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**A Report to  
Health Canada**

## **Canadians' Attitudes toward the Health Care System**

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## Executive Summary

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*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](mailto:por-rop@hc-sc.gc.ca)