

DATA DIVE WITH NIK NANOS

# WORRIED SICK

Canadians see a health care system under strain, they themselves feel the strain, and they are open to changes that improve access and results, writes **Nik Nanos**

**OPINION**

Nik Nanos is the chief data scientist at Nanos Research, a research associate professor at the Norman Paterson School of International Affairs, and the official pollster for The Globe and Mail and CTV News.

There is a gathering health care storm and Canadians see it coming. There is a rare convergence of public opinion on health care driven by a sense of urgency and dissatisfaction. A new random survey for Santis Health by Nanos of 4,009 Canadians shows a country that believes the health care system is heading in the wrong direction. The good news is that people are open to innovations in who delivers care and how it should be delivered.

Nine in 10 Canadians (91 per cent) say it is important or somewhat important for the health care system to change, including almost two in three (64 per cent) who say it is outright important. The fact that the appetite for change cuts across regional, gender and generational lines speaks to the urgency of opinion. It may very well be that after decades of successive governments offering hope of change that Canadians are fed up and ready for action.

Confidence in Canada's health care system is weak. A paltry one in seven Canadians (14 per cent) believe that the system is moving in the right direction. In contrast, a majority (65 per cent) assert it is moving in the wrong direction. The wrong direction numbers are highest among people under 35 years of age (65 per cent). This striking data point likely speaks to the impending alarm of young people, who are worried not only about their future personal access to health care, but are also worried about being sandwiched between managing care for both their children and aging parents.

At the heart of the urgency for reform is emotion. Seven in 10 Canadians say words like "worry" (39 per cent) or "frustration" (31 per cent) best capture how they feel about health care today, compared with just one in four who feel "confident" (14 per cent) or "hopeful" (12 per cent).

These emotions are being driven by concerns about wait times, access to care and health care provider shortages. When asked about their top concerns about how health care is delivered in Canada today, answers included long wait times for care (26 per

cent), followed by poor access to services (12 per cent), a shortage of health care staff (11 per cent), and a shortage of family doctors (8 per cent).

In this environment, the traditional health care model is no longer sacred. More than nine in 10 Canadians are open (69 per cent) or somewhat open (26 per cent) to receiving routine care and prescriptions from qualified professionals other than doctors.

Testing on different system models suggests that there is currently no consensus on public versus private, but that there's an opportunity for private delivery in a renewed health care system.

The key takeaway is that positive views people have historically held about physicians are slamming up against the reality Canada is facing: a shortage of health care providers — including family doctors.

There is also a strong appetite for technology-driven modernization. A strong majority of Canadians are open (43 per cent) or somewhat open (37 per cent) to the use of virtual care and digital

tools to consult with health care providers.

Digital infrastructure is not a barrier; it is an opportunity. Nine in 10 people surveyed in the Santis study were open (83 per cent) or somewhat open (19 per cent) to having a secure "digital health wallet" that they would own and control, allowing them to instantly share their full medical history with any doctor or hospital they choose. Giving Canadians a greater sense of control may very well be a positive first step in building confidence in Canada's health care system.

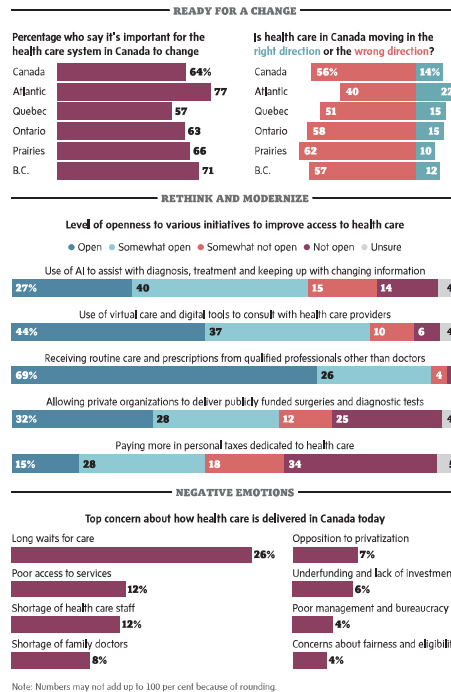
There are, however, some sensitivities when it comes to transforming the country's health care system. Canadians are almost twice as likely to not be open (43 per cent) or somewhat not open (19 per cent) to paying out of pocket for faster access to medically necessary services like MRIs or minor surgeries. A majority are also not open (34 per cent) or somewhat not open (18 per cent) to paying more in personal taxes specifically dedicated to health care.

Testing on different system models suggests that there is currently no consensus on public versus private, but that there's an opportunity for private delivery in a renewed health care system. Thirty-five per cent of respondents believe that health care should be provided mostly by the public system but with a limited role for private care, 31 per cent believe health care should be provided by a mix of public and private care, and 29 per cent believe health care should be provided mainly by the public system, with little or no role for private care. Two per cent of Canadians think health care should be provided by mostly private care, with the public system playing a smaller role, while less than one per cent of Canadians prefer mainly private health care.

The clear message from Canadians on health care is not ideological; it is practical. They see a health system under strain, they themselves feel the strain, and they are open to changes that improve access and results. Embracing technology and rethinking who does what are the lowest hanging fruit when it comes to reform.

Policy makers and elected officials should take note: Once Canada gets past the current trade and economic hurdles, health care will come storming back onto the national agenda.

## Seeking a cure



MURAT YUKSELIR / THE GLOBE AND MAIL, SOURCE: NANOS RESEARCH

# Canada's World Cup readiness will be seen in its nightlife

**NICK CRISTIANO**

**OPINION**

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Toronto and Vancouver are each expected to welcome more than 300,000 out-of-town visitors over the course of the FIFA World Cup tournament this summer. While governments have understandably focused on challenges related to traffic congestion, transit capacity and security around the stadiums, the real test of the country's preparedness will likely come after the matches, when thousands of visitors spill into neighbouring bars, nightclubs and cultural spaces.

Ontario recently announced that bars and restaurants will be permitted to serve alcohol until 4 a.m. during the tournament, extending the period during which postmatch crowds can participate in nightlife activity. The key question remains whether Toronto and Vancouver's night economies are equipped to safely handle this sudden influx.

Both cities have long sought to position themselves as global destinations with thriving night economies, but this ambition has stood in tension with regulatory approaches that often treat nightlife as a problem to contain and penalize rather than a cultural asset to support.

Municipal bylaws, licensing requirements and noise restrictions have made it increasingly difficult to operate nightclubs and bars and organize events and festivals in Canada's largest cities. Vancouver, in particular, has long carried the reputation of being a "No Fun City" because of its historically strict and complex liquor regulations. For example, bottle service (where customers can order entire bottles of spirits to their tables) only recently became legal in British Columbia, more than 20 years after it was permitted in Ontario.

Nightlife is central to how visitors experience host cities. The issue is not whether risks exist (they inevitably do in spaces where alcohol and other substances are commonly used), but whether the people responsible for managing those risks are well positioned to do so.

As a researcher studying how they manage risks associated with substance use and crowd safety, while many are knowledgeable about these risks and motivated to improve safety at their events, their ability to do so is often constrained by structural barriers. Legal and regulatory risks, including liability and sanctions from licensing bodies, can discourage venues from adopting harm-reduction measures and responding openly to drug-related harms. In some cases, this has led to situations where overdoses and other drug-

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related medical emergencies were managed through removal from venues rather than notifying emergency medical services. The recent passing of the Protecting Ontario's Streets and Communities Act, which reaffirms the province's commit-

ment to holding landlords financially and criminally liable for illicit drug activity on their premises, further constrains harm reduction. Faced with the threat of fines and legal consequences, event organizers, venue owners and operational managers may feel increased pressure to adopt strict zero-tolerance policies for illicit drug use. Such policies may inadvertently undermine evidence-based harm reduction by driving drug use further underground, increasing unsafe practices, and discouraging attendees from seeking help when needed. In Vancouver, recent enforcement blitzes have taken place ahead of the FIFA World Cup, with a number of nightlife venues issued municipal tickets for bylaw violations. Many of the venues targeted were operating under temporary or special events permits, with venue owners and event organizers expressing concern that such crackdowns risk pushing non-mainstream nightlife back into the shadows, where it will be less regulated and comparatively less safe. Some have argued that safer nightlife is constrained not only by these enhanced enforcement practices but also by regulatory barriers that limit independent operators' ability to obtain licensing and operate their events within legitimate frameworks.

Insurance frameworks also play a significant role in shaping what is possible. For example, at Evolve Festival in Nova Scotia, organizers were forced to cancel their on-site drugchecking services at the last minute after

their insurance provider threatened to revoke their coverage.

Repeatedly, industry professionals point to a gap between the realities of managing nightlife on the ground and the far-removed insurance and licensing staff who govern it from a distance. While these external actors rarely engage with day-to-day operations, they retain significant power to shape decisions on the ground. Financial pressures further compound these challenges, with the high costs of running events in Toronto and Vancouver often forcing harm-reduction measures to be deprioritized in order to remain profitable.

If Canada is serious about positioning itself as a world-class destination both during and after the World Cup, it cannot treat nightlife as an afterthought. In addition to the stress on venue owners, event organizers and operational managers, emergency physicians have already cautioned that the tournament might place further strain on emergency departments, which are already operating near capacity. This underscores the importance of addressing safety concerns within nightlife settings so that increased tourist activity does not translate into additional pressure on hospital systems.

Toronto and Vancouver must address these structural barriers if they want to ensure safe and sustainable nightlife at the scale demanded by this moment, and build the conditions for cultural economies that can grow and thrive in the years ahead.