

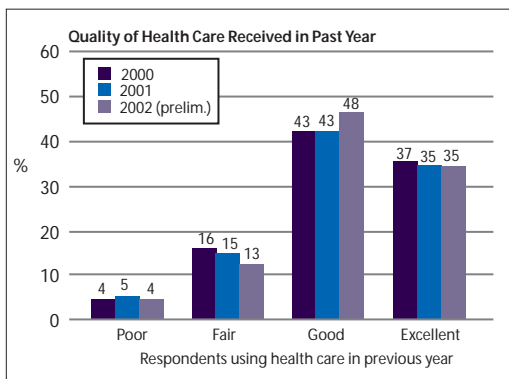


Quarterly Index

PUBLIC ATTITUDES TO HEALTHCARE QUALITY APPEAR TO BE IMPROVING

The decline of public attitudes towards quality of healthcare may be ending. Preliminary results from Survey #23 of *The Berger Population Health Monitor* suggest that the proportion of healthcare users who believe that the care they received was only poor or fair may be diminishing. Conversely, there has been an increase in those who believe that the care they received was good. The shift has occurred mainly from those who believe their care was "fair" to those who believe the care was "good."

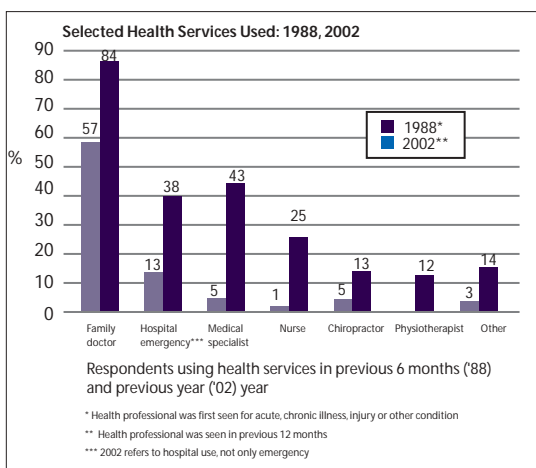
These shifts in public attitude are significant because they occurred at a time of increasing criticism in the



media of the quality of health services and a number of stories emphasizing problems with quality of service.

PUBLIC CHOOSING WIDER ASSORTMENT OF HEALTH PROVIDERS

A rough comparison of health providers used in 1988 and 2002 provides evidence to support the claim that Canadians are going to a wider assortment of health service providers now than they did more than a decade ago.



The data-bases are based on roughly similar questions about the use of health

services. In 1988, respondents were asked whom they first saw about their chronic or acute illness or condition, or their injury in the previous six months. In 2002, as part of *The Monitor's* on-going tracking of health-service use, respondents were asked whom they had seen in the previous 12 months.

The data suggest that nurses are being used for a wider range of tasks; chiropractors are gaining in popularity as is the miscellaneous collection of providers included in the "other" category. It is significant that in 1988, when these questions were first posed, physiotherapists were not deemed sufficiently important to be included in the list of health-service providers.

Also notable is the central role that continues to be held by the family physician in 2002 despite other evidence that the Canadian public is acting independently of their family physician¹. The proportion of health-service users visiting their family physician in 2002 is equal to the total aggregate proportions visiting all providers in 1988 (without taking into account the likely substantial proportion of double counting in 1988).

INFORMAL CARE GIVING CONTINUES TO INCREASE

The proportion of Canadians providing informal care inside and outside the home continues to increase. Since 1998² the proportion of Canadians reporting they looked after someone in the home has increased from 5% of all respondent to 7%; and the proportion of Canadians reporting they looked after someone outside the home has increased from 17% to 20% of all respondents. These differences are statistically significant. The differences, in percentage terms, may appear to be small, but each percentage point represents approximately 240,000 people.

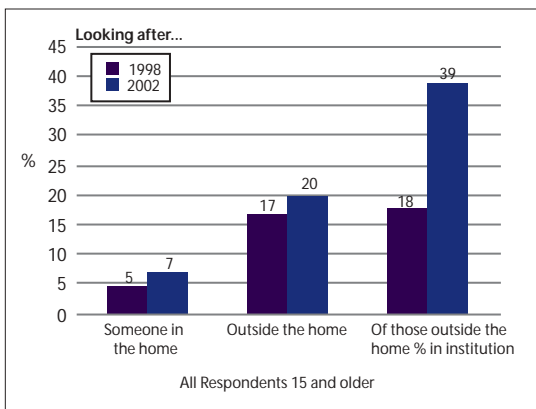
These figures suggest, therefore, that since 1998 we have added an additional half a million people providing informal care at home, and about 750,000 providing informal care outside the home.

Another, more dramatic, change is the surge in the proportion of Canadians who are providing informal

¹ For example, the Index has carried survey results indicating that the majority of users of natural health products do not inform their physicians about their use, and the majority of those using the Internet for health-related purposes also report that they do not tell their physicians about what they do

² *The Canada Health Monitor*, Survey #18, 1998

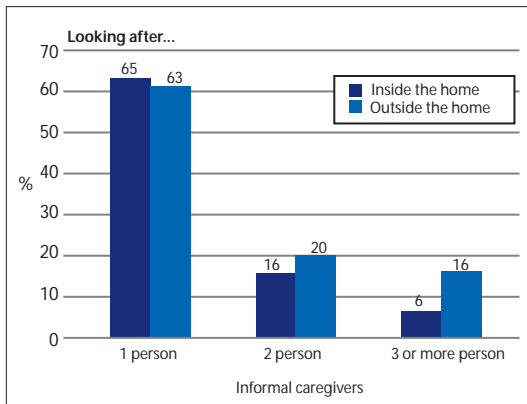
care to at least one person living in an institution. In 1998, 18% of those providing informal care outside the home reported that at least one of those they helped lived in a nursing home, home for the aged or other form of special housing. By 2002, that proportion has more than doubled to 39% of those providing informal care to someone outside the home.



This finding supports the claim that a significant proportion of long-term stay

institutions rely upon (unpaid) informal caregivers to provide assistance to their residents.

THE CASELOAD OF INFORMAL CAREGIVERS
 Informal caregivers also carry a substantial workload.



About two-thirds look after one person, but substantial proportions look

after more people than that. Among those providing informal care outside the home, three percent reported helping out six or more people.

These data provide convincing support to the argument that a substantial portion of long-term care is being borne by unpaid caregivers. As these caregivers themselves age and require assistance, the financial and human resource pressures on the paid home sector are likely to increase substantially.

Data supplied by *The Berger Population Health Monitor* based on results from Survey #23 administered during January-April 2002. This component of the survey was administered to some 4,000 respondents 15 years of age and older. Previous surveys carried samples of ±2,500 respondents.

Topics in *The Berger Population Health Monitor*, which continues the Canada Health Monitor, are selected in consultation with subscribers and The Hay Healthcare Consulting Group. For more information contact, Earl Berger, Managing Director of *The Monitor*, 416-815-6405 or email: Earl_Berger@haygroup.com

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