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**A Report to
Health Canada**

Canadians' Attitudes toward the Health Care System

Gregg, Kelly, Sullivan & Woolstencroft:
The Strategic Counsel

www.thestrategiccounsel.com

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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

For more information on this report, please e-mail por-rop@hc-sc.gc.ca

Ce rapport est aussi disponible en français sur demande



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Statement of Political Neutrality

I hereby certify as Senior Officer of *The Strategic Counsel* that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

Donna Nixon, Partner



I. Executive Summary



Executive Summary

The Strategic Counsel is pleased to present Health Canada with this report on findings from a program of public opinion research to gauge the attitudes of Canadians to the health care system. As detailed below, the research program included a nationwide survey of Canadians, aged 18 years and older as well as focus groups in six locations across Canada. *The Strategic Counsel* conducted all fieldwork. This report provides an analysis of the qualitative component only, according to the contracted requirements. A detailed analysis of the results from the survey was not requested as part of this contract. The methodology section which is briefly described below and in the Appendix, does provide further details pertaining to both the quantitative and qualitative elements of the program.

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 value of the contract for completion of this research study is \$127 916.00, including HST.

A. Research Objectives and Methodology

1. Background and Research Objectives

Health Canada contracted with *The Strategic Counsel* to conduct a survey and focus groups with Canadians on the general topic of the state of health care and the health care system in Canada. While the main purpose of this study was to collect the views and attitudes of Canadians towards the health care system, a secondary goal was to generate discussion, ideas and possible initiatives that would potentially lead to a more responsive health care system, in terms of Canadians' stated needs.

The specific objectives of this study were to obtain Canadians' opinions on:

- the current state of the health care system;
- areas of concern with the system;
- suggestions for improving the system;
- perceived opportunities to gain efficiencies in the health care system; and
- understanding of and expectations regarding the federal role in health care.



2. Methodology

A combined qualitative and quantitative approach was taken to address the above-noted research objectives.

A nationwide telephone survey (approximately 10 minutes in length) was administered to a random, representative sample of 2,520 Canadians, aged 18 years and older, between November 17 – December 1, 2011. A disproportionate sample was employed to ensure a minimum number of interviews were completed in each region of Canada. The final results have an associated margin of error of 1.96%, 19 times out of 20. Regional and/or provincial margins of error range from 3.7% to 9.8%.

A total of 12 focus groups were conducted in six locations across Canada between November 22 – 29, 2011: two groups in each of Vancouver, Saskatoon, Mississauga/Brampton, Kitchener-Waterloo, Montreal (in French) and Moncton. All groups were two hours in length. The moderator's guide and recruiting script are included in the Appendix to this document. Each of the 12 focus groups comprised between 9-12 participants. All participants were given an \$80 incentive, which is the recommended incentive for groups being conducted in major urban centres.

During recruitment, respondents were told the groups were being conducted for the Government of Canada, but not specifically Health Canada. This approach ensured that participants with a specific orientation to the health care system, whether through experience or impressions, were not over or under-recruited and, ultimately, facilitated a more representative selection of participants to the groups.

B. Key Focus Group Findings

In general, and at a fairly broad level, the findings were consistent across the groups:

1. Most view the system as overburdened, but not necessarily unsustainable. And, regardless of the decline, most believe Canada's health care system is among the best in the world. This perception is linked strongly to the core principles of universality and accessibility.

- When asked to describe the state of the current health care system, many offer up negative descriptors: overburdened, unreliable, declining, wasteful and rushed.
- At the same time, a number of those in almost every group also felt it should be underscored that the system is also compassionate, inclusive, acceptable and definitely better than the United States.
- There was, however, some debate as to whether Canada's health care system was better or worse than systems in certain Scandinavian countries. At the same time, many participants have little to no exposure to other systems, apart from what they hear in the news media regarding health care in the U.S. As such, their views are based on very little substantive information or knowledge, but rather on impressions.



2. Few believe that putting more money into the system will solve the problems. Note, however, that this does not mean there was support for reducing health care budgets. At the same time, a large number of participants believe that finding and eliminating waste within the health care system (particularly linked to administrative costs, system overuse and abuse) would be a good place to start.

- There is a general belief that health care administration consumes a significant portion of health care budgets and that more consolidation and the introduction of more efficiencies in the system would allow funds to be redirected to actual patient care. In the context of this discussion participants were inclined to focus on CEO salaries and the wages of top administrators as a key line item where considerable savings could be found.
- There were also concerns expressed about overuse/abuse of the system, by patients/consumers and, to a somewhat lesser extent, by physicians. Many felt that Canadians tend to overuse emergency services or seek physician advice for relatively minor issues.
- Discussions also revealed that many see physicians' time, but more so the nurses, as stretched. As such, there is a reluctance to consider solutions that might change the fundamental nature of the patient-doctor relationship, and most particularly, the ability to be seen by a physician and to receive the required attention.

3. Most participants agree the system is not working as effectively as it should and that current spending on health care comprises a significant proportion of provincial budgets. Nevertheless, there is also an expectation that health care spending will necessarily increase over the coming years to address needs (aging population, chronic illnesses and emerging conditions (i.e. obesity)). In the current environment, a reduction in the growth rate, year-over-year, on health care spending risks being viewed as a cut-back.

- Participants don't support continuing to spend and/or increase health care dollars in the absence of also addressing some fundamental issues.
- As noted, above, they are open to considering ways to make those dollars work more efficiently – more effective use of other health care professionals in order to reduce reliance on physicians and free them up for more complex care, reducing drug costs, trimming administration, consolidating administration and/or instituting a shared services approach were suggested.
- In addition, many participants felt that simply reprioritizing funding from other less important or less urgent issues offered a reasonable solution although they were loathe to suggest areas that should be targeted. In virtually all groups, commentary underscored the very sacrosanct nature of health care budgets and expenditures.



4. Participants generally believe that funding to health care should be provided in a way that maximizes stability for the system. Accountability, while generally supported, is a sensitive area.

- Perhaps not surprisingly, few have any understanding of the mechanics of health care spending in Canada and the transfer of dollars from the federal to the provincial/territorial governments. In fact, many had no understanding at all that the federal government contributed any level of funding to health care.
- The role of the federal government is more strongly associated with providing policy direction/guidance to the provinces/territories, possibly some standard setting, as well as oversight of the drug approvals process. As such, a discussion of different approaches to health care funding was challenging.
- Participants' comments on this subject suggest a higher level of comfort with some stability and predictability in health care funding. In particular, there were real concerns that any reduction in year-over-year growth would adversely affect patient care.
- While there is general support for reining in health care spending, this is based on an assumption that significant savings can be found within healthcare administration.
- While many were shocked by headlines predicting that health care spending would consume 80% of Ontario's budget by 2030, very few participants seemed to be of the view that really tough decisions and fundamental changes might need to be made. For example, when the option of reducing the growth in health care spending from 6% year-over-year to possibly 4% was raised, some simply felt this might mean that the provinces would have to kick in more to make up for the deficit.
- Most, outside of Quebec, believe that there should be some accountability linked to the transfer of health care dollars from the federal government to the provinces/territories. Again, this is a difficult topic to broach.
- Most focused on how and on what the health care dollars are spent. When pressed, however, many felt that outcome measures (that could vary by province/territory) also made sense.
- Withholding of funds as a condition of agreements on health care transfers was not popular – most prefer the use of incentives to encourage provinces/territories to exceed their targets. As noted earlier, many feel that penalizing provinces/territories in this manner would impact care (i.e. patients). Rather, many felt that the federal government should step in to provide assistance to those provinces/territories that were not meeting specific agreed-upon targets.



5. Most participants support a broader role for the federal government in health care, focusing on standardizing access and quality of care across the country, but also providing a range of other services.

- Very few participants could identify anything that the federal government is doing on health care specifically, apart from funding (as discussed above).
- Without setting up new bureaucracies or adding to administrative costs, many do however support the federal government taking a stronger leadership role in health care in a range of areas:
 - Conducting health care audits and assisting the provinces/territories to identify efficiencies;
 - Studying and sharing best practices, including examining models in other countries that could be adapted for Canada;
 - A role as bulk purchaser – of prescription drugs, but also standard hospital supplies and equipment;
 - Promoting the use of other qualified health care providers;
 - Promoting community/home-based care;
 - Speeding up and/or instituting some kind of national certification for physicians – particularly for foreign-trained physicians;
 - A stronger focus on prevention – this type of initiative received mixed reviews. Many supported raising awareness of healthier living and education on diet, exercise, etc., but others felt this was already being done and/or that this strategy had little prospect of success given the reluctance of people to change behaviours even in the face of evidence, facts and seemingly persuasive advertising;
 - Providing incentives – through the tax system to encourage healthier lifestyles (i.e. subsidize gym memberships), as well as taxing “junk foods” or subsidizing the cost of healthy foods; and
 - Regulation of food companies – eliminating additives that are known to be harmful and/or contribute to problems such as obesity, etc.

6. Adopting information technologies within the health care system (e-records) and promoting greater awareness of individual use of the health care system met with mixed reception. On balance, participants were more receptive to the former as compared to the latter.

- While many participants felt there was a role for government in instituting a system of e-records, which would avoid repetition of tests and would facilitate sharing of patient information, others expressed some concerns. The main concerns related to the cost of the technology, trust in technology and the administration of the system;
- The issuing of yearly statements was, on balance, not strongly supported. A number of participants suggested that the bureaucracy required to administer this would be akin to the firearms registry.



Although some felt that knowing how much their care/visits had cost the health care system might make them think twice about going, the majority of participants held the view that the cost of issuing the statements would outweigh the benefit.

MORE INFORMATION

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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 a le plaisir de présenter à Santé Canada les résultats d'un programme de recherche sur l'opinion publique qui avait pour but de cerner les attitudes des Canadiens à l'égard du système de soins de santé. Comme nous l'expliquons plus en détail dans ce qui suit, le programme a compris une enquête nationale menée auprès de Canadiennes et de Canadiens âgés de 18 ans et plus, ainsi que des groupes de discussion dans six villes du pays. *The Strategic Counsel* a réalisé la totalité du travail sur le terrain. Ce rapport fournit une analyse des aspects qualitatifs de la recherche seulement, conformément aux exigences du contrat. Une analyse détaillée des résultats de l'enquête n'était pas demandée aux termes du contrat. La section portant sur la méthodologie, décrite brièvement ci-après et dans les annexes, donne plus de précisions sur les éléments tant quantitatifs que qualitatifs du programme.

The Strategic Counsel certifie que le présent rapport ainsi que tous les documents finaux associés à ce programme de recherche respectent l'exigence de neutralité politique énoncée à la section 6.2.4 des procédures relatives à la recherche sur l'opinion publique (ROP) de la Politique de communication du gouvernement fédéral (juin 2009). La valeur totale du contrat visant cette étude de recherche s'établit à 127 916 \$, TVH incluse.

A. Objectifs de recherche et méthodologie

1. Contexte et objectifs de recherche

Santé Canada a retenu les services du *Strategic Counsel* pour réaliser une enquête et tenir des groupes de discussion sur la question générale de l'état des services de santé et du système de soins de santé au Canada. L'étude avait pour but premier de recueillir les points de vue et les attitudes des Canadiens à l'égard du système de soins de santé; accessoirement, elle avait aussi pour but de susciter des discussions et de faire éclore des idées et des possibilités de projets pouvant contribuer à ce que le système de soins de santé réponde mieux aux besoins exprimés par les Canadiens.

L'étude avait pour objectifs particuliers de recueillir les opinions des Canadiens sur les sujets suivants :

- l'état actuel du système de soins de santé;
- les sujets de préoccupation liés au système de soins de santé;
- les suggestions d'amélioration;
- les gains d'économies possibles au sein du système;
- la compréhension du rôle du gouvernement fédéral dans le secteur des soins de santé et les attentes des répondants à cet égard.



2. Méthodologie

Une démarche à la fois qualitative et quantitative a été adoptée pour atteindre les objectifs de recherche susmentionnés.

Un sondage téléphonique national (d'une durée approximative de 10 minutes) a été réalisé auprès d'un échantillon aléatoire représentatif de 2 520 Canadiennes et Canadiens âgés de 18 ans et plus, entre le 17 novembre et le 1^{er} décembre 2011. Nous avons eu recours à un échantillon disproportionné afin qu'un nombre minimum d'entrevues aient lieu dans chaque région du Canada. Les résultats finaux ont une marge d'erreur associée de 1,96 %, 19 fois sur 20. Les marges d'erreur régionales ou provinciales vont de 3,7 % à 9,8 %.

Au total, 12 groupes de discussion ont eu lieu entre le 22 et le 29 novembre 2011 dans six villes canadiennes, à raison de deux groupes par ville : Vancouver, Saskatoon, Mississauga/Brampton, Kitchener-Waterloo, Montréal (en français) et Moncton. Dans chaque cas, les rencontres ont duré deux heures. Le Guide du modérateur et le Script de recrutement figurent en annexe. Chaque groupe comptait entre 9 et 12 participants. Tous les participants ont reçu un montant incitatif de 80 \$, ce qui correspond au montant recommandé pour les groupes de discussion tenus dans de grands centres urbains.

Pendant le recrutement, nous avons informé les répondants que les groupes étaient mis sur pied pour le compte du gouvernement du Canada, mais sans préciser qu'il s'agissait de Santé Canada. Nous avons ainsi évité de surreprésenter ou de sous-représenter les participants ayant, de par leur expérience ou leurs impressions, une orientation particulière relativement au système de soins de santé, ce qui nous a permis d'obtenir une sélection plus représentative.

B. Principaux résultats issus des groupes de discussion

Dans l'ensemble, et à un niveau assez général, les résultats issus des groupes de discussion se tiennent :

1. La plupart des répondants estiment que le système est surchargé, mais pas forcément non viable. Malgré sa dégradation, ils considèrent le système de soins de santé du Canada comme l'un des meilleurs au monde. Cette perception est étroitement associée aux principes fondamentaux de l'universalité et de l'accessibilité.

- Lorsqu'on leur demande de décrire l'état du système de soins de santé actuel, de nombreux répondants recourent à des termes négatifs : surchargé, peu fiable, en déclin, excessivement coûteux, pressé.
- En contrepoint, dans presque chaque groupe, plusieurs de ces personnes tiennent à souligner le fait que le système est également compatissant, inclusif, acceptable et de loin supérieur au système américain.
- La question a toutefois été soulevée de savoir si le système de soins de santé du Canada était supérieur ou inférieur aux systèmes de certains pays scandinaves. Dans bien des cas, les participants savent peu de choses sur les autres systèmes, hormis ce que les médias d'information leur ont appris sur les services de



santé des États-Unis. Ainsi, leurs opinions reposent non pas tant sur des renseignements de fond ou des connaissances que sur des impressions.

2. Peu de répondants sont d'avis que l'injection de fonds supplémentaires dans le système de soins de santé est la solution au problème. Cela ne signifie pas pour autant qu'ils soient en faveur d'une compression des budgets de santé. Mais les répondants sont nombreux à penser qu'un premier élément de solution pourrait consister à repérer et éliminer le gaspillage (notamment associé aux dépenses d'administration, au recours abusif au système ou à sa surutilisation).

- De l'avis général, l'administration des soins de santé absorbe une part non négligeable des budgets de santé; la centralisation et la recherche d'économies permettraient de réorienter des fonds vers les services aux patients. À cet égard, les participants ont eu tendance à évoquer les salaires des directeurs généraux et des administrateurs parmi les postes budgétaires où d'importantes économies pourraient être réalisées.
- Le recours abusif au système ou sa surutilisation par les patients, les utilisateurs et, dans une moindre mesure, les médecins, sont aussi jugés préoccupants. Les répondants ont souvent l'impression que les Canadiens sont enclins à surutiliser les services d'urgence ou à consulter un médecin pour des questions relativement peu importantes.
- Il ressort également des discussions que les médecins, et plus encore le personnel infirmier, manquent de temps pour accomplir leur travail. Étant donné cette perception, les répondants hésitent à envisager des solutions qui risquent de compromettre la nature fondamentale de la relation entre le patient et le médecin, et en particulier la possibilité d'être vu par un médecin et de recevoir les soins nécessaires.

3. La plupart des participants s'entendent sur le fait que le système ne fonctionne pas de façon optimale et que les dépenses de santé actuelles mobilisent une part substantielle des budgets provinciaux. Néanmoins, ils s'attendent également à voir ces dépenses augmenter au cours des prochaines années pour répondre aux besoins (population vieillissante, maladies chroniques, nouveaux problèmes de santé comme l'obésité). Dans la conjoncture actuelle, la réduction du taux de croissance des dépenses de santé d'une année sur l'autre risque d'être perçue comme une compression.

- Les participants ne sont pas favorables au maintien ou à la hausse des sommes consacrées à la santé sans que certains problèmes fondamentaux ne soient réglés.
- Comme il en a été question plus tôt, ils préconisent de chercher les moyens d'utiliser ces fonds de manière plus judicieuse – p. ex. : recours accru à d'autres professionnels de la santé afin que les médecins aient plus de temps pour prodiguer des soins complexes, diminution du coût des médicaments, coupures administratives, centralisation ou mise en commun des services administratifs.
- En outre, de nombreux participants estiment qu'un rééquilibrage du financement au détriment des enjeux moins importants ou moins prioritaires est une solution raisonnable, bien qu'ils répugnent à



indiquer quels pourraient être ces enjeux. Pratiquement tous les groupes ont insisté sur le caractère sacro-saint des budgets et des dépenses au titre de la santé.

4. Dans l'ensemble, les participants estiment que le financement dans le secteur de la santé devrait favoriser autant que possible la stabilité du système. L'obligation de rendre des comptes est généralement vue comme une bonne chose, mais reste une question délicate.

- Il n'y a peut-être pas lieu de s'en étonner, mais peu de répondants comprennent le fonctionnement des dépenses de santé au Canada ou les transferts fédéraux aux provinces et aux territoires. En fait, beaucoup ignorent même que le gouvernement fédéral contribue au financement des services de santé.
- Le rôle du gouvernement fédéral est plus souvent associé à la formulation de directions ou d'orientations stratégiques à l'intention des provinces et des territoires, à l'établissement de certaines normes ainsi qu'à la surveillance du processus d'approbation des médicaments. Dans ce contexte, la discussion entourant les différentes méthodes de financement des soins de santé n'a pas été simple.
- Les commentaires des participants sur la question laissent percevoir un sentiment d'aise plus marqué à l'égard d'un financement relativement stable et prévisible des soins de santé. En particulier, la possibilité qu'une réduction de la hausse du financement d'une année sur l'autre se répercute sur les soins aux patients suscite de vives inquiétudes.
- Bien que les groupes soient généralement favorables à l'idée de freiner les dépenses de santé, leur position repose sur l'hypothèse que des économies sensibles sont réalisables dans l'administration des soins de santé.
- Nombre de participants ont été stupéfaits par les manchettes prédisant que les dépenses de santé absorberaient 80 % du budget de l'Ontario d'ici 2030, mais peu d'entre eux semblent croire que des décisions difficiles ou des changements de fond pourraient être nécessaires. Ainsi, lorsque a été évoquée la possibilité de ramener l'augmentation des dépenses de santé de 6 % à 4 % environ par année, certains en ont simplement conclu que les provinces auraient elles-mêmes à combler le déficit.
- La plupart des répondants vivant à l'extérieur du Québec estiment qu'une forme de responsabilisation devrait accompagner les paiements de transfert en santé aux provinces et aux territoires. À nouveau, ce sujet a été difficile à traiter.
- La plupart des répondants mettent l'accent sur la manière dont les deniers publics affectés à la santé sont dépensés. Lorsque la question leur est posée, toutefois, beaucoup conviennent de l'intérêt d'adopter des mesures de rendement (pouvant varier selon la province ou le territoire).
- La retenue de fonds à titre de condition inscrite aux accords de transfert en matière de santé ne suscite guère d'appui : la majorité des répondants privilégient le recours à des incitatifs qui encourageraient les provinces et les territoires à dépasser leurs objectifs. Nous l'avons signalé plus tôt, ils sont nombreux à craindre que l'application de mesures punitives à l'endroit des provinces et des territoires nuirait aux soins prodigués (et donc aux patients). Au contraire, de l'avis de beaucoup, le gouvernement fédéral devrait intervenir pour aider les provinces et les territoires qui n'atteignent pas les objectifs convenus.



5. La plupart des participants souhaitent que le gouvernement fédéral joue un rôle plus important dans le dossier des soins de santé, plus particulièrement en vue d'uniformiser l'accès aux soins et leur qualité dans l'ensemble du pays, mais aussi afin d'offrir un éventail d'autres services.

- Outre la question du financement (voir ci-dessus), bien peu de participants sont en mesure d'évoquer précisément les interventions du gouvernement fédéral dans le domaine de la santé.
- Quoiqu'ils s'opposent à la création de nouvelles structures et à la hausse des dépenses administratives, beaucoup estiment cependant que le gouvernement fédéral devrait exercer un leadership accru dans divers secteurs de la santé :
 - o Contrôle des soins de santé et collaboration avec les provinces et les territoires pour réaliser des économies;
 - o Examen et diffusion des pratiques exemplaires, y compris l'examen de modèles étrangers qui pourraient être adaptés pour le Canada;
 - o Achats en gros de médicaments, mais aussi de matériel et de fournitures standard pour hôpitaux;
 - o Promotion de la consultation d'autres fournisseurs de soins de santé qualifiés;
 - o Promotion des soins communautaires ou à domicile;
 - o Établissement ou application accélérée d'un système national de reconnaissance des titres de compétence des médecins, en particulier des médecins formés à l'étranger;
 - o Renforcement de l'importance accordée à la prévention – Cette suggestion reçoit un accueil mitigé. De nombreux participants croient utile de sensibiliser le public aux modes de vie sains et de diffuser de l'information sur l'alimentation, l'activité physique, etc., mais d'autres jugent que de telles initiatives sont déjà en place ou qu'elles ont peu de chance de succès vu la réticence des gens à modifier leur comportement, en dépit des faits, des preuves et des campagnes publicitaires a priori persuasives qui sont menées;
 - o Instauration d'incitatifs par l'intermédiaire du système fiscal, afin d'encourager des modes de vie plus sains (p. ex. subvention pour l'abonnement à un centre sportif), imposition d'une taxe sur la malbouffe ou financement du coût des aliments sains;
 - o Réglementation des entreprises alimentaires (élimination des additifs dont les effets néfastes sont connus ou qui contribuent à des problèmes comme l'obésité).



6. Les possibilités d'adopter des technologies de l'information au sein du système de soins de santé (dossiers électroniques) et de sensibiliser davantage les patients à leur utilisation du système de soins ont suscité des réactions contrastées. À tout prendre, les participants se sont montrés plus réceptifs à la première possibilité qu'à la seconde.

- Si de nombreux participants estiment que le gouvernement a un rôle à jouer dans l'établissement d'un système de dossiers électroniques qui éviterait la reprise d'examens médicaux et qui faciliterait la consultation des données des patients, d'autres se disent préoccupés par le coût associé à cette technologie, sa fiabilité et l'administration du système;
- Dans l'ensemble, la production de relevés individuels annuels recueille peu d'appuis. De l'avis de certains participants, la lourdeur administrative de l'initiative serait comparable à celle du registre des armes à feu. Si quelques personnes pensent que le fait de connaître le coût de leurs visites et traitements médicaux les porterait à y réfléchir à deux fois avant de faire appel au système, la majorité des participants pensent que le coût des relevés l'emporterait sur leurs avantages.

RENSEIGNEMENTS

Nom du fournisseur : *The Strategic Counsel*

Numéro de contrat de TPSGC : HT372-112314/001/CY

Date d'octroi du contrat : 2011-11-15

Pour obtenir de plus amples renseignements sur cette étude, veuillez écrire à l'adresse suivante : por-rop@hc-sc.gc.ca



III. Research Objectives and Methodology



Research Objectives and Methodology

A. Research Background and Objectives

Health Canada contracted with *The Strategic Counsel* to conduct a survey and focus groups with Canadians on the general topic of the state of health care and the health care system in Canada. While the main purpose of this study was to collect the views and attitudes of Canadians towards the health care system, a secondary goal was to generate discussion, ideas and possible initiatives that would potentially lead to a more responsive health care system, in terms of Canadians' stated needs.

The specific purpose of this study was to examine Canadians' health care priorities and to generate discussion, ideas and possible initiatives that would lead to a more responsive health care system, in terms of Canadians' needs.

More specifically, the key research objectives of this study were to obtain Canadians' opinions on:

- the current state of the health care system;
- areas of concern for the system;
- suggestion for improving the system;
- expectations regarding the federal role in health care; and
- how they would like to be engaged and informed on health care issues.

B. Methodology

A combined qualitative and quantitative approach was taken to address the above-noted research objectives.

1. Telephone Survey

A nationwide telephone survey (approximately 10 minutes in length) was administered to a random, representative sample of 2,520 Canadians, aged 18 years and older, between November 17 - December 1, 2011. A disproportionate sample was employed to ensure a minimum number of interviews were completed in each region of Canada. The final results have an associated margin of error of 1.96%, 19 times out of 20. Regional and/or provincial margins of error range from 3.7% to 9.8%.



Sample Distribution

Province/Region	% of Population*	Proportionate n	Disproportionate n	MOE
Nfld.	1.6	41	64	
PEI	0.4	11	17	
N.S.	3.0	74	115	
N.B.	2.4	59	91	
Atlantic	7.4	185	287	5.8
Que.	24.3	606	521	4.3
Ont.	38.2	955	691	3.7
Man.	3.5	89	143	8.2
Sask.	3.0	74	140	8.3
Prairies	6.5	162	282	5.8
Alta.	10.2	254	301	5.7
B.C.	13.2	330	316	5.5
North	0.3	7	101	9.8
CANADA (Total)	100	2500	2500	1.96

Final data was weighted to reflect the actual distribution of the Canadian population of those aged 18 and over by province/region, and another weight was calculated for age within region.

A pre-test of 20 interviews (10 English, 10 French) was conducted in both English and French on November 17th, 2011. The pre-test interviews were undertaken with the general population of Canadians, aged 18 years and older. This is standard industry practice and is done in order to ensure that respondents are able to properly interpret and understand the questions and response categories as well as to gauge the level of effort required to respond to certain question. Subsequent to the pre-test, minimal modifications were made to the original questionnaire wording.

The response rate (calculated as cooperative contacts/total eligible) was 6.9%.

2. Focus Groups

A total of 12 focus groups were conducted in six locations across Canada: two groups in each of Vancouver, Saskatoon, Mississauga/Brampton, Kitchener-Waterloo, Montreal (in French) and Moncton. All groups were two hours in length. The moderator's guide is included in the Appendix to this document.

Date	City	Facility	Time	Moderator
Tuesday November 22, 2011	North Vancouver	NRG Research Group Suite 1380, 1100 Melville Vancouver, BC V6E 4A6 604 681 0381 tel 604 681 0427 fax	Low/Middle HHI 5:30 pm High HHI 7:30 pm	Donna Nixon



Wednesday November 23, 2011	Saskatoon	Insightrix Research Inc. 1-3223 Millar Avenue Saskatoon, SK S7K 5Y3 306 657 5640 306 384 5655	Low/Middle HHI 5:30 pm High HHI 7:30 pm	Donna Nixon
Thursday, November 24, 2011	Kitchener- Waterloo	PMG 98 King Street South Waterloo , ON N2J 1P5 519 746 3997 tel 519 746 6926 fax	Low/Middle HHI 5:30 pm High HHI 7:30 pm	Donna Nixon
Saturday November 26, 2011	Brampton & Mississauga	Infoquest Research Corporation Suite 12, 6655 Kitimat Road Mississauga , ON L5N 6J4 905 567 9009 tel 905 567 8920 fax	Low/Middle HHI 10:00 am High HHI 12:00 pm	Donna Nixon
Monday, November 28, 2011	Moncton	MarketQuest-Omnifacts 3 rd floor, 720 Main Street Moncton , NB E1C 1E4 506 867 9100 tel 506 867 9963	Low/Middle HHI 5:30 pm High HHI 7:30 pm	Donna Nixon
Tuesday November 29, 2011	Montreal	CRC Suite 802, 1250 Guy Street Montreal , QC H3H 2T4 800 932 7511 tel 514 932 3830 fax	Low/Middle HHI 5:30 pm High HHI 7:30 pm	Marcel Proulx

The procedure for recruiting/screening participants adhered to PWGSC and MRIA requirements. Recruiting was undertaken based on telephone numbers obtained from up-to-date telephone books for each of the target locations. A list of numbers was randomly selected from the telephone book. To increase the randomization, the list of numbers that recruiters were provided with was adjusted by increasing or decreasing the last digit of the number by 1 or 2 (i.e. if the number selected from the telephone book was 236-0296, the number given to a recruiter was either 236-0295 or 236-0297).

The target audience for this study was the general population of Canadians, 20 years and older. The recruiting script contained a series of standard screening questions so as to obtain participants of varying socio-economic status and backgrounds. All groups comprised a reasonable cross section by:

- Gender;
- Age;
- Parental status (i.e. those with/ children and of varying family sizes/composition);
- Education;
- Occupation; and
- Household income (note that the first group in each location comprised participants deemed to reside in lower income households as based on their annual household income and size of household, while the second group in each location comprised participants from higher income households).

During recruitment, respondents were told the groups were being conducted for the Government of Canada, but not specifically Health Canada. This approach ensured that participants with a specific orientation to the



health care system, whether through experience or impressions, were not over or under-recruited and, ultimately, facilitated a more representative selection of participants to the groups.

A total of 12 participants were recruited for each group, with the aim of having a minimum of 10 participants attend. Each of the 12 focus groups comprised between nine and 12 participants. All participants were offered an \$80 incentive. This is the recommended honorarium for groups being conducted in major urban centres.

All participants were requested to sign a document, prior to conducting the groups, giving their permission to video/audio-tape the groups, for purposes of review and analysis in the preparation of this report.

C. A Note on Interpreting Findings from Qualitative Research

The reader should note that the findings from focus groups are not statistically reliable and, unlike national surveys or the quantitative phase of this study, the results cannot be extrapolated to the population at large. The exact proportion of participants holding any given view should not be seen to represent the proportion of those holding the same view in the target population.

Nevertheless, focus groups are considered to be a highly effective methodology for detecting and exploring the subtleties in and nuance of views and attitudes. In particular, the opportunity to hear participants expressing their views and opinions in their own words is of great value. Overall this format is less restrictive, as compared to more structured surveys, with respect to allowing participants to articulate their reactions and perceptions. By providing a semi-structured format within a relatively open discussion forum, participants are able to engage in an interchange with other participants simulating the way in which the public is likely to debate and discuss issues among their friends, family and others. The range of socio-economic backgrounds around the table often yields varying perspectives on issues which adds to the researcher's and clients' understanding of the degree to which there is a consensus or a divergence of views.

The findings that follow provide a summary of the discussions that took place during the twelve focus groups.



IV. Qualitative Research Findings



Key Issues Facing Canada Today

When focus group participants were asked, unprompted, to think about those issues of national importance on which they would like the Government of Canada to focus, many cited the health care system and concerns about costs. Indeed, respondents were almost unanimous in saying that health care is a significant issue that requires a serious response at the both the provincial and national levels.

Virtually all participants listed health care among their top two or three issues of national concern. For some, the sense that a greater degree of privatized care and businesslike approaches appears to be creeping into the public health care system were singled out as specific causes for concern. Another was the perception that Canada was not prepared for what is viewed as an impending crisis in aging. In fact, many expressed fear that Canada is facing a permanent fiscal shortfall due to an aging population (and shrinking tax base) and that this incongruity can only have a negative impact on the levels of patient care Canadians can expect in the future.

Participants also expressed real concerns about the current economic situation in Canada. To be specific, some were quick to commend the federal government for steps taken to safeguard Canada's financial stability and mitigate the effects of the slowdown in global economic growth in recent years, as well as the possible fall-out on the Canadian economy. However, a significant proportion of participants expressed anxiety about the extent and possible duration of the current global economic downturn, as well as government's ability to manage through the economic crisis.

Education was often mentioned as a second tier issue, not quite as critical as health care and the economy, but very important to a considerable number of participants, mostly women in the groups. The issues were at both the primary/secondary and post-secondary levels and pertained to resourcing, for the former, and affordability for the latter.

Smaller proportions mentioned a number of other issues, including immigration, the environment, taxation and the increased cost of living, homelessness and affordable housing, Arctic sovereignty (and Northern security, generally), income disparity and job creation.



V. Overall Perceptions of the Canadian Health Care System



Overall Perceptions of the Canadian Health Care System

A. State of the Canadian Health Care System

The general perception among participants was that Canada's universal single-tier health care system is currently or at risk of losing its claim to being 'universal' in scope. A number of participants related stories from their personal experience, or ones they had heard, of Canadians going outside of Canada to get quicker diagnostics or to privately-run clinics inside Canada.

Many participants perceived the system as being in a state of decline and were worried that this trend would continue. There was a sense of urgency reflected in participants' comments and this appears to stem from a firm belief that a well functioning health care system is a foundational requirement for achieving a high quality of life and standard of living. For most participants, there is no obvious solution or silver bullet to "fixing" health care, although many feel there is substantial scope to rein in costs through a concerted targeting of waste and abuse in the system. Contemplating other types of possible reforms generated considerable debate and controversy within the groups and generally the balance of participants expressed fear and frustration that some solutions may only serve to exacerbate rather than improve the actual provision of health care in this country. More on the discussion of efficiencies can be found in a later section of this document.

Of those who voiced concern over the state of health care in this country, most focused on the fact that the various levels of government have made little progress in 1) reducing **wait times**, 2) addressing the **shortage of general physicians and specialists** or in 3) improving **system capacity**.

1. Wait Times

Many participants expressed frustration that not enough was being done to reduce wait times. This perception is fairly widespread, despite the fact that some jurisdictions have put considerable effort and investment into improving timely access to certain types of health care services.

2. Shortage of Medical Professionals

Another challenge facing the health care system in Canada is viewed as a severe shortage of medical professionals, including general physicians, specialists and nursing staff. There was a general sense among the groups that this shortage has been ongoing for some time and threatens to reduce access to quality care both for current patients as well as for the more vulnerable segments of the population, including seniors and those residing in impoverished and/or underserved regions.



Most participants described the health care system in Canada as overburdened. In this respect, they were referring to the fact that the current complement of medical professionals is insufficient to meet demand.

3. System Capacity

One issue which came up several times during discussions was the growing number of individuals seeking quicker access to tests and procedures performed outside the country - mostly in the United States, but also increasingly in recent years, in places such as Cuba and India.

4. Rapidly Aging Population

At the same time as participants feel there is a serious dearth of medical professionals, they believe that the number of Canadians who will be requiring assistance is growing to a point where there will imminently be a significant strain on the system. While this demographic shift is not unique to Canada alone, the opinion of many was that the health care system in its current form would be severely challenged in meeting the needs of an aging population. For these participants, the cumulative impact of an acute shortage of professionals coupled with an impending demographic transition threatens to place an even greater burden on a health care system which is already perceived to be under stress on many fronts.

B. Key Concerns about the Health Care System

Participants were particularly preoccupied with waste and a lack of strong financial oversight in the health care sector. Frequently, the default position on the question of how to address some of their concerns about the health care system was to start by identifying opportunities to eliminate what they perceived to be excessive or redundant costs and services. In particular, many linked waste to administrative costs, system overuse and abuse.

There is a general belief that **health care administration** consumes a significant portion of health care budgets and that more consolidation and the introduction of more efficiencies in the system would allow funds to be more appropriately redirected to actual patient care. In the context of this discussion participants were inclined to focus on CEO salaries and the wages of top administrators as a key line item where considerable savings could be found.

There were also concerns expressed about **overuse/abuse of the system**, by patients/consumers and, to a somewhat lesser extent, by physicians. Many felt that Canadians tend to overuse health services and, in particular hospital emergency services, or that there is a tendency to seek physician advice for relatively minor issues and ailments.

Participants also pointed to physicians themselves as contributing to abuse through the overuse of diagnostic tests and prescribing of drugs. At the same time, nevertheless, further discussions also revealed that many



see physicians' time, but more so the nurses, as stretched. As such, there is a reluctance to consider solutions that might change the fundamental nature of the patient-doctor relationship, and most particularly, the ability to be seen by a physician and to receive the required attention.

C. The Canadian Health Care System: How it Compares

1. Comparison Over Time

When asked how the current health care system compares against what participants perceived or experienced five or 10 years ago, most held the view that there had been little change or that the system had deteriorated during this time.

Those who argued that the health care system has declined pointed to the following trends, concerns and issues:

- a) No difference or an increase in wait times
- b) Increased pressure on the system due to the shortage of specialists (especially those serving the elderly) and need for more long-term care facilities
- c) Cutbacks in the medical services that plans cover

Very few participants in any of the groups suggested that the health care system had improved.

2. Comparison With Other Major Health Care Systems

At the same time as many participants were somewhat critical of the current state of Canada's health care system, and generally feel it has worsened over time, most firmly believe Canada's health care system remains among the best in the world and one that citizens of other nations look on with some envy.

Universality and accessibility are the main pillars of the system that underpin this view.

Notably, many participants have little or no exposure to other systems, apart from what they hear in the news media. Much of what they have heard is comparisons to health care in the United States. Stories of individuals and families paying out of pocket and virtually bankrupting themselves to cover medical expenses are a commonly offered description of U.S.-style health care. By comparison, Canada's health care system, despite its evident shortcomings, is still highly preferable for most participants.

It is important to note that participants' views with regard to other health care systems were based on very little substantive information or knowledge, but rather on impressions. It is according to these impressions and not a thorough knowledge of the topic that some participants assessed the Canadian health care system as better than that of other Western-style developed countries.

In addition to accessibility and the publicly-funded basis of the system, some participants in Montreal also described our health care system as one of the "better ones in the world" in terms of health research,



particularly research on diabetes. Some participants also felt that the Canadian health care system generated better outcomes, specifically the survival rates for cancer and heart disease, as compared to other countries.

While most of the comparisons were with the United States, there was some debate in a number of the focus groups as to whether Canada's health care system could be considered better or worse than Scandinavian health care models. There appeared to be some vague sense that Scandinavian countries, along with France and the United Kingdom may have better health care systems and this is based on a perception that there is better access to physicians, hospital facilities, and enhanced coverage of medical services.

D. Descriptions of the State of Health Care and Reaction to Headlines

Participants were asked to describe, in a word or two, the state of the current health care system. The intention of this exercise was to have participants really focus in on key attributes that are most descriptive of the system – those most predominant in their consciousness when thinking about health care. Many offered negative descriptors ranging from overburdened, unreliable, declining, wasteful and rushed. At the same time, and as noted earlier, a number of those in almost every group also described the Canadian health care system as being compassionate, inclusive, acceptable and definitely better than the health care system in the United States.

Participants in Vancouver, Saskatoon, Kitchener-Waterloo, Mississauga and Moncton were asked to review a series of headlines from various English-language newspapers across Canada, all related to health care. Prior to discussing them as a group, participants selected and circled the one headline that stood out for them, for whatever reason. The goal of this exercise was to encourage discussion on the state of health care.





- **“Economist predicts health care will consume Ontario budget by 2030”**

This was viewed as perhaps the most alarming of the headlines, and as such stood out for the majority of participants. While some questioned whether this was simply media hype or sensationalism, most argued this headline was illustrative of the amount of “waste” in the system, and also of how unsustainable the system is in the long run. While some participants found this headline shocking given that they have not seen or felt an impact proportionate to the dollars spent, many found this prediction to be quite credible, although not necessarily top-of-mind.

A large number of participants, while alarmed at the growth in health care spending, felt there were very legitimate reasons for this trend and expressed confidence in the ability of government to reprioritize to address the issue. And, while some participants were concerned that increases in health care spending would lead to an increase in personal tax rates, others were of the view that a nominal tax increase would be acceptable to ensure continued access to adequate care.

- **“Health-care cost has doubled in past decade”**

Many participants listed this headline as the one that stood out most for them and found it increasingly problematic for three reasons:

- 1) If the system is not currently sustainable, how is it going to be sustainable at this rate in 10 years?
- 2) A concern that if such trends continue, the health care system available to future generations will be enormously (perhaps unsustainably) costly.
- 3) There was a question among some participants as to whether the doubling was reflective of inflated costs in the medical system, due to the costs of technology and pharmaceuticals, for example.

On balance, this headline left many participants somewhat puzzled and concerned. While they were not surprised at the doubling of costs, the combination of this headline with the forecast for the Ontario budget in 2030 (above) left many predicting the demise of the Canadian health care system. At a minimum, these headlines prompted some participants to suggest the imposition of user fees and health taxes would be unavoidable.

- **“Estimated 9 per cent of Canadians Diabetic: health professional”**

- **“Hypertension to affect more than a quarter of Canadians by 2013”**

In almost every group, a number of participants focused in on these headlines both of which underscore the rising incidence of certain conditions among the general public. Discussions of these headlines often led to a focus on solutions, with the general consensus that education, diet, exercise and other lifestyle factors (i.e. a preventive approach) are important to reversing these trends.



Many participants could relate to the headline, not only from personal experience (a number of participants in many of the groups were themselves diabetics), but also based on their understanding of the severity of this issue from news reports.

- **“Foreign doctors’ obstacle course a ‘disgrace’”**

For a number of participants this headline simply highlighted one of the key obstacles to addressing the shortages of medical professionals which was raised in the early part of discussions as an issue or criticism of Canada’s health care system. There was general agreement that the current certification requirements make it difficult not only for foreign doctors to become licensed, but also for Canadian-trained physicians to move freely from region to region within Canada.

- **“Shortage of caregivers: a major cause of concern”**

As noted above, this headline simply reinforced concerns raised earlier by participants about shortages of professionals and, specifically, of caregivers and of spaces in nursing homes to address an aging population.

- **“‘Grey Tsunami’ is more like a glacier, study finds”**

Participants were intrigued by this headline although most did not really fully understand the reference to tsunamis and particularly to glaciers. In fact, most participants confused glaciers with icebergs and took this headline to mean that the impact of an aging population on health care may be considerably greater than originally thought (i.e. drawing upon their understanding that the underwater portion of an iceberg is difficult to judge and usually much larger than the portion which can be seen above the surface).

The principle take-away was that the impending demographic shift (i.e. the “boomer” bulge) is not expected to come upon us as quickly as demographers might have first forecast. Ultimately, however, this headline simply served to reinforce the fiscal pressures associated with an aging population, regardless of whether the trend occurs quickly or slowly.

- **“Ottawa and provinces to formally begin talks for post 2014 health deal”**

Most participants tended to ignore this headline, although it did catch the attention of some. Unlike others, this headline focuses on a process rather than on bringing attention to a specific aspect of the health care system (i.e. rising costs, incidence of disease, shortages, etc.).

- **“Canadian health system too expensive: report”**

Many participants in the lower-income groups found this headline problematic. It frequently prompted a discussion of the delisting of certain services from provincial health plans (i.e. eye care and prescriptions,



some pharmaceutical products, hospital stays). In addition, for participants in some sessions (i.e. Moncton) a general discussion about the cost of health care naturally led to raising the issue of income disparity between the provinces, the point being that there is a perception that some provinces (i.e. Alberta and Ontario were singled out by those in Moncton) are better able to cope with rising costs than others, given their tax base and economic performance.

A different set of headlines was shown to participants in Montreal, drawn from the French-language media. As is clear from the selection of headlines shown in the chart below, there had been somewhat less focus by the Francophone media on the cost of health care in the weeks leading up to the focus groups, as compared with the Anglophone media. As such, the headline exercise prompted a somewhat different response from participants in Montreal, with fewer raising concerns or registering shock over trends in health care spending.



The following issues were raised in the French-speaking focus groups, prompted by the following headlines:

- “Santé: Pénurie d’employés d’ici 5 ans, prédit Québec”

Most participants were not surprised about this headline, mainly because they had noticed a decline in the number of medical personnel available, and also because they had been warned to expect a further shortage of health staff in Quebec.

Others pointed out this was the most problematic headline on the list. These participants found it hard to imagine how a system that is already thought to be significantly under pressure could get even worse in five years’ time. Participants in Montreal viewed this situation as an affront to human dignity and respect.



- **“C’est au Québec qu’on attend le plus pour voir un médecin”**

This was another issue of great concern for participants in the Montreal focus groups, but nonetheless one that didn’t come as a surprise given the current experience with wait times in the province.

- **« Des médecins prendront de nouveaux patients »**

This was the one headline that some participants in Montreal found the most surprising, mainly because it ran counter to their actual experience and the difficulties many faced, or continue to hear about, in finding family physicians.

When considered as a whole, participants in all groups felt the headlines painted a very gloomy forecast for Canada’s health care system.



VI. Health Care Funding: Understanding and Views



Health Care Funding: Understanding and Views

A. How Health Care is Funded in Canada: General Awareness and Understanding

Following a discussion of the headlines, participants certainly took on board the issue of sustainability of health care funding, even if this was not necessarily a top-of-mind issue coming into the group. Broaching the topic of funding, however, was somewhat challenging. Not unexpectedly, few participants had even a minimal understanding of the mechanics of health care budgets or of the transfer of funding between the federal and the provincial/territorial governments. In fact, many had no awareness at all that the federal government contributed any level of funding to health care.

B. Addressing the Health Care Funding Gap

As the discussion evolved, participants generally reached the conclusion that spending on health care has the potential to destabilize provincial budgets. Nevertheless, it was also evident from participants' comments that there is an expectation of continued increases in health care spending.

The simple answer to addressing these issues was typically to increase funding. "Reprioritizing" was also frequently suggested as a quick fix and underscores the extremely strong attachment to Canada's health care system among the public, placing it ahead of almost any other concern they may have.

However, beyond suggesting that a possible solution would involve re-thinking the entire budget envelope of expenditures, few were able to identify exactly how this adjustment in priorities might be done and what other areas of federal and provincial/territorial budgets could be sacrificed.

C. Discussion of Possible Funding Models

Most participants were not aware of the current funding agreement between the federal government and the provinces/territories, based on the 2004 Health Accord. As such, discussions focused on eliciting suggestions to put health care funding on a more sustainable track were challenging. Few volunteered any ideas as to how the federal and provincial/territorial governments should re-think the current approach to funding.

When the notion of tying funding to economic and/or population growth was introduced, participants generally responded with questions on why the two items (health care spending and economic growth) should be linked. It was easier for participants to understand the linkage between population growth and health care spending. Participants held the view, for the most part, that funding should be linked to needs rather than economic growth. When prompted on whether there should be any linkage to economic growth



at all, most were opposed to making health care funding susceptible to the variant nature of economic cycles.

While many described themselves as shocked and alarmed by the headlines predicting that health care spending would consume 80% of Ontario's budget by 2030, very few seemed to be of the view that really tough decisions and drastic changes might be necessary. For example, when the option of reducing the growth in health care spending from 6% year-over-year to something more in line with the economy was raised, some simply felt this might require provinces to step in and fill the gap.

Pushing the discussion further, even once it was clearly explained to participants that funding to health care has been growing at a rate well above the growth in GDP, for example, participants continued to question why the two should be linked.

Some participants put forward a compromise position, essentially a hybrid funding model whereby a floor is established, below which funding to health care would not fall and, in banner economic years, funding would then increase at the rate of economic growth. Others suggested having only a small portion of the health care budget linked to economic growth, or linking health care spending to economic growth only when the economy is performing well.

As noted previously, most were comfortable with an approach to funding that incorporated a high degree of stability and predictability. In particular, there were concerns that reductions in year-over-year growth would adversely affect patient care. And, many were worried that the variable nature of tying spending to economic growth would necessarily mean a lower level of care in periods of downturn.

Two advantages of linking health care spending to economic growth were raised by a small number of participants:

- The potential for a better managed system, and
- The possibility of creating a surplus in boom times, which could act as a buffer in down times.

Opinions were mixed when participants were asked to choose the option they felt was the most appropriate for ensuring the longer term sustainability of the health care system: a fixed rate increase year-over-year, a variable rate, or a hybrid approach, with a floor set in place but also a fluctuating rate. Most participants who opted for an increase in the yearly rate did so based on rates tailored specifically to each province's needs.

A hybrid approach was the preferred option for many, as a compromise solution. Few recommended tying spending to economic growth, although those who did suggested that this approach had the advantage of better reflecting the actual spending power and capacity of governments. At the same time, a potential downside of this approach was the prospect of significant spending increases if the economy performs very



well, and the fact that this might lead to a growing reliance by the provinces and territories on substantial increases to funding each year.

While there is general support for reining in health care spending, this is based on an assumption that significant savings can be found within health care administration.

D. Accountability in Federal Health Care Spending

Participants were asked the extent to which there should be some element of accountability tied to the transfer of health care dollars from the federal to the provincial/territorial governments. Overwhelmingly, and regardless of the level of funding, participants expect accountability whenever governments spend money. Interestingly, the issue of accountability has two specific dimensions: between the two levels of government, and between governments and citizens.

While participants generally showed support for the idea, most perceived accountability from the provinces toward the federal government as a delicate area. It is notable, however, that trying to define accountability was challenging.

Outside of Quebec, participants were firmly of the view that there should be some accountability linked to the transfer of health care dollars from the federal government to the provinces/territories. In the Montreal groups, the response was somewhat different. While those in the upper-income group in Montreal unanimously endorsed accountability by the province to the federal government, there was strong opposition among those in the lower-income group.

When prompted to think about the kinds of conditions that might be linked to health care transfers and what levers the federal government might have should the provinces/territories not live up to those conditions, most participants were inclined to support the use of an incentive system rather than penalties.

The possibility of withholding funds as a condition of agreements on health care transfers was not popular among participants. Many felt that penalizing provinces/territories in this manner would impact them directly, as patients. This is directly related to the view that the health care system should be needs-based. Some participants felt that if any penalties were to be levied, they should focus on health care administrators (i.e. those charged with making the system work more efficiently) and not the patients themselves, nor the medical professional.

With respect to accountability frameworks, most suggested identifying a set of goals or targets on a province-by-province basis, rather than attempting to overlay a standard approach across all regions which may not be reflective of the unique features (i.e. demographic profile) of the regions, as well as needs and requirements. And, a number of participants also voiced support for having the federal government step in to provide assistance to those provinces/territories that were not meeting specific agreed-upon targets.



In addition, some participants felt strongly that any funding agreement should build in incentives to encourage provinces to find savings.

1. Key Metrics

Participants were asked about indicators that would show that health care dollars were being well spent and that the health care system was working efficiently. Initial responses to this question focused on reporting back in areas such as:

- Having reduced the level of waste in the system;
- Having increased the number of hospitals and diagnostic equipment; and
- Having addressed shortages of medical professionals.

Some participants also felt there was merit in regularly conducting and reporting on the relative performance of health care systems across the country.

It was more difficult to prompt participants to think about specific “outcome” measures. However, once this notion was introduced, participants did generate some suggestions including:

- Reducing wait times;
- An improvement in health status of the population;
- Reduction in number of visits to family doctors; and
- Reductions in incidence and prevalence of disease



VII. Federal Government Action on Health Care



Federal Government Action on Health Care

A. Understanding of the Federal Government's Role

Most participants were relatively unaware of the role of the federal government with respect to the health care system. While a small number did have some sense that the Government of Canada administers the Canada Health Act and contributes to health care funding, very few participants could readily elaborate on how or to what extent it carries out these responsibilities.

Some participants guessed, although they weren't entirely certain, that the federal government provides broad policy direction and may do some work in the area of funding health research as well as identifying leaders in best health care systems and practices around the world.

In the role of "overseer," some participants felt it was within the purview of the federal government to intervene "if the province has a problem."

Still others were of the view that the federal government allocates health care budgets to each province or controls the direction that provinces take with respect to health care policy, programming and spending.

B. Awareness of Federal Government Activity on Health Care

When asked if they had heard, read or seen anything that the federal government is doing related to health care, participants had considerable difficulty citing any activity or initiative.

Those who did cite specific activities, mentioned the following areas:

- Vaccinations programs
- Electronic records (introduction and management of the system of e-records)
- Drug approvals
- Creating and promoting Canada's Food Guide
- Funding to create more spaces in nursing homes
- Foreign credentials recognition



C. Preferred Role for the Federal Government

While the perception was that the federal government's current role with respect to health care is currently somewhat limited, or vaguely understood, there was a widely expressed consensus in all focus groups that the Government of Canada could, and should, take on a much greater leadership role in a range of areas.

There was general agreement among participants of a role for the federal government in the following areas and that these areas would have a reasonably positive impact on improving the health care system:

- Benchmarking and sharing best foreign practices
- Conducting audits of the provincial/territorial health care systems, reducing waste and inefficiencies in the system and seeking productivity improvements
- Promoting the use of other health care professionals in place of physicians, specifically a greater role for nurses, nurse practitioners and pharmacists
- Opening up spaces in medical schools and encouraging more young people to consider a health profession as a career
- Fast-tracking foreign credentials recognition and placement of foreign-trained physicians (particularly in under-serviced areas)
- Encouraging new medical graduates to take up positions in under-serviced areas by assisting in paying down their student debt
- Setting and overseeing standards for access and wait times across the country
- Acting as a bulk purchaser
- Negotiating drug prices and/or reducing patent protection in order to create a market for the production and distribution of cheaper generic drugs
- Promoting community-based and home-based care, perhaps by implementing incentive programs that encourage moving patients out of institutions
- Supporting family members taking on a role as a care-giver
- Addressing administrative costs, specifically capping hospital CEO salaries
- Ensuring access to clinics and diagnostics such as MRIs on a 24/7 basis (to maximize the usage of and access to this type of equipment)
- Promoting areas of specialization
- Focusing on care for the aged and, in particular, putting more money into long-term care facilities
- Increasing funding for research into diseases such as cancer, diabetes and stroke.

Other suggestions were put forward, but received more mixed reaction and included:

- Focusing on strategies for preventing disease and illness – the sense is that this is already being done with little real impact mostly because the strategy relies on individuals to make the effort.



- Some feel that a better approach would be via regulation (i.e. regulate the companies that produce foods with high fat content and/or limit the use of certain ingredients in foods)
- Supporting the implementation of technology within the health care system – cost considerations and concerns about over-reliance on technology were an issue. Some participants also feel that implementing this type of technological overhaul is such a massive task, that it will undoubtedly lead to cost over-runs, security breaches or simply be too large a scale to be manageable

Finally, those few participants who suggested implementing user fees or incorporating a larger element of private sector delivery within the current health care system, met with strong opposition, usually from a majority of participants. The introduction of user fees was a very controversial topic. While one or two participants in some groups raised this option as a means of dealing with a system that appears to be unsustainable, others felt that moving in this direction would not only run counter to the basic principles of Canada's health care system, but would create clear divisions and large differences in the level of care afforded to Canadians according to their ability to pay (i.e. the system would shift from one based on need to one based on affordability).



VIII. Toward Greater Efficiency in the Health Care System



Toward Greater Efficiency in the Health Care System

Participants were asked to consider ways in which the existing health care system could be made more efficient. Their responses drew from personal experiences within the health care system as well as their perceptions about areas or aspects of the system which they feel are simply not delivering value to taxpayers or to health care users. Understandably, many participants felt they were not sufficiently knowledgeable of the inner workings of the health care system to make suggestions, although they clearly had strong opinions on which elements of the system could be the focus of efficiency improvements.

There was a great degree of overlap between the suggestions put forward on efficiencies and on improving the system in general. Many immediately flagged opportunities to keep facilities open longer and/or to run equipment such as MRIs on a 24/7 basis. In addition, among the suggestions frequently mentioned in the early part of the discussion on efficiencies was the need to hire additional staff to address accessibility and wait times issues. However, as the discussion continued, centering on attempting to identify those components of the system that contribute most significantly to overall costs, participants turned their attention to other opportunities, as outlined below.

The default position of a large number of participants was to recommend that efficiency experts be brought in to examine the system and make recommendations. In fact, as noted in the previous section, a number of participants felt this might be an appropriate role for the federal government, as long as it led directly (and quickly) to action as opposed to a lengthy study process.

Along the same line of thinking, others also recommended that those on the front lines should be consulted first. There was a general sense that the professionals who are actually delivering the care would be best able to identify areas where efficiencies could be made. In Saskatoon, the lower income group felt strongly that health regions and employees in the system should in fact be offered incentives to find improvements and bring them forward.

Similarly, some participants mentioned the need to focus on “evidence-based care,” that is those elements of the health care system that are known or have been proven to make a difference. In Saskatoon, for example, one participant mentioned the debate around liberation therapy for patients with multiple sclerosis as an example where patients were seeking unproven treatments, although in this case these treatments did not cost the Canadian health care system.



A. Significant Cost Factors in the Health Care System

When asked what they felt were the most significant cost components of the health care system, most participants identified 4 key areas:

- **Hospitals** – specifically emergency areas (because wait times don't appear to have declined significantly, while their perception is that "a lot of people are walking around and doing nothing");
- **Administration** – particularly in hospitals, but also more broadly across the health care system
- **Wages/Salaries** – paid out to health care providers, although most were not aware of the extent to which compensation is a factor in overall health care spending
- **Cost of Drugs** – many held the view that the health care system is very much oriented toward a pharmaceutical approach to treatment. Participants believe that the cost of drugs is a significant expense to the system and that, combined with overuse and an aging population, this issue is going to become an even bigger problem.

B. Key Areas for Efficiency Improvements

The discussion did yield a number of suggestions which were common across the majority of the groups, regardless of location or income level. The most common recommendations for efficiency improvements are outlined below.

1. Greater Centralization and Consolidation within the System

Participants frequently offered up suggestions that fell within the broad category of centralization. These were based on the assumption that the current regionalized and dispersed health care system has led to the creation of a large bureaucracy to support it. A number of participants held the view that access to and the level of care varied substantially from place to place across Canada.

- Centralizing hospital administrations within health regions – the initial response of many participants was to focus on health care administration, particularly in hospitals and other health care institutions, as the principal areas where efficiencies could be attained. Beyond a general sense that there was likely too much bureaucracy and that there were significant opportunities to streamline, there were few specific or concrete suggestions as to where efficiencies might be found.
- Centralizing purchasing – it was felt that there could be a key role for the federal government in the area of centralizing and overseeing the purchasing of equipment, tools (i.e. syringes, tubes, and other standard equipment) and prescription drugs commonly used in the health care system. A number of participants shared the view that if the federal government were to become the single purchaser, its purchasing power would force pharmaceutical companies to bring their prices down.



In line with this, a number of participants felt that greater support should be given to bringing generic drugs to market much more rapidly and/or limiting the duration of patent protection in order to drive more competition within the pharmaceutical sector. Of note, the discussions did not delve into the cost of undertaking drug research and development as it relates to patent protection, so this suggestion was not debated and considered as fully as it could have been.

- Standardization – within the context of centralization and consolidation, the notion of greater standardization in health care was frequently mentioned. Some participants held the view that much more could be done by way of standardizing in areas such as the production of medical equipment or in administration (i.e. file storage systems). Again, the general view was that this is an area where the federal government could demonstrate some leadership by conducting an administrative/procurement audit and identifying opportunities for efficiency improvements. There was also a sense that the federal government could coordinate the sharing of expertise across provinces and territories, the results of which might lead to greater standardization and streamlining of the system.

2. Attacking Abuse and Misuse of the System

Many participants immediately pointed to opportunities to gain efficiencies through attacking abuse and misuse of the system by patients, but also by doctors. There was a fairly widespread feeling that Canadians tend to overuse the health care system and that this type of behaviour has become a habit, prompted by a system that appears to be “free.”

Many of the anecdotes related to underscore this issue were centered on the vast numbers of individuals who tend to go to emergency for all types of ailments, including what are perceived to be relatively minor health issues (i.e. flu). One of the key barriers to changing these behaviours, apart from the force of habit, appears to be a lack of awareness of the alternatives (i.e. urgent care clinics in Ontario) and/or the unavailability of clinics that are open on a 24/7 basis, other than emergency.

The dispensing fees charged by pharmacists were identified as another area in which cost savings could be gained.

2. A Greater Role for Other Health Care Providers

In virtually all groups at least one or two participants recommended that the heavy reliance on doctors not only puts an undue pressure on the physician’s time, but also results in high costs to the system. The suggestion to permit other health care providers to offer some of the services currently being provided by physicians was frequently mentioned by at least one or two participants, but often subsequently supported



by most, once this recommendation was tabled. A number of participants referred to this idea as “triaging” inferring that the first, or even the best, option isn’t always necessarily the physician.

Many were comfortable with allowing nurse practitioners to see patients with typical or minor ailments, thereby freeing up the physician to deal with more complex cases, ultimately, costing the system less. In fact, there was a strong belief among a number of participants that the care received from nurses was at least as good as, if not better than, doctors. This was related to the perception that doctors are often rushed due to the heavy demands on their time. Allowing nurse practitioners, and other health care professionals, to treat patients and fill out prescriptions was generally seen as a reasonable solution which would bring costs down and qualitatively improve care for patients. Most underscored, however, that they would want nurses to be focusing on more standard or typical cases and that anything out of the ordinary should automatically be referred to a physician.

While most were comfortable with this approach, some participants – in the minority – did raise concerns about moving away from a more physician-centric system. This view was principally related to the general belief that “you get what you pay for”. And, when it comes to health care, these participants felt that this type of shift might be at the expense of “quality” patient care.

Some participants also favoured giving pharmacists a greater role to diagnose certain illnesses and possibly prescribe some treatments (although not all participants were on board giving pharmacists the right to prescribe), again within the context that pharmacists’ time and fees would cost the system less money as compared to physicians.

3. Public Education, Promoting Prevention and Healthier Lifestyles

As noted in the previous section, there was considerable debate on the impacts on the Canadian healthcare system of prevention and education strategies.

Certainly, many felt that Canadians do need to be better informed both about healthier lifestyles, but also about their decisions regarding when to access the health care system (i.e. how urgent/acute a health issue might be) and which health care options would be best suited for their needs (i.e. where to go – emergency, physician’s office, urgent care clinic, walk-in clinic, pharmacist, etc.).

One individual from the higher income group in Kitchener-Waterloo did suggest that providing Canadians with year-end statements itemizing the health services they have received over the course of the year, the cost of each and a total, would encourage people to use the system more wisely. However, most participants were concerned that issuing paper copy statements to all Canadians would not only be environmentally



irresponsible, but would also lead to the establishment of a costly bureaucracy dedicated to producing these statements (“akin to the Firearms Registry”). To address these issues, some participants suggested setting up a website which Canadians could access if they are interested or finding ways to distribute the statements electronically. In general, participants seemed to believe that the cost of issuing these types of statements might outweigh the benefit.

4. Streamlining the Health Care System – Introducing ICT

Several participants mentioned opportunities to streamline the approach to patient care. In particular, they were referring to cases where they feel a patient is required to see a large number of health professionals over a series of visits in order to assess, diagnose and treat conditions. Among these participants, the perception was that this approach leads to a higher level of billings, duplication of tests and ultimately a lower level of care for the patient (i.e. a longer time to diagnosis and treatment of the condition). As a case in point, one participant in the Montreal groups related a story of having seen three separate doctors for the same condition (a knee problem).

Introducing information and communications technologies (i.e. e-records, e-health, tele-health) as a solution received mixed support. On the one hand, many participants felt that the introduction of digital records and electronic health cards (i.e. smart health cards) would significantly reduce the need for re-running tests. Moreover, the reduction of paper records is viewed as a bonus for the environment. In addition, the ability to quickly share information, including test results, X-Rays and MRIs, between health professionals was presumed to have a generally positive impact on patient care. Ultimately, there is a strong feeling that patients’ records belong to the patient and should move with the patient.

On the other side of this issue, almost an equal number of participants raised concerns about both the cost of moving the health system online as well as the security of e-records. Comments revealed some evidence of a lack of trust in the integrity of information technologies.



IX. Appendix A: Qualitative Research Instruments



**Recruitment Screener
Health Canada Focus Groups
Attitudes Toward Health Care
FINAL – Recruiting Script - November 15, 2011**

Hello, my name is _____. I'm calling from *The Strategic Counsel*, a national public opinion research firm. On behalf of the Government of Canada we're organizing a series of discussion groups to explore various issues of importance to the country.

Your participation is completely voluntary and all your answers are confidential. They will be used for research purposes only. We are simply interested in hearing your opinions. No attempt will be made to sell you anything or change your point of view. And, any personal information that you share with us will remain confidential. The report that is produced from the series of discussion groups we are holding will not contain comments that are attributed to specific individuals.

EXPLAIN FOCUS GROUPS AS NECESSARY: About ten people like you will be taking part, all of them randomly recruited just like you. The format is a "round table" discussion lead by a research professional. For their time, participants will receive an honorarium of \$80.

But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people in each of the groups. May I ask you a few questions?

Yes **CONTINUE**
No **THANK AND TERMINATE**

Screening Questions:

S1) Do you or any member of your household work in or has retired from:

	YES	NO
Market Research or Marketing	1	2
Public Relations or Media (TV, Print)	1	2
Advertising and communications	1	2
An employee of a political party	1	2
An employee of a government department or agency, whether federal or provincial	1	2

IF "YES" TO ANY OF THE ABOVE, THANK AND TERMINATE

S2) Are you a Canadian citizen at least 20 years old who normally resides in the [insert name of city in which recruiting being done] area?

Yes 1 **CONTINUE**
No 2 **THANK AND TERMINATE**

S3) How long have you lived in [name of city]? _____



TERMINATE IF LESS THAN 2 YEARS

S4) Are you the head or co-head of your household?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

S5) Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	MAX. 1/3 PER GROUP
No	2	GO TO Q1

S6) How long ago was it? _____

TERMINATE IF IN THE PAST 6 MONTHS

S7) How many consumer discussion groups have you attended in the past 5 years?

TERMINATE IF MORE THAN 4 DISCUSSION GROUPS

Demographic Questions: ASK ALL

Q1) Could you please tell me what age category you fall in to? Are you...

Under 20	0	THANK AND TERMINATE
20-24 years	1	} ENSURE GOOD MIX PER
25-34 years	2	
35-44 years	3	
45-54 years	4	
55-64 years	5	
65+ years	6	
Refuse	9	THANK AND TERMINATE

Q2) Do you currently have children under the age of 18 living in the house with you? **[RECRUIT MIX]**

Yes	1
No	2

Q3) How many people above the age of 18 are there in your household?

One	1
More than one	2



Q4) Could you please tell me what is the last level of education that you have completed?

Some high school only	1	1 } 4 }	ENSURE GOOD MIX PER GROUP
Completed high school	2		
Some College/University	3		
Completed College/University	4		
RF/DK	9		

Q5) What is your current employment status?

Working full-time	1	
Working part-time	2	
Self-employed	3	
Retired	4	
Currently not working	5	SKIP TO Q7 – MAX 3 PER GROUP
Student	6	SKIP TO Q7 – MAX 3 PER GROUP
Other	7	
DK/RF	99	

Q6) [IF EMPLOYED/RETIRED] What is/was your current/past occupation?
_____ (PLEASE SPECIFY)

Q7a) [IF Q3=1 ASK] Was your household's income for 2010 greater or less than 75 thousand dollars?

\$60K or greater	1	Qualifies for 2nd group in each city UNLESS EMPLOYMENT STATUS at Q5 = STUDENT
Less than \$60K	2	Qualifies for 1st group in each city
Refused	9	THANK AND TERMINATE

Q7b) [IF Q3=2 ASK] Was your household's income for 2010 greater or less than 100 thousand dollars?

\$85K or greater	1	Qualifies for 2nd group in each city UNLESS EMPLOYMENT STATUS at Q5 = STUDENT
Less than \$85K	2	Qualifies for 1st group in each city
Refused	9	THANK AND TERMINATE

Q7c) [IF Q7A OR Q7B =2 ASK] And would that be:

Under \$20,000	}	ENSURE GOOD MIX PER GROUP
Between \$20,000 and \$34,999		
Between \$35,000 and \$44,999		
Between \$45,000 and \$59,999		
Between \$60,000 and \$74,999		
[IF Q7b=2] Between \$75,000 and \$99,999		

Q8) **DO NOT ASK – NOTE GENDER**



Male	1	} ENSURE 50-50 SPLIT
Female	2	

Q9) If you won a million dollars what would be the first two things you would do with the money?
(MUST HAVE TWO RESPONSES TO ACCEPT. TERMINATE IF FLIPPANT, COMBATIVE OR EXHIBITS DIFFICULTY IN RESPONDING)

TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY OR IF YOU HAVE A CONCERN.

Invitation

As I mentioned earlier, the group discussion will take place the evening of, **DATE @ TIME for 2 hours** and participants will receive **\$80** for their time. Would you be willing to attend?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

North Vancouver

Tuesday, November 22, 2011

Group 1: Low/Middle HHI*	@ 5:30 pm	\$80
Group 2: High HHI	@ 7:30 pm	\$80

Saskatoon

Wednesday, November 23, 2011

Group 3: Low/Middle HHI	@ 5:30 pm	\$80
Group 4: High HHI	@ 7:30 pm	\$80

Kitchener/Waterloo

Thursday, November 24, 2011

Group 5: Low/Middle HHI	@ 5:30 pm	\$80
Group 6: High HHI	@ 7:30 pm	\$80

Brampton/Mississauga

Saturday, November 26, 2011

Group 7: Low/Middle HHI	@ 10:00 am	\$80
Group 8: High HHI	@ 12:00 pm	\$80

Moncton

Monday, November 28, 2011

Group 9: Low/Middle HHI	@ 5:30 pm	\$80
Group 10: High HHI	@ 7:30 pm	\$80

Montreal (French)

Tuesday, November 29, 2011

Group 11: Low/Middle HHI	@ 5:30 pm	\$80
Group 12: High HHI	@ 7:30 pm	\$80

*Note: Household Income is based on responses to Q.3 and Q.7.



This is a firm commitment. If you envision anything preventing you from attending (either home- or work-related), please let me know now and we will keep your name for a future study. If you wear reading glasses, please be sure to bring them to the group.

General Recruitment Specifications:

- Q.1 – good mix of age
- Q.4 – good mix of education
- Q.7 – good mix of income
- Q.8 – 50/50 gender split

\$80 incentive for all participants



**Questionnaire de sélection
Santé Canada – Groupes de discussion
Attitudes à l'égard des Services de santé
FINAL – Script de recrutement – 15 novembre 2011**

Bonjour, je me nomme _____ et je vous appelle au nom de *The Strategic Counsel*, une société nationale de sondage d'opinion publique. Nous organisons une série de discussions de groupe portant sur des sujets variés importants pour le pays, au nom du gouvernement du Canada.

Votre participation est strictement volontaire et toutes vos réponses sont confidentielles. Elles seront utilisées à des fins de recherche seulement. Nous sommes simplement intéressés à obtenir votre opinion. Nous n'essaierons pas de vous vendre quoi que ce soit ou d'influencer votre opinion. Toute information personnelle que vous partagerez avec nous sera confidentielle. Le rapport qui sera émis à partir de cette série de discussions de groupe ne contiendra aucuns commentaires attribués à une personne en particulier.

S'IL Y A LIEU, EXPLIQUER LE FONCTIONNEMENT D'UN GROUPE DE DISCUSSION :
environ dix personnes comme vous y prendront part, toutes recrutée au hasard comme vous. La discussion est sous format de « table ronde » menée par un professionnel de la recherche. En retour de sa participation, chaque personne recevra des honoraires de 80 \$.

Mais avant de vous inviter à participer, nous devons vous poser quelques questions afin de nous assurer d'une bonne combinaison/variété de personnes au sein de chacun des groupes. Puis-je vous poser quelques questions?

Oui **CONTINUER**
Non **REMERCIER ET TERMINER**

Questionnaire de sélection :

S1) Est-ce que vous, ou une personne vivant dans votre foyer, travaillez ou êtes retraité de l'un des domaines suivants?

	OUI	NON
Étude de marché ou marketing	1	2
Relations publiques ou médias (télé, médias imprimés)	1	2
Publicité et communications	1	2
À l'emploi d'un parti politique	1	2
À l'emploi d'un ministère ou d'une agence gouvernementale, fédéral ou provincial	1	2

SI « OUI » À UNE DES QUESTIONS CI-DESSUS, REMERCIER ET TERMINER

S2) Êtes-vous citoyen canadien, ayant au moins 20 ans, et résidant normalement dans la région de [insérer le nom de la ville où le recrutement s'effectue]?

Oui 1 **CONTINUER**
Non 2 **REMERCIER ET TERMINER**

S3) Depuis combien d'années résidez-vous à [nom de la ville]? _____



TERMINER SI MOINS DE 2 ANS

S4) Êtes-vous le chef ou co-chef de famille?

Oui	1	CONTINUER
Non	2	REMERCIER ET TERMINER

S5) Avez-vous déjà participé à un groupe de discussion de consommateurs, une entrevue ou un sondage dont la date est fixée à l'avance et pour lesquels vous avez reçu une somme d'argent?

Oui	1	MAX. 1/3 PAR GROUPE
Non	2	PASSEZ À LA Q1

S6) Il y a combien de temps? _____

TERMINER SI DANS LES DERNIERS 6 MOIS

S7) À combien de discussions de groupes de consommateurs avez-vous participé au cours des 5 dernières années?

TERMINER SI PLUS DE 4 DISCUSSIONS DE GROUPE

Questions démographiques : DEMANDER À TOUS

Q1) Pourriez-vous me dire à quelle tranche d'âge vous appartenez? Avez-vous...

Moins de 20 ans	0	REMERCIER ET TERMINER
20-24 ans	1	} S'ASSURER D'UNE BONNE COMBINAISON AU SEIN DE CHAQUE GROUPE
25-34 ans	2	
35-44 ans	3	
45-54 ans	4	
55-64 ans	5	
65 ans et plus	6	
Refus	9	THANK AND TERMINATE

Q2) Avez-vous présentement des enfants de moins de 18 ans qui habitent avec vous? [**RECRUTER UNE COMBINAISON**]

Oui	1
Non	2

Q3) Combien de personnes de plus de 18 ans habitent votre foyer?

Une	1
Plus d'une	2

Q4) Pourriez-vous me dire quel est le plus haut degré d'éducation que vous avez complété?



Secondaire en partie	1	1 4	S'ASSURER D'UNE BONNE COMBINAISON AU SEIN DE CHAQUE GROUPE
Secondaire complété	2		
Cégep/université en partie	3		
Cégep/université complété	4		
Refus/ne sait pas	9		

Q5) Quelle est votre situation d'emploi actuelle?

Travail à temps plein	1	SAUTER À LA Q7 – MAX 3 PAR GROUPE SAUTER À LA Q7 – MAX 3 PAR GROUPE
Travail à temps partiel	2	
Travailleur autonome	3	
Retraité	4	
Sans emploi	5	
Étudiant	6	
Autre	7	
Refus/ne sait pas	99	

Q6) [SI AU TRAVAIL/RETRAITÉ] Quel est/était votre emploi actuel/antérieur?
_____ (VEUILLEZ PRÉCISER)

Q7a) [SI Q3=1, DEMANDER] Le revenu annuel de votre foyer pour l'année 2010 était-il supérieur ou inférieur à 75 000 \$?

75k\$ ou plus	1	Se qualifie pour le 2^e groupe dans chaque ville SAUF SI LA RÉPONSE À LA Q5 EST : ÉTUDIANT
Moins de 75k\$	2	Se qualifie pour le 1^{er} groupe dans chaque ville
Refus	9	REMERCIER ET TERMINER

Q7b) [SI Q3=2 DEMANDER] Le revenu annuel de votre foyer pour l'année 2010 était-il supérieur ou inférieur à 100 000 \$?

100k\$ ou plus	1	Se qualifie pour le 2^e groupe dans chaque ville SAUF SI LA RÉPONSE À LA Q5 EST : ÉTUDIANT
Moins de 100k\$	2	Se qualifie pour le 1^{er} groupe dans chaque ville
Refus	9	REMERCIER ET TERMINER

Q7c) [SI Q7A OU Q7B =2 DEMANDER] Et ce serait :

Moins de 20 000 \$	}	S'ASSURER D'UNE BONNE COMBINAISON AU SEIN DE CHAQUE GROUPE
De 20 000 \$ à 34 999 \$		
De 35 000 \$ à 44 999 \$		
De 45 000 \$ à 59 999 \$		
De 60 000 \$ à 74 999 \$		
[SI Q7b=2] De 75 000 \$ à 99 999 \$		

**Q8) NE PAS DEMANDER – ENREGISTRER LE SEXE**

Homme	1	} S'ASSURER D'UNE RÉPARTITION 50-50
Femme	2	

Q9) Si vous gagniez un million de dollars, quelles sont les deux premières choses que vous feriez avec cet argent? (POUR ACCEPTER, VOUS DEVEZ OBTENIR DEUX RÉPONSES. TERMINER SI LE RÉPONDANT A UNE ATTITUDE CAVALIÈRE, COMBATIVE OU A DE LA DIFFICULTÉ À RÉPONDRE.)

TERMINER SI LE RÉPONDANT VOUS FAIT PART DE TOUT PROBLÈME DE VUE OU D'AUDITION, D'UN PROBLÈME DE LANGUE, ÉCRITE OU VERBALE, D'UNE INQUIÉTUDE À NE POUVOIR COMMUNIQUER ADÉQUATEMENT OU SI VOUS AVEZ DES DOUTES.

Invitation

Comme je l'ai dit plutôt, la discussion de groupe se tiendra en soirée, le **DATE, à HEURE, durera 2 heures** et les participants recevront **80 \$** pour leur participation. Seriez-vous intéressé à participer?

1. Oui 1 CONTINUER
 2 REMERCIER ET TERMINER

North Vancouver

Mardi, 22 novembre 2011

Groupe 1: Revenu du foyer bas/moyen*	17h30	\$80
Groupe 2: Revenu du foyer élevé	19h30	\$80

Saskatoon

Mercredi, 23 novembre 2011

Groupe 3: Revenu du foyer bas/moyen	17h30	\$80
Groupe 4: Revenu du foyer élevé	19h30	\$80

Kitchener/Waterloo

Jeudi, 24 novembre 2011

Groupe 5: Revenu du foyer bas/moyen	17h30	\$80
Groupe 6: Revenu du foyer élevé	19h30	\$80

Brampton/Mississauga

Samedi, 26 novembre 2011

Groupe 7: Revenu du foyer bas/moyen	10h00	\$80
Groupe 8: Revenu du foyer élevé	12h00	\$80

Moncton

Lundi, 28 novembre 2011

Groupe 9: Revenu du foyer bas/moyen	17h30	\$80
Groupe 10: Revenu du foyer élevé	19h30	\$80

Montréal (français)

Mardi, 29 novembre 2011

Groupe 11: Revenu du foyer bas/moyen	17h30	\$80
Groupe 12: Revenu du foyer élevé	19h30	\$80

*Note: Le revenu du foyer est basé sur les réponses aux Q.3 et Q.7.



Cet engagement est ferme. Si vous prévoyez avoir des empêchements à assister à cette discussion (de nature personnelle ou d'affaires), veuillez m'en aviser et nous conserverons votre nom pour une étude future. Si vous portez des lunettes de lecture, veuillez vous assurer de les apporter avec vous à la discussion de groupe.

Normes générales de recrutement :

- Q.1 – bonne combinaison d'âges
- Q.4 – bonne combinaison de niveaux d'éducation
- Q.7 – bonne combinaison de revenus
- Q.8 – répartition hommes/femmes : 50/50

80 \$ prime incitative pour tous les participants



MODERATOR'S GUIDE – FINAL VERSION NOVEMBER 25, 2011

INTRODUCTION (10 Minutes) – 5:30/7:30

- Introduce moderator and welcome participants to the focus group.
 - As we indicated during the recruiting process, we are conducting focus group discussions on behalf of the Government of Canada. The discussion this evening will cover a range of issues of importance to all Canadians.
- Explanation re:
 - Video-taping – The session is being video-taped for analysis purposes, in case we need to double-check the proceedings against our notes. These video-tapes remain in our possession and will not be released to anyone without written consent from all participants. Can I confirm that all of you have signed the consent form permitting us to videotape the proceedings?
 - One-way mirror – There are observers behind the glass who represent the Government and another individual who is assisting me with these focus group sessions.
 - Confidentiality – Please note that anything you say during this session will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups, but does not mention anyone by name. The results will be grouped together and reported on as a whole, rather than on a group-by-group basis. And, you can access the final report if you wish through the Library of Parliament or Archives Canada.
- Describe how a discussion group functions:
 - This group will run the full two hours. Please excuse yourself if necessary, but be sure to come back quickly. We want to ensure we have everyone's full participation.
 - Discussion groups are designed to stimulate an open and honest discussion. My role as a moderator is to guide the discussion and encourage everyone to participate. Another function of the moderator is to ensure that the discussion stays on topic and on time.
 - Your role is to answer questions and voice your opinions. We are looking for minority as well as majority opinion in a focus group, so don't hold back if you have a comment even if you feel your opinion may be different from others in the group. There may or may not be others who share your point of view. Everyone's opinion is important and should be respected.
 - I would also like to stress that there are no wrong answers. We are simply looking for your opinions and attitudes. This is not a test of your knowledge. We did not expect you to do anything in preparation for this group.
- Also note that I am not an employee of the Government of Canada and may not be able to answer some of questions that might arise as we are talking about various topics. If important questions do come up over the course of the group, we will try to get answers for you before you leave.
- Before we get started, please make sure your cell phones are turned off or put on silent. Otherwise, they will interfere with the audio as we are video-taping.
- (Moderator introduces herself/himself). Let's start with some introductions. Participants should introduce themselves, using their first names only. Tell me something briefly about yourself that you would like to share with others. It could simply be what you do for a living, your interests, anything like that.

WARM UP: General Context (15 Minutes) – 5:40/7:40

- I'd like to start with a fairly broad question. So, thinking of the issues facing Canada today, which one would you say the Government of Canada (that is the federal government)



should focus on most?

FLIP CHART – PROBE - ENSURE PARTICIPANTS FOCUS ON FEDERAL GOVERNMENT ISSUES

- What makes you say that? Why do you feel this is THE MOST IMPORTANT issue?

HEALTH CARE SYSTEM OVERALL (30 Minutes) – 5:55/7:55

I want to focus in on health care.

- **INDEPENDENT EXERCISE – DESCRIPTION OF THE CURRENT STATE OF THE CANADIAN HEALTH CARE**

SYSTEM: Please take a moment to think about just ONE or TWO adjectives that would describe the state of Canada's health care system today? I'm looking for adjectives or a word that describes a feeling that you have about the current state of the health care system. Please jot these down on the paper in front of you, before we discuss as a group.

- ROUND TABLE Discuss participants' descriptions. Probe for meaning/examples which support descriptions. Note positive/negative descriptions and discuss as a group.
- How does Canada's health care system compare with other countries?
 - If better, elaborate?
 - If worse, elaborate?
- **HEADLINE EXERCISE – I AM GOING TO HAND YOU A SHEET WITH SOME RECENT HEADLINES FROM NEWS STORIES ABOUT THE CANADIAN HEALTH CARE SYSTEM**
 - I would like you to take a look and circle the one that stands out for you the most –
MODERATOR: why does this stand out for you? Positive or negative? Discuss. Probe for:
 - Have you seen these headlines before?
 - Is there anything surprising here? Or, have you heard/seen this before – these headlines aren't telling you anything you didn't already know?
 - Taken together, what is the story about Canada's health care system that you take away from these headlines? How do you feel about that?
 - Where do you see this story going? How do you expect it to play out?
 - An important way in which the government supports health care is through funding transfers to the provinces. However, we have discussed the sustainability of the system and some of you have raised concerns about health care costs. What do you think the federal government should do when it comes to health care spending? (Probe: move from fixed rate of growth? reign in costs? grow health care spending higher? lower? match country's economic and population growth? more/less accountability?) Discuss. [IF NECESSARY: the federal government currently transfers money to the provinces for health care. This level of funding grows at a fixed rate (6%) year over year]

GOVERNMENT ACTION ON HEALTH CARE (35 Minutes) – 6:25/8:25

- Have you seen, heard of or read anything in particular that the Government of Canada is doing with respect to the health care system?
- What, if anything, should the Government of Canada be doing with respect to the health care system?



LIST ON FLIP CHART.

- Specifically, how do you see each of these actions helping, if at all, to improve the health care system?
- Now, I'd like you to think about which of these areas that we've discussed. Which would have the most impact on improving health care and which would have the least? Please write down your "top 2" and "bottom 2" on the piece of paper in front of you.
 - So, let's go around the room and get everyone's top 2 – those actions that would have the most impact? Why do you think that?
 - And, now, which did you say would probably have lower or the least impact? Why do you think that?
- Is there anything that we have missed? Anything else we haven't talked about that would have a positive impact and improve the health care system?

MAKING THE HEALTH CARE SYSTEM BETTER (25 minutes) – 7:00/9:00

- The discussion so far has focused on improving the health care system, with little thought to how much any of these improvements might add to the cost of the system. If I asked you instead what could specifically be done to make the health care system more efficient (i.e. those things we could do that wouldn't necessarily have an impact or a significant impact on costs), where do you think the focus of efficiency improvements should be? **LIST AND DISCUSS. Probe for/prompt for:**
 - replacing paper records with electronic health records;
 - ensuring patients are better informed about their health care services and the personal actions they need to take to improve outcomes;

CONCLUSION [5 Minutes] – 7:25/9:25

We have covered a lot of topics today and really appreciate you taking the time and energy to come down here and give your opinion. Your input is very important and insightful!

- To conclude, I wanted to ask you whether you have any last thoughts that you want to give the Government of Canada.



GUIDE DU MODÉRATEUR – LE 25 NOVEMBRE 2011

INTRODUCTION (10 minutes) – 17 h 30 / 19 h 30

- Présentez-vous et souhaitez la bienvenue aux participants au groupe de discussion.
 - Comme nous l’avons mentionné lors du processus de recrutement, nous menons des groupes de discussion pour le compte du gouvernement du Canada. La discussion de ce soir portera sur un éventail de sujets d’intérêt pour tous les Canadiens.
- Expliquez :
 - Enregistrement vidéo - La séance sera filmée à des fins d'analyse si nous devons contre-vérifier son compte-rendu avec nos notes. Ces bandes vidéo demeurent en notre possession et ne seront transmises à personne sans le consentement écrit de tous les participants. J’aimerais d’ailleurs confirmer que chacun d’entre vous a bien signé la formule de consentement nous permettant de filmer la séance.
 - Miroir sans tain - Des observateurs représentant le gouvernement et d’autres intervenants suivront le déroulement de la discussion de l’autre côté du miroir afin de m’aider avec ces séances.
 - Confidentialité - Prenez note que tout ce que vous direz au cours de cette discussion demeurera confidentiel. Les auteurs des commentaires ne seront pas identifiés, car notre rapport résume les constatations des groupes, mais ne mentionne aucun nom. En fait, les résultats sont compilés et présentés globalement plutôt qu’en fonction des groupes. Vous pourrez consulter ce rapport final, si vous le désirez, par l’entremise de Bibliothèque et Archives Canada.
- Décrivez le fonctionnement d’un groupe de discussion :
 - Cette séance durera deux heures complètes. Au besoin, n’hésitez pas à sortir de la salle, mais nous vous demandons d’y revenir rapidement. Nous désirons l’entière participation de chacun d’entre vous.
 - Les groupes de discussion visent à stimuler une discussion ouverte et honnête. Mon rôle en tant que modérateur est de guider la discussion et d’encourager tout le monde à participer. Un des autres rôles du modérateur est de veiller à ce que la discussion ne s’éloigne pas du sujet et respecte le temps alloué à chaque volet.
 - Votre rôle est de répondre aux questions et de nous faire part de votre opinion. Nous tenons à connaître l’opinion de la majorité et de la minorité; ainsi, même si vous croyez que votre opinion diffère de celle des autres membres du groupe, faites-nous-en part quand même. Qu’il y ait d’autres participants qui partagent votre point de vue ou non, votre opinion est importante et doit être respectée.
 - Je tiens aussi à préciser qu’il n’y a pas de bonnes ou de mauvaises réponses. Nous voulons simplement connaître votre opinion et comprendre votre attitude. Ce n’est pas un contrôle de vos connaissances. Nous ne nous attendons pas à ce que vous vous soyez préparés pour cette séance.
- Prenez aussi note que je ne suis pas à l’emploi du gouvernement du Canada, et que je ne serai peut-être pas en mesure de répondre à certaines de vos questions alors que nous aborderons divers sujets. Si des questions importantes sont soulevées pendant la discussion, nous essayerons de trouver la réponse avant que vous quittiez.
- Avant de commencer, veuillez vous assurer que vos téléphones cellulaires sont éteints ou en mode silencieux. Sinon, ils risquent d’interférer avec le son de l’enregistrement.
- (Le modérateur se présente). Commençons par nous présenter. Les participants se présentent en ne mentionnant que leur prénom. Dites-moi brièvement quelque chose à propos de vous que vous aimeriez partager avec les autres participants. Ça peut être votre occupation, vos intérêts ou toute autre particularité dont vous aimeriez nous faire part.



ÉCHAUFFEMENT : Contexte général (15 minutes) – 17 h 40 / 19 h 40

- J'aimerais commencer par une question plutôt générale. En songeant aux problèmes auxquels le Canada est confronté aujourd'hui, sur lequel le gouvernement du Canada (soit le gouvernement fédéral) devrait-il se concentrer le plus, selon vous? **TABLEAU DE PAPIER – INTERROGEZ – ASSUREZ-VOUS QUE LES PARTICIPANTS S'EN TIENNENT AUX PROBLÈMES QUI CONCERNENT LE GOUVERNEMENT FÉDÉRAL**
 - Pourquoi affirmez-vous cela? Pourquoi croyez-vous qu'il s'agit du problème LE PLUS IMPORTANT?

LE SYSTÈME DE SOINS DE SANTÉ DANS L'ENSEMBLE (30 minutes) – 17 h 55 / 19 h 55

J'aimerais maintenant orienter la discussion sur les soins de santé.

- **EXERCICE INDÉPENDANT - DESCRIPTION DE L'ÉTAT ACTUEL DU SYSTÈME DE SOINS DE SANTÉ DU CANADA : Prenez quelques instants pour penser à UN ou DEUX adjectifs qui décriraient l'état du système de soins de santé du Canada aujourd'hui?** Je cherche des adjectifs ou des mots qui illustrent l'impression que vous avez de l'état actuel du système de soins de santé. Inscrivez ces mots sur la feuille de papier qui se trouve devant vous avant que nous en discutons en groupe.
 - TABLE RONDE. Discutez des descriptions des participants. Interrogez afin d'obtenir leur signification ou des exemples qui appuient les descriptions. Prenez note des descriptions positives et négatives et discutez-en en groupe.
- Comment le système de soins de santé du Canada se compare-t-il à celui d'autres pays?
 - Si meilleur, élaborez?
 - Si pire, élaborez?
- **EXERCICE SUR LES MANCHETTES – JE VAIS VOUS REMETTRE UNE FEUILLE AVEC DE RÉCENTES MANCHETTES AU SUJET DU SYSTÈME DE SOINS DE SANTÉ CANADIEN**
 - J'aimerais que vous les regardiez et que vous encercliez celle qui vous frappe le plus.
MODÉRATEUR : Pourquoi cette manchette vous frappe-t-elle le plus? Est-ce de façon positive ou négative? Discutez-en. Interrogez pour savoir :
 - Aviez-vous vu ces manchettes auparavant?
 - Y a-t-il quelque chose qui vous surprend dans ces manchettes? Ou, aviez-vous entendu ou vu cela auparavant? Est-ce que ces manchettes vous apprennent quelque chose que vous ne saviez pas déjà?
 - Prises ensemble, qu'est-ce que vous reprenez à propos du système de soins de santé du Canada de ces manchettes? Qu'en pensez-vous?
 - Où croyez-vous que cette situation aboutira? Comment pensez-vous qu'elle évoluera?
 - Une des façons importantes dont le gouvernement soutient le système de soins de santé est par le biais de transferts de fonds aux provinces. Toutefois, nous avons discuté de la viabilité du système et certains d'entre vous ont soulevé des craintes quant aux coûts des soins de santé. Que pensez-vous que le gouvernement fédéral devrait faire en matière de dépenses pour les soins de santé? (Interrogez : abonner le financement à taux fixe? Contenir les coûts? Augmenter les dépenses en soins de santé? Les diminuer? Les harmoniser avec la croissance économique et démographique? Rendre davantage / moins de comptes?) Discussion. [AU BESOIN : à l'heure



actuelle, le gouvernement fédéral transfère de l'argent aux provinces pour les soins de santé. Ce taux de financement croît à taux fixe (6 %) chaque année.]

**MESURES PRISES PAR LE GOUVERNEMENT AU CHAPITRE DES SOINS DE SANTÉ (35 minutes)
– 18 h 25 / 20 h 25**

- Avez-vous vu, entendu ou lu quelque chose de particulier à propos de ce que fait le gouvernement du Canada au sujet du système de soins de santé du Canada?
 - S'il y a lieu, qu'est-ce que le gouvernement du Canada devrait faire quant au système de soins de santé?
- INSCRIRE LES RÉPONSES AU TABLEAU DE PAPIER**
- Plus précisément, s'il y a lieu, dans quelle mesure croyez-vous que chacun de ces gestes contribue à améliorer le système de soins de santé?
 - J'aimerais maintenant que vous pensiez lequel de ces aspects dont nous venons de discuter aurait le plus d'impact pour améliorer les soins de santé, et lequel en aurait le moins? Veuillez inscrire sur la feuille devant vous les deux qui, selon vous, amélioreraient le plus le système, et les deux qui l'amélioreraient le moins.
 - Faisons le tour de la salle et voyons quelles sont les deux mesures qui auraient le plus d'impact, selon vous? Pourquoi croyez-vous cela?
 - Et maintenant, lesquels auraient le moins d'impact, selon vous? Pourquoi croyez-vous cela?
 - Avons-nous raté quelque chose? Y a-t-il d'autres éléments dont nous n'avons pas parlé et qui aurait un impact positif et améliorerait le système de soins de santé?

AMÉLIORER LE SYSTÈME DE SOINS DE SANTÉ (25 minutes) – 19 h 00 / 21 h 00

- Jusqu'à présent, la discussion a porté sur l'amélioration du système de soins de santé sans tenir compte de ce que ces améliorations représenteraient en termes de coût pour le système. Si je vous demandais plutôt ce qui pourrait être fait précisément pour rendre le système de soins de santé plus efficient (c'est-à-dire ce qui pourrait être fait et qui n'aurait pas nécessairement un impact important sur les coûts), où croyez-vous que l'accent devrait être mis afin d'améliorer l'efficience? **ÉNUMÉREZ LES RÉPONSES ET DISCUTEZ-EN.**
- **Interrogez à ces sujets :**
 - Remplacer les dossiers papier par des dossiers médicaux électroniques;
 - S'assurer que les patients sont mieux informés à propos de leurs services de soins de santé et des mesures personnelles qu'ils doivent prendre pour améliorer les résultats;

CONCLUSION [5 minutes] – 19 h 25 / 21 h 25

- Nous avons abordé de nombreux sujets aujourd'hui et j'apprécie vraiment que vous ayez pris le temps de venir discuter avec nous et nous donner votre opinion. Vos commentaires sont très importants et utiles!
 - Pour conclure, j'aimerais vous demander si vous avez un dernier commentaire à formuler à l'intention du gouvernement du Canada.



X. Appendix B: Quantitative Research Instruments



Health Canada – November 2011

INTRODUCTION

1. Thinking of the issues facing Canada today, which one would you say the Government of Canada should focus on most? **[CAPTURE FIRST MENTION]** Any others? **[MULTIPLE MENTIONS]**

[NO PRE-CODED LIST - INTERVIEWER NOTE: TOP ANSWER MUST BE RECORDED FIRST]
[ROTATE Q.2 AND Q3]

2. How would you rate the current state of the Canadian economy? Please use a scale from 1 to 10, where 1 is terrible and 10 is excellent

1-10

(DO NOT READ) Don't Know/Refused

3. How would you rate the current state of the Canadian health care system? Please use a scale from 1 to 10, where 1 is terrible and 10 is excellent

1-10

(DO NOT READ) Don't Know/Refused

4. To what degree do you agree or disagree with the following statement? I am confident that if I or a family member were to become seriously ill, we would be able to access good health care services.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree
- (DO NOT READ) Don't Know/Refused

5. Over the next five years, do you think the Canadian health care system will significantly improve, improve somewhat, stay the same, worsen somewhat, or significantly worsen?

- Significantly improve
- Improve somewhat
- Stay the same
- Worsen somewhat
- Significantly worsen



- (DO NOT READ) Don't Know/Refused

[SPLIT SAMPLE BETWEEN 6A AND 6B]

6A. Which of the following do you feel is the most serious challenge facing the Canadian health care system? **[READ LIST – RANDOMIZE LIST – ACCEPT ONLY ONE RESPONSE]**

- The aging of the Canadian population
- Shortage of medical professionals such as doctors, nurses and specialists
- An increase in chronic diseases among Canadians, such as diabetes or high blood pressure
- The rising cost of providing health care services
- **(DO NOT READ INITIALLY BUT PROMPT IF RESPONDENT STRUGGLING):** Other (specify)
- (DO NOT READ) Don't Know/Refused

6B. What do you feel is the most serious challenge facing the Canadian health care system? **[CAPTURE FIRST MENTION]** Any others? **[MULTIPLE MENTIONS]**

7. Which of the following two statements comes closer to your point of view: **[ROTATE STATEMENTS]**

- Current healthcare spending needs to be managed more effectively.
- The health care system needs increased funding.
- (DO NOT READ) Both
- (DO NOT READ) None
- (DO NOT READ) Don't Know/Refused

8. Thinking about the money the federal government spends. I'd like you to tell me what percentage of the Government of Canada's budget you think is spent on the following areas. What percentage of the federal government's budget is spent on **[INSERT ITEM – RANDOMIZE]**? **[INTERVIEWER IF NEEDED: Just give me your best guess you can pick any number from 1% to a 100%]** **[NOTE TO INTERVIEWER/PROGRAMMER TOTALS DO NOT HAVE TO ADD TO 100%]**

- Health care
- Post secondary education, skills and training
- National defence
- Interest paid on the federal debt
- Income support for low income elderly Canadians
- Crime and public safety
- (DO NOT READ) Don't Know/Refused



9. Government spending on health care has increased in Canada over the last few years and spending on health care is set to rise faster than the country's rate of economic and population growth.

Some say **(READ STATEMENT)**; others say **(READ NEXT STATEMENT)**:

ROTATE STATEMENTS

A. Government health care spending should be reigned in to match the country's economic and population growth so there is enough money for other government programs and services.

B. Health care is an essential service and given its importance it's okay if health care spending grows faster than the Canadian economy, even if that means less money for other government programs and services.

(DO NOT READ) Don't Know/Refused

Which of these statements is closest to your view?

10. Currently, how much information do you feel you receive about how the health care system is performing?

- More than enough information
- Just the right amount of information
- Not enough information
- **(DO NOT READ)** Don't Know/Refused

DEMOGRAPHIC QUESTIONS

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.

11. In what year were you born? [RECORD YEAR – RANGE 1900-1991 ENTER 9999 FOR REFUSED]

12. Which of the following diplomas or degrees have you completed? (READ LIST)

None

High School diploma or equivalent

Registered Apprenticeship or other trades certificate or diploma

College, CEGEP or other non-university certificate or diploma

University degree, certificate or diploma

(DO NOT READ) Refused



13. 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 [READ LIST]?
Under \$20,000
\$20,000 to just under \$ 40,000
\$40,000 to just under \$ 60,000
\$60,000 to just under \$ 80,000
\$80,000 to just under \$100,000
\$100,000 to just under \$150,000
\$150,000 and above
(DO NOT READ) Refused
14. Which of the following categories best describes your current employment status? Are you [READ LIST – ACCEPT ONE ANSWER ONLY]
Working full-time, that is, 35 or more hours per week
Working part-time, that is, less than 35 hours per week
Self-employed
Unemployed, but looking for work
A student attending school full-time
Retired
Not in the workforce [FULL-TIME HOMEMAKER, UNEMPLOYED, NOT WORKING FOR WORK])
[DO NOT READ] [IF VOLUNTEERED: Other -- DO NOT SPECIFY]
[DO NOT READ] Refused
15. Do you currently have a family doctor?
- Yes
No
DK/RF
- 16 Gender [Do not ask: record based on interviewer observation] (RECORD)
17. Postal Code [ENTER 999999 FOR REFUSED]

THANK YOU FOR YOUR TIME. THESE ARE ALL THE QUESTIONS I HAVE FOR YOU.



Santé Canada – Novembre 2011

INTRODUCTION

Bonjour / Bonsoir, je suis _____ et je vous appelle de la part de The Strategic Counsel pour le compte du gouvernement du Canada. Nous sommes une entreprise professionnelle de sondage de l'opinion publique. Je tiens d'abord à vous préciser que nous n'avons rien à vendre. Nous communiquons aujourd'hui avec des Canadiens et des Canadiennes sélectionnés au hasard pour discuter d'enjeux qui nous concernent tous.

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 canadienne 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 1-888-602-6742.]

J'aimerais parler au membre de votre ménage âgé de 18 ans ou plus qui a célébré son anniversaire le plus récemment. Est-ce vous?

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

ATTITUDES

1. En songeant aux enjeux auxquels fait face le Canada aujourd'hui, sur lequel le gouvernement du Canada devrait-il se concentrer le plus, selon vous? **[INSCRIRE LA PREMIÈRE RÉPONSE]** Y en a-t-il d'autres **[RÉPONSES MULTIPLES]**

[PAS DE LISTE PRÉCODÉE – REMARQUE À L'INTENTION DE L'INTERVIEWER : LA PREMIÈRE RÉPONSE DOIT ÊTRE INSCRITE EN PREMIER]

[RENOUVELER LES Q.2 ET Q3]

2. Comment évalueriez-vous l'état actuel de l'économie canadienne? Veuillez utiliser une échelle de 1 à 10, où 1 signifie terrible et 10, excellent

1-10

NSP/Refus

3. Comment évalueriez-vous l'état actuel du système de soins de santé du Canada? Veuillez utiliser une échelle de 1 à 10, où 1 signifie terrible et 10, excellent

1-10

NSP/Refus

4. Dans quelle mesure êtes-vous d'accord ou en désaccord avec cet énoncé? Je suis persuadé-e que si je devenais gravement malade, ou si un membre de ma famille le devenait, nous serions en mesure d'avoir accès à de bons services de soins de santé. Êtes-vous...



- Fortement d'accord
- Plutôt d'accord
- Plutôt en désaccord
- Fortement en désaccord
- NSP/Refus

5. Au cours des cinq prochaines années, croyez-vous que le système de soins de santé du Canada va s'améliorer beaucoup, s'améliorer quelque peu, demeurer au même point, se détériorer quelque peu ou se détériorer beaucoup?

- s'améliorer beaucoup
- s'améliorer quelque peu
- demeurer au même point
- se détériorer quelque peu
- se détériorer beaucoup
- NSP/Refus

[DIVISER L'ÉCHANTILLON ENTRE 6A ET 6B]

6A. Selon vous, lequel de ces enjeux constitue le défi le plus important pour le système de soins de santé du Canada? **[LIRE LA LISTE – RANDOMISER LA LISTE – ACCEPTER UNE SEULE RÉPONSE]**

- Le vieillissement de la population canadienne
- La pénurie de professionnels de la santé comme des médecins, des infirmier/infirmières et des spécialistes
- L'augmentation des maladies chroniques au sein de la population canadienne, p.ex. le diabète ou l'hypertension
- Le coût à la hausse de la prestation de services de soins de santé
- **(NE PAS LIRE AU DÉPART, MAIS DEMANDER SI LE RÉPONDANT HÉSITE):** Autre enjeu (veuillez préciser)
- **[NE PAS LIRE]** NSP/Refus

6B. Selon vous, quel est le principal défi auquel fait face le système de soins de santé du Canada? **[INSCRIRE LA PREMIÈRE RÉPONSE]** Y en a-t-il d'autres **[RÉPONSES MULTIPLES]**

7. Lequel de ces deux énoncés correspond le mieux à votre point de vue : **[RENOUVELER LES ÉNONCÉS]**

- Les dépenses actuelles en soins de santé doivent être gérées de façon plus efficiente
- Le système de soins de santé a besoin de davantage de financement
- **(NE PAS LIRE – RÉPONSE SPONTANÉE)** Les deux



- (NE PAS LIRE – RÉPONSE SPONTANÉE) Aucun des deux
- NSP/Refus

8. En songeant à l'argent que dépense le gouvernement fédéral, j'aimerais que vous me disiez quel pourcentage du budget du gouvernement du Canada est consacré, selon vous, à ces secteurs. Quel pourcentage du budget du gouvernement fédéral est consacré [INSÉRER LE SECTEUR– RANDOMISER]? [AU BESOIN : Donnez-moi votre meilleure approximation. Vous pouvez me donner tout pourcentage de 1 % à 100 %] [REMARQUE À L'INTENTION DE L'INTERVIEWER/DU PROGRAMMEUR : LE TOTAL NE DOIT PAS NÉCESSAIREMENT ÊTRE 100 %, NSP/REFUS EST UNE RÉPONSE ACCEPTABLE)

- Aux soins de santé
- Aux études postsecondaires, à l'acquisition de nouvelles compétences et à la formation
- À la défense nationale
- À l'intérêt versé sur la dette fédérale
- Au supplément de revenu garanti pour les aînés à faible revenu
- À la lutte contre le crime et à la sécurité publique

11. Au cours des dernières années, les dépenses pour les soins de santé ont augmenté au Canada, et ces dépenses devraient continuer d'augmenter plus rapidement que la croissance économique et démographique du pays.

Certaines personnes disent que...(LIRE L'ÉNONCÉ), tandis que d'autres personnes affirment que...
(LIRE L'ÉNONCÉ SUIVANT)

RENOUVELER LES ÉNONCÉS

A. Les dépenses du gouvernement pour les soins de santé devraient être ajustées à la croissance économique et démographique du pays afin qu'il y ait suffisamment d'argent pour les autres programmes et services gouvernementaux.

B. Les soins de santé sont essentiels et, étant donné leur importance, il est acceptable que les dépenses pour les soins de santé croissent plus rapidement que l'économie canadienne, et ce, même si ça signifie qu'il y aura moins d'argent pour les autres programmes et services gouvernementaux.

Lequel de ces deux énoncés correspond le mieux à votre point de vue?

[NE PAS LIRE] NSP/Refus

12. À l'heure actuelle, quelle quantité d'information avez-vous l'impression d'obtenir sur le rendement du système de soins de santé?

- Amplement d'information
- Suffisamment d'information
- Pas assez d'information
- [NE PAS LIRE] NSP/Refus

QUESTIONS DÉMOGRAPHIQUES

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.



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

12. Lequel de ces diplômes ou certificats avez-vous obtenu? [LIRE LA LISTE]

Aucun

Diplôme d'études secondaires ou l'équivalent

Apprentissage enregistré ou autre certificat ou diplôme de compétence

Diplôme d'études collégiales ou professionnelles ou autre certificat ou diplôme non universitaire

Diplôme ou certificat d'études universitaires

(NE PAS LIRE) Refus

13. 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 ménage combinés? [LIRE LA LISTE]

Moins de 20 000 \$

Entre 20 000 \$ et un peu moins de 40 000 \$

Entre 40 000 \$ et un peu moins de 60 000 \$

Entre 60 000 \$ et un peu moins de 80 000 \$

Entre 80 000 \$ et un peu moins de 100 000 \$

Entre 100 000 \$ et un peu moins de 150 000 \$

150 000 \$ et plus

NSP/REFUS

14. Laquelle des catégories suivantes décrit le mieux votre situation d'emploi actuelle? Êtes-vous... [LIRE LA LISTE – ACCEPTER UNE SEULE RÉPONSE]

Employé à temps plein, c'est-à-dire 35 heures ou plus par semaine

Employé à temps partiel, c'est-à-dire moins de 35 heures par semaine

Travailleur indépendant

Sans emploi, mais à la recherche d'un emploi

Aux études à temps plein

À la retraite

Pas sur le marché du travail [AU FOYER À TEMPS PLEIN, SANS EMPLOI ET NON À LA RECHERCHE D'UN EMPLOI]

[NE PAS LIRE] [SI RÉPONSE SPONTANÉE : Autre – NE PAS PRÉCISER]

[NE PAS LIRE] Refus

15. À l'heure actuelle, avez-vous un médecin de famille?

Oui

Non

NSP/REFUS

16. Sexe (Ne pas demander : inscrire par déduction) (INSCRIRE)

17. Code postal

MERCI D'AVOIR PRIS LE TEMPS DE PARTICIPER. JE N'AI PLUS D'AUTRES QUESTIONS.



Weighting Scheme

2006 National weighted by age and region										
	SAMPLE CELL	De-sired proportion	Weight factor	Weighted n	Un-weighted n	Age Desired Proportions Within Region	Age Weight Factor	Weighted n by Age	Round-ed Weight-ed n by Age	ORIGINAL Age Desired Proportions Within Region
Atlantic	18-34				29	25.06	1.5967	46.305	46	25.6
	35-49				62	28.78	0.8577	53.179	53	29.4
	50-54				40	9.79	0.4522	18.090	18	10
	55-64				64	16.15	0.4663	29.842	30	16.5
	65+				86	18.01	0.387	33.279	33	18.4
	DK/NS				6	2.1	0.6467	3.880	4	
	TOTAL	7.4	1	184.778	287	99.89		184.575	185	
PQ	18-34				74	26.6	2.1811	161.401	161	26.9
	35-49				131	29.08	1.3469	176.449	176	29.4
	50-54				48	9.69	1.2249	58.796	59	9.8
	55-64				126	15.73	0.7575	95.445	95	15.9
	65+				137	17.8	0.7884	108.005	108	18
	DK/NS				6	1.1	1.1124	6.674	7	
	TOTAL	24.3	1	606.771	522	100		606.771	607	
ON	18-34				73	27.54	3.5985	262.691	263	28.1
	35-49				163	30.18	1.7661	287.873	288	30.8
	50-54				86	9.02	1.0004	86.038	86	9.2
	55-64				148	14.11	0.9094	134.589	135	14.4
	65+				207	17.15	0.7903	163.586	164	17.5
	DK/NS				14	2	1.3626	19.077	19	
	TOTAL	38.2	1	953.854	691	100		953.854	954	
Prairies	18-34				97	30.63	1.3168	127.727	128	31.1
	35-49				135	29.55	0.9128	123.223	123	30
	50-54				65	9.36	0.6005	39.031	39	9.5
	55-64				136	13.2	0.4047	55.044	55	13.4
	65+				142	15.86	0.4657	66.136	66	16.1
	DK/NS				9	1.5	0.695	6.255	6	
	TOTAL	16.7	1	416.999	584	100.1		417.416	417	
BC	18-34				33	26.35	2.6318	86.851	87	26.7
	35-49				64	29.31	1.5095	96.607	97	29.7
	50-54				26	9.67	1.2259	31.873	32	9.8
	55-64				86	15.3	0.5864	50.429	50	15.5
	65+				103	18.16	0.5811	59.856	60	18.4



	DK/NS				4	1.3	1.0712	4.285	4	
	TOTAL	13.2	1	329.604	316	100.09		329.901	330	
North	18-34				17	35.64	0.157	2.670	3	36.7
	35-49				28	33.01	0.0883	2.473	2	34
	50-54				15	9.42	0.047	0.706	1	9.7
	55-64				27	11.94	0.0331	0.894	1	12.3
	65+				13	6.99	0.0403	0.524	1	7.2
	DK/NS				3	2.9	0.0724	0.217	0	
	TOTAL	0.3	1	7.491	103	99.9		7.484	7	
2499										
Column Total					2503	2500			2500	
100										
Total weighted sample size 2497										



Call Dispositions: Survey of n=2520

Record Of Contact			
Project Name: Health Canada			
Field Start Date: Thursday November 17, 2011			
Field End Date: Thursday December 1, 2011			
		Total #	%
Total Completes		2,520	5.32%
A. Total Numbers Attempted			
Total Call Records		50,024	
Total Unallocated		2,665	
Quota Full - No Dial			
Total Numbers Attempted (Net Potential Sample)		47,359	
Ineligible Numbers			
Number Changes / NIS/ Number Problem		9,172	19.37%
Business / Fax / Cell Phone / Computer		1,086	2.29%
Quota Full		373	0.79%
Duplicate Numbers		0	0.00%
Total Invalid Numbers		10,631	22.45%
B. Total Eligible Numbers (Net Potential Sample - Total Invalid #s)		36,728	77.55%
C. Total Asked			
Call Back:	Hard Appointments	28	0.06%
	Soft Appointments	4,247	8.97%
Partial Complete		120	0.25%
Not Available Until After Survey			
No Answer		9,638	20.35%
Answering Machine		11,886	25.10%
Busy		990	2.09%
Language Problem: French			
Language Problem: Other		314	0.66%
Respondent Not Available		1,035	2.19%
Total Unreachable		28,258	59.67%
Total Asked (Total Eligible Numbers - Total Unreachable)		8,470	17.88%
Refusals			
Upfront		3,320	7.01%
Do not call list		485	1.02%
Eligible Respondent Refusal		1,713	3.62%
Middle Refusal		432	0.91%
Total Refusals		5,950	12.56%
D. Cooperative Contacts (Total Asked - Refusals)		2,520	
Completed Interviews		2,520	5.32%
Total Cooperative Contacts		2,520	5.32%
Response Rate = Cooperative Contacts/Total Eligible #s		6.86%	
Incidence = Completes/Cooperative Contacts		100.00%	
Refusal Rate = Total Refusals/Total Asked		70.25%	