

Most would agree that, when it comes to healthcare, most Canadians have an opinion. That opinions matter and shape a policy field as large and diverse as healthcare is job one for Darrell Bricker, CEO of Ipsos Public Affairs. Ipsos is the world's leading social and corporate reputation research firm with offices in 30 countries.

Before joining Ipsos (formerly Angus Reid Group), Darrell was Director of Research in the Office of the Prime Minister. His previous experiences were as research consultant in both Ottawa and Toronto. With a PhD in Political Science from Carlton (where he was a Social Science and Humanities Research Council Doctoral fellow) and BA and MA from Wilfrid Laurier (as well as

an Honorary Doctor of Laws Degree), Darrell was named by Wilfrid Laurier as one of their Top 100 Graduates in the past 100 years.

A prolific author and popular speaker, Dr. Bricker is a hot commodity when it comes to audience engagement and assessing what Canadians think about almost, well, everything. In fact, that was the title of the book he co-authored with Ipsos colleague, John Wright. With a world operating at light speed and little regard for time zones, Ipsos is redefining traditional research: Social Media Exchange (SMX) is but one example of sampling and understanding today's most connected generation. Ken Tremblay spoke with Darrell this past summer.

In Conversation with  
**Darrell  
Bricker**

Ken Tremblay



**HQ: Taking the temperature of a society on any range of topics is quite a job. In the case of healthcare, how is public debate shaped and enriched by your contributions?**

DB: There are a lot of people who have a lot of opinions about what the public wants. They often speak on behalf of the public; sometimes their understanding of what the public is actually looking for is not exactly representative of what the public may desire in terms of healthcare. Our job is to go in, take a look at the true temperature, provide some insight on how public opinion comes together around these issues and basically bring truth to the table about those opinions.

**HQ: What is your take on how Canadians perceive their healthcare system? What's top of mind these days?**

DB: Generally speaking, Canadians think the healthcare they get is pretty good. Their concern is about the future. Given the many discussions about the [dire] financial situation of governments these days and how expensive healthcare is becoming, they're not necessarily worried about the impact today. They're more worried about what's going to happen down the road, particularly as aging baby boomers start needing [the system].

**HQ: The Canadian healthcare system needs some tough, arguably structural, fixes if it is to survive the challenges ahead. What is the public's tolerance for wholesale change?**

DB: It's fairly minimal. The interesting thing is that whenever I have this conversation with leaders in the healthcare sector, they want to get to the end discussion at the very start. They want to talk about funding reform, how to move away from a single payer system, how to bring private money into the system. They want this big conversation about funding and it usually involves big interests and big money.

But what the public really wants to know is: what are you going to do to make sure I spend less time in the emergency waiting room? What are you going to do to ensure that if I need cataract surgery it doesn't take a long time to get it? [As a patient], I'm not interested in big money and big interests; I'm interested in how [the system] is going to affect me. A lot of people with technical knowhow, information, jargon and [credentials] don't get that the average person really just wants to have a down-to-earth conversation about what the direct impacts are going to be on them and their family. So we can start there.

When you talk about reforming the healthcare system by starting at the end of the discussion with root and branch major change – say, a private parallel system – it's not where [the change] is going to happen. The discussion is going to happen in concentric circles, at the margins, in the areas in which it makes sense first. And then the change is going to move towards some level of public tolerance. That's how acceptable public

reform of the healthcare system is going to take place within a public opinion environment.

**HQ: Trust is a fickle and fleeting trait, yet central to public confidence in their healthcare system or provider. There have been some troubling incidents involving privacy breaches, inaccurate diagnostic reporting and medication incidents. Do Canadians trust their healthcare system?**

DB: In general, Canadians trust people who have expertise and use science to make decisions, particularly those making life and death decisions. They want to be able to trust those folks. But the truth is that a couple of things have happened.

One is that healthcare has become more complicated, complex and more things like privacy breaches and errors seem to occur than there used to be. The ability of the experts to control these situations is in transition and they're learning as they go along too. But the other thing is that the public are generally much more skeptical about experts these days and there are reasons for that.

First is the ubiquitous reporting of failure. Second is that the public, particularly in Canada, are more educated than we've ever been. Combined with unlimited access to information – from television channels to the Internet – people feel that they can develop their own level of expertise and challenge healthcare professionals. There's this uncomfortable situation right now where you've got the experts feeling that you should just listen to me because I know what's best and you've got the public saying, "Well, I'm not so sure that I'm willing to trust you to the degree that I used to and you have to be prepared to engage in a meaningful dialog with me." That's a difficult situation.

**HQ: Do you see any trends in society that may be on a collision course with healthcare? What should healthcare leaders be watching for?**

DB: The challenge of expertise is going to be big. I've done and watched a lot of focus groups with doctors over the years and they'll tell you that there are two things they really hate: working with bureaucracy; and, the thing really getting in their craws is those damn pushy patients who come into their office with some article downloaded from the Internet demanding that treatment, medication or whatever. But, through the conversation you'll always find one doctor in the group that says, "Yeah, but you know what? I had a pretty smart patient come into my office the other day and show me something and I have to admit, I didn't know about it and it was a pretty good idea."

Healthcare professionals have to let the public in in ways that they didn't have to in the past. And, the process of making decisions about the future of the healthcare system isn't going to be something left to the experts. The public wants to have a role in moving that debate along and to be convinced that changes need to take place.

**HQ: You have been running polls for a while. Have you ever been really surprised by a survey result? Just as we see surprises in election surveys and results, have you been surprised by any healthcare results?**

DB: I am constantly surprised. Because we're all products of our own environment, we have our own way of looking at the world. Even as somebody who is in the business of articulating on behalf of the public, I can get caught up in my own prejudices. The best antidote for that is to open your mind, listen and really try to understand what people are telling you through the surveys we conduct, i.e., qualitative research or what you're tracking on social media. All of these information sources form bits of a consensus and sometimes the [final] consensus can be rather surprising.

**HQ: Healthcare has become a political blood sport. Is there a point beyond which we make it too political to manage effectively?**

DB: Politics is always going to drive healthcare. So the question is: what is too political? The majority of governments operate on a four-year cycle; it's all about getting re-elected. And sure, they want to make the right decisions for the country while they're in power. But, they are beholden, to a certain extent, to those who elected them. Most governments desire their re-election. So they have to understand that the public, particularly with healthcare, might have some pretty firm views. So, [health policy] has to be managed very carefully. That's why, in Canadian politics, healthcare is usually referred to as a third-rail issue. Like the electrified third rail on the subway, if you touch it, you blow up. So you better be darn careful how you manage it.

**HQ: What issues would you classify as "third rail"?**

DB: Closing a hospital, reducing access to doctors, rationing certain services, things that Canadians would expect from their healthcare system. Even inappropriate expectations can drive a sense of general decline suggesting that the healthcare in the future may not be there when you need it. Remember we're talking mostly about baby boomers here.

We hear: "The healthcare system is completely dysfunctional. The only way to save it is to set up a private, second parallel system so that people can buy their way into and receive a differential level of service." That's a big bang! But I can't tell you the number of times I've heard physicians tell me: "That's the solution."

**HQ: If Canada's healthcare system (and its provincial "subsidiaries") were a commercial brand, what advice would you have for its owners?**

DB: The best advice that I would give: be open to the idea that there needs to be some common sense in the things that they do. Next, understand that their world which is about big money and big interests isn't the world of the average healthcare consumer. They have to get perspectives from users as to their tolerance for change, what their concerns are and seek some ideas about how things could be made better.

Generally speaking, Canadians want to be involved in a partnership as they go through transitions. They want to know that you have a plan, yet you're open to and hold important their ideas and perspectives as you bring them along. So what I would say to anybody who is trying to manage healthcare: get out of the ivory towers and academic conferences with their experts, politicians and others; get out there to see how the healthcare system is impacting the day-to-day lives of Canadians. That will give you a lot of wisdom about what changes are required.

**HQ: What is your take on how social media and information technology will affect healthcare (and its delivery) in this country?**

DB: Just as social media and technology are affecting every aspect of business, politics and societies around the globe, it's going to have an impact on healthcare. There is going to be an explosion in the information that healthcare professionals have to look at. And some of it will not necessarily be scientifically proven or approved as part of the medical catechism. This stuff is going to be coming at them from everywhere.

In addition to people bringing in articles from the Internet, we're going to see user groups associated with certain diseases. People will look for alternative ways of to control their own health. One of the biggest things we all deal with in life is our own mortality and that of our loved ones; people want to have as much control over that as they possibly can. To the extent that they want that control, they will need information from their healthcare professionals as partners in the process, not people who just dictate solutions.

**HQ: As patients mobilize and gain power through the "information age," how should healthcare providers – institutions, professions – react? Do you see a better system at the end of the tunnel?**

DB: Any solution that is responsive to the general wishes of the public and is open-minded is always a better system. You know, MD used to mean "Medical Deity" and you did what God told you to do. The number of patients who go out and get second and third opinions, the number of people who actually look at alternative medicines and solutions to their healthcare problems, the number of people who don't specifically follow their doctor's instructions are expanding. Physicians are but one part of the healthcare system.

**HQ: Do polling organizations start the debate or report on those underway? Is there a “best way” to engage the public in tough conversations?**

DB: What polling does is it gets facts on the table about the state of public deliberation. I’ll walk you through a scenario:

The first thing you have to deal with is level of awareness. If nobody knows what you’re talking about, or is concerned about it or is not an issue on the public agenda, you’re going to have a very hard time getting a meaningful conversation started with the public. Polling can give you a very good sense of whether or not anybody is talking about an issue.

The second thing is, if they are talking about it, what are they saying in an objective way? Good, bad or indifferent. Polling can help measure the quality and content of the conversation, i.e., insight.

Next, in terms of public opinion and producing change, polling basically builds you a wind tunnel for communication. You can test your ideas for change through public opinion research of one type or another to get a simulation of how the public is likely to react.

All of these are useful in the debate. Do they start the debate? No, they don’t start it but I think they can identify and help shape the debate.

**HQ: Can we cross a line where polling fatigue can weaken polling results or misinform those who rely on them?**

DB: Absolutely. That’s why you have to look at multiple lines of evidence, not just survey research. Behavioral research: what people are actually doing? How are census statistics rolling into your storyboard? You look at the experience of people at

the front line, not just the public. Interviewing people who are at the sharp end of healthcare delivery will give you some sense of what they think is going on. No one methodology can get at these sorts of things, you need to tap into multiple lines of evidence.

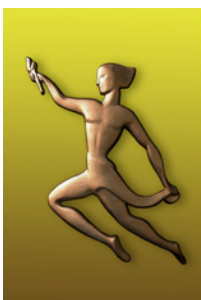
**HQ: Is the public ready for the information age in healthcare? Are we ready for a cyber-system rather than one made of bricks and mortar?**

DB: Bricks and mortar represent symbolic investments and commitment. It’s why governments are always cutting ribbons. And for people in the healthcare professions, they represent the place where they go to do what they do. It’s a safe type of system to operate. If we get into a situation where the public is seized with the idea that bricks and mortar investments no longer fit with their day-to-day life or is dysfunctional in terms of how things can be delivered, that’s a tough one.

**HQ: How will Canada’s healthcare system be better as a result of your efforts?**

DB: We share the genuine views of the public in a measured way with those who have to make decisions. What we do is speak truth to power. Ultimately, anybody who needs to make serious decisions accepted by the public or, even in situations where difficult decisions may not be well-accepted but can be better communicated, will be helped by our efforts. We help facilitate productive conversations by getting facts on the table.

**HQ: Thank you.** HQ



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