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Health Canada
por-rop@hc-sc.gc.ca

Gregg, Kelly, Sullivan & Woolstencroft:
The Strategic Counsel

www.thestrategiccounsel.com

21 St. Clair Avenue East
Suite 1100
Toronto, Ontario
M4T 1L9
Tel 416 975-4465
Fax 416 975-1883

60 George Street
Suite 205
Ottawa, Ontario
K1N 1J4
Tel 613 236-0296
Fax 613 236-1290

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Prepared by
The Strategic Counsel
21 St. Clair Ave E., Ste. 1100
Toronto, Ontario M4T 1L9
Tel: (416) 975-4465 Fax: (416) 975-1883
Email: info@thestrategiccounsel.com
Website: www.thestrategiccounsel.com

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I. Executive Summary

Executive Summary

The Strategic Counsel is pleased to present the findings from a national telephone survey of 1,750 Canadian adults administered between October 8th and October 25th, 2009 on behalf of Health Canada. The aim of the survey was to explore the perceptions of the performance of Health Canada, track core organizational performance indicators, re-evaluate and, as necessary, update the model for assessing Health Canada's own "brand health." Results of the study will be used to obtain an understanding of the attitudes, knowledge levels, concerns and awareness levels of Canadians about Health Canada, the state of health care, and relative priorities within an overarching health framework. The overall objective of this research is to gauge public attitudes towards the Department and its overall performance. These findings are meant to uncover basic public awareness and expectations of Health Canada, and assist in evaluating current operational and communications' activities, allowing the Department to better align and focus its priorities with those of the Canadian public and key constituencies.

This is the third time this survey, with some modifications across each subsequent wave, has been administered and the findings continue to feed into Health Canada's yearly performance measurement reporting. The results for 2009 are tracked against those obtained in previous iterations of the survey conducted in 2007, and the baseline which was administered in 2005. In addition, where available, tracking data going back as far as 2001 is shown in the tables. All tracking data was provided by Health Canada.

The reader will note that some revisions were made to the 2009 survey instrument, including the deletion of some questions and the addition of new questions not included in the earlier surveys. This reflects Health Canada's attempts to ensure that the survey remains a relevant and current tool for the organization, as new issues arise and new or different facets of the brand are explored. As such, not all the results reported on here can be compared to the 2007 and 2005 findings. Please note that all data from 2007 is based on a survey conducted by Ipsos-Reid, while the 2005 results are based on a survey conducted by *The Strategic Counsel*.

The Strategic Counsel certifies that this report and all final deliverables associated with this research project comply with the political neutrality requirement in Section 6.2.4 of the Communications Policy Public Opinion Research (POR) Procedures (June 2009). The total cost for the completion of this research study is $89,682.24 (including GST).

A. Branding and Reputation Management in the Public Sector

As in previous years, the current study continues to explore the basis on which Canadians' perceptions of Health Canada are formed in an effort not only to determine what factors most influence those perceptions, but also how these factors work together, or separately as the case may be, to form an overall view of the organization. Although it may not be common to think of government departments and agencies as "brands" in the traditional sense, it is nevertheless the case that Health Canada's ability to successfully carry

out its key activities very much depends on the strength and power of its brand. In this respect, Health Canada faces many of the same challenges, in fact possibly greater ones, to enhancing and maintaining its brand as do other well-known companies like Coca Cola, IBM, Microsoft, GE and Nokia which have been identified as the top five global brands.[1]

Organizations operating in the private sector consider brand strength as a vital competitive advantage, and one to which they can ascribe a dollar value given the importance of the brand to corporate profitability.[2] Traditionally, the private sector has, and continues to, rely heavily on marketing, particularly, advertising to promote products and, ultimately, the product or corporate brand – to create a set of associations in the mind of the consumer that link back to a consumer product or to some kind of visual manifestation of the brand. This approach was based on a traditional view of the business as an entity created with the singular goal of profitability. But, in recent years, even private sector businesses have shifted away from thinking about profitability as their principal goal replaced by the goal of "creating value" – valued goods and services and experiences that mean something to people, including not only customers, but staff and other stakeholders. In this sense, the notion of branding starts to become more relevant and applicable to those operating in a public sector environment, including the not-for-profit sector. And, given the fact that the vast majority of economic activity in the developed world is now non-product based and intangible, a whole new view of branding is gaining prominence among marketers and corporate leaders.

> "Branding in the commercial sector is pervasive and fairly easy to understand and recognize. However, branding in social marketing is not as common but is becoming more popular because of its ability to create visibility effectively and ensure memorability. Many members of the public and not-for-profit sectors are hesitant to recognize that they face stiff competition and they fail to see the need to put an emphasis on branding and positioning. However, this view is slowly changing as more leaders in these sectors are recognizing that they are in a competitive market with limited funding. This realization highlights the fact that strategic identity and branding can significantly help organizations achieve increased program awareness, utilization and satisfaction, improved funding and donations, and ultimately improved social welfare."[3]

Regardless of the nature of the business, whether public, private or not-for-profit, the brand has become a strategic investment and, increasingly, organizations are adopting an integrated approach, across all functions. For many organizations, management of the brand may continue to be mostly, but not exclusively, the responsibility of the marketing department. "Smart" organizations, however, have taken a more holistic and integrated approach, ensuring that brand management is coordinated across the organization, including human resources, operations and service delivery, in addition to marketing and

[1] Interbrand 2009 global rankings: *Best Global Brands 2009*, http://www.interbrand.com/best_global_brands.aspx.
[2] The top 5 global brands, together, have been estimated to have a value of $268.2 million (USD) according to the Interbrand study.
[3] *Guide to Branding in the Public and Not-for-Profit Sectors*, James H. Mintz and Joanna Chen, Centre of Excellence for Public Sector Marketing, April 2009.

communications. We'll return to the importance of a cross-functional approach to branding in the section in which we outline a series of recommendations based on the findings from this survey, as there is possibly more work (and evaluation) that Health Canada could undertake to ensure an organization-wide commitment to the brand and to enhancing brand health.

For Health Canada, continued management and enhancement of its brand is vital to its being able to operate effectively, particularly in an era of media proliferation (i.e. multi-channel universe) and information explosion and clutter. A strong brand, regardless of the type of organization, commands attention, draws people to it on the basis of the level of trust and credibility with which they endow it, and can often shield the organization, at least to some extent, from damaging events or issues that invariably arise and that may impact negatively on public perceptions. In addition, as a large component of Health Canada's key activities involves social marketing, a strong brand is essential to being able to effect a shift in public attitudes and behaviours whether it is to adopt a healthier lifestyle, encourage people to stop smoking, promote greater awareness of current health issues and preventive strategies to reduce the risk of illness, or to maximize take-up of a vaccine program.

In the baseline research conducted in 2005, *The Strategic Counsel* established a conceptual framework which attempted to deconstruct Health Canada's brand or reputation into five inter-related and measurable dimensions – awareness, contact/experience, perceptions of its functional role and performance, personal impact and relevance, and of key corporate attributes. In addition, the original survey and framework took into account views of the organization with respect to trustworthiness, credibility and reliability. At that time, results showed that while the organization maintained strong credibility in terms of key corporate attributes and perceptions of performance across the main areas of its key activities, awareness of Health Canada was perhaps the single largest driver of overall assessments of Health Canada and its brand. In other words, at that time, the organization was highly trusted by the public, but low to modest awareness of its role and activities in certain areas was tempering the effectiveness and success of an otherwise credible brand. In particular, the benchmark study highlighted three areas of importance that contributed most to Health Canada's brand health – maintaining the safety of pharmaceutical/drug products, food safety and consumer product safety. Thus, building awareness of Health Canada's role in these areas was recommended as a means of strengthening Health Canada's brand and by association, its reputation.

The first follow-up study to the baseline research, conducted in 2007, noted a change with respect to the underpinnings of Health Canada's brand. Modifications to the analytical approach produced a somewhat different result as compared to 2005. The results of the first wave of tracking showed that positive perceptions of specific corporate activities such as accountability, transparency, proactivity, objectivity and the management of risk to Canadians were integral to the Department's overall brand strength, with less emphasis on perceptions of Health Canada's performance on issues such as public safety. Given that Health Canada operates in a dynamic public environment, affected by an evolving slate of public policy issues, global events and a changeable political climate, it is not that surprising that, over time, the balance with

respect to the relative importance of each of the five dimensions shifts. In our view, the findings from the 2007 research study highlight the fact that all elements of the brand need to be nurtured simultaneously, and that circumstances and changes in the external environment may mean that the emphasis brand managers (in the case of Health Canada this includes policy makers, program managers and communicators alike) place on any one element will be variable over time. The two studies underscore the importance of ongoing research to ensure that the model evolves with circumstances and that a corporate understanding of the brand remains current so that actions to manage the brand can be taken in a timely manner.

This current study again considers the present state of Health Canada's brand and how the forces affecting perceptions of the brand may be changing. First, in order to establish a context in which to evaluate key brand metrics, we review the features of the broader public environment in which Health Canada operates.

B. The Broad Public Environment

One of Health Canada's principal roles is as steward and guardian of Canada's health care system and of the principles of medicare. Thus, an important indicator of Canadians' confidence in Health Canada is in fact their assessment of the state of Canada's health care system. Over time, Canadians' ratings of the state of the health care system in Canada have improved, consistently, if not dramatically, with each wave of research. While there was a marked increase between 2004 and 2005 in those rating Canada's health care system favourably (i.e. good/excellent) – a jump of 10 points from 24 per cent to 34 per cent occurring notably in the year following the 2004 First Ministers Meeting on Health Care and a significant investment in health care by the federal government – year-over-year increases since then have been more modest. Nevertheless, over a five-year period, from 2004 to 2009, those rating Canada's health care system positively has increased a full 20 points and currently sits at 44 per cent versus just 11 per cent who rate the system as poor or very poor. Notably, much of the boost in ratings of the health care system appears to be driven by the increasingly positive views of those living in Ontario. The results of the current study show that favourable ratings of the system by residents of Ontario have increased by 15 points since 2007.

Interestingly, however, while perceptions of the ***state*** of health care in Canada have steadily improved, most Canadians are not of the view that the ***quality*** of health care has improved in the past two years. The majority (54%) believe there has been no change on this front. Intuitively, one might expect these two measures to move in parallel. However, it's important to note that a considerable number (45%) of Canadians continue to rate the state of health care as fair, neither an overly positive evaluation nor an overly negative one. Moreover, in light of very public and controversial debates on health care reform in the United States, during the 2008 presidential election and the first year of President Obama's administration, these numbers may not be as contradictory as they first appear. Over the last two years Canadians have heard much via the American media comparing health care in the U.S. to the Canadian system, with most of the comparisons favouring Canada's system of publicly funded health care. Given this, increasing numbers may feel that Canada's health care system is in a reasonably good state (especially when compared to the current situation of our American neighbours).

At the same time, Canadians are not complacent about their system of health care. We know from other research, both qualitative and quantitative, that Canadians believe they have one of the best health care systems in the world. In fact, Canada's health care system and the principles embodied by the system are often pointed to as a defining feature of Canada and integral to the Canadian identity. By the same token, the public also believes there are opportunities for improving the system. As the Boomer generation moves into its "senior" years, with likely heavier reliance on and use of the health care system, it will be particularly interesting to observe how perceptions of quality and the state of the system further shift, if at all. At present, the public is effectively split as to whether minor (43%) or major (43%) changes are required to the system. At this time, there is no strong impetus for radical change or a complete restructuring and certainly no big appetite for "fee for service" arrangements, with just under half (46%) of the public disagreeing that "individuals should be allowed to pay extra to get quicker access to health care services." The results underscore Canadians' ongoing commitment to one of the key principles of Canada's health care system – universal access. There is limited support for the introduction of a greater element of privately funded health care even while excessive wait times and shortages of health care professionals continue to dominate the list of identified health priorities and suggestions for improving the health care system.

Although perceptions of the quality of Canada's health care system suggest there is room for improvement, as was found in 2005 and again in 2007, the vast majority of Canadians (81%) are in fact satisfied with their personal experience interacting with the health care system. Indeed, there has been a slight increase (three points) in the number of those expressing satisfaction with the service they received since 2007. Once again, as was the case in the previous surveys, this reading seems to run at odds with the substantially fewer number of Canadians who rate the system, writ large, favourably although, as noted earlier, this number is also increasing. The current data continues to counter a longstanding myth that Canada's health care system is "broken."

Notably, Canadians' health care priorities, as identified in an unprompted manner, have remained relatively consistent over the three waves of surveys that have been undertaken. The current survey, however, saw the inclusion of a new item – "flu pandemic/H1N1" – on the agenda of priorities (14 per cent identified it as the most important health issue). Otherwise, resourcing issues (19%) and wait times (13%) remain the single most important priorities for the public. There are, however, two interesting shifts in public opinion with respect to these two priorities. First, while the 2005 and 2007 results showed wait times outranking resource issues as a priority, the ranking is now reversed in the current survey. Secondly, we note that references to funding as a priority have dropped off the priority agenda altogether. In 2005 and 2007 the issue of funding was identified as a top priority by three per cent and five per cent of survey respondents respectively. While funding clearly ranks well below resource issues and wait times, it is nevertheless of interest that the issue has all but disappeared from the landscape of public concerns. Although the issue was not further examined, the results may mean that Canadians now feel the system is sufficiently funded, but that a reprioritization of existing funds is what is required to create a more responsive health care system. Furthermore, this view

may become more entrenched in a post-recession environment, dominated by cost cutting and deficit reduction initiatives.

When asked to rate the importance of nine specific health issues for which Health Canada is involved, the trend again is relatively consistent with respect to those that have been ranked higher and lower in importance over the three waves of surveying. While all issues, save for ensuring the safety of natural health products – a new item added to the list only in 2009 – have increased in terms of the level of importance that Canadians ascribe to them, ensuring the safety of food and pharmaceutical products continue to rank highest in importance. By contrast, regulating the labelling and promotion of tobacco products ranks lowest, likely reflecting a perception that considerable headway has been made on this issue. We did find that respondents are increasingly tending to attribute the highest level of importance to many of the nine health issues they were asked to assess. That is, on a 7-point scale of importance, where 7 means extremely important, growing numbers of respondents ranked each item a "7" on that scale. This is an unusual practice in surveys where respondents generally tend to avoid either of the extremes on such scales. We speculate that the growing attention given to health issues in the media, with many media outlets now featuring a dedicated "health and science" reporter on their teams, as well as the profile given to issues like H1N1, contaminated food products, traces of toxic products found in consumer goods and the state of health care among Canada's aboriginal peoples, among others, is having an impact.

In addition to the increasing importance of many health issues generally, there is a marked, and growing, gender gap on virtually all of the issues examined. Women are inclined to rate all of the issues much higher in importance than men and increasingly so. Between 2007 and 2009, the gender gap has continued to widen in four areas: ensuring the safety of consumer products (the gender gap has increased by 13 points), and promoting and protecting the principles of medicare, ensuring the safety of pharmaceutical products, and providing health care services to First Nations and Inuit (on each of these three areas the gender gap has widened between 7 and 9 points over the two-year period). These findings suggest that, increasingly, the audience for Health Canada communications on these issues is principally women. This has implications both for how, and with whom, Health Canada consults on issues as well as how Health Canada communicates. The findings also underpin a rationale for developing specific expertise and understanding on gender-based approaches to marketing and communications.

C. The Health Canada Brand

As in the last two surveys, the critical dimensions of Health Canada's brand were examined: awareness, contact/experience, perceived functional role/performance, and key corporate attributes. However, as was indicated in the benchmark survey in 2005, the model for assessing Health Canada's brand was developed as a "working" model and the report referred to the development and application of a brand construct for Health Canada as an evolutionary process, assuming that subsequent waves of surveying would consider refinements and enhancements to the model. Indeed this was the case in 2007 and it is again the case for the current wave where we have refreshed the model.

In particular, we have advanced the 2007 brand health analysis by considering the interplay between each of the dimensions and not just the impact of performance, awareness and reputation unilaterally on brand health. This refinement to the model recognizes that, for example, perceptions of Health Canada's performance in key areas are not only directly linked to overall views of Health Canada, but also impact views on how Health Canada carries out its functions (i.e. credibility, accountability, transparency and other key corporate attributes) which, in turn is linked to overall views of the organization. A more detailed explanation of the model and the particular analytical technique used to assess brand health can be found in Appendix A of this report.

However, given these adjustments to the model, the findings are not completely comparable to the results from 2005 and 2007. Rather, the current results with respect to the state of Health Canada's brand should be viewed as adding to the organization's knowledge and understanding of what drives its brand and reputation and, more importantly, what actions should or could be taken to strengthen or maintain the brand.

The data continue to indicate **moderate levels of awareness of Health Canada** and its specific responsibility for various aspects of its key activities. In the range of 35 to 46 per cent of respondents claimed to be uncertain as to which organization, government ministry or department had primary responsibility for each of the nine areas of Health Canada's key activities that were examined in the survey. At the same time, in all nine areas, a majority of Canadians do believe that Health Canada has at least some involvement, if not exclusive responsibility, for these functions and the percentage of those who say Health Canada has a "great deal of involvement" is rising on most items (albeit the total percentage of those holding this view represents a small minority of the public – less than 30 per cent in all cases). Familiarity with Health Canada also remains modest, with just 31 per cent saying they know about them (5, 6 or 7 on a 7-point scale) and is substantially lower than self-assessed familiarity with the Heart and Stroke Foundation (42 per cent). All of these results give one pause to question on what substantive basis Canadians are then assessing Health Canada's performance, if not on key areas of its key activities. Of particular concern is the fact that, while ensuring the safety of consumer products is rated fairly highly in terms of importance, has increased in importance by nine-points since 2001 and is of particular importance to women (indeed is the item on which the gender gap widened the most since 2007), still over one-third of Canadians (36%) do not identify Health Canada (or any other federal department) as having primary responsibility for this area and the percentage of those saying Health Canada is fairly involved in this area has dropped from 63 per cent in 2005 to 58 per cent in 2009.

Several measures of Health Canada's performance, overall and on specific areas of its key activities, were captured in the current and previous surveys. As in previous waves, **reviews of Health Canada's performance vary greatly**. There is a spread of almost 25 points between the lowest and highest rated items – providing health care services to First Nations and Inuit, and regulating the labelling and promotion of tobacco products, respectively. An imputed relevance score was calculated using ratings of perceived importance (those that assigned the highest level of importance to an item) and ratings of involvement

(those that indicated Health Canada was involved (5, 6 or 7 on a 7-point scale)) for each of the nine areas of Health Canada's key activities that were examined. Based on this calculation, ensuring the safety of pharmaceutical products and the safety of food products are the two most relevant items to the Canadian public while ensuring the safety of natural health products and that environmental factors do not adversely affect the health of Canadians are identified as the least relevant. When mapped on a "priority grid," most of the items fall into the category of high relevance/strong performance, suggesting that in key areas of relevance to Canadians, Health Canada is performing well. As was the case in both 2005 and 2007, the "safety" functions performed by Health Canada related to pharmaceutical, food and consumer products receive high marks for performance and fairly strong marks for relevance.

Health Canada's relevance to Canadians continues to be founded on its role as steward and guardian of the health care system and the key principles of medicare as well as in ensuring the safety of Canadians. The one exception is in the area of ensuring the safety of natural health products. This may simply be a factor of the percentage of Canadians who regularly purchase and use natural health products as well as perception that if products are labelled "natural" there is likely an inherently less possibility of associated risk. Also of lower relevance is its role in ensuring that environmental factors don't affect the health of Canadians, as well as regulating the labelling and promotion of tobacco products. While Canadians do not have a deep and detailed understanding of the specifics of Health Canada's roles and responsibilities, just under three-quarters (73%) nevertheless feel that the organization makes a difference to them personally, consistent with findings from previous surveys and, in fact, just slightly higher than 2007 (70%).

On key organizational or brand attributes, Health Canada continues to score well. Two-thirds or more describe the department as trustworthy, good managers of risk to the public, scientific, doing a lot to promote a healthy population, and credible. Notably, there have been improvements in perceptions of the organization across the board since 2007, but particularly in its being seen as managing risk to the public very well (an 11-point increase in those describing Health Canada in this manner, from 56% in 2007 to 67%). While over half of respondents continue to describe Health Canada as objective and accountable, these attributes, along with perceptions of openness and transparency, as well as proactivity and objectivity, remain the weaker of the brand values tested. More could be done to showcase how Health Canada is "living" these values.

Perceptions of Health Canada's performance overall are relatively static, year-over-year, but generally fairly positive. With information, the public's perception of Health Canada's performance improves, underscoring the value in raising public awareness of Health Canada's key activities – in the current survey the late ballot rating of 60 per cent (rating Health Canada's performance as good/excellent) reflected an increase of 18 points over the earlier ballot of 42 per cent. Since 2004 when this deliberative approach to assessing perceptions of performance was first used, research has shown that perceptions of the organization's performance can be positively influenced (in the range of 12 to 18 point increases) with the

introduction of simple facts and information about its role and responsibilities and/or some discussion about the issues pertaining to health care.

Though few Canadians have had contact with Health Canada, those who have had contact rate their interaction positively. The Internet is the most widely used medium by which Canadians contact Health Canada and is the "go to" source for information about the Department, by a wide margin. Almost two-thirds (64%) express satisfaction with their last contact with Health Canada, usually an interaction that took place over the Internet, or by telephone. Most are contacting Health Canada for information. We know from focus groups that many Canadians are seeking information specific to an illness, disease or condition and that often a Google keyword search lands the information seeker on a Health Canada page, although the individual may not necessarily know they have navigated onto a Health Canada website. Those few who were dissatisfied with the contact they had with Health Canada typically identified one of three areas of concern: the demeanour of the agent contacted (i.e. secretive, uncooperative), lack of a satisfactory resolution on the issue or timeliness.

Strong and effective communications is the key to a strong brand. Health Canada receives a relatively good rating for its performance in this area with just under four-in-ten Canadians offering a rating of good or excellent. The Department also receives fairly high marks for providing useful and accurate information as well as for communicating in the client's official language. Timeliness, while not necessarily rated poorly, is somewhat more problematic in that significantly fewer Canadians (57%) now apply this description to Health Canada compared to two years ago (64%). More work needs to be done to understand what lies behind this drop and to ensure that actions are taking place to prevent any further decline on this measure. It is likely that expectations play into this result. As technologies permit many organizations to be more responsive, Canadians may be measuring Health Canada's performance against an ever increasing standard.

Health practitioners continue to garner the highest levels of credibility as spokespersons on health issues along with representatives of non-governmental health organizations. At the same time, experts or doctors from Health Canada are also highly regarded. Notably, while the media are identified as the principle source of impressions about Health Canada, they are also viewed as the least credible on health issues. This presents a formidable hurdle for Health Canada which, like many government departments and agencies, depends heavily on earned media to get its messages out to the general public.

D. Recommendations

A number of the recommendations put forward in 2007 continue to be valid as ratings on key facets of Health Canada's brand health generally show similar patterns as were found two years ago. That said, this year's results suggest that further nuanced and/or more targeted approaches, particularly with regard to Health Canada's communications and marketing, are required. It is clear from the findings that the Department's work is integral to making progress on issues which matter to Canadians and the organization

is viewed as highly relevant, when the question is put directly to Canadians. Policy-makers, communicators and program managers in Health Canada who are looking at the results of this survey, as well as the findings from the earlier surveys, might then reasonably ask: *"why are we (Health Canada) not getting more credit for this?"* In our view, the response to this question is not necessarily about doing more, but more about working "smarter" – utilizing tools and tactics that allow greater customization and targeting and looking inwards, as well as outwards in terms of building brand strength.

We suggest a number of recommendations stemming from a series of what we describe as "nested dichotomies" found in the data. By this we mean that there are a series of apparent dichotomies or contradictions in the findings which, upon further exploration, appear to be both explainable and inter-related. These are outlined below in the form of questions, the answers to which provide some food for thought in terms of recommended approaches and solutions.

1. Why doesn't issue importance translate into greater organizational awareness?

As we noted, health issues and the health sphere in general are clearly important to Canadians. Many other public sector organizations, indeed even private sector organizations, would be envious of the position in which Heath Canada finds itself – with a responsibility for issues that clearly matter to the public. But, at the same time, the data shows that modest to low levels of awareness of the organization's responsibilities exist as well as a credibility gap for key spokespeople on the health portfolio.

Thus, awareness-raising remains an ongoing challenge. We recommend two particular strategies to address this persistent issue:

- Focus on a "ubiquity" strategy – by this we mean simply that the public needs to see more of Health Canada in order to have some positive impact on the brand. Given the power of the Internet, this is the first place to focus in order to achieve "ubiquity." In particular, while it may not seem highly technical or sophisticated, reviewing Health Canada's portal rankings would be advisable to ensure that the Department is among the top five to 10 websites that appear in response to a search on basic or topical health issues, and particularly those that are key departmental activities.
- Further, we suggest that Health Canada identify key information "multipliers" – that is, those individuals and/or organizations that work directly or peripherally in the health field and who are viewed as open, transparent, objective and accountable. Partnerships with these individuals and organizations would provide another credible conduit through which to distribute the Department's messages, and thereby circumvent the media as the specific spokesperson, at least to some extent.

2. The media is the main source of impressions of Health Canada, but isn't viewed as highly credible on health issues. So, how does Health Canada work around this?

We noted in the paragraph above that focusing on a "multiplier" effect apart from or in addition to earned media, could prove an effective means of raising awareness not only of Health Canada, but of its activities in specific areas which interest Canadians and are viewed as important to their well-being. Greater

deployment of social networking tools within the array of online communications tools is recommended. Whether this takes the form of advertising on popular health blogs and/or engaging in regular online consultations with Canadians via social networks, the key point is to speak directly to Canadians, rather than have Health Canada's messages filtered or interpreted by the media. Social media represents the intersection of the Internet with word-of-mouth techniques, the latter which have proven to be an effective and trusted mode for information dissemination.

It would also be advisable to further study exactly how the public gets and digests health information:

- What sources do they generally rely on for health information?
- Exactly what type of information are they seeking?
- Do they process information in a more visual, verbal or other manner?
- What messages do they pay most attention to? What words/phrases trigger an emotional response that raises public interest in a health-related issue?

3. The public seems to relate better to positions than they do to people when it comes to credible spokespersons on health issues … so how does one forge a stronger linkage between the two?

If the position is what Canadians ultimately vest with credibility, more so than the individual occupying the position, then it makes sense to consider forging a stronger link between the incumbent and the post in every media opportunity. We recommend the development of aggressive communications strategies that forcefully, clearly and consistently link person and position. As advice, this may seem overly simplistic but, in our view, not all the issues identified in this report should necessarily require sophisticated, complex or highly technologically-driven responses. The data point clearly to a need to raise the profiles of both Dr. David Butler-Jones AND the post of Chief Public Health Officer as well as for Minister Leona Aglukkaq AND the position of the Minister of Health. Canadians need to have confidence in these positions and in the people who occupy them. This will, in part, come from greater visibility and from a perception that there is a coordinated approach among all of the "top" officials with some responsibility for health issues.

Two additional, and somewhat unrelated, recommendations also stem from the data:

- It is clear that a "one size fits all" approach to communications may not be the most effective. Given the marked gender gap noted in 2007 and again in this survey with respect to the importance women place on health issues versus men, we recommend a full and detailed gender analysis be undertaken of this dataset as well as other related datasets Health Canada has at its disposal. In particular, we believe it would be useful to identify any additional gender gaps that exist, in terms of views on health and on Health Canada. Further research, of a qualitative nature in particular, may be necessary to explore how the Department could develop gender-based communications strategies, utilizing tools, messaging and various platforms that would be most effective in reaching each of the two sexes in a very targeted manner.

- Although not explicitly a finding from this survey, the results on questions pertaining to public perceptions of Health Canada on key corporate attributes lead us to suggest that a possible path forward may involve looking inside the organization. Many brand experts underscore the fact that the most successful branding efforts often begin from the "inside-out." By this they mean that all staff, not just those who are directly engaged with the public (customers or clients), but also those who in fact may never find themselves face-to-face with the organization's clients, need to "live" the brand. A comprehensive employee survey and/or series of internal workshops and focus groups could be useful as a means of identifying the extent to which employees, at all levels, also hold to the same corporate attributes that the organization wishes to demonstrate to external audiences. More importantly, consultations with staff could shed light on possible solutions or recommendations, offered by employees, to demonstrate greater accountability, proactivity, objectivity, openness and transparency.

MORE INFORMATION

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PWGSC Contact Number:	H1011-080014/001/CY
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To obtain more information on this study, please e-mail por-rop@hc-sc.gc.ca

II. Sommaire

Sommaire

The Strategic Counsel est ravi de présenter les résultats d'un sondage téléphonique national mené auprès de 1 750 adultes canadiens entre le 8 octobre et le 25 octobre 2009 pour le compte de Santé Canada. Le sondage avait pour objectif d'examiner quelles sont les perceptions concernant le rendement de Santé Canada, de faire le suivi des principaux indicateurs du rendement organisationnel, de procéder à une réévaluation du modèle utilisé pour évaluer la « santé de la marque » Santé Canada et de l'actualiser, au besoin. Les résultats de l'étude serviront à cerner les attitudes, les niveaux de connaissance, les préoccupations ainsi que les niveaux de sensibilisation au sujet de Santé Canada, de l'état des soins de santé et des priorités relatives au sein d'un cadre général en matière de santé. L'objectif général de la présente recherche consiste à évaluer les attitudes du public à l'égard du ministère et de son rendement global. Ces résultats visent à mettre en lumière les connaissances de base et les attentes du public à l'égard de Santé Canada, et à aider à évaluer les activités opérationnelles et de communication, afin de permettre au ministère de mieux harmoniser et orienter ses priorités en fonction de celles de la population canadienne et de ses éléments clés.

C'est la troisième fois que le présent sondage est réalisé, lequel a fait l'objet de quelques modifications d'une vague à l'autre, et les résultats qui en découlent sont toujours intégrés aux rapports de mesure du rendement annuels de Santé Canada. Les résultats de 2009 sont mis en corrélation avec ceux obtenus précédemment lors du sondage de 2007 ainsi qu'avec les données de références issues du sondage mené en 2005. De plus, lorsqu'elles sont disponibles, des données de suivi qui remontent à 2001 sont présentées dans les tableaux. Santé Canada a fourni toutes les données de suivi.

Le lecteur remarquera que le matériel d'enquête de 2009 a fait l'objet de certaines révisions, y compris la suppression de quelques questions et l'ajout de nouvelles questions qui ne figuraient pas dans les sondages antérieurs. Cela rend compte de la volonté de Santé Canada de s'assurer que le sondage demeure un outil pertinent et à jour pour l'organisation, alors que de nouveaux enjeux voient le jour et que de nouvelles ou différentes facettes de la marque sont examinées. Par conséquent, certains des résultats du présent rapport ne peuvent être comparés aux résultats de 2007 et de 2005. Veuillez noter que l'ensemble des données de 2007 reposent sur un sondage mené par Ipsos-Reid, tandis que les résultats de 2005 sont fondés sur un sondage réalisé par *The Strategic Counsel*.

The Strategic Counsel certifie que le présent rapport et tous les éléments livrables définitifs du présent projet de recherche satisfont à l'exigence de neutralité politique décrite au point 6.2.4 de la Procédure de planification et d'attribution de marchés de services de recherche sur l'opinion publique (ROP) (juin 2009). Le coût de la réalisation de cette étude de recherche s'élève à 89,682.24 $ (TPS incluse).

A. Image de marque et gestion de la réputation au sein du secteur public

Comme par le passé, l'étude actuelle examine toujours ce sur quoi reposent les perceptions des Canadiens à l'égard de Santé Canada afin non seulement de déterminer quels facteurs influent le plus sur ces perceptions, mais également comment de tels facteurs interagissent, ou agissent séparément, selon le cas, pour avoir une vue globale de l'organisation. Même s'il est inhabituel de considérer les ministères et organismes gouvernementaux comme des « marques » au sens strict du terme, il reste que la capacité de Santé Canada à mener ses activités clés avec succès dépend grandement de la force et du pouvoir de sa marque. À cet égard, Santé Canada doit relever beaucoup de défis similaires à ceux auxquels font face les entreprises, peut-être même plus considérables en fait, afin de valoriser et de soutenir sa marque, comme le font des sociétés bien connues telles que Coca Cola, IBM, Microsoft, GE et Nokia qui ont été désignées comme les cinq plus importantes marques au monde[4].

Les organisations qui travaillent dans le secteur privé considèrent la force de la marque comme un avantage concurrentiel essentiel, et comme un élément auquel elles peuvent attribuer une valeur monétaire en fonction de l'importance de la marque pour la rentabilité de l'entreprise[5]. Traditionnellement, le secteur privé a grandement eu recours au marketing, et il continue d'y recourir, notamment, à la publicité visant à promouvoir les produits, et, au bout de compte, le produit ou la marque – afin de créer un ensemble d'associations dans l'esprit du consommateur qui le ramène à un produit de consommation ou à une quelconque manifestation visuelle de la marque. Cette approche était fondée sur une vision traditionnelle de l'entreprise en tant qu'entité dont l'unique objectif est d'être rentable. Toutefois, au cours des dernières années, même les entreprises du secteur privé ont délaissé cette façon de penser, où la rentabilité est leur objectif principal, pour la remplacer par l'objectif de « créer de la valeur » – des biens et des services recherchés et des expériences qui signifient quelque chose pour les gens, y compris pour les clients, mais également pour les employés et les intervenants. En ce sens, la notion de valorisation de la marque commence à devenir plus utile et applicable à ceux qui travaillent dans le secteur public, y compris dans les organisations à but non lucratif. Étant donné que désormais la majeure partie de l'activité économique dans les pays développés est incorporelle et non axée sur les produits, une toute nouvelle vision en matière d'image de marque gagne en popularité parmi les spécialistes du marketing et les chefs d'entreprise.

> « La stratégie de marque dans le secteur commercial est omniprésente et relativement facile à comprendre et à reconnaître. Toutefois, la stratégie de marque dans le marketing social n'est pas aussi habituelle, mais elle est de plus en plus populaire grâce à sa capacité à créer efficacement de la visibilité et à assurer la mémorabilité. De nombreux membres du secteur public et des organisations à but non lucratif hésitent à admettre qu'ils font

[4] Classement d'Interbrand concernant les meilleures marques mondiales de 2009 : *Best Global Brands 2009*, http://www.interbrand.com/best_global_brands.aspx.
[5] Selon l'étude effectuée par Interbrand, la valeur combinée des cinq meilleures marques mondiales est estimée à plus de 268,2 millions de dollars américains.

> face à une vive concurrence, et ils ne voient pas la nécessité de mettre l'accent sur la stratégie de marque et le positionnement. Cette opinion commence néanmoins à changer, alors qu'un nombre croissant de chefs de file de ces secteurs reconnaissent qu'ils font partie d'un marché concurrentiel au financement limité. Cette prise de conscience met en évidence le fait que l'identité stratégique et la valorisation de la marque peuvent grandement aider les organisations à mieux faire connaître leurs programmes, à accroître l'utilisation qui en est faite ainsi que la satisfaction à leur égard, à obtenir davantage de financement et de dons, et, au bout du compte, à améliorer le bien-être collectif[6]. »

Peu importe la nature de l'entreprise, qu'elle soit du secteur public, privé ou une organisation à but non lucratif, la marque est devenue un investissement stratégique, et l'on voit de plus en plus d'organisations adopter une approche intégrée, visant l'ensemble des fonctions. Au sein de nombreuses organisations, il se peut que la responsabilité de la gestion de la marque incombe toujours, mais pas exclusivement, au service du marketing. Les organisations « intelligentes » ont par ailleurs adopté une approche globale et intégrée, pour faire en sorte que la gestion de la marque soit coordonnée dans l'ensemble de l'organisation, y compris les ressources humaines, les activités et la prestation de services, en plus du service du marketing et des communications. Nous reviendrons à l'importance d'une approche interfonctionnelle pour valoriser la marque dans la partie où sera énumérée une série de recommandations fondées sur les résultats du présent sondage, puisque Santé Canada devra possiblement entreprendre d'autres activités (et évaluations) afin de s'assurer d'un engagement à l'échelle de l'organisation envers la marque et l'amélioration de la santé de la marque.

Pour Santé Canada, la gestion et la valorisation continues de sa marque sont essentielles pour que celle-ci fonctionne efficacement, particulièrement à une époque de prolifération des médias (c.-à-d. un univers multi-canaux), et d'explosion et de méli-mélo d'informations. Une marque solide, quel que soit le type d'organisations, force l'attention, attire les gens en fonction du niveau de confiance et de crédibilité qu'ils lui accordent, et parvient souvent à protéger l'organisation, du moins en partie, contre les événements ou les questions litigieuses qui se pointent inévitablement et qui peuvent influer négativement sur les perceptions du public. En outre, puisqu'un bon nombre des activités principales de Santé Canada comportent un élément de marketing social, une marque solide est essentielle pour être en arriver à faire changer les attitudes et les comportements du public, qu'il s'agisse de l'adoption d'un mode de vie plus sain, de l'encouragement à arrêter de fumer ou encore de la promotion d'une sensibilisation accrue aux enjeux en matière de santé et aux stratégies préventives visant à réduire les risques de maladie ou à maximiser le taux de participation à un programme de vaccination.

[6] *Guide to Branding in the Public and Not-for-Profit Sectors*, James H. Mintz et Joanna Chen, Centre d'excellence en marketing gouvernemental, avril 2009.

Dans la recherche de référence menée en 2005, *The Strategic Counsel* a conçu un cadre conceptuel qui tentait de déconstruire la marque ou réputation de Santé Canada selon cinq dimensions mesurables et interreliées – le niveau de connaissance, les relations/expériences, les perceptions à l'égard de son rôle et de son rendement fonctionnels, son impact et sa pertinence sur le plan personnel, et les principales caractéristiques du ministère. De plus, le sondage et le cadre de départ prenaient en considération les opinions à l'égard de l'organisation en matière de confiance, de crédibilité et de fiabilité. À cette époque, les résultats ont révélé que, même si l'organisation parvenait à conserver une forte crédibilité en ce qui a trait à ses caractéristiques ministérielles clés et aux perceptions à l'égard de son rendement dans la plupart de ses principales activités, la connaissance de Santé Canada était peut-être le principal facteur motivant les évaluations globales de Santé Canada et de son image de marque. Autrement dit, l'organisation jouissait alors d'une très grande confiance de la part du public, mais les niveaux de connaissance faibles ou modérés au sujet de son rôle et de ses activités dans certains domaines tempéraient l'efficacité et la réussite d'une marque par ailleurs crédible. L'étude de référence a notamment mis en relief trois domaines importants qui contribuent le plus à la santé de l'image de marque de Santé Canada – assurer l'innocuité des médicaments et des produits pharmaceutiques, la salubrité des aliments et la sécurité des produits de consommation. Par conséquent, il a été recommandé d'accroître le niveau de connaissance à l'égard du rôle de Santé Canada dans ces domaines en vue de renforcer la marque de Santé Canada et par association, sa réputation.

En 2007, la première étude de suivi menée après la recherche de référence a révélé un changement sur le plan des facteurs sous-jacents de la marque de Santé Canada. Des modifications à la démarche analytique ont engendré des résultats quelque peu différents par rapport à ceux de 2005. Les résultats de la première vague de suivi ont révélé que les perceptions positives concernant les activités spécifiques du ministère telles que la responsabilité, la transparence, la proactivité, l'objectivité et la gestion des risques pour la population canadienne étaient indissociables de la force globale de la marque du ministère, alors que moins d'importance est accordée aux perceptions du rendement de Santé Canada à l'égard d'enjeux tels que la sécurité publique. Étant donné que Santé Canada fonctionne dans un environnement public dynamique, qui est assujetti à des changements constants sur le plan des enjeux liés aux politiques publiques, des événements mondiaux et du climat politique en mouvance, ce n'est pas surprenant qu'au fil du temps on puisse observer des modifications quant à l'importance relative de chacune de ces cinq dimensions. Selon nous, les résultats de l'étude de recherche de 2007 mettent en relief le fait que tous les éléments de la marque doivent être valorisés en même temps, et que les circonstances et les changements de l'environnement externe peuvent faire en sorte que l'accent mis par les gestionnaires de la marque (dans le cas de Santé Canada, cela comprend également les décideurs, les gestionnaires de programmes et les communicateurs) sur l'un ou l'autre des éléments varie selon le temps. Les deux études mettent en évidence combien il est important de mener des recherches continues pour s'assurer que le modèle évolue en fonction des circonstances et que la compréhension de la marque par l'organisation demeure actuelle, afin que les mesures visant à gérer la marque puissent être adoptées rapidement.

La présente étude tient également compte de l'état actuel de la marque de Santé Canada et de la manière dont les facteurs qui influencent la marque peuvent être changeants. Afin d'établir un contexte au sein duquel évaluer les mesures clés concernant la marque, nous examinerons d'abord les caractéristiques de l'environnement public élargi dans lequel fonctionne Santé Canada.

B. L'environnement public élargi

L'un des principaux rôles de Santé Canada est d'agir comme intendant et gardien du système de soins de santé et des principes du régime public d'assurance-maladie. Par conséquent, un indicateur important de la confiance des Canadiens à l'égard de Santé Canada est en fait l'évaluation que ces derniers font de l'état du système de soins de santé au Canada. Au fil des années, l'évaluation par les Canadiens de l'état du système de soins de santé au Canada s'est améliorée, de façon constante, sinon considérable, d'une vague de recherche à l'autre. Même s'il y a eu une nette augmentation entre 2004 et 2005 du nombre de personnes ayant donné une évaluation positive au système de soins de santé canadien (c.-à-d. bon/excellent) – un bond de 10 points (de 24 % à 34 %) a notamment été constaté durant l'année qui a suivie la Rencontre des premiers ministres sur les soins de santé en 2004 et un investissement de taille dans les soins de santé par le gouvernement fédéral – depuis, les hausses observées d'une année à l'autre ont été peu élevées. Néanmoins, sur une période de cinq ans, soit de 2004 à 2009, le pourcentage de personnes qui évaluent positivement le système de soins de santé canadien a augmenté de 20 points, et il atteint actuellement 44 %, comparativement à seulement 11 % pour les personnes qui jugent le système médiocre ou très médiocre. Il est intéressant de souligner que la plupart des hausses observées quant au nombre de personnes satisfaites du système de soins de santé semblent attribuables aux opinions de plus en plus favorables des résidents de l'Ontario. Les résultats de la présente étude révèlent que le pourcentage de résidents de l'Ontario qui évaluent positivement le système a augmenté de 15 points depuis 2007.

Par ailleurs, même si les perceptions à l'égard de l'**état** des soins de santé au Canada se sont améliorées de façon constante, la plupart des Canadiens n'ont pas l'impression que la **qualité** des soins de santé s'est améliorée au cours des deux dernières années. La plupart d'entre eux (54 %) croient qu'il n'y a pas eu de changement sur ce plan. Intuitivement, on s'attendrait à ce que ces deux mesures évoluent en parallèle. Toutefois, il est important de souligner qu'un bon nombre de Canadiens (45 %) continuent d'attribuer la cote passable à l'état des soins de santé, ce qui est ni une évaluation trop positive ni trop négative. De plus, à la lumière des débats très publics et controversés sur la réforme du système de soins de santé aux États-Unis, au cours du processus d'élection présidentielle de 2008 et de la première année en fonction de l'administration Obama, ces chiffres ne sont peut-être pas aussi contradictoires qu'ils en ont l'air de prime abord. Au cours des deux dernières années, les Canadiens ont lu et entendu beaucoup de choses dans les médias américains, et maintes comparaisons entre le système de soins de santé américain et celui du Canada, la plupart de celles-ci étant favorables au système de soins de santé public canadien. Compte tenu de ce qui précède, un nombre accru de personnes peuvent avoir l'impression que le système de soins de

santé canadien est en relativement bon état (surtout lorsqu'on le compare à la situation qui prévaut actuellement chez nos voisins américains).

Parallèlement, les Canadiens ne sont pas complaisants au sujet de leur système de soins de santé. D'autres recherches, tant qualitatives que quantitatives, nous ont appris que les Canadiens croient qu'ils ont l'un des meilleurs systèmes de soins de santé au monde. En fait, le système de soins de santé canadien et les principes établis par le système sont souvent donnés en exemple comme une caractéristique qui définit le Canada et qui est intégrante à l'identité canadienne. Dans le même ordre d'idées, le public croit également qu'il y a possibilité d'améliorer le système. À mesure que les membres de la génération du baby-boom atteindront le troisième âge, et sont susceptibles de dépendre de plus en plus du système de soins de santé et de l'utiliser davantage, il sera particulièrement intéressant d'observer comment les perceptions relatives à la qualité et à l'état du système vont continuer de changer, ou non. Au moment de la rédaction de ce rapport, le public était effectivement divisé sur la question des changements à apporter au système, 43 % les jugeant mineurs alors que 43 % considéraient que des changements majeurs sont nécessaires. En ce moment, il n'y a pas une forte volonté d'apporter des changements radicaux au système ou de le restructurer complètement et certainement pas tellement d'intérêt pour des dispositions de paiement à l'acte, alors qu'un peu moins de la moitié de la population (46 %) est contre l'idée que « les personnes aient le droit de payer des sommes supplémentaires pour avoir accès plus rapidement à des services de soins de santé. » Les résultats mettent en évidence l'engagement continu des Canadiens envers l'un des principes clés du système de soins de santé du Canada – l'accès universel. On note un appui limité envers l'introduction d'un plus grand nombre d'éléments de soins de santé financés par le secteur privé, malgré le fait que les temps d'attentes excessifs et la pénurie de professionnels de la santé figurent toujours au premier plan des priorités établies en matière de santé et des suggestions en vue d'améliorer le système de soins de santé.

Même si les perceptions à l'égard de la qualité du système de soins de santé canadien laissent croire qu'il est possible de faire mieux, comme l'a révélé l'étude de 2005, et de nouveau dans celle de 2007, la majeure partie des Canadiens (81 %) sont en réalité satisfaits de leur propre expérience du système de soins de santé. On a d'ailleurs remarqué une légère hausse (trois points) quant au nombre de personnes se disant satisfaites des services qu'elles ont reçus depuis 2007. Encore une fois, comme ce fut le cas au cours des sondages antérieurs, cette lecture semble ne pas concorder avec le nombre considérablement moins élevé de Canadiens qui attribuent dans l'ensemble une note favorable au système, même si, comme il a été précisé précédemment, ce nombre est également en hausse. Les données actuelles continuent de contredire un mythe durable selon lequel le système de soins de santé du Canada est « mal en point ».

Il est intéressant de souligner que les priorités des Canadiens en matière de soins de santé, telles qu'elles ont été précisées sans avoir recours à une réponse assistée, sont restées relativement constantes durant les trois vagues de sondages entreprises. Le sondage actuel a toutefois révélé l'inclusion d'un nouveau point – « la pandémie de grippe/H1N1 » – au programme de priorités (14 % l'ont nommée comme étant le plus important enjeu sur le plan de la santé). Autrement, les problèmes de renouvellement de l'effectif (19 %) et

de temps d'attente (13 %) sont toujours les priorités les plus importantes pour la population. On remarque toutefois deux nouvelles tendances intéressantes dans l'opinion publique en ce qui concerne ces deux priorités. Premièrement, tandis que les résultats de 2005 et de 2007 révèlent que les temps d'attente figurent devant les problèmes d'effectif comme priorité, le classement est maintenant inversé dans le présent sondage. Deuxièmement, nous remarquons que les Canadiens ne mentionnent plus le financement comme étant une priorité, et que cet élément ne figure plus du tout dans la liste des priorités. En 2005 et en 2007, 3 % et 5 % des répondants respectivement nommaient le financement comme étant un enjeu prioritaire. Bien que le financement se classe nettement plus loin que les enjeux liés au renouvellement de l'effectif et aux temps d'attente, il est néanmoins important de mentionner que cet enjeu a complètement disparu des diverses préoccupations formulées par la population. Même si cette question n'a pas fait l'objet d'une analyse plus poussée, les résultats signifient peut-être que les Canadiens ont maintenant l'impression que le système bénéficie de financement suffisant, mais qu'il est nécessaire de revoir les priorités en matière de fonds existants afin de créer un système de soins de santé mieux adapté aux besoins des Canadiens. En outre, il est possible que cette opinion soit plus arrêtée dans une période qui suit une récession, au cours de laquelle prédominent les mesures de compression des coûts et les initiatives de réduction du déficit.

Lorsqu'on a demandé aux Canadiens d'évaluer l'importance des neuf questions de santé spécifiques qui sont du ressort de Santé Canada, la tendance est une fois de plus relativement constante en ce qui a trait aux enjeux figurant dans les premiers rangs et à ceux jugés de moindre importance, dans les trois vagues de sondage. Bien que tous les enjeux, à l'exception de l'enjeu visant à garantir l'innocuité des produits de santé naturels – un nouvel élément ajouté à la liste de priorités seulement en 2009 – ont connu une hausse quant au niveau d'importance que leur accordent les Canadiens, les enjeux visant à assurer la salubrité des aliments et l'innocuité des produits pharmaceutiques continuent de figurer au premier plan. En revanche, la réglementation de l'étiquetage et de la promotion des produits du tabac occupe le dernier rang, ce qui rend possiblement compte d'une perception selon laquelle suffisamment de progrès ont été accomplis à cet égard. Nous avons néanmoins remarqué que les répondants avaient de plus en plus tendance à attribuer le niveau d'importance le plus élevée à certains des neuf enjeux en matière santé qu'ils devaient évaluer. Cela veut dire que sur une échelle d'importance à 7 points, où 7 signifie extrêmement important, un nombre croissant de répondants ont attribué à chacun des éléments une note de 7 sur l'échelle. Il s'agit d'une pratique fort inhabituelle, les répondants ayant généralement tendance à ne pas utiliser les extrêmes sur de telles échelles. Nous avançons l'hypothèse que l'attention croissante portée aux questions de santé dans les médias, alors que nombre de médias ont en place un reporteur spécialisé « en santé et en sciences » au sein de leurs équipes, ainsi que la grande place accordée à des questions telles que la grippe H1N1, les produits alimentaires contaminés, les traces de produits toxiques dans les biens de consommation et l'état des soins de santé chez les Autochtones du Canada, entre autres, ont eu une incidence.

En plus de l'importance accrue donnée à de nombreuses questions de santé en général, on observe un écart marqué et croissant selon les sexes à l'égard de l'ensemble des enjeux examinés. Les femmes ont tendance à

attribuer à l'ensemble des enjeux un niveau d'importance beaucoup plus élevé que celui indiqué par les hommes, et ce, de plus en plus. Entre 2007 et 2009, l'écart entre les sexes a continué de s'accroître dans quatre domaines : assurer la sécurité des produits de consommation (l'écart entre les sexes s'est accru de 13 points) et promouvoir et protéger les principes du régime public d'assurance-maladie, garantir l'innocuité des produits pharmaceutiques et offrir des services de soins de santé aux Premières nations et aux Inuits (pour chacun de ces trois volets, l'écart entre les sexes s'est accru de 7 à 9 points au cours de la période de deux ans). Ces résultats laissent croire que l'audience des communications de Santé Canada sur ces enjeux de santé est de plus en plus composée principalement de femmes. Cela a non seulement une incidence sur la façon dont Santé Canada effectue des consultations sur ces enjeux et auprès de qui, ainsi que sur la manière dont Santé Canada communique. Ces constatations suffisent également à justifier la nécessité d'acquérir des compétences et une compréhension particulières des approches différentes selon les sexes en matière de marketing et de communications.

C. La marque Santé Canada

Tout comme lors des sondages antérieurs, les dimensions essentielles de la marque de Santé Canada ont été examinées : le niveau de connaissance, les relations/expériences, les perceptions à l'égard de son rôle et de son rendement fonctionnels, et les principales caractéristiques du ministère. Toutefois, comme le sondage initial l'avait révélé en 2005, le modèle servant à évaluer la marque de Santé Canada a été conçu comme un modèle de travail, et le rapport faisait référence à l'élaboration et à l'application d'un concept de marque pour Santé Canada comme étant un processus évolutif, en présumant que les vagues ultérieures de sondage tiendraient compte des améliorations et des modifications apportées au modèle. Cela a d'ailleurs été le cas en 2007 et de nouveau pour la présente vague, alors que nous avons actualisé le modèle.

Nous avons notamment apporté des améliorations à l'analyse de la santé de la marque de 2007 en tenant compte de l'interaction entre chacune des dimensions, et non pas uniquement de l'incidence unilatérale du rendement, de la connaissance et de la réputation sur la santé de la marque. Le modèle amélioré tient compte, par exemple, du fait que les perceptions à l'égard du rendement de Santé Canada dans certains domaines sont non seulement liées à l'opinion générale que les répondants ont de Santé Canada, mais qu'elles influent également sur les opinions concernant la façon dont Santé Canada mène ses activités (c.-à-d. crédibilité, responsabilité, transparence et autres caractéristiques clés du ministère) qui, en retour, sont liées à l'opinion générale sur l'organisation. Une description plus approfondie du modèle et de la technique d'analyse particulière utilisée pour évaluer la santé de la marque se trouve à l'annexe A du présent rapport.

Toutefois, à cause des modifications apportées au modèle, les résultats ne peuvent être comparés entièrement aux résultats de 2005 et de 2007. Les résultats actuels concernant l'état de la marque de Santé Canada doivent plutôt être considérés comme des renseignements permettant à Santé Canada de mieux comprendre et connaître ce qui influe sur sa marque et sa réputation et, avant tout, quelles sont les mesures qui doivent ou peuvent être prises afin de renforcer ou de soutenir la marque.

Les données rendent toujours compte de **niveaux de connaissance modérés au sujet de Santé Canada** et de sa responsabilité particulière à l'égard des différents volets de ses activités clés. De 35 à 46 % des répondants ont dit ne pas être certains de savoir quelle organisation, quel ministère ou quel organisme gouvernemental était principalement responsable de chacun des neuf volets des activités clés de Santé Canada qui ont été examinés au cours du sondage. Parallèlement, pour chacun des neuf volets, la majeure partie des Canadiens croient néanmoins que Santé Canada participe d'une quelconque façon, sinon comme unique responsable, à ces fonctions et le pourcentage de personnes qui disent que Santé Canada « y participe grandement » est à la hausse pour la plupart des éléments (bien que le pourcentage total des personnes qui ont cette opinion représente une faible proportion de la population – moins de 30 % dans tous les cas). Le niveau de connaissance au sujet des activités clés de Santé Canada reste également très faible, alors que seuls 31 % des répondants disent les connaître (5, 6 ou 7 sur une échelle de 7 points), et il est considérablement moins élevé que l'autoévaluation concernant la connaissance qu'ils ont de la Fondation des maladies du cœur (42 %). Tous ces résultats nous amènent à nous demander sur quoi les Canadiens se fondent pour évaluer le rendement de Santé Canada, si ce n'est sur les principaux volets de ses activités clés. Ce qui nous semble préoccupant est le fait que, même si le volet visant à assurer la sécurité des produits de consommation est jugé relativement important par les répondants, l'importance qu'on lui accorde a crû de 9 points depuis 2001 et qu'il est particulièrement important pour les femmes (il s'agit en fait de l'élément pour lequel l'écart entre les sexes s'est accru le plus depuis 2007), il reste que plus d'un tiers des Canadiens (36 %) ne désigne pas Santé Canada (ni aucun autre ministère fédéral) comme étant principalement responsable de ce volet, et le pourcentage d'entre eux qui disent que Santé Canada y participe relativement a chuté, passant de 63 % en 2005 à 58 % en 2009.

Plusieurs mesures du rendement de Santé Canada, que ce soit le rendement global ou dans certains volets de ses activités clés, ont été recueillies au cours du présent sondage et des sondages antérieurs. Comme ce fut le cas au cours des vagues précédentes, **les évaluations du rendement de Santé Canada varient grandement.** Il existe un écart de près de 25 points entre les éléments ayant obtenu respectivement l'évaluation la plus élevée et l'évaluation la plus faible – offrir des services de soins de santé aux Premières nations et aux Inuits et réglementer l'étiquetage et la promotion des produits du tabac. Un score de pertinence implicite a été calculé à l'aide des évaluations de l'importance perçue (celles où un élément obtenait le niveau d'importance le plus élevé) et les évaluations de la participation (celles où les répondants ont indiqué que Santé Canada participait à un volet (5, 6 ou 7 sur une échelle de 7 points)) pour chacun des neuf volets des activités clés de Santé Canada qui ont été examinés. Selon ce calcul, assurer l'innocuité des produits pharmaceutiques et la salubrité des produits alimentaires sont les deux éléments les plus pertinents pour la population canadienne tandis que garantir l'innocuité des produits de santé naturels et s'assurer que les facteurs environnementaux n'aient pas une incidence négative sur la santé des Canadiens sont jugés moins pertinents. Lorsque transposés sur une « grille des priorités », la plupart des éléments se retrouvent dans la catégorie excellent rendement/haute pertinence, ce qui laisse croire que dans les domaines les plus pertinents pour les Canadiens, Santé Canada offre un bon rendement. Comme ce fut le cas tant en 2005

qu'en 2007, les fonctions de « sécurité » assumées par Santé Canada en ce qui a trait aux produits pharmaceutiques, aux produits alimentaires et aux produits de consommation ont obtenu des notes élevées en matière de rendement et des notes relativement élevées en matière de pertinence.

La pertinence de Santé Canada aux yeux des Canadiens trouve toujours son fondement dans le rôle qu'il joue comme intendant et gardien du système de soins de santé et des principes du régime public d'assurance-maladie, et pour assurer la sécurité des Canadiens. La seule exception dénotée a trait aux activités visant à garantir l'innocuité des produits de santé naturels. Cela est peut-être simplement attribuable au pourcentage de Canadiens qui achètent et utilisent régulièrement des produits de santé naturels ainsi qu'à la perception voulant que si les produits portent la désignation « naturels », la possibilité qu'ils présentent des risques associés inhérents est moindre. Le rôle de Santé Canada afin de s'assurer que les facteurs environnementaux n'influent pas négativement sur la santé des Canadiens et celui visant à réglementer l'étiquetage et la promotion des produits du tabac ont également une pertinence moins élevée. Même si les Canadiens n'ont pas une connaissance approfondie et détaillée des caractéristiques particulières des rôles et des responsabilités de Santé Canada, près de trois quarts d'entre eux (73 %) croient néanmoins que l'organisation a une incidence sur eux sur le plan personnel, ce qui concorde avec les résultats des sondages antérieurs, alors que ce pourcentage est légèrement plus élevé que celui constaté en 2007 (70 %).

En ce qui concerne les caractéristiques organisationnelles ou de la marque, Santé Canada continue d'avoir de bonnes évaluations. Deux tiers ou plus des répondants ont décrit le ministère comme étant digne de confiance, un bon gestionnaire des risques pour la population, un expert, un ministère fort actif pour favoriser une population en santé et une organisation crédible. Depuis 2007, il y a eu des améliorations notables quant aux perceptions concernant l'organisation, et ce, sur tous les plans, mais particulièrement pour ce qui est de la considérer comme une très bonne gestionnaire des risques pour la population (une hausse de 11 points parmi les répondants qui décrivent Santé Canada en ces termes, qui est passé de 56 % en 2007 à 67 %). Tandis que la moitié des répondants continuent de décrire Santé Canada comme étant objectif et responsable, ces caractéristiques, ainsi que les perceptions à l'égard de l'ouverture et de la transparence, de même que sur la proactivité et l'objectivité, sont les valeurs de la marque qui ont obtenu les notes les plus basses parmi toutes les valeurs évaluées. Il faudrait en faire davantage pour montrer que Santé Canada ne fait qu'un avec ces valeurs.

Les perceptions relatives au rendement global de Santé Canada sont relativement stables, d'une année à l'autre, mais en général relativement positives. Avec les informations, la façon dont le public perçoit le rendement de Santé Canada s'améliore, mettant en relief l'utilité de faire mieux connaître les activités clés de Santé Canada au public – lors du présent sondage, l'évaluation vers la fin de la période de sondage atteignait 60 % (rendement de Santé Canada jugé bon/excellent) soit une hausse de 18 points par rapport au pourcentage de 42 % atteint au début de la période de sondage. Depuis 2004, alors que cette approche délibérative était utilisée pour la première fois afin d'évaluer les perceptions, des recherches ont révélé que les perceptions relatives au rendement de l'organisation peuvent être influencées positivement (et être en

hausse de 12 à 18 points) grâce à la présentation de faits et de renseignements simples sur le rôle et les responsabilités de Santé Canada ou à une quelconque discussion concernant les enjeux se rapportant aux soins de santé.

Même si peu de Canadiens avaient communiqué avec Santé Canada, ceux qui l'ont fait ont jugé positivement leur interaction. L'Internet est le média le plus utilisé par les Canadiens pour communiquer avec Santé Canada et c'est de loin la principale source vers laquelle ils se tournent pour avoir des renseignements sur le ministère. Près de deux tiers (64 %) des répondants se sont dits satisfaits de leur dernier contact avec Santé Canada, habituellement une interaction qui s'est déroulée par Internet ou par téléphone. La plupart communiquent avec Santé Canada pour obtenir des renseignements. Nous savons, d'après les résultats de groupes de discussion, qu'un grand nombre de Canadiens cherchent des renseignements précis au sujet d'une maladie ou d'un problème de santé, et qu'à la suite d'une recherche par mots-clés dans Google, ils aboutissent souvent sur une page de Santé Canada, sans pour autant être conscients qu'ils sont en train de parcourir un site de Santé Canada. Le petit nombre de répondants qui se sont dits insatisfaits du contact qu'ils ont eu avec Santé Canada ont en général précisé l'un des trois secteurs préoccupants suivants : la conduite de l'agent avec qui ils ont communiqué (c.-à-d. l'impression qu'il ou elle ne dit pas tout, le manque de coopération), l'absence de réponse satisfaisante ou la rapidité des services.

Des communications convaincantes et efficaces sont la clé d'une marque solide. Santé Canada obtient une évaluation relativement bonne pour son rendement dans ce domaine, alors qu'un peu moins de 4 Canadiens sur 10 jugent son rendement bon ou excellent. Le ministère obtient également des notes passablement élevées pour ce qui est d'offrir des renseignements utiles et exacts et de communiquer dans la langue officielle utilisée par le client. Il y a toutefois lieu de se questionner sur la rapidité des services, car, même si elle n'est pas évaluée négativement, un pourcentage moins élevé de Canadiens (57 %) juge qu'elle caractérise bien Santé Canada, comparativement à 64 % il y a deux ans. Il faudra consacrer des efforts supplémentaires afin de comprendre ce qui explique cette baisse et s'assurer que des mesures seront mises en place pour éviter que cette mesure ne chute encore plus. Il est possible que ce résultat soit attribuable au niveau d'attente des Canadiens. À une époque où les technologies permettent aux organisations d'être de plus en plus réactives, les Canadiens comparent peut-être le rendement de Santé Canada avec des normes de plus en plus élevées.

Les Canadiens continuent d'attribuer des niveaux de crédibilité plus élevés aux praticiens du domaine de la santé, ainsi qu'aux représentants d'organismes de santé non gouvernementaux, en tant que porte-parole sur les questions de santé. Parallèlement, les experts ou les médecins de Santé Canada sont tenus en haute estime. Il est intéressant de souligner que, bien que les médias soient la principale source d'impressions au sujet de Santé Canada, ils sont également considérés comme étant les moins crédibles en matière de santé. Il s'agit d'un obstacle de taille pour Santé Canada, qui, à l'instar de beaucoup d'autres ministères et organismes gouvernementaux, est fortement tributaire de la couverture médiatique destinée à transmettre ses messages au grand public.

D. Recommandations

Un certain nombre des recommandations formulées en 2007 sont toujours valables, étant donné que les tendances qui se dégagent des évaluations des principales facettes de la marque Santé Canada sont similaires à celles constatées il y a deux ans. Cela étant dit, les résultats de cette année laissent croire qu'il est nécessaire d'opter pour des approches plus nuancées ou plus ciblées, notamment en ce qui a trait aux communications et aux activités de marketing de Santé Canada. Les résultats révèlent de façon équivoque que la réalisation de progrès quant aux enjeux qui préoccupent le plus les Canadiens est indissociable du travail du ministère, et l'organisation est considérée comme étant hautement pertinente, lorsque les Canadiens sont interrogés directement à ce sujet. Les décideurs, les communicateurs et les gestionnaires de projets de Santé Canada qui prennent connaissance des résultats du présent sondage, et de ceux des sondages antérieurs, sont en droit de se demander : *« pourquoi n'obtenons-nous pas (Santé Canada) plus de reconnaissance à cet égard? »*. Selon nous, la réponse à cette question n'est pas nécessairement il faut en faire plus, mais plutôt il faut travailler « plus intelligemment » – en utilisant les outils et les tactiques qui permettent une personnalisation et un ciblage accrus, et en se tournant tant vers l'intérieur que l'extérieur pour établir la force de la marque.

Nous proposons un certain nombre de recommandations qui découlent d'une série d'éléments présents dans les données que nous appelons « dichotomies imbriquées ». Nous utilisons cette expression pour décrire une série de dichotomies apparentes ou de contradictions relevées dans les résultats qui, après analyse plus approfondie, semblent être à la fois explicables et interreliées. Celles-ci sont présentées ci-dessous sous forme de questions et de réponses qui offrent des éléments de réflexion en matière d'approches et de solutions recommandées.

1. Comment se fait-il que l'importance accordée à un enjeu ne se traduise pas en une connaissance accrue de l'organisation?

Comme mentionné précédemment, les Canadiens accordent une grande importance aux questions de santé et au domaine de la santé en général. Beaucoup d'autres organisations du secteur public, et même des organisations du secteur privé, seraient fort heureuses de la position occupée par Santé Canada – soit d'être responsable d'enjeux qui ont une réelle signification pour la population. Toutefois, les données révèlent parallèlement que les niveaux de connaissance au sujet des responsabilités de l'organisation sont modestes à peu élevés et qu'il existe un problème de crédibilité concernant les principaux porte-parole concernant les volets du portefeuille de la santé.

Par conséquent, l'amélioration du niveau de connaissance demeure un défi permanent. Nous proposons deux stratégies particulières pour remédier à ce problème persistant :

- Se concentrer sur une stratégie axée sur l'« omniprésence » – plus précisément, nous croyons que le public doit voir Santé Canada plus souvent pour que cette présence influe positivement sur la marque. La puissance d'Internet fait en sorte que c'est à cet endroit que la stratégie doit d'abord se concentrer en

vue d'atteindre une « omniprésence ». Il serait notamment indiqué, même si un tel examen est peu technique ou peu complexe, d'examiner quel est le classement du portail de Santé Canada pour s'assurer qu'il figure parmi les 5 à 10 premiers sites Web affichés en réponse à une recherche sur des questions de santé générales ou spécifiques, et en particulier celles qui sont au cœur des activités clés du ministère.

- En outre, nous suggérons à Santé Canada de déterminer des entités susceptibles de répandre l'information clé – à savoir des personnes ou des organisations qui travaillent directement dans le domaine de la santé ou en marge de ce domaine, et qui sont considérées comme étant ouvertes, transparentes, objectives et responsables. Les partenariats avec ces personnes et ces organisations offriraient un autre véhicule crédible qui servirait à transmettre les messages du ministère, et qui remplacerait les médias, du moins en partie, à titre de porte-parole désigné.

2. Les médias sont la principale source à partir de laquelle les Canadiens se font une impression de Santé Canada, mais ils ne sont pas considérés comme étant très crédibles en matière de santé. Alors, comment Santé Canada peut-il remédier à ce problème?

Nous avons souligné dans le paragraphe précédent que le fait de mettre l'accent sur un effet de multiplication distinct de la couverture médiatique ou qui s'y ajoute, pourrait s'avérer un moyen efficace d'accroître le niveau de connaissance à l'égard non seulement de Santé Canada, mais également de ses activités dans les domaines précis qui intéressent les Canadiens et qui sont jugés importants pour leur bien-être. Nous recommandons de recourir davantage aux outils de réseau social qui font partie des divers outils de communications en ligne. Que ce soit au moyen de publicité sur des blogues populaires sur la santé ou en effectuant régulièrement des consultations auprès des Canadiens par l'intermédiaire des réseaux sociaux, il s'agit avant tout de s'adresser directement aux Canadiens, plutôt que de laisser les médias filtrer ou interpréter les messages de Santé Canada. Les médias sociaux se trouvent au carrefour de l'Internet avec leurs techniques de bouche à oreille, ces dernières ayant fait leurs preuves comme moyen efficace et fiable de diffuser de l'information.

Il serait également indiqué de mener d'autres études afin de savoir exactement comment le public obtient et analyse les informations relatives à la santé :

- Sur quelles sources se tournent-ils habituellement pour avoir de l'information sur la santé?
- Quels types de renseignements cherchent-ils exactement?
- Est-ce qu'ils traitent l'information surtout de manière visuelle, verbale ou d'une autre façon?
- À quels messages portent-ils plus attention? Quels sont les mots/phrases qui produisent une réaction émotive susceptible d'accroître l'intérêt de la population à l'égard d'un enjeu lié à la santé?

3. Le public semble accorder plus d'importance aux postes qu'aux personnes en tant que telles pour juger de la crédibilité des porte-parole sur les questions de santé. Alors, comment fait-on pour établir un lien entre les deux?

Si le poste est ce sur quoi les Canadiens s'appuient avant tout pour juger de la crédibilité, au détriment de la personne occupant le poste, alors il est sensé de songer à établir une association plus solide entre le titulaire

et le poste qu'il occupe, chaque fois qu'il est possible de le faire dans les médias. Nous recommandons d'élaborer des stratégies de communication percutantes qui établissent vigoureusement, clairement et constamment un lien entre la personne et le poste. Ce type de conseil peut sembler pour le moins simpliste, mais, selon nous, il n'est pas nécessaire de remédier à tous les problèmes mentionnés dans le présent rapport par des mesures raffinées, complexes ou de haute technicité. Les données révèlent clairement la nécessité d'accroître la notoriété du Dr David Butler-Jones ET de sa fonction d'administrateur en chef de la santé publique ainsi que celle de la ministre Leona Aglukkaq ET de son poste de ministre de la Santé. Les Canadiens doivent avoir confiance en ces postes et à l'égard des personnes qui les occupent. Cette confiance découlera, en partie, d'une visibilité accrue et de la perception qu'une approche coordonnée est en place parmi l'ensemble des hauts dirigeants à qui incombent certaines responsabilités en matière de santé.

Deux autres recommandations, qui sont plus ou moins liées, découlent des données :

- Il est évident qu'une approche unique en matière de communications n'est peut-être pas la plus efficace. À la lumière de l'écart entre les sexes constaté en 2007 et de nouveau dans le présent sondage concernant l'importance que les femmes accordent aux questions de santé comparativement aux hommes, nous recommandons d'entreprendre une analyse comparative entre les sexes afin d'examiner de façon exhaustive et détaillée cet ensemble de données ainsi que les autres ensembles de données dont dispose Santé Canada. Nous croyons notamment qu'il serait utile de cerner tout autre écart entre les sexes qui existe, en ce qui a trait aux opinions sur la santé et à l'égard de Santé Canada. Il sera peut-être nécessaire d'effectuer d'autres recherches, en particulier de nature qualitative, pour examiner comment le ministère pourrait concevoir des stratégies de communication différentes selon les sexes, en utilisant les outils, les services de messagerie et les diverses plateformes qui seraient les plus efficaces pour rejoindre chacun des deux groupes de manière très ciblée.
- Même si cette constatation ne découle pas explicitement du présent sondage, les résultats relatifs aux questions portant sur la façon dont le public perçoit Santé Canada en fonction des principales caractéristiques de l'organisation nous laissent croire qu'il sera possible d'avancer en portant attention à ce qui se passe à l'intérieur de l'organisation. De nombreux experts en stratégie de la marque attirent l'attention sur le fait que les efforts qui sont les plus fructueux pour valoriser la marque sont souvent amorcés de « l'intérieur vers l'extérieur ». Ce qu'ils veulent dire, c'est que l'ensemble du personnel, et non pas seulement ceux qui interagissent avec le public (les clients), mais également ceux qui n'auront probablement jamais l'occasion de croiser les clients de l'organisation, doivent agir en accord avec les valeurs de la marque. Une enquête exhaustive auprès des employés ou la tenue d'une série d'ateliers et de groupes de discussion à l'interne pourraient être utiles afin de déterminer dans quelle mesure les employés, de tous les échelons, présentent les mêmes caractères qualitatifs que ceux mis de l'avant par l'organisation devant les auditoires externes. En outre, des consultations auprès des employés pourraient mettre en lumière de possibles solutions ou recommandations, formulées par les employés, en vue de faire davantage preuve de responsabilité, de proactivité, d'objectivité, d'ouverture et de transparence.

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Pour obtenir plus de renseignements sur cette étude, veuillez envoyer un courriel à por-rop@hc-sc.gc.ca.

III. Background and Methodology

Background and Methodology

A. Research Background

Health Canada is the federal department responsible for helping Canadians maintain and improve their health. It is committed to improving the lives of all of Canada's people and making this country's population among the healthiest in the world. Toward this end, Health Canada's key activities span a number of critical roles, including:

- National leadership in the development of health policy;
- Enforcement of health regulations;
- Promotion of disease prevention and healthy living strategies;
- Awareness-raising regarding health risks, risk reduction strategies and greater personal empowerment vis-à-vis healthy living; and
- Ensuring the availability of and accessibility to health services for First Nations and Inuit communities.

Given its wide-ranging role and the number of constituencies that Health Canada serves (e.g. public, private and not-for-profit sectors), it is vital that the Department maintain a current understanding of Canadians' views with respect to departmental priorities and performance on key roles.

A baseline survey of the general public assessing Health Canada's corporate reputation and performance was conducted in March 2005 and a follow-up survey undertaken in March 2007. In the intervening period between 2007 and present many events and issues have arisen that are likely to have had some impact on Canadians' views of Health Canada and its role. The Listeria outbreak in 2008 as well as the ban on bisphenol A, revelations of high levels of lead in children's toys and the presence of melamine in certain food products, the introduction of the HPV vaccine and issues surrounding the privatization of health care have no doubt altered the health "issue set" for Canadians and their attitudes, awareness and knowledge of Health Canada.

Of course, this short review of events that may have affected public opinion on health related issues and on the performance of Health Canada would not be complete without a discussion of the possible impact of the H1N1 pandemic on the public psyche. The topic of H1N1 has dominated the news cycle over the summer and fall of 2009 and so has the role of all levels of governments in dealing with the pandemic. Such heightened public attention to health-related matters may have affected Canadians' views on health priorities, as well as on Health Canada and the crucial roles it plays in fostering a healthy and safe Canadian public.

Given the evolving backdrop, Health Canada required an update on Canadians' impressions of Health Canada. The 2009 Performance Survey is intended to track a number of questions that have been asked in

the past, allowing departmental officials to ascertain how, if at all, opinion, attitudes and behaviours may have changed. In addition, given the ever-changing information environment, Health Canada wished to probe how Canadians are obtaining information on health-related issues.

B. Research Objectives

In line with the needs presented in the background to this research, the specific objectives of this study were to:

- Investigate various reputational measures;
- Update key attitudes regarding the state of the health care system;
- Test and track the relative priorities and performance of the Department's specific health related activities and services, thus determining the Department's perceived strengths and weaknesses;
- Assess the nature (i.e. methods, frequency) and outcomes (i.e. satisfaction/ dissatisfaction) of Canadians' interactions with Health Canada;
- Assess how, when and where Canadian consumers currently get their information about Health Canada; and
- Through in-depth statistical analysis investigate the drivers of Canadians' perceptions of Health Canada.

C. Survey Methodology

In light of a review of the questionnaires used in 2005 and 2007, some questions have been slightly altered, while others were added or removed. Yet overall, the survey remained very similar to that used in both 2005 and 2007. As in 2007, the median completion time for the telephone survey was 21 minutes and fieldwork was held between October 8 and 25, 2009. The survey was registered with the national survey registration system, and conducted using Computer Assisted Telephone Interviewing (CATI) technology. The response rate, calculated as the proportion of competed surveys divided by the total number of eligible phone numbers, was 16 per cent. The complete questionnaire in both official languages, as well as complete call dispositions presented in accordance with MRIA standards, can be found in Appendix B.

In total, 1,750 adult Canadians we interviewed as part of this survey, for a national margin of error of +/- 2.9 per cent in 19 times out of 20. Regional margins of error vary, as presented in the following table. Calls were made using random-digit dialling and a disproportionate stratified sample was designed to ensure that a minimum of 250 respondents were included in all regions. National results were weighted by region (not by province as the weights in the Atlantic would have been too substantial) gender and age to ensure that results were representative of the Canadian population.

Sample Distribution for National Survey

Region	% of Total Population	Proportionate Sample	Additional 550 interviews	Final Disproportionate Sample	Margin of Error (+/-%)
Atlantic	7.7	91	159	250	6.4
Quebec	24.7	290	10	300	5.8
Ontario	37.9	460	-10	450	4.7
Prairies	6.7	78	172	250	6.4
Alberta	9.8	122	128	250	6.4
B.C.	13.2	159	91	250	6.4
TOTAL	**100.0**	**1,200**	**550**	**1,750**	**2.9**

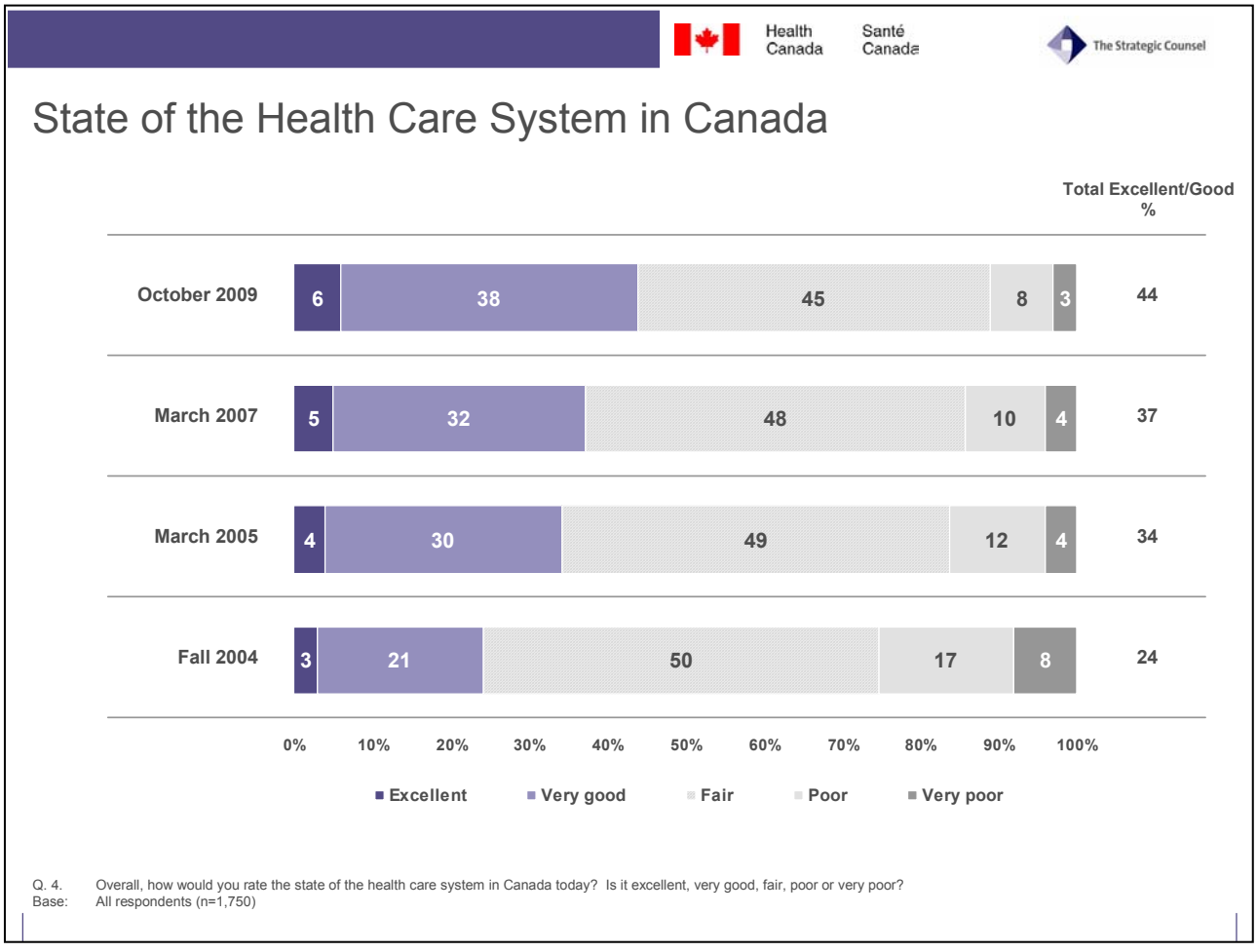
IV. Assessments of the State of Health Care and Personal Health

Assessments of the State of Health Care and Personal Health

This section of the report examines public perceptions of the state of Canada's health care system, personal health as well as individual's interaction with the health care system and their satisfaction with their experience.

A. Opinion on the State of Canada's Health Care System

The current ratings of Canada's health care system show evidence of continuous, steady improvements in Canadians' assessment of the system, with an increase of seven points in those providing a favourable rating since the last reading was taken in 2007. Looking back further, to 2004, just 24 per cent of Canadians offered a net positive rating of Canada's health care system. In 2009, this number has almost doubled to 44 per cent.



Nevertheless, the plurality (45%) of Canadians still rate the state of the health care system in Canada as fair, although this number has dropped by five points over the last five years (from 50% in 2004).

While in 2004 about as many Canadians rated the system positively as negatively, it is now the case that, by a ratio of almost three-to-one, Canadians are more likely to rate the system as "excellent/very good" (44%) versus "poor/very poor" (11%).

Socio-demographic and subgroup analysis

Unlike the findings in 2007, ratings of Canada's health care system do not vary markedly by respondent's assessments of their own personal health. Equal numbers (46%) of those who rate their own health as good (5, 6 or 7 on a 7-point scale) as rate their health as bad (1, 2 or 3 on a 7-point scale), offer a net positive rating of the health care system.

Perhaps not surprisingly, assessments of the state of Canada's health care system do vary by level of satisfaction with the system. Among those who have used the health care system in the last 12 months and who were satisfied (5, 6, 7 on a 7-point scale) with the service they received, 49 per cent rated the system as either excellent or good. This compares with just 23 per cent of those who were dissatisfied with their experience (1, 2, 3 on a 7-point scale) who gave the same rating of the system. Even those who rated their experience as average (4 on a 7-point scale of satisfaction) tended, on balance, to be negative than positive in their assessment of the state of Canada's health care system. Among this group, 22 per cent rated the system favourably, while slightly higher numbers (27 per cent) offered a net negative rating.

Across the regions, Canadians residing in Quebec continue to offer the lowest ratings of Canada's health care system. Just over one-quarter (26 per cent) assessed the system as excellent or good. The highest ratings were given by residents of Ontario (57% net positive rating), followed by Atlantic Canada (48%), British Columbia (46%), Manitoba/Saskatchewan (41%) and Alberta (39%). Notably, while most of the ratings across the regions remain consistent with findings from the 2007 study, Ontarians' ratings of the Canadian health care system have improved dramatically – a 15-point increase from 42 per cent in 2007 to 57 per cent in 2009 providing a net positive rating.

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State of the Health Care System in Canada

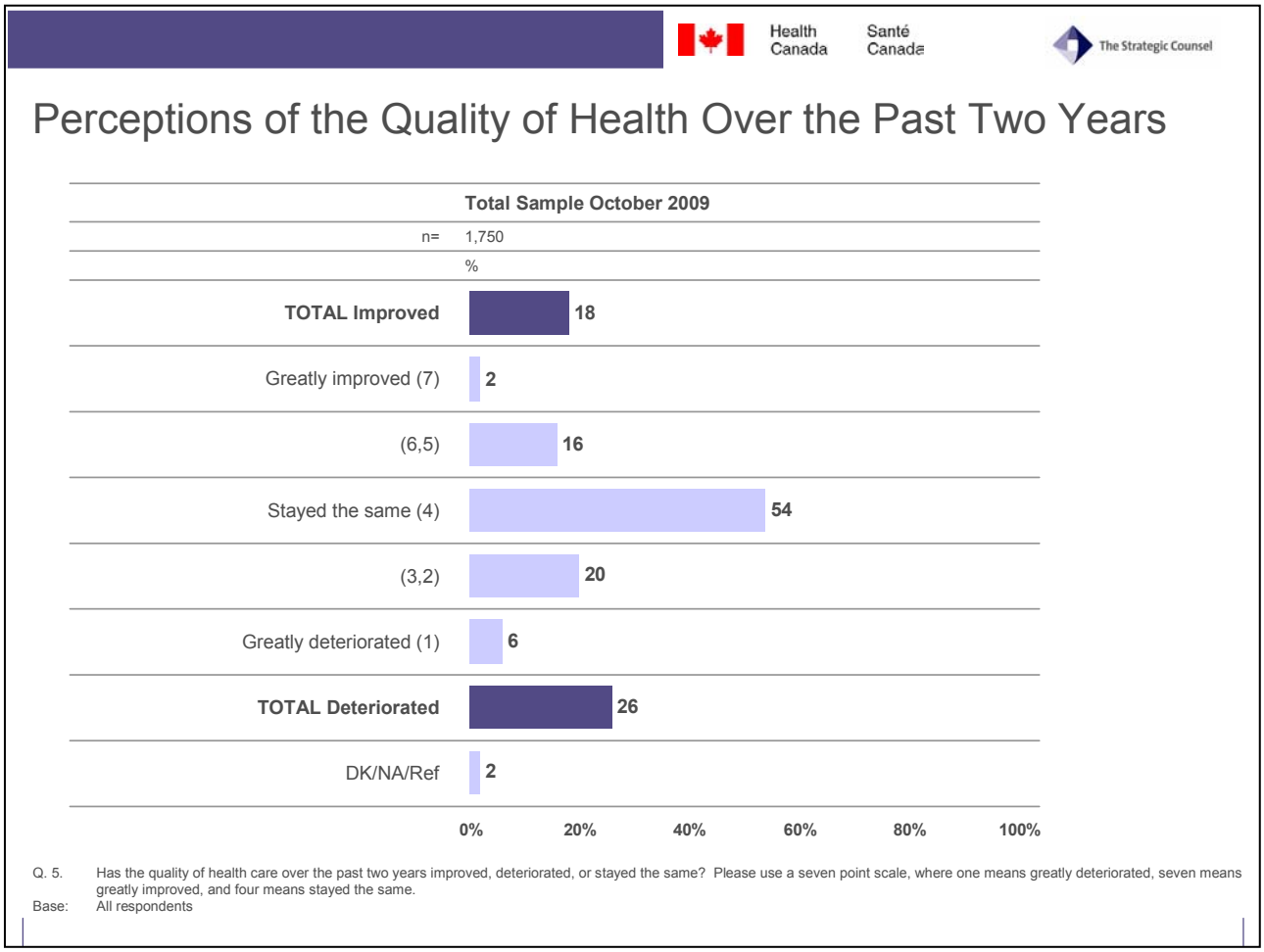
	Total	Atlantic	Quebec	Ontario	Prairies	Alberta	B.C.
n=	1,750	250	300	450	250	250	250
	%	%	%	%	%	%	%
NET Excellent/Good	44	48	26	57	41	39	46
Excellent	6	4	2	9	7	5	5
Very Good	38	44	24	47	33	35	40
Fair	45	44	57	36	51	48	44
Poor	8	7	13	5	6	9	7
Very Poor	3	-	4	2	2	3	3
NET Poor/Very poor	10	7	17	7	7	12	10

Q. 4. Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?
Base: All respondents (n=1,750)

Ratings of Canada's health care system also vary by gender and age. Men (48%) are slightly more inclined than women (41%) to offer a positive rating of the system, while those in the oldest (60 years and older) and youngest (18 to 29 years of age) age groups are also more likely to offer higher ratings of Canada's health care system (53% and 46% respectively) compared to those in the 30 to 44 year age bracket (43%) and those in the 45 to 59 year age bracket (38%).

B. Has the Quality of Health Care Changed Over Time?

While assessments of Canada's health care system are generally fair to positive, it is the majority view that the quality of care has not changed substantially, neither improved nor deteriorated, in the last two years (54%). Of the remainder, more believe the system has deteriorated (26%) than say it has improved (18%).



Socio-demographic and subgroup analysis

Those who rate their own personal health status as poor (44%) are more likely to believe the quality of health care has worsened as compared to those who rate their health as average (31%) or good (22%). By the same token, those whose experience with the health care system was less than satisfactory (49%) are also more likely to say the quality of care has declined in the last two years versus those who were neither satisfied nor dissatisfied with their experience (42%) and those who were satisfied with the service they received (22%).

In all regions, a majority of Canadians indicate no change to the quality of health care since 2007. That said, almost one-third of Albertans (32%) and 30 per cent of British Columbians say the quality of care has deteriorated within this timeframe. Slightly fewer in Quebec (27%) also say the quality of care has worsened.

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Perceptions of the Quality of Health Over the Past Two Years

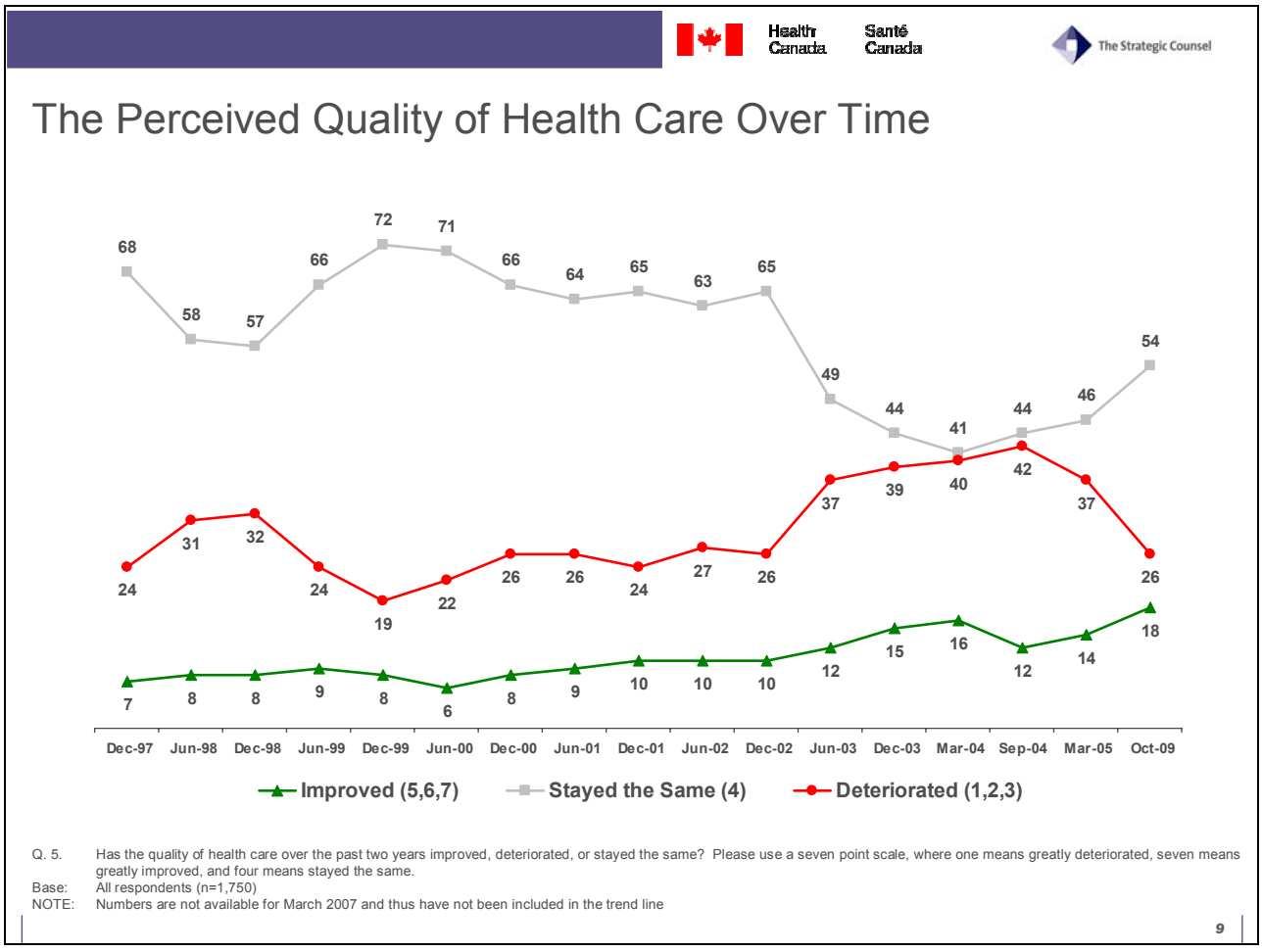
	Total	Atlantic	Quebec	Ontario	Prairies	Alberta	B.C.
n=	1,750	250	300	450	250	250	250
	%	%	%	%	%	%	%
NET Improved	18	16	15	22	17	13	15
Greatly improved (7)	2	2	3	3	1	2	1
6	4	4	2	5	3	1	5
5	12	10	10	14	13	10	9
Stayed the same (4)	54	58	58	52	63	51	52
3	14	12	14	13	9	21	15
2	6	6	8	4	5	6	8
Greatly deteriorated (1)	6	4	5	7	4	6	7
NET Deteriorated	26	22	27	24	18	32	30
DK/NA/Ref	2	5	-	2	2	3	4

Q. 5. Has the quality of health care over the past two years improved, deteriorated, or stayed the same? Please use a seven point scale, where one means greatly deteriorated, seven means greatly improved, and four means stayed the same.
Base: All respondents

Apart from this, women (30%) are more likely than men (21%) to say that the quality of care has deteriorated.

When perceptions over the last 12 years are examined, the trend lines regarding the perceived quality of health care over time become clearer. When this data was first collected in December 1997, a small minority felt that the quality of health care had improved over the past two years (7%), just under one-quarter (24%) felt it had worsened, and the majority (68%) felt it had more or less stayed the same. These perceptions have shifted in the intervening period, and though there is a gap in the availability of data from 2005 to 2009, it is clear that by June 2003 the majority who had previously viewed the quality of care as being more or less stable, were now beginning to sense some deterioration within the last two years. At that time, just under half (49%) indicated that the quality of health care had stayed the same in the past two years, compared to 37 per cent who felt it had worsened. Meanwhile, while still in the minority, the group of Canadians who felt there had been some improvements over the last two years crept up slightly by five points to 12 per cent over this time period.

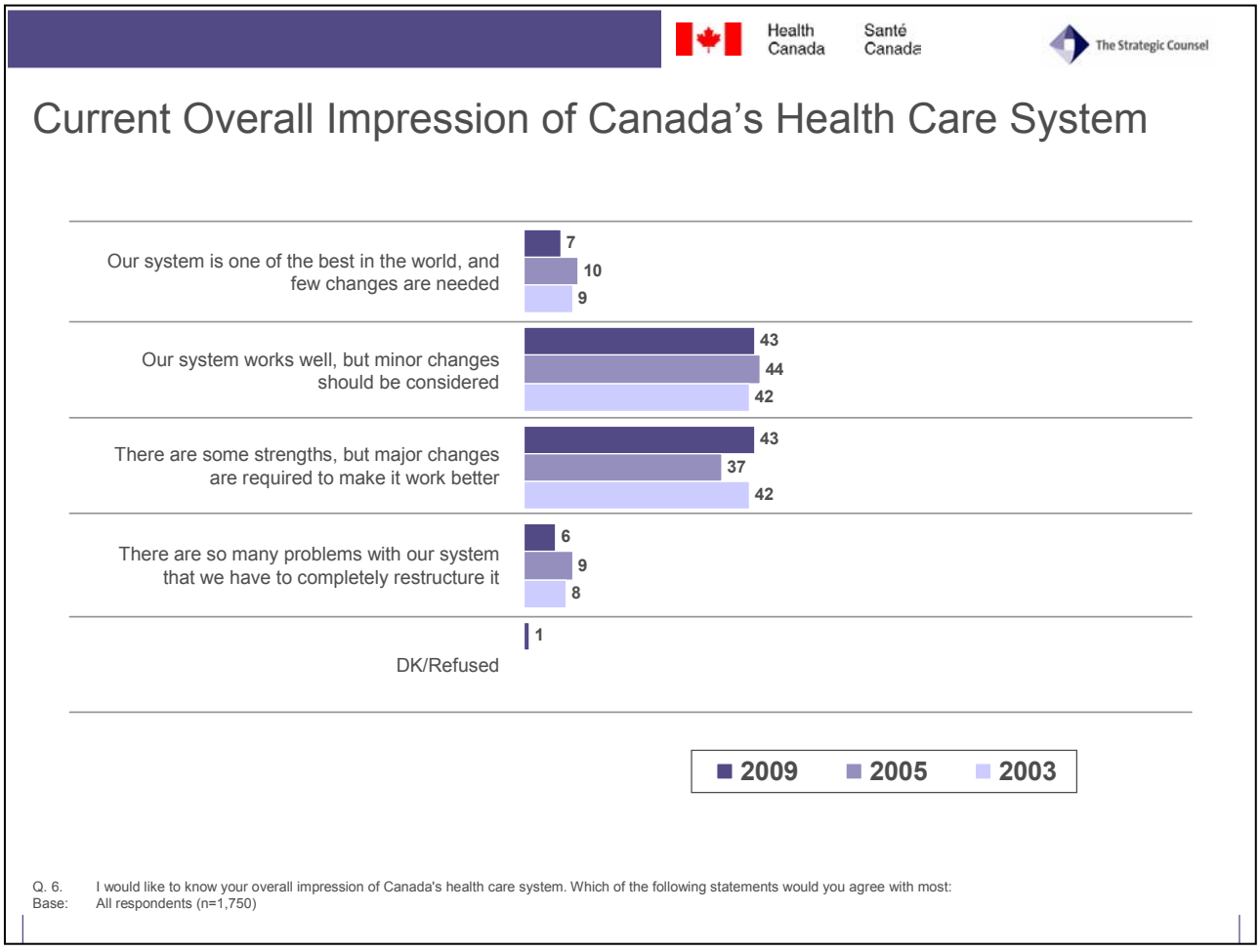
Canadians' current perceptions of the quality of health care have improved markedly when compared against the baseline data from 1997. The number of those indicating that the quality of health care has improved in the last two years now stands at its highest level (18%), albeit still less than one in five Canadians hold this view. By contrast, about one-quarter (26%) feel the system has deteriorated over the same interval, although this is now well below the numbers recorded in 2004 (between 40% and 42%). Most noticeably, the 54 per cent of Canadians who feel that the quality of health care has remained stable within the last two years represents a steady increase in a five-year period from a low of 41 per cent who felt this was the case in March 2004.



C. Improving Canada's Health Care System: The Extent and Nature of Changes Required

Given that most Canadians rate Canada's health care system as "fair," it's not surprising that a large percentage believe some changes to the system are required. However, Canadians appear to be split as to whether the system requires minor (43%) or major changes (43%).

Of particular note is the consistent pattern in responses to this question from 2003 to present, suggesting that the call for change is not a recent phenomenon in public opinion. In 2003, Canadians were also split as to whether minor (42%) or major changes (42%) to the system were required. Thus, even as perceptions of the quality of health care have shifted over time, and despite a slight increase in those who believe there have been some improvements in the quality of care, there remains a strong impetus for change. This perception likely relates to the ongoing public debate regarding the sustainability of Canada's health care system as it is currently structured, particularly with an aging demographic and public acknowledgement that some form of restructuring is necessary. The question remains as to how extensive that restructuring should be.



Socio-demographic and subgroup analysis

Those who are more likely to favour minor changes to the system over major changes include:

- Canadians holding a university degree (49%); and
- Canadians between the ages of 18 and 29 years (49%).

Interestingly, those who registered satisfaction with the health care services they received within the last 12 months are also effectively split as to whether minor (45%) or major (42%) changes are required to make the system work better. However, as shown in the table below, those who offered a rating of neutral (i.e. neither satisfied nor dissatisfied) or who were dissatisfied with the service they received tend to skew towards a recommendation for major changes. In fact, in each of these groups, at least one-in-ten support completely restructuring the system.

Impressions of Canada's Health Care System by Satisfaction with Service Received (in the last 12 months)

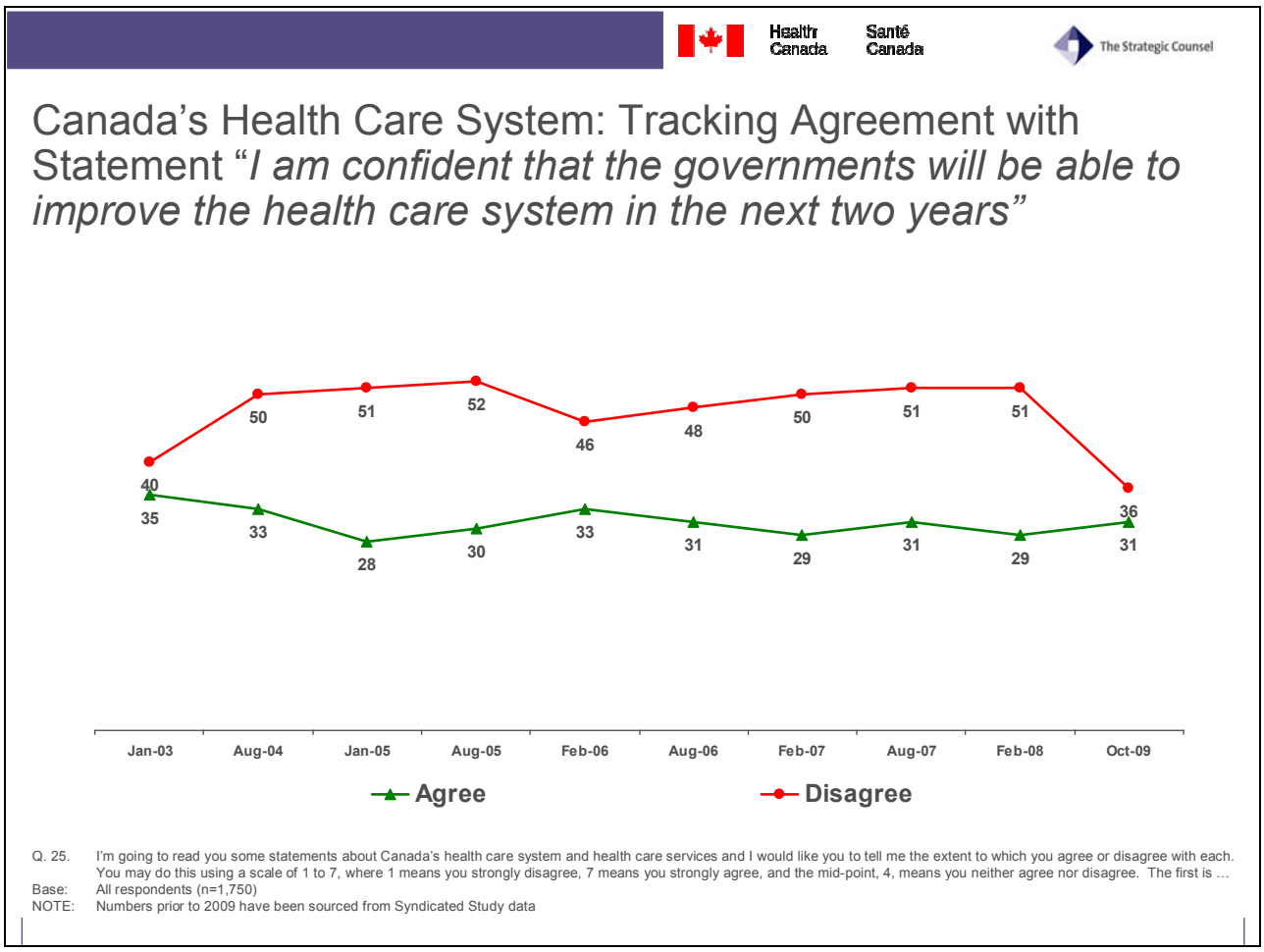
Which of the following statements would you agree with most?	How satisfied were you with the service you received? (A 7-point scale was employed, where 7 is extremely satisfied, 1 is extremely dissatisfied and 4 means neither)		
	Dissatisfied (1-3)	Neither (4)	Satisfied (5-7)
Our system is one of the best in the world, and few changes are needed.	3%	2%	9%
Our system works well, but minor changes should be considered.	36%	35%	45%
There are some strengths, but major changes are required to make it work better.	47%	53%	42%
There are so many problems with our system that we have to completely restructure it.	15%	10%	4%

Opinions vary across the regions as to whether minor or major changes are required, but in all regions less than one-in-ten respondents recommend a complete restructuring of the system. In Quebec (57%) and Alberta (50%), there is a stronger tendency to support major changes to the system, while admitting that the system does have some strengths. By contrast, in Atlantic Canada (54%), British Columbia (49%) and Ontario (48%), residents are more inclined to favour minor changes to the system. Opinions are split in Manitoba/Saskatchewan where equal numbers favour minor changes as favour major changes to the system (45% in each category).

Can governments help?

While the evidence indicates that many Canadians are satisfied with the health care service they have received and increasingly offer a net positive assessment Canada's health care system, most believe some changes are warranted. Nevertheless, few have confidence in the ability of governments to tackle this task. Less than one-third (31%) agreed with a statement confirming to the effect that they are "confident that the governments will be able to improve the health care system in the next two years." About as many disagreed (36%) as agreed with this statement, with the remaining one-third (32%) appearing to sit on the fence.

Of note is that these results differ somewhat from survey results that have been collected for this question since 2003. Since 2003, following a brief jump in those disagreeing over 2004, the levels of agreement have remained relatively stable each year with approximately half of Canadians disagreeing and approximately three in ten agreeing with this statement.

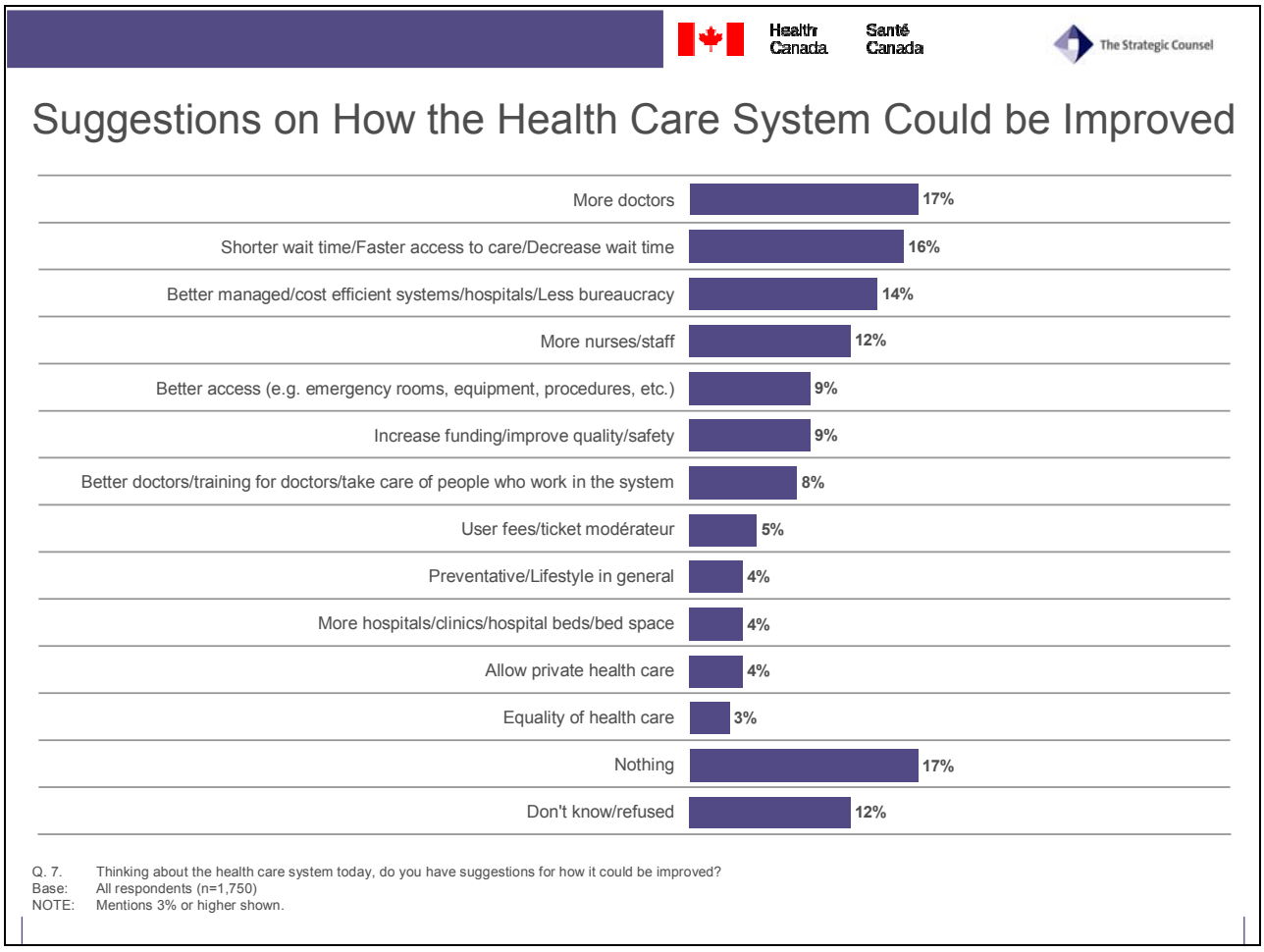


Socio-demographic and subgroup analysis

Those with a university degree (44%) are most likely to disagree with this statement. This was also the case for residents of Quebec (42%) and British Columbia (40%). By contrast, Atlantic Canadians (41%) are more likely to agree. With regards to demographic differences in opinions, those individuals in the lowest income bracket (earning less than $40,000 per year) are significantly more likely to agree with this statement (36%) compared to those in higher income brackets, that is, earning between $70,000 to $99,999 per year (28%) and over $100,000 per year (24%). Older Canadians are also more likely to agree with this statement (aged 60 and over, 39%) compared to their younger counterparts (18-29, 32%, 30-44, 27%, 45-59, 27%).

Suggestions on how the Health Care System Could be Improved

Responses to a question about what could be done to improve Canada's health care system offer some insight as to why respondents generally lack confidence that improvements could be made. Most of the recommendations offered centre on issues of a scope and scale that could not easily be addressed in the immediate future, such as staffing shortages, equipment and infrastructure. In response to this question, respondents put forward a range of suggestions that generally mirrored their answers to an earlier question regarding the most important health issue facing the country, which is discussed in the next section. The bulk of the suggestions focus on increasing resources (i.e. shortages of health care professionals including doctors (17%) and nurses/staff (12%), as well as equipment and facilities) and addressing issues related to wait times (16%) and access to care, as well as access to facilities and equipment (9%). Notably, there is also a cluster of responses which focus on reducing costs and/or addressing issues related to organization efficiency and bureaucracy within the system (14%), particularly within hospitals. Very few suggest either fee for service initiatives (5%) or greater incorporation of private health care within the current system (4%).



Socio-demographic and subgroup analysis

There are no significant variations on this question by demographic sub-group.

In general, the pattern of responses to this question across the regions mimics the national results, with some minor variations. Atlantic Canadians were somewhat more likely to offer the following suggestions: more doctors (23%), better doctors/training for doctors/take care of people who work in the system (14%) as well as focus on prevention/lifestyle in general (7%). In Quebec, respondents were also more likely to suggest more doctors (24%), more nurses/staff (17%) as well as user fees/"ticket moderateur" (11%). Ontarians were more likely to suggest shorter wait time/faster access to care/decrease wait time (20%). In Alberta (8%) and in Manitoba/Saskatchewan (6%), residents were more inclined to suggest constructing more hospitals or clinics as well as increasing the number of available beds. In both Alberta (18%) and British Columbia (17%), a slightly larger percentage of respondents made suggestions centered on cost efficiencies and better management of the system.

Can individuals pay extra to get quicker access?

Interestingly, given that wait times and accessibility are identified as issues which should be addressed in order to improve Canada's health care system, almost four-in-ten Canadians (37%) agreed with a statement that "individuals should be allowed to pay extra to get quicker access to health care services." That said, the balance of Canadians are neutral (16%) or disagree (46%) with this statement. Opinions on this issue have remained relatively stable since 2001.

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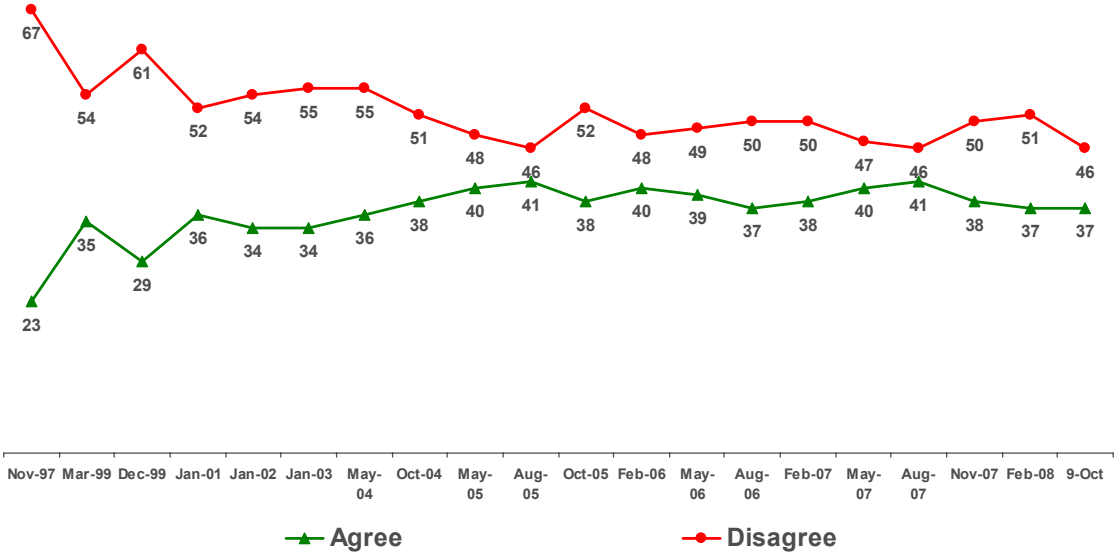
Canada's Health Care System: Tracking Agreement with Statement "*Individuals should be allowed to pay extra to get quicker access to health care services*"



Q. 25. I'm going to read you some statements about Canada's health care system and health care services and I would like you to tell me the extent to which you agree or disagree with each. You may do this using a scale of 1 to 7, where 1 means you strongly disagree, 7 means you strongly agree, and the mid-point, 4, means you neither agree nor disagree. The first is …
Base: All respondents (n=1,750)
NOTE: Numbers prior to 2009 have been sourced from Syndicated Study data

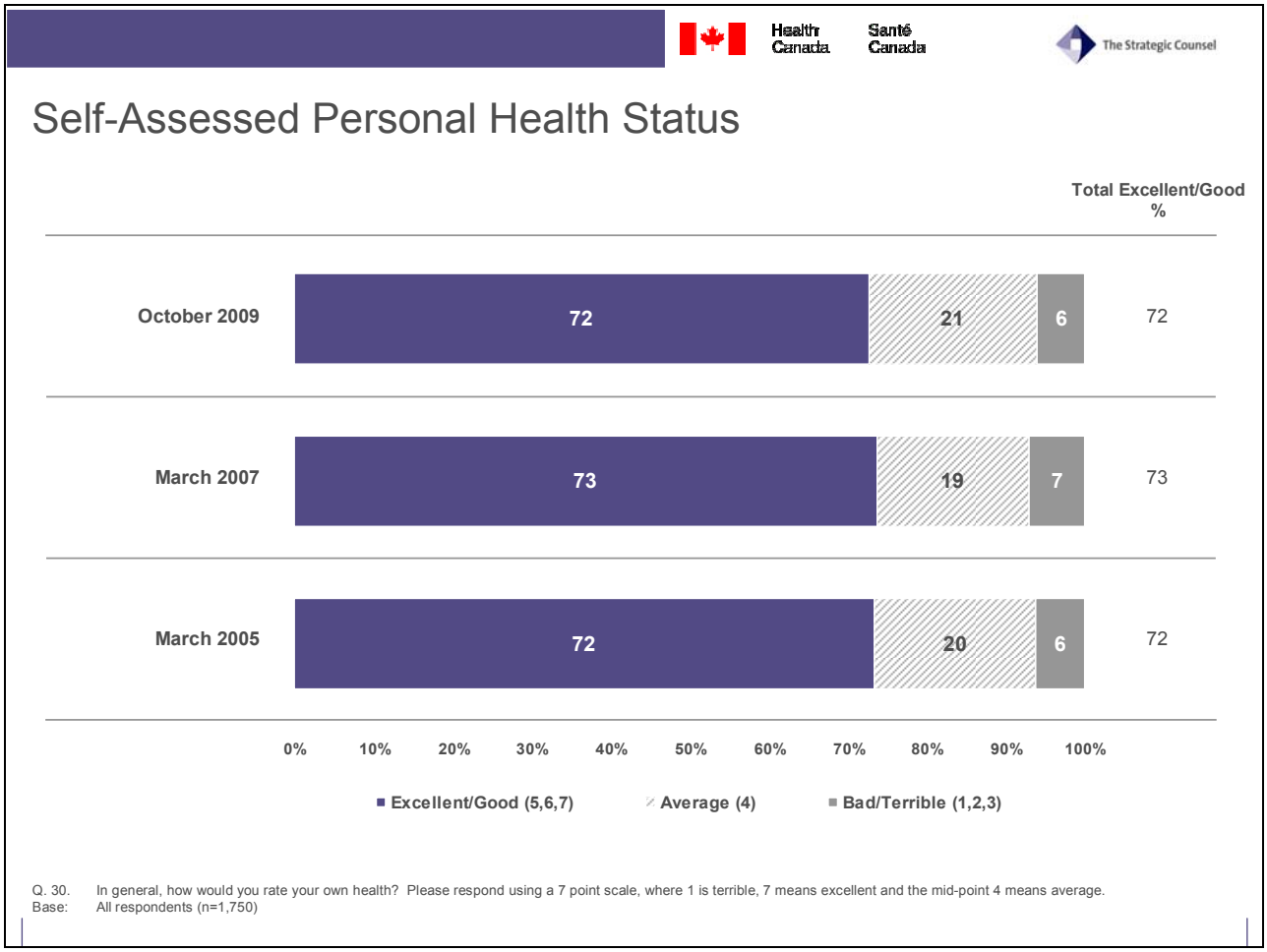
Socio-demographic and subgroup analysis

Those with household incomes in the range of $100,000 or more (47%) as well as those with a university degree (45%) are more likely to agree with this statement.

Across the regions, residents of Manitoba and Saskatchewan (50%) and British Columbia (47%) are also more likely to agree with the proposal that individuals should be able to pay more for quicker access. This contrasts with the balance of opinion in Ontario (54%) and in Atlantic Canada (49%) where there was a stronger likelihood to disagree with this proposition.

D. Self-Assessed Personal Health Status and Interaction with the Health Care System

Canadians assess their own health status relatively positively. The vast majority (72%) rate themselves as in relatively good health (5-7 on a 7-point scale, where 7 is excellent and 1 is terrible). This assessment has not changed since 2005, and the same goes for those who rated themselves in poor health (6%).



Q. 30. In general, how would you rate your own health? Please respond using a 7 point scale, where 1 is terrible, 7 means excellent and the mid-point 4 means average.
Base: All respondents (n=1,750)

Socio-demographic and subgroup analysis

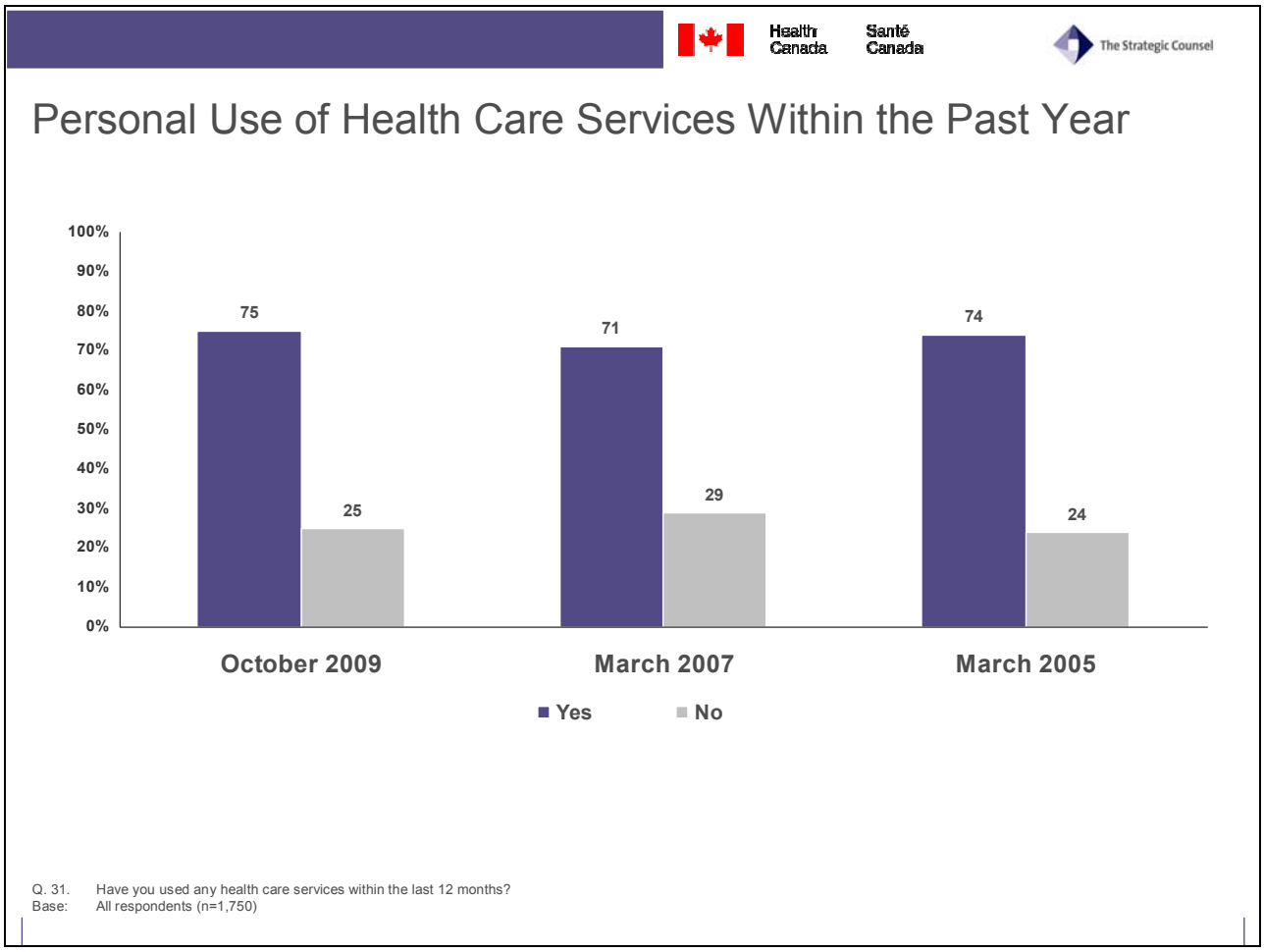
Perceptions of one's own health status vary by age, income and education, with younger Canadians, those in upper income groups and those with higher educational attainment generally providing a higher rating of their own health status. Those most likely to rate their own health more positively include:

- Canadians in the higher income range (i.e. with annual household incomes of $100,000 or more (82%) or between $70,000 to just under $100,000 (81%);
- Younger Canadians, including those between the ages of 18 and 29 (80%) as well as those aged 30 to 44 years (76%); and
- Those with a university degree (80%).

Scanning across the regions, Quebecers (77%) and British Columbians (75%) were more likely to assess their own health status more positively compared to residents of Ontario (71%), Alberta (69%), Atlantic

Canada (67%) and Manitoba/Saskatchewan (65%), although the majority in each region offered a generally favourable assessment.

As in previous years, three-quarters (75%) of respondents indicate they have used health care services over the last 12 months.

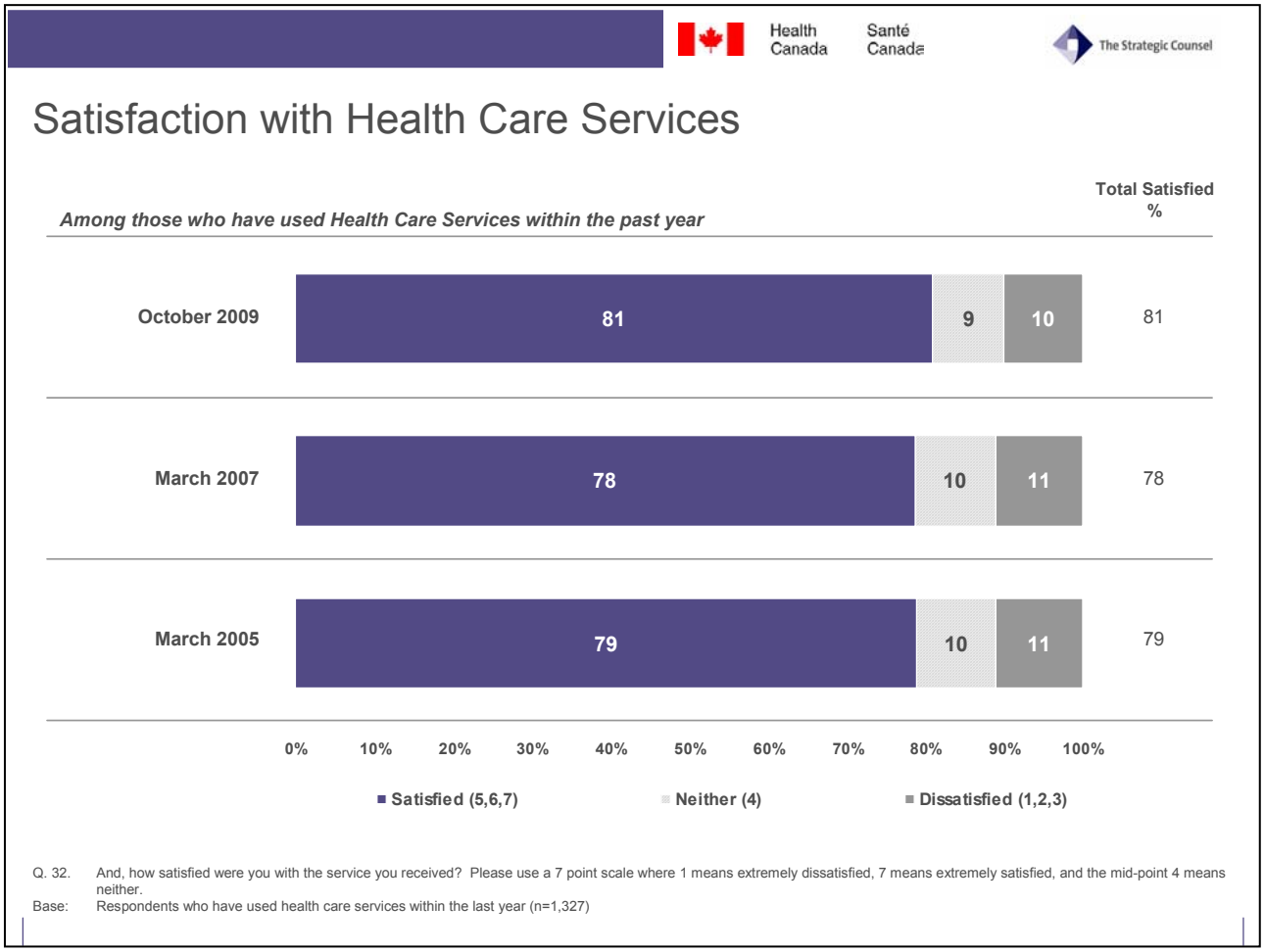


Socio-demographic and subgroup analysis

Given the large percentage of Canadians that have used health care services over the least year, it is not surprising that there are few significant variations across demographic subgroups. Nevertheless, Canadians with a university education (83%) and those with annual household incomes of $100,000 or more (80%) are somewhat more likely to have used the system. Women are also heavier users of health care services compared to men (82% versus 68%). Notably, use does not vary markedly by age, as one might intuitively expect, with those aged 60 years and over (78%) not substantially more likely to use health care services compared to those aged 18 to 29 years of age (73%).

Across the regions, use of health care services is highest in Alberta (80%) and British Columbia (79%), compared to Ontario (75%), Manitoba/Saskatchewan (73%), Quebec (71%) and Atlantic Canada (69%).

For the most part, Canadians who have used health care services are satisfied (81%) with the service they received, unchanged from assessments in previous years. Only one in ten (10%) are dissatisfied with this service.



Q. 32. 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 the mid-point 4 means neither.
Base: Respondents who have used health care services within the last year (n=1,327)

Socio-demographic and subgroup analysis

Those aged 60 years and older (89%) offer the most positive assessments of their experience. Those in younger age brackets are significantly more likely to rate themselves as dissatisfied (12%, 18-29 year olds; 13%, 30-44 year olds; 11%, 45-59 year olds) than their older counterparts (4%, aged 60 and over).

There are no significant regional differences.

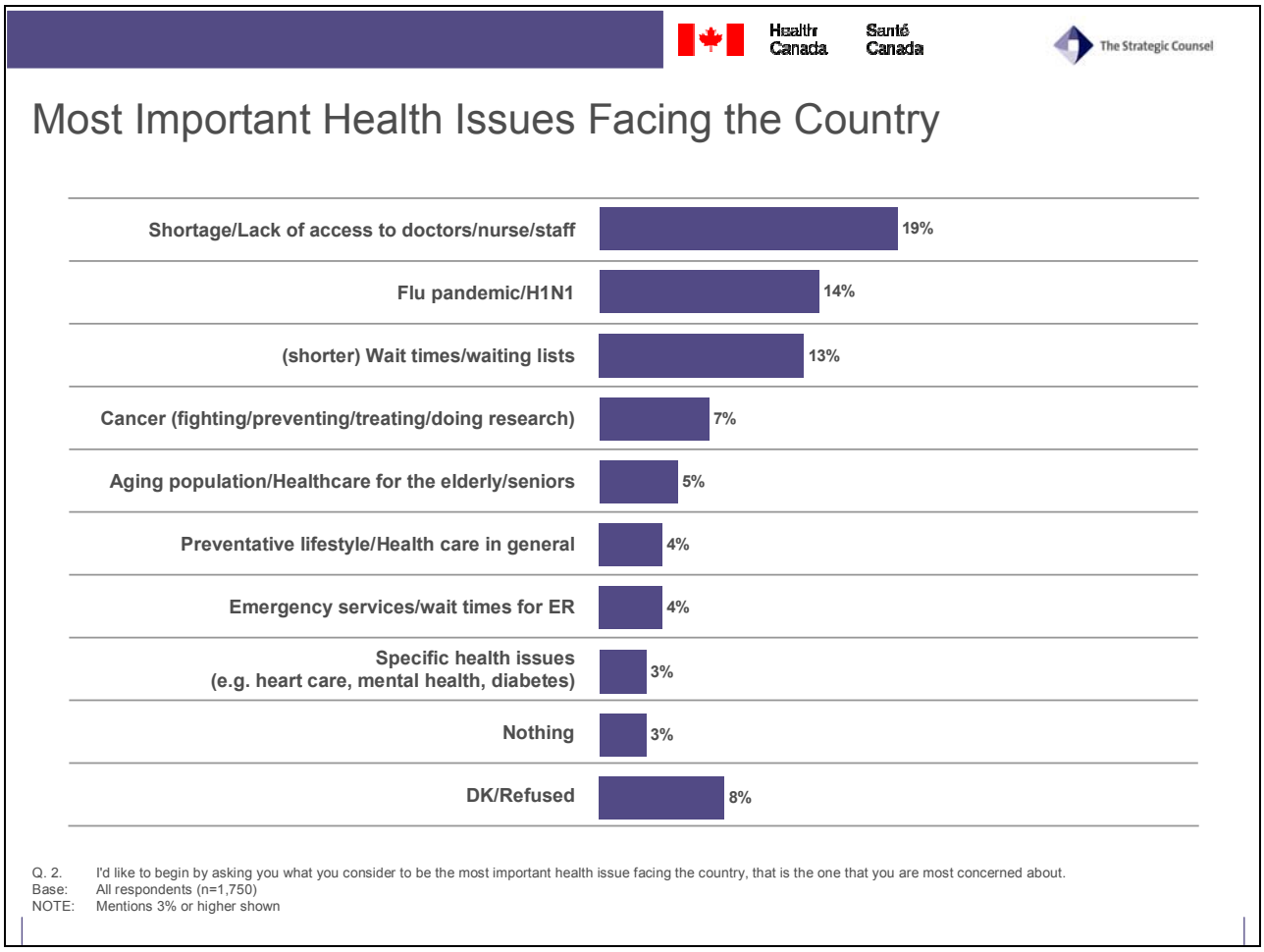
V. Health Priorities

Health Priorities

This section of the report focuses on the most important health issues identified by Canadians and explores these perceptions over time. In keeping with the 2007 report, specific consideration is given to the gender gap concerning these issues.

E. Top-of-Mind Health Priorities

Respondents were asked to cite the most important health issues facing the country on a top-of-mind basis. Responses show that Canadians' top three concerns include shortages of (including a lack of access to) doctors, nurses and staff (19%), the flu pandemic/H1N1 (14%), and wait times and waiting lists (13%).



For the most part, concern over the main issues has remained relatively constant since 2005; however the notable exception is the reference to H1N1. Given the significant amount of coverage this issue has been receiving in the media, coupled with the concerns that have been highlighted surrounding vaccine

distribution and availability, it is clear that Canadians are particularly concerned with this specific health issue, and it is evident that this issue is a clear health priority across the country.

Socio-demographic and subgroup analysis

Younger people are significantly more likely than others to cite the flu pandemic/H1N1 as their top concern, especially those aged 18 to 29 (22%). However, persons who are 30 to 44 years of age are also more likely to cite this as the top issue (16%) compared to those aged 45-59 (10%) and 60 and up (12%). Furthermore, those with children under the age of 18 in their household are also more likely to cite H1N1 as an issue (16%) compared to those who don't have younger children in the house (13%).

There continues to be some regional variations in concerns over specific health issues across the country. It is clear that those residing in the Prairies (Manitoba and Saskatchewan) are significantly more likely to have indicated that the flu pandemic/H1N1 is their top issue of concern for the country (22%) compared to all other regions (Ontario 16%, Quebec 15%, Atlantic 13%, British Columbia 11%, and Alberta 8%). Wait lists are more of a concern in the Prairies (18%) and B.C. (15%) compared to the Atlantic (6%), Quebec (7%), Alberta (7%), and Ontario (8%).

Those residing in B.C. (13%) are less concerned about access to/and a shortage of doctors, nurses and staff. Addressing issues such as cancer in particular is a substantially greater concern in the Atlantic region (12%) by comparison to other parts of Canada (8% in both Ontario and B.C., 6% in Quebec, the Prairies and Alberta).

F. Importance of Health Issues over Time

On balance, the perception of importance of key health issues continues to remain relatively stable over time. Ensuring the safety of both food (95%) and pharmaceutical products (95%) remains most important to Canadians. These issues have consistently ranked highest for importance since 2001. Promoting and protecting the principles of Medicare is also of strong importance to Canadians, and has been since it was included in the questionnaire in 2005 (89%, 2009; 87%, 2007; 87%, 2005).

Canadians continue to attribute more importance to encouraging a healthy lifestyle (90%), with the proportion of those citing its importance having increased by 10 percentage points over the past eight years. The increase in attributed importance to this issue is not surprising, and is consistent with the shift in general perceptions concerning the links between healthy lifestyle choices and overall health.

The importance of ensuring the safety of consumer products also continues to steadily increase over time, and is currently thought of as important by just under nine in ten Canadians (89%). While the importance of this health issue has increased in recent years, this is somewhat to be expected. Amidst a rising quantity of consumer imports, concerns over consumer products imports into North America are on the rise especially

since products from abroad (e.g. China) have been cited in the media for safety issues and many have been recalled due to product safety failures in recent years.

The perceived importance of ensuring that environmental factors do not adversely affect the health of Canadians holds steady over the past years, and a full 86 per cent rate this health issue as important. Over eight-in-ten Canadians (83%) also feel that providing health care to Inuit and First Nations is important. While a full two-thirds of Canadians (66%) attribute importance to regulating the labelling and promotion of tobacco products, this issue ranks at the bottom of the list when compared to the relative importance of other health issues.

And while Canadians were asked for the first time in 2009 to rate the importance of ensuring the safety of natural health products, the majority agree on the importance of this issue (83%).

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Importance of Health Issues Over Time

% "Important" (5,6,7)	October 2009	March 2007	March 2005	March 2004	August 2001
n=	1,750	2,000	1,749	2,009	2,203
	%	%	%	%	%
Ensuring the safety of food products	95	91	92	94	93
Ensuring the safety of pharmaceutical products	95	90	94	88	88
Encouraging Canadians to live healthy lifestyles	90	88	84	83	80
Promoting and protecting the key principles of Medicare	89	87	87	N/A	N/A
Ensuring the safety of consumer products	89	86	88	80	80
Ensuring environmental factors do not adversely affect the health of Canadians	86	87	86	84	83
Providing health care services to First Nations and Inuit	83	81	77	80	79
Ensuring the safety of natural health products	83	N/A	N/A	N/A	N/A
Regulating the labelling and promotion of tobacco products	66	68	65	N/A	N/A

Q. 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. The first is …
Base: All respondents

In order to track the issues to which Canadians attribute the utmost importance, the following table shows the proportion of individuals who have attributed the highest importance (7 on a 7 point scale) to these key health issues. Noteworthy is for each of the key issues shown below; (with the exception of environmental factors and tobacco regulation), the degree of importance assigned to each has significantly increased from the 2007 survey. Canadians are not only seeing these issues as important, that is, rating them a five or higher on a seven-point-scale, but are now perceiving most of these issues as very important as a higher proportion are choosing to rate the importance at the highest level possible (7 on a 7-point scale. This increase in attribution of importance to most of these issues is likely related to Canadians becoming more aware and conscious of health issues in general. Over the last 12 to 24 months health issues have had particular prevalence in the media, and Canadians have been exposed to numerous issues, messages and announcements related to health and pandemics. Exposure to this type of information has likely influenced not only the impressions that Canadians have regarding health issues in Canada, but also the relative importance attributed to each of these issues.

For example, in 2009 individuals attribute significantly more importance to both ensuring the safety of food products (72%) and pharmaceutical products (71%) compared to 2007 (61% and 60% respectively). In general, it seems that Canadians are becoming more concerned about health issues, and consumers are placing more importance on this particular issue set than they have in the past.

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Importance of Health Issues Over Time: "Extremely Important"

% "Extremely Important" (7)	October 2009	March 2007	March 2005
n=	1,750	2,000	1,749
	%	%	%
Ensuring the safety of food products	72	61	59
Ensuring the safety of pharmaceutical products	71	60	64
Promoting and protecting the key principles of Medicare	57	53	56
Ensuring the safety of consumer products	56	48	50
Encouraging Canadians to live healthy lifestyles	55	51	48
Providing health care services to First Nations and Inuit	51	46	44
Ensuring environmental factors do not adversely affect the health of Canadians	46	48	44
Ensuring the safety of natural health products	46	N/A	N/A
Regulating the labelling and promotion of tobacco products	40	40	38

Q. 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. The first is …
Base: All respondents

Socio-demographic and subgroup analysis

In terms of attributing a high level of importance to ensuring the safety of pharmaceutical products (71%), those aged 45 to 59 (74%) and 60 and over (73%) are significantly more likely than their younger counterparts to rate this attribute as extremely important (65% 18-29, 69% 30-44). Additionally, those with relatively less education (e.g. less than high school) are significantly more likely to rank these issues of top importance (71% pharmaceutical products, 76% food products) compared to those with a post-secondary degree (62% pharmaceutical products, 64% food products). Furthermore, it is those who have children under the age of 18 in their household who are most concerned about the safety of food products (75%), versus those who do not have these children in their household (70%).

G. Health Issues in 2009: The Gender Gap

The data set continues to show that a clear gender gap exists in the importance ratings. Also of note is that as shown in the following table, the proportion of both men and women who have attributed the highest importance score to these issues in 2009 has increased over 2007.

In relation to the gender gap in particular, the trend continues to be that women are more likely to rate these health issues as "extremely important" (7 on a 7 point scale) compared to their male counterparts. As women are more likely to attribute the highest level of importance to health issues in general, this implies that these issues hold a clear sense of meaning to women in particular and that they are very much engaged on these issues.

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Gender Gap Analysis: Health Issues, 2007/2009

% "Extremely Important" (7)	October 2009			March 2007		
	Men	Women	Gender Gap	Men	Women	Gender Gap
n=	875	875	-	985	1,015	-
	%	%	%	%	%	%
Ensuring the safety of food products	65	78	13	54	68	14
Ensuring the safety of pharmaceutical products	62	79	17	55	65	10
Promoting and protecting the key principles of Medicare	48	65	17	49	57	8
Encouraging Canadians to live healthy lifestyles	47	63	16	46	56	10
Ensuring the safety of consumer products	46	67	21	44	52	8
Providing health care services to First Nations and Inuit	43	60	17	42	51	9
Ensuring environmental factors do not adversely affect the health of Canadians	38	55	17	42	54	12
Regulating the labeling and promotion of tobacco products	37	43	6	38	42	4
Ensuring the safety of natural health products	37	54	17	N/A	N/A	N/A

Q. 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. The first is …
Base: All respondents (n=1,750)

In most cases (with the exception of ensuring the safety of food products) the gender gap has widened over the past two years; in particular for ensuring the safety of consumer products (+13 points). In addition, this issue reveals the largest gap in terms of gender difference (21 point gap). This difference can be explained at least in part by the 2007 consumer product scares, (e.g. lead contaminated products imported from China), as it is women who are often the most conscious of these issues and how they affect the rest of their household.

The smallest gap continues to be for the issues related to tobacco products, which has increased a mere two points over 2007.

VI. Top-of-Mind Awareness of Health Canada and its Key Activities

Awareness of Health Canada and its Key Activities

This section summarizes Canadians' top-of-mind awareness of Health Canada's key activities and explores some of the demographic and regional variables which influence these perceptions. The reader should note that while the specific "Health Canada/Santé Canada" mentions are shown separately in each of the tables, in accordance with the 2007 report format, when these mentions are discussed and analyzed on a regional and socio-economic basis they also include mentions of both the "Department of Health", and the "Federal Ministry of Health".

Readers will also observe that that this iteration of the survey appeared to generate a noticeably higher percentage of Canadians indicating they "don't know" which organization, ministry or level of government is responsible for the nine principal activities assessed. One explanation for this result is the existence of a number of different departments and organizations, who are often looked to as a source of information on health and health-related issues, at federal, provincial and municipal levels (e.g. Health Canada, Public Health Agency of Canada, Ministry of Health and Long-Term Care in Ontario, local public health offices etc.). The fact that these numerous organizations exist in the context of a plethora of health issues that are increasingly of interest and concern to Canadians could imply that a significant proportion of the public are simply confused as to where the ultimate responsibility lies. More analysis on this issue is provided at the end of this section.

A. Ensuring the Safety of Food Products

In 2009, of those who identified an organization, government or ministry as responsible for ensuring the safety of food products, just under one-in-five (17%) Canadians are likely to make reference to Health Canada, including the Department of Health and the Federal Ministry of Health. Of note is that an additional two per cent cited health-related mentions at the Federal level as being primarily responsible for this key activity.

While two-in-ten (20%) cite mentions related to the Federal Government in general, or other departments, of these mentions, it is the Department of Agriculture/Ministry of Agriculture (8%) and the Government of Canada (agency unspecified) (6%) which are most often cited as responsible on a top-of-mind basis. One in ten (9%) feel that the Department of Food and Drugs[7], bears this key responsibility.

Few Canadians feel that the Provincial Government bears this responsibility (6%), and fewer still feel that it falls to the Provincial Ministry of Health (3%).

[7] Note that the Department of Food and Drugs is not an actual Federal Department, however it was mentioned by a number of respondents on a top-of-mind basis. Exact verbatim responses included such mentions as "Canada's FDA", "Food and Drug", "Food and Drug Department" and "Food and Drug Administration".

Furthermore, in 2009, 36 per cent of Canadians indicate that they don't know who is responsible for ensuring the safety of food products.

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Organization Identified as Primarily Responsible for Ensuring the Safety of Food Products (top-of-mind)

Ensuring the safety of food products	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**17**
Health Canada/Santé Canada (includes Dept of Health)	13
Federal Ministry of Health	4
Federal Government (health-related)	**2**
Federal Government (general/other depts)	**20**
Department of Agriculture/Ministry of Agriculture (Federal)	8
Government of Canada (department/agency unspecified) (Federal)	6
Department of Food/Ministry of Food (Federal)	2
Food inspection/CFIA/Canadian Food Inspection Agency (Federal)	2
Consumer & Corporate Affairs (Federal)	2
Provincial Ministry of Health/Ministre Santé	**3**
Provincial Government (general/other depts)	**6**
Department of Food and Drugs (includes variations/FDA)	**9**
Both Federal and Provincial	**<1**
Other	**6**
Don't Know/Refused	**36**

Q. 8c. 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. The first is for …
Base: 2/3 of sample
Note in "Federal Government (general/other depts)" subcategories, mentions 1% or higher shown

Socio-demographic and subgroup analysis

Awareness of Health Canada's responsibilities, specifically in the area of food safety, increases with income levels, as it did in 2007. Those with incomes over $40,000 per year ($40,000 to $69,999, 19%; $70,000 to $99,999, 22%; $100,000 and up, 19%) are significantly more likely to associate Health Canada with this responsibility compared to those with incomes of less than $40,000 per year (12%).

It is those residing in Quebec (25%) who are most likely to see this responsibility as a part of Health Canada's key activities, compared to residents of British Columbia (13%), Ontario (14%), the Prairies (15%), the Atlantic (16%) and Alberta (17%).

B. Ensuring the Safety of Pharmaceutical Products

When asked about which organization, government ministry or department is primarily responsible for ensuring the safety of pharmaceutical products, 34% of Canadians think Health Canada is responsible. This number is up slightly on a year-over-year basis, from 31% in 2005 to 28% in 2007.

Health Canada (34%) continues to be the most recognizable brand for Canadians when it comes to ensuring the safety of pharmaceutical products, with few citing the Federal Government (either in general or other departments) (7%) or the Department of Food and Drugs (includes variations/FDA) (7%).

Just under four-in-ten (38%) either don't know or refused to answer which organization, government or ministry is responsible for ensuring the safety of pharmaceutical products.

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Organization Identified as Primarily Responsible for Ensuring the Safety of Pharmaceutical Products (top-of-mind)

Ensuring the safety of pharmaceutical products	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**34**
Health Canada/Santé Canada (includes Dept of Health)	22
Federal Ministry of Health	11
Federal Government (health-related)	**2**
Federal Government (general/other depts)	**7**
Provincial Ministry of Health/Ministre Santé	**5**
Provincial Government (general/other depts)	**2**
Department of Food and Drugs (includes variations/FDA)	**7**
Both Federal and Provincial	**1**
Other	**5**
Don't Know/Refused	**38**

Q. 8a. 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. The first is for …
Base: 2/3 of sample

Socio-demographic and subgroup analysis

Those with a university degree (43%) are significantly more likely than those with comparatively less education to cite that Health Canada is primarily responsible for ensuring the safety of pharmaceutical

products (less than high school, 27%; high school completed, 26%; college diploma/some university, 31%). This trend continues with income, as those in higher income brackets ($40,000 - $69,999, 36% $70,000-$99,999, 43%, $100,000 and up, 35%) are also more likely to be aware of Health Canada's responsibilities compared to those in the lowest income bracket (26%, less than $40,000). This is a similar finding to 2007, where socio-economic levels were shown to influence awareness of Health Canada's key activities.

Age also influences perceptions of responsibility, as those aged 45 to 59 (42%) are significantly more likely to cite Health Canada as responsible compared to younger Canadians aged 18 to 29 (24%) and 30 to 44 (29%).

There are regional differences among those who attribute primary responsibility for this particular area to Health Canada, and it is those in Quebec (49%) and in the Atlantic (41%) who are significantly more likely to do so) compared to all other regions. These residents are more likely to cite Health Canada versus those in and Ontario (28%) the Prairies and B.C. (27% each), and those who are least likely to cite Health Canada on a top-of-mind basis as being primarily responsible are Albertans (25%).

C. Encouraging Canadians to Live Healthy Lifestyles

Overall, just under one-quarter (23%) cite Health Canada as being primarily responsible for ensuring Canadians live healthy lifestyles.

Another 11 per cent feel that this responsibility lies with the Provincial Ministry of Health, and a further six per cent with the Provincial Government. There is also a substantial proportion of the population (39%) who either refused to answer or cited "don't know" when asked which organization, government or ministry bears this responsibility.

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Organization Identified as Primarily Responsible for Encouraging Canadians to Live Healthy Lifestyles (top-of-mind)

Ensuring Canadians to live healthy lifestyles	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**23**
Health Canada/Santé Canada (includes Dept of Health)	17
Federal Ministry of Health	6
Federal Government (health-related)	**2**
Federal Government (general/other depts)	**7**
Provincial Ministry of Health/Ministre Santé	**11**
Provincial Government (general/other depts)	**6**
Department of Food and Drugs (includes variations/FDA)	**<1**
Both Federal and Provincial	**1**
Other	**11**
Don't Know/Refused	**39**

Q. 8e 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. The first is for …
Base: 2/3 of sample

Socio-demographic and subgroup analysis

Those in the middle income brackets ($40,000-$69,999 per year, 27% and $70,000 to $99,999 per year, 29%) are significantly more likely than those at the low end of the income spectrum (less than $40,000 per year, 20%) to name Health Canada as responsible for encouraging Canadians to live healthy lifestyles. Furthermore, just under three-in-ten (29%) of those with a higher level of education (e.g. having completed a university degree) associate this responsibility with Health Canada's key activities, significantly more so than those with less education (less than high school 15%, completed high school 24% and college diploma or some university, 21%).

In examining responses by age, it is older Canadians, in particular those aged 45 to 59 (28%) and 60 and up (29%) who are more likely to feel that Health Canada holds this responsibility compared to younger Canadians aged 18 to 29 (13%).

Regionally speaking, residents of Quebec (28%) are significantly more likely to cite Health Canada as being responsible compared to residents of British Columbia (19%).

D. Promoting and Protecting the Key Principles of Medicare

On balance, 31 per cent of Canadians name Health Canada as the organization responsible for promoting and protecting the key principles of Medicare. This number has increased over 2007 (28%), and 2005 (25%).

Though a number of Canadians (18%) also made mention of the Provincial Ministry of Health as being primarily responsible for this activity, more still (35%) indicated that they don't know who is primarily responsible (or refused to answer).

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Organization Identified as Primarily Responsible for Promoting and Protecting the Key Principles of Medicare (top-of-mind)

Primarily responsible for promoting and protecting the key principles of Medicare	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**31**
Health Canada/Santé Canada (includes Dept of Health)	22
Federal Ministry of Health	9
Federal Government (health-related)	**1**
Federal Government (general/other depts)	**4**
Provincial Ministry of Health/Ministre Santé	**18**
Provincial Government (general/other depts)	**4**
Department of Food and Drugs (includes variations/FDA)	**-**
Both Federal and Provincial	**1**
Other	**6**
Don't Know/Refused	**35**

Q. 8f. 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. The first is for …
Base: 2/3 of sample

Socio-demographic and subgroup analysis

The trend of education levels being positively correlated to mentions of Health Canada as being primarily responsible for this area continue as those with a university degree (40%) are significantly more likely than those with less education (29% college diploma or some university, 21% completed high school, 27% less than high school) to assign the responsibility to Health Canada.

Those aged 30 and up (30-44, 29%, 45-59, 34% and 60 and up, 39%) are significantly more likely than those aged 18 to 29 (18%) to say that Health Canada holds this responsibility.

Regionally, residents of the Atlantic (41%) and Ontario (35%), are most likely to think that Health Canada is primarily responsible for promoting and protecting the key principles of Medicare, compared to those residing in Quebec (22%).

E. Ensuring the Safety of Consumer Products

Canadians seem to be somewhat confused about who is primarily responsible for ensuring the safety of consumer products as demonstrated by the variations in responses among the categories (most of which include mentions of less than 10 per cent). The most often cited bodies at the Federal level are Health Canada (11%), The Government of Canada (agency unspecified) (8%), and Consumer and Corporate Affairs (6%). The Provincial Government is also cited by 7 per cent of Canadians and the Provincial Ministry of Health by 2 per cent.

Again, the degree of confusion is highlighted by the high proportion of those who cite that they don't know who is primarily responsible for this role (46%).

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Organization Identified as Primarily Responsible for Ensuring the Safety of Consumer Products (top-of-mind)

Ensuring the safety of consumer products	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**11**
Health Canada/Santé Canada (includes Dept of Health)	8
Federal Ministry of Health	3
Federal Government (health-related)	**2**
Federal Government (general/other depts)	**21**
Government of Canada (department/agency unspecified) (Federal)	8
Consumer & Corporate Affairs (Federal)	6
Dept. of Agriculture/Ministry of Agriculture (Federal)	2
Ministry of Consumer Products/Consumer products (Federal)	1
Department of Food/Ministry of Food (Federal)	1
Consumer Protection Agency/Consumer Protection (Federal)	1
Ministry of Industry (Federal)	1
Public Safety/Safety (Federal)	1
Provincial Ministry of Health/Ministre Santé	**2**
Provincial Government (general/other depts)	**7**
Department of Food and Drugs (includes variations/FDA)	**3**
Both Federal and Provincial	**1**
Other	**7**
Don't Know/Refused	**46**

Q. 8h. 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. The first is for …
Base: 2/3 of sample
Note in "Federal Government (general/other depts)" subcategories, mentions 1% or higher shown

Socio-demographic and subgroup analysis

As shown in the table above, relatively few Canadians name Health Canada as responsible for this safety assurance. However, those who do attribute the responsibility to Health Canada are more likely to fall within the age ranges of 45 to 59 (14%) and 60 and over (14%) compared to those in the younger age categories (18-29, 5%; 30-44, 8%).

When looking at regional differences, it is again those in Quebec who are most likely to deem Health Canada as responsible (14%).

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

Not surprisingly, over one-quarter (27%) perceive the lead responsibility for protecting Canadians' health from adverse environmental considerations to fall to Environment Canada. As in 2005 and 2007,

responsibility for this issue is most likely to be associated with Environment Canada, and least likely to be seen to fall under Health Canada's key activities (8% in 2009 compared to 11% in 2007 and 10% in 2005).

While just over one-in-ten (12%) of Canadians feel that their Provincial Government is responsible for this key activity, a further 38% indicate that they don't know (or refused to answer) which body is responsible.

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Organization Identified as Primarily Responsible for Ensuring Environmental Factors do not Adversely Affect Canadians Health (top-of-mind)

Ensuring environmental factors do not adversely affect Canadians Health	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**8**
Health Canada/Santé Canada (includes Dept of Health)	5
Federal Ministry of Health	3
Federal Government (health-related)	**<1**
Federal Government (general/other depts)	**33**
Department of Environment (Federal)	27
Government of Canada (department/agency unspecified) (Federal)	4
Ministry of Natural Resources (Federal)	1
Provincial Ministry of Health/Ministre Santé	**3**
Provincial Government (general/other depts)	**12**
Department of Food and Drugs (includes variations/FDA)	**<1**
Both Federal and Provincial	**1**
Other	**5**
Don't Know/Refused	**38**

Q. 8i. 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. The first is for …
Base: 2/3 of sample
Note in "Federal Government (general/other depts)" subcategories, mentions 1% or higher shown

Since relatively few Canadians felt that responsibility falls to Health Canada (8%), our ability to conduct socio-demographic and regional analysis based on the small sample sizes for this response is limited. As such, this analysis is not included for this particular key activity.

G. Providing Health Care Services to First Nations and Inuit

As was the case in both 2007 and 2005, Canadians continue to feel that responsibility for the provision of health care services to First Nations and Inuit falls to the Department of Indian Affairs (19%) or Indian Affairs and Northern Development (1%). Some do feel that the responsibility is assigned to Health Canada

(19%), and the proportion who express this sentiment has remained relatively constant over time (17% 2007, 18% 2005).

Similar to the other questions in this section, over one-third (36%) of Canadians either don't know or refused to answer the question regarding which organization, government or ministry is responsible for providing health care services to First Nations and Inuit.

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Organization Identified as Primarily Responsible for Providing Health Care Services to First Nations and Inuit (top-of-mind)

Providing health care services to First Nations and Inuit	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**19**
Health Canada/Santé Canada (includes Dept of Health)	12
Federal Ministry of Health	7
Federal Government (health-related)	**2**
Federal Government (general/other depts)	**28**
Department of Indian Affairs/Ministry of Indian Affairs/First Nation Affairs/Aboriginal (Federal)	19
Government of Canada (department/agency unspecified) (Federal)	7
Indian Affairs and Northern Development (Federal)	1
Department of Diversity/Culture (Federal)	1
Ministry of Immigration (Federal)	1
Provincial Ministry of Health/Ministre Santé	**6**
Provincial Government (general/other depts)	**4**
Department of Food and Drugs (includes variations/FDA)	**<1**
Both Federal and Provincial	**1**
Other	**4**
Don't Know/Refused	**36**

Q. 8g. 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. The first is for …
Base: 2/3 of sample
Note in "Federal Government (general/other depts)" subcategories, mentions 1% or higher shown

Socio-demographic and subgroup analysis

Once again, older Canadians (aged 45-59, 23%, 60 and up, 24%) and those in the higher-middle income bracket ($70,000 to $99,999, 29%) are most likely to attribute responsibility of this activity to Health Canada. This income bracket is significantly more likely to do so compared to those in the less than $40,000 per year income bracket (14%) and those in the $100,000 or more per year income bracket (18%).

Insofar as the regional differences, those residing in Quebec remain the most likely to feel that this responsibility lies with Health Canada (28%) compared to all other regions. Residents of this province are significantly more likely than residents of the Atlantic (19%), Ontario (18%), Alberta (18%), B.C. (12%) and the Prairies (11%) to cite Health Canada as primarily responsible for this key activity.

H. Ensuring the Safety of Natural Health Products

Given the current relevance of the topic of natural health products, it was decided to include a new question in the 2009 survey regarding which organization/government ministry/department is primarily responsible for ensuring the safety of natural health products.

Just under one-quarter of Canadians (24%) feel that this responsibility falls to Health Canada. And while nine per cent feel that this responsibility falls to the Government of Canada (in general or another specific department), it is Health Canada that has the strongest brand resonance with Canadians in this category. Also of note is that just over four in ten (45%) cited "Don't Know/Refused" as a response.

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Organization Identified as Primarily Responsible for Ensuring the Safety of Natural Health Products (top-of-mind)

Ensuring the safety of natural health products	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**24**
Health Canada/Santé Canada (includes Dept of Health)	17
Federal Ministry of Health	7
Federal Government (health-related)	**1**
Federal Government (general/other depts)	**9**
Provincial Ministry of Health/Ministre Santé	**7**
Provincial Government (general/other depts)	**3**
Department of Food and Drugs (includes variations/FDA)	**5**
Both Federal and Provincial	**<1**
Other	**7**
Don't Know/Refused	**45**

Q. 8b. 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. The first is for …
Base: 2/3 of sample

Socio-demographic and subgroup analysis

Those who fall into the lower-middle income bracket (28%, $40,000 to $69,999 annually) are significantly more likely to cite Health Canada as being responsible compared to those in the lowest income bracket (21%, less than $40,000 annually). The remaining higher brackets are very similar to the national statistic (24%) in their likelihood to name Health Canada (25%, $70,000 to $99,999 per year; 26%, $100,000 per year or more). Regarding age it is those aged 60 and up (31%) who are the most likely to name Health Canada as responsible. This age group is significantly more likely to do so compared to those aged 18 to 29 (11%) and those aged 30 to 44 (23%) Of those aged 45 to 59, 27 per cent cite Health Canada as responsible for this key activity.

Regionally, residents of the Atlantic region (32%) and Quebec (30%) are most likely to think that Health Canada holds this responsibility. They are significantly more likely to think so compared to residents of Ontario (22%), B.C. (21%), the Prairies (19%) and Alberta (17%).

I. Regulating the Labelling and Promotion of Tobacco Products

Just under one-third of Canadians (31%) name Health Canada as being primarily responsible for this regulation. Eleven per cent of Canadians feel that this activity is the responsibility of the Federal Government, either in general or another non-health related department. Just under four-in-ten (39%) don't know (or refused to answer) which organization or government department or ministry is responsible for this key activity.

Health Canada Santé Canada

The Strategic Counsel

Organization Identified as Primarily Responsible for Regulating the Labelling and Promotion of Tobacco Products (top-of-mind)

Regulating the labelling and promotion of tobacco products	October 2009
n=	1,167
	%
NET: Health Canada/Santé Canada	**31**
Health Canada/Santé Canada (includes Dept of Health)	22
Federal Ministry of Health	9
Federal Government (health-related)	**2**
Federal Government (general/other depts)	**11**
Provincial Ministry of Health/Ministre Santé	**5**
Provincial Government (general/other depts)	**2**
Department of Food and Drugs (includes variations/FDA)	**3**
Both Federal and Provincial	**1**
Other	**5**
Don't Know/Refused	**39**

Q. 8d. 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. The first is for …
Base: 2/3 of sample

Socio-demographic and subgroup analysis

The analysis continues to illustrate that those with higher educations and incomes are more likely to associate Health Canada as the body charged with regulating the labelling and promotion of tobacco products. Attribution of responsibility to Health Canada is at a high of 38% among those with a university degree, and at a low of 24% among those with education equivalencies of less than high school. Regarding incomes, those in the middle to high income brackets (34%, $40,000 to $69,999 per year; 39%, $70,000 to $99,999 per year; 35% $100,000 or more per year) are most likely to assign responsibility to Health Canada compared to those in the lowest income bracket (24%, less than $40,000 per year) who are least likely to do so.

Across the regions, as it stood in 2007, it is those in the Atlantic and Quebec (40% each) who remain the most likely to cite Health Canada compared to all other regions. Those residing in the Prairies are the least likely to do so (26%).

J. Health Canada: Reputation and Brand Perceptions

From a reputational and brand perspective, it is of particular interest to Health Canada to know how many respondents identified Health Canada as the department with primary responsibility for each of the areas that were examined in the survey.

To do this, a new variable was created which analyzes each individual respondent's answers to the nine items examined and determines how many times they identified Health Canada or a close proximity (i.e. Health/federal, Health & Welfare, or federal ministry of Health) as the agency with primary responsibility.

% Who Identified "NET Health Canada" as their Response Across All Key Activity Question (e.g. 8a-8i)	Total
n=	1.167
	%
7 to 9 times	4
4 to 6 times	21
1 to 3 times	37
Zero times	39

The results show that just one-quarter (25%) of respondents identified the Department on at least four or more of the nine items tested. Of the remainder, 37 per cent identified Health Canada as the responsible agency for only one to three of the items tested and, perhaps somewhat surprisingly, an almost equal number (39%) did not identify the Department (either by its correct name or a close proximity) as having responsibility for any of these items. These results further underscore the challenge of raising awareness of Health Canada's key activities, particularly in key areas of health and safety which resonate highly with the Canadian public in terms of importance and relevance.

Given the rather high number of those who responded "don't know" to this series of questions, we created another similar variable to that described above in order to further examine how many respondents simply could not identify any department, agency or even a level of government with responsibility for these areas. The results for this new variable are shown in the following table.

% Who Answered "Don't Know/Refused" as their Response Across All Key Activity Question (e.g. 8a-8i)	Total
n=	1.167
	%
7 to 9 times	26
4 to 6 times	19
1 to 3 times	30
Zero times	24

These findings are notable in that just one-quarter (24%) of respondents were able to provide a response (whether correct or not) to all of the items tested in this series of questions (i.e. they responded “don’t know” zero times through this battery of questions). A similar proportion (26%) responded "don't know" to at least seven or more of the items, while the largest share of those responding "don't know" (49%) said so to anywhere between one to six of the items tested. Again, this highlights the level of uncertainty around who or what department/agency and even which level of government has the primary responsibility in each of these activity areas.

Although, based on the findings from this survey, we can't be certain what exactly is behind the rather high proportion of those who were unable to identify Health Canada, or indeed any specific agency, as having responsibility for these areas, there may be a number of factors at play. We speculate that the following phenomenon or trends may be having an impact on public awareness:

- First, when the benchmark survey was undertaken in 2005, it came on the heels of the Romanow Report on the Future of Health Care in Canada, released in November 2002 as well as a series of high profile First Ministers Meetings on health care in 2003 and 2004 at which time governments committed significant funds to promote health care renewal in Canada. Reports on these activities were prominently featured in the media at the time;
- Surveys at that time also showed that health care dominated the public agenda. In the summer of 2005, health care was identified as the top issue by 16 per cent of Canadians, followed closely by economic issues (10%), but the former issue was on the rise and gaining momentum in the public consciousness. By the winter of 2006, a full 25 per cent of Canadians identified health care as their top issue and it remained as one of the top two issues (alternating with environmental issues in 2007 and then competing with both the environment and the economy in 2008). However, by June of 2008, those identifying health care as the most important issue facing Canada had dropped back to 11 per cent, behind the economy (18%) and the environment (16%). More recently, polls as of October 2009 undertaken by *The Strategic Counsel* show that health care remains at this level, with most Canadians now overwhelmingly focused on the economy (43%) as the top issue and the environment falling back considerably (9%). Given the ebb and flow of public opinion, it is likely that the more recent media and public focus on the economy and the impact of the global recession have suppressed coverage of health issues that would otherwise have given additional exposure to Health Canada and contributed to higher rates of awareness of Health Canada's role in these various areas;
- Finally, it is also quite possible that Canadians are increasingly confused about which department maintains primary responsibility for particular issues. On issues such as listeriosis and H1N1, for example, Canadians are likely to have heard both PHAC and CFIA (Canadian Food Inspection Agency) mentioned, either alone or in conjunction with Health Canada, on the former, and PHAC specifically on the latter.

All of the above, in some combination, may have served to adversely affect awareness levels of Health Canada. Some might argue that the more important question is not whether Canadians recall the specific agency, but rather whether they feel the federal government, across all of its agencies/departments, is

adequately addressing these issues. This may be an additional area to probe in future surveys, if time permits.

VII. Familiarity with Health Canada and Select Organizations

Familiarity with Health Canada and Select Organizations

This section describes Canadians' current perceived level of involvement of Health Canada in key areas, once respondents have been made privy to Health Canada's general responsibilities. The perceived degree of involvement over time is trended, and levels of perceived involvement are also compared to the awareness of Health Canada's responsibilities (which was covered in the preceding section). This section concludes with Canadians' self-reported levels of knowledge about Health Canada and a select number of other health related organizations.

A. Perceived Level of Involvement in Key Areas

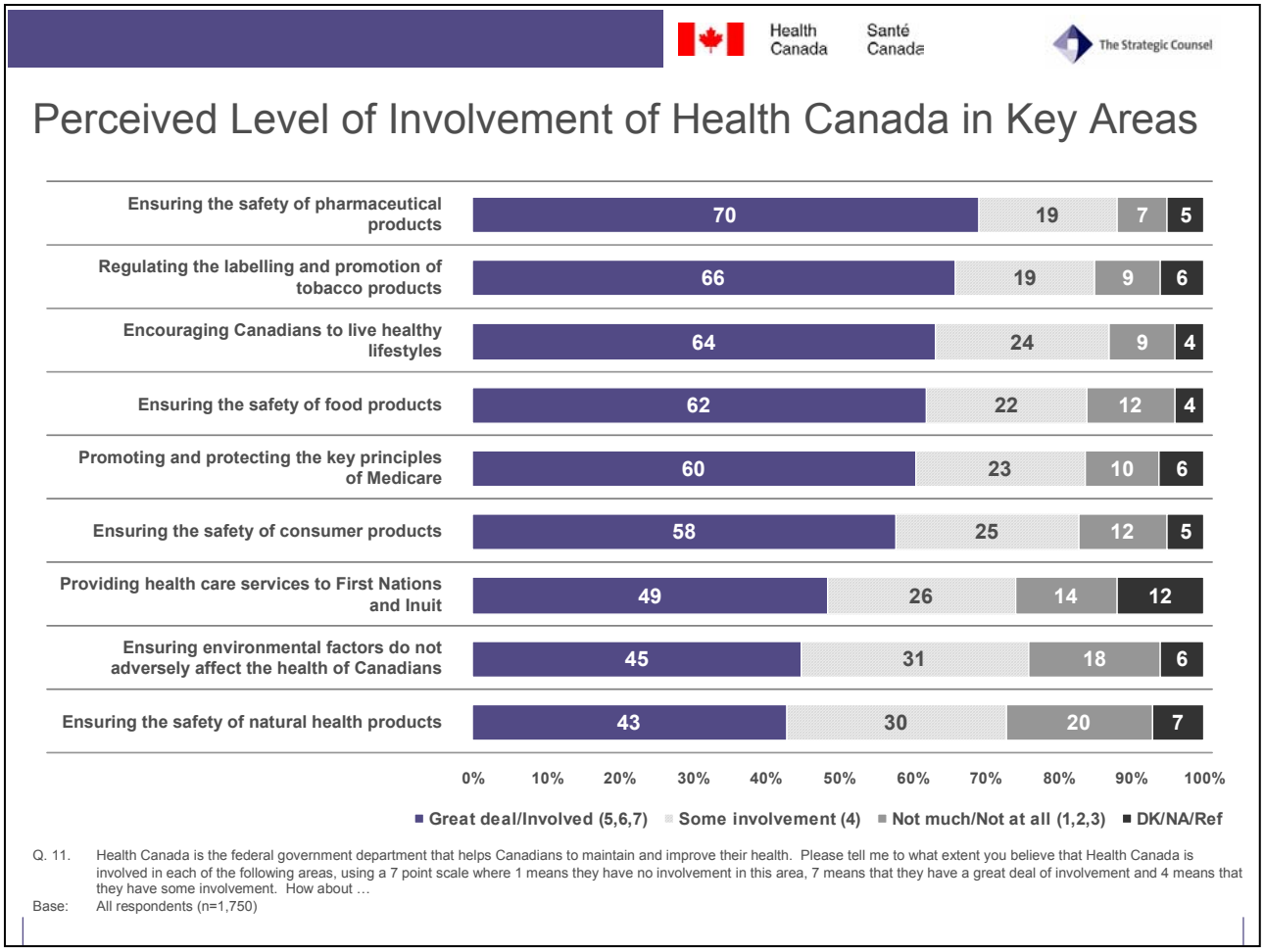
Similar to 2007, perceptions of Health Canada's level of involvement in key areas varies across each of the key areas. In 2009, at least two-thirds of Canadians are likely to think that Health Canada is involved in either ensuring the safety of pharmaceutical products (70%) and in regulating the labelling and promotion of tobacco products (66%).

Just over six-in-ten Canadians indicate that Health Canada has some or a great deal of involvement in encouraging Canadians to live healthy lifestyles (64%). While the scores for regulation related to tobacco labelling and encouraging a healthy lifestyle have remained relatively constant since 2007, with scores of 65 per cent and 67 per cent respectively in that year, Canadians now feel that Health Canada is significantly more involved in the safety of pharmaceutical products, with this score displaying a six point increase over the two year period (up from 64% in 2007).

Most Canadians also continue to perceive Health Canada as being very involved in ensuring the safety of food products (62%), and this remains constant from 2007 (63%). Similarly, the perceived degree of involvement in the promotion and protection of the key principles of Medicare (59% in 2007, 60% in 2009) has remained relatively consistent, as has ensuring the safety of consumer products (56% in 2007, 58% in 2009).

Canadians remain least likely to attribute a high level of involvement on Health Canada's behalf in providing health care services to First Nations and Inuit (49%) and ensuring that environmental factors do not adversely affect the health of Canadians (45%).

While the degree of perceived involvement in ensuring the safety of natural health products was asked for the first time this year, in comparison to other areas, relatively few indicate that Health Canada has "a great deal of involvement" (43%), and more tend to indicate "some involvement" (30%) in that area.



Socio-demographic and subgroup analysis

Younger Canadians (18-29) are more likely than those aged 45 and older to feel that Health Canada has a greater degree of involvement in ensuring the safety of pharmaceutical products (75% vs. 68%) and food products (72% vs. 61%) and, encouraging Canadians to live healthy lifestyles (69% vs. 62%), providing health care services to First Nations and Inuit (57% vs. 46%) and ensuring environmental factors do not adversely affect the health of Canadians (51% vs. 43%).

The Atlantic region (70%) is most inclined to feel that Health Canada is involved in ensuring the safety of food products, compared to Quebec (63%), Alberta (62%), Ontario (61%) and B.C. (55%). Those residing in the Prairies (63%) and Alberta (58%) are more likely to say that Health Canada is involved in providing health care services to First Nations and Inuit compared to those in Ontario (48%), the Atlantic region (47%), B.C. (46%), and Quebec (43%).

Relatively speaking, the Prairies (69%) feel that Health Canada is more involved in promoting and protecting the principles of Medicare compared to all other regions including the Atlantic (62%), Alberta

(61%), Ontario (60%), Quebec (59%) and B.C. (56%). It is those residing in Quebec who are most likely to feel that Health Canada is involved in ensuring that environmental factors do not adversely affect the health of Canadians (54%). Quebeckers are significantly more likely to feel this way compared to those residing in Ontario (43%), the Atlantic and Alberta (40% respectively) and B.C. (39%). Just under half (47 %) of Prairie residents say that Health Canada is involved in this key activity.

The demographic and regional differences were also examined for those who are less likely to attribute Health Canada a strong level of involvement in these areas; that is, who rated the involvement as a one, two or three on a 7-point scale.

Canadians with a relatively higher level of education (college and/or some university, 21%; university degree or more, 24%) and a higher annual household income ($100,000 or more per year, 25%) are significantly more likely to feel that Health Canada is less involved in ensuring the safety of natural health products compared to those with less education (high school diploma, 15%, less than high school, 12%) and with lower household incomes ($40,000 to $69,999, 18%; less than $40,000, 17%). Across regions it is those residing in B.C. (23%) who are most likely to feel that Health Canada is less involved in this activity.

Again those Canadians with higher household incomes ($100,000 or more, 15%) are more likely to think that Health Canada is less involved in ensuring the safety of food products compared to those in lower income brackets (10% for both those earning less than $40,000 per year and those earning between $40,000 and $69,999 per year). Those in the income bracket of $70,000 to $99,999 per year are close to the national figure in their opinion on the matter (14%).

Those with less education are more likely to think that Health Canada is less involved in the regulation of the labelling and promotion of tobacco products (less than high school, 16%) compared to those with more education (college and/or some university, 9%; university degree or more, 7%). Conversely, those with a higher level of education are more likely to feel that Health Canada is less involved in encouraging Canadians to live healthy lifestyles (11%) compared to those having completed high school or with college or some university education (7% respectively). This segment is also more likely to feel that Health Canada is less involved in ensuring the safety of consumer products (16%) versus those with comparatively less education (12%, college or some university; 11% high school graduates; 10% less than high school). A similar trend is shown with respect to opinions on ensuring the safety of natural health products. In this case, both groups with a higher level of education, be it college or university (21%) or a university degree (24%), are significantly more likely to rate Health Canada's as having a lower level of involvement compared to those with a high school education (15%) or less (12%) who are less likely to do so.

On a regional basis, those residing in Quebec (17%) are significantly more likely to feel that Health Canada is less involved in providing health care services to First Nations an Inuit compared to Ontarians (12%) and those residing in the Prairies (12%) and Alberta (11%). Albertans (17%) are the least likely to feel that Health Canada is involved in ensuring the safety of consumer products, and they share this sentiment with

residents of B.C. (15%). Albertans are significantly more likely to feel this way compared to Atlantic (9%) and Ontario (11%) residents, whereas residents of the Prairies are on par with the national sentiment overall (12%). Residents of Alberta (24%) and British Columbia (23%)are also the least likely to feel that the Department is involved in ensuring environmental factors do not adversely affect the health of Canadians compared to residents of the Atlantic (14%) and Ontario (16%). The views of those residing in Quebec (17%) and the Prairies (18%) are generally on par with Canadian's views overall (18%).

B. Perceived Level of Involvement in Key Areas Over Time

Over the past four years, the top issues which Health Canada is perceived to be most involved have remained relatively constant, with the acknowledgement that the issues which respondents were asked to rate have changed over time. In 2009 the top issues where Health Canada is perceived to be most involved are ensuring the safety of pharmaceutical products (70%, up six points from 2007), regulating the labelling and promotion of tobacco products (66%, up one point from 2007) and encouraging Canadians to live healthy lifestyles (64%, down three points from 2007); and the numbers have remained relatively constant over time, with some exceptions.

Though perceptions of involvement in ensuring the safety of food products, promoting and protecting the key principles of Medicare have remained fairly constant over time, some changes are apparent. Looking across the data from 2001 until 2009, the current perception of involvement on ensuring the safety of pharmaceutical products (70%) has jumped back up to be more on par with 2004 (69%) and 2001 (73%). In addition, while Health Canada's perceived involvement with providing health care to First Nations and Inuit was at a low of 45 per cent in 2007, it has increased four points to 49 per cent, now more on par with the pre-2007 data. The same trend can be observed with respect to ensuring that Canadians aren't adversely affected by environmental factors.

Perceptions of involvement with respect to encouraging Canadians to live healthy lifestyles seems to have peaked in 2005 and 2007, having now gone down slightly (three points) since 2007, however more longitudinal data is required before this speculation can be confirmed.

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Perceptions of Health Canada's Involvement Over Time

% Involved (5,6,7)	October 2009	March 2007	March 2005	March 2004	August 2001
n=	1,750	2,000	1,749	2,009	2,203
	%	%	%	%	%
Ensuring the safety of pharmaceutical products	70	64	68	69	73
Regulating the labelling and promotion of tobacco products	66	65	67	N/A	N/A
Encouraging Canadians to live healthy lifestyles	64	67	67	62	59
Ensuring the safety of food products	62	63	64	70	70
Promoting and protecting the key principles of Medicare	60	59	62	N/A	N/A
Ensuring the safety of consumer products	58	56	63	58	56
Providing health care services to First Nations and Inuit	49	45	51	53	51
Ensuring environmental factors do not adversely affect the health of Canadians	45	43	49	52	47
Ensuring the safety of natural health products	43	N/A	N/A	N/A	N/A

Q. 11. Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a 7 point scale where 1 means they have no involvement in this area, 7 means that they have a great deal of involvement and 4 means that they have some involvement. How about …

Base: All respondents (n=1,750)

C. Identification of Health Canada: Primary Responsibility for and Involvement in Key Activities

The above chart confirms that the proportion of Canadians who feel Health Canada has a "great deal of involvement" in these key areas has generally increased over 2007, albeit only slightly in most cases. Analysis of these results is more illuminating when we juxtapose these findings against the 2007 and 2009 results on the question regarding which organization, agency or level of government has primary responsibility for these activities, many of which have remained relatively stable over the two-year period.

With respect to a number of activities including ensuring the safety of pharmaceutical products, regulating the labelling and promotion of tobacco products, promoting and protecting the key principles of Medicare, and providing health care services to First Nations and Inuit, the percentage of Canadians identifying Health Canada specifically (in response to an open ended question) as having primary responsibility for these issues has either increased or stayed the same since 2007. In some instances, attribution of responsibility has slightly decreased, such as with ensuring the safety of food and consumer products and ensuring

environmental factors don't adversely affect the health of Canadians. However, there is one category which has shown a significant decrease since 2007, and that is with respect to encouraging Canadians to live healthy lifestyles.

However, the general stability (with some exceptions) in identifying Health Canada as having primary responsibility for these key activities, coupled with the increasing (even if only slightly increasing) proportion of Canadians who now rate Health Canada as having the highest possible involvement in these areas are an encouraging set of findings. Considered together, these results suggest that the Department's work in these areas has not gone unnoticed and the brand awareness is improving.

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Awareness of Health Canada's Responsibilities and Perceived Involvement in Key Activities

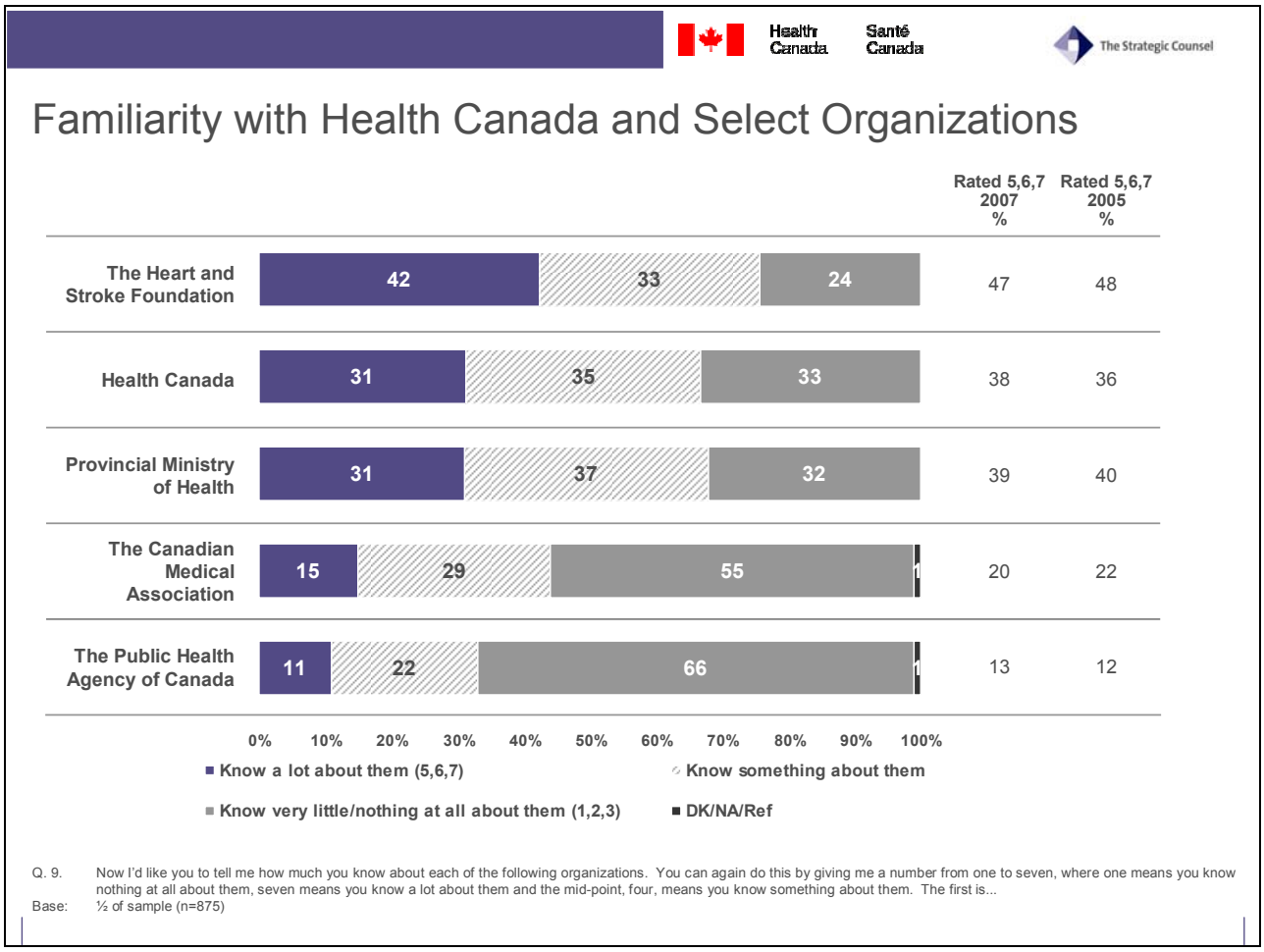
	% Identifying Health Canada as having primary responsibility		% Saying Health Canada has a "great deal of involvement" (7 on a 7-point scale)	
	October 2009	March 2007	October 2009	March 2007
n=	1,167	2,000	1,750	2,000
Health Policy/Program Area	%	%	%	%
Ensuring the safety of pharmaceutical products	34	28	29	21
Regulating the labelling and promotion of tobacco products	31	31	30	23
Promoting and protecting the key principles of Medicare	31	28	23	17
Encouraging Canadians to live healthy lifestyles	23	30	22	21
Ensuring the safety of natural health products	24	N/A	13	N/A
Providing health care services to First Nations and Inuit	19	17	19	13
Ensuring the safety of food products	17	20	22	17
Ensuring the safety of consumer products	11	14	18	13
Ensuring environmental factors do not adversely affect the health of Canadians	8	11	13	9

Q. 8. 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. The first is for …
Base: Those who identified: Health Canada/Santé Canada, Federal Ministry of Health or Department of Health in their response; e.g. responses under "NET: Health Canada/Santé Canada".
Q. 11. Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a 7 point scale where 1 means they have no involvement in this area, 7 means that they have a great deal of involvement and 4 means that they have some involvement. How about …
Base: All respondents (n=1,750)

D. Knowledge of Health Canada and Select Health Organizations

In order to explore Canadians' level of knowledge about Health Canada, the survey asked a series of questions to gauge the general level of knowledge, on a self-assessed basis, that the public has with different types of government and non-governmental organizations. Canadians continue to consider themselves as

most knowledgeable about the Heart and Stroke Foundation (42%), and just over three-in-ten cite that they are knowledgeable about Health Canada and their Provincial Ministry of Health (31% respectively). Familiarity with other health organizations, including The Canadian Medical Association (15%) and The Public Health Agency of Canada (11%) are significantly lower. However, it should be noted that for all of these categories, the middle category (rating of 4) is reserved for respondents who feel they know "something about them". The decline in familiarity from 2007 can perhaps be explained by the prevalence of health issues in the lives of Canadians. It is the issues themselves that seem to have been the focus in recent years, and not the department or agencies that are working with these issues.



Socio-demographic and subgroup analysis

Those residing in Quebec (22%) continue to be more likely than any other region to indicate that they "know a lot" (7 on a 7-point scale) about Health Canada as well as all other organizations listed, with the exception of the Canadian Medical Association and the Public Health Agency of Canada.

Those with an income between $70,000 and $99,999 per year (42%) are significantly more likely than others to say that they know a lot (5, 6 or 7 on a 7 point scale) about Health Canada compared to other income groups (less than $40,000 per year, 25%, $40,000 to $69,999 per year, 31%, $100,000 or more per year, 29%).

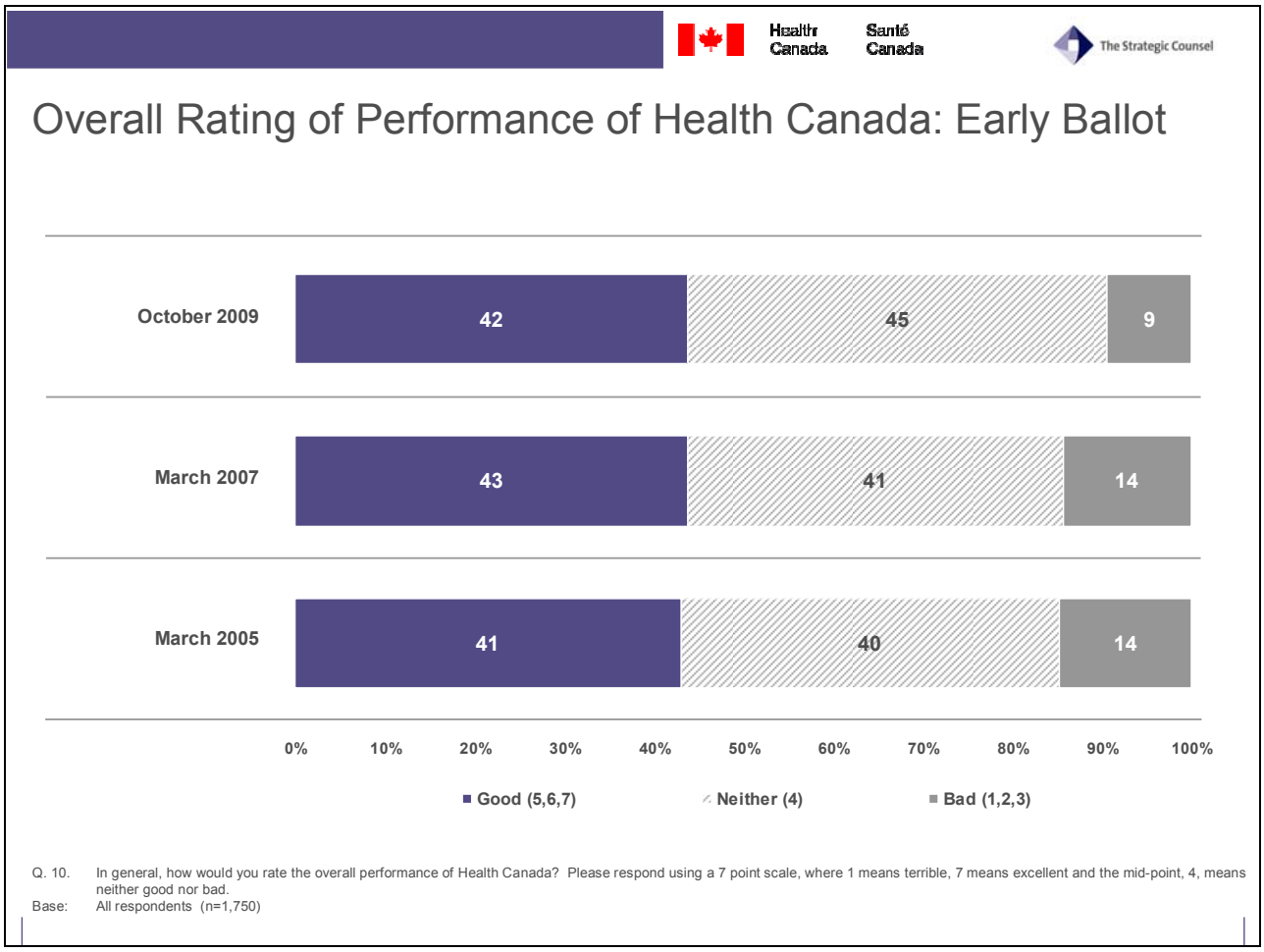
With respect to demographic differences in levels of familiarity of the Public Health Agency of Canada, those in the highest income bracket ($100,000 or more per year, 74%) are significantly more likely to be less familiar with the organization compared to those in lower income brackets (less than $40,000 per year, 62%, $40,000 to $69,999 per year, 66%, $70,000 to $99,999 per year, 64%).

VIII. Performance of Health Canada

Performance of Health Canada

A. Views on Overall Performance of Health Canada

Views on the general performance of Health Canada remained stable for the past four years. Over four-in ten (42%) believes that Health Canada is performing well, with another 45 per cent stated that its performance was neither good nor bad. The only slight change from previous years is that less than one-in-ten Canadians (9%) believe that Health Canada is performing badly, compared to 14 per in each of 2005 and 2007.



Q. 10. 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.
Base: All respondents (n=1,750)

Socio-demographic and subgroup analysis

Performance ratings are somewhat lower in Quebec, with a third (33%) of respondents saying Health Canada performed well, while a minimum of 43 per cent gave good ratings in all other regions.

Ratings also increased concomitantly with education levels, as those with a university (45%) or technical/collegiate (45%) degree were more likely to say that Health Canada performed well compared to those with a high school diploma (38%) or with less than high school completed (32%). However, it is important to note that this lower score among those with lower education levels does not equate to higher dissatisfaction levels among this group. Rather, these lower performance scores are caused by the higher proportion of those who remained neutral on this question, possibly indicating lower awareness levels.

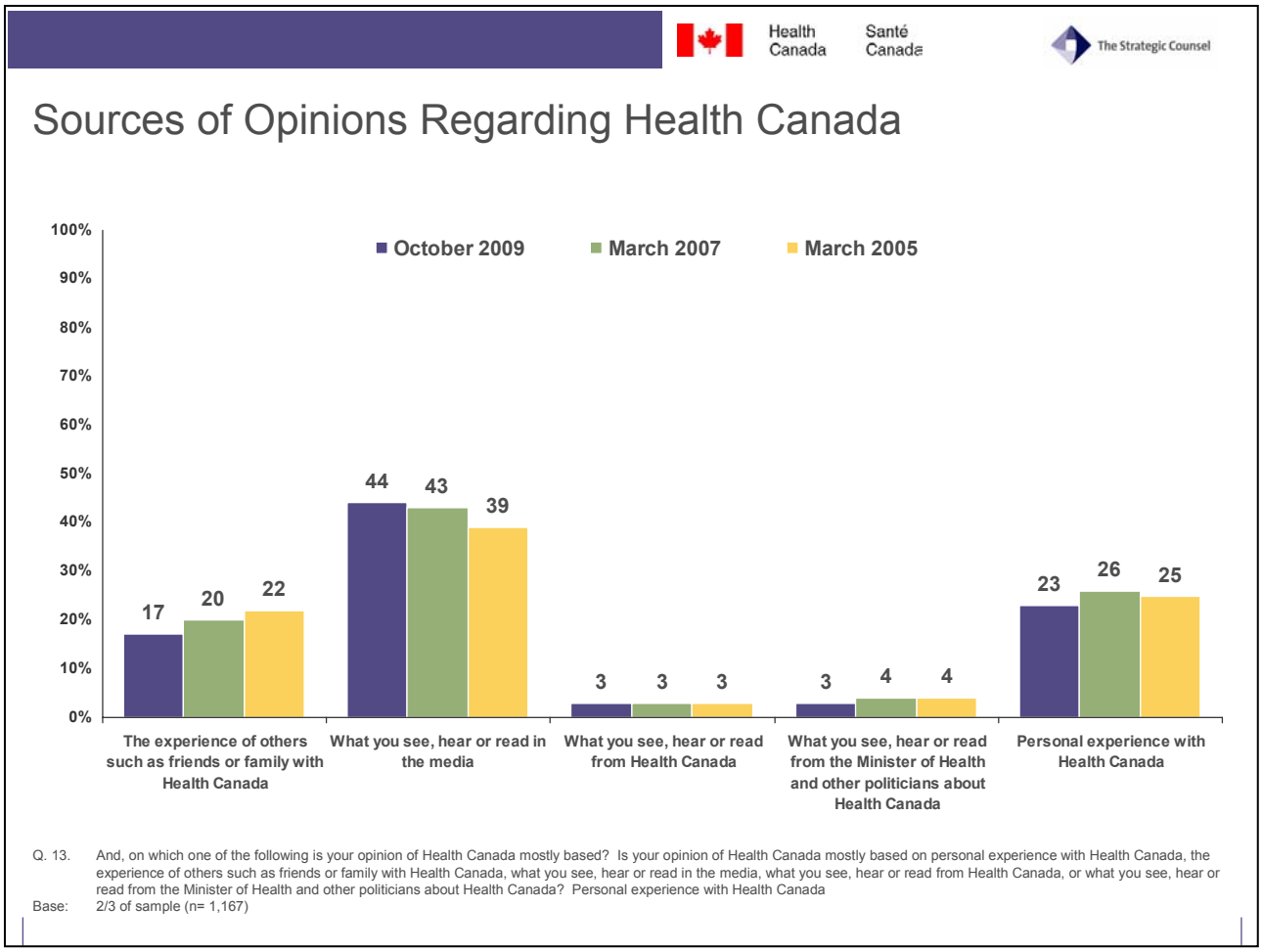
We also notice a small age gap with regards to overall performance scores. Those aged between 18 and 29 (51%) are thus more likely than those aged 30 to 44 (39%), 45 to 59 (40%) or 60 years and older (43%) to say that Health Canada performed well overall.

Canadians who rate their health as being good are also more likely to say that Health Canada performed well (44%) compared to those who rate their health as either average (37%) or bad (35%). Finally, service satisfaction during their interaction with the health care system is shown to make a significant difference with overall performance ratings. We note that nearly half (47%) of those who were satisfied with the services they received gave good performance ratings for Health Canada. This compares to a quarter or less who gave such positive scores among those who reported average (21%) or lower (25%) satisfaction for the services they received.

B. Sources Influencing Views on Health Canada

The above-mentioned views on Heath Canada are affected by the same influencers as were found in 2005 and 2007. The media (44%) remains the most influential source of information, followed by personal experiences with Health Canada (23%) and the experiences of others, including friends and family (17%). The information emanating from Health Canada (3%) as well as ministerial or other political messaging (3%) appear to be much less influential.

In examining these responses by perceptions of Health Canada's performance, we note few significant differences, with one exception. Those who rate Health Canada poorly on overall performance (1-3 on a 7-point scale) are significantly more likely to base their opinions of the Department on their personal experience and interactions with the Department (14%) and less so on what they hear or see in the media (8%).



Socio-demographic and subgroup analysis

On a regional basis, Quebec respondents appear slightly less likely to say that their personal experience with Health Canada (18%) shaped their perceptions. On the other hand, they are more likely to state that their views are influenced by what they see or hear in the media (56%) compared to those from other provinces (40% on average).

Canadians with a university degree (50%) are also more likely than those without one (41% on average) to say that the media has the most influence on their opinions. Men (49%) are also more likely than women (39%) to list the media as the source having the most influence on their views. Younger individuals aged between 18 and 29 years old are the least likely to say that their personal experience with Health Canada (14%) has had the most influence on their opinions, while they are the most likely to state that the media (53%) has the most influence on their views.

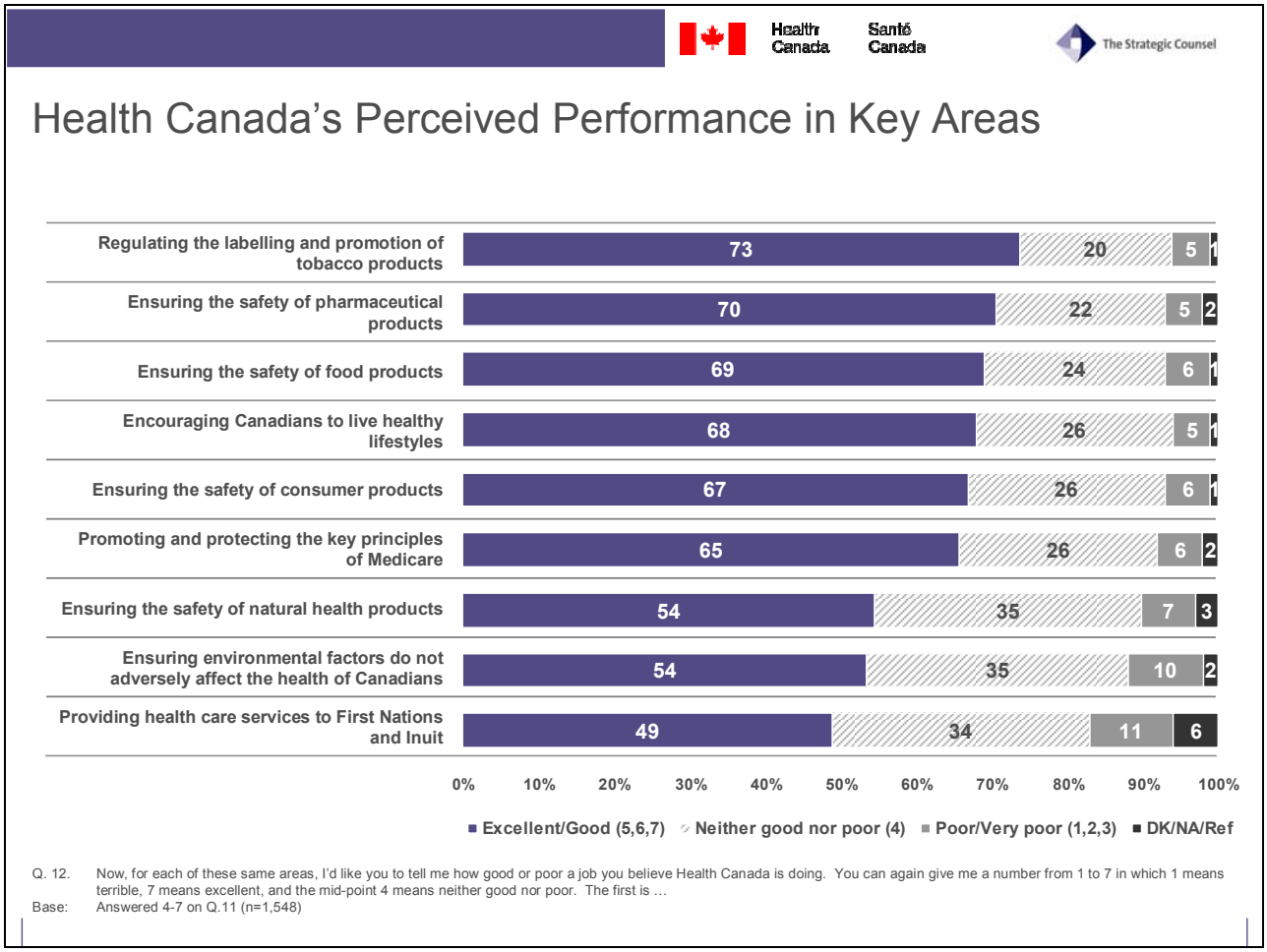
It is interesting to note that those who rate their health as being good (47%) and those who have had satisfactory service interactions with Health Canada (47%) are also more likely to list the media has having the most influence of their opinions compared to those with lower health assessments or lower levels of

satisfaction with the services they received. In other words, individuals who may depend a little less on Canada's health system and on Health Canada directly are less likely to base their judgement on their own experiences and tend to focus on broader media coverage to shape their views.

C. Health Canada's Performance in Key Areas

Health Canada is perceived to be performing well by at least two-thirds of Canadians in six of nine key areas. Canadians believe that Health Canada is doing a good or excellent job at regulating the labelling and promotion of tobacco products (73%), ensuring the safety of pharmaceutical products (70%), ensuring the safety of food products (69%), encouraging Canadians to live a healthy lifestyle (68%), ensuring the safety of consumer products (67%) and promoting and protecting the key principles of Medicare (65%).

On the other hand, Health Canada's ratings are slightly lower in three other areas. Approximately half (54%) of Canadians say that Health Canada is doing a good or excellent job in the areas of ensuring the safety of natural health products, ensuring environmental factors do not adversely affect the health of Canadians (54%) and finally, providing health care services to First Nations and Inuit (49%).



Q. 12. 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. You can again give me a number from 1 to 7 in which 1 means terrible, 7 means excellent, and the mid-point 4 means neither good nor poor. The first is …
Base: Answered 4-7 on Q.11 (n=1,548)

Variations (or Lack Thereof) over Time

Once again, we find very little change in opinions over time with regards to Health Canada's performance in these nine key areas. The consistency of results dating back to 2001 is nothing short of remarkable. Not only do scores on each item remain nearly identical since 2001, but even the ranking of items stayed the same, or almost. This consistent finding is remarkable considering the important changes that have taken place in Canada's health system over the years and the events that marked the news cycle over this period.

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Health Canada's Perceived Performance in Key Areas Over Time

% Good (5,6,7)	October 2009	March 2007	March 2005	March 2004	August 2001
	%	%	%	%	%
Regulating the labelling and promotion of tobacco products	73	71	73	N/A	N/A
Ensuring the safety of pharmaceutical products	70	70	73	67	67
Ensuring the safety of food products	69	68	72	73	72
Encouraging Canadians to live healthy lifestyles	68	69	67	68	64
Ensuring the safety of consumer products	67	66	69	67	66
Promoting and protecting the key principles of Medicare	65	60	62	N/A	N/A
Ensuring the safety of natural health products	54	N/A	N/A	N/A	N/A
Ensuring environmental factors do not adversely affect the health of Canadians	54	48	50	54	51
Providing health care services to First Nations and Inuit	49	48	50	53	49

Q. 12. 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. You can again give me a number from 1 to 7 in which 1 means terrible, 7 means excellent, and the mid-point 4 means neither good nor poor. The first is …
Base: Answered 4-7 on Q.11 (n=1,548)

Regional Gaps in Opinions Regarding Performance

As shown in the next table, a few significant regional differences appear with regards to Health Canada's performance ratings in select areas. Overall, we note that Quebec residents tend to hold more favourable views than other Canadians in a number of areas, scoring at or above average on every single element included in the list. While some of the differences are not statistically significant, the fact that Quebec respondents never score below average is remarkable. At the other end of the spectrum, B.C. respondents score below average on every single item. Once again, a few of the gaps are not statistically significant, but

these results clearly indicate a lower level of appreciation of Health Canada's performance among B.C .residents.

The largest regional differences occur in the areas of promoting and protecting the principles of Medicare and ensuring environmental factors do not adversely affect the health of Canadians. In the case of Medicare, only 49 per cent of B.C. residents give a positive score to Health Canada, compared to a full 73 per cent giving positive ratings in Quebec and Manitoba/Saskatchewan. Albertans (55%) also score much lower than the national average on this item. As for ensuring that environmental factors do not adversely affect the health of Canadians, we note that residents of British Columbia (40% positive ratings), as well as residents of Manitoba/Saskatchewan (44%) and Alberta (48%) give much lower ratings than residents of Quebec (62%) and to a lesser extent, Ontario (55%) and the Atlantic (54%).

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Health Canada's Perceived Performance in Key Areas: Regional Data

% Good (5,6,7)	Canada Total	Atl	QC	ON	MB/SK	Alta	BC
	%	%	%	%	%	%	%
Regulating the labelling and promotion of tobacco products	73	73	77	71	76	72	72
Ensuring the safety of pharmaceutical products	70	71	73	70	74	67	66
Ensuring the safety of food products	69	73	75	68	75	64	60
Encouraging Canadians to live healthy lifestyles	68	70	74	66	64	66	62
Ensuring the safety of consumer products	67	64	72	65	69	63	66
Promoting and protecting the key principles of Medicare	65	67	73	67	73	55	49
Ensuring the safety of natural health products	54	56	55	57	52	55	44
Ensuring environmental factors do not adversely affect the health of Canadians	54	54	62	55	44	48	40
Providing health care services to First Nations and Inuit	49	52	54	45	58	50	43

Q. 12. 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. You can again give me a number from 1 to 7 in which 1 means terrible, 7 means excellent, and the mid-point 4 means neither good nor poor. The first is …
Base: Answered 4-7 on Q.11 (n=1,548). Regional sample sizes vary.

Socio-demographic and subgroup analysis

The most consistent and interesting gaps in opinion among various subgroups are those driven by age. Indeed, we find that once again, younger Canadians aged between 18 and 29 years old tend to give higher performance ratings than those aged 30 years and above. This gap is particularly evident with regards to a few items. Younger individuals aged 18 to 29 give higher rankings to Health Canada in the areas of ensuring the safety of natural health products (65% compared to 52% on average for all other age groups), ensuring the safety of food products (81% compared to 67%), providing health care services to First Nations and Inuit (58% compared to 48%) and ensuring that environmental factors do not adversely affect the health of Canadians (60% compared to 52%).

D. The Relevance Scores in Key Areas

As was done in 2005 and 2007, a relevance score average was created for key health areas. This scoring average is created by computing the average proportions of respondents who have given ratings of 5, 6 or 7 on the series of questions on the involvement of Health Canada in these areas (question 11 of the survey) and the personal importance of each area (question 3). It is thus a combined measure of how important an issue is for Canadians and how visible the efforts of Health Canada have been for the public. A higher ranking means that a specific area is both important and visible to the public.

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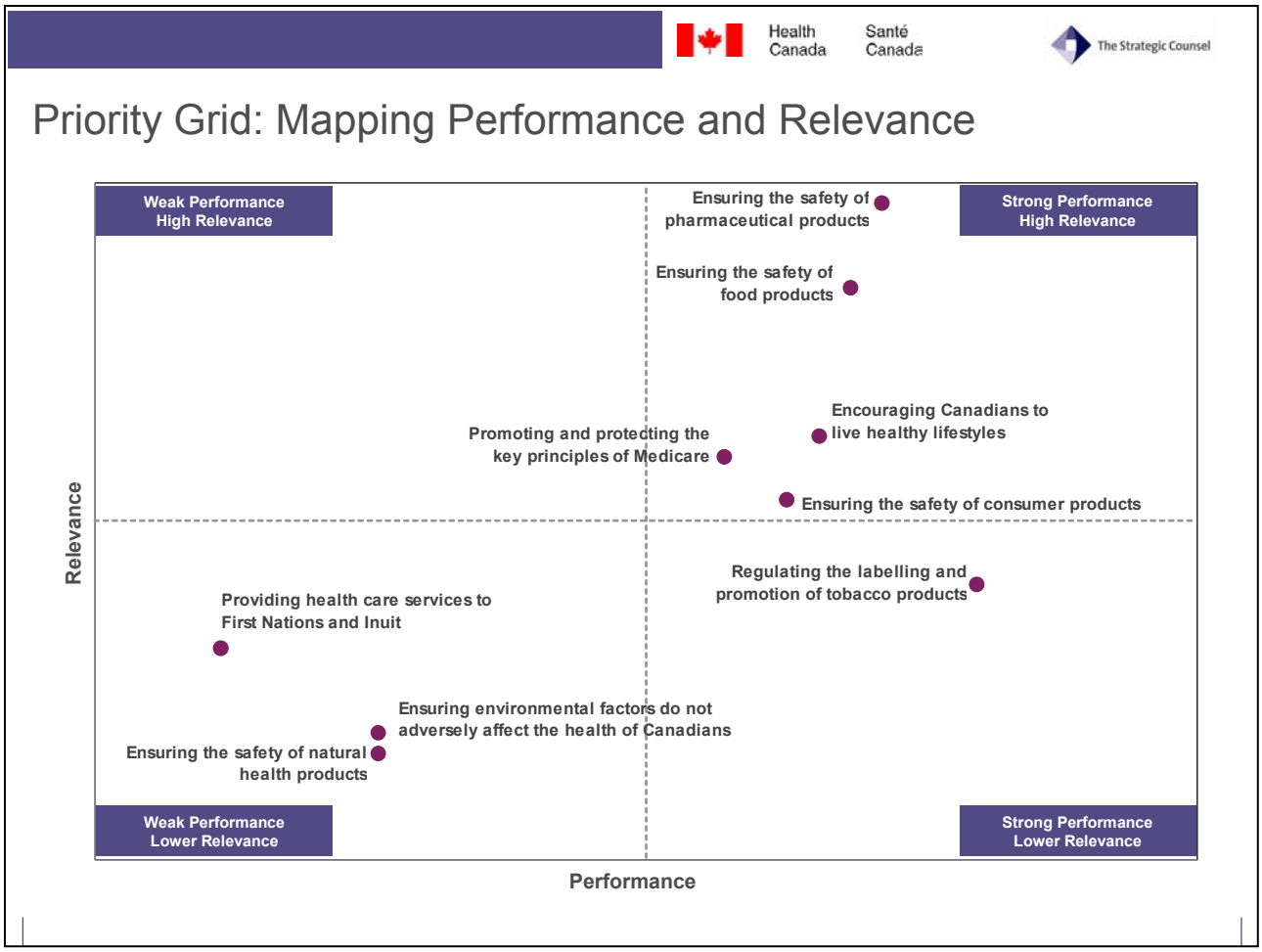
Creation of Relevance Variable from Importance and Involvement Scores

	Importance (7 on a 7-point scale)	Health Canada's Involvement (5,6,7 on a 7-point scale)	Relevance Score	Relevance Average % (2009)	Relevance Average % (2007)	Relevance Average % (2005)
n=	1,750	1,750	1,750	1,750	2,000	1,749
	%	%	%	%	%	%
Ensuring the safety of pharmaceutical products	71	70	141	71	62	66
Ensuring the safety of food products	72	62	134	67	62	62
Encouraging Canadians to live healthy lifestyles	55	64	119	60	59	58
Promoting and protecting the key principles of Medicare	57	60	117	59	56	59
Ensuring the safety of consumer products	56	58	114	57	52	56
Regulating the labelling and promotion of tobacco products	40	66	106	53	53	52
Providing health care services to First Nations and Inuit	51	49	100	50	45	48
Ensuring environmental factors do not adversely affect the health of Canadians	46	45	91	46	46	42
Ensuring the safety of natural health products	46	43	89	45	N/A	N/A

The two items with the highest relevance average are ensuring the safety of pharmaceutical products (71%) and ensuring the safety of food products (67%). Noticeably, scores on both of the items have increased over time with ratings of 62 per cent each in 2007. Results for all other areas have remained remarkably stable over time, with both the scores and their relative rankings remaining nearly identical. Only two areas, ensuring environmental factors do not adversely affect the health of Canadians (46%) and ensuring the safety of natural health products (45%) received combined scores of less than 50 per cent.

E. Priorities of Canadians: Mapping Relevance and Importance

In order to provide a clearer idea of what key priorities may be for the Canadian public as well as for Health Canada, a two-dimensional map has been devised using the perceived performance of Health Canada in key areas and their relevance to Canadians. In order to meet the expectations of the public, Health Canada should obtain high performance scores in areas that are identified as most relevant by the Canadian public.



Strong Performance and High Relevance

The upper right hand-side of the chart presents the areas that are considered to be highly relevant by the public and for which Health Canada is seen to be performing well. In short, this is the quadrant in which Canadians' expectations are met by Health Canada. The quadrant contains five key areas: ensuring the safety of pharmaceutical products, ensuring the safety of food products, encouraging Canadians to live healthy lifestyles, ensuring the safety of consumer products and promoting and protecting the key principles of Medicare.

Of note is that since 2005, this latter issue, "promoting and protecting the key principles of Medicare" has shifted from the top-left hand corner grid (e.g. weak performance, high relevance) to the strong performance and high relevance grid. Also of note is that while the performance of Health Canada on ensuring the safety of both pharmaceutical and food products has remained strong, these issues are currently of more importance to Canadians than they were in 2005, shown by the move upward on the y-axis.

Strong Performance and Lower Relevance

The lower-right quadrant contains the areas where Health Canada is seen to be performing well, but that are not necessarily seen as having the highest relevance to Canadians. Only one key area is situated in this quadrant: the regulation of labelling and promotion for tobacco products, and this issue has been contained in this quadrant since 2005.

Weak Performance and High Relevance

The upper-left quadrant would contain areas that are identified as highly relevant but where Health Canada is not seen to be performing well. However, none of the areas included in the survey fell into this category, which is certainly a positive finding.

Weak Performance and Lower Relevance

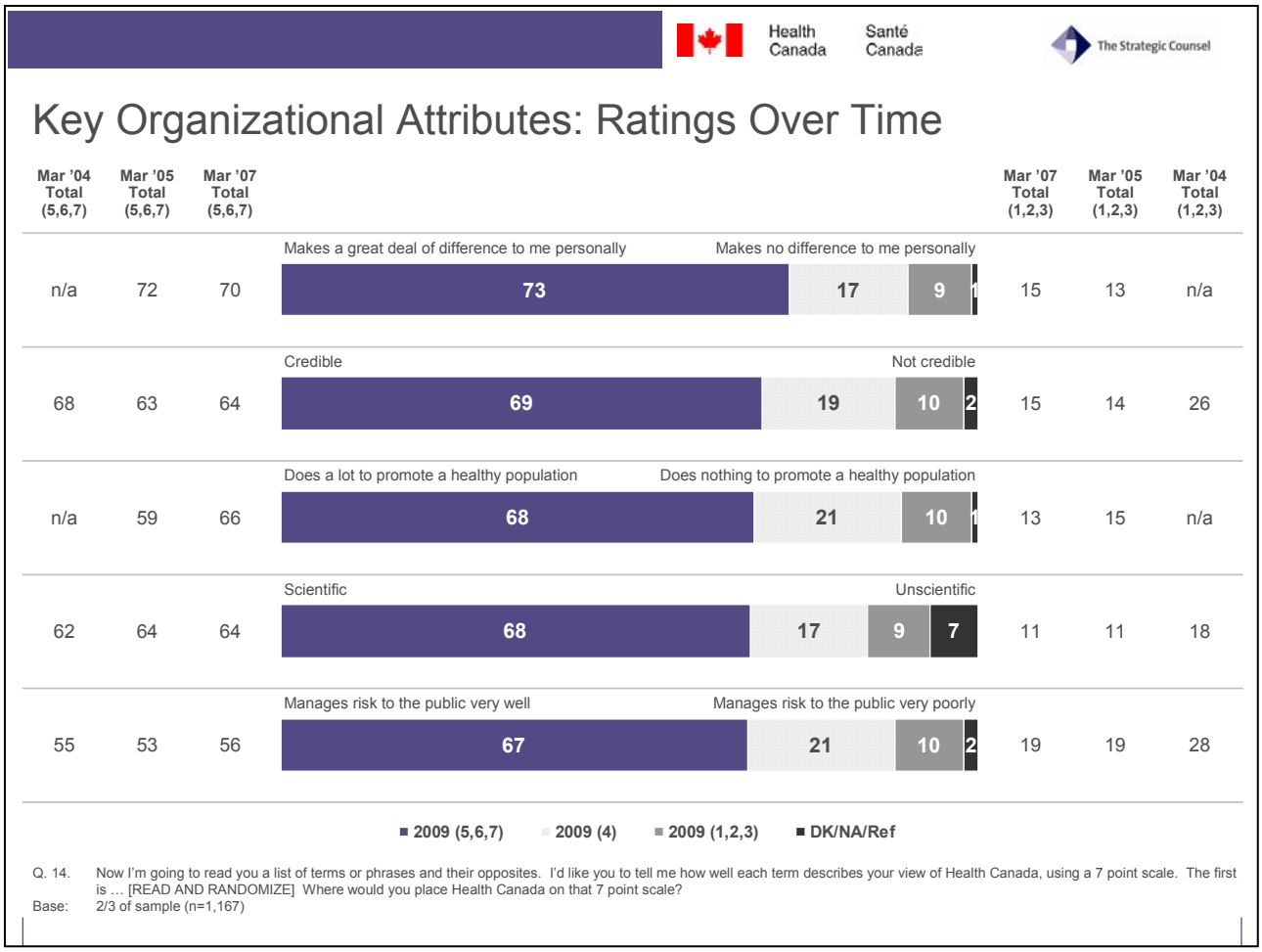
Finally, the lower-left quadrant contains areas that are identified as somewhat less relevant (note that all areas are seen as important by a majority of Canadians so one needs to be careful in labelling these issues as "unimportant") and for which Health Canada's performance is seen as somewhat weaker. Thus, lower performance scores in these areas are somewhat counterbalanced by the fact that they do not appear as relevant to the public. Three areas are included in this quadrant: providing health care services to First Nations and Inuit, ensuring that environmental factors do not adversely affect the health of Canadians and ensuring the safety of natural health products. The former two issues have been illustrated as a part of this quadrant since 2005.

F. Health Canada's Key Organizational Attributes

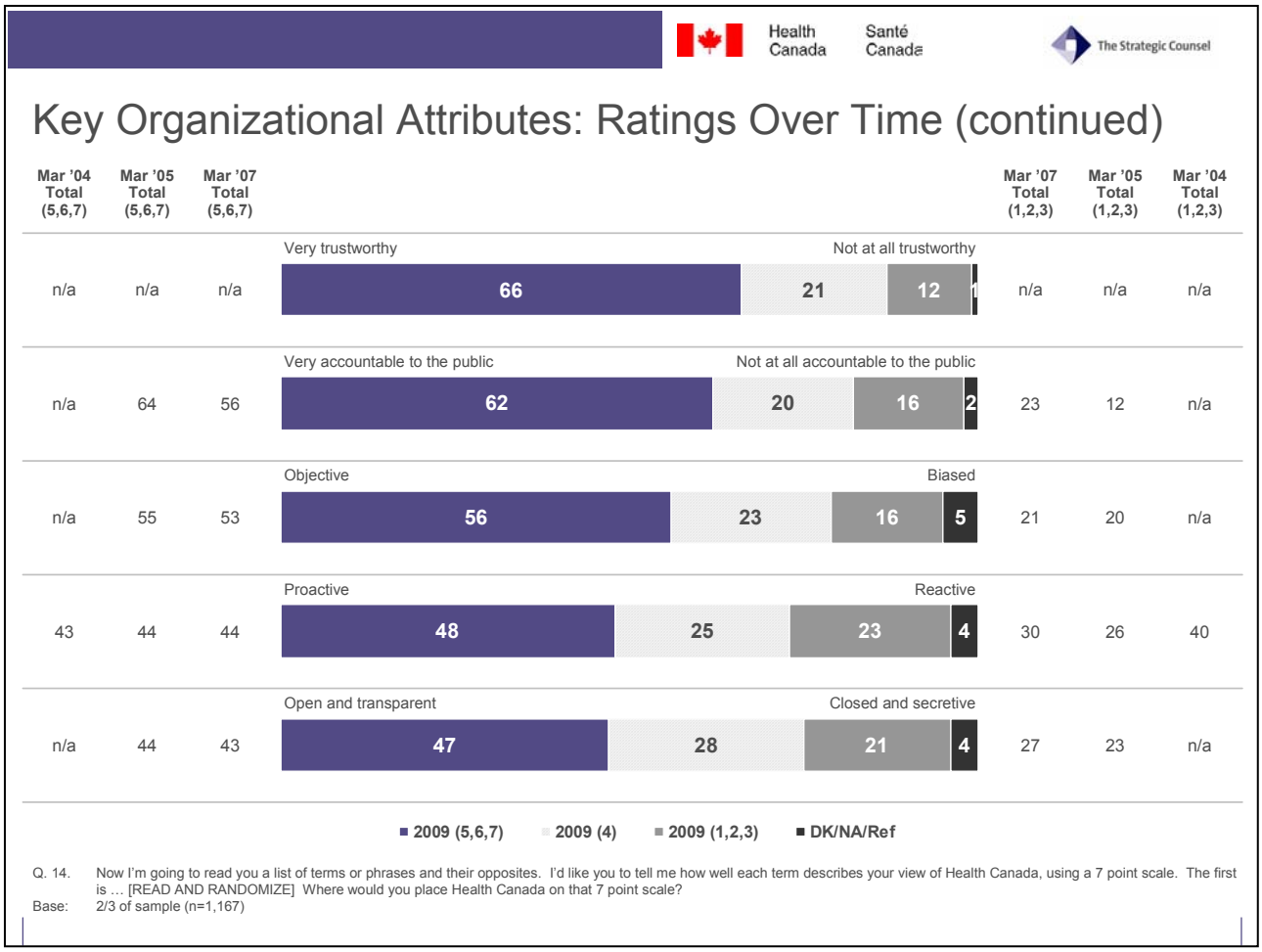
Survey respondents were asked to assess Health Canada on a series of 10 key organizational attributes. This was done using scales on which the two extremes represented opposing sides of an attribute – one negative and one positive. The five items shown on the table below represent those where more than two-thirds of respondents placed Health Canada on the positive side of the scale. Thus, these are the organizational attributes on which Health Canada received the highest ratings.

Topping the list in terms of positive ratings is relevance. Just under three-quarters (73%) of respondents described Health Canada as making "a great deal of difference to me personally." Slightly fewer, but still a significant majority, described the Department as "credible" (69%), "does a lot to promote a healthy population" (68%), "scientific" (68%) and "manages risk to the population very well" (67%).

While results are similar to those obtained in previous years, we note a slight improvement in ratings over time on most items. One item on the list even saw a major increase in positive responses. With respect to the attribute of risk management, the number of those now rating Health Canada positively (i.e. "manages risk to the public very well") is up considerably from ratings provide in 2007 (56%), 2005 (53%) and 2003 (55%) on this same attribute.



Of the remaining five attributes examined, Health Canada performs well on two, but receives lacklustre ratings on the other three, two of which are particularly concerning. Health Canada is viewed as "very trustworthy" (66%) and "accountable to the public" (62%) by significant numbers. When asked, however, how respondents would rate Health Canada with respect to being "objective" (56%), "proactive" (48%) and "open and transparent" (47%), the results are less definitive and suggest that there is some room to improve on its performance in these areas. Furthermore, the last two items (proactivity and openness/transparency) also garnered a significant percentage of respondents offering negative ratings as opposed to those who remained neutral in their assessments. Almost one-quarter (23%) of survey respondents rated Health Canada as reactive as opposed to proactive, and just over one-fifth (21%) rated Health Canada as closed and secretive as opposed to open and transparent.



Socio-demographic and subgroup analysis

On a regional basis, we note that once again, Quebec residents give more positive ratings to Health Canada on a number of items. Quebeckers, and to a lesser extent residents of the Atlantic provinces, are thus more likely than other Canadians to agree that Health Canada "is very accountable to the public" (72% in Quebec), "is objective" (68% in Quebec and 60% in the Atlantic), "is open and transparent" (54% in Quebec and 58% in the Atlantic) and "is proactive" (55% in both Quebec and the Atlantic). On the other hand, B.C. and Alberta residents score at or below the national average on all items, without being much more negative, however.

Once again, age appears as the most important socio-demographic variable explaining differences in ratings. In accordance with previous results, those aged 18 to 29 years old tend to have more positive views of Health Canada in general. This age gap appears more significant for a few statements, such as Health Canada is "credible" (82% agreement), "manages the risk to the public very well" (77%), is "very accountable to the public" (69%), is "objective" (63%) and is "open and transparent" (56%). Interestingly, this age effect is reversed for the statement "makes a great deal of difference to me", where those aged 45 to 59 years (78%) and those 60 years of age and older (81%) are most likely to agree.

G. Early versus Late Ballot Comparison

As in 2005 and 2007, the 2009 survey measured the performance of Health Canada 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.

By repeating the overall performance question late in the survey, respondents were able to more fully take Health Canada's performance, character and role into consideration in their response.

In our analysis, responses from the "late ballot" were then compared to the "early ballot". The former "ballot question" score showed considerable improvement over the earlier rating of performance. More than one-in-four Canadians (27%) rated Health Canada more favourably in the second ballot than they did in the first ballot. Another 63 per cent kept the same views, while only 10 per cent changed their minds in a negative manner.

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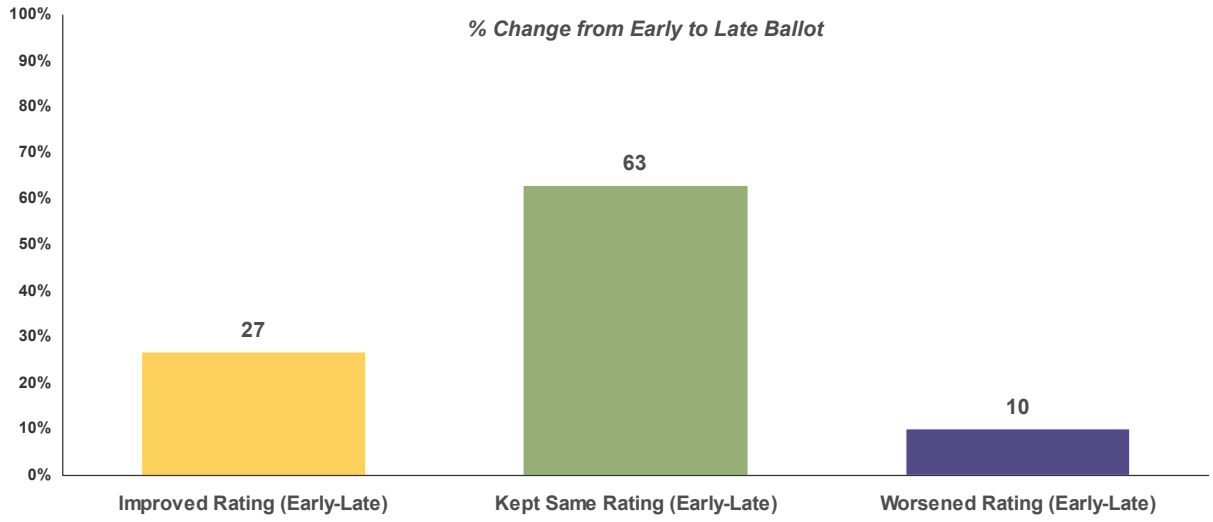
Perceptions of Health Canada: Early versus Late Ballots



Q. 10. (EARLY BALLOT) 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.
Q. 15. (LATE BALLOT): 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.
Base: All respondents

Based on the above, we can conclude that, on balance, respondents reacted more positively than negatively to the additional information provided in the context of responding to the questionnaire with respect to their appraisal of Health Canada's performance. Clearly, information has an impact and, given that much of the information related to Health Canada's broad range of activities, raising public awareness of the Departments' responsibilities should result in enhanced brand recognition and equity for Health Canada.

Furthermore, this "informational effect" has remained very stable over time. In each of the four surveys in which this calculation was undertaken, a similar increase in positive ratings was uncovered. Nevertheless, the current "bump" of 18 percentage points (42% to 60%) in positive performance assessments ranks as the highest, albeit by a very limited margin. The jump was 12 points in 2004, compared to 16 points in 2005 and 14 points in 2007.

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Deliberative Rating: Tracking

	October 2009		March 2007		March 2005		March 2004	
	Early Ballot	Late Ballot	Early Ballot	Late Ballot	Early Ballot	Late Ballot	Early Ballot	Late Ballot
n=	1,750	1,750	2,000	2,000	1,749	1,749	2,009	2,009
	%	%	%	%	%	%	%	%
Excellent/Good (7,6,5)	42	60	43	57	41	57	47	59
Neither (4)	45	32	41	30	40	28	28	26
Bad/Terrible (1,2,3)	9	7	14	13	17	14	24	15

Q. 10. (EARLY BALLOT) 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.
Q. 15. (LATE BALLOT): 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.
Base: All respondents (n=1,750)

IX. Exposure to Health Canada

Exposure to Health Canada

As in previous years, the current survey continues to track the extent and nature of Canadians' contact with Health Canada as well as their level of satisfaction, among those who did contact Health Canada, whether actively (i.e. via phone, telephone or mail) or more passively (i.e. by logging onto the website).

A. Contact with Health Canada

The number of Canadians who indicate that they have contacted Health Canada within the last five years remains at just under one-third (30%), relatively unchanged from 2007. Notably, but perhaps not unexpectedly given broader trends in Internet usage, the current findings show a marked increase in contact via the web, from 59 per cent in 2007 to 69 per cent in 2009.

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, 2007 and 2009 (versus one response only in 2001/04), in the current survey, as in 2007 and 2005, we do find that the most frequently cited method of contacting Health Canada is via the Internet.

At the same time, contact through all other channels has also increased in the two years since the last survey was undertaken, most notably personal contact (up 13 points from 14% to 27%) and by telephone (up eight points, from 26% to 34%). There has also been a slight increase in those contacting Health Canada by mail (up five points, from 15% to 20%).

The findings suggest, and other studies examining public usage of and the interaction between various communications channels confirm this to be the case, that the Internet has not displaced other forms of communications. Rather, these results suggest that Canadians use (and desire) multiple points of interface with agencies like Health Canada and that the web serves to complement rather than replace other forms of communication.

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Contact with Health Canada in Last Five Years

	October 2009	March 2007	March 2005
	%	%	%
Contact with Health Canada	n=1,750	n=2,000	n=1,749
Yes	30	32	25
No	69	68	74
Don't know/Refused	1	0	1
Means of Contact	n=481	*	*
Internet	69	59	57
Telephone	34	26	35
Mail	20	15	27
In person	27	14	31
Fax	4	1	5
Don't know/Refused/Other mentions	4	3	<1

Q. 18. 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?
Q.19 And was the contact you had with Health Canada...
Base: Respondents who have had contact with Health Canada in the last 5 years (n=481)
* Base sizes not available

Socio-Demographic and Subgroup Analysis

There are a number of interesting variations, both with respect to those who have/have not contacted Health Canada as well as the means of contact, by gender, age, education, income, and household composition.

These are summarized in the next table.

Contact with Health Canada and Means of Contact (%)

Demographic Group/Sub-Group	Contacted Health Canada	Means of Contact				
		Internet	Mail	In-person	Telephone	Fax
Gender						
Men	24	71	22	27	25	2
Women	36	68	19	27	39	6
Age						
18-29 years	32	79	5	29	26	7
30-44 years	36	71	22	27	31	1
45-59 years	33	68	23	27	34	6
60 years +	18	58	27	26	45	4
Education						
Less than high school	11	32	45	36	30	5
Completed high school	22	65	23	18	34	3
Technical/College or some University	30	66	22	29	36	5
University degree	41	77	15	28	32	3
Household Income						
Under $40,000	26	64	25	22	34	4
$40,000-$69,999	26	70	14	26	36	1
$70,000-$99,999	39	72	12	25	29	7
$100,000+	33	74	22	38	33	4
Children in the Home						
Children under 18 years of age in the home	36	65	19	31	37	5
No children under 18 years at home	26	73	21	24	31	4
Satisfaction with health care service received						
Not satisfied with service received	47	51	23	21	61	8
Neither satisfied nor dissatisfied	30	80	20	37	30	2
Satisfied with service received	31	73	17	25	32	4

Those who have received health care services within the last 12 months and who indicate they are dissatisfied with the service received (47%) are among the most likely to have contacted Health Canada within the last five years. Women (36%) are also more likely to have contacted Health Canada as compared to men (24%). This is also true of those living in households with children under the age of 18 years (36%), compared to those who do not have children in the home (26%).

The likelihood of contacting Health Canada also varies by age, with those 60 years and older (18%) being much less likely than Canadians under that age threshold to contact the Department (32% for those 18 to 29 years of age; 36% for those 30 to 44 years of age; 33% for those 45 to 59 years of age).

Contact also varies by education and income. The table on the previous page shows a marked increase in the likelihood of having been in contact with Health Canada as educational attainment increases (from 11% among those without a high school diploma to 41% among those with a minimum of a university degree). Similarly, those in higher income groups ($70,000 to $99,999 annual household income) are more likely to say they have contacted Health Canada (39%) as compared to those with household incomes below that level (26%). Note, however, that there is a slight drop in the likelihood of contacting Health Canada among those in the highest income group of $100,000 or more (33%).

There were no significant variations across the regions with the percentage of those indicating they contacted Health Canada ranging from 34 per cent in Manitoba/Saskatchewan to 27 per cent in Atlantic Canada and British Columbia.

With respect to the means of contact, the most interesting, and significant variations, are apparent across age groups, household income levels and educational attainment.

The **Internet** is more commonly identified as the means of contact among younger age groups, although it is notable that over half of those aged 60 years and older (58%) did use the Internet to contact Health Canada. Nevertheless, this number is still markedly lower when compared to Canadians aged 18 to 29 years (79%). Those with a university degree (77%) are also more likely to have contacted Health Canada over the Internet as are those with annual household incomes of $100,000 or more (74%).

Canadians with household incomes under $40,000 a year (25%) are significantly more likely to have contacted Health Canada by **mail** compared to those earning $40,000 to $69,999 per year (14%) and those earning between $70,000 and $99,999 per year (12%). Those in the highest income bracket ($100,000 or more per year, 22%) are also more likely than those in the next lowest income bracket to have contacted Health Canada by mail.

Furthermore, the means of contact employed also varies by age, and those aged 18 to 29 years of age (5%) are the least likely to contact Health Canada by mail compared to those aged 60 and older (27%). Education is also a factor for this method of contact, as those with less education (less than high school, 45%) are

significantly more likely to contact Health Canada by mail versus those with a higher level of educational attainment (university degree or higher, 15%).

This trend continues for contact with Health Canada **in person**, as those with less than high school are the most likely to contact Health Canada via this method (36%), followed by those with college or some university education (29%) and those with at least a university degree (28%). Those who have completed high school are the least likely to contact Health Canada via this method (18%). Those at higher income levels are also more likely to have contacted Health Canada in person (38% among those with household incomes of $100,000 or more) compared to those with annual household incomes below that level (25% for those with household incomes of $70,000 to $99,999 per year; 26% for $40,000 to $69,999 per year; 22% for those with household incomes of less than $40,000 per year). Those with children under the age of 18 in their household are also more likely to do so (31%) compared to those who do not (24%). This means of contact was also more prevalent for residents of Ontario (34%).

Those indicating a greater likelihood of contacting Health Canada by **telephone** include Canadians who report being dissatisfied with the health care services they received within the last 12 months (61%), compared to those who report being neutral (30%) or satisfied (32%). Those aged 60 years and older (45%) are significantly more likely to contact Health Canada by telephone compared to younger Canadians (26% for those aged 18 to 29 years and 31% for those between the ages of 30 and 44). Residents of Ontario (44%) and of Manitoba/Saskatchewan (42%) were also more likely to have contacted Health Canada by telephone, and women are more likely to do so (39%) compared to men (25%).

There are no significant variations across subgroups for those contacting Health Canada by **fax**.

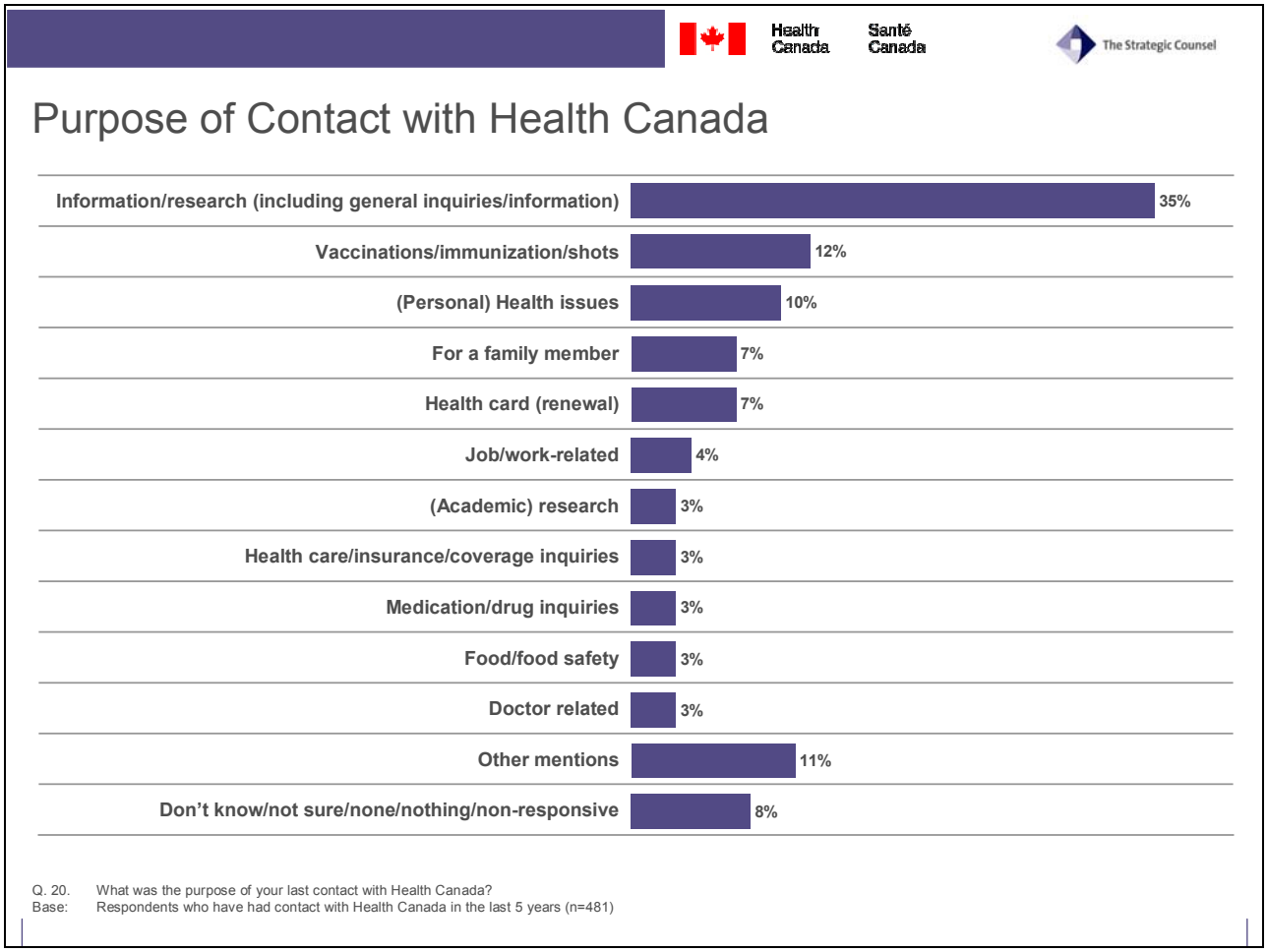
B. Purpose of Contact with Health Canada

Those who had contacted Health Canada within the last five years were asked what the purpose of their last contact was. The plurality of respondents were seeking information of a general nature or making a general inquiry (35%). Beyond this, a range of responses includes inquiries related to vaccinations (12%), personal health issues (10%), inquiries on behalf of another family member (7%), and questions or issues regarding health card renewal (7%).

It is noteworthy that in 2009 a number of Canadians made inquiries into vaccinations, immunizations or shots, a category of responses which was not mentioned in 2007 or 2005. This is no doubt a factor of recent public concern and focus on mitigating the health risks associated with the H1N1 flu virus.

Furthermore, in 2009 it appears that more Canadians (35%) are contacting Health Canada in order to find out or obtain information from the Department, compared to both 2005 (18%, “research/information”) and 2007 (11%, “general information/inquiries”). This is likely related to a broader trend which sees an increased percentage of the population obtaining information in a “pull” manner (i.e. obtaining the

information from an organization or source) compared to the traditional "push" manner that was more prevalent in the past, pre the explosion of the Internet and the sophistication of search engines such as Google, Yahoo and MSN.

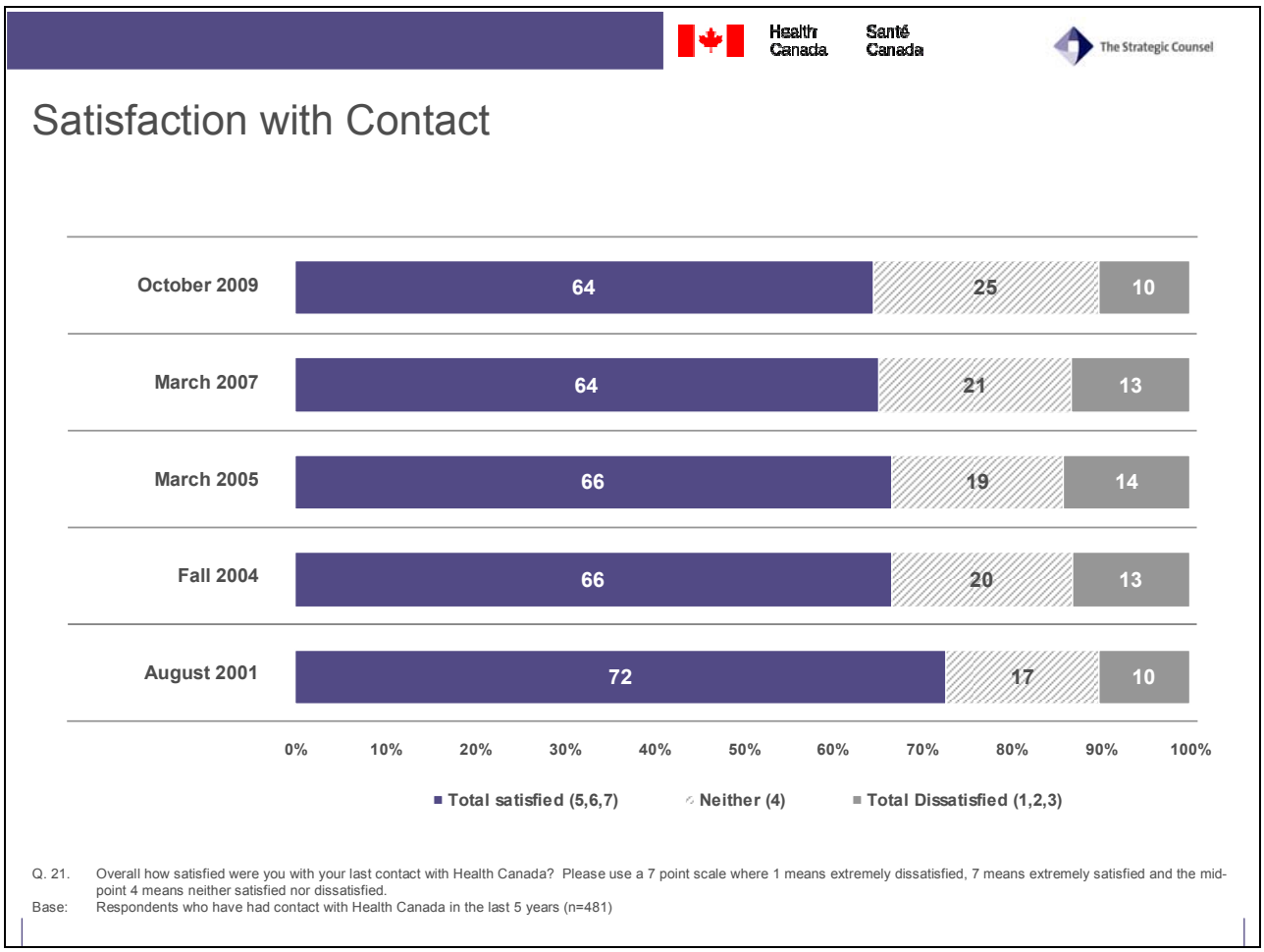


There are few demographic or subgroup variations of note. Those who rate their own health status as good (16%) are more likely compared to those rating their health status as fair (3%) or poor (1%) to say their inquiry was related to vaccinations, immunizations or shots. By contrast, those who rated their own health as poor (22%) were, perhaps not surprisingly, somewhat more likely say they were contacting Health Canada to inquire about personal health issues.

There were also very few regional variations in responses to this question with the exception of Ontarians who were more likely to identify personal health issues (14%) and health card renewal (12%) as the reason for contacting Health Canada.

C. Satisfaction with Contact with Health Canada

Satisfaction with contact is steady at 64 per cent. Levels of satisfaction have remained within the range of 64 to 66 per cent since the Fall of 2004.



Socio-Demographic and Subgroup Analysis

There were few differences among demographic subgroups with respect to satisfaction with contact. The one exception was those who rate their own health status as poor. This group was more likely to express dissatisfaction (23%) with their last contact with Health Canada relative to those who rated their health status as fair (9%) or good (9%).

Levels of satisfaction with the last contact with Health Canada are relatively consistent across the regions, ranging from a high of 68 per cent in Alberta to 59 per cent in British Columbia and the Prairies. The data

show a slightly higher propensity for Ontarians to report being dissatisfied (16%) with their last contact as compared to the national average.

In analysing satisfaction by mode of contact, those who were last in contact with Health Canada via telephone (19%), mail (17%) or in-person (13%) are significantly more likely to express dissatisfaction with that interaction (1-3 on a 7-point scale) compared to those who contacted Health Canada via the Internet (7%). By contrast, those who gave positive ratings of Health Canada on performance (5-7 on a 7-point scale) are more likely to say that their last contact with the Department was in-person (65%) or by Internet (64%) than those who have been in contact by mail (54%).

D. Reasons for Dissatisfaction with Contact

The reasons for dissatisfaction with contact with Health Canada centre on perceptions that Health Canada was uncooperative (20%) or unhelpful (19%), did not provide adequate information (18%) or did not respond in a timely fashion (15%). With the exception of the latter response, these reasons were also identified as some of the main reasons for dissatisfaction in 2007.

It is interesting to note, however, that the number of those citing concerns about the process for contacting Health Canada (i.e. being given the "run-around") has declined from 12 per cent in 2007 to just two per cent in 2009. On the other hand, there has been an increase from five to 15 per cent over the last two years in the numbers identifying "timeliness" as an issue. While this represents a small number in terms of the total actual number of respondents, it may be worth monitoring and/or delving into further to better understand what level or standard of responsiveness Canadians believe is reasonable.

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Reason For Dissatisfaction With Contact

	October 2009	March 2007
n=	51	81
	%	%
Health Canada deceptive/secretive/uncooperative/rude	20	16
They did not help me/solve my problem	19	15
Inadequate/insufficient information available	18	13
I had to wait too long/service took too long	15	5
They did not answer my question(s)	9	11
Poor communication/unresponsive/difficult to understand	7	6
Was re-directed repeatedly/given the 'run-around'	2	12
Online/website problems	2	9
Other	8	N/A

Q. 22. What was the main reason for your dissatisfaction with your last contact with Health Canada?
Base: Respondents who answered 3 or less at Q.21 (n=51)

Socio-Demographic and Subgroup Analysis

Given the small numbers responding to this question, there are no significant differences across subgroups or by region.

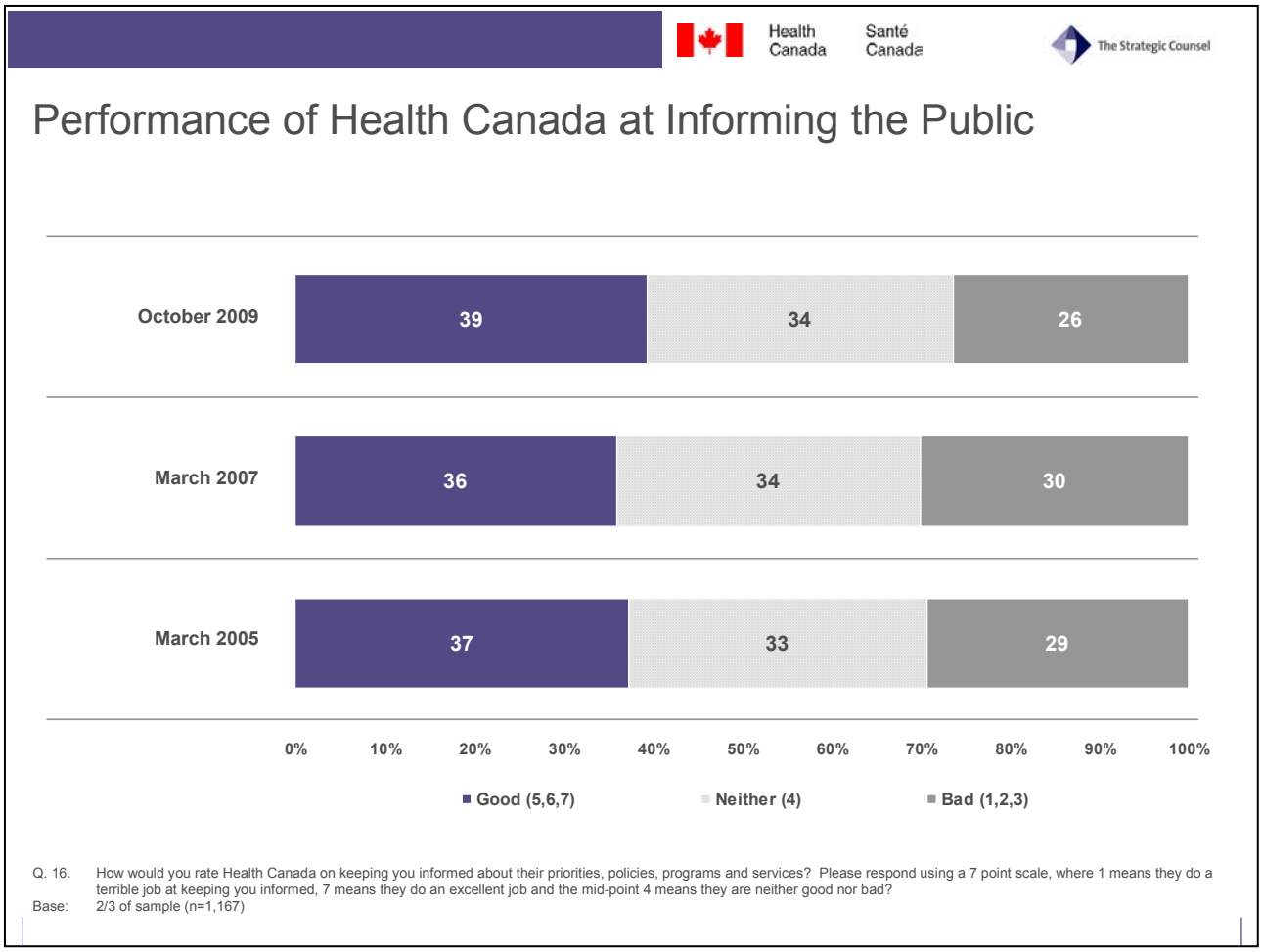
X. Communications

Communications

This section explores a variety of dimensions related to communications including: satisfaction with Health Canada overall at informing the public about their priorities, policies, programs, and services and ratings of their performance on specific aspects of communication, Canadians' preferred sources of information about Health Canada and an assessment of the credibility of a variety of persons and organizations who might speak out on various health issues.

A. Satisfaction with Communications

Satisfaction with the performance of Health Canada on keeping Canadians informed about their priorities, policies, programs and services remains positive and stable between March 2005 and October 2009. Across all three time periods, over one-third of respondents rate Health Canada between a five and a seven on a seven-point scale (37% in March 2005, 36% in March 2007 and 39% in October 2009). While ratings are relatively consistent on this front, the same is also true for those who rated Health Canada as doing a "neither good nor bad job" at keeping them informed (33% in March 2005, 34% in March 2007 and 34% in October 2009), and for those who gave Health Canada a poor rating (29% in March 2005, 30% in March 2007 and 26% in October 2009). However, of note is that for the latter rating, it has improved slightly over 2005, decreasing three points to 26% in the present survey.



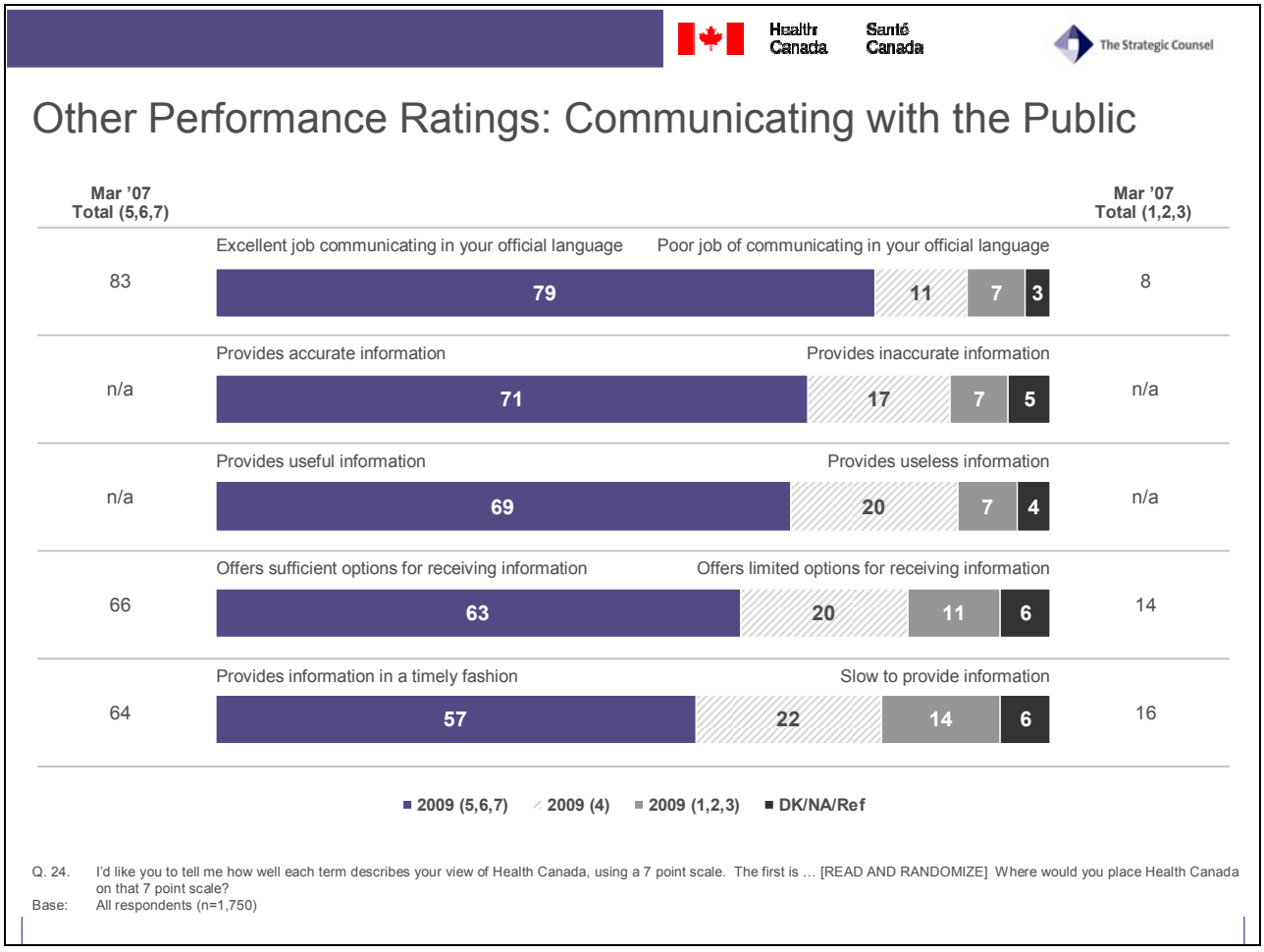
Socio-Demographic and Subgroup Analysis

Those who rate Health Canada's performance highest do not vary by household income or whether or not they have children. However, these respondents are significantly more likely to be Quebeckers (48%) and over the age of 60 years (44%). Furthermore, those rating Health Canada's performance highly are significantly more likely to have been in contact with Health Canada in the last five years than not (45% vs. 37% respectively), and to cite that they know a lot about Health Canada (47% vs. 27%).

Those who rate Health Canada's performance poorly (1, 2, 3 on a 7-point scale) are most likely to be younger (aged 18 to 29, 34%; aged 30 to 44, 31%) compared to their older counterparts (45 to 59, 22%; aged 60 and over, 19%). The regions that were most likely to rate performance poorly are B.C. (33%), Ontario (30%), Alberta (29%) and the Atlantic (28%), compared to Quebec and the Prairies, where only 16 per cent and 20 per cent respectively gave poor ratings.

B. Communications Performance

When asked to rate Health Canada's performance on its communication with the public, the majority of respondents (79%) rated it as doing an excellent job communicating in their official language. Furthermore, 71 per cent agreed that they provide accurate information, another 69 per cent that they provide useful information and 63 per cent that they offer sufficient options for receiving information. Just under six-in-ten Canadians (57%) agree that Health Canada provides information in a timely fashion. Although the proportion of respondents who rate Health Canada highly on excellent communication in their official language and on providing information in a timely fashion is down since March 2007, proportions still remain strong with the majority of the public continuing to rate Health Canada highly.



Socio-Demographic and Subgroup Analysis

Those who feel that Health Canada does an excellent job communication in their official language are significantly more likely to be between 18 and 29 years of age (87%). Furthermore, they are much more likely to be found in the Atlantic provinces (86%) than anywhere else in Canada.

The respondents who state that Health Canada provides accurate information are significantly more likely to be under the age of 45 and have children under the age of eighteen (compared to those with no children under eighteen in their household) (74% vs. 69% respectively). They are also less likely to reside in Alberta (67%), British Columbia (65%) or Ontario (68%) and significantly more likely to live in Quebec (77%) and Manitoba (78%). They are also significantly more likely (79%) to have been in contact with Health Canada in the last five years versus those who have not (67%).

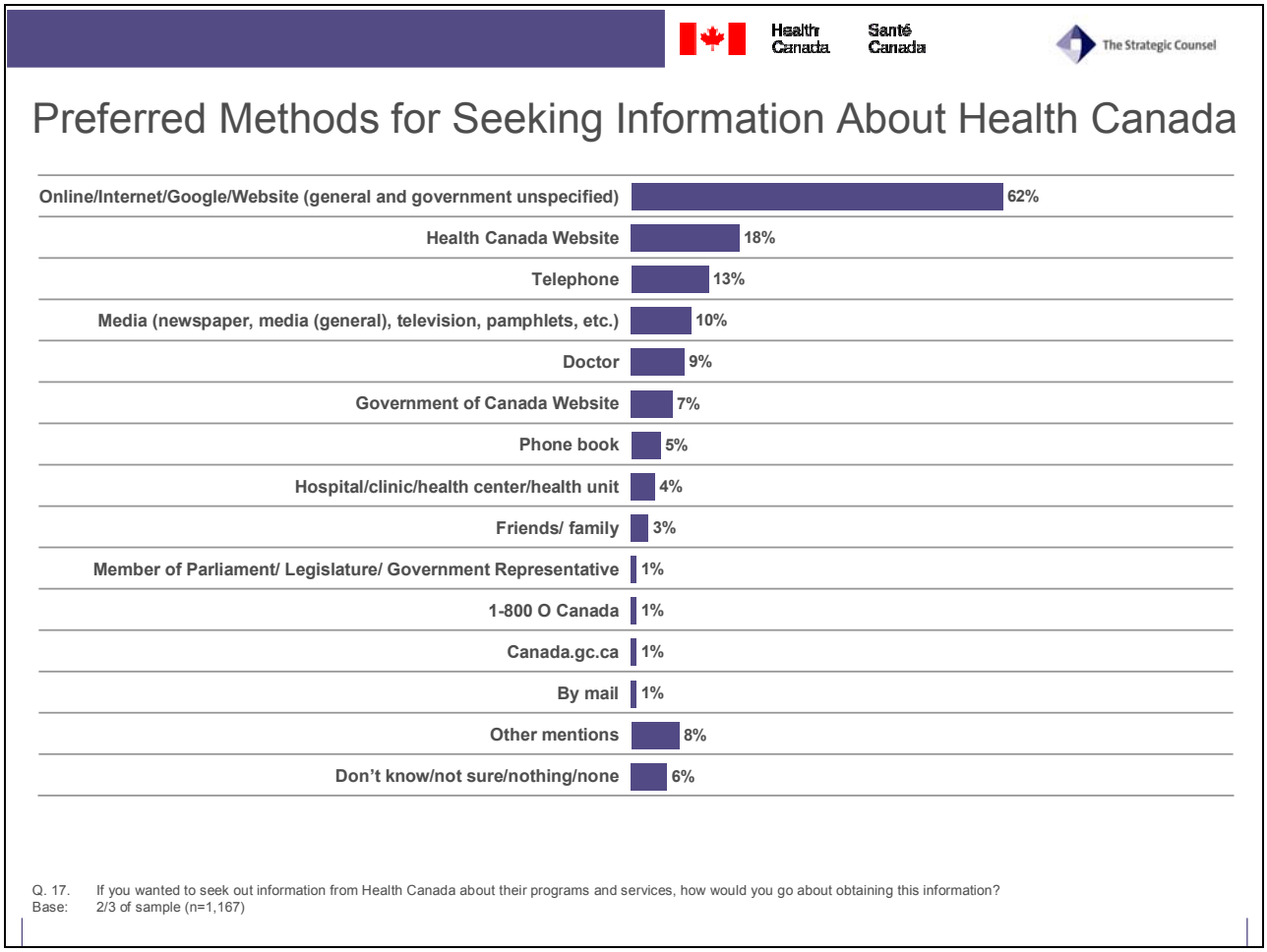
With respect to citing Health Canada as providing useful information, respondents who rate Health Canada highly on this attribute are significantly more likely to be between the ages of 18 and 29 (80%), to be earning $100,000 or more in household income per year (74%), and are more likely to reside in Atlantic Canada (75%).

Furthermore, with respect to perceptions that Health Canada offers a sufficient number of options for getting and receiving information, those who rate Health Canada highly are significantly likely to be between 18 and 29 (73%) or 30 to 44 (67%) years of age, compared to those aged 45 to 59 (59%) and 60 or older (58%) who are less likely to do so. Canadians living on the Prairies (68%) , Quebec (66%) or Ontario (64%) are significantly more likely to offer higher ratings on this indicator compared to those residing in Alberta or B.C. (55% each).

Finally, Canadians aged 18 to 29 years (68%) are more likely to rate Health Canada highly with respect to providing information in a timely fashion. These respondents are also significantly more likely to live in Atlantic Canada (64%) as compared to either Alberta (54%) or B.C. (55%).

C. Preferred Methods for Obtaining Information

While over half of the respondents surveyed state that they would seek out information on Health Canada's programs and services through an online Internet browser search (62%), just under two-in-ten would prefer to find information via the Health Canada website (18%), and seven percent through a Government of Canada website, illustrating that the majority of Canadians would prefer to seek out information online. However, some still prefer to obtain information by telephone (13%) or other traditional "push" media sources (10%).



Socio-Demographic and Subgroup Analysis

Among those who prefer to go online for information about Health Canada programs and services, 74 per cent have children under the age of 18 years. This segment is also significantly more likely to be earning over $40,000 in annual household income (67%, $40,000 to $69,999; 68%, $70,000 to $99,999; 73% $100,000 or more) and less likely to be earning less than $40,000 per year (49%). Unsurprisingly, this segment of the population is also significantly more likely to be under 60 years of age (71%, 18 to 29; 74% 30-44; 68%,45 to 54) than over 60 years of age (37%). They are more likely to reside in Ontario (66%), British Columbia (67%), and to some extent, Alberta (64%) compared to Quebec (54%).

Conversely, those who would consult a more traditional media source for such information are significantly more likely to be 60 years of age or older (15%), have no children under 18 years of age (12%), and to be earning under $100,000 per annum (11%). These respondents are significantly more likely to be found in Quebec (16%) than in the rest of the country.

Finally, those who would prefer consulting the Health Canada website to acquire information are significantly more likely to be found in a higher income bracket, which includes earning between $70,000 and $99,999 per year (28%) or more than $100,000 per year (21%), compared to those earning less than $70,000 per year (14%). Those who prefer using the Health Canada website are also significantly more likely to be younger Canadians (18 to 29, 18%; 30 to 44, 19%, 45 to 59, 21%) compared to those aged 60 and above (12%). They are also significantly more likely to reside in Quebec (29%), and to some extent Alberta (20%), than in the other regions (Atlantic, 9%; Prairies, 13%; B.C., 12%), although the plurality reside in Ontario (46%). This group is most likely to have formed their opinion of Health Canada based on what they have seen or heard in the media (24%) compared to any other source of information or experience.

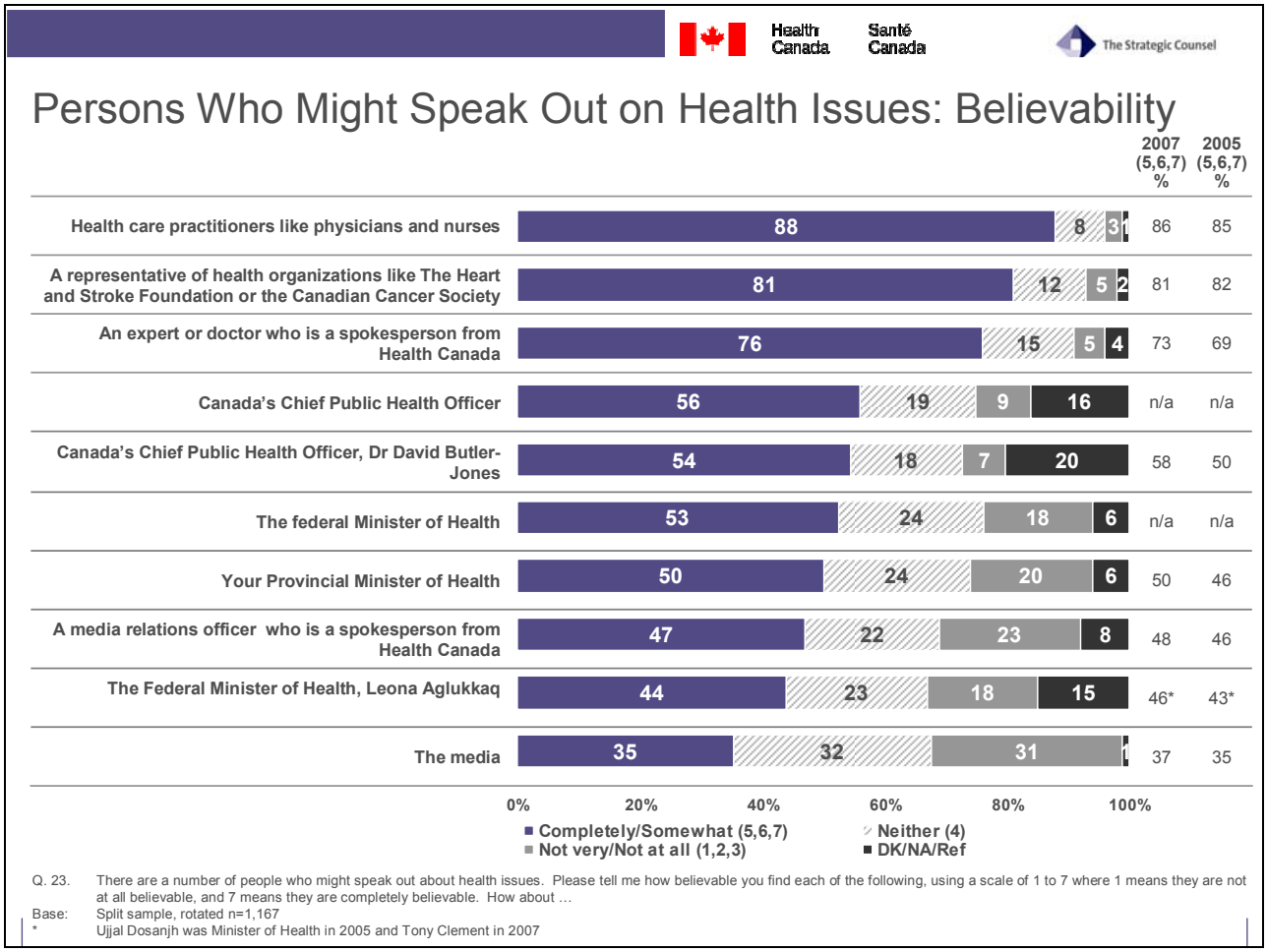
D. Credibility of Health Spokespersons/Organizations

When it comes to credible sources who might speak to Canadians on health issues, the majority are most likely to believe health care practitioners, such as physicians and nurses (88%), or a representative of a health organization (e.g. The Heart and Stroke or Canadian Cancer Society, 81%). These proportions remain in line with the findings from 2005 and 2007.

The next most believable voices are experts or doctors who are spokespeople from Health Canada (76%). This proportion is up from both 2007 (73%) and 2005 (69%) figures.

In this iteration of the Health Canada Performance survey, a split sample technique was employed in order to understand the impact (if any) associated with including a name with a title. As such, a portion of respondents were asked for the credibility of "Canada's Chief Public Health Officer" (56%), and a portion were asked about the credulity of "Canada's Chief Public Health Officer, Dr. David Butler-Jones" (54%). In this instance there is only a very slight difference between perceptions when a name is given. However, interestingly, the title "Federal Minster of Health" is seen to be more believable (53%) compared to when Canadians were asked about the credibility of today's Health Minster, "Federal Minister of Health, Leona Aglukkaq" (44%). However, in the past when respondents were asked about the believability of the Health Ministers at that time, responses were similar (2007, Tony Clement, 46%; 2005, Ujjal Dosanjh, 43%).

When asked about the credibility of a media relations officer who is a spokesperson for Health Canada, perceptions of believability are in line with previous years (2009, 47%; 2007, 48%; 2005, 46%). Finally, the least group, relative to others, is the media. Just 35 per cent of respondents are inclined to believe the media when it speaks publicly about health issues.



Q. 23. 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. How about …
Base: Split sample, rotated n=1,167
* Ujjal Dosanjh was Minister of Health in 2005 and Tony Clement in 2007

Socio-Demographic and Subgroup Analysis

Those who are inclined to believe health care practitioners like physicians and nurses about health issues are significantly more likely to earn over $70,000 per annum in household income (92% $70,000-$99,999 per year, 91% $100,000 or more per year) and reside in Quebec (94%) or Atlantic Canada (91%) over any other province.

The respondents who find a representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society to be credible are also much more likely to live in Quebec (89%) and Atlantic Canada (85%) than elsewhere in Canada, and to be between the ages of thirty and forty-four years (86%).

Respondents who are inclined to believe health issues that are addressed by an expert or doctor from Health Canada who is a spokesperson are significantly more likely to reside in Quebec (83%) or Ontario (81%) compared to those living in Alberta (68%) and British Columbia (59%), the latter being the least likely to

rate this type of spokesperson as believable. These respondents are also more likely to be highly educated (84%) and are more likely to be female (80%) and French speaking (82%).

Those who find Canada's Chief Public Health Officer believable are more likely to hold at least a university degree (66%) and much more likely to be a part of the highest income bracket ($100,000 or more annually, 74%) compared to those with less education (technical college/some university, 53%; high school diploma, 54%; less than high school, 45%) and lower household incomes ($70,000 to $99,999 annually, 47%; $40,000 to $69,999 annually, 58%; less than $40,000 annually, 52%). Residents of the province of Ontario (66%) are the most likely to say that Canada's Chief Public Health Officer is believable compared relative to those residing in Quebec (48%), Alberta (51%) and B.C (49%).

For those asked about their opinions on the believability of Chief Public Health Officer, Dr. David Butler-Jones, it is once again those with a university education (63%) who are significantly more likely to find this source believable, compared to those with less than high school (45%) or those who obtained a high school diploma (44%). Across the regions, residents of the Prairies (67%) are more likely to rate the CPHO, Dr. David Butler-Jones as credible, compared to those living in Quebec (51%).

The Federal Minister of Health is found to be less believable by those households earning between $70,000 and $99,999 annually (30%) compared to those in lower income brackets ($40,000 to $69,999 annually, 15%; less than $40,000 annually, 15%). Conversely, younger Canadians (18 to 29) are more likely to believe this source (63%) compared to those in the middle age ranges (49% for those aged 30 to 44 and 45 to 59). Residents of British Columbia are the least likely to believe this source, with 27 per cent citing a rating of one, two or three on the 7-point scale, and only 29 per cent citing that the source is credible (e.g. responding with a rating of five, six or seven on a 7-point scale) compared to a national total of 53% citing this source as believable.

There are few demographic differences in opinions regarding the believability of the federal Minister of Health, Leona Aglukkaq, however it is noteworthy that when the current Minister's name was included in the phrase, the "Don't Know" responses increased from six per cent to 15 per cent. In addition, it is particularly those with lower levels of education who are more likely to cite this response (less than high school, 25%; high school completed, 21%) compared to those with higher levels of education (college or some university, 13%; a university degree or more, 11%).

Younger Canadians tend to assign higher levels of credibility to their Provincial Minister of Health (62%, 18 to 29 years of age) compared to their counterparts in older demographic cohorts (48% for each of 30 to 44 years of age, 45 to 59 years of age, and aged 60 and up). Residents of the Atlantic (60%), Quebec and the Prairies (59% respectively) and Ontario (51%) are significantly more likely than Albertans (39%) and British Columbians (31%) to feel that their Provincial Minster of Health is believable.

This younger demographic group, aged 18 to 29 (59%), is also more likely to assign a higher level of credibility to a media relations officer who is a spokesperson for Health Canada, compared to those aged 45 to 59 (37%) and 60 and up (44%). Those likely to view a media relations officer who is a spokesperson for Health Canada as credible are also more likely to reside in Atlantic Canada (65%) compared to most other regions including Quebec (48%), Ontario (47%), Alberta (44%) and B.C. (38%).

Finally, with respect to the source that receives the lowest rating on credibility – the media – those residing in Quebec (40%), Ontario (39%) and the Atlantic (38%) are significantly more likely to assign a higher credibility rating to the media as compared to those residing in Alberta (21%) and British Columbia (27%). Notably, Canadians from households earning $100,000 per year or more (39%) are more likely to say the media lacks credibility (i.e. assign a score of 1, 2 or 3 on a 7-point scale of credibility) compared to those in the lower income ranges (less than $40,000 per year, 27%; $40,000 to $69,999 per year, 30%). This is also true for younger Canadians, aged 18 to 29 (48%), the cohort most likely to say that the media is not very or not at all credible, versus those in other age brackets (30 to 44 years of age, 30%; 45 to 59 years of age, 28%; aged 60 an up, 25%).

XI. Drivers of Perceptions of Health Canada

Drivers of Perceptions of Health Canada

In line with the 2005 and 2007 reports, a structural equation model was devised in order to identify and rank the various drivers of Canadians' perceptions regarding the performance of Health Canada. The structural equation model presented below presents a slight departure from prior models in that it specifies the nature of the interactions between the various drivers rather than assume that these drivers are unrelated to one another. This change allows for a deeper understanding of the logical sequence in individual thought processes. In addition, the use of path analysis allows for the measurement of the total effect of each driver on perceptions of Brand Health, meaning that a variable's cumulative impact as a result of its effect on other drivers can be calculated. This approach provides a more accurate reading of the actual impact of each driver on Brand Health.

A. Devising the SEM Model

The core variables used in this refreshed version of the Brand Health model have remained quite similar, as we believe it is important for Health Canada to see progression or change in drivers over time. A constant overhaul of variables would not be conducive to temporal comparisons. Nevertheless, some changes to the model were made in order to provide Health Canada with a clearer understanding of Canadians' thought process with regards to its performance. These changes were made based on the following considerations:

1. First, some question items have been modified or removed since 2007, forcing a reshaping of some variables. The most important change in this regard is the removal of the question on trust, which was used as part of the main measure of Brand Health in 2007.[8]

2. Second, the logical structure of the 2007 model was correct, but it did not allow for the deeper analysis of the interplay between the independent variables. The newer version does not treat all independent variables as being necessarily unrelated to one another, nor as if they were all linked in the same manner to Brand Health. Results show that this transformation was necessary and provides much deeper insight into the attitudinal framework that leads to perceptions of Brand Health.

3. The construct used in 2007 to measure awareness of involvement of Health Canada in key areas did not prove resilient enough to be used in the same manner in 2009. In 2007, a latent variable composed of two indicators, "safety" and "other", was devised and used as a measure of awareness of Health Canada's involvement in key areas. Unfortunately, this approach could not be used this

[8] While a trust indicator was included as part of the battery of questions on corporate reputation (question 14, item j), it could not be used as part of the model because it was too strongly correlated to other items in this same battery. Any attempt to use this trust item as part of the Brand Health variable caused the model's fit measures to collapse and created obvious instability in the model. This trust item was also removed from the corporate reputation measure to avoid confusion with previous iterations of the model where it was used as part of the main dependent variable.

year because it negatively affected the fit of the model and created substantial instability in the results. This was likely caused by greater intercorrelations between all indicators included in this awareness battery. As a result, this year's model created a multivariate index from the same indicators by using the mean score on all items pertaining to Health Canada's involvement as a measure of awareness.

4. The evolving nature of the model means that, with each iteration, we examine what other variables in the survey could affect Health Canada's brand and how the model could be improved. The original model in 2005 was constructed as an adaptation of those models used to evaluate brand strength/health in the private sector, focusing on the key features of awareness, contact, performance, impact/relevance and assessment of key corporate attributes. A similar, slightly modified, version was employed in 2007. However, in the current model, based on our thinking that perceptions of Health Canada may be very closely aligned with perceptions of Canada's health care system, we have included two new variables in the mix: ratings of the state of Canada's health care system and of the quality of health care in Canada.

In total, six key variables were used as part of the 2009 Brand Health model. Five are considered to be drivers of perceptions of Brand Health, while the sixth is an observed measure of Brand Health itself. Fully detailed descriptions of the variables, as well as additional explanations for the model can be found in Appendix A. The six variables are as follows:

Importance: Same variable as in 2007. This variable is a measure of the perceived importance of key Health Canada areas, as measured by question 3 of the survey: "*Now I'd like you to tell me how important you rate each of the following health issues…*" Areas pertaining to ensuring safety were grouped as one indicator to be included in this variable, while others were left as a second indicator.

Awareness of Health Canada's involvement: This variable measures Canadians' awareness of Health Canada's role in dealing with the same issues listed for the above item, as stated in question 11: "*Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas…"* This variable is measured using the mean score on all included items, making it slightly different from the one used in 2007 (see bullet number 3 above).

Performance: Same variable as in 2007. A measure of Health Canada's perceived performance in key areas, as listed in question 12 of the survey: "*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…*" In line with the 2007 model, areas related to ensuring safety were grouped as one indicator to be included in this variable, while others were left as a second one.

Views on the health care system: Variable meant to measure Canadians' perceptions on the state of the health care system. This latent variable is constructed using answers to two separate questions. The first is question 5, asking respondents whether they feel that "*the quality of health care over the past two years improved, deteriorated, or stayed the same*", and the second is question 6, asking them about their overall impression of Canada's health care system.

Corporate reputation: This variable is almost identical to the one used in 2007 and is a latent variable built using eight items listed in question 14 of the survey: "*Now I'm going to read you a list of terms or phrases and their opposites. I'd like you to tell me how well each term describes your view of Health Canada…*" The only change from 2007 is that the item on credibility is now included, while it was removed in 2007.

Brand Health: The main dependent variable, Brand Health, differs from the variable used in 2007. It is now composed of answers to question 10: "*In general, how would you rate the overall performance of Health Canada?"* The use of this single measure is driven by two important considerations. The first is that the trust component used in 2007 is not available anymore due to changes in the questionnaire. The second is that the second ballot question on overall performance was removed despite its use in 2007. The decision is based on theoretical considerations. It was thus deemed inappropriate to use this second ballot question because of its location in the questionnaire, as it is situated immediately after the questions on corporate reputation, performance in key areas and finally, awareness of Health Canada's involvement in key areas. Because of its positioning, answers to this second ballot are thus necessarily linked to questions on corporate reputation, performance in key areas and awareness of Health Canada's involvement in key areas. In fact, this second ballot was asked at that precise point in the questionnaire specifically for that reason: it is meant to test the effect of question sequencing on people's perceptions. It would thus seem too obvious to use this second ballot as part of the model, as it would artificially inflate the model's predictive capabilities. The first ballot question is deemed a purer indicator of Canadians' perceptions of Health Canada's performance.

B. Results of the Model

Model results highlight the logical thought process involved in shaping opinions about the performance of Health Canada. Oval shaped variables are latent variables, or construct made of multiple indicators, while square shaped variables are observed variables.

Values presented in the model and table below are standardized regression coefficients, with the scale ranging from 0.0 to 1.0. A score of zero would indicate that a driver, or independent variable, has no impact at all on the dependent variable, while a score of 1 would indicate that a driver is a perfect predictor of the dependent variable's score. However, social measures never yield results approaching a perfect score of one. There is not one accepted reference scale when assessing the strength of drivers in social research because these vary depending on the type of data used and the objectives of the research. Nevertheless, based on our experience working with such drivers, we can propose the following as a reference guide for the strength of a driver:

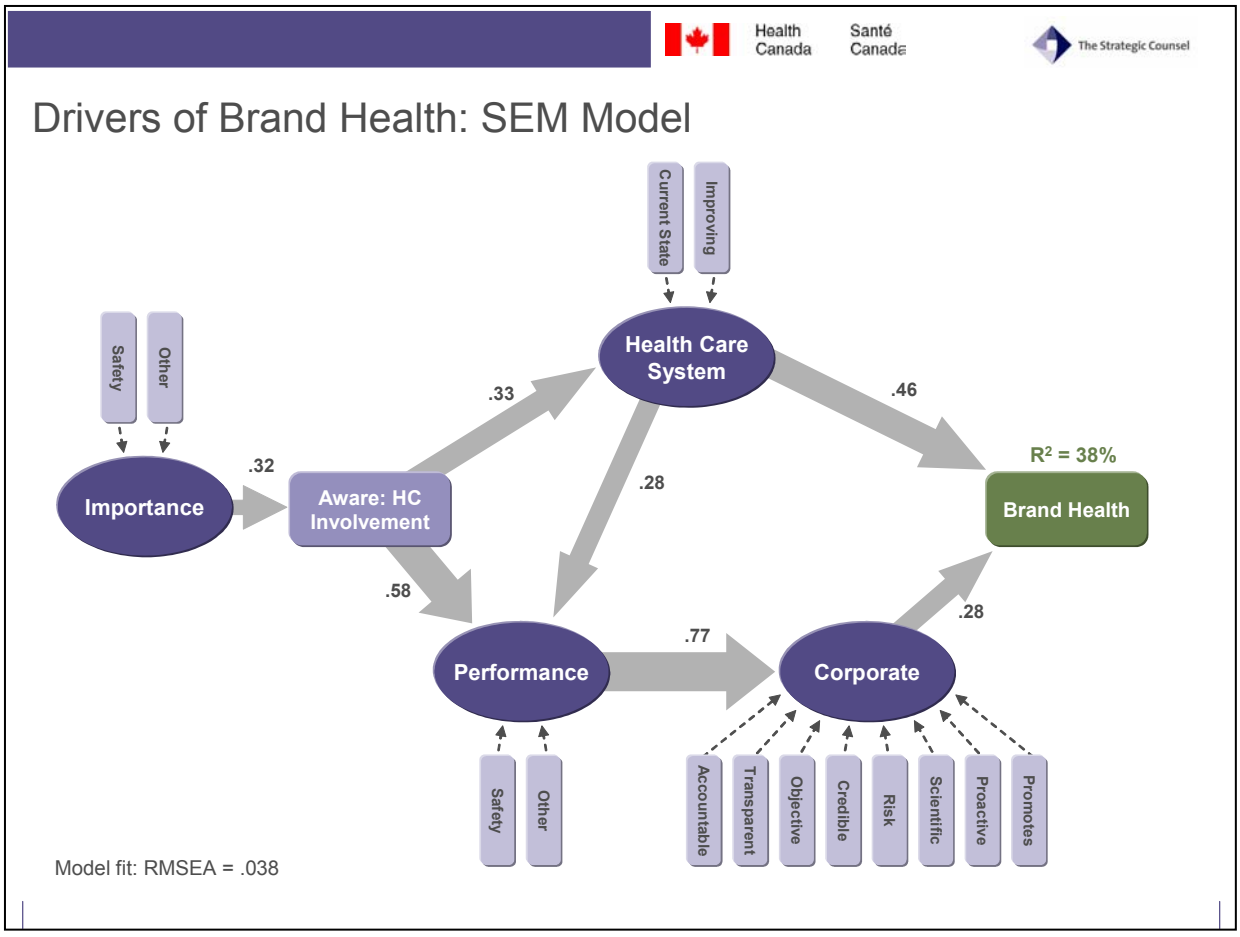
0.0 to 0.09	0.10 to 0.19	0.2 to 0.29	0.3 to 0.39	0.4 and above
Very weak	Weak	Moderate	Strong	Very strong

Overall, the model explains a solid 38 per cent (r^2 value) of the variation in Canadians' views on overall performance of Health Canada, or Brand Health. The statistical fit of the model is also very solid, with a RMSEA value of .038.[9]

The logic behind the model is as follows, starting from the left side of the model and following the arrows' direction. First, the personal importance of key health related issues has a direct impact on people's awareness of Health Canada's involvement in these key issues (standardized regression coefficient of .32). In other words, the more individuals internalize the importance of issues, the more likely they will be aware of Health Canada's role, as they are probably more likely to seek out or to retain information on these topics.

In turn, awareness feeds directly into individuals' perceptions of the performance of Health Canada in these key areas (.58) as well as into their perceptions of the state of Canada's health care system (.33). Thus, the more one is aware of the role played by Health Canada, the more likely they will appreciate the role it plays and the more likely they will hold positive views regarding the state of health care in the country. This sequence of relationships is extremely important because it provides better insight into the role played by personal relevance and awareness in people's views regarding the system and, ultimately, on Health Canada. The previous model suggested that both variables had little to no impact on Brand Health, but this effect was simply misrepresented in the model. While the direct effect of these two variables on Brand Health remains very small, and is even absent in this model, they nevertheless play a crucial role in shaping individual views. Moreover, the total effect of awareness on Brand Health (explained in the following section) is quite strong despite the absence of a direct link or arrow.

[9] Typically, a value lower than .08 is considered to be a good statistical fit. The lower the RMSEA score, the better the fit of the model.



Views regarding the state of Canada's health care system then appears as the strongest direct predictor of people's perceptions on Health Canada's overall performance, or Brand Health (.46). Not surprisingly, views on the health care system are also related to views about the performance of Health Canada in key areas (.28, as shown on the arrow pointing downwards).

Opinions regarding the performance of Health Canada in key areas does not affect Brand Health in a direct manner. Rather, its impact on Brand Health is indirect and passes through its effect on corporate reputation. Views on performance in key areas therefore have a very strong impact on perceptions of corporate reputation (.77), which in turn affects Brand Health (.28).

C. Total Effects of Drivers

The use of a path analytical model allows for the calculation of direct, indirect and total effects. The direct effect of a driver refers to the size of the coefficient between this driver and the variable indicated by a direct arrow. For example, the direct effect of views on the health care system on Brand Health is .46. However, the variable on views on the health care system also has another effect, this one indirect. Its indirect effect passes through "performance" (coefficient of .28 between views on health care and performance), which

then affects "corporate reputation" (.77), which finally affects Brand Health (.28). The indirect effect can be calculated by multiplying these coefficients by one another (.28 X .77 X .28 = .06). The total effect of views on the health care system is thus .52 (.46 + .06), as presented in the table below.

Total Effects of Brand Health Drivers

Drivers	Direct Effects	Total Effects
Views on Health Care System	.46	**.52**
Awareness of HC Involvement	-	**.30**
Corporate Reputation	.28	**.28**
Performance in Key Areas	-	**.22**
Importance of Health Issues	-	**.09**

While views on the health care system remains by far the most powerful driver of Brand Health, the most significant finding emanating from the calculation of total effects relates to the variable on awareness of Health Canada's involvement in key areas. While it was presented as having no direct effect on Brand Health in the model (no direct arrow pointing to Brand Health), we can see that it has an important impact on Brand Health (total effect of .30) when its indirect effect is considered. This moves it into second position among all drivers in the model. This is because awareness of Health Canada's involvement is a strong predictor of both views on the health care system (.33) and perceptions of the performance of Health Canada in key areas (.58), which then affect Brand Health through two different paths.

Corporate reputation and Health Canada's performance in key areas rank in third and fourth places as drivers of Brand Health, with moderately strong total effects of .28 and .22, respectively. Individuals' assessment of the importance of key issues ranks last with a weak effect of .09. Nevertheless, this variable remains an important part of the model because it acts as the anchor point to the path analysis. It thus drives people to seek out or absorb information on Health Canada's involvement in key areas.

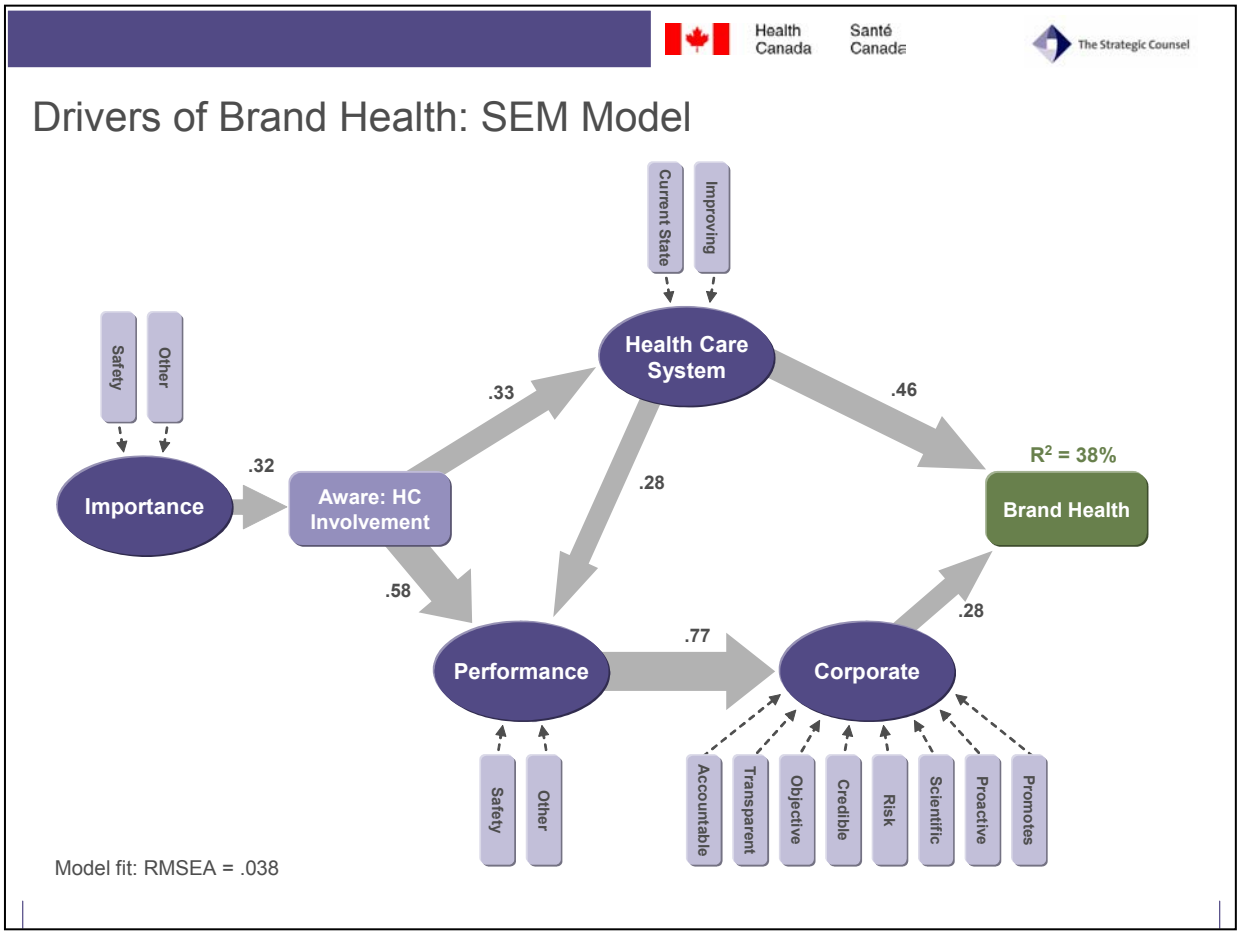
XII. Appendix A: Model Specifications

Model Specifications

A. Visual Presentation of the Model

Square or Rectangular Shapes

As in all structural equation models, variables represented by a square or rectangle are deemed to be "observed" variables, or variables that are measured by using the direct scores, or answers, to a question or a series of questions. For example, Brand Health is represented by a rectangle in the model because it is composed of answers to question 10: "*In general, how would you rate the overall performance of Health Canada?"*



Circular or Oval Shapes

Variables represented by circular or oval shapes in the model are "latent" variables. Latent variables are not directly measured by answers to a question, but are constructs similar to a factor in a factor analysis. Answers to two or more questions are coupled together in order to form the various dimensions of one single variable. For example, the average scores for items relating to "safety" and those labelled as "other"

are coupled to form the importance variable, which is a latent variable represented as an oval shape in the model (see extreme left side of model).

Arrows

The dotted arrows included in the model are used to indicate which items are included as part of each of the latent variables. Looking again at the importance variable, we note that dotted arrows flow into it from the indicators "safety" and "other". These two indicators thus form the two dimensions of one variable, labelled "importance". The same logic applies to all latent variables.

The larger grey arrows in turn indicated the direction of the relationships between the variables included in the model. Looking at the left hand side of the model, we see that the variable "importance" feeds into the level of awareness on HC involvement. The direction of the arrow is not only specified in this visual representation of the model, but it is also set as a strict criterion in the statistical model itself. The relationship is unidirectional. The width of these grey arrows has also been adjusted to more clearly indicate the strength of the relationships between variables. The wider a grey arrow is, the stronger the relationship.

B. Measurement of variables included in the model

Importance: This variable is a measure of the perceived importance of key Health Canada areas, as measured by question 3 of the survey: *"Now I'd like you to tell me how important you rate each of the following health issues…"*

Areas pertaining to ensuring safety were grouped as one multivariate indicator, labelled "safety":

- Ensuring the safety of pharmaceutical products
- Ensuring the safety of natural health products
- Ensuring the safety of food products
- Ensuring the safety of consumer products

Others were left as a second multivariate indicator, labelled "other":

- Regulating the labelling and promotion of tobacco products
- Encouraging Canadians to live healthy lifestyles
- Promoting and protecting the key principles of Medicare
- Providing health care services to First Nations and Inuit
- Ensuring environmental factors do not adversely affect the health of Canadians

Each of these two indicators, "safety" and "other" was built by using the mean score of each survey respondent on all items, otherwise known as a multivariate index, or scale. Thus, a respondent with a high

score of all safety items would score highly on this multivariate measure. The same logic is used for all multivariate measures and was also utilised in the 2007 model.

Once the measures of "safety" and "other" were built into separate indicators, they were included in the model as two dimensions of the importance variable (latent variable), as indicated by the two arrows pointing to "importance" in the model.

Awareness of Health Canada's involvement: This variable measures Canadians' awareness of Health Canada's role in dealing with the same issues listed for the above item, as stated in question 11: "*Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas…"*

This variable is measured using the mean score on all included items, without differentiating between "safety" and "others". This approach was used because the separation of these two dimensions negatively affected the statistical fit of the model. This was likely caused by greater intercorrelations between all indicators included in this awareness battery.

The following items were included as part of this multivariate index:

- Ensuring the safety of pharmaceutical products
- Ensuring the safety of natural health products
- Ensuring the safety of food products
- Ensuring the safety of consumer products
- Regulating the labelling and promotion of tobacco products
- Encouraging Canadians to live healthy lifestyles
- Promoting and protecting the key principles of Medicare
- Providing health care services to First Nations and Inuit
- Ensuring environmental factors do not adversely affect the health of Canadians

Performance: Same latent variable as in 2007. A measure of Health Canada's perceived performance in key areas, as listed in question 12 of the survey: "*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…*"

In line with the 2007 model, areas related to ensuring safety were grouped as one indicator:

- Ensuring the safety of pharmaceutical products
- Ensuring the safety of natural health products
- Ensuring the safety of food products

- Ensuring the safety of consumer products

Others were left as a second one:

- Regulating the labelling and promotion of tobacco products
- Encouraging Canadians to live healthy lifestyles
- Promoting and protecting the key principles of Medicare
- Providing health care services to First Nations and Inuit
- Ensuring environmental factors do not adversely affect the health of Canadians

Views on the health care system: This latent variable, new to the 2009 model, is meant to measure Canadians' perceptions on the state of the health care system. It is constructed using answers to two separate questions:

- Question 5: *Has the quality of health care over the past two years improved, deteriorated, or stayed the same? Please use a seven point scale, where one means greatly deteriorated, seven means greatly improved, and four means stayed the same.*
- Question 6: *I would like to know your overall impression of Canada's health care system. Which of the following statements would you agree with most…?*

  Our system is one of the best in the world, and few changes are needed
  Our system works well, but minor changes should be considered
  There are some strengths, but major changes are required to make it work better
  There are so many problems with our system that we have to completely restructure it

Corporate reputation: This variable is almost identical to the one used in 2007 and is a latent variable built using eight of ten items listed in question 14 of the survey: "*Now I'm going to read you a list of terms or phrases and their opposites. I'd like you to tell me how well each term describes your view of Health Canada* using a 7 point scale. The first is … [READ AND RANDOMIZE]. Where would you place Health Canada on that 7 point scale?

Included items:

- 1 is not at all accountable to the public, and 7 is very accountable to the public
- 1 is closed and secretive, and 7 is open and transparent
- 1 is biased, and 7 is objective
- 1 is not credible, and 7 is credible

- 1 manages risk to the public very poorly, and 7 manages risk to the public very well
- 1 is unscientific and 7 is scientific
- 1 is reactive, and 7 is proactive
- 1 does nothing to promote a healthy population, and 7 does a lot to promote a healthy population

Excluded items:

- 1 makes no difference to me personally, and 7 makes a great deal of difference to me personally
- 1 is not at all trustworthy, and 7 is very trustworthy

The item on the personal difference made by Health Canada was not included in the model because it does not provide a good statistical fit with the other items. In other words, views on it are not strongly related to views on the other items. Forcing it into the model creates instability and greatly diminishes the fit of the model. As for the trust item, it was left out for reasons explained in the core of the report, namely that it creates confusion with previous iterations of the model because a different trust question was used as part of the main dependant variable, Brand Health. Its exclusion does not affect the overall structure of the model, nor the impact of the "corporate" variable.

Brand Health: The main dependent variable, Brand Health, is an observed variable composed of answers to question 10: "*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."*

XIII. Appendix B: Research Instruments and Call Dispositions

Research Instruments

A. Survey Questionnaire

1. English Version

Health Canada Performance Survey 2009

INTRODUCTION: Good morning/afternoon/evening, this is _____ calling from The Strategic Counsel on behalf of the Government of Canada. We are a professional public opinion research company. I'd like to assure you that we are not trying to sell you anything. Today we are talking to a random sample of Canadians about health care. Your participation is voluntary, and all your answers will remain confidential. This survey is registered with the national survey registration system.

[FOR RESPONDENTS SEEKING MORE INFORMATION: The registration system has been created by the Canadian survey research industry to allow the public to verify that a survey is legitimate, get information about the survey industry or register a complaint. The registration system's toll-free telephone number is 1-800-554-9996.]

I'd like to speak to the person in your household who is 18 years of age or older, and who celebrated the most recent birthday. Is that you?

Yes [CONTINUE]
No [ASK]: May I speak to that person? [IF YES, REPEAT INTRODUCTION; IF NO, RESCHEDULE OR THANK AND TERMINATE]

INTERVIEWER: PLEASE RECORD GENDER AND LANGUAGE OF INTERVIEW

REVEAL NAME OF CLIENT DEPARTMENT THAT COMMISSIONED THE SURVEY AT THE END OF THE SURVEY ONLY.

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

   Yes [THANK AND TERMINATE]
   No [CONTINUE]
   DK/RF [THANK AND TERMINATE]

2. 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. [OPEN-END, RECORD ONE ANSWER ONLY]

   No/nothing
   DK/RF

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. The first is … [READ AND RANDOMIZE]

   Ensuring the safety of pharmaceutical products
   Ensuring the safety of natural health products
   Ensuring the safety of food products
   Regulating the labelling and promotion of tobacco products
   Encouraging Canadians to live healthy lifestyles
   Promoting and protecting the key principles of Medicare
   Providing health care services to First Nations and Inuit
   Ensuring the safety of consumer products
   Ensuring environmental factors do not adversely affect the health of Canadians

   [1 – 7] DK/RF

4. Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?

   Excellent
   Very good
   Fair
   Poor
   Very poor
   DK/RF

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

6. I would like to know your overall impression of Canada's health care system. Which of the following statements would you agree with most: (READ -- MARK ONLY ONE)

   Our system is one of the best in the world, and few changes are needed
   Our system works well, but minor changes should be considered
   There are some strengths, but major changes are required to make it work better
   There are so many problems with our system that we have to completely restructure it

7. Thinking about the health care system today, do you have suggestions for how it could be improved? [OPEN ENDED, ACCEPT UP TO THREE RESPONSES]

   Pre-coded list: user fees, allow private health care, better managed system-hospitals, improve quality and safety of the system, more doctors, more nurses,

better access to MRIs, X-rays and other diagnostic equipment, better access to emergency rooms, better access to surgical procedures, better access to affordable prescription drugs, better access to mental health care, electronic health records, focus on prevention, more education on healthy living, extra fees for smokers-those who maintain unhealthy lifestyles.

[ASK Q8 OF 2/3 OF THE SAMPLE]:

8. 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. The first is for … [READ AND RANDOMIZE. OPEN-ENDED, RECORD ONE RESPONSE ONLY FOR EACH ITEM.]

[PROBE FOR SPECIFIC DEPARTMENT AND LEVEL OF GOVERNMENT; I.E. IF RESPONDENT SAYS HEALTH DEPARTMENT, ASK WHICH LEVEL OF GOVERNMENT; IF RESPONDENT SAYS FEDERAL GOVERNMENT ASK WHICH DEPARTMENT]

Ensuring the safety of pharmaceutical products
Ensuring the safety of natural health products
Ensuring the safety of food products
Regulating the labelling and promotion of tobacco products
Encouraging Canadians to live healthy lifestyles
Promoting and protecting the key principles of Medicare
Providing health care services to First Nations and Inuit
Ensuring the safety of consumer products
Ensuring environmental factors do not adversely affect the health of Canadians
No/nothing
DK/RF

[ASK Q9 OF 1/2 OF THE SAMPLE]:

9. 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. The first is [READ AND RANDOMIZE]:

Health Canada
The Public Health Agency of Canada
[INSERT RESPONDENT'S PROVINCE] Ministry of Health
The Canadian Medical Association
The Heart and Stroke Foundation

[1 – 7] DK/RF

[ASK Q10 OF ALL RESPONDENTS]:

10. (EARLY BALLOT) 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.

    [1 – 7] DK/RF

11. Health Canada is the federal government department that helps Canadians to maintain and improve their health. Please tell me to what extent you believe that Health Canada is involved in each of the following areas, using a 7 point scale where 1 means they have no involvement in this area, 7 means that they have a great deal of involvement and 4 means that they have some involvement. How about … [READ AND RANDOMIZE]

    Ensuring the safety of pharmaceutical products
    Ensuring the safety of natural health products
    Ensuring the safety of food products
    Regulating the labelling and promotion of tobacco products
    Encouraging Canadians to live healthy lifestyles
    Promoting and protecting the key principles of Medicare
    Providing health care services to First Nations and Inuit
    Ensuring the safety of consumer products
    Ensuring environmental factors do not adversely affect the health of Canadians

    [1 – 7] DK/RF

[FOR EACH ANSWER OF 4-7 AT Q11, ASK THE CORRESPONDING ITEM AT Q12. IF 1-3 FOR ALL ITEMS AT Q11, SKIP TO Q13]

12. 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. You can again give me a number from 1 to 7 in which 1 means terrible, 7 means excellent, and the mid-point 4 means neither good nor poor. The first is … [READ AND RANDOMIZE]

    Ensuring the safety of pharmaceutical products
    Ensuring the safety of natural health products
    Ensuring the safety of food products
    Regulating the labelling and promotion of tobacco products
    Encouraging Canadians to live healthy lifestyles
    Promoting and protecting the key principles of Medicare
    Providing health care services to First Nations and Inuit
    Ensuring the safety of consumer products
    Ensuring environmental factors do not adversely affect the health of Canadians

    [1 – 7] DK/RF

[ASK Q13 OF 2/3 OF THE SAMPLE]:

13. And, on which one of the following is your opinion of Health Canada mostly based? Is your opinion of Health Canada mostly based on personal experience with Health Canada, the experience of others such as friends or family with Health Canada,

what you see, hear or read in the media, what you see, hear or read from Health Canada, or what you see, hear or read from the Minister of Health and other politicians about Health Canada? Personal experience with Health Canada

The experience of others such as friends or family with Health Canada
What you see, hear or read in the media
What you see, hear or read from Health Canada
What you see, hear or read from the Minister of Health and other politicians about Health Canada
Other [SPECIFY]
No/nothing
DK/RF

[ASK Q14 OF 2/3 OF THE SAMPLE]:

14. Now I'm going to read you a list of terms or phrases and their opposites. I'd like you to tell me how well each term describes your view of Health Canada, using a 7 point scale. The first is … [READ AND RANDOMIZE] Where would you place Health Canada on that 7 point scale?

1 is not at all accountable to the public, and 7 is very accountable to the public
1 is closed and secretive, and 7 is open and transparent
1 is biased, and 7 is objective
1 is not credible, and 7 is credible
1 manages risk to the public very poorly, and 7 manages risk to the public very well
1 is unscientific and 7 is scientific
1 makes no difference to me personally, and 7 makes a great deal of difference to me personally
1 is reactive, and 7 is proactive
1 does nothing to promote a healthy population, and 7 does a lot to promote a healthy population
1 is not at all trustworthy, and 7 is very trustworthy

[1 – 7] DK/RF

15. (LATE BALLOT): 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.

[1 – 7] DK/RF

[ASK Q16 OF 2/3 OF THE SAMPLE]:

16. 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?

[1 – 7] DK/RF

[ASK Q17 OF 2/3 OF THE SAMPLE]:

17. If you wanted to seek out information from Health Canada about their programs and services, how would you go about obtaining this information? [OPEN-ENDED, DO NOT READ LIST, ACCEPT UP TO THREE RESPONSES, RECORD FIRST, SECOND AND THIRD RESPONSE]

[IF TELEPHONE/CALL CENTER MENTIONED, ASK]: Any number in particular?
[IF INTERNET OR WEBSITE MENTIONED, ASK]: Any Website in particular?

PRECODES

Telephone
1-800 O Canada
Online
Health Canada Website
Canada.gc.ca
Government of Canada Website
In person [SPECIFY]
Computerized kiosks
By mail
Other [SPECIFY]
DK/RF

18. Have you personally had contact with Health Canada in the last five years, either by going on their Website, by mail, in person, by telephone or by fax?

Yes [CONTINUE]
No [SKIP TO Q23]
DK/RF [SKIP TO Q23]

19. And was the contact you had with Health Canada by mail, the internet, in person, by telephone or by fax? [CHECK ALL THAT APPLY]

No/nothing
Other (please specify)
DK/RF

20. What was the purpose of your last contact with Health Canada? [OPEN-ENDED, RECORD FIRST, SECOND AND THIRD MENTION]

No/nothing
DK/RF

21. 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 the mid-point 4 means neither satisfied nor dissatisfied.

[1 – 7] DK/RF

[IF RESPONDENT ANSWERED 3 OR LESS AT Q21, ASK Q22, OTHERWISE SKIP TO Q23]

22. What was the main reason for your dissatisfaction with your last contact with Health Canada? [OPEN-ENDED, ACCEPT ONE RESPONSE]

No/nothing
DK/RF

[ASK Q23 OF 2/3 OF SAMPLE]:

23. 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. How about … [READ AND RANDOMIZE]

(SPLIT SAMPLE): The federal Minister of Health/ The federal Minister of Health, Leona Aglukkaq (ah-glue-ka)
Your provincial Minister of Health
(SPLIT SAMPLE): Canada's Chief Public Health Officer / Canada's Chief Public Health Officer, Dr David Butler-Jones
The media
Health care practitioners like physicians and nurses
(SPLIT SAMPLE): An expert or doctor who is a spokesperson from Health Canada / A media relations officer who is a spokesperson from Health Canada
A representative of health organizations like The Heart and Stroke Foundation or the Canadian Cancer Society

[1 – 7] DK/RF

24. I'd like you to tell me how well each term describes your view of Health Canada, using a 7 point scale. The first is … [READ AND RANDOMIZE] Where would you place Health Canada on that 7 point scale?

1 is does a poor job of communicating in the official language of your choice, and 7 is does an excellent job
1 is slow to provide information, and 7 is provides information in a timely fashion
1 is offers limited options for getting and receiving information, and 7 is offers a sufficient number of options for getting and receiving information
1 is provides inaccurate information, and 7 is provides accurate information
1 is provides useless information, and 7 is provides useful information

[1 – 7] DK/RF

25. I'm going to read you some statements about Canada's health care system and health care services and I would like you to tell me the extent to which you agree or disagree with each. You may do this using a scale of 1 to 7, where 1 means you strongly disagree, 7 means you strongly agree, and the mid-point, 4, means you neither agree nor disagree. The first is … (READ AND ROTATE)

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

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

Now I'd like to ask you a few final questions for statistical purposes. I'd like to remind you that all your answers are completely confidential.

26. In what year were you born? [RECORD YEAR – RANGE 1900-1991]

27. What is the highest level of formal education that you have completed? [READ LIST]

    Grade 8 or less
    Some high school
    Completed high school
    Technical, vocational post-secondary, college
    Some university
    Complete university degree (e.g. Bachelors)
    Post-graduate degree (e.g. Masters or Ph.D)
    DK/RF

28. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes? Please stop me when I reach your category. [READ LIST UNTIL STOPPED BY RESPONDENT]

    Under $10,000
    $10,000 to just under $20,000
    $20,000 to just under $30,000
    $30,000 to just under $40,000
    $40,000 to just under $50,000
    $50,000 to just under $60,000
    $60,000 to just under $70,000
    $70,000 to just under $80,000
    $80,000 to just under $100,000
    $100,000 to just under $120,000
    $120,000 and over
    DK/RF

29. Do you have any children under the age of 18 currently living in your household?

    Yes
    No
    DK/RF

30. In general, how would you rate your own health? Please respond using a 7 point scale, where 1 is terrible, 7 means excellent and the mid-point 4 means average.

    [1 – 7] DK/RF

31. Have you used any health care services within the last 12 months?

    Yes
    No
    DK/RF

[IF "YES" AT Q31, ASK Q32, OTHERWISE SKIP TO END]:

32. 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 the mid-point 4 means neither.

    [1 – 7] DK/RF

We have now come to the end of the survey. On behalf of The Strategic Counsel and the Government of Canada, I'd like to thank you for your participation.

2. Version française:

Santé Canada - Sondage sur le rendement 2009

INTRODUCTION : Bonjour/Bonsoir, ici _____. Je vous appelle de la firme de sondage *The Strategic Counsel* au nom du gouvernement du Canada. Nous sommes une firme professionnelle de sondage d'opinion publique. J'aimerais d'abord vous assurer que nous n'avons rien à vendre. Nous communiquons aujourd'hui avec des Canadiennes et des Canadiens sélectionnés au hasard pour leur parler de soins de santé. Votre participation est volontaire et toutes vos réponses demeureront confidentielles. Ce sondage est enregistré auprès du système national d'enregistrement des sondages.

[POUR LES RÉPONDANTS QUI SOUHAITENT OBTENIR PLUS DE RENSEIGNEMENTS : Le système d'enregistrement a été mis sur pied par l'industrie du sondage pour permettre au public de vérifier l'authenticité d'un sondage, d'obtenir des renseignements sur l'industrie du sondage ou de déposer une plainte. Le numéro de téléphone sans frais du système d'enregistrement est le 1 800 554-9996.]

J'aimerais parler à la personne de votre foyer âgée de 18 ans ou plus qui est la dernière à avoir célébré son anniversaire. Est-ce votre cas?

Oui [CONTINUER]
Non [DEMANDER] : Puis-je parler à cette personne? [SI OUI, RÉPÉTER L'INTRODUCTION; SI NON, FIXER UN RAPPEL OU REMERCIER ET CONCLURE]

INTERVIEWER : INSCRIRE LE SEXE ET LA LANGUE DU RÉPONDANT

RÉVÉLER LE NOM DU MINISTÈRE QUI A DEMANDÉ LE SONDAGE À LA FIN DE CE DERNIER SEULEMENT.

1. Est-ce que vous-même ou une personne de votre foyer travaillez pour l'un ou l'autre des types suivants d'organisation : le gouvernement du Canada, un gouvernement provincial, un parti politique municipal, un représentant élu, une entreprise de publicité ou d'étude de marché, ou un média d'information?

   Oui [REMERCIER ET CONCLURE]
   Non [CONTINUER]
   NSP/REFUS [REMERCIER ET CONCLURE]

2. J'aimerais d'abord savoir quel est, selon vous, l'enjeu le plus important auquel le pays est confronté en matière de santé, c'est-à-dire celui qui vous préoccupe le plus. [QUESTION OUVERTE. INSCRIRE UNE SEULE RÉPONSE]

   Non/Rien
   NSP/Refus

3. J'aimerais maintenant savoir quelle importance vous accordez à chacun des enjeux suivants en matière de santé. Veuillez répondre sur une échelle de un à sept, où un signifie pas du tout important, et sept, extrêmement important. Le premier enjeu est… [LIRE AU HASARD].

   S'assurer que les produits pharmaceutiques sont sécuritaires
   S'assurer que les produits de santé naturels sont sécuritaires
   S'assurer que les produits alimentaires sont sécuritaires
   Réglementer l'étiquetage et la promotion des produits du tabac
   Encourager les Canadiens à adopter ou conserver un mode de vie sain
   Promouvoir et préserver les principes essentiels du régime public d'assurance-maladie
   Fournir des services de soins de santé aux citoyens des Premières Nations et aux Inuits
   S'assurer que les biens de consommation sont sécuritaires
   S'assurer que la santé des Canadiens n'est pas menacée par des facteurs environnementaux

   [1 À 7] NSP/REFUS

4. Dans l'ensemble, comment évalueriez-vous l'état du système de soins de santé au Canada en ce moment? Est-il dans un état excellent, très bon, passable, mauvais ou très mauvais?

   Excellent
   Très bon
   Passable
   Mauvais
   Très mauvais
   NSP/Refus

5. Au cours des deux dernières années, est-ce que la qualité des soins de santé s'est améliorée, s'est détériorée ou est demeurée la même? Veuillez utiliser une échelle de sept points, où 1 signifie « Grandement détériorée », 7 signifie « Grandement améliorée » et 4 signifie « Restée la même ».

6. J'aimerais connaître votre impression générale du système de soins de santé au Canada. Avec laquelle des affirmations suivantes seriez-vous le plus en accord: (LIRE -- MARQUER SEULEMENT UN)

   Notre système est un des meilleurs au monde et peu de changements sont nécessaires
   Notre système fonctionne bien mais on devrait envisager des changements mineurs
   Notre système présente certains atouts, mais des changements majeurs s'imposent pour un meilleur fonctionnement
   Notre système présente tellement de problèmes qu'il faudrait le restructurer en entier

7. En pensant au système de soins de santé aujourd'hui, avez-vous des suggestions quant à des façons de l'améliorer? [QUESTION OUVERTE, ACCEPTER JUSQU'À TROIS RÉPONSES]

   Pre-coded list: frais d'utilisation, permettre des services de soins de santé privés, meilleure gestion du système / des hôpitaux, améliorer la qualité et la sécurité du système, plus de médecins, plus d'infirmiers/infirmières, meilleur accès aux IRM, rayons X et autres équipements de diagnostique, meilleur accès aux salles d'urgence, meilleur accès aux interventions chirurgicales, meilleur accès à des médicaments sur ordonnance abordables, meilleur accès à des soins de santé mentale, dossiers médicaux électroniques, mettre l'accent sur la prévention, plus d'éducation sur un mode de vie sain, frais supplémentaires pour les fumeurs / ceux qui ont un mode de vie malsain

[POSER Q8 AUX 2/3 DE L'ÉCHANTILLON] :

8. J'aimerais maintenant savoir quelle organisation, quel ministère ou quelle agence est principalement responsable, selon vous, de chacune des tâches suivantes. La première tâche est… [LIRE AU HASARD. QUESTION OUVERTE. INSCRIRE UNE SEULE RÉPONSE POUR CHAQUE ÉLÉMENT.]

   [SONDER POUR CONNAÎTRE UN MINISTÈRE ET UN NIVEAU GOUVERNEMENTAL; C.-À-D., SI LE RÉPONDANT DIT MINISTÈRE DE LA SANTÉ, DEMANDER DE QUEL NIVEAU DE GOUVERNEMENT; SI LE RÉPONDANT DIT FÉDÉRAL, DEMANDER DE QUEL MINISTÈRE.]

   S'assurer que les produits pharmaceutiques sont sécuritaires
   S'assurer que les produits de santé naturels sont sécuritaires
   S'assurer que les produits alimentaires sont sécuritaires
   Réglementer l'étiquetage et la promotion des produits du tabac
   Encourager les Canadiens à adopter ou conserver un mode de vie sain
   Promouvoir et préserver les principes essentiels du régime public d'assurance-maladie
   Fournir des services de soins de santé aux citoyens des Premières Nations et aux Inuits

S’assurer que les biens de consommation sont sécuritaires
S'assurer que la santé des Canadiens n'est pas menacée par des facteurs environnementaux
Non/Rien
NSP/Refus

[POSER Q9 À LA 1/2 DE L’ÉCHANTILLON]

9. J'aimerais maintenant savoir dans quelle mesure vous connaissez chacune des organisations suivantes. Encore une fois, veuillez répondre sur une échelle de un à sept, où un signifie que vous ne la connaissez pas du tout, sept, que vous la connaissez bien, et quatre, le point milieu, que vous la connaissez quelque peu. La première organisation est… [LIRE AU HASARD].

Santé Canada
L'Agence de la santé publique du Canada
Ministère de la santé [INSERT RESPONDENT’S PROVINCE]
L'Association médicale canadienne
La Fondation des maladies du cœur

[1 À 7] NSP/REFUS

[POSER Q10 À TOUS LES RÉPONDANTS DE L’ÉCHANTILLON]

10. (EARLY BALLOT) En général, comment évalueriez-vous le rendement de Santé Canada dans son ensemble? Veuillez répondre sur une échelle de 7 points, où 1 signifie très mauvais, 7, excellent, et 4, le point milieu, ni bon ni mauvais.

[1 À 7] NSP/REFUS

11. Santé Canada est le ministère du gouvernement fédéral qui aide les Canadiens à maintenir et à améliorer leur santé. Veuillez me dire dans quelle mesure vous croyez que Santé Canada s'occupe des aspects suivants, sur une échelle de 1 à 7, où 1 signifie que Santé Canada ne s'en occupe pas du tout, 7, que Santé Canada s'en occupe grandement, et 4, que Santé Canada s'en occupe quelque peu. En ce qui concerne... [LIRE AU HASARD]

S’assurer que les produits pharmaceutiques sont sécuritaires
S’assurer que les produits de santé naturels sont sécuritaires
S’assurer que les produits alimentaires sont sécuritaires
Réglementer l'étiquetage et la promotion des produits du tabac
Encourager les Canadiens à adopter ou conserver un mode de vie sain
Promouvoir et préserver les principes essentiels du régime public d'assurance-maladie
Fournir des services de soins de santé aux citoyens des Premières Nations et aux Inuits
S’assurer que les biens de consommation sont sécuritaires

S'assurer que la santé des Canadiens n'est pas menacée par des facteurs environnementaux

[1 À 7] NSP/REFUS

[POUR CHAQUE RÉPONSE 4-7 À Q11, DEMANDER L'ÉNONCÉ CORRESPONDANT À Q12. SI 1-3 POUR TOUS LES ÉNONCÉS À Q11, PASSER À Q13]

12. J'aimerais maintenant savoir dans quelle mesure vous croyez que Santé Canada fait du bon travail à chacun de ces mêmes niveaux. Encore une fois, veuillez répondre sur une échelle de 1 à 7, où 1 signifie très mauvais, 7, excellent, et 4, le point milieu, ni bon ni mauvais. Le premier aspect est… [LIRE AU HASARD].

S'assurer que les produits pharmaceutiques sont sécuritaires
S'assurer que les produits de santé naturels sont sécuritaires
S'assurer que les produits alimentaires sont sécuritaires
Réglementer l'étiquetage et la promotion des produits du tabac
Encourager les Canadiens à adopter ou conserver un mode de vie sain
Promouvoir et préserver les principes essentiels du régime public d'assurance-maladie
Fournir des services de soins de santé aux citoyens des Premières Nations et aux Inuits
S'assurer que les biens de consommation sont sécuritaires
S'assurer que la santé des Canadiens n'est pas menacée par des facteurs environnementaux

[1 À 7] NSP/REFUS

[POSER Q13 AUX 2/3 DE L'ÉCHANTILLON]

13. Et sur quel élément, parmi les suivants, se fonde principalement votre opinion de Santé Canada? Votre opinion à propos de Santé Canada est-elle principalement fondée sur votre expérience personnelle avec cette organisation, sur l'expérience d'autres personnes comme des amis ou des proches, sur ce que vous voyez, entendez ou lisez dans les médias, sur ce que vous voyez, entendez ou lisez en provenance de Santé Canada, ou sur ce que vous voyez, entendez ou lisez en provenance du ministre de la Santé ou d'autres politiciens qui parlent de Santé Canada?

L'expérience d'autres personnes, telles que des amis ou des proches, avec Santé Canada
Ce que vous voyez, entendez ou lisez dans les médias
Ce que vous voyez, entendez ou lisez en provenance de Santé Canada
Ce que vous voyez, entendez ou lisez en provenance du ministre de la Santé ou de politiciens qui parlent de Santé Canada
Autre [PRÉCISER]
Non/Rien
NSP/Refus

[POSER Q14 AUX 2/3 DE L'ÉCHANTILLON]

14. Je vais maintenant vous lire une liste de termes ou de phrases et leur contraire. J'aimerais savoir dans quelle mesure chacun de ces termes décrit votre perception de Santé Canada, sur une échelle de 1 à 7. Le premier terme est… [LIRE - ORDRE AU HASARD] Où placeriez-vous Santé Canada sur cette échelle de 7 points?

    1 signifie n'est pas du tout responsable devant le public, et 7, est très responsable devant le public.
    1 signifie est fermé et impénétrable, et 7, est ouvert et transparent.
    1 signifie n'est pas objectif, et 7, est objectif.
    1 signifie n'est pas crédible, et 7, est crédible.
    1 signifie gère très mal les risques pour le public, et 7, gère très bien les risques pour le public.
    1 signifie non scientifique, et 7, scientifique.
    1 signifie ne fait aucune différence pour moi, et 7, fait une grande différence pour moi.
    1 signifie est réactionnel, et 7, est proactif.
    1 signifie ne fait rien pour promouvoir la santé auprès de la population, et 7, en fait beaucoup pour promouvoir la santé auprès de la population.
    1 signifie n'est pas du tout digne de confiance, et 7 est très digne de confiance.

    [1 À 7] NSP/REFUS

15. (LATE BALLOT) Maintenant que vous avez considéré divers aspects du mandat de Santé Canada, en général, comment évalueriez-vous le rendement de Santé Canada dans l'ensemble? Veuillez répondre sur une échelle de 7 points, où 1 signifie très mauvais, 7, excellent, et 4, le point milieu, ni bon ni mauvais.

    [1 À 7] NSP/REFUS

[POSER Q16 AUX 2/3 DE L'ÉCHANTILLON]

16. Comment évalueriez-vous Santé Canada pour ce qui est de vous tenir informé de ses priorités, de ses politiques, de ses programmes et de ses services? Veuillez répondre sur une échelle de 1 à 7, où 1 signifie que Santé Canada fait un très mauvais travail à cet égard, 7, un excellent travail, et 4, le point milieu, un travail ni bon, ni mauvais?

    [1 À 7] NSP/REFUS

[POSER Q17 AUX 2/3 DE L'ÉCHANTILLON]

17. Si vous vouliez chercher de l'information à propos des programmes et des services de Santé Canada, comment vous y prendriez-vous? [QUESTION OUVERTE, NE PAS

LIRE LA LISTE, ACCEPTER JUSQU'À TROIS RÉPONSES, INSCRIRE LA PREMIÈRE, LA DEUXIÈME ET LA TROISIÈME]

[SI TÉLÉPHONE/CENTRE D'APPELS MENTIONNÉ, DEMANDER] : Quel numéro en particulier?
[SI INTERNET OU SITE WEB MENTIONNÉ, DEMANDER] : Quel site Web en particulier?

Téléphone
1 800 O Canada
Internet
Site Web de Santé Canada
Canada.gc.ca
Site Web du gouvernement du Canada
En personne [PRÉCISER]
Bornes interactives
Poste
Autre [PRÉCISER]
NSP/REFUS

18. Au cours des cinq dernières années, avez-vous personnellement été en contact avec Santé Canada, que ce soit en visitant son site Web, par la poste, en personne, par téléphone ou par télécopieur?

Oui [CONTINUER]
Non [PASSER À LA Q23]
NSP/REFUS [PASSER À LA Q23]

19. Et avez-vous établi ce contact par la poste, par Internet, en personne, par téléphone ou par télécopieur? [INDIQUER TOUTES LES RÉPONSES PERTINENTES]

Non/Rien
Autre (préciser)
NSP/Refus

20. Quel était l'objet de votre dernier contact avec Santé Canada? [QUESTION OUVERTE, INSCRIRE LA PREMIÈRE, LA DEUXIÈME ET LA TROISIÈME RÉPONSE]

Non/Rien
NSP/Refus

21. Dans l'ensemble, dans quelle mesure avez-vous été satisfait de votre dernier contact avec Santé Canada? Veuillez répondre sur une échelle de 7 points, où 1 signifie extrêmement insatisfait, 7, extrêmement satisfait et 4, le point milieu, ni satisfait, ni insatisfait?

[1 À 7] NSP/REFUS

[SI LE RÉPONDANT DIT 3 OU MOINS À Q21, POSER Q22, SINON PASSER À Q23]

22. Pour quelle raison, principalement, avez-vous été insatisfait de votre dernier contact avec Santé Canada? [QUESTION OUVERTE, ACCEPTER UNE SEULE RÉPONSE]

Non/Rien
NSP/REFUS

[POSER Q23 AUX 2/3 DE L'ÉCHANTILLON] :

23. Certaines personnes peuvent parfois prendre la parole au sujet de questions touchant la santé. Veuillez indiquer dans quelle mesure chacune des personnes suivantes vous paraît crédible sur ce plan, sur une échelle de 1 à 7, où 1 signifie pas du tout crédible, et 7, tout à fait crédible. En ce qui concerne... [LIRE AU HASARD]

(DIVISER L'ÉCHANTILLONNAGE) : La ministre fédérale de la Santé / La ministre fédérale de la Santé, Leona Aglukkaq (ah-glue-ka)
Le ministre de la Santé de votre province
(DIVISER L'ÉCHANTILLONNAGE) : L'administrateur en chef de la santé publique du Canada / L'administrateur en chef de la santé publique du Canada, le docteur David Butler-Jones
Les médias
Les professionnels de la santé, comme des médecins et des infirmières
(DIVISER L'ÉCHANTILLONNAGE) : Un spécialiste ou un médecin agissant comme porte-parole de Santé Canada/Un agent des relations avec les médias agissant comme porte-parole de Santé Canada
Un représentant d'une organisation du secteur de la santé, comme la Fondation des maladies du cœur ou la Société canadienne du cancer

[1 À 7] NSP/REFUS

24. J'aimerais savoir dans quelle mesure chacun de ces termes décrit bien ce que vous pensez de Santé Canada, sur une échelle de 1 à 7. Le premier terme est… [LIRE - ORDRE AU HASARD] Où placeriez-vous Santé Canada sur cette échelle de 7 points?

1 signifie un mauvais travail quand il s'agit de communiquer dans la langue officielle de votre choix, et 7, un excellent travail.
1 signifie fournit lentement l'information, et 7, fournit rapidement l'information.
1 signifie offre un nombre limité de moyens d'obtenir et de recevoir de l'information, et 7, offre un nombre suffisant de moyens d'obtenir et de recevoir de l'information.
1 signifie fournit de l'information inexacte, et 7, fournit de l'information exacte
1 signifie fournit de l'information inutile, et 7, fournit de l'information utile

[1 À 7] NSP/REFUS

25. Je vais vous lire quelques énoncés au sujet du système de soins de santé du Canada et des services de soins de santé et j'aimerais que vous me disiez dans quelle mesure vous êtes d'accord ou en désaccord avec chacun de ces énoncés. Vous pouvez utiliser une échelle de 7 points, où 1 signifie que vous êtes fermement en désaccord, 7 que vous êtes fermement d'accord et le point milieu, 4, que vous n'êtes ni d'accord, ni en désaccord. [LIRE - ORDRE AU HASARD]

    Je suis persuadé que les gouvernements réussirons à améliorer le système de soins de santé d'ici deux ans.

    Les gens devraient pouvoir payer un supplément afin d'obtenir plus rapidement des services de santé.

    Finalement, j'aimerais vous poser quelques questions qui serviront uniquement à des fins de statistiques. Je tiens à vous rappeler que toutes vos réponses seront tenues strictement confidentielles.

26. En quelle année êtes-vous né? [INSCRIRE L'ANNÉE – ÉCHELLE DE 1900 À 1991]

27. Quel est le niveau de scolarité le plus élevé que vous avez complété? [LIRE LA LISTE]

    École primaire, 8e ou moins
    Études secondaires en partie
    Diplôme d'études secondaires
    Études postsecondaires techniques, professionnelles ou collégiales
    Études universitaires en partie
    Diplôme d'études universitaires (baccalauréat)
    Diplôme d'études universitaires de deuxième ou de troisième cycle (maîtrise ou doctorat)
    NSP/Refus

28. Laquelle des catégories suivantes décrit le mieux le revenu annuel total de votre ménage, c'est-à-dire le revenu total avant impôts de tous les membres de votre ménagé combinés? Veuillez m'arrêter lorsque je lirai votre catégorie. [LIRE LA LISTE JUSQU'À CE QUE LA PERSONNE RÉPONDE]

    Moins de 10 000 $
    De 10 000 $ à un peu moins de 20 000 $
    De 20 000 $ à un peu moins de 30 000 $
    De 30 000 $ à un peu moins de 40 000 $
    De 40 000 $ à un peu moins de 50 000 $
    De 50 000 $ à un peu moins de 60 000 $

De 60 000 $ à un peu moins de 70 000 $
De 70 000 $ à un peu moins de 80 000 $
De 80 000 $ à un peu moins de 100 000 $
De 100 000 $ à un peu moins de 120 000 $
120 000 $ et plus
NSP/REFUS

29. Avez-vous des enfants de moins de 18 ans qui habitent présentement dans votre foyer?

Oui
Non
NSP/REFUS

30. En général, comment évalueriez-vous votre état de santé? Veuillez répondre sur une échelle de 7 points, où 1 signifie très mauvais, 7, excellent, et 4, le point milieu, ni bon ni mauvais.

[1 À 7] NSP/REFUS

31. Au cours des 12 derniers mois, avez-vous eu recours à des services de soins de santé, quels qu'ils soient?

Oui
Non
NSP/REFUS

[SI « OUI » À Q31, POSER Q32, SI «NON » PASSER À LA FIN] :

32. Dans quelle mesure avez-vous été satisfait des soins que vous avez reçus? Veuillez répondre sur une échelle de 7 points, où 1 signifie extrêmement insatisfait, 7, extrêmement satisfait et 4, le point milieu, ni satisfait ni insatisfait.

[1 À 7] NSP/REFUS

Le sondage est maintenant terminé.
Au nom de The Strategic Counsel et du gouvernement du Canada,
je vous remercie de votre participation.

B. Call Dispositions

Record Of Contact

		Call Centre(s)	
Project Name:	Health #10188	Toronto	☐
Project Number:	STRA1006HEALTH	**Moncton**	☑
Field Start Date:	Thursday, October 08, 2009	**Montreal**	☑
Field End Date:	Sunday, October 25, 2009		

	Total #	%
Total Completes	**1,750**	**10.13%**
A. Total Numbers Attempted		
Total Call Records	58,833	
Total Unallocated	10	
Quota Full - No Dial	41,552	
Total Numbers Attempted (Net Potential Sample)	**17,271**	
B. Total Eligible Numbers		
Number Changes / NIS	2,182	**12.63%**
Business / Fax / Cell Phone / Computer	506	2.93%
Phone Number Problem	61	0.35%
Call Blocked	30	0.17%
Quota Full	656	3.80%
Duplicate Numbers		
Total Invalid Numbers	*3,435*	*19.89%*
Total Eligible Numbers (Net Potential Sample - Total Invalid #s)	**13,836**	**80.11%**
C. Total Asked		
Call Back: Hard Appointments	334	1.93%
Soft Appointments	422	2.44%
Partial Complete	27	0.16%
Not Available Until After Survey	241	1.40%
No Answer	1,699	9.84%
Answering Machine	2,917	16.89%
Busy	154	0.89%
Language Problem: French	70	0.41%
Language Problem: Other	375	2.17%
Respondent Not Available	69	0.40%
Other Problem	91	0.53%
Didn't Dial	18	0.10%
Total Unreachable	*6,417*	*37.15%*
Total Asked (Total Eligible Numbers - Total Unreachable)	**7,419**	**42.96%**
Refusals		
Upfront	4,723	27.35%
2nd Refusals	14	0.08%
Do Not Call [22]	103	0.60%
Eligible Respondent Refusal	227	1.31%
Middle Refusal	116	0.67%
Total Refusals	*5,183*	*30.01%*
D. Cooperative Contacts (Total Asked - Refusals)	2,236	
31 No 18+	25	0.14%
32 Wrong household	7	0.04%
33 Occupation	446	2.58%
34		
35		
36		
37		
No Call Status	8	0.05%
Completed Interviews	1,750	10.13%
Total Cooperative Contacts	**2,236**	**12.95%**

Response Rate = Cooperative Contacts / Total Eligible #s	16.2%
Incidence = Completes / Cooperative Contacts	78.3%
Refusal Rate = Total Refusals / Total Asked	69.9%

Dialing	
Quantime Predictive Dialer	☐
Dash Manual Dialing	☑