EARNSCLIFFE

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August 13, 2003

Memorandum

To: Health Canada

From: Earnscliffe

Re: Qualitative Research Results – Public Health Issues

Background

Earnscliffe was asked by Health Canada to conduct qualitative research into a variety of subjects related to potential public health initiatives and related issues. In all, four focus groups were conducted as a preliminary step to gain insight into the public attitudes toward, and understanding of, public health issues.

Two focus groups of 'Involved Canadians' (i.e. that 30% of the Canadian population that most closely follow public policy and public) were conducted in Toronto and Edmonton respectively between August 6-7th. A number of areas were covered in the research including:

- General attitudes toward public health issues, particularly in light of SARS, BSE and West Nile virus.
- Understanding of the term 'public health' as distinct from the wider health care/Medicare system.
- Attitudes toward the handling of recent public health situations and whether a national strategy might be attractive.
- Reaction to a couple of specific potential initiatives - a 'CDC-North' and a national Chief Medical Officer.
- Attitudes toward hospital and airport screening measures.

A summary of key observations is attached below covering each of these areas. It should be noted however, that the findings are very preliminary as they are based solely on two evenings of qualitative research in only two cities. While a number of clear observations emerged, it is important that these still be understood as preliminary findings. Tentative plans are in place for further research on a number of these issues.

Key Observations

- **General attitudes** – opinions on the general landscape were shaped strongly by the SARS experience. This was particularly true, as one would expect, in Toronto. It was also the primary point of reference, however, for those in Edmonton as well – albeit the intensity of the experience was far less pronounced and West Nile virus was quite top of mind as well. Other general attitudes that were reflected included:

- Most respondents recognized that there is a new reality of communicable, infectious disease and that it poses an ongoing risk.
- There is a particular recognition that these diseases are mobile and are transported internationally – and, by implication, inter-provincially.
- There is a general belief that it is only possible for governments/medical professionals to limit risk and that demands for or pledges of outright elimination of risk are unrealistic.
- None of the participants reported feeling personally vulnerable. All believed that the risk to themselves and their family was acceptable. However, there was a general desire for information.

- **Understanding of the term 'public health'** – overwhelmingly, respondents interpreted 'public health' to be synonymous with Medicare and the wider health care system. Unprompted, there was virtually no sense that a 'public health' agenda represented anything other than Medicare. When asked what terms they associated with the phrase 'public health' most respondents talked about funding, taxation, publicly accessible and publicly free. The term does not convey a separate program of healthy living, prevention, combat of infection or health promotion to those who participated in the groups.

- **Attitudes toward the handling of recent public health 'crises'** – overall, participants were mostly satisfied with the handling of the SARS 'crisis' and other public health challenges. Some felt that the system was caught somewhat off guard at the outset but, even then, people tended to acknowledge that could be partly explained by the unprecedented nature of the situation. Not surprisingly, views on this were much more definitive in Toronto. Other key observations in this respect included:
  - There was a general sense that medical professionals had preformed well – particularly front line workers.
  - Provincial governments were seen as having taken the lead on West Nile and, in particular, SARS and their performance was generally rated as satisfactory, although there was some skepticism about the motivations of those at the political level.
  - There was quite a bit of skepticism about the role of the media in covering SARS and – to a lesser degree – West Nile. Many participants expressed the view that the risks are exaggerated beyond perspective by over-excited reporting.
  - The federal government was not seen as having played a significant role – particularly on SARS. Indeed, there was strong skepticism – and some criticism as a consequence - expressed that the federal government had taken on any role at all during SARS. While participants accepted that provincial governments should play the primary role in health delivery, it was felt that the federal government should be present in order to show 'support and leadership.'

- **The concept of a national strategy** – inherently, most participants were attracted to the notion of a national strategy to 'combat infectious disease and promote public health.' In particular, it was felt that the federal government was well suited to play a leadership role by setting standards and guidelines and, given the international and mobile nature of infectious disease, a national strategy would be appropriate. However, it was felt that the provinces should play a significant role – indeed the primary role when it comes to execution. This attitude was true of not only Edmonton but also Toronto participants. In the context of a national strategy, two things are important to keep in mind:

- The issue of jurisdiction continues to be confusing. People see the provincial government as the lead for the delivery of services but they see the federal government as playing a key role in terms of national guidance and standards as well as public education. In short, they want the federal government to show 'leadership' but without getting into conflicts - for which they have no tolerance.
- There is a general belief that the current system requires improvement and that the SARS experience showed us that we could be better prepared and organized. They want that improvement to occur – and they want the federal government to play a role - but they cannot articulate in specific terms what that improvement would constitute.

- **Interest in a 'CDC-North'** - this idea had very strong resonance with respondents in both cities and particularly in Toronto. In fact, participants in both locations raised it proactively. Encouragingly, the more that participants learned about what they CDC actually does, the more enthusiastic they became about the idea. Without context, they tend to see it largely as a laboratory with immunization responsibilities. When other functions – particularly public education and prevention were cited - enthusiasm only strengthened. In short, the idea of a CDC North alone appeared sufficiently attractive to anchor an appropriate national strategy.
  - Among the six arguments listed in favour of a CDC North, the first two received the strongest support. All other arguments resonated positively, albeit not as strongly.
  - None of the arguments against the creation of a CDC North were persuasive to participants.

- **Interest in a national Chief Medical Officer** – was far more qualified than the reaction to a CDC North. Some were confused about what the role would constitute – some saw it as a de facto Surgeon General while others felt it would be an overall authority of medical science. Some expressed concern about how a CMO would interact with provincial officers or, alternatively, whether such a position would enjoy little authority. Those who were most enthusiastic about the idea tended to be those who were also most demanding of a strong central government role in the execution of public health.

- **Attitudes toward hospital and airport screening** – these two issues were seen somewhat differently and there was also some difference of opinion between those in Edmonton and Toronto. Overall, there was quite a bit of skepticism about the efficacy of screening methods at either hospitals or airports. In general, support for 'effective' screening at airports was quite strong – particularly in Toronto where concern about any cessation was quite high. In Edmonton, there was a bit more openness to a phase out of screening, provided there was a capacity to re-new such methods rapidly if required. With respect to hospital screening, the Toronto participants were open to the notion of a phase out, provided there was a minimal period of time passed without new incidents. In Edmonton, there was very little awareness or experience with hospital screening at all.

Summary of Preliminary Findings

- **Public Health needs to be defined** – it is clear that any public communication of the term 'public health' must be coupled with definition of exactly what it means and, just as importantly, what it does not. It may be that alternative terms could be found with further research. As a matter of shorthand, 'combating infectious disease' is an important

element in creating resonance. At a secondary level, public education is also important, as is prevention.

- **National Strategy is generally sensible** – there is a general appetite for a national strategy to combat infectious disease and promote public health, albeit not a clear sense of exactly what that might constitute. The most commonly articulated 'demand' is for the federal government to show leadership – without creating inter-provincial squabbles – primarily through public education and provision of niche services.

- **CDC North has deep appeal** – there is such widespread instinctive appeal to the idea of a CDC North that its promotion should not only fulfill the demand for leadership and a national strategy but that it would be relatively unassailable by critics. To strengthen the proposal, it would be helpful to:
    - Make clear that it is not a federal intervention on provincial jurisdiction but rather a centre of medical expertise of widespread national benefit.
    - Position it as an artifact of the medical community as opposed to a particular level of government.
    - Articulate the full range of activities it would include.
    - Ensure that it is not seen as a 'lesser copy' of the US centre.

- **Screening measures require further testing but immediate withdrawal from airport screening could create some backlash** – based on this small research sample, there is evidence that withdrawing from airport screening could be contentious. By and large, there is a view that effective screening at airports is worth the cost and inconvenience. While this view is held less strongly outside of Toronto, it is an issue that clearly requires more time. Neither cost nor the suggestion that the risk has been eliminated is an appropriate motivation for withdrawal.

EARNSCLIFFE

August 6, 2003

FINAL

To: Health Canada

From: Earnscliffe

Re: Public Health/Post Sars Moderator's Guide Draft 1

Introduction

The moderator will take a few minutes to go around the table and ask respondents to introduce themselves, and outline a few ground rules: want to ensure that people share their views openly, let everyone participate, want people to talk about their views, not "other people's views", ensure that we don't want people to "debate" each other – everyone's views are valid, there are no right or wrong answers

The moderator will also point out that there is a one-way mirror, observers in the back, and audio and video taping, but ensure that all discussion is confidential

Prevailing Attitudes

1. Given the emergence of diseases like SARS and West Nile, do you have a sense of what Health Canada and provincial governments do to prevent, detect and contain outbreaks of infectious diseases?

2ab How successful have government efforts to prevent detect and contain outbreaks been? 2a What do you see as some of the strengths and shortcomings of these elements of Canada's public health system? 2b

3ab. Do you think Canada's public health detection 3a and containment system for infectious diseases both domestic and imported into Canada needs improving? Why is that? 3b

A National Strategy

4 ab. If so, what might come to mind? 4a What actions or systems 4b would make you think the system is working well?

5 Do you think the federal and provincial governments cooperate well on detecting, screening and containing infectious diseases?

6 Who do you think has primary responsibility for detection, screening and containment of diseases in a region or do you think that have equal responsibility?

7. Who do you think SHOULD have primary responsibility or should they have equal responsibility?

8. What do you think governments could do better in emergencies like SARS?

46 Elgin St. Suite 200 Ottawa, Ontario K1P 5K6 Tel: 613 233-8080 Fax: 613 236-6173

Here are some things that are being considered to improve the current system. I'd like to know what you think of each and whether the set of measures would make you think this was a substantial improvment to the current system?

- Have you heard of the American Centre for Disease Control, the organization charged with disease control and prevention in the US? Do you have a sense of what it might do? Do you think it might be a useful model for Canada?
  - What the US centers for disease control does is work in conjuction with partners to:
    - monitor public health,
    - detect and investigate health problems,
    - conduct research to enhance prevention,
    - develop and advocate sound public health policies,
    - implement prevention strategies,
    - promote healthy behaviours,
    - provide leadership and training
- Have you ever heard of the C"hief medical officer" of your province? What do you think that position is responsible for? Do you think that might be a useful model to have at a national level?

Argumentation - CDC

I'd like to provide a series of arguments about why establishing a CDC-like body might be a good idea, as well as some arguments why it might be a bad idea. I'd like you to tell me which of these arguments is most persuasive to you.

Arguments In favour:

- There are going to be more of these kinds of outbreaks in future, and Canada needs to be much more prepared than it has been on SARS and West Nile in order to minimize the impact on Canadians
- These kinds of infectious diseases don't distinguish between provincial boundaries -- monitoring systems need to be national and international
- Provincial monitoring systems in Canada differ significantly from one another, which can lead to inequity. Some provinces have fairly comprehensive systems in place, others have virtually nothing at all.
- There are economies of scale to co-ordinating these kinds of efforts, so ideally once a national co-ordinated system is in place it will help reduce duplication of certain activities between provinces.
- The system will build on what is already in place, taking the systems that work well already in certain provinces as best practices to be applied on a national scale
- The federal government should show more leadership in dealing with national crises like SARS

Arguments Against:

- This kind of function falls under provincial jurisdiction, and the federal government should stay out of areas of provincial jurisdiction

- The provincial systems are working quite well now, and the federal government funds research and information services to support that so there is no need for a broader national strategy

- It is impossible to get the provincial governments to agree on a national system, it would be more efficient to have the federal government free up more resources and give it to the provinces to administer them

- Setting up systems like this just adds a level of bureaucracy to government that does little to actually address problems

13 Overall, would you say the arguments for or against establishing a national strategy are more persuasive?

Airport Screening Issues (if time permits)

What is your sense of the severity of the sars problem in Canada/Toronto now? What level of risk do we face currently? Would you describe the situation as being "under control"?/"under as much control as can be expected"? If not, why?

15 Do you feel that the situation was handled as well as could be expected, or not, and if not, why?

16 How capably did the following people/organizations handle the outbreak(s)? (fed/prov/hospitals/clement/maclellan)? How credible are they in informing Canadians about the state of the situation?

17 From what you know, what are the main elements of surveillance now? (hospital screening/airport screening/others)

(For each), how effective do you think they have been? (if any are deemed relatively ineffective, is the problem the general method or the specific implementation procedures that have been used?)

(For each) How costly do you think this measure is? Is it worth the cost?

20 Some decisions have to be made regarding how sars surveillance (and disease surveillance in general) will look going forward. What measures do you think are important to have in place/put in place?

21 How effective do you think the methods used during the height of the outbreak (hospital/airport screening) will be going forward?

22 What do you think of the idea of curtailing airport screening at a point 6 months past the last identified case of sars?

I'm going to read you a list of arguments for and against airport screening, and I would like you to tell me how persuasive each of them are for and against the idea of curtailing airport screening:

Argumentation For:

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- It is very expensive to operate an airport screening system, and not efficient in situations where there is no emergent oubreak either abroad or inside Canada

- Experts have suggested that airport screening is a generally ineffective method of identifying cases, due mainly to the fact that when diseases like sars are in incubation they cant be detected

- Other approaches will be pursued instead of airport screening, like a new national disease control centre, that would act as a hub of expertise, to improve the ability of doctors offices, hospitals to detect and respond to outbreaks, "SWAT team" type resources to deal with outbreaks, as well as make recommendations about the utility of airport screening
- It can be re-instituted in a matter of days if an outbreak were to occur in Canada or in another country with air links to Canada
- There will still be teams of medical staff trained in outbreak control at all Canadian airports that take international flights to deal with potential problems immediately

Argumentation Against:

- Cutting back after only 6 months without a sars case is too soon, given what happened with the second outbreak in Toronto
- All potentially helpful measures should be taken and continued from now forward to monitor for diseases like SARS
- If they cut airport screening, other important measures will be cut as well wont be dedicated to other ways of monitoring
- Screening gives the public confidence that governments are doing all they can to monitor for potential outbreaks

25. Overall, would you say the arguments for or against curtailing airport screening are more persuasive?