



UNDERSTANDING THE STRATEGIC ENVIRONMENT

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307-00
DETAILED FINDINGS

CANADIANS' VALUES AND ATTITUDES ON CANADA'S HEALTH CARE SYSTEM

A Synthesis of Survey Results

BY STEPHEN VAIL

WHAT'S INSIDE

Health care became the dominant national issue in 1998 after several years of high-profile commissions and cuts to health care budgets.

Canadians continue to place high value on universality of health care: everyone should have equal access to services based on need and not the ability to pay.

Despite increasing concerns over the ability of provincial health care systems to meet future needs, most Canadians who have received care report high levels of satisfaction.

There has been support for including pharmacare and home care under the *Canada Health Act*, with priority going to home care.

Public opinion surveys consistently show that Canadians continue to believe greater efficiencies can be made in the health care system by governments, providers and users of the system.

Approximately one-third to one-half of Canadians are willing to consider options for increasing private delivery and funding (e.g., user fees) to either preserve Medicare or ensure access to quality care.



The Conference Board of Canada

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The Conference Board of Canada is an independent, not-for-profit research organization with affiliates in the United States and Europe. Our mission is to help our members anticipate and respond to the increasingly changing global economy. We do this through the development and exchange of knowledge about organizational strategies and practices, emerging economic and social trends, and key public policy issues. Since 1954, the Board has been committed to researching innovative practices, designing new strategies and providing our members with the most up-to-date information, analysis and expertise to help them excel in Canada and around the world.

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The Economic Forecasting Group provides quarterly world, national, provincial and metropolitan economic forecasts to help Conference Board members understand and anticipate the short-term trends in the domestic economic environment. The Group also produces two confidence indexes that track expectations of consumers and business.

PREFACE

In our 2000–01 *Performance and Potential* report, we address the subject of Canadian values and ask if our values are, in fact, changing. If they are, how are these changes affecting our notion of the Canadian way and how we make policy choices?

Because of the importance of this subject, the Conference Board is examining the subject of values in more detail. A recent report, *Changing Values Challenge the Canadian Way*, looks at changes in values in general. The report in hand deals specifically with Canadians' values and attitudes as they relate to Canada's health care system.

These reports will be of interest to government and business leaders as they confront the important policy decisions to be made in the next months and years.

James Nininger
President and Chief Executive Officer
The Conference Board of Canada
January 2001

A Conference Board of Canada report from the Economic Forecasting Group
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EXECUTIVE SUMMARY

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CANADIANS' VALUES AND ATTITUDES ON CANADA'S HEALTH CARE SYSTEM

A Synthesis of Survey Results

BY STEPHEN VAIL

January 2001

As witnessed in the recent federal election, health care has become Canadians' top national priority. This is largely due to the belief by many—almost 80 per cent of Canadians, according to a 2000 Angus Reid poll—that the system is in crisis. Governments are aware of Canadians' concerns and have been directing most new program spending to health care. At the same time, there is recognition that adding money to the system will not alone ensure its sustainability. Any new funding or structural configurations will have to be considered carefully, and critical to any decisions will be an understanding of Canadians' values and attitudes on health care.

A review of polls, surveys and reports from the past 10 years shows that Canadians hold a number of values related to health care, with priority given to equal access to care (universality), quality, and efficiency/effectiveness. These values have been influencing Canadians' attitudes on a wide range of health care issues.

Canadians' confidence in their health care system as a whole has been dropping. An international comparative survey found that the percentage of Canadians who believed only minor changes were required to the health care system dropped from 56 in 1988 to 20 in 1998, while the percentage who agreed the system needed to be completely rebuilt jumped from 5 in 1988 to 23 in 1998. Approximately 50 per cent of Canadians are concerned about having appropriate access to care, particularly about receiving timely emergency care.

Despite this lack of confidence in the system, Canadians still report high levels of confidence that

the system will be able to provide them with care when needed. Surveys and polls consistently find 80 per cent of Canadians reporting that they are satisfied with the quality of care they have received.

Canadians support a role for the federal government in health care, primarily a role centred on funding and ensuring consistency of services across the country. There has been substantial support for including pharmacare and, more especially, home care under the *Canada Health Act*. The preferred option for many Canadians to finance these additional services is cost sharing between users and the government.

Public opinion surveys consistently show that Canadians believe greater efficiencies can be achieved in the health care system by governments, by providers and by users of the system. A 1999 survey found that 78 per cent believed the current level of waste, duplication and overlap still posed a significant threat to the viability of the system.

While Canadians support increasing health care funding by governments, they want spending to be efficient, effective and accountable. There is very little public support for raising taxes to finance increases in health care budgets.

Canadians still strongly support the notion of a health care system that is largely publicly funded and abides by the principles in the *Canada Health Act*. At the same time, 30 to 50 per cent of all Canadians are willing to consider options for increasing private delivery and funding to either preserve Medicare or ensure access to quality care. For example, survey findings suggest that a slight majority of Canadians

support having user fees to deter inappropriate use by patients or to provide additional funding to the system. With respect to access, a number of surveys over the past few years have found that 40 to 50 per cent of Canadians do not oppose a move towards a two-tier system (i.e., the availability of a privately funded system in addition to the publicly funded one), particularly in the event that the public system is unable to provide them with the necessary services.

Governments have been calling for greater accountability in the use of health care dollars. Surveys have

found strong support for such accountability measures as provincial and national report cards.

The findings point to a number of value tensions that will only become more pronounced and are likely to serve as the backdrop for the current debate on health care reforms. These tensions revolve around ensuring access to high quality services within acceptable taxation levels, having equal access to a given level of services while allowing individuals to pay for enhanced services, and determining the respective roles of government and the individual in financing care.

CONTENTS

1	I. Introduction
4	II. Canadians' Values Underpinning the Health Care System
4	Defining and Measuring Values
4	Canadians' Values Related to Health Care
5	Support for the <i>Canada Health Act</i>
8	III. Canadians' Attitudes on System Performance and Stewardship
8	Fewer Canadians Give Canada's System High Marks
9	Declining Confidence in the System
10	Differences in Satisfaction at Individual Level versus Provincial Level
11	Attitudes on Stewardship
11	<i>Support for Federal Role in Health Care</i>
12	<i>Assessment of Governments' Performance</i>
14	IV. Canadians' Attitudes on Quality of Care
14	Canadians' Attitudes Regarding Access to Care
15	Patient Satisfaction
18	V. Canadians' Attitudes on Comprehensiveness
20	VI. Canadians' Attitudes on Financial Reforms to the System
20	Canadians Want to See a More Efficient System
21	Where Should Additional Funding Come From?
22	Attitudes on Greater Privatization
22	<i>Privatizing Delivery</i>
24	<i>Privatizing Funding</i>
27	Who Supports Greater Privatization and Why?
30	VII. Support for Structural Reforms
30	Greater System Accountability
32	VIII. Conclusions
35	Appendix: Principal Sources Used

I. INTRODUCTION

There has been much public discussion about the need to reform the health system but correspondingly little discussion of the importance and significance of underlying societal values in the health reform agenda. We know little about the impact of large-scale health reform on our individual experiences and our publicly held values.

National Forum on Health, 1997

As evidenced by the recent federal election, health care has become Canadians' highest national concern. As an issue, it arrived on the scene around 1993, thereafter rising steadily in importance until 1998, when it reached the top of the national agenda (see Chart 1).¹ According to an October 2000 Ipsos-Reid survey, health care was still the top

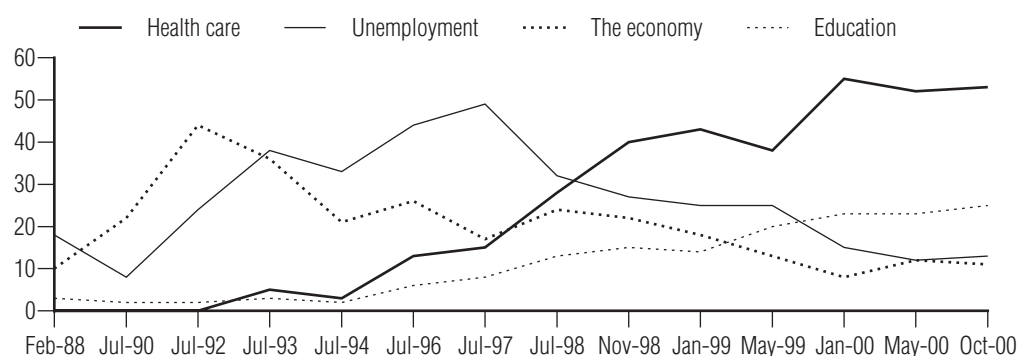
issue, identified as such by 53 per cent of Canadians. Public opinion surveys by other firms have found similar results. For example, Ekos Research Associates found that more than 90 per cent of Canadians identify health care as the highest priority for both provincial and federal governments for today and for the next five years² and a top priority on which the federal government needs to consult with Canadians.³

That health care is the top national priority is largely due to the belief held by almost 80 per cent of Canadians that the system is in crisis. Women are more likely than men, by 84 per cent to 69 per cent, to say the health care system is in crisis. Residents of Ontario, Alberta and Atlantic Canada are least likely to think the system is in crisis, while Quebecers are most likely.⁴

Almost 80 per cent of Canadians believe the health care system is in crisis.

Chart 1

Canadians' Highest Priorities (per cent)



Source: Angus Reid.

1 Angus Reid and Ipsos-Reid surveys asked the following question: "Thinking of the issues presently confronting Canada, which one do you feel should receive the greatest attention from Canada's leaders?"

2 Ekos Research Associates, *Rethinking Government: Millennium Bust*, December 1999.

3 Ekos Research Associates, *Rethinking Citizen Engagement 2000*, July 2000.

4 Angus Reid Group, *Health Care in Canada*, February 2000.

Provincial governments have been allocating most new program funding to health care.

Calls for more formal reviews of the health care system continue.

Policy choices will need to be based on a solid understanding of Canada's values and attitudes on health care issues.

- Canadians are most concerned about:
- lack of funding/government cutbacks;
 - long waiting periods;
 - accessibility/availability of services;
 - caring for the ageing population;
 - specific diseases (e.g., AIDS, cancer, heart disease); and
 - a shortage of doctors and nurses.⁵

What contributes to the public angst around health care is the fact that our health care system has become an important symbol of what it means to be Canadian. The *Canada Health Act* exemplifies many of our Canadian values and our "Canadian way" of doing things. In times of fewer and fewer national symbols and sources of attachment, Medicare stands out as a compelling symbol of Canada.⁶ Thus, concern over how our health care system is performing takes on special significance for most Canadians.

Federal and provincial governments have been aware of Canadians' concerns about health care. In fact, provincial governments have been allocating most new program funding (62 per cent) to health care, as shown in Chart 2.

At the federal level, a new health accord was signed by First Ministers on September 11, 2000. It includes the allocation to the provinces and territories of over \$23 billion for health and other social programs over the next five years.

Despite the increase in funding, calls for more formal reviews of the health care system continue. In Saskatchewan, the birthplace of Medicare, for instance, the government established a commission to examine options for the future of the province's health care system and, federally, the Minister of Health

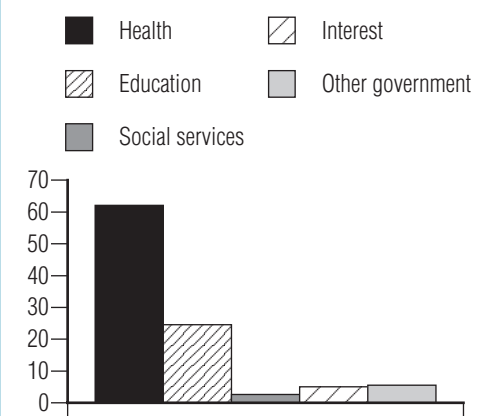
has been calling for a new plan to reform the system.

Discussions on possible reforms to the health care system increasingly acknowledge the role values play in our decision making. As seen in the past, governments are not going to make any sudden moves on reinvesting in health care and undertaking reforms without some understanding of the values and attitudes of the citizenry. Any moves they do make will undoubtedly be in line with the values of the majority of their constituents.

Identifying and considering different policy choices for our health care system in the coming years will need to be based on a solid understanding of Canada's values and attitudes on health

Chart 2

Share of All Provinces' Annual Budget Expenditure Change, Three-Year Average
(average 1998/99–2000/01)



Sources: Provincial budgets; The Conference Board of Canada.

5 Merck Frosst, National Voluntary Organizations and POLLARA, *Health Care in Canada 1999: A National Survey of Health Care Providers and Users*, 1999.

6 1996 Environics Research cited in *Canadian Identity, Culture and Values: Building a Cohesive Society*, challenge paper prepared for the ADM's Policy Research Committee, September 1996.

care issues. But what do we know of these values and attitudes? Since the mid-1990s, considerable time and resources have been invested in polling Canadians on this issue—an indication that there is a market for public opinion

data on health care. Our analysis examines Canadians' values and their attitudes on a number of important health care issues by summarizing various polling and survey results over the past 10 years.⁷

⁷ This analysis is based on a review of public national polling and survey results between the late 1980s and August 2000. A list of the sources is provided in the Appendix. It is recognized that there are inherent limitations in public opinion surveys and dangers in

comparing survey results from different sources because questions sometimes differ and current events can alter responses over time. However, wherever possible, a wide range of material was analyzed to ensure that the findings are consistent and reliable.

II. CANADIANS' VALUES UNDERPINNING THE HEALTH CARE SYSTEM

Values are deep-rooted beliefs that reflect expectations about how people should behave.

While values are relatively stable, they are capable of shifting in relative priority.

Our values influence our policy choices.

Defining and Measuring Values

Despite increasing reference to values, we seldom see a definition of this concept or an explanation of how values are measured.

Values are deep-rooted beliefs, not tied to any specific object or situation, that reflect expectations about how people should behave. Values are slow to change, because there is a strong interconnection among components in a society's value system and a change in one forces changes in others. Values help form individual attitudes on specific issues such as health care.⁸

While values are relatively stable, they are capable of shifting in relative priority as a result of such factors as socio-economic changes (e.g., a change in economic conditions or demographics). We may feel more strongly about some and less strongly about others at different points in time and in different circumstances. Also, societies may hold conflicting values simultaneously (e.g., the freedom of individuals to choose and pay for their own health care versus equality of access where everyone is entitled to the same level of care).

There is no single accepted practice for measuring societal values. A number of approaches are commonly used, including analyses of key government documents or spending patterns, public attitude surveys, and public consultations. Each approach has its limitations. For instance, values identified in government documents may be political statements about desired values for the country (i.e., how we would like to see

ourselves) or may reflect the values of political elites rather than those of the general public.⁹

Changes in values are important to understand, because they will affect the policy choices made by a society.

Canadians' Values Related to Health Care

Perhaps the most in-depth examination of Canadians' values related to health care was undertaken by the National Forum on Health during the mid-1990s. The Forum established four working groups, one of which was the Values Working Group. This group identified the following values related to health and the health care system that are widely supported by the Canadian public:¹⁰

- Equality of access (or fairness)
- Compassion
- Dignity and respect
- Efficiency/effectiveness
- Collective responsibility
- Personal responsibility
- Quality
- Thriftiness, responsible stewardship, accountability

Canadians in the study identified equality of access (regardless of ability to pay) and quality of care as the most important values in relation to the health care system. Equality of access was seen as the key distinguishing feature of Canada's health care system and a clear example of the differences in values between Canada and the United States. Quality of care (although this concept was not defined) was also found to be very important to many Canadians. While

8 Milton Rokeach, *Beliefs, Attitudes and Values: A Theory of Organization and Change* (Washington: Jossey-Bass Inc., 1972).

9 Neil Nevitte, *The Decline of Deference* (Peterborough, ON: Broadview Press, 1996), p. 20.

10 National Forum on Health, *Canada Health Action: Building on the Legacy*, Vol. II, Values Working Group Synthesis Report, p. 3, 1997.

Canadians identify equality of access, quality and efficiency as key values that must underpin Canada's health care system.



equality of access was seen as more important, Canadians' level of support for equality was found to be less firm if quality of care were threatened.¹¹

The Values Working Group found that "freedom of choice," although not included in this list, was also highly valued by Canadians.¹² However, in ranking values, most Canadians assumed freedom of choice and quality as "givens." As will be shown, this major assumption should not be made in any future survey of Canadians' values and attitudes related to health care.

It is interesting to note that "efficiency" received frequent mention as a key value in the Forum's surveys and public consultations. It was selected by participants as the highest ranked value for shaping health reform.¹³

The values identified by the Forum are consistent with our understanding of broader changes in societal values that have occurred in Canadian society and among other industrialized countries. The Conference Board of Canada's *Performance and Potential 2000–2001* report includes an analysis of survey data related to Canadians' socio-economic values over the past 20 years. The analysis looks specifically at values related to "the Canadian way," that is, how Canadians choose to manage three things: the size and role of government in business and society; the balance between individual and collective responsibility; and social policy in health, education and social services.¹⁴

Canadians' values have shifted over the past 20 years.



The analysis found that Canadians' values have shifted over the past 20 years, influenced heavily by difficult fiscal circumstances:

- Canadians have less trust in governments and their ability to make the right decisions for them.
- Fiscal responsibility and government accountability have become priority values.
- Canada's collective approach must be balanced with greater personal responsibility and self-reliance.
- Canadians support the concept of universality for health care but not for other social programs. Canadians are demanding that social programs be more affordable, effective and accountable.

Support for the *Canada Health Act*

Assessing whether or not Canadians still support the fundamental values of their health care system is frequently undertaken by measuring support for the principles in the 1984 *Canada Health Act*. The *Act* identifies five criteria that provincial health insurance plans must respect in order to receive federal health transfers (see box). These funding criteria have since been commonly referred to as the "principles" guiding Canada's health care system. These principles implicitly reflect some, but not all, of the values identified by the Forum, such as equality of access, compassion and collective responsibility.

11 Ibid., p. 12.

12 This concept was not defined in the Forum's report but presumably refers to the ability to choose providers and treatment.

13 Participants were asked: "How important should each of the following values be in shaping the health care system?"

14 The Conference Board of Canada, *Performance and Potential 2000–2001* (Ottawa: The Conference Board of Canada, 2000). A more in-depth analysis on Canadians' values is provided in: Stephen Vail, *Changing Values Challenge the Canadian Way* (Ottawa: The Conference Board of Canada, 2000).

Universality
remains a
core value.



The Five Principles or Funding Criteria of the *Canada Health Act*

Universality: The provincial health insurance plan must entitle 100 per cent of the insured persons of the province to the insured health services provided by the plan on uniform terms and conditions.

Accessibility: The provincial health insurance plan must provide for insured health services on uniform terms and conditions and on a basis that does not impede or preclude, either directly or indirectly, whether by charges made to the insured persons or otherwise, reasonable access to those services by insured persons.

Portability: The provincial health insurance plan should pay for the cost of insured health services received while a resident is temporarily absent from his/her province without charge and without any minimum waiting period.

Comprehensiveness: The provincial health insurance plan must insure all medically necessary hospital and physician services and other services where the province so permits.

Public Administration: The health care insurance plan must be administered and operated on a non-profit basis by a public authority.

Support for the principles of the *Canada Health Act* has remained high throughout the past decade. The highest supported principle has been universality, while public administration has received the lowest support (see Table 1).

It is clear that universality remains a core value or principle that is at the heart of Canadians' support for their health care system. A recent Ekos survey found that 72 per cent of Canadians agreed

with the statement: "Universal publicly funded health care is part of what it means to be a Canadian and reflects our core values; we would be a poorer society if we shifted to a two-tier system."¹⁵ The Health Canada Supplement to the 1994 National Population Health Survey asked people to identify the main strengths of Canada's health care system. Universality and accessibility were, by a wide margin, the top two strengths identified by Canadians.¹⁶

Table 1

Support for Maintaining the Principles of the Canada Health Act (per cent indicating "very important")

	1991	1994	1995	1999
Universality	93	85	89	89
Accessibility	85	77	82	81
Portability	89	78	81	79
Comprehensiveness	88	73	80	80
Public administration	76	63	64	59

Source: *Canada Health Monitor*, PriceWaterhouseCoopers, *Health Insider*, Survey #1, March 1999.

¹⁵ Ekos Research Associates, *Health Canada Benchmark Survey, Final Report*, November 23, 1999.

¹⁶ Marcus J. Hollander, *Assessing the Impacts of Health Reforms on Seniors, Part I: A Synthesis Report of Health Reforms and Seniors' Perceptions of the Health System* (Ottawa: Canadian Policy Research Networks, December 1997).

Many health services that Canadians rely on fall outside the scope of the Canada Health Act.

Despite strong support for the principles of the *Canada Health Act*, a 1999 Angus Reid survey found many Canadians believed that, with the exception of universality, the health care system was not fully living up to the principles (see Table 2).

These results do not necessarily mean a drop in support for the principles,¹⁷ nor are they entirely surprising given that many health services that Canadians rely on fall outside the scope of the *Canada Health Act*. These services include, for example, outpatient prescription drugs, where individuals must pay out of pocket or through co-payments with private insurance, usually provided through their employer. Nonetheless, the Angus Reid survey also found that 71 per cent of surveyed Canadians agreed, upon review of the principles, that “it is time for a change.”

The following sections report on Canadians’ attitudes on specific issues

Table 2

Percentage Saying the Health Care System Is Living Up to the Five Principles of the Canada Health Act, 1999

Universality	82
Accessibility	62
Portability	63
Comprehensiveness	50
Public administration	59

Source: Angus Reid, 1999.

related to the health care system. As will be shown, equality of access/universality, quality care, and efficiency/fiscal responsibility seem to be the most influential values in shaping attitudes on a number of health care issues and options for reform. Any options that are inconsistent with these values will not go very far.

17 Matthew Hodge and Renaldo N. Battista in “A Cautionary Tale: Rethinking Medicare,” *HealthcarePapers* (vol. 1, no. 3, Summer 2000) point out that support for the principles in the *Canada Health Act* and approval ratings on how these principles are being operationalized are two separate issues.

III. CANADIANS' ATTITUDES ON SYSTEM PERFORMANCE AND STEWARDSHIP

Fewer Canadians Give Canada's System High Marks

For many years, including the first half of the 1990s, Canadians were generally pleased with the performance of their health care system. Since then, however, overall approval of the system has dropped significantly. The majority of Canadians still rank it as good, very good or excellent, but the numbers who rate it as fair, poor or very poor have grown steadily.

As seen in Chart 3, the number of respondents who rated the system as fair or poor surpassed the number rating it as very good or excellent in 1998—the year health care became the top national issue.

Many Canadians perceive the health care system as having deteriorated. According to a 1997 COMPAS poll, 79 per cent felt that the health care system, including hospitals, had gotten worse.¹⁸ Almost three-quarters of Canadians

polled by Angus Reid in 1999 believed that the health care system was worse than five years before, with 55 per cent blaming government for this deterioration and 19 per cent blaming patients who overuse the system. Interestingly, 35 per cent said their opinion was based on what they had seen, read or heard in the media.¹⁹

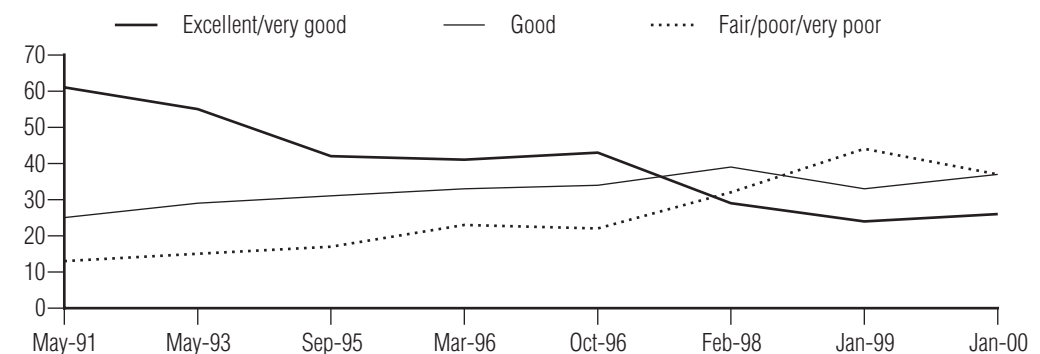
It should be pointed out that answers vary if respondents are offered an intermediate option rather than being forced to choose between two polar options. When offered, many respondents select “about the same” or “no change,” resulting in a decrease in the percentage of respondents selecting “worse.”

Canadians are not alone in having an increasingly negative assessment of their health care system. A 1998 study asked respondents in Canada, the United States, the United Kingdom, Australia and New Zealand whether they felt their system needed minor changes,

Many Canadians perceive the health care system as having deteriorated.

Chart 3

Canadians' Overall Assessment of Canada's Health Care System



Source: Angus Reid.

18 COMPAS, “Do Canadians Need a Shrink?” COMPAS for the Financial Post, October 18, 1997.

19 Angus Reid Group, *Canadians Give Canada Health Act Only Barely Passing Grade*, press release, May 11, 1999.

The most frequently identified reasons for falling confidence are government cutbacks, increased waiting lists and poor quality service.

fundamental changes or complete rebuilding.²⁰ Despite the countries having different health systems, a significant number of respondents in all five indicated that fundamental changes were needed to make their health care system better but that the system did not need to be completely rebuilt (see Table 3).

There is a striking difference for Canada, however, when these results are compared to the results from 10 years earlier (1988): the percentage of Canadians indicating that only minor changes were necessary to the system dropped from 56 in 1988 to 20 in 1998, while the percentage indicating that fundamental changes were needed or that the health care system had to be completely rebuilt increased substantially.²¹

Canadians' assessment that their health care system requires substantial change was confirmed in a May 2000 Ekos survey. Almost 90 per cent indicated

that "a lot of change" to our health system was required. The call for considerable change in health care was higher than for reforming the educational system, addressing the gap between the rich and the poor, reforming the political system, or improving our productivity and standard of living.²²

Declining Confidence in the System

In a recent POLLARA poll, 55 per cent of Canadians surveyed said their confidence in their health care system was declining (8 per cent indicated rising confidence, while 38 per cent expressed no change in confidence). The most frequently identified reasons for falling confidence were government cutbacks, increased waiting lists and poor quality service.²³

Most recently, an Angus Reid poll found a similar split in confidence (see Table 4).

Table 3

Citizens' Views of Their Health Care System in Five Countries

(per cent agreeing, 1998)

	On the whole, the system works pretty well, and only minor changes are necessary		There are some good things in our health care system, but fundamental changes are needed		Our health care system has so much wrong with it that we need to completely rebuild it	
	1988	1998	1988	1998	1988	1998
Canada	56	20	38	56	5	23
United States	10	17	60	46	29	33
United Kingdom	27	25	52	58	17	14
Australia	n.a.	19	n.a.	49	n.a.	30
New Zealand	n.a.	9	n.a.	57	n.a.	32

Source: Commonwealth Fund 1998 International Health Policy Survey.

20 Karen Donelan et al., "The Cost of Health System Change: Public Discontent in Five Nations," *Health Affairs*, May/June 1999.

21 Robert J. Blendon and Humphrey Taylor, "Views on Health Care: Public Opinion in Three Nations," *Health Affairs*, Spring 1989, pp. 149–157.

22 Ekos Research Associates, *Rethinking Government*, May 2000.

23 Merck Frosst, National Voluntary Organizations and POLLARA, Canada Healthcare Survey 1998. The same reasons were identified in an Angus Reid survey (Angus Reid Group, *Canadians Give Canada Health Act Only Barely Passing Grade*, 1999).

Despite declining confidence, Canadians believe their health care system will be there for them.

Table 4

Canadians' Confidence in Their Health Care System

Statement	Per cent agreeing
I am confident that lasting solutions to the challenges facing Canada's health care system will be found	47
I foresee that things are going to get worse before lasting solutions to the challenges facing Canada's health care system will be found	42
I believe that there are no lasting solutions to the challenges facing Canada's health care system	11

Source: Canadian Medical Association/Angus Reid, 2000.

Recent funding announcements, such as the September 2000 health accord signed by First Ministers, may not be enough to increase public confidence in the system. The 1999 federal budget, deemed a "health budget" by the Liberal government, involved a commitment to increase health transfers to the provinces by over \$11 billion. According to Ekos, the majority of Canadians (73 per cent) felt that this funding would have a moderate to high influence on the quality of health care. Despite the funding, 51 per cent indicated that the quality of the health care system would continue to deteriorate and 71 per cent acknowledged that it would take a long time for improvements to appear.²⁴

Differences in Satisfaction at Individual Level versus Provincial Level

There is an interesting difference between Canadians' level of satisfaction with the system's ability to meet their

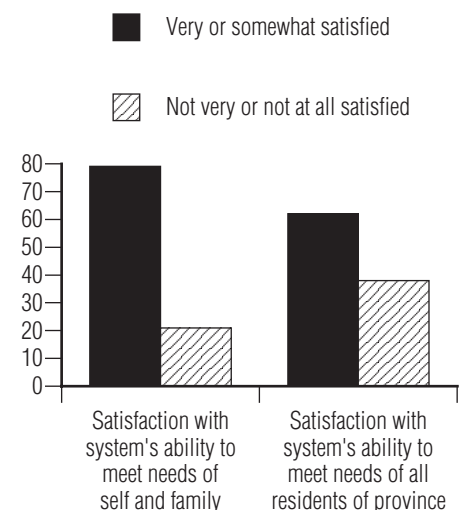
own needs and its ability to meet the needs of all citizens of their province (see Chart 4).

Almost 80 per cent of respondents expressed satisfaction with the health care system's ability to meet their needs or the needs of their family compared to 62 per cent satisfaction with the system's ability to meet the needs of all residents in their province.

Thus, while Canadians' confidence in the health care system has dropped, the majority believe that the system will meet their needs on a personal level if required. It is possible that media reports have contributed to the lack of confidence in the system on the macro level

Chart 4

Satisfaction with Health Care System to Meet Needs of Family vs. All Residents
(per cent)



Sources: Merck Frosst/Coalition of National Voluntary Organizations/POLLARA, National Survey of Health Care Providers and Users, 1999.

²⁴ Ekos Research Associates, *Benchmark Survey*, 1999.

The majority of Canadians support the federal government playing a role in health care. ►

while positive personal experiences have contributed to higher confidence in the system's ability to meet needs at the individual level. (Section IV on quality explores this further.)

Attitudes on Stewardship

Support for Federal Role in Health Care

Although health care is primarily a provincial responsibility under Canada's Constitution, the majority of Canadians support the federal government playing a role in health care, particularly in terms of funding and collaborating with provinces to ensure consistency in care across the country.

In terms of its funding role, the most frequently identified funding priorities for the federal government are:

- increasing investment in prenatal care;
- increasing funding for provincial health care systems;
- increasing funding for medical research; and
- extending the health care system to fully cover medically necessary home care services.²⁵

In terms of ensuring consistency across the country, support for national principles has been strong (see Table 5).

More recently, a 1997 Angus Reid survey found that the majority of Canadians (56 per cent) supported the federal government setting the standards for our health care system and social programs across the country. Quebec residents expressed the lowest support, at 35 per cent, while residents of Ontario and Alberta were the highest, at 63 and 64 per cent, respectively.²⁶

Table 5

Support for National Principles vs. Provincial Principles
(per cent)

	1991	1993/94	1995
National	63	71	71
Provincial	33	26	25
Don't know/refused	4	3	4

Source: *Canada Health Monitor*.

According to a 2000 COMPAS poll, 64 per cent of Canadians agreed that the federal government, to achieve high standards across the country, should set the rules for provincial health care systems.²⁷ A POLLARA survey found that 94 per cent of Canadians believed treatment procedures for medical conditions and the availability of the latest medical technology, personnel and medications should be consistent from province to province.

While there is support for the federal government's ensuring consistency across the country, support for the federal government's withholding of funds from provinces that do not meet the five principles in the *Canada Health Act* has never been overwhelmingly strong (see Table 6).

This suggests that rather than supporting an adjudicator role whereby the federal government judges the provinces and sets punishment for violators, Canadians favour a system of checks and balances between the federal and provincial governments based on collaboration and moral suasion.

25 Ibid.

26 Angus Reid Group, *The "Calgary Accord,"* press release, December 8, 1997.

27 COMPAS, "Public Opinion and Healthcare," report to the *National Post*, February 22, 1999.

Fewer than a third of Canadians feel that either the federal or provincial governments are doing a good job in health care.

Table 6

**Support for Federal Government
Withholding Funds from Provinces
that Do Not Meet the Principles of the
Canada Health Act**
(per cent)

	1991	1993/94	1995
Strongly support	34	29	30
Somewhat support	21	27	26
Somewhat oppose	14	18	17
Strongly oppose	22	18	17
Don't know/refused	9	8	9

Source: *Canada Health Monitor*.

Further, many Canadians make a distinction between a federal role in setting national standards and federal involvement in directing how health care funding should be spent by the provinces. A February 1999 Angus Reid poll found a split in support for the federal government's having more control over how the provinces spend their health care budgets: 49 per cent agreed, while 48 per cent disagreed.

**Assessment of Governments'
Performance**

Until the mid-1990s, Canadians were generally satisfied with both federal and provincial governments' efforts to ensure Canadians received good health care (see Table 7).

Canadians were also reasonably satisfied with how their provincial government was controlling health care costs until 1996–97, when there was a sharp increase in costs and 50 per cent of Canadians objected (see Table 8). It is not surprising that the change in opinion took place in 1996–97, when substantial cuts to federal transfers took effect and cuts to health care budgets began receiving considerable public attention.

A more recent survey on performance found that fewer than one-third felt that either the federal or provincial governments were doing a good job in health care (see Table 9).

Ekos has been asking Canadians which level of government is most responsible for the deterioration in the quality of health care. While provincial governments are assigned greater responsibility, Canadians are increasingly

Table 7

Assessment of Federal/Provincial Performance, 1988–94
(per cent)

	Federal government				Provincial government			
	1988	1991	1993	1994	1988	1991	1993	1994
Excellent	11	6	13	17	12	8	12	14
Good	45	44	44	47	46	54	44	42
Fair	26	29	28	23	27	27	29	27
Poor	8	16	11	8	9	8	12	13
Don't know/refused	10	5	4	5	6	3	3	4

Source: *Canada Health Monitor*.

laying responsibility on both levels of government (provincial government,

51 per cent; federal government, 41 per cent—December 1999).²⁸

Table 8

Assessment of Provincial Governments' Job in Controlling Health Care Costs

(per cent)

	1990	1993/94	1995	1996/97
Strongly agree	17	16	19	13
Somewhat agree	37	37	38	34
Somewhat disagree	19	23	19	19
Strongly disagree	19	19	19	31
Don't know/refused	8	5	5	3

Source: *Canada Health Monitor*.

Table 9

Assessment of Federal/Provincial Governments' Performance on Health Care, 1999

(per cent)

	Federal government	Provincial government
Good job	29	31
Bad job	31	27
Neither	37	39

Source: Ekos, 1999 *Benchmark Survey*.

²⁸ Ekos Research Associates, *Millennium Bust*, December 1999.

IV. CANADIANS' ATTITUDES ON QUALITY OF CARE

Two aspects of quality of care are examined: first, Canadians' attitudes on access to timely care and the latest technologies and, second, patient satisfaction with services received.

Canadians' Attitudes Regarding Access to Care

The data reviewed suggest that approximately half of Canadians are increasingly worried about getting access to necessary services, timely emergency care in particular.

The Donelan study of five countries, including Canada, found that Canadians were split on whether they had experienced difficulties in seeing a specialist but were more likely than citizens from the other four countries to indicate experiencing difficulties (see Table 10).

The study also found that 63 per cent of Canadians were worried that they would not get the most advanced medical care if they were to become seriously ill (second highest among the five countries), while 52 per cent were worried that they would wait too long to receive non-emergency care (see Tables 11 and 12).

Compared to the other four countries, Canada fell in the middle on level of

concern or worry. Residents of New Zealand expressed the highest levels of concern over access, while residents of the United Kingdom and the United States had the lowest levels of concern.

According to the *Canada Health Monitor* surveys, with the exception of emergency care, most Canadians found only a moderate increase in difficulty of access to health care services between 1994 and 1997. This is somewhat surprising given the changes that occurred during the 1990s, including hospital closures, shorter lengths of stay and decreasing numbers of physicians and specialists (see Table 13).

There is further evidence suggesting that the Canadian public is most concerned about access to emergency care. In January 2000, Angus Reid found that 48 per cent of respondents did not agree that their local hospital emergency room was providing services in a reasonable amount of time.²⁹ According to PricewaterhouseCoopers' 1999 *HealthInsider* survey, 32 per cent of Canadians surveyed reported that waiting times for non-life-threatening emergency room visits were unaccept-

Half of Canadians are concerned about getting access to necessary health care services, especially emergency care.

Table 10

Reported Difficulties Seeing Specialists and Consultants, 1998 (per cent)

	Canada	United States	United Kingdom	Australia	New Zealand
Extremely difficult/very difficult	16	15	10	14	17
Somewhat difficult	30	24	19	21	18
Not too difficult/Not at all difficult	47	57	55	54	56

Source: Commonwealth Fund 1998 International Health Policy Survey.

²⁹ Angus Reid Group, *Canadians Say Government Funding Cuts—Not the Flu—Responsible for ER Overcrowding, but Flu Shots and Medications Would Help*, press release, February 1, 2000.

Table 11

Concern over Access to Most Advanced Treatment, 1998
(per cent)

	Canada	United States	United Kingdom	Australia	New Zealand
Very worried	29	21	16	19	38
Somewhat worried	34	26	30	29	28
Not too worried	37	53	51	52	33

Source: Commonwealth Fund 1998 International Health Policy Survey.

able. In fact, the public was more concerned about waiting times for emergency room services than access to any other part of the health care system.³⁰

Nevertheless, recent Angus Reid polls have found that the vast majority of Canadians remain confident that if they have a serious medical problem they will get the health care services they need (see Table 14).

However, one cannot ignore the fact that approximately 30 per cent of Canadians believe they will not get the health care services they need *even if they have a serious medical problem*.

Patient Satisfaction

Canadians have consistently indicated they are satisfied with the care they have been receiving. This comes despite the view, explored earlier, that there is declining confidence in the system and its ability to provide needed care for the population at large.

The Conference Board of Canada's Quality Health Care Network initiated a hospital patient satisfaction survey that was used in six provinces from 1994 to 1999.³¹ The Measuring Up! survey found that the majority of patients were satisfied with their overall care (see Table 15).

Table 12

Concern over Access to Non-emergency Medical Care, 1998
(per cent)

	Canada	United States	United Kingdom	Australia	New Zealand
Very worried	20	14	12	25	38
Somewhat worried	32	22	30	28	26
Not too worried	47	64	55	46	35

Source: Commonwealth Fund 1998 International Health Policy Survey.

30 PricewaterhouseCoopers, *Health Matters*, vol. 1, issue 3.

31 Adele Dobson and Susan Ward, *The Voice of the Patient: Canadian Hospitals Are Listening!* (Ottawa: The Conference Board of Canada, June 2000).

Canadians have been satisfied with the quality of care received, especially nursing care.

Table 13

Perceived Changes in Access to Selected Health Care Services in the Community
(per cent)

	Access to family doctor			Access to specialist			Access to emergency care			Access to hospital admission		
	1994	1996	1997	1994	1996	1997	1994	1996	1997	1994	1996	1997
Harder	18	23	26	52	50	53	32	37	48	38	41	44
Easier	16	5	7	9	3	3	13	3	4	12	4	4
About the same	64	69	64	32	30	34	47	39	37	39	30	36
Don't know/refused	2	3	2	7	17	10	8	20	11	11	25	16

Source: Canada Health Monitor.

Nursing care was identified in this survey as the most important factor related to patients' level of satisfaction.

These findings are consistent with the results of the Ontario Hospital Association's *Hospital Report '99*, which found that almost 75 per cent of patients gave scores representing "good" or better for many of the indicators examined. Over 80 per cent of patients indicated

they were satisfied with the outcome of their hospital stay.³² Likewise, a January 2000 Angus Reid survey found Canadians had high levels of satisfaction with the care they received (see Table 16).

In summary, the data consistently show the existence of a contrast in levels of confidence in the health care system at a macro level and at an individual level. While the public at large lack confidence in the ability of the health care system to meet their needs, patients who use the system report high levels of

Table 14

Confidence in Receiving Necessary Services for a Serious Medical Problem
(per cent)

	Feb 99	May 99	January 2000
Strongly agree	28	18	31
Somewhat agree	37	42	41
Somewhat disagree	19	24	15
Strongly disagree	15	15	13
Don't know	-	-	0

Source: Angus Reid.

Table 15

Satisfaction with Overall Care, 1994-99
(per cent of respondents)

Excellent	32.5
Very good	38.3
Good	21.2
Fair	5.8
Poor	2.2

Source: Measuring Up! Survey, The Conference Board of Canada.

32 Ontario Hospital Association, *Hospital Report '99* (Toronto: Ontario Hospital Association, 1999).

satisfaction—no doubt a tribute to the providers of health care. The data also suggest that there may be a communication

problem that governments and providers will have to address to help restore citizens' confidence.

Table 16

Patients' Level of Satisfaction, 2000

(per cent)

	How satisfied were you/family member with last hospital stay during the past two years?	How satisfied were you/family member with last visit to the hospital emergency room over the past six months?
Very satisfied	44	32
Somewhat satisfied	36	37
Not very satisfied	10	15
Not at all satisfied	7	15
Don't know	2	1

Source: Angus Reid, February 2000.

V. CANADIANS' ATTITUDES ON COMPREHENSIVENESS

There is considerable support for including prescription drugs and home care in the Act.



A major issue in recent years has been the scope of coverage under the publicly funded health care system as specified by the *Canada Health Act*. As it now stands, many services provided outside the hospital, such as physiotherapy, home care, nutritional counselling and alternative therapies (e.g., chiropractic services) are not publicly insured. (Some are publicly funded to varying degrees but they are not insured under the *Canada Health Act*.) In addition, prescription medications provided outside the hospital are not fully insured for most residents.

A spring 2000 Angus Reid survey found that Canadians were largely split on whether the publicly funded system provided adequate coverage (see Table 17).

Most of the attention to increasing coverage under the publicly funded system has centred on adding home care and prescription drugs (pharmacare) to the *Canada Health Act*. The surveys reveal that there is considerable support for including prescription drugs and home care in the Act, with higher support for home care (see Table 18).

The preferred option is to cost-share between the patient and government.



A 1997 Angus Reid survey found that the majority of Canadians (61 per cent) wanted a national home care program to be launched first, ahead of pharmacare. However, more importantly, 71 per cent wanted the federal government to restore the funding for Medicare that was removed to fight the deficit before introducing funding for any new national health care programs.³³ Restoring funding for medical and hospital services before adding new services like home care has also been the position of provincial governments in their negotiations with the federal government for increases in cash transfers.

Interestingly, when Canadians are asked how home care or pharmacare should be financed, the preferred option is to cost-share between the patient and government—a violation of the accessibility principle under the *Canada Health Act*. For example, according to the 1998 *Canada Health Monitor*, the preferred option (55 per cent) for paying for a publicly funded home care program was through a home care insurance program

Table 17

Canadians' Assessment of Coverage of the Publicly Funded Health Care System, 2000

(per cent)

The publicly funded system covers too many services and programs	9
The publicly funded system covers not enough services and programs	42
The publicly funded system is about right in its coverage	47

Source: Angus Reid, *The Public Domain*, May 2000.

Table 18

Support for Including Pharmacare and Home Care Under the Canada Health Act

(per cent)

	1996	1997	1998
Support to include pharmacare	49	67	77
Support to include home care	n.a.	83	85

Source: PricewaterhouseCoopers, *Canada Health Monitor: Highlights Report*, Survey #17.

33 Angus Reid Group, *Canadians' Views on Health Care Funding Priorities*, press release, November 3, 1997.

whereby everyone would pay a premium. Support for paying for the program through a tax increase was low (10 per cent). Not surprisingly, Quebec's recently instituted pharmacare program requires all residents to pay a portion of the costs. (Canadians' attitudes on financing options for health care are discussed in the next section.)

A review of public opinion surveys and other sources does not find any overwhelming movement to include other services under the *Canada Health Act*. The use of complementary or alternative therapies may be a future possibility. The April 2000 *HealthInsider* noted that six in ten Canadians reported having substituted

a complementary remedy for a prescription drug in the previous six months. (Angus Reid reported that 50 per cent of Canadians began using them in 1997.)

But the National Forum on Health found in its surveys and consultations that support for including alternative and complementary therapies was conditional upon providing medical evidence supporting their effectiveness.³⁴ A recent Angus Reid Group report found that the majority of Canadians in focus group sessions held across the country opposed insuring natural health products. The reasons were affordability and the current lack of supporting evidence on their effectiveness.³⁵

34 National Forum on Health, *Values Working Group Synthesis Report*, p. 17.

35 Jack Aubry, "No Medicare for Natural Health Products: Study," *National Post*, August 8, 2000.

VI. CANADIANS' ATTITUDES ON FINANCIAL REFORMS TO THE SYSTEM

This section examines various options for financing Canada's health care system in light of increasing demands and limited financial resources. We begin with the issue of whether Canadians feel that past levels of health care spending have been adequate and whether there is a need for greater efficiencies. This is followed by an assessment of Canadians' attitudes on a range of privatization options and other possible reforms. No attempt is made to assess the merits of each option.

Canadians Want to See a More Efficient System

If there is one overwhelming message or theme consistently emanating from the survey results over the past decade, it is that most Canadians believe greater efficiencies can be achieved in the health care system. This is by no means a new view, as suggested by survey results from the *Canada Health Monitor* through the first half of the last decade (see Table 19).

The same surveys also found that the majority of Canadians were satisfied that one-third of government spending was on health care during this period (see Table 20).

The National Forum on Health also found that Canadians believed inefficiencies were the biggest threat to system sustainability. Most fiscal pressures on the health care system were perceived to be due to mismanagement (e.g., lack of planning, duplication, political expediency) and abuse and misuse by patients and providers. Although there was concern about patients using the system fraudulently, the biggest concern was that too many people take the system for granted and are ignorant about its cost.³⁶

More recently, a 1999 POLLARA survey found that 78 per cent believed that waste, duplication and overlap still posed a significant or very significant threat to the viability of the system.³⁷ Similarly, a 1999 Ekos survey found that, among several options for sustaining the health care system, the one most frequently identified was to make the system more efficient and affordable, followed by helping Canadians to understand how to use the system more responsibly. In addition, 77 per cent agreed with the following statement: "Allowing people to pay for faster or better health care services will

Most Canadians believe greater efficiencies can be achieved in the health care system.

Table 19

Attitudes on Greater System Efficiency (per cent agreeing)

	1989	1992	1994	1995
Many people in hospital could be looked after equally well at home	39	54	71	65
Health care system could be more efficient*	n.a.	n.a.	84	n.a.
Many people use health services they do not need	74	84	84	87
Hospitals do not manage their finances economically	63	69	55	52
Doctors often prescribe unnecessarily	64	70	72	73

*Insight Canada, Perspective Canada.
Source: *Canada Health Monitor*.

36 National Forum on Health, *Values Working Group Synthesis Report*, 1997, pp. 14–15.

37 Merck Frosst, National Voluntary Organizations and POLLARA, *Health Care in Canada 1999*.

► *Canadians believe waste, duplication and overlap in the system pose a significant threat to the sustainability of Canada's health care system.*

► *Canadians want any increase in funding to come from surplus funds, co-payments or other government programs rather than from an increase in taxes.*

Table 20

Support for One-third of Budget Going to Health Care
(per cent)

	1988	1991	1994	1995
Too much	7	16	20	18
Too little	28	23	14	17
Just about right	56	53	58	55
Don't know/refused	9	8	8	10

Source: *Canada Health Monitor*.

not be necessary if governments make the right decisions today about how to make the system more efficient.”³⁸

Some health care commentators and organizations have stated that there is no more fat to trim from the system. Survey results indicate that Canadians have generally not agreed with this claim, although the view that the system's problems can be solved by addressing inefficiencies could be changing. The results of a Canadian Medical Association(CMA)/Angus Reid poll in July 2000 found only 29 per cent of surveyed Canadians agreeing with the statement: “The demand for health care will increase, but we will be able to contain costs by operating the health care system more efficiently.”³⁹

Where Should Additional Funding Come From?

Notwithstanding the desire for greater efficiency, there is still support for increasing funding for the system,

particularly from federal sources. The July 2000 CMA/Angus Reid survey found that increasing public funding was Canadians' preferred option for relieving pressure on the health care system.⁴⁰

But most survey findings suggest that Canadians want any increase in funding to come from surplus funds, co-payments or other government programs rather than from an increase in taxes.⁴¹

Many Canadians agree that health care should be a priority for surplus funding by the federal government, along with tax cuts and paying down the debt. There is strong support for the federal government to reinvest the money that it cut from the transfers to fight the deficit in the mid-1990s: 80 per cent of respondents wanted all of the money restored, while only 19 per cent were opposed.⁴²

A 1999 year-end POLLARA survey found that Canadians were supportive of taking money from other government programs, particularly non-social program areas such as foreign aid and defence, to finance health care services (44 per cent supported taking money from other social programs and 64 per cent supported taking money from programs in other sectors of government).⁴³ As was shown in Chart 2, health care continues to take the lion's share of any new provincial government spending.

It has been suggested that Canadians support an increase in taxes to assist the health care system, but our analysis found little evidence in favour of this

38 Ekos Research Associates, *Benchmark Survey*, 1999.

39 Canadian Medical Association, *Canadians Call for Funding and Multi-Stakeholder Involvement to Cure Health Care Ills*, August 13, 2000.

40 Ibid.

41 COMPAS, “Do Canadians Need a Shrink?” COMPAS for the *Financial Post*, October 18, 1997.

42 Angus Reid Group, *Restore Healthcare Funding Taken from Provinces, Full Majority Says*, press release, February 1999.

43 POLLARA, “74% of Canadians want those who can afford it to pay part of own health care costs,” *Canada Speaks Poll*, January 12, 2000.

Canadians do not have as strong opinions on the issue of privatization as one might think.

claim—support for an increase in taxes even for health care appears to be weak (see Table 21).⁴⁴

Prior to the 2000 federal budget, POLLARA found that 75 per cent of Canadians surveyed were against raising taxes to handle increased health care demands.⁴⁵

Opposition to increasing taxes to further finance health care is not new. In 1992, Decima research also found weak support for increasing taxes (see Table 22).

It is interesting to note the sizeable level of support in 1992 for increasing the deficit to maintain hospital services. Such support today is highly unlikely due to the value Canadians now place on fiscal responsibility.

Attitudes on Greater Privatization

There are many options for privatizing health care. Privatization can occur on the delivery side (i.e., move from public or not-for-profit to for-profit

entities to provide essential care) or on the funding side (e.g., allow for user fees, decrease scope of publicly funded system, or allow a parallel privately funded system). As will be shown, Canadians do not have as strong opinions on the issue of privatization as one might think. This could be attributable to the fact that many of those supportive of user fees or purchasing services privately do not see these as increasing privatization but rather as addressing inefficiencies and funding gaps in the publicly funded system or ensuring access to necessary services if the publicly funded system cannot provide them.

Privatizing Delivery

In recent months, considerable attention has been given to the Government of Alberta’s Bill 11, which extends the use of private for-profit clinics funded by the public health insurance plan (through regional health

Table 21		
Support for Raising Taxes for Health Care, 1998		
(per cent)		
	Support for taxes to be raised	Support for additional tax on prescription drugs at store, to be applied to health care budget
Very willing/somewhat willing	21	38
Somewhat unwilling/very unwilling	78	61
Don't know	1	1
Source: Angus Reid, 1998.		

44 The August 2000 CMA/Angus Reid poll found that 83 per cent of Canadians supported an increase in funding for health care either by reallocating funds or by raising taxes. The high level of support for increased funding for health and reallocation of funds from other programs is consistent with other survey results. High support for increasing taxes for health care, on the other hand, is

inconsistent with other survey results. Since the two concepts were grouped together in the CMA/Angus Reid poll, it is not possible to determine whether there has been a change in attitudes.

45 POLLARA, "Life in Canada Overshadows U.S. Benefits," Canada Speaks Poll, January 13, 2000.

Table 22

Canadians' Support for Options to Maintain Hospital and Doctor Services, 1992

(per cent)

	Increase taxes	Increase deficit	Cut spending
Hospital services	31	33	32
Doctor's services	15	20	60

Source: Decima Research in Suzanne Peters, *Exploring Canadian Values*, CPRN, 1995, Table 8.

authorities). As such, it is primarily a move to allow for greater privatization of how services are delivered rather than who pays for them.⁴⁶

In March 2000, 57 per cent of Canadians surveyed said they had

concerns about the implications of Alberta's Bill 11, while only 33 per cent indicated support for greater use of private facilities.⁴⁷ Subsequent Ekos and Angus Reid polls showed that few Canadians are strong supporters, about a quarter are staunchly opposed, and the majority sit somewhere in between (see Table 23).

The Ekos survey found that 33 per cent supported Bill 11, while the Angus Reid survey found that 50 per cent supported the bill. Opposition to Bill 11 in the Angus Reid poll was highest in Alberta, among those 55 years and older, and among women. Those aged 18–34 years were the strongest supporters (53 per cent).⁴⁸ The differing results from the two surveys in roughly the same time

Table 23

Canadians' Support for Alberta's Bill 11

(per cent)

		Ekos, May 2000	Angus Reid, April 2000
		Question: From what you have heard, read or seen about Alberta's Bill 11, would you say that you support or oppose the legislation?	Question: As you may know, the provincial government in Alberta recently announced its intention to allow privately owned health institutions to offer services like hip replacements and they will be paid by the government with taxpayer's dollars. From what you know, would you say that you strongly support, somewhat support, somewhat oppose or strongly oppose the proposal put forward by Premier Klein?
Strongly support	6	15	
Support/somewhat support	27	35	
Oppose/somewhat oppose	28	21	
Strongly oppose	26	26	
Don't know	14	3	

Sources: Ekos and Angus Reid polls, spring 2000.

⁴⁶ Some argue that the move to private clinics will also lead to increases in private funding by allowing the clinics to offer patients the choice of paying privately for upgraded treatment or services beyond what is funded by the provincial plan.

⁴⁷ Ekos Research Associates, *Priorities and Preferences in the Post-Budget Environment: Part I: Voting Intentions and Priorities*, March 2000.

⁴⁸ Angus Reid Group, *Canadians and Albertans Speak on Alberta's Bill 11*, press release, April 2000; Ekos Research Associates, *National Survey on Alberta's Health Care Reform Initiatives (Bill 11)*, Final Report, May 2000.

Support for user fees is highest when presented as a method of improving system efficiency while not prohibiting people from obtaining needed services.

There is support for the paying of a user fee by the individual when a certain limit in consumption of services is reached.

There is also support for having people who earn above-average income pay more.

period serve to demonstrate how the phrasing of the question can influence the responses.

According to Ekos, 61 per cent of Canadians are concerned about the privatization of health care facilities, believing that it threatens universality, even though services would still be publicly funded. Almost 85 per cent of Canadians support the federal government having a significant role in ensuring that the Government of Alberta's actions are consistent with the *Canada Health Act*.⁴⁹

Privatizing Funding

User Fees

There has been and continues to be support for user fees by approximately half of the population. But support is often conditional: it is highest if user fees are presented as a method of improving system efficiency while not prohibiting people from obtaining needed services. For example, the National Forum on Health found there was qualified acceptance of some form of user fees to curb abuses as long as they did not deter people in genuine need from seeking service.⁵⁰ An important factor, therefore, is how any survey question on user fees is posed.

Support for user fees was surprisingly moderate in the first half of the 1990s, when there was less public concern over the sustainability of health care. In 1992, Decima found that 59 per cent approved of user fees while 40 per cent

disapproved. Those with higher education, income and age levels were most in favour.⁵¹ Results from *Canada Health Monitor* surveys between 1990 and 1996 on Canadians' attitudes to raising more money for the health care system show considerable disapproval of several options. The exception is the paying of a user fee by the individual when a certain limit in consumption of services is reached. Support for this option remained over 50 per cent (see Table 24).

In 1996, the *Canada Health Monitor* asked for opinions on a fifth option, whereby people with above-average incomes would pay more for health services: 53 per cent approved, while 45 per cent disapproved. When asked to select one option to raise funding to maintain health care over all others, respondents most frequently chose having people who earn above-average income pay more (see Table 25).

Paying a user fee if more than a certain amount of resources is used by the individual was the second most frequently selected option. Both violate the *Canada Health Act* principle of accessibility (depending on how they are implemented). However, both options may be seen as promoting fairness by ensuring that people who can afford to pay more do so in order to preserve Medicare (rather than having people who cannot afford it pay more) and by providing a disincentive to overuse the system.

49 Angus Reid Group, *Canadians and Albertans Speak on Alberta's Bill 11*, April 2000.

50 National Forum on Health, *Values Working Group Synthesis Report*, 1997, pp. 14–15.

51 Decima Research, in Suzanne Peters, *Exploring Canadian Values: Foundations for Well-Being*, CPRN Study No. F/01, 1995. Question: "One method of providing additional funding for health care that has been suggested is charging 'user fees,' that is, where individuals are charged a small fee every time they use health care services. Generally speaking, do you strongly approve, approve, disapprove or strongly disapprove of charging user fees?"

Table 24

Support for Options to Increase Health Care Funding
(per cent)

	Hospitals charge patients a user fee when they use a hospital service			Doctors extra-bill patients		
	1990	1994	1996	1990	1994	1996
Strongly approve	20	14	13	7	11	8
Somewhat approve	28	30	33	19	19	21
Somewhat disapprove	14	19	17	16	19	19
Strongly disapprove	34	35	36	54	49	50
Don't know/refuse	4	2	1	4	2	1

	People do not pay a user fee unless they use more than a certain amount of health services			Everyone's taxes are raised including yours		
	1990	1994	1996	1990	1994	1996
Strongly approve	33	22	22	10	7	8
Somewhat approve	28	31	31	23	23	25
Somewhat disapprove	11	15	15	13	16	17
Strongly disapprove	22	28	29	51	53	48
Don't know/refuse	6	3	2	3	1	1

Source: *Canada Health Monitor*.

Both options
may be seen as
promoting
fairness.

A spring 2000 Angus Reid poll found continued moderate support for user fees: 39 per cent indicated support for establishing user fees for some non-urgent services, while 30 per cent were neither for nor against the idea.⁵²

Table 25

Preferred Options for Raising More Funding for Health Care, 1996
(per cent)

People with above-average incomes pay more . . .	31
Pay user fee if use more than a certain amount of resources	22
Hospitals charge user fee	13
Raise taxes	12
Doctors extra-bill patients	9
None of the above	8

Source: *Canada Health Monitor*, 1996.

While newspapers reported in January 2000 that a significant majority of Canadians supported user fees (74 per cent in a POLLARA poll), in actuality this percentage refers to the level of support for those who can afford it to "pay for a portion of their health care costs." This may or may not necessarily be done via user fees.⁵³ For example, it could mean higher taxes for those in the highest income tax bracket (those currently earning \$60,000 or more) or a special earmarked tax levy for health, as is the case in Ontario.

It is commonly believed that support for user fees is a recent phenomenon. The above results suggest that this may not be true, as there has always been sizeable support for them. Indeed, some health economists refer to user fees as

52 Angus Reid Group, *The Public Domain*, May 11, 2000.

53 Hugh Winsor, "Context Is Everything When Polls Make Policy," *The Globe and Mail*, January 17, 2000.

“zombies,” since they continue to live on despite repeated attacks on their effectiveness in controlling costs and behaviour.⁵⁴

Limiting or Reducing Coverage of Publicly Funded System

Another option frequently suggested for ensuring that the publicly funded system meets future demands is to limit public coverage to essential health services. Once again, Canadians do not seem averse to this option if it is seen as necessary to sustain the publicly funded system (see Table 26).

The August CMA/Angus Reid poll found that nearly six in ten Canadians supported the idea of limiting the range of services covered under the publicly funded system to a set of core services.⁵⁵ On a more specific level, a 1998 Angus Reid survey found that a majority of people (52 per cent) supported the idea of paying for non-emergency trips to the doctor.⁵⁶ Of course, limiting public coverage to essential health services or emergency services is much easier said than done, given the difficulties in determining which services are essential and which ones are not.⁵⁷

Two-Tier System

In health care debates, as seen in the recent federal election campaign, “two-tier system” is considered a pejorative term implying unequal levels of care based on one’s ability to pay rather than

Table 26

Support for Reducing Coverage of Non-urgent Services, 2000

(per cent)

	Good way	Neutral
Continue to cover essential health services and reduce coverage for some of the non-urgent health care services	35	40

Source: Angus Reid, *The Public Domain*, May 11, 2000.

need. Although subject to wide interpretation, a two-tier health system normally refers to two coexisting systems—one publicly funded and one privately funded—that cover the same medical services. Despite the negative overtones associated with “two-tier,” support for the concept has ranged between 40 and 50 per cent.

- COMPAS found that 41 per cent agreed that people should have the right to buy their own medical services (53 per cent agreed with the statement that private medicine should continue to be restricted by law).⁵⁸
- A 1999 Ekos survey found that 29 per cent were in favour of moving more money towards a two-tier system, while 16 per cent were neither opposed nor in favour and 55 per cent were opposed to the idea.⁵⁹
- An April 2000 Angus Reid survey found that 47 per cent of respondents agreed that “it is all right if Canada’s

54 Robert Evans et al., *Who Are the Zombie Masters, and What Do They Want?* Health Policy Research Unit, University of British Columbia, December 1993.

55 Canadian Medical Association, *Canadians Call for Funding*, press release, August 13, 2000.

56 Angus Reid, *Majority of Canadians Say They Would Be Willing to Pay for Non-Emergency Trips to the Doctor to Help Fund the Healthcare System*, press release, December 1998.

57 There have been some efforts aimed at identifying core services to be publicly funded. See, for example, Health Action Lobby, *Getting to the Core of Comprehensiveness: A Discussion Paper*, 1994.

58 COMPAS, *Support Weakening for Medicare*, press release, September 1, 1999.

59 Ekos Research Associates, *Benchmark Survey*, 1999.

► *Canadians' support for a two-tier system ranges between 40 and 50 per cent and appears rooted in ensuring access to quality care.*

health care system evolves into a two-tier system.”⁶⁰

Support for a two-tier system should not be construed as support for American-style health care, where the system for most people is privately funded. A two-tier system can resemble the model existing in the United Kingdom, which has both public and private systems. There, the principle of universality is still intended to be respected; no one is to be denied care, as everyone receives a basic standard level of care.

Upon closer review of Canadians' attitudes on two-tier health care, it is apparent that Canadians' support is very much dependent on ensuring access to quality services. For example, 73 per cent of Canadians agreed that, if timely access to care is not possible, they should have the option of seeking private care using their own resources,⁶¹ while 63 per cent agreed that they should be permitted to pay for upgraded treatment despite recognizing that this would harm universality.⁶²

However, there is less support among Canadians for the creation of a private system or mechanisms to enable people to gain faster access than others, based on the ability to pay. The 1996 *Canada Health Monitor* asked if people would support an arrangement whereby a person could pay to get health services more quickly. While 40 per cent approved, 45 per cent strongly disapproved. More recently, 50 per cent expressed opposition to the notion of moving more money

towards a mixed public and private system where people are free to pay for faster or better health care services (33 per cent approved).⁶³ Almost eight out of ten Canadians believed that the only ones who would benefit from allowing people to pay for faster or better health care services would be the wealthy.⁶⁴

Thus, it appears that public support is stronger for people purchasing private services in the event that the public system is unable to provide the necessary services than for allowing people to purchase services for the purposes of receiving faster or better service.

Who Supports Greater Privatization and Why?

There are no apparent demographic groups that strongly support or oppose increased privatization. In some cases (such as for charging room and board in hospitals),⁶⁵ residents of Atlantic Canada are most in favour, while in other cases Quebecers are most supportive. Men tend to slightly favour privatization over women. High-income earners (over \$60,000) are more supportive than other income groups of paying for non-emergency visits to the doctor (58 per cent). However, COMPAS has found that professionals with post-graduate education are generally more opposed to user fees than the rest of the population.⁶⁶

What explains the lack of overwhelming opposition to greater privatization options in health care? As mentioned

60 Angus Reid Group, *The Public Domain*, May 11, 2000.

61 Merck Frosst, National Voluntary Organizations and POLLARA, *Health Care in Canada*, 1999.

62 Merck Frosst, National Voluntary Organizations and POLLARA, *Canada Healthcare Survey*, 1998.

63 Ekos Research Associates, *Benchmark Survey*, 1999.

64 Ibid.

65 Angus Reid Group, *Majority of Canadians Say They Would Be Willing to Pay for Non-Emergency Trips*, December 1998.

66 COMPAS, *Public Opinion and Healthcare*, February 22, 1999.

Many Canadians seem willing to consider various privatization options as long as they are intended to safeguard the values of equality of access and quality care...

... but privatization options are at the bottom of their list of suggestions for improving the system.

A key issue is Canadians' acceptance of longer waiting times for some services as an option for sustaining the system.

before, the way questions are posed and their timing can be influential. But the lack of strong opposition to increased privatization should not be interpreted as a drop in support for Medicare. Support for greater privatization, such as through user fees, is higher when presented as an option for preserving Medicare by deterring inappropriate use or by providing the system with additional funds. Support for a two-tier system is highest when presented as an option to ensure access to high-quality services in the event that the publicly funded system cannot provide them.

Put another way, many Canadians seem willing to consider various privatization options, such as user fees and co-payments, as long as they are intended to safeguard the values of equality of access (universality) and quality care. Is this a contradiction in terms? It could be, or it may be that some Canadians are flexible around how the concepts of universality and accessibility are applied (i.e., the publicly funded system no longer providing first-dollar coverage) if this is necessary to ensure access to quality services.

Support for privatization options must also be put into the proper context. Canadians appear open to considering any options to preserve equal access to quality care, privatization included. As such, privatization is not seen as a primary goal for reforming the health care system. When Ekos asked Canadians for their suggestions on the best way to improve or strengthen the health care system, their order of preference showed that privatization options were at the bottom of their list:

- increasing the number of hospital beds and level of staffing in hospitals (74 per cent);

- increasing the use of new technologies in hospitals (62 per cent);
- expanding home and community care (57 per cent);
- enhancing programs for health promotion and prevention (50 per cent);
- introducing a pharmacare program (45 per cent);
- reporting clearly and regularly to the public on system performance (41 per cent);
- allowing private ownership and administration of hospitals and clinics within the publicly funded system (23 per cent); and
- allowing Canadians to start paying for faster or better health care services through private facilities (22 per cent).⁶⁷

A key issue is Canadians' acceptance of longer waiting times for some services as an option for sustaining the system. The recent CMA/Angus Reid survey found that 57 per cent of Canadians chose "longer waiting times for some health care services" as an acceptable option for relieving pressure on the system.⁶⁸ But as seen with other survey results, many Canadians value quality services and support the idea of paying for services if the public system cannot provide them. How these views are to be reconciled (i.e., accepting longer waiting times and being able to purchase services that the public system cannot provide in a timely manner) will be a key question.

A continuum of Canadians' attitudes on the various privatization options and their consistency with the principles of universality and accessibility as defined in the *Canada Health Act* is presented in Table 27, based on the various survey results discussed in this synthesis.

67 Ekos Research Associates, *National Survey on Alberta*, May 2000.

68 Canadian Medical Association, *Canadians Call for Funding*, August 2000.

Funding and delivery options at the top have the greatest support, while options at the bottom have the least support. The final option—a privately funded health care system—appears to be

unacceptable to most Canadians. This chart does not speak to the economic and social merits of each option but rather Canadians' perceived level of acceptability.

Table 27

Continuum of Canadians' Acceptability of Privatization Options

	Funding	Provider	Coverage	Consistent with universality	Consistent with accessibility
Most acceptable	Publicly funded health care system	Provided largely by not-for-profit institutions and providers	All medically necessary services	Yes	Yes
	Publicly funded health care system	Provided by a mix of public and private (including for-profit) providers (Alberta model)	All medically necessary services	Yes	Yes
Less Acceptable	Publicly funded health care system that charges user fees for either high-income Canadians or by service (such as for non-urgent services)	Provided by a mix of public and for-profit providers	All medically necessary services	Yes	No
	Publicly funded health system that allows for some privately funded services	Provided by a mix of public and for-profit providers	Basic package publicly funded. Private system allowed to provide non-essential or non-emergency services (e.g., rehab services, MRI clinic) alongside public system	Yes	Would depend on scope of public services
Unacceptable	Publicly funded health care system alongside privately funded health care system	Provided by a mix of public and for-profit providers. Providers may or may not be permitted to operate under both systems simultaneously	Each system covering all medically necessary hospital and medical services. Patients would choose which system they wish to participate in.	Yes	Yes (within publicly funded system)
	Privately funded health care system	Private providers and not-for-profit providers	Dependent on willingness to pay	No	No

VII. SUPPORT FOR STRUCTURAL REFORMS

Fiscal responsibility and accountability have become priority values for Canadians.



Public opinion surveys have given little attention to Canadians' attitudes on structural health care reforms, such as managed care and health allowances.

A review of those instances where public opinion was sought on reforms shows the inherent difficulties and limitations in asking for such comments. In some cases, proposed reforms are new to most people; therefore, some public education is required before considered responses to questions can be expected. Furthermore, many survey questions on reforms are focused at the programmatic level (e.g., What size of co-payment would be acceptable to you under a pharmacare program?), which makes it difficult for people to consider them in a survey. The questions are often complicated, the range of responses gets too detailed, and the results become difficult to interpret. Other consultation mechanisms, such as focus groups, may be more effective for gauging public opinion on reforms that feature important trade-offs.

Greater System Accountability

As outlined in Section II, fiscal responsibility and accountability have become priority values for Canadians. Governments are aware of this and have recognized the need for better public reporting on the use of tax dollars. As in many other social programs, there have been historically very few efforts to assess the effectiveness of health care spending. Several positive developments to address this gap have recently taken place, including:

- the signing by federal, provincial and territorial governments (except for Quebec) of the Social Union Framework Agreement, which specifies collaborative processes for governments to follow in planning and providing social programs and places strong emphasis on identifying measurable outcomes and reporting on performance in a transparent manner;
- the establishment of health information systems and the Canadian Institute for Health Information, which among other things is collecting and reporting information on health expenditures in Canada; a first annual report on health care in Canada was released in spring 2000;⁶⁹ and
- the development of report cards for health care providers and systems (e.g., the Ontario Hospital Association's hospital reports).

Further, the September 2000 health accord signed by First Ministers makes reference to clear public reporting to citizens on the performance of health services.

According to the March 1998 *Canada Health Monitor*, there was strong support by Canadians (83 per cent) for a national report card on health that would enable them to compare their community with others across Canada. Support was strongest in Atlantic Canada and gradually decreased going west across the country.⁷⁰ A 1999 survey also found strong support (77 per cent) for publicly available report cards that would evaluate the quality of care in a wide range of service areas.⁷¹

There is strong support by Canadians for a national report card on health.



69 Canadian Institute for Health Information, *Health Care in Canada: A First Annual Report* (Ottawa: Canadian Institute for Health Information, 2000).

70 PricewaterhouseCoopers, *Canada Health Monitor Highlights Report*, February/March 1998.

71 Merck Frosst, National Voluntary Organizations and POLLARA, *Health Care in Canada* 1999.

While there is certainly support for better reporting and greater information sharing on services and their effectiveness, it is not apparent how high a priority these will receive from governments amidst a number of competing health care issues. Nor is it certain how willing governments

will be to allow for interprovincial comparisons. For example, while the September 2000 health accord does refer to efforts to increase accountability, it does not include any formal arrangement for report cards and increased transparency on a national basis.

VIII. CONCLUSIONS

Restoring Canadians' confidence in their health care system may take several years.



As found in this analysis, the wording of a question and the timing of a survey can greatly influence responses. Nevertheless, this synthesis of polling and survey results has found many consistent patterns that suggest several conclusions. First and foremost, Canadians still have considerable faith in their health care system and want to make it work. There is no sense of “abandoning the ship” at this point.

Several other important conclusions are offered:

- For those working in the health care sector, it seems as though the system has been in crisis for at least the past 10 years. For most Canadians, health care became a leading issue much more recently, since their concerns over broader and, to some extent, more important issues such as jobs and the economy lessened. As seen in the recent federal election, while health care may be an important issue of concern for Canadians, it did not become the single dominant issue.⁷²
- Restoring Canadians' confidence in their health care system may take several years. The \$23 billion in additional funding announced in the September health accord may not be enough to improve Canadians' confidence in the system. The 1999 “health budget” did virtually nothing to alleviate Canadians' concerns over health care. It may require several successive positive reports on the actual performance of Canada's health care system for confidence to be restored to early-1990s levels. And one must remember that concern over

Canadians' support for further increases in public spending on health care is conditional.



health care is not restricted to Canada—it is an international issue.

- Canadians' support for further increases in public spending on health care is conditional. Certain conditions must first be met, not the least of which is ensuring that the system addresses its inefficiencies and becomes more accountable for how new spending will be used. It is clear that Canadians believe there has been a degree of waste in the health care system.
- There is a common belief that Canadians are demanding more from their health care system (in terms of intensity and in the scope of services covered).⁷³ However, the data reviewed for this analysis did not find a high degree of dissatisfaction among Canadians regarding the scope of Medicare or the desire to have substantially more services added. In fact, as seen in the recent CMA/Angus Reid survey, there is support for reducing the scope of coverage if necessary. Certainly, there is support for including home care under the *Canada Health Act* (although provinces already fund home care services) and increasing coverage for prescription drugs. But most Canadians accept that there is an increased cost for doing so and are willing to consider a range of options, including cost-sharing, to ensure appropriate use and affordability.
- Despite Medicare's symbolic nature, public opinion surveys suggest that approximately half of Canadians are willing to entertain some changes in how services are financed and delivered to ensure the viability of the

Approximately half of Canadians are willing to entertain some changes in how services are financed and delivered.



72 COMPAS, *Mid-Campaign Fireworks: Alliance Winning Some of the Public Agenda but Not the Campaign*, November 16, 2000.

73 Duncan Sinclair, “Rethinking Medicare: It's Time to Do It!” *HealthcarePapers*, Longwoods Publishing, Toronto, vol. 1, no. 3, Summer 2000.

Many of the attitudes held by Canadians on health care, such as the desire for greater efficiency and report cards, seem rooted in the values of fiscal responsibility and accountability.

A number of value tensions are likely to serve as the backdrop for future debates on health care reforms.

publicly funded system and to ensure access to quality services as long as these changes will not result in people being denied care. This includes considering options such as user fees and reduced scope of publicly funded services, both of which run contrary to the accessibility principle in the *Canada Health Act*. The implications for governments of this “soft” public opinion on health care reforms are unclear. On the one hand, some governments may wish to take advantage of the lack of consolidated views and proceed with changes, as in the case of the Government of Alberta with its Bill 11. On the other hand, some governments may choose to wait before moving one way or another until public opinion is more definitive on possible reforms.

Section II of this report identified the values held by Canadians that could be expected to influence their attitudes on health care issues and options for reform. Upon review, it appears that the identified values have been influential in shaping attitudes. On a broad level, many of the attitudes held by Canadians on health care, such as the desire for greater efficiency and report cards, seem rooted in, or at least are consistent with, the values of fiscal responsibility and accountability. On a level more specific to health, it appears that universality, quality of care, and efficiency/effectiveness are driving Canadians’ attitudes on the various health care issues discussed.

These findings point to a number of value tensions that will be likely to serve as the backdrop for future debates on health care reforms. For example, how as a society do we reconcile quality and affordability? How can the publicly funded system ensure access to the highest quality services possible within

taxation levels that are acceptable to Canadians? A second tension lies in how we reconcile having equal access to a common level of services and a desire by some people to pay out of pocket for faster or enhanced medically necessary services (e.g., MRI).

A third tension arises in determining the role of government and the role of the individual in maintaining health and financing health care services. How does the publicly funded system deal with demands for services such as home care, prescription drugs or alternative therapies? Should the publicly funded system stick to treatment or should it focus more on prevention services (e.g., immunizations)? As seen in the case of water quality management in Ontario, we seem headed for a clarification of government and non-government roles on several important matters, including health.

Examples of Value Tensions Underlying the Health Care Debate

- Quality vs. Affordability
- Equal treatment (fairness) vs. Freedom to choose
- Role of government vs. Role of individual (public vs. private)

A key issue is to examine Canadians’ values when quality and choice are not taken as “givens” (as was assumed in the review of values by the National Forum on Health). Improved health information systems can play an important role in determining whether quality of care is suffering in Canada now and will in the future in light of increased demands (e.g., the increase in the proportion of elderly people and the explosion in new health-related technologies).

An ongoing process to monitor values and help in mediating between conflicting values should be considered.

What is the effect of an ageing society on the values and attitudes related to Canada's health care system? As people get older, they are perceived to hold more conservative attitudes. Will this lead to a shift in values? The public opinion data used for this analysis found little difference in attitudes due to age; nevertheless, it is a key issue as the proportion of elderly persons in society increases.

Likewise, what will be the effect of the explosion of information-based technologies on the values of Canadians and their expectations of Canada's health care system?⁷⁴ The Internet will permit people to interact with health professionals anywhere in the world and obtain a wider range of health information. The *Berger Population Health Monitor* has begun examining the effect of the Internet on the Canadian health care sector and has found Internet use for health-related matters to be widespread.⁷⁵ Will this wider access to information contribute to greater

individualism? If so, will this result in increased demand by Canadians for health services beyond what the publicly funded system can provide? In terms of values, is a shift taking place from support for fairness and equality to support for freedom and the ability to purchase one's own treatment (collective versus individual approach)? The data examined in this synthesis do not shed any light on these questions, but the questions certainly warrant future attention.

There is no escaping the issue of Canadians' values when talking about the health care system. Values lie at the heart of all options for the system, even the status quo. Many experts are calling for a more formal and ongoing process to monitor Canadians' values and attitudes related to health care to ensure that policy making is consistent with values.⁷⁶ An ongoing process to monitor values and help in mediating between conflicting values should be considered.

74 Nuala Kenny, "Reframing the Discourse: Rethinking Medicare," *HealthcarePapers*, Longwoods Publishing, Toronto, vol. 1, no. 3, Summer 2000.

75 *The Berger Population Health Monitor, The Internet Report*, Survey #20, October 1999 (Toronto: Hay Health Care Consulting Group).

76 Jonathan Lomas, "Rethinking for Today or Rethinking for Tomorrow?" and Robert Bear, "Can Medicare Be Saved? Reflections from Alberta," *HealthcarePapers*, Longwoods Publishing, Toronto, vol. 1, no. 3, Summer 2000.

APPENDIX: PRINCIPAL SOURCES USED

Source	Methodology
Angus Reid	For most surveys used in this analysis: a random sample of 1,500 Canadian adults, with a margin of error of plus or minus 2.5 percentage points 19 times out of 20. Data are statistically weighted to ensure that the sample's regional and age/sex composition reflects that of the actual Canadian population according to the 1996 Census data. The margins of error are correspondingly higher for regional, demographic and other subgroups.
PricewaterhouseCoopers	<i>Canada Health Monitor</i> surveys typically involved samples of over 2,000 Canadians (15 years and older). The data are statistically weighted. The margin of error is plus or minus 2 percentage points in 19 samples out of 20. The margins of error are correspondingly higher for regional, demographic and other subgroups.
COMPAS	National representative surveys usually involve sample sizes of over 1,000 adults. Industry norms (CAMRO standards) are followed in design, interviewing and reporting. By convention, a sample of n=1,000 is deemed accurate to within 3.2 percentage points 19 times out of 20.
Ekos Research Associates Inc., and Earncliffe Research and Communications	<i>National Forum on Health, Final Report, Volume II, Values Working Group Synthesis Report, 1997.</i> A combination of quantitative and qualitative research tools, this involved 18 focus groups reflecting a cross-section of Canadians that discussed eight scenarios, along with two quantitative surveys.
POLLARA	Canada Speaks 2000: Sample of over 1,000 adult Canadians. It is considered accurate within 3.1 percentage points 19 times out of 20.
Merck Frosst, National Voluntary Organizations, POLLARA	1999 National Survey of Health Care Providers and Users: A national telephone survey of 1,200 adult Canadians. Overall results are considered accurate to within plus or minus 2.9 per cent, 19 times out of 20. (A sample of health care providers was also undertaken, but these results were not included in this analysis.) 1998 National Survey of Health Care Providers and Users: Survey of over 2,000 members of the public (and over 1,000 health care providers). Fourteen discussion groups across Canada were also held.
Ekos Research Associates Inc.	<i>Rethinking Government.</i> Some of the research used is part of a syndicated product called Rethinking Government. This study includes: a survey of Canadian elites and decision makers and public opinion polls conducted by Ekos Research Inc. over the past few years (including a survey of Americans). All the data, with the exception of the elite survey, were statistically weighted to ensure that the sample's regional, gender and age composition reflects that of the actual population of Canada or the United States according to relevant census data. Benchmark Survey/Other Surveys: Most other Ekos surveys, including the Health Canada Benchmark Survey, involved a sample size of over 1,000 adult Canadians. Results are considered accurate within plus or minus 2.8 per cent, 19 times out of 20. The margin of error increases when the results are subdivided.
Commonwealth Fund 1998 International Health Survey	Telephone survey of over 1,000 adults in each of five countries (including Canada). The data were weighted. The results are accurate to plus or minus 3 percentage points 19 times out of 20.



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