next generation of Canadians with the same level and quality of service as they are today. Now thinking about the following items I'd like to know what mark or letter grade would you give to the sustainability of...?



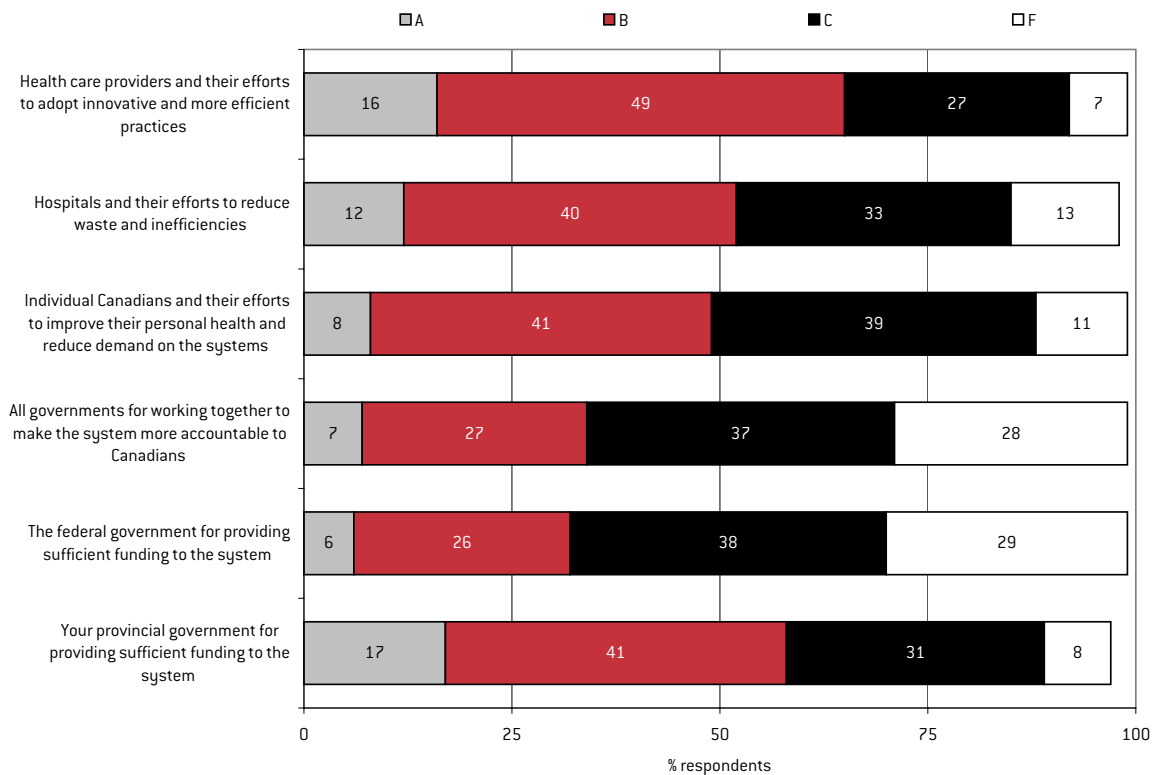
Source: Ipsos, Health Report Card, Aug 2004 (N=1000)

Figure 14

Section 1.2 The State of the Canadian Health Care System

**Contributions to Sustainability**

A lot of different groups can contribute to making the health system more sustainable. Thinking about their contributions over the past couple of years to make the health system more sustainable what mark or letter grade would you give to each of the following:...

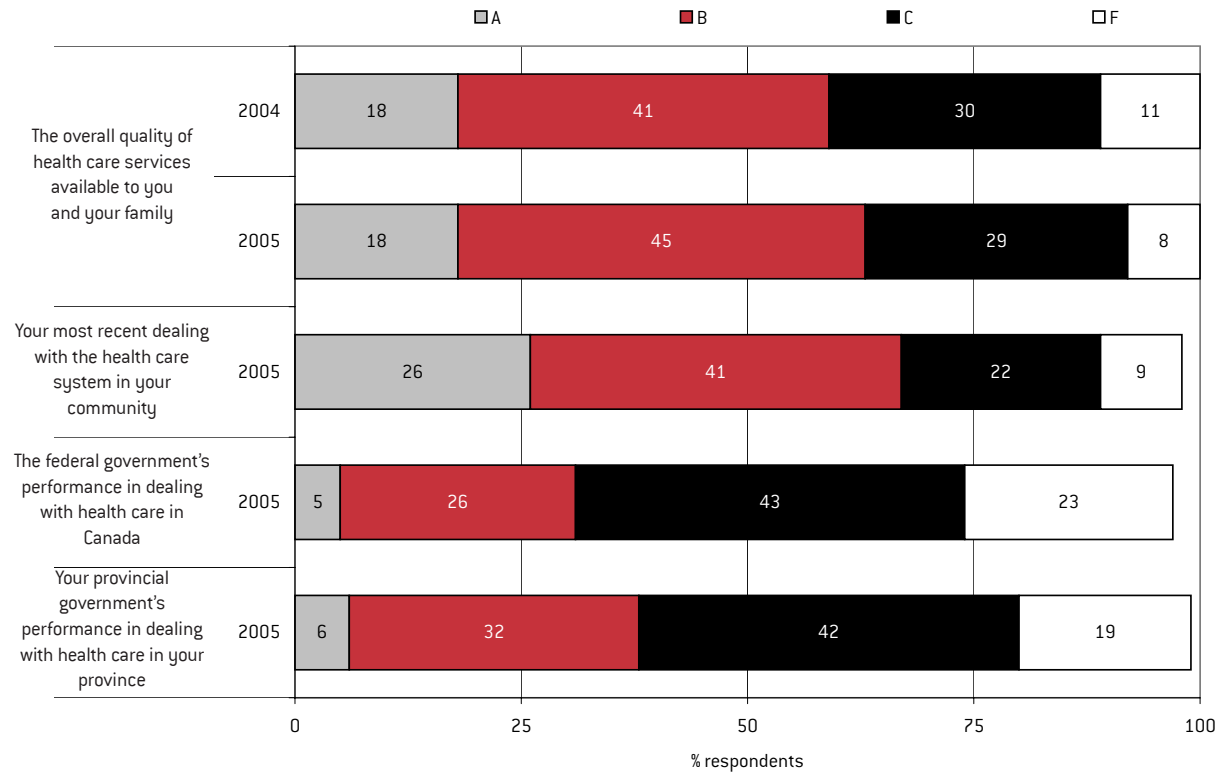


Source: Ipsos, Health Report Card, Aug 2004 (N=1000)

Figure 15

**System Quality and Government Performance**

The first few questions are about your overall views on the health system. Regardless of whether you have used the health system recently or not we would like to know your opinions. What mark letter grade would you give to....?

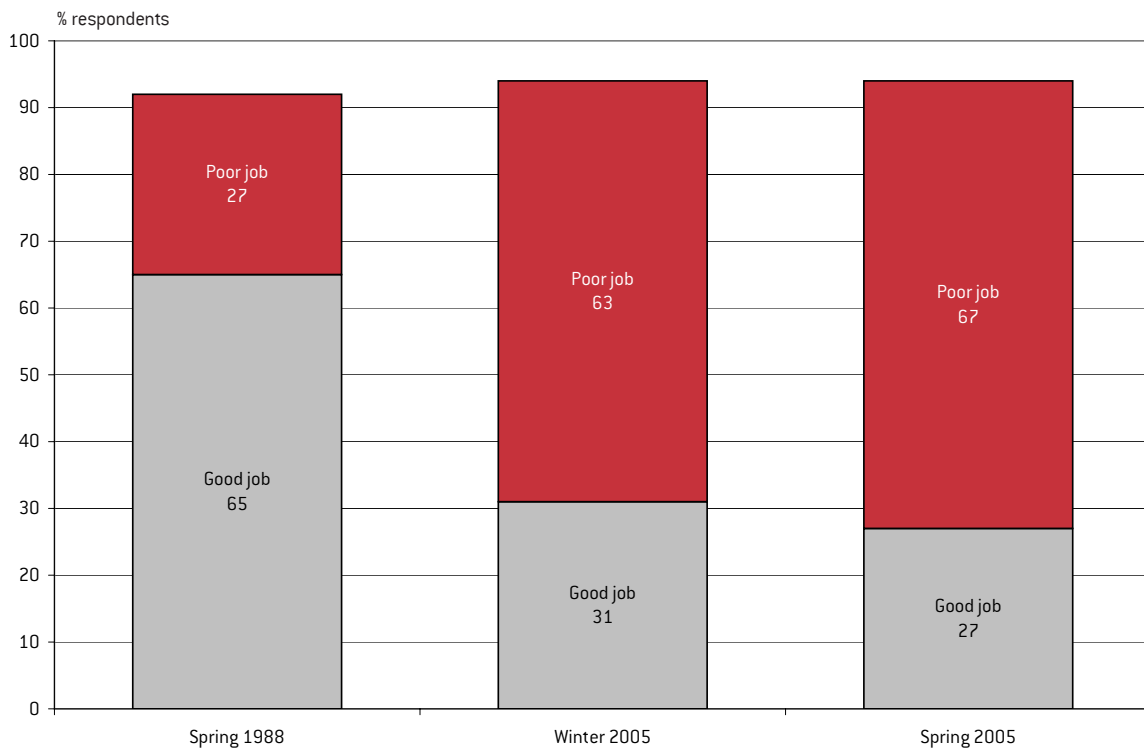


Source: Ipsos, Health Report Cards, Aug 2004 & 2005 (N=~1000)

Figure 16

**Satisfaction with Federal Government Performance I**

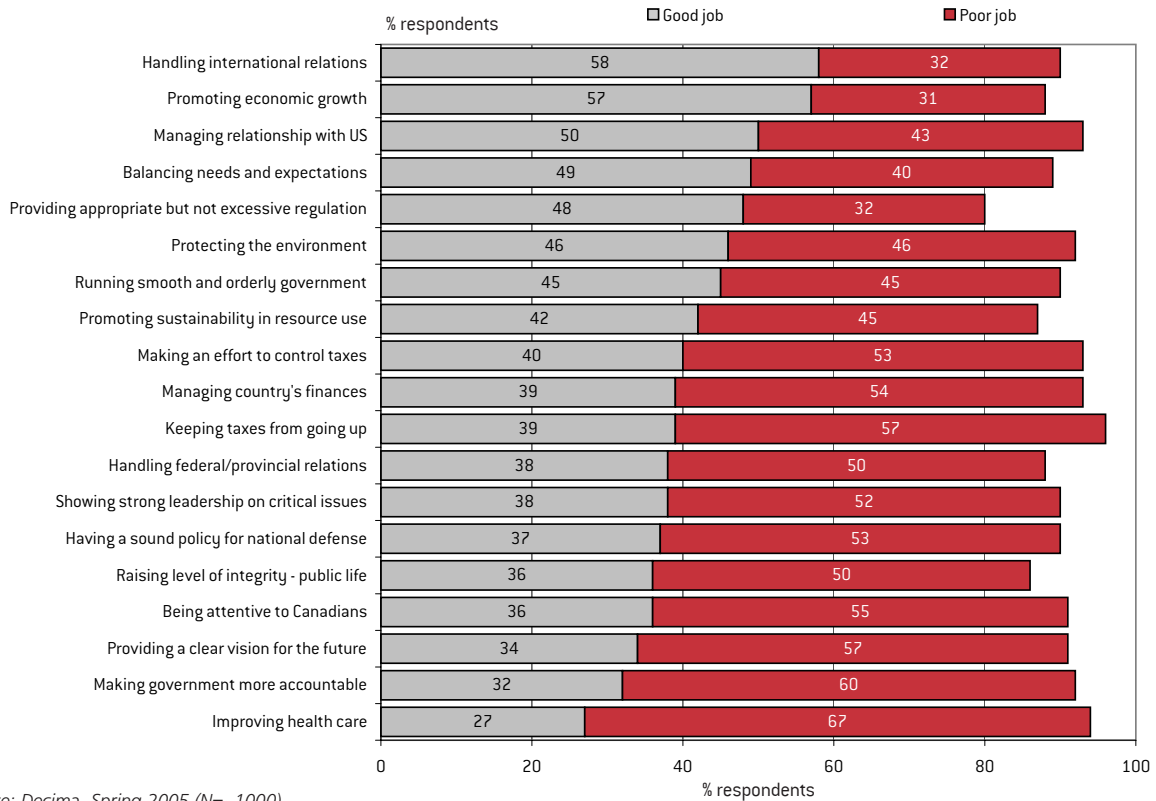
Satisfaction with 'Improving health care'.



Source: Decima surveys (N=~1000)

Figure 17

**Satisfaction with Federal Government Performance II**

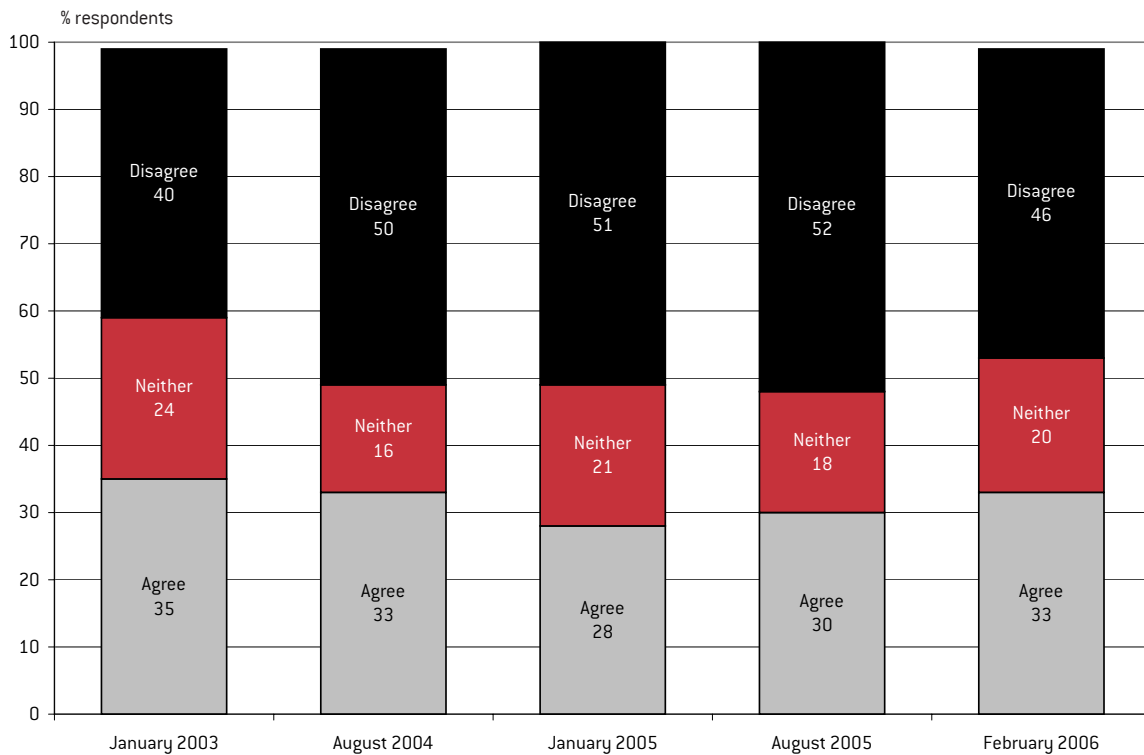


Source: Decima, Spring 2005 (N=~1000)

Figure 18

**Confidence in the Federal Government**

I am confident that the federal government will be able to improve the health care system in the next two years.

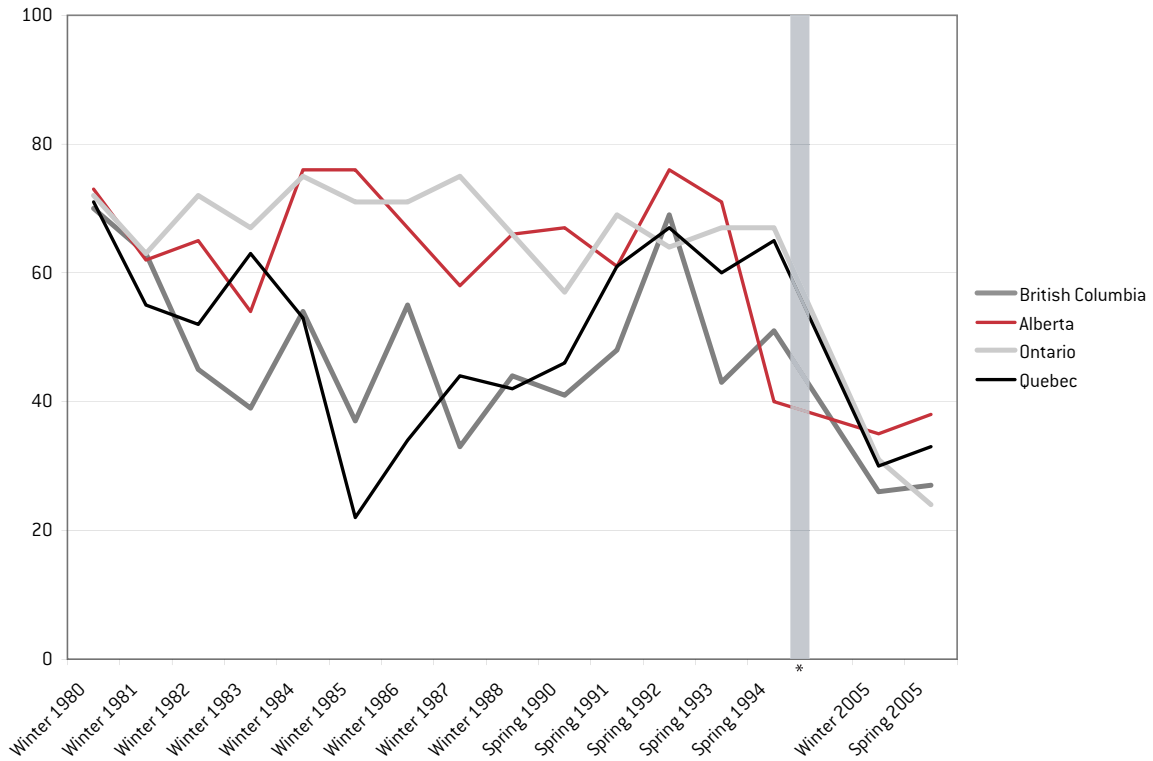


Source: Ekos surveys (N=~1000)

Figure 19

**Satisfaction with Provincial Governments**

Satisfaction with 'Improving health care'.



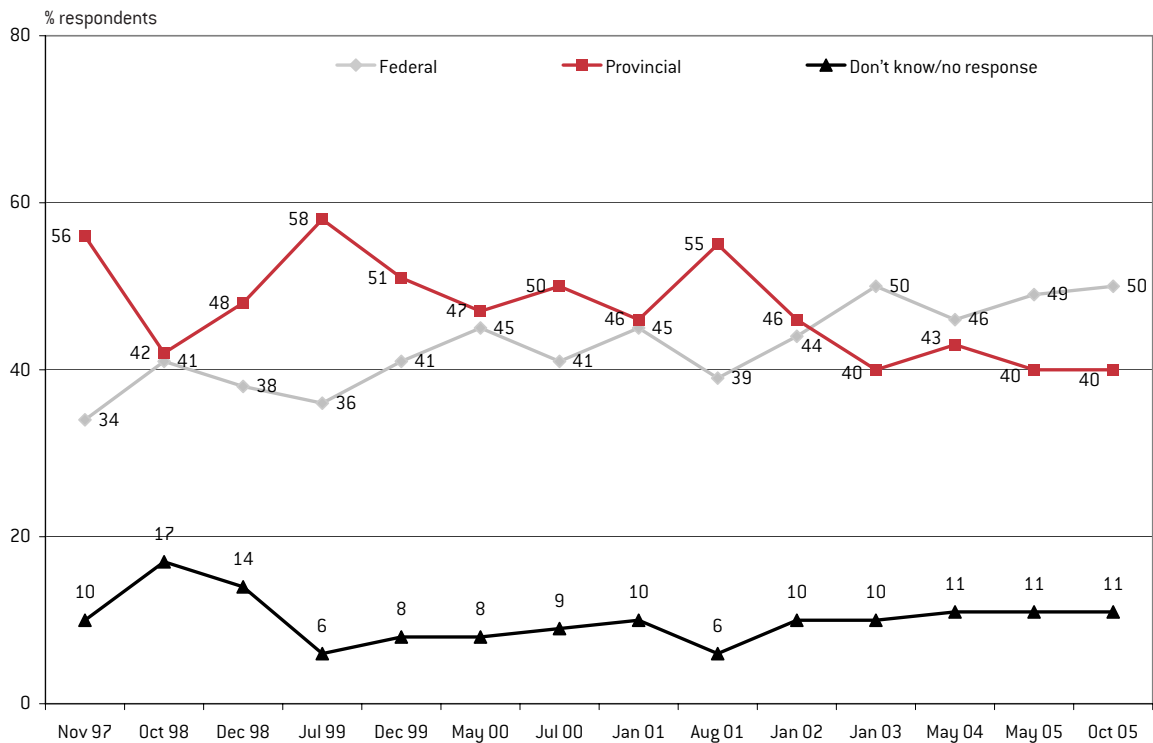
\* Data not collected during this period.  
Source: Decima surveys (N=~1000)

Figure 20

**Responsibility for Deterioration**

Has the quality of health care over the past two years improved, deteriorated, or stayed the same?

Which level of government is most responsible for the deterioration?



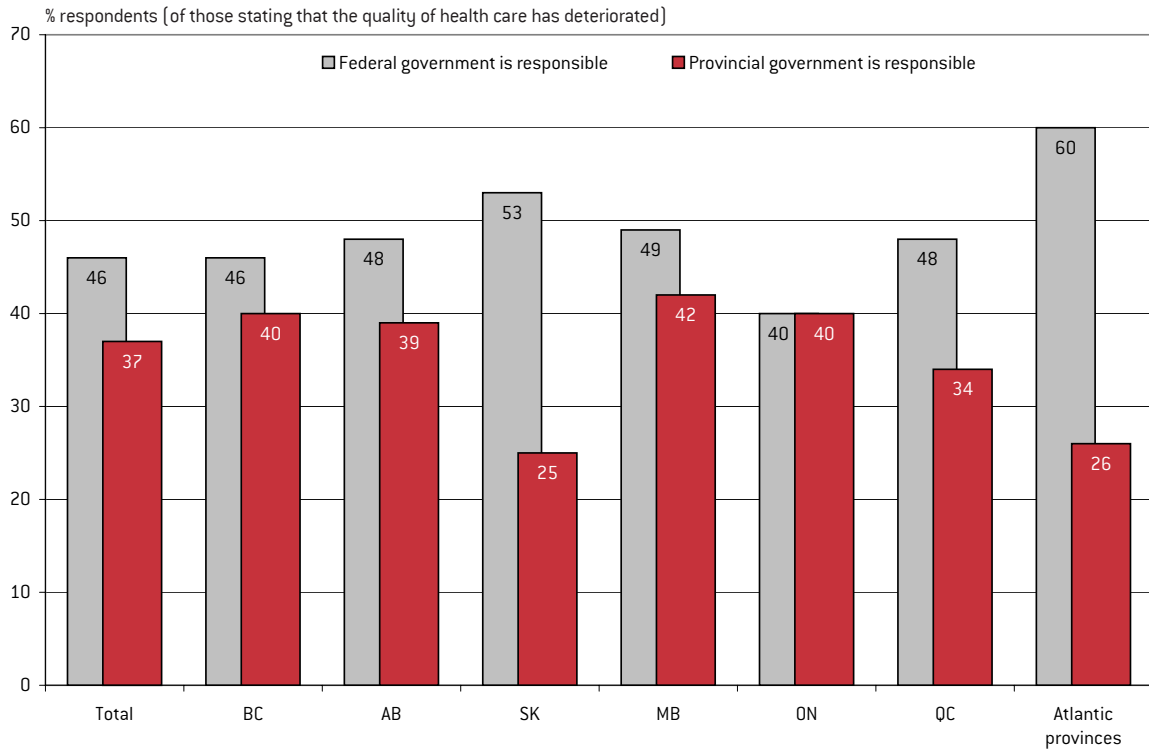
Source: Ekos surveys (N=~1000)

Figure 21

**Responsibility for Deterioration: by Province**

Has the quality of health care over the past two years deteriorated, improved, or stayed the same?

Which level of government, federal or provincial, would you say is most responsible for the deterioration?

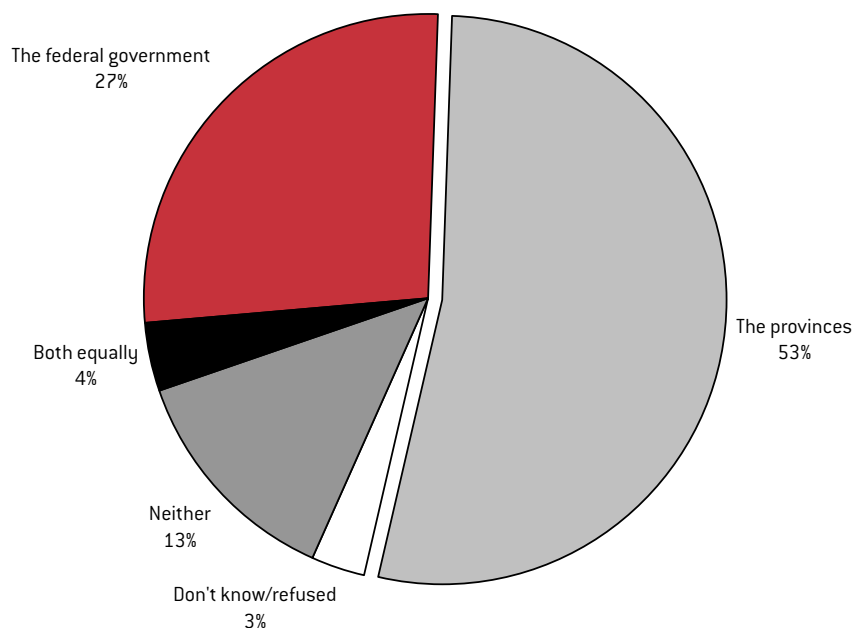


Source: The Strategic Counsel, for Health Canada, Sep 2004 (N=~2000)

Figure 22

**Confidence in Federal and Provincial Governments**

Which level of government do you have more confidence in to lead changes to the health care system?



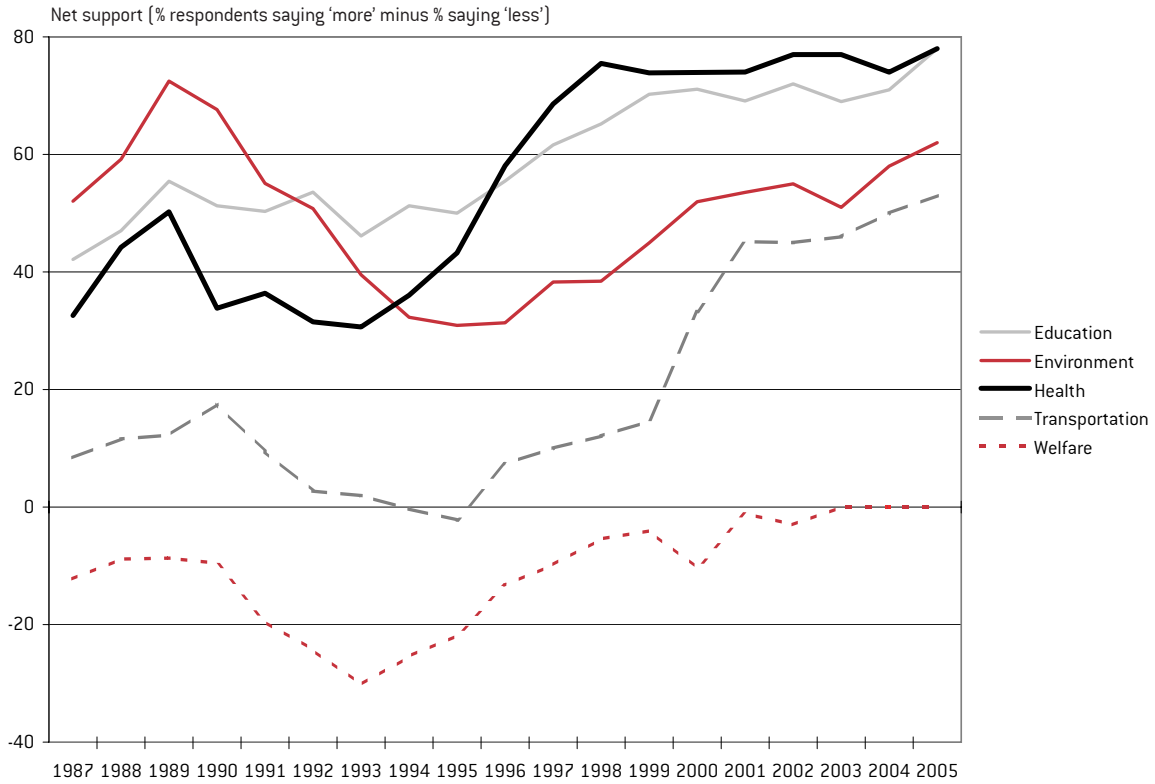
Source: The Strategic Counsel, for Health Canada, Sep 2004 (N=~2000)

Figure 23

Section 2.1 Government Spending

**Public Preferences for Spending**

Keeping in mind that additional spending may increase taxes, do you think the federal government should spend more, spend less, or spend the same amount on...?



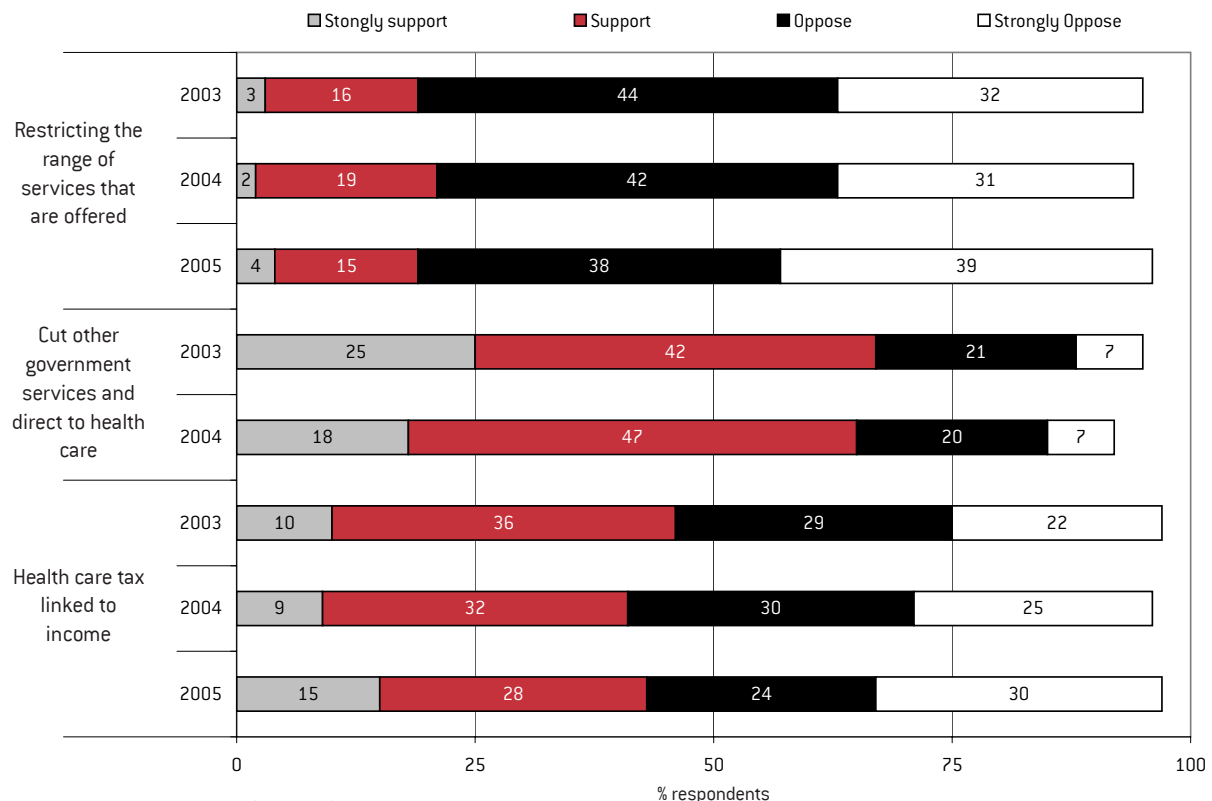
Source: Environics Focus Canada surveys (N=~1000)

Figure 24

Section 2.1 Government Spending

**Spending Priorities**

In order to manage health care spending more effectively, would you strongly support, support, oppose or strongly oppose each of the following choices?



Source: Pollara, HCIC 2003-5 (N=~1000)

Figure 25

**Intergovernmental Transfers**

In the past few years the provincial and territorial premiers have been calling on the federal government to provide more money for health care. Some people say that the provinces and territories already receive sufficient federal funding and that it is simply a question of the premiers' spending priorities. Others say that the federal government is not paying its fair share and should increase the funding it provides to the provinces and territories for health care. Which of these statements comes closest to your view?

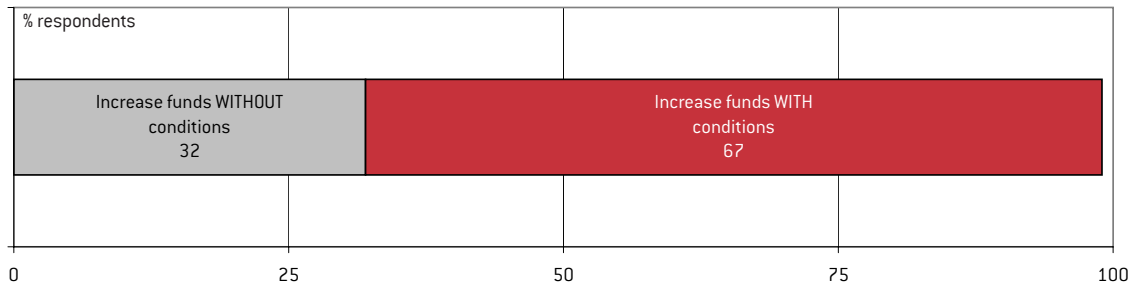


Source: Ipsos Health Report Card, Aug 2004 (N=~1000)

Figure 26

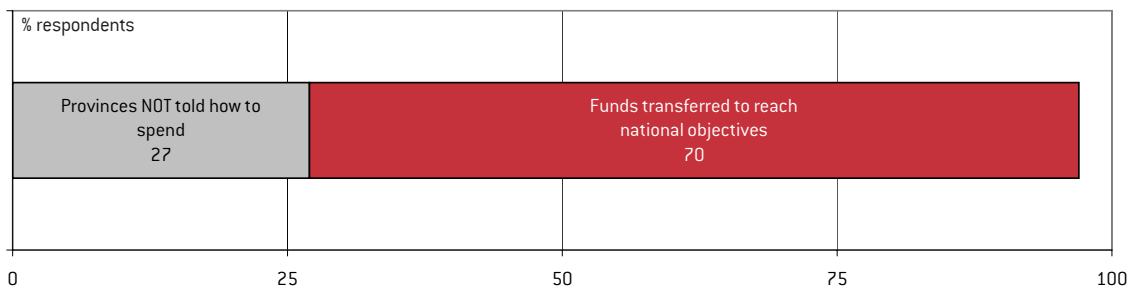
**Intergovernmental Transfers, with Conditions**

Which of these two statements is closest to your opinion? The federal government should increase the amount of federal funds for health care without any conditions and let the provinces administer their health care systems as they see fit, OR the federal government should increase the amount of federal funds for health care with conditions that would see more monitoring of how the health care system works and make the health care system more accountable.



Source: Ipsos Health Report Card, Aug 2004 (N=~1000)

Some people say that it is the federal government's job, on behalf of Canadian taxpayers, to make sure that funds transferred to the provinces for health care are spent on health care and that national objectives for health care quality are met by each of the provinces. Other people say that since the provinces fund a significant portion of the cost of health care and are responsible for delivering health care services, they should not be told how to spend funds transferred from the federal government. Which view is closer to your own?

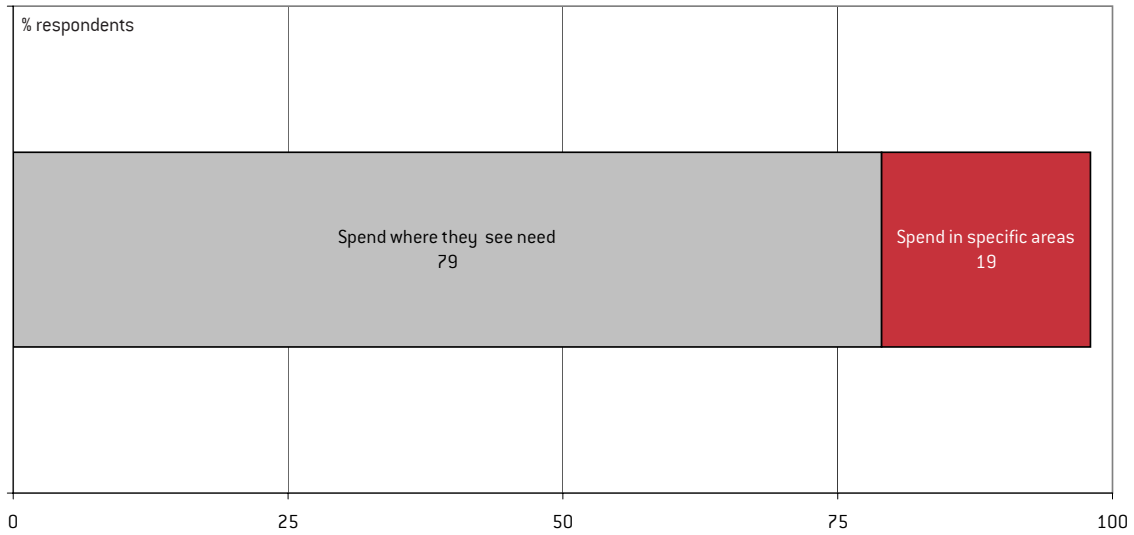


Source: Veraxis, for Health Canada, Sep 2004 (N=~2500)

Figure 27

**Limited Conditionality**

Some people say that the provinces/territories should be required to spend any new health care dollars on specific areas such as providing more coverage to care for people at home or purchasing more diagnostic equipment. Other people say that because each province or territory has different requirements, they should be able to spend the money wherever they perceive the greatest need to be. Which view is closer to your own?

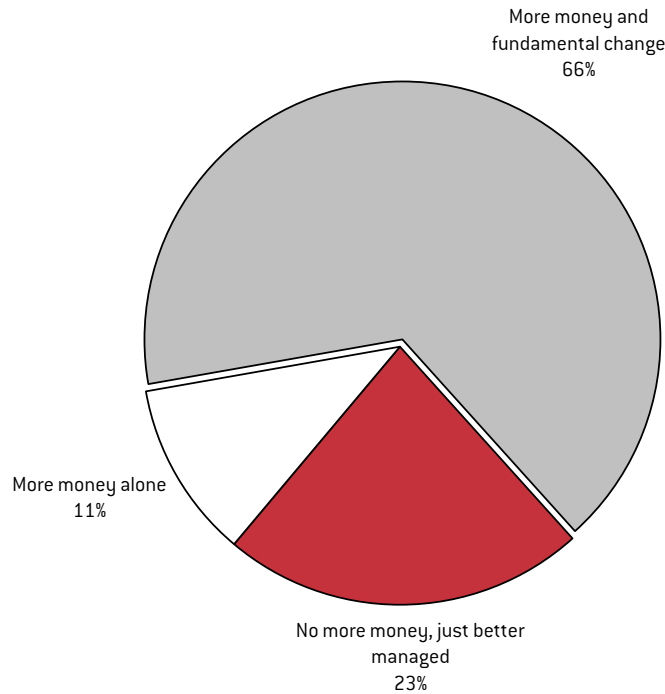


Source: Veraxis, for Health Canada, Sep 2004 (N=~2500)

Figure 28

**Spending, with Fundamental Change**

Some people say that the health care system doesn't need more money, it just needs to be better managed. Other people say that more money alone would go a long way to fixing what is wrong with health care. Still other people say that more money is required but that's not enough, the health care system needs to be fundamentally changed. Which one of these three points of view is closest to your own?



Source: Veraxis, for Health Canada, Sep 2004 (N=~2500)

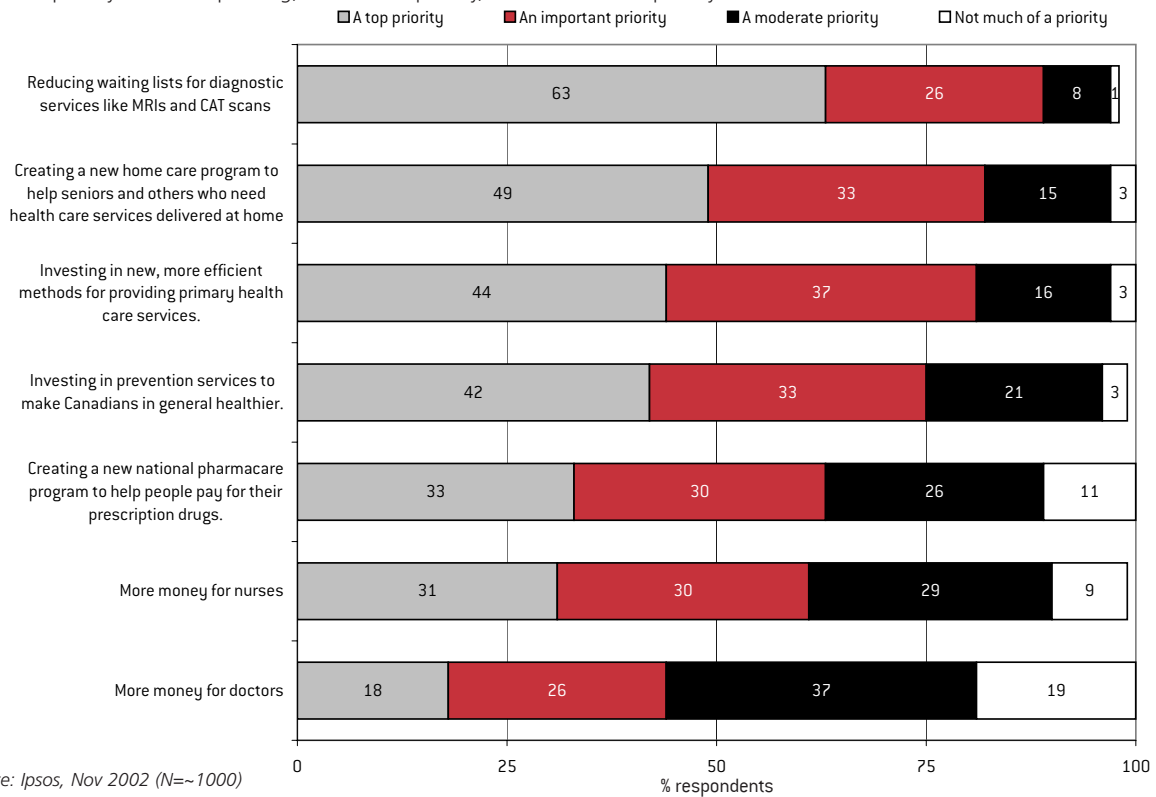


Figure 29

Section 2.2 Policy Priorities

**Policy Priorities, 2002 Romanow Commission**

The Romanow Commission on the future of health care in Canada is likely to recommend that big parts of the federal government's future budget surplus should be spent on improving and expanding specific health services for Canadians. I'm going to read you some of these services. For each one, I'd like you to tell me if more spending in this area should be a top priority for more spending, an important priority for more spending, a moderate priority, or not much of a priority....?



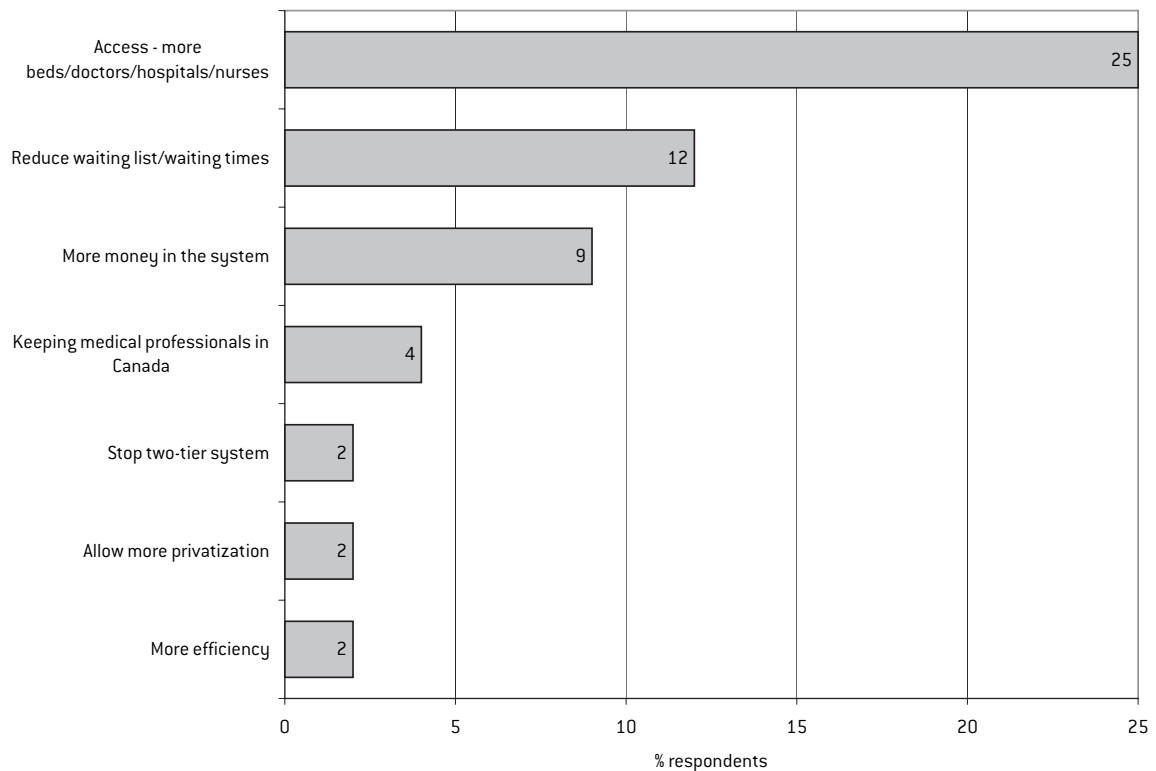
Source: Ipsos, Nov 2002 (N=~1000)

Figure 30

Section 2.2 Policy Priorities

**Policy Priorities, 2003 First Ministers' Meeting**

Thinking about the state of health care in Canada, what is the one improvement that would make you feel more confident about the state of the health care system? [open-ended]

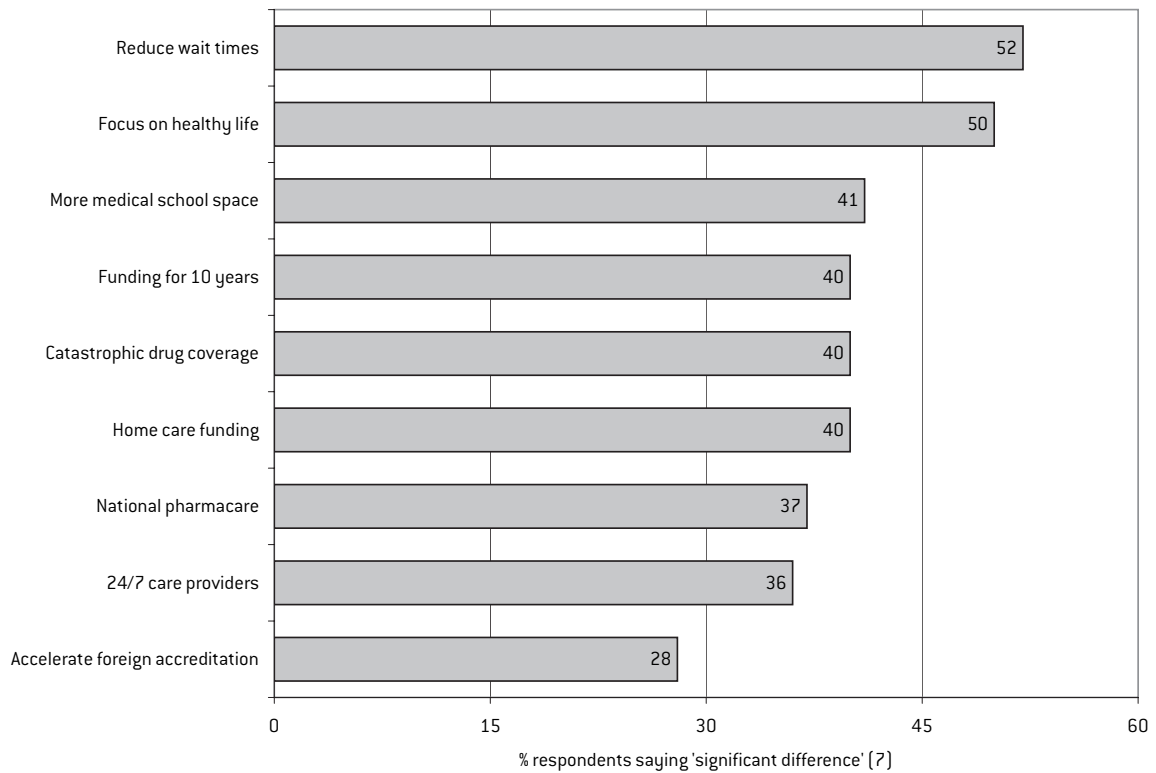


Source: The Strategic Counsel, for Health Canada, Feb 2003 (N=~2000)

Figure 31

**Policy Priorities, 2004 First Ministers' Meeting**

Various proposals have been put forward to improve the quality of health care. Please use a scale of 1 to 7, where 7 means it will make a significant difference, 1 means it will make no difference at all and the midpoint 4 means it will make some difference. How about...?

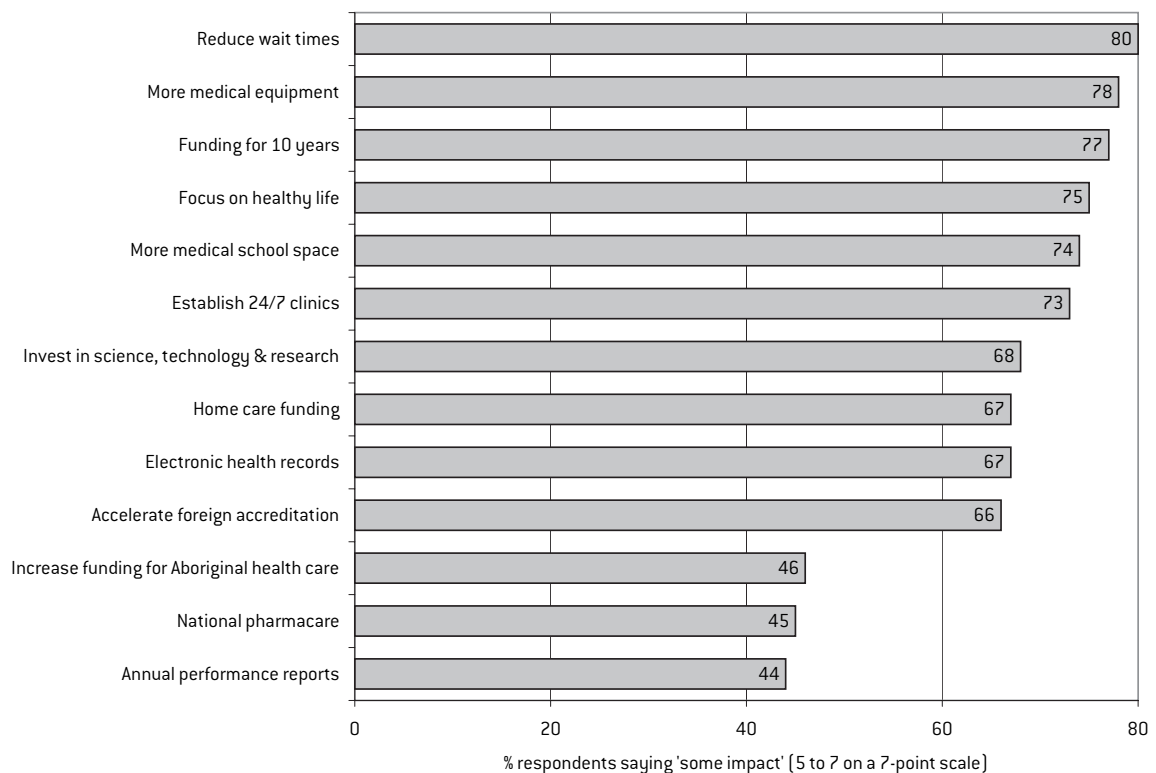


Source: Veraxis, for Health Canada, Sep 2004 (N=~2500)

Figure 32

**Policy Priorities, 2004 10-Year Plan to Strengthen Health Care**

For each of the following elements included in the 10-Year Plan to Strengthen Health Care, please tell me to what extent you believe it will make a difference in improving the quality of health care.

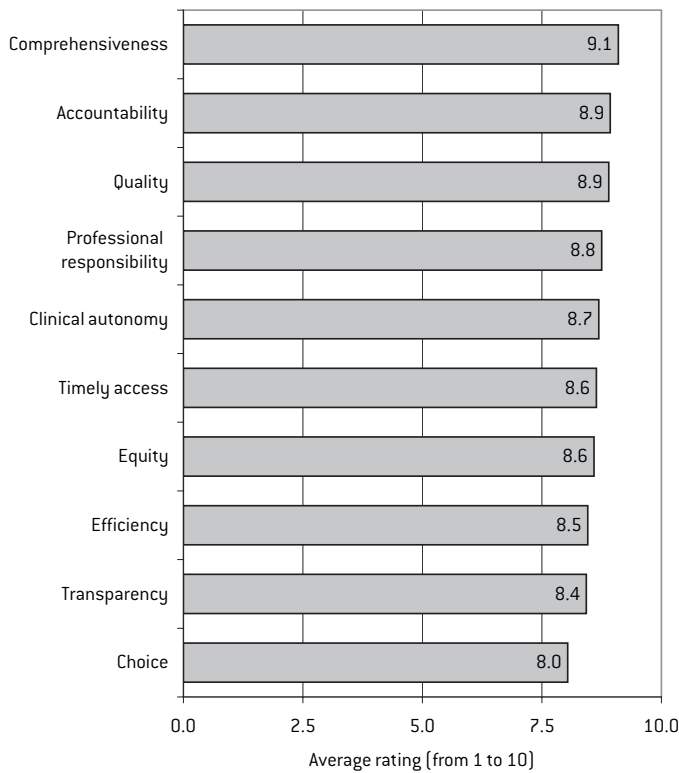


Source: The Strategic Counsel, for Health Canada, Sep 2004 (N=~2000)

Figure 33

**Policy Priorities, 2006 CMA Priorities**

How much of a priority would you say each principle is...?



Source: Ipsos, Mar 2006 (N=~1000)

Section 2.2 Policy Priorities

**Comprehensiveness:** Canadians should have access to a full spectrum of medically necessary care.

**Accountability:** The public and private health care sectors should be held to the same high accountability standards and must submit to a full cost accounting for the use of public funds.

**Quality:** The public and private health care sectors must be held to the same high quality standards and be independently monitored.

**Professional responsibility:** Medical professionals in both the public and private sectors have a responsibility to promote the strongest possible health care system that best meets patients' needs and trains future generations of health providers.

**Clinical autonomy:** Whether it is public or private the health care system must respect the autonomous decision-making within the patient-physician relationship and physicians must be free to act and speak in a manner that is best for their patients.

**Timely access:** Canadians should have timely access to medically necessary care and if wait times become unreasonably long there should be an option for them to get care elsewhere.

**Equity:** Access to medically necessary care must be based on need and not on ability to pay.

**Efficiency:** The public and private health sectors should be structured to optimize the use of human and all other resources.

**Transparency:** Decisions affecting which health care services are publicly insured must be made through an open and transparent process and providers should inform patients about potential conflicts of interest.

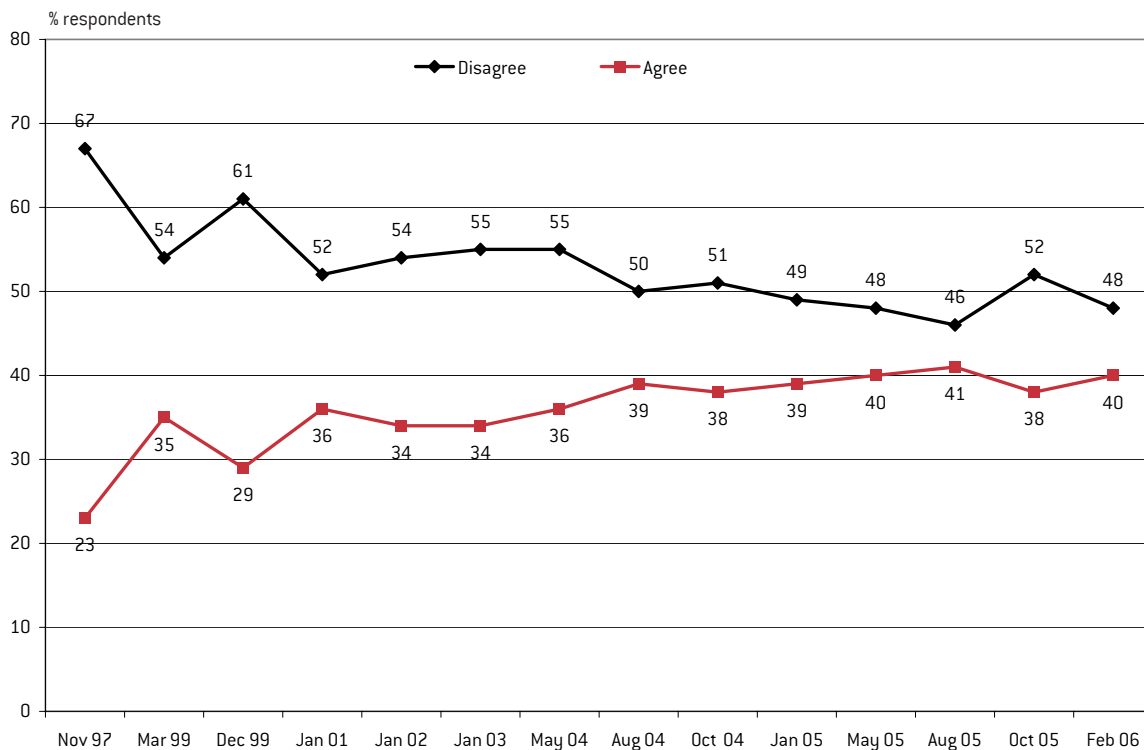
**Choice:** Canadians should be able to choose their physicians and physicians should be able to choose the kind of practice they want to run.

Figure 34

**Pay for Quicker Access**

Individuals should be allowed to pay extra to get quicker access to health care services.

Section 2.3 Private Health Care



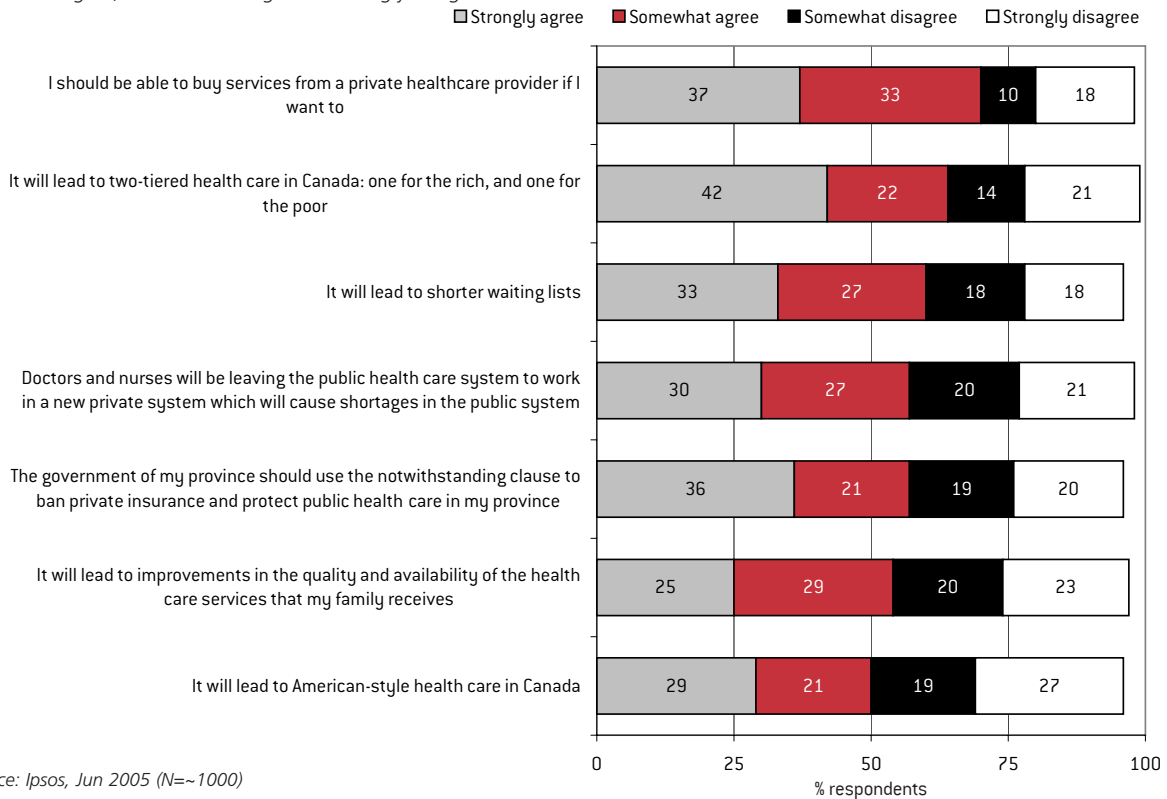
Source: Ekos surveys (N=~1000)

Figure 35

Section 2.3 Private Health Care

**Views on the Chaoulli Decision I**

As you may know, last week the Supreme Court of Canada struck down the ban on private medical insurance being used to pay for basic services offered by the public health care system. While this ruling only applies to Quebec, it will likely apply to all provinces in the near future. I'd like to read you some statements about the impact of this ruling, and I'd like you to tell me if you strongly agree, somewhat agree, somewhat disagree or strongly disagree...?



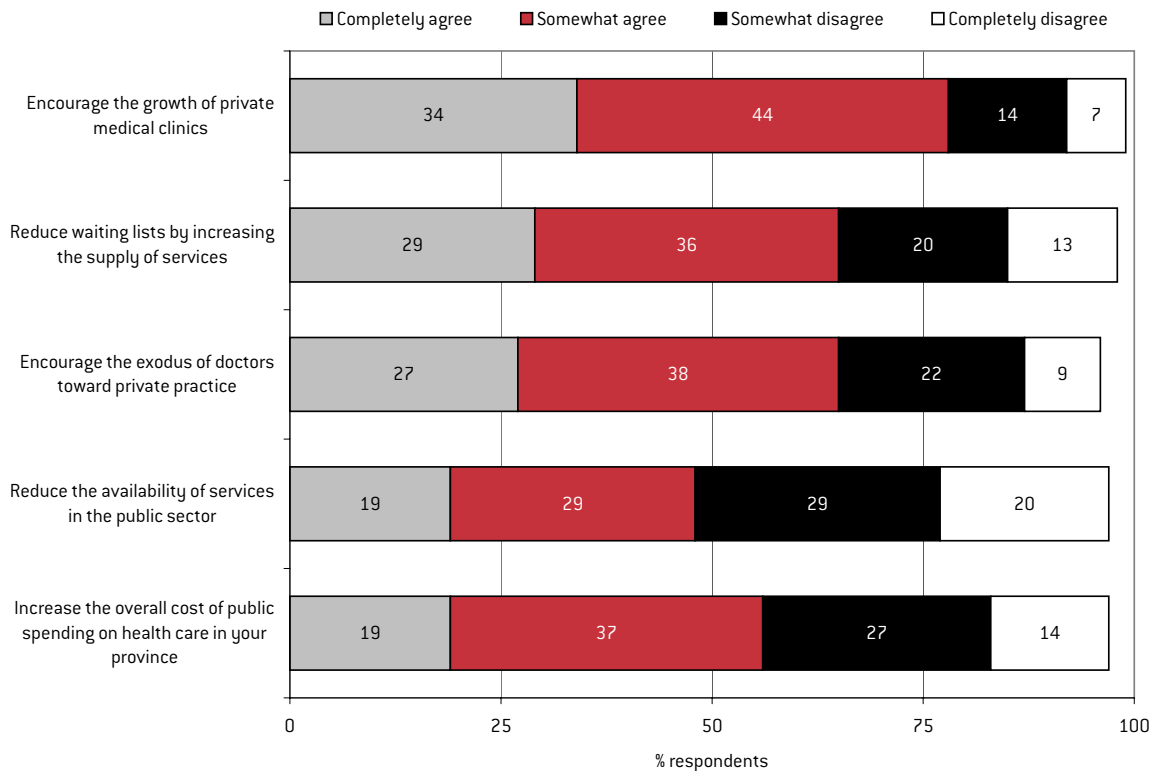
Source: Ipsos, Jun 2005 (N=~1000)

Figure 36

Section 2.3 Private Health Care

**Views on the Chaoulli Decision II**

Generally, would you say that you completely agree, somewhat agree, somewhat disagree or completely disagree with the following statements. The consequences of the Supreme Court ruling will be to...:



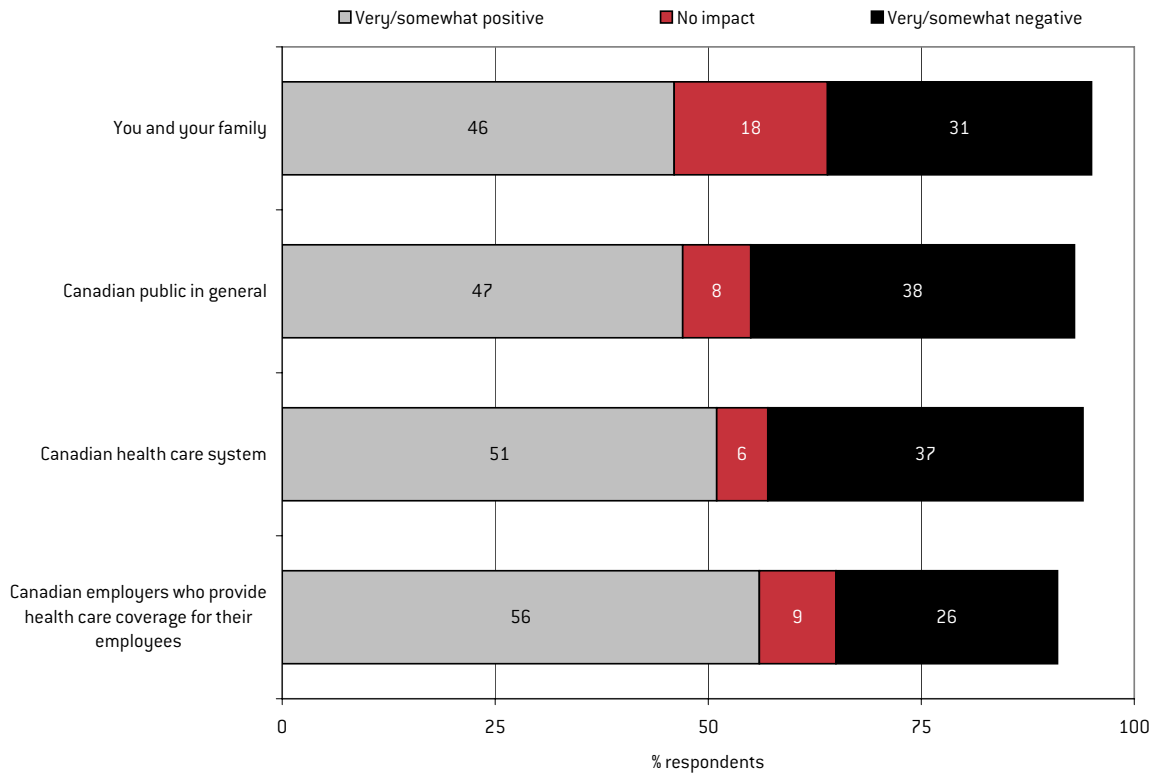
Source: Ipsos, Aug 2005 (N=1000)

Figure 37

Section 2.3 Private Health Care

**Views on Private Health Insurance I**

In your opinion, if Canadians were allowed to purchase private insurance for health care services already covered under the public health system, would the impact of the decision be very positive, somewhat positive, somewhat negative, very negative or would it have no impact on the following...?



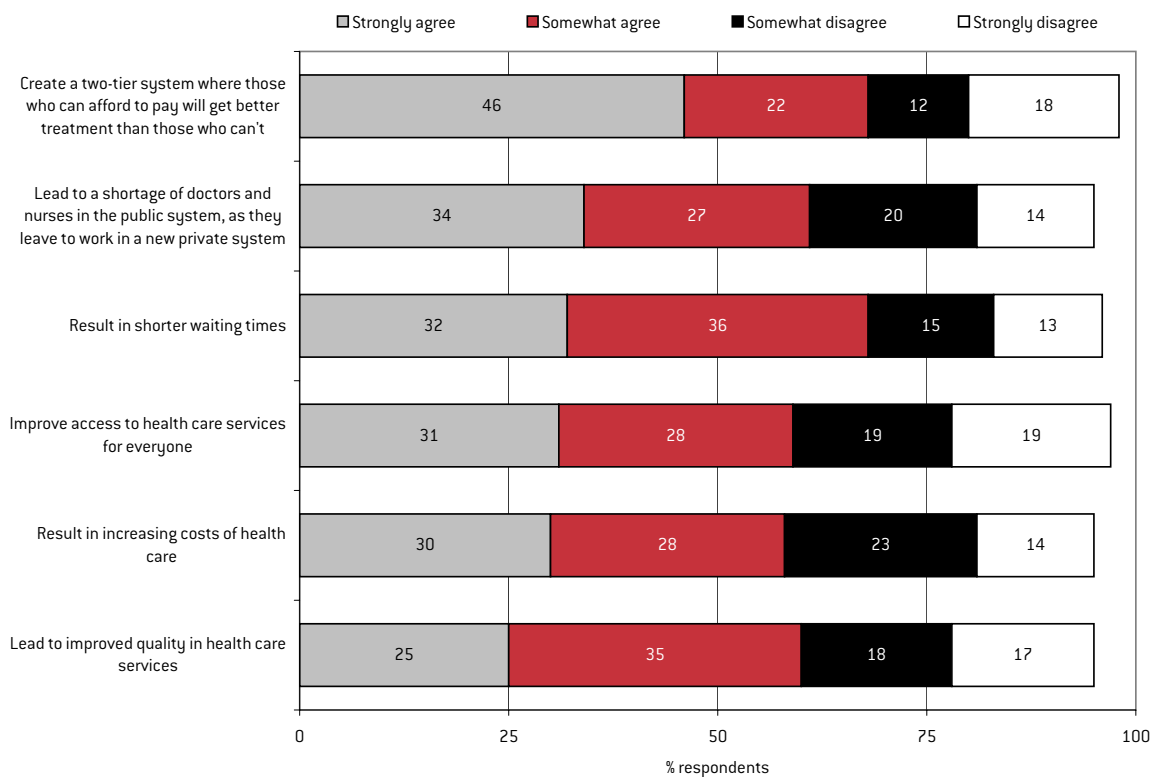
Source: Pollara, HCIC 2005 (N=1200)

Figure 38

Section 2.3 Private Health Care

**Views on Private Health Insurance II**

Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree that such a decision [allowing Canadians to purchase private insurance] would...?



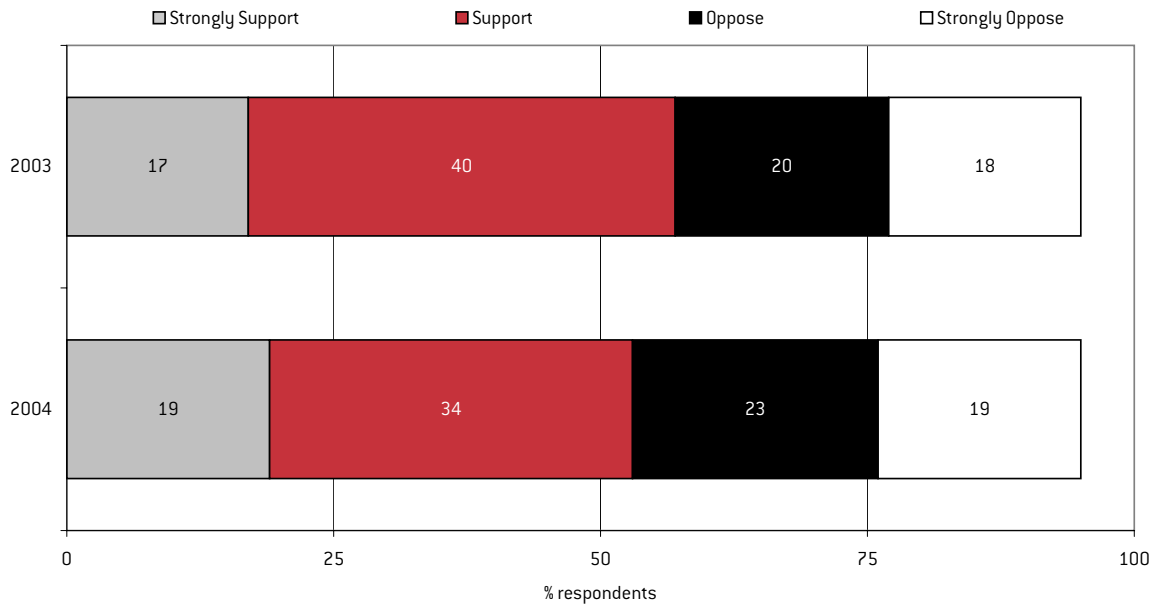
Source: Pollara, HCIC 2005 (N=1200)

Figure 39

Section 2.3 Private Health Care

**Private Clinics**

Do you strongly support, support, oppose or strongly oppose allowing the government to be able to contract out the delivery of publicly covered services to private clinics, for instance having medicare pay for knee surgery at a private clinic rather than a public hospital?



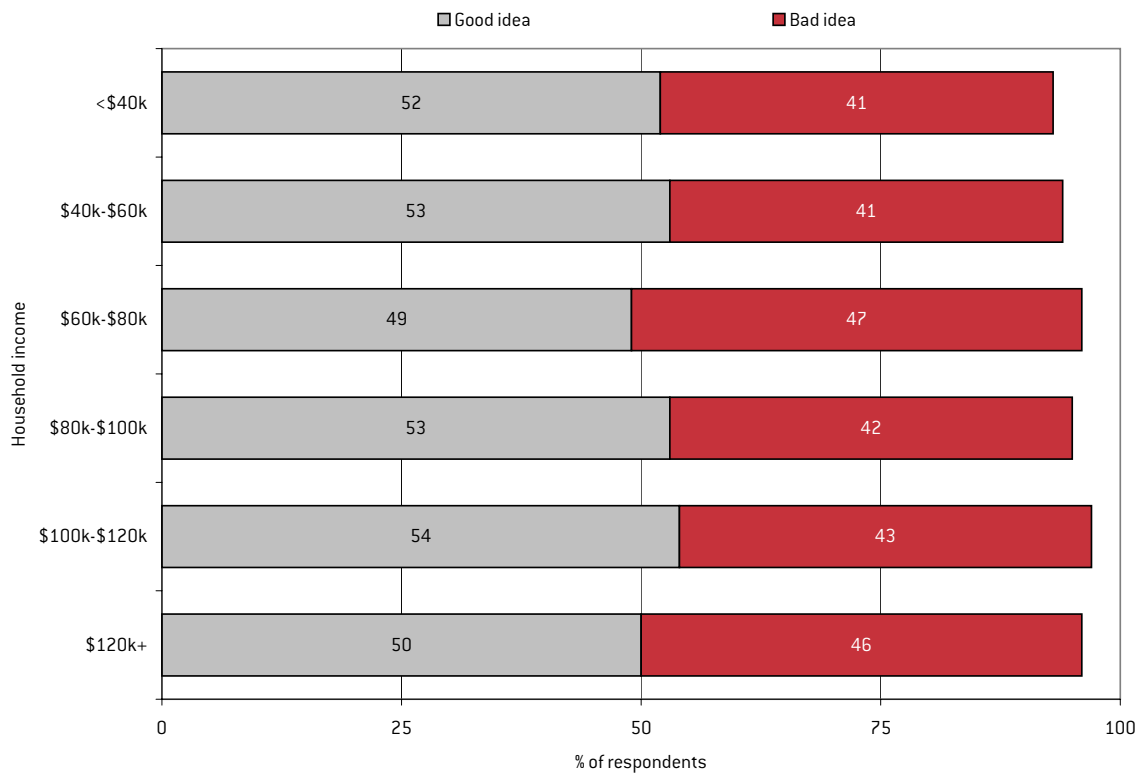
Source: Pollara, HCIC 2003, 2004 (N=~1000)

Figure 40

Section 2.3 Private Health Care

**Private Clinics: Support, by Income**

A company announced it would be opening Canada's first private clinic for advanced primary medical care. For \$2,300 per year with a \$1,700 initiation fee, patients will get medical services. How familiar are you with this announcement?... Regardless of whether you would take advantage of the service, how good an idea is this?



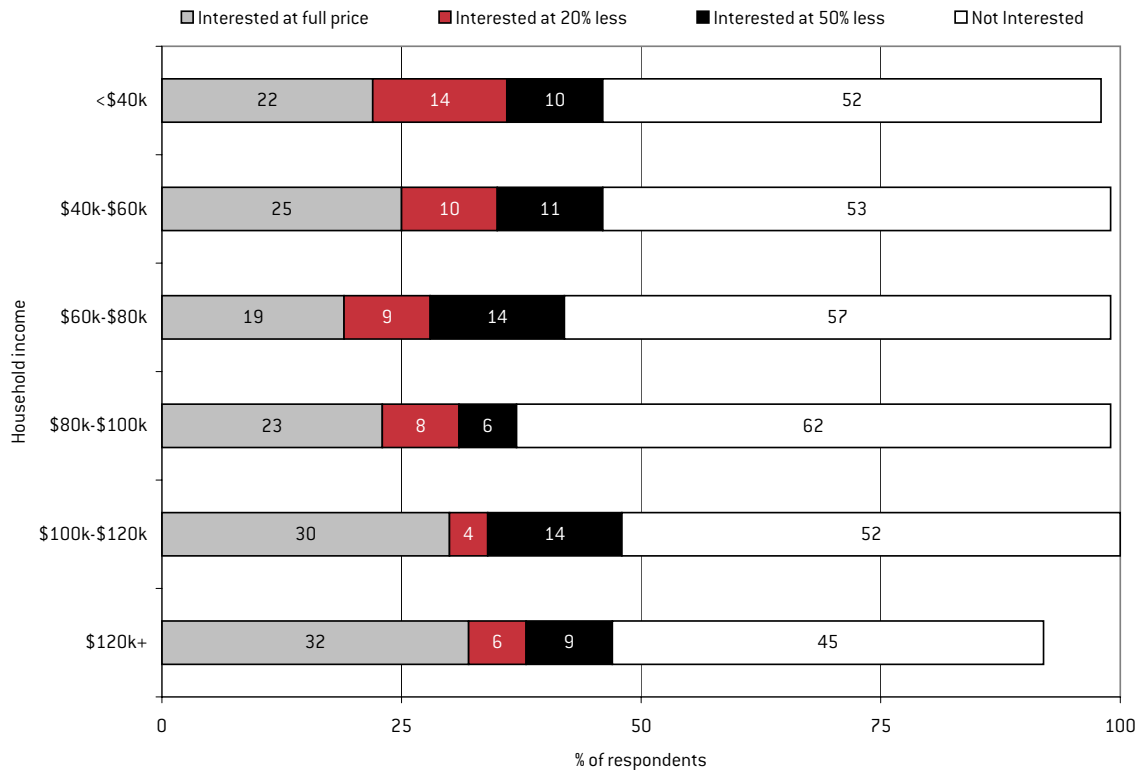
Source: Decima, Private Health Service syndicated report, Jul 2005 (N=~2000)

Figure 41

Section 2.3 Private Health Care

**Private Clinics: Likelihood of Subscribing, by Income**

How likely are you to subscribe to the service at this price?... If it cost 20% less, how likely are you to subscribe to this kind of service?... If it cost 50% less, how likely are you to subscribe to this kind of service?



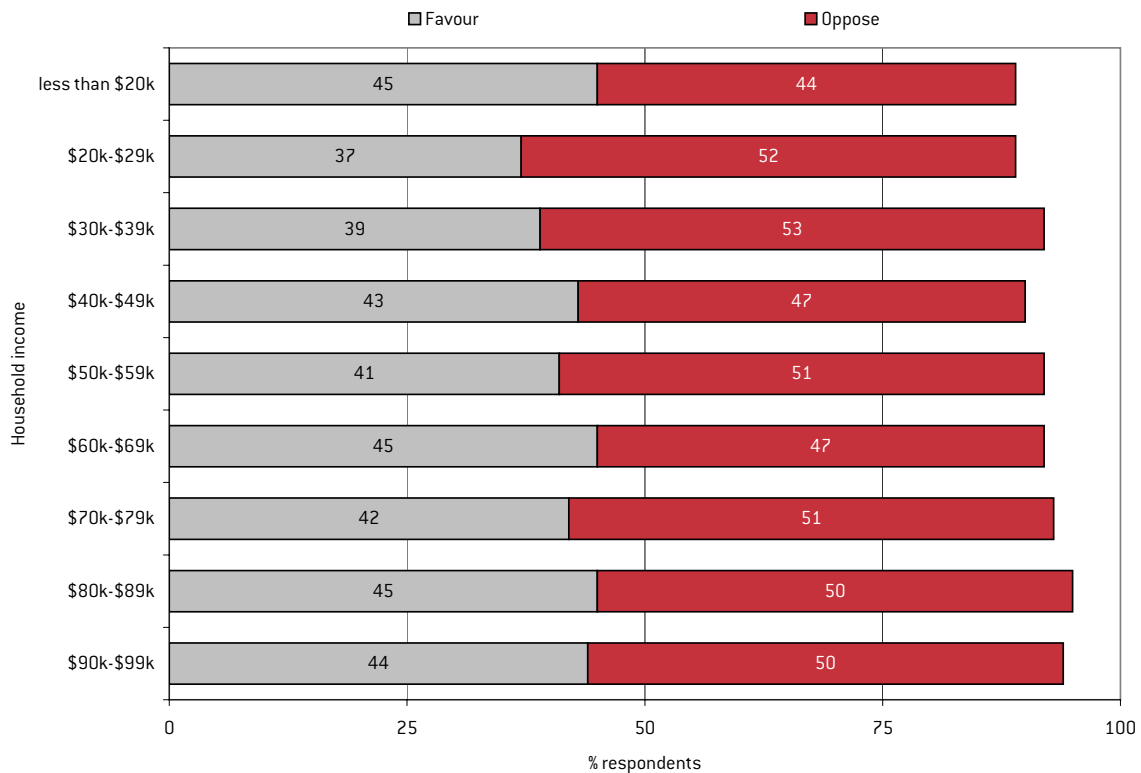
Source: Decima, Private Health Service syndicated report, Jul 2005 (N=~2000)

Figure 42

Section 2.3 Private Health Care

**Private Hospitals: Support, by Income**

Do you favour or oppose having some private hospitals in Canada?



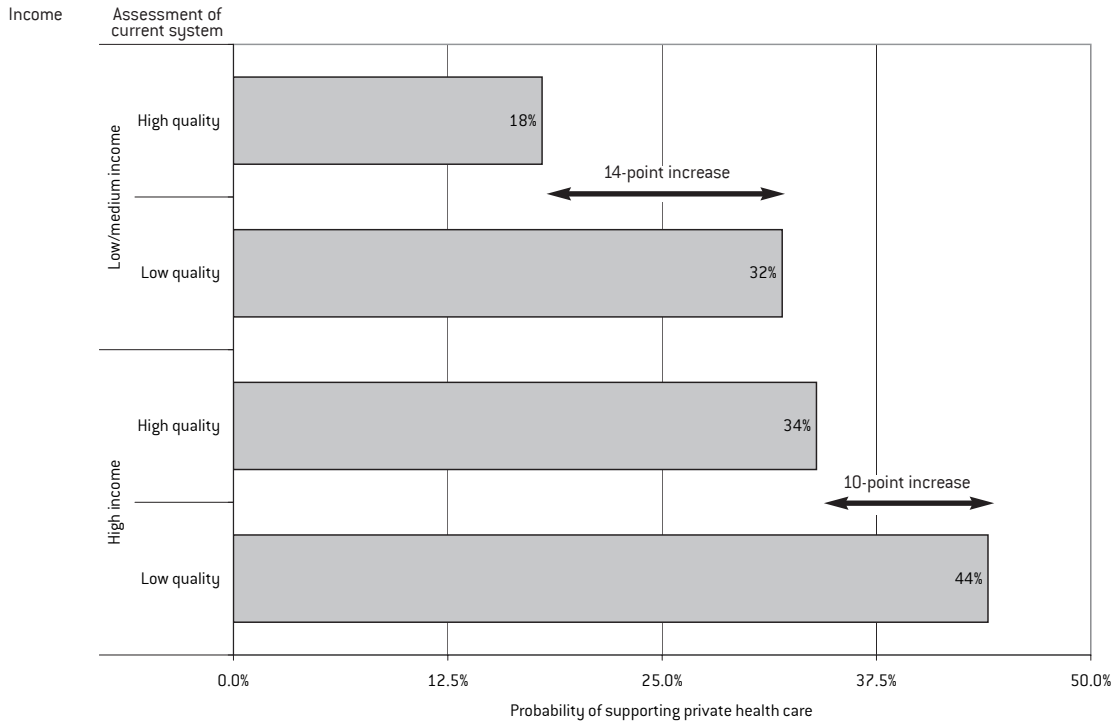
Source: 2004 Canadian Election Study (N=~2800)

Figure 43

Section 3.5 Private Health Care

**Support for Private Health Care**

Support for private health care: Do you support or oppose the general idea of allowing private medical clinics in this province?; Assessment of current system: How would you describe the overall quality of health care available in your community today? Is it... 'High income' respondents have a household income greater than \$80,000 per year. Predicted probabilities are based on a binary probit regression model, with controls for gender and Conservative Party identification.



Source: Innovative Research Group (IRG) 'Ontario This Month', Mar 2006 (N=~500). Results are confirmed using the IRG 'Canada This Month' online poll (N=~2650).

Figure 44

Section 2.3 Private Health Care

**Support for Public and Private Health Care**

Spending: Should the government spend more, spend less or spend the same amount as now on the following areas. Keep in mind that spending more in one area means spending less in another area or increasing taxes... Health care.

Hospitals: Do you favour or oppose having some private hospitals in Canada?

|                      |               | Private Hospitals |         |
|----------------------|---------------|-------------------|---------|
|                      |               | Don't support     | Support |
| Health care spending | Decrease/same | 7%                | 10%     |
|                      | Increase      | 47%               | 36%     |

Cells show the percent of total respondents.

Source: 2004 Canadian Election Study (N=~2800)

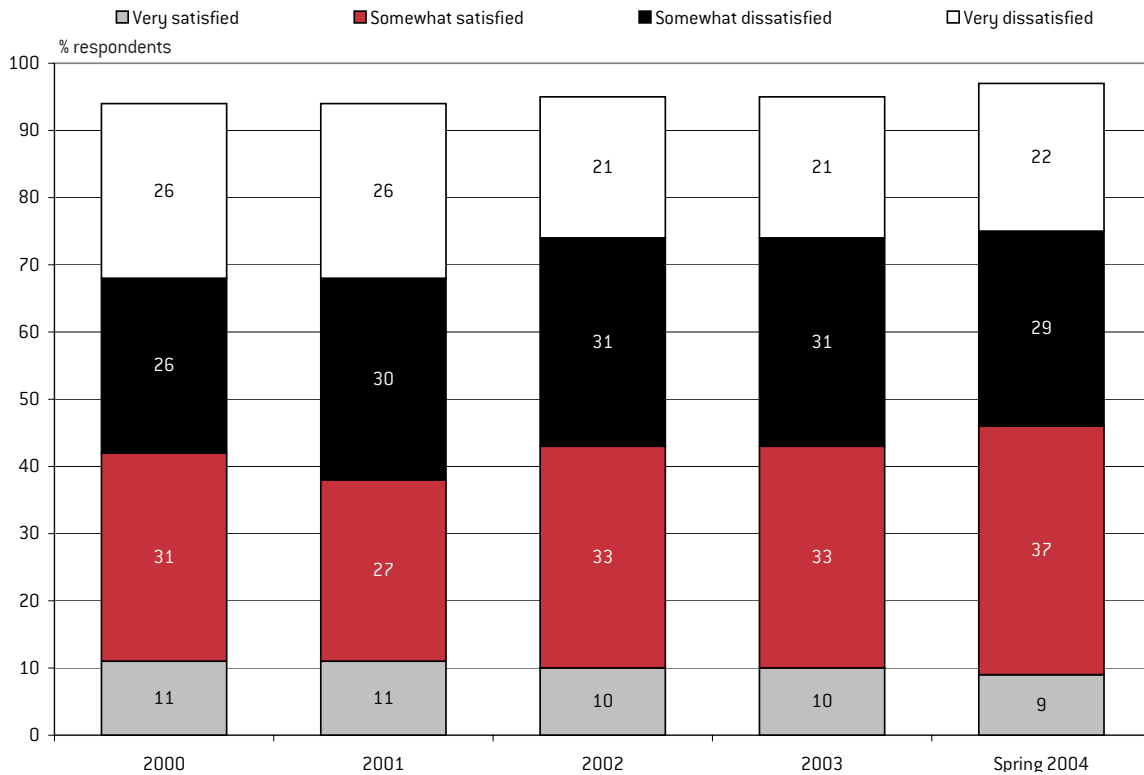


Figure 45

Section 3.1 Access to Services

**Timeliness of Access to Care**

Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system: Timeliness of access to care.



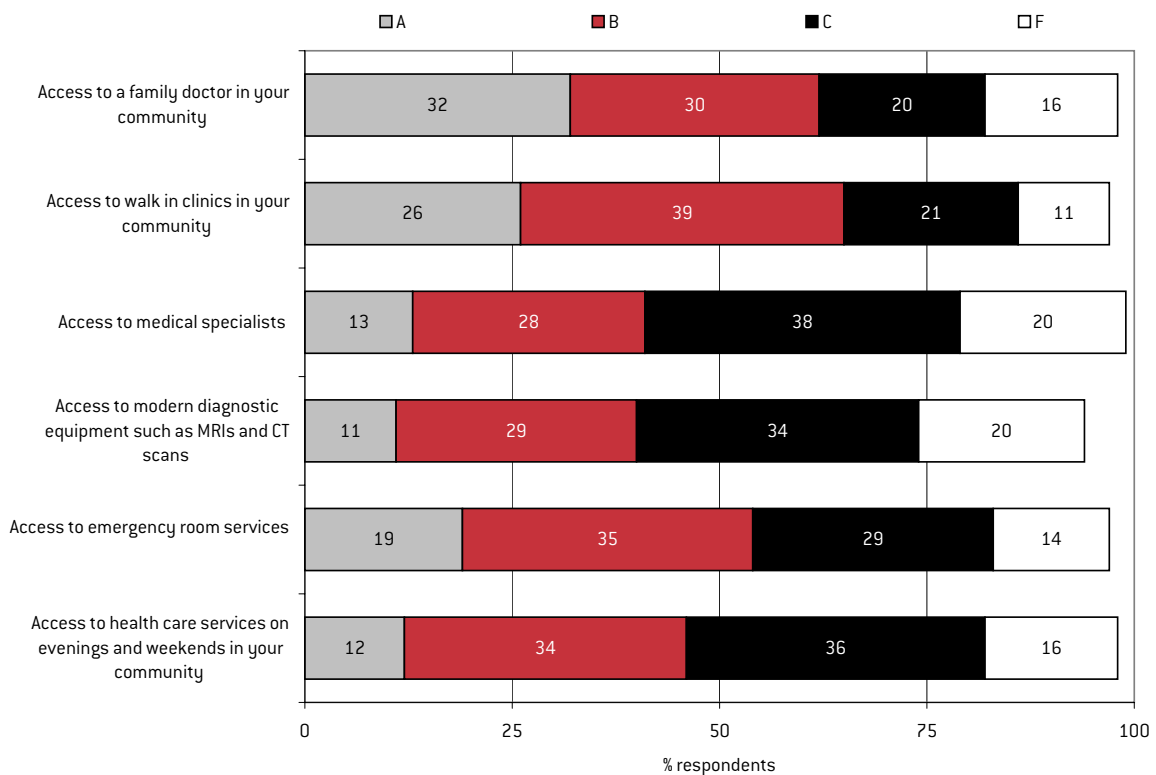
Source: Pollara, as reported in HCIC 2004 (N=~1000)

Figure 46

Section 3.1 Access to Services

**Access to Specific Services**

The next couple of questions are about your ability to access health services in your community. By access we mean you can get prompt health care services for you and your family when you need to. Regardless of whether you have used the health systems recently or not we would like to know your opinions. What mark letter grade would you give to...?



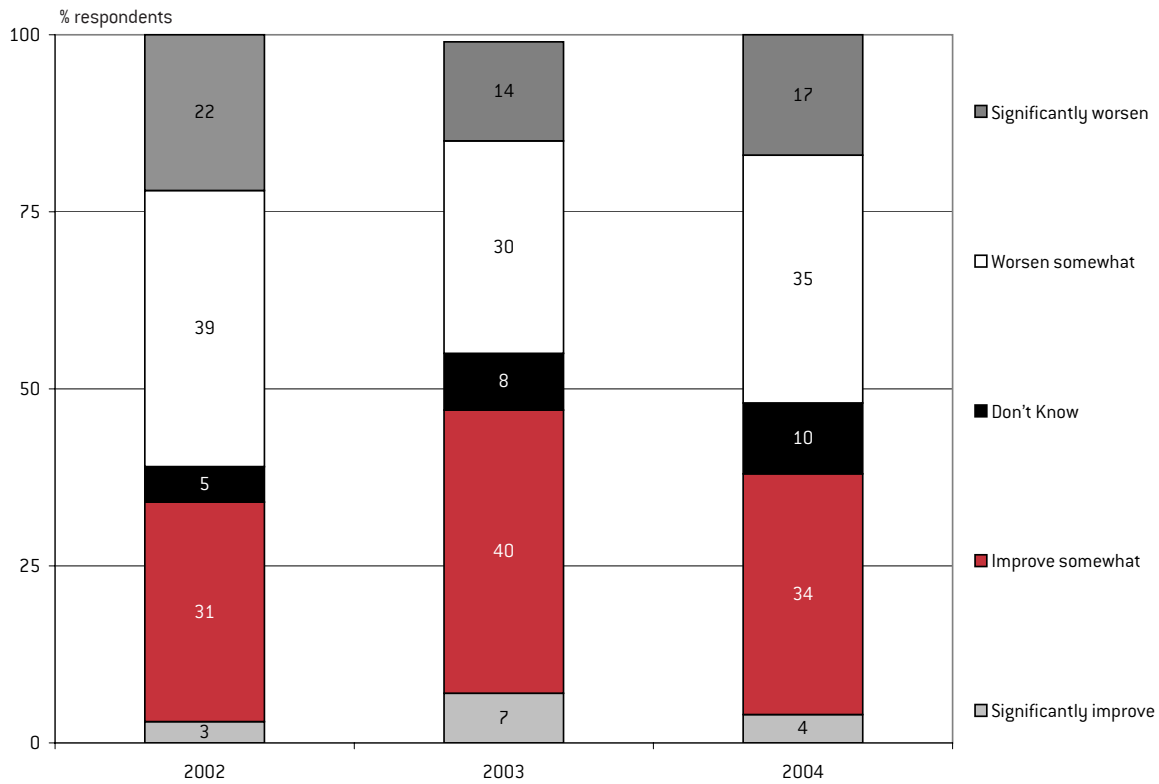
Source: Ipsos Health Report Card, Aug 2005 (N=~1000)

Figure 47

Section 3.1 Access to Services

**Perceived Future Access to Timely Care**

Over the next five years, do you believe that Canadians' access to timely, quality health care will significantly improve, improve somewhat, worsen somewhat or significantly worsen?



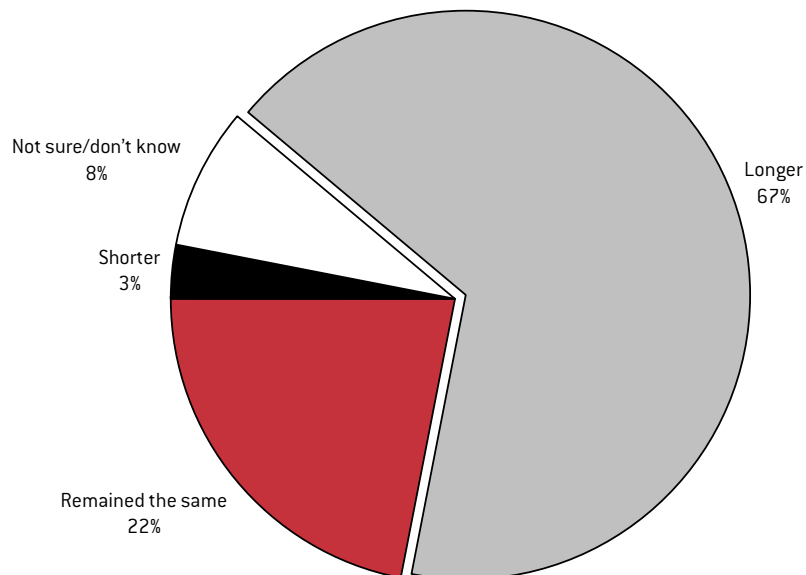
Source: Pollara, HCIC 2002-2004 (N=~1000)

Figure 48

Section 3.2 Wait Times

**Perceived Change in Wait Times**

In the past two years, do you think that waiting times for elective surgery have become longer or shorter or have they remained the same?



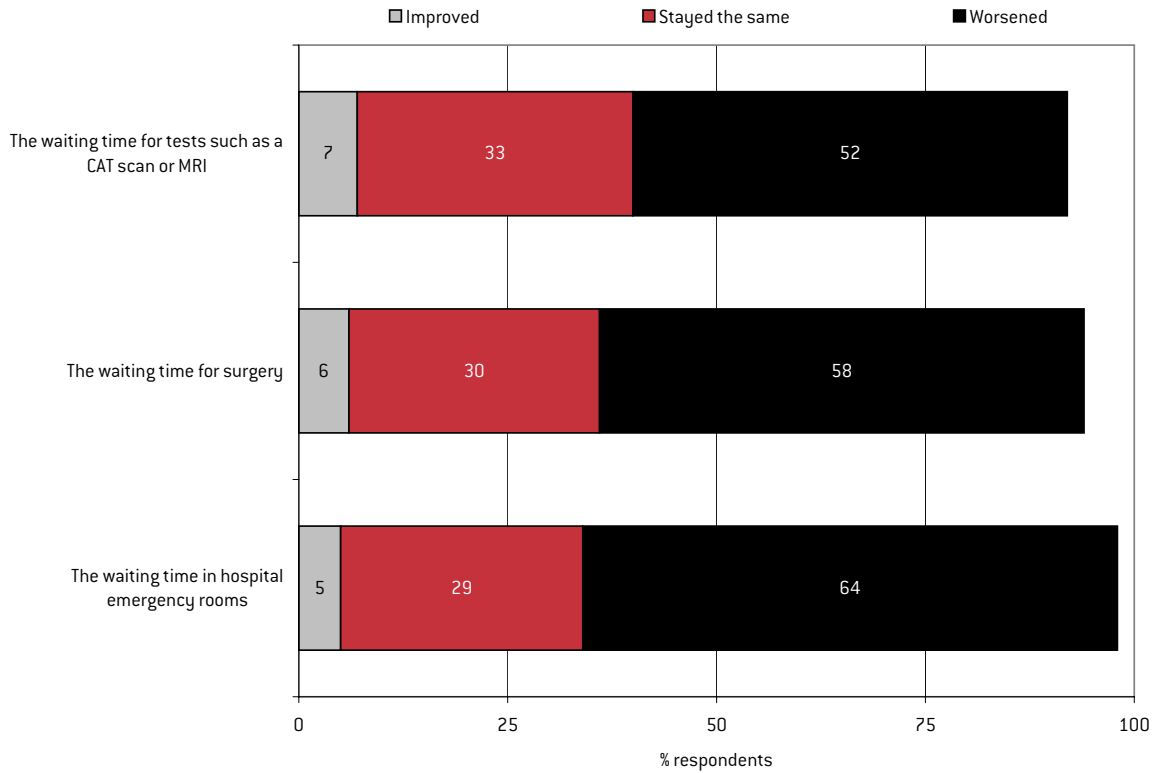
Source: Pollara, HCIC 2005 (N=~1200)

Figure 49

Section 3.2 Wait Times

**Perceived Change in Specific Wait Times**

For each of the following, I would like you to tell me if, in your view, this service has improved stayed the same, or worsened over the last couple of years?



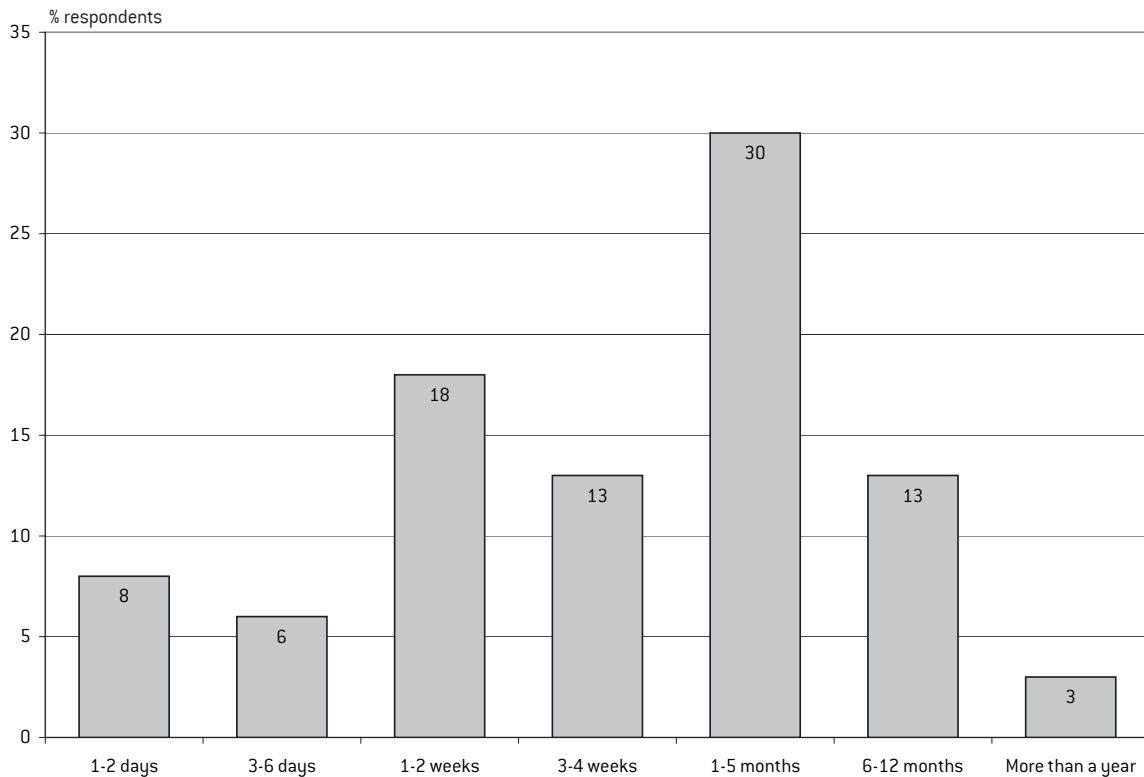
Source: Ipsos, Feb 2004 (N=~1000)

Figure 50

Section 3.2 Wait Times

**Breast Cancer Surgery Wait Times**

Consider a patient with the following symptoms. A 50-year-old woman with a lump in her breast who requires a biopsy. On average, how long do you think a patient like this would generally wait from the time a doctor first recommends the test until the time the test is carried out?

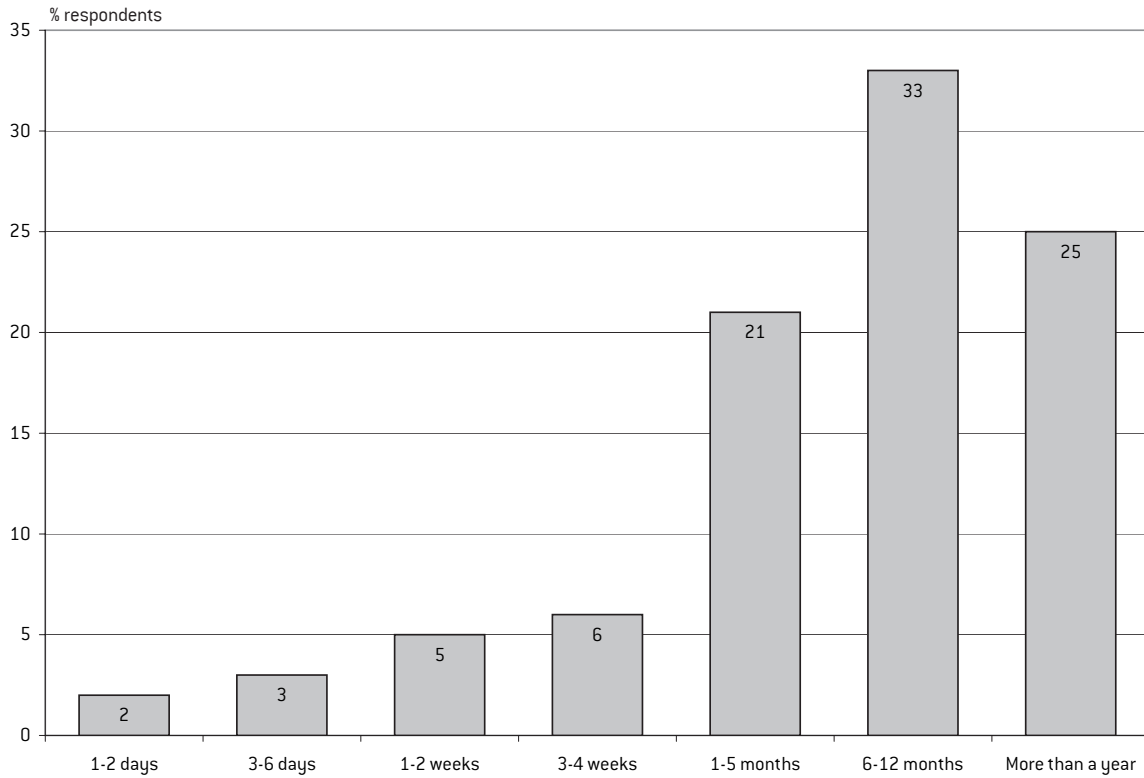


Source: Pollara, HCIC 2005 (N=~1200)

Figure 51

**Hip Replacement Surgery Wait Times**

Consider a patient with the following symptoms. A 65-year-old man who requires a routine hip replacement. On average, how long do you think a patient like this would generally wait from the time a doctor first recommends treatment until the time the treatment is carried out?

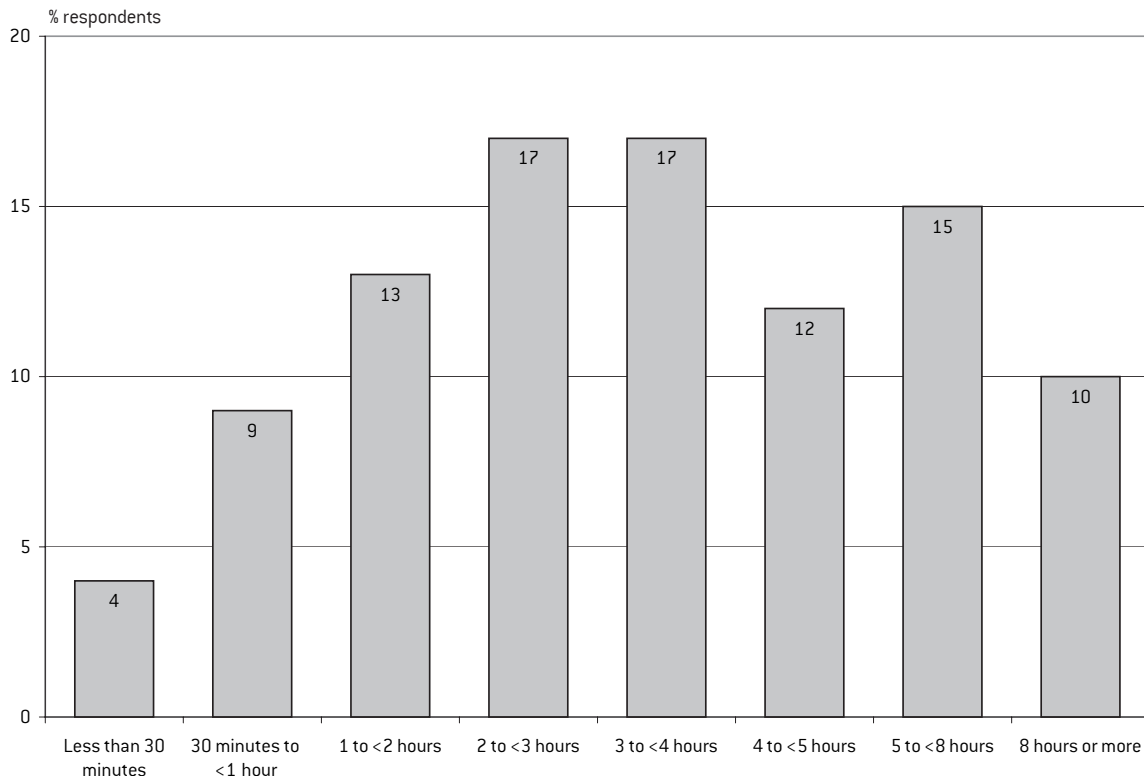


Source: Pollara, HCIC 2005 (N=1200)

Figure 52

**Emergency Room Wait Times**

On average, how long do you think patients wait to be seen in the hospital emergency room?

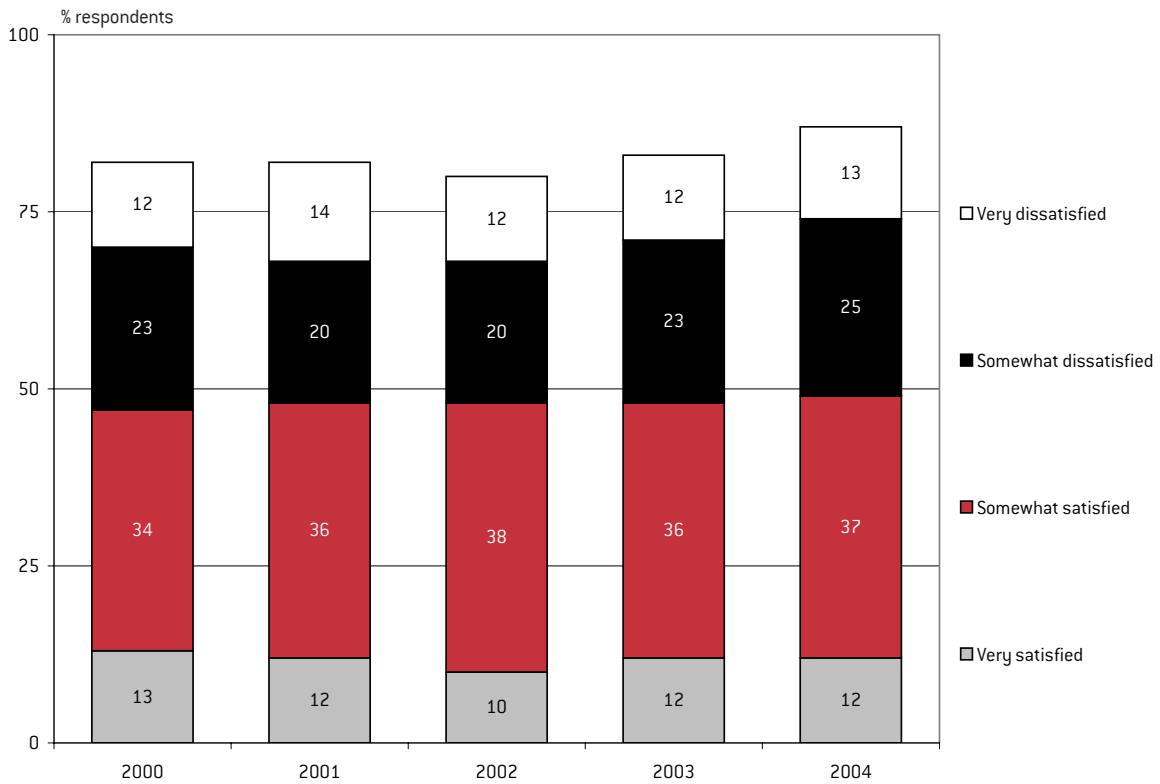


Source: Pollara, HCIC 2005 (N=1200)

Figure 53

**Satisfaction with Home Care Services**

Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with access to care in the home or community?

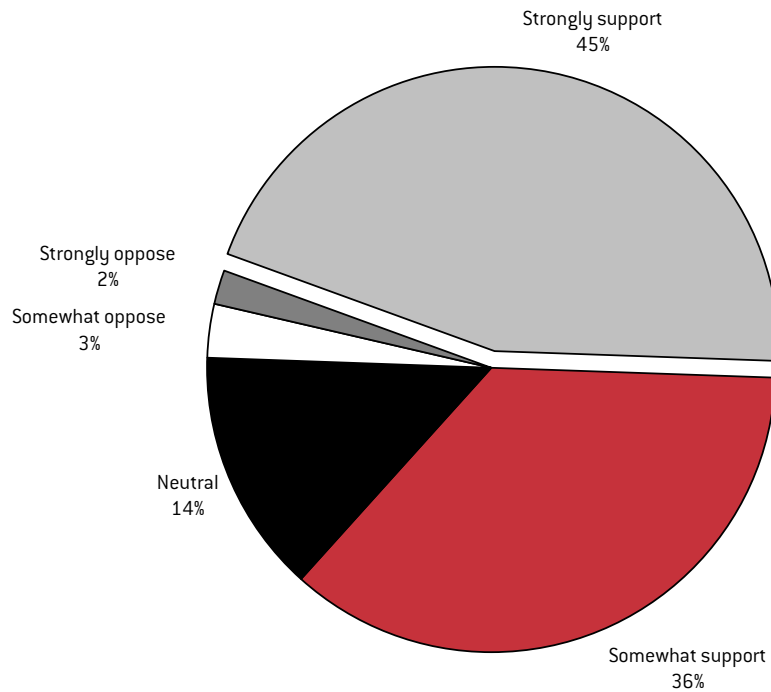


Source: Pollara, HCIC 2004 (N=1000)

Figure 54

**Support for Home Care Programs**

I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you strongly oppose and 10 means you strongly support each one: Developing more home and community care programs.



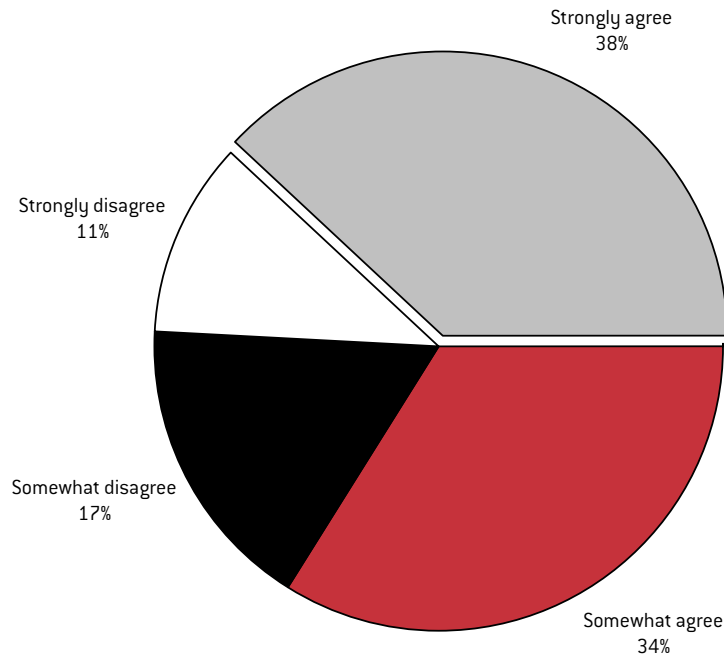
Source: Pollara, HCIC 2005 (N=1200)

Figure 55

Section 3.4 Pharmaceuticals Management

**Support for Pharmacare**

As you may know, there has been a lot of debate about Canada's health care system over the last many years to solve such issues as waiting times for surgery and other services, physician and nursing shortages, pharmacare and infrastructure upgrades for patient care. I'm now going to read you a list of things which could help in addressing some of these issues, and for each one I'd like you to tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each proposal: Developing a Canada-wide government financed pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge?

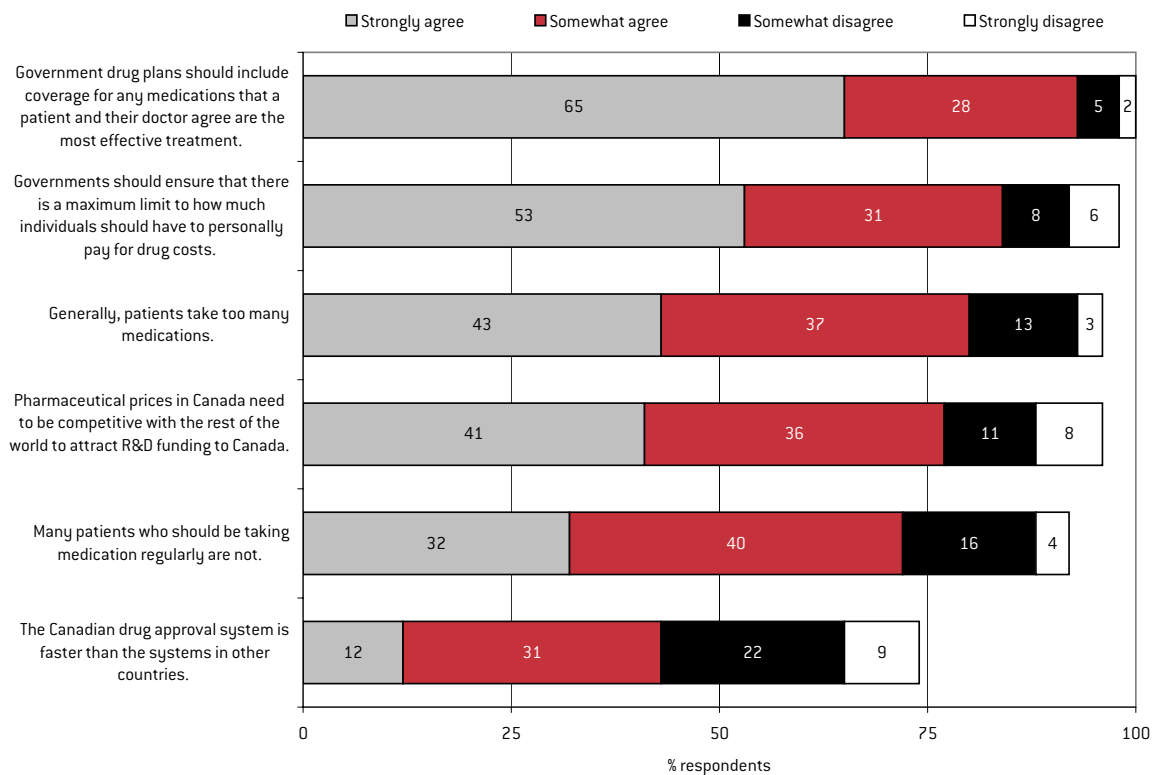


Source: Ipsos, for the Canadian Federation of Nurses Unions, May 2005 (N=~1000)

Figure 56

Section 3.4 Pharmaceuticals Management

**Government Drug Plans**

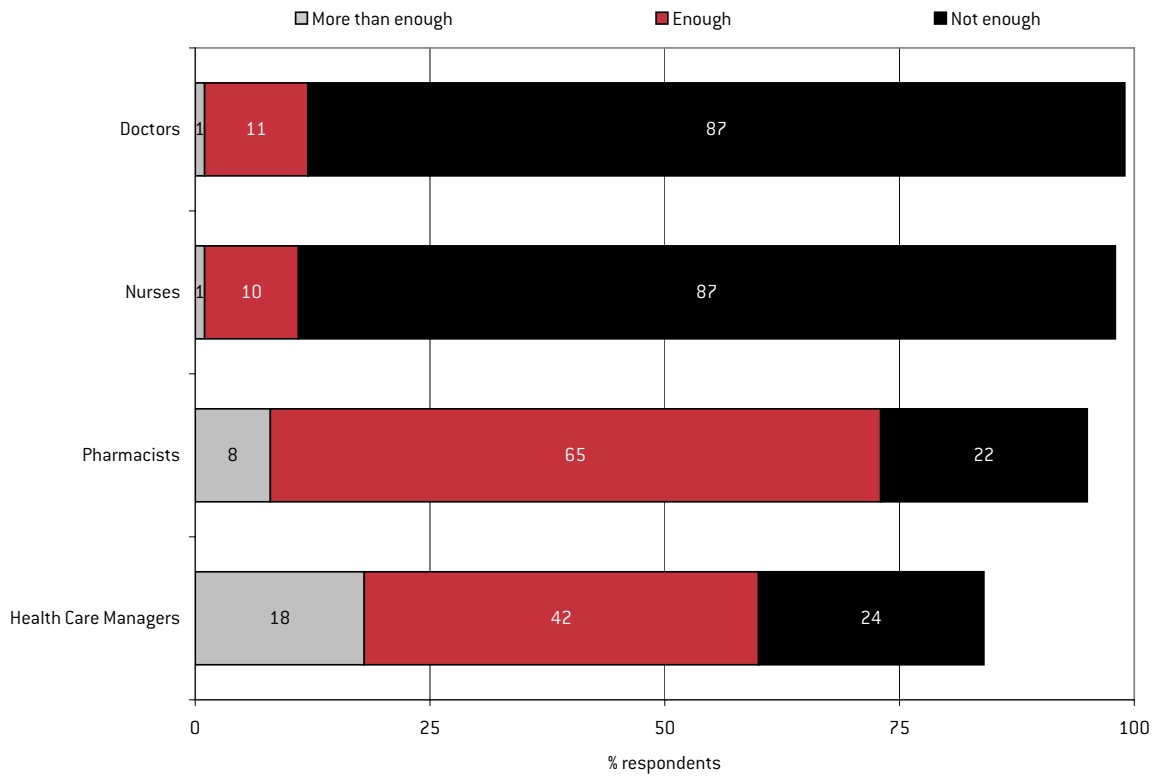


Source: Pollara, HCIC 2005 (N=~1200)

Figure 57  
**Human Resources**

Section 3.5 Health Human Resources

Do you believe that Canada has more than enough, enough, or not enough of each of the following skilled health care professionals.

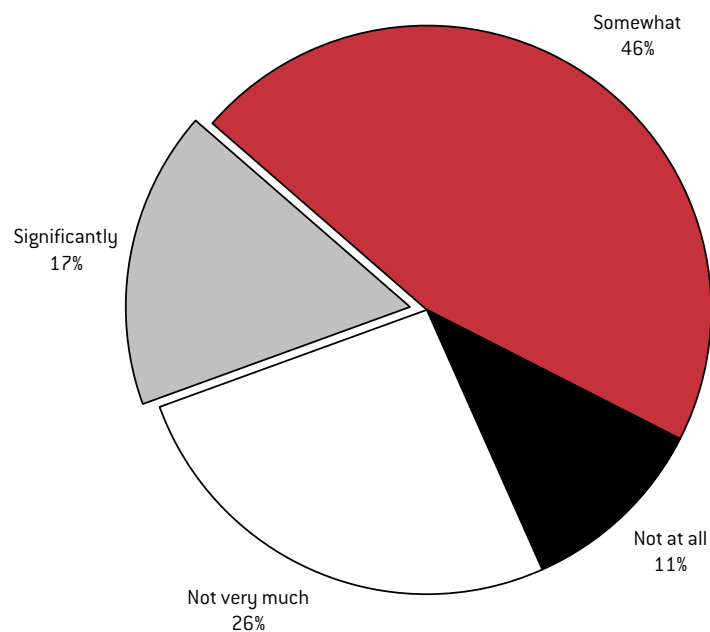


Source: Pollara, HCIC 2004 (N=~1000)

Figure 58  
**Importance of Health Council**

Section 3.6 Public Reporting

As part of the Health Care Accord the federal and provincial governments agreed to set up a Health Council with representatives from the public, the health care community and governments. Their work will be to ensure that annual reports are prepared to enable Canadians to access how well the health care system is doing and how quickly changes are being implemented. Do you think this kind of an advisory group will improve the quality of health care significantly, somewhat, not very much, or not at all?



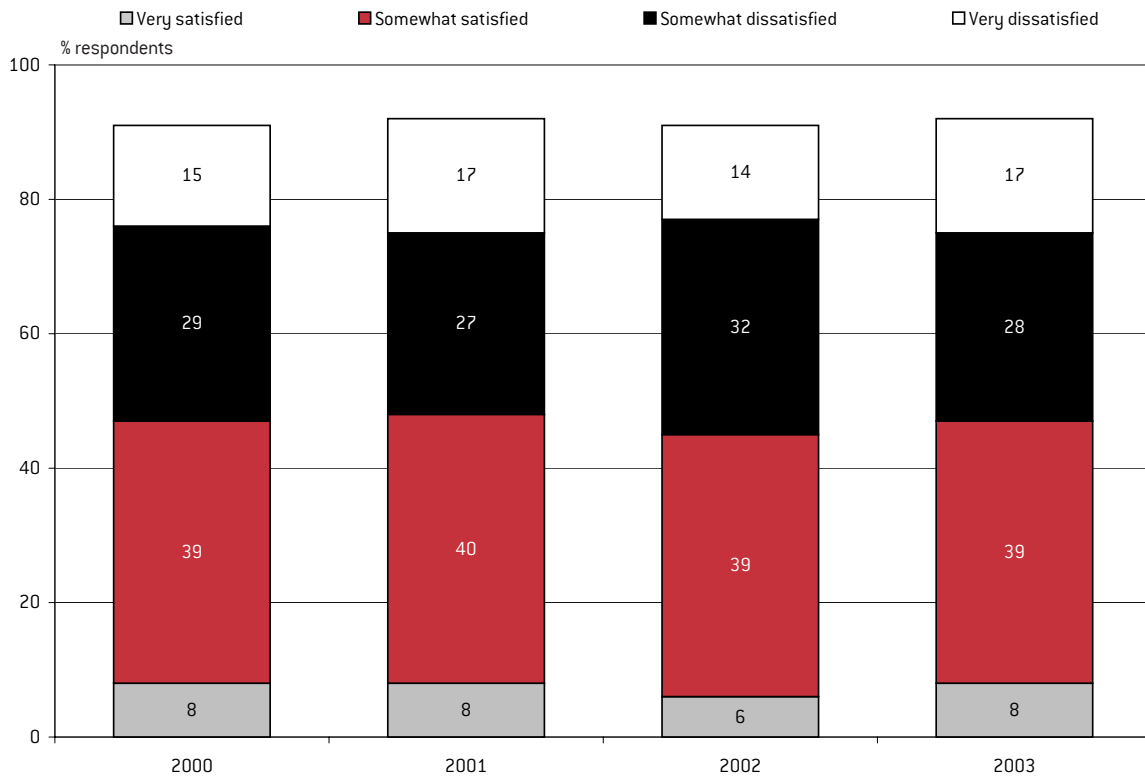
Source: The Strategic Counsel, for Health Canada, Feb 2003 (N=~2000)

Figure 59

Section 3.6 Public Reporting

**Satisfaction with Level of Reporting**

Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied with the following aspects of today's health care system: The level of reporting to the public on health care system performance.



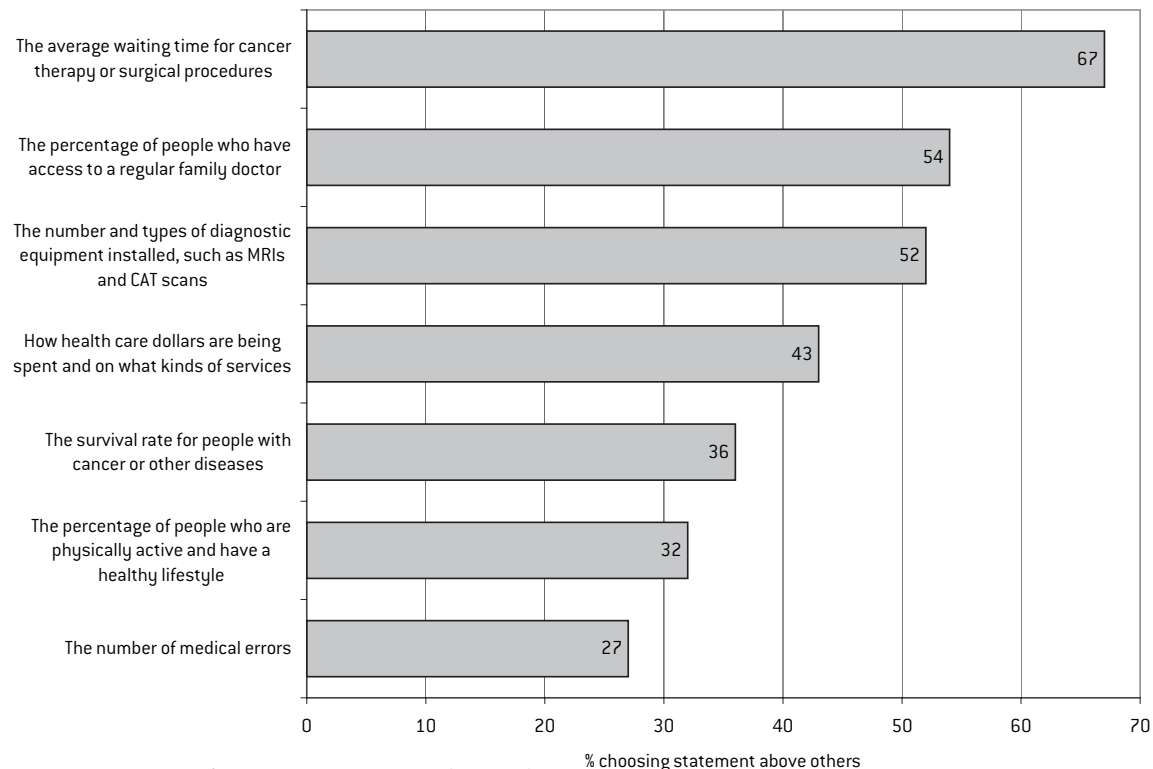
Source: Pollara, HCIC 2004 (N=~1000)

Figure 60

Section 3.6 Public Reporting

**Best Indicators**

In reporting annually to the public on the state of the health care system, governments agreed to set clear objectives for improvements to the health care system and to develop performance measures to measure progress towards these objectives. I'm going to read you two possible types of information that these reports could contain. I'd like you to tell me which one of the two, in your view, would be a better indicator to demonstrate to you that the health care system is improving.



Source: The Strategic Counsel, for Health Canada, Feb 2003 (N=~2000)

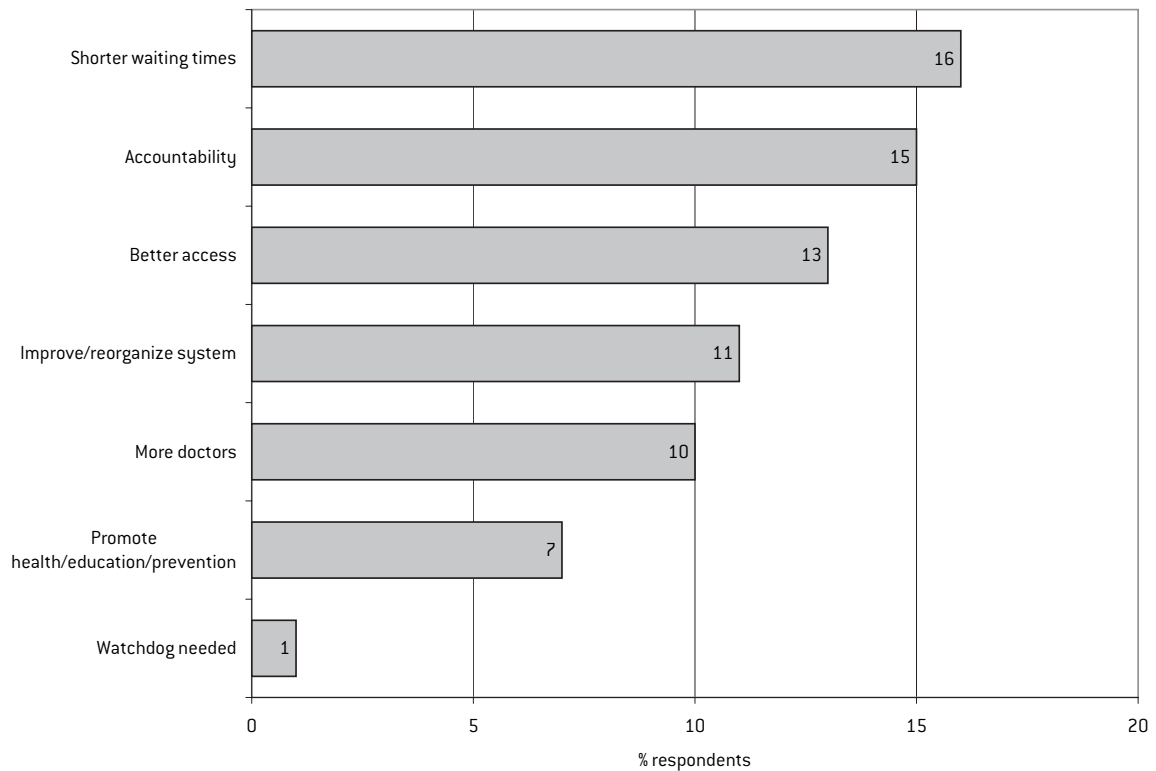


Figure 61

Section 3.6 Public Reporting

**Council Priorities**

In 2004, the Health Council of Canada was formed to report to Canadians on the progress of health reforms in Canada. Their first report will be in January 2005. What do you think the priorities of the Council should be? [open-ended]



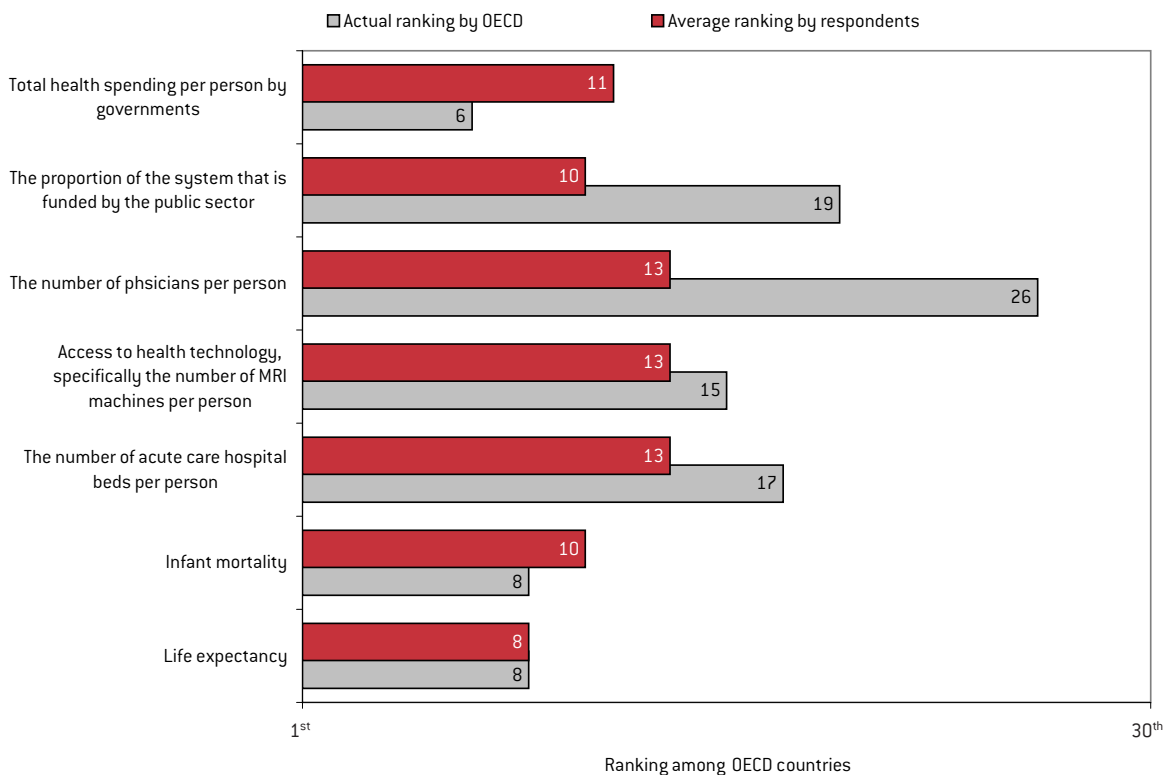
Source: Pollara, HCIC 2004 (N=~1000)

Figure 62

Section 4 Perceptions and Reality

**Canada Among Nations**

For each of the following please tell me where you think Canada ranks when compared to the top 30 developed countries in the world. Please respond with a ranking from 1 (if you think Canada is first overall) to 30 (if you think Canada is last). You can also choose any number between 1 and 30. Where do you think Canada ranks in terms of...?

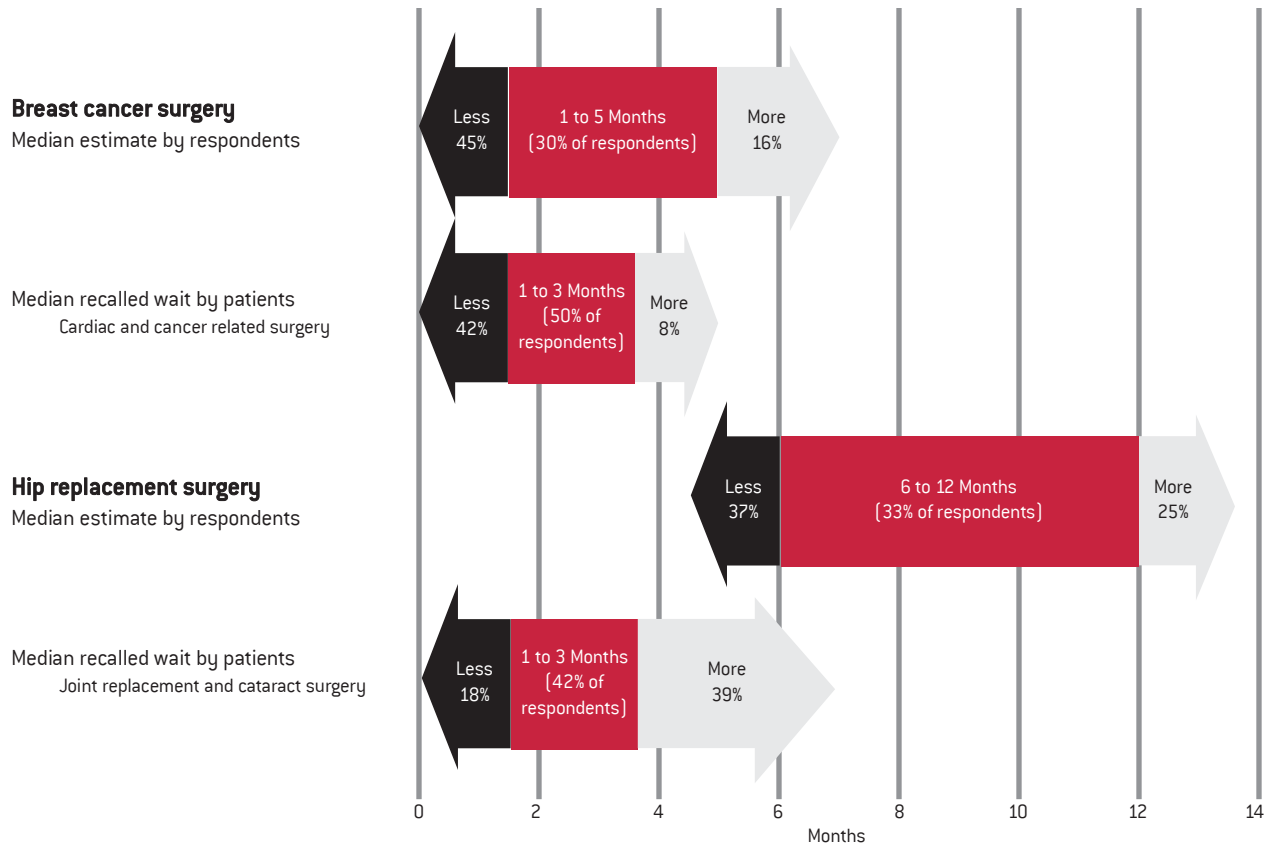


Source: Ipsos Health Report Card, Aug 2005 (N=~1000); OECD Health Data 2005

Figure 63

**Estimated Wait Times: Public and Patients**

For question wording, see Figures 50-51.



Source: Estimate by respondents: Pollara, HCIC 2005 (N=~1200); Recalled wait by patients: Access to Health Care Services in Canada, Jan to Jun 2005 (Statistics Canada). See text for discussion of waiting time estimates.



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