

CANADIANS ON HEALTHCARE

Canadians Offer Their Opinions On The Nursing Shortage, Pharmacare, And Healthcare Policy Formulation



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Toronto, ON – A new Ipsos-Reid survey conducted on behalf of the Canadian Federation of Nurses Unions finds that a majority of Canadians agree with each of six possible things which could help solve issues of waiting times and nursing shortages in Canada's Healthcare system.

Specifically, for *waiting times*:

- 93% agree with hiring more nurses to reduce waiting times.

And, for *recruiting and retaining nurses*:

- 91% agree with providing Government programs for the most experienced nurses to mentor new nurses,
- 88% agree with making grants and loans more available to all nursing students who demonstrate the financial need,
- 84% agree with providing incentives for staying on the job to the most experienced nurses,
- 80% agree with providing Government programs to allow nurses to phase-in their retirement, and

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- 50% agree with eliminating tuition for nursing school, with governments paying the amount.

In addition, when asked whether or not they support or oppose six possible ways that the government could pay for programs which could address the current nursing shortage in Canada, large majorities would support two and half would support another two.

Large majorities say they would support “using any available surplus revenues” (73%) and “raising taxes on the top 10% of income earners” (67%); and half indicate that they support the possibility of “eliminating tax cuts for major corporations” (52%) and “temporarily reducing Canada’s payment on the debt” (49%).

One-third (34%) say they would support “diverting government revenue from programs such as higher education, defense, and child care,” and two in ten (22%) would support “raising taxes on all income earners.”

When it comes to possible things that could help solve issues of *pharmaceuticals and Pharmacare* in Canada’s Healthcare system, majorities agree with each of the three possibilities measured:

- 80% agree with centralizing prescription drug purchasing nationally if it would save taxpayers,
- 71% agree with developing a Canada-wide government financed Pharmacare program, and



- 62% agree with increasing personal taxes by about fifty dollars a year to eliminate for everyone up-front costs for prescription drugs and to provide prescription drug coverage to everyone.

Finally, Canadians were asked which of a list of nine groups they think policy-makers should give top priority to in making health care policy – “organizations representing nurses” (39%), “organizations representing doctors” (38%), and “Provincial Ministers of Health” (37%) top the list.

These are the findings of an Ipsos-Reid/Canadian Federation of Nurses Unions poll conducted from May 17th to May 19th, 2005. For the survey, a representative randomly selected sample of 1001 adult Canadians was interviewed by telephone. With a sample of this size, the results are considered accurate to within ± 3.1 percentage points, 19 times out of 20, of what they would have been had the entire adult Canadian population been polled. The margin of error will be larger within regions and for other sub-groupings of the survey population. These data were weighted to ensure the sample's regional and age/sex composition reflects that of the actual Canadian population according to the 2001 Census data.



A Majority Of Canadians Agree With Possibilities That Could Help Solve Issues In Canada's Healthcare System

Respondents were read the following statement: "As you may know, there has been a lot of debate about Canada's Healthcare system over the last many years to solve such issues as waiting times for surgery and other services, physician and nursing shortages, Pharmacare, and infrastructure upgrades for patient care" and asked whether or not they agree with each of nine things which could help in addressing some of these issues.

Nine in ten (93%) agree (66% "strongly" and 27% "somewhat") with "hiring more nurses to reduce waiting times to receive medical or surgical attention." Just 6% disagree (2% "strongly" and 4% "somewhat") and 1% doesn't know.

- There are no significant regional or demographic trends with respect to this question.

Nine in ten (91%) agree (53% "strongly" and 38% "somewhat") with "providing Government programs for the most experienced nurses to mentor new, younger nurses." Just 8% disagree (2% "strongly" and 6% "somewhat") and 1% doesn't know.

- There are no significant regional or demographic trends with respect to this question.

Nine in ten (88%) agree (58% "strongly" and 29% "somewhat") with "making grants and loans more available to all nursing students who demonstrate the financial need in order to get more nurses in the system." One in ten (12%) disagrees (5% "strongly" and 7% "somewhat") and 1% doesn't know.

- There are no significant regional or demographic trends with respect to this question.



More than eight in ten (84%) agree (48% “strongly” and 36% “somewhat”) with “providing incentives for staying on the job to the most experienced nurses to help reduce the nursing shortage.” One in six (16%) disagrees (4% “strongly” and 11% “somewhat”) and 1% doesn’t know.

- Residents of Saskatchewan/Manitoba (88%) are most likely to agree with “providing incentives for staying on the job to the most experienced nurses to help reduce the nursing shortage,” closely followed by residents of Quebec (86%), Ontario (85%), Atlantic Canada (85%), Alberta (81%), and finally British Columbia (75%).
- Canadians with *less than* a university education are more likely than those with more to agree with “providing incentives for staying on the job to the most experienced nurses to help reduce the nursing shortage” (87% vs. 77%).
- Canadians with an annual household income of *less than* \$60,000 are more likely than those with more to agree with “providing incentives for staying on the job to the most experienced nurses to help reduce the nursing shortage” (87% vs. 79%).

Eight in ten (80%) agree (27% “strongly” and 52% “somewhat”) with “providing Government programs to allow nurses to phase-in their retirement over a number of years.” Two in ten (18%) disagree (5% “strongly” and 13% “somewhat”) and 2% doesn’t know.

- There are no significant regional or demographic trends with respect to this question.

Half (50%) agrees (20% “strongly” and 30% “somewhat”) with “eliminating tuition for nursing school, with governments paying the amount through taxpayers’ money or surplus revenues, until the nursing shortage is brought under control,” while the other half (49%)



disagrees (21% “strongly” and 28% “somewhat”) with the statement. The remaining 1% doesn’t know.

- Canadians 55 years of age or older are more likely than those 18-54 years of age to agree with “eliminating tuition for nursing school, with governments paying the amount through taxpayers’ money or surplus revenues, until the nursing shortage is brought under control” (57% vs. 47%).
- Canadians with *less than* a university education are more likely than those with more to agree with “eliminating tuition for nursing school, with governments paying the amount through taxpayers’ money or surplus revenues, until the nursing shortage is brought under control” (57% vs. 37%).
- The propensity to agree with “eliminating tuition for nursing school, with governments paying the amount through taxpayers’ money or surplus revenues, until the nursing shortage is brought under control” *decreases* with level of annual household income: 70% of Canadians with an annual household income of less than \$30,000 agree, 51% of those with an annual household income of \$30,000-\$59,999 agree, and 41% of those with an annual household income of greater than \$60,000 agree.



Eight in ten (80%) agree (43% “strongly” and 37% “somewhat”) with “centralizing prescription drug purchasing nationally if it can be shown that it would save taxpayers’ money.” One in six (17%) disagrees (9% “strongly” and 8% “somewhat”) and 3% doesn’t know.

- Canadians with *less than* a university education are more likely than those with more to agree with “centralizing prescription drug purchasing nationally if it can be shown that it would save taxpayers’ money” (84% vs. 71%).

Seven in ten (71%) agree (38% “strongly” and 34% “somewhat”) with “developing a Canada-wide government financed Pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge.” Three in ten (28%) disagree (11% “strongly” and 17% “somewhat”) and 1% doesn’t know.

- Atlantic Canadians (82%) are most likely to agree with “developing a Canada-wide government financed Pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge,” closely followed by residents of Saskatchewan/Manitoba (78%), Ontario (73%), Alberta (72%), British Columbia (70%), and finally Quebec (64%).
- Canadians 18-54 years of age are more likely than their elders to agree with “developing a Canada-wide government financed Pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge” (75% vs. 63%).



- Women are more likely than men to agree with “developing a Canada-wide government financed Pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge” (74% vs. 68%).
- Canadians with *less than* a university education are more likely than those with more to agree with “developing a Canada-wide government financed Pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge” (75% vs. 64%).
- The propensity to agree with “developing a Canada-wide government financed Pharmacare program that would provide to Canadians most doctor-prescribed drugs without charge” *decreases* with level of annual household income: 86% of Canadians with an annual household income of less than \$30,000 agree, 75% of those with an annual household income of \$30,000-\$59,999 agree, and 64% of those with an annual household income of greater than \$60,000 agree.

Six in ten (62%) agree (31% “strongly” and 32% “somewhat”) with “increasing personal taxes by about fifty dollars a year to eliminate for everyone up-front costs for prescription drugs such as co-pays and deductibles; and to provide prescription drug coverage to everyone not now covered.” Four in ten (37%) disagree (21% “strongly” and 16% “somewhat”) and 1% doesn’t know.

- There are no significant regional or demographic trends with respect to this question.



And, What About The Nursing Shortage In Canada?

Respondents were informed that there is currently a nursing shortage in Canada and asked whether or not they support or oppose a list of six possible ways that the government could pay for the programs.

Three-quarters (73%) say they would support (31% “strongly” and 42% “somewhat”) “using any available surplus revenues.” In contrast one-quarter (24%) say they would oppose (8% “strongly” and 16% “somewhat”) it. Another 3% is unsure.

- Women are more likely than men to support “using any available surplus revenues” (79% vs. 67%).

Two-thirds (67%) say they would support (38% “strongly” and 29% “somewhat”) “raising taxes on the top 10% of income earners.” The other third (32%) say they would oppose (20% “strongly” and 13% “somewhat”) it.

- Residents of Atlantic Canada (77%) and Saskatchewan/Manitoba (76%) are most likely to support “raising taxes on the top 10% of income earners,” closely followed by residents of, Quebec (72%), Ontario (65%), Alberta (64%), and finally British Columbia (58%).
- Canadians with an annual household income of *less than* \$60,000 are more likely than those with more to support “raising taxes on the top 10% of income earners” (76% vs. 59%).



Half (52%) say they would support (30% “strongly” and 22% “somewhat”) “eliminating tax cuts for major corporations,” while the other half (47%) would oppose (28% “strongly” and 19% “somewhat”) it. The remaining 1% is unsure.

- Residents of Alberta (60%), Quebec (57%), and Atlantic Canada (57%) are most likely to support “eliminating tax cuts for major corporations,” followed by residents of Ontario (50%), British Columbia (44%) and Saskatchewan/Manitoba (42%).
- Canadians 18-54 years of age are more likely than those who are older to support “eliminating tax cuts for major corporations” (55% vs. 46%).

Half (49%) indicate that they support (15% “strongly” and 34% “somewhat”) the possibility of “temporarily reducing Canada’s payment on the debt,” while the other half (49%) would oppose (24% “strongly” and 25% “somewhat”) it. The remaining 2% is unsure.

- Residents of Quebec (55%) are most likely to support “temporarily reducing Canada’s payment on the debt,” followed by residents of Alberta (50%), Atlantic Canada (49%), Saskatchewan/Manitoba (47%), Ontario (47%), and finally British Columbia (43%).
- Women are more likely than men to support “temporarily reducing Canada’s payment on the debt” (56% vs. 42%).
- Canadians with an annual household income of *less than* \$60,000 are more likely than those with more to support “temporarily reducing Canada’s payment on the debt” (58% vs. 42%).

One-third (34%) say they would support (11% “strongly” and 22% “somewhat”) “diverting government revenue from programs such as higher education, defense, child care, and so

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on.” In comparison, two-thirds (65%) would oppose (38% “strongly” and 28% “somewhat”) it. The remaining 1% is unsure.

- Residents of Quebec (53%) are more likely than others to support “diverting government revenue from programs such as higher education, defense, child care, and so on:” British Columbia (21%), Alberta (26%), Saskatchewan/Manitoba (25%), Ontario (31%), and Atlantic Canada (19%).
- Canadians with an annual household income of *less than* \$60,000 are more likely than those with more to support diverting government revenue from programs such as higher education, defense, child care, and so on” (40% vs. 27%).

Two in ten (22%) indicate that they would support (4% “strongly” and 18% “somewhat”) “raising taxes on all income earners.” In contrast, eight in ten (78%) would oppose (52% “strongly” and 26% “somewhat”) it.

- There are no significant regional or demographic trends with respect to this question.

Who Do Canadians Think Policy-Makers Should Give Top Priority To In Making Health Care Policy?

Respondents were asked which *one* of nine groups policy-makers should give top priority to in making health care policy and were then asked which should be second most important. Looking at the combined results, “organizations representing nurses” (39%), “organizations representing doctors” (38%), and “Provincial Ministers of Health” (37%) top the list. Following these groups are “academics studying healthcare” (27%) and “Federal Ministers of



Health” (23%). Fewer Canadians believe that “financial investors in healthcare” (8%), “labour organizations” (7%), “the pharmaceutical industry” (5%), and/or “the media” (3%) should be the group policy-makers should give top-priority to in making health care policy. Another 4% say none of the nine groups and 4% don’t know.

- The propensity to say “academics studying healthcare” should be the group policy-makers should give top-priority to in making health care policy *decreases* with age: 36% of Canadians 18-34 years of age think so, 28% of Canadians 35-54 years of age think so, and 17% of Canadians 55 or older think so.
- Women are more likely than men to think “organizations representing doctors” should be the group policy-makers should give top-priority to in making health care policy (42% vs. 35%), while men are more likely than women to say “Provincial Ministers of Health” (41% vs. 32%) and/or “Federal Ministers of Health” (26% vs. 20%).

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