

Central West LHIN
Public Polling – Community
Engagement
Reporting of Results
November 2013

Research conducted by



Executive Summary

About the Research

This community poll is the third community engagement geared to understanding residents awareness and priorities related to health care. The first two waves (in 2006 and 2009) supported the development of first and second Integrated Health Services Plans (IHSP 1 & IHSP 2). This third wave, which took place in October 2013, is an early opportunity to test the alignment of the strategic initiatives outlined in IHSP 3 against community perceptions.

600 residents from the Central West LHIN catchment were surveyed by telephone interviews conducted by social research firm Advanis. Surveys were offered in multiple languages. Sub-quotas for each community within the catchment area were employed to ensure a variety of opinion, and results were weighted to reflect population proportions.

Summary of Key Findings

Central West LHIN can be proud of the fact that there have been improvements to residents' perception of improvements in health care. Residents are positive or neutral about regional improvements in health care. A higher proportion of residents in 2013 (31%) compared to 2009 (24%) feel that health care in the LHIN has changed for the better in the past three years. This change is driven by improvements in satisfaction with overall quality (now 31% very satisfied vs. 22% very satisfied in 2009), and accessibility (now 32% very satisfied vs. 24% very satisfied in 2009).

Priorities for Central West LHIN residents overall relate to wait time, with care for seniors as an emerging issue (cited by 10% of residents). However, local issues are most important, when results are viewed by community. For example, in Vaughan/Woodbridge increased hospital access is the most important issue, while in Dufferin/Orangeville residents are most likely to mention a shortage of doctors and specialists.

Overall awareness of LHINs is low (13% now vs. 14% in 2009 and 12% in 2006). This is largely unchanged over time, suggesting that residents may be engaged with specific issues related to care, but are not familiar with the organizational structure that supports local health care. The Central West LHIN Board members and staff may want to consider whether awareness/familiarity with the LHIN is critical, as opposed to measuring a high level of awareness and interest in issues related to health care that are relevant at a given time.

In terms of information about health care, health care providers, particularly physicians, are a crucial source of information, along with mass media sources (e.g., newspapers). Expected age differences exist in desired modes of communications – young people are more likely to use internet, social media, while older people prefer print sources of information.

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Objectives of this Research Engagement

The LHIN's third Integrated Health Services Plan was approved by the Board in January 2013. This document highlights the Central West LHIN's vision for the local health system and the priorities and strategic directions for the next three years.

This survey provided a means to engage with a broad spectrum of the community, specifically to ascertain the public's views of local health priorities and perceptions of the health care system, the work of the Central West LHIN, and the strength of its community engagement and communications strategies. As well it provides insight into changes that have occurred over the past seven years.

Methodology

Advanis, a social research firm based in Edmonton, with Ontario offices in Waterloo and Toronto, was engaged by the Central West LHIN to conduct a public poll with community members within the Central West LHIN. A total of 600 interviews were completed.

Data collection for the study was conducted via telephone interviewing between October 22nd & November 9th, 2013. A randomly-selected, representative sample was achieved by inviting catchment residents aged 18 years of age and older to complete the survey. The margin of error for a sample of this size is +/- 4.0%, 19 times out of 20.

Surveys were offered in English, French, Hindi, Urdu, Punjabi and Gujarati, although only 5 surveys were completed in languages other than English. (Please see the next section for recommendations related to this).

In order to ensure the statistical reliability of regional results, regional quotas were employed. The final data are statistically weighted using the most current Census to ensure the results are representative of the actual population of the Central West LHIN catchment.

This research is the third time that the Central West LHIN has conducted a community engagement poll. Because the raw data for the 2009 and 2006 waves was not provided (the research was conducted by Leger Research), this report will highlight notable trends over time, but has not included a full comparison wave-over-wave.

Methodological Recommendations

Survey length

Response length varied considerably, as some respondents had very specific and detailed feedback that they wished to provide to the interviewer.

Since this survey began with an open ended question (“What is the most important health care issue facing your community today”), this detailed feedback was often given at this time. For future waves, we would suggest starting with a few closed ended, simple to answer questions, to develop an interview flow. We also recommend noting this potential lengthening when assessing the number of survey questions that is possible to ask within the goal interview length.

Survey complexity:

It is critical for respondents’ understanding that response levels be presented in simple language, and with as few words as possible. A sentence that seems appropriate in written form may still be too complex when read aloud. For example, after the first night of calling, we recommended changing the following.

- “I would prefer that it be possible for me to get all of the health care services that I need within my own region” to “I would like to get all of the health care services that I need within my own region”

Other languages:

219 records that were contacted were flagged as requiring the survey in languages other than English. When call backs were completed, 5 interviews (all in Punjabi) were successfully completed. Of note, 44 of these records were Italian language (which was not offered).

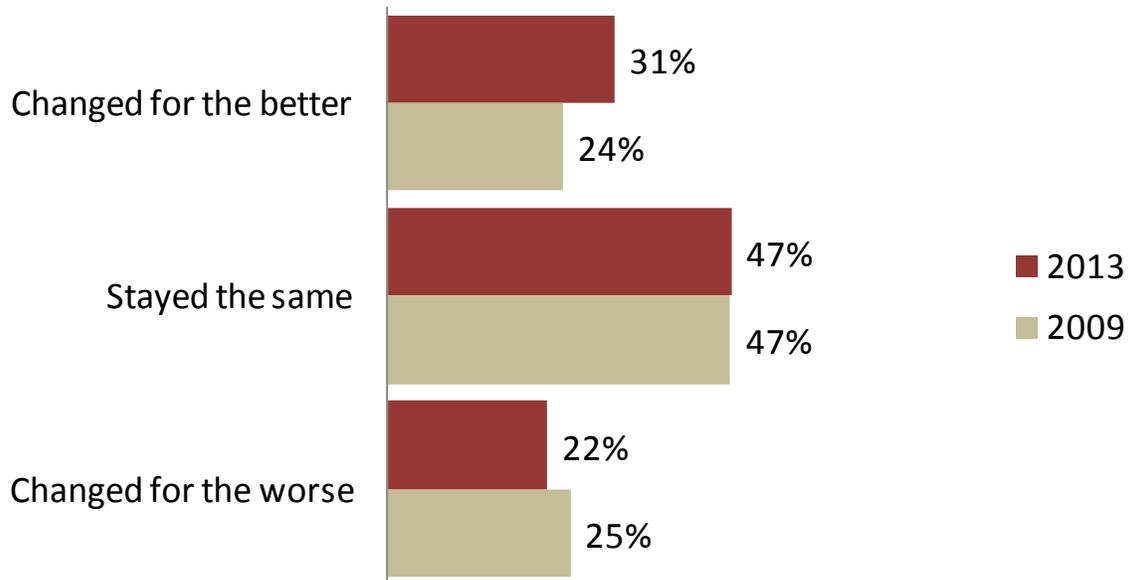
Given the diversity of the population, it may continue to be important to offer the survey in multiple languages, but it may be difficult to select all of the languages that may be requested. Central West LHIN should weigh the importance of this language offering against the cost of doing so.

Key Findings

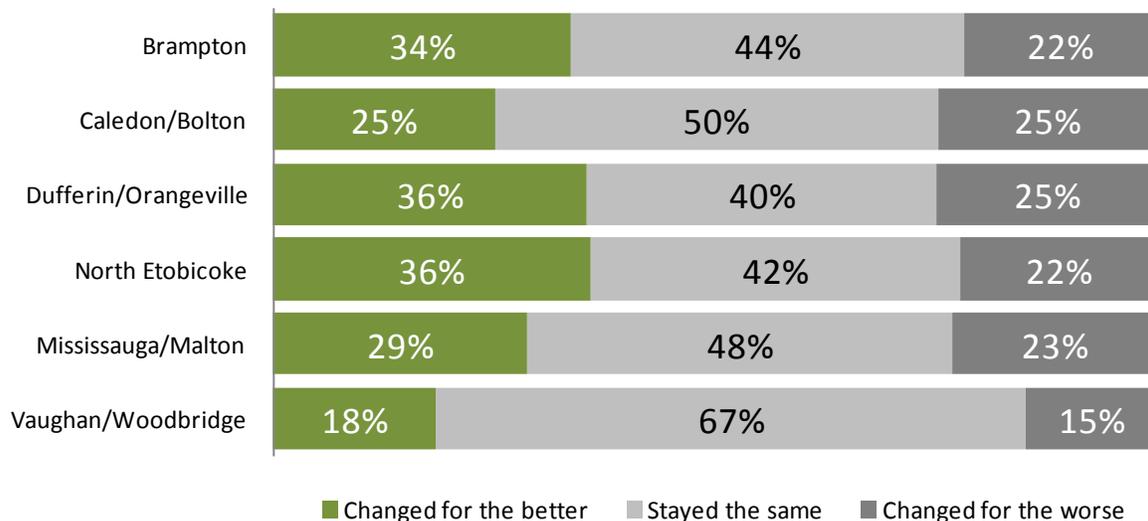
Satisfaction with Local Health Care

Overall, residents are positive or neutral about improvements in local health care over the past three years. 30% of residents say that health care has changed for the better. This is a higher proportion compared to 2009¹ (where only 24% felt that this changed for the better).

A4. Health services in your community in the past 3 years...



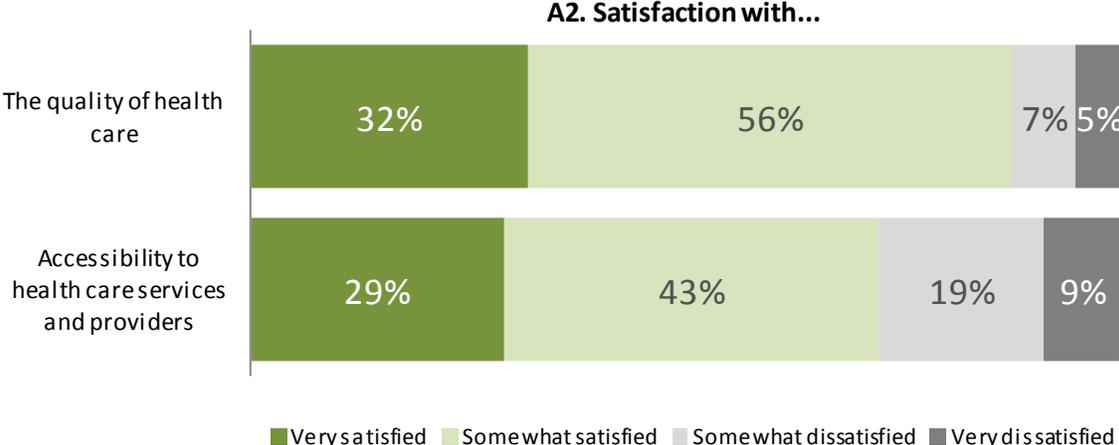
a4 -- Now, please tell me what you think about the changes in health services in your community in the past 3 years. Have they...?



¹ Question not reported in 2006

Positive feelings about local health care appear to be driven by a substantial increase² in the proportion of respondents who are very/satisfied with the quality of health care offered.

In 2009, one-fifth of respondents were very satisfied with the quality of health care – this has substantially improved so that one-third of residents are very satisfied. Similarly, more residents³ were satisfied with the accessibility of regional health care.



² 2009 results (22% very satisfied)

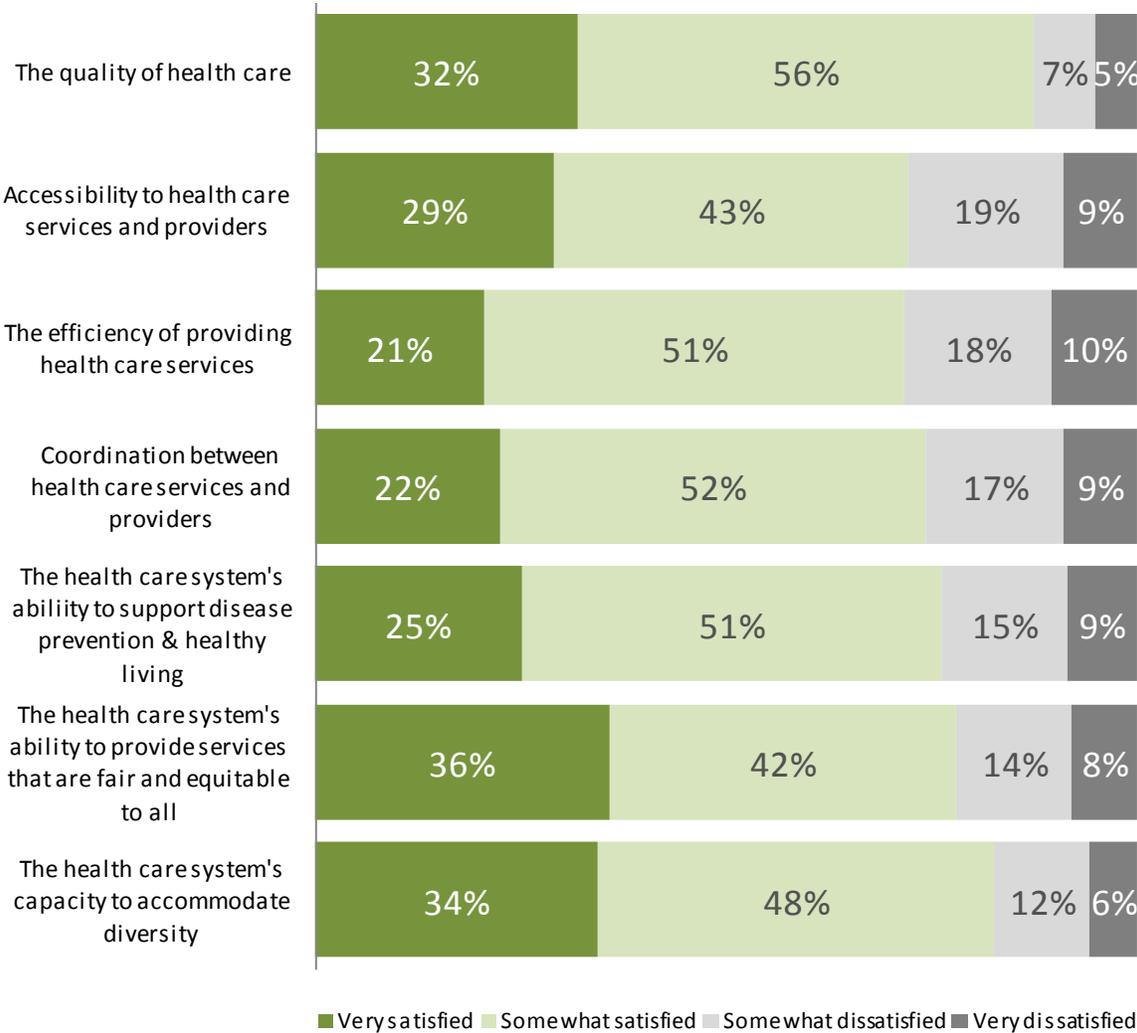
³ 2009 results (24% very satisfied)

There have been no perceived improvements in coordination or efficiency, suggesting that further work to help patients access “the right care, right time, right place”⁴

Newly tracked ⁵ in 2013 is a measure of the local ability to support disease prevention. Only one-quarter of residents are very satisfied with this statement, suggesting further room to grow.

Also newly tracked are two measures related to equality and diversity – the region rates very well on both these items, showing a measure of success of measures by local providers and possibly through the coordinating efforts of the Diversity and Health Equity Core Action Group⁶. It is particularly telling that there are no differences in the ratings of these measures by new Canadians, children of immigrants, or other Canadians.

A2. Satisfaction with...



⁴ IHSP3 page 3

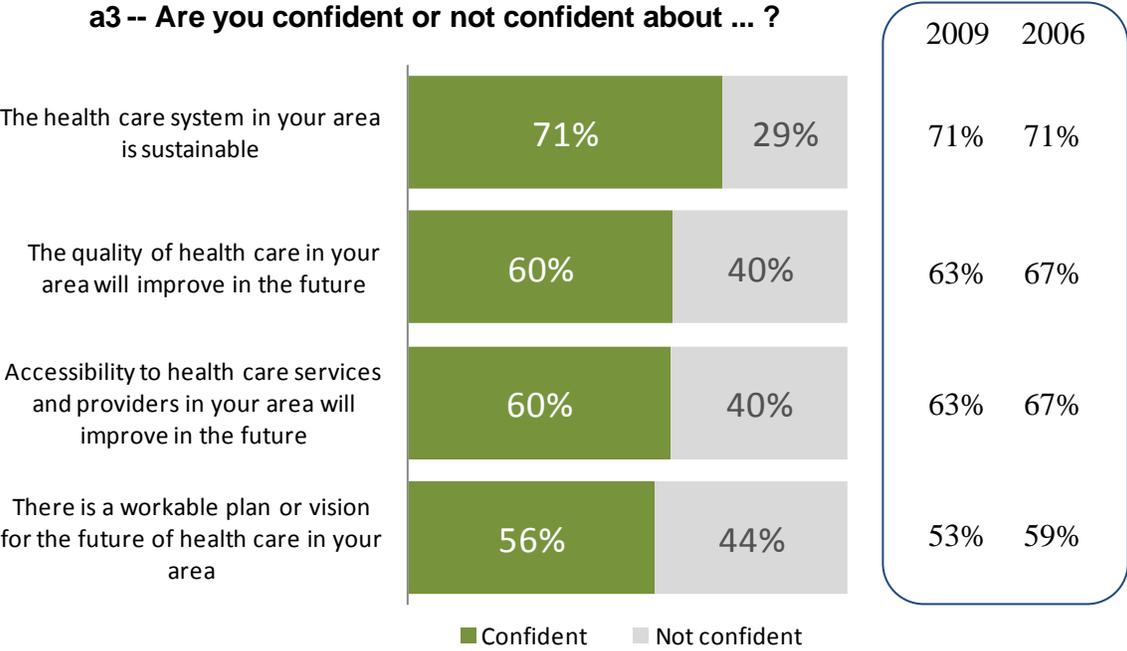
⁵ Note: Disease prevention, fairness, and diversity are new items in 2013

⁶ IHSP3 page 9

A2. % Very satisfied with ...

	Brampton	Caledon/ Bolton	Dufferin/ Orangeville	North Etobicoke	Mississauga/ Malton	Vaughan/ Woodbridge
The quality of health care	28%	25%	35%	38%	27%	41%
Accessibility to health care services and providers	32%	30%	32%	33%	23%	40%
The efficiency of providing health care services	21%	14%	23%	16%	16%	32%
Coordination between health care services and providers	25%	20%	26%	28%	17%	23%
The health care system's ability to support disease prevention & healthy living	31%	15%	16%	31%	23%	25%
The health care system's ability to provide services that are fair and equitable to all	38%	29%	35%	48%	19%	47%
The health care system's capacity to accommodate diversity	37%	26%	27%	40%	37%	37%

The general population has not moved, compared to 2009, with its view of future changes to health care; providing nearly identical ratings on each of the measure below as in 2009.



a3 -- Are you confident about ... ?

		There is a workable plan or vision for the future of health care in your area	The quality of health care in your area will improve in the future	Accessibility to health care services and providers in your area will improve in the future	The health care system in your area is sustainable
Brampton	% Confident	55%	61%	61%	71%
Caledon/Bolton	% Confident	42%	47%	45%	70%
Dufferin/Orangeville	% Confident	64%	64%	62%	68%
North Etobicoke	% Confident	58%	61%	60%	69%
Mississauga/Malton	% Confident	47%	63%	63%	76%
Vaughan/Woodbridge	% Confident	72%	72%	72%	78%

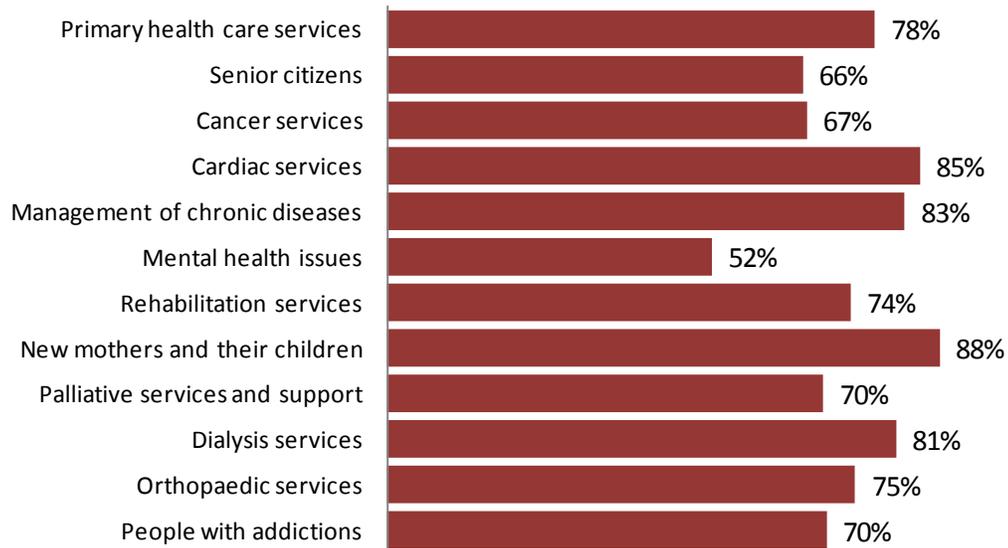
Residents surveyed were asked to indicate the importance of a variety of health care conditions. Primary health care, care for seniors, and cancer care are cited as the most important health care conditions for residents of the LHIN.

C1d. Which one is the most important to you?	Total
Primary health care services	22%
Senior citizens	17%
Cancer services	13%
Cardiac services	9%
Management of chronic diseases	8%
Mental health issues	8%
Rehabilitation services	6%
New mothers and their children	5%
Palliative services and support	2%
Dialysis services	1%
Orthopaedic services	1%
People with addictions	1%

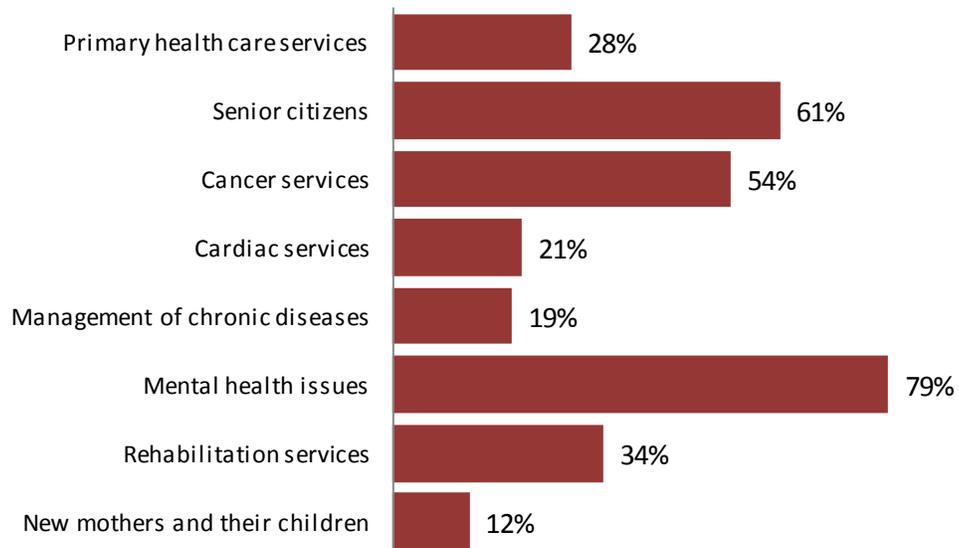
Perceptions of all residents surveyed about the quality of care for specific health conditions differed substantially when compared to those residents who regarded that issue as the most important issue to them. For example:

- Among the general population, 78% of respondents agreed that they were satisfied with the quality of primary health care services. However, for the fifth of residents who rated this as their most important health care service, only 28% were satisfied, suggesting either a gap in service, or a heightened importance among residents where service is lacking.
- Care for seniors and cancer care is rated more closely by both the general population and those who rate the service most important.
- Positively, mental health services are rated more strongly by those people in the community who cite this as an important issue (79%) compared to the general population (52%).

C1c. Are you satisfied with the level of service available in your community? (General population)



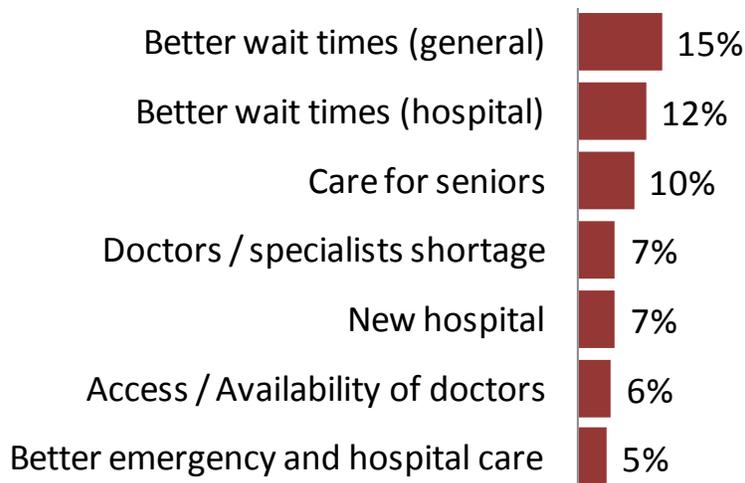
C1c. Are you satisfied with the level of service available in your community? (residents who rank this as their most important)



Local Health Care Priorities

When asked to identify the most important health care issue in the LHIN, wait times (in general and specifically at hospitals) was cited as the most important issue by a combined 27% of residents surveyed (15% general, 12% hospital). Care for seniors is an emerging issue, now cited by 10% of residents, and more important than doctor/specialist shortage, which was a leading concern in 2009.

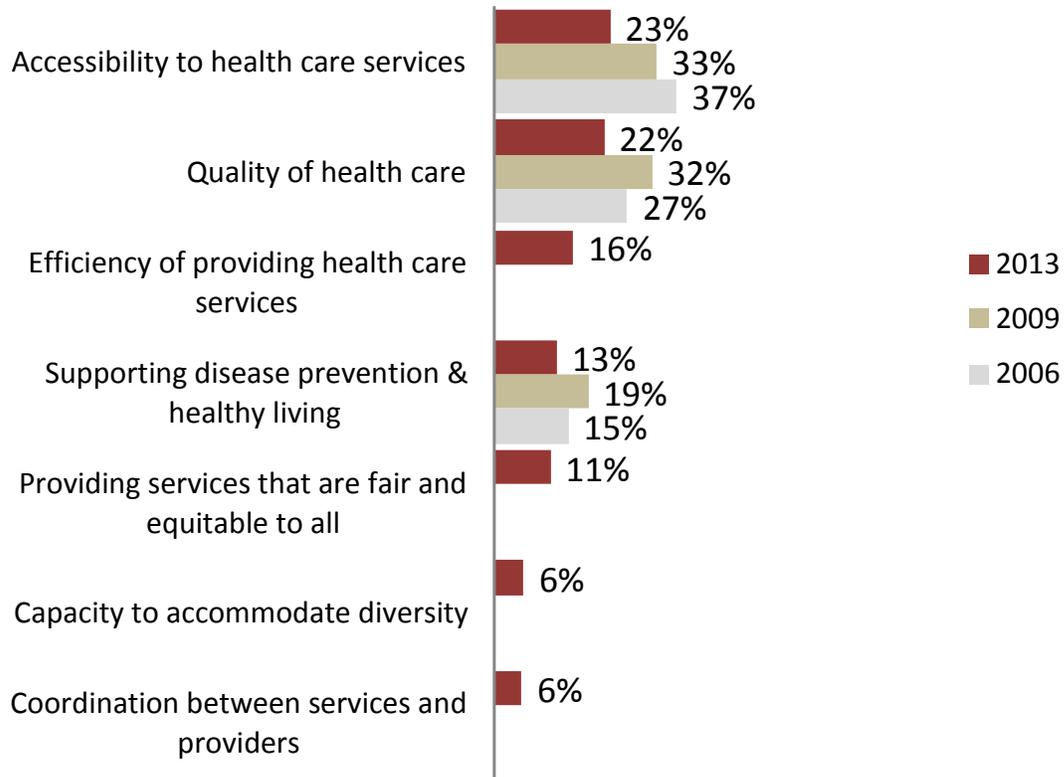
A1a - Most important health care priority for the region? (>5% shown)



Across the LHIN, there are pockets of concern that should be noted, specifically related to access to hospitals and to specialists.

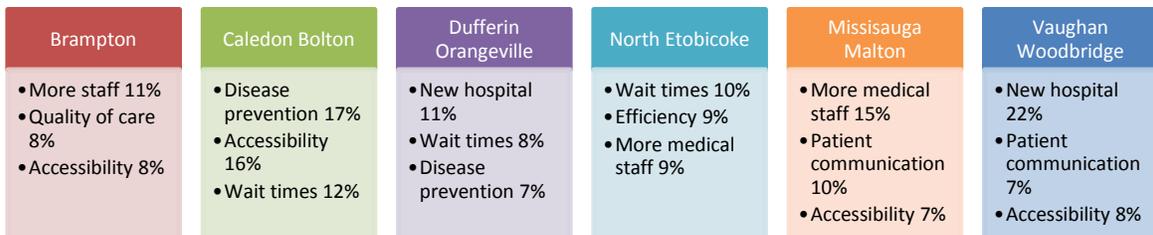
Brampton	Caledon Bolton	Dufferin Orangeville	Etobicoke	Mississauga Malton	Vaughan Woodbridge
<ul style="list-style-type: none"> • Wait times (general) 19% • Wait times (hospital) 18% • Care for seniors 9% 	<ul style="list-style-type: none"> • Available doctors 19% • Care for seniors 12% • Wait times (general) 11% 	<ul style="list-style-type: none"> • Specialist shortage 24% • Available doctors 12% • New hospital 11% 	<ul style="list-style-type: none"> • Wait times (general) 21% • Care for seniors 11% • Wait times (hospital) 10% 	<ul style="list-style-type: none"> • Specialist shortage 17% • Care for seniors 14% • Care for children 8% 	<ul style="list-style-type: none"> • New hospital 20% • Wait times (general) 17% • Wait times (hospital) 15%

C1b- Of these overall improvement strategies, which ONE is the MOST important to you? (includes levels not present in previous waves)



When asked to select a single priority for health care⁷, most residents identified accessibility, with this need particularly strong in Caledon, Dufferin, and Mississauga. Quality of care is also cited as important, but by slightly fewer residents, suggesting that they do not want their health care experience to suffer for the sake of additional access. Diversity appears to be addressed – it is cited as a priority for only 6% of residents (and 10% of new Canadians).

Each community within the Central West LHIN has identified unique ways that they would judge the success of the LHIN in the future.



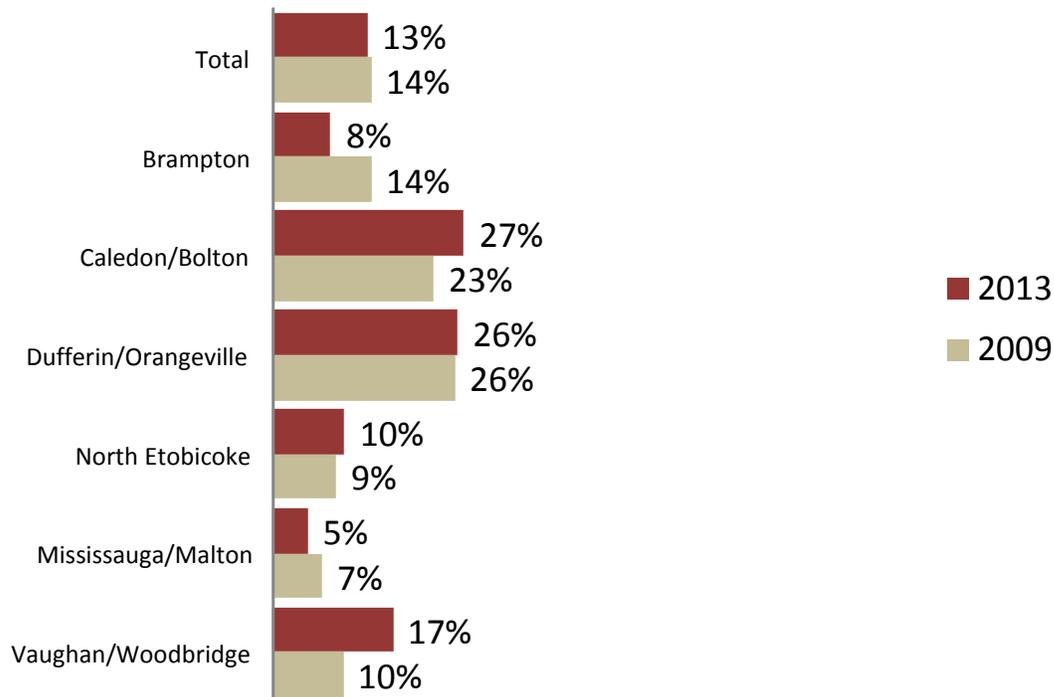
⁷ New items added to this question in 2013 are shown. Items asked in previous waves are shown for comparison.

Awareness of LHINs

Unaided awareness of LHINs has held steady since 2009⁸, with 13% of the entire catchment area being aware without being provided a description of the LHIN (compared to 14% in 2009 and 12% in 2006).

Within the Central West LHIN, regional differences persist, with unaided awareness continuing to be substantially higher in Caledon/Bolton, Orangeville/Dufferin. Two regions showed changes in this metric – awareness in Brampton has decreased substantially, while it has increased substantially in Vaughan/Woodbridge.

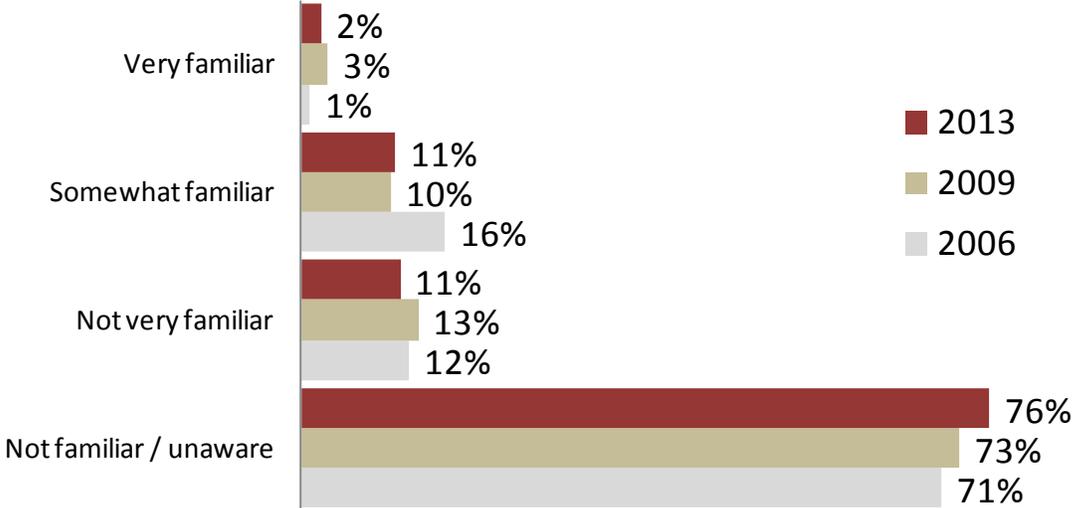
b1 -- Have you seen, read, or heard anything about Local Health Integration Networks also known as LHINs?



⁸ Question not reported in 2006 by region.

Aided⁹ familiarity with the LHINs has also not changed substantially over time. Residents are not overly familiar with LHINs.

b5 -- Are you very familiar, somewhat familiar, not very familiar, or not familiar at all with Local Health Integration Networks, also known as LHINs?



⁹ Description used to aid awareness: As you may know... In 2005, the provincial government established 14 Local Health Integration Networks – or LHINs (“LINS”) – across the province. LHINs are responsible for planning, integrating, funding and monitoring performance for all 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. The LHINs are also responsible for monitoring the performance of the health care system in your area.

Communications

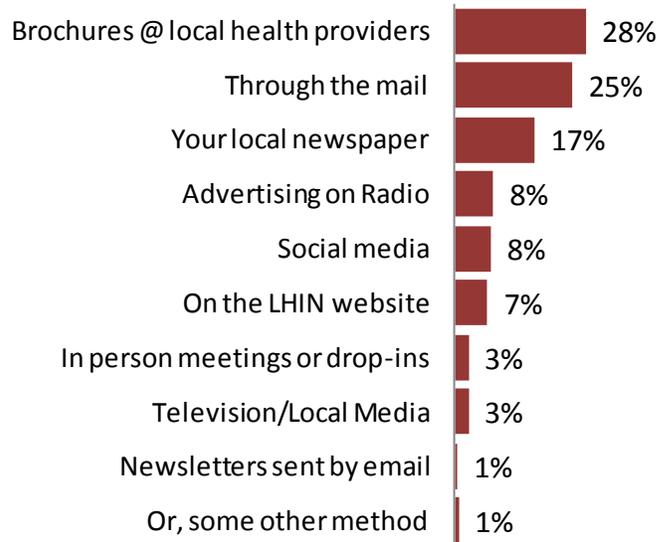
Residents continue to rely on their primary care provider as a main source of health information. The internet (although quite specifically not social media) is also an important source of information, as well as mass media sources. There are some unique differences by age:

- 55+ are more likely to rely on word of mouth
- 35-55 are least likely to rely on their doctor
- <35 are very likely to use general internet sources

D1 - What is your MAIN/Other source(s) for information about health care services or facilities in your community?	Total Mentions	First Mention
Word-of-Mouth - Doctor	37%	24%
Internet/Web - General	30%	18%
Word-of-Mouth - Friends/ family	15%	8%
Newspaper - General	14%	8%
Newspaper - Local	14%	8%
Television - General	10%	3%
Word-of-Mouth - General	8%	5%
Television - News/Discussion	7%	2%
Newspaper - Toronto Star	5%	1%

In terms of learning specifically about LHIN initiatives, primary care providers and direct mail are cited most often.

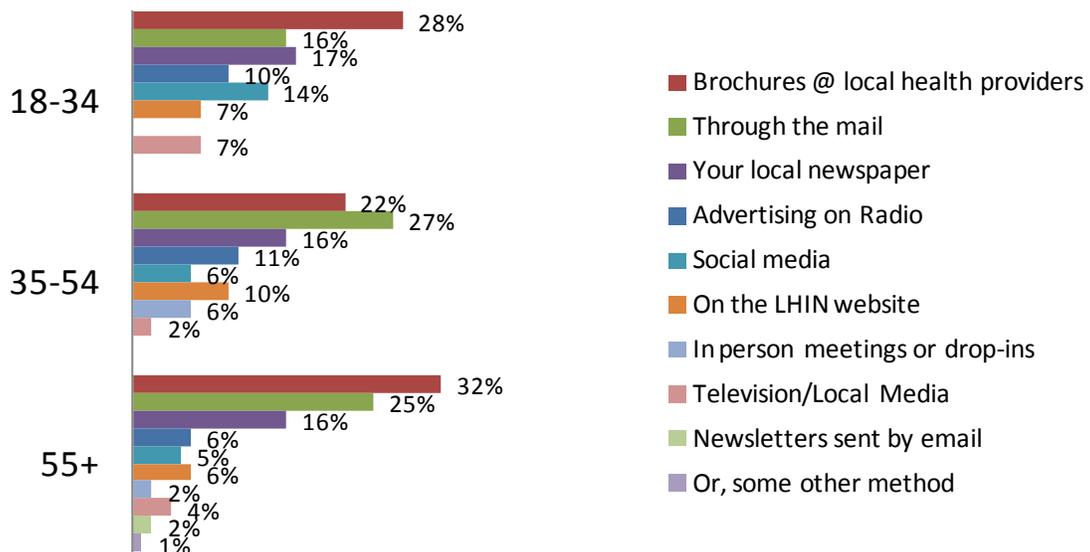
d3 -- What method would you MOST prefer that your LHIN use to communicate such information to you?



However, the preferred information sources are quite different based on age group:

- Young adults are highly likely to use brochures or direct mail, but more likely than other ages to use the radio, social media or television.
- Middle aged adults are most interested in direct mail, least interested in learning about LHINs through their health care providers.
- Older adults are most likely to prefer printed (brochure, mail, newspaper) info.

d3 -- What method would you MOST prefer that your LHIN use to communicate such information to you?



Summary

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