

UNIVERSITY OF CALGARY

An Exploration of the Factors Influencing Public Perceptions
of Accessibility to Health Care Services

by

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A THESIS

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ABSTRACT

PURPOSE: To explore factors influencing perceptions of access to health care.

METHODS: A cross-sectional telephone survey.

RESULTS: 83% of Albertans believe there are problems accessing health care. 46% have personally experienced problems as a client and 40% have cared for someone who has had problems with access. Television is the main source of information about health care for the majority (63%). Exposure to messages, especially high frequency from family/friends and health care professionals and low frequency from government institutions, best explain the variance in perceptions of poor access. Direct experience as a patient least explains the variance. Young age has the greatest net independent effect.

CONCLUSION: To improve perceptions about health care, improvements in perceptions of access through strategies targeting younger cohorts and health care professionals, influencing the content of information from friends and family and increasing exposure to information from government, as well as expanding supplemental insurance coverage and waiting lists is important.

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"No belief is like modesty and patience, no attainment is like humility, no honour is like knowledge, no power is like forbearance, and no support is more reliable than consultation." -- Imam Ali Ibn Abi Talib (600-661)

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Last in this section of acknowledgements, but primary in the debt of gratitude I owe, is my family—those who are related to me by blood, and those who are close to me

in spirit. When I first encountered the quotation that began this section, I thought of my parents--they have been my mentors, my teachers, my advisors, and my role models. I am grateful for my brothers Shafique and Hakique, my new sister Farzana, and to Lily Gupta and Ingrid Bryan—kindred spirits who have celebrated with me in prosperity and lifted me up in adversity. And finally, I'd like to express my appreciation to the “real deal” Jamil Ismail for his prophetic wisdom when I was in a bind, his quick wit when I needed a laugh, and his empathetic ear whenever I needed to talk. He and his family have been my cheerleaders as I meandered through the last leg of the race to finish this thesis. Good friends are hard to find, and even harder to forget. I am truly blessed.

Albert Einstein once said, “Many times a day I realize how much my own inner and outer life is built upon the labours of my fellow man...and how earnestly I must exert myself in order to give in return as much as I have received.” I hope that I can give back even a fraction of all that I have been so lucky to receive.

DEDICATION

Many things have changed over the course of this study—in the external environment, and within my own. Anthony Brandt has said, “Other things may change us, but we start and end with family.” Since I began this research, I have lost loved ones, and gained loved ones. I dedicate this thesis to my family...to those I have lost, to those I have gained, and to those who have always been there--from my introduction through to the conclusion.

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EPIGRAPH

In the modern world the intelligence of public opinion is the one
indispensable condition for social progress.

Charles W. Eliot (1834 - 1926)
President of Harvard University

CHAPTER 1

INTRODUCTION

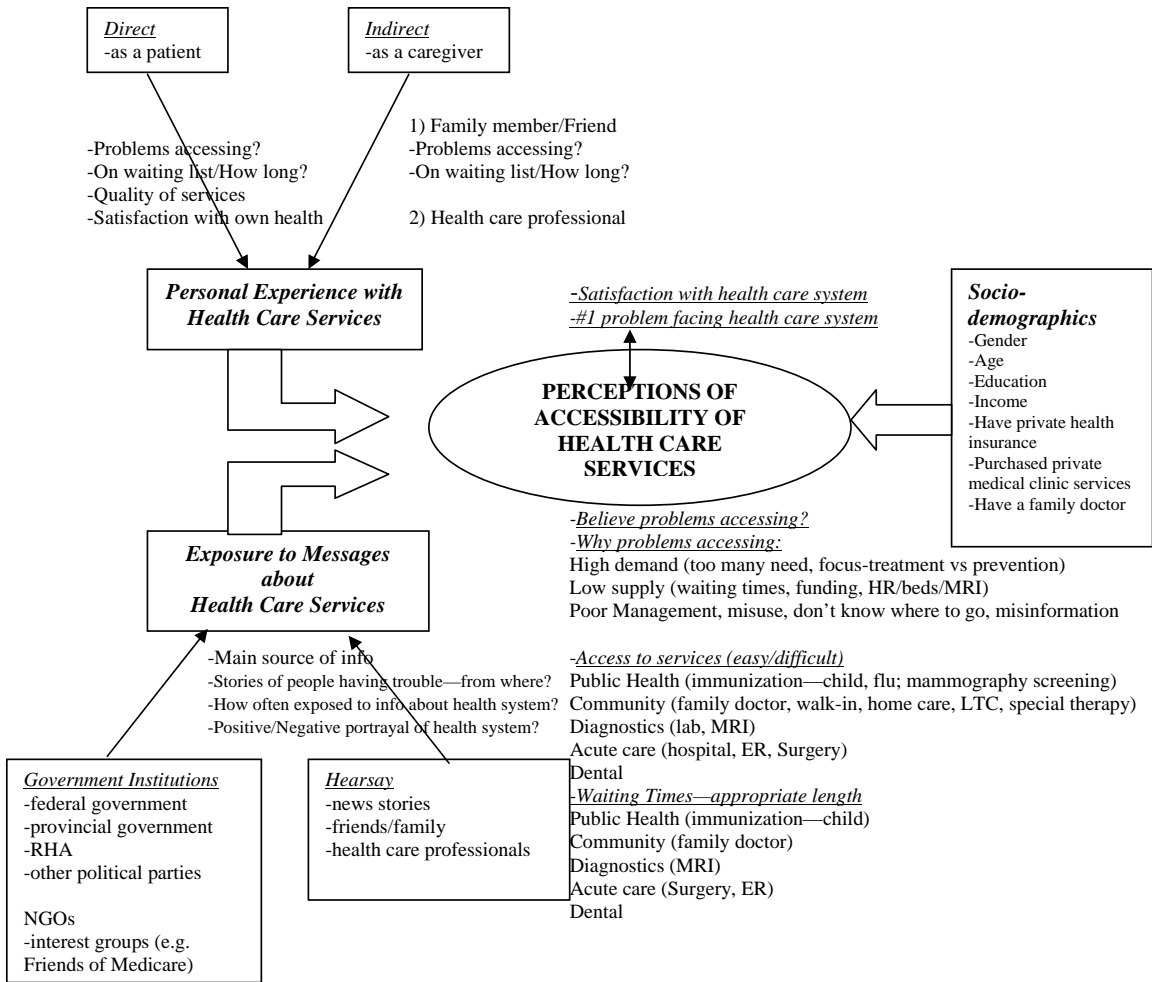
I. Rationale

Health care has become a dominant issue in Alberta, in Canada and around the world. Much of the discussion and research on this issue has focused on public opinion about the health care system.¹ Indeed, knowledge of public views and attitudes is vital for the development of policy,² and for successful policy implementation. However, little evidence exists on what factors influence attitudes toward the health care system.

Although there are inherent limitations to public opinion research, the synthesis of survey results has found many consistent patterns. While Canadians, in general, lack confidence in the health care system, those who use the system report high levels of satisfaction.¹ The reasons for this discrepancy are unclear.² Some claim that anecdotal reports and misrepresentation of issues in the media, and by health care professionals, are to blame for the lack of public confidence.^{3,4,5} Results from some studies suggest that the media does play an important role in shaping perceptions of the health care system,⁶ especially when personal experience with the system is lacking.^{7,8} Others have demonstrated a lack of public knowledge about the health care system, and claim institutions have failed to provide unbiased information to the public, thereby disabling meaningful debate.⁹

In order to understand the reasons for the decrease in public confidence in the health care system, an investigation of the influences on perceptions toward access to health care is important. Canadians have repeatedly cited access to health care as their primary concern¹ and improving access has been at the forefront of the health care

agenda. In fact, a study conducted in Alberta by the author and colleagues found that the decrease in confidence with the health care system is best explained by concerns about access to medical services.¹⁰ Perceptions of access to health care are therefore appropriate to consider. Studies on the relationship between various socio-demographic factors and perceptions of access to health care have been conducted^{11,12} and therefore these factors will also be considered in this study. Previous studies on public attitudes toward health care by the investigator and others have been conducted in Alberta, which has been at the forefront of the health care debate. Therefore, this study will be conducted in Alberta. The framework for the study is as follows:



II. Research Purpose

The purpose of this study is to explore possible influences on Albertans' perceptions of accessibility of health care services in Alberta. In particular, it aims to examine what perceptions of access to health care services are, and how these perceptions are affected by personal experience with health care services (either directly--as a patient, or indirectly—as a caregiver), exposure to messages about health care (from government institutions and non-governmental organizations, news stories, health care professionals, and friends or family) and socio-demographic factors (gender, age, education, income, having private or supplemental health insurance, having purchased private medical clinic services, and having a family doctor). In doing so, this study will help fill the gap that exists in the literature about what shapes public opinion about the health care system.

III. Research Questions

A. What are Albertans' perceptions about accessibility to health care services in Alberta?

1. *Do* Albertans think there are problems accessing health care services in Alberta?
2. *Why* do Albertans believe there are problems accessing health care services in Alberta? (If they do, in fact, believe there are problems, as asked in Question 1)
 - a) There is high demand for health care services (i.e., too many people need services, the focus is on treatment instead of prevention)
 - b) There is a low supply of health care services (i.e., waiting times are too long; funding is inadequate; inadequate human resources, beds, MRI)
 - c) There is poor management of health care services, misuse, misinformation
3. *How* do Albertans perceive accessibility of health care services in Alberta?
 - a) How do Albertans perceive accessibility of public health services (e.g., immunization, mammography screening) in Alberta?
 - b) How do Albertans perceive accessibility of community/primary care (e.g., family doctor, walk-in clinics, home care, long term care, special therapy) in Alberta?
 - c) How do Albertans perceive accessibility of diagnostic services (e.g., MRI, blood tests) in Alberta?
 - d) How do Albertans perceive accessibility of acute/tertiary care (e.g., hospital, emergency room, surgery) in Alberta?
 - e) How do Albertans perceive accessibility of dental services in Alberta?
4. What do Albertans think is the *appropriate waiting time* for health care services:

- a) Public health services (e.g., childhood immunization)
 - b) Community services (e.g., family doctor)
 - c) Diagnostic services (e.g., MRI)
 - d) Acute care services (e.g., surgery, Emergency room)
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- C. How does *exposure to messages about health care services* affect Albertans' perceptions of accessibility to health care services in Alberta?**
- 1. How does exposure to messages from government institutions and non-governmental organizations affect perceptions of accessibility to health care services in Alberta?
 - 2. How does exposure to messages from news stories, friends and family, and health care professionals affect perceptions of accessibility to health care services in Alberta?
- D. How do *socio-demographic factors* affect Albertans' perceptions of accessibility to health care services in Alberta?**
- a) How does gender affect perceptions of accessibility to health care services in Alberta?
 - b) How does age affect perceptions of accessibility to health care services in Alberta?
 - c) How does education level affect perceptions of accessibility to health care services in Alberta?
 - d) How does income level affect perceptions of accessibility to health care services in Alberta?
 - e) How does having private health insurance affect perceptions of accessibility to health care services in Alberta?
 - f) How does having purchased private medical clinic services affect perceptions of accessibility to health care services in Alberta?
 - g) How does having a family doctor affect perceptions of accessibility to health care services in Alberta?
- E. Does personal experience, exposure to messages, or socio-demographic factors have the most powerful net independent effect on Albertans' perceptions of accessibility of health services in Alberta?**

CHAPTER 2

BACKGROUND

I. Health Care Restructuring

Over the past few decades, health care systems worldwide have been facing challenges from changes in the economic, political and social environments. Health care expenditures have been increasing, and economic resources can no longer keep pace.¹³ The problem is especially acute for Canada, which ranks ninth among Organization for Economic Co-operation and Development (OECD) countries in terms of health care expenditures per capita and as a share of Gross Domestic Product (GDP).¹⁴ In 2005, Canada spent an estimated \$142 billion (\$4,411 per capita) on health care—almost three times what was spent in 1975. Between 1985 and 2005, total per capita health spending in all provinces and territories rose by at least fifty percent, and was the highest in Alberta at \$4820 (in 2005).¹⁵ (Of course, Alberta has the highest GDP relative to the size of its population, and health care expenditures as a percentage of its GDP (4.6%) were lower than the national average (6.6%) in 2006-07).¹⁶ Health care costs account for about ten percent of Canada's economy and one-third of provincial budgets. Over the past few years, most governments have therefore re-examined their public policy and placed health care sustainability on their political agenda.¹⁷

Nowhere in Canada has health care restructuring been more evident than in Alberta.¹⁸ In 1993, health care funding in Alberta was cut by 500 million dollars, and the system was restructured in many ways, including hospital closures, regionalization, and the introduction of the controversial 'Health Care Protection Act' permitting selected surgical services to be contracted out to private health facilities.¹⁹ In 2006, Alberta's

Health Policy Framework proposed a “third way” to deliver health care, where patients would be able to circumvent the public system and purchase privately offered surgeries.²⁰ However, widespread public concern about the health care system led to large increases in public funding for Medicare.¹ After a period of fiscal restraint, public outcries led to reinvestment in health care with exponential growth in health expenditures in Alberta and the rest of Canada. Prior to 1997, Alberta’s health expenditures as a proportion of the total provincial budget were consistently below the national average. Since 2001, however, this proportion has been consistently higher than the national average, and reached 36.5% in 2006-07.¹⁶ This may reflect the significance of public opinion on decisions concerning the health care system. It is therefore imperative to understand the influences on public attitudes toward health care. This would, in turn, enhance our understanding of what shapes expectations of health care, and may help with the management of these expectations.

II. Access to Health Care

a) The importance of access to health care

The importance of access to health care services has been highlighted in legislation, public opinion polls, and reports from both public and private institutions, especially over the past few years. As a result, access to care has been at the forefront of recent health care initiatives.

As one of the five principles of the Canada Health Act, access to quality health care is cited as critical to the health and well being of Canadians.²¹ In 2003, the *First Ministers’ Accord on Health Care Renewal* reaffirmed that it is essential for all Canadians to have “timely access to health services...regardless of where they live or

move in Canada.”²² The importance of access was again emphasized in the Supreme Court of Canada decision in June 2006, where four of seven judges conceded that the Quebec prohibition against any form of private insurance for procedures covered by public health care was invalid when applied to those waiting times not inherent in the public system. They agreed with Quebec physician Jacques Chaoulli that his patient’s year-long wait for hip replacement surgery violated the patient’s right to life, liberty and security under Quebec’s Charter of Rights.²³

Monumental reports on health care, such as the Romanow and Kirby Reports, confirm that the primary concern Canadians have about health care is long waiting times, as evidenced by repeated public opinion polls.^{24,25} The Romanow report states that “long waiting times are the main, and in many cases, the only reason Canadians say they would be willing to pay for treatments outside of the public health care system.”²⁶ Likewise, the Kirby report notes that “repeated public opinion polls, increasingly, have shown that the greatest concern Canadians have about the existing publicly funded health care system is the perceived length of waiting times for diagnostic services, hospital care and access to services.” The report concludes that unless this issue is resolved to the public’s satisfaction, timely access to health services will be a driver of system change (Chapter 5).²⁷

Certainly, timely access to health services has driven national and provincial health care agendas over the past few years. The 2003 *First Ministers’ Accord on Health Care Renewal*²⁸ and the 2004 *First Minister’s 10-year Action Plan to Strengthen Health Care*²⁹ reflected Canadians’ concerns about access to health care. In fact, \$5.5 billion of the \$41.3 billion in additional federal funding for improvements to the health care system

was dedicated to initiatives related to waiting times. Dr. Brian Postl was appointed as *Federal Advisor on Wait Times* in July 2005 with a mandate to ensure “meaningful reductions in waiting times”.³⁰ In December 2005, Health Ministers across Canada agreed to waiting time benchmarks in five priority areas (hip and knee replacement, cardiac surgery, cancer care, diagnostic imaging, and cataract surgery), achieving the first major commitment of the *10-Year Action Plan to Strengthen Health Care*. The Western Canada Waiting List Project (WCWLP)³¹ and Wait Time Alliance (WTA)³² have since independently released benchmark waiting times after panels of experts reviewed survey data from clinicians, patients and the general public as well as literature on the effect of waiting on patients and the success of the medical procedure. Provinces and territories were to achieve these benchmarks by December 2007.

Improved access to health care services is now entrenched in provincial agendas. In Alberta, improved access has become an explicit and prominent strategic goal in the business plan of the Ministry of Health and Wellness.³³ The Government of Alberta committed \$1.4 billion of its surplus in 2005 to additional beds and facilities to “take action on wait times”.³⁴ In March 2006, the provincial government announced the investment of \$54 million to support projects to improve access to health services, such as the *Alberta Hip and Knee Replacement Project*.³⁵ Recent health care initiatives across the country have highlighted the importance of access, and its high priority on the health care agenda.

b) *Measuring access to health care*

While there is consensus on the importance of access to health care, there is diversity in the measurement of access. Much of the discussion and research on access

has focused on waiting times, which has become the indicator of choice to measure the success of Canada's health care system.³⁶ However, there are limitations on the collection of data related to waiting times, and attempts to measure waiting times have had mixed results. For example, international comparisons by the OECD and the Fraser Institute reveal that waiting times in Canada are among the highest.^{37,38} While some provincial reports show no significant increase in waiting times for most surgical procedures,³⁹ the Fraser Institute reports longer waiting times in every province for almost all specialties.⁴⁰ Some of these differences may be related to inherent limitations to the methodologies in defining, measuring, collecting, analyzing and reporting on data related to waiting times. There are a variety of factors influencing waiting times related to the patient (e.g., type of care required, urgency of procedure, medical conditions), the caregiver (e.g., capacity, demand), as well as the system (e.g., appropriateness, poor maintenance of waiting lists). However, institutions may further influence the collection and interpretation of data to support their own ideological preconceptions or political needs.

Certainly, waiting lists in Canada have been described as “non-standardized, capriciously organized, and poorly monitored”.⁴¹ But recommendations from various commissions²⁶ to improve the management of waiting lists for the provision of accurate, useful and timely information have resulted in efforts to systematically document waiting times across the country.⁴² Of course, some still argue that the recent focus on waiting times for a narrow range of surgical services provided by a narrow range of health providers has obscured the vision of the broad range of factors that determine access to

appropriate services.⁴³ Despite the limitations in the measurement of access to health care, it has become the key indicator for the success of the health care system.

III. Public Opinion on the Health Care System

a) Satisfaction with Health Care

A review of numerous public opinion polls reveals that while Canadians had initially been quite pleased with the performance of the health care system, the overall rating of the system dropped significantly.¹ In fact, Blendon's cross-national studies of Canada, the United States and Britain between 1988 and 1998 showed the most dramatic change in respondents who said the health care system needed to be "completely rebuilt" occurred in Canada.⁴⁴ In 1999, the vast majority of Canadians (especially Albertans) cited health care as the most important issue leaders should address.⁴⁵ Surveys commissioned by Alberta Health and Wellness found that the proportion of Albertans who rated the health care system in Alberta as either 'good' or 'excellent' declined significantly from 64.8% in 1995 to 57.4% in 1999.¹² A survey conducted in 2006 found that nearly two-thirds of Albertans believe the health care system requires major changes if it's going to be sustainable.⁴⁶ Given the importance of health care to Canadians, it is essential to explain this decrease in confidence with the health care system.

b) Perceptions of Access to Health Care Services

Canadians are more likely than Americans, Australians, Britons, or New Zealanders to report long health care waits.⁴⁷ In an impatient era of instant messaging and fast food service, waiting for health care has become intolerable, and perceptions of waiting times has become the biggest political issue facing Medicare.

Public concern about deteriorating access to health care is growing.^{1,12,48,49} Consistent with the conclusions drawn from the 1999 Alberta Health Summit⁵⁰ and previous research by the investigator and colleagues,¹⁰ the Alberta Health Surveys reveal that perceived problems with ‘accessibility and availability of services’ best explains the lack of confidence with the health care system. Specifically, survey respondents criticized long waiting times, fewer health services, hospital closures, and fewer staff.¹² Recent province-wide surveys conducted by the Health Quality Council of Alberta (HQCA) have also revealed that while several factors are associated with Albertans’ overall satisfaction with health care services they have received, by far the most important factor is accessibility.⁵¹

Indeed, discussions of access to emergency room services, elective surgery, magnetic resonance imaging (MRI), hospitals, and health care workers (nurses and doctors) have been prominent throughout the health care debate.^{52,53} Of the sixty-seven percent of Albertans in the 2006 public opinion survey conducted by Leger Marketing who believed the health care system requires major changes, forty-one percent suggested improvements to waiting times and twenty-eight percent suggested more staff was needed.⁴⁶ It is therefore prudent to study the influences on perceptions of access to these health care services to understand the decrease in public confidence.

c) *Influences on Perceptions of the Health Care System*

The discrepancy between a diminishing level of public confidence in the health care system and high levels of satisfaction with care personally received has been well documented in the literature.^{1,2,54} However, there is a paucity of evidence to explain this difference. An investigation of what shapes perceptions of access to health care (an

important indicator of confidence in the system) has never been conducted. This investigation attempts to fill this gap in the literature by exploring the relationship of factors that have been suggested to influence perceptions of health care.

(i) Personal Experience and Exposure to Messages about the Health Care System

Studies have documented a difference in attitudes toward access to services between those with personal experience with services, and those without. Previous research by the investigator and others reveals that in Alberta, concerns about access to care, funding, and hospital closures are less important for those who recently received health care services.¹⁰ In fact, the HQCA's 2006 province-wide survey found that while accessibility ratings for those with and without actual experiences with the system are both poor, ratings by those with actual experiences are considerably higher (45% say access was easy) than ratings by those without (26% perceive access to be easy). Furthermore, the survey found differences in perceptions of access to emergency department services between those with direct experience as a patient versus indirect experience as a family member of a patient. Ratings of overall satisfaction and perceptions of access to emergency room services were significantly higher among those who accessed services for themselves only (59% satisfied and 56% easy access) compared to those who accompanied a family member (48% satisfied and 43% easy access).⁵¹

Similar findings exist in studies tracking public opinion after hospital bed closures. An investigation of attitudes toward closure of a long-term urban state hospital showed that patients were most supportive of the closing decision, followed by family members, the general public, and staff. Attitudes of the general public became more

favourable over time. The investigators explained this trend by the absence of negative media coverage after the closure occurred.⁵⁵ A similar explanation has been postulated in studies of hospital bed closures in Manitoba and Saskatchewan.^{56,57} Although investigations have revealed no decrease in access to hospitals, quality of care, or health status, public satisfaction with access to care decreased. Further study in Manitoba found that hospital patients had the most confidence about access and appropriate wait times. In addition, the drop in the level of satisfaction with hospital care coincided with negative media reports. The role of the media seemed to have a more important role in those with no personal experience with the health care system.⁷

Research on waiting lists and waiting times in Canada has found that reliable information on waiting lists and access to services is rare, and that the media reports on anecdotes and speculation rather than evidence.⁵⁸ Various other researchers also suggest that health care professionals who are demoralized and anxious about changes to their roles in health care, negatively influence public perceptions.^{4,5} However, the impact of exposure to messages from health care professionals or from friends and relatives have yet to be adequately explored.

The discrepancy between confidence in the health care system as a whole and satisfaction with care personally received has led researchers to suggest that governments must address problems in communication to help restore public confidence.¹ Government institutions are an essential source of information that citizens need to contribute to the discussion on the future of health care.⁹ The influence of the federal and provincial governments, and the Regional Health Authorities, on perceptions of access will therefore also be explored.

(ii) Socio-demographics

Cross-sectional studies in Alberta have shown that women, and those in the youngest and oldest age groups, have more negative perceptions of access to health care services. The gender difference may be explained by the fact that women use the health care system more than men,¹² and tend to become caregivers when family members are discharged early from hospitals. In addition, eighty percent of all Canadian health care workers are women who experienced a disproportionate number of layoffs and cutbacks during the restructuring.⁵⁹

Other studies have suggested that income and education are the primary factors affecting perceptions of access to health care services.⁶⁰ The influence of all of these socio-demographic factors on perceptions of accessibility, in addition to the effects of having private health insurance, having purchased private medical clinic services, and having a family doctor, will be explored in this study.

In his final report, the Federal Advisor on Wait Times noted that “the growing perception that long waiting times are pervasive and that little can or is being done to improve them is eroding Canadians’ confidence in the system’s future.” He recommended a comprehensive, multi-dimensional public education campaign on waiting times and system transformation initiatives “to restore confidence in the system’s ability to provide quality care in a timely manner.” Dr. Postl further noted the importance of taking into account socio-demographic differences in how and where Canadians receive information about the health care system, and that various stakeholders exert varying degrees of influence over public perceptions of waiting times. He

recommended partnerships for messaging with these various stakeholders, including the media—which “can undo any positive momentum that might have been achieved” with a single front-page headline or “special report” on the evening news.³⁰ This research study examines the influence of exposure to messages from various stakeholders to various socio-demographic groups on public perceptions of access to health care services.

CHAPTER 3

METHODOLOGY

I. Design Type, Rationale, and Ethics

A cross-sectional telephone survey design was used to meet the objectives of this study within the budget limitations. Telephone surveys are relatively fast and cheap. This survey design is more appropriate to understand perceptions of access than face-to-face interviews, where response bias may play a bigger role. Compared to mail surveys, telephone surveys generally have a higher response rate.⁶¹

The major disadvantage of telephone surveys has been the bias introduced by non-coverage of households without telephones. However, ninety percent of households in North America can now be reached by telephone, although for many, cell phones are the primary mode of telecommunication. Still, the homeless and those with unlisted numbers may be missed. In order to overcome the problem of unlisted telephone numbers, random digit dialing was used. However, this method may generate many non-working numbers.⁶² Nonetheless, most public opinion surveys are conducted by telephone, and this was the most appropriate design for this study.

Ethics approval was received through the Research Ethics Board prior to the commencement of the survey. Ethical principles of informed consent, confidentiality, beneficence, and non-maleficence were upheld throughout the survey. The questionnaire began with a script explaining the identity and affiliation of the investigator, purpose of the study, voluntary participation, amount of time the survey would take, guarantee of confidentiality and anonymity, alternatives to participation, and risks and benefits of

participation. The responders were given the opportunity to ask questions and give verbal indication of their consent to participate.⁶³ Please see Appendix A for this script.

II. Data Collection

This survey (Alberta Advantage Survey, 2005) was the fifth in a series of Alberta Advantage Surveys originally launched in 1995 by a group of scholars at the University of Calgary to examine Albertans' reactions to the Klein government's deficit elimination strategy. This particular survey instrument consisted of 126 primarily closed-ended questions (see Appendix A). Sections I (Perceptions of Accessibility), II (Personal Experience with the Health Care System), III (Exposure to Messages about Health Care) and VII (Socio-demographics) of the questionnaire were designed to answer the research questions posed for this research study. Sections IV, V and VI were added for submission of a report to Alberta Health and Wellness on *Public Perceptions of Health Care in Alberta: Health Care Sustainability and the Role of Public Health*.⁶⁴

A total of seven thousand random residential telephone numbers from across Alberta were generated by SuperPages™ (publisher of the Telus Directory). Telephone interviewers at PDL Call Centres based in Calgary, Alberta were trained to conduct the survey in May 2005. The telephone survey was conducted on evenings and weekends. The pilot survey (n=30) took place the week of May 24th, 2005 in order to test the validity of the questionnaire and ensure interviewers were adequately trained to administer the survey. The questionnaire was improved based on the results and observations from the pilot survey.

The data for the study were collected between June 13th and August 24th, 2005. The data collection phase was interrupted in July, as additional randomly generated

residential telephone numbers were required. The average duration of the interviews was 24.38 minutes. A total of 1110 Albertans 18 years of age and older were surveyed. According to standard social science public opinion research methodology, this is the minimum sample size needed for such a population to yield a confidence interval of 95% with a sampling error of $\pm 3\%$.ⁱ The response rate for this survey was 30%, which is expected for telephone surveys.

III. Data Analysis

Data was analyzed using SPSS, a statistical software package. As illustrated in the conceptual framework, the predictor variables analyzed were: personal experience with health care services, exposure to messages about health care services, and socio-demographic factors. The outcome variable was: perceptions of access to health care services. The data were analyzed in three main steps in order to answer the research questions.

1. Initially, univariate statistical analyses were conducted to describe the characteristics of the sample population, generating frequencies, percentages and measures of central tendency where appropriate. These analyses answer research question A: What are Albertans' perceptions about accessibility to health care services in Alberta?
2. Following this, bivariate analyses were conducted to examine the relationships between variables using cross-tabulation. The significance of the relationships was determined using chi-squared statistics. These analyses answer the subsequent

ⁱ This number was obtained from the standard table used to derive sample sizes for public opinion studies: "Table 8.3. Minimal Sample Sizes at a 95% Confidence Level" in: Archer K, Gibbins R and L Youngman. *Explorations: A navigator's guide to quantitative research in Canadian political science*. 1998. ITP Nelson: Toronto, p. 220. Sample sizes generated in this table are based on the following formula: $n = \left[\frac{\text{desired confidence interval}}{\text{sampling error}} \right]^2 \times [p(1-p)]$, where confidence interval=1.96, sampling error=0.03, and p=assumed population variance. In social science methodology, p is assumed to be 0.5 to account for the largest possible population variance.

research questions B, C and D: How do *personal experience* with health care services, *exposure to messages* about health care services, and *socio-demographic factors* affect Albertans' perceptions of accessibility to health care services in Alberta?

3. Finally, multivariate regression analysis was performed based on the results of the previous steps to answer research question E: Does personal experience, exposure to messages, or socio-demographic factors have the most powerful net independent effect on Albertans' perceptions of accessibility of health services in Alberta?

CHAPTER 4

RESULTS

Most Albertans are satisfied with the health care system. Figure 1 reveals that two out of ten Albertans are very satisfied, and less than one out of ten Albertans is not at all satisfied with the health care system. Satisfaction with the health care system is significantly associated with perceptions of access to the health care system, as shown in Figure 2--those who perceive that there are many problems obtaining health care services are least satisfied with the health care system ($X^2=92.269$; $p=0.00$). When asked what the number one problem facing the health care system is, the most frequent responses were related to access, as shown in Figure 3. Approximately 30% of respondents specifically cited waiting times and accessibility as the number one problem, and another 30% cited other access issues related to a low supply of health care resources such as staff and equipment shortages. Fifteen percent of respondents cited mismanagement of the health care system as the number one problem it faces. While this was an open-ended question, the responses (examples provided in Figure 3) closely mirrored the statements in questions 4-16 in the survey instrument, summarized in Figure 5.

A. What are Albertans' perceptions about accessibility to health care services in Alberta?

1. *Do Albertans think there are problems accessing health care services in Alberta?*

Only 17% of Albertans believe there are no problems accessing health care services in Alberta. The majority (64%) believes there are at least some problems, and almost twenty percent believe there are many problems obtaining health care services (Figure 4).

2. ***Why do Albertans believe there are problems accessing health care services in Alberta?***

Figure 5 illustrates the proportion of respondents that strongly agree with a range of statements to explain problems with access to health care services in Alberta. Out of the list of possible factors contributing to problems with access, half of respondents strongly agreed with the statement: “Waiting times are too long”. The least supported statement was that “too many people need health care services” (13.7% strongly agreed). On average, respondents most strongly agreed with statements related to a “low supply” of health care resources (an average of 36.8% strongly agreed with these statements), followed by statements related to “mismanagement of the health care system” (an average of 26.0% of respondents strongly agreed with these statements). An average of only 19.4% of respondents strongly agreed with statements related to a “high demand” for health care services. The findings from these closed-ended questions are consistent with the findings from the open-ended question illustrated in Figure 3.

3. ***How do Albertans perceive accessibility of health care services in Alberta?***

Half of Albertans believe it is difficult to get health care services when needed in Alberta (Figure 6). Figure 7 illustrates how Albertans perceive accessibility of a range of health care services. As a group, public health services are perceived to be the easiest to access. The vast majority of respondents believe it is easy to obtain both childhood and influenza immunization services (more than 90%) and mammography screening (82%). Ninety-two percent also believe blood tests are easy to access, and only 13.5% believe it is difficult to access walk-in clinics. Most respondents believe it is difficult to get a visit with a specialist doctor (80.9%). More than half also believe that it is difficult to get an

MRI (69%), emergency room services (58.4%) and elective or scheduled surgery (58.4%). Most respondents did not find primarily privately funded services difficult to access—only 21.2% believe special therapy services and 31.3% believe dental services are difficult to access.

4. What do Albertans think is the appropriate waiting time for health care services?

Table 1 summarizes the average waiting times respondents believe are appropriate for selected health services. Respondents thought average waiting times should be shortest for emergency room services (mean 2.04 hours; median 2 hours), followed by visits with a family doctor (mean 4.64 days; median 2 days), followed by dental services (mean 7.21 days; median 3 days), followed by mammography screening (mean 11.61 days; median 5 days) and childhood immunizations (mean 11.81 days; median 5 days), followed by MRI (mean 25.93 days; median 15 days) and longest for elective or scheduled surgery (mean 38.88 days; median 20 days).

B. How does *personal experience with health care services in Alberta* affect Albertans' perceptions of accessibility to health care services in Alberta?

Figures 8-11 summarize descriptive univariate analyses of respondents' direct personal experience with health care services in Alberta, as patients. Almost two-thirds of respondents had personally received health care services in the year the survey was conducted (Figure 8). Almost half of Albertans have had problems accessing health care services (Figure 9), and three in ten respondents were on a waiting list at the time of the survey (Figure 10). The majority of respondents (80.4%) rated the quality of services received as either excellent or good (Figure 11).

Figures 12-15 summarize descriptive univariate analyses of respondents' indirect personal experience with health care services in Alberta, as caregivers. Just over half of respondents had cared for a family member or friend who received health care services in Alberta in the year the survey was conducted (Figure 12). Forty percent of respondents had cared for a family member or friend who had problems getting health care services (Figure 13), and almost 30% cared for someone who was on a waiting list (Figure 14). Figure 15 reveals that 7.4% of respondents were health care professionals.

1. How does direct personal experience (as a patient) with health care services in Alberta affect perceptions of accessibility to health care services in Alberta?

Figures 16 and 17 reveal that neither having recently received health care services directly as a patient, nor having had problems personally receiving health care services have a significant impact on perceptions of accessibility to health care services in Alberta ($p=0.133$ and $p=0.115$). However, as Figures 18 and 19 illustrate, perceptions of access are significantly associated with whether a patient of the health care system is currently on a waiting list ($p=0$), and how clients rated the quality of services personally received ($p=0$). Surprisingly, patients currently on a waiting list were significantly more likely to believe there are no problems accessing health care services in Alberta (26.2% vs 13.3%; Figure 18). Not surprisingly, clients who rated the quality of care personally received less favourably are twice as likely to report many problems accessing health care services (30.7% vs 14.3%; Figure 19).

2. How does indirect personal experience (as a caregiver) with health care services in Alberta affect perceptions of accessibility to health care services in Alberta?

As Figures 20-23 reveal, perceptions of accessibility are significantly associated with indirect experience as a caregiver—caring for a family member or friend who has

recently received health care services, had problems receiving health care services, is currently on a waiting list to receive health care services, and even being a health care professional are all significantly associated with perceptions of access to health care services in Alberta.

Respondents who have cared for family members or friends who received health care services are significantly more likely to believe there are problems obtaining health care services—about one in four respondents who are caregivers report many problems compared to only one in eight who are not ($p=0$; Figure 20). Those who cared for family members or friends who have had problems accessing health care services are about ten percent more likely to report many problems with the health care system than those who have not (24.7% vs 15%; $p=0$; Figure 21). Individuals who cared for family members or friends who are on a waiting list are somewhat more likely to report problems with the health care system (23.1% vs 17.3%; $p=0.018$; Figure 22). Figure 23 illustrates that the proportion of health care professionals who believe that there are no problems with accessing health care services (7.4%) is less than half that of non-health care professionals (18%), and this difference is statistically significant ($p=0.003$).

C. How does *exposure to messages about health care services* affect Albertans' perceptions of accessibility to health care services in Alberta?

Figures 24-28 summarize descriptive analyses on exposure to messages about health care services. As Figure 24 illustrates, television is by far the main source of information about the health care system, as cited by 63% of respondents. Three quarters of the population have heard stories of people having trouble getting health care services when they need them (Figure 25). Just over half of these stories are told by friends and family (Figure 26), while another 22% originate from news stories. Respondents note

that they are exposed to information about the health care system fairly regularly (with an average rating of 3/5 where 5 is very often and 0 is never; Figure 27) and most of the stories they see, read or hear are perceived to be more negative (59%) than positive (11%; Figure 28).

While family and friends are the most common source of stories of people having trouble accessing health care services (Figure 26), Table 2 reveals that Albertans are most frequently exposed (about four times a week) to messages from news stories. Of the news media, respondents somewhat more frequently watch than they do read the news, and somewhat less frequently listen to the news on the radio. On average, respondents discuss health care issues with friends and family about four to five times a month and with health care professionals about one to two times a month. Albertans rarely refer to information materials about the health care system from government institutions or non-governmental organizations--they refer to materials from the provincial government slightly more often (1.45 times/month) than from RHAs or other political parties (1.29 times/month), from the federal government (1.2 times/month) or from NGOs like the Friends of Medicare (1.03 times/month).

Figures 29-31 highlight that, in general, exposure to messages about the health care system significantly affect perceptions of access to health care services. Figure 29 reveals that respondents who have heard stories about people having trouble accessing health care services are almost twice as likely to report that there are many problems obtaining health care services (21.1% vs 11.7%; $p=0$). The frequency of exposure to messages about health care services also has a significant impact—as Figure 30 reveals, on average, those who are more frequently exposed to information about the health care

system (rate their frequency of exposure as 4 or 5 on a scale of 5, where 5 is very often) are twice as likely as those who are less frequently exposed (1 or 2 on a scale of 5, where 1 is never) to believe there are many problems obtaining health care services in Alberta (61.2% vs 29%; $p=0$). Figure 31 shows that those who indicate that health care services are portrayed more negatively in stories they see, read or hear (1 or 2 on a scale of 5, where 1 is very negatively) are more likely than those who indicate the stories portray health care services more positively (4 or 5 on a scale of 5, where 5 is very positively) to believe there are no problems accessing health care services (average of 16.95% vs 12.5%) and less likely to believe there are many problems accessing health care services (average of 11.95% vs 26.2%; $p=0$).

1. How does exposure to messages from government institutions and non-governmental organizations affect perceptions of accessibility to health care services in Alberta?

Figures 32-35 illustrate that exposure to messages from the Canadian Government (Figure 32), Alberta Government (Figure 33) and other political parties (Figure 35) significantly affect perceptions of accessibility to health care services, but exposure to messages from Regional Health Authorities (Figure 34) does not. Those who never look at the website or read materials put out by the Canadian Government on the health care system, or do so 5 or more times a month are twice as likely as those who do so between 0 and 5 times a month to indicate that there are many problems obtaining health care services in Alberta (21.6% vs 9.0%; $p=0$). However, those who never look at these materials are about half as likely to believe there are no problems with access than those who do so 5 times or more a month (12.9% vs 23.2%; $p=0$) (Figure 32). Respondents who look at the website or read materials on the health care system put out by the Alberta

Government five times or more a month are twice as likely to believe there are no problems accessing health care services in Alberta than those who refer to these materials less frequently (30.4% vs 13.9%; $p=0$) (Figure 33). Respondents who infrequently (0-1 times a month) or more frequently (4-5 times a month) look at the websites or read materials on the health care system put out by other political parties are about four times more likely than those who refer to these materials between 1 and 4 times a month to believe there are many problems with access to health care services (20.3% vs 5.0%; $p=0$) (Figure 35).

All of the individuals who frequently look at the websites or reading materials on the health care system put out by non-governmental organizations such as the Friends of Medicare (5 times or more a month) believe there are problems with obtaining health care services compared to an average of 72.2% of those who refer to these materials four times a month or less ($p=0$) (Figure 36).

2. How does exposure to messages from news stories, friends and family, and health care professionals affect perceptions of accessibility to health care services in Alberta?

Exposure to messages from news stories, friends and family, and health care professionals have a significant impact on perceptions of accessibility to health care services in Alberta, as demonstrated by Figures 37-41.

All respondents who never read the news believe there are problems obtaining health care services. About half of these respondents (48.6%) believe there are many problems with access compared to an average of 17% of those who read the news at least once a week (Figure 37). About a third of those who either rarely watch the news on TV (never or once a week) or watch the news on TV every day believe there are many

problems with accessing health care services, compared to less than one in ten respondents who watch the news between two to six times per week (Figure 38). Almost one in four (23.4%) of those who either rarely listen to the news on the radio (never to once a week) or more frequently listen to the news (at least five times a week) believe there are many problems accessing health care services, compared to about fourteen percent of those who listen to the news between two and four times a week (Figure 39).

Individuals who less frequently have discussions about health care issues with family and friends (less than five times a month) are almost twice as likely (20.3%) to report no problems obtaining health care services than those who have more frequent discussions (five times or more per month) with family and friends (11.4%; Figure 40). No one who discussed health care issues with health care professionals more than 8 times a month believed there are no problems obtaining health care services in Alberta, compared to about 16% of those who have had less frequent discussions with health professionals (Figure 41).

D. How do *socio-demographic factors* affect Albertans' perceptions of accessibility to health care services in Alberta?

Figures 42-45 describe the survey sample. Roughly half of the sample is female (Figure 42). While all age groups above eighteen years are represented in the sample (Figure 43), the age group most represented was 29-38 year olds (28.3%), and 80 percent of the sample fell between the ages of 25 and 64 years. The gender and age distribution of this sample is not dissimilar to the 2005 mid-year population of those over 18 years of age in Alberta according to the administrative databases at Alberta Health and Wellness (Personal communication, Shaun Malo, Alberta Health and Wellness, November 2007). The majority of respondents (80.3%) had some post-secondary education (Figure 44).

Figure 45 illustrates that all income groups were represented in the sample. Approximately seven in ten respondents had a total household income of between \$20,000 and \$80,999.

Approximately six in ten respondents had additional health insurance coverage outside of the basic Alberta Health Care Insurance Plan (e.g., through private insurance or Alberta Blue Cross), as shown in Figure 46. Only fifteen percent paid for services offered through private medical clinics, such as cataract or other surgeries (Figure 47). At least three in four respondents reported having a family doctor who they regularly see for most of their health care needs (Figure 48).

The results of bivariate analyses showing the association of socio-demographic variables with perceptions of access to health care services are reflected in Figures 49-55. Gender does not significantly affect perceptions of access (Figure 49). However, age, level of education, and income level are all significantly associated with perceptions of access ($p=0$, $p=0.008$, $p=0.005$). Those in the youngest (18-24 years) and oldest (75 years and older) age groups are more likely to believe there are no problems obtaining health care services (22.7% vs 14.6%), and those between 65 and 74 years of age are most likely to believe there are many problems obtaining health care services (41.4% vs 16.5%; Figure 50). Respondents who are less educated are somewhat more likely to believe there are no problems obtaining health care services than those with at least some post-secondary education (21.7% vs 14.5%; Figure 51). Those in the lowest income category were most likely to report many problems obtaining health care services than those whose total household income was \$20,000 or more (31.1% vs 19.3%; Figure 52).

Having private health insurance (Figure 53) and having purchased private medical clinic services (Figure 54) are significantly associated with perceptions of accessibility ($p=0.035$ and $p=0.015$ respectively), whereas having a regular family physician (Figure 55) is not ($p=0.111$). Those without private health insurance are somewhat more likely to report many problems obtaining health services (22.7% vs 16.4%; Figure 53). Individuals who have paid for services offered through private medical clinics such as cataract surgery are more likely than those who have not to believe there are many problems obtaining health care services in Alberta (27% vs 17.4%; Figure 54).

E. Does personal experience, exposure to messages, or socio-demographic factors have the most powerful net independent effect on Albertans' perceptions of accessibility of health services in Alberta?

Table 3 summarizes the results of bivariate analyses. It reveals that negative perceptions of accessibility of health care services are significantly associated with a number of factors: 1) *Dissatisfaction* with the health care system, 2) Having *some direct personal experience* with the health care system (currently being on a waiting list, poor perceived quality of care received), 3) *Indirect experience* with the health care system as a caregiver (having cared for a family member or friend who has received health care services, had problems receiving health services, is on a waiting list; or being a health care professional), 4) *Exposure to messages* about health care services (having heard stories about people having trouble accessing services; being frequently exposed to information about the health care system; perceiving the portrayal of health care services to be more positive than negative; being exposed to messages from government and non-governmental organizations—less frequently from the Alberta Government, more frequently from NGOs, either rarely or more frequently to the Canadian Government or

other political parties; being exposed to news stories—never reading the news, either infrequently or very frequently watching and listening to the news; and having frequent discussions with friends or family and health care professionals.), and 5) *Some socio-demographic factors* (65-74 year olds, higher education, lower income, lack of private health insurance, and having paid for private medical clinic services).

Bivariate analyses reveals that perceptions of accessibility of health care services are not significantly associated with: 1) *Some direct experience* with the health care system as a patient (having recently received health care services, having had problems receiving health care services), 2) *Exposure to messages* from Regional Health Authorities, and 3) *Some socio-demographic variables* (gender, having a family doctor).

Table 3 also demonstrates significant interactions between predictor variables. Age, for example, is found to be significantly associated with perceptions of accessibility. However, age is also significantly associated with education, income, and private insurance—all of which are all also significantly associated with the outcome variable. Therefore multivariate analysis is necessary to determine which factors have the most powerful, net independent effects on perceptions of access. Multivariate regression analyses were performed on those factors highlighted in Table 3, found to have significant associations with negative perceptions of access, in order to answer the final research question. The results of these analyses are summarized in Tables 4-7.

In the multivariate regression analyses, beta coefficients are used to compare the relative net independent influence of each of the independent, predictor variables entered into the model. R-square values describe how much the amount of variation in the dependent, outcome variable is explained by the independent variables in the model. The

bigger the R-square, the more the model tells us about what is driving variation in the dependent variable.

Table 4 illustrates that of all the predictor variables captured in this study, younger age has the greatest net independent effect on perceptions of poor access to health care services (Beta coefficient = $-.138$). The next factor with the greatest impact on perceptions of poor access is a high frequency of exposure to messages from family and friends (Beta coefficient = $.131$), followed by: high frequency of exposure to messages from health care professionals (Beta coefficient = $.128$), having cared for a family member or friend who has received health care services (Beta coefficient = $.105$), perceived low quality of care personally received (Beta coefficient = $.104$), not having private health care insurance (Beta coefficient = $.103$), high frequency of exposure to television news (Beta coefficient = $.102$), not currently being on a waiting list (Beta coefficient = $.085$), low frequency of exposure to information from other political parties (Beta coefficient = $-.073$), being a health care professional (Beta coefficient = $.069$) and having heard stories about people having trouble accessing health care (Beta coefficient = $.066$).

Tables 5-7 show that as a group, exposure to messages about health care accounts for the greatest amount of variation in perceptions of access to health care services (R-squared = $.096$), followed by indirect experience with health care services as a caregiver (R-squared = $.041$), and socio-demographic factors (R-squared = $.030$). Direct experience with health care services accounts for the least amount of variation in perceptions of access to health care services (R-squared = $.026$).

The results in Table 5 demonstrate that for those who have had direct experience with health care services as a patient, reporting poor quality of care personally received has a more powerful net independent effect on perceptions of poor access to health care (Beta coefficient = .121) than not currently being on a waiting list (Beta coefficient = .106). For those who have had indirect experience with the health care system as a caregiver, having cared for a family member or friend who has received health care services has a more powerful net independent effect on perceptions of poor access (Beta coefficient = .157) than being a health care professional (Beta coefficient = .101).

Table 6 shows that of the variables describing exposure to messages about health care, a high frequency of exposure to messages from friends and family has the most powerful net independent effect on perceptions of poor access (Beta coefficient = .153), followed by a low frequency of exposure to messages from the Canadian Government (Beta coefficient = -.137), a high frequency of exposure to messages from health care professionals (Beta coefficient = .118), a low frequency of exposure to messages from other political parties (Beta coefficient = -.096) and the Alberta Government (Beta coefficient = -.069). Finally, having heard stories about people having trouble obtaining health care services has a significant, but less powerful net independent effect on perceptions of poor access to health care services (Beta coefficient = .068).

In Table 7, socio-demographic factors having a significant net independent effect on perceptions of poor access are: high education (Beta coefficient = .124), low age (Beta coefficient = -.082), not having private health insurance (Beta coefficient = .081), and finally not having purchased private health care services (Beta coefficient = -.072).

CHAPTER 5

DISCUSSION

I. The Importance of Public Perceptions of Access to Health Care Services

The importance of access to health care for Albertans was reiterated in the results of this study. Previous research^{50,10,12,51} has revealed that low levels of confidence and satisfaction with the health care system are best explained by perceived problems with accessibility of health care services. Results from this survey confirm this pattern: Figure 2 reveals that Albertans who are not at all satisfied with the health care system are 3.2 times more likely to say there are many problems accessing health care services. Furthermore, the majority of Albertans cited access to services as the number one problem facing the health care system (Figure 3).

In general, Albertans are satisfied with the health care system, and they appear to be increasingly satisfied over time. Cross-time evidence from the Alberta Advantage Surveys (AAS) reveals that satisfaction has increased since 1999.⁶⁴ In fact, dissatisfaction with the health care system has declined by a striking 42% since the AAS first started tracking satisfaction with health care. In 1999, 50% of Albertans indicated that they were not at all satisfied with the health care system. By 2000, the proportion of Albertans who were dissatisfied with their health care system declined to 36%. This survey found that by 2005, less than one in ten Albertans were not at all satisfied with their health care system.

While levels of satisfaction with the health care system have improved, cross-time evidence from the AAS reveals that a growing proportion of Albertans feel the health care system “needs to be fixed”, and believes the availability of health care services has

deteriorated. In 1999 and 2000, an average of seven in ten Albertans (73%) were of the view that the availability of health care services has deteriorated compared to eight in ten Albertans (83%) in 2005.⁶⁴

Concerns about access were prevalent in this study. Responses from both open- and closed-ended questions indicate that the majority of Albertans believe there are problems accessing health care services. Four-fifths of the population cited problems with access (Figures 3 and 4) and at least half believe it is difficult for people to get health care services when needed (Figure 6). So, despite improvements in satisfaction with health care, Albertans are still very concerned about access to services. It is therefore critical to further explore public perceptions of accessibility.

II. Public Perceptions of Accessibility to Health Care Services in Alberta

a) Why do Albertans think there are problems accessing health care services?

Albertans express a variety of concerns about factors affecting access to health care services. As Figures 3 and 5 demonstrate, some of these concerns are more prevalent than others. Waiting times are the primary concern for Albertans. This finding is consistent with a joint Canada/United States survey which found that waiting for care was the most common barrier cited by 32% of Canadians with difficulties accessing care (compared to the U.S. where cost was the most common barrier)⁶⁵. Other issues related to a low supply of health care resources such as shortages of staff and equipment are also concerning for Albertans. This is not surprising, given the media coverage, recent literature and initiatives focusing on improvements in waiting times, and press releases announcing additional health care resources. Such endeavours may be launched to address public concerns, but the publicity surrounding them may have further influenced

responses to the survey. For example, hype about initiatives to address the length of waiting times may fuel the perception that waiting times must be too long.

Many believe that poor management of health care resources, including misuse and misinformation, are to blame for the problems with health care. Few agree that the demand for health care services is too high, yet almost a quarter strongly agree that the focus of our system should be on preventing rather than treating disease. Indeed, public support for “upstream” public health initiatives has been documented⁶⁴ and such initiatives could lead to decreased demand for health care services. So, while many of the recent initiatives in Alberta and across Canada have sought to improve the supply of health care resources and address waiting times, the results of this study show that there is no single solution to address perceived factors contributing to poor access. Certain strategies, however, may have more profound effects on public opinion than others. Other strategies, also supported by the public, may actually improve access to health care services.

b) How do Albertans perceive accessibility of health care services in Alberta?

A closer examination of the evidence shows that public perception toward the availability of health services varies widely, depending on the type of health service. In general, 54% of Albertans feel it is difficult for people to get health care services when needed. However, only 30% feel it is difficult to access dental services (explicitly noted in the questionnaire to be excluded from Alberta’s publicly funded health care system). Respondents found many publicly funded services more difficult to access than non-publicly funded services like dental services. This is an important finding, as Romanow suggested that problems with access may lead Canadians to pay for services outside of

the public system. This was evident in the Chaoulli case.²³ Only 3% of respondents to this survey cited threats of privatization as the number one problem facing our health care system (Figure 3).

As a group, public health initiatives for primary prevention (immunization) and secondary prevention (mammography for breast cancer screening) are thought to be easy to access by Albertans. Blood tests, also often used for screening or diagnosis, were found to be easy to access. Walk-in clinics, designed for ease of access, are perceived to meet this objective (Figure 7).

It is not surprising that the services perceived by Albertans to be most difficult to access are: visits with specialists, MRI, elective surgery and emergency room visits. Information from the Canadian Institute for Health Information shows that prolonged waits are the most common barrier named by seekers of specialist care, non-emergency diagnostic testing and surgery.⁶⁶ A survey of physicians, on the other hand, found that doctors ranked routine diagnostic services and emergency room services as the easiest to access, and long-term care beds and advanced diagnostic services as the most difficult to access.⁶⁷

Findings of studies reporting on individuals who have direct experience with health care services are similar to the findings of this public opinion survey for individuals with and without direct experience. Clients report problems accessing specialist physician services and diagnostic services. An international survey of six industrialized countries conducted in 2005 found that about 7 in 10 people reported having seen a specialist in the preceding two years, but more respondents in Canada and the UK (6 in 10) reported waiting more than four weeks for an appointment.⁶⁸ A

Statistics Canada survey conducted in the same year found that one in five Canadians who required a visit to a medical specialist had difficulties accessing care, and almost two-thirds cited waiting too long for an appointment as the barrier.⁶⁹ Similarly, national surveys have found that despite the substantial increase in MRI machines (at an average annual growth rate of 9-14%)⁷⁰, access to MRI scans remains problematic. However, only 15% of those who had received a non-emergency imaging test in the previous year reported difficulties with access, of whom 58% cited prolonged waiting times for an appointment as the barrier.⁷¹ A Statistics Canada survey conducted in 2005, however, found that most Canadians who actually waited for specialized services found waiting times acceptable—only 29% found waits for specialist visits unacceptable, 24% found waits for diagnostic tests unacceptable, and 17% found waits for non-emergency surgeries unacceptable.⁷²

c) What do Albertans think are appropriate waiting times?

Perceptions of appropriate waiting times differ for different health services, and from actual waiting times. The evidence in Table 8 suggests that Albertans generally have high expectations. Public perceptions of appropriate waiting times for MRI and elective surgeries such as hip and knee replacements are shorter than actual waiting times currently observed in Alberta by between 46 and 62 days, but within provincial targets set for 2008-09 for the most urgent cases. Results from the Western Canadian Wait List (WCWL) Project found that patients cited shorter waiting times as appropriate for joint replacement surgery, followed by clinicians. The general public thought longer waiting times were reasonable comparatively. Respondents to this survey cited appropriate

waiting times consistent with what patients and clinicians in the WCWL project found were appropriate for urgent cases.

Actual waiting times for emergency room visits in other parts of Canada are about an hour shorter than the waiting time perceived to be appropriate by Albertans (Table 8). Perceived appropriate waiting times for visits with a family doctor may be close to actual waiting times. Albertans believe it is appropriate to wait for an average of 5 days for an appointment with a family doctor. A 2004 Commonwealth Fund survey of primary care in five countries found that Canadians were the least likely to report same-day appointments with their doctor (27%), and most likely to report having to wait six days or more for an appointment (25%).⁷³

Other studies have also found that perceptions of waiting times differ from reality. A national study conducted in 2005 found that between 43% and 66% of the public and health care professionals thought waiting times for elective surgery had increased in the previous two years.⁷⁴ However, data from this time period demonstrated stable waiting times.

III. Factors that Influence Perceptions of Access to Health Care Services

The evidence suggests that perceptions of access are not solely influenced by actual experience with the health care system, thus addressing these perceptions poses a challenge. While eight in ten Albertans believe there are problems accessing health care services (Figure 4), less than half of Albertans have actually had problems accessing these services (Figure 9), and only three in ten are actually on a waiting list (Figure 10). Moreover, only four in ten have cared for someone who has had problems accessing health care services (Figure 13), and less than three in ten have cared for someone on a

waiting list (Figure 14). Certainly, almost two-thirds of Albertans have had recent, direct personal experience with the health care system as a patient (Figure 8), and about half have had recent indirect experience as a caregiver (Figure 12). However, less than half have actually experienced problems with access to health care services, either directly (Figure 9) or indirectly (Figure 13). Similarly, at least 80% of respondents agreed that the availability of health services has deteriorated in Alberta, regardless of whether they have had direct or indirect experience with the health care system.⁶⁴ Therefore, other external factors must contribute to perceptions of access, and in fact, have more of an impact on perceptions than personal experience. Sure enough, regression analyses reveal that of the factors explored in this investigation, direct experience with the health care system as a patient least explains the variance in perceptions of poor access to health care services--even less so than indirect experience as a caregiver (Tables 5-7). Having cared for a family member or friend, more than being a health care professional, has a negative impact on perceptions of access to health care services.

Exposure to messages about the health care system, primarily from family and friends, best explains the variation in perceptions of poor access to health care services (Table 6). Albertans are exposed fairly regularly to messages about health care (Figure 27), and the majority of the information is negative (Figure 28). Not surprisingly, Albertans who have heard stories about people having trouble getting health care services when they need them are more likely to have negative perceptions of access to health care services (Tables 3 and 6). Therefore, to improve perceptions of access to health care services, it will be important to reduce the frequency of exposure to negative information about health care from various sources.

Exposure to hearsay messages about health care play a bigger role in Albertans' perceptions than messages from government and non-government organizations. Albertans are most frequently exposed to information from news stories (Table 2), and their main source of information about the health care system is television (Figure 24). However, family and friends are a key source of information as well, and it turns out, exposure to messages from family and friends is the most important source of information to explain perceptions of poor access (Table 6). At least half of the stories about people having trouble getting health care services originate from family and friends (Figure 26), and discussions with friends and family occur more frequently, and have a greater impact on perceptions of access, than discussions with health care professionals. While less frequent, discussions with health care professionals have a greater impact on perceptions of poor access than exposure to television news (Table 4). To improve perceptions of access, therefore, frequency of exposure to negative information from family and friends, health care professionals, and television news needs to be reduced.

The role of information provided by governments and NGOs in combating hearsay-related sources of information may be minimal, because the public rarely accesses this information. Of these institutions, however, information from the provincial government is more frequently referred to (Table 2). When examining exposure to information from government institutions, the results of this study reveal that perceptions of poor access to health care services is best explained by less frequent exposure to information from the Canadian Government, followed by other political parties, and finally less frequent exposure to information from the Alberta Government (Table 6). To improve perceptions of access to health care services, therefore, active efforts to improve

frequency of exposure to information from these government institutions will be important.

Females were slightly over-represented in this sample (54.7%, Figure 42) compared to the general population over 18 years of age at that time (50.6%, personal communication, Shaun Malo, Alberta Health and Wellness, November 2007). While the ages of the survey sample (Figure 43) were, for the most part, generalizable to the mid-year Alberta population in 2005, the 29-38 year cohort was slightly over-represented (28.3% vs 19.4%), and the 39-48 year cohort was slightly under-represented (15.9% vs 22.4%). These differences could be attributable to availability to respond to telephone surveys based on willingness and personal schedules. The sample population was educated (Figure 44) with an average household income greater than \$20,000 (Figure 45).

In the HQCA survey of Albertans, 82% of respondents in 2006 (84% in 2004)⁵¹ indicated they had a personal family doctor compared to 77% of respondents to this survey who were asked if they currently had a personal family doctor *who was regularly seen for most health care needs* (Figure 48).

As a group, socio-demographic factors have a greater impact on perceptions of access than direct experience with the health care system as a patient (Tables 5 and 7). Younger Albertans who are more educated, don't have private supplementary health insurance, and have purchased private health services are more likely to have perceptions of poor access to health services (Table 7). Examined independently with other factors explored in this study, young age had the greatest impact on perceptions of poor access to health care services (Table 4). Age was found to be significantly associated with frequency of exposure to messages (Table 3) so younger Albertans may be more

influenced by external messages. Younger Albertans may also have higher expectations for their health care system. Certainly, the younger generation has grown up in a less patient world of instant results, so may have higher expectations, and be less accepting of longer waiting times. In any case, the results of this study suggest that younger Albertans should be targeted in attempts to improve public perceptions of access to health care services. In addition, while 61% of Albertans already have supplementary private health insurance, perceptions of access may be improved if the acquisition of private insurance is facilitated for the remaining four in ten Albertans. Having private health insurance may improve access to health care, or increase comfort levels with obtaining health care when needed, thereby improving perceptions of access.

LIMITATIONS AND AREAS OF FUTURE STUDY

While this investigation yielded some thought-provoking findings, there were limitations to the extent this study was able to address the research topic. For example, telephone surveys have inherent limitations such as non-response or selection bias. Low response rates in such surveys have the potential to jeopardize the validity of the study since those who respond to the survey may be different from those who do not. (For example, 80% of the sample was between 25 and 64 years of age, so the views of the elderly who may have considerable personal experience with health care services may not have been adequately captured.)

In order to increase response rates by reducing the amount of time needed for the interview, the questionnaire was designed with primarily closed-ended questions. This limits the scope of information obtained from the study, and may lead to response bias. Closed questions may ask the respondent to give a simple response to a very complex issue, and by providing categories for the respondent, may encourage the statement of opinion or knowledge where none exists.

Many of the terms used in this study are ambiguous. For the purposes of this study, operational definitions are applied for these terms (see Appendix B). The operational definitions were derived from the literature, government websites^{75,76} and from indicators measured by various studies.^{12,77} Where possible, terms that may be interpreted in different ways by different people were defined in the survey instrument. Still, discrepancies in interpretation by responders may have affected responses, producing an information bias.

Limits on time and expense permitted the investigation of only some variables, and did not allow for complete analyses of associations between all variables included in the study. Without these restrictions, additional variables such as ethno-cultural indicators and an exploration of respondents' expectations of access to health care services could have been considered to comprehensively investigate reasons for decreasing public confidence in the health care system. In addition, the analysis and interpretation of the data collected in 2005 was delayed, affecting the timeliness of the results. As is the case for all cross-sectional surveys, responses reflect views at one point in time. Ideally, this survey should be repeated on a regular basis.

Future studies to further explore this research topic would enhance the knowledge gained from this study, and help address some of the limitations identified. It would be useful to repeat this cross-sectional study to monitor changes and prove the relevance of the findings from 2005 in the current environment, and to evaluate the success of any recommendations implemented from the results of this research. Additional surveys in other parts of Canada and the world would allow for useful cross-jurisdictional comparisons. Supplemental qualitative studies could identify additional factors that may influence perceptions and expectations of access to health care that should be explored. Additional investigations of sub-populations not adequately represented in this sample would provide additional insight (e.g. focus groups or over sampling of those over 64 years of age). A content analysis of messages received through various sources may help establish a temporal association between exposure to messages and perceptions of access. More comprehensive analyses of associations between predictor variables explored in this study would also be extremely useful.

CONCLUSION

Repeated polls and reports affirm that access is the primary concern Canadians have about the health care system. This study provides critical insight into how public perceptions of health care are shaped. Albertans perceive that there are problems with access to health care services, and these perceptions are significantly associated with levels of satisfaction with the health care system. Evidence on the factors influencing perceptions of access will provide policy makers with an understanding of effective means of influencing public attitudes toward health care services, and may facilitate reforms to health care.

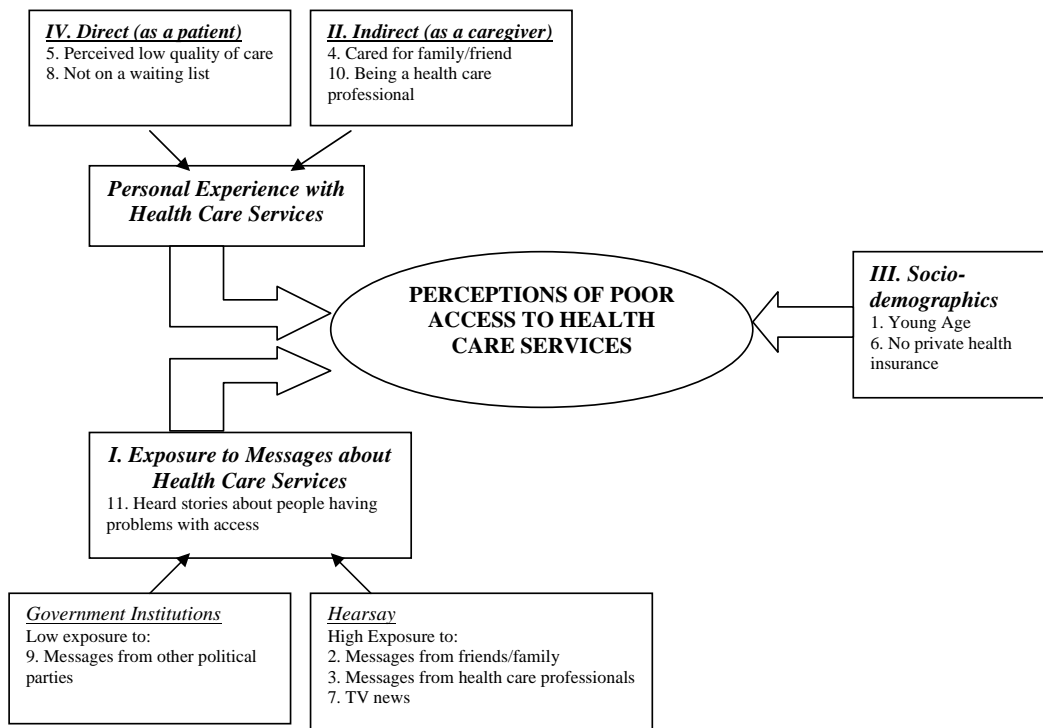
Cross-time evidence reveals that while satisfaction with health care services has improved, perceptions are that access to health care has deteriorated. Albertans who are dissatisfied with the health care system are three times more likely to believe there are problems accessing health services. So, improvements in perceptions of access should improve levels of satisfaction with the health care system.

The majority of Albertans believe there are problems accessing health care services, and cite access as the number one problem facing the health care system. Albertans believe there are a variety of reasons to explain poor access to services, but most focus on factors related to low supply of resources and long waiting times. Indeed, waiting times perceived to be appropriate are shorter than actual waiting times posted for Alberta. Therefore, strategies to increase resources and reduce waiting times should have a profound effect on public perceptions of access.

A variety of factors influence public perceptions of access to health care services. While the majority of Albertans have had direct personal experience with health care as a

patient (64.5%), this factor least explains the variance in perceptions of poor access. Exposure to messages about health care best explains the variance in perceptions of poor access, followed by indirect experience as a caregiver and socio-demographic factors. Young age has the greatest net independent effect on perceptions of poor access.

The following diagram summarizes those factors found to be significantly associated with perceptions of poor access to health care services. It depicts individual predictors having the greatest (1) to the least (11) net independent effect on perceptions of poor access, as well as the broader predictor variables accounting for the greatest (I) to the least (IV) amount of variation in the outcome variable.



This study provides evidence for policy makers to consider if they wish to improve perceptions of access, thereby further improving satisfaction with the health care system. The results of this exploration reveal that there is not a single solution for contending with negative perceptions related to access, however certain strategies may have more profound effects than others. Furthermore, since direct personal experience with health care least explains the variance in perceptions of poor access, there are external factors that can be modified and targeted.

To improve public perceptions, it will be important to modify exposure to messages about health care. Specifically, the content of messages from family and friends as well as health care professionals and on television news should be targeted. If the public less frequently hears stories about people having trouble obtaining health care, perceptions of access may improve. Strategies to increase the frequency of exposure to messages from government institutions will also improve perceptions of access.

Younger individuals may have higher expectations for their health care system, and be less patient waiting for services after growing up in a fast-paced world of instant messaging and gratification. This cohort should be targeted in strategies to improve perceptions. Health care professionals should also be targeted, as being a health care professional and frequently having discussions with health care professionals about health care were both found to have significant net independent effects on perceptions of poor access to health care. Furthermore, expanding the proportion of Albertans who have supplementary private health insurance or who are on a waiting list, and improving the perceived quality of care for patients may improve perceptions of access with health care.

This investigation confirms the importance of access as evidenced in the literature and events over the last decade, and helps fill the gap in the literature about what factors influence perceptions of access to health care. Surprisingly, having direct personal experience with health care least explains the variance in perceptions of poor access, compared to exposure to messages, indirect experience as a caregiver, and socio-demographic factors. The results of this study can help policy makers improve perceptions of access, and provide insight into what shapes public opinion about health care services. This information is essential, because public opinion influences decisions made on the future of health care, and public support is critical for successful restructuring of the health care system.

Comment [ZP1]: Not sure what the 6 is? A reference?

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TABLES

Table 1. Public perceptions of appropriate waiting times for selected health services

Health Service	Perceived appropriate waiting time	
	Mean	Median
<i>Public Health:</i>		
Childhood Immunizations	11.81 days	5 days
Mammography to detect breast cancer	11.61 days	5 days
<i>Community-based:</i>		
Visit with a family doctor	4.64 days	2 days
<i>Diagnostic Services:</i>		
MRI	25.93 days	15 days
<i>Acute Care:</i>		
Elective surgery	38.88 days	30 days
Emergency room services	2.04 hours	2 hours
<i>Dental Services</i>		
	7.21 days	3 days

Question:

In your opinion, how long do you think it's appropriate to wait for the following health care services?

33. MRI _____
34. Elective or scheduled surgery (For example: hip or knee replacement) _____
35. Childhood immunizations (For example, measles vaccination) _____
36. Mammography to detect breast cancer _____
37. Visit with a family doctor _____
38. Dental services _____
39. Emergency room services _____

Table 2. Frequency of exposure to messages from various sources

Information Source	Frequency of Exposure to Messages	
	Mean	Median
<i>Government institutions:</i>		
Federal government	1.2 times/month	0 times/month
Provincial government	1.45 times/month	0 times/month
Regional Health Authority	1.29 times/month	1 times/month
Other political parties	1.29 times/month	0 times/month
<i>Non-Governmental Organizations:</i>		
Interest groups (e.g. Friends of Medicare)	1.03 times/month	0 times/month
<i>Hearsay:</i>		
News stories:		
-read news	3.99 times/week	4 times/week
-watch news on TV	4.21 times/week	4 times/week
-listen to news on the radio	3.83 times/week	4 times/week
Friends/Family	4.68 times/month	3 times/month
Health care professionals	1.85 times/month	1 times/month

Questions:

Approximately how many times a **week** do you do the following:

55. Read the news? _____
56. Watch the news on TV? _____
57. Listen to news on the radio? _____

Approximately how many times in the **past month** did you do the following:

58. Discuss issues about health care services with friends and family? _____
59. Discuss issues about health care services with health care professionals, like your doctor or nurse? _____

Approximately how many times in the **past month** did you look at the website or read pamphlets or other materials on the health care system put out by:

60. The Canadian Government _____
61. The Alberta Government? _____
62. Your Regional Health Authority? _____
63. Other political parties? _____
64. Other interest groups? _____ (e.g. Friends of Medicare)

Table 3. Summary of predictor variables significantly associated with perceptions of poor access to health care services (Results from bivariate analyses)

SIGNIFICANT ASSOCIATIONS (p<0.05)	Outcome Variable: Perceptions of Poor Access— “Problems with Access”		Other Significant Associations Between Predictor Variables
	Association		
Predictor Variables	Qualitative	Quantitative (%) (some+many or many problems)	
<i>Satisfaction with Health Care System</i>	Low satisfaction with health care system (not at all satisfied)	53 vs 13 (m)	
Personal Experience with Health Care Services			
<i>Direct—as patient</i> (received, problems with access, on waiting list, quality)	Not on waiting list Low quality of care	87 vs 74 (s+m) 31 vs 14 (m)	Direct Experience: Problems receiving, On wait list Indirect Experience: Cared for f/f with problems receiving Exposure: heard stories, frequency overall, frequency from all government and NGOs, text news, TV news, family/friends Socio-demographics: Gender, income, private insurance, have family doctor
<i>Indirect—as caregiver</i> (cared for family/friend who received, problems with access, on waiting list, health professional)	Cared for f/f who received Cared for f/f had problems Cared for f/f on waiting list Health care professional	25 vs 13 (s+m) 25 vs 15 (m) 23 vs 17 (s+m) 93 vs 82 (s+m)	Direct Experience: On wait list, quality Indirect Experience: Cared for f/f with problems receiving, on wait list Exposure: Frequency overall, portrayal, frequency for all government, frequency from all news, frequency with family/friends Socio-demographics: Income, purchased private services, have family doctor
Exposure to Messages about Health Care Services			
<i>General</i> -Heard stories about people having trouble accessing	Heard stories	21 vs 12 (m)	Direct Experience: Received Exposure: frequency overall, portrayal, frequency from all government and NGOs, frequency from all news, family/friends, HCP Socio-demographics: Education
-How often come across stories (Scale 1-5) 1=Never 5=Very Often	High frequency of exposure (4-5/5)	61 vs 29 (m)	
-Positive/Negative portrayal of health care system (Scale 1-5) 1=Very negatively 5=Very positively	Perceive positive portrayal of health care system (4-5/5)	26 vs 12 (m)	
Frequency of Exposure to			

<i>Messages from:</i>			
<i>Government Institutions</i> Canada, Alberta, RHA, other political parties (per month)	Canadian—never or 5+ Alberta—<5 Other parties—0-1x or 4-5x	22 vs 9 (m) 86 vs 70 (s+m) 20 vs 5 (m)	To Alberta Government Info: <u>Direct Experience:</u> Received <u>Indirect Experience:</u> Cared for <u>Exposure:</u> Heard stories, portrayal, frequency exposure all government and NGO, family/friends, HCP <u>Socio-demographics:</u> Gender, age, education, income, private health insurance, purchased private services
<i>Non-Governmental Institutions</i> (per month)	NGO—5+	100 vs 72 (s+m)	<u>Direct Experience:</u> Received <u>Exposure:</u> Heard stories, frequency exposure all, portrayal, frequency exposure all government, all news, family/friends, HCP <u>Socio-demographics:</u> Gender, age, education, income, private health care insurance
<i>Hearsay</i> News Stories	News Stories (per week): Text News—never read TV News—0-1x or 7x Radio News—0-1x or 5+	49 vs 17 (m) 33 vs 9 (m) 23 vs 14 (m)	TV News: <u>Direct Experience:</u> Received <u>Indirect Experience:</u> Cared for <u>Exposure:</u> Heard stories, frequency exposure all, portrayal, frequency exposure all government, NGO, all news, family/friends, HCP <u>Socio-demographics:</u> Age, education, income, private health care insurance
Friends/Family	Family/Friends (per month): -frequent discussions (5+)	89 vs 80 (s+m)	<u>Direct Experience:</u> Received <u>Indirect Experience:</u> Cared for <u>Exposure:</u> Heard stories, frequency exposure all, portrayal, frequency exposure all government, all news, HCP <u>Socio-demographics:</u> Gender, age, education, income, private health insurance
Health Care Professionals	HCPs (per month): -frequent discussions (8+)	100 vs 16 (s+m)	<u>Exposure:</u> Heard stories, frequency exposure all, portrayal, frequency exposure all government, all news, family/friends, HCP <u>Socio-demographics:</u> Age, education, income, private health care insurance, purchased private services
<i>Socio-demographics</i>			
Age	24-74 yrs 65-74 yrs	85 vs 77 (s+m) 41 vs 17 (m)	<u>Exposure:</u> Frequency exposure: AB government, NGO, TV news, family/friends, HCP <u>Socio-demographics:</u> Gender, education, income, private health insurance
Education	Higher Education (some vs no post secondary)	86 vs 78 (s+m)	<u>Exposure:</u> Heard stories, frequency exposure: AB government, NGO, TV news, family/friends, HCP

			<u>Socio-demographics:</u> Gender, age, income, private health insurance, purchased private services, have family doctor
Income	Lowest Income (<\$20,000 vs \$20,000+)	31 vs 19 (m)	<u>Direct Experience:</u> Received <u>Indirect Experience:</u> Cared for <u>Exposure:</u> Frequency exposure: AB government, NGO, TV news, family/friends, HCP <u>Socio-demographics:</u> Gender, age, education, private health insurance, purchased private insurance, have family doctor
Private Health Insurance	No private health insurance	23 vs 16 (m)	<u>Direct Experience:</u> Received <u>Exposure:</u> frequency exposure: AB government, NGO, TV news, family/friends, HCP <u>Socio-demographics:</u> Age, education, income, have family doctor
Purchased private medical clinic services	Purchased private medical clinic services	27 vs 17 (m)	<u>Indirect Experience:</u> Cared for <u>Exposure:</u> Frequency exposure: AB government, TV news, HCP <u>Socio-demographics:</u> Gender, education, income

**Table 4. Regression Analysis:
Predictors of perceptions of poor access to health care services**

Independent Variables	Dependent Variable <i>Perceptions of Access to Health Care Services:</i> 1=No problems; 2=Some problems; 3=Many problems obtaining health care services
<i>Beta coefficients</i>	
Personal Experience with Health Care Services	
<i>Direct Experience (as a patient)</i>	
-Not currently on a waiting list (not currently on wait list=1)	.085**
-Low quality of care received (poor=4)	.104***
<i>Indirect Experience (as a caregiver)</i>	
-Cared for family/friend who received health care (yes=1)	.105***
-Cared for family/friend who had problems getting health care (yes=1)	.030
-Cared for family/friend who is currently on a waiting list (yes=1)	.031
-Health care professional (yes=1)	.069*
Exposure to Messages about Health Care	
Heard stories about people having trouble getting health care (yes=1)	.066*
Frequency of Exposure to information about health care (often=5; 4-5 on scale of 5, where 5=very often)	.044
Frequency of exposure to information from: <i>Government Institutions/Non-Governmental Organizations</i>	
-Canadian Government (5 or more times a month=2)	-.058
-Alberta Government (5 or more times a month=2)	-.041
-Other political parties (5 or more times a month=2)	-.073*
-Non-Governmental Organizations (5 or more times a month=2)	-.026
Frequency of Exposure to: <i>Hearsay</i>	
-TV news (0 times a week=0...7=7)	.102**
-Family and Friends (1-4 times a month=1; 5 or more=2)	.131***
-Health care professionals (1-4 times a month=1; 5 or more=2)	.128***
Socio-demographics	
-Age	-.138***
-Education	.034
-Income	-.014
-Private health insurance (No=1)	.103**
-Purchased private medical clinic services (No=1)	-.062
R squared	.160

* p≤.05
** p≤.01
*** p≤.001

Table 5. Regression Analysis:
Personal experience predictors of perceptions of poor access to health care services

Independent Variables <i>Personal Experience with Health Care Services</i>	Dependent Variable <i>Perceptions of Access to Health Care Services:</i> 1=No problems; 2=Some problems; 3=Many problems obtaining health care services
	<i>Beta coefficients</i>
<i>Direct Experience (as a patient)</i>	
-Not currently on a waiting list	.106***
-Low quality of care received	.121***
R-squared	.026
<i>Indirect Experience (as a caregiver)</i>	
-Cared for family/friend who received health care	.157***
-Cared for family/friend who had problems getting health care	.059
-Cared for family/friend who is currently on a waiting list	-.026
-Health care professional	.101***
R-squared	.041

Table 6. Regression Analysis:
Exposure to messages predictors of perceptions of poor access to health care services

Independent Variables <i>Exposure to Messages about Health Care</i>	Dependent Variable <i>Perceptions of Access to Health Care Services:</i> 1=No problems; 2=Some problems; 3=Many problems obtaining health care services
	<i>Beta coefficients</i>
Exposure to Messages about Health Care	
Heard stories about people having trouble getting health care	.068*
Frequency of Exposure to information about health care	.036
Frequency of exposure to information from: <i>Government/NGOs</i>	
-Canadian Government	-.137***
-Alberta Government	-.069*
-Other political parties	-.096**
-Non-Governmental Organizations	-.003
Frequency of Exposure to: <i>Hearsay</i>	
-TV news	.053
-Family and Friends	.153***
-Health care professionals	.118***
R-squared	.096

Table 7. Regression Analysis:
Socio-demographic predictors of perceptions of poor access to health care services

Independent Variables <i>Socio-demographics</i>	Dependent Variable <i>Perceptions of Access to Health Care Services:</i> 1=No problems; 2=Some problems; 3=Many problems obtaining health care services
	<i>Beta coefficients</i>
-Age	-.082**
-Education	.124***
-Income	-.036
-Private health insurance (No=1)	.081**
-Purchased private medical clinic services (No=1)	-.072*
R squared	.030

* $p \leq .05$

** $p \leq .01$

*** $p \leq .001$

Table 8. Perceived appropriate, actual, and target waiting times for various health care services

Health Service	Perceived Appropriate Waiting Time		Perceived Appropriate Waiting Time from WCWL Project ¹	Actual Waiting Time in Alberta ²	Alberta Goal ³ (2008-2009)	F/P/T Benchmark
	Mean	Median	Maximum (varies with urgency)	Median	90% patients within:	
<i>Public Health:</i>						
Childhood Immunizations	11.81 days	5 days				
Mammography to detect breast cancer	11.61 days	5 days			62% of target group	100% of target group
<i>Community-based:</i>						
Visit with a family doctor	4.64 days	2 days				
<i>Diagnostic Services:</i>						
MRI	25.93 days	15 days		9.4 weeks (day and in-patient)	1-12 weeks (varies with urgency level)	To be determined
<i>Acute Care:</i>						
Elective surgery (e.g. hip/knee replacement)	38.88 days	30 days	Public: 28-147 wks Patient: 4-12 wks Clinical: 4-26 wks	Hip: 10.9 weeks Knee: 13.1 weeks	4-20 weeks (varies with urgency level)	All cases within 26 weeks
Emergency room services	2.04 hours	2 hours		(51 minutes in other parts of Canada) ⁴		
<i>Dental Services</i>						
	7.21 days	3 days				

¹ Western Canada Waiting List Project. Moving forward: final report. February 2005.
http://www.wcwl.ca/media/pdf/news/moving_forward/report.pdf

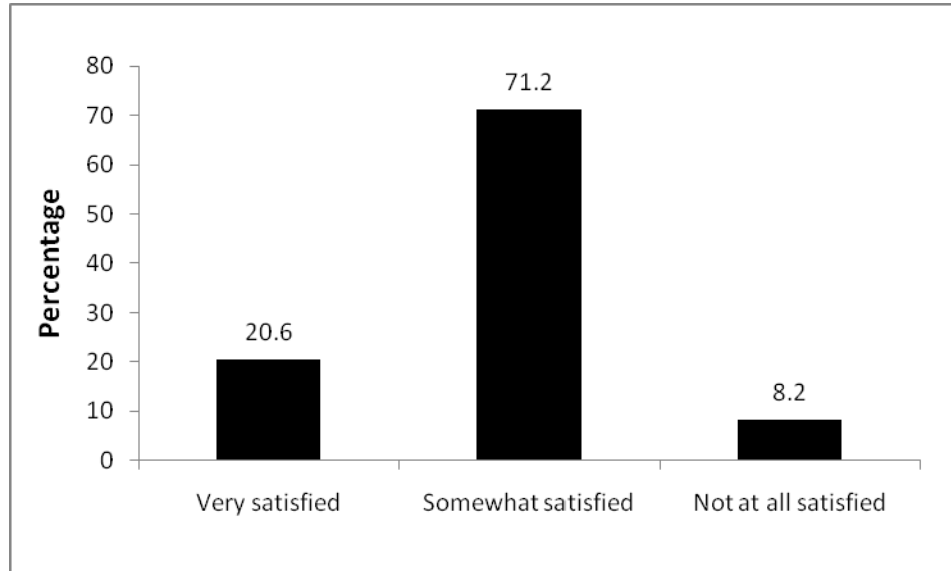
² In patients served in 90 days preceding July 31, 2007

³ Alberta Waitlist Registry, <http://www.ahw.gov.ab.ca/waitlist/AWRInfoPage.jsp?pageID=20>, cited September 1, 2007.

⁴ Based on data from the National Ambulatory Care Reporting System (NACRS) from Ontario and selected facilities in Nova Scotia, British Columbia, and Prince Edward Island. (From CIHI Report: *Understanding Emergency Department Wait Times*. 2005.)

FIGURES

Figure 1. Satisfaction with the health care system

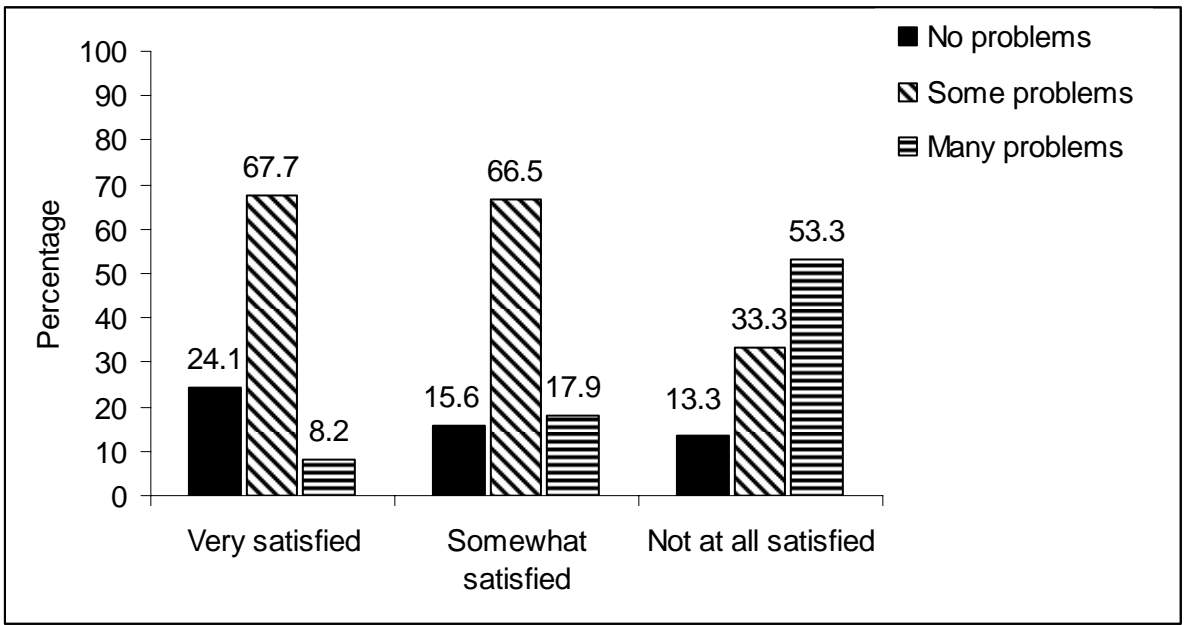


Question:

How satisfied are you with Alberta's health care system? Are you very satisfied, somewhat satisfied, or not at all satisfied?

Source: 2005 Alberta Advantage Survey (n=1099)

Figure 2. Perceptions of health care accessibility by satisfaction with the health care system



Question:

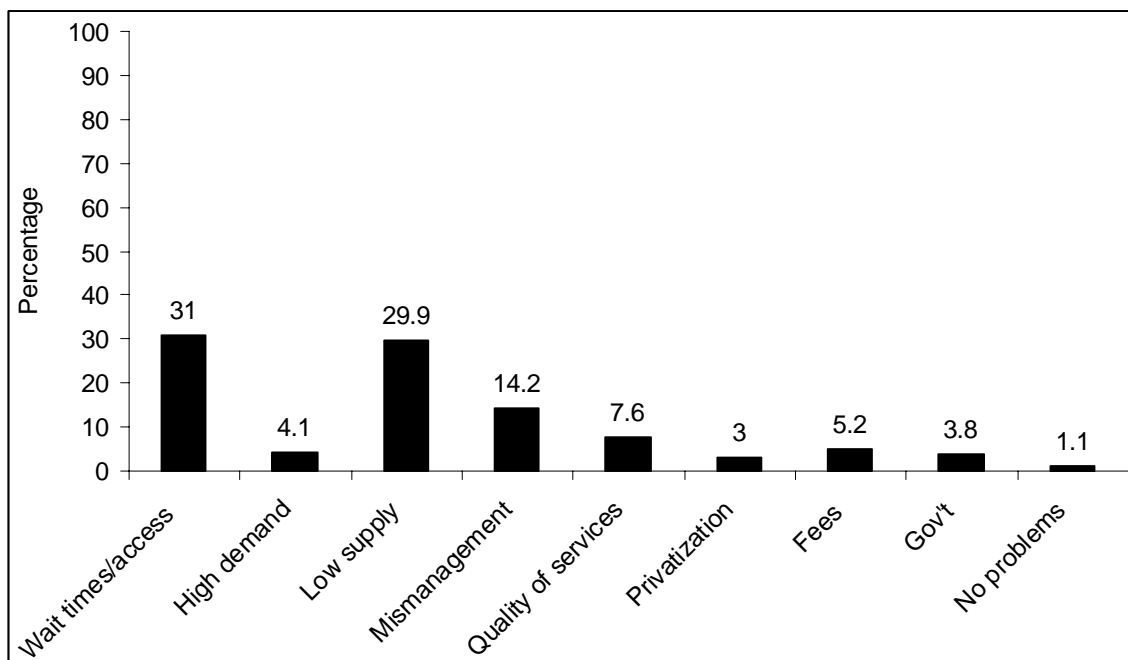
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

How satisfied are you with Alberta's health care system? very satisfied, somewhat satisfied, not at all satisfied?

P-value: 0.000, Chi-Squared: 92.269

Source: 2005 Alberta Advantage Survey (n=1087)

Figure 3. Perceptions of the primary problem facing the health care system



Question:

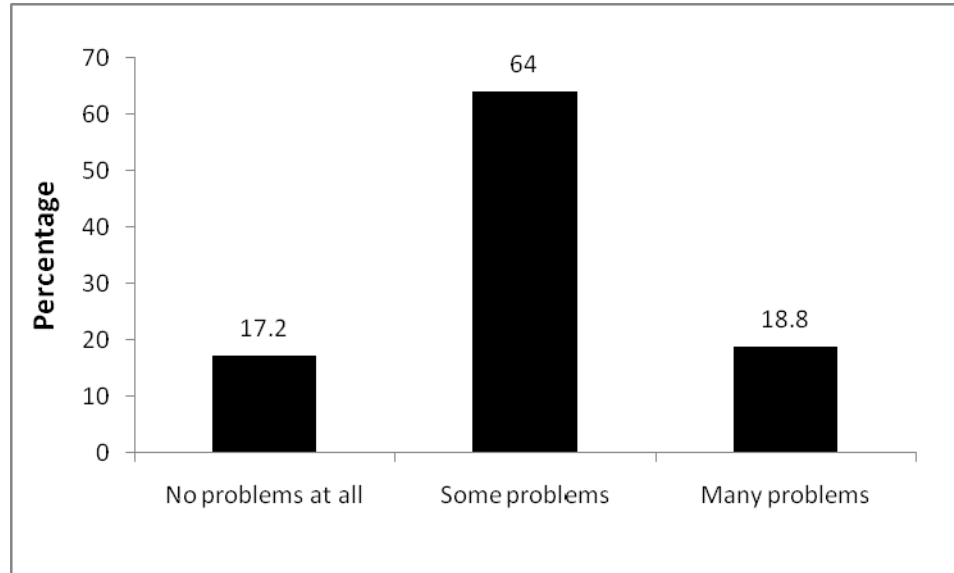
What do you think is the number one problem facing our health care system today?

Note:

1. **Wait times/Accessibility**--includes responses such as: “wait times too long for acute care, ER, family doctors, elective surgeries”; “access problems”
2. **High Demand**--includes responses such as: “system overloaded”, “focus on treatment rather than prevention”
3. **Low Supply**--includes responses such as: “funding inadequate”, “staffing shortages”, “not enough equipment”
4. **Mismanagement**--includes responses such as: “misinformation”, “cost of admin too high”
5. **Quality of services**--includes responses such as: “doctors are callous”, “staff are rude”, “hospitals are dehumanizing”
6. **Threat of Privatization**--includes responses such as: “privatization will ruin the system, take over, make health care too expensive”
7. **Fees**--includes responses as: “prescriptions too costly”, “premiums too costly”
8. **Government**—includes responses such as “Government is to blame”
9. There are no problems

Source: 2005 Alberta Advantage Survey (n=1100)

Figure 4. Perceptions of problems with access to health care in Alberta

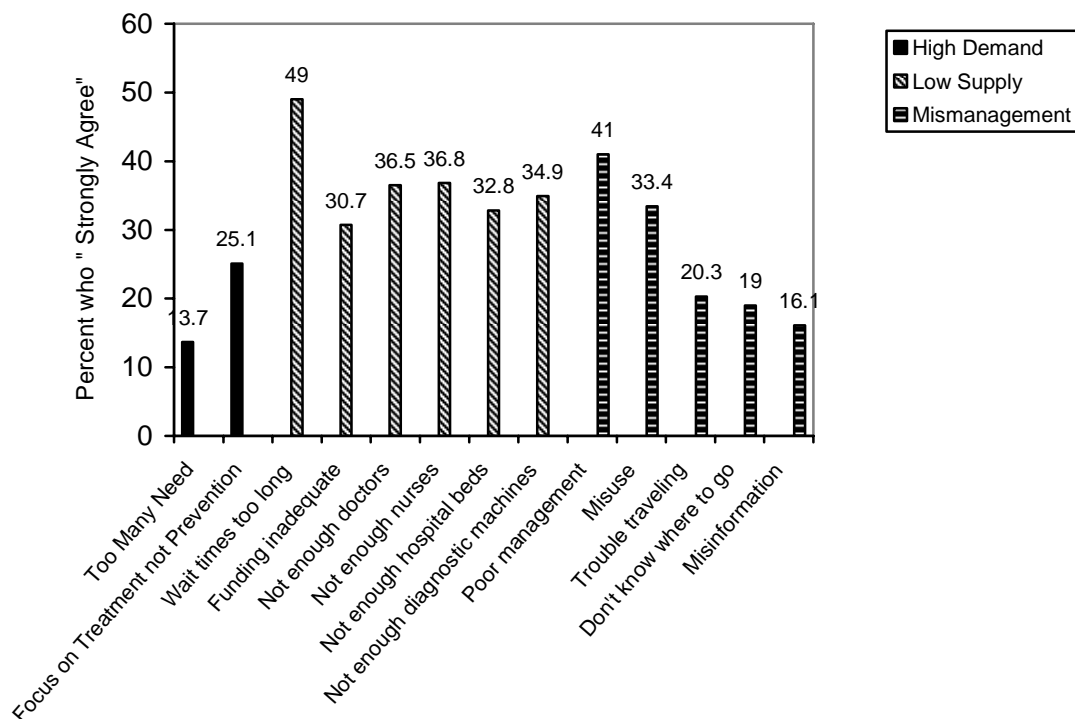


Question:

When it comes to obtaining health care services in Alberta, do you believe there are: No problems at all, some problems, many problems?

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 5. Perceptions of possible factors contributing to problems with access to health care services



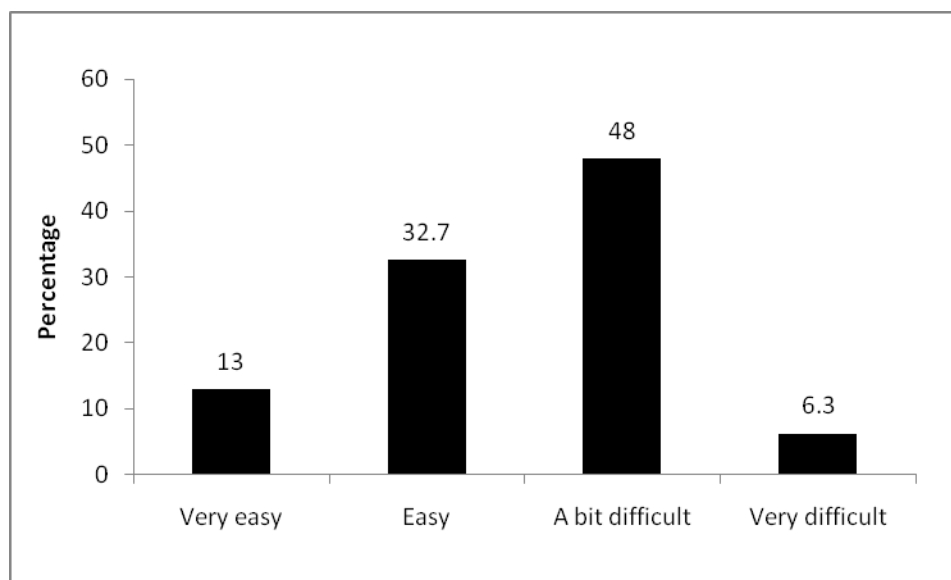
Question:

Do you strongly agree, agree, disagree, or strongly disagree that: (*RANDOMIZE LIST*)

4. Waiting times are too long.
5. Funding for health care is inadequate.
6. There aren't enough doctors.
7. There aren't enough nurses.
8. There aren't enough hospital beds.
9. There aren't enough diagnostic machines like MRI.
10. Health care resources are poorly managed.
11. People misuse health care services.
12. People have trouble traveling to get to health care services.
13. People don't know the appropriate places to go to get health care services.
14. Too many people need health care services.
15. The focus of our health care system is on treating disease rather than preventing it before it happens.
16. There's misinformation about health care services.

Source: 2005 Alberta Advantage Survey

Figure 6. Perceptions of how easy or difficult is it for people to get health care services in Alberta

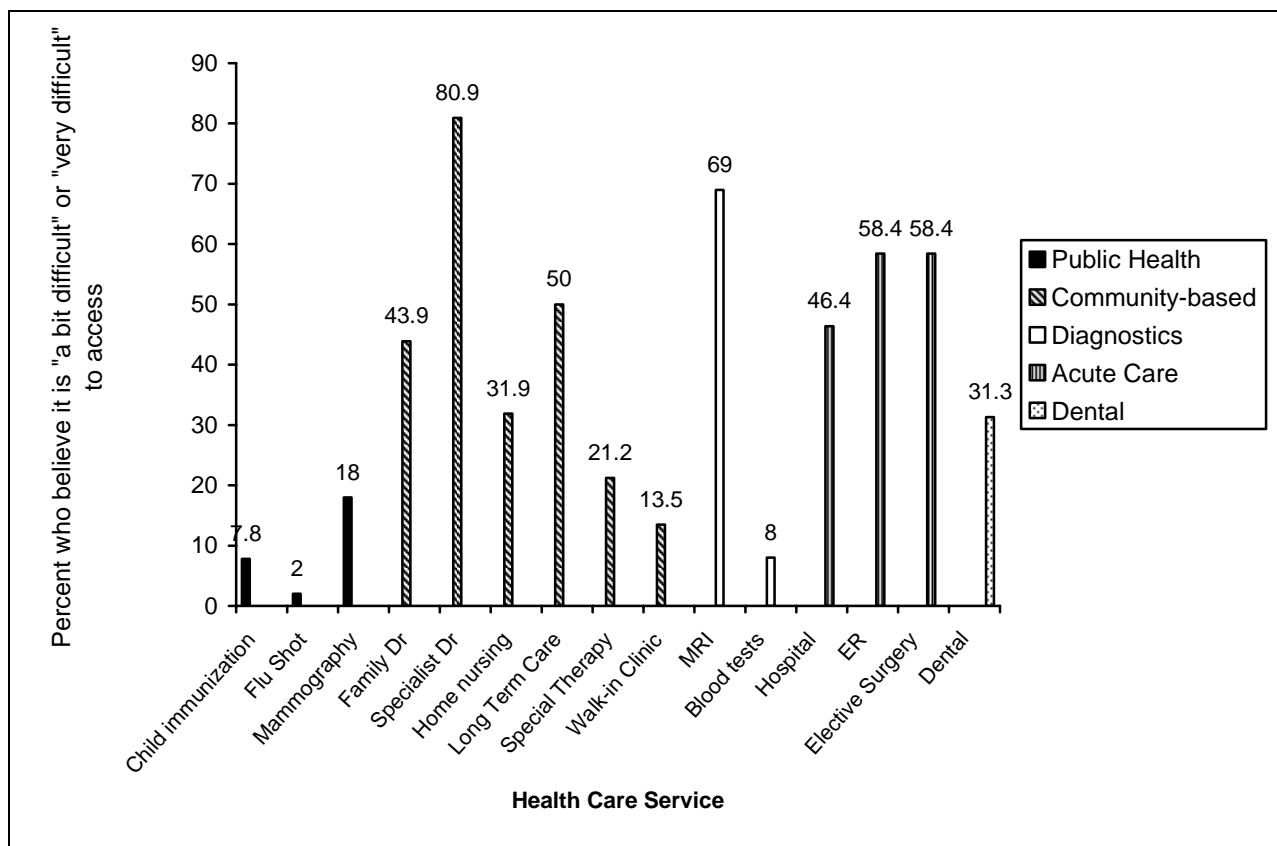


Question:

In general, how easy or difficult do you think it is for people to get health care services when they need them in Alberta? Is it very easy, easy, a bit difficult, or very difficult?

Source: 2005 Alberta Advantage Survey (n=1077)

Figure 7. Perceptions of how difficult it is to access a range of health services in Alberta



Question:

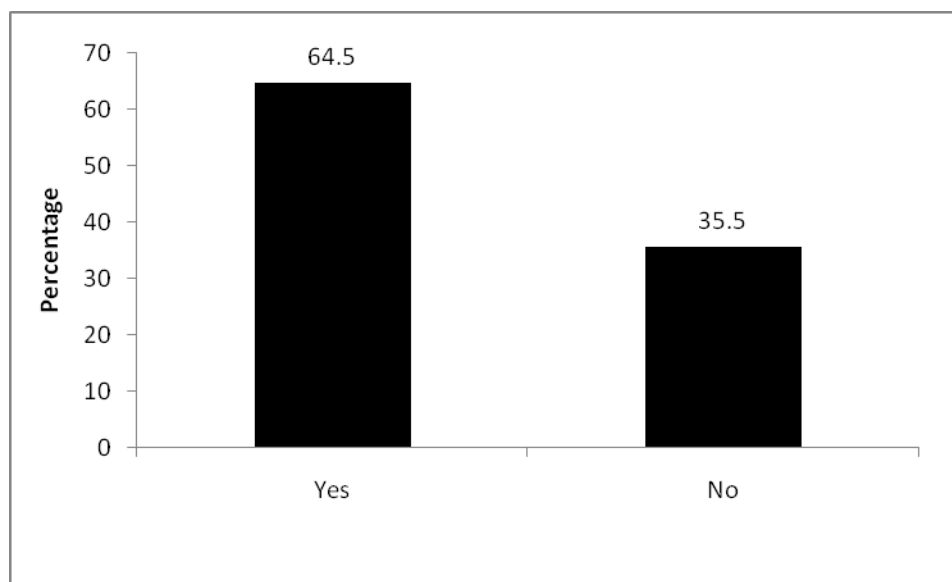
More specifically, do you think it is very easy, easy, a bit difficult, or very difficult to get the following health care services when people need them in Alberta (*RANDOMIZE LIST*):

18. MRI (magnetic resonance imaging) (*Prompt: This is a diagnostic test*)
19. In-patient hospital care
20. Visit with a family doctor
21. Visit with a specialist doctor (For example: a heart specialist, surgeon etc.)
22. Emergency room services
23. Elective or scheduled surgery (For example: knee or hip replacements)
24. Blood tests (For example: cholesterol blood tests)
25. Home nursing care services (For example: to help with bathing and other basic household tasks)
26. Routine childhood immunizations, vaccinations or shots (For example: measles immunizations)
27. Flu shots (Immunization against the flu)
28. Admission to a nursing home or long term care facility
29. Special therapy services (For example: physical therapy, chiropractic services)
30. Visit in a community walk-in clinics
31. Mammography (breast X-ray) to screen for breast cancer

Dental services are not included in Alberta's publicly funded health care system.

32. Do you think it is very easy, easy, a bit difficult, or very difficult for people to visit a dentist in Alberta?

Figure 8. Proportion of respondents who have personally received health care services in Alberta in the past 12 months

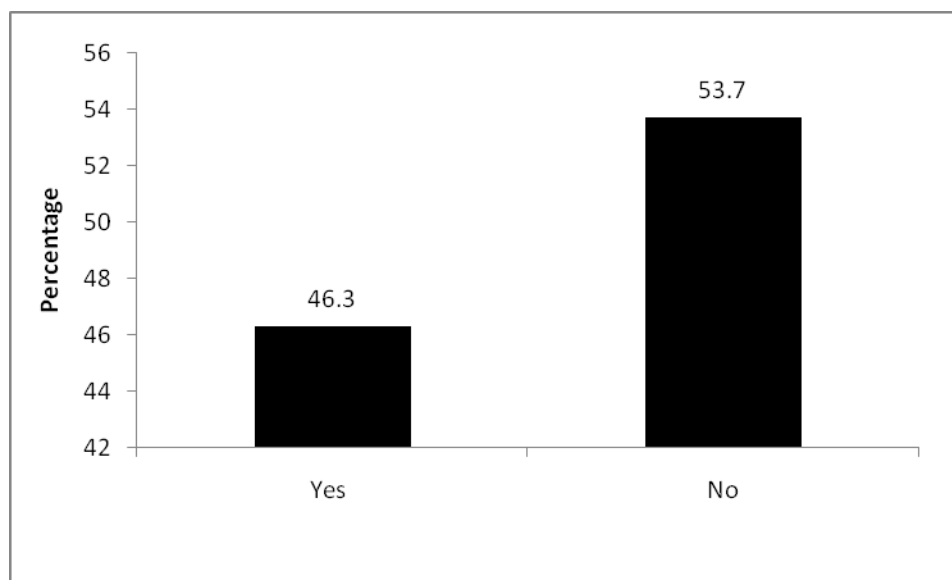


Question:

Have you personally received any health care services in Alberta in the past 12 months?

Source: 2005 Alberta Advantage Survey (n=1097)

Figure 9. Proportion of respondents who have personally had problems accessing health care services when needed

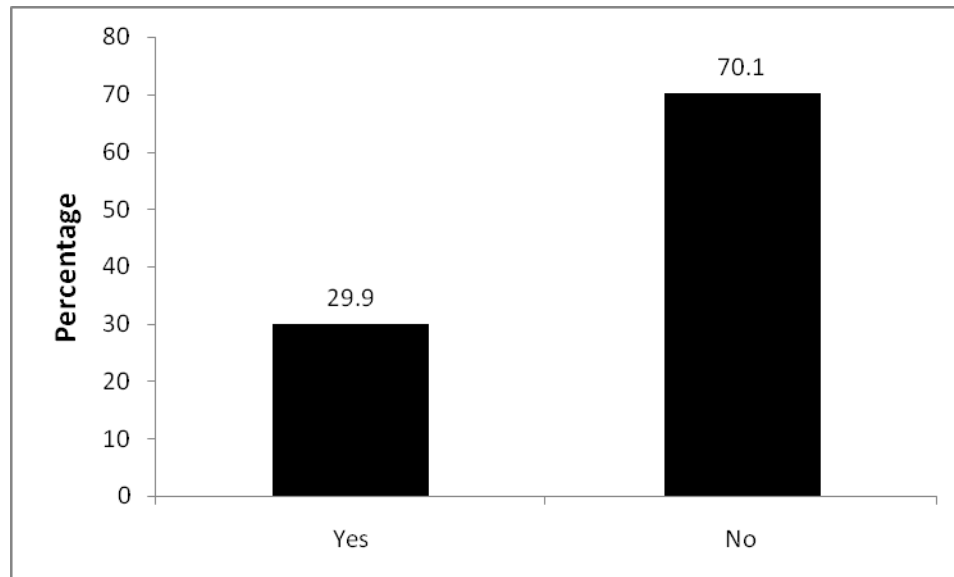


Question:

Have you personally had problems getting any health care services when you need them in Alberta?

Source: 2005 Alberta Advantage Survey (n=1094)

Figure 10. Proportion of respondents currently on a waiting list for health care services

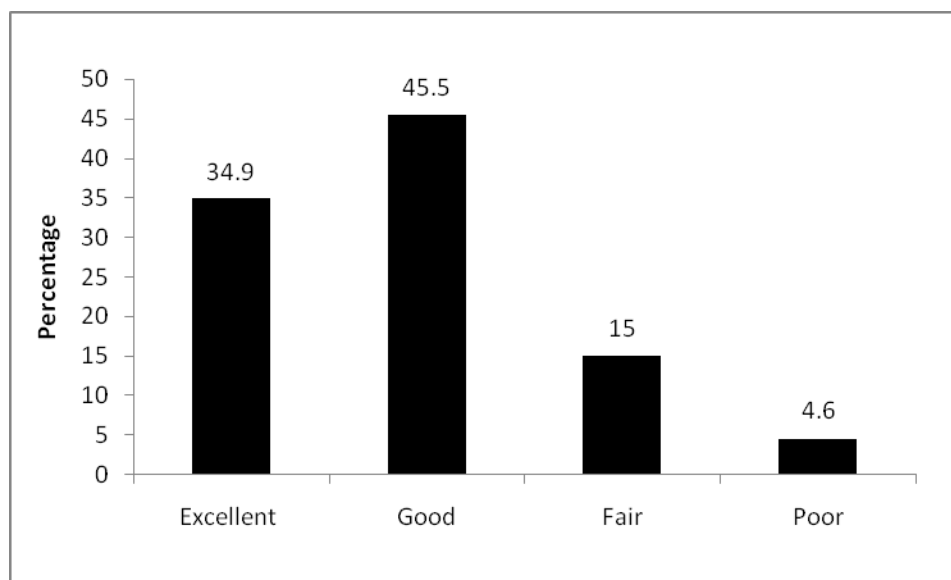


Question:

Are you currently on a waiting list for any health care services?

Source: 2005 Alberta Advantage Survey (n=1100)

Figure 11. Rating of quality of health care services personally received in the past year

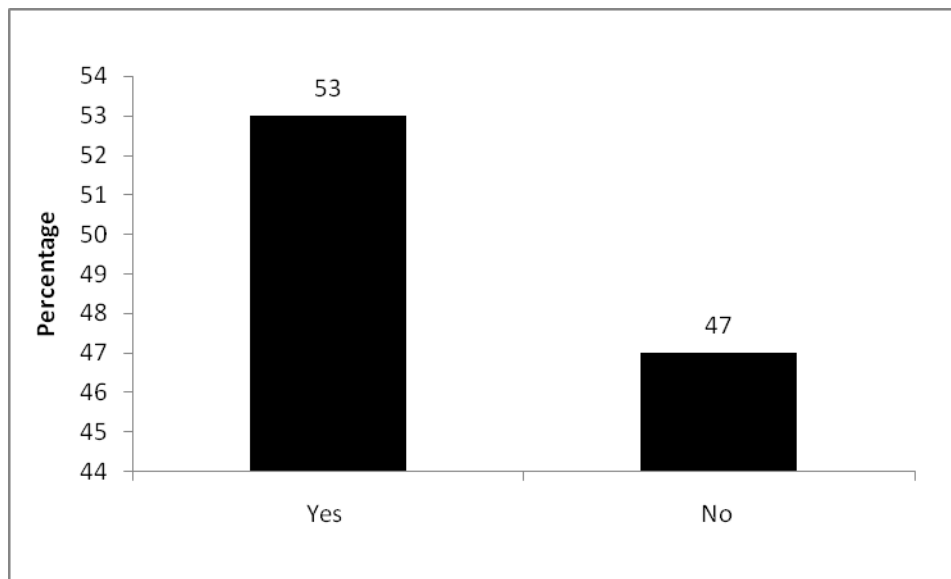


Question:

Overall, how would you rate the quality of care you have personally received in the past 12 months? Excellent, good, fair, or poor?

Source: 2005 Alberta Advantage Survey (n=1026)

Figure 12. Proportion of respondents who have cared for a family member/friend who received health care services within the past year

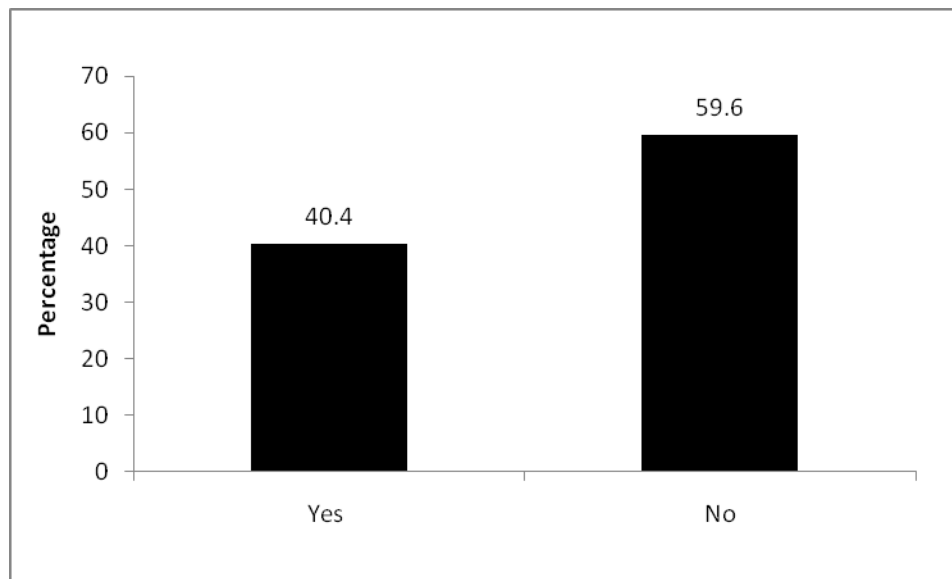


Question:

Have you cared for a family member or friend who has received any health care services in Alberta over the past 12 months?

Source: 2005 Alberta Advantage Survey (n=1096)

Figure 13. Proportion of respondents who have cared for a family member/friend who has had problems getting health care services in Alberta

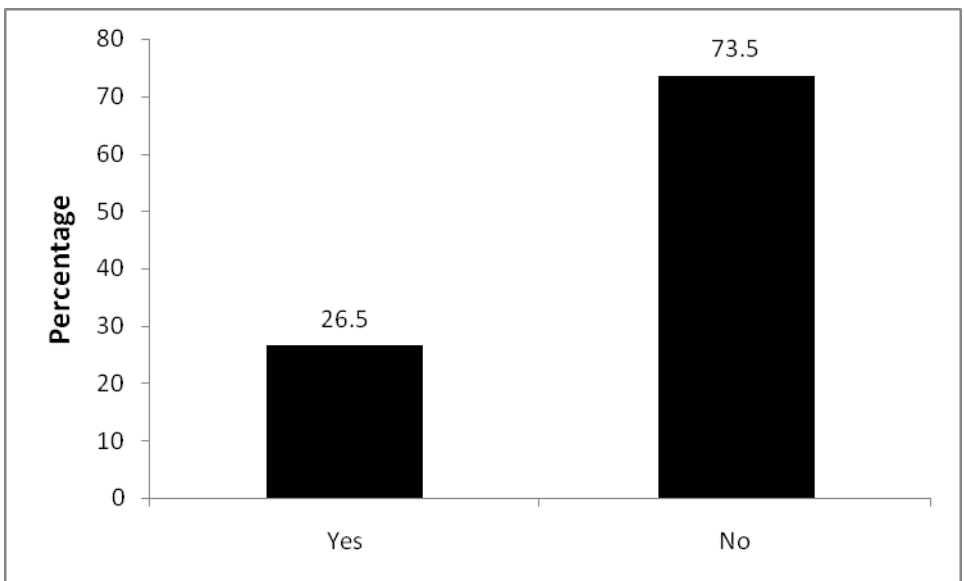


Question:

Have you cared for a family member or friend who has had problems getting any health care services in Alberta?

Source: 2005 Alberta Advantage Survey (n=1093)

Figure 14. Proportion of respondents who have cared for a person who is currently on a waiting list for health care services

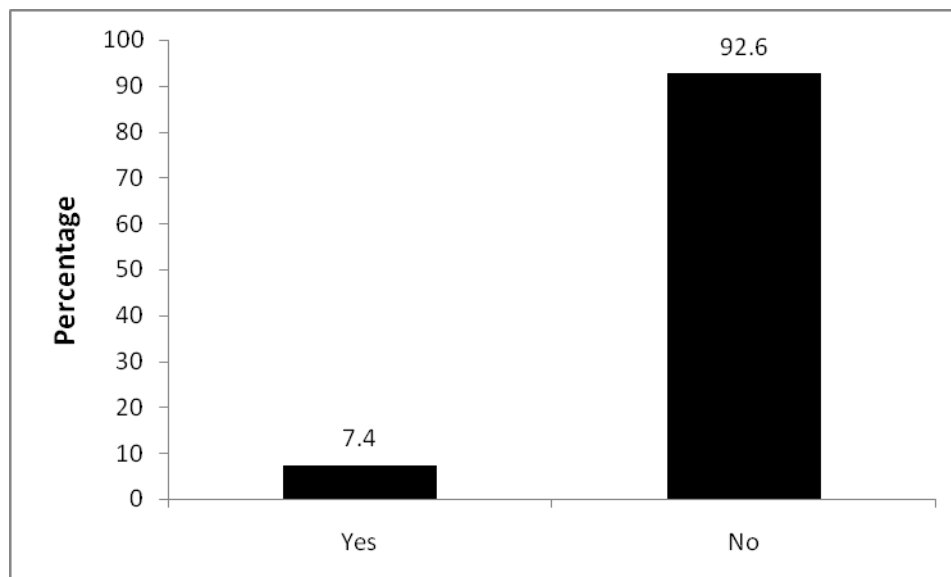


Question:

Have you cared for a person who is currently on a waiting list for any health care services?

Source: 2005 Alberta Advantage Survey (n=1100)

Figure 15. Proportion of respondents who are health care professionals

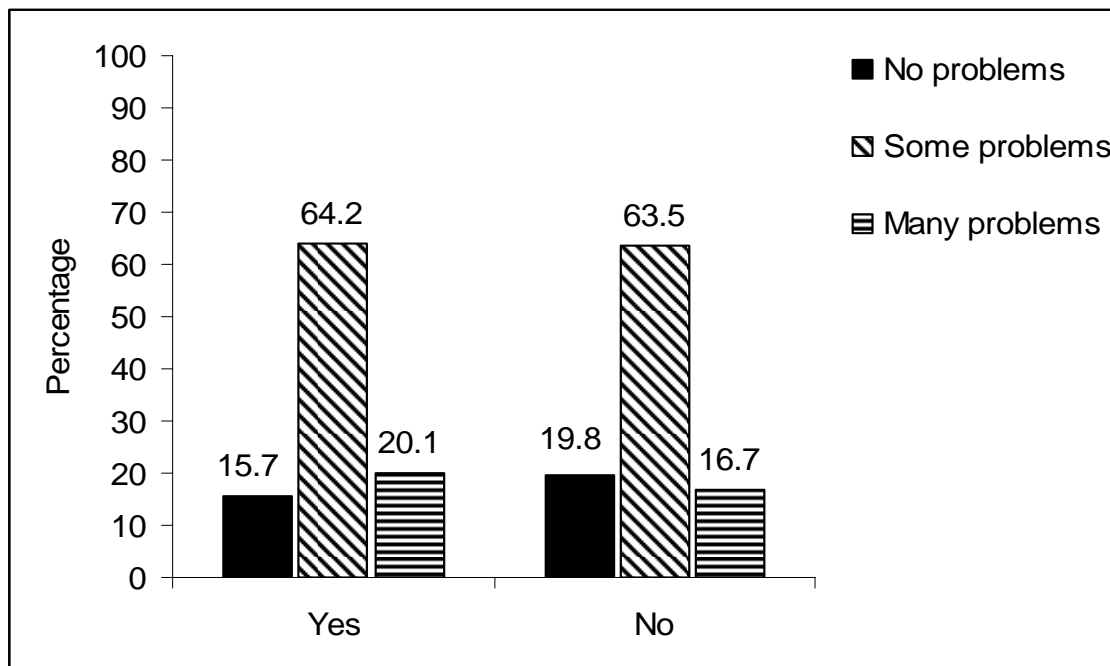


Question:

Are you a health care professional?

Source: 2005 Alberta Advantage Survey (n=1100)

Figure 16. Perceptions of health care accessibility by whether or not respondent has received health care services in the past 12 months



Question:

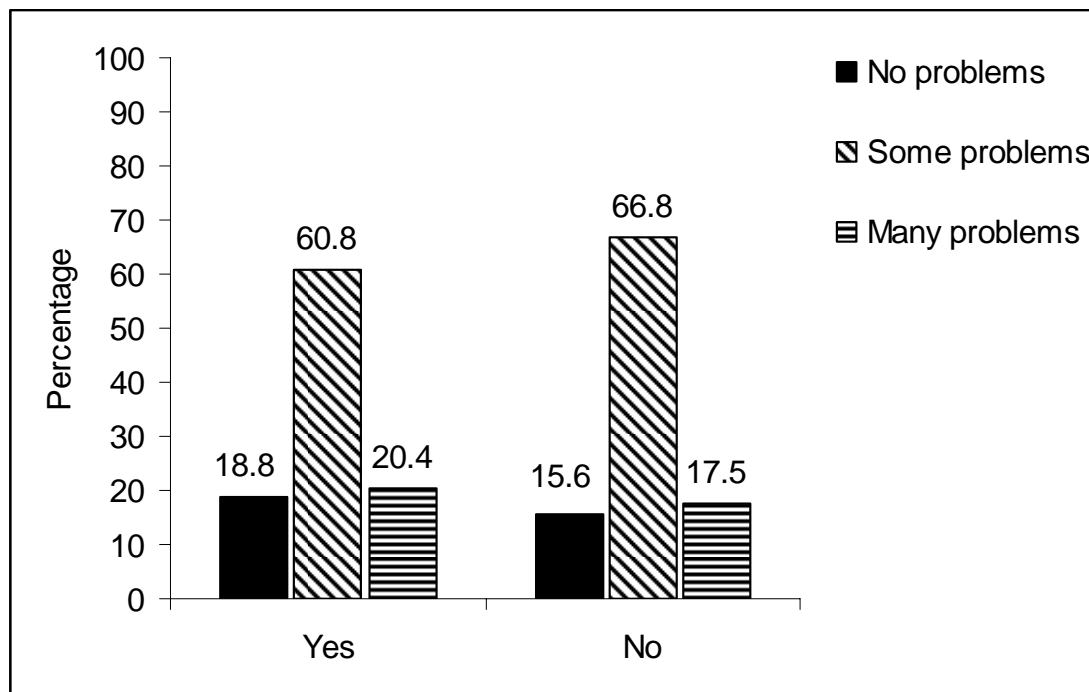
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you personally received any health care services in Alberta in the past 12 months?

P-value: 0.133, Chi-Squared: 4.039

Source: 2005 Alberta Advantage Survey (n=1085)

Figure 17. Perceptions of health care accessibility by whether or not respondent has had problems with access to health care services in the past 12 months



Question:

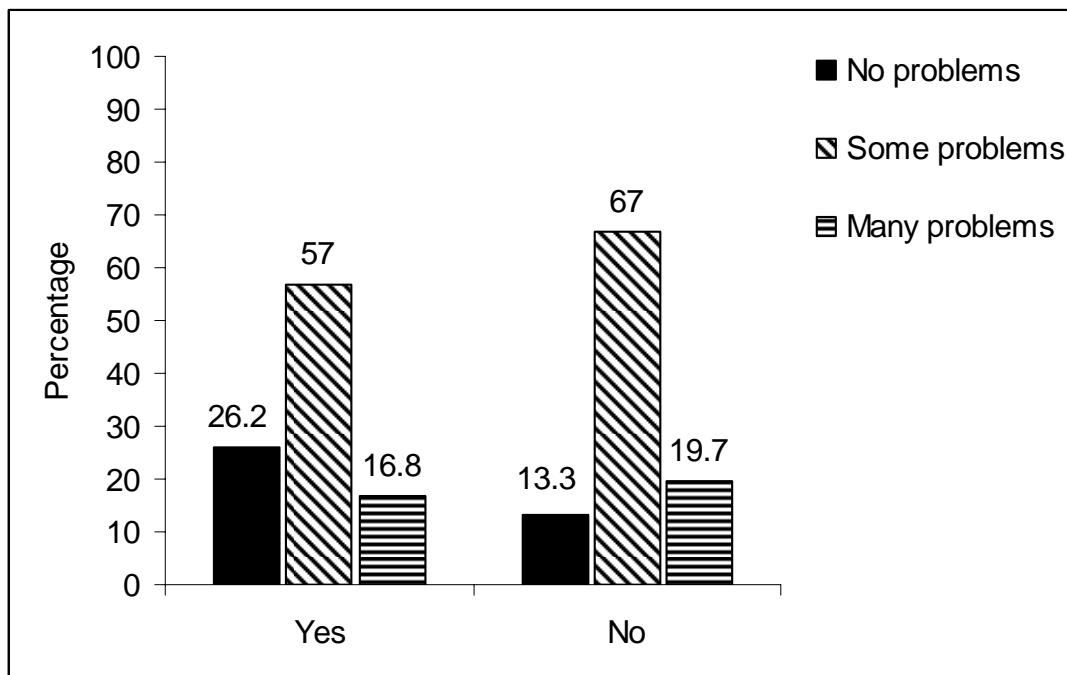
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you personally had problems getting any health care services when you need them in Alberta?

P-value: 0.115, Chi-Squared: 4.319

Source: 2005 Alberta Advantage Survey (n=1087)

Figure 18. Perceptions of health care accessibility by whether or not respondent is on a waiting list for health care services



Question:

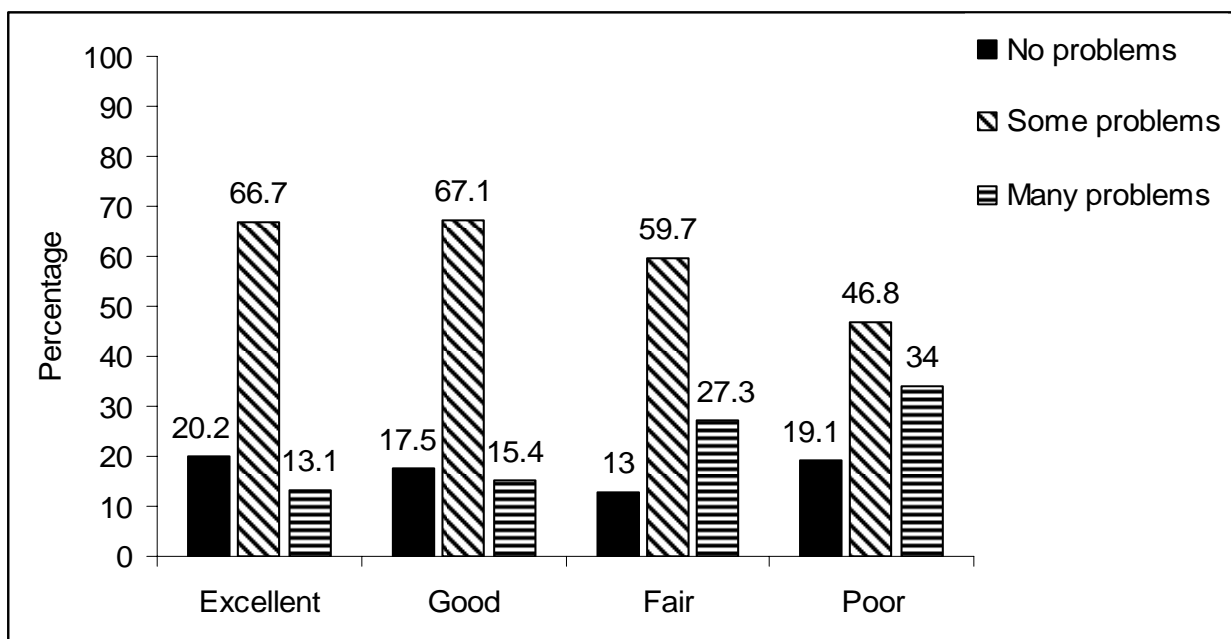
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Are you currently on a waiting list for any health care services?

P-value: 0.000, Chi-Squared: 26.912

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 19. Perceptions of health care accessibility by perceived quality of care



Question:

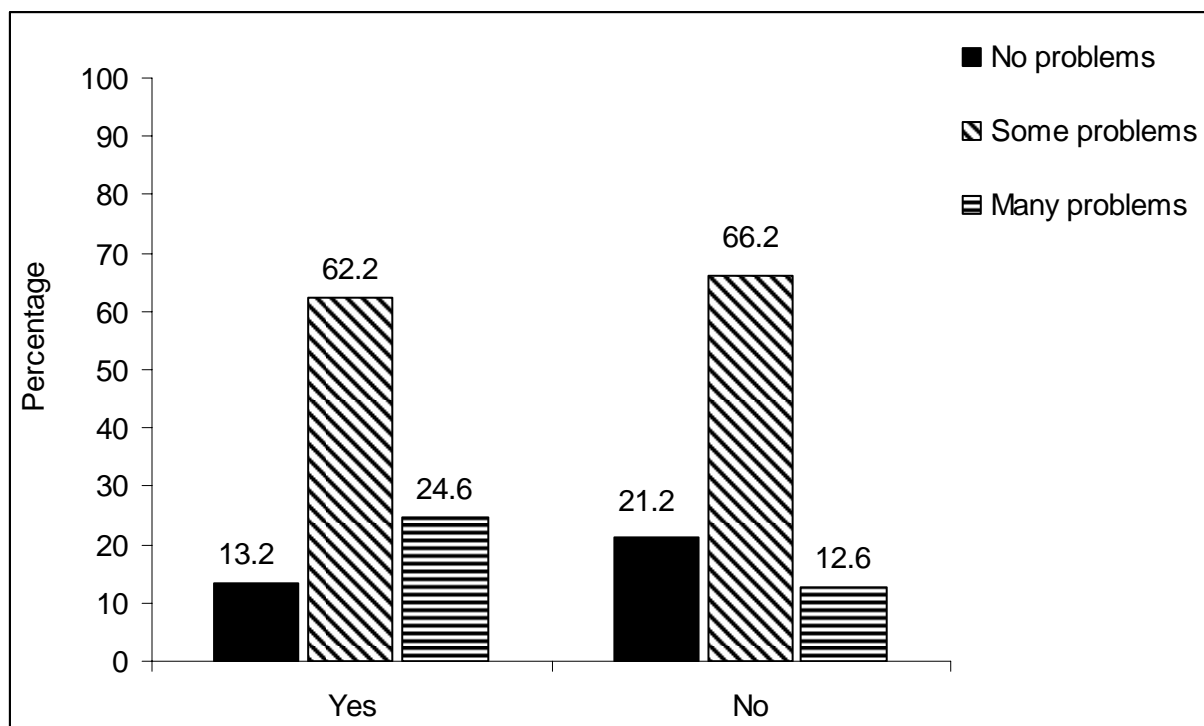
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Overall, how would you rate the quality of care you have personally received in the past 12 months? (excellent, good, fair, poor)

P-value: 0.000, Chi-Squared: 27.823

Source: 2005 Alberta Advantage Survey (n=1014)

Figure 20. Perceptions of health care accessibility by whether or not respondent has cared for a family member or friend who has received health care services in the past 12 months



Question:

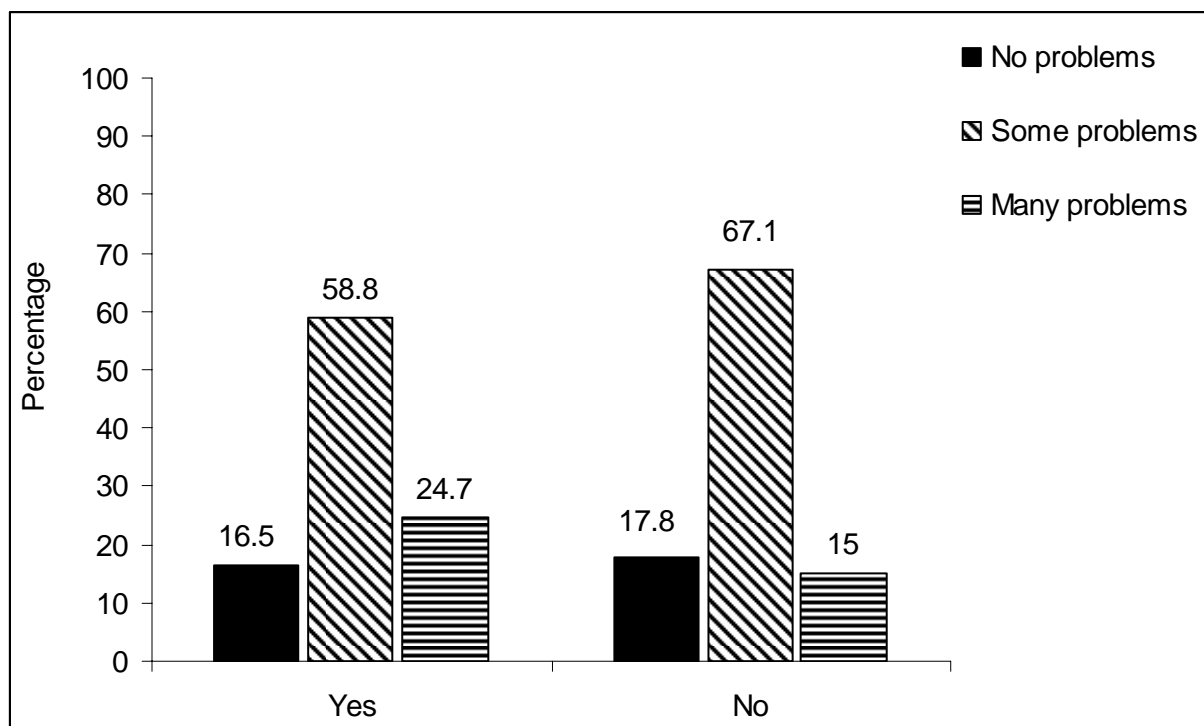
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you cared for a family member or friend who has received any health care services in Alberta over the past 12 months?

P-value: 0.000, Chi-Squared: 31.353

Source: 2005 Alberta Advantage Survey (n=1084)

Figure 21. Perceptions of health care accessibility by whether or not respondent has cared for a family member or friend who has had problems accessing health care services in Alberta



Question:

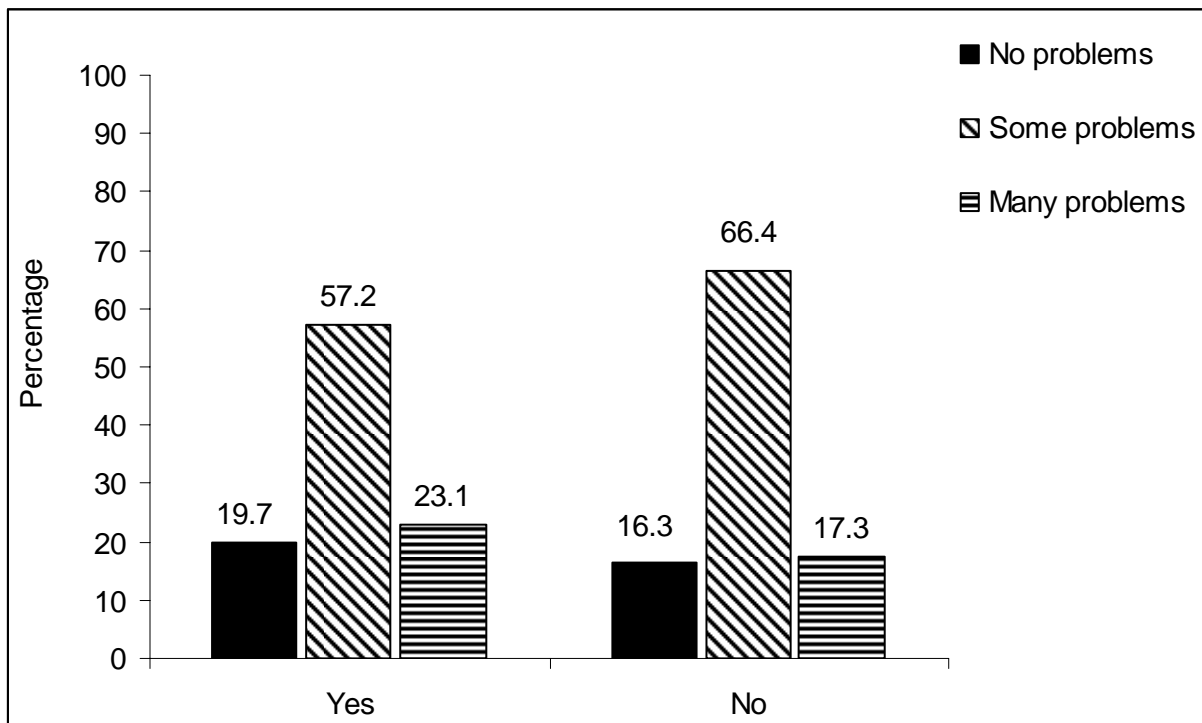
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you cared for a family member or friend who has had problems getting any health care services in Alberta?

P-value: 0.000, Chi-Squared: 15.893

Source: 2005 Alberta Advantage Survey (n=1081)

Figure 22. Perceptions of health care accessibility by whether or not respondent has cared for a person who is currently on a waiting list for health care services



Question:

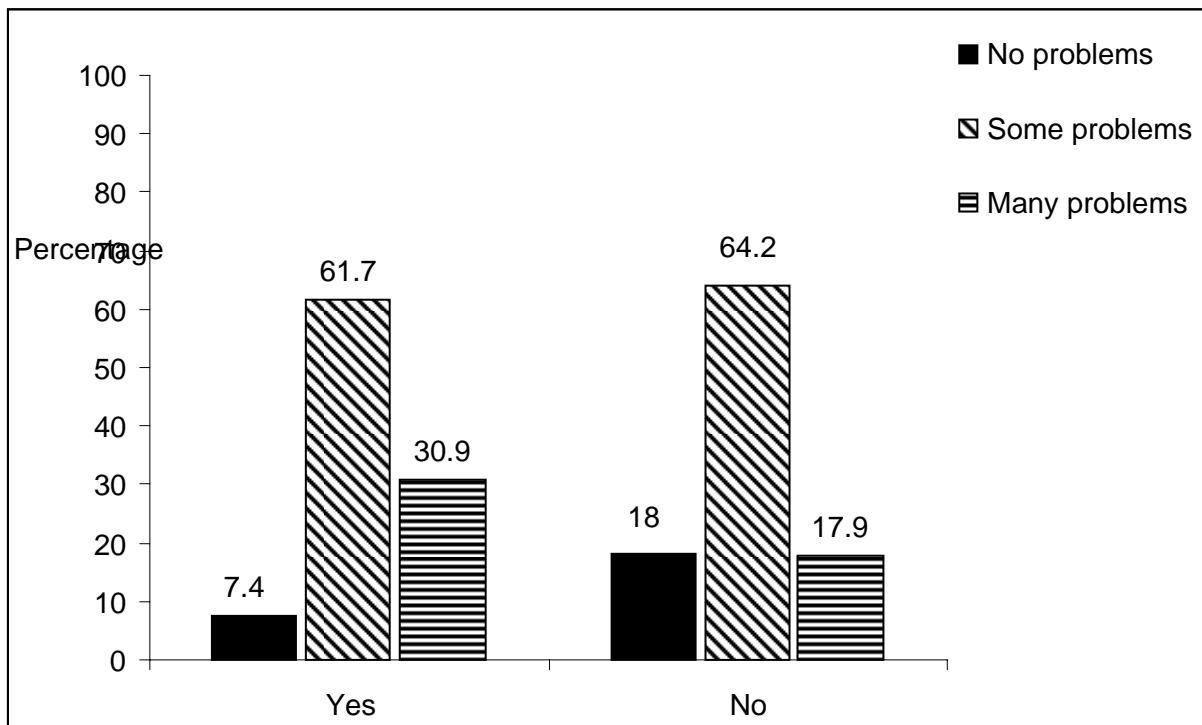
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you cared for a person who is currently on a waiting list for any health care services?

P-value: 0.018, Chi-Squared: 8.011

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 23. Perceptions of health care accessibility by whether or not respondent is a health care professional



Question:

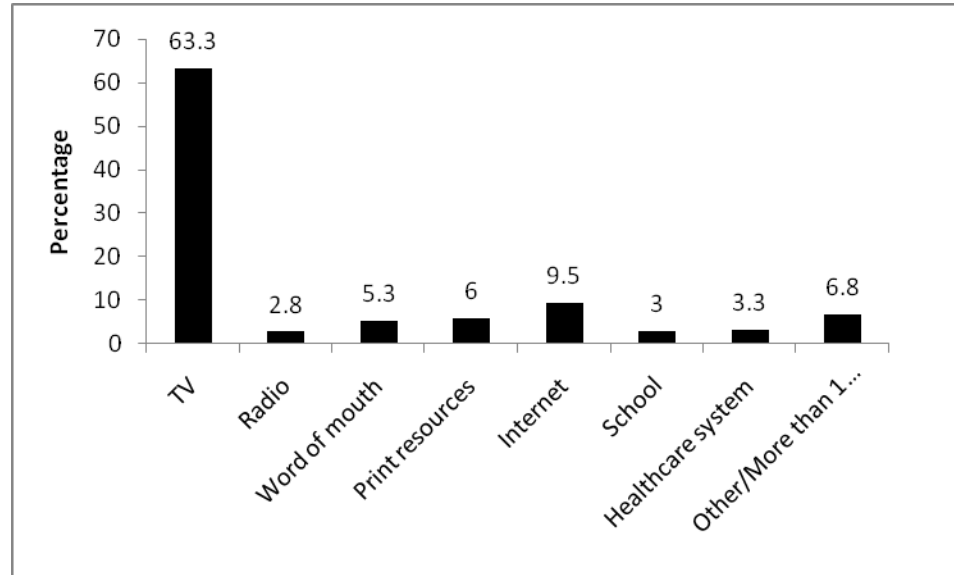
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Are you a health care professional such as a doctor or a nurse?

P-value: 0.003, Chi-Squared: 11.652

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 24. Main source of information about the health care system

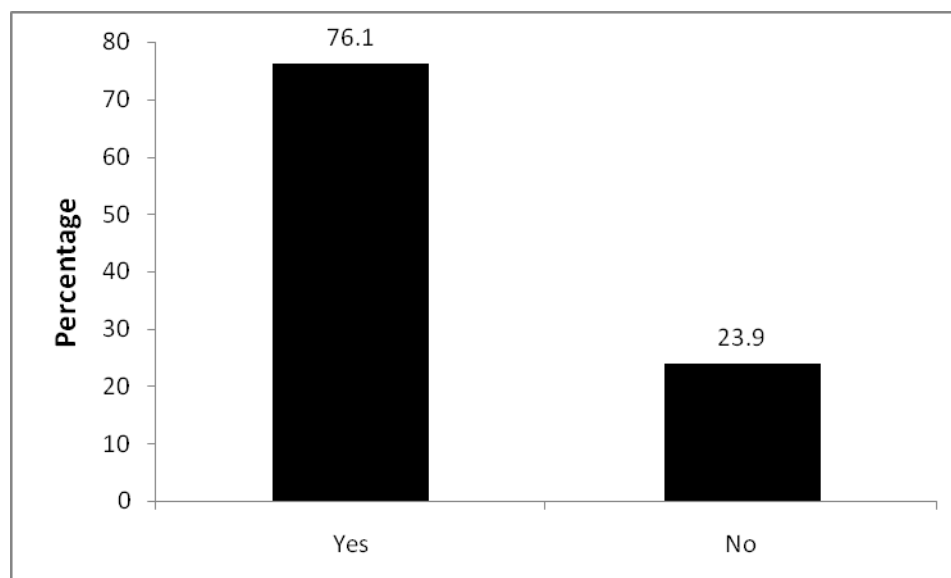


Question:

What is your main source of information about the health care system?

Source: 2005 Alberta Advantage Survey (n=1085)

Figure 25. Proportion of respondents who have heard stories of people having trouble accessing needed health care services

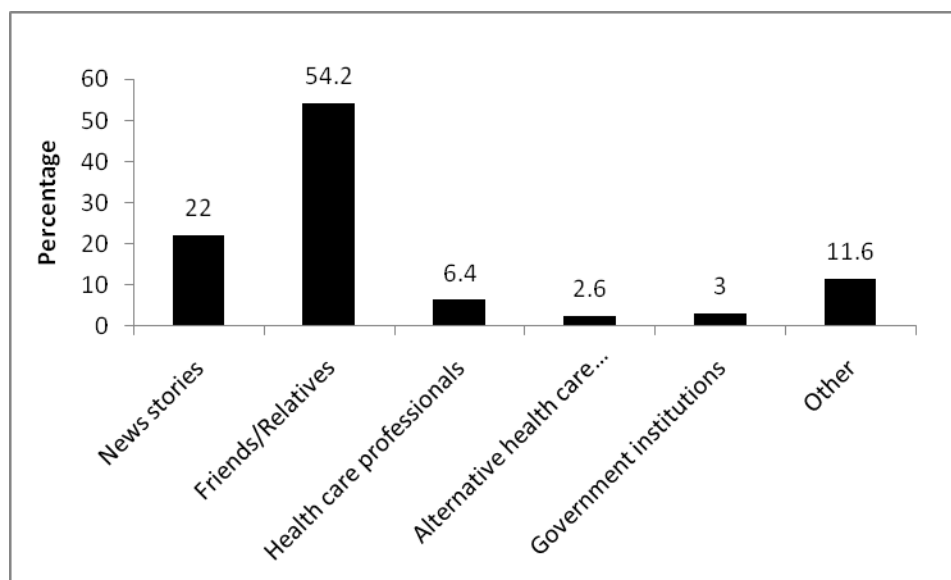


Question:

Have you heard stories about people having trouble getting health care services when they need them?

Source: 2005 Alberta Advantage Survey (n=1100)

Figure 26. Origin of stories about people having trouble accessing health care services when needed

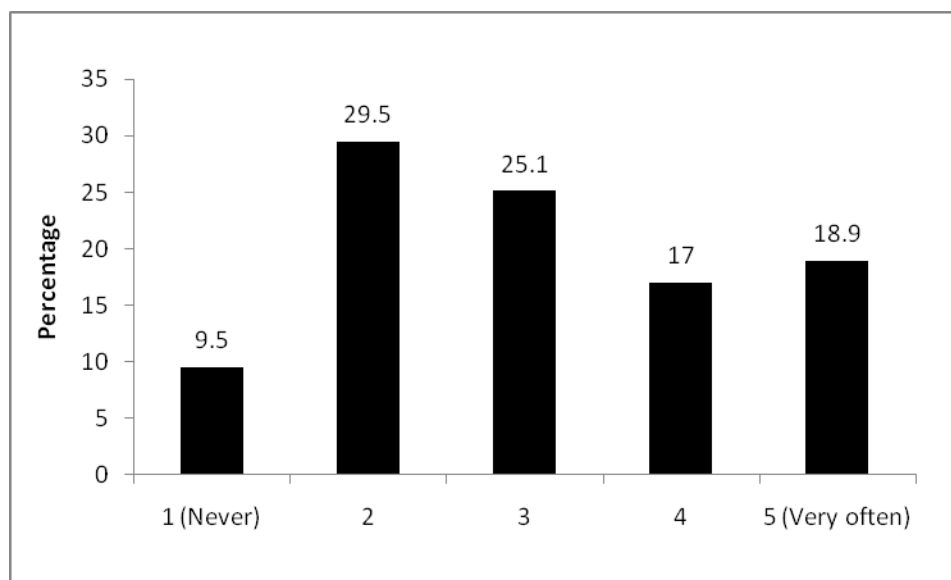


Question:

From where have you heard these stories?

Source: 2005 Alberta Advantage Survey (n=1057)

Figure 27. Frequency of exposure to information about the health care system

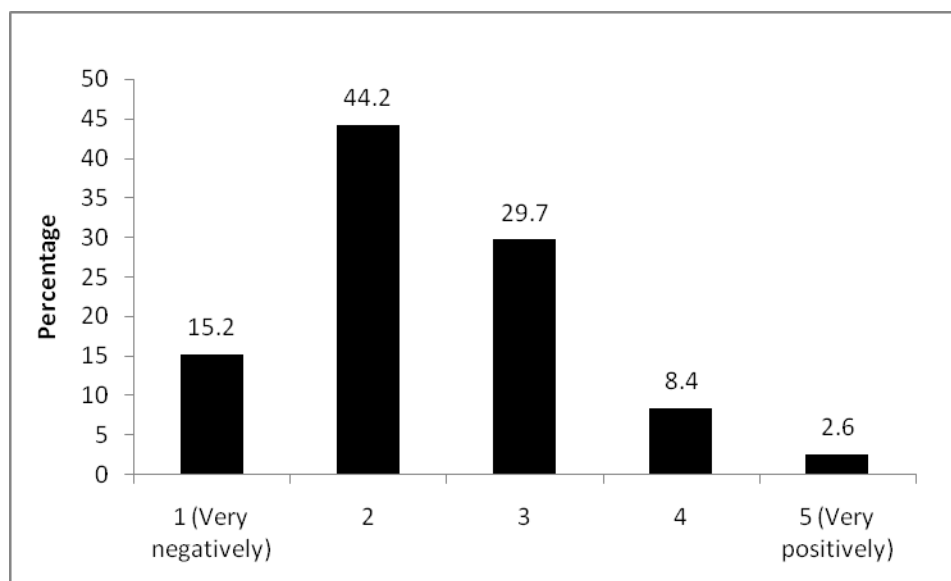


Question:

On a scale of 1 to 5, where 1 is never and 5 is very often, how often do you come across information about the health care system?

Mean: 3.0628, Median: 3, Standard Deviation: 1.26328

Source: 2005 Alberta Advantage Survey (n=1098)

Figure 28. Valence of health care service portrayal

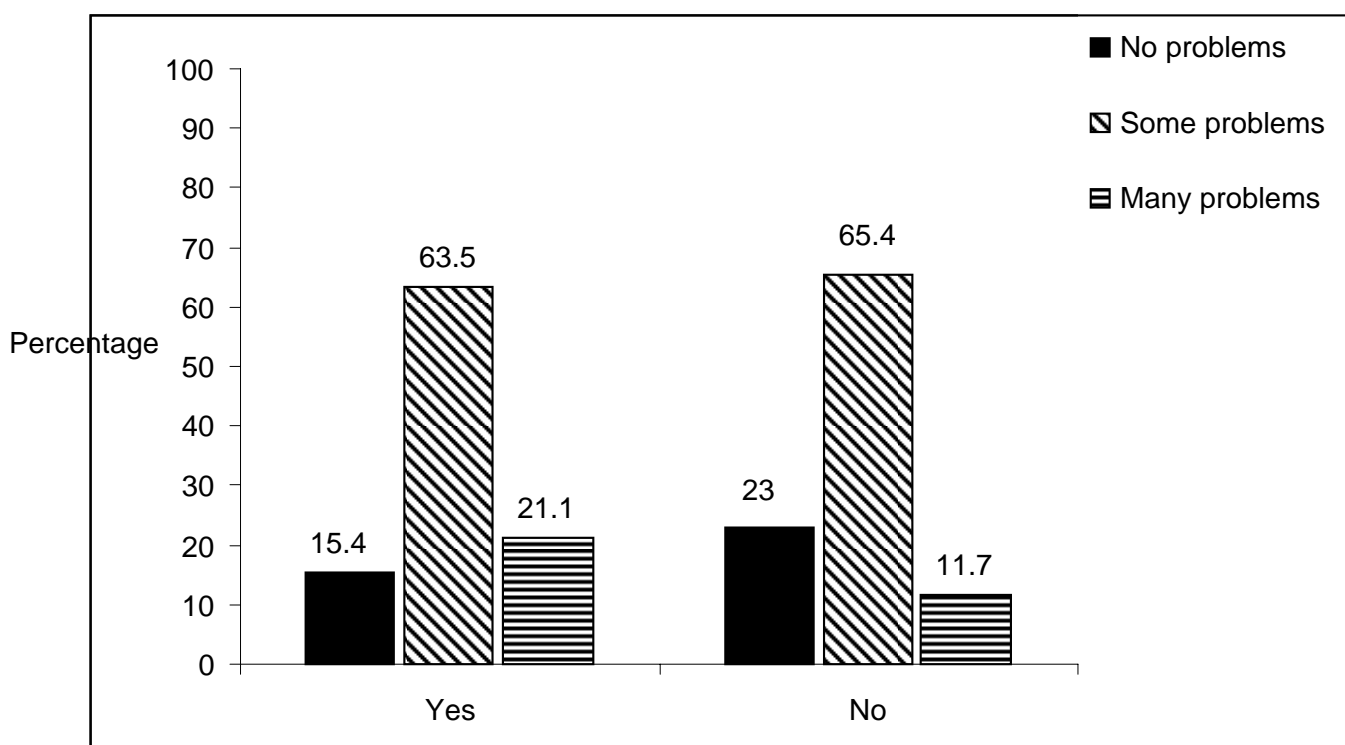
Question:

In general, how are health care services portrayed in the stories you hear, see or read? On a scale of 1 to 5 where 1 is very negative and 5 is very positive, how negatively or positively would you say health care services are portrayed in the information you read, see or hear?

Mean: 2.3917, Median: 2, Std. Deviation: 0.93172

Source: 2005 Alberta Advantage Survey (n=1062)

Figure 29. Perceptions of health care accessibility by exposure to stories about people having trouble accessing health care services



Question:

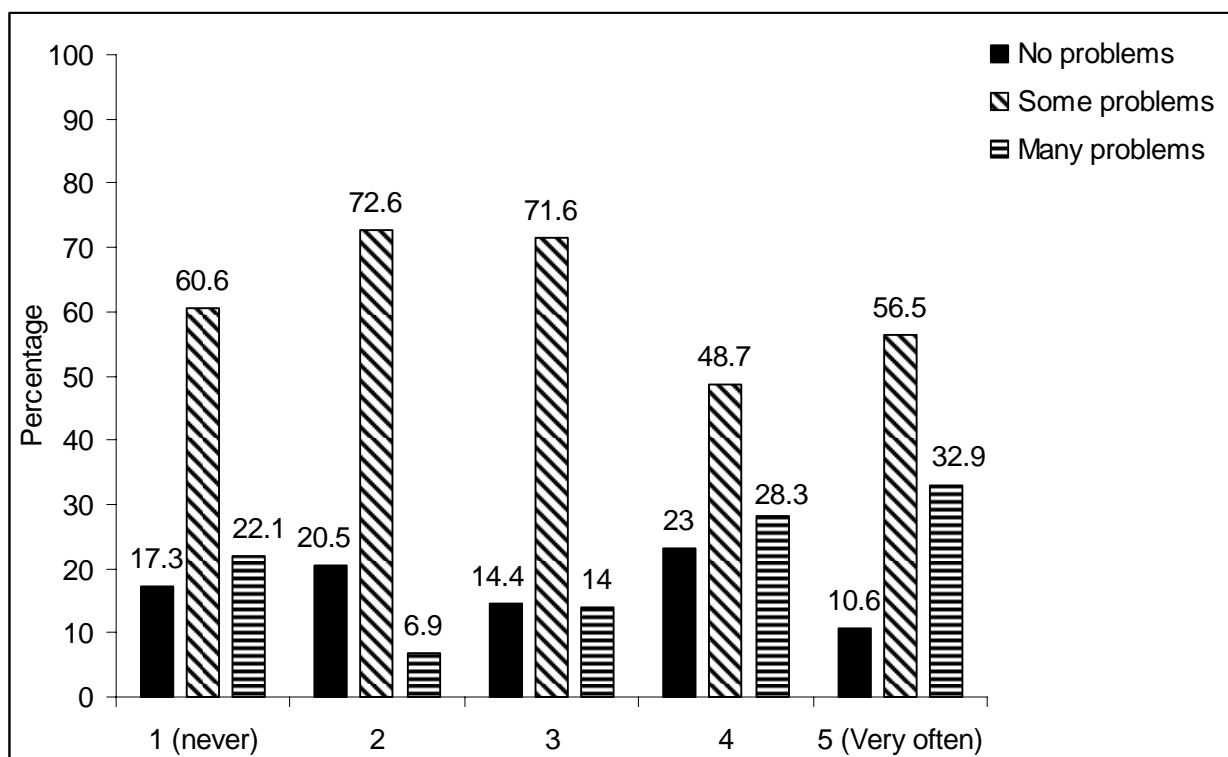
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you heard stories about people having trouble getting health care services when they need them?

P-value: 0.000, Chi-Squared: 15.798

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 30. Perceptions of health care accessibility by frequency of exposure to information about the health care system



Question:

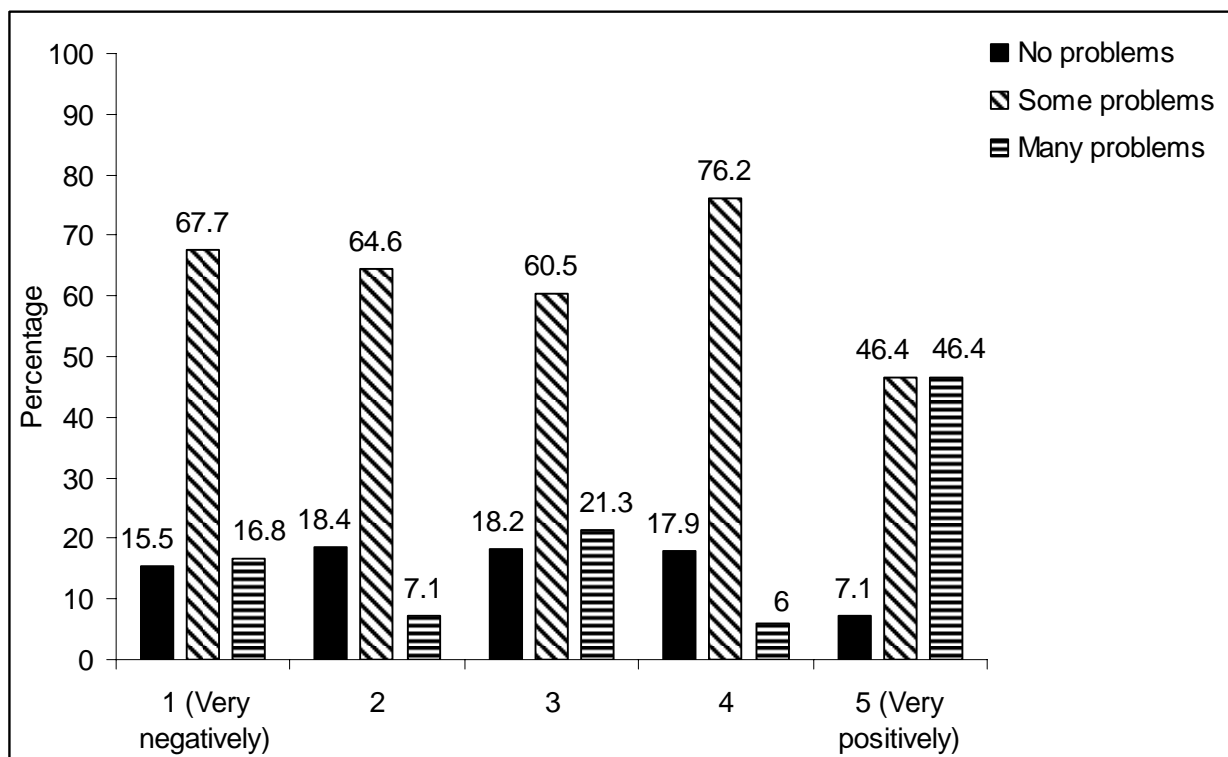
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

On a scale of 1 to 5, where 1 is never and 5 is very often, how often do you come across information about the health care system?

P-value: 0.000, Chi-Squared: 85.484

Source: 2005 Alberta Advantage Survey (n=1086)

Figure 31. Perceptions of health care accessibility by perceptions of the negative vs. positive portrayal of the health care system in information read, seen and heard by respondent



Question:

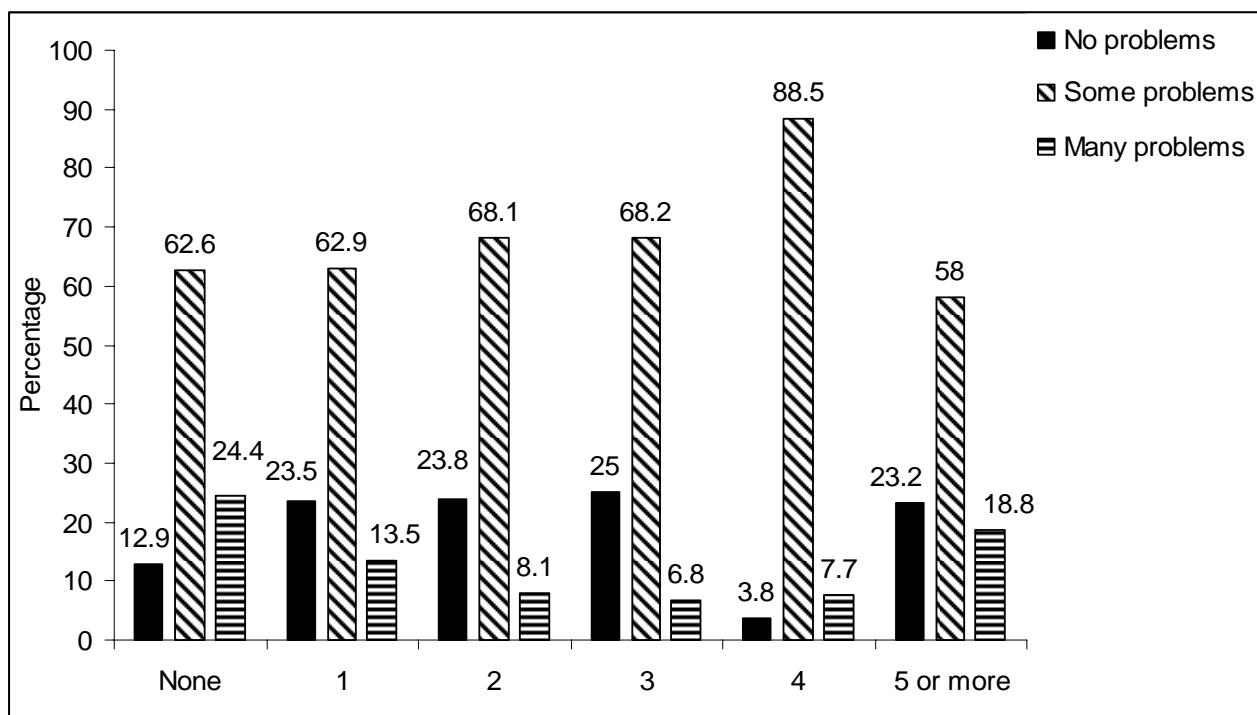
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

In general, how are health care services portrayed in the stories you hear, see or read? On a scale of 1 to 5 where 1 is very negative and 5 is very positive, how negatively or positively would you say health care services are portrayed in the information you read, see or hear?

P-value: 0.000, Chi-Squared: 27.986

Source: 2005 Alberta Advantage Survey (n=1050)

Figure 32. Perceptions of health care accessibility by frequency of exposure to messages from the Canadian Government



Question:

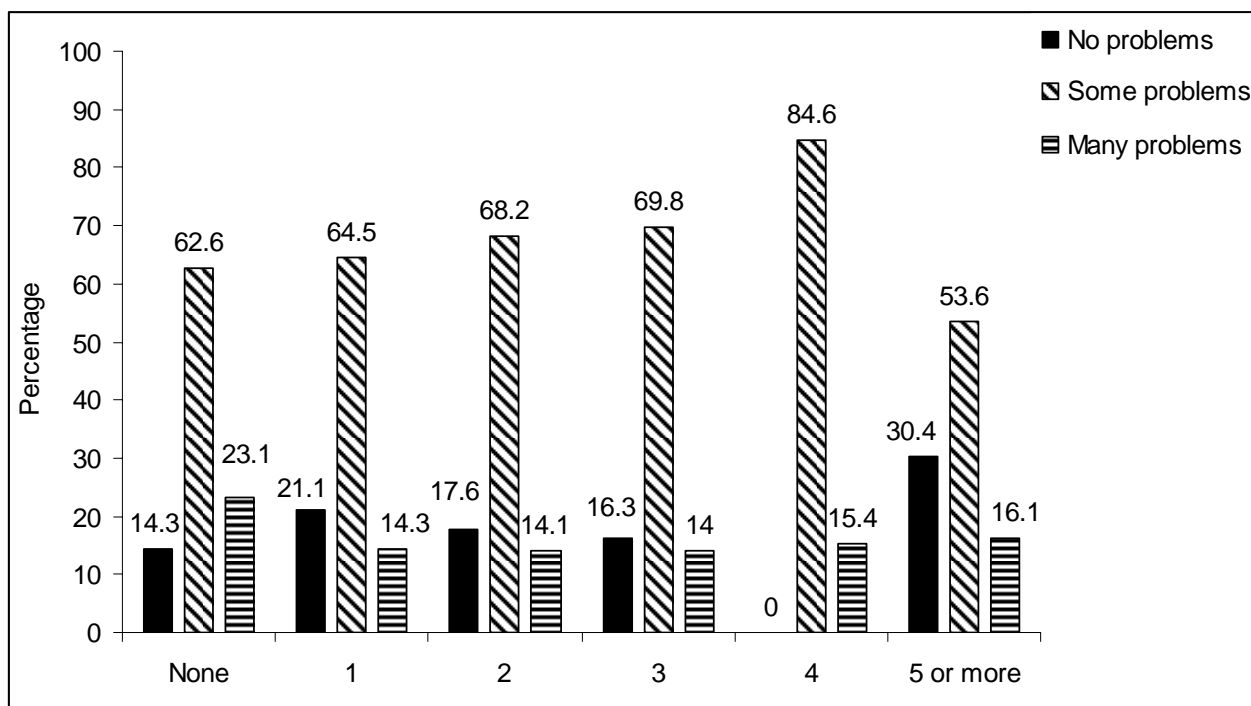
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you look at the website or read pamphlets or other materials on the health care system put out by: The Canadian Government

P-value: 0.000, Chi-Squared: 51.446

Source: 2005 Alberta Advantage Survey (n=1087)

Figure 33. Perceptions of health care accessibility by frequency of exposure to messages from the Alberta Government



Question:

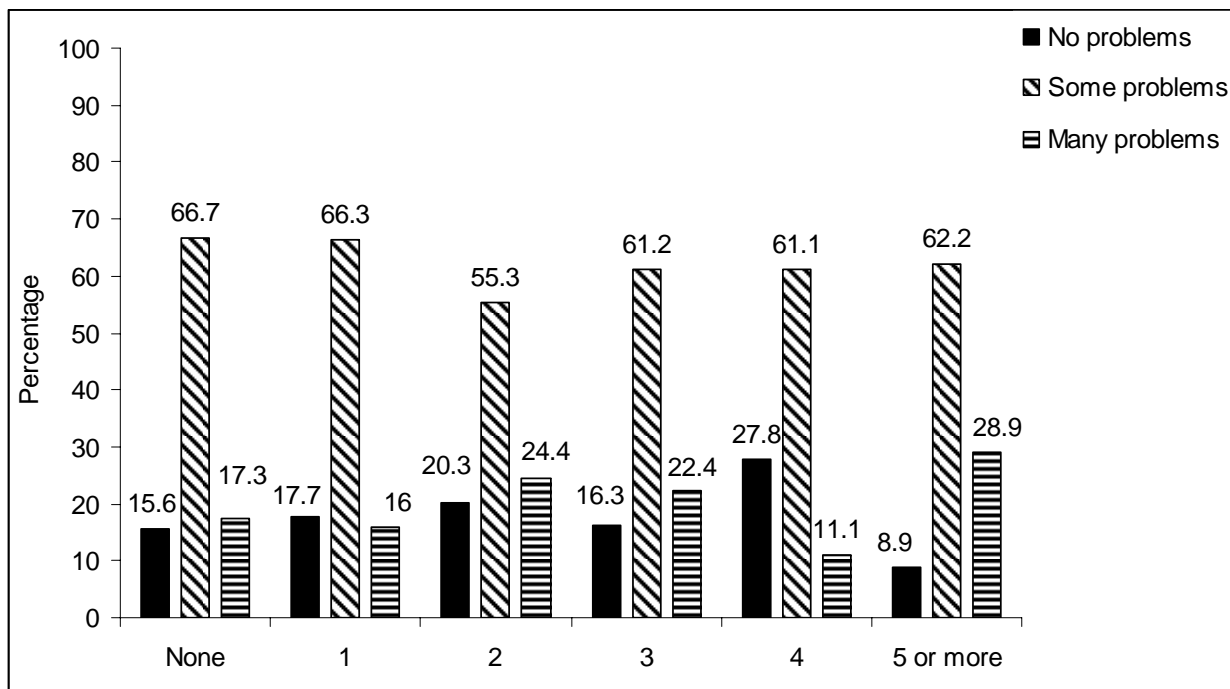
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you look at the website or read pamphlets or other materials on the health care system put out by: The Alberta Government

P-value: 0.003, Chi-Squared: 26.582

Source: 2005 Alberta Advantage Survey (n=1087)

Figure 34. Perceptions of health care accessibility by frequency of exposure to messages from Regional Health Authorities



Question:

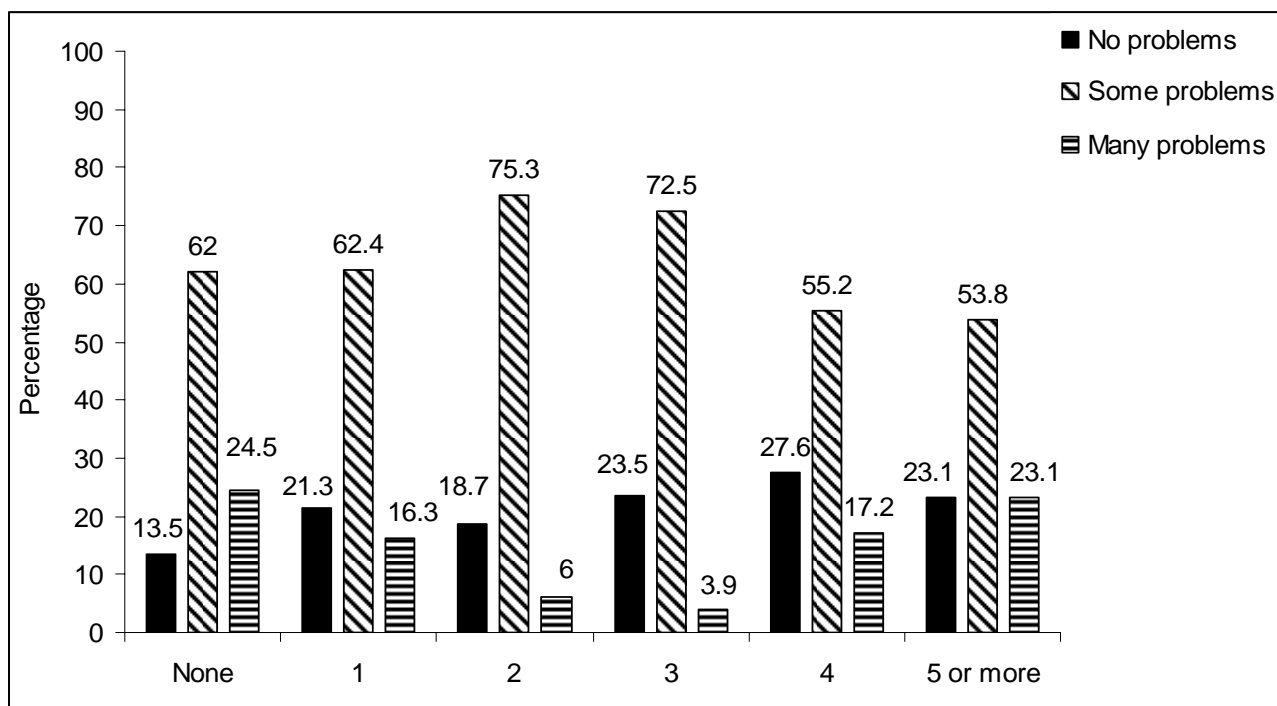
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you look at the website or read pamphlets or other materials on the health care system put out by: your Regional Health Authority

P-value: 0.094, Chi-Squared: 16.21

Source: 2005 Alberta Advantage Survey (n=1087)

Figure 35. Perceptions of health care accessibility by frequency of exposure to messages from other political parties



Question:

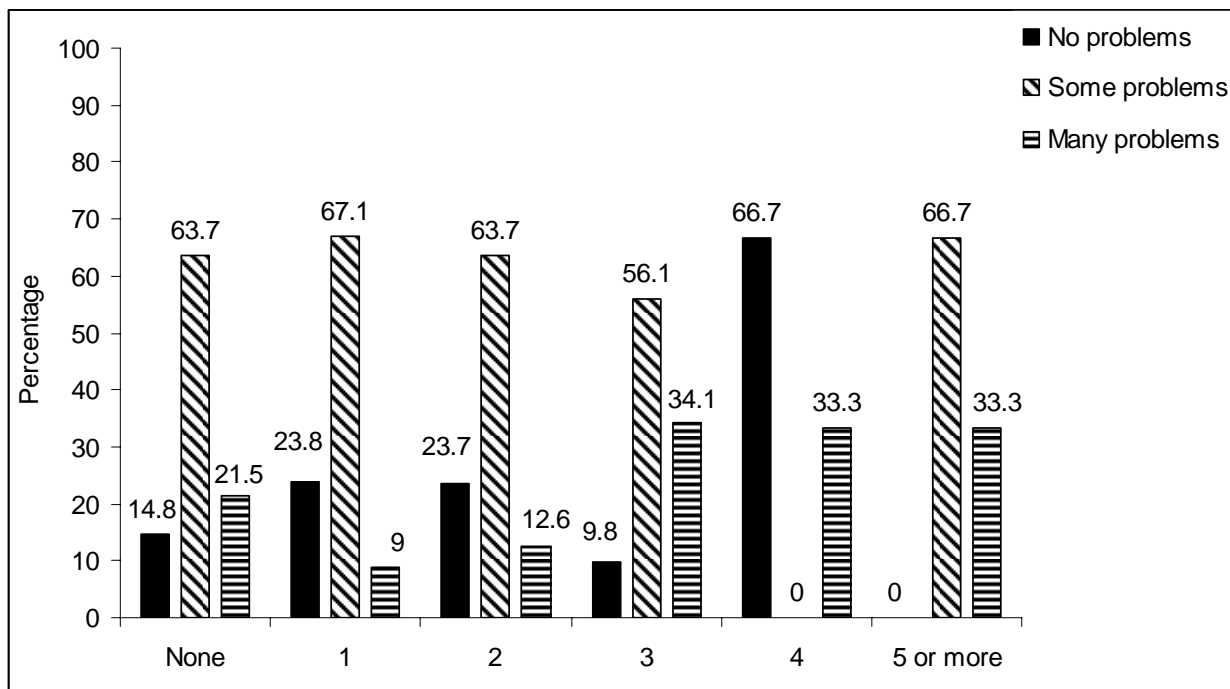
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you look at the website or read pamphlets or other materials on the health care system put out by: other political parties

P-value: 0.000, Chi-Squared: 46.443

Source: 2005 Alberta Advantage Survey (n=1079)

Figure 36. Perceptions of health care accessibility by frequency of exposure to messages from other interest groups



Question:

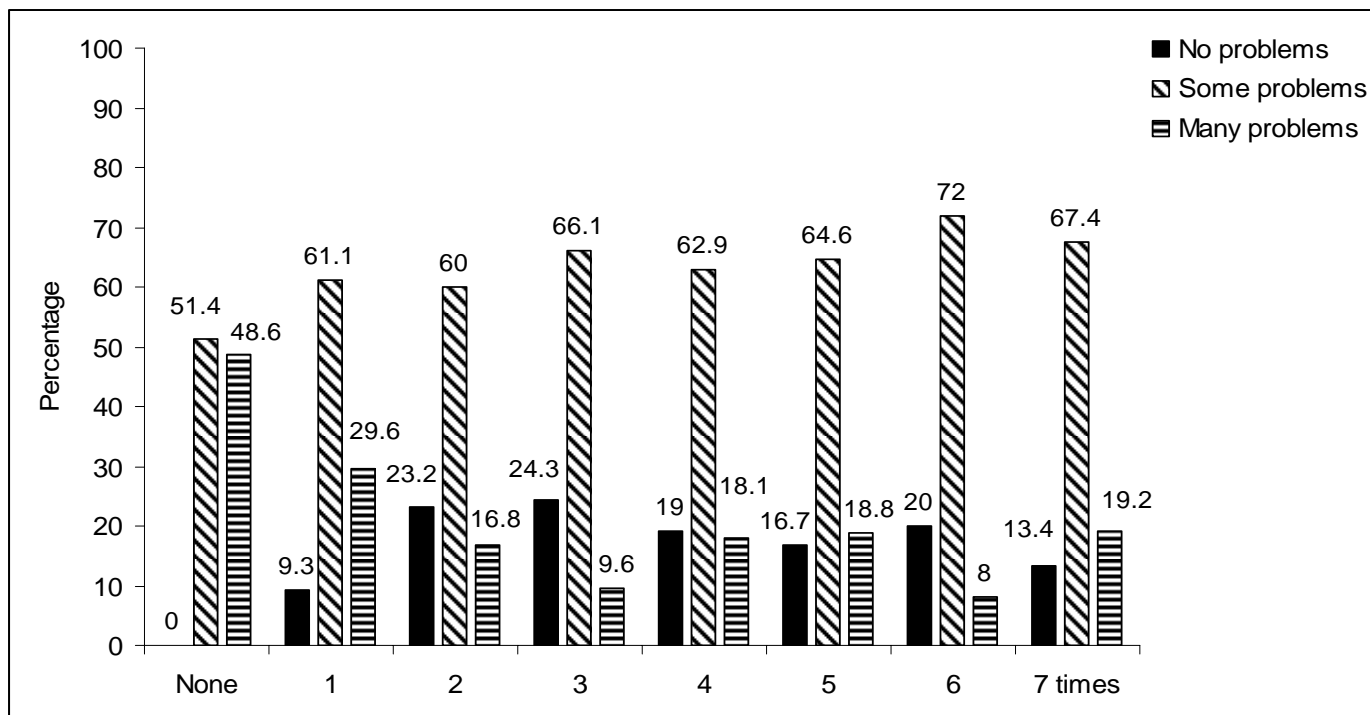
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you look at the website or read pamphlets or other materials on the health care system put out by: other interest groups (e.g. Friends of Medicare)?

P-value: 0.000, Chi-Squared: 58.609

Source: 2005 Alberta Advantage Survey (n=1081)

Figure 37. Perceptions of health care accessibility by frequency of exposure to text news resources per week



Question:

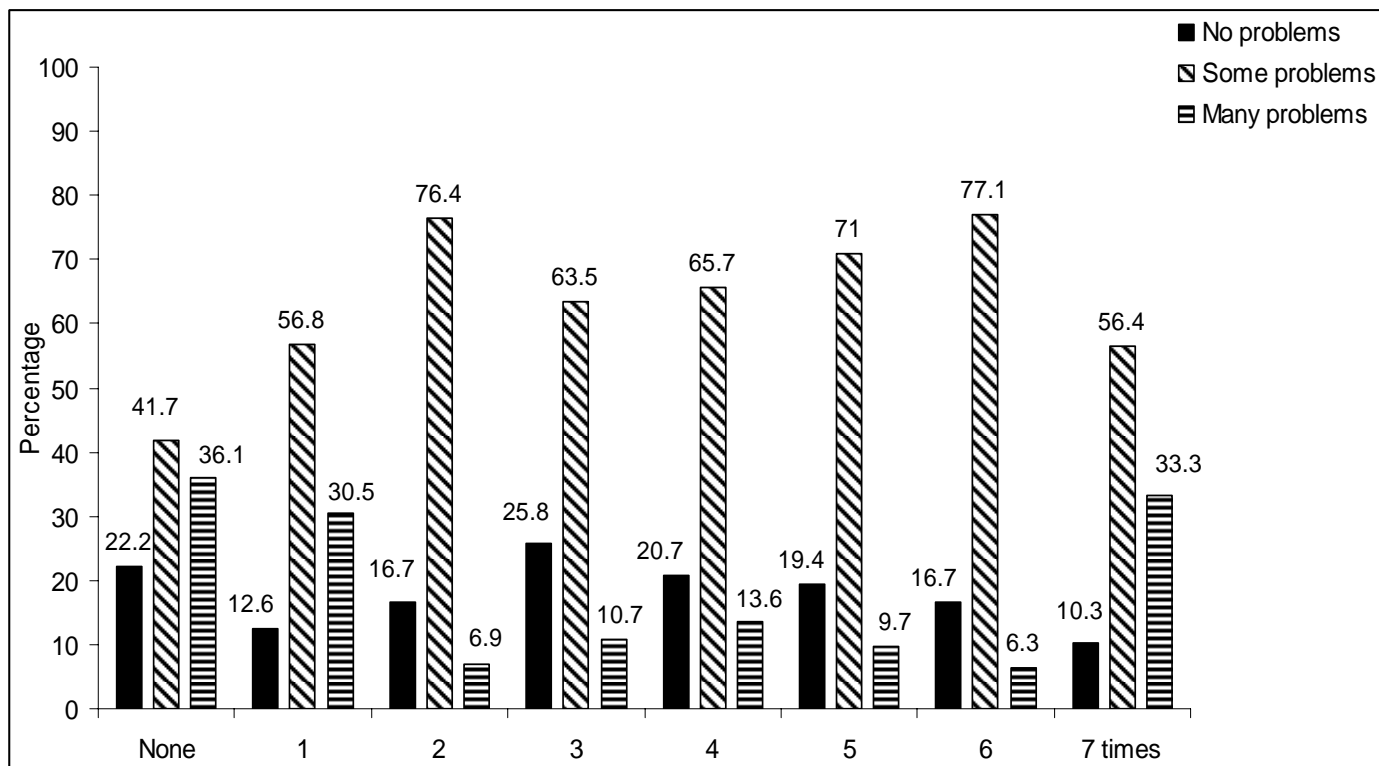
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times a week do you do the following: read the news?

P-value: 0.000, Chi-Squared: 58.836

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 38. Perceptions of health care accessibility by frequency of exposure to television news resources per week



Question:

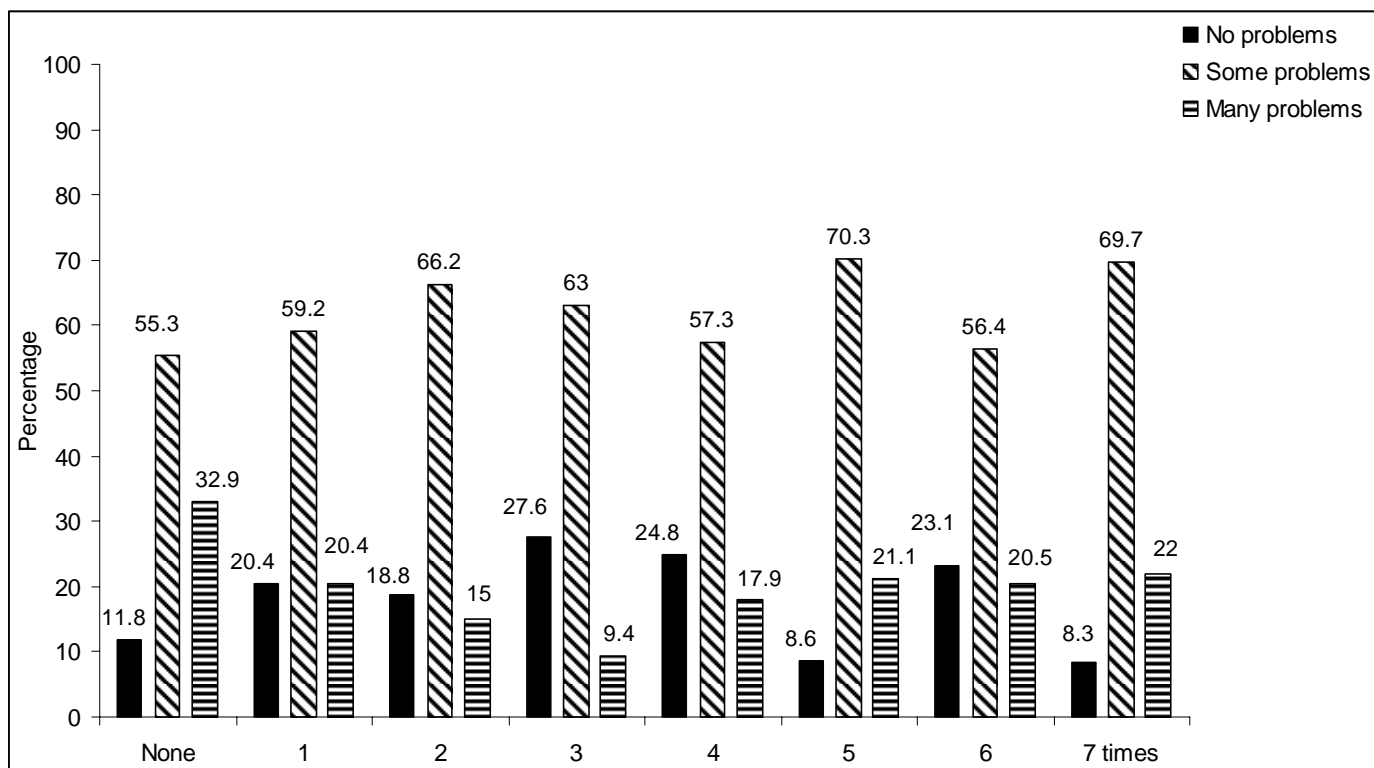
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times a week do you do the following: watch the news on TV?

P-value: 0.000, Chi-Squared: 106.192

Source: 2005 Alberta Advantage Survey (n=1087)

Figure 39. Perceptions of health care accessibility by frequency of exposure to radio news resources per week



Question:

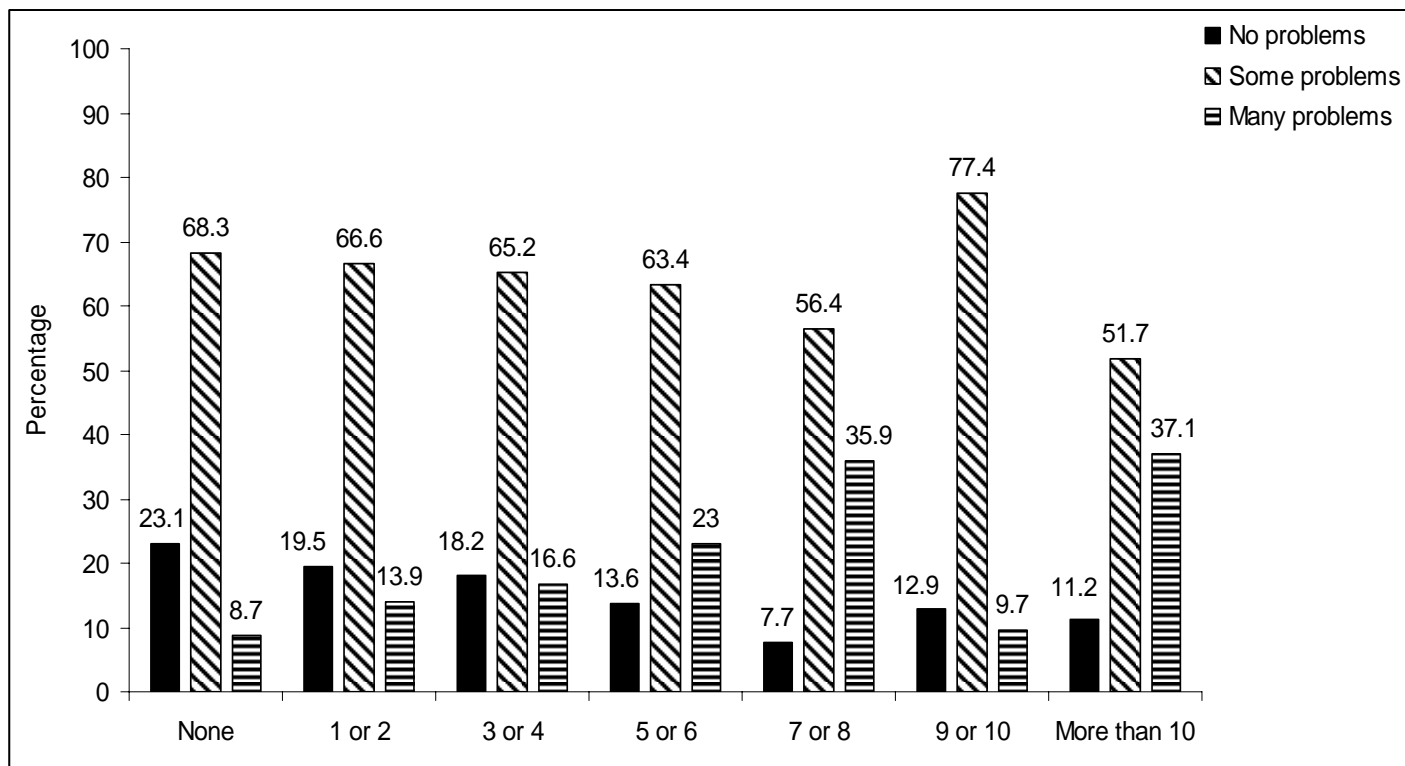
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times a week do you do the following: listen to news on the radio?

P-value: 0.000, Chi-Squared: 61.321

Source: 2005 Alberta Advantage Survey (n=1086)

Figure 40. Perceptions of health care accessibility by frequency of discussions with friends and family about health care services over past month



Question:

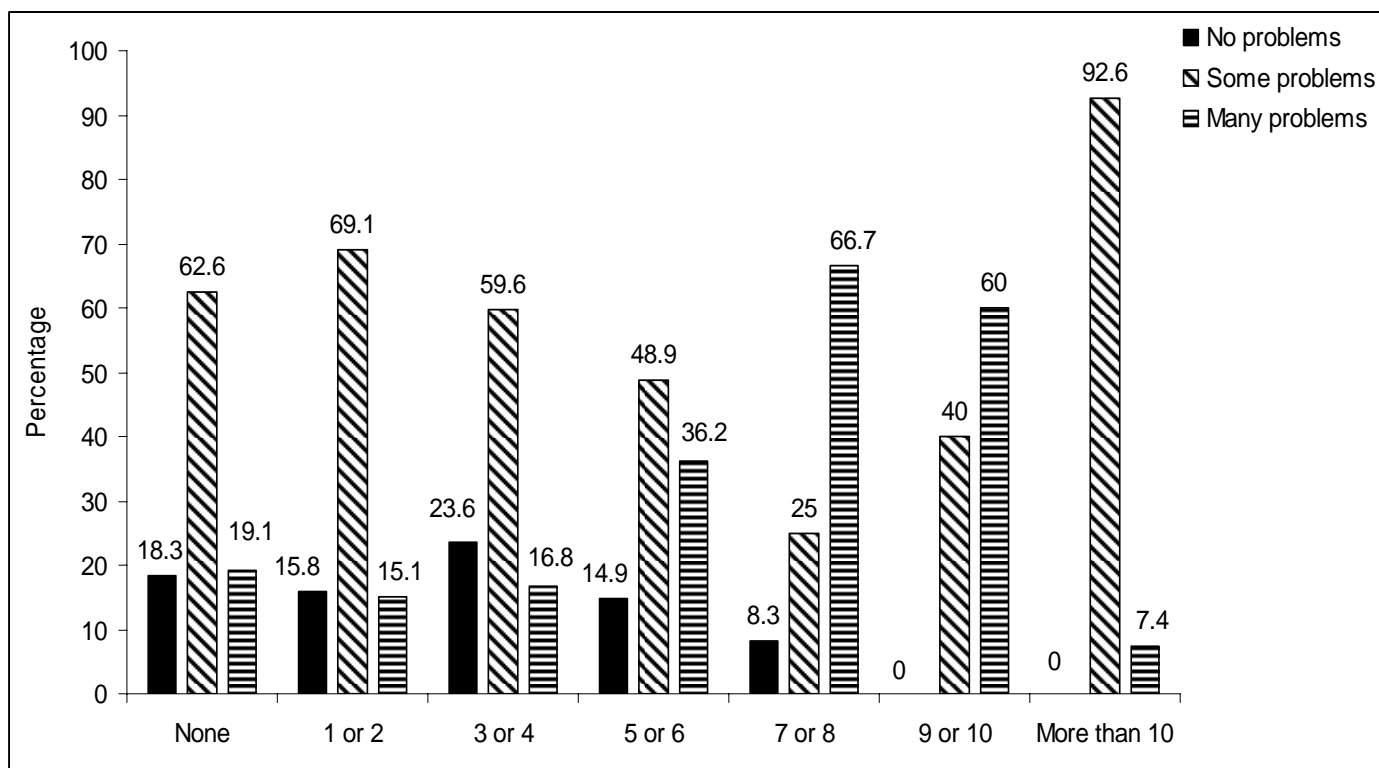
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you do the following: discuss issues about health care with friends and family?

P-value: 0.000, Chi-Squared: 58.116

Source: 2005 Alberta Advantage Survey (n=1081)

Figure 41. Perceptions of health care accessibility by frequency of discussions with health care professionals about health care services over past month



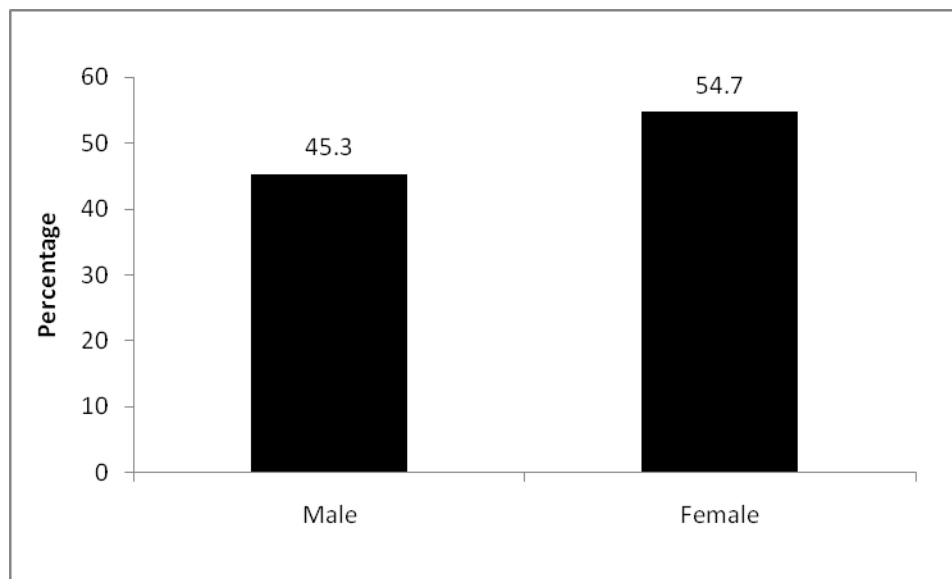
Question:

When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Approximately how many times in the past month did you do the following: discuss issues about health care with health care professionals, like your doctor or nurse?

P-value: 0.000, Chi-Squared: 59.795

Source: 2005 Alberta Advantage Survey (n=1084)

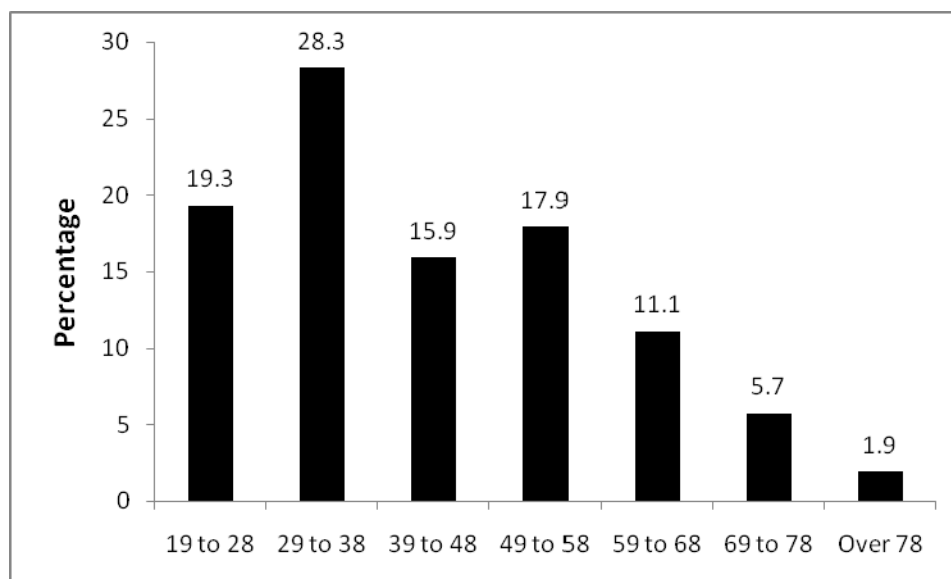
Figure 42. Respondents' gender

Question:

Are you male or female?

Source: 2005 Alberta Advantage Survey (n=1098)

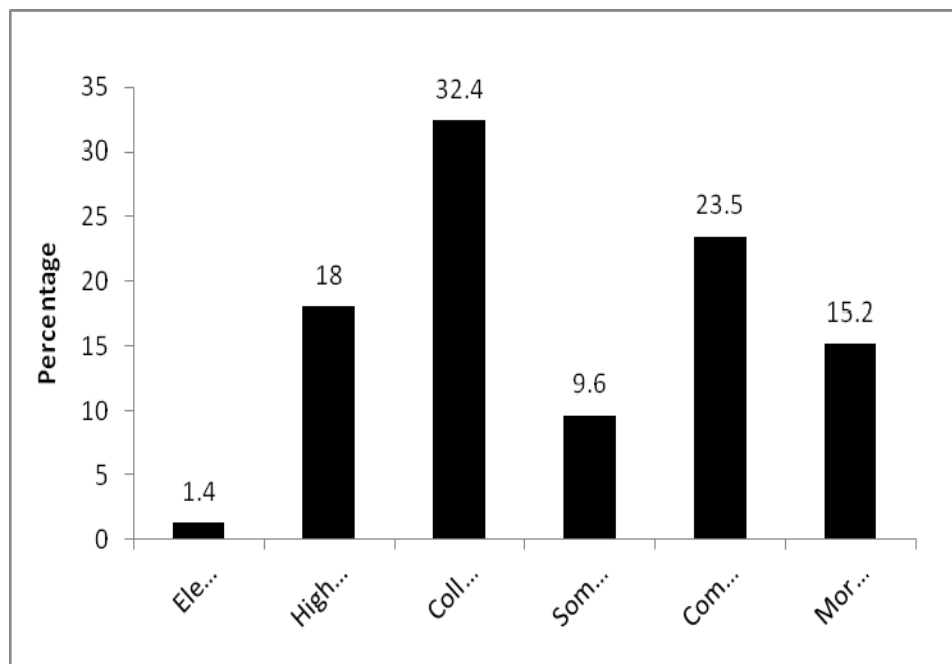
Figure 43. Respondents' age as of December 31st 2005



Question:

In what year were you born?

Source: 2005 Alberta Advantage Survey (n=1095)

Figure 44. Respondents' highest completed level of education

Question:

121. What is the highest level of education you have attended or completed?

(DON'T READ LIST) 1= no schooling

2= elementary/junior high

3= high school

4= college or technical school

5= some university

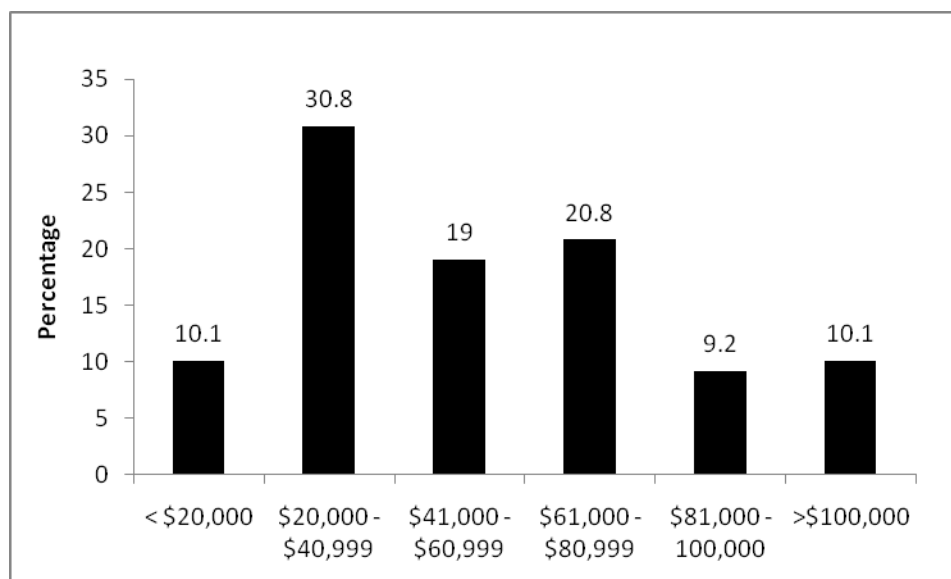
6= completed one degree

7= more than one degree

99= *Refused*

Source: 2005 Alberta Advantage Survey (n=1094)

Figure 45. Respondents' level of income



Question:

123. What was your approximate total household income before taxes last year?

1= <\$20,000

2= \$20,000-40,999

3= \$41,000-60,999

4= \$61,000-80,999

5= \$81,000-100,000

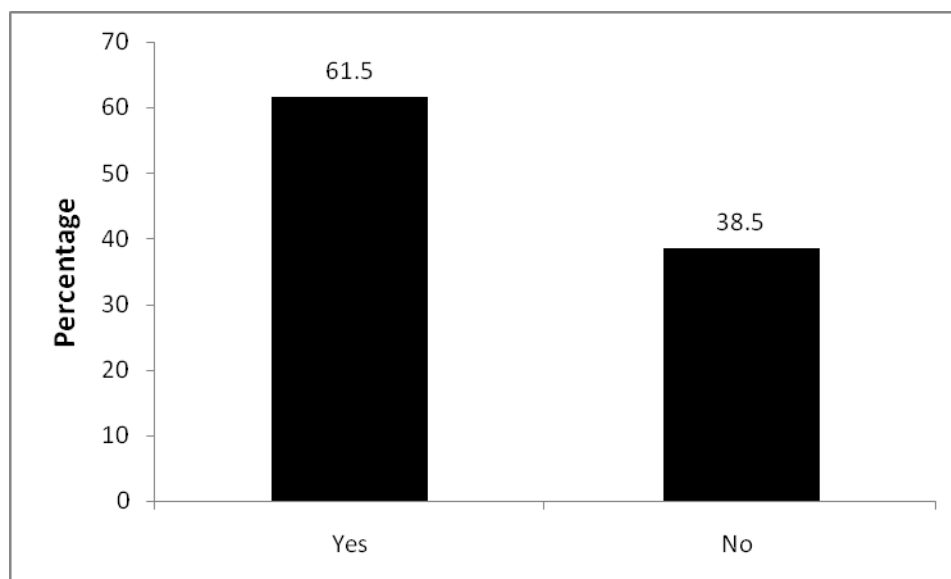
6= >\$100,000

DON'T READ

99= *Refused*

Source: 2005 Alberta Advantage Survey (n=1048)

Figure 46. Proportion of respondents with supplementary private health insurance

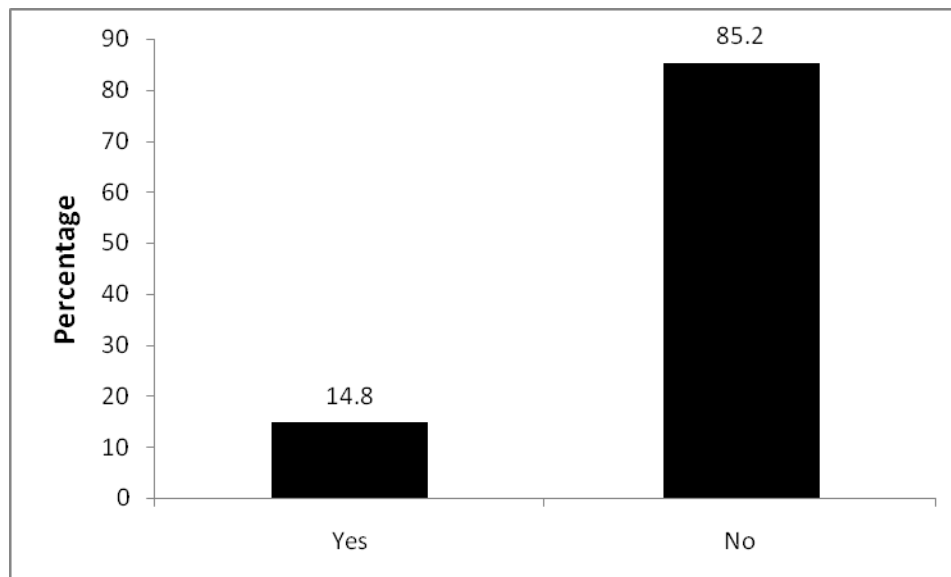


Question:

Do you have additional health coverage other than through the basic Alberta Health Care Insurance Plan, such as private health insurance or Alberta Blue Cross?

Source: 2005 Alberta Advantage Survey (n=1100)

Figure 47. Proportion of respondents who have paid for private medical clinic services

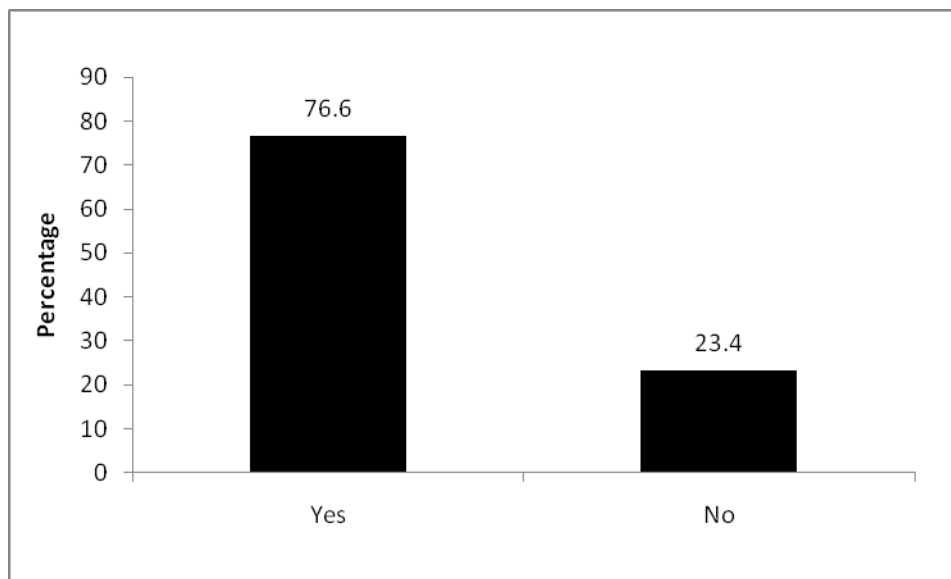


Question:

Have you paid for services offered through private medical clinics, such as cataract or other surgeries?

Source: 2005 Alberta Advantage Survey (n=1100)

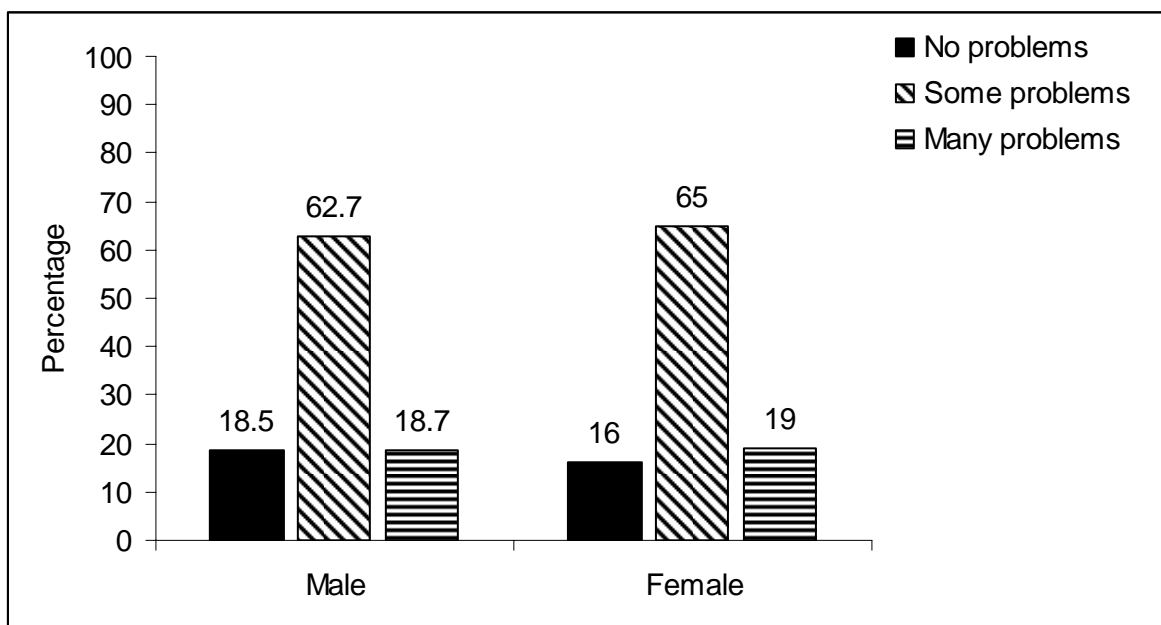
Figure 48. Proportion of respondents with a regular family doctor



Question:

Do you currently have a family doctor who you see regularly for most of your health care needs?

Source: 2005 Alberta Advantage Survey (n=1098)

Figure 49. Perceptions of health care accessibility by gender

Question:

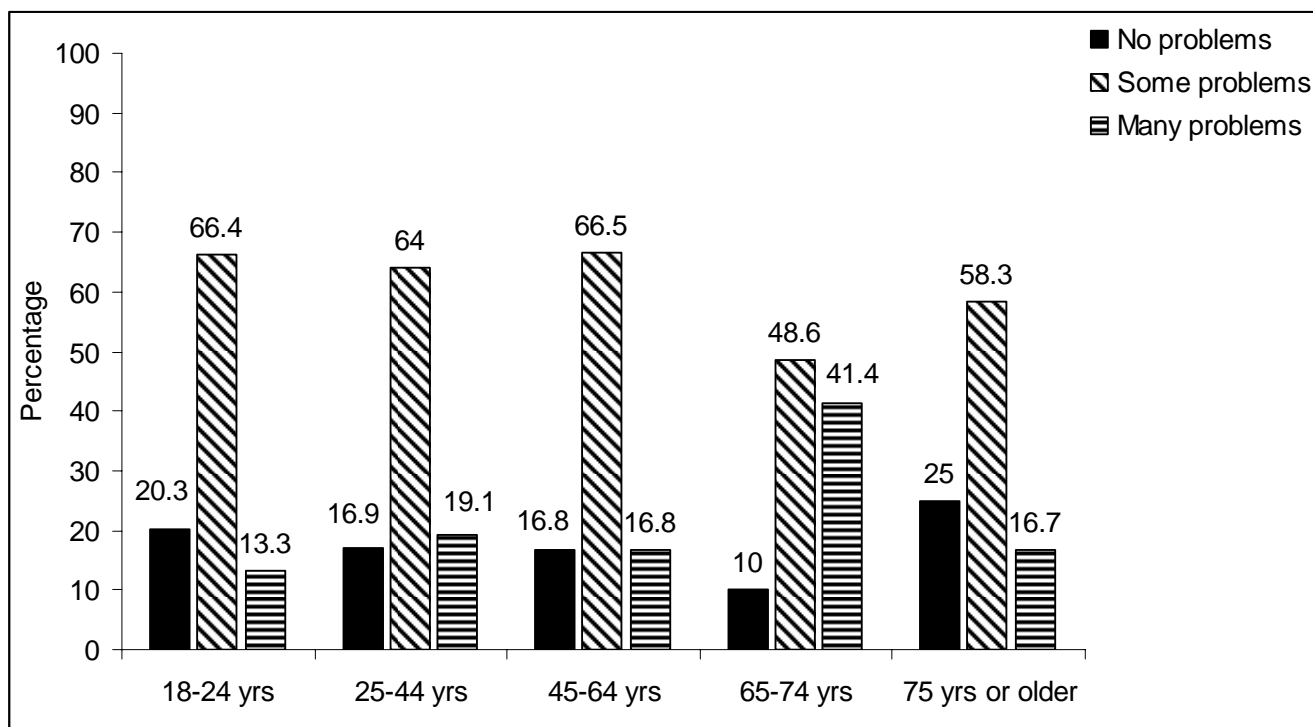
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Are you: male, female?

P-value: 0.530, Chi-Squared: 1.269

Source: 2005 Alberta Advantage Survey (n=1086)

Figure 50. Perceptions of health care accessibility by age



Question:

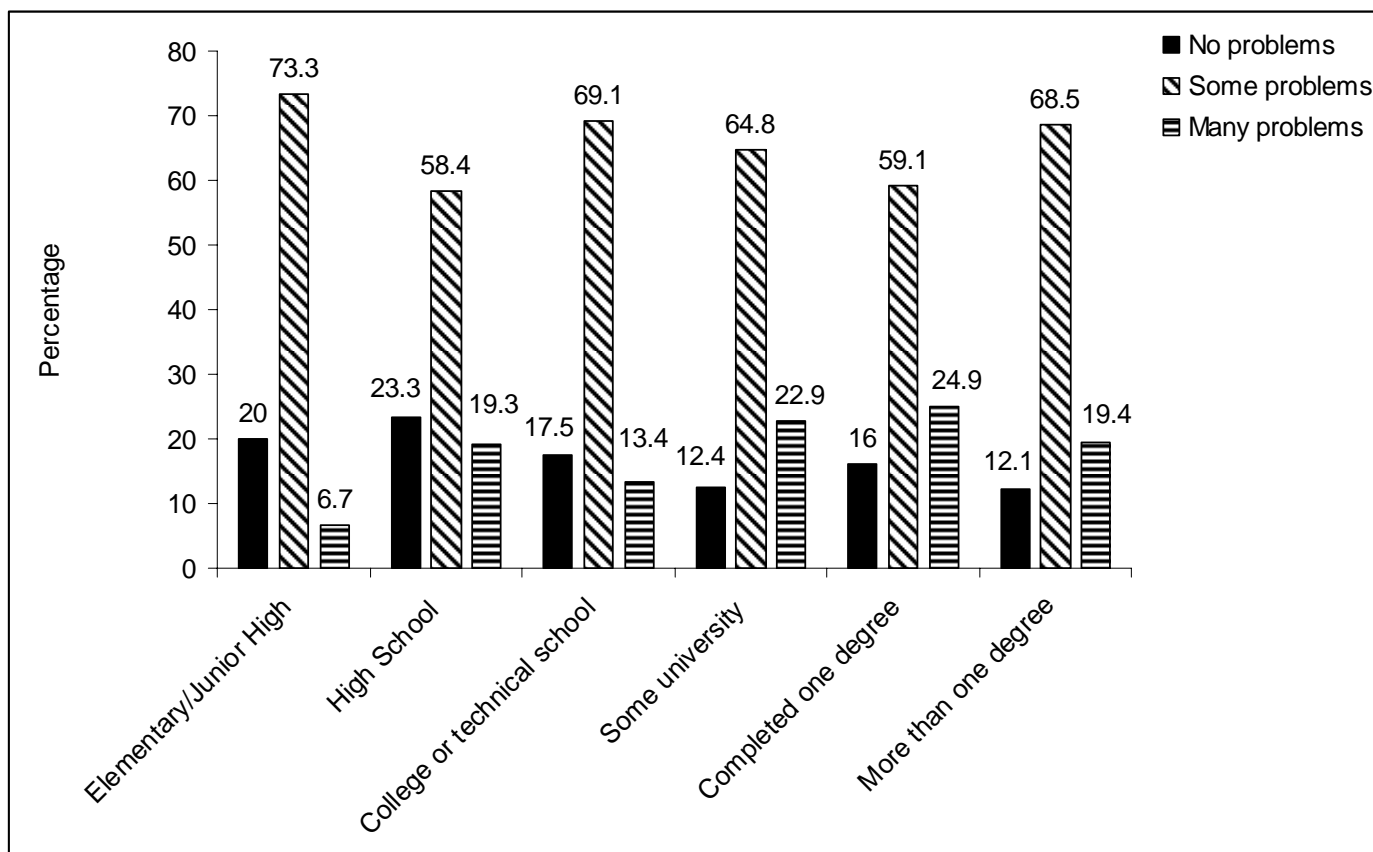
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

In what year were you born?

P-value: 0.000, Chi-Squared: 29.395

Source: 2005 Alberta Advantage Survey (n=1083)

Figure 51. Perceptions of health care accessibility by level of education



Question:

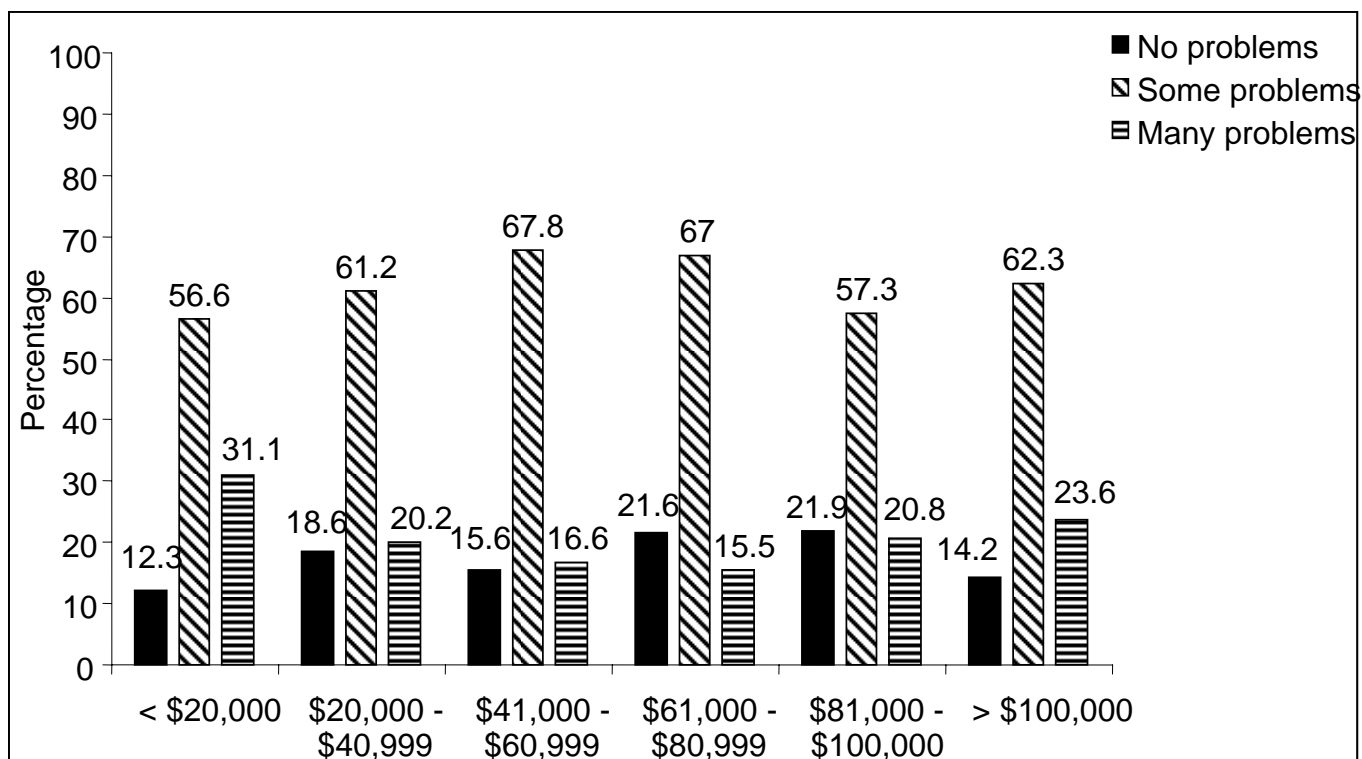
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

What is the highest level of education you have attended or completed?

P-value: 0.008, Chi-Squared: 23.727

Source: 2005 Alberta Advantage Survey (n=1082)

Figure 52. Perceptions of health care accessibility by income level



Question:

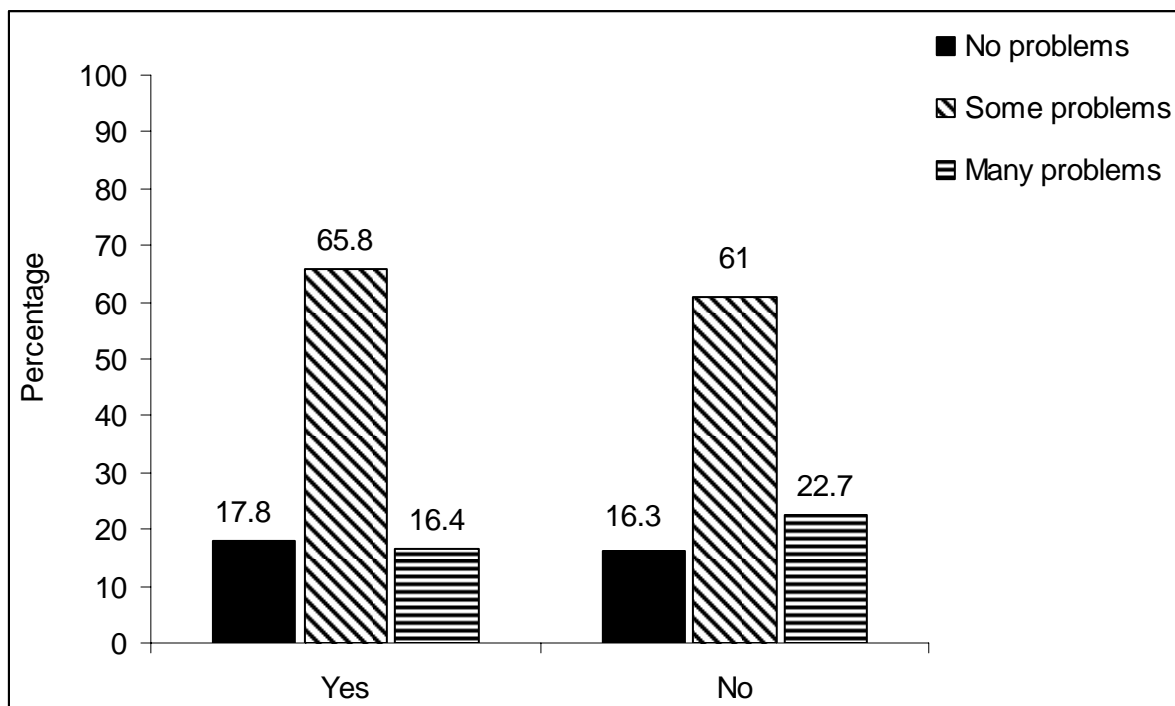
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

What was your approximate total household income before taxes last year?

P-value: 0.005, Chi-Squared: 25.261

Source: 2005 Alberta Advantage Survey (n=1042)

Figure 53. Perceptions of health care accessibility by whether or not respondent has private health insurance



Question:

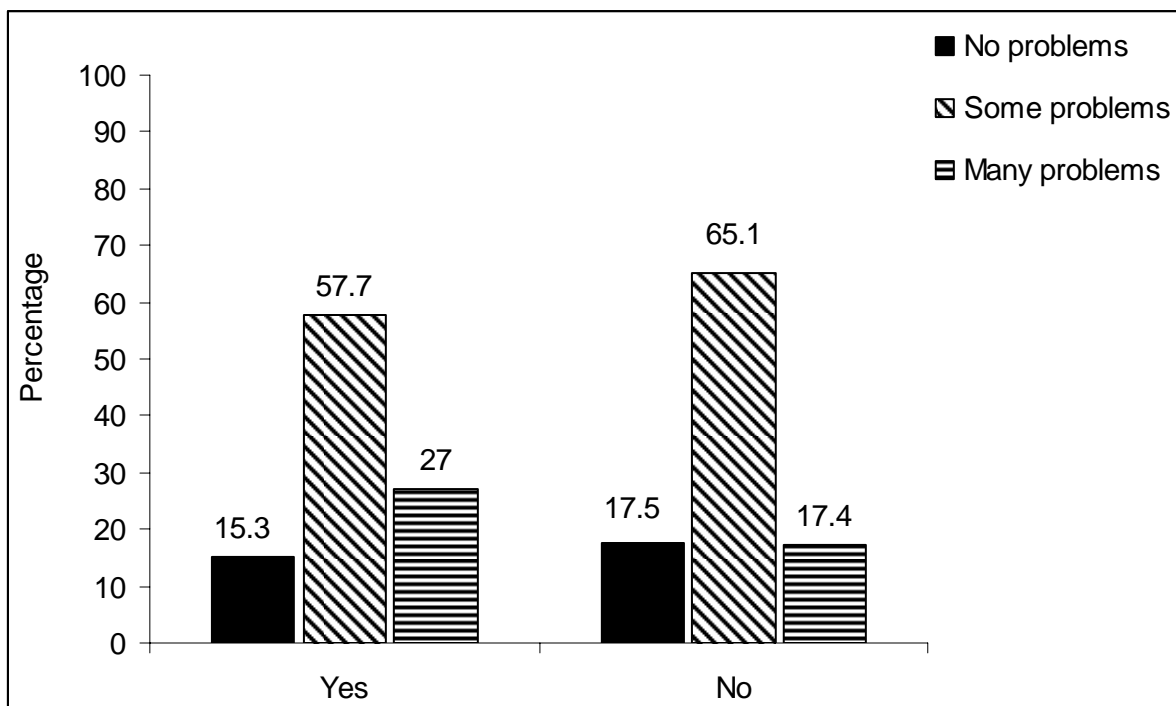
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Do you have any additional health care coverage other than through the basic Alberta health Care Insurance Plan, such as private health insurance of Alberta Blue Cross?

P-value: 0.035, Chi-Squared: 6.706

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 54. Perceptions of health care accessibility by whether or not respondent has purchased private medical services



Question:

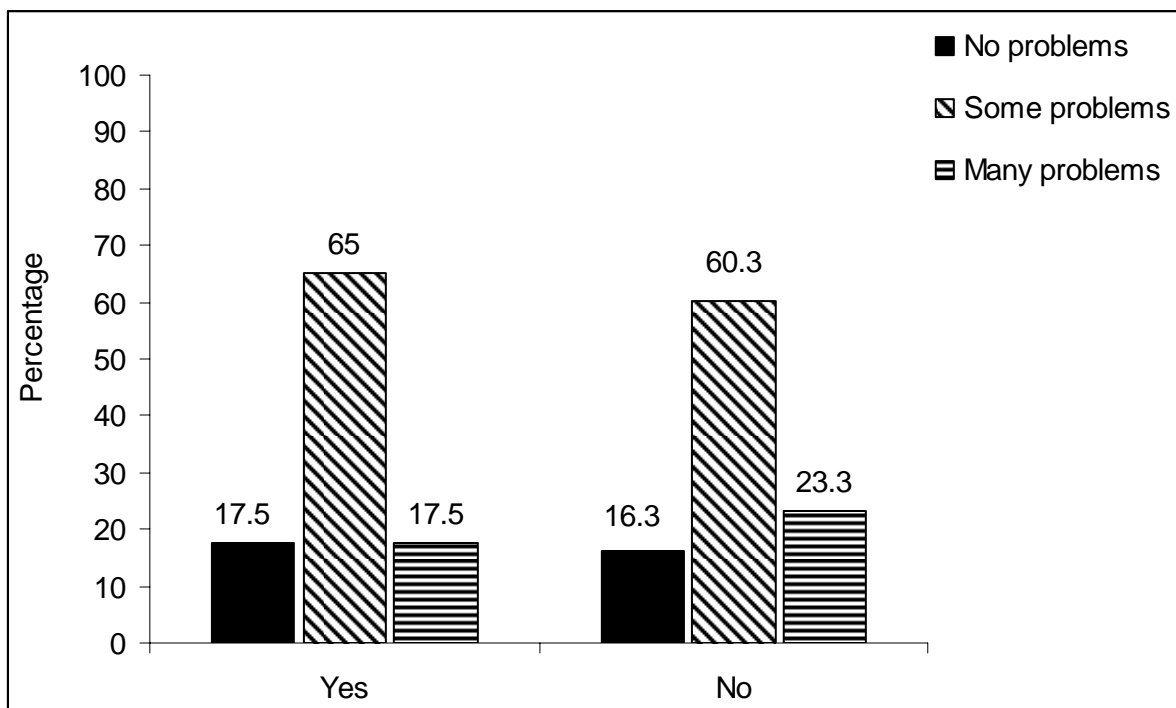
When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Have you paid for services offered through private medical clinics, such as cataract or other surgeries?

P-value: 0.015, Chi-Squared: 8.334

Source: 2005 Alberta Advantage Survey (n=1088)

Figure 55. Perceptions of health care accessibility by whether or not respondent has a family doctor



Question:

When it comes to obtaining health care services in Alberta, do you believe there are: no problems at all, some problems, many problems?

Do you currently have a personal family doctor who you see regularly for most of your health care needs?

P-value: 0.111, Chi-Squared: 4.394

Source: 2005 Alberta Advantage Survey (n=1086)

APPENDIX A:
SURVEY INSTRUMENT

May 2005

Hello, my name is _____ and I'm calling on behalf of a research team at the University of Calgary that is conducting a public opinion survey to understand Albertans' views about health care and politics.

Are you 18 years of age or older?

If 'NO'—May I speak to someone in the household who is?

If 'YES'—Continue

By participating in this survey, you will contribute to research that may help shape the future of health care. The interview will last about 15-20 minutes. Your participation is completely voluntary and any information you provide will be kept anonymous. Your telephone number was selected at random by a computer. If there are questions that you do not wish to answer, or if you would like to end the interview at any time, you can simply let me know.

Would you be willing to share your opinions and participate in this survey?

If 'NO'—Is there a more convenient time when I can call you back? (Arrange follow-up)

Thank you for time.

If 'YES'—Thank you. Let's begin.

Interviewer Instructions:

[If a respondent wishes to speak to someone from the research team, please provide the following contact information:

Dr. Shainoor Virani

snvirani@ucalgary.ca]

As you know, Alberta has a health care system that is primarily publicly funded.

1. How satisfied are you with Alberta's health care system? Are you very satisfied, somewhat satisfied, or not at all satisfied? *DON'T READ DON'T READ*
- | | | | | |
|----------------|--------------------|----------------------|-------------------|---------------------------|
| Very Satisfied | Somewhat Satisfied | Not at all satisfied | <i>Never used</i> | <i>Refuse/No Response</i> |
| 1 | 2 | 3 | 88 | 99 |
2. What do you think is the number one problem facing our health care system today?
-

I. PERCEPTIONS OF ACCESSIBILITY

3. When it comes to obtaining health care services in Alberta, do you believe there are:
- 1=No problems at all
 - 2=Some problems
 - 3=Many problems
- DON'T READ* *88=Never used*
DON'T READ *99=Don't know/No response*

How about the following: Do you strongly agree, agree, disagree, or strongly disagree that:
(RANDOMIZE LIST)

	SA	A	D	SD	DK
4. Waiting times are too long.	1	2	3	4	99
5. Funding for health care is inadequate.	1	2	3	4	99
6. There aren't enough doctors.	1	2	3	4	99
7. There aren't enough nurses.	1	2	3	4	99
8. There aren't enough hospital beds.	1	2	3	4	99
9. There aren't enough diagnostic machines like MRI.	1	2	3	4	99
10. Health care resources are poorly managed.	1	2	3	4	99
11. People misuse health care services.	1	2	3	4	99
12. People have trouble traveling to get to health care services.	1	2	3	4	99
13. People don't know the appropriate places to go to get health care services.	1	2	3	4	99
14. Too many people need health care services.	1	2	3	4	99

15. The focus of our health care system is on treating disease rather than preventing it before it happens. 1 2 3 4 99

16. There's misinformation about health care services. 1 2 3 4 99

17. In general, how easy or difficult do you think it is for people to get health care services when they need them in Alberta? Is it very easy, easy, a bit difficult, or very difficult?

Very Easy	Easy	A bit difficult	Very difficult	<i>Never used</i>	<i>Refuse/No Response</i>
1	2	3	4	88	99

More specifically, do you think it is very easy, easy, a bit difficult, or very difficult to get the following health care services when people need them in Alberta (*RANDOMIZE LIST*):

- | | Very Easy | Easy | A bit Diff | Very Diff | <i>Never Used</i> | <i>Refuse/ NR</i> |
|---|-----------|------|------------|-----------|-------------------|-------------------|
| 18. MRI (magnetic resonance imaging)
(<i>Prompt: This is a diagnostic test</i>) | 1 | 2 | 3 | 4 | 88 | 99 |
| 19. In-patient hospital care | 1 | 2 | 3 | 4 | 88 | 99 |
| 20. Visit with a family doctor | 1 | 2 | 3 | 4 | 88 | 99 |
| 21. Visit with a specialist doctor
(For example: a heart specialist, surgeon etc.) | 1 | 2 | 3 | 4 | 88 | 99 |
| 22. Emergency room services | 1 | 2 | 3 | 4 | 88 | 99 |
| 23. Elective or scheduled surgery
(For example: knee or hip replacements) | 1 | 2 | 3 | 4 | 88 | 99 |
| 24. Blood tests
(For example: cholesterol blood tests) | 1 | 2 | 3 | 4 | 88 | 99 |
| 25. Home nursing care services
(For example: to help with bathing and other basic household tasks) | 1 | 2 | 3 | 4 | 88 | 99 |
| 26. Routine childhood immunizations, vaccinations or shots
(For example: measles immunizations) | 1 | 2 | 3 | 4 | 88 | 99 |
| 27. Flu shots
(Immunization against the flu) | 1 | 2 | 3 | 4 | 88 | 99 |
| 28. Admission to a nursing home or long term care facility | 1 | 2 | 3 | 4 | 88 | 99 |

29. Special therapy services (For example: physical therapy, chiropractic services)	1	2	3	4	88	99
30. Visit in a community walk-in clinics	1	2	3	4	88	99
31. Mammography (breast X-ray) to screen for breast cancer	1	2	3	4	88	99

Dental services are not included in Alberta’s publicly funded health care system.

32. Do you think it is very easy, easy, a bit difficult, or very difficult for people to visit a dentist in Alberta?

Very Easy	Easy	A bit difficult	Very Difficult	<i>Never used</i>	<i>Refuse/No Response</i>
1	2	3	4	88	99

In your opinion, how long do you think it’s appropriate to wait for the following health care services (PROMPT: How many days, weeks...?)

RECORD IN DAYS (0=0; >0-1 day=1; >1-2 days=2; >2-3 days=3... week=7; ...Don’t Refuse=99)

(RANDOMIZE LIST)

- 33. MRI _____
- 34. Elective or scheduled surgery (For example: hip or knee replacement) _____
- 35. Childhood immunizations (For example, measles vaccination) _____
- 36. Mammography to detect breast cancer _____
- 37. Visit with a family doctor _____
- 38. Dental services _____

- 39. Emergency room services _____

RECORD IN HOURS (0=0; >0-1 hours=1; >1-2 hours=2; Don’t Refuse=99)

II. PERSONAL EXPERIENCE WITH THE HEALTH CARE SYSTEM

Next, I'd like to ask you about your own experience with the health care system.

40. Have you personally *received* any health care services in Alberta in the past 12 months:

CODE AS:

1= Yes

2= No

DON'T READ 99= *Don't Know/No response*

41. Have you personally had problems getting any health care services when you need them in Alberta?

CODE AS:

1= Yes

2= No

DON'T READ 99= *Don't Know/No response*

42. Are you currently on a waiting list for any health care services?

1= Yes

GO TO QUESTION 43

2= No

GO TO QUESTION 44

DON'T READ 99= *Don't Know/No response* *GO TO QUESTION 44*

43. What is the longest time you were told you would have to wait for the service? _____

CODE AS:

1= <1 week

2= 1 week-1 month

3= > 1 month-6 months

4= > 6 months-1 year

5= > 1 year

DON'T READ 99= *Don't Know/No response*

44. Overall, how would you rate the quality of care you have personally received in the past 12 months?

Excellent

Good

Fair

Poor

Don't Know/No Response

1

2

3

4

99

45. Are you very satisfied, somewhat satisfied, or not at all satisfied with your own health?

Very satisfied

Somewhat Satisfied

Not at all Satisfied

Don't Know/No Response

1

2

3

99

46. Have you cared for a family member or friend who has *received* any health care services in Alberta over the past 12 months?

1= Yes

2= No

DON'T READ 99= *Don't Know/No response*

47. Have you cared for a family member or friend who has had problems getting any health care services in Alberta?

1= Yes

2= No

DON'T READ 99= *Don't Know/No response*

48. Have you cared for a person who is currently on a waiting list for any health care services?

1= Yes

GO TO QUESTION 49

2= No

GO TO QUESTION 50

DON'T READ 99= *Don't Know/No response* *GO TO QUESTION 50*

49. What is the longest time he or she was told he or she would have to wait to get the health care service? _____

CODE AS 1= <1 week

2= 1 week-1 month

3= > 1 month-6 months

4= > 6 months-1 year

5= > 1 year

DON'T READ 99= *Don't Know/No response*

50. Are you a health care professional, such as a doctor or nurse?

1= Yes

2= No

DON'T READ 99= *Don't Know/No response*

III. EXPOSURE TO MESSAGES ABOUT HEALTH CARE

Next, I'd like to ask you about the information you get about the health care system.

51. What is your main source of information about the health care system? _____

52. Have you heard stories about people having trouble getting health care services when they need them?

1= Yes *GO TO QUESTION 67*

2= No *GO TO QUESTION 68*

DON'T READ 99= *Don't Know/No response* *GO TO QUESTION 68*

53. From where have you heard these stories? _____

- CODE AS:*
- 1=News stories
 - 2=Friends/Relatives
 - 3=Health care professionals, such as doctors or nurses
 - 4=Chiropractor/Naturopath or other alternative health care provider
 - 5=Government Institutions (documents, websites)
 - 6=Other _____
 - 99=*Don't Know/No response*

54. On a scale of 1 to 5, where 1 is never and 5 is very often, how often do you come across information about the health care system?

Never				Very often	<i>Don't Know</i>
1	2	3	4	5	99

FOR QUESTIONS 55-64, CODE AS:
never=0, 1 time=, 2 times=2..... 99=Don't Know/Refuse

Approximately how many times a **week** do you do the following:

- 55. Read the news? _____
- 56. Watch the news on TV? _____
- 57. Listen to news on the radio? _____

Approximately how many times in the **past month** did you do the following:

- 58. Discuss issues about health care services with friends and family? _____
- 59. Discuss issues about health care services with health care professionals, like your doctor or nurse? _____

Approximately how many times in the **past month** did you look at the website or read pamphlets or other materials on the health care system put out by:

- 60. The Canadian Government _____
- 61. The Alberta Government? _____
- 62. Your Regional Health Authority? _____
- 63. Other political parties? _____
- 64. Other interest groups? _____ (e.g. Friends of Medicare)

65. In general, how are health care services portrayed in the stories you hear, see or read? On a scale of 1 to 5 where 1 is very negative and 5 is very positive, how negatively or positively would you say health care services are portrayed in the information you read, see or hear?

Very negatively				Very positively	<i>Don't Know</i>
1	2	3	4	5	99

IV. GENERAL HEALTH CARE SYSTEM

The next few questions relate to the health care system in general:

How supportive are you of the following: Do you strongly support, support, oppose, or strongly oppose:

66. Encouraging the creation of private, user-pay health clinics in the province?

Strongly Support	Support	Oppose	Strongly Oppose	<i>DK/Refuse</i>
1	2	3	4	99

67. A more community-based and home-based health care system?

Strongly Support	Support	Oppose	Strongly Oppose	<i>DK/Refuse</i>
1	2	3	4	99

Could you please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements:

CODE AS: 1=Strongly agree
 2=Agree
 3=Disagree
 4=Strongly disagree
 DON'T READ 99=Don't Know/Refuse

68. If people are willing to pay the price, they should be able to use private medical clinics.

69. The health care system needs to be fixed.

70. Proper health care should come before spending cuts

71. The availability of health care services has deteriorated

72. The quality of health care services has declined.

73. The problem with the health care system today is that too many people see health care as being a "right" and not a "privilege".

74. There should be limits on how many times a year one can visit the doctor.

75. People who smoke, don't exercise, and take health risks should have to pay extra in health care premiums.

76. People who go to emergency with non-life threatening injuries should be redirected to their community clinic.

77. The reason why some people readily turn to the health care system for almost everything is because they have no financial incentive not to.

78. Doctors should not be paid on a per patient basis; rather they should be paid according to a fixed salary.

79. The focus of our health care system should be on trying to prevent disease before it happens.

80. There should be some sort of penalties put in place to deal with those who regularly abuse the health care system.

If the government were to spend more on priority programs, which programs do you think it should spend “more” or “less” on:

	More	Less	Keep Same	DK/NR
81. Health Care	1	2	3	99
82. Education	1	2	3	99
83. Social Services and Welfare	1	2	3	99

84. In general, how would you rate your knowledge of health care services that are available to you:

Excellent	Good	Fair	Poor	Don't know/No response
1	2	3	4	99

V. PUBLIC HEALTH

The next few questions relate specifically to ‘public health’ as a component of the health care system.

85. How would you rate your knowledge of what public health activities are? Do you have:

- 1=A lot of knowledge
- 2=Some knowledge OR
- 3=No knowledge at all

About public health activities?

The following is a list of some public health activities. On a scale of 1 to 5, where 1 is the most important and 5 is the least important, please rank the following public health activities by how important you think they are for Albertans:

- 86. Protection of the population from new infectious diseases like SARS, Mad Cow Disease, and West Nile Virus
- 87. Prevention of non-infectious diseases like cancer, heart disease, or diabetes
- 88. Prevention of injuries
- 89. Immunization or vaccination programs
- 90. Monitoring the health of the population

91. What do you think is the leading cause of death in Canada? _____

92. Of the following things that impact a person’s health, please tell me which one you feel impacts health the most: _____

READ LIST (Randomize):

- 1=Biology and genetics
- 2=Income and social status
- 3=Social support
- 4=Lifestyle and personal health practices
- 5=Physical environment
- 6=Health care services

93. Please rank the following from 1 to 5, where 1 is the most important and 5 is the least important part of the health care system.

- a. hospitals
- b. doctors and other health care professionals
- c. prescription drugs
- d. technology
- e. public health

VI. POLITICS

The next few questions ask about your views on politics.

For each of the following, please indicate if you strongly approve, approve, disapprove, or strongly disapprove of:

CODE AS *1=Strongly Approve*
 2=Approve
 3=Disapprove
 4=Strongly Disapprove
 99=Don't know/Refuse

94. The Klein government's performance in Alberta?
95. The Provincial Liberal Party's performance under Kevin Taft?
96. The Federal Liberal Party's performance under Paul Martin?
97. The Federal Conservative Party's performance under Stephen Harper?

Now let's use a feeling thermometer to measure your feelings toward some politicians. The higher the score, the warmer you feel about the person. The thermometer ranges from 0 to 100, where 0 is very cold, 100 is very warm, and 50 is neutral. Please tell me how you measure your feelings toward:

[INTERVIEWER: For Don't Know/Refuse, record 999; for scores such as 20 or 30, record 020 and 030]

98. Premier Ralph Klein
99. Alberta Liberal Leader, Kevin Taft
100. Prime Minister, Paul Martin
101. Federal Conservative Leader, Stephen Harper
102. Member of Parliament, Belinda Stronach

On a scale from 1 to 10, where 10 equals very effective as a political leader and 1 equals not at all effective as a political leader, how would you rate the effectiveness of: *[INTERVIEWER: For Don't Know/Refuse, record 00. For scores such as 2 or 3, record 02 and 03]*

- 103.** Premier Ralph Klein
104. Alberta Liberal Leader, Kevin Taft
105. Prime Minister, Paul Martin
106. Federal Conservative Leader, Stephen Harper

On a similar scale, where 10 equals very trustworthy and 1 equals not at all trustworthy, how would you rate the trustworthiness of :

[INTERVIEWER: For Don't Know/Refuse, record 00. For scores such as 2 or 3, record 02 and 03]

- 107. Premier Ralph Klein
- 108. Alberta Liberal Leader, Kevin Taft
- 109. Prime Minister, Paul Martin
- 110. Federal Conservative Leader, Stephen Harper

Again on a similar scale, where 10 equals very much in touch with Albertans, and 1 equals not at all in touch with Albertans, how would rate:

[INTERVIEWER: For Don't Know/Refuse, record 00. For scores such as 2 or 3, record 02 and 03]

- 111. Premier Ralph Klein
- 112. Alberta Liberal Leader, Kevin Taft
- 113. Prime Minister, Paul Martin
- 114. Federal Conservative Leader, Stephen Harper

How satisfied are you with things these days? Are you:

*CODE AS 1=Very Satisfied
 2=Somewhat satisfied, or
 3=Not at all satisfied with:
 99=Don't know/Refuse*

- 115. The province's financial situation _____
- 116. Your personal financial situation _____
- 117. The education system _____
- 118. The social welfare system _____

VII. SOCIODEMOGRAPHICS

Finally, in order to ensure that we speak to a good cross-section of Albertans, can you please tell me the following:

119. *(Only ask if you cannot determine gender of respondent)*

Are you: 1= male
 2= female
DON'T READ 99= *Refused*

120. In what year were you born? _____

IF REFUSE: Would you mind giving me the age group:
 1= 18-24 yrs
 2= 25-44 yrs
 3= 45-64 yrs
 4= 65-74 yrs
 5= 75 yrs or older
DON'T READ 99= *Refused*

121. What is the highest level of education you have attended or completed?

(DON'T READ LIST) 1= no schooling
 2= elementary/junior high
 3= high school
 4= college or technical school
 5= some university
 6= completed one degree
 7= more than one degree
 99= *Refused*

122. Do you have any children under 13 years of age living in your household ?

1=Yes
 2=No
 99=*Refused*

123. What was your approximate total household income before taxes last year?

1= <\$20, 000
 2= \$20,000-40,999
 3= \$41,000-60,999
 4= \$61,000-80,999
 5= \$81,000-100,000
 6= >\$100,000
DON'T READ 99= *Refused*

124. Do you have additional health care coverage other than through the basic Alberta Health Care Insurance Plan, such as private health insurance or Alberta Blue Cross?

1= Yes

2= No

DON'T READ 99= *Refused*

125. Have you paid for services offered through private medical clinics, such as cataract or other surgeries?

1= Yes

2= No

DON'T READ 99= *Refused*

126. Do you currently have a personal family doctor who you see regularly for most of your health care needs?

1= Yes

2= No

DON'T READ 99= *Refused*

We've reached the end of our survey and I'd like to thank you very much for your time and cooperation.

APPENDIX B:
OPERATIONAL DEFINITIONS

Albertans: People aged 18 years of age and older who reside in the province of Alberta at the time of the survey.

Accessibility: The ability of clients to obtain service at the right place and the right time, based on respective needs.

Health care services: These include services under Alberta's publicly funded and publicly administered health care system available from hospitals, physicians' clinics, long-term care facilities, public health services, home and community health services, and regional health authorities in Alberta. The specific services tapped in this study include:

- MRI (magnetic resonance imaging)—a diagnostic test that provides high-resolution pictures of the structure of any organ or part of the body. This study will examine MRI units in the public health system.
- In-patient hospital care—admission to an acute care hospital bed in Alberta's publicly funded, publicly administered health care system.
- Family doctor—a physician who practices family medicine in a primary care setting
- Specialist doctor—a physician who practices in a specialty recognized by the Royal College of Physicians and Surgeons of Canada, who acts as a consultant (e.g. a heart specialist, surgeon etc.)
- Nurse—any registered nurse or licensed practical nurse who works in the health care system
- Emergency room services—health care services offered in hospital emergency departments open 24 hours a day that are designed to care for patients who cannot wait to be seen by a family doctor.
- Elective/scheduled surgery—an operation performed by a surgeon specialist that is non-urgent (e.g. hip and knee joint replacements)
- Blood tests—tests ordered by a doctor that require blood to be drawn and sent to a laboratory for analysis (e.g. cholesterol blood tests)
- Home nursing care services—home nursing to help with bathing, dressing, and other basic household tasks
- Public health programs—4 major aspects of public health programs include: 1) Health surveillance – monitoring the health status of the population and providing information for planning, implementing and evaluating health strategies; 2)

Health protection – identifying, reducing and eliminating hazards and risks to the health of individuals in the community, including those posed by communicable diseases and food-borne, drug and environmental hazards; 3) Disease and injury prevention – providing appropriate information and early intervention services to prevent the onset of disease and injury; 4) Health promotion – enabling healthy choices and developing healthy and supportive environments. (<http://www.health.gov.ab.ca/system/publichealth.html>). Examples include: childhood immunizations (e.g. measles immunizations), flu shots (immunization against the flu), mammography (breast X-ray) to screen for breast cancer.

- Nursing home or long term care facility--A convalescent home or private facility for the care of individuals who do not require hospitalization and who cannot be cared for at home.
- Special therapy services--Include health services such as physical therapy, chiropractic services (as well as occupational therapy, speech therapy, massage therapy).
- Community walk-in clinics--Health care clinics that are not emergency departments, where clients can walk in without an appointment to see an available doctor.

Health care system: The publicly funded and publicly administered system that provides health care services

Personal experience: Either personally received health care services in the past 12 months--patient (answered 'yes' to question 40) or cared for someone who received health care services in the past 12 months—caregiver (answered 'yes' to question 46 or 50)

- Direct personal experience—answered 'yes' to question 40
- Indirect personal experience—answered 'yes' to question 46 or 50
- Informal caregiver—answered 'yes' to question 46
- Formal caregiver—answered 'yes' to question 50

Exposure to messages: Messages include those transmitted through mass media, documents, Internet, or conversation.

Government Institutions: Canadian Government—question 60 (Prime Minister, Minister of Health, Members of Parliament, Health Canada or any other federal institutions), Alberta Government—question 61 (Premier, Minister of Health, Members of Legislative Assembly, Ministry of Health and Wellness), or Regional Health Authority—question 62 (one of the 9 regional health authorities of Alberta as designated by the Minister of

Health. Regional Health Authorities are responsible for delivering and assessing health services in their respective regions)

Hearsay: Messages not necessarily based on evidence; may be anecdotal, speculation, or opinion

News stories: News stories in the local or national newspapers (question 55), television news (question 56), or radio news (question 57)

Health care professionals: Individuals in accredited and regulated health care professions that provide direct patient care, such as doctors or nurses

Private health insurance: Additional health insurance coverage provided by private insurance companies to cover services not insured by the Alberta Health Care Insurance Plan (e.g. Alberta Blue Cross). This supplemental insurance can be obtained by contacting private insurance companies directly, or through employers.

Waiting time: Length of time between the enrollment of a client on a waiting list and the receipt of service.

Waiting list: A roster of patients awaiting a particular service