

REPORT

2026 Healthcare Trends: Earning Trust

ENVIRONICS RESEARCH | HEALTHCARE INSIGHTS

Report Contents

Introduction

Section 1
The Trust Gap In Healthcare

Section 2
Pathways To Trust

Section 3
Trust In An Era Of Infinite Information

Conclusion

DATA & INSIGHTS PROPERTY OF ENVIRONICS RESEARCH.
ALL RIGHTS RESERVED.



Trust is foundational to how people experience healthcare.

When confidence is low, healthcare decisions become more cautious, more reactive and more emotionally charged. This report explores how trust is being shaped in Canada today – through care experiences, system navigation and the information people rely on to make health decisions.

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Introduction
Understanding Canada's healthcare confidence crisis

It's easy for healthcare conversations to be dominated by attention-grabbing headlines – whether about wait times or staffing shortages, an exciting new application of AI, or a political debate about how health systems should be run. All those issues deserve attention. But underneath all of them is something more foundational: trust and confidence in the system.

We chose to focus this 2026 Healthcare Trends report on trust because trust isn't a "nice to have"; it helps the system function. When trust is strong, people engage with care in ways that make the system safer, faster, and more effective. When trust erodes, it's not just users' feelings about the system that change – their behaviour can also change in meaningful ways. People may delay care, opt out altogether, self-manage, or make decisions based on what feels accessible or affordable rather than what's medically necessary.

Trust also gives health leaders a useful tool: a metric that connects the macro and the micro. At a macro or system level, it helps explain why certain system pressures feel so destabilizing; and helps make sense of sudden shifts in public sentiment, even when policy changes are incremental. At a micro or personal level, trust can be measured, tracked, and acted on. By pinpointing experiences that are creating a breakdown of trust (access, coordination, communication, affordability) and understanding which groups are most affected, we can identify the changes most likely to rebuild confidence. In that sense, trust is a diagnostic tool.

Trust helps to illuminate where gaps in understanding exist between healthcare providers and users. In a low-trust environment, broad messaging and one-size-fits-all solutions tend not to land. People experience the healthcare system differently depending on where they live, what resources they have, and how they typically access care. Different communities look for different "proof" that the system is improving – that is, becoming more worthy of their trust.

As changes in the health field arise – whether AI, new models of care, expanded roles for different providers, or more digital pathways – their value will depend on whether people trust them. Trust is built through experience: our own experience and that of the people around us. When we can listen closely to people's experiences, as well as what they're feeling and how they're adapting in response to those experiences, we gain insight into how we can better serve them and earn their confidence. This report is meant to help make those patterns visible in a way that helps organizations and decision-makers take effective action.

The data referenced in this report comes from the IRIS Global Confidence Study (survey of n=1,206 Canadians in Q4 2025) and the Environics Research Canadian Health Monitor (survey of n=1,509 Canadians in Q1 2026).

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES

Section 1

The **Trust Gap** In Canadian Healthcare



ENVIRONICS RESEARCH | HEALTHCARE INSIGHTS

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 1
The trust gap in Canadian healthcare

Canadians have heard years of promises around healthcare. They're waiting to feel the change. Across the country, confidence in healthcare is being shaped by lived experience: wait times, access barriers, and whether the system feels like it works when you need it.

Trust is shaped through the moments people *actually* experience when they try to access care. It is influenced by whether they can get help quickly, whether the path into the system feels clear, and whether the experience leaves them feeling supported. In that sense, trust is not abstract; it is built or weakened through very practical encounters with the healthcare system.

Over time, those encounters shape how Canadians interpret healthcare more broadly. When delays, uncertainty, or barriers become routine, confidence in the system becomes harder to sustain and people begin to adjust their expectations accordingly. What may begin as frustration with a single experience can gradually turn into a deeper skepticism about whether the system will work when it matters most.

In 2026, trust can't be built through announcements. It needs to be rebuilt through specific improvements people can personally see and feel.

What this section will cover:

- How Canadians rate the healthcare system today and where confidence is lowest
- What's driving the level of confidence Canadians have in the healthcare system
- How low confidence is translating into real-world workarounds
- What Canadians say would increase trust

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 1
How Canadians rate the healthcare system

Most Canadians believe that the system is deteriorating or already in crisis. **60%** say that the healthcare system is **deteriorating** or **in crisis.** These are views Canadians bring into their interactions with care providers in 2026: many are bracing for a system that may not serve them well.

22%	37%	36%	5%
"In Crisis"	"Deteriorating"	"Basically Good"	"Excellent"

Who has the lowest level of confidence in the healthcare system?

Midlife Canadians, women, and those in Atlantic Canada and Quebec are the most likely to believe the system is in crisis. Midlife Canadians and women are more likely to describe the system as worsening overall (deteriorating or in crisis). These groups may have more direct experiences with healthcare as they navigate care for themselves while also coordinating care for others. Regionally, Atlantic Canada and Quebec stand out as places where people are most likely to describe the system as worsening.

29%	24%	32%	27%
Ages 55-64	Women	Atlantic Region	Quebec Region
say the system is in crisis (+7 vs. general population)	compared to 20% of men	say the system is in crisis (+9 vs. general population)	(+5 vs. general population)

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 1

What do Canadians think is causing health system problems?

Canadians are more likely to blame how the system is managed than how much money it has.

Variations show that a one-size-fits-all approach – especially a raft of funding announcements – probably won't rebuild trust. Different groups have different views on what the real problem is, so the fixes they're likely to find reassuring will also vary. Canadians want to understand how investments will translate into real-world improvements and they want to see accountability for results.

Overall Canada (National Avg.)

The system's problems are mainly due to...



63% inefficient management

37% inadequate funding

But this split does change across age groups with Younger Canadians being more likely to blame funding and Midlife Canadians leaning strongly toward management.

49% Younger Canadians — **of those aged 18–34 say inadequate funding** (vs. 51% mismanagement).

31% Midlife Canadians — **of those aged 35–64 say inadequate funding** (vs. 69% mismanagement).

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 1

What do Canadians think is causing health system problems?

We also see differences in the perceived root causes by different regions across Canada:

Quebec is most likely to blame mis-management



77% "management"

23% "funding"

Ontario is most likely to be split



52% "management"

49% "funding"

Alberta is most open to funding as a root cause



45% "funding" (Alberta)

37% "funding" (National Avg.)

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 1
What would increase trust with Canadians?

Trust is grounded in practical experiences and realities. People want the system to be faster and easier to access; to have enough capacity to serve them effectively; and to offer a care experience that feels human. When we asked Canadians what would help increase their trust in the system, the top three answers were:

27%

Access & Speed

(faster ER and better access to doctors/specialists/labs)

17%

Capacity

(more healthcare professionals available/connection to a physician)

6%

Care Experience

(more kindness /listening/patience)

The impact of low confidence in the system

Among the general public, we see three major implications of a system that earns low levels of trust. When people delay care, opt out, self-manage, or make cost-driven trade-offs, the risk is that their health concerns will not be addressed until they're at a more advanced stage. That can mean poorer health outcomes, more complications, and more reliance on acute care. It also creates higher system costs as preventable concerns become more complex and resource-intensive to treat.

Opting out

12.2% avoided seeking healthcare

14.7% waited until their condition got worse

Workarounds

25.2% self-treated / managed on their own

15.3% used a walk-in clinic

12.8% went to the ER instead

Emotional Strain

17.2% overwhelmed / significant stress from the process

18.5% lost confidence in the healthcare system

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES

Section 2

Pathways To Trust: Building Trust In A System That Feels Disconnected



DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 2

Pathways to trust: navigating access to Canadian healthcare in 2026

For most Canadians, the healthcare experience isn't a straight line. It's often marked by waits, uncertainties, and workarounds. Getting the care they need often requires persistence, self-advocacy, and knowing how to navigate a process that can feel confusing and frustrating. The path into care often depends on where you live, what you can afford, and how easy it is to get in the door.

In this environment, trust is shaped less by what the system intends to do – or even what it achieves in the end – and more by how the system feels to move through. When care feels disconnected, unpredictable, or hard to access, trust becomes harder to earn and easier to lose.

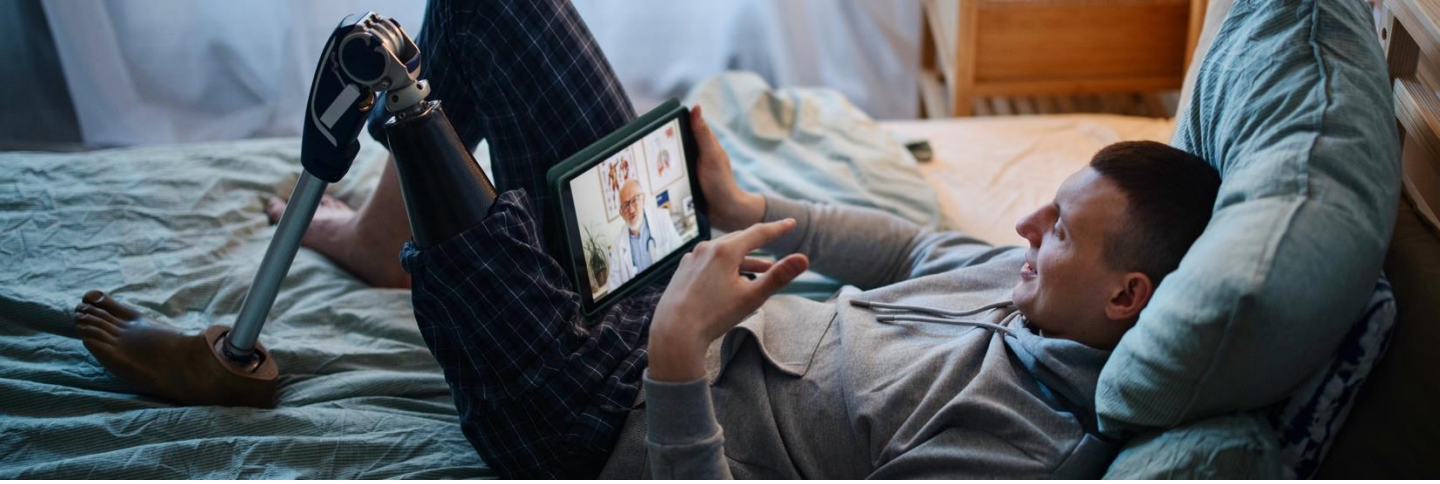
What makes this especially important is that the navigation burden does not affect everyone in the same way. A system that is difficult to move through works best for those with more time, flexibility, confidence, or support to keep following up and pursuing alternate routes. Others may be more likely to delay care, abandon the process, or accept gaps in support as unavoidable.

That makes navigation more than a question of efficiency; it becomes a question of equity and trust. When people feel the burden of accessing care falls unevenly, confidence in the system is harder to build and easier to lose. Improving trust, then, is not only about expanding access points, but about making the path through care feel more consistent, fair, and dependable regardless of where someone starts.

In 2026, building navigation pathways that increase trust means making the system feel more predictable, more connected, and easier to move through.

What this section will cover:

- Where Canadians are turning when traditional access points don't work
- The navigation burden that breaks trust (extra steps, repeated effort, dead ends)
- How access and trust differ by region, ethnicity, and income



Section 2

Trust in health systems suffers when seeking help is hard work

Disconnected systems create extra work, which erodes trust – especially during stressful health events. Among Canadians in the past 12 months:

14%

couldn't get an appointment when they needed it

10%

had to contact more than one place to get help

9%

had to repeat health history because info wasn't shared/available

Trust breaks down when people have to struggle through the system: repeating their story, chasing multiple pathways, and hitting dead ends. A smoother path isn't just more convenient; it makes the system feel competent, rational, and therefore credible.

These kinds of breakdowns can have effects that extend beyond the immediate interaction. When people have to spend time piecing together care on their own, the system can begin to feel less supportive and less dependable - not just difficult to use, but uncertain in ways that are hard to ignore during vulnerable moments.

That has implications for future behaviour as well. A frustrating experience today can shape how people approach the next health issue, including how quickly they seek help, how much they trust formal pathways, and whether they feel confident the system will respond when they need it.

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 2
Regional differences in access pathways

The workarounds people use when they lack confidence in health systems vary by region. This makes sense, since access challenges vary by region. Different provinces aren't just experiencing different pressures but also creating different lived experiences of access. Understanding those experiences is critical, as trust is built (or lost) through these day-to-day realities.

Quebec
higher reliance on emergency rooms for care



18%
Quebec

13%
National Avg.

Manitoba & Saskatchewan
more likely to wait until their condition got worse to get care



19%
Manitoba & Saskatchewan

15%
National Avg.

Alberta
more likely to avoid seeking healthcare



24%
Alberta

12%
National Avg.

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 2
Affordability as a pillar of trust

When care sometimes costs extra, trust in a universal system is harder to maintain. In a public healthcare system, affordability builds trust because people's expectations about "universal" care are being met. When people have to pay out of pocket or skip medication because of cost, the system that's meant to cover health expenses for all starts to feel less fair and less dependable. In 2026, if care begins to feel financially out of reach, trust in the system suffers. In the past 12 months, Canadians:

19% paid out-of-pocket for prescription medication

14% incurred extra cost or lost pay to access care

11% did not take medication or supplies due to cost

11% paid out-of-pocket for care/services

People with lower incomes face greater barriers

Since people with lower incomes report greater challenges accessing what they need when it comes to their health, it stands to reason that health systems will have greater difficulty earning and keeping their trust. These gaps signal that access barriers don't affect everyone equally. When people have to make cost-driven trade-offs, the system feels less reliable for some — and trust suffers. Those who earn less than $60K /year are:

10% Low Income Canadians **are more likely to not take prescribed medication due to cost** (vs. 4% among those earning $100K+).

10% Low Income Canadians **are more likely to not use over-the-counter medication due to cost** (vs. 4% among those earning $100K+).

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 2
Equity is a lever for trust

When care isn't experienced equally, trust can't be built equally. Equity is a trust lever because trust is undermined in a system that isn't experienced in the same ways by people of different backgrounds and identities. Differences across communities show where access pathways and support are uneven and where change will be most meaningful. **Different access pathways (past 12 months):**

23% Racialized Canadians **used a walk-in clinic for care** (vs. 13% White Canadians).

11% Racialized Canadians **gave up on seeking care** (vs. 6% White Canadians).

Different information ecosystems (overall trust):

36% Racialized Canadians **trust AI tools for health info** (vs. 24% White Canadians).

34% Racialized Canadians **trust online communities and forums** (vs. 17% White Canadians).

27% Racialized Canadians **trust social media for health info** (vs. 13% White Canadians).

26% Racialized Canadians **trust health influencers and creators** (vs. 12% White Canadians).

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 2
Navigating towards trust

The data suggests that racialized Canadians aren't just navigating care differently but they're also building trust in different places. Higher reliance on walk-ins attest to uneven access. Higher trust in AI tools and social platforms likely reflect a mix of factors: where people feel seen and understood, and which sources feel most relevant to their lived experience. Greater trust in online tools may also reflect access challenges: when a care provider isn't available, people turn to forums or chatbots.

Whatever the nuances of the differences set out below, the takeaway is clear: if trust is the goal, it's important to understand where different communities are already placing trust and design pathways and communications that meet people where they are.

In 2026, improving access isn't only about adding options. It's about reducing the burden on those seeking care, making pathways feel clearer, faster, and better connected — regardless of where someone enters the system. When people can predict what happens next and feel that the system is working with them rather than against them, trust becomes easier to build.

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES

Section 3

Trust In An Era Of **Infinite Information**



DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 3
Trust in an era of infinite information

In 2026, trust isn't only shaped by what happens inside the healthcare system; it's also influenced by what people hear, read, and rely on outside of it. Canadians are navigating a crowded health information environment that includes doctors and pharmacists, public health and government sources, media, social platforms, online communities, and AI tools – plus old-fashioned word of mouth.

But not all sources carry the same credibility, and the sources people trust the most depend on who they are, what they've experienced, and where else they're getting information. (That is, each source's credibility is also affected by the person's wider information diet.)

In this environment, trust is being earned (and lost) through clarity, transparency, and consistency. This is especially true as new tools like AI become more present in everyday health decisions.

One consequence of this environment is that more of the responsibility for judging what is credible now falls on the individual. People are not only expected to access health information; they are expected to sort it, compare it, and decide what feels trustworthy enough to act on. That can create greater confidence for some, but more uncertainty and hesitation for others.

This matters because trust is no longer only about whether good information exists. It is also about whether people feel equipped to interpret what they are seeing and to make decisions with confidence. In that context, health literacy, communication quality, and the ability to reduce ambiguity become increasingly important parts of earning trust.

What this section will cover:

- Who Canadians trust for health information and who they don't
- How trust differs across age, income, and communities
- How trust is changing as AI and digital health tools become more mainstream

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 3

Who Canadians trust most for health info

Clinicians remain the most trusted source. Even in a strained system, clinical training and expertise earn the highest levels of credibility. This helps explain why access issues can erode confidence so quickly – because when people can't reach the providers they trust most, the whole system starts to feel less reliable.

87%
Doctors
(Trust, A Lot/Some)

87%
Pharmacists
(Trust, A Lot/Some)

86%
Nurses
(Trust, A Lot/Some)

85%
My Family Doctor
(Trust, A Lot/Some)

Where "official" sources sit in the trust landscape

Government and public health are still trusted — but less so than clinicians. These sources matter because while they're more broadly available and easily accessible, trust in them is still below the trust Canadians place in direct healthcare providers.

69%
Government Health Websites
(Trust, A Lot/Some)

68%
Public Health Agencies
(Trust, A Lot/Some)

63%
Medical/health info websites
(Trust, A Lot/Some)

61%
Telehealth/nurse advice line (811)
(Trust, A Lot/Some)

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 3

The low-trust zones and emerging AI tools

Social platforms and creators are least trusted and not seen as credible health authorities for the Canadian population overall. These channels may be where information spreads quickly, but they are not where Canadians truly place confidence, especially when it comes to health decisions.

17%
Social Media Platforms
(Trust, A Lot/Some)

15%
Health Influencers and Creators
(Trust, A Lot/Some)

21%
Online Communities and Forums
(Trust, A Lot/Some)

AI is emerging but trust in these tools is still limited

AI tools are on the map, but they haven't earned broad credibility yet. AI is becoming a more common part of how people search, interpret, and pressure-test health information. But it's not yet seen as a trusted authority by most Canadians. In a global comparison across 20 countries, Canadians' optimism in AI (in general, not just for healthcare), lags behind the global average.

27% Canadians **have 'a lot' or 'some' trust in AI tools** (e.g., ChatGPT / Claude / chatbots) for health information

12% Canadians **net AI optimism score** (vs. 24% global average)

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Section 3

Trust in AI for healthcare decision-making isn't one-size-fits-all

Trust varies depending on who you are and where you're getting information. Canadians' thinking about which health information sources to trust is shaped by age, income, and lived experience. Perceptions of what feels credible, useful, or accessible aren't universal. In Canada, this is unfolding against a backdrop of relatively low AI optimism overall, suggesting that AI-enabled health information may face an added credibility hurdle. These differences matter because they shape where people turn first when they have questions or concerns.

Trust in AI tools is higher among the young Canadians. Those who trust in AI tools by key age groups:

37%	38%	32%	30%	21%	12%
Ages 18-24	Ages 25-34	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+

Trust in official sources and AI rises with income. Those who trust in AI tools by income groups:

75%

Government Health Websites

(+10 points vs. those earning <$60K)

73%

Public Health Agencies

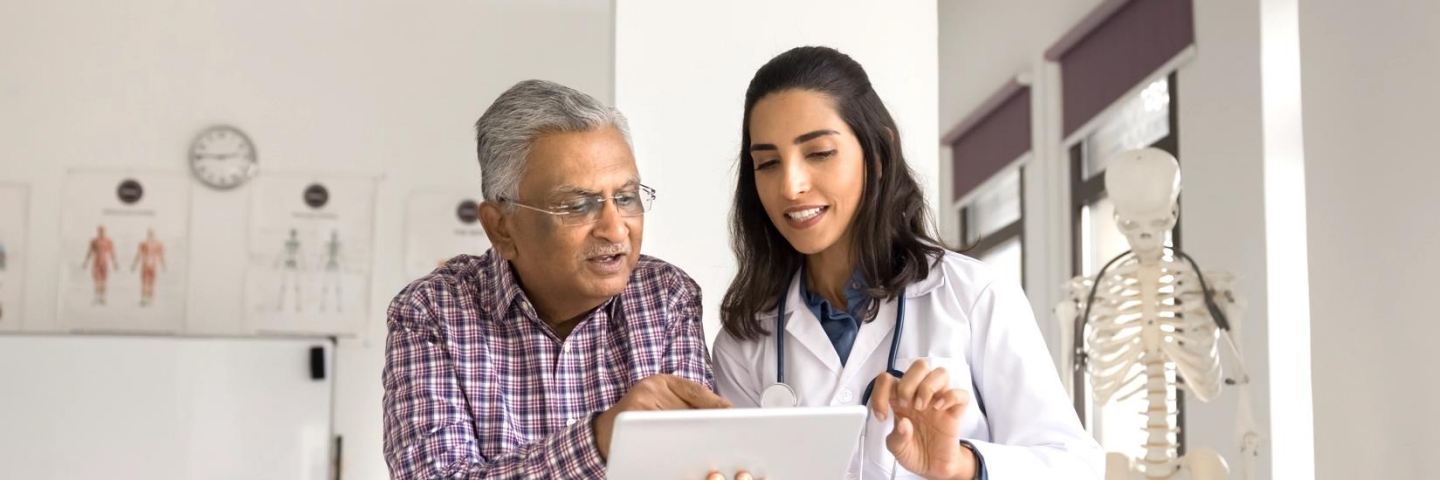
(+9 points vs. those earning <$60K)

33%

Artificial Intelligence (AI) Tools

(+11 points vs. those earning $60–$100K)

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Conclusion
How can we build trust in healthcare?

Trust in health systems is becoming partly an information and technology issue — not just a matter of healthcare delivery.

As the health information environment gets more crowded and as AI becomes more present in our system, trust will increasingly depend on transparency, clarity, and consistency. The biggest digital and AI-driven shifts in healthcare will only deliver value if people understand them and believe they are working in their best interest. In 2026, building trust means strengthening credible voices, supporting health literacy, and designing tools and communications that feel reliable across different audiences.

Across this report, one pattern stands out: trust is shaped through lived experience. It is influenced by whether care feels available, whether the system feels connected, and whether the sources people turn to for guidance feel credible and useful. Trust is rarely built in a single moment. More often, it is accumulated, reinforced, or weakened through repeated interactions over time.

For leaders and organizations across healthcare, that raises the bar. Rebuilding trust will require more than broad reassurance or isolated improvements. It will mean reducing friction, improving clarity, strengthening coordination, and designing care experiences and communications that reflect the realities of different communities. The systems that earn trust will be the ones people can navigate, understand, and believe are working for them.

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES



Building trust requires more than data. It requires insight into lived experience.

Environics Research helps organizations understand how people are navigating complex systems, what barriers are shaping their decisions, and where there are opportunities to communicate, design, and engage in ways that feel more meaningful and trustworthy.

DATA CREDIT: IRIS NETWORK & ENVIRONICS RESEARCH
IMAGE CREDIT: GETTY IMAGES

Contact us for more insights on **Healthcare Trends.**

DATA & INSIGHTS PROPERTY OF ENVIRONICS RESEARCH.
ALL RIGHTS RESERVED.