



# 11th Annual National Report Card on Health Care

August 2011

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## **2011 National Report Card Draft Report**

**Submitted to: Canadian Medical Association  
August 2011**

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## Introduction

This is the eleventh-annual CMA Report Card on the health care system in Canada. Since 2001, the Canadian Medical Association has asked Ipsos Reid to measure public opinion with respect to the health of the Canadian health care system each year.

In particular, Ipsos Reid has asked Canadians to assign a letter grade to the health care system overall, and to different aspects of the system.

This year, Canadians were also asked a series of questions about their perceptions and views related to several areas. This section, called 'The Future of Health Care: Empowering Canadians toward Improved Care' includes questions designed to explore views and attitudes with respect to the following:

- The next federal-provincial health agreement;
- The adoption of a Canadian patient health charter to ensure accountability and responsibility for the quality of care received;
- A performance-based funding model for health care; and,
- A complaint mechanism and form of redress for health care recipients.

## Methodology

This research was conducted by telephone and online. A portion of the study that is tracked against earlier years' research was conducted online. Several new questions were asked as part of a telephone survey.

In the online survey, Canadians were asked to rate a range of dimensions of the health care system using a letter grade (i.e., A, B, C or F with A being the highest grade and F being a failing grade).

## Online Research

Between July 5 and July 8, 2011, Ipsos Reid surveyed 1,026 Canadian adults online. Respondents were randomly selected from the Ipsos Household Panel. A sample of this size is associated with a  $\pm 3.1$  percentage point margin of error for the overall national findings at a 95% confidence interval. Slight weights by region, age and gender were applied to the data to ensure the sample accurately reflects the population according to Census data.

The online studies conducted in previous years are referenced in this research. The margins of error for each of these studies are set out below.

Year	Sample Size	Margin of Error (%)
2011	N=1,026	$\pm 3.06$
2010	N=3,483	$\pm 1.66$
2009	N=3,223	$\pm 1.73$
2008	N=2,024	$\pm 2.18$

## Telephone Research

Between July 6 and July 7, 2011, Ipsos Reid surveyed 1,000 Canadian adults using the Ipsos Reid Express Telephone Omnibus. This sample provides a  $\pm 3.1$  percentage point margin of error for the overall national findings at a 95% confidence interval. The data was weighted by region, age and gender to ensure that the sample accurately reflects the population according to Census data.

Note: An additional wave of the online omnibus was used to ask three follow-up questions to the telephone research findings. This survey was conducted among 1,026 members of the Ipsos Reid Household Panel from July 11 to July 14, 2011.

# Executive Summary

## ***The Future of Health Care: Empowering Canadians toward Improved Care***

- When asked whether or not health services available to them and their families have improved, stayed the same, or worsened over the last eight years since the 2004 federal-provincial Health Accord was signed, most say that health services have either stayed the same (47%) or gotten worse (36%); fifteen percent say they have improved. Moreover, the 2011 Report Card results, which are described later in this summary, indicate a decline in positive views toward health care.
- A wide majority of Canadians feel that federal-provincial collaboration around a renewed health care agreement needs to improve, yet there is optimism that a new agreement will be signed in time...
  - 93% agree that the federal and provincial levels of government should get together every year to discuss the state of the health care system in Canada.
  - 97% agree that the federal and provincial governments need to start working better together so that a renewed health agreement can be signed before the 2014 Accord expires.
  - That said, there is optimism that they will be able to sign a renewed agreement in time; 83% agree (42% strongly and 41% somewhat) that this will happen.
- A majority of Canadians prefer a health care system that is national (as opposed to provincial) in scope and that the next Health Care Accord follow a national model...
  - A majority of Canadians think that the health care system should follow a national model that first and foremost takes into account the collective needs of all Canadians (55%) rather than a system that focuses primarily on the individual needs of each province or territory (43%).
  - Furthermore, over half of Canadians (52%) prefer a federal-provincial agreement that is national in scope with all provinces coming to a single agreement, while just under half (47%) prefer an agreement that is focused on each jurisdiction.
- Half of Canadians believe that the current model for health care needs to be re-thought to incorporate performance-based funding..
  - When presented with two options, half of Canadians (49%) opt for a model that would allow provinces and territories to spend their allocated funding as they see fit, while 46 percent choose a model whereby a portion of the funding would be held back until performance targets are met. Respondents were told that under this scenario, if performance targets were not met, some of the money would get allocated to the provinces and territories that had met their targets, and some of the money would be used to fund service for out-of-province patients unable to receive care in their own jurisdiction.
- Canadians feel that a patient health charter would improve the quality and efficiency of the health system...
  - 86% agree that a patient health charter outlining patient rights and responsibilities would improve the quality of health services

- 82% agree that a health charter outlining patient rights and responsibilities would make the health system more efficient
- Canadians support a patient health charter at both the federal and provincial levels...
  - 93% agree that they would like their province to adopt a patient health charter (similar to the one developed by the CMA) to ensure accountability and responsibility for the quality of care received
  - 90% agree that the federal government should have a patient health charter for those it is responsible for (including the military and aboriginal Canadians)
- Canadians also support making a health care charter a requirement for governments as part of the 2014 agreement; in fact, half agree that those who fail to establish a charter should receive less funding...
  - 87% agree that establishing a health charter should be a requirement for the federal, provincial, and territorial levels of government as part of a 2014 health care funding agreement
  - 50% agree that jurisdictions that do not establish a patient health charter within a reasonable timeframe should receive less funding under the new agreement, while 48% disagree
- In fact, 85% support the health charter going beyond communicating patient rights and responsibilities to become a guarantee of service...
  - Support is driven by a belief that it will shorten wait times (18%), increase the quality of care (15%), and allow for access to health care when needed (13%).
- While Canadians feel that the provinces and territories should be allowed to outline how they plan to meet the overarching principles of a national Canadian health charter (87% agree), in general, consistent access to health care services among those who live in similar sized cities or towns, regardless of which province they live, is very important (85% agree with this notion)
- Canadians also feel strongly that a patient health charter should include a course of action for those who receive poor health service...
  - 87% support including a complaint mechanism, where citizens can complain about poor health care service, in the patient health charter
  - 86% support including an independent ombudsman, to whom citizens can complain about poor health service, in the patient health charter
- In terms of forms of redress for health service guarantees not being met, overwhelmingly, Canadians opt for complaining to an independent ombudsman to look for care in another jurisdiction (78%) rather than going through the court system to seek compensation (16%).
- Moreover, most Canadians support (80%) publishing the number of complaints so it is possible to see how each jurisdiction is doing in relationship to one another.
- A large majority also supports (88%) a system that would allow citizens who are not receiving adequate health care to receive treatment from another health care jurisdiction.
- About one-third of Canadians have (or have a family member who has) received poor health care services to the point where they would have...

- Complained to an independent ombudsman (35%)
  - Requested treatment from another publicly funded provider (30%)
- Canadians are most likely to characterize the past situations they would have complained about as a quality (46%) or wait time problem (33%), rather than an access problem (10%).

### ***The 2011 Report Card: A Decline in Positive Views toward the Health System***

Overall views of the health system have declined compared to 2010...

- What mark/letter grade would you give to:
  - The overall quality of the health care services available to you and your family: 34% A Grade vs. 36% in 2010.
  - The choice of health services in your community: 31% A Grade, unchanged from 31% in 2010
  - Your most recent dealing with the health care system in your community: 38% A Grade vs. 40% in 2010.
  - The level of cooperation between various health professionals like doctors, pharmacists and nurses in your community: 33% A Grade vs. 34% in 2010.
- In several instances there have been a decline in B grades and an increase in F grades compared to 2010:
  - Health care providers and their associations (B grade: 36%, down from 40%; F grade: 11%, up from 7%)
  - The federal government's performance in dealing with health care (B grade: 28%, down from 32%; F grade: 23%, up from 19%)
  - The provincial government's performance in dealing with health care (B grade: 29%, down from 31%; F grade: 24%, up from 21%)
- 'A' grades for access to almost all health services tested have declined compared to 2010. In most cases, this represents a marginal decline of one or two percentage points.
- When asked their views on whether health care services in their community will improve or worsen in the next 2 to 3 years, respondents are more likely to indicate that they will worsen (48% vs. 38% who say they will improve).

# The Future of Health Care: Empowering Canadians toward Improved Care

The following section includes the views of Canadians on a number of topics related to health care in Canada. In particular, it touches on the state of the health care system since the 2004 Health Accord, views toward whether the system should follow a national or provincial model, and attitudes toward several elements of a health care system that would empower Canadians toward improved care, including: a patient health charter, performance-based funding, and a complaint mechanism and form of redress for problems encountered.

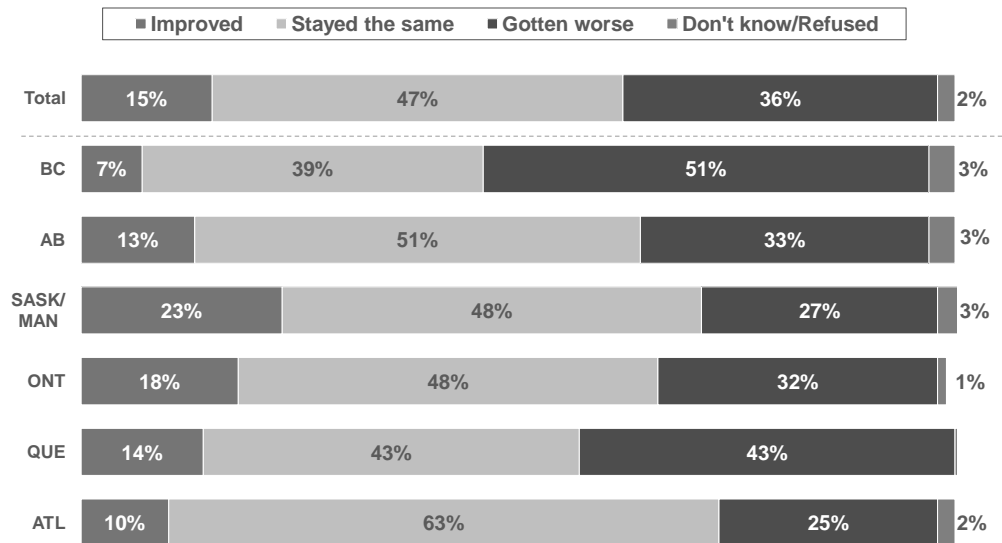
At the outset of the survey, respondents were provided with some information about the expiring federal-provincial Health Care Accord to ensure that all respondents had at least the same level of basic knowledge on the subject before taking part in the survey. In particular, they were told that the federal and all of the provincial governments signed a Health Care Accord in 2004 that agreed to a transfer of \$41 billion dollars of federal money to the provinces and territories for health care over a ten year period, and that the Health Accord will expire in 2014.

## Views Toward the Health Care System Since the 2004 Federal-Provincial Accord and Toward a Renewed System

### **Health Care System Seen to Have Stayed the Same or Worsened Since 2004**

When asked to gauge the performance of health care since the 2004 Accord was signed, in terms of whether the health system and the health services available to them and their family have improved, stayed the same, or worsened, nearly half (47%) say that it has stayed the same, followed by 36 percent who say that it has gotten worse. Relatively few (15%) say that it has improved.

*In your view has the health system and health services available to you and your family improved, stayed the same or gotten worse over the last 8 years since the 2004 Federal-Provincial Health Accord was signed?*



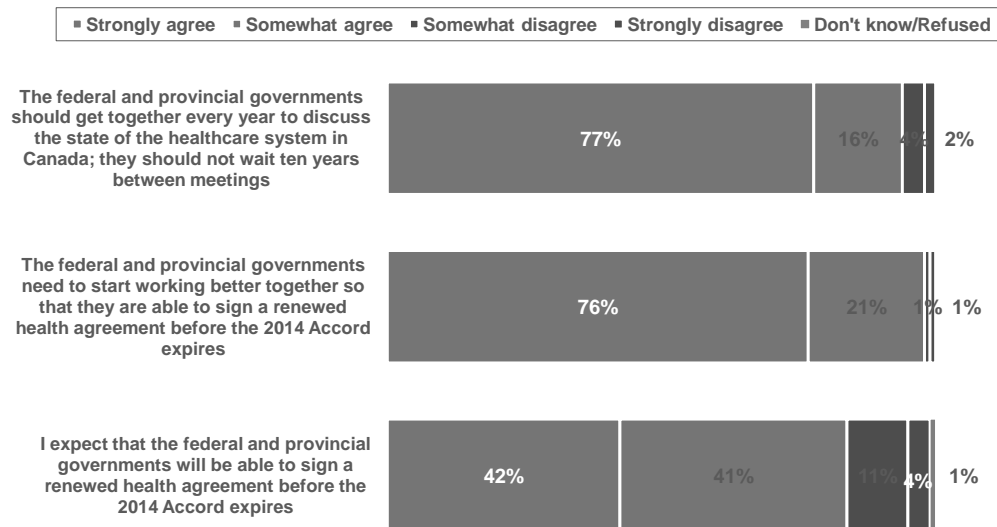
Base: All respondents n=1,000

**Canadians are Confident that the Federal and Provincial Governments can Sign an Agreement to Renew the Health Accord Prior to its Expiration in 2014; to do so they Expect Both Levels of Government to Start Working Better Together**

In this question, respondents were asked to indicate their level of agreement with a number of statements regarding federal-provincial collaboration, and expectations surrounding a renewed agreement. The research found that a large majority of respondents (83%) agree (42% strongly, 41% somewhat) that the federal and provincial governments will be able to sign a renewed health agreement before the current agreement expires.

That said, there is clearly room for improvement with respect to collaboration among the two levels of government in the minds of Canadians. Nine in ten (93%) respondents agree (77% strongly, 16% somewhat) that the federal and provincial governments should get together on a yearly basis to discuss the state of the health care system in Canada (rather than waiting ten years), and nearly all respondents (97%) agree (76% strongly, 21% somewhat) that both levels of government need to start working better together so that they are able to sign a renewed health agreement before the 2014 Accord expires.

*Please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements:*



Base: All respondents n=1,000



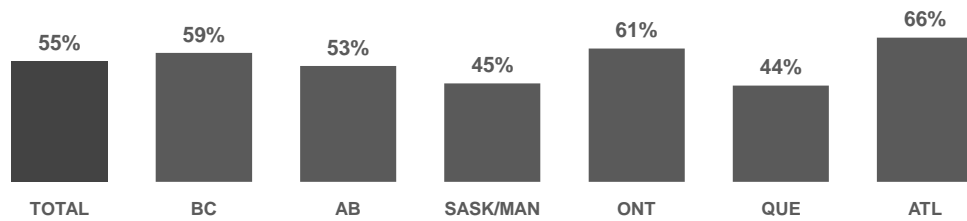
## Canada's Health Care System: National or Provincial Model?

### ***The Majority of Canadians Believe that the Health Care System Should Follow a National Model that First and Foremost takes into Account the Collective Needs of all Canadians***

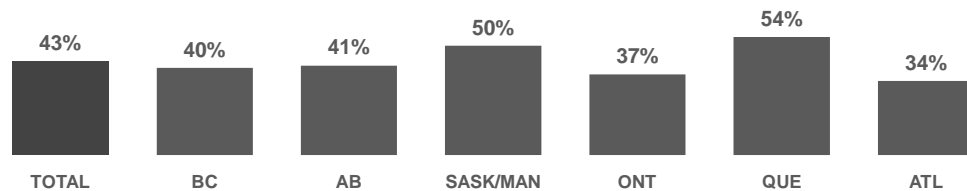
When presented with a question on whether or not the health care system should follow a national model that first and foremost takes into account the collective needs of all Canadians versus an approach that primarily focuses on the health needs of each individual province or territory, the majority of Canadians favour a national model (55% vs. 43% who favour a provincial approach; 2% do not provide a response). Preference for a national model is held most widely in Atlantic Canada (66%), Ontario (61%), and British Columbia (59%).

*Which of the following statements best describes your opinion?*

**Because disease has no boundaries, I think our health care system should follow a national model that first and foremost takes into account the collective needs of all Canadians**



**Because the population of each province is different, I think our health care system should first and foremost focus on the health care needs of each individual province or territory**



Base: All respondents n=1,000

## Just over Half of Canadians Prefer a Health Care Agreement that is National in Scope

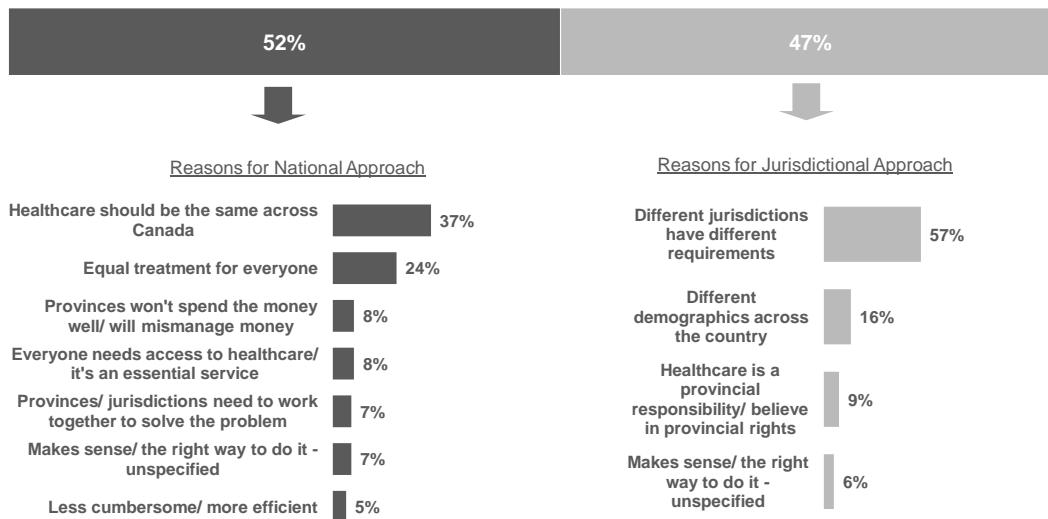
In terms of whether the federal-provincial health care agreement take a national or jurisdictional approach, a slim majority of Canadians (52%) prefer an agreement that is national in scope with all provinces coming to a single agreement on how the system will be funded, delivered, and made accountable. On the other hand, forty-seven percent (47%) prefer an agreement that is focused on each jurisdiction (be it a province, territory, or federal responsibility), and one percent do not provide a response.

The main reasons driving preference for an agreement that is national in scope include: that health care should be the same across the country (37%) and that there should be equal treatment for everyone (24%); this is followed distantly by a belief that the provinces won't spend the money properly (8%). The main reason driving preference for an agreement that focuses on each jurisdiction is the belief that different jurisdictions have different requirements (57%).

Which of the following statements best describes your opinion?

*I would prefer that the next federal-provincial health care agreement be national in scope with all of the provinces and the federal government coming to a single agreement on how the Canadian health care system will be funded, delivered and made accountable*

*I would prefer that the next federal-provincial health care agreement be focused on each jurisdiction (be it a province, a territory or federal responsibility) and that each agreement take into account the special needs of that jurisdiction in determining how the health care system will be funded, delivered, and made available*



Base: All respondents n=1,000

## Views Toward a Patient Health Charter

### ***There is Strong Support for a Patient Health Charter at both the Federal and Provincial Levels***

In this question, respondents were asked to indicate their level of agreement with a number of statements related to a patient health charter. Leading up to this question, respondents were provided with a brief description of the work the Canadian Medical Association has done to develop the Charter for Patient-Centred Care, including that the Charter outlines the rights and responsibilities of patients, and that the Canadian Medical Association has put this charter forward as one the various levels of government could follow.

Respondents provide the strongest level of agreement for a statement regarding access to the same level of health care services across provinces/territories. In particular, nearly everyone (95%) agrees (74% strongly, 21% somewhat) that (while it may not be possible for all Canadians to have access to the same level of health care services) those in similar sized cities or towns should have access to the same level of service regardless of which province or territory they live.

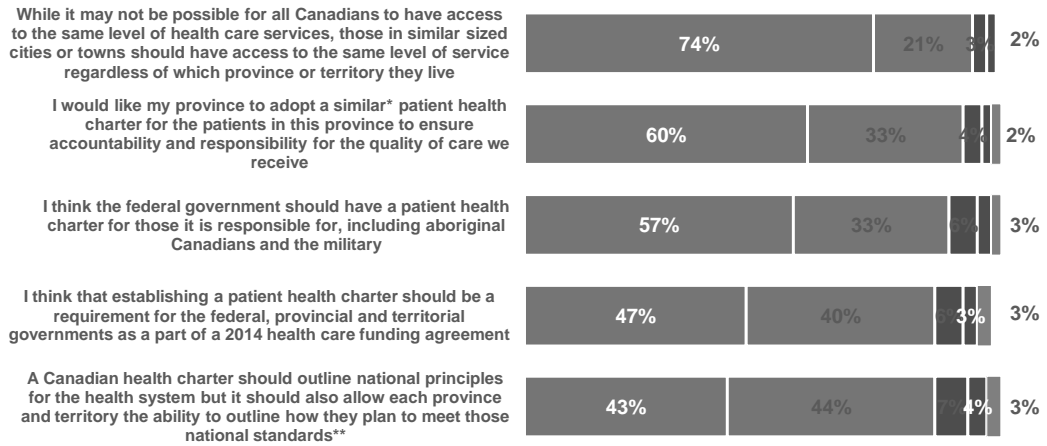
Strong support for a patient health charter is indicated across a number of statements. Nearly all respondents (93% - 60% strongly, 33% somewhat) agree that they would like their province to adopt a patient health charter (similar to the CMA's) to ensure accountability and responsibility for the quality of care received, while only slightly fewer (90%) agree that the federal government should have a patient health charter for those it is responsible for, including aboriginal Canadians and the military (57% strongly, 33% somewhat).

With respect to the 2014 health care funding agreement, close to nine in ten (87%) strongly (47%) or somewhat (40%) agree that establishing a patient health charter should be a requirement for the federal, provincial, and territorial governments.

When asked about whether or not a health care charter should allow provinces and territories the ability to outline how they plan to meet overarching national standards, nine in ten respondents (87%) agree (43% strongly, 44% somewhat) that it should.

In 2010 the Canadian Medical Association consulted with patients and patient organizations across Canada to develop a Charter for Patient-Centred Care. This Charter outlines the rights and responsibilities of patients. The Canadian Medical Association has put this health charter forward as a model that the federal, provincial and territorial Governments could follow. Please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements:

■ Strongly agree ■ Somewhat agree ■ Somewhat disagree ■ Strongly disagree ■ Don't know/Refused



\* Note: Refers to the Charter for Patient-Centred Care put forward by the Canadian Medical Association.

\*\*Note: When this question was asked in 2002 the results were very similar: 43% strongly agreed, and 39% agreed somewhat.

Base: All respondents n=1,000

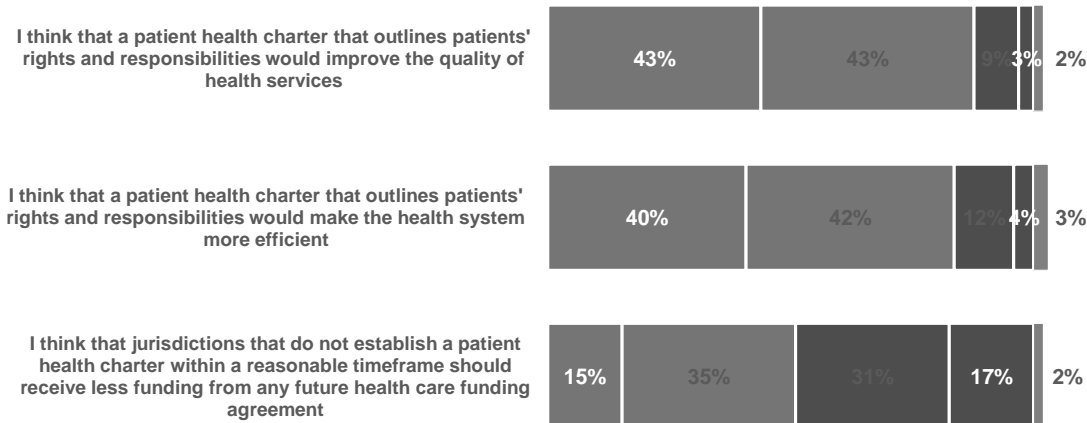
**While Most Canadians Agree that a Patient Health Charter Would Improve the Quality and Efficiency of the Health System, Views are Mixed on Whether or Not it be Linked to Funding Levels**

More than eight in ten (86%) Canadians agree (43% strongly, 43% somewhat) that a patient health care charter that outlines patients' rights and responsibilities would improve the quality of health services, while eight in ten (82%) agree (40% strongly 42% somewhat) that it would make the health system more efficient (40%).

Canadians are divided on whether or not jurisdictions that do not establish a patient health charter within a reasonable timeframe should receive less funding from any future health care funding agreement. Virtually equal proportions of respondents agree (50%, including 15% who strongly agree) or disagree (48%, including 17% who strongly disagree) with this statement.

*Please indicate whether you strongly agree, somewhat agree, somewhat disagree or strongly disagree with the following statements:*

■ Strongly agree ■ Somewhat agree ■ Somewhat disagree ■ Strongly disagree ■ Don't know/Refused



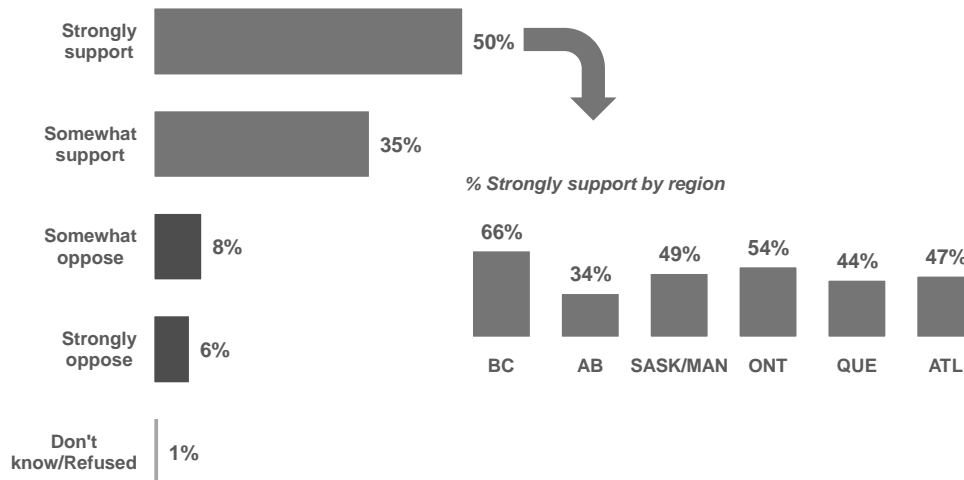
Base: All respondents n=1,000



## Most Canadians Support a Health Charter Going Beyond Communicating Patient Rights and Responsibilities to Become a Guarantee of Service

More than eight in ten (85%) Canadians support (50% strongly, 35% somewhat) a health care charter that goes beyond communicating patient rights and responsibilities to become a guarantee of service, providing patients with specific timelines and assurances of quality.

*Some people have suggested a health charter should go beyond communicating patient rights and responsibilities and should become a guarantee of service providing patients with specific timelines and assurances of quality. Do you strongly support, somewhat support, somewhat oppose or strongly oppose the strengthening of a health charter such that it guarantees the timeliness and quality of health services?*

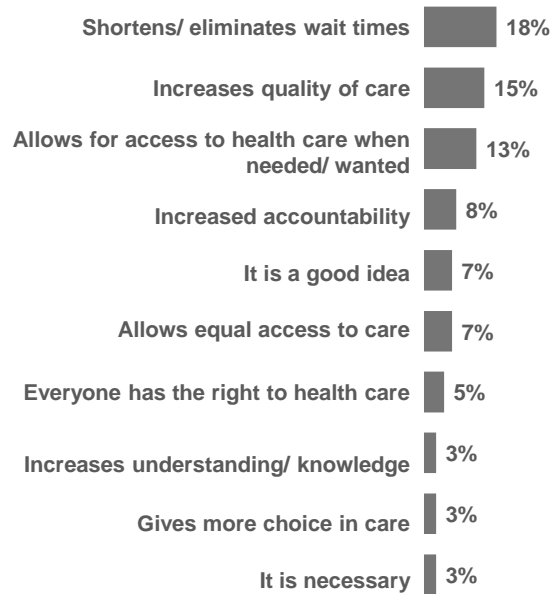


Base: All respondents n=1,000

The main reasons for support include: that it shortens/eliminates wait times (18%), that it increases the quality of care (15%), that it allows for access to health care when needed (13%), and that it increases accountability (8%).

Among the small number of respondents who oppose this idea (14%), the main reason is doubt that this can be implemented (36%).

*Why do you say that you strongly/somewhat support?*



Base: Respondents who support (n=833); Mentions of 3% or higher are shown.

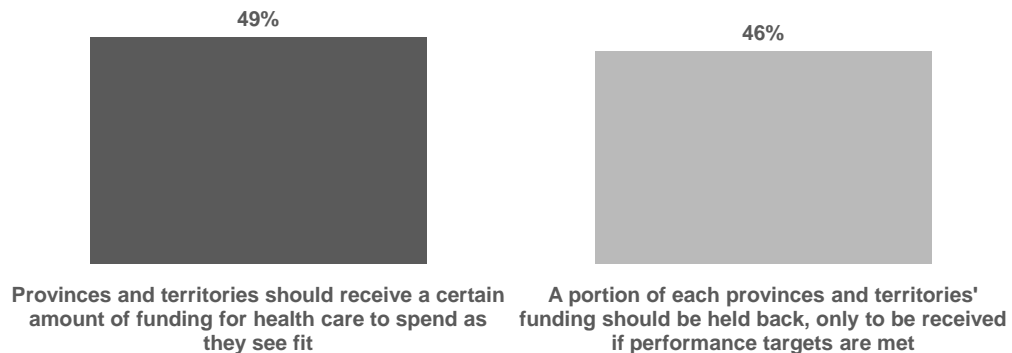
## Performance-Based Funding

### **Half of Canadians Support a Performance-Based Funding Model for Health Care**

Leading up to this question, Canadians were described two potential funding approaches for health care in Canada, as follows: all provinces and territories would either receive a certain amount of funding for health care to spend as they see fit, or the federal government would hold back a portion of the money until performance targets were met; if performance targets were not met, some of the money would get allocated to those provinces and territories that had met their targets and some would be used to fund service for out-of-province patients unable to receive care in their own jurisdiction.

The findings reveal that Canadians are divided on performance-based funding for health care. Half (49%) choose the model where provinces and territories receive a certain amount of funding for health care to spend as they see fit, while the other half (46%) feel that a portion of each of the provinces and territories' funding should be held back, only to be received if performance targets are met. Five percent (5%) do not provide a response.

*Some people say that all provinces and territories should receive a certain amount of funding for health care to spend as they see fit while others say that the federal government should hold back a portion until performance targets are met. If performance targets are not met some of the money would get allocated to the provinces or territories that had met their targets and some of the money would be used to fund service for out-of-province patients unable to receive care in their own jurisdiction. That being said, which of the following best describes your opinion?*



Base: All respondents n=1,000

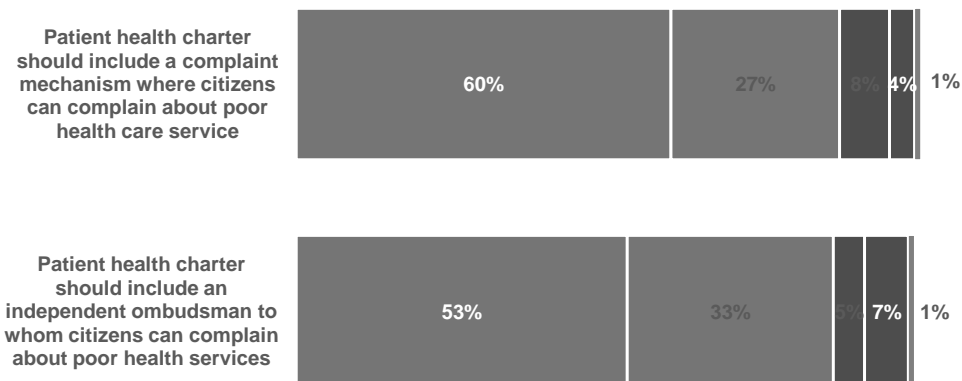
## Complaint Mechanism and Redress for Poor Health Service

### **Canadians Support a Complaint Mechanism or Independent Ombudsman for Poor Health Services in a Patient Health Charter**

Nearly nine in ten Canadians (87%) strongly (60%) or somewhat (27%) support the inclusion of a complaint mechanism where citizens can complain about poor health care service as part of a patient health charter. Only slightly fewer (86%) strongly (53%) or somewhat (33%) support the inclusion of an independent ombudsman for the same purpose.

*Some people say that a patient health charter should include a complaint mechanism where citizens can complain about poor health care service. Do you strongly support, somewhat support, somewhat oppose or strongly oppose including a complaint mechanism as part of a health charter? / Some people say that a patient health charter should include an independent ombudsman to whom citizens can complain about poor health care service. Do you strongly support, somewhat support, somewhat oppose or strongly oppose including an independent ombudsman as part of a health charter?*

■ Strongly support ■ Somewhat support ■ Somewhat oppose ■ Strongly oppose ■ Don't know/Refused



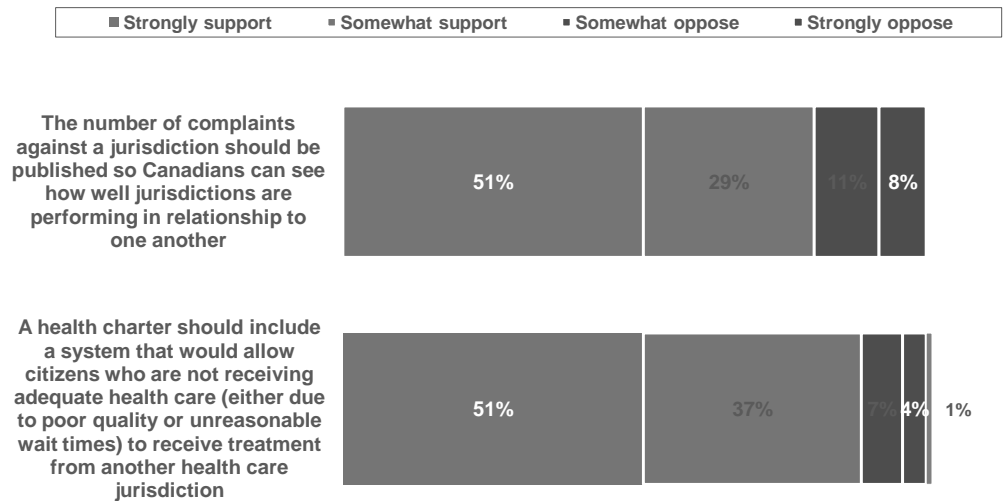
Base: Split Sample n=500

**Most Canadians Support Publishing the Number of Health Care Complaints by Jurisdiction, as a Means to Compare Performance, and the Ability to Seek Treatment from Another Jurisdiction if Needed**

Four in five Canadians (80%) strongly (51%) or somewhat (29%) support making public the number of complaints against a jurisdiction so Canadians can see how well jurisdictions are performing in relation to each other.

Similarly, nearly nine in ten Canadians (88%) support (51% strongly and 37% somewhat) a health care system that would allow citizens who are not receiving adequate health care (either due to poor quality or unreasonable wait times) to receive treatment from another health care jurisdiction.

*Some people say that if there were a complaint mechanism or an independent ombudsman the number of complaints against a jurisdiction should be published so Canadians can see how well jurisdictions are performing in relationship to one and other. Do you strongly support, somewhat support, somewhat oppose or strongly oppose publishing the number of complaints so that people can see how well their jurisdiction is performing compared to others? / Some people say that a health charter should include a system that would allow citizens who are not receiving adequate health care (either due to poor quality or unreasonable wait times) to receive treatment from another health care jurisdiction. Do you strongly support, somewhat support, somewhat oppose or strongly oppose including this mechanism as part of a health charter?*



Base: All respondents n=1,000

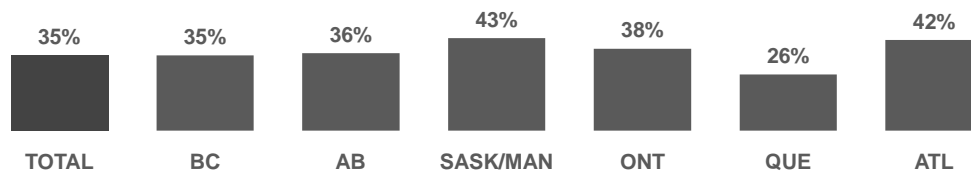


**About One-Third of Canadians Have (or Have a Family Member Who Has) Received Poor Health Care Services to the Point Where They Would Have Complained or Requested Treatment from Another Publicly Funded Provider**

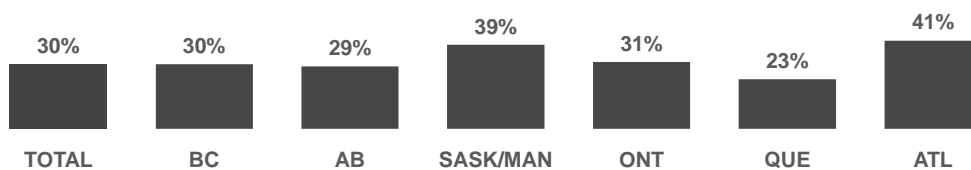
About one-third (35%) of Canadians say that either they or someone in their household have received poor health services or treatment that took longer than planned to the point where they themselves would have complained to an independent ombudsman. Three in ten (30%) Canadians have (or have had a family member who has) received treatment such that they would have requested treatment from another publicly funded provider – possibly in another jurisdiction.

*Have you or anyone in your household ever received poor health services or treatment that took longer than planned to the point where you yourself would have complained to an independent ombudsman? / Have you or anyone in your household ever received poor health services or treatment that took longer than planned to the point where you yourself would have requested treatment from another publicly funded provider - possibly in another jurisdiction?*

**Would have complained to an independent ombudsman  
(% Yes)**



**Would have requested treatment from another publicly funded provider  
(% Yes)**



Base: All respondents n=1,000

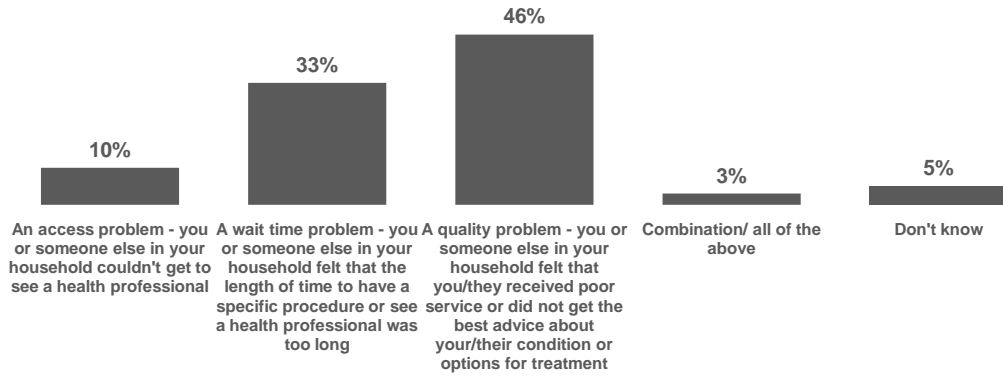
In an online survey conducted shortly after these findings emerged, the question regarding complaining to an independent ombudsman was replicated along with some additional follow-up questions to understand the types of situations that would have sparked one to complain in the past.

When asked to categorize this problem as one of access, wait time, or quality, quality (described as receiving poor service or not getting the best advice regarding a treatment or options for treatment) is selected most often (46%), followed by wait time (described as feeling that the length of time to have a specific procedure or see a health professional was too long, at 33%), and then access (feeling that you/someone in your household received poor service or did not get the best advice about your/their condition or options for treatment, at 10%).



## Type of Problem that Would Have Caused a Complaint

Would you be most likely to characterize this situation as ...

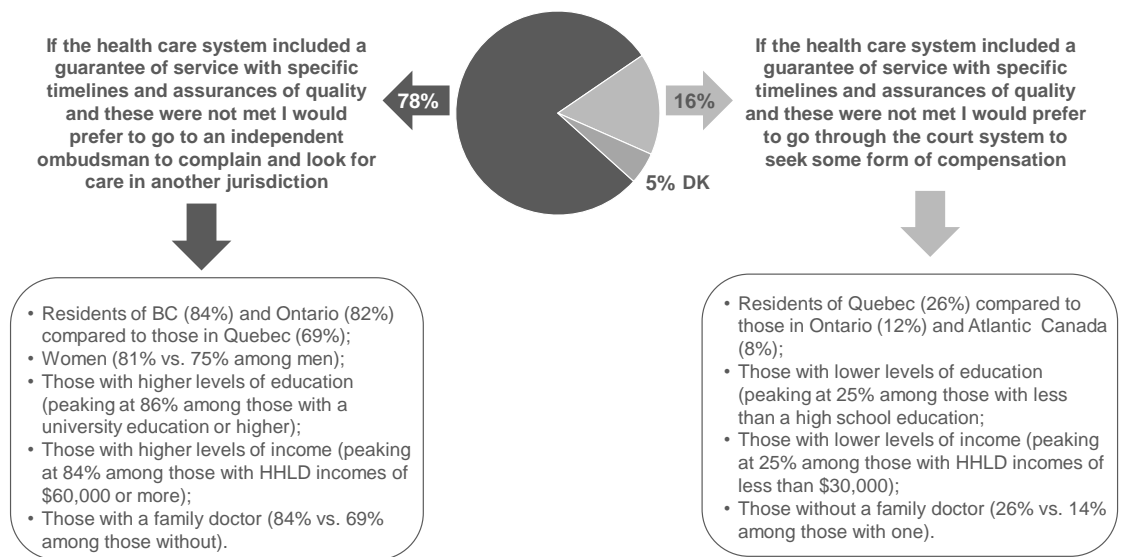


Base: Received poor service or treatment (n=254)

## Canadians Would Rather Complain to an Independent Ombudsman and Look for Care in Another Jurisdiction than go Through the Court System to Seek Compensation

In this question, respondents were asked if they would prefer to complain to an independent ombudsman and seek care in another jurisdiction rather than go through the court system to seek some form of compensation (if the health care system included a guarantee of service with specific timelines and assurances of quality and these were not met). Most respondents say that they would prefer the former option (complaining to an ombudsman and seeking care in another jurisdiction), over the legal route, nearly five to one (78% vs. 16%).

*Some say that if the health care system included a mechanism to allow citizens who are not receiving adequate health care to request treatment from another health care jurisdiction, there would need to be a process to ensure that citizens' needs are met but also to ensure that this mechanism is used appropriately and within reason. Keeping this in mind, please tell me which of these statements is closest to your own opinion?*



Base: All respondents n=1,000

# 2011 Report Card

## One in Three Give “Overall Quality” an “A” Grade

Canadians were asked to grade the overall quality of health care services as an A, B, C or F, where an A is the highest grade and an F is a failing grade. Seven in ten (70%) respondents grade overall quality in the A (34%) or B (36%) range, which represents a five-point decline compared to 2010 (75%).

What mark/letter grade would you give to:

The overall quality of the health care services available to you and your family.



Base: All respondents n=1,026

Those most likely to grade the overall quality of health care services as an A include:

- Residents of Ontario (41%) compared to residents of Alberta (27%) and Quebec (30%);
- Older Canadians (peaking at 44% among those 55 or older); and
- Those who have a family doctor (37%) compared to those who don't (21%).

### Nearly Four in Ten Give Their Most Recent Experience an “A” Grade

Canadians were also asked to grade their most recent experience dealing with the health care system in their community. Seven in ten (71%) Canadians grade their most recent experience with the health care system in their community as either an A (38%) or a B (33%), which, overall, has declined slightly since 2010 (74%).

What mark/letter grade would you give to:

Your most recent experience dealing with the health care system in your community.



Base: All respondents n=1,026

Those more likely to grade their most recent experience dealing with the health care system as an A include:

- Residents of Ontario (43%) compared to those in Saskatchewan/Manitoba (29%) and Quebec (35%);
- Canadians 55 years of age and older (50%) compared to those less than 55 (32%); and,
- Those who have a family doctor (41%) compared to those who don't (24%).

### Three in Ten Give “A” Grade to Choice of Health Services in Community

A majority of Canadians (66%) grade the choice of health services in their community as either an A (31%) or B (35%). This marks a four-point decline in the proportion grading the choice of health services as an A or a B since the 2010 study (70%).

What mark/letter grade would you give to:

The choice of health services in your community.



Base: All respondents n=1,026

Those more likely to grade the choice of health services in their community as an A include:

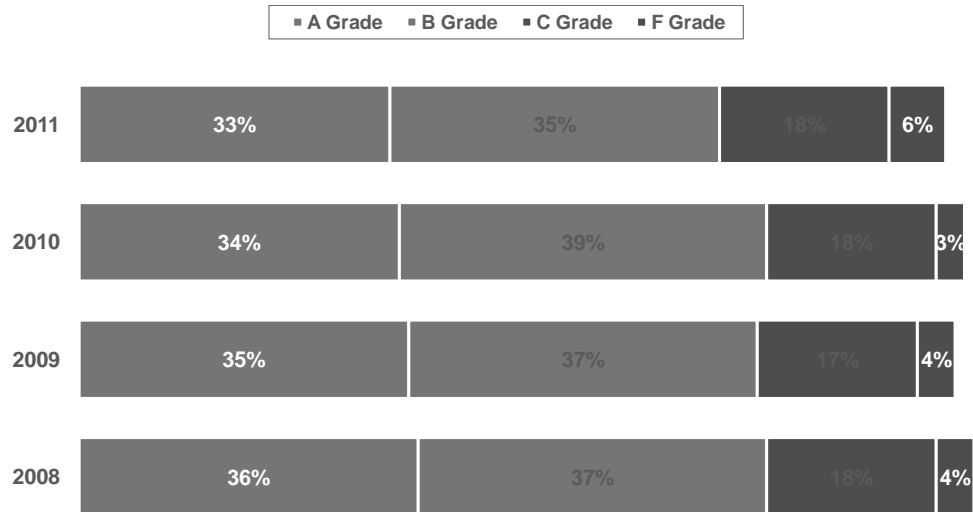
- Canadians 55 years of age and older (42%) compared to those 35 to 54 (24%) or 18 to 34 (27%);
- Residents of Ontario (35%) compared to those in British Columbia (26%); and
- Those who have a family doctor (33%) compared to those who don't (19%).

## One in Three Give Cooperation among Health Professionals an “A” Grade

Nearly seven in ten (68%) grade cooperation among health professionals in their community, including doctors, pharmacists and nurses, as either an A (33%) or a B (35%). This represents a five-point decline since the 2010 survey (73%).

What mark/letter grade would you give to:

The level of cooperation between various health professionals like doctors, pharmacists and nurses in your community.



Base: All respondents n=1,026

Those more likely to grade the choice of health services in their community as an A include:

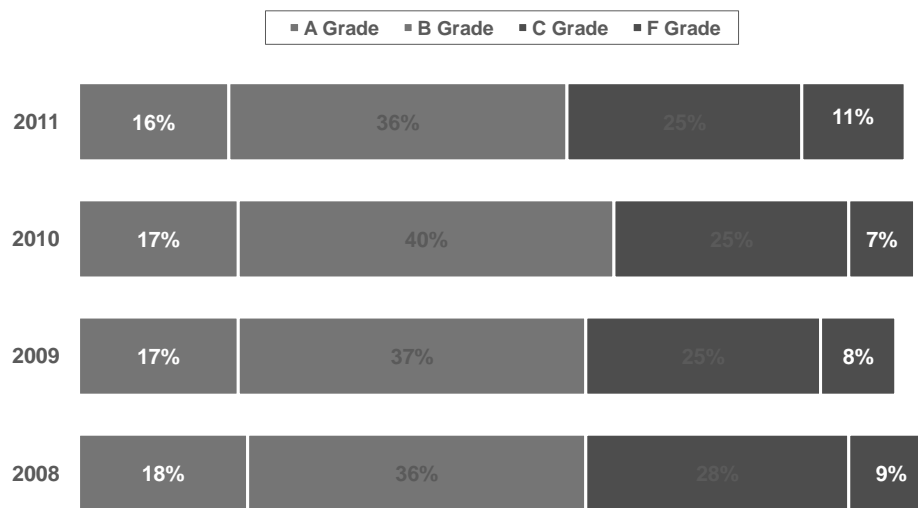
- Canadians 55 years of age and older (46%) compared to those 18 to 34 (24%) and those 35 to 54 years of age (29%);
- Residents of Ontario (38%) compared to those in Quebec (25%); and
- Those who have a family doctor (36%) compared to those who don't (18%).

**Just Over Half Give Health Care Providers and Their Associations “A” or “B” Grades**

Fifty-two percent (52%) of respondents grade health care providers and their associations as either an A (16%) or B (36%) for their performance in dealing with health care in Canada. This marks a five-point decline (mostly with respect to those indicating a B) compared to 2010 (57%).

What mark/letter grade would you give to:

The performance of health care providers and their associations in dealing with health care in Canada.



Base: All respondents n=1,026

Those more likely to grade the performance of health care providers and their associations in dealing with health care in Canada as an A include:

- Residents of Ontario (19%) and British Columbia (18%) compared to residents of Quebec (10%); and
- Canadians aged 55 and older (23%) compared to those less than 55 (12%).

### **Grading Access to Health Care Services**

Canadians were asked to grade access to ten health care services using the letter grade rating system, where an A is the highest grade and an F is a failing grade. While access to walk-in clinics receive the highest percentage of A grades (30%) and an F grade of only eleven percent (11%), access to a family doctor in one's community follows closely, with 29 percent giving it an A grade. That said, it also receives the highest percentage of F grades (20%). Access to medical specialists and access to health care services on evenings and weekends in one's community also receive high proportions of F grades (16% for both).

	A Grade	B Grade	C Grade	F Grade
Access to walk in clinics in your community	30%	30%	21%	11%
Access to a family doctor in your community	29%	25%	22%	20%
Access to emergency room services	24%	31%	24%	14%
Access to health care services for children in your community	21%	25%	14%	5%
Access to modern diagnostic equipment such as MRIs and CT scans	20%	29%	22%	15%
Access to health care services for seniors in your community	18%	26%	18%	6%
Access to medical specialists	17%	29%	27%	16%
Access to health care services on evenings and weekends in your community	16%	28%	26%	16%
Access to home health care service	15%	22%	18%	8%
Access to mental health care services in your community	12%	23%	17%	11%

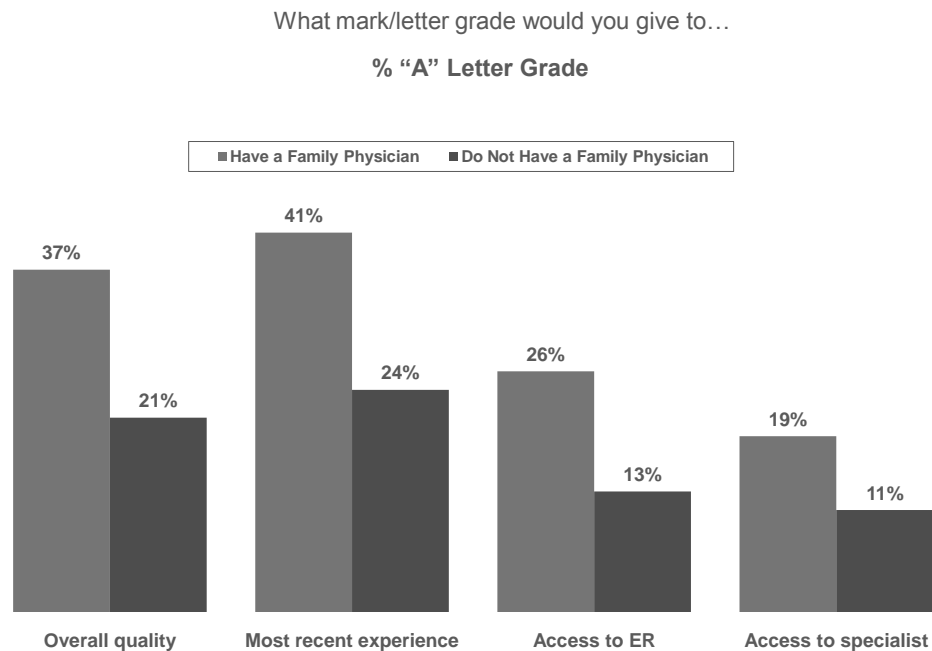
### **A Decline in 'A' Grades for Access to Services**

'A' grades for access to almost all health services tested have declined compared to 2010. In most cases, this represents a marginal decline of one or two percentage points; access to walk in clinics in one's community represents the largest decline (30%, down from 34% in 2010).

	2011	2010	2009	2008
Access to walk in clinics in your community	30%	34%	32%	34%
Access to a family doctor in your community	29%	30%	31%	28%
Access to emergency room services	24%	26%	26%	26%
Access to health care services for children in your community	21%	24%	25%	23%
Access to modern diagnostic equipment such as MRIs and CT scans	20%	20%	20%	21%
Access to health care services for seniors in your community	18%	21%	21%	20%
Access to medical specialists	17%	18%	19%	20%
Access to health care services on evenings and weekends in your community	16%	17%	18%	19%
Access to home health care service	15%	14%	15%	14%
Access to mental health care services in your community	12%	14%	16%	14%

## Canadians With a Family Physician are More Positive About Health Care Quality, Service, and Access

With respect to health care quality, service, and access, those with a family physician remain more positive, as compared to those without a family physician. For example, 37 percent of those with a family physician grade the overall quality of available health care services an A, as compared to 21 percent of those without a family physician; and 41 percent of those who rate their most recent experience as an A is in contrast to 24 percent among those who do not have a family doctor.



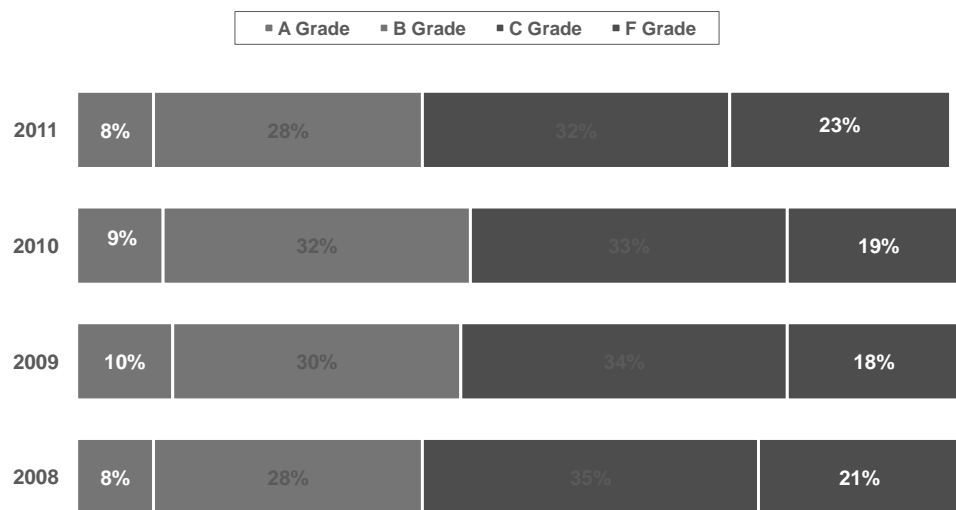
Base: Those with a family physician (n=868); No family physician (n=151)

## **Federal Performance on Health Care Down With About Two in Five Giving “A” or “B” Grades**

Canadians were asked to grade the performance of the federal government in dealing with health care in Canada. Thirty-six percent (36%) grade the federal government’s performance as either an A (8%) or B (28%), which represents a five-point decline compared to the previous wave (41%, including 9% who gave an A and 32% who gave a B), and a four-point increase in the percentage giving it an F grade (23%, up from 19%).

What mark/letter grade would you give to:

**The federal government’s performance in dealing with health care in Canada.**



Base: All respondents n=1,026

Those more likely to grade the federal government’s performance on health care as an A include:

- Respondents 55 years of age and older (13%) compared to those 35 to 54 years (6%) and those 18 to 34 (7%); and
- Residents of Ontario (11%) compared to residents of Quebec (5%).

## About Two in Five Give Provincial Performance on Health Care “A” or “B” Grades

About two in five Canadians (38%) grade their provincial government’s performance in dealing with health care as an A (9%) or a B (29%). These findings represent a slight decline compared to 2010, when 41 percent graded their provincial government’s performance as an A or a B.

What mark/letter grade would you give to:

Your provincial government's performance in dealing with health care in your province.



Base: All respondents n=1,026

Those more likely to grade their provincial government’s performance in dealing with health care as an A include:

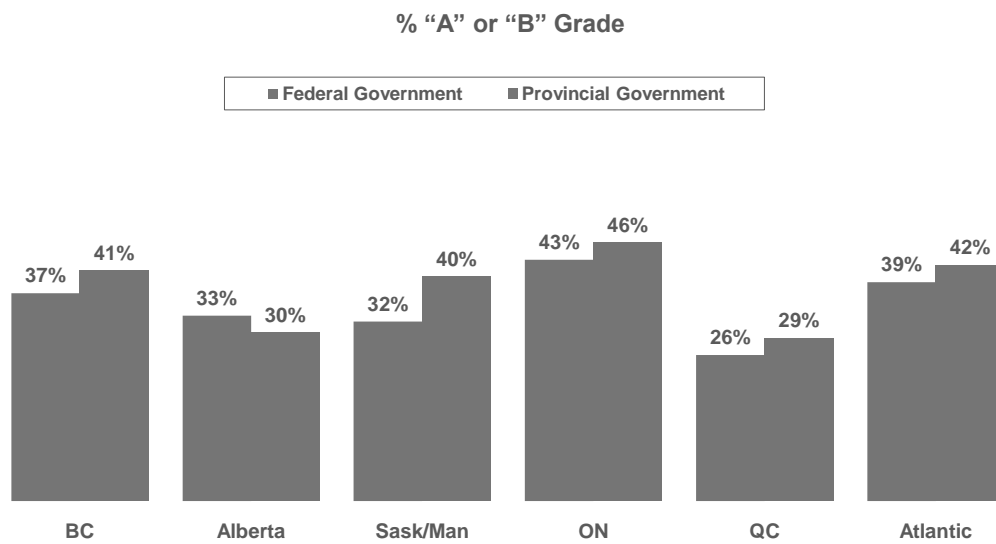
- Canadians 55 years of age and older (15%) compared to those 35 to 54 years of age (6%) and those 18 to 34 (7%); and
- Those with a family doctor (10%) compared to those without (4%).

**Provincial Governments Receive More “A” or “B” Grades than Federal Government in all Regions – Except Alberta**

In all regions, with the exception of Alberta, provincial governments receive more A or B grades in dealing with health care than the federal government. Most notable is Saskatchewan/Manitoba, where 40 percent give the provincial government A or B grades compared to 32 percent giving the *federal government* A or B grades.

*What mark/letter grade would you give to:*

The \_\_\_\_\_ government's performance in dealing with health care in Canada.

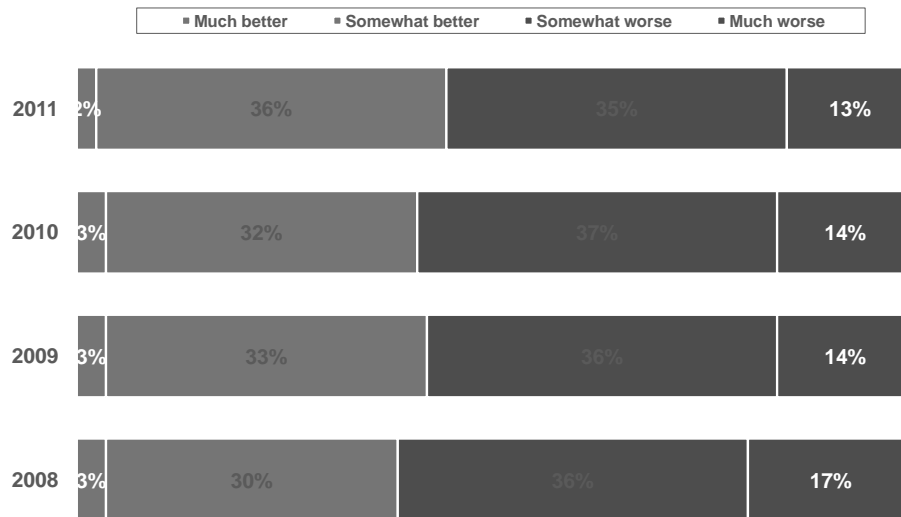


Base: All respondents n=1,026

## Views Remain Divided on Whether Health Care Will Improve

The public remains somewhat divided as to whether health care services will get better or worse over the next two or three years, with 48 percent saying health care services will get worse and 38 percent saying they will get better. These findings are largely consistent with 2010, however there has been a slight increase in the proportion who say that health care services will get better (38%, up from 35% in 2010).

Overall, do you think health care services in your community will get much better, somewhat better, somewhat worse or much worse over the next two or three years?



Base: All respondents n=1,026

Those more likely to think that health care services in their community will get much or somewhat better over the next two or three years include:

- Residents of Alberta (48%) and Ontario (42%) compared to residents of Quebec (32%);
- Those 55 years of age and older (44%) and those 18 to 34 (42%) compared to those 35 to 54 (32%); and
- Those with a family doctor (41%) compared to those without (29%).