

Report of a Poll
Concerning Attitudes to the Fyke Report

Prepared for Saskatchewan Health

by

Sigma Analytics

July 23, 2001

Background & Methodology

This study was commissioned by Saskatchewan Health as the result of a tender call in which Sigma Analytics submitted the winning bid.

The primary objectives of this poll are three-fold:

- To provide data that quantifies current levels of awareness and approval of the 2001 Fyke Commission Report and its proposals, and
- To assist in evaluating how Saskatchewan residents feel about possible impact of changing health care delivery structures, centred on Fyke's proposals, and
- To evaluate how Saskatchewan residents feel about possible effects of converting small hospitals to other formats.

The poll was conducted by telephone. A sample of Saskatchewan households was drawn by simple random sampling and canvassed over a ten-day period from Monday June 25th to Friday July 6th. Calls were made between 5:00 p.m. and 9:00 p.m. on the weeknights and between 12:00 p.m. and 5:00 p.m. on the Saturday.

A total of 1008 interviews were completed. Taken as a whole, the results from a sample of this size are considered to be accurate to within plus or minus 3.1 percentage points, 19 times out of 20.

The survey instrument was developed by Saskatchewan Health in consultation with Sigma Analytics. It contained twenty-nine substantive queries plus five demographic queries.

Call lists were generated using a random number generator. Each telephone number was geo-coded by both postal code and community

name. All related geographic post-stratification is based on this methodology.

Interpreting the results in this report should be done with the following considerations in mind:

- Polls are “snapshot” approximations of reality, valid within the indicated ranges at the time the poll is conducted. Trends in opinion may be under way at the time the “snapshot” of the poll is taken, or they may begin subsequent to the poll. These trends are not captured by a single poll.
- Responses to all questions are provided in the form of valid percent. “Valid percent” means the percentage response among those who answered the question as opposed to the percentage response among those who were asked the question. The difference between the two is that only valid percent represents an unbiased estimator of the true population parameter of interest. As such, valid percent enables comparison of results of previous studies. In this report, for each query, the percent who “Refused to answer” is provided separately. These respondents were not counted in the total from which the other figures are calculated.

Fyke Report Awareness

- Just over half (54.9%) of respondents say they have heard of the Fyke Commission Report.
- Of those respondents who have heard of the Fyke Report, almost a third (32.4%) say they are familiar with the proposals in the report.
- Of those respondents who are familiar with the Fyke proposals, over a third (37.4%) feel the proposals as a whole are favourable. However, the number who “Strongly Disagree” (33.3%) is several times larger than the number that “Strongly Agree” (11.7%).
- Of those respondents who have heard of the Fyke Commission Report, 40.8% either “Agree” or “Strongly Agree” that the proposals will have a positive effect on the quality of health care. Again, however, the proportion who “Strongly Disagree” (33.9%) is roughly triple the number who “Strongly Agree” (12.1%).

Fyke Report Recommendations

- Almost three-quarters (74.6%) of respondents “Agree” or “Strongly Agree” that greater emphasis be placed on the quality of health care services, rather than on the quantity of services.
- Over half (59.3%) of all respondents “Agree” or “Strongly Agree” that physicians be paid on contract or salary by health districts, rather than through the existing fee-for-service payment system.
- Just over a third (37.6%) of respondents “Agree” or “Strongly Agree” that the existing 32 health districts be amalgamated into fewer than 12 districts.
- One third (32.8%) of respondents “Agree” or “Strongly Agree” that hospital services should be delivered in a smaller number of facilities.
- Almost two-thirds (63.8%) of respondents “Agree” or “Strongly Agree” that the focus in rural areas shift from small hospitals to

treating common illnesses and managing chronic conditions, while maintaining emergency ambulance response.

- Almost three-quarters (75.9%) of respondents “Agree” or “Strongly Agree” that a 24-hour, 7-day-a-week telephone line be opened to offer health care advice.
- About two-thirds (64.6%) of respondents “Agree” or “Strongly Agree” that an independent quality council be created to recommend standards for care and report to the public on health system quality.

Possible effects of reducing the number of health districts within Saskatchewan

- About half (51.5%) of respondents “Agree” or “Strongly Agree” that reduction from 32 to 12 or fewer would allow large districts to provide a wider range of services.
- Over half (58.8%) of respondents “Agree” or “Strongly Agree” that reduction would reduce administrative costs and save money.
- Over half (57.2%) of respondents “Agree” or “Strongly Agree” reduction would be beneficial because population shifts have created large differences in the size of districts.
- Well over half (61.0%) of respondents “Agree” or “Strongly Agree” that reduction would lead to a loss of input from their communities.
- Almost two-thirds (64.6%) of respondents “Agree” or “Strongly Agree” that it would lead to a loss of jobs in their communities.
- Well over half (59.1%) of respondents agree with that it would disrupt our health care system.

Possible effects of converting small hospitals to health care centres

- Over three-quarters (78.2%) of respondents “Agree” or “Strongly Agree” that when people need a hospital, they should go to a

facility that's large enough to offer the staff, the equipment and the care that they need.

- A strong majority (83.9%) of respondents “Agree” or “Strongly Agree” that services like emergency response, health care advice and telehealth could be improved at the local level.
- Just over two-thirds (69.6%) of respondents “Agree” or “Strongly Agree” that money saved by conversion can be used to improve the care offered in regional centres.
- Just under three-quarters (73.6%) of respondents “Agree” or “Strongly Agree” with the concept of physicians becoming part of a health team, which would reduce their on-call responsibilities and make it easier to recruit and retain doctors.
- Almost three-quarters (73.9%) of respondents “Agree” or “Strongly Agree” that people will have to go too far to get to a hospital.
- A large majority (84.2%) of respondents “Agree” or “Strongly Agree” that closing more hospital beds in the province will increase waiting lists.
- A similar majority (83.6%) of respondents “Agree” or “Strongly Agree” that doctors won't stay in communities without a hospital.
- Over three-quarters (78.4%) of respondents “Agree” or “Strongly Agree” that it will result in job losses and hurt the rural economy.

Other questions

- About three-quarters (75.2%) of respondents say that they would feel “Somewhat Comfortable” or “Very Comfortable” with seeing a nurse instead of a doctor for services such as for an ear or throat infection or monitoring high blood pressure.
- About three-quarters (75.8%) of respondents think it should take no more than 15 minutes from the time a person calls an

ambulance to the time the ambulance arrives. 28.2% think it should take no more than 30 minutes.

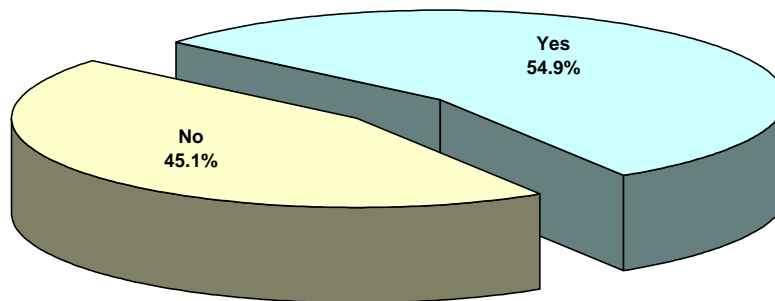
- Respondents are evenly split between 15 and 30-minute times for a person to travel to a facility to get emergency care, at 42.5% and 43.8% respectively.
- Respondents are split between 30 and 60 minutes for travel times for a person to get non-emergency care, with 38.6% and 37.5% respectively.

Primary Results: Fyke Commission Awareness

“Recently a report known as the Fyke Commission Report was made public. Have you heard of the Fyke Report?”

Just over half (54.9%) of respondents indicated they have heard of the Fyke Commission Report.

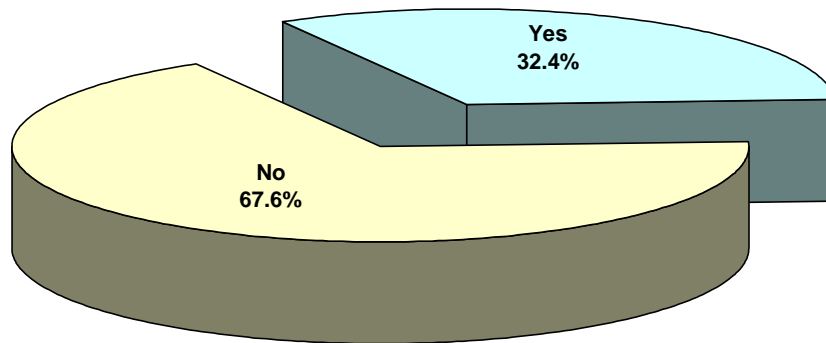
Recently a report known as the Fyke Commission Report was made public. Have you heard of the Fyke Report?



“Are you familiar with the proposals in the Fyke Report?”

Of respondents who have heard of the Fyke Report, almost a third (32.4%) say they are familiar with its proposals.

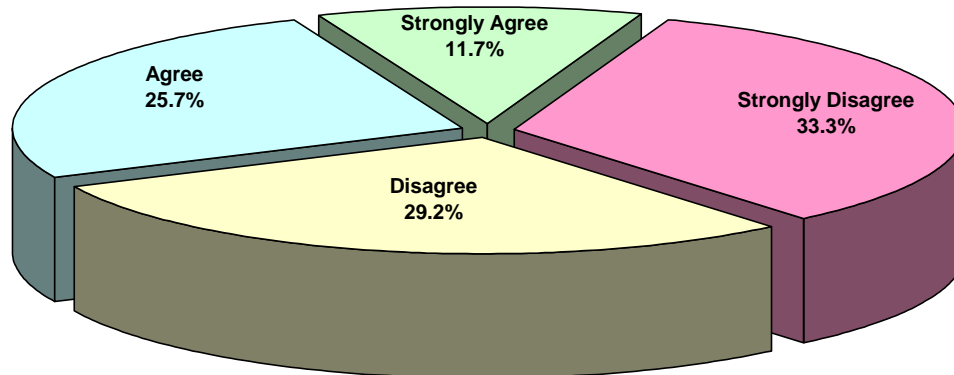
Are you familiar with the proposals in the Fyke Report?



“The proposals outlined in the Fyke Report as a whole are favourable”

Of those respondents who are familiar with the proposals in the Fyke Report, over a third (37.4%) feel the proposals as a whole are favourable. Exactly a third (33.3%) of respondents “Strongly Disagree” with this statement.

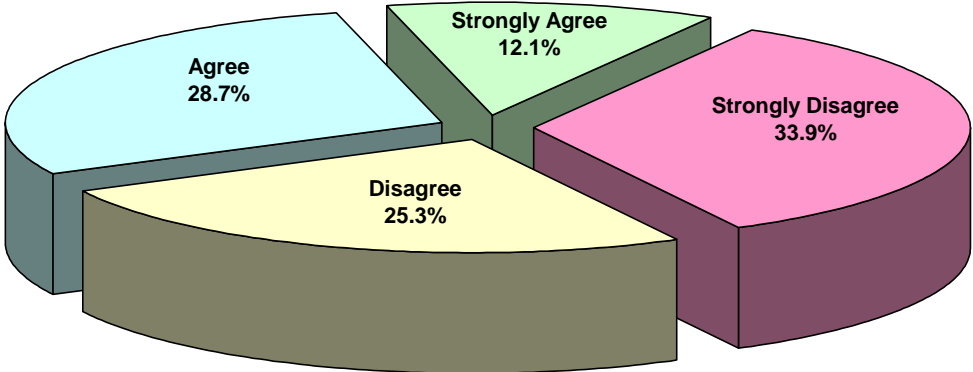
The proposals outlined in the Fyke Report as a whole are favourable



“The proposals in the Fyke Report as a whole will have a positive effect on the quality of health care”

Of those respondents who are familiar with the Fyke Report, well under half (40.8%) feel that the proposals will have a positive effect on the quality of health care. One-third indicated they “Strongly Disagree” with the statement.

The proposals in the Fyke Report as a whole will have a positive effect on the quality of health care

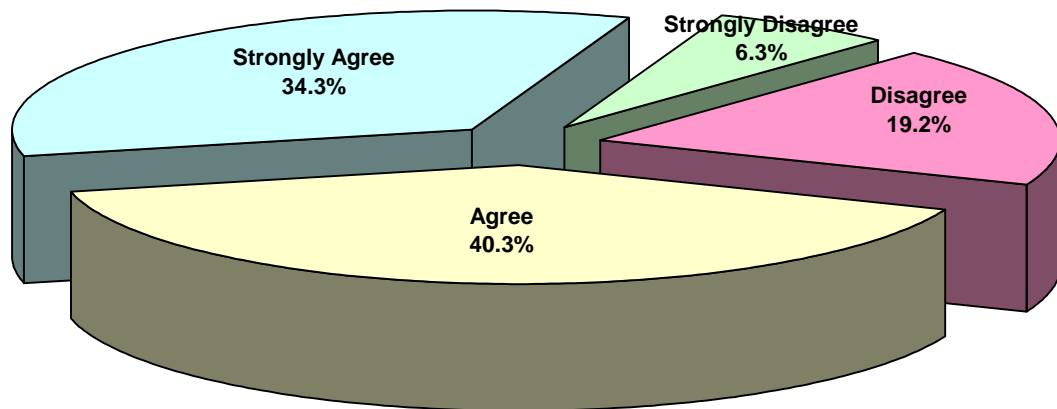


Primary Results: Fyke Report Recommendations

“That a greater emphasis be placed on the quality of health care services, rather than on the quantity of services”

Almost three-quarters (74.6%) of respondents “Agree” or “Strongly Agree” with this recommendation. 4.9% of those asked refused to respond.

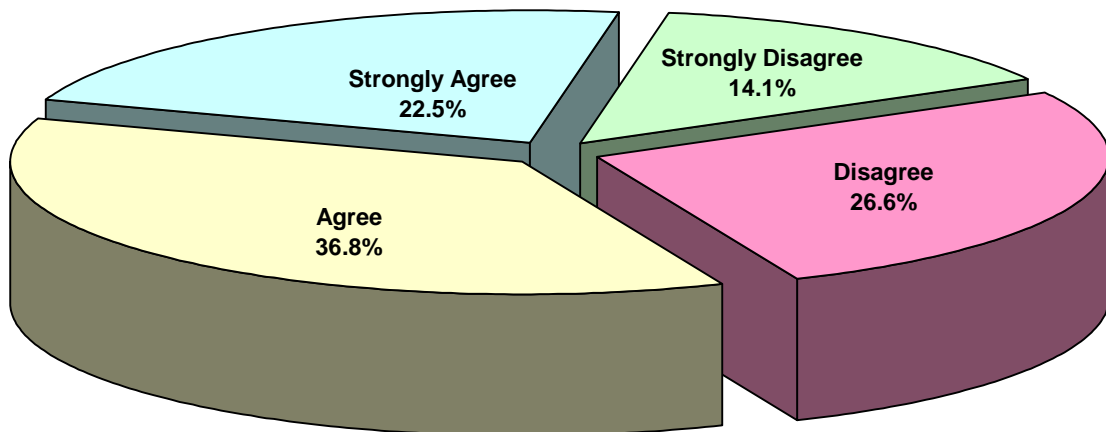
That a greater emphasis be placed on the quality of health care services, rather than on the quantity of services



**“That physicians be paid on contract or salary by health districts,
rather than through the existing fee-for-service payment system”**

Well over half (59.3%) of all respondents to this question either “Agree” or “Strongly Agree” with this recommendation. 11.1% of those asked refused to respond, considerably higher than for other queries, possibly indicating unfamiliarity with the issue.

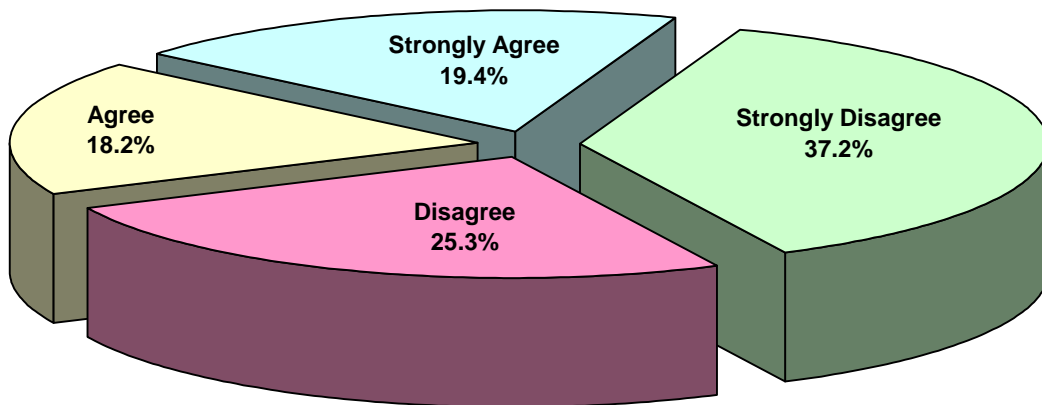
**That physicians be paid on contract or salary by health districts,
rather than through the existing fee-for-service payment system**



“That the existing 32 health districts be amalgamated into fewer than 12 districts”

Just over a third (37.6%) of respondents “Agree” or “Strongly Agree” with this recommendation. Interestingly, slightly more say they “Strongly Agree” than say they simply “Agree”. Almost twice as many “Strongly Disagree” as “Strongly Agree”. 4.2% of those asked refused to respond.

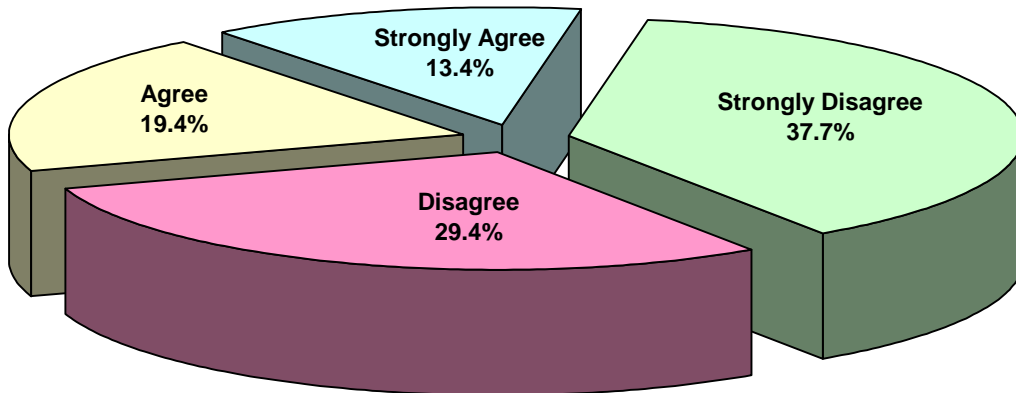
That the existing 32 health districts be amalgamated into fewer than 12 districts



“That hospital services be delivered in a smaller number of facilities”

Only a third (32.8%) of respondent “Agree” or “Strongly Agree” that hospital services should be delivered in a smaller number of facilities. Those who “Strongly Disagree” are nearly three times as numerous as those who “Strongly Agree”. Only 2.5% of respondents refused to respond.

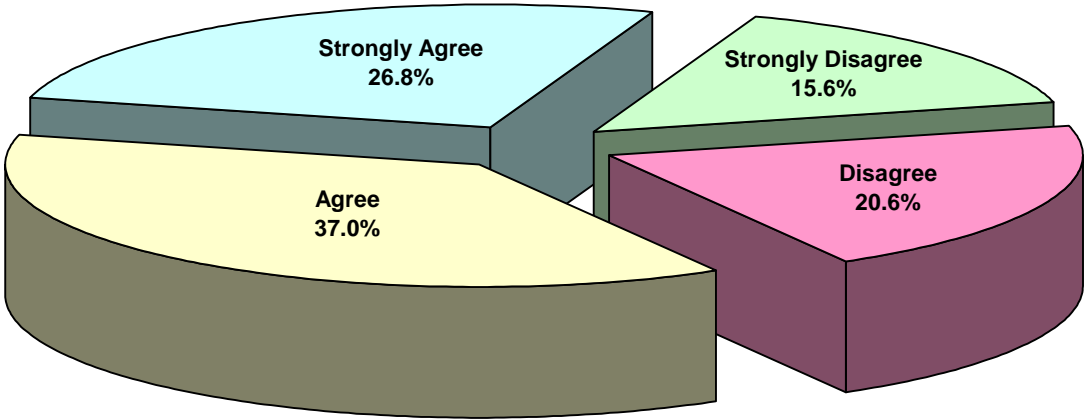
That hospital services be delivered in a smaller number of facilities



“That the focus in rural areas shift from small hospitals to treating common illnesses and managing chronic conditions, while maintaining emergency ambulance response”

Almost two-thirds (63.8%) of respondents “Agree” or “Strongly Agree” with this recommendation. Three percent of respondents refused to respond.

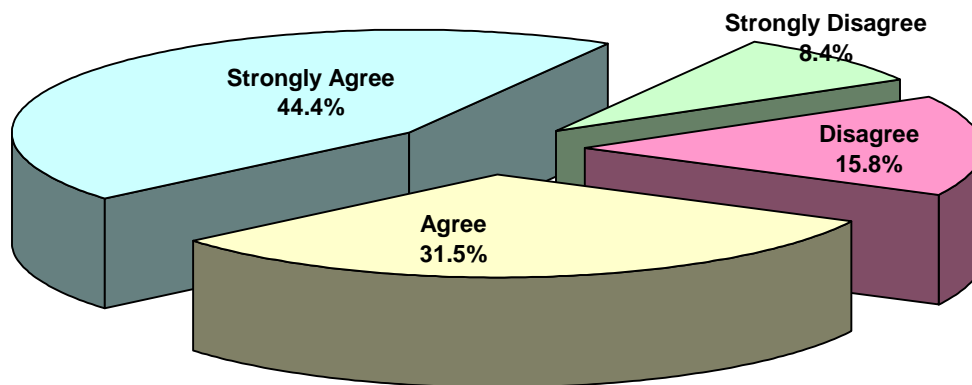
That the focus in rural areas shift from small hospitals to treating common illnesses and managing chronic conditions, while maintaining emergency ambulance response



“That a 24-hour, 7-day-a-week, telephone line be opened to offer health care advice”

Just over three-quarters (75.9%) of respondents either “Agree” or “Strongly Agree” with this recommendation. Nearly one quarter of respondents said they “Disagree” or “Strongly Disagree” with this seemingly uncontroversial proposal. Only 0.5% of those asked refused to respond.

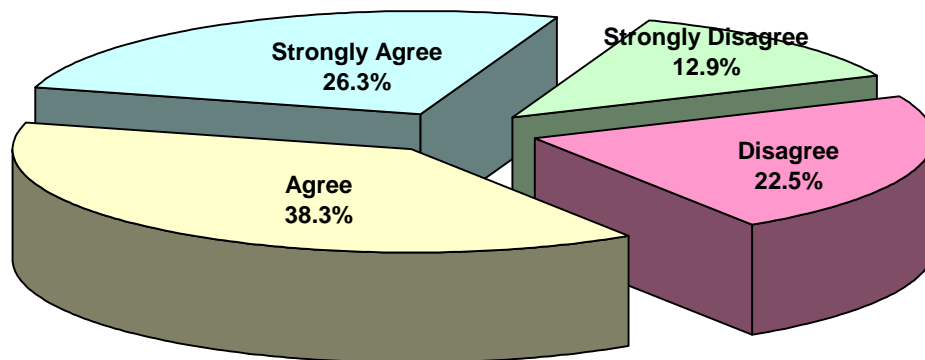
That a 24-hour, 7-day-a-week telephone line be opened to offer health care advice



“That an independent quality council be created to recommend standards for care and report to the public on health system quality”

About two-thirds (64.6%) of respondents “Agree” or “Strongly Agree” with this recommendation. 2.5% those asked refused to respond.

That an independent quality council be created to recommend standards for care and report to the public on health system quality

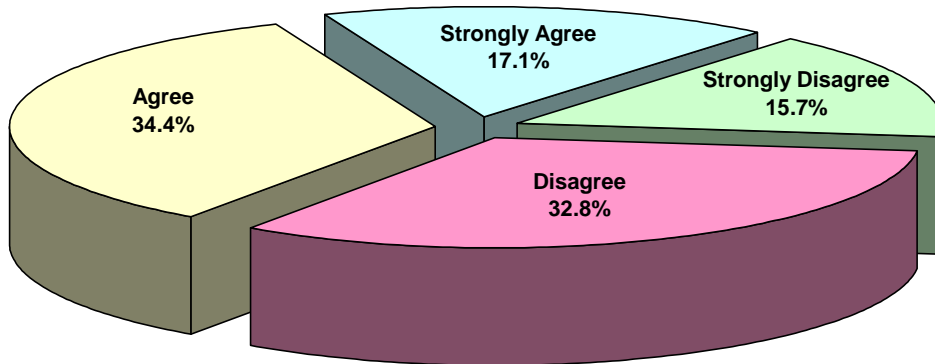


Primary Results: Effects of reducing the number of health districts

“It would allow large districts to provide a wider range of services”

About half (51.5%) of respondents either “Agree” or “Strongly Agree” with this statement. Almost a third (32.8%) “Disagree”. 3.0% of those asked refused to respond.

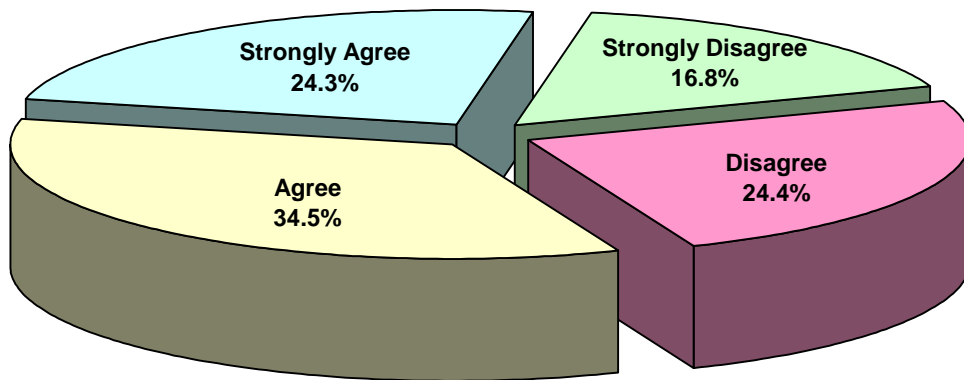
Reducing the number of health districts would allow large districts to provide a wider range of services



“It would reduce administrative costs and save money”

Over half (58.8%) of respondents “Agree” or “Strongly Agree” with this statement. 2.9% of those asked refused to respond.

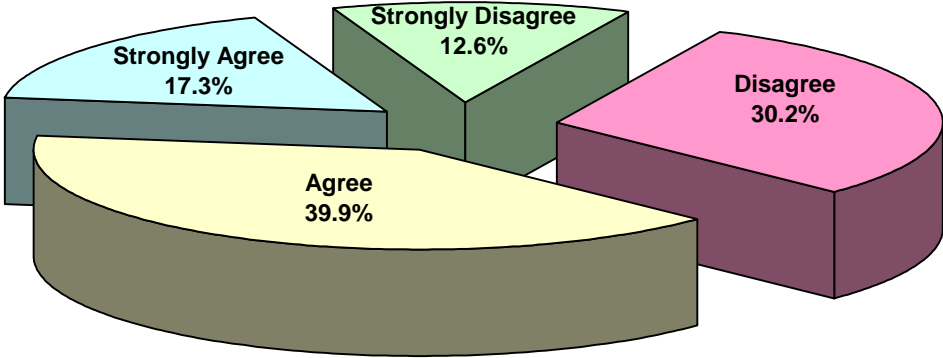
It would reduce administrative costs and save money



“It would be beneficial because population shifts have created large differences in the size of districts”

57.2% of respondents “Agree” or “Strongly Agree” with this statement.
5.8% of those asked refused to respond.

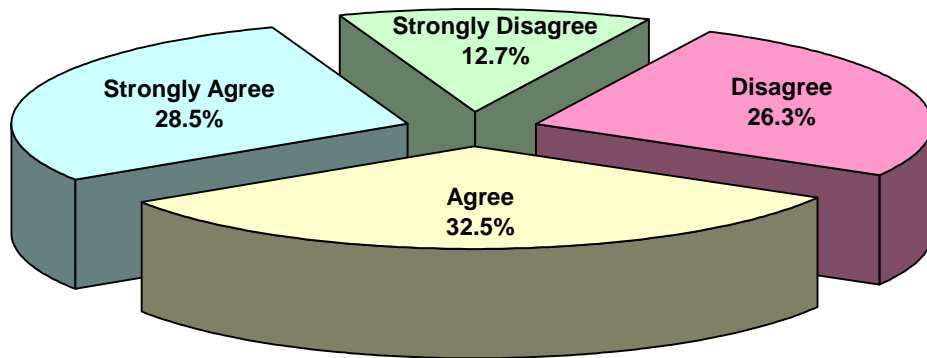
It would be beneficial because population shifts have created large differences in the size of districts



“It would lead to a loss of input from my community”

61.0% of respondents either “Agree” or “Strongly Agree” that reducing the number of health districts would lead to a loss of input from their community. 4.1% of those asked refused to respond.

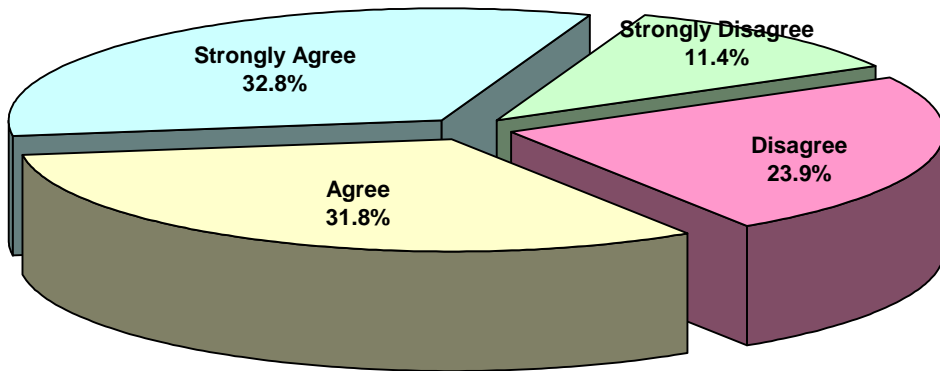
It would lead to a loss of input from my community



“It would lead to a loss of jobs in my community”

Almost two-thirds (64.6%) of respondents “Agree” or “Strongly Agree” that reducing the number of health districts would lead to a loss of jobs in their community. 2.1% of those asked refused to respond.

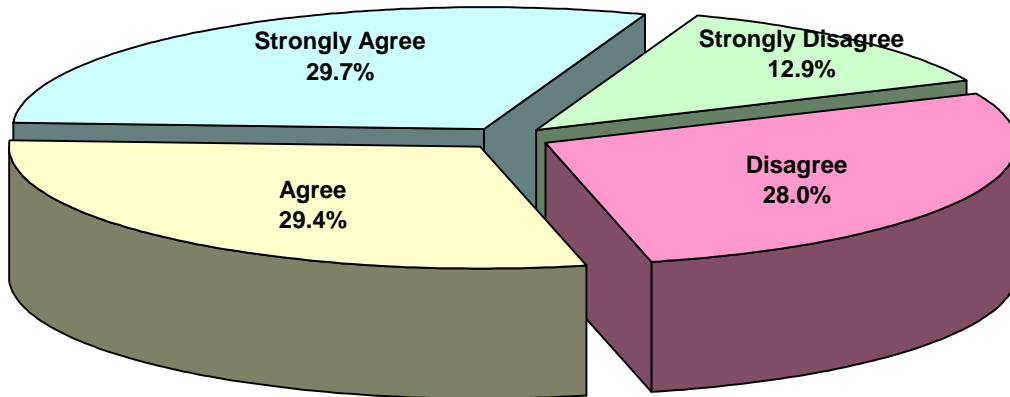
It would lead to a loss of jobs in my community



“It would disrupt our health care system”

Well over half (59.1%) either “Agree” or “Strongly Agree” that reducing the number of health districts would disrupt our health care system. 2.9% of those asked refused to respond.

It would disrupt our health care system

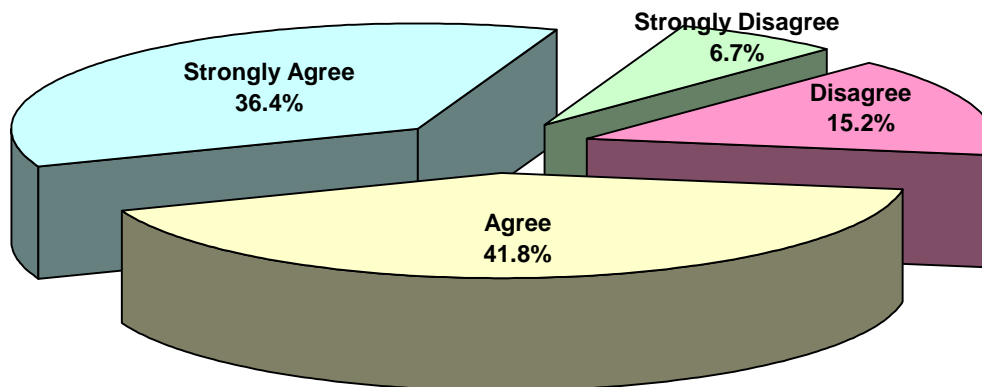


Primary Results: Effects of converting small hospitals to health centers

“When people need a hospital, they should go to a facility that’s large enough to offer the staff, the equipment and the care that they need”

Over three-quarters (78.2%) of respondents “Agree” or “Strongly Agree” that people should go to a large enough facility when they need a hospital. 3.8% of those asked refused to respond.

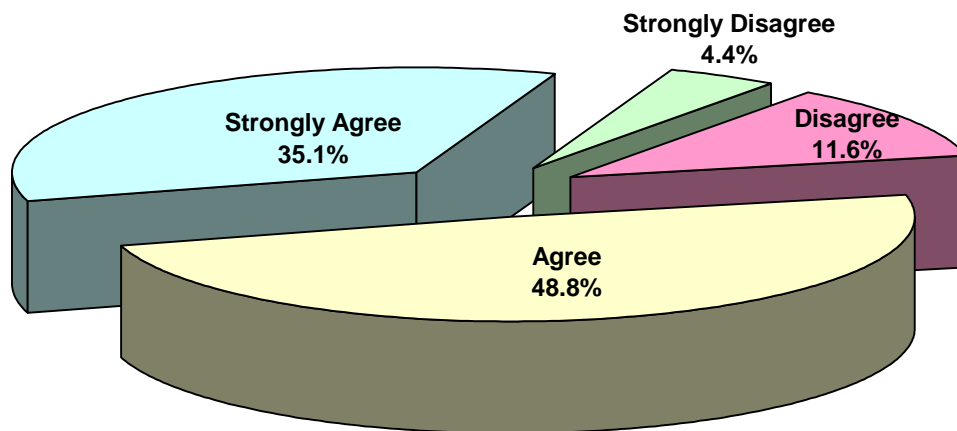
When people need a hospital, they should go to a facility that's large enough to offer the staff, the equipment and the care that they need



“Services like emergency response, health care advice and telehealth could be improved at the local level”

A strong majority (83.9%) of respondents “Agree” or “Strongly Agree” that if small hospitals were turned into health care centres, emergency response, health care advice and telehealth could be improved at the local level. 2.9% of those asked refused to respond.

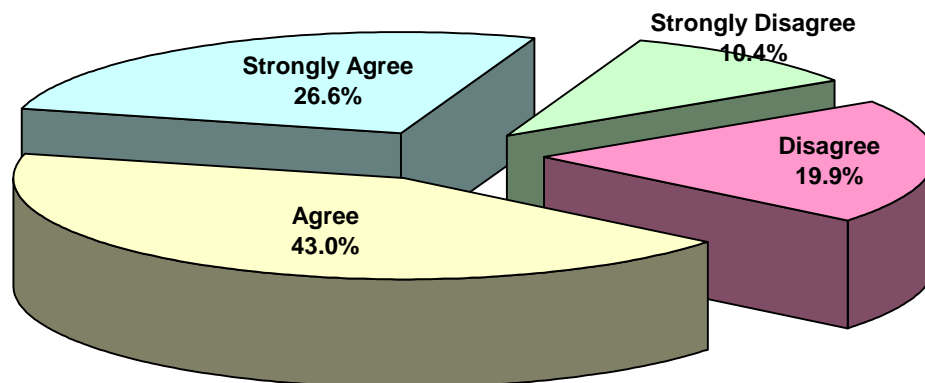
Services like emergency response, health care advice and telehealth could be improved at the local level



“Money saved can be used to improve the care offered in regional centres”

Just over two-thirds (69.6%) of respondents “Agree” or “Strongly Agree” that this is possible if small hospitals are turned into health care centres. 3.9% of those asked refused to respond.

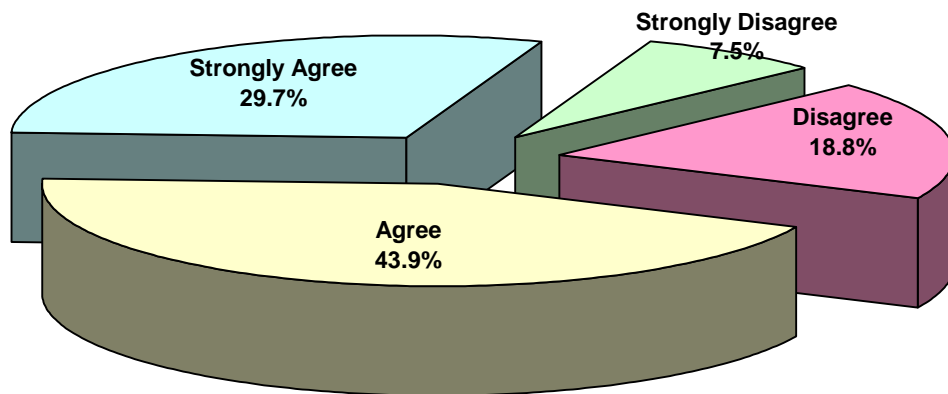
Money saved can be used to improve the care offered in regional centres



“Physicians will become part of a health team, which would reduce their on-call responsibilities and make it easier to recruit and retain doctors”

Just under three-quarters (73.6%) of respondents either “Agree” or “Strongly Agree” with this statement. 6.5% of those asked refused to respond.

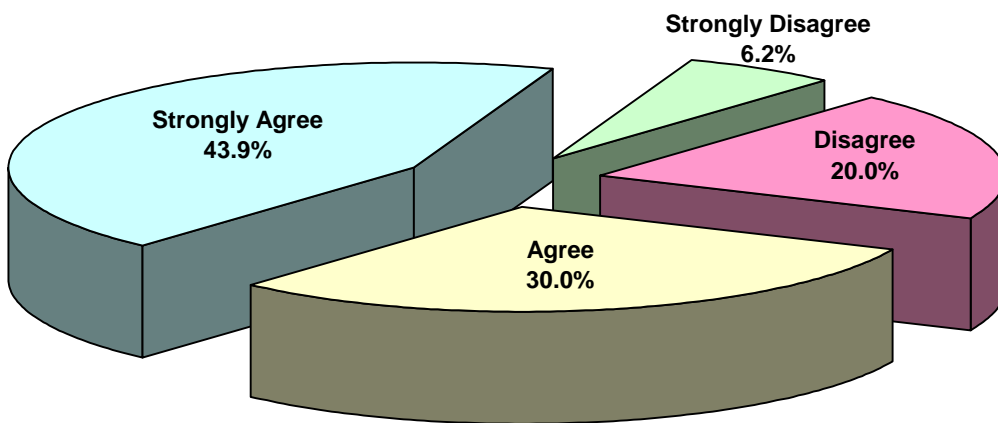
Physicians will become part of a health team, which would reduce their on-call responsibilities and make it easier to recruit and retain doctors



“People will have to go too far to get to a hospital”

Almost three-quarters (73.9%) of respondents either “Agree” or “Strongly Agree” that people will have to go too far to get to a hospital if small hospitals are turned into health care centres. 1.7% of those asked refused to respond.

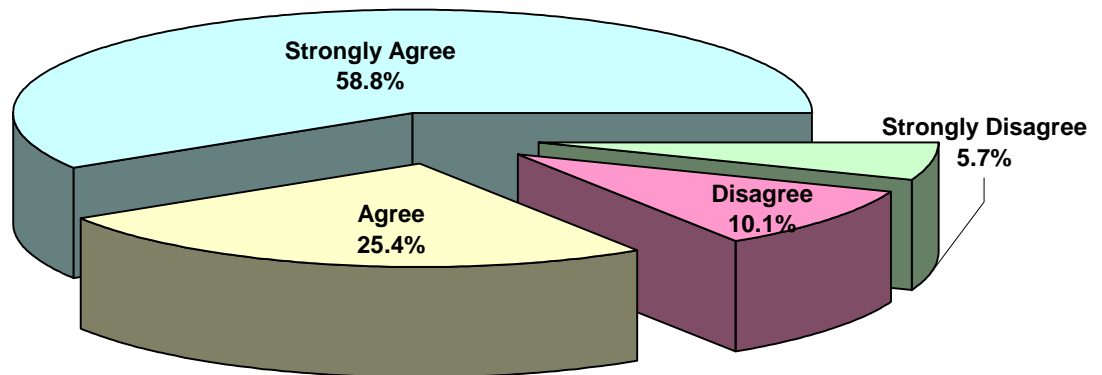
People will have to go too far to get to a hospital



“Closing more hospital beds in the province will increase waiting lists”

A substantial majority (84.2%) of respondents “Agree” or “Strongly Agree” that changing small hospitals to health care centres will increase waiting lists. Only 1.1% of those asked refused to respond.

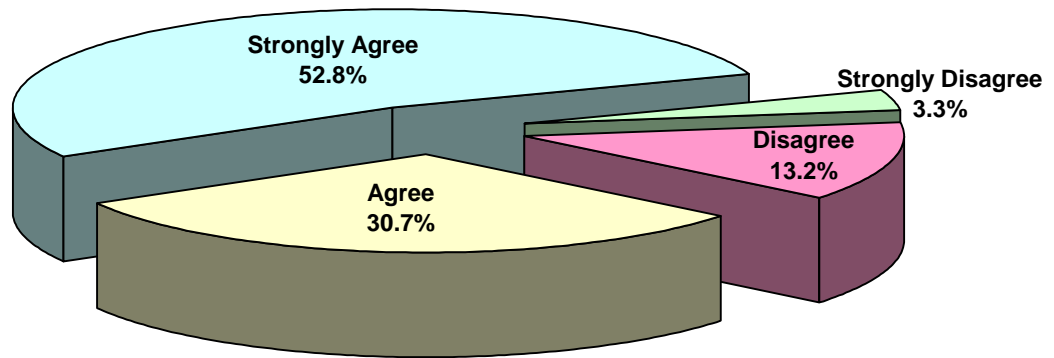
Closing more hospital beds in the province will increase waiting lists



“Doctors won’t stay in communities without a hospital”

83.5% of respondents “Agree” or “Strongly Agree” that closing small hospitals and turning them into health care centres would result in doctors not wanting to stay in communities without a hospital. 2.8% of those asked refused to respond.

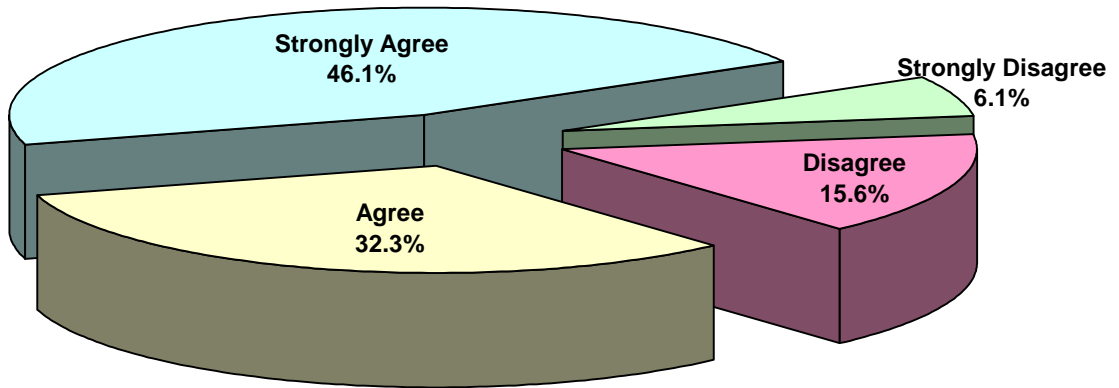
Doctors won't stay in communities without a hospital



“It will result in job losses and hurt the rural economy”

Over three-quarters (78.4%) of respondents “Agree” or “Strongly Agree” that turning small hospitals into health care centres would result in job losses and hurt the rural economy. Only 1.8% of those asked refused to respond.

It will result in job losses and hurt the rural economy

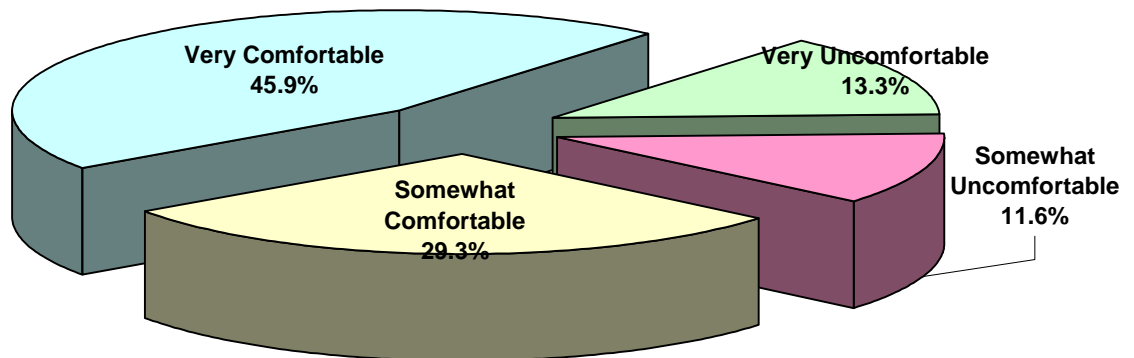


Primary Results: Other Questions

“If you were in need of service such as for an ear or throat infection or monitoring high blood pressure, would you be comfortable with seeing a general or specialized nurse instead of a doctor?”

About three-quarters (75.2%) of respondents say they would feel either “Somewhat Comfortable” or “Very Comfortable” with seeing a nurse instead of a doctor. Roughly three times as many report being “Very Comfortable” as contrasted to being “Very Uncomfortable.” Only 0.7% of those asked refused to respond.

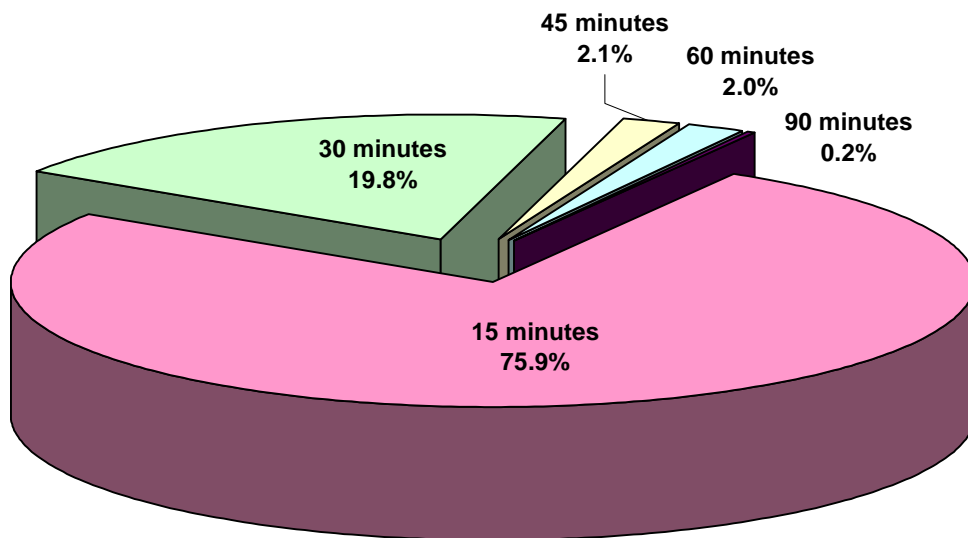
Would you be comfortable with seeing a general or specialized nurse instead of a doctor?



“In a medical emergency, what do you think the maximum response time should be from the time a person calls an ambulance to the time the ambulance arrives?”

About three-quarters (75.9%) of respondents think it should take no more than 15 minutes for an ambulance to arrive. 2.9% of those asked refused to respond.

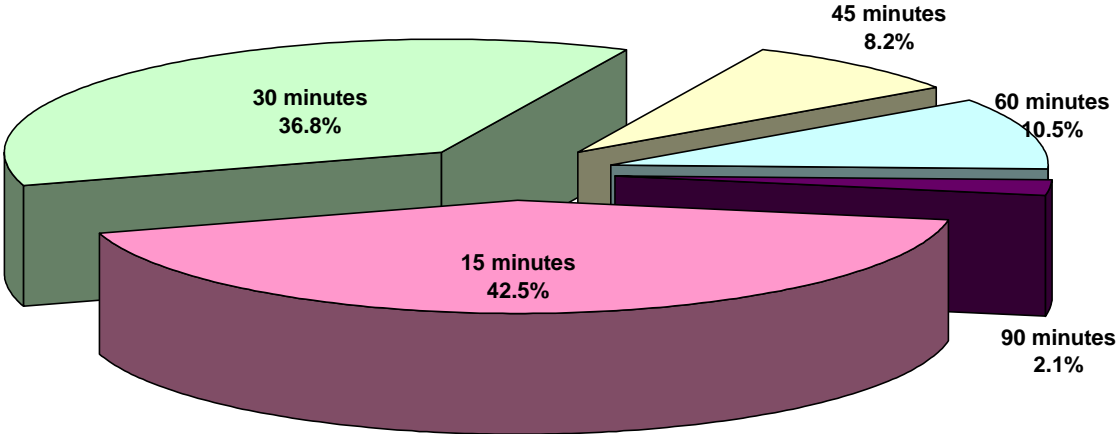
In a medical emergency, what do you think the maximum response time should be from the time a person calls an ambulance to the time the ambulance arrives?



“What do you think is the maximum amount of time a person should have to travel to a facility to get emergency care?”

Respondents are almost evenly split between 15 and 30-minute times for a person to travel to a facility to get emergency care, with 42.5% and 43.8% respectively. 3.3% of those asked refused to respond.

What do you think is the maximum amount of time a person should have to travel to a facility to get emergency care?



“What do you think is the maximum amount of time a person should have to travel to a facility for non-emergency care?”

Again, respondents are split between 30 and 60 minutes for travel times for a person to get non-emergency care, with 38.6% and 37.5% respectively. 4.1% of those asked refused to respond.

What do you think is the maximum amount of time a person should have to travel to a facility for non-emergency care?

