A national pharmacare program scores the best on ensuring access to the best medicines and worst on program paperwork and prescription choice

National Public Relations Survey Summary

submitted by Nanos to National Public Relations, October 2018 (Submission 2018-1294)





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Summary

Almost four in ten
Canadians say a national
pharmacare program
managed by the federal
government would do a
very good or good job at
managing the costs related
to prescription medicines



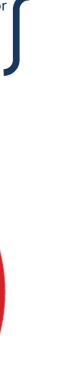
Canadians gave a national pharmacare program run by the government the best score in terms of ensuring access to the best medicines for patients, and gave a lower score to making the right decisions when choosing what medicines doctors can prescribe to patients and ensuring a national pharmacare program is lean and does not create unnecessary paperwork.

Impressions of the performance of elements of a national pharmacare program from best to worst

- Canadians most often say a national pharmacare program would do a good or very good job at ensuring access to the best medicines for patients Over four in ten Canadians say a national pharmacare program managed by the federal government would do a very good (15%) or good (27%) job at ensuring access to the best medicines for patients, while 30 per cent say it would do an average job, and one in four say it would do a very poor (11%) or poor (13%) job at this.
- Canadians are split over how well a national pharmacare program will handle managing the costs related to prescription medicines Nearly four in ten Canadians say a national pharmacare program managed by the federal government would do a very good (14%) or good (24%) job at managing the costs related to prescription medicines, while 25 per cent say it will do an average job, and more than one in three say poor (17%) or a very poor (14%) job. Five per cent are unsure.
- Canadians are divided over the performance of a national pharmacare program in terms of spending tax dollars on the program Just over one in three Canadians say a national pharmacare program managed by the federal government would do a very good (11%) or good (23%) job at spending tax dollars for a national pharmacare program well, while one in three say it would do a poor (17%) or very poor (16%) job, and 26 per cent say it will do an average job. Six per cent are unsure.

Summary

More than four in ten
Canadians say a national
federal government run
pharmacare program
would do a very good or
good job at ensuring
patients have access to
the best medicines



- Canadians most often say a national pharmacare program would do a poor or very poor job at making the right decisions when the government chooses medicines doctors can prescribe One in three Canadians say a national pharmacare program managed by the federal government would do a very poor (15%) or poor (18%) job at making the right decisions when the government chooses which medicines doctors can prescribe to patients, while 31 per cent say it would do an average job, and three in ten say it would do a very good (eight per cent) or good (22%) job at this.
- Canadians most often say a national pharmacare program would do a poor or very poor job at ensuring the program is lean and doesn't create unnecessary paperwork

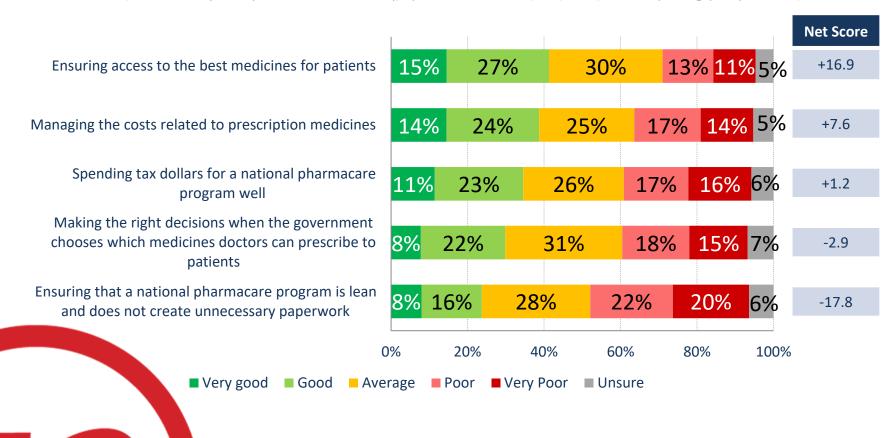
 Just over four in ten Canadians say a national pharmacare program managed by the federal government would do a very poor (20%) or poor (22%) job at ensuring a national pharmacare program is lean and does not create unnecessary paperwork, while 28 per cent say it would do an average job, and nearly one in four say it would do a very good (eight per cent) or good (16%) job at this.

These observations are based on a hybrid telephone and online random survey of 1,000 Canadians, 18 years of age or older, between September 29th to October 4th, 2018 as part of an omnibus survey. Participants were randomly recruited by telephone using live agents and administered a survey online. The margin of error for a random survey of 1,000 Canadians is ±3.1 percentage points, 19 times out of 20.

This study was commissioned by National Public Relations and the research was conducted by Nanos Research.

Views on a national universal drug plan

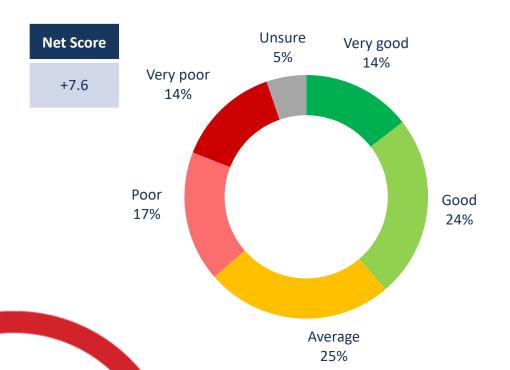
Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, September 29th to October 4th, 2018, n=1000, accurate 3.1 percentage points plus or minus, 19 times out of 20.



*Note: Charts may not add up to 100 due to rounding

Ability to manage prescription costs

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, September 29th to October 4th, 2018, n=1000, accurate 3.1 percentage points plus or minus, 19 times out of 20.



Subgroups	Very good/ Good					
Atlantic (n=100)	35.7%					
Quebec (n=250)	44.9%					
Ontario (n=300)	40.1%					
Prairies (n=200)	29.9%					
British Columbia (n=150)	39.4%					
Male (n=511)	36.9%					
Female (n=489)	40.5%					
18 to 34 (n=196)	44.2%					
35 to 54 (n=455)	37.3%					
55 plus (n=349)	36.1%					

^{*}Weighted to the true population proportion.

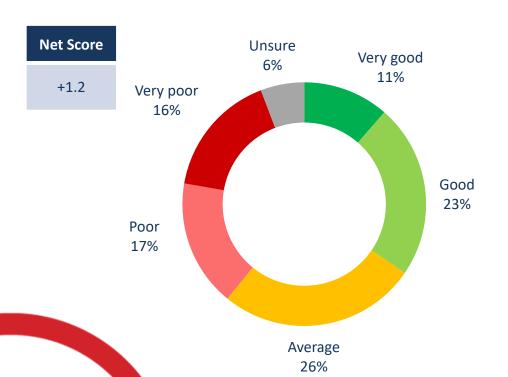
QUESTION – Do you think a new national universal drug program managed by the Government of Canada in Ottawa will do a very good, good, average, poor or very poor job at the following: [RANDOMIZE]

Managing the costs related to prescription medicines

^{*}Note: Charts may not add up to 100 due to rounding

Ability to spend tax dollars well

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, September 29th to October 4th, 2018, n=1000, accurate 3.1 percentage points plus or minus, 19 times out of 20.



Subgroups	Very good/ Good					
Atlantic (n=100)	36.8%					
Quebec (n=250)	41.7%					
Ontario (n=300)	36.3%					
Prairies (n=200)	25.5%					
British Columbia (n=150)	29.8%					
Male (n=511)	34.1%					
Female (n=489)	35.1%					
18 to 34 (n=196)	36.9%					
35 to 54 (n=455)	34.2%					
55 plus (n=349)	33.3%					

^{*}Weighted to the true population proportion.

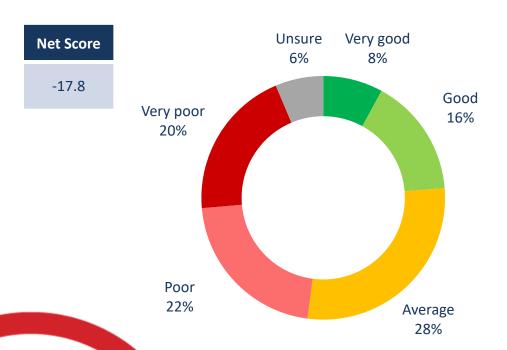
*Note: Charts may not add up to 100 due to rounding

QUESTION – Do you think a new national universal drug program managed by the Government of Canada in Ottawa will do a very good, good, average, poor or very poor job at the following: [RANDOMIZE]

Spending tax dollars for a national pharmacare program well

Ability to be a lean program

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, September 29th to October 4th, 2018, n=1000, accurate 3.1 percentage points plus or minus, 19 times out of 20.



Subgroups	Poor/ Very poor					
Atlantic (n=100)	37.6%					
Quebec (n=250)	25.7%					
Ontario (n=300)	46.3%					
Prairies (n=200)	52.8%					
British Columbia (n=150)	46.3%					
Male (n=511)	44.1%					
Female (n=489)	39.1%					
18 to 34 (n=196)	40.0%					
35 to 54 (n=455)	46.0%					
55 plus (n=349)	38.8%					

^{*}Weighted to the true population proportion.

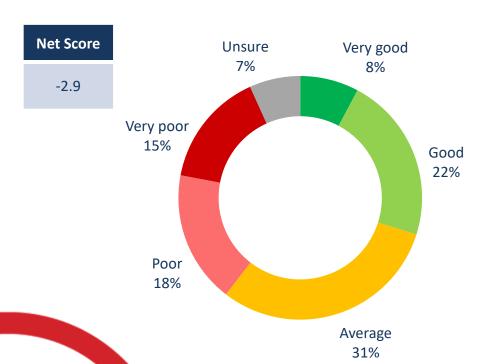
*Note: Charts may not add up to 100 due to rounding

QUESTION – Do you think a new national universal drug program managed by the Government of Canada in Ottawa will do a very good, good, average, poor or very poor job at the following: [RANDOMIZE]

Ensuring that a national pharmacare program is lean and does not create unnecessary paperwork

Ability to make the right decisions about medicines

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, September 29th to October 4th, 2018, n=1000, accurate 3.1 percentage points plus or minus, 19 times out of 20.



Subgroups	Poor/ Very poor					
Atlantic (n=100)	28.9%					
Quebec (n=250)	24.7%					
Ontario (n=300)	31.8%					
Prairies (n=200)	45.8%					
British Columbia (n=150)	33.7%					
Male (n=511)	34.6%					
Female (n=489)	31.1%					
18 to 34 (n=196)	32.5%					
35 to 54 (n=455)	32.4%					
55 plus (n=349)	33.4%					

^{*}Weighted to the true population proportion.

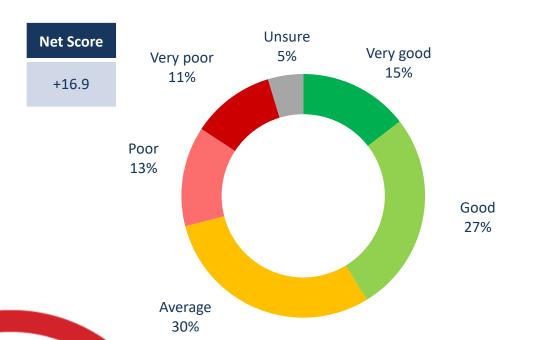
*Note: Charts may not add up to 100 due to rounding

QUESTION – Do you think a new national universal drug program managed by the Government of Canada in Ottawa will do a very good, good, average, poor or very poor job at the following: [RANDOMIZE]

Making the right decisions when the government chooses which medicines doctors can prescribe to patients

Ability to ensure access to the best medicines

Source: Nanos Research, RDD dual frame hybrid telephone and online random survey, September 29th to October 4th, 2018, n=1000, accurate 3.1 percentage points plus or minus, 19 times out of 20.



Subgroups	Very good/ Good					
Atlantic (n=100)	47.6%					
Quebec (n=250)	52.0%					
Ontario (n=300)	39.5%					
Prairies (n=200)	30.7%					
British Columbia (n=150)	36.8%					
Male (n=511)	41.9%					
Female (n=489)	40.7%					
18 to 34 (n=196)	48.5%					
35 to 54 (n=455)	36.4%					
55 plus (n=349)	40.5%					

^{*}Weighted to the true population proportion.

QUESTION – Do you think a new national universal drug program managed by the Government of Canada in Ottawa will do a very good, good, average, poor or very poor job at the following: [RANDOMIZE]

Ensuring access to the best medicines for patients

^{*}Note: Charts may not add up to 100 due to rounding



Methodology

Nanos conducted an RDD dual frame (land- and cell-lines) hybrid telephone and online random survey of 1,000 Canadians, 18 years of age or older, between September 29th and October 4th, 2018 as part of an omnibus survey. Participants were randomly recruited by telephone using live agents and administered a survey online. The results were statistically checked and weighted by age and gender using the latest Census information and the sample is geographically stratified to be representative of Canada.

Individuals were randomly called using random digit dialling with a maximum of five call backs.

The margin of error for a random survey of 1,000 Canadians is ± 3.1 percentage points, 19 times out of 20.

The research was commissioned by National Public Relations and was conducted by Nanos Research.

Note: Charts may not add up to 100 due to rounding.



Technical Note

Element	Description	Element	Description
Organization who commissioned the research	National Public Relations	Weighting of Data	The results were weighted by age and gender using the latest Census information (2016) and the sample is geographically stratified to ensure a distribution across all regions of Canada. See tables for full weighting disclosure
Final Sample Size	1000 Randomly selected individuals.		Screening ensured potential respondents did not work in the
Margin of Error	±3.1 percentage points, 19 times out of 20.	Screening	market research industry, in the advertising industry, in the media or a political party prior to administering the survey to ensure the integrity of the data.
Mode of Survey	RDD dual frame (land- and cell-lines) hybrid telephone and online omnibus survey	Excluded Demographics	Individuals younger than 18 years old; individuals without land or cell lines could not participate.
Sampling Method Base	The sample included both land- and cell-lines RDD (Random Digit Dialed) across Canada.	Stratification	By age and gender using the latest Census information (2016) and the sample is geographically stratified to be representative of Canada. Smaller areas such as Atlantic Canada were marginally oversampled to allow for a minimum regional sample.
Demographics (Captured)	Atlantic Canada, Quebec, Ontario, Prairies, British Columbia; Men and Women; 18 years and older. Six digit postal code was used to validate geography.	Estimated Response Rate	Ten percent, consistent with industry norms.
Fieldwork/Validation	Live interviews with live supervision to validate work.	Question Order	Question order in the preceding report reflects the order in which they appeared in the original questionnaire.
Number of Calls	Maximum of five call backs.	Question Content	This was module six of an omnibus survey. Previous modules contained questions about unprompted national issues of concern, free trade agreements, cannabis, federal politics in
Time of Calls	Individuals were called between 12-5:30 pm and 6:30-9:30pm local time for the respondent.	Question Wording	Canada, and Canada's relationship with the US government. The questions in the preceding report are written exactly as they
Field Dates	September 29 th to October 4 th , 2018.		were asked to individuals.
Language of Survey	The survey was conducted in both English and French.	Survey Company	Nanos Research Contact Nanos Research for more information or with any concerns or questions.
Standards	This report meets the standards set forth by ESOMAR.	Contact	http://www.nanos.co Telephone:(613) 234-4666 ext. Email: info@nanosresearch.com.

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					Reg	ion		Gend	der	Age			
			Canada 2018-09	Atlantic	Quebec	Ontario	Prairies	British Columbia	Male	Female	18 to 34	35 to 54	55 plus
Question - Managing the costs related to prescription medicines	Total	Unwgt N	1000	100	250	300	200	150	511	489	196	455	349
		Wgt N	1000	100	250	300	200	150	491	509	271	340	389
	Very good	%	14.5	11.9	18.3	14.6	11.4	13.6	15.2	13.8	15.4	12.8	15.3
	Good	%	24.2	23.7	26.6	25.5	18.5	25.8	21.7	26.7	28.8	24.5	20.8
	Average	%	24.8	26.7	28.9	22.6	22.2	24.8	22.2	27.4	25.1	23.2	26.2
	Poor	%	17.4	22.5	10.6	18.6	19.8	19.7	18.5	16.2	11.2	18.3	20.9
	Very poor	%	13.8	8.9	8.5	14.5	22.8	12.4	18.6	9.1	11.7	16.8	12.6
	Unsure	%	5.3	6.3	7.1	4.2	5.3	3.7	3.8	6.7	7.9	4.4	4.3



					Regi	ion		Gend	der	Age			
			Canada 2018-09	Atlantic	Quebec	Ontario	Prairies	British Columbia	Male	Female	18 to 34	35 to 54	55 plus
Question - Spending tax dollars for a national pharmacare program well	Total	Unwgt N Wgt N	1000	100	250 250	300 300	200	150 150	511 491	489 509	196 271	455 340	349 389
p 6	Very good	wgt N %	11.4	6.1	16.6	9.2	9.1	13.6	12.8	10.1	12.1	11.3	11.0
	Good	%	23.1	30.7	25.0	27.0	16.4	16.2	21.3	24.9	24.7	22.9	22.2
	Average	%	26.3	32.8	26.6	23.2	24.9	29.5	24.5	28.0	24.3	25.6	28.3
	Poor	%	16.9	13.2	15.7	15.5	19.1	21.2	16.8	17.0	13.2	15.5	20.7
	Very poor	%	16.5	10.9	8.2	19.1	27.0	14.8	20.7	12.4	17.0	20.2	12.8
	Unsure	%	5.8	6.3	7.8	6.0	3.6	4.7	3.9	7.6	8.6	4.6	4.9



					Regi	ion		Geno	der	Age			
			Canada 2018-09	Atlantic	Quebec	Ontario	Prairies	British Columbia	Male	Female	18 to 34	35 to 54	55 plus
Question - Ensuring that a national pharmacare program is lean and does not create	Total	Unwgt N Wgt N	1000 1000	100 100	250 250	300 300	200 200	150 150	511 491	489 509	196 271	455 340	349 389
unnecessary paperwork	Very good	%	7.9	4.7	15.0	6.9	6.1	2.9	7.4	8.5	7.9	7.6	8.3
	Good	%	15.8	15.0	22.4	16.0	9.5	13.1	17.1	14.5	19.3	13.6	15.3
	Average	%	28.3	32.4	27.3	26.2	27.1	33.3	26.7	29.9	24.5	27.0	32.2
	Poor	%	21.6	25.0	12.8	25.1	23.2	24.8	19.5	23.6	20.3	21.4	22.6
	Very poor	%	20.0	12.5	13.0	21.2	29.6	21.5	24.6	15.6	19.6	24.6	16.2
	Unsure	%	6.4	10.3	9.5	4.6	4.6	4.3	4.7	8.0	8.4	5.8	5.4



					Regi	ion		Gend	der	Age			
			Canada 2018-09	Atlantic	Quebec	Ontario	Prairies	British Columbia	Male	Female	18 to 34	35 to 54	55 plus
Question - Making the right decisions when the government chooses which medicines doctors	Total	Unwgt N	1000	100	250	300	200	150	511	489	196	455	349
can prescribe to patients		Wgt N	1000	100	250	300	200	150	491	509	271	340	389
	Very good	%	7.8	6.6	13.1	7.4	4.3	5.1	9.0	6.6	11.2	6.4	6.6
	Good	%	22.1	27.3	23.9	24.7	15.0	19.9	20.6	23.5	24.6	21.4	20.9
	Average	%	30.6	28.5	28.2	31.0	29.6	36.3	30.7	30.4	23.4	34.2	32.3
	Poor	%	17.5	14.6	15.2	14.3	25.6	19.1	16.5	18.5	18.0	15.1	19.4
	Very poor	%	15.3	14.3	9.4	17.5	20.1	14.7	18.1	12.6	14.5	17.3	14.0
	Unsure	%	6.8	8.7	10.2	5.1	5.3	4.9	5.1	8.3	8.3	5.6	6.7



					Reg	ion		Gend	der	Age			
			Canada 2018-09	Atlantic	Quebec	Ontario	Prairies	British Columbia	Male	Female	18 to 34	35 to 54	55 plus
Question - Ensuring access to the best medicines for patients	Total	Unwgt N	1000	100	250	300	200	150	511	489	196	455	349
		Wgt N	1000	100	250	300	200	150	491	509	271	340	389
	Very good	%	14.6	18.2	23.1	12.3	10.6	7.6	15.7	13.4	19.2	12.1	13.4
	Good	%	26.7	29.4	28.9	27.1	20.1	29.3	26.1	27.3	29.3	24.2	27.1
	Average	%	29.7	23.6	23.6	31.8	32.4	36.2	29.2	30.2	22.9	33.3	31.3
	Poor	%	13.3	16.4	9.1	13.0	18.4	12.0	13.1	13.4	11.8	12.7	14.9
	Very poor	%	11.1	7.8	7.7	12.1	15.8	10.5	12.6	9.6	10.9	13.3	9.2
	Unsure	%	4.7	4.7	7.6	3.6	2.7	4.5	3.2	6.1	6.0	4.4	4.0