



**~ IriS Syndicated Study ~
Health Perceptions Around the
Globe**

September 2004

*Prepared by: Behaviour & Attitudes
In association with 22 other members of
International Research Institutes*

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International Research Institutes and Behaviour & Attitudes: Local Expertise, Global Scope.

About Behaviour & Attitudes

Behaviour & Attitudes is Ireland's leading independently owned Marketing Research agency, but participates in International Research Institutes (IriS) as a medium for sharing best practise approaches to global and local research studies.

Behaviour & Attitudes joined IriS in 1996 and Larry Ryan has been a member of its four person global steering committee for the past five years. He helped to design this current study, as well as broadening membership of IriS in Eastern Europe and further afield.

IriS members meet to review trends and developments six monthly, and met in Dublin for the first time, in March 2003.

About IriS

International Research Institutes (IriS) is a network of independent marketing research companies in Europe, Asia/Pacific, Africa and North and South America. Together, we offer clients not just local, but also global research and consulting capabilities of the highest standard, in many diverse fields. Committed to a common survey research quality standard, IriS enables our clients to know that their research project is in safe hands, and that results will be accurate and up-to-the-minute. Indeed, all IriS members conform to a common Quality Code.

The *raison d'être* of the IriS network is to harness members' knowledge of local markets, to promote and share our collective expertise and to optimise the use of that information on a global basis. Currently, with members in 30 countries, the IriS network is a global operation providing truly worldwide research results. Constantly in touch with one another, and meeting as a network group several times a year, members exchange ideas and research techniques to help our clients and our own organizations maintain a competitive edge in today's continuously changing business arena.

If you would like more information about the IriS network, or what it might offer you and your organization, please visit our website www.irisnetwork.org, or contact Behaviour & Attitudes.

For more information about Behaviour & Attitudes, and its' local or global research strengths, or to learn more about this study, contact Larry or one of the agencies other senior researchers.

Foreword To The Global Health Study

Survey after survey in countries around the globe have shown that health care is one of the leading issues on people's minds. We also know that both governments and individuals are evolving in their understanding of what it takes to sustain, if not improve, national health care systems. There is a growing awareness that it is not enough, for instance, to simply throw money at the traditional delivery systems of medical personnel, equipment and facilities.

Moreover, in most countries, the role of health care systems has shifted toward more holistic approaches that put more emphasis on the prevention of illness, rather than simply treating illness after it occurs, and toward greater individual responsibility for the state of one's personal health.

This survey was designed to explore and compare the perceptions and expectations of the public in 23 countries around the world. This is one of the most comprehensive undertakings of its kind and may serve as a baseline for future surveys. We hope that you and your colleagues will be able to use these data as building blocks for further investigations into related areas of inquiry. We welcome your comments and suggestions as to how IriS can assist you in this and other research endeavours.

We look forward to hearing from you.

Jhr. Allert R. de Lange
President, IriS
September 2004

Healthcare and health spending and administration continues to be a hot topic in Ireland, and this study gives the ongoing debate a sharper and more defined context.

In the run up to the next election, and a stated growth in commitment to equality, the reduction of waiting lists, structural reform and easier access to healthcare, this inaugural survey aims to put greater clarity on Irish attitudes and views.

We hope this study is of use to you and also highlights Behaviour & Attitudes' strength as specialist researchers who can tap into a global network of like-minded, highly competent, but independent and imaginative agencies.

Larry Ryan
Director, Behaviour & Attitudes
September 2004

About This Study

Interviews were conducted among a total of 19,995 residents of 23 countries during the months of June to August 2004. Respondents were aged 18 or older, except in four countries (Great Britain, Ireland, Italy and Sweden) where the sample included a small number of people (just 2 % of the total multi-country sample) who were between the ages of 14 and 17.

All of the research companies involved are full members of IriS.

The Irish research was undertaken by means of a nationally representative, face-to-face, in-home survey of 1,199 adults aged 15 and over. It was included on the Behaviour & Attitudes' National Barometer survey, which is quota controlled to be representative of the adult population in terms of sex, age, social class, region and degree of urbanisation.

The table below illustrates the sample size for each country. However, the reader is advised that each country's data were weighted (up or down) to 1,000, so that all countries have an equal impact on the final results.

Country	Number of Interviews (Unweighted)
Argentina	502
Canada	2,020
China	500
Czech Republic	515
France	500
Germany	504
Great Britain	1,002
Greece	500
Indonesia	1,000
Ireland	1,199
Italy	1,004
Japan	2,000
Kazakhstan	1,200
Korea	454
Mexico	1,253
Netherlands	1,003
Nigeria	1,000
Poland	810
Russian Federation	517
Spain	500
Sweden	504
Switzerland	1,005
United States	503

Questionnaire Content

The questionnaire used covers

- Importance of factors which are perceived to contribute to health.
- Self-evaluation of own health.
- Attitudes to the healthcare system, its management and funding.
- An assessment of the accessibility and equity of the local health system.
- Attitudes to healthcare reform and funding.
- (In Ireland only) Holding of private medical insurance and/or medical cards.

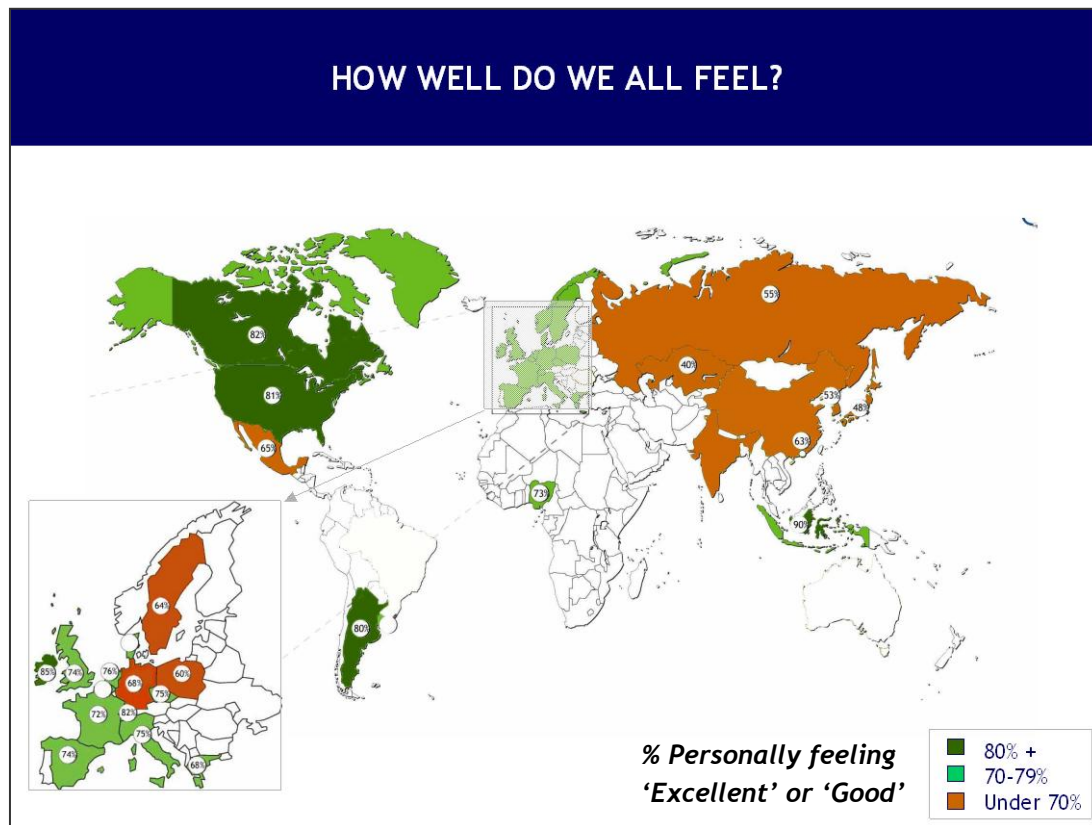
Highlights of the Global Study

1. Personal Health Levels

The survey finds that, worldwide, people are generally optimistic about their own state of health and have a sense of some control over that aspect of their lives. Perhaps surprisingly, the Irish are the most upbeat about their personal health, coming marginally ahead of Switzerland, Canada, America and Britain.

Most respondents describe their personal state of health as being good. Out of 23 countries, Kazakhstan and Japan are the only ones in which fewer than a majority of respondents consider themselves to be in good or excellent health, and in no country do more than one in ten say they're in poor health.

To an extent the somewhat younger population of Ireland, in comparison with many other countries, may contribute to our greater sense of personal wellbeing.



2. Factors Impacting on Health

In most countries, awareness of the impact of specific lifestyle factors on personal health is widespread, although no one factor dominates worldwide. When people are asked to rate the importance of six specific factors - diet, physical exercise, tobacco use, excessive alcohol use, stress/anxiety, and outlook on life - as determinants of overall personal health, there are very few instances in which a majority in any country dismisses a factor as not very/not all important. For each factor, the survey found that majorities in about two-thirds of the countries actually considered the factor to be “very” important.

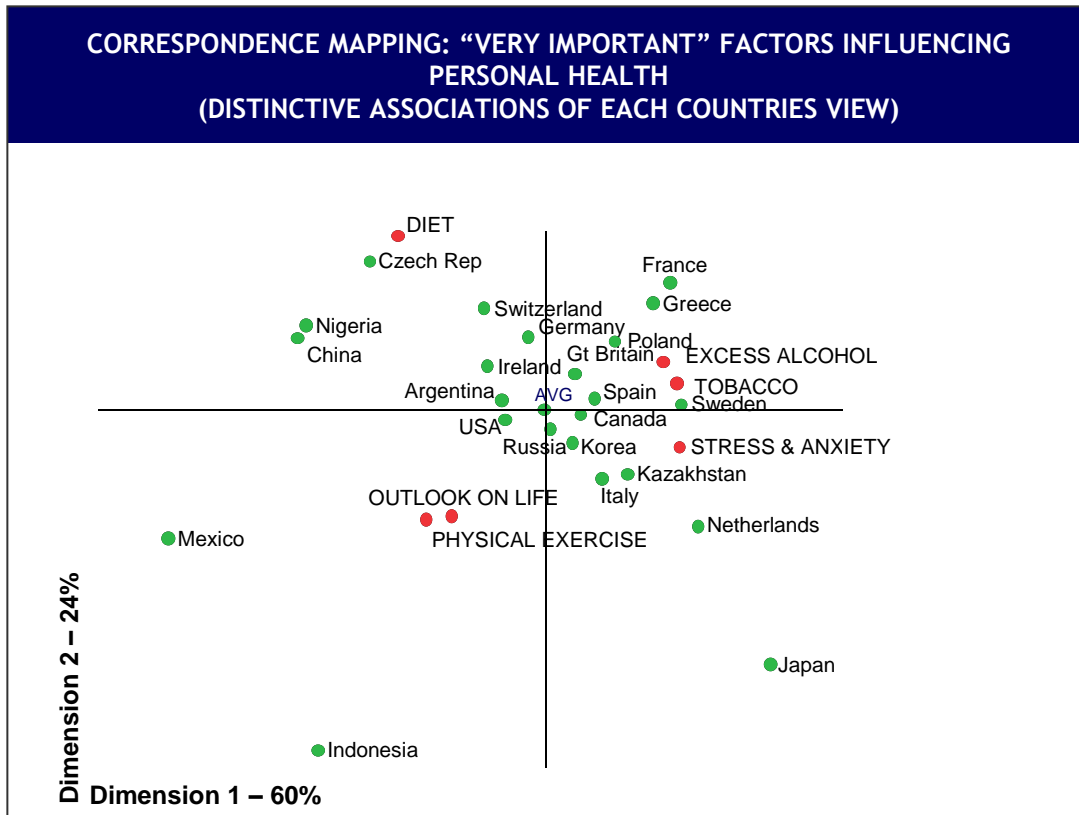
‘Very Important’ Influences on Health

	Diet	Level of Physical Exercise	Use of Tobacco	Excessive Alcohol	Stress & Anxiety	Outlook on Life	Health Influence Index
Ireland	78	70	55	56	55	57	62
Argentina	78	73	69	53	65	74	69
Spain	72	65	75	77	73	72	72
Germany	70	57	50	58	53	49	56
USA	70	68	62	69	69	74	69
Great Britain	70	62	65	66	65	58	64
Nigeria	69	68	30	32	21	34	42
Greece	69	47	71	64	73	43	61
Canada	69	73	73	74	69	66	71
Poland	68	52	72	61	66	52	62
Russia	68	63	51	54	54	60	58
Switzerland	64	52	43	43	39	37	46
France	63	46	77	72	56	39	59
China	59	48	28	19	20	39	36
Czech Rep.	58	35	24	22	28	33	33
Average	57	58	53	50	52	50	53
Korea	55	56	58	46	63	56	56
Mexico	54	64	16	11	19	54	36
Italy	46	66	56	58	62	49	56
Sweden	39	56	56	61	54	26	49
Kazakhstan	29	37	38	42	41	38	38
Netherlands	29	76	68	70	65	36	57
Indonesia	26	72	18	25	24	54	37
Japan	9	37	56	29	65	45	40

The greatest range of perceptions was found when respondents were asked about the impact of tobacco use - from countries such as Argentina, Canada, France, Greece, the Netherlands, Poland, Spain, Great Britain, and the United States (where two-thirds or more consider it a very important determinant of health) to Mexico, Indonesia and the Czech Republic (where

majorities dismiss tobacco use as a not very/not at all important determinant of health).

In Ireland, much greater focus is placed on diet and exercise, with smoking, alcohol excess, life outlook and stress much less commonly regarded as critical. We share this attitudinal peculiarity with the Czechs, the Nigerians and the Chinese.



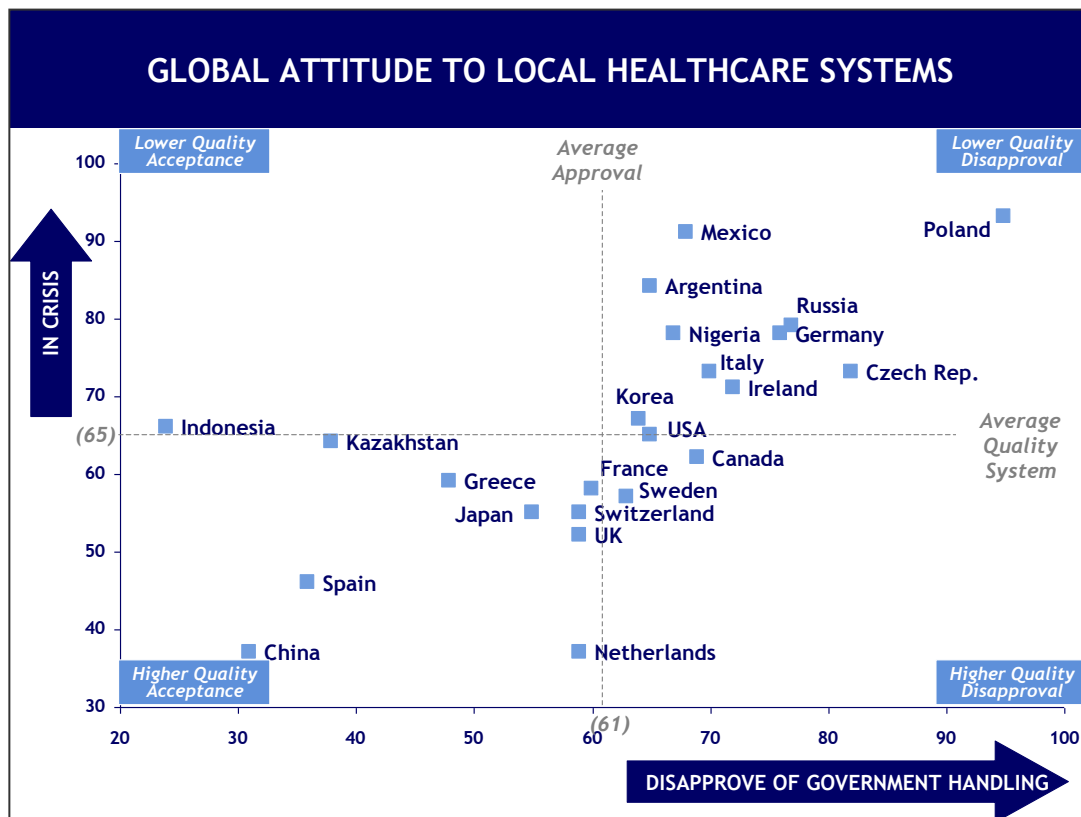
It is quite probable that the greater focussing on the importance of diet and exercise by the Irish is an attempt to disguise our attitude to the amount we smoke and drink.

It is also interesting that Irish perceptions of the contributory effect of stress and anxiety to personal healthcare are so muted. Most of 'old' Europe sees stress as a fundamental contributor, while few place as much focus on diet. Perhaps our diet fixation stems from our agricultural past?

3. Attitudes To The Local Health System

Respondents' optimism regarding their personal health status does not translate into confidence in their nation's health care system. In 21 out of 23 countries, majorities - and in many cases large majorities - describe their nation's health care system as being "in a state of crisis," and in 19 out of 23 countries, majorities - again, often large majorities - disapprove of their government's handling of health care.

Thus, antipathy and censure are global phenomena, but is the Irish situation worse?



The Irish are particularly critical in both respects, placing 'average' Irish attitudes on a par with those in Italy, the Czech Republic, Nigeria and other considerably less developed countries.

By contrast, most European countries are considerably more benign about both their local health systems and their Governments approach to it. Attitudes to the system, and its management by central Government, are evidently poorer in Ireland than in most of mainland Europe.

4. Confidence About Access, Quality and Universal Availability

Just nine of the 23 countries surveyed are confident that their nation's health care services are among the best in the world. Although 13 of the 23 countries express overall confidence that they would have timely access to their health system if they needed it, this confidence is of the lukewarm rather than enthusiastic variety in every country except Spain.

And in most countries there is even less confidence in the system's ability to reach out to the most vulnerable. Canada, China, France and Germany are the four exceptions to this pattern - in these cases, their systems are seen as being equally effective on both measures. However, of those four countries, China is the only one in which this appears to translate into high marks for the system overall.

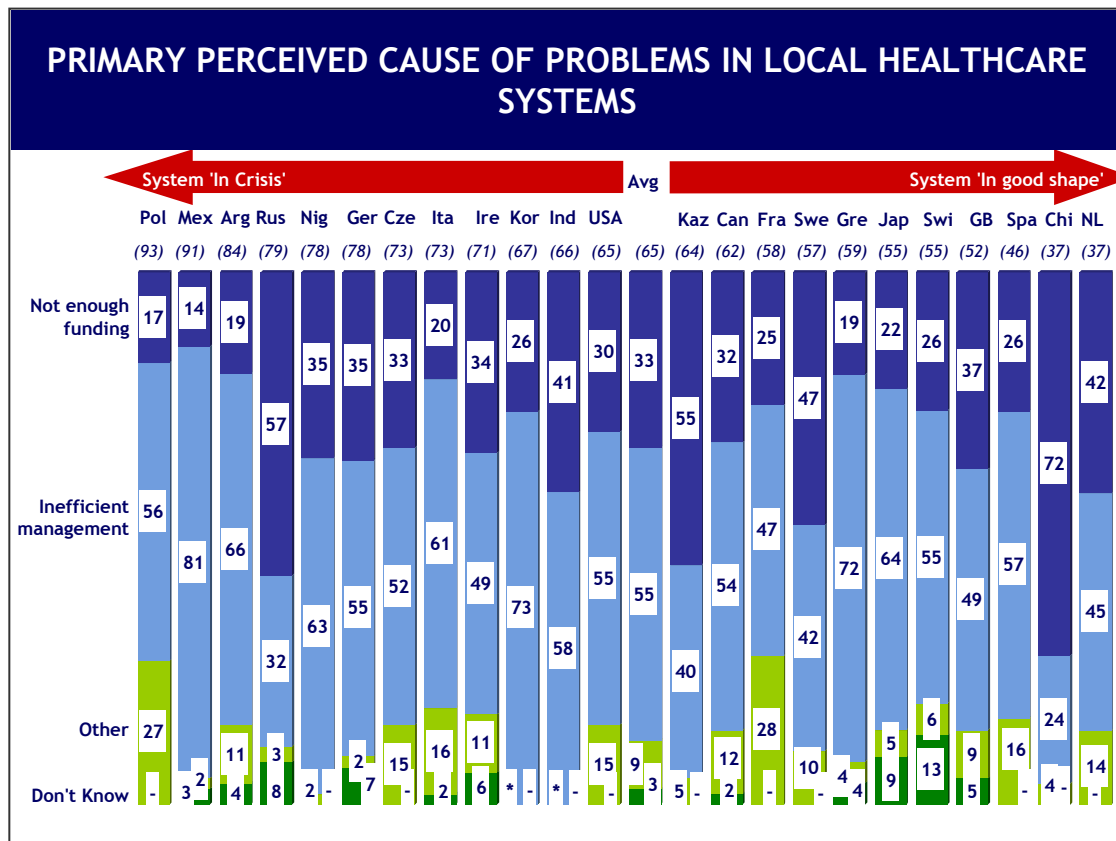
Confidence in Local Health Systems

	Quality Healthcare will always be available to me/us when necessary	We do a good job caring for vulnerable in our society	Our Healthcare system is among the best in the world
Spain	82	68	61
Netherlands	82	63	71
Switzerland	71	46	69
Indonesia	68	58	16
Japan	65	25	53
Canada	63	61	75
USA	59	48	77
Great Britain	59	48	53
Czech Republic	56	44	19
China	54	50	41
France	53	52	77
Average	52	38	38
Sweden	52	35	51
Ireland	51	39	27
Mexico	50	37	20
Russia	46	15	18
Germany	45	43	47
Argentina	43	19	13
Italy	41	33	35
Poland	33	15	9
Korea	31	17	6
Greece	30	20	11
Kazakhstan	28	20	5
Nigeria	27	27	12

5. Healthcare Reform

Despite the level of concern about the state of the world's health care systems - or perhaps because of it - the public may be ready to entertain some fundamental reforms. Although complaints about lack of funding for health care have been heard around the world for several years now, there is little or no positive correlation between approval of a government's handling of health care and perceptions that problems in the health care system are the result of underfunding.

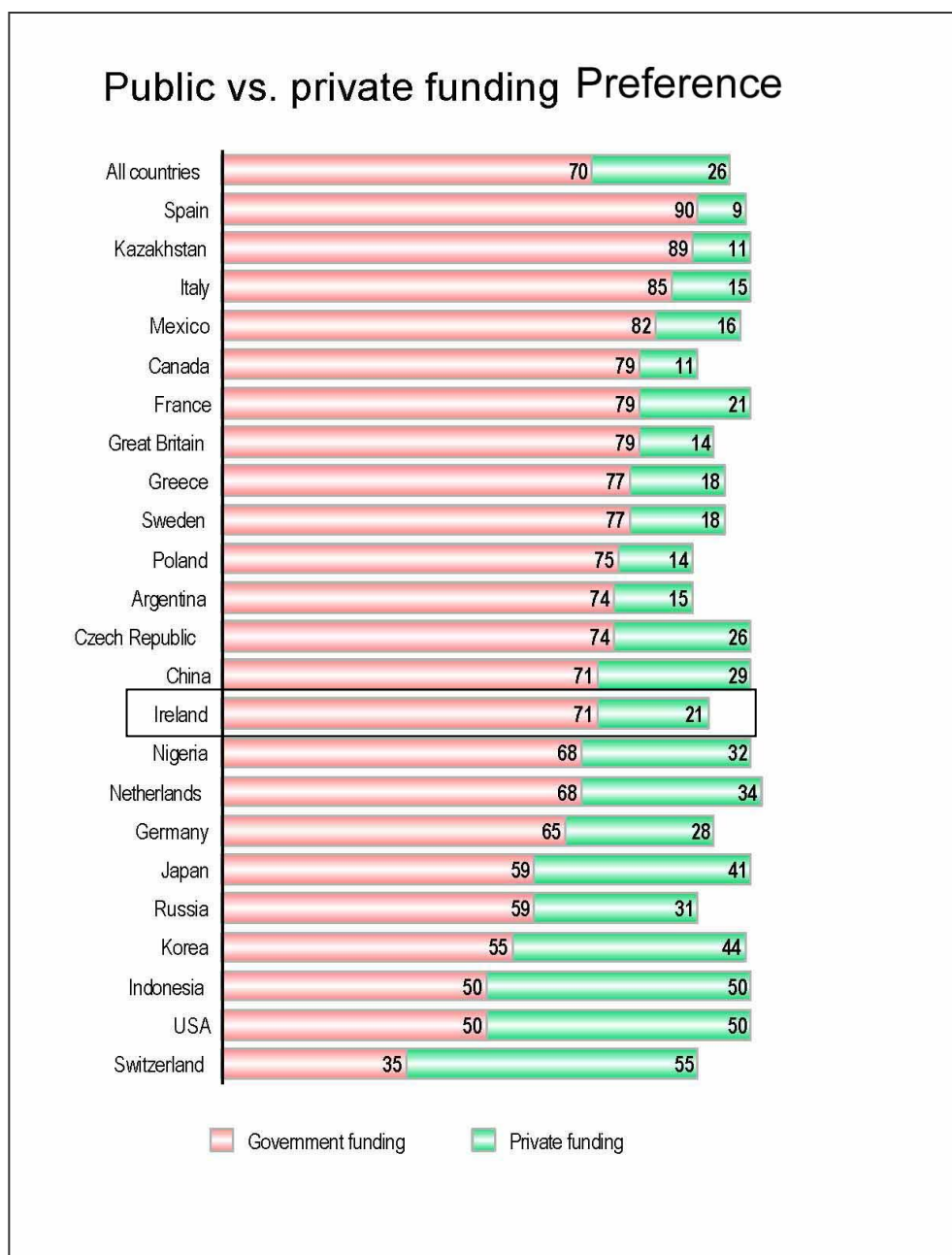
This finding strongly suggests that people do not see more money as the remedy for failings in the system. Rather, people recognize, as do many experts in the field, that most problems in the system are likely due to structural and systemic issues that must be addressed by finding new ways to manage health care.



6. Healthcare Funding Preference

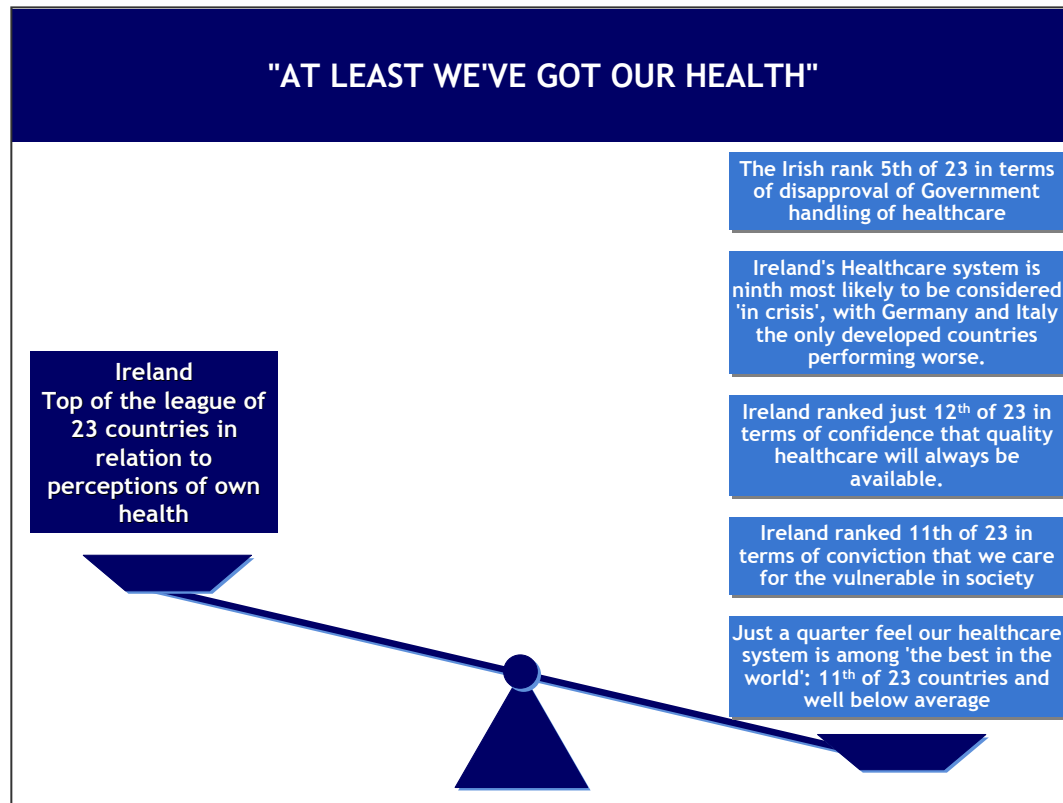
At the same time as the public seems to be calling for fundamental change in the way health care is managed, there is almost a worldwide consensus that health care should be funded mostly by the public purse.

When respondents were asked about their preference regarding government vs. private funding of health care, there is a strong consensus in all but three of the 23 countries that health care systems should be publicly financed. Switzerland is the only country in which a majority favours private funding. Opinion is evenly divided in the United States, where private funding slightly outweighs public funding, and in Indonesia.



7. Ireland in Overview

In Ireland we see a startling paradox; personal health which we feel others would be envious of, but a healthcare system which is only slightly better regarded than those of Nigeria, Russia and Poland, and not even as good as those in Kazakhstan or Indonesia.



Only in Poland, the Czech Republic, Russia and Germany is the Government more critically regarded in relation to healthcare management.

What contributes to our startlingly positive assessment of our own health? Based on this study our commitment to a balanced diet is fundamental, and we place exercise and personal outlook high in our priorities, but we worry far less about smoking, drinking or stress.

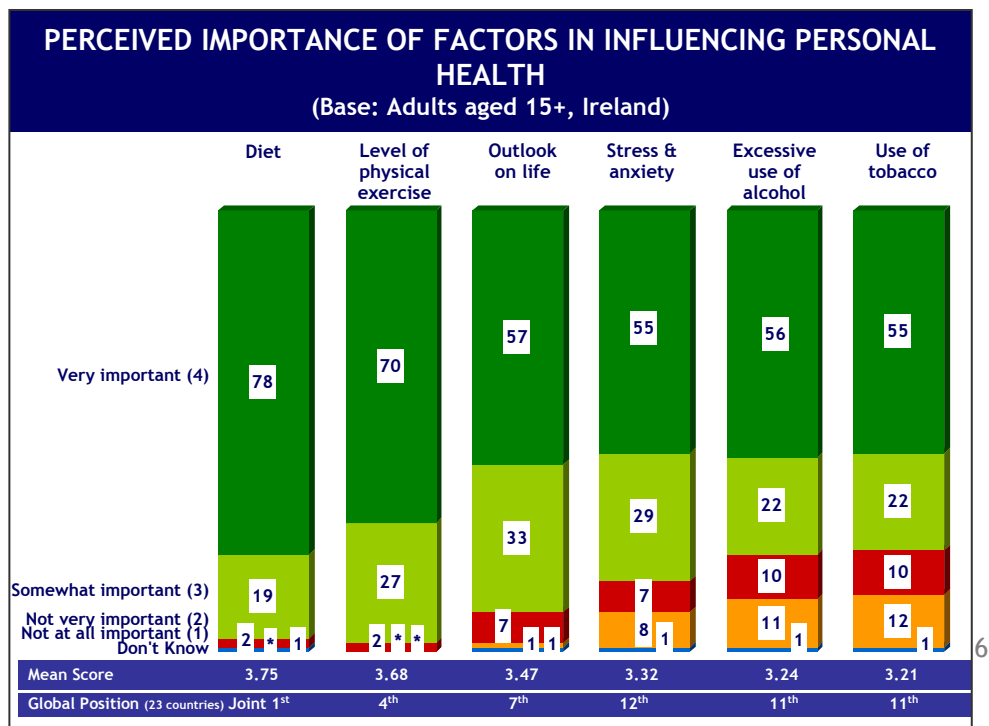
Given our low opinion of our own health system, and our indifference (at best) to how it is managed, whether locally or at central Government level, it may be a good thing that we are so healthy.

Irish Data in Detail

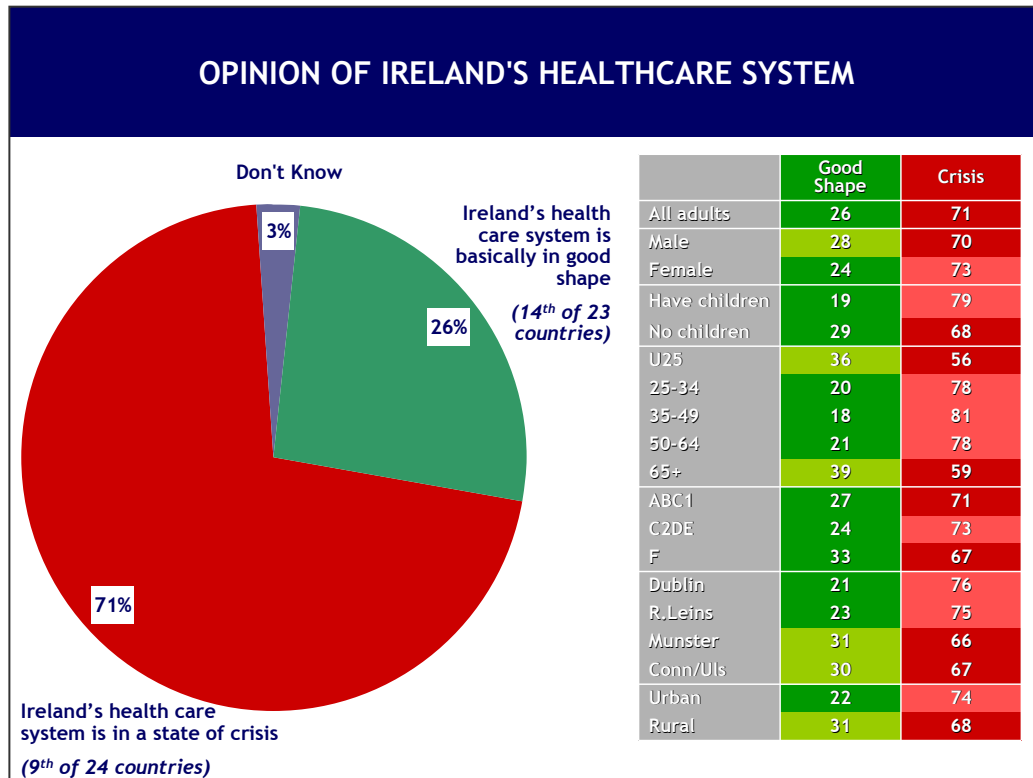
Contributing Factors to Health

Are we deceiving ourselves about smoking and drinking?

- To a greater extent than in many other countries the Irish regard a wider number of different factors as impacting significantly on their personal health.
- Indeed, Ireland is joint most likely (with Argentina) to regard diet as ‘very important’, whereas perhaps intriguingly, other countries with much more highly regarded cuisine (particularly The Netherlands, Sweden and Japan) don’t see diet as so central a contributor.
 - Equally exercise is felt to be a key contributor here, but is much less important to other nationalities.
 - At odds with many other countries, use of tobacco appears low on the Irish league table of contributory health factors, as does excessive alcohol use. Are we overclaiming about diet and health to disguise the effect that smoking and drinking may be having on us?
 - Outlook on life is quite an important component we feel, although we place it lower on the list than occurs in Britain, Canada, America, Spain, Russia and Argentina.
 - Stress and Anxiety is a more peripheral association in comparison with its positioning in many countries, and the traditionally more ‘laid back’ Mediterranean countries (Spain, Greece and Italy) regard it as a much more central concern overall.

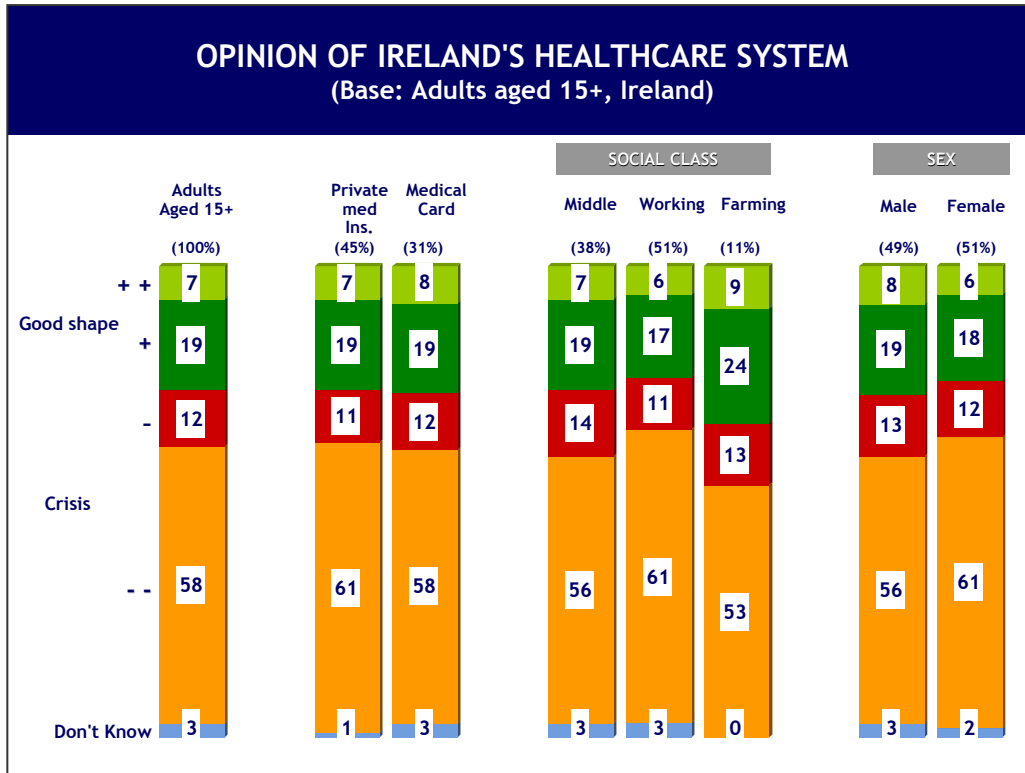


How Good Is The Healthcare System In Ireland?



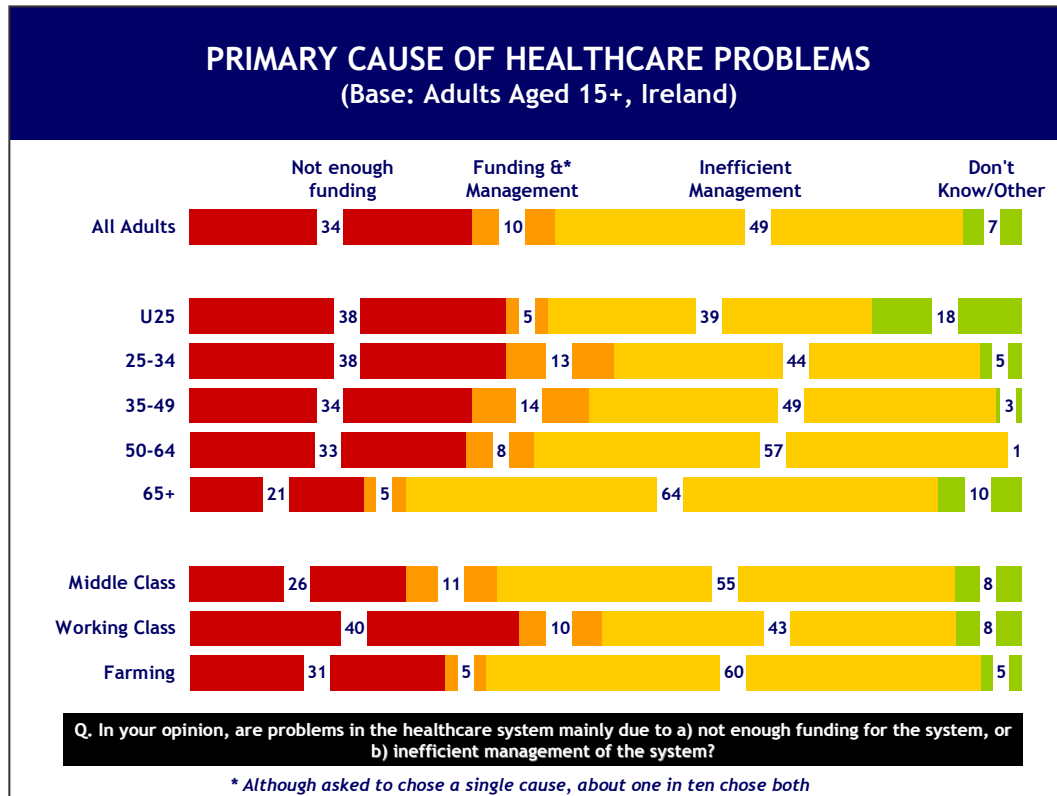
- A quarter feel our healthcare system is basically in good shape with the balance considering it to be 'in crisis'.
 - This places us in a fairly 'ugly' position by international standards.
- Within Europe only the Czech Republic or Italy are as bad, while Germany is slightly worse.
- The inadequacy of the system is most palpably perceived on the East Coast, by women, in urban areas, and by those in the core 'family' lifestages. Working class respondents feel it is somewhat worse overall.

- Of those, who consider it to be 'in crisis', the majority (6 out of 7) feel the crisis is severe, whereas the majority of those (three quarters) who feel it is 'in good shape' are conditional, rather than effusive, in their praise.



Healthcare Problems: Mismanagement Or Underfunding?

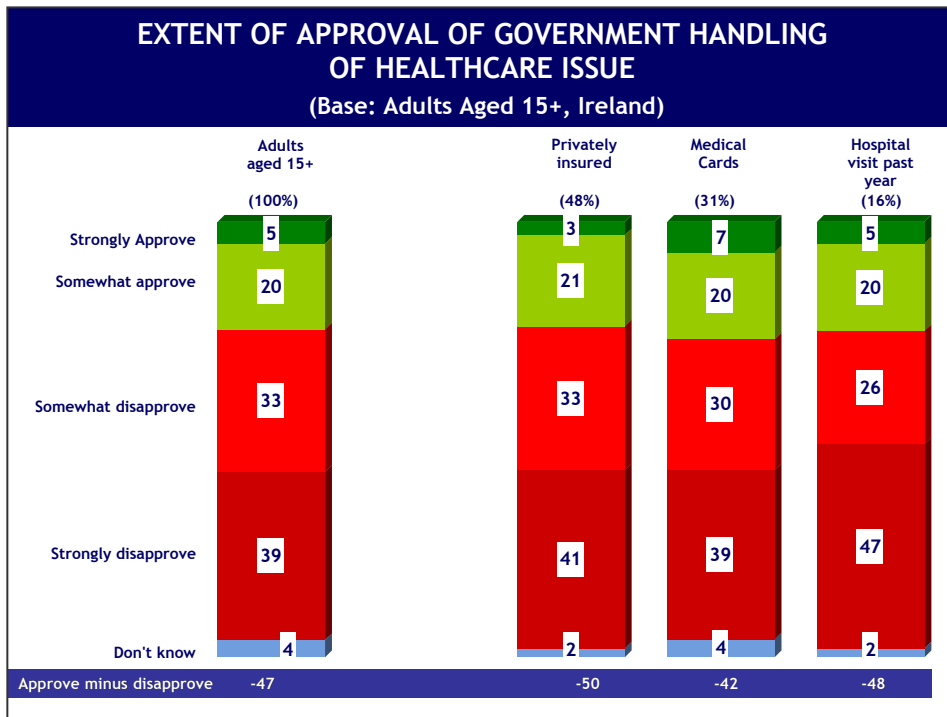
- Almost half think that our healthcare problems are primarily caused by inefficient management, with a third citing underfunding as the primary contributor.
 - One in ten insisted that the combination of these two factors is the problem, despite being asked to nominate just one.



- Although a similar pattern of response is apparent in other developed economies, it does highlight the need for continued structural reform of the local healthcare system.

Government Performance

- 72% disapprove of Government handling of the healthcare issue and this adverse response is as apparent of those with medical cards as it is of those with private medical insurance.



- There are a few worse Government performances around the world - Poland, Germany and the Czech Republic stand out - but only the Italians express as strong a level of dissatisfaction among our closer European neighbours. That our Government's handling of the healthcare issue is this badly regarded is a remarkable situation and surely cause for notice to be taken.

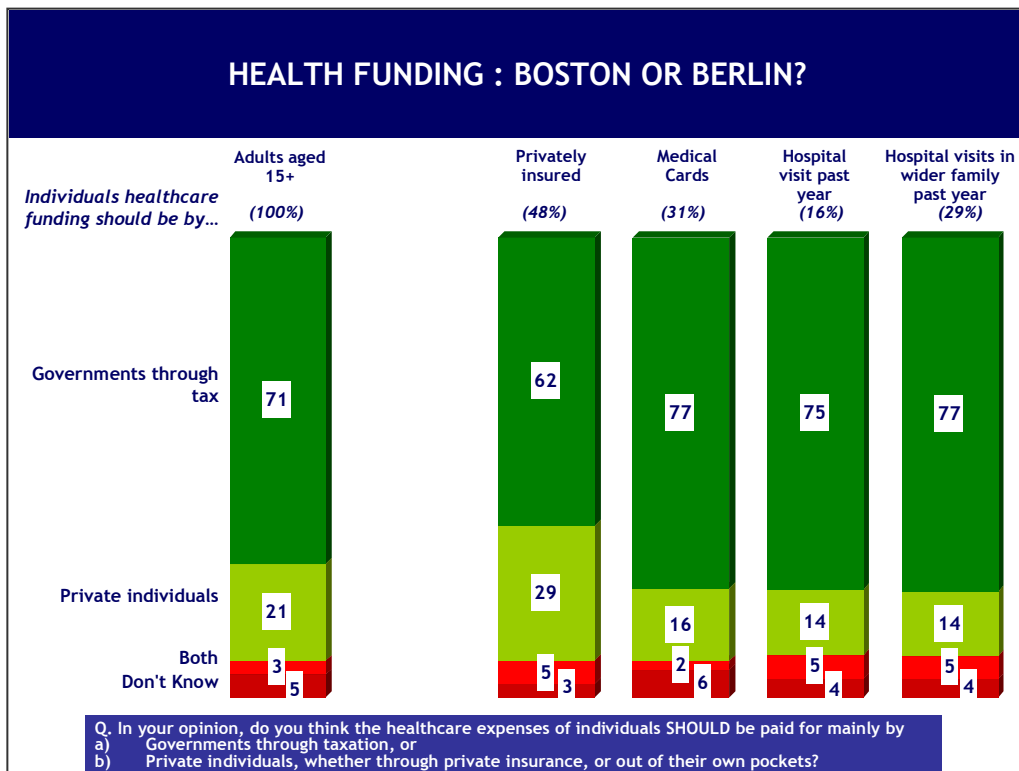
- In Ireland, an additional question was posed, asking respondents for their verbatim opinions about approval or disapproval of Government handling of healthcare.
 - A wide variety of reasons emerge, some of which relate to bureaucracy, systemic failures and structural issues, whereas others lay the blame at the door of Government, funding issues and so on. It is virtually impossible to disentangle these issues however.
 - Much of the most bitter criticism stems from ill feeling towards Government and the politicians involved, but with a lot of negativity about management failings, bed shortages, queues and over crowding, etc.

SPONTANEOUS REASONS FOR APPROVAL/DISAPPROVAL OF GOVERNMENT HANDLING OF HEALTHCARE ISSUE

	Adults Aged 15+	Strong Approval	Slight Approval	General Disapproval	Strong Disapproval
	(100%)	(5%)	(20%)	(33%)	(39%)
Government Shortcomings/Funding/ Ministerial issue	31	27	20	34	37
Lack accountability/inefficient/ excessive management	29	21	24	30	32
Waiting lists/bed shortages	22	7	7	28	28
Health Boards/Systemic Failure/Need for structural reform	13	9	6	16	17
Doing a good job/Trying hard	13	29	43	4	3
Nurses & Doctors: Number, pay, hours etc	12	12	8	10	16
Ward closures/downgrading local hospitals	10	5	4	9	15
Queues/Overcrowding	10	9	4	7	16
Poor patient care/patients low/non priority	7	2	1	8	11
Private insurance/two tier system /discrimination	4	5	2	5	6
Medical cards/should be free for all/ students/OAPs/Free Dental etc	3	5	2	2	4
Shortage of equipment	2	2	1	3	2
Abuse by patients	1	4	2	1	2
Doctors/Consultants to blame	1	2	1	1	*
Other reasons	14	24	22	12	12
No opinion/Don't know	5	5	7	2	1

Boston Or Berlin: How To Fund The System?

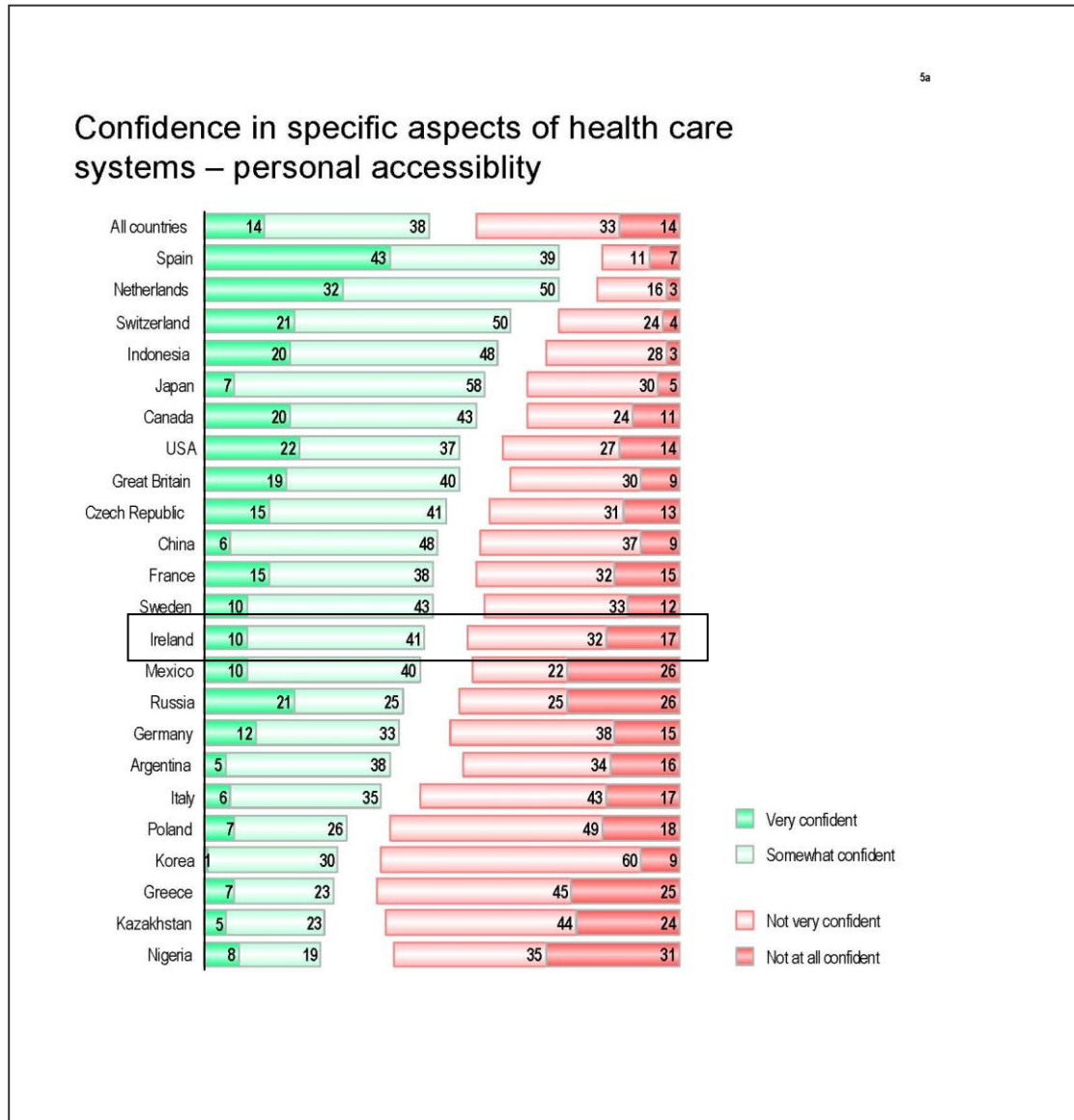
- Given a putative choice of a health system funded largely by tax, or alternatively, largely by private individuals, most tend to opt for central, Government funding. This is the case for most people, although those who currently pay for VHI or BUPA cover are slightly more in favour of private funding than are others.



- The 'Boston or Berlin' fixation is not a uniquely Irish phenomenon. Right across the world there is a general conviction that Government funding should take pre-eminence, albeit with the sole exception of Switzerland, where a slight majority favour individual funding.
- In America and Indonesia the balance of preference is even (50:50) in each country, but in many other countries where healthcare might be regarded as progressive, the balance in favour of the exchequer is quite strong (for example in Sweden 77% favour central funding, in The Netherlands 66%, in Canada 79% and so on.)

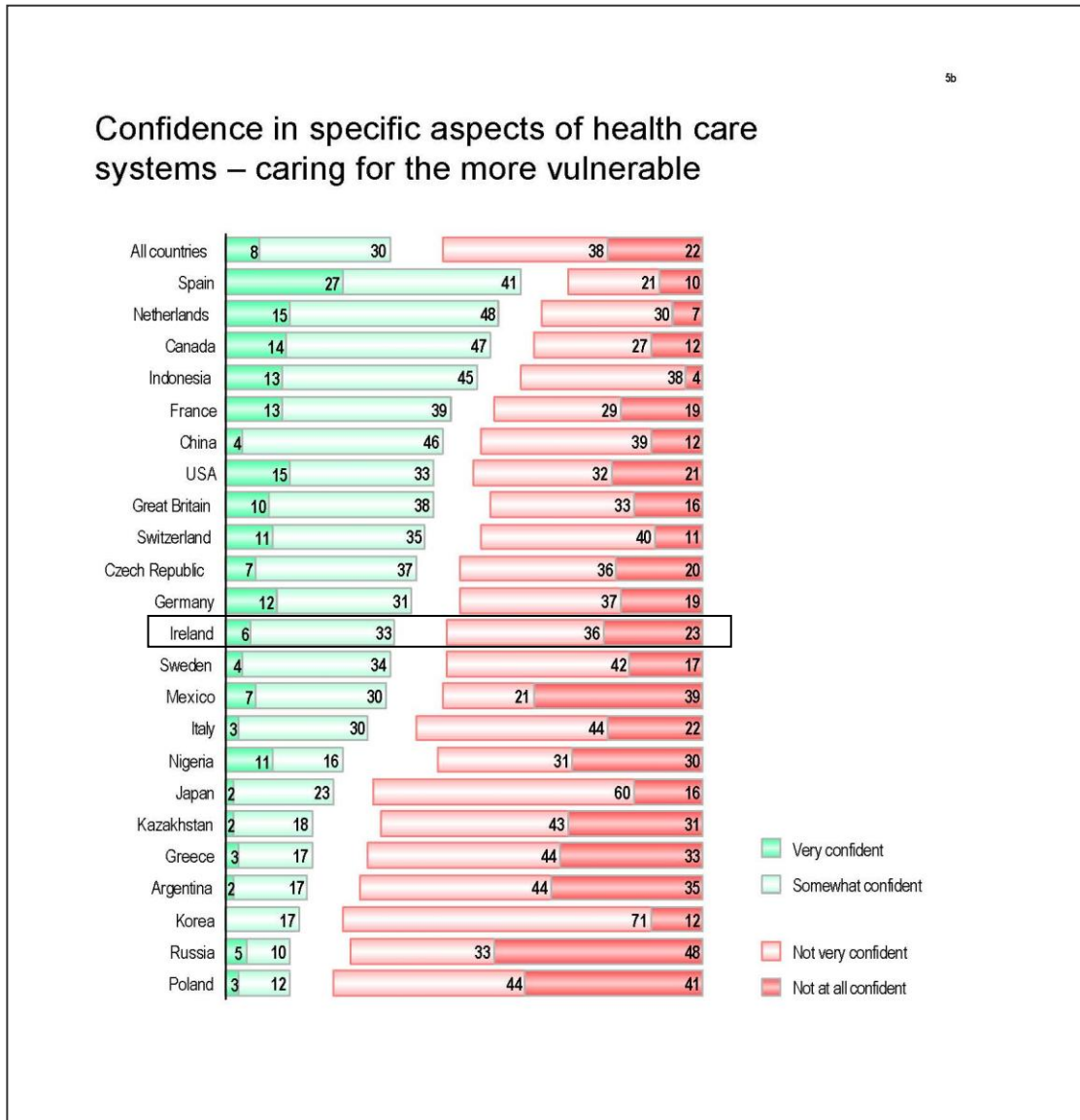
Accessibility of Healthcare

- Just half of the Irish population feels confident that ‘quality healthcare services will always be available when they or their family need them’.
- This places us low by international standards, and particularly so against the yardstick set by more developed countries.



Caring For The Vulnerable In Society

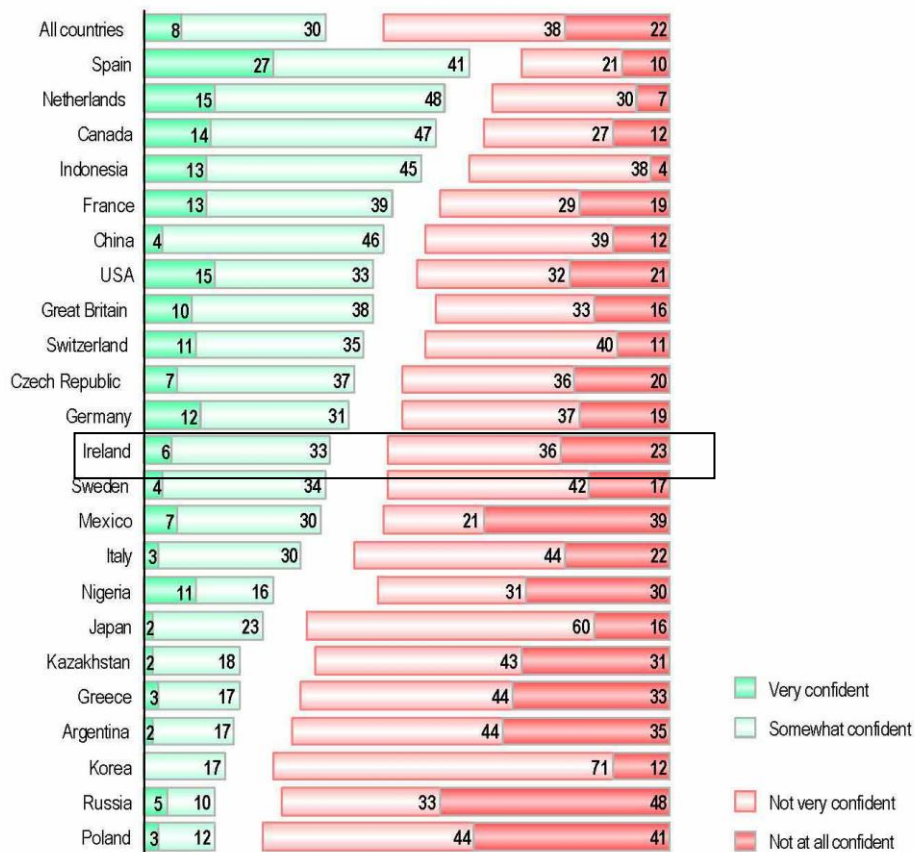
- Equally, we fall below the international average in respect of our confidence that the more vulnerable in society are properly provided for.
- Only Greece, Italy and Poland (i.e. in Europe) consider that they are less caring for their disadvantaged populations, and perhaps somewhat surprisingly, Sweden.



A Healthcare System that's 'Best in the World'

- Just over a quarter are confident that our healthcare system is among the best in the world, and this places us very low by international standards.
- When compared with the USA, Canada, France and The Netherlands, where 3 in every 4 feel their local system is 'among the best', the wide gulf between Ireland and elsewhere becomes even more evident.

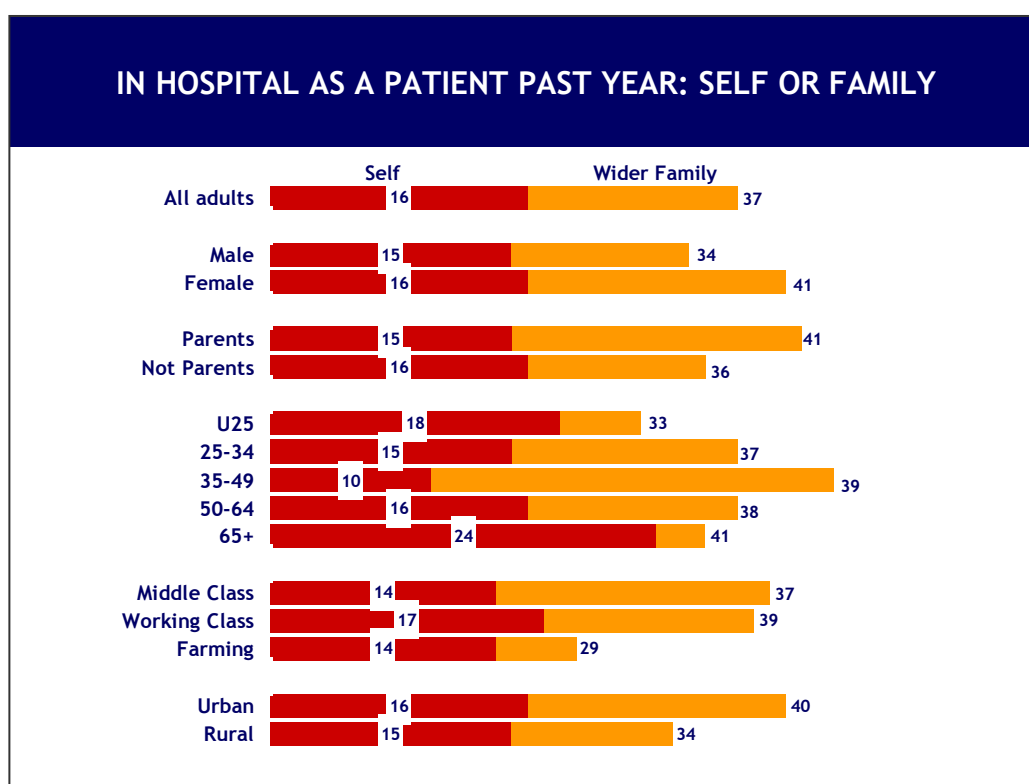
Confidence in specific aspects of health care systems
- System among best in the world



Experience of the System

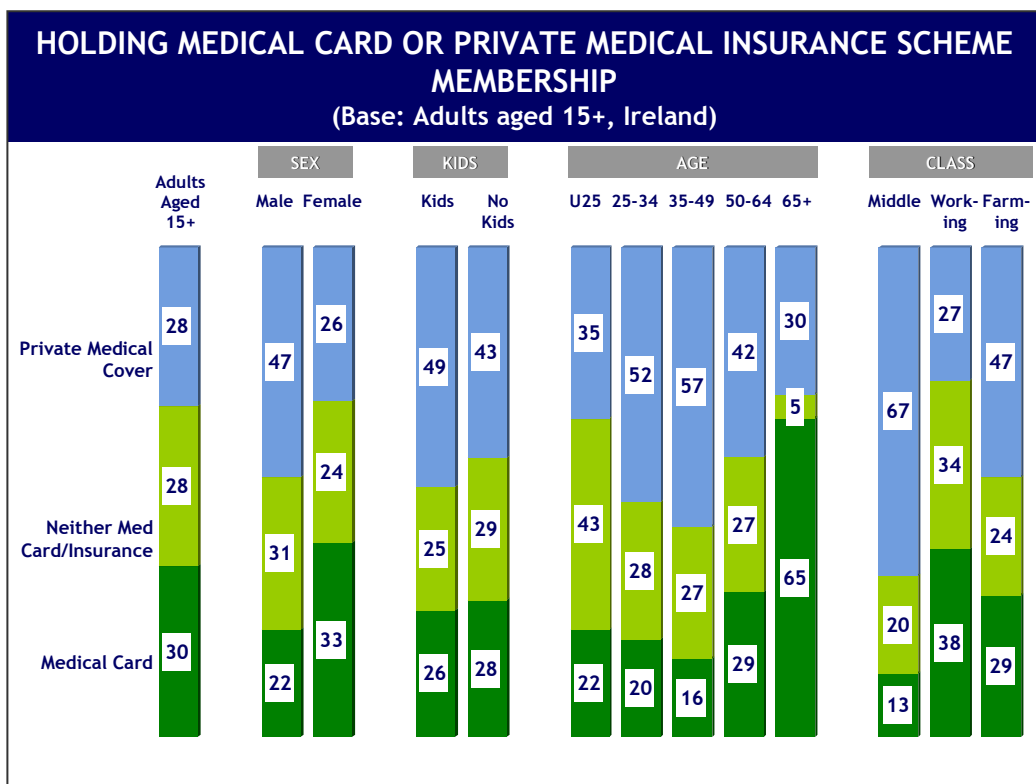
(a) Hospital Visits

- About 1 in 7 have personally been in hospital in the past year in Ireland, and when asked to think about their immediate family and friends, almost 2 in every 5 have experience of a recent hospital visit.
- Women, parents, and those in the family lifestages tend to have the greatest experience of our hospital system, and family lifestage parents have the greatest indirect experience, largely from in-hospital stays by children, parents and so on.
- International comparative data was not collected, but we imagine that these levels must be quite high by international standards (placing a greater onus upon the need for the system to operate relatively seamlessly).



(b) How Treatment Is Currently Funded

- As background data we also asked whether Irish respondents had Medical Cards, private medical insurance (such as VHI, BUPA Ireland cover), or indeed neither.
- Almost half have private cover in Ireland, with just over a quarter entitled to a Medical Card. The majority - 2 in every 3 - of middle class adults have private cover, while a sizeable minority of working class adults have a medical card.



- What is interesting however, is that attitudes to our healthcare system are largely unrelated to one's current 'entitlement' to cover, with private medical insurance customers as unimpressed with the system as those holding medical cards.

KEY INFLUENCES ON HEALTH: IRISH PERCEPTIONS COMPARED

	Diet	Exercise	Smoking	Excess Alcohol	Stress & Anxiety	Outlook on life
	%	%	%	%	%	%
Irish level	78	70	55	56	55	57
Percentage point difference from global average	+21% (i.e. global average is 57%)	+12%	+2%	+6%	+3%	+7%
Index vs global average (i.e. difference as a percentage)	137	121	104	112	106	114
Global rank	=1	5	=13	12	13	7
Where factor is more important	Joint top with Argentina	Behind Netherlands Argentina Canada Indonesia	Behind France Spain Canada Poland Greece Argentina Netherlands Gt Britain USA Korea Japan Italy Sweden	Behind Spain Canada France Netherlands USA Gt Britain Greece Poland Sweden Germany Italy	Behind Spain Greece USA Canada Poland Netherlands Japan Gt Britain Argentina Korea Italy France	Behind USA Argentina Spain Canada Russia Gt Britain

NEGATIVE PERCEPTIONS OF IRISH SYSTEM: HOW BAD?

	Health system 'In Crisis'	Disapproval of Government handling	Not confident of access to care when necessary	Not confident of care for vulnerable in society	Not confident system among best in world
	%	%	%	%	%
Irish level	71	72	49	59	68
Percentage point difference from global average	+6% (i.e. global average is 65%)	+11%	+2%	-1%	+8%
Index versus global average (i.e. difference as a percentage)	109	118	104	98	113
Global Rank	9 th worst	5 th worst	10 th worst	=10 th worst	11 th worst
Countries that are poorer	In greater crisis Poland Mexico Argentina Russia Germany Nigeria Czech Republic Italy	Worse in Poland Czech Republic Russia Germany	Worse in Greece Korea Kazakhstan Poland Nigeria Italy Germany Argentina	Worse in Poland Korea Russia Argentina Greece Japan Italy Nigeria Mexico Sweden	Worse in Korea Kazakhstan Poland Greece Indonesia Czech Republic Argentina Nigeria Russia Mexico

What Determines Good Health

(And is there any advantage in having a good system?)

A challenge with the data is the undertaking of more complex analysis to determine:

- a) Whether countries with better or worse regarded healthcare systems enjoy better or worse health, and
- b) If there is any discernible relationship between perceived health contributors and better or worse personal health levels (i.e. can we construct a template for good health using diet, outlook, alcohol consumption and so on?)

To answer these questions various correlation and regression tests were conducted on the 23 'average' national data sets.

What is quite evident is that the more people consider a wide (as opposed to narrow) range of factors to contribute to their own health, the greater the standard of health they seem to enjoy. Where some factors are dismissed outright as important contributors (i.e. diet in Japan, outlook on life in Sweden) the greater the probability of poorer personal health perceptions in that country generally. Thus, there is a relationship between general attentiveness to many healthcare factors (as opposed to just a few) and individual health: the more broadly vigilant we are, the more healthy we are.

The relationship between good individual health and quality of the national healthcare system is not directly proven. Netherlands, China and Spain have the most highly rated systems, and indeed by some considerable distance, but these countries rank just 7th, 18th and 10th for personal health respectively. Conversely, Indonesia and Ireland enjoy the best personal health (based upon individuals subjective assessment) but their local health systems score only joint 10th and 14th best respectively.

**SIMPLE CORRELATION MATRIX:
HEALTH CONTRIBUTORS & PERSONAL HEALTH**

	Diet	Physical	Tobacco	Alcohol	Anxiety	Life	Feel Well
Diet	na	.292	.294	.363	.173	.444	.365
Physical	.292	na	.158	.318	.158	.554	.620
Tobacco	.294	.158	na	.903	.936	.364	.039
Alcohol	.363	.318	.903	na	.845	.349	.217
Anxiety	.173	.158	.936	.845	na	.465	-.022
Life	.444	.554	.364	.349	.465	na	.247
Feel Well	.365	.620	.039	.217	-.022	.247	na

Perfect correlation will give a score of 1

There is apparent evidence of some degree of correlation between better personal health and the existence of an accessible health system which also cares for the vulnerable in society. However, the perceived quality of the system (i.e. is it 'best in the world') is less related to good or bad personal health, whereas its universal availability is more important, if not the case in every country.

Caring for the vulnerable and universal accessibility correlate with each other, but are also better predictors of higher average health than other health system related factors.

**SIMPLE CORRELATION MATRIX:
SYSTEMIC FACTORS & PERSONAL HEALTH RELATED**

	System in good shape	Govt handling accept	Accessible system	Care for disadvantaged	Best in World	Feel Well
System in good shape	na	.702	.552	.696	.545	.285
Govt handling accept	.702	na	.389	.521	.144	.130
Accessible system	.552	.389	na	.816	.723	.464
Care for disadvantaged	.696	.521	.816	na	.726	.621
Best in World	.545	.144	.723	.726	na	.362
Feel Well	.285	.130	.464	.621	.362	na

Perfect correlation will give a score of 1