

## APPENDIX D



### **Public Opinion Research for the Canadian Nurse Practitioner Initiative: Wave 2**

Prepared for: The Canadian Nurses Association

March 2006

**Proprietary Warning**

The information contained herein is proprietary to the Canadian Nurses Association and may not be used, reproduced or disclosed to others except as specifically permitted in writing by the originator of the information. The recipient of this information, by its retention and use, agrees to protect the same and the information contained therein from loss, theft or compromise. Any material or information provided by the Canadian Nurses Association and all data collected by Decima will be treated as confidential by Decima and will be stored securely while on Decima's premise (adhering to industry standards and applicable laws).

---



**Toronto**

2345 Yonge Street  
Suite 405  
Toronto, ON  
M4P 2E5

(416) 962-2013

**Ottawa**

160 Elgin Street  
Suite 1820  
Ottawa, ON  
K2P 2C4

(613) 230-2013

**Montreal**

1080 Beaver Hall Hill  
Suite 400  
Montreal, QC  
H2Z 1S8

(514) 288-0037

**[www.decima.com](http://www.decima.com)**

**[info@decima.com](mailto:info@decima.com)**

Decima Research Inc. is ISO 9001:2000 Certified

## Table of Contents

---

<b>Introduction .....</b>	<b>1</b>
<b>Executive Summary .....</b>	<b>2</b>
<b>Detailed Findings .....</b>	<b>5</b>
Perceptions of Canada's Health-care system .....	5
Level of Support for Nurse Practitioners .....	9
Awareness and Opinion of Nurse Practitioners .....	9
Benefits of Nurse Practitioners .....	13
Drawbacks of Nurse Practitioners .....	15
Reasons for Supporting Nurse Practitioners .....	18
Allocation of Resources .....	22
<b>Survey Methodology .....</b>	<b>27</b>
 <b>Appendices: TO BE ADDED</b>	

## Introduction

Decima is pleased to present the following report on the results of the second national survey conducted for the Canadian Nurse Practitioner Initiative (CNPI).

The objective of the CNPI is to develop a framework to support the integration of nurse practitioners (NPs) into the health-care system to improve access to quality health care in collaboration with other health professionals including physicians. Its mandate includes five strategic components: legislation and regulation; practice and evaluation; health human resources planning; education and strategic communications.

A primary objective of the CNPI is to develop strategic communications about the integration of NPs into the health-care system. In order to inform this work, the CNPI commissioned Decima Research Inc. to conduct a benchmark survey among Canadians in early 2005 and a follow-up survey one year later (in February 2006).

The objectives of the research are to:

- Gauge public opinion on the integration of NPs into the health-care system;**
- Inform communications that will be key to the success of the strategy and articulate any challenges; and**
- Provide a breakdown between urban and rural communities.**

This report presents the results of the 2006 follow-up survey and compares them to the benchmark results from 2005. The 2006 results are based on interviews with 1,510 Canadians by telephone between February 2 and 13, 2006. The sample size in 2005 was 1,554. The results from a survey sample of 1,500 can be expected to be accurate to the full population of Canadians to within plus or minus 2.5 percentage points, in 19 out of 20 samples. A more detailed description of the methodology used to complete this research is provided at the end of this report.

This document begins with an executive summary highlighting the key findings from the research, followed by a detailed analysis of the survey results. Appended to this report is the survey questionnaire (in English and French) as well as a detailed set of tabular tables (under separate cover), showing the results for each question broken-down by key demographic variables. These tables are denoted by question number (i.e. Q.1) throughout the report for ease of reference.

## Executive Summary

With health care the most important top-of-mind issue for Canadians and wait times the area of greatest concern, it is not surprising that a large majority favour proposals to add resources, especially human resources, to the health-care system.

The research results demonstrate that overall awareness of NPs is modest at this time, essentially unchanged from one year earlier. Support for integrating NPs into Canada's health-care system remains strong, however, once the concept has been explained. As in the first survey, the current results show the arguments presented in favour of NPs to be persuasive, while the counterarguments generally do not convince supporters to change their opinions. And although Canadians continue to acknowledge certain drawbacks to integrating NPs, a substantial majority believes the benefits will outweigh the drawbacks.

Generally, Atlantic Canadians and Quebec residents are more positive about NPs and their role in the health-care system, while BC residents are somewhat more hesitant. The research also reveals very little variation in opinion toward NPs between urban and rural communities.

The following are the key findings from the research.

### Perceptions of Canada's Health-care system

Little change occurred between waves of the study regarding Canadians' perceptions of the health-care system. About three quarters of Canadians agree that the health-care system is functioning at least pretty well generally, although the majority (53%) does not believe the system ensures that services are available in a timely fashion.

Canadians still believe that the most urgently needed improvement to Canada's health-care system is helping Canadians access health care services *more quickly*. And, in the 2006 wave, a large majority consider the development of wait time guarantees for essential medical treatments to be a good or excellent idea (this question was not asked in 2005).

Canadians remain receptive to increased human and physical resources in the health-care system, particularly doctors and nurses. The idea of Registered Nurses with additional training to assess, diagnose, manage cases and prescribe medications is viewed positively by Canadians (77%).

## Level of Support for Nurse Practitioners

Awareness of and support for the integration of NPs into the health-care system is unchanged from 2005. Six in ten Canadians are aware of NPs, and a strong majority of this group believe that integration of NPs is an excellent or good idea.

Support for the integration of NPs among all Canadians also remains strong. Nearly nine in ten Canadians (88%) support integration of NPs into the health-care system once the role has been explained to them. This support is based on a belief that doing so would alleviate pressure on doctors, and improve the speed of access to services.

## Reasons for Supporting Nurse Practitioners

Canadians' reasons in 2006 for supporting NPs are consistent with those stated in 2005. Canadians are generally of the view that the arguments presented in favour of NPs are strong, while the arguments presented in opposition are not all that strong. Canadians were most convinced by arguments relating to improved speed and access to health care services:

**By relieving some of the routine workload, doctors will be more able to focus attention on the cases where their expertise is really needed, and needed urgently;**

**Giving more responsibilities to NPs will help ensure that rural areas have access to more timely health care services; and**

**Integrating NPs into the system will alleviate pressures on hospital emergency rooms, and ensure that those with urgent needs are treated in a rapid manner.**

## Communications Considerations

Generating measurable change in public opinion is a long-term (multi-year) endeavour, and this is even more difficult in the context of already high levels of support. Given the very positive public views about Nurse Practitioners and their potential to contribute to a speedier health care system, it is also important to consider certain communications challenges.

First among these is public concern about a doctor shortage. The current research suggests that the primary focus of Canadians, in terms of the different types of professionals in the health-care system, is to increase the number of doctors (53%), followed by NPs (30%) and nurses (11%).

However, when asked to imagine that funding is available for only one type of health professional, Canadians are divided over whether adding doctors (48%) or adding NPs (47%) would have the greatest impact on reducing wait times.

As in the 2005 results, some Canadians in 2006 are also concerned that there could be potential conflicts between physicians and NPs, and specifically that these conflicts may impede on their ability to deliver quality services. Public communications about the intended collaboration between these two groups of professionals may alleviate these concerns.

There are a number of other areas of modest public anxiety about NPs that CNPI may wish to address through its communications, including:

- Risks of inaccurate diagnoses or incorrect treatments;**
- Potential confusion stemming from changes in the health-care system;**
- and**
- Perceptions of increased costs due to the addition of a new layer of professional in the health-care system.**

These results suggest that, overall, Canadians are supportive of adding human resources to speed up the delivery of health care, and that NPs are seen as having a role in improving the system. The challenge will be to build on the existing good will and to define a role for NPs, in the public mind, as being an important complement to physicians.

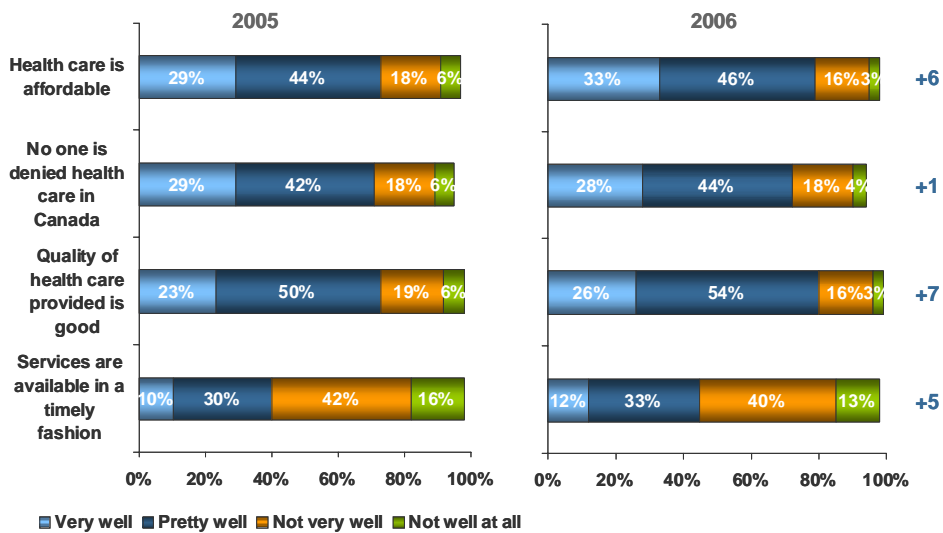
# Detailed Findings

## Perceptions of Canada's Health-care System

**Timeliness of service delivery continues to be a key area for improvement in Canada's health-care system.**

As in 2005, a majority of Canadians do not believe that health care services are available in a timely fashion (53% not very well or not well at all). Canadians are generally of the view that the country's health-care system delivers affordable (79% very or pretty well, up 6 points), good quality (80% very or pretty well, up 6 points), good quality (80%, up 7 points) care, and that no one is denied care (70%). (Q.1-4)

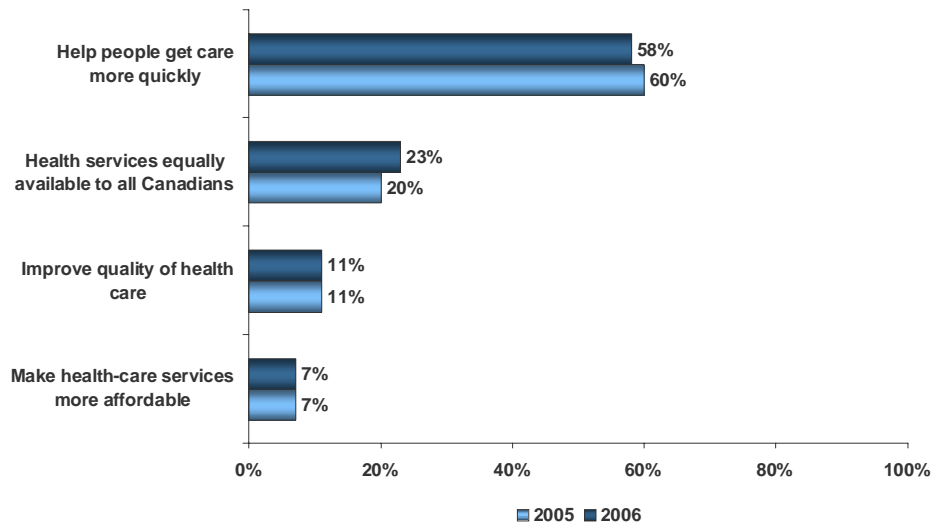
*Opinion on How Health-care System is Working*





Moreover, when asked to identify the most urgent or important among several potential improvements to the system, helping people get care more quickly (58%) remains the first choice by a three to one margin. Consistent with the findings in 2005, improvements to the affordability (7%), quality (11%), or equal availability (23%) are considered less important than improvements designed to speed up health care delivery. (Q.5)

**Most Urgent Improvement Needed to Health-care System**



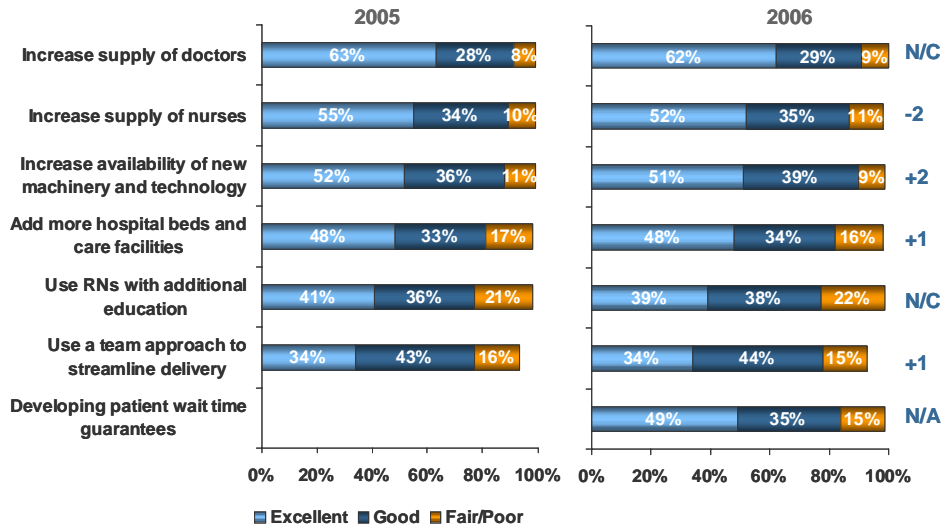
Consistent with the results from 2005, Canadians consider increasing the human and physical resources in the health-care system to be important steps toward improving how quickly people obtain service. Majorities of Canadians favour increases to the supply of doctors (62%), nurses (52%), new machinery and technology (51%), and hospital beds/care facilities (48%) to be excellent ideas for helping Canadians access services more quickly.

In response to a new question in the 2006 survey, half of Canadians (49%) agree that developing patient wait-time guarantees is an excellent idea.

Four in ten (39%) Canadians rate the following description as an excellent idea for improving how quickly Canadians receive health services: “using registered nurses with additional education to assess, diagnose, manage injuries and illnesses and prescribe medications in accordance with provincial and territorial regulations.”

“Using a team approach to streamline the delivery of health care services” is considered to be an excellent idea by about one-third of Canadians (34%). (Q.6-12)

**Ratings of Ideas to Improve Health-care Delivery**

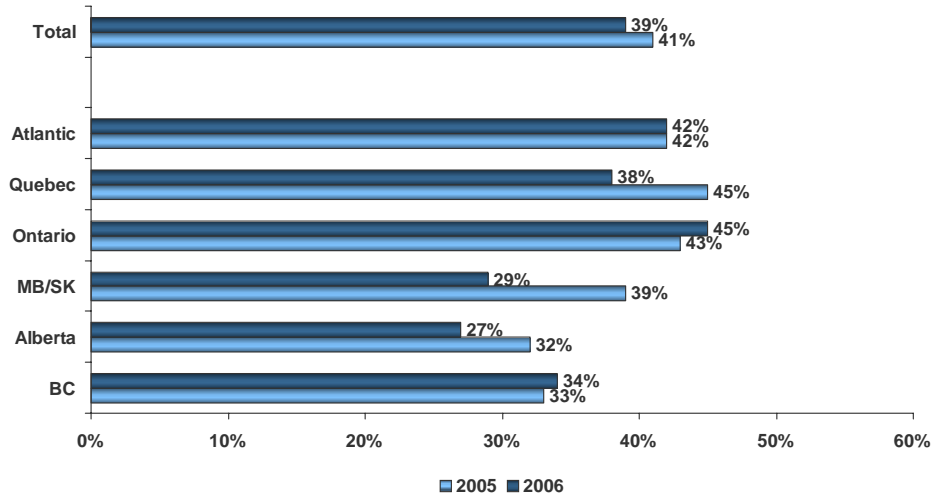


In general, women are more likely than men to consider each of the suggested improvements to be an excellent idea.

In terms of using registered nurses with additional education to assess, diagnose, manage injuries and illnesses and prescribe medications in accordance with provincial and territorial regulations, Atlantic (42%), Quebec (38%) and Ontario (45%) residents continue to be the most likely to consider this an excellent idea.

The apparent stability in the overall response to this question masks certain regional variations in the proportion rating the idea as excellent, especially in the Prairie Provinces (Manitoba and Saskatchewan –10%, and Alberta –5%).

**Excellent Rating: Using RNs with More Education  
by Region**



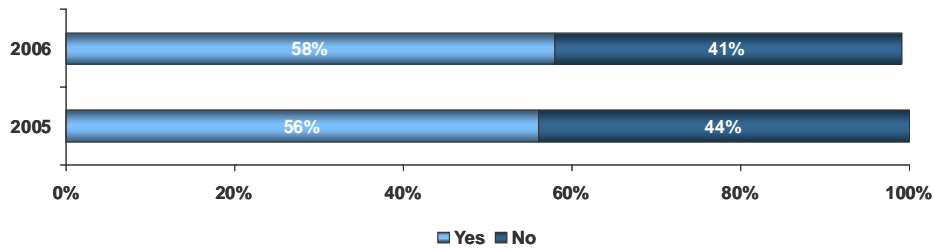
## Level of Support for Nurse Practitioners

### Awareness and Opinion of Nurse Practitioners

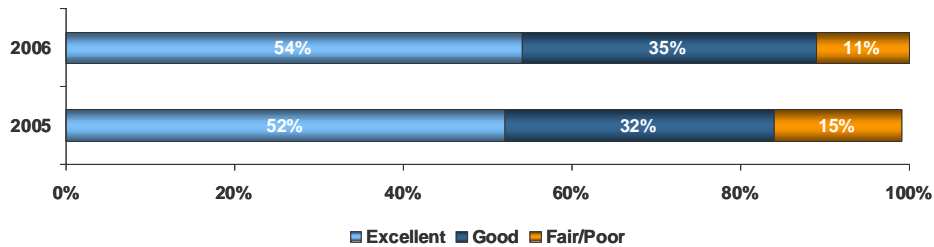
**More than half of Canadians are aware of NPs and most of those are positive about fully integrating them into the health-care system.**

Consistent with the findings from 2005, not quite six in ten (58%) Canadians are currently aware of NPs, and a strong majority of this group (89% or 52% of all Canadians) consider their integration into the health-care system an excellent (54%) or good (35%) idea. (Q.13, 14)

*Aware of Nurse Practitioner*

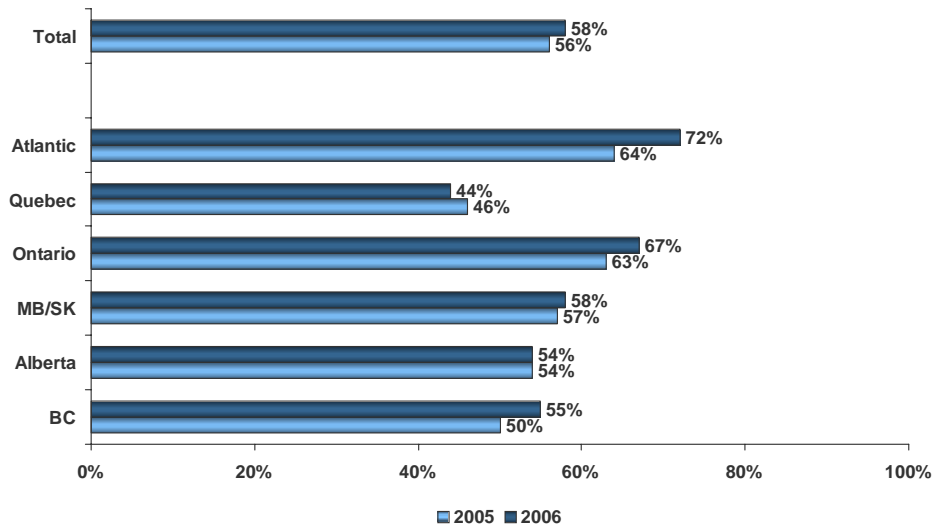


*Opinion of NP Integration*



When looking across Canada, Atlantic Canadians (72%) continue to be the most aware of NPs, while those in Quebec are the least aware (44%). Awareness of NPs remains limited among younger Canadians: Four in ten (41%) Canadians younger than 35 years of age report awareness of NPs, compared to six in ten (63%) Canadians aged 35 years and older.

**Awareness of NP by Region**



**Nearly nine in ten Canadians support integration of NPs, and support is highest among those with more familiarity.**

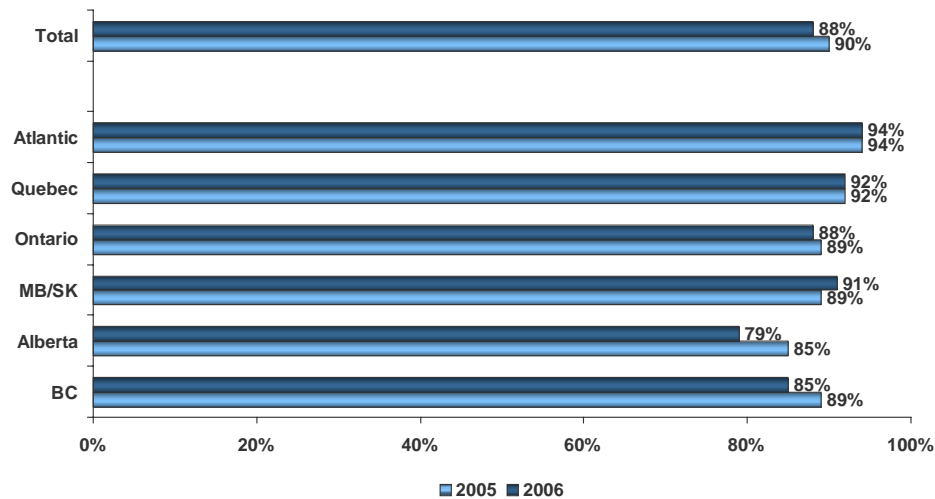
As in 2005, all participants were read the following description of the NP concept, and then asked to indicate their support or opposition for the full integration of NPs into the health-care system.

*Nurse practitioner is a health care role that exists now in the US, the UK, Australia and New Zealand, but is at an earlier stage of implementation in Canada. Essentially, the concept is to have registered nurses with additional education and extensive experience play a greater role in providing quality care and meeting the demand for health care services. Nurse practitioners are able to diagnose and treat common illnesses, order tests and prescribe medications within specific standards and conditions as outlined in their respective provincial and territorial regulations.*

- Deleted: license those
- Deleted: so that
- Deleted: they can
- Deleted: For example, they could have the authority to diagnose common ailments, prescribe medication and treatment, refer patients to specialists and admit patients to hospitals.

On this basis, support for the integration of NPs is very high. As observed in 2005, more than half (53%) of all Canadians strongly support the integration of NPs, and an additional one-third (35%) is supportive. (Q.15)

**Support for Fully Implementing NP into Canadian Health-care System by Region**



As in 2005, Canadians aware of NPs prior to the survey report more *strong support* for the full integration of NPs into the health-care system (61% versus 43%). This suggests that increasing awareness of NPs will likely contribute to increased support for their integration into the health-care system.

*Strong* support for the integration of NPs is also higher in Atlantic Canada (62%), Quebec (64%), and Ontario (56%), compared to Western Canada.

**Speeding up the system and taking pressure off doctors are the most often cited reasons for supporting integration of NPs.**

Canadians support the full integration of NPs into the health-care system because they expect it to take pressure off of doctors (30%), speed up the health care process (26%), or because they are currently concerned about the shortage of doctors (20%). (Q.16)

The small group that does not support the integration of NPs into the health-care system (10%, n=140) most often say this is because they do not believe NPs have appropriate qualifications (54%, down 6% from 2005).

**TABLE 1: REASONS FOR SUPPORT OR OPPOSITION OF NURSE PRACTITIONER INITIATIVE**

Reasons for Support (n=1340)	2006 %	2005 %	Reasons for Opposition (n=140)	2006 %	2005 %
Take pressure off doctors	30	28	Insufficient qualifications	54	60
Speed up process/more efficient	26	26	Concerned about shortage of doctors	11	15
Concerned about doctor shortage	20	22	Concerned with nurses giving diagnoses	9	12
Need more/better health care/staff	9	18	Concerned with nurses giving prescriptions	8	8
It is a good idea	8	11	Need more/better health care/staff	5	7
They know what they are doing	15	10	Nurses should not have all the responsibilities	11	6
No need to see doctor for everything	10	9	Can be as good as doctors with proper training	6	4
Can be as good as doctors with proper training	8	9	Know what they are doing	1	3
Nurses should/could have more responsibilities	8	7			
Would be cheaper/doctors more expensive	5	6			
Other reasons	8	11	Other	15	23
Don't know	2	2	Don't know	6	1

## Benefits of Nurse Practitioners

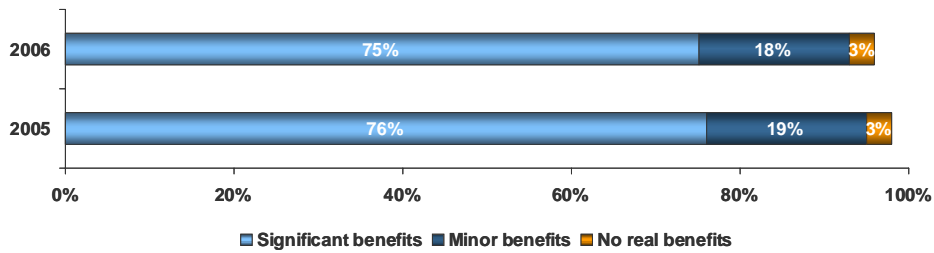
### Canadians expect significant benefits from the integration of NPs into the health-care system.

A sizeable majority of Canadians continue to believe the integration of NPs into the health-care system will generate significant benefits (75%). Another one in five (18%) expect there to be minor benefits while very few (3%) think there will be no benefit to integrating NPs into Canada’s health-care system. These findings are consistent with those observed in 2005. (Q.16)

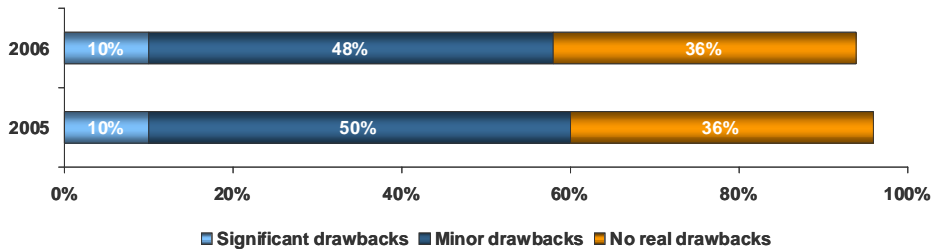
Significant benefits of the NP initiative are most often cited by those under the age of 25 (53%).

When considering the potential drawbacks of integrating NPs, close to half of Canadians (48%) expect there to be minor ones, while one in ten (10%) expect there will be significant drawbacks. One-third (36%) of Canadians do not foresee any drawbacks from the full integration of NPs. (Q.17)

**Benefits and Drawbacks to Implementation of NPs**



**Benefits and Drawbacks to Implementation of NPs**

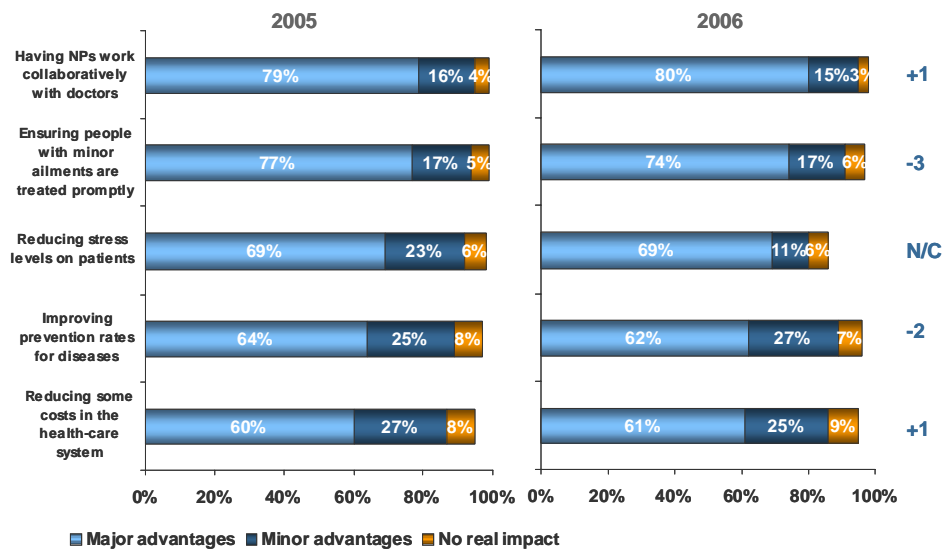




In addition to benefits or drawbacks in general, Canadians were also asked about specific advantages of integrating NPs into the system. Consistent with the 2005 results, Canadians continue to agree that NPs would create major advantages for the health-care system in a range of areas. (Q.19-23)

Canadians are most likely to see major advantages in terms of having NPs collaborate with doctors so that serious ailments are diagnosed earlier (80%), and by making sure that people with minor ailments are treated in a timely fashion (74%). Slightly fewer see major advantages from reducing patient stress levels (69%) and improved prevention rates for illnesses (62%). Canadians are least likely to expect major advantages from NPs in the form of reduced costs in the health-care system (61%).

**Potential Advantages of Integration of NPs**



Residents of Quebec and Atlantic Canada, and women continue to be more likely to consider there to be potential advantages from the full integration of NPs.

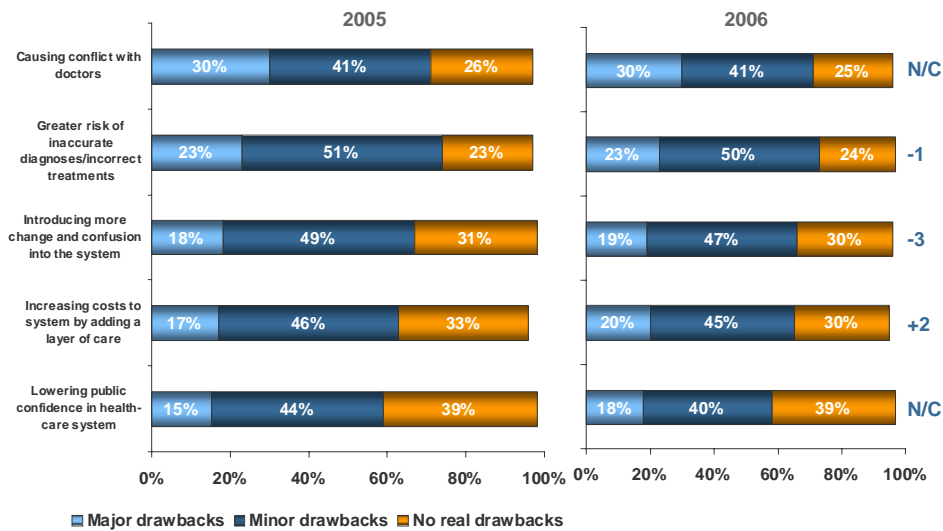
### Drawbacks of Nurse Practitioners

**As in 2005, Canadians foresee few major drawbacks from the integration of NPs into the health-care system.**

Only a minority of Canadians see major drawbacks to the integration of NPs into the health-care system. Three in ten (30%) say a major drawback would be conflict with doctors, while one in four (23%) believe that a major drawback would be a greater risk of inaccurate diagnoses or incorrect treatments.

Confusion and change in the health-care system (19%), increased costs (20%), and a decrease in public confidence (18%), are each seen as major drawbacks to the integration of NPs by approximately one-fifth of Canadians. (Q.24 – 28)

*Potential Drawbacks of Integration of NPs*

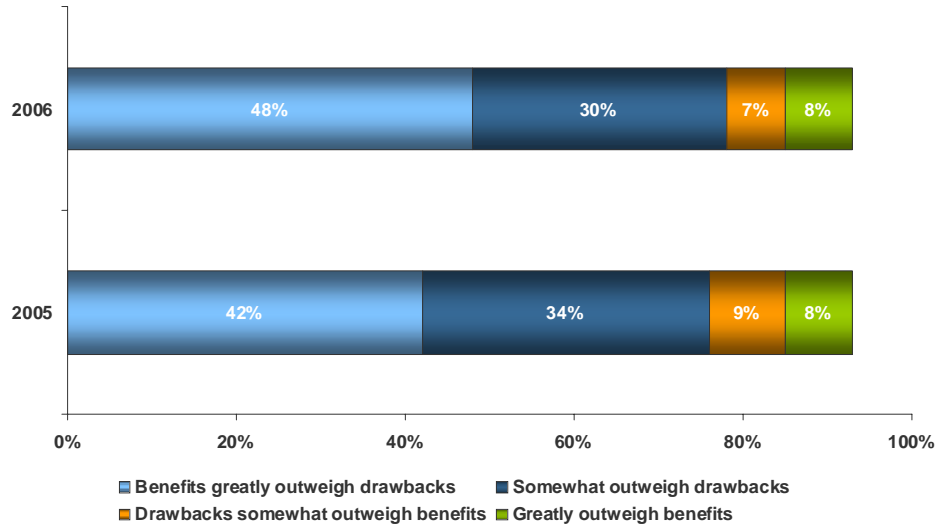


Residents of Alberta and Quebec are more likely than others to consider the different drawbacks to be major when considering the full integration of NPs into Canada’s health-care system. In addition, urban residents (24%) are more likely than their rural (18%) counterparts to consider a greater risk of inaccurate diagnoses or incorrect treatments to be a major drawback.

Despite acknowledging some drawbacks, the majority of Canadians continue to believe, that on balance, the benefits of NPs outweigh the potential

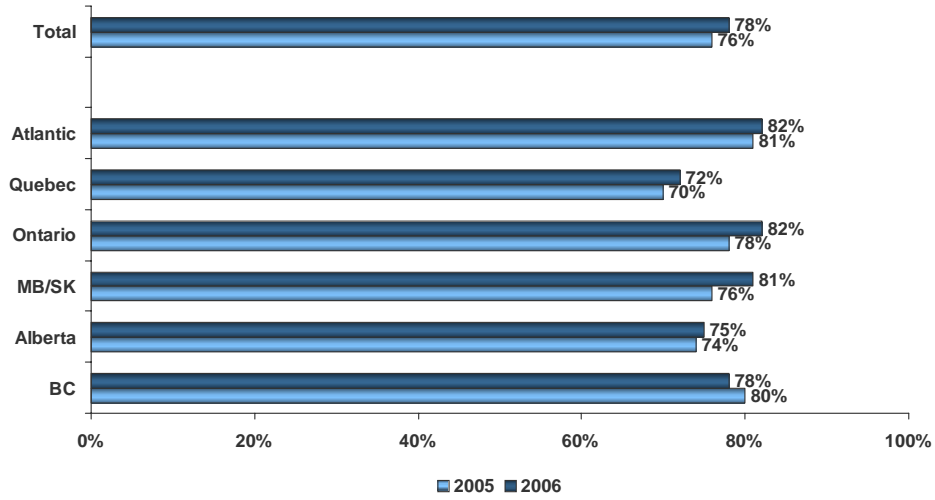
drawbacks. Three quarters of Canadians say the benefits greatly (48%) or somewhat (30%) outweigh the drawbacks. (Q.29)

**Benefits of NPs Outweigh Drawbacks?**



From a regional perspective, there has been little change in opinion over the past year.

*Do Benefits of Nurse Practitioners Outweigh Drawbacks?  
by Region*



## Reasons for Supporting Nurse Practitioners

### **Canadians' opinion of NPs tend not to shift based on the arguments presented.**

As in 2005, Canadians are very receptive to arguments posed in support of integrating NPs into the health-care system. In fact, almost eight in ten Canadians continue to consider each of the arguments presented in favour of the full integration of NPs to be either strong or very strong.

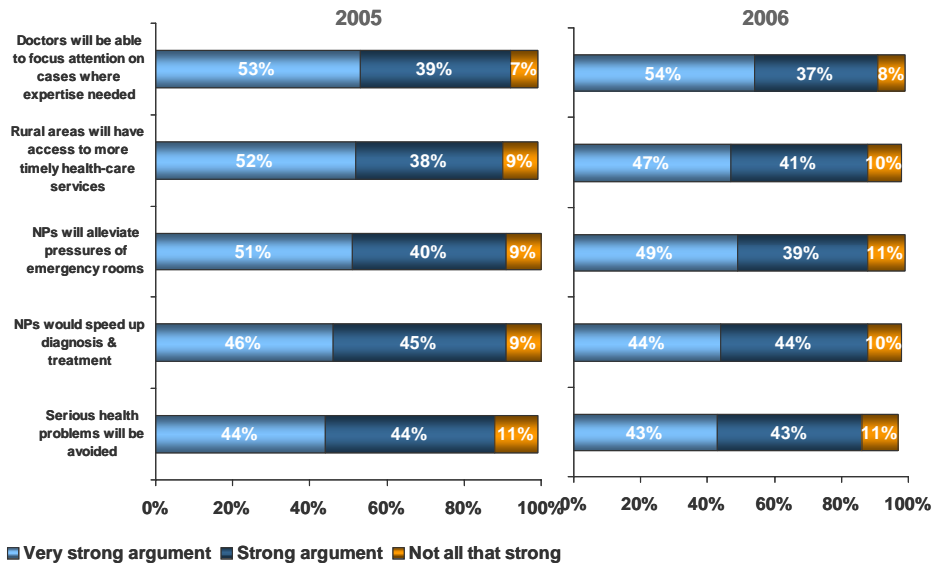
Canadians are most convinced by arguments stating that NPs will improve access to health care services. Consistent with the earlier findings about the importance of improving access and timeliness of care, the strongest arguments in favour of NPs are:

**By relieving some of the routine workload, doctors will be more able to focus attention on the cases where their expertise is really needed, and needed urgently (54% very strong argument);**

**Giving more responsibilities to NPs will help ensure that rural areas have access to more timely health-care services (47%); and**

**Integrating NPs into the system will alleviate pressures on hospital emergency rooms, and ensure that those with urgent needs are treated in a rapid manner (49%).**

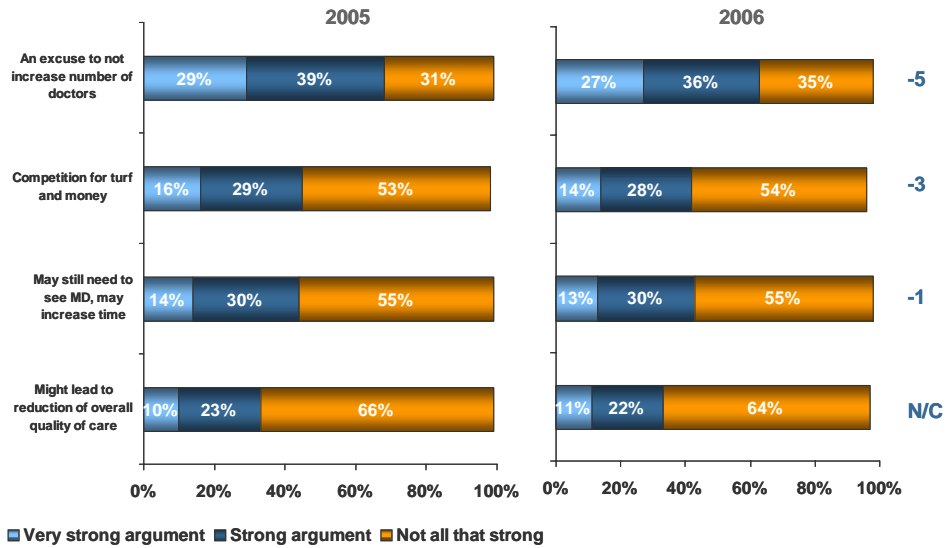
**Strength of Arguments For NPs**



Residents of Quebec and women are more likely than others to consider each of these arguments to be very strong.

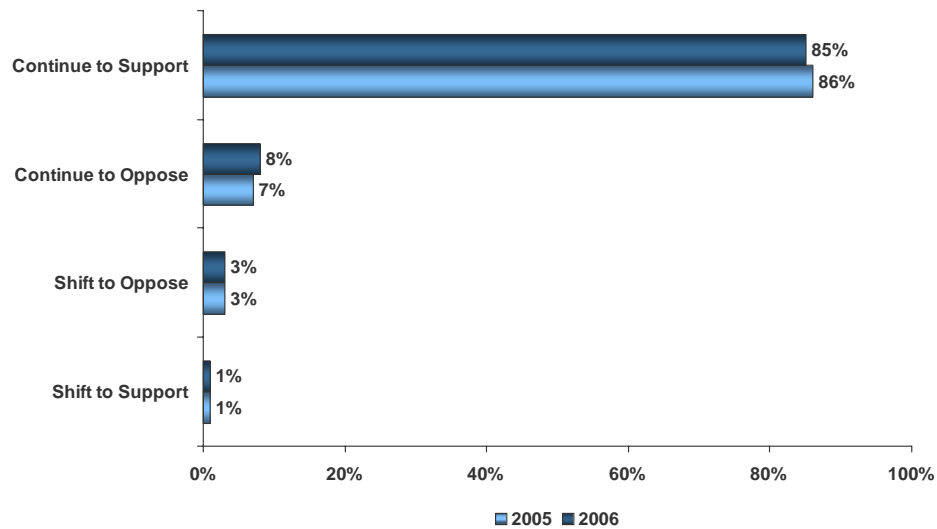
The strongest argument against the integration of NPs is that *“governments might use an increase in NPs as an excuse not to increase the number of doctors”* (29% very strong). The other arguments tested are considered to be not all that strong by between half and two-thirds of Canadians.

**Strength of Arguments Against NPs**



Following the presentation of arguments for and against the integration of NPs, Canadians were once again asked if they support or oppose this concept. As in 2005, these arguments had little impact, either way, on Canadians generally positive view of the NP concept.

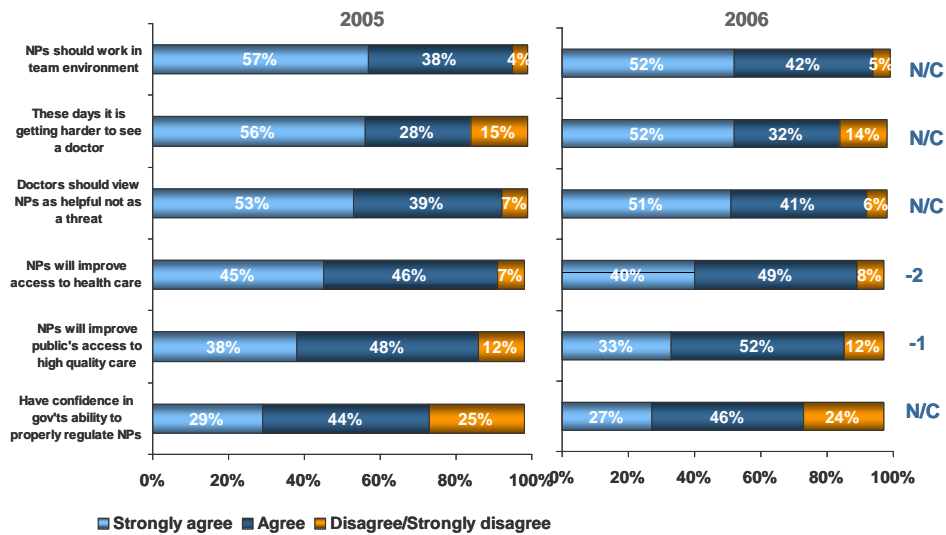
**Change in Opinion of NP initiative**



When asked about the health-care system and the potential for NPs to improve it:

- More than eight in ten Canadians agree that its getting harder to see a doctor, and that NPs will improve the access and quality of care;
- More than nine in ten think that doctors should see NPs as helpful, and that NPs should work on teams with doctors; and
- More than seven in ten are confident that governments can properly regulate NPs and ensure that patients are not put at risk (73%).  
(Q.42 – 48)

**Agreement with Statements about Health Care in Canada**

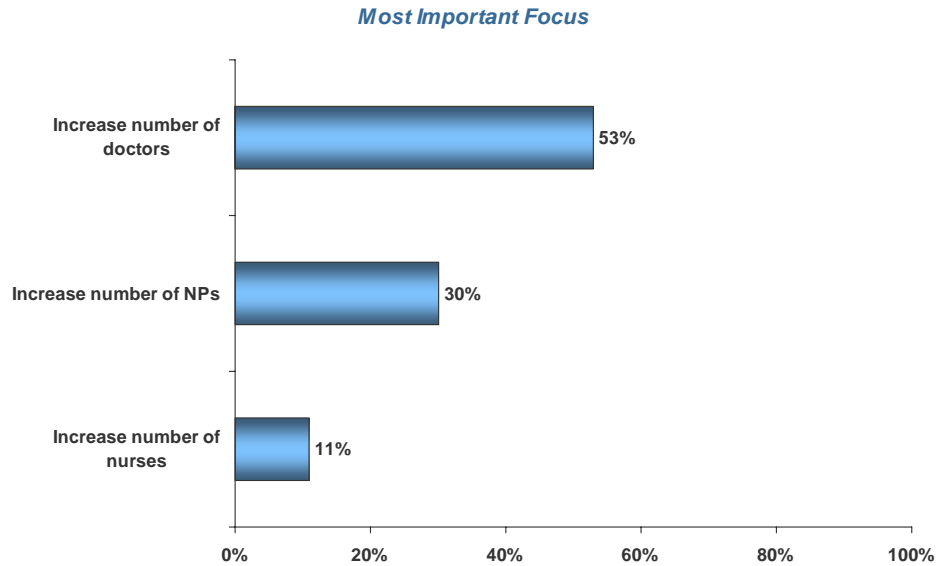




## Allocation of Resources

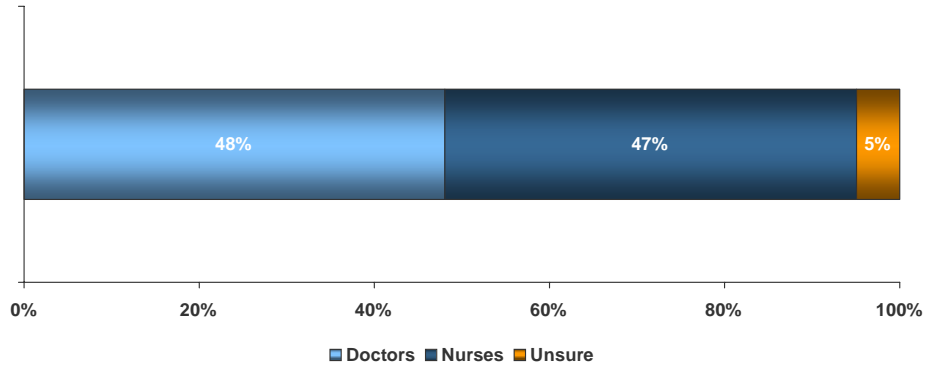
**A slight majority of Canadians believe that the priority should be increasing the number of doctors.**

When asked to select a priority from among increases the number of doctors, nurses or NPs, just over half (53%) believe the focus should be on increasing the number of doctors. Fewer think the current focus should be on increasing the number of nurse practitioners (30%) or nurses (11%). (Q.40)



When asked which improvement would have the greatest impact on reducing wait times in Canada, within the context of limited funding, half of Canadians prefer to increase the number of doctors (48%), while the other half (47%) believe increasing the number of nurse practitioners to be the priority. (Q.41)

**Funding Preference if Funding Available for only One Type of Practitioner**



Canadians were also asked if they would prefer to receive care from a nurse practitioner or a doctor and, although they have a very positive impression of nurse practitioners, the majority prefer a doctor. Close to six in ten (58%) prefer to see a doctor whereas about one in five (17%) would prefer to see a nurse practitioner. The remaining one-quarter of Canadians is unsure whom they would prefer to receive care from. (Q.48)

Women (20%) are more likely than men (14%) to have a preference for a nurse practitioner. Meanwhile, more Canadians under the age of 25 (71%) would prefer to see a doctor as compared to their older counterparts (57%).

When asked to explain their preferences, those who prefer to receive care from a doctor say this is because doctors “have more training or knowledge” (51%). Canadians who prefer to see NPs say this is because they believe they would use them for “smaller issues” (26%), and provide “faster diagnoses” (22%). A detailed list of reasons follows. (Q.49)

**TABLE 1: REASONS FOR SUPPORT OR OPPOSITION OF NURSE PRACTITIONER INITIATIVE**

Reasons for Wanting Nurse Practitioner (n=258)	2006 %	Reasons for Wanting Doctor (n=878)	2006 %
Would use for small issues	26	Have more training/knowledge	51
Faster diagnoses/access	22	More trust/confidence/comfort	14
Just as competent	15	Need doctor for serious issues	13
Need to see doctor for serious issues	15	Would use NP for small issues	11
Prefer their compassion	12	Depends on seriousness of situation	10
Depends on seriousness of situation	11	Habit/what I have normally done	7
Would take pressure off doctors	11	NPs are not ready for this role	6
Can get second opinion/referral	9	Give the best diagnoses	5
Have more training	7		
Nurses are better than doctors	6		
Other reasons	12	Other	9
Don't know	2	Don't know	2





# Survey Methodology

## Questionnaire Design

The questionnaire used for this study was designed by senior Decima consultants in close consultation with the project authority at the Canadian Nurses Association/CNPI. It was largely based on the instrument from the 2005 survey, with a few new questions. Upon finalization, the questionnaire was translated into French by Decima's in-house translation department.

## Sample Design and Selection

The sample for this study was designed to complete 1,500 interviews by telephone with adult Canadians from households randomly selected in all provinces and territories. The sample was stratified by region and province to ensure adequate sub-samples for meaningful sub-group analysis.

The sample was drawn using SurveySampler technology, which ensures that all residential listings in Canadian provinces have an opportunity to be selected for inclusion in the survey. Within selected households, respondents 18 years or older were screened for random selection using the "last birthday" method, which provides an efficient means of ensuring the sample approximates the population according to gender and age level. Further screening was conducted to ensure that households with a nurse or a physician were excluded from the sample. Up to eight callbacks were used to reach selected respondents who may not have been available at the time of the call.

## Survey Administration

This survey was conducted in English and French using computer-assisted-telephone-interviewing (CATI) technology, from Decima's facilities in Ottawa, Toronto, and Montreal, between February 2 and 13, 2006. The survey averaged 18 minutes in length.

All interviewing was conducted by fully trained and supervised interviewers, and a minimum of 10 percent of all completed interviews were independently monitored and validated in real time.

### Sample Disposition

A total of 17,727 telephone numbers were dialled for this study, from which 1,510 households were qualified as eligible and completed the survey. The overall response rate is 11%. The final disposition of all contacts is presented in the following table, consistent with the reporting standards established by the Marketing Research and Intelligence Association (MRIA).

<b>SAMPLE DISPOSITION REPORT</b>	
<b>TOTAL ATTEMPTED</b>	<b>17727</b>
Not in service (disp 4,44,47)	2281
Fax (disp 10,46)	273
Invalid #/Wrong# (disp 9,12,13,43,77,88)	529
<b>TOTAL ELIGIBLE</b>	<b>14644</b>
Busy (disp 2,42)	128
Answering machine (disp 3,8,45)	2197
No answer (disp 1,41,48)	2131
Language barrier (disp 11)	343
Ill/Incapable (disp 14)	81
Eligible not available/Callback (disp 6,7)	1592
<b>TOTAL ASKED</b>	<b>8172</b>
Household/Company Refusal (disp 15,21)	2665
Respondent Refusal (disp 22,23,26,27,89)	3728
Qualified Termination (disp 24,28,29)	106
<b>CO-OPERATIVE CONTACT</b>	<b>1673</b>
Not Qualified (disp 3X,25)	163
Completed Interview (disp 20)	1510
<b>REFUSAL RATE</b>	<b>79.53</b>
(10+11+12) / C	
<b>RESPONSE RATE</b>	<b>11.42</b>
D (13-14) / B (4-14)	
<b>INCIDENCE*</b>	<b>90.84</b>
$[(14+12) / (13+14+12)] * 100$	

### Sample Distribution

A sample 1,510 drawn from the Canadian population would be expected to be accurate to within plus or minus 2.5 percent at the 95 out of 100 samples. The margin of error will be greater for regional and provincial sub-samples, as presented below.

#### SAMPLE DISTRIBUTION BY REGION

Region/Province	Unweighted Sample	Margin of Error <sup>1</sup>
Atlantic Canada	150	± 8.0%
Quebec	375	± 5.1%
Ontario	491	± 4.4%
Manitoba/Saskatchewan	150	± 8.0%
Alberta	131	± 8.6%
BC	178	± 7.4%
Territories	35	± 16.8%
<b>Total</b>	<b>1,510</b>	<b>± 2.5%</b>

<sup>1</sup>At the 95% confidence level