



The Strategic Counsel

PORG-2004-1489

B2

3050303

part 1/2

This report also included
5 annexes

1. Weighted data by 680 pages
Age Income, Education,
Gender + Language

2. Weighted data by 684 pages

Q 62 is like you to tell me how well each item describes your view of health Canada → 1 "closed and secretive" to 7 "open transparent"

Q 71 How would you rate HC on keeping you informed about their priorities, policies, programs + services? (7 point scale excellent to terrible.)

Q 88

A Report to
Health Canada

2005 Annual Performance Survey

POR-04-80
H1011-040067/001/CY

March 2005

Donna Nixon
The Strategic Counsel

How important is it to you that HC undertakes regular public consultations to obtain public input on the policies it develops and the programs + services it provides?

3. Weighted data by 684
Q 14, 15, 29, 34, 70, 35, 36
72 72/75 87

4. Weighted data by 337
engagement QA

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I. Executive Summary



Executive Summary

The Strategic Counsel is pleased to present the findings from a national telephone survey of 1,749 Canadian adults administered between February 22nd and March 6th, 2005 on behalf of Health Canada. The aim of the survey was to explore the possible drivers of Health Canada's public reputation as well as to track some core performance indicators for the organization. This survey forms a principal component of Health Canada's yearly performance measurement reporting.

A. Creating the Brand/Reputation Framework

What is reputation? It's certainly more than a name and a corporate logo. The term is frequently used in the context of the corporate world to describe those perceptions that are held by individuals both inside and outside the company - its stakeholders. Most successful corporations are those that have effectively and carefully built and nurtured a positive reputation, investing heavily in developing and managing good relationships with internal and external stakeholders. Companies have come to realize that a favourable reputation results in tangible benefits for the organization, including increased market share, the ability to charge higher prices for their products and services, enhanced consumer and employee loyalty, greater flexibility or latitude in terms of strategic decision-making capacity, often to extend the brand through the introduction of related products and services, and a "goodwill" buffer that can help to cushion the organization in times of crisis, having created a bond of trust with its stakeholders.

While much of the development of theory and practice related to reputation management (and monitoring) has focused on the private sector, public institutions, like Health Canada, can learn from and adapt corporate models of reputation to better "fit" the unique circumstances of the environment in which they operate. While the notions of "corporate citizenship" and "corporate social responsibility" have, in recent years, permeated the consciousness and practices of corporate managers, the principal function of public institutions has been and continues to be to serve the public interest. The changeable nature of political imperatives combined with the goal of establishing solid public policy creates a challenging environment for organizations like Health Canada, from the standpoint of managing its reputation. Moreover, unlike many consumer-products businesses, the "assets" of an organization like Health Canada are relatively intangible and, therefore, difficult to quantify. Apart from providing direct health services to Aboriginals, Health Canada can be described as a knowledge-based institution, overseeing the approvals of prescription medicines and the safety of the foods and products Canadians consume as well as promoting healthy lifestyles. This issue of intangible assets is, however, one of the principal reasons why understanding and measuring Health Canada's reputation, and brand, is of particular importance. Virtually all of Health Canada's "goods and services" to Canadians are consumed on faith or on the reputation of Health Canada. It stands to serve then that Health Canada's reputation is (or should be) one of the organization's most valued and valuable assets. But what comprises Health Canada's reputation? What are the key drivers? And, how can the organization better manage and enhance its reputation?

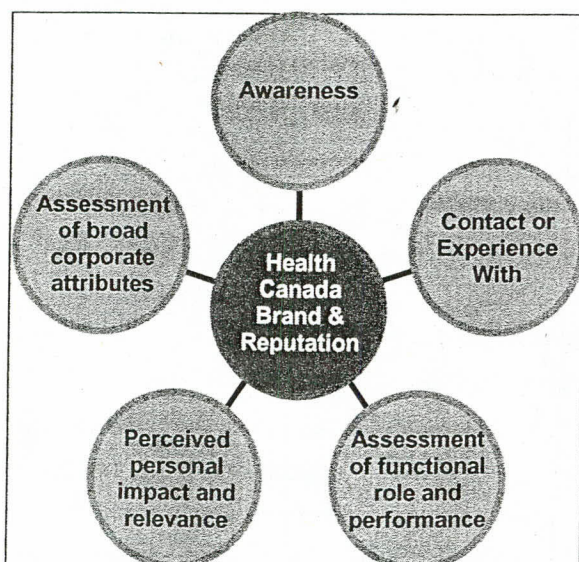


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To respond to these questions, and to better understand the dimensions of Health Canada's reputation, at least with one key group of stakeholders, the Canadian public, we developed a conceptual model (outlined below) on which a national public opinion survey was then designed. The model, still a work in progress, captures some of the possible drivers of Health Canada's brand and reputation. This framework was developed in collaboration with representatives from Health Canada and comprises the principal components of awareness, perceived relevance, experience with, and assessment of both the "corporate" attributes and functional role of reputational models that apply to most organizations. The survey also incorporates a top line measurement of some of the principal overarching elements of reputation: trustworthiness, credibility and responsibility. Ideally, we would prefer to have also included some high level measurement of perceived reliability, although this notion is, in part, covered in the series of questions pertaining to perceived functional role and overall performance. The inclusion of at least three of the four key reputational variables in the survey is based on the working assumption that the more trusted, credible, responsible and reliable an organization is seen to be, the better regarded it will be (e.g. it will enjoy a more favourable reputation among its constituents). It is also understood that each of these factors forms part of a network that is mutually reinforcing.

Depending on the findings from the current survey it may be necessary to further adapt and refine the model in future surveys.

The Conceptual Framework





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B. The Broad Environment

Findings from the survey reveal that Health Canada does indeed face an interesting environment within which to assess and nurture its reputation and brand. Canadians generally like the health care services that they receive – they just don't like the health care system.

The context within which to assess Health Canada's brand is both intriguing and challenging. The proportion of Canadians who rate the health care system as excellent or good has increased 10 points since the Fall of 2004, although a large percentage (about half) continue to offer only lukewarm ratings of the system. Canadians view both the provincial and national levels of government to be responsible for Canada's health care system, any improvements or deteriorations, and to address any major issues. This confirms experience in other areas of public policy, where Canadians generally expect "government" to handle public issues and do not clearly differentiate between jurisdictions. A positive point to note is that Canadians are giving the federal government more of the credit for improvements, and holding the provinces to be more responsible for any deterioration. On a cautionary note, however, most Canadians continue to see no change or some deterioration in the quality of health care over the last two years so there is still some distance to go in moving Canadians toward a more optimistic view of their health care system.

Notably, Canadians are mostly satisfied by their personal experiences with health care services, but lack full confidence in the overall system. Eight-in-ten (79%), with little regional difference, of those who used health care services over the past year declared themselves to be extremely (33%) or somewhat satisfied (46%), with only one percent being extremely dissatisfied. These are strong customer satisfaction numbers in the current era of high service standards, which makes the fact that Canadians do not rate the overall system that highly an interesting apparent contradiction. Sixteen percent of Canadians rate the system to be poor, and a further 49 percent as only fair. This overall negative impression is reinforced by the fact that 46 percent see the system as stable, 37 percent as deteriorating and only 14 percent as improving.

This dichotomy between positive personal experience and overall unease about the health care system is interesting and should be probed further. It is difficult to conjecture based on the existing data, but there is likely a disconnect between what individuals experience (positive), and what they hear from third parties (mostly negative). Moreover, given that Canadians have perceived a decline in health care over the last five to 10 years, it is likely that negative perceptions of the system have taken on the status of an "urban myth." Further qualitative research would be useful to uncover the basis for this disconnect, test some hypotheses and develop strategies to bridge the gap between views of the health care system at the personal and more macro levels.



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These numbers indicate waning confidence in the health care system despite, and not as a result of, personal experience. The nebulous nature of this confidence issue is reinforced by the fact that there is a relative consensus as to the most important health issues facing the country – 20 percent cite wait times, 20 percent a shortage of health care professionals, 15 percent specific diseases and (only) five percent funding. It should be noted that these concerns, and their relative weighting, have not changed substantially over time although we note some moderation in the emphasis on funding. By contrast, in a survey conducted jointly by *The Strategic Counsel* and Environics in December of 2002, following the release of the report of the Royal Commission on the State of Health Care, findings showed that 54 percent of Canadians agreed that “simply putting more money into health care would go a long way to solving a lot of the problems with the system.” At that time, 60 percent of Canadians also agreed that “the real problem with the healthcare system is that the federal government is not paying its fair share.”

Canadians also assess virtually every area of Health Canada’s current mandate as important, although most of these items, with the exception of funding to health care, were not raised as concerns on an unprompted basis. In particular, ensuring the safety of consumer, food and pharmaceutical products, promoting and protecting the principles of Medicare, and funding the health care system were all rated as “very important” by at least 50 percent or more Canadians. Topping the list in terms of those identifying this issue as “very important” is responding to health emergencies and infectious disease outbreaks, now under the mandate of the newly established Public Health Agency of Canada. While all of these items were rated as important in surveys conducted in 2001 and 2004, an increase in the percentage of those attributing some degree of importance from these earlier findings is detected with respect to the importance attached to responding to health emergencies (+8 from 2004). This item was not included in the battery of activities assessed in 2001. Canadians are also placing higher importance on ensuring the safety of consumer products (+8 from 2001/2004 results) and ensuring the safety of pharmaceutical products (+6 from 2001/2004). The wording of the latter item was modified in the current survey to focus more on the safety element rather than simply on “approving drugs” which had been tested in the 2001 and 2004 surveys.

C. The Health Canada Brand

The questioning specifically related to knowledge and perceptions of Health Canada allows for an assessment of brand strength. In short, it could be rated as fair with considerable opportunities to strengthen the brand, particularly through awareness-raising or profile-building activities. We examined five dimensions of Health Canada’s brand or reputation including: awareness, contact/experience, perceived functional role/performance, personal relevance and key corporate attributes.



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The data indicate **low to moderate levels of awareness of Health Canada** and its specific responsibility for various aspects of its mandate. However, a reasonable percentage of Canadians do associate many of the functions tested with the Government of Canada, some department or agency of the federal government, or with Health Canada specifically. Notably, while Canadians hold relatively strongly-formed impressions of Health Canada in terms of its performance and its corporate “characteristics,” when asked to assess their familiarity with Health Canada, just over one-third (36%) rated themselves as knowing something or a lot about them. This suggests that like most large institutions, Health Canada is viewed as rather opaque by many Canadians. Moreover, impressions of Health Canada are likely, at least to some extent, shaped by impressions of the Government of Canada overall and by impressions of the state of the health care system.

Personal contact makes a difference, generally creating a more positive impression. However, only 25 percent of Canadians claim to have had contact with the department over the last five years, a significant volume of this group via the Internet. These contact numbers are encouraging, especially as the decline in satisfaction with contact with Health Canada noted in previous years has levelled out. Notably, dissatisfied clients of Health Canada hold extremely negative impressions of the organization. Given the extent to which word of mouth can create either a positive or negative “buzz” about Health Canada and its performance, it is important to ensure that emphasis is put on creating a positive impression/response with each and every client or citizen interface. Given the volume of contact via the web, and the likely continued growth in use of the Internet as an information and resource tool, it may be advisable to examine how clients use Health Canada’s web site, what they think of it, and how it could be better integrated within Health Canada’s overall brand strategy.

Health Canada’s performance ratings are mixed. Priority grids were created considering three dimensions: importance, perceived involvement of Health Canada and performance. There is a 40-point spread between the highest rating of perceived importance associated with ensuring the safety of pharmaceutical products (based on those rating Health Canada a “7” on a 7-point scale) and the lowest associated with preparing the Canada Food Guide. Performance maps indicate four areas of weak performance, only two of which are considered to be highly relevant to Canadians: funding the health care system and promoting and protecting the principles of Medicare. Recall, however, that the issue of funding was not deemed to be exclusively in the domain of Health Canada. Notably, Health Canada receives fairly high marks, both on performance and relevance, for the broad range of “safety” functions it performs related to pharmaceutical, food and consumer products as well as for encouraging Canadians to lead healthy lifestyles.



Executive Summary

Health Canada's role as a steward or guardian of the health care system as well as an overseer of public safety is most relevant to Canadians, more so than its role in delivering service to First Nations, ensuring that environmental factors don't affect the health of Canadians, preparing the Food Guide or regulating the labelling and promotion of tobacco. Moreover, about three-quarters of Canadians (72%) say that Health Canada makes a difference to them personally and one-third strongly feel this way.

Key organizational or brand attributes receive good ratings with notable improvements since 2004 in being seen as credible (+11), objective (+12) and open and transparent (+11). While the Health Canada brand, in particular its corporate name, may not be highly recognizable, Canadians nevertheless feel a strong sense of connection to the department's mission and mandate with 72 percent associating the department with a high level of personal relevance. About two-thirds (64%) describe the department as scientific. The 2001 and 2004 surveys tested associations with the term "non-scientists/scientists" rather than "unscientific/scientific." As such, due to this modification, the results are not directly comparable although we note an increase from the 2004 findings in which 47 percent described Health Canada as "scientists" to 64 percent now describing the department as "scientific." The current finding is now more in line with the 2001 results in which 62 percent of Canadians associated the department with "scientists." Overall, however, the results indicate that more effort needs to be put to demonstrating departmental accountability, objectivity, openness and proactivity to Canadians.

Trust and credibility are key elements of any brand. **Health Canada receives moderate to good ratings on both trust and credibility**, particularly when employing experts such as doctors and health care workers to speak on its behalf.

Health Canada's brand and reputation are principally driven by awareness of the organization. This is not surprising given earlier findings that suggested awareness and familiarity with Health Canada are relatively low and are impeding the creation of stronger, more positively held views of Health Canada. Going back to the reputation model that provided a framework for the research design, we assessed the degree to which each of the above elements explain any variance in Health Canada's brand health:

- Awareness (61%);
- Perceived performance (23%);
- Functional role and responsibility (21%);
- Perceived personal relevance and impact (20%);
- Broad corporate attributes (17%); and
- Personal contact/experience with Health Canada (16%).



Executive Summary

Within the category of functional roles, the greatest impact on perceptions of Health Canada is associated with its role in overseeing “personal safety” through the approval and oversight of drug safety, food and consumer products and environmental safety and with its “personal lifestyle” mandate, including encouraging healthier lifestyles, preparing the Canada Food Guide and regulating the promotion and labelling of tobacco products.

Overall, **Health Canada’s performance ratings are fairly positive** with 41 percent rating the organization as good to excellent in the early measure of performance, climbing to 57 percent in the later measure of performance. In light of the sponsorship scandal that is adversely affecting perceptions of the Government of Canada overall, Health Canada’s performance rating is well above overall performance ratings for the Government, that has languished in the low to mid-30’s or lower.

D. Recommendations

Several recommendations for further improving Health Canada’s brand strength can be drawn from these results:

1. **Raise awareness of Health Canada** - Awareness of Health Canada is the principal driver of overall perceptions regarding Health Canada, its brand and reputation. Many of the issues associated with the health care system are seen to be responsibilities of the Government of Canada as a whole, principally funding. However, Canadians do believe that Health Canada has a key role to play in a number of important areas related to protecting the safety of Canadians and safeguarding the principles of Medicare. Efforts need to be made via application of a combination of traditional and new media strategies to promote Health Canada’s role and to demonstrate to Canadians how its efforts in these areas are contributing to a healthier and safer population and an overall better quality of life.
2. **Showcase the department’s activities within the sphere of personal safety** - In particular, Health Canada needs to showcase its responsibilities for and competence in ensuring the safety of pharmaceutical, food and consumer products. These are the items that should be placed in the “shop window.” Canadians are looking for action from their government agencies, more so than discussions of funding, policy and jurisdiction. Using examples that reinforce the personal relevance and impact of Health Canada’s role on Canadians will also serve to enhance credibility and trust.



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3. **Create a brand that effectively leverages and promotes the department's central mission as "guardian and steward of the public interest"** - There may also be an opportunity for Health Canada to promote itself as an advocate on behalf of the public interest. Most Canadians (59%) believe that Health Canada manages risk to the public quite well. Promoting Health Canada's role in this regard is a delicate balancing act. Without necessarily raising public concern about the degree of risk in the system, it is nevertheless important, and a relevant driver of Health Canada's brand, to raise the profile of the organization as an effective manager of risk.
4. **Make more effective use of experts, particularly scientists and front-line health care workers, as spokespersons for the department** - These groups represent the key arbiters of trust for Canadians and should be employed as principal intermediaries in the dissemination of Health Canada's brand "story" and key messages. In addition, where possible, forging stronger relationships with NGOs, and employing these organizations to lend or transfer (by association) public trust to Health Canada, will serve to enhance Health Canada's public reputation. Circumventing the media is unavoidable. Although the media are a significant contributor to public views on Health Canada, cynicism with the fifth estate is fairly high. Direct communication via Health Canada's web site is preferable (although the Internet is a passive rather than active communication channel). As such, the department should review its media relations strategy to ensure that it is liaising with journalists in a proactive and timely manner, that its media contacts and process are up to date. In particular, any strategy should consider how the department would respond and collaborate with the media during a "crisis" situation, especially in any crisis related to food, consumer product and drug safety.
5. **Continue to engage Canadians (and experts) and get information out in a timely, transparent and proactive manner** - Canadians appreciate the complexity of Health Canada's mandate, once they know about it. In particular, they give some consideration to the extent to which Health Canada distributes information in a timely, broad, transparent and proactive manner. Communications from Health Canada to its key stakeholders, including the general public, should both demonstrate and stress the organization's ongoing and deep commitment to informing the public. In this regard, some attention should be paid to ensuring that French language requirements are sufficiently met on all communications. In an era of "consultation fatigue" and public scepticism with respect to the degree to which governments are actually committed to real consultation, this may be a challenging goal. However, Health Canada needs to find new and innovative ways to engage Canadians in its mandate and to provide reassurance that, if not with Canadians personally, the organization maintains an ongoing consultative relationship with key experts.



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6. **Develop and execute a department-wide “touchpoint” strategy with particular emphasis on implementing brand consistency across channels** - Although contact is not a strong brand driver, dissatisfaction with contact, spread via word-of-mouth, can negatively impact perceptions of Health Canada. A corporate-wide “touchpoint” strategy aimed at ensuring that each and every interface with Health Canada clients and citizens is a satisfactory one should be developed, implemented, and evaluated.
7. **Give specific consideration to the role of the Internet in the brand strategy** - Given the rapidly changing nature of expectations for on-line services, an initiative to continuously review and improve on-line communications may be warranted as part of a brand strategy.
8. **Continue to examine the underlying roots of the disconnect between views at the macro and personal levels in terms of health care** - A possible area for further research would be to develop a more detailed understanding of what we term the personal-public paradox – the ambiguous results that show that Canadians are satisfied with the health service but are uneasy with the overall system. Understanding this anomaly would help in both being more responsive to Canadians and in nurturing Health Canada’s own reputation.
9. **Consider designing and launching an additional program of research to profile engaged Canadians in terms of their views on health care, on Health Canada and their preferred channels for communication** – These findings and those of other studies suggest that there is a small segment of the public, the “involved” or “engaged,” that have the ability to influence others, dominate and shape public debate and dialogue. Given that few Canadians themselves participate in consultation exercises on health and that opinions of Health Canada are largely based on personal experience and word-of-mouth, the department needs to better understand how engaged Canadians shape the broader public perspective as well as how it can better communicate and consult with this group. Malcolm Gladwell discusses the impact and importance of mavens and connectors or influencers in his book titled *The Tipping Point*. The phenomenon of the tipping point suggests that the overwhelming amount of advertising and the pervasiveness of the television media has served to undermine its power to influence the public. By contrast, the public has turned away from these traditional forms of communication to rely more heavily on the opinions of community leaders, friends and professional acquaintances whom they admire, trust and respect. With respect to Health Canada’s communications challenges and the development of a stronger brand, it would be of interest to design a study that as a first step profiles “engaged Canadians” via their level of involvement in civic activities and community issues related to health and determines the extent of their sphere of influence. Once identified, it may be useful to engage these individuals as a panel on a semi-regular basis to test and obtain feedback on Health Canada’s activities.



Sommaire



Sommaire

The Strategic Counsel est heureuse de présenter les résultats d'un sondage téléphonique national effectué entre le 22 février et le 6 mars 2005 auprès de 1 749 Canadiens pour le compte de Santé Canada. L'objectif du sondage était d'explorer les éléments moteurs possibles de la réputation de Santé Canada auprès du public, et d'effectuer le suivi de certains des principaux indicateurs du rendement de l'organisme. Ce sondage constitue une des composantes clés du rapport annuel de mesure du rendement de Santé Canada.

A. Établir le cadre de la marque / la réputation

Qu'est-ce que la réputation? C'est certainement plus qu'une appellation et un logo commercial. Dans le monde des affaires, le terme est souvent utilisé pour décrire les perceptions de certaines personnes à l'interne et à l'externe, soit les parties prenantes. La plupart des entreprises qui réussissent bien ont établi avec soin une réputation positive et l'ont entretenue de façon efficace. Elles ont beaucoup investi dans le développement et la gestion de bonnes relations avec les parties prenantes à l'interne et à l'externe. Les entreprises ont réalisé qu'une bonne réputation se traduit par des avantages tangibles pour elles. Parmi celles-ci, mentionnons une plus grande part de marché, la possibilité de charger davantage pour ses produits et services, une plus grande loyauté de la part des consommateurs et des employés, une plus grande souplesse ou latitude en termes de capacité à prendre des décisions stratégiques, souvent pour étendre la marque par le lancement de produits et services connexes, et une « cote d'estime » de réserve qui peut aider l'entreprise en temps de crise car un lien de confiance a été établi avec les parties prenantes.

Bien que la théorie et la pratique développés pour la gestion de la réputation (et son contrôle) soit surtout axées sur le secteur privé, les institutions publiques comme Santé Canada peuvent apprendre de ces modèles de réputation et les adapter afin qu'ils conviennent mieux aux circonstances uniques de l'environnement dans lequel ils fonctionnent. Au cours des dernières années, tandis que les notions de présence et de responsabilité sociale des entreprises se sont étendues au sein du monde des affaires et ont modifié les attitudes et les pratiques des directeurs d'entreprise, la principale fonction des institutions publiques était, et continue d'être, de servir les intérêts du public. La nature changeante des impératifs politiques, combinée à l'objectif d'établir une solide politique gouvernementale, contribue à créer un environnement plein de défis pour des organismes comme Santé Canada, du point de vue de la gestion de sa réputation. De plus, contrairement à beaucoup d'entreprises fabriquant des produits de consommation, les actifs d'un organisme comme Santé Canada sont plutôt intangibles et, par conséquent, difficiles à quantifier. Mis à part le fait d'offrir des services de santé directs aux Premières nations, Santé Canada peut être décrit comme un organisme fondé sur le savoir, supervisant l'approbation des médicaments, veillant à la sécurité des produits et aliments que les Canadiens consomment et faisant la promotion de modes de vie sains. Cette question des actifs intangibles est une des principales raisons pour lesquelles la mesure et la compréhension de la réputation de Santé Canada et de sa marque sont de première importance. Pratiquement tous les biens et services que Santé Canada offre aux



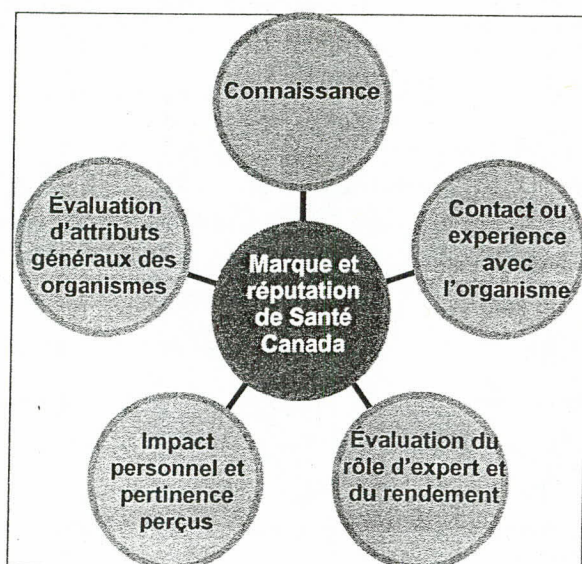
Sommaire

Canadiens sont consommés en se fiant à sa réputation. Par conséquent, la réputation de Santé Canada est (ou devrait être) un de ses plus précieux actifs. Mais en quoi consiste la réputation de Santé Canada? Quels en sont les principaux constituants? Comment l'organisme peut-il mieux gérer sa réputation et l'améliorer?

Pour répondre à ces questions et mieux comprendre les dimensions de la réputation de Santé Canada, du moins auprès d'une de ses principales parties prenantes, le public canadien, nous avons établi un modèle conceptuel (illustré ci-dessous) en fonction duquel un sondage national de l'opinion publique a ensuite été conçu. Le modèle, qui n'est toujours pas finalisé, comprend certains des éléments moteurs possibles de la marque et de la réputation de Santé Canada. Ce cadre a été établi en collaboration avec des représentants de Santé Canada et comprend les éléments clés, soit la connaissance de l'organisme, sa pertinence perçue, l'expérience personnelle et l'évaluation des attributs et du rôle d'expert des modèles de réputation qui s'appliquent à la plupart des organismes. Le sondage comprend aussi une mesure générale de certains des principaux éléments qui composent la réputation : la fiabilité, la crédibilité et la responsabilité. Idéalement, nous aurions aimé inclure aussi certaines mesures plus pointues de la perception de fiabilité, même si cette notion est, en partie, couverte par une série de questions ayant trait au rôle d'expert perçu et au rendement général. L'inclusion d'au moins trois des quatre variables ayant trait à la réputation dans le sondage est basée sur l'hypothèse de travail selon laquelle plus un organisme est perçu comme digne de foi, crédible, responsable et fiable, mieux elle sera perçue (elle jouira donc d'une réputation plus favorable). Évidemment, chacun de ces facteurs forme un maillon d'un réseau et ils se renforcent mutuellement.

En fonction des résultats de cette étude, il sera peut-être nécessaire d'adapter encore plus le modèle et de le raffiner pour les prochains sondages.

Le cadre conceptuel





Sommaire

B. L'environnement général

Les résultats du sondage indiquent que Santé Canada fait effectivement face à un environnement intéressant au sein duquel évaluer et développer sa réputation et sa marque. Dans l'ensemble, les Canadiens aiment les services de soins de santé qu'ils reçoivent, mais pas le système de santé.

Le contexte dans lequel il faut évaluer la marque de Santé Canada est à la fois intrigant et rempli de défis. La proportion de Canadiens qui évaluent le système de soins de santé comme excellent ou bon a augmenté de 10 points depuis l'automne 2004, et ce, même si un fort pourcentage (presque la moitié) des répondants continue d'attribuer une note très moyenne au système. Les Canadiens considèrent les paliers de gouvernement provinciaux et fédéral responsables du système de santé canadien, tant pour les améliorations que pour les détériorations, et de gérer les principaux problèmes. Cette donnée confirme l'expérience avec d'autres domaines de politique gouvernementale alors que les Canadiens espèrent généralement que le « gouvernement » gère les problèmes publics sans distinguer clairement les diverses juridictions. Une note positive à souligner est le fait que les Canadiens accordent au gouvernement fédéral plus de crédit pour les améliorations et tiennent les provinces davantage responsables des détériorations. Petite mise en garde toutefois, la plupart des Canadiens continuent de ne voir aucun changement, ou une certaine détérioration, au niveau de la qualité des soins de santé au cours des deux dernières années. Il reste donc du chemin à parcourir pour donner aux Canadiens un aperçu plus optimiste de leur système de santé.

Fait à souligner, les Canadiens sont en général satisfaits de leurs expériences personnelles avec les services de santé, mais n'accordent pas leur confiance au système dans l'ensemble. Huit répondants sur dix (79 %), avec peu de particularités régionales, qui ont utilisé les services de santé au cours de la dernière année se disent extrêmement (33 %) ou assez satisfaits (46 %), et seulement un pour cent des répondants sont extrêmement insatisfaits. Ces résultats représentent un fort taux de satisfaction de la clientèle en cette ère de hautes normes de service; ainsi, le fait que les Canadiens n'évaluent pas l'ensemble du système aussi bien est une contradiction intéressante. En effet, seize pour cent des Canadiens considèrent le système mauvais, et un autre 49 pour cent passable. Cette impression négative généralisée est renforcée par le fait que 46 pour cent des répondants perçoivent le système comme stable, 37 pour cent comme se détériorant et seulement 14 pour cent comme s'améliorant.

Cette dichotomie entre l'expérience personnelle positive et le malaise généralisée envers le système de santé est intéressant et devrait être examinée plus à fond. Il est difficile de se prononcer en se basant sur les données actuelles, mais il y a probablement un écart entre ce que les gens expérimentent (positif) et ce qu'ils entendent de tiers (surtout négatif). De plus, étant donné que les Canadiens ont perçu un déclin de la qualité des soins de santé au cours des cinq à dix dernières années, il est probable que les perceptions négatives du système sont



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devenues en quelque sorte des « mythes urbains ». D'autres recherches qualitatives seraient utiles pour découvrir le fondement de cet écart, tester certaines hypothèses et mettre au point des stratégies pour réduire l'écart entre la perception du système de santé d'un point de vue personnel et plus général.

Ces résultats indiquent une confiance dans le système de santé qui s'effrite malgré les expériences personnelles, et non à cause d'elles. La nature nébuleuse de cette question de confiance est renforcée par le fait qu'il y a un consensus relatif quant aux plus importantes questions de santé auquel le pays est confronté. Ainsi, 20 pour cent des répondants parlent des délais d'attente, 20 pour cent de la pénurie de professionnels de la santé, 15 pour cent de maladies précises et (seulement) cinq pour cent mentionnent le financement. Il faut souligner que ces inquiétudes, et leur poids relatif, n'ont pas changé de façon importante avec le temps, même si nous remarquons qu'il y a maintenant moins d'emphase sur le financement. À titre de comparaison, dans un sondage mené conjointement par *The Strategic Counsel* et Environics en décembre 2002 suite à la publication du rapport de la commission d'enquête parlementaire sur l'état du système de santé, les résultats indiquaient que 54 pour cent des Canadiens étaient d'accord que « le simple fait d'injecter plus d'argent dans le système de santé aiderait à résoudre beaucoup de problèmes ». À ce moment, 60 pour cent des Canadiens étaient aussi d'accord que « le véritable problème du système de santé est que le gouvernement fédéral ne verse pas sa juste part ».

Les Canadiens jugent aussi presque chaque volet du mandat actuel de Santé Canada important, même si la plupart de ces éléments, à l'exception du financement des soins de santé, n'ont pas été soulevés comme des préoccupations spontanément. Plus particulièrement, le fait de veiller à la sécurité des produits alimentaires, pharmaceutiques et de consommation, la promotion et la protection des principes clés de l'assurance maladie et le financement du système de santé ont été jugés « très important » par au moins 50 pour cent des Canadiens. En tête de liste, pour ce qui est des répondants qui jugent cet aspect « très important », on retrouve la réaction aux urgences de santé et aux éclosions de maladies infectieuses. Cet aspect fait maintenant partie du mandat de la nouvelle Agence de santé publique du Canada. Bien que tous ces éléments aient été jugés importants dans les sondages de 2001 et de 2004, on remarque, par rapport aux résultats précédents, une hausse du pourcentage de répondants qui accordent une certaine importance à la réaction aux urgences de santé (+8 par rapport à 2004). Cet aspect n'était pas inclus dans la batterie d'activités évaluées en 2001. Les Canadiens accordent aussi plus d'importance au fait de veiller à la sécurité des produits de consommation (+8 par rapport aux résultats de 2001 et de 2004), de même qu'à celui des produits pharmaceutiques (+6 par rapport à 2001 et à 2004). La formulation de cet aspect a été modifiée dans ce sondage pour mettre davantage l'accent sur l'élément de sécurité, plutôt que simplement sur le fait d'« approuver les médicaments » comme ce fut le cas dans les sondages de 2001 et de 2004.



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C. La marque Santé Canada

Les questions portant plus précisément sur la connaissance et les perceptions de Santé Canada permettent d'évaluer la force de la marque. En bref, elle pourrait être jugée passable avec beaucoup d'occasions de la renforcer, surtout par le biais de campagnes de sensibilisation et d'amélioration du profil. Nous avons examiné cinq dimensions de la marque ou de la réputation de Santé Canada : la connaissance, le contact / l'expérience, le rôle d'expert / rendement perçus, la pertinence personnelle et les principaux attributs de l'organisme.

Les données indiquent une **connaissance faible à moyenne de Santé Canada** et de ses responsabilités précises en relation avec les divers volets de son mandat. Toutefois, un pourcentage raisonnable de Canadiens associe les éléments testés au gouvernement du Canada, à certains ministères ou agences du gouvernement fédéral ou, plus précisément, à Santé Canada. Plus particulièrement, alors que les Canadiens ont une opinion plutôt forte de Santé Canada en termes de rendement et de ses « caractéristiques », lorsqu'on leur demande à quel point ils connaissent Santé Canada, seulement un peu plus du tiers (36 %) jugent qu'ils le connaissent un peu ou bien. On pourrait en conclure que, comme c'est le cas pour beaucoup de grandes institutions, Santé Canada est perçue comme plutôt obscur par beaucoup de Canadiens. De plus, les impressions à propos de Santé Canada ont tendance, du moins dans une certaine mesure, à être forgées par les impressions à propos du gouvernement du Canada dans l'ensemble et par celles à propos de l'état du système de santé.

Le contact personnel fait une différence et crée, en général, une impression plus positive. Pourtant, seulement 25 pour cent des Canadiens affirment avoir eu un contact avec le ministère au cours des cinq dernières années, dont une part importante par Internet. Ces données sont encourageantes, surtout si on tient compte du fait que la baisse de satisfaction en regard des contacts avec Santé Canada qu'on remarquait au cours des années précédentes, a plafonné. Plus précisément, les clients insatisfaits de Santé Canada ont une opinion extrêmement négative du ministère. Étant donné la mesure dans laquelle le bouche à oreille peut créer une impression positive ou négative au sujet de Santé Canada et de son rendement, il est important de veiller à ce que de l'emphase soit mis sur la création d'une impression / réaction positive pour chaque client ou citoyen avec lequel il y a contact. Compte tenu du volume de contact électronique et de la croissance probable de l'utilisation d'Internet en tant qu'outil d'information et de ressource, il serait souhaitable d'examiner comment les clients utilisent le site Web de Santé Canada, ce qu'ils en pensent et comment il pourrait être mieux intégré dans la stratégie de marque globale de Santé Canada.

La cote de rendement de Santé Canada est mitigée. Des grilles de priorité ont été établies en tenant compte de trois dimensions: importance, participation perçue de Santé Canada et rendement. Il y a un écart de 40 points entre la plus haute note accordée à « veiller à la sécurité des produits pharmaceutiques » (les répondants qui ont accordé la note de 7 à Santé Canada sur une échelle de 7 points) et la plus basse accordée à la préparation du Guide alimentaire canadien. La carte d'information sur le rendement indique



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quatre secteurs où la performance est mauvaise, dont seulement deux sont perçus comme très importants par les Canadiens, soit le financement du système de santé et la promotion et la protection des principes clés de l'assurance maladie. N'oublions pas toutefois que la question du financement n'a pas été considérée comme relevant exclusivement du domaine de Santé Canada. En fait, Santé Canada reçoit une note assez élevée, tant pour la performance que la pertinence, pour les nombreuses tâches de « sécurité » qu'il accomplit par rapport aux produits pharmaceutiques, alimentaires et de consommation, ainsi que pour encourager les Canadiens à mener une vie saine.

Le rôle de Santé Canada en tant que gardien et responsable du système de santé ainsi que sa supervision de la sécurité publique sont plus pertinents pour les Canadiens; en fait, plus que son rôle d'offrir des soins de santé aux Premières nations, de veiller à ce que les facteurs environnementaux n'aient pas d'effet négatif sur la santé des Canadiens, de préparer le Guide alimentaire canadien ou de réglementer l'étiquetage et la promotion des produits du tabac. De plus, environ les trois quarts des Canadiens (72 %) affirment que Santé Canada fait une différence pour eux personnellement, et un tiers est fortement d'accord.

Les principaux attributs de l'organisme ou de la marque sont bien évalués avec une amélioration importante depuis 2004 pour ce qui est d'être perçu comme crédible (+11), objectif (+12) et ouvert et transparent (+11). Tandis que la marque Santé Canada, surtout son nom, ne sont pas fortement reconnaissables, les Canadiens ressentent malgré tout un fort lien à la mission et au mandat de l'organisme avec 72 pour cent d'entre eux associant le ministère à un fort niveau de pertinence personnelle. Environ les deux tiers des répondants (64 %) décrivent le ministère comme scientifique. Les sondages de 2001 et de 2004 testaient les associations avec les termes « travailleurs non scientifiques / scientifiques », plutôt que « peu scientifique et scientifique ». Ainsi, en raison de cette modification, les résultats ne sont pas directement comparables même si nous remarquons une hausse par rapport aux résultats de 2004 alors que 47 pour cent des répondants décrivaient Santé Canada comme « travailleurs scientifiques » alors que maintenant 64 pour cent décrivent le ministère comme « scientifique ». Les résultats actuels concordent plus à ceux de 2001 alors que 62 pour cent des Canadiens associaient le ministère aux « travailleurs scientifiques ». Dans l'ensemble toutefois, les résultats indiquent que davantage d'efforts sont requis pour démontrer que le ministère répond de ses actes au public, est objectif, ouvert et proactif envers les Canadiens.

La confiance et la crédibilité sont des éléments clés de toute marque. **Santé Canada obtient des notes passables à bonne pour ces deux aspects, la confiance et la crédibilité,** surtout lorsqu'il a recours à des experts comme des médecins et des travailleurs du secteur de la santé comme porte-parole.

La marque et la réputation de Santé Canada sont surtout basées sur la connaissance de l'organisme. Ce n'est donc pas surprenant compte tenu des résultats précédents qui indiquaient que la connaissance de Santé Canada est plutôt faible et empêche la formation d'une opinion plus solide et positive à son égard. En revenant au



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modèle de réputation qui a fourni le cadre pour la conception de cette étude, nous avons évalué à quel point chacun de ces éléments explique tout écart au niveau de la santé de la marque de Santé Canada :

- Connaissance (61 %);
- Rendement perçu (23 %);
- Rôle d'expert et responsabilité (21 %);
- Pertinence et impact personnels perçus (20 %);
- Attributs généraux (17 %); et
- Contact personnel / expérience personnelle avec Santé Canada (16 %).

Pour ce qui est des rôles d'expert, le plus grand impact sur les perceptions de Santé Canada est lié à son rôle de « veiller à la sécurité personnelle » par le biais de l'approbation et de la supervision des produits pharmaceutiques, alimentaires et de consommation, à celui de veiller à la sécurité de l'environnement, à son mandat d'encourager un mode de vie sain, à la préparation du Guide alimentaire canadien et à la réglementation et à l'étiquetage des produits du tabac.

Dans l'ensemble, **l'évaluation du rendement de Santé Canada est assez positive** avec 41 pour cent des répondant qui jugent l'organisme bon à excellent lors de la première mesure de rendement, puis 57 pour cent lors de la deuxième. À la lumière du scandale des commandites qui affecte de façon négative la perception du gouvernement du Canada dans son ensemble, la cote de rendement de Santé Canada est largement supérieure à celle du gouvernement comme entité qui s'est effondrée à 30 pour cent ou moins.

D. Recommandations

Plusieurs recommandations visant à améliorer encore davantage la force de la marque de Santé Canada peuvent découler de ces conclusions :

1. **Faire mieux connaître Santé Canada** – La connaissance de Santé Canada est l'élément moteur des perceptions à son égard, à celle de sa marque et de sa réputation. Plusieurs des inquiétudes associées au système de santé sont perçues comme des responsabilités du gouvernement du Canada comme entité, surtout le financement. Malgré tout, les Canadiens croient que Santé Canada a un rôle clé à jouer dans plusieurs secteurs importants ayant trait à la protection de la sécurité des Canadiens et au maintien des principes de l'assurance maladie. Des efforts doivent être déployés en appliquant une combinaison de stratégies dans les médias, nouveaux et conventionnels, afin de promouvoir le rôle de Santé Canada et démontrer aux Canadiens comment Sommaire ses efforts dans ces domaines contribuent à avoir une population plus en santé et en sécurité et une meilleure qualité de vie globale.



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2. **Présenter les activités du ministère dans le domaine de la sécurité personnelle** – Plus particulièrement, Santé Canada doit présenter ses responsabilités dans le domaine de la sécurité personnelle et ses compétences pour veiller à la sécurité des produits pharmaceutiques, alimentaires et de consommation. Certains éléments doivent être placés « en vitrine ». Les Canadiens désirent que leurs organismes gouvernementaux agissent et ne consacrent pas tout leur temps à discuter de financement, de politique et de juridiction. Le recours à des exemples qui renforcent la pertinence et l'impact du rôle de Santé Canada pour les Canadiens permettra aussi de rehausser la crédibilité et la confiance.
3. **Créer une marque qui fait la promotion de la mission centrale du ministère de gardien et de responsable de l'intérêt public et en tire profit de façon efficace** – Santé Canada pourrait également se promouvoir en tant que défenseur de l'intérêt public. La plupart des Canadiens (59 %) croient que Santé Canada gère le risque encouru par le public assez bien. Le fait de promouvoir son rôle à cet égard est une question d'équilibre fragile. En effet, sans pour autant inquiéter le public outre mesure à propos du niveau de risque présent, il est important de rehausser le profil de l'organisme en tant que gestionnaire efficace de ce risque. De plus, il s'agit d'un élément moteur pertinent pour la marque de Santé Canada.
4. **Faire un usage plus efficace des experts, surtout les travailleurs scientifiques et les travailleurs de la santé, comme porte-parole pour le ministère** – Ces groupes représentent des intermédiaires dignes de confiance pour les Canadiens et devraient être utilisés comme principaux porte-parole pour diffuser l'histoire de la marque de Santé Canada et ses principaux messages. De plus, dans la mesure du possible, le fait d'établir des relations plus solides avec les ONG et de les utiliser pour accorder ou transférer (par association) la confiance du public à Santé Canada permettra d'améliorer sa réputation auprès de celui-ci. Il est impossible d'éviter les médias et, même s'ils sont des collaborateurs importants pour façonner l'opinion du public à l'égard de Santé Canada, leur cynisme est plutôt élevé. La communication directe par le biais du site Web de Santé Canada est préférable (même si Internet est un canal de communication passif plutôt qu'actif). Ainsi, le ministère devrait revoir sa stratégie de relations avec les médias afin de s'assurer qu'il entretient des rapports proactifs avec les journalistes et en temps utile, et que ses contacts et façons de faire avec les médias sont à jour. Plus particulièrement, toute stratégie devrait tenir compte de la façon dont le ministère réagirait et collaborerait avec les médias au cours d'une situation de crise, surtout si elle a trait à des produits alimentaires, pharmaceutiques ou de consommation.



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5. **Continuer à faire participer les Canadiens (et les experts) et à diffuser l'information en temps utile et de façon transparente et proactive** – Les Canadiens apprécient la complexité du mandat de Santé Canada lorsqu'ils le connaissent. Plus particulièrement, ils accordent de l'importance à la mesure dans laquelle Santé Canada diffuse l'information en temps utile, à grande échelle, de façon transparente et proactive. Les communications de Santé Canada à ses principales parties prenantes, y compris le grand public, doivent démontrer et mettre l'accent sur l'engagement continu à informer le public. Dans cette optique, une certaine attention devrait être portée pour s'assurer que les exigences de français sont suffisamment respectées dans toutes les communications. En cette ère de désabusement et de scepticisme du public à l'égard du degré auquel les gouvernements désirent vraiment consulter, il peut s'agir d'un objectif présentant des défis. Malgré tout, Santé Canada doit trouver de nouvelles façons novatrices de faire participer les Canadiens à son mandat et de les rassurer que, même s'il ne les consulte pas personnellement, l'organisme maintient une relation de consultation continue avec des experts clés.
6. **Établir et exécuter une stratégie de « point de service » à l'échelle du ministère en mettant particulièrement l'accès sur la mise en place d'une uniformité de la marque dans les divers canaux** – Même si le contact n'est pas un élément moteur important pour la marque, l'insatisfaction avec le contact disséminé par le bouche à oreille pour avoir un impact négatif sur la perception de Santé Canada. Une stratégie de « point de service » à l'échelle de l'organisme visant à garantir que chaque contact avec les clients de Santé Canada et les citoyens soit satisfaisant doit être établie, mise en œuvre et évaluée.
7. **Accorder une attention spéciale au rôle d'Internet pour la stratégie de la marque** – En raison de la nature changeante des attentes envers le service en ligne, une initiative de revoir et d'améliorer continuellement les communications en ligne peut être nécessaire dans le cadre de la stratégie de marque.
8. **Continuer à examiner les causes sous-jacentes à l'écart entre l'opinion sur les soins de santé du point de vue personnel et en général** – Un domaine possible d'étude plus poussée sera de tenter de mieux comprendre ce que nous appelons le paradoxe personnel-public, soit les résultats ambigus qui indiquent que les Canadiens sont satisfaits des services de santé mais mal à l'aise face à l'ensemble du système de santé. Le fait de comprendre cette anomalie aiderait à être plus réceptifs aux Canadiens et à développer la réputation de Santé Canada.
9. **Envisager de concevoir et de lancer un programme de recherche supplémentaire afin de dresser le profil des Canadiens « engagés » pour ce qui est de leur opinion sur les soins de santé, de Santé Canada et de leurs canaux de communication préférés** – Ces résultats, et ceux d'autres études, suggèrent qu'un petit segment du public, les personnes « engagées », a la capacité d'influer les autres, de dominer et de forger le débat et le dialogue publics. Étant donné que peu de Canadiens participent aux exercices de consultation sur la santé et que l'opinion de Santé Canada est en grande partie fondée sur l'expérience



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personnelle et le bouche à oreille, le ministère doit mieux comprendre comment les Canadiens engagés forgent l'opinion publique générale et comment il peut mieux communiquer avec ce groupe et le consulter. Malcolm Gladwell discute de l'impact et de l'importance des connecteurs ou influenceurs dans son livre intitulé *The Tipping Point*. Le phénomène du point de bascule suggère que l'énorme quantité de publicité et le caractère persuasif de la télévision ont contribué à miner son pouvoir d'influer l'opinion publique. Par contre, le public s'est détourné de ces formes de communication traditionnelles pour se fier davantage à l'opinion des leaders de la communauté, à leurs amis et aux connaissances professionnelles qu'ils admirent, respectent et à qui ils font confiance. Pour ce qui est des défis de communication de Santé Canada et la mise en place d'une marque plus forte, il serait intéressant de concevoir une étude qui, comme point de départ, dresse le profil des « Canadiens engagés » par le biais de leur degré d'engagement dans les activités civiques et les problèmes de la communauté ayant trait à la santé et de déterminer la portée de leur sphère d'influence. Une fois ce portrait dressé, il pourrait être utile d'embaucher ces personnes pour siéger à un panel sur une base semi-régulière afin de tester les activités de Santé Canada et de recueillir leurs commentaires.



II. Objectives and Methodology



Objectives and Methodology

A. Research Objectives

A nationwide survey was conducted among Canadians to explore and determine the facets and drivers of Health Canada's reputation and brand, including:

- Awareness levels and relative familiarity with Health Canada;
- Frequency of exposure to Health Canada, (through personal contact and Government of Canada advertising) and relative satisfaction with contact with Health Canada;
- Perceived credibility and trustworthiness of the department as well as key spokespeople;
- Perceptions of the performance of Health Canada, overall and on specific areas of responsibility; and
- Key organizational attributes associated with Health Canada.

The findings from this survey are intended to assist in evaluating the department's reputation and to examine the key pillars underpinning reputation.

B. Methodology

A national 20 minute telephone survey of 1,749 Canadians, aged 18 years and older, was conducted between February 22nd and March 6th, 2005.

The national sample was distributed across the regions and included a stratified over-sample of 550 Canadians in Atlantic Canada and the Prairies.

A total sample size of 1,749 ensured that there was a minimum sample of 249 in each region of the country. A larger sample allowed for a more in-depth regional analysis in those parts of the country where a standard national sample of 1,000-1,200 does not yield a sufficiently large enough sample for regional and subgroup analysis.

A sample of 1,749 has a margin of error of $\pm 2.9\%$, 19 times out of twenty. A sample size of 249 has an associated margin of error of $\pm 6.4\%$, 19 times out of 20. The following table outlines the sample size and margin of error for each region.



Objectives and Methodology

Region	Final Sample	Margin of Error $\pm$
Atlantic	250	6.4
Nfld	60	-
PEI	45	-
NS	76	-
NB	69	-
Que	300	5.8
ON	450	4.7
Prairies	250	6.4
Man	128	-
Sask	122	-
AB	249	6.4
BC	250	6.4
TOTAL	1749	2.9

National data was weighted to ensure a proportionate regional sample.



III. Assessments of the State of Health Care



Assessment of the State of Health Care

Three-quarters of Canadians (74%) report using health care services in the past twelve months. Not surprisingly, usage of the system increases with age.

While Canadians continue to express concerns over the state of health care, there is evidence of a shift in perspective in a positive direction. In the Spring 2005, about one-third of Canadians gave the health care system a fairly positive rating of “very good or excellent.” This represents an increase of 10 points since the Fall. Further investigation reveals that the increase in satisfaction stems more from a perceived decrease in deterioration than from a belief that the system has shown any dramatic improvement.

Since the Fall of 2004, Canadians report a shift in accountability with respect to health care reform. Compared to six months ago, Canadians are now more likely to attribute positive change in the health care system to the federal government, while the provinces are now being given more responsibility for any perceived deterioration.

Notably, assessments of personal experiences with the health care system do not necessarily bear out the reported concerns of Canadian citizens. Almost eight-in-ten report that they were satisfied with the service received from the health care system.

A. Ratings of Canada's Health Care System

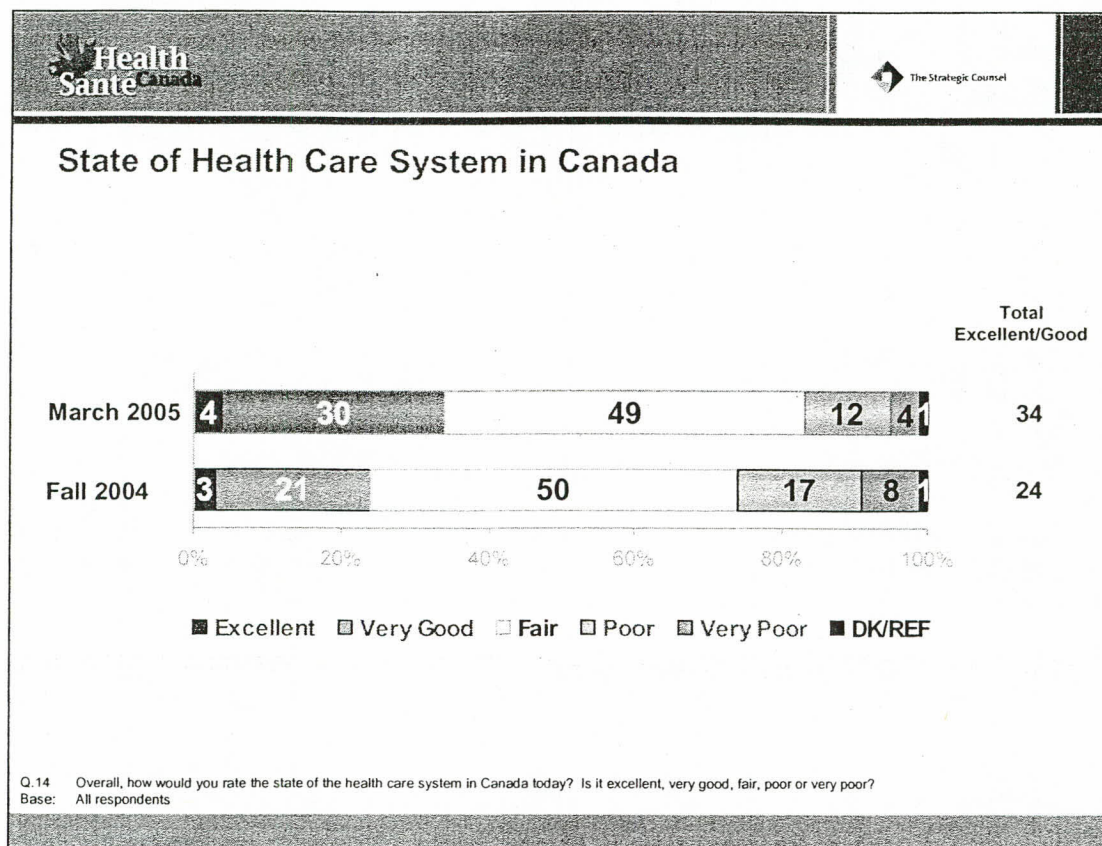
In 2004, Canadians reported significant concern about the state of health care in Canada. Figure 1 shows that only one quarter of Canadians reported that the health care system was excellent or very good, while 21 percent and 24 percent respectively reported that the system was poor. This equates to approximately 3-in-4 Canadians diagnosing the national health care system as only fair or worse.

Canadians continue to report a high level of concern about the state of health care, however, perceptions have moderated notably since Fall 2004. In March 2005, one-third (34%) now give Canada's health care system a positive rating – a figure that is 10 points higher compared to the finding in Fall 2004. Similarly, the percentage who rate Canada's health care system as poor has dropped nine points - from 25 percent in Fall 2004 to 16 percent in March 2005.



Assessment of the State of Health Care

Figure 1



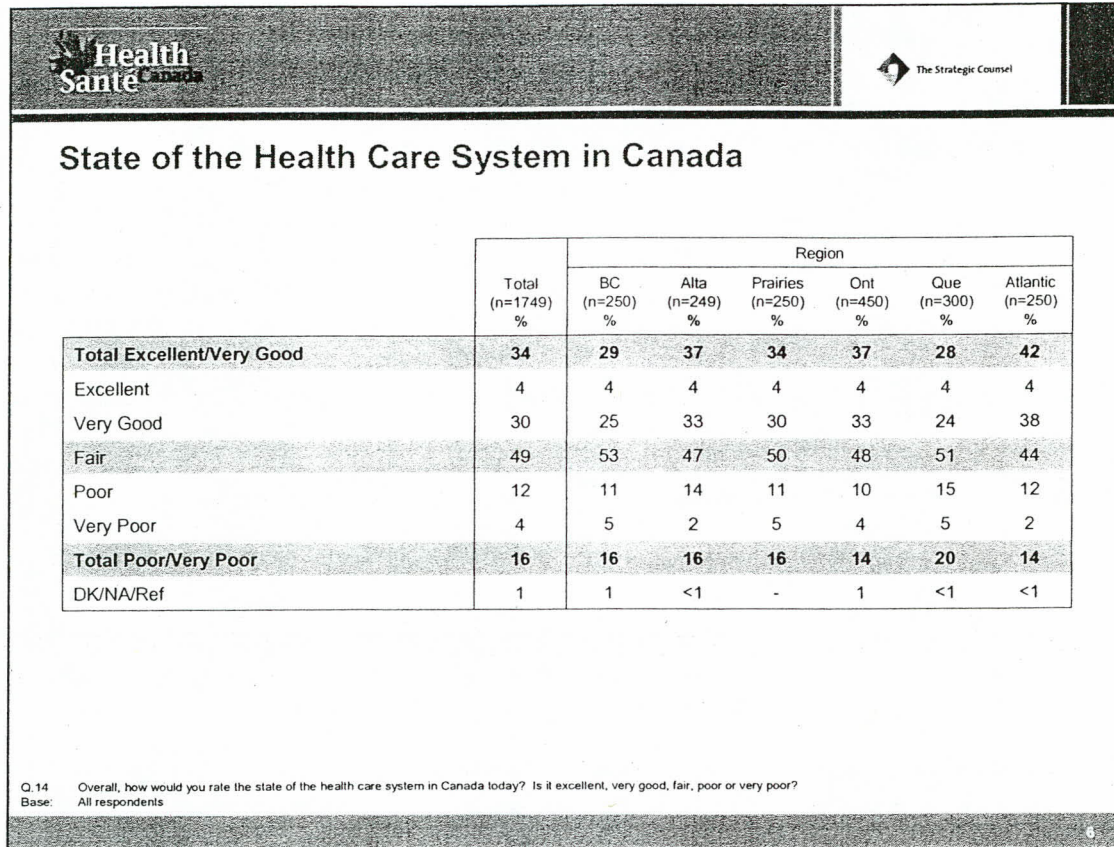
Perceptions of Canada's health care system vary widely by region (Figure 2). Residents of British Columbia and Quebec report the least confidence in the system, with less than 30 percent rating the system as "excellent" or "very good". This contrasts sharply with the Atlantic provinces where 42 percent give Canada's health care system a strong rating.

It is worth noting that much of the variability in ratings across the regions is in the "very good" category as opposed to the "excellent" category, which suggests that a consistent, and very small, percentage of Canadians see the national health care system as "excellent".



Assessment of the State of Health Care

Figure 2



Assessments of the state of health care in Canada vary by age, with younger Canadians holding a more negative impression of the health care system. Twenty-nine percent of those aged 18 to 24 years of age rate the system as “excellent” or “very good”, compared to 37 percent of those aged 55 to 64 and 44 percent of those aged 65 and older. Given that those 55 years and older may have more contact with the health care system, their more positive rating may be a result of the fact that they have a broader context for assessment.

Although one might conjecture that use of the health care system may impact views on the state of health care, the findings show little evidence of this. Among those who have used health care services in the last 12 months, marginally greater numbers (36%) assess the system as “very good” or “excellent” compared to those who have not used the system over the same time period (30%).

By the same token, about equal numbers, approximately one-third, regardless of their self-assessed personal health status, rate the system as either “very good” or “excellent.”



Assessment of the State of Health Care

Although those who have contacted Health Canada (30%) are not substantially different in their views on the state of health care compared to those who have not contacted the Department (35%), there is a considerable gap in positive assessments of the health care system between those who contacted the Department and who rate their interaction as satisfactory (35%) versus those who were dissatisfied (19%).

In Section VII ratings of the performance of Health Canada are examined along with findings pertaining to those factors which most influence perceptions of the organization. We note that those whose impressions of Health Canada are mostly influenced by their own personal experience or the media are more likely (38% and 35% respectively) to rate the health care system more positively than are those whose opinions are mostly shaped by the experience of others (27%). This latter group is more likely to rate the system as fair (54%) compared to the national average (49%). These findings support the notion that word-of-mouth or third party assessments may be serving to reinforce popular myths relating to the condition of Canada's health care system.

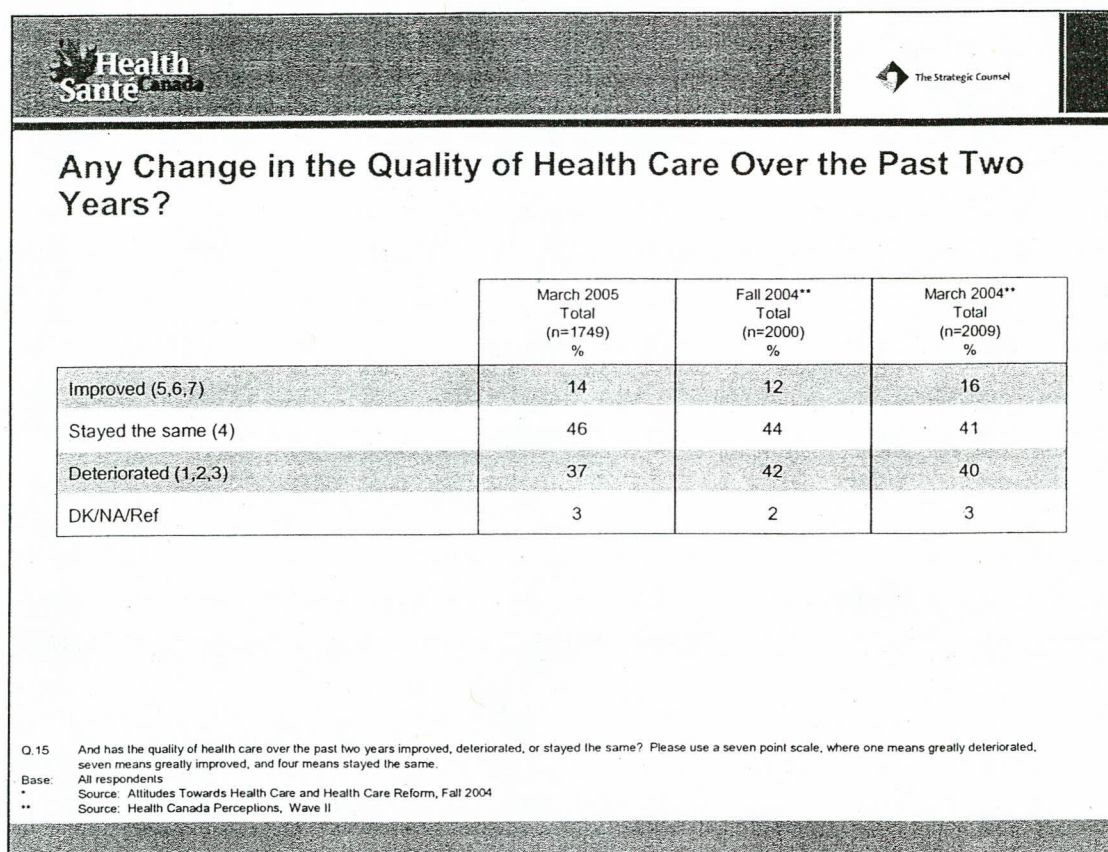
The research suggests that the increase in positive attributions with respect to health care has less to do with perceived improvements in the health care system than it does with a drop in the number who perceive the system is deteriorating. In Fall 2004, 42 percent reported that the health care system had deteriorated over the last 2 years. By March 2005, this figure decreased to 37 percent (Figure 3).

The sub-segment of the population who believe that the health care system has remained consistent is slowly increasing. In March 2004, 41 percent reported that the quality of health care in Canada was the same as two years previously. By March 2005, this figure increased to 46 percent. While this response provokes some concern given the perceived state of health care today, it is an improvement considering that the percentage reporting a deterioration of the system has decreased.



Assessment of the State of Health Care

Figure 3

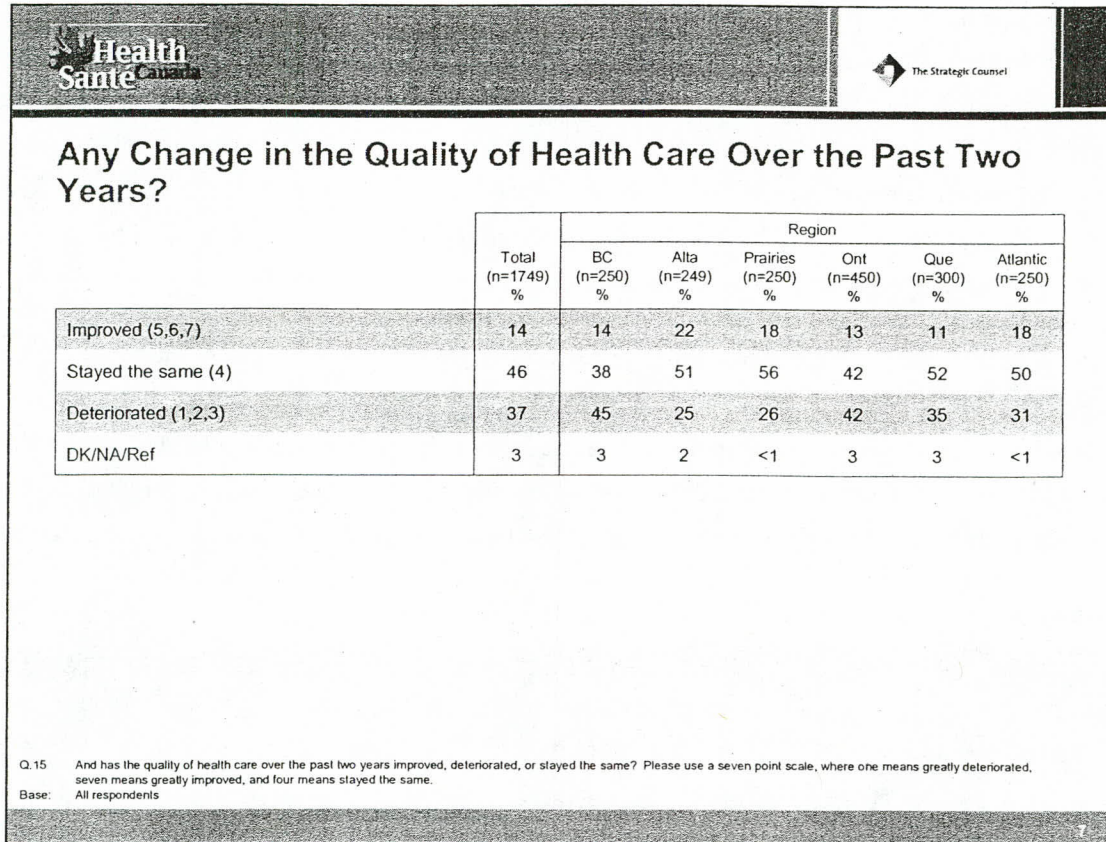


In terms of perceived changes in the health care system over the last two years, regional disparities are generally in line with overall health care ratings (Figure 4). Alberta residents, who rated the health care system more positively than the national average, are more likely to report that the system has improved and less likely to report that it has deteriorated. This rating is consistent in the Prairies, suggesting that the mid-west has a more positive view of Canada's health care system than other regions. By contrast, respondents in British Columbia, who gave the system lower than average ratings, are more likely than other regions to report that the system has deteriorated.



Assessment of the State of Health Care

Figure 4



There is some variation in health care ratings by age. Those between the ages of 18 and 24 years, who gave the health care system a relatively poor rating, are more likely than average to report improvement (21% versus 14%) and less likely than average to report that it has deteriorated (22% versus 37%). By contrast, those in their mid-20's to mid-40's are least likely to report improvement (9% versus 14%).

The last six months have brought a significant shift in perspective with respect to who is primarily responsible for perceived changes to the health care system. Since the First Ministers' Meeting, Canadians are more likely to attribute positive change to the federal government, while the role of the provinces is increasingly coming into question.

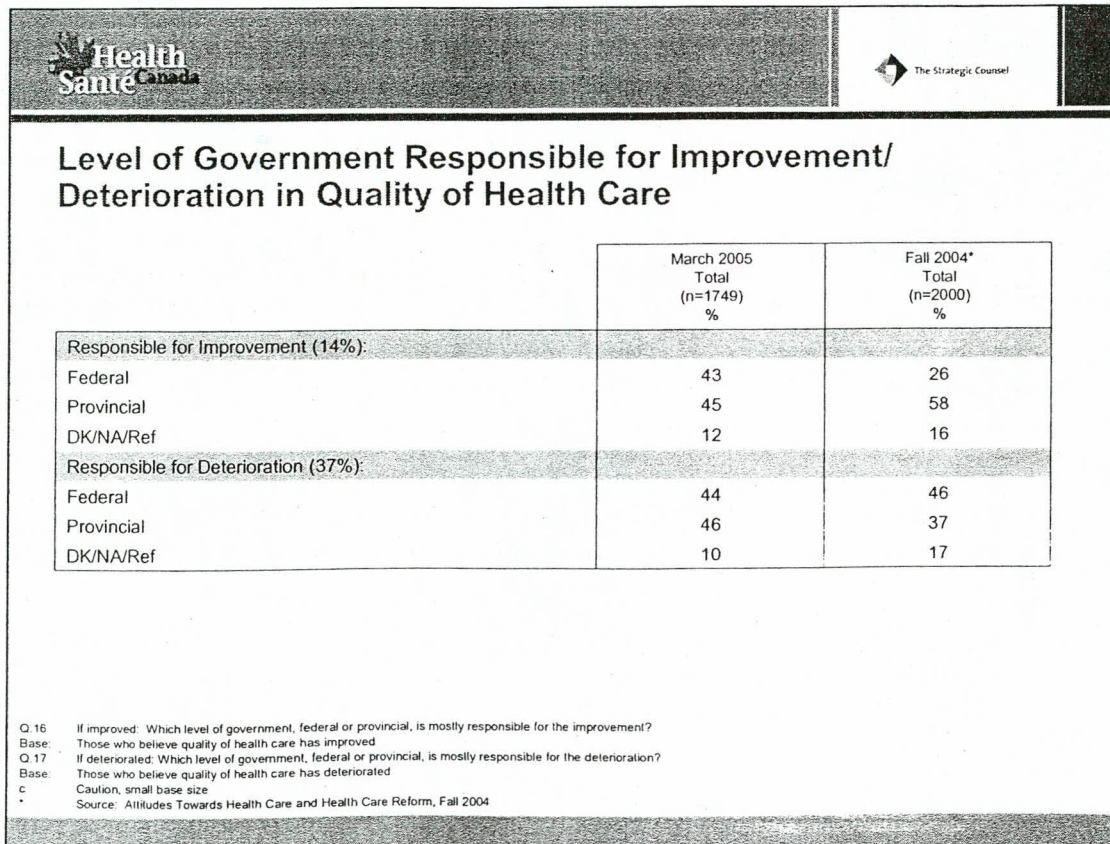


Assessment of the State of Health Care

Canadians were more likely to give the provinces credit for improving the state of the health care system in Fall 2004 than they are now in Spring 2005. In Fall 2004, fifty-eight percent of those who felt that health care had improved credited their provincial government, while only a quarter (26%) felt that the federal government could take credit for improvements. By March 2005, the credit allocated to the federal government has increased significantly: 43 percent of those who report that the health care system has improved now credit Ottawa for the change. Similarly, those giving credit to the provincial jurisdiction with respect to any improvements in the system has dropped to 45 percent.

Those who feel that the quality of the health care system has deteriorated are prone to similar mood swings with respect to the provincial government (Figure 5). Post the last First Ministers' meeting, over one-third (37%) of those who felt that the quality of health care has declined in Canada held the provinces accountable. This figure has climbed nine points in the last six months, so that close to one-half (46%) now claim that the provincial government is largely responsible for the deterioration of health care.

Figure 5





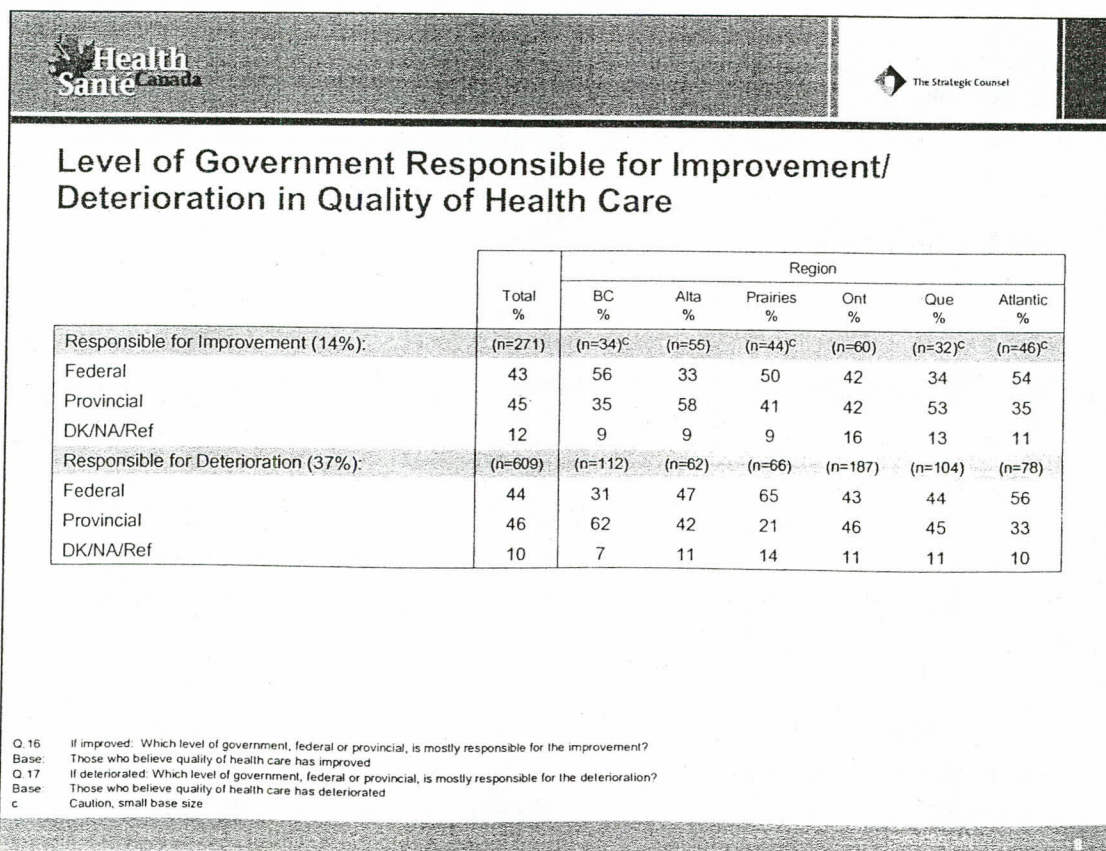
Assessment of the State of Health Care

Perhaps not surprisingly, the credit given to the federal and provincial government for the state of health care varies by region. Although sample sizes are small, the data in Figure 6 suggests that Alberta and Quebec residents are more inclined to look favourably on their provincial government – both provinces are more likely than average to credit the provincial government for improvements in health care (58% and 53% compared to 45% national average). Interestingly, they are not necessarily more likely to hold the federal government accountable for any perceived deterioration.

By contrast, B.C. residents give much more credit to the federal government – they are more likely to credit the federal government with improvements and less likely to hold them accountable for any perceived deterioration.

The data suggests that residents of the Prairies and the Atlantic feel that the federal government holds much more sway than their provincial governments when it comes to changes in health care. Residents of these areas are more likely than average to cite the federal government as responsible for both improvements and deterioration in the health care system. This may be related to their perceptions of the relative fiscal and political power of their provinces to affect real change on major issues such as health care.

Figure 6



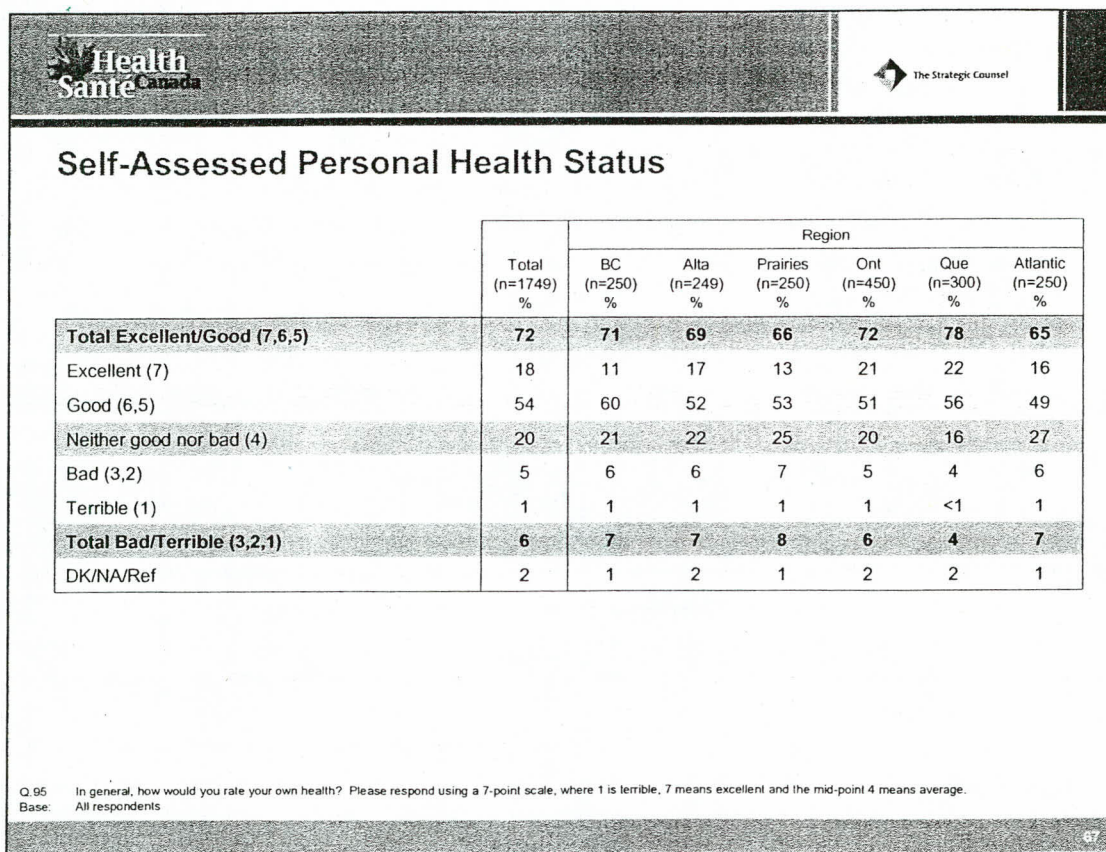


Assessment of the State of Health Care

B. Contact with the Health Care System

Canadians report overall good health and regular health care visits. Seven-in-ten Canadians (72%) report that their health is “excellent” or “good”. There is some regional variation, however, with 78 percent of Quebec residents and only 65 percent of Atlantic residents describing their health status as good (Figure 7).

Figure 7



The data support other population health statistics and evidence that demonstrates a relationship between health status and economic status. Age, not surprisingly, is a significant influencer on self-assessed health status. While two-thirds of those 18 to 24 years of age (67%) rate their health as very good (a 6 or a 7 on a 7-point scale), only 44 percent of those 65 years and older give themselves the same rating.

In addition, only 41 percent of those with an income under \$20,000 rate their health a 6 or a 7. This figure climbs to 63 percent among those with an annual household income of \$80,000 or more. And, those with a higher level of formal education are more likely to report good health. Among those with a high school diploma or less, 40 percent rate their health a 6 or a 7, a figure that increases to 57 percent among university graduates.

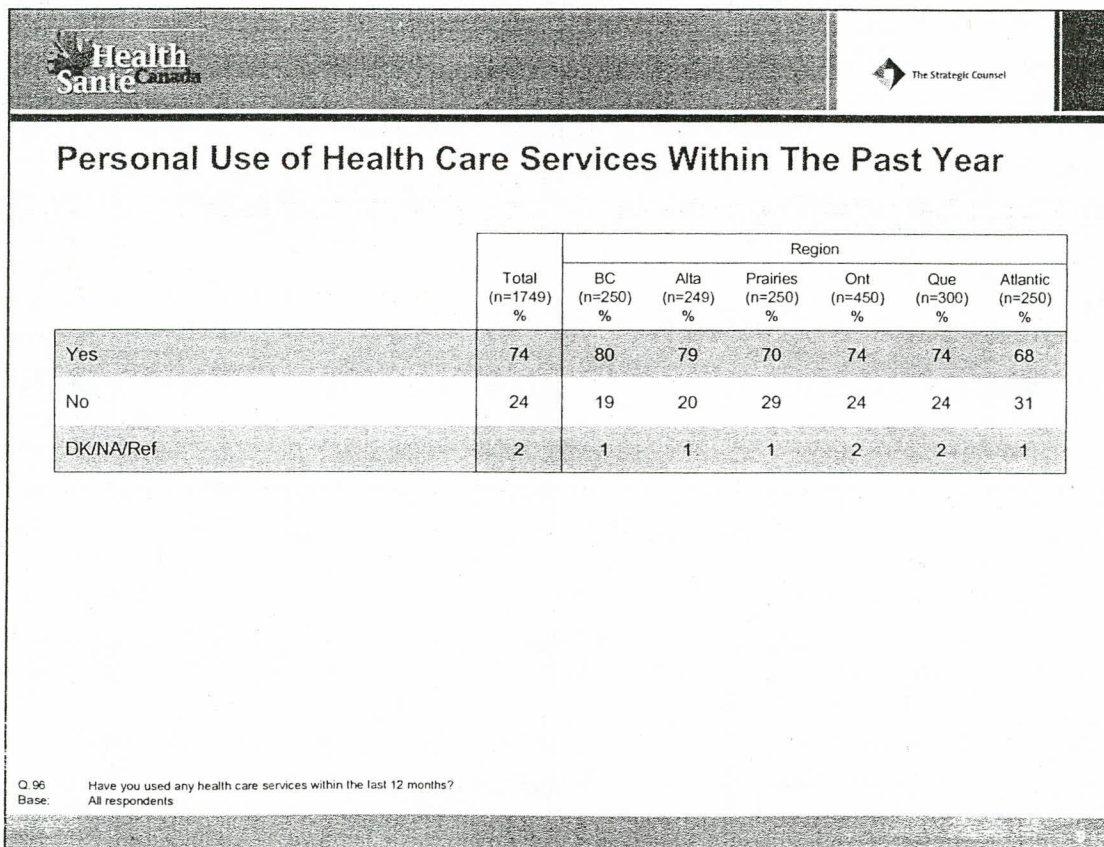


Assessment of the State of Health Care

On average, three-quarters of Canadians (74%) report having used health care services in the past twelve months (a figure that is somewhat higher in British Columbia (80%) and Alberta (79%) and somewhat lower in the Atlantic (68%)). This figure climbs markedly once an individual reaches age 25, and then continues to increase incrementally with age. Sixty-one percent of respondents between 18 and 24 years of age have used health care services in the past year, compared to 72 percent among those aged 25 to 34. Past age 35, this figure climbs slowly, reaching its peak among those aged 65 years and older, 80 percent of whom have used health care services over the past year.

Women are more likely than men to have been exposed to health care services over the past year, with 78 percent of women reporting exposure to health care services, compared to 71 percent of men.

Figure 8



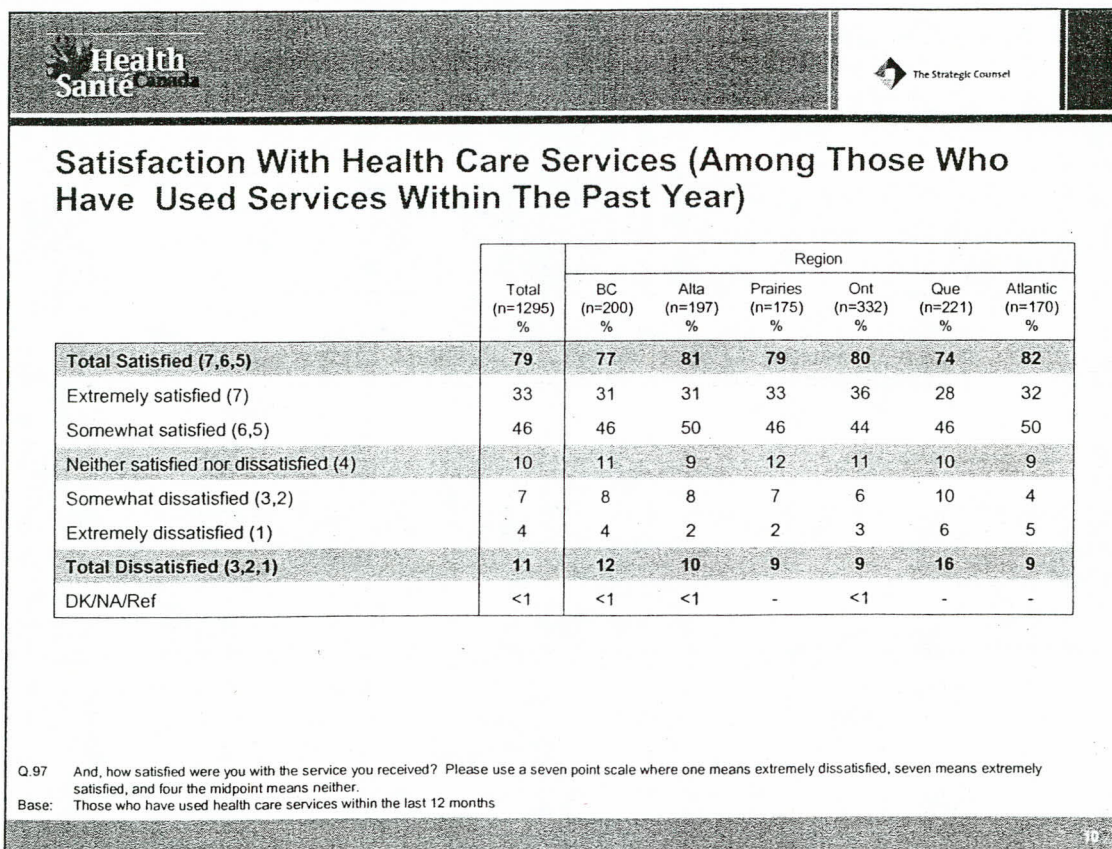
Interestingly, personal experience with the health care system does not necessarily bear out respondents' ratings of the health care system overall and their reported concerns (Figure 9). Among those who have used the health care system in the past year, overall satisfaction with their experience is high: eight-in-ten (79%) report that they were satisfied with the service that they received. This figure is relatively consistent by region (with a slight dip in Quebec).



Assessment of the State of Health Care

It is worth noting, however, that the majority of those who are satisfied indicate that they are “somewhat satisfied”. This equates to forty-six per cent of those who have used the health care system in the past year describing their experience somewhat satisfying. This tendency towards moderate levels of satisfaction may account for Canadians’ relatively weak overall evaluation of the health care system.

Figure 9



As with satisfaction with the health care system overall, satisfaction with health care services received tends to increase with age. While 70 percent of those between the ages of 25 and 34 report satisfaction, 86 percent of those 65 years and older were satisfied with the service received during health care visits over the past year.

Positive attitudes at both the personal and broad systemic level are clearly reinforcing. In general, those who rate the system positively are also more inclined to express a higher level of satisfaction with the health care services they have received in the last year. Those who rate the system positively, as very good or excellent, are substantially more likely to rate their personal experience as satisfactory (88%) compared to those who rate the system as poor or very poor (51%).



IV. Health Priorities



Health Priorities

A. Introduction

We know from focus groups that Canadians' priorities centre on improvements to health care delivery and the patient/professional interface. Over the last few years Canadians have expressed high levels of concern about waiting times and access to health care professionals and have pointed to inadequate funding of the health care system as, in large part although not exclusively, responsible for the current state of affairs.

In this survey we see a continuing focus on waiting times, shortages of health care professionals, disease and funding as critical issues within the health care sector. In addition, we examined the public perspective on another level of priorities, looking more closely at the some key areas within the mandate of Health Canada as a funding body, regulator and promoter of healthy living, among other responsibilities. Those areas that continue to be rated as very important to Canadians include management of infectious diseases, funding of the health care system and oversight of the drug approvals process.

B. Top-of-Mind Health Priorities

Respondents were first asked to identify their top and second most important health issues, those about which they were most concerned. Their responses indicate that Canadians are about equally concerned over a range of issues, including waiting times, shortages of health care professionals as well as treatment of prevalent diseases/conditions such as cancer, heart disease and strokes and obesity and/or the spread of infectious diseases. Funding, while among the top four issues identified by respondents, garners substantially less attention as the most critical issue. Clearly Canadians continue to focus on treatment and prevention of illness/disease, while funding is seen to be a part of, but not exclusively, the problem, with the system.

Table 1 below highlights the top four issues, showing the percentage of Canadians who identified each as the most important issue, as well as those that identified it either as their first or second most important issue, combined.

Table 1

	% Saying "Top Issue"	% Saying "Top or Second Issue"	REGION (% saying "Top Issue")					
			Atl.	Ont.	Que.	Prairies	Alta.	B.C.
Shortages of Professionals	20	32	19	29	16	19	9	10
Waiting times	20	31	17	14	23	28	24	24
Disease	15	20	23	10	26	10	11	9
Funding	5	9	4	5	5	2	2	5



Health Priorities

There are some interesting and striking variations in concern over specific health issues across the regions. It is clear that Ontarians are substantially more concerned about shortages of professionals (29% rated it as their top issue) as compared to waiting times (14%), although the latter remains a significant issue. Indeed, almost 10% more Ontarians rated shortages as their top issue than did anywhere else in Canada.

The reverse situation is true in Alberta, where substantially fewer identified shortages as their top issue (9%) as compared to waiting times and overcrowding (24%).

Interestingly in Quebec and in Atlantic Canada about equal numbers identify waiting times and disease as their top issues (between one-in-five to one-in four in each case). Addressing issues such as cancer in particular is a substantially greater concern in these regions, by comparison to what we find identified as a top issue in other parts of Canada.

Figure 10

 							
Most Important Health Issue Facing the Country							
	Total (n=1749) %	Region					
		BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
NET Wait times	20	24	24	28	14	23	17
Waiting time/system is slow	8	8	14	9	7	8	7
Waiting lists/over-crowded emergency rooms	4	3	1	1	3	9	2
Waiting lists for surgeries/operations	3	7	2	7	2	1	4
Waiting lists (general)	2	2	4	7	1	4	<1
Waiting lists to see specialists	1	1	2	1	<1	1	1
Waiting list for tests (general)	1	1	<1	1	1	-	<1
Waiting list for various procedures	1	1	-	<1	1	-	1
Waiting for MRI	<1	-	<1	-	<1	-	<1
Waiting for treatment	<1	-	-	1	<1	-	<1
Waiting for cancer treatment	<1	<1	-	-	-	-	-
NET Shortage of Health Care Professionals	20	10	9	19	29	16	15
Not enough doctors/access to doctors	16	5	6	15	25	11	10
Shortage of staff/health care professionals	3	4	2	2	2	4	2
Shortage of nurses	1	1	-	1	2	1	1

Q.1 I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. And what is the second most important health issue facing the country?

Base: All respondents



Health Priorities

Health Santé Canada		The Strategic Counsel					
Most Important Health Issue Facing the Country (cont'd)							
	Total (n=1749) %	Region					
		BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
NET Disease/Illness	15	9	11	10	10	26	23
Cancer	8	3	7	6	4	17	12
Obesity/lack of exercise	2	1	1	2	1	2	2
Heart/stroke problems	1	<1	1	2	1	1	5
Diseases (other mentions)	1	1	<1	-	1	2	2
Flu (general)	1	-	-	-	1	1	<1
AIDS/HIV	1	1	<1	<1	<1	<1	<1
Mental Health	1	1	1	-	-	1	1
Diabetes	1	1	-	<1	<1	1	<1
Alzheimer's Disease	1	<1	-	-	<1	1	-
Bird Flu/Avian Flu	<1	-	-	<1	<1	-	-
NET Funding	5	5	2	2	5	5	4
Lack of money/funding cutbacks	4	4	2	2	4	4	3
Lack of funding to hospitals	1	1	-	<1	1	1	1
Funding for research	<1	-	-	-	<1	<1	-
Q.1 I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. And what is the second most important health issue facing the country? Base: All respondents							

Health Santé Canada		The Strategic Counsel					
Most Important Health Issue Facing the Country (cont'd)							
	Total (n=1749) %	Region					
		BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
NET Over-Crowded Hospital/Lack of Hospitals	4	8	5	4	3	3	4
Shortage of hospital beds/over-crowded hospitals	3	6	2	2	2	3	2
Lack of Hospitals	1	3	3	2	1	<1	1
Quality of Health Care	5	8	6	4	6	2	4
NET Cost to The Public	4	5	6	4	5	2	3
Services not covered/cost/you have to pay	3	2	6	2	5	2	2
Cost of drugs/government won't pay for drugs	1	3	-	2	1	-	1
Access/availability	3	4	6	3	3	3	1
NET Seniors Issues	3	4	4	4	2	2	8
Political Issues	2	3	4	1	2	1	2
Aging population/the baby-boomers are maturing	1	2	<1	1	1	2	1
Other	9	7	13	10	11	8	6
DK/NA/REF	1	3	<1	<1	1	-	1
Q.1 I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. And what is the second most important health issue facing the country? Base: All respondents Note: "Other" includes mentions of 1% or less							



Health Priorities

 							
Most Important Health Issue Facing the Country – Total Mentions							
	Total (n=1749) %	Region					
		BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
NET Shortage of Health Care Professionals	32	22	17	31	41	27	34
Not enough doctors/access to doctors	24	13	13	23	36	17	28
Shortage of staff/health care professionals	5	7	3	5	4	7	4
Shortage of nurses	2	2	-	2	3	2	3
Need more skilled/qualified doctors	<1	1	<1	2	-	-	-
NET Wait times	31	34	35	38	28	34	26
Waiting time/system is slow	13	13	19	13	12	13	12
Waiting lists/over-crowded emergency rooms	7	6	3	1	6	13	4
Waiting lists for surgeries/operations	6	10	5	13	4	3	7
Waiting lists (general)	4	4	5	10	1	6	1
Waiting lists to see specialists	2	2	4	1	1	1	2
Waiting list for tests (general)	1	1	<1	2	1	-	<1
Waiting list for various procedures	1	1	-	<1	1	-	1
Waiting for cancer treatment	1	1	-	-	1	<1	<1
Waiting for MRI	<1	-	1	-	<1	-	<1
Waiting for treatment	<1	-	-	1	<1	-	<1
Q.1 I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. And what is the second most important health issue facing the country? Base: All respondents							
 							
Most Important Health Issue Facing the Country – Total Mentions (cont'd)							
	Total (n=1749) %	Region					
		BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
NET Disease/Illness	20	12	17	13	14	33	27
Cancer	11	5	10	6	6	20	18
Heart/stroke problems	5	1	4	5	3	8	12
Diseases (other mentions)	4	2	2	2	3	8	4
Obesity/lack of exercise	3	3	4	4	2	5	3
AIDS/HIV	2	2	1	1	1	2	2
Alzheimer's Disease	1	<1	-	-	<1	1	-
Diabetes	1	1	-	1	<1	2	1
Flu (general)	1	<1	<1	<1	1	1	<1
Mental Health	1	1	1	-	<1	1	1
Bird Flu/Avian Flu	<1	-	<1	<1	1	-	-
NET Funding	9	8	10	5	9	9	7
Lack of money/funding cutbacks	7	6	8	4	7	7	5
Lack of funding to hospitals	1	2	1	<1	2	1	2
Funding for research	1	-	<1	<1	<1	1	-
Q.1 I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. And what is the second most important health issue facing the country? Base: All respondents							



Health Priorities

 							
Most Important Health Issue Facing the Country – Total Mentions (cont'd)							
	Total (n=1749) %	Region					
		BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
NET Cost to The Public:	9	10	10	7	12	3	9
Services not covered/cost/you have to pay	7	5	9	4	10	3	6
Cost of drugs/government won't pay for drugs	2	6	1	4	2	-	4
NET Over-Crowded Hospital/Lack of Hospitals	7	12	7	10	6	6	6
Shortage of hospital beds/over-crowded hospitals	5	9	3	7	4	5	3
Lack of Hospitals	2	3	4	3	2	1	2
Quality of Health Care	7	9	7	7	8	5	5
NET Seniors Issues	6	9	5	6	6	3	10
Access/availability	5	4	8	4	4	5	2
Political Issues	4	7	8	3	4	3	3
Aging population/the baby-boomers are maturing	2	4	1	2	2	3	2
Mismanagement of funds/funds not being used properly	2	1	3	3	3	2	-
Smoking cigarettes	2	1	2	3	1	2	2
Other	16	14	18	15	17	15	15
DK/NA/REF	9	12	10	12	9	7	9

Q.1 I'd like to begin by asking you what you consider to be the most important health issue facing the country, that is the one that you are most concerned about. And what is the second most important health issue facing the country?

Base: All respondents

Note: "Other" includes mentions of 1% or less

One might expect to encounter significant variations in the identification of top issues by community size. This is, however, not the case. The issue of waiting times ranks as the top issue by about one-in-five respondents across all community sizes, including those in communities of under 10,000 as well as those residing in Canada's largest urban centres of one million or more.

Somewhat greater variability in responses by community size is evident on the issue of shortages of health care professionals. In communities of 30,000 to just under 100,000, about one-in-four respondents (24%) identified shortages as their top issue, compared to 16 percent in communities of 100,000 to under one million and communities of 10,000 to just under 30,000. Notably, residents of rural communities (population 10,000 or less) were about as likely as the national average (19% versus 20% respectively) to cite shortages of health care professionals as their top issue.



Health Priorities

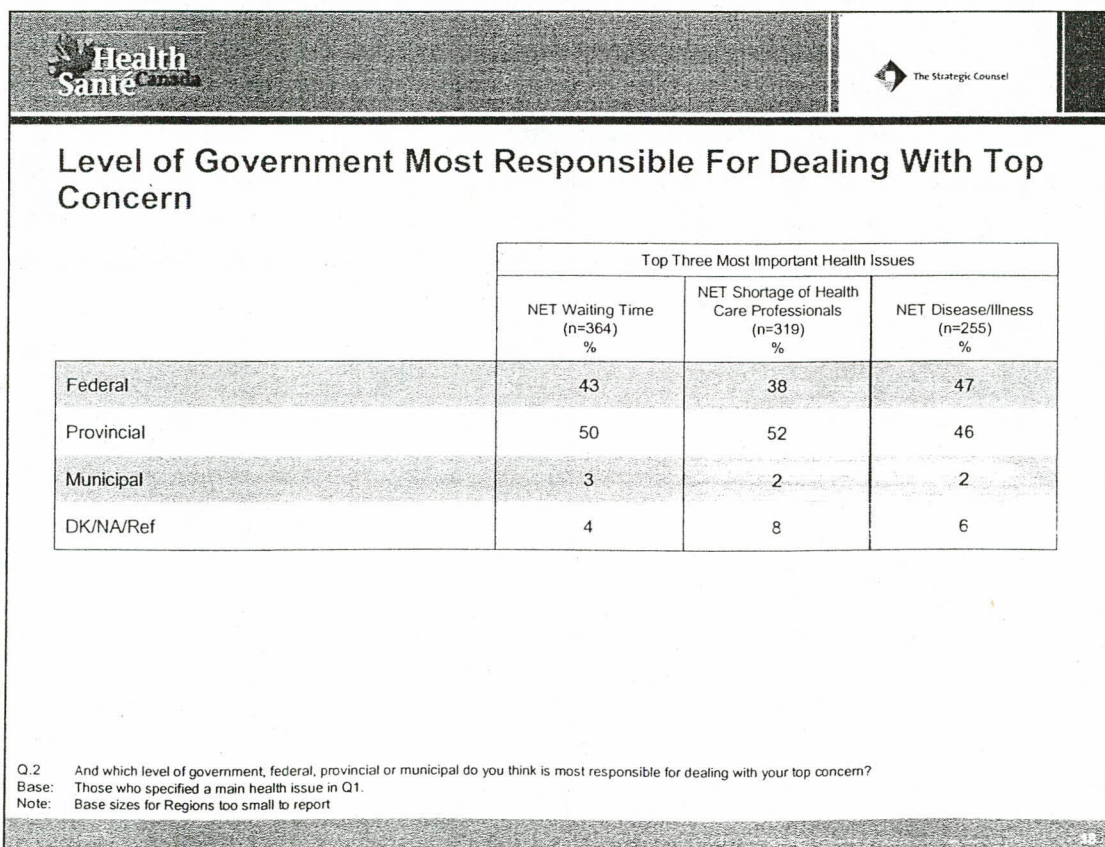
Those who rate the state of health care as “very poor” are more likely than average to cite shortages of doctors as their top issue (40%).

English speaking Canadians (27%) are more likely than French speaking Canadians (16%) to cite shortages of doctors as their top concern.

C. Responsibility for Addressing Top Health Priorities

On balance, Canadians view their provincial government as having principal responsibility for dealing with their top issue, particularly with respect to addressing shortages (52%) and waiting times (50%). At the same time, the federal government is highly implicated in both these areas with about four-in-ten Canadians suggesting that it is the Government of Canada that is mostly responsible for dealing with waiting times (43%) and with shortages (38%). About the same numbers view the federal government (47%) as having responsibility for addressing issues around treatment and prevention of disease/illness as do their provincial government (46%). Inadequate sample sizes prevent further analysis of these findings by region or demographic subgroups.

Figure 11





Health Priorities

D. Importance of Health Issues

Virtually all of the issues tested were rated as important, or very important, by Canadians with the exception of preparing the Food Guide (25% rated as “very important” - “7” on a 7-point scale) and regulating the labelling and promotion of tobacco products (38%).

Canadians place a relatively high priority on responding to health emergencies and infectious disease outbreaks (70%), funding the health care system (69%) and ensuring the safety of pharmaceutical products (64%). A significant share of Canadians also rate regulatory oversight of both food (59%) and consumer products (50%) as very important. Promoting and protecting the principles of Medicare was rated as a very important health issue by 56 percent of Canadians.

Modest numbers of respondents rated encouraging Canadians to live healthier lifestyles (48%), providing health services to First Nations (44%) and ensuring environmental factors do not adversely affect the health of Canadians (44%) as very important issues.

A number of these items have been tracked over three points in time since 2001 (Table 2). For purposes of comparison with previous years' data, we have bundled together those saying “5, 6 or 7” (“somewhat/very important”). There has been little movement over this period with respect to the numbers of Canadians who rate these issues as important with three notable exceptions. We note an eight-point increase in the percentage of Canadians rating responding to health emergencies and infectious disease outbreaks as important (from 87% to 95%). Similarly, ensuring the safety of consumer products has increased by eight points in terms of the number of Canadians who now rate it as an important issue. And, ensuring the safety of pharmaceutical drugs has increased by six points, from 88 percent in the 2001 and 2004 surveys to 94 percent in 2005.



Health Priorities

Table 2
% Rating Health Issue as Important (5,6,7)

	March 2005	March* 2004	August* 2001
Responding to health emergencies and infectious disease outbreaks (2003 question wording: <i>Dealing with emerging health threats like SARS, West Nile Virus and Mad Cow</i>)	95	87	-
Ensuring the safety of pharmaceutical products (2003 question wording: <i>Approving drugs</i>)	94	88	88
Funding the health care system	93	94	94
Ensuring the safety of food products (2003 question wording: <i>Ensuring food safety</i>)	92	94	93
Ensuring the safety of consumer products	88	80	80
Ensuring environmental factors do not adversely affect the health of Canadians (2003 question wording: <i>Ensuring environmental factors do not adversely affect health</i>)	86	84	83
Encouraging Canadians to live healthier lifestyles (2003 question wording: <i>Ensuring information on how to live healthier lives is available to Canadians</i>)	84	83	80
Providing health care services to First Nations and Inuit people	77	80	79

*Ekos: Health Canada Perceptions Wave II – March 2004 data.

As a general rule, Atlantic Canadians were more inclined to rate each of these health issues as very important. By contrast, Albertans were less likely to rate a number of these items as very important including promoting the principles of Medicare (49%), encouraging healthy lifestyles (39%), ensuring that environmental factors do not adversely affect the health of Canadians (34%) and preparing the Canada Food Guide (17%).

Older Canadians, those with lower household incomes and lower levels of education as well as those who rate the overall state of health care as very poor are more inclined to rate each of these issues as very important. As was found in 2004, women tend to rate all these issues as more important than men. As shown in Table 3 below, the gender gap ranges from a nine-point difference on the assessment of the importance of preparing the Canada Food Guide to a 20-point difference on ensuring the safety of food products.



Health Priorities

Table 3
Gender Variations on the Importance of Health Issues
% Saying Very Important ("7" on a 7-point scale)

	National Average	Men	Women	Gender Gap
Responding to health emergencies and infectious disease outbreaks	70	64	76	+12
Funding the health care system	69	62	79	+17
Ensuring the safety of pharmaceutical products	64	56	72	+16
Ensuring the safety of food products	59	49	69	+20
Promoting and protecting the key principles of Medicare	56	49	64	+15
Ensuring the safety of consumer products	50	42	58	+16
Encouraging Canadians to live healthy lifestyles	48	41	56	+15
Providing health care services to First Nations	44	38	50	+12
Ensuring environmental factors do not adversely affect the health of Canadians	44	38	50	+12
Regulating the labelling and promotion of tobacco products	38	33	43	+10
Preparing the Canada Food Guide	25	21	28	+9

**Gap created by subtracting % "very important" figures for men from those for women.*



V. Health Canada: Awareness Of and Perceived Mandate



Health Canada: Awareness Of and Perceived Mandate

A. Introduction

Canadians believe Health Canada (and the federal government broadly) has an important mandate in respect of contributing to Canada's health system, based on levels of awareness of their role and involvement in key areas.

In this context, as we heard in the qualitative research prior to the First Ministers' Meeting (FMM) on Health Care (September 2004), Canadians expect the federal government to take an activist role as a guardian of the health care system and of health care for Canadians. This view of the results is grounded on the fact that, on virtually all of the policy areas, Canadians look to Health Canada (and, more broadly, to the federal government) to maintain prime responsibility for these functions. Interestingly, the public looks to Health Canada for leadership even though they express greater familiarity with their provincial health ministries than with Health Canada on a broad measure of familiarity with select health-related organizations. Even in Quebec, the public believes that Health Canada (and the federal government), not the provincial health ministry or the provincial government, should have the prime responsibility for key health care priorities. However, as noted below, there are a number of important exceptions to these perspectives.

In an open-ended question, Canadians were asked to identify the organization that had primary responsibility for each of eleven different areas of health care. This question was principally one of unprompted awareness (e.g. "Which organization IS responsible?") rather than of a preference for responsibility (e.g. "Which organization SHOULD BE responsible?"). The percentages listed below combine those who identified either Health Canada directly or the federal government in general as having primary responsibility for this priority. Based on their responses, we can group priorities into two tiers, the first tier comprising those policy or priority items for which at least four-in-ten Canadians identified Health Canada/the federal government as having primary responsibility. This suggests in what areas of health care the public holds Health Canada/the federal government as principally accountable and, therefore, where the collective, societal finger might be pointed in the event of an issue in any one of these areas.

This first tier category includes the following:

- Pharmaceutical product safety (53%);
- Regulating the labelling and promotion of tobacco products (50%);
- Preparing the Food Guide (49%);
- Ensuring the safety of consumer products (47%);
- Promoting and protecting the key principles of Medicare (42%); and
- Responding to health emergencies and infectious disease outbreaks (41%).



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The second tier is comprised of policy areas where federal departments and agencies, other than Health Canada and/or provincial governments and agencies are likely to also have key roles. The percentages shown in parentheses identify the number of Canadians who believe that Health Canada and/or the federal government broadly speaking has primary responsibility for this function:

- Ensuring environmental factors do not adversely affect the health of Canadians (39%);
- Encouraging Canadians to live healthy lifestyles (38%);
- Providing health care services to First Nations, that is aboriginal peoples and Inuit people (37%); Ensuring the safety of food products (36%); and
- Funding the health care system (32%).

The findings also reveal that there appears to be a stronger connection with Health Canada in the province of Quebec at least on the basis of awareness of its role and expressed familiarity with the department. First, Quebecers express higher levels of familiarity with Health Canada compared to the rest of Canada. This higher level of familiarity also plays out in perceptions that Health Canada (and, to a lesser extent, the federal government) has the lead in critical health areas. In fact, in certain areas, a higher proportion of Quebecers than Ontarians say Health Canada (as well as the federal government) has the primary responsibility for these policy areas. It is, however, difficult to ascertain on the basis of this line of questioning as to whether Quebecers believe Health Canada is best positioned, relative to their provincial health ministry or provincial government, to hold responsibility for each of these functions or whether there is simply a tendency to believe that the federal government generally tends to maintain control over a variety of functions that may in fact be better addressed by the province. Future surveys of this nature might consider inclusion of a measure of relative preferences for responsibility (federal versus provincial) with respect to a number of functions.

Nevertheless, there are a number of critical areas where Quebecers point to the provincial government as primarily responsible. As we heard in the FMM qualitative research, Quebecers look to their provincial government to protect the key principles of Medicare and provide funding for Medicare. Moreover, on certain issues, even though Quebecers look to Ottawa to take the lead, there is a larger proportion in this province (compared to the rest of the country) which looks to their provincial government to have the lead overall responsibility for health care.

There is another interesting and significant trend in the findings. Those Canadians who are more satisfied with the health care system are much more likely to believe that Health Canada has prime responsibility over key policy functions. If they are less satisfied with the health care system, they are more likely to think that another department or level of government has the lead. This underscores another key finding from the Post-FMM Tracking that Health Canada needs to show Canadians how the health care system is working and talk less about the problems in the system.



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The following section of the report details Canadians' views and perspectives on:

- Perceptions of the mandate of Health Canada and the federal government;
- Familiarity with Health Canada and select health organizations; and
- Perceived level of involvement of Health Canada in key areas.

The findings on the series of questions regarding organizational responsibility for various activities are analysed in two distinct ways. Top-of-mind general awareness of Health Canada was first calculated by including all mentions of Health Canada and/or federal ministry (or department) of health (see Figures 12-22) and reporting this combined result. This is a fairly generous (and realistic) approach in that respondents may not have mentioned Health Canada by name, but may have offered a response of "the federal Department of Health" or "the federal Ministry of Health" which suggests they know the function resides with the federal government. However, a second calculation is also included in order to measure pure top-of-mind brand recognition for Health Canada alone. This calculation of open-ended responses includes only those who specifically identified Health Canada by name as having responsibility for a particular activity (see Figures 23 and 24). When this second more narrowly defined measure of brand recognition is employed the reader will note that "true brand name recognition" is much lower as compared to the first measure.

The awareness scale used in this second calculation can be likened to a bulls-eye with the target "Health Canada" at the center. The outer rings denote mentions that are increasingly less specific to the Department and/or a health ministry of the federal government. The central part of the bulls-eye (which represents correct brand recognition) includes those who associate the name "Health Canada" with specific mandate activities. The second ring includes mentions of a federal government health ministry or department, which is generally correct if somewhat less specific than the bull's-eye. The third ring is comprised of general federal government mentions (or other federal government departments) which signifies that the respondent identified the federal level of government as responsible, if not the correct department. The outer ring is comprised of unspecified government mentions, many of which undoubtedly refer to a federal government role. Outside the ring are provincial government mentions and mentions of other organizations – which do not acknowledge any federal government role in a particular mandate.

Using this approach, we find that although most Canadians have very low levels of top-of-mind awareness of the name "Health Canada" or "Santé Canada" in each of the areas examined, a large percentage do demonstrate an awareness of federal responsibility in these areas.



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B. Top-of-Mind General Awareness of Health Canada's Mandate

1. Ensuring the Safety of Pharmaceutical Products

A broad spectrum of Canadians recognizes and understands that the federal government, specifically Health Canada, is responsible for ensuring the safety of pharmaceutical products (Figure 12). Nationally, just over one-in-two Canadians (53%) associated ensuring the safety of pharmaceutical products with the federal government/Health Canada, with 31 percent specifically naming Health Canada as responsible for this area of public policy.

Interestingly, those with the view that the health care system is in excellent shape are much more likely (41%) to believe that Health Canada is responsible for pharmaceutical product safety, while those who think the system is in poor shape are much less likely (22%) to associate this policy role with Health Canada. Notably, those who have lower trust in Health Canada are much more likely to identify this role with Health Canada, suggesting that Health Canada's reputation may hinge to a significant degree on its performance in regulating drug safety.

Moreover, those who claim to have a lot of knowledge about Health Canada (36%) are much more likely to believe that this department is responsible for pharmaceutical product safety, while those with little knowledge are obviously less likely (19%) to believe this to be true.

There are three key regional variations worth noting with respect to perceptions about which agency is responsible for this policy area:

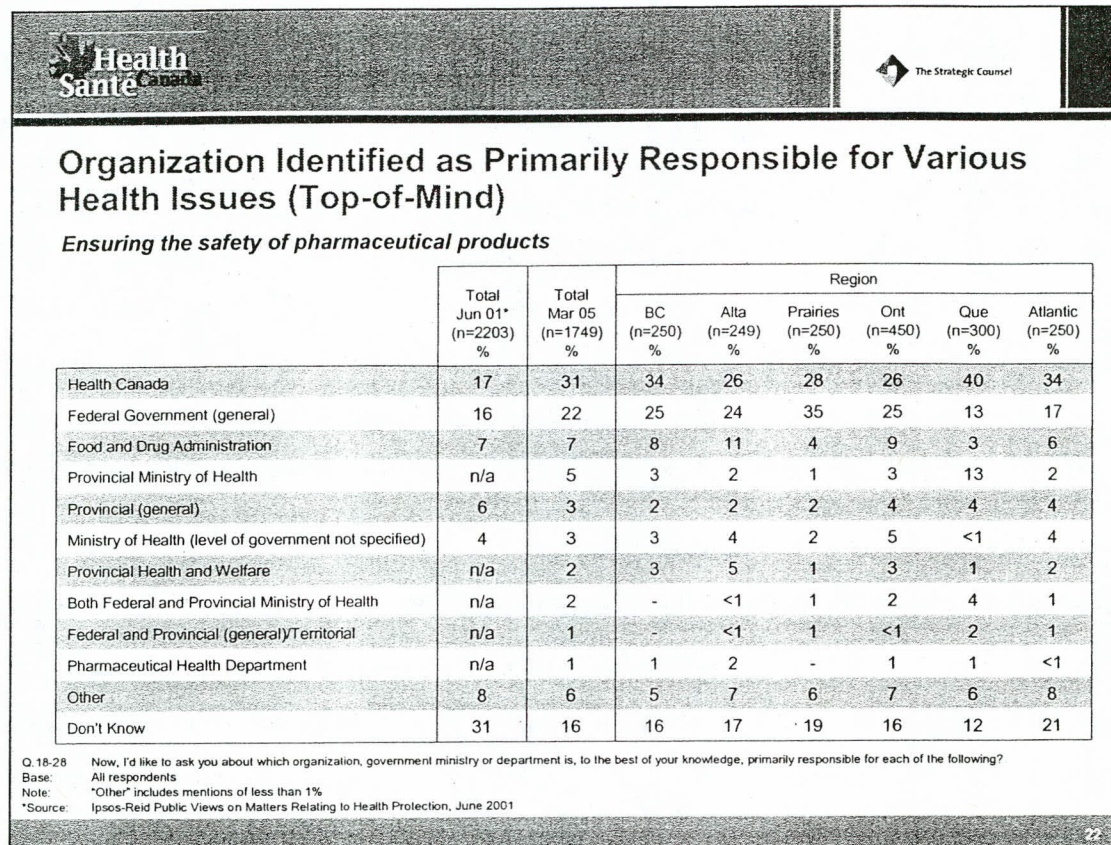
- Quebecers more closely identify this function with Health Canada than other Canadians. Quebecers are more likely than the rest of Canada to identify Health Canada (40%) as being responsible for pharmaceutical product safety, while being less likely to associate this function with the federal government (13%) generically. Consistent with their provincial orientation, Quebecers (13%) are also, at the same time, more likely to identify this function as provincial compared to the rest of Canadians;
- British Columbians (59%) are the most likely to believe that the federal government/Health Canada combined (with 34% citing Health Canada) is responsible for pharmaceutical product safety; and
- While Ontarians and Albertans are similar to the national average in associating this function with the federal government/Health Canada, it is evident that they are less inclined to identify this function specifically with Health Canada (26%) compared to the national average.

Notably, those who have seen advertising related to health or health care from the Government of Canada (34%) are more likely than those who have not (28%) to associate Health Canada with ensuring the safety of pharmaceutical products.



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Figure 12



There are also some interesting demographic trends regarding Ottawa's perceived responsibility for pharmaceutical product safety. Table 4 shows that better educated and more affluent Canadians associate jurisdictional responsibility specifically with Health Canada. The following is a summary of these key demographic differences:

Table 4

Household Incomes	Federal government	Health Canada
\$60,000>	25%	36%
<\$20,000	20%	22%
Education		
Completed university	24%	37%
High school or less	23%	25%



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2. Regulating the Labelling and Promotion of Tobacco Products

Canadians generally identify tobacco product labelling and promotion with the federal government: just less than 1-in-3 (28%) believes that tobacco product labelling and promotion falls within the purview of Health Canada, while 22 percent cite the federal government generically. Less than 1-in-10 (9%) see this regulatory area as falling within provincial responsibility (Figure 13).

Again, those Canadians less trusting of Health Canada are the least inclined (22%) to think that this regulatory area is within the scope of Health Canada.

There are some interesting regional differences. Once again, Quebecers are clearly the most inclined (39%) to link tobacco product labelling and promotion regulation with Ottawa. Given this, it is not surprising that 42 percent of francophones take a similar view. Reflecting their provincial loyalties, however, this population is the most likely (compared to the rest of Canada) to think that the provincial government is responsible for this regulatory area. Moreover, francophones are also the sub-group among the population with the lowest proportion indicating “don’t know”.

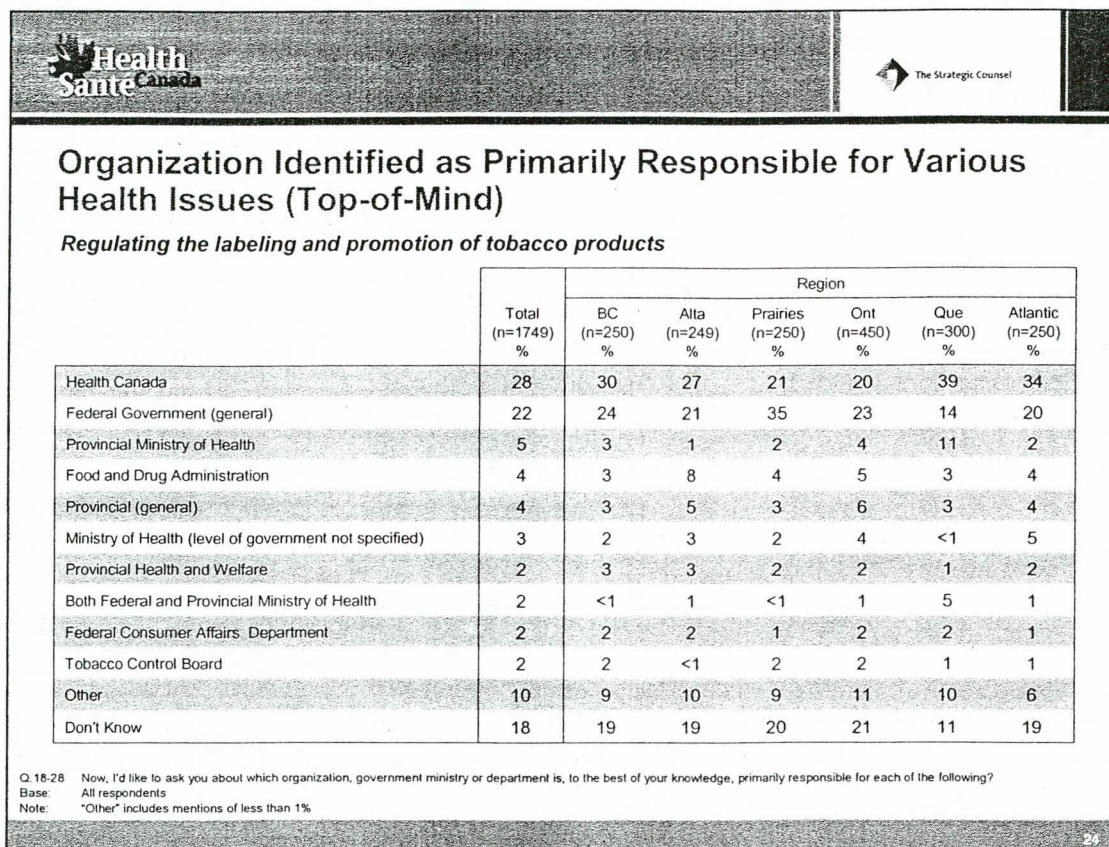
Equally interesting is the substantially lower proportion of Ontarians who associate this regulatory area with Health Canada (20%). Only 23 percent linked this area with the federal government on a generic basis. This is surprising given that Ontarians typically identify more strongly with Ottawa than Quebecers. It is also somewhat surprising given the extent of advertising that has been undertaken by Health Canada/the Government of Canada to promote smoking cessation.

Prairie residents are also much less inclined to associate this function with Health Canada, although they have a more pronounced tendency to believe this area falls within the jurisdiction of the federal government generically.



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Figure 13



Again, there are comparable demographic variations: those with higher levels of education (particularly university graduates – 38%) and those with higher household incomes (over \$80,000 – 33%) see tobacco product labelling and promotion regulation as a Health Canada responsibility. Consistently, those with less education and lower incomes are much less knowledgeable (24% and 25% respectively) of Health Canada's responsibility in this area.

3. Preparing the Food Guide

Clearly, the Food Guide is another key responsibility that is closely associated with Health Canada (Figure 14). Almost one-third of Canadians (30%) identify the Food Guide with Health Canada, while another 19 percent associate it with the federal government at a more generic level.

Similar to the findings for pharmaceutical product safety, Canadians who see the health care system as being in good shape are more likely (36%) to believe that the Food Guide is the responsibility of Health Canada. Not surprisingly, those who claim a lot of knowledge of Health Canada are again more likely (36%) to believe this to be true. Plus, those Canadians who are distrustful of Health Canada are less likely to link the Food Guide with Health Canada.

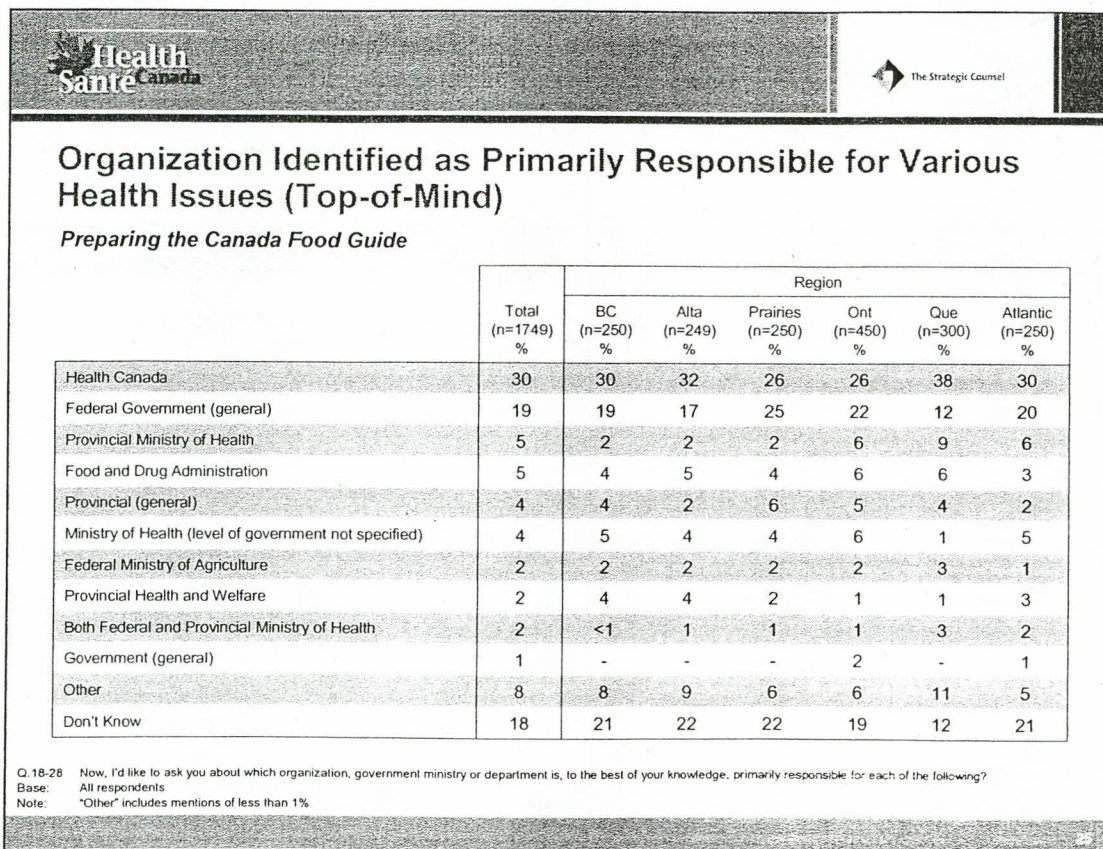


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There are two regional trends with respect to the agency which is seen to have responsibility for the Food Guide. Quebecers are somewhat bi-polar. On the one hand they have a higher propensity (38%) to associate the Food Guide with Health Canada than do other Canadians. Consistent with this finding, francophones are the most aware (39%) that this publication is prepared by Health Canada. But, on the other hand, a higher proportion of Quebecers also associate this guide with the provincial government. This group is also the least likely to indicate “don’t know.”

Again, Albertans and Ontarians are the least likely (26%) to believe that Health Canada prepares the Food Guide.

Figure 14





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Among the key demographic differences revealed in the findings, those with higher levels of education (completed university: 38%) and the more affluent (>\$80,000: 38%) are generally more aware that Health Canada sponsors the Food Guide. Those who are less aware of Health Canada's responsibility in this area are 18 to 24 year olds (24%), those with high school graduation or less (24%) and those with incomes of less than \$20,000 (21%).

4. Ensuring the Safety of Consumer Products

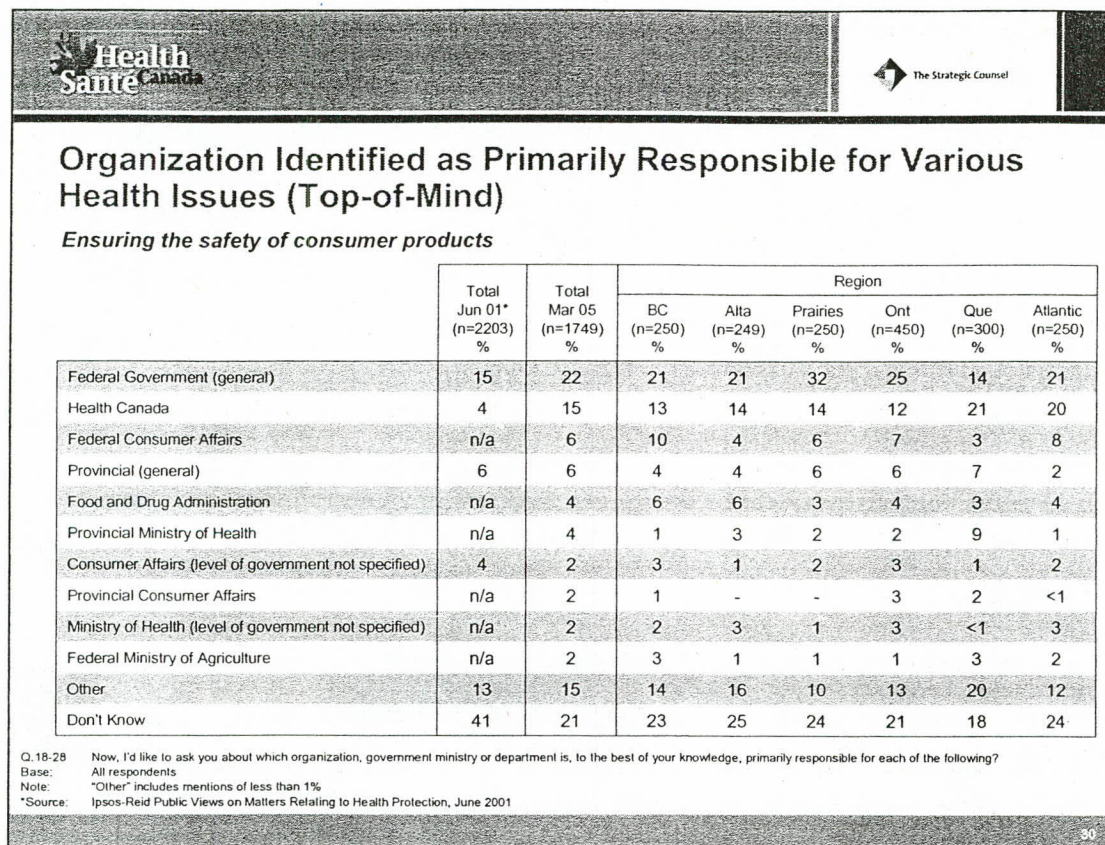
As shown in Figure 15 below, a lower proportion of Canadians identify Health Canada as the lead agency for the safety of consumer products compared to other policy areas. Still, 15 percent named Health Canada as having the responsibility for this area, while another 22 percent cited the federal government generally. Some six percent thought that the federal consumer affairs department and two percent the Federal Department of Agriculture have the prime responsibility. Again, mentions of the federal government or an agency of the federal government dwarf citations of the provincial government or agencies. Only 12 percent specifically cited a provincial agency or government as the lead on consumer product safety.

Interestingly, while Canadians outside Quebec identify the federal government broadly as having the lead responsibility for consumer product safety, Quebecers are more likely to cite Health Canada. Moreover, only 16 percent of Quebecers name their provincial government or agency as having the lead for this area.



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Figure 15



Similar to earlier findings, those Canadians who claim a greater knowledge of Health Canada are more likely to name it as the department that is responsible for consumer product safety.

Francophone Canadians (23%) are more likely to identify Health Canada as the prime agency, while only 14 percent of Anglophone Canadians cite this department. Indeed, Anglophones are more likely to cite the federal government generically.

5. Promoting and Protecting the Key Principles of Medicare

Consistent with the qualitative research conducted prior to the First Ministers' Meeting on Health Care (September, 2004), Canadians associate the Government of Canada (particularly Health Canada) with the promotion and protection of the key principles of Medicare. It was evident in this qualitative research that in the absence of an activist federal government to protect the principles of Medicare, the health care system would evolve into 10 differing levels of health care in this country. It was also evident from the qualitative research that Canadians were highly emotional about wanting the federal government/Health Canada to play this activist role. Those qualitative findings are again confirmed by these quantitative results.

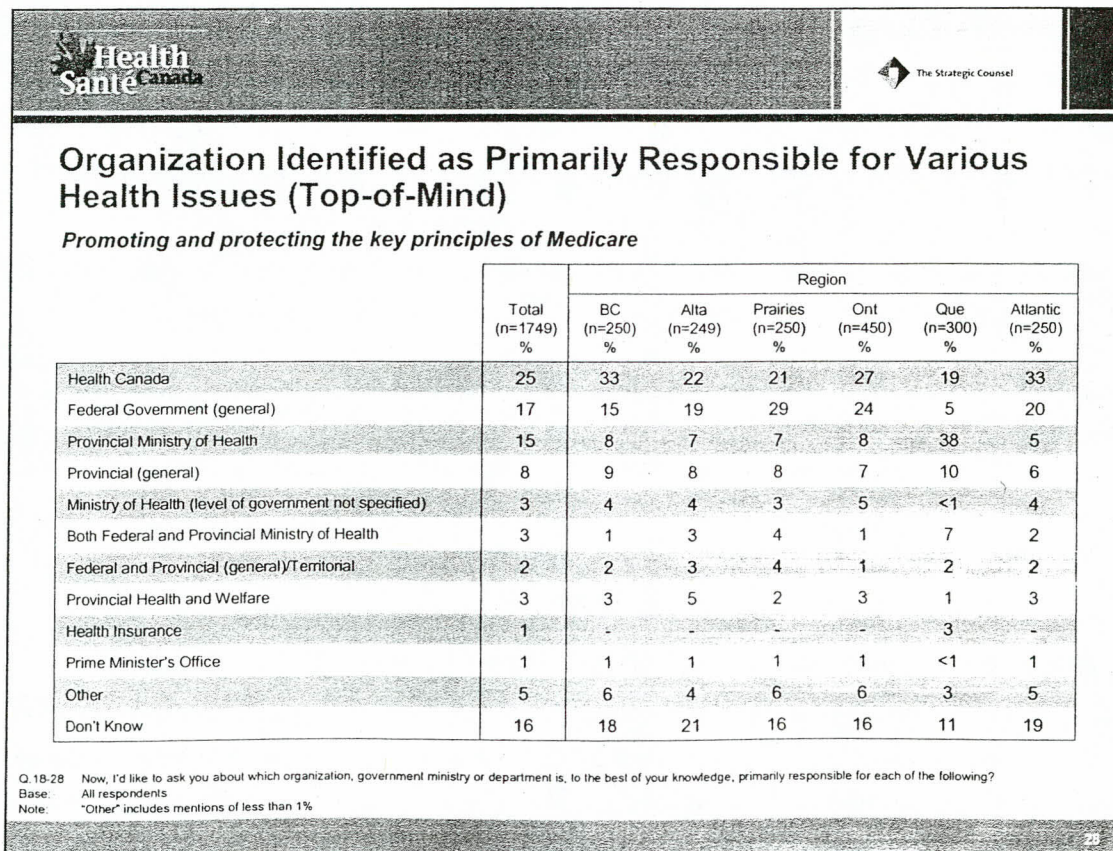


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Figure 16 shows that over 4-in-10 (42%) see Health Canada (25%) and federal government (17%) playing a primary role in promoting and protecting the key principles of Medicare. An additional one percent cited the Prime Minister's Office as having the lead responsibility for protecting Medicare. These associations are, not surprisingly, the strongest in Atlantic Canada (53%), Ontario (51%), the Prairies (50%) and British Columbia (48%). The primacy of the federal government in this role to protect the key principles of Medicare is weaker in Alberta where slightly fewer (41%) believe that this role falls to the federal government. Interestingly, it is in Alberta that we observe the highest level of those indicating they don't know which agencies or level of government is principally responsible for protecting the principles of Medicare (21%).

Similar to the learning in the qualitative research before the FMM in September 2004, Quebecers mostly associate their provincial government as the guardians of Medicare by almost a 2-to-1 margin: 38 percent cite the provincial health ministry and another 10 percent name the provincial government broadly. This compares to only 19 percent identifying Health Canada, and five percent citing the federal government generically as having the lead role.

Figure 16





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It is important to note that those Canadians who believe the health care system is working well are more inclined to see Health Canada/the federal government as playing the primary role in protecting Medicare. Conversely, those who view rate the system less positively tend to think that Ottawa does not have this function (59% vs. 34%). These results are mirrored in the findings regarding the level of trust in Health Canada: those who trust Health Canada believe that Ottawa has the primary role for protecting Medicare, while those who have less trust in Health Canada take the opposite view (27% vs. 19%).

Interestingly, affluent (particularly those with household incomes greater than \$80,000 – 30%) and more educated Canadians (especially those who have completed university – 29%) see Health Canada/the federal government as having a primary role in protecting Medicare. Those Canadians whose incomes are less than \$20,000 (22%), those with a high school education or less (22%), and those between the ages of 18 and 24 (15%) are the least inclined to believe that Health Canada/federal government has this critical role.

6. Responding to Health Emergencies and Infectious Disease Outbreaks

Figure 17 shows that about 4-in-10 (41%) see responding to health emergencies and infectious disease outbreaks as falling within the purview of the federal government: 26 percent saying that Health Canada is specifically responsible, while 15 percent cite the federal government broadly. There was no specific mention of the Public Health Agency of Canada (PHAC) as having primary responsibility for this area.

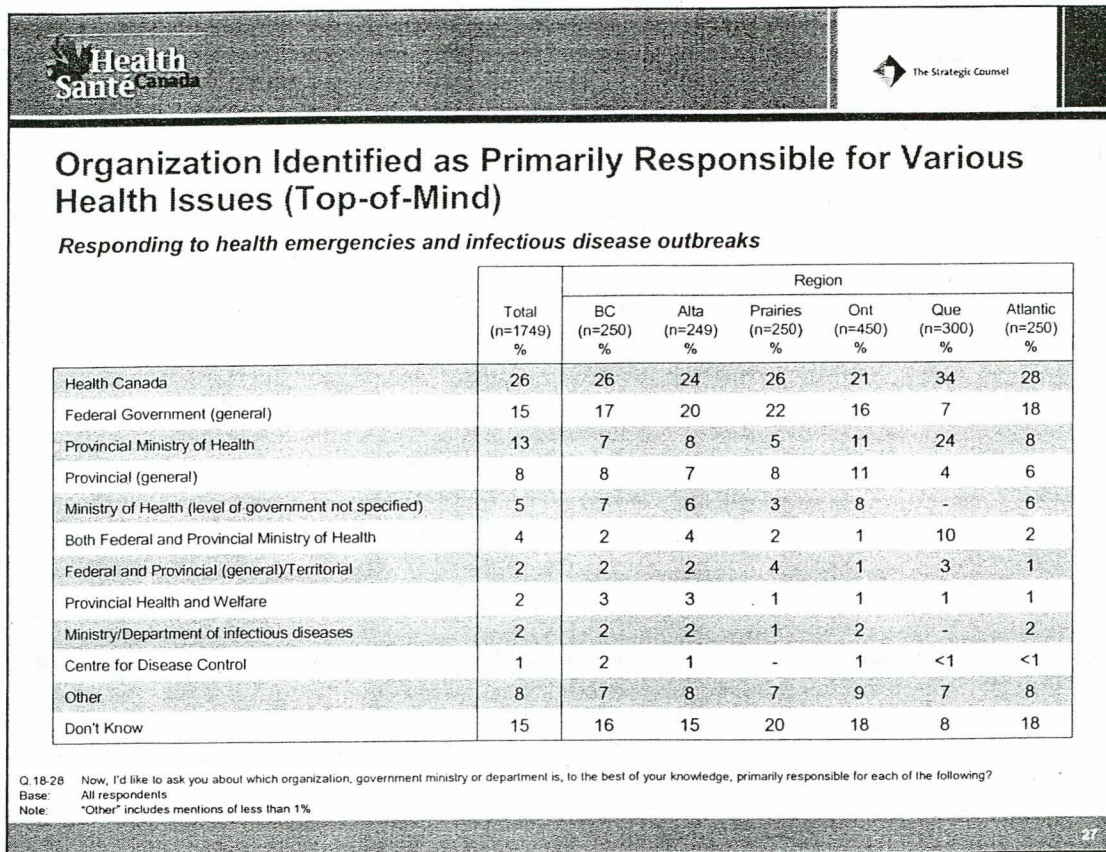
Notably, and in contrast to some of the policy areas discussed above, the findings show a higher proportion who think that health emergencies and infectious disease outbreak management is a provincial responsibility: some 21 percent believe that the response to health emergencies and infectious disease outbreaks is within the provincial domain. In Ontario, the province most affected by the SARS outbreak, some 22 percent say that this task falls to the Ontario government. This view is even more strongly held in Quebec where about 28 percent believe that this responsibility falls to the Quebec government. Other provincial populations are much less likely to believe that this area is within the scope of their respective provincial governments. Clearly, although there was substantial criticism of the way in which the federal government handled the SARS outbreak and this was in part the rationale for the creation of PHAC, certain of the provinces, Ontario in particular, have taken a strong lead in associating provincial responsibility for this function. This leaves Health Canada/PHAC vulnerable on two key fronts:

- First, having established an agency within the federal jurisdiction with responsibility for responding to health emergencies and infectious disease outbreaks, few Canadians are yet aware of its existence and likely do not view PHAC as in any way distinct from Health Canada. From a communications standpoint, especially at the time of a crisis, there could be some confusion among the public; and
- Secondly, Health Canada's and PHAC's reputations will clearly be intertwined making it difficult for Health Canada to control 100 percent of the key drivers of its reputation and brand.



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Figure 17



In line with previous results, those who think that the health care system is in excellent shape are more likely to attribute responsibility for health emergencies and infectious disease outbreak management to Health Canada, while those who believe it is in poor shape are more inclined to think otherwise. Consistent with these findings, Canadians who have higher levels of trust in, or knowledge of, Health Canada are much more likely to believe that this department is responsible for this area. Those who express lower levels of trust and knowledge are the least likely to think that the Health Canada is responsible for this area.

There is only one key demographic variation: francophones are clearly much more divided on the issue about which level of government is primarily responsible for health emergencies and infectious disease outbreak management. While a large proportion see Health Canada (35%) and the federal government (5%) being primarily responsible for this function, they are also much more inclined (compared to other Canadians) to believe that the provincial health department/provincial government (31%) takes the lead role. By contrast, a strong plurality of English-speaking Canadians (43%) believes that Ottawa has the primary role.



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7. Ensuring Environmental Factors do not Adversely Affect the Health of Canadians

Most Canadians primarily look to the federal government to protect Canadians' health from adverse environmental conditions. Not surprisingly, almost one-quarter (23%) in Figure 18 identified Environment Canada as having the lead responsibility for protecting Canadians' health from adverse environmental considerations, while another 10 percent cited Health Canada as having the prime responsibility for this area. Some 16 percent also named the federal government broadly as having the lead role. In total, about half of Canadians (49%) see either a federal agency or the federal government as having leadership in this area. In contrast, only 13 percent cited a provincial agency or provincial government as having the leadership role for this function.

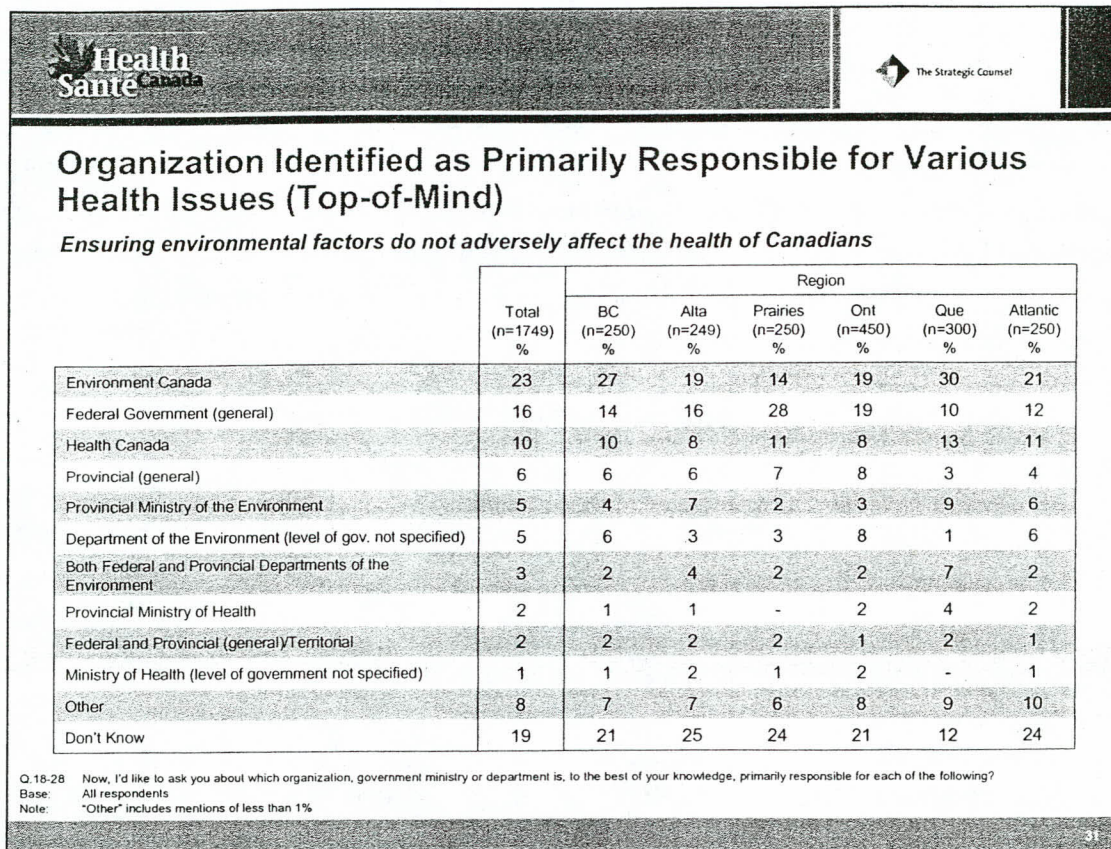
The regional differences are interesting and significant.

- In general, residents of the Prairies (53%), Quebec (53%) and British Columbia (51%) are more likely to cite the federal government as having responsibility in this area as compared to residents of Alberta (43%), Atlantic Canada (44%) and Ontario (46%).
- Quebecers are the most likely (compared to the rest of Canada) to believe that Environment Canada is responsible for protecting Canadians' health from adverse environmental conditions. Moreover, about 53 percent of Quebecers see a federal agency or the federal government as having the lead in this area, while only 46 percent of Ontarians say the same. Plus, Quebecers (16%) are only slightly more inclined than the national average (13%) in suggesting their provincial government or agency has the prime responsibility for this area of public policy. Quebecers are the least inclined to indicate "don't know."
- A majority of British Columbians (51%) also point to Environment Canada (27%), the federal government (14%), or Health Canada (10%).
- Albertans (43%) are the least likely to cite Environment Canada (19%), the federal government (16%), or Health Canada (8%) as having the prime responsibility for protecting Canadians' health from adverse environmental conditions.



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Figure 18



8. Encouraging Canadians to Live Healthy Lifestyles

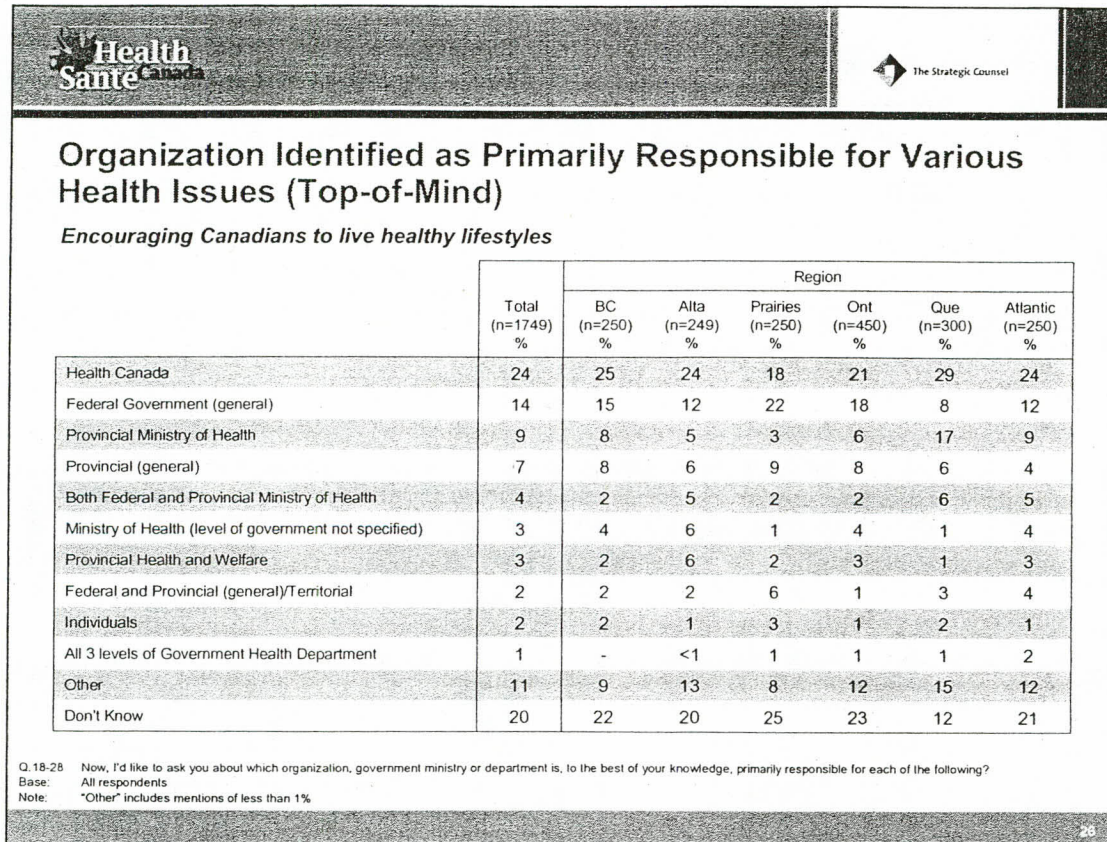
About one-in-four Canadians see Health Canada (24%) as being primarily responsible for encouraging Canadians to live healthy lifestyles, while another 14 percent identify the federal government generally as having responsibility for this function (Figure 19).

In this vein, a significant plurality of Canadians in all regions of the country (including Quebec residents) believes Ottawa plays the primary role. But again, in Quebec, there is a higher proportion (17%) who believes that the provincial government has this primary role. Still, a plurality of Quebecers identifies Health Canada or the federal government broadly as overseeing this function.



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Figure 19



Again, those Canadians who have less trust in Health Canada are much more hesitant in seeing this department play a key role in encouraging Canadians to live healthy lifestyles (14%). In contrast, those with a great deal of trust think otherwise (26%).

Canadians who claim that they know a lot about Health Canada are also strongly inclined to believe that Ottawa takes the lead in encouraging Canadians to live healthy lifestyles (27%). By contrast, those claiming less knowledge are much less likely to believe that Health Canada fulfills this role (14%).

Similar to the other policy areas, those with incomes greater than \$80,000 (30%), university graduates (29%), and francophones (29%) are the most inclined to identify this role as within the purview of Health Canada.



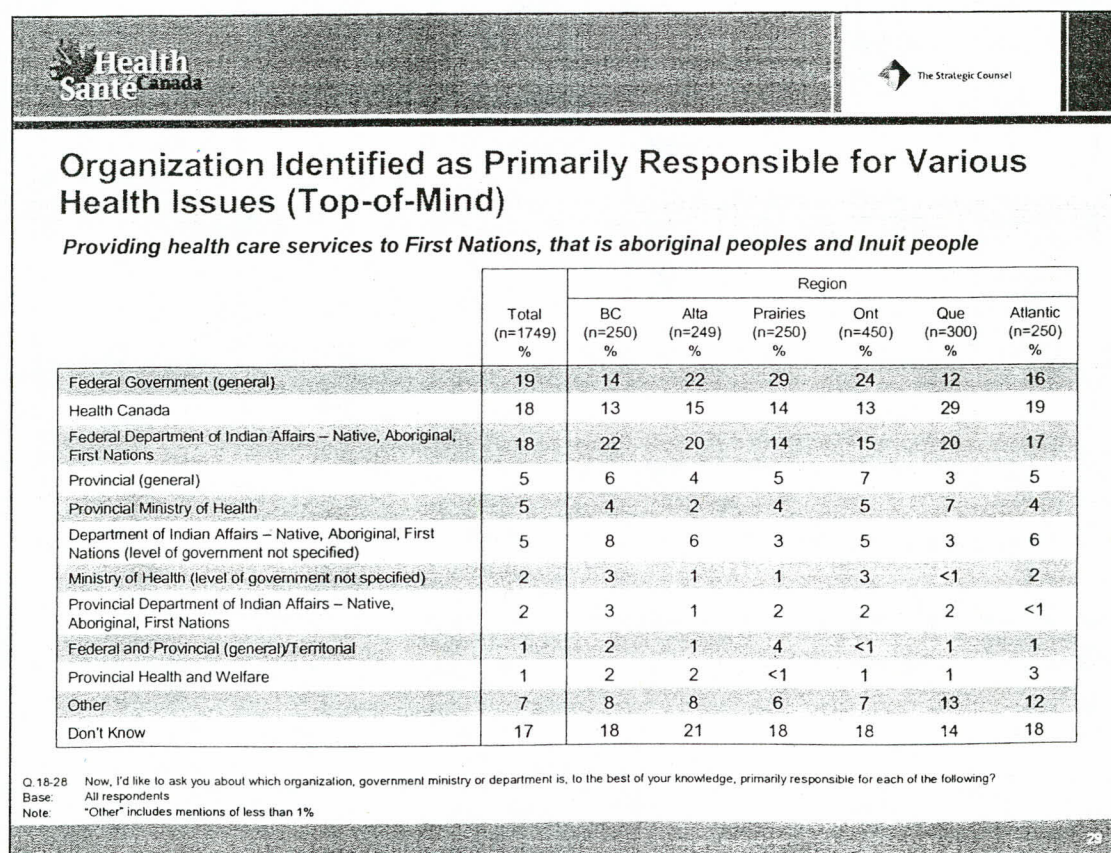
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9. Providing Health Care Services to First Nations

Not surprisingly, more than half of Canadians (55%) believe that the health of the Aboriginal and Inuit population is under the purview of the federal government. Specifically, 19 percent identify the federal government generally, 18 percent cite Health Canada, and another 18 percent name the Federal Department of Indian Affairs. Another five percent cite a department for Indians Affairs, but do not tie this department to either the federal or provincial governments (Figure 20).

Once again, Quebecers (29%) are more likely to cite Health Canada as the agency that takes the lead in this area, while those in the rest of Canada are much less likely to do so.

Figure 20





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There are a few notable variations among demographic groups, by age and language. Notably, there is no consistent pattern in terms of knowledge of Health Canada's mandate in this area by education or income levels.

- Older Canadians are more likely to think that Health Canada has the lead in providing health care services to First Nations' peoples; and
- Francophones (30%) are more likely to think that this area falls within Health Canada's mandate, while Anglophones (15%) are much less likely to share this view.

10. Ensuring the Safety of Food Products

Consistent with other findings, Canadians believe that the federal government (18%) broadly and Health Canada (18%) are primarily responsible for ensuring the safety of food products. Another seven percent identifies the Federal Ministry of Agriculture and two percent cite the Federal Consumer Affairs Department (which only confirms that memories linger). In total, over 4-in-10 (45%) identify either the federal government or a federal agency as being responsible for this key regulatory area (Figure 21).

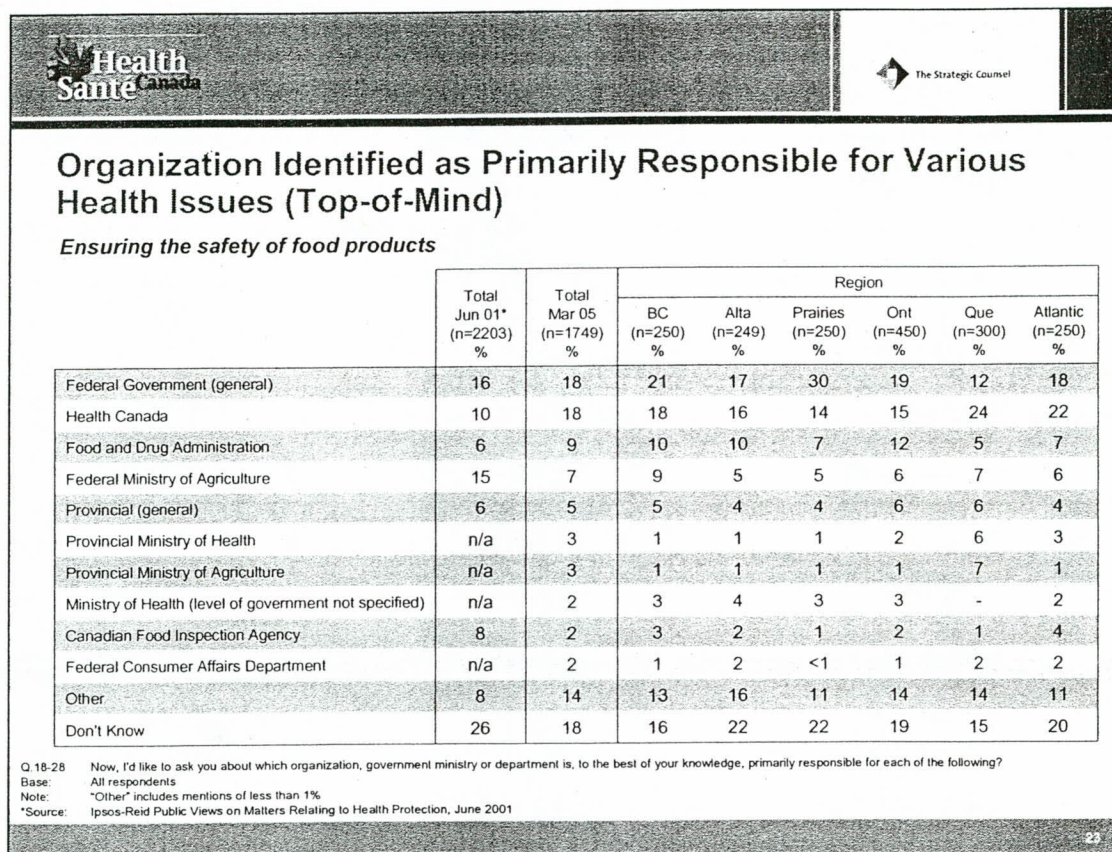
Again, Canadians are more likely to see the federal government (compared to the provincial governments) as having prime responsibility for food product safety. It is also worth noting that about 1-in-10 (9%) think that the Food and Drug Administration should have the prime responsibility. This probably reflects the fact that the FDA's name appears on many consumer products and is frequently cited in media reports. In contrast, only two percent cited the Canadian Food Inspection Agency.

There are also a number of key, but consistent, regional differences in the findings. Quebecers are more likely to identify Health Canada as the lead agency, while people living on the Prairies are more likely to cite the federal government broadly. Quebecers are much more inclined to believe that a federal agency is the lead agency compared to the provincial government: only 19 percent of Quebecers cited the provincial government or agency to have the lead role in this area of public policy.



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Figure 21



There is another consistent pattern in the findings. Those who are more content about the state of the health care system are more likely to believe that Ottawa (either Health Canada, specifically, or the federal government generally) has the lead role. In addition, those who have more knowledge of Health Canada generally are much more inclined to believe that it has prime responsibility for this policy area.

11. Funding the Health Care System

It is perhaps not too surprising that Canadians are less likely to associate Health Canada (16%) specifically with responsibility for funding for the health care system. It is typically the Prime Minister, on behalf of the Government of Canada, rather than Health Canada, that takes the lead in negotiating funding arrangements. Thus, Canadians reflect this understanding in their responses to this question. Indeed, Canadians do strongly identify Ottawa as having primary responsibility for providing the money for the health care system. In addition to those citing Health Canada, another 16 percent cite the federal government generically and five percent identify the Finance department. While, in total, 37 percent identify the federal government or a specific federal agency, less than one-in-five (19%) say the funding of health care is the exclusive



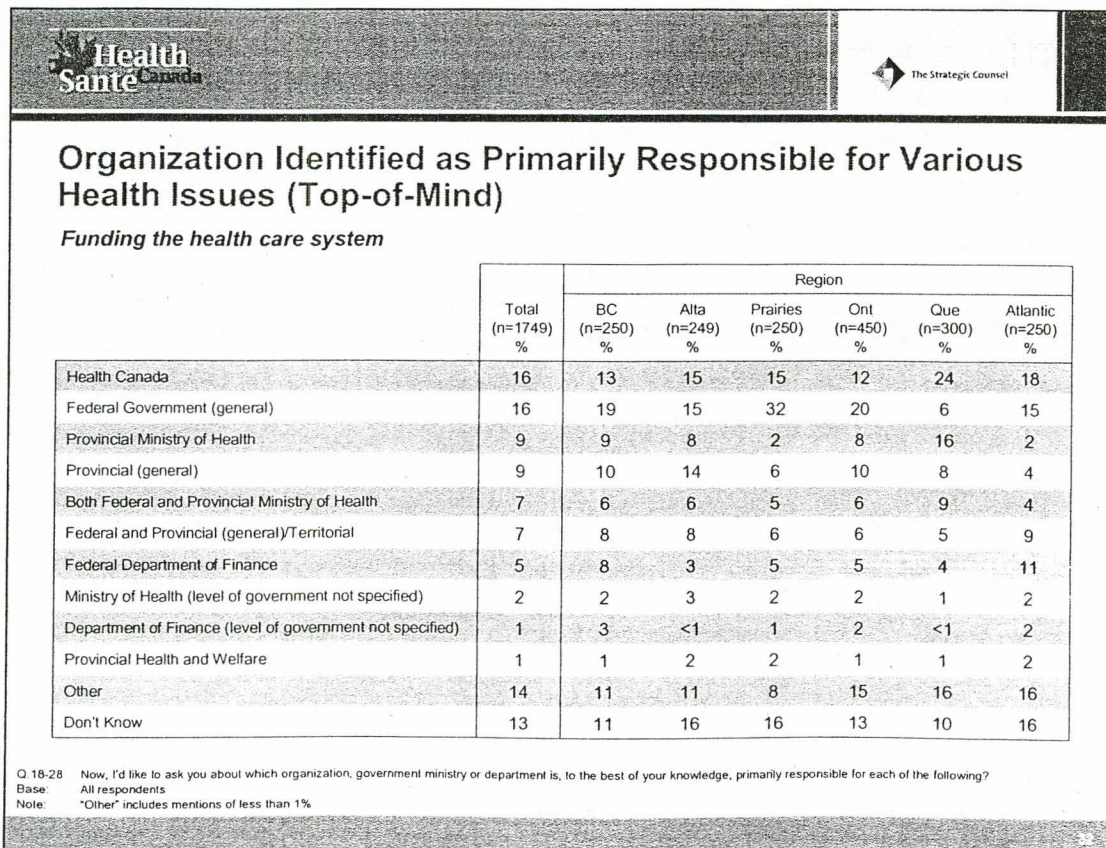
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responsibility of the provincial government. A smaller proportion of Canadians (14%) recognized that health care funding is a joint responsibility of both senior levels of government (Figure 22).

Even in Quebec, there is a modest plurality who believes that health care funding is the primary responsibility of the federal government/Health Canada/Finance Department (34%). Consistent with other findings, Quebecers are also more likely to point directly to Health Canada (24%) as having primary responsibility for funding over and above the Government of Canada generally (6%). In Quebec, one-quarter (25%) identify the provincial government or department as leading in this role. Perceptions about the role of the provincial government are weakest in Atlantic Canada and the Prairies. Even in Ontario, just 19 percent view funding health care as principally the responsibility of the province.

There are virtually no meaningful variations among the demographic sub-groups except for francophones who have a stronger proclivity (than anglophones) to identify Health Canada as the department responsible for funding health care.

Figure 22





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C. Familiarity with Health Canada and Select Health Organizations

While there is a fair level of attribution to the federal government or some mention of a government department responsible for health, this type of awareness is not the same as perceptions of knowledge about Health Canada. In order to explore this type of knowledge, the survey posed a series of questions to gauge the general level of familiarity, on a self-assessed basis, that the public has with different types of government and non-governmental organizations (Figure 23).

Approximately 1-in-10 (10%) indicate that they “know a lot” (7 on a 7-point scale) about Health Canada which essentially puts it on par with the various provincial ministries of health (12%). These proportions are, by and large, consistent across most regions except in Quebec where a slightly higher proportion say they are very knowledgeable about both Health Canada (20%) and the provincial department of health (18%). Interestingly, Quebecers also express fairly high levels of familiarity with the Heart and Stroke Foundation (29% say 7 on a 7-point scale) compared to the rest of Canada.

When one broadens the category of “familiar/knowledgeable” to gauge those who say they “know something/a lot about them”, (7,6,5 on a 7-point scale), just over one-third (36%) say that they are familiar with Health Canada, while 40 percent say they have a comparable level of knowledge of their provincial ministry of health. Again, Quebecers claim that they have significantly higher levels of knowledge of both Health Canada (48%) and provincial health department (52%) than other Canadians.

Given the relatively recent establishment of the Public Health Agency of Canada, it is not surprising that only two percent say they “know a lot” (7 on a 7-point scale) about this new agency, while 12 percent knows at least something about them (7,6,5 on a 7-point scale).



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Figure 23





Familiarity with Health Canada and Select Health Organizations

	Total (n=1175) %	Region					
		BC (n=166) %	Alta (n=168) %	Prairies (n=169) %	Ont (n=301) %	Que (n=200) %	Atlantic (n=171) %
Know a lot about them (7 on a 7-point scale)							
The Heart and Stroke Foundation	19	13	13	15	17	29	12
(Provincial) Ministry of Health	12	11	9	10	11	18	6
Health Canada	10	6	8	6	8	20	7
The Canadian Medical Association	5	6	3	4	7	4	4
The Public Health Agency of Canada	2	3	1	2	2	2	4
Know something/a lot about them (7,6,5 on a 7-point scale)							
The Heart and Stroke Foundation	48	40	44	49	49	54	44
(Provincial) Ministry of Health	40	41	27	30	38	52	33
Health Canada	36	32	27	30	34	48	28
The Canadian Medical Association	22	20	22	23	26	14	25
The Public Health Agency of Canada	12	11	10	11	13	11	13

Q.29-33 Now I'd like you to tell me how much you know about each of the following organizations. You can again do this by giving me a number from one to seven where one means you know nothing at all about them, seven means you know a lot about them and the mid-point, four, means you know something about them.

Base: Two-thirds of total sample

Stated familiarity with Health Canada (using the combined 5, 6, 7 on a 7-point scale) is higher among those who have completed university (40%) compared to those with high school education or less (30%). Francophones (50%) are more likely than Anglophones (32%) to express familiarity with Health Canada. Those who have contacted Health Canada and who say they were satisfied with the interaction (48%) are also more likely to say they are familiar with Health Canada than those who have had no contact (32%).



Health Canada: Awareness Of and Perceived Mandate

D. Perceived Level of Involvement of Health Canada in Key Health Priorities

A deeper aspect of knowledge and familiarity relating to Health Canada involves awareness of the variety of roles Health Canada plays. In order to explore this issue, respondents were also asked to indicate what level of involvement they believe Health Canada has in 10 of 11 key areas of health that had been tested earlier in terms of identifying, on an unprompted basis, which organization was seen to have primary responsibility for that area. The intention of this series of questions was to further determine the extent to which Health Canada is seen to have a role in each of these areas. From a reputational perspective, it is important to know whether the organization is viewed as having exclusive control (as indicated by a response of “a great deal of involvement”), shared (as indicated by a response of “moderate to some level of involvement”) or virtually no control over the area (as indicated by a response of “no involvement”). These results are shown in Figures 24 and 25.

About one-quarter say that Health Canada has a “great deal of involvement” in tobacco labelling and promotion regulation (27%), preparation of the Canada Food Guide (26%), and pharmaceutical product safety (24%). Atlantic Canadians (21%) are just slightly less likely to think that Health Canada is involved with tobacco regulation, while British Columbians (21%) are just slightly less likely to think that Health Canada sponsors the Canada Food Guide. Even though a proportion of Quebecers say that pharmaceutical safety falls within the mandate of Health Canada, fewer say that Health Canada has a “great deal of involvement” in this regulatory area.

About one-in-five say that Health Canada has a “great deal of involvement” in these areas:

- Promoting and protecting the key principles of Medicare (21%);
- Encouraging Canadians to live healthy lifestyles (21%); and
- Ensuring the safety of food products (20%).

Not surprising, given their views that the province is primarily responsible for guarding the key principles of Medicare, Quebecers (14%) are modestly less likely to think that Health Canada is protecting the principles of Medicare.

By contrast, respondents are less likely to think that Health Canada has a “great deal of involvement” in these key health priorities:

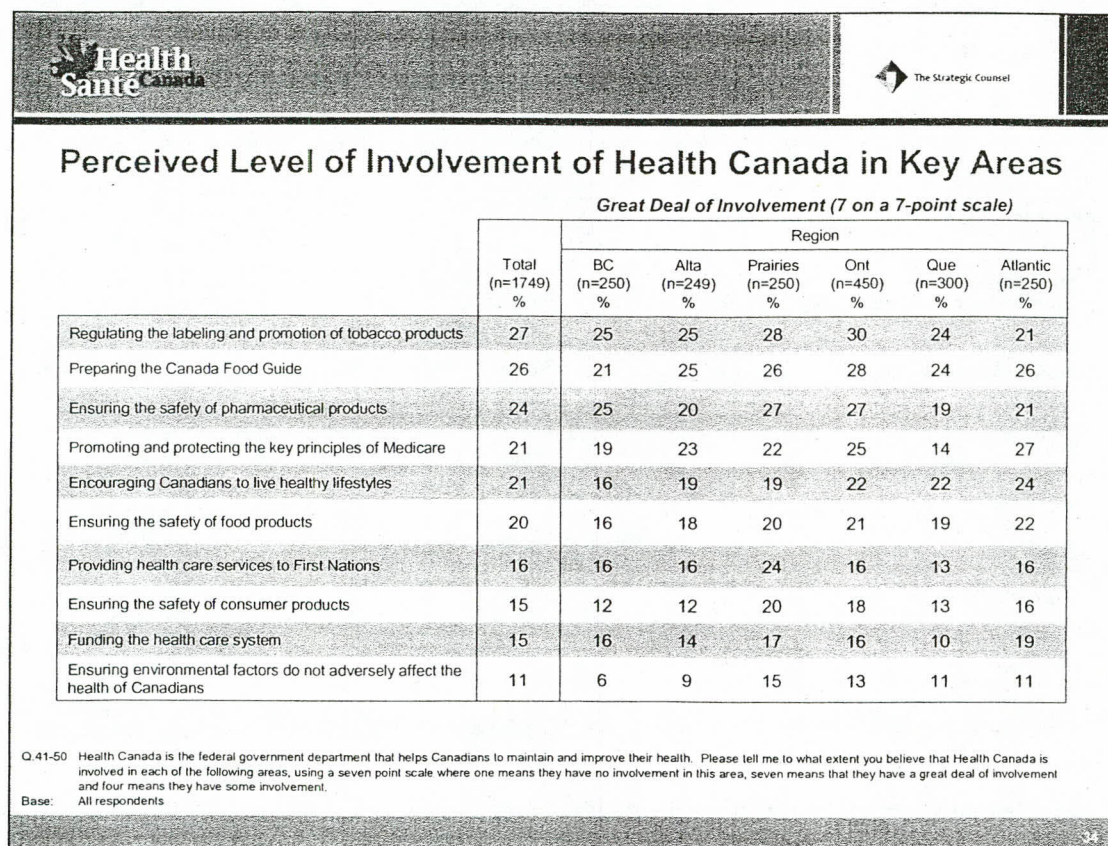
- Providing health care services to First Nations (16%);
- Ensuring the safety of consumer products (15%);
- Funding the health care system (15%); and
- Ensuring environmental factors do not adversely affect the health of Canadians (11%).



Health Canada: Awareness Of and Perceived Mandate

Again, not surprisingly, Quebecers (10%) are less inclined than those Canadians in other provinces/regions of Canada to believe that Health Canada has a “great of deal involvement” in funding the health care system.

Figure 24

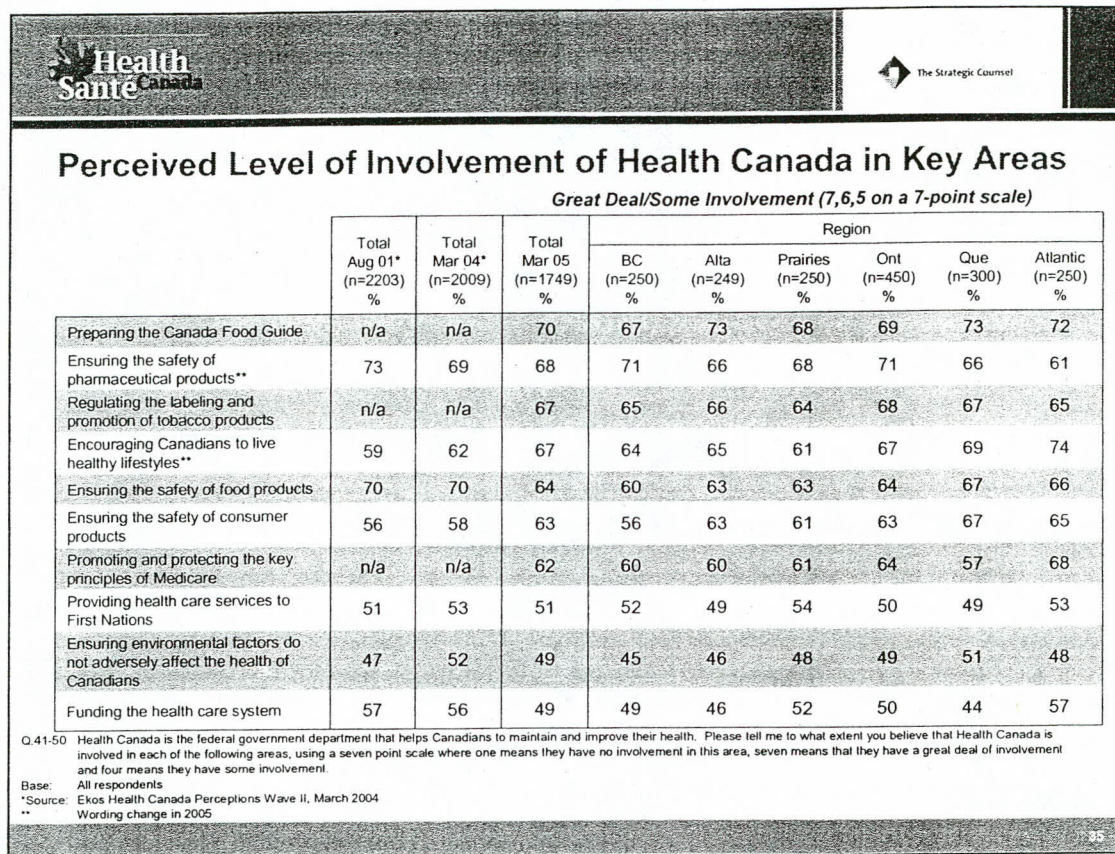


By and large, when we examine the results for those saying “some involvement/a great deal of involvement,” the trends do not vary significantly from those highlighted above. The only significant change apparent in Figure 25 below is that when we broaden the definition of involvement, respondents are more likely to believe that Health Canada is involved in consumer product safety.



Health Canada: Awareness Of and Perceived Mandate

Figure 25



It is notable that slightly fewer Canadians now indicate that Health Canada has some or a great deal of involvement in ensuring the safety of food products (64%) than did so in 2004 (70%). By contrast, trend analysis notes a seven point increase in the percentage of those indicating that Health Canada has some or a great deal of involvement for ensuring the safety of consumer products, from 56 percent in 2001 to 63 percent in 2005.

Considering the results from the series of questions relating to responsibility for as well as involvement in a number of key health areas suggests that the Health Canada brand is not particularly strong, in terms of it being identified or associated with performing specific functions within the health system. Unprompted awareness of and familiarity with the mandate of the organization is low, a significant hurdle to establishing and nurturing its reputation. Moreover, the results from the second series of questions on the perceived level of involvement of Health Canada in these same areas gives rise to some questions with respect to the extent that the public believes Health Canada is actively engaged in the areas that comprise its mandate and the degree of control that Health Canada alone maintains over these areas.



Health Canada: Awareness Of and Perceived Mandate

There are three areas which may merit further investigation in terms of the degree to which they may affect, either negatively or positively, Health Canada's reputation. These include ensuring the safety of pharmaceutical products, preparing the Canada Food Guide and promoting and protecting the principles of Medicare. Based less on statistical analysis and more on qualitative interpretation of the findings, these are the three areas in which we see a somewhat larger percentage of Canadians explicitly identifying Health Canada as having primary responsibility than indicate that Health Canada has a "great deal of involvement" (e.g. 7 on a 7-point scale) for this area.

Table 5

<i>Health Policy/Program Area</i>	<i>% identifying Health Canada as having primary responsibility</i>	<i>% saying Health Canada has a "great deal of involvement" (7 on a 7-point scale)</i>
Ensuring the safety of pharmaceutical products	31%	24%
Preparing the Canada Food Guide	30%	26%
Promoting and protecting the key principles of Medicare	25%	21%



VI. Trust and Credibility



Trust and Credibility

Two sets of questions were administered in order to obtain some broad measures of trust and credibility with respect to Health Canada. First, respondents were asked the extent to which they trust Health Canada among a battery which included a series of other provincial and federal health agencies as well as non-government health-related organizations. Respondents were subsequently asked to rate the credibility of various spokespeople who represent these agencies or others in the health care field.

A. Trust in Health Canada

Considering only those who gave a rating of 7 on a 7-point trust scale, levels of trust in Health Canada are moderate by comparison to the trust the public endows in other organizations which advocate on behalf of health care issues and/or principal stakeholders. Trust in Health Canada is substantially lower than trust in non-governmental organizations such as the Heart and Stroke Foundation. Indeed, one-quarter of Canadians (26%) say they “completely trust” (“7” on a 7-point scale) the Heart and Stroke Foundation, compared to just nine percent who give Health Canada the same rating.

When the net is widened, Figure 26 shows that the “trust” ratings for Health Canada at 58 percent (“5, 6, 7” which equates to “trust somewhat/completely”) compare with the Canadian Medical Association (55%) and provincial health ministries (52%), although they are still well below the rating given to the Heart and Stroke Foundation (77%).

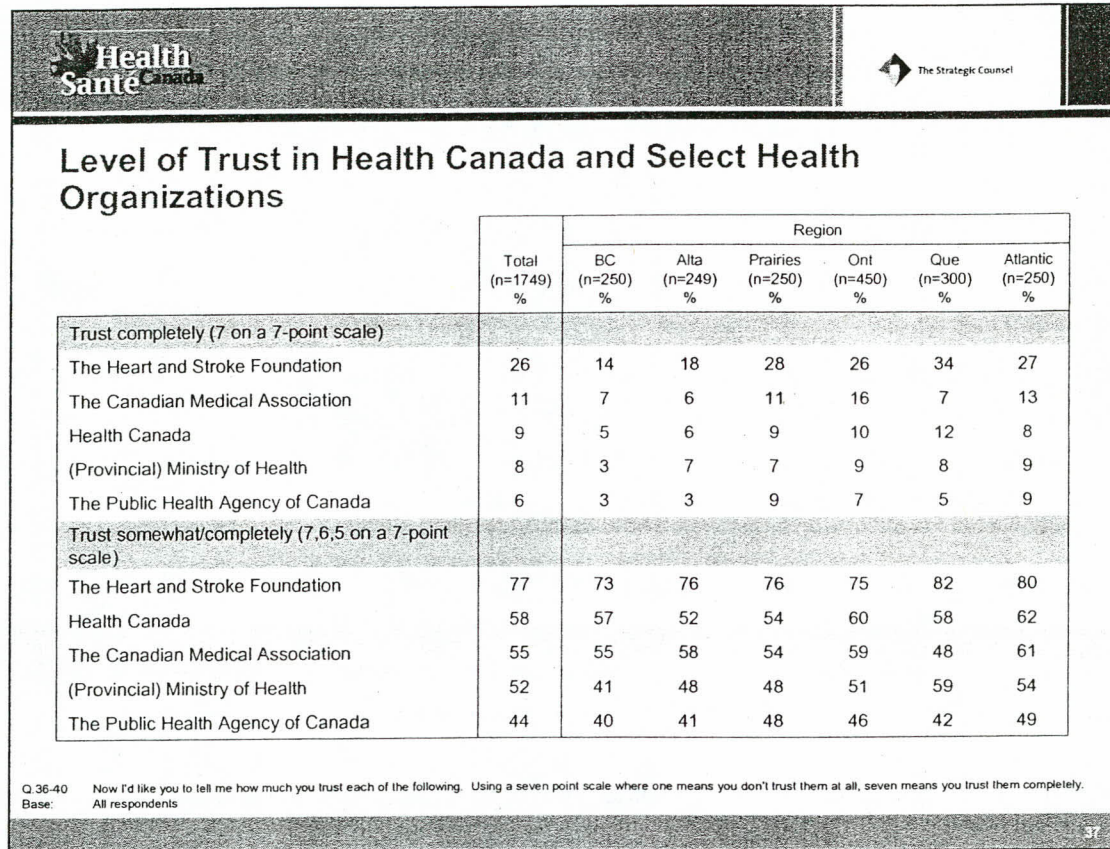
Although trust in Health Canada is substantially higher than for the Public Health Agency of Canada (PHAC), which obtains a rating of 44 percent, it should be noted that Canadians’ level of familiarity with Health Canada is about three times as great as it is for PHAC. Approximately one-in-ten respondents (11%) were unable to provide a rating of their level of trust in PHAC versus just over two percent who said the same in response to the same question vis-à-vis Health Canada.

These findings suggest that the public likely perceives organizations like the Heart and Stroke Foundation to provide a more balanced, less politically influenced, perspective on health issues. By contrast, Health Canada, the CMA and provincial health ministries are likely viewed as having an “agenda” when communicating with the public. Building public trust will require the development of concerted and cohesive stakeholder communications strategies that incorporate a higher degree of openness and transparency, emphasizing those areas of Health Canada’s mandate that are considered core strengths with correspondingly high personal relevance to the public (see Section VII for further discussion of corporate attributes and Section X for discussion of key drivers of public perceptions of the Department).



Trust and Credibility

Figure 26



Looking at the results combining those who gave a rating of 5, 6 or 7, levels of trust in Health Canada do not vary significantly across the regions, although they are highest in Atlantic Canada (62%) and lowest in Alberta (52%).



Trust and Credibility

Age tends to impact a respondent's level of trust in Health Canada. Younger adults report significantly higher trust levels than older Canadians. Those between the ages of 18 and 24 (71%) report higher levels of trust in Health Canada compared to seniors (57%). Interestingly, trust levels are lowest among the group aged 55 to 64 years of age (53%).

This trend in declining levels of trust by age is, however, not unique to Health Canada and is also apparent in the ratings of trust associated with the other organizations examined. For example, among those aged 18 to 24 years, 67 percent report trusting their provincial Ministry of Health. By contrast, less than half of Canadians age 65 years and older (48%) say the same.

Trust also tends to decline somewhat among those in higher income brackets. About two-thirds of those with an annual household income of under \$20,000 (64%) trust Health Canada. This percentage drops by six points or more among Canadians with annual household incomes of \$20,000 or higher. Again, this trend holds true for other organizations including the Canadian Medical Association. By contrast, trust levels in the Heart and Stroke Foundation increase with household income, from 73 percent among those with an income under \$20,000 to 81 percent among those with an annual household income of \$80,000 or more.

Notably, levels of trust in Health Canada are higher than they are for any provincial Ministry of Health, with the exception of Quebec where levels of trust are about equal (Table 6). The gap in trust levels between Health Canada and provincial ministries of health is highest in British Columbia (a difference of 16 points in favour of Health Canada over the provincial health ministry). The "trust gap" between the federal and provincial jurisdictions is also positive in Ontario (+9), the Atlantic (+8), in the Prairies (+6) and in Alberta (+4).

Table 6
Trust Health Canada and Provincial Ministry of Health
% Saying Trust Somewhat/Completely ("5,6,7")

	Atlantic	Ont.	Que.	Prairies	Alta.	B.C.
Health Canada	62	60	58	54	52	57
Provincial Ministry of Health	54	51	59	48	48	41
GAP*	+8	+9	-1	+6	+4	+16

**Gap created by subtracting trust figures for provincial Ministry of Health from those for Health Canada.*



Trust and Credibility

Trust in Health Canada is directly correlated with familiarity, satisfaction with contact, and perceptions of the degree of openness and transparency. In general, trust in Health Canada is greater among those who are familiar with Health Canada and who are satisfied with their contact with Health Canada. Those who describe Health Canada as closed and secretive are substantially less likely (36%) to trust Health Canada, compared to those who describe the department as open and transparent (75%). And, among those who rate Health Canada's performance fairly positively on keeping the public informed, that is a "5, 6 or 7" on a 7-point scale where 1 is terrible and 7 is excellent, almost three-quarters (74%) trust Health Canada somewhat or completely. By contrast, those who rate Health Canada poorly on this performance measure, that is "1, 2, or 3," are substantially less likely to express high levels of trust (43%) in the department.

B. Credibility of Spokespersons

The perceived credibility of spokespersons mirrors, to a large extent, levels of trust in various health organizations. Those who work directly on the front lines of health care, doctors and nurses, garner the highest levels of credibility (85% saying "5, 6, 7" on a 7-point scale) as do those advocating on behalf of particular health issues or causes (82%). Moderate to high believability ratings are given to experts or doctors speaking on behalf of Health Canada (69%) and to Dr. David Butler-Jones, Canada's Chief Public Health Officer (50%).

Lower ratings of believability are associated with the provincial (46%) and federal Ministers of Health (43%). A media relations officer from Health Canada (46%) receives only a slightly better credibility rating than the Minister, albeit higher than the media in general (35%). The relatively low levels of credibility ascribed to the media are particularly problematic for Health Canada given the role that the media plays as "trust intermediary" on behalf of Health Canada and the reliance of Canadians on the media for information about Health Canada and the health care system. Four-in-ten Canadians (39%) say it is the media which principally influences their views and perceptions of Health Canada. While the media often relate negative coverage of the health care system, they are also the key conduit to carry messages and announcements related to federal funding, investments and policy decisions intended to bolster the health care system. Their rather suspect credibility in the eyes of the broader Canadian public suggests that other intermediaries (e.g. the Internet, employees and NGO's) should be cultivated. Other research has shown that the development and application of multiple modes of communication is beneficial to countering public suspicions about the veracity of information coming from one source only.

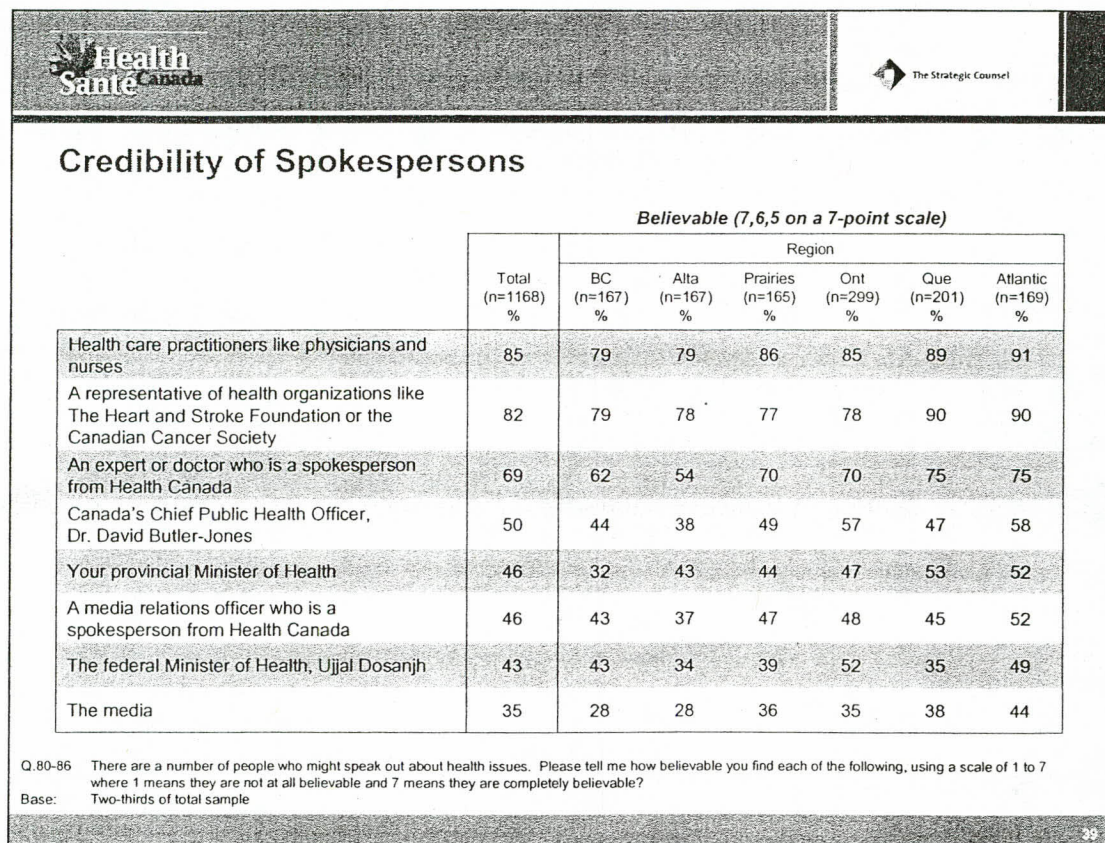
Levels of credibility of various spokespersons for Health Canada do vary across the regions. In general, however, a pattern exists whereby the credibility of Health Canada spokespeople, across the board, appears to be highest in Atlantic Canada and lowest in Alberta. Notably, experts representing Health Canada obtain higher credibility ratings in Quebec than they do in almost every other part of Canada, with the exception of



Trust and Credibility

the Atlantic region. Also of note is the higher level of credibility associated with the Minister among Ontarians (52% versus 43% national average), whereas Ontarians are no different compared to the national average in terms of their credibility ratings for any of the other spokespersons tested.

Figure 27



Age has a similar impact on perceptions of the credibility of Health Canada spokespeople as it did on trust in Health Canada. Eight-in-ten Canadians under the age of 35 years (80%) report that an expert or doctor who is a spokesperson for Health Canada is a credible source. This figure drops to 60 percent among those aged 65 years and older. By contrast, age has little impact on the relative credibility of a media relations officer who is a spokesperson from Health Canada.

Health Canada's credibility is somewhat stronger among those for whom French is their first language. Three-quarters of Francophones (74%) report that an expert or doctor from Health Canada is credible, compared to 67 percent of Anglophones. This is notable as Francophones were somewhat less likely than Anglophones to see other government spokespeople, such as the Federal Minister of Health and Canada's Chief Public Health Officer, as credible.



Trust and Credibility

The perceived credibility of Health Canada spokespeople varies by level of familiarity with Health Canada, satisfaction with contact with the department and perceptions of Health Canada's approach to communicating with the public.

Table 7
Credibility of Health Canada Spokespersons
(5, 6, 7 on a 7-point scale of credibility)

	Experts/Doctors from Health Canada	Media Relations Officer from Health Canada	Federal Minister of Health
Average credibility score (5,6,7)	69%	46%	43%
Describe Health Canada as open/transparent (5,6,7)	86%	65%	64%
Describe Health Canada as closed/secretive (1,2,3)	40%	18%	14%
Rate Health Canada performance as good/excellent in keeping the public informed (5,6,7)	83%	69%	65%
Rate Health Canada performance as poor/terrible in keeping the public informed (1,2,3)	49%	25%	23%
Familiar with Health Canada (5,6,7)	71%	48%	45%
Not familiar with Health Canada (1,2,3)	55%	41%	35%
Satisfied with contact with Health Canada (5,6,7)	86%	63%	60%
Dissatisfied with contact with Health Canada (1,2,3)	49%	27%	34%



VII. Performance of Health Canada



Performance of Health Canada

A. Preliminary Rating of Performance

We noted in an earlier section that the best that Canadians can say about Canada's health care system is that it is in "fair" shape. We have also seen that while Canadians identify a variety of health issues, and believe a substantial number are important areas, they do not automatically attribute responsibility for these areas to either Health Canada or the federal government. In most instances, they see responsibility as being shared with the provinces and other agencies. Given all of this, how then do Canadians assess the overall performance of Health Canada?

The overall performance of Health Canada was measured at two different stages in the survey. Respondents were first asked about their opinions of Health Canada prior to discussing issues related to health care and Health Canada. They were again asked to rate their performance following a discussion about Health Canada's role and how it distributes information. This second measure provides a better understanding of the impact of information on perceptions of Health Canada.

Despite obvious concerns about the state of the health care system, it is gratifying to note that the rating of Health Canada is above that attained for the system overall (analysing only the positive portion of each scale for comparative purposes). In all, four-in-ten (41%) rate Health Canada's performance as excellent or good (5, 6 or 7 on the 7-point scale). Very few Canadians assess the performance of Health Canada at either extreme of the scale: just two percent rate its performance as excellent (7 on the 7-point scale) and four percent rate Health Canada's performance as terrible (1 on the 7-point scale). On balance, views of Health Canada are in the neutral (40%) to mildly positive (39%) zone, while fewer than one-in-five (17%) give the department a negative rating.

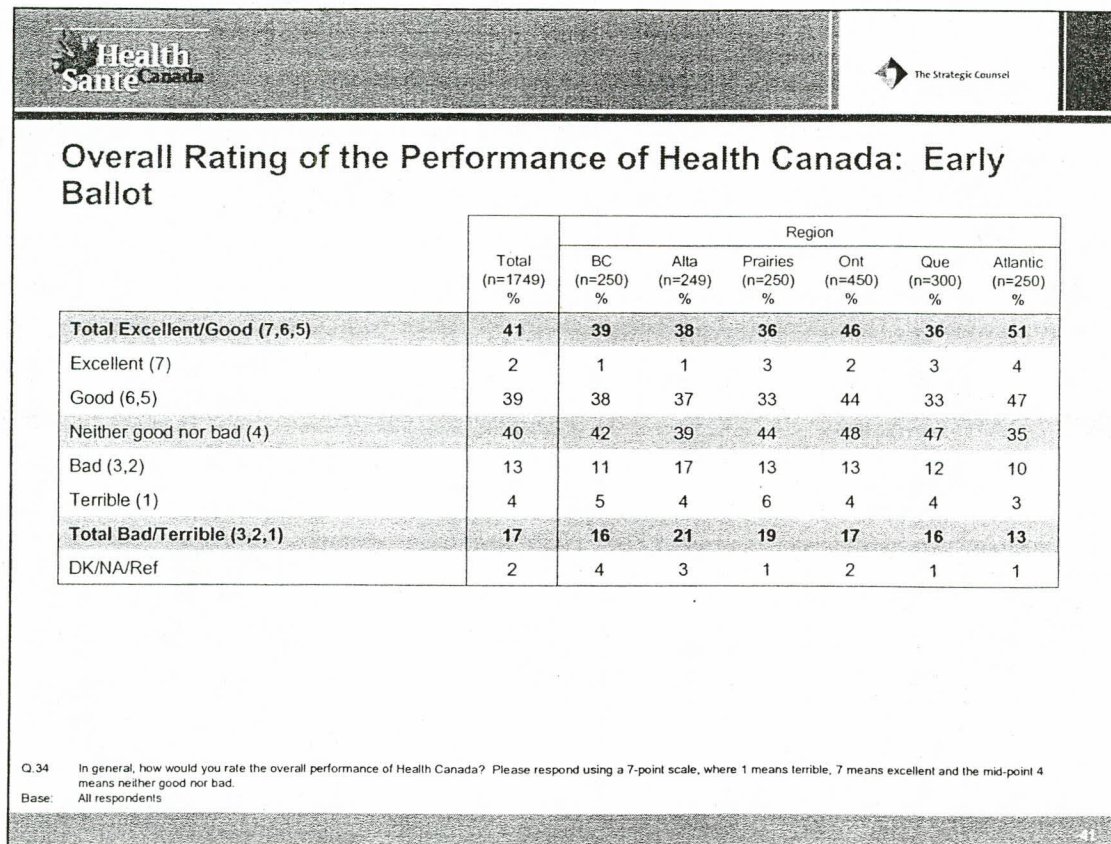
Regionally, Atlantic Canada (51%) and Ontario (46%) offer the most positive evaluations of performance, while results in the other regions are all fairly consistent.



Performance of Health Canada

The 2005 results do however represent a decline in positive initial ratings from 47 percent in 2004 to 41 percent. There is no obvious explanation for this decline and it may well simply reflect Canadians' disenchantment with the federal government following the sponsorship scandal. Nevertheless, the department's performance rating is better than equivalent ratings of performance for the Government of Canada as a whole which have fluctuated in the low to mid 30's and, more recently, have dipped into the 20's.

Figure 28



Performance ratings vary by age, levels of education and language, with seniors (44%) tending to be the most positive, university graduates (45%) more likely to provide a positive rating compared to those with less than high school education (38%) and Anglophones (43%) generally more positive in their rating of Health Canada than Francophones (35%).



Performance of Health Canada

Positive ratings are linked to familiarity with Health Canada, trust and satisfaction with contact with the organization. Those who are fairly familiar with Health Canada (50%) are more likely to rate the department's performance more positively as compared to those who are only moderately (37%) or not very familiar (25%). By the same token, those expressing the highest levels of trust in Health Canada (5, 6 or 7 on a 7-point scale) offer higher performance ratings (55%) compared to those expressing moderate (25%) or low (13%) levels of trust. As we have seen elsewhere in the results, satisfied clients of Health Canada are more likely to rate the department's performance positively (51%) relative to dissatisfied clients (30%).

B. Stated Influencers of Perception

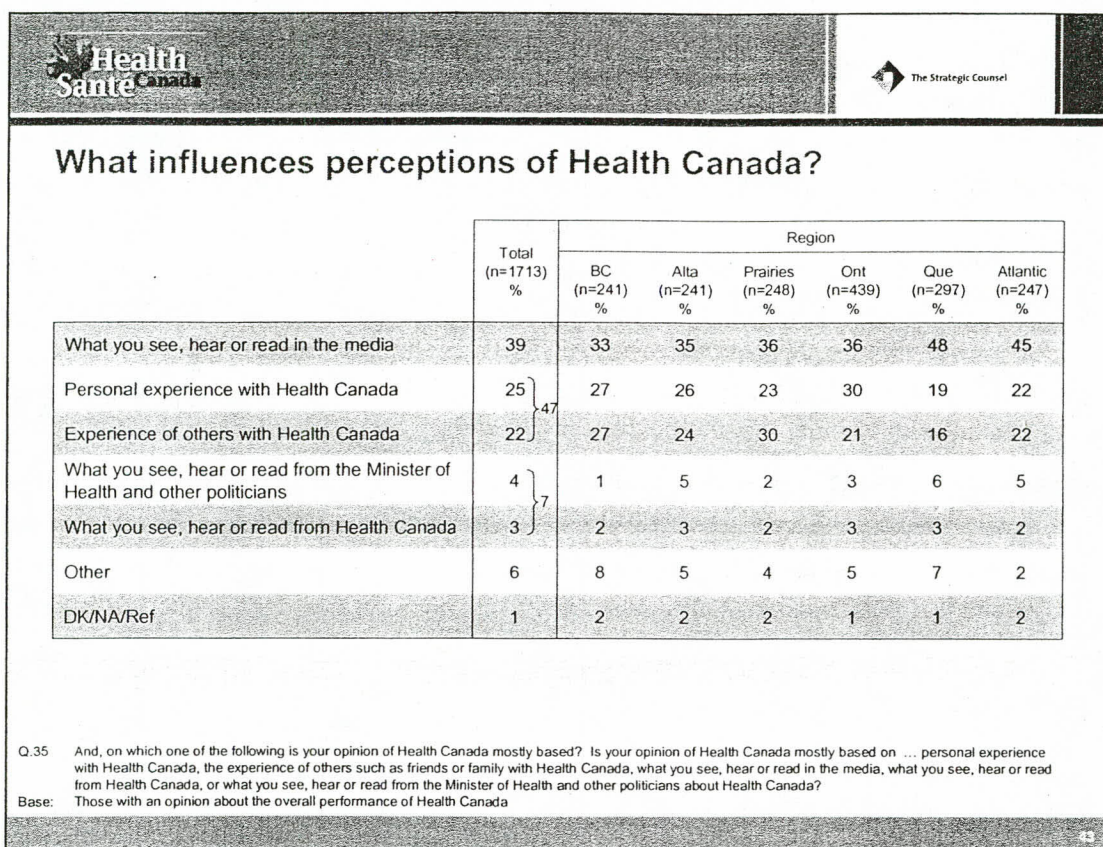
It is important to understand what or who shapes individuals' perceptions of Health Canada. When respondents are asked directly what informed their views, two sources stand out as important: experience with Health Canada (47%), both personal (25%) and that of friends and or family (22%), and media reports (39%). What is seen, read and heard from government (7%), either from politicians (4%) or Health Canada (3%) appears to have very limited impact on perceptions of the Department (Figure 29). What this implies, from a communications perspective, is not necessarily that direct advertising is ineffective, but rather that Health Canada operates within a diffuse communications environment in which direct experience and word-of-mouth are key to influencing perceptions of Health Canada's reputation. These findings also suggest that Health Canada needs to develop a strong media relations capacity in order to engage the media as a more effective communications conduit to the broader public. This reinforces findings elsewhere in the data that the quality of direct interaction with Health Canada is one of the most critical components of brand health. A "touchpoint" strategy would appear to be warranted both from a customer satisfaction and a communications perspective.

As is typically the case with respect to the influence of communications vehicles and channels, there are some regional and demographic variations of note. Quebecers (48%) and Atlantic Canadians (45%) are more likely to base their opinion on what they see, hear and read in the media. Younger Canadians, aged 18 to 24 (32%), are more likely than average to form their opinion from the experience of others.



Performance of Health Canada

Figure 29



When these factors are cross-tabulated with the overall rating of Health Canada, it is evident that personal experience is the most powerful factor shaping a positive opinion of the Department. Those with personal experience are well above average in their evaluation of the Department (49% rating it as “excellent/good” versus 41% overall). The impact of personal experience, though, is dependent upon the nature of that experience. Those satisfied with the outcome of their experience are among the favourable with respect to their rating of the performance of Health Canada (50%). On the other hand, those dissatisfied are the least positive regarding the Department (30%), citing scores lower than those with no contact (40%).

This finding reinforces a key point that has been made in the field of customer satisfaction and loyalty research. As a general rule of thumb, the study of dissatisfied customers or clients has shown that for every one client that complains, there are at least 25 others who do not (e.g. that dissatisfaction with contact or service may be more widespread than some of the data suggests). Moreover, dissatisfied clients will likely tell at least eight to sixteen others about their bad experience, thereby, through word-of-mouth, influencing the perceptions of others. The web has contributed to more wide spread and quicker transmission and sharing of these kinds of experiences. As part of the suggested “touchpoint” strategy, it may be worth considering



Performance of Health Canada

additional follow-up research among those who have contacted Health Canada to determine the elements that make for a satisfactory and dissatisfactory experience. Customer satisfaction research also shows that prompt efforts to resolve the issue(s) that contributed to a dissatisfying experience will have a strong ameliorating affect on overall perceptions.

Despite the impact of personal experience, knowing of a family member or friend who has had experience with Health Canada does not lead to any more positive evaluation than the average. At the same time, neither does an opinion of Health Canada that is formed strictly by what is seen, read or heard in the media (41%). In fact, those who rely primarily on the media to form their opinion of Health Canada are slightly less likely to have a negative opinion of the Department than the population overall (14% versus 17%).

Consistent with the above analysis, those who report that they know “a lot” about Health Canada have among the most positive views (50%). However, this knowledge is not gained by experience with Health Canada to any great extent and is, in fact, as likely to be gained through media exposure. This suggests that impressions of Health Canada, that are formed through exposure to the media can create a feeling of knowledge about the Department and that this knowledge is on balance more likely to be positive than negative.

C. Performance in Key Areas

Just as there is a clear hierarchy in terms of what the public considers to be important health issues, there is also something of a hierarchy, although somewhat less definitive, in terms of the rating of the Department’s performance on each of these health-related issues.

In general terms, the Department performs quite well across all items and very well on some. Using the seven-point scale and taking the 5, 6 and 7 scores as meaning a “good/excellent job”, no score is below 50 percent. Ratings on some specific factors appear stronger than the global rating for the Department overall. This may well be the difference between what the public thought they were evaluating when first asked to rate the performance of Health Canada and the evaluation they were asked to make of specific Health Canada functions. Certainly, when asked to identify health issues facing the country, wait times and shortages of health care professionals figured prominently and these may well have been factors in the initial global evaluation of the Department, based on misperceptions and generally low levels of knowledge of Health Canada’s mandate.

In addition, as other Government of Canada surveys have shown, global ratings of performance tend to be affected (and tempered) by overall views of government, and particularly by views on the performance of politicians. As this survey took place in the midst of revelations from the Gomery Inquiry on Sponsorship, it is likely that, even though Health Canada was not implicated as a department, public views of government in general may have played into their evaluations of Health Canada in particular. We note in a later section



Performance of Health Canada

reporting on assessments of key “corporate” attributes that the public has some concerns about the level of openness, transparency and accountability of the department. The public has become increasingly vocal in their expectations for greater accountability from government at all levels and polls have shown a widespread feeling of dissatisfaction with many organizations on this front.

While the Department is evaluated quite positively across all functions tested, the ratings are generally good rather than excellent. This suggests that across all functions there is some room for improvement.

Those functions that focus on the regulatory and safety aspects of the Department are generally rated quite positively by upwards of two-thirds of the public (Figure 30). This includes the areas of pharmaceutical products (73%), tobacco products (73%), food products (72%), and consumer products (69%). The one regulatory area where the Department is well below these scores is controlling the health impact of environmental factors. Only half (50%) rated health Canada a “5” or greater in this area. Possibly, this is an area of special sensitivity for the public, given the continuing debate about the impact of environmental factors on health. At the same time, as noted earlier, Environment Canada is seen as having more responsibility for this function than Health Canada and this may play a role in the evaluation of performance.

The other non-regulatory functions that are evaluated quite positively are preparing the Canada Food Guide (72%) and encouraging Canadians to live healthy lifestyles (67%).

There are, however, a number of areas where views are far more contentious: specifically, those that deal with First Nations health, protecting Medicare and funding the system. Relative to other functions, only half (50%) evaluate the Department positively in terms of providing health care services to First Nations. This may well be a function of the media reports of problems on reserves in addition to a belief among some that this function is carried out by Indian and Northern Affairs, rather than Health Canada.

The fact that over six-in-ten (62%) evaluate the Department at least somewhat well in terms of promoting and protecting the key principles of Medicare suggests that the public does recognize, to some extent, the Department’s efforts in this regard. However, in the area of the funding of the health care system, the Department receives one of its lowest scores (50%). This is likely an expression of continuing public concern regarding the pressing health issues which many identified earlier: wait times and shortages of professionals and, as well, the highly public debate over the appropriate level of federal funding for health care. Moreover, it is our working assumption that the public views funding of health care as a Government of Canada responsibility rather than exclusively the mandate of Health Canada given the prominence of both the Prime Minister and the Minister of Finance in funding negotiations.



Performance of Health Canada

Figure 30

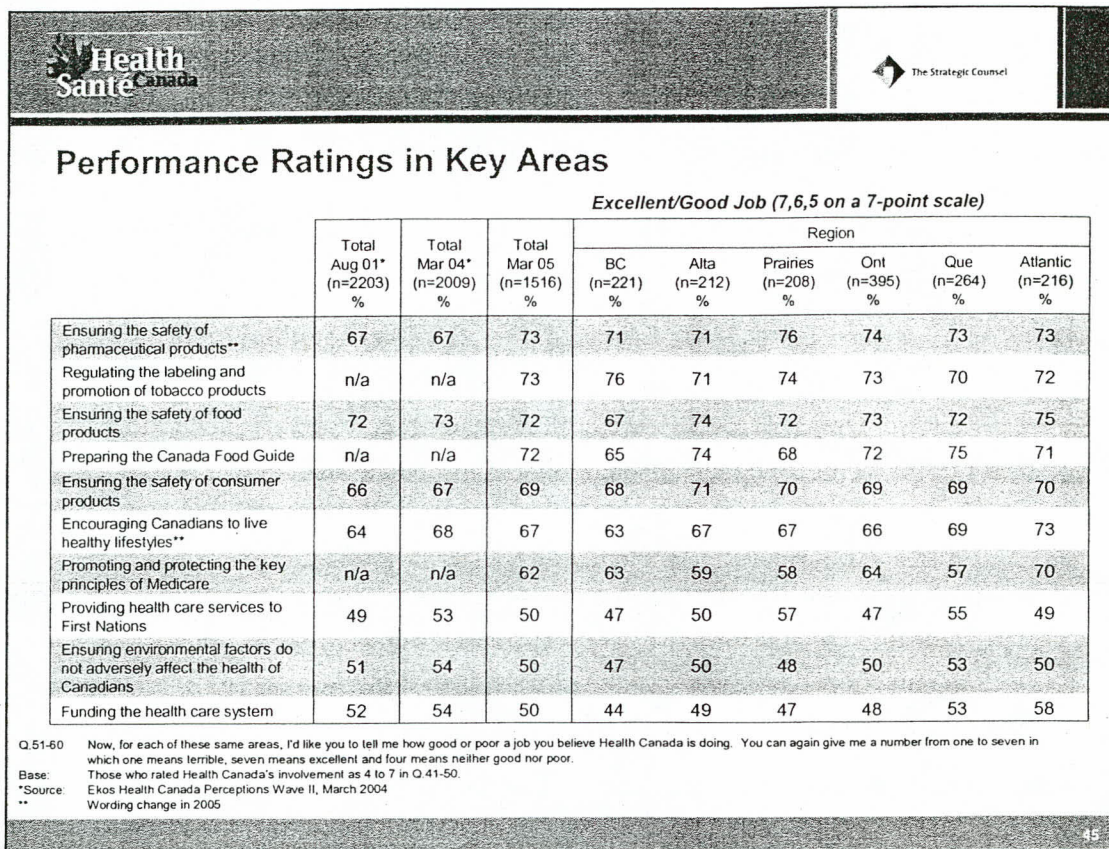
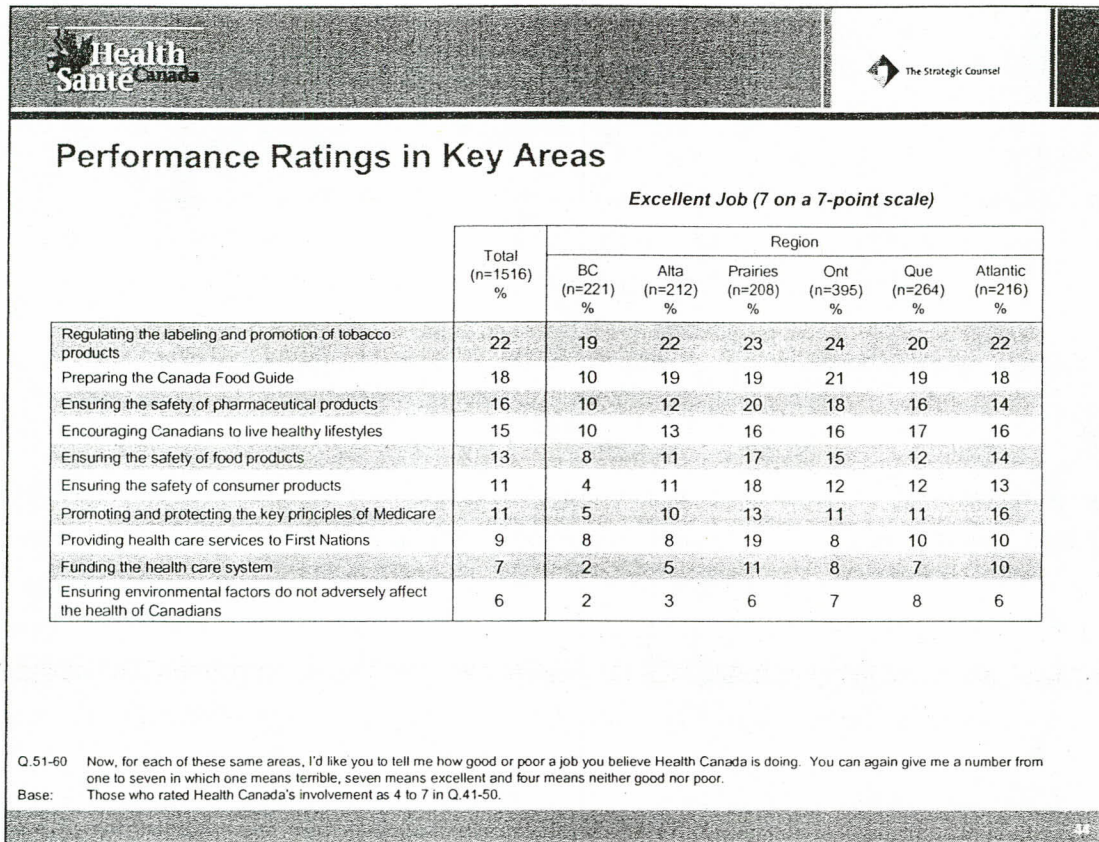


Figure 31 indicates the percentage of Canadians who gave Health Canada the highest rating of performance (a 7 on a 7-point scale) in each of the activity or mandate areas tested. The ordering of items changes somewhat although, in general, the grouping of items in terms of higher and lower performance scores remains the same (e.g. providing health services to First Nations, funding the health care system and ensuring that environmental factors do not adversely affect public health remains the lowest rated items in terms of performance).



Performance of Health Canada

Figure 31



In general, those who are more familiar with Health Canada, trust Health Canada, and are satisfied with their contact with Health Canada are more likely to give a positive rating (5, 6 or 7 on a 7-point scale) of Health Canada's performance in each of these areas. Similarly, younger Canadians are more likely to rate Health Canada more positively on ensuring the safety of food products, regulating the labeling and promotion of tobacco products, preparing the Food Guide and ensuring that environmental factors do not adversely affect the health of Canadians.



Performance of Health Canada

D. Performance Mapping

In order to understand public assessments of the performance of Health Canada along key functions, it is necessary to take into account the importance the public assigns to each function as a health issue. However, the importance of a functional area in terms of assessing Health Canada's performance is by itself of limited value, unless the extent to which Health Canada is seen to be involved in each function can be determined. When importance and Health Canada involvement are combined, then these can be used to more accurately assess the performance of Health Canada across various functions.

In combining the two measures – importance and involvement, only the proportion rating the function a seven for importance (on a 7-point scale) was used, because there is wider differentiation in scores, from 70% to 25%. For the involvement measure, however, the 5, 6 and 7 scores were used as this provided some degree of differentiation, while restricting the scores on this measure on to those who said “7” would have captured only those respondents who believed the Department had a “great deal of involvement” in this area. The overall percentage scores from the two measures were added together for each function and then divided by two to bring the maximum possible score back to 100%. These new scores are shown in Table 8 below. In combining the perceived importance of a function and the extent to which Health Canada is seen as having some involvement in the function, its relevance, as it relates to public perceptions of Health Canada, is identified.

It is clear that by combining the measures of importance and involvement we derive different scores than we would had we considered importance as the only attribute to be compared against the Department's performance in each functional area. By doing so, rather than finding that “funding the health care system” is the highest ranked function, we find that “ensuring the safety of pharmaceutical products” and “ensuring the safety of food products” emerge as more significant, and “encouraging Canadians to live healthy lifestyles” as almost equally as relevant to Canadians. Furthermore, by taking into account the perceived involvement of Health Canada in promoting and protecting Medicare, then this function also becomes as significant a factor as funding.

Where there is a significant drop in relevance, compared to what we find when we consider importance only, is the area of environmental factors affecting health. The decline in this function is largely a result of many Canadians identifying this function as a responsibility of Environment Canada. Much the same decline is apparent for health care for First Nations where again this area is not largely seen as a Health Canada responsibility.



Performance of Health Canada

Table 8
Creation of Relevance Variable
From Importance and Involvement Scores

	Importance (7 on a 7-point scale) %	Involvement with Health Canada (5,6,7 on a 7-point scale) %	Relevance Score	Relevance Average %
Ensuring the safety of pharmaceutical products	64	68	132	66
Ensuring the safety of food products	59	64	123	62
Promoting and protecting the key principles of Medicare	56	62	118	59
Funding the health care system	69	49	118	59
Encouraging Canadians to live healthy lifestyles	48	67	115	58
Ensuring the safety of consumer products	50	63	113	56
Regulating the labelling and promotion of tobacco products	38	67	105	52
Providing health care services to First Nations	44	51	95	48
Ensuring environmental factors do not adversely affect the health of Canadians	44	49	93	42
Preparing the Canada Food Guide	25	70	95	42

In order to better assess the relationship between performance and the relevance of specific functions for Health Canada, the two sets of variables – performance and the new variable (combining importance and involvement) – were mapped on a grid (Figure 32). This grid, when divided into quadrants, identifies four areas: where a function is considered very relevant and performance is high, where relevance is high but performance is wanting, where relevance is low yet performance is high, and where relevance is low and performance is low. The key quadrants are those that are highly relevant and performance is high or wanting.

There are four functions that can be defined as highly relevant and where the Department's performance is seen to be highly positive. These are:



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- Ensuring the safety of pharmaceutical products
- Ensuring the safety of food products
- Encouraging Canadians to live healthy lifestyles
- Ensuring the safety of consumer products.

It is important to note that three of these functions are regulatory. Of interest is the fact that regulating tobacco products is not part of this quadrant. This may be explained by the considerable effort and investment that has been made by the Department to address the regulation of tobacco and to conduct social marketing campaigns to combat use of the product. The public may now consider that the issue is less relevant or resonant due to what they perceive to be substantial progress in this area.

The two areas where a significant gap exists between relevance and performance is the funding of the health care system and, to a lesser extent, promoting and protecting Medicare. These areas are relevant to the public but it is also clear that there is significant room for improvement, given the perceived performance of the Department in these areas. We caution, however, that it is unclear as to the extent of credit the Department may obtain for any perceived improvements in these areas if, as we assume, these are seen to be shared functions across jurisdictions.

With respect to tobacco products, the public believes the Department is excelling at regulating them, but in relation to other priorities this issue is considered less important. As we noted earlier, this may be a reflection of perceived progress on this front.

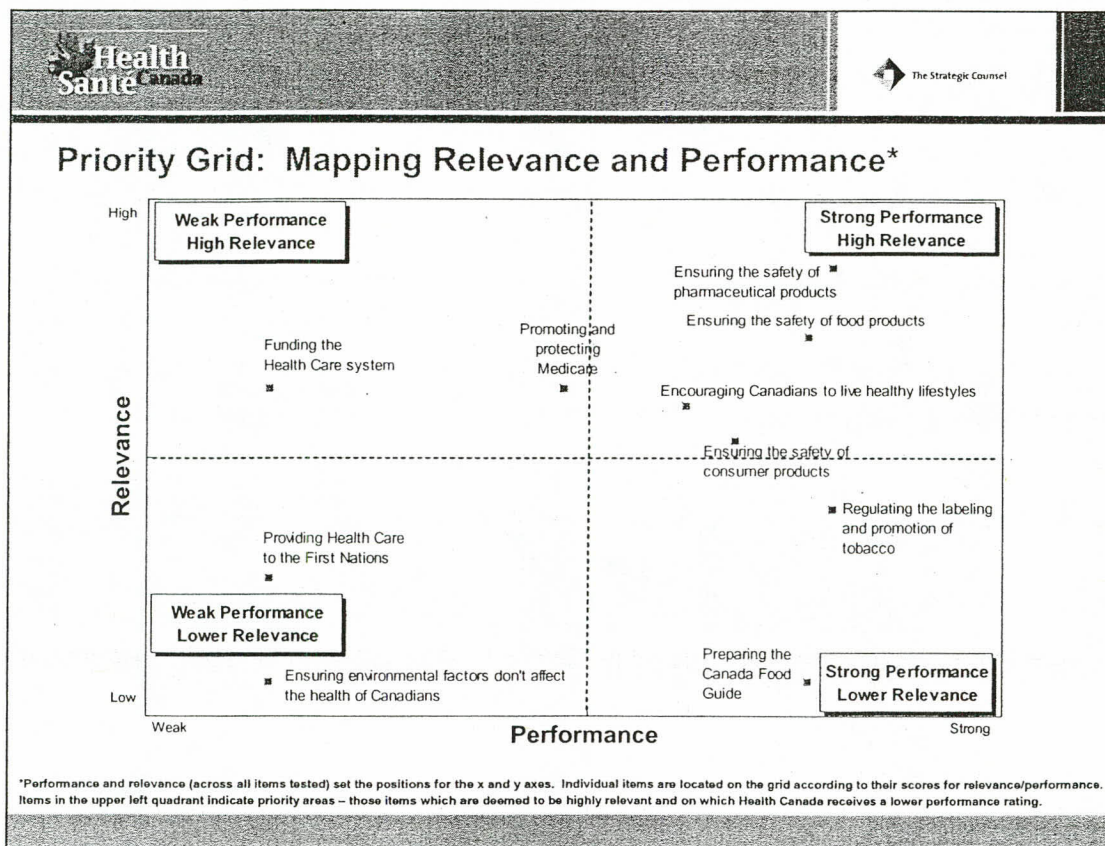
Likewise, Health Canada scores high marks for preparing the Canada Food Guide, but again the Guide is not considered especially relevant. This latter area is particularly concerning given population health statistics that show increasing levels of obesity and inactivity. Further research may be advisable to ascertain how the Canada Food Guide may be revised, adjusted and effectively communicated to increase its relevance to Canadians and, in particular, to link it to a healthy lifestyles agenda.

There are two functions that are neither especially relevant nor well rated. These are providing health care to First Nations and ensuring environmental factors don't affect the health of Canadians. In the case of the latter, given the continuing focus of public concern on the environment the low ratings are not surprising, although the lack of relevance clearly is an issue. But as noted above, the public does not especially relate environmental health issues with Health Canada. In the case of First Nations, 44 percent rated providing health care to First Nations a seven on the importance scale, and half (54%) gave Health Canada a rating of five or above for the level of their involvement. This is a low score compared with other activities. Furthermore, the rating of Health Canada performance on this activity is also one of the lowest ratings (50% gave a 5 or above).



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Figure 32



E. More Performance Ratings and Key Corporate Attributes

1. Ratings for Informing and Communicating With The Public

Treasury Board Secretariat requires that departments and agencies of the Government of Canada assess their performance on a number of indicators that pertain to consultation and communication with the public. Similar to the initial rating of Health Canada's overall performance, the rating for Health Canada's performance at keeping the public informed is well below the ratings for the functional areas discussed previously (Figure 33). In all, less than four-in-ten (37%) give a 5, 6, or 7 on the seven-point scale, indicating that they believe the Department is generally doing a good job. But, fully three-in-ten (29%) rate Health Canada's performance in this area as poor (3 or less on the scale). It is perhaps not too surprising that the rating is low, however, because in order for respondents to feel that they are kept informed about priorities, policies, programs and services, they would likely have to have a fair amount of knowledge about Health Canada.

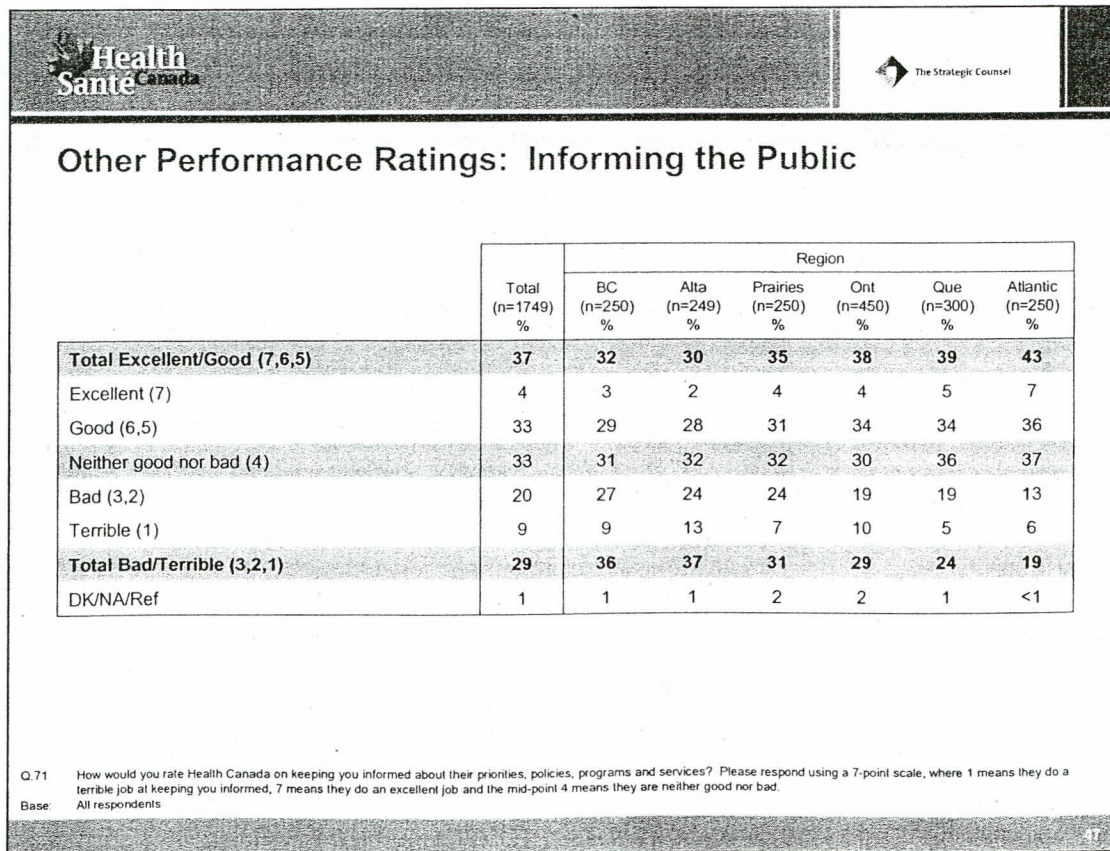


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Some evidence for this view comes from the fact that even among those who report that they know a lot about Health Canada; only 41 percent give the Department a good rating of (5 or more on the scale). In fact, the only group who rate the Department reasonably well on the dimension of keeping the public informed are those who have had contact and were satisfied with that contact, again reinforcing the earlier conclusion that satisfactory contact with Health Canada has some influence on positive perceptions of the Department. Among this group, 54 percent gave a rating of 5 or above.

Regional analysis shows that Atlantic Canada (43%) gives an above average rating on this dimension, while Alberta (30%) and British Columbia (32%) are below average. Demographically, seniors are the most likely to give a positive rating (46%) while higher income groups (32%) and the university educated (30%) offer the lowest ratings.

Figure 33



Although the public seem to indicate that they believe the Department could do a better job of communicating regarding priorities, policies, programs and services, it is also clear, among those who have had contact with the Department, that assessments are relatively positive with regard to communicating in the official language of choice, providing sufficient options for getting and receiving information and providing that information in

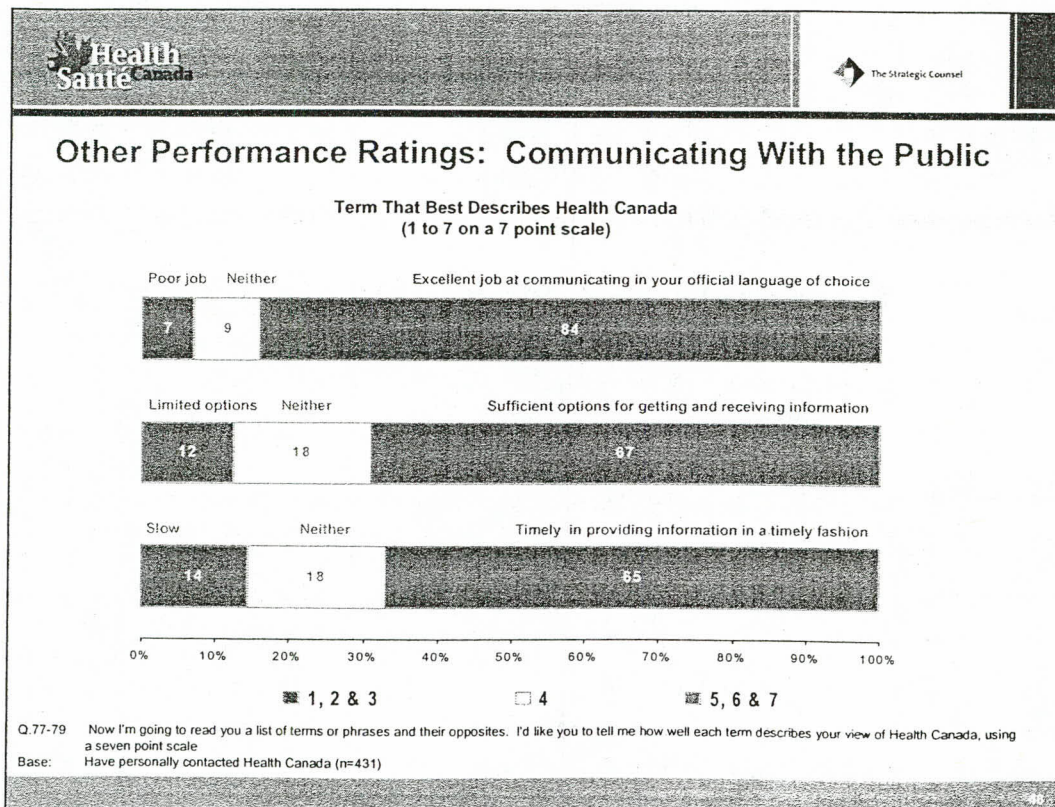


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a timely manner. In all cases, two-thirds or more of those who have had some form of personal contact with Health Canada gave a positive response to each of the items tested above.

The most positive response to the three items is for communicating in your official language of choice (Figure 34). In all, over eight-in-ten (84%) gave a positive response on this item (a 5 or above) and close to half (47%) gave a 7. When language of the interview is considered there is some difference in response between French language and English language respondents. Those interviewed in French are somewhat less positive with regard to communicating in the official language of their choice than those interviewed in English (37% versus 49%, gave a score of 7). This suggests that some attention could be focused on how communications in French are addressed.

Figure 34



In terms of demographic variations, university graduates are less positive on all fronts when we consider only those who provided a rating of "7" (communicating in the official language of choice (39%), providing sufficient options for getting and receiving information (16%) and providing that information in a timely manner (9%). Younger Canadians, those aged 18 to 24, are less positive about options for getting and



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receiving information (6%). Those in higher income groups are less positive about receiving information in a timely fashion (6%) and having a sufficient number of options for getting and receiving information (7%).

There are no strong regional variations of note.

2. Key Organizational Attributes

As is the case for any organization which has a complex and intermediated relationship with its stakeholders, impressions are formed about the characteristics and attributes of the organization, and the ensemble of these impressions comprise the brand personality. To better understand Health Canada's brand personality, a series of nine attributes were tested in the form of a semantic differential; that is the attributes were described in their positive and negative form along a seven-point scale, with one being the most negative form of the attribute and seven the most positive. Respondents were asked to assess Health Canada in relation to each attribute on this 7-point scale. The attributes included things like accountability, credibility, objectivity among others.

It is clear from Figure 35 below, that there is one area where the department does exceptionally well, four areas where the assessment is quite positive, and four that are challenges. Taken together, though, these responses do allow for an understanding of Health Canada's brand image.

First, there is no question regarding the overall relevance of Health Canada to the population, although some specific aspects of its mandate may be perceived to be less relevant than others as we noted earlier. Over seven-in-ten (72%) describe the Department as making a great deal of difference to them (5, 6, or 7 on the scale). In fact, a third gave this attribute a seven indicating the highest rating on this attribute that they could offer.

Though the remaining attributes are generally viewed as positive descriptors of Health Canada, few among the public give them a very strong rating. So while two-thirds of those surveyed see Health Canada as scientific, accountable, credible and doing a lot to promote a healthy population, the level of support for these views is not especially intense. It is interesting that the proportion of the population giving a "don't know" response across each of these attributes is typically under five percent. This result goes directly to the notion that impressions may be strongly held, and therefore are difficult to combat if negative, even if stakeholders admit relatively low levels of familiarity with the organization. Keep in mind that in an earlier section of this report, we noted that just over one-third (36%) of Canadians say they are familiar with Health Canada, and just one-in-ten (10%) saying they know a lot about the Department (7 on a 7-point scale of familiarity).

There are two attributes where the low intensity of positive responses suggests a challenge for the Department. These attributes are managing risk well and being objective. In both cases 10% or less gives a 7 as a response and only one-quarter give a 6 or 7. While earlier, the Department was rated highly in terms of the safety of



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pharmaceutical products, the weaker response related to managing risk may have been affected by public awareness and concern regarding recent prescription drug recalls.

Finally, less than half the public positively apply two attributes to Health Canada. There is some question in the public mind regarding the openness and transparency of the Department and the extent to which the department is seen to be proactive. Even though these attributes are problematic for the Department, it is also important to emphasize that more Canadians see Health Canada as open, transparent (44%) and proactive (44%) than see it as closed, secretive (26%) and reactive (25%). The gap between the end poles of these attributes, though, is narrower than for the other attributes tested.

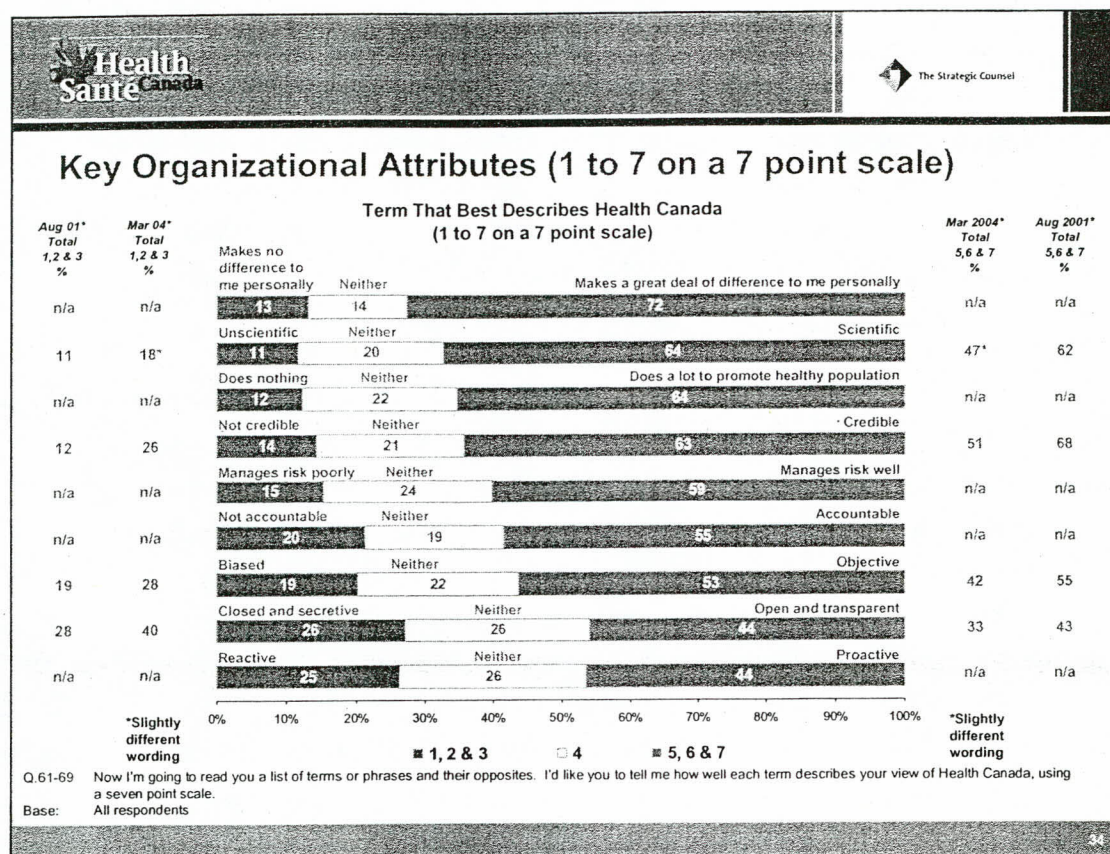
The image that emerges is of an organization that the public believes impacts their lives, and helps keep them healthy, although they admit they don't know much about it. The organization is generally seen as scientific, credible and accountable, but there is some question regarding the objectivity, openness and proactiveness of the Department. In deciphering these responses, it may well be that some of the reactions to these attributes are a consequence of the public's views related to government in general. Many surveys have noted the public's lack of trust in government and their belief in a lack of openness, as well as a view that government often does not act unless prompted by public or stakeholder pressure. It is likely that these perceptions are colouring responses on many of the attributes tested. Given this, it is encouraging that Health Canada does reasonably well in terms of credibility and accountability and this suggests that, on some measures, Health Canada appears to stand quite independently (and positively) from views of government in general. It is also reassuring to see from the tracking data that the ratings appear to have recovered from the dip which occurred in 2004 on a number of attributes, particularly scientific, credible and objective.

Crosstabular analysis shows that those who have greater awareness of Health Canada and have had contact with the Department (providing the contact was satisfying) are much more likely than others to describe Health Canada in positive terms across all the attributes. This suggests that knowledge and a satisfying contact do translate into a more positive multilateral sense of the organization.



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Figure 35



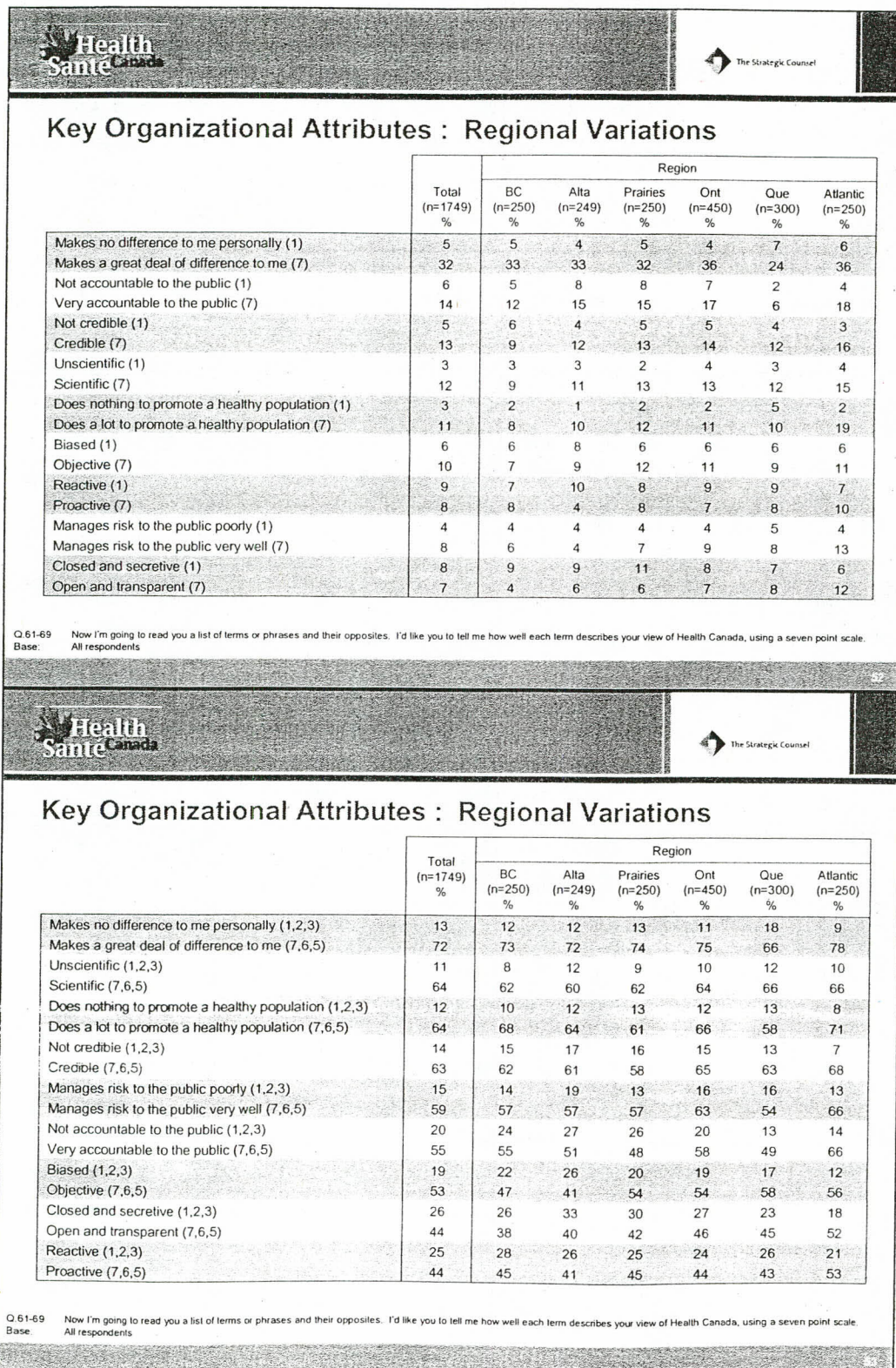
Views on the extent to which the Department is open and transparent are linked to views on informing and consulting with Canadians. Those who believe that Health Canada is doing a good/excellent job at keeping the public informed (70%) are much more likely than those who say the Department is doing a poor job (19%) to view Health Canada as open and transparent. Similarly, those who support regular consultations (46%) are more likely than those who do not (29%) to assess the Department as generally open and transparent in their dealings with the public. And, not surprisingly, those who say they are fairly familiar with Health Canada (52%) are more likely than those who are moderately (41%) or not very (33%) familiar to view the department as open and transparent. Satisfaction with contact with Health Canada (60%) and trust in Health Canada (58%) also correlate with more positive impressions of the department as open and transparent.

Regional analysis of the attributes shows that there are a number of variations of note (Figure 36). In general, residents of Quebec are less positive in their descriptions of Health Canada, while Atlantic Canadians tend to be more positive. An exception to this is that Quebecers (58%) are more likely than average (53%) to view the department as objective. This is less likely to be the case in Alberta (41%) and British Columbia (47%). Residents of British Columbia (38%) and Alberta (40%) are also less likely than average (44%) to view the department as open and transparent.



Performance of Health Canada

Figure 36





Performance of Health Canada

F. Deliberative Rating of Health Canada's Performance

Following a host of rating measures dealing with Health Canada's level of involvement and performance on functional attributes, the overall global rating of Health Canada was repeated. The inclusion of a second global measure of performance was intended to assist in determining what information provided to respondents in the intervening portion of the survey may have had an impact, either positive or negative, on their views of Health Canada. From a communications perspective, this may highlight some of the areas of its mandate and/or particular corporate attributes that should be promoted or improved upon in order to shore up Health Canada's brand and reputation (in this case using the global rating of performance as a proxy for brand/reputation).

As in 2004, a significant jump in the assessment of Health Canada's performance occurs during the course of the interview. Recall that earlier 41 percent of respondents rated Health Canada's performance a 5 or above in the preliminary rating of performance, indicating a positive assessment. The second assessment, shown in Table 8 below, yielded a 16 point increase in positive assessments to 57 percent. Notably, this increase in positive assessments was largely among those rating Health Canada a 5 or a 6. Those rating Health Canada a 7 on the seven-point scale increased by only two points to four percent. At the same time, those giving a neutral response dropped from 40 percent to 28 percent and the proportion believing Health Canada's performance was poor dropped slightly from 17 percent to 14 percent.

Table 9
Deliberative Rating: Tracking

	Mar. 2005		Ekos – Mar. 2004	
	Early Ballot	Late Ballot	Early Ballot	Late Ballot
Excellent/Good	41	57	47	59
Neither	40	28	28	26
Bad/Terrible	17	14	24	15

Reference Ekos Health Canada Perceptions Wave II – March 2004 (Good, Neither, Poor asked in 2004)

While the increase in 2005 was one of 16 points, that of 2004 was 12 points from an initial response of 47 percent giving a five and above to 59 percent at the second asking. This suggests that the additional issues explored in this year's survey had a somewhat greater impact on the global evaluation of Health Canada's performance. Further, the second assessment of performance brought the rating only two percent below that of 2004 and given the likely impact of the sponsorship scandal on global ratings of government overall, and by association of Health Canada, this should be considered a significant achievement.



Performance of Health Canada

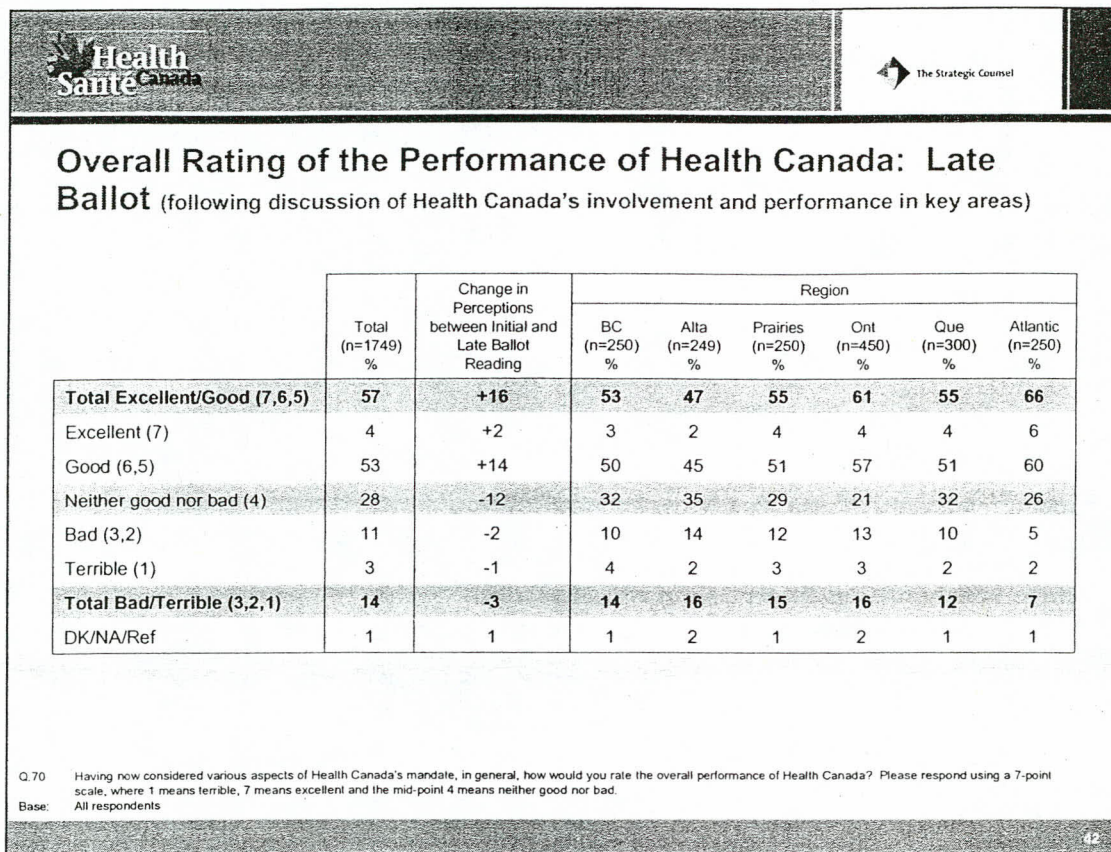
In further analysing this increase, it is clear that the questions relating to the functions of the Department had the affect of altering the original frame of reference that respondents had used to think about and evaluate Health Canada. In a later chapter of this report, the precise factors that had a particular impact on the global evaluation will be identified and explored in more detail. Suffice it to say that conveying to the public the variety of roles that Health Canada plays, and particularly in the regulatory and safety functions, could significantly boost perceptions of the Department. We recognize this is easier said than done and will require more data on targeting key publics and employing the most effective, modern communications tools.

All demographic and other sub-groups were influenced positively by the additional knowledge about the Department, but those under 25 years of age (+26 points), those having had a satisfactory contact with Health Canada (+26), and those who claimed little knowledge of Health Canada (+20) showed the greatest increase. Those most resistant to the impact of additional knowledge were those with the least positive views of the Department. This included those who reported low levels of trust in Health Canada (+3) and those who were dissatisfied with their contact (+6) with Health Canada. This suggests that while additional information can change the frame of reference for many in a positive manner, it has less impact on those with very fixed and negative views of the Department. Again, this reinforces that trust takes some time to build and that, once shattered for whatever reason, rebuilding trust and/or countering negative impressions requires considerable effort.



Performance of Health Canada

Figure 37





VIII. Exposure to Health Canada



Exposure to Health Canada

As in previous years, about one-quarter of Canadians report having had some contact with Health Canada over the past five years. Exposure to Health Canada, and aspects of its mandate, may be much higher, however, as more than half of Canadians recall health-related advertising from the Government of Canada.

The majority of those who have contacted Health Canada have used the Internet. This is consistent with the fact that conducting research on an issue or topic is the most prevalent reason for contacting Health Canada.

While satisfaction with the quality of the contact with Health Canada declined somewhat in recent years, it has now reached a plateau. Overall, two-thirds of those who have had contact with Health Canada report that they are satisfied with the quality of their interaction.

A. Frequency of Contact with Health Canada and Reasons for Contact

Among Canadians, contact with Health Canada continues to be relatively minimal. As shown in Figure 38, one-quarter of Canadians (25%) report having some contact with Health Canada (either via the web site, by mail, in person, by telephone or by fax), in the last five years. This is relatively consistent with March 2004 and August 2001, when 26 percent and 29 percent respectively for those years reported contact.

Those in Ontario have a somewhat higher propensity to contact Health Canada (30%) than do residents of Quebec (20%).

Those aged 25 to 34 are most likely to contact Health Canada, with 34 percent reporting contact in the last five years. By contrast, those who are reaching retirement age (age 55+) are least likely to make contact, with 20 percent reporting contact in that same time period.

Those with a higher household income are somewhat more likely to contact Health Canada: 24 percent of those with a household income under \$20,000 have made contact compared to 31 percent of those with an income over \$80,000.

Canadians choose to make contact with Health Canada through a variety of communication channels. Among those who have had contact with Health Canada over the past five years, 57 percent report that they have used the Internet. A healthy percentage of Canadians have also made direct contact:

- 35 percent have contacted Health Canada via the telephone;
- 31 percent have contacted Health Canada in person;
- 27 percent have contacted Health Canada via the mail;
- 5 percent have sent a fax.



Exposure to Health Canada

The public preference for access via multiple channels has been evident from previous surveys. In March 2004 and August 2001, respondents were asked about the channel used when they last made contact with Health Canada (as opposed to all channels used over the last five years). In both cases, respondents were divided almost equally in reporting that they had used one of four channels: the Internet, mail, telephone or in-person visits. Although the results are not directly comparable, because multiple responses to this question were accepted in 2005 versus one response only in 2001/04, in the current survey we do find that the most frequently cited method of contacting Health Canada is via the Internet.

Examining the variations in channel use across the regions, those in B.C. are less likely than average to have contacted Health Canada in person (20%), and are more likely to have made contact through the regular mail (35%). In Alberta, we find a higher likelihood of having contacted Health Canada by telephone (43%) and somewhat less likelihood of having used the Internet (51%). Those in Quebec are more likely than average to have made contact in person (38%) and via the Internet (62%), while they are less likely than average to have contacted Health Canada via mail (13%) or telephone (25%).

Figure 38

 									
Contact With Health Canada in Last Five Years									
	Total Aug 01* (n=2009) %	Total Mar 04* (n=2009) %	Total Mar 05 (n=1749) %	Region					
				BC (n=250) %	Alta (n=249) %	Prairies (n=250) %	Ont (n=450) %	Que (n=300) %	Atlantic (n=250) %
Contact with Health Canada?									
Yes	29	26	25	22	28	24	30	20	22
No	69	72	74	78	71	75	69	79	78
DK/NA/Ref	2	2	1	<1	1	1	1	<1	<1
Means of Contact			(n=431)	(n=54)	(n=70)	(n=59)	(n=133)	(n=61)	(n=54)
Internet	27	28	57	57	51	53	56	62	52
Mail	28	25	27	35	31	37	31	13	22
In person	21	24	31	20	31	29	31	38	28
Telephone	23	21	35	32	43	32	39	25	33
Fax	n/a	n/a	5	6	6	2	6	2	4
DK/NA/Ref	-	-	<1	-	-	-	-	-	2

Q.72 Have you personally had contact with Health Canada in the last five years either by going on their web site, by mail, in person, by telephone or by fax?
 Base: All respondents
 Q.73 And was the contact you had by mail, the internet, in person, by telephone or by fax?
 Base: Those who have had contact with Health Canada in last five years
 Note: Multiple responses accepted
 *Source: Ekos Health Canada Perceptions Wave II, March 2004

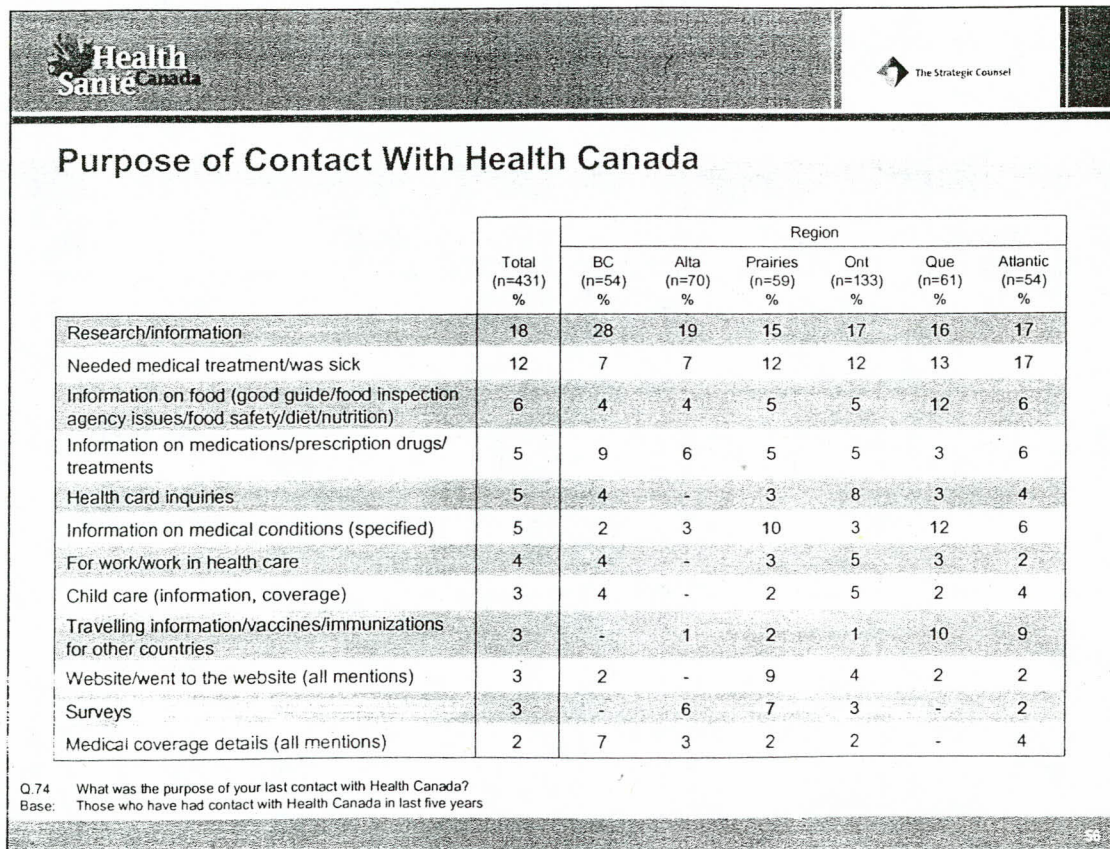


Exposure to Health Canada

Given the prevalence of electronic contact, it is perhaps not surprising that a healthy percentage of those who have had contact with Health Canada in the last five years cite research and information as the purpose for their contact (18%). While the regional sample sizes are small, those in British Columbia are more likely than average to cite research and information as their primary reason for contact (28%). This may help to explain why residents of this province are less likely than others to have engaged in one-on-one communication (Figure 39).

Other reasons for contact were cited by a relatively low percentage of respondents and included various types of inquiries, such as questions concerning Health Cards and medication/prescription drugs.

Figure 39





Exposure to Health Canada

Figure 39 (cont'd)

Purpose of Contact With Health Canada (cont'd)							
	Total (n=431) %	Region					
		BC (n=54) %	Alta (n=70) %	Prairies (n=59) %	Ont (n=133) %	Que (n=61) %	Atlantic (n=54) %
Policies/looking for regulations	2	-	1	3	3	2	2
Smoking related information (all mentions)	2	2	1	3	2	2	-
Vaccination/immunization (other than for countries)	2	4	-	-	2	2	6
Curious/no reason	2	-	-	-	2	5	2
For school (all mentions)	2	4	1	2	1	2	4
Health issues/medical reasons (general)	2	6	3	-	2	-	-
Went to doctor/ had test	2	2	6	2	2	-	-
Surgery related (application, check-up/waiting list)	2	2	4	2	1	-	6
Other	23	24	26	22	23	23	24
DK/NA/Ref	8	6	17	7	8	5	4

Q.74 What was the purpose of your last contact with Health Canada?
 Base: Those who have had contact with Health Canada in last five years
 Note: "Other" includes mentions of 1% or less

B. Assessment of Contact with Health Canada

March 2005 satisfaction levels with Health Canada contact remain consistent with March 2004, which represents a decline from August 2001 (Figure 40). Two-thirds of those who had had contact with Health Canada in the past five years report that they were satisfied with that contact (66%). It should be noted that 47 percent of those were somewhat satisfied, which again suggests some opportunities for improvement.

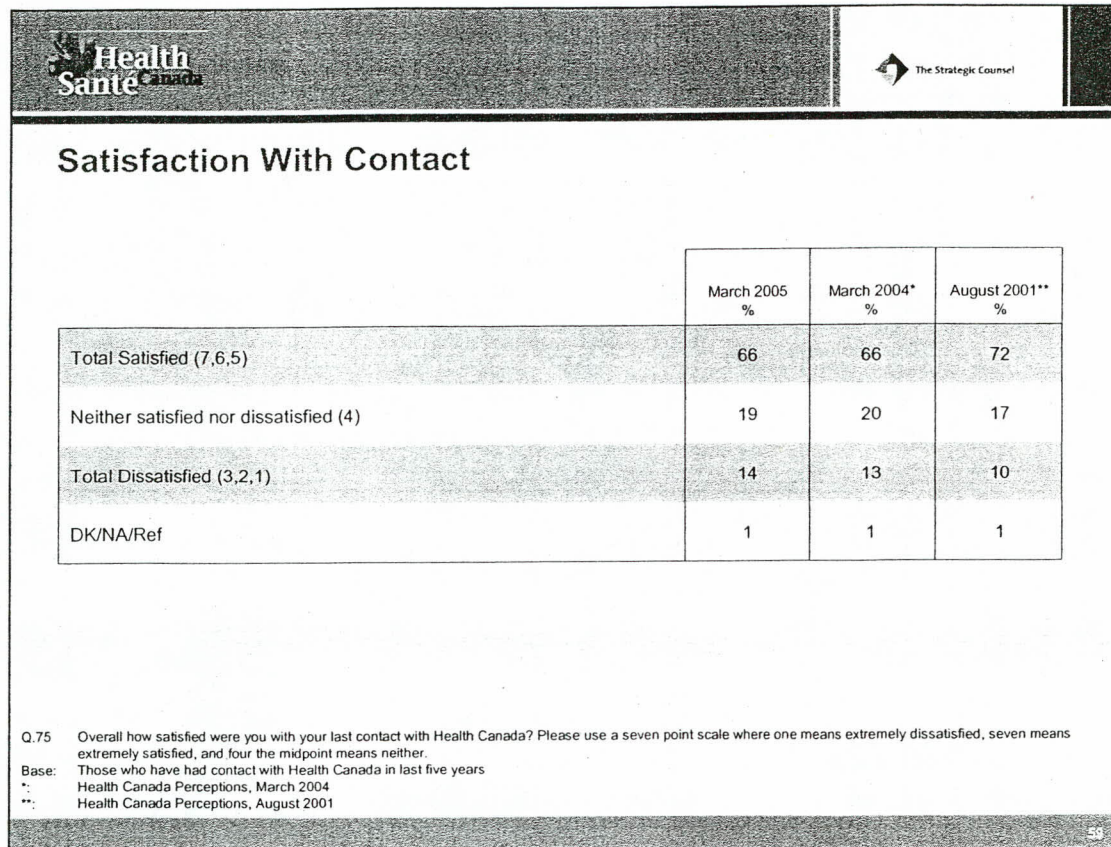
In August 2001, 72 percent reported satisfaction with their contact with Health Canada. This suggests that satisfaction levels with contact with Health Canada, which were in decline, have at least levelled off.

While the sample sizes are small, the data suggests that satisfaction with contact with Health Canada contact is somewhat higher among those aged 65 and older.



Exposure to Health Canada

Figure 40

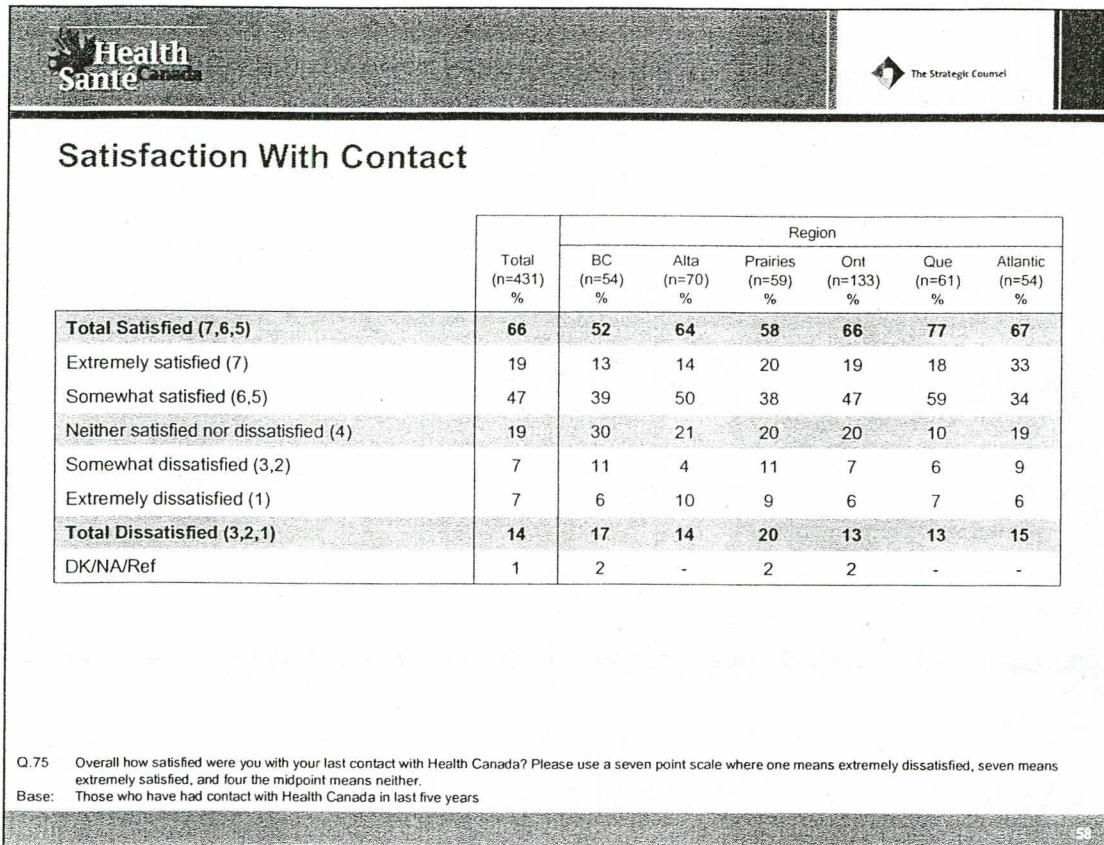


While the sample sizes are small, there are notable disparities in satisfaction by region (Figure 41). Seventy-seven per cent (77%) of Quebec residents report satisfaction with their contact with Health Canada. By contrast, just over half of British Columbians (52%) report satisfaction. These differences in satisfaction may be linked to the communication channel: Quebec residents (38%) are more likely than B.C. residents (20%) to contact Health Canada in person (See Figure 41). Given that we allowed for multiple responses on the question of how respondents had contacted Health Canada within the last five years, it is difficult to determine if one channel appears to result in higher levels of satisfaction versus any other. A cross-tabulation of channels employed by level of satisfaction with the interaction indicates there is no significant difference in levels of reported satisfaction with the contact. In general, most respondents (60% or more) said they were satisfied with their interaction regardless of the channels they had used within the last five years. Further exploring the specific issues that clients may face depending on the channel they use to interact with Health Canada would however be useful input in the development of a department-wide “touchpoint” strategy.



Exposure to Health Canada

Figure 41



Among those who expressed dissatisfaction with their contact with Health Canada, the primary issues shown in Figure 42 were:

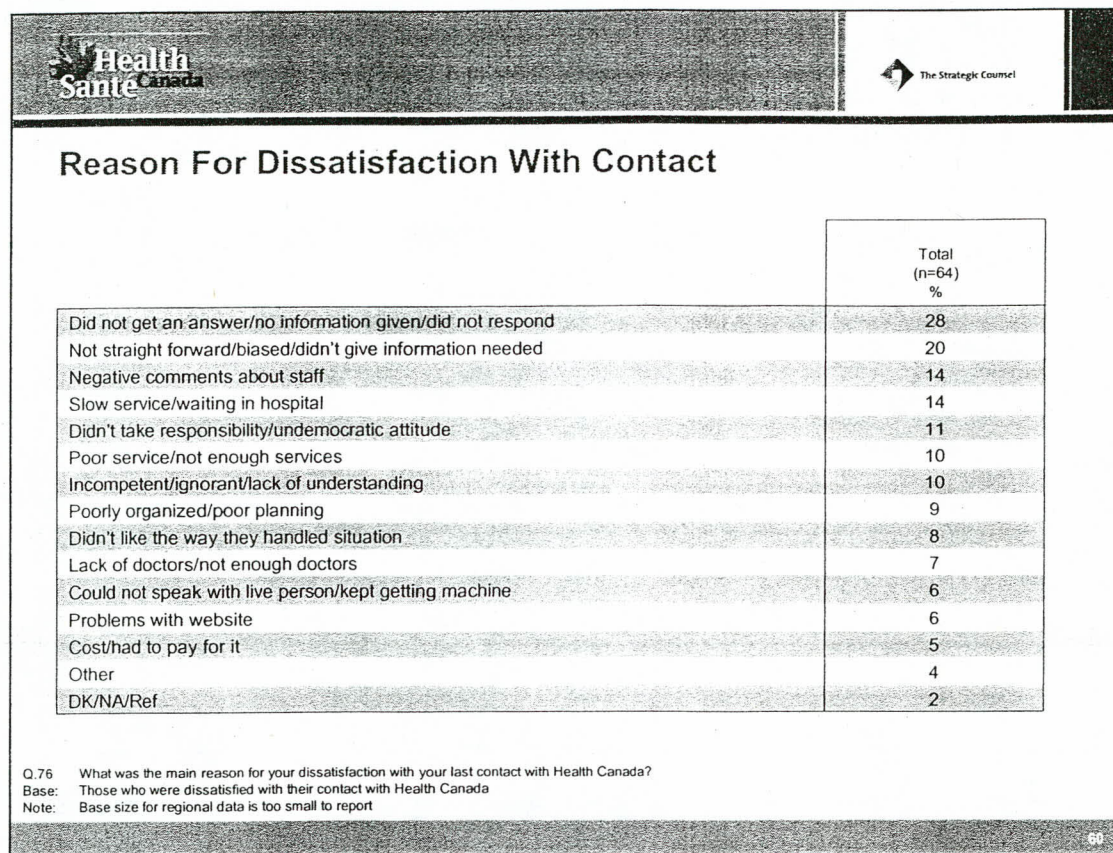
- Inability to get the information sought (Did not get an answer: 28% and Not straightforward: 20%)
- Issues with the primary contact (e.g. Did not take responsibility: 11%, Poor service: 10%)

This is consistent with the findings from March 2004, at which time respondents indicated that dissatisfaction was linked to the quality of the response, inability to find what they were looking for and issues with the Health Canada officials.



Exposure to Health Canada

Figure 42



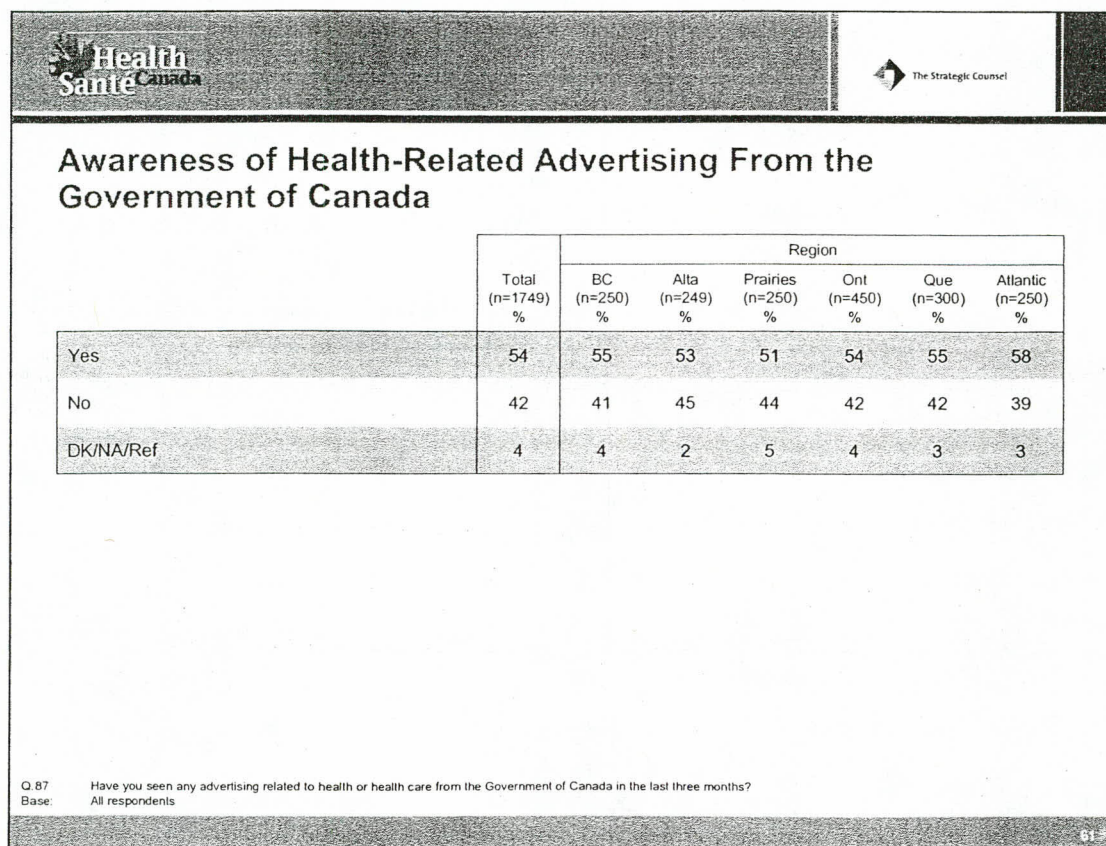


Exposure to Health Canada

C. Awareness of Health-Related Advertising

Aided awareness of health-related advertising sponsored by the Government of Canada is relatively good, however, again there is an opportunity to increase recall and impact with the Canadian public. Over half of all respondents (54%) recalled seeing health-related advertising in the last three months. Recall levels are consistent across regions (Figure 43).

Figure 43



Younger Canadians, aged 18 to 34, (65%) are more likely than those aged 55 and older (52%) to report having seen health-related advertising from the Government of Canada. Similarly, and not surprisingly, those more attuned to Health Canada as expressed by their level of familiarity (63%) are more likely than those who are less familiar (45%) to recall advertising.



IX. Attitudes Toward Public Consultation on Health Issues

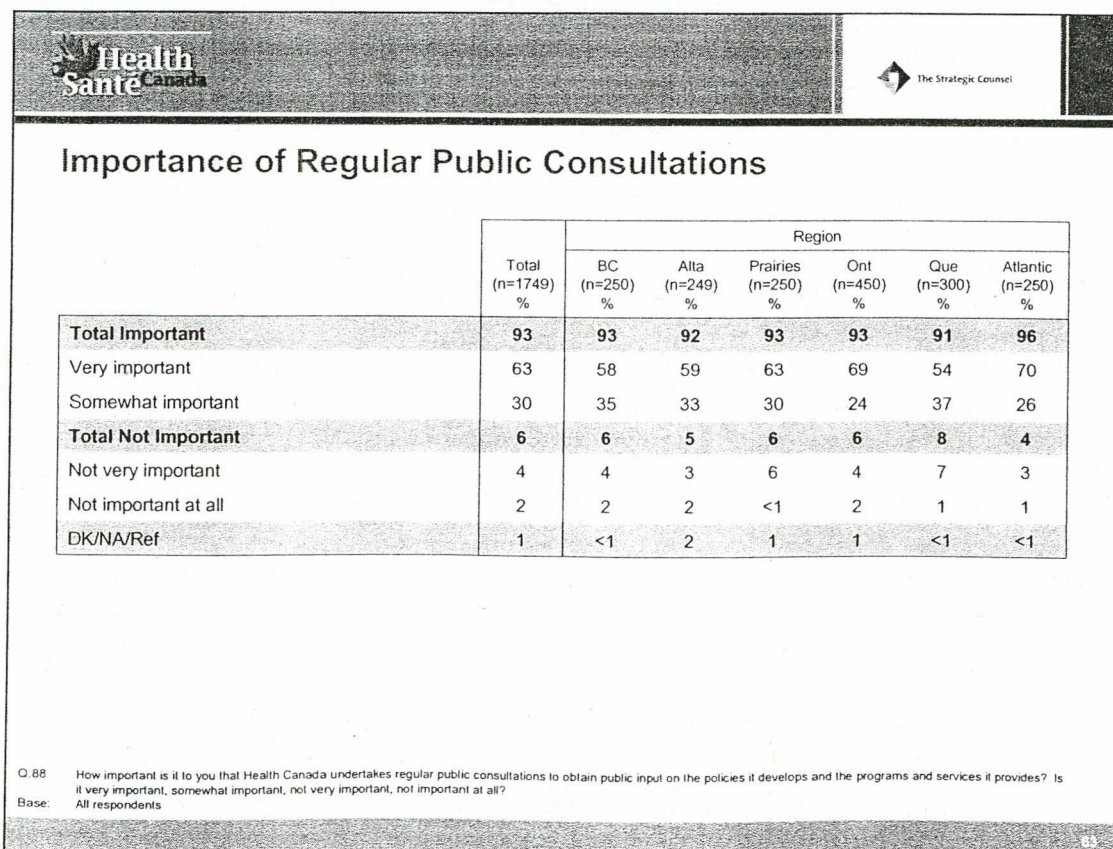


Attitudes Toward Public Consultation on Health Issues

Canadians strongly agree that Health Canada has a role in undertaking regular public consultations and obtaining public input on the policies, programs and services it develops and provides (Figure 44). In fact, 93 percent of Canadians deemed public consultation important, and a full two-thirds (63%) deemed it to be “very important.” This perspective reflects a growing concern among Canadians in recent years for more input into the policy development process. And, no doubt, there is an even higher level of concern for consultation on health issues compared to some other national issues. An important caveat to this apparent enthusiasm for consultation on health care matters is the fact that most Canadians believe they can be well represented by experts or those working in the health care field in such consultations. Indeed, just 17 percent of Canadians say they have participated in a consultation process related to health and/or health care within the last two years.

Regionally, Atlantic Canadians and residents of Ontario are even more likely than those in other regions of Canada to consider public consultation “very important” (70% and 69% respectively). Quebec residents are somewhat less likely than other Canadians to see this process as “very important” (54%), however, overall importance is still at high at 91 percent.

Figure 44





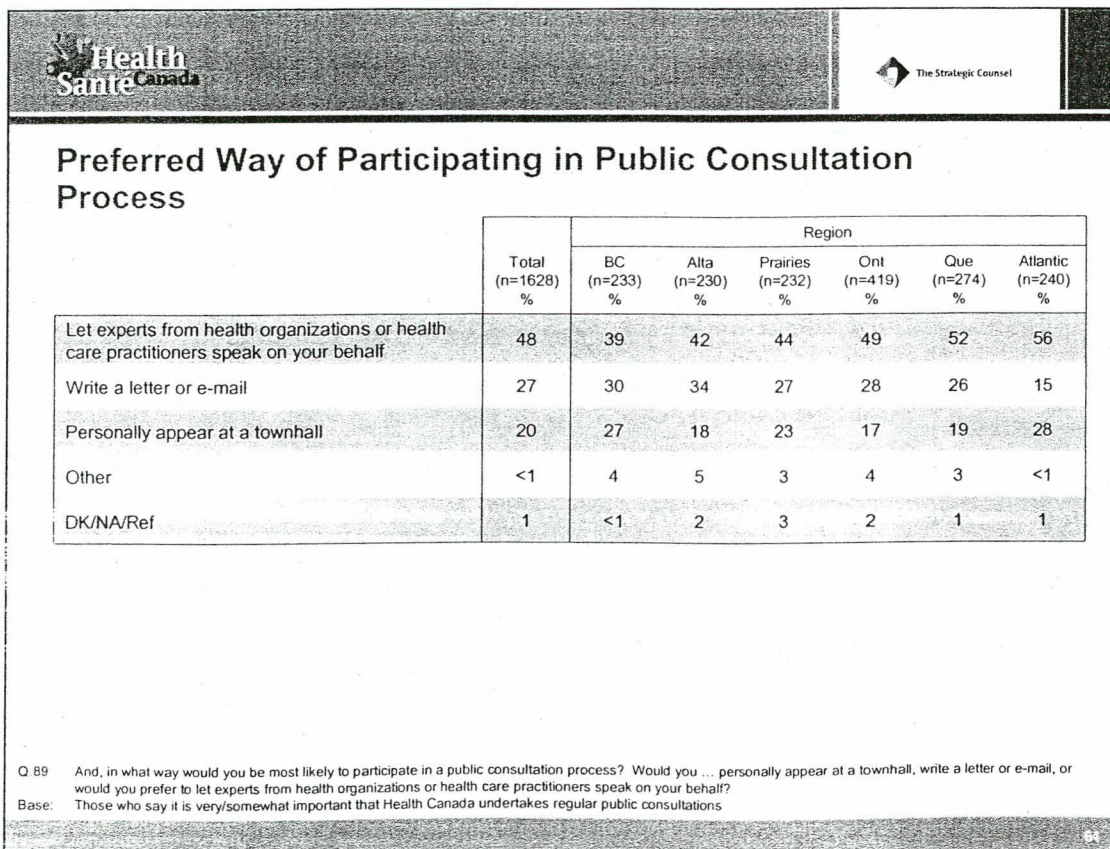
Attitudes Toward Public Consultation on Health Issues

The stated importance of public consultation increases with age. Among those 18 to 24 years of age, 49 percent rate consultations as “very important”, compared to 60 percent among those aged 35 to 44 years and 70 percent among seniors, 65 years of age and older.

While they agree on the importance of consultation, Canadians are more divided on how consultations should be carried out. The data in Figure 45 indicate that while the desire for consultations, openness and transparency exists, the desire to personally engage is not quite as high. Almost half of Canadians (48%) would let experts from health organizations or health care practitioners speak on their behalf. However, a significant percentage of Canadians do want to be part of the process themselves, with 27 percent opting to write a letter or an e-mail and 20 percent choosing to appear at a town hall meeting.

Regionally, there is some difference of opinion on having experts represent Canadians at public consultations. Residents of Western Canada are less likely than those in Central and Eastern Canada to choose representation from experts.

Figure 45





Attitudes Toward Public Consultation on Health Issues

Moreover, younger Canadians, aged 18 to 24 years, are less likely than older Canadians to prefer representation via experts (47% of those aged 18 to 24 years chose this mode of consultation, compared to 52% of those aged 55 to 64 years and 55% of those age 65 years and older). By contrast, younger Canadians are more likely than older Canadians to write a letter or an email (37% among those aged 18 to 24 years compared to 24% of those aged 55 to 64 years and 17% among those 65 years of age and older).

In addition, those in lower income groups are somewhat more likely as compared to more financially well-off Canadians to prefer expert representation (52% among those with a household income of less than \$20,000 compared to 43% among those with a household income of \$80,000 or more). By contrast, those with a higher household income are more likely to get personally involved by writing a letter or email.

Not surprisingly, those who have participated in a consultation process are less likely to prefer expert representation (36%) and more likely to say they would prefer to become personally involved in a townhall session (27%).



X. Drivers of Perceptions of Health Canada

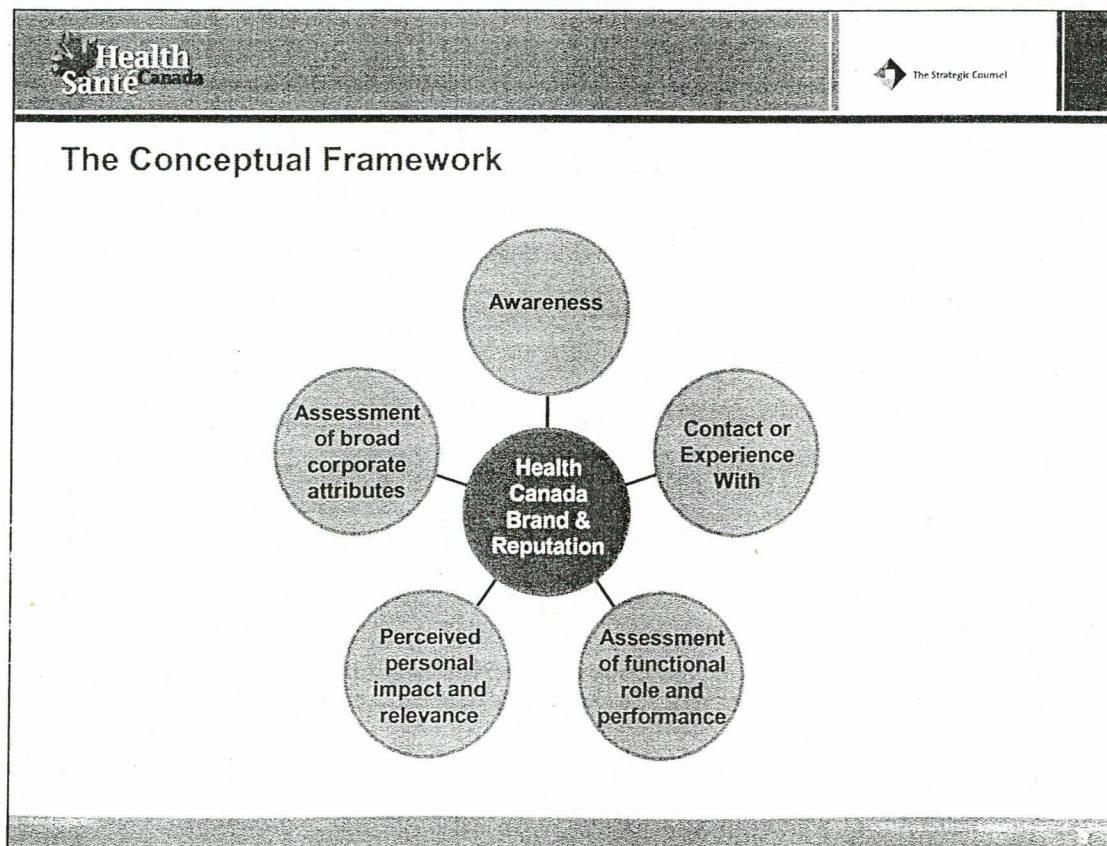


Drivers of Perceptions of Health Canada

A. Introduction

As its core objective, the research was designed to develop and test a model of the brand health of the Health Canada with the aim of shedding some light on the main drivers of perceptions of Health Canada. Although there is a significant volume of work that has been documented by academics and marketers on the theory and practice of reputation and brand management, and a considerable body of case studies focusing on organizations such as the Olympic movement, Starbucks and American Express, for example, little work has been done in the area of branding public sector institutions. Brand modeling combines elements of both art and science. Regardless of the environment in which an organization operates, whether private or public, measurement of brand equity and brand health begins with a series of assumptions, many of which are based on instinct, intuition or knowledge of the business/stakeholder environment – this is the “artistic” element of brand modeling. Early discussions with representatives of Health Canada contributed to the development of the conceptual framework (shown below). This framework then formed the basis for the development of the items included in the questionnaire.

Figure 46





Drivers of Perceptions of Health Canada

In creating this model, eight major dimensions were identified:

- awareness of Health Canada's activities (unaided/aided)
- global assessment of performance
- general assessments of the health care system (e.g. sense as to whether system is improving or deteriorating)
- level of importance of Health Canada activities
- rating of performance across core activities
- corporate attributes (e.g. open, accountable, objective, scientific, credible)
- contact with Health Canada
- awareness of Health Canada communications

All these dimensions have been discussed separately in the report and all are believed to have some importance in contributing to the overall sense the public has of Health Canada and the overall reputation of the Department.

Via the survey, the model was tested in a more rigorous fashion (e.g. the "scientific" element of brand modeling) to determine the extent to which it effectively describes Health Canada and to identify which of the above dimensions contribute to overall perceptions of Health Canada, its reputation and brand. Moreover, the research sought to reveal which of these dimensions are most responsible for contributing to a more strongly positive sense of Health Canada. We fully expect that further refinement of the model will be incorporated into future annual performance surveys.

One critical and challenging issue in the development of this model is determining what the dependent variable, that is the thing to be explained (the brand health/brand reputation), should be. Our suggested framework shows brand health as a composite of the various dimensions that make up the model. What the testing does is determine what the most important dimensions are to brand health.

An advanced statistical technique, known as Structural Equation Modelling (SEM), is used to create a hypothetical dependent variable based on the relationships between the various dimensions that defined the model. (The actual statistical approach is explained in more detail in the Appendix.) The strength of the relationship between each of the dimensions is explored and the dimensions that consistently and most frequently correlate to each other are deemed to be the most important. For example, the relationship between awareness and performance shows that the greater the awareness the stronger the perceived performance across a series of activities. Similarly, awareness or one of the number of ways awareness was measured, is shown consistently to be the strongest predictor of almost all the other dimensions. This has the effect of making

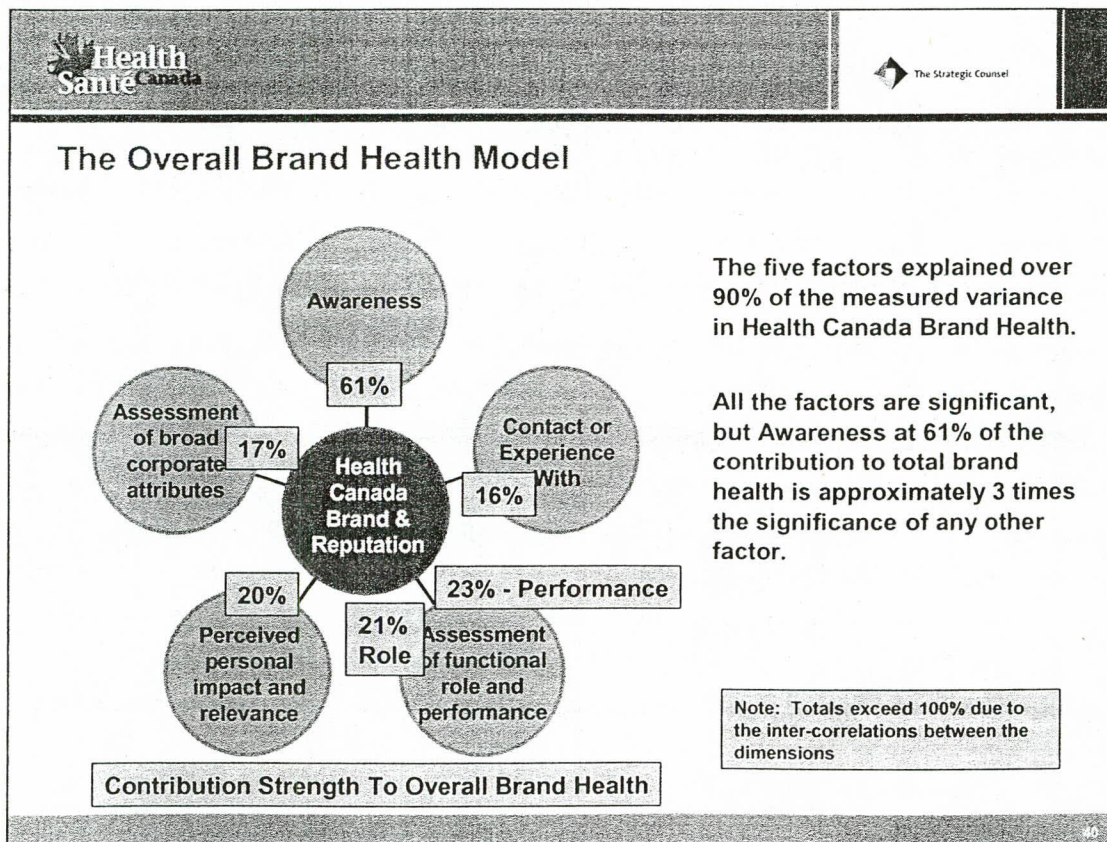


Drivers of Perceptions of Health Canada

awareness the single most important element in the model since it is the factor that is consistently correlated with all the other dimensions. This and other dimensions of the brand are explained in more detail in the following section.

B. The Health Canada Brand: Testing the Reputation Model

Figure 47



The model does indeed provide an excellent explanation of the underlying dimensions affecting Health Canada Brand Health and Reputation. The overall model predicted over 90 percent of the variation seen in the Health Canada composite Brand Health variable.

Far and away, the most important variable for Brand Health is "awareness." It alone explains 61 percent of the variance seen in Brand Health. We will discuss what exactly is meant by "awareness" later in this section.

All the dimensions played a significant role in defining the Health Canada brand and its health. We used two measures to assess role and performance. These two measures are highly inter-correlated, and measure much of the same thing.



Drivers of Perceptions of Health Canada

The two least important measures are contact or experience with (16% of the variance in Brand Health), and corporate attributes (17% of variance in Brand Health). This is not to say that these dimensions of Health Canada's reputation should not continue to be nurtured. But, rather, that investments in these areas need to be considered against investments and efforts aimed at raising awareness which may have a more significant impact on perceptions of the Brand.

C. Analysis of the Dimensions of the Brand Health Model

While in broad terms the various dimensions that make up the brand health model are fairly clearly defined, within each of these dimensions there are many specific elements that can be further analyzed and explained and which will give depth to the overall brand health model. Each of these dimensions will be discussed in turn.

1. Assessment Of Functional Role And Performance – Health Canada Activities

As noted earlier in the report, the activities of Health Canada or the functions which comprise its mandate, which in the survey numbered 10 in all, were measured repeatedly across the survey in terms of awareness of the activities from the point of view of Health Canada's involvement, their importance (note that these two measures were combined in one analysis to create a new relevance variable), ability to name the agency most responsible for an activity, and rating of Health Canada performance in relation to each activity area. As noted, 10 specific activities, some related to regulation, others to funding or stewardship roles, were measured in the survey process. Advanced statistical analysis, including factor and correlation uncovered three main groupings within the mandates that we examined. Canadians gave similar scores and ratings to the mandates which group together and are outlined below. Later, the individual brand health scores across each of the mandates will be explored.

The first grouping has been defined as "Personal Safety" activities. They include:

- Pharmaceutical Product Safety
- Food Product Safety
- Consumer Product Safety
- Environmental Safety

Environmental safety is the most poorly understood of the four personal safety mandates, and is more weakly linked with the other mandates.



Drivers of Perceptions of Health Canada

The second grouping is “Personal Lifestyle” activities. These include:

- Tobacco Regulation
- Canada Food Guide
- Healthy Lifestyle promotion

The third grouping is “Health Policy” activities, although we recognize that there is also service delivery aspect to Health Canada’s responsibility to First Nations and the Inuit. These include:

- Promoting and protecting Medicare
- First Nations healthcare
- Funding healthcare

The survey design gave us the ability to examine the functional roles and performance of Health Canada separately by examining their scores on each of the 10 activities. We find that perceptions of Health Canada’s involvement in a particular area are very highly correlated with their perceived performance on that specific item of their mandate.

Both the functional role and performance of Health Canada were examined through the lens of the three broad categories of activities that comprise the Department’s mandate. In the overall functional role (or involvement) variable we find a variable level of impact among the three activity groupings:

- | | |
|--------------------------------|-------|
| 1. Personal Safety Mandates | (77%) |
| 2. Personal Lifestyle Mandates | (73%) |
| 3. Health Policy Mandates | (40%) |

The contribution of each of the three broad mandates to the overall role/function dimension of the brand is significant, with very high correlations for the Personal Safety and Personal Lifestyle mandates. These are perceived to be central mandates for Health Canada (e.g. there is a higher level of attribution or association of these functions to Health Canada). While the Health Policy mandate is nevertheless a significant role for Health Canada, other levels of government and departments at the federal level are perceived to play a large role in these areas.

For overall Health Canada performance, we notice a similar pattern of correlations:

- | | |
|--------------------------------|-------|
| 1. Personal Safety Mandates | (49%) |
| 2. Personal Lifestyle Mandates | (61%) |
| 3. Health Policy Mandates | (37%) |



Drivers of Perceptions of Health Canada

Health Canada's perceived performance on in the broad category of Personal Lifestyle issues has the greatest impact on perceptions of overall performance. Were we to consider performance in isolation of other brand drivers such as awareness and personal relevance we might conclude that a focus on this category of activities offers the greatest opportunity to improve perceptions of Health Canada's. By contrast, the Health Policy mandate would provide the least opportunity for performance improvement because of Health Canada's perceived lack of ability to effect change in these areas. However, Health Canada's brand comprises a more complex array of drivers. It would be misleading to simply conclude that how Canadians rate the degree of importance of a series of activities and Health Canada's relative performance on each provides a sufficient basis for understanding the brand and developing a brand strategy for the department. The remaining sections of the this chapter of the report further explore other key elements of the brand.

2. Assessment Of Broad Corporate Attributes

Eight facets of Health Canada's brand/reputation were measured as part of the survey. These attributes were measured on a seven-point scale using an adjective or phrase and its opposite. This included the concepts of being open and transparent, being scientific, promoting a healthy population, etc.

Factor analysis was undertaken in order to determine the extent to which these attributes move together in the thinking of respondents, that is the extent to which certain attributes are rated in a similar way by respondents. When this analysis is undertaken, the eight measures represent two main underlying factors. The first factor is "Corporate Credibility". The Corporate Credibility variable used in the model is a combination of:

- Accountability
- Openness
- Credibility
- Risk Management
- Proactivity

This first factor is also highly correlated to trust in Health Canada, and is an excellent proxy variable for trust. The second factor is the measurement of the difference Health Canada makes to them personally or perceived personal relevance. This suggests that trust in Health Canada and whether Health Canada makes a difference to Canadians personally are two separate dimensions of perceptions of Health Canada. Thus an individual can have limited trust in Health Canada, but still recognize that they make a difference in their life and vice versa.

Variation in the overall "corporate attributes" variable accounted for by the two factors is:

1. Corporate Credibility and Trust (67%)
2. Personal Difference HC Makes (14%)



Drivers of Perceptions of Health Canada

The overall view of Corporate Credibility and Trust has a very significant impact on the kinds of attributes the public associates with Health Canada. By contrast, the view on the personal difference Health Canada plays in their lives has a more minor, though still significant impact on the broader corporate view of Health Canada. Although Canadians say that Health Canada does make a difference to them personally, this finding would seem to suggest that in terms of the brand, Health Canada has not fully capitalized on this notion of personal impact which appears to be more of an abstract than concrete view held by Canadians. There may be additional opportunities to enhance the perceived relevance of Health Canada by demonstrating the extent to which in carrying out its mandate, it is making a difference in the quality of Canadians' lives.

3. Perceived Personal Impact and Relevance

The fact that the attribute measured above as "that Health Canada makes a difference to me personally" comprises its own unique factor confirms that the activities of Health Canada do tend to have high personal impact and relevance to Canadians. The three groups of activities identified above each had significant impact on the overall Relevance variable:

- | | |
|--------------------------------|-------|
| 1. Personal Safety Mandates | (52%) |
| 2. Personal Lifestyle Mandates | (30%) |
| 3. Health Policy Mandates | (47%) |

The Personal Safety activities have the greatest impact on the overall perceived impact and relevance of Health Canada's activities. These activities are very significant in the overall view, and reveal what Canadians think is most important. Health Policy activities – especially funding and Medicare -- are also considered to be of very significant importance. Personal Lifestyle mandates are perceived to be of less relevance to the overall impact Health Canada has on Canadians. The issues here do not have the gravitas of the other two mandates, and may not directly affect the majority of Canadians (e.g. in areas such as tobacco regulation).

4. Personal Contact or Experience With Health Canada

Personal contact or experience with Health Canada had the smallest impact on overall brand health of any of the variables we measured in the model. The ability of Canadians to contact Health Canada directly is limited. We looked at two measures to assess this experience with Health Canada.

The first measure is direct personal experience with Health Canada. This is a composite measure made up of the following elements: 1) contact with Health Canada in the past 5 years, 2) opinion of Health Canada being mostly based on personal experience, and 3) recall of Government of Canada health-related advertising in the past 3 months.

The second measure is personal engagement or activism as measured by five behaviours including: making donations to health care organizations, participating in health care consultative processes, reading newspapers, watching national news broadcasts, and working as a volunteer for health-related services.



Drivers of Perceptions of Health Canada

Each has a small impact on the overall Personal Contact variable:

- Personal Health Canada Contact (6%)
- Health care Involvement (25%)

The low correlation associated with the overall Personal Contact variable demonstrates the wide variability of contact points for Health Canada, and probably also is to some extent a result of a diffuse Health Canada brand image. It would be worth further examining the level of consistency and quality of personal contacts with Health Canada.

5. Awareness

Awareness levels of specific Health Canada involvement in the areas that comprise its mandate are very low. Awareness of general federal government involvement is much higher. To assess the impact of awareness in terms of the brand health model, we created three variables which measured the number of mentions across the 10 activity areas:

Table 10

Type Of Mention	Average Mentions Across 10 Mandates	Proportion Of 0 Mentions Out Of 10
Specific HC	0.33	90%
Fed Govt and Health	3.20	34%
General Fed Govt	6.57	11%

In the model, the overall awareness variable is composed of these three variables. The impact of each of these variables on the overall is:

1. Specific Health Canada Mentions (8%)
2. Fed Govt And Health Mentions (90%)
3. General Fed Govt Mentions (38%)

The main findings from the strength of the correlations are that: 1) specific association of Health Canada with the main areas of its mandate is currently a very weak predictor of overall brand awareness, and 2) the main association between the mandates and the overseeing body continues to lie within the historical designation of the Federal Government Ministry or Department of Health. This is further evidence of the lack of a focused Health Canada brand, particularly reinforcing the role the Department plays in the lives of Canadians.

Another important finding is that awareness of participation in the various areas of its mandate is very weakly correlated in a positive manner with the overall familiarity question of Health Canada. Overall Health Canada familiarity is also very weakly correlated with perceptions of Health Canada involvement in the various areas

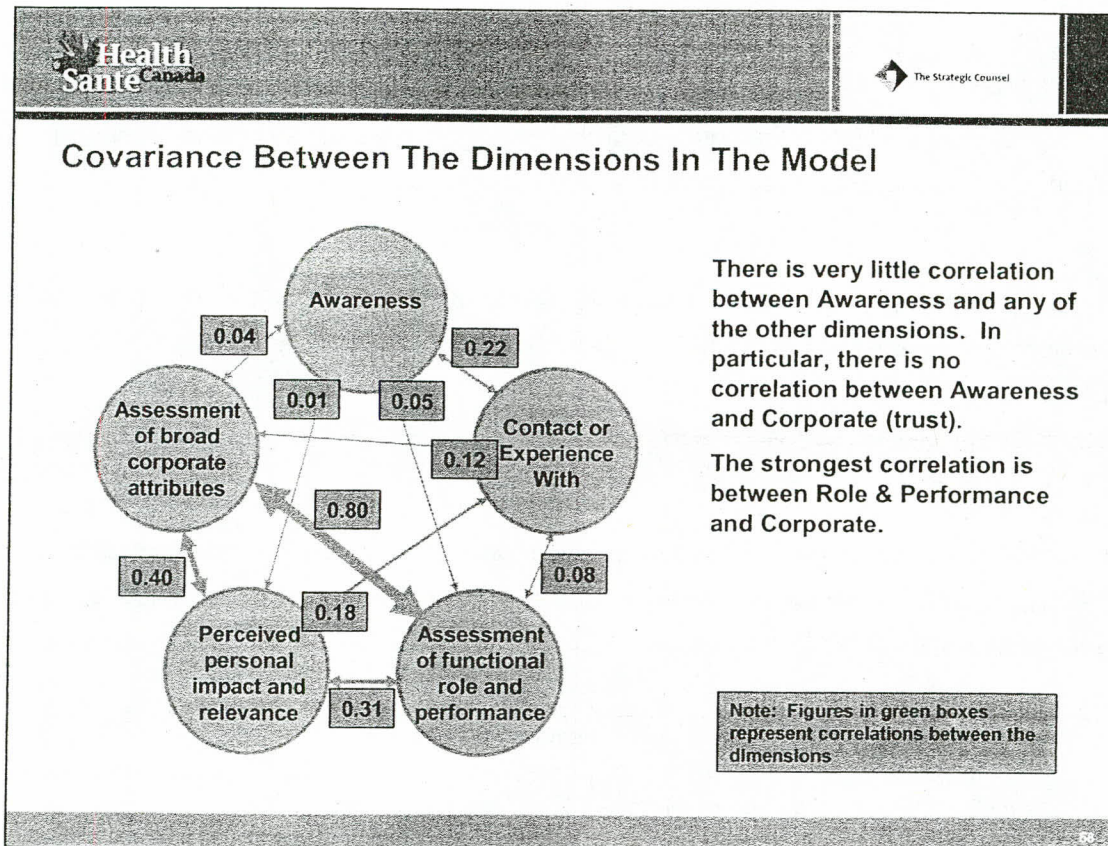


Drivers of Perceptions of Health Canada

of its mandate. This would lead us to conclude that the familiarity question is measuring familiarity with nothing more than the name "Health Canada", and should not be used as a proxy for familiarity of its role or performance.

D. The Relationship Between The Variables In The Brand Health Model

Figure 48



The relationships between the dimensions of the brand health model, as measured by the correlations between them, have important implications for Health Canada.

The first important finding is that awareness of Health Canada is not strongly related to any of the other dimensions. Its strongest correlation (at 0.22) is with Contact or Experience. Although awareness is not correlated significantly with role, performance, trust or relevance, each of these is in turn highly correlated with other dimensions of the brand. Thus the brand should be considered multi-dimensional and multi-layered.

The second important finding is that the Corporate Credibility/Trust dimension is strongly related to Health Canada's Role and Performance, and also has a significant correlation with Personal Relevance.



Drivers of Perceptions of Health Canada

E. Implications Of The Overall Brand Health Model

The model clearly shows that the major challenge to Health Canada is increasing the overall awareness of and association with its brand name in relation to its core mandate areas. Successfully increasing awareness will have approximately three times the effect of building a stronger brand than would a similar investment in enhancing each of the other dimensions.

It would, however, be an oversimplification to say that a focus on awareness-raising alone is the answer to enhancing Health Canada's brand. All the other dimensions do make a contribution to Brand Health on their own, and there may be other dimensions or items within these dimensions that we have yet to uncover. In examining the model, we find that increasing levels of awareness will have a positive, albeit minimal, affect on the other dimensions of Brand Health (since we see positive inter-correlations).

In particular, role and performance are strongly correlated. Getting Canadians to better understand the involvement of Health Canada in a health-related activity is related to an improved perception of Health Canada in that activity.

F. Individual Activity Measures

The second part of the brand health analysis is to assess how well Health Canada carries out its individual activities. To measure this, activity indexes were constructed for each mandate. Each activity index consists of four parts or criteria for each mandate:

1. Importance or personal relevance of the activity (as measured in Q3 to Q13). To build the index, we examined the proportion of respondents giving a score of 5, 6 or 7 (indicating a high level of importance being attached to it) on the 1 to 7 scale for that mandate.
2. Unaided awareness of Health Canada, or unaided awareness of the Federal Government Health Dept or Ministry as being primarily responsible for the mandate (as measured in Q18 to Q28). The proportion of respondents mentioning either of these two as being primarily responsible for the mandate is included as an input in the activity index for that mandate.
3. Health Canada involvement in an activity. This consists of the proportion of respondents who say Health Canada is perceived to be fairly involved in an activity (defined as a score of 5, 6, or 7 on the 1 to 7 scale for that mandate).
4. Health Canada performance in an activity. This is a measure of the proportion of respondents who say Health Canada performs well on an activity (defined as a score of 5, 6, or 7 on the 1 to 7 scale for that mandate).



Drivers of Perceptions of Health Canada

The proportion of respondents who met each criterion for each of the functions/mandate areas is shown in the table below.

Table 11

% of Canadians Meeting Criteria For The Attribute	Rx Safety	Food Safety	Consumer Product Safety	Environmental Safety	Tobacco Regulation	Canada Food Guide	Healthy Lifestyle	Medicare	Funding	First Nations
Importance	95%	93%	89%	87%	66%	68%	85%	89%	94%	79%
Performance	63%	62%	59%	38%	61%	63%	59%	51%	36%	38%
Involvement	67%	64%	63%	48%	66%	70%	66%	62%	50%	51%
Unaided Awareness	42%	30%	22%	12%	36%	38%	31%	31%	24%	20%

In general, all the activities we examined are important to Canadians. Personal lifestyle activities (Tobacco Regulation – 66%, and Canada Food Guide – 68%) receive the lowest scores, while Drug Safety (95%) and Funding (94%) are most universally perceived as important.

Involvement in and Performance on activities are closely linked. We note only three activities where there are gaps of more than 10 percent between the two: Funding and First Nations are Health Policy issues, while Environmental Safety is an issue where there is low understanding of Health Canada's involvement.

Unaided awareness of Health Canada's or the federal government's role is highest for Drug Safety (at 42%), and lowest for Environmental Safety (at 12%). The Health Policy activities generally produce lower levels of unaided awareness of Health Canada responsibility.

1. Calculating The Activity Index

The overall Activity Index for each mandate is a function of the four criteria:

- Importance
- Awareness
- Involvement
- Performance

In constructing the activity index for each mandate we report both the proportion of respondents meeting all four criteria for a mandate as well as three of four criteria for a mandate. In our definition, a respondent meeting all four criteria represents one who has a very positive, meaningful and complete view of the Health Canada brand on that activity.

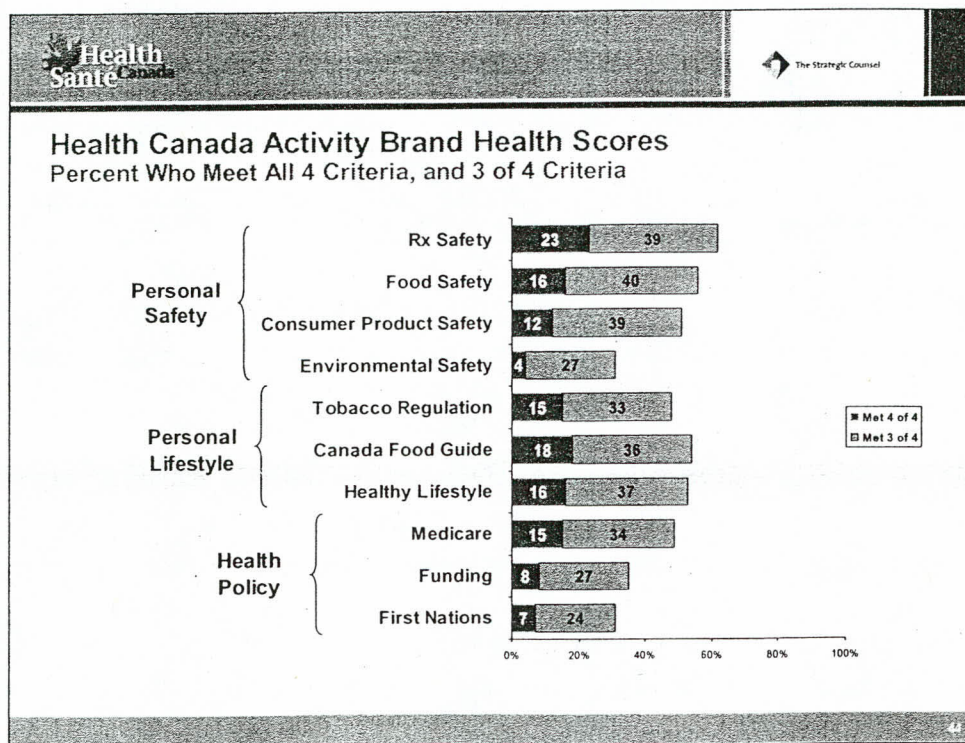


Drivers of Perceptions of Health Canada

A respondent who meets three of four criteria represents a positive view, but less meaningful or complete, of the Health Canada brand on that activity.

The figure below shows the activity indexes for each of the 10 tested mandates.

Figure 49



Drug Safety has the highest activity index, with 23 percent meeting 4 of 4 criteria, and a further 39 percent meeting 3 of 4 criteria. Other mandates with relatively high activity indexes include Food Safety, the Canada Food Guide, and promoting Healthy Lifestyles.

Mandates with low activity indexes include Health care for First Nations, Environmental Safety, and Funding for Medicare. In these mandates, approximately one-in-three respondents gave Health Canada an acceptable rating on its role.



Drivers of Perceptions of Health Canada

Table 11
Overall Activity Index Scores

	Rx Safety %	Food Safety %	Consumer Product Safety %	Environmental Safety %	Tobacco Regulation %	Canada Food Guide %	Healthy Lifestyle %	Medi-Care %	Funding %	First Nations %
4 of 4 (Very Positive)	23	16	12	4	15	18	16	15	8	7
3 of 4 (Positive)	39	40	39	27	33	36	37	34	27	24
2 of 4	21	22	22	27	25	22	23	23	28	28
1 of 4	15	19	23	36	18	16	18	23	33	33
0 of 4	1	2	4	7	9	8	5	4	3	9

When demographic differences are examined, there are very few differences to be highlighted by age or gender. Younger respondents are a little more likely to give a higher score for Environmental Safety, and women are more likely to give a higher score to Consumer Product Safety.

The main difference in activity index scores occurs by region. In general, Atlantic Canadians and Quebecers exhibit higher activity scores while Western Canadians exhibit lower activity scores. When we look at differences by language, scores on personal lifestyle issues are all higher for French respondents than English respondents.

2. Improving Activity Index Scores

To understand how Health Canada can best direct its efforts in improving these activity index scores, we examined what criteria were missing for those respondents who attained three of the four criteria. The results are shown in the table below:

Table 13

What Attribute is Missing For Those With 3 of 4 Criteria Met?	Rx Safety	Food Safety	Consumer Product Safety	Environmental Safety	Tobacco Regulation	Canada Food Guide	Healthy Lifestyle	Medi-care	Funding	First Nation
Importance	2%	2%	2%	1%	17%	18%	5%	3%	1%	4%
Involvement	8%	6%	3%	3%	5%	3%	5%	5%	5%	4%
Performance	14%	9%	6%	10%	8%	9%	10%	15%	17%	13%
Unaided Awareness	76%	84%	89%	86%	69%	70%	80%	78%	76%	79%

Improving unaided awareness is the key to improving the Activity Index score in each area. For example, 76 percent of respondents with three of four criteria met for Drug Safety have unaided awareness as the missing criteria.



Drivers of Perceptions of Health Canada

3. Activity Index Implications

If we return to the mandate groupings we previously identified, we can see patterns emerging across the four areas measured in the Activity Index:

Table 14

	Personal Safety	Personal Lifestyle	Health Policy
Importance	Very High	Medium to High	Very High
HC Involvement	High	High	Medium
HC Performance	Good	Good	Fair
Awareness	Fair	Poor to Fair	Poor

Personal Safety mandates have very high importance to Canadians, high perceived Health Canada involvement and good ratings in terms of Health Canada's performance, although score only fair in terms of unaided awareness levels. This indicates that of the three broad activity areas that the Personal Safety activities appear to provide the best platform on which to anchor the overall Health Canada brand.

G. Change in the "Ballot" Score: Early and Late Measures of Performance

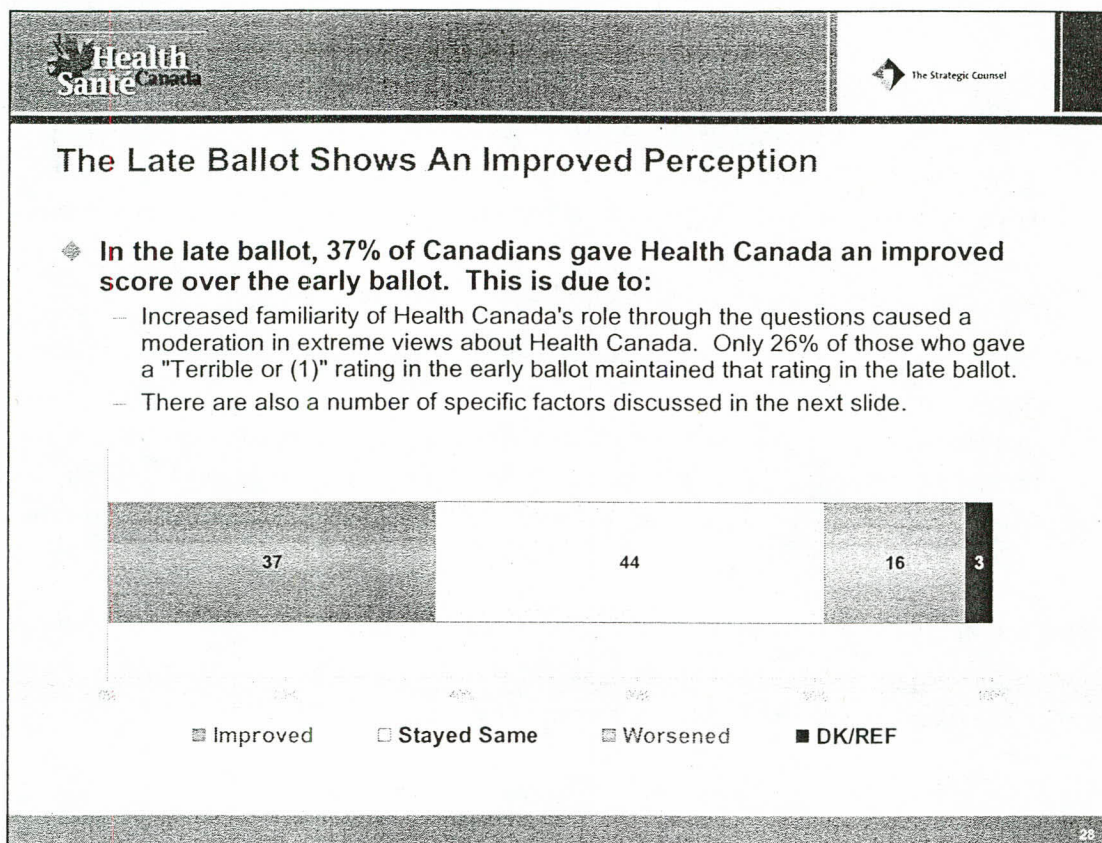
The performance of Health Canada was measured at two different points in the questionnaire employing the same question wording. The earlier point of measurement was gauged following collection of respondents' views on the performance of the health system, and their unaided as well as self-assessed familiarity with Health Canada. The latter point of measurement followed a series of questions gauging the performance of Health Canada in a number of areas.

The latter "ballot question" score showed considerable improvement over the earlier rating of performance. We analysed the data collected prior to posing the two points at which the performance measure was taken in order to better understand why the score showed such a significant improvement.



Drivers of Perceptions of Health Canada

Figure 50



We tested a number of hypotheses about what may have caused the change, whether it was a result of increased understanding of Health Canada's role or a better appreciation of the extent of its mandate, for example. Our conclusion is that a number of factors contributed to the overall improvement. The chief factors tested and the findings based on further analysis are outlined below:

- Hypothesis 1: The latter ballot reflecting an increased understanding of Health Canada's functional roles and performance in those roles. This hypothesis, although supported in the data to a smaller degree than we might have expected, is nevertheless having an impact on increasing the later performance measure.



Drivers of Perceptions of Health Canada

- Hypothesis 2: The latter ballot reflecting a more measured and reasoned view of Health Canada's performance. There is considerable support for this within the data. We find moderation in views in the latter ballot question, where respondents with very low scores tended to raise them slightly, and those with very high scores tended to slightly lower them.
- Hypothesis 3: The earlier ballot being more of a referendum on the overall performance of the federal government on the health file, rather than specific measurements of Health Canada performance. This hypothesis is probably correct to a small degree. Correlations with overall system performance are slightly higher for the earlier ballot question than the later question.
- Hypothesis 4: The later ballot reflecting a greater appreciation for the scope of Health Canada's mandate and the associated challenges. The validity of this hypothesis is demonstrated by the relationship between the change in ballot scores and judgment about how Health Canada distributes critical information – chiefly whether that information is distributed in a timely and broad enough manner. It is also related to ratings of Health Canada's credibility, perceived pro-activity and the management of risk to the public.

Although all of the hypotheses we tested did prove true, to a greater or lesser extent, it is the second and last (moderating views and appreciation for the scope of Health Canada's mandate) that appear to be the most important in explaining why the ballot score improved as much as it did.



XI. A Profile of Engaged Canadians



A Profile of Engaged Canadians

A short series of questions were administered to Canadians with respect to their media consumption habits (e.g. watch a national newscast most days, read a newspaper most days) as well as their engagement in health consultations and contributions to health organizations (e.g. made a donation, participated in a consultation, worked as a volunteer). Although only five questions in total were posed, the responses provide some opportunity to profile more and less engaged Canadians and to determine any variations in perceptions of Health Canada based on level of engagement.

Canadians were grouped into four categories according to their level of engagement. This was determined by the total number of affirmative responses to the five questions employed. Those who indicated yes to four or five of the questions were categorized as “highly engaged” (22% of respondents), those who gave three positive responses were grouped as “moderately engaged” (39%), those who gave two positive responses as “low engagement” (25%), and those who gave none or only one positive response to the five questions as “very low engagement” (14%). There are few differences in perceptions among those Canadians who exhibit low to high levels of engagement. This is likely a function of the limited series of questions that were employed in this determination. Any variation that is evident is mostly between those who exhibit a very low level of engagement and those who exhibit some level of engagement (whether low, moderate or high).

Differences between those who are highly engaged versus those who exhibit low levels of engagement are summarized in the table below. Highly engaged Canadians are more likely to say that the health care system has greatly deteriorated (1 and 2 on a 7-point scale) compared to those indicating very low levels of engagement (16%). Engaged Canadians, by a measure of about nine points, are more likely to say that the federal government is responsible for deterioration of the health care system compared to those whose level of engagement is very low.

Table 15

	Level of Engagement			
	Very Low	Low	Moderate	High
Perceptions of the Health Care System				
Quality of health care has greatly deteriorated (1, 2 on 7-point scale)	16%	18%	18%	23%
Federal government responsible for deterioration	40%	51%	49%	49%



A Profile of Engaged Canadians

As might be expected, highly engaged Canadians are more likely to say they know something about Health Canada than are those that exhibit low levels of engagement. Notably, performance ratings of Health Canada do not vary by level of engagement.

Table 16

	Level of Engagement			
	Very Low	Low	Moderate	High
Perceptions of Health Canada				
Some knowledge of Health Canada (5, 6, 7 on a 7-point scale)	31%	35%	35%	41%
Early performance rating of Health Canada (5, 6, 7 on a 7-point scale)	42%	43%	41%	45%
Late performance rating of Health Canada (5, 6, 7 on a 7-point scale)	59%	56%	60%	58%

Interestingly, those that are highly engaged (34%) as well as those that exhibit very low levels of engagement (34%) are almost equally as likely to say that what they see, hear or read in the media influences their opinion of Health Canada. Moreover, this is somewhat less than the national average (39%). By contrast each of these groups, the highly (29%) and least engaged (30%) are slightly more likely to say their impressions are mostly influenced by personal experience with Health Canada.



A Profile of Engaged Canadians

In terms of the performance of Health Canada in key areas of its mandate, engaged Canadians are somewhat more critical of Health Canada on encouraging Canadians to live healthier lifestyles as well as ensuring the safety of food and consumer products.

Table 17

	Level of Engagement			
	Very Low	Low	Moderate	High
Performance of Health Canada on Key Activities (% saying 7 on a 7-point scale)				
Regulating the labeling and promotion of tobacco products	24%	25%	21%	22%
Preparing the Canada Food Guide	23%	18%	16%	21%
Ensuring the safety of pharmaceutical products	27%	27%	28%	30%
Encouraging Canadians to live healthy lifestyles	19%	14%	16%	13%
Ensuring the safety of food products	19%	13%	12%	13%
Ensuring the safety of consumer products	16%	12%	11%	10%
Promoting and protecting the key principles of Medicare	16%	22%	19%	19%
Providing health care services to First Nations	10%	10%	9%	12%
Funding the health care system	10%	7%	6%	9%
Ensuring environmental factors do not adversely affect the health of Canadians	9%	6%	5%	7%



A Profile of Engaged Canadians

There are no significant differences with respect to the association of certain corporate attributes of Health Canada by level of engagement.

However, contact with Health Canada varies quite significantly with only 19 percent of those with very low levels of engagement saying they have contacted Health Canada in the last five years compared with one-third of highly engaged Canadians (33%).

Interestingly, highly engaged Canadians are much more likely (32%) to rate health care practitioners as highly credible spokespeople on health matters (7 on a 7-point scale) compared to those with very low levels of engagement (19%). Similarly, they associate somewhat higher levels of credibility with representatives of organizations like the Heart and Stroke Foundation (28%) than do those with very low levels of engagement (20%).

These findings suggest there are some, albeit limited, differences between more and less engaged Canadians, particularly with respect to their performance ratings on the “safety” aspects of Health Canada’s mandate. These results support the need for a further program of research, employing a larger battery of questions, to profile engaged Canadians and determine how they may be influencing the opinions of others with respect to the health care system, Health Canada, its performance and reputation.



XII. Appendix A – Dispositions



Dispositions

Record Of Contact

Project Name:	Health	Call Centre(s)	
Project Number:	58722	Toronto	☒
Field Start Date:	Tuesday, February 22, 2005	Moncton	☐
Field End Date:	Sunday, March 06, 2005	Montreal	☒

Total #	%
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Total Completes	1,749	8.58%
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A. Total Numbers Attempted

Total Call Records	23,021	
Total Unallocated		
Quota Full - No Dial	2,635	
Total Numbers Attempted (Net Potential Sample)	20,386	

Ineligible Numbers

Number Changes / NIS	3,885	19.06%
Business / Fax / Cell Phone / Computer	1,460	7.16%
Phone Number Problem	17	0.08%
Call Blocked	6	0.03%
Quota Full	375	1.84%
Duplicate Numbers	7	0.03%
Total Invalid Numbers	5,750	28.21%

B. Total Eligible Numbers (Net Potential Sample - Total Invalid #s)	14,636	71.79%
---	--------	--------

C. Total Asked

Call Back: Hard Appointments	272	1.33%
Soft Appointments	1,410	6.92%
Partial Complete	33	0.16%
Not Available Until After Survey	108	0.53%
No Answer	2,344	11.50%
Answering Machine	2,464	12.09%
Busy	143	0.70%
Language Problem: French	45	0.22%
Language Problem: Other	423	2.07%
Respondent Not Available	82	0.40%
Other Problem	136	0.67%
Didn't Dial	78	0.38%
Total Unreachable	7,538	36.98%
Total Asked (Total Eligible Numbers - Total Unreachable)	7,098	34.82%

Refusals

Upfront	4,660	22.86%
2nd Refusals	6	0.03%
Do not call list	78	0.38%
Eligible Respondent Refusal	51	0.25%
Middle Refusal	52	0.26%
Total Refusals	4,847	23.78%

D. Cooperative Contacts (Total Asked - Refusals)

	2,251	
No 18+ /Canadian	85	0.42%
Wrong Houshold	18	0.09%
Occupation	386	1.89%
No Call Status	13	0.06%
Completed Interviews	1,749	8.58%
Total Cooperative Contacts	2,251	11.04%



XIII. Appendix B – Brand Health Model Details



Brand Health Model Details

Fitting the brand health model was completed using an advanced statistical analysis called Structural Equation Modeling (SEM). This analysis belongs to the same family as Multiple Regression Analysis, but has properties which allows us more flexibility in specifying the model and allows us to better handle multicollinearity concerns.

The approach to modeling in SEM is to build the model (as described in the Executive Summary and Section B of Chapter 10 of this report) and check the reliability of the predictions in the model by assessing goodness-of-fit measures.

There are two types of variables in the model. The first type are unobserved variables (shown in ellipses). These are variables that we do not directly measure in the data, but are products of the model. In this case, “Brand Health” is an unobserved variable. Error terms associated with each variable are also unobserved. Observed variables are present in the data.

The model was built in two stages. The first stage is to create unobserved variables that represent each of the dimensions of brand health shown in the above diagram. The second stage is to understand how all these variables interact in assessing Brand Health.

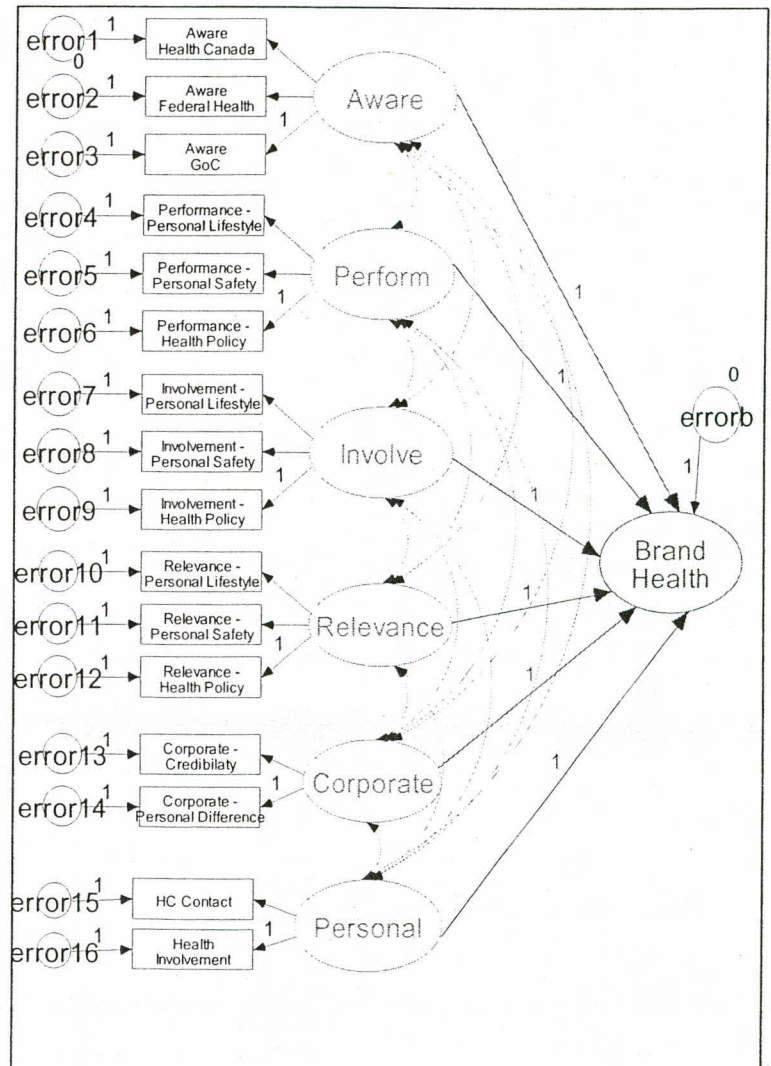


Brand Health Model Details

Brand Health is the key item. It is a function of all the dimensions of brand health shown in by those items listed within the oval shapes in the diagram to the right.

These dimensions are a function of the observed variables shown in the rectangular boxes. There are error terms associated with each observed variable, and overall Brand Health.

Finally, we let all the dimensions of brand health be related to each other (or co-vary). The curved arrows illustrate this.





The Strategic Counsel

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partie 2/2

PORG-2004-1489

Annex = 4

**Health Canada
Annual Performance Survey (2005)
Weighted Data**

By Q.94

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Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

1a

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
NET - WAITING TIMES	240	32	60	92	54
=====	20.0	19.4	20.1	19.8	20.7
Waiting time/Long line ups for health care/Need faster care/System is slow	99 8.3	11 6.6	25 8.5	37 8.0	26 9.8
Problems with emergency rooms/ Wait list for emergency/Overcrowded emergency	50 4.2	7 4.5	18 6.1	17 3.6	7 2.7
Waiting lists for Surgeries/Operations	34 2.8	6 3.4	5 1.7	13 2.7	10 3.7
Waiting lists(gen)	28 2.3	3 2.0	6 2.0	13 2.9	5 2.0
Wait lists to see Specialists/ Access to Specialists/ Wait time to see Specialists / Lack of Specialists	11 0.9	2 1.5	3 0.9	4 0.8	2 0.8
Waiting list for test (general)	7 0.6	1 0.6	2 0.6	1 0.3	3 1.0
Waiting list for various procedures	6 0.5	1 0.6	1 0.2	3 0.7	1 0.4
Waiting for MRI	3 0.2	-	-	2 0.4	1 0.4
Waiting for Treatment (general)	2 0.2	0 0.2	-	2 0.4	-

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Page 1

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Cancer: Waiting Time/ Waiting lists/Not treating early enough (all)	1 0.1	- 0.2	1 0.2	- 0.2	- 0.2
NET - SHORTAGE OF HEALTH CARE PROFSNLS	237 19.7	24 14.4	51 17.2	96 20.7	65 24.8
=====					
Not enough doctors/ Shortage of doctors/ Access to doctors	189 15.7	17 10.2	39 13.2	84 18.0	48 18.3
Shortage of staff/ Shortage of health care professionals	33 2.8	5 3.1	8 2.8	9 2.0	11 4.1
Shortage of Nurses/ Not enough nurses/ Shortage of Nursing care /Loss of Nurses	14 1.2	1 0.8	4 1.2	3 0.7	6 2.4
More skilled / Qualified doctors	0 *	0 0.3	- 0.3	- 0.3	- 0.3
NET - OVER-CROWDED/ LACK OF HOSPITAL/ FACILITIES	49 4.1	4 2.4	14 4.6	18 4.0	12 4.6
=====					
Shortage of hospital beds/ Overcrowded hospitals/ Patients get no recovery time	31 2.6	2 1.2	11 3.9	11 2.3	6 2.5

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Lack of hospitals/ Access to hospitals/ Hospitals closing/ Facilities being too far/Not in rural areas	16 1.3	2 1.2	2 0.7	7 1.6	4 1.6
About facilities or treatment for the handicapped (all)	1 0.1	-	-	0 0.1	1 0.4
Lack of healthcare facilities/ lack of facilities	0 *	-	-	-	0 0.1
NET - SENIORS ISSUES =====	37 3.1	2 1.3	5 1.6	17 3.7	13 5.0
Seniors welfare/Care for the elderly/Pro- viding healthcare for the elderly(all- excluding homecare)	26 2.2	2 1.3	3 1.1	12 2.5	9 3.3
Home support for the elderly/ Home care (all)	4 0.3	-	1 0.4	2 0.5	1 0.3
Seniors and the cost and availability of prescription drugs/ More money for drugs for seniors	4 0.3	-	0 0.1	1 0.2	2 0.9
Long Term Care	3 0.3	-	-	2 0.5	1 0.4

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Page 3

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
NET - DISEASES/ ILLNESS	178 14.9	28 17.0	51 17.1	70 15.1	27 10.4
=====					
Cancer/ Cancer Research	97 8.1	19 11.5	27 9.2	37 7.9	13 4.9
Obesity/Diets/Lack of exercise/Not eat- ing properly	20 1.7	2 1.5	5 1.8	8 1.7	4 1.7
Heart Problems/Heart and Stroke/ Cardio- vascular	16 1.3	-	6 2.0	7 1.5	3 1.2
Other diseases or conditions (all)	13 1.1	3 1.6	4 1.3	3 0.6	3 1.0
Flu(general)	7 0.6	-	2 0.7	5 1.2	-
Aids/ HIV	6 0.5	1 0.7	1 0.3	2 0.4	2 0.8
Mental Health	6 0.5	-	3 1.2	3 0.6	-
Diabetes	6 0.5	2 1.2	0 0.1	4 0.8	-
Alzheimer's disease (all)	6 0.5	1 0.6	2 0.6	2 0.4	1 0.4
Bird flu/ Avian flu	1 0.1	-	-	0 0.1	1 0.4

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
NET - FUNDING	55	6	10	27	12
=====	4.6	3.8	3.4	5.8	4.5
Finances/ Lack of Money/ Lack of funding/Funding cutbacks	44	6	9	20	9
	3.6	3.6	2.9	4.3	3.5
Lack of funding to hospitals/Funding to hospitals/ Cutbacks to hospitals	8	0	1	5	2
	0.7	0.2	0.5	1.1	0.6
Funding for Research / Finding cure for diseases	3	-	-	2	1
	0.3			0.4	0.4
NET - POLITICAL	21	5	4	9	2
=====	1.7	3.2	1.5	2.0	0.7
Privatization of health care	9	2	2	5	1
	0.8	1.2	0.7	1.0	0.2
No Unity between provinces/About each province having it's own healthcare standards/ Provinces not receiving equal funds	3	0	2	1	-
	0.3	0.3	0.6	0.2	
Doctors or nurses salaries too low / Qualified staff fleeing to US for better pay (all)	3	2	-	0	0
	0.2	1.2		0.1	0.1

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Page 5

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Socialized health care doesn't work/ Need for user fees/ Need for private health care	2 0.2	0 0.2	-	1 0.3	0 0.2
Equal access/ Rich and poor have right to equal care / Two-Tier system	2 0.2	-	1 0.2	1 0.2	0 0.2
Everything/Universal health	1 0.1	0 0.3	-	1 0.1	-
NET - COST THE PUBLIC MUST PAY	48 4.0	5 2.8	18 6.0	15 3.3	10 4.0
Cost/Price/Coverage/ You have to pay for it/OHIP or medicare (all negative comments)	39 3.2	3 2.0	13 4.5	14 3.0	8 3.2
Cost of Drugs/ Drugs are expensive/ Cost of drugs going up/ Govt. won't pay for drugs	9 0.8	1 0.8	5 1.5	1 0.3	2 0.8
NET - OTHER	225 18.8	31 19.1	53 17.9	85 18.4	52 19.7
Quality of Health care/ Quality of service/ Quality of care has declined	59 5.0	6 3.5	11 3.7	28 6.0	14 5.3

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Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Access/Availability of service (gen)	38 3.2	7 4.0	9 3.0	11 2.3	12 4.4
Aging Population/The baby boomers are maturing	16 1.3	3 1.6	3 0.9	7 1.6	3 1.2
Mismanagement/Fund not being used properly	13 1.1	2 1.1	5 1.5	3 0.7	3 1.1
Smoking Cigarettes	11 0.9	1 0.5	3 1.0	4 0.9	3 1.1
System not working / Needs to be fixed/ long term sustainability of it/We are losing services	10 0.8	1 0.4	3 1.0	6 1.3	0 0.1
Environment/Pollution (all)	7 0.6	-	2 0.7	1 0.3	3 1.3
Overusage/ People going to doctor for insignificant conditions (all)	6 0.5	2 1.0	3 0.9	1 0.3	-
Medical errors/ Negligence/ Quality of doctors and nurses (all)	5 0.4	1 0.6	3 1.0	1 0.3	-
Health care for everyone/Affordability of Healthcare	5 0.4	1 0.4	1 0.5	1 0.2	1 0.6

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Page 7

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Childcare/Children's healthcare(all negatives)	5 0.4	2 1.5	1 0.2	0 0.1	1 0.4
Doctors (general)	4 0.3	1 0.6	0 0.2	1 0.3	1 0.4
Bureaucracy	3 0.3	1 0.6	1 0.3	1 0.3	-
About rushing patients in and out/Not enough one on one time with Physicians /Not enough recovery time allowed in hospitals/ Does not take time with Patients	3 0.2	1 0.6	-	1 0.2	1 0.4
Equipment Technology / Lack of equipment	2 0.2	-	-	2 0.4	0 0.2
Hospitals (general)	2 0.2	-	0 0.2	2 0.4	-
Poverty / Starvation	2 0.2	-	-	1 0.3	1 0.4
Vision Cut off / We have to pay for eye exam	2 0.2	0 0.2	1 0.3	1 0.2	-
Prevention/Preventative health care	2 0.1	-	1 0.2	-	1 0.4

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Negative comments about other hospital staff (except Drs. & Nurses)	1 0.1	1 0.6	-	0 0.1	-
Health Education/Health education for healthy lifestyle (all)	1 0.1	-	1 0.3	-	1 0.2
Stress(all)	1 0.1	-	-	0 0.1	1 0.4
Hospital Hygiene/Cleanliness(all)	1 0.1	-	1 0.3	-	-
Over prescribing medication/ Writing too many prescriptions	0 *	-	-	-	0 0.2
Other	23 1.9	3 1.8	5 1.6	9 2.0	4 1.7
Nothing/No mention	99 8.3	26 15.8	28 9.4	30 6.5	14 5.4
DK/NA/REF	11 0.9	1 0.8	4 1.2	4 0.8	1 0.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
NET - WAITING TIMES	161	19	41	63	38
=====	14.8	14.1	15.3	14.7	15.4
Waiting time/Long line ups for health care/Need faster care/System is slow	62 5.7	9 6.3	18 6.6	19 4.4	17 6.9
Waiting lists for Surgeries/Operations	35 3.3	4 3.1	7 2.7	17 4.0	7 2.9
Problems with emergency rooms/ Wait list for emergency/ Overcrowded emergency	35 3.2	4 3.1	10 3.7	14 3.2	7 2.8
Waiting lists(gen)	14 1.3	1 0.9	5 1.7	6 1.3	3 1.2
Wait lists to see Specialists/ Access to Specialists/ Wait time to see Specialists / Lack of Specialists	7 0.6	1 0.7	1 0.6	3 0.8	1 0.4
Cancer: Waiting Time/ Waiting lists/Not treating early enough (all)	6 0.5	-	-	3 0.7	3 1.1
Waiting list for test (general)	1 0.1	-	-	1 0.2	0 0.1
Waiting for MRI	0 *	-	-	0 0.1	-

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THE STRATEGIC COUNSEL

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Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
NET - SHORTAGE OF HEALTH CARE PROFSNLS	154 14.1	18 13.4	35 13.2	65 15.2	33 13.2
=====					
Not enough doctors/ Shortage of doctors/ Access to doctors	108 9.9	15 10.7	25 9.3	42 9.8	25 9.9
Shortage of staff/ Shortage of health care professionals	29 2.7	2 1.7	6 2.4	15 3.4	5 2.2
Shortage of Nurses/ Not enough nurses/ Shortage of Nursing care /Loss of Nurses	15 1.4	1 1.0	4 1.5	8 1.9	1 0.5
More skilled / Qualified doctors	3 0.2	-	-	1 0.2	2 0.6
NET - OVER-CROWDED/ LACK OF HOSPITAL/ FACILITIES	42 3.9	5 3.4	8 3.0	17 3.9	12 5.0
=====					
Shortage of hospital beds/ Overcrowded hospitals/ Patients get no recovery time	29 2.7	3 2.4	5 1.9	11 2.5	9 3.7
Lack of hospitals/ Access to hospitals/ Hospitals closing/ Facilities being too far/Not in rural areas	9 0.9	1 0.7	1 0.5	4 1.0	3 1.1

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1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
About facilities or treatment for the handicapped (all)	2 0.2	-	1 0.6	1 0.2	-
Lack of healthcare facilities/ lack of facilities	1 0.1	0 0.2	-	0 0.1	0 0.1
NET - SENIORS ISSUES =====	34 3.2	3 2.0	8 3.1	13 3.0	9 3.8
Seniors welfare/Care for the elderly/Providing healthcare for the elderly(all-excluding homecare)	24 2.2	2 1.5	7 2.8	9 2.1	5 2.1
Home support for the elderly/ Home care (all)	9 0.8	1 0.5	1 0.4	4 0.9	3 1.2
Seniors and the cost and availability of prescription drugs/ More money for drugs for seniors	1 0.1	-	-	0 *	1 0.6
NET - DISEASES/ ILLNESS =====	153 14.1	18 13.0	35 13.3	66 15.5	34 13.6
Heart Problems/Heart and Stroke/ Cardio-vascular	39 3.6	2 1.8	12 4.6	16 3.8	8 3.2

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Other diseases or conditions (all)	35 3.2	7 5.1	5 1.7	14 3.3	9 3.5
Cancer/ Cancer Research	33 3.0	3 2.5	7 2.5	15 3.6	8 3.1
Obesity/Diets/Lack of exercise/Not eating properly	21 1.9	2 1.4	5 2.0	10 2.3	4 1.6
Aids/ HIV	13 1.2	1 0.7	3 1.0	6 1.5	3 1.2
Diabetes	4 0.4	1 0.7	1 0.4	2 0.4	0 0.2
Bird flu/ Avian flu	3 0.3	-	1 0.6	1 0.2	1 0.4
Flu(general)	2 0.2	-	1 0.5	1 0.3	-
Mental Health	2 0.2	0 0.1	-	1 0.1	1 0.4
Alzheimer's disease (all)	1 0.1	1 0.7	-	-	-
NET - FUNDING =====	52 4.8	8 6.0	12 4.6	19 4.4	13 5.1
Finances/ Lack of Money/ Lack of funding/Funding cutbacks	41 3.8	8 6.0	8 3.1	15 3.4	10 4.2

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1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Lack of funding to hospitals/Funding to hospitals/ Cutbacks to hospitals	8 0.7	-	3 1.1	3 0.7	2 0.8
Funding for Research / Finding cure for diseases	3 0.3	-	1 0.4	1 0.3	0 0.1
NET - POLITICAL =====	31 2.9	3 2.3	7 2.8	15 3.6	5 2.2
Privatization of health care	10 0.9	1 0.5	2 0.8	6 1.4	1 0.5
Doctors or nurses salaries too low / Qualified staff fleeing to US for better pay (all)	8 0.7	1 0.7	2 0.8	4 0.9	1 0.3
No Unity between provinces/About each province having it's own healthcare standards/ Provinces not receiving equal funds	6 0.6	-	2 0.6	3 0.6	2 0.8
Equal access/ Rich and poor have right to equal care / Two-Tier system	5 0.5	1 1.1	1 0.4	2 0.5	1 0.4

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Socialized health care doesn't work/	2	-	1	1	0
Need for user fees/	0.2		0.2	0.2	0.2
Need for private health care					
NET - COST THE PUBLIC	57	8	15	22	12
MUST PAY	5.2	5.6	5.7	5.1	5.0
=====					
Cost/Price/Coverage/	41	6	13	13	10
You have to pay for it/OHIP or medicare	3.8	4.1	4.9	3.0	3.9
(all negative comments)					
Cost of Drugs/ Drugs are expensive/ Cost	16	2	2	9	3
of drugs going up/ Govt. won't pay for drugs	1.4	1.6	0.8	2.0	1.1
NET - OTHER	204	20	53	71	58
=====	18.7	14.9	19.8	16.5	23.3
Quality of Health care/ Quality of service/ Quality of care has declined	25	-	5	14	6
	2.3		1.9	3.3	2.3
Access/Availability of service (gen)	19	3	4	4	9
	1.7	1.9	1.4	1.0	3.5
Mismanagement/Fund not being used properly	12	1	2	4	5
	1.1	1.1	0.8	0.8	2.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Equipment Technology / Lack of equipment	11 1.0	1 0.7	2 0.8	4 1.0	3 1.4
Aging Population/The baby boomers are maturing	11 1.0	0 0.3	4 1.5	2 0.4	4 1.7
Smoking Cigarettes	9 0.8	2 1.3	3 1.1	3 0.8	1 0.4
Environment/Pollution (all)	8 0.8	1 1.1	3 1.3	2 0.5	1 0.4
Prevention/Preventative health care	8 0.7	2 1.5	3 1.0	3 0.6	0 0.2
System not working / Needs to be fixed/ long term sustainability of it/We are losing services	8 0.7	2 1.5	-	3 0.7	2 0.9
Childcare/Children's healthcare(all negatives)	7 0.7	0 0.3	1 0.4	2 0.5	4 1.5
Overusage/ People going to doctor for insignificant conditions (all)	4 0.4	1 1.0	0 0.2	2 0.5	0 0.2
Other Nursing Issues (all)	4 0.4	-	2 0.7	2 0.5	-
Hospital Hygiene/Cleanliness(all)	4 0.4	-	-	1 0.2	3 1.2

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WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Hospitals (general)	4 0.4	- 0.4	2 0.8	2 0.5	-
Health Education/ Health education for healthy lifestyle (all)	4 0.4	1 0.7	2 0.6	-	1 0.5
Poverty / Starvation	4 0.4	-	1 0.4	0 0.1	2 1.0
Health care for everyone/Affordabil- ity of Healthcare	3 0.3	-	1 0.6	1 0.3	0 0.2
About rushing patie- nts in and out/Not enough one on one time with Physicians /Not enough recovery time allowed in hospitals/ Does not take time with Patients	2 0.2	-	1 0.4	1 0.1	1 0.3
Over prescribing medication/ Writing too many prescrip- tions	2 0.2	1 0.7	-	1 0.2	0 0.2
Stress(all)	2 0.2	-	-	2 0.5	-
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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

1B. And what is the second most important health issues facing the country?

Subsample: Mentioned a main issue

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Medical errors/ Neg- ligence/ Quality of doctors and nurses (all)	2 0.2	- 0.2	1 0.4	- 0.3	1 0.3
Marijuana/Legalizing of Marijuana	2 0.2	0 0.3	1 0.4	1 0.1	-
Research (general)	1 0.1	- 0.1	0 0.1	1 0.3	-
Vision Cut off / We have to pay for eye exam	1 0.1	0 0.3	-	-	1 0.4
Family Doctor	1 0.1	-	-	1 0.2	0 0.1
Bureaucracy	1 0.1	1 0.7	-	0 0.1	-
Other	42 3.9	2 1.4	14 5.2	13 3.1	11 4.4
Nothing/No mention	191 17.6	34 24.9	49 18.3	75 17.5	30 12.3
DK/NA/REF	8 0.8	0 0.3	2 0.9	3 0.7	3 1.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
NET - WAITING TIMES	369	44	93	143	87
=====	30.8	26.8	31.2	30.8	33.3
Waiting time/Long line ups for health care/Need faster care/System is slow	160	18	43	55	43
	13.3	11.2	14.4	11.9	16.3
Problems with emergency rooms/ Wait list for emergency/Overcrowded emergency	84	11	28	30	14
	7.0	6.5	9.5	6.6	5.3
Waiting lists for Surgeries/Operations	68	9	12	29	17
	5.7	5.6	4.1	6.2	6.4
Waiting lists (gen)	42	5	11	19	8
	3.5	2.8	3.5	4.0	3.1
Wait lists to see Specialists/ Access to Specialists/ Wait time to see Specialists / Lack of Specialists	18	3	4	7	3
	1.5	2.1	1.4	1.5	1.1
Waiting list for test (general)	8	1	2	2	3
	0.7	0.6	0.6	0.5	1.1
Cancer: Waiting Time/ Waiting lists/Not treating early enough (all)	6	-	1	3	3
	0.5		0.2	0.6	1.0
Waiting list for various procedures	6	1	1	3	1
	0.5	0.6	0.2	0.7	0.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Waiting for MRI	3 0.3	-	-	2 0.5	1 0.4
Waiting for Treatment (general)	2 0.2	0 0.2	-	2 0.4	-
NET - SHORTAGE OF HEALTH CARE PROFSNLS	378 31.5	40 24.7	85 28.6	154 33.2	95 36.2
=====					
Not enough doctors/ Shortage of doctors/ Access to doctors	293 24.4	31 19.1	63 21.1	124 26.8	72 27.3
Shortage of staff/ Shortage of health care professionals	62 5.2	7 4.5	15 4.9	24 5.1	16 6.2
Shortage of Nurses/ Not enough nurses/ Shortage of Nursing care /Loss of Nurses	29 2.4	3 1.7	8 2.6	11 2.4	8 2.9
More skilled / Qualified doctors	3 0.3	0 0.3	-	1 0.2	2 0.6
NET - OVER-CROWDED/ LACK OF HOSPITAL/ FACILITIES	89 7.4	9 5.2	22 7.2	34 7.3	24 9.1
=====					
Shortage of hospital beds/ Overcrowded hospitals/ Patients get no recovery time	59 4.9	5 3.3	17 5.6	20 4.4	16 6.0

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Lack of hospitals/ Access to hospitals/ Hospitals closing/ Facilities being too far/Not in rural areas	25 2.1	3 1.8	4 1.2	11 2.5	7 2.6
About facilities or treatment for the handicapped (all)	4 0.3	-	1 0.5	1 0.3	1 0.4
Lack of healthcare facilities/ lack of facilities	1 0.1	0 0.2	-	0 0.1	1 0.3
NET - SENIORS ISSUES =====	69 5.8	4 2.6	13 4.4	29 6.2	22 8.4
Seniors welfare/Care for the elderly/Pro- viding healthcare for the elderly(all- excluding homecare)	50 4.2	4 2.6	11 3.6	20 4.4	13 5.1
Home support for the elderly/ Home care (all)	12 1.0	1 0.4	2 0.7	5 1.1	4 1.4
Seniors and the cost and availability of prescription drugs/ More money for drugs for seniors	5 0.4	-	0 0.1	1 0.2	4 1.5
Long Term Care	3 0.3	-	-	2 0.5	1 0.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
NET - DISEASES/ ILLNESS	234	33	61	94	44
=====	19.5	20.1	20.7	20.2	16.9
Cancer/ Cancer Research	130	22	34	52	20
	10.8	13.6	11.5	11.2	7.8
Heart Problems/Heart and Stroke/ Cardio- vascular	55	2	18	23	11
	4.6	1.5	6.1	5.0	4.3
Other diseases or conditions (all)	45	9	8	16	11
	3.8	5.2	2.8	3.5	4.3
Obesity/Diets/Lack of exercise/Not eat- ing properly	40	4	11	18	8
	3.3	2.6	3.5	3.8	2.9
Aids/ HIV	19	2	4	8	5
	1.6	1.3	1.2	1.8	1.9
Diabetes	10	3	1	5	0
	0.9	1.8	0.5	1.2	0.2
Flu(general)	10	-	3	6	-
	0.8		1.1	1.4	
Mental Health	8	0	3	3	1
	0.6	0.1	1.2	0.7	0.4
Alzheimer's disease (all)	7	2	2	2	1
	0.6	1.2	0.6	0.4	0.4
Bird flu/ Avian flu	5	-	1	1	2
	0.4		0.5	0.3	0.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
NET - FUNDING =====	104 8.6	15 8.9	21 7.2	43 9.4	24 9.3
Finances/ Lack of Money/ Lack of funding/Funding cutbacks	82 6.9	14 8.6	16 5.3	33 7.1	20 7.5
Lack of funding to hospitals/Funding to hospitals/ Cutbacks to hospitals	16 1.4	0 0.2	4 1.5	8 1.7	4 1.4
Funding for Research / Finding cure for diseases	6 0.5	-	1 0.3	3 0.7	1 0.5
NET - POLITICAL =====	52 4.3	8 5.1	12 3.9	24 5.2	7 2.8
Privatization of health care	19 1.6	3 1.6	4 1.4	10 2.3	2 0.8
Doctors or nurses salaries too low / Qualified staff fleeing to US for better pay (all)	10 0.9	3 1.8	2 0.7	4 1.0	1 0.4
No Unity between provinces/About each province having it's own healthcare standards/ Provinces not receiving equal funds	9 0.8	0 0.3	3 1.1	4 0.8	2 0.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Equal access/ Rich and poor have right to equal care / Two-Tier system	8 0.6	1 0.9	2 0.5	3 0.7	1 0.5
Socialized health care doesn't work/ Need for user fees/ Need for private health care	4 0.4	0 0.2	1 0.2	2 0.5	1 0.4
Everything/Universal health	1 0.1	0 0.3	-	1 0.1	-
NET - COST THE PUBLIC MUST PAY	103 8.6	11 6.8	33 11.1	37 8.0	22 8.3
Cost/Price/Coverage/ You have to pay for it/OHIP or medicare (all negative comments)	78 6.5	8 5.1	26 8.9	27 5.8	17 6.4
Cost of Drugs/ Drugs are expensive/ Cost of drugs going up/ Govt. won't pay for drugs	25 2.1	3 2.1	7 2.3	10 2.2	5 1.9
NET - OTHER	190 15.9	26 16.1	52 17.5	64 13.9	45 17.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
System not working / Needs to be fixed/ long term sustainability of it/We are losing services	17 1.4	2 1.3	3 1.0	9 2.0	3 1.0
Equipment Technology / Lack of equipment	13 1.1	1 0.6	2 0.7	6 1.4	4 1.5
Environment/Pollution (all)	13 1.1	1 0.9	4 1.4	3 0.7	4 1.7
Childcare/Children's healthcare(all negatives)	12 1.0	3 1.8	2 0.6	3 0.5	5 1.8
Overusage/ People going to doctor for insignificant conditions (all)	10 0.9	3 1.8	3 1.1	4 0.8	0 0.2
Prevention/Preventative health care	10 0.8	2 1.2	3 1.1	3 0.6	1 0.6
Health care for everyone/Affordability of Healthcare	8 0.7	1 0.4	3 1.0	2 0.5	2 0.7
Medical errors/ Negligence/ Quality of doctors and nurses (all)	7 0.6	1 0.6	4 1.3	1 0.3	1 0.2
Hospitals (general)	6 0.5	-	2 0.8	4 0.9	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Poverty / Starvation	6 0.5	-	1 0.3	2 0.4	3 1.3
Health Education/ Health education for healthy lifestyle (all)	5 0.5	1 0.6	2 0.8	-	2 0.8
About rushing patients in and out/Not enough one on one time with Physicians /Not enough recovery time allowed in hospitals/ Does not take time with Patients	5 0.4	1 0.6	1 0.3	2 0.3	2 0.6
Hospital Hygiene/ Cleanliness(all)	5 0.4	-	1 0.3	1 0.2	3 1.1
Bureaucracy	5 0.4	2 1.2	1 0.3	2 0.4	-
Other Nursing Issues (all)	4 0.3	-	2 0.7	2 0.4	-
Doctors (general)	4 0.3	1 0.6	0 0.2	1 0.3	1 0.4
Vision Cut off / We have to pay for eye exam	4 0.3	1 0.5	1 0.3	1 0.2	1 0.4
Stress(all)	3 0.3	-	-	2 0.5	1 0.4

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WEIGHTED DATA

NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Over prescribing medication/ Writing too many prescriptions	3 0.2	1 0.6	-	1 0.2	1 0.3
Marijuana/Legalizing of Marijuana	2 0.2	0 0.2	1 0.3	1 0.1	-
Negative comments about other hospital staff (except Drs. & Nurses)	1 0.1	1 0.6	-	0 0.1	-
Research (general)	1 0.1	-	0 0.1	1 0.2	-
Family Doctor	1 0.1	-	-	1 0.2	0 0.1
Other	59 5.0	5 3.0	18 6.0	19 4.2	15 5.7
CODES NOT IN ANY NETS =====	205 17.1	22 13.7	48 16.1	78 16.8	55 20.8
Quality of Health care/ Quality of service/ Quality of care has declined	85 7.1	6 3.5	16 5.4	42 9.0	20 7.5
Access/Availability of service (gen)	56 4.7	9 5.7	13 4.2	15 3.2	19 7.3
Aging Population/The baby boomers are maturing	26 2.2	3 1.8	7 2.3	9 2.0	7 2.8

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NET 1ST & 2ND MENTION

1. What do you consider to be the most important health issue facing the country, that is, the one you are most concerned about?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Mismanagement/Fund not being used properly	26 2.2	3 2.0	7 2.2	7 1.4	8 3.2
Smoking Cigarettes	20 1.7	3 1.6	6 2.0	8 1.6	4 1.5
NOTHING/NO MENTION	99 8.3	26 15.8	28 9.4	30 6.5	14 5.4
DK/NA/REF	11 0.9	1 0.8	4 1.2	4 0.8	1 0.3

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2. And which level of government, federal, provincial or municipal, do you think is most responsible for dealing with your top concern?

Subsample: Specified a main health issue in Q.1

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1583	188	365	635	382
WEIGHTED SAMPLE	1090	137	266	430	248
Federal	487 44.7	59 42.8	112 42.0	196 45.7	115 46.4
Provincial	512 47.0	66 48.3	126 47.6	204 47.4	113 45.7
Municipal	24 2.2	3 1.9	6 2.2	10 2.2	5 2.0
Don't Know/Refused	67 6.1	10 6.9	22 8.3	20 4.7	15 5.9

3. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of pharmaceutical products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	765	98	181	294	183
.../7	63.7	60.1	61.0	63.4	69.7
.../6	223	28	58	92	43
	18.6	17.4	19.4	19.9	16.5
.../5	137	21	39	47	28
	11.5	12.9	13.1	10.2	10.8
.../4	38	7	7	19	5
	3.1	4.1	2.3	4.1	1.9
.../3	19	4	5	8	2
	1.6	2.7	1.6	1.7	0.8
.../2	4	0	3	1	-
	0.3	0.3	0.9	0.2	
Not at all important	7	2	2	2	1
.../1	0.6	1.0	0.7	0.5	0.3
Don't Know/Refused	7	2	3	-	-
	0.6	1.4	1.1		
Mean	6.37	6.25	6.32	6.36	6.51
Standard deviation	1.04	1.18	1.10	1.04	0.87
Standard error	0.03	0.09	0.06	0.05	0.05

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

3. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of pharmaceutical products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	987 82.3	127 77.5	239 80.4	386 83.3	226 86.2
.../3/4/5	195 16.2	32 19.8	50 16.9	74 16.0	35 13.5
Not important.../1/2	11 0.9	2 1.3	5 1.6	3 0.7	1 0.3
COLLAPSED II =====					
.../5/6/7	1125 93.8	148 90.4	278 93.5	434 93.5	255 97.0
.../4	38 3.1	7 4.1	7 2.3	19 4.1	5 1.9
.../1/2/3	30 2.5	7 4.0	9 3.2	11 2.5	3 1.0

(continued)

3. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of pharmaceutical products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	765 63.7	98 60.1	181 61.0	294 63.4	183 69.7
.../5/6	360 30.0	50 30.3	97 32.5	140 30.1	72 27.4
.../4	38 3.1	7 4.1	7 2.3	19 4.1	5 1.9
.../2/3	24 2.0	5 3.0	7 2.4	9 2.0	2 0.8
.../1	7 0.6	2 1.0	2 0.7	2 0.5	1 0.3

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4. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important .../7	706 58.8	90 54.7	166 55.9	274 59.1	171 65.1
.../6	231 19.2	37 22.3	62 20.9	91 19.5	40 15.4
.../5	170 14.1	22 13.6	52 17.4	59 12.7	34 13.0
.../4	53 4.4	9 5.2	8 2.8	25 5.4	9 3.4
.../3	23 1.9	5 3.3	4 1.5	7 1.4	6 2.3
.../2	5 0.4	1 0.9	1 0.4	2 0.4	0 0.1
Not at all important .../1	10 0.8	-	3 1.1	5 1.0	1 0.3
Don't Know/Refused	3 0.3	-	-	2 0.4	1 0.4
Mean	6.25	6.17	6.21	6.25	6.36
Standard deviation	1.14	1.15	1.13	1.16	1.05
Standard error	0.03	0.09	0.07	0.05	0.06

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4. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	937 78.1	126 77.0	228 76.8	365 78.6	211 80.4
.../3/4/5	245 20.4	36 22.1	65 21.7	90 19.5	49 18.8
Not important.../1/2	15 1.2	1 0.9	4 1.5	7 1.5	1 0.4
COLLAPSED II =====					
.../5/6/7	1106 92.2	148 90.5	280 94.2	424 91.3	245 93.4
.../4	53 4.4	9 5.2	8 2.8	25 5.4	9 3.4
.../1/2/3	37 3.1	7 4.2	9 3.0	13 2.9	7 2.8

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4. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	706 58.8	90 54.7	166 55.9	274 59.1	171 65.1
.../5/6	401 33.4	59 35.9	114 38.3	149 32.2	74 28.3
.../4	53 4.4	9 5.2	8 2.8	25 5.4	9 3.4
.../2/3	28 2.3	7 4.2	6 1.9	9 1.9	6 2.5
.../1	10 0.8	-	3 1.1	5 1.0	1 0.3

5. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	457	56	108	177	113
.../7	38.1	34.5	36.4	38.1	43.1
.../6	140	17	31	60	30
	11.6	10.1	10.4	13.0	11.4
.../5	186	28	48	71	37
	15.5	17.0	16.1	15.3	14.2
.../4	130	13	41	45	30
	10.8	7.7	13.8	9.6	11.2
.../3	91	13	23	32	23
	7.6	7.8	7.9	6.9	8.6
.../2	55	10	12	22	10
	4.6	6.3	4.2	4.7	3.9
Not at all important	131	25	29	55	20
.../1	10.9	15.2	9.9	11.8	7.6
Don't Know/Refused	9	2	4	3	-
	0.8	1.4	1.2	0.7	
Mean	5.04	4.76	5.02	5.05	5.27
Standard deviation	2.06	2.22	2.01	2.09	1.95
Standard error	0.06	0.17	0.12	0.10	0.12

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5. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	597 49.8	73 44.6	139 46.8	237 51.0	143 54.5
.../3/4/5	407 33.9	53 32.5	113 37.8	148 31.8	90 34.1
Not important.../1/2	186 15.5	35 21.5	42 14.1	76 16.5	30 11.4
COLLAPSED II =====					
.../5/6/7	783 65.3	101 61.6	187 63.0	308 66.3	181 68.7
.../4	130 10.8	13 7.7	41 13.8	45 9.6	30 11.2
.../1/2/3	278 23.1	48 29.4	65 21.9	108 23.3	53 20.0

(continued)

5. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	457 38.1	56 34.5	108 36.4	177 38.1	113 43.1
.../5/6	326 27.2	44 27.1	79 26.6	131 28.3	67 25.7
.../4	130 10.8	13 7.7	41 13.8	45 9.6	30 11.2
.../2/3	146 12.2	23 14.1	36 12.0	54 11.6	33 12.5
.../1	131 10.9	25 15.2	29 9.9	55 11.8	20 7.6

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6. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	296	39	76	112	65
.../7	24.7	24.0	25.5	24.0	24.6
.../6	189	28	46	71	43
	15.7	17.2	15.5	15.3	16.2
.../5	331	49	81	121	77
	27.6	29.8	27.2	26.1	29.4
.../4	170	18	40	74	36
	14.2	11.2	13.4	15.9	13.8
.../3	97	13	21	41	21
	8.1	7.8	7.2	8.9	8.1
.../2	63	9	20	24	9
	5.3	5.7	6.7	5.3	3.6
Not at all important	51	7	12	21	11
.../1	4.3	4.4	3.9	4.4	4.3
Don't Know/Refused	2	-	2	-	-
	0.1		0.5		
Mean	5.02	5.04	5.03	4.96	5.08
Standard deviation	1.67	1.67	1.69	1.68	1.62
Standard error	0.05	0.13	0.10	0.08	0.10

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6. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	485 40.5	68 41.2	122 41.0	183 39.3	107 40.8
.../3/4/5	598 49.9	80 48.8	142 47.8	236 51.0	135 51.3
Not important.../1/2	115 9.5	16 10.0	32 10.7	45 9.7	21 7.9
COLLAPSED II =====					
.../5/6/7	817 68.1	116 71.0	203 68.2	304 65.5	185 70.3
.../4	170 14.2	18 11.2	40 13.4	74 15.9	36 13.8
.../1/2/3	211 17.6	29 17.8	53 17.8	86 18.6	42 16.0

(continued)

6. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	296 24.7	39 24.0	76 25.5	112 24.0	65 24.6
.../5/6	520 43.4	77 47.0	127 42.7	192 41.4	120 45.6
.../4	170 14.2	18 11.2	40 13.4	74 15.9	36 13.8
.../2/3	160 13.3	22 13.5	41 13.9	66 14.2	31 11.7
.../1	51 4.3	7 4.4	12 3.9	21 4.4	11 4.3

7. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	581	77	128	235	136
.../7	48.4	46.8	43.1	50.6	51.7
.../6	195	29	55	67	42
	16.2	17.5	18.5	14.5	16.2
.../5	229	32	72	76	47
	19.1	19.4	24.3	16.5	17.8
.../4	90	8	19	42	21
	7.5	4.8	6.2	9.0	7.9
.../3	54	8	9	24	11
	4.5	5.0	3.1	5.2	4.1
.../2	24	5	8	9	1
	2.0	2.9	2.8	1.9	0.6
Not at all important	26	6	6	10	5
.../1	2.2	3.6	2.0	2.1	1.8
Don't Know/Refused	1	-	-	1	-
	0.1			0.3	
Mean	5.82	5.73	5.76	5.82	5.95
Standard deviation	1.49	1.62	1.45	1.52	1.39
Standard error	0.04	0.13	0.08	0.07	0.09

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7. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	776 64.7	105 64.3	183 61.6	302 65.0	178 67.9
.../3/4/5	373 31.1	48 29.2	100 33.6	142 30.6	78 29.8
Not important.../1/2	50 4.2	11 6.5	14 4.8	19 4.0	6 2.3
COLLAPSED II =====					
.../5/6/7	1005 83.8	137 83.7	255 85.9	378 81.5	225 85.7
.../4	90 7.5	8 4.8	19 6.2	42 9.0	21 7.9
.../1/2/3	104 8.6	19 11.5	24 7.9	43 9.2	17 6.4

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7. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	581 48.4	77 46.8	128 43.1	235 50.6	136 51.7
.../5/6	424 35.3	60 36.9	127 42.8	143 30.9	89 34.0
.../4	90 7.5	8 4.8	19 6.2	42 9.0	21 7.9
.../2/3	77 6.4	13 7.9	17 5.9	33 7.1	12 4.7
.../1	26 2.2	6 3.6	6 2.0	10 2.1	5 1.8

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8. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	844	113	203	320	199
.../7	70.4	69.2	68.3	69.0	75.6
.../6	194	26	53	76	39
	16.1	15.6	17.7	16.4	14.9
.../5	100	17	24	42	16
	8.3	10.1	7.9	9.1	6.2
.../4	41	4	11	20	7
	3.5	2.6	3.5	4.2	2.7
.../3	8	4	2	1	1
	0.7	2.2	0.8	0.1	0.3
.../2	5	-	2	2	0
	0.4		0.7	0.5	0.1
Not at all important	2	-	1	1	-
.../1	0.2		0.3	0.2	
Don't Know/Refused	5	0	2	2	0
	0.4	0.3	0.6	0.3	0.1
Mean	6.51	6.47	6.47	6.48	6.63
Standard deviation	0.91	0.94	0.98	0.93	0.76
Standard error	0.03	0.07	0.06	0.04	0.05

(continued)

8. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	1038 86.5	139 84.8	256 86.0	396 85.4	238 90.6
.../3/4/5	150 12.5	24 14.9	37 12.3	63 13.5	24 9.2
Not important.../1/2	7 0.6	-	3 1.0	3 0.7	0 0.1
COLLAPSED II =====					
.../5/6/7	1138 94.9	156 94.9	279 94.0	439 94.6	254 96.8
.../4	41 3.5	4 2.6	11 3.5	20 4.2	7 2.7
.../1/2/3	15 1.2	4 2.2	6 1.9	4 0.9	1 0.4

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8. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	844 70.4	113 69.2	203 68.3	320 69.0	199 75.6
.../5/6	294 24.5	42 25.7	76 25.7	119 25.6	56 21.1
.../4	41 3.5	4 2.6	11 3.5	20 4.2	7 2.7
.../2/3	13 1.1	4 2.2	5 1.5	3 0.7	1 0.4
.../1	2 0.2	-	1 0.3	1 0.2	-

9. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	674	84	157	270	155
.../7	56.2	51.5	52.9	58.2	59.2
.../6	204	33	48	71	51
	17.0	20.2	16.3	15.4	19.5
.../5	169	21	54	63	28
	14.0	13.1	18.2	13.6	10.5
.../4	65	10	13	28	14
	5.4	5.8	4.2	6.1	5.5
.../3	28	4	11	9	4
	2.4	2.7	3.6	1.9	1.4
.../2	14	2	5	4	3
	1.2	1.5	1.5	1.0	1.2
Not at all important	24	4	5	12	2
.../1	2.0	2.2	1.7	2.6	0.8
Don't Know/Refused	21	5	5	6	5
	1.8	3.0	1.5	1.2	2.0
Mean	6.10	6.02	6.01	6.10	6.25
Standard deviation	1.36	1.40	1.38	1.40	1.18
Standard error	0.04	0.11	0.08	0.07	0.07

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9. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	878 73.2	118 71.7	206 69.2	342 73.6	207 78.7
.../3/4/5	262 21.8	35 21.6	77 26.0	100 21.6	45 17.3
Not important.../1/2	38 3.2	6 3.7	10 3.2	16 3.6	5 2.0
COLLAPSED II =====					
.../5/6/7	1047 87.3	139 84.8	260 87.4	405 87.2	234 89.2
.../4	65 5.4	10 5.8	13 4.2	28 6.1	14 5.5
.../1/2/3	67 5.6	10 6.3	20 6.8	25 5.5	9 3.3

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9. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	674 56.2	84 51.5	157 52.9	270 58.2	155 59.2
.../5/6	373 31.1	55 33.3	103 34.5	134 29.0	79 30.0
.../4	65 5.4	10 5.8	13 4.2	28 6.1	14 5.5
.../2/3	43 3.6	7 4.1	15 5.1	13 2.9	7 2.5
.../1	24 2.0	4 2.2	5 1.7	12 2.6	2 0.8

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10. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	527	60	131	199	130
.../7	43.9	36.6	44.1	42.9	49.5
.../6	180	34	34	67	44
	15.0	20.9	11.4	14.4	16.9
.../5	221	28	62	86	44
	18.4	17.0	20.7	18.5	16.9
.../4	118	16	33	48	19
	9.8	9.8	11.2	10.4	7.3
.../3	54	9	14	21	8
	4.5	5.7	4.7	4.6	3.2
.../2	27	3	5	13	6
	2.3	1.7	1.6	2.7	2.2
Not at all important	47	8	11	19	8
.../1	3.9	4.7	3.7	4.1	3.0
Don't Know/Refused	26	6	7	11	2
	2.2	3.5	2.4	2.3	0.9
Mean	5.63	5.51	5.61	5.57	5.84
Standard deviation	1.64	1.66	1.62	1.67	1.53
Standard error	0.05	0.13	0.10	0.08	0.10

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10. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	707 59.0	94 57.5	165 55.6	266 57.3	175 66.5
.../3/4/5	392 32.7	53 32.5	109 36.6	156 33.6	72 27.5
Not important.../1/2	74 6.2	10 6.4	16 5.4	32 6.8	14 5.2
COLLAPSED II =====					
.../5/6/7	928 77.4	122 74.5	227 76.3	352 75.8	219 83.4
.../4	118 9.8	16 9.8	33 11.2	48 10.4	19 7.3
.../1/2/3	127 10.6	20 12.1	30 10.1	53 11.4	22 8.4

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10. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	527 43.9	60 36.6	131 44.1	199 42.9	130 49.5
.../5/6	401 33.4	62 37.9	96 32.1	153 32.9	89 33.9
.../4	118 9.8	16 9.8	33 11.2	48 10.4	19 7.3
.../2/3	81 6.7	12 7.4	19 6.4	34 7.3	14 5.4
.../1	47 3.9	8 4.7	11 3.7	19 4.1	8 3.0

11. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	598	79	139	234	141
.../7	49.9	48.0	46.6	50.4	53.8
.../6	241	37	64	89	49
	20.1	22.5	21.4	19.3	18.8
.../5	219	27	61	79	51
	18.3	16.3	20.5	16.9	19.3
.../4	86	12	16	44	13
	7.1	7.2	5.5	9.5	4.8
.../3	26	5	9	9	4
	2.2	3.1	2.9	1.9	1.6
.../2	13	2	4	4	2
	1.1	1.5	1.4	0.9	0.8
Not at all important	12	2	3	5	2
.../1	1.0	1.2	0.9	1.1	0.6
Don't Know/Refused	4	0	2	-	1
	0.3	0.3	0.8		0.4
Mean	6.01	5.96	5.96	6.00	6.14
Standard deviation	1.27	1.33	1.28	1.28	1.15
Standard error	0.04	0.10	0.07	0.06	0.07

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11. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	839 69.9	116 70.5	202 68.0	323 69.7	191 72.6
.../3/4/5	331 27.6	43 26.5	86 28.9	131 28.3	67 25.6
Not important.../1/2	25 2.1	4 2.7	7 2.4	9 2.0	4 1.4
COLLAPSED II =====					
.../5/6/7	1058 88.2	142 86.8	263 88.4	402 86.6	241 91.9
.../4	86 7.1	12 7.2	16 5.5	44 9.5	13 4.8
.../1/2/3	52 4.3	9 5.8	16 5.2	18 3.9	8 2.9

(continued)

11. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	598	79	139	234	141
	49.9	48.0	46.6	50.4	53.8
.../5/6	460	64	124	168	100
	38.3	38.8	41.8	36.2	38.1
.../4	86	12	16	44	13
	7.1	7.2	5.5	9.5	4.8
.../2/3	39	7	13	13	6
	3.3	4.6	4.3	2.8	2.3
.../1	12	2	3	5	2
	1.0	1.2	0.9	1.1	0.6

12. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important .../7	527 43.9	67 40.8	132 44.3	201 43.2	121 46.2
.../6	250 20.9	35 21.1	74 25.0	89 19.1	52 19.6
.../5	248 20.7	34 21.0	54 18.0	102 22.0	56 21.4
.../4	91 7.6	17 10.4	20 6.7	34 7.3	20 7.7
.../3	37 3.1	7 4.0	7 2.2	17 3.6	6 2.2
.../2	16 1.3	2 1.1	6 2.1	5 1.0	3 1.2
Not at all important .../1	12 1.0	-	1 0.4	7 1.6	2 0.7
Don't Know/Refused	19 1.6	3 1.7	4 1.3	10 2.1	2 0.9
Mean	5.88	5.82	5.96	5.83	5.94
Standard deviation	1.30	1.25	1.24	1.36	1.25
Standard error	0.04	0.10	0.07	0.06	0.08

(continued)

12. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	777 64.8	101 61.9	206 69.3	289 62.4	173 65.9
.../3/4/5	376 31.4	58 35.3	80 27.0	153 33.0	82 31.3
Not important.../1/2	28 2.3	2 1.1	7 2.5	12 2.6	5 1.9
COLLAPSED II =====					
.../5/6/7	1025 85.5	136 82.9	260 87.3	392 84.4	229 87.2
.../4	91 7.6	17 10.4	20 6.7	34 7.3	20 7.7
.../1/2/3	64 5.4	8 5.1	14 4.7	29 6.2	11 4.2

(continued)

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12. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	527 43.9	67 40.8	132 44.3	201 43.2	121 46.2
.../5/6	498 41.5	69 42.1	128 43.0	191 41.2	108 41.0
.../4	91 7.6	17 10.4	20 6.7	34 7.3	20 7.7
.../2/3	53 4.4	8 5.1	13 4.3	22 4.6	9 3.4
.../1	12 1.0	-	1 0.4	7 1.6	2 0.7

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13. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Extremely important	831	110	200	332	182
.../7	69.3	67.2	67.3	71.5	69.4
.../6	183	26	53	63	40
	15.2	16.2	18.0	13.6	15.1
.../5	106	17	21	41	25
	8.9	10.4	7.2	8.8	9.6
.../4	39	5	11	15	8
	3.3	3.2	3.5	3.2	3.1
.../3	12	2	1	5	3
	1.0	1.5	0.3	1.2	1.1
.../2	9	1	2	3	2
	0.7	0.4	0.7	0.7	0.7
Not at all important	13	1	6	2	1
.../1	1.1	0.9	2.2	0.5	0.4
Don't Know/Refused	7	0	2	2	2
	0.6	0.2	0.8	0.5	0.6
Mean	6.43	6.40	6.39	6.48	6.46
Standard deviation	1.10	1.09	1.20	1.03	1.01
Standard error	0.03	0.09	0.07	0.05	0.06

(continued)

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13. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Important.../6/7	1014 84.5	137 83.3	254 85.3	395 85.1	222 84.5
.../3/4/5	157 13.1	25 15.1	33 11.1	61 13.1	36 13.8
Not important.../1/2	22 1.8	2 1.3	8 2.8	6 1.2	3 1.1
COLLAPSED II =====					
.../5/6/7	1120 93.4	154 93.8	275 92.5	436 94.0	247 94.2
.../4	39 3.3	5 3.2	11 3.5	15 3.2	8 3.1
.../1/2/3	34 2.8	5 2.8	9 3.2	11 2.4	6 2.1

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13. Now, I'd like you to tell me how important you rate each of the following health issues. You can do this using a seven point scale where one means not at all important and seven means extremely important.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	831 69.3	110 67.2	200 67.3	332 71.5	182 69.4
.../5/6	289 24.1	44 26.6	75 25.2	104 22.5	65 24.7
.../4	39 3.3	5 3.2	11 3.5	15 3.2	8 3.1
.../2/3	20 1.7	3 1.9	3 1.0	9 1.9	5 1.8
.../1	13 1.1	1 0.9	6 2.2	2 0.5	1 0.4

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

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
GOOD ====	409 34.1	62 37.8	95 32.1	155 33.5	94 35.7
Excellent	48 4.0	7 4.5	16 5.3	19 4.0	5 2.1
Very good	361 30.1	55 33.3	80 26.8	137 29.4	88 33.6
FAIR	588 49.0	75 46.0	147 49.3	240 51.7	118 44.9
POOR ====	196 16.4	26 15.9	54 18.1	64 13.8	51 19.5
Poor	143 11.9	19 11.8	40 13.6	48 10.3	36 13.7
Very poor	53 4.4	7 4.1	14 4.6	17 3.6	15 5.7
Don't Know/Refused	6 0.5	0 0.3	1 0.4	5 1.0	-
Mean	3.17	3.22	3.15	3.20	3.13
Standard deviation	0.85	0.87	0.88	0.82	0.88
Standard error	0.02	0.07	0.05	0.04	0.05

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15. And has the quality of health care over the past two years improved, deteriorated, or stayed the same? Please use seven point scale, where one means greatly deteriorated, seven means greatly improved, and four means stayed the same.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Greatly improved	20	1	6	8	4
.../7	1.7	0.7	2.2	1.7	1.6
.../6	27	2	6	11	7
	2.3	1.4	2.2	2.4	2.7
.../5	125	18	34	46	26
	10.4	11.0	11.4	10.0	10.1
.../4	556	79	137	224	111
	46.3	48.1	46.2	48.3	42.3
.../3	211	31	47	77	53
	17.6	19.0	15.9	16.7	20.3
.../2	109	11	26	42	28
	9.1	6.7	8.7	9.1	10.7
Greatly deteriorated	121	14	31	42	32
.../1	10.1	8.6	10.3	9.1	12.4
Don't Know/Refused	31	8	9	13	-
	2.6	4.6	3.2	2.7	
Mean	3.53	3.56	3.57	3.56	3.41
Standard deviation	1.27	1.16	1.31	1.25	1.33
Standard error	0.04	0.09	0.08	0.06	0.08

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

15. And has the quality of health care over the past two years improved, deteriorated, or stayed the same? Please use seven point scale, where one means greatly deteriorated, seven means greatly improved, and four means stayed the same.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Improved.../6/7	47 3.9	3 2.1	13 4.3	19 4.1	11 4.3
.../3/4/5	891 74.3	128 78.1	219 73.5	348 74.9	191 72.7
Deteriorated.../1/2	230 19.2	25 15.3	57 19.0	85 18.2	61 23.1
COLLAPSED II =====					
.../5/6/7	172 14.3	21 13.1	47 15.7	65 14.0	38 14.3
.../4	556 46.3	79 48.1	137 46.2	224 48.3	111 42.3
.../1/2/3	441 36.8	56 34.3	104 34.9	162 34.9	114 43.3

(continued)

15. And has the quality of health care over the past two years improved, deteriorated, or stayed the same? Please use seven point scale, where one means greatly deteriorated, seven means greatly improved, and four means stayed the same.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	20	1	6	8	4
	1.7	0.7	2.2	1.7	1.6
.../5/6	152	20	40	57	33
	12.6	12.4	13.6	12.4	12.8
.../4	556	79	137	224	111
	46.3	48.1	46.2	48.3	42.3
.../2/3	320	42	73	120	81
	26.7	25.7	24.6	25.8	31.0
.../1	121	14	31	42	32
	10.1	8.6	10.3	9.1	12.4

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16. And which level of government, federal or provincial is mostly responsible for the improvement?

Subsample: Said quality of health care has improved in Q15 (Rated 5-7)

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	271	35	68	103	63
WEIGHTED SAMPLE	172	21	47	65	38
Federal	74	12	19	24	18
	42.8	54.3	39.8	36.8	49.0
Provincial	77	8	22	33	13
	44.6	36.4	48.0	51.2	34.7
Don't Know/Refused	22	2	6	8	6
	12.6	9.2	12.2	12.0	16.3

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WEIGHTED DATA

17. And which level of government, federal or provincial is mostly responsible for the deterioration?

Subsample: Said quality of health care has deteriorated in Q15 (Rated 1-3)

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	609	69	142	225	166
WEIGHTED SAMPLE	441	56	104	162	114
Federal	192 43.6	20 35.4	46 44.7	74 45.7	50 44.0
Provincial	204 46.2	30 53.6	44 42.5	76 47.0	52 45.6
Don't Know/Refused	45 10.2	6 11.0	13 12.8	12 7.3	12 10.4

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WEIGHTED DATA

18. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of pharmaceutical products.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Federal health ministry	375 31.3	44 26.6	94 31.5	156 33.5	79 30.3
Federal (Federal government/Federal ministry (general))	262 21.8	32 19.7	67 22.5	100 21.6	61 23.2
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	87 7.2	9 5.4	17 5.6	36 7.7	24 9.3
Department of health provincial/Health provincial/Prov. Ministry of health	63 5.3	9 5.4	19 6.5	26 5.6	9 3.5
Provincial (gen)	38 3.1	8 4.8	12 4.0	14 3.0	4 1.4
Ministry of health/Health care/Public health/health (level of gov't not specified)	37 3.1	5 3.1	8 2.6	15 3.3	9 3.6
Health and welfare provincial	26 2.1	2 1.2	4 1.2	9 1.9	10 3.9
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18. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of pharmaceutical products.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Both federal & provincial ministries of health/Health departments	22 1.9	3 2.1	6 2.2	9 1.9	3 1.0
Federal and Provincial (gen)/Federal and Territorial	11 0.9	1 0.9	2 0.8	5 1.0	2 0.8
Pharmaceutical board /Pharmaceutical health dept. (all)	10 0.8	2 1.0	3 1.0	2 0.5	3 1.1
Government (Ministry (general))	7 0.6	-	1 0.3	5 1.1	1 0.4
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	6 0.5	-	1 0.3	2 0.5	3 1.2
Pharmaceutical companies/Pharmacies	6 0.5	2 1.4	2 0.8	1 0.1	1 0.4
Federal Health and Safety	5 0.4	-	1 0.2	3 0.7	1 0.5
Canadian health and wellness/Federal health and wellness	4 0.4	-	1 0.3	3 0.6	0 0.2

(continued)

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WEIGHTED DATA

18. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of pharmaceutical products.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Municipal/City (general)	4 0.3	0 0.3	1 0.2	1 0.3	1 0.4
Health and Safety	3 0.3	1 0.6	1 0.3	0 0.1	1 0.4
Consumer affairs (level of gov't not specified)/Consumer & corporate affairs	3 0.3	1 0.4	1 0.3	2 0.4	-
All levels of government/Federal, Provincial, & Municipal	3 0.3	-	-	2 0.4	1 0.4
Health and Welfare (level of gov't not specified)	3 0.2	-	1 0.3	2 0.4	-
Health and Welfare provincial	2 0.2	-	0 0.2	-	2 0.6
Federal standards org'n/Canadian standards	2 0.2	-	0 0.1	1 0.1	1 0.4
Federal Gov't trade and industry department/Department of industry (all)	2 0.2	0 0.2	-	1 0.2	1 0.2
Department of finance (level of govt not specified)	2 0.1	-	-	2 0.4	-

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18. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of pharmaceutical products.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
All three levels of government health department	1 0.1	1 0.4	-	0 0.1	0 0.1
Food and drug association/Drug association	1 0.1	-	-	1 0.3	-
Tobacco control board/Tobacco alcohol & firearms (all)	1 0.1	-	-	0 0.1	1 0.4
Provincial food department	1 0.1	1 0.6	0 0.1	-	-
Ministry of agriculture federal/Agriculture Canada/Federal agriculture	1 0.1	-	-	1 0.2	1 0.2
Federal Ministry of Commerce/Federal govt commercial products/Commerce and industry	1 0.1	-	1 0.3	0 0.1	-
Ministry of the Environment provincial	1 0.1	-	-	-	1 0.4
Both Federal & Provincial food ministry	1 0.1	-	1 0.3	-	-

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WEIGHTED DATA

18. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of pharmaceutical products.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Provincial and Finance (all)	1 0.1	-	-	1 0.2	-
CFIA/Canadian food inspection agency/ Food inspection agency (all)	1 0.1	-	-	1 0.2	-
Manufacturers	1 0.1	-	-	1 0.1	0 0.1
Medical association/ Canadian medical association	1 0.1	-	0 0.1	0 0.1	-
Federal food and safety	0 *	-	-	0 0.1	-
Municipal health department	0 *	-	-	-	0 0.2
Justice department federal	0 *	-	-	-	0 0.1
Prime Minister's office/Prime Minister	0 *	-	-	0 0.1	-
Other	13 1.0	4 2.4	4 1.4	4 0.9	0 0.2
Don't Know/Refused	188 15.7	38 23.4	48 16.2	57 12.4	40 15.3

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19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal (Federal government/Federal ministry (general))	216 18.0	32 19.7	49 16.4	76 16.4	57 21.7
Health Canada/ Federal health dept/ Health federal/Federal health ministry	216 18.0	22 13.2	59 19.9	85 18.2	50 18.9
Food and Drug/Drug department/Food and drug administration/ FDA/Federal food and drug	109 9.1	9 5.3	23 7.6	52 11.2	25 9.4
Ministry of agriculture federal/Agri- culture Canada/Federal agriculture	77 6.5	4 2.4	17 5.6	36 7.8	21 7.9
Provincial (gen)	65 5.4	8 4.9	23 7.6	20 4.4	13 5.1
Department of health provincial/Health provincial/Prov. Ministry of health	31 2.6	5 3.1	6 2.2	14 3.1	6 2.1
Ministry of agriculture provincial/Provincial agriculture	31 2.6	4 2.7	8 2.6	14 2.9	5 1.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Ministry of health/ Health care/Public health/health (level of gov't not speci- fied)	28 2.3	5 3.1	4 1.5	11 2.3	8 2.9
CFIA/Canadian food inspection agency/ Food inspection agency (all)	24 2.0	3 1.8	8 2.8	8 1.7	5 1.8
Consumer department federal/Consumer af- fairs federal/Feder- al consumer and cor- porate affairs/Cons- umer protection Min- istry	19 1.6	1 0.8	4 1.5	10 2.1	3 1.2
Both federal & pro- vincial ministries of health/Health departments	15 1.3	1 0.6	5 1.8	7 1.4	1 0.5
Provincial food department	15 1.3	3 1.6	3 1.2	7 1.5	2 0.8
Federal and Provin- cial (gen)/Federal and Territorial	15 1.2	-	6 2.0	5 1.1	4 1.5
Dept of agriculture /Agriculture (level of gov't not specified)	14 1.1	3 1.8	5 1.7	5 1.0	1 0.4

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19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health and welfare provincial	12 1.0	1 0.9	1 0.4	6 1.2	4 1.4
Government (Ministry (general))	8 0.7	1 0.6	1 0.3	5 1.1	1 0.4
Provincial consumer affairs	8 0.7	2 1.2	1 0.5	2 0.4	3 1.0
Federal & Provincial agriculture	7 0.6	1 0.6	2 0.8	3 0.7	0 *
Health and Welfare (level of gov't not specified)	6 0.5	1 0.9	1 0.3	3 0.6	1 0.4
Federal food and safety	5 0.4	-	0 0.2	3 0.6	2 0.6
Municipal/City (general)	5 0.4	-	2 0.6	3 0.6	-
Both Federal & Provincial food ministry	4 0.4	0 0.3	2 0.8	1 0.2	0 0.2
Federal Health and Safety	4 0.4	-	1 0.4	1 0.3	1 0.5
Consumer affairs (level of gov't not specified)/Consumer & corporate affairs	3 0.3	1 0.6	1 0.3	1 0.2	0 0.2

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Food/Food Ministry/ Food agency/Food council	3 0.3	1 0.4	0 0.2	-	2 0.8
Environment Canada/ Federal Ministry of the Environment	3 0.2	-	-	2 0.4	-
Health and Safety	2 0.2	-	1 0.3	0 0.1	1 0.4
Federal Gov't trade and industry depart- ment/Department of industry (all)	2 0.2	-	1 0.3	1 0.2	-
Ministry of the Environment provincial	1 0.1	-	-	1 0.2	0 0.2
All levels of govern- ment/Federal, Pro- vincial, & Municipal	1 0.1	-	-	-	1 0.5
Canadian food Council/Canadian Food Agency	1 0.1	-	-	0 0.1	1 0.4
CSA-federal	1 0.1	1 0.4	0 0.2	-	-
Municipal health department	1 0.1	1 0.6	-	-	-

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19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Department of Finance Federal	1 0.1	-	-	-	1 0.4
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Individual/Ourselves People/Citizens	1 0.1	-	-	-	-
All three levels of government health department	1 0.1	1 0.4	-	-	-
Provincial health and safety	1 0.1	1 0.4	-	-	-
Federal standards org'n/Canadian standards	1 0.1	-	-	1 0.1	-
Education system/Min. of education (level of gov't not specified)	1 0.1	-	-	-	1 0.2
Manufacturers	0 *	-	-	-	0 0.1
Prime Minister's office/Prime Minister	0 *	-	-	0 0.1	-
Other	22 1.8	5 3.2	6 2.2	8 1.6	3 1.0

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Don't Know/Refused	219	47	53	75	40
	18.2	28.6	17.9	16.1	15.1

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Federal health ministry	335 27.9	38 23.5	85 28.5	139 29.9	72 27.3
Federal (Federal government/Federal ministry (general))	258 21.5	39 23.9	60 20.3	97 20.9	60 23.0
Department of health provincial/Health provincial/Prov. Ministry of health	58 4.9	9 5.3	17 5.8	22 4.7	10 3.9
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	51 4.3	6 3.7	9 3.1	24 5.1	11 4.3
Provincial (gen)	50 4.2	7 4.1	16 5.3	16 3.5	11 4.4
Ministry of health/Health care/Public health/health (level of gov't not specified)	31 2.6	4 2.4	7 2.4	13 2.9	6 2.5
Health and welfare provincial	27 2.2	1 0.5	5 1.6	13 2.7	7 2.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Both federal & provincial ministries of health/Health departments	21 1.8	4 2.7	6 2.0	10 2.1	1 0.3
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	21 1.7	1 0.6	4 1.4	7 1.6	9 3.2
Tobacco control board/Tobacco alcohol & firearms (all)	19 1.6	1 0.6	4 1.3	9 2.0	5 1.8
Federal and Provincial (gen)/Federal and Territorial	11 0.9	-	4 1.2	6 1.2	2 0.7
Government (Ministry (general))	8 0.7	2 1.0	1 0.4	4 0.9	0 0.2
Environment Canada/Federal Ministry of the Environment	7 0.6	1 0.6	3 1.0	1 0.2	1 0.6
Health and Welfare (level of gov't not specified)	6 0.5	2 1.3	0 0.1	3 0.6	1 0.4

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20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Ministry of agriculture federal/Agriculture Canada/Federal agriculture	6 0.5	- 0.7	2 0.7	3 0.7	0 0.2
Federal Health and Safety	6 0.5	1 0.4	2 0.7	2 0.4	1 0.5
Provincial food department	5 0.4	2 1.2	-	2 0.4	1 0.4
Municipal/City (general)	5 0.4	0 0.3	3 1.0	1 0.3	-
Consumer affairs (level of gov't not specified)/Consumer & corporate affairs	5 0.4	1 0.4	0 0.1	2 0.5	1 0.4
Tobacco companies	4 0.3	1 0.6	0 0.1	2 0.4	1 0.4
Surgeon general	4 0.3	-	1 0.3	2 0.4	1 0.4
Canadian health and wellness/Federal health and wellness	3 0.3	-	0 0.2	1 0.2	2 0.8
Federal Gov't trade and industry department/Department of industry (all)	3 0.3	-	1 0.3	1 0.2	1 0.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Surgeon general (Federal)	3 0.2	-	0 0.2	2 0.5	-
Tax department/ Revenue Canada (all)	2 0.2	-	1 0.3	1 0.2	0 0.1
Federal Ministry of Commerce/Federal govt commercial products/Commerce and industry	2 0.2	-	2 0.7	-	-
All three levels of government health department	2 0.2	-	-	2 0.4	-
Health and Safety	2 0.1	-	2 0.6	-	-
Dept of agriculture /Agriculture (level of gov't not specified)	2 0.1	-	1 0.2	1 0.2	-
Federal standards org'n/Canadian standards	1 0.1	-	-	0 0.1	1 0.4
Centre for disease control/CDC	1 0.1	-	-	1 0.2	-
Pharmaceutical board /Pharmaceutical health dept. (all)	1 0.1	-	-	1 0.2	-

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20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
All levels of govern-ment/Federal, Pro-vincial, & Municipal	1 0.1	-	-	1 0.2	-
Doctors (gen)	1 0.1	-	-	-	-
Municipal health department	1 0.1	1 0.6	-	-	-
Taxes/Tax payers	1 0.1	-	1 0.3	-	-
Manufacturers	1 0.1	-	-	1 0.1	0 0.1
Justice department federal	1 0.1	-	-	0 0.1	0 0.2
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Food/Food Ministry/ Food agency/Food council	0 *	0 0.3	-	-	-
Health and Welfare provincial	0 *	-	0 *	0 0.1	-
Prime Minister's office/Prime Minister	0 *	-	-	0 0.1	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Food and drug association/Drug association	0 *	-	-	0 0.1	-
Other	20 1.6	1 0.9	5 1.7	10 2.2	2 0.8
Don't Know/Refused	213 17.7	41 25.2	54 18.2	61 13.2	52 19.6

21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Federal health ministry	364 30.4	38 23.5	92 30.8	144 31.1	86 32.7
Federal (Federal government/Federal ministry (general))	223 18.6	34 20.9	54 18.0	78 16.9	56 21.2
Department of health provincial/Health provincial/Prov. Ministry of health	64 5.3	11 6.8	21 7.1	18 3.9	14 5.2
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	62 5.2	12 7.1	13 4.5	27 5.7	11 4.0
Provincial (gen)	50 4.2	8 5.1	12 4.1	22 4.7	7 2.8
Ministry of health/Health care/Public health/health (level of gov't not specified)	49 4.1	3 1.8	10 3.5	19 4.1	16 6.2
Ministry of agriculture federal/Agriculture Canada/Federal agriculture	28 2.4	4 2.2	4 1.3	17 3.6	4 1.6

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health and welfare provincial	26 2.1	1 0.7	10 3.3	8 1.7	7 2.6
Both federal & provincial ministries of health/Health departments	18 1.5	-	4 1.5	8 1.7	5 2.0
Government (Ministry (general))	10 0.8	1 0.6	1 0.3	7 1.6	-
Federal and Provincial (gen)/Federal and Territorial	9 0.7	-	2 0.8	4 0.8	3 1.1
Ministry of agriculture provincial/Provincial agriculture	9 0.7	0 0.3	3 1.1	4 0.9	1 0.4
Health and Welfare (level of gov't not specified)	8 0.6	0 0.3	2 0.7	4 0.8	1 0.6
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	7 0.5	1 0.4	2 0.7	3 0.7	0 0.2
Dept of agriculture /Agriculture (level of gov't not specified)	5 0.4	-	2 0.8	1 0.2	2 0.6

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Provincial food department	5 0.4	1 0.6	2 0.7	1 0.2	1 0.4
Food/Food Ministry/ Food agency/Food council	4 0.3	-	-	1 0.2	3 1.1
Both Federal & Provincial food ministry	3 0.3	1 0.6	1 0.3	1 0.3	-
Dietician/Nutritionist	3 0.3	1 0.6	0 0.1	2 0.4	-
Federal food and safety	3 0.2	-	0 0.2	2 0.5	-
Federal Health and Safety	3 0.2	-	1 0.3	-	2 0.6
Municipal/City (general)	2 0.2	-	-	1 0.2	1 0.4
Individual/Ourselves People/Citizens	2 0.2	-	-	1 0.2	1 0.4
Federal & Provincial agriculture	2 0.2	-	-	2 0.4	-
Canadian health and wellness/Federal health and wellness	2 0.2	-	0 0.2	0 0.1	1 0.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
CFIA/Canadian food inspection agency/ Food inspection agency (all)	2 0.1	- 0.1	0 0.1	-	1 0.5
Provincial Ministry of Education	2 0.1	-	1 0.3	1 0.1	-
Federal department of education (all)	2 0.1	-	-	1 0.1	1 0.4
Education system/ Min. of education (level of gov't not specified)	2 0.1	1 0.6	-	-	1 0.2
Federal budget dept/ Ministry of the economy/Treasury Federal treasury department	1 0.1	1 0.6	0 0.2	-	-
Consumer affairs (level of gov't not specified)/Consumer & corporate affairs	1 0.1	-	-	1 0.2	-
Health and Safety	1 0.1	-	1 0.2	0 0.1	-
Federal Natural Resources	1 0.1	-	1 0.3	-	-
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21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal Gov't trade and industry department/Department of industry (all)	1 0.1	-	-	1 0.2	-
Federal Ministry of Commerce/Federal govt commercial products/Commerce and industry	1 0.1	-	-	1 0.2	-
Provincial Recreation/Sports	1 0.1	-	1 0.3	-	-
Health and Welfare provincial	1 0.1	-	0 *	-	1 0.2
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Provincial and Municipal	0 *	-	-	-	0 0.2
All three levels of government health department	0 *	-	-	-	0 0.1
Municipal health department	0 *	-	-	0 0.1	-
All levels of government/Federal, Provincial, & Municipal	0 *	0 0.2	-	-	-

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Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Other	7	-	2	3	2
	0.6		0.7	0.8	0.7
Don't Know/Refused	215	45	52	79	35
	17.9	27.2	17.5	17.0	13.2

22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Federal health ministry	287 23.9	34 20.8	73 24.5	113 24.3	65 24.9
Federal (Federal government/Federal ministry (general))	171 14.3	26 15.7	41 13.8	63 13.6	41 15.5
Department of health provincial/Health provincial/Prov. Ministry of health	109 9.1	13 8.1	25 8.4	43 9.4	26 10.1
Provincial (gen)	82 6.9	12 7.4	23 7.8	31 6.8	15 5.6
Both federal & provincial ministries of health/Health departments	42 3.5	3 1.8	11 3.8	20 4.4	7 2.6
Ministry of health/Health care/Public health/health (level of gov't not specified)	41 3.4	4 2.2	8 2.5	16 3.5	14 5.3
Health and welfare provincial	31 2.6	1 0.5	5 1.7	12 2.6	12 4.6
Federal and Provincial (gen)/Federal and Territorial	27 2.3	3 1.7	10 3.5	9 1.9	5 2.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Individual/Ourselfs People/Citizens	20 1.6	3 2.1	7 2.5	5 1.2	2 0.6
All three levels of government health department	10 0.8	-	2 0.7	6 1.2	2 0.9
Municipal/City (general)	9 0.8	2 1.5	2 0.6	3 0.6	2 0.7
All levels of govern- ment/Federal, Pro- vincial, & Municipal	8 0.7	0 0.3	-	2 0.5	6 2.1
Ministry of fitness and sports (federal) Federal ministry of sports	8 0.7	1 0.4	2 0.6	4 0.8	2 0.7
Food and Drug/Drug department/Food and drug administration/ FDA/Federal food and drug	8 0.6	-	-	5 1.2	2 0.8
Provincial Recreation/Sports	6 0.5	-	3 1.0	3 0.7	-
Provincial Ministry of Education	6 0.5	-	0 0.1	3 0.7	2 0.9
Government (Ministry (general))	6 0.5	1 0.6	0 0.1	4 0.8	-

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22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health and Welfare (level of gov't not specified)	5 0.4	0 0.3	1 0.5	2 0.4	1 0.6
Health and Welfare provincial	4 0.4	1 0.9	1 0.2	0 *	2 0.8
Canadian health and wellness/Federal health and wellness	4 0.3	-	1 0.4	2 0.4	1 0.4
Ministry of agricul- ture federal/Agri- culture Canada/Fed- eral agriculture	4 0.3	-	1 0.3	2 0.4	1 0.4
Education system/ Min. of education (level of gov't not specified)	3 0.3	1 0.6	2 0.6	0 0.1	-
Provincial health and safety	3 0.3	-	-	2 0.4	1 0.4
Ministry of agricul- ture provincial/Pro- vincial agriculture	3 0.3	-	2 0.7	-	1 0.4
Federal Health and Safety	3 0.2	-	2 0.7	0 0.1	0 0.1
Federal department of education (all)	2 0.2	-	2 0.7	-	0 0.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Provincial food department	2 0.2	-	2 0.7	0 0.1	-
Doctors (gen)	2 0.2	1 0.6	1 0.3	-	-
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	2 0.2	-	-	1 0.2	1 0.5
Municipal health department	2 0.2	-	1 0.3	1 0.2	-
Ministry of the Environment provincial	2 0.2	-	-	1 0.2	1 0.4
Environment Canada/Federal Ministry of the Environment	2 0.2	-	1 0.3	1 0.2	-
Provincial and Municipal	1 0.1	-	-	1 0.2	0 0.1
Prime Minister's office/Prime Minister	1 0.1	1 0.6	-	0 0.1	-
Health and Safety	1 0.1	-	1 0.2	0 0.1	-

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22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal budget dept/ Ministry of the economy/Treasury Federal treasury department	1 0.1	1 0.6	-	-	-
Taxes/Tax payers	1 0.1	-	1 0.3	-	-
Dept of agriculture /Agriculture (level of gov't not specified)	1 0.1	-	1 0.3	-	-
Provincial & Federal finance	1 0.1	-	1 0.3	-	-
Federal food and safety	1 0.1	-	-	1 0.1	0 0.1
Department of Finance Federal	1 0.1	-	-	0 0.1	0 0.2
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Federal & Provincial Health and Wellness	0 *	-	-	0 0.1	-
Department of the environment/Ministry of the Environment (level of gov't not specified)	0 *	-	0 0.1	-	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Other	36	8	8	15	4
	3.0	5.1	2.7	3.3	1.6
Don't Know/Refused	236	46	55	88	43
	19.7	28.1	18.5	18.9	16.5

23. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Fed- eral health ministry	313 26.1	41 24.8	76 25.5	136 29.3	59 22.4
Federal (Federal government/Federal ministry (general))	180 15.0	25 15.3	40 13.4	67 14.4	47 17.9
Department of health provincial/Health provincial/Prov. Ministry of health	153 12.8	15 8.9	39 13.1	60 12.9	40 15.1
Provincial (gen)	92 7.7	18 10.7	25 8.5	30 6.4	20 7.5
Ministry of health/ Health care/Public health/health (level of gov't not speci- fied)	62 5.2	6 3.5	13 4.5	29 6.2	14 5.3
Both federal & pro- vincial ministries of health/Health departments	50 4.2	10 6.0	12 4.0	19 4.0	8 2.9
Federal and Provin- cial (gen)/Federal and Territorial	28 2.3	2 1.2	8 2.7	12 2.5	6 2.3
Health and welfare provincial	19 1.6	1 0.9	4 1.3	6 1.3	8 2.9

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WEIGHTED DATA

23. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Department of infectious diseases/Ministry of infectious diseases (all) (except CDC)	18 1.5	1 0.9	4 1.3	7 1.6	5 2.1
Centre for disease control/CDC	10 0.8	2 1.0	3 1.1	1 0.2	3 1.2
Government (Ministry (general))	8 0.7	2 1.2	-	5 1.2	-
Federal emergency services/EMO/Emergency Measures organization (all)	8 0.6	-	4 1.2	3 0.6	2 0.6
Municipal/City (general)	7 0.6	0 0.3	0 0.2	1 0.2	4 1.4
Health and Welfare (level of gov't not specified)	6 0.5	1 0.9	1 0.2	2 0.5	2 0.6
Federal ministry of security/National security/Homeland security	6 0.5	-	4 1.2	2 0.4	-
All levels of government/Federal, Provincial, & Municipal	5 0.4	0 0.3	2 0.8	2 0.5	-
Health and Welfare provincial	4 0.4	-	2 0.8	2 0.4	-

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23. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Municipal health department	4 0.4	-	-	1 0.3	3 1.2
All three levels of government health department	3 0.3	-	2 0.7	-	1 0.6
WHO/World Health Organization	3 0.3	-	1 0.3	2 0.5	-
Canadian health and wellness/Federal health and wellness	3 0.2	1 0.6	1 0.5	-	0 0.2
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	3 0.2	-	1 0.4	-	1 0.5
Health and Safety	2 0.2	-	1 0.2	1 0.3	-
Provincial security	2 0.2	1 0.6	1 0.3	-	-
Federal Health and Safety	2 0.2	-	1 0.2	1 0.2	0 0.1
Army/Canadian military	2 0.1	0 0.2	-	-	1 0.5
Provincial health and safety	2 0.1	1 0.4	-	1 0.2	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

23. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Hospital	2 0.1	0 0.3	1 0.3	0 *	-
Environment Canada/ Federal Ministry of the Environment	2 0.1	-	-	0 *	1 0.5
Ministry of the Environment provincial	1 0.1	-	-	1 0.2	0 0.2
Prime Minister's office/Prime Minister	1 0.1	-	-	1 0.3	-
Federal food and safety	1 0.1	-	-	1 0.2	-
Pharmaceutical companies/Pharmacies	1 0.1	-	1 0.3	-	-
Food/Food Ministry/ Food agency/Food council	1 0.1	-	-	-	1 0.4
Provincial and Municipal	1 0.1	-	-	1 0.2	-
CFIA/Canadian food inspection agency/ Food inspection agency (all)	1 0.1	1 0.4	-	-	-

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23. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Individual/Ourselves People/Citizens	0 *	-	-	-	0 0.2
Other	14 1.2	2 1.5	2 0.8	8 1.7	1 0.6
Don't Know/Refused	179 14.9	33 20.2	48 16.1	60 12.9	34 12.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

24. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Federal health ministry	301 25.1	31 19.1	65 22.0	122 26.4	78 29.7
Federal (Federal government/Federal ministry (general))	209 17.4	26 16.0	45 15.1	82 17.7	55 21.0
Department of health provincial/Health provincial/Prov. Ministry of health	182 15.2	21 12.8	56 18.8	80 17.3	25 9.5
Provincial (gen)	100 8.3	16 9.9	29 9.7	32 6.9	22 8.2
Ministry of health/ Health care/Public health/health (level of gov't not specified)	41 3.4	4 2.3	9 3.1	16 3.5	12 4.5
Both federal & provincial ministries of health/Health departments	37 3.1	4 2.4	13 4.5	13 2.9	6 2.4
Federal and Provincial (gen)/Federal and Territorial	25 2.1	4 2.2	8 2.7	7 1.5	6 2.1
Health and welfare provincial	25 2.1	1 0.5	5 1.8	11 2.4	8 3.0

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24. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Insurance (all)	10 0.8	2 1.2	4 1.3	4 0.9	-
Prime Minister's office/Prime Minister	10 0.8	1 0.6	1 0.3	5 1.0	3 1.2
Health and Welfare provincial	9 0.7	-	3 0.9	2 0.5	4 1.5
Government (Ministry (general))	8 0.7	2 1.1	2 0.5	4 0.8	1 0.3
Health and Welfare (level of gov't not specified)	8 0.7	1 0.9	0 0.1	3 0.7	3 1.0
Department of Finance Federal	7 0.6	2 1.2	3 0.9	1 0.3	1 0.5
All levels of government/Federal, Provincial, & Municipal	5 0.4	-	-	3 0.7	1 0.6
All three levels of government health department	3 0.3	2 1.0	-	1 0.2	1 0.3
Municipal/City (general)	2 0.2	-	2 0.7	0 0.1	-
Provincial health and safety	2 0.2	1 0.6	0 0.2	1 0.2	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

24. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	2 0.2	-	-	1 0.2	1 0.4
Municipal health department	2 0.2	-	-	2 0.4	-
Individual/Ourselfs People/Citizens	1 0.1	-	1 0.2	-	0 0.2
Health and Safety	1 0.1	-	1 0.2	0 0.1	-
Taxes/Tax payers	1 0.1	-	1 0.3	-	-
Federal & Provincial Health and Wellness	1 0.1	-	-	-	1 0.4
Education system/Min. of education (level of gov't not specified)	1 0.1	-	1 0.3	-	-
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	1 0.1	-	-	1 0.2	-

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24. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Provincial & Federal finance	1 0.1	-	-	1 0.2	-
Canadian health and wellness/Federal health and wellness	1 0.1	-	-	1 0.2	-
Pharmaceutical board /Pharmaceutical health dept. (all)	1 0.1	-	1 0.2	-	-
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Federal budget dept/ Ministry of the economy/Treasury Federal treasury department	0 *	-	-	0 0.1	-
Federal Health and Safety	0 *	-	-	-	0 0.1
Other	13 1.1	1 0.6	2 0.7	5 1.1	4 1.7
Don't Know/Refused	187 15.6	45 27.5	45 15.3	62 13.4	30 11.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

25. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal (Federal government/Federal ministry (general))	230 19.2	31 18.8	52 17.4	82 17.6	63 23.9
Health Canada/ Federal health dept/ Health federal/Federal health ministry	213 17.8	25 15.5	63 21.1	82 17.6	43 16.2
Federal department of Indian Affairs-Native, Aboriginal, First Nation	211 17.6	14 8.7	49 16.3	99 21.3	48 18.5
Provincial (gen)	63 5.2	9 5.3	18 6.0	25 5.4	11 4.3
Department of health provincial/Health provincial/Prov. Ministry of health	61 5.1	8 5.1	16 5.5	25 5.4	11 4.0
Department of Indian Affairs-Native, Aboriginal, First Nation affairs/Min. of Indian Affairs (level of gov't not specified)	56 4.7	4 2.4	12 4.2	24 5.3	15 5.8
Ministry of health/Health care/Public health/health (level of gov't not specified)	24 2.0	4 2.2	4 1.3	11 2.5	3 1.2

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25. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Provincial dept. of Indian Affairs (Native, Aboriginal, First Nation. etc.)	22 1.8	-	6 1.9	11 2.4	5 1.9
Federal and Provincial (gen)/Federal and Territorial	14 1.2	3 1.8	4 1.2	7 1.4	1 0.5
Health and welfare provincial	13 1.1	0 0.3	1 0.3	3 0.7	8 3.1
Both federal & provincial ministries of health/Health departments	12 1.0	1 0.6	3 1.2	4 0.8	4 1.4
Government (Ministry (general))	7 0.6	1 0.6	2 0.8	4 0.8	0 0.2
Both federal & provincial departments of Native affairs	5 0.4	1 0.6	1 0.3	2 0.4	1 0.4
Natives themselves /Native gov't/Band council	4 0.3	1 0.4	1 0.4	0 0.1	1 0.6
Municipal/City (general)	4 0.3	-	2 0.6	1 0.2	1 0.4
Department of Finance Federal	3 0.2	-	-	2 0.5	0 0.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

25. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
All levels of govern-ment/Federal, Provincial, & Municipal	2 0.2	-	-	2 0.4	-
Federal Health and Safety	2 0.2	-	-	2 0.4	0 0.1
Environment Canada/ Federal Ministry of the Environment	2 0.2	2 1.2	-	-	-
Ministry of Immigration-Federal	2 0.2	1 0.6	1 0.3	-	-
Ministry of agricul- ture federal/Agri- culture Canada/Fed- eral agriculture	2 0.2	-	1 0.3	1 0.2	-
Municipal health department	2 0.1	2 1.0	-	-	-
Health and Welfare (level of gov't not specified)	2 0.1	0 0.2	0 0.1	1 0.2	-
Health and Welfare provincial	1 0.1	-	-	1 0.2	-

(continued)

25. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	1 0.1	-	-	-	1 0.4
All three levels of government health department	1 0.1	-	1 0.3	-	-
Federal budget dept/Ministry of the economy/Treasury Federal treasury department	1 0.1	-	1 0.3	-	-
Hospital	1 0.1	1 0.6	-	-	-
Federal department of education (all)	1 0.1	-	-	1 0.2	-
Municipal government Indian Affairs	1 0.1	0 0.3	-	0 0.1	-
Prime Minister's office/Prime Minister	1 0.1	-	0 0.2	0 0.1	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

25. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	1 0.1	-	-	-	1 0.2
Provincial and Municipal	0 *	-	-	-	0 0.2
Medical association/Canadian medical association	0 *	-	0 0.1	-	-
Other	27 2.3	6 3.8	7 2.3	9 1.8	5 2.1
Don't Know/Refused	207 17.2	49 30.0	52 17.4	63 13.7	39 14.7

26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal (Federal government/Federal ministry (general))	260 21.6	33 20.4	68 22.9	98 21.2	59 22.4
Health Canada/ Federal health dept/ Health federal/Federal health ministry	180 15.0	17 10.2	41 13.9	77 16.7	43 16.5
Consumer department federal/Consumer affairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	72 6.0	4 2.3	18 6.0	29 6.2	22 8.4
Provincial (gen)	66 5.5	12 7.3	22 7.4	21 4.4	11 4.4
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	52 4.3	9 5.5	14 4.7	15 3.2	13 4.9
Department of health provincial/Health provincial/Prov. Ministry of health	46 3.8	9 5.3	11 3.8	20 4.2	6 2.4
Consumer affairs (level of gov't not specified)/Consumer & corporate affairs	25 2.1	2 1.2	7 2.2	10 2.1	6 2.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Provincial consumer affairs	23 1.9	4 2.4	5 1.7	9 2.0	5 1.8
Ministry of health/Health care/Public health/health (level of gov't not specified)	23 1.9	6 3.4	4 1.2	8 1.8	5 2.0
Ministry of agriculture federal/Agri-culture Canada/Federal agriculture	20 1.7	1 0.6	3 1.0	9 2.0	7 2.5
Federal and Provincial (gen)/Federal and Territorial	17 1.4	-	4 1.3	10 2.2	3 1.0
Both federal & provincial ministries of health/Health departments	15 1.2	1 0.9	3 0.9	7 1.5	2 0.9
Government (Ministry (general))	12 1.0	2 1.2	1 0.3	6 1.4	3 1.0
Health and welfare provincial	12 1.0	0 0.3	3 0.9	5 1.1	4 1.5
Provincial food department	9 0.7	2 1.2	2 0.7	3 0.6	1 0.6
Ministry of agriculture provincial/Provincial agriculture	8 0.7	-	3 1.2	3 0.6	1 0.6

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26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal standards org'n/Canadian standards	6 0.5	1 0.4	0 0.1	3 0.6	2 0.9
Federal Gov't trade and industry department/Department of industry (all)	6 0.5	1 0.8	1 0.3	3 0.7	0 0.2
Federal Health and Safety	6 0.5	-	3 0.9	2 0.4	1 0.5
CFIA/Canadian food inspection agency/Food inspection agency (all)	5 0.5	1 0.6	2 0.8	1 0.3	1 0.4
CSA-federal	5 0.4	1 0.4	1 0.4	2 0.5	1 0.2
Municipal/City (general)	5 0.4	-	1 0.4	2 0.5	1 0.4
Dept of agriculture /Agriculture (level of gov't not specified)	4 0.3	-	2 0.7	-	2 0.8
Federal & Provincial agriculture	3 0.3	-	1 0.5	2 0.4	-

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26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal Ministry of Commerce/Federal govt commercial products/Commerce and industry	3 0.3	1 0.6	1 0.3	1 0.2	-
Both federal & provincial departments of the environment	3 0.3	1 0.6	-	1 0.2	-
Health and Welfare (level of gov't not specified)	3 0.2	-	1 0.3	1 0.2	1 0.2
Federal budget dept/ Ministry of the economy/Treasury Federal treasury department	2 0.2	0 0.3	-	2 0.4	-
Both Federal & Provincial food ministry	2 0.2	1 0.6	1 0.5	-	-
Environment Canada/ Federal Ministry of the Environment	2 0.2	-	-	2 0.4	0 0.2
Justice department federal	2 0.2	1 0.6	-	1 0.2	-
Better Business Bureau	2 0.2	-	-	2 0.4	-

(continued)

26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Manufacturers	2 0.2	-	-	1 0.2	1 0.3
Food/Food Ministry/ Food agency/Food council	2 0.2	-	-	1 0.3	0 0.2
Department of Finance Federal	2 0.1	-	1 0.3	0 0.1	0 0.2
Federal ministry of security/National security/Homeland security	2 0.1	-	-	1 0.1	1 0.4
Health and Welfare provincial	1 0.1	-	0 0.2	-	1 0.4
Federal product safety	1 0.1	-	0 0.2	1 0.2	-
Federal food and safety	1 0.1	-	-	1 0.2	-
Tobacco control board/Tobacco alcohol & firearms (all)	1 0.1	-	-	1 0.2	-
All levels of govern- ment/Federal, Pro- vincial, & Municipal	1 0.1	-	-	1 0.2	-

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26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Pharmaceutical board /Pharmaceutical health dept. (all)	1 0.1	-	-	1 0.2	-
Provincial security	1 0.1	-	-	1 0.2	-
Tax department/ Revenue Canada (all)	1 0.1	-	-	1 0.2	-
Provincial & Federal finance	1 0.1	-	1 0.3	-	-
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Health and Safety	1 0.1	-	-	-	1 0.2
Ministry of the Environment provincial	0 *	0 0.3	-	-	-
Canadian health and wellness/Federal health and wellness	0 *	-	-	0 0.1	-
Food and drug association/Drug association	0 *	-	-	0 0.1	-
All three levels of government health department	0 *	-	-	-	0 0.1

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26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Prime Minister's office/Prime Minister	0 *	-	-	0 0.1	-
Other	25 2.0	3 2.1	6 2.0	10 2.2	5 1.8
Don't Know/Refused	255 21.3	50 30.4	64 21.7	85 18.3	51 19.6

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WEIGHTED DATA

27. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Environment Canada/ Federal Ministry of the Environment	273 22.7	34 20.6	77 25.9	113 24.3	48 18.3
Federal (Federal government/Federal ministry (general))	193 16.1	25 15.2	43 14.6	75 16.1	49 18.5
Health Canada/ Federal health dept/ Health federal/Fed- eral health ministry	119 9.9	17 10.3	30 10.0	47 10.1	25 9.6
Provincial (gen)	70 5.8	10 5.8	19 6.5	26 5.6	15 5.7
Ministry of the Environment provincial	61 5.1	11 6.8	12 4.2	22 4.8	15 5.6
Department of the environment/Ministry of the Environment (level of gov't not specified)	59 4.9	6 3.5	13 4.5	18 3.9	21 8.1
Both federal & pro- vincial departments of the environment	37 3.1	4 2.5	8 2.7	15 3.2	9 3.4
Department of health provincial/Health provincial/Prov. Ministry of health	27 2.2	1 0.6	8 2.8	11 2.4	6 2.3

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27. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Federal and Provincial (gen)/Federal and Territorial	20 1.6	2 1.2	4 1.4	8 1.8	5 1.9
Ministry of health/Health care/Public health/health (level of gov't not specified)	14 1.2	1 0.8	3 1.0	5 1.1	5 1.9
Both federal & provincial ministries of health/Health departments	11 0.9	1 0.6	3 1.0	7 1.5	0 0.2
Health and welfare provincial	8 0.7	-	1 0.3	2 0.5	5 1.8
Government (Ministry (general))	6 0.5	2 1.2	1 0.3	2 0.5	0 0.2
Energy or natural resources department (all)	5 0.5	-	2 0.7	3 0.7	-
Municipal/City (general)	5 0.4	1 0.6	1 0.5	2 0.5	-
Federal Natural Resources	5 0.4	-	2 0.8	2 0.4	0 0.2
Federal Health and Safety	4 0.4	-	1 0.3	3 0.6	1 0.2

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27. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Environmental protection agency/EPA/ Federal EPA	3 0.3	-	1 0.5	1 0.2	1 0.4
All levels of government/Federal, Provincial, & Municipal	2 0.2	-	-	1 0.2	1 0.6
Greenpeace	2 0.2	-	-	1 0.2	1 0.4
Food and Drug/Drug department/Food and drug administration/ FDA/Federal food and drug	2 0.1	1 0.6	-	-	1 0.2
Ministry of agriculture provincial/Provincial agriculture	1 0.1	-	-	1 0.3	-
CFIA/Canadian food inspection agency/ Food inspection agency (all)	1 0.1	-	-	-	1 0.5
All three levels of government health department	1 0.1	1 0.4	-	0 0.1	-
Health and Welfare (level of gov't not specified)	1 0.1	-	1 0.3	0 *	-

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27. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Canadian health and wellness/Federal health and wellness	1 0.1	-	1 0.3	-	-
Federal Gov't trade and industry department/Department of industry (all)	1 0.1	-	1 0.3	-	-
Department of Finance Federal	1 0.1	-	-	-	1 0.4
Federal & Provincial agriculture	1 0.1	-	-	1 0.2	-
Federal Ministry of Commerce/Federal govt commercial products/Commerce and industry	1 0.1	-	1 0.2	-	-
Provincial Ministry of Education	1 0.1	-	-	-	1 0.2
Department of finance (level of govt not specified)	1 0.1	-	-	1 0.1	-
Ministry of agriculture federal/Agriculture Canada/Federal agriculture	1 *	-	-	1 0.1	-
Provincial health and safety	0 *	0 0.3	-	-	-

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27. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Prime Minister's office/Prime Minister	0 *	-	-	0 0.1	-
Health and Welfare provincial	0 *	-	-	-	0 0.1
Individual/Ourselves People/Citizens	0 *	-	0 *	-	-
Other	29 2.4	8 4.7	5 1.7	12 2.5	4 1.5
Don't Know/Refused	231 19.2	40 24.2	56 19.0	83 17.9	47 17.8

28. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada/ Federal health dept/ Health federal/Federal health ministry	194 16.2	25 15.0	48 16.2	80 17.2	39 14.7
Federal (Federal government/Federal ministry (general))	192 16.0	25 15.2	47 15.9	76 16.5	43 16.2
Department of health provincial/Health provincial/Prov. Ministry of health	110 9.2	14 8.3	29 9.9	45 9.7	23 8.6
Provincial (gen)	108 9.0	15 9.5	33 11.0	35 7.5	25 9.4
Both federal & provincial ministries of health/Health departments	79 6.6	7 4.2	22 7.4	30 6.4	19 7.4
Federal and Provincial (gen)/Federal and Territorial	79 6.6	9 5.2	18 6.0	33 7.1	18 6.8
Department of Finance Federal	64 5.3	5 2.8	16 5.4	30 6.5	13 4.9
Ministry of health/Health care/Public health/health (level of gov't not specified)	21 1.8	3 2.1	7 2.5	6 1.3	4 1.7

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28. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Department of finance (level of govt not specified)	17 1.4	2 1.2	4 1.2	6 1.2	6 2.3
Health and welfare provincial	15 1.3	2 1.5	1 0.4	7 1.6	4 1.4
Provincial and Finance (all)	14 1.2	2 1.0	2 0.6	6 1.3	5 1.8
Provincial & Federal finance	14 1.2	0 0.3	6 2.0	7 1.4	1 0.3
Government (Ministry (general))	13 1.1	1 0.8	3 1.0	7 1.5	1 0.6
Federal budget dept/ Ministry of the economy/Treasury Federal treasury department	9 0.7	-	1 0.5	4 0.9	3 1.2
All levels of government/Federal, Provincial, & Municipal	7 0.6	-	1 0.4	3 0.6	3 1.2
Health and Welfare (level of gov't not specified)	7 0.6	1 0.6	1 0.3	2 0.4	3 1.1
All three levels of government health department	6 0.5	2 1.5	2 0.8	-	1 0.5

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28. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Tax department/ Revenue Canada (all)	5 0.4	1 0.8	-	2 0.5	2 0.6
Taxes/Tax payers	5 0.4	-	1 0.5	1 0.2	3 1.0
Health and Welfare provincial	4 0.3	-	1 0.2	2 0.5	1 0.4
Prime Minister's office/Prime Minister	4 0.3	-	-	1 0.2	3 1.0
Federal & Provincial Health and Wellness	2 0.2	-	-	1 0.2	1 0.6
Individual/Ourselves People/Citizens	2 0.2	1 0.4	1 0.3	0 0.1	-
Consumer department federal/Consumer af- fairs federal/Federal consumer and corporate affairs/Consumer protection Ministry	2 0.2	-	-	-	2 0.8
Federal Health and Safety	1 0.1	-	-	1 0.2	0 0.1
Provincial Treasury	1 0.1	-	0 0.2	1 0.1	-
Municipal/City (general)	1 0.1	-	-	1 0.2	-

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28. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Both federal & provincial departments of the environment	1 0.1	1 0.6	-	-	-
Department of infectious diseases/Ministry of infectious diseases (all) (except CDC)	1 0.1	-	1 0.2	-	-
Food and Drug/Drug department/Food and drug administration/FDA/Federal food and drug	1 0.1	-	-	-	1 0.2
Ministry of the Environment provincial	0 *	0 0.3	-	-	-
Pharmaceutical companies/Pharmacies	0 *	-	0 0.1	-	-
Food and drug association/Drug association	0 *	-	-	-	0 0.1
Other	66 5.5	11 6.6	16 5.5	25 5.4	12 4.6
Don't Know/Refused	153 12.8	36 22.2	33 11.2	53 11.4	28 10.6

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18. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of pharmaceutical products.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	45 3.8	6 3.6	10 3.2	15 3.2	15 5.7
Federal Health	472 39.3	53 32.4	114 38.2	194 41.9	105 39.8
Federal Other / Unspecified	292 24.4	37 22.4	73 24.5	114 24.5	68 25.7
Provincial Govt	108 9.0	19 11.5	32 10.8	41 8.8	16 5.9
Govt Other / Unspecified	77 6.4	6 3.8	17 5.6	37 7.9	17 6.4
Other	13 1.1	3 1.7	3 1.1	4 0.8	3 1.1
DK/NA/REF	193 16.1	40 24.6	49 16.6	59 12.8	41 15.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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RECODED DATA

19. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	35 2.9	7 4.0	11 3.7	9 2.0	8 3.1
Federal Other / Unspecified	349 29.1	41 25.2	81 27.3	133 28.7	91 34.7
Federal Health	327 27.3	27 16.6	86 29.0	138 29.7	73 28.0
Provincial Govt	160 13.3	23 13.9	43 14.4	64 13.7	29 11.2
Govt Other / Unspecified	99 8.3	17 10.3	19 6.3	42 9.1	21 8.0
Other	11 0.9	2 1.4	4 1.4	3 0.7	1 0.3
DK/NA/REF	218 18.2	47 28.6	53 17.9	75 16.1	39 14.7

RECODED DATA

20. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	54 4.5	8 4.6	12 4.2	18 3.8	17 6.4
Federal Health	378 31.5	43 26.1	93 31.2	164 35.4	76 28.8
Federal Other / Unspecified	344 28.6	43 26.4	82 27.5	138 29.8	77 29.5
Provincial Govt	121 10.1	17 10.6	35 11.7	43 9.3	25 9.7
Govt Other / Unspecified	73 6.1	8 5.1	16 5.3	34 7.2	15 5.6
Other	14 1.2	3 2.1	4 1.5	5 1.1	1 0.5
DK/NA/REF	215 17.9	41 25.2	55 18.6	61 13.2	52 19.6

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21. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	69 5.7	11 6.8	19 6.5	20 4.2	17 6.4
Federal Health	393 32.8	37 22.8	98 32.9	162 35.0	93 35.3
Federal Other / Unspecified	285 23.8	41 24.9	66 22.1	113 24.3	65 24.8
Provincial Govt	131 10.9	21 12.8	41 13.7	45 9.8	24 9.0
Govt Other / Unspecified	92 7.7	7 4.3	21 6.9	38 8.2	26 9.8
Other	11 0.9	2 1.2	1 0.4	5 1.1	2 0.9
DK/NA/REF	218 18.2	45 27.2	52 17.5	80 17.3	36 13.6

RECODED DATA

22. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Encouraging Canadians to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	57 4.8	10 6.1	12 4.2	20 4.2	15 5.9
Federal Health	322 26.9	28 17.0	81 27.1	137 29.5	74 28.2
Federal Other / Unspecified	245 20.4	37 22.3	60 20.3	89 19.2	58 22.2
Provincial Govt	230 19.1	30 18.3	61 20.4	88 18.9	49 18.7
Govt Other / Unspecified	69 5.7	6 3.7	16 5.4	29 6.2	17 6.5
Other	42 3.5	8 4.9	12 4.0	15 3.3	5 2.0
DK/NA/REF	235 19.6	45 27.7	56 18.7	87 18.7	43 16.5

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23. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Responding to health emergencies and infectious disease outbreaks

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	41 3.4	6 3.5	9 3.1	13 2.9	13 5.0
Federal Health	357 29.7	48 29.2	89 29.9	151 32.5	65 24.9
Provincial Govt	264 22.0	33 20.3	70 23.4	97 21.0	63 24.0
Federal Other / Unspecified	250 20.8	33 20.0	62 20.8	94 20.3	60 22.8
Govt Other / Unspecified	90 7.5	10 5.9	17 5.6	42 9.0	20 7.6
Other	22 1.8	1 0.8	3 1.1	8 1.7	8 3.2
DK/NA/REF	176 14.7	33 20.2	48 16.1	58 12.6	33 12.5

RECODED DATA

24. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	32 2.7	6 3.7	5 1.6	7 1.6	13 4.8
Federal Health	338 28.2	30 18.3	79 26.7	144 31.0	82 31.4
Provincial Govt	306 25.5	40 24.6	94 31.5	119 25.7	52 19.7
Federal Other / Unspecified	268 22.3	35 21.6	58 19.5	104 22.4	69 26.1
Govt Other / Unspecified	62 5.1	7 4.3	11 3.8	25 5.4	18 6.7
Other	9 0.7	1 0.6	5 1.7	2 0.5	0 0.2
DK/NA/REF	185 15.4	44 26.9	45 15.3	62 13.4	29 11.1

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25. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	24 2.0	6 3.7	6 1.9	5 1.1	7 2.5
Federal Other / Unspecified	498 41.5	57 34.8	114 38.4	203 43.8	119 45.1
Federal Health	220 18.4	21 12.7	60 20.3	90 19.4	49 18.5
Provincial Govt	152 12.7	18 11.0	43 14.6	63 13.6	28 10.7
Govt Other / Unspecified	80 6.6	8 4.9	16 5.3	35 7.5	20 7.5
Other	15 1.2	4 2.5	5 1.6	4 0.9	2 0.7
DK/NA/REF	210 17.5	50 30.4	53 18.0	64 13.9	39 14.9

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26. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	25 2.1	5 3.1	8 2.5	5 1.0	8 3.0
Federal Other / Unspecified	415 34.6	45 27.6	101 33.9	171 36.8	96 36.6
Federal Health	241 20.1	24 14.4	58 19.4	102 21.9	55 20.9
Provincial Govt	157 13.1	28 16.8	45 15.1	58 12.4	27 10.2
Govt Other / Unspecified	86 7.1	11 6.5	18 6.1	34 7.3	22 8.3
Other	20 1.7	2 1.2	5 1.6	10 2.1	3 1.3
DK/NA/REF	256 21.3	50 30.4	63 21.3	86 18.5	52 19.8

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27. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	14 1.2	3 1.8	2 0.6	6 1.2	4 1.3
Federal Other / Unspecified	556 46.4	67 41.1	142 47.8	223 48.1	120 45.6
Provincial Govt	166 13.8	24 14.8	41 13.7	63 13.7	37 14.0
Federal Health	130 10.8	15 9.4	33 11.1	53 11.5	27 10.4
Govt Other / Unspecified	92 7.6	11 6.4	22 7.3	31 6.8	27 10.3
Other	11 0.9	4 2.2	2 0.5	4 0.8	1 0.6
DK/NA/REF	232 19.3	40 24.2	56 19.0	83 17.9	47 17.8

RECODED DATA

28. Now, I'd like to ask you about which organization, government ministry or department, is, to the best of your knowledge, PRIMARILY responsible for each of the following.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Health Canada	18 1.5	1 0.6	3 1.1	5 1.2	8 3.2
Federal Other / Unspecified	426 35.5	49 30.0	102 34.3	172 37.2	98 37.2
Federal Health	280 23.3	34 21.0	71 24.0	114 24.5	56 21.4
Provincial Govt	250 20.8	34 20.5	68 22.9	95 20.4	53 20.4
Govt Other / Unspecified	62 5.1	8 4.7	17 5.7	21 4.6	15 5.9
Other	11 1.0	2 1.0	2 0.8	4 0.8	4 1.4
DK/NA/REF	153 12.8	36 22.2	33 11.2	53 11.4	28 10.6

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29. Now, I'd like you to tell me how much you know about each of the following organizations...

Health Canada

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182
Know a lot .../7	83 10.4	8 7.3	22 10.9	35 11.6	17 9.3
.../6	78 9.7	10 9.0	17 8.8	24 8.0	25 14.0
.../5	126 15.7	16 14.5	29 14.6	45 14.8	33 18.2
Something .../4	284 35.3	31 28.3	67 33.7	120 39.6	63 34.7
.../3	87 10.8	15 14.1	20 9.9	27 9.0	24 13.3
.../2	50 6.2	12 10.8	16 8.0	16 5.3	5 3.0
Nothing at all .../1	95 11.8	17 15.9	28 13.8	35 11.5	13 7.4
Don't Know/Refused	1 0.2	-	1 0.3	0 0.2	0 0.2
Mean	4.07	3.71	3.97	4.12	4.33
Standard deviation	1.70	1.77	1.78	1.69	1.55
Standard error	0.06	0.17	0.13	0.10	0.12

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

29. Now, I'd like you to tell me how much you know about each of the following organizations...

Health Canada

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED I
=====

6/7	161	18	39	60	42
	20.1	16.3	19.6	19.7	23.2
3/4/5	496	62	116	192	120
	61.7	56.9	58.3	63.4	66.2
1/2	145	29	44	51	19
	18.0	26.7	21.8	16.8	10.4

COLLAPSED II
=====

.../5/6/7	287	33	68	104	75
	35.7	30.8	34.2	34.4	41.5
.../4	284	31	67	120	63
	35.3	28.3	33.7	39.6	34.7
.../1/2/3	232	44	63	78	43
	28.8	40.8	31.7	25.8	23.7

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

29. Now, I'd like you to tell me how much you know about each of the following organizations...

Health Canada

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED III

.../7	83	8	22	35	17
	10.4	7.3	10.9	11.6	9.3
.../5/6	204	26	47	69	58
	25.4	23.5	23.3	22.8	32.2
.../4	284	31	67	120	63
	35.3	28.3	33.7	39.6	34.7
.../2/3	137	27	36	43	30
	17.0	24.9	17.9	14.3	16.3
.../1	95	17	28	35	13
	11.8	15.9	13.8	11.5	7.4

30. Now, I'd like you to tell me how much you know about each of the following organizations...

The Public Health Agency of Canada

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182
Know a lot .../7	17 2.1	1 1.0	3 1.6	8 2.6	5 2.6
.../6	24 3.0	1 1.4	6 3.1	8 2.6	9 4.8
.../5	54 6.7	3 3.1	14 6.9	17 5.7	18 9.7
Something .../4	185 23.0	21 19.3	48 24.0	71 23.3	43 23.6
.../3	97 12.1	17 15.5	18 9.3	36 12.0	26 14.2
.../2	106 13.2	12 10.7	26 13.1	45 14.7	22 12.3
Nothing at all .../1	318 39.5	53 48.7	83 41.5	118 38.8	58 32.2
Don't Know/Refused	3 0.4	0 0.3	1 0.5	1 0.2	1 0.6
Mean	2.62	2.25	2.57	2.61	2.91
Standard deviation	1.64	1.46	1.64	1.63	1.70
Standard error	0.06	0.14	0.12	0.09	0.13

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

30. Now, I'd like you to tell me how much you know about each of the following organizations...

The Public Health Agency of Canada

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED I
=====

6/7	41	3	10	16	13
	5.1	2.4	4.8	5.2	7.4
3/4/5	336	41	80	124	86
	41.8	38.0	40.1	41.1	47.5
1/2	423	64	109	162	81
	52.7	59.4	54.6	53.5	44.5

COLLAPSED II
=====

.../5/6/7	95	6	23	33	31
	11.8	5.5	11.7	10.9	17.1
.../4	185	21	48	71	43
	23.0	19.3	24.0	23.3	23.6
.../1/2/3	521	81	128	198	107
	64.8	74.8	63.9	65.5	58.7

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

30. Now, I'd like you to tell me how much you know about each of the following organizations...

The Public Health Agency of Canada

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED III

.../7	17 2.1	1 1.0	3 1.6	8 2.6	5 2.6
.../5/6	78 9.7	5 4.5	20 10.0	25 8.3	26 14.5
.../4	185 23.0	21 19.3	48 24.0	71 23.3	43 23.6
.../2/3	203 25.3	28 26.2	45 22.3	81 26.7	48 26.6
.../1	318 39.5	53 48.7	83 41.5	118 38.8	58 32.2

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

31. Now, I'd like you to tell me how much you know about each of the following organizations...

(PROVINCIAL) Ministry of Health

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182
Know a lot .../7	96 12.0	7 6.1	20 9.8	46 15.1	24 13.5
.../6	92 11.4	8 7.1	22 10.9	35 11.4	25 14.0
.../5	131 16.3	14 12.5	31 15.6	49 16.1	38 20.8
Something .../4	252 31.3	31 29.0	65 32.5	98 32.4	53 29.4
.../3	81 10.0	13 12.1	21 10.8	28 9.2	17 9.1
.../2	55 6.9	14 12.6	13 6.6	16 5.2	11 6.3
Nothing at all .../1	96 12.0	22 20.6	27 13.5	31 10.3	13 6.9
Don't Know/Refused	2 0.2	-	1 0.3	1 0.3	-
Mean	4.16	3.46	4.02	4.34	4.47
Standard deviation	1.77	1.78	1.76	1.76	1.66
Standard error	0.06	0.17	0.12	0.10	0.12

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

31. Now, I'd like you to tell me how much you know about each of the following organizations...

(PROVINCIAL) Ministry of Health

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED I
=====

6/7	188	14	41	80	50
	23.4	13.2	20.7	26.5	27.4
3/4/5	463	58	118	175	108
	57.6	53.6	58.8	57.7	59.3
1/2	151	36	40	47	24
	18.8	33.2	20.1	15.5	13.2

COLLAPSED II
=====

.../5/6/7	319	28	73	129	88
	39.7	25.7	36.3	42.6	48.2
.../4	252	31	65	98	53
	31.3	29.0	32.5	32.4	29.4
.../1/2/3	232	49	62	75	41
	28.8	45.3	30.9	24.7	22.4

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

31. Now, I'd like you to tell me how much you know about each of the following organizations...

(PROVINCIAL) Ministry of Health

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED III

.../7	96 12.0	7 6.1	20 9.8	46 15.1	24 13.5
.../5/6	223 27.7	21 19.7	53 26.5	83 27.5	63 34.7
.../4	252 31.3	31 29.0	65 32.5	98 32.4	53 29.4
.../2/3	136 16.9	27 24.7	35 17.4	44 14.4	28 15.5
.../1	96 12.0	22 20.6	27 13.5	31 10.3	13 6.9

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32. Now, I'd like you to tell me how much you know about each of the following organizations...

The Canadian Medical Association

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182
Know a lot .../7	43 5.3	1 1.4	9 4.7	14 4.5	18 9.9
.../6	50 6.2	2 2.1	9 4.4	22 7.2	17 9.2
.../5	81 10.1	4 4.0	15 7.6	32 10.5	29 15.8
Something .../4	220 27.4	24 21.7	47 23.6	90 29.7	55 30.5
.../3	93 11.6	12 11.1	26 12.8	34 11.1	21 11.4
.../2	96 11.9	12 11.5	30 15.1	35 11.5	17 9.4
Nothing at all .../1	220 27.4	52 48.2	64 31.8	76 25.2	25 13.6
Don't Know/Refused	2 0.2	-	-	1 0.3	1 0.4
Mean	3.21	2.33	2.93	3.29	3.93
Standard deviation	1.81	1.55	1.77	1.77	1.78
Standard error	0.06	0.15	0.13	0.10	0.13

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

32. Now, I'd like you to tell me how much you know about each of the following organizations...

The Canadian Medical Association

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED I
=====

6/7	92	4	18	35	35
	11.5	3.4	9.2	11.7	19.1
3/4/5	395	40	88	156	105
	49.1	36.9	44.0	51.3	57.6
1/2	316	65	94	111	42
	39.3	59.7	46.8	36.7	23.0

COLLAPSED II
=====

.../5/6/7	173	8	34	67	63
	21.5	7.4	16.8	22.2	34.8
.../4	220	24	47	90	55
	27.4	21.7	23.6	29.7	30.5
.../1/2/3	409	77	119	145	62
	50.9	70.8	59.6	47.8	34.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

32. Now, I'd like you to tell me how much you know about each of the following organizations...

The Canadian Medical Association

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED III

.../7	43 5.3	1 1.4	9 4.7	14 4.5	18 9.9
.../5/6	131 16.2	7 6.1	24 12.1	54 17.7	45 24.9
.../4	220 27.4	24 21.7	47 23.6	90 29.7	55 30.5
.../2/3	189 23.5	25 22.6	56 27.8	69 22.6	38 20.8
.../1	220 27.4	52 48.2	64 31.8	76 25.2	25 13.6

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

33. Now, I'd like you to tell me how much you know about each of the following organizations...

The Heart and Stroke Foundation

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182
Know a lot .../7	151 18.7	17 15.3	27 13.6	61 20.0	44 24.1
.../6	95 11.8	7 6.7	22 10.8	35 11.4	31 16.8
.../5	142 17.7	11 10.0	34 17.2	59 19.5	38 21.0
Something .../4	225 28.0	30 27.7	57 28.4	91 30.1	45 24.6
.../3	74 9.3	15 13.8	24 11.9	23 7.5	12 6.8
.../2	45 5.7	9 8.3	15 7.3	13 4.3	7 3.8
Nothing at all .../1	69 8.6	19 17.3	21 10.7	21 6.9	5 2.9
Don't Know/Refused	2 0.3	1 0.9	0 0.2	1 0.3	-
Mean	4.52	3.87	4.21	4.66	5.04
Standard deviation	1.78	1.96	1.78	1.70	1.57
Standard error	0.06	0.19	0.13	0.10	0.12

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

33. Now, I'd like you to tell me how much you know about each of the following organizations...

The Heart and Stroke Foundation

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED I
=====

6/7	246	24	49	95	74
	30.6	22.0	24.4	31.4	40.9
3/4/5	442	56	115	173	95
	54.9	51.5	57.5	57.1	52.4
1/2	114	28	36	34	12
	14.2	25.6	18.0	11.2	6.7

COLLAPSED II
=====

.../5/6/7	388	35	83	154	112
	48.3	32.0	41.6	50.9	61.9
.../4	225	30	57	91	45
	28.0	27.7	28.4	30.1	24.6
.../1/2/3	189	43	60	57	25
	23.5	39.3	29.9	18.7	13.5

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

33. Now, I'd like you to tell me how much you know about each of the following organizations...

The Heart and Stroke Foundation

Subsample: Two-thirds of sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1175	153	283	446	279
WEIGHTED SAMPLE	804	108	200	303	182

COLLAPSED III

.../7	151 18.7	17 15.3	27 13.6	61 20.0	44 24.1
.../5/6	238 29.6	18 16.7	56 28.0	94 30.9	69 37.8
.../4	225 28.0	30 27.7	57 28.4	91 30.1	45 24.6
.../2/3	120 14.9	24 22.0	38 19.2	36 11.8	19 10.6
.../1	69 8.6	19 17.3	21 10.7	21 6.9	5 2.9

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

34. In general, how would you rate the overall performance of Health Canada?
Please respond using a 7-point scale, where 1 means terrible, 7 means excellent
and the mid-point 4 means neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Excellent .../7	25 2.0	3 1.7	11 3.7	8 1.8	3 1.0
.../6	117 9.8	15 9.3	30 9.9	37 8.0	33 12.6
.../5	354 29.5	48 29.2	86 28.9	140 30.2	79 30.0
Neither .../4	477 39.7	70 42.9	112 37.5	192 41.3	99 37.6
.../3	111 9.2	10 6.3	32 10.8	43 9.3	22 8.4
.../2	39 3.3	3 2.1	10 3.5	16 3.5	9 3.4
Terrible .../1	52 4.4	9 5.3	11 3.8	19 4.0	14 5.2
Don't Know/Refused	25 2.1	5 3.3	6 1.9	9 1.9	5 1.8
Mean	4.27	4.27	4.31	4.24	4.28
Standard deviation	1.20	1.19	1.24	1.16	1.24
Standard error	0.04	0.09	0.07	0.05	0.08

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

34. In general, how would you rate the overall performance of Health Canada?
Please respond using a 7-point scale, where 1 means terrible, 7 means excellent
and the mid-point 4 means neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
6/7	142 11.8	18 11.0	40 13.6	46 9.8	36 13.6
3/4/5	941 78.4	128 78.3	230 77.2	375 80.8	200 76.0
1/2	91 7.6	12 7.4	22 7.3	35 7.6	23 8.6
COLLAPSED II =====					
.../5/6/7	495 41.3	66 40.1	126 42.5	185 40.0	114 43.6
.../4	477 39.7	70 42.9	112 37.5	192 41.3	99 37.6
.../1/2/3	202 16.8	22 13.7	54 18.1	78 16.9	45 17.0

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

34. In general, how would you rate the overall performance of Health Canada?
Please respond using a 7-point scale, where 1 means terrible, 7 means excellent
and the mid-point 4 means neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	25 2.0	3 1.7	11 3.7	8 1.8	3 1.0
.../5/6	471 39.3	63 38.5	115 38.8	177 38.2	112 42.6
.../4	477 39.7	70 42.9	112 37.5	192 41.3	99 37.6
.../2/3	150 12.5	14 8.4	43 14.3	60 12.8	31 11.8
.../1	52 4.4	9 5.3	11 3.8	19 4.0	14 5.2

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

35. And, on which ONE of the following is your opinion of Health Canada mostly based? Is your opinion of Health Canada mostly based on ...

Subsample: Gave a rating in Q34

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1713	220	402	678	398
WEIGHTED SAMPLE	1174	159	292	455	258
What you see, hear or read in the media	462 39.4	57 35.7	124 42.4	190 41.6	88 34.2
Personal experience with Health Canada	298 25.4	46 28.9	67 23.0	108 23.6	75 29.1
The experience of others such as friends or family with Health Canada	254 21.6	37 23.6	64 22.0	90 19.8	60 23.2
What you see, hear or read from the Minister of Health & other politicians	46 3.9	2 1.3	9 3.2	20 4.4	14 5.6
What you see, hear or read from Health Canada	32 2.7	2 1.1	9 3.0	15 3.4	6 2.4
Other	68 5.8	11 7.1	15 5.3	27 5.9	13 5.1
Don't Know/Refused	15 1.2	4 2.2	3 1.2	6 1.3	1 0.3
OTHER BROKEN APART					
All of the above	30 2.6	5 3.0	6 2.1	11 2.5	7 2.8
Combination of some of the above	28 2.4	6 3.5	6 1.9	11 2.5	5 2.0

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35. And, on which ONE of the following is your opinion of Health Canada mostly based? Is your opinion of Health Canada mostly based on ...

Subsample: Gave a rating in Q34

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1713	220	402	678	398
WEIGHTED SAMPLE	1174	159	292	455	258
Globally/Comparison with other countries	3	-	-	2	1
/Travel elsewhere	0.2			0.4	0.4
Other	7	1	4	2	-
	0.6	0.6	1.3	0.5	

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

36. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Trust completely	108	22	28	45	13
.../7	9.0	13.1	9.4	9.8	4.8
.../6	238	37	61	85	53
	19.8	22.8	20.5	18.4	20.1
.../5	349	43	85	140	78
	29.1	26.2	28.6	30.2	29.8
.../4	304	37	71	119	73
	25.3	22.4	23.8	25.6	27.7
.../3	87	13	22	36	15
	7.3	7.9	7.4	7.7	5.8
.../2	34	1	12	11	9
	2.8	0.9	4.1	2.5	3.3
Not trust at all	51	8	12	18	13
.../1	4.2	4.9	4.1	3.8	4.9
Don't Know/Refused	29	3	6	10	10
	2.4	1.7	2.1	2.1	3.7
Mean	4.72	4.88	4.71	4.74	4.60
Standard deviation	1.42	1.48	1.45	1.40	1.38
Standard error	0.04	0.12	0.09	0.07	0.09

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

36. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Trust.../6/7	346 28.8	59 36.0	89 29.8	130 28.1	65 24.9
.../3/4/5	740 61.7	93 56.6	178 59.8	295 63.5	166 63.2
Not trust.../1/2	85 7.1	9 5.8	24 8.2	29 6.3	22 8.2
COLLAPSED II =====					
.../5/6/7	695 57.9	102 62.2	174 58.5	271 58.3	144 54.7
.../4	304 25.3	37 22.4	71 23.8	119 25.6	73 27.7
.../1/2/3	172 14.3	22 13.7	46 15.6	65 14.0	37 14.0

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36. Now, I'd like you to tell me how much you trust each of the following,
using a seven point scale where one means you don't trust them at all and
seven means you trust them completely.

- Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	108 9.0	22 13.1	28 9.4	45 9.8	13 4.8
.../5/6	587 48.9	80 49.0	146 49.1	225 48.6	131 49.9
.../4	304 25.3	37 22.4	71 23.8	119 25.6	73 27.7
.../2/3	121 10.1	14 8.8	34 11.5	47 10.2	24 9.1
.../1	51 4.2	8 4.9	12 4.1	18 3.8	13 4.9

37. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Public Health Agency of Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Trust completely	71	10	19	29	13
.../7	5.9	6.0	6.3	6.2	5.1
.../6	156	26	47	48	35
	13.0	15.7	15.8	10.4	13.2
.../5	301	41	64	126	68
	25.1	24.9	21.6	27.2	25.9
.../4	347	46	85	131	79
	28.9	28.1	28.7	28.3	30.2
.../3	80	9	18	35	17
	6.6	5.2	6.2	7.6	6.6
.../2	44	3	9	20	11
	3.7	1.8	3.2	4.2	4.3
Not trust at all	69	12	18	25	13
.../1	5.8	7.3	6.2	5.5	5.0
Don't Know/Refused	131	18	36	49	25
	10.9	11.1	12.1	10.5	9.7
Mean	4.42	4.49	4.47	4.38	4.41
Standard deviation	1.45	1.50	1.50	1.44	1.41
Standard error	0.04	0.12	0.09	0.07	0.09

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37. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Public Health Agency of Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I					
=====					
Trust.../6/7	227	36	66	77	48
	18.9	21.7	22.1	16.6	18.3
.../3/4/5	728	95	168	293	165
	60.7	58.1	56.4	63.2	62.7
Not trust.../1/2	114	15	28	45	25
	9.5	9.1	9.3	9.7	9.3
COLLAPSED II					
=====					
.../5/6/7	528	76	130	203	116
	44.0	46.5	43.7	43.8	44.2
.../4	347	46	85	131	79
	28.9	28.1	28.7	28.3	30.2
.../1/2/3	193	23	46	80	42
	16.1	14.3	15.5	17.3	16.0

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37. Now, I'd like you to tell me how much you trust each of the following,
using a seven point scale where one means you don't trust them at all and
seven means you trust them completely.

- The Public Health Agency of Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	71 5.9	10 6.0	19 6.3	29 6.2	13 5.1
.../5/6	457 38.1	66 40.5	111 37.4	175 37.6	103 39.1
.../4	347 28.9	46 28.1	85 28.7	131 28.3	79 30.2
.../2/3	124 10.3	11 7.0	28 9.3	55 11.8	29 11.0
.../1	69 5.8	12 7.3	18 6.2	25 5.5	13 5.0

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38. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- (PROVINCIAL) Ministry of Health

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Trust completely	91	12	26	38	15
.../7	7.6	7.3	8.8	8.1	5.6
.../6	199	34	46	74	44
	16.6	20.5	15.6	16.0	16.9
.../5	330	42	86	135	63
	27.5	25.6	28.9	29.2	24.1
.../4	308	44	68	119	74
	25.6	26.7	22.8	25.5	28.0
.../3	105	11	27	41	25
	8.8	6.6	9.2	8.7	9.6
.../2	52	5	13	20	14
	4.4	3.4	4.3	4.4	5.2
Not trust at all	91	14	24	29	23
.../1	7.6	8.5	8.0	6.3	8.7
Don't Know/Refused	24	2	7	8	5
	2.0	1.5	2.4	1.7	1.8
Mean	4.44	4.51	4.46	4.50	4.29
Standard deviation	1.56	1.58	1.60	1.51	1.57
Standard error	0.05	0.12	0.09	0.07	0.10

(continued)

38. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- (PROVINCIAL) Ministry of Health

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I					
=====					
Trust.../6/7	289	46	72	112	59
	24.1	27.8	24.4	24.1	22.5
.../3/4/5	743	97	181	294	162
	61.9	58.9	61.0	63.5	61.8
Not trust.../1/2	143	19	37	50	36
	12.0	11.8	12.3	10.7	13.9
COLLAPSED II					
=====					
.../5/6/7	619	88	158	247	123
	51.6	53.5	53.3	53.3	46.7
.../4	308	44	68	119	74
	25.6	26.7	22.8	25.5	28.0
.../1/2/3	249	30	64	90	62
	20.7	18.4	21.5	19.4	23.5

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38. Now, I'd like you to tell me how much you trust each of the following,
using a seven point scale where one means you don't trust them at all and
seven means you trust them completely.

- (PROVINCIAL) Ministry of Health

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	91 7.6	12 7.3	26 8.8	38 8.1	15 5.6
.../5/6	528 44.0	76 46.2	132 44.5	209 45.2	108 41.0
.../4	308 25.6	44 26.7	68 22.8	119 25.5	74 28.0
.../2/3	158 13.1	16 9.9	40 13.5	61 13.1	39 14.8
.../1	91 7.6	14 8.5	24 8.0	29 6.3	23 8.7

39. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Canadian Medical Association

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Trust completely	131	22	27	57	24
.../7	11.0	13.2	9.2	12.3	9.3
.../6	215	40	47	70	59
	17.9	24.3	15.7	15.0	22.3
.../5	317	39	76	132	68
	26.4	23.5	25.6	28.4	26.0
.../4	263	34	69	102	56
	22.0	21.0	23.3	21.9	21.4
.../3	102	6	29	42	22
	8.5	3.9	9.8	9.0	8.3
.../2	36	4	9	12	11
	3.0	2.2	3.2	2.6	4.0
Not trust at all	62	8	20	21	14
.../1	5.2	4.7	6.8	4.4	5.2
Don't Know/Refused	72	12	19	30	9
	6.0	7.2	6.5	6.4	3.4
Mean	4.69	4.96	4.51	4.73	4.69
Standard deviation	1.53	1.50	1.57	1.50	1.53
Standard error	0.05	0.12	0.09	0.07	0.10

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39. Now, I'd like you to tell me how much you trust each of the following,
using a seven point scale where one means you don't trust them at all and
seven means you trust them completely.

- The Canadian Medical Association

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Trust.../6/7	347 28.9	61 37.5	74 24.9	127 27.3	83 31.6
.../3/4/5	682 56.9	79 48.4	175 58.7	275 59.3	146 55.7
Not trust.../1/2	98 8.2	11 6.9	30 9.9	33 7.0	24 9.3
COLLAPSED II =====					
.../5/6/7	664 55.4	100 61.0	150 50.5	258 55.7	151 57.6
.../4	263 22.0	34 21.0	69 23.3	102 21.9	56 21.4
.../1/2/3	200 16.7	18 10.8	59 19.8	74 16.0	46 17.6

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39. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Canadian Medical Association

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	131 11.0	22 13.2	27 9.2	57 12.3	24 9.3
.../5/6	532 44.4	78 47.8	123 41.3	201 43.4	127 48.3
.../4	263 22.0	34 21.0	69 23.3	102 21.9	56 21.4
.../2/3	138 11.5	10 6.1	39 13.0	54 11.6	32 12.4
.../1	62 5.2	8 4.7	20 6.8	21 4.4	14 5.2

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40. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Heart and Stroke Foundation

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Trust completely	309	44	76	116	72
.../7	25.7	26.6	25.5	25.0	27.2
.../6	363	47	90	142	82
	30.2	29.0	30.1	30.6	31.1
.../5	255	28	63	110	52
	21.3	17.0	21.0	23.7	19.8
.../4	156	22	35	62	35
	13.0	13.5	11.8	13.4	13.2
.../3	40	8	15	9	8
	3.4	4.9	4.9	2.0	3.0
.../2	15	2	4	6	2
	1.3	1.5	1.3	1.3	0.9
Not trust at all	25	4	7	9	4
.../1	2.1	2.5	2.5	1.9	1.5
Don't Know/Refused	37	8	8	10	8
	3.0	5.0	2.7	2.1	3.2
Mean	5.52	5.47	5.47	5.53	5.60
Standard deviation	1.36	1.46	1.42	1.31	1.30
Standard error	0.04	0.12	0.08	0.06	0.08

(continued)

40. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Heart and Stroke Foundation

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Trust.../6/7	672 56.0	91 55.6	166 55.7	258 55.6	153 58.4
.../3/4/5	451 37.6	58 35.4	112 37.7	181 39.0	95 36.0
Not trust.../1/2	40 3.3	6 3.9	11 3.8	15 3.3	6 2.4
COLLAPSED II =====					
.../5/6/7	927 77.3	119 72.6	228 76.7	368 79.3	205 78.2
.../4	156 13.0	22 13.5	35 11.8	62 13.4	35 13.2
.../1/2/3	80 6.7	14 8.8	26 8.7	24 5.3	14 5.4

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40. Now, I'd like you to tell me how much you trust each of the following, using a seven point scale where one means you don't trust them at all and seven means you trust them completely.

- The Heart and Stroke Foundation

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	309 25.7	44 26.6	76 25.5	116 25.0	72 27.2
.../5/6	618 51.5	75 46.0	152 51.2	252 54.2	134 51.0
.../4	156 13.0	22 13.5	35 11.8	62 13.4	35 13.2
.../2/3	55 4.6	10 6.4	19 6.2	15 3.3	10 3.9
.../1	25 2.1	4 2.5	7 2.5	9 1.9	4 1.5

41. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of pharmaceutical products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement.../7	283 23.6	44 26.8	65 21.9	104 22.4	69 26.4
.../6	271 22.6	39 23.6	68 23.0	113 24.3	51 19.3
.../5	264 22.0	32 19.7	69 23.2	102 22.0	58 21.9
.../4	229 19.1	28 17.2	55 18.6	92 19.9	52 19.7
.../3	66 5.5	8 5.1	14 4.8	22 4.8	17 6.7
.../2	20 1.7	1 0.6	9 3.0	6 1.2	5 1.8
No involvement.../1	21 1.8	3 2.1	5 1.7	7 1.5	6 2.1
Don't Know/Refused	45 3.8	8 4.9	11 3.8	18 3.9	6 2.1
Mean	5.28	5.41	5.24	5.31	5.26
Standard deviation	1.42	1.42	1.43	1.36	1.48
Standard error	0.04	0.11	0.08	0.06	0.09

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41. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of pharmaceutical products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	553 46.1	83 50.4	133 44.9	217 46.7	120 45.7
.../3/4/5	559 46.6	69 42.0	139 46.6	216 46.7	127 48.3
No involvement.../1/2	42 3.5	4 2.7	14 4.7	13 2.7	10 3.9
COLLAPSED II =====					
.../5/6/7	817 68.1	115 70.1	202 68.1	319 68.7	178 67.6
.../4	229 19.1	28 17.2	55 18.6	92 19.9	52 19.7
.../1/2/3	108 9.0	13 7.8	28 9.5	35 7.5	28 10.6

(continued)

41. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of pharmaceutical products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	283	44	65	104	69
	23.6	26.8	21.9	22.4	26.4
.../5/6	534	71	137	215	108
	44.5	43.4	46.2	46.3	41.2
.../4	229	28	55	92	52
	19.1	17.2	18.6	19.9	19.7
.../2/3	86	9	23	28	22
	7.2	5.7	7.8	6.1	8.4
.../1	21	3	5	7	6
	1.8	2.1	1.7	1.5	2.1

42. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement../7	236 19.6	38 22.9	52 17.4	90 19.5	55 21.0
.../6	249 20.7	33 20.1	57 19.0	101 21.8	57 21.6
.../5	289 24.1	36 22.1	72 24.2	116 25.0	61 23.4
.../4	255 21.2	32 19.7	69 23.2	93 20.1	58 21.9
.../3	75 6.3	8 4.7	25 8.4	27 5.9	14 5.5
.../2	29 2.4	5 2.9	8 2.6	11 2.4	6 2.2
No involvement.../1	26 2.2	5 3.3	5 1.6	11 2.3	4 1.5
Don't Know/Refused	41 3.4	7 4.3	11 3.7	14 3.1	7 2.8
Mean	5.10	5.15	5.00	5.13	5.19
Standard deviation	1.45	1.55	1.42	1.44	1.40
Standard error	0.04	0.12	0.08	0.07	0.09

(continued)

42. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	484 40.4	70 43.0	108 36.4	191 41.2	112 42.7
.../3/4/5	619 51.6	76 46.5	166 55.8	237 51.0	133 50.8
No involvement.../1/2	56 4.6	10 6.3	12 4.2	22 4.7	10 3.7
COLLAPSED II =====					
.../5/6/7	773 64.4	107 65.1	180 60.5	307 66.2	173 66.0
.../4	255 21.2	32 19.7	69 23.2	93 20.1	58 21.9
.../1/2/3	131 10.9	18 11.0	37 12.6	49 10.5	24 9.2

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42. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of food products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	236	38	52	90	55
	19.6	22.9	17.4	19.5	21.0
.../5/6	537	69	128	217	118
	44.8	42.2	43.2	46.8	45.0
.../4	255	32	69	93	58
	21.2	19.7	23.2	20.1	21.9
.../2/3	105	13	33	38	20
	8.7	7.6	11.0	8.3	7.7
.../1	26	5	5	11	4
	2.2	3.3	1.6	2.3	1.5

43. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement../7	318 26.5	47 29.0	71 23.8	133 28.6	65 24.8
.../6	246 20.5	28 17.0	62 20.8	89 19.2	66 25.2
.../5	237 19.7	33 20.4	61 20.4	90 19.4	52 20.0
.../4	206 17.2	28 17.1	52 17.6	84 18.1	39 14.9
.../3	52 4.4	8 5.1	12 4.0	17 3.6	15 5.9
.../2	34 2.8	0 0.3	13 4.3	14 3.0	6 2.1
No involvement.../1	50 4.2	10 6.4	14 4.7	17 3.7	6 2.2
Don't Know/Refused	56 4.7	8 4.8	13 4.4	21 4.5	13 4.9
Mean	5.23	5.22	5.11	5.29	5.34
Standard deviation	1.61	1.69	1.66	1.60	1.48
Standard error	0.05	0.14	0.10	0.08	0.09

(continued)

43. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	564 47.0	75 46.0	133 44.6	222 47.7	131 50.0
.../3/4/5	496 41.3	70 42.6	125 42.0	190 41.0	107 40.7
No involvement.../1/2	84 7.0	11 6.7	27 9.1	31 6.7	11 4.4
COLLAPSED II =====					
.../5/6/7	800 66.7	109 66.4	193 65.0	311 67.1	184 69.9
.../4	206 17.2	28 17.1	52 17.6	84 18.1	39 14.9
.../1/2/3	137 11.4	19 11.7	39 13.1	48 10.3	27 10.2

(continued)

43. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Regulating the labeling and promotion of tobacco products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	318 26.5	47 29.0	71 23.8	133 28.6	65 24.8
.../5/6	483 40.2	61 37.4	123 41.2	179 38.5	119 45.1
.../4	206 17.2	28 17.1	52 17.6	84 18.1	39 14.9
.../2/3	86 7.2	9 5.4	25 8.3	30 6.5	21 8.0
.../1	50 4.2	10 6.4	14 4.7	17 3.7	6 2.2

44. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement./7	306 25.5	46 28.1	68 23.0	119 25.5	71 27.2
.../6	261 21.8	37 22.9	64 21.6	94 20.2	65 24.6
.../5	278 23.1	29 18.0	80 27.0	116 25.1	51 19.3
.../4	216 18.0	29 17.8	50 16.9	85 18.4	46 17.4
.../3	46 3.8	4 2.6	10 3.5	20 4.3	10 3.8
.../2	24 2.0	7 4.0	7 2.4	6 1.2	4 1.7
No involvement.../1	29 2.4	4 2.4	7 2.3	11 2.4	7 2.6
Don't Know/Refused	41 3.4	7 4.1	10 3.4	14 2.9	9 3.5
Mean	5.33	5.36	5.28	5.32	5.40
Standard deviation	1.45	1.54	1.42	1.43	1.47
Standard error	0.04	0.12	0.08	0.07	0.09

(continued)

44. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	567 47.3	84 51.0	133 44.6	212 45.7	136 51.7
.../3/4/5	539 44.9	63 38.4	141 47.4	222 47.8	106 40.4
No involvement.../1/2	53 4.4	11 6.5	14 4.7	17 3.6	11 4.3
COLLAPSED II =====					
.../5/6/7	845 70.4	113 68.9	213 71.6	329 70.8	187 71.0
.../4	216 18.0	29 17.8	50 16.9	85 18.4	46 17.4
.../1/2/3	98 8.2	15 9.1	24 8.1	37 7.9	21 8.1

(continued)

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44. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	306 25.5	46 28.1	68 23.0	119 25.5	71 27.2
.../5/6	539 44.9	67 40.8	145 48.7	210 45.3	115 43.9
.../4	216 18.0	29 17.8	50 16.9	85 18.4	46 17.4
.../2/3	70 5.8	11 6.7	17 5.9	26 5.6	14 5.5
.../1	29 2.4	4 2.4	7 2.3	11 2.4	7 2.6

45. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement.../7	253 21.1	36 21.8	62 20.8	86 18.6	66 25.0
.../6	211 17.6	24 14.5	49 16.4	91 19.7	46 17.5
.../5	276 23.0	40 24.5	71 23.7	111 24.0	51 19.6
.../4	255 21.2	33 20.0	67 22.4	102 21.9	53 20.1
.../3	69 5.7	11 7.0	16 5.4	24 5.1	17 6.6
.../2	40 3.3	1 0.9	12 4.2	20 4.3	5 1.9
No involvement.../1	39 3.3	6 3.6	8 2.8	13 2.9	10 4.0
Don't Know/Refused	58 4.8	13 7.7	13 4.4	17 3.6	14 5.5
Mean	5.04	5.08	5.01	5.01	5.13
Standard deviation	1.55	1.53	1.54	1.52	1.61
Standard error	0.05	0.12	0.09	0.07	0.10

(continued)

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45. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I					
=====					
Involvement.../6/7	464	60	111	178	111
	38.7	36.3	37.2	38.3	42.4
.../3/4/5	599	84	153	237	121
	50.0	51.4	51.5	51.0	46.2
No involvement.../1/2	79	7	21	33	15
	6.6	4.5	7.0	7.1	5.9
COLLAPSED II					
=====					
.../5/6/7	739	100	181	289	163
	61.6	60.8	60.9	62.2	62.0
.../4	255	33	67	102	53
	21.2	20.0	22.4	21.9	20.1
.../1/2/3	148	19	37	57	33
	12.3	11.5	12.3	12.3	12.5

(continued)

45. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Promoting and protecting the key principles of Medicare

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	253 21.1	36 21.8	62 20.8	86 18.6	66 25.0
.../5/6	487 40.6	64 39.0	119 40.1	202 43.6	97 37.0
.../4	255 21.2	33 20.0	67 22.4	102 21.9	53 20.1
.../2/3	109 9.1	13 7.8	28 9.5	44 9.4	22 8.5
.../1	39 3.3	6 3.6	8 2.8	13 2.9	10 4.0

46. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Encouraging Canadian to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement../7	249 20.8	40 24.4	52 17.4	99 21.4	56 21.4
.../6	247 20.6	35 21.3	55 18.6	94 20.2	62 23.4
.../5	304 25.3	28 17.2	81 27.4	124 26.7	65 24.9
.../4	259 21.6	38 23.1	69 23.2	100 21.6	51 19.3
.../3	57 4.8	10 6.1	15 5.2	18 3.8	13 5.1
.../2	27 2.3	3 2.1	12 3.9	8 1.8	4 1.5
No involvement.../1	25 2.1	2 1.5	5 1.5	13 2.9	4 1.5
Don't Know/Refused	32 2.6	7 4.3	8 2.8	8 1.7	7 2.8
Mean	5.16	5.23	5.02	5.17	5.27
Standard deviation	1.42	1.47	1.41	1.43	1.36
Standard error	0.04	0.12	0.08	0.07	0.09

(continued)

46. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Encouraging Canadian to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	496 41.3	75 45.7	107 36.1	193 41.6	118 44.8
.../3/4/5	620 51.7	76 46.4	166 55.8	242 52.1	130 49.4
No involvement.../1/2	52 4.3	6 3.6	16 5.4	21 4.6	8 3.0
COLLAPSED II =====					
.../5/6/7	799 66.6	103 62.9	189 63.5	317 68.3	183 69.7
.../4	259 21.6	38 23.1	69 23.2	100 21.6	51 19.3
.../1/2/3	109 9.1	16 9.7	31 10.6	39 8.4	21 8.1

(continued)

46. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Encouraging Canadian to live healthy lifestyles

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED IIII

.../7	249	40	52	99	56
	20.8	24.4	17.4	21.4	21.4
.../5/6	550	63	137	217	127
	45.9	38.4	46.0	46.9	48.3
.../4	259	38	69	100	51
	21.6	23.1	23.2	21.6	19.3
.../2/3	85	13	27	26	17
	7.1	8.2	9.1	5.6	6.6
.../1	25	2	5	13	4
	2.1	1.5	1.5	2.9	1.5

47. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement.../7	193 16.1	22 13.4	48 16.1	73 15.7	49 18.6
.../6	172 14.4	21 12.6	55 18.4	57 12.2	39 14.7
.../5	242 20.2	29 17.5	62 20.9	97 20.8	52 19.7
.../4	283 23.6	41 24.8	60 20.1	120 25.9	61 23.1
.../3	75 6.2	11 6.6	16 5.3	29 6.2	18 6.9
.../2	48 4.0	6 3.9	17 5.7	16 3.4	9 3.4
No involvement.../1	45 3.8	8 4.7	10 3.4	17 3.7	9 3.4
Don't Know/Refused	142 11.8	27 16.5	30 10.1	57 12.2	27 10.3
Mean	4.81	4.65	4.88	4.77	4.90
Standard deviation	1.58	1.62	1.60	1.55	1.58
Standard error	0.05	0.14	0.10	0.08	0.10

(continued)

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47. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	365 30.4	43 26.0	103 34.5	129 27.8	87 33.3
.../3/4/5	599 50.0	80 48.9	138 46.3	245 52.9	130 49.7
No involvement.../1/2	93 7.8	14 8.6	27 9.0	33 7.1	18 6.8
COLLAPSED II =====					
.../5/6/7	607 50.6	71 43.5	165 55.4	226 48.7	139 53.0
.../4	283 23.6	41 24.8	60 20.1	120 25.9	61 23.1
.../1/2/3	168 14.0	25 15.2	43 14.4	62 13.3	36 13.6

(continued)

47. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED IIII					
.../7	193 16.1	22 13.4	48 16.1	73 15.7	49 18.6
.../5/6	414 34.5	49 30.1	117 39.3	153 33.0	90 34.4
.../4	283 23.6	41 24.8	60 20.1	120 25.9	61 23.1
.../2/3	123 10.2	17 10.5	33 11.0	44 9.6	27 10.3
.../1	45 3.8	8 4.7	10 3.4	17 3.7	9 3.4

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48. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement../7	184 15.3	27 16.7	43 14.3	69 14.9	45 17.2
.../6	252 21.0	41 25.0	59 20.0	98 21.1	52 19.7
.../5	320 26.7	40 24.5	72 24.3	137 29.6	67 25.5
.../4	252 21.0	31 18.8	68 22.9	96 20.7	56 21.1
.../3	80 6.7	5 3.2	24 8.0	29 6.2	22 8.3
.../2	23 2.0	1 0.6	9 3.0	10 2.1	4 1.5
No involvement.../1	41 3.4	9 5.5	11 3.7	13 2.8	7 2.5
Don't Know/Refused	46 3.8	9 5.8	11 3.8	13 2.8	11 4.3
Mean	4.98	5.10	4.85	5.00	5.02
Standard deviation	1.45	1.52	1.50	1.40	1.43
Standard error	0.04	0.12	0.09	0.07	0.09

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THE STRATEGIC COUNSEL

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48. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED I
=====

Involvement.../6/7	436	68	102	167	97
	36.4	41.6	34.3	35.9	36.9
.../3/4/5	653	76	164	262	144
	54.4	46.5	55.2	56.4	54.9
No involvement.../1/2	64	10	20	23	10
	5.4	6.1	6.7	4.9	3.9

COLLAPSED II
=====

.../5/6/7	756	108	174	304	164
	63.1	66.1	58.6	65.5	62.4
.../4	252	31	68	96	56
	21.0	18.8	22.9	20.7	21.1
.../1/2/3	145	15	44	51	32
	12.1	9.3	14.7	11.0	12.2

(continued)

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48. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring the safety of consumer products

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	184 15.3	27 16.7	43 14.3	69 14.9	45 17.2
.../5/6	572 47.7	81 49.4	132 44.2	235 50.6	119 45.2
.../4	252 21.0	31 18.8	68 22.9	96 20.7	56 21.1
.../2/3	104 8.7	6 3.8	33 11.1	38 8.2	26 9.7
.../1	41 3.4	9 5.5	11 3.7	13 2.8	7 2.5

49. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement../7	134 11.2	21 12.7	27 9.1	50 10.7	36 13.8
.../6	171 14.3	29 17.4	36 12.2	65 14.0	41 15.6
.../5	276 23.0	30 18.0	76 25.5	113 24.4	56 21.3
.../4	336 28.0	50 30.2	78 26.1	139 30.0	65 24.7
.../3	119 9.9	13 8.1	37 12.4	33 7.1	35 13.2
.../2	53 4.4	6 3.7	14 4.8	20 4.2	13 4.9
No involvement.../1	54 4.5	4 2.4	18 6.0	23 4.9	6 2.4
Don't Know/Refused	57 4.8	12 7.4	12 4.0	21 4.6	11 4.1
Mean	4.56	4.73	4.39	4.57	4.66
Standard deviation	1.52	1.46	1.54	1.50	1.52
Standard error	0.04	0.12	0.09	0.07	0.10

(continued)

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49. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	305 25.5	49 30.1	63 21.3	114 24.7	77 29.4
.../3/4/5	731 60.9	92 56.4	190 64.0	286 61.6	155 59.2
No involvement.../1/2	106 8.9	10 6.2	32 10.8	42 9.2	19 7.4
COLLAPSED II =====					
.../5/6/7	582 48.5	79 48.1	139 46.7	228 49.1	133 50.7
.../4	336 28.0	50 30.2	78 26.1	139 30.0	65 24.7
.../1/2/3	225 18.8	23 14.3	69 23.2	76 16.3	54 20.6

(continued)

49. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Ensuring environmental factors do not adversely affect the health of Canadians

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	134 11.2	21 12.7	27 9.1	50 10.7	36 13.8
.../5/6	448 37.3	58 35.4	112 37.7	178 38.4	97 36.9
.../4	336 28.0	50 30.2	78 26.1	139 30.0	65 24.7
.../2/3	172 14.3	19 11.8	51 17.3	53 11.3	48 18.1
.../1	54 4.5	4 2.4	18 6.0	23 4.9	6 2.4

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50. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Great involvement.../7	174 14.5	24 14.6	42 14.0	57 12.3	50 19.1
.../6	151 12.6	17 10.1	34 11.6	63 13.5	35 13.2
.../5	261 21.7	38 22.9	58 19.4	111 24.0	51 19.6
.../4	266 22.2	31 19.0	64 21.4	114 24.5	56 21.2
.../3	121 10.1	20 12.3	36 12.1	34 7.4	30 11.5
.../2	57 4.8	9 5.4	17 5.7	22 4.7	10 3.6
No involvement.../1	110 9.2	17 10.1	30 10.1	39 8.4	23 8.8
Don't Know/Refused	59 4.9	9 5.5	17 5.7	24 5.1	8 3.0
Mean	4.45	4.35	4.33	4.48	4.60
Standard deviation	1.76	1.81	1.81	1.69	1.80
Standard error	0.05	0.15	0.11	0.08	0.11

(continued)

50. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Involvement.../6/7	325 27.1	40 24.7	76 25.6	120 25.9	85 32.3
.../3/4/5	648 54.0	89 54.3	157 52.9	259 55.8	137 52.3
No involvement.../1/2	168 14.0	25 15.6	47 15.8	61 13.2	33 12.4
COLLAPSED II =====					
.../5/6/7	586 48.9	78 47.6	134 45.0	231 49.8	136 51.9
.../4	266 22.2	31 19.0	64 21.4	114 24.5	56 21.2
.../1/2/3	289 24.1	46 27.9	83 27.9	95 20.5	63 23.9

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

50. To what extent do you believe that Health Canada is involved in each of the following areas, using a seven point scale where one means they have no involvement in this area, seven means that they have a great deal of involvement, and four means they have some involvement.

- Funding the health care system

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	174 14.5	24 14.6	42 14.0	57 12.3	50 19.1
.../5/6	412 34.3	54 33.0	92 31.0	174 37.5	86 32.8
.../4	266 22.2	31 19.0	64 21.4	114 24.5	56 21.2
.../2/3	179 14.9	29 17.7	53 17.8	56 12.1	40 15.1
.../1	110 9.2	17 10.1	30 10.1	39 8.4	23 8.8

51. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of pharmaceutical products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1516	197	353	603	355
WEIGHTED SAMPLE	1046	143	258	411	229
Excellent.../7	162 15.5	22 15.1	43 16.8	64 15.6	33 14.3
.../6	286 27.3	37 25.9	68 26.6	113 27.5	67 29.4
.../5	316 30.2	48 33.2	68 26.5	127 31.0	71 31.2
Neither good nor poor.../4	197 18.9	26 18.1	57 22.1	76 18.6	35 15.3
.../3	39 3.7	3 1.9	11 4.3	15 3.8	9 4.0
.../2	18 1.7	4 2.5	3 1.3	6 1.5	5 2.1
Terrible.../1	12 1.1	0 0.3	4 1.5	4 1.0	3 1.3
Don't Know/Refused	17 1.6	4 3.0	2 0.9	4 1.1	6 2.5
Mean	5.23	5.26	5.20	5.24	5.24
Standard deviation	1.24	1.18	1.30	1.22	1.25
Standard error	0.04	0.10	0.08	0.06	0.08

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

51. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of pharmaceutical products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1516	197	353	603	355
WEIGHTED SAMPLE	1046	143	258	411	229
COLLAPSED I =====					
Good.../6/7	448 42.8	59 40.9	112 43.4	177 43.1	100 43.7
.../3/4/5	552 52.8	76 53.2	136 52.8	219 53.3	116 50.5
Poor.../1/2	29 2.8	4 2.9	7 2.9	10 2.5	8 3.4
COLLAPSED II =====					
.../5/6/7	764 73.0	106 74.2	180 69.8	304 74.1	172 74.9
.../4	197 18.9	26 18.1	57 22.1	76 18.6	35 15.3
.../1/2/3	68 6.5	7 4.8	18 7.2	26 6.3	17 7.4

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

51. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of pharmaceutical products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1516	197	353	603	355
WEIGHTED SAMPLE	1046	143	258	411	229
COLLAPSED III					
.../7	162 15.5	22 15.1	43 16.8	64 15.6	33 14.3
.../5/6	602 57.5	85 59.1	137 53.0	240 58.4	139 60.6
.../4	197 18.9	26 18.1	57 22.1	76 18.6	35 15.3
.../2/3	56 5.4	6 4.5	14 5.6	22 5.2	14 6.1
.../1	12 1.1	0 0.3	4 1.5	4 1.0	3 1.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

52. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of food products .

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1499	195	342	594	357
WEIGHTED SAMPLE	1028	139	249	401	231
Excellent.../7	136 13.3	26 18.8	33 13.1	47 11.8	30 12.9
.../6	272 26.5	37 26.4	64 25.6	104 26.0	66 28.6
.../5	333 32.4	43 31.2	88 35.2	133 33.2	65 27.9
Neither good nor poor.../4	215 20.9	26 18.7	46 18.5	90 22.4	52 22.5
.../3	38 3.7	4 2.7	9 3.5	16 4.0	9 4.0
.../2	10 1.0	0 0.4	3 1.3	3 0.7	3 1.4
Terrible.../1	14 1.4	1 1.1	5 2.2	4 1.0	3 1.4
Don't Know/Refused	9 0.9	1 0.7	1 0.5	4 0.9	3 1.3
Mean	5.17	5.35	5.14	5.13	5.14
Standard deviation	1.20	1.19	1.25	1.15	1.24
Standard error	0.04	0.10	0.08	0.06	0.08

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

52. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of food products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1499	195	342	594	357
WEIGHTED SAMPLE	1028	139	249	401	231
COLLAPSED I =====					
Good.../6/7	409 39.8	63 45.3	96 38.8	152 37.9	96 41.4
.../3/4/5	586 57.1	73 52.6	143 57.3	239 59.6	126 54.4
Poor.../1/2	24 2.3	2 1.4	9 3.5	7 1.7	7 2.9
COLLAPSED II =====					
.../5/6/7	742 72.2	106 76.5	184 74.0	285 71.0	160 69.4
.../4	215 20.9	26 18.7	46 18.5	90 22.4	52 22.5
.../1/2/3	62 6.0	6 4.1	17 7.0	23 5.7	16 6.8

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

52. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of food products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1499	195	342	594	357
WEIGHTED SAMPLE	1028	139	249	401	231

COLLAPSED III

.../7	136	26	33	47	30
	13.3	18.8	13.1	11.8	12.9
.../5/6	605	80	151	237	131
	58.9	57.7	60.8	59.2	56.5
.../4	215	26	46	90	52
	20.9	18.7	18.5	22.4	22.5
.../2/3	48	4	12	19	13
	4.6	3.1	4.8	4.7	5.4
.../1	14	1	5	4	3
	1.4	1.1	2.2	1.0	1.4

53. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Regulating the labeling and promotion of tobacco products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1467	189	336	584	349
WEIGHTED SAMPLE	1007	137	246	395	223
Excellent.../7	221 22.0	32 23.2	59 24.2	80 20.3	49 22.1
.../6	283 28.1	38 27.8	67 27.2	115 29.2	60 27.0
.../5	228 22.6	31 22.6	57 23.1	87 22.0	52 23.4
Neither good nor poor.../4	201 19.9	27 19.4	51 20.7	83 21.0	37 16.7
.../3	27 2.7	3 2.0	2 0.9	11 2.8	11 4.9
.../2	14 1.4	4 2.8	1 0.5	4 1.1	4 1.9
Terrible.../1	20 2.0	1 0.7	6 2.2	8 2.0	6 2.5
Don't Know/Refused	14 1.4	2 1.5	3 1.1	6 1.6	3 1.5
Mean	5.35	5.40	5.43	5.32	5.29
Standard deviation	1.35	1.31	1.32	1.33	1.43
Standard error	0.04	0.11	0.08	0.07	0.10

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

53. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Regulating the labeling and promotion of tobacco products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1467	189	336	584	349
WEIGHTED SAMPLE	1007	137	246	395	223
COLLAPSED I =====					
Good.../6/7	504 50.0	70 51.0	126 51.4	196 49.5	109 49.0
.../3/4/5	455 45.2	60 44.1	110 44.7	181 45.9	100 45.0
Poor.../1/2	34 3.3	5 3.5	7 2.8	12 3.1	10 4.4
COLLAPSED II =====					
.../5/6/7	731 72.6	101 73.6	183 74.5	283 71.5	161 72.5
.../4	201 19.9	27 19.4	51 20.7	83 21.0	37 16.7
.../1/2/3	61 6.0	8 5.5	9 3.7	23 5.9	21 9.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

53. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Regulating the labeling and promotion of tobacco products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1467	189	336	584	349
WEIGHTED SAMPLE	1007	137	246	395	223

COLLAPSED III

.../7	221	32	59	80	49
	22.0	23.2	24.2	20.3	22.1
.../5/6	510	69	123	202	112
	50.7	50.4	50.2	51.2	50.4
.../4	201	27	51	83	37
	19.9	19.4	20.7	21.0	16.7
.../2/3	41	7	3	16	15
	4.0	4.8	1.4	3.9	6.8
.../1	20	1	6	8	6
	2.0	0.7	2.2	2.0	2.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

54. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1545	200	361	611	360
WEIGHTED SAMPLE	1060	142	263	414	232
Excellent.../7	194 18.3	32 22.6	47 17.9	66 15.9	49 20.9
.../6	263 24.8	37 25.9	67 25.5	105 25.3	52 22.4
.../5	301 28.4	35 24.9	73 27.9	126 30.5	64 27.5
Neither good nor poor.../4	230 21.7	26 18.4	60 22.6	91 22.0	51 22.0
.../3	33 3.1	5 3.7	9 3.5	9 2.2	8 3.6
.../2	17 1.6	2 1.7	2 0.9	10 2.4	2 0.8
Terrible.../1	10 0.9	1 0.9	2 0.6	2 0.5	4 1.9
Don't Know/Refused	12 1.2	3 1.9	3 1.1	5 1.2	2 0.8
Mean	5.25	5.37	5.27	5.22	5.25
Standard deviation	1.25	1.31	1.21	1.21	1.33
Standard error	0.04	0.11	0.08	0.06	0.09

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

54. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1545	200	361	611	360
WEIGHTED SAMPLE	1060	142	263	414	232
COLLAPSED I =====					
Good.../6/7	457 43.1	69 48.5	114 43.4	170 41.2	101 43.4
.../3/4/5	564 53.2	67 47.0	142 53.9	226 54.7	123 53.1
Poor.../1/2	26 2.5	4 2.6	4 1.6	12 2.9	6 2.7
COLLAPSED II =====					
.../5/6/7	758 71.5	104 73.4	188 71.3	297 71.7	164 70.9
.../4	230 21.7	26 18.4	60 22.6	91 22.0	51 22.0
.../1/2/3	60 5.6	9 6.4	13 5.0	21 5.1	15 6.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

54. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Preparing the Canada Food Guide, which makes recommendations about eating habits and foods to eat

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1545	200	361	611	360
WEIGHTED SAMPLE	1060	142	263	414	232
COLLAPSED III					
.../7	194 18.3	32 22.6	47 17.9	66 15.9	49 20.9
.../5/6	564 53.2	72 50.8	141 53.4	231 55.8	116 49.9
.../4	230 21.7	26 18.4	60 22.6	91 22.0	51 22.0
.../2/3	50 4.7	8 5.4	12 4.4	19 4.6	10 4.5
.../1	10 0.9	1 0.9	2 0.6	2 0.5	4 1.9

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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55. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Promoting and protecting the key principles of Medicare

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1449	180	343	581	334
WEIGHTED SAMPLE	994	132	248	390	216
Excellent.../7	104 10.5	16 12.2	24 9.8	36 9.3	27 12.6
.../6	192 19.3	21 16.1	54 21.9	73 18.8	41 18.9
.../5	315 31.7	40 30.4	77 31.2	130 33.4	64 29.8
Neither good nor poor.../4	274 27.6	39 29.2	67 27.0	104 26.5	64 29.8
.../3	51 5.1	8 6.3	10 4.0	23 5.9	10 4.4
.../2	28 2.8	4 2.9	7 2.9	13 3.3	4 2.0
Terrible.../1	20 2.0	2 1.2	7 2.6	6 1.5	4 1.9
Don't Know/Refused	10 1.0	2 1.5	1 0.5	5 1.4	1 0.6
Mean	4.86	4.85	4.87	4.83	4.92
Standard deviation	1.29	1.29	1.31	1.26	1.29
Standard error	0.04	0.11	0.08	0.06	0.09

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

55. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Promoting and protecting the key principles of Medicare

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1449	180	343	581	334
WEIGHTED SAMPLE	994	132	248	390	216
COLLAPSED I =====					
Good.../6/7	296 29.8	38 28.4	79 31.7	110 28.1	68 31.5
.../3/4/5	640 64.4	87 66.0	154 62.2	257 65.8	138 64.0
Poor.../1/2	48 4.8	6 4.2	14 5.6	19 4.8	8 3.9
COLLAPSED II =====					
.../5/6/7	611 61.5	78 58.8	156 62.9	240 61.5	132 61.3
.../4	274 27.6	39 29.2	67 27.0	104 26.5	64 29.8
.../1/2/3	99 10.0	14 10.5	24 9.6	42 10.6	18 8.3

(continued)

55. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Promoting and protecting the key principles of Medicare

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1449	180	343	581	334
WEIGHTED SAMPLE	994	132	248	390	216
COLLAPSED III					
.../7	104 10.5	16 12.2	24 9.8	36 9.3	27 12.6
.../5/6	507 51.0	62 46.6	132 53.1	204 52.1	105 48.7
.../4	274 27.6	39 29.2	67 27.0	104 26.5	64 29.8
.../2/3	79 7.9	12 9.3	17 6.9	36 9.1	14 6.4
.../1	20 2.0	2 1.2	7 2.6	6 1.5	4 1.9

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

56. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Encouraging Canadians to live healthy lifestyles

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1544	193	357	618	363
WEIGHTED SAMPLE	1059	141	258	417	234
Excellent.../7	160 15.1	27 19.3	36 13.8	66 15.8	31 13.3
.../6	228 21.6	28 19.8	54 21.1	83 19.9	63 26.9
.../5	321 30.3	40 28.5	76 29.3	140 33.7	62 26.6
Neither good nor poor.../4	256 24.2	33 23.1	74 28.7	95 22.7	50 21.4
.../3	53 5.0	9 6.2	9 3.5	19 4.5	15 6.5
.../2	23 2.2	3 2.3	6 2.2	9 2.2	5 2.0
Terrible.../1	11 1.0	-	2 0.8	3 0.6	6 2.6
Don't Know/Refused	7 0.6	1 0.7	2 0.6	2 0.6	2 0.8
Mean	5.07	5.16	5.03	5.10	5.03
Standard deviation	1.27	1.29	1.24	1.24	1.37
Standard error	0.04	0.11	0.08	0.06	0.09

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THE STRATEGIC COUNSEL

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56. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Encouraging Canadians to live healthy lifestyles

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1544	193	357	618	363
WEIGHTED SAMPLE	1059	141	258	417	234
COLLAPSED I =====					
Good.../6/7	388 36.7	55 39.1	90 34.9	149 35.7	94 40.3
.../3/4/5	630 59.5	82 57.9	158 61.5	254 60.9	127 54.4
Poor.../1/2	34 3.2	3 2.3	8 3.0	12 2.9	11 4.5
COLLAPSED II =====					
.../5/6/7	709 67.0	95 67.6	165 64.2	289 69.3	156 66.8
.../4	256 24.2	33 23.1	74 28.7	95 22.7	50 21.4
.../1/2/3	86 8.2	12 8.6	17 6.5	31 7.4	26 11.0

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

56. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Encouraging Canadians to live healthy lifestyles

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1544	193	357	618	363
WEIGHTED SAMPLE	1059	141	258	417	234

COLLAPSED III

.../7	160	27	36	66	31
	15.1	19.3	13.8	15.8	13.3
.../5/6	549	68	130	223	125
	51.9	48.3	50.4	53.6	53.5
.../4	256	33	74	95	50
	24.2	23.1	28.7	22.7	21.4
.../2/3	76	12	15	28	20
	7.2	8.6	5.7	6.8	8.4
.../1	11	-	2	3	6
	1.0		0.8	0.6	2.6

57. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1307	159	310	516	311
WEIGHTED SAMPLE	890	112	224	346	200
Excellent.../7	82 9.2	11 9.6	19 8.5	30 8.6	22 11.0
.../6	133 15.0	20 17.5	35 15.5	49 14.1	29 14.6
.../5	230 25.9	33 29.2	54 24.3	93 27.0	49 24.6
Neither good nor poor.../4	291 32.7	34 30.5	76 34.0	116 33.6	62 31.1
.../3	63 7.1	8 6.7	11 5.0	26 7.4	18 9.0
.../2	16 1.8	0 0.4	3 1.4	7 2.0	6 2.8
Terrible.../1	9 1.0	-	2 0.7	3 0.8	4 1.8
Don't Know/Refused	65 7.3	7 6.0	24 10.6	22 6.4	10 5.0
Mean	4.75	4.91	4.79	4.72	4.70
Standard deviation	1.23	1.12	1.18	1.21	1.35
Standard error	0.04	0.11	0.08	0.07	0.10

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

57. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1307	159	310	516	311
WEIGHTED SAMPLE	890	112	224	346	200
COLLAPSED I =====					
Good.../6/7	215 24.2	30 27.1	54 24.0	79 22.7	51 25.6
.../3/4/5	584 65.7	74 66.5	142 63.3	235 68.0	129 64.8
Poor.../1/2	25 2.8	0 0.4	5 2.1	10 2.9	9 4.6
COLLAPSED II =====					
.../5/6/7	445 50.1	63 56.3	108 48.3	172 49.7	100 50.3
.../4	291 32.7	34 30.5	76 34.0	116 33.6	62 31.1
.../1/2/3	88 9.9	8 7.1	16 7.1	36 10.3	27 13.6

(continued)

57. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Providing health care services to First Nations, that is aboriginal peoples, and Inuit people

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1307	159	310	516	311
WEIGHTED SAMPLE	890	112	224	346	200
COLLAPSED III					
.../7	82 9.2	11 9.6	19 8.5	30 8.6	22 11.0
.../5/6	364 40.9	52 46.7	89 39.8	142 41.1	78 39.3
.../4	291 32.7	34 30.5	76 34.0	116 33.6	62 31.1
.../2/3	79 8.9	8 7.1	14 6.3	33 9.5	24 11.8
.../1	9 1.0	-	2 0.7	3 0.8	4 1.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

58. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of consumer products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1475	194	337	589	343
WEIGHTED SAMPLE	1009	139	242	400	219
Excellent.../7	115 11.4	22 15.6	28 11.6	43 10.7	21 9.6
.../6	244 24.2	32 22.9	57 23.5	95 23.8	59 26.7
.../5	338 33.5	43 30.7	80 32.8	142 35.5	72 32.9
Neither good nor poor.../4	243 24.1	33 23.6	64 26.3	90 22.5	53 24.0
.../3	46 4.6	6 4.2	11 4.4	19 4.7	10 4.8
.../2	6 0.6	1 1.1	1 0.4	2 0.5	1 0.7
Terrible.../1	7 0.7	0 0.3	1 0.6	4 1.1	1 0.3
Don't Know/Refused	9 0.9	2 1.4	1 0.3	4 1.1	2 1.0
Mean	5.09	5.18	5.08	5.07	5.09
Standard deviation	1.14	1.19	1.13	1.15	1.09
Standard error	0.04	0.10	0.07	0.06	0.07

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

58. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of consumer products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1475	194	337	589	343
WEIGHTED SAMPLE	1009	139	242	400	219
COLLAPSED I =====					
Good.../6/7	359 35.6	54 38.6	85 35.1	138 34.5	80 36.3
.../3/4/5	627 62.2	82 58.6	154 63.5	251 62.7	135 61.7
Poor.../1/2	13 1.3	2 1.4	2 1.0	7 1.6	2 1.0
COLLAPSED II =====					
.../5/6/7	697 69.1	97 69.3	165 68.0	280 70.0	152 69.3
.../4	243 24.1	33 23.6	64 26.3	90 22.5	53 24.0
.../1/2/3	59 5.9	8 5.6	13 5.4	25 6.4	13 5.7

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

58. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring the safety of consumer products

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1475	194	337	589	343
WEIGHTED SAMPLE	1009	139	242	400	219
COLLAPSED III					
.../7	115 11.4	22 15.6	28 11.6	43 10.7	21 9.6
.../5/6	582 57.7	75 53.7	136 56.3	237 59.3	131 59.7
.../4	243 24.1	33 23.6	64 26.3	90 22.5	53 24.0
.../2/3	52 5.2	7 5.3	12 4.8	21 5.2	12 5.4
.../1	7 0.7	0 0.3	1 0.6	4 1.1	1 0.3

59. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring environmental factors do not adversely affect the health of Canadians

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1343	179	304	540	309
WEIGHTED SAMPLE	917	128	217	367	198
Excellent.../7	56 6.1	11 8.4	13 6.0	18 4.9	13 6.7
.../6	134 14.6	22 17.5	32 14.9	48 13.0	30 15.3
.../5	271 29.5	35 27.6	59 27.4	121 33.0	55 27.8
Neither good nor poor.../4	318 34.6	43 33.7	79 36.4	124 33.9	67 33.6
.../3	71 7.8	9 7.2	16 7.3	29 7.8	17 8.6
.../2	28 3.0	3 2.2	7 3.2	12 3.2	6 3.2
Terrible.../1	28 3.0	2 1.9	7 3.3	9 2.5	9 4.5
Don't Know/Refused	12 1.4	2 1.6	3 1.5	6 1.7	0 0.2
Mean	4.55	4.72	4.52	4.53	4.50
Standard deviation	1.28	1.26	1.29	1.21	1.37
Standard error	0.04	0.11	0.09	0.06	0.10

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

59. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring environmental factors do not adversely affect the health of Canadians

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1343	179	304	540	309
WEIGHTED SAMPLE	917	128	217	367	198
COLLAPSED I					
=====					
Good.../6/7	190	33	45	66	44
	20.7	25.8	20.9	17.9	22.1
.../3/4/5	660	88	154	274	139
	71.9	68.5	71.1	74.7	70.0
Poor.../1/2	55	5	14	21	15
	6.0	4.1	6.5	5.7	7.7
COLLAPSED II					
=====					
.../5/6/7	460	69	105	187	99
	50.2	53.4	48.3	50.9	49.8
.../4	318	43	79	124	67
	34.6	33.7	36.4	33.9	33.6
.../1/2/3	127	14	30	50	32
	13.8	11.3	13.9	13.5	16.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

59. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Ensuring environmental factors do not adversely affect the health of Canadians

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1343	179	304	540	309
WEIGHTED SAMPLE	917	128	217	367	198
COLLAPSED III					
.../7	56 6.1	11 8.4	13 6.0	18 4.9	13 6.7
.../5/6	404 44.1	58 45.1	91 42.2	169 46.0	85 43.1
.../4	318 34.6	43 33.7	79 36.4	124 33.9	67 33.6
.../2/3	99 10.8	12 9.4	23 10.6	40 11.0	23 11.8
.../1	28 3.0	2 1.9	7 3.3	9 2.5	9 4.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

60. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Funding the health care system

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1261	155	278	519	298
WEIGHTED SAMPLE	852	109	197	345	192
Excellent.../7	61 7.2	11 9.9	13 6.5	20 5.9	18 9.1
.../6	105 12.4	15 14.0	27 13.7	42 12.3	21 10.7
.../5	256 30.1	27 24.9	60 30.5	112 32.5	54 28.0
Neither good nor poor.../4	294 34.5	41 37.5	70 35.6	112 32.5	68 35.4
.../3	61 7.1	7 6.8	13 6.4	25 7.3	14 7.1
.../2	39 4.6	4 3.4	5 2.7	20 5.8	10 5.2
Terrible.../1	28 3.3	3 3.0	8 3.9	8 2.3	8 4.1
Don't Know/Refused	7 0.8	0 0.4	1 0.7	5 1.4	0 0.2
Mean	4.50	4.60	4.54	4.50	4.47
Standard deviation	1.33	1.36	1.30	1.28	1.41
Standard error	0.05	0.13	0.09	0.07	0.10

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THE STRATEGIC COUNSEL

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60. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Funding the health care system

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1261	155	278	519	298
WEIGHTED SAMPLE	852	109	197	345	192
COLLAPSED I =====					
Good.../6/7	167 19.6	26 23.9	40 20.2	63 18.2	38 19.9
.../3/4/5	610 71.6	76 69.2	143 72.5	249 72.3	135 70.5
Poor.../1/2	68 7.9	7 6.4	13 6.7	28 8.1	18 9.4
COLLAPSED II =====					
.../5/6/7	423 49.6	53 48.8	100 50.6	175 50.7	92 47.8
.../4	294 34.5	41 37.5	70 35.6	112 32.5	68 35.4
.../1/2/3	128 15.1	14 13.3	26 13.1	53 15.4	32 16.5

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

60. Now, for each of these same areas, I'd like you to tell me how good or poor a job you believe Health Canada is doing.

- Funding the health care system

Subsample: Rated Health Canada's involvement as 4-7 in previous question

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1261	155	278	519	298
WEIGHTED SAMPLE	852	109	197	345	192
COLLAPSED III					
.../7	61 7.2	11 9.9	13 6.5	20 5.9	18 9.1
.../5/6	361 42.4	42 38.9	87 44.1	155 44.8	74 38.7
.../4	294 34.5	41 37.5	70 35.6	112 32.5	68 35.4
.../2/3	100 11.7	11 10.2	18 9.1	45 13.1	24 12.4
.../1	28 3.3	3 3.0	8 3.9	8 2.3	8 4.1

61. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "NOT AT ALL ACCOUNTABLE TO THE PUBLIC" and seven is "VERY ACCOUNTABLE TO THE PUBLIC"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	161 13.4	17 10.2	38 12.7	70 15.0	36 13.7
.../6	153 12.8	25 15.3	35 11.7	57 12.2	37 14.0
.../5	341 28.4	55 33.6	85 28.6	131 28.2	68 25.7
.../4	229 19.1	23 14.0	47 16.0	93 20.1	64 24.3
.../3	113 9.4	20 12.2	34 11.5	35 7.6	21 8.1
.../2	56 4.7	4 2.4	14 4.6	27 5.9	11 4.2
Not at all accountnt .../1	65 5.4	3 2.1	16 5.5	26 5.6	19 7.1
Don't Know/Refused	82 6.8	17 10.1	28 9.4	25 5.4	8 3.0
Mean	4.64	4.79	4.58	4.65	4.59
Standard deviation	1.60	1.38	1.62	1.64	1.64
Standard error	0.05	0.11	0.10	0.08	0.10

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

61. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "NOT AT ALL ACCOUNTABLE TO THE PUBLIC" and seven is "VERY ACCOUNTABLE TO THE PUBLIC"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	314 26.2	42 25.5	72 24.4	126 27.2	73 27.7
.../3/4/5	683 56.9	98 59.8	167 56.1	259 55.9	153 58.1
Not accountable./1/2	121 10.1	7 4.6	30 10.1	53 11.5	30 11.2
COLLAPSED II =====					
.../5/6/7	656 54.6	97 59.1	158 53.0	257 55.4	140 53.4
.../4	229 19.1	23 14.0	47 16.0	93 20.1	64 24.3
.../1/2/3	233 19.5	28 16.8	64 21.6	88 19.1	51 19.3

(continued)

61. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "NOT AT ALL ACCOUNTABLE TO THE PUBLIC" and seven is "VERY ACCOUNTABLE TO THE PUBLIC"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	161 13.4	17 10.2	38 12.7	70 15.0	36 13.7
.../5/6	494 41.2	80 48.9	120 40.3	187 40.4	104 39.7
.../4	229 19.1	23 14.0	47 16.0	93 20.1	64 24.3
.../2/3	169 14.1	24 14.7	48 16.1	62 13.4	32 12.2
.../1	65 5.4	3 2.1	16 5.5	26 5.6	19 7.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

62. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "CLOSED AND SECRETIVE" and seven is "OPEN AND TRANSPARENT"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	83 6.9	6 3.9	23 7.8	33 7.0	20 7.5
.../6	119 9.9	18 10.8	28 9.6	46 10.0	26 9.7
.../5	330 27.5	50 30.7	76 25.7	129 27.8	71 26.9
.../4	317 26.4	47 28.9	81 27.3	120 25.8	66 25.2
.../3	153 12.8	14 8.6	41 13.8	62 13.5	35 13.3
.../2	60 5.0	9 5.5	12 4.0	22 4.7	16 6.2
Not at all accountnt .../1	95 7.9	10 6.1	27 9.2	36 7.7	21 8.1
Don't Know/Refused	43 3.6	9 5.6	7 2.5	16 3.6	8 3.2
Mean	4.22	4.28	4.19	4.24	4.20
Standard deviation	1.54	1.41	1.58	1.54	1.58
Standard error	0.05	0.11	0.09	0.07	0.10

(continued)

62. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "CLOSED AND SECRETIVE" and seven is "OPEN AND TRANSPARENT"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	202 16.8	24 14.7	52 17.4	79 17.0	45 17.3
.../3/4/5	800 66.7	112 68.1	199 66.9	311 67.0	172 65.3
Not accountable./1/2	155 12.9	19 11.6	39 13.3	58 12.4	37 14.3
COLLAPSED II =====					
.../5/6/7	531 44.3	74 45.4	128 43.1	208 44.8	116 44.1
.../4	317 26.4	47 28.9	81 27.3	120 25.8	66 25.2
.../1/2/3	308 25.7	33 20.1	81 27.1	120 25.9	72 27.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

62. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "CLOSED AND SECRETIVE" and seven is "OPEN AND TRANSPARENT"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	83 6.9	6 3.9	23 7.8	33 7.0	20 7.5
.../5/6	449 37.4	68 41.5	105 35.3	175 37.7	96 36.6
.../4	317 26.4	47 28.9	81 27.3	120 25.8	66 25.2
.../2/3	213 17.8	23 14.0	53 17.9	84 18.2	51 19.5
.../1	95 7.9	10 6.1	27 9.2	36 7.7	21 8.1

63. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "BIASED" and seven is "OBJECTIVE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	116 9.7	10 6.0	28 9.6	43 9.2	33 12.5
.../6	159 13.2	25 15.1	36 12.2	61 13.2	35 13.4
.../5	359 30.0	58 35.3	78 26.4	142 30.6	80 30.3
.../4	268 22.3	32 19.4	76 25.6	102 22.1	54 20.7
.../3	102 8.5	12 7.3	28 9.5	39 8.5	22 8.3
.../2	52 4.3	5 2.8	17 5.7	21 4.5	9 3.3
Not at all accountnt .../1	76 6.4	10 6.1	20 6.9	27 5.9	18 6.9
Don't Know/Refused	67 5.6	13 7.9	12 4.2	28 6.1	12 4.6
Mean	4.52	4.57	4.39	4.53	4.62
Standard deviation	1.55	1.46	1.59	1.53	1.60
Standard error	0.05	0.12	0.09	0.07	0.10

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

63. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "BIASED" and seven is "OBJECTIVE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	275 22.9	35 21.1	65 21.7	104 22.4	68 25.9
.../3/4/5	729 60.8	102 62.0	183 61.5	284 61.1	156 59.4
Not accountable./1/2	128 10.7	15 8.9	37 12.6	48 10.4	27 10.2
COLLAPSED II =====					
.../5/6/7	634 52.9	93 56.5	143 48.1	246 53.0	148 56.2
.../4	268 22.3	32 19.4	76 25.6	102 22.1	54 20.7
.../1/2/3	230 19.2	27 16.2	66 22.1	87 18.9	49 18.6

(continued)

63. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "BIASED" and seven is "OBJECTIVE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	116 9.7	10 6.0	28 9.6	43 9.2	33 12.5
.../5/6	518 43.2	83 50.5	115 38.5	203 43.8	115 43.7
.../4	268 22.3	32 19.4	76 25.6	102 22.1	54 20.7
.../2/3	154 12.8	16 10.0	45 15.2	60 12.9	31 11.6
.../1	76 6.4	10 6.1	20 6.9	27 5.9	18 6.9

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

64. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "NOT CREDIBLE" and seven is "CREDIBLE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	151 12.6	21 12.9	40 13.3	54 11.6	34 12.9
.../6	251 20.9	43 26.3	61 20.5	98 21.1	49 18.6
.../5	359 29.9	48 29.1	76 25.5	149 32.1	82 31.4
.../4	246 20.5	27 16.2	69 23.1	94 20.4	53 20.3
.../3	82 6.8	13 7.7	24 8.0	24 5.2	20 7.8
.../2	33 2.7	1 0.6	13 4.3	10 2.2	9 3.4
Not at all accountnt .../1	55 4.6	6 3.9	13 4.4	24 5.3	11 4.0
Don't Know/Refused	24 2.0	6 3.4	3 0.9	11 2.3	5 1.7
Mean	4.85	5.03	4.77	4.86	4.82
Standard deviation	1.48	1.42	1.54	1.47	1.47
Standard error	0.04	0.11	0.09	0.07	0.09

(continued)

64. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "NOT CREDIBLE" and seven is "CREDIBLE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	401 33.5	64 39.2	100 33.8	151 32.6	83 31.5
.../3/4/5	686 57.2	87 53.0	168 56.6	267 57.6	156 59.4
Not accountable.../1/2	87 7.3	7 4.5	26 8.8	35 7.4	19 7.4
COLLAPSED II =====					
.../5/6/7	761 63.4	112 68.3	176 59.3	300 64.7	165 62.8
.../4	246 20.5	27 16.2	69 23.1	94 20.4	53 20.3
.../1/2/3	169 14.1	20 12.2	50 16.8	59 12.6	40 15.2

(continued)

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64. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "NOT CREDIBLE" and seven is "CREDIBLE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	151 12.6	21 12.9	40 13.3	54 11.6	34 12.9
.../5/6	610 50.8	91 55.4	137 46.0	246 53.1	131 50.0
.../4	246 20.5	27 16.2	69 23.1	94 20.4	53 20.3
.../2/3	114 9.5	13 8.2	37 12.3	34 7.4	29 11.2
.../1	55 4.6	6 3.9	13 4.4	24 5.3	11 4.0

65. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "MANAGES RISK TO THE PUBLIC VERY POORLY" and seven is "MANAGES RISK TO THE PUBLIC VERY WELL"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	97 8.1	14 8.3	27 9.2	33 7.1	22 8.3
.../6	214 17.8	31 19.2	52 17.5	80 17.3	50 18.9
.../5	398 33.2	56 34.4	91 30.5	164 35.4	84 32.0
.../4	282 23.5	42 25.4	71 23.8	103 22.1	63 24.2
.../3	104 8.7	5 3.3	31 10.5	45 9.6	21 8.0
.../2	28 2.4	4 2.4	5 1.8	11 2.4	8 3.1
Not at all accountnt .../1	52 4.3	7 4.2	17 5.6	18 3.9	10 3.8
Don't Know/Refused	23 1.9	5 2.8	3 1.0	10 2.1	5 1.8
Mean	4.68	4.79	4.63	4.67	4.71
Standard deviation	1.39	1.35	1.47	1.36	1.39
Standard error	0.04	0.11	0.09	0.06	0.09

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65. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "MANAGES RISK TO THE PUBLIC VERY POORLY" and seven is "MANAGES RISK TO THE PUBLIC VERY WELL"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	311 25.9	45 27.5	80 26.8	113 24.5	71 27.2
.../3/4/5	785 65.4	103 63.1	193 64.8	312 67.1	168 64.1
Not accountable./1/2	80 6.7	11 6.6	22 7.3	29 6.3	18 6.9
COLLAPSED II =====					
.../5/6/7	709 59.1	101 61.9	170 57.3	278 59.9	156 59.2
.../4	282 23.5	42 25.4	71 23.8	103 22.1	63 24.2
.../1/2/3	185 15.4	16 9.9	53 17.9	74 15.9	39 14.8

(continued)

65. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "MANAGES RISK TO THE PUBLIC VERY POORLY" and seven is "MANAGES RISK TO THE PUBLIC VERY WELL"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	97 8.1	14 8.3	27 9.2	33 7.1	22 8.3
.../5/6	612 51.0	88 53.6	143 48.0	245 52.8	134 51.0
.../4	282 23.5	42 25.4	71 23.8	103 22.1	63 24.2
.../2/3	133 11.1	9 5.7	37 12.3	56 12.0	29 11.0
.../1	52 4.3	7 4.2	17 5.6	18 3.9	10 3.8

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66. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "UNSCIENTIFIC" and seven is "SCIENTIFIC"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	146 12.2	16 10.0	37 12.3	60 13.0	31 11.8
.../6	247 20.6	31 19.2	60 20.2	105 22.6	50 19.1
.../5	374 31.2	51 31.3	91 30.6	142 30.6	85 32.2
.../4	235 19.6	40 24.6	50 16.9	90 19.4	52 19.7
.../3	66 5.5	5 3.3	25 8.3	16 3.4	21 7.9
.../2	21 1.7	1 0.8	10 3.4	6 1.2	3 1.3
Not at all accountnt .../1	39 3.2	5 3.2	8 2.8	15 3.3	10 3.7
Don't Know/Refused	72 6.0	13 7.7	17 5.6	30 6.6	11 4.3
Mean	4.96	4.92	4.89	5.06	4.88
Standard deviation	1.38	1.30	1.43	1.36	1.40
Standard error	0.04	0.11	0.09	0.07	0.09

(continued)

66. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "UNSCIENTIFIC" and seven is "SCIENTIFIC"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	393 32.8	48 29.2	97 32.5	165 35.5	81 30.9
.../3/4/5	675 56.3	97 59.1	166 55.7	248 53.4	157 59.8
Not accountable./1/2	59 4.9	7 4.0	18 6.2	21 4.5	13 5.0
COLLAPSED II =====					
.../5/6/7	768 64.0	99 60.5	188 63.1	307 66.1	166 63.1
.../4	235 19.6	40 24.6	50 16.9	90 19.4	52 19.7
.../1/2/3	125 10.5	12 7.3	43 14.5	37 7.9	34 12.8

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66. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "UNSCIENTIFIC" and seven is "SCIENTIFIC"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	146 12.2	16 10.0	37 12.3	60 13.0	31 11.8
.../5/6	622 51.8	83 50.5	151 50.8	247 53.1	135 51.3
.../4	235 19.6	40 24.6	50 16.9	90 19.4	52 19.7
.../2/3	87 7.2	7 4.0	35 11.7	21 4.6	24 9.2
.../1	39 3.2	5 3.2	8 2.8	15 3.3	10 3.7

67. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "MAKES NO DIFFERENCE TO ME PERSONALLY" and seven is "MAKES A GREAT DEAL OF DIFFERENCE TO ME PERSONALLY"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	386	36	79	148	118
	32.2	22.0	26.6	31.9	44.8
.../6	249	32	50	104	61
	20.7	19.3	16.9	22.3	23.2
.../5	233	37	61	101	35
	19.5	22.5	20.5	21.7	13.2
.../4	164	27	51	54	28
	13.7	16.7	17.1	11.7	10.8
.../3	66	12	23	23	8
	5.5	7.5	7.6	4.9	2.9
.../2	28	3	11	8	6
	2.3	2.1	3.6	1.7	2.1
Not at all accountnt	62	13	20	23	4
.../1	5.2	7.9	6.8	5.0	1.7
Don't Know/Refused	12	3	2	4	3
	1.0	1.9	0.8	0.8	1.2
Mean	5.33	4.94	5.00	5.40	5.84
Standard deviation	1.67	1.75	1.78	1.62	1.43
Standard error	0.05	0.14	0.10	0.08	0.09

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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67. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "MAKES NO DIFFERENCE TO ME PERSONALLY" and seven is "MAKES A GREAT DEAL OF DIFFERENCE TO ME PERSONALLY"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	634 52.9	68 41.3	129 43.5	251 54.2	179 68.1
.../3/4/5	463 38.6	77 46.8	134 45.2	178 38.3	71 26.9
Not accountable./1/2	90 7.5	16 10.0	31 10.4	31 6.7	10 3.8
COLLAPSED II =====					
.../5/6/7	868 72.3	105 63.9	190 64.0	352 75.9	214 81.3
.../4	164 13.7	27 16.7	51 17.1	54 11.7	28 10.8
.../1/2/3	156 13.0	29 17.5	54 18.1	54 11.6	18 6.7

(continued)

67. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "MAKES NO DIFFERENCE TO ME PERSONALLY" and seven is "MAKES A GREAT DEAL OF DIFFERENCE TO ME PERSONALLY"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	386 32.2	36 22.0	79 26.6	148 31.9	118 44.8
.../5/6	482 40.2	69 41.8	111 37.5	204 44.0	96 36.5
.../4	164 13.7	27 16.7	51 17.1	54 11.7	28 10.8
.../2/3	94 7.8	16 9.6	33 11.2	31 6.6	13 5.0
.../1	62 5.2	13 7.9	20 6.8	23 5.0	4 1.7

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68. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "REACTIVE" and seven is "PROACTIVE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	90 7.5	14 8.6	20 6.8	35 7.6	20 7.5
.../6	129 10.8	23 14.0	31 10.3	48 10.3	28 10.5
.../5	314 26.2	34 20.6	79 26.7	135 29.1	64 24.5
.../4	306 25.5	42 25.4	75 25.4	114 24.7	71 27.1
.../3	135 11.2	20 12.1	28 9.5	51 10.9	34 13.0
.../2	65 5.4	8 4.7	23 7.6	24 5.3	9 3.5
Not at all accountnt .../1	103 8.6	12 7.4	30 10.0	35 7.5	25 9.5
Don't Know/Refused	57 4.8	12 7.3	11 3.8	22 4.7	11 4.4
Mean	4.23	4.33	4.14	4.30	4.20
Standard deviation	1.60	1.62	1.64	1.55	1.60
Standard error	0.05	0.13	0.10	0.07	0.10

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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68. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "REACTIVE" and seven is "PROACTIVE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	219 18.3	37 22.6	51 17.1	83 18.0	47 18.0
.../3/4/5	754 62.9	95 58.1	183 61.5	300 64.7	170 64.6
Not accountable./1/2	169 14.1	20 12.1	52 17.6	59 12.7	34 13.0
COLLAPSED II =====					
.../5/6/7	533 44.4	71 43.1	130 43.8	218 47.0	112 42.5
.../4	306 25.5	42 25.4	75 25.4	114 24.7	71 27.1
.../1/2/3	304 25.3	40 24.2	80 27.1	110 23.6	68 26.0

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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68. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.
- one is "REACTIVE" and seven is "PROACTIVE"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	90 7.5	14 8.6	20 6.8	35 7.6	20 7.5
.../5/6	443 36.9	57 34.5	110 37.0	183 39.4	92 35.0
.../4	306 25.5	42 25.4	75 25.4	114 24.7	71 27.1
.../2/3	200 16.7	28 16.8	51 17.0	75 16.2	43 16.5
.../1	103 8.6	12 7.4	30 10.0	35 7.5	25 9.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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69. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "DOES NOTHING TO PROMOTE A HEALTHY POPULATION" and seven is "DOES A LOT TO PROMOTE A HEALTHY POPULATION"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Very accountable../7	130 10.8	18 10.8	30 10.0	52 11.1	29 11.1
.../6	228 19.0	28 17.1	55 18.6	96 20.7	48 18.3
.../5	411 34.2	56 34.1	100 33.7	158 34.0	93 35.4
.../4	266 22.2	36 22.0	71 24.0	101 21.7	55 20.8
.../3	84 7.0	16 9.7	20 6.7	26 5.6	23 8.6
.../2	28 2.3	1 0.4	8 2.7	11 2.3	8 3.0
Not at all accountnt .../1	31 2.6	6 3.9	9 3.0	12 2.5	3 1.3
Don't Know/Refused	21 1.8	3 2.1	4 1.4	9 2.0	4 1.3
Mean	4.87	4.80	4.81	4.93	4.88
Standard deviation	1.33	1.37	1.35	1.32	1.30
Standard error	0.04	0.11	0.08	0.06	0.08

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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69. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "DOES NOTHING TO PROMOTE A HEALTHY POPULATION" and seven is "DOES A LOT TO PROMOTE A HEALTHY POPULATION"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Accountable.../6/7	358 29.9	46 27.8	85 28.5	148 31.8	77 29.5
.../3/4/5	761 63.4	108 65.7	191 64.4	285 61.3	170 64.9
Not accountable./1/2	59 4.9	7 4.3	17 5.7	22 4.8	11 4.3
COLLAPSED II =====					
.../5/6/7	769 64.1	102 62.0	185 62.3	305 65.8	170 64.8
.../4	266 22.2	36 22.0	71 24.0	101 21.7	55 20.8
.../1/2/3	143 11.9	23 14.0	37 12.4	48 10.4	34 13.0

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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69. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "DOES NOTHING TO PROMOTE A HEALTHY POPULATION" and seven is "DOES A LOT TO PROMOTE A HEALTHY POPULATION"

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	130 10.8	18 10.8	30 10.0	52 11.1	29 11.1
.../5/6	639 53.3	84 51.2	156 52.3	254 54.7	141 53.7
.../4	266 22.2	36 22.0	71 24.0	101 21.7	55 20.8
.../2/3	112 9.4	16 10.0	28 9.4	37 7.9	31 11.7
.../1	31 2.6	6 3.9	9 3.0	12 2.5	3 1.3

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70. Having now considered various aspects of Health Canada's mandate, in general, how would you rate the overall performance of Health Canada? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Excellent.../7	48 4.0	10 5.9	17 5.7	15 3.1	7 2.7
.../6	170 14.2	23 13.8	38 12.6	71 15.3	37 14.0
.../5	465 38.7	63 38.5	109 36.7	185 40.0	105 40.1
Neither.../4	335 27.9	43 26.5	85 28.6	122 26.3	78 29.7
.../3	102 8.5	18 10.8	25 8.6	37 8.0	20 7.8
.../2	28 2.4	1 0.6	9 3.0	14 3.0	5 1.8
Terrible.../1	35 2.9	5 2.8	10 3.4	12 2.6	8 3.0
Don't Know/Refused	17 1.4	2 1.2	4 1.4	8 1.6	2 0.9
Mean	4.58	4.64	4.55	4.59	4.56
Standard deviation	1.20	1.21	1.28	1.19	1.15
Standard error	0.03	0.10	0.07	0.06	0.07

(continued)

70. Having now considered various aspects of Health Canada's mandate, in general, how would you rate the overall performance of Health Canada? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Good.../6/7	218 18.2	32 19.7	54 18.3	86 18.4	44 16.7
.../3/4/5	901 75.1	124 75.8	220 73.8	345 74.3	204 77.6
Poor.../1/2	63 5.3	5 3.3	19 6.5	26 5.6	12 4.8
COLLAPSED II =====					
.../5/6/7	683 56.9	95 58.2	163 54.9	271 58.4	149 56.8
.../4	335 27.9	43 26.5	85 28.6	122 26.3	78 29.7
.../1/2/3	165 13.7	23 14.1	45 15.0	63 13.6	33 12.5

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
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70. Having now considered various aspects of Health Canada's mandate, in general, how would you rate the overall performance of Health Canada? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	48 4.0	10 5.9	17 5.7	15 3.1	7 2.7
.../5/6	635 52.9	86 52.4	147 49.3	256 55.3	142 54.1
.../4	335 27.9	43 26.5	85 28.6	122 26.3	78 29.7
.../2/3	130 10.8	19 11.3	34 11.6	51 11.0	25 9.6
.../1	35 2.9	5 2.8	10 3.4	12 2.6	8 3.0

71. How would you rate Health Canada on keeping you informed about their priorities, policies, programs and services? Please respond using a 7-point scale, where 1 means they do a terrible job at keeping you informed, 7 means they do an excellent job and the mid-point 4 means they are neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Excellent.../7	49 4.1	6 3.8	14 4.6	20 4.2	9 3.6
.../6	117 9.7	12 7.6	25 8.5	45 9.6	33 12.6
.../5	278 23.2	33 19.9	62 20.9	121 26.1	60 22.9
Neither.../4	393 32.7	56 34.3	100 33.6	146 31.5	84 32.1
.../3	157 13.1	24 14.5	41 13.7	58 12.4	35 13.3
.../2	88 7.4	14 8.3	24 8.2	30 6.5	20 7.5
Terrible.../1	103 8.6	14 8.6	28 9.6	40 8.7	19 7.4
Don't Know/Refused	15 1.2	5 3.0	3 0.9	4 1.0	1 0.5
Mean	4.01	3.89	3.93	4.07	4.08
Standard deviation	1.49	1.47	1.52	1.49	1.47
Standard error	0.04	0.12	0.09	0.07	0.09

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

71. How would you rate Health Canada on keeping you informed about their priorities, policies, programs and services? Please respond using a 7-point scale, where 1 means they do a terrible job at keeping you informed, 7 means they do an excellent job and the mid-point 4 means they are neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I					
=====					
Good.../6/7	165 13.8	19 11.4	39 13.1	64 13.8	43 16.2
.../3/4/5	828 69.0	113 68.7	203 68.2	325 70.0	179 68.3
Poor.../1/2	192 16.0	28 16.9	53 17.8	70 15.2	39 15.0
COLLAPSED II					
=====					
.../5/6/7	443 37.0	51 31.3	101 34.0	185 39.9	103 39.1
.../4	393 32.7	56 34.3	100 33.6	146 31.5	84 32.1
.../1/2/3	349 29.1	51 31.4	94 31.5	128 27.6	74 28.3

(continued)

71. How would you rate Health Canada on keeping you informed about their priorities, policies, programs and services? Please respond using a 7-point scale, where 1 means they do a terrible job at keeping you informed, 7 means they do an excellent job and the mid-point 4 means they are neither good nor bad.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263

COLLAPSED III

.../7	49	6	14	20	9
	4.1	3.8	4.6	4.2	3.6
.../5/6	394	45	88	166	93
	32.9	27.5	29.4	35.7	35.5
.../4	393	56	100	146	84
	32.7	34.3	33.6	31.5	32.1
.../2/3	245	37	65	88	55
	20.5	22.8	22.0	18.9	20.9
.../1	103	14	28	40	19
	8.6	8.6	9.6	8.7	7.4

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WEIGHTED DATA

72. Have you personally had contact with Health Canada in the last five years
either by going on their web site, by mail, in person, by fax, or by telephone?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Yes	302 25.2	30 18.5	63 21.3	120 25.9	87 33.1
No	890 74.2	131 79.8	232 78.0	344 74.1	174 66.1
Don't Know/Refused	8 0.6	3 1.6	2 0.8	0 0.1	2 0.8

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72A. Q72 & Q75 COMBINED : CONTACT & SATISFACTION

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
No contact with Health Canada (Q.72)	890 74.2	131 79.8	232 78.0	344 74.1	174 66.1
Contact (Q72) & Satisfied (Q75)	200 16.7	23 14.2	40 13.5	77 16.6	59 22.5
Contact (Q72) & Neutral/Dissatisf'd (Q75)	99 8.2	7 4.0	23 7.7	41 8.8	28 10.5

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WEIGHTED DATA

73. And was the contact you had ...

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
By mail	83 27.4	4 14.3	16 24.8	34 28.1	29 33.5
By internet	171 56.6	15 47.8	40 63.4	69 57.1	47 54.4
In person	93 30.7	11 37.1	16 25.5	34 28.2	32 36.3
By fax	14 4.6	2 6.6	3 4.6	4 3.1	5 6.3
By telephone	105 34.9	11 35.5	18 29.2	45 37.1	31 35.3
NO/DK/REF TO ALL	0 0.1	-	0 0.7	-	-

74. What was the purpose of your last contact with Health Canada?

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Research/Information	54 18.0	5 16.8	11 16.9	21 17.2	18 20.5
I am sick/ was sick Needed medical treatment/ Friend or relative was or is sick(all mentions of other diseases)	35 11.5	2 5.4	4 6.8	16 13.5	13 14.6
Food Guide/ Food In- spection agency issues/ Food safety issues/ Diet/ Nutrition	19 6.2	2 8.1	3 4.7	7 6.1	6 6.9
Looking up informat- ion on different medications/Info on prescription drugs / Treatments (all)	16 5.4	1 3.3	2 3.5	11 9.0	2 2.7
For Health cards/ Health card inquiry	16 5.3	1 3.3	3 5.3	10 8.0	2 2.3
Information on (all medical conditions specified)	16 5.3	1 4.8	2 3.7	5 4.6	7 7.5
For work/Through work(general)/I work in healthcare	10 3.5	2 6.6	3 4.2	2 1.4	4 4.8

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

74. What was the purpose of your last contact with Health Canada?

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Child care related (Info., coverage, etc.) (all)/Child was sick	9 3.1	0 1.2	3 4.2	5 4.5	1 1.1
Travelling information/ Vaccines to travel/ Vaccines or Immunization for other countries	9 3.0	- 11.4	7 1.2	1 0.5	0
Website/ Went to the website (all)	9 2.9	1 4.3	-	4 3.2	3 3.8
I received something in the mail/Surveys	8 2.5	1 3.3	-	4 3.0	3 3.5
Coverage Details/ Want to know if x is covered (all)	7 2.2	1 3.3	1 1.6	3 2.5	2 1.8
Policies/looking for Regulations	7 2.2	-	1 1.6	4 3.2	2 2.1
Smoking related/ Information on smokers issues (all)	6 1.9	0 1.0	1 2.1	2 1.4	2 2.8
Vaccination/ Immunization (all other than for Other Countries)	6 1.8	2 6.6	0 0.7	1 0.8	2 2.4
No Reason/ Just Curiosity	5 1.8	1 3.3	3 4.7	1 1.2	-

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74. What was the purpose of your last contact with Health Canada?

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
For School/ School work (all)	5 1.6	2 5.4	2 3.4	1 0.6	0 0.5
Health Issues/Medical Reasons(gen)	5 1.6	- 0.7	0 1.4	2 1.4	3 3.1
Test/ Went in for check up/ Went to doctor	5 1.6	0 1.5	2 2.6	2 1.4	1 1.1
Surgery related(all) (application, check, waiting list etc.)	4 1.5	- 1.5	1 0.8	1 0.8	3 3.0
Myself or Relative have cancer/ Cancer appointment/ Chemotherapy	4 1.4	0 1.6	- 2.0	2 2.0	1 1.7
Medical Insurance	4 1.2	- 1.6	1 1.6	2 1.7	0 0.5
Personal/ For personal reasons	3 1.1	- 2.1	1 2.1	2 1.7	- -
Funding / Financing / Money for Research (all)	3 1.0	1 3.3	1 1.6	0 0.4	1 0.7
Filing complaint about delays/Waiting for service/Waiting lists/ Complaint against doctors(all)	3 1.0	0 1.5	- -	1 0.9	1 1.7

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

74. What was the purpose of your last contact with Health Canada?

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Bill Inquiries/ I received a bill	3 1.0	1 3.1	1 1.7	-	1 1.1
To get more information on the health care system/To see how the healthcare system works	3 0.9	-	1 1.6	2 1.4	-
A presentation I had to attend/ Exposition (all)	3 0.9	2 6.6	-	-	1 0.7
Relative died/ Was terminally ill	3 0.9	0 1.6	-	0 0.1	2 2.3
Friend or relative is a healthcare professional(all)	2 0.8	-	1 1.6	0 0.4	1 1.1
About pension funds/ Old age Security (all)	2 0.8	-	-	-	2 2.7
Myself or relative have hepatitis	2 0.7	-	-	1 0.8	1 1.1
Paid for a product or a service (all)	2 0.6	-	-	1 0.8	1 1.1
Disability info or application	2 0.6	0 1.5	-	1 1.1	-
Career Info (all)	2 0.6	1 3.3	-	1 0.7	-

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74. What was the purpose of your last contact with Health Canada?

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Care of Elderly/ Healthcare for retired people (all)	2 0.6	- 0.2	0 0.2	1 0.8	1 0.7
About insulin/Avail- ability of insulin products/ Insulin information	2 0.5	-	-	1 0.8	1 0.7
Inquiries about the environment/ Pollution (all)	1 0.5	-	-	1 0.8	0 0.6
Information on SARS	1 0.5	-	-	-	1 1.7
To legalize Mari- juana/in the process to grow Marijuana	1 0.5	-	1 1.6	0 0.4	-
Obesity /Weight Loss Exercise Plans/ Physical Activity	1 0.4	-	1 1.6	-	0 0.4
Other	20 6.7	1 4.8	4 6.9	6 5.4	7 7.9
Don't Know/Refused	23 7.7	2 6.3	6 10.1	12 9.6	4 4.0

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75. Overall, how satisfied were you with your last contact with Health Canada?
Please use a 7-point scale, where 1 means extremely dissatisfied, 7 means
extremely satisfied and four the midpoint means neither.

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Extremely satisfied	56	10	9	24	14
.../7	18.7	31.8	14.9	19.8	15.6
.../6	71	7	17	28	20
	23.5	21.6	26.4	23.2	22.9
.../5	73	7	14	26	26
	24.0	23.0	22.3	21.3	29.4
Neither.../4	57	5	13	22	17
	18.8	15.5	20.8	18.4	19.2
.../3	14	1	4	7	3
	4.7	2.7	5.6	5.9	3.0
.../2	8	-	2	4	2
	2.6		2.5	3.3	2.7
Extremely dissatisfied	20	1	5	8	6
.../1	6.7	3.3	7.4	6.4	6.8
Don't Know/Refused	3	1	-	2	0
	1.0	2.1		1.7	0.4
Mean	4.98	5.52	4.87	4.97	4.94
Standard deviation	1.64	1.46	1.65	1.68	1.59
Standard error	0.10	0.27	0.21	0.15	0.17

(continued)

75. Overall, how satisfied were you with your last contact with Health Canada?
Please use a 7-point scale, where 1 means extremely dissatisfied, 7 means
extremely satisfied and four the midpoint means neither.

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED I =====					
Satisfied.../6/7	128 42.2	16 53.4	26 41.3	52 43.0	34 38.5
.../3/4/5	143 47.5	13 41.2	31 48.7	55 45.6	45 51.6
Dissatisfied.../1/2	28 9.3	1 3.3	6 9.9	12 9.7	8 9.4
COLLAPSED II =====					
.../5/6/7	200 66.3	23 76.5	40 63.6	77 64.3	59 68.0
.../4	57 18.8	5 15.5	13 20.8	22 18.4	17 19.2
.../1/2/3	42 14.0	2 6.0	10 15.6	19 15.6	11 12.4

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

75. Overall, how satisfied were you with your last contact with Health Canada?
Please use a 7-point scale, where 1 means extremely dissatisfied, 7 means
extremely satisfied and four the midpoint means neither.

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED III					
.../7	56 18.7	10 31.8	9 14.9	24 19.8	14 15.6
.../5/6	144 47.6	14 44.6	31 48.7	53 44.5	46 52.3
.../4	57 18.8	5 15.5	13 20.8	22 18.4	17 19.2
.../2/3	22 7.3	1 2.7	5 8.1	11 9.2	5 5.7
.../1	20 6.7	1 3.3	5 7.4	8 6.4	6 6.8

76. What was the main reason for your dissatisfaction with your last contact with Health Canada?

SUBSAMPLE: Respondents who are dissatisfied (Score 1-3)

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	64	3	16	29	15
WEIGHTED SAMPLE	42	2	10	19	11
Got no answers/Did not respond to/No information given/ Got the run around (all)	12 27.8	1 55.1	2 25.0	3 15.9	5 48.9
Biased Information/ Not straightforward/ Don't give you info you need (all)	9 20.3	1 55.1	0 2.3	5 27.1	2 20.9
Negative comments about staff (all)	6 14.0	-	-	5 29.1	0 4.3
Slow Service/Waiting in Hospital	6 13.6	0 25.6	1 6.5	4 19.6	1 9.2
Cover up the facts/ Don't take responsibility/ Undemocratic attitude(all)	5 11.3	-	2 16.0	2 8.5	2 14.7
Poor Service / Not enough services	4 10.2	0 19.3	1 8.3	2 9.8	1 12.1
Incompetence/Lack of understanding of real issues/Ignorant	4 9.5	-	1 10.2	3 16.1	-
Poorly organized / Poor Planning/ It's the structure and not the person	4 9.4	1 55.1	1 10.2	1 5.1	1 9.2

(continued)

76. What was the main reason for your dissatisfaction with your last contact with Health Canada?

SUBSAMPLE: Respondents who are dissatisfied (Score 1-3)

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	64	3	16	29	15
WEIGHTED SAMPLE	42	2	10	19	11
Didn't like the way they handled my situation/Not covered because of error	3	0	1	2	-
Refused to do their job	8.0	25.6	10.2	10.3	-
Lack of Doctors /Not enough doctors (all)	3	-	-	1	2
	7.1	-	-	5.4	18.5
Kept getting machine / Could not speak with live person	3	-	1	1	1
	6.3	-	9.4	5.9	5.9
Problems with the Web-site(all)	2	-	0	1	1
	5.7	-	1.1	6.8	9.2
Cost /had to pay for it	2	0	1	0	-
	4.6	25.6	10.2	2.6	-
Other	2	-	0	0	-
	3.8	-	3.2	1.7	-
Don't Know/Refused	1	-	-	1	-
	2.4	-	-	5.4	-

77. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "DOES A POOR JOB OF COMMUNICATING IN THE OFFICIAL LANGUAGE OF YOUR CHOICE" and seven is "DOES AN EXCELLENT JOB"

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Excellent.../7	142 47.0	16 53.4	23 36.7	53 44.2	49 56.4
.../6	64 21.0	5 16.9	16 25.4	29 24.5	13 15.0
.../5	47 15.5	2 6.6	13 21.1	19 16.1	11 12.7
.../4	26 8.7	4 11.7	5 7.9	11 9.5	6 7.3
.../3	9 3.0	1 3.3	3 4.1	4 3.4	1 1.7
.../2	6 1.8	-	1 1.8	2 1.5	3 3.0
Poor.../1	5 1.8	1 4.8	2 3.2	0 0.4	1 1.7
Don't Know/Refused	3 1.1	1 3.3	-	0 0.4	2 2.3
Mean	5.89	5.89	5.65	5.91	6.04
Standard deviation	1.41	1.65	1.50	1.28	1.45
Standard error	0.08	0.31	0.19	0.12	0.16

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WEIGHTED DATA

77. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "DOES A POOR JOB OF COMMUNICATING IN THE OFFICIAL LANGUAGE OF YOUR CHOICE" and seven is "DOES AN EXCELLENT JOB"

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED I =====					
Good.../6/7	205 68.0	21 70.3	39 62.1	82 68.7	62 71.3
.../3/4/5	82 27.2	7 21.6	21 33.0	35 29.0	19 21.7
Poor.../1/2	11 3.6	1 4.8	3 4.9	2 1.9	4 4.7
COLLAPSED II =====					
.../5/6/7	252 83.5	23 76.9	53 83.1	102 84.8	73 84.0
.../4	26 8.7	4 11.7	5 7.9	11 9.5	6 7.3
.../1/2/3	20 6.6	2 8.1	6 9.0	6 5.3	6 6.4

(continued)

77. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "DOES A POOR JOB OF COMMUNICATING IN THE OFFICIAL LANGUAGE OF YOUR CHOICE" and seven is "DOES AN EXCELLENT JOB"

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED III					
.../7	142 47.0	16 53.4	23 36.7	53 44.2	49 56.4
.../5/6	110 36.5	7 23.4	29 46.4	49 40.6	24 27.7
.../4	26 8.7	4 11.7	5 7.9	11 9.5	6 7.3
.../2/3	15 4.9	1 3.3	4 5.8	6 4.9	4 4.7
.../1	5 1.8	1 4.8	2 3.2	0 0.4	1 1.7

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78. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "SLOW TO PROVIDE INFORMATION" and seven is "PROVIDES INFORMATION IN A TIMELY FASHION"

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Excellent.../7	39 13.1	5 16.1	8 12.0	18 15.2	9 10.1
.../6	73 24.0	9 30.4	15 24.1	27 22.8	21 23.8
.../5	85 28.1	8 26.0	16 25.5	35 29.3	25 29.1
.../4	56 18.4	4 12.4	17 26.4	19 15.8	15 17.3
.../3	10 3.3	-	0 0.7	5 4.3	4 5.0
.../2	9 2.8	-	3 5.1	4 3.1	2 1.9
Poor.../1	23 7.5	3 10.2	2 3.0	9 7.4	9 10.0
Don't Know/Refused	8 2.8	1 4.8	2 3.2	2 2.1	2 2.8
Mean	4.86	5.10	4.93	4.90	4.70
Standard deviation	1.61	1.71	1.43	1.64	1.68
Standard error	0.09	0.32	0.18	0.15	0.18

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

78. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "SLOW TO PROVIDE INFORMATION" and seven is "PROVIDES INFORMATION IN A TIMELY FASHION"

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED I =====					
Good.../6/7	112 37.1	14 46.5	23 36.1	46 38.0	29 33.9
.../3/4/5	150 49.8	12 38.5	33 52.7	59 49.5	45 51.4
Poor.../1/2	31 10.3	3 10.2	5 8.1	13 10.5	10 11.9
COLLAPSED II =====					
.../5/6/7	197 65.2	22 72.6	39 61.6	81 67.3	55 63.0
.../4	56 18.4	4 12.4	17 26.4	19 15.8	15 17.3
.../1/2/3	41 13.6	3 10.2	6 8.8	18 14.8	15 16.9

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

78. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "SLOW TO PROVIDE INFORMATION" and seven is "PROVIDES INFORMATION IN A TIMELY FASHION"

SUBSAMPLE: Personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED III					
.../7	39 13.1	5 16.1	8 12.0	18 15.2	9 10.1
.../5/6	157 52.1	17 56.4	31 49.6	63 52.1	46 52.9
.../4	56 18.4	4 12.4	17 26.4	19 15.8	15 17.3
.../2/3	19 6.2	-	4 5.8	9 7.4	6 6.9
.../1	23 7.5	3 10.2	2 3.0	9 7.4	9 10.0

79. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "OFFERS LIMITED OPTIONS FOR GETTING AND RECEIVING INFORMATION"
and seven is "OFFERS A SUFFICIENT NUMBER OF OPTIONS FOR GETTING RECEIVING INFORMATION"

SUBSAMPLE: Who personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
Excellent.../7	53 17.5	8 26.5	7 10.9	24 19.9	14 16.0
.../6	82 27.2	9 29.2	21 33.2	32 26.5	20 22.5
.../5	69 22.7	5 15.3	13 21.0	30 24.6	21 24.0
.../4	53 17.5	5 16.2	12 19.6	20 16.4	16 18.1
.../3	19 6.2	1 2.1	4 6.8	6 4.9	8 9.2
.../2	6 1.8	-	1 1.6	3 2.3	2 2.0
Poor.../1	13 4.2	2 8.1	2 3.7	4 3.6	4 4.1
Don't Know/Refused	8 2.8	1 2.6	2 3.2	2 1.8	4 4.1
Mean	5.10	5.30	5.02	5.19	4.95
Standard deviation	1.52	1.73	1.44	1.49	1.54
Standard error	0.09	0.32	0.18	0.14	0.17

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

79. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "OFFERS LIMITED OPTIONS FOR GETTING AND RECEIVING INFORMATION"
- and seven is "OFFERS A SUFFICIENT NUMBER OF OPTIONS FOR GETTING RECEIVING INFORMATION"

SUBSAMPLE: Who personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED I					
=====					
Good.../6/7	135 44.7	17 55.7	28 44.1	56 46.4	33 38.5
.../3/4/5	140 46.4	10 33.6	30 47.4	55 45.9	45 51.3
Poor.../1/2	18 6.1	2 8.1	3 5.3	7 5.9	5 6.1
COLLAPSED II					
=====					
.../5/6/7	204 67.4	22 71.0	41 65.1	85 71.0	54 62.5
.../4	53 17.5	5 16.2	12 19.6	20 16.4	16 18.1
.../1/2/3	37 12.3	3 10.2	8 12.1	13 10.9	13 15.3

(continued)

79. I'd like you to tell me how well each term describes your view of Health Canada, using a seven point scale.

- one is "OFFERS LIMITED OPTIONS FOR GETTING AND RECEIVING INFORMATION"
- and seven is "OFFERS A SUFFICIENT NUMBER OF OPTIONS FOR GETTING RECEIVING INFORMATION"

SUBSAMPLE: Who personally contacted Health Canada

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	431	39	85	177	128
WEIGHTED SAMPLE	302	30	63	120	87
COLLAPSED III					
.../7	53 17.5	8 26.5	7 10.9	24 19.9	14 16.0
.../5/6	151 50.0	14 44.5	34 54.2	61 51.1	40 46.4
.../4	53 17.5	5 16.2	12 19.6	20 16.4	16 18.1
.../2/3	24 8.1	1 2.1	5 8.4	9 7.2	10 11.2
.../1	13 4.2	2 8.1	2 3.7	4 3.6	4 4.1

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

80. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- The federal Minister of Health, Ujjal Dosanjh

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
Completely believable .../7	33 4.1	3 2.4	9 4.8	15 4.7	5 3.0
.../6	103 12.8	17 14.9	20 10.4	38 12.2	27 15.8
.../5	210 26.3	27 23.3	48 24.7	90 28.9	44 25.6
.../4	192 23.9	31 27.1	45 23.3	71 23.0	42 24.5
.../3	66 8.2	11 9.2	13 6.8	27 8.6	14 8.4
.../2	46 5.7	6 5.4	11 6.0	19 6.0	9 5.3
Not at all believable .../1	69 8.6	6 5.5	24 12.5	21 6.9	16 9.6
Don't Know/Refused	83 10.3	14 12.3	22 11.6	30 9.6	13 7.8
Mean	4.21	4.27	4.04	4.29	4.20
Standard deviation	1.57	1.43	1.69	1.52	1.58
Standard error	0.06	0.14	0.13	0.09	0.13

(continued)

80. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- The federal Minister of Health, Ujjal Dosanjh

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED I =====					
Believable.../6/7	135 16.9	20 17.3	29 15.2	53 16.9	32 18.8
.../3/4/5	468 58.4	69 59.5	106 54.8	188 60.5	100 58.5
Not believable.../1/2	115 14.4	13 10.9	35 18.4	40 12.9	25 14.9
COLLAPSED II =====					
.../5/6/7	346 43.2	47 40.6	77 39.9	142 45.8	76 44.4
.../4	192 23.9	31 27.1	45 23.3	71 23.0	42 24.5
.../1/2/3	181 22.6	23 20.1	49 25.2	67 21.6	40 23.3

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

80. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
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- The federal Minister of Health, Ujjal Dosanjh

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED III					
.../7	33 4.1	3 2.4	9 4.8	15 4.7	5 3.0
.../5/6	313 39.1	44 38.2	68 35.1	128 41.1	71 41.4
.../4	192 23.9	31 27.1	45 23.3	71 23.0	42 24.5
.../2/3	112 13.9	17 14.6	25 12.8	46 14.7	23 13.7
.../1	69 8.6	6 5.5	24 12.5	21 6.9	16 9.6

81. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Your provincial Minister of Health

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
Completely believable .../7	50 6.2	5 4.5	15 7.6	21 6.9	8 4.7
.../6	97 12.1	12 10.2	22 11.6	42 13.5	18 10.7
.../5	223 27.8	43 37.0	42 22.0	86 27.8	51 29.7
.../4	191 23.9	23 20.1	47 24.3	72 23.2	46 27.0
.../3	75 9.3	14 11.7	16 8.5	28 9.1	15 9.0
.../2	52 6.6	6 5.4	16 8.2	22 7.2	8 4.8
Not at all believable .../1	71 8.9	7 5.7	26 13.3	21 6.8	17 9.9
Don't Know/Refused	41 5.2	6 5.4	8 4.4	17 5.6	7 4.2
Mean	4.23	4.33	4.03	4.34	4.18
Standard deviation	1.60	1.43	1.77	1.57	1.55
Standard error	0.06	0.14	0.13	0.09	0.12

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

81. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Your provincial Minister of Health

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED I =====					
Believable.../6/7	147 18.3	17 14.8	37 19.2	63 20.4	26 15.4
.../3/4/5	489 61.1	80 68.8	105 54.8	187 60.1	112 65.7
Not believable../1/2	124 15.5	13 11.1	42 21.6	43 13.9	25 14.7
COLLAPSED II =====					
.../5/6/7	370 46.2	60 51.7	79 41.2	150 48.2	77 45.1
.../4	191 23.9	23 20.1	47 24.3	72 23.2	46 27.0
.../1/2/3	199 24.8	27 22.8	58 30.1	71 23.0	40 23.7

(continued)

81. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Your provincial Minister of Health

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED III					
.../7	50 6.2	5 4.5	15 7.6	21 6.9	8 4.7
.../5/6	320 39.9	55 47.2	65 33.6	128 41.4	69 40.4
.../4	191 23.9	23 20.1	47 24.3	72 23.2	46 27.0
.../2/3	127 15.9	20 17.1	32 16.7	50 16.2	23 13.7
.../1	71 8.9	7 5.7	26 13.3	21 6.8	17 9.9

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

82. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Canada's Chief Public Health Officer, Dr. David Butler-Jones

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
Completely believable .../7	77 9.6	12 10.7	23 12.1	21 6.9	20 11.4
.../6	159 19.9	26 22.7	40 20.7	63 20.4	29 17.2
.../5	165 20.5	24 20.6	30 15.6	65 20.9	44 25.7
.../4	132 16.4	13 11.3	29 15.1	58 18.7	30 17.7
.../3	50 6.2	10 8.4	15 8.0	12 4.0	12 7.2
.../2	22 2.8	3 2.6	1 0.7	15 4.8	2 1.3
Not at all believable .../1	30 3.7	7 6.2	11 5.7	7 2.2	3 1.9
Don't Know/Refused	167 20.8	20 17.5	43 22.2	69 22.2	30 17.6
Mean	4.84	4.80	4.86	4.80	4.96
Standard deviation	1.52	1.68	1.65	1.43	1.36
Standard error	0.06	0.17	0.14	0.09	0.11

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

82. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Canada's Chief Public Health Officer, Dr. David Butler-Jones

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED I =====					
Believable.../6/7	236 29.5	39 33.4	63 32.8	85 27.2	49 28.6
.../3/4/5	346 43.2	47 40.3	74 38.7	135 43.5	87 50.6
Not believable.../1/2	52 6.5	10 8.8	12 6.3	22 7.1	5 3.2
COLLAPSED II =====					
.../5/6/7	401 50.0	63 54.0	93 48.4	149 48.1	93 54.3
.../4	132 16.4	13 11.3	29 15.1	58 18.7	30 17.7
.../1/2/3	102 12.7	20 17.1	28 14.3	34 11.0	18 10.4

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

82. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Canada's Chief Public Health Officer, Dr. David Butler-Jones

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED III					
.../7	77 9.6	12 10.7	23 12.1	21 6.9	20 11.4
.../5/6	324 40.4	50 43.3	70 36.3	128 41.2	73 42.9
.../4	132 16.4	13 11.3	29 15.1	58 18.7	30 17.7
.../2/3	72 9.0	13 10.9	17 8.6	27 8.8	15 8.5
.../1	30 3.7	7 6.2	11 5.7	7 2.2	3 1.9

83. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- The media

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
Completely believable .../7	30 3.8	4 3.5	11 5.8	8 2.7	7 4.0
.../6	69 8.7	13 10.9	17 8.7	28 8.9	12 6.7
.../5	180 22.5	20 17.5	44 22.8	77 24.7	38 22.0
.../4	258 32.3	39 33.3	57 29.6	93 29.8	66 38.7
.../3	112 13.9	20 17.5	25 13.0	47 15.1	18 10.5
.../2	65 8.1	9 7.9	16 8.5	26 8.4	13 7.7
Not at all believable .../1	78 9.7	9 7.8	20 10.4	30 9.7	16 9.5
Don't Know/Refused	9 1.1	2 1.7	2 1.1	2 0.7	1 0.9
Mean	3.92	3.93	3.96	3.89	3.93
Standard deviation	1.51	1.47	1.60	1.49	1.46
Standard error	0.05	0.14	0.12	0.08	0.11

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

83. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- The media

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED I =====					
Believable.../6/7	100 12.5	17 14.4	28 14.5	36 11.6	18 10.7
.../3/4/5	550 68.7	79 68.2	126 65.5	216 69.6	122 71.2
Not believable.../1/2	143 17.8	18 15.7	36 19.0	56 18.1	30 17.3
COLLAPSED II =====					
.../5/6/7	280 34.9	37 31.9	72 37.3	113 36.3	56 32.7
.../4	258 32.3	39 33.3	57 29.6	93 29.8	66 38.7
.../1/2/3	254 31.7	39 33.2	62 32.0	103 33.2	47 27.7

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83. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- The media

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED III					
.../7	30 3.8	4 3.5	11 5.8	8 2.7	7 4.0
.../5/6	249 31.1	33 28.3	61 31.5	104 33.6	49 28.7
.../4	258 32.3	39 33.3	57 29.6	93 29.8	66 38.7
.../2/3	176 22.0	29 25.4	41 21.6	73 23.5	31 18.2
.../1	78 9.7	9 7.8	20 10.4	30 9.7	16 9.5

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

84. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Health care practitioners like physicians and nurses

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
Completely believable .../7	215 26.8	21 18.5	53 27.5	86 27.6	54 31.5
.../6	307 38.4	46 39.5	72 37.6	123 39.6	61 35.9
.../5	160 19.9	27 23.0	37 19.2	63 20.2	32 19.0
.../4	70 8.7	13 11.1	18 9.6	22 7.1	13 7.7
.../3	21 2.6	3 2.8	6 3.1	8 2.7	4 2.2
.../2	8 1.0	1 0.9	2 0.9	3 1.0	2 1.2
Not at all believable .../1	9 1.2	4 3.1	2 1.3	3 0.9	1 0.5
Don't Know/Refused	10 1.3	1 1.1	2 1.0	2 0.8	4 2.1
Mean	5.71	5.45	5.70	5.76	5.83
Standard deviation	1.20	1.33	1.23	1.16	1.15
Standard error	0.04	0.12	0.09	0.07	0.09

(continued)

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84. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Health care practitioners like physicians and nurses

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED I =====					
Believable.../6/7	522 65.2	67 58.0	125 65.1	209 67.3	115 67.4
.../3/4/5	251 31.3	43 36.9	61 31.8	93 30.0	49 28.9
Not believable.../1/2	17 2.2	5 4.0	4 2.1	6 1.9	3 1.6
COLLAPSED II =====					
.../5/6/7	682 85.2	94 81.0	162 84.3	272 87.5	148 86.4
.../4	70 8.7	13 11.1	18 9.6	22 7.1	13 7.7
.../1/2/3	39 4.8	8 6.8	10 5.2	14 4.6	7 3.8

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

84. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- Health care practitioners like physicians and nurses

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED III					
.../7	215 26.8	21 18.5	53 27.5	86 27.6	54 31.5
.../5/6	467 58.3	73 62.5	109 56.8	186 59.8	94 54.9
.../4	70 8.7	13 11.1	18 9.6	22 7.1	13 7.7
.../2/3	29 3.6	4 3.7	8 3.9	12 3.7	6 3.4
.../1	9 1.2	4 3.1	2 1.3	3 0.9	1 0.5

85a There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- An expert or doctor who is a spokesperson from Health Canada

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	599	82	141	234	131
WEIGHTED SAMPLE	416	60	99	160	90
Completely believable	56	9	12	20	15
.../7	13.6	14.8	12.6	12.3	16.9
.../6	110	15	30	38	25
	26.5	25.6	30.8	23.7	28.1
.../5	121	21	26	47	23
	29.0	35.5	26.7	29.6	25.1
.../4	67	9	14	27	17
	16.1	15.1	14.3	16.9	19.0
.../3	21	2	4	12	2
	5.0	3.5	4.5	7.8	1.9
.../2	15	1	4	7	3
	3.5	1.7	3.6	4.6	3.1
Not at all believable	7	1	2	2	1
.../1	1.7	1.1	2.2	1.4	1.3
Don't Know/Refused	19	2	5	6	4
	4.6	2.7	5.3	3.8	4.5
Mean	5.10	5.24	5.14	4.96	5.26
Standard deviation	1.36	1.21	1.39	1.39	1.32
Standard error	0.07	0.16	0.14	0.11	0.14

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

85a There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- An expert or doctor who is a spokesperson from Health Canada

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	599	82	141	234	131
WEIGHTED SAMPLE	416	60	99	160	90
COLLAPSED I =====					
Believable.../6/7	167 40.0	24 40.4	43 43.4	57 36.0	40 45.0
.../3/4/5	209 50.1	32 54.1	45 45.4	87 54.3	41 46.0
Not believable.../1/2	22 5.3	2 2.7	6 5.8	9 5.9	4 4.4
COLLAPSED II =====					
.../5/6/7	287 69.1	45 75.9	69 70.1	105 65.6	63 70.1
.../4	67 16.1	9 15.1	14 14.3	27 16.9	17 19.0
.../1/2/3	43 10.2	4 6.3	10 10.3	22 13.7	6 6.4

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

85a There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- An expert or doctor who is a spokesperson from Health Canada

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	599	82	141	234	131
WEIGHTED SAMPLE	416	60	99	160	90
COLLAPSED III					
.../7	56 13.6	9 14.8	12 12.6	20 12.3	15 16.9
.../5/6	231 55.5	36 61.1	57 57.5	85 53.3	48 53.2
.../4	67 16.1	9 15.1	14 14.3	27 16.9	17 19.0
.../2/3	35 8.5	3 5.2	8 8.1	20 12.4	5 5.0
.../1	7 1.7	1 1.1	2 2.2	2 1.4	1 1.3

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

85B There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- A media relations officer who is a spokesperson from Health Canada

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	569	78	129	230	129
WEIGHTED SAMPLE	385	56	94	151	81
Completely believable .../7	18 4.7	1 1.2	4 4.6	9 6.0	4 4.8
.../6	43 11.3	4 7.6	14 15.1	16 10.3	9 11.5
.../5	115 29.8	16 27.5	20 21.0	53 34.9	26 32.5
.../4	101 26.1	19 33.2	24 25.2	34 22.4	24 30.0
.../3	45 11.7	7 12.5	10 10.8	18 12.1	10 11.9
.../2	23 6.1	2 4.4	7 7.9	10 6.6	3 3.3
Not at all believable .../1	25 6.4	4 7.4	12 13.3	4 2.4	3 4.0
Don't Know/Refused	15 3.9	3 6.2	2 2.2	8 5.2	2 2.1
Mean	4.24	4.03	3.99	4.43	4.40
Standard deviation	1.46	1.34	1.72	1.35	1.31
Standard error	0.08	0.18	0.18	0.11	0.15

(continued)

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85B There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- A media relations officer who is a spokesperson from Health Canada

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	569	78	129	230	129
WEIGHTED SAMPLE	385	56	94	151	81
COLLAPSED I =====					
Believable.../6/7	61 15.9	5 8.8	19 19.7	25 16.3	13 16.2
.../3/4/5	260 67.7	41 73.2	53 57.0	105 69.4	60 74.4
Not believable.../1/2	48 12.5	7 11.8	20 21.1	14 9.0	6 7.3
COLLAPSED II =====					
.../5/6/7	176 45.8	21 36.3	38 40.7	77 51.3	40 48.7
.../4	101 26.1	19 33.2	24 25.2	34 22.4	24 30.0
.../1/2/3	93 24.2	14 24.3	30 31.9	32 21.1	16 19.2

(continued)

Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

85B There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- A media relations officer who is a spokesperson from Health Canada

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	569	78	129	230	129
WEIGHTED SAMPLE	385	56	94	151	81
COLLAPSED III					
.../7	18 4.7	1 1.2	4 4.6	9 6.0	4 4.8
.../5/6	158 41.1	20 35.2	34 36.1	68 45.3	36 44.0
.../4	101 26.1	19 33.2	24 25.2	34 22.4	24 30.0
.../2/3	68 17.8	10 16.9	18 18.7	28 18.6	12 15.1
.../1	25 6.4	4 7.4	12 13.3	4 2.4	3 4.0

86. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- A representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
Completely believable .../7	185 23.1	23 19.5	41 21.1	75 24.0	47 27.3
.../6	280 34.9	38 33.0	67 35.0	107 34.4	64 37.4
.../5	192 24.0	27 23.2	52 27.1	79 25.4	32 18.7
.../4	76 9.4	18 15.3	17 8.7	25 8.1	13 7.4
.../3	35 4.3	5 4.1	9 4.6	9 2.7	12 6.7
.../2	10 1.3	1 1.2	2 1.0	4 1.4	2 1.4
Not at all believable .../1	10 1.2	2 1.8	2 1.0	5 1.7	0 0.2
Don't Know/Refused	14 1.8	2 2.0	3 1.3	7 2.2	1 0.9
Mean	5.55	5.39	5.53	5.59	5.67
Standard deviation	1.26	1.31	1.22	1.26	1.25
Standard error	0.04	0.12	0.09	0.07	0.10

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

86. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- A representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED I =====					
Believable.../6/7	465 58.0	61 52.5	108 56.2	181 58.4	111 64.7
.../3/4/5	302 37.7	49 42.6	78 40.4	113 36.3	56 32.9
Not believable.../1/2	20 2.5	3 3.0	4 2.1	10 3.1	3 1.6
COLLAPSED II =====					
.../5/6/7	657 82.0	88 75.6	160 83.3	260 83.9	143 83.4
.../4	76 9.4	18 15.3	17 8.7	25 8.1	13 7.4
.../1/2/3	54 6.8	8 7.0	13 6.7	18 5.8	14 8.4

(continued)

86. There are a number of people who might speak out about health issues.
Please tell me how believable you find each of the following, using a scale
of 1 to 7 where 1 means they are not at all believable and 7 means they are completely believable.

- A representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society

SUBSAMPLE: Ask 2/3 Sample

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1168	160	270	464	260
WEIGHTED SAMPLE	801	116	192	311	171
COLLAPSED III					
.../7	185 23.1	23 19.5	41 21.1	75 24.0	47 27.3
.../5/6	472 58.9	65 56.1	120 62.1	186 59.9	96 56.1
.../4	76 9.4	18 15.3	17 8.7	25 8.1	13 7.4
.../2/3	45 5.6	6 5.2	11 5.6	13 4.2	14 8.2
.../1	10 1.2	2 1.8	2 1.0	5 1.7	0 0.2

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

87. Have you seen any advertising related to health or health care from the Government of Canada in the last three months?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Yes	653 54.4	73 44.6	157 52.9	262 56.4	157 59.8
No	505 42.1	84 51.5	128 43.2	186 40.0	98 37.4
Don't Know/Refused	42 3.5	6 3.8	12 4.0	17 3.6	7 2.8

88. How important is it to you that Health Canada undertakes regular public consultations to obtain public input on the policies it develops and the programs and services it provides?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
IMPORTANT =====	1113 92.8	144 87.9	279 93.7	434 93.6	249 94.6
Very important	750 62.5	82 50.3	174 58.4	298 64.2	190 72.2
Somewhat important	363 30.3	62 37.7	105 35.3	136 29.4	59 22.4
NOT IMPORTANT =====	77 6.4	17 10.6	17 5.7	27 5.9	13 5.0
Not very important	58 4.9	14 8.5	12 4.1	22 4.7	9 3.5
Not important at all	19 1.6	3 2.1	5 1.6	6 1.2	4 1.5
Don't Know/Refused	10 0.8	2 1.5	2 0.6	2 0.5	1 0.4
Mean	3.55	3.38	3.51	3.57	3.66
Standard deviation	0.66	0.73	0.65	0.64	0.62
Standard error	0.02	0.06	0.04	0.03	0.04

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

89. And in what way would you be most likely to participate in a public consultation process?

Subsample: Said "very" or "somewhat" important at Q88

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1628	200	387	647	383
WEIGHTED SAMPLE	1113	144	279	434	249
Prefer to let experts from health organizations or health care practitioners attend	534 48.0	74 51.1	140 50.2	211 48.6	106 42.8
Write a letter or e-mail, or	303 27.2	42 29.5	76 27.2	118 27.3	66 26.6
Personally appear at a townhall	224 20.2	21 14.5	54 19.4	83 19.1	63 25.3
All of them	7 0.6	0 0.2	0 0.1	3 0.7	3 1.3
Internet or town hall meeting (either)	5 0.4	-	-	3 0.8	2 0.6
Email or experts (either)	5 0.4	1 0.8	1 0.2	3 0.7	-
None of the above/ Would not participate	4 0.4	-	-	4 0.9	-
Depends on circumstances/ Depends on issue	3 0.2	-	1 0.2	2 0.5	-
Telephone/Phone call	2 0.2	-	-	2 0.4	1 0.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

89. And in what way would you be most likely to participate in a public consultation process?

Subsample: Said "very" or "somewhat" important at Q88

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1628	200	387	647	383
WEIGHTED SAMPLE	1113	144	279	434	249
Participate in Internet forum/Debate section on website	2 0.2	1 0.7	-	1 0.2	0 0.2
Do a survey/Send questionnaire	2 0.2	-	1 0.5	-	1 0.3
TV/Media	2 0.2	-	1 0.4	-	1 0.4
Personally attend community events/Talk to someone political in health	2 0.1	-	1 0.4	1 0.1	-
Focus groups/Patient groups	1 0.1	-	-	-	1 0.3
Townhall or have experts attend	1 0.1	-	-	-	1 0.2
Other	2 0.2	-	1 0.4	-	1 0.3
Don't Know/Refused	15 1.3	5 3.2	3 1.1	3 0.8	3 1.2

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

90. What is your age please?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
18 to 19 years	21 1.7	4 2.6	5 1.5	12 2.5	0 0.2
20 to 24 years	57 4.7	21 12.7	18 6.1	14 3.1	4 1.4
25 to 29 years	79 6.6	22 13.3	29 9.9	22 4.7	6 2.1
30 to 34 years	80 6.7	14 8.8	26 8.9	30 6.5	8 3.1
35 to 39 years	99 8.3	18 11.1	30 10.1	32 6.9	19 7.2
40 to 44 years	133 11.1	25 15.2	39 13.0	41 8.9	28 10.5
45 to 49 years	148 12.3	19 11.3	36 12.2	61 13.2	32 12.3
50 to 54 years	115 9.6	11 6.5	24 8.2	48 10.4	32 12.0
55 to 59 years	126 10.5	10 6.0	30 10.1	50 10.9	36 13.5
60 to 64 years	91 7.6	6 3.6	18 6.0	44 9.4	24 9.1
65 years or older	235 19.6	14 8.3	39 13.1	107 23.0	74 28.2
Don't Know/Refused	17 1.4	1 0.6	2 0.8	3 0.6	1 0.4

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

90. What is your age please?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED =====					
18 to 24	78 6.5	25 15.3	23 7.6	26 5.6	4 1.6
24 to 34	159 13.2	36 22.1	56 18.8	52 11.3	14 5.2
35 to 44	232 19.3	43 26.4	69 23.2	73 15.8	46 17.6
45 to 54	263 21.9	29 17.8	61 20.4	109 23.5	64 24.3
55 to 64	218 18.1	16 9.6	48 16.1	94 20.3	60 22.7
65 and over	235 19.6	14 8.3	39 13.1	107 23.0	74 28.2

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

91. What is the highest level of education that you have completed?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Public/elementary school (Grade 1 - 8)	51 4.2	6 3.9	12 4.0	26 5.5	7 2.6
Some high school	130 10.8	25 15.2	34 11.5	53 11.4	17 6.6
Graduated high school (Grade 12/13)	263 21.9	35 21.4	69 23.1	106 22.9	52 19.9
Some vocational/ technical/ college/CEGEP	52 4.4	8 5.2	14 4.8	17 3.6	13 4.8
Completed vocational/ technical/ college/CEGEP	249 20.7	29 17.5	69 23.3	90 19.4	60 23.0
Some university	69 5.7	7 4.5	19 6.3	24 5.1	19 7.2
Graduated university	269 22.4	38 23.1	58 19.5	109 23.6	64 24.2
Post graduate	102 8.5	12 7.4	21 6.9	39 8.3	30 11.6
Don't Know/Refused	15 1.3	3 1.8	1 0.5	1 0.1	0 0.1

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

91. What is the highest level of education that you have completed?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED =====					
Some high school or less	181 15.1	31 19.1	46 15.6	78 16.9	24 9.2
Graduated High Schol	263 21.9	35 21.4	69 23.1	106 22.9	52 19.9
Some college/ university	121 10.1	16 9.7	33 11.1	41 8.8	32 12.1
Completed college	249 20.7	29 17.5	69 23.3	90 19.4	60 23.0
Complete university/ post-grad	371 30.9	50 30.5	78 26.4	148 31.9	94 35.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

92. What would your annual household income from all sources before taxes be?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Less than \$5000	7 0.6	1 0.4	1 0.5	4 0.8	2 0.6
\$5000 to just under \$10,000	27 2.3	10 6.3	8 2.6	6 1.3	3 1.3
\$10,000 to just under \$15,000	54 4.5	13 7.9	19 6.5	15 3.1	7 2.7
\$15,000 to just under \$20,000	60 5.0	12 7.3	15 5.1	23 5.0	9 3.6
\$20,000 to just under \$25,000	55 4.6	11 7.0	14 4.8	21 4.4	8 3.2
\$25,000 to just under \$30,000	63 5.2	7 4.5	19 6.5	25 5.3	11 4.2
\$30,000 to just under \$35,000	81 6.8	12 7.1	20 6.6	34 7.3	16 6.1
\$35,000 to just under \$40,000	42 3.5	8 4.9	13 4.3	16 3.4	6 2.3
\$40,000 to just under \$45,000, OR	51 4.3	6 3.9	13 4.4	21 4.6	11 4.1
\$45,000 to just under \$50,000	47 3.9	7 4.2	10 3.4	20 4.4	9 3.6
\$50,000 to just under \$55,000	70 5.8	6 3.8	18 5.9	29 6.3	17 6.3
\$55,000 to just under \$60,000	54 4.5	6 3.6	12 4.1	24 5.2	11 4.4
\$60,000 to just under \$65,000	42 3.5	4 2.6	11 3.8	13 2.7	14 5.3

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92. What would your annual household income from all sources before taxes be?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
\$65,000 to just under \$70,000	48 4.0	7 4.5	12 4.0	20 4.2	9 3.5
\$70,000 to just under \$75,000	34 2.8	4 2.3	7 2.3	14 3.0	9 3.4
\$75,000 to just under \$80,000	29 2.4	5 3.3	8 2.6	8 1.7	8 2.9
\$80,000 to just under \$85,000	28 2.3	2 1.5	9 2.9	9 1.9	8 3.2
\$85,000 to just under \$90,000	27 2.2	2 1.2	6 2.1	13 2.7	6 2.2
\$90,000 to just under \$100,000	39 3.3	3 2.1	10 3.4	18 3.8	8 3.1
\$100,000 to just under \$125,000	67 5.6	3 2.0	15 5.0	32 6.9	17 6.4
\$125,000 to just under \$150,000	27 2.3	2 1.0	4 1.4	13 2.8	8 3.2
\$150,000 to just under \$200,000, OR	19 1.6	4 2.4	2 0.8	6 1.3	7 2.5
\$200,000 and over	16 1.4	2 1.2	4 1.3	3 0.7	7 2.7
Don't Know/Refused	212 17.7	25 15.1	47 15.8	79 17.0	51 19.4

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Feb 22 to Mar 6 2005

HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

92. What would your annual household income from all sources before taxes be?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED					
=====					
Less than \$10,000	35 2.9	11 6.7	9 3.1	10 2.1	5 1.9
\$10,000 to just under \$20,000	114 9.5	25 15.2	34 11.6	38 8.2	16 6.2
\$20,000 to just under \$30,000	118 9.8	19 11.5	33 11.2	45 9.8	19 7.4
\$30,000 to just under \$40,000	123 10.3	20 12.0	32 10.8	49 10.6	22 8.4
\$40,000 to just under \$50,000	98 8.2	13 8.1	23 7.8	42 9.0	20 7.7
\$50,000 to just under \$60,000	124 10.3	12 7.4	30 10.0	53 11.5	28 10.7
\$60,000 to just under \$70,000	90 7.5	12 7.1	23 7.8	32 6.9	23 8.8
\$70,000 to just under \$80,000	62 5.2	9 5.6	15 4.9	22 4.7	17 6.3
\$80,000 to just under \$90,000	55 4.6	4 2.7	15 5.0	21 4.6	14 5.4
\$90,000 to just under \$100,000	39 3.3	3 2.1	10 3.4	18 3.8	8 3.1
\$100,000 and over	129 10.8	11 6.6	25 8.5	54 11.7	39 14.8

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

LEVEL OF ENGAGEMENT

94. Which, if any, of the following activities have you undertaken in the last two years...

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
VERY LOW	164 13.7	164 100	-	-	-
LOW	297 24.8	-	297 100	-	-
MID	464 38.7	-	-	464 100	-
HIGH	263 21.9	-	-	-	263 100
NO ANSWER	12 1.0	-	-	-	-

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

95. In general, how would you rate your own health? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means average.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Excellent.../7	222 18.5	35 21.5	56 18.9	76 16.5	54 20.7
.../6	368 30.7	43 26.2	96 32.4	153 33.0	75 28.7
.../5	275 23.0	38 23.5	70 23.6	105 22.6	62 23.6
Average.../4	242 20.2	33 20.0	56 18.9	98 21.1	55 21.0
.../3	48 4.0	7 4.5	11 3.7	20 4.4	9 3.3
.../2	14 1.2	3 1.8	3 0.9	5 1.2	3 1.3
Terrible.../1	12 1.0	2 1.4	2 0.6	4 0.9	4 1.4
Don't Know/Refused	19 1.5	2 1.2	3 1.0	2 0.4	-
Mean	5.33	5.30	5.39	5.29	5.33
Standard deviation	1.26	1.35	1.21	1.24	1.30
Standard error	0.04	0.11	0.07	0.06	0.08

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95. In general, how would you rate your own health? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means average.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED I =====					
Good.../6/7	590 49.2	78 47.7	152 51.3	230 49.5	130 49.4
.../3/4/5	565 47.1	79 47.9	137 46.2	223 48.1	126 47.9
Poor.../1/2	26 2.2	5 3.2	4 1.5	9 2.0	7 2.7
COLLAPSED II =====					
.../5/6/7	865 72.1	117 71.2	223 74.9	334 72.1	192 73.0
.../4	242 20.2	33 20.0	56 18.9	98 21.1	55 21.0
.../1/2/3	74 6.1	13 7.6	15 5.2	30 6.4	16 6.0

(continued)

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95. In general, how would you rate your own health? Please respond using a 7-point scale, where 1 means terrible, 7 means excellent and the mid-point 4 means average.

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
COLLAPSED III					
.../7	222 18.5	35 21.5	56 18.9	76 16.5	54 20.7
.../5/6	643 53.6	81 49.7	166 55.9	258 55.6	137 52.3
.../4	242 20.2	33 20.0	56 18.9	98 21.1	55 21.0
.../2/3	62 5.2	10 6.3	14 4.6	26 5.6	12 4.6
.../1	12 1.0	2 1.4	2 0.6	4 0.9	4 1.4

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96. Have you used any health care services within the last 12 months?

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1749	227	411	690	405
WEIGHTED SAMPLE	1200	164	297	464	263
Yes	893 74.4	105 64.1	211 71.0	366 79.0	210 80.0
No	288 24.0	56 34.1	83 27.8	98 21.0	52 19.8
Don't Know/Refused	19 1.5	3 1.8	3 1.2	-	0 0.2

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97. And how satisfied were you with the service you received? Please use a 7-point scale, where 1 means extremely dissatisfied, 7 means extremely satisfied, and 4 the mid point means neither.

SUBSAMPLE: Who have used health care services within last 12 months

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1295	145	292	533	325
WEIGHTED SAMPLE	893	105	211	366	210
Extremely satisfied	291	34	59	118	81
.../7	32.6	32.0	27.8	32.1	38.6
.../6	249	24	59	111	55
	27.9	23.2	28.0	30.2	26.1
.../5	159	18	48	62	31
	17.8	16.7	22.8	16.8	14.9
Neither.../4	90	17	17	34	22
	10.1	16.6	7.9	9.3	10.5
.../3	42	5	11	18	7
	4.6	5.0	5.0	5.0	3.6
.../2	24	3	8	8	4
	2.6	2.8	3.9	2.2	2.1
Extremely dissatisfd	35	4	10	14	7
.../1	3.9	3.7	4.5	3.9	3.5
Don't Know/Refused	3	-	-	2	1
	0.3			0.4	0.7
Mean	5.50	5.37	5.36	5.53	5.66
Standard deviation	1.58	1.62	1.62	1.56	1.55
Standard error	0.05	0.16	0.11	0.08	0.11

(continued)

97. And how satisfied were you with the service you received? Please use a 7-point scale, where 1 means extremely dissatisfied, 7 means extremely satisfied, and 4 the mid point means neither.

SUBSAMPLE: Who have used health care services within last 12 months

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1295	145	292	533	325
WEIGHTED SAMPLE	893	105	211	366	210
COLLAPSED I =====					
Satisfied.../6/7	540 60.5	58 55.1	118 55.8	228 62.3	136 64.7
.../3/4/5	291 32.5	40 38.3	75 35.7	114 31.2	61 28.9
Dissatisfied.../1/2	59 6.6	7 6.5	18 8.5	22 6.1	12 5.6
COLLAPSED II =====					
.../5/6/7	699 78.3	75 71.9	166 78.6	290 79.2	167 79.6
.../4	90 10.1	17 16.6	17 7.9	34 9.3	22 10.5
.../1/2/3	100 11.2	12 11.6	28 13.5	40 11.0	19 9.2

(continued)

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HEALTH CANADA ANNUAL PERFORMANCE SURVEY
WEIGHTED DATA

97. And how satisfied were you with the service you received? Please use a 7-point scale, where 1 means extremely dissatisfied, 7 means extremely satisfied, and 4 the mid point means neither.

SUBSAMPLE: Who have used health care services within last 12 months

	TOTAL	Q94 LEVEL OF ENGAGEMENT			
		Very Low	Low	Mid	High
UNWEIGHTED SAMPLE	1295	145	292	533	325
WEIGHTED SAMPLE	893	105	211	366	210
COLLAPSED III					
.../7	291 32.6	34 32.0	59 27.8	118 32.1	81 38.6
.../5/6	408 45.7	42 39.9	107 50.8	172 47.0	86 41.0
.../4	90 10.1	17 16.6	17 7.9	34 9.3	22 10.5
.../2/3	65 7.3	8 7.9	19 8.9	26 7.1	12 5.7
.../1	35 3.9	4 3.7	10 4.5	14 3.9	7 3.5