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**Final Report**  
**HEALTH AND WELLNESS PRIORITIES**  
**FINDINGS FROM QUALITATIVE**  
**RESEARCH**  
**(Health Canada POR 07-26)**

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## I. Executive Summary



## Executive Summary

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*The Strategic Counsel* is pleased to present this report on the findings from 16 focus groups held between August 13<sup>th</sup> and August 16<sup>th</sup>, 2007. The groups were commissioned by Health Canada to obtain a deeper understanding of Canadians' health and wellness priorities and concerns.

Health, and the state of Canada's health care system, has consistently ranked among the top priorities for Canadians. Since the late 1990's, public opinion polls have shown high levels of concern for Canadians' health and the health care system, as well as the public's desire to make this a high priority for their governments. In the intervening years, the "health" landscape has shifted considerably and public opinion continues to evolve in reaction to personal experiences and Canadians' understanding of the issues and challenges pertaining to health. More recently, the media have focussed on a number of "hot" issues. Fuelled by compelling statistics that show rates of obesity on the rise, particularly among children and youth, media attention has shifted to health as a lifestyle issue. There has been considerable attention paid to Canadians' patterns with respect to diet and exercise, as well as issues related to food safety. In the last few weeks, media attention has turned to the issue of hospital superbugs and the alarming rate of deaths and long-term illnesses caused by hospital-acquired infections.

Health Canada wished to better understand the impact of such information on Canadians' attitudes towards health and wellness. Specifically, this research program was intended to:

- Elicit and discuss Canadians' health and wellness priorities; and
- Obtain reaction to a series of specific health and wellness themes or issues, including:
  - Health and the environment
  - Health and safety, specifically food safety;
  - Children's health;
  - Infectious- disease outbreak, monitoring and control; and
  - Healthy eating and active living.

Focus groups were undertaken in eight locations (Yarmouth, Montreal (in French), Trois-Rivières (in French), Scarborough (groups were held in a Toronto facility among Scarborough residents), Waterloo, Winnipeg, Surrey and Victoria). Participants comprised a cross-section of the population by age, household income, and education with some criteria in specific groups for age and home ownership status. The reader should note that the findings from focus groups are not statistically reliable and, unlike national surveys, cannot be extrapolated to the population at large. Nevertheless, the findings that follow provide direction and guidance on public opinion concerning key health priorities, as well as some of the challenges and/or opportunities in developing and communicating health policy and health and wellness initiatives.



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### A. Key Findings

Group discussions were structured in order to allow participants an opportunity to generate an extensive list of health priorities and concerns on a mostly unprompted basis. The early part of each discussion was spent identifying these priorities, reflecting both personal and societal concerns, and better understanding perceptions of “wellness” within the broader context of “health and wellness”. In addition, some information was collected on those information sources and spokespeople who are viewed as credible on the topic of health and wellness. The latter part of the focus group was devoted to obtaining reaction to the five specific themes or issues noted above.

A summary of the major findings from the groups follows.

#### 1. Thoughts on and Reaction to the Term “Wellness”

- Among focus group participants, “wellness” is a familiar and fairly well understood concept. It implies a focus not just on physical health, but on mental, emotional and spiritual health and the positive impact these aspects have on overall quality of life.
- Most have positive impressions of the term “wellness” because it conveys a broader approach to health that includes a preventive, holistic view of health management and maintenance. Notably, in almost every group, a small minority expressed some scepticism that more popular use of the term “health and wellness” and the growing prevalence of wellness institutes and programs reflected a “fad” rather than an evolving trend in personal approaches to health.
- One of the most positive aspects of the wellness concept for many is that it implies the notion of empowering individuals to take control of their health. Most felt that individual responsibility is a key component of the wellness approach; although, many were quick to point out that there are institutional and social underpinnings that are also critical to the wellness concept.

#### 2. Health and Wellness Priorities

In general discussion participants generated a myriad of concerns and priorities, on a relatively unprompted basis, which could be condensed and categorized into six broad health and wellness priorities:

- The health care system
- Lifestyle
- Disease, illness and health conditions
- The Environment
- Priority segments (Children and Seniors)
- Stress



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In many of the groups, early discussion on this topic usually began with a focus on the health care system (i.e. wait times and shortages of professionals). This is not surprising and is indicative of the ongoing focus of public attention and concern on the institutional component of health care and specifically on the “health” dimension of the “health and wellness” issue. Diet, exercise and general lifestyle issues impacting on health were perhaps the next most frequently mentioned cluster of priorities, as moderators prompted participants to think outside the usual system and structures to broader health and wellness issues. Concerns about chronic diseases and health conditions, sometimes linked to diet and lifestyle choices, were another major area of concern in addition to a range of health issues linked to environmental degradation. Many participants mentioned specific groups, such as children, youth and seniors, as being particularly vulnerable with respect to health and wellness issues. Finally, while not always explicitly raised as a concern, the issue of stress existed as an undercurrent or backdrop in virtually all discussions.

### **3. Health and Wellness Information Sources and Credible Spokespeople on the Topic**

- The primary health and wellness information sources are the Internet, news media, family/friends, magazines and health professionals. Channels cited less frequently were fitness centers, retail outlets, government, books, and alternative practitioners.
- It was clear that health professionals, scientific/research institutions, and health celebrities enjoy significant influence and credibility in society. News media, government, and alternative practitioners are also influential, but it is not to the same extent as other sources of information.
- There was broad consensus among participants that there is a tremendous amount of information available to people with respect to health and wellness. The volume of information can be seen as somewhat overwhelming, especially given conflicting information and claims.

### **4. Reaction to the “5” Key Themes Tested**

Among the five issues and themes tested with the groups, the three thematic priorities that rose to the top (considering the findings across all groups) were:

- Promoting healthy Canadians
- Environment
- Children’s health

Participants showed the greatest level of emotional engagement with these three issues and attributed a high level of urgency to each. By contrast, the remaining themes of health and safety and infectious disease control were seen to be imperative for general population health, but most felt that these issues are currently being well-managed and do not pose an immediate or urgent threat to individual or public health.





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In addition to examining the five specific themes as noted above, the relatively unstructured nature of the early part of the focus group discussion permitted a number of other issues to surface on an unprompted basis. Two of these issues in particular appear to be quickly emerging as possible pressure points or “stressors” on the health care system. The third issue reflects more of an expectation that the health care system will need to address.

- **Stress** – This issue was frequently raised in the discussions, most often in relation to elder care or parental care but also in the context of youth and mental health.
- **Eldercare** – Discussions revealed this topic as a potential source of stress with adverse or potentially negative consequences for the wellness of individuals and families.
- **Electronic Health Information** – Participants voiced concerns about the need to more effectively integrate the application of information technologies within the health care sector. There appears to be a perception that the health sector lags behind others in its use and application of IT to better the state of Canadians’ health.

It should be noted that these issues in and of themselves were not specifically identified in the final analysis as critical health care priorities. However, the focus group discussions acted as an “early detection” or “early warning” system in flagging key issues that appear to be gaining public attention. As such, they merit particular mention in the context of this report.

### B. Recommendations

#### 1. The Backdrop

It is clear from these discussions that when it comes to the topic of health and wellness Canadians are most engaged on those issues that are of personal relevance and ones which they can easily grasp with respect to their scope – healthy eating, active living and, particularly, children’s health.

In the context of a discussion on health and wellness, the conversation automatically gravitates to a discussion of the traditional, mostly institutional, aspects of the current health care system. In this respect, many remain concerned about access to health care, wait times and shortages of professionals. As participants contemplated the implications of an aging population, they expressed increasing concern about the sustainability of the system.

At the same time, and perhaps because of the seeming intractability of this issue, with respect to putting Canadian health care on a sustainable track, participants appear increasingly open to a broader discussion on the topic of health and wellness. Focus group participants seem particularly open to a dialogue which does not focus specifically on the “medical” side of the health care issue, but rather on preventive measures. At



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the same time, it should be underscored that participants nevertheless firmly believe preventive strategies and institutional treatments/medical care go hand-in-hand. Their comments emphasize that any focus on other facets of the health and wellness issue should not be at the expense of (or instead of) continued efforts to “fix” health care.

The public is increasingly attuned to messaging about wellness, although the term itself connotes a certain “faddish” or “fashionable” view of health which may affect how Canadians process any related messaging.

And, while they are concerned about the cost and general effectiveness of national information and education campaigns, many participants also fundamentally agree that broad public education is crucial to effecting behavioural change. In particular, they feel that parents, children and youth are the principal targets for messages and tools on the topic of healthier eating and active living.

### 2. Advice and Guidance

The findings from these groups provide some direction which has implications for both policy and communications on the issues of health and wellness:

1. **Crafting A New Way of Communicating on Health:** A key underlying challenge is to clearly differentiate health and wellness initiatives from concerns about the overall health system. Two challenges in doing so are the “fuzzy” nature of the term ‘wellness’, and an underlying concern that government wellness initiatives could be introduced as a means of deflecting attention away from addressing fundamental issues in the health care system.
  - **Recommendation:** Situate the vocabulary and frame the narrative. This could be done by introducing internal communications guidelines that ensure that there is clear differentiation between ‘health care – the institutions and system’ and ‘health and wellness – personal and family actions’. All communications tools should be deployed with a view to defining the term ‘wellness’ as ‘personal or societal health and fitness’ or in some manner that reflects a focus on the individual rather than the institutions. Shifting the narrative will likely be an evolutionary or iterative process.
2. **Offering Simplified Solutions:** Participants’ level of engagement on the issues discussed was fundamentally linked to:
  - a. Their perception of the degree to which they are personally affected by (or likely to be affected by) the issue; and



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- b. Their perception of the extent to which they personally can affect or have an impact on the issue.

As such, an issue such as infectious disease control, and specifically addressing hospital superbugs, is not viewed as one which has broad personal relevance, other than to those who have been seriously adversely affected or know of someone who has. While the numbers of those with stories to tell may be on the rise, and thereby over time may tend to push levels of concern up on this issue, currently there is little understanding of or personal relevance associated with the issue of infectious diseases. Moreover, at the moment, there is a general sense of confidence that Canadian hospitals and institutions are managing this issue.

This creates a dilemma of how to mobilize the public on an individual level both to enhance their understanding of the issue as well as to make them aware that there are steps they can take themselves to address it (i.e. the public can be part of the solution) without instilling undue alarm, fear or diminishing existing confidence in the current system.

- **Recommendation:** Identify simplified actions or solutions that individuals could take, similar to the way the Blue Box became emblematic of environmental action at an individual or family level. One useful approach could be to introduce a simple, “single-message” campaign directed at the public and not just health professionals around an issue such as the importance of handwashing in the home, work and healthcare environments as a means of limiting the spread of infections.
3. **Engaging the Public More Broadly:** Consideration should be given to developing strategies and approaches which will further engage Canadians both in a public discussion of health and wellness as well as in taking ownership of the issue and the solutions. For example, while many view obesity as a national “epidemic” of sorts, their comments suggest there is little real personal motivation at present to address the issue. It may be advisable, indeed necessary, to promote a more active and sustained dialogue at the community level as a means of fostering greater public awareness and engagement. Such discussions could consider utilizing more innovative engagement techniques which bring community members together, including experts, opinion leaders and average citizens. A staged approach to engaging the public could include a preliminary discussion around the values and attitudes which affect or influence social change as well as the economic and social consequences of not addressing these broad societal issues. Further discussions around personal responsibilities and assisting communities in setting



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measurable goals for success could follow. This approach could be equally effective on the topic of children's health. This approach would align with the expressed interest in discussing issues within a community context rather than simply as a "national strategy."

- **Recommendation:** Start a formal 'national dialogue or discussion' on the subject of promoting wellness for all Canadians.
4. **Monitoring Stress & Eldercare as Emerging Issues:** These issues are major 'sleepers' in terms of influencing public opinion and personal action. Rapid and significant demographic and technological changes are affecting many Canadians personally, but the issues are not yet being widely discussed at a public or personal level. In the near future, however, these issues will require public policy responses as Canadians articulate more clearly how their lives are changing and seek assistance via the tax system or social supports.
- **Recommendation:** Establish a formal monitoring program on demographic and public opinion data in these two areas.
5. **Exercising Caution in Communicating:** Some caution should be exercised in the manner in which the Government of Canada communicates on the issues of consumer and food safety and infectious disease control. For the most part, participants are not overly-agitated on these issues, although an incident (specifically one involving a large number of people and/or related deaths) would understandably raise the level of public anxiety and alarm. Interestingly, however, the focus group discussions were conducted at a time when there had been some media coverage on these issues. This did not appear to significantly affect participants' views on these topics.

Although participants spoke about some concerns related to food products or ingredients imported from certain foreign markets, most felt that the current food inspection system and regulatory framework was generally effective. By the same token, many felt that infectious diseases were being properly monitored and that hospitals were likely taking the necessary steps to deal with infections. Caution should be taken to ensure that public confidence in current institutions and the regulatory system are not eroded. Messaging should underscore the sound fundamentals.

- **Recommendation:** Work with PHAC and AAFC to introduce confidence-raising communications activities to help the public understand, and maintain confidence in, the Government of Canada's abilities to manage safety and infectious disease issues, and use



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these activities to deliver messages about the individuals' role. These communications activities could be focused on earned, specialized media, and highlight individual government scientists, technicians and facilities, as well as interesting success stories.

### MORE INFORMATION

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## II. Sommaire



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*The Strategic Counsel* est heureuse de présenter ce rapport des résultats des 16 groupes de discussion tenus entre le 13 et le 16 août 2007. Les groupes étaient mandatés par Santé Canada qui cherche à mieux comprendre les priorités et les inquiétudes des Canadiens en matière de santé et de mieux-être.

La santé et l'état du système de soins de santé au Canada figurent toujours au sommet des priorités des Canadiens. Depuis la fin des années 1990, les sondages d'opinion indiquent une forte inquiétude à l'endroit de la santé et du système de soins de santé des Canadiens, ainsi qu'un désir du grand public que les gouvernements en fassent une haute priorité. Entre-temps, le paysage de la « santé » a beaucoup changé et l'opinion du public continue d'évoluer en réaction aux expériences personnelles et en fonction de la compréhension qu'ont les Canadiens des problèmes et des défis relatifs à la santé. Plus récemment, les médias ont mis l'accent sur plusieurs sujets chauds. Alimentée par les statistiques alarmantes sur les taux d'obésité à la hausse, surtout chez les enfants et les jeunes, l'attention des médias s'est portée sur la santé en tant que problème d'habitudes de vie. On a beaucoup parlé des habitudes des Canadiens en termes de régime alimentaire et d'exercice, ainsi que des problèmes liés à la salubrité des aliments. Au cours des dernières semaines, l'attention des médias s'est tournée vers le problème des superbactéries dans les hôpitaux et le taux inquiétant de décès et de maladies chroniques causés par les infections nosocomiales.

Santé Canada désirait mieux comprendre l'impact de cette information sur les attitudes des Canadiens face à la santé et au mieux-être. Plus précisément, cette enquête visait à :

- susciter une discussion sur les priorités en matière de santé et de mieux-être des Canadiens; et
- connaître la réaction à une série de thèmes ou de problèmes précis concernant la santé et le mieux-être, y compris :
  - la santé et l'environnement;
  - la santé et la sécurité, plus précisément la salubrité des aliments;
  - la santé des enfants;
  - les épidémies de maladies infectieuses, leur suivi et leur contrôle; et
  - les habitudes alimentaires saines et une vie active.

Les groupes de discussion ont eu lieu dans huit villes (Yarmouth, Montréal (en français), Trois-Rivières (en français), Scarborough (les groupes ont eu lieu dans des bureaux situés à Toronto, mais avec des résidents de Scarborough), Waterloo, Winnipeg, Surrey et Victoria). Les participants représentaient un profil de la population choisi en fonction de l'âge, du revenu du ménage et de la scolarité, ainsi que d'autres critères particuliers d'âge et de situation de logement (propriétaire ou locataire) pour certains groupes. Le lecteur doit garder à l'esprit que les résultats de groupes de discussion ne sont pas statistiquement fiables et que,



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contrairement aux sondages nationaux, ils ne peuvent être extrapolés à la population dans son ensemble. Malgré tout, ces résultats procurent une ligne directrice et un bon aperçu de l'opinion publique quant aux principales priorités en matière de santé. Il cible aussi certains des défis à relever et des occasions de développer et de communiquer une politique relative à la santé et des initiatives de santé et de mieux-être.

### A. Principaux résultats

Les groupes de discussion étaient structurés de façon à permettre aux participants d'établir une liste exhaustive de priorités et d'inquiétudes en matière de santé de façon généralement spontanée. La première partie de chaque discussion était consacrée à l'identification de ces priorités, à une réflexion sur les inquiétudes personnelles et sociétales et à une meilleure compréhension de la perception du terme « mieux-être » dans un contexte plus vaste de « santé et mieux-être ». Des renseignements ont également été recueillis sur les sources d'information et les porte-parole qui sont perçus comme crédibles pour parler de santé et de mieux-être. Le reste de la discussion était consacré à connaître les réactions à cinq thèmes ou problèmes précis.

Voici un résumé des principales constatations des groupes de discussion :

#### 1. Réactions au terme « mieux-être »

- Parmi les participants aux groupes de discussion, le terme « mieux-être » est un concept familier et relativement bien compris. Il implique de mettre l'accent non seulement sur la santé physique, mais aussi mentale, émotive et spirituelle, de même que l'impact positif que ces aspects ont sur la qualité de vie globale.
- La plupart des participants ont une impression positive du terme « mieux-être », car il véhicule une approche plus globale de la santé qui inclut une approche préventive et holistique de sa gestion et de sa préservation. Fait à souligner, dans presque chaque groupe, une petite minorité faisait preuve de scepticisme à l'effet qu'une utilisation plus courante de l'expression « santé et mieux-être » et la présence de plus en plus généralisée d'instituts et de programme de mieux-être sont en fait le reflet d'une mode plutôt que d'une tendance en évolution de l'approche personnelle face à la santé.
- Un des aspects les plus positifs du concept de mieux-être pour beaucoup de participants est que le terme implique la notion de responsabilisation des personnes pour prendre le contrôle de leur santé. La plupart des participants croyaient que la responsabilité individuelle est une composante clé de l'approche du mieux-être, même si beaucoup soulignaient rapidement que des composantes institutionnelles et sociétales sous-tendent aussi le concept et sont aussi cruciales.





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### 2. Priorités en matière de santé et de mieux-être

Lors de la discussion générale, les participants ont évoqué un éventail d'inquiétudes et de priorités de façon plutôt spontanée. Cet éventail peut être résumé et classé en six grandes priorités en matière de santé et de mieux-être:

- Le système de soins de santé
- Les habitudes de vie
- Les maladies et les problèmes de santé
- L'environnement
- Les segments prioritaires (enfants et personnes âgées)
- Le stress

Dans de nombreux groupes, la discussion sur le sujet s'amorçait avec le système de soins de santé (p.ex. les délais d'attente et la pénurie de professionnels). Ce n'est pas surprenant et révélateur du point de mire de l'attention et des inquiétudes du public, soit les composantes institutionnelles des soins de santé et, plus précisément, la dimension « santé » de la question « santé et mieux-être ». Le régime alimentaire, l'exercice et les habitudes de vie qui ont un impact sur la santé constituaient probablement l'ensemble de priorités le plus souvent cité lorsque les modérateurs demandaient aux participants de penser aux questions de santé et de mieux-être de façon plus globale que le système et les structures habituelles. En plus d'un éventail de problèmes de santé liés à la détérioration de l'environnement, les craintes de maladies chroniques et de problèmes de santé, parfois liés au régime alimentaire et aux choix de vie, constituaient un autre domaine d'inquiétude important. Plusieurs participants ont mentionné des groupes précis, comme les enfants, les jeunes et les personnes âgées, comme particulièrement vulnérables face aux problèmes de santé et de mieux-être. Finalement, même si la question n'a pas toujours été soulevée de façon explicite, le problème du stress sous-tendait pratiquement toutes les discussions.

### 3. Sources d'information et porte-parole crédibles pour parler de santé et de mieux-être

- Les principales sources d'information sur la santé et le mieux-être citées sont Internet, les médias d'information, les amis et la famille, les magazines et les professionnels de la santé. Les sources mentionnées moins fréquemment étaient les centres de conditionnement physique, les détaillants, le gouvernement, les livres et les praticiens de médecine douce.
- Il est évident que les professionnels de la santé, les scientifiques et les institutions de recherche et les personnalités du domaine de la santé ont une influence et une crédibilité importantes au sein de la société. Les médias d'information, le gouvernement et les praticiens de médecine douce sont aussi influents, mais pas dans la même mesure que les autres sources d'information.



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- Les participants s'entendaient que la quantité d'information disponible au sujet de la santé et du mieux-être est énorme. Le volume d'information peut être perçu comme écrasant, surtout si on tient compte des affirmations et des renseignements conflictuels.

### 4. Réaction aux cinq thèmes clés testés

Parmi les cinq problèmes et thèmes testés avec les groupes, les trois priorités thématiques qui se sont démarquées (en tenant compte des constatations auprès de tous les groupes) étaient :

- La promotion de la santé chez les Canadiens
- L'environnement
- La santé des enfants

Ces trois problèmes suscitaient le plus de charge émotionnelle chez les participants qui leur ont accordé le plus haut niveau de gravité. En contraste, les autres thèmes de protection de la santé et de la sécurité et de lutte contre les infections, bien que jugés essentiels pour la santé de la population en général, étaient perçus par la plupart des participants comme plutôt bien gérés pour l'instant. Ils ne les percevaient pas comme posant une menace immédiate ou urgente pour la santé des personnes ou du public en général.

En plus d'examiner les cinq thèmes précis mentionnés précédemment, la nature peu structurée du début de la discussion a permis d'aborder plusieurs autres problèmes de façon spontanée. Deux de ces problèmes en particulier semblaient rapidement se démarquer comme des sources de tension possibles ou des facteurs de stress pour le système de soins de santé. Le troisième problème constitue davantage une attente que le système de soins de santé devrait combler.

- **Stress** – ce problème a souvent été mentionné lors des discussions, le plus souvent en rapport avec les soins aux personnes âgées ou aux parents, mais aussi dans le contexte de la santé mentale et de celle des jeunes.
- **Soins aux personnes âgées** – Les discussions ont révélé que ce sujet est une source possible de tension avec des conséquences néfastes ou possiblement négatives pour le mieux-être des personnes et des familles.
- **Renseignements électroniques à propos de la santé** – Les participants jugeaient que les technologies de l'information devraient être intégrées de façon plus efficace dans le secteur des soins de santé. Il semble y avoir une perception que le secteur de la santé traîne de la patte derrière d'autres secteurs quant à l'utilisation et à l'application des TI pour améliorer la santé des Canadiens.

Il faut noter que ces problèmes n'ont pas été identifiés dans l'analyse finale comme des priorités importantes en matière de soins de santé. Cependant, les groupes de discussion ont servi de « détecteurs précoces » ou de



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« système d'avertissement » pour souligner ces problèmes clés qui semblent de plus en plus attirer l'attention du public. Par conséquent, ils méritent une attention particulière dans le contexte de ce rapport.

### B. Recommandations

#### 1. Le contexte

Suite à ces discussions, il est évident que lorsqu'il est question de santé et de mieux-être, les Canadiens sont davantage préoccupés par les aspects qui les touchent personnellement et ceux dont ils peuvent facilement comprendre la portée, soit des habitudes alimentaires saines, une vie active et, surtout, la santé des enfants.

Dans le contexte d'une discussion sur la santé et le mieux-être, la conversation porte automatiquement sur les aspects traditionnels, et surtout institutionnels, du système de soins de santé actuel. À cet égard, beaucoup de participants demeurent préoccupés par l'accès aux soins de santé, les délais d'attente et la pénurie de professionnels. Alors qu'ils envisageaient les implications d'une population vieillissante, ils étaient plus en plus préoccupés par la viabilité du système.

En même temps, et peut-être en raison du caractère apparemment insoluble du problème de la viabilité du système de soins de santé canadien, les participants semblaient de plus en plus ouverts à une discussion plus vaste sur le sujet de la santé et du mieux-être. Les participants aux groupes de discussion semblaient particulièrement ouverts à un dialogue qui ne met pas précisément l'accent sur le côté « médical » de la question des soins de santé, mais plutôt sur les mesures préventives. En même temps, il est important de souligner que les participants croient malgré tout fermement que les stratégies préventives et les soins médicaux ou les traitements institutionnels vont de pair. Leurs commentaires mettaient l'accent sur le fait que tout point de mire sur d'autres aspects des problèmes de santé et de mieux-être ne devrait pas se faire aux dépens (ou à la place) d'efforts continus pour régler le problème des soins de santé.

Le public est de plus en plus à l'écoute des messages au sujet du mieux-être, même si le terme en soi a une connotation de « mode » ou de « passade » pour aborder la santé qui peut influencer sur la façon dont les Canadiens assimileront les messages.

Et même s'ils sont préoccupés par le coût et l'efficacité globale de l'information et des campagnes d'éducation diffusées à l'échelle nationale, de nombreux participants sont aussi foncièrement d'accord qu'une vaste sensibilisation du public est essentielle pour encourager les changements de comportements. Plus précisément, ils croient que les parents, les enfants et les jeunes devraient être les cibles principales des messages et des outils encourageant des habitudes alimentaires saines et une vie active.



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### 2. Conseils et orientation

Les constatations tirées des groupes de discussion permettent de dégager une certaine orientation importante autant pour les politiques que les communications relatives aux questions de santé et de mieux-être :

1. **Établir une nouvelle façon de communiquer à propos de la santé** : Un des principaux défis est de distinguer clairement les initiatives de santé et mieux-être des craintes au sujet du système de soins de santé dans son ensemble. Deux des défis que pose le problème sont la nature plutôt floue du terme « mieux-être » et le risque que les initiatives de mieux-être du gouvernement puissent être présentées comme un moyen de détourner l'attention du règlement des problèmes cruciaux du système de soins de santé.
  - **Recommandations** : Cibler le vocabulaire et encadrer le discours. Il est possible d'y arriver en émettant des directives de communications internes qui garantissent qu'il y a une distinction claire entre « soins de santé, soit les institutions et le système » et « santé et mieux-être, les gestes personnels et familiaux ». Tous les outils de communication devraient être déployés en ayant à l'esprit de définir le terme « mieux-être » comme « la condition physique et l'état de santé personnels ou sociétaux » ou d'une façon qui met l'accent sur la personne plutôt que sur les institutions. La modification du discours devrait se faire de façon progressive.
2. **Proposer des solutions simplifiées** : le degré d'engagement des participants quant aux questions discutées était principalement lié à :
  - a. leur perception du degré auquel ils sont personnellement touchés (ou pourraient l'être) par le problème; et
  - b. leur perception de la mesure dans laquelle ils peuvent personnellement influencer sur le problème.

Par conséquent, un problème comme le contrôle des maladies infectieuses et, plus précisément, la question des superbactéries dans les hôpitaux, n'est pas perçu comme très pertinent au niveau personnel, à moins d'avoir été personnellement sérieusement touché ou de connaître quelqu'un qui l'a été. Même si le nombre de personnes ayant des anecdotes à ce sujet semble à la hausse, ce qui peut entraîner à la longue une hausse du degré de préoccupation pour la question, pour l'instant, la compréhension de la question des maladies infectieuses est faible de même que le degré de pertinence personnel perçu. De plus, pour l'instant, il existe un sentiment de confiance généralisé que les institutions et les hôpitaux canadiens gèrent le problème.



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Cette situation crée un dilemme quant à la façon de mobiliser le public à un niveau individuel pour qu'il comprenne mieux la question et soit sensibilisé aux mesures de prévention qu'il peut prendre (c.-à-d. le public peut faire partie de la solution), sans toutefois être inutilement alarmiste, instiller de la crainte ou réduire le niveau de confiance actuel envers le système.

- **Recommandation** : Identifier des gestes ou des solutions simples que les personnes pourraient adopter, un peu comme la corbeille de recyclage est devenue emblématique des gestes environnementaux à un niveau individuel ou familial. Une approche utile pourrait être de présenter une campagne simple à message unique visant le public, et non seulement les professionnels de la santé, et portant sur un sujet comme l'importance de se laver les mains à la maison, au travail et dans les hôpitaux pour éviter la propagation des infections.
3. **Faire participer davantage le public** : Il faudrait accorder de l'attention à la mise au point de stratégies et d'approches qui engageront davantage les Canadiens dans une discussion publique au sujet de la santé et du mieux-être et leur permettront de s'approprier de la question et des solutions. Par exemple, alors que beaucoup de gens perçoivent l'obésité comme une épidémie nationale, leurs commentaires laissent entendre qu'il y a peu de véritable motivation personnelle pour l'instant à s'attaquer au problème. Il pourrait être judicieux, en fait nécessaire, de faire la promotion d'un dialogue soutenu et plus actif au niveau de la communauté afin de mieux sensibiliser le public et l'encourager à participer. Ces discussions pourraient faire appel à des techniques de participation plus novatrices qui rassemblent les membres de la communauté, y compris des experts, des leaders d'opinion et des citoyens ordinaires. Une approche échelonnée pour encourager les gens à participer pourrait comprendre une première discussion au sujet des valeurs et des attitudes qui touchent ou influent sur les changements sociaux ainsi que les conséquences économiques et sociales de ne rien faire pour régler ces problèmes sociétaux. D'autres discussions sur les responsabilités individuelles et l'aide aux communautés pour établir des objectifs mesurables pourraient suivre. Cette approche pourrait aussi être efficace pour parler de la santé des enfants et est en harmonie avec l'intérêt exprimé de discuter des problèmes dans un contexte communautaire, plutôt que simplement sous forme de stratégie nationale.
- **Recommandation** : Lancer un dialogue ou une discussion officielle à l'échelle nationale sur le sujet de la promotion du mieux-être de tous les Canadiens.
4. **Contrôle du stress et soins aux personnes âgées – Deux questions d'actualité** : Ces problèmes constituent d'importants facteurs émergents qui influent sur l'opinion publique et les gestes personnels. Les changements démographiques et technologiques rapides et importants



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touchent de nombreux Canadiens au plan personnel, mais ces questions ne sont pas encore largement débattues au niveau public ou personnel. À court terme cependant, elles nécessiteront la mise en œuvre de politiques publiques alors que les Canadiens énonceront plus clairement comment leur vie change et demanderont de l'aide par l'entremise du système fiscal et des soutiens sociaux.

- **Recommandation** : Mettre sur pied un programme de suivi officiel des données démographiques et de l'opinion publique dans ces deux domaines.

5. **Faire preuve de prudence pour les communications** : Une certaine prudence est de mise dans la façon dont le gouvernement du Canada communique à propos des questions de sécurité des consommateurs, de salubrité des aliments et de contrôle des maladies infectieuses. Dans l'ensemble, les participants ne sont pas particulièrement inquiets au sujet de ces questions, mais un incident (surtout un incident touchant beaucoup de gens ou entraînant beaucoup de décès) augmenterait sans contredit le degré d'anxiété du public et sonnerait l'alarme. Il est toutefois intéressant de noter que les groupes de discussions ont eu lieu à un moment où il y avait une certaine couverture médiatique à propos de ces questions. Cela n'a pas semblé avoir d'effet important sur les points de vue des participants sur ces sujets.

Même si les participants ont évoqué des inquiétudes au sujet de produits alimentaires ou d'ingrédients importés de certains marchés étrangers, la plupart croient que le système d'inspection actuel des aliments et le cadre réglementaire en vigueur sont efficaces. Dans la même veine, plusieurs croyaient que les maladies infectieuses étaient bien contrôlées et que les hôpitaux prenaient les mesures nécessaires pour faire face aux infections. Il faut être prudent pour ne pas miner la confiance du public envers les institutions et le système réglementaire actuel. Les messages doivent mettre l'accent sur les notions élémentaires.

- **Recommandation** : Travailler de pair avec l'ASPC et l'AAC pour mettre sur pied des activités de communication visant à augmenter la confiance afin d'aider le public à comprendre la situation et à demeurer confiant envers la capacité du gouvernement du Canada à gérer les problèmes de sécurité et de maladies infectieuses. Utiliser ces activités pour livrer des messages au sujet du rôle de chacun au plan individuel. Ces activités de communication pourraient être centrées dans les médias spécialisés éprouvés et présenter des scientifiques, des techniciens et des bureaux du gouvernement, ainsi que des histoires de réussite.



The Strategic Counsel

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### **III. Research Objectives and Methodology**





## Research Objectives and Methodology

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### A. Background and Objectives

*The Strategic Counsel* is pleased to present Health Canada with this report on the findings from a series of focus groups on the topic of health and wellness issues and priorities.

Health care has ranked at the top of Canadians' list of priorities for almost a decade. In various surveys and focus groups on the topic, Canadians have expressed deep concern about the state of the health care system in Canada, particularly with respect to wait times for medical procedures, shortages of hospital beds, and access to medical professionals. In addition, the public remains concerned about rates of heart disease and cancer as well as other chronic health conditions, such as diabetes.

Understandably, the topic of health is one that engages the public given its obvious personal relevance and integral link to quality of life. In recent years, discussions of health in the media have shifted. Greater attention is being given to the broader topic of health and wellness, encompassing not only institutional care and treatment of disease and illness but also preventive care and overall wellness strategies (i.e. diet, lifestyle, etc.). The media have also begun to focus more attention on so-called "hot" topics (i.e. trans fats, pandemics and anti-biotic resistant bacteria and viruses). On an almost daily basis, media outlets, using both traditional and online capabilities, release voluminous information pertaining to public and personal health and overall wellness. Given both the deluge of information on the topic and the rapidity with which issues vault to the forefront of media and public attention, it is increasingly difficult to maintain an accurate picture of what specific priorities Canadians may have within the broader context of health and wellness.

As such, Health Canada wished to conduct a series of focus groups in order to foster discussion on what areas are of greatest interest and concern to the public, and to investigate Canadians' impressions of some of the current areas of media attention and potential government focus. While surveys offer a useful, important and statistically valid assessment of the relative priorities and concerns of the Canadian public, focus groups are frequently employed to expand on or drill down beneath the surface of responses to surveys. Hearing Canadians consider and react to issues in their own words allows for an opportunity to better understand the public's thought process, the degree of emotion attached to some issues, and the underlying rationale for identifying issues of both high and low priority.

The advantage of focus groups, either in addition to or in support of polling data, is the opportunity they provide to engage in open, relatively unstructured discussion. This approach permits participants to share their thoughts and contemplate issues with minimal prompting, thereby providing policy-makers and communicators in government with a more nuanced understanding of the public opinion context or backdrop for important public policy issues. The objectives of this series of focus groups were to:



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- Provide a forum for generation on an unprompted basis of Canadians' health and wellness priorities;
- Examine relative priorities and reasons for higher or lower levels of concern about certain health issues; and
- Obtain reaction and feedback to specific health and wellness issues related to healthy living/lifestyles, consumer/food safety, the environment, children's health and infectious disease outbreak/control)

### B. Methodology

A series of 16 focus groups were conducted across Canada between August 13<sup>th</sup> and 16<sup>th</sup>, 2007 in Yarmouth, Montreal, Trois-Rivières, Scarborough, Waterloo, Winnipeg, Surrey and Victoria. Each of the sessions was approximately 2 hours in duration and comprised between eight and ten participants. All of the focus groups were conducted in English, with the exception of the groups held in Montreal and Trois-Rivières, which were conducted in French.

Focus groups were conducted with three separate groups of people:

- Canadians 55 and over;
- Home owners; and
- Renters

Apart from the above criteria, participants were recruited to reflect the adult population, aged 18 and older, in those respective regions, and included a mix of gender, religious and ethnic backgrounds, as well as socio-economic status.

The focus groups were undertaken as follows:



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LOCATION	GROUP TYPE
Yarmouth	Owners Renters
Trois-Rivières	Over 55 Owners
Montreal	Renters Over 55
Scarborough	Renters Owners
Waterloo	Over 55 Owners
Winnipeg	Renters Owners
Surrey	Over 55 Owners
Victoria	Over 55 Renters

An incentive of \$50 was paid to all participants.

The discussion was purposely structured to provide a free-flowing format, with minimal prompting to participants during the first part of the conversation. This relatively unstructured approach allowed participants an opportunity to generate a thorough list of health priorities that is very much reflective of their assessment based on both their personal experience and their impressions. During the second half of the groups the moderator directed discussion on specific health and wellness topics. At the close of the groups, participants were asked to consider all the topics that had been discussed and identify their top three priorities. Recognizing that Canadians have many priorities and concerns in the realm of “health and wellness,” this exercise did yield solid direction on participants’ most critical concerns. It also provided an opportunity for participants to consider both the discussion within the larger group and their own personal or individual beliefs and concerns. The results of this exercise are discussed later in this report and are summarized in table format in Appendix A.



## IV. Detailed Findings



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### A. Defining “Wellness”

Wellness is a familiar and fairly well understood concept – one that is seen to have taken root in the popular lexicon in recent years to express a broader, more holistic approach to health, with a greater focus on proactive health maintenance, healthy lifestyle, and prevention. For most, wellness implies a focus not just on physical health, but on mental/emotional and spiritual health and the positive impact they have on overall quality of life. Participants talked about balance, overall contentedness and happiness as outcomes of a focus on wellness rather than simply on health:

*“It’s an overall happiness, an overall healthiness – not something specific, but more overall.”*

A number of common themes emerged across the groups in the context of a discussion on wellness:

- Holistic:
  - Encompassing body/mind/spirit; physical, mental and emotional health; *“It is a bigger picture, it is more general, wellness is your mind, your body, it is everything all together.”*
  - Many also saw it as holistic in the sense that it encompasses a wide range of determinants of health, from individual behaviour, like diet and exercise, to the quality of the health care system, social and working conditions, and the state of the environment. *“It includes all dimensions of life.”*
- Healthy Lifestyle:
  - Including diet and exercise, moderate alcohol use, refraining from smoking or drug use; healthy work environments, balance, healthy relationships, good mental and emotional health, positive attitude, social supports, family, having a place to live, a job, financial security.
- Prevention:
  - Optimizing health and avoiding illness.
- Being Proactive:
  - Taking control of one’s health, individual responsibility; self-management of health issues, hands-on involvement, asking questions, seeking different options, looking at alternatives, etc. *“It’s about what I can do, it’s about making choices.”*
- Alternative Approach:
  - Many associate wellness with alternative medical treatments such as acupuncture, homeopathy, etc., or see it as an approach that integrates western and alternative health philosophies; *“It’s more eastern, more natural.”*



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- Many see the concept of wellness, with its holistic, preventive view, as an alternative to the more traditional, treatment-oriented or institutional approach to health. *“It’s new, because some years ago being healthy was just being physical healthy and no one thought about mental health or nutrition. As long as you were physically okay, you were healthy.”*
- Increasingly Mainstream:
  - While viewed as encompassing some alternative approaches to health, the notion of wellness is also seen as increasingly mainstream – i.e. an alternative approach that has gained considerable popularity, which can be seen and is discussed widely in the media, the workplace (i.e. employee or workplace wellness programs) as well as in the growing popularity of “wellness” institutes (essentially fitness centers with additional services offered) and activities like yoga.

### B. Impressions of Wellness

Most have positive impressions of wellness, and think that a preventive, holistic approach to health management and maintenance makes a lot of sense. A number of older participants, in particular, placed a great deal of value on wellness as a way to protect and extend their quality of life and avoid any restriction of activities due to health considerations. Many felt that “wellness” is a more positive way to think and talk about health and health care, which gets beyond the usual focus on the health care system and/or institutionally-based care. One of the most positive aspects of the wellness concept for many is that it empowers individuals to take control of their health. Most, in fact, felt that individual responsibility is a key component of the wellness approach:

*“To me there is some sort of choice involved. You make the decision to change your lifestyle or adopt a way of living that is sustainable”*

*“No matter what we say it’s still up to the individual. Wellness is an individual choice”*

Nevertheless, many were quick to point out that there are institutional and social dimensions, as well. In parallel with individual efforts, for example, there must be a clean and safe environment, social supports for healthy lifestyle choices and activities, and, most importantly, a health care system that provides easy and timely access.

*“I think it starts with individual health. People should know how to take care of their own health by being healthy, eating the right foods, getting exercise... and then secondly there should be an affordable health care system.”*

*“It’s about personal responsibility and government responsibility. It’s 50/50, it goes hand in hand.”*



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It was evident in many of the groups that people want and need more opportunities and support for pursuing a wellness approach to managing their own health, and see opportunities for greater promotion of wellness among the public. At the same time, however, there was mild concern that a national or broad push on the notion of wellness in the context of health might be seen as simply taking advantage of a currently “fashionable” view of or approach to health, or that it might be seen as a pretext by government to unburden its responsibilities with respect to maintaining a national system of health care onto individuals.

Some participants, especially those in the smaller centers, or more rural areas, expressed a degree of scepticism about the role of alternative medicine, in particular, and the concept of wellness as a trendy marketing term, or something that is seen as too “touchy/feely”. *“It reminds me of people who believe in magnets, crystals and copper bracelets and that kind of thing.”* In Montreal, while the term “mieux-être” was familiar and understood, participants in Trois-Rivières indicated that they don't use this term in their everyday language and see it as a term used more by the elite or within a more specialized vocabulary used by journalists and TV announcers, institutions like CLSC's, and clinics. It is generally more recognizable and understood in the written versus spoken form.

Still, despite some reservation, there appeared to be a fairly widespread and growing openness to consider the advantages of a wellness approach and look outside the traditional medical system for assistance with respect to health/wellness strategies (in fact, while not widely stated or necessarily strongly supported, some participants in the Victoria groups spoke of the need to redesign the health system such that healthier people are rewarded, and those who do not look after themselves required to pay more for treatments).

*“When I think of everything I do to take care of myself, I think those who do take care of themselves should be rewarded and those who don't take care of themselves should pay more”*

### C. Top-of-Mind Health & Wellness Priorities

Participants cited a wide range of priorities that included diseases and conditions of greatest concern, lifestyle behaviours to support good health, aspects of the health care system and institutional care in Canada, and specific groups that are seen to be most vulnerable.

#### 1. Health Care System

While a great deal of discussion focused on healthy behaviour by individuals, there was equal, if not in some cases greater, focus on the “health” and sustainability of the health care system as a key priority. Notably, while participants' showed a great deal of receptivity to exploring the notion of health and wellness options outside the health care system, many were still very focused on the institutional, traditional medical establishment in terms of their issues of top concern. In virtually every group, participants identified



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concerns related to the funding of health care, the sustainability of the system and access to medical professionals, as well as diagnostic procedures and treatments. The capacity and quality of the health care system is clearly viewed as a fundamental component of health and wellness among individuals and the population at large. It also was an issue with a great deal of immediacy and relevance for many participants who cited first hand frustrations in trying to gain timely and proper access to care, either for themselves or aging parents.

There were a number of specific issues that participants raised with respect to the health care system, including:

- Concerns about funding, sustainability of the current system, access to health professionals, and wait times for surgeries/specialists/diagnostics.
- Some raised concerns, underscored by personal stories, about the difficulty of finding care for elderly parents.
- A number of participant indicated that they don't get sufficient time with their doctors to address all their issues. Some in British Columbia noted that access to physicians was being diminished by a policy on the part of doctors to permit patients to discuss a maximum of two issues at a time. This is reflective of excessive patient load, shortage of physicians, and is seen to negatively impact physicians' ability to adequately address the "whole" patient. *"For me people need to be heard more and at they need someone listening to them, because most of the doctors don't. It's about the issue of access and the doctors having time for you. The doctors normally have only 15 minutes to see you".*
- In British Columbia some also talked about the need to optimize administrative systems or technology use to better support the health care system (e.g. the sharing of patient health histories and records across the different health care professional involved in managing a patient's care). Many of these participants talked about the inadequacy of the current system and its deleterious effect on the overall quality of care offered to an individual and, just as importantly, on the ability of the individual to manage his or her own health and wellness across their different health and wellness initiatives and providers.
- Many felt they do not have enough access to the kinds of treatments and services that would assist with prevention, like annual check up, tests, diagnostics, screenings, etc.

### 2. Lifestyle

As mentioned above, most saw a healthy lifestyle as a fundamental part of wellness and pointed to a wide range of lifestyle behaviours and conditions that are necessary as part of healthy living. Participants identified poor diets combined with relatively sedentary lifestyles as a key health and wellness priority. Cigarette smoking was obviously viewed as a major detriment to health and a priority issue. However,





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perhaps because it has been and continues to be the focus of significant social marketing campaigns and legislation restricting the sale and advertising of tobacco products, most tended to focus on diet, exercise, and stress management as the top lifestyle priorities.

**Diet and exercise:** Most groups vigorously stressed the importance of diet and exercise. Part of this seemed to be a top-of-mind concern with obesity (especially childhood obesity), which is an issue that is very much on the public radar given the number of media reports and the growing focus on overweight and obesity among the population at large. But most agree that eating well and staying fit continue to be major challenges for Canadians, and that the problem is linked not just to obesity, but to the range of other conditions that are of major concern, like cancer, heart and stroke, diabetes, and arthritis. Many firmly believe that better diet and exercise are at the core of addressing the diseases and conditions that are of greatest priority and taking strain off the healthcare system.

*“We know that so many of these health issues can be improved through diet and exercise”*

In addition, some participants alluded to specific segments of society that engage in risky behaviours (i.e. substance abuse, unsafe sex) and the impact that addictions and/or disease resulting from these behaviours have on overall health and costs to the health care system. Within the context of discussions about issues pertaining to lifestyle, many participants raised education as a priority and a means of addressing social phenomena that affect societal health.

### 3. Diseases, Illness and Health Conditions

Cancer, diabetes, obesity, arthritis, heart and stroke, and addictions were all cited with considerable frequency across the groups. In selecting top priorities, however, participants often pointed to obesity, and especially childhood obesity, as a serious problem that requires urgent attention.

The issue of stress also emerged as a top health concern. It was raised, top-of-mind, on a number of occasions during general, unprompted discussion of key health and wellness priorities. It is clear that many participants are dealing with a variety of stressors in their lives, including time pressure, jobs, care of parents and children, financial stress, as well as the stress of staying on top of issues or remaining current.

*“I had stress as a big one, I think it is huge and it is getting worse every day. I think it is more common now, and more acceptable to say you are taking a leave of absence now.”*

Given the prevalence of comments related to stress, the issue is singled out on its own and discussed further, below.



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### 4. The Environment

Issues such as air quality and water pollution, toxins, and chemicals in the environment were offered as specific priority issues negatively impacting health. Environmental issues affecting health were more frequently raised in groups in Victoria and in Quebec, but a scattering of comments on the environment were also picked up in many other groups.

### 5. Priority Segments

There was clearly considerable concern among most participants about the health and wellness of children, seniors, and the economically disadvantaged. These were definitely viewed as priority groups. In some locations (i.e. Winnipeg), other segments such as those with HIV/Aids were also identified as a priority target group.

**Children:** In many groups children's health issues generated the strongest emotional discussion. Many feel that children are at risk from obesity, mental health issues, and diseases like diabetes as a result of unhealthy modern lifestyles that involve poor diet, lack of exercise, lack of supervision, social alienation, and stress. Most do not feel that adequate attention is being paid to children's health. While most say that parents are ultimately responsible for their children, there was widespread agreement that government and schools must do more to ensure that children are being educated about health and getting access to healthy food and opportunities to participate in sports and exercise.

*"I think the government could do a lot more."*

*"It drives me crazy when I see them closing local pools. That's like adding fuel to the fire."*

*"It has to be more than just the children and the parents, it has to be a partnership with the education system."*

**Seniors:** Most are concerned about the impact of an aging population on the health and social welfare system and see a strong need to implement policies that will keep seniors healthy and independent.

*"We need to be healthier as we approach our golden years, because we are seriously strapped as far as medical resources are concerned, so while it is important to have our children adopt a healthy lifestyle, I think it is important for us who are getting a little older as well."*

Seniors and those with parents were very much concerned about their own quality of life in having to deal with aging, either directly or as a caregiver. Most agree that keeping seniors healthy is a pressing priority, but many are also concerned with the quality and availability of elder care for those who inevitably will need it. Many underscored the need to put more resources in place to ensure that there is institutional support and care for individuals and families dealing with this stage of life.



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*“We also have an issue with seniors and trying to get seniors into complexes. They are too costly and therefore the caregivers, which is usually the spouse or the children of the elderly, they breakdown if they are working and taking care of their parents.”*

**The poor:** Across a number of groups, especially in Winnipeg and, to a lesser extent, in Trois-Rivières, participants focused on addressing issues of poverty, homelessness and financial insecurity as a means of raising the overall level of healthiness of Canadians. Participants in these groups made a direct link between financial well-being and the ability to eat well and make other healthy decisions (i.e. join sports clubs, fitness clubs, etc.). Many also talked about the challenges faced by children from low income families, in particular.

*“So much of this has to do with finances. If you have enough money, then the drugs for elderly people are available, or you can join a gym, or get your kid into a sport if they are overweight, or you can buy organic food. It all comes down to what you can afford.”*

### 6. Stress

Although not at the top of the priority rankings, the issue of stress was often mentioned by at least one or two individuals in each of the groups. While stress could be considered as a health and wellness issue in its own right, it was clear from comments made that it also contributes an additional dimension of complexity or challenge to many of the above-noted health and wellness issues. It is clear from the discussion that stress has the effect not only of intensifying the level of emotion and concern around other health issues, but can also exacerbate existing health conditions.

Many talked about stress management and stress reduction as an important health and wellness priority, from the perspective of mental, emotional, and physical health. In keeping with a view of wellness that encompasses body/mind/spirit, responses suggest that the psychological component of health, and things like stress reduction, inner balance, peace of mind and work/life balance, are increasingly being viewed as priorities.

*“You need balance, and a way to deal with stress if you want to stay well.”*

Viewed by participants as a modern challenge for the health system and health professionals, participants alluded to several sources of stress principally driven by demographic change and technological advances. Demographic and financial pressures also appear to be “squeezing” some families on both sides – by children who are returning home and/or living at home well into their 20’s and elderly parents whose health is declining and/or who may need greater attention and assistance. Notably, the issue of eldercare was raised on a number of occasions, and while clearly not the most pressing of all of the health and wellness issues discussed, it is sufficiently worrisome to some participants. As such, this issue may be deserving of further investigation with respect to understanding the specific pressures many are facing in caring for aging parents or relatives and appropriate public policy responses.



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### D. Information on Health and Wellness

#### 1. Sources of Information on Health and Wellness

In the view of participants, a tremendous amount of information is now available to the general public about health and wellness. The Internet is often the first source to which participants go in order to better inform themselves. Notably, participants generally tend to “Google” or utilize other internet search engines on the basis of key words to explore various facets of a health issue in which they are interested. Although participants place a high level of trust in medical professionals, it is clear from the anecdotes and stories shared in the discussions below that participants feel they will be best served by the medical system if they can act as their own advocates. Participants spoke of the empowering effect of access to more health information and the consequent ability to take greater control over their own health outcomes.

Many participants felt that the amount of information in this area was increasing. In fact, some thought that it is virtually impossible to avoid seeing this type of information:

*“It is on so frequently, that you cannot avoid it.”*

*“Every time I pick up a men’s magazine, I see something about this.”*

*“We are being bombarded with information.”*

The primary sources for health and wellness information cited most frequently (not in any particular order) by participants across the groups were:

- Internet
- Media
- Family and friends
- Magazines
- Health professional (doctors, nurses, dietitians et al)

Other sources were cited, but less frequently:

- Fitness center/spas (unaided)
- Retail outlets, such as health food, grocery and drug stores (unaided)
- Governments (typically on an aided basis)
- Books (aided)
- Alternative practitioners



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Virtually no one looked to newsletters as a source for information about health and wellness.

### 2. Attentiveness to Health and Wellness Information: Motivators and Barriers

Participants also talked about the factors that motivate or detract from their paying attention to information about health. Interest in health and wellness information is often motivated by:

- Stories in the news media: *“If it is on the news, we pay attention to it.”*
- Involvement in exercise: *“I pay more attention now because I have to started to work out more.”*
- A death or illness among family and friends: *“When you see someone die from preventable disease, then you think maybe I should doing something different.”*
- Individual’s health situation: *“When it is affecting your own health or the clothes don’t fit any more.”*
- Aging: *“I’m getting older and more aware of the consequences of not looking after myself.”*
- Influence of young people: *“I think that we learn a lot from younger generation that is more into it than we are.”*
- Interest in improved dietary habits and/or the “food phenomenon”: *“If you are interested in feeding your family, you will look for articles comparing food and healthy ways of preparing food.”*

Participants also talked about the barriers to paying attention to health and wellness information. The principal barrier, cited in virtually every group by several participants, is the often contradictory and conflicting nature of reports on health and wellness.

*“There are so many different studies and different conclusions. I am totally confused about what to do. Often, I think that we are back to where we started.”*

Another barrier relates to the volume of information that is published: *“We are overblown with information and sometimes you can’t listen to everything other wise you would be worried all the time.”*

Some noted that they do not pay attention to health and wellness information because the lifestyle and behaviour changes that are required of them seem too significant or inconvenient.

A few participants identified the alarmist tone of some articles as a deterrent. Too often, reports are presented in a “scare” manner: *“too many articles are written to scare us and people just want to avoid and not deal with it.”*



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### 3. Credibility of Sources/Spokespeople

Perceptions about the credibility of different sources of information were also explored in the focus groups.

It is clear that information associated with recognized scientific institutions or publications enjoys widespread credibility and trust.

*“Because they really do a lot of research and they do not seem to have a bias other than the public interest.”*

*“I try to track things back to medical journals because they tended to have done their homework.”*

Not surprisingly, and consistent with previous research, participants view healthcare professionals (particularly medical doctors and nurses) as garnering high levels of credibility and trust: *“we first trust in the medical associations and government-recognized doctors.”* The sense of trust and credibility is rooted in the belief that these people are in the health business and are “the experts.” At the same time, there was a sense among many participants that the current generation of medical professionals may be too attached to or vested in the status quo medical system (e.g. treatment via surgeries and drug regimes rather than prevention).

While some strongly denied that health celebrities are credible, many participants recognized that these types of media celebrities have a tremendous influence on people (*“They have a big influence on people.”*). The source of their levels of credibility stems from their credentials (*“I believe in what he has to say because he is a top doctor.”*) and how they talk about health issues:

*“They talk about what we need to do in our personal lives and I have experienced some of things they talk about.”*

*“Most people don’t have the motivation to the research themselves. So, they are looking for ways to believe in someone else and celebrities are quite believable.”*

Perceptions toward alternative practitioners were more mixed and tended to be a function of personal experience. Many participants were not sure whether alternative practitioners do or should have equivalent credibility to medical professionals. Others noted that these professionals are not legally responsible for the advice they offer to people. As such, they do not share the same level of trust and credibility that traditional health professionals do.

Perceived credibility of such professionals was often linked to personal experience such that if a participant had a positive interaction with these types of professionals, they tended to view them as credible. Overall,



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there was general acceptance that alternative practitioners were more prevalent today and generally enjoyed higher levels of acceptance as legitimate health care professionals.

The media as an information source was significantly more contentious. Most participants recognized that the media enjoy tremendous influence and credibility.

*“Of course, we believe the media.”*

*“The media is big and powerful.”*

News stories are viewed by participants to be most influential when they include a reference to a university or scientific institution.

However, some participants expressed some skepticism about what they see, hear, or read in the media: “you need to look at the source of the information” was a common feeling. With regards to the power of the corporate interests that own and control the media organizations, some participants felt: “there is little media that I trust.”

Participants were more mixed about the degree of trust and confidence in government sources, although for the most part, participants saw government information as having a great deal of credibility. There was a sense that the government is more likely to be independent and objective about the information that it provides. Others participants believed that government information could be driven by political agenda or views of the government.

### E. Personal Health & Wellness Stories/Issues

Participants shared a wide variety of personal health and wellness stories and issues. Some focused on experiences with a health crisis and/or disease – one which they have experienced themselves or have dealt with through their spouse or their parents. Where participants had this kind of story to tell, the focus was often on the frustrations they experienced with the healthcare system in trying to obtain a clear diagnosis and receive treatment in a timely fashion:

*“My mom was having medical problems and no one had time to see her, so they bounced her around from person to person to person and eventually 8 months later they diagnosed cancer. She had gone through the system for almost a year and no one gave her the proper time, asked the right things, or did the proper tests. By the time they figured out the problem, it was too late.”*

Some focused on getting a “wake up call” (a health scare, a warning, a friend or family member who got sick), or talked about specific health concerns that led them to take actions to improve their lifestyle:



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*“Since my husband recovered from his heart attack he has been working in the garden and is on the road to wellness now.”*

*“My wife had breast cancer about 7 to 8 years ago. Because of the way she behaves now, how she eats and has changed her lifestyle, she is doing well and is cancer free. She has improved the health of both of us. I pay much more attention to what I am eating now.”*

*“My grandfather is overweight and has a lot of heart problems and I think it runs in the family, so it gives me motivation to stay fit and active.”*

Overall, most talked about the healthy lifestyle choices they make, or are trying to make, as a way to promote health and wellness for themselves and their families. Participants cited a number of ways that they are trying to lead more healthy lives, and most focussed on a combination of healthy eating with exercise, in particular, but also time with family, and time out for personal enjoyment and relaxation. Participants talked about the positive things they are doing, and they also talked about the challenges.

### 1. Diet and nutrition

Most talked about diet and the efforts they are making in this area to improve their health:

- Most talked about efforts to eat more fruits and vegetables, less red meat, more fish, skinless chicken, etc. in selecting a well-rounded meal.
- Many talked about avoiding prepared and processed foods, and making more of an effort to cook at home using fresh ingredients: (“In my household we are very conscious now about preservatives, we don’t eat a lot of pre-packaged food.”)
- Many talked about healthy snacks and avoiding or simply not buying junk food for themselves, their children, and their household.
- Many indicated that they have learned to pay much more attention to labels when selecting pre-packaged or processed foods, so that they are choosing healthy ingredients and avoiding/reducing things like sugar, fat and sodium. (“We are concerned about what the ingredients are, what the sodium is. And eating multi-grain instead of white stuff”.)
- Some indicated that they are buying produce at local markets or choosing organic options.
- A few mentioned:
  - Vegetarian diet
  - Taking supplements and vitamins
  - Drinking more water





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Overall, most participants were well-attuned to the importance of diet, and there was a general understanding within all the groups about what it means to eat well. Many said they were doing so, either because eating well was a long time habit and priority, or because recent health concerns or exposure to healthy eating messages had convinced them to make more of an effort in this regard. Still, many indicated that there are a number of barriers for them when it comes to eating well, including time pressures and the challenges of shopping and cooking, or price concerns when it comes to choosing healthier options (fruits, vegetables, fish, lean meat) in place of processed or prepared foods.

*"I travel a lot for work, 3 weeks at a time, eating at a hotel, and that's the reason I am overweight."*

*"I want to do the big shopping, buy fresh foods and plan my meals, but the reality is that I grab something at night on the way home, or have something that I can just pull out of the freezer."*

### 2. Exercise

As with diet, most indicated that they are making efforts to include physical activities into their lifestyles.

- Many indicated that they are trying to incorporate physical activity into their day to day lives, by walking or cycling instead of driving, or by taking the stairs instead of the elevator. (*"I use the stairs instead of the elevator to go to our apartment that is on the sixth floor every day at least twice. And that's good exercise for me."*)
- Walking and gardening were both popular activities, especially among older participants. Many also said they cycle.
- A number of participants indicated that they have a schedule of going to the gym a certain amount every week, or have scheduled classes like, yoga, or martial arts.
- Others talked about efforts to get out with some regularity on weekends or evenings to engage in a sport or activity, like tennis, hiking, kayaking, camping, skiing, or skating.
- A few talked about taking vacations that incorporate physical activity. (*"I go camping with the kids"*)

It was clear that, for most, physical activity and exercise is viewed as key to staying physically fit and healthy, but also as a way to stay mentally healthy. Many emphasized the importance of physical activity as a way to relax:

*"We embrace what our geography has to offer, by kayaking and hiking when we can. It helps to deal stress by getting away and being together on the weekends...we just leave it all behind."*

It was also clear that, despite the fact that everyone felt that physical fitness is important, and most said they were making efforts on this front, many struggle to be physically active, either because they find it a



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challenge, don't have the time, haven't developed the habits, or simply don't make it a priority in their life, despite the fact that they know they should:

*"I am just trying to survive. We try to take time and take the dog for a walk or invent things to be physically active. But I have two jobs, so it is very hard."*

*"Add two kids to the mix. Gym? Have a good laugh. I have a lifetime gym membership, the last time I say the gym was maybe 4 years ago."*

*"I would like someone to add 6-8 hours to the day [realistically] I would like to be able to do the gardening, to have the time to take a walk."*

### 3. Family and relaxation

Participants talked a lot about family time and relaxation as an important part of a healthy lifestyle and one of their main priorities. In a number of cases, when participants were talking about diet and exercise, they would emphasize the importance of having meals and being active "together as a family" or as a "good way to unwind and relax".

*"We wanted to incorporate quality family time with something physical, in the summer time something like badminton or volley ball or something like that and in the winter skating or cross country skiing. As my kids grow older I see less of them, so this is a good way to bring the family together."*

Many said that they are making efforts to spend more time with family and/or relaxing and felt that this is an extremely important way to address their concerns with stress:

*"You need to find time to do the things you love. I'm a single mom with 3 kids, so I need to find balance."*

Many talked about the importance of taking time off for vacation, either with family or on their own. Others talked about incorporating relaxation more into everyday life, of "finding time for myself" or "spending more time with my kids".

When it came to relaxation, a number of participants said that they are engaged in things like meditation, yoga, and massage therapies as a way to relax and unwind.



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### F. Top Priorities: Tested Themes and Issues

Among the five issues and themes tested with the groups, the three priorities that rose to the top (considering the findings across all groups) were:

- Promoting healthy Canadians
- Environment
- Children's health

Participants showed the greatest level of emotional engagement with these three issues, and attributed a high level of urgency to each. By contrast, health and safety and infectious disease control were seen to be imperative for general population health, but most felt that these issues are currently being well-managed and do not pose an immediate or urgent threat to individual or public health.

In establishing priorities, participants took into account the following criteria:

- Ability to produce results in the shorter versus longer-term;
- Number of people affected by the issue;
- Relevance to them personally;
- Urgency with respect to dealing with the issue;
- Cost; and,
- Preventative impact (i.e. degree to which addressing the issue would relieve stress/pressure on institutional care/treatment).

The table on the following page summarizes the key elements of the discussions on each of the five themes or topics and provides a framework for assessing and better understanding the selection or relative positioning of the priorities. The key elements include:

- The extent to which the item appeared, unprompted, as a top of mind issue on the list of health and wellness priorities;
- The prevalence of the issue among the top three priorities in the final analysis (i.e. at the wrap-up of focus group discussions);
- The degree of emotional engagement on the topic. It was clear that some topics generated a high level of emotion and engagement from participants. To some extent, this was based on the degree to which



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participants were familiar with the issue being discussed. Principally, however, emotional engagement seemed to be a function of personal relevance and/or the degree to which an issue was seen to affect them (or potentially affect them) personally. Where participants did not feel this kind of connection with an issue, it was less likely to engage the broader group in a lively and intense discussion;

- Basic awareness and understanding of the issue. Understandably, participants tended to feel more comfortable discussing issues that related to the environment and lifestyle, as they are seen to have an obvious impact on health, while they were somewhat less at ease with issues that have a more technical dimension. For example, when the discussion turned to the topic of infectious diseases, the scientific and technical overlay, which is particularly unique to this topic, was clearly a complicating feature of the discussion;
- Sense of urgency of an issue and/or ability to effectively address the issue. Participants' comments with respect to health and wellness priorities, and especially in discussion of the criteria they employed to evaluate the full range of priority issues, suggest that the perceived degree of urgency linked to addressing the issue is a factor in their final assessment.
- Extent to which individuals themselves believe the issue is within their span of control and responsibility. It is clear that participants' evaluation of the issues was very much influenced, although not exclusively so, by the degree to which they felt they were empowered to address the issue. This is linked to their sense of connectedness with the issue and its personal relevance. Participants often spoke of their own responsibility to better manage their families' food consumption and exercise regimes, while recognizing the challenges involved. It is clear that participants believe they have some ownership of these issues in addition to a strong interest, both personally and at a societal level. By contrast, they were more likely to suggest that the onus was on government or business to address issues with respect to the environment, food safety and infectious diseases and any related health impacts. As such, the notion of who is viewed as having responsibility to deal with the issue is a key feature of the discussion and influences the final assessment of priorities.

**Table 1: Summary of Findings – Across All Groups**

Theme	Top of Mind	Top 3 Priority	Level of Emotional Engagement	Awareness & Understanding of Issues	Urgency	Who is Responsible?
Healthy Canadians	High (Exercise & Diet)	Yes	High	High	High	Individuals
Environment	Medium (Chemicals in Foods, Pesticides)	Yes	High	Low	High (but probably can't have any impact over the short term)	Government & Business
Children's Health	High (Obesity, Exercise)	Yes	High	High	High	Individuals & Government (via school PE programs)



Theme	Top of Mind	Top 3 Priority	Level of Emotional Engagement	Awareness & Understanding of Issues	Urgency	Who is Responsible?
Health & Safety/Food Safety	Medium (Chemicals in Foods)	No	Moderate	Moderate	Low	Government & Food Manufacturers
Infectious Disease Control	Low	No	Low	Low	Low	Government

## G. In-Depth Analysis of Priorities

### 1. Promoting Healthy Canadians

This theme stimulated intense discussion and clearly resonates with many participants as they are increasingly aware of the poor state of Canadians' health with respect to activity levels and diet.

*"There are not many healthy Canadians right now. There are probably more unhealthy than healthy ones, I bet."*

Most also feel that promoting the health of Canadians is an effective way to deal with and prevent many of the problems that are afflicting Canadians and straining the health care system:

*"This is about helping to solve the problems we are facing now."*

*"So many of the concerns that we've been talking about can be addressed this way."*

At the same time, the idea of promoting health with the public is seen to be fraught with challenges. For one reason, there is less clarity among participants on how to address this issue in any significant way. Participants commented on the wide array of information that is already available (much of it contradictory), and most also felt that the importance of diet, exercise and other healthy lifestyle choices is already widely communicated. At the same time, there is a general belief that, both individually and on a societal level, Canadians need to eat better and be more active. The challenge is that, while participants intuitively know this and are taking some early steps, mostly with respect to making healthy food choices, they continue to perceive many barriers preventing them from making significant progress (i.e. time pressures, environmental issues).

Many were ambivalent about the government initiatives tested in the groups (like closing tax loopholes on cigarettes, or taxing healthy foods less) because few felt that these kinds of initiatives can effectively modify individual behaviours:



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*“I do not believe that taxing pop is going to make it any less accessible. I started smoking when cigarettes were 50 cents a pack, when I quit they were almost \$7, but no matter how high the price went I never stopped. You can tax stuff all you want but it does not work.”*

Still, few opposed these kinds of initiatives and many pointed to the results that have been achieved through anti-smoking campaigns. Most endorsed the idea of a modernized diabetes strategy.

In the final analysis, many participants view the issues encompassed within this theme (exercise, diet, obesity, smoking) as within an individual’s control. While many felt that there is likely a role for government and institutions to play in promoting healthy Canadians, there was some debate with respect to the extent that the “state” should spend significant amounts of money educating people, especially adults, on healthier living strategies, because they are uncertain about the effectiveness of such national educational initiatives and the overall return on investment. Notably, those opposed to awareness-raising and educational initiatives generally took a more “individualistic” versus “collective” stance on many of the issues discussed. The exception was in Quebec where participants were more inclined to believe that the responsibility for improving the overall health of the public rests as much with government as it does with the individual.

They do, however, see a number of institutional opportunities for government (and for other institutional players, like employers, schools and the healthcare system) to directly support the priorities of a healthy Canadians strategy:

- Supporting work/life balance and physical fitness through employment policies and programs.
- Providing sports and fitness programs for children in the schools, as well as healthy lunches, breakfast programs, etc.
- Supporting community-based sports and physical activity programs, community centres, sports fields, tennis courts, swimming pools, etc.
- Providing tax incentives for gym membership or quitting-smoking programs.
- Providing greater access to regular physicals, more time with doctors, better access to diagnostics, screenings, etc.
- Food labelling that supports informed and healthy food choice.

### **2. Health and The Environment**

This issue is top of mind for many participants (virtually all groups identified the environment and health implications among their top 3 priorities).



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A healthy environment is viewed as fundamental to health (“*It’s the air that we breathe and the water that we drink*”). Most people concurred there is almost nothing that has a more direct impact on health.

*“You cannot go out, doing exercise, being healthy if the environment is polluted, if you can’t breathe.”*

*“It has an impact on all the other health issues.”*

*“From a health perspective, it’s our most important long term investment. It affects everyone”*

Many people link disease (cancer) and health conditions (asthma, allergies) to environmental causes. Many in cities commented on air pollution, in particular, as not just a serious threat to health, but a counteraction or barrier to people trying to improve their health by undertaking physical activity:

*“People who are biking and walking across the city are hyperventilating and breathing in exhaust fumes and are thinking to themselves that they are getting healthier”*

*“You want your kids to spend time being active outdoors, but in the summer, the pollution can really make that hard if your kids have asthma.”*

At the same time, the environment is a difficult issue to address with respect to affecting any significant positive impact on population/personal health within the short to medium term.

Many people don’t know how best to tackle the issue but believe the scope of activities will need to be fairly significant (i.e. public transit strategy to reduce the number of cars on the road, thereby reducing greenhouse gas emissions and other pollutants). Few suggest any activities other than recycling or purchasing energy efficient appliances and hybrid vehicles (which are seen as costly) that they could undertake personally to effect a change:

*“It seems to be a problem you cannot put your finger on and stop right away, and it is escalating so we have to say it is in a category that is high priority.”*

*“I think it is less controlled by us, we have a little control over how much garbage we produce, but we have less control over what is happening, so we kind of live with it.”*

*“As long as industry controls everything you can’t get rid of it because you keep fighting something they keep increasing.”*

The disconnect between the perceived seriousness of this issue and the degree to which participants themselves believe they can personally do anything to resolve the issue is a significant stumbling block to



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engaging individuals to take action. Responses suggest, however, that many of these participants would be interested in learning more about what they *can* do to take action, either to reduce their own environmental impact or their exposure to environmental toxins and hazards.

When it comes to the perceived role of government, there is some recognition that more information to the public is appropriate. Beyond this, however, most primarily look to government to put in place the environmental policies and programs necessary for safeguarding and improving the health of Canadians as they relate to things like public transportation, industrial emissions, pollution controls, toxins, chemicals, etc.

### 3. Children's Health

This is the issue that appears to have the most traction. Child obesity, sedentary lifestyles, poor diet, etc. are raised both on an unprompted basis as well as in the final assessment of top priorities. Most think that the health of children is seriously at risk:

*"I was talking to a bus driver recently and he was saying that the older folks can run faster than the kids to catch the bus, and it should be the other way around."*

*"You hear about young kids getting diabetes or dying of heart attacks."*

In fact, few would say that there is any more important issue than ensuring the health of Canadian children (*"they are our future"*).

This theme holds strong appeal among participants and presents an opportunity to engage Canadians for the following reasons:

- Extent to which the item/issue is viewed as a priority, both prompted and unprompted;
- Intensity of emotion in discussing the topic;
- Relative degree of understanding and awareness of the issue, linked to personal relevance (i.e. degree to which participants can easily relate to the issue).

Emotion around the issue is also clearly being driven by a perception that society as a whole, (including parents, teachers, schools and government) is not doing enough to promote and protect the health of children.

Participants expressed a strong desire for action at the school and community level. Most feel that schools, in particular, are not doing enough and are in fact sending the wrong message to children through their own policies concerning diet and exercise:.





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*“They’re serving junk food in the schools”*

*“They are cutting back on physical education “*

Participants identified a number of initiatives that they would like to see as a way to improve the health of children:

- More physical education, sports, fitness and athletic programs in schools;
- More sports and recreation programs and facilities in communities (community centres, local pools, parks, etc);
- Access to high-quality, health-oriented day care programs (*“A lot of parents put their children in daycare so wherever these kids are between the ages 2 to 5 we have to look at what they are being taught and what they are eating.”*);
- Healthy food in school cafeterias; no junk food in schools;
- Programs for low income children – breakfast/lunch programs; subsidized sports and athletic opportunities.

The notion of a “children’s health advocate” or establishing a position with a mandate to focus on children’s health issues was generally well received. While there was some discussion about the structure of such a position and concerns about accountability, most would favour establishing such a position, particularly if it was mandated to develop action plans rather than simply review and debate the issues.

Overall, this is an area where most support government initiatives and where government is given the most latitude to act and implement a wide range of initiatives, including social marketing. While there was some sensitivity to the idea of social marketing of healthy lifestyles to adults, with respect to their own health, most support broad public education and awareness-raising, aimed at both children and parents, when it comes to children’s’ health.

*“At the beginning of school term the government should provide something like the Canada Food Guide, but maybe in a more practical sense. For example, make up a lunch box example for the parents.”*

*“We have to educate the adults, if you want to have success with the kids.”*

#### **4. Health & Safety/Food Safety**

Some concerns about food safety (organic foods, food ingredients, pesticides/insecticides) were raised, unprompted, among the list of key health and wellness priorities. However, the issue was generally cited by



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a maximum of one or two participants in each group. There was no strong consensus that this was a particular area of concern

When explicitly asked about the issue of health and safety as a priority, many participants focused on drug use, seat belt use and drunk driving as key “safety” concerns.

Few immediately made the connection between the notion of safety in a health context and the specific issue of food safety or food borne diseases resulting from inadequate food preparation and handling techniques. Most felt there is currently sufficient information in the public domain to guide individuals on appropriate food preparation techniques. They felt there was no pressing need for a large-scale public education effort aimed at advising Canadians on how to store food, or the appropriate temperatures at which to cook food, although they were not adamantly opposed to this idea.

It is clear however that there is a latent and possibly growing concern with respect to safety as it related to imported goods, particularly from China. Participants had a number of concerns about imported foods and food ingredients, in particular, and questions about how Canadian regulations and standards are being applied. Media attention will also likely reinforce and raise any existing concerns.

*“In the last year, all those ingredients that came from China...it is becoming a really big issue... we need someone to be careful about what comes in.”*

*“We need to make sure that everything we are importing, all the ingredients, should follow Canadian standards.”*

Participants were generally supportive of efforts to clearly label ingredients as a means of helping Canadians make healthier food choices, especially when it comes to food allergies.

At the same time, they express a high level of confidence in the Canadian food supply and inspection system. Thus, highlighting food safety as a key plank of a national health and wellness strategy, runs the risk of raising alarm bells and focusing public attention on an issue that the public believes is very much under control.

### 5. Infectious Diseases

Infectious disease control, while widely acknowledged as a potentially serious issue (and would certainly vault significantly and rapidly in importance if/when an outbreak occurs), is ranked lower as a priority among the series of issues discussed for a number of reasons. For many, the issue appears to be something that is largely under control and not an imminent threat.



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*"I think also we as Canadians feel safer here. Generally, as Canadians we feel safer than perhaps third world countries and so we do not feel the impact today."*

*"When it came, SARS was huge, it was major and everybody was worried about it, and it was a priority but we are not in that environment today."*

*"We absolutely need strategies to prevent these kinds of diseases from happening, but I think we have all these things and they work quite well."*

Most have a sense that the public health agencies and health officials are doing a good job of monitoring and containing possible outbreaks and are adequately prepared to effectively deal with an outbreak, if one happens.

*"I think in this point we are satisfied with the government, therefore it's a low priority"*

*"It is being managed. We have all these agencies and government bodies to deal with the issues."*

Few also showed little immediate concern and minimal sense that any outbreak would be national in scope (SARS, West Nile, CJD all viewed as serious, but limited in their impact).

Some were very concerned with AIDS and HIV, especially parents with respect to their older children, but this didn't generate much group discussion.

Few were concerned about hospital infections:

*"It's not a big issue to get infected in a hospital, is it?"*

*"I would hope that the people who work in the healthcare sector know about the importance of being clean and washing your hand and that they are doing it."*

There was more top-of-mind awareness and concern about this issue in Victoria

*"The statistics are really scary. People are going into hospital and getting sicker, they are dying from things that they didn't have when they walked through the door."*

On further discussion, many participants expressed underlying and clear concern about the cleanliness of hospitals and the fact that Canadian hospitals are seen as host environments or incubators for virulent and anti-biotic resistant "superbug" infections such as C. difficile and MRSA. A number of participants also felt that Canadians are increasingly at risk of the spread of infectious disease, and the arrival of new diseases, because of the extent of immigration and foreign travel to Canada.



## Detailed Findings

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When asked, many felt that the government could or should do more to educate the public about infectious diseases, but at the same time, there was not a strong demand to launch a national effort to address hospital infections or other infectious diseases. There was very little depth of understanding or knowledge of this issue. In particular, participants were not seized by the number of fatalities in hospitals due to “superbug” infections or the preventability of such fatalities (indeed, these points were not raised unprompted over the course of the conversation on this topic), although the exception was Victoria where a number of participants related personal stories. In fact, those who had a personal experience of this nature tended to be the strongest supporters for greater public education:

*“Yes, we need to educate. Do you know how painful it is when you have a niece who took a vacation and got TB?”*

### 6. Early Warning: Other Emerging Issues

In addition to examining the five specific themes as noted above, the relatively unstructured nature of the early part of the focus group discussion permitted a number of other issues to surface on an unprompted basis. These issues been briefly referred to in the above key analysis and are addressed more thoroughly below.

#### ***A Stressed-out Nation***

Although not necessarily identified as a top-ranked “health and wellness” priority among all groups, it was striking how frequently the issue of stress was raised in the discussions, most often in conjunction with discussions about elder care or parental care but also in the context of youth and mental health. The issue of dealing with or managing stress was a relatively common thread running through many of the discussions. In fact, in discussions about how participants defined the term “wellness,” participants generally agreed that a key dimension of wellness was freedom from stress and presenting a positive attitude.

It is clear that many participants are facing stress on a daily basis. The key stressors are typically those that stem from the pressures of daily living in an urban environment: managing family relationships, financial pressures and work/life balance (in particular, commuting times, long working days and a general sense that there was little downtime or personal time within a 24-hour period). At the same time, a number of participants suggested that the inadequacies of the health care system (i.e. limited access to medical professionals and treatments) were also contributing to increasing levels of stress. Some participants shared their stories of managing elderly parents whose health is failing, along with maintaining busy careers and resuming a parenting role for children who are remaining at home well into their late 20’s. Comments suggest that some participants feel inadequately prepared to deal with a variety of situations, including a shift in household composition and/or the circle of care.



## Detailed Findings

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In discussions, stress was positioned as a relatively recent “health” challenge or one that has been building over the last decade or more. Many felt that the pace and pressures of modern-day living are adversely affecting their emotional and physical health and that there are consequences for the health care system with respect to the provision of coping strategies and care for those who exhibit severe reactions in the face of stress resulting in mental illness or breakdowns. A number of participants specifically noted increasing levels of stress among children and youth as a particular issue that should be addressed.

### ***The “Squeezed Generation”: The Pressures of Caring for Aging Parents***

Related to a certain extent to the above-noted issue, a number of participants raised the issue of managing elderly parents while also holding down full-time jobs and assuming responsibilities associated with adult children who have not yet left home or who have returned home. Participants in Victoria were most vocal about this issue, but it was also brought forward by a small number of participants in other groups.

Based on the comments of participants, it is noteworthy that the issue of elder care or parental care appears to be surfacing as a potential source of stress with adverse or potentially negative consequences for the wellness of individuals and families. Participants mentioned their concerns about finding care for their parents, both with respect to assisted nursing or chronic care facilities as well as health professionals. They shared numerous stories about the difficulties in maintaining busy careers while arranging care for aging parents, and the tremendous emotional and physical drain that results.

Demographic trends (i.e. an aging population) combined with advances in health technologies that are extending the life span of the average Canadian will likely result in this issue becoming more prominent and more of a concern in the coming years. Although the discussion did not permit in-depth analysis of options for dealing with this issue, it does suggest that the timing may be appropriate now to consider various policy options and responses, including extending leave to cover care for aging parents. At the very least, it may be timely to engage the public and experts in a dialogue on this issue.

### ***Improved Information Technology: A Boon to Quality Health Care***

A number of participants in groups in both Surrey and Victoria, British Columbia raised questions and concerns about the need to more effectively integrate the application of information technologies with the health care sector. Again, it should be underscored that more effective use of technologies was not seen to be a high priority for participants. However, there was a strong level of interest, once raised, in discussing the types of improvements that could be made to patient care with more widespread and more effective application of information technology. Many felt that the quality of health care could be directly and positively impacted by systematizing the sharing of health records and patient health histories between physicians. A number of participants related stories that underscored the extent to which the current system



## Detailed Findings

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appears inadequate. In some cases, participants noted that treatments were delayed and costs to the health care system were likely excessive as their physicians requested tests that had already been conducted by others. It was generally felt that diagnosis, treatments and patient outcomes could likely be improved with a more effective deployment of information and communications technologies within the health care sector.



## **V. Appendix A – Priorities by Location and Segment**



## Priorities by Location and Segment

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### A. Top 3 Priorities by Location and by Segment

Location	Top 3 Priorities
Yarmouth	<b>Group 1 (owners)</b> <ol style="list-style-type: none"><li>1. Promoting healthy Canadians</li><li>2. Tie between children's health, health and safety, environment</li></ol> <b>Group 2 (renters)</b> <ol style="list-style-type: none"><li>1. Children's health</li><li>2. Health and safety</li><li>3. Promoting healthy Canadians</li></ol>
Montreal	<b>Group 1 (renters)</b> <ol style="list-style-type: none"><li>1. Promoting healthy Canadians</li><li>2. Environment</li><li>3. Unclear</li></ol> <b>Group 2 (over 55 years)</b> <ol style="list-style-type: none"><li>1. Environment</li><li>2. Children's health</li><li>3. Promoting healthy Canadians</li></ol>
Trois Rivieres	<b>Group 1 (over 55 years)</b> <ol style="list-style-type: none"><li>1. Promoting healthy Canadians</li><li>2. Environment</li><li>3. Health and safety/security</li></ol> <b>Group 2 (owners)</b> <ol style="list-style-type: none"><li>1. Children's health</li><li>2. Environment</li><li>3. Promoting healthy Canadians</li></ol>
Scarborough	<b>Group 1 (owners)</b> <ol style="list-style-type: none"><li>1. Promoting healthy Canadians</li><li>2. Health and safety</li><li>3. Environment</li></ol> <b>Group 2 (renters)</b> <ol style="list-style-type: none"><li>1. Environment</li><li>2. Promoting healthy Canadians</li><li>3. Children's health</li></ol>
Waterloo	<b>Group 1 (over 55 years)</b> <ol style="list-style-type: none"><li>1. Children's health</li><li>2. Health and safety</li></ol>





- Winnipeg
3. Promoting healthy Canadians
- Group 2 (owners)**
1. Children's health
  2. Environment
  3. Promoting healthy Canadians
- Group 1 (renters)**
1. Promoting healthy Canadians
  2. Tie between children's health/infectious disease control (leaning more toward children)
  3. Environment
- Surrey
- Group 2 (owners)**
1. Environment
  2. Promoting healthy Canadians
  3. Children's health
- Group 1 (over 55 years)**
1. Health care system (wait times)
  2. Tie between environment and children's health
  3. Promoting healthy Canadians
- Group 2 (owners)**
1. Environment
  2. Promoting healthy Canadians (with focus on childhood obesity & diet)
  3. Healthy and safety
- Victoria
- Group 1 (over 55 years)**
1. Children's health & unsustainable health care system
  2. Aging population/eldercare
  3. Environment
- Group 2 (renters)**
1. Tie between promoting healthy Canadians and children's health
  2. Access to health care/wait times
  3. Infectious disease outbreaks



**B. Number of Mentions as a Top 3 Priority (by Theme and by Segment)**

<b>Theme/Issue</b>	<b>Overall Mentions (16 groups)</b>	<b>Over 55 years (5 groups)</b>	<b>Renters (5 groups)</b>	<b>Owners (6 groups)</b>
Promoting healthy Canadians	15	4	5	6
Environment	13	4	3	6
Children's health	12	4	4	4
Health and safety	6	2	1	3
Access to health care/wait times/funding	3	1	1	1
Infectious disease control	2	-	2	-
Aging population/eldercare	1	1	-	-



## VI. Appendix B – Moderator’s Guides



## Moderator's Guides

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### Moderator's Guide Health & Wellness Priorities August 13, 2007

#### Introduction (5 minutes):

- Introduce moderator and welcome participants to the focus group.
  - As we indicated during the recruiting process, we are conducting focus group discussions on behalf of the Government of Canada. This evening's discussion will focus on the topic of health and wellness.
- The discussion will last approximately 2 hours. Feel free to excuse yourself during the session if necessary. The session is being video/audio-taped for analysis purposes, in case we need to double-check the proceedings against our notes. We do not attribute comments to specific people. All your comments are confidential.
- Explanation re: one-way mirror and observers.
- Describe how a discussion group functions.
  - Discussion groups are designed to stimulate an open and honest discussion. My role as a moderator is to guide the discussion and encourage everyone to participate. Another function of the moderator is to ensure that the discussion stays on topic.
  - Your role is to answer questions and voice your opinions. We are looking for minority as well as majority opinion in a focus group, so don't hold back if you have a comment even if you feel your opinion may be different from others in the group. There may or may not be others who share your point of view. Everyone's opinion is important and should be respected.
  - I would also like to stress that there are no right or wrong answers. We are simply looking for your opinions and attitudes. It was not a prerequisite coming into the groups that you be an authority on health issues. This is not a test of your knowledge.
- The moderator is not an employee of the Government of Canada and may not be able to answer some of your questions.
- (Moderator introduces herself/himself). Participants should introduce themselves, using their first names only. Please tell me a little bit about yourself – anything you'd like to share with the group about your interests, hobbies, etc.

Introduction



**Warm-up: Top-of-Mind Health & Wellness Issues (15 minutes)**

2 ✓

lab

- First, because we will be talking about and getting your views on health and wellness throughout the next two hours, I'd like to know how you interpret the phrase "health and wellness." What does the term "wellness" mean to you, in particular when you hear it in the context of the phrase "health and wellness?" (1b) What does it encompass? Please use the piece of paper in front of you to write down a couple of thoughts, words or images that come to mind when you hear the term "wellness."

4 ✓

2 labcd

- Discuss in round table format. **MODERATOR TO JOT ISSUES DOWN ON FLIP CHART.** Probe for the following:

- 2a ○ Healthy Eating/Diet/Nutrition
- 2b ○ Physical Activity/Exercise/Fitness
- 2c ○ Spiritual/mental health
- 2d ○ Alternative/complementary medicines/approaches to medicine/treatment

7 ✓

3a → b  
+ 3a

- And, when or where have you typically heard the term "wellness" used? Who have you heard use this term before? In what context? Probe for:

- 3d ○ Is this a new way of talking about health?
- 3e ○ Is it different than how we (Canadians) have typically talked about health?
- 3f ○ If so, in what way is it different?
- 3g ○ In terms of talking about health is this a more positive/negative way of talking about health (i.e. health and wellness)? Explain.

1 ✓

3h

- To be clear, as our discussion rolls out, when I talk about health and wellness, I am speaking of the realm of issues or areas that impact our overall health and well-being as individuals and as a society. It encompasses many of the things we have just discussed, including personal and public health and safety.

**Health & Wellness: Top-of-Mind Priority Issue Areas (15 minutes)**

2 ✓

4 ab

- Again, I'd like you to take a piece of paper and pen. Please write down three issues, pertaining to health and wellness, that you believe are at the forefront of public attention today ... that is, those issues that are most talked about today – the ones you hear the most about.

5 ✓

5a → e

- Round table discussion. **MODERATOR TO JOT ISSUES DOWN ON FLIP CHART.**

- Where have you heard about these issues? Probe for:

- 5b ○ Who is talking about this?
- 5c ○ What are they saying?
- 5d ○ What is the specific issue?
- 5e ○ How serious is it? If serious, why? What are the implications (short term/long term)?

1 ✓

6

- Among the list that we've generated, what are the top 5 priorities? **MODERATOR TO ATTEMPT TO ATTAIN CONSENSUS AMONG GROUP REGARDING TOP 5 PRIORITIES.**

3 ✓

7 abc

- How much attention do you pay overall to reports or stories about issues related to health and wellness? Explain (probe for reasons why participants do /do not pay attention to these issues). Probe for (Encourage participants to think about and discuss the full array of sources):

- 7c ○ Where do you get most of your information on these topics from? Probe for:

- examples  
b or 7c
- Magazines
- Books
- Web sites/Blogs
- Television shows
- Newspapers
- Newsletters (i.e. Berkeley Wellness Newsletter)



3

- Retail outlets (i.e. Shoppers Drug Mart)
  - Fitness centers/spas
  - Government sources
- 7d Who is most credible on the topic of health and wellness? What makes them more credible than others? Probe for: 7f
- Media/journalists/broadcasters
  - Health professionals
  - Alternative practitioners
  - Fitness experts
  - Celebrities (i.e. Dr. Phil, Dr. Oz, Oprah)
  - Government sources
- 7e
- examples for 7f

**Personal Health & Wellness Stories/Issues (20 minutes)**

8

- When we invited you to come to this group, we asked you to give some thought to experiences, situations or issues that you, your family or close friends have been dealing with or thinking about pertaining to the broad issue of health and wellness. I'd like to hear about some of these personal stories. **ROUND TABLE. ALLOW INDIVIDUAL PARTICIPANTS TIME TO RELATE PERSONAL ANECDOTES. ENCOURAGE OTHER PARTICIPANTS TO ASK QUESTIONS AND/OR COMMENT ON SITUATIONS DISCUSSED. FOLLOW UP WITH PROBING QUESTIONS::**
    - 8c ○ Please explain the nature of the issue and how it has affected you/your family/your friends?
    - 8d ○ What specifically is of most concern to you? 8f
    - 8e ○ How have you (others) dealt with this issue? What steps have you (others) taken to deal with it? 8b
    - 8g ○ What do you think should be done to deal with this type of issue?
    - 8h ○ Do you think this issue is common (i.e. to what extent do you think this issue has or could affect others as well?)
  - Now, tell me about the things that you do to keep yourself and your family healthy? - 9a  
**ENCOURAGE FULL DISCUSSION BEYOND THE USUAL DIET/FITNESS. MODERATOR TO WRITE ON FLIP CHART.**
    - Why is this important to you?? 9b
    - How easy/difficult is it to incorporate these activities into your routine/lifestyle? - 9c
    - What are some of the challenges? 9d
    - What is your expectation about what the Canadian government should be doing to address these issues? 9e
- 9a → e

16

**Drill-down: Key Priority Areas (50 minutes)**

Instructions

- Now, I'd like to get your views on five broad areas and some specific actions within each area that could be taken to address certain health/wellness issues. **MODERATOR TO ROTATE DISCUSSION OF 5 THEMES IN EACH GROUP. MODERATOR TO NOTE KEY ELEMENTS OF EACH THEME ON FLIP CHART AND PIN CHART TO WALL DURING DISCUSSION OF EACH.**



**Theme 1: Infection Control Strategy**

- ② 10 ab • First, let's talk about the issue of infectious diseases and control. Would you describe this issue as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians? Explain. <sup>10a</sup> <sub>10b</sub>
- ② 11 ab • To what extent are you concerned about infectious diseases? Why are you more/less concerned about this? <sub>11a</sub> <sub>11b</sub>
- ④ 12 a → d • What are the threats? Where are the threats emanating from? Probe for:
  - International <sub>12a</sub> <sub>12c</sub>
  - Within country/across provinces <sub>12b</sub> <sub>12d</sub>
- ① 13 • Who/what segments of the population are most vulnerable to these threats?
- ② 14 ab • What response would you suggest to deal with this issue? What could be done in order to prevent and/or address the issue of infectious disease and infection control more effectively? <sub>14b</sub>
- ① 15 • Are you concerned about hospital infections?

**Theme 2: Protecting the Health & Safety of Canadians**

- ③ 16 a → c • When you think of a broad health and safety issues that may affect Canadians, what are the key issues that come to mind? (Depending on unprompted mentions, ask:) What about food safety? Would you describe this issue as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians? <sup>16a</sup> <sub>16b</sub> <sub>16c</sub>
- ③ 17 a → c • Is this something that Canadians really need to worry about? Are there specific groups or segments of the population that are most vulnerable with respect to food safety? Who are they? <sub>17a</sub> <sub>17b</sub> <sub>17c</sub>
- ⑩ 18 a → j • What are your main worries or concerns, if any, about food safety? Describe (relate personal issues/concerns, as applicable). Probe for concerns about (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - 18a ○ Food allergies
  - 18b ○ Food preparation (probe for: what are some of the common ways in which Canadians may inadvertently contribute to foodborne illnesses via poor food handling/preparation techniques?)
  - 18c ○ Inspection of food products
  - 18d ○ Pesticide use
  - 18e ○ Labeling
  - 18f ○ Transportation
  - 18g ○ Safety of ingredients (probe for: any differences in views on Canadian made vs. foreign-made products)
  - 18h ○ Confusion about what is/is not healthy

**Theme 3: Promoting Healthy Canadians**

- ⑦ 19 a → g • In your view, what are some of the key issues that need to be tackled in order to improve the overall health of Canadians? Probe for (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES): <sup>19a</sup>
  - 19b ○ Smoking
  - 19c ○ Overweight/Obesity
  - 19d ○ Physical Activity/Exercise
  - 19e ○ Healthy Eating/Nutrition
  - 19f ○ Alcohol



19g o Diabetes

- ① 20 • Would you describe these issues as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians?
- ③ 21a → c • Is this something that Canadians really need to worry about? Are there specific groups or segments of the population that are most vulnerable or most affected with respect to these issues? Who are they? 21a 21b 21c
- ① 22 • What more should be done or could be done to address these issues?
- ⑧ 23a → g  
a' • How would you react to the following:
  - 23a o Improvements to the labeling of foods – what would you expect? What is needed? 23a' ?
  - 23b o Tax incentives to encourage Canadians to eat healthier foods
  - 23c o Tax incentives to encourage Canadians to be more active
  - 23d o A focus on increasing awareness of the issue of food allergies and reducing food allergens
  - 23e o Legislative amendments to modernize and close loopholes in the Tobacco Act
  - 23f o Modernizing the federal diabetes strategy
  - 23g o Encouraging Canadians to be more physically active leading up to the Vancouver 2010 Olympic Games
- ② 24ab • Would these measures sufficiently address these issues? Why/why not? 24a 24b

**Theme 4: Health and the Environment**

- ⑤ 25a → e • When you think about the environment, what are the issues that most negatively impact your health, the health of other Canadians? 25a Probe for (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - 25b o Chemicals
  - 25c o Pesticide use
  - 25d o Pollution
  - 25e o Smog
- ① 26 • Would you describe these issues as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians?
- ③ 27a → c • Is this something that Canadians really need to worry about? Are there specific groups or segments of the population that are most vulnerable or most affected with respect to these issues? Who are they? 27a 27b 27c
- ① 28 • What should be done or could be done to address these issues? 28a
- ④ 29a → f  
e' • Have you heard of the Air Quality and Health Index? (This is an index that is used to report air quality conditions (i.e. good, fair, poor). The index takes into account pollutants and advisories may be issued. For example, you may hear of advisories broadcast on the radio/tv to limit physical activity outdoors on smog advisory days.) What do you think of this tool? How effective/useful is it? Do you pay attention to it? Who would most benefit from it? How could it be made more effective? 29a 29b 29c 29d 29e 29f \*?? 29e' ✓

**Theme 5: Children's Health Agenda**

- ③ 30a → c • How would you rate the health of Canadian children? Would you say it is excellent, good, fair, poor or very poor? Why do you say that? 30a 30b 30c
- ⑥ 31a → f  
47 • What are the specific health issues facing children in particular? Probe for (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - 31b o Mental health
  - 31c o Injuries
  - 31d o Obesity





- 31c ○ Early childhood development/formation
- 31f ○ Environmental issues (allergies)

- ② 32ab • Would you describe children's health issues as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians? Explain. <sup>32a</sup>
- ① 3.3 • What should be done to address these issues? <sup>32b</sup>
- ① 3.4 • How would you react to the establishment of a specific position with a mandate to focus specifically on children's health issues?
- ③ 35a → c • What else could be done? Would this be sufficient to address the issues? Why/why not? <sup>35a</sup> <sup>35b</sup> <sup>35c</sup>

**Wrap-Up (15 minutes)**

Instruction

- Thinking about these 5 areas, and the initial set of health and wellness priorities we discussed (generated by the group), let's re-consider these and re-prioritize them. As a group, I'd like to achieve some consensus on what the **top three** priorities should be from 1 through 3, with 1 being the top priority.

- ⑧ 36a → h • First, let's talk about the criteria we should be considering in order to establish a priority-setting. What criteria should we use? <sup>36a</sup> Probe for:

- 36b ○ Urgency of issue
- 36c ○ Implications for broader society (i.e. number affected)
- 36d ○ Specific groups affected (i.e. children, seniors, etc.)
- 36e ○ Cost of making a difference
- 36f ○ Short-term/long-term time horizon
- 36g ○ Expectation that a real difference can be made via government intervention

<sup>36h</sup> • **DISCUSS IN LARGE GROUP.**

- Now, I'm going to give each of you a set of three dots (green, yellow, blue). I'd like you to think about your three priority areas and place a dot next to it on the flip charts around the room. Remember that green represents your first priority, yellow the second and blue the third priority.

**ALLOW PARTICIPANTS TIME TO PLACE DOTS ON CHARTS. DISCUSS. NOTE ANY CONSENSUS. PROBE FOR CHOICE OF PRIORITIES.**

- ② 37 ab • How hopeful are you that these issues can be addressed effectively? <sup>37a</sup>
- ① 38 • Do you think this is a wise use of public funds? <sup>37b</sup>
- ① 39

- ② 40 ab • Before I let you go for the evening, I'd like you to jot down on the paper in front of you, the one thing that you feel you should do or that you are currently doing to improve your own health and well-being. **QUICK ROUND TABLE DISCUSSION.** <sup>40a</sup>

**THANK PARTICIPANTS.**



**Guide du modérateur**  
**Priorités en matière de santé et de mieux-être**  
**Le 13 août 2007**

**Introduction (5 minutes) :**

- Présentez le modérateur et souhaitez la bienvenue aux participants au groupe de discussion.
  - Comme nous l'avons mentionné lors du processus de recrutement, nous organisons des groupes de discussion pour le compte du gouvernement du Canada. La discussion de ce soir portera sur la santé et le mieux-être.
- La discussion durera environ deux heures. Au besoin, n'hésitez pas à sortir de la salle. La séance sera enregistrée à des fins d'analyse si nous devons contrevérifier son compte-rendu avec nos notes. Les auteurs des commentaires ne sont pas identifiés. Toutes vos remarques demeureront confidentielles.
- Expliquez le miroir sans tain et les observateurs.
- Décrivez le fonctionnement d'un groupe de discussion.
  - Les groupes de discussion visent à stimuler une discussion ouverte et honnête. Mon rôle en tant que modérateur est de guider la discussion et d'encourager tout le monde à participer. Un des autres rôles du modérateur est de veiller à ce que la discussion ne s'éloigne pas du sujet.
  - Votre rôle est de répondre aux questions et de nous faire part de votre opinion. Nous tenons à connaître l'opinion de la majorité et de la minorité; ainsi, même si vous croyez que votre opinion diffère de celle des autres membres du groupe, faites-nous en part quand même. Qu'il y ait d'autres participants qui partagent votre point de vue ou non, votre opinion est importante et doit être respectée.
  - Je tiens aussi à préciser qu'il n'y a pas de bonnes ou de mauvaises réponses. Nous voulons simplement connaître votre opinion et comprendre votre attitude. Pour participer au groupe, il n'était pas nécessaire que vous vous souveniez de tous les aspects de votre expérience. Ce n'est pas un contrôle de vos connaissances.
- Le modérateur n'est pas à l'emploi du gouvernement du Canada et ne sera peut-être pas en mesure de répondre à certaines de vos questions.
- (Le modérateur / la modératrice se présente). Les participants doivent se présenter, en ne disant que leur prénom, et parler un peu d'eux, que ce soit leurs intérêts, leurs loisirs, etc.



### Contexte : premiers aspects de la santé et du mieux-être cités (15 minutes)

- Tout d'abord, comme nous allons parler de santé et de mieux-être au cours des deux prochaines heures, j'aimerais savoir comment vous interprétez les mots « santé et mieux-être ». Qu'est-ce que le terme « mieux-être » signifie pour vous, plus précisément lorsque vous l'entendez dans le contexte de l'expression « santé et mieux-être »? Qu'est-ce qu'il englobe? Veuillez utiliser la feuille devant vous pour écrire les pensées, les mots ou les images qui vous viennent à l'esprit lorsque vous entendez le terme « mieux-être ».
- Discutez sous forme de table ronde. **LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU.** Interrogez à propos de ces aspects :
  - Alimentation saine / Régime / Nutrition
  - Activités physiques / Exercice / Conditionnement physique
  - Spiritualité / Santé mentale
  - Médecine douce / Solutions de rechange / Autres approches de la médecine / des traitements
- Et quand ou où avez-vous surtout entendu le terme « mieux-être »? Qui avez-vous entendu utiliser ce terme auparavant? Dans quel contexte? Interrogez :
  - Est-ce une nouvelle façon de parler de santé?
  - Est-ce différent de la façon dont nous (Canadiens) parlions traditionnellement de santé?
  - Si oui, de quelle façon est-ce différent?
  - Pour ce qui est de parler de santé, est-ce une façon positive/négative de parler de santé (c.-à-d. santé et mieux-être)? Expliquez.
- Pour que ce soit clair, pendant notre discussion, lorsque je parlerai de santé et de mieux-être, je parlerai de l'éventail d'aspects qui touchent notre santé et notre mieux-être en général, en tant que personnes et en tant que société. Ça englobe plusieurs des aspects que nous venons de mentionner, y compris la santé et la sécurité publiques et personnelles.

### Santé et mieux-être : premiers aspects prioritaires cités (15 minutes)

- De nouveau, j'aimerais que vous preniez un papier et un crayon. Veuillez inscrire trois problèmes relatifs à la santé et au mieux-être qui sont, selon vous, à l'avant plan de l'attention publique par les temps qui courent. En d'autres mots, les aspects dont on parle le plus aujourd'hui, ceux dont vous entendez le plus parler.
- Discussion en table ronde. **LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU.**
- Où avez-vous entendu parler de ces aspects? Demandez :
  - Qui en parle?
  - Qu'est-ce que ces personnes disent?
  - Quel est le problème précis?
  - À quel point est-il grave? S'il est grave, pourquoi? Quelles sont les implications (à court et à long terme)?
- Parmi cette liste que nous venons de dresser, quelles sont les cinq principales priorités? **LE MODÉRATEUR ESSAIE D'OBTENIR LE CONSENSUS DU GROUPE QUANT AUX CINQ PRINCIPALES PRIORITÉS.**
- Dans l'ensemble, à quel point portez-vous attention à ces reportages ou à ces histoires au sujet de la santé et du mieux-être? Expliquez (demandez les raisons pour lesquelles les participants portent / ne portent pas attention à ces questions). Interrogez (Encouragez les participants à penser à toutes les sources d'information et à discuter de l'éventail complet de sources):
  - Où prenez-vous la majeure partie de vos renseignements sur ces sujets? Demandez :
    - Magazines
    - Livres
    - Sites Web / Blogues



- Émissions de télévision
- Journaux
- Bulletins d'information (p.ex. Berkeley Wellness Newsletter)
- Détaillants (p.ex. Pharmaprix)
- Centres de conditionnement physique / spas
- Sources gouvernementales
- Qui est le plus crédible en matière de santé et de mieux-être? Qu'est-ce qui les rend plus crédibles que les autres? Demandez :
  - Les médias / les journalistes / les radiodiffuseurs
  - Les professionnels de la santé
  - Les praticiens de médecine douce
  - Les experts en conditionnement physique
  - Les célébrités (p.ex. D<sup>r</sup> Phil, D<sup>r</sup> Oz, Oprah)
  - Les sources gouvernementales

#### Histoires / problèmes personnels de santé et de mieux-être (20 minutes)

- Lorsque nous vous avons invité à participer à ce groupe de discussion, nous vous avons demandé de penser à des expériences, à des situations ou à des problèmes que vous avez connus, ou que votre famille ou vos amis proches ont connus, et plus généralement à la santé et au mieux-être. J'aimerais entendre certaines de vos histoires personnelles. **TABLE RONDE. ALLOUEZ SUFFISAMMENT DE TEMPS AUX PARTICIPANTS POUR RACONTER LEURS ANECDOTES. ENCOURAGEZ LES AUTRES PARTICIPANTS À POSER DES QUESTIONS ET À COMMENTER LES SITUATIONS DISCUTÉES. ENCHAÎNEZ AVEC DES QUESTIONS D'APPROFONDISSEMENT :**
  - Veuillez expliquer la nature du problème et comment il vous a affecté / a affecté votre famille / vos amis?
  - Qu'est-ce qui précisément vous inquiète le plus?
  - Comment avez-vous (les autres ont-ils) géré ce problème? Quelles mesures avez-vous (les autres ont-ils) prises pour le gérer?
  - Qu'est-ce qui devrait être fait, selon vous, pour gérer ce type de problème?
  - Croyez-vous que le problème est courant (p.ex. dans quelle mesure croyez-vous que ce problème a, ou pourrait, toucher également d'autres personnes?)
- Parlez-moi maintenant de ce que vous faites pour vous garder en santé et garder votre famille en santé? **ENCOURAGEZ UNE DISCUSSION AU-DELÀ DES QUESTIONS HABITUELLES DE RÉGIME ET D'EXERCICE. LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU.**
  - Pourquoi est-ce important pour vous?
  - À quel point est-ce facile / difficile d'intégrer ces activités à votre routine / mode de vie?
  - Quels sont certains des défis?
  - Quelles sont vos attentes quant à ce que le gouvernement canadien devrait faire pour régler ces problèmes?

#### Approfondissement : Thèmes prioritaires (50 minutes)

- J'aimerais maintenant avoir votre point de vue sur cinq grands thèmes, et quelques mesures précises qui pourraient être prises dans le cadre de chacun de ces thèmes, pour régler certains problèmes de santé/mieux-être. **LE MODÉRATEUR RENOUVELLE LA DISCUSSION SUR LES CINQ THÈMES DANS CHAQUE GROUPE. LE MODÉRATEUR NOTE LES ÉLÉMENTS CLÉS POUR CHAQUE THÈME AU TABLEAU ET ÉPINGLE LES RÉPONSES AU MUR PENDANT LA DISCUSSION SUR LE THÈME EN QUESTION.**



### **Thème 1 : Stratégie de lutte contre les infections**

- Tout d'abord, parlons de la question des maladies infectieuses et de leur contrôle. Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens? Expliquez.
- À quel point êtes-vous inquiet à propos des maladies infectieuses? Pourquoi êtes-vous plus / moins inquiet à ce sujet?
- Quelles sont les menaces? D'où viennent ces menaces? Demandez :
  - De l'étranger
  - De l'intérieur du pays / des autres provinces
- Qui / quel segment de la population est le plus vulnérable à ces menaces?
- Quelle réaction suggèreriez-vous pour régler ce problème? Qu'est-ce qui pourrait être fait pour prévenir ou aborder le problème des maladies infectieuses et de la lutte contre les infections de façon plus efficace?
- Êtes-vous inquiet au sujet des infections nosocomiales?

### **Thème 2 : Protéger la santé et la sécurité des Canadiens**

- Quand vous pensez à l'éventail de problèmes de santé et de sécurité qui peut toucher les Canadiens, quels sont les principaux problèmes qui vous viennent à l'esprit? (Selon les réponses spontanées, demandez :) Qu'en est-il de la salubrité des aliments? Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens?
- Est-ce un sujet à propos duquel les Canadiens doivent réellement s'inquiéter? Y a-t-il des groupes ou des segments de la population qui sont plus vulnérables pour ce qui est de la salubrité des aliments? Qui sont-ils?
- S'il y a lieu, quelles sont vos principales inquiétudes ou préoccupations à propos de la salubrité des aliments? Décrivez (racontez des problèmes personnels ou des inquiétudes, s'il y a lieu). Interrogez à propos des inquiétudes au sujet (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :
  - Des allergies alimentaires
  - De la préparation des aliments (demandez : quelles sont certaines des façons courantes dont les Canadiens peuvent contribuer par inadvertance aux maladies d'origine alimentaire par le biais d'une mauvaise manipulation des aliments ou de mauvaises techniques de préparation?)
  - De l'inspection des produits alimentaires
  - De l'utilisation de pesticides
  - De l'étiquetage
  - Du transport
  - De la salubrité des ingrédients (demandez : y a-t-il des différences de perception entre les produits fabriqués au Canada et à l'étranger)
  - De la confusion quant à ce qui est sain et ce qui ne l'est pas

### **Thème 3 : Promotion de la santé chez les Canadiens**

- Selon vous, quels sont certains des principaux problèmes qui doivent être réglés afin d'améliorer la santé globale des Canadiens? Interrogez (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :



- Le tabagisme
- Le surpoids / l'obésité
- Les activités physiques / l'exercice
- Une alimentation / nutrition saine
- L'alcool
- Le diabète
- Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens?
- Est-ce un sujet à propos duquel les Canadiens doivent réellement s'inquiéter? Y a-t-il des groupes ou des segments de la population qui sont plus vulnérables ou plus touchés par ces problèmes? Qui sont-ils?
- Qu'est-ce qui pourrait ou devrait être fait pour régler ces problèmes?
- Comment réagiriez-vous à ces mesures :
  - Des améliorations de l'étiquetage des aliments – à quoi vous attendriez-vous? Que faudrait-il faire?
  - Des incitatifs fiscaux pour encourager les Canadiens à manger des aliments plus sains
  - Des incitatifs fiscaux pour encourager les Canadiens à être plus actifs
  - Mettre davantage l'accent sur une meilleure information au sujet des allergies alimentaires et de la réduction des allergènes alimentaires
  - Des amendements afin de moderniser et de combler les failles de la Loi sur le tabac
  - Moderniser la stratégie fédérale contre le diabète
  - Encourager les Canadiens à être davantage actifs au plan physique d'ici les Jeux olympiques de Vancouver 2010
- Est-ce que ces mesures seraient suffisantes pour s'attaquer à ces problèmes? Pourquoi/pourquoi pas?

#### Thème 4 : La santé et l'environnement

- Lorsque vous songez à l'environnement, quels sont les aspects qui ont l'impact le plus négatif sur votre santé, sur la santé des autres Canadiens? Interrogez (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :
  - Les produits chimiques
  - L'utilisation de pesticides
  - La pollution
  - Le smog
- Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens?
- Est-ce un sujet à propos duquel les Canadiens doivent réellement s'inquiéter? Y a-t-il des groupes ou des segments de la population qui sont plus vulnérables ou plus touchés par ces problèmes? Qui sont-ils?
- Qu'est-ce qui pourrait ou devrait être fait pour régler ces problèmes?
- Avez-vous entendu parler de l'indice de la qualité de l'air? Il s'agit d'un indice utilisé pour qualifier la qualité de l'air (p.ex. bon, acceptable, mauvais). L'indice tient compte des polluants, et des avis peuvent être émis. Par exemple, vous pouvez entendre des avis sur les ondes de la radio ou de la télévision qui suggèrent de limiter les activités extérieures les journées où le smog est élevé. Que pensez-vous de cet outil À quel point est-il efficace / utile? Y portez-vous attention? Qui en profiterait le plus? Comment pourrait-il être plus efficace?



### Thème 5 : Programme pour la santé des enfants

- Comment évalueriez-vous la santé des enfants canadiens? Diriez-vous qu'elle est excellente, bonne, passable, mauvaise ou très mauvaise? Pourquoi dites-vous cela?
- Quels sont les problèmes de santé précis auxquels font face les enfants? Interrogez (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :
  - Santé mentale
  - Blessures
  - Obésité
  - Développement / Formation du jeune enfant
  - Problèmes environnementaux (allergies)
- Décrieriez-vous les problèmes touchant la santé des enfants comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens? Expliquez.
- Qu'est-ce qui devrait être fait de plus pour régler ces problèmes?
- Comment réagiriez-vous à la mise en place d'un poste particulier dont le mandat serait d'aborder précisément les problèmes de santé des enfants?
- Y a-t-il autre chose qui pourrait être fait? Serait-ce suffisant pour aborder ces problèmes? Pourquoi/pourquoi pas?

### Conclusion (15 minutes)

- En songeant maintenant à ces cinq thèmes et aux priorités initiales en matière de santé et de mieux-être dont nous avons discuté (établies par le groupe), passons-les à nouveau en revue et révisons l'ordre des priorités. En tant que groupe, j'aimerais que nous atteignions un consensus quant aux **trois principales** priorités en les numérotant de 1 à 3, alors que 1 représente la principale priorité.
- Tout d'abord, parlons des critères dont nous devrions tenir compte pour établir l'ordre de priorité. Quels critères devrions-nous utiliser? Interrogez :
  - Urgence du problème
  - Implications pour l'ensemble de la société (p.ex. nombre de personnes touchées)
  - Groupes précis touchés (p.ex. enfants, personnes âgées, etc.)
  - Coût pour faire une différence
  - Programme à court ou à long terme
  - Attentes qu'une véritable différence puisse être faite grâce à une intervention gouvernementale
- **DISCUSSION EN GROUPE**
- Je vais maintenant vous remettre à chacun un ensemble de trois points (vert, jaune et bleu). J'aimerais que vous pensiez à vos trois principaux thèmes prioritaires et que vous placiez un point à côté de chacun d'entre eux sur les tableaux qui se trouvent dans la pièce. N'oubliez pas que le point vert représente la principale priorité, le point jaune, la deuxième et le point bleu la troisième.  
**ALLOUEZ SUFFISAMMENT DE TEMPS AUX PARTICIPANTS POUR PLACER LES POINTS SUR LES TABLEAUX. DISCUTEZ. NOTEZ TOUT CONSENSUS. DEMANDEZ L'ORDRE DE PRIORITÉ.**
- À quel point êtes-vous optimiste que ces problèmes peuvent être réglés de façon efficace?
- Croyez-vous qu'il s'agit là d'une utilisation judicieuse de fonds publics?



- Avant de clore la soirée, j'aimerais que vous écriviez sur le papier devant vous, ce que vous devriez faire, ou faites déjà, pour améliorer votre propre santé et mieux-être. **RAPIDE DISCUSSION EN TABLE RONDE.**

**REMERCIEZ LES PARTICIPANTS.**





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**Final Report**  
**HEALTH AND WELLNESS PRIORITIES**  
**FINDINGS FROM QUALITATIVE**  
**RESEARCH**  
**(Health Canada POR 07-26)**

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Ce rapport est aussi disponible en français sur demande.



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## I. Executive Summary



## Executive Summary

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*The Strategic Counsel* is pleased to present this report on the findings from 16 focus groups held between August 13<sup>th</sup> and August 16<sup>th</sup>, 2007. The groups were commissioned by Health Canada to obtain a deeper understanding of Canadians' health and wellness priorities and concerns.

Health, and the state of Canada's health care system, has consistently ranked among the top priorities for Canadians. Since the late 1990's, public opinion polls have shown high levels of concern for Canadians' health and the health care system, as well as the public's desire to make this a high priority for their governments. In the intervening years, the "health" landscape has shifted considerably and public opinion continues to evolve in reaction to personal experiences and Canadians' understanding of the issues and challenges pertaining to health. More recently, the media have focussed on a number of "hot" issues. Fuelled by compelling statistics that show rates of obesity on the rise, particularly among children and youth, media attention has shifted to health as a lifestyle issue. There has been considerable attention paid to Canadians' patterns with respect to diet and exercise, as well as issues related to food safety. In the last few weeks, media attention has turned to the issue of hospital superbugs and the alarming rate of deaths and long-term illnesses caused by hospital-acquired infections.

Health Canada wished to better understand the impact of such information on Canadians' attitudes towards health and wellness. Specifically, this research program was intended to:

- Elicit and discuss Canadians' health and wellness priorities; and
- Obtain reaction to a series of specific health and wellness themes or issues, including:
  - Health and the environment
  - Health and safety, specifically food safety;
  - Children's health;
  - Infectious- disease outbreak, monitoring and control; and
  - Healthy eating and active living.

Focus groups were undertaken in eight locations (Yarmouth, Montreal (in French), Trois-Rivières (in French), Scarborough (groups were held in a Toronto facility among Scarborough residents), Waterloo, Winnipeg, Surrey and Victoria). Participants comprised a cross-section of the population by age, household income, and education with some criteria in specific groups for age and home ownership status. The reader should note that the findings from focus groups are not statistically reliable and, unlike national surveys, cannot be extrapolated to the population at large. Nevertheless, the findings that follow provide direction and guidance on public opinion concerning key health priorities, as well as some of the challenges and/or opportunities in developing and communicating health policy and health and wellness initiatives.



## Executive Summary

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### A. Key Findings

Group discussions were structured in order to allow participants an opportunity to generate an extensive list of health priorities and concerns on a mostly unprompted basis. The early part of each discussion was spent identifying these priorities, reflecting both personal and societal concerns, and better understanding perceptions of “wellness” within the broader context of “health and wellness”. In addition, some information was collected on those information sources and spokespeople who are viewed as credible on the topic of health and wellness. The latter part of the focus group was devoted to obtaining reaction to the five specific themes or issues noted above.

A summary of the major findings from the groups follows.

#### 1. Thoughts on and Reaction to the Term “Wellness”

- Among focus group participants, “wellness” is a familiar and fairly well understood concept. It implies a focus not just on physical health, but on mental, emotional and spiritual health and the positive impact these aspects have on overall quality of life.
- Most have positive impressions of the term “wellness” because it conveys a broader approach to health that includes a preventive, holistic view of health management and maintenance. Notably, in almost every group, a small minority expressed some scepticism that more popular use of the term “health and wellness” and the growing prevalence of wellness institutes and programs reflected a “fad” rather than an evolving trend in personal approaches to health.
- One of the most positive aspects of the wellness concept for many is that it implies the notion of empowering individuals to take control of their health. Most felt that individual responsibility is a key component of the wellness approach; although, many were quick to point out that there are institutional and social underpinnings that are also critical to the wellness concept.

#### 2. Health and Wellness Priorities

In general discussion participants generated a myriad of concerns and priorities, on a relatively unprompted basis, which could be condensed and categorized into six broad health and wellness priorities:

- The health care system
- Lifestyle
- Disease, illness and health conditions
- The Environment
- Priority segments (Children and Seniors)
- Stress



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In many of the groups, early discussion on this topic usually began with a focus on the health care system (i.e. wait times and shortages of professionals). This is not surprising and is indicative of the ongoing focus of public attention and concern on the institutional component of health care and specifically on the “health” dimension of the “health and wellness” issue. Diet, exercise and general lifestyle issues impacting on health were perhaps the next most frequently mentioned cluster of priorities, as moderators prompted participants to think outside the usual system and structures to broader health and wellness issues. Concerns about chronic diseases and health conditions, sometimes linked to diet and lifestyle choices, were another major area of concern in addition to a range of health issues linked to environmental degradation. Many participants mentioned specific groups, such as children, youth and seniors, as being particularly vulnerable with respect to health and wellness issues. Finally, while not always explicitly raised as a concern, the issue of stress existed as an undercurrent or backdrop in virtually all discussions.

### **3. Health and Wellness Information Sources and Credible Spokespeople on the Topic**

- The primary health and wellness information sources are the Internet, news media, family/friends, magazines and health professionals. Channels cited less frequently were fitness centers, retail outlets, government, books, and alternative practitioners.
- It was clear that health professionals, scientific/research institutions, and health celebrities enjoy significant influence and credibility in society. News media, government, and alternative practitioners are also influential, but it is not to the same extent as other sources of information.
- There was broad consensus among participants that there is a tremendous amount of information available to people with respect to health and wellness. The volume of information can be seen as somewhat overwhelming, especially given conflicting information and claims.

### **4. Reaction to the “5” Key Themes Tested**

Among the five issues and themes tested with the groups, the three thematic priorities that rose to the top (considering the findings across all groups) were:

- Promoting healthy Canadians
- Environment
- Children’s health

Participants showed the greatest level of emotional engagement with these three issues and attributed a high level of urgency to each. By contrast, the remaining themes of health and safety and infectious disease control were seen to be imperative for general population health, but most felt that these issues are currently being well-managed and do not pose an immediate or urgent threat to individual or public health.





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In addition to examining the five specific themes as noted above, the relatively unstructured nature of the early part of the focus group discussion permitted a number of other issues to surface on an unprompted basis. Two of these issues in particular appear to be quickly emerging as possible pressure points or “stressors” on the health care system. The third issue reflects more of an expectation that the health care system will need to address.

- **Stress** – This issue was frequently raised in the discussions, most often in relation to elder care or parental care but also in the context of youth and mental health.
- **Eldercare** – Discussions revealed this topic as a potential source of stress with adverse or potentially negative consequences for the wellness of individuals and families.
- **Electronic Health Information** – Participants voiced concerns about the need to more effectively integrate the application of information technologies within the health care sector. There appears to be a perception that the health sector lags behind others in its use and application of IT to better the state of Canadians’ health.

It should be noted that these issues in and of themselves were not specifically identified in the final analysis as critical health care priorities. However, the focus group discussions acted as an “early detection” or “early warning” system in flagging key issues that appear to be gaining public attention. As such, they merit particular mention in the context of this report.

### B. Recommendations

#### 1. The Backdrop

It is clear from these discussions that when it comes to the topic of health and wellness Canadians are most engaged on those issues that are of personal relevance and ones which they can easily grasp with respect to their scope – healthy eating, active living and, particularly, children’s health.

In the context of a discussion on health and wellness, the conversation automatically gravitates to a discussion of the traditional, mostly institutional, aspects of the current health care system. In this respect, many remain concerned about access to health care, wait times and shortages of professionals. As participants contemplated the implications of an aging population, they expressed increasing concern about the sustainability of the system.

At the same time, and perhaps because of the seeming intractability of this issue, with respect to putting Canadian health care on a sustainable track, participants appear increasingly open to a broader discussion on the topic of health and wellness. Focus group participants seem particularly open to a dialogue which does not focus specifically on the “medical” side of the health care issue, but rather on preventive measures. At



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the same time, it should be underscored that participants nevertheless firmly believe preventive strategies and institutional treatments/medical care go hand-in-hand. Their comments emphasize that any focus on other facets of the health and wellness issue should not be at the expense of (or instead of) continued efforts to “fix” health care.

The public is increasingly attuned to messaging about wellness, although the term itself connotes a certain “faddish” or “fashionable” view of health which may affect how Canadians process any related messaging.

And, while they are concerned about the cost and general effectiveness of national information and education campaigns, many participants also fundamentally agree that broad public education is crucial to effecting behavioural change. In particular, they feel that parents, children and youth are the principal targets for messages and tools on the topic of healthier eating and active living.

### 2. Advice and Guidance

The findings from these groups provide some direction which has implications for both policy and communications on the issues of health and wellness:

1. **Crafting A New Way of Communicating on Health:** A key underlying challenge is to clearly differentiate health and wellness initiatives from concerns about the overall health system. Two challenges in doing so are the “fuzzy” nature of the term ‘wellness’, and an underlying concern that government wellness initiatives could be introduced as a means of deflecting attention away from addressing fundamental issues in the health care system.
  - **Recommendation:** Situate the vocabulary and frame the narrative. This could be done by introducing internal communications guidelines that ensure that there is clear differentiation between ‘health care – the institutions and system’ and ‘health and wellness – personal and family actions’. All communications tools should be deployed with a view to defining the term ‘wellness’ as ‘personal or societal health and fitness’ or in some manner that reflects a focus on the individual rather than the institutions. Shifting the narrative will likely be an evolutionary or iterative process.
2. **Offering Simplified Solutions:** Participants’ level of engagement on the issues discussed was fundamentally linked to:
  - a. Their perception of the degree to which they are personally affected by (or likely to be affected by) the issue; and



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- b. Their perception of the extent to which they personally can affect or have an impact on the issue.

As such, an issue such as infectious disease control, and specifically addressing hospital superbugs, is not viewed as one which has broad personal relevance, other than to those who have been seriously adversely affected or know of someone who has. While the numbers of those with stories to tell may be on the rise, and thereby over time may tend to push levels of concern up on this issue, currently there is little understanding of or personal relevance associated with the issue of infectious diseases. Moreover, at the moment, there is a general sense of confidence that Canadian hospitals and institutions are managing this issue.

This creates a dilemma of how to mobilize the public on an individual level both to enhance their understanding of the issue as well as to make them aware that there are steps they can take themselves to address it (i.e. the public can be part of the solution) without instilling undue alarm, fear or diminishing existing confidence in the current system.

- **Recommendation:** Identify simplified actions or solutions that individuals could take, similar to the way the Blue Box became emblematic of environmental action at an individual or family level. One useful approach could be to introduce a simple, “single-message” campaign directed at the public and not just health professionals around an issue such as the importance of handwashing in the home, work and healthcare environments as a means of limiting the spread of infections.
3. **Engaging the Public More Broadly:** Consideration should be given to developing strategies and approaches which will further engage Canadians both in a public discussion of health and wellness as well as in taking ownership of the issue and the solutions. For example, while many view obesity as a national “epidemic” of sorts, their comments suggest there is little real personal motivation at present to address the issue. It may be advisable, indeed necessary, to promote a more active and sustained dialogue at the community level as a means of fostering greater public awareness and engagement. Such discussions could consider utilizing more innovative engagement techniques which bring community members together, including experts, opinion leaders and average citizens. A staged approach to engaging the public could include a preliminary discussion around the values and attitudes which affect or influence social change as well as the economic and social consequences of not addressing these broad societal issues. Further discussions around personal responsibilities and assisting communities in setting



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measurable goals for success could follow. This approach could be equally effective on the topic of children's health. This approach would align with the expressed interest in discussing issues within a community context rather than simply as a "national strategy."

- **Recommendation:** Start a formal 'national dialogue or discussion' on the subject of promoting wellness for all Canadians.
4. **Monitoring Stress & Eldercare as Emerging Issues:** These issues are major 'sleepers' in terms of influencing public opinion and personal action. Rapid and significant demographic and technological changes are affecting many Canadians personally, but the issues are not yet being widely discussed at a public or personal level. In the near future, however, these issues will require public policy responses as Canadians articulate more clearly how their lives are changing and seek assistance via the tax system or social supports.
- **Recommendation:** Establish a formal monitoring program on demographic and public opinion data in these two areas.
5. **Exercising Caution in Communicating:** Some caution should be exercised in the manner in which the Government of Canada communicates on the issues of consumer and food safety and infectious disease control. For the most part, participants are not overly-agitated on these issues, although an incident (specifically one involving a large number of people and/or related deaths) would understandably raise the level of public anxiety and alarm. Interestingly, however, the focus group discussions were conducted at a time when there had been some media coverage on these issues. This did not appear to significantly affect participants' views on these topics.

Although participants spoke about some concerns related to food products or ingredients imported from certain foreign markets, most felt that the current food inspection system and regulatory framework was generally effective. By the same token, many felt that infectious diseases were being properly monitored and that hospitals were likely taking the necessary steps to deal with infections. Caution should be taken to ensure that public confidence in current institutions and the regulatory system are not eroded. Messaging should underscore the sound fundamentals.

- **Recommendation:** Work with PHAC and AAFC to introduce confidence-raising communications activities to help the public understand, and maintain confidence in, the Government of Canada's abilities to manage safety and infectious disease issues, and use



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these activities to deliver messages about the individuals' role. These communications activities could be focused on earned, specialized media, and highlight individual government scientists, technicians and facilities, as well as interesting success stories.

### MORE INFORMATION

Supplier Name: The Strategic Counsel  
PWGSC Contact Number: H1011-7-0016  
Award Date: 2007-07-31

To obtain more information on this study, please e-mail [por-rop@hc-sc.gc.ca](mailto:por-rop@hc-sc.gc.ca)



## II. Sommaire



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*The Strategic Counsel* est heureuse de présenter ce rapport des résultats des 16 groupes de discussion tenus entre le 13 et le 16 août 2007. Les groupes étaient mandatés par Santé Canada qui cherche à mieux comprendre les priorités et les inquiétudes des Canadiens en matière de santé et de mieux-être.

La santé et l'état du système de soins de santé au Canada figurent toujours au sommet des priorités des Canadiens. Depuis la fin des années 1990, les sondages d'opinion indiquent une forte inquiétude à l'endroit de la santé et du système de soins de santé des Canadiens, ainsi qu'un désir du grand public que les gouvernements en fassent une haute priorité. Entre-temps, le paysage de la « santé » a beaucoup changé et l'opinion du public continue d'évoluer en réaction aux expériences personnelles et en fonction de la compréhension qu'ont les Canadiens des problèmes et des défis relatifs à la santé. Plus récemment, les médias ont mis l'accent sur plusieurs sujets chauds. Alimentée par les statistiques alarmantes sur les taux d'obésité à la hausse, surtout chez les enfants et les jeunes, l'attention des médias s'est portée sur la santé en tant que problème d'habitudes de vie. On a beaucoup parlé des habitudes des Canadiens en termes de régime alimentaire et d'exercice, ainsi que des problèmes liés à la salubrité des aliments. Au cours des dernières semaines, l'attention des médias s'est tournée vers le problème des superbactéries dans les hôpitaux et le taux inquiétant de décès et de maladies chroniques causés par les infections nosocomiales.

Santé Canada désirait mieux comprendre l'impact de cette information sur les attitudes des Canadiens face à la santé et au mieux-être. Plus précisément, cette enquête visait à :

- susciter une discussion sur les priorités en matière de santé et de mieux-être des Canadiens; et
- connaître la réaction à une série de thèmes ou de problèmes précis concernant la santé et le mieux-être, y compris :
  - la santé et l'environnement;
  - la santé et la sécurité, plus précisément la salubrité des aliments;
  - la santé des enfants;
  - les épidémies de maladies infectieuses, leur suivi et leur contrôle; et
  - les habitudes alimentaires saines et une vie active.

Les groupes de discussion ont eu lieu dans huit villes (Yarmouth, Montréal (en français), Trois-Rivières (en français), Scarborough (les groupes ont eu lieu dans des bureaux situés à Toronto, mais avec des résidents de Scarborough), Waterloo, Winnipeg, Surrey et Victoria). Les participants représentaient un profil de la population choisi en fonction de l'âge, du revenu du ménage et de la scolarité, ainsi que d'autres critères particuliers d'âge et de situation de logement (propriétaire ou locataire) pour certains groupes. Le lecteur doit garder à l'esprit que les résultats de groupes de discussion ne sont pas statistiquement fiables et que,



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contrairement aux sondages nationaux, ils ne peuvent être extrapolés à la population dans son ensemble. Malgré tout, ces résultats procurent une ligne directrice et un bon aperçu de l'opinion publique quant aux principales priorités en matière de santé. Il cible aussi certains des défis à relever et des occasions de développer et de communiquer une politique relative à la santé et des initiatives de santé et de mieux-être.

### A. Principaux résultats

Les groupes de discussion étaient structurés de façon à permettre aux participants d'établir une liste exhaustive de priorités et d'inquiétudes en matière de santé de façon généralement spontanée. La première partie de chaque discussion était consacrée à l'identification de ces priorités, à une réflexion sur les inquiétudes personnelles et sociétales et à une meilleure compréhension de la perception du terme « mieux-être » dans un contexte plus vaste de « santé et mieux-être ». Des renseignements ont également été recueillis sur les sources d'information et les porte-parole qui sont perçus comme crédibles pour parler de santé et de mieux-être. Le reste de la discussion était consacré à connaître les réactions à cinq thèmes ou problèmes précis.

Voici un résumé des principales constatations des groupes de discussion :

#### 1. Réactions au terme « mieux-être »

- Parmi les participants aux groupes de discussion, le terme « mieux-être » est un concept familier et relativement bien compris. Il implique de mettre l'accent non seulement sur la santé physique, mais aussi mentale, émotive et spirituelle, de même que l'impact positif que ces aspects ont sur la qualité de vie globale.
- La plupart des participants ont une impression positive du terme « mieux-être », car il véhicule une approche plus globale de la santé qui inclut une approche préventive et holistique de sa gestion et de sa préservation. Fait à souligner, dans presque chaque groupe, une petite minorité faisait preuve de scepticisme à l'effet qu'une utilisation plus courante de l'expression « santé et mieux-être » et la présence de plus en plus généralisée d'instituts et de programme de mieux-être sont en fait le reflet d'une mode plutôt que d'une tendance en évolution de l'approche personnelle face à la santé.
- Un des aspects les plus positifs du concept de mieux-être pour beaucoup de participants est que le terme implique la notion de responsabilisation des personnes pour prendre le contrôle de leur santé. La plupart des participants croyaient que la responsabilité individuelle est une composante clé de l'approche du mieux-être, même si beaucoup soulignaient rapidement que des composantes institutionnelles et sociétales sous-tendent aussi le concept et sont aussi cruciales.





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### 2. Priorités en matière de santé et de mieux-être

Lors de la discussion générale, les participants ont évoqué un éventail d'inquiétudes et de priorités de façon plutôt spontanée. Cet éventail peut être résumé et classé en six grandes priorités en matière de santé et de mieux-être:

- Le système de soins de santé
- Les habitudes de vie
- Les maladies et les problèmes de santé
- L'environnement
- Les segments prioritaires (enfants et personnes âgées)
- Le stress

Dans de nombreux groupes, la discussion sur le sujet s'amorçait avec le système de soins de santé (p.ex. les délais d'attente et la pénurie de professionnels). Ce n'est pas surprenant et révélateur du point de mire de l'attention et des inquiétudes du public, soit les composantes institutionnelles des soins de santé et, plus précisément, la dimension « santé » de la question « santé et mieux-être ». Le régime alimentaire, l'exercice et les habitudes de vie qui ont un impact sur la santé constituaient probablement l'ensemble de priorités le plus souvent cité lorsque les modérateurs demandaient aux participants de penser aux questions de santé et de mieux-être de façon plus globale que le système et les structures habituelles. En plus d'un éventail de problèmes de santé liés à la détérioration de l'environnement, les craintes de maladies chroniques et de problèmes de santé, parfois liés au régime alimentaire et aux choix de vie, constituaient un autre domaine d'inquiétude important. Plusieurs participants ont mentionné des groupes précis, comme les enfants, les jeunes et les personnes âgées, comme particulièrement vulnérables face aux problèmes de santé et de mieux-être. Finalement, même si la question n'a pas toujours été soulevée de façon explicite, le problème du stress sous-tendait pratiquement toutes les discussions.

### 3. Sources d'information et porte-parole crédibles pour parler de santé et de mieux-être

- Les principales sources d'information sur la santé et le mieux-être citées sont Internet, les médias d'information, les amis et la famille, les magazines et les professionnels de la santé. Les sources mentionnées moins fréquemment étaient les centres de conditionnement physique, les détaillants, le gouvernement, les livres et les praticiens de médecine douce.
- Il est évident que les professionnels de la santé, les scientifiques et les institutions de recherche et les personnalités du domaine de la santé ont une influence et une crédibilité importantes au sein de la société. Les médias d'information, le gouvernement et les praticiens de médecine douce sont aussi influents, mais pas dans la même mesure que les autres sources d'information.



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- Les participants s'entendaient que la quantité d'information disponible au sujet de la santé et du mieux-être est énorme. Le volume d'information peut être perçu comme écrasant, surtout si on tient compte des affirmations et des renseignements conflictuels.

#### 4. Réaction aux cinq thèmes clés testés

Parmi les cinq problèmes et thèmes testés avec les groupes, les trois priorités thématiques qui se sont démarquées (en tenant compte des constatations auprès de tous les groupes) étaient :

- La promotion de la santé chez les Canadiens
- L'environnement
- La santé des enfants

Ces trois problèmes suscitaient le plus de charge émotionnelle chez les participants qui leur ont accordé le plus haut niveau de gravité. En contraste, les autres thèmes de protection de la santé et de la sécurité et de lutte contre les infections, bien que jugés essentiels pour la santé de la population en général, étaient perçus par la plupart des participants comme plutôt bien gérés pour l'instant. Ils ne les percevaient pas comme posant une menace immédiate ou urgente pour la santé des personnes ou du public en général.

En plus d'examiner les cinq thèmes précis mentionnés précédemment, la nature peu structurée du début de la discussion a permis d'aborder plusieurs autres problèmes de façon spontanée. Deux de ces problèmes en particulier semblaient rapidement se démarquer comme des sources de tension possibles ou des facteurs de stress pour le système de soins de santé. Le troisième problème constitue davantage une attente que le système de soins de santé devrait combler.

- **Stress** – ce problème a souvent été mentionné lors des discussions, le plus souvent en rapport avec les soins aux personnes âgées ou aux parents, mais aussi dans le contexte de la santé mentale et de celle des jeunes.
- **Soins aux personnes âgées** – Les discussions ont révélé que ce sujet est une source possible de tension avec des conséquences néfastes ou possiblement négatives pour le mieux-être des personnes et des familles.
- **Renseignements électroniques à propos de la santé** – Les participants jugeaient que les technologies de l'information devraient être intégrées de façon plus efficace dans le secteur des soins de santé. Il semble y avoir une perception que le secteur de la santé traîne de la patte derrière d'autres secteurs quant à l'utilisation et à l'application des TI pour améliorer la santé des Canadiens.

Il faut noter que ces problèmes n'ont pas été identifiés dans l'analyse finale comme des priorités importantes en matière de soins de santé. Cependant, les groupes de discussion ont servi de « détecteurs précoces » ou de



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« système d'avertissement » pour souligner ces problèmes clés qui semblent de plus en plus attirer l'attention du public. Par conséquent, ils méritent une attention particulière dans le contexte de ce rapport.

### B. Recommandations

#### 1. Le contexte

Suite à ces discussions, il est évident que lorsqu'il est question de santé et de mieux-être, les Canadiens sont davantage préoccupés par les aspects qui les touchent personnellement et ceux dont ils peuvent facilement comprendre la portée, soit des habitudes alimentaires saines, une vie active et, surtout, la santé des enfants.

Dans le contexte d'une discussion sur la santé et le mieux-être, la conversation porte automatiquement sur les aspects traditionnels, et surtout institutionnels, du système de soins de santé actuel. À cet égard, beaucoup de participants demeurent préoccupés par l'accès aux soins de santé, les délais d'attente et la pénurie de professionnels. Alors qu'ils envisageaient les implications d'une population vieillissante, ils étaient plus en plus préoccupés par la viabilité du système.

En même temps, et peut-être en raison du caractère apparemment insoluble du problème de la viabilité du système de soins de santé canadien, les participants semblaient de plus en plus ouverts à une discussion plus vaste sur le sujet de la santé et du mieux-être. Les participants aux groupes de discussion semblaient particulièrement ouverts à un dialogue qui ne met pas précisément l'accent sur le côté « médical » de la question des soins de santé, mais plutôt sur les mesures préventives. En même temps, il est important de souligner que les participants croient malgré tout fermement que les stratégies préventives et les soins médicaux ou les traitements institutionnels vont de pair. Leurs commentaires mettaient l'accent sur le fait que tout point de mire sur d'autres aspects des problèmes de santé et de mieux-être ne devrait pas se faire aux dépens (ou à la place) d'efforts continus pour régler le problème des soins de santé.

Le public est de plus en plus à l'écoute des messages au sujet du mieux-être, même si le terme en soi a une connotation de « mode » ou de « passade » pour aborder la santé qui peut influencer sur la façon dont les Canadiens assimileront les messages.

Et même s'ils sont préoccupés par le coût et l'efficacité globale de l'information et des campagnes d'éducation diffusées à l'échelle nationale, de nombreux participants sont aussi foncièrement d'accord qu'une vaste sensibilisation du public est essentielle pour encourager les changements de comportements. Plus précisément, ils croient que les parents, les enfants et les jeunes devraient être les cibles principales des messages et des outils encourageant des habitudes alimentaires saines et une vie active.



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### 2. Conseils et orientation

Les constatations tirées des groupes de discussion permettent de dégager une certaine orientation importante autant pour les politiques que les communications relatives aux questions de santé et de mieux-être :

1. **Établir une nouvelle façon de communiquer à propos de la santé** : Un des principaux défis est de distinguer clairement les initiatives de santé et mieux-être des craintes au sujet du système de soins de santé dans son ensemble. Deux des défis que pose le problème sont la nature plutôt floue du terme « mieux-être » et le risque que les initiatives de mieux-être du gouvernement puissent être présentées comme un moyen de détourner l'attention du règlement des problèmes cruciaux du système de soins de santé.
  - **Recommandations** : Cibler le vocabulaire et encadrer le discours. Il est possible d'y arriver en émettant des directives de communications internes qui garantissent qu'il y a une distinction claire entre « soins de santé, soit les institutions et le système » et « santé et mieux-être, les gestes personnels et familiaux ». Tous les outils de communication devraient être déployés en ayant à l'esprit de définir le terme « mieux-être » comme « la condition physique et l'état de santé personnels ou sociétaux » ou d'une façon qui met l'accent sur la personne plutôt que sur les institutions. La modification du discours devrait se faire de façon progressive.
2. **Proposer des solutions simplifiées** : le degré d'engagement des participants quant aux questions discutées était principalement lié à :
  - a. leur perception du degré auquel ils sont personnellement touchés (ou pourraient l'être) par le problème; et
  - b. leur perception de la mesure dans laquelle ils peuvent personnellement influencer sur le problème.

Par conséquent, un problème comme le contrôle des maladies infectieuses et, plus précisément, la question des superbactéries dans les hôpitaux, n'est pas perçu comme très pertinent au niveau personnel, à moins d'avoir été personnellement sérieusement touché ou de connaître quelqu'un qui l'a été. Même si le nombre de personnes ayant des anecdotes à ce sujet semble à la hausse, ce qui peut entraîner à la longue une hausse du degré de préoccupation pour la question, pour l'instant, la compréhension de la question des maladies infectieuses est faible de même que le degré de pertinence personnel perçu. De plus, pour l'instant, il existe un sentiment de confiance généralisé que les institutions et les hôpitaux canadiens gèrent le problème.



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Cette situation crée un dilemme quant à la façon de mobiliser le public à un niveau individuel pour qu'il comprenne mieux la question et soit sensibilisé aux mesures de prévention qu'il peut prendre (c.-à-d. le public peut faire partie de la solution), sans toutefois être inutilement alarmiste, instiller de la crainte ou réduire le niveau de confiance actuel envers le système.

- **Recommandation** : Identifier des gestes ou des solutions simples que les personnes pourraient adopter, un peu comme la corbeille de recyclage est devenue emblématique des gestes environnementaux à un niveau individuel ou familial. Une approche utile pourrait être de présenter une campagne simple à message unique visant le public, et non seulement les professionnels de la santé, et portant sur un sujet comme l'importance de se laver les mains à la maison, au travail et dans les hôpitaux pour éviter la propagation des infections.

3. **Faire participer davantage le public** : Il faudrait accorder de l'attention à la mise au point de stratégies et d'approches qui engageront davantage les Canadiens dans une discussion publique au sujet de la santé et du mieux-être et leur permettront de s'approprier de la question et des solutions. Par exemple, alors que beaucoup de gens perçoivent l'obésité comme une épidémie nationale, leurs commentaires laissent entendre qu'il y a peu de véritable motivation personnelle pour l'instant à s'attaquer au problème. Il pourrait être judicieux, en fait nécessaire, de faire la promotion d'un dialogue soutenu et plus actif au niveau de la communauté afin de mieux sensibiliser le public et l'encourager à participer. Ces discussions pourraient faire appel à des techniques de participation plus novatrices qui rassemblent les membres de la communauté, y compris des experts, des leaders d'opinion et des citoyens ordinaires. Une approche échelonnée pour encourager les gens à participer pourrait comprendre une première discussion au sujet des valeurs et des attitudes qui touchent ou influent sur les changements sociaux ainsi que les conséquences économiques et sociales de ne rien faire pour régler ces problèmes sociétaux. D'autres discussions sur les responsabilités individuelles et l'aide aux communautés pour établir des objectifs mesurables pourraient suivre. Cette approche pourrait aussi être efficace pour parler de la santé des enfants et est en harmonie avec l'intérêt exprimé de discuter des problèmes dans un contexte communautaire, plutôt que simplement sous forme de stratégie nationale.

- **Recommandation** : Lancer un dialogue ou une discussion officielle à l'échelle nationale sur le sujet de la promotion du mieux-être de tous les Canadiens.

4. **Contrôle du stress et soins aux personnes âgées – Deux questions d'actualité** : Ces problèmes constituent d'importants facteurs émergents qui influent sur l'opinion publique et les gestes personnels. Les changements démographiques et technologiques rapides et importants



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touchent de nombreux Canadiens au plan personnel, mais ces questions ne sont pas encore largement débattues au niveau public ou personnel. À court terme cependant, elles nécessiteront la mise en œuvre de politiques publiques alors que les Canadiens énonceront plus clairement comment leur vie change et demanderont de l'aide par l'entremise du système fiscal et des soutiens sociaux.

- **Recommandation** : Mettre sur pied un programme de suivi officiel des données démographiques et de l'opinion publique dans ces deux domaines.

5. **Faire preuve de prudence pour les communications** : Une certaine prudence est de mise dans la façon dont le gouvernement du Canada communique à propos des questions de sécurité des consommateurs, de salubrité des aliments et de contrôle des maladies infectieuses. Dans l'ensemble, les participants ne sont pas particulièrement inquiets au sujet de ces questions, mais un incident (surtout un incident touchant beaucoup de gens ou entraînant beaucoup de décès) augmenterait sans contredit le degré d'anxiété du public et sonnerait l'alarme. Il est toutefois intéressant de noter que les groupes de discussions ont eu lieu à un moment où il y avait une certaine couverture médiatique à propos de ces questions. Cela n'a pas semblé avoir d'effet important sur les points de vue des participants sur ces sujets.

Même si les participants ont évoqué des inquiétudes au sujet de produits alimentaires ou d'ingrédients importés de certains marchés étrangers, la plupart croient que le système d'inspection actuel des aliments et le cadre réglementaire en vigueur sont efficaces. Dans la même veine, plusieurs croyaient que les maladies infectieuses étaient bien contrôlées et que les hôpitaux prenaient les mesures nécessaires pour faire face aux infections. Il faut être prudent pour ne pas miner la confiance du public envers les institutions et le système réglementaire actuel. Les messages doivent mettre l'accent sur les notions élémentaires.

- **Recommandation** : Travailler de pair avec l'ASPC et l'AAC pour mettre sur pied des activités de communication visant à augmenter la confiance afin d'aider le public à comprendre la situation et à demeurer confiant envers la capacité du gouvernement du Canada à gérer les problèmes de sécurité et de maladies infectieuses. Utiliser ces activités pour livrer des messages au sujet du rôle de chacun au plan individuel. Ces activités de communication pourraient être centrées dans les médias spécialisés éprouvés et présenter des scientifiques, des techniciens et des bureaux du gouvernement, ainsi que des histoires de réussite.



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### **III. Research Objectives and Methodology**





## Research Objectives and Methodology

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### A. Background and Objectives

*The Strategic Counsel* is pleased to present Health Canada with this report on the findings from a series of focus groups on the topic of health and wellness issues and priorities.

Health care has ranked at the top of Canadians' list of priorities for almost a decade. In various surveys and focus groups on the topic, Canadians have expressed deep concern about the state of the health care system in Canada, particularly with respect to wait times for medical procedures, shortages of hospital beds, and access to medical professionals. In addition, the public remains concerned about rates of heart disease and cancer as well as other chronic health conditions, such as diabetes.

Understandably, the topic of health is one that engages the public given its obvious personal relevance and integral link to quality of life. In recent years, discussions of health in the media have shifted. Greater attention is being given to the broader topic of health and wellness, encompassing not only institutional care and treatment of disease and illness but also preventive care and overall wellness strategies (i.e. diet, lifestyle, etc.). The media have also begun to focus more attention on so-called "hot" topics (i.e. trans fats, pandemics and anti-biotic resistant bacteria and viruses). On an almost daily basis, media outlets, using both traditional and online capabilities, release voluminous information pertaining to public and personal health and overall wellness. Given both the deluge of information on the topic and the rapidity with which issues vault to the forefront of media and public attention, it is increasingly difficult to maintain an accurate picture of what specific priorities Canadians may have within the broader context of health and wellness.

As such, Health Canada wished to conduct a series of focus groups in order to foster discussion on what areas are of greatest interest and concern to the public, and to investigate Canadians' impressions of some of the current areas of media attention and potential government focus. While surveys offer a useful, important and statistically valid assessment of the relative priorities and concerns of the Canadian public, focus groups are frequently employed to expand on or drill down beneath the surface of responses to surveys. Hearing Canadians consider and react to issues in their own words allows for an opportunity to better understand the public's thought process, the degree of emotion attached to some issues, and the underlying rationale for identifying issues of both high and low priority.

The advantage of focus groups, either in addition to or in support of polling data, is the opportunity they provide to engage in open, relatively unstructured discussion. This approach permits participants to share their thoughts and contemplate issues with minimal prompting, thereby providing policy-makers and communicators in government with a more nuanced understanding of the public opinion context or backdrop for important public policy issues. The objectives of this series of focus groups were to:



## Research Objectives and Methodology

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- Provide a forum for generation on an unprompted basis of Canadians' health and wellness priorities;
- Examine relative priorities and reasons for higher or lower levels of concern about certain health issues; and
- Obtain reaction and feedback to specific health and wellness issues related to healthy living/lifestyles, consumer/food safety, the environment, children's health and infectious disease outbreak/control)

### B. Methodology

A series of 16 focus groups were conducted across Canada between August 13<sup>th</sup> and 16<sup>th</sup>, 2007 in Yarmouth, Montreal, Trois-Rivières, Scarborough, Waterloo, Winnipeg, Surrey and Victoria. Each of the sessions was approximately 2 hours in duration and comprised between eight and ten participants. All of the focus groups were conducted in English, with the exception of the groups held in Montreal and Trois-Rivières, which were conducted in French.

Focus groups were conducted with three separate groups of people:

- Canadians 55 and over;
- Home owners; and
- Renters

Apart from the above criteria, participants were recruited to reflect the adult population, aged 18 and older, in those respective regions, and included a mix of gender, religious and ethnic backgrounds, as well as socio-economic status.

The focus groups were undertaken as follows:



## Research Objectives and Methodology

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LOCATION	GROUP TYPE
Yarmouth	Owners Renters
Trois-Rivières	Over 55 Owners
Montreal	Renters Over 55
Scarborough	Renters Owners
Waterloo	Over 55 Owners
Winnipeg	Renters Owners
Surrey	Over 55 Owners
Victoria	Over 55 Renters

An incentive of \$50 was paid to all participants.

The discussion was purposely structured to provide a free-flowing format, with minimal prompting to participants during the first part of the conversation. This relatively unstructured approach allowed participants an opportunity to generate a thorough list of health priorities that is very much reflective of their assessment based on both their personal experience and their impressions. During the second half of the groups the moderator directed discussion on specific health and wellness topics. At the close of the groups, participants were asked to consider all the topics that had been discussed and identify their top three priorities. Recognizing that Canadians have many priorities and concerns in the realm of “health and wellness,” this exercise did yield solid direction on participants’ most critical concerns. It also provided an opportunity for participants to consider both the discussion within the larger group and their own personal or individual beliefs and concerns. The results of this exercise are discussed later in this report and are summarized in table format in Appendix A.



## IV. Detailed Findings



## Detailed Findings

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### A. Defining “Wellness”

Wellness is a familiar and fairly well understood concept – one that is seen to have taken root in the popular lexicon in recent years to express a broader, more holistic approach to health, with a greater focus on proactive health maintenance, healthy lifestyle, and prevention. For most, wellness implies a focus not just on physical health, but on mental/emotional and spiritual health and the positive impact they have on overall quality of life. Participants talked about balance, overall contentedness and happiness as outcomes of a focus on wellness rather than simply on health:

*“It’s an overall happiness, an overall healthiness – not something specific, but more overall.”*

A number of common themes emerged across the groups in the context of a discussion on wellness:

- Holistic:
  - Encompassing body/mind/spirit; physical, mental and emotional health; *“It is a bigger picture, it is more general, wellness is your mind, your body, it is everything all together.”*
  - Many also saw it as holistic in the sense that it encompasses a wide range of determinants of health, from individual behaviour, like diet and exercise, to the quality of the health care system, social and working conditions, and the state of the environment. *“It includes all dimensions of life.”*
- Healthy Lifestyle:
  - Including diet and exercise, moderate alcohol use, refraining from smoking or drug use; healthy work environments, balance, healthy relationships, good mental and emotional health, positive attitude, social supports, family, having a place to live, a job, financial security.
- Prevention:
  - Optimizing health and avoiding illness.
- Being Proactive:
  - Taking control of one’s health, individual responsibility; self-management of health issues, hands-on involvement, asking questions, seeking different options, looking at alternatives, etc. *“It’s about what I can do, it’s about making choices.”*
- Alternative Approach:
  - Many associate wellness with alternative medical treatments such as acupuncture, homeopathy, etc., or see it as an approach that integrates western and alternative health philosophies; *“It’s more eastern, more natural.”*



## Detailed Findings

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- Many see the concept of wellness, with its holistic, preventive view, as an alternative to the more traditional, treatment-oriented or institutional approach to health. *“It’s new, because some years ago being healthy was just being physical healthy and no one thought about mental health or nutrition. As long as you were physically okay, you were healthy.”*
- Increasingly Mainstream:
  - While viewed as encompassing some alternative approaches to health, the notion of wellness is also seen as increasingly mainstream – i.e. an alternative approach that has gained considerable popularity, which can be seen and is discussed widely in the media, the workplace (i.e. employee or workplace wellness programs) as well as in the growing popularity of “wellness” institutes (essentially fitness centers with additional services offered) and activities like yoga.

### B. Impressions of Wellness

Most have positive impressions of wellness, and think that a preventive, holistic approach to health management and maintenance makes a lot of sense. A number of older participants, in particular, placed a great deal of value on wellness as a way to protect and extend their quality of life and avoid any restriction of activities due to health considerations. Many felt that “wellness” is a more positive way to think and talk about health and health care, which gets beyond the usual focus on the health care system and/or institutionally-based care. One of the most positive aspects of the wellness concept for many is that it empowers individuals to take control of their health. Most, in fact, felt that individual responsibility is a key component of the wellness approach:

*“To me there is some sort of choice involved. You make the decision to change your lifestyle or adopt a way of living that is sustainable”*

*“No matter what we say it’s still up to the individual. Wellness is an individual choice”*

Nevertheless, many were quick to point out that there are institutional and social dimensions, as well. In parallel with individual efforts, for example, there must be a clean and safe environment, social supports for healthy lifestyle choices and activities, and, most importantly, a health care system that provides easy and timely access.

*“I think it starts with individual health. People should know how to take care of their own health by being healthy, eating the right foods, getting exercise... and then secondly there should be an affordable health care system.”*

*“It’s about personal responsibility and government responsibility. It’s 50/50, it goes hand in hand.”*



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It was evident in many of the groups that people want and need more opportunities and support for pursuing a wellness approach to managing their own health, and see opportunities for greater promotion of wellness among the public. At the same time, however, there was mild concern that a national or broad push on the notion of wellness in the context of health might be seen as simply taking advantage of a currently “fashionable” view of or approach to health, or that it might be seen as a pretext by government to unburden its responsibilities with respect to maintaining a national system of health care onto individuals.

Some participants, especially those in the smaller centers, or more rural areas, expressed a degree of scepticism about the role of alternative medicine, in particular, and the concept of wellness as a trendy marketing term, or something that is seen as too “touchy/feely”. *“It reminds me of people who believe in magnets, crystals and copper bracelets and that kind of thing.”* In Montreal, while the term “mieux-être” was familiar and understood, participants in Trois-Rivières indicated that they don't use this term in their everyday language and see it as a term used more by the elite or within a more specialized vocabulary used by journalists and TV announcers, institutions like CLSC's, and clinics. It is generally more recognizable and understood in the written versus spoken form.

Still, despite some reservation, there appeared to be a fairly widespread and growing openness to consider the advantages of a wellness approach and look outside the traditional medical system for assistance with respect to health/wellness strategies (in fact, while not widely stated or necessarily strongly supported, some participants in the Victoria groups spoke of the need to redesign the health system such that healthier people are rewarded, and those who do not look after themselves required to pay more for treatments).

*“When I think of everything I do to take care of myself, I think those who do take care of themselves should be rewarded and those who don't take care of themselves should pay more”*

### C. Top-of-Mind Health & Wellness Priorities

Participants cited a wide range of priorities that included diseases and conditions of greatest concern, lifestyle behaviours to support good health, aspects of the health care system and institutional care in Canada, and specific groups that are seen to be most vulnerable.

#### 1. Health Care System

While a great deal of discussion focused on healthy behaviour by individuals, there was equal, if not in some cases greater, focus on the “health” and sustainability of the health care system as a key priority. Notably, while participants' showed a great deal of receptivity to exploring the notion of health and wellness options outside the health care system, many were still very focused on the institutional, traditional medical establishment in terms of their issues of top concern. In virtually every group, participants identified



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concerns related to the funding of health care, the sustainability of the system and access to medical professionals, as well as diagnostic procedures and treatments. The capacity and quality of the health care system is clearly viewed as a fundamental component of health and wellness among individuals and the population at large. It also was an issue with a great deal of immediacy and relevance for many participants who cited first hand frustrations in trying to gain timely and proper access to care, either for themselves or aging parents.

There were a number of specific issues that participants raised with respect to the health care system, including:

- Concerns about funding, sustainability of the current system, access to health professionals, and wait times for surgeries/specialists/diagnostics.
- Some raised concerns, underscored by personal stories, about the difficulty of finding care for elderly parents.
- A number of participant indicated that they don't get sufficient time with their doctors to address all their issues. Some in British Columbia noted that access to physicians was being diminished by a policy on the part of doctors to permit patients to discuss a maximum of two issues at a time. This is reflective of excessive patient load, shortage of physicians, and is seen to negatively impact physicians' ability to adequately address the "whole" patient. *"For me people need to be heard more and at they need someone listening to them, because most of the doctors don't. It's about the issue of access and the doctors having time for you. The doctors normally have only 15 minutes to see you"*.
- In British Columbia some also talked about the need to optimize administrative systems or technology use to better support the health care system (e.g. the sharing of patient health histories and records across the different health care professional involved in managing a patient's care). Many of these participants talked about the inadequacy of the current system and its deleterious effect on the overall quality of care offered to an individual and, just as importantly, on the ability of the individual to manage his or her own health and wellness across their different health and wellness initiatives and providers.
- Many felt they do not have enough access to the kinds of treatments and services that would assist with prevention, like annual check up, tests, diagnostics, screenings, etc.

### 2. Lifestyle

As mentioned above, most saw a healthy lifestyle as a fundamental part of wellness and pointed to a wide range of lifestyle behaviours and conditions that are necessary as part of healthy living. Participants identified poor diets combined with relatively sedentary lifestyles as a key health and wellness priority. Cigarette smoking was obviously viewed as a major detriment to health and a priority issue. However,





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perhaps because it has been and continues to be the focus of significant social marketing campaigns and legislation restricting the sale and advertising of tobacco products, most tended to focus on diet, exercise, and stress management as the top lifestyle priorities.

**Diet and exercise:** Most groups vigorously stressed the importance of diet and exercise. Part of this seemed to be a top-of-mind concern with obesity (especially childhood obesity), which is an issue that is very much on the public radar given the number of media reports and the growing focus on overweight and obesity among the population at large. But most agree that eating well and staying fit continue to be major challenges for Canadians, and that the problem is linked not just to obesity, but to the range of other conditions that are of major concern, like cancer, heart and stroke, diabetes, and arthritis. Many firmly believe that better diet and exercise are at the core of addressing the diseases and conditions that are of greatest priority and taking strain off the healthcare system.

*“We know that so many of these health issues can be improved through diet and exercise”*

In addition, some participants alluded to specific segments of society that engage in risky behaviours (i.e. substance abuse, unsafe sex) and the impact that addictions and/or disease resulting from these behaviours have on overall health and costs to the health care system. Within the context of discussions about issues pertaining to lifestyle, many participants raised education as a priority and a means of addressing social phenomena that affect societal health.

### 3. Diseases, Illness and Health Conditions

Cancer, diabetes, obesity, arthritis, heart and stroke, and addictions were all cited with considerable frequency across the groups. In selecting top priorities, however, participants often pointed to obesity, and especially childhood obesity, as a serious problem that requires urgent attention.

The issue of stress also emerged as a top health concern. It was raised, top-of-mind, on a number of occasions during general, unprompted discussion of key health and wellness priorities. It is clear that many participants are dealing with a variety of stressors in their lives, including time pressure, jobs, care of parents and children, financial stress, as well as the stress of staying on top of issues or remaining current.

*“I had stress as a big one, I think it is huge and it is getting worse every day. I think it is more common now, and more acceptable to say you are taking a leave of absence now.”*

Given the prevalence of comments related to stress, the issue is singled out on its own and discussed further, below.



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### 4. The Environment

Issues such as air quality and water pollution, toxins, and chemicals in the environment were offered as specific priority issues negatively impacting health. Environmental issues affecting health were more frequently raised in groups in Victoria and in Quebec, but a scattering of comments on the environment were also picked up in many other groups.

### 5. Priority Segments

There was clearly considerable concern among most participants about the health and wellness of children, seniors, and the economically disadvantaged. These were definitely viewed as priority groups. In some locations (i.e. Winnipeg), other segments such as those with HIV/Aids were also identified as a priority target group.

**Children:** In many groups children's health issues generated the strongest emotional discussion. Many feel that children are at risk from obesity, mental health issues, and diseases like diabetes as a result of unhealthy modern lifestyles that involve poor diet, lack of exercise, lack of supervision, social alienation, and stress. Most do not feel that adequate attention is being paid to children's health. While most say that parents are ultimately responsible for their children, there was widespread agreement that government and schools must do more to ensure that children are being educated about health and getting access to healthy food and opportunities to participate in sports and exercise.

*"I think the government could do a lot more."*

*"It drives me crazy when I see them closing local pools. That's like adding fuel to the fire."*

*"It has to be more than just the children and the parents, it has to be a partnership with the education system."*

**Seniors:** Most are concerned about the impact of an aging population on the health and social welfare system and see a strong need to implement policies that will keep seniors healthy and independent.

*"We need to be healthier as we approach our golden years, because we are seriously strapped as far as medical resources are concerned, so while it is important to have our children adopt a healthy lifestyle, I think it is important for us who are getting a little older as well."*

Seniors and those with parents were very much concerned about their own quality of life in having to deal with aging, either directly or as a caregiver. Most agree that keeping seniors healthy is a pressing priority, but many are also concerned with the quality and availability of elder care for those who inevitably will need it. Many underscored the need to put more resources in place to ensure that there is institutional support and care for individuals and families dealing with this stage of life.



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*“We also have an issue with seniors and trying to get seniors into complexes. They are too costly and therefore the caregivers, which is usually the spouse or the children of the elderly, they breakdown if they are working and taking care of their parents.”*

**The poor:** Across a number of groups, especially in Winnipeg and, to a lesser extent, in Trois-Rivières, participants focused on addressing issues of poverty, homelessness and financial insecurity as a means of raising the overall level of healthiness of Canadians. Participants in these groups made a direct link between financial well-being and the ability to eat well and make other healthy decisions (i.e. join sports clubs, fitness clubs, etc.). Many also talked about the challenges faced by children from low income families, in particular.

*“So much of this has to do with finances. If you have enough money, then the drugs for elderly people are available, or you can join a gym, or get your kid into a sport if they are overweight, or you can buy organic food. It all comes down to what you can afford.”*

### 6. Stress

Although not at the top of the priority rankings, the issue of stress was often mentioned by at least one or two individuals in each of the groups. While stress could be considered as a health and wellness issue in its own right, it was clear from comments made that it also contributes an additional dimension of complexity or challenge to many of the above-noted health and wellness issues. It is clear from the discussion that stress has the effect not only of intensifying the level of emotion and concern around other health issues, but can also exacerbate existing health conditions.

Many talked about stress management and stress reduction as an important health and wellness priority, from the perspective of mental, emotional, and physical health. In keeping with a view of wellness that encompasses body/mind/spirit, responses suggest that the psychological component of health, and things like stress reduction, inner balance, peace of mind and work/life balance, are increasingly being viewed as priorities.

*“You need balance, and a way to deal with stress if you want to stay well.”*

Viewed by participants as a modern challenge for the health system and health professionals, participants alluded to several sources of stress principally driven by demographic change and technological advances. Demographic and financial pressures also appear to be “squeezing” some families on both sides – by children who are returning home and/or living at home well into their 20’s and elderly parents whose health is declining and/or who may need greater attention and assistance. Notably, the issue of eldercare was raised on a number of occasions, and while clearly not the most pressing of all of the health and wellness issues discussed, it is sufficiently worrisome to some participants. As such, this issue may be deserving of further investigation with respect to understanding the specific pressures many are facing in caring for aging parents or relatives and appropriate public policy responses.



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### D. Information on Health and Wellness

#### 1. Sources of Information on Health and Wellness

In the view of participants, a tremendous amount of information is now available to the general public about health and wellness. The Internet is often the first source to which participants go in order to better inform themselves. Notably, participants generally tend to “Google” or utilize other internet search engines on the basis of key words to explore various facets of a health issue in which they are interested. Although participants place a high level of trust in medical professionals, it is clear from the anecdotes and stories shared in the discussions below that participants feel they will be best served by the medical system if they can act as their own advocates. Participants spoke of the empowering effect of access to more health information and the consequent ability to take greater control over their own health outcomes.

Many participants felt that the amount of information in this area was increasing. In fact, some thought that it is virtually impossible to avoid seeing this type of information:

*“It is on so frequently, that you cannot avoid it.”*

*“Every time I pick up a men’s magazine, I see something about this.”*

*“We are being bombarded with information.”*

The primary sources for health and wellness information cited most frequently (not in any particular order) by participants across the groups were:

- Internet
- Media
- Family and friends
- Magazines
- Health professional (doctors, nurses, dietitians et al)

Other sources were cited, but less frequently:

- Fitness center/spas (unaided)
- Retail outlets, such as health food, grocery and drug stores (unaided)
- Governments (typically on an aided basis)
- Books (aided)
- Alternative practitioners



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Virtually no one looked to newsletters as a source for information about health and wellness.

### 2. Attentiveness to Health and Wellness Information: Motivators and Barriers

Participants also talked about the factors that motivate or detract from their paying attention to information about health. Interest in health and wellness information is often motivated by:

- Stories in the news media: *“If it is on the news, we pay attention to it.”*
- Involvement in exercise: *“I pay more attention now because I have to started to work out more.”*
- A death or illness among family and friends: *“When you see someone die from preventable disease, then you think maybe I should doing something different.”*
- Individual’s health situation: *“When it is affecting your own health or the clothes don’t fit any more.”*
- Aging: *“I’m getting older and more aware of the consequences of not looking after myself.”*
- Influence of young people: *“I think that we learn a lot from younger generation that is more into it than we are.”*
- Interest in improved dietary habits and/or the “food phenomenon”: *“If you are interested in feeding your family, you will look for articles comparing food and healthy ways of preparing food.”*

Participants also talked about the barriers to paying attention to health and wellness information. The principal barrier, cited in virtually every group by several participants, is the often contradictory and conflicting nature of reports on health and wellness.

*“There are so many different studies and different conclusions. I am totally confused about what to do. Often, I think that we are back to where we started.”*

Another barrier relates to the volume of information that is published: *“We are overblown with information and sometimes you can’t listen to everything other wise you would be worried all the time.”*

Some noted that they do not pay attention to health and wellness information because the lifestyle and behaviour changes that are required of them seem too significant or inconvenient.

A few participants identified the alarmist tone of some articles as a deterrent. Too often, reports are presented in a “scare” manner: *“too many articles are written to scare us and people just want to avoid and not deal with it.”*



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### 3. Credibility of Sources/Spokespeople

Perceptions about the credibility of different sources of information were also explored in the focus groups.

It is clear that information associated with recognized scientific institutions or publications enjoys widespread credibility and trust.

*“Because they really do a lot of research and they do not seem to have a bias other than the public interest.”*

*“I try to track things back to medical journals because they tended to have done their homework.”*

Not surprisingly, and consistent with previous research, participants view healthcare professionals (particularly medical doctors and nurses) as garnering high levels of credibility and trust: *“we first trust in the medical associations and government-recognized doctors.”* The sense of trust and credibility is rooted in the belief that these people are in the health business and are “the experts.” At the same time, there was a sense among many participants that the current generation of medical professionals may be too attached to or vested in the status quo medical system (e.g. treatment via surgeries and drug regimes rather than prevention).

While some strongly denied that health celebrities are credible, many participants recognized that these types of media celebrities have a tremendous influence on people (*“They have a big influence on people.”*). The source of their levels of credibility stems from their credentials (*“I believe in what he has to say because he is a top doctor.”*) and how they talk about health issues:

*“They talk about what we need to do in our personal lives and I have experienced some of things they talk about.”*

*“Most people don’t have the motivation to the research themselves. So, they are looking for ways to believe in someone else and celebrities are quite believable.”*

Perceptions toward alternative practitioners were more mixed and tended to be a function of personal experience. Many participants were not sure whether alternative practitioners do or should have equivalent credibility to medical professionals. Others noted that these professionals are not legally responsible for the advice they offer to people. As such, they do not share the same level of trust and credibility that traditional health professionals do.

Perceived credibility of such professionals was often linked to personal experience such that if a participant had a positive interaction with these types of professionals, they tended to view them as credible. Overall,



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there was general acceptance that alternative practitioners were more prevalent today and generally enjoyed higher levels of acceptance as legitimate health care professionals.

The media as an information source was significantly more contentious. Most participants recognized that the media enjoy tremendous influence and credibility.

*“Of course, we believe the media.”*

*“The media is big and powerful.”*

News stories are viewed by participants to be most influential when they include a reference to a university or scientific institution.

However, some participants expressed some skepticism about what they see, hear, or read in the media: “you need to look at the source of the information” was a common feeling. With regards to the power of the corporate interests that own and control the media organizations, some participants felt: “there is little media that I trust.”

Participants were more mixed about the degree of trust and confidence in government sources, although for the most part, participants saw government information as having a great deal of credibility. There was a sense that the government is more likely to be independent and objective about the information that it provides. Others participants believed that government information could be driven by political agenda or views of the government.

### E. Personal Health & Wellness Stories/Issues

Participants shared a wide variety of personal health and wellness stories and issues. Some focused on experiences with a health crisis and/or disease – one which they have experienced themselves or have dealt with through their spouse or their parents. Where participants had this kind of story to tell, the focus was often on the frustrations they experienced with the healthcare system in trying to obtain a clear diagnosis and receive treatment in a timely fashion:

*“My mom was having medical problems and no one had time to see her, so they bounced her around from person to person to person and eventually 8 months later they diagnosed cancer. She had gone through the system for almost a year and no one gave her the proper time, asked the right things, or did the proper tests. By the time they figured out the problem, it was too late.”*

Some focused on getting a “wake up call” (a health scare, a warning, a friend or family member who got sick), or talked about specific health concerns that led them to take actions to improve their lifestyle:



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*“Since my husband recovered from his heart attack he has been working in the garden and is on the road to wellness now.”*

*“My wife had breast cancer about 7 to 8 years ago. Because of the way she behaves now, how she eats and has changed her lifestyle, she is doing well and is cancer free. She has improved the health of both of us. I pay much more attention to what I am eating now.”*

*“My grandfather is overweight and has a lot of heart problems and I think it runs in the family, so it gives me motivation to stay fit and active.”*

Overall, most talked about the healthy lifestyle choices they make, or are trying to make, as a way to promote health and wellness for themselves and their families. Participants cited a number of ways that they are trying to lead more healthy lives, and most focussed on a combination of healthy eating with exercise, in particular, but also time with family, and time out for personal enjoyment and relaxation. Participants talked about the positive things they are doing, and they also talked about the challenges.

### 1. Diet and nutrition

Most talked about diet and the efforts they are making in this area to improve their health:

- Most talked about efforts to eat more fruits and vegetables, less red meat, more fish, skinless chicken, etc. in selecting a well-rounded meal.
- Many talked about avoiding prepared and processed foods, and making more of an effort to cook at home using fresh ingredients: (“In my household we are very conscious now about preservatives, we don’t eat a lot of pre-packaged food.”)
- Many talked about healthy snacks and avoiding or simply not buying junk food for themselves, their children, and their household.
- Many indicated that they have learned to pay much more attention to labels when selecting pre-packaged or processed foods, so that they are choosing healthy ingredients and avoiding/reducing things like sugar, fat and sodium. (“We are concerned about what the ingredients are, what the sodium is. And eating multi-grain instead of white stuff”.)
- Some indicated that they are buying produce at local markets or choosing organic options.
- A few mentioned:
  - Vegetarian diet
  - Taking supplements and vitamins
  - Drinking more water





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Overall, most participants were well-attuned to the importance of diet, and there was a general understanding within all the groups about what it means to eat well. Many said they were doing so, either because eating well was a long time habit and priority, or because recent health concerns or exposure to healthy eating messages had convinced them to make more of an effort in this regard. Still, many indicated that there are a number of barriers for them when it comes to eating well, including time pressures and the challenges of shopping and cooking, or price concerns when it comes to choosing healthier options (fruits, vegetables, fish, lean meat) in place of processed or prepared foods.

*"I travel a lot for work, 3 weeks at a time, eating at a hotel, and that's the reason I am overweight."*

*"I want to do the big shopping, buy fresh foods and plan my meals, but the reality is that I grab something at night on the way home, or have something that I can just pull out of the freezer."*

### 2. Exercise

As with diet, most indicated that they are making efforts to include physical activities into their lifestyles.

- Many indicated that they are trying to incorporate physical activity into their day to day lives, by walking or cycling instead of driving, or by taking the stairs instead of the elevator. (*"I use the stairs instead of the elevator to go to our apartment that is on the sixth floor every day at least twice. And that's good exercise for me."*)
- Walking and gardening were both popular activities, especially among older participants. Many also said they cycle.
- A number of participants indicated that they have a schedule of going to the gym a certain amount every week, or have scheduled classes like, yoga, or martial arts.
- Others talked about efforts to get out with some regularity on weekends or evenings to engage in a sport or activity, like tennis, hiking, kayaking, camping, skiing, or skating.
- A few talked about taking vacations that incorporate physical activity. (*"I go camping with the kids"*)

It was clear that, for most, physical activity and exercise is viewed as key to staying physically fit and healthy, but also as a way to stay mentally healthy. Many emphasized the importance of physical activity as a way to relax:

*"We embrace what our geography has to offer, by kayaking and hiking when we can. It helps to deal stress by getting away and being together on the weekends... we just leave it all behind."*

It was also clear that, despite the fact that everyone felt that physical fitness is important, and most said they were making efforts on this front, many struggle to be physically active, either because they find it a



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challenge, don't have the time, haven't developed the habits, or simply don't make it a priority in their life, despite the fact that they know they should:

*"I am just trying to survive. We try to take time and take the dog for a walk or invent things to be physically active. But I have two jobs, so it is very hard."*

*"Add two kids to the mix. Gym? Have a good laugh. I have a lifetime gym membership, the last time I say the gym was maybe 4 years ago."*

*"I would like someone to add 6-8 hours to the day [realistically] I would like to be able to do the gardening, to have the time to take a walk."*

### 3. Family and relaxation

Participants talked a lot about family time and relaxation as an important part of a healthy lifestyle and one of their main priorities. In a number of cases, when participants were talking about diet and exercise, they would emphasize the importance of having meals and being active "together as a family" or as a "good way to unwind and relax".

*"We wanted to incorporate quality family time with something physical, in the summer time something like badminton or volley ball or something like that and in the winter skating or cross country skiing. As my kids grow older I see less of them, so this is a good way to bring the family together."*

Many said that they are making efforts to spend more time with family and/or relaxing and felt that this is an extremely important way to address their concerns with stress:

*"You need to find time to do the things you love. I'm a single mom with 3 kids, so I need to find balance."*

Many talked about the importance of taking time off for vacation, either with family or on their own. Others talked about incorporating relaxation more into everyday life, of "finding time for myself" or "spending more time with my kids".

When it came to relaxation, a number of participants said that they are engaged in things like meditation, yoga, and massage therapies as a way to relax and unwind.



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### F. Top Priorities: Tested Themes and Issues

Among the five issues and themes tested with the groups, the three priorities that rose to the top (considering the findings across all groups) were:

- Promoting healthy Canadians
- Environment
- Children's health

Participants showed the greatest level of emotional engagement with these three issues, and attributed a high level of urgency to each. By contrast, health and safety and infectious disease control were seen to be imperative for general population health, but most felt that these issues are currently being well-managed and do not pose an immediate or urgent threat to individual or public health.

In establishing priorities, participants took into account the following criteria:

- Ability to produce results in the shorter versus longer-term;
- Number of people affected by the issue;
- Relevance to them personally;
- Urgency with respect to dealing with the issue;
- Cost; and,
- Preventative impact (i.e. degree to which addressing the issue would relieve stress/pressure on institutional care/treatment).

The table on the following page summarizes the key elements of the discussions on each of the five themes or topics and provides a framework for assessing and better understanding the selection or relative positioning of the priorities. The key elements include:

- The extent to which the item appeared, unprompted, as a top of mind issue on the list of health and wellness priorities;
- The prevalence of the issue among the top three priorities in the final analysis (i.e. at the wrap-up of focus group discussions);
- The degree of emotional engagement on the topic. It was clear that some topics generated a high level of emotion and engagement from participants. To some extent, this was based on the degree to which



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participants were familiar with the issue being discussed. Principally, however, emotional engagement seemed to be a function of personal relevance and/or the degree to which an issue was seen to affect them (or potentially affect them) personally. Where participants did not feel this kind of connection with an issue, it was less likely to engage the broader group in a lively and intense discussion;

- Basic awareness and understanding of the issue. Understandably, participants tended to feel more comfortable discussing issues that related to the environment and lifestyle, as they are seen to have an obvious impact on health, while they were somewhat less at ease with issues that have a more technical dimension. For example, when the discussion turned to the topic of infectious diseases, the scientific and technical overlay, which is particularly unique to this topic, was clearly a complicating feature of the discussion;
- Sense of urgency of an issue and/or ability to effectively address the issue. Participants' comments with respect to health and wellness priorities, and especially in discussion of the criteria they employed to evaluate the full range of priority issues, suggest that the perceived degree of urgency linked to addressing the issue is a factor in their final assessment.
- Extent to which individuals themselves believe the issue is within their span of control and responsibility. It is clear that participants' evaluation of the issues was very much influenced, although not exclusively so, by the degree to which they felt they were empowered to address the issue. This is linked to their sense of connectedness with the issue and its personal relevance. Participants often spoke of their own responsibility to better manage their families' food consumption and exercise regimes, while recognizing the challenges involved. It is clear that participants believe they have some ownership of these issues in addition to a strong interest, both personally and at a societal level. By contrast, they were more likely to suggest that the onus was on government or business to address issues with respect to the environment, food safety and infectious diseases and any related health impacts. As such, the notion of who is viewed as having responsibility to deal with the issue is a key feature of the discussion and influences the final assessment of priorities.

**Table 1: Summary of Findings – Across All Groups**

Theme	Top of Mind	Top 3 Priority	Level of Emotional Engagement	Awareness & Understanding of Issues	Urgency	Who is Responsible?
Healthy Canadians	High (Exercise & Diet)	Yes	High	High	High	Individuals
Environment	Medium (Chemicals in Foods, Pesticides)	Yes	High	Low	High (but probably can't have any impact over the short term)	Government & Business
Children's Health	High (Obesity, Exercise)	Yes	High	High	High	Individuals & Government (via school PE programs)



Theme	Top of Mind	Top 3 Priority	Level of Emotional Engagement	Awareness & Understanding of Issues	Urgency	Who is Responsible?
Health & Safety/Food Safety	Medium (Chemicals in Foods)	No	Moderate	Moderate	Low	Government & Food Manufacturers
Infectious Disease Control	Low	No	Low	Low	Low	Government

## G. In-Depth Analysis of Priorities

### 1. Promoting Healthy Canadians

This theme stimulated intense discussion and clearly resonates with many participants as they are increasingly aware of the poor state of Canadians' health with respect to activity levels and diet.

*"There are not many healthy Canadians right now. There are probably more unhealthy than healthy ones, I bet."*

Most also feel that promoting the health of Canadians is an effective way to deal with and prevent many of the problems that are afflicting Canadians and straining the health care system:

*"This is about helping to solve the problems we are facing now."*

*"So many of the concerns that we've been talking about can be addressed this way."*

At the same time, the idea of promoting health with the public is seen to be fraught with challenges. For one reason, there is less clarity among participants on how to address this issue in any significant way. Participants commented on the wide array of information that is already available (much of it contradictory), and most also felt that the importance of diet, exercise and other healthy lifestyle choices is already widely communicated. At the same time, there is a general belief that, both individually and on a societal level, Canadians need to eat better and be more active. The challenge is that, while participants intuitively know this and are taking some early steps, mostly with respect to making healthy food choices, they continue to perceive many barriers preventing them from making significant progress (i.e. time pressures, environmental issues).

Many were ambivalent about the government initiatives tested in the groups (like closing tax loopholes on cigarettes, or taxing healthy foods less) because few felt that these kinds of initiatives can effectively modify individual behaviours:



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*“I do not believe that taxing pop is going to make it any less accessible. I started smoking when cigarettes were 50 cents a pack, when I quit they were almost \$7, but no matter how high the price went I never stopped. You can tax stuff all you want but it does not work.”*

Still, few opposed these kinds of initiatives and many pointed to the results that have been achieved through anti-smoking campaigns. Most endorsed the idea of a modernized diabetes strategy.

In the final analysis, many participants view the issues encompassed within this theme (exercise, diet, obesity, smoking) as within an individual’s control. While many felt that there is likely a role for government and institutions to play in promoting healthy Canadians, there was some debate with respect to the extent that the “state” should spend significant amounts of money educating people, especially adults, on healthier living strategies, because they are uncertain about the effectiveness of such national educational initiatives and the overall return on investment. Notably, those opposed to awareness-raising and educational initiatives generally took a more “individualistic” versus “collective” stance on many of the issues discussed. The exception was in Quebec where participants were more inclined to believe that the responsibility for improving the overall health of the public rests as much with government as it does with the individual.

They do, however, see a number of institutional opportunities for government (and for other institutional players, like employers, schools and the healthcare system) to directly support the priorities of a healthy Canadians strategy:

- Supporting work/life balance and physical fitness through employment policies and programs.
- Providing sports and fitness programs for children in the schools, as well as healthy lunches, breakfast programs, etc.
- Supporting community-based sports and physical activity programs, community centres, sports fields, tennis courts, swimming pools, etc.
- Providing tax incentives for gym membership or quitting-smoking programs.
- Providing greater access to regular physicals, more time with doctors, better access to diagnostics, screenings, etc.
- Food labelling that supports informed and healthy food choice.

### **2. Health and The Environment**

This issue is top of mind for many participants (virtually all groups identified the environment and health implications among their top 3 priorities).



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A healthy environment is viewed as fundamental to health (“*It’s the air that we breathe and the water that we drink*”). Most people concurred there is almost nothing that has a more direct impact on health.

*“You cannot go out, doing exercise, being healthy if the environment is polluted, if you can’t breathe.”*

*“It has an impact on all the other health issues.”*

*“From a health perspective, it’s our most important long term investment. It affects everyone”*

Many people link disease (cancer) and health conditions (asthma, allergies) to environmental causes. Many in cities commented on air pollution, in particular, as not just a serious threat to health, but a counteraction or barrier to people trying to improve their health by undertaking physical activity:

*“People who are biking and walking across the city are hyperventilating and breathing in exhaust fumes and are thinking to themselves that they are getting healthier”*

*“You want your kids to spend time being active outdoors, but in the summer, the pollution can really make that hard if your kids have asthma.”*

At the same time, the environment is a difficult issue to address with respect to affecting any significant positive impact on population/personal health within the short to medium term.

Many people don’t know how best to tackle the issue but believe the scope of activities will need to be fairly significant (i.e. public transit strategy to reduce the number of cars on the road, thereby reducing greenhouse gas emissions and other pollutants). Few suggest any activities other than recycling or purchasing energy efficient appliances and hybrid vehicles (which are seen as costly) that they could undertake personally to effect a change:

*“It seems to be a problem you cannot put your finger on and stop right away, and it is escalating so we have to say it is in a category that is high priority.”*

*“I think it is less controlled by us, we have a little control over how much garbage we produce, but we have less control over what is happening, so we kind of live with it.”*

*“As long as industry controls everything you can’t get rid of it because you keep fighting something they keep increasing.”*

The disconnect between the perceived seriousness of this issue and the degree to which participants themselves believe they can personally do anything to resolve the issue is a significant stumbling block to



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engaging individuals to take action. Responses suggest, however, that many of these participants would be interested in learning more about what they *can* do to take action, either to reduce their own environmental impact or their exposure to environmental toxins and hazards.

When it comes to the perceived role of government, there is some recognition that more information to the public is appropriate. Beyond this, however, most primarily look to government to put in place the environmental policies and programs necessary for safeguarding and improving the health of Canadians as they relate to things like public transportation, industrial emissions, pollution controls, toxins, chemicals, etc.

### 3. Children's Health

This is the issue that appears to have the most traction. Child obesity, sedentary lifestyles, poor diet, etc. are raised both on an unprompted basis as well as in the final assessment of top priorities. Most think that the health of children is seriously at risk:

*"I was talking to a bus driver recently and he was saying that the older folks can run faster than the kids to catch the bus, and it should be the other way around."*

*"You hear about young kids getting diabetes or dying of heart attacks."*

In fact, few would say that there is any more important issue than ensuring the health of Canadian children (*"they are our future"*).

This theme holds strong appeal among participants and presents an opportunity to engage Canadians for the following reasons:

- Extent to which the item/issue is viewed as a priority, both prompted and unprompted;
- Intensity of emotion in discussing the topic;
- Relative degree of understanding and awareness of the issue, linked to personal relevance (i.e. degree to which participants can easily relate to the issue).

Emotion around the issue is also clearly being driven by a perception that society as a whole, (including parents, teachers, schools and government) is not doing enough to promote and protect the health of children.

Participants expressed a strong desire for action at the school and community level. Most feel that schools, in particular, are not doing enough and are in fact sending the wrong message to children through their own policies concerning diet and exercise:.





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*“They’re serving junk food in the schools”*

*“They are cutting back on physical education “*

Participants identified a number of initiatives that they would like to see as a way to improve the health of children:

- More physical education, sports, fitness and athletic programs in schools;
- More sports and recreation programs and facilities in communities (community centres, local pools, parks, etc);
- Access to high-quality, health-oriented day care programs (*“A lot of parents put their children in daycare so wherever these kids are between the ages 2 to 5 we have to look at what they are being taught and what they are eating.”*);
- Healthy food in school cafeterias; no junk food in schools;
- Programs for low income children – breakfast/lunch programs; subsidized sports and athletic opportunities.

The notion of a “children’s health advocate” or establishing a position with a mandate to focus on children’s health issues was generally well received. While there was some discussion about the structure of such a position and concerns about accountability, most would favour establishing such a position, particularly if it was mandated to develop action plans rather than simply review and debate the issues.

Overall, this is an area where most support government initiatives and where government is given the most latitude to act and implement a wide range of initiatives, including social marketing. While there was some sensitivity to the idea of social marketing of healthy lifestyles to adults, with respect to their own health, most support broad public education and awareness-raising, aimed at both children and parents, when it comes to children’s’ health.

*“At the beginning of school term the government should provide something like the Canada Food Guide, but maybe in a more practical sense. For example, make up a lunch box example for the parents.”*

*“We have to educate the adults, if you want to have success with the kids.”*

#### **4. Health & Safety/Food Safety**

Some concerns about food safety (organic foods, food ingredients, pesticides/insecticides) were raised, unprompted, among the list of key health and wellness priorities. However, the issue was generally cited by



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a maximum of one or two participants in each group. There was no strong consensus that this was a particular area of concern

When explicitly asked about the issue of health and safety as a priority, many participants focused on drug use, seat belt use and drunk driving as key “safety” concerns.

Few immediately made the connection between the notion of safety in a health context and the specific issue of food safety or food borne diseases resulting from inadequate food preparation and handling techniques. Most felt there is currently sufficient information in the public domain to guide individuals on appropriate food preparation techniques. They felt there was no pressing need for a large-scale public education effort aimed at advising Canadians on how to store food, or the appropriate temperatures at which to cook food, although they were not adamantly opposed to this idea.

It is clear however that there is a latent and possibly growing concern with respect to safety as it related to imported goods, particularly from China. Participants had a number of concerns about imported foods and food ingredients, in particular, and questions about how Canadian regulations and standards are being applied. Media attention will also likely reinforce and raise any existing concerns.

*“In the last year, all those ingredients that came from China...it is becoming a really big issue... we need someone to be careful about what comes in.”*

*“We need to make sure that everything we are importing, all the ingredients, should follow Canadian standards.”*

Participants were generally supportive of efforts to clearly label ingredients as a means of helping Canadians make healthier food choices, especially when it comes to food allergies.

At the same time, they express a high level of confidence in the Canadian food supply and inspection system. Thus, highlighting food safety as a key plank of a national health and wellness strategy, runs the risk of raising alarm bells and focusing public attention on an issue that the public believes is very much under control.

### 5. Infectious Diseases

Infectious disease control, while widely acknowledged as a potentially serious issue (and would certainly vault significantly and rapidly in importance if/when an outbreak occurs), is ranked lower as a priority among the series of issues discussed for a number of reasons. For many, the issue appears to be something that is largely under control and not an imminent threat.



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*"I think also we as Canadians feel safer here. Generally, as Canadians we feel safer than perhaps third world countries and so we do not feel the impact today."*

*"When it came, SARS was huge, it was major and everybody was worried about it, and it was a priority but we are not in that environment today."*

*"We absolutely need strategies to prevent these kinds of diseases from happening, but I think we have all these things and they work quite well."*

Most have a sense that the public health agencies and health officials are doing a good job of monitoring and containing possible outbreaks and are adequately prepared to effectively deal with an outbreak, if one happens.

*"I think in this point we are satisfied with the government, therefore it's a low priority"*

*"It is being managed. We have all these agencies and government bodies to deal with the issues."*

Few also showed little immediate concern and minimal sense that any outbreak would be national in scope (SARS, West Nile, CJD all viewed as serious, but limited in their impact).

Some were very concerned with AIDS and HIV, especially parents with respect to their older children, but this didn't generate much group discussion.

Few were concerned about hospital infections:

*"It's not a big issue to get infected in a hospital, is it?"*

*"I would hope that the people who work in the healthcare sector know about the importance of being clean and washing your hand and that they are doing it."*

There was more top-of-mind awareness and concern about this issue in Victoria

*"The statistics are really scary. People are going into hospital and getting sicker, they are dying from things that they didn't have when they walked through the door."*

On further discussion, many participants expressed underlying and clear concern about the cleanliness of hospitals and the fact that Canadian hospitals are seen as host environments or incubators for virulent and anti-biotic resistant "superbug" infections such as C. difficile and MRSA. A number of participants also felt that Canadians are increasingly at risk of the spread of infectious disease, and the arrival of new diseases, because of the extent of immigration and foreign travel to Canada.



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When asked, many felt that the government could or should do more to educate the public about infectious diseases, but at the same time, there was not a strong demand to launch a national effort to address hospital infections or other infectious diseases. There was very little depth of understanding or knowledge of this issue. In particular, participants were not seized by the number of fatalities in hospitals due to “superbug” infections or the preventability of such fatalities (indeed, these points were not raised unprompted over the course of the conversation on this topic), although the exception was Victoria where a number of participants related personal stories. In fact, those who had a personal experience of this nature tended to be the strongest supporters for greater public education:

*“Yes, we need to educate. Do you know how painful it is when you have a niece who took a vacation and got TB?”*

### **6. Early Warning: Other Emerging Issues**

In addition to examining the five specific themes as noted above, the relatively unstructured nature of the early part of the focus group discussion permitted a number of other issues to surface on an unprompted basis. These issues been briefly referred to in the above key analysis and are addressed more thoroughly below.

#### ***A Stressed-out Nation***

Although not necessarily identified as a top-ranked “health and wellness” priority among all groups, it was striking how frequently the issue of stress was raised in the discussions, most often in conjunction with discussions about elder care or parental care but also in the context of youth and mental health. The issue of dealing with or managing stress was a relatively common thread running through many of the discussions. In fact, in discussions about how participants defined the term “wellness,” participants generally agreed that a key dimension of wellness was freedom from stress and presenting a positive attitude.

It is clear that many participants are facing stress on a daily basis. The key stressors are typically those that stem from the pressures of daily living in an urban environment: managing family relationships, financial pressures and work/life balance (in particular, commuting times, long working days and a general sense that there was little downtime or personal time within a 24-hour period). At the same time, a number of participants suggested that the inadequacies of the health care system (i.e. limited access to medical professionals and treatments) were also contributing to increasing levels of stress. Some participants shared their stories of managing elderly parents whose health is failing, along with maintaining busy careers and resuming a parenting role for children who are remaining at home well into their late 20’s. Comments suggest that some participants feel inadequately prepared to deal with a variety of situations, including a shift in household composition and/or the circle of care.



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In discussions, stress was positioned as a relatively recent “health” challenge or one that has been building over the last decade or more. Many felt that the pace and pressures of modern-day living are adversely affecting their emotional and physical health and that there are consequences for the health care system with respect to the provision of coping strategies and care for those who exhibit severe reactions in the face of stress resulting in mental illness or breakdowns. A number of participants specifically noted increasing levels of stress among children and youth as a particular issue that should be addressed.

### ***The “Squeezed Generation”: The Pressures of Caring for Aging Parents***

Related to a certain extent to the above-noted issue, a number of participants raised the issue of managing elderly parents while also holding down full-time jobs and assuming responsibilities associated with adult children who have not yet left home or who have returned home. Participants in Victoria were most vocal about this issue, but it was also brought forward by a small number of participants in other groups.

Based on the comments of participants, it is noteworthy that the issue of elder care or parental care appears to be surfacing as a potential source of stress with adverse or potentially negative consequences for the wellness of individuals and families. Participants mentioned their concerns about finding care for their parents, both with respect to assisted nursing or chronic care facilities as well as health professionals. They shared numerous stories about the difficulties in maintaining busy careers while arranging care for aging parents, and the tremendous emotional and physical drain that results.

Demographic trends (i.e. an aging population) combined with advances in health technologies that are extending the life span of the average Canadian will likely result in this issue becoming more prominent and more of a concern in the coming years. Although the discussion did not permit in-depth analysis of options for dealing with this issue, it does suggest that the timing may be appropriate now to consider various policy options and responses, including extending leave to cover care for aging parents. At the very least, it may be timely to engage the public and experts in a dialogue on this issue.

### ***Improved Information Technology: A Boon to Quality Health Care***

A number of participants in groups in both Surrey and Victoria, British Columbia raised questions and concerns about the need to more effectively integrate the application of information technologies with the health care sector. Again, it should be underscored that more effective use of technologies was not seen to be a high priority for participants. However, there was a strong level of interest, once raised, in discussing the types of improvements that could be made to patient care with more widespread and more effective application of information technology. Many felt that the quality of health care could be directly and positively impacted by systematizing the sharing of health records and patient health histories between physicians. A number of participants related stories that underscored the extent to which the current system



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appears inadequate. In some cases, participants noted that treatments were delayed and costs to the health care system were likely excessive as their physicians requested tests that had already been conducted by others. It was generally felt that diagnosis, treatments and patient outcomes could likely be improved with a more effective deployment of information and communications technologies within the health care sector.



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## **V. Appendix A – Priorities by Location and Segment**



## Priorities by Location and Segment

### A. Top 3 Priorities by Location and by Segment

Location	Top 3 Priorities
Yarmouth	<p><b>Group 1 (owners)</b></p> <ol style="list-style-type: none"> <li>1. Promoting healthy Canadians</li> <li>2. Tie between children's health, health and safety, environment</li> </ol> <p><b>Group 2 (renters)</b></p> <ol style="list-style-type: none"> <li>1. Children's health</li> <li>2. Health and safety</li> <li>3. Promoting healthy Canadians</li> </ol>
Montreal	<p><b>Group 1 (renters)</b></p> <ol style="list-style-type: none"> <li>1. Promoting healthy Canadians</li> <li>2. Environment</li> <li>3. Unclear</li> </ol> <p><b>Group 2 (over 55 years)</b></p> <ol style="list-style-type: none"> <li>1. Environment</li> <li>2. Children's health</li> <li>3. Promoting healthy Canadians</li> </ol>
Trois Rivieres	<p><b>Group 1 (over 55 years)</b></p> <ol style="list-style-type: none"> <li>1. Promoting healthy Canadians</li> <li>2. Environment</li> <li>3. Health and safety/security</li> </ol> <p><b>Group 2 (owners)</b></p> <ol style="list-style-type: none"> <li>1. Children's health</li> <li>2. Environment</li> <li>3. Promoting healthy Canadians</li> </ol>
Scarborough	<p><b>Group 1 (owners)</b></p> <ol style="list-style-type: none"> <li>1. Promoting healthy Canadians</li> <li>2. Health and safety</li> <li>3. Environment</li> </ol> <p><b>Group 2 (renters)</b></p> <ol style="list-style-type: none"> <li>1. Environment</li> <li>2. Promoting healthy Canadians</li> <li>3. Children's health</li> </ol>
Waterloo	<p><b>Group 1 (over 55 years)</b></p> <ol style="list-style-type: none"> <li>1. Children's health</li> <li>2. Health and safety</li> </ol>





- Winnipeg
3. Promoting healthy Canadians
- Group 2 (owners)**
1. Children's health
  2. Environment
  3. Promoting healthy Canadians
- Group 1 (renters)**
1. Promoting healthy Canadians
  2. Tie between children's health/infectious disease control (leaning more toward children)
  3. Environment
- Surrey
- Group 2 (owners)**
1. Environment
  2. Promoting healthy Canadians
  3. Children's health
- Group 1 (over 55 years)**
1. Health care system (wait times)
  2. Tie between environment and children's health
  3. Promoting healthy Canadians
- Group 2 (owners)**
1. Environment
  2. Promoting healthy Canadians (with focus on childhood obesity & diet)
  3. Healthy and safety
- Victoria
- Group 1 (over 55 years)**
1. Children's health & unsustainable health care system
  2. Aging population/eldercare
  3. Environment
- Group 2 (renters)**
1. Tie between promoting healthy Canadians and children's health
  2. Access to health care/wait times
  3. Infectious disease outbreaks



**B. Number of Mentions as a Top 3 Priority (by Theme and by Segment)**

<b>Theme/Issue</b>	<b>Overall Mentions (16 groups)</b>	<b>Over 55 years (5 groups)</b>	<b>Renters (5 groups)</b>	<b>Owners (6 groups)</b>
Promoting healthy Canadians	15	4	5	6
Environment	13	4	3	6
Children's health	12	4	4	4
Health and safety	6	2	1	3
Access to health care/wait times/funding	3	1	1	1
Infectious disease control	2	-	2	-
Aging population/eldercare	1	1	-	-



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## VI. Appendix B – Moderator’s Guides



## Moderator's Guides

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### Moderator's Guide Health & Wellness Priorities August 13, 2007

#### Introduction (5 minutes):

- Introduce moderator and welcome participants to the focus group.
  - As we indicated during the recruiting process, we are conducting focus group discussions on behalf of the Government of Canada. This evening's discussion will focus on the topic of health and wellness.
- The discussion will last approximately 2 hours. Feel free to excuse yourself during the session if necessary. The session is being video/audio-taped for analysis purposes, in case we need to double-check the proceedings against our notes. We do not attribute comments to specific people. All your comments are confidential.
- Explanation re: one-way mirror and observers.
- Describe how a discussion group functions.
  - Discussion groups are designed to stimulate an open and honest discussion. My role as a moderator is to guide the discussion and encourage everyone to participate. Another function of the moderator is to ensure that the discussion stays on topic.
  - Your role is to answer questions and voice your opinions. We are looking for minority as well as majority opinion in a focus group, so don't hold back if you have a comment even if you feel your opinion may be different from others in the group. There may or may not be others who share your point of view. Everyone's opinion is important and should be respected.
  - I would also like to stress that there are no right or wrong answers. We are simply looking for your opinions and attitudes. It was not a prerequisite coming into the groups that you be an authority on health issues. This is not a test of your knowledge.
- The moderator is not an employee of the Government of Canada and may not be able to answer some of your questions.
- (Moderator introduces herself/himself). Participants should introduce themselves, using their first names only. Please tell me a little bit about yourself – anything you'd like to share with the group about your interests, hobbies, etc.



### Warm-up: Top-of-Mind Health & Wellness Issues (15 minutes)

- First, because we will be talking about and getting your views on health and wellness throughout the next two hours, I'd like to know how you interpret the phrase "health and wellness." What does the term "wellness" mean to you, in particular when you hear it in the context of the phrase "health and wellness?" What does it encompass? Please use the piece of paper in front of you to write down a couple of thoughts, words or images that come to mind when you hear the term "wellness."
- Discuss in round table format. **MODERATOR TO JOT ISSUES DOWN ON FLIP CHART.**  
Probe for the following:
  - Healthy Eating/Diet/Nutrition
  - Physical Activity/Exercise/Fitness
  - Spiritual/mental health
  - Alternative/complementary medicines/approaches to medicine/treatment
- And, when or where have you typically heard the term "wellness" used? Who have you heard use this term before? In what context? Probe for:
  - \* ○ Is this a new way of talking about health?
  - \* ○ Is it different than how we (Canadians) have typically talked about health?
  - \* ○ If so, in what way is it different?
  - \* ○ In terms of talking about health is this a more positive/negative way of talking about health (i.e. health and wellness)? Explain.
- To be clear, as our discussion rolls out, when I talk about health and wellness, I am speaking of the realm of issues or areas that impact our overall health and well-being as individuals and as a society. It encompasses many of the things we have just discussed, including personal and public health and safety.

### Health & Wellness: Top-of-Mind Priority Issue Areas (15 minutes)

- • Again, I'd like you to take a piece of paper and pen. Please write down three issues, pertaining to health and wellness, that you believe are at the forefront of public attention today ... that is, those issues that are most talked about today – the ones you hear the most about.
- Round table discussion. **MODERATOR TO JOT ISSUES DOWN ON FLIP CHART.**
- Where have you heard about these issues? Probe for:
  - Who is talking about this?
  - What are they saying?
  - What is the specific issue?
  - How serious is it? If serious, why? What are the implications (short term/long term)?
- • Among the list that we've generated, what are the top 5 priorities? **MODERATOR TO ATTEMPT TO ATTAIN CONSENSUS AMONG GROUP REGARDING TOP 5 PRIORITIES.**
- How much attention do you pay overall to reports or stories about issues related to health and wellness? Explain (probe for reasons why participants do /do not pay attention to these issues). Probe for (Encourage participants to think about and discuss the full array of sources):
  - Where do you get most of your information on these topics from? Probe for:
    - Magazines
    - Books
    - Web sites/Blogs
    - Television shows
    - Newspapers
    - Newsletters (i.e. Berkeley Wellness Newsletter)



- Retail outlets (i.e. Shoppers Drug Mart)
- Fitness centers/spas
- Government sources
- Who is most credible on the topic of health and wellness? What makes them more credible than others? Probe for:
  - Media/journalists/broadcasters
  - Health professionals
  - Alternative practitioners
  - Fitness experts
  - Celebrities (i.e. Dr. Phil, Dr. Oz, Oprah)
  - Government sources

#### Personal Health & Wellness Stories/Issues (20 minutes)

- When we invited you to come to this group, we asked you to give some thought to experiences, situations or issues that you, your family or close friends have been dealing with or thinking about pertaining to the broad issue of health and wellness. I'd like to hear about some of these personal stories. **ROUND TABLE. ALLOW INDIVIDUAL PARTICIPANTS TIME TO RELATE PERSONAL ANECDOTES. ENCOURAGE OTHER PARTICIPANTS TO ASK QUESTIONS AND/OR COMMENT ON SITUATIONS DISCUSSED. FOLLOW UP WITH PROBING QUESTIONS::**
  - Please explain the nature of the issue and how it has affected you/your family/your friends?
  - What specifically is of most concern to you?
  - How have you (others) dealt with this issue? What steps have you (others) taken to deal with it?
  - What do you think should be done to deal with this type of issue?
  - Do you think this issue is common (i.e. to what extent do you think this issue has or could affect others as well?)
- Now, tell me about the things that you do to keep yourself and your family healthy? **ENCOURAGE FULL DISCUSSION BEYOND THE USUAL DIET/FITNESS. MODERATOR TO WRITE ON FLIP CHART.**
  - Why is this important to you??
  - How easy/difficult is it to incorporate these activities into your routine/lifestyle?
  - What are some of the challenges?
  - What is your expectation about what the Canadian government should be doing to address these issues?

#### Drill-down: Key Priority Areas (50 minutes)

- Now, I'd like to get your views on five broad areas and some specific actions within each area that could be taken to address certain health/wellness issues. **MODERATOR TO ROTATE DISCUSSION OF 5 THEMES IN EACH GROUP. MODERATOR TO NOTE KEY ELEMENTS OF EACH THEME ON FLIP CHART AND PIN CHART TO WALL DURING DISCUSSION OF EACH.**



### **Theme 1: Infection Control Strategy**

- First, let's talk about the issue of infectious diseases and control. Would you describe this issue as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians? Explain.
- To what extent are you concerned about infectious diseases? Why are you more/less concerned about this?
- What are the threats? Where are the threats emanating from? Probe for:
  - International
  - Within country/across provinces
- Who/what segments of the population are most vulnerable to these threats?
- What response would you suggest to deal with this issue? What could be done in order to prevent and/or address the issue of infectious disease and infection control more effectively?
- Are you concerned about hospital infections?

### **Theme 2: Protecting the Health & Safety of Canadians**

- When you think of a broad health and safety issues that may affect Canadians, what are the key issues that come to mind? (Depending on unprompted mentions, ask:) What about food safety? Would you describe this issue as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians?
- Is this something that Canadians really need to worry about? Are there specific groups or segments of the population that are most vulnerable with respect to food safety? Who are they?
- What are your main worries or concerns, if any, about food safety? Describe (relate personal issues/concerns, as applicable). Probe for concerns about (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - Food allergies
  - Food preparation (probe for: what are some of the common ways in which Canadians may inadvertently contribute to foodborne illnesses via poor food handling/preparation techniques?)
  - Inspection of food products
  - Pesticide use
  - Labeling
  - Transportation
  - Safety of ingredients (probe for: any differences in views on Canadian made vs. foreign-made products)
  - Confusion about what is/is not healthy

### **Theme 3: Promoting Healthy Canadians**

- In your view, what are some of the key issues that need to be tackled in order to improve the overall health of Canadians? Probe for (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - Smoking
  - Overweight/Obesity
  - Physical Activity/Exercise
  - Healthy Eating/Nutrition
  - Alcohol



- Diabetes
- Would you describe these issues as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians?
- Is this something that Canadians really need to worry about? Are there specific groups or segments of the population that are most vulnerable or most affected with respect to these issues? Who are they?
- What more should be done or could be done to address these issues?
- How would you react to the following:
  - Improvements to the labeling of foods – what would you expect? What is needed?
  - Tax incentives to encourage Canadians to eat healthier foods
  - Tax incentives to encourage Canadians to be more active
  - A focus on increasing awareness of the issue of food allergies and reducing food allergens
  - Legislative amendments to modernize and close loopholes in the Tobacco Act
  - Modernizing the federal diabetes strategy
  - Encouraging Canadians to be more physically active leading up to the Vancouver 2010 Olympic Games
- Would these measures sufficiently address these issues? Why/why not?

#### **Theme 4: Health and the Environment**

- When you think about the environment, what are the issues that most negatively impact your health, the health of other Canadians? Probe for (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - Chemicals
  - Pesticide use
  - Pollution
  - Smog
- Would you describe these issues as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians?
- Is this something that Canadians really need to worry about? Are there specific groups or segments of the population that are most vulnerable or most affected with respect to these issues? Who are they?
- What should be done or could be done to address these issues?
- Have you heard of the Air Quality and Health Index? This is an index that is used to report air quality conditions (i.e. good, fair, poor). The index takes into account pollutants and advisories may be issued. For example, you may hear of advisories broadcast on the radio/tv to limit physical activity outdoors on smog advisory days. What do you think of this tool? How effective/useful is it? Do you pay attention to it? Who would most benefit from it? How could it be made more effective?

#### **Theme 5: Children's Health Agenda**

- How would you rate the health of Canadian children? Would you say it is excellent, good, fair, poor or very poor? Why do you say that?
- What are the specific health issues facing children in particular? Probe for (MODERATOR TO NOTE UNPROMPTED VERSUS PROMPTED ISSUES):
  - Mental health
  - Injuries
  - Obesity





- Early childhood development/formation
- Environmental issues (allergies)
- Would you describe children's health issues as a high, medium or low priority area, in the context of the broad range of health and wellness issues affecting Canadians? Explain.
- What should be done to address these issues?
- How would you react to the establishment of a specific position with a mandate to focus specifically on children's health issues?
- What else could be done? Would this be sufficient to address the issues? Why/why not?

### Wrap-Up (15 minutes)

- Thinking about these 5 areas, and the initial set of health and wellness priorities we discussed (generated by the group), let's re-consider these and re-prioritize them. As a group, I'd like to achieve some consensus on what the **top three** priorities should be from 1 through 3, with 1 being the top priority.
- First, let's talk about the criteria we should be considering in order to establish a priority-setting. What criteria should we use? Probe for:
  - Urgency of issue
  - Implications for broader society (i.e. number affected)
  - Specific groups affected (i.e. children, seniors, etc.)
  - Cost of making a difference
  - Short-term/long-term time horizon
  - Expectation that a real difference can be made via government intervention
- **DISCUSS IN LARGE GROUP.**
- Now, I'm going to give each of you a set of three dots (green, yellow, blue). I'd like you to think about your three priority areas and place a dot next to it on the flip charts around the room. Remember that green represents your first priority, yellow the second and blue the third priority. **ALLOW PARTICIPANTS TIME TO PLACE DOTS ON CHARTS. DISCUSS. NOTE ANY CONSENSUS. PROBE FOR CHOICE OF PRIORITIES.**
- How hopeful are you that these issues can be addressed effectively?
- Do you think this is a wise use of public funds?
  
- Before I let you go for the evening, I'd like you to jot down on the paper in front of you, the one thing that you feel you should do or that you are currently doing to improve your own health and well-being. **QUICK ROUND TABLE DISCUSSION.**

**THANK PARTICIPANTS.**



**Guide du modérateur**  
**Priorités en matière de santé et de mieux-être**  
**Le 13 août 2007**

**Introduction (5 minutes) :**

- Présentez le modérateur et souhaitez la bienvenue aux participants au groupe de discussion.
  - Comme nous l'avons mentionné lors du processus de recrutement, nous organisons des groupes de discussion pour le compte du gouvernement du Canada. La discussion de ce soir portera sur la santé et le mieux-être.
- La discussion durera environ deux heures. Au besoin, n'hésitez pas à sortir de la salle. La séance sera enregistrée à des fins d'analyse si nous devons contrevérifier son compte-rendu avec nos notes. Les auteurs des commentaires ne sont pas identifiés. Toutes vos remarques demeureront confidentielles.
- Expliquez le miroir sans tain et les observateurs.
- Décrivez le fonctionnement d'un groupe de discussion.
  - Les groupes de discussion visent à stimuler une discussion ouverte et honnête. Mon rôle en tant que modérateur est de guider la discussion et d'encourager tout le monde à participer. Un des autres rôles du modérateur est de veiller à ce que la discussion ne s'éloigne pas du sujet.
  - Votre rôle est de répondre aux questions et de nous faire part de votre opinion. Nous tenons à connaître l'opinion de la majorité et de la minorité; ainsi, même si vous croyez que votre opinion diffère de celle des autres membres du groupe, faites-nous en part quand même. Qu'il y ait d'autres participants qui partagent votre point de vue ou non, votre opinion est importante et doit être respectée.
  - Je tiens aussi à préciser qu'il n'y a pas de bonnes ou de mauvaises réponses. Nous voulons simplement connaître votre opinion et comprendre votre attitude. Pour participer au groupe, il n'était pas nécessaire que vous vous souveniez de tous les aspects de votre expérience. Ce n'est pas un contrôle de vos connaissances.
- Le modérateur n'est pas à l'emploi du gouvernement du Canada et ne sera peut-être pas en mesure de répondre à certaines de vos questions.
- (Le modérateur / la modératrice se présente). Les participants doivent se présenter, en ne disant que leur prénom, et parler un peu d'eux, que ce soit leurs intérêts, leurs loisirs, etc.



**Contexte : premiers aspects de la santé et du mieux-être cités (15 minutes)**

- Tout d'abord, comme nous allons parler de santé et de mieux-être au cours des deux prochaines heures, j'aimerais savoir comment vous interprétez les mots « santé et mieux-être ». Qu'est-ce que le terme « mieux-être » signifie pour vous, plus précisément lorsque vous l'entendez dans le contexte de l'expression « santé et mieux-être »? Qu'est-ce qu'il englobe? Veuillez utiliser la feuille devant vous pour écrire les pensées, les mots ou les images qui vous viennent à l'esprit lorsque vous entendez le terme « mieux-être ».
- Discutez sous forme de table ronde. **LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU.** Interrogez à propos de ces aspects :
  - Alimentation saine / Régime / Nutrition
  - Activités physiques / Exercice / Conditionnement physique
  - Spiritualité / Santé mentale
  - Médecine douce / Solutions de rechange / Autres approches de la médecine / des traitements
- Et quand ou où avez-vous surtout entendu le terme « mieux-être »? Qui avez-vous entendu utiliser ce terme auparavant? Dans quel contexte? Interrogez :
  - Est-ce une nouvelle façon de parler de santé?
  - Est-ce différent de la façon dont nous (Canadiens) parlions traditionnellement de santé?
  - Si oui, de quelle façon est-ce différent?
  - Pour ce qui est de parler de santé, est-ce une façon positive/négative de parler de santé (c.-à-d. santé et mieux-être)? Expliquez.
- Pour que ce soit clair, pendant notre discussion, lorsque je parlerai de santé et de mieux-être, je parlerai de l'éventail d'aspects qui touchent notre santé et notre mieux-être en général, en tant que personnes et en tant que société. Ça englobe plusieurs des aspects que nous venons de mentionner, y compris la santé et la sécurité publiques et personnelles.

**Santé et mieux-être : premiers aspects prioritaires cités (15 minutes)**

- De nouveau, j'aimerais que vous preniez un papier et un crayon. Veuillez inscrire trois problèmes relatifs à la santé et au mieux-être qui sont, selon vous, à l'avant plan de l'attention publique par les temps qui courent. En d'autres mots, les aspects dont on parle le plus aujourd'hui, ceux dont vous entendez le plus parler.
- Discussion en table ronde. **LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU.**
- Où avez-vous entendu parler de ces aspects? Demandez :
  - Qui en parle?
  - Qu'est-ce que ces personnes disent?
  - Quel est le problème précis?
  - À quel point est-il grave? S'il est grave, pourquoi? Quelles sont les implications (à court et à long terme)?
- Parmi cette liste que nous venons de dresser, quelles sont les cinq principales priorités? **LE MODÉRATEUR ESSAIE D'OBTENIR LE CONSENSUS DU GROUPE QUANT AUX CINQ PRINCIPALES PRIORITÉS.**
- Dans l'ensemble, à quel point portez-vous attention à ces reportages ou à ces histoires au sujet de la santé et du mieux-être? Expliquez (demandez les raisons pour lesquelles les participants portent / ne portent pas attention à ces questions). Interrogez (Encouragez les participants à penser à toutes les sources d'information et à discuter de l'éventail complet de sources):
  - Où prenez-vous la majeure partie de vos renseignements sur ces sujets? Demandez :
    - Magazines
    - Livres
    - Sites Web / Blogues



- Émissions de télévision
  - Journaux
  - Bulletins d'information (p.ex. Berkeley Wellness Newsletter)
  - Détaillants (p.ex. Pharmaprix)
  - Centres de conditionnement physique / spas
  - Sources gouvernementales
- Qui est le plus crédible en matière de santé et de mieux-être? Qu'est-ce qui les rend plus crédibles que les autres? Demandez :
- Les médias / les journalistes / les radiodiffuseurs
  - Les professionnels de la santé
  - Les praticiens de médecine douce
  - Les experts en conditionnement physique
  - Les célébrités (p.ex. D<sup>r</sup> Phil, D<sup>r</sup> Oz, Oprah)
  - Les sources gouvernementales

#### **Histoires / problèmes personnels de santé et de mieux-être (20 minutes)**

- Lorsque nous vous avons invité à participer à ce groupe de discussion, nous vous avons demandé de penser à des expériences, à des situations ou à des problèmes que vous avez connus, ou que votre famille ou vos amis proches ont connus, et plus généralement à la santé et au mieux-être. J'aimerais entendre certaines de vos histoires personnelles. **TABLE RONDE. ALLOUEZ SUFFISAMMENT DE TEMPS AUX PARTICIPANTS POUR RACONTER LEURS ANECDOTES. ENCOURAGEZ LES AUTRES PARTICIPANTS À POSER DES QUESTIONS ET À COMMENTER LES SITUATIONS DISCUTÉES. ENCHAÎNEZ AVEC DES QUESTIONS D'APPROFONDISSEMENT :**
  - Veuillez expliquer la nature du problème et comment il vous a affecté / a affecté votre famille / vos amis?
  - Qu'est-ce qui précisément vous inquiète le plus?
  - Comment avez-vous (les autres ont-ils) géré ce problème? Quelles mesures avez-vous (les autres ont-ils) prises pour le gérer?
  - Qu'est-ce qui devrait être fait, selon vous, pour gérer ce type de problème?
  - Croyez-vous que le problème est courant (p.ex. dans quelle mesure croyez-vous que ce problème a, ou pourrait, toucher également d'autres personnes?)
- Parlez-moi maintenant de ce que vous faites pour vous garder en santé et garder votre famille en santé? **ENCOURAGEZ UNE DISCUSSION AU-DELÀ DES QUESTIONS HABITUELLES DE RÉGIME ET D'EXERCICE. LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU.**
  - Pourquoi est-ce important pour vous?
  - À quel point est-ce facile / difficile d'intégrer ces activités à votre routine / mode de vie?
  - Quels sont certains des défis?
  - Quelles sont vos attentes quant à ce que le gouvernement canadien devrait faire pour régler ces problèmes?

#### **Approfondissement : Thèmes prioritaires (50 minutes)**

- J'aimerais maintenant avoir votre point de vue sur cinq grands thèmes, et quelques mesures précises qui pourraient être prises dans le cadre de chacun de ces thèmes, pour régler certains problèmes de santé/mieux-être. **LE MODÉRATEUR RENOUVELLE LA DISCUSSION SUR LES CINQ THÈMES DANS CHAQUE GROUPE. LE MODÉRATEUR NOTE LES ÉLÉMENTS CLÉS POUR CHAQUE THÈME AU TABLEAU ET ÉPINGLE LES RÉPONSES AU MUR PENDANT LA DISCUSSION SUR LE THÈME EN QUESTION.**



### **Thème 1 : Stratégie de lutte contre les infections**

- Tout d'abord, parlons de la question des maladies infectieuses et de leur contrôle. Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens? Expliquez.
- À quel point êtes-vous inquiet à propos des maladies infectieuses? Pourquoi êtes-vous plus / moins inquiet à ce sujet?
- Quelles sont les menaces? D'où viennent ces menaces? Demandez :
  - De l'étranger
  - De l'intérieur du pays / des autres provinces
- Qui / quel segment de la population est le plus vulnérable à ces menaces?
- Quelle réaction suggèreriez-vous pour régler ce problème? Qu'est-ce qui pourrait être fait pour prévenir ou aborder le problème des maladies infectieuses et de la lutte contre les infections de façon plus efficace?
- Êtes-vous inquiet au sujet des infections nosocomiales?

### **Thème 2 : Protéger la santé et la sécurité des Canadiens**

- Quand vous pensez à l'éventail de problèmes de santé et de sécurité qui peut toucher les Canadiens, quels sont les principaux problèmes qui vous viennent à l'esprit? (Selon les réponses spontanées, demandez :) Qu'en est-il de la salubrité des aliments? Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens?
- Est-ce un sujet à propos duquel les Canadiens doivent réellement s'inquiéter? Y a-t-il des groupes ou des segments de la population qui sont plus vulnérables pour ce qui est de la salubrité des aliments? Qui sont-ils?
- S'il y a lieu, quelles sont vos principales inquiétudes ou préoccupations à propos de la salubrité des aliments? Décrivez (racontez des problèmes personnels ou des inquiétudes, s'il y a lieu). Interrogez à propos des inquiétudes au sujet (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :
  - Des allergies alimentaires
  - De la préparation des aliments (demandez : quelles sont certaines des façons courantes dont les Canadiens peuvent contribuer par inadvertance aux maladies d'origine alimentaire par le biais d'une mauvaise manipulation des aliments ou de mauvaises techniques de préparation?)
  - De l'inspection des produits alimentaires
  - De l'utilisation de pesticides
  - De l'étiquetage
  - Du transport
  - De la salubrité des ingrédients (demandez : y a-t-il des différences de perception entre les produits fabriqués au Canada et à l'étranger)
  - De la confusion quant à ce qui est sain et ce qui ne l'est pas

### **Thème 3 : Promotion de la santé chez les Canadiens**

- Selon vous, quels sont certains des principaux problèmes qui doivent être réglés afin d'améliorer la santé globale des Canadiens? Interrogez (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :



- Le tabagisme
- Le surpoids / l'obésité
- Les activités physiques / l'exercice
- Une alimentation / nutrition saine
- L'alcool
- Le diabète
- Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens?
- Est-ce un sujet à propos duquel les Canadiens doivent réellement s'inquiéter? Y a-t-il des groupes ou des segments de la population qui sont plus vulnérables ou plus touchés par ces problèmes? Qui sont-ils?
- Qu'est-ce qui pourrait ou devrait être fait pour régler ces problèmes?
- Comment réagiriez-vous à ces mesures :
  - Des améliorations de l'étiquetage des aliments – à quoi vous attendriez-vous? Que faudrait-il faire?
  - Des incitatifs fiscaux pour encourager les Canadiens à manger des aliments plus sains
  - Des incitatifs fiscaux pour encourager les Canadiens à être plus actifs
  - Mettre davantage l'accent sur une meilleure information au sujet des allergies alimentaires et de la réduction des allergènes alimentaires
  - Des amendements afin de moderniser et de combler les failles de la Loi sur le tabac
  - Moderniser la stratégie fédérale contre le diabète
  - Encourager les Canadiens à être davantage actifs au plan physique d'ici les Jeux olympiques de Vancouver 2010
- Est-ce que ces mesures seraient suffisantes pour s'attaquer à ces problèmes? Pourquoi/pourquoi pas?

#### Thème 4 : La santé et l'environnement

- Lorsque vous songez à l'environnement, quels sont les aspects qui ont l'impact le plus négatif sur votre santé, sur la santé des autres Canadiens? Interrogez (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :
  - Les produits chimiques
  - L'utilisation de pesticides
  - La pollution
  - Le smog
- Décrieriez-vous ce problème comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens?
- Est-ce un sujet à propos duquel les Canadiens doivent réellement s'inquiéter? Y a-t-il des groupes ou des segments de la population qui sont plus vulnérables ou plus touchés par ces problèmes? Qui sont-ils?
- Qu'est-ce qui pourrait ou devrait être fait pour régler ces problèmes?
- Avez-vous entendu parler de l'indice de la qualité de l'air? Il s'agit d'un indice utilisé pour qualifier la qualité de l'air (p.ex. bon, acceptable, mauvais). L'indice tient compte des polluants, et des avis peuvent être émis. Par exemple, vous pouvez entendre des avis sur les ondes de la radio ou de la télévision qui suggèrent de limiter les activités extérieures les journées où le smog est élevé. Que pensez-vous de cet outil À quel point est-il efficace / utile? Y portez-vous attention? Qui en profiterait le plus? Comment pourrait-il être plus efficace?



### Thème 5 : Programme pour la santé des enfants

- Comment évalueriez-vous la santé des enfants canadiens? Diriez-vous qu'elle est excellente, bonne, passable, mauvaise ou très mauvaise? Pourquoi dites-vous cela?
- Quels sont les problèmes de santé précis auxquels font face les enfants? Interrogez (LE MODÉRATEUR NOTE LES RÉPONSES SPONTANÉES PAR RAPPORT AUX RÉPONSES GUIDÉES) :
  - Santé mentale
  - Blessures
  - Obésité
  - Développement / Formation du jeune enfant
  - Problèmes environnementaux (allergies)
- Décrieriez-vous les problèmes touchant la santé des enfants comme une priorité élevée, une priorité moyenne ou une faible priorité dans le contexte plus vaste des problèmes de santé et de mieux-être qui touchent les Canadiens? Expliquez.
- Qu'est-ce qui devrait être fait de plus pour régler ces problèmes?
- Comment réagiriez-vous à la mise en place d'un poste particulier dont le mandat serait d'aborder précisément les problèmes de santé des enfants?
- Y a-t-il autre chose qui pourrait être fait? Serait-ce suffisant pour aborder ces problèmes? Pourquoi/pourquoi pas?

### Conclusion (15 minutes)

- En songeant maintenant à ces cinq thèmes et aux priorités initiales en matière de santé et de mieux-être dont nous avons discuté (établies par le groupe), passons-les à nouveau en revue et révisons l'ordre des priorités. En tant que groupe, j'aimerais que nous atteignions un consensus quant aux **trois principales** priorités en les numérotant de 1 à 3, alors que 1 représente la principale priorité.
- Tout d'abord, parlons des critères dont nous devrions tenir compte pour établir l'ordre de priorité. Quels critères devrions-nous utiliser? Interrogez :
  - Urgence du problème
  - Implications pour l'ensemble de la société (p.ex. nombre de personnes touchées)
  - Groupes précis touchés (p.ex. enfants, personnes âgées, etc.)
  - Coût pour faire une différence
  - Programme à court ou à long terme
  - Attentes qu'une véritable différence puisse être faite grâce à une intervention gouvernementale
- **DISCUSSION EN GROUPE**
- Je vais maintenant vous remettre à chacun un ensemble de trois points (vert, jaune et bleu). J'aimerais que vous pensiez à vos trois principaux thèmes prioritaires et que vous placiez un point à côté de chacun d'entre eux sur les tableaux qui se trouvent dans la pièce. N'oubliez pas que le point vert représente la principale priorité, le point jaune, la deuxième et le point bleu la troisième. **ALLOUEZ SUFFISAMMENT DE TEMPS AUX PARTICIPANTS POUR PLACER LES POINTS SUR LES TABLEAUX. DISCUTEZ. NOTEZ TOUT CONSENSUS. DEMANDEZ L'ORDRE DE PRIORITÉ.**
- À quel point êtes-vous optimiste que ces problèmes peuvent être réglés de façon efficace?
- Croyez-vous qu'il s'agit là d'une utilisation judicieuse de fonds publics?



- Avant de clore la soirée, j'aimerais que vous écriviez sur le papier devant vous, ce que vous devriez faire, ou faites déjà, pour améliorer votre propre santé et mieux-être. **RAPIDE DISCUSSION EN TABLE RONDE.**

**REMERCIEZ LES PARTICIPANTS.**