



INSTITUTE OF  
HEALTH ECONOMICS  
ALBERTA CANADA



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# **PUBLIC OPINION IN HEALTH CARE – FINAL REPORT OF THE HEALTH CARE IN CANADA INVITATIONAL ROUNDTABLE**

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**NOVEMBER 2011**

## Introduction

A small group of stakeholders convened on November 17, 2011 in Ottawa to discuss plans to re-launch the Health Care in Canada survey in 2012. The Health Care in Canada (HCiC) survey was conducted annually from 1998–2007 and remains the most comprehensive annual survey of Canadian public and health care providers' opinions on health care.<sup>i</sup> POLLARA Research conducted the survey under the aegis of the Health Care in Canada (HCiC) partnership, and Merck provided the funding. In 2012, with Merck providing seed funding, the partnership is re-launching the survey.

The Institute of Health Economics organized the November 17 roundtable, with funding from Merck and in-kind support from the Canadian Health Services Research Foundation. The roundtable served as an initial gathering of the original partners<sup>ii</sup> and invited delegates (see Appendix I for full participant list) to further develop the HCiC partnership and begin planning the 2012 survey. This report provides background to the roundtable and presents the key messages from the discussion as well as participants' comments from the question sheets circulated at the meeting. It also offers an initial listing of recent or upcoming public opinion polling, survey or engagement activities of relevance (see Appendix II). This report will be used to inform subsequent meetings with the expanded HCiC partnership in early 2012.

## Background and Objectives

The Health Care in Canada (HCiC) survey partnership is composed of a broad base of key stakeholders in the Canadian health care system, including health care providers, health organizations, health charities, home care sectors, and the pharmaceutical industry. The 1998-2007 HCiC surveys were developed by the partnership, whose members worked together to provide their experience and perspective on the system. The partnership has grown from three partners in 1998 to nine currently,<sup>ii</sup> and is now expanding further.

The value of engaging the public, frontline health providers and health care managers in health care policy discussions is widely recognized.<sup>iii</sup> The goal of the partnership is to develop a resource that provides strong direction to decision-makers during periods of health care review and reform. Over the years, the surveys were not designed to serve as a report card on the status of the health care system, but rather, to gauge the need for change. The survey data captures the experiences of members of the public as well as health care providers, including physicians, nurses, pharmacists, and health care managers. This data is available in its entirety on the HCiC website<sup>iv</sup> with summaries of key response trends in key areas such as personal values and experiences, innovation, home care, access, and private health care. Also provided on the website are the results of a citation analysis, listing sources where the survey is referenced.

The objectives of the November 17 roundtable were to gain ideas and insights from participants and build partnerships by:

1. Reviewing the key findings of public opinion polling on healthcare over the last decade
2. Exploring current initiatives planned across Canada for seeking opinions of the public, healthcare providers and health system managers; and
3. Identifying themes, questions and activities that can inform the HClC survey and other activities planned for 2012

In addition, several key questions were discussed.

- How do we best capture public perceptions of health system policies and issues on an ongoing basis?
- How might surveys (broad or targeted) be useful as catalysts for more focused discussions or as a gauge to monitor shifts in attitudes over time?
- Are there differences in perceptions (and internal demographic differences) between provider groups and the public that might assist in determining and communicating policy?

## 10 years of the Health Care in Canada Survey – Looking Back, Moving Forward

Dr. Stuart Soroka, Associate Professor and William Dawson Scholar in the Department of Political Science at McGill University,<sup>v</sup> presented an overview of the key findings from a synthesis of the HClC Surveys, 1998-2007.<sup>vi</sup> His presentation also provided insights from other recent public opinion polling research, which served as background to the discussion.<sup>vii</sup> Importantly (and the focus of this summary), Dr. Soroka put forward recommendations for consideration for the 2012 HClC survey.

### Key messages – For the 2012 HClC survey, include a focus on:

1. **General trends:** There is value in comparing HClC results over time to compare results pre- and post-Romanow Commission and differences between stakeholder and public responses. General trend questions might include a focus on quality, access, approach and confidence in the system. The Commonwealth Fund surveys may help inform the questions about confidence in the system as well as those pertaining to views on the needs for major reform versus minor tinkering around the edges of the system.
2. **Stakeholder opinion:** The HClC results may help address questions such as whether stakeholders are swayed by the public discourse (news media) (e.g., reporting on wait times). It should be noted, though, that public opinion surveys are markedly different from stakeholder opinion surveys and, therefore, may require a unique design approach.
3. **Topical issues:** In order to keep the public interested in certain topics, survey questions/vocabulary can be shifted to measure changes over time.

4. Personal experience: It is important to distinguish between the responses of people who have experience with the system (for example, a patient with a recent Emergency Room admission) versus people's general perceptions or attitudes toward the health care system. It is also recommended to include a self-reported health status question, as is the standard in most health surveys, allowing for an analysis of survey responses against self-reported health responses.

## Potential Themes or Areas of Focus

A primary focus of the roundtable was to generate discussion on potential themes or areas of focus for questions for the 2012 HCiC survey.

### Overall messages:

- Important to include current and emerging issues but remembering balance (survey burden/feasibility)
- Focus on ability to benchmark against historical results to identify trends (e.g., questions asked 10 years ago) or from other jurisdictions (e.g., Commonwealth Fund surveys)
- Important to include a core question set/concrete set of trend questions (on quality, access, approach and confidence in the system) as well as demographics (gender and income)
- Build on the success of the previous survey, which captured a variety of stakeholder viewpoints (what does the public think versus doctors versus nurses versus health managers?) Probe for more insight between responses from the public and responses from stakeholders.

### Themes:

- Emerging and big policy issues: Home care – how to provide it? National pharmacare? Primary care?
- Continuity of care (access – integration – transition – navigation – management)
- Access to health services and ease of use: scoping further than typical questions sets related to access to family physicians and specialists or wait times for emergency or acute care
- Multiple access points to the system: what if registered nurses were able to diagnose and prescribe in certain realms, like diagnosing sexually transmitted diseases?
- Personalized medicine, genomics and personalized health
- Awareness and expectations related to scopes of practice (nurse practitioners, physician assistants, pharmacists)
- Focus on transitions toward strengthening an integrated approach, rather than looking at individual components of the care continuum

- Shift toward integration: for example, home care is not independent of pharmacare
- Interdisciplinary teams and interprofessional collaborative team-based models of care (physicians or nurse practitioner-led clinics in primary care)
- Discussion regarding the need for education on navigating the system; point of care information
- Probe the issue of unpaid caregivers and identify where they might need support
- Quality – breaking this down into its dimensions like appropriateness, safety, integrated care
- Efficiency – Some feel there is a lot of waste, while others say there is “no fat left” in the system; scarce versus plentiful resources and the relevance of this to overuse/inefficiencies
  - What do the public and stakeholders see as opportunities for improvement and increased efficiency? Then, how do we interpret the results, in a context where there is little trust in government capacity to be efficient?
- Public administration/role of government at all levels
- Accountability in public reporting
- Aging population and sustainability: what do the public and professionals think about what impact it will have on the system?
- Patient versus provider expectations (for example, expectations to receive diagnostic testing, obtain prescriptions)
  - Include questions to get at expectations (When you see a general practitioner do you expect to get a prescription?), which can shed light on overuse
  - Patient responsibility – what should their role(s) be? What are the options for playing a more significant role?
- Use of information and communication technology versus privacy issues – What’s the balance? Are we hiding behind privacy issues to prevent the creation of evidence on efficiencies? Regarding electronic health records, can we probe further issues previously identified by physicians, nurses and patients?
- Patient-centred care and quality: there maybe misunderstandings about what this means, including within the broader quality context in relation to quality
  - What’s the feasibility of asking the public about specific areas of quality? Does the public have the capacity to respond in a meaningful way to a survey? Or is interactive engagement more appropriate for this type of discussion? Health literacy is a factor to consider here.

- Identify the extent to which patients and citizens want to be involved in decisions regarding their care or the system, and what they need to ensure they are meaningfully engaged
- Patient-centred care: How do stakeholders define it? Or rank it? What does it mean?
- Patient experience
  - Increase the sampling to get more patients with experiential knowledge of the system
  - Continue asking about experience with the system to follow the change of attitudes over time and through economic downturn and further investments
  - Identify perceptions based in patient experience versus taxpayer/citizen concerns
  - Identify experiences with responsiveness of the system
- Health (in)equities and (regional) disparities
- Include values-based questions<sup>viii</sup> (solidarity and equity, choice) and track changes that have bearing on the private/public split
- Public versus private funding: opinions about what services the public system should pay for/accommodate
- Systems perspective
  - What are key objectives of health systems vis-à-vis access to care/treatment and population health promotion/outcomes in terms of whether the health system is doing what it ought to be doing and how it's doing it? What are the reasonable boundaries of the health system?
- Innovation and research
  - Expectations for generating and using research and innovation in health care
  - Expectations for disease symptom management

## Strategies for Gathering Information to Achieve High Impact

Roundtable participants offered a number of suggestions for how to improve the strategies/approach for gathering information to achieve the highest impact/usefulness.

### Key Messages:

- Three important questions should be addressed in developing survey questions:
  - What do you want to know?
  - Why do you want to know it?
  - How will you use the information gathered?
- Privilege evidence over opinion
  - It's important that the methodological approach is of sufficient rigor to produce results that reflect evidence and not just opinion.
  - Multivariate approaches are more valid than univariate.
  - Involve survey methodologists early in survey development
- Include questions and apply analyses that can help explain or “unpack” the results
  - Facilitate informed policy-making
  - Continue tracking basic questions over time (core questions)
  - Allow for jurisdictional differences – ensure all provinces can participate
  - Establish comparators
  - Employ multivariate statistics
    - Need to think about strategies to capture indirectly through multivariate means versus asking direct questions only
- Be strategic about where/how to add questions; that is, where/how to add value
  - Minimize duplication with other surveys
  - Piggyback on other surveys and use existing questions/question sets (see Appendix II)
    - linking in with Statistics Canada's Canadian Community Health Survey (CCHS) will improve reliability, validity and representativeness
    - using existing scales for various constructs
  - Recognize provincial realities and their variable ability to buy sample size – favours a national approach
- Ensure sufficient sample size to determine regional variations, since national numbers are often not relevant to/used by provinces/territories
- Target the right questions to the right respondents
  - for example, patient versus citizen
  - Consider literacy levels and engagement strategies
- Push past the constructs; for example, what do we mean by patient-centred care?
  - Don't be afraid to ask questions that dig deeper

- Bundle questions to increase insight into key issues
- Maintain a systems perspective
  - Consider developing scenario-based questions for policy reform, like emerging and big policy issues (home care, pharmacare, primary care). For this, it is possible to draw from questions previously developed by Abelson et al. (2004)<sup>ix</sup>
- Improve access to data and make information public
  - Create demand for the collection and use of this information
  - Ensure broad access to the information and create an appetite for it
  - Make the data and results available online
- Can we demystify the public opinion–policy-making connection? How does, or can, public opinion inform policy?
- Surveys are limited in that they represent a snapshot in time, beyond all the methodological validity issues, but they can provide a catalyst for further discussion.
  - Use the survey as a platform/catalyst for more localized discussions by partner groups
  - Identify well-known ways to measure effective strategies for interactive public engagement<sup>x</sup>
    - For example, results for the 2007 survey were based on telephone interviews with nationally representative samples of 1,223 members of the Canadian public, 202 doctors, 201 nurses, 202 pharmacists and 201 health managers. The questions were developed with POLLARA Research working in consultation with the survey partner organizations.
- Regarding survey question development:
  - Can we draw from language that is accessible to the public, such as language used by the news media?
  - Opening the development of survey questions to discussion beyond experts (survey methodologists) is generally not a good practice; however, further discussion is required re: the role of patients/citizens in survey design (patients/citizens have the least power but are the more affected/committed to the outcomes). Investigate suggestions to test validity with public participants.

## Ideas for Expanding the Partnership and its Network

The roundtable discussion generated ideas on expanding the partnership and its network.

### Key messages:

- Need to clarify the “rules of engagement” before seeking partnerships. What are the costs and timelines? Ways to engage?
- It is critical to identify sustainable funding sources
  - Explore possible CIHR grants, such as a meetings/planning/dissemination grant to convene the partners for future meetings
  - Are there foundations that may be interested in supporting this effort?
- There are a variety of resources that may serve as potential partners or dissemination vehicles:
  - Credible non-profits, such as the Health Council of Canada and CHSRF
  - Provincial health quality councils (like NBHQC, which has a mandate to engage the public)
  - Credible resources available to the news media and journalists to serve as dissemination vehicles and spokespersons for the survey findings. For example, <http://evidencenetwork.ca> is a non-partisan web-based project funded by CIHR and the Manitoba Health Research Council to make the latest evidence on controversial health policy issues available to the media.
  - Resources targeting the public
    - News media; perhaps a partnership with Maclean’s Magazine, such as the recent CMA-Maclean’s town hall meetings
    - YMCA Canada or Shoppers Drug Mart as a potential public consultation partner
    - [www.healthydebate.ca](http://www.healthydebate.ca), which attempts to fill the information gap in health care by making every effort to provide unbiased information to Ontarians that will lead to debates and informed opinions.
  - Academic groups like the Institute of Health Policy, Management and Evaluation, McMaster Centre for Health Economics and Policy Analysis or The Mowat Centre at the University of Toronto
- A key partner/resource may be the Health Action Lobby (HEAL), which meets with a number of organizations, including Canada Health Infoway, senior officials from Health Canada and Human Resources & Skills Development Canada, Ministers, and Members of Parliament. HEAL also meets on a regular basis with leaders from other national health organizations and coalitions to discuss issues of shared interest and to identify ways to work together more effectively. <http://www.healthactionlobby.ca/>

- Currently, the HClC partnership has its own web resource to house its survey data sets and related materials.<sup>xi</sup> To support broader use and application of the data, the partnership could consider archiving its data with the Canadian Opinion Research Archive (CORA). CORA makes available commercial and independent surveys to the academic, research and journalistic communities.  
<http://www.queensu.ca/cora/>

## Appendix I – Participant List

Mireille Brosseau  
Program Lead, Patient and Citizen  
Engagement, Canadian Health Services  
Research Foundation  
[mireille.brosseau@chrsf.ca](mailto:mireille.brosseau@chrsf.ca)

Jewel Buksa  
Consultant, Institute of Health  
Economics/BUKSA  
[jewel@buksa.com](mailto:jewel@buksa.com)

Andy Chuck  
Health Economist & Manager, Decision  
Analytic Modeling Unit, Institute of  
Health Economics  
[achuck@ihe.ca](mailto:achuck@ihe.ca)

Keith Denny  
Director, Policy and Communications  
Canadian Healthcare Association  
[kdenny@cha.ca](mailto:kdenny@cha.ca)

Shirley Hawkins  
Government / Stakeholder Relations  
Health Council of Canada  
[shawkins@healthcouncilcanada.ca](mailto:shawkins@healthcouncilcanada.ca)

Maureen Henson  
Director of Communications &  
Community Relations  
Canadian Home Care Association  
[mhenson@cdnhomecare.ca](mailto:mhenson@cdnhomecare.ca)

Sharon Manson Singer  
Co-Founder, EvidenceNetwork.ca  
[smansonsinger@gmail.com](mailto:smansonsinger@gmail.com)

Meghan McMahon  
Assistant Director, CIHR-IHSPR (Institute  
of Health Services and Policy Research)  
[mmcmahon.ihspr@mcgill.ca](mailto:mmcmahon.ihspr@mcgill.ca)

Terrence Montague  
Principal, CareNet Corporation Ltd  
[terrymontague@sympatico.ca](mailto:terrymontague@sympatico.ca)

Wendy Morton  
Merck Canada  
[wendy\\_morton@merck.com](mailto:wendy_morton@merck.com)

Louise Ogilvie  
Vice-President, Corporate Services  
Canadian Institute of Health Information  
[LOgilvie@cihi.ca](mailto:LOgilvie@cihi.ca)

Stephen Samis  
Vice-President, Programs  
Canadian Health Services Research  
Foundation  
[Stephen.Samis@chrsf.ca](mailto:Stephen.Samis@chrsf.ca)

Tina Saryeddine  
Assistant Vice-President, Research and  
Policy Analysis, Association of Canadian  
Academic Healthcare Organizations  
[Saryeddine@acaho.org](mailto:Saryeddine@acaho.org)

Marcel Saulnier  
Directeur general, Direction de la  
coordination et de la planification des  
politiques, Health Canada  
[Marcel.Saulnier@hc-sc.gc.ca](mailto:Marcel.Saulnier@hc-sc.gc.ca)

Stuart Soroka  
Associate Professor, Department of  
Political Science, McGill University  
[stuart.soroka@mcgill.ca](mailto:stuart.soroka@mcgill.ca)

John Sproule  
Senior Director, Health Policy  
Institute of Health Economics  
[jsproule@ihe.ca](mailto:jsproule@ihe.ca)

Tessa Trasler  
Consultant, CareNet Corporation Ltd.  
[tessa.trasler@phmalliance.ca](mailto:tessa.trasler@phmalliance.ca)

Stephen Vail  
Director, Policy, Canadian Medical  
Association  
[steve.vail@cma.ca](mailto:steve.vail@cma.ca)

Michael Wolfson  
Canada Research Chair in Population  
Health Modelling/Populomics,  
University of Ottawa  
[Michael.Wolfson@uOttawa.ca](mailto:Michael.Wolfson@uOttawa.ca)

**Regrets:**

Julia Abelson  
Director, Centre for Health Economics  
and Policy Analysis and Professor,  
Department of Clinical Epidemiology  
and Biostatistics, McMaster University

Deirdre Freiheit  
Executive Director, Health Charities  
Coalition of Canada

Jenn Verma  
Director, Collaboration for Innovation &  
Improvement, Canadian Health Services  
Research Foundation  
[Jennifer.Verma@chrsf.ca](mailto:Jennifer.Verma@chrsf.ca)

Don Wildfong  
Nurse Advisor, Canadian Nurses  
Association  
[dwildfong@cna-aiic.ca](mailto:dwildfong@cna-aiic.ca)

Karine Morin  
Director, National GE3LS Program,  
Genome Canada

Kathleen O'Grady  
Director of Communications,  
EvidenceNetwork.ca; Research  
Associate, Concordia University and  
Founding Director, QUOI Media Group

## Appendix II – Listing of Recent or Upcoming Public Opinion Polling, Survey or Engagement Activities

As part of the planning for the 2012 HCiC survey, partners want to know what recent public opinion polling or engagement activities could inform the survey development and/or what activities are upcoming that might complement the survey. The following is not a comprehensive list, but provides some polling, survey and engagement activities in the health and health care domains. A more comprehensive list is being developed to inform further discussions.

### Polling or Survey Activities

- Commonwealth Fund surveys <http://www.commonwealthfund.org/Surveys.aspx>
  - Health Care Opinion Leaders Survey: Views on Health Care Spending and Health Reform Implementation  
<http://www.commonwealthfund.org/Surveys/2011/Nov/Views-on-Health-Spending-and-Reform-Implementation.aspx> (Nov 14, 2011)
  - International Health Policy Survey  
<http://www.commonwealthfund.org/Surveys/2011/Nov/2011-International-Survey.aspx> (Nov 9, 2011)
  - Survey of Public Views of the Health System  
<http://www.commonwealthfund.org/Surveys/2011/Apr/Survey-of-Public-Views.aspx> (April 6, 2011)
- The Annual Focus Canada survey (conducted by Environics) covers healthcare and other public policy issues  
<http://www.queensu.ca/cora/files/fc2010report.pdf>
- Ipsos health polls - <http://www.ipsos-na.com/news-polls/health/>
  - Canadian Medical Association Annual National Report Card on Health Care (2012 marks 12<sup>th</sup>; conducted by Ipsos-Reid)  
[http://www.cma.ca/index.php?ci\\_id=200754&la\\_id=1&q=national+report+card](http://www.cma.ca/index.php?ci_id=200754&la_id=1&q=national+report+card)
- The Sun Life Canadian Health Index™  
[http://www.sunlife.ca/Canada/sunlifeCA/About+us/Canadian+Health+Index?vgn\\_Locale=en\\_CA](http://www.sunlife.ca/Canada/sunlifeCA/About+us/Canadian+Health+Index?vgn_Locale=en_CA)
- The International Social Survey Programme (ISSP) (<http://www.issp.org/>) will focus on healthcare (45 countries) in 2012. The ISSP is a continuing annual programme of cross-national collaboration on surveys covering topics important for social science research. It brings together pre-existing social science projects and coordinates research goals, thereby adding a cross-national, cross-cultural perspective to the individual national studies. The ISSP researchers especially concentrate on developing questions that are meaningful and relevant to all countries, and that can be expressed in an equivalent manner in all relevant languages.
- Statistics Canada health surveys

- Canadian Community Health Survey
- Canadian Health Measures Survey
- Canadian Tobacco Use Monitoring Survey
- Childhood National Immunization Coverage Survey
- Residential Care Facilities
- Survey on Living with Neurological Conditions in Canada
- Survey of Neurological Conditions in Institutions in Canada

## Engagement Activities

### Government of Alberta: Alberta Health Act Consultation (May to August 2010)

Over 3,000 Albertans participated in 29 consultation workshops in 23 communities, Internet-based survey and forums, including community members, health professionals, government representatives, and groups and organizations. They were provided with background information regarding the Alberta Health Act and Alberta's health system, and were asked to discuss and share their perspectives on the kinds of changes they wanted to see. This was held in parallel to consultations with AHS Health Advisory Councils and the Health Stakeholders Forum. The resulting 15 recommendations were used in putting together Bill 17 – the Alberta Health Act 2010.

### New Brunswick Health Council Citizen Engagement Initiative (March to June 2010)

A total of 310 New Brunswickers participated in a conversation about their health system (spread out in three phases), where they were informed about the current situation in their province and asked to deliberate priority issues and options. The results of the initiative – set out in the report *Our Health. Our Perspectives. Our Solutions.* – will inform the New Brunswick Health Council's recommendations to the Minister of Health.

### National Dialogue on Health Care Transformation (January to June 2011)

Over six months, the Canadian Medical Association, in partnership with Maclean's, L'Actualité, and the Cable Public Affairs Channel, held a series of six forums in six cities to engage "as many Canadians as possible in an open discussion of what Canadians envision for our health care system and how to achieve this" (National Dialogue Report, 2011). This was complemented by an online consultation process, which had almost 3,000 registrants and more than 4,000 comments posted.

### Citizens' Reference Panel on Ontario Health Services (April to June 2011)

PricewaterhouseCoopers (PwC) Canada and MassLBP organized panels of 28 volunteer representatives of Ontario's population, with panel discussions held over three weekends at the Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto. The goal was to learn about and make recommendations on the province's health care system with the help of 20 health leaders across Ontario. *Globe and Mail* reporter Andre Picard hailed the panel's report as "a healthcare paper that makes sense." Stressing that

“essential healthcare needs to be accessible and affordable to all,” the report’s central message is that instead of simply putting more money into the system, “we need to innovate to make it more efficient and cost-effective” (Picard, 2011).

National Symposium on Patient Engagement (October 25, 2011)

The Health Council of Canada hosted a one-day National Invitational Symposium that brought interested members of the public together with health care providers, planners and researchers from across Canada. The symposium explored the challenges and opportunities in patient engagement and the benefits of involving patients in the design of the Canadian health care system.

## References

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<sup>i</sup> Health Care in Canada Survey. <http://www.hcic-sssc.ca>

<sup>ii</sup> At present, the HCiC partnership includes nine organizations:

- Association of Canadian Academic Healthcare Organizations
- Canadian Healthcare Association
- Canadian Home Care Association
- Canadian Medical Association
- Canadian Nurses Association
- CareNet Corporation Ltd.
- Health Charities Coalition of Canada
- Institute of Health Economics
- Merck Canada

<sup>iii</sup> Abelson J and Eyles J. 2004. "Public participation and citizen governance in the Canadian health system." In Forest PG, McIntosh T, & Marchildon G. (Eds.) *Changing Healthcare in Canada: The Romanow Papers*, Volume 2. (pp. 279-311). Toronto: University of Toronto Press.

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Oxman AD, Lewin S, Lavis JN & Fretheim A. 2009. "SUPPORT Tools for evidence-informed health Policymaking (STP) 15: Engaging the public in evidence-informed policymaking." *Health Research Policy and Systems*; 7(Suppl 1): S15. <http://www.health-policy-systems.com/content/7/S1/S15>

<sup>iv</sup> Health Care in Canada Survey. <http://www.hcic-sssc.ca>

<sup>v</sup> Dr. Soroka is also co-investigator on the 2011 Canadian Election Study, co-Director of the Media Observatory at the McGill Institute for the Study of Canada, past-Director of the Canadian Opinion Research Archive at Queen's University, and member of the Centre for the Study of Democratic Citizenship. An expert in Canadian public opinion, Dr. Soroka's work focuses on the relationship between public opinion, mass media and public policy.

<sup>vi</sup> Soroka S & Maioni A. 2011. *Health Care in Canada Surveys, 1998-2007*. Copies available by request to [jsroule@ihe.ca](mailto:jsroule@ihe.ca).

<sup>vii</sup> Soroka S. 2011. *Public Perceptions and Media Coverage of the Canadian healthcare System: A Synthesis*. CHSRF: Ottawa. [http://www.chsrf.ca/Libraries/Commissioned\\_Research\\_Reports/Soroka1-EN.sflb.ashx](http://www.chsrf.ca/Libraries/Commissioned_Research_Reports/Soroka1-EN.sflb.ashx)

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<sup>viii</sup> On values, see the Abelson et al. report of a survey that was administered in 2002 and 2004 (before and after the Romanow Commission report was tabled) about public attitudes toward various health care financing and delivery arrangements. This survey was led by Matthew Mendelsohn (founder of the Mowat Centre in Toronto and former Deputy Minister for Democratic Renewal in the McGuinty government) in conjunction with David Northrup at York University's Institute for Social Research. It included social values statements (e.g., pro- and con- role of government, attitudes towards technology, gay marriage) to allow the researchers to try to explain how underlying social values map onto public attitudes toward different financing and delivery arrangements. Reference: Abelson J, Mendelsohn M, Lavis JN et al. 2004. "Canadians confront health care reform." *Health Affairs*; 23(3): 186-193.

<sup>ix</sup> Abelson J, Mendelsohn M, Lavis JN et al. 2004. "Canadians confront health care reform." *Health Affairs*; 23(3): 186-193.

<sup>x</sup> Abelson J, Montesanti S, Li K et al. 2010. *Effective Strategies for interactive public engagement in the development of healthcare policies and programs*. CHSRF: Ottawa. [http://www.chsrf.ca/Libraries/Commissioned\\_Research\\_Reports/Abelson\\_EN\\_FINAL.sflb.ashx](http://www.chsrf.ca/Libraries/Commissioned_Research_Reports/Abelson_EN_FINAL.sflb.ashx)

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<sup>xi</sup> Health Care in Canada Survey. <http://www.hcic-sssc.ca>