Ontario
Central West Local Health Integration Network

Central West LHIN Community Consultation Study 2016/17 Public Poll Results

SOW #: CWLHIN2016-17_02

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Research conducted by

ADVANIS

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INTRODUCTION

Advanis is pleased to present this report to the Central West Local Health Integration Network (LHIN) highlighting the findings from the 2016/2017 Community Consultation Public Poll (Statement of Work number: CWLHIN2016-17_02).

The Central West LHIN is one of 14 Ontario health integration networks created to meet local health needs by integrating health care services. LHINs are mandated to plan, integrate, fund and monitor local health services. The guiding principal of the LHIN system is that the people who live and work in local communities are best positioned to understand the concerns and needs of the people who live in those communities. Although LHINs provide opportunities to improve the quality of local care (improving access to services, increase service integration, funding and monitoring local health services), they also make it possible to engage their communities in planning and priority-setting.

Part of the CW LHIN's community engagement process includes a quantitative telephone study to gather opinions from a representative sample of people residing in the Central West LHIN's catchment area. This research gathered knowledge, attitudes, and opinions of the Central West LHIN residents to build on the research done in 2006, 2009, 2013 and 2015. At the same time, it was used to seek members for a LHIN-based community forum/panel. More specifically, the objectives were to measure:

- Satisfaction with the current health care system both overall and within specific systems;
- Confidence in the health care system;
- Awareness of the Central West LHIN and their responsibilities; and
- Perceived importance of a number of aspects of the LHIN's health services plan

To accomplish this research, Advanis was commissioned to conduct a telephone survey. A total of 609 surveys were completed with residents in the Central West LHIN, including Bolton-Caledon, Bramalea, Brampton, Dufferin, and North Etobicoke-Malton-West Woodbridge areas of the LHIN. The survey was conducted between January 23 and February 13, 2017 and took an average of 16.9 minutes to complete. The survey was offered in English, French, Italian, Punjabi, Urdu and Tamil. Two surveys were completed in Italian and the rest were completed in English. A detailed description about our methodology is included at the end of the report under Appendix A: Survey Methodology.

As this is a study conducted every two years, where appropriate, comparisons to previous waves of the study are made and notable trends over time are highlighted.

Throughout the report, we have defined "high users" as those who answered Yes, myself to five or six of the usage questions (at Q19), "moderate users" as those who used three or four services and "low users" as those who have used two or fewer services in the past 12 months.

All numbers presented are rounded. As a result, in some cases, it may appear that ratings collapsed together are different by a percentage point from when they are presented individually.

EXECUTIVE SUMMARY

The Central West Local Integration Health Network (LHIN) commissioned Advanis to conduct its fifth community poll to understand residents' awareness and priorities related to health care.

609 residents from the Central West LHIN catchment area were surveyed by telephone. The survey was offered in multiple languages and took an average of 16.9 minutes to complete.

Resident's Health Care Priorities

Residents of the Central West LHIN are most concerned about the speed of access to medical care and the number of doctors and nurses available. Residents in the Dufferin Area are particularly concerned about the perceived number of doctors and nurses.

Satisfaction with Health Care and Services

Health Care Satisfaction

Residents are generally reasonably satisfied with all aspects of health care asked about. On average, ratings were between 6.2 and 7.1 out of 10. The highest rated components of health care are the quality of health care and the health care system's ability to accommodate diversity with over one-thirds of residents saying that they are satisfied (8,9, or 10) with these aspects (43% and 41% respectively).

Health Services Satisfaction

Nearly half of the residents (47%) feel that health services in their community have remained the same over the past 2 years. More hospitals is the main reason that residents say that health services have improved while long wait times for appointments and access to medical care is the primary reason given for why health services have declined over the past 2 years.

Half of the health care services that residents were asked to rate received an average rating of 6.0 of higher (out of 10). The highest rated service was primary health care services with a rating of 7.4. Services that received lower ratings generally had a higher proportion of residents saying "Don't know" when asked if they were satisfied, suggesting that residents are less aware of those services. (such as services for Aboriginal communities, French language, addiction services, or dementia related services).

Residents' Expectation of Health Care Services

At least nine in ten residents agreed with the statements related to their expectations health care system and health care services and over two-thirds strongly agreed with the majority of them. The statement that received the highest level of agreement was "I should be able to get routine health care services in my local community", and that "The health care system should help people manage their complicated health conditions instead of just treating symptoms". While still highly supported, expectations that are less universal include "The health care system should shift its focus from illness to wellness." and "The health care system needs to improve its ability to recognize and meet the needs of our diverse population"

Awareness of the Central West LHIN

One-third of residents said that they were familiar with the Central West LHIN. Half of residents in the Dufferin Area said that they were familiar with the Central West LHIN, much more than in other regions.

Residents' Sense of LHIN Priorities

All of the strategic directions testing in the survey appeared to be a priority among residents with all directions except for 'Measure and report on the performance' receiving a top 3 rating by over three-quarters of residents. The highest priority for residents is 'Improving wait times for health care services' with 64% saying it should be a high priority (10 out of 10) and almost nine in 10 residents (89%) giving it a top 3 rating.

Based on the strategic directions that were asked in the survey, 50% of residents say that the Central West LHIN is moving in the right direction. The most common response given for why it is moving in the right direction were generalized positive comments (48%) followed by responses related there being more hospitals (10%) and more services available (10%). Residents who felt that the LHIN is moving in the wrong direction said that services for seniors needed to be improved (27%), that there are not enough hospitals or hospital beds (20%) and that funding needs to be improved (20%).

Community Engagement

One-third of residents said that they would be interested in participating in a community panel about health care in their area. Information has been provided to the CW LHIN for onboarding.

Overall Takeaway

Opinions about health services in the Central West LHIN have remained fairly consistent with previous waves of this research. Residents generally feel that health services have remained largely the same over the past 2 years and they are satisfied with most aspects of the level of service available in their community.

Issues related to health care access are top of mind for about half of the residents of the Central West LHIN and more so for those who are higher users of the system and those who are less satisfied with the quality of health care they are receiving. Improving wait times for health care services continues to be the strategic direction that is given the highest priority among residents.

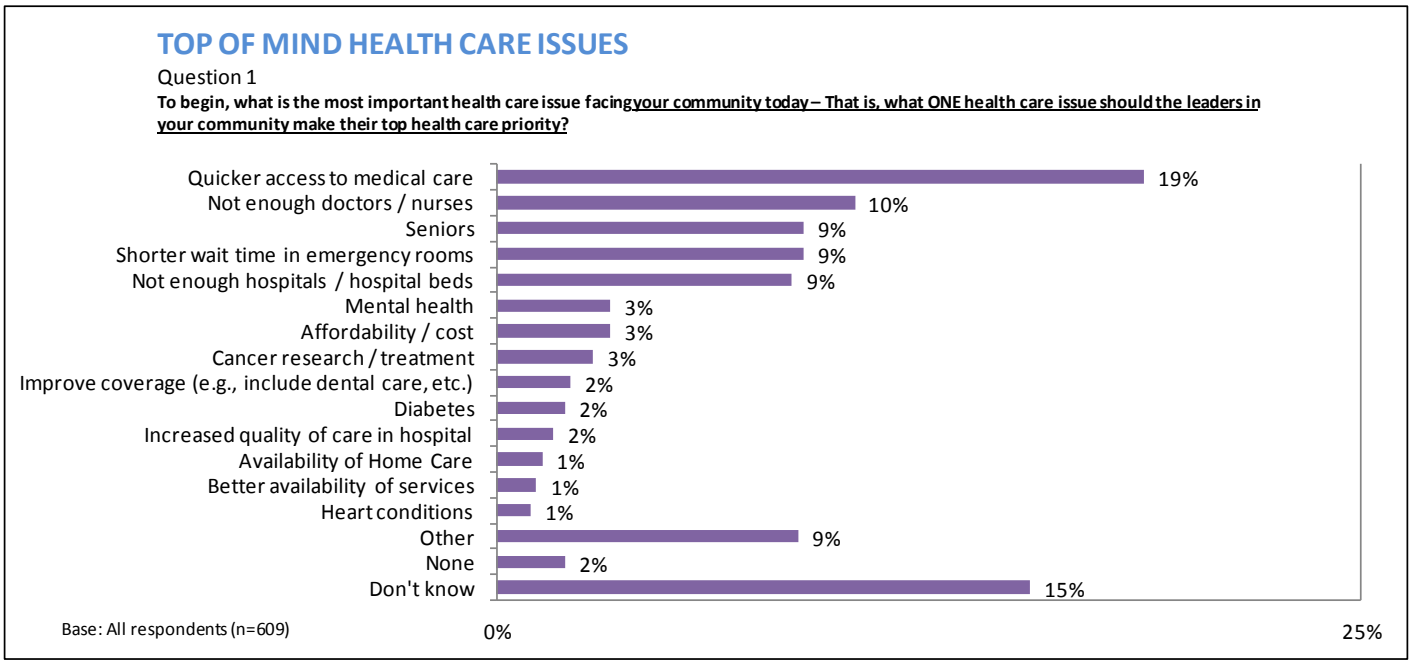
DETAILED FINDINGS

This *Detailed Findings* is divided into four sections. The first section presents an overview of residents' satisfaction with health care and health services in their community. The next section focuses on residents' familiarity and awareness of Local Health Integration Networks (LHINs) and more specifically, the Central West LHIN. The final two sections examine residents' perceptions on the strategic directions the Central West LHIN has drafted, followed by their communication needs and preferences.

RESIDENTS' SATISFACTION WITH LOCAL HEALTH SERVICES

Top of Mind Health Care Issue

The first question in the survey asked respondents what the most important health care issue facing their community is. Residents of the Central West LHIN are most concerned about the speed of access to health care (19%), the number of doctors and nurses available (10%), issues facing seniors (9%), the length of wait time in the emergency room (9%) and the number of hospitals / hospital beds available (9%).



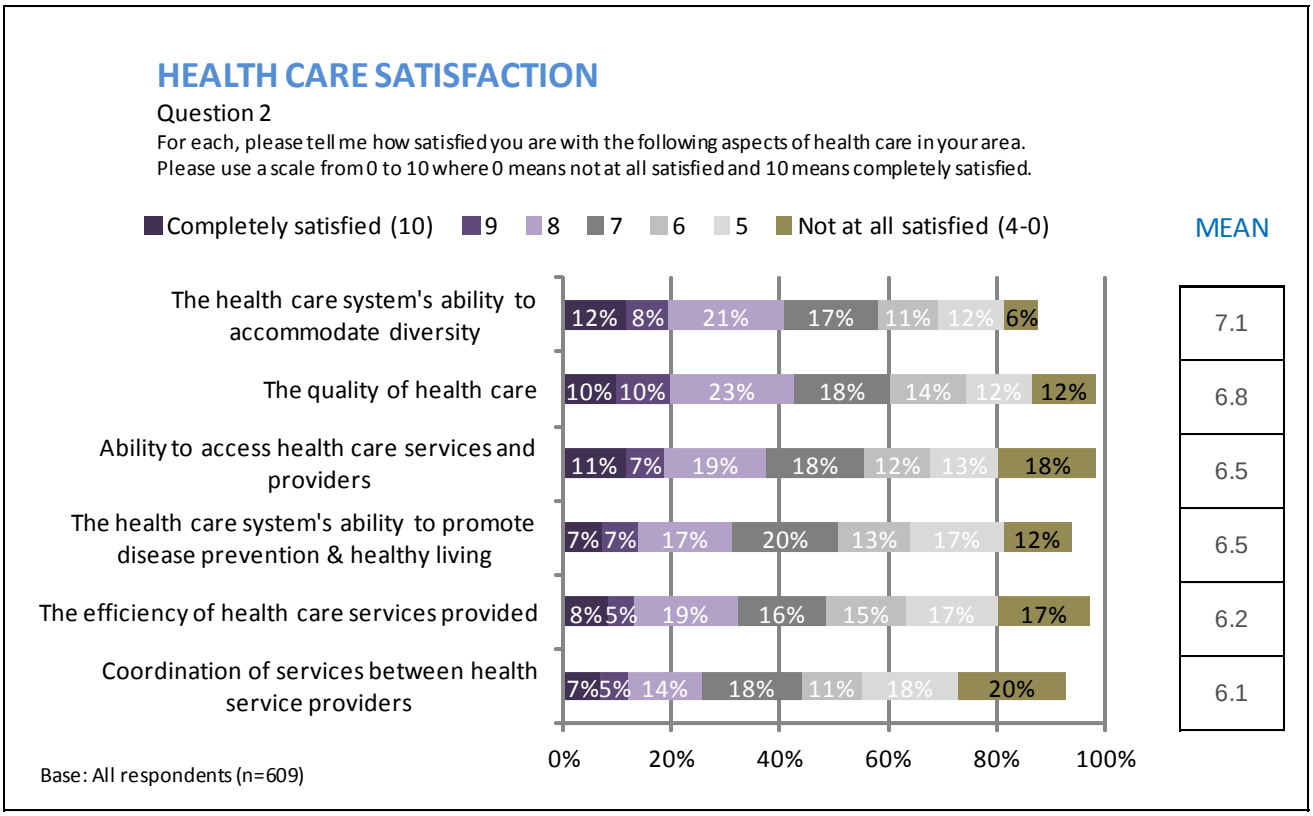
Nearly half of the health care issues mentioned are related to access (49%), including quicker access to medical care (19%) and not enough doctors and nurses (10%). Residents who mention issues related to access are more likely to be higher users of the health care system (59%) compared to moderate (48%) and low users (47%).

Residents in the Dufferin Area reported that there are not enough doctors and nurses (26%) significantly more often than those in the Bramalea, Brampton and North Etobicoke-Malton-West Woodbridge areas (6%, 8% and 8% respectively).

Resident Satisfaction with Health Care

Respondents were asked for their level of satisfaction with a number of aspects of health care in their area. Respondents were generally modestly satisfied with all aspects of health care, with average ratings for health care satisfaction being between 6.2 and 7.1 out of 10.

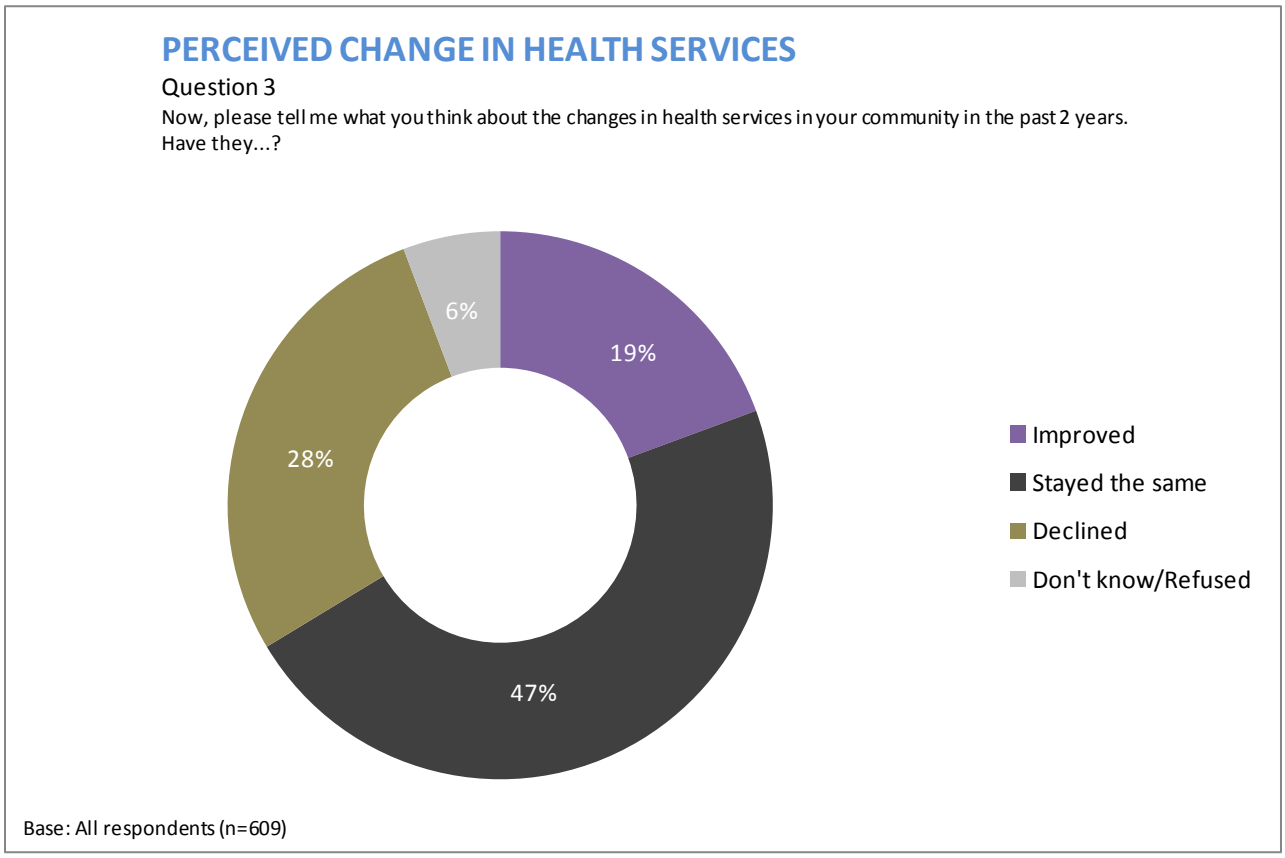
The highest rated components of residents' health care are the quality of health care and the health care system's ability to accommodate diversity (increased from 6.7 in 2015 to 7.1 this year). More than 2-in-5 residents said that they are very satisfied (provided a rating or '10','9', or '8') with the quality of health care (43%) and the health care system's ability to accommodate diversity (41%). Although residents are less satisfied with the quality of health care in 2017 compared to 2015 (43% compared to 49% in 2015), since the beginning of the IHSP study, residents have been consistently more satisfied with the quality of health care than with other aspects of the health care system.



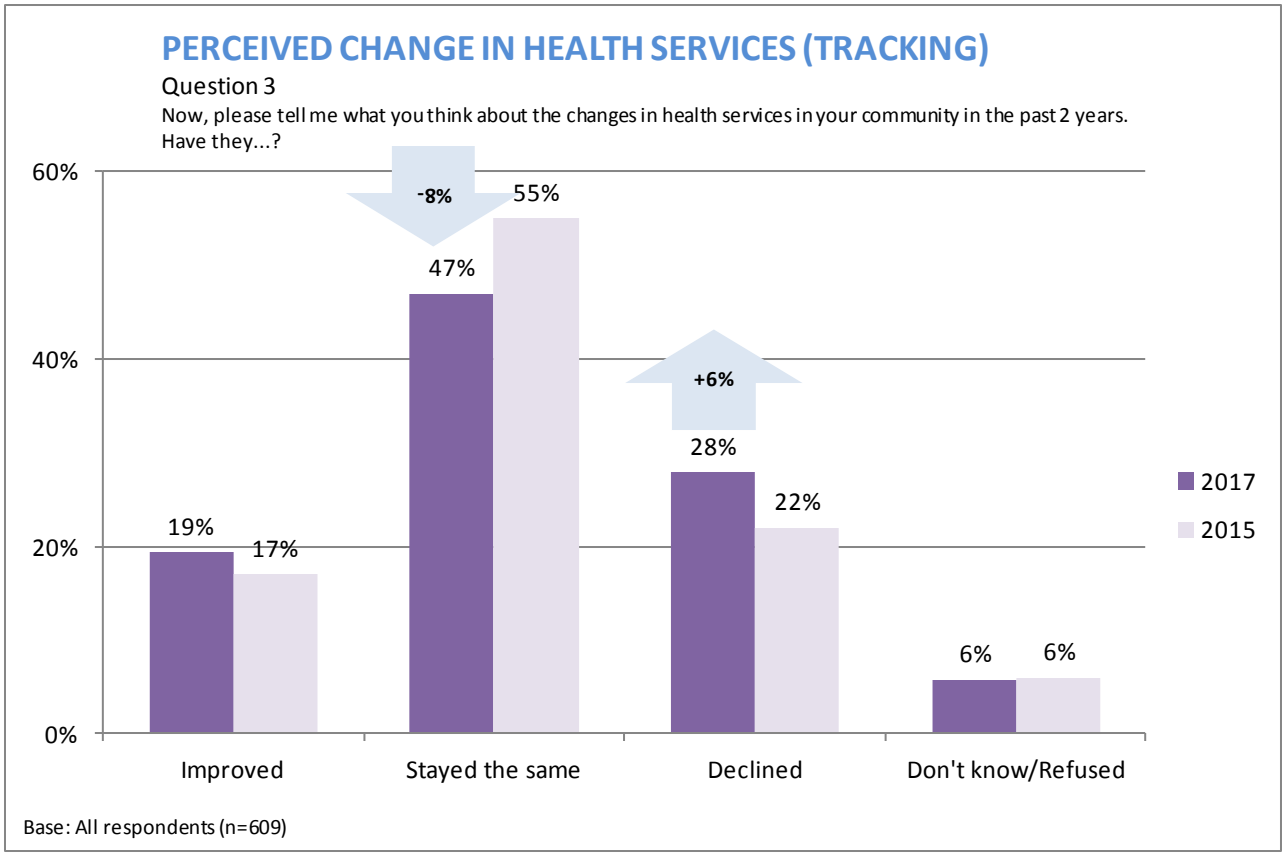
There are no significant differences by region, age or use of the system in the ratings given by residents.

Perceived Change in Health Services

Residents were asked to think about changes in the health services in their communities over the past 2 years. Nearly half of the respondents (47%) say that the health services in their communities have remained stable over the past 2 years. Over one-quarter (28%) say that the health services have declined (higher than in 2015) while about one-in-five say that they have improved (19%). Moderate users of the health care system (35%) and residents 35 and older (30%) are the most likely to say that the health services in their community have declined.

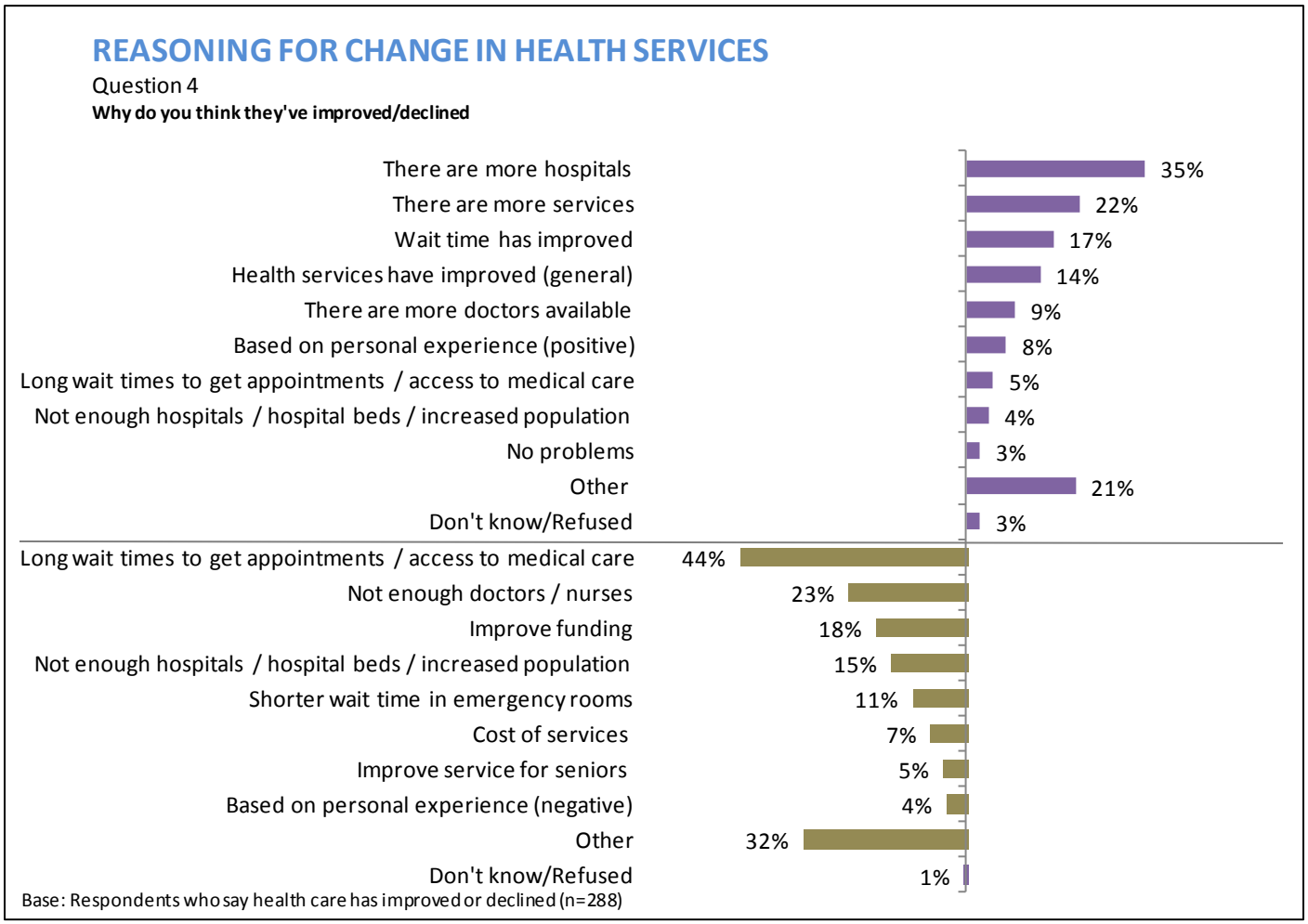


More residents say that health care services have declined in 2017 (28% compared to 22% in 2015) and fewer saw stability (55% in 2015 to 47% in 2017). A positive note is that there was a slight increase in the number of residents that saw an improvement in health services (19% in 2017, 17% in 2015).



Residents who say that health services have either improved or declined were asked to specify why they think that. Among those who say that health care services have improved, the most commonly mentioned reasons are that they are more hospitals (35%), there are more services (22%) and that wait times have improved (17%). Those that say health care services have declined do so because there are long wait times for appointments and access to medical care (44%), there are not enough doctors and

nurses (23%) and because funding needs to be improved (18%).

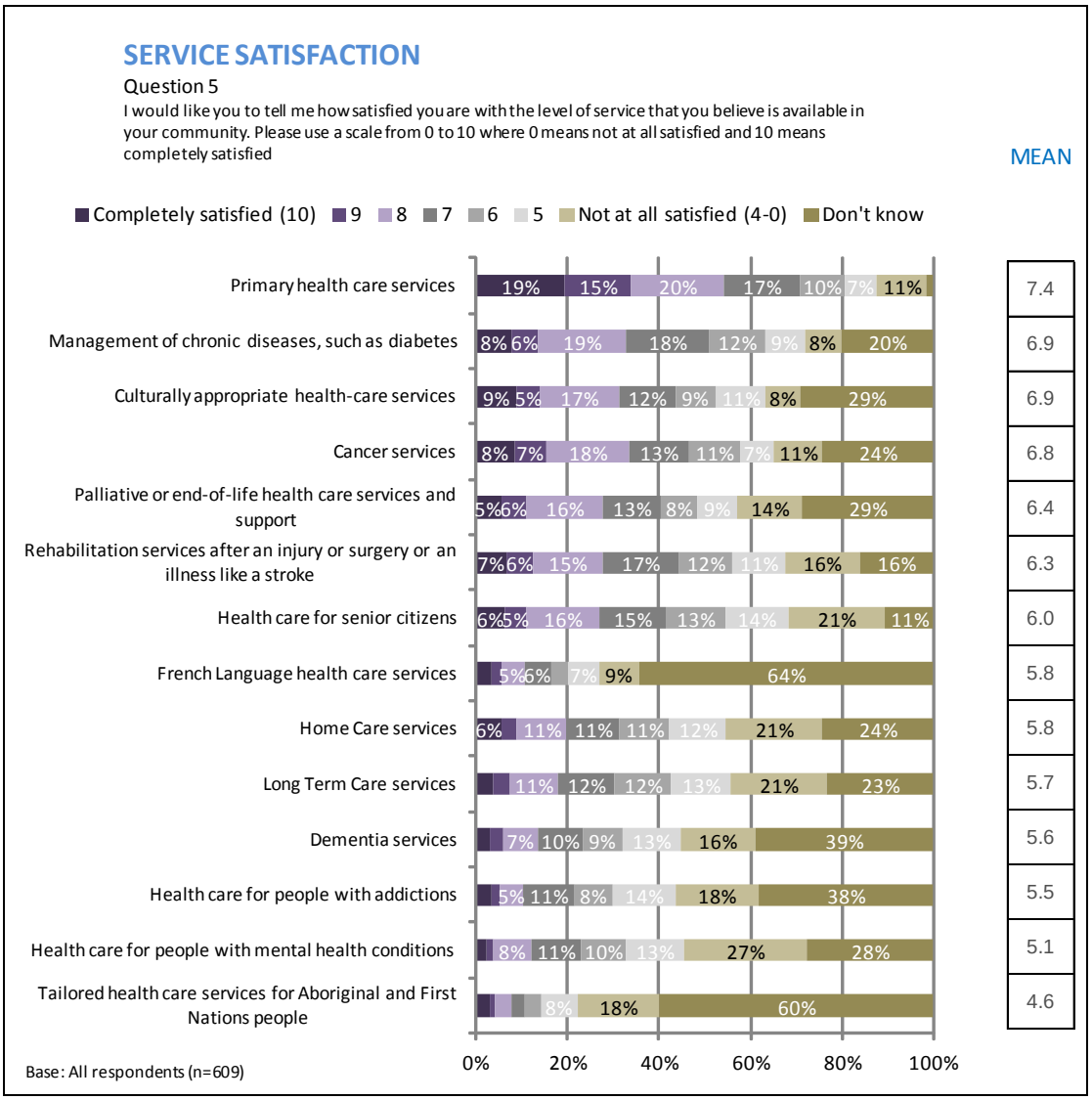


Male residents are significantly more likely than female residents to say that health services have improved (25% vs. 16%) while residents 35 and older and moderate users of the health care system are the most likely to say that health services have declined (30% and 35% respectively).

Satisfaction with Level of Service

Residents were shown a list of 14 health care services and asked to give their level of satisfaction. Half of the services received an average rating of 6.0 or higher.

On average, residents are most satisfied with primary health care services with a rating of 7.4 out of 10. Over half of the residents (54%) say they are very satisfied with primary health care services (provided a rating or '10','9', or '8'). Health care services that also received an average rating of at least 6.0 include the management of chronic diseases (6.9), culturally appropriate health care services (6.9), cancer services (6.8) palliative or end of life support (6.4), rehabilitation services (6.3) and health care for seniors (6.0). Residents are less satisfied with French language services (5.8), Home Care services (5.8), Long Term Care services (5.7), Dementia services (5.6), care for people with addictions (5.5) care for people with mental health conditions (5.1) and care for Aboriginal and First Nations people (5.1).



Services that received lower ratings also generally have a higher proportion of residents saying 'Don't know' suggesting that residents don't know how satisfied they are with these services because they are less aware of them.

There are some demographic differences in satisfaction with different health care services. Male residents are significantly more likely than female residents to say they are satisfied with 8 of the services asked about, notably health care for people with addictions (17% vs. 6%), rehabilitation services after an injury, surgery or illness (34% vs. 24%) and the management of chronic diseases (39% vs. 29%). Moderate users of the health care system are the least likely to say that they are satisfied with health care for people with mental health conditions (6%, compared to 22% for high users and 14% for low users) and the management of chronic diseases (27%, compared to 43% for high users).

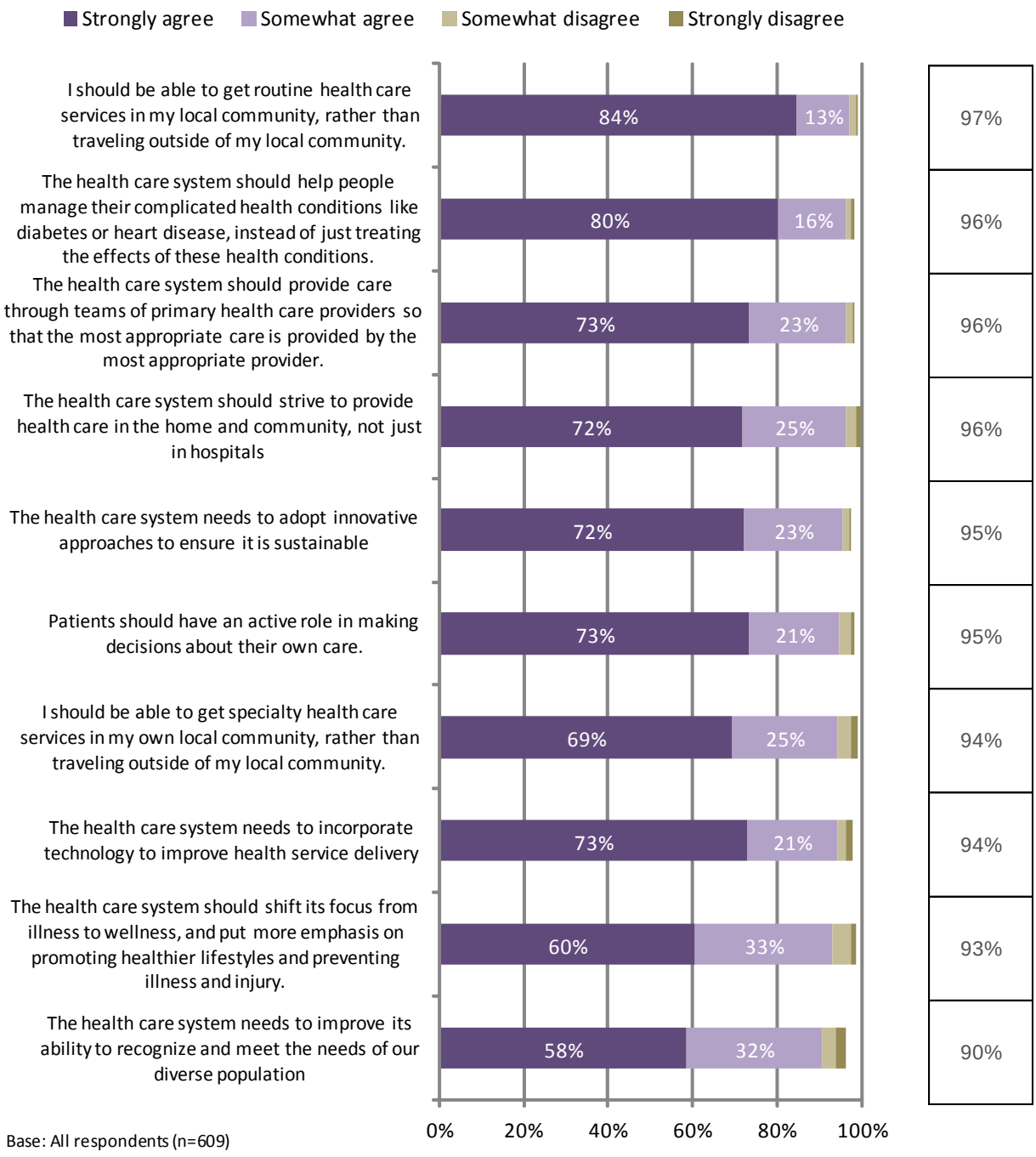
Attitudes Towards the Health Care System

Residents were asked how strongly they agree or disagree with a list of statements related to the health care system and health care services. Overall, at least 90% of residents agree with any given statement. While over two-thirds strongly agree with the majority of the statements, only 60% strongly agree that the health care system should shift its focus from illness to wellness and 58% strongly agree that the health care system needs to improve its ability to recognize and meet the needs of our diverse population.

ATTITUDES TOWARDS HEALTH CARE

Question 6

Now, I am going to read you a few statements. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it.



Base: All respondents (n=609)

Resident's attitudes on the health care system have remained stable compared to previous waves.

ATTITUDES TOWARDS HEALTH CARE (TRACKING)

Question 6

Now, I am going to read you a few statements. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it.

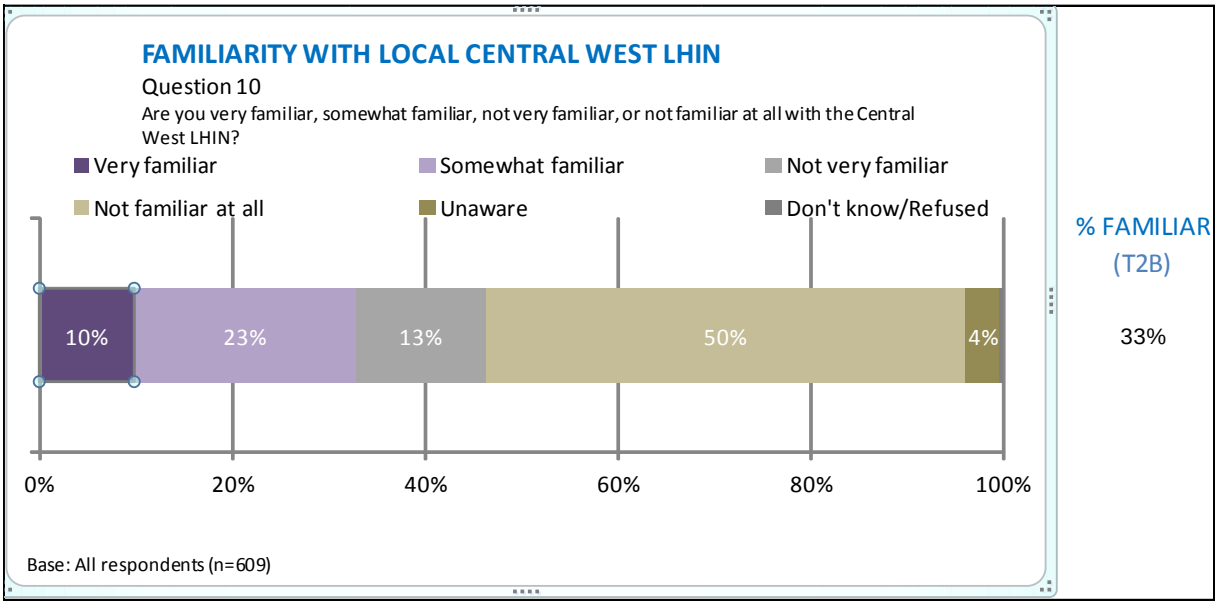
	2006	2009	2013	2015	2017
I should be able to get routine health care services in my local community, rather than traveling outside of my local community.	-	-	-	-	**97%**
The health care system should help people manage their complicated health conditions like diabetes or heart disease, instead of just treating the effects of these health conditions.	96%	97%	97%	95%	**96%**
The health care system should provide care through teams of primary health care providers so that the most appropriate care is provided by the most appropriate provider.	99%	98%	-	95%	**96%**
The health care system should strive to provide health care in the home and community, not just in hospitals	-	-	92%	94%	**96%**
The health care system needs to adopt innovative approaches to ensure it is sustainable	-	-	-	95%	**95%**
Patients should have an active role in making decisions about their own care.	95%	94%	94%	94%	**95%**
I should be able to get specialty health care services in my own local community, rather than traveling outside of my local community.	-	-	-	-	**94%**
The health care system needs to incorporate technology to improve health service delivery	-	-	-	95%	**94%**
The health care system should shift its focus from illness to wellness, and put more emphasis on promoting healthier lifestyles and preventing illness and injury.	91%	94%	94%	93%	**93%**
The health care system needs to improve its ability to recognize and meet the needs of our diverse population	-	-	86%	92%	**90%**

Base: All respondents (n=609)

AWARENESS OF THE CENTRAL WEST LOCAL HEALTH INTEGRATION NETWORK

Familiarity with the Central West LHIN

After being provided with a definition of LHINs, residents were asked how familiar they are with the Central West LHIN. One-third (33%) of residents say they are familiar with the Central West LHIN and half (50%) say they are not familiar with it at all.



Residents who live in the Dufferin Area are significantly more likely to be familiar with the Central West LHIN (50%) compared to residents of the Bolton-Caledon Area (13%), Brampton Area (31%) and the North Etobicoke-Malton-West Woodbridge area (27%). There are no significant differences in familiarity by age, gender or use of the health care system.

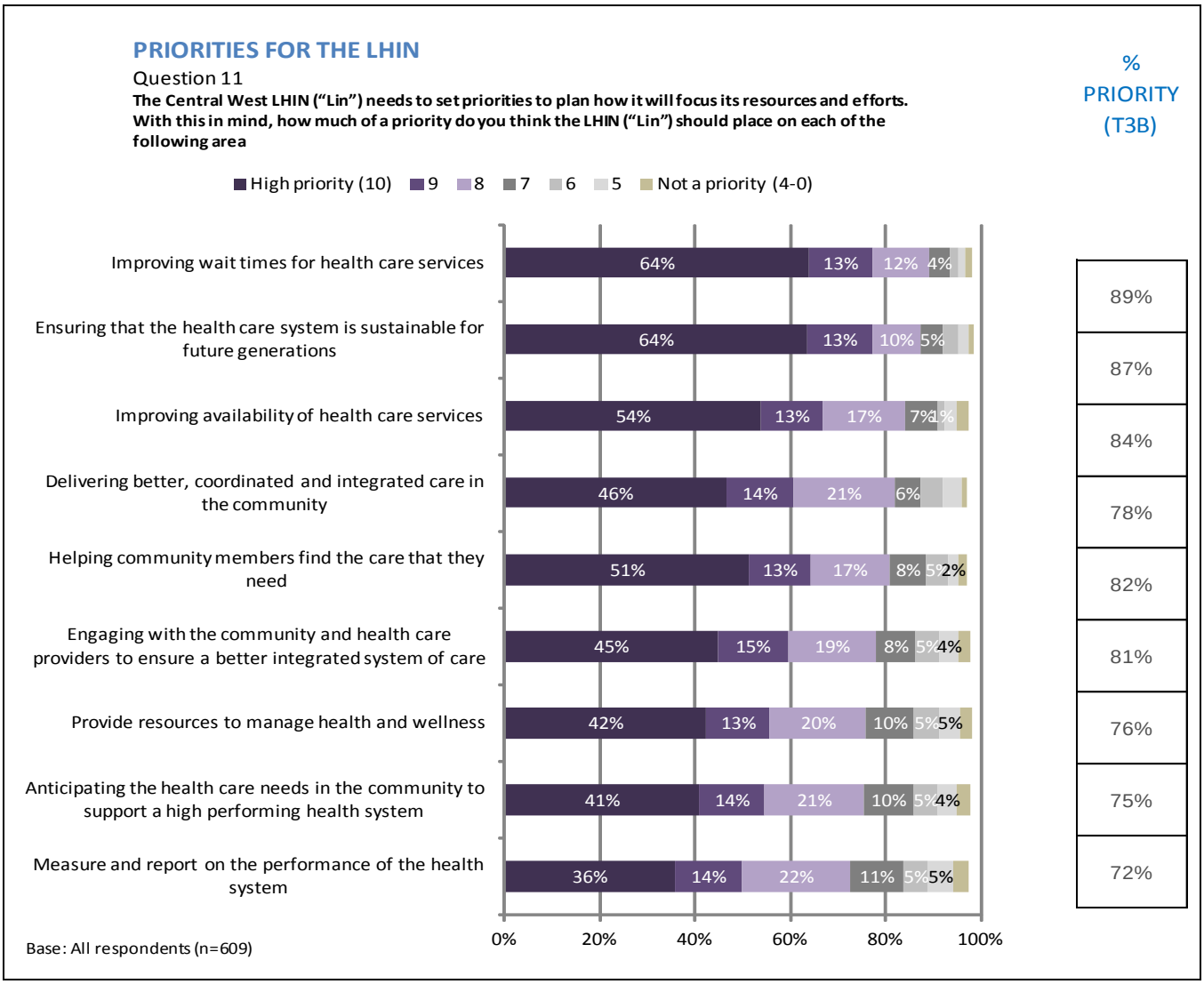
Note that in past waves of this community engagement, participants were asked if they were familiar with LHINs in general – 19% were very or somewhat familiar. They were then asked about the Central West LHIN specifically – 27% indicated that they were very familiar. In 2017, we removed the first question. As such, results are not trendable.

PERCEPTIONS ON STRATEGIC DIRECTION

Priorities for the Central West LHIN

A key objective of this research was to gauge perceptions of the strategic direction that the LHIN is prioritizing. All of the strategic directions tested appear to be a priority among residents with all directions except 'measure and report on the performance' receiving a rating of 10,9 or 8 by at least three-quarters of the respondents. Improving wait times continues to be the identified as the highest priority with nearly 9 in 10 residents (89%) giving it a priority rating of either 10,9 or 8.

The two directions rated as having the highest priorities among residents are improving wait times and ensuring sustainability for future generations with nearly two-thirds (64%) saying these should be a high priority (10 out of 10). Providing resources to manage health and wellness, anticipating health care needs in the community and measuring and reporting on the performance of the health care system are lower priorities for respondents.



Female residents are significantly more likely than male residents to place a greater priority on 6 of the 9 LHIN strategic directions tested. The directions that females place a greater priority on are:

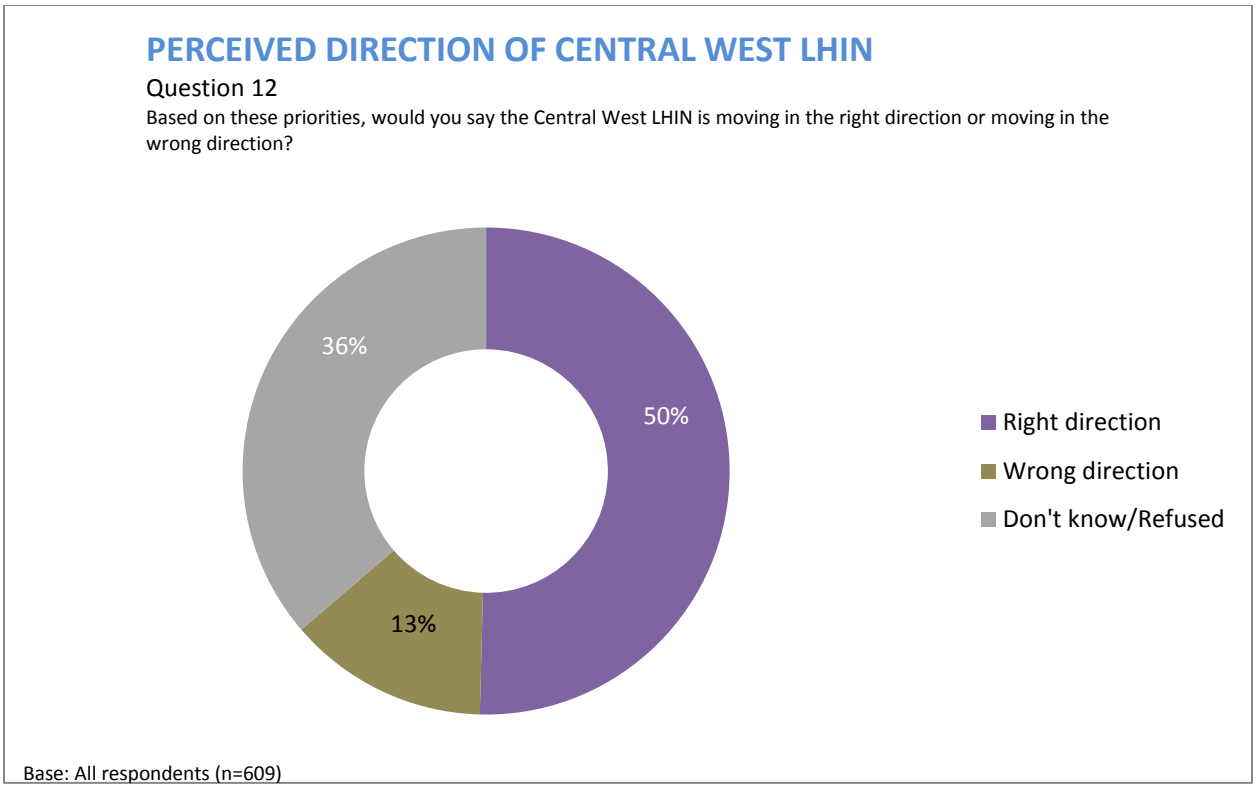
- Delivering better, coordinated and integrated care (85% vs. 77%);
- Engaging with the community and health care providers to ensure a better integrated system (84% vs. 69%);
- Anticipating the health care needs in the community to support a high performing health system (81% vs. 66%);
- Helping community members find the care that they need (86% vs. 74%);
- Provide resources to manage health and wellness (80% vs. 69%); and
- Measure and report on the performance of the health system (75% vs. 68%)

Moderate users of the health care system are significantly more likely than low users (83% vs. 71%) to place a high priority on anticipating the health care needs in the community.

The table below highlights that residents who are less satisfied with the quality of health care are significantly more likely to mention issues related to access to health care as their top-of-mind concern (54% vs. 42%). Residents who are satisfied with the quality of health care are more likely to say that they don't know what the main concern is (20% vs. 12%).

Main categories of top health care priorities	Total	Satisfied *with quality of health care (10-8)* *(A)*	Less Satisfied *with quality of health care (0-7)* *(B)*
Issues related to Access (NET)	49%	42%	54% A
Costs/Affordability (NET)	3%	3%	3%
Quality of Care (NET)	4%	3%	4%
Other (NET)	27%	30%	25%
Don't know/Refused	15%	20% B	12%
None	2%	3%	1%

Based on the priorities residents were asked about in the survey, half of them say that the Central West LHIN is moving in the right direction. This is the same proportion of residents that felt that the Central West LHIN was moving in the right direction in 2015. While few residents say that the LHIN is moving in the wrong direction, over one-third (36%) say they don't know if it's moving in the right direction or refused to answer the question.



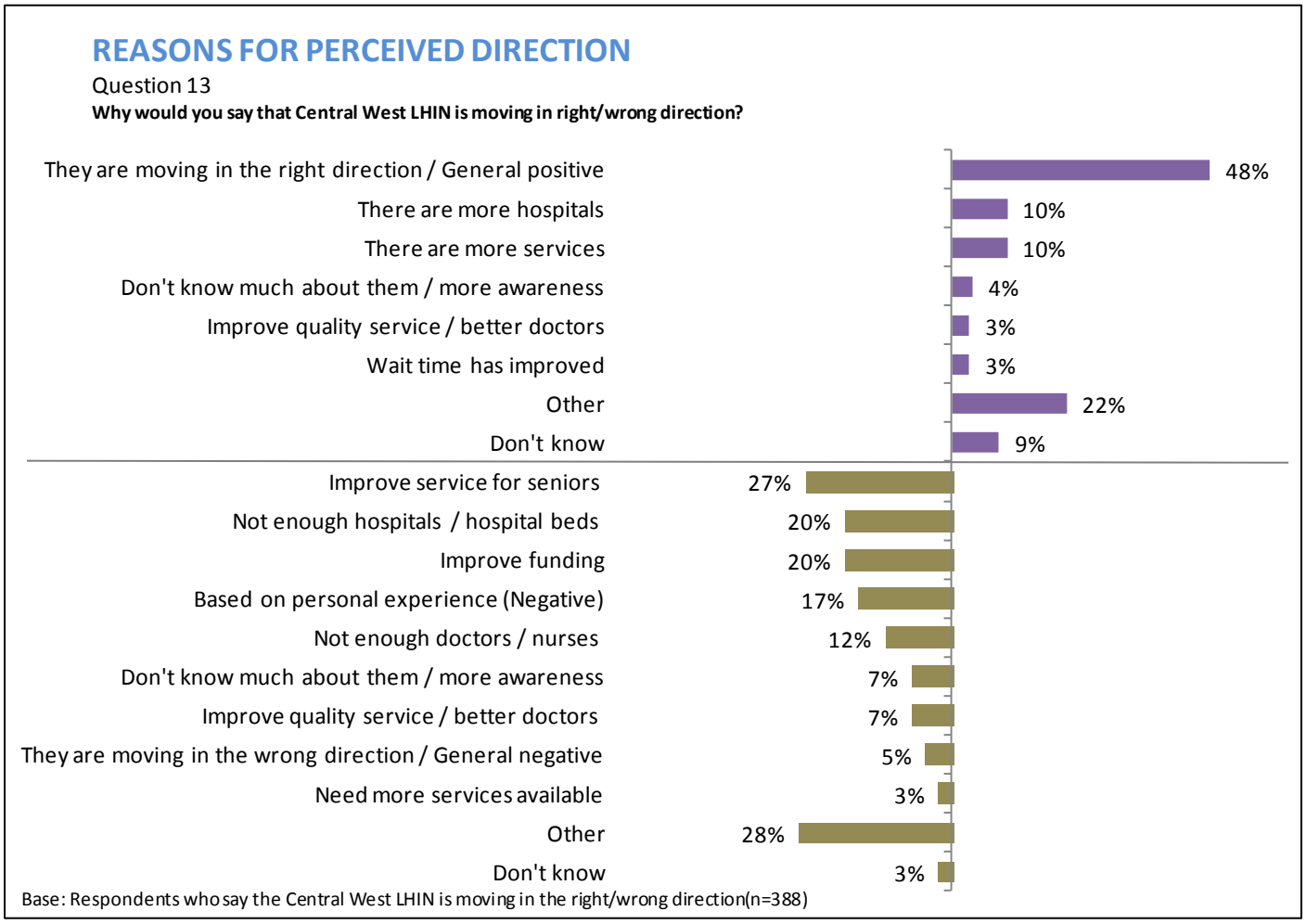
While there are no significant differences by region or by use of the health care system in whether residents think that the LHIN is moving in the right or wrong direction, over two-thirds (67%) of residents between 18 and 34 say that the LHIN is moving in the right direction compared to 49% of residents 35 and over.

Residents who are satisfied with the quality of health care are significantly more likely than those who are less satisfied with the quality of health care to say that the Central West LHIN is moving in the right direction (58% vs. 45%).

	Total	Satisfied *with quality of health care (10-8)* *(A)*	Less Satisfied *with quality of health care (0-7)* *(B)*
Right direction	50%	58% B	45%
Wrong direction	13%	6%	19% A
Don't know/Refused	36%	36%	36%

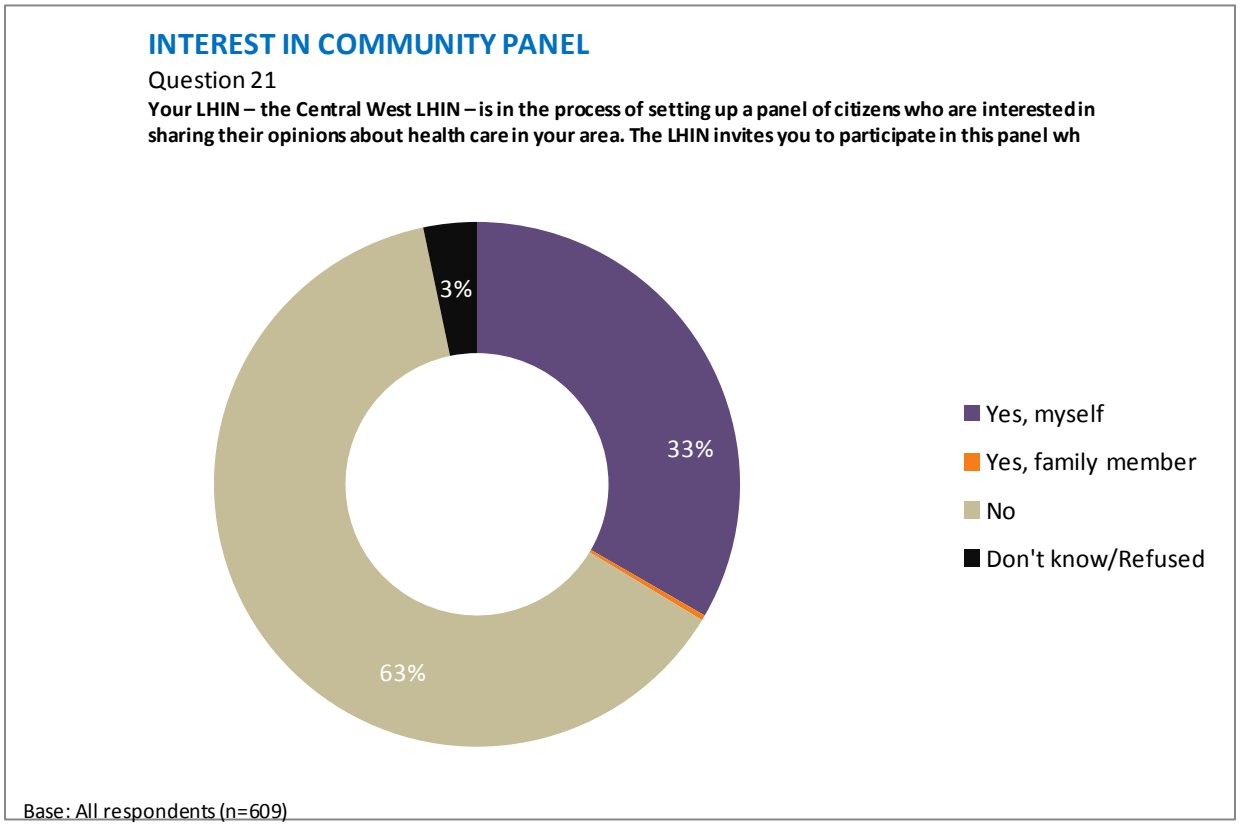
Residents who feel that the Central West LHIN is moving in the right direction gave primarily gave non-specific positive comments about the direction (48%). Other reasons why residents think that the LHIN is moving in the right direction is because there are more hospitals and there are more services (10%

each). Residents who think that the LHIN is moving in the wrong direction say it is because services for seniors need to be improved (27%), there are not enough hospitals or hospital beds (20%) and because funding needs to be increased (20%).



COMMUNITY ENGAGEMENT

One-third of residents (33%), a similar proportion as in 2015 (36%) say they would be interested in participating in a community forum or panel. There are no demographic differences in interest in participating in a panel.



CONCLUSIONS

Awareness & Performance of the Central West LHIN

One-third of residents said that they were familiar with the Central West LHIN (more so in the Dufferin region) although few say that they are "very familiar".

Community Engagement

One-third of residents said that they would be interested in participating in a community panel about health care in their area. This engagement mechanism provides the Central West LHIN with an opportunity to access the opinions of citizens throughout the LHIN in a variety of ways. We recommend onboarding them with a welcome message and an opportunity to provide feedback, as soon as possible.

Performance of the CW LHIN

Based on the strategic directions that were asked in the survey, 50% of residents say that the Central West LHIN is moving in the right direction. Residents who felt that the LHIN is moving in the wrong direction said that services for seniors needed to be improved, that there are not enough hospitals or hospital beds and that funding needs to be improved.

Resident's Health Care Priorities

Opinions about health services in the Central West LHIN have remained fairly consistent over the past two years/ Residents are satisfied with most aspects of the level of service available in their community.

Issues related to health care access are top of mind for residents of the Central West LHIN, with improved wait times, speed of access to medical care, and the number of doctors and nurses available noted as areas of concerns for residents.

Generally, residents in each region of the Central West LHIN hold similar opinions. Of note, residents in the Dufferin area are more aware of the LHIN, are least likely to say that health services have improved, and are more concerned about the number of doctors and nurses available.

Satisfaction with Health Care and Services

Health Care Satisfaction

Residents are generally reasonably satisfied with all aspects of health care. On average, satisfaction ratings were between 6.2 and 7.1 out of 10. Highest satisfaction is seen with the quality of health care and the health care system's ability to accommodate diversity.

Health Services Satisfaction

Nearly half of the residents (47%) feel that health services in their community have remained the same over the past 2 years. More hospitals is the main reason that residents say that health services have improved while long wait times for appointments and access to medical care is the primary reason given for why health services have declined over the past 2 years.

Half of the health care services that residents were asked to rate received an average rating of 6.0 of higher (out of 10). The highest rated service was primary health care services. Services that received lower ratings generally had a higher proportion of residents saying "Don't know" when asked if they were satisfied, suggesting that residents are less aware of those services. (such as services for Aboriginal communities, French language, addiction services, or dementia related services).

Residents' Expectation of Health Care Services

Residents expect that they should be able to access routine care in their community, and that the health care system should support them to manage complex health needs and navigate the system. These priorities are more important than a shift to wellness ("The health care system should shift its focus from illness to wellness.) Catering to diverse needs is also a lower priority (perhaps because of the perception that a good job is already being done in this regard).

APPENDIX A: SURVEY METHODOLOGY

Questionnaire Design

This is the fifth wave of the IHSP 5 Public Poll research study. As such, the questionnaire was largely based on previous versions. However, the Central West LHIN outlined specific areas the 2017 survey needed to focus on:

- Satisfaction with health services;
- Awareness of the Central West LHIN;
- Residents' health care priorities;
- Residents' sense of what should be the LHIN's priorities; and
- Residents' expectations of health care services

With these objectives in mind, Advanis worked with the Central West LHIN to revise the 2017 questionnaire to fulfill the research objectives.

Sample Design

The sample was designed to conduct 600 surveys with Canadian adults residing in the Central West LHIN's catchment area. In addition, cell phone sample was included to ensure accurate representation of a growing proportion of the population who are cell phone-only households in Ontario, particularly younger Canadians, resulting in the following quota structure:

Sample Type	Quota	Total Completes
Landline	530	532
Wireless	70	77
Total	600	609

Regional quotas were enforced, resulting in the following quota structure:

Region	Quota	Completes
Bolton-Caledon	24	24
Bramalea Area	165	167
Brampton Area	203	207
Dufferin Area	70	72
North Etobicoke-West Woodbridge	138	139
Total	600	609

Survey Administration

The questionnaire was programmed using our proprietary CATI software, Survey Builder. This software allows automatic numbering while ensuring that phone numbers remain anonymous. It also provides reliable and precise data capturing throughout the interview process. The questionnaire was programmed to include coherence tests to validate responses, thereby avoiding data entry errors. For example, if an interviewer coded a respond that does not appear among the response choices for a given question. The questionnaire's electronic format also allows the software to automatically clean and validate the data, while still permitting the interviewer to go back to correct previous responses.

As a standard quality control step in programming process, all surveys are tested by staff other than the primary programmer, to ensure that the coding is correct and complete. In addition, a Field Supervisor will review the survey script prior to final sign off, and provide any necessary suggestions that will improve readability, understanding, and flow of the survey while it is in field.

As a Gold Seal Member of the Marketing Research and Intelligence Association (MRIA) and a Vendor of Record for Commissioned Research Services with the Government of Ontario (VOR # OSS-00348304), Advanis ensures that our call centre team meets the ethical and professional standards required, in addition to Advanis' rigours quality standards and training. Upon being hired by Advanis, interviewers must complete an extensive training program that takes approximately 12 hours. Partially self-administered and partially in a group setting, interviewers cover all aspects of the interviewing role including: The Interviewer Policies and Procedures Handbook; Basic Overview of Market and Social Policy Research; Listening to and Monitoring Recordings; Logging On to Field Track (Advanis' CATI platform); Tour of Field Track through Team Supervisor's Eyes; How to Set Call backs in Field Track (proprietary software); and Cold Call Training.

Interviewer training continues throughout each project, although less correction is needed as interviewers gain project experience. Call Centre Team Supervisors monitor live calls from their workstations, allowing them to hear both what the interviewer and respondent are saying and view the survey as the interviewer pages through it. Team Supervisors can interject during an interview via instant messaging (a proprietary system that Advanis has built into the survey engine so that it cannot be ignored, but is also not intrusive as it does not pop up over top of the survey window). Team Supervisors can also speak to the interviewer after the survey is finished to provide coaching or reinforce the project's briefing notes. Lastly, Team Supervisors can listen to digital recordings of every interview afterwards—including interviews that did not result in a completed survey—to identify ways that interviewers could increase response rate and/or ensure that they are screening respondents according to the script.

Every Advanis project, including this one included a specific training and briefing session at the outset of the project and when any new interviewer is added to the project team. These sessions include the following elements: Presentation of project briefing notes to the interviewers by the Project Manager (notes include such things as the objective of the study, key questions, explanations of more complicated questions, and items to be sensitive to, including descriptions of the respondents and their relationship

to the client); Review of the survey(s) in test mode (not with a live respondent) by the interviewers; Opportunities for interviewers to ask questions to the Project Manager and Research Manager; and, Senior interviewers are asked for their feedback on the survey. These sessions include suggestions to make survey text flow better, anticipation of respondent questions, or other insights that their experiences identify. This information is reviewed by the project team and shared with our client team if significant changes are warranted for consideration.

Survey Disposition

Two sample sources, landline and cell phone, were used to complete the survey. A total number of 29,778 Canadian households were dialed for the landline sample, of which 766 qualified as eligible, but only 532 completed the survey (adults 19 years and older). The overall response rate achieved for this sample was 5.4%. For the cell phone sample, a total of 10,000 numbers were dialed. Of these, 124 respondents qualified and 77 completed the survey. The response rate for the cell phone sample was 2.2%.

The following table on sample disposition and response rate follows the MRIA guidelines, which are set up to establish consistency in reporting across the market research industry.

Empirical Calculation for Data Collection	Landline	Wireless
Total Numbers Attempted	**29,778**	**10,000**
Invalid	928	46
NIS, fax/modem, business/non-res.	2160	760
Unresolved	**10248**	**4443**
Busy	352	4
No answer, answering machine	9896	4439
In-scope - Non-responding (IS)	**3077**	**971**
Household refusal	1905	2
Respondent refusal	857	934
Language problem	248	33
Illness, incapable	24	0
Selected respondent not available	35	0
Qualified respondent break-off	8	2
In-scope - Responding units (R)	**766**	**124**
Not Qualified	234	47
Completed interviews	532	77
Response Rate = R/(U+IS+R)	**5.4%**	**2.2%**

Demographics

The following table shows the gender and age distribution of the survey respondents overall and by region. There are no significant differences in the average age of the residents by region.

	Total	Bolton Caledon (A)	Bramlea Area (B)	Brampton Area (C)	Dufferin Area (D)	North Etobicoke-West Woodbridge (E)
Base						
N	609	24	167	207	72	139
Gender						
Male	38%	13%	43% A	39% A	40% A	35% A
Female	62%	88% BCDE	57%	61%	60%	65%
Age						
18-34	7%	0%	10% A	8% A	4%	5% A
35-54	32%	33%	30%	33%	28%	34%
55+	61%	67%	60%	59%	68%	61%
Mean age	58.7	57.9	57.6	58.1	60.6	59.9

APPENDIX B: QUESTIONNAIRE

[Landline introduction]

LL1

Hello, my name is _____ from Advanis. I'm calling to conduct an important survey on health care services in your community. If you prefer, this survey is also available in French, Italian, Punjabi, Urdu, Hindi and Tamil.

If asked: Advanis is a public opinion and market research company.
If asked: This survey will take about 12 minutes.
If asked: Advanis is a professional public opinion and market research firm. Please be advised that we are not selling nor soliciting anything.
If asked: Your participation is important if the results of the survey are to be accurate and your answers will be kept strictly confidential. This survey is registered with the National Survey Registration System.)

- ❍1 Yes
- ❍2 Yes, getting person
- ❍3 Callback
- ❍4 Refused
- ❍5 Request to switch languages

[Cellphone introduction]

LL1

Hello, my name is _____ from Advanis. We realize that we have contacted you on your cellular or mobile telephone. I'm calling to conduct an important survey on health care services in your community. If you prefer, this survey is also available in French, Italian, Punjabi, Urdu, Hindi and Tamil.

If asked: Advanis is a public opinion and market research company.
If asked: This survey will take about 12 minutes.
If asked: Advanis is a professional public opinion and market research firm. Please be advised that we are not selling nor soliciting anything.
If asked: Your participation is important if the results of the survey are to be accurate and your answers will be kept strictly confidential. This survey is registered with the National Survey Registration System.)

- ❍1 Yes
- ❍2 Yes, getting person
- ❍3 Callback
- ❍4 Refused
- ❍5 Request to switch languages

LL2 *Show If switch_language*

Record preferred language.

- ❍1 French
- ❍2 Italian
- ❍3 Punjabi
- ❍4 Urdu
- ❍5 Gujarati
- ❍6 Tamil

CELL1 *Show If is_wireless*

To begin we would like to confirm that you are not currently operating a motorized vehicle or machinery of any kind such as a car, truck, van, all terrain vehicle, snowmobile, etc…

- ❍1 Not currently driving or operating machinery
- ❍2 Currently driving or operating machinery
- ❍3 [DO NOT READ] Don't know/No response

CELL2 *Show If CELL1_Not_driving*

Does your household have a landline?

- ❍1 Yes
- ❍2 No
- ❍3 [DO NOT READ] Don't know/No response

I23

And, what year were you born?

_____

- ☐-8 Don't know/Refused

I24 *Show If refused_year*

Could you tell me to which age group you belong?

((Select one.))

- ❍1 Under 18 years old
- ❍2 18 to 24 years old
- ❍3 25 to 29 years old
- ❍4 30 to 34 years old
- ❍5 35 to 39 years old
- ❍6 40 to 44 years old
- ❍7 45 to 49 years old
- ❍8 50 to 54 years old
- ❍9 55 to 59 years old
- ❍10 60 to 64 years old
- ❍11 65 years and over

- ☐-8 Don't know/Refused

T3 *Show If under18_or_refused_age*

Those are all of the questions we have for you today. Thank you for your time. Good-bye.

Status Code: 502

PCODE

Please note that this call may be monitored for quality assurance purposes.

So that we know which community you live in, could you please tell me your 6-digit postal code?

(POSTAL CODE MUST BE ENTERED WITHOUT SPACES, I.E., A9A9A9
READ BACK POSTAL CODE PHONETICALLY TO CONFIRM

If needed: Your full 6 digit postal code is being collected for statistical purposes. Please be assured that all of your responses will be kept confidential and will only be reported in aggregate form.)

_____
_____
_____
_____
_____

☐-8 Don't Know/Refused

T2 *Show If postal_refused*

Thank you for your time. Good-bye.

Status Code: 501

T2a *Show If region_is_None*

Thank you for your time. Good-bye.

S2

Are you, or is any member of your household, employed in the following areas?

(Select all that apply.)

☐1 Market research or advertising
☐2 The media, such as television, newspapers, or radio
☐3 The Ontario or municipal government
☐4 [DO NOT READ] None

☐-8 Don't know/Refused

T4 *Show If industry_terminate*

Those are all of the questions we have for you today. Thank you for your time. Good-bye.

Status Code: 503

Q1

To begin, what is the most important health care issue facing your community today – That is, what ONE health care issue should the leaders in your community make their top health care priority?

(ONE MENTION ONLY, PROBE ONLY ONCE)

_____
_____
_____
_____
_____

☐-9 Don't know
☐-8 Refused

Q2

I am going to read you a few statements about health care.

For each, please tell me how satisfied you are with the following aspects of health care in your area. Please use a scale from 0 to 10 where 0 means not at all satisfied and 10 means completely satisfied.

How about … ?

		0 – Not at all satisfied	1	2	3	4	5	6	7	8	9	10 - Completely satisfied	DK/Refusal
a.	The quality of health care	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
b.	Ability to access health care services and providers	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
c.	The efficiency of health care services provided	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
d.	Coordination of services between health service providers	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
e.	The health care system's ability to promote disease prevention & healthy living	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
f.	The health care system's ability to accommodate diversity (IF NEEDED: DIVERSITY IN THE COMMUNITY, OF THE POPULATION OF CLIENTS)	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9

Q3

Now, please tell me what you think about the changes in health services in your community in the past 2 years. Have they...?

(Select one.)

❍1 Improved
❍2 Stayed the same
❍3 Declined

☐-9 Don't know/Refused

Q4 *Show If Q3_improved_or_declined*

Why do you think they've [improved or declined]?

_____
_____
_____
_____
_____

☐-9 Don't know/Refused

Q5

I am going to read you some specific health care services.

For each, I would like you to tell me how satisfied you are with the level of service that you **believe** is available in your **community**. Please use a scale from 0 to 10 where 0 means not at all satisfied and 10 means completely satisfied.

		0 – Not at all satisfied	1	2	3	4	5	6	7	8	9	10 - Completely satisfied	DK/Refusal
a.	Health care for people with addictions	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
b.	Long Term Care services	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
c.	Health care for people with mental health conditions	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
d.	Palliative or end-of-life health care services and support	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
e.	Primary health care services – that is, the first point-of-contact for your everyday health care needs, like your family doctor	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
f.	Rehabilitation services after an injury or surgery or an illness like a stroke	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9
g.	Health care for senior citizens	❍0	❍1	❍2	❍3	❍4	❍5	❍6	❍7	❍8	❍9	❍10	❍-9

h.	Cancer services	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9
i.	Management of chronic diseases, such as diabetes	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9
j.	Dementia services	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9
k.	Home Care services	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9
l.	French Language health care services	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9
m.	Tailored health care services for Aboriginal and First Nations people	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9
n.	Culturally appropriate health-care services, including the availability of health care services in other languages.	❍ 0	❍ 1 ❍ 2 ❍ 3 ❍ 4 ❍ 5 ❍ 6 ❍ 7 ❍ 8 ❍ 9	❍ 10	❍ -9

Q6

Now, I am going to read you a few statements. For each, please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with it.

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	DK/Refusal
a.	I should be able to get routine health care services in my local community, rather than traveling outside of my local community.	❍ 4	❍ 3	❍ 2	❍ 1	❍ -9
b.	I should be able to get specialty health care services in my own local community, rather than traveling outside of my local community.	❍ 4	❍ 3	❍ 2	❍ 1	❍ -9
c.	Patients should have an active role in making decisions about their own care.	❍ 4	❍ 3	❍ 2	❍ 1	❍ -9
d.	The health care system should shift its focus from illness to wellness, and put more emphasis on promoting healthier lifestyles and preventing illness and injury.	❍ 4	❍ 3	❍ 2	❍ 1	❍ -9
e.	The health care system should help people <u>manage</u> their complicated health conditions like diabetes or heart disease,	❍ 4	❍ 3	❍ 2	❍ 1	❍ -9

	instead of just treating the effects of these health conditions.					
f.	The health care system should provide care through teams of primary health care providers so that the most appropriate care is provided by the most appropriate provider.	❍4	❍3	❍2	❍1	❍-9
g.	The health care system should strive to provide health care in the home and community, not just in hospitals	❍4	❍3	❍2	❍1	❍-9
h.	The health care system needs to improve its ability to recognize and meet the needs of our diverse population	❍4	❍3	❍2	❍1	❍-9
i.	The health care system needs to incorporate technology (e.g., electronic medical records) to improve health service delivery	❍4	❍3	❍2	❍1	❍-9
j.	The health care system needs to adopt innovative approaches to ensure it is sustainable	❍4	❍3	❍2	❍1	❍-9

Q10

Local Health Integration Networks - or LHINs ("Lins")- are responsible for planning, integrating, funding and monitoring local health services within their specific geographic areas including hospitals, community care access centres, community support services, long-term care and mental health and addictions services.

Your LHIN is called the Central West LHIN. It covers the communities of Brampton, Bolton-Caledon, Dufferin County, north Etobicoke, Malton and west Woodbridge.

Are you very familiar, somewhat familiar, not very familiar, or not familiar at all with the Central West LHIN?

(Select one.)

❍5 Very familiar
❍4 Somewhat familiar
❍3 Not very familiar
❍2 Not familiar at all
❍1 Unaware / Never seen, heard or read about it

☐-9 Don't know/Refused

Q11

The Central West LHIN ("Lin") needs to set priorities to plan how it will focus its resources and efforts. With this in mind, how much of a priority do you think the LHIN ("Lin") should place on each of the following areas?

Please use a scale from 0 to 10 where 10 means a high priority and 0 means not a priority at all. How about…

		0 – not a priority at all	1	2	3	4	5	6	7	8	9	10 – high priority	DK/Refusal
a.	Improving wait times for health care services	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
b.	Improving availability of health care services	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
c.	Delivering better, coordinated and integrated care in the community	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
d.	Ensuring that the health care system is sustainable for future generations	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
e.	Engaging with the community and health care providers to ensure a better integrated system of care	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
f.	Anticipating the health care needs in the community to support a high performing health system	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
g.	Helping community members find the care that they need	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
h.	Provide resources to manage health and wellness	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9
i.	Measure and report on the performance of the health system	❍ 0	❍ 1	❍ 2	❍ 3	❍ 4	❍ 5	❍ 6	❍ 7	❍ 8	❍ 9	❍ 10	❍ -9

Q12

Based on these priorities, would you say the Central West LHIN is moving in the right direction or moving in the wrong direction?

(Select one.)

❍ 1 Right direction
❍ 2 Wrong direction

☐ -9 Don't know/Refused

Q13 *Show If Q12_right_wrong*

Why would you say that Central West LHIN is moving in [right or wrong direction]?

_____
_____
_____
_____
_____

Q16

And lastly, just a few questions for statistical purposes…

Do you have a regular medical doctor or place of care?

(Select one.)

❍1 Yes, myself
❍2 Yes, family member
❍3 No

☐-9 Don't know/Refused

Q17

Are you or anyone in your household currently – or have you EVER been a health care professional, or an employee or volunteer in a health care setting?

(Select one.)

❍1 Yes, myself
❍2 Yes, family member
❍3 No

☐-9 Don't know/Refused

Q19

<u>In the past 12 months</u>, have you or anyone in your household…

		Yes, myself	Yes, family member	No	DK/Refusal
a.	Been a patient who has received emergency care at a hospital in your community	☐1	☐2	☐3	❍-9
b.	Been a patient who has received non-emergency care at a hospital in your community	☐1	☐2	☐3	❍-9
c.	Been a patient who has received health care at a community walk-in clinic	☐1	☐2	☐3	❍-9
d.	Seen your/their doctor	☐1	☐2	☐3	❍-9
e.	Seen a specialist	☐1	☐2	☐3	❍-9
f.	Is living with a chronic condition	☐1	☐2	☐3	❍-9

Q20

Along with Canadian, what other ethnicities or ancestries do you identify as belonging to?

(DO NOT READ LIST)

❍1 South Asian (For example: Indian, Pakistani, Sri Lankan)
❍2 Southeast Asian (For example: Cambodian, Indonesian, Filipino, Vietnamese)
❍3 West Asian (For example: Afghan, Iranian)
❍4 Chinese
❍5 Asian (e.g., Japanese, Korean)
❍6 European (e.g., English, French, Slovakian, Polish)
❍7 Central or South American
❍8 Caribbean
❍9 African
❍10 North American Indian, Métis, Inuit
❍11 [DO NOT READ] Other (specify):

☐-9 Don't know/Refused

Q21

Your LHIN – the Central West LHIN – is in the process of setting up a panel of citizens who are interested in sharing their opinions about health care in your area. The LHIN invites you to participate in this panel which could include further surveys by phone or email or potentially face-to-face group meetings with other interested people and representatives from the LHIN. This panel would provide advice to the Central West LHIN about health care in your community. Would you be interested in participating in this panel?

(Select one.)

❍1 Yes, myself
❍2 Yes, family member
❍3 No

☐-9 Don't know/Refused

Q22 *Show If Q21_yes*

RECORD NAME, AND PHONE OR EMAIL ADDRESS

Name: _____
Email: _____
Phone: _____

Q23

RECORD GENDER.

❍1 Male
❍2 Female

end

Those are all the questions we have for you today. Thank you for taking the time to participate in this study. Good night.

Status Code: -1