

**BC Residents' Attitudes Toward  
The Quality of Health Care**

**March 2002**

**Submitted To: Health Canada**

**POR-01-14**

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# Executive Summary

- The survey finds that BC residents rate health care in Canada as moderate and give it an overall mean impression rating of 5.8.
- The overall mean impression rating of health care in Canada is similar between the general public and health care providers (5.8 versus 6.0 respectively). However, the overall mean impression rating is higher among pharmacists (6.5).
- Tracking data among the general population indicate that the overall mean impression rating is relatively unchanged between Wave I and Wave II of the research (5.8 and 6.0 respectively).
- When BC residents are asked to name, top-of-mind, the factors that are most important to ensure quality of health care in Canada<sup>1</sup>, they are most likely to mention factors related to system competency<sup>2</sup> (64%), particularly the quality of/proper treatment/level of care (11%), lack of nurses (8%), lack of doctors (8%), technology/equipment/facilities/funding for/testing (7%, adequate staffing/shortage of staff (6%) and accessibility/availability of doctors (6%).
- Large proportions of BC residents also mention factors related to responsiveness, particularly, speed to service/waiting lists (31%) and accessibility to health care/access to care (18%), and factors related to funding, particularly, one-tier health system/maintain public/coverage (15%), cost/being affordable (9%) and funding/government funding/transfer payments (9%).
- Much smaller numbers of BC residents mention factors related to work life, client/community focus and comprehensiveness.
- Health care providers also rank factors related to system competency at the top of the list, followed by responsiveness and funding. However, they are more likely than the general public to mention factors related to system competency (86% versus 64% respectively) and responsiveness (75% and 54%).

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<sup>1</sup> In this question, respondents were allowed to mention up to five factors, therefore, the numbers that are cited refer to the proportion of responses.

<sup>2</sup> The overall categories - system competency, responsiveness, work life and client/community focus - are used by the Canadian College of Health Services in their accreditation of the quality of health services across the country. The other two categories – funding and comprehensiveness – are additional categories identified by the population.

- Tracking data among the general population indicate that the overall ranking of health care categories remains unchanged between Wave I and Wave II. Mentions of specific factors included within these categories also remain essentially unchanged, but there has been a decline in the number of BC residents who mention speed to service/waiting lists (31% in Wave I versus 19% in Wave II).
- When BC residents are asked to choose between different sets of options, we find that there is a general preference for getting immediate service. Hence, they would prefer driving to see a specialist immediately over waiting to see a specialist in their community (85% versus 9%) and they prefer seeing a nurse to get immediate assistance over waiting to see a physician (69% versus 21%). However, residents still prefer to wait to see their family doctor than to see a doctor right away at a walk-in clinic (52% versus 37%).
- BC residents also show some preference for home support when recovering from an operation as opposed to staying in a hospital (61% versus 33%), but they are divided in their preference for more hospital beds over more community-based health services (46% versus 42%).
- BC residents show a clear preference for drugs covered by Medicare even if this limits their choices over paying for the latest name-brand drugs (71% versus 20%) and for accessing information to manage their own health over relying on a health care professional (57% versus 35%).
- Doctors are more likely than other providers and the general population to prefer waiting a week to see a specialist in their community, waiting a week to see their family doctor and having more hospital beds.
- Nurses and pharmacists are more likely than BC residents in general and doctors to prefer more community-based health services.
- Tracking data among the general population find that BC residents have become more open to more community-based health services (42% in Wave I and 55% in Wave II) and are less likely to call for more hospital beds (46% and 38%).
- Similar to earlier results, BC residents once again show a desire to get immediate help over waiting, but not if this means that they have to pay for it. Hence, they would rather call a health care professional to get immediate advice than go to a hospital emergency room and wait (68% versus 30%), but would rather wait for surgery that is covered by Medicare than pay to receive immediate surgery (60% versus 28%).
- Nurses are more likely than other health care providers and the general population to prefer calling a health care professional to get immediate advice and to wait for surgery covered by Medicare. Doctors are more likely than other providers and the general population to prefer paying to receive immediate surgery.

- Tracking data among the general population indicate that the options chosen do not differ significantly between Wave I and Wave II.
- When it comes to government spending preferences, BC residents decidedly prefer that the government spend more on incentives to keep doctors and nurses in Canada than on recruiting doctors and nurses from other countries (76% versus 18% respectively). They also prefer more spending on disease prevention than on disease treatment (62% versus 26%) and on training health care staff than on purchasing medical equipment (59% versus 23%).
- Doctors and nurses are more likely than others to prefer more government spending on incentives to keep doctors and nurses in Canada. Nurses and pharmacists are more likely than others, particularly doctors, to prefer more government spending on disease prevention and on training health care staff. Doctors are far more likely than others to prefer more spending on disease treatment.
- Tracking data among the general population find that the number who prefer more government spending on training health care staff falls from 59% in Wave I to 51% in Wave II.
- When asked to rank the importance of five items, the largest number of BC residents pick, as their first mention, hiring more doctors in Canada (34%), followed by having prescription drugs covered by Medicare (24%), funding more hospital beds (18%), providing more home support for patients (14%) and purchasing updated medical equipment (8%).
- Health care providers are less likely than the general population to rate having prescription drugs covered by Medicare as their number one priority. Nurses are more likely others to rate providing more home support for patients as their number one priority.
- Tracking data among the general population find no significant changes between Wave I and Wave II.
- When BC residents are given another list of five items and asked to rank them by importance, the largest number choose, as their first mention, having highly-trained health care providers (38%), followed by not having to wait for medical service (28%), having access to the same quality health care anywhere in Canada (16%), having access to services in local community (10%) and having access to health information (5%).
- Doctors are more likely than others to rate having highly-trained health care providers as their first choice.
- Tracking data among the general population find no significant changes between Wave I and Wave II.

- When BC residents are asked to prioritize spending in an imaginary health budget between three sets of services, we find that on the grouping dealing with continuity, the largest proportion allocated the highest level of funding to acute care (44%), followed by home and community care (26%), long-term care (23%) and end-of-life care (8%).
- Doctors are more likely than others to allocate the highest level of funding to acute care and are less likely to allocate it to long-term care. Nurses are more likely than others, particularly doctors, to allocate the highest level of funding to home and community care.
- Tracking data among the general population find that the number who allocate the highest level of funding to home and community care has increased from 26% in Wave I to 34% in Wave II, whereas, the number who allocate the highest level of funding to long-term care has decreased from 23% in Wave 1 to 14% in Wave II.
- When the general population is asked what percentage of their funds they would allocate to three current big budget health care items, we find that the largest proportion allocated the highest level of funding to diagnostic services (57%), followed by prescription medications (30%) and health information systems and electronic patient records (13%).
- Doctors and nurses are far more likely others, particularly pharmacists, to allocate the highest level of funding to diagnostic services. Pharmacists are far more likely than others, particularly doctors, to allocate the highest level of funding to prescription medications.
- Tracking data among the general population indicate that there are no statistical differences between Wave I and Wave II in the item that was allocated the highest level of funding.
- When BC residents are asked what percentage of their imaginary budget they would allocate to three proactive health care measures, we find that the largest proportion allocate the highest level of funding to disease detection through screening programs (39%), followed by illness prevention programs (36%) and public health programs (25%).
- Doctors are more likely than others to allocate the highest level of funding to disease detection through screening programs. Nurses are more likely than others to allocate the highest level of funding to illness prevention programs.
- Tracking data among the general population indicate that there are no statistical differences between Wave I and Wave II in the item that was allocated the highest level of funding.

- When BC residents are asked where they get their information about the health care system, the largest proportion mention news coverage (77%). Smaller proportions mention health care provider (30%), friend or relative (23%), the Internet (17%), personal experience (17%), books/magazines/medical journals/literature (10%) and television/radio (7%).
- Nurses and doctors are far more likely than others to say they get information about the health care system from personal experience and from books/magazines/medical journals/literature (36% versus 10% respectively). Nurses are more likely than others to get this information from the Internet. Nurses, like the general population, are more likely than doctors or pharmacists to get this information from a health care provider.
- Tracking data among the general population indicate that between Wave I and Wave II responses to this question have remained essentially unchanged, with one exception. The number of BC residents who say they get information about the health care system through television/radio has increased from 7% in Wave I to 16% in Wave II.
- Towards the end of the survey, BC residents were, once again, asked to name, the factors that are most important to ensure quality of health care in Canada<sup>3</sup>. A comparison of top-of-mind opinions versus those formed as a result of answering various questions about the health care system finds that BC residents are more inclined to mention most of the thematic areas outlined earlier, with the exception of factors related to responsiveness, which fall dramatically, and factors related to client/community focus, which remain essentially unchanged.
- Mentions of factors related to work life (31% after information versus 17% top-of-mind), particularly recruitment/training/well-trained staff (20% versus 10%) increase considerably.
- BC residents are also more likely to mention factors related to funding (46% after information versus 37% top-of-mind), particularly funding/government funding/transfer payments (20% versus 9%) and to mention factors related to system competency (72% after information versus 64% top-of-mind) and comprehensiveness (10% versus 5%).
- BC residents are much less likely to mention factors related to responsiveness (24% after information versus 54% top-of-mind), particularly speed to service/waiting lists (11% versus 31%).
- Health care providers, like the general population, are more likely to mention factors related to funding after receiving information on the health care system. Providers are also more likely to mention factors related to work life.

<sup>3</sup> In this question, respondents were allowed to mention up to five factors, therefore, the numbers that are cited refer to the proportion of responses.

- Providers are far less likely to mention factors related to responsiveness. They are also less likely to mention factors related to system competency.
- Tracking data among the general population find similar patterns between Wave I and Wave II in top-of-mind responses and those given after receiving information about the health care system. However, mention of factors related to system competency, which in Wave I increase after information, show an opposite pattern in Wave II.

# Introduction

POLLARA is pleased to present Health Canada with the results of surveys of British Columbia residents age 18 and over and B.C. health care providers, including doctors, nurses and pharmacists.

The objectives of these surveys are to assess overall impressions of the quality of health care in Canada, the most important factors to ensure quality of health care top-of-mind and after information, health care priorities, in terms of preferences, as well as spending, and sources of information about the health care system.

The results presented in this report are based on five surveys, which involved telephone interviews with:

## **Wave I**

- 739 BC residents age 18 and over between December 11 and 15, 2001;
- 100 BC pharmacists between December 5 and 11, 2001;
- 100 BC nurses between December 5 and 11, 2001;
- 101 BC doctors between December 10 and 18, 2001; and

## **Wave II**

- A resampling of 186 BC residents age 18 and over, between February 20 and March 3, 2002

Tracking data included in this report refers to a comparison of results among the general population between Wave I and Wave II of the research.

Throughout the report regional and demographic (gender, age, education, income, frequency of use of health care system) differences are only mentioned when they seem to play a role.



# Overall Quality of Health Care in Canada

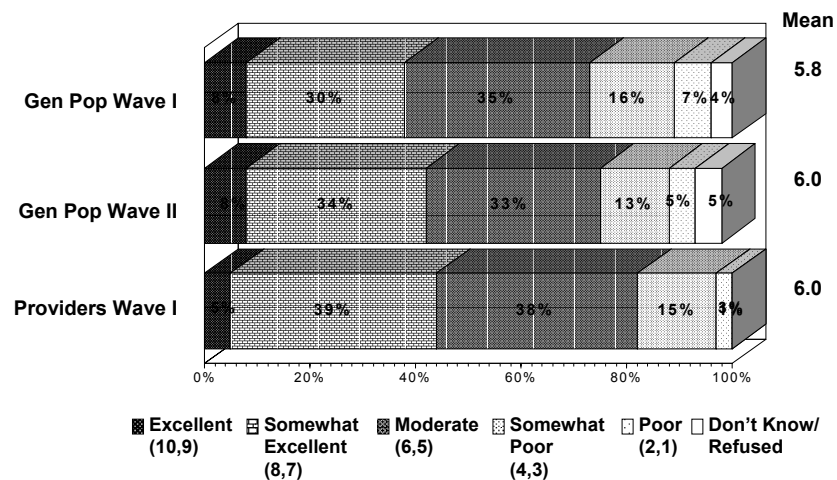
The survey finds that BC residents give the health care system in Canada a moderate rating (5.8). This is similar to that found among health care providers (6.0).

When BC residents are asked to rate the quality of health care in Canada today, on a scale from one to ten, where one is poor and ten is excellent, they give the health care system an overall mean rating of 5.8. Almost four-in-ten (38%) rate the health care system as excellent (8%) or somewhat excellent (30%). Another 35% rate it as moderate. Only 23% rate it as poor (7%) or somewhat poor (16%).

When health care providers are asked to rate the quality of the health care system in Canada, they give it an overall mean rating of 6.0. Pharmacists (6.5) rate the health care system slightly higher than do doctors (5.7) and nurses (5.8).

Tracking data among the general population indicate that impressions of the health care system in Canada are similar between Wave I (5.8 mean impression points) and Wave II (6.0 mean impression points).

Overall Quality of Health Care System



### Regional Analysis

The overall mean rating given to the health care system is highest in the Vancouver Coastal region (6.3) and is lower in the Interior (5.6) and the Northern (5.2) regions.

#### Overall Quality of Health Care System, by Region<sup>4</sup>

	Gen pop Wave I
Interior	5.6
Fraser	5.9
Vancouver Coastal	6.3
Vancouver Island	6.0
Northern	5.2

### Demographic Analysis

More educated British Columbians are more likely than their less educated counterparts to give the health care system a higher overall mean rating.

#### Overall Quality of Health Care System

	Gen pop Wave I
High School Or Less	5.4
Community College	5.7
Some University	6.1
Completed University	6.5

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<sup>4</sup> The communities making up each of these overall regions can be found in Appendix 1.

# Most Important Factors to Ensure Quality of Health Care in Canada<sup>5</sup>

When BC residents are asked to name, top-of-mind, the factors that are most important to ensure quality of health care in Canada, they are most likely to mention factors related to system competency<sup>6</sup> (64%), particularly the quality of/proper treatment/level of care (11%), lack of nurses (8%), lack of doctors (8%), technology/equipment/facilities/funding for/testing (7%), adequate staffing/shortage of staff (6%) and accessibility/availability of doctors (6%).

More than one-half (54%) mention factors related to responsiveness, particularly, speed to service/waiting lists (31%) and accessibility to health care/access to care (18%).

A total of 37% mention factors related to funding, particularly, one-tier health system/maintain public/coverage (15%), cost/being affordable (9%) and funding/government funding/transfer payments (9%).

A total of 17% mention factors related to work life, particularly, recruitment/training/well-trained staff (10%)

Smaller numbers mention factors related to client/community focus (12%) and to comprehensiveness (5%).

Looking at the opinions of health care providers, we find that health care providers are much more likely than the general population to mention factors related to system competency (86% versus 64% respectively), particularly technology/equipment/facilities/funding for/testing (14% versus 7%) and adequate staffing/shortage of staff (14% versus 6%). Providers are also more much more inclined to mention factors related to responsiveness (75% versus 54%), particularly accessibility to health care/access to care (34% versus 18%).

Tracking data among the general population indicate that overall ranking of health care categories remains the same between Wave I and Wave II. In general, mentions of the specific factors included in these categories also remain relatively unchanged, but there has been a decline of 12 points in the number of BC residents who mention speed to service/waiting lists (31% in Wave I versus 19% in Wave II).

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<sup>5</sup> In this question, respondents were allowed to mention up to five factors, therefore, the numbers that are cited refer to the proportion of responses.

<sup>6</sup> The overall categories - system competency, responsiveness, work life and client/community focus - are used by the Canadian College of Health Services in their accreditation of the quality of health services across the country. The other two categories – funding and comprehensiveness – are additional categories identified by the population.

### Most Important Factors to Ensure Quality of Health Care in Canada – Top-of-mind<sup>7</sup>

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
<b>System Competency</b>	<b>64</b>	<b>68</b>	<b>86</b>
Quality Of/Proper Treatment/Level of Care	11	14	14
Lack of Nurses	8	4	8
Lack of Doctors	8	5	8
Tech./Equipment/Facilities/Funding For/Testing	7	13	14
Adequate Staffing/Shortage of Staff	6	4	14
Accessibility/Availability of Doctors	6	7	5
<b>Responsiveness</b>	<b>54</b>	<b>48</b>	<b>75</b>
Speed To Service/Waiting Lists	31	19	35
Accessibility To Health Care/Access To Care	18	23	34
<b>Funding</b>	<b>37</b>	<b>33</b>	<b>34</b>
One-Tier Health System/ Maintain Public/Coverage	15	14	10
Cost/Being Affordable	9	9	8
Funding/Gov't Funding/Transfer Payments	9	6	11
<b>Work Life</b>	<b>17</b>	<b>21</b>	<b>22</b>
Recruitment/Training/Well-Trained Staff	10	14	13
<b>Client/Community Focus</b>	<b>12</b>	<b>9</b>	<b>9</b>
Empathy/Respect/Friendly Service/Spend Time	4	3	1
<b>Comprehensiveness</b>	<b>5</b>	<b>7</b>	<b>11</b>
Illness Prevention/Health Promotion	1	3	4

<sup>7</sup> See Appendix 2 for complete list of factors for each category.

## Regional Analysis

Those living in the Northern region are less likely than those in other regions of the province to mention speed to service/waiting lists. Northern residents are slightly more likely to mention a lack of doctors and accessibility/availability of doctors.

### Most Important Factors to Ensure Quality of Health Care in Canada – Top-of-mind, by Region

	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
	%	%	%	%	%
Speed To Service/ Waiting Lists	31	35	29	37	14
Lack Of Doctors	10	6	5	8	18
Accessibility/Availability Of Doctors	8	5	4	4	16

## Demographic Analysis

Frequent personal users of the health care system (89%) are more likely than others, particularly non-users (43%), to mention factors related to system competency.

### Most Important Factors to Ensure Quality of Health Care in Canada – Top-of-mind, by Use of Health Care System

	Frequent Personal User	Infrequent Personal User	Frequent Family User	Infrequent Family User	Non-User
	%	%	%	%	%
Factors Related To System Competency	89	65	78	57	43

More educated and more affluent BC residents are more likely than their less educated and less affluent counterparts to mention quality of/proper treatment/level of care, speed to service/waiting lists, accessibility to health care/access to care and recruitment/training/well-trained staff. More educated residents are also more likely than their less educated counterparts to mention one-tier health system/maintain public/coverage. More affluent residents are also more likely than their less affluent counterparts to mention technology/equipment/facilities/funding for/testing.

**Most Important Factors to Ensure Quality of Health Care in Canada – Top-of-mind,  
by Education and Income**

	Gen pop Wave I Overall	High School or Less	Completed University	<\$25,000	\$75,000+
	%	%	%	%	%
<b>System Competency</b>	<b>64</b>	<b>56</b>	<b>61</b>	<b>52</b>	<b>66</b>
Quality Of/Proper					
Treatment/Level of Care	11	7	17	6	17
Tech./Equipment/Facilities/					
Funding For/Testing	7	6	7	2	13
<b>Responsiveness</b>	<b>54</b>	<b>49</b>	<b>74</b>	<b>39</b>	<b>75</b>
Speed To Service/					
Waiting Lists	31	29	37	26	36
Accessibility To Health					
Care/Access To Care	18	14	32	8	32
<b>Funding</b>	<b>37</b>	<b>24</b>	<b>51</b>	<b>38</b>	<b>42</b>
One-Tier Health System/					
Maintain Public/Coverage	15	10	23	16	15

## Preferred Options

In this section, BC residents were asked to choose between various sets of options.

More than eight-in-ten choose driving one hour to see a specialist immediately (85%) over waiting a month to see a specialist in their community (9%).

Seven-in-ten prefer to see a nurse to get immediate medical assistance (69%) over waiting one week to see a physician (21%).

Five-in-ten BC residents are somewhat more likely to choose to wait one week to see their family doctor who knows them personally (52%) over seeing another doctor today at a walk-in clinic (37%).

Six-in-ten choose recovering from an operation at home with home support (61%) over recovering from an operation in a hospital bed (33%).

BC residents are almost as likely to choose having more hospital beds (46%) as to choose having more community-based health services such as home care (42%).

Seven-in-ten choose having drug costs covered by Medicare, even if that means fewer choices (71%) over paying to purchase the latest name-brand drugs themselves (20%).

Almost six-in-ten choose having access to up-to-date information to manage their own health (57%) over relying on a health professional to manage their care (35%).

Looking at the choices of health care providers, we find that providers are more likely than the general population to prefer waiting one week to see a physician (32% versus 21% respectively). However, this number is driven by doctors (50%). Doctors are also more likely than others to prefer waiting one week to see their family doctor who knows them personally (66% versus 52% among general population). Doctors are more likely than nurses or pharmacists to prefer having more hospital beds (50% versus 27% and 36% respectively). Nurses and pharmacists are more likely than others, particularly doctors, to prefer having more community-based health services (60% and 55% versus 31% among doctors). Nurses are more likely than others, particularly doctors, to prefer having access to up-to-date information to manage their own health (70% versus 44% among doctors). Doctors are more likely than others, particularly nurses, to prefer relying on a health professional to manage care (46% versus 20% among nurses). Providers are less likely than the general population to prefer fewer choices of drugs covered by Medicare (49% versus 71% among general population). However, this is driven by doctors and pharmacists (41% and 44%), and not by nurses (61%), who are far more supportive of this idea. Doctors are more likely than others, particularly nurses, to prefer paying to purchase latest name-brand drugs (46% versus 25% among nurses).

Tracking data among the general population finds that the number who choose having more community-based health services increases from 42% in Wave 1 to 55% in Wave II. The proportion who choose having more hospital beds falls from 46% in Wave I to 38% in Wave II.



	<b>Would You Prefer to...</b>		
	Gen pop	Gen pop	Providers
	Wave I	Wave II	Wave I
	%	%	%
Drive 1 Hr To See Specialist Immediately	85	83	88
Wait 1 Month To See Specialist in Community	9	9	7
See Nurse To Get Immediate Medical Assistance	69	75	55
Wait One Week To See A Physician	21	17	32
Wait 1 Week To See Your Family Doctor	52	45	56
See Another Doctor At Walk-In Clinic	37	37	28
Have More Hospital Beds	46	38	38
More Community-Based Health Services	42	55	49
Recover From An Operation in Hospital Bed	33	24	25
Recover From An Operation At Home With Support	61	67	68
Fewer Choices Of Drugs Covered By Medicare	71	72	49
Pay To Purchase Latest Name-Brand Drugs	20	18	35
Access Up-To-Date Info To Manage Health	57	58	55
Rely On A Health Professional To Manage Care	35	33	34

### **Regional Analysis**

Residents of the Vancouver Coastal region are divided when asked to choose between waiting 1 week to see their family doctor and seeing another doctor today at a walk-in clinic (42% and 43% respectively). Majorities of residents in other regions choose the former over the latter option.

### Would You Prefer to...,by Region

	Interior	Fraser	Vancouver Coastal	Vancouver Island	Northern
	%	%	%	%	%
Wait 1 Week To See					
Your Family Doctor	53	53	42	56	56
See Another Doctor					
At Walk-In Clinic	33	38	43	33	37

### Demographic Analysis

Frequent personal users are more likely than others to prefer waiting a week to see their family doctor (61% versus 52% among general population) and to prefer to recover from an operation at home with support (73% versus 61%).

When asked to choose between waiting a week to see their family doctor than seeing another doctor today at a walk-in clinic, men are more divided in their choice (46% and 41% respectively). Women are far more likely to choose the former over the latter (57% and 33% respectively).

Men are more likely than women to choose seeing a nurse to get immediate medical assistance (74% and 63% respectively).

### Would You Prefer to...by Gender

	Gen pop	Men	Women
	Wave I		
	Overall		
	%	%	%
See Nurse To Get			
Immediate Medical Assistance	69	74	63
Wait One Week To See A Physician	21	16	26
Wait 1 Week To See Your			
Family Doctor	52	46	57
See Another Doctor At			
Walk-In Clinic	37	41	33

More educated residents are more likely than their less educated counterparts to choose more community-based health services (54% and 35% respectively). Conversely, less educated residents are more likely than their more educated counterparts to choose having more hospital beds (55% and 31% respectively).

**Would You Prefer to...by Education**

	Gen pop Wave I Overall	H.S or Less Completed University	
	%	%	%
Have More Hospital Beds	46	54	31
More Community-Based Health Services		42	36 55

More affluent residents are more likely than their less affluent residents to choose seeing another doctor at a walk-in clinic (45% and 28% respectively), paying to purchase the latest name-brand drugs (30% and 14%) and recovering from an operation at home with support (66% and 56%).

**Would You Prefer to...by Income**

	Gen pop Wave I Overall	<\$25,000	\$75,000+
	%	%	%
Wait 1 Week To See Your Family Doctor	52	62	44
See Another Doctor At Walk-In Clinic	37	28	45
Fewer Choices Of Drugs Covered By Medicare	71	78	60
Pay To Purchase Latest Name-Brand Drugs	20	14	30

# Preferred Options For Non-Life Threatening Situation

In this section, BC residents were asked to choose from options for non-life threatening situations.

Similar to earlier results, BC residents, once again, show a desire to get immediate help over waiting, but not if this means that they have to pay for it.

Seven-in-ten BC residents say that for a non-life threatening situation, they would prefer calling a health care professional to get immediate advice over the phone (68%) over going to a hospital emergency room and waiting to be seen by a health care professional (30%).

Two-thirds say they would prefer waiting 6 months for surgery that is covered by Medicare (60%) over paying to receive immediate surgery (28%).

Looking at the opinions of health care providers, we find that providers are more likely than the general population to prefer calling a health care professional to get immediate advice over the phone (77% versus 68% respectively). However, this number is driven by nurses (84%). Providers are also more likely than the general population to prefer paying to receive immediate surgery (43% versus 28% respectively). However, this number is driven by doctors (69%). Nurses are more likely than others, particularly doctors, to prefer waiting 6 months for surgery covered by Medicare (73% versus 20% among doctors).

Tracking data among the general population show no significant differences between Wave I and Wave II in the options preferred by BC residents.

### For Non-Life Threatening Situation, Would You Prefer to...

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
Call Health Care Professional Get Immediate Advice	68	72	77
Go To Hospital Emergency Room/Wait	30	25	18
Pay To Receive Immediate Surgery	28	22	43
Wait 6 Months For Surgery Covered By Medicare	60	66	46

## Demographic Analysis

Women, particularly those between the ages 18 and 34 and 35 and 54, are more likely than men to choose to call a health care professional to get immediate advice and to choose to wait six months for surgery covered by Medicare.

### For Non-Life Threatening Situation, Would You Prefer to..., by Gender

	Gen Pop Wave I Overall	Men	Women	Women 18-34	Women 35-54
	%	%	%	%	%
Call Health Care Professional					
Get Immediate Advice	68	64	73	75	80
Go To Hospital					
Emergency Room/Wait	30	34	25	22	19
Pay To Receive					
Immediate Surgery	28	32	24	23	21
Wait 6 Months For Surgery					
Covered By Medicare	60	55	66	72	69

More educated residents are more likely than their less educated counterparts to choose to call a health care professional to get immediate advice and to pay to receive immediate surgery.

### For Non-Life Threatening Situation, Would You Prefer to..., by Education

	Gen Pop Wave I Overall	High School or Less	Completed University
	%	%	%
Call Health Care Professional			
Get Immediate Advice	68	65	77
Go To Hospital			
Emergency Room/Wait	30	35	19
Pay To Receive			
Immediate Surgery	28	26	33
Wait 6 Months For Surgery			
Covered By Medicare	60	64	47

# Government Spending Preferences

In this section, BC residents were asked about their preferences for government spending.

More than three-quarters would prefer to see government spend more money on incentives to keep doctors and nurses in Canada (76%) than on recruitment of doctors and nurses from other countries (18%).

Six-in-ten would prefer more government spending on disease prevention (62%) than on disease treatment (26%).

Six-in-ten would prefer the government to spend more money on training health care staff (59%) than on purchasing medical equipment (23%).

Looking at the opinions of health care providers, we find that providers are more likely than the general population to prefer the government to spend more money on incentives to keep doctors and nurses in Canada (86% versus 76% respectively). However, this number is driven by doctors and nurses (96% and 93% respectively). Pharmacists are far less likely to feel this way (69%). Nurses and pharmacists are more likely than others, particularly doctors, to prefer more government spending on disease prevention (82% and 82% versus 35% among doctors). Doctors are far more likely than others, particularly nurses and pharmacists, to prefer more government spending on disease treatment (52% versus 14% and 13%). Providers are more likely than the general population to prefer more government spending on training health care staff (71% versus 59% respectively). However, this number is driven by nurses and pharmacists (81% and 74% respectively). Doctors are less likely to feel this way (58%).

Tracking data among the general population find that the number of BC residents who prefer more government spending on training health care staff falls from 59% in Wave I to 51% in Wave II.

### Would You Prefer Government to Spend More Money On...

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
Incentive To Keep Doctors/Nurses in Canada	76	73	86
Recruitment Of Doctors/Nurses			
From Other Countries	18	20	8
Disease Prevention	62	63	66
Disease Treatment	26	28	27
Training Health Care Staff	59	51	71
Purchasing Medical Equipment	23	25	13

### Regional Analysis

Residents of Vancouver Island are more likely than average to prefer to see government spend more money on disease prevention.

#### Would You Prefer Government to Spend More Money On...,by Region

	Interior %	Fraser %	Vancouver Coastal %	Vancouver Island %	Northern %
Disease Prevention	56	62	56	73	63
Disease Treatment	29	23	33	17	26

### Demographic Analysis

More educated residents are more likely than their less educated counterparts to prefer to see government spend more money on disease prevention.

#### Would You Prefer Government to Spend More Money On...,by Education

	Gen Pop Wave I Overall %	High School Completed or Less %	Completed University %
Disease Prevention	62	55	66
Disease Treatment	26	30	22

Older residents are more likely than their younger counterparts to prefer to see government spend more money on disease prevention.

**Would You Prefer Government to Spend More Money On...,by Age**

	Gen Pop	18-34	55-74
	Wave I	Years	Years
	Overall		
	%	%	%
Disease Prevention	62	57	66
Disease Treatment	26	35	21



# Health Care Priorities

When asked to rank the importance of five items, the largest number of BC residents pick, as their first mention, hiring more doctors in Canada (34%), followed by having prescription drugs covered by Medicare (24%), funding more hospital beds (18%), providing more home support for patients (14%) and purchasing updated medical equipment (8%).

Looking at the opinions of health care providers finds that providers are less likely than the general population to rate having prescription drugs covered by Medicare as their number one priority (9% versus 24% respectively). Providers are more likely than the general population to rate providing more home support for patients as their number one priority (28% versus 14% respectively). However, this number is driven by nurses (41%). Doctors and pharmacists are less likely to rate this as their number one priority (20% and 24% respectively).

Tracking data among the general population find no significant changes between Wave I and Wave II.

## Health Care Priorities (First Mention)

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
Hiring More Doctors in Canada	34	30	35
Having Prescription Drugs Covered By Medicare	24	20	9
Funding More Hospital Beds	18	16	19
Providing More Home Support For Patients	14	20	28
Purchasing Updated Medical Equipment	8	13	8

## Regional Analysis

Fraser residents are more likely than other regions to rate funding more hospital beds as their first priority.

### Health Care Priorities...,by Region

	Interior %	Fraser %	Vancouver Coastal %	Vancouver Island %	Northern %
Funding More					
Hospital Beds	14	<b>24</b>	15	17	12

## Demographic Analysis

Less educated residents are more likely than their more educated counterparts to rate hiring more doctors in Canada as their first priority. More educated residents are more likely than their less educated counterparts to rate providing more home support for patients as their first priority.

Less affluent residents are more likely than their more affluent counterparts to rate having prescription drugs covered by Medicare as their first priority. More affluent residents are more likely than their less affluent counterparts to rate funding more hospital beds as their first priority.

### Health Care Priorities...,by Education and Income

	Gen Pop Wave I Overall	High School Completed or Less	Completed University	<\$25,000	\$75,000+
	%	%	%	%	%
Hiring Doctors in Canada	34	<b>38</b>	<b>28</b>	29	29
Having Prescription Drugs					
Covered By Medicare	24	28	20	<b>36</b>	<b>17</b>
Funding More					
Hospital Beds	18	15	18	<b>12</b>	<b>25</b>
Provide More Home					
Support For Patients	14	<b>9</b>	<b>24</b>	13	15
Purchasing Updated					
Medical Equipment	8	7	8	7	12

Residents between the ages of 55 and 74 are evenly divided in the item they choose as their first priority –having prescription drugs covered by Medicare and hiring more doctors in Canada (33% and 30% respectively). Younger residents are most likely to choose hiring more doctors in Canada as their first choice.

<b>Health Care Priorities...,by Age</b>					
	Gen Pop	18-34	35-44	45-54	55-74
	Wave I	Years	Years	Years	Years
	Overall				
	%	%	%	%	%
Hiring Doctors in Canada	34	39	35	38	30
Having Prescription Drugs					
Covered By Medicare	24	19	23	19	33
Funding More					
Hospital Beds	18	20	17	19	13
Provide More Home					
Support For Patients	14	12	12	17	15
Purchasing Updated					
Medical Equipment	8	9	13	5	8

When BC residents are given another list of five items and asked to rank them by importance, the largest number choose, as their first mention, having highly-trained health care providers (38%), followed by not having to wait for medical service (28%), having access to the same quality health care anywhere in Canada (16%), having access to services in local community (10%) and having access to health information (5%).

Looking at the opinions of health care providers, we find that providers are more likely than the general population to rate having highly-trained health care providers as their first choice (52% versus 38% respectively). However, this number is higher among doctors (60%) than among nurses or pharmacists (48% each).

Tracking data among the general population find no significant changes between Wave I and Wave II.

### Health Care Priorities (First Mention)

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
Having Highly-Trained Health Care Providers	38	34	52
Not Having To Wait For Medical Service	28	25	19
Having Access To Same Quality Health Care			
Anywhere in Canada	16	19	11
Having Access To Services in Local Community	10	12	10
Having Access To Health Information	5	10	7

### Demographic Analysis

The most affluent residents are evenly divided in the item they choose as their first priority – having highly-trained health care providers and not having to wait for medical service (36% and 35% respectively). Less affluent residents are most likely to choose having highly-trained health care providers.

### Health Care Priorities (First Mention), by Income

	Gen Pop Wave I Overall %	<\$25,000 %	\$75,000+ %
Having Highly-Trained Health Care Providers	38	34	35
Not Having To Wait For Medical Service	28	22	37
Having Access To Same Quality Health Care			
Anywhere in Canada	16	22	11
Having Access To Services in Local Community	10	13	12
Having Access To Health Information	5	4	5

# Spending Priorities

In this section, BC residents were asked how they would prioritize spending in an imaginary health budget between three sets of services.

When asked what percentage of their funds they would allocate to the grouping dealing with continuity, BC residents allocate them as follows: acute care (28.3 mean percent of allocated funds), long-term care (26.7), home and community care (25.4) and end-of-life care (20.0).

Looking at which item was considered the most important, we find that the largest proportion allocated the highest level of funding to acute care (44%), followed by home and community care (26%), long-term care (23%) and end-of-life care (8%).

Looking at the opinions of health care providers, we find that providers are far more likely than the general population to allocate the highest level of funding to acute care (70% versus 44% respectively). However, this number is much higher among doctors (85%) than among nurse (61%) or pharmacists (65%). Providers are less likely than the general population to allocate the highest level of funding to long-term care (7% versus 23% respectively). This number is especially low among doctors (2%). Nurses are more likely than other providers, particularly doctors, to allocate the highest level of funding to home and community care (29% versus 10% among doctors).

Tracking data among the general population find little difference between Wave I and Wave II in the mean percentage of funds allocated to each of these items. However, the number who allocate the highest level of funding to home and community care has increased from 26% in Wave I to 34% in Wave II, whereas, the number who allocate the highest level of funding to long-term care has decreased from 23% in Wave 1 to 14% in Wave II.

## Spending Priorities – Mean % of Allocated Funds

	Gen pop Wave I	Gen pop Wave II	Providers Wave I
Acute Care	28.3	28.0	38.3
Long-term Care	26.7	25.8	23.7
Home and Community Care	25.4	26.0	22.7
End-of-Life Care	20.0	20.3	15.4

### Spending Priorities – Rank Order

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
Acute Care	44	44	70
Home and Community Care	26	34	20
Long-term Care	23	14	7
End-of-Life Care	8	8	3

### Demographic Analysis

Frequent personal users are slightly more likely than non-users to allocate the highest level of funds to acute care (49% compared to 38% respectively).

More educated and more affluent residents are much more likely than their less educated and less affluent counterparts to allocate the highest level of funds to acute care. Less educated and less affluent residents are more likely than their more educated and more affluent counterparts to allocate the highest level of funds to long-term care.

### Spending Priorities – Rank Order, by Education and Income

	Gen Pop Wave I Overall %	High School Completed or Less %	Completed University %	<\$25,000 %	\$75,000+ %
Acute Care	44	35	51	32	60
Home & Community Care	26	28	29	33	23
Long-Term Care	23	28	16	23	14
End-of-Life Care	8	9	5	12	3

BC residents between the ages of 18 and 34 are more likely than their older counterparts to allocate the highest level of funding to long-term care.

**Spending Priorities – Rank Order, by Age**

	Gen Pop Wave I Overall	18-34 Years	35-44 Years	45-54 Years	55-74 Years
	%	%	%	%	%
Acute Care	44	40	44	44	48
Home & Community Care	26	24	24	29	23
Long-Term Care	23	31	22	20	18
End-of-Life Care	8	6	10	6	11

When asked what percentage of their funds they would allocate to three current big budget health care items, BC residents allocate them as follows: diagnostic services (39.0 mean percent of allocated funds), prescription medications (34.9) and health information systems and electronic patient records (26.5).

Looking at which item was considered the most important, we find that the largest proportion allocated the highest level of funding to diagnostic services (57%), followed by prescription medications (30%) and health information systems and electronic patient records (13%).

Looking at health care providers, we find that doctors (79%) and nurses (68%) are far more likely others, particularly pharmacists (38%), to allocate the highest level of funding to diagnostic services. Pharmacists are far more likely than others, particularly doctors, to allocate the highest level of funding to prescription medications (54% versus 9% among doctors).

Tracking data among the general population find no statistical differences between Wave I and Wave II in the mean percentage of funds allocated to each of these items. There are also no statistical differences in the item that was allocated the highest level of funding.

**Spending Priorities – Mean % of Allocated Funds**

	Gen pop Wave I	Gen pop Wave II	Providers Wave I
Diagnostic Services	39.0	40.2	42.3
Prescription Medications	34.9	33.5	33.9
Health Information Systems and Electronic Patient Records	26.5	26.6	23.7

**Spending Priorities – Rank Order**

	Gen pop Wave I	Gen pop Wave II	Providers Wave I
Diagnostic Services	57	64	62
Prescription Medications	30	23	30
Health Information Systems and Electronic Patient Records	13	13	9

**Demographic Analysis**

More educated and more affluent residents are more likely than their less educated and less affluent counterparts to allocate the highest level of funds to diagnostic services. Less educated and less affluent residents are more likely than their more educated and more affluent counterparts to allocate the highest level of funds to prescription medications. Less affluent residents are more than twice as likely as their more affluent counterparts to allocate the highest level of funds to health information systems and electronic patient records.

**Spending Priorities – Rank Order, by Education and Income**

	Gen Pop Wave I Overall	High School Completed or Less	Completed University	<\$25,000	\$75,000+
	%	%	%	%	%
Diagnostic Services	57	51	68	47	74
Prescription Medications	30	34	18	31	18
Health Info. Systems and Electronic Patient Records	13	15	13	22	8

When asked what percentage of their funds they would allocate to three proactive health care measures, BC residents allocate them as follows: disease detection through screening programs (34.7 mean percent of allocated funds), illness prevention programs (33.6) and public health programs (31.8).

Looking at which item was considered the most important, we find that the largest proportion allocated the highest level of funding to disease detection through screening programs (39%), followed by illness prevention programs (36%) and public health programs (25%).



Looking at the opinions of health care providers, we find that doctors (42%) are more likely than pharmacists (33%) or nurses (23%) to allocate the highest level of funding to disease detection through screening programs. Nurses (42%) are more likely than pharmacists (33%) or doctors (26%) to allocate the highest level of funding to illness prevention programs.

Tracking data among the general population find no statistical differences between Wave I and Wave II in the mean percentage of funds allocated to each of these items. There are also no statistical differences in the item that was allocated the highest level of funding.

#### **Spending Priorities – Mean % of Allocated Funds**

	Gen pop Wave I	Gen pop Wave II	Providers Wave I
Disease Detection Through Screening Programs	34.3	34.1	34.1
Illness Prevention Programs	33.8	34.7	32.3
Public Health Programs	32.0	31.4	33.6

#### **Spending Priorities – Rank Order**

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
Disease Detection Through Screening Programs	38	33	33
Illness Prevention Programs	36	40	34
Public Health Programs	25	27	34

### **Regional Analysis**

Residents of Vancouver Coastal are the most likely to allocate the highest level of funding to public health programs (35%). Residents of Vancouver Island are the least likely to do this (18%).

### **Demographic Analysis**

Non-users are less likely than others to allocate the highest level of funding to disease detection programs (28% versus 38% among general population).

Women are more likely than men to allocate their highest level of funds to disease detection through screening programs. Men are more likely than women to allocate the highest level of funding to illness prevention programs.

**Spending Priorities – Rank Order, by Gender**

	Gen pop Wave I Overall	Men	Women
	%	%	%
Disease Detection Through Screening Programs	38	35	42
Illness Prevention Programs	36	41	32
Public Health Programs	25	25	26

**Spending Priorities – Rank Order, by Education and Income**

	Gen Pop Wave I Overall	High School Completed or Less	University	<\$25,000	\$75,000+
	%	%	%	%	%
Disease Detection Through Screening Programs	38	43	33	34	46
Illness Prevention Programs	36	33	41	39	31
Public Health Programs	25	24	26	27	23

Younger residents are less likely than their older counterparts to allocate the highest level of funding to disease detection through screening programs. Younger residents, particularly those age 18 to 34, are more likely to allocate the highest level of funding to public health programs. In fact, those age 18 to 34 are twice as likely as those age 55 to 74 to do this (33% compared to 17%).

**Spending Priorities – Rank Order, by Age**

	Gen Pop Wave I Overall	18-34 Years	35-44 Years	45-54 Years	55-74 Years
	%	%	%	%	%
Disease Detection Through Screening Programs	38	30	41	40	42
Illness Prevention Programs	36	38	33	33	41
Public Health Programs	25	33	26	27	17

## Sources of Information

When BC residents are asked where they get their information about the health care system, the largest proportion mention news coverage (77%). Smaller proportions mention health care provider (30%), friend or relative (23%), the Internet (17%), personal experience (17%), books/magazines/medical journals/literature (10%) and television/radio (7%).

An analysis of the opinions of health care providers indicates that nurses and doctors are far more likely than the general population to say they get information about the health care system from personal experience (46% and 47% versus 17% respectively). Providers are more likely than the general population to get this information from books/magazines/medical journals/literature (36% versus 10% respectively). However, this number is driven by nurses (45%) and doctors (38%) and, less so by pharmacists (24%). Nurses are more likely than others to get this information from the Internet (34% versus 17% among general population). Nurses (25%), like the general population (30%), are more likely than doctors or pharmacists (14%) to get this information from a health care provider.

Tracking data among the general population indicate that responses to this question have remained essentially unchanged between Wave I and Wave II, with one exception. The number of BC residents who say they get information about the health care system through television/radio has increased from 7% in Wave I to 16% in Wave II.

### Sources of Information About the Health Care System

	Gen pop Wave I %	Gen pop Wave II %	Providers Wave I %
News Coverage	77	77	62
Health Care Provider	30	25	18
Friend Or Relative	23	25	18
Internet	17	16	26
Personal Experience	17	12	38
Books/Magazines/Medical Journals/ Literature	10	15	36
Television/Radio	7	16	3
Newsletters/Bulletins	3	4	4
Boss/Supervisors/Colleague/At Work	2	2	9
Government/Government Info/ Publication	2	1	4
Education/Seminar/Courses Workshops <sup>1</sup>		1	7
Professional Association	<1	<1	7

### Regional Analysis

Residents of the Northern region are more likely than others to get information about the health care system from news coverage (98% versus 77% among general population). Residents of the Vancouver Coastal region are more likely than others to get this information from a health care provider (41% versus 30% among general population) and from the Internet (28% versus 17%).

### Sources of Information About the Health Care System, by Region

	Interior %	Fraser %	Vancouver Coastal %	Vancouver Island %	Northern %
News Coverage	76	77	76	74	<b>98</b>
Health Care Provider	23	29	<b>41</b>	29	25
Friend Or Relative	26	22	25	20	29
Internet	13	18	<b>28</b>	14	19
Personal Experience	21	18	12	15	17
Books/Magazines/ Medical Journals/Literature <sup>11</sup>		16	9	4	6

## Demographic Analysis

Frequent personal users are more likely than others, particularly non-users, to say they get this information from a health care provider (43% versus 26% among non-users), from personal experience (29% versus 10%) and from books/magazines/medical journals/literature (17% versus 5%). Frequent personal users are less inclined than others to mention news coverage (68% versus 77% among general population).

### Sources of Information About the Health Care System, by Use of Health Care System

	Gen pop Wave I Overall	Frequent Personal User	Non-User
	%	%	%
News Coverage	77	68	77
Health Care Provider	30	43	26
Friend Or Relative	23	19	24
Internet	17	19	12
Personal Experience	17	29	10
Books/Magazines/Medical Journals/ Literature	10	17	5

Women age 55-74 are much more likely than other cohorts to get information about the health care system from news coverage, but are less likely to access it from the Internet. Women age 18 to 34 are more likely than others to mention a health care provider.

### Sources of Information About the Health Care System, by Gender

	Gen pop Wave I Overall	Men 18-34	Women 18-34	Men 55-74	Women 55-74
	%	%	%	%	%
News Coverage	77	70	68	70	82
Health Care Provider	30	27	45	30	34
Friend Or Relative	23	28	22	12	28
Internet	17	20	24	19	13
Personal Experience	17	22	18	13	14
Books/Magazines/ Medical Journals/Literature	10	6	7	8	15

More educated residents are more likely than their less educated counterparts to mention various sources of information, such as news coverage, friend or relative, the Internet and personal experience.

**Sources of Information About the Health Care System,  
by Education**

	Gen pop Wave I Overall	High School or Less	Completed University
	%	%	%
News Coverage	77	75	80
Health Care Provider	30	32	28
Friend Or Relative	23	17	25
Internet	17	9	28
Personal Experience	17	12	20
Books/Magazines/Medical Journals/ Literature	10	9	12

# Most Important Factors to Ensure Quality of Health Care in Canada<sup>8</sup>

## Top-of-Mind Versus After Information

Towards the end of the survey, BC residents were, once again, asked to name, the factors that are most important to ensure quality of health care in Canada. A comparison of top-of-mind opinions and those formed as a result of answering various questions about the health care system finds that BC residents are more inclined to mention most of thematic areas outlined earlier, with the exception of factors related to responsiveness, which falls dramatically, and factors related to client/community focus, which remains essentially unchanged.

Mentions of factors related to work life (31% after information versus 17% top-of-mind), particularly recruitment/training/well-trained staff (20% versus 10%) increases considerably.

BC residents are more likely to mention factors related to funding (46% after information versus 37% top-of-mind), particularly funding/government funding/transfer payments (20% versus 9%). They are also more likely to mention factors related to system competency (72% after information versus 64% top-of-mind) and comprehensiveness (10% versus 5%).

BC residents are much less likely to mention factors related to responsiveness (24% after information versus 54% top-of-mind), particularly speed to service/waiting lists (11% versus 31%).

An analysis of opinions of health care providers finds that providers, like the general population, are more likely to mention factors related to funding (50% after information versus 34% top-of-mind) after receiving information on the health care system. Providers are also more likely to mention factors related to work life (36% versus 22%).

Providers are far less likely to mention factors related to responsiveness (40% after information versus 75% top-of-mind). Providers are less likely to mention factors related to system competency (79% versus 86%).

Tracking data among the general population find that between Wave I and Wave II there are similar patterns between top-of-mind responses and those given after receiving information about the health care system. However, mention of factors related to system competency, which in Wave I increase after information, show an opposite pattern in Wave II.

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<sup>8</sup> In this question, respondents were allowed to mention up to five factors, therefore, the numbers that are cited refer to the proportion of responses.

**Most Important Factors to Ensure Quality of Health Care in Canada –  
Top-of-Mind And After Information**

	Gen Pop Wave I Top-of Mind %	Gen Pop Wave I After Info. %	Gen Pop Wave II Top-of-Mind %	Gen Pop Wave II After Info. %
<b>System Competency</b>	<b>64</b>	<b>72</b>	<b>68</b>	<b>58</b>
Quality Of/Proper Treatment/				
Level Of Care	11	10	14	8
Lack Of Doctors	8	10	5	6
Lack of Nurses	8	6	4	3
Tech./Equipment/Facilities/				
Funding For/Testing	7	11	13	13
<b>Responsiveness</b>	<b>54</b>	<b>24</b>	<b>48</b>	<b>28</b>
Speed To Service/Waiting Lists	31	11	19	10
Accessibility To Health Care/				
Access To Care	18	11	23	16
<b>Funding</b>	<b>37</b>	<b>46</b>	<b>33</b>	<b>52</b>
One-Tier Health System/				
Maintain Public/Coverage	15	14	14	14
Cost/Being Affordable	9	5	9	9
Funding/Gov't Funding/				
Transfer Payments	9	20	6	21
<b>Work Life</b>	<b>17</b>	<b>31</b>	<b>21</b>	<b>30</b>
Recruitment/Training/				
Well-Trained Staff	10	20	14	20
<b>Client/Community Focus</b>	<b>12</b>	<b>14</b>	<b>9</b>	<b>11</b>
More Education/Information/				
Records/Access To	1	6	2	5
<b>Comprehensiveness</b>	<b>5</b>	<b>10</b>	<b>7</b>	<b>10</b>
Illness Prevention/Health				
Promotion/Preventative Medicine	1	6	3	4



**Most Important Factors to Ensure Quality of Health Care in Canada –  
Top-of-Mind And After Information**

	Providers Wave I Top-of Mind %	Providers Wave I After Info. %
<b>System Competency</b>	<b>86</b>	<b>79</b>
Quality Of/Proper Treatment/ Level Of Care	14	13
Tech./Equipment/Facilities/ Funding For/Testing	14	13
Adequate Staffing/Shortage of Staff	14	9
Lack Of Doctors	8	5
Lack of Nurses	8	5
<b>Responsiveness</b>	<b>75</b>	<b>40</b>
Speed To Service/Waiting Lists	35	14
Accessibility To Health Care/ Access To Care	34	24
<b>Funding</b>	<b>34</b>	<b>50</b>
Funding/Gov't Funding/ Transfer Payments	11	28
One-Tier Health System/ Maintain Public/Coverage	10	10
Cost/Being Affordable	8	6
<b>Work Life</b>	<b>22</b>	<b>36</b>
Recruitment/Training/ Well-Trained Staff	13	29
<b>Comprehensiveness</b>	<b>11</b>	<b>13</b>
Illness Prevention/Health Promotion/Preventative Medicine	4	7
<b>Client/Community Focus</b>	<b>9</b>	<b>18</b>
More Education/Information/ Records/Access To	3	10

# Appendix 1 - Regions

## Interior

Armstrong  
Cranbrook  
Kamloops  
Kelowna  
Lillooet  
Merritt  
Nelson  
Oliver  
Rossland  
Vernon  
Williams Lake  
100 Mile House  
Penticton  
Castlegar  
Creston  
Enderby  
Fruitvale  
Golden  
Invermere  
Kimberley  
Lumby  
Osoyoos  
Oyama  
Peachland  
Salmon Arm  
Scotch Creek  
Summerland  
Trail  
Westbank  
Winfield

## **Fraser**

Burnaby  
Chilliwack  
Coquitlam  
Delta  
Maple Ridge  
Surrey  
White Rock  
Abbotsford  
Aldergrove  
Cloverdale  
Ladner  
Langley  
Mission  
New Westminster  
Pitt Meadows  
Port Coquitlam

## **Vancouver Coastal**

Richmond  
Vancouver  
North Vancouver  
West Vancouver

## **Vancouver Island**

Duncan  
Nanaimo  
Powell River  
Saanichton  
Victoria  
Brentwood Bay  
Campbell River  
Comox  
Courtenay  
Crofton  
Gabriola Island  
Ladysmith  
Lake Cowichan  
Nakusp  
Parksville  
Port Alberni  
Qualicum Beach  
Shawnigan Lake  
Sooke  
Ucluelet  
Vancouver Island

## **Northern**

Dawson Creek  
Fort St. John  
Prince Rupert  
Prince George  
Quesnel  
Chetwynd  
Kitimat  
MacKenzie  
Smithers  
Sointula  
Terrace  
Vanderhoof

## **Appendix 2 - Health Care Categories**

### **Responsiveness**

Speed to Service/Waiting Lists  
Accessibility To Health Care/Access To Care  
More Access To Specialists/Referral  
Money Should Not Matter  
Specialist In Remote Area  
Travelling For Treatment /To US/Cost Of

### **System Competency**

Lack Of Nurses  
Lack of Doctors  
Technology/Equipment/Facilities/Funding For/Testing  
Accessibility/Availability of Doctors  
Adequate Staffing/Shortage Of Staff  
Shortage Of Pharmacists  
Staff/Health Care Providers  
Acute Care/Acutely Sick Get Taken Care Of  
Availability Of Nurses  
Quality Of/Proper Treatment/Level of Care  
Spending Money In Wrong Areas Of Health Care  
Proper Diagnosis/Early Detection  
Decrease Overprescribing/Sensible Use Of Medicine  
Cleanliness/Clean Facilities  
Accountability/Watch Dog/Accreditation  
Safety/Safety Guidelines  
Professionalism  
More Beds/Availability Of Beds  
Emergency Services/ER  
Research  
Doctors  
Nurses  
Model Our System On Other Countries  
Sustainability/Maintain System/Better Administration

## **Client/Community Focus**

Empathy/Respect/Friendly Service/Spend Time  
More Education/Info/Records/Access To  
Better Communication  
Taking Aging Population Into Account  
Rural Areas/Care In Small Communities  
Abuse of System/Use Responsibly  
Nurses On Strike/No More Strikes  
Men And Women In Separate Rooms

## **Work Life**

Recruitment/Training/Well Trained Staff  
Better Working Conditions/Incentives/Recognition  
Brain Drain/Retention  
Overworked/Burned Out/Second Opinion  
Salary/Competitive Scale  
Students/Medical Students/Student Nurses

## **Comprehensiveness**

Non-medical Options/Alternative Medicine  
Long-Term Care/Ling-Term Care Facilities  
Home Care/More Home Care Support  
PharmaCare/National PharmaCare  
Rehabilitation  
Availability/Accessibility Dietician/Therapist  
Social Services/Family Support/Abortion  
Illness Prevention/Health Promotion/Preventative Medicine

## **Funding**

One Tier Health System/Maintain Public/Coverage  
Cost/Being Affordable  
Funding/Government Funding/Transfer Payments  
Allow Two Tier/User Fees/Privatization  
Government Involvement