PUBLIC PERCEPTIONS AND MEDIA COVERAGE OF THE CANADIAN HEALTHCARE SYSTEM: A SYNTHESIS

A REPORT TO THE CANADIAN HEALTH SERVICES RESEARCH FOUNDATION

OCTOBER 2011

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# TABLE OF CONTENTS

FOREWORD ...................................................................................................................................................... ii

LIST OF FIGURES ........................................................................................................................................ iii
  Public opinion surveys ........................................................................................................................................ iii
  Media analyses ................................................................................................................................................ iv

MAIN MESSAGES ....................................................................................................................................... 1

EXECUTIVE SUMMARY .......................................................................................................................... 2

PUBLIC PERCEPTIONS AND MEDIA COVERAGE OF THE CANADIAN HEALTHCARE SYSTEM ................................................................................................................................. 4
  Context .................................................................................................................................................................. 4
  Implications ........................................................................................................................................................ 5

PUBLIC OPINION ON THE CANADIAN HEALTHCARE SYSTEM ................................................................. 6
  Approach ................................................................................................................................................................ 6
  Results .................................................................................................................................................................. 6
  Overall assessments of the healthcare system ............................................................................................... 6
  Specific healthcare issues ............................................................................................................................... 12
  Government performance ............................................................................................................................ 17
  User fees, private care, and seeking treatment abroad ................................................................................. 21
  Review ............................................................................................................................................................ 27

MEDIA COVERAGE OF THE CANADIAN HEALTHCARE SYSTEM .............................................................. 28
  Approach .......................................................................................................................................................... 28
  Results ............................................................................................................................................................ 32
  Coverage of fitness, nutrition and disease .................................................................................................... 32
  The major criticisms: Wait lists and doctor shortages .................................................................................. 36
  Alternative schemes: User fees and privatization ......................................................................................... 38
  The “crisis” frame in healthcare coverage .................................................................................................... 41

MEDIA COVERAGE AND PUBLIC OPINION ON HEALTHCARE ............................................................... 44

CONCLUSIONS AND FURTHER RESEARCH .............................................................................................. 45

REFERENCES .................................................................................................................................................... 47

BIBLIOGRAPHY ............................................................................................................................................... 48
A FOREWORD BY MAUREEN O’NEIL, PRESIDENT, CHSRF

Healthcare consistently ranks as one of Canadians’ major concerns—there is a clear sense among Canadians that the healthcare system is in jeopardy and needs a major transformation.

Transformation of the healthcare system will not happen overnight; meaningful and sustainable change will require significant shifts in the way healthcare is funded and delivered. Sustainable change will also require greater public engagement in the design of healthcare policy and delivery.

Canadians’ perceptions of the healthcare system are shaped by two main sources: 1) their personal experiences, together with those of their friends and family, and 2) the media, which provides broader, and often “crisis-framed,” coverage of Canada’s healthcare system.

As a result, it is vital to understand the relationship between public opinion and how it is influenced by healthcare coverage in the media. To this end, CHSRF has commissioned Dr. Stuart Soroka, Director of the Canadian Opinion Research Archive and co-Director of the Media Observatory at the McGill Institute for the Study of Canada, to conduct a detailed examination of these topics. This synthesis report is part of a series of CHSRF papers that offer important insights into the current state of public opinion on healthcare in Canada, focusing on trends over the past five years.

Dr. Soroka’s provocative report is a useful foundation on which we will continue to build a greater understanding of what Canadians think about healthcare, and what this really means for policy development—and health system improvement—in the country. Perhaps even more significantly, it offers critical insights into how, moving forward, public opinion can be most effectively used to help create a sustainable, high-quality, accessible and efficient publicly funded healthcare system for Canadians.

Maureen O’Neil
President
Canadian Health Services Research Foundation
LIST OF FIGURES

Public opinion surveys

- Figure 1: Quality of healthcare (Strategic Counsel)
- Figure 2: Quality of healthcare (Pollara)
- Figure 3: Overall quality (Ipsos Reid)
- Figure 4: State of the healthcare system (Environics Focus Canada)
- Figure 5: State of the healthcare system (Strategic Counsel)
- Figure 6: State of the healthcare system, by province (Strategic Counsel)
- Figure 7: Recent experience (Ipsos Reid)
- Figure 8: Need for change (Pollara)
- Figure 9: Prospective evaluations of the healthcare system (Ipsos Reid)
- Figure 10: Perceived future access to timely care (Pollara)
- Figure 11: Sustainability (Ipsos Reid)
- Figure 12: Most important healthcare issue (Pollara)
- Figure 13: Choice of health services (Ipsos Reid)
- Figure 14: Access to specific services (Pollara)
- Figure 15: Access to specific services (Ipsos Health Report Cards)
- Figure 16: How to improve the healthcare system (Strategic Counsel)
- Figure 17: Family doctors (Harris/Decima)
- Figure 18: Family doctors (Harris/Decima)
- Figure 19: Perceived change in wait times (Pollara)
- Figure 20: Wait times (Environics Focus Canada)
- Figure 21: Federal government performance (Ipsos Reid)
- Figure 22: Federal government performance (Environics Focus Canada)
- Figure 23: Provincial government performance (Ipsos Reid)
- Figure 24: Confidence in governments (Strategic Counsel)
- Figure 25: Cause of problems in healthcare (Environics Focus Canada)
- Figure 26: Government spending (Ipsos Reid Online Omnibus)
- Figure 27: Government spending (Ipsos Reid)
- Figure 28: Government spending: drug plans (Pollara)
- Figure 29: Pay for quicker access (Strategic Counsel)
- Figure 30: Pay for quicker access (Environics Focus Canada)
- Figure 31: User fees (Ipsos Reid Online Omnibus)
- Figure 32: User fees (Ipsos Reid Online Omnibus)
Figure 33: Private vs. public care (Harris/Decima)
Figure 34: Private insurance (Pollara)
Figure 35: Private clinics (Pollara)
Figure 36: Private sector delivery of tax-supported healthcare services (Environics Focus Canada)
Figure 37: Private, for-profit hospitals (Environics Focus Canada)
Figure 38: Public-private partnerships (Ipsos Reid)
Figure 39: Seeking treatment elsewhere (Ipsos Reid)
Figure 40: Basis of views of healthcare system (Environics Focus Canada)

Media analyses

Figure 41: Media sample
Figure 42: Volume of media coverage over time
Figure 43: Volume of media coverage over time
Figure 44: Romanow and Kirby coverage
Figure 45: Fitness and exercise, nutrition coverage
Figure 46: Fitness and exercise, nutrition coverage over time
Figure 47: Flu, SARS and BSE coverage, by newspaper
Figure 48: Volume of flu coverage over time
Figure 49: Volume of SARS coverage over time
Figure 50: Flu and SARS as a proportion of all healthcare reporting
Figure 51: Wait lists, by newspaper
Figure 52: Wait lists, over time
Figure 53: Doctor and nurse shortages, by newspaper
Figure 54: Doctor and nurse shortages, over time
Figure 55: User fee coverage, by newspaper
Figure 56: User fee coverage, over time
Figure 57: Privatization coverage, by newspaper
Figure 58: Privatization coverage, over time
Figure 59: Wait lists and privatization coverage, by newspaper
Figure 60: “Crisis,” by newspaper
Figure 61: “Crisis,” over time
Figure 62: “Crisis,” over time
Figure 63: Health Canada polling projects, by fiscal year
MAIN MESSAGES

Current attitudes about healthcare in Canada are linked to the state of media coverage. Levels of media coverage have remained relatively high over time, although coverage is moving away from discussion of wait times and doctor shortages to focus on disease outbreaks (H1N1 flu, for example) and health promotion issues like fitness and nutrition.

Canadians’ attitudes about the state of their healthcare system in general have shown slight improvement over the past five years. Levels of approval for the current state of the healthcare system are somewhat lower in Quebec than elsewhere in Canada.

Canadians are confident that if they become seriously ill they will be able to access safe, quality medical care. At the same time, many still believe they are not receiving quality healthcare. A majority surveyed in 2010 believed the healthcare system was in a “state of crisis” and is in need of a “complete rebuilding” or “fairly major repairs.”

The vast majority of Canadians report having access to a family doctor and rate the services provided by them as excellent or good. Timely access to both doctor and specialist care, however, is rated poorly. Canadians rate access to emergency room services as particularly poor.

The number of Canadians who believe that healthcare in Canada is financially unsustainable has increased over the past decade.

Although sustainability is a concern, most Canadians are resistant to further privatizing healthcare. Support to pay out-of-pocket is indicated in cases where publicly provided healthcare fails to provide timely access to care. More than half of Canadians support the development of contribution-based Canada health plans or registered health savings plans; far fewer support increases in taxes or cuts in other government programs.

Canadians strongly support a tax-based system for paying for hospital and physician services, but think this coverage should be broadened to other services such as prescription drugs.

There are some differences in media coverage across Canadian regions during the period studied. Media coverage in the eastern part of the country focused on failures of the current system; western media coverage included a somewhat greater proportion on fitness and nutrition.
EXECUTIVE SUMMARY

This report reviews the state of Canadian public opinion on healthcare, focusing on trends over the past five years. It combines a discussion of public opinion with an analysis of media content on healthcare issues. The first section is a continuation of work in previous state-of-opinion reports and follows a similar logic, reviewing results from all recent and readily available commercial polling on healthcare issues. The second section presents an entirely new exploration of communication and opinion in healthcare matters, presenting results from a content analysis of more than 100,000 articles on healthcare in major Canadian English- and French-language dailies from the past 15 years.

This combination of opinion and media analysis is intended to highlight the connection between public attitudes and media coverage of the Canadian healthcare system. It identifies trends in opinion, focusing in particular on public attitudes about quality, sustainability and public versus private provision of services. It reveals some gradual, long-term shifts in media content, including a recent period of “crisis”-oriented coverage. It also suggests that media content and public opinion are intimately linked. Individuals’ attitudes about their own doctors and hospitals are based on their own personal experiences; their attitudes about the system-at-large are necessarily based in part on other sources of information, including media content.

The most important findings include the following:

► Attitudes about the state of the Canadian healthcare system in general have shown slight improvement over the past five years.

► Levels of approval for the current state of the healthcare system are somewhat lower in Quebec than elsewhere in Canada.

► In spite of largely positive experiences with the healthcare system, there is a clear sense among Canadians that the system is in jeopardy and that it is, at a minimum, in need of “fairly major repairs,” and perhaps even “complete rebuilding.”

► In particular, there is a sense that the current system is unsustainable, and that the most pressing issues include doctor shortages and wait times.

► This apprehension is evident in government approval ratings as well. While general levels of approval have remained largely static, there is a downward shift in the proportion of respondents who feel that governments are likely to be able to improve the current system in the near future, plagued by a combination of financial constraints and inefficient management.

► In turn, these concerns appear to have led to a steady (consideration) of alternative options, such as paying for quicker access, user fees, and privatization.

► Indeed, there is majority support for private sector delivery of tax-supported healthcare services, and Canadians are nearly evenly divided on the issue of allowing people to pay for quicker access to healthcare services when the public system cannot provide timely access.

► Where media are concerned, levels of coverage of healthcare issues have remained relatively high over time, though the emphasis on certain issues has varied.

► The general trend over the past few years, in line with public opinion, has been away from discussion of wait times and doctor shortages; more recent coverage focuses somewhat more on disease outbreaks (e.g., H1N1 flu) and also fitness and nutrition.
There are some differences in coverage across regions as well. Eastern media coverage is more critical and more focused on failures of the current system; western media coverage includes a somewhat greater proportion of fitness and nutrition coverage.

The penultimate section of the report provides a first effort at directly linking trends in media content with trends in public opinion. The two clearly move in parallel. There is, this report suggests, a clear connection between media content and public opinion, both over time and across regions. Whether that connection reflects a causal effect of media on public opinion is not clear. But further analysis of media content can clearly add to our understanding of the sources and structure of public opinion on healthcare policy issues.
PUBLIC PERCEPTIONS AND MEDIA COVERAGE OF THE CANADIAN HEALTHCARE SYSTEM

Context

Healthcare is, without question, one of the most salient domestic policy issues in Canada. The issue regularly tops the “most important problem” survey list; indeed, it has done so for most of the last decade. It has in recent years been a major focus of election campaigns, a federal Royal Commission and Senate Committees. Healthcare policy is, in short, a regular preoccupation for Canadian policy-makers, the public and mass media.

That said, it has now been eight years since the Romanow Commission, and other issues—the environment, the economy and foreign affairs—have increased in prominence on the policy agenda. Policy change in the healthcare domain has occurred, but slowly. And attention to healthcare policy has been distracted somewhat by more proximate healthcare concerns, most recently the H1N1 pandemic.

The first objective of this report is to understand the state of Canadian opinion on healthcare. This understanding is an important part of assessing existing healthcare policy and planning for future policy change. The current report is intended to speak to these issues. The first section of the report continues work last reported in the Health Council of Canada’s “Canadian Perceptions of the Health Care System.” The objective of that report was to explore the state of Canadian public opinion since the time of the Romanow Commission. The report had a very broad focus, reviewing results from any and all polls, commercial and academic, over the five-year period. The story that emerged was roughly as follows. Canadians continued to have serious concerns about the quality and long-term viability of public healthcare. Public impressions of the healthcare system were not worsening, however; rather, there appeared to be a leveling off and perhaps even some improvement in how Canadians felt about the healthcare system. While most Canadians still had a very clear preference for a strong single-tier public system, the perceived state of healthcare was leading many Canadians to at least consider private options.

There has been relatively little work on the state of Canadian public opinion on healthcare since that report. There have been some significant developments in healthcare policy, however, and a reasonable amount of opinion polling since 2006 as well. Two issues in particular seem worthy of special attention.

First, we do not know whether the positive trends in opinion towards the healthcare system in general (i.e., quality, access, sustainability), only barely evident in 2006, continued or dissipated. Public attention to healthcare has waned somewhat over the past four years. Is the public happier with the state of the healthcare system? Or is there a continuation of the declining support and confidence evident in the years surrounding the Romanow Commission?

Second, we have only a very preliminary sense of the strength and structure of public attitudes about two themes that emerged in 2006: criticisms about the current state of healthcare, namely, wait lists and doctor shortages; and what might be called “alternative approaches” to healthcare provision, in particular, user fees and privatization. At the time of the last report, there had been relatively little polling on these themes. Despite a good deal of attention paid to these issues in recent years we have little sense of Canadians’ attitudes on these criticisms and alternatives at the present time.

The second objective of this report is to better understand where Canadians’ impressions of the healthcare system come from or, more precisely, to explore mass media content as a likely source of Canadians’ impressions of the state of the system. There has been for some time a widespread recognition that mass
media play a critical role in the policy process. Exactly what that role is varies both across policies and over time, of course. Some work views mass media as a means by which politicians publicize, or help generate support for, public policies. Agenda-setting research focuses on the role media play in establishing the “salience” of issues—a salience that can be driven not only by policy-makers, but by journalists as well.¹ A good deal of work has focused on what does not get reported in media; this work suggests that the process of news selection, or gatekeeping, ensures that most media consumers will only get certain types of information, systematically different from what is out there in the real world.²

The emphasis here, however, is on another (perhaps more prosaic) role for media in almost all policy-making processes. Policies are typically made to address issues that no single person can experience directly, at least not entirely. In many, if not most, policy domains, we rely on media to tell us what is going on elsewhere in the world. We rely on media, at least in part, to tell us about the state of the education system, the size of the hole in the ozone layer and the need for repairs to transnational highways. We also rely on media to tell us about the state of our national healthcare system.

It follows that mass media may play any number of quite significant roles in helping citizens establish opinions and preferences for change on healthcare policy. Some parts of healthcare we experience directly; others we learn about from, among other sources, media content. When and how media report on healthcare issues is thus central to understanding and predicting policy developments in healthcare, as well as predicting how publics will react to those changes.

Work on Canadian healthcare has thus far scarcely considered the role of media. What has been the evolution of healthcare coverage over the past 20 years? What issues have been important in media and/or to the public? Do media contribute to Canadians’ views of the healthcare system, and of individual healthcare policies? The second section of this report addresses these questions. It investigates media content on healthcare in Canada, as well as the potential role that media content plays in the formation of public preferences. It does so by drawing on an exhaustive dataset of all media coverage of healthcare in major daily newspapers over the past 15 years.

**Implications**

This report draws together existing data sources on public opinion with the aim of providing a comprehensive, policy-oriented view of the development of Canadians’ attitudes over the past few years. The state of public opinion is relevant to those interested in the successes or failures of recent policies, or in the development of new healthcare policy. That healthcare is a domain in which there is a long history of both policy and polling analysis makes a review of recent data especially useful, allowing us to track the relationship between policy change and public attitudes for, in some cases, over almost three decades.

The connection between media and opinion has received less attention thus far, but this report already manages to pull together up to 15 years of data. So, as with public opinion, policy-makers can get a long-term view of the role of media in the healthcare policy process. It is hoped that this long-term view, of both public opinion and media content, will contribute to current policy-making in the healthcare domain.
PUBLIC OPINION ON THE CANADIAN HEALTHCARE SYSTEM

Approach

As with previous reviews of public opinion polls on healthcare, the work conducted here relies on available opinion polls, commercial or academic. All accessible data were surveyed; in the end, the report focuses on data from Ipsos Reid, The Strategic Counsel, Environics, Pollara, and Harris-Decima. The body of data available in recent years is somewhat smaller than before 2006–07, that is, before the federal government scaled back on both commissioned polls and subscriptions to syndicated studies. Even so, a good body of data is available in 2007, and enough is available in 2008 and 2009 to get a sense of the direction in which Canadian opinion is headed.

Not all survey results are reported here. Rather, this report highlights over-time trends that have been found consistently, across a range of polling questions and pollsters. All those data are illustrated in figures and described in the sections that follow.

Results

Overall assessments of the healthcare system

Our review of data begins, in Figures 1 through 3, with views of the general quality of healthcare in Canada. Strategic Counsel data in Figure 1 show the shift in responses to the question, “Has the quality of health care over the past two years improved, deteriorated, or stayed the same?” The last four years show a mild (but statistically significant) improvement: the percentage of respondents in the “deteriorated” category has dropped from 37% to 26%. There is a slight increase in the percentage of respondents in the “improved” category; though most of the increase is in “stayed the same.”

Figure 1: Quality of healthcare

Has the quality of health care over the past two years improved, deteriorated, or stayed the same? Please use a seven point scale, where one means greatly deteriorated, seven means greatly improved, and four means stayed the same.

Source: Strategic Counsel, as reported in October 2009 report
The Pollara question, “Overall would you say that Canadians are or are not receiving quality health care right now?” (Figure 2) shows rather little change in the recent past—no clear improvement from 2006 to 2007, though better results than in 2001 (preceding the Romanow Commission). The Ipsos Reid data in Figure 3 show small but steady improvement over the past four years, at least where the proportion of “A” grades is concerned for “The overall quality of the health care services available to you and your family.” In 2006, 16% of respondents gave the system an “A”; in 2009, 26% did so.

**Figure 2: Quality of healthcare**
Overall would you say that Canadians are or are not receiving quality health care right now?

![Quality of healthcare chart](image)

*Source: Pollara Health Care in Canada (HCIC) polls (N≈1000/survey)*

**Figure 3: Overall quality**
What mark/letter grade would you give to: The overall quality of the health care services available to you and your family.

![Overall quality chart](image)

*Source: Ipsos Reid, 9th Annual Report Card on Health Care (N≈1000 annually)*
The same gradual shift towards positive responses is evident in Figure 4, which tracks the proportion of Canadians who view the current system as either “basically in good shape” or “in a state of crisis.” Figure 5 shows similar data for the question, “Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?” In 2009, 44% of respondents say “very good” or “excellent,” in comparison with 24% in 2004. There are important differences across provinces, to be sure. Figure 6 shows the 2009 results broken down by province; it reveals a marked difference between Quebec and the other provinces, particularly Ontario. Regional data are not readily available over time; regardless, it is clear that assessments of the state of the healthcare system are not equally positive across the country.

**Figure 4: State of the healthcare system**
Which of the following is closer to your point of view... Canada’s health care system is basically in good shape... Canada’s health care system is in a state of crisis?

![Graph showing percentages of respondents saying “basically in good shape” and “in a state of crisis” from 2002 to 2007.]

*Source: Environics Focus Canada, as reported in 2007-2 report*

**Figure 5: State of the healthcare system**
Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
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<tr>
<td>October 2009</td>
<td>6</td>
<td>38</td>
<td>45</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>March 2007</td>
<td>5</td>
<td>32</td>
<td>48</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>March 2005</td>
<td>4</td>
<td>30</td>
<td>49</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Fall 2004</td>
<td>3</td>
<td>21</td>
<td>50</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

*Source: Strategic Counsel (N~1750)*
**Figure 6: State of the healthcare system, by province**

Overall, how would you rate the state of the health care system in Canada today? Is it excellent, very good, fair, poor or very poor?

<table>
<thead>
<tr>
<th>Province</th>
<th>Excellent</th>
<th>Very good</th>
<th>Fair</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>4</td>
<td>44</td>
<td>44</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Quebec</td>
<td>2</td>
<td>24</td>
<td>57</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Ontario</td>
<td>9</td>
<td>47</td>
<td>36</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Prairies</td>
<td>7</td>
<td>33</td>
<td>51</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Alberta</td>
<td>5</td>
<td>35</td>
<td>48</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>BC</td>
<td>5</td>
<td>40</td>
<td>44</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

*Source: Strategic Counsel, October 2009 (N=1750)*

Figure 7 shows one last trend in overall assessments of the healthcare system, this time focused on “Your most recent experience dealing with the health care system in your community.” Results suggest very little change since 2003. In 2009, 31% of respondents gave this experience an “A,” while another 37% gave it a “B.”

**Figure 7: Recent experience**

What mark/letter grade would you give to: Your most recent experience dealing with the health care system in your community.

*Source: Ipsos Reid, 9th Annual Report Card on Health Care (N=1000 annually)*
This slight, but only slight, shift towards the positive is a theme that clearly runs throughout these data. Figure 8 tracks shifts in the percentage of respondents who gave their opinion about whether the system needs “a complete rebuilding from the ground up, some fairly major repairs or some minor tuning up, or is everything fine the way it is?” There is markedly little change in recent years. Again, things are marginally better than during the Romanow Commission but, even as of 2007, only 5% of respondents felt things were fine, and a majority believed the system needed either some fairly major repairs or a complete rebuilding.

It is worth noting the difference between data series ending in 2007 versus series ending in 2009. The former, in Figures 2 and 8, suggest somewhat less improvement overall than does the series ending more recently. It may well be that the current trend, then, is a positive one, at least where overall assessments of the state of health services are concerned. Figure 9 suggests somewhat less optimism. The figure shows trends in the question, “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?” The question is prospective, asking about possibilities in the future. Tracked since 2003, it shows a slight decline in the “much better” and “somewhat better” categories. It may be that a post-Romanow optimism dissipated over the past few years and that healthcare is seen as having improved slightly, but not likely to improve much more in the near future. This interpretation fits with the preceding data on “need for change.” It also fits with results in Figure 10, which show little change from 2003 to 2007 in the percentage of respondents who believe that “Canadians’ access to timely, quality health care” will significantly improve (7% in 2007) or improve somewhat (41% in 2007).

**Figure 8: Need for change**

What approach would you say that Canada’s health system requires at present - a complete rebuilding from the ground up, some fairly major repairs or some minor tuning up or is everything fine the way it is?

![Figure 8: Need for change](chart)

*Source: Pollara, as reported in HCIC 2004, 2007 (N=~1000)*
Figure 9: Prospective evaluations of the healthcare system
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?

Source: Ipsos Reid, 9th Annual Report Card on Health Care (N=~1000 annually)

Figure 10 points towards another theme in polling questions on healthcare in Canada: concerns about sustainability. Data in Figure 11 address the issue directly, and here the trend is clearly a negative one. The percentage of respondents agreeing that “Health costs will rise gradually, but the increase will be manageable due to growth in the economy” has dropped steadily from 2000 to 2010, from 19% to 7%. Over the same time period, the percentage agreeing that “The demand for health care will increase, but we will be able to contain costs by operating the health care system more efficiently” dropped from 29% to 14%. Canadians’ concern about the sustainability of the Canadian healthcare system was a theme in the previous report; clearly, things have not improved in this regard.

Figure 10: Perceived future access to timely care
Over the next five years, do you believe that Canadians’ access to timely, quality health care will significantly improve, improve somewhat, worsen somewhat or significantly worsen?

Source: Pollara, HCIC 2002-2007 (N=~1000)
Figure 11: Sustainability
Health costs will rise gradually, but the increase will be manageable due to growth in the economy.

The demand for health care will increase, but we will be able to contain costs by operating the health care system more efficiently.

Source: Ipsos Reid, 9th Annual Report Card on Health Care (N=~1000 annually)

Specific healthcare issues
Are there specific issues that Canadians see as most pressing in the healthcare domain? Figures 12 through 20 address this question in several ways. Figure 12 shows trends in the “most important healthcare issue” from 1998 to 2007. The largest shifts are in physician shortage, from just 5% in 2000 to 19% in 2007, and wait times, from 7% in 2000 to 20% in 2007. Concerns about a lack of funding have, in contrast, dropped dramatically from 19% in 2000 to just 2% in 2007. What explains this shift in issue emphasis? This is addressed in part in the section on media content that follows.

Figure 12: Most important healthcare issue
What is the most important health care issue facing Canada today?

Source: Pollara HCIC polls (N=~1000 annually)
In the meantime, subsequent figures probe further into the healthcare issues that Canadians see as most pressing. Figure 13 shows results for a question asking for general assessments of “The choice of health services in your community.” In 2009, 60% of Canadians offer an “A” or “B” grade, not very different from the distribution in 2007. Figure 14 shows results for questions asking about specific services. In no case does a plurality of Canadians believe that a service has improved over the past two years, though timely access to new medicines receives somewhat more positive responses than do other services. Timely access to “non-urgent surgery” receives the worse assessment, though results here really are not very different from most other series. Overall, roughly 50% of respondents believe that access has improved or stayed the same, while the other 50% believe that things have worsened, or do not know.

**Figure 13: Choice of health services**
What mark/letter grade would you give to: The choice of health services in your community.

![Bar chart showing the distribution of grades for the choice of health services in 2007, 2008, and 2009.](chart)

**Source:** Ipsos Reid, 9th Annual Report Card on Health Care (N=~1000 annually)

**Figure 14: Access to specific services**
For each of the following, please indicate whether timely access over the past 2 years has improved, worsened or remained the same.

<table>
<thead>
<tr>
<th>Service</th>
<th>Improved</th>
<th>Remained the Same</th>
<th>Worsened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care system in general</td>
<td>18</td>
<td>38</td>
<td>39</td>
</tr>
<tr>
<td>Family doctors</td>
<td>14</td>
<td>33</td>
<td>49</td>
</tr>
<tr>
<td>Specialists</td>
<td>14</td>
<td>32</td>
<td>46</td>
</tr>
<tr>
<td>New medicines</td>
<td>25</td>
<td>40</td>
<td>13</td>
</tr>
<tr>
<td>Home care</td>
<td>20</td>
<td>31</td>
<td>19</td>
</tr>
<tr>
<td>Long term care</td>
<td>15</td>
<td>29</td>
<td>33</td>
</tr>
<tr>
<td>Non-urgent surgery</td>
<td>11</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Diagnostic procedures</td>
<td>18</td>
<td>35</td>
<td>33</td>
</tr>
</tbody>
</table>

**Source:** Pollara, HCIC 2007 (N=~1000)
Similar data from Ipsos Reid polls in 2005 and 2009 (Figure 15) suggest roughly the same distribution overall, with little change over the four-year period. Access to walk-in clinics receives better grades than access to modern diagnostic equipment such as MRIs and CT scans or access to medical specialists but, again, overall there are relatively few differences from one service to another.

**Figure 15: Access to specific services**
The next couple of questions are about your ability to access health services in your community. By access we mean you can get prompt healthcare services for you and your family when you need to. Regardless of whether you have used the health systems recently or not we would like to know your opinions. What mark letter grade would you give to:...

<table>
<thead>
<tr>
<th>Service</th>
<th>2005</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to a family doctor in your community</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>Access to walk in clinics in your community</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>Access to medical specialists</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Access to modern diagnostic equipment such as MRIs and CT scans</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Access to emergency room services</td>
<td>19</td>
<td>24</td>
</tr>
<tr>
<td>Access to healthcare services on evenings and weekends in your community</td>
<td>12</td>
<td>16</td>
</tr>
</tbody>
</table>

% respondents

Source: Ipsos Health Report Cards, 2005 and 2009 (N=1000 annually)

Figure 16 displays recent results from the question, “Thinking about the health care system today, do you have suggestions for how it could be improved?” Wait times are near the top of the list, as are cost-efficiency/management issues, but the most-cited issue is the need for “more doctors.” (Note that fourth on the list is “more nurses.”) The priority that respondents attach to doctors is not purely about access to family doctors; results in Figure 17 suggest that 87% of Canadians say that have a family doctor. (There are some regional differences, though these are for the most part minor, except in Quebec, where 24% say they have no family doctor.) Figure 18 suggests that the services provided by family doctors are for the most part positively viewed as well. The strong majority (88%) of Canadians say that the level of service provided by their family doctor is “good” or “excellent.” There is, nevertheless, a high priority given to the need for doctors, a topic for the media analysis that follows.
Figure 16: How to improve the healthcare system
Thinking about the health care system today, do you have suggestions for how it could be improved?

- More doctors: 17%
- Shorter wait time/Faster access to care/Decrease wait time: 16%
- Better managed/cost efficient systems/hospitals/less bureaucracy: 14%
- More nurses/staff: 12%
- Better access (e.g., emergency rooms, equipment, procedures, etc.): 9%
- Increase funding/improve quality/safety: 9%
- Better doctors/training for doctors/take care of people who work in the system: 8%
- User fees/ticket moderateur: 5%
- Preventative/lifestyle in general: 4%
- More hospitals/clinics/hospital beds/bed space: 4%
- Allow private health care: 4%
- Equality of health care: 3%

Source: Strategic Counsel, October 2009 (N=1750)

Figure 17: Family doctors
Do you currently have a family doctor?

- Overall: Yes 87% No 13%
- Atlantic: Yes 91% No 9%
- Quebec: Yes 75% No 24%
- Ontario: Yes 92% No 8%
- Man/Sask: Yes 82% No 17%
- Alberta: Yes 87% No 13%
- BC: Yes 94% No 6%

Source: Harris/Decima, June 2009 (N=2000)
**Figure 18: Family doctors**

How would you rate the level of service provided by your family doctor?

![Bar chart showing the distribution of ratings by region](image)

*Source: Harris/Decima, June 2009 (N=unreported)*

The other most prominent issue in Figure 16, wait times, is given attention in Figures 19 and 20. In Figure 19, we see that, as of 2006, 59% of Canadian believed that wait times for elective surgery have become longer. Figure 20 provides some trends in the proportion of respondents who believe that wait times have worsened in the last five years. It is notable that in almost every case (except diagnostic services in 2007), a majority of Canadians believes that wait times have worsened. That said, there have been steady improvements in perceptions from 2002 to 2007 for each of surgery, emergency care and diagnostics services.

**Figure 19: Perceived change in wait times**

In the past two years, do you think that waiting times for elective surgery have become longer or shorter or have they remained the same?

![Pie chart showing the distribution of responses](image)

*Source: Pollara, HCIC 2006 (N=~1200)*
Figure 20: Wait times
Compared to five years ago, do you think each of the following is better or worse, or the same...?

Source: Environics Focus Canada, as reported in 2009-2 report

Government performance
In spite of the prominence of healthcare in politics over the past five years (particularly during the 2006 federal election campaign), and in spite of a change in the federal government, overall assessments of government performance in the healthcare domain have changed rather little. Figure 21 tracks approval of federal government performance from 2003 to 2009. There is a very slight positive trend over the period and perhaps somewhat better ratings in 2006 and 2009. Differences overall are very slight, however—for the provincial governments as well (Figure 23).

Figure 21: Federal government performance
What mark/letter grade would you give to: The federal government’s performance in dealing with health care in Canada.

Source: Ipsos Reid, 9th Annual Report Card on Health Care (N=~1000 annually)
Figure 22: Federal government performance

Generally speaking, do you approve or disapprove of the way the current federal government is handling...

![Graph showing approval trends for healthcare, foreign policy, and environment from Oct 98 to Jun 09.](image)

*Source: Environics Focus Canada, as reported in 2009-2 report*

Figure 23: Provincial government performance

What mark/letter grade would you give to: Your provincial government’s performance in dealing with health care in your province.

![Bar chart showing the percentage of respondents giving different grades from 2003 to 2009.](image)

*Source: Ipsos Reid, 9th Annual Report Card on Health Care (N≈1000 annually)*

The same basic trend in federal government approval is evident in Figure 22, which shows approval trends for healthcare alongside, for the sake of comparison, foreign affairs and the environment. Healthcare clearly produced lower levels of approval in the late 1990s and through the time of the Romanow Commission. The gap has largely narrowed now, however. It is still the case that approval in the healthcare domain is lower than in the foreign policy domain but overall levels of approval in healthcare have nonetheless improved somewhat, changing very little in the shift from Liberal to Conservative government in 2006.
Strategic Counsel data on prospective assessments, in Figure 24, suggest a similar trend. In 2008, 51% of respondents disagreed with the statement, “I am confident that the governments will be able to improve the health care system in the next two years”; by 2009, that figure dropped considerably, to 36%. What exactly motivated this reduced pessimism about government performance is not clear. But it is certainly worth noting the shift. That said, we should not lose sight of the fact that a considerable proportion of Canadians express concern about the sustainability of the present system. The reasons for this concern are the subject of Figure 25, which presents results from a question asking respondents to locate the cause of current problems in healthcare—essentially, whether they are efficiency- or spending-related. Management is clearly perceived as an issue, and more so since 2002. But there is also strong support for increased spending.

Figure 24: Confidence in governments
I am confident that the governments will be able to improve the health care system in the next two years.

Source: Strategic Counsel, as reported in October 2009 report

Figure 25: Cause of problems in healthcare
Which do you think is the main cause of problems in our health system ... Not enough funding for the system ... Inefficient management of the system?

Source: Environics Focus Canada, as reported in 2007-2 report
Indeed, as much work has found previously, there is widespread support for government spending on healthcare. Figure 26 shows very tentative support for reductions in spending (in February 2010) given the deficit; Figure 27 shows strong majority support for 100% coverage for all core medical services; Figure 28 shows strong support for prescription drug plan coverage for all prescribed medications.

**Figure 26: Government spending**
Do you strongly support, somewhat support, somewhat oppose or strongly oppose...

<table>
<thead>
<tr>
<th>Reduced spending on government programs because of the deficit</th>
<th>Strongly support</th>
<th>Somewhat support</th>
<th>Somewhat oppose</th>
<th>Strongly oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>46</td>
<td>26</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reduced spending on health care because of the deficit</th>
<th>Strongly support</th>
<th>Somewhat support</th>
<th>Somewhat oppose</th>
<th>Strongly oppose</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4</td>
<td>12</td>
<td>30</td>
<td>54</td>
</tr>
</tbody>
</table>

**Source: Ipsos Reid Online Omnibus, February 2010 (N=~2000)**

**Figure 27: Government spending**
As you may know core services are those that are insured by the provincial health ministry for all residents. Over the last several years there have been many calls to expand core services to include programs such as homecare and pharmacare. Please indicate the extent to which you agree with each of the following funding options for an expanded basket of core services.

<table>
<thead>
<tr>
<th>100% coverage for all core services.</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat or strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>53</td>
<td>30</td>
<td>10</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continued 100% coverage for medically necessary physician and hospital services with variable levels of funding for other services.</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat or strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>50</td>
<td>32</td>
<td>12</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All core services should be publicly funded on a sliding scale (e.g. 100%, 75%, 50%) depending on the type of service.</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat or strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19</td>
<td>30</td>
<td>24</td>
<td>25</td>
</tr>
</tbody>
</table>

**Source: Ipsos Reid, July 2006 (N=1100)**
Figure 28: Government spending: drug plans

I am going to read you a number of statements relating to pharmaceuticals and vaccines, and I’d like you to tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Somewhat disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governments should establish a maximum limit to how much individuals should have to personally pay toward the cost of their prescribed medications.</td>
<td>41</td>
<td>31</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>If a health professional prescribes a new medication or vaccine for you, it should be covered by your prescription drug plan.</td>
<td>76</td>
<td>18</td>
<td>21</td>
<td></td>
</tr>
</tbody>
</table>

Source: Pollara HCIC 2007 (N~2000)

User fees, private care, and seeking treatment abroad

It remains true, in spite of support for increases in government spending on healthcare, that a strong minority of Canadians is willing to consider some combination of paying for quicker access, user fees or two-tiered systems. The gap between the proportion of Canadians agreeing or disagreeing with the statement “Individuals should be allowed to pay extra to get quicker access to health care services” narrowed considerably from 1997 to 2004 (Figure 29); it has been basically the same since. As of October 2009, 46% of Canadian disagreed, while 37% agreed—a strikingly small gap for a country for which universal access to healthcare has appeared to be so central to national identity. Figure 30 reinforces the narrow gap between those willing, or unwilling, to consider a two-tiered system: Canadians are, in these data, evenly split between agreeing or disagreeing that “individual Canadians should be given the right to buy private health care within Canada if they do not receive timely access to services in the public system.”

Figure 29: Pay for quicker access

Individuals should be allowed to pay extra to get quicker access to health care services

Source: Strategic Counsel, as reported in October 2009 report
Figure 30: Pay for quicker access
Do you strongly agree, agree, disagree, or strongly disagree that individual Canadians should be given the right to buy private health care within Canada if they do not receive timely access to services in the public system, even if this might weaken the principle of universal access to health care for all Canadians because some people might have quicker access to services?

An Ipsos Reid question in March 2010 (Figure 31) pits user fees against higher taxes or spending cuts in other domains to support increasing healthcare costs. A plurality of Canadians (46%) supports the user-fee option; another 32% support raising taxes. (It may be that spending cuts in any domain, not just healthcare, seem intolerable to many Canadians.) Figure 32 shows Canadians’ support for a variety of funding options. Again, contributions from users receive more support than increased taxes.

Source: Environics Focus Canada, as reported in 2009-2 report

Source: Ipsos Reid Online Omnibus, March 2010 (N=~2000)
**Figure 32: User fees**

Over the next two decades there will be fewer working Canadians relative to the total population. Which of the following do you think would be the best way of ensuring that there will be enough government tax revenue to pay for future health care expenditures without compromising other government programs?

- Developing a contribution-based Canada Health Plan that would raise revenue and set aside financial resources for individuals who need health care the same way that the Canada Pension Plan works for people who want to retire.
  - 17% very good idea
  - 52% somewhat good idea

- Developing a Registered Health Savings Plan, similar to the Registered Retirement Saving Plan that would allow individuals to save money on a tax free basis that would be available for them to pay for health services or prescription drugs that are not included in the public health plan coverage.
  - 21% very good idea
  - 44% somewhat good idea

- Raising taxes over time to cover the increased demand for health care services.
  - 5% very good idea
  - 30% somewhat good idea

- Taxing Canadians an additional amount on their annual income tax return that is linked to how much health care the person has required over the year up to a maximum amount (a percentage of their total income).
  - 9% very good idea
  - 26% somewhat good idea

*Source: Ipsos Reid Online Omnibus, March 2010 (N=~2000)*

Figure 33 is the first in a series of figures on private care. Extra services such as private hospital rooms, dentists and chiropractors should be, accordingly to 55% of Canadians, better covered by the public system. This does not preclude the possibility of support for private care, however. Figure 34, focusing on private insurance, suggests that a majority of Canadians believes that private insurance will help reduce wait times and improve access to care, even as it increases costs and creates a two-tiered system.

**Figure 33: Private vs. public care**

While emergency care, necessary treatments and trips to a family doctor are covered under the Canada Health Act, other services such as private hospital rooms, and certain medical procedures such as dentists, chiropractors and massage therapists are subject to user fees. Considering both cost and patient care factors, do you think that the current approach strikes that right balance between publicly funded and pay-per-use care, should there be more elements included in private health care, or should there be more elements included in public health care?

*Source: Harris/Decima, June 2009 (N=2000)*
Figure 34: Private insurance
In your opinion, if Canadians were allowed to purchase private insurance for health services already covered under medicare, do you strongly agree, somewhat agree, somewhat disagree or strongly disagree, that this would:

- Result in shorter waiting times
- Lead to a shortage of doctors and nurses in the public system, as they leave to work in a new private system
- Create a two-tier system where those who can afford to pay will get better treatment than those who can’t
- Improve access to health care services for everyone
- Result in increasing costs of health care
- Lead to improved quality in healthcare services

Source: Pollara, HCIC 2007 (N=~1000)

Figure 35 shows (narrow) majority support for private clinics; levels of support are roughly similar in Figures 36 and 37, which ask more generally about the privatization of (publicly paid for) healthcare services and private, for-profit hospitals.

Figure 35: Private clinics
I am going to read you a list of initiatives that may lead to a better health system. Thinking of how effective these might be, I would like you to tell me if you would support or oppose the implementation of any of these, using a 10-point scale where 1 means that you strongly oppose and 10 means you strongly support each one. What about allowing the government to contract out the delivery of publicly covered services to private clinics, for instance having public health insurance pay for knee surgery at a private clinic rather than a public hospital.

Source: Pollara, HCIC 2005, 2006 (N=~1200)
**Figure 36: Private sector delivery of tax-supported healthcare services**

Please tell me if you would you strongly support, somewhat support, somewhat oppose or strongly oppose each of the following … Having health care services provided by the private sector, if patients did not have to pay out of their own pockets for these services and the services were covered by tax dollars exactly the same way they are now.

![Bar chart showing the percentage of respondents who strongly or somewhat support and strongly or somewhat oppose private sector delivery of tax-supported healthcare services from 2004 to 2007.](chart)

*Source: Environics Focus Canada, as reported in 2009-2 report*

**Figure 37: Private, for-profit hospitals**

Please tell me if you would you strongly support, somewhat support, somewhat oppose or strongly oppose each of the following … Having private, for-profit hospitals if patients did not have to pay out of their own pockets for these hospital services and the services were covered by tax dollars exactly the same way they are now.

![Bar chart showing the percentage of respondents who strongly or somewhat support and strongly or somewhat oppose private, for-profit hospitals from 2002 to 2007.](chart)

*Source: Environics Focus Canada, as reported in 2009-2 report*

Figure 38 shows majority support for public-private partnerships in some dimensions of healthcare, in particular, non-direct patient care and diagnostics services. Indeed, only for “medical/surgical services requiring in-patient stays” does a majority of respondents strongly or somewhat disagree with the idea of public-private partnerships. Figure 39 addresses a final and related issue: seeking treatment abroad. As of
2006, a majority of Canadians supports the idea of seeking treatment abroad—and having that treatment covered by their public plan at home—when facing long waits in Canada.

**Figure 38: Public-private partnerships**

‘Public-Private Partnership’ refers to a cooperative venture between the public and private sectors, built on the expertise of each partner, to capitalize or deliver health services in a way that best meets clearly defined public needs through the appropriate allocation of resources, risks and rewards. To what extent do you agree that the following services should be contracted out to privately owned and operated facilities?

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Strongly or somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Strongly or somewhat disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-direct patient care (e.g. laundry, dietary requirements)</td>
<td>61</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Diagnostic services (e.g. laboratory)</td>
<td>50</td>
<td>20</td>
<td>29</td>
</tr>
<tr>
<td>Advanced diagnostic services (e.g. MRI)</td>
<td>46</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>Medical/surgical services on an out-patient basis</td>
<td>39</td>
<td>20</td>
<td>42</td>
</tr>
<tr>
<td>Medical/surgical services requiring in-patient stays</td>
<td>32</td>
<td>17</td>
<td>52</td>
</tr>
</tbody>
</table>

**Source: Ipsos Reid, July 2006 (N=1100)**

**Figure 39: Seeking treatment elsewhere**

To what extent do you agree that patients should have the ability to seek treatment elsewhere if they have to wait longer than what is considered medically acceptable in the publicly-funded system.

- **Strongly agree**
- **Somewhat agree**
- **Neither agree nor disagree**
- **Somewhat or strongly disagree**

<table>
<thead>
<tr>
<th>Extent of Agreement</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>52</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>32</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>9</td>
</tr>
<tr>
<td>Somewhat or strongly disagree</td>
<td>7</td>
</tr>
</tbody>
</table>

The following are some options on how a ‘safety valve’ might be implemented to provide individuals with access to treatment should established benchmarks be exceeded. Please indicate the extent to which you agree with each:

1. Patients would either pay out of pocket or purchase private insurance to cover the costs of private health care when timely access cannot be provided in the public system.

<table>
<thead>
<tr>
<th>Extent of Agreement</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>54</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>29</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>10</td>
</tr>
<tr>
<td>Somewhat or strongly disagree</td>
<td>8</td>
</tr>
</tbody>
</table>

2. Patients who have to wait longer than the recommended maximum time would be able to look elsewhere in Canada or outside the country to get treatment. The cost of this care would be covered by their provincial/territorial health insurance plan.

<table>
<thead>
<tr>
<th>Extent of Agreement</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>12</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>21</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>16</td>
</tr>
<tr>
<td>Somewhat or strongly disagree</td>
<td>51</td>
</tr>
</tbody>
</table>

**Source: Ipsos Reid, July 2006 (N=1100)**
Review

Data on user fees and private care echo a fact evident throughout the last few pages: in the face of what are perceived as only marginal improvements in the quality of healthcare over the past few years and decreasing optimism about the potential for change in the future, Canadians continue to be willing to consider other options for healthcare provision. Whether pessimism or assessments of the last few years of healthcare in Canada are accurate is beyond the scope of this work. And it is lamentable that there exist no readily available data on privatization after 2007, making current trends in this domain difficult to gauge. (The lack of polls in recent years is discussed in more detail below.) Using the available data, however, it seems clear that public opinion about Canadian healthcare is now, overall, only marginally more positive than it was five years ago; indeed, in several areas, it appears to be somewhat worse. What accounts for this continued trend in public attitudes on the healthcare system? Figure 40 shows responses to a question asking about where respondents get their opinions of the healthcare system. Roughly one-quarter of respondents cite the media as the principal source for information on the healthcare system; others will surely rely on media at least in part as well. We accordingly turn to media content in the section that follows.

Figure 40: Basis of views of healthcare system
On which of the following do you mostly base your opinion of Canada’s health system ...?

Source: Environics Focus Canada, as reported in 2007-2 report
MEDIA COVERAGE OF THE CANADIAN HEALTHCARE SYSTEM

Approach

The goal of this study of media coverage is to capture, categorize and analyze the vast bulk of media content on health-related issues over the past two decades. Our ability to do this is limited mainly by the ready availability of full-text media content in an electronic format. The first goal, then, is to settle on a range of newspapers that are regionally representative and reliably available over an extended time period. We have settled on the following list of nine newspapers:

- Calgary Herald
- Chronicle Herald (Halifax)
- Le Devoir
- La Presse
- Globe and Mail
- Montreal Gazette
- Toronto Star
- Vancouver Sun
- Winnipeg Free Press

These newspapers are not all available in a single index or over the same period of time. Where indices are concerned, we have had to rely on three separate indices: Nexis (Toronto Star, Globe and Mail), Factiva (Calgary Herald, Montreal Gazette, Vancouver Sun, Winnipeg Free Press) and NewsCan (Chronicle Herald, Le Devoir, La Presse). In each case, we have relied on the subject terms in the indices themselves (rather than full-text searches, which can be less reliable) to identify healthcare-related articles. The indices use different subject codes and identifiers, however, so we should be a little cautious in making direct comparisons across indices. We should, in addition, note that the use of both English- and French-language newspapers produces one additional complication: all search terms must be produced in both languages, and we must be cautious about the comparability of searches in one language versus the other. Differences in coverage in La Presse and Le Devoir on the one hand and the English-language newspapers on the other hand may be due to actual differences in coverage, but may also be a product of slightly different search terms. That said, we can and have compared raw frequencies in general topics across indices to ensure as much comparability as possible.

The general guidelines for the searches, across all indices, were as follows: we capture all articles directly related to healthcare, where “healthcare” articles:

- deal (mainly though not necessarily exclusively) with Canada, and deal with issues relating to:
- the healthcare system and policy
- fitness and nutrition
- disease, medical conditions and treatments
- outbreaks and epidemics.
Where time periods are concerned, we are, in the end, restricted to the 2005-2010 time period for the full, nine-newspaper sample. Only the *Toronto Star* is available, consistently and reliably, in full-text form from 1990 onwards; the *Globe and Mail* is available reliably from 1996. All other newspapers become available sometime between 2003 and 2006. For the analyses below, we rely on two overlapping samples:

- the *Toronto Star* and *Globe and Mail*, from 1996 to the present, to track long-term trend in coverage; and
- all nine newspapers, from 2005 to the present, for more detailed and nationally-representative coverage over the past five years.

The total sample size for newspapers in the second and third samples are illustrated in Figure 41. Figure 42 shows the long-term trend in healthcare coverage, using the combined *Toronto Star* and *Globe and Mail* sample. There are two peaks in coverage, in the late 1990s, and again in 2003. Overall, however, levels of healthcare coverage have not shifted dramatically over the past 15 years. This is not to say that levels of coverage are low; in these two newspapers alone, the average number of articles per month is roughly 300, equivalent to roughly five healthcare articles in each newspaper, every day.

**Figure 41: Media sample**

<table>
<thead>
<tr>
<th>Long-term sample, January 1996 to March 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Globe and Mail</td>
</tr>
<tr>
<td>Toronto Star</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full sample, April 2005 to March 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary Herald</td>
</tr>
<tr>
<td>Halifax Chronicle-Herald</td>
</tr>
<tr>
<td>Globe and Mail</td>
</tr>
<tr>
<td>La Presse</td>
</tr>
<tr>
<td>Le Devoir</td>
</tr>
<tr>
<td>Montreal Gazette</td>
</tr>
<tr>
<td>Toronto Star</td>
</tr>
<tr>
<td>Vancouver Sun</td>
</tr>
<tr>
<td>Winnipeg Free Press</td>
</tr>
</tbody>
</table>

# articles
Figure 42: Volume of media coverage over time

Based on Toronto Star and Globe and Mail data only.

Figure 43 shows monthly coverage for the more recent nine-newspaper sample. Again, levels of coverage are high: roughly 800 articles per month across nine newspapers, equivalent to roughly three articles per day in each newspaper, every day of the year. Of course, actual coverage varies over time, though this figure suggests not as much as one might expect. To the extent that any trend is evident, it is a slow downward trend in the number of healthcare articles, but this trend is slight, and the more extended time period in Figure 42 suggests that late 2005 may be abnormally high to begin with. Our sample of newspapers is considerable, then, and well-distributed over time.

Figure 43: Volume of media coverage over time

Based on full nine newspaper sample.
All this said, past work suggests that Canadian newspapers are not wildly different in their coverage of national domestic affairs,\(^5\) and this is clearly the most comprehensive database of Canadian media coverage of healthcare ever assembled. The final database includes more than 110,000 healthcare articles. This is, of course, far too many to deal with using manual content analysis. Instead, we rely on automated content analytic techniques, specifically, automated searches for specific words identifying one topic or another. The method is well-established; we build specifically on methods developed at the Media Observatory at the McGill Institute for the Study of Canada.\(^6\)

Identifying subjects in these data is based, in short, on full-text searches in both the subject codes and body of articles. Subject codes for Nexis are of course not the same as those for Factiva, while NewsCan does not allow for downloading of subject codes at all. Even so, it is possible to use a combination of subject codes in the first two indices to identify major topics. Having identified those topics using subject-field searches, the next task is to identify a dictionary of words that are common, and hopefully unique, to those topics, in the full text of articles. The idea here is to build a dictionary that relies on the full text only, and thus can be applied identically across all newspapers, no matter which index they are drawn from. Once this dictionary is established in English, we then translate those words and try to produce similar results for the French-language papers.

For instance, much of what is reported in the healthcare domain deals mainly with fitness and exercise and/or nutrition. These are relatively easy themes to identify with subject searches in Factiva or Nexis, using commons subjects such as “Exercise and Fitness” or “Nutrition” in Nexis, or “Physical Fitness” and “Nutrition” in Factiva. (Note that Nexis applies a greater number of subject codes to articles, but distinguishes between “major” topic codes and others; we rely here mainly on subjects indicated as “major” topic codes.) Scanning through the articles, either manually or using automated software that provides counts for words that appear frequently in the subset of articles, then produces a dictionary of full-text words common to these two themes, including, for instance, “nutrition,” “fitness,” “exercise,” “gym,” and “workout.” Automated software then counts the frequency of these words in the article, and articles identified as being related to fitness or nutrition using those frequencies are compared to articles identified in the same way using subject-term searches. The two samples are, ideally, largely overlapping. And when this is the case, the full-text searches (in English, and translated into French) are then used throughout all articles, so as to apply an identical topic categorization across all newspapers.

There are of course some issues that we are interested in that are not identified in the Factiva or Nexis subject topics; these we identify using full-text searches directly. Consider Figure 44, which shows the number of articles in the *Toronto Star* and the *Globe and Mail* dealing with either the Romanow or Kirby Commissions. These issues can be captured very easily with simple word searches; so can many other topics addressed below. (That said, there are also some topics that just cannot be reliably identified with full-text searches at all, because they include too few unique words; we accordingly do not deal with them in any detail here.)
In the end, we have a reliable—and vast—body of data capturing the nature and structure of Canadian newspaper content on healthcare issues. The section that follows takes advantage of this new database; it first reviews some general trends in the data, and then explores the connection between media content and public opinion.

**Results**

**Coverage of fitness, nutrition and disease**

We begin with some very simple data on the first subject mentioned above—fitness and exercise, and nutrition. Figure 45 shows the proportion of healthcare stories dedicated to these two topics, by newspaper. The CanWest papers show comparatively high levels of coverage for these issues, particularly for fitness and exercise, though there is a reasonable level of coverage in the other papers as well. This fact is somewhat clearer in Figure 46, which shows levels of coverage for fitness and exercise and nutrition, combined, in the *Toronto Star* and *Globe and Mail* since 1996. The figure is intended to show the difference between counting raw numbers of articles and articles on a given sub-topic as a proportion of all healthcare articles. The overall level of healthcare coverage, as we have seen, has not changed dramatically over time, so the two approaches should, in most cases, reveal very similar results. Even so, the peak apparent in 1997–98 in raw frequencies is minimized when we take into account the heightened salience of healthcare overall, with the slight but sustained increase in attentiveness to these issues since 2004 more apparent in the second figure. (For the remaining exhibits, we will rely on either raw counts or percentage measures, but make note when the two differ considerably.)
Figure 45: Fitness and exercise, nutrition coverage

<table>
<thead>
<tr>
<th></th>
<th>Fitness &amp; Exercise</th>
<th>Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary Herald</td>
<td>14.6%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Halifax Chronicle-Herald</td>
<td>2.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Globe and Mail</td>
<td>3.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>La Presse</td>
<td>2.6%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Le Devoir</td>
<td>0.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Montreal Gazette</td>
<td>9.3%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Toronto Star</td>
<td>2.6%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Vancouver Sun</td>
<td>7.9%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Winnipeg Free Press</td>
<td>5.6%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

% of total number of health care articles

Figure 46: Fitness and exercise, nutrition coverage over time

Based on Toronto Star and Globe and Mail data only.

Figure 47 explores media coverage of diseases—specifically, flu/influenza, SARS and BSE. Coverage of influenza, including both the bird flu and H1N1 flu, is quite high. For a good number of newspapers, about 10% of healthcare coverage in the last five years has been focused on this issue. Coverage of SARS, taken over the entire five-year period, is of course somewhat lower.
Figures 48 through 50 examine long-term trends in the coverage of these issues, however, and make clearer the rather large impact epidemics have on media coverage of healthcare. Figure 48 shows, for the long-term sample drawn from the Toronto Star and Globe and Mail, the marked increase in flu coverage around the time of the bird flu, and then again during the H1N1 flu epidemic. Figure 49 shows comparable data for SARS, which produced, albeit briefly, an astounding number of articles in early 2003. It is worth noting that these sharp increases in coverage do not lead to markedly more healthcare coverage generally (see Figures 42 and 43). It is as though there is a given amount of media attentiveness to health-related issues, such that attention to the flu, for instance, will tend to mean less attention to other healthcare issues. Figure 50 illustrates this fact: roughly 75% of all articles in our sample, during the SARS outbreak, dealt with SARS; at its peak, the H1N1 flu accounted for roughly 40% of all healthcare coverage. There is of course a considerable body of work speaking to the tendency for mass media to focus on sensational events. These data clearly support that assertion.
Figure 48: Volume of flu coverage over time

Based on Toronto Star and Globe and Mail data only

Figure 49: Volume of SARS coverage over time

Based on Toronto Star and Globe and Mail data only
The major criticisms: Wait lists and doctor shortages

Figures 51 through 62 speak more directly to the health-policy issues raised in the preceding analysis of public opinion. Figure 51 begins with a breakdown of coverage of wait lists, a major public concern, across newspaper outlets. Wait lists play a prominent role in media coverage across the board, but particularly from Ontario eastward. (Indeed, the tendency for coverage to become more critical as we move eastward will be a recurring theme.) Figure 52 shows the over-time trend in wait-list coverage, this time relying on the Star and Globe alone in order to capture trends over the longer term. Coverage of wait times peaked in 2005–06, and has declined slightly since. Indeed, 2009 saw less coverage of wait times than any year since 1996.

Figure 51: Wait lists, by newspaper

<table>
<thead>
<tr>
<th>Newspaper</th>
<th># articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary Herald</td>
<td>115</td>
</tr>
<tr>
<td>Halifax Chronicle-Herald</td>
<td>398</td>
</tr>
<tr>
<td>Globe and Mail</td>
<td>386</td>
</tr>
<tr>
<td>La Presse</td>
<td>400</td>
</tr>
<tr>
<td>Le Devoir</td>
<td>278</td>
</tr>
<tr>
<td>Montreal Gazette</td>
<td>103</td>
</tr>
<tr>
<td>Toronto Star</td>
<td>338</td>
</tr>
<tr>
<td>Vancouver Sun</td>
<td>112</td>
</tr>
<tr>
<td>Winnipeg Free Press</td>
<td>105</td>
</tr>
</tbody>
</table>

Based on full nine newspaper sample
Figures 53 and 54 repeat the process for doctor and nurse shortages. Figure 53 shows coverage by newspaper. *La Presse* and *Le Devoir* are the stand-out newspapers in this domain, which aligns with public opinion on family doctors, as shown in Figure 17. Overall coverage of this issue has been relatively low for the past five years; even *Le Devoir*, which shows the highest level of coverage, produced an average of fewer than 1.5 stories on the topic monthly. Why are doctor shortages so prominent in public opinion data? Figure 54 points towards one possibility: doctor shortages may have received relatively little coverage in the very recent past, but they clearly played a more prominent role in health coverage leading up to the Romanow Commission.

**Based on Toronto Star and Globe and Mail data only**

**Figure 53: Doctor and nurse shortages, by newspaper**

<table>
<thead>
<tr>
<th>Newspaper</th>
<th>Doctors # articles</th>
<th>Nurses # articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calgary Herald</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Halifax Chronicle-Herald</td>
<td>67</td>
<td>19</td>
</tr>
<tr>
<td>Globe and Mail</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>La Presse</td>
<td>67</td>
<td>74</td>
</tr>
<tr>
<td>Le Devoir</td>
<td>88</td>
<td>32</td>
</tr>
<tr>
<td>Montreal Gazette</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Toronto Star</td>
<td>33</td>
<td>2</td>
</tr>
<tr>
<td>Vancouver Sun</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Winnipeg Free Press</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

*Based on full nine newspaper sample*
Alternative schemes: User fees and privatization

Figure 55 examines coverage of user fees across newspapers. Coverage of this theme has in the recent past been rather slight. The theme is far less prominent in the French papers than the previous themes, though the Chronicle-Herald shows relatively high levels of coverage. As for user fees, however, the past few years have seen less coverage of this issue than did the few years previous—evidenced by the long-term trends shown in Figure 56.

Based on full nine newspaper sample
Figure 56: User fee coverage, over time

Based on Toronto Star and Globe and Mail data only.

Figure 57 shows much higher levels of attention to privatization (including mentions of “public-private” partnerships). Again, we see an eastward tilt in terms of volume of coverage—the Francophone newspapers, the Chronicle Herald, and in this case the Globe and Mail and then the Toronto Star, devote more attention to privatization issues than do the western papers. Even here, though, it is clear that the last few years have seen less coverage than in the few years previous. Figure 58 shows the long-term trend, with the peak in coverage around 2002 and a steady decline in coverage since 2005.

Figure 57: Privatization coverage, by newspaper

Based on full nine newspaper sample.

La Presse: 381 articles
Le Devoir: 631 articles
Montreal Gazette: 46 articles
Toronto Star: 165 articles
Vancouver Sun: 83 articles
Winnipeg Free Press: 32 articles

Other newspapers:
Calgary Herald: 40 articles
Halifax Chronicle-Herald: 276 articles
Globe and Mail: 250 articles
La Presse: 381 articles
Le Devoir: 631 articles
Montreal Gazette: 46 articles
Toronto Star: 165 articles
Vancouver Sun: 83 articles
Winnipeg Free Press: 32 articles

# articles
There is clearly a trend running through Figures 51 through 58. The issues on which the healthcare system has been more criticized, wait lists and doctor shortages, as well as the major issues where alternative approaches to funding healthcare provision are concerned, user fees and privatization, have received more coverage in the east. This is true looking at the raw frequencies in the last eight figures; it is true when we consider the number of articles as a proportion of all healthcare articles in each newspaper as well. That there is a connection between concerns about the current system and proposals for alternative approaches makes good sense, of course. The last report on the state of public opinion made the case that the connection was evident in public opinion as well—that is, those most concerned about the current system were most likely to consider the alternatives.

Figure 59 makes very clear this connection in media content. The figure shows a scatterplot, where each newspaper is plotted based on its coverage of wait lists, and privatization (each as a proportion of all healthcare coverage). Clearly, the two increase together. And the regional difference is especially clear in this figure, with eastern newspapers towards the more critical (top right) corner of the distribution, and western newspapers towards the less critical (lower left) corner, and Ontario and Prairie papers in between. (The one exception to this rule is the *Montreal Gazette*, which has throughout the analysis been markedly less critical than its Francophone Quebec counterparts.)
The “crisis” frame in healthcare coverage

Figures 60 through 62 take a somewhat broader look at concerns about healthcare in Canadian media content. Past work by Maioni and Martin, and then by Soroka and Maioni, suggests that use of the word “crisis” (or “crise” in French) in healthcare articles can be quite telling. The argument is that a “crisis” frame in media content became much more apparent around the time of the Romanow Commission and that this crisis frame was critical to the shift in public perceptions about the state of the healthcare system. The word “crisis” is actually used relatively infrequently in healthcare coverage, so capturing that word alone can reveal some interesting trends. Figure 60 begins by looking at use of the word across newspapers. To ensure reliability, it does so in four different ways. The top panel shows the number of articles in which the word crisis is used, across newspapers. The bottom left panel shows these articles as a proportion of all coverage, by newspaper. The relatively high number of Globe and Mail articles using the word crisis is partly due to the volume of coverage in that newspaper overall; this is corrected somewhat when we look at proportions. But it is still clear that eastern papers are more critical (or sensationalist, we cannot tell) than those in the west.
Figures in the right column examine trends in a subset of “crisis”-framed articles—those articles that mention the word “crisis,” alongside the “healthcare system” (using variations of the latter term, of course). These are the articles that most clearly speak about a crisis in the state of healthcare; and here, regional trends are even more apparent.

Figures 61 and 62 show use of the word “crisis” over time, first over an extended period using the Star and the Globe, and then more recently using the nine-newspaper sample. Again, the peak in coverage precedes the most recent sampling period, but it is notable that 2008 and 2009 show a slight increase in the use of the crisis frame (due in part to coverage of the H1N1 flu).
Figure 61: “Crisis,” over time

Based on Toronto Star and Globe and Mail data only

Figure 62: “Crisis,” over time

Based on full nine-newspaper sample
MEDIA COVERAGE AND PUBLIC OPINION ON HEALTHCARE

Do these trends in media content matter to public opinion? The two are certainly connected. Whether media clearly drive public opinion is not clear, of course. Past work has suggested that we might view media in two ways.

Whether media leads or follows public opinion is of course in many cases not clear; it is likely that at any given time it does a bit of both. Media content can be regarded in two often empirically inseparable ways: (1) it can reflect the issues, themes and actors that are currently prominent in public debate, and (2) it can be a potential driver of public opinion and policy. In the former case, mass media act simply as a mirror. Media content in this view is a useful summary indication of the more general public sphere. In the latter case, mass media are not mirroring but affecting. Media content differs from what citizens or politicians currently think, and has the potential to affect these actors’ attitudes.  

It follows that a connection between media content and public opinion might not be causal; it might just be that journalists do a good job of capturing public sentiment at the time. That said, there are good reasons to believe that media are, in fact, driving opinion. The crux of the argument, which draws considerably on Soroka and Maioni, is as follows: attitudes about the healthcare system in general are necessarily affected by factors other than one’s own personal experience. A question about someone’s own interactions with their doctor solicits an answer based on personal experience. A question about the system in general solicits an answer based on quite a different set of considerations, almost necessarily not based solely on personal experience. To be clear: for most people (except perhaps those working in healthcare), attitudes about the state of the healthcare system almost invariably must rely, in part if not wholly, on media content.

The critical distinction in the political communications literature is between what Zucker calls “obtrusive” and “unobtrusive” issues. In short, the more directly a person experiences an issue, the less open they are to media influence on that issue. For issues that we do not experience directly, media are likely to play a more prominent role.

Work on “impersonal influence” is similarly valuable here, focusing on the ways in which individuals’ attitudes can be affected by their perceptions of the beliefs or experiences of others – not just friends, but others they do not know directly. The concern that people may adjust their own opinions based on information they receive about the opinions of unknown “others” has a long lineage. Recent work in the field focuses on the potential for mass media to increase the likelihood of this kind of “impersonal influence,” particularly through the reporting of opinion polls. Media may report on public opinion polls, and individuals may use the results to help form their own opinions. This is exactly the kind of effect that commentators are concerned about when they discuss a “bandwagon effect” in the context of election campaigns. The dynamic is by no means exclusive to either the campaign context or poll reporting, however. Mutz finds, for instance, that media coverage both affects and primes individuals’ collective perceptions of—rather than personal concerns about—the economy.

There are, in short, a good number of issues for which we can (and almost certainly do) have both sociotropic (society-level) and egotropic (personal) perspectives. The healthcare system may be a classic example. We can have views of the healthcare system generally and of our own personal experience with that system. And existing work on issue “obtrusiveness” and “impersonal influence” suggests that media may well affect our view of the system, largely independent of our own personal experience.
Is there, then, a connection between media content and the trends in public opinion explored above? Consider the shift in public attentiveness to doctor shortages or wait times shown in Figure 12. In 2000, 5% of respondents cited doctor shortages and 7% cited wait times; by 2007, the figures had grown to 19% and 20% respectively, following sustained media coverage of both issues (see Figures 52 and 54). Consider also the slight improvement in overall impressions of the healthcare system, captured in Figures 1 through 5, alongside downward trends in coverage of the major critiques (doctor shortages and wait lists) and alternatives (user fees and privatization). The trends are not perfectly in line across the board, of course. Nor are they exclusively media-driven: regional variation in both opinion and media content on, for instance, a lack of family doctors may well be driven by an actual lack of family doctors. But the connection between media content and public opinion is overall rather striking. It follows that media content is a useful, and likely critical, component of a comprehensive assessment of the state of the Canadian healthcare system.

CONCLUSIONS AND FURTHER RESEARCH

Trends in public opinion over the past four years have largely continued the trends evident in 2006. There has been a slight improvement in overall assessments of the healthcare system, accompanied by continued concerns about the sustainability of the current system. This relative stasis in Canadian perceptions of healthcare is in all likelihood at least in part a product of somewhat decreased attentiveness to the major criticisms of and alternatives to the current system in Canadian media. Media content may well reflect public sentiment; it may drive it. Either way, the two quite clearly reflect similar trends.

The connection between media content and public opinion may be particularly useful moving forward, as public opinion polling on healthcare issues has decreased dramatically. Whether media content can in some cases serve as proxy for opinion data remains to be seen; certainly, we are better off examining the two in tandem. There is, however, a decreasing volume of polling on healthcare in Canada. This is certainly not a product of the decreasing importance of healthcare to policy-makers or the public, but rather of a change in federal government spending on opinion polls. Following Daniel Paille’s 2007 Independent Advisor’s Report to the Minister of Public Works and Government Services, the federal government scaled back considerably its commitment to public opinion research. Figure 63 shows, for instance, the number of polling projects conducted annually by Health Canada since the 2001–02 fiscal year. The drop following the 2007 report is striking, and the impact on the volume of polling available for reports such as this has been striking as well. The impact has been augmented by the federal government’s decision to also withdraw from syndicated polling studies, on which reports such as this have been particularly reliant. The consequence is that we may well know less and less about how Canadians feel about the healthcare system over time. Even now, as this report demonstrates, 2007 is the last year for which a really comprehensive body of opinion data is available. On the issue of privatization in particular, we really only have a vague sense for what Canadians have been thinking since 2008.
Where further research is concerned, then, there is an obvious need for more public opinion research on the many issues surveyed above. Healthcare remains a central policy issue in Canada; Canadians’ attitudes are clearly a valuable indication of policy successes, failures and priorities. The growing lack of polling data on healthcare is a critical issue. Media content is much easier to come by; it also provides a useful snapshot of attention to, and framing of, healthcare policy issues over time and across regions. But we have only just begun to work with media data here; clearly, much more work can be done to better understand the structure of healthcare reporting in Canada.

For the time being, this report has pulled together the opinion data that do exist, and presented them alongside trends in media content. We have a reasonable sense of the state of opinion on a number of healthcare policy issues at this time and of the basic structure of media content. This information, we hope, will be useful for policy-makers as they consider next steps in both policy-making and research planning relevant to the Canadian healthcare system.
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BIBLIOGRAPHY


