



The Strategic Counsel

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**A Final Report to
Health Canada**

**Attitudes Towards Health Care and
Health Care Reform**

**Report on Findings From a Rolling National Poll –
Post First Ministers' Meeting**

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I. Executive Summary



Executive Summary

The Strategic Counsel is pleased to present this report to Health Canada on Canadians' attitudes regarding the outcome of the First Ministers' Meeting on health care, held between September 13 and September 15, 2004. The survey captured public perceptions with respect to the current/future state of health care, the negotiations process between federal and provincial governments, as well as certain of the elements of the final agreement between First Ministers and their perceived impact on the quality of health care in Canada.

Polling for this study was conducted between September 17 and September 26, 2004 among a national sample of 2,000 Canadians, aged 18 years and older. A nightly disproportionate sampling of 200 Canadians was conducted in all regions of the country. Results were analysed on a one-day and three-day (rolling) basis to identify and evaluate trends in opinion over the 10-day polling period.

Findings for the total sample (n=2,000) are accurate within a margin of error of +/-2.2 percent, 19 times out of 20. Regional findings will have a higher associated margin of error, depending on the sample size.

Key Public Opinion Trends:

Trends over the 10 days of polling following conclusion of the First Ministers' Meeting tell a fairly clear story highlighting an erosion of public confidence in both the process as well as the outcomes of these negotiations. The findings on four questions in particular most succinctly make this point:

- Perceived impact of the Agreement on the quality of the health care system, while relatively tepid even in the early days of polling, subsequently dropped from 48 percent to 41 percent in terms of those saying it would have a moderate to significant impact. Further analysis reveals that the most significant erosion of public perceptions regarding the impact of the Agreement occurred in Atlantic Canada and Ontario. In these regions, the percentage of those saying the Agreement would have a moderate/significant impact dropped 17 to 24 points over a 10-day period;
- Perceptions that the Agreement would provide "real and lasting change" also fell over this same time period from 37 percent to 33 percent;
- In previous polls, Canadians have underscored a variety of concerns with respect to the quality of health care, most notably in the area of wait times. The current polling suggests a low degree of public confidence that this Agreement will positively impact on wait times. The percentage of those who agree that this Agreement will reduce wait times declined from 44 percent in the first three days of polling to 36 percent in the final three days. On average, across the 10 days of polling, 40 percent of Canadians agreed that this Agreement would reduce waiting times, a full 11 points lower than the number who said the same following conclusion of the 2003 Health Care Accord (51%); and



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- Ultimately, Canadians believed this Agreement was largely focused on securing a longer-term funding arrangement between levels of government, to the exclusion of a discussion on fundamental reforms to health care, particularly those that they believe most directly affect the quality of care they receive (e.g. wait times, physician shortages, access to diagnostics). While Canadians clearly believe that funding is part of the solution, they do not believe that a reinvestment of dollars alone will address the real problems with Canada's health care system. Nor do they believe that this Agreement addresses the issue of funding once and for all. These points are clearly illustrated in the findings on three questions:
 - First, when asked to rate the extent to which each of a series of 13 elements of the Agreement would make a difference in improving the quality of health care, funding for a 10-year period is seen to make a significant difference, although not to the same extent as measures that would reduce wait times, focus on healthy living, provide more medical spaces and more medical equipment or establish a 24/7 system of clinics;
 - Second, the vast majority of Canadians (74%) agree that “too much time in discussions between the federal and provincial governments is spent arguing over funding and not enough on the more fundamental changes that are needed to fix Canada's health care system;” and
 - Finally, almost four-in-ten (38%) agree that this Agreement provides adequate funding. Of positive note is the fact that the current level of agreement with this statement is higher as compared to that noted in polling conducted following the 2003 Accord (30%). However, initial levels of agreement in the early days of polling stood at 41 percent and subsequently declined to 32 percent, a nine point drop over the ten day polling period.

In general, the provinces received the lion's share of credit for this Agreement. As noted above, the perception that the Agreement was principally about funding tended to bolster opinion that the provinces were mostly responsible for the outcome, particularly given provincial posturing on the issue of funding heading into these negotiations. By almost a 2:1 margin, Canadians pointed to the provinces as being most responsible for this Agreement being reached (47 percent saying the provinces versus 26 percent the federal government). This perception remained unchanged over the 10 days of polling.

Canadians' Views on the State of Health Care

Most Canadians rate Canada's system of health care as mediocre or fair. Few rate the system as either very good/excellent (24%) or poor (25%). At the same time, substantially greater numbers (42%) do describe the system as deteriorating over the past two years than say it has been improving (12%) and these perceptions are relatively unchanged over an 18-month period (46% versus 13% in 2003). A plurality blame the federal government for the deterioration, while generally tending to credit the provinces where there is some sense of improvement to the system.



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Awareness of the FMM and the Agreement

Total awareness (combining aided and unaided awareness) of the 2004 Agreement on Health Care is slightly higher (55%) than comparable levels of awareness for the 2003 Accord (50%). Note that the calculation of aided awareness was modified between the 2003 and 2004 surveys. An additional prompt provided to those respondents who were initially unaware of anything happening on health care reform, led to higher levels of aided awareness and overall (aided plus unaided) awareness of 73 percent in 2004. Canadians generally favoured the televised format, although, in the end, a significant proportion (40%) suggested that holding some of the meetings behind closed doors was necessary in order to reach a deal.

Substantially greater numbers, as compared to 2003, were aware that an Agreement had been reached (66% in 2004 versus 47% in 2003). As noted above, much of the credit for the Agreement was given to the provinces over the federal government.

Reaction to the Agreement

Overall reaction to the Agreement was positive, although Canadians expressed concerns about its impact on critical issues such as wait times and were mostly of the view that the negotiations process focused heavily on funding issues rather than on fundamental changes to the system.

All of the main elements of the Agreement were seen as making some or a significant difference to the quality of health care in Canada, particularly wait times, access to medical equipment and medical professionals, stabilized funding, the focus on healthy living and the proposed reforms to the system of primary care. About three-quarters of Canadians (74%) say they are satisfied with the Agreement, although substantially fewer believe it will make some/significant difference to the quality of care (45%), address the overall problems the system is facing right now (37%), provide real and lasting change (33%) or a result in a more cost-effective system (33%).

A key criticism of the Agreement is that Ministers focused almost exclusively on funding over a more substantive discussion on “real” reforms (74%).

Attitudes Towards Funding for Health Care

Many believe that this Agreement will NOT necessarily “fix health care for a generation” (48%). Indeed about two-thirds of Canadians believe that the complexity of the health care challenge and ongoing evolution of the system will require further negotiations between Ministers (66%) and additional requests from the provinces for more monies (58%).



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At the same time, Canadians are pressing for change within the next five years. Over half (52%) expect to see real change to Canada's health care system within the next two years and a further 34 percent within the next five.

The federal government, however, can take some measure of reassurance in the fact that fewer Canadians agree now as compared to almost two years ago that the federal government is NOT paying its fair share (down from 61 percent following the release of the Report on the Future of Health Care to 49 percent in September of 2004). In line with this, we find slightly more Canadians now (38%) agreeing that this Agreement provides adequate funding to improve the health care system as compared to the result on the same question following the 2003 Health Accord (30%). As noted above in the section titled Key Public Opinion Trends, however, agreement on the adequacy of funding in this Agreement dropped from 41 percent in the early days of polling to 32 percent in the final three days.

Support for Accountability

While most Canadians do not believe that performance reports will significantly impact on the quality of health care in Canada, they do nevertheless support the concept of formalizing an accountability mechanism within health care agreements made between the federal and provincial levels of government. Accountability alone does not provide the necessary reassurance to the public that governments are focused on improving the quality of care to Canadians. Canadians view accountability as part of the process rather than one of the key inputs to or outputs from an improved health care system.

Although a majority (59%) holds the view that the federal government should make sure that funds transferred to the provinces for health care meet national objectives, a significant proportion (37%) believe the provinces should have greater latitude to spend monies as they see fit.

Nine-in-ten Canadians say that an accountability mechanism is an important (34%) or essential (58%) part of this Agreement, although they are split as to how accountability should be enforced. Almost as many say that the provinces should be accountable to their own electors (31%) as say that they should be accountable to an independent agency like the National Health Council (38%), with slightly fewer (26%) believing that this authority should rest solely with the federal government.

Support for Asymmetrical Federalism

The egalitarian nature of Canadians is evident in their views on asymmetrical federalism. Findings show a public that, in theory, supports the concept of asymmetrical federalism although support lessens when particular areas of the country appear to be favoured over others for such agreements. When asked to react



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to the idea that provinces should be allowed to have separate agreements on how they would implement the health plan, six-in-ten (64%) supported this principle. This support, however, was cut by almost a third when the question was posed within the context of a specific separate agreement for Quebec (40%). The highest levels of support for the broad notion of asymmetrical federalism are found in Quebec (88%) and in Alberta (67%).



Sommaire



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The Strategic Counsel est heureuse de présenter à Santé Canada ce rapport sur l'attitude des Canadiens face à l'issue de la réunion des premiers ministres sur les soins de santé qui a eu lieu du 13 au 15 septembre 2004. L'étude a sondé la perception du public à divers niveaux : état actuel et futur du système de santé, processus de négociation entre les gouvernements fédéral et provinciaux et impact perçu de certains éléments inclus dans l'accord final conclu entre les premiers ministres sur la qualité des soins de santé offerts au Canada.

Les entrevues pour cette étude ont été menées entre le 17 et le 26 septembre 2004 auprès d'un échantillon national de 2 000 Canadiens âgés de 18 ans ou plus. Chaque soir, un échantillon non proportionnel de 200 Canadiens provenant de toutes les régions du pays a été interrogé. Les résultats ont été analysés pour des périodes d'une journée et de trois journées consécutives afin d'identifier et d'évaluer les tendances de l'opinion publique au cours de la période de sondage de 10 jours.

Les résultats pour l'échantillon total (n=2,000) sont exacts avec une marge d'erreur de +/-2,2 pour cent, 19 fois sur 20. Les résultats régionaux auront une marge d'erreur plus élevée, selon la taille de l'échantillon.

Principales tendances de l'opinion publique :

La tendance au cours des 10 jours d'entrevues qui ont suivi la conclusion de la réunion des premiers ministres met en évidence l'érosion de la confiance du public, tant dans le processus que dans les résultats de ces négociations. Les réponses à quatre questions particulières illustrent bien ce point:

- L'impact perçu de l'accord sur la qualité du système de santé, déjà peu élevé avant le sondage, a par la suite chuté de 48 pour cent à 41 pour cent en termes de répondants affirmant qu'il y aura une différence importante ou du moins une certaine différence. Une analyse plus poussée révèle que l'effritement le plus considérable de la perception du public quant à l'impact de l'accord a eu lieu dans les provinces de l'Atlantique et en Ontario. Dans ces régions, le pourcentage de répondants affirmant que l'accord fera une certaine différence ou une différence importante a chuté de 17 à 24 points pendant la période de 10 jours;
- La perception que l'accord apportera des changements « véritables et permanents » a aussi chuté au cours de la même période de 37 pour cent à 33 pour cent;
- Lors des sondages précédents, les Canadiens avaient soulevé de nombreuses inquiétudes quant à la qualité des soins de santé, surtout pour ce qui est des temps d'attente. Ce sondage suggère une faible confiance du public en l'impact positif de l'accord sur les temps d'attente. Le pourcentage de répondants étant d'accord que l'accord réduira les temps d'attente est passé de 44 pour cent au cours des trois premiers jours du sondage à 36 pour cent au cours des trois derniers. En moyenne, au cours des 10 jours de sondage, 40 pour cent des Canadiens étaient d'accord que cet accord réduira les temps



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d'attente, soit 11 points complets de moins que le nombre de répondant ayant affirmé la même chose suite à l'accord sur les soins de santé 2003 (51%); et

- En définitive, les Canadiens croient que cet accord visait surtout à conclure une entente de financement à plus long terme entre les paliers de gouvernement, et évitait la discussion sur des changements plus fondamentaux nécessaires pour réformer le système de santé, surtout les aspects qui touchent directement la qualité des soins de santé dispensés (p.ex. temps d'attente, pénurie de médecins, accès aux diagnostics). Bien que les Canadiens croient que le financement fait partie de la solution, ils ne croient pas qu'un réinvestissement sans autres mesures réglerait les véritables problèmes du système de santé canadien. Ils ne croient pas non plus que cet accord règle la question du financement une fois pour toute. Ces points sont clairement illustrés par les réponses à ces trois questions:
 - Tout d'abord, lorsqu'on leur demande dans quelle mesure chacun des éléments d'une série de 13 contenus dans l'accord fera une différence pour améliorer la qualité du système de soins de santé, un financement fiable et stable pour les 10 prochaines années est perçu comme faisant une différence importante mais pas dans la même mesure que la réduction des temps d'attente, l'accent sur un mode de vie sain, l'accès à plus de locaux et d'équipement médicaux ou la mise sur pied de cliniques ouvertes en tout temps;
 - Ensuite, la grande majorité des Canadiens (74 %) s'accorde pour dire qu'« une trop grande part des discussions entre les gouvernements provinciaux et fédéral est consacrée à débattre des questions de financement et trop peu de temps est consacré à aborder les changements plus fondamentaux nécessaires pour réformer le système de soins de santé au Canada », et
 - Finalement, presque quatre répondants sur dix (38 %) sont d'accord que cet accord procure un financement adéquat. Une note positive, le degré d'accord avec cet énoncé est plus élevé que lors du sondage mené après l'accord sur les soins de santé 2003 (30 %). Toutefois, les niveaux initiaux d'accord au cours des premiers jours de sondage se situaient à 41 pour cent et ont chuté par la suite à 32 pour cent, une baisse de neuf points au cours de la période de sondage de 10 jours.

En général, les provinces ont eu droit à la part du lion du crédit de la conclusion de cet accord. Tel que mentionné plus tôt, la perception voulant que l'accord porte surtout sur le financement a contribué à soutenir l'opinion que les provinces sont principalement responsables du résultat, surtout si on tient compte de leur position quant à la question du financement au début des négociations. Par une marge de près de 2:1, les Canadiens ont cité les provinces comme principales responsables de la conclusion de cet accord (47 pour cent des répondants affirment que ce sont les provinces qui en sont responsables par rapport à 26 pour cent qui désignent le gouvernement fédéral). Cette perception est demeurée inchangée au cours des 10 jours du sondage.



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Perception des Canadiens quant à l'état du système de santé

La plupart des Canadiens considèrent que l'état du système de santé du Canada est bon ou mauvais. Très peu de répondant le jugent excellent / très bon (24%) ou très mauvais (25 %). En même temps, un nombre relativement plus important (42%) de Canadiens indiquent que sa qualité s'est détériorée au cours des deux dernières années plutôt qu'elle s'est améliorée (12 %); cette perception est demeurée plus ou moins inchangée depuis 18 mois (46 % par rapport à 13 % en 2003). Beaucoup de répondants blâment le gouvernement fédéral pour cette détérioration et ont, dans l'ensemble, tendance à créditer les provinces pour les améliorations perçues.

Connaissance de la RPM et de l'accord

La connaissance totale (assistée et non assistée combinée) de l'accord sur les soins de santé 2004 est légèrement plus élevée (55 %) que celle de l'accord 2003 (50 %). Prenez toutefois note que la méthode de calcul de la connaissance assistée a été modifiée entre les sondages de 2003 et de 2004. Une question additionnelle posée aux répondants qui n'étaient d'abord pas au fait de la réunion sur les soins de santé a mené à ces niveaux de connaissance plus élevés et au résultat global (assistée et non assistée) de 73 pour cent en 2004. Dans l'ensemble, les Canadiens privilégiaient le format télévisuel même si, en bout de ligne, une proportion importante (40 %) suggérait qu'il était nécessaire de tenir une partie des rencontres à huis clos afin de conclure une entente.

Une nombre relativement plus important de répondants qu'en 2003 était au courant qu'un accord avait été conclu (66 % en 2004 par rapport à 47 % en 2003). Tel que souligné plus tôt, la plus grande part du crédit pour la conclusion de cette entente est accordée aux provinces plutôt qu'au gouvernement fédéral.

Réaction à l'accord

La réaction générale à l'endroit de l'accord était positive, même si les Canadiens sont inquiets de son impact sur les problèmes cruciaux, comme les temps d'attente, et ont surtout l'impression que les négociations portaient en grande partie sur la question du financement plutôt que sur les réformes fondamentales du système.

Tous les principaux éléments de l'accord étaient perçus comme faisant une différence importante, ou du moins une certaine différence, quant à la qualité des soins de santé dispensés au Canada, surtout pour ce qui de la réduction des temps d'attente, de l'accès à de l'équipement médical et à des professionnels de la santé, d'un financement stable, de l'accent sur un mode de vie sain et des réformes proposées au système de soins de première ligne. Environ les trois-quarts des Canadiens (74 %) affirment qu'ils sont satisfaits de l'accord, même si beaucoup moins croient qu'il fera une différence, importante ou non, quant à la qualité des soins



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offerts (45 %), aux problèmes généraux auxquels le système fait face actuellement (37 %), à un changement véritable et permanent (33%) et à rendre le système plus rentable (33%).

Une des principales critiques adressées à l'endroit de l'accord est que les ministres ont presque exclusivement mis l'accent sur le financement plutôt que sur une discussion de fond sur les « véritables » réformes nécessaires (74 %).

Attitudes face au financement des soins de santé

Beaucoup croient que cet accord NE réglera PAS nécessairement « le problème du système de soins de santé pour une génération » (48%). En fait, près des deux tiers des Canadiens croient que la complexité du défi ayant trait au système de santé et son évolution continue nécessiteront d'autres discussions entre les ministres (66%) et d'autres demandes de fonds de la part des provinces (58%).

En même temps, les Canadiens désirent un changement au cours des cinq prochaines années. Plus de la moitié d'entre eux (52 %) s'attendent à voir un véritable changement au cours des deux prochaines années, et un autre 34 pour cent au cours des cinq prochaines années.

Le gouvernement fédéral peut toutefois se rassurer quelque peu du fait que moins de Canadiens sont d'accord, par rapport à il y a deux ans, qu'il ne paie PAS sa juste part (de 61 pour cent après la publication du rapport sur l'avenir des soins de santé au Canada à 49 pour cent en septembre 2004). Dans la même veine, nous retrouvons légèrement plus de Canadiens maintenant (38 %) qui affirment que cet accord fournit un financement adéquat pour améliorer le système de santé comparativement aux résultats de cette question après l'accord sur les soins de santé 2003 (30%). Tel que mentionné précédemment à la section « Principales tendances de l'opinion publique », l'accord quant à la suffisance du financement offert est passé de 41 pour cent au début du sondage à 32 pour cent au cours des trois derniers jours.

Soutien de la reddition de comptes

Même si la majeure partie des Canadiens ne croit pas que des rapports de performance auront un impact important sur la qualité des soins de santé au Canada, ils soutiennent tout de même le concept d'officialiser un mécanisme de reddition de comptes dans le cadre des accords sur la santé conclus entre les gouvernements fédéral et provinciaux. L'imputabilité seule ne procure pas la rassurance nécessaire au public que le gouvernement met l'accent sur l'amélioration de la qualité des soins prodigués aux Canadiens. Ces derniers voient la reddition de comptes comme faisant partie du processus plutôt qu'un des principaux résultats d'un système de soins de santé amélioré.



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Même si une majorité (59 %) de répondants soutient que le gouvernement fédéral devrait s'assurer que les fonds transférés aux provinces pour la santé respectent les objectifs nationaux, une proportion importante (37%) croit que les provinces devraient avoir plus de latitude pour dépenser l'argent comme elles le jugent nécessaire.

Neuf Canadiens sur dix affirment qu'un mécanisme de reddition de comptes est une composante importante (34%) ou essentielle (58%) de cet accord, même s'ils sont divisés quant à la façon dont il devrait être appliqué. Presque autant de répondants disent que les provinces devraient rendre des comptes à leurs électeurs (31%) qu'à des agences indépendantes comme le Conseil de la santé (38%); un peu moins de répondants (26%) croient que le gouvernement fédéral devrait être seul en charge.

Soutien au fédéralisme asymétrique

La nature égalitaire des Canadiens est évidente au niveau de leur opinion quant au fédéralisme asymétrique. Les résultats indiquent, qu'en théorie, ils soutiennent le concept du fédéralisme asymétrique, mais, qu'en pratique, ils y sont moins favorables lorsque des régions particulières du pays semblent privilégiées par de tels accords. Lorsqu'on leur a demandé de réagir à l'idée que les provinces devraient pouvoir conclure des ententes particulières quant à la façon de mettre l'accord en œuvre, six répondants sur dix (64%) soutenaient le principe. Toutefois, ce soutien a chuté de près du tiers lorsque la question a été posée dans le contexte d'une entente distincte précise pour le Québec (40 %). Les plus hauts taux de soutien de la notion plus vague de fédéralisme asymétrique se trouvent au Québec (88 %) et en Alberta (67 %).



II. Introduction: Methodology and Research Objectives



Introduction: Methodology and Research Objectives

The First Ministers met on September 13-15, 2004 to discuss reforms to Canada's health care system. Premiers and the Prime Minister reached an agreement, announced on September 16, 2004, that addressed issues pertaining to waiting times, access, health human resources, home care, primary care reform, health promotion and prevention, accountability and a plan to increase and stabilize health care funding to the provinces over a 10-year period.

The Government of Canada contracted with *The Strategic Counsel* to conduct a nationwide survey among Canadians tracking public perceptions with respect to various elements of the Accord, following conclusion of the First Ministers Meeting (FMM).

The purpose of the research was to:

- #1 • Track public perceptions with respect to the quality of health care in Canada;
- #2 • Gauge levels of awareness of the FMM and views on televised coverage of the proceedings;
- #3 • Assess reaction and satisfaction with the outcome of the meeting as well as with the principal elements of the Accord;
- #4 • Determine the extent to which the public perceives the agreement will address key issues with respect to wait times in addition to the overall impact of the agreement on the quality of health care in Canada;
- #5 • Assess public support for the inclusion of accountability mechanisms within such agreements; and
- #6 • Determine support/opposition to asymmetrical federalism within the context of this agreement.

A national survey of 2,000 Canadians, aged 18 years and older, was conducted over a 10-day period. Approximately 200 interviews were administered on a nightly basis among a sample of Canadians with representation in each region of the country.

The national sample was distributed across the regions as follows and included an over-sample in Atlantic Canada and the Prairies:



Introduction: Methodology and Research Objectives

Province/Region	Unweighted Sample	Margin of Error	Weighted Sample
Newfoundland	55	13.21%	33
P.E.I.	55	13.21%	9
Nova Scotia	85	10.63%	60
New Brunswick	80	10.96%	48
Atlantic	275	5.91%	150
Quebec	420	4.78%	476
Ontario	550	4.18%	774
Manitoba	120	8.95%	74
Saskatchewan	120	8.95%	63
Alberta	250	6.2%	200
Prairies	490	4.43%	337
British Columbia	265	6.02%	263
TOTAL	2,000	2.19%	2,000

Analysis of the data was undertaken on a daily basis, examining one-day and three-day (rolling) trends following the FMM. One-day results at the national level (n=200) have an associated margin of error of +/- 6.93%, 19 times out of 20. Three-day results (n=600) have an associated margin of error of +/- 4%, 19 times out of 20.

The analysis of three-day findings served to highlight key trends over the polling period. In addition, findings from the trend data as well as the 10-day average (n=2,000) were tracked against findings from previous studies including the following:

Survey	Date of Fieldwork	Sample Size	Margin of Error
2004 Pre-First Ministers' Meeting	Sept. 10-15, 2004	1,554	+/-2.49%
2003 Post-First Ministers' Meeting	Feb. 7-16, 2003	2,000	+/-2.19%
2003 Pre-First Ministers' Meeting	Jan. 26-Feb. 1, 2003	1,506	+/-2.53%
2002 Post-release of the Report on the Future of Health Care	Dec. 1-12, 2002	2,446	+/-1.98%

The following sections detail the findings. Appendices I, II and III can be found under separate cover. Appendix I includes the memoranda produced on a daily basis throughout the 10-day polling period. Appendix II includes a copy of the final presentation deck. Appendix III contains a copy of the English and French survey instruments. Full data tabulations are available electronically or on diskette.



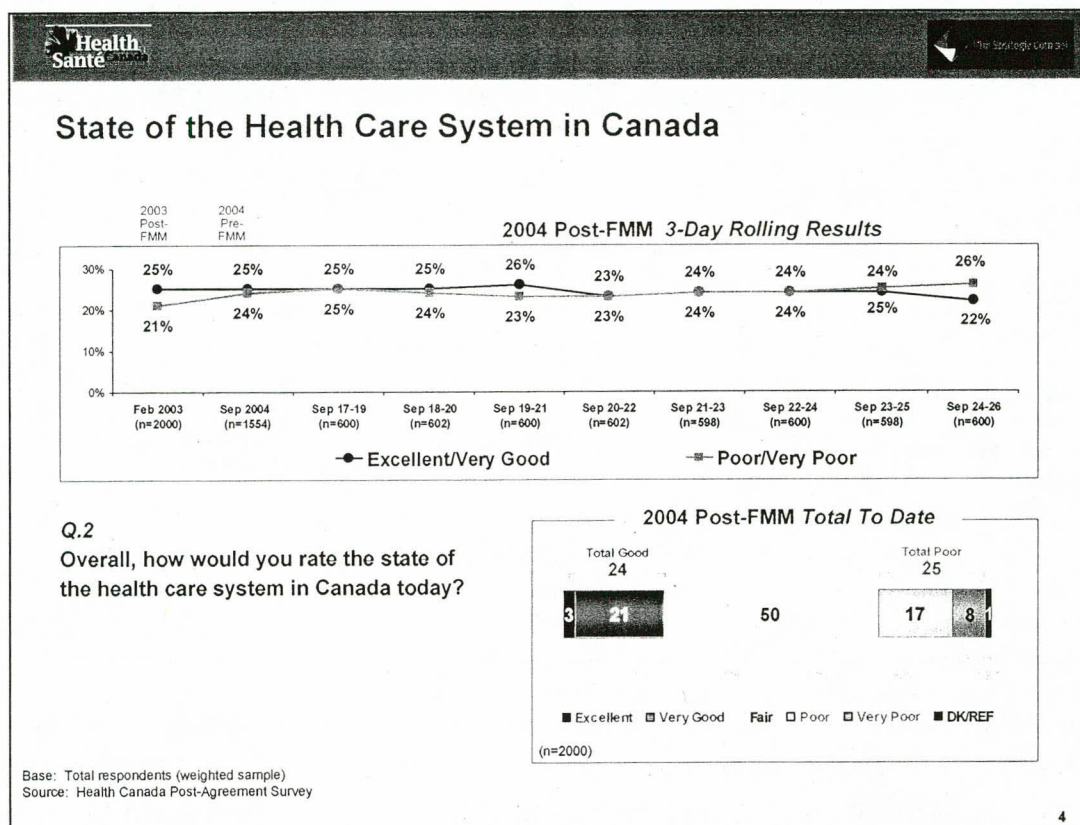
III. Assessments of the State of Health Care



Assessments of the State of Health Care

Canadians remain acutely concerned about the state of health care in Canada. Half (50%) rate the quality of care as fair, many feel the system is continuing to deteriorate due to underfunding and an inability among policymakers and health care professionals to effect real and lasting improvements to the system. Findings from recent polling also indicate that relatively few Canadians believe they should lower their expectations of the health care system suggesting that the public remains convinced that a revitalized and sustainable health care system should not necessitate contemplation of lower levels of quality or standards of service delivery.

Assessments of the state of Canada's health care system are relatively unchanged over the last 18 months. Following conclusion of the Health Accord in February 2003, about one-quarter of Canadians (25%) rated the state of health care as "excellent" or "very good." This figure has remained at this level during the intervening period and now sits at 24 percent. Virtually the same percentage of Canadians rate the system as "poor/very poor," although this number has increased by four points from 21 percent in February 2003, to 25 percent following completion of the 2004 First Ministers' Meeting on Health Care.



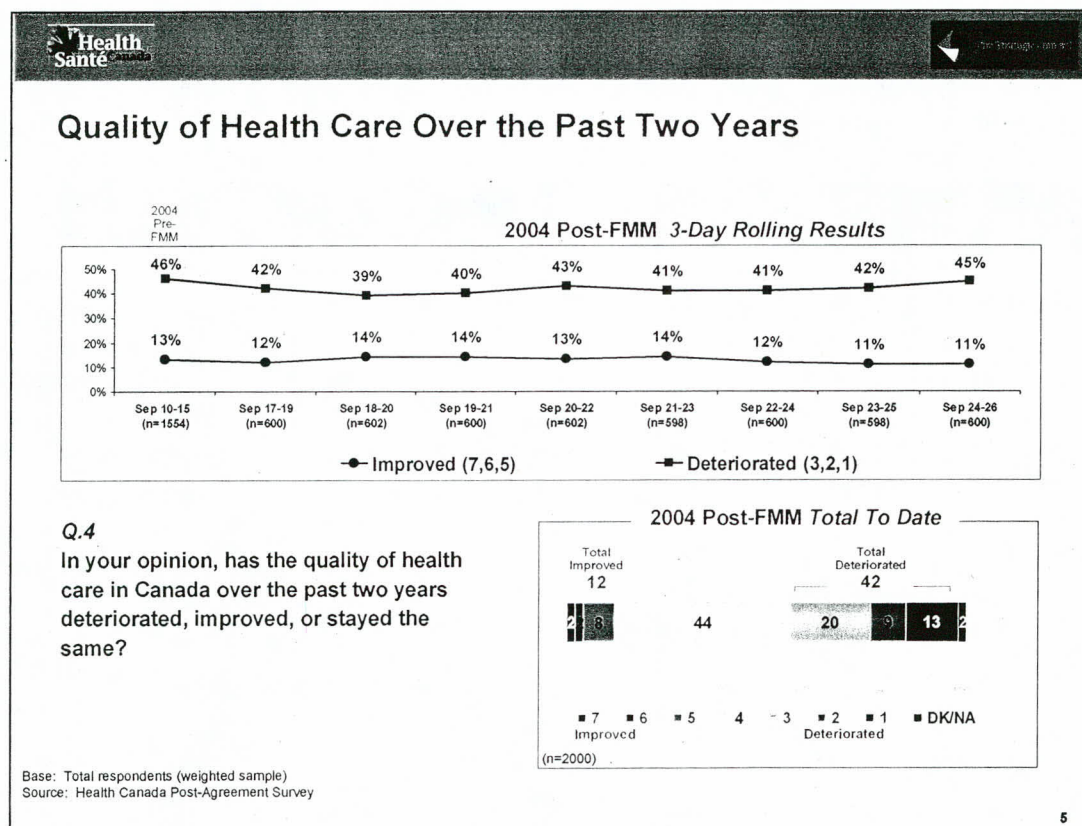
Quebecers and British Columbians are least likely to say the state of health care is "excellent/very good" (12% and 20% respectively). Although, almost half (45%) of Canadians who say the quality of health care



Assessments of the State of Health Care

has improved over the past two years and three-in-ten (30%) of those who are more confident in the federal government to lead changes to the health care system say the state of health care is “excellent/very good.”

A significant percentage of Canadians continue to say that the quality of health care has deteriorated in the last two years (42%). Leading into the 2004 meeting of First Ministers on September 13th and 14th, polling showed the number of Canadians expressing this opinion at a slightly higher level (46%). In the first few days of polling following conclusion of the meetings between First Ministers, the number of Canadians who rated the quality of health care in this manner generally trended down to a low of 39 percent. However, 10 days into polling this figure had returned to 45 percent. By contrast, just over one-in-ten (12%) of Canadians say the system has improved within the last 24 months.



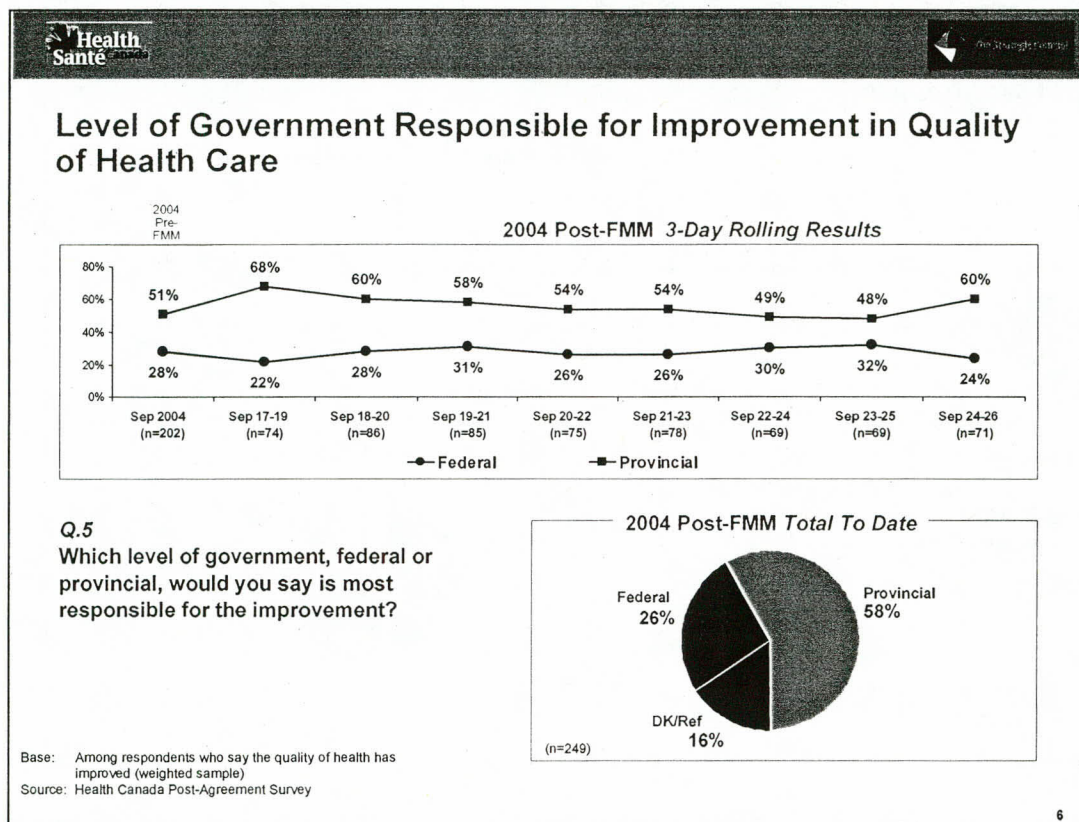
Younger (18-29 years of age) and older (60 years or older) Canadians and those who have not used the health care system in the past 12 months are more likely to report the quality of health care has improved (all 16%). In contrast, 23 percent of those who believe the current state of health care is “excellent/very good” also say the state of health care has improved.



Assessments of the State of Health Care

A majority (64%) of respondents who say they are dissatisfied with the agreement overall say the state of health care has deteriorated recently while only 36 percent of Canadians who are satisfied with the agreement say this.

Among those few who indicated the system had improved, most (58%) credit the provincial government for this trend, compared to 26 percent who point to the federal government as being most responsible for the improvement.

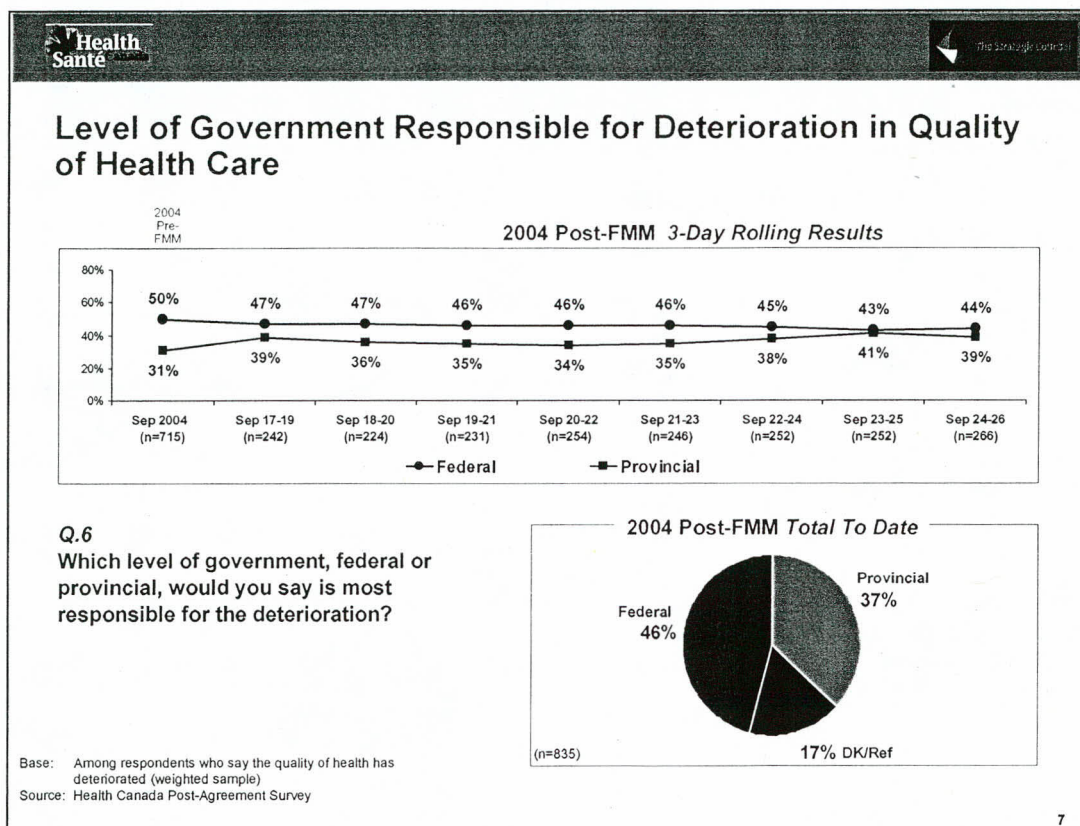


While this “credit” gap favouring the provinces was widest in the early part of the polling period following the conclusion of the agreement between First Ministers (68 percent crediting the provinces, 22 percent crediting the federal government), it narrowed considerably as the polling period continued. Three-day results for the period September 23 to September 25 showed that those crediting the provinces had dropped by 20 points to 48 percent, while those crediting the federal government had increased a full 10 points to 32 percent. However, by the final day of polling, three-day results (Sept. 24-26) showed the gap favouring the provinces had widened.



Assessments of the State of Health Care

For the larger percentage of Canadians who believe the system has deteriorated, many continue to lay blame with the federal government (46%) as compared to the provinces (37%). Notably, however, the number of those citing the federal government as most responsible for a deteriorating health care system experienced a steady decline from 50 percent going into the First Ministers' Meeting in September, 2004 to 44 percent in the final three-days of polling following the meetings.

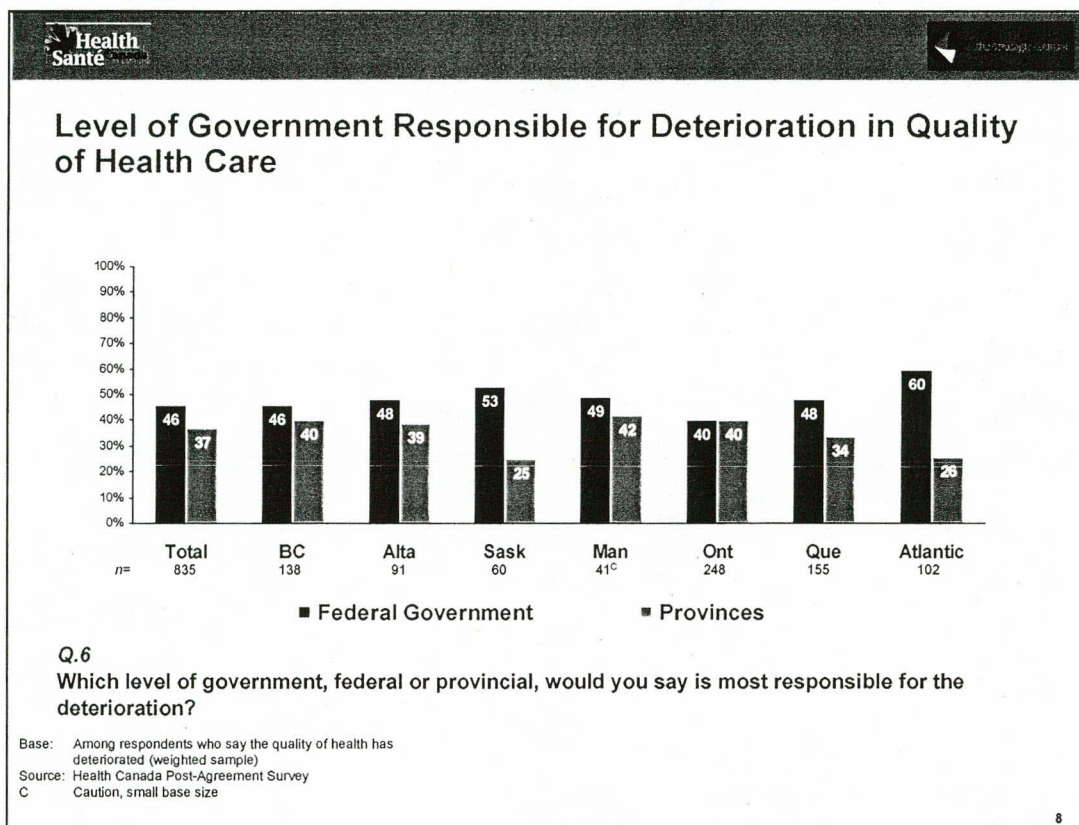


Canadians who disagree that the federal government is not paying its fair share of health care costs and those who are most confident in the federal government to lead changes to health care system are more likely to blame provincial governments for the deterioration (both 49%).



Assessments of the State of Health Care

Across the regions, Atlantic Canadians (60%) are most likely to cite the federal government as responsible for a deteriorating health care system, as compared to 26 percent who suggest their provincial governments are most responsible. With the exception of Ontario, residents of all other regions across Canada are also more likely to blame the federal government over their provincial government by margins as low as six points in British Columbia and Manitoba (note small sample size in Manitoba), to as high as 34 points in the Atlantic region. By contrast, residents of Ontario are equally as likely to point the blame at the federal government (40%) as they are at their provincial government (40%).





IV. Awareness of First Ministers' Meeting and the Agreement on Health



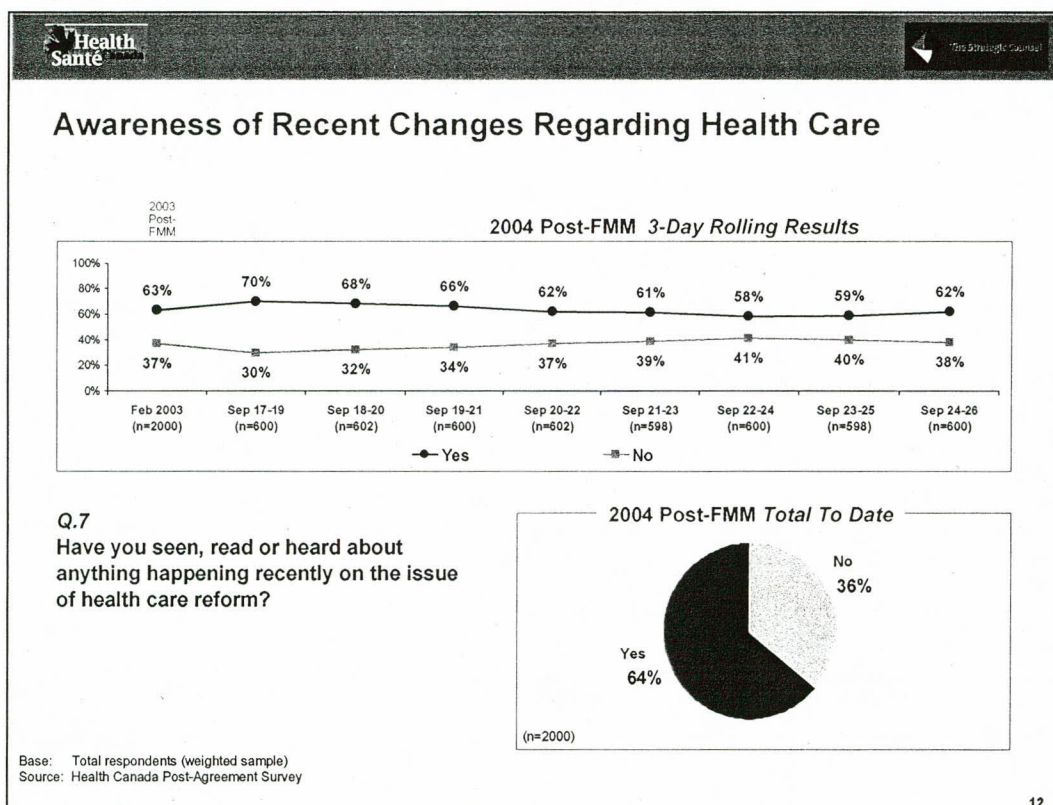
Awareness of First Ministers' Meeting and the Agreement on Health

A. Awareness of the First Ministers' Meeting

Compared to findings following the First Ministers' Meeting (FMM) in 2003, the public is generally more alert to discussions about health care reform. On an unaided basis, almost twice as many were aware of the FMM having taken place in 2004 as compared to 2003.

The telephone interview took respondents through a series of questions in an effort to determine, both on an unprompted and prompted basis, levels of public awareness of the recent First Ministers' Meeting (FMM) as well as of the outcome of the meeting.

Respondents were first asked whether they had "seen, read or heard about anything happening recently on the issue of health care reform." This question served as a first level filter to stream respondents through a subsequent series of prompts and/or open-ended questions which then helped to determine aided and unaided levels of awareness of the meeting. Early findings, just following conclusion of the FMM, indicated relatively high levels of awareness of "something happening on the issue of health care reform." Given the media coverage at the time, it is not surprising that seven-in-ten respondents (70%) claim to have heard something about the issue in the days just following the conference. This level of awareness, however, declined as the polling period continued such that by the end of the 10 days of polling, an average of 64 percent of respondents had heard something about health care reform, about the same numbers as in the 2003 findings following conclusion of the First Ministers' Conference and the Health Accord in February of that year.



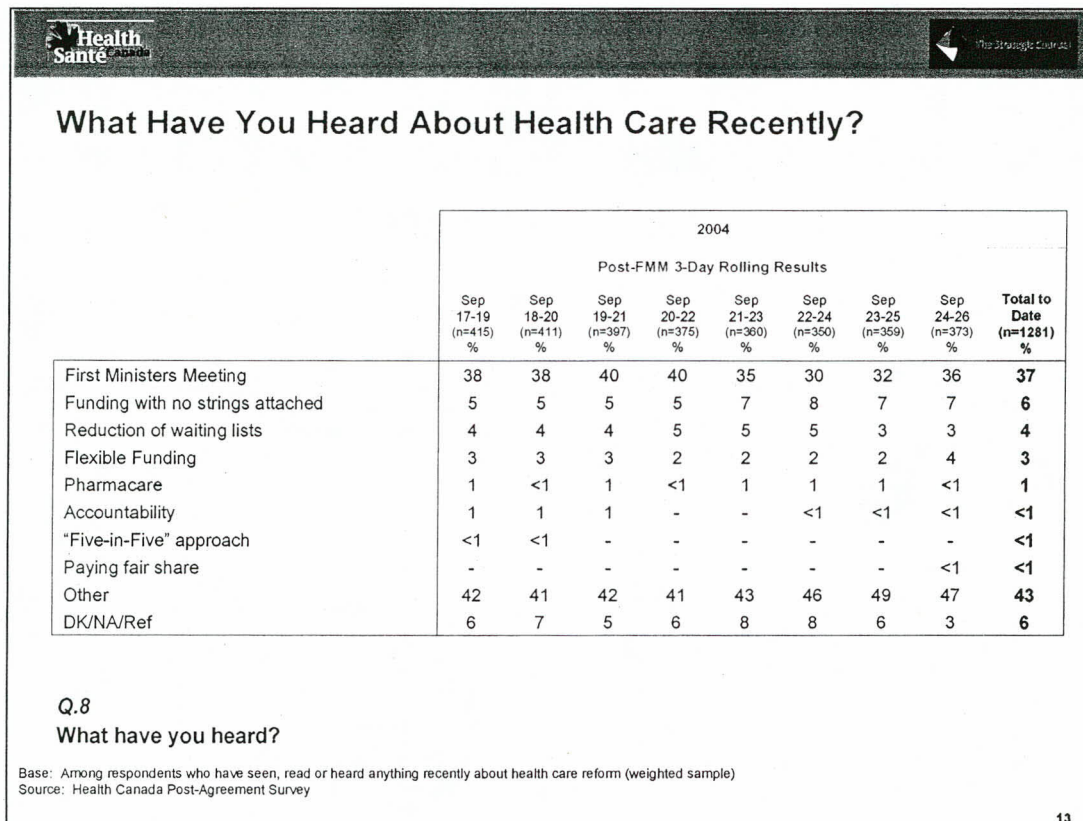


Awareness of First Ministers' Meeting and the Agreement on Health

Alertness to issues related to health care reform varies somewhat by region and community size, with residents of British Columbia exhibiting higher levels of awareness (70%) in contrast to those in Quebec (57%) and the Atlantic provinces (61%). Canadians living in Canada's largest urban areas (with populations of 1,000,000 or more) were also more likely to have heard of something happening on health care reform (70%) as compared to those in smaller communities of under 10,000 (59%).

The propensity to be attuned to issues related to health reform also varied by socio-economic status and age with those having higher levels of educational attainment (82%), in the higher income brackets (77%) and respondents aged 50 to 59 (73%) most likely to have seen, heard, or read something about reform.

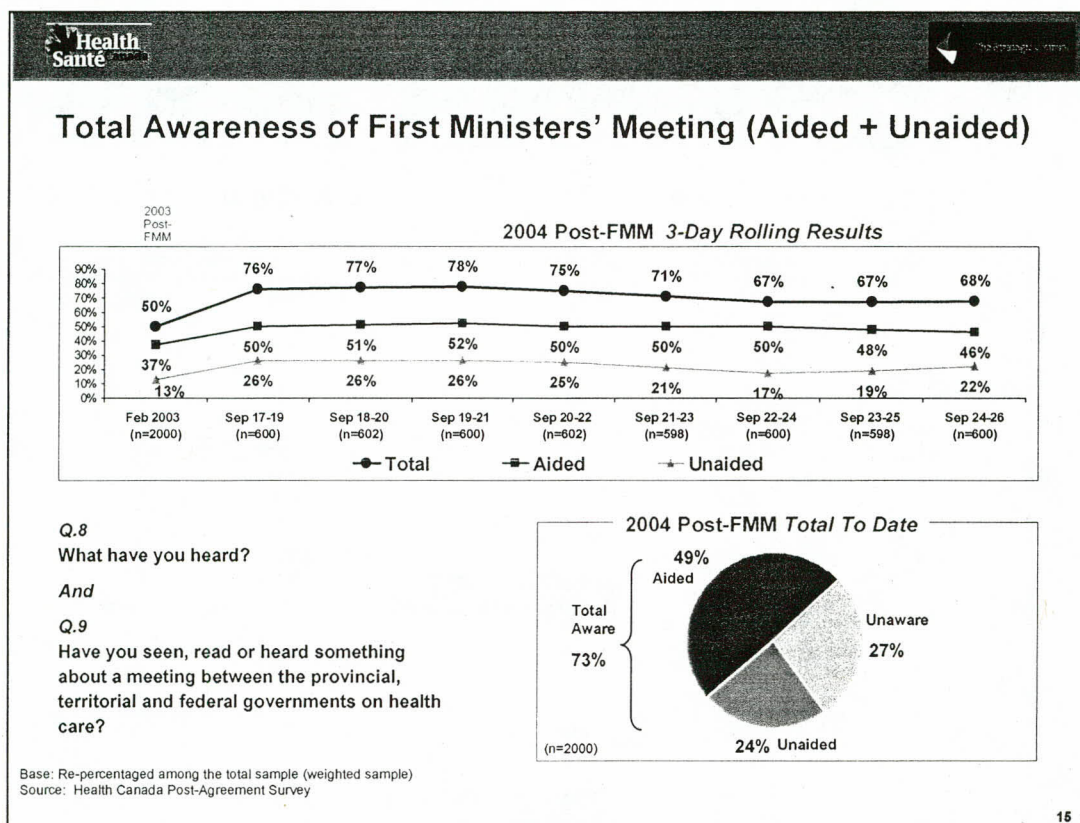
Among those who had heard something recently about health care reform, just over one-third (37%) were aware of the FMM having recently taken place. This converts to 24% unaided awareness of the FMM, based on the total sample of 2,000 respondents to the survey. Minor mention was made, on an unprompted basis, of the specifics of the Agreement reached between Ministers around funding (9% total mentions – includes mentions of “funding with no strings attached” (6%) and “flexible funding” (3%) or reduced waiting times (4%).





Awareness of First Ministers' Meeting and the Agreement on Health

By the end of the polling period, total awareness of the FMM, including mentions on an unprompted as well as prompted basis, averaged out to 73 percent, combining the 49 percent of respondents who mentioned the FMM on an aided basis and the above-mentioned 24 percent who referenced the meeting on an unaided basis. Levels of total awareness (aided and unaided) varied little across the regions and among demographic groups, although awareness was lower among the 18-29 age cohort (54%), higher among those aged 60 and over (81%). Similarly, awareness was generally higher among those with higher levels of household income and education.

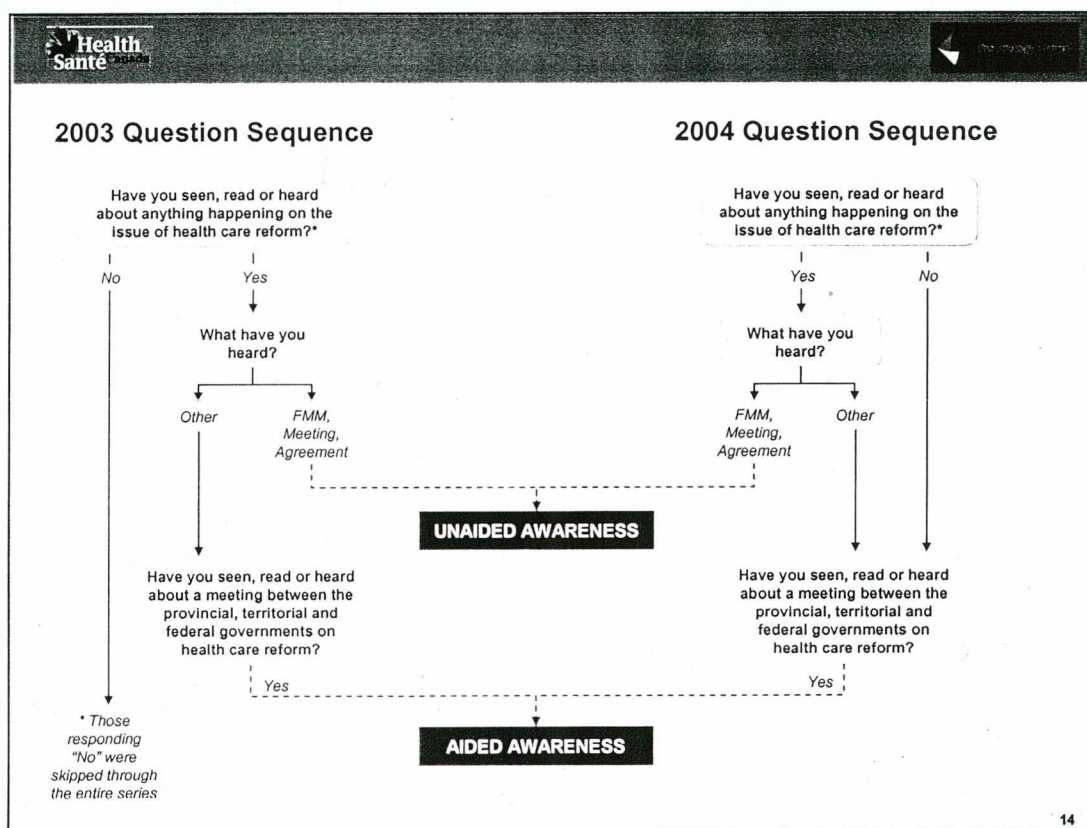




Awareness of First Ministers' Meeting and the Agreement on Health

The average of 73 percent appears to be much higher than the awareness levels obtained in polling following the 2003 FMM (50%). This is, however, attributable to a difference in the skip patterns employed in each of the questionnaires and, subsequently, the way in which the measures of "Aided Awareness" and "Total Awareness" are calculated in each survey. As illustrated in the schematic shown below, the 2004 survey provided an additional prompt to respondents who indicated they were initially unaware of anything happening on health care reform. As a result, this contributed to higher levels of "aided" awareness and, subsequently, to higher levels of "total awareness" as compared to the 2003 results.

Measuring Levels of Unaided and Aided Awareness of the FMM



To obtain a true comparison of awareness levels between 2003 and 2004, recalculated measures for 2004 are shown below, removing all those respondents who indicated in the "first order filter" that they were not aware of anything happening on health care reform.

	2003 %	2004 %
Unaided Awareness	13	24
Aided Awareness	37	31
TOTAL AWARENESS	50	55



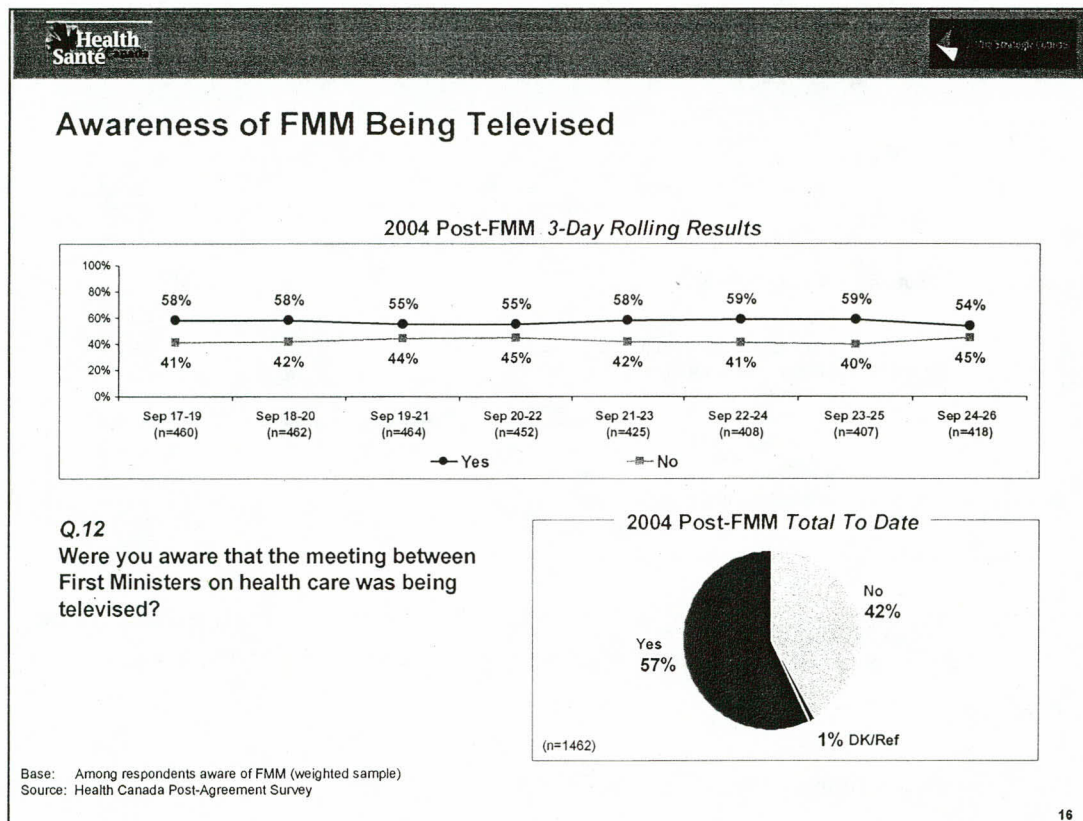
Awareness of First Ministers' Meeting and the Agreement on Health

Note that the level of unaided awareness in 2004 is almost twice that found in 2003.

However, comparable levels of aided awareness (based on the 2003 calculation) are in fact slightly lower. Overall, total awareness (aided and unaided) of the 2004 FMM is five points higher than that obtained in polling conducted post the 2003 FMM.

B. Attitudes Regarding Televised Proceedings

Just over half of Canadians (57%) were aware that the meetings between First Ministers were being televised.

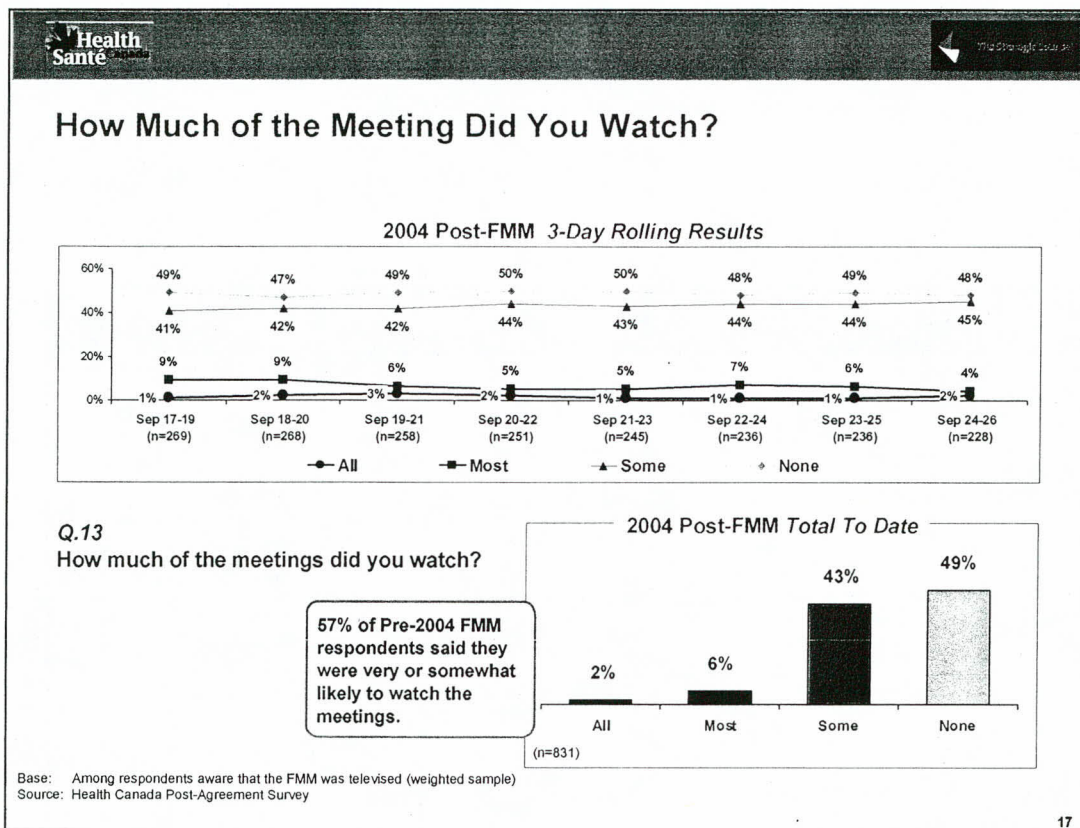


Just over seven-in-ten (71%) respondents 60 years of age or older were aware these meetings would be televised. Those between 30-39 years of age were least aware (38%). Respondents who reported an agreement was reached were more likely to have been aware the meetings were televised compared with those who said no agreement was reached (63% versus 46% respectively).



Awareness of First Ministers' Meeting and the Agreement on Health

Heading into the FMM, 57 percent of respondents to a Veraxis poll indicated they were somewhat or very likely to watch the meetings via television. And, just slightly fewer of those who were aware of a meeting taking place watched some, most or all (51%) of the proceedings.



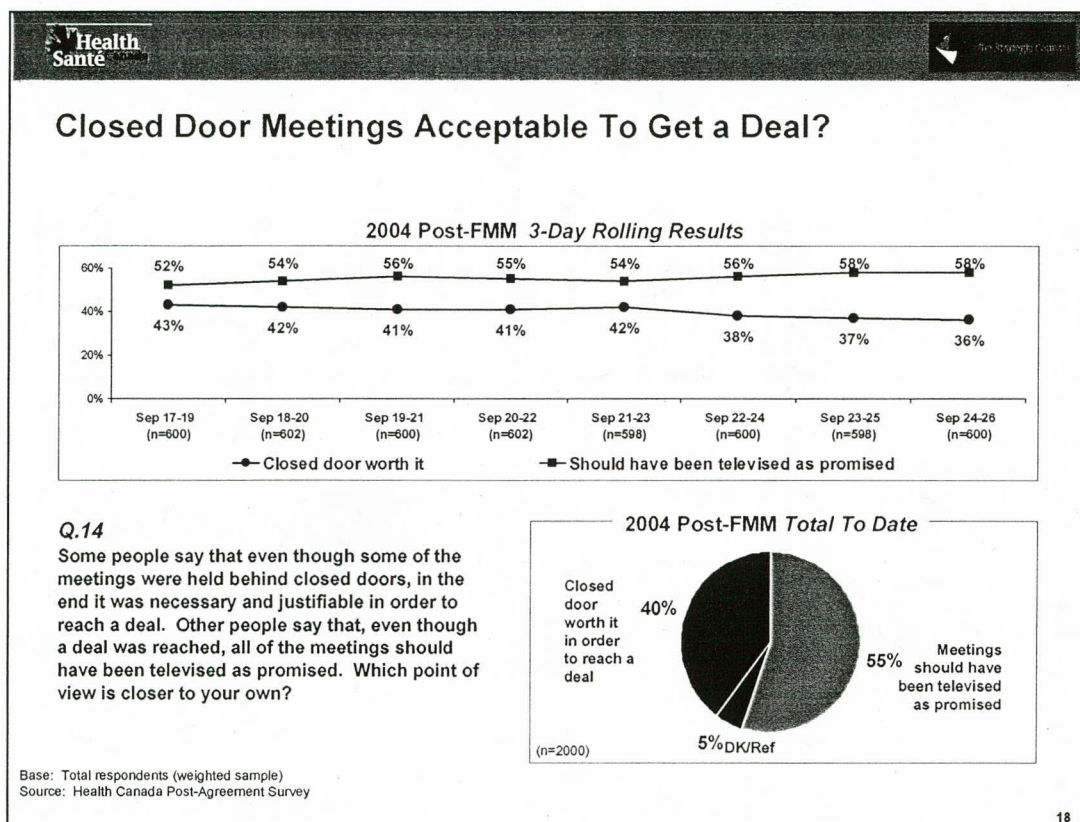
Atlantic Canadians and those 60 years of age or older tended to be more likely to have watched at least some of the proceedings than other Canadians (among both groups 64 percent said they watched "all/most/some" of the meetings).

In addition, the proceedings appear to have been of greater interest to those with recent experience in the health care system. Slightly more Canadians who have used the health system recently compared to those who have not watched the proceedings (53% versus 46% watching "all/most/some" of the meetings).



Awareness of First Ministers' Meeting and the Agreement on Health

Canadians were split on whether the closed door meetings were acceptable in order to get a deal. Just over half (55%) felt that all of the meetings should have been televised as promised, while slightly fewer (40%) favoured the in-camera sessions in order to reach a deal. In the early days of polling immediately following the conclusion of the meeting, public opinion on this issue was narrowly divided, while the margin increased as polling continued over the 10-day period, generally favouring televised meetings over "closed-door deals."

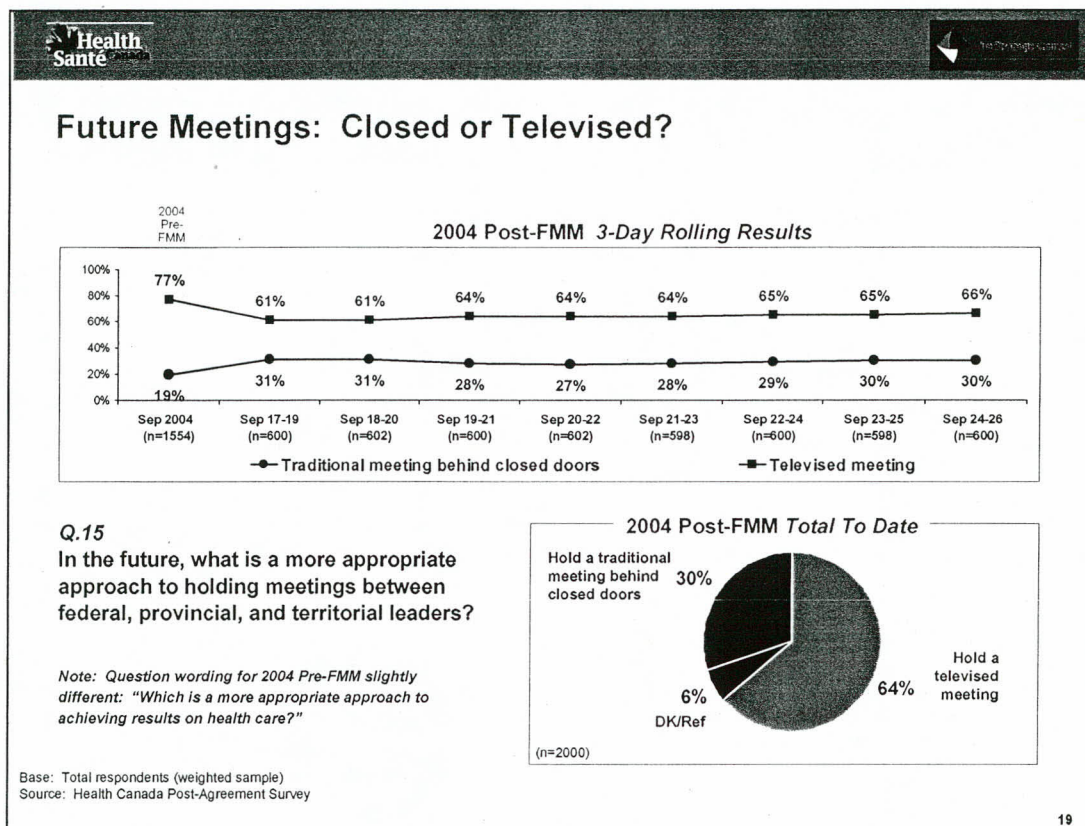


The acceptability of the closed door meetings rises with the increase in age, household income and educational achievement. For instance 55 percent of those with a university education but only 29 percent with a high school education accepted the necessity of some of the meetings being held behind closed doors.



Awareness of First Ministers' Meeting and the Agreement on Health

At the same time, however, Canadians' interest in practicality in terms of the outcome appears to have muted, to some extent, their desire for transparency throughout the process. Although the public favours televised meetings over closed door meetings by about a 2:1 ratio, almost 10 percent fewer hold this view following the recent meeting of First Ministers than did going into it.



A similar pattern emerges when respondents were asked if future meetings (as opposed to these particular meetings) should be held behind closed doors or be televised. The acceptability of closed door meetings rises as age, household income and educational achievement rises.

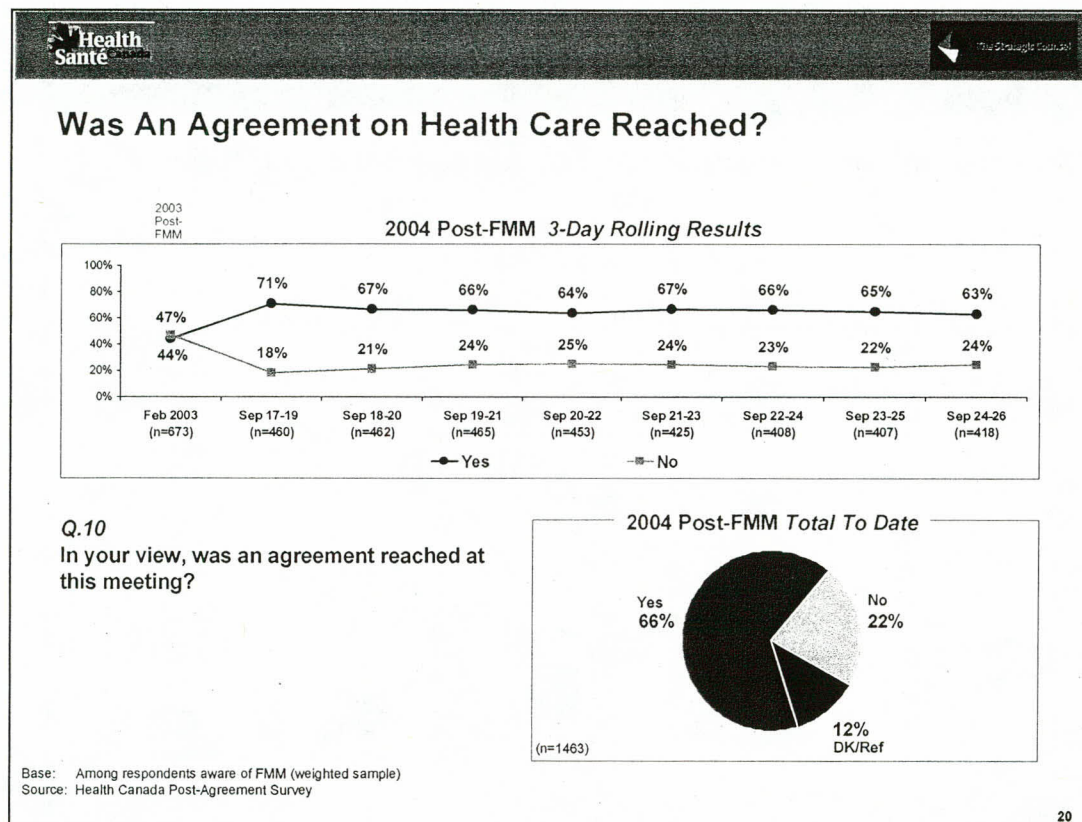
Respondents who perceive the state of health care to be "poor/very poor" and those who say the quality of health care has "deteriorated" and are "not aware" of either health care reform or that an agreement was reached were less likely to favour closed door meetings (21%, 24%, 20% and 24% respectively).



Awareness of First Ministers' Meeting and the Agreement on Health

C. Awareness of the Agreement Between First Ministers

Awareness of an agreement between the First Ministers is substantially higher in 2004 (66%) as compared to 2003 (47%). This appears to be linked to perceptions that the principle issue in the 2004 discussions was seen to be about funding. By contrast, in 2003 the public perceived the Agreement to include additional funding as well as discussion and agreement on a host of broader health care reforms with respect to primary care, waiting times and physician shortages. Moreover, the 2003 results may also have reflected the fact that many of the parties to the 2003 discussions came away from the meeting with varying degrees of consensus that an agreement had been reached among First Ministers. These disparate views were widely broadcast in the media.



Almost eight-in-ten Quebecers (77%) but only 50% of Albertans say an agreement was reached. Awareness of an agreement also varies by age, with one-half of 18-29 year olds (53%) compared with three-quarters aged 60 or older (73%) saying an agreement was reached.

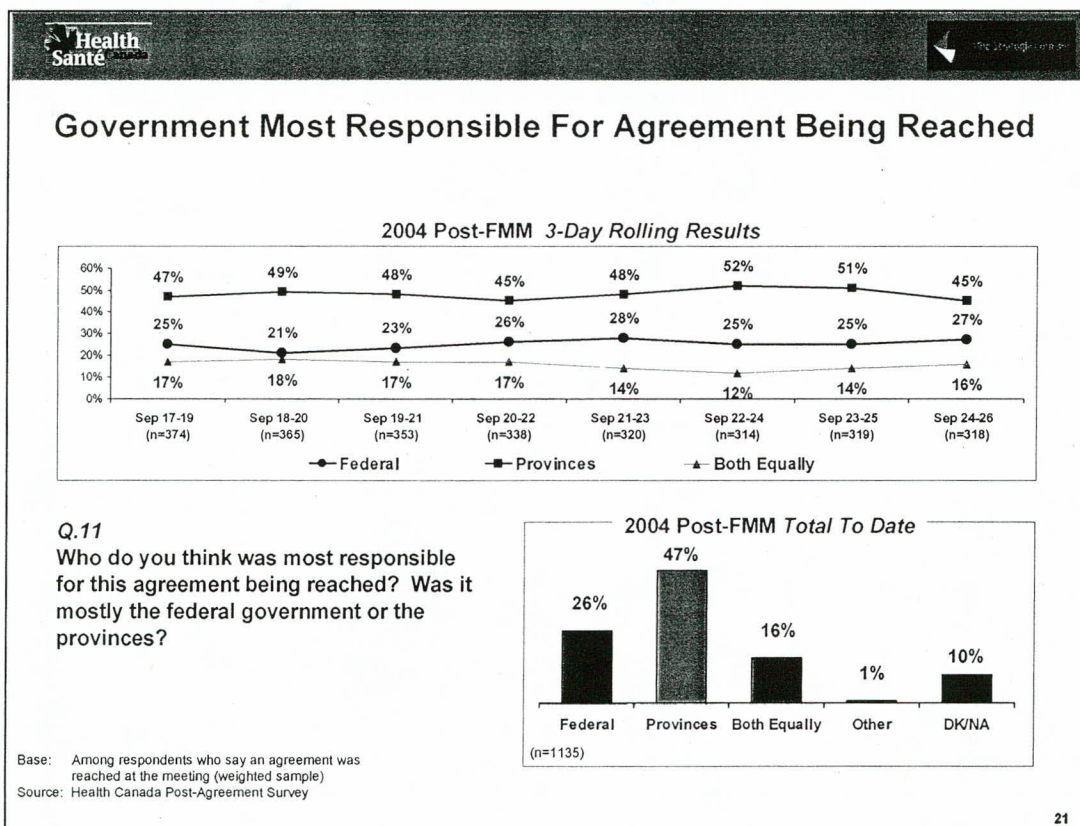


Awareness of First Ministers' Meeting and the Agreement on Health

Further, respondents who perceive the state of health care to be “poor/very poor” (60%), those who say the quality of health care has “deteriorated” (60%) as well as those who are not aware of anything happening on health care reform (50%) were generally less aware that an agreement was reached. Conversely 73 percent of those who rate the state of health care as “excellent/very good” are aware of an agreement.

Interestingly, among the group of respondents who indicated they were “very” or “somewhat” dissatisfied with the agreement (after the main tenets were explained to respondents), almost half (44%) were not initially aware of an agreement being reached.

The provinces received most of the credit for an agreement being reached by almost a 2:1 margin. This perception remained relatively stable throughout the 10-day polling period.

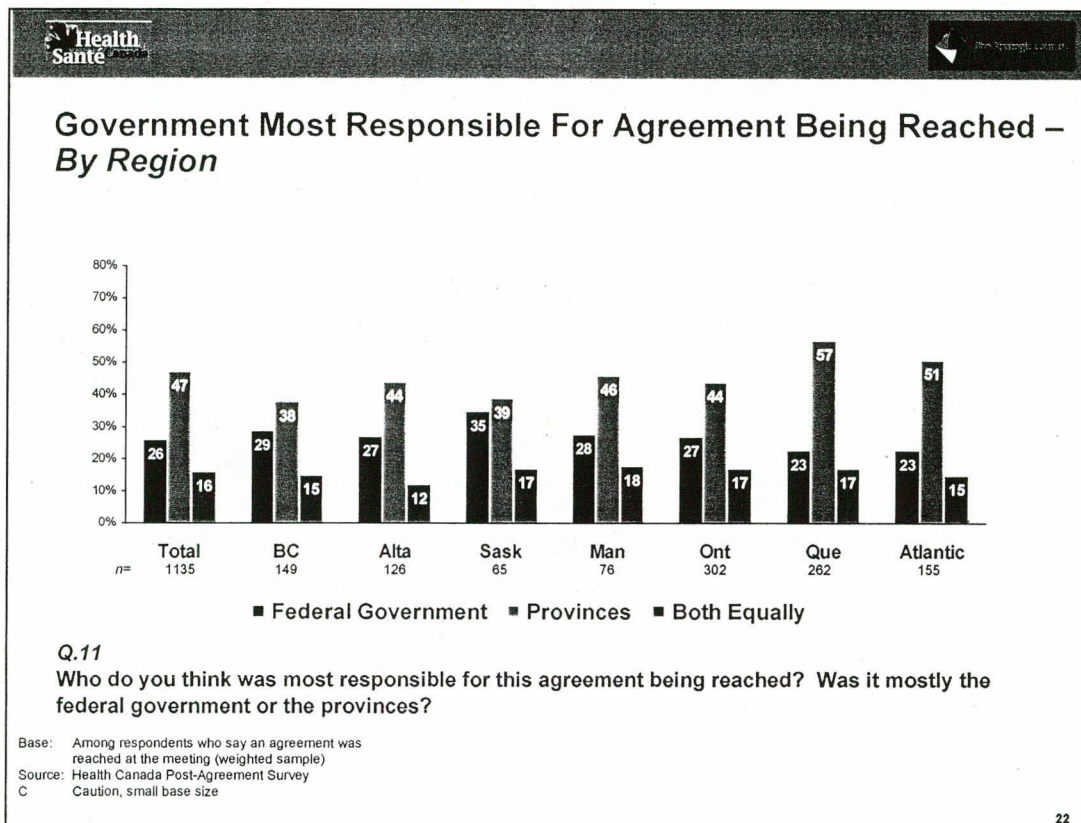


Canadians who agree the “federal government is not paying its fair share of health care costs” and who are “most confident in their provincial government to lead changes to the health care system” are less likely to credit the federal government (19% and 18% respectively) and more likely to credit their provincial governments (57% and 61% respectively) with being MOST responsible for an agreement being reached.



Awareness of First Ministers' Meeting and the Agreement on Health

This perception was pervasive across the regions and highest in Quebec where 57 percent credited the provinces versus 23 percent the federal government.





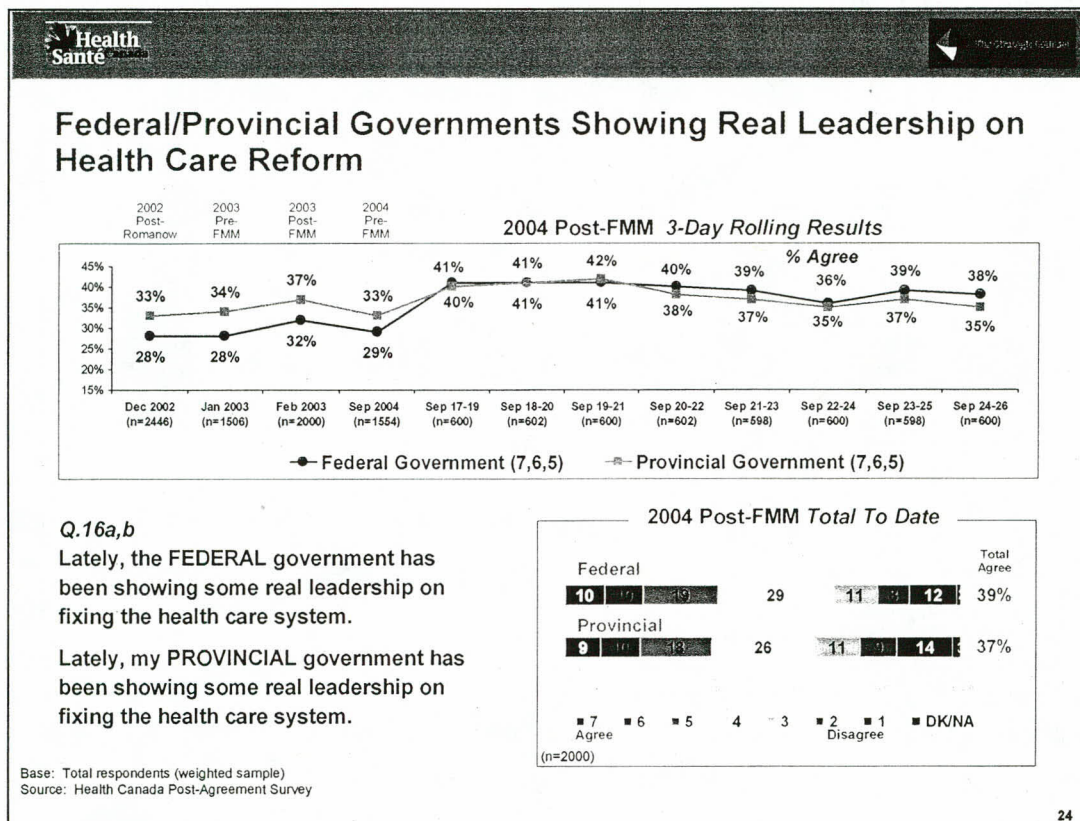
V. Perceptions of Government: Confidence and Leadership Ability



Perceptions of Government: Confidence and Leadership Ability

While there has been some improvement in public perceptions of the extent to which both levels of government, federal and provincial, are demonstrating leadership on health care reform, many Canadians remain relatively unimpressed with either level of government.

Notably, both levels of government appeared to benefit, in terms of public perceptions of their leadership with respect to health care reform, immediately following the FMM. Previous polls throughout 2002, 2003 and in the days preceding the FMM indicated that, in general, slightly more agreed that the provinces were “showing some real leadership on fixing the health care system” than said the same about the federal government (about a four to six point difference). While assessments of the provinces had been languishing at about 33 percent to 37 percent prior to the FMM, and for the federal government at slightly lower levels (28%-32%), these figures jumped a full 12 points for the federal government and seven points for the provinces in the early days of polling following the FMM.

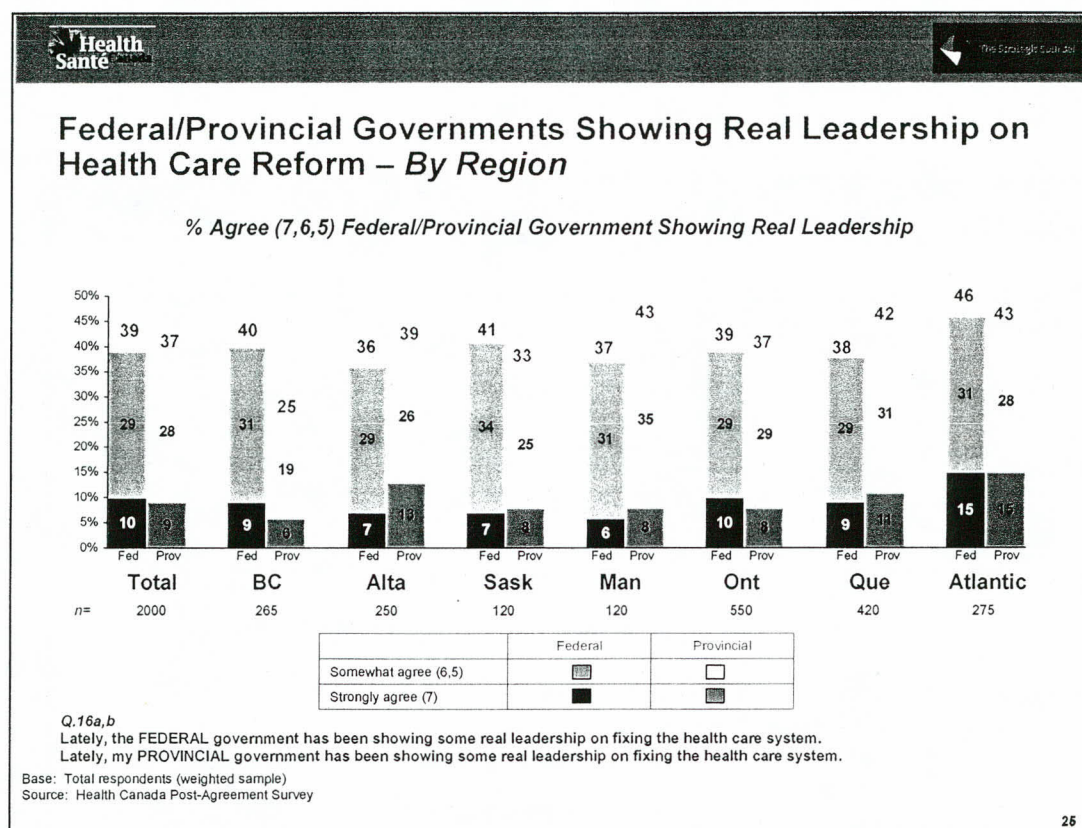


Assessments of government leadership on health care remained relatively stable over the course of the polling period, for both levels of government. On average, just under four-in-ten Canadians (39%) agree with the statement that “lately the federal government has been showing some real leadership on fixing the health care system.” Similar numbers (37%) say the same about their province.



Perceptions of Government: Confidence and Leadership Ability

Perceptions of government leadership vary across the regions. Atlantic Canadians are generally more inclined to agree that both levels, and particularly the federal government, are demonstrating leadership on health care. On the opposite coast, British Columbians are most critical of their provincial government's performance. In that province, just one-in four (25%) agree that their provincial government is showing real leadership compared to 40 percent who credit the federal government with exhibiting leadership on health care reform. In the remaining provinces, both levels of government are rated about evenly (about four-in-ten agreeing that each level of government is demonstrating leadership on health care reform), the difference falling within the margin of error based on the sample size for each province.

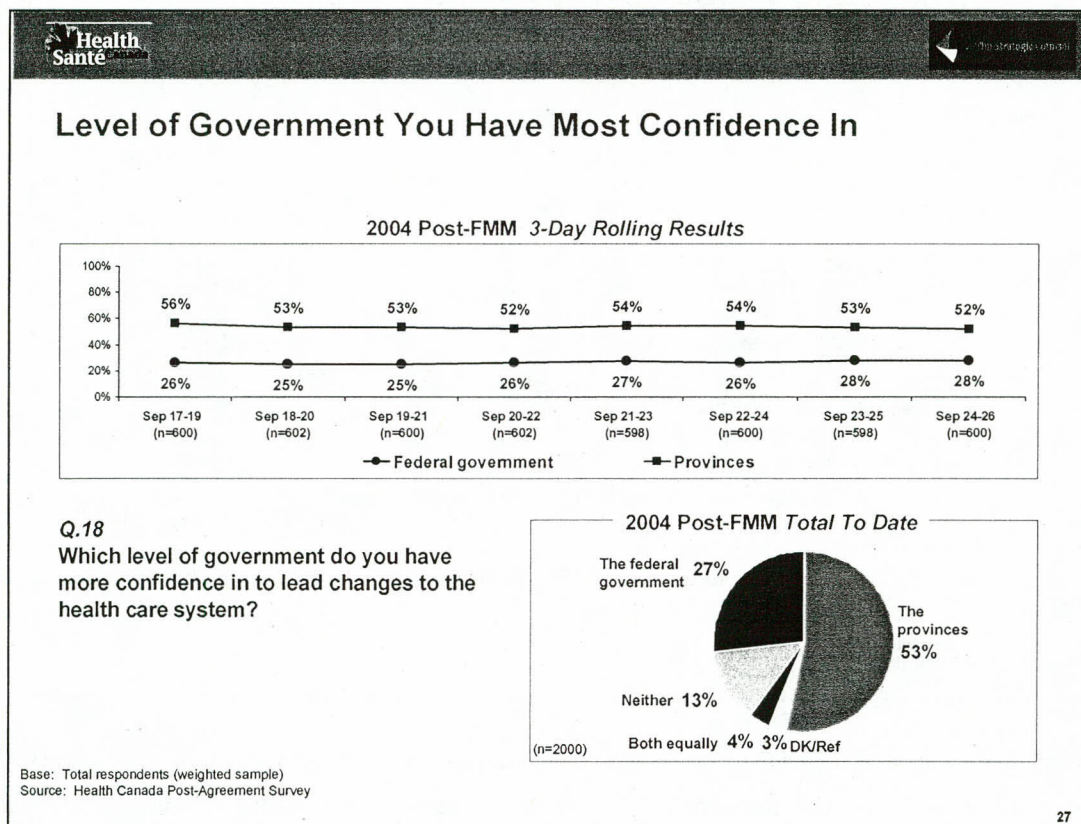


Perceptions of the federal government's performance also vary by age. Those aged 30-39 are least likely to say that the federal government is demonstrating leadership (27%) compared to those aged 60 and older (49%).



Perceptions of Government: Confidence and Leadership Ability

When asked which level of government Canadians have most confidence in to lead changes to the health care system, the majority of Canadians point to the provinces by a margin of almost 2:1 rather than the federal government. We noted a slight decline over the course of the polling period from 56 percent to 52 percent in those identifying the province in response to this question. However, on average, 53 percent of Canadians say they have most confidence in the provinces to lead changes, compared to 27 percent who cite the federal government. Responses to this question likely reflect, at least to some extent, Canadians' understanding that the provinces have ultimate responsibility for the delivery of health care and, therefore, an expectation that any real improvements to the system will realistically be lead by the provincial government.

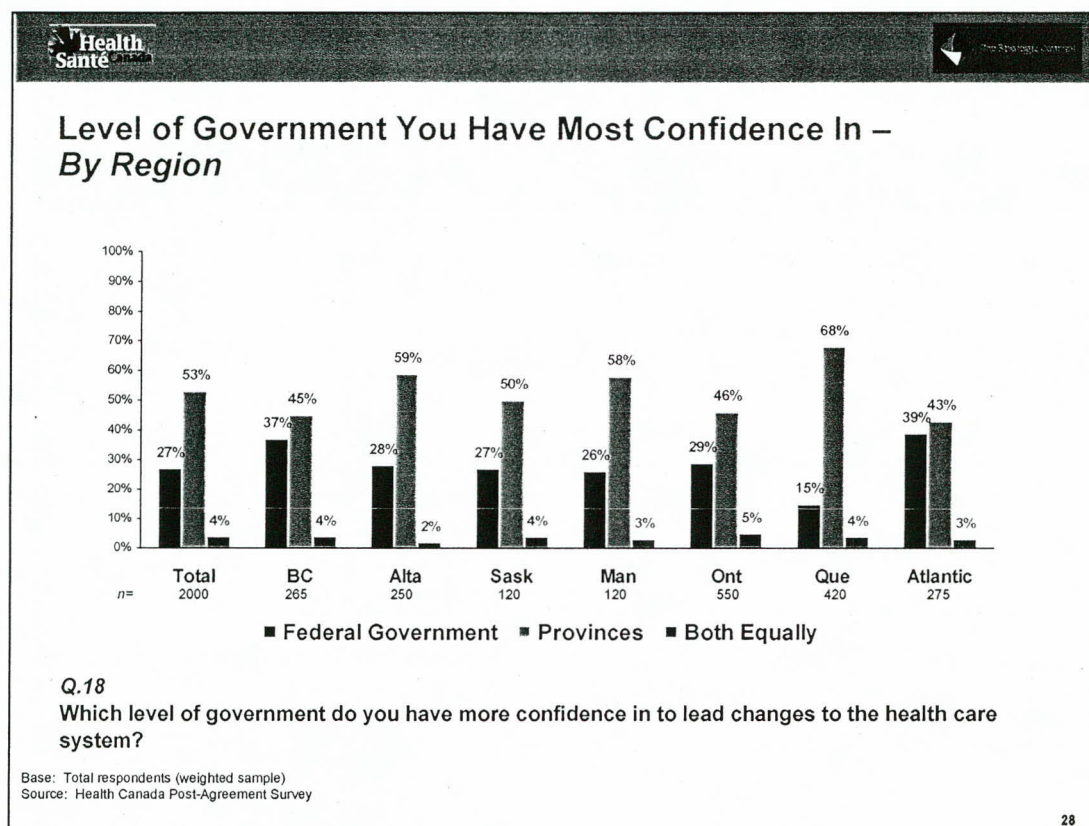


Across the regions, Canadians are generally more likely to place their confidence in their provincial government over the federal government, although the extent to which they do so varies widely from province to province. In Quebec, just 42 percent agreed with an earlier statement that their provincial government has been showing real leadership on health care reform. By contrast, and consistent with other polls on Quebecers' views of federal-provincial responsibilities across a wide range of issues, significantly greater numbers (68%) point to the provincial government versus the federal government (15%) as the



Perceptions of Government: Confidence and Leadership Ability

jurisdiction in which they have most confidence to lead changes to the health care system. A strong leaning in favour of the provincial over the federal government is also evident in Alberta (59% vs. 28%), Manitoba (58% vs. 26%) and Saskatchewan (50% vs. 27%). In both Atlantic Canada (43% vs. 39%) and British Columbia (45% vs. 37%), opinions tend to be more split, although they are generally consistent with findings in other parts of the country that suggest the public leans toward the province over the federal government.



Other variations of opinion by age and community size are of some note. One-third (32%) of Canadians 18-29 years of age and an equal number (33%) from small communities, with populations between 10,000 and 30,000, say they have most confidence in the federal government, just slightly higher than the national average.

One-quarter (25%) who are dissatisfied with the “agreement overall” and almost one-quarter of respondents who perceived the state of the health care system to be “poor/very poor” (23%) volunteered that they do not have confidence in either level of government to lead changes to the system (versus 13% among all Canadians).



Perceptions of Government: Confidence and Leadership Ability

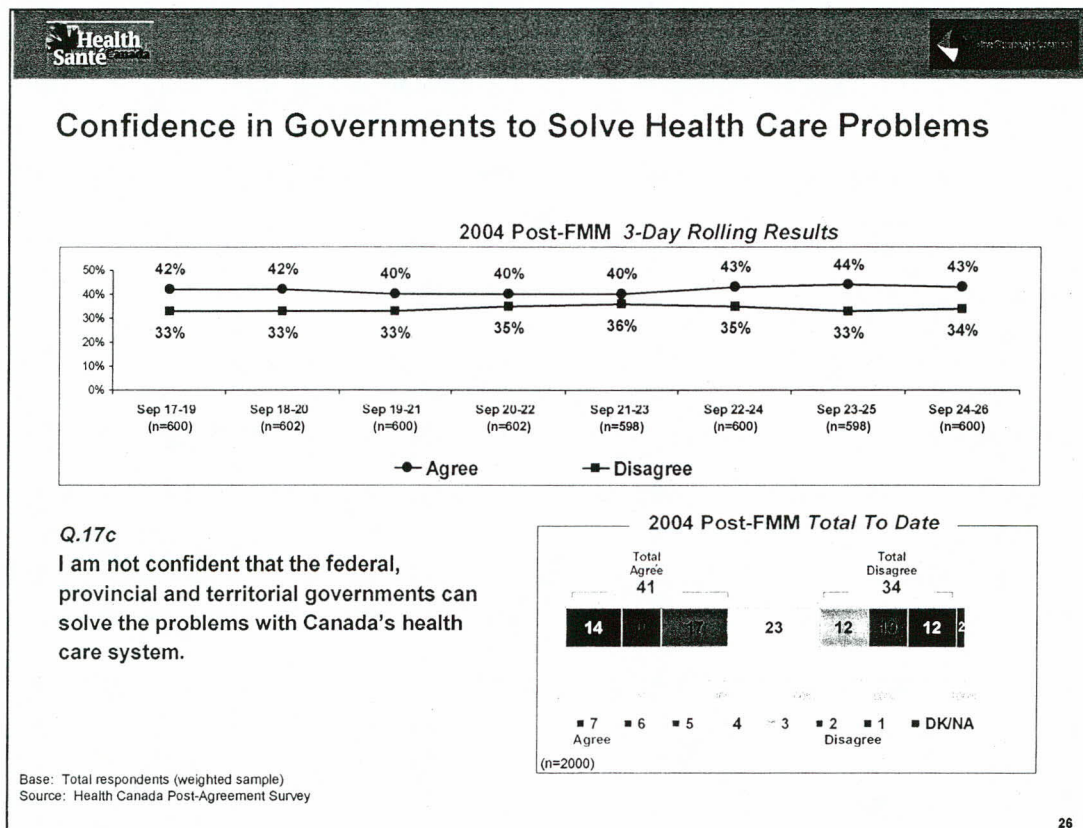
While Canadians may express higher levels of confidence in their own provincial government, versus the federal government, to lead changes to the health care system, a plurality expresses cynicism that a solution can be found by any level of government. This result may not be that surprising in the context of the following:

- Health care remains the top priority for Canadians and has been the number one issue since the mid-1990s;
- By a 4:1 ratio, Canadians are more inclined to describe the quality of health care in Canada as deteriorating rather than improving over the past two years; and
- Despite the significant focus on health care in previous federal/provincial elections, budgets, Ministerial meetings as well as the 2002 Task Force on Health Care Reform led by the Honorable R. Romanow leading up to the 2003 Health Accord, there has been little change in the 18 months since February of 2003 in the number of Canadians rating the state of health care as excellent/good.

In the end, more Canadians agree (41%) than disagree (34%) with the statement “I am not confident that the federal, provincial and territorial governments can solve the problems with Canada’s health care system.” These numbers remained unchanged as the throughout the polling period.



Perceptions of Government: Confidence and Leadership Ability

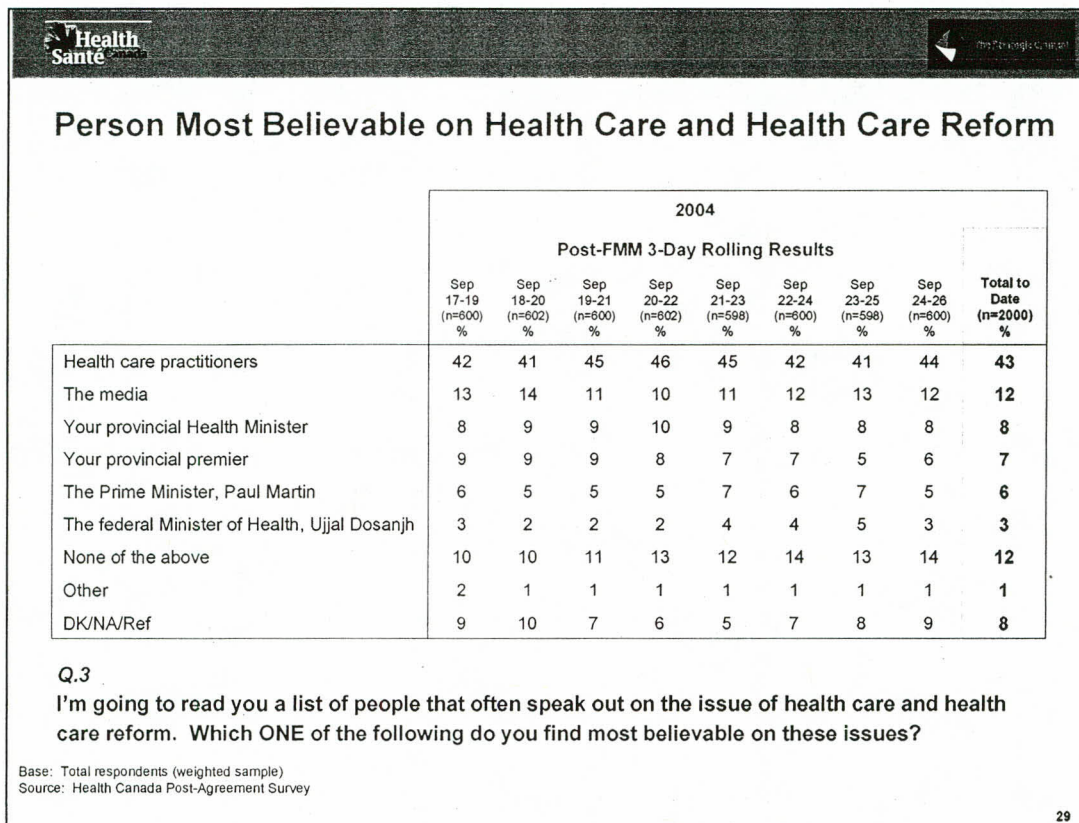


In general, younger Canadians, those aged 18 to 29, university graduates, higher incomes earners (above \$60,000), those who disagree the federal government is not paying its fair share and those who say the quality of health care has “improved” in the past two years exhibit higher levels of confidence that governments can work cooperatively to fix the health care system. They tended to express higher levels of disagreement (39-40%) with the statement “I am not confident that the federal, provincial and territorial governments can solve the problems with Canada’s health care system.”



Perceptions of Government: Confidence and Leadership Ability

Canadians invest substantially greater confidence and credibility in those directly engaged within the health care field when it comes to public discussion and debate over health care reform. By a wide margin, Canadians are more inclined to find health care practitioners (43%) more credible as compared to the media (12%), provincial or federal officials.



There are few variations by demographic group or by region on this question, although we note in Quebec that somewhat greater numbers (16%) versus the national average (8%) view their provincial Health Minister as most credible.



VI. Reaction to The Agreement on Health Care



Reaction to the Agreement on Health Care

Canadians believe that all of the elements of the Agreement between the federal and provincial governments will impact to varying degrees of significance.

Respondents were asked to consider each of the 13 elements of the 2004 Agreement on Health Care and asked to state the degree to which each would make a difference in improving the quality of health care.

Those that Canadians believe will have the most significant impact include:

- Committing to reduce waiting times in priority areas such as cancer treatment, heart surgery, diagnostic imaging, joint replacements and sight restoration (80% saying this would make a difference - rated a 5, 6 or 7 on a 7-point scale). Rated highest by those between 30-39 years of age (88%) and lowest by those who are “very/somewhat” dissatisfied with the health care agreement (65%)
- Providing funds for more medical equipment (78%). Rated highest by those between 18 and 39 years of age (85%). Rated lowest by those who are “very/somewhat” dissatisfied with the health care agreement (65%) and those who are not confident in either level of government to lead health care reform (68%)
- Providing reliable and stable funding to the provinces for the next 10 years (77%). University and college graduates provided higher ratings than those with a high school education (81% versus 72%). Ratings are also significantly higher among Canadians who believe the state of health care is “excellent/very good,” (83%), those who are aware an agreement was reached (83%) and those who think the quality of health care has “improved” (82%). Once again lower ratings were from those who are “very/somewhat” dissatisfied with the health care agreement (59%) and those who are not confident in either level of government to lead health care reform (62%)
- Increasing the focus on healthy living, physical activity and improved eating habits to keep people out of hospitals (75%). On a regional basis, ratings ranged from a high of 77 percent in Ontario and Quebec to a low of 68 percent in Atlantic Canada. Those with a high school education rate this much lower than those with a university education (69% versus 85% respectively).

Two other elements of the agreement are also viewed as having a relatively significant impact.

- Addressing the shortage of health care professionals, including doctors, nurses, pharmacists and technologists, by increasing investments in post-secondary education (74%).
- Establishing 24 hour, 7 day a week clinics with teams of health care providers, like doctors, nurses, pharmacists, and physiotherapists, who would be the first point of contact for patients (73%).

Overall, those who are “dissatisfied” with this agreement overall tended to have lower ratings for most of the 13 elements of the agreement tested in this survey. This same trend is also evident among those who are not confident in either level of government to lead health care reform.



Reaction to the Agreement on Health Care

Conversely, those who are satisfied with the agreement are more likely to rate each element of the agreement more positively than average. Further, those who think the federal government was not paying its fair share of health care cost also tend to rate these elements higher than average. This would suggest this group has been positively influenced by the funding commitment of the federal government.

Among the most highly rated elements of the Agreement only two; reducing waiting times and providing stable funding showed evidence of decline from the first three-day post-agreement wave of interviewing (Sept. 17-19) to the final three-day wave (Sept. 24-26) in the percentage of those believing these aspects of the Agreement would result in a moderate to significant difference in the quality of care. Both elements lost six points over the tracking period and parallel the declining trend in perceptions of the overall impact of the Agreement on the quality of health care in Canada as well as the number of Canadians who agree that the Agreement will reduce wait times.

Notably, while stabilized funding over a 10-year period is seen to have some impact on the quality of care, when responses to this series of questions are analyzed from the perspective of only those who indicated each of these elements would make a significant difference (e.g. 7 on a 7-point scale), the funding component of the Agreement drops from the third highest ranked to sixth.



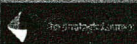
Reaction to the Agreement on Health Care

 										
Measures to Improve Health Care - % Saying Some Impact										
% Total "Difference" (5,6, and 7 on a 7-point scale)	2004									
	Pre-FMM	Post-FMM 3-Day Rolling Results								
	Sep 2004 (n=1554) %	Sep 17-19 (n=600) %	Sep 18-20 (n=602) %	Sep 19-21 (n=600) %	Sep 20-22 (n=602) %	Sep 21-23 (n=598) %	Sep 22-24 (n=600) %	Sep 23-25 (n=598) %	Sep 24-26 (n=600) %	Total to Date (n=2000) %
Reduce wait times	81	83	80	79	80	81	81	76	77	80
More medical equipment	n/a	79	78	74	77	79	80	79	79	78
Funding for 10 years	76	79	79	82	80	77	72	69	73	77
Focus on healthy life	76	76	77	78	77	78	73	73	72	75
More medical school space	72	76	75	74	76	73	73	70	72	74
Establish 24/7 clinics	72	73	72	74	75	73	72	72	73	73
Invest in science, technology and research	n/a	69	72	72	73	71	67	65	63	68
Home care funding	77	69	68	69	70	69	63	62	62	67
Electronic health records	n/a	67	69	71	69	68	64	64	66	67
Accelerate foreign accreditation	59	67	67	66	67	65	65	67	65	66
Increase funding for Aboriginal health care	n/a	50	49	47	46	44	43	42	45	46
National pharmacare	70	48	45	45	43	43	42	45	43	45
Annual performance reports	n/a	42	41	43	44	45	44	44	45	44

Q.19
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.

Base: Respondents were randomly read 7 out of 13 statements. (weighted sample)
Source: Health Canada Post-Agreement Survey

30

 										
Measures to Improve Health Care - % Saying Significant Impact										
% Saying "Significant Difference" (7 on a 7-point scale)	2004									
	Pre-FMM	Post-FMM 3-Day Rolling Results								
	Sep 2004 (n=1554) %	Sep 17-19 (n=600) %	Sep 18-20 (n=602) %	Sep 19-21 (n=600) %	Sep 20-22 (n=602) %	Sep 21-23 (n=598) %	Sep 22-24 (n=600) %	Sep 23-25 (n=598) %	Sep 24-26 (n=600) %	Total to Date (n=2000) %
Reduce wait times	52	48	48	48	53	52	51	43	44	48
Focus on healthy life	48	46	48	52	53	55	50	46	40	47
More medical school space	40	41	39	41	46	45	44	38	41	42
More medical equipment	n/a	39	37	37	41	44	47	43	45	42
Establish 24/7 clinics	35	38	38	38	40	40	42	39	38	39
Funding for 10 years	41	38	38	40	43	40	39	34	35	38
Electronic health records	n/a	33	34	37	38	36	35	31	34	34
Home care funding	41	32	32	37	37	37	33	33	30	33
Accelerate foreign accreditation	25	31	33	34	34	35	35	35	32	32
Invest in science, technology and research	n/a	29	30	31	36	37	36	30	25	30
Increase funding for Aboriginal health care	n/a	21	21	19	19	19	21	19	20	20
National pharmacare	37	16	19	18	17	15	19	19	19	18
Annual performance reports	n/a	16	15	17	17	18	18	17	17	17

Q.19
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.

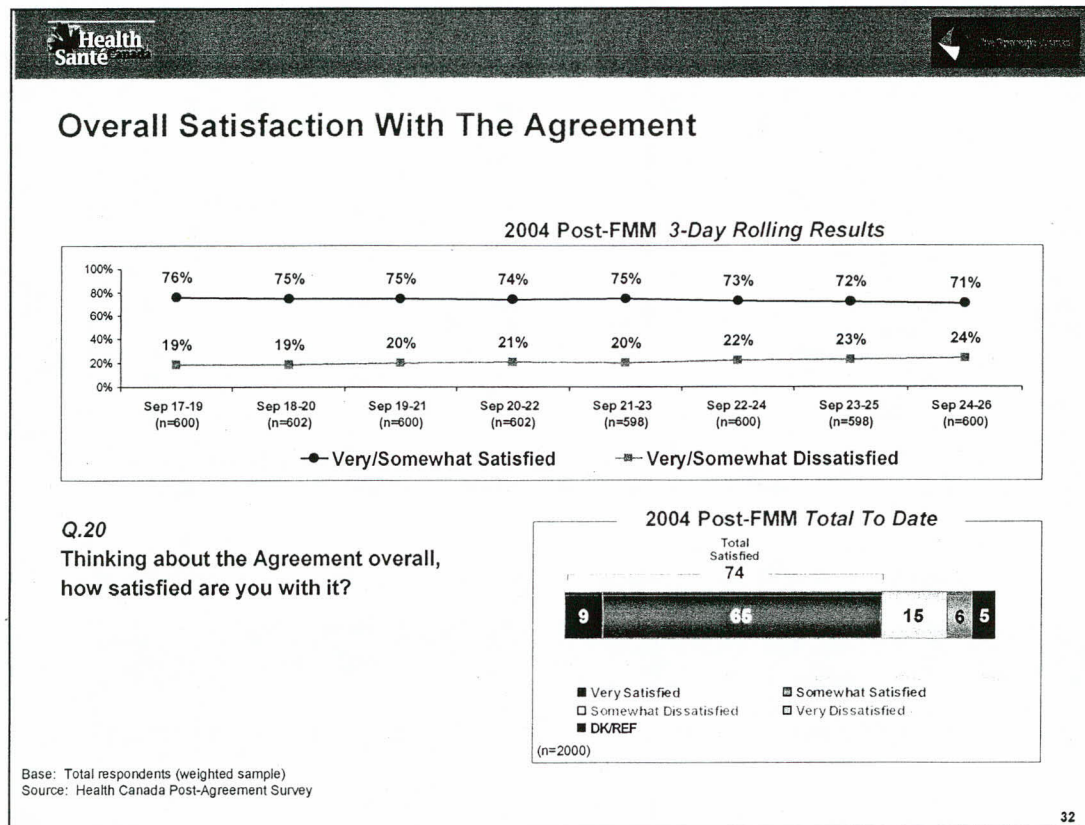
Base: Respondents were randomly read 7 out of 13 statements. (weighted sample)
Source: Health Canada Post-Agreement Survey

31



Reaction to Health Care Agreement

Overall reaction to the Agreement is positive although the highest level of satisfaction was achieved in the early days of the polling (76% very or somewhat satisfied) compared with 71 percent over the final three-day Sept 24-26 period. Over the entire ten-day polling period 74 percent of Canadians, on average, say they are satisfied with the Agreement.



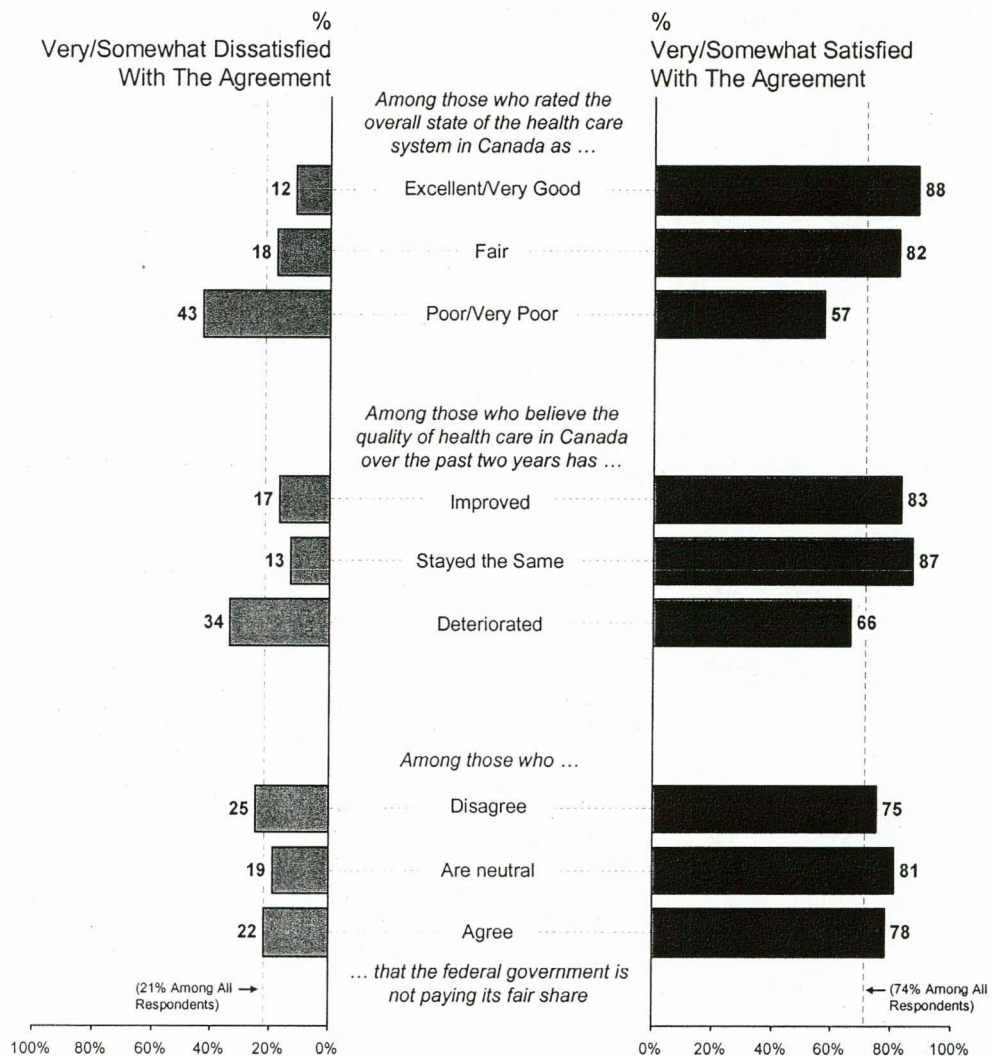
Younger Canadians (18-29 years of age) compared with those 40-59 years of age are more satisfied with the agreement (79% versus 71% respectively). As well, satisfaction rises from about 72 percent to 73 percent among those with college education or less to 78 percent for those with a university education.

Notably, satisfaction with the agreement does not vary between Canadians who have used the health care system in the past 12 months and those who have not used the system. However, as illustrated in the table below, satisfaction with the agreement tends to be higher among those who are generally more positive in their assessments of the health care system.



Reaction to Health Care Agreement

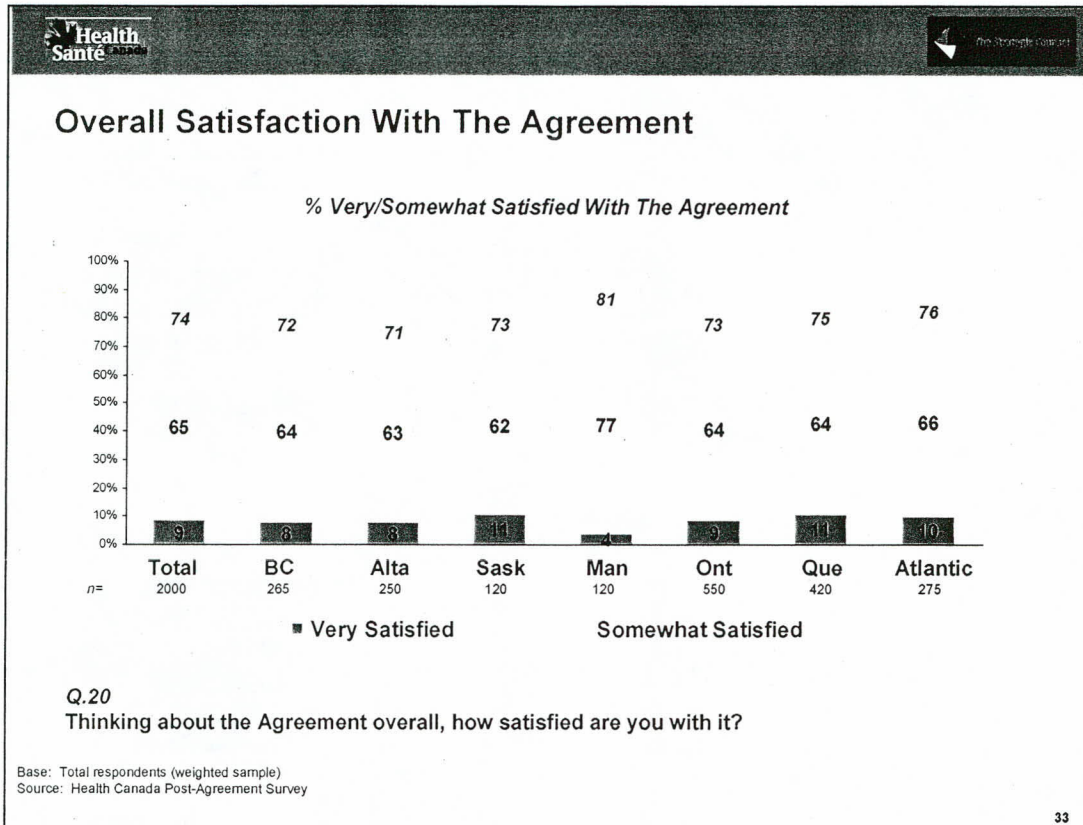
Overall Satisfaction With the Agreement By Key Health Care Measures





Reaction to Health Care Agreement

On a regional basis Manitobans (81%) are most satisfied and Albertans (71%) least satisfied, although these figures are within the margins of error based on the sample sizes in each of these provinces.

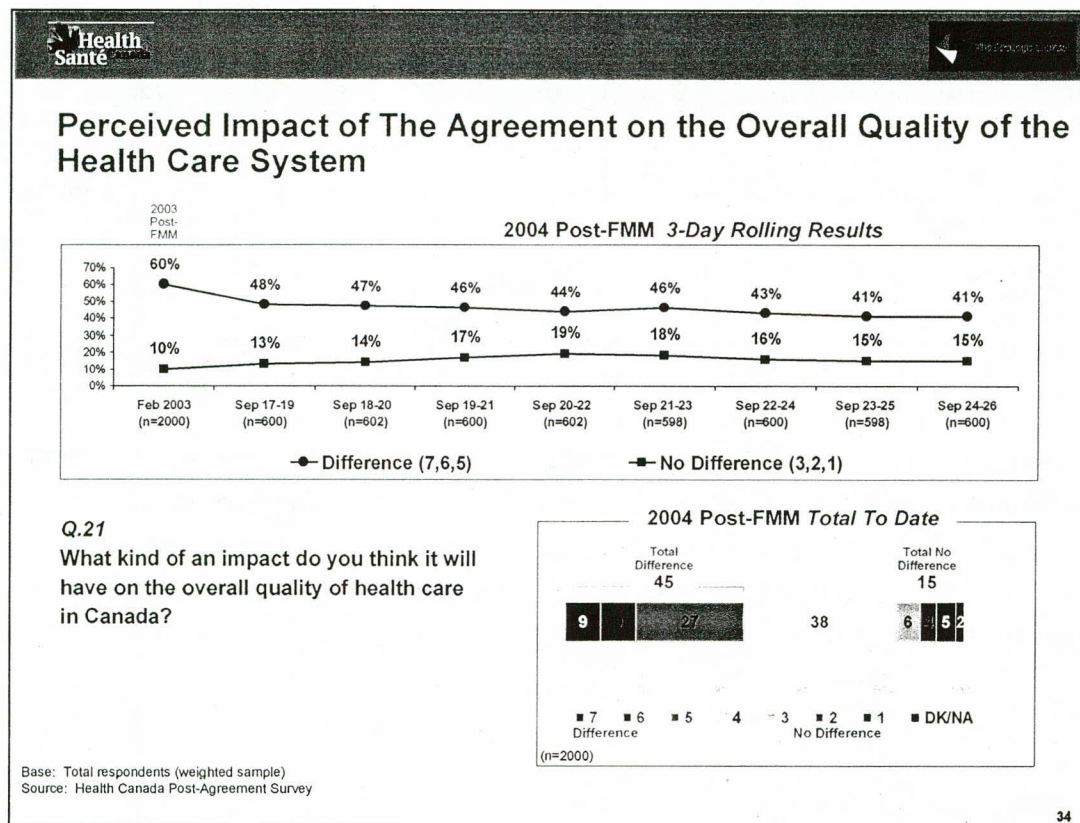




Reaction to the Agreement on Health Care

Almost half of Canadians (45%) think the Agreement will make a difference to the overall quality of health care in Canada. While a relatively positive reaction, this nevertheless represents a significant drop in perceptions of the impact of this Agreement as compared to the Health Care Accord that was negotiated between governments in 2003. At that time, 60 percent of Canadians said the Accord would make some/significant difference on the overall quality of health care in Canada.

Moreover, the current polling showed evidence of a decline from the outset. The perceived positive impact of the Agreement dropped from 48 percent (Sept. 17-19) to 41% (Sept. 24-26). Perceptions of the impact of the Agreement are more positive among those with higher levels of educational achievement.



The most precipitous drop in positive impressions of the Agreement and its impact on the quality of health care in Canada occurred in Atlantic Canada and Ontario. In the early days of polling post the FMM, Atlantic Canadians were more likely to say that the Agreement would positively impact overall health care (54%), although the percentage of those holding this view subsequently declined by almost 24-points to 31 percent in the last three days of polling. A similar trend was notable in Ontario where the percentage of those who believed the Agreement would have a moderate to strongly positive impact declined 17-points from 53 percent to 36 percent over the 10-day polling period.



Reaction to the Agreement on Health Care

The decline in perceptions of the positive overall impact of the Agreement in these two regions had the effect over the course of the polling period of driving the national average down from almost half (48%) at the beginning of polling who said it would make some/significant difference to 41 percent in the last three days of polling. In all other provinces/regions, reaction to the Agreement, and its overall impact, remained relatively stable over the 10 days of polling as highlighted in the table below.

% Saying the Agreement will have a "Somewhat/Significant Impact" (5, 6, 7 on a 7-point scale) on the Overall Quality of Health Care in Canada

3-Day Rolling Results By Region/Province

Province/Region	Ave.	Sept. 17-19	Sept. 18-20	Sept. 19-21	Sept. 20-21	Sept. 21-23	Sept. 22-24	Sept. 23-25	Sept. 24-26
Atlantic	43	54	54	48	46	39	35	34	31
Quebec	45	48	45	44	41	47	49	48	44
Ontario	47	53	51	52	51	51	41	36	36
Prairies	46	42	40	45	44	46	46	47	54
B.C.	38	42	41	32	30	32	35	36	44

Younger people (18-29 years of age) and university educated Canadians are more likely to think the agreement will make a "difference" than those 40 to 49 years of age and those with a high school education (50% versus 40% respectively). Further, Canadians who already think the health care system is "excellent/very good" or has "improved" are more likely than average to perceive the agreement will make a "difference" (58% and 54% respectively).



Reaction to the Agreement on Health Care

Perceptions that the Agreement will lead to fundamental and sustainable improvements to the health care system have waned over the course of polling. Those saying the Agreement will provide real/lasting change have declined from 37 percent to 31 percent, (ten-day average 33%). Perhaps of greater significance is the evidence of a corresponding declining trend among those saying the Agreement will reduce waiting times, down from 44 percent in the early days of polling to 36 percent. There appears to have been greater optimism at the time of the 2003 Accord on both these fronts. At that time, 45 percent believed the 2003 Accord would provide real and lasting change, and 51 percent felt it would positively impact on waiting times.

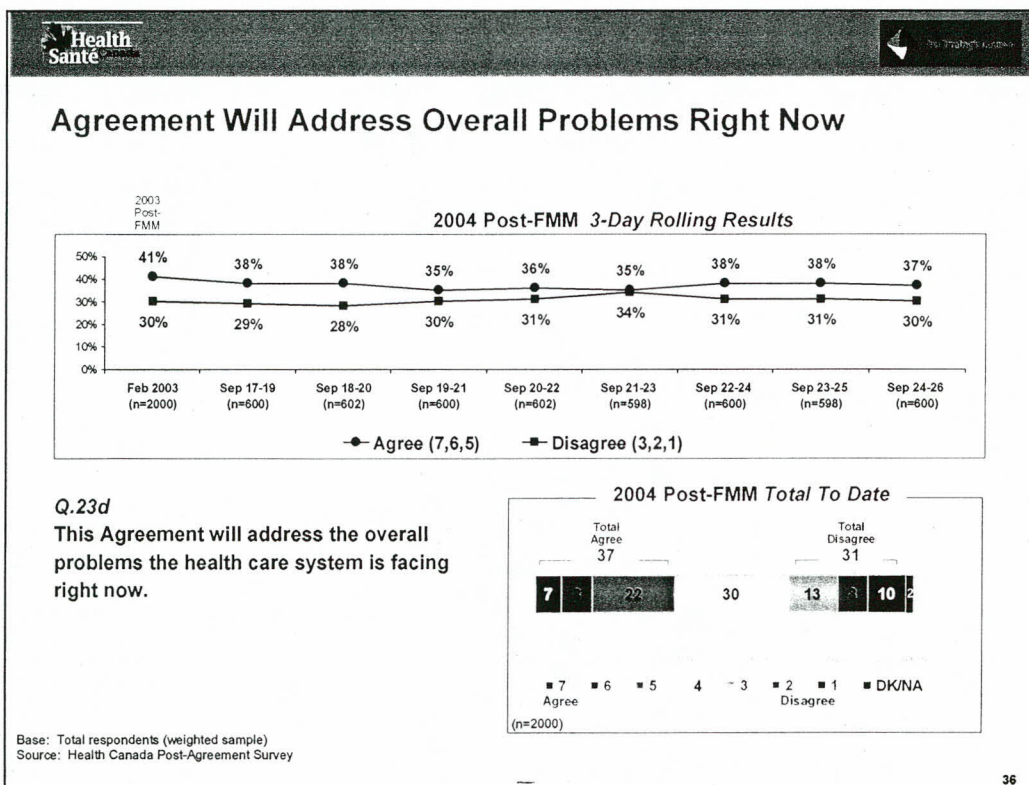
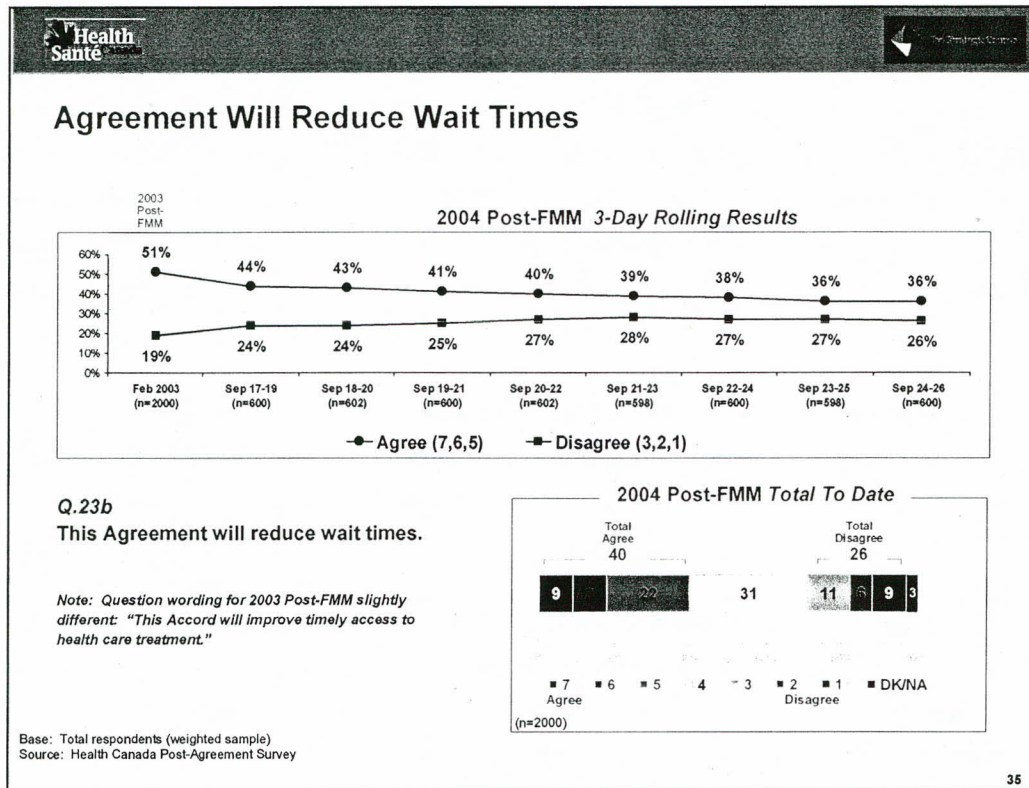
Canadians are not strongly convinced of the real impact and longevity of this Agreement as evidenced by their responses to other statements in this regard. Less than four-in-ten agreed that the Agreement will address overall problems now (37%) or that the Agreement will result in a more cost-effective health care system (33%). Further only 23 percent agreed that the Agreement will fix health care for a generation.

Younger (18-29 years of age) and lower income (less than \$40,000 annual income), and urban (a population of more than 10,000) Canadians are generally more optimistic that these elements of the Agreement will make a difference to the health care system. Canadians between 40 and 49 years of age as well as middle income earners (\$40,000-60,000 per annum) are less optimistic.

As noted earlier, Canadians who perceive the state of health care to be “excellent/very good” or say health care has “improved” in the last two years are much more likely to say the Agreement will lead to improvements to the health care system. Conversely, Canadians who perceive the state of health care to be “poor/very poor” or say health care has “deteriorated” in the last two years are much less likely to hold this view. Other groups that express lower levels of optimism with respect to the impact of the agreement include those who were not initially aware that an agreement had been reached, respondents that say they do not have confidence in either level of government to lead health care reform as well as those Canadians who expressed dissatisfaction with the Agreement in general.

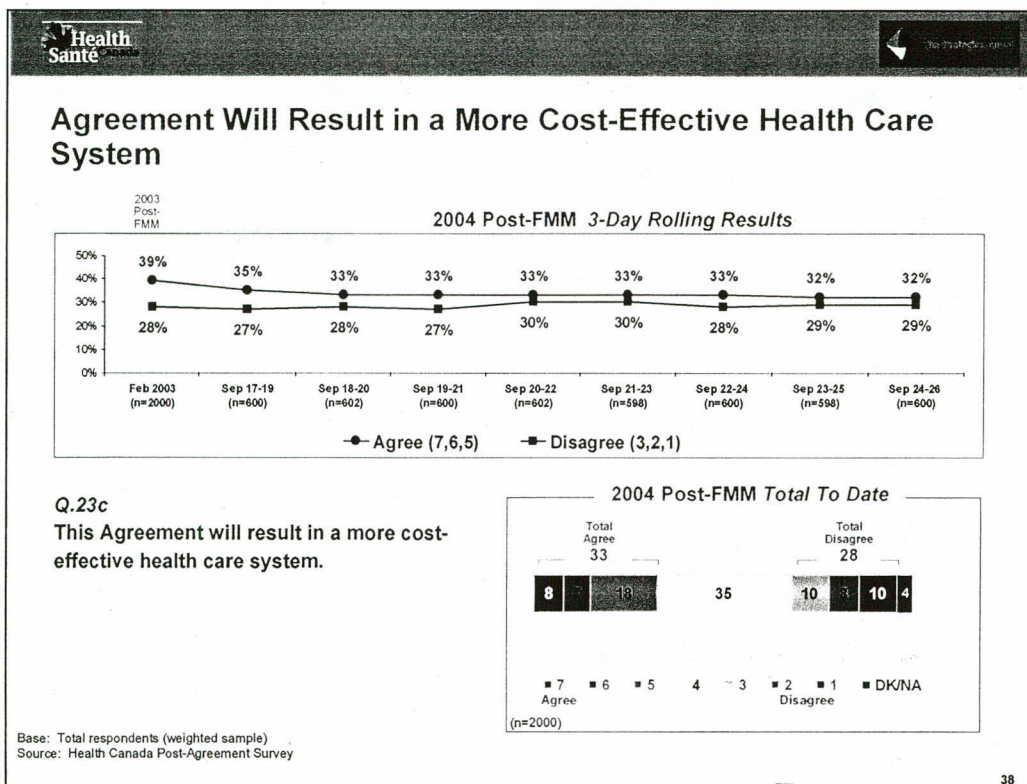
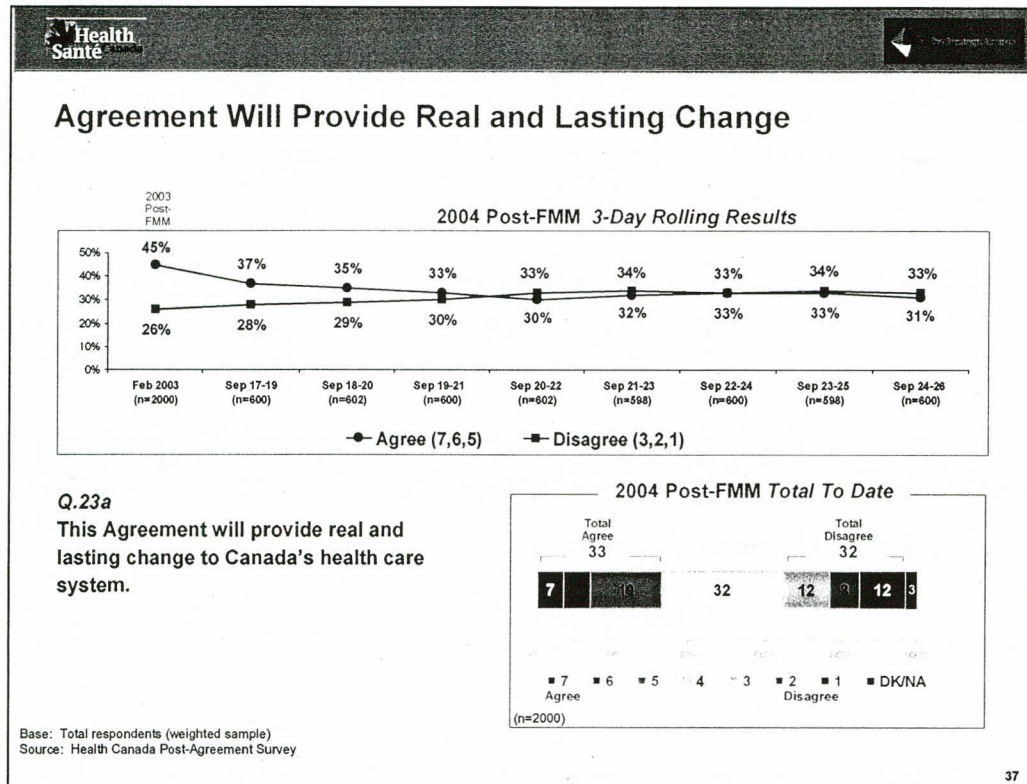


Reaction to Health Care Agreement





Reaction to the Agreement on Health Care

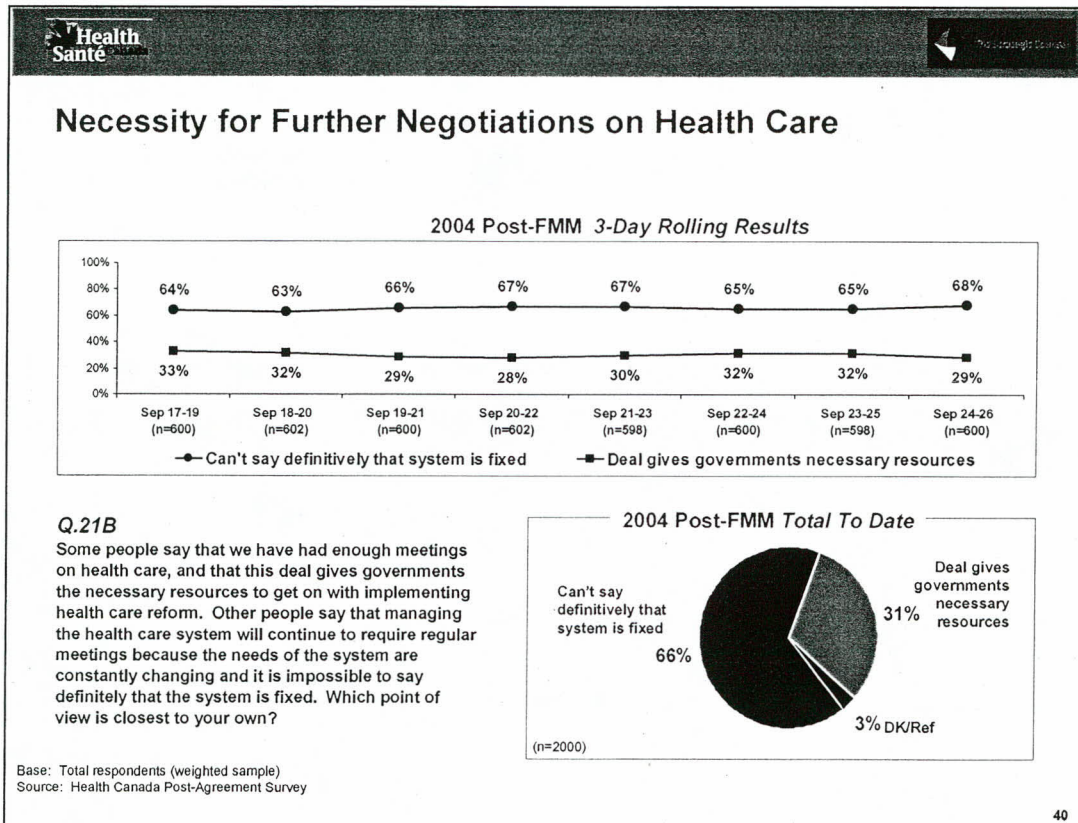




Reaction to the Agreement on Health Care

By the end of the polling period almost one-third of Canadians (31%) indicated the deal provides the necessary resources to get on with implementing health care reform. During each of the three-day reporting periods this number fluctuated only slightly between 33% and 29%. By contrast, two-thirds (66%) believe this deal is a good starting point but that regular meetings will be required in the future to manage the complex and ever-changing health care system.

British Columbians (39%) are more inclined than others to say the deal provides the necessary resources to get on with implementing health care reform while younger Canadians (18-29 years of age) are less likely to hold this view (24%).

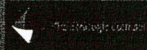




Reaction to the Agreement on Health Care

Canadians expect to see real change in the health care system within relatively short order. One-quarter (26%) expect to see real change in one year, another one-quarter (26%) expect to see change in two years and one-third (34%) expect to see change in at least five years. Only one-in-ten (12%) expect to wait longer than five years to see real change and improvement in the health care system.

Women are much more likely to expect to see real change in one year than men (30% versus 22%).

 										
Expected Timeframe: Real Changes to Health Care										
	2003		2004							
	Pre-FMM		Post-FMM 3-Day Rolling Results							
	Feb 2003 (n=2000) %	Sep 17-19 (n=600) %	Sep 18-20 (n=602) %	Sep 19-21 (n=600) %	Sep 20-22 (n=602) %	Sep 21-23 (n=598) %	Sep 22-24 (n=600) %	Sep 23-25 (n=598) %	Sep 24-26 (n=600) %	Total to Date (n=2000) %
A year	30	28	28	26	24	25	27	26	25	26
Two years	31	28	28	27	25	25	25	25	23	26
Five years	32	33	32	33	36	36	33	34	36	34
10 years	3	5	5	4	5	5	6	6	6	5
More than 10 years	3	6	6	8	8	8	7	7	8	7
DK/NA/Ref	1	<1	1	2	2	2	2	2	3	2

Q.24
What do you think is a reasonable timeframe within which to expect to see real change to Canada's health care system?

Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

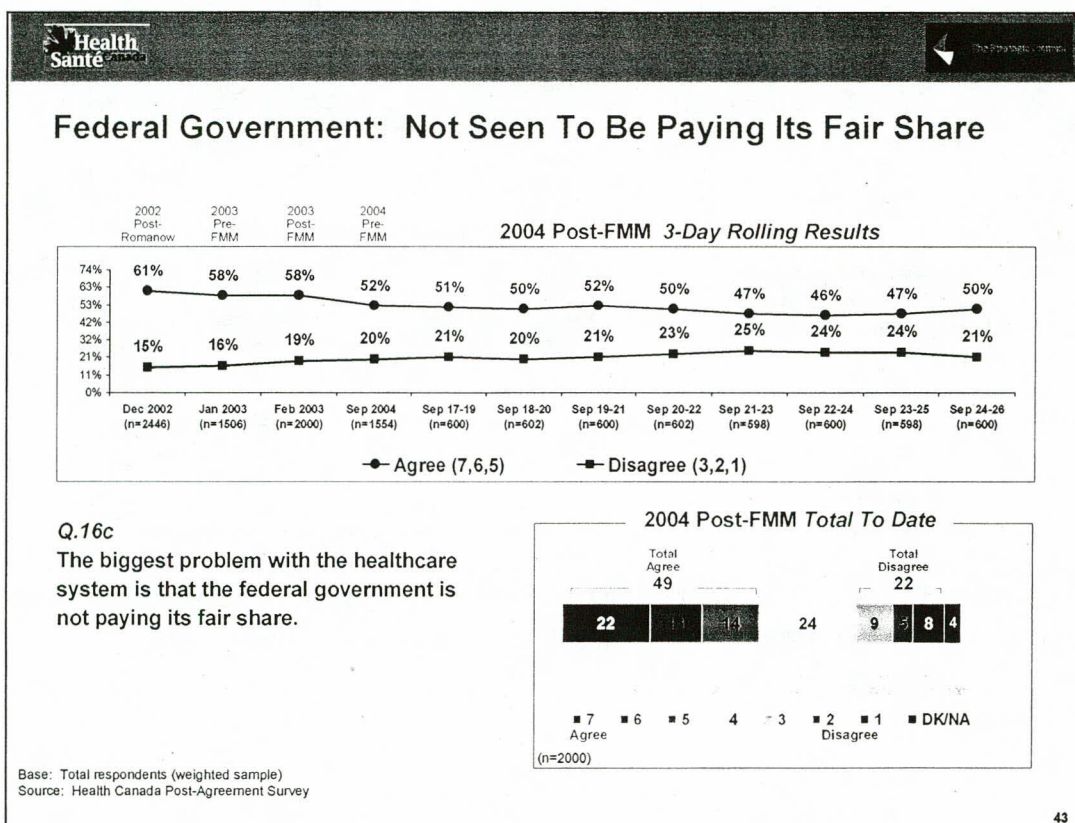


VII. Attitudes Toward Funding for Health Care



Attitudes Toward Funding for Health Care

Findings reveal that almost half of Canadians (49%) still believe the federal government is **not** paying its fair share of health care costs. Atlantic Canadians (57%) are most likely to espouse this view. Two trends with respect to Canadians' views on the federal government share of health care costs are worth noting. The current findings show a steady decline from 2002 poll results in the number of Canadians who hold this view, down from 61% following release of the Report on the Future of Health Care. This represents a 12-point decline over a 22-month period. At the same time, polling over the 10-day period following this year's FMM shows a decline from 51 percent in the first three days of polling to 46 percent in the middle of the polling period and then moving back up to 50 percent in the last three days of polling. This indicator, in particular, would be worth monitoring at regularly intervals to determine whether the declining trend will persist or whether the trend in the last few days of polling in September 2004 will serve to elevate these numbers.

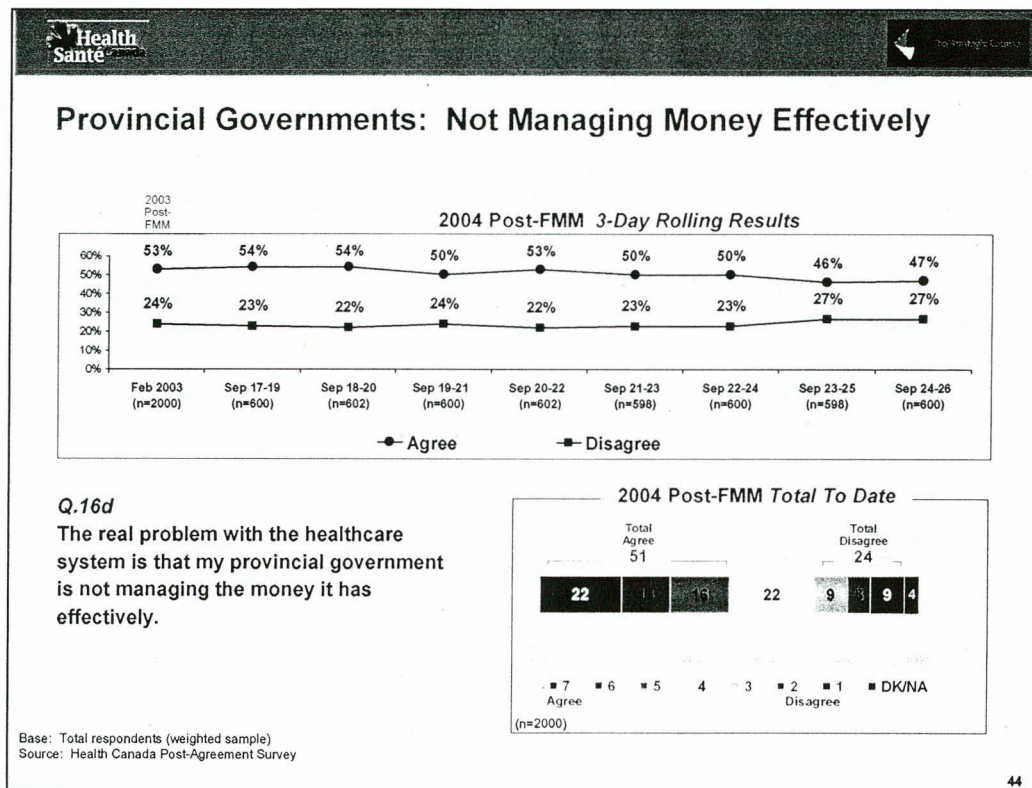


Atlantic Canadians and respondents who did not think an agreement was reached during the meetings are significantly more likely to concur with the statement that the federal government is not paying its fair share (57% and 58% respectively). By contrast, 42 percent of Canadians with household incomes over \$80,000 are less likely than average (49%) to agree with this statement.



Attitudes Toward Funding for Health Care

Canadians are equally critical of their provincial governments with respect to their management of health care funds. Just over half (51%) agreed that the real problem with health care is “my provincial government is not managing the money it has effectively.” In the first few days of polling 54 percent of Canadians held this view. However, by the final days of polling (Sept.24-26) the strength of that opinion declined to 47 percent.

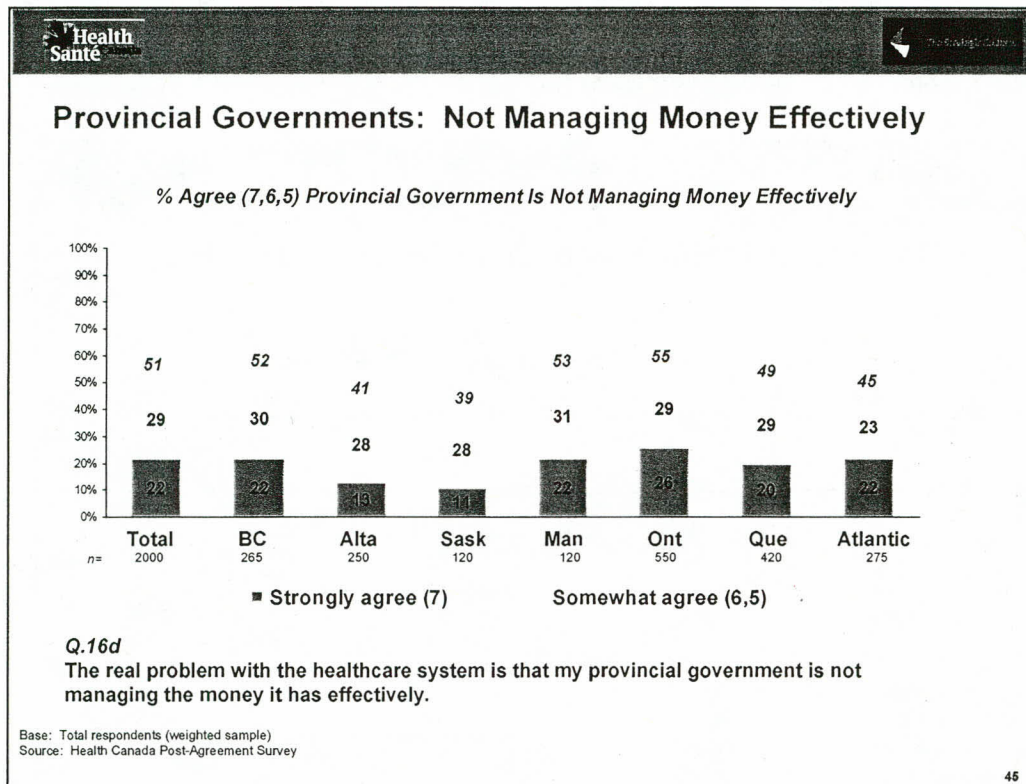


Only four-in-ten (39%) Canadians who disagreed that the federal government was not paying its fair share of health care say the provinces are not managing the money [they] have effectively.



Attitudes Toward Funding for Health Care

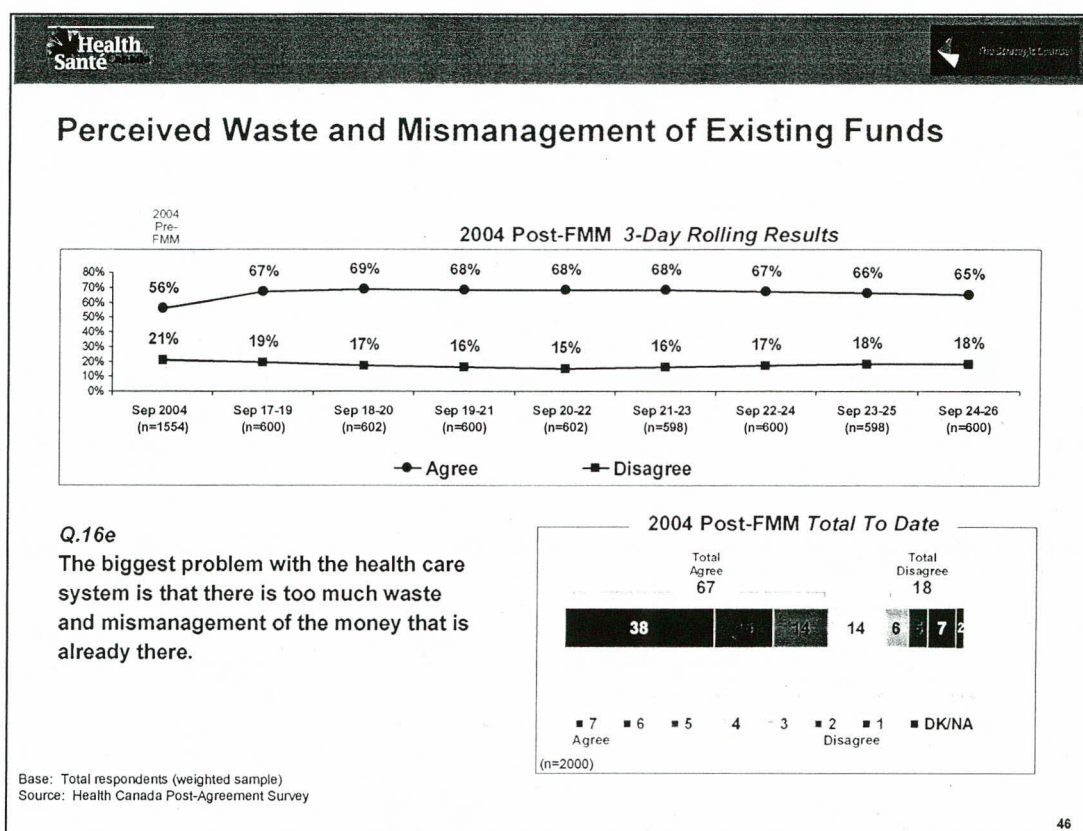
Residents in Alberta and Saskatchewan are least likely to express this opinion (41% and 39% respectively). By contrast, Ontario residents are somewhat more likely to question the effectiveness of their provincial government (55%).





Attitudes Toward Funding for Health Care

A large proportion of Canadians (67%) believe that the real problem with health care centres on waste and mismanagement of existing funds. Interestingly, polling following the FMM noted an 11-point increase in the percentage of those holding this view from the 56 percent recorded in polls conducted in the days preceding and during the 2004 FMM. Those who have used the health care system are somewhat more likely to conclude there is waste and mismanagement than those who have not used the health care system in the last 12 months (69% vs. 60% respectively).

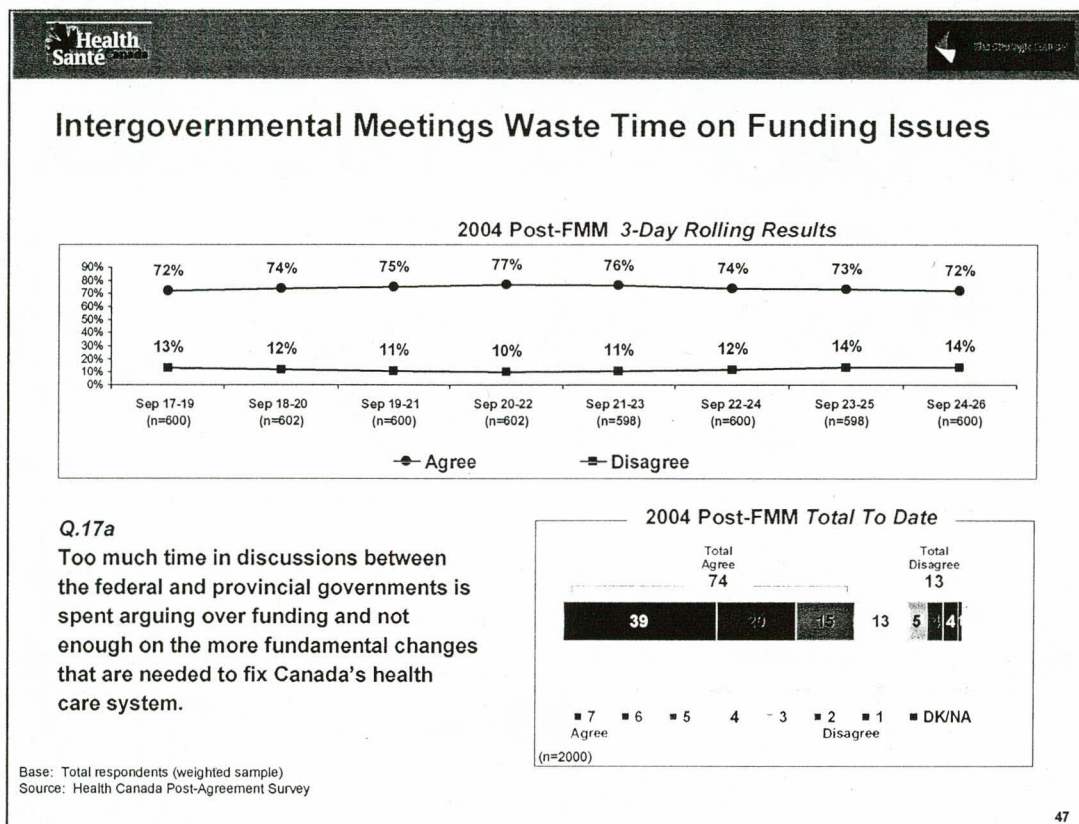


The perception that there is too much waste and mismanagement in the system is higher among those 18 to 29 years of age (73%), college graduates (72%) and those who believe the federal government is not paying its fair share (72%).



Attitudes Toward Funding for Health Care

Large numbers of Canadians (74%) say too much discussion time between the federal and provincial government is spent arguing over funding and not enough on the more fundamental changes that are needed to fix Canada's health care system. Combined with other findings that indicate Canadians believe there is a substantial amount of waste and mismanagement in the system, these results allude to some degree of public concern that, while investments in health care are (and will continue to be) necessary, the real problems with Canada's health care system have not been adequately tackled or addressed within the context of this Agreement.

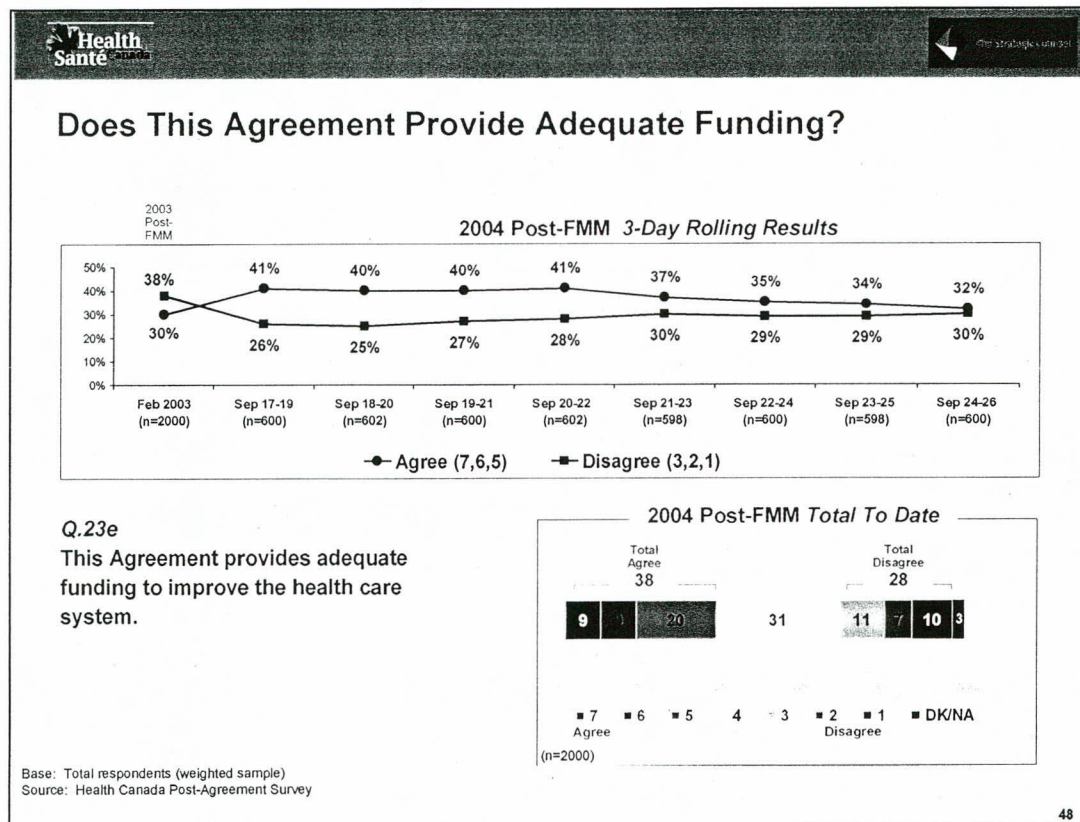


Concern about time wasted on funding issues is greater among those 30 to 39 years of age (83%), among respondents who did not think an agreement was reached (80%) and those who lack confidence in "either" level of government to lead changes to the system (80%).



Attitudes Toward Funding for Health Care

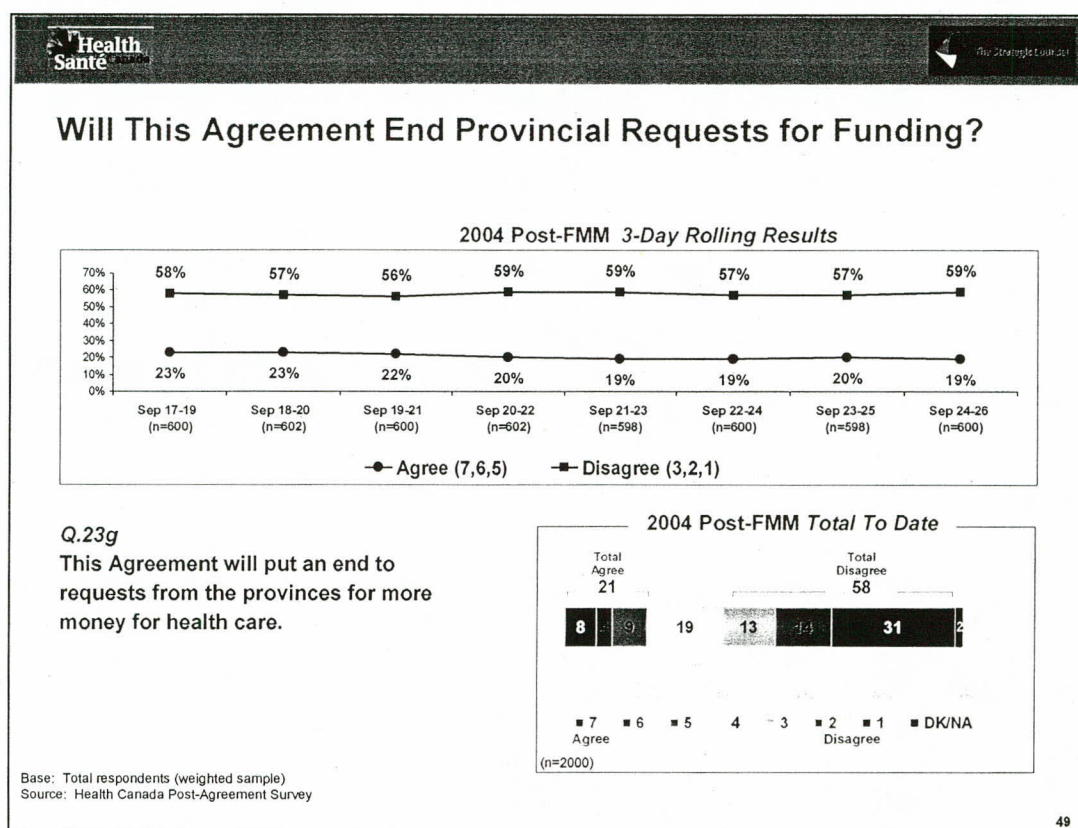
Initial polling results (Sept. 17-19) soon after the Health Care Agreement was reached suggested a plurality (41%) agreed that the Agreement provides adequate funding to improve the health care system. During that period 26 percent disagreed. This represents a reversal of opinion by comparison to polls conducted following the 2003 Health Accord in which slightly more disagreed than agreed that the funding provided by the 2003 Agreement was adequate. However, by the final polling period (Sept 24-26) the gap between those who agreed and those who disagreed with this statement narrowed considerably (32% agreed and 30% disagreed). In the end, Canadians were generally split on the question of the adequacy of funding, although a plurality (38%) concurred that adequate levels of funding had been agreed upon, compared to 28% who disagreed with this view.





Attitudes Toward Funding for Health Care

Views as to whether the agreement would end provincial requests for more money for health care were stable throughout the polling period. During each three-day period in the order of 57 percent to 59 percent of Canadians indicated they disagreed that this Agreement would end further requests from the provinces for funding for health care. Although fewer Quebecers disagreed with this statement (49%) compared to the national average, it is still the case in Quebec that more disagreed than agreed. By contrast, British Columbians (65%) and Albertans (63%) registered the highest levels of disagreement with this statement.



As household income and educational achievement rises, disagreement with this statement increases. Half of Canadians with a high school education (47%) disagreed with this statement as compared to 71 percent of those with a university education. A similar pattern emerges among low and high income earners with 70 percent of those earning \$80,000 a year disagreeing that the Agreement would end provincial requests for funding compared with 44 percent of those earning less than \$20,000.

Further, Canadians who have recently used the health care system (in the last 12 months) and those who recall "seeing, hearing or reading" about issues regarding health care reform are much more likely than their counterparts (those who have not used the system or who are not aware of health care reform) to say this agreement will not end provincial requests for funding (62% and 65% versus 46% and 46% respectively).



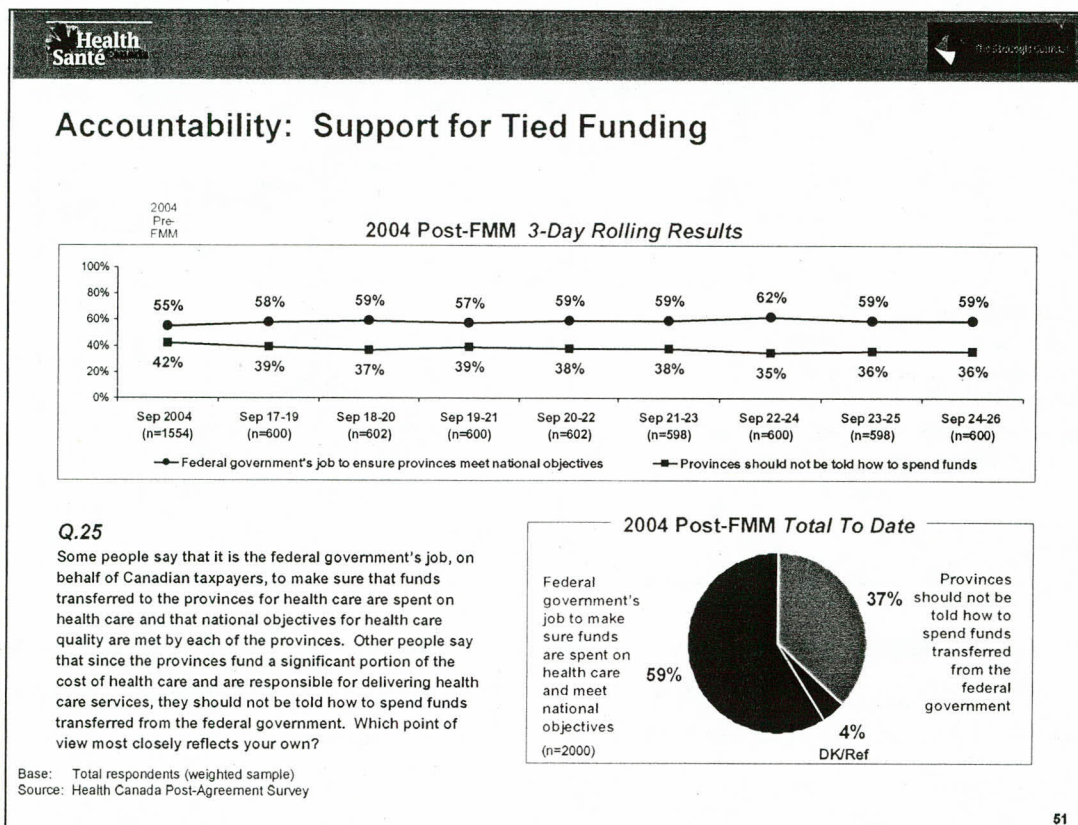
VIII. Support for Accountability



Support for Accountability

A sizable majority of Canadians (59%) support the idea that it is the federal government's responsibility to ensure health care funding transferred to the provinces is spent on health care and that national objectives for health care are met by each province. Indeed, support for the concept of accountability rose by four points compared to findings from a survey conducted in the days just preceding the conclusion of the 2004 Health Agreement.

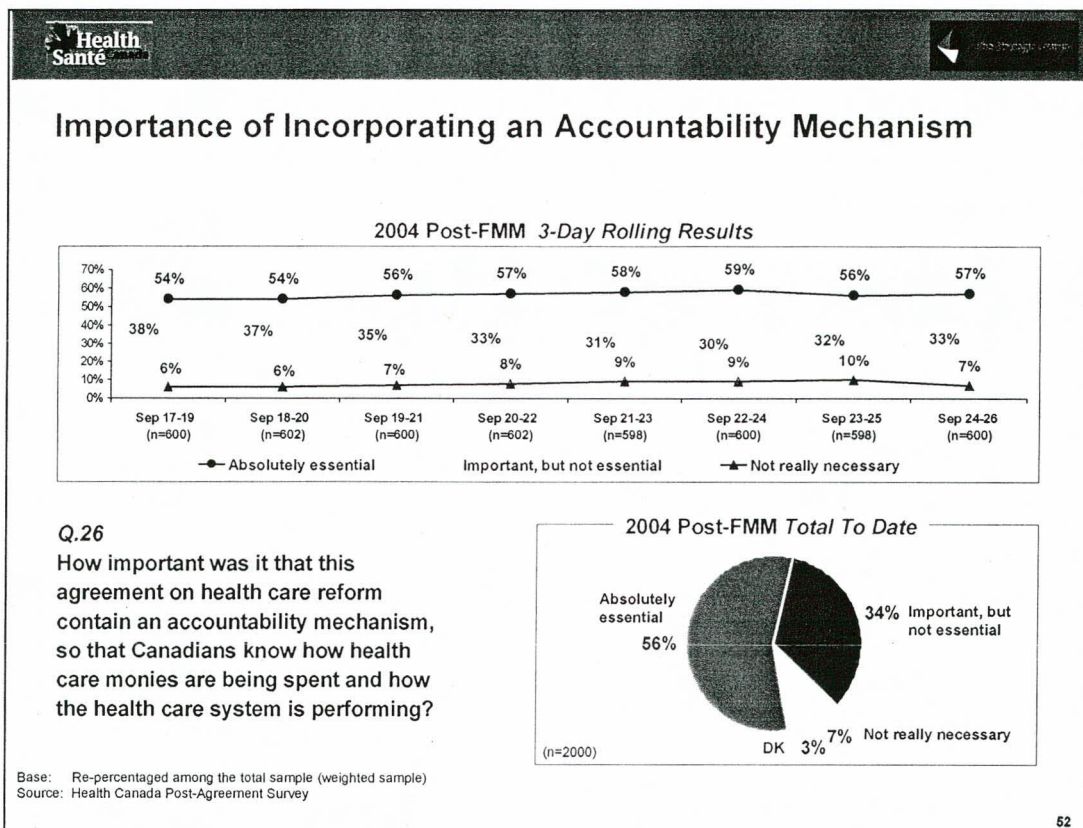
Support for accountability is higher in Atlantic Canada (67%) and Ontario (66%) and lower in Quebec (44%). Support is also slightly lower among those aged 18-29 years and Canadians who have not used the health care system in the last 12 months (both at 51%)





Support for Accountability

Similar numbers (56%) also concur that an accountability mechanism is an “absolutely essential” element of this Agreement and another 34 percent say it is “important but not essential.” Just 7 percent say it is not really necessary. These numbers remained stable throughout the ten-day tracking period.



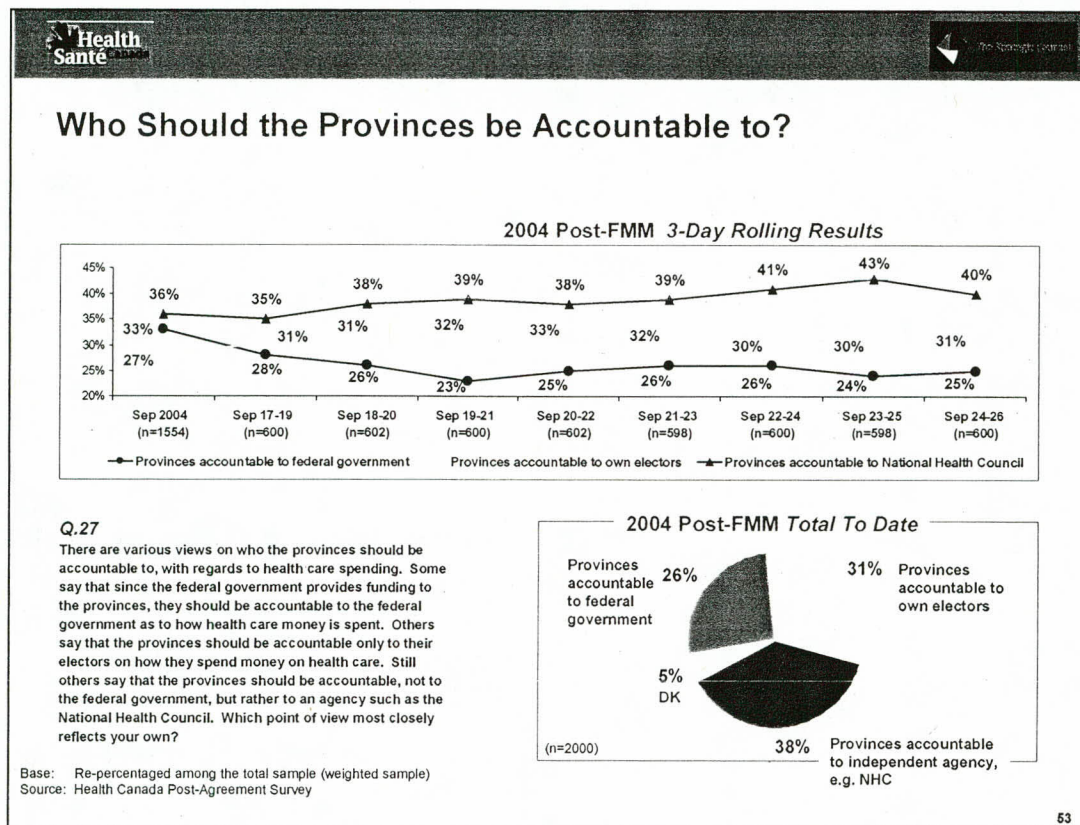
Six-in-ten respondents (60%) who said they were aware of something happening on health care reform, compared with 49 percent who were not aware, say an accountability mechanism is absolutely essential. Support for accountability increases with age and is higher among respondents who have used the health care system in the last 12 months than those who have not (59% versus 44% respectively).

While Canadians are fairly clear in their support for accountability, they are more divided with respect to how accountability should be implemented and specifically to whom the provinces should report. Almost four-in-ten (38%) say the provinces should be accountable to an independent agency like the National Health Council, 31 percent say the provinces should be accountable to their own electors and another 26 percent say the provinces should be accountable to the federal government (16% in Quebec). The results to this question are more definitive, however, than they may appear at first glance. Taken together, almost two-thirds (64%) support the idea of a national reporting body (either the federal government or the National Health Council). Clearly most Canadians see some benefit in widespread sharing and reporting of health care expenditures and the performance of the health care system.



Support for Accountability

Notably, support for the federal government as the oversight body ensuring accountability by the provinces dropped from 33 percent (pre-FMM) to 25 percent in the final days of polling following the FMM.



There are few variations across the regions in terms of views of who the provinces should account to with respect to health care expenditures with the exception of Quebec. Quebecers are least likely to cite the federal government (16%) and somewhat more likely to prefer either the National Health Council (43%) or reporting back to constituents of the province (39%).

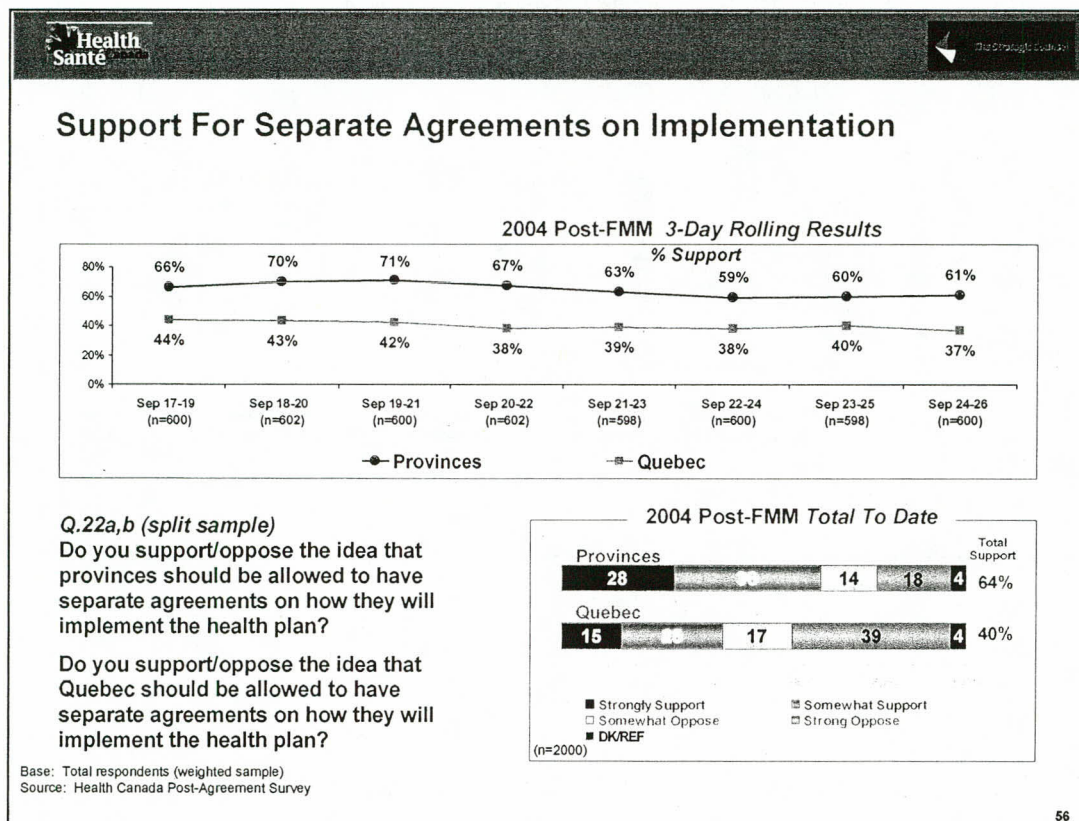


IX. Support for Asymmetrical Federalism



Support for Asymmetrical Federalism

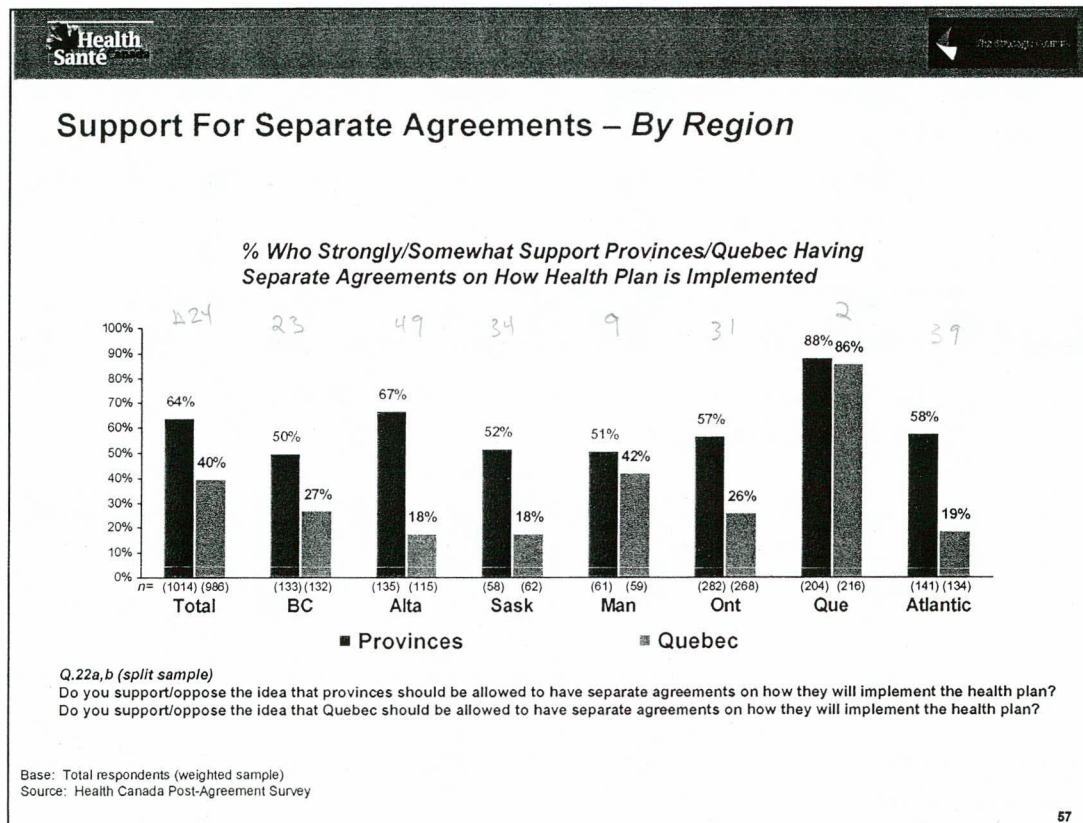
While tracking data shows a decline in support for asymmetrical federalism, both for the provinces generally and for Quebec specifically, over the ten-day tracking period, Canadians are strongly supportive of the notion of separate agreements for the provinces. This concept received 66 percent support in the early days of polling dropping back to 61 percent in the final days (64% average over 10 days of polling). However, when the question is placed specifically in the context of a separate agreement for Quebec, support drops off sharply. Support for the latter idea tailed off from 44 percent at the beginning of the polling period to 37 percent in the last three-day polling interval (40% average over the 10-day period). A more relevant national average on the question of support for a Quebec-specific agreement to implement the health plan is obtained by removing Quebec respondents from the calculation. Within the rest of Canada, excluding Quebec, the average level of support for the idea that Quebec should be allowed to have a separate agreement drops from 40 percent to 25 percent.





Support for Asymmetrical Federalism

The highest levels of support, for both broad provincial and Quebec-specific agreements to implement the health plan, are found in Quebec (88% and 86% respectively). Outside of Quebec, support for the idea of asymmetrical agreements ranges from a low of 50 percent in British Columbia to a high of 67 percent in Alberta. Interestingly, however, Alberta is among those provinces/regions least likely to favour a Quebec-specific agreement.



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The Strategic Counsel

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**A Report to
Health Canada**

**Attitudes Towards Health Care and
Health Care Reform**

Appendix I – Daily Memoranda

Appendix II – Final Presentation

Appendix III – English and French Surveys

POR-04-26/Call Up No: H1011-040018/001/CY

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Health Canada**

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Appendix I – Daily Memoranda

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I. Daily Memoranda



Memo

To Jane Hazel/Jeff O'Neil
Cc Health Canada

From Donna Nixon
Date September 20, 2004

Re Highlights - Canadians' Views on the Health Care Agreement

The following are preliminary findings (n=600) from polling undertaken between September 17 and September 19, 2004, following completion of the meeting of First Ministers on September 16th and an announcement of the terms of the agreement on health care reform. These findings are accurate within a margin of error of +/- 4%, 19 times out of 20. Polling will continue on a nightly basis (n=200 nationwide, nightly) until September 26th. Daily memoranda will be issued, highlighting overall findings as well as one-day and three-day trends accompanied by a full presentation deck.

Key Findings:

Credibility of Spokespeople

- Health care practitioners (42%) garner the highest degree of credibility as spokespersons on issues related to health care and health care reform, followed by the media (13%), provincial premiers (9%), provincial Health Ministers (8%), the Prime Minister (6%) and the federal Minister of Health (3%).

State of the Health Care System

- Among those few Canadians (12%) who note some improvement in the health care system, the provincial governments are principally credited (68%). By contrast, among the 42 percent of Canadians who believe the health care system has deteriorated over the past two years, 47 percent blame the federal government versus 39 percent who point the finger at provincial governments. Although these are early results, they support the trend noted in pre-FMM polling undertaken between September 10th and 15th.



Awareness and Impressions of the FMM

- Over three-quarters (77%) of Canadians are aware of the First Ministers' having met to discuss health care reform.
- Among this group, 71 percent indicated they believed an agreement had been reached between Ministers. Of this group, almost half (48%) credited the provinces with principal responsibility for obtaining an agreement, versus 25 percent saying the federal government was mostly responsible. Another 17 percent volunteered that both parties were about equally responsible.
- Almost three-quarters (72%) of Canadians agree that too much time in the discussions was spent arguing over funding rather than on fundamental changes to the health care system.
- Findings also indicate that Canadians may not necessarily feel this agreement in itself will adequately address the problems with the health care system. Some 42 percent indicate they lack confidence that the federal and provincial/territorial levels of government can solve the problems with the health care system.
- At the same time, Canadians are disinclined to modify their expectations. About half (52%) disagreed with a statement that "Canadians should lower their expectations about what the health care system of the future can deliver," while 31 percent agreed (just 11 percent "strongly agreed" with this statement).

Reaction to Televised Coverage

- Of those who were aware, either on a prompted or unprompted basis, that meetings were taking place between First Ministers, just over half (58%) knew the meetings were being broadcast. Four-in-ten watched (41%) some of the meetings, while 49 percent did not watch any of the proceedings.
- Early results indicate that Canadians are split as to whether all of the meetings should have been televised as promised (52%) versus those who felt there was a justifiable need to hold some of the meetings in camera in order to reach a deal (43%). At the same time, six-in-ten (61%) indicate a preference for future meetings between the federal, provincial and territorial governments to continue to be televised.



Confidence in Levels of Government to “Fix” Health Care

- Both the provinces and the federal government appear to have received a “bounce” from the agreement reached on health care. About 40 percent of Canadians agree that the federal government has been showing real leadership on fixing the health care system. Similar numbers say the same about their provincial government. These numbers are up from about 30 percent (for both levels of government) in the days leading up to and during the FMM.
- Nevertheless, half (51%) of Canadians still claim that “the biggest problem with the healthcare system is that the federal government is not paying its fair share,” relatively unchanged from earlier findings.
- Canadians express a greater degree of confidence in the provinces (56%) over the federal government (26%) to lead changes to the health care system.

Reaction to Key Elements of the Agreement

- Reaction to the Agreement is positive. Three-quarters (76%) of Canadians express satisfaction with the Agreement and most believe the Agreement will make some (37%) or a moderate/significant degree of difference (49%) to the quality of health care in Canada.
- Canadians are modestly optimistic that this Agreement will reduce wait times (44% “agree”) and that it provides adequate funding (41%). They are, however, somewhat more circumspect in their views with respect to the ability of this Agreement to address the overall problems the system is facing right now (38%) or the extent to which it will provide real and lasting change (38%) and result in greater cost-effectiveness (35%) system-wide. Canadians are highly skeptical that the Agreement will either fix health care for a generation (23%) or put an end to provincial requests for more money (23%).
- Nevertheless, Canadians expect to see real change within the next five years (88%).
- As expected, the elements of the Agreement that Canadians believe will make a moderate/significant difference in the quality of health care are those that most directly address their key area of concern – accessibility and wait times -including: committing to reduced waiting times in 5 areas (83%), stable funding (79%), funds for medical equipment (79%), addressing shortages of health care professionals by increasing investments in post-secondary education (76%), promoting strategies for healthy living (76%), and establishing clinics of health care teams that operate on a 24/7 basis (73%).



- Canadians also believe that more home-based care (69%), investments in science and technology (69%), stabilized funding to the provinces (67%), accelerating certification of foreign-trained professionals (67%) and the implementation of e-health records (67%) will result in moderate to significant improvements in overall health care quality.
- By contrast, they are less convinced that increased funding for Aboriginal health care (50%), the Task Force on implementation of a national pharmaceutical strategy (48%) and the preparation of annual reports to Canadians on the performance of the health care system (42%) will have a similar impact on the overall quality of health care in Canada.
- While there is clearly some public good will and optimism with respect to this Agreement and its elements, 64 percent of Canadians believe it represents a starting point, with the expectation that regular meetings will be required in the future to manage the needs of a health care system that is constantly changing. By contrast, one-third (33%) indicated that this deal provides sufficient resources for governments to “get on with implementing health care reform.”

Asymmetrical Federalism

- In general, Canadians support the concept of asymmetrical federalism with 66 percent indicating that provinces should be allowed to have separate agreements on how they will implement this health plan. However, support for this notion is less vigorously defended when it is deemed to be most directly applicable to Quebec (44%).

Accountability

- Canadians strongly support some form of accountability for the monies spent on health care and believe the federal government (or an independent agency) has a role to play in this regard.
- 58 percent believe it is the federal government’s job to make sure that funds are indeed spent on health care.
- Similar numbers (54%) believe that accountability is an absolutely essential part of the Agreement on health care reform. Another 38 percent say it is “important, but not essential.”
- Just under one-third (31%) of Canadians indicated the provinces should be accountable only to their own electors, while 29 percent favoured accountability to the federal government and 35 percent to a National Health Council.



Memo

To Jane Hazel/Jeff O'Neil
Cc Health Canada

From Donna Nixon
Date September 21, 2004

Re Highlights - Canadians' Views on the Health Care Agreement

Findings noted below are based on results from an ongoing national poll of Canadians aged 18 and older, conducted between September 17th and September 20th. Polling continues over a 10-day period, concluding on September 26th, 2004.

Nightly interviews (n=200) are being conducted on a nationally representative basis. Findings are rolled up and analysed over a three-day period (e.g. Sept. 17th-19th/Sept. 18th-20th) in order to highlight key trends in public opinion during the polling period. Each three-day interval comprises a sample of approximately 600, with an associated margin of error of +/-4%. Findings for the total sample to date (n=802) have an associated margin of error of +/-3.46%.

The following highlights notable trends and shifts in the data relative to the baseline findings summarized in memorandum dated September 20, 2004.

The Agreement may have, at least temporarily, alleviated some public concern about the state of health care in Canada.

- We note a continued decline in the percentage of those who say that the quality of health care has deteriorated in the last two years. This percentage has dropped from 46 percent in early September to 39 percent.



Nevertheless, concerns about the level of funding to the health care system and management of those funds continue to dominate Canadians' views.

- About half (50%) of Canadians continue to agree that “the biggest problem with the health care system is that the federal government is not paying its fair share.”
- By the same token, similar numbers (54%) agree that the real problem is provincial mismanagement of health care monies.
- Canadians remain strongly critical of the management of health care funds. Two-thirds (68%) continue to agree that the key issue is “too much waste and mismanagement of the money that is already there.”

While Canadians are critical of both levels of government, they credit the provinces for having reached an agreement. They remain more confident in the provinces' ability to lead changes to the health care system.

- Awareness (aided and unaided) of the First Ministers' Meeting remains stable at about 76 percent.
- Among those aware of a meeting having taken place, awareness of an agreement appears to be dropping (down to 67% from 71%).
- The provinces continue to be seen as the party mostly responsible for reaching an agreement. About half (49%), unchanged from early results, credit the provinces, while 21 percent say the federal government is mostly responsible for the agreement and 18 percent volunteer that both parties are equally responsible.
- 53 percent of Canadians, down slightly from 55 percent, say they are most confident in the provinces to take the lead on health care reform. By contrast, while the number of those relying on the federal government is unchanged at about 25 percent, those volunteering neither level of government is worthy of their confidence stands at about 13 percent.
- The percentage of those agreeing that the federal government has been showing real leadership on health care also remains unchanged at about 40 percent. The number of those saying the same of their provincial government has also remained stable, and at a similar level (41%).
- Of note, although the sizes are relatively small, there has been some movement in attribution to the federal government (from 22% to 28%) among those who believe there has been some improvement in the health care system over the last two years.



Public opinion may be hardening with respect to maintaining and/or improving current standards of health care.

- The number of those who disagree that “Canadians should lower their expectations about what the health care system of the future can deliver” has increased slightly from 52 percent to 55 percent over the two three-day periods for which data is tallied.

While Canadians are generally satisfied with the Agreement, they remain skeptical about its real impact on the quality of health care in Canada.

- Levels of satisfaction with the Agreement remained unchanged at 75 percent.
- Just under half (47%) of Canadians believe the Agreement will have a moderate to significant impact on the quality of care, down from 60 percent who said the same with respect to the 2003 Health Accord.

Canadian’ broad support for asymmetrical federalism is on the rise, although specific support in the case of Quebec remains unchanged.

- The number of those who support flexible arrangements for the provinces has increased from 66 percent to 70 percent, although support remains unchanged when the concept is discussed with specific reference to Quebec. In the latter case, support has remained relatively stable at about 43 percent.
- Not surprisingly, support for asymmetrical federalism (and specifically for its application to Quebec) is highest in Quebec at 92 percent. Support for the broad notion of flexibility for the provinces ranges from 58 percent in the Atlantic to 67 percent in British Columbia.
- By contrast, support for flexibility with respect to Quebec drops dramatically and is lowest in the Atlantic at 16 percent and highest again in British Columbia at 43 percent.

Accountability remains a key objective for the public. Support for the National Health Council as the oversight body appears to be growing.

- 38 percent, up from 35 percent, favor an accountability structure that has the provinces reporting to the National Health Council.
- By contrast, those favoring a structure which sees the provinces reporting to the federal government continues to fall from a baseline of 33 percent (early September 2004) to 26 percent.



Memo

To Jane Hazel/Jeff O'Neill
Cc Health Canada

From Donna Nixon
Date September 22, 2004

Re Highlights - Canadians' Views on the Health Care Agreement

Findings noted below are based on results from an ongoing national poll of Canadians aged 18 years and older, conducted between September 17th and September 21st. Polling continues over a 10-day period, concluding on September 26th, 2004.

Nightly interviews (n=200) are being conducted on a nationally representative basis. Findings are rolled up and analysed over a three-day period (Sept. 17-19, Sept. 18-20, Sept. 19-21) in order to highlight key trends in public opinion over the course of the polling period. Each three-day interval comprises a sample of approximately 600, with an associated margin of error of +/-4%. Findings for the total sample to date (n=1000) have an associated margin of error of +/- 3.1%.

Notable trends in public opinion based on three-day trends are highlighted as follows:



Awareness of the FMM and the Health Agreement is unchanged and remains relatively high. The provinces continue to garner much of the credit for the Agreement.

- While general awareness of changes to health care is dropping off (down from 70% to 66%), total awareness (aided and unaided) of the FMM remains stable at just over three-quarters (78%), almost one week following conclusion of the meeting. Levels of awareness are consistent across the regions and no lower than 73 percent (in the Atlantic and on the Prairies).
- Two-thirds (66%) of Canadians continue to indicate that an Agreement was concluded from the negotiations, although we note a slight increase over the tracking period in the numbers of those who now believe that an Agreement was not reached (from 18 percent in the first reporting period to 24 percent).
- There has been little change in the numbers of those crediting the federal government with responsibility for reaching an Agreement. The numbers dipped from 25 percent to 21 percent over the first two reporting periods, but have since increased slightly to 23 percent. Nevertheless, almost half (48%) continue to credit the provinces for the Agreement.
- In all regions of the country, pluralities credit the provinces with responsibility for reaching an agreement, highest in Quebec (56%). British Columbians (30%), Atlantic Canadians (29%) and residents of the Prairies, including Manitoba, Saskatchewan and Alberta, (28%) are slightly more likely to credit the federal government.
- About equal percentages (just over 40%) say that both the federal and provincial levels of government are demonstrating leadership in health care reform. Residents of Quebec (36%) are less likely to attribute strong leadership to the federal government, while the reverse is true among Atlantic Canadians (52%).
- Across the provinces, British Columbians (29%) are least likely to say their provincial government is showing "real leadership," while in Quebec this percentage is only slightly higher than the national average at 44 percent.



The public remains most confident in the provinces to take the lead on health care reform.

- Canadians express a greater level of confidence in the provinces (54%) to lead health care reforms. Confidence is highest in Quebec (74%) and lower in Ontario (47%), British Columbia (46%) and the Atlantic (44%).
- In all regions, with the exception of Atlantic Canada (44%) and British Columbia (35%), fewer than one-third express confidence in the federal government to take the lead.

Concerns about waste and mismanagement of health care funds and the federal government share continue to preoccupy Canadians.

- The percentage of those who say the biggest problem with health care is that the federal government is not paying its fair share continues to hover at just over half (52%). Atlantic Canadians (57%) and Albertans (56%) are most critical of the federal government in this regard, by contrast to British Columbians (43%).
- Similar numbers (50%) also indicate that the real problem is provincial mismanagement of funds, although this number has dropped from 54 percent in the early days of polling. Residents of Ontario and British Columbia (about 56 percent in each province) are more likely to be critical of provincial mismanagement.
- Two-thirds (68%) also agree that the biggest problem remains waste and mismanagement of existing funds.

Canadians are resisting lowering their expectations of the health care system.

- The number of those who disagree that “Canadians should lower their expectations of what the health care system of the future can deliver” has steadily risen over the polling period from 52 percent during the first three-day reporting period to 59 percent. Indeed the percentage of those who “strongly disagree” with this statement sits at over one-third (38%), rising from 32 percent.
- Examining the cumulative results to date, Quebecers are least likely to disagree with this statement (45%), while Albertans express the highest levels of disagreement (65%).



Canadians are questioning the impact and longevity of this Agreement.

- Satisfaction with the Agreement remains stable at 75 percent, although the numbers of those saying that the Agreement will make little to no difference on the quality of health care has steadily risen from 13 percent to 17 percent over the polling period. Nevertheless, just under half of all Canadians (46%) continue to suggest that the Agreement will have a moderate to significant impact.
- The number of those who believe that this deal provides adequate resources to provinces, who should now get on with implementing the reforms, has dropped slightly from 33 percent to 29 percent over the polling period with a corresponding increase (63% to 66%) in those suggesting that further meetings will be required to meet the needs of an evolving system.

Support for the broad application of asymmetrical federalism continues to be much higher relative to support for a flexible arrangement in the specific case of Quebec.

- Over the course of the polling period, support for asymmetrical federalism has risen from 66 percent to 71 percent. By contrast, support for a separate health agreement for Quebec has dropped slightly from 44 percent to 42 percent. Support for a separate agreement for Quebec is highest in Quebec (91%), although this option garners support from less than a third of the population in all other regions of Canada and is lowest in Atlantic Canada (16%).



Memo

To Jane Hazel, Health Canada
Jeff O'Neill, Health Canada
Cc Donna Nixon, The Strategic Counsel

From Tim Woolstencroft
Date September 23, 2004

Re Highlights – Canadians' Views on the Health Care Agreement

Findings noted below are based on results from an ongoing national poll of Canadians aged 18 years and older, conducted between September 17th and September 22st. Polling continues over a 10-day period, concluding on September 26th, 2004.

Nightly interviews (n=200) are being conducted on a nationally representative basis. Findings are rolled up and analysed over a three-day period (Sept. 17-19, Sept. 18-20, Sept. 19-21, Sept 20-22) in order to highlight key trends in public opinion over the course of the polling period. Each three-day interval comprises a sample of approximately 600, with an associated margin of error of +/-4 percentage points. Findings for the total sample to date (n=1200) have an associated margin of error of +/-2.83 percentage points

Notable trends in public opinion based on three-day trends are highlighted as follows:



While awareness of the FMM and the Health Agreement remains relatively high, the awareness has clearly dropped to 64 percent from the peak of 71 percent. The provinces continue to garner much of the credit for the Agreement.

- In addition, general awareness of changes to health care continues to drop off (down from 70% to 62%). Total awareness (aided and unaided) of the FMM remains stable at three-quarters (75%) almost one week following conclusion of the meeting.
- While the provinces continue to receive the credit for reaching the health care accord, there has been slight movement upward (from 21% to 26%) in the proportion of the Adult Population crediting the Government of Canada with responsibility for reaching an Agreement. In the meantime, there has been a slight decline (49% to 45%) in the proportion giving credit to the provinces.
- As noted yesterday, there are large pluralities crediting the provinces with responsibility for reaching an agreement in all 10 provinces: highest in Quebec (57%). By contrast, British Columbia (29%), Manitoba (31%) and Saskatchewan (35%) are slightly more likely to credit the Government of Canada. As we have continued to track, it is becoming increasingly evident that Albertans are giving more credit to the provinces than the federal government by a significant margin (i.e. there is a significant gap of 25 percentage points). Even in Ontario, provincial residents are much more inclined to provide credit to the provinces than the Government of Canada.
- Despite the public's inclination to give more credit to the provinces than the Government of Canada for negotiating a deal, equal proportions (about 4-in-10) believe that both the federal and provincial levels of government are demonstrating leadership in health care reform.
- There are some interesting regional splits: Quebecers (37%), Albertans (37%), and Manitobans (35%) are less likely to attribute strong leadership to the federal government, while the reverse is true among Atlantic Canadians (52%) and British Columbians (44%).



Concerns about waste and mismanagement of health care funds are evident suggesting that there would be strong receptivity to accountability messaging

- Two-thirds (68%) continue to agree that the biggest problem remains waste and mismanagement of existing funds. This is up substantially from the pre-FMM research.
- Moreover, there is a widespread perception (54%) that the real problem is provincial mismanagement of funds. Residents of Ontario (58%) and British Columbia (56%) are more likely to be critical of provincial mismanagement. But even in Quebec, there is a strong sense of mismanagement.
- We know from the qualitative research that this accountability issue is an emotional hot button that resonates across the country, including Quebec. The public would be receptive to strong accountability messaging and this would help to boost perceptions of leadership from the Government of Canada.
- This focus on accountability should be extended to outcomes that Canadians can expect as a result of the agreement and to start to point to real examples of where change/reform is already taking place. This will help move the focus off the discussion of funding to illustrations of the how the system is improving.

Perceptions that discussion time was wasted on funding issues have increased

- Since the health agreement was reached, there has been a widespread perception that too much discussion was devoted to funding issues and not enough time was part on more fundamental changes to fix Canada's health care system.
- Over the past 4 tracking periods, this perception has increased from 72 percent to 77 percent.

Perceptions that the health care agreement will provide real and lasting change continues to decline

- This perception that the accord will provide real/lasting change has declined from 37 percent to 30 percent in the latest tracking period.



While support for asymmetrical federalism continues to be strong, there has been a modest drop for across the broad application and Quebec-specific options in the latest tracking period

- Over the course of the polling period, support for asymmetrical federalism has risen from 66 percent to 71 percent, but has dropped back to 67 percent.
- Support for a separate health agreement for Quebec has dropped slightly from 44 percent to 38 percent.
- Support for a separate agreement for Quebec is highest in Quebec (88%), although this option garners support from less than a third of the population in all other regions of Canada and is lowest in Atlantic Canada (16%).

Tim Woolstencroft
Managing Partner



Memo

To Jane Hazel, Health Canada
Jeff O'Neill, Health Canada
Cc Donna Nixon, The Strategic Counsel

From Tim Woolstencroft
Date September 24, 2004

Re **Highlights – Canadians' Views on the Health Care Agreement**

Findings noted below are based on results from an ongoing national poll of Canadians aged 18 years and older, conducted between September 17th and September 23rd. Polling continues over a 10-day period, concluding on September 26th, 2004.

Nightly interviews (n=200) are being conducted on a nationally representative basis. Findings are rolled up and analysed over a three-day period (Sept. 17-19, Sept. 18-20, Sept. 19-21, Sept 20-22, Sept 21-23) in order to highlight key trends in public opinion over the course of the polling period. Each three-day interval comprises a sample of approximately 600, with an associated margin of error of +/-4 percentage points. Findings for the total sample to date (n=1200) have an associated margin of error of +/-2.83 percentage points

Notable trends in public opinion based on three-day trends are highlighted as follows:



While the provinces continue to receive most of the credit for the Agreement, there has been an increase in the proportion who are crediting the Government of Canada for negotiating the health agreement.

- While the provinces continue to receive the credit for reaching the health care agreement, there has been movement upward (from 21% to 28%) in the proportion of the Adult Population crediting the Government of Canada with responsibility for reaching an Agreement. Provincial credit for the agreement remains stable at 48 percent.
- As noted throughout the week, there are large pluralities crediting the provinces with responsibility for reaching an agreement in all 10 provinces: highest in Quebec (58%). By contrast, British Columbia (29%), Manitoba (32%) and Saskatchewan (30%) are slightly more likely to credit the Government of Canada.
- There are some interesting regional splits: Manitobans (32%) are less likely to attribute strong leadership to the federal government, while the reverse is true among Atlantic Canadians (49%) and British Columbians (45%). British Columbians are least likely to attribute strong leadership to their provincial government (27% versus 38% National average).
- In addition, general awareness of changes to health care continues to drop off (down from 70% to 61%). Total awareness (aided and unaided) of the FMM also dropped off (down from 78 percent earlier in the week to 71 percent during the Sept 21-23 period).

There has been a significant decline in the percentage of Canadians who think that Government of Canada is not paying it fair share of health costs

- For the first time during this tracking, the perception that the federal government is not paying its fair share has dropped below 50 percent to sit at 47 percent. This is down substantially from the Post-Romanow Era in 2002 when 61 percent of the population thought the federal government was not paying its share.



The idea that Canadians should lower their expectations about what the health care system of the future can deliver continues to decline since the agreement

- During the first tracking period, right after the agreement 32 percent of Canadians thought they should lower their expectations. Now, after knowledge of the agreement and the funding increases becomes more understood only 25 percent feel they should lower their expectation about the future of health care.

Perceptions that the health care agreement will provide real and lasting change declines

- This perception that the agreement will provide real/lasting change has declined 5 points from 37 percent to 32 percent since the first tracking period.

Perceptions that the health care agreement will reduce wait times declines

- This perception that the agreement will reduce wait times has declined 5 points from 44 percent to 39 percent since the first tracking period.

Support for asymmetrical federalism while strong is declining over time

- Over the course of the polling period, support for asymmetrical federalism has risen from 66 percent to 71 percent, but has now dropped to 63 percent.
- Support for a separate health agreement for Quebec has dropped slightly from 44 percent to 39 percent.
- Support for a separate agreement for Quebec is highest in Quebec (88%), although this option garners support from less than a third of the population in all other regions of Canada and is lowest in Atlantic Canada (18%).

These results suggest that Government of Canada should be focused on messaging that shows that system is beginning to turn around. As mentioned yesterday, federal messaging should shift to outcomes that Canadians can expect as a result of the agreement and to start to point to real examples of where change/reform is already taking place. This shift in messaging should occur soon than later.

Tim Woolstencroft
Managing Partner



Memo

To Jane Hazel, Health Canada
Jeff O'Neill, Health Canada
Cc

From Donna Nixon
Date September 27, 2004

Re Highlights – Canadians' Views on the Health Care Agreement

Findings noted below are based on the final results from an ongoing national poll of Canadians aged 18 years and older, conducted between September 17th and September 26th. Nightly interviews (n=200) were conducted on a nationally representative basis. Findings were then rolled up and analysed over a three-day and seven-day intervals in order to highlight key trends in public opinion over the course of the polling period. Each three-day interval comprised a sample of approximately 600, with an associated margin of error of +/-4 percentage points. Findings for the total sample (n=2000) have an associated margin of error of +/- 2.19 percentage points.

The belief that an Agreement on health care reform was reached has fallen off over the polling period.

- Early results indicated 71 percent of Canadians believed an Agreement had been reached. In the final days of polling, this number dropped by 8-points, to 63 percent.



The percentage of those crediting either the provinces or the federal government with reaching an Agreement fluctuated mildly over the polling period. However, throughout the 10-day polling period, almost twice as many Canadians credited the provincial governments as did the federal government.

- During the early days of polling, almost half (47%) of Canadians credited the provinces with the Agreement. This number peaked at 52 percent as the week progressed, but has since slipped back to 45 percent. By contrast, the percentage of those crediting the federal government with the Agreement fluctuated between a low of 21 percent in the early part of the polling period and a high of just 28 percent as the week closed. This number now sits at 27 percent.
- There are large pluralities in each province crediting the provinces with this Agreement, highest in Quebec (57%) and the Atlantic (51%) and lower in Saskatchewan (39%) and British Columbia (38%).

Notably, however, neither the provinces nor the federal government is necessarily seen to be exhibiting strong leadership on health care reform.

- Over the course of polling, about equal numbers (four-in-ten) indicated their province/the federal government is demonstrating real leadership in this area.
- At the same time, tracking data from 2002, following the release of the Romanow Report, indicates that the numbers have moved more significantly for the federal government (up from 28 percent in December 2002 to 38 percent currently) than they have for the provinces, for whom the numbers have remained relatively stable (33% to 35%).



Findings suggest that, while Canadians remain concerned about both the level and management of funding to health care, they are particularly critical that this deal was too focused on funding and that it will not address the real problems facing the health care system.

- Half (49%) of Canadians agree that the federal government is not paying its fair share of health costs, although this is down significantly from December 2002 (61%). (Of note, the percentage of those saying this Agreement provides adequate funding has dropped from 41 percent to 32 percent throughout the polling period.)
- About the same numbers (51%) also say that their provincial government is not managing health care funds effectively. This criticism is relatively widespread, although it is highest in Ontario (55%) and lowest in the Atlantic (45%), Alberta (41%) and Saskatchewan (39%).
- At the same time, almost three-quarters (74%) agree that too much discussion time during these negotiations was wasted on the issue of funding.
- Notably, perceptions that the Agreement will lead to fundamental and sustainable improvements to the health care system have waned over the course of polling. Those saying the Agreement will provide real/lasting change have declined from 37 percent to 31 percent. Perhaps of greater significance is the evidence of a declining trend among those saying the Agreement will reduce waiting times, down from 44 percent in the early days of polling to 36 percent. There appears to have been greater optimism at the time of the 2003 Accord on both these fronts. At that time, 45 percent believed the Accord would provide real and lasting change, and 51 percent felt it would positively impact on waiting times.
- In the final analysis, fewer than half of all Canadians (45%) believe that this Agreement will have a moderate/significant impact on the overall quality health care. This measure declined from 48 percent to 41 percent during the polling period and is a marked change from the relative level of support Canadians offered with respect to the 2003 Accord (60 percent believed it would have a moderate to significant impact).



The notion of accountability in health care spending resonates strongly with Canadians.

- Fully 56 percent believe that an accountability mechanism is absolutely essential, while another 34 percent say it is important, though not essential.
- An independent body, such as the National Health Council (38%) is favoured over the provinces (31%) and the federal government (26%) as the most suitable body to whom the provinces should report on health care spending and the performance of their respective health care systems.

Support for asymmetrical federalism while strong has declined over time.

- Over the course of the polling period, support for asymmetrical federalism has risen from 66 percent to 71 percent, but has now dropped to 61 percent in the final days of the polling period.
- Support for a separate health agreement for Quebec has also dropped slightly from 44 percent to 37 percent.

In line with earlier recommendations, these results suggest there may be opportunities for the Government of Canada to focus public attention on real and relevant examples of the early impact of this Agreement, particularly in areas that address crucial public concerns with respect to accessibility and quality of care. Moreover, the public feels strongly about the need to build accountability into the system. Messaging that suggests the parties to this Agreement are collaborating on this front and moving forward to provide evidence-based reporting on the state of the health care system may also resonate highly with Canadians.

Donna Nixon
Executive Vice-President

A Report to
Health Canada

Attitudes Towards Health Care and Health Care Reform

Appendix II – Final Presentation (October 22, 2004)

POR-04-26/Call Up No: H1011-040018/001/CY

November 2004

Attitudes Towards Health Care and Health Care Reform

**Report on Findings From a Rolling National Poll – Post
First Ministers' Meeting**

October 22, 2004

Methodology

◆ Findings based on:

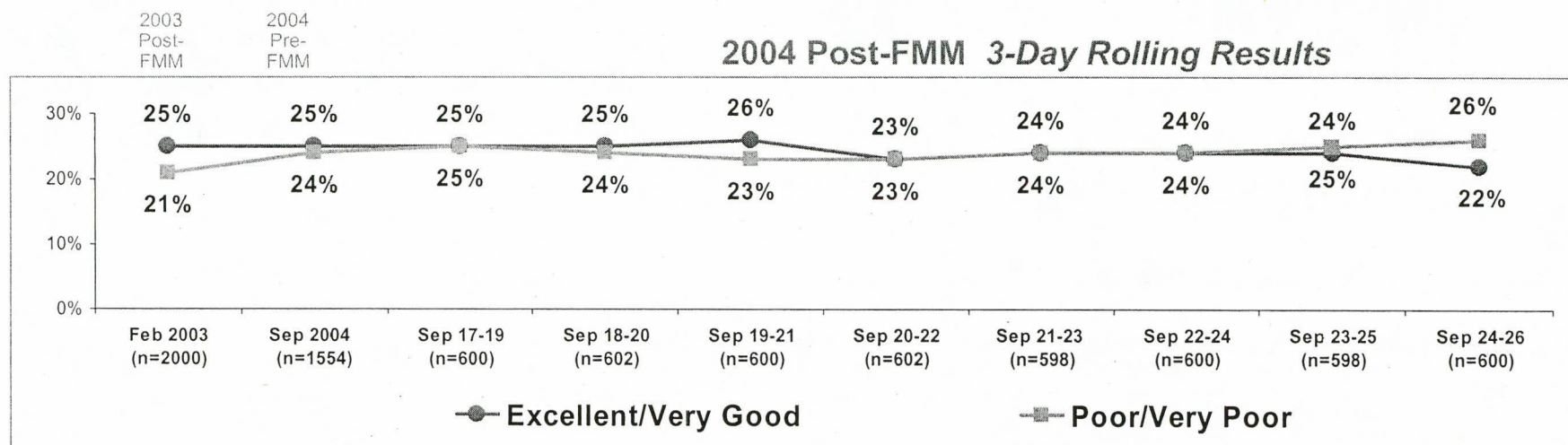
- National Telephone Survey (2004 Post-First Minister's Meeting)
 - Nightly rolling poll September 17 to 26, 2004
 - Approximately 200 interviews across Canada completed each evening
 - $\pm 4.1\%$ margin of error for 3-day rolling results (n=600)

◆ Tracking data pulled from the following National Telephone Surveys:

			Margin of Error:
– 2004 Pre-First Minister's Meeting	Sep. 10 to 15, 2004	n = 1,554	$\pm 2.5\%$
– 2003 Post-First Minister's Meeting	Feb. 7 to 16, 2003	n = 2,000	$\pm 2.2\%$
– 2003 Pre-First Minister's Meeting	Jan. 26 to Feb. 1, 2003	n = 1,506	$\pm 2.6\%$
– 2002 Post-release of the Report on the Future of Health Care	Dec. 1 to 12, 2002	n = 2,446	$\pm 2.0\%$

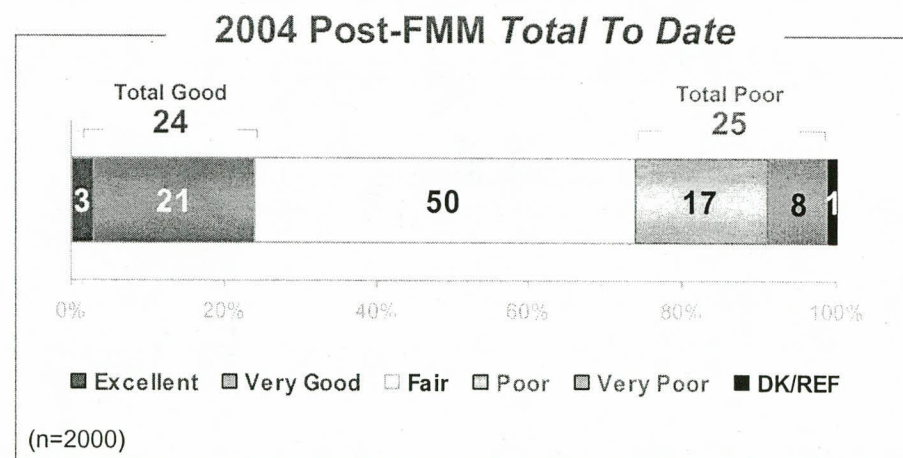
Assessments of the State of Health Care

State of the Health Care System in Canada



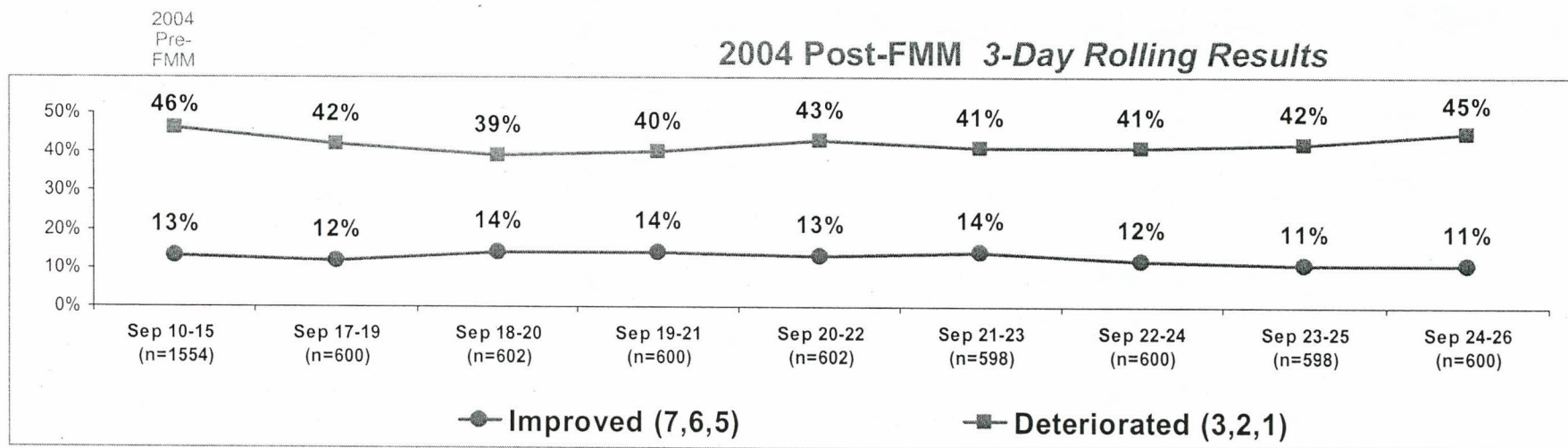
Q.2

Overall, how would you rate the state of the health care system in Canada today?



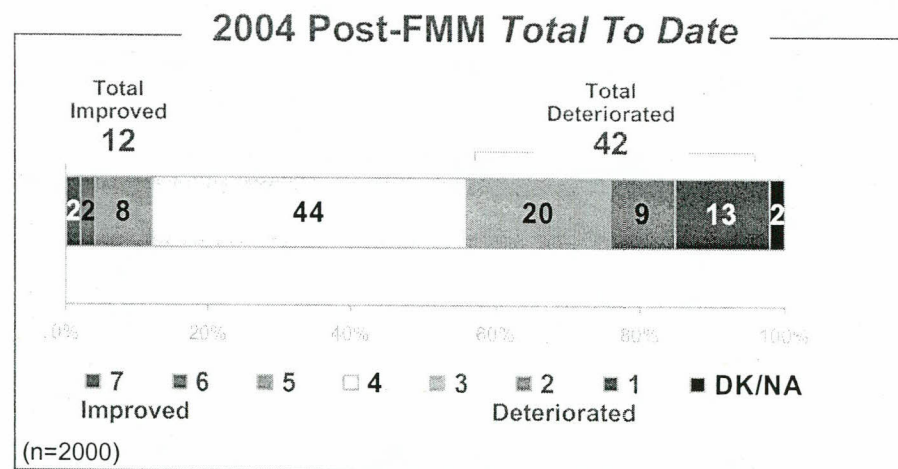
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Quality of Health Care Over the Past Two Years



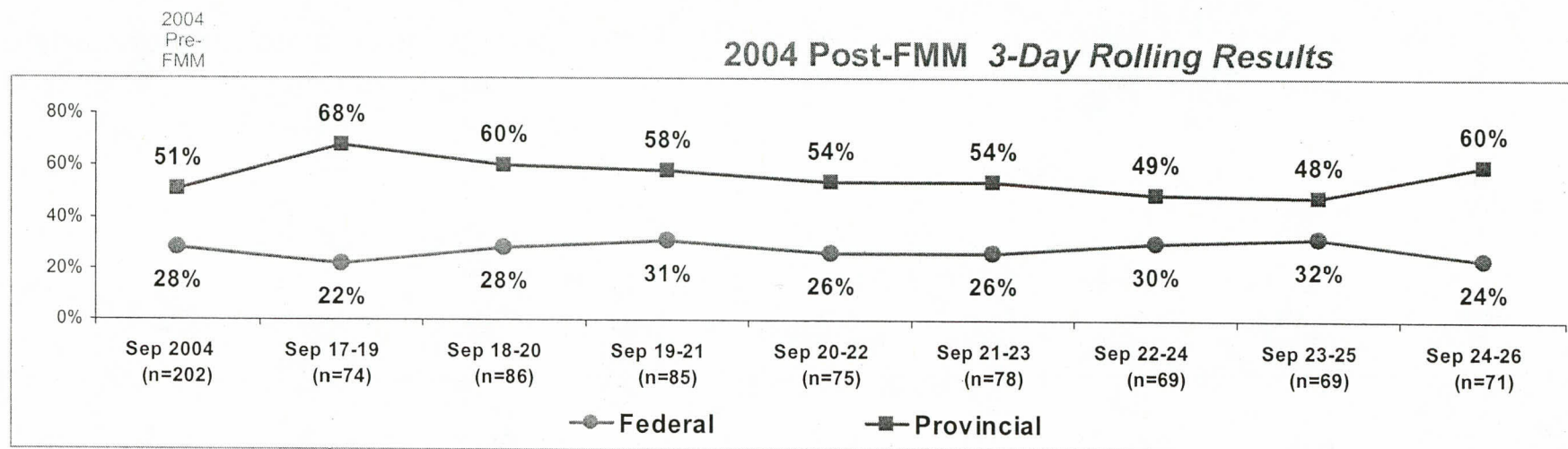
Q.4

In your opinion, has the quality of health care in Canada over the past two years deteriorated, improved, or stayed the same?



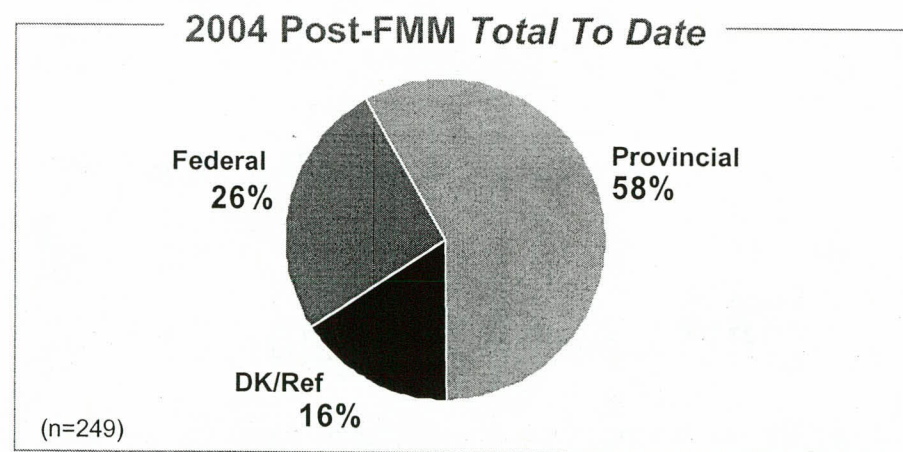
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Level of Government Responsible for Improvement in Quality of Health Care



Q.5

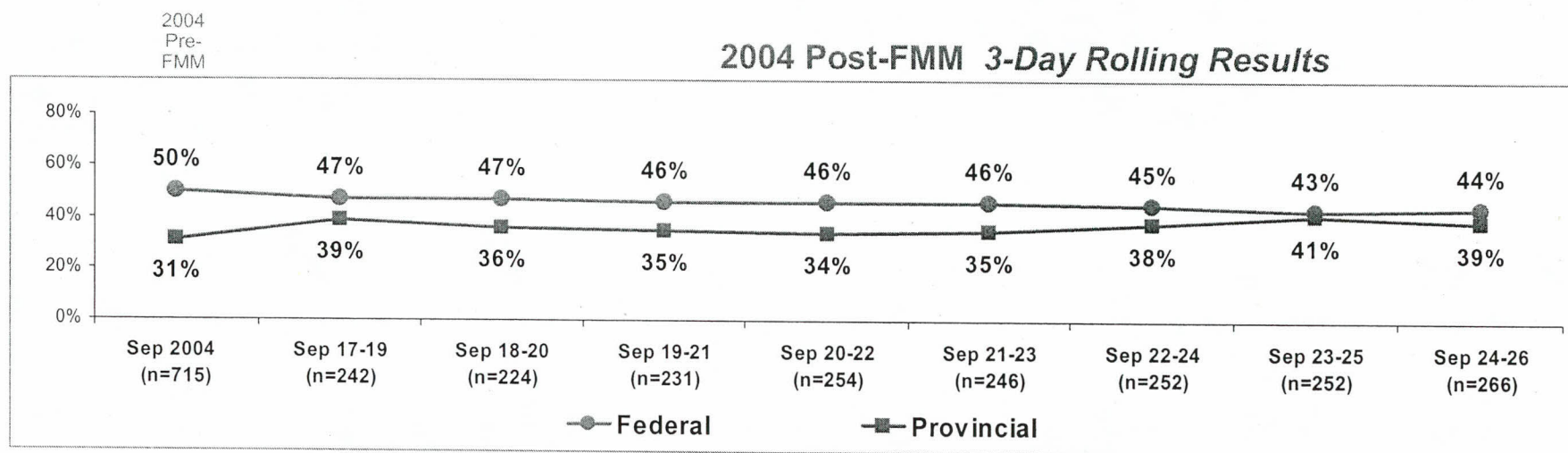
Which level of government, federal or provincial, would you say is most responsible for the improvement?



Base: Among respondents who say the quality of health has improved (weighted sample)

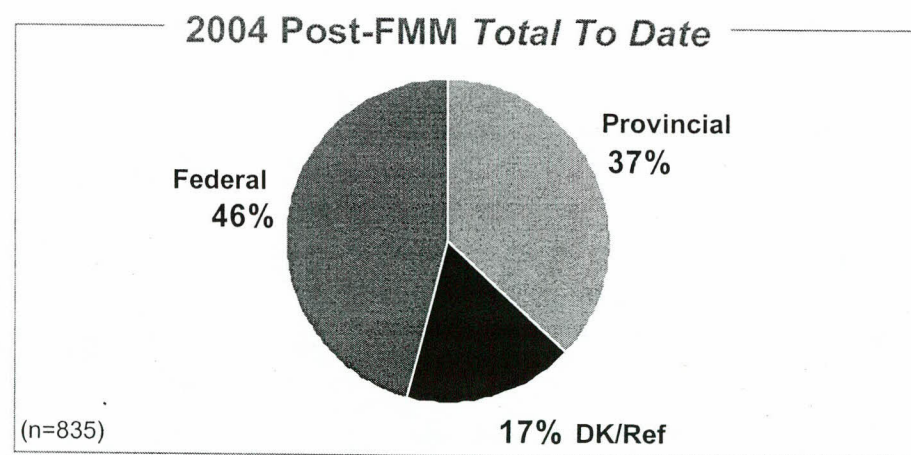
Source: Health Canada Post-Agreement Survey

Level of Government Responsible for Deterioration in Quality of Health Care



Q.6

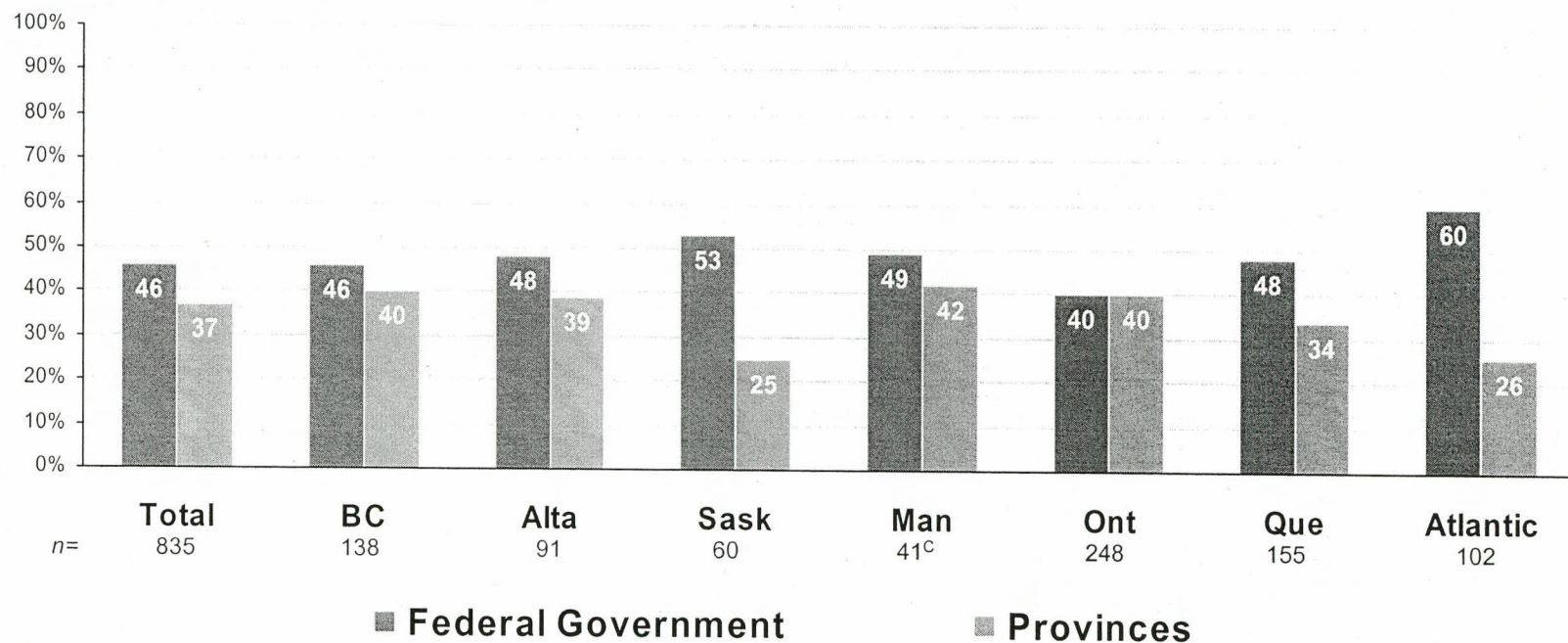
Which level of government, federal or provincial, would you say is most responsible for the deterioration?



Base: Among respondents who say the quality of health has deteriorated (weighted sample)

Source: Health Canada Post-Agreement Survey

Level of Government Responsible for Deterioration in Quality of Health Care



Q.6

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

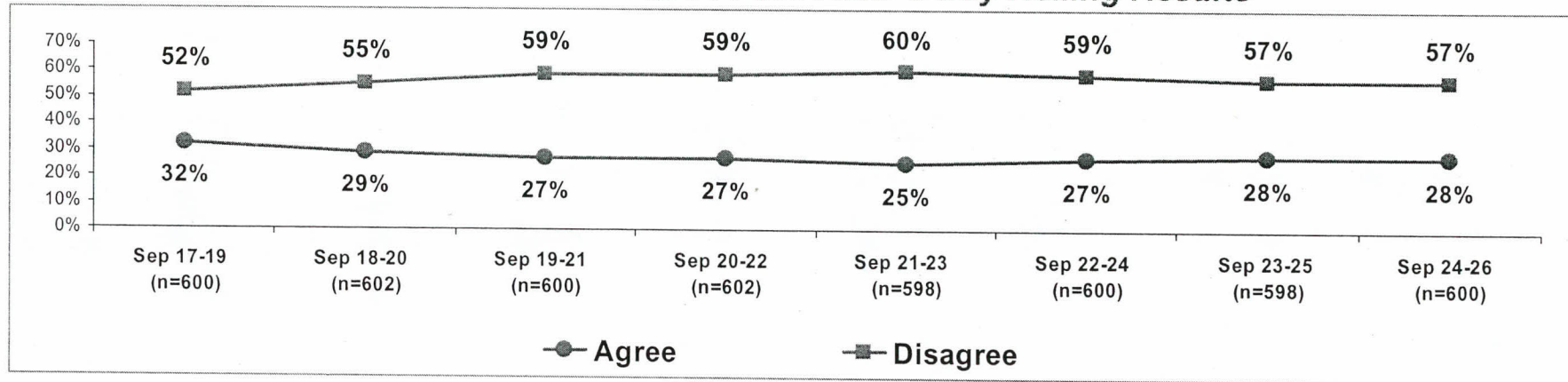
Base: Among respondents who say the quality of health has deteriorated (weighted sample)

Source: Health Canada Post-Agreement Survey

C Caution, small base size

Canadians Should Lower Expectations of Health Care System

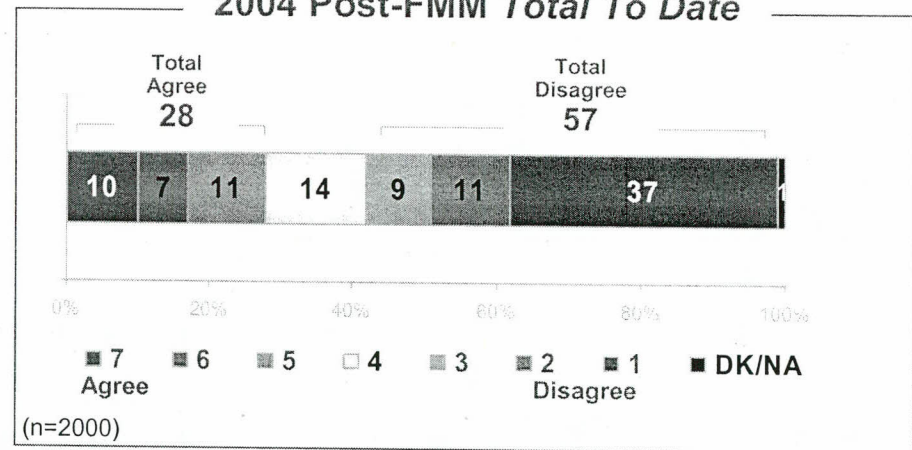
2004 Post-FMM 3-Day Rolling Results



Q.16f

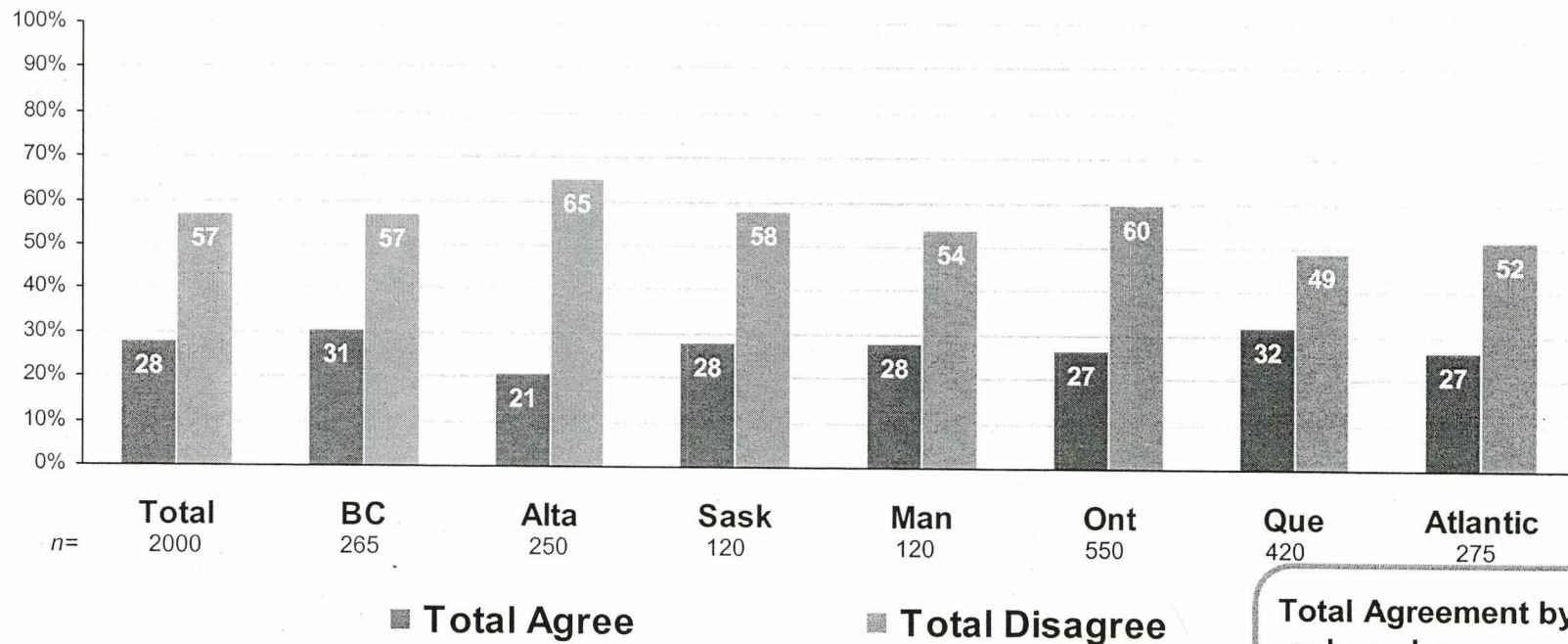
Canadians should lower their expectations about what the health care system of the future can deliver.

2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Canadians Should Lower Expectations of Health Care System



Q.16f

Canadians should lower their expectations about what the health care system of the future can deliver.

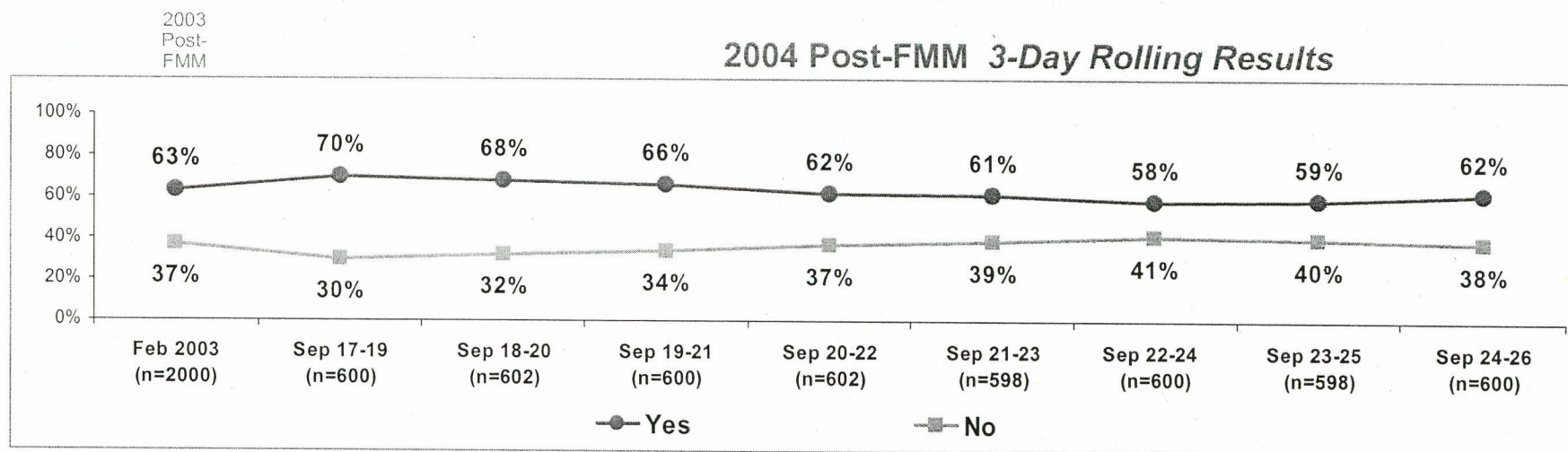
Base: Total respondents (weighted sample)

Source: Health Canada Post-Agreement Survey

Total Agreement by age and gender
 18-29 – 21%
 30-39 – 24%
 40-49 – 25%
 50-59 – 29%
 60+ – 36%
 Male – 31%
 Female – 25%

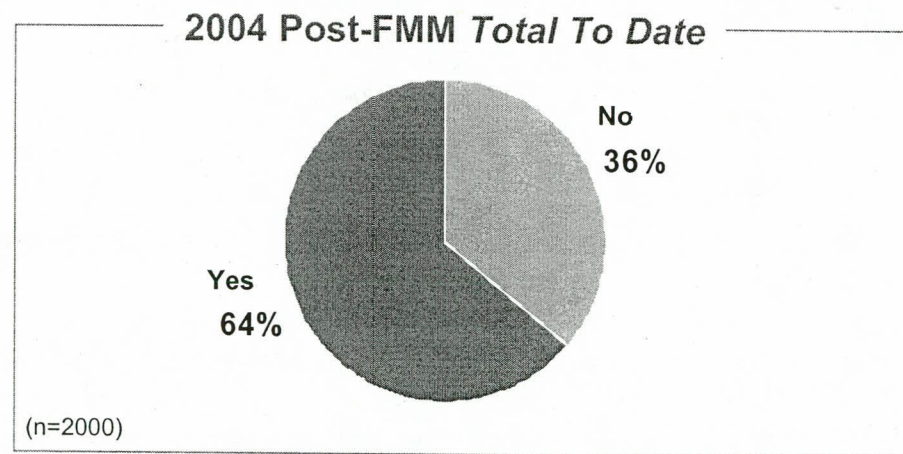
Awareness of FMM

Awareness of Recent Changes Regarding Health Care



Q.7

Have you seen, read or heard about anything happening recently on the issue of health care reform?



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

What Have You Heard About Health Care Recently?

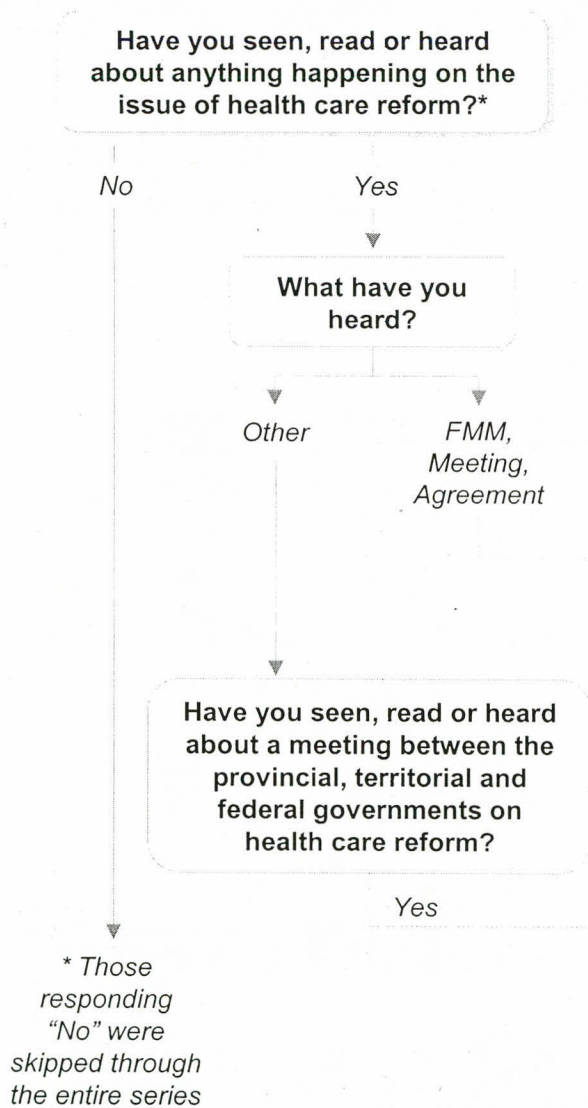
	2004								
	Post-FMM 3-Day Rolling Results								Total to Date (n=1281) %
	Sep 17-19 (n=415) %	Sep 18-20 (n=411) %	Sep 19-21 (n=397) %	Sep 20-22 (n=375) %	Sep 21-23 (n=360) %	Sep 22-24 (n=350) %	Sep 23-25 (n=359) %	Sep 24-26 (n=373) %	
First Ministers Meeting	38	38	40	40	35	30	32	36	37
Funding with no strings attached	5	5	5	5	7	8	7	7	6
Reduction of waiting lists	4	4	4	5	5	5	3	3	4
Flexible Funding	3	3	3	2	2	2	2	4	3
Pharmacare	1	<1	1	<1	1	1	1	<1	1
Accountability	1	1	1	-	-	<1	<1	<1	<1
“Five-in-Five” approach	<1	<1	-	-	-	-	-	-	<1
Paying fair share	-	-	-	-	-	-	-	<1	<1
Other	42	41	42	41	43	46	49	47	43
DK/NA/Ref	6	7	5	6	8	8	6	3	6

Q.8

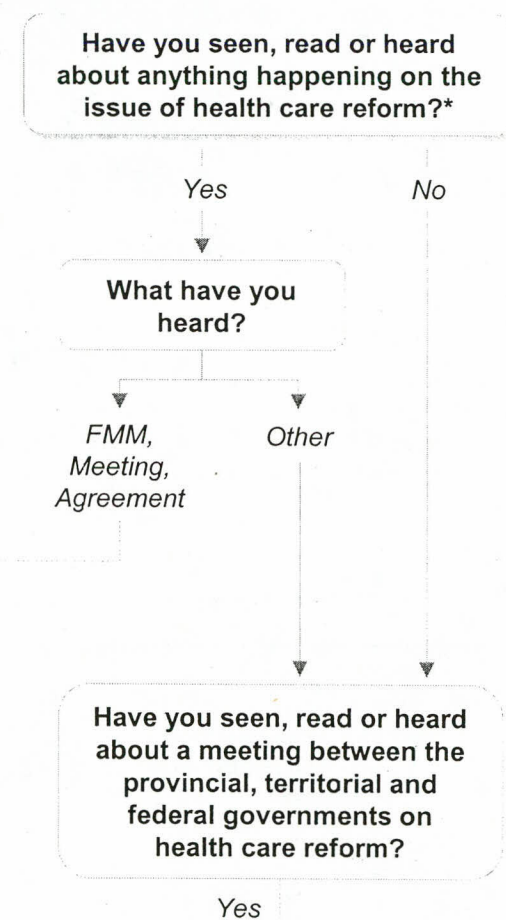
What have you heard?

Base: Among respondents who have seen, read or heard anything recently about health care reform (weighted sample)
Source: Health Canada Post-Agreement Survey

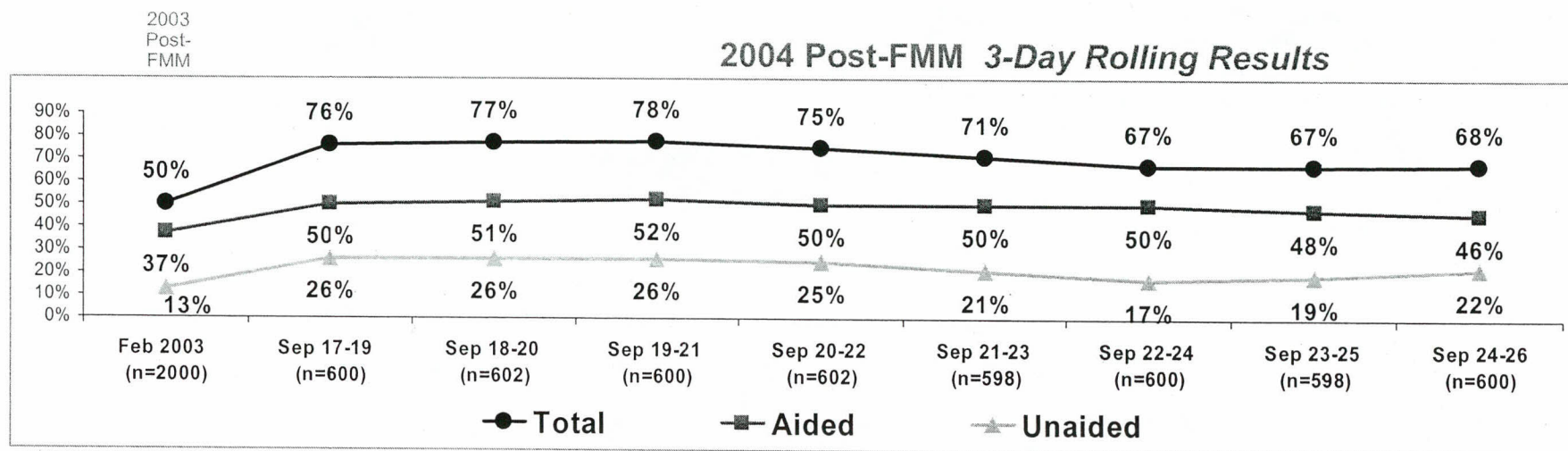
2003 Question Sequence



2004 Question Sequence



Total Awareness of First Ministers' Meeting (Aided + Unaided)



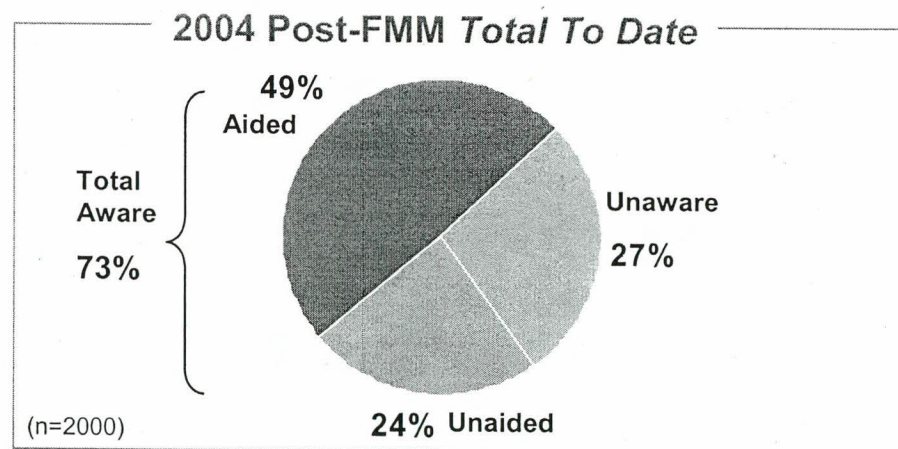
Q.8

What have you heard?

And

Q.9

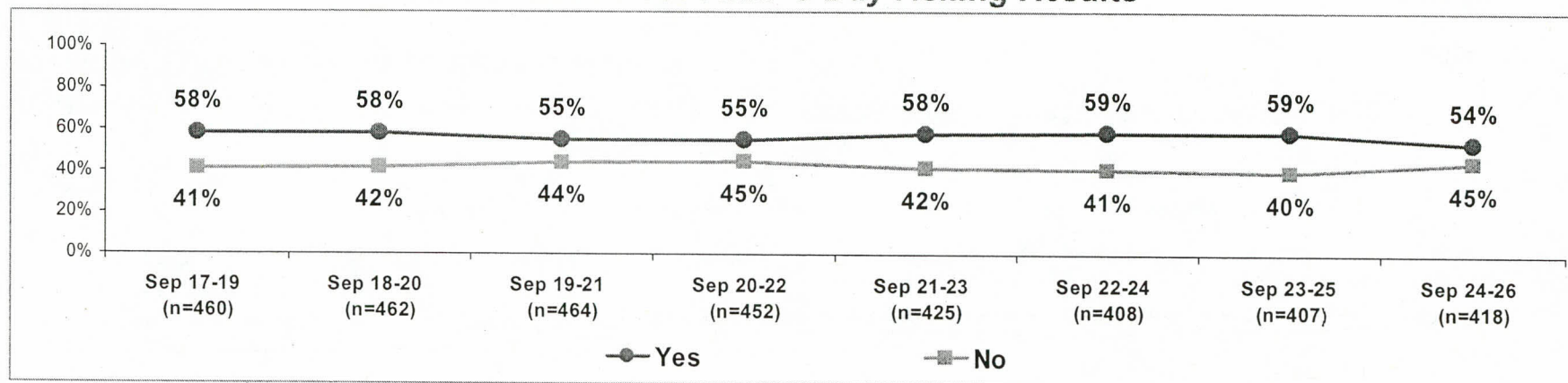
Have you seen, read or heard something about a meeting between the provincial, territorial and federal governments on health care?



Base: Re-percentaged among the total sample (weighted sample)
Source: Health Canada Post-Agreement Survey

Awareness of FMM Being Televised

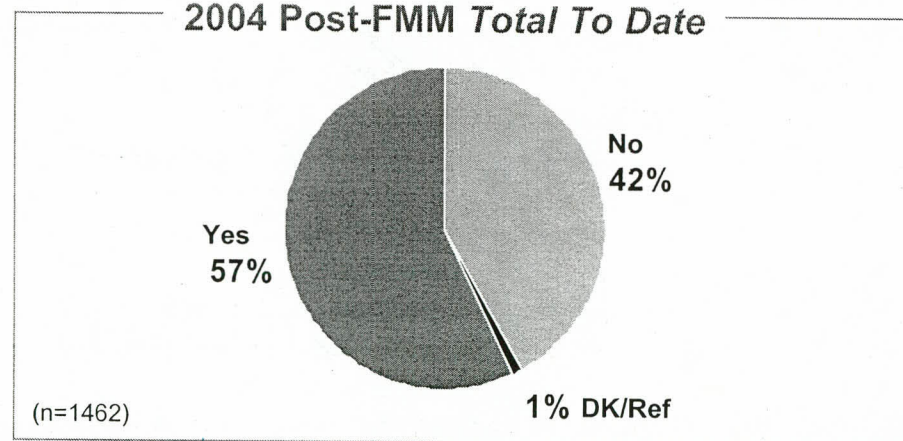
2004 Post-FMM 3-Day Rolling Results



Q.12

Were you aware that the meeting between First Ministers on health care was being televised?

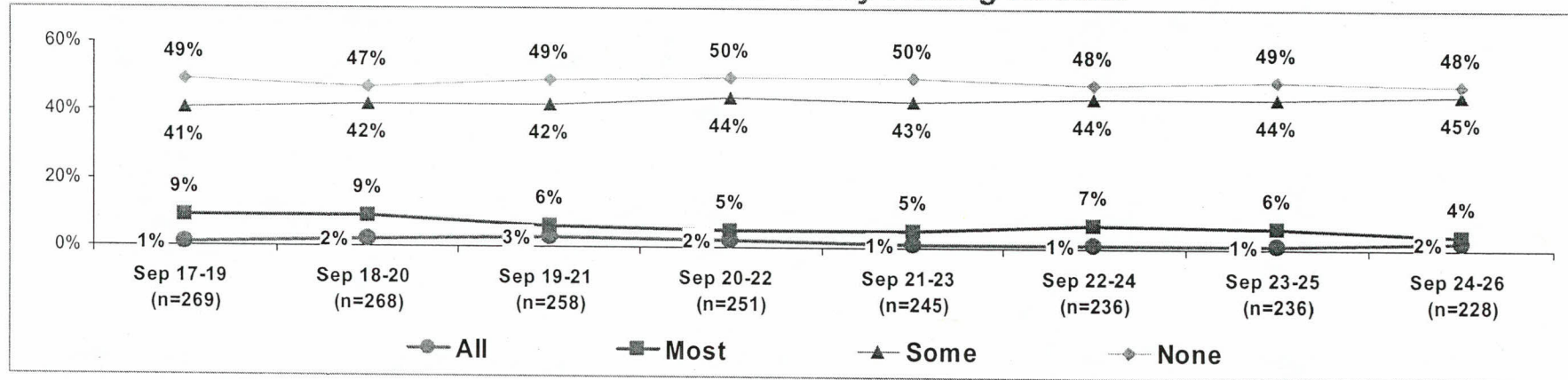
2004 Post-FMM Total To Date



Base: Among respondents aware of FMM (weighted sample)
Source: Health Canada Post-Agreement Survey

How Much of the Meeting Did You Watch?

2004 Post-FMM 3-Day Rolling Results

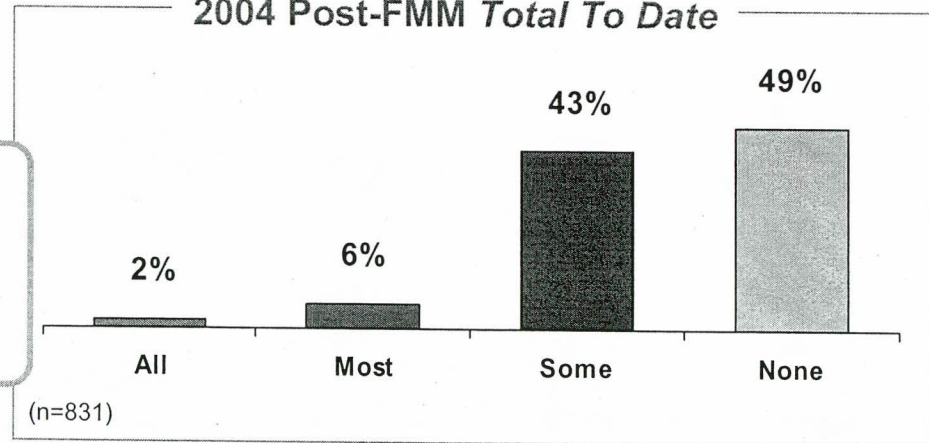


Q.13

How much of the meetings did you watch?

57% of Pre-2004 FMM respondents said they were very or somewhat likely to watch the meetings.

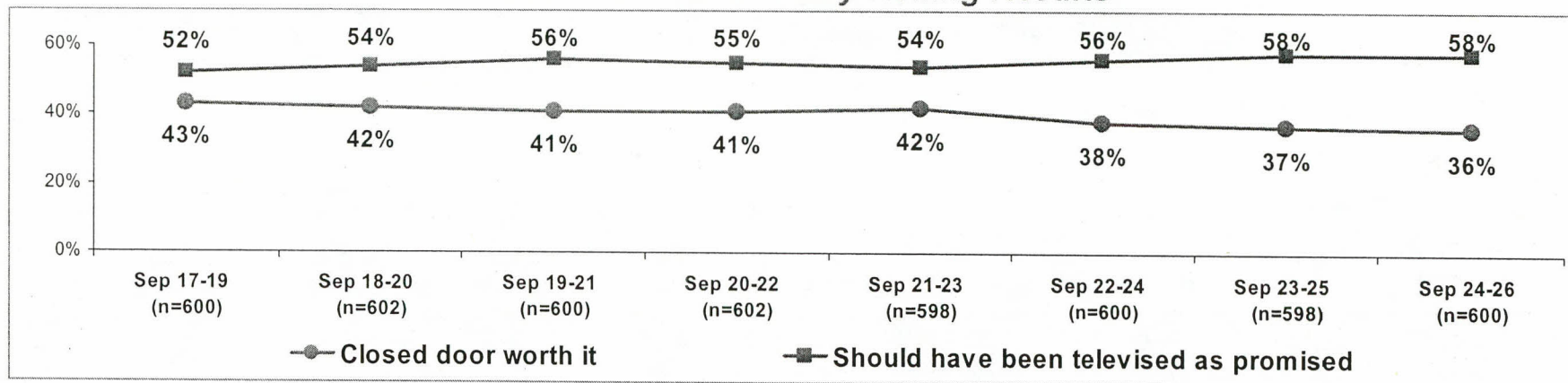
2004 Post-FMM Total To Date



Base: Among respondents aware that the FMM was televised (weighted sample)
Source: Health Canada Post-Agreement Survey

Closed Door Meetings Acceptable To Get a Deal?

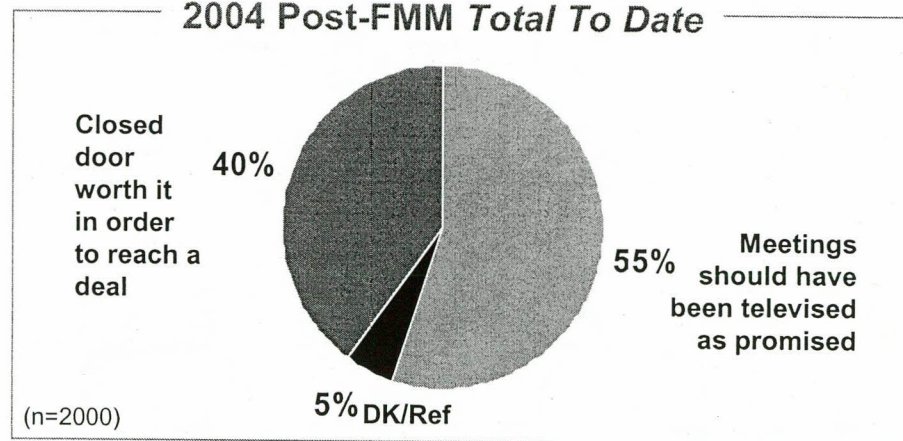
2004 Post-FMM 3-Day Rolling Results



Q.14

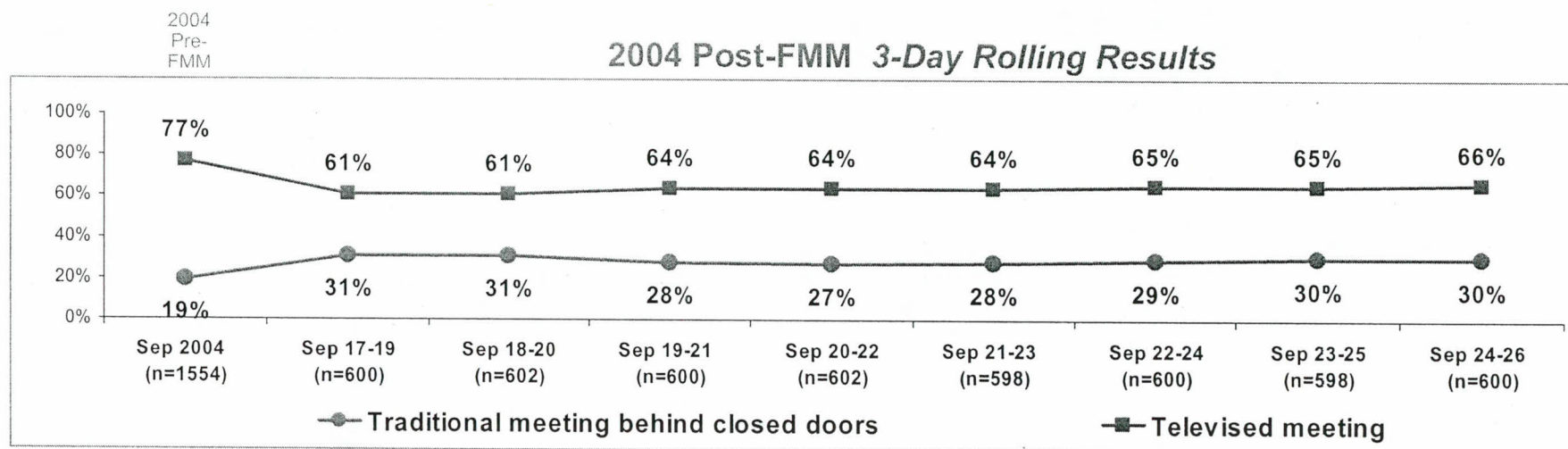
Some people say that even though some of the meetings were held behind closed doors, in the end it was necessary and justifiable in order to reach a deal. Other people say that, even though a deal was reached, all of the meetings should have been televised as promised. Which point of view is closer to your own?

2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

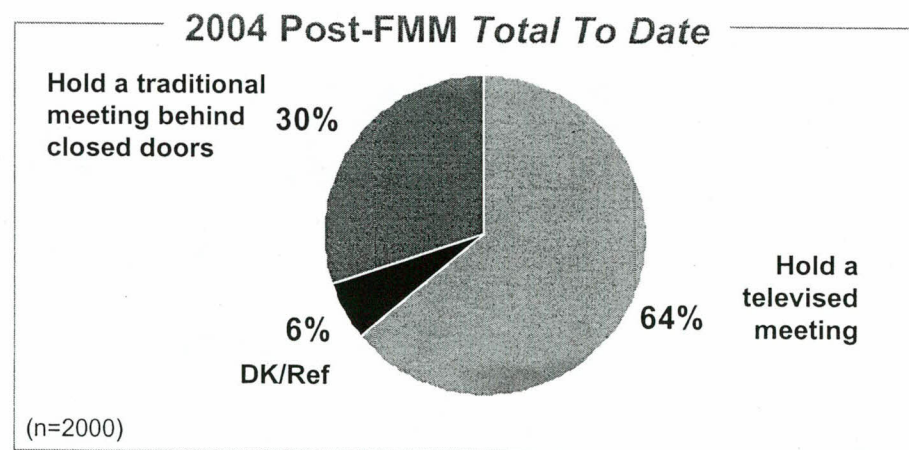
Future Meetings: Closed or Televised?



Q.15

In the future, what is a more appropriate approach to holding meetings between federal, provincial, and territorial leaders?

Note: Question wording for 2004 Pre-FMM slightly different: "Which is a more appropriate approach to achieving results on health care?"

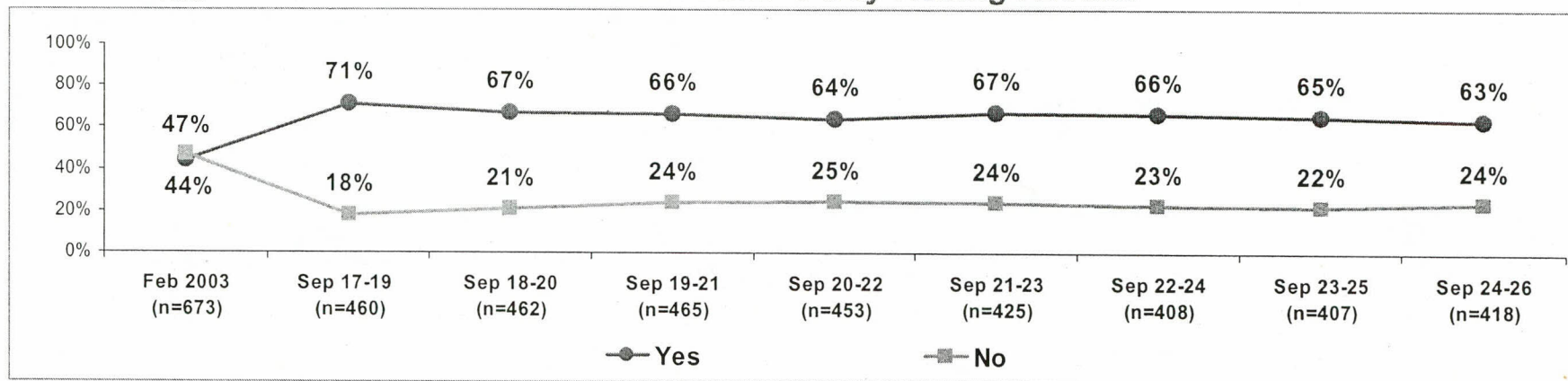


Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Was An Agreement on Health Care Reached?

2003
Post-
FMM

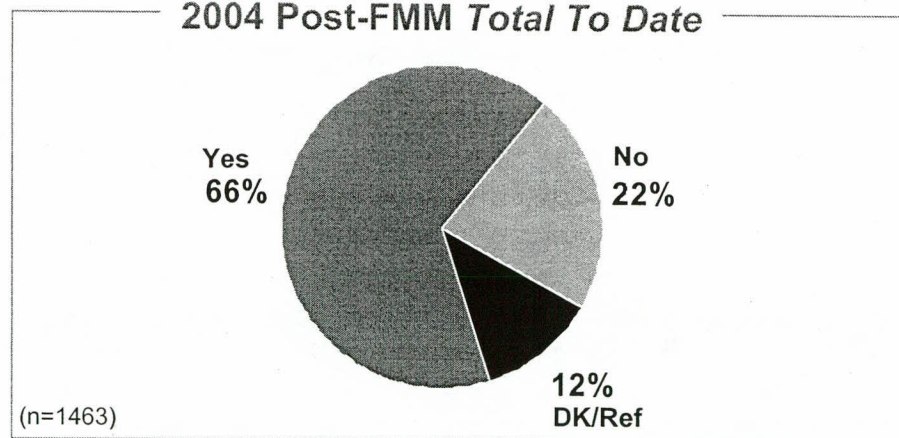
2004 Post-FMM 3-Day Rolling Results



Q.10

In your view, was an agreement reached at this meeting?

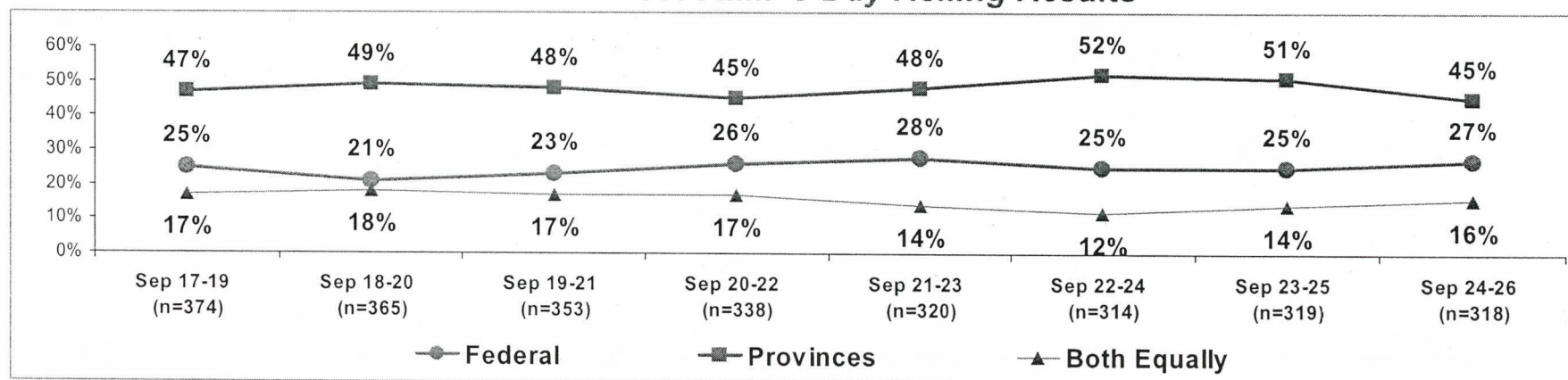
2004 Post-FMM Total To Date



Base: Among respondents aware of FMM (weighted sample)
Source: Health Canada Post-Agreement Survey

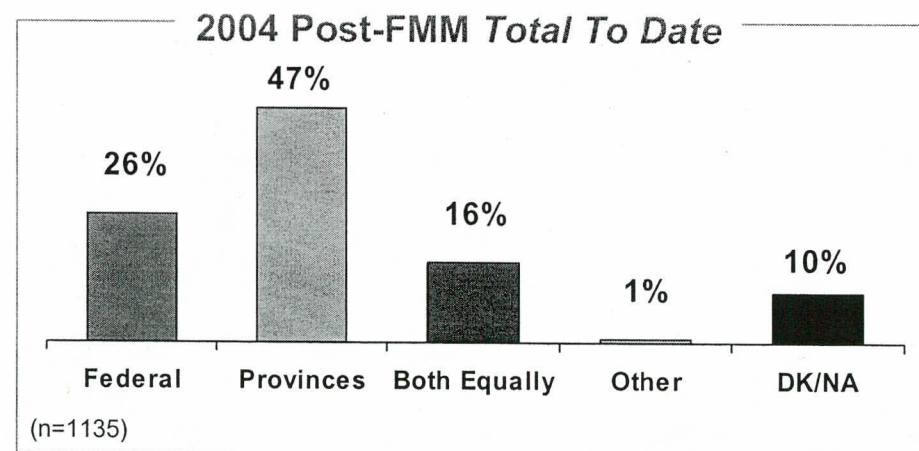
Government Most Responsible For Agreement Being Reached

2004 Post-FMM 3-Day Rolling Results



Q.11

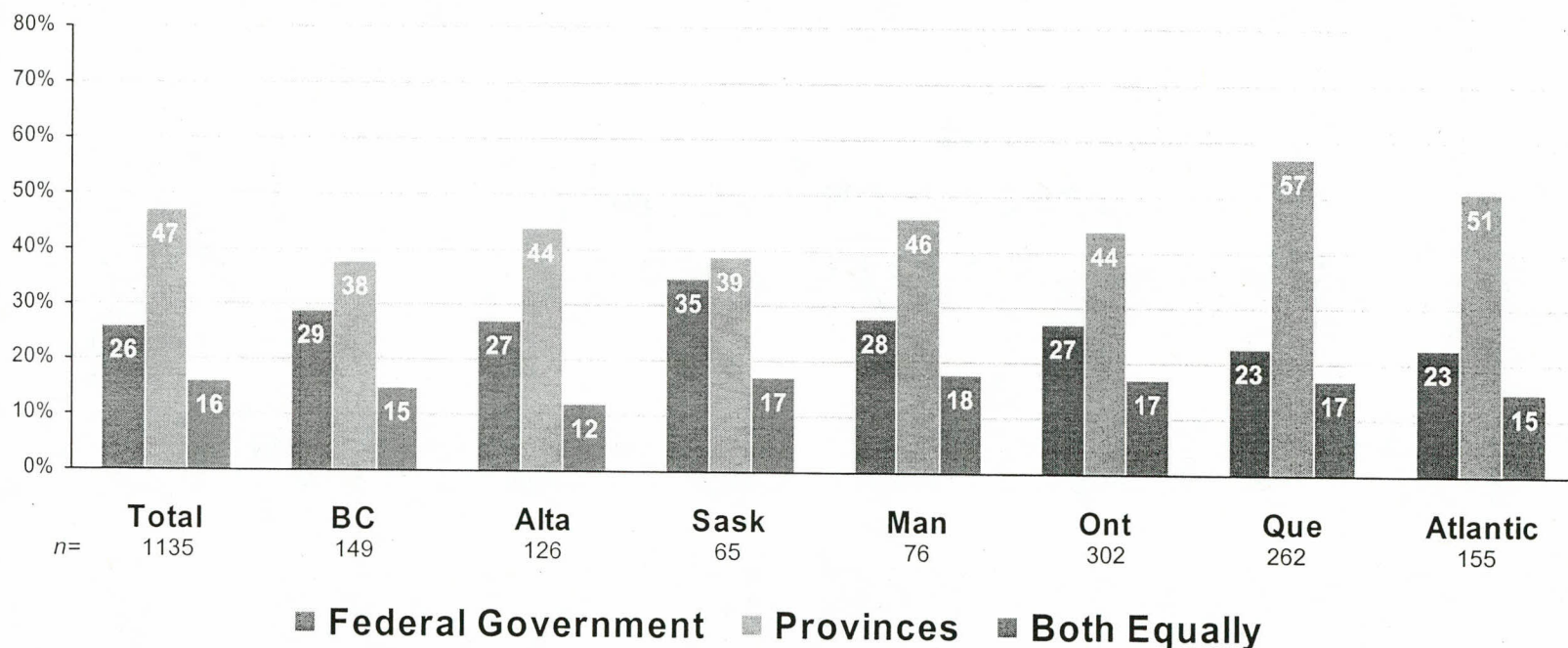
Who do you think was most responsible for this agreement being reached? Was it mostly the federal government or the provinces?



Base: Among respondents who say an agreement was reached at the meeting (weighted sample)

Source: Health Canada Post-Agreement Survey

Government Most Responsible For Agreement Being Reached – *By Region*



Q.11

Who do you think was most responsible for this agreement being reached? Was it mostly the federal government or the provinces?

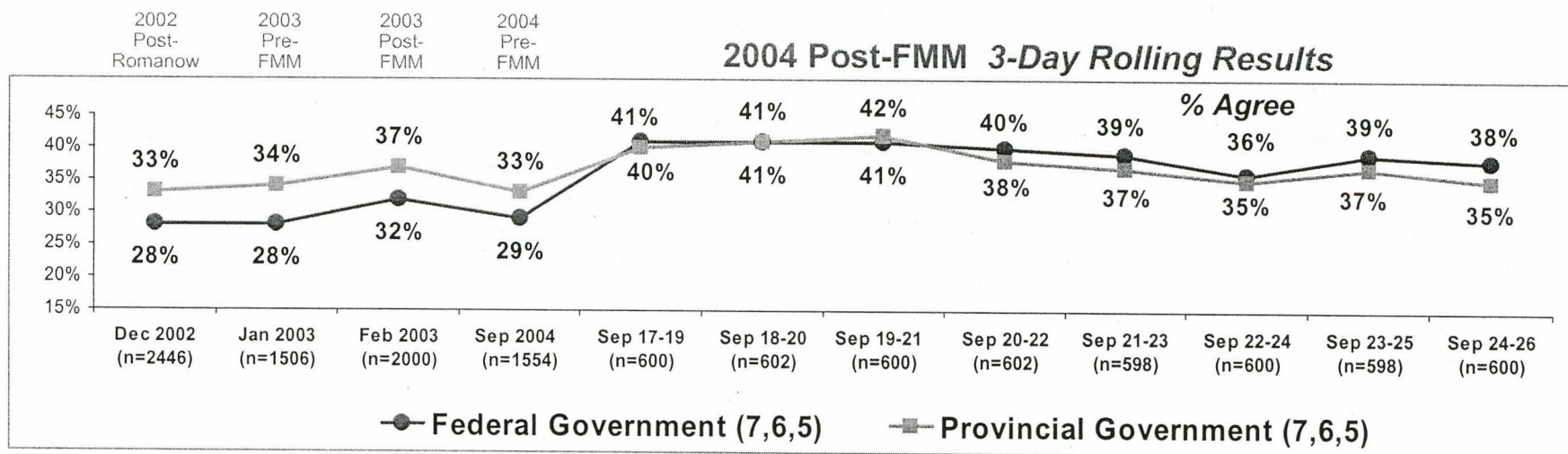
Base: Among respondents who say an agreement was reached at the meeting (weighted sample)

Source: Health Canada Post-Agreement Survey

C Caution, small base size

Perceptions of Governments: Demonstrating Leadership on the Health Care File

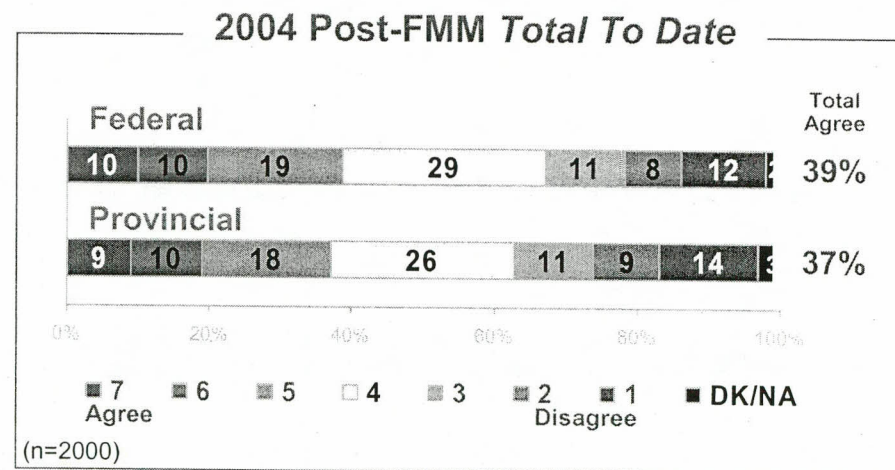
Federal/Provincial Governments Showing Real Leadership on Health Care Reform



Q.16a,b

Lately, the **FEDERAL** government has been showing some real leadership on fixing the health care system.

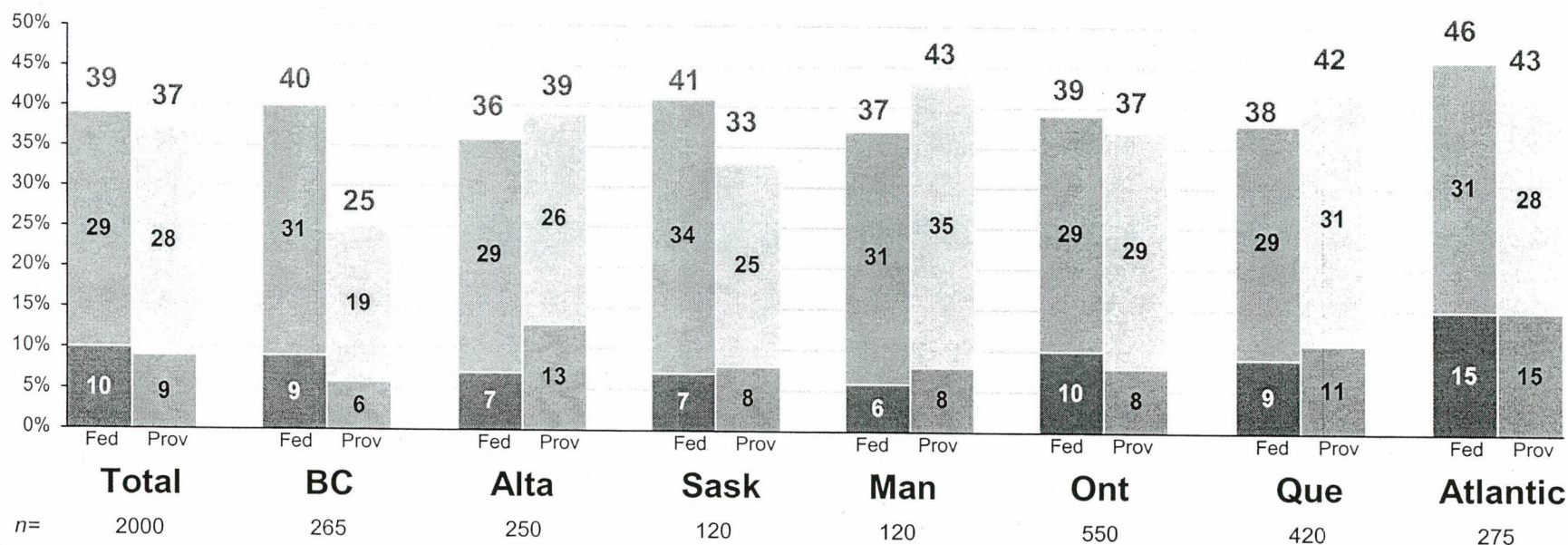
Lately, my **PROVINCIAL** government has been showing some real leadership on fixing the health care system.



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Federal/Provincial Governments Showing Real Leadership on Health Care Reform – *By Region*

% Agree (7,6,5) Federal/Provincial Government Showing Real Leadership



	Federal	Provincial
Somewhat agree (6,5)		
Strongly agree (7)		

Q.16a,b

Lately, the **FEDERAL** government has been showing some real leadership on fixing the health care system.

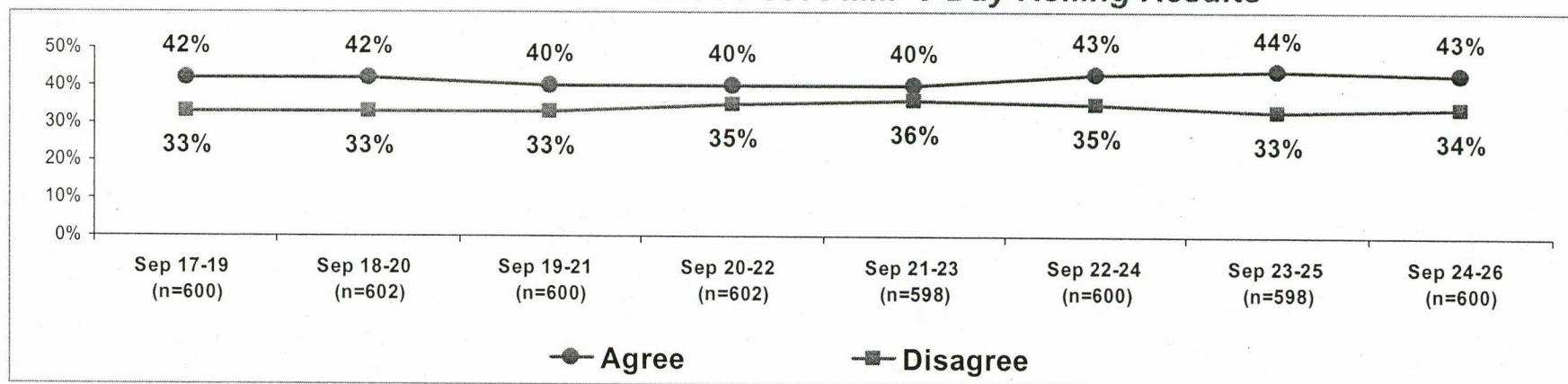
Lately, my **PROVINCIAL** government has been showing some real leadership on fixing the health care system.

Base: Total respondents (weighted sample)

Source: Health Canada Post-Agreement Survey

Confidence in Governments to Solve Health Care Problems

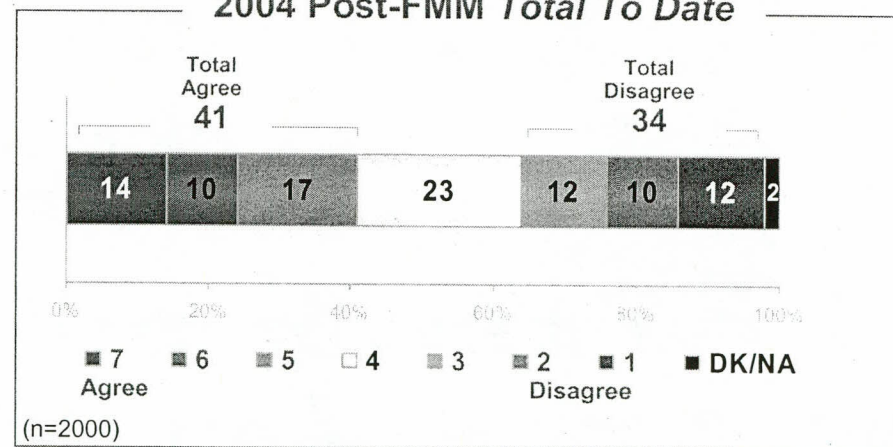
2004 Post-FMM 3-Day Rolling Results



Q.17c

I am not confident that the federal, provincial and territorial governments can solve the problems with Canada's health care system.

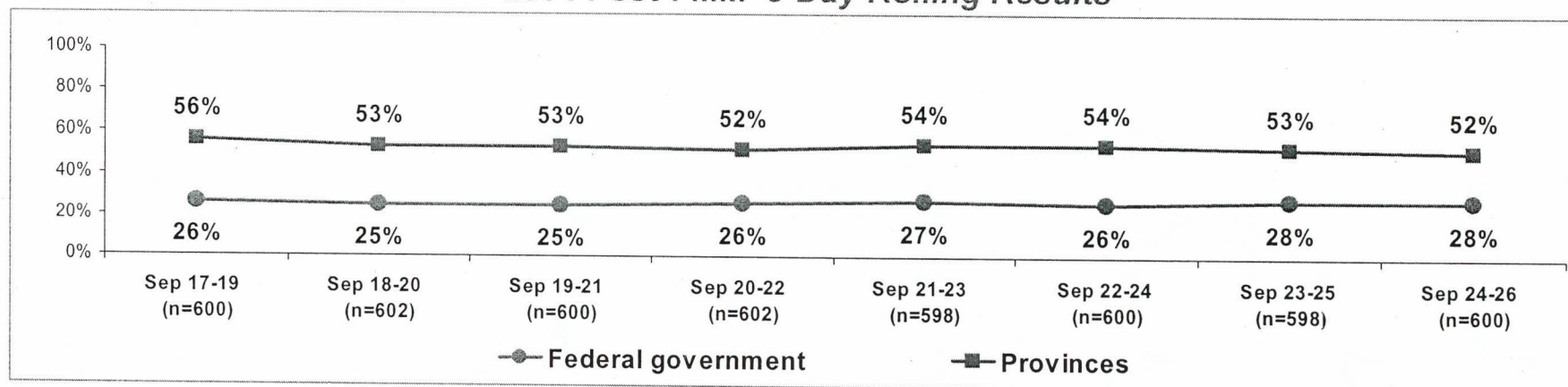
2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Level of Government You Have Most Confidence In

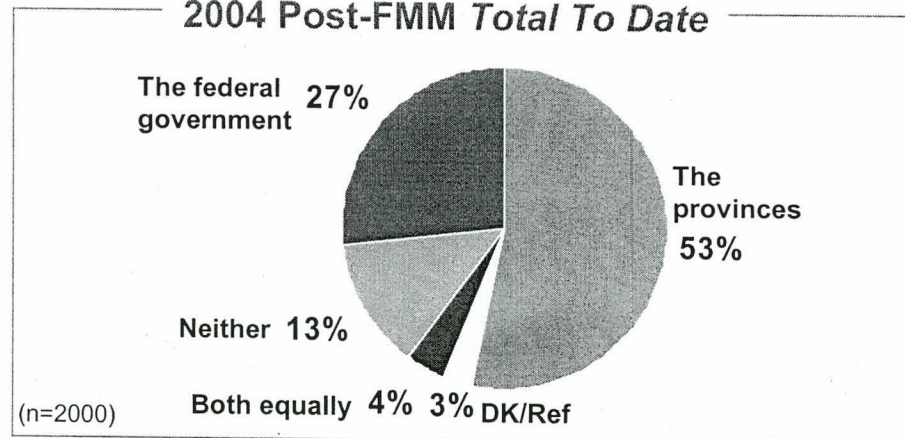
2004 Post-FMM 3-Day Rolling Results



Q.18

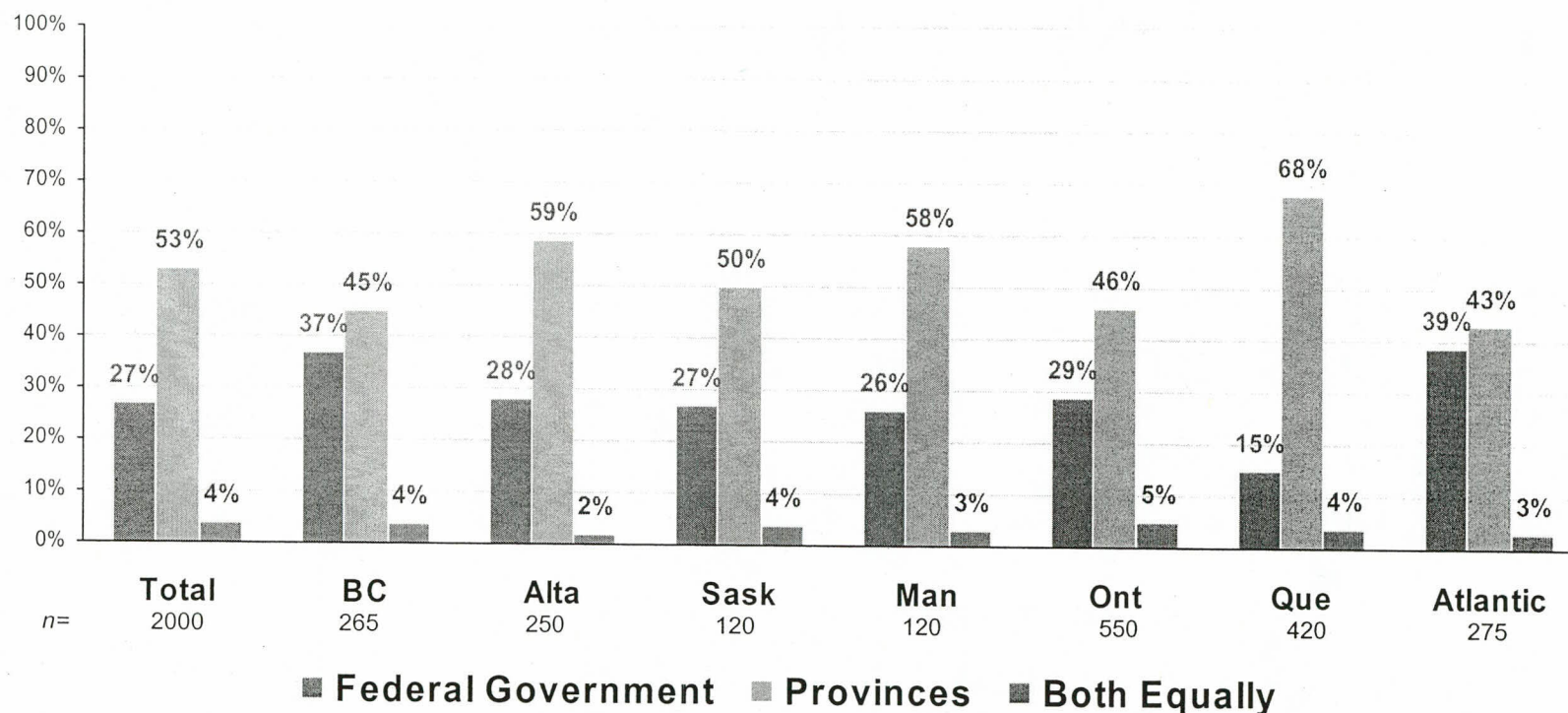
Which level of government do you have more confidence in to lead changes to the health care system?

2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Level of Government You Have Most Confidence In – By Region



Q.18

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

Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Person Most Believable on Health Care and Health Care Reform

	2004								
	Post-FMM 3-Day Rolling Results								Total to Date (n=2000) %
	Sep 17-19 (n=600) %	Sep 18-20 (n=602) %	Sep 19-21 (n=600) %	Sep 20-22 (n=602) %	Sep 21-23 (n=598) %	Sep 22-24 (n=600) %	Sep 23-25 (n=598) %	Sep 24-26 (n=600) %	
Health care practitioners	42	41	45	46	45	42	41	44	43
The media	13	14	11	10	11	12	13	12	12
Your provincial Health Minister	8	9	9	10	9	8	8	8	8
Your provincial premier	9	9	9	8	7	7	5	6	7
The Prime Minister, Paul Martin	6	5	5	5	7	6	7	5	6
The federal Minister of Health, Ujjal Dosanjh	3	2	2	2	4	4	5	3	3
None of the above	10	10	11	13	12	14	13	14	12
Other	2	1	1	1	1	1	1	1	1
DK/NA/Ref	9	10	7	6	5	7	8	9	8

Q.3

I'm going to read you a list of people that often speak out on the issue of health care and health care reform. Which ONE of the following do you find most believable on these issues?

Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Reaction to the Health Care Agreement

Measures to Improve Health Care - % Saying Some Impact

% Total "Difference"
(5,6, and 7 on a 7-point scale)

% Total “Difference” (5,6, and 7 on a 7-point scale)	2004										
	Pre-FMM	Post-FMM 3-Day Rolling Results									Total to Date (n=2000) %
		Sep 2004 (n=1554)	Sep 17-19 (n=600)	Sep 18-20 (n=602)	Sep 19-21 (n=600)	Sep 20-22 (n=602)	Sep 21-23 (n=598)	Sep 22-24 (n=600)	Sep 23-25 (n=598)	Sep 24-26 (n=600)	
		%	%	%	%	%	%	%	%	%	
Reduce wait times	81	83	80	79	80	81	81	76	77	80	
More medical equipment	n/a	79	78	74	77	79	80	79	79	78	
Funding for 10 years	76	79	79	82	80	77	72	69	73	77	
Focus on healthy life	76	76	77	78	77	78	73	73	72	75	
More medical school space	72	76	75	74	76	73	73	70	72	74	
Establish 24/7 clinics	72	73	72	74	75	73	72	72	73	73	
Invest in science, technology and research	n/a	69	72	72	73	71	67	65	63	68	
Home care funding	77	69	68	69	70	69	63	62	62	67	
Electronic health records	n/a	67	69	71	69	68	64	64	66	67	
Accelerate foreign accreditation	59	67	67	66	67	65	65	67	65	66	
Increase funding for Aboriginal health care	n/a	50	49	47	46	44	43	42	45	46	
National pharmacare	70	48	45	45	43	43	42	45	43	45	
Annual performance reports	n/a	42	41	43	44	45	44	44	45	44	

Q.19

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.

Base: Respondents were randomly read 7 out of 13 statements. (weighted sample)
Source: Health Canada Post-Agreement Survey

Measures to Improve Health Care - % Saying Significant Impact

**% Saying "Significant Difference"
(7 on a 7-point scale)**

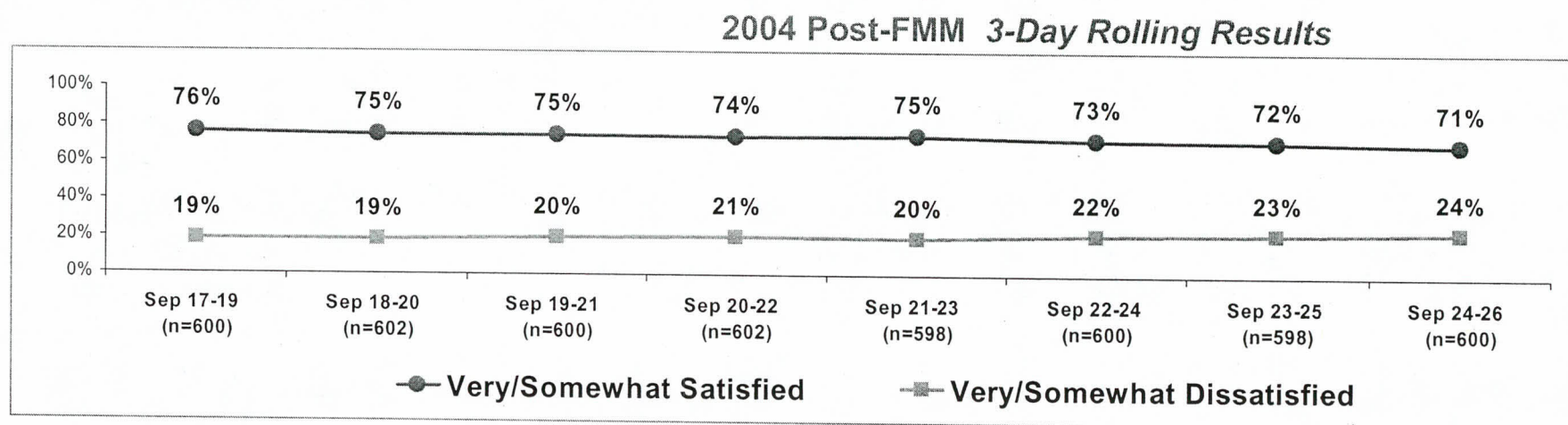
	2004									
	Pre-FMM	Post-FMM 3-Day Rolling Results								
	Sep 2004 (n=1554) %	Sep 17-19 (n=600) %	Sep 18-20 (n=602) %	Sep 19-21 (n=600) %	Sep 20-22 (n=602) %	Sep 21-23 (n=598) %	Sep 22-24 (n=600) %	Sep 23-25 (n=598) %	Sep 24-26 (n=600) %	Total to Date (n=2000) %
Reduce wait times	52	48	48	48	53	52	51	43	44	48
Focus on healthy life	48	46	48	52	53	55	50	46	40	47
More medical school space	40	41	39	41	46	45	44	38	41	42
More medical equipment	n/a	39	37	37	41	44	47	43	45	42
Establish 24/7 clinics	35	38	38	38	40	40	42	39	38	39
Funding for 10 years	41	38	38	40	43	40	39	34	35	38
Electronic health records	n/a	33	34	37	38	36	35	31	34	34
Home care funding	41	32	32	37	37	37	33	33	30	33
Accelerate foreign accreditation	25	31	33	34	34	35	35	35	32	32
Invest in science, technology and research	n/a	29	30	31	36	37	36	30	25	30
Increase funding for Aboriginal health care	n/a	21	21	19	19	19	21	19	20	20
National pharmacare	37	16	19	18	17	15	19	19	19	18
Annual performance reports	n/a	16	15	17	17	18	18	17	17	17

Q.19

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.

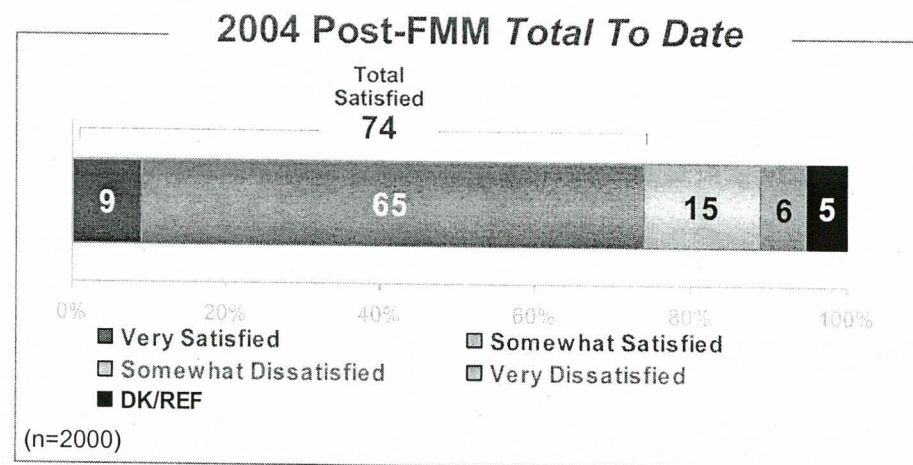
Base: Respondents were randomly read 7 out of 13 statements. (weighted sample)
Source: Health Canada Post-Agreement Survey

Overall Satisfaction With The Agreement



Q.20

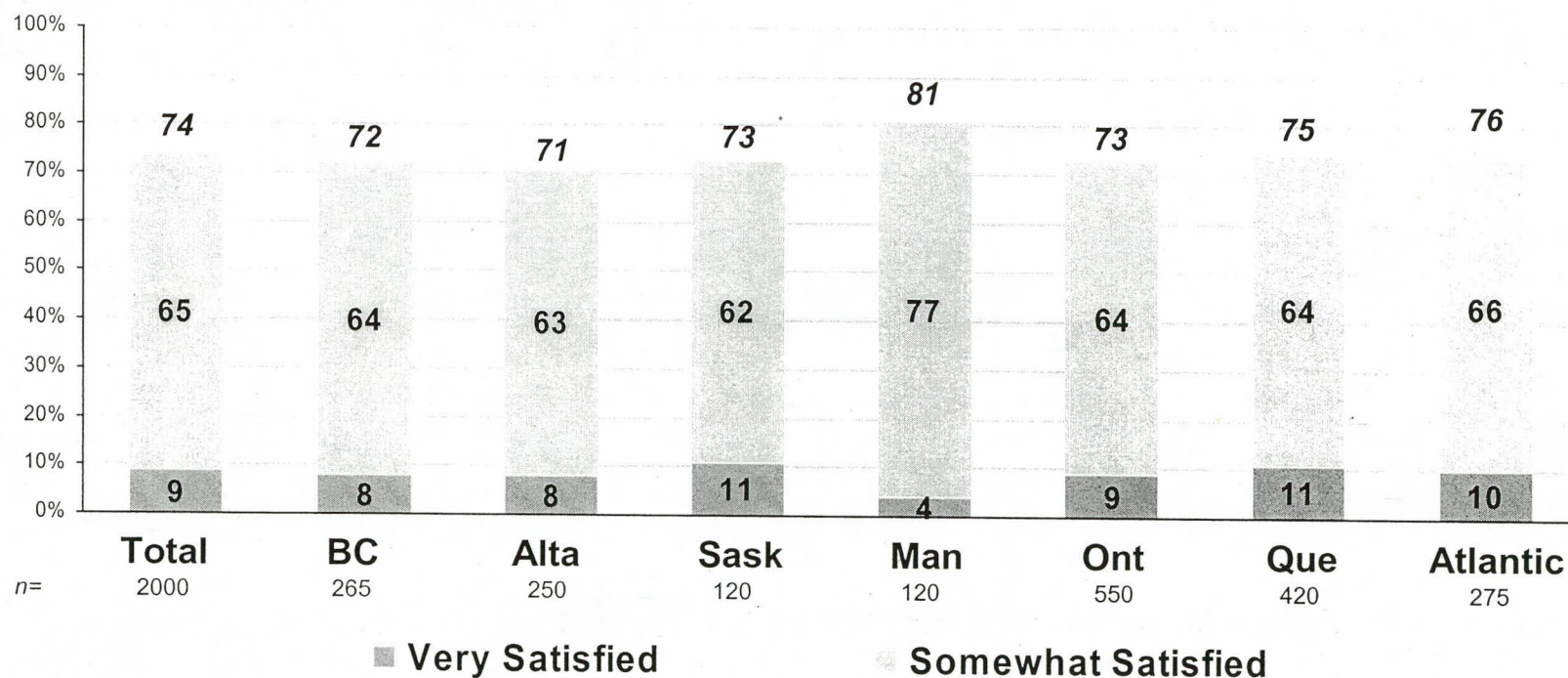
Thinking about the Agreement overall, how satisfied are you with it?



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Overall Satisfaction With The Agreement

% Very/Somewhat Satisfied With The Agreement



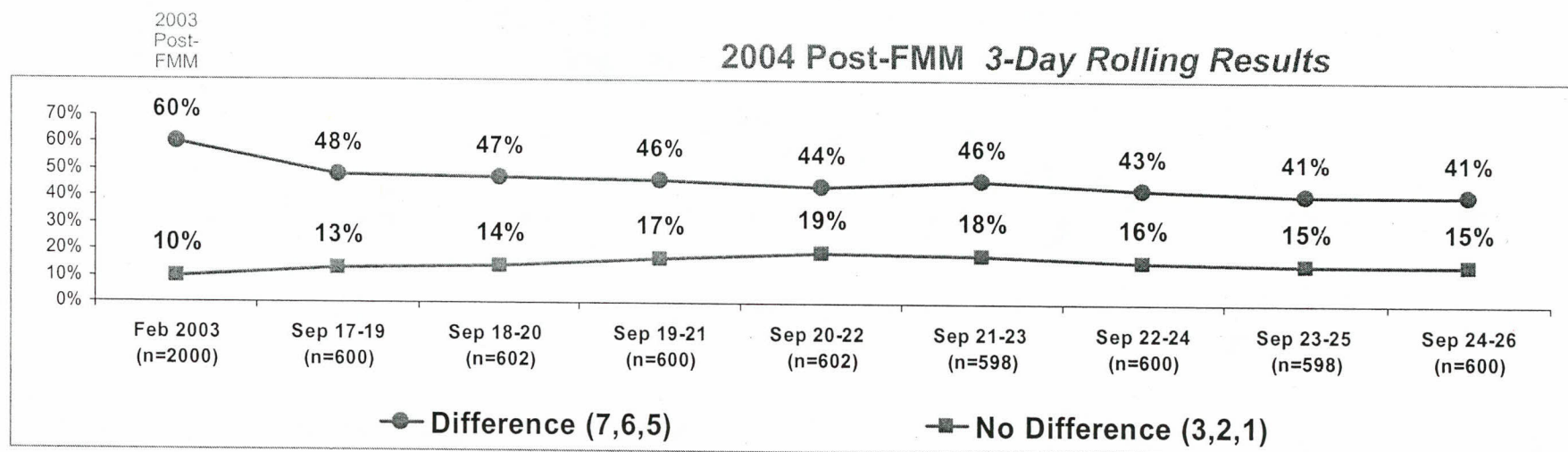
Q.20

Thinking about the Agreement overall, how satisfied are you with it?

Base: Total respondents (weighted sample)

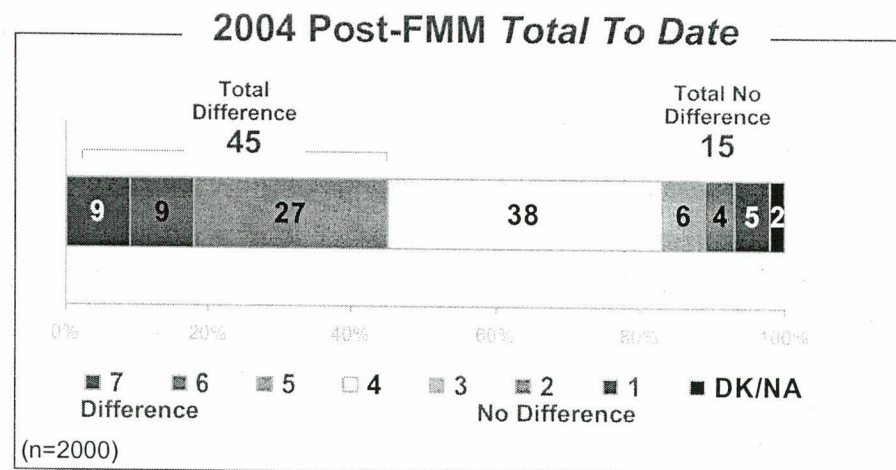
Source: Health Canada Post-Agreement Survey

Perceived Impact of The Agreement on the Overall Quality of the Health Care System



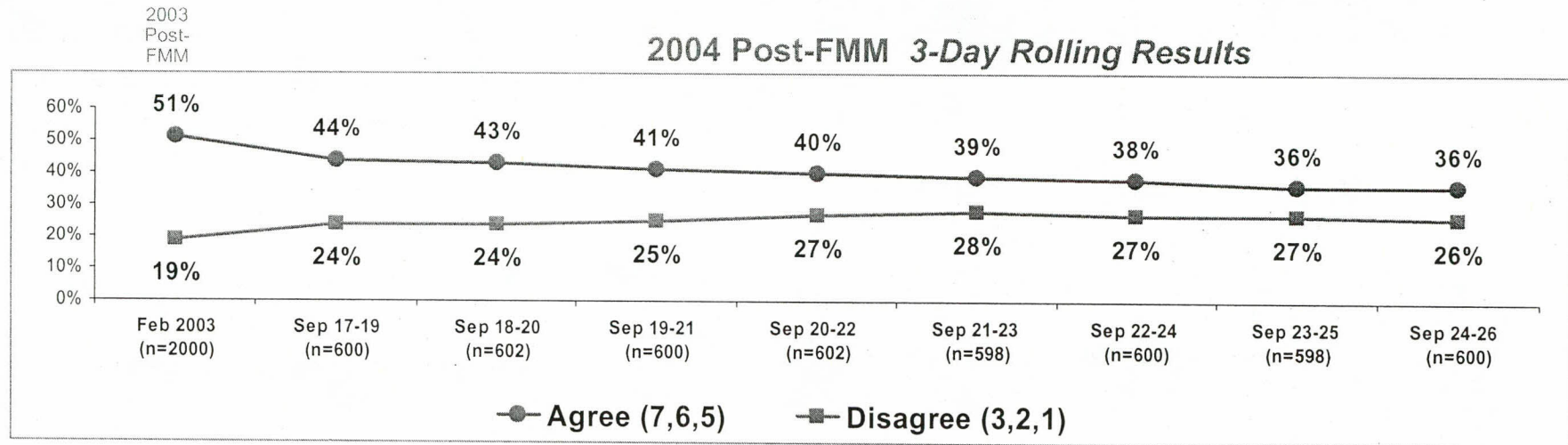
Q.21

What kind of an impact do you think it will have on the overall quality of health care in Canada?



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

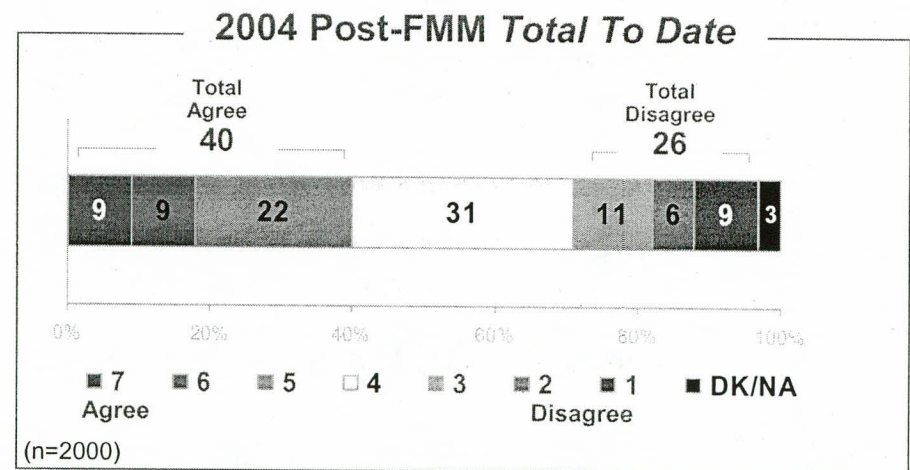
Agreement Will Reduce Wait Times



Q.23b

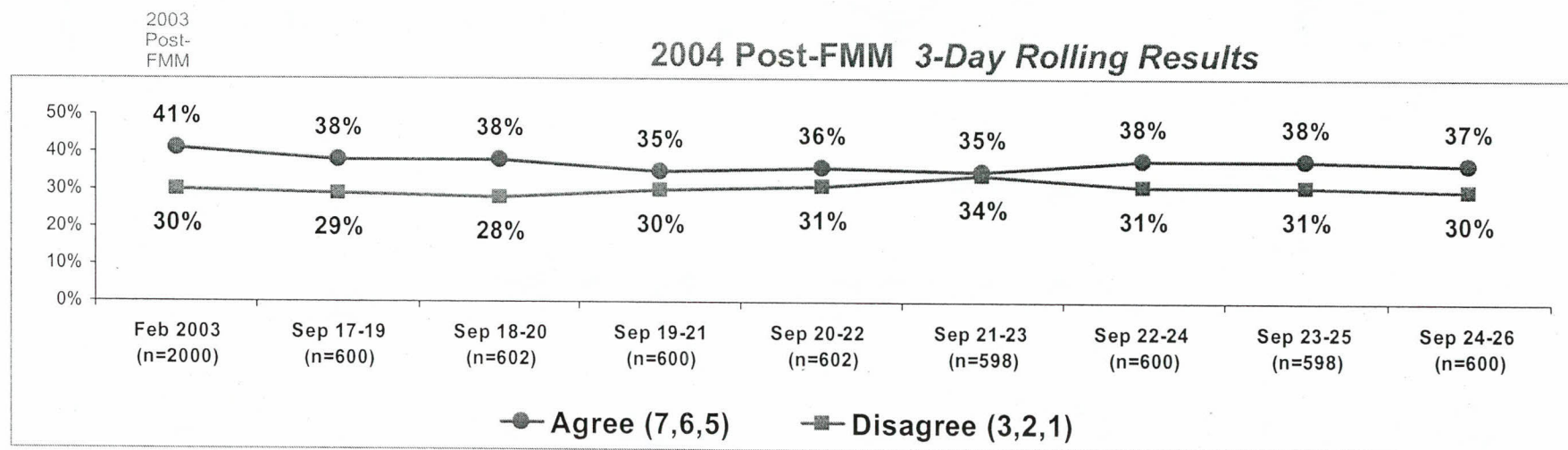
This Agreement will reduce wait times.

Note: Question wording for 2003 Post-FMM slightly different: "This Accord will improve timely access to health care treatment."



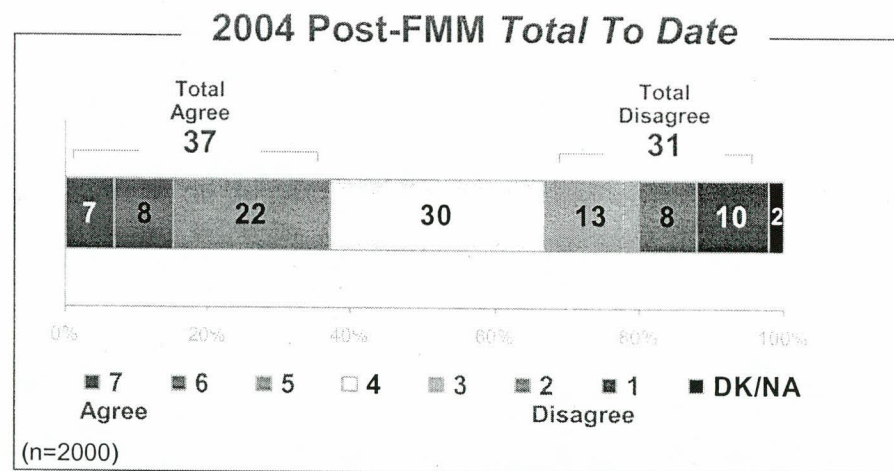
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Agreement Will Address Overall Problems Right Now



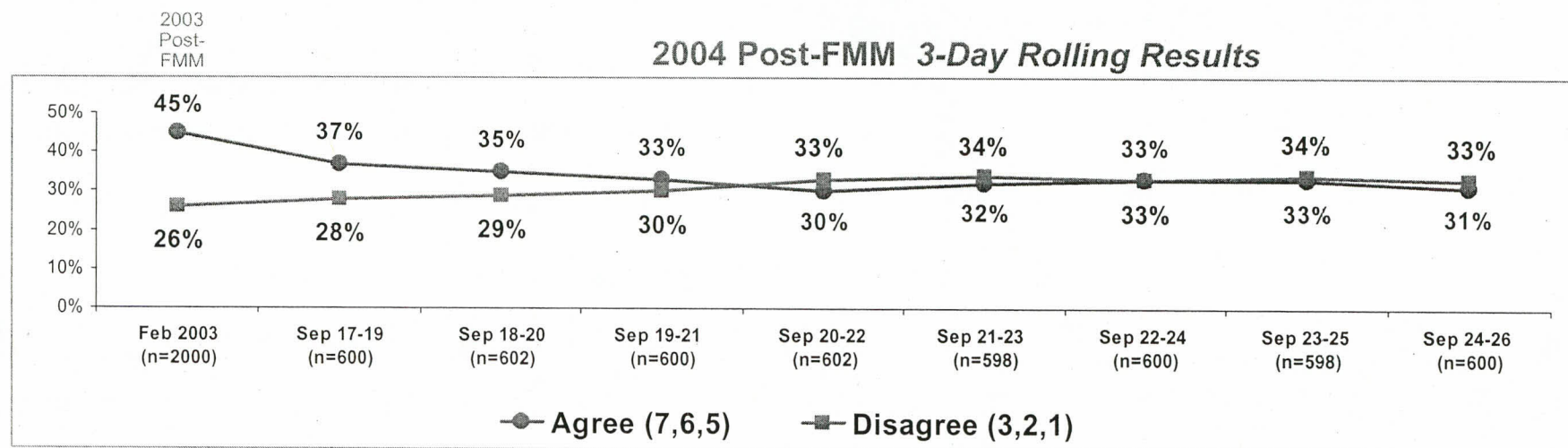
Q.23d

This Agreement will address the overall problems the health care system is facing right now.



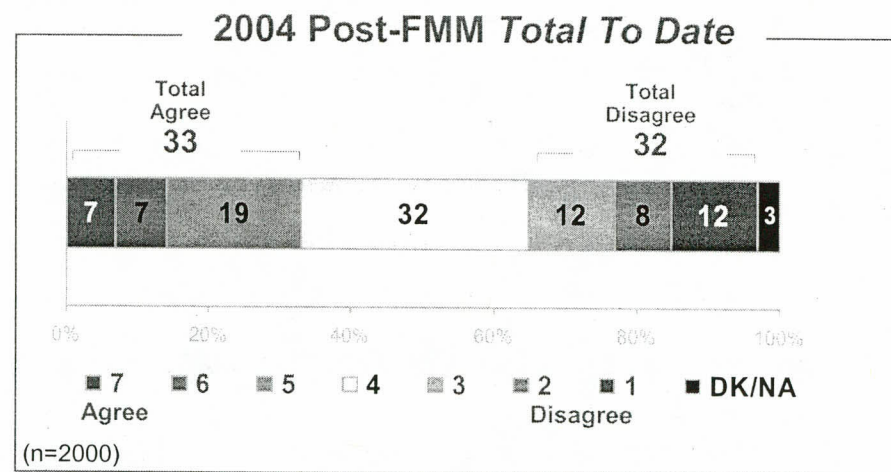
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Agreement Will Provide Real and Lasting Change



Q.23a

This Agreement will provide real and lasting change to Canada's health care system.

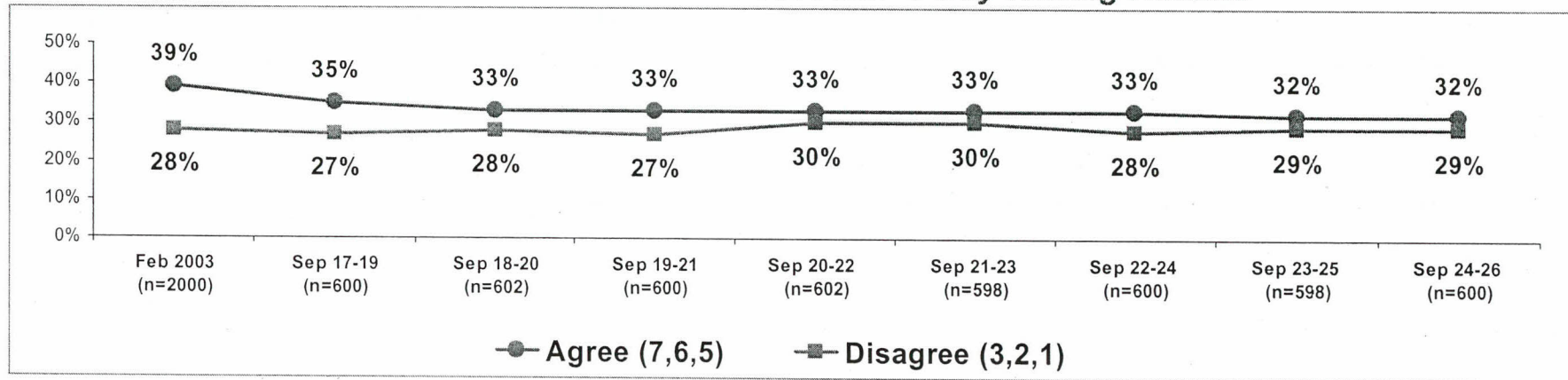


Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Agreement Will Result in a More Cost-Effective Health Care System

2003
Post-
FMM

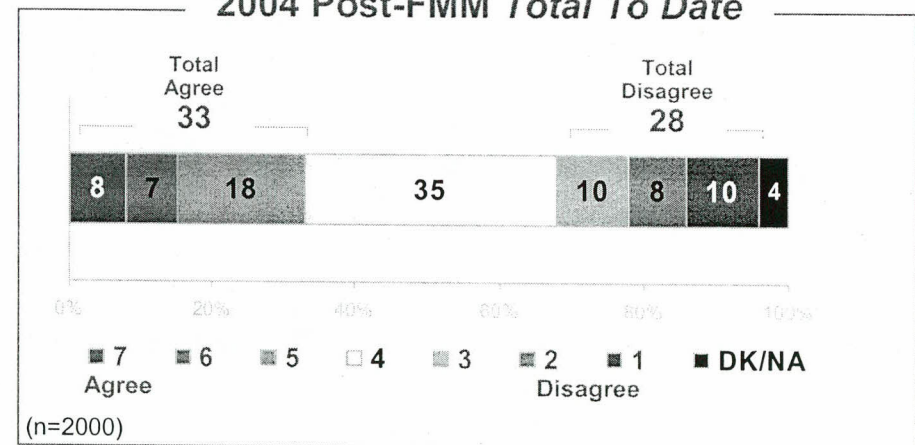
2004 Post-FMM 3-Day Rolling Results



Q.23c

This Agreement will result in a more cost-effective health care system.

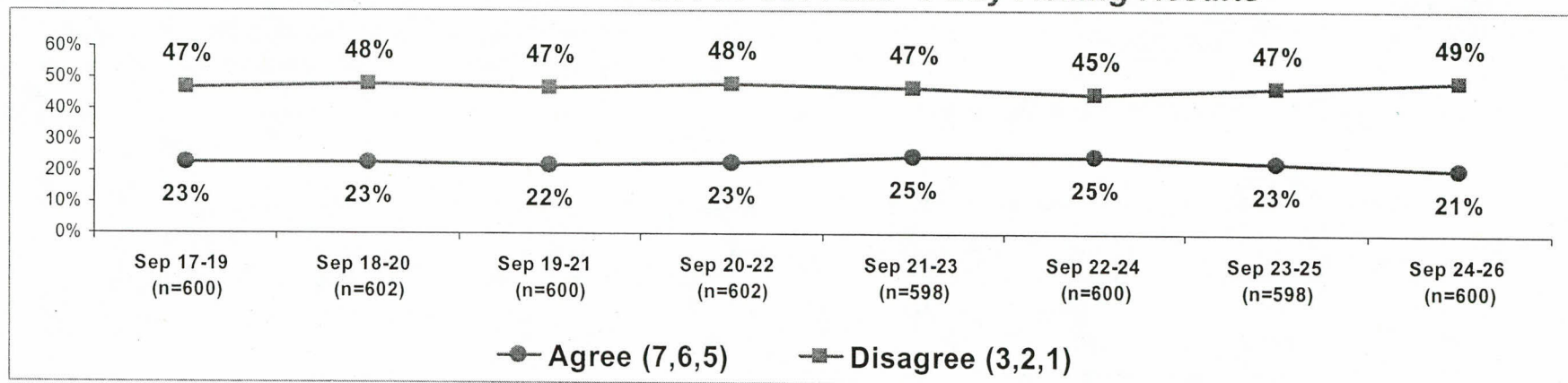
2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Agreement Will Fix Health Care For A Generation

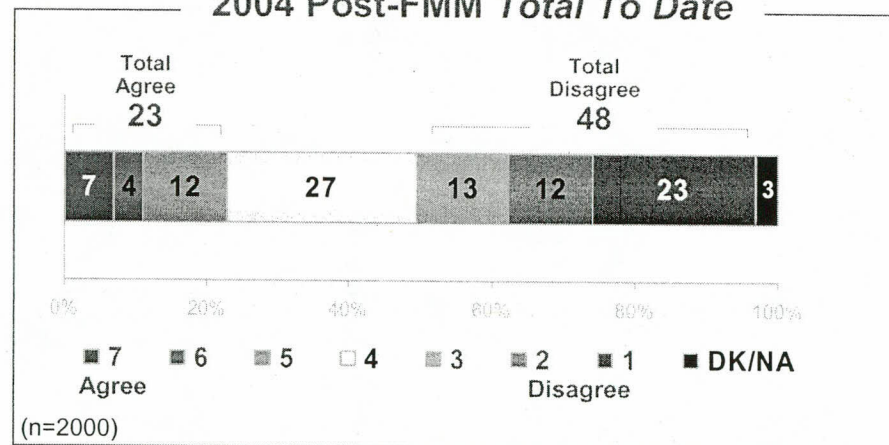
2004 Post-FMM 3-Day Rolling Results



Q.23f

This Agreement will fix health care for a generation.

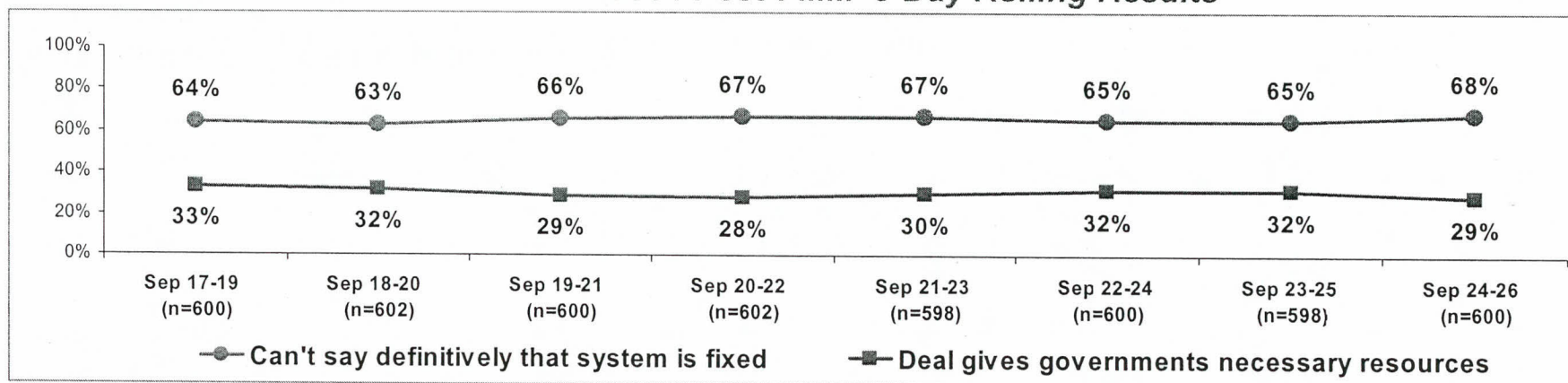
2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Necessity for Further Negotiations on Health Care

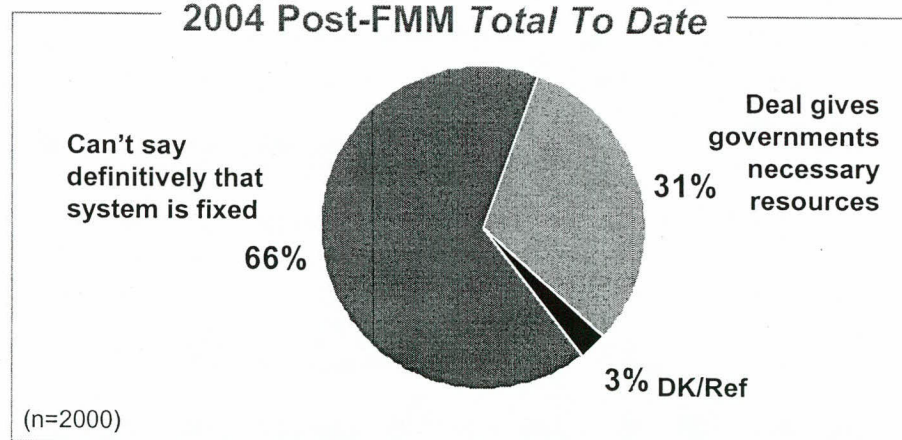
2004 Post-FMM 3-Day Rolling Results



Q.21B

Some people say that we have had enough meetings on health care, and that this deal gives governments the necessary resources to get on with implementing health care reform. Other people say that managing the health care system will continue to require regular meetings because the needs of the system are constantly changing and it is impossible to say definitely that the system is fixed. Which point of view is closest to your own?

2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)

Source: Health Canada Post-Agreement Survey

Expected Timeframe: Real Changes to Health Care

	2003	2004								
	Pre-FMM	Post-FMM 3-Day Rolling Results								
	Feb 2003 (n=2000) %	Sep 17-19 (n=600) %	Sep 18-20 (n=602) %	Sep 19-21 (n=600) %	Sep 20-22 (n=602) %	Sep 21-23 (n=598) %	Sep 22-24 (n=600) %	Sep 23-25 (n=598) %	Sep 24-26 (n=600) %	Total to Date (n=2000) %
A year	30	28	28	26	24	25	27	26	25	26
Two years	31	28	28	27	25	25	25	25	23	26
Five years	32	33	32	33	36	36	33	34	36	34
10 years	3	5	5	4	5	5	6	6	6	5
More than 10 years	3	6	6	8	8	8	7	7	8	7
DK/NA/Ref	1	<1	1	2	2	2	2	2	3	2

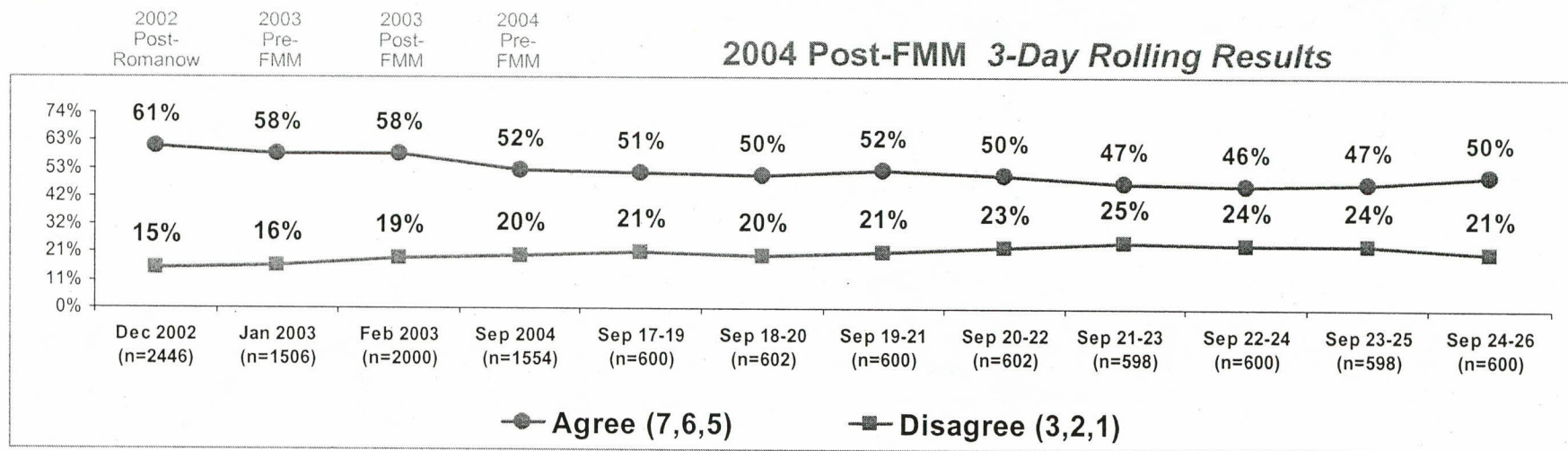
Q.24

What do you think is a reasonable timeframe within which to expect to see real change to Canada's health care system?

Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

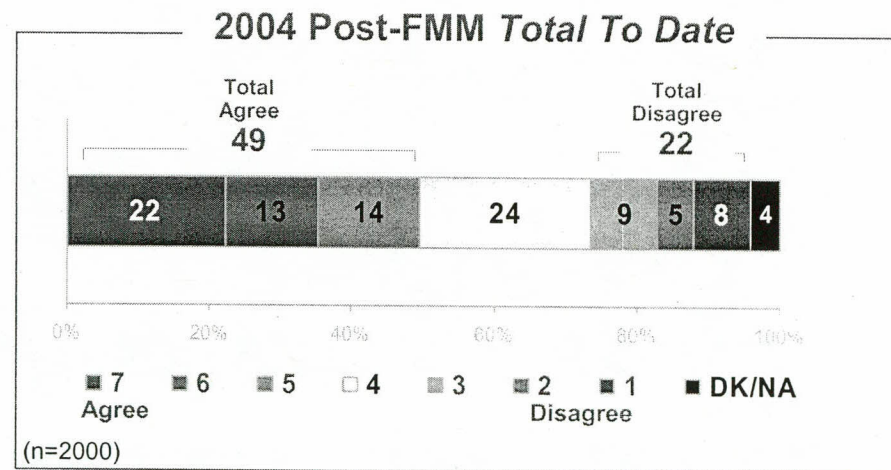
Attitudes Toward Funding for Health Care

Federal Government: Not Seen To Be Paying Its Fair Share



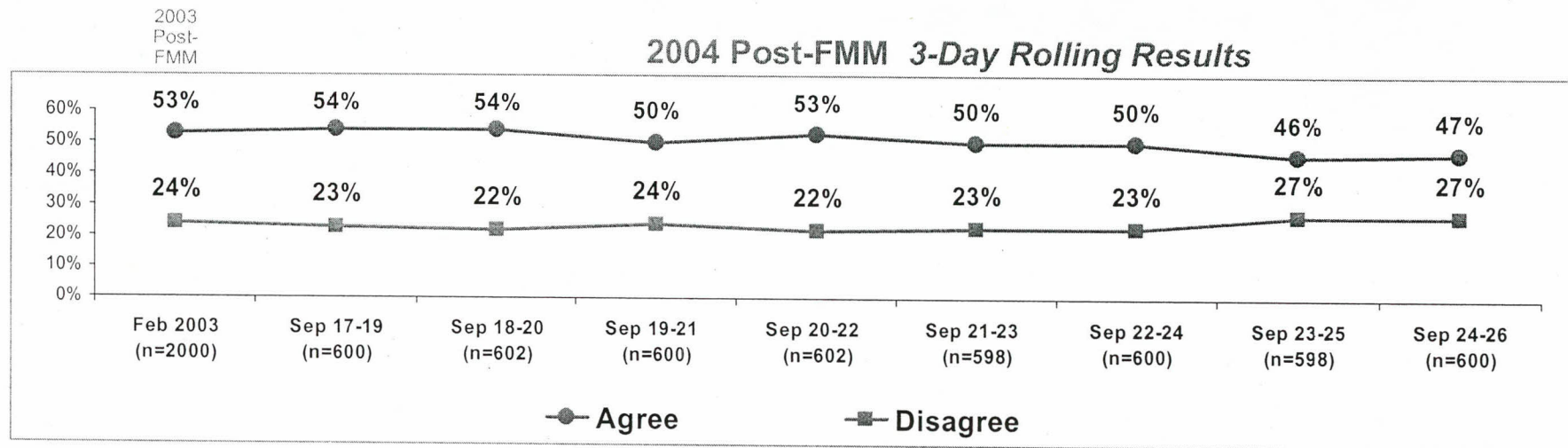
Q.16c

The biggest problem with the healthcare system is that the federal government is not paying its fair share.



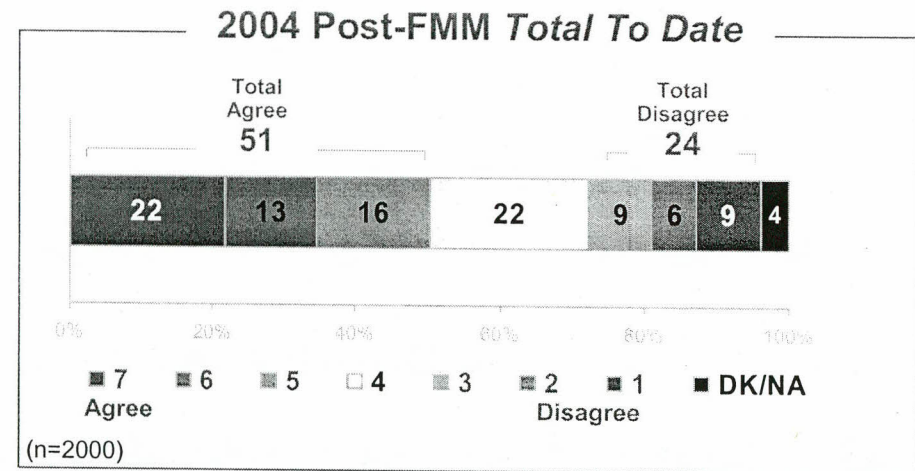
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Provincial Governments: Not Managing Money Effectively



Q.16d

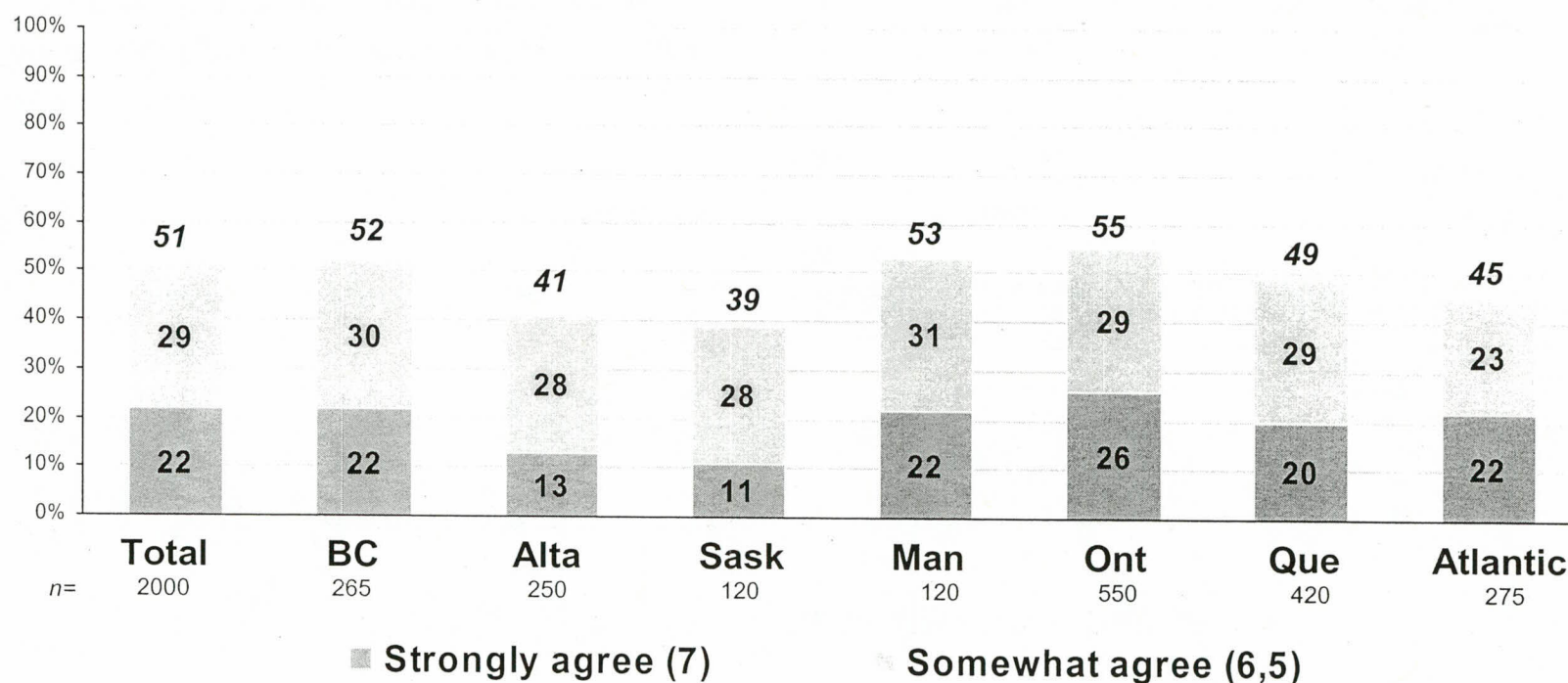
The real problem with the healthcare system is that my provincial government is not managing the money it has effectively.



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Provincial Governments: Not Managing Money Effectively

% Agree (7,6,5) Provincial Government Is Not Managing Money Effectively

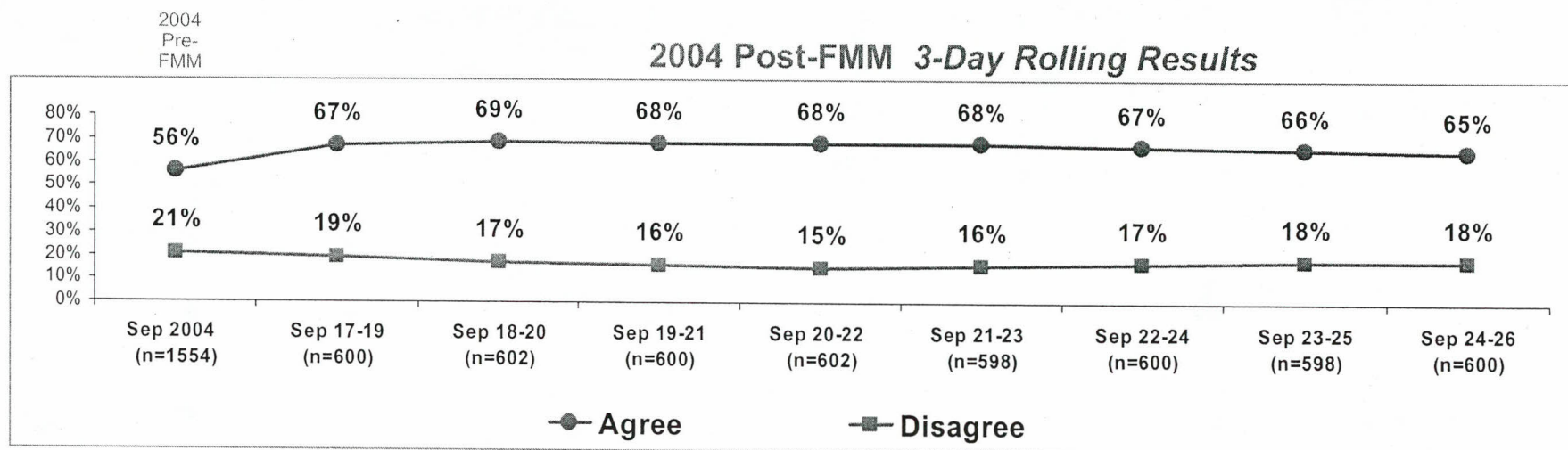


Q.16d

The real problem with the healthcare system is that my provincial government is not managing the money it has effectively.

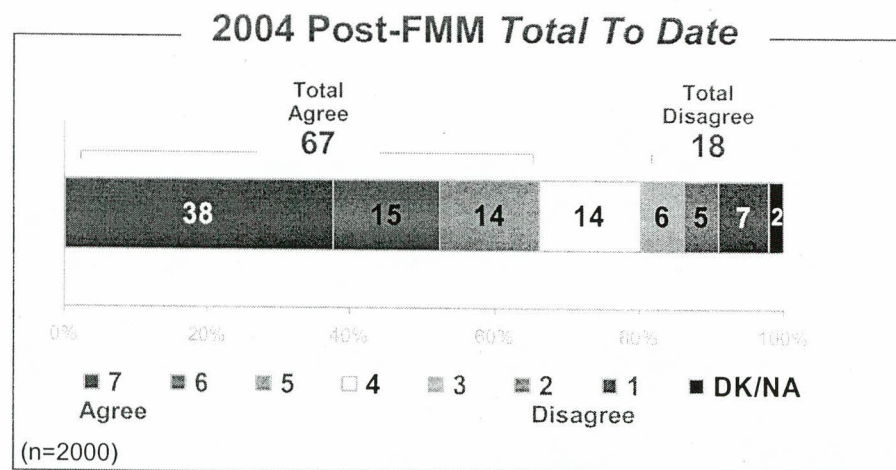
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Perceived Waste and Mismanagement of Existing Funds



Q.16e

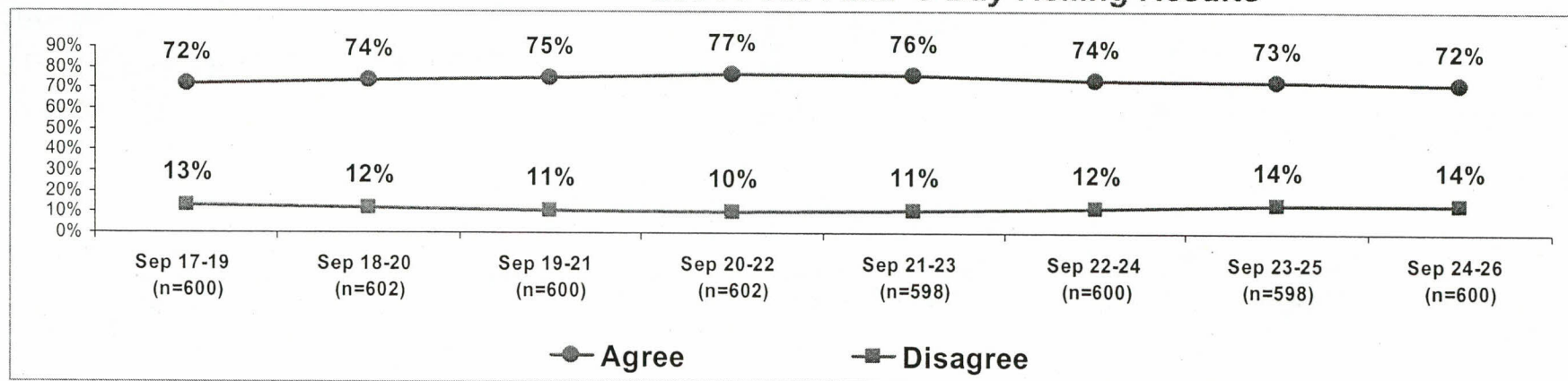
The biggest problem with the health care system is that there is too much waste and mismanagement of the money that is already there.



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Intergovernmental Meetings Waste Time on Funding Issues

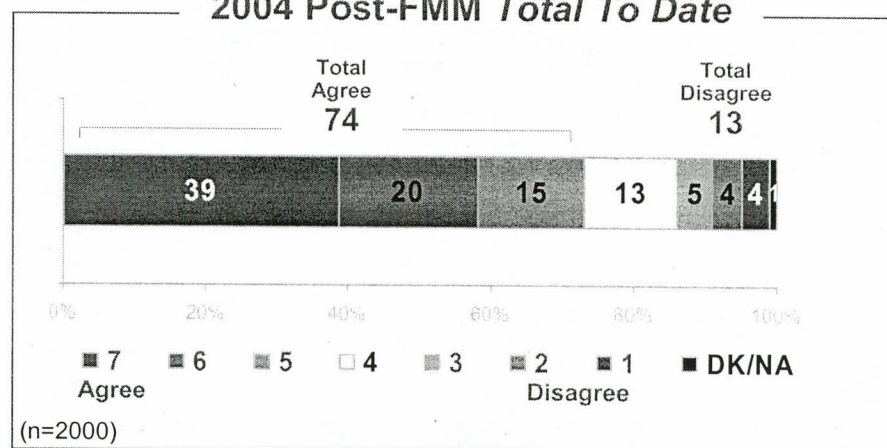
2004 Post-FMM 3-Day Rolling Results



Q.17a

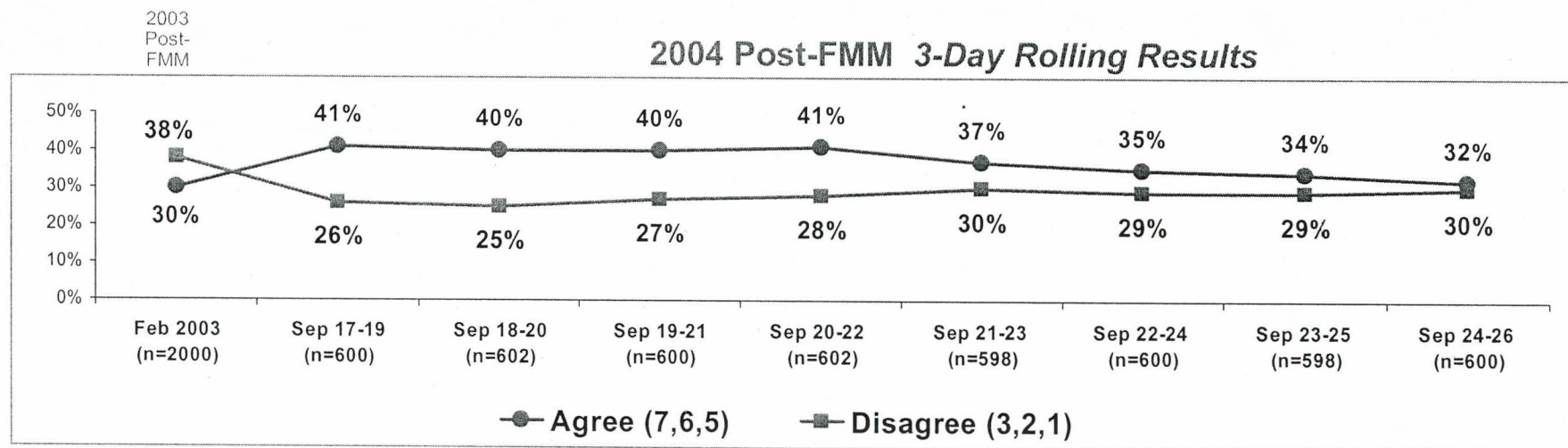
Too much time in discussions between the federal and provincial governments is spent arguing over funding and not enough on the more fundamental changes that are needed to fix Canada's health care system.

2004 Post-FMM Total To Date



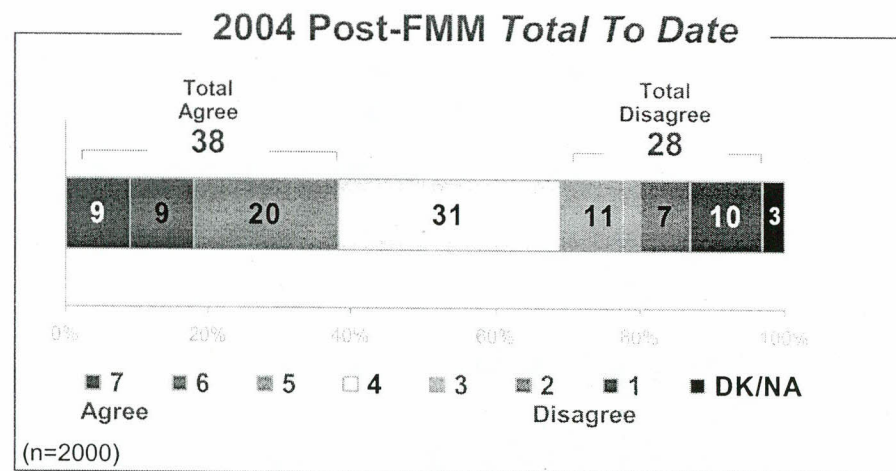
Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Does This Agreement Provide Adequate Funding?



Q.23e

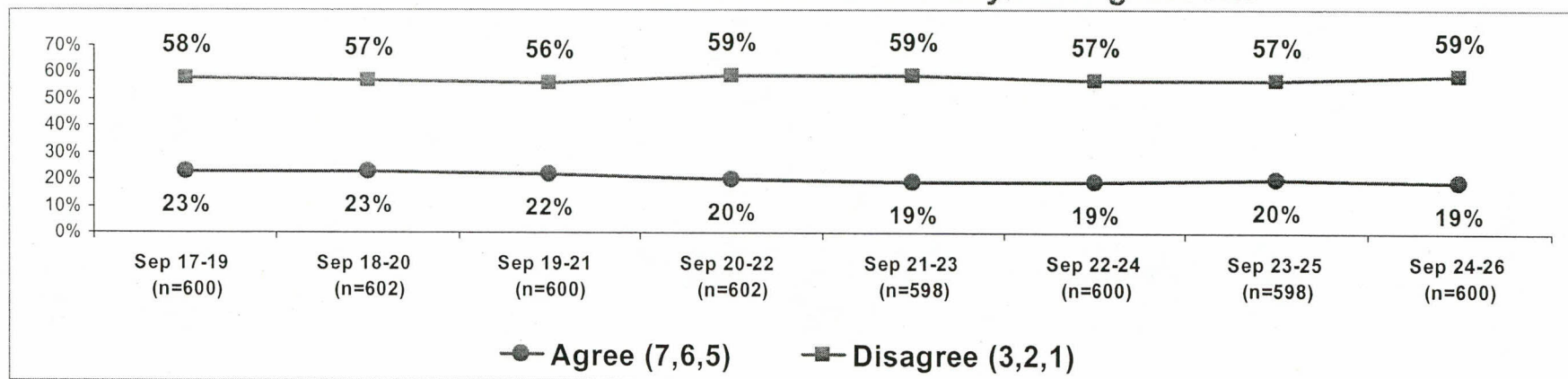
This Agreement provides adequate funding to improve the health care system.



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Will This Agreement End Provincial Requests for Funding?

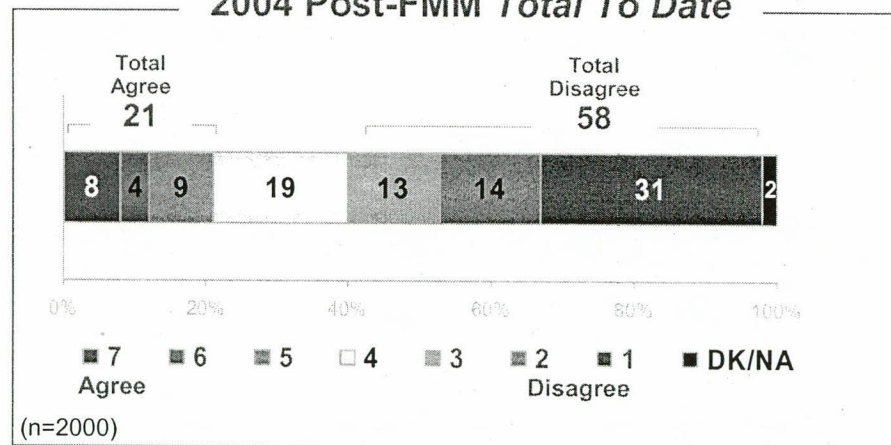
2004 Post-FMM 3-Day Rolling Results



Q.23g

This Agreement will put an end to requests from the provinces for more money for health care.

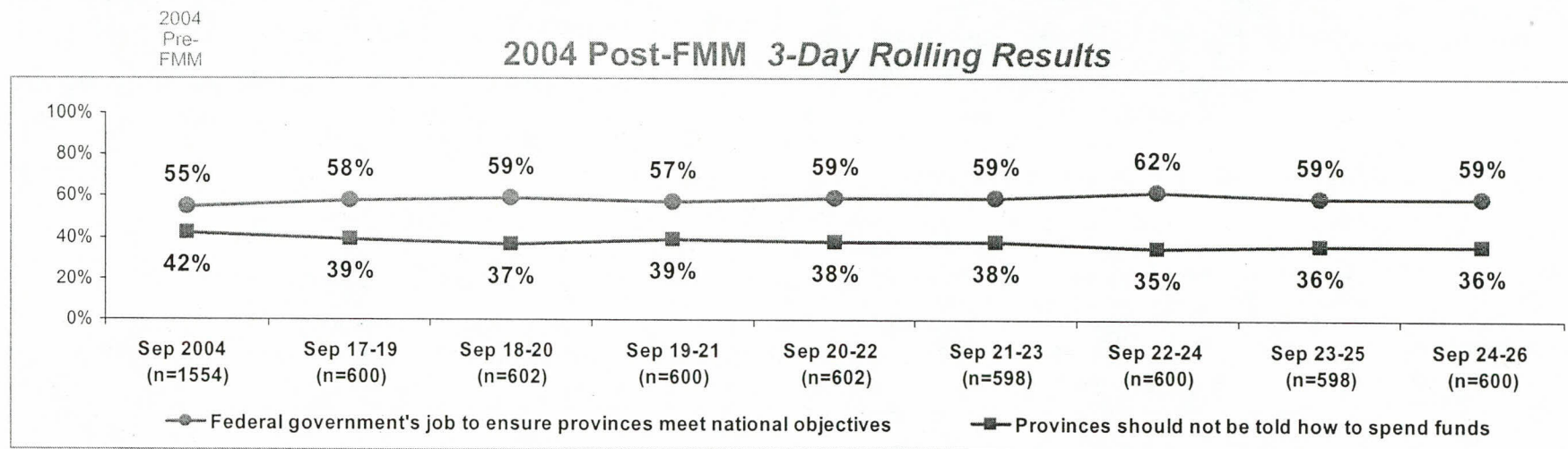
2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Support for Accountability

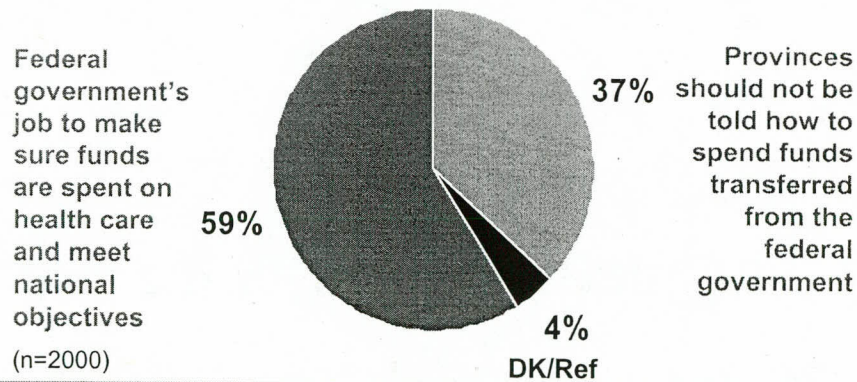
Accountability: Support for Tied Funding



Q.25

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 point of view most closely reflects your own?

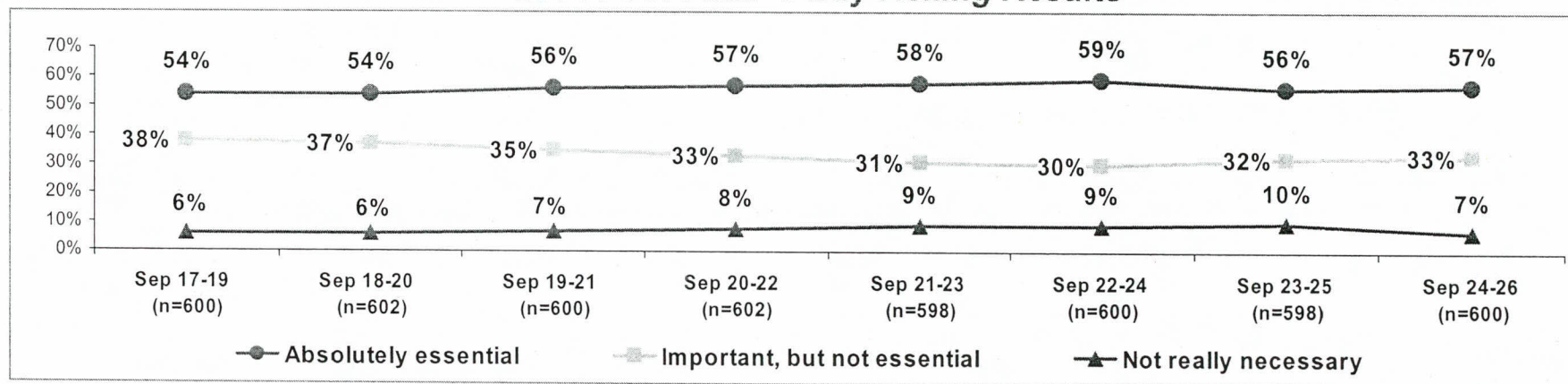
2004 Post-FMM Total To Date



Base: Total respondents (weighted sample)
 Source: Health Canada Post-Agreement Survey

Importance of Incorporating an Accountability Mechanism

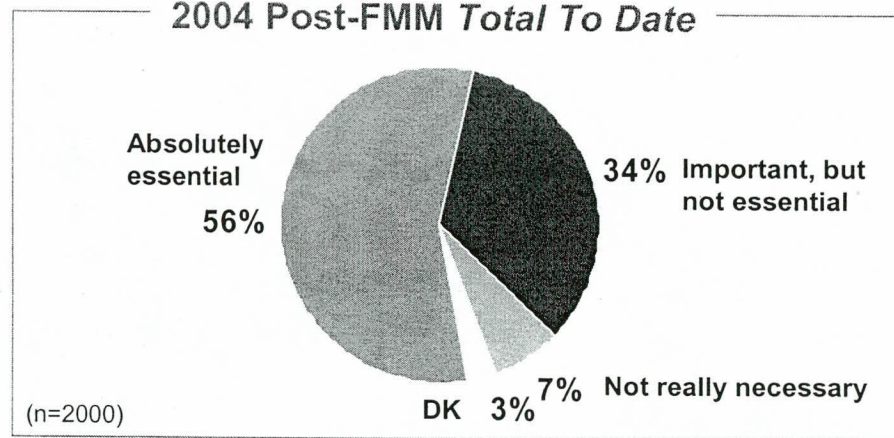
2004 Post-FMM 3-Day Rolling Results



Q.26

How important was it that this agreement on health care reform contain an accountability mechanism, so that Canadians know how health care monies are being spent and how the health care system is performing?

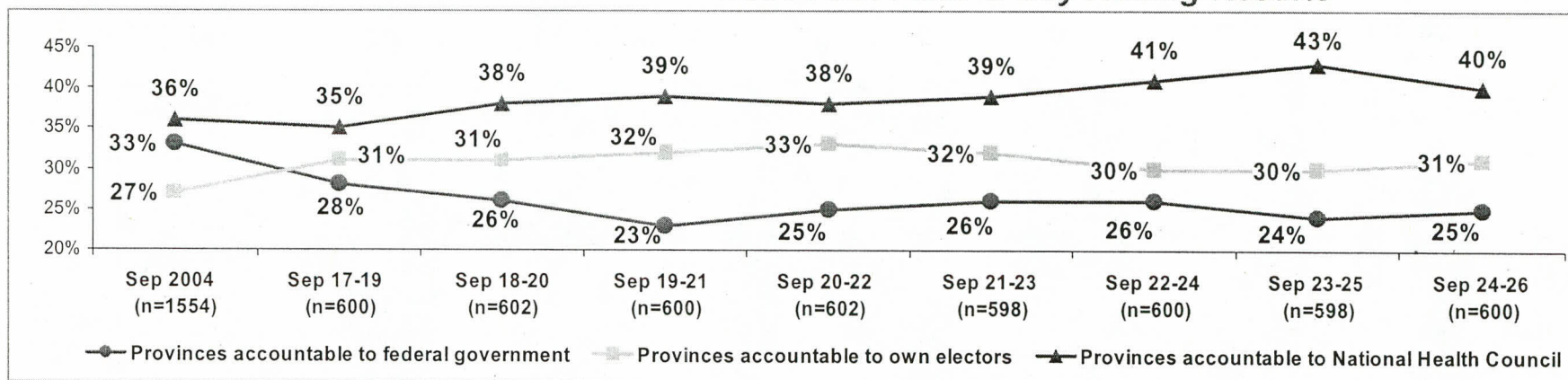
2004 Post-FMM Total To Date



Base: Re-percentaged among the total sample (weighted sample)
Source: Health Canada Post-Agreement Survey

Who Should the Provinces be Accountable to?

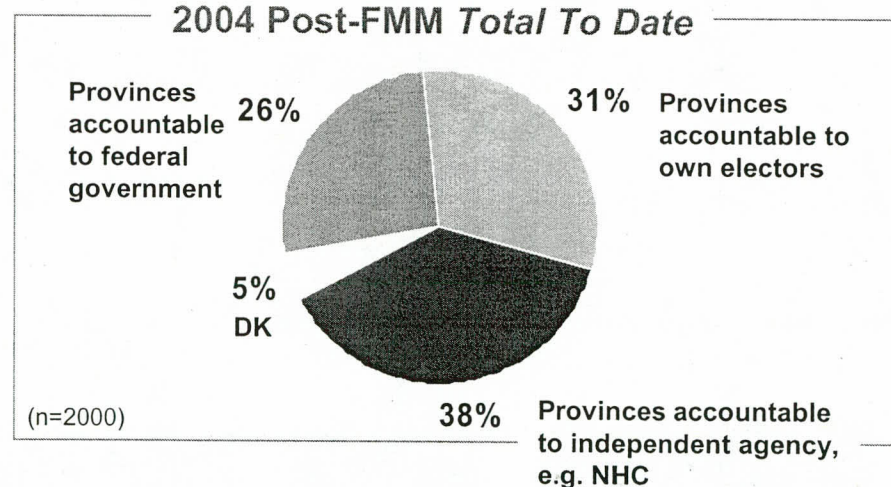
2004 Post-FMM 3-Day Rolling Results



Q.27

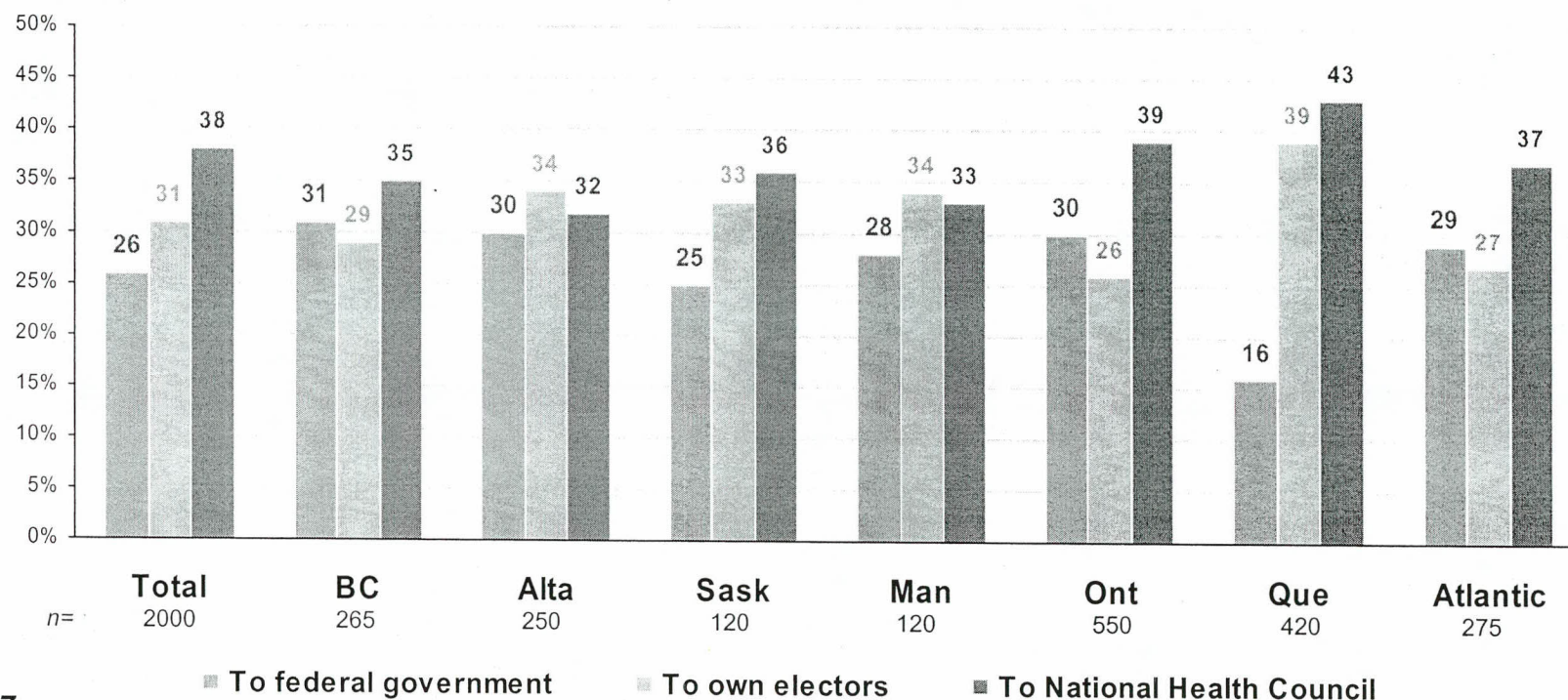
There are various views on who the provinces should be accountable to, with regards to health care spending. Some say that since the federal government provides funding to the provinces, they should be accountable to the federal government as to how health care money is spent. Others say that the provinces should be accountable only to their electors on how they spend money on health care. Still others say that the provinces should be accountable, not to the federal government, but rather to an agency such as the National Health Council. Which point of view most closely reflects your own?

2004 Post-FMM Total To Date



Base: Re-percentaged among the total sample (weighted sample)
Source: Health Canada Post-Agreement Survey

Provincial Accountability – *By Region*



Q.27

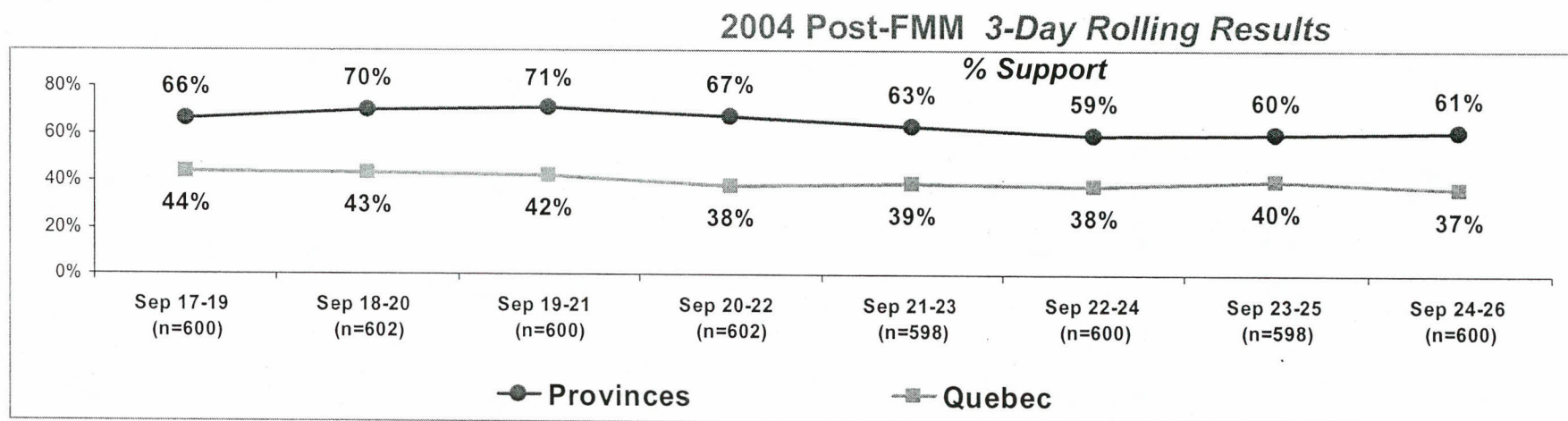
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Base: Re-percentaged among the total sample (weighted sample)

Source: Health Canada Post-Agreement Survey

Support for Asymmetrical Federalism

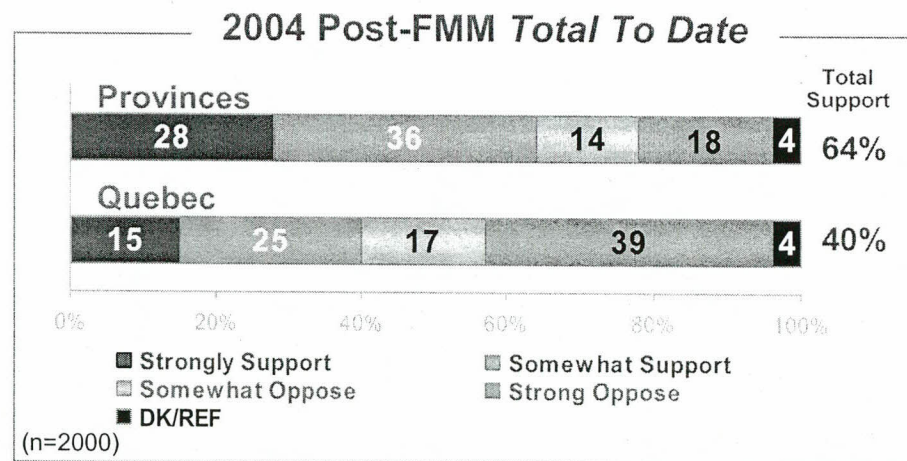
Support For Separate Agreements on Implementation



Q.22a,b (split sample)

Do you support/oppose the idea that provinces should be allowed to have separate agreements on how they will implement the health plan?

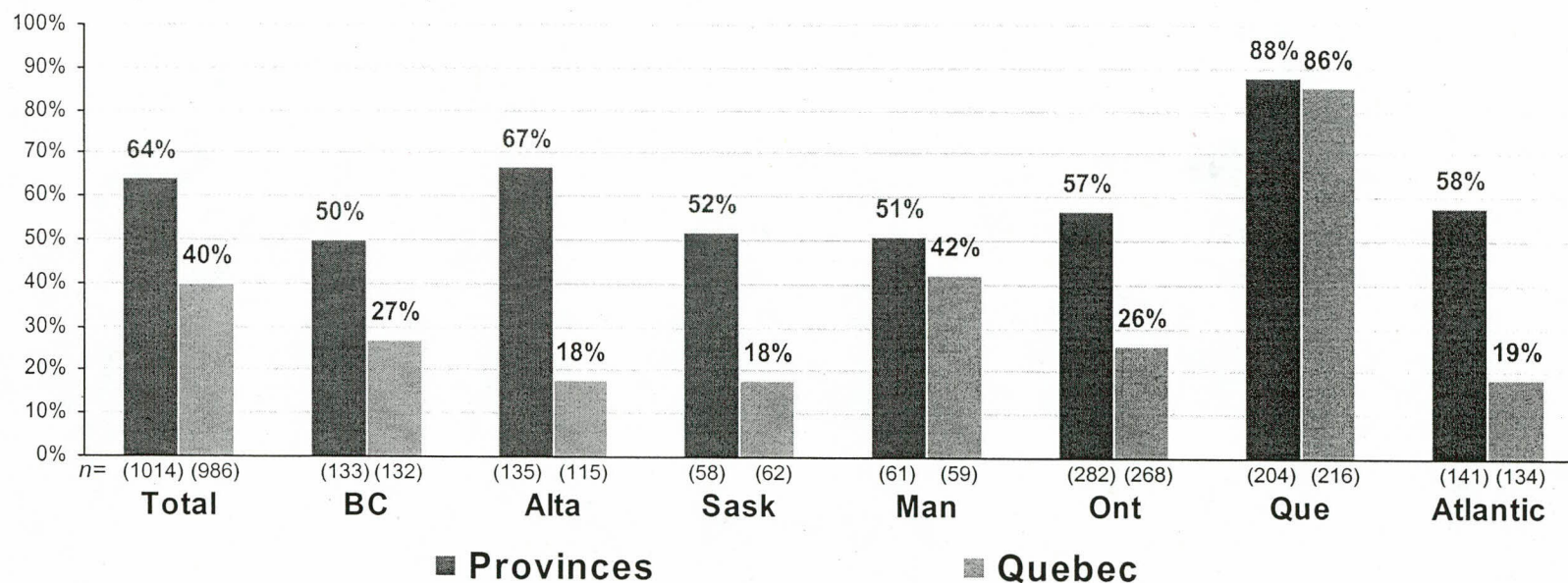
Do you support/oppose the idea that Quebec should be allowed to have separate agreements on how they will implement the health plan?



Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Support For Separate Agreements – *By Region*

% Who Strongly/Somewhat Support Provinces/Quebec Having Separate Agreements on How Health Plan is Implemented



Q.22a,b (split sample)

Do you support/oppose the idea that provinces should be allowed to have separate agreements on how they will implement the health plan?

Do you support/oppose the idea that Quebec should be allowed to have separate agreements on how they will implement the health plan?

Base: Total respondents (weighted sample)
Source: Health Canada Post-Agreement Survey

Observations

Observations

- ◆ **Canadians are both cynical and hopeful, impatient but realistic with respect to the future of health care.**
 - 4-in-10 are not confident in governments' ability to solve the problems with the health care system
 - Still, they are disinclined to lower their expectations about what the future health care system can deliver
 - While the public is impatient for change, they are revising their time horizons (increasing numbers expect that real change may be five or more years off)

- ◆ **The public will need to see demonstrable evidence of “real” changes and improvements to health care before assessments of the state of health care (whether real or perceived) will improve.**
 - Most rate the state of health care as “fair.” The percentage of those who rate the system as “good/excellent” continues to hover around 25%, despite the 2003/2004 Health Care Accords, the Romanow Task Force and two previous health care budgets.

Observations

- ◆ **The public perceived the focus of this FMM to be mostly about funding, not on the fundamentals of the health care system.**
 - This did, however, result in the provinces receiving much of the credit
- ◆ **Because of this, the Agreement has done little to alleviate public concerns on key issues (e.g. wait times, physician shortages, diagnostics). Findings showed a steady erosion in public opinion on three main fronts:**
 - The sense that the Agreement will reduce wait times steadily declined over the polling period from 44% to 36%
 - Perceptions that the Agreement will provide real and lasting change dropped from 37% to 33%
 - Perceived impact of the Agreement on the quality of health care declined from 48% to 41 % (moderate/significant impact)
- ◆ **While most express general satisfaction with the Agreement, overall reaction was not as positive as compared to the 2003 Accord.**

Observations

◆ **The public is of two minds on the issue of health care funding:**

- On the one hand, they believe the system has been (and probably still is) under-funded:
 - Almost 4-in-10 say that stabilized funding over 10 years will have a significant impact on improving the quality of health care in Canada
 - But, they are split as to whether this Agreement provides adequate funding
 - And, they expect the provinces to return with additional requests for more money for health care
- On the other hand, many believe that inefficiencies are still prevalent :
 - There is too much waste and mismanagement of monies in the system
 - The provinces are not managing health care budgets effectively

Observations

- ◆ **Canadians are equally critical of the performance of both levels of government with respect to health care. However, any credit that is given appears to favor the provinces over the federal government.**
 - Neither level of government is overwhelmingly viewed as taking the lead on fixing health care. There was an initial boost in those saying both levels of government were demonstrating leadership immediately following the conclusion of the Agreement (8-11 points over Pre-FMM findings), although this subsequently subsided over the 10 days of polling
 - For those who believe the system is showing signs of improvement, 6-in10 credit the provinces
 - For the plurality who believe the system is deteriorating, slightly more blame the federal government over their provincial government (although this number declined from 50% going into the FMM to 46% following post-FMM polling)
 - There is almost a 2:1 ratio favoring the provinces over the federal government among those identifying which level they have most confidence in to lead changes to the health care system

Observations

- ◆ **Following the Agreement there has been some improvement in the number of those saying the federal government is not paying its fair share (down from 61% in 2002 to 50%). At the same time, the public does not believe the Agreement will have either real/lasting effect nor significantly affect critical issues such as waiting times.**
- ◆ **However, if the federal government is to garner more credit on this file (and to be seen in a leadership position), it needs to:**
 - Broaden the discussion beyond funding to outcomes;
 - Emphasize recent demonstrable signs of improvement or reforms to the system; and
 - Associate the federal government with these reforms (possibly jointly with cooperative Provincial Premiers).

What's going on?

There are a number of apparent contradictions in the data. What explains the following?

1. 77% of Canadians say that stabilized funding over a 10-year period will moderately/significantly positively impact the quality of health care, **BUT** almost three-quarters also agree that too much time in discussions was wasted on funding and not enough spent on the “real” issues.
2. 71% of Canadians are very or somewhat satisfied with the agreement, **BUT** few believe it will reduce wait times, address problems right now, provide real or lasting change or result in a more cost-effective system.
3. By almost a 2:1 margin, 52% of Canadians say they are most confident in their provincial (over the federal) government to lead changes to the health care system **BUT** 40% also say the provinces are responsible for most of the deterioration, very few believe their provincial premier or Health Minister is a credible spokesperson on health care reform, and almost half (47%) agree that the real problem with health care is provincial mismanagement of health care funds.

What's going on?

4. Only 17% of Canadians believe that annual performance reports will have a significant impact on the quality of health care **BUT** 57% feel that an accountability mechanism is an absolutely essential element of this agreement.
5. 61% of Canadians favor separate agreements for provinces **BUT** only 37% support the idea that Quebec should be allowed a separate agreement.

◆ In future polling, what can be done to better understand these apparent incongruities?

The “\$64,000 Question”

- ◆ **In terms of strategic positioning and communications, what should/can the federal government do in order to ...**
 - Obtain a greater share of the credit from these negotiations and its investment in health care?
 - Be seen to be demonstrating leadership on the health care file?
 - Increase Canadians’ confidence in its ability to “fix” the health care system?
 - Move the public (provincial) discourse beyond one that is almost exclusively focused on funding issues?



The Strategic Counsel

**A Report to
Health Canada**

**Attitudes Towards Health Care and
Health Care Reform**

Appendix III – English and French Surveys

POR-04-26/Call Up No: H1011-040018/001/CY

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November 2004



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The Strategic Counsel

I. English Survey



Post-FMM Questionnaire – Field Version
Final 5 – Sept. 17, 2004

START TIME: _____

Hello, this is _____ calling from *The Strategic Counsel*. We're a professional public opinion research company. Today we're talking to a random sample of Canadians about health care. The study is sponsored by the Government of Canada and all of your responses would be held strictly confidential. I'd like to assure you that we're not trying to sell you anything. This survey is registered with the national survey registration system. (For respondents seeking more information: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996.)

I'd like to speak to the person in your household who is 18 years of age or older, and who celebrated the most recent birthday. Is that you? (STAY ON THIS SCREEN IF THEY HAVE TO GET A NEW PERSON)

SCREENER

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

- 1 - Yes (**THANK AND TERMINATE**)
- 2 - No (**CONTINUE**)

1. BLANK

2. Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor (T – Veraxis 2004)

- 01 – Excellent
- 02 – Very good
- 03 – Fair
- 04 – Poor
- 05 – Very poor
- 99 - DK/NA



3. I'm going to read you a list of people that often speak out on the issue of health care and health care reform. Which ONE of the following do you find most believable on these issues? (READ AND ROTATE)

- 01 – The Prime Minister, Paul Martin
- 02 – The federal Minister of Health, Ujjal Dosanjh (**oo-jal do-sanj**)
- 03 – Your provincial premier
- 04 – Your provincial Health Minister
- 05 – The media
- 06 – Health care practitioners
- 07 – None of the above (volunteered)
- 08 – Other (please specify – volunteered)
- 99 – DK/NA

4. In your opinion, has the quality of health care in Canada over the past two years deteriorated, improved, or stayed the same? Please respond using a 7-point scale where 1 means greatly deteriorated, 7 means greatly improved, and the mid-point 4 means stayed the same. (T)

- 01 – Greatly deteriorated
- 02 –
- 03 –
- 04 – Stayed the same
- 05 –
- 06 –
- 07 – Greatly improved
- 99 – DK/NA

5. Which level of government, federal or provincial, would you say is most responsible for the improvement? ASK ONLY THOSE WHO SAID IMPROVED (T – Veraxis)

- 01 – Federal government
- 02 – Provincial governments
- 99 – DK/NA

6. Which level of government, federal or provincial, would you say is most responsible for the deterioration? ASK ONLY THOSE WHO SAID DETERIORATED (T – Veraxis)

- 01 – Federal government
- 02 – Provincial governments
- 99 – DK/NA

7. Have you seen, read or heard about anything happening recently on the issue of health care reform? (MT)

- 01 – Yes
- 02 – No (Skip to Q.9)
- 99 – DK/NA



8. What have you heard? (DO NOT READ. ONE RESPONSE ONLY)

- 01 – First Ministers Meeting/Meeting between federal and provincial governments/Health Care Accord/Health Care Agreement (Skip to Q.10)
- 02 – Pharmacare/National Drug Program
- 03 – Flexible Funding
- 04 – Funding with no strings attached
- 05 – Accountability
- 06 – Paying Fair Share
- 07 – “Five-in-Five” approach
- 08 – Reduction of waiting lists
- 09 – Other (Specify)
- 99 – DK/NA

9. Have you seen, read, or heard something about a meeting between the provincial, territorial and federal governments on health care? (T)

- 01 – Yes
- 02 – No (Skip to Q.14)
- 99 – DK/NA

10. In your view, was an agreement reached at this meeting?

- 01 – Yes
- 02 – No (Skip to Q.12)
- 99 – DK/NA

11. Who do you think was most responsible for this agreement being reached?
Was it mostly the federal government or the provinces?

- 01 – Federal government
- 02 – Provinces
- 03 – Both equally (volunteered)
- 04 – Other (please specify – volunteered)
- 99 – DK/NA

12. Were you aware that the meeting between First Ministers on health care was being televised?

- 01 – Yes
- 02 – No (Skip to Q.14)
- 99 – DK/NA

13. And, how much of the meetings did you watch?

- 01 – All
- 02 – Most
- 03 – Some
- 04 – None
- 99 – DK/NA



14. Some people say that even though some of the meetings were held behind closed doors, in the end it was necessary and justifiable in order to reach a deal. Other people say that, even though a deal was reached, all of the meetings should have been televised as promised. Which point of view is closer to your own? (READ AND ROTATE)

- 01 – Closed door worth it in order to reach a deal
- 02 – Televised as promised
- 99 – DK/NA

15. In the future, what is a more appropriate approach to holding meetings between federal, provincial and territorial leaders? Would you say it is more appropriate to ... (MT – Veraxis)

- 01 – Hold a traditional meeting behind closed doors
- 02 – To hold a televised meeting
- 99 – DK/NA

16. Using a scale of 1 to 7, where 7 means you strongly agree, 1 means you strongly disagree and the mid-point 4 means you neither agree nor disagree, please tell me if you agree or disagree with the following statements. How about...? (READ AND ROTATE)

- a. Lately, the FEDERAL government HAS BEEN showing some real leadership on fixing the health care system. (T)

- 01 - Strongly disagree
- 04 - Neither agree nor disagree
- 07 - Strongly agree
- 99 - DK/NA

- b. Lately, my PROVINCIAL government HAS BEEN showing some real leadership on fixing the health care system. (T)

- 01 - Strongly disagree
- 04 - Neither agree nor disagree
- 07 - Strongly agree
- 99 - DK/NA

- c. The biggest problem with the healthcare system is that the federal government is not paying its fair share. (T - Veraxis 2004)

- 01 - Strongly disagree
- 04 - Neither agree nor disagree
- 07 - Strongly agree
- 99 - DK/NA



- d. The real problem with the healthcare system is that my provincial government is not managing the money it has effectively. (T)

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

- e. The biggest problem with the health care system is that there is too much waste and mismanagement of the money that is already there. (T - Veraxis 2004)

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

- f. Canadians should lower their expectations about what the health care system of the future can deliver.

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

17. As you may know, the provincial, territorial and federal governments have recently met to discuss changes to the health care system. Now, I'm going to read you a number of statements and I'd like you to tell me to what degree you agree or disagree with each. Please use a 7-point scale, where 7 means you strongly agree, 1 means you strongly disagree and the mid-point 4 means you neither agree nor disagree. (ROTATE)

- a. Too much time in discussions between the federal and provincial governments is spent arguing over funding and not enough on the more fundamental changes that are needed to fix Canada's health care system.

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

- b. BLANK

- c. I am not confident that the federal, provincial and territorial governments can solve the problems with Canada's health care system.

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA



18. Which level of government do you have more confidence in to lead changes to the health care system? Is it (ROTATE) the federal government or the provinces?

01 – The federal government

02 – The provinces

03 – Both equally (VOLUNTEERED)

04 – Neither (VOLUNTEERED)

99 – DK/NA

19. As you may know, the federal, provincial and territorial governments reached an agreement on a 10-year plan to strengthen health care that focuses on improving access to care and reducing waiting times. I'm going to read you a list of the main elements included in the agreement and for each I'd like you to tell me to what extent you believe it will make a difference in improving 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 mid-point 4 means it will make some difference. How about ... (Some are MT – Veraxis 2004) (Note: we may need to consider split sample on the following questions in order to manage interview time.)

- a) Developing a plan to implement more home-based care.
- b) Establishing 24 hour, 7 day a week clinics with teams of health care providers, like doctors, nurses, pharmacists and physiotherapists, who would be the first point of contact for patients.
- c) Committing to reduce waiting times in priority areas such as cancer treatment, heart surgery, diagnostic imaging, joint replacements and sight restoration.
- d) Establishing a Task Force to develop and implement a national pharmaceuticals strategy.
- e) Increasing the focus on healthy living, physical activity and improved eating habits to keep people out of hospitals.
- f) Addressing the shortage of health care professionals, including doctors, nurses, pharmacists and technologists, by increasing investments in post-secondary education.
- g) Addressing the shortage of health care professionals by accelerating the certification of qualified, foreign-trained professionals.
- h) Providing reliable and stable funding from the federal government to the provinces for the next 10 years.
- i) Investing in science, technology and research to develop new, more cost-effective approaches to health care.
- j) Preparing annual reports to Canadians on the health status of Canadians and the performance of the health care system, including progress on wait time targets.
- k) Providing funds for more medical equipment.
- l) Increasing funding for Aboriginal health care.
- m) Implementing a system of electronic health records so that a patient's health history could be easily accessed by health care providers. (MT – Post FMM 2003)



20. Now, thinking about the Agreement overall, how satisfied are you with it. Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

- 01 – Very satisfied
- 02 – Somewhat satisfied
- 03 – Somewhat dissatisfied
- 04 – Very dissatisfied
- 99 – DK/NA

21. And, what kind of an impact do you think it will have on the overall quality of health care in Canada? 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 mid-point 4 means it will make some difference. (T)

21B. Some people say that we have had enough meetings on health care, and that this deal gives governments the necessary resources to get on with implementing health care reform. Other people say that managing the health care system will continue to require regular meetings because the needs of the system are constantly changing and it is impossible to say definitely that the system is fixed. Which point of view is closest to your own? (ROTATE STATEMENTS)

- 01 Deal gives governments necessary resources
- 02 Can't say definitively that system is fixed
- 99 DK/NA

22. As you may know, this Agreement recognizes the need for flexibility and allows for the existence of specific agreements between the federal government and individual provinces. As a result, there is also a separate statement of how Quebec will implement the Agreement. (Split sample on the following two questions):

a. Do you strongly support, somewhat support, somewhat oppose or strongly oppose the idea that provinces should be allowed to have separate agreements on how they will implement the health plan?

b. Do you strongly support, somewhat support, somewhat oppose or strongly oppose the idea that Quebec should be allowed to have a separate agreement on how they will implement the health plan?

- 01 – Strongly support
- 02 – Somewhat support
- 03 – Somewhat oppose
- 04 – Strongly oppose
- 99 – DK/NA



23. Now, I'm going to read you a number of statements and I'd like you to tell me to what degree you agree or disagree with each. Please use a 7-point scale, where 7 means you strongly agree, 1 means you strongly disagree and the mid-point 4 means you neither agree nor disagree. (ROTATE)

a. This Agreement will provide real and lasting change to Canada's health care system. (T)

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

b. This Agreement will reduce wait times. (T)

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

c. This Agreement will result in a more cost-effective health care system. (T)

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

d. This Agreement will address the overall problems the health care system is facing right now. (T)

01 - Strongly disagree
04 - Neither agree nor disagree
07 - Strongly agree
99 - DK/NA

e. This Agreement provides adequate funding to improve the health care system. (T)

01 - Strongly disagree
04 - Neither agree nor disagree
05 - Somewhat agree
99 - DK/NA

f. This Agreement will fix health care for a generation.

01 - Strongly disagree
04 - Neither agree nor disagree
05 - Somewhat agree
99 - DK/NA



g. This Agreement will put an end to requests from the provinces for more money for health care.

- 01 - Strongly disagree
- 04 - Neither agree nor disagree
- 07 - Strongly agree
- 99 - DK/NA

24. And what do you think is a reasonable timeframe within which to expect to see real change to Canada's health care system. Is it within ... (T)

- 01 – a year
- 02 – two years
- 03 – five years
- 04 – 10 years
- 05 – more than 10 years
- 99 - DK/NA

25. 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 point of view most closely reflects your own? (READ AND ROTATE) (T)

- 01 – Federal government's job to make sure funds are spent on health care and meet national objectives
- 02 – Provinces should not be told how to spend funds transferred from the federal government
- 99 - DK/NA

26. How important was it that this agreement on health care reform contain an accountability mechanism, so that Canadians know how health care monies are being spent and how the health care system is performing? Would you say that an accountability mechanism was an absolutely essential part of this agreement, important but not essential, or not really necessary at all?

- 01 – Absolutely essential
- 02 – Important but not essential
- 03 – Not really necessary
- 99 – DK/NA



27. There are various views on who the provinces should be accountable to, with regards to health care spending. Some say that since the federal government provides funding to the provinces, they should be accountable to the federal government as to how health care money is spent. Others say that the provinces should be accountable only to their electors on how they spend money on health care. Still others say that the provinces should be accountable, not to the federal government, but rather to an agency such as the National Health Council. Which point of view most closely reflects your own? (MT – Veraxis)

- 01 – Provinces should be accountable to federal government
- 02 – Provinces accountable to their own electors
- 03 – Provinces accountable to National Health Council
- 99 - DK/NA

1. DEMOGRAPHICS

And now, I'd like to ask you some questions about you and your household. Please be assured that all your responses will be kept entirely anonymous and absolutely confidential.

28. Do you have a drug plan that covers a portion of your prescription drugs?

- 01 – Yes
- 02 – No
- 99 – DK/NA

29. In what year were you born?

- 01 - SPECIFY _____
- 99 - DK/ NA

30. For statistical purposes only, we need information about your income. All individual responses will be kept confidential. Please tell me which category applies to your total household income before taxes for 2003. [READ - CIRCLE ONE ONLY]

- 01 - Under \$10,000
- 02 - \$10,000 to \$20,000
- 03 - \$20,001 to \$30,000
- 04 - \$30,001 to \$40,000
- 05 - \$40,001 to \$50,000
- 06 - \$50,001 to \$60,000
- 07 - \$60,001 to \$70,000
- 08 - \$70,001 to \$80,000
- 09 - \$80,001 to \$90,000
- 10 - \$90,001 to \$100,000
- 11 – Over \$100,000
- 99 - DK/ NA



31. What is the highest level of education that you have reached? **[DO NOT READ - SELECT ONE ONLY]**

- 01 - Some elementary (Grades 1-6)
- 02 - Completed elementary (Grade 7 or 8)
- 03 - Some high school (Grades 9-11)
- 04 - Completed high school (Grades 12 or 13)
- 05 - Community college, vocational, trade school
- 06 - Some university
- 07 - Completed university (Bachelor's Degree)
- 08 - Post graduate/professional school (Master's Degree, Ph.D., etc.)
- 09 - No schooling
- VOLUNTEERED**
- 99 - DK/ NA

32. Have you used the health care system IN ANY WAY in the last 12 months?

- 01 - Yes
- 02 - No
- 99 - DK/NA

Those are all the questions I have. Now, in case my supervisor would like to verify that I conducted this interview with you, may I please have your first name only, or your initials?

Name: _____

And just to check that I've dialed the right number, is this **[READ TELEPHONE NUMBER AND RECORD]**

If we have any further questions, may we call you back?

- 01 - Yes
- 02 - No

Thank-you very much for your participation.

END TIME: _____

33. NOTE SEX...DO NOT ASK

- 01 - Male
- 02 - Female



34. Community size (system-code)

35. Province of Residence (system-recorded):

- 01 - British Columbia
- 02 - Alberta
- 03 - Saskatchewan
- 04 - Manitoba
- 05 - Ontario
- 06 - Quebec
- 07 - New Brunswick
- 08 - Nova Scotia
- 09 - Prince Edward Island
- 10 - Newfoundland

36. Region (RE-CODE)

- 01 - British Columbia
- 02 - Prairie Provinces
- 03 - Ontario
- 04 - Quebec
- 05 - Atlantic Canada

37. Language of Interview (SYSTEM-CODE)

- 01 - French
- 02 - English



II. French Survey



Questionnaire Post-RPM –Version à administrer
Version finale 5 – Le 17 septembre 2004

HEURE DE DÉBUT: _____

Bonjour/ bonsoir, je suis _____ de *The Strategic Counsel*. Nous sommes une entreprise spécialisée en recherche sur l'opinion publique. Aujourd'hui, nous nous entretenons avec un échantillon de Canadiens pris au hasard de soins de santé. Cette étude est commanditée par le gouvernement du Canada et toutes vos réponses demeureront strictement confidentielles. Je tiens à vous assurer que nous n'essayerons pas de vous vendre quoi que ce soit. Cette étude est inscrite auprès du système d'enregistrement national. (Pour les répondants demandant des précisions : ce système d'enregistrement a été établi par le Conseil canadien de la recherche par sondage afin de permettre au public de vérifier qu'une étude est légitime, d'obtenir de l'information sur l'industrie des sondages et d'enregistrer une plainte. Le numéro de téléphone pour accéder au système sans frais est le 1 800 554-9996.)

J'aimerais parler à la personne de votre ménage qui est âgée de 18 ans ou plus et qui a été la dernière à célébrer son anniversaire. Est-ce vous? (DEMEUREZ À CET ÉCRAN AU CAS OÙ IL LEUR FAUDRAIT APPELER UNE AUTRE PERSONNE DU MÉNAGE)

TRI

Est-ce que vous-même ou un membre de votre ménage travaillez pour le compte d'une organisation oeuvrant dans les domaines suivants: une entreprise de recherche en marketing ou de publicité, un média, le gouvernement du Canada, un gouvernement provincial ou un représentant élu?

- 1 - Oui (**REMERCIEZ ET TERMINEZ**)
- 2 - Non (**CONTINUEZ**)

1. VIDE

2. Dans l'ensemble, comment évalueriez-vous l'état du système de santé au Canada actuellement? Diriez-vous qu'il est excellent, très bon, bon, mauvais, très mauvais?

- 01 – Excellent
- 02 – Très bon
- 03 – Bon
- 04 – Mauvais
- 05 – Très mauvais
- 99 - NSP/REF



3. Je vais vous lire une liste de personnes qui abordent souvent la question des soins de santé et de la réforme des soins de santé. LAQUELLE de ces personnes trouvez-vous la plus crédible à ce sujet? (LISEZ ET RENOUVELEZ)

- 01 – Le premier ministre, Paul Martin
- 02 – le ministre fédéral de la santé, Ujjal Dosanjh (**oo-jal do-sanj**)
- 03 – votre premier ministre provincial
- 04 – votre ministre de la santé provincial
- 05 – les médias
- 06 – les médecins
- 07 – Aucune de ces personnes (réponse spontanée)
- 08 – Autre (veuillez préciser – réponse spontanée)
- 99 – NSP/REF

4. Selon vous, au cours des deux dernières années, la qualité du système de santé canadien s'est-elle détériorée, améliorée ou est-elle restée la même? Veuillez répondre en utilisant une échelle de 7 points, où 1 signifie grandement détériorée, 7 signifie grandement améliorée et 4 signifie restée la même.

- 01 – Grandement détériorée
- 02 –
- 03 –
- 04 – Restée la même
- 05 –
- 06 –
- 07 – Grandement améliorée
- 99 – NSP/REF

5. Selon vous, quel palier de gouvernement serait le plus redevable de cette amélioration? Serait-ce le fédéral ou les gouvernements provinciaux? NE DEMANDEZ QU'AUX RÉPONDANTS AYANT INDIQUÉ UNE AMÉLIORATION.

- 01 – Gouvernement fédéral
- 02 – Gouvernements provinciaux
- 99 – NSP/REF

6. Selon vous, quel palier de gouvernement serait le plus redevable de cette détérioration? Serait-ce le fédéral ou les gouvernements provinciaux? NE DEMANDEZ QU'AUX RÉPONDANTS AYANT INDIQUÉ UNE DÉTÉRIORATION.

- 01 – Gouvernement fédéral
- 02 – Gouvernements provinciaux
- 99 – NSP/REF

7. Avez-vous vu, lu ou entendu quelque chose au sujet de la réforme des soins de santé récemment?

- 01 – Oui
- 02 – Non (Passez à la Q.9)
- 99 – NSP/REF



8. Qu'avez-vous entendu? (NE LISEZ PAS. N'ACCEPTEZ QU'UNE RÉPONSE)

01 – Réunion des premiers ministres/Rencontre des gouvernements fédéral et provinciaux/Accord sur la santé/Entente sur les soins de santé (Passez à la Q.10)

02 – Régime d'assurance-médicaments/Régime national d'assurance-médicaments

03 – Financement souple

04 – Financement sans contraintes

05 – Reddition de comptes

06 – Payer la juste part

07 – Plan Cinq en cinq

08 – Réduire les listes d'attente

09 – Autre (précisez)

99 – NSP/REF

9. Avez-vous vu, lu ou entendu parler de quoi que ce soit au sujet d'une rencontre entre les gouvernements provinciaux, territoriaux et fédéral sur la réforme des soins de santé?

01 – Oui

02 – Non (Passez à la Q.14)

99 – NSP/REF

10. Selon vous, un accord a-t-il été conclu à cette rencontre?

01 – Oui

02 – Non (Passez à la Q.12)

99 – NSP/REF

11. Selon vous, qui a surtout été responsable de la conclusion de cet accord? Était-ce surtout le gouvernement fédéral ou les provinces?

01 – Gouvernement fédéral

02 – Provinces

03 – Les deux également (réponse spontanée)

04 – Autre (veuillez préciser – réponse spontanée)

99 – NSP/REF

12. Saviez-vous que la rencontre entre les premiers ministres sur les soins de santé était télévisée?

01 – Oui

02 – Non (Passez à la Q.14)

99 – NSP/REF

13. Quelle portion de la rencontre avez-vous regardée?

01 – Au complet

02 – La majeure partie

03 – Une partie

04 – Aucune

99 – NSP/REF



14. Certaines personnes affirment que même si une partie des rencontres a eu lieu à huis clos, en bout de ligne c'était nécessaire et justifiable pour conclure un accord. D'autres personnes affirment que, même si un accord a été conclu, toutes les discussions auraient dues être télévisées tel que prévu. Lequel de ces points de vue correspond le plus au vôtre? (**LISEZ ET RENOUVELEZ**)

- 01 – Huis clos justifié pour conclure un accord
- 02 – Discussions télévisées tel que prévu
- 99 – NSP/REF

15. À l'avenir, quelle approche est la plus pertinente pour des rencontres entre les gouvernements fédéral, provinciaux et territoriaux? Diriez-vous qu'il est plus approprié de...

- 01 – Tenir une rencontre traditionnelle à huis clos
- 02 – Tenir une rencontre télédiffusée
- 99 – NSP/REF

16. À l'aide d'une échelle de 1 à 7, où 7 signifie que vous êtes fortement d'accord, 1 que vous êtes fortement en désaccord et 4 que vous n'êtes ni d'accord ni en désaccord, veuillez m'indiquer si vous êtes d'accord ou en désaccord avec ces énoncés. Qu'en est-il de...? (**LISEZ ET RENOUVELEZ**)

g. Récemment, le gouvernement FÉDÉRAL A PRIS des initiatives concrètes afin d'améliorer le système de santé.

- 01 – Fortement en désaccord
- 04 – Ni en accord, ni en désaccord
- 07 – Fortement en accord
- 99 - NSP/REF

h. Récemment, le gouvernement PROVINCIAL A PRIS des initiatives concrètes afin d'améliorer le système de santé.

- 01 - Fortement en désaccord
- 04 – Ni en accord, ni en désaccord
- 07 – Fortement en accord
- 99 - NSP/REF

i. Le problème le plus important du système de santé est que le gouvernement fédéral ne paie pas sa juste part.

- 01 - Fortement en désaccord
- 04 – Ni en accord, ni en désaccord
- 07 – Fortement en accord
- 99 - NSP/REF

j. Le véritable problème avec le système de santé est que mon gouvernement provincial ne gère pas l'argent qu'il a de façon efficace.

- 01 - Fortement en désaccord
- 04 – Ni en accord, ni en désaccord
- 07 – Fortement en accord
- 99 - NSP/REF



- k. Le problème le plus important du système de santé canadien est le gaspillage et la mauvaise gestion de l'argent disponible.

01 - Fortement en désaccord
04 - Ni en accord, ni en désaccord
07 - Fortement en accord
99 - NSP/REF

- l. Les Canadiens devraient réviser à la baisse leurs attentes face au système de santé de l'avenir.

01 - Fortement en désaccord
04 - Ni en accord, ni en désaccord
07 - Fortement en accord
99 - NSP/REF

17. Comme vous le savez sans doute, les gouvernements provinciaux, territoriaux et fédéral se sont rencontrés récemment pour discuter des changements à apporter au système de soins de santé. Je vais maintenant vous lire quelques énoncés et j'aimerais que vous me disiez à quel point vous êtes d'accord ou en désaccord avec chacun d'entre eux. Veuillez utiliser une échelle de 7 points où 7 signifie que vous êtes fortement en accord, 1 que vous êtes fortement en désaccord et 4 que vous n'êtes ni en accord, ni en désaccord. (ALTERNEZ)

- d. Une trop grande part des discussions entre les gouvernements provinciaux et fédéral est consacrée à débattre des questions de financement et trop peu de temps est consacré à aborder les changements plus fondamentaux nécessaires pour réformer le système de soins de santé au Canada.

01 - Fortement en désaccord
04 - Ni en accord, ni en désaccord
07 - Fortement en accord
99 - NSP/REF

- e. VIDE

- f. Je ne crois pas que les gouvernements fédéral, provinciaux et territoriaux peuvent résoudre les problèmes du système de soins de santé canadien.

01 - Fortement en désaccord
04 - Ni en accord, ni en désaccord
07 - Fortement en accord
99 - NSP/REF

18. À quel palier de gouvernement faites-vous le plus confiance pour instaurer des changements au système de soins de santé? Est-ce (ALTERNEZ) le gouvernement fédéral ou les gouvernements provinciaux?

01 - Le gouvernement fédéral
02 - les provinces

03 - Les deux également (RÉPONSE SPONTANÉE)
04 - Ni l'un ni l'autre (RÉPONSE SPONTANÉE)
99 - NSP/REF



19. Comme vous le savez sans doute, les gouvernements fédéral, provinciaux et territoriaux ont conclu un accord pour un plan décennal visant à renforcer le système de soins de santé. Ce plan met l'accent sur l'amélioration de l'accès et la réduction des temps d'attente. Je vais vous lire une liste des principaux éléments inclus dans cet accord et, pour chacun d'entre eux, j'aimerais que vous me disiez dans quelle mesure vous croyez que ça fera une différence pour améliorer la qualité du système de soins de santé. Veuillez utiliser une échelle de 7 points où 7 signifie que ça fera une différence importante, 1 que ça ne fera aucune différence et 4 que ça fera une certaine différence. Qu'en est-il de... (Note : vous devrez peut-être diviser l'échantillon pour ces questions afin de gérer le temps d'entrevue.)

- n) Établir un plan pour mettre en œuvre davantage de soins à domicile.
- o) Mettre sur pied des cliniques ouvertes 24 heures par jour, sept jours par semaine avec des équipes de professionnels de la santé, comme des médecins, des infirmières, des pharmaciens et autres physiothérapeutes, qui seraient le premier point d'accès pour les patients.
- p) S'engager à réduire les temps d'attente dans les secteurs prioritaires comme le traitement des cancers, la chirurgie cardiaque, l'imagerie diagnostique, le remplacement des articulations et la correction de la vue.
- q) Mettre sur pied un groupe de travail pour développer et mettre en œuvre une stratégie pharmaceutique nationale.
- r) Mettre davantage l'accent sur une vie saine, l'activité physique et l'amélioration des habitudes alimentaires pour garder les gens en santé.
- s) Remédier à la pénurie de professionnels de la santé, dont les médecins, les infirmières, les pharmaciens et les technologues, en augmentant les investissements dans l'éducation post-secondaire.
- t) Remédier à la pénurie de professionnels de la santé en accélérant la certification des professionnels qualifiés formés à l'étranger.
- u) Assurer un financement fiable et stable aux provinces de la part du gouvernement fédéral pour les 10 prochaines années.
- v) Investir en science, technologie et recherche pour développer de nouvelles approches rentables des soins de santé.
- w) Préparer des rapports annuels pour les Canadiens sur leur état de la santé et le rendement du système de soins de santé, y compris les progrès quant aux objectifs de temps d'attente.
- x) Offrir des fonds pour acheter davantage d'équipement médical.
- y) Augmenter le financement pour les soins de santé destinés aux Autochtones.
- z) Mettre en œuvre un système de dossiers médicaux électroniques pour que l'historique médical du patient puisse être facilement accessible pour les fournisseurs de soins de santé.



20. En pensant maintenant à l'accord dans son ensemble, à quel point en êtes-vous satisfait-e? Diriez-vous que vous êtes très satisfait-e, passablement satisfait-e, passablement insatisfait-e ou très insatisfait-e?

- 01 – Très satisfait-e
- 02 – Passablement satisfait-e
- 03 – Passablement insatisfait-e
- 04 – Très insatisfait-e
- 99 – NSP/REF

21. Et, selon vous, quel genre d'impact devrait-il avoir sur la qualité globale des soins de santé au Canada? Veuillez utiliser une échelle de 1 à 7, où 7 signifie qu'il fera une différence importante, 1 qu'il ne fera aucune différence et 4 qu'il fera une certaine différence.

21B. Certaines personnes affirment que nous avons eu suffisamment de rencontres sur la santé et que cet accord procure aux gouvernements les ressources nécessaires pour mettre en place la réforme des soins de santé. D'autres personnes affirment que la gestion du système de santé nécessitera des rencontres régulières car les besoins dudit système changent sans cesse et il est impossible d'affirmer que son cas est définitivement réglé. Lequel de ces points de vue correspond le plus au vôtre? (ALTERNEZ LES ÉNONCÉS)

- 01 L'Accord donne aux gouvernements suffisamment de ressources
- 02 Ne peut affirmer que le cas du système est définitivement réglé.
- 99 NSP/REF

22. Comme vous le savez sans doute, cet accord reconnaît le besoin de souplesse et permet l'existence d'ententes particulières entre le gouvernement fédéral et les provinces. Par conséquent, une clause distincte a été rédigée quant à la façon dont le Québec mettra l'accord en œuvre. (Divisez l'échantillon pour les deux prochaines questions):

a. Êtes-vous fortement en faveur, passablement en faveur, passablement opposé ou fortement opposé à l'idée que les provinces devraient pouvoir conclure des ententes distinctes quant à la façon de mettre en œuvre le régime de soins médicaux?

b. Êtes-vous fortement en faveur, passablement en faveur, passablement opposé ou fortement opposé à l'idée que le Québec devrait pouvoir conclure une entente distincte quant à la façon de mettre en œuvre le régime de soins médicaux?

- 01 – Fortement en faveur
- 02 – Passablement en faveur
- 03 – Passablement opposé
- 04 – Fortement opposé
- 99 – NSP/REF



23. Je vais maintenant vous lire certains énoncés et j'aimerais que vous me disiez à quel point vous êtes d'accord ou en désaccord avec chacun d'entre eux. Veuillez utiliser une échelle de 7 points où 7 signifie que vous êtes fortement d'accord, 1 que vous êtes fortement en désaccord et 4 que vous n'êtes ni en accord ni en désaccord. (RENOUVELEZ)

- a. L'Accord permettra d'apporter des changements véritables et permanents au système de santé du Canada

01 - Fortement en désaccord
02 - En désaccord
03 - Passablement en désaccord
04 - Ni en accord, ni en désaccord
05 - Passablement en accord
06 - En accord
07 - Fortement en accord
99 - NSP/REF

- b. Cet Accord garantira un accès en temps opportun aux soins de santé.

01 - Fortement en désaccord
02 - En désaccord
03 - Passablement en désaccord
04 - Ni en accord, ni en désaccord
05 - Passablement en accord
06 - En accord
07 - Fortement en accord
99 - NSP/REF

- c. Cet Accord résultera en un système de santé efficace en termes de coûts.

01 - Fortement en désaccord
02 - En désaccord
03 - Passablement en désaccord
04 - Ni en accord, ni en désaccord
05 - Passablement en accord
06 - En accord
07 - Fortement en accord
99 - NSP/REF

- d. Cet Accord s'attaquera à l'ensemble des problèmes auxquels le système de santé fait actuellement face.

01 - Fortement en désaccord
02 - En désaccord
03 - Passablement en désaccord
04 - Ni en accord, ni en désaccord
05 - Passablement en accord
06 - En accord
07 - Fortement en accord
99 - NSP/REF



e. L'Accord fournit un financement adéquat pour améliorer le système.

- 01 - Fortement en désaccord
- 02 - En désaccord
- 03 - Passablement en désaccord
- 04 - Ni en accord, ni en désaccord
- 05 - Passablement en accord
- 06 - En accord
- 07 - Fortement en accord
- 99 - NSP/REF

f. Cet Accord réglera le problème du système de soins de santé pour une génération.

- 01 - Fortement en désaccord
- 02 - En désaccord
- 03 - Passablement en désaccord
- 04 - Ni en accord, ni en désaccord
- 05 - Passablement en accord
- 06 - En accord
- 07 - Fortement en accord
- 99 - NSP/REF

g. Cet accord mettra un terme aux demandes des provinces pour davantage d'argent en santé.

- 01 - Fortement en désaccord
- 02 - En désaccord
- 03 - Passablement en désaccord
- 04 - Ni en accord, ni en désaccord
- 05 - Passablement en accord
- 06 - En accord
- 07 - Fortement en accord
- 99 - NSP/REF

24. Et, selon vous, quel délai serait raisonnable avant que l'on puisse constater de véritables changements au système de santé du Canada? Est-ce...

- 01 - dans un an
- 02 - dans deux ans
- 03 - dans cinq ans
- 04 - dans 10 ans
- 05 - dans plus de 10 ans
- 99 - NSP/REF



25. Certaines personnes affirment que c'est le travail du gouvernement fédéral, pour le compte des contribuables, de s'assurer que les fonds transférés aux provinces pour la santé sont dépensés en santé et que les objectifs nationaux pour la qualité des soins sont atteints par chacune des provinces. D'autres personnes affirment que puisque les provinces financent une partie importante des coûts des soins de santé et sont responsables d'offrir les services, le gouvernement fédéral n'a pas à leur dire comment dépenser les fonds qu'il leur transfère. Lequel de ces points de vue correspond le plus au vôtre? (LISEZ ET RENOUVELEZ)

01 – C'est le travail du gouvernement fédéral de s'assurer que les fonds sont dépensés en santé et que les objectifs nationaux sont atteints

02 – le gouvernement fédéral n'a pas à dire aux provinces comment dépenser les fonds qu'il leur transfère

99 - NSP/REF

26. À quel point était-il important que cet accord sur la réforme des soins de santé contienne un mécanisme de reddition de comptes pour que les Canadiens sachent comment l'argent est dépensé en santé et comment se porte le système de soins de santé? Diriez-vous qu'un mécanisme de reddition de comptes était une composante absolument essentielle de cet accord, une composante importante mais non essentielle ou une composante pas vraiment nécessaire?

01 – Composante absolument essentielle

02 – Composante importante mais non essentielle

03 – Composante pas vraiment nécessaire

99 – NSP/REF

27. Il existe plusieurs opinions quant à qui les provinces devraient rendre des comptes pour ce qui est des dépenses en santé. Certaines personnes affirment que puisque le gouvernement fédéral fournit les fonds aux provinces, elles devraient lui rendre des comptes sur la façon dont cet argent est dépensé. D'autres personnes affirment que les provinces ne devraient rendre compte qu'à leurs électeurs sur la façon dont elles dépensent l'argent en santé. D'autres personnes encore affirment que les provinces devraient rendre des comptes non pas au gouvernement fédéral, mais à une agence comme le Conseil de la santé. Lequel de ces points de vue correspond le plus au vôtre?

01 – Provinces devraient rendre des comptes au gouvernement fédéral

02 – Provinces devraient rendre des comptes à leurs électeurs

03 – Provinces devraient rendre des comptes au Conseil de la santé

99 - NSP/REF



2. DONNÉES DÉMOGRAPHIQUES

J'aimerais maintenant, vous poser quelques questions à propos de vous-même et de votre famille. Je tiens à vous assurer que toutes vos réponses demeureront anonymes et confidentielles.

28. Êtes-vous couvert par un régime d'assurance-médicaments qui défraie une partie de vos médicaments sur ordonnance?

- 01 – Oui
- 02 – No
- 99 – NSP/REF

29. En quelle année êtes-vous né?

- 01 - PRÉCISEZ _____
- 99 - NSP/REF

30. Uniquement à des fins de statistiques, nous avons besoin de renseignements au sujet de votre revenu. Toutes les réponses individuelles demeureront confidentielles. Veuillez m'indiquer laquelle des tranches de revenu suivantes correspond au **revenu total de votre ménage** avant impôts en 2002. [LISEZ – ENCERCLEZ UNE SEULE RÉPONSE]

- 01 – Moins de 10 000 \$
- 02 – Entre 10 000 \$ et 20 000 \$
- 03 – Entre 20 001 \$ et 30 000 \$
- 04 – Entre 30 001 \$ et 40 000 \$
- 05 – Entre 40 001 \$ et 50 000 \$
- 06 – Entre 50 001 \$ et 60 000 \$
- 07 – Entre 60 001 \$ et 70 000 \$
- 08 – Entre 70 001 \$ et 80 000 \$
- 09 – Entre 80 001 \$ et 90 000 \$
- 10 – Entre 90 001 \$ et 100 000 \$
- 11 – Plus de 100 000 \$
- 99 – NSP/REF

31. Quel est le niveau de scolarité le plus élevé que vous ayez atteint? **[NE LISEZ PAS – ENCERCLEZ UNE SEULE RÉPONSE]**

- 01 – Une partie du primaire (1^{ère} à 6^e année)
- 02 – Études primaires (7^e ou 8^e année)
- 03 – Une partie des études secondaires (9^e à 11^e année)
- 04 – Diplôme d'études secondaires (12^e ou 13^e année)
- 05 – Collège communautaire, école professionnelle ou de métiers
- 06 – Études universitaires en partie
- 07 – Diplôme universitaire de premier cycle (baccalauréat)
- 08 – Études de deuxième ou troisième cycle (maîtrise, doctorat, etc.)
- 09 – Aucune scolarisation
- RÉPONSE SPONTANÉE**
- 99 – NSP/REF



32. Avez-vous eu recours au système de soins de santé DE QUELQUE FAÇON QUE CE SOIT au cours des 12 derniers mois?

- 01 - Oui
- 02 - Non
- 99 - NSP/REF

Voilà, c'est tout. Dans l'éventualité où mon superviseur désirerait vérifier que j'ai bien mené cette entrevue avec vous, puis-je connaître votre prénom ou vos initiales?

Prénom : _____

Et pour confirmer que j'ai bien composé le bon numéro de téléphone, est-ce bien le... **[LISEZ LE NUMÉRO DE TÉLÉPHONE ET INSCRIVEZ-LE]**

Si j'ai d'autres questions, puis-je vous rappeler?

- 01 - Oui
- 02 - Non

Merci de votre participation.

HEURE DE FIN : _____

33. INSCRIVEZ LE SEXE... NE DEMANDEZ PAS.

- 01 - Homme
- 02 - Femme

34. Taille de la communauté (Code du système)

35. Province de résidence (enregistré par le système):

- 01 - Colombie-Britannique
- 02 - Alberta
- 03 - Saskatchewan
- 04 - Manitoba
- 05 - Ontario
- 06 - Québec
- 07 - Nouveau-Brunswick
- 08 - Nouvelle-Écosse
- 09 - Île du Prince-Édouard
- 10 - Terre-Neuve

36. Région (RE-CODE)

- 01 - Colombie-Britannique
- 02 - Provinces des Prairies
- 03 - Ontario
- 04 - Québec
- 05 - Provinces de l'Atlantique

37. Langue de l'entrevue (CODE DU SYSTÈME)

- 01 - Français
- 02 - Anglais