

A National Survey of Health Care Providers, Managers and the Public

2016 Results: Emerging Role – Non-professional

Care Givers

Disclaimer

The information herein being shared is for educational purposes and is not intended for publication without the prior consent of the Health Care in Canada Knowledge Translation Committee.

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Background

Membership

- Initially formed 1997
- National, multi-institutional stakeholder representation

Rationale

- Measure real-world, relevant trends experience / opinion / values
- Sample simultaneously public / clinicians / administrators
- Inform / influence / improve: practices and policies

Legacy

- Uniquely connected, committed network
- Unique tracking capability (12 surveys 1997 present)
- Increasing relevance / credible / evidence-based influence



2016 Members

- Canadian Cancer Society (CCS)
- Canadian Foundation for Healthcare Improvement (CFHI)
- Canadian Home Care Association (CHCA)
- Canadian Hospice Palliative Care Association (CHPCA)
- Canadian Medical Association (CMA)
- Canadian Nurses Association (CNA)
- Canadian Pharmacists Association (CPhA)
- Constance Lethbridge Rehabilitation Centre (McGill University)
- Health Charities Coalition of Canada (HCCC)
- HealthCareCAN
- Institute of Health Economics (IHE)
- Merck Canada
- Studer Group Canada
- POLLARA
- **Care***Net* / Strive Health

HCIC Methods

Results derived from online survey questionnaires (POLLARA)

- conducted May to June 2016
- with nationally representative samples of:
 - Canadian adult public, MDs, nurses, pharmacists, administrators, allied health professionals.
 - For the purpose of this survey, allied health professionals included nutritionists/dieticians, occupational therapists, physical therapists, psychologists and social workers.

| Groups | Sample Size | <u>Estimated</u> Margin of Error |
|-----------------------------|-------------|-------------------------------------|
| Public | 1500 | <u>+</u> 2.5% |
| Doctors | 102 | <u>+</u> 9.7% |
| Nurses | 102 | <u>+</u> 9.7% |
| Pharmacists | 100 | <u>+</u> 9.8% |
| Administrators | 100 | <u>+</u> 9.8% |
| Allied Health Professionals | 100 | n/a |

Emerging Role – Non-professional Care Givers Challenges / Opportunities



Incidence of informal care giving is also on the decline

- As perceptions of health are increasing, the number of Canadians who consider themselves to be informal health care providers to other family members is decreasing, down to 16% from 23% in 2007. These caregivers are often juggling the care of multiple family member and they have to dip into savings to do so. While they are most likely to rely on their ward's doctor for care, less than half say the support and information they need is often available, and only one-fifth say it is always available.
- While availability of treatments has increased slightly since 2013, only one-quarter say it is always there, with wait times (for treatments or referrals) being the most common obstacle.

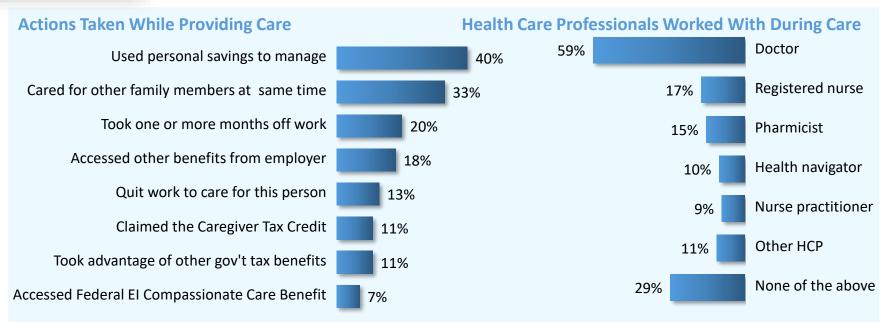


Non-professional Care Burden of Family/Friends Public Realities









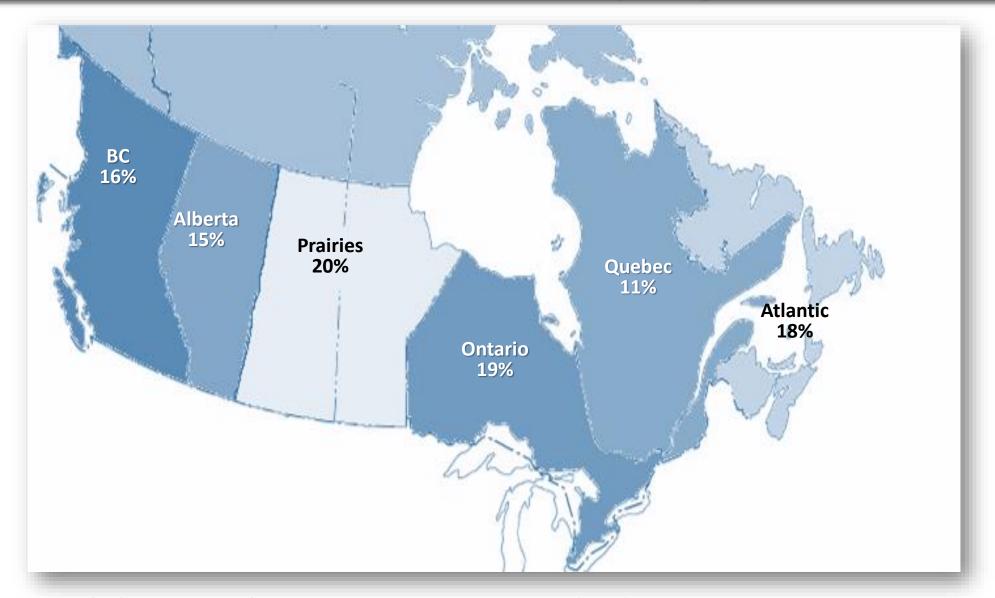
QL5: Have you personally had to care for a family member or close friend with a serious health problem in the past 12 months? (n=1,500)

QL6: When caring for this person did you... (Provided care n=249)
QL8: Did you work with a doctor or other health care professional(s) to help you manage the condition of the person under your care? (Provided care n=249)
QL9: Do you receive the support that you need from health professionals to help you manage the condition of the person under your care? (Provided care n=249)
QL10: Do you have access to the information you need to manage the condition of the person under your care? (Provided care n=249)



Non-professional Care Burden of Family/Friends Public Realities — *By Region*





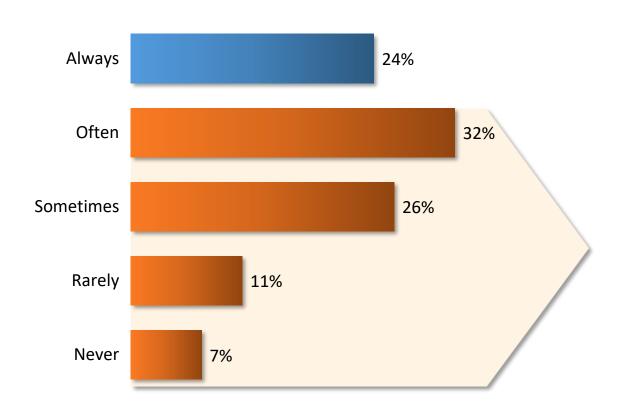


Responses under 5% not shown.

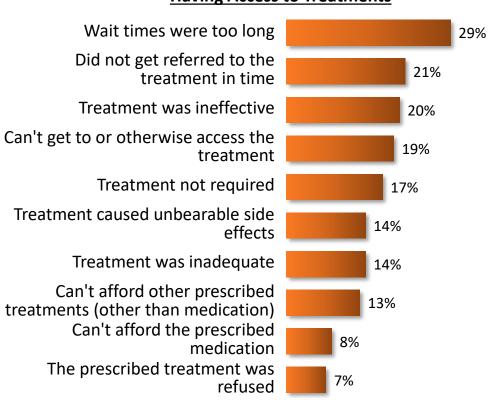
Non-professional Care Obstacles: Knowledge / Access Public Perceptions



Having Access to Treatments (Care givers)



Reasons For Not Always Having Access to Treatments



QL11: Do you have access to the treatments you need to manage the condition of the person under your care? (Provided care n=249)
QL12: What are some of the reasons why you don't always have access to the treatments you need to manage the condition of the person under your care? (Provided care and didn't always have access to treatment n=182)