Canadians’ Views of Palliative Care
National Online Survey

ERIN ROULSTON
Vice President, Ipsos Canada Public Affairs
September 1, 2016

© 2016 Ipsos. All rights reserved. Contains Ipsos’ Confidential and Proprietary information and may not be disclosed or reproduced without the prior written consent of Ipsos.
## Contents

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>03</td>
<td>Background and Methodology</td>
</tr>
<tr>
<td>06</td>
<td>Summary and Observations</td>
</tr>
<tr>
<td>13</td>
<td>DETAILED FINDINGS Canadian Issues Agenda</td>
</tr>
<tr>
<td>16</td>
<td>Awareness and Sources of Information</td>
</tr>
<tr>
<td>20</td>
<td>Experiences with Palliative Care</td>
</tr>
<tr>
<td>33</td>
<td>Essential Elements of a Palliative Care Program</td>
</tr>
<tr>
<td>41</td>
<td>Essential Elements of a Palliative Home Care Program</td>
</tr>
<tr>
<td>46</td>
<td>Information Requirements and Mandatory Qualifications</td>
</tr>
<tr>
<td>52</td>
<td>Incidence and Confidence in Palliative Caregiving</td>
</tr>
<tr>
<td>56</td>
<td>Training Activities and Measurements</td>
</tr>
<tr>
<td>61</td>
<td>Strategic Framework</td>
</tr>
<tr>
<td>66</td>
<td>Public Awareness Campaigns</td>
</tr>
</tbody>
</table>

Demographics differences can be found on pp 70-76
Context

Background: Palliative Care Matters

- *Palliative Care Matters* is a national initiative designed to talk with Canadians about their views and lived experiences, review the most current evidence, and develop consensus on the steps that need to be taken now to ensure Canadians in all parts of the country can access high-quality palliative care services as part of Canada’s universal healthcare model.

- Covenant Health has joined with many of Canada’s leading national health organizations and experts in palliative care and health policy to lead this initiative.

- Six questions were identified to form the basis of the conference. The questions were determined by experts in the field and include the most important areas needing to be addressed.

- *Palliative Care Matters* features Canada’s first consensus development conference on palliative care.

- *Palliative Care Matters* acknowledges the Canadian Partnership Against Cancer for their considerable contributions to funding this research.

Palliative Care Matters Involves 3 Phases

1. Qualitative exploratory public opinion research, followed by a poll of 1500 Canadians will be conducted to find out what Canadians think, the services and supports they value most, and their views on access and approaches.

2. A Consensus Development Conference will follow on November 7-9, 2016 in Ottawa. At the conference, a lay panel will study what Canadians said and hear from experts on the key issues that need to be addressed in order to improve palliative care. Following their deliberations the lay panel will issue a consensus statement detailing their findings and proposing next steps.

3. The consensus statement will be at the heart of a roadmap for Canada released by The Conference Board of Canada early in 2017. The strategy will outline policy options and implementation plans to guide governments, health care delivery organizations, professionals and other stakeholders.
The Canadian Reference Working Group has identified the following 6 questions which will be presented by the Expert Panel and posed to the Lay Panel during the conference:

1. What are the essential elements of an integrated and coordinated palliative care program that will help improve access to quality palliative care in Canada?
2. Do public health awareness campaigns effectively improve the awareness and quality of palliative care?
3. What are the essential components of quality palliative home care services for all Canadians?
4. What resources are required to ensure adequate education, training and mentorship for all healthcare providers and caregivers of Canadians experiencing a life-limiting illness and their families?
5. What have strategic frameworks and plans accomplished for palliative care when adopted by countries?
6. Does measurement of indicators that address desired outcomes, including patient/family reported outcomes and experience, improve the quality of and access to palliative care?

The reader should note that these questions were first discussed with Canadians in Edmonton, Toronto and Montreal via exploratory focus group workshops to identify views on these topics. The groups were held between June 28th and July 4th, 2016 and the feedback informed the design of the survey questions and response categories. The focus group report exists under separate cover.
Quantitative Survey Methodology

**SURVEY METHOD**
- Survey questionnaire was developed in close consultation with the Palliative Care Matters project team
- Online survey methodology using Ipsos’ iSay panel of 220,000 Canadians
- A formal pre-test was conducted prior to launch

**SAMPLING**
- Stratified sample among 1,540 Canadians aged 18 years of age and older and was weighted by Statistics Canada census data by age, gender and region

**DATES & DURATION**
- Online surveys were conducted between August 2 and 11, 2016
- The average survey duration was 16 minutes

**MARGIN OF ERROR**
- While margins of error are not reported for online surveys, had this survey been conducted with a probability sample, the following margins of error would apply (19 times out of 20):
  - Canada = +/-2.5%
  - BC = +/-5.6%
  - AB = +/-6.9%
  - SK/MB = +/-9.4%
  - ON = +/-4.8%
  - QC = +/-4.9%
  - ATL = +/-10%

© 2016 Ipsos
SUMMARY AND OBSERVATIONS
Summary

Q.1 What are the essential elements of an integrated and coordinated palliative care program that will help to improve access to quality palliative care in Canada?

Expectations for program elements are very high and need to be carefully managed.

After being presented with a series of 27 potential elements for a palliative care program in Canada, the majority of Canadians agree that all 27 elements should be included, denoting high expectations should a palliative care program be developed. The most essential elements involve pain management (92%) and personal hygiene (92%). In addition, nursing care specialized in palliative care (91%), medications (91%) and meals (91%) are also deemed highly important, followed by having a physician specialized in palliative care (90%) and having someone in the system to coordinate palliative care services (88%), among others. Elements which rank lower, more as ‘nice-to-have’ versus ‘need-to-have’, involve pet therapy (64%), faith leaders (65%), translation services (66%), music therapy (67%), and access to WiFi (67%). The full detailed rankings can be found on pp 33 to 40 of this report, and the reader is reminded to also take note of agreement levels (i.e. differences in ‘strongly agreeing’ vs. ‘somewhat agreeing’).

As expectations are so high, any potential development of elements of a program will need to be carefully managed. Canadians have a healthy appetite for additional and higher quality health care services, with Canadians ranking health care as the 2nd most important issue facing Canada. It will be challenging to include all desired elements of a palliative care program in Canada within the current economic conditions in the country (Canadians identify economic issues at the top of the Canadian issues agenda).

Context: Satisfaction with palliative care appears to be quite positive.

Of the 51% of Canadians who have had someone important to them receive palliative care within the past 10 years, 89% are satisfied. However, when looking at satisfaction among those currently providing care, lower scores emerge (78%) which may indicate a decline in satisfaction recently and/or be impacted by current caregivers’ state of mind in a difficult time.
Summary

Q.2  Do public awareness campaigns effectively improve the awareness and quality of palliative care?

Awareness of palliative care is not widespread in Canada, but support for a ‘reasonably-priced’ public health campaign is.

Awareness of palliative care is found among 58% of Canadians, including just 16% who say they are ‘very aware’ of what this entails. Therefore, there are many more Canadians to educate about palliative care. They are primarily getting their information about palliative care via word-of-mouth (family, friends, news), and the government and medical community do not ‘own’ the content of the messages, which may or may not be correct.

In order to ensure that Canadians know that quality palliative health care is available, 85% of Canadians agree that a public awareness campaign should be conducted to inform Canadians about palliative health care services and standards, including 46% who ‘strongly agree’ and 39% who ‘somewhat agree’.

In another measure, 42% feel that a public health campaign regarding palliative care standards should ‘definitely’ be undertaken, and an additional 41% believe that such a campaign should be undertaken ‘only if it entails reasonable costs’. How ‘reasonable’ is defined by Canadians is unknown, but it appears that strong support for a modest campaign exists.

In order to properly answer the question, a campaign would have to be implemented and at the end of the ‘media buy’, awareness and satisfaction could be measured again (as well as measuring exposure to the campaign) and compared against the benchmarks captured in this study. When researchers see statistically significant increases in awareness and satisfaction and analyze correlations to campaign exposure, the question can be more appropriately answered.

In the meantime, the benchmark data suggests that there is not only an opportunity, but also support, for a public health campaign to make a difference in both awareness and the quality of palliative care, especially if done in tandem with other activities to ensure adequate education and training of palliative care providers and caregivers.
Summary

Q.3 What are the essential components of quality palliative home care services for all Canadians?

Expectations for a palliative home care program are also very high and need to be carefully managed.

In addition to being presented with a list of 27 elements which could potentially be included in a national palliative health care program in a health care facility, survey respondents were presented with a list of 15 additional elements which could apply to palliative home care program.

A strong majority of Canadians agree that all 15 elements of a potential palliative home care program should be included. The strongest agreement is found for having 24/7 access to a nurse (91%), daily assistance with caregiving (91%), access to equipment as needed (91%), panic alerts/buttons for patients when left alone (91%), education and information for caregivers (91%), someone in the system to coordinate care (91%), and a single access point (i.e. one number to call) for help (90%). The lowest agreement expressed (albeit still strong at 80%) is found for renovation funding (i.e. bathroom bars, ramps, vehicles). The detailed rankings can be found on pp 41 to 45 of this report.

Further, a robust majority of Canadians agree that patients should have the right to receive care in their home at the end of life (90%) and that the public health system should cover any associated costs (86%). In addition, Canadians agree that palliative home care should be provided in rural locations (86%), that it should be provided in a person’s home as much as possible (86%), and that it should be provided as frequently in rural locations as in urban centres (85%).

Canadians see value in a palliative home care program, but is the integration of all of the desired elements logistically and financially feasible?
Summary

Q.4 What resources are required to ensure adequate education, training and mentorship for all healthcare providers and caregivers of Canadians experiencing a life-limiting illness and their families?

Confidence in palliative caregiving is moderate and Canadians prefer to be trained by those within the health system.

Almost one-quarter (24%) of Canadians have been (20%) or are currently (4%) caregiving for someone important to them who was or is dealing with a life-threatening illness, and among this subgroup, 77% are confident in providing the necessary care. If Canadians were caring for a close friend or family member who was dealing with a life-threatening illness, priority information needs involve who to call in an emergency (73%), how to use machines (72%), what to do when a patient dies at home (72%), how to give medication (71%), and information about dedicated care providers (70%). Canadians would also seek information about options for financial support (68%), the patient’s diet (67%) and what supplies are needed (64%), among other topics.

Canadians feel that hospitals or health care facilities in which the palliative care is being provided (46%) should be responsible for providing information and training for caregivers. Just more than three-in-ten Canadians place such responsibility on family doctors (32%) and nurses (31%), followed by provincial (29%) and federal (21%) governments.

Canadians desire ‘specialized certifications’ for palliative health care providers, along with psychological screening.

With respect to palliative health care providers’ training and background, a sizeable majority of Canadians feel that they should have direct experience in palliative care (89%). As well, 86% agree that palliative health care providers should receive certification for additional training specialized in palliative care. Canadians also agree (85%) that psychological screening for compassion and empathy should be part of palliative health care providers’ background, and 82% feel that mandatory annual training for palliative health care providers should be implemented.
Summary

Q.5 What have strategic frameworks and plans accomplished for palliative care when adopted by countries?

While this survey cannot fully respond to the Conference’s bigger question above, the public opinion research aimed to provide some insight into potential strategic frameworks for discussion.

Support for national palliative care standards and integration into the Canada Health Act is strong, but financial concerns exist.

A sizeable majority (86%) of Canadians expect the federal government to develop and implement national standards for palliative care in Canada, and 85% support integrating national standards for palliative health care services into the Canada Health Act.

Nonetheless, 70% of Canadians are concerned about the additional costs associated with implementing palliative care standards in Canada. In an era of ‘economic issues’ dominating the Canadian issues agenda, financial concerns are prevalent. A cost-benefit analysis would have to be undertaken to better understand the financial realities involved.

Financial concerns were also spontaneously brought up in the initial exploratory focus group workshops, with some participants noting that there are trade-offs for Canadians to consider should additional taxpayer dollars be involved with the development and implementation of national standards for palliative care in Canada. To this end, 89% of Canadians would want a document outlining the federal government’s plan for implementing a palliative care program to be readily available for all Canadians prior to proceeding.
Summary

Q.6 Does measurement of indicators that address desired outcomes, including patient/family reported outcomes and experience, improve the quality of and access to palliative care?

Measurement of indicators that address desired outcomes can identify opportunities for improvement; only in addressing the opportunities for improvement can the quality of palliative care be improved.

The majority of Canadians agree that surveys should be conducted among family members (84%), caregivers (82%) and patients (79%) regarding the care received, and 72% of Canadians agree that annual surveys should be conducted to measure and track Canadians’ awareness levels of palliative care. Survey measurements can be combined into one tool for efficiencies.

Survey results can point to opportunities for improvement. For example, this survey identified that certain palliative care staff could potentially benefit from additional training, that the system could use additional funds for more resources, that some facilities could provide better accommodations, and that communication between patients, families and palliative health care providers could also be improved (reasons for dissatisfaction). As these items contribute to satisfaction with the quality of palliative care, addressing these concerns from those who had poor experiences is an opportunity to improve palliative care for everyone needing such services.

Tracking measurement of indicators over time will provide an assessment of improvements in the quality of palliative care.
DETAILED FINDINGS
Canadian Issues Agenda
Q1. Thinking of the issues presently facing Canada, which issues do you feel should receive the greatest attention from Canada’s leaders?

Base: All respondents (n=1,540)

© 2016 Ipsos

While economic issues currently lead the Canadian issues agenda, healthcare is a top-of-mind concern for Canadians, especially among those:

- Aged 55+ (36%);
- In Atlantic Canada (38%);
- Who live in small rural centres with regional hospitals (35%); and,
- Who have a chronic condition (34%).

Economic issues are more prevalent among:

- Albertans (68%);
- Those with a graduate degree (59%);
- Males (55%); and,
- Those with annual household incomes of $100+ (53%).
Awareness and Sources of Information
Awareness of Palliative Care

A small majority of Canadians is aware of palliative care, with just 16% saying they are ‘very aware’ of what palliative care entails. A similar proportion (55%) is aware of end of life care, and less than half of Canadians are aware of residential hospice care (49%) or advance care planning (36%).

Awareness of palliative care is higher among Canadians:
- Aged 55+ (70%);
- With a post-graduate degree (66%);
- With annual household incomes of $100K+ (65%); and,
- With a chronic disease themselves (65%) or have a family member with a chronic disease (64%).

Awareness of palliative care is notably lower in Quebec (51%).

Source of Palliative Care Information

Canadians have become aware of palliative care mainly through family members (37%), via the media and news stories (32%), and friends (27%). Word-of-mouth prevails as the key source of information and therefore, the government and the medical community, does not ‘own’ the information sharing, which could or could not be accurate.

An additional 21% have become aware of palliative care from personally observing the care taking place. A small minority of Canadians aware of palliative care have learned about it through health care professionals, such as nurses (18%) or doctors (17%), and 17% say they became aware of palliative care from the patient who was receiving palliative care.

Sources of information which are less common include: printed materials (12%); participating in the caregiving (11%); social media (11%); co-workers (8%); provincial government (7%); federal government (4%); and, faith leaders (3%).
Awareness of Palliative Care

Q2. How aware are you personally of each of the following items?
Base: All respondents (n=1,540)  *Rounding
© 2016 Ipsos
Sources of Information

- Family members: 37%
- Media/news stories: 32%
- Friends: 27%
- Observing the care taking place: 21%
- Nurses: 18%
- Doctors: 17%
- The patient receiving palliative care: 17%
- Pamphlets or other printed materials: 12%
- Participating in the caregiving: 11%
- Social media: 11%
- Co-workers: 8%
- Provincial government sources: 7%
- Federal government sources: 4%
- Faith leaders (chaplains): 3%
- Other sources: 7%

Q3. From which of the following sources of information did you learn about palliative care? Please click on all that apply.
Base: All respondents (n=1,332), Response >3% shown
© 2016 Ipsos
Experiences with Palliative Care
## Experiences with Palliative Care

<table>
<thead>
<tr>
<th>Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half (51%) of Canadians have had someone important to them receive palliative care in Canada within the past 10 years, most commonly in a hospital (36%), as well as in long-term care facilities (19%), at home (16%), or in a hospice (15%). Among those who know someone who received palliative care in Canada within the past 10 years, fully 89% are satisfied with the care that the person important to them received. Within the next year, 7% of Canadians expect to be responsible for the care of a family member or close friend who is living with a life-threatening disease. An additional 24% are unsure if they will be responsible for caring for someone important to them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Satisfaction / Dissatisfaction with Palliative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, 89% are satisfied with the palliative care that persons important to them received, and those currently caring for someone in palliative care express lower satisfaction scores (78%). Care in a hospice receives higher satisfaction scores (93%), followed by palliative care received at home (86%), in a hospital setting (85%), and in a long-term facility (82%). Satisfaction with palliative care stems from the quality of care provided (23%), making the patient feel comfortable (18%), and because of the compassion (14%) and helpfulness (9%) of the palliative care staff. Dissatisfaction is due to reported poor palliative health care services provided (14%), the facility being understaffed (4%), unhelpful staff (3%), long wait times for services (3%), a lack of funds for adequate resources (3%), and poor accommodations (3%).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Advance Care Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Just less than half (43%) of Canadians have had conversations about the type of care that they would like to receive at the end of life. Conversations have primarily occurred with family members (35%) and 15% have had conversations about preferred end of life care with friends. Just 6% have had such conversations with a lawyer or a doctor, 3% with nurses or with financial advisors, and 1% have had conversations about end of life care with a faith leader or with a psychologist or psychiatrist. One-in-ten (11%) Canadians report having a written advance care plan for themselves.</td>
</tr>
</tbody>
</table>
Palliative care provides comfort and support to patients and families during a life-limiting illness, during the last stages of life, and when dealing with grief and loss. The relief of pain and other symptoms is an important part of palliative care. It also prevents and relieves psychological and spiritual suffering. Palliative care is more than end-of-life care. It improves the quality of life for people of any age and at any stage of a serious illness.
Experience & Satisfaction with Palliative Care

Q4. Within the past 10 years, have you had someone important to you receive palliative care in Canada: Base: All respondents, n=1,540

- In a hospital: 36%
- In a long-term care facility: 19%
- At home: 16%
- In a hospice: 15%

Q5. Overall, how satisfied or dissatisfied were you with the palliative care that the person important to you received? Base: Respondents satisfaction who had someone receive palliative care (n=784)

- Very satisfied: 37%
- Somewhat satisfied: 52%
- Somewhat dissatisfied: 8%
- Very dissatisfied: 3%
### Reasons for Satisfaction with Palliative Care

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good care/ service</td>
<td>23%</td>
</tr>
<tr>
<td>Made the patient feel comfortable/ less pain</td>
<td>18%</td>
</tr>
<tr>
<td>Kind/ caring/ compassionate staff</td>
<td>14%</td>
</tr>
<tr>
<td>Good/ helpful staff</td>
<td>9%</td>
</tr>
<tr>
<td>Good/ great/ satisfied</td>
<td>5%</td>
</tr>
<tr>
<td>Competent/ professional staff</td>
<td>3%</td>
</tr>
<tr>
<td>Informative</td>
<td>3%</td>
</tr>
<tr>
<td>Nice facility</td>
<td>2%</td>
</tr>
<tr>
<td>Home services were provided</td>
<td>2%</td>
</tr>
<tr>
<td>Family/loved ones were allowed to stay</td>
<td>1%</td>
</tr>
</tbody>
</table>

Q6. And why do you say that you are satisfied with the palliative care that the person important to you received?  
Base: Those who had someone important to them receive palliative care (n=784); Multiple responses

© 2016 Ipsos
My Dad is currently in the hospital. As the members of our family know, he’s not coming out. The care he’s getting keeps him as comfortable as possible. Our family really appreciates the support and understanding he’s getting and we’re getting updates and being kept in the loop.

She died happy, felt safe, and was well cared for to the end.

Pain management was the most important thing and it was taken care of.

The staff was extremely understanding and caring and helpful, comforting.

From the mouth of my late relative, “If I had of known I would be treated this nice, I would have started dying sooner” They made him feel like he was someone they enjoyed being around.

The nurses were so kind and caring as if it was their own family member. “No” was never in their vocabulary.

Very responsive to the needs of the person, allowed controlled 24-hour access to the person. Provided a comfortable and homelike environment.

The at home support was great. Equipment quickly provided, nurse home visits timely and informative.

My Dad is currently in the hospital. As the members of our family know, he’s not coming out. The care he’s getting keeps him as comfortable as possible. Our family really appreciates the support and understanding he’s getting and we’re getting updates and being kept in the loop.

She died happy, felt safe, and was well cared for to the end.
Q6. And why do you say that you are dissatisfied with the palliative care that the person important to you received?

Base: Those who had someone important to them receive palliative care (n=784), just showing the ‘dissatisfied’ responses within all ‘satisfied/dissatisfied’ responses; Multiple responses/responses of 1% or less not shown

© 2016 Ipsos
Dissatisfaction: Verbatim Commentary

Not coordinated with other necessary services. Small rural community. Not much assistance. Mostly done with family and friends with the insistence of the patient. No continuity with other caregivers which was unsettling to the patient.

The staff not well trained or are too busy handling too many patients at the same time.

I think the care was the best they could offer at the time. However, I felt resources were spread thin and someone wasn’t always available to my family member when they were needed.

The people who provide the care are inconsistent, too many poorly trained individuals providing the care, mistakes are quickly covered up, care is extremely expensive.

Insufficient resources available to ensure proper care.

The staff was not available to provide care when requested. Answers we received from staff were incorrect as if we were in their way.

There was some difficulty/challenges with communication to family members, and issues with consistency of the team providing palliative care.

The doctors kept the patient so drugged up that they had no quality of life. When my sister-in-law went into the hospice she was coherent and able to get around. Within 24 hours she was strapped into a diaper and so doped up she was unable to talk to her family. It was easier for the staff to care for her that way. Her meals were left by her bedside but because she was always unconscious she very seldom ate. If family members were in to visit, we would feed her, but the staff did nothing for her at all. It was a cruel way to spend the last few weeks of her life.

Q6. And why do you say that you are dissatisfied with the palliative care that the person important to you received?
Base: Those who had someone important to them receive palliative care (n=xxx)

© 2016 Ipsos
Satisfaction by Location of Palliative Care

Q7: More specifically, how satisfied or dissatisfied were you with the palliative care that the person important to you received...

Base: Those who had someone important to them receive palliative care (n=784).

© 2016 Ipsos

*Rounding
Within the next year, do you expect to be responsible for the care of a family member or close friend who is living with a life-threatening illness?

Q8. Within the next year, do you expect to be responsible for the care of a family member or close friend who is living with a life-threatening illness?

Base: All respondents (n=1,540)

© 2016 Ipsos

Impending Responsibility for Caregiving

Those who are most likely to expect to be a caregiver within the next year include:

- Those aware of Compassionate Care Benefits (19%);
- Residents of small urban centres without a hospital (17%);
- Those who have a family member with a chronic disease (10%); and,
- Ontarians (10%).
Advance care planning is a process of thinking about and sharing your wishes for future health and personal care. It can help you tell others what would be important if you were ill and unable to communicate. Written advance care plans can take the form of personal directives, legal documents or documents drafted by your health care provider.
Q9. Have you had conversations with any of the following individuals about the type of care that you would like to receive at the end of life (not just about ‘do not resuscitate’ wishes, but about the type of palliative care services you desire)? Please click on all that apply.

Base: All respondents (n=1,540)
Q10. Do you currently have a written advance care plan for yourself?
Base: All respondents (n=1,540)

© 2016 Ipsos

**Incidence of Having a Written Advance Care Plan**

- **Yes**: 89%
- **No**: 11%

Those more likely to have a written advance care plan include:

- Canadians who will be responsible for caregiving in the near future (29%);
- Those who have been a palliative caregiver (23%);
- Older Canadians aged 55+ (19%);
- Those with a post-graduate degree (18%);
- Those with annual household incomes of $100K+ (16%);
- Canadians who know someone important to them who has received palliative care (15%); and,
- Those aware of palliative care (15%).
Essential Elements of a Palliative Care Program
Essential Elements of a Palliative Care Program

### Essential Elements

Survey respondents were presented with a list of 27 elements which could potentially be included in a national palliative health care program in a health care facility. These elements were randomized to avoid any response bias.

The most essential elements involve pain management (92%) and personal hygiene (92%). In addition, nursing care specialized in palliative care (91%), medications (91%) and meals (91%) are also deemed highly important, followed by having a physician specialized in palliative care (90%) and having someone in the system to coordinate palliative care services (88%).

The majority of Canadians agree that all 27 elements should be included as minimum standards in a potential palliative care program, expressing a healthy desire for a comprehensive set of essential elements for such a program. Quite consistently, the subgroups of the population who tend to express higher agreement with inclusion of all or most of the elements are aged 55 and older, those who know someone who has received palliative care, Canadians who have been a caregiver, those who identify ‘health care’ as an important issue for the Canadian agenda, and those who personally or who has a family member with a chronic disease.

### Attitudes

When assessing the essential elements of a palliative care program, 82% of Canadians agree that the palliative care facility should provide beds for close family and friends to stay overnight. An even stronger majority of Canadians (91%) agrees that close family and friends should be able to visit palliative care patients at any time.

Further, fully 89% of Canadians agree that the public health system should cover the costs of palliative care, 85% agree that the environment and furniture should provide a home-like setting, and 76% agree that patients should have the ability to practice cultural traditions in palliative care settings.
Essential Elements of a Palliative Care Program

*Item included wording “specialized in palliative care”
Most Essential Elements: Palliative Care Program

Q11. To what extent do you agree or disagree that each of the following services should be included as essential elements (i.e., minimum standards) of a palliative health care program in a health care facility in Canada?

Base: All respondents (n=1,540)

© 2016 Ipsos
### Other Essential Elements: Palliative Care Program

In ranked order (2/4 charts)

<table>
<thead>
<tr>
<th>Service</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal support workers specialized in palliative care</td>
<td>86%</td>
</tr>
<tr>
<td>Dedicated palliative care unit in health care facility</td>
<td>86%</td>
</tr>
<tr>
<td>Psychological counselling (for patients and family)</td>
<td>85%</td>
</tr>
<tr>
<td>Nutrition management</td>
<td>83%</td>
</tr>
<tr>
<td>Minimum nurse : patient ratios</td>
<td>82%</td>
</tr>
<tr>
<td>Social workers to explain services</td>
<td>82%</td>
</tr>
<tr>
<td>Beds for families to stay overnight</td>
<td>82%</td>
</tr>
</tbody>
</table>

Q11. To what extent do you agree or disagree that each of the following services should be included as essential elements (i.e. minimum standards) of a palliative health care program in a health care facility in Canada? Base: All respondents (n=1,540)

© 2016 Ipsos
Other Essential Elements: Palliative Care Program

In ranked order (3/4 charts)

<table>
<thead>
<tr>
<th>Service</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services on request (i.e. adjusting pillows)</td>
<td>80%</td>
</tr>
<tr>
<td>Volunteers specialized in palliative care</td>
<td>80%</td>
</tr>
<tr>
<td>Frequent monitoring of patients (i.e. every 20 mins)</td>
<td>79%</td>
</tr>
<tr>
<td>Access to television</td>
<td>79%</td>
</tr>
<tr>
<td>Pharmacist specialized in palliative care</td>
<td>78%*</td>
</tr>
<tr>
<td>Dietitian specialized in palliative care</td>
<td>77%</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>76%*</td>
</tr>
<tr>
<td>Communications devices for remote check-ins</td>
<td>76%</td>
</tr>
</tbody>
</table>

Q11. To what extent do you agree or disagree that each of the following services should be included as essential elements (i.e. minimum standards) of a palliative health care program in a health care facility in Canada? Base: All respondents (n=1,540)

© 2016 Ipsos
Q11. To what extent do you agree or disagree that each of the following services should be included as essential elements (i.e. minimum standards) of a palliative health care program in a health care facility in Canada? Base: All respondents (n=1,540)

© 2016 Ipsos
Q12. If standards for palliative care services in health care facilities are developed, to what extent do you agree or disagree with each of the following statements?

Base: All respondents (n=1,540)

© 2016 Ipsos
Essential Elements of a Palliative Home Care Program
Essential Elements: Palliative Home Care Program

In addition to being presented with a list of 27 elements which could potentially be included in a national palliative health care program in a health care facility, survey respondents were presented with a list of 15 additional elements which could apply to palliative home care program.

A strong majority of Canadians agree that all 15 elements of a potential palliative home care program should be included. The strongest agreement is found for having 24/7 access to a nurse (91%), daily assistance with caregiving (91%), access to equipment as needed (91%), panic alerts/buttons for patients when left alone (91%), education and information for caregivers (91%), someone in the system to coordinate care (91%), and a single access point (i.e. one number to call) for help (90%). The lowest agreement expressed (albeit still strong at 80%) is found for renovation funding (i.e. bathroom bars, ramps, vehicles).

Consistently, the subgroups of the population who tend to express higher agreement with inclusion of all or most of the elements are aged 55 and older, those who know someone who has received palliative care, Canadians who have been a caregiver, those who identify ‘health care’ as an important issue for the Canadian agenda, and those who personally or who has a family member with a chronic disease.

Looking specifically at standards for palliative home care services, a strong majority (90%) of Canadians feel that patients should have the right to receive care in their home at the end of life.

As well, 86% agree that the public health system should cover the costs of palliative home care, 86% agree that access to all types of palliative home care services should be available in rural locations, and 86% agree that palliative care should be provided in a person’s home as much a possible. A similar proportion of Canadians (85%) agree that palliative care services should be provided as frequently in rural locations as in urban centres.

Canadians who are in smaller urban centres with a regional hospital or who live in rural regions at least an hour from a hospital are more likely to agree that access to all types of palliative home care services should be available in rural locations. Similarly, these two subgroups are also more likely to agree with the statement ‘palliative home care services should be provided as frequently in rural locations as in urban centres. Agreement with these attitudinal statements is also higher among those who know someone important to them who have received palliative care, and those who know someone important to them who received palliative care at home.
## Most Essential Elements of Palliative Home Care

In ranked order (1/2 charts)

<table>
<thead>
<tr>
<th>Service</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>24/7 access to a nurse specialized in palliative care (i.e. on-call, telephone access)</td>
<td>91%</td>
</tr>
<tr>
<td>Daily assistance with caregiving (i.e. bathing, lifting patients, administering medications, changing IVs)</td>
<td>91%*</td>
</tr>
<tr>
<td>Access to equipment as needed (i.e. pain pump, commode, hospital bed)</td>
<td>91%</td>
</tr>
<tr>
<td>Panic alerts/buttons for patients when left alone</td>
<td>91%</td>
</tr>
<tr>
<td>Education and information for caregivers</td>
<td>91%</td>
</tr>
<tr>
<td>Someone in the system to coordinate care, like a nurse, family doctor or social worker</td>
<td>91%</td>
</tr>
<tr>
<td>Single access point (i.e. one number to call) for help (i.e. emergencies, questions)</td>
<td>90%</td>
</tr>
</tbody>
</table>

Q13. To what extent do you agree or disagree that each of the following services should be included as essential elements (i.e. minimum standards) of a palliative home care program?  
Base: All respondents (n=1,540)  
© 2016 Ipsos
### Other Essential Elements of Palliative Home Care

In ranked order (2/2 charts)

<table>
<thead>
<tr>
<th>Service</th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-call access to a doctor specialized in palliative care</td>
<td>57%</td>
<td>32%</td>
<td>9%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Respite services for caregivers as needed</td>
<td>51%</td>
<td>36%</td>
<td>9%</td>
<td>3%</td>
<td>7%</td>
</tr>
<tr>
<td>Social workers or other care providers checking in once a week</td>
<td>47%</td>
<td>39%</td>
<td>10%</td>
<td>5%</td>
<td>8%</td>
</tr>
<tr>
<td>In home chart accessible to all (including patient and family/caregivers)</td>
<td>45%</td>
<td>40%</td>
<td>14%</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>Financial support for caregivers who take time off of work</td>
<td>49%</td>
<td>34%</td>
<td>19%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Renovation funding (i.e. bathroom bars, ramps, vehicles)</td>
<td>40%</td>
<td>40%</td>
<td>16%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Q11. To what extent do you agree or disagree that each of the following services should be included as essential elements (i.e. minimum standards) of a palliative health care program in a health care facility in Canada?**

**Base: All respondents (n=1,540)**

© 2016 Ipsos
Attitudes Towards Palliative Home Care

Q14. Should standards for palliative home care services be developed, to what extent do you agree or disagree with each of the following statements? 
Base: All respondents (n=1,540)

© 2016 Ipsos
Information Requirements & Mandatory Qualifications
Information Requirements & Qualifications

### Information Needs for Caregivers

If Canadians were caring for a close friend or family member who was dealing with a life-threatening illness, priority information needs involve who to call in an emergency (73%), how to use machines (72%), what to do when a patient dies at home (72%), how to give medication (71%), and information about dedicated care providers (70%).

Canadians would also seek information about options for financial support (68%), the patient’s diet (67%) and what supplies are needed (64%). Further, just more than half of Canadians would need training on first aid (58%), how to handle/transfer patients (56%) and about counselling (52%). Slightly less than half of Canadians would need information about support groups (49%), training on skin care (44%) or bereavement supports (44%).

### Responsibility for Providing Caregiver Information

Canadians would look inside the health care system for information and training for caregivers. Specifically, Canadians feel that hospitals or health care facilities in which the palliative care is being provided (46%) should be responsible for providing information and training for caregivers. Just more than three-in-ten Canadians place such responsibility on family doctors (32%) and nurses (31%), followed by provincial (29%) and federal (21%) governments.

Canadians would clearly prefer to receive information about being a caregiver from health care professionals in-person (65% identify this as their first choice). In-person training with family members is the second most preferred information channel (18%), followed by online training via websites (9%), print materials (5%), and educational videos (3%).

### Mandatory Qualifications

With respect to palliative health care providers’ training and background, a sizeable majority of Canadians feel that they should have direct experience in palliative care (89%).

As well, 86% agree that palliative health care providers should receive certification for additional training specialized in palliative care. Canadians also agree (85%) that psychological screening for compassion and empathy should be part of palliative health care providers’ background, and 82% feel that mandatory annual training for palliative health care providers should be implemented.
Palliative Care Information Needs

Who to call in an emergency | 73%
Training on how to use machines | 72%
What to do when patient dies at home | 72%
Training on giving medication | 71%
A dedicated care provider | 70%
Financial support options | 68%
The patient’s diet | 67%
What supplies are needed | 64%
Training on first aid | 58%
How to handle/transfer patients | 56%
Counselling services | 52%
Support groups available | 49%
Training on skin care | 44%
Bereavement supports | 44%
Other | 3%

Q15. If you were caring for a close friend or family member who was dealing with a life threatening illness, what information would you need? Please click on all that apply.
Base: All respondents (n=1,540)
© 2016 Ipsos
Responsibility for Palliative Caregiving Training

Q16. Whose responsibility do you feel it should be to provide information and training to caregivers assisting persons important to them with palliative care? Please click on who you feel should be most responsible and second most responsible.
Base: All respondents (n=1,540)

© 2016 Ipsos
Q17. How would you prefer to receive information about being a caregiver? Please click on your first, second and third choices below.
Base: All respondents (n=1,540)

© 2016 Ipsos
Mandatory Qualifications for Health Care Providers

Q21. To what extent do you agree or disagree that palliative health care providers should have the following training and background?

Base: All respondents (n=1,540)

© 2016 Ipsos
Incidence & Confidence in Palliative Caregiving
Almost one-quarter (24%) of Canadians have been (20%) or are currently (4%) caregiving for someone important to them who was or is dealing with a life-threatening illness. The incidence of having been a palliative caregiver is higher among Canadians aged 55 years and older (33%).

Among Canadians who have or are caregiving for a person important to them, 77% are confident in providing the necessary care, including 24% saying they are ‘very confident’. Conversely, 23% say they are ‘not very’ (20%) or ‘not at all’ confident in providing care.

Canadians’ awareness of Compassionate Care Benefits is low (15%), including 3% saying they are ‘very aware’ and 12% reporting that they are ‘somewhat aware’ of these benefits.
Incidence of & Confidence in Palliative Caregiving

Q18. Within the past 10 years, have you been, or are you currently, a caregiver for someone important to you who was or is dealing with a life-threatening illness? Please click on all that apply. Base: All respondents (n=1,540)

- Yes, previously and the person important to me is now deceased: 20%
- Yes, currently: 4%
- No: 76%

Q19. How confident did you or do you feel when Providing care for the person important to you? Base: Those who have been a palliative caregiver (n=368)

- Very confident: 24%
- Somewhat confident: 53%
- Not very confident: 20%
- Not at all confident: 3%
Q20. How aware are you about Compassionate Care Benefits provided by the federal government?
Base: All respondents (n=1,540)

Canadians who are aware of Compassionate Care Benefits are more likely to:
- Be an impending palliative caregiver (38%)
- Have been a palliative caregiver (27%);
- Have a written advance care plan (25%);
- Report that they or someone in their household works in the health care field (24%);
- Hold a post-graduate degree (21%);
- Reside in Ontario (20%); and,
- Know someone important to them who has received palliative care (19%).
Training Activities and Measurements
Training Activities and Measurements

For Palliative Caregivers

Canadians also feel that health care providers working with the patient should ask caregivers if they need additional information and training (91% agree), if they need any help or respite (91% agree), and if caregivers feel comfortable in their role (89% agree).

In addition, 86% of Canadians agree that health care providers should be quietly observing caregivers’ work, noting areas that may require more training and mentorship.

Overall, 93% of Canadians agree either strongly (66%) or somewhat (27%) that caregivers should have access to training.

For Palliative Health Care Professionals

Supporting this notion is the result that 87% of Canadians agree that health care providers working in palliative care should have proof of palliative care certification.

The majority of Canadians also agree that palliative health care providers should have regular supervision and spot-checks (86%), and that surveys should be conducted among family members (84%), caregivers (82%) and patients (79%) regarding the care received.

Further, 79% agree that mandatory annual training should be required of palliative health care providers, and 71% agree that family and caregivers should be educated as to the types of questions to ask to ensure palliative health care providers are indeed qualified.

For Canadians

In order to ensure that Canadians know that quality palliative health care is available, 91% of Canadians support the development of information materials which could be distributed through the health care system, and via federal and provincial government websites (89%).

In addition, 85% of Canadians agree that a public awareness campaign should be conducted to inform Canadians about palliative health care services and standards, and 80% agree that surveys should be conducted with families to measure satisfaction with the care provided. Finally, 72% of Canadians agree that annual surveys should be conducted to measure and track Canadians’ awareness levels of palliative care.
Training Activities for Palliative Caregivers

Q22. To what extent do you agree or disagree that the following activities should be implemented to ensure that caregivers are provided with the information and training they need?

Base: All respondents (n=1,540)
© 2016 Ipsos
## Training Activities for Palliative Health Care Providers

<table>
<thead>
<tr>
<th>Activity</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care providers working in palliative care should have proof of</td>
<td>87%</td>
</tr>
<tr>
<td>additional palliative care certification</td>
<td></td>
</tr>
<tr>
<td>There should be supervisors conducting regular spot-checks for health</td>
<td>86%</td>
</tr>
<tr>
<td>care providers working in palliative care</td>
<td></td>
</tr>
<tr>
<td>Surveys should be conducted among family members during and after</td>
<td>84%</td>
</tr>
<tr>
<td>palliative care</td>
<td></td>
</tr>
<tr>
<td>Surveys should be conducted among caregivers during and after palliative</td>
<td>82%*</td>
</tr>
<tr>
<td>care</td>
<td></td>
</tr>
<tr>
<td>Surveys should be conducted among patients while they are receiving</td>
<td>79%</td>
</tr>
<tr>
<td>palliative care</td>
<td></td>
</tr>
<tr>
<td>Mandatory annual training should be required of palliative health care</td>
<td>79%</td>
</tr>
<tr>
<td>providers</td>
<td></td>
</tr>
<tr>
<td>Family members and caregivers should be educated by case managers/nurses</td>
<td>71%</td>
</tr>
<tr>
<td>/nurses/social workers as to the questions to ask palliative health</td>
<td></td>
</tr>
<tr>
<td>care providers to ensure they are qualified</td>
<td></td>
</tr>
</tbody>
</table>

Q23. To what extent do you agree or disagree that the following activities should be implemented to ensure that health care providers are appropriately prepared to provide palliative care?

Base: All respondents (n=1,540)

© 2016 Ipsos

*Rounding
Ensuring Canadians Know about Palliative Care Services

<table>
<thead>
<tr>
<th>Activity</th>
<th>% Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop information materials which could be distributed through the health care system (doctors’ offices, hospitals, clinics)</td>
<td>91%</td>
</tr>
<tr>
<td>Ensure that palliative care information is available on federal and provincial government websites</td>
<td>89%</td>
</tr>
<tr>
<td>Conduct public awareness campaigns to inform Canadians about palliative health care services and standards</td>
<td>85%</td>
</tr>
<tr>
<td>Conduct satisfaction surveys with families after the death of the person important to them to measure their opinion of the palliative care provided</td>
<td>80%</td>
</tr>
<tr>
<td>Conduct annual surveys to measure and track Canadians’ awareness levels of palliative care</td>
<td>72%*</td>
</tr>
</tbody>
</table>

Q24. To what extent do you agree or disagree that the following activities should be implemented to ensure that Canadians know that quality palliative health care is available?

Base: All respondents (n=1,540)
© 2016 Ipsos
Strategic Framework
## Expectations and Support for National Standards

<table>
<thead>
<tr>
<th>Expectations of the Federal Government</th>
<th>Support for National Palliative Care Standards</th>
<th>Attitudes Towards Program Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A solid majority (86%) of Canadians expect the federal government to develop and implement national standards for palliative care in Canada, including 47% who ‘strongly agree’ and 39% who ‘somewhat agree’.</td>
<td>Public support for integrating national standards for palliative health care services into the Canada Health Act is quite widespread (85%), including 53% of Canadians who ‘strongly support’ this notion and 32% who ‘somewhat support’ it.</td>
<td>Almost nine-in-ten (89%) Canadians agree that a document outlining the federal government’s plan for implementing a palliative care program should be readily available for all Canadians, and 79% say they would reach such a document. Further, seven-in-ten (70%) Canadians are concerned about the additional costs associated with implementing palliative care standards in Canada, including 33% who ‘strongly agree’ with this sentiment and 37% who ‘somewhat agree’.</td>
</tr>
</tbody>
</table>
Expectations of the Federal Government

I expect the federal government to develop and implement national standards for palliative care in Canada.

Q25. To what extent do you agree or disagree with the following statement? I expect the federal government to develop and implement national standards for palliative care in Canada.

Base: All respondents (n=1,540)

© 2016 Ipsos
Q26. To what extent would you support or oppose integrating national standards for palliative health care services into the Canada Health Act?

Base: All respondents (n=1,540)

Support for Integration in the Canada Health Act

- Strongly support: 53%
- Somewhat support: 32%
- Somewhat oppose: 4%
- Strongly oppose: 4%
- Don't know: 10%

SUPPORT 85%
Attitudes: Implementing a Palliative Care Program

A document outlining the federal government’s plan for implementing a palliative care program should be readily available for all Canadians

- Strongly agree: 57%
- Somewhat agree: 32%
- Somewhat disagree: 8%
- Strongly disagree: 2%
- Don’t know: 8%

I would read a document that outlines the federal government’s plan for implementing a palliative care program across Canada

- Strongly agree: 40%
- Somewhat agree: 39%
- Somewhat disagree: 8%
- Strongly disagree: 2%
- Don’t know: 11%

I am concerned about the additional costs associated with implementing palliative care standards in Canada

- Strongly agree: 33%
- Somewhat agree: 37%
- Somewhat disagree: 16%
- Strongly disagree: 9%
- Don’t know: 3%

Q27. Please now review the statements below and indicate the extent to which you agree or disagree with each one.

Base: All respondents (n=1,540)

© 2016 Ipsos
Public Health Campaigns
Public Health Campaigns

Views Regarding Public Health Campaigns

With respect to undertaking a public health campaign regarding palliative care standards, 42% of Canadians feel that such a campaign should ‘definitely’ be undertaken.

However, some cost-sensitivity exists with taxpayer dollars, with 41% who feel a campaign should be undertaken only if it entails reasonable costs.

An additional 11% of Canadians feel that a public health campaign regarding palliative care standards should be very moderate in scope, and 6% believe that a public health campaign should not be undertaken for this potential initiative.

Effective Campaign Channels

Canadians would be most likely to pay attention to a public health campaign about palliative care if disseminated via print materials (76%), from posters in health care facilities (76%), from television advertisements (72%), and from websites (72%).

Further, roughly half of Canadians would be likely to pay attention to a public health campaign through radio (54%), newspaper (53%) or billboard advertisements (45%).

A minority of Canadians would pay attention to such a campaign if disseminated via social media advertisements (42%), an App specific to palliative care standards (41%), Transit advertisements (39%), or through Facebook (38%), YouTube (31%) or Twitter (19%) ads.
Q28. Which one of the following statements best reflects your views regarding a potential public health campaign regarding palliative care standards in Canada should they be developed?
Base: All respondents (n=1,540)

- A public health campaign should definitely be undertaken: 42%
- A public health campaign should be undertaken only if it entails reasonable costs: 41%
- A public health campaign should be very moderate in scope: 11%
- The government should not undertake a public health campaign for this initiative: 6%
Effectiveness of Public Health Campaign Channels

Q29. How likely would you be to pay attention to a public health campaign about palliative care through each of the following channels?

Base: All respondents (n=1,540)

© 2016 Ipsos

<table>
<thead>
<tr>
<th>Channel</th>
<th>Not at all likely</th>
<th>Not very likely</th>
<th>Somewhat likely</th>
<th>Very likely</th>
<th>% Likely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochures or other print materials</td>
<td>8%</td>
<td>16%</td>
<td>45%</td>
<td>32%</td>
<td>76%*</td>
</tr>
<tr>
<td>Posters in health care facilities</td>
<td>8%</td>
<td>15%</td>
<td>45%</td>
<td>32%</td>
<td>76%*</td>
</tr>
<tr>
<td>Television advertisements</td>
<td>14%</td>
<td>14%</td>
<td>40%</td>
<td>32%</td>
<td>72%</td>
</tr>
<tr>
<td>Websites</td>
<td>11%</td>
<td>17%</td>
<td>44%</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Radio advertisements</td>
<td>20%</td>
<td>25%</td>
<td>39%</td>
<td>15%</td>
<td>54%</td>
</tr>
<tr>
<td>Newspaper advertisements</td>
<td>22%</td>
<td>26%</td>
<td>37%</td>
<td>15%</td>
<td>53%</td>
</tr>
<tr>
<td>Billboard advertisements</td>
<td>25%</td>
<td>30%</td>
<td>35%</td>
<td>11%</td>
<td>45%*</td>
</tr>
<tr>
<td>Social media advertisements</td>
<td>33%</td>
<td>26%</td>
<td>29%</td>
<td>12%</td>
<td>42%</td>
</tr>
<tr>
<td>An app specific to palliative care standards</td>
<td>34%</td>
<td>25%</td>
<td>29%</td>
<td>12%</td>
<td>41%</td>
</tr>
<tr>
<td>Transit advertisements</td>
<td>33%</td>
<td>28%</td>
<td>29%</td>
<td>10%</td>
<td>39%</td>
</tr>
<tr>
<td>Facebook advertisements</td>
<td>38%</td>
<td>25%</td>
<td>26%</td>
<td>12%</td>
<td>38%</td>
</tr>
<tr>
<td>YouTube advertisements</td>
<td>38%</td>
<td>31%</td>
<td>23%</td>
<td>8%</td>
<td>31%</td>
</tr>
<tr>
<td>Twitter advertisements</td>
<td>57%</td>
<td>31%</td>
<td>24%</td>
<td>15%</td>
<td>19%*</td>
</tr>
</tbody>
</table>

*Rounding
Differences Among Subgroups of Respondents
Differences Among Subgroups of Respondents

The following slides will present statistical differences among certain subgroups of the survey population. Additional cross-tabulations for other subgroups are available in the cross-tabulations which form a detached appendix to this report.

- Meaningful statistical differences are presented based on T-test analyses at the 95% confidence level.
- Certain differences are presented based on patterns of showing consistently higher or lower measurements.
- Statistical differences presented do not necessarily represent the most important item to each subgroup, but rather how some of the responses to the particular question differs within the subgroup.
- Where statistical differences are NOT noted, the results from the subgroup are similar and are not statistically different from their counterpart and/or nation-wide results; however additional statistical differences occur which are not noted in the most salient differences in this report (please refer to the detached appendix of cross-tabulations for additional data points).
- Small sample sizes for certain measurements limit the statistical validity to test for meaningful differences.
Differences Between Females/Males

The bullet points presented represent the most salient statistical differences between females and males. Each gender is more likely than the other gender to...

- Be concerned about poverty and social inequality (32% vs. 23%) and **health** (32% vs. 24%)
- Learn about palliative care from family (41% vs. 34%), friends (30% vs. 24%), observing palliative care (23% vs. 18%), and participating in providing palliative care (15% vs. 10%)
- Support all elements of a palliative care program in a health care facility or in home care, including higher agreement levels with attitudinal statements for a palliative care (home) program
- Express a higher need for information should they become a palliative caregiver
- Feel that hospitals/health care facilities should be responsible for educating/training palliative caregivers (52% vs. 41%)
- Higher agreement with most of the assessed ‘mandatory’ training activities for palliative health care providers
- Report higher expectations that the federal government develop and implement national standards for palliative care
- Respond to social media (47% vs. 36%), posters in health care facilities (84% vs. 69%), and Facebook (44% vs. 31%)
- Be concerned about economic issues (55% vs. 43%)
- Know someone important to them who has received palliative care in a long-term care facility (22% vs. 17%)
- Be satisfied with palliative care that someone important to them has received in a residential hospice (97% vs. 88%)
- Be expecting to act as a palliative caregiver within the next year (9% vs. 6%)
- Be responsive to Twitter (21% vs. 17%) should a public awareness campaign be undertaken
- Self-report having heart disease (18% vs. 10%) and diabetes (13% vs. 7%)

© 2016 Ipsos
Differences Among Indigenous Respondents

The bullet points presented represent the most salient statistical differences between Indigenous respondents and the national average.

**Indigenous Canadians are more likely to...**

- Be concerned with environmental issues, especially oil and gas developments (29% vs. 22%) and with poverty and social inequality, including Indigenous issues (38% vs. 27%)
- Be aware of residential palliative hospice care (58% vs. 49%), more than for palliative care or long-term care
- Have learned about palliative care via the federal government (10% vs. 4%)
- Know someone who has experienced palliative care in a hospital (44 vs. 36%)
- Have had conversations with family about end-of-life palliative health care preferences (48% vs. 35%)
- Support essential elements of a standardized palliative care program such as pet therapy (75% vs. 64%) and music therapy (77% vs. 67%)
- Need caregiving information related to supplies required (81% vs. 64%), giving medications (83% vs. 71%) and bereavement supports (54% vs. 44%)
- Believe that the federal government is responsible for providing information and training to caregivers (31% vs. 21% - total of first and second mentions)
- Support surveys conducted among palliative care patients (81% vs. 71%)
- Desire annual surveys to measure and track awareness of palliative care (83% vs. 72%)
- Be responsive to billboard advertisements in any public awareness campaign (65% vs. 45%)

**Indigenous Canadians are less likely to...**

- Be satisfied with palliative care that someone important to them received (70% vs. 89%)
- Less satisfied with palliative care that someone important to them received in a hospital (57% vs. 85%)

Caution: Small sample size n=52
Regional Differences Across Canada

The bullet points presented represent the most salient statistical differences across Canadian regions. For each region, they are more likely than the national average to...

<table>
<thead>
<tr>
<th>BC</th>
<th>AB</th>
<th>SK/MB</th>
<th>ON</th>
<th>PQ</th>
<th>ATL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be aware of residential hospice care</td>
<td>Be concerned with economic issues</td>
<td>Want ‘services upon request’ in</td>
<td>Report that they’ll be palliative care-givers within the next year (10% vs. 7%)</td>
<td>Be satisfied with palliative care received in hospitals (92% vs. 85%), long-term care facilities (89% vs. 82%) and at home (95% vs. 86%)</td>
<td>Be aware of palliative care (65% vs. 58%)</td>
</tr>
<tr>
<td>(56% vs. 49%) and of advanced</td>
<td>(68% vs. 49%)</td>
<td>standards (88% vs. 80%)</td>
<td>(10% vs. 7%)</td>
<td>Generally be more supportive of palliative home care standards</td>
<td>Have learned about palliative care via nurses (23% vs. 18%) and family (48% vs. 37%)</td>
</tr>
<tr>
<td>care planning (44% vs. 36%)</td>
<td></td>
<td>Feel that health care facilities</td>
<td>Have a written advanced care plan (14% vs. 11%)</td>
<td>Campaign resonance higher with TV ads (77% vs. 72%), newspapers (62% vs. 53%) and an App (51% vs. 41%)</td>
<td>Feel that palliative home care should be provided in the home as much as possible (92% vs. 86%)</td>
</tr>
<tr>
<td>Know someone important to them who</td>
<td>Have learned about palliative care</td>
<td>Feel that palliative health care</td>
<td>Feel that family doctors are responsible for educating caregivers (37% vs. 32%)</td>
<td>And less likely to be aware of palliative care (51% vs. 58%), hospice care (35% vs. 49%), end of life care (47% vs. 55%), and advance care planning (27% vs. 36%)</td>
<td>‘Definitely’ support a campaign (52% vs. 42%)</td>
</tr>
<tr>
<td>received palliative care in a</td>
<td>from nurses (23% vs. 18%)</td>
<td>providers should have proof of</td>
<td>Have acted as palliative caregivers (30% vs. 24%)</td>
<td>Less likely to identify information needs for caregiving for most items</td>
<td></td>
</tr>
<tr>
<td>hospice (20% vs. 15%)</td>
<td></td>
<td>certification (90% vs. 84%)</td>
<td>Be aware of Compassionate Care Benefits (20% vs. 15%)</td>
<td>Lowest awareness of CCB (9 vs. 15%)</td>
<td></td>
</tr>
<tr>
<td>Want minimum nurse to patient ratios</td>
<td>Express higher information needs</td>
<td>And, are least likely to have spoken to anyone about end-of-life palliative care preferences (33% vs. 43%)</td>
<td>And are least satisfied with the palliative care someone important to them received in a hospital (79% vs. 85%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(87% vs. 82%)</td>
<td>for financial support available for</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>caregiving (74% vs. 68%)</td>
<td>caregiving (74% vs. 68%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel any campaign costs should be</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reasonable (44% vs. 41%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2016 Ipsos
## Rural – Urban Differences: Vis-a-Vis Proximity to Health Care

The bullet points presented represent the most salient statistical differences across respondents’ locales vis-à-vis proximity to health care services. For each locale, they are more likely than the national average to...

<table>
<thead>
<tr>
<th>Large Urban Centre</th>
<th>Small Urban Centre with a Hospital</th>
<th>Small Urban Centre without a Hospital</th>
<th>Small Rural Centre/Regional Hospital</th>
<th>Small Rural with no Hospital and Rural 1+ Hrs from a Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Feel that palliative care in a health care facility should provide a more home-like setting (89% vs. 85%)</td>
<td>➢ Be aware of advanced care planning (43% vs. 36%)</td>
<td>➢ Know someone important to them in long-term care (36% vs. 19%) and at home (26% vs. 16%)</td>
<td>➢ Be supportive of attitudes towards palliative home care services in general</td>
<td>➢ Have learned about palliative care from family (51% vs. 37%)</td>
</tr>
<tr>
<td>➢ And, should a public awareness campaign occur, Transit ads are more effective with this subgroup (46% vs. 39%), as are billboard ads (49% vs. 45%)</td>
<td>➢ Be satisfied with palliative care that someone important to them received in a long-term care facility (89% vs. 82%)</td>
<td>➢ Expect to be palliative caregivers within the next year (17% vs. 7%)</td>
<td>➢ Need caregiving information related to financial supports available (76% vs. 68%)</td>
<td>➢ Know someone important to them who has been in palliative care in a hospital (46% vs. 36%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ And, for many essential program and home care program elements, provide lower scores</td>
<td>➢ Be supportive of integrating national palliative care standards into the Canada Health Act (89% vs. 85%)</td>
<td>➢ Want essential elements of a standardized program to include the ability for loved ones to visit at any time (97% vs. 91%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Lower expectations for training for palliative health care providers and for caregivers</td>
<td>➢ Generally exhibit very positive attitudes towards palliative home care</td>
<td>➢ Lower support for activities to ensure Canadians know about palliative care available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Lower support for activities to ensure Canadians know about palliative care available</td>
<td>➢ And are least satisfied with palliative care that someone important to them received in a long-term care facility (69% vs. 82%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2016 Ipsos
Age Differences

The bullet points presented represent the most salient statistical differences across respondents’ age groups. For each age group, they are more likely than other age groups to...

<table>
<thead>
<tr>
<th></th>
<th>18-34</th>
<th>35-54</th>
<th>55+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>➢ Have learned about palliative care via family (43% vs. 35% 35-54 vs. 36% 55+), and social media (14% vs. 10% 35-54 vs. 9% 55+ years)</td>
<td>➢ Be aware of palliative care (70% vs. 56% 35-54 and 48% 18-34), hospice care (56% vs. 47% 35-54 vs. 43% 18-34), end of life care (63% vs. 52% 35-54 vs. 50% 18-34), and advance care planning (40% vs. 34% 35-54 vs. 33% 18-34)</td>
<td>➢ Have learned about palliative care from the patient receiving it (24% vs. 16% 35-54 vs. 11% 18-34), by observing it (26% vs. 18% 35-54 vs. 18% 18-34), and by participating in it (15% vs. 11% 35-54 vs. 10% 18-34)</td>
</tr>
<tr>
<td></td>
<td>➢ Feel that health care facilities are responsible for teaching palliative caregiving (50% vs. 48% vs. 42%)</td>
<td>➢ Know someone important to them in palliative care in a hospice (18% vs. 14% 35-54 vs. 11% 18-34), in a long-term care facility (24% vs. 17% 35-54 vs. 17% 18-34)</td>
<td>➢ Have had conversations about end-of-life care (50% vs. 39% 35-54 vs. 38% 18-34), and have a written advance care plan (19% vs. 9% 35-54 vs. 5% 18-34)</td>
</tr>
<tr>
<td></td>
<td>➢ Be aware of Compassionate Care Benefits (17% vs. 16% 35-54 and 11% 55+)</td>
<td>➢ Express higher support for the inclusion of all elements of a palliative care program and of a palliative home care program, including expressing stronger supportive attitudes for each</td>
<td>➢ Support integrating standards into the Canada Health Act (88% vs. 85% 35-54 and 80% 18-34)</td>
</tr>
<tr>
<td></td>
<td>➢ Public awareness campaigns are good if the cost is reasonable 50% vs. 39% 35-54 vs. 36% 55+</td>
<td>➢ Have had conversations about end of life care (50% vs. 39% 35-54 vs. 38% 18-34), and have a written advance care plan (19% vs. 9% 35-54 vs. 5% 18-34)</td>
<td>➢ Report stronger support for specialized training for palliative health care providers, for implementing activities for caregivers to feel comfortable in their role, and for implementing activities to ensure Canadians know about palliative care available</td>
</tr>
<tr>
<td></td>
<td>➢ Be likely to pay attention to a campaign via Transit (47% vs. 40% 35-54 vs. 31% 55+), and through social media (57% vs. 41% 35-54 vs. 31% 55+):</td>
<td>➢ Be likely to pay attention to a campaign via Transit (47% vs. 40% 35-54 vs. 31% 55+), and through social media (57% vs. 41% 35-54 vs. 31% 55+):</td>
<td>➢ Believe that a document outlining the plan for a palliative care program should be readily available (93% vs. 89% 35-54 vs. 84% 18-34)</td>
</tr>
<tr>
<td></td>
<td>➢ Twitter (27% vs. 21% 35-54 and 12% 55+), Facebook (51% vs. 38% 35-54 vs. 26% 55+) and YouTube (45% vs. 31% 35-54 and 19% 55+)</td>
<td>➢ Twitter (27% vs. 21% 35-54 and 12% 55+), Facebook (51% vs. 38% 35-54 vs. 26% 55+) and YouTube (45% vs. 31% 35-54 and 19% 55+)</td>
<td>➢ Agree a campaign should ‘definitely’ be undertaken (51% vs. 42% 35-54 vs. 32% 18-34), and are more likely to find traditional media sources effective for such a campaign such as television, newspaper and print materials</td>
</tr>
<tr>
<td></td>
<td>The major differences exist primarily at the two age extremes. There are no significant profiling distinctions for this age category.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Demographic Profile of Respondents
### DEMOGRAPHICS

#### GENDER
- 50% Male
- 50% Female

#### REGION
- British Columbia: 20%
- Alberta: 13%
- Saskatchewan: 3%
- Manitoba: 4%
- Ontario: 27%
- Quebec: 26%
- Atlantic: 6%

#### AGE
- 18-34: 28%
- 35-54: 37%
- 55+: 35%

#### ETHNICITY
- Canadian: 73%
- Chinese: 4%
- Indigenous: 3%
- W/S Asian: 3%
- W European: 3%
- E European: 3%
- British: 3%
- French: 2%
- African: 1%
- American: 1%
- Filipino: 1%
- Caribbean: 1%
- Other: 1%
- Prefer not to say: 1%

Base: All respondents (n=1,540)

© 2016 Ipsos
**WHERE YOU LIVE**

- In a large urban centre: 48%
- In a smaller urban centre with a hospital: 28%
- In a small rural centre with a regional hospital: 12%
- In a small rural centre without a hospital: 6%
- In a smaller urban centre without a hospital: 3%
- In a remote location an hour or more from a hospital: 1%
- Prefer not to say: 2%

**HAVE A CHRONIC HEALTH CONDITION**

- Heart disease/hypertension: 14% Yes, myself, 19% Yes, family member or close friend, 67% No, 2% Prefer not to answer
- Diabetes: 10% Yes, myself, 29% Yes, family member or close friend, 61% No, 2% Prefer not to answer
- Lung disease (asthma, bronchitis, emphysema, COPD): 9% Yes, myself, 12% Yes, family member or close friend, 79% No, 2% Prefer not to answer
- Cancer: 3% Yes, myself, 19% Yes, family member or close friend, 77% No, 2% Prefer not to answer
- Neurodegenerative disease (Parkinson’s, Huntington’s, ALS, MS, MD): 2% Yes, myself, 8% Yes, family member or close friend, 89% No, 2% Prefer not to answer
- Immune deficiency (HIV/AIDS): 1% Yes, myself, 91% No, 2% Prefer not to answer
- Organ failure: 1% Yes, myself, 93% No, 2% Prefer not to answer
- Alzheimer/dementia: <1% Yes, myself, 12% No, 85% Prefer not to answer, 2% Prefer not to answer

Base: All respondents (n=1,540)

© 2016 Ipsos
DEMOGRAPHICS

**EDUCATION**
- High School or less: 22%
- Some Post Secondary: 19%
- Graduated College/CEGEP/TRADE: 21%
- Completed University: 26%
- Completed Graduate Degree: 12%

**INCOME**
- Less than $30K: 15%
- $30K to <$60K: 24%
- $60K to <$90K: 19%
- $90K to <$125K: 16%
- +$125K: 12%
- Prefer not to say: 11%

Base: All respondents (n=1,540)

© 2016 Ipsos

**WORK IN THE HEALTH CARE FIELD**
- Yes: 87%
- No: 13%
ABOUT IPSOS

Ipsos ranks third in the global research industry. With a strong presence in 87 countries, Ipsos employs more than 16,000 people and has the ability to conduct research programs in more than 100 countries. Founded in France in 1975, Ipsos is controlled and managed by research professionals. They have built a solid Group around a multi-specialist positioning – Media and advertising research; Marketing research; Client and employee relationship management; Opinion & social research; Mobile, Online, Offline data collection and delivery.

Ipsos is listed on Eurolist – NYSE – Euronext. The company is part of the SBF 120 and the Mid-60 index and is eligible for the Deferred Settlement Service (SRD).

ISIN code FR0000073298, Reuters ISOS.PA, Bloomberg IPS:FP
www.ipsos.com

GAME CHANGERS

At Ipsos we are passionately curious about people, markets, brands and society. We deliver information and analysis that makes our complex world easier and faster to navigate and inspires our clients to make smarter decisions.

We believe that our work is important. Security, simplicity, speed and substance applies to everything we do.

Through specialisation, we offer our clients a unique depth of knowledge and expertise. Learning from different experiences gives us perspective and inspires us to boldly call things into question, to be creative.

By nurturing a culture of collaboration and curiosity, we attract the highest calibre of people who have the ability and desire to influence and shape the future.

“GAME CHANGERS” – our tagline – summarises our ambition.