

Qualitative Research around the “*Preparing for an Influenza Pandemic*” Booklet

Final Report

Ce rapport est aussi disponible en français.

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Introduction and Project Background

Introduction

The current Canadian Pandemic Influenza Plan (CPIP) was first published in February 2004. Since the Plan was first published, work has advanced, and the Plan has been revised to reflect new developments and to ensure consistencies with best practices.

The revised plan, now referred to as the Canadian Pandemic Influenza Plan for the Health Sector, is scheduled to be published in the fall of 2006. The Plan targets a wide range of individuals and groups in the health sector who will be involved in planning and responding to an influenza pandemic. The primary audiences are provincial and territorial Ministries of Health, but also important are health emergency responders, health planners, health care workers, public health laboratories, and representatives of the pharmaceutical industry.

Project Background

Political and media interest in pandemic preparedness has continued to escalate since the CPIP was first published. At the same time, public opinion research indicates there is a relatively low level of concern among the public about a possible influenza pandemic. This lack of concern is based partly on the assumption that “the government (in a generic sense) either has or will have a plan in place.” (“Pandemic Influenza: Family Preparedness Study, March 2006, Phoenix Strategic Perspective Inc.”).

It is therefore important to communicate with audiences both inside and outside the health sector, in Canada and internationally, that the federal, provincial, and territorial governments have developed a comprehensive plan to prepare and respond to an influenza pandemic.

Based on these clear communication needs, a publication summarizing the key elements of the Canadian Pandemic Influenza Plan (CPIP) has been developed for audiences both inside and outside the health care sector: “Preparing for an Influenza Pandemic: Canada’s Plan for the Health Care Sector”. This document, the print version of which will be produced in booklet format, will highlight Canada’s national approach to preparing for an influenza pandemic.

A number of considerations have gone into the development of this document:

- The CPIP, including annexes, is an extensive 600-page document. A summary piece was required to highlight for target audiences, particularly those not directly involved in the planning or response to a public health emergency, the overall approach and the key elements of the Plan.
- Currently, the Plan is available only on the web. A print document is required as a



handout to capitalize on opportunities to promote the Plan at meetings and conferences, and for those individuals who do not have access to the Internet, or prefer a printed document. In addition, the Public Health Agency of Canada (PHAC) regularly receives requests from the general public for a printed copy of the plan or support documents.

The booklet consists of three main sections (plus a foreword, introduction, appendixes, and list of additional resources) as follows:

- Part one of the booklet outlines basic information on influenza, including the difference between seasonal, avian and pandemic influenza and treatments (vaccines and antivirals).
- Part two describes the background of the plan and impact of an influenza pandemic in Canada.
- Part three highlights the key components of the Canadian Pandemic Influenza Plan (surveillance, vaccine programs, antivirals, etc.) with a particular focus on activities of relevance to the general population.

The booklet will be available in both official languages and may be translated into other ethnic and commonly spoken minority languages in Canada.

Research is now required to test the booklet with the target audience prior to publication and distribution.

Research Objectives

The overall objective of this research was to evaluate the message, the language and the design of the booklet. Specifically, the testing was intended to aid in determining the effectiveness, fit and appeal of the messages and the creative to the target audience. The purpose of the qualitative research was to do a check of the proposed content and design of the booklet to evaluate and determine the:

- Effectiveness, fit, and appeal of the booklet with the audience;
- Credibility with the defined audience;
- Appropriateness and clarity with the audience;
- Understandability with the audience;
- Comprehensiveness, i.e., too much / too little information;
- Reliability and relevance with the defined audience;
- Sensitivity to the needs of the defined audience; and
- Believability with the defined audiences.

To meet these objectives, Corporate Research Associates Inc. (CRA) was commissioned to conduct a series of qualitative conference call group interviews across Canada.



Research Methodology

To meet the above-mentioned objectives a total of five conference call groups were conducted in five locations including Halifax, Quebec City, Toronto, Winnipeg and Vancouver. In Quebec City, the discussion was in French while in all other locations the discussion was in English. A total of 18 participants participated (including two people who could not make it to the group discussions). Group discussions lasted on average 1.5 hours and participants received a monetary compensation for their time.

Participants included a mix of the following characteristics: gender, age (between 18 and 65), education (high school or above), income and ethnicity.

Context of Qualitative Research

Qualitative group discussions such as the conference call group interviews used in this research are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of such discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. The group discussion allows for flexibility in exploring other areas that may be pertinent to the investigation and allow for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." The group discussion technique is used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. Due to the inherent biases in the technique, the data should not be projected to any universe of individuals.



Executive Summary

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Findings from the qualitative research around the “**Preparing for an Influenza Pandemic**” Booklet (POR-06-57) establish that this draft booklet is effective in communicating its key messages in a manner that is easy to understand. That said, there are some opportunities to improve this booklet.

The booklet was considered well written, believable, and useful for building awareness of influenza, the potential for a pandemic, and pandemic preparation planning. The booklet for the most part was considered straightforward and appeared to deliver a complex topic in an easy-to-understand manner. It should be noted that there was some concern it is slightly skewed toward a health sector audience and that it may be not be as user-friendly for those with limited education or without English or French as a first language.

The booklet appears successful in increasing awareness of influenza and the potential for a pandemic, a topic participants conveyed they had previously given little thought. It seemed to encourage a number of participants to search out other information and/or to take more interest in preventative measures. Many were also reassured to hear that government is taking measures, especially in terms of having the vaccines and/or antivirals available to the population. That said, there were some participants who remained skeptical of the planning and of the ability of the health care sector to handle the demands on the system should an outbreak occur. Additionally, the booklet planted some other concerns, for example, how soon vaccine production could meet pandemic demand given the lead-time needed by producers. Some participants felt the booklet could be more focused on specific steps at a lower level such as individual or community.

The discussions revealed areas of the booklet that could be improved. For all three sections, there were some unanswered questions that could be potentially addressed. Perhaps, not surprisingly, in view of the complex nature of the subject, some terminology (e.g., H5N1, pathogenic, etc.) was not immediately understood by all participants. At the same time, some participants appreciated the inclusion and explanation of such material. Some considered the booklet to be repetitive in certain places. For example, parts of both the Foreword and Introduction sections were repeated within the body of the booklet. Some also generally felt that the booklet could also be made a bit more succinct.



Part 1 of the booklet was successful in the delivery of information on types of influenza, the pandemic and counter measures. This section’s influenza chart, information on the survey of wild birds, vaccination explanations and H5N1 facts caught the attention of participants. The flu prevention checklist received mixed reviews, with some thinking it too basic and others finding it very useful either personally or to others who are uninformed about preventative measures.

Part 2 of the booklet clearly exposed for most participants the seriousness of a possible pandemic and the importance of pandemic planning. On the other hand, some faulted the section for failing to include more information on the exact status of the pandemic plan and on how to conduct personal planning preparation. Of note, the Health Impacts section specifically received some mixed reviews. While some thought such information important, others felt that it was too “scary”, and yet others felt that they would prefer to see percentages outlined rather than actual numbers in the chart.

Part 3 of the booklet provided a desired source of information on the specifics of the Pandemic Planning. Some considered this section very strong in terms of the details it conveyed although there was a sense among some that this section could be a bit more succinct.

The booklet, while not considered attention grabbing, was largely judged to look appropriate. As one participant pointed out, there would be no expectations for the booklet to attract readers, as those reading it will have sought it out. The font and the organization of the booklet into headed sections were well received. While many participants did not identify any issues with the size of the booklet, some participants were critical of the non-standard size and sometimes noted that the graphic header in the booklet was “wasted” space. There were also suggestions for addition of a glossary at the end of the booklet and a recommendation that the word “annexes” be changed to the more familiar “appendices” (English version).



Conclusions

The following conclusions are based on the detailed findings of the **Qualitative Research around the “Preparing for an Influenza Pandemic” Booklet**.

- ***Overall, the booklet was judged informative, easy to understand, and believable. However, participants had some questions that were unanswered in the booklet.***

For the most part, participants found the booklet to be well written, informative and a good tool to build awareness of influenza, the potential for a pandemic and the preparations for such an outbreak. They also tended to find the booklet information believable.

Overall, the booklet was described as easily understood. Many perceived the booklet as “clear and concise” and “straightforward”. Some other participants did feel the booklet was too wordy or repetitive. Some pointed out that despite some difficult terms and a complex subject matter, the booklet delivers something quite complicated in an easy-to-understand manner. Nevertheless, participants expressed concerns that not all Canadians (i.e., those with lower education levels or with neither of Canada’s official languages) may be able to get the information they need.

Participants had some questions about certain terms or had other questions that were unanswered by the booklet. In many instances, these unanswered questions could easily be addressed by the booklet and be in keeping with its purpose. However, in other instances, it might be beyond the scope of the booklet. For example, some participants felt the booklet should have more coverage of planning at individual, school and community levels, which is not the intent of the booklet.

- ***The booklet increased the influenza pandemic preparedness awareness of participants.***

Prior to receiving the booklet, many participants noted they actually gave pandemic preparation little thought. The booklet appeared to sensitize readers and build their concern (although not for all). Some seemed empowered by this awareness mentioning they would probably be more proactive in searching out information or stepping up personal preventative measures. A good number also mentioned the sense of reassurance they felt that government is handling preparations for the country, particularly in terms of vaccines, antivirals and pandemic surveillance.

On the other hand, increased awareness made some others rather uncomfortable. Some were specifically concerned about the capacity of the health care sector to manage such a large outbreak, while the length of time to create a vaccine also caused concern.



- **Part 1 was useful to broaden and reinforce participant knowledge about influenza and its prevention. However, it did generate some questions.**

Participants generally regarded this section as an educational one and they indeed did view this section as successful in providing new and reiterating previously known information. Components that were cited as presenting new information included: the influenza chart, vaccination explanation, H5N1 facts, and the survey of wild birds. Although some did comment that the flu prevention checklist was more basic information, others cited this checklist as containing personally useful information or information that is useful to uninformed people.

This section did generate some questions for participants including the symptomatic distinction among the types of flus, mutation process for a virus, whether or not the avian flu can be passed from human to human, evaluation of whether a 70% effective vaccine is positive or negative, and distinction between a flu and a cold.

- **While Part 2 was perceived as communicating the seriousness of a potential pandemic, it did not seem to fully meet expectations.**

This section underlined the seriousness of a potential pandemic and the importance of pandemic planning. Participants used strong words such as “scare section”, “driving home the point”, “kind of punch” to explain how this section had them taking notice of the pandemic threat. Although it indicates that there is a plan under way, what it did not provide was confirmation of what the plan is or if it is complete. Some noted this section seemed more geared toward why we should plan (health impacts) than about the planning.

Participants also had some unanswered questions from this section including the identity of the officials and experts, details on the US model, and who is most at risk. Moreover, some questioned why we need to get ready now, believing that additional information pertinent to this question is not being covered in the booklet.

- **Participants frequently gleaned important and reassuring pieces of information from this section.**

This section was touted as providing the specifics on the Pandemic Plan that participants had noted were lacking in Part 2 and that were needed to provide a deeper understanding and greater confidence in the arrangements. Indeed, there were certain facts shared in this section that provided reassurance to participants, namely, vaccine development, antivirals stockpile, and surveillance. At the same time, similar to other parts of the booklet, there were some unanswered questions including: information sources people should use in a pandemic, extensiveness of the surveillance network, basis for vaccine prioritization, and nature of the antivirals.



- ***The booklet format, while not considered attention grabbing, was generally approved as functional and in keeping with the subject.***

While variously described as “dull”, “grim”, “bland”, and “clinical” looking, most accepted that in view of the subject, the booklet was suitable and that one could not expect “bright and cheery”. Some noted this type of material is sought out by those specifically looking for information, and is not designed to attract readers.

The organization of the materials into headed sections was commended. Participants liked the size of the text font and there was agreement that a large print is important. On the other hand, there was a suggestion the font for the Table of Contents and report tables may be too small.

While many participants did not comment on the booklet size or graphic at the top, some considered the graphic bar at the top of each page a “waste of space” and that the booklet should either be smaller or letter size to make it easier to handle and store.



Recommendations

The following recommendations are presented for the Public Health Agency of Canada’s consideration.

1. Where possible, it is suggested that the booklet be made more concise by eliminating some repetitiveness.

While the booklet is largely considered well written and easy to understand, participants did point out it was repetitive or wordy in some places. In particular, the section in ‘Part 2’ named “Preparing for an Influenza Pandemic” was repetitive of information in the foreword and introduction. By reducing some of the repetitiveness, this may improve the perceptions held by some that the booklet is not as concise as it could be.

2. Consideration should be given to renaming or repositioning Part 2.

In reviewing this section, participants often took away a sense of the importance of influenza pandemic planning and why such planning is necessary. Given this, the title of the section “Preparing for an Influenza Pandemic” does not match what participants garnered from this section. Rather, what participants gleaned from this section would suggest it would be more aptly named “Why Preparing for an Influenza Pandemic is Necessary”. This repositioning might also help amend the expectations that some had that this section “Preparing for an Influenza Pandemic” would give them direction on preparation at an individual level. Moreover, some of the background information on the planning process in Part 2 that also appears in Part 1 could perhaps be removed from this section so that the entire focus of Part 2 is on why preparation is necessary, thereby, helping to clarify the purpose of this section for readers.

3. Consider some minor changes/additions put forth by participants where appropriate and in keeping with the purpose of the booklet.

Throughout the discussions, participants had a variety of questions or suggestions regarding the information in the booklet. While there are no single information elements that were consistently questioned across a number of participants, there is, nonetheless, merit in considering the ones that were raised, especially those that could be easily clarified or incorporated into the booklet. This could include but would not be limited to:

- Explanation of who are the 200 officials and experts;
- Clearer explanation of the three month timeframe from a pandemic starting to arriving in Canada;
- Whether symptoms from a pandemic would be different from symptoms of a “regular flu”;
- If an avian virus can be passed from human to human;
- Anticipated length of illness and contagiousness in a pandemic;
- More details on the U.S. model on which the estimates are based;



- How hospitals and infrastructure might deal with an influenza pandemic; and
- Channels people could expect to hear from government in the event of an influenza pandemic (need to highlight).



Key Findings

Overall Impressions

Overall, the booklet was judged informative, easy to understand, and believable and it increased the influenza pandemic preparedness awareness of participants. However, participants had some questions that were unanswered in the booklet.

Effectiveness and Fit

Participants generally found the booklet to be very informative. In particular, participants took away a better understanding of influenza and influenza pandemic planning.

“Information that you can read up on and you can store... so that if you do hear the word ‘pandemic’ on the news or the television, you already have some information beforehand so you know what it is that they are talking about...it’s like reference material.”

“Lots of information...that I wasn’t aware of such as Canada’s contract with the vaccine company...antibody pills or medication that you could take that also helps with the flu...all parts were all really extremely informative and very easy to read. I didn’t feel like I was reading something medical that was confusing to me.”

“Thinking of the part that I do like, just understanding the flu...gave you an idea of the different types of flu like the A flu and the B flu...thought that was interesting and wasn’t difficult to understand.”

Overall, I found it informative and an easy read, so didn’t get to the point where I just got bored of it. I actually just kept turning the page and was curious. So it is informative, handy and I think it would be a useful tool to people.”

While some participants indicated that some of the information (i.e., the Flu Prevention Checklist) is more basic, others indicated they learned things from this section that they did not already know or that this section served as an important reminder.

“...it does raise questions which I think was the point and I do wash my hands more.”

Some specifically commented they found the history of the pandemic planning interesting.

“I was just looking at this and what occurred in 1918. That was pretty interesting...it almost jumps at you saying okay there is going to be another occurrence and if there is, we had better prepare ourselves...we have come a long way and I am excited about the technology that is out there to help the people.”



Participants commonly perceived the purpose of the booklet is to raise awareness or to educate, specifically in terms of influenza, potential for a pandemic, and the planning being done.

“Ils veulent nous donner des pistes pour prévenir cette infection. Que les gens se lavent les mains et tout ça.” (They want to give us tips on how to prevent this infection. That people washes their hands and other tips.)

“The booklet is trying to give an overview of the pandemic, almost what it means, what people are looking at, at the planning stage.”

“I found it gave a really good background of what pandemic was and what influenza was...and really laid out what the plan was and the current plan to protect Canada.”

A few participants pointed out that they knew they had become more cognizant of the issue due to reading the booklet because they now had new questions.

“It raised a couple of questions...like anything, you read something and it raises more questions...one thing it says is the vaccine is 70% effective...is that good or bad”?

“Left a lot of unanswered questions...if I go to the doctor complaining of flu-like symptoms, does he have to report that somewhere...how does it get identified that people are starting to show up sick...?”

They also sometimes commented that the booklet’s purpose was to reassure people that there is planning being done for an influenza pandemic. While several participants viewed this reassurance positively, some participants in Toronto were more critical in this regard, suggesting they were not confident that sufficient plans are in the place.

“To be honest, it is actually nice to know that they have all of this stuff in place. That can be reassuring. So it is nice to know that this is all here and I think that everybody should know just in case.”

“Dans un premier temps, ils veulent nous renseigner un peu sur ce que c’est, que c’est un problème qui existe et qui risque d’arriver. Dans un deuxième temps, ils veulent démontrer que le gouvernement est prêt à faire face à une pandémie.” (First, they want to educate us on what it is, that it is a problem likely to happen. Second, they want to demonstrate that government is ready to face a pandemic.)

“I think the government is trying to give me a nice warm and fuzzy, that they are doing everything they possibly can.”

“I don’t feel much more informed than I would have before reading it. I feel it was more just a reassurance that plans are being put in place.”



As well, a small number of participants commented that the booklet leaves the impression that planning is in “process” whereas they would feel better if it communicated that planning has resulted in concrete outcomes. As one participant explained, some of the language (e.g., the plan aims to facilitate....) led to this impression.

“The last sentence ‘the plan aims to facilitate a consistent response across Canada’ but is it getting that.”

In some cases, participants described a preference for information that is more tailored toward what an individual could do personally in the event of influenza pandemic. More specifically, they wanted to know the steps to take on a home, school, or community level. This was largely raised in the earlier groups in Halifax and Toronto. In later groups, participants were told that this booklet would be something that people would receive if they requested information on pandemic planning.

“Expand checklists to certain settings where people usually are (i.e., school, home, workplace); expand it so you know the specific actions to be taken to prevent the flu.”

With respect to this, it is important to keep in mind, that while this might suggest the merit of developing such a resource that fits this purpose, this is not the intent of the booklet and participants did take away an understanding of the planning, in keeping with the intent of the booklet.

“Maybe it [purpose] is just to raise awareness, and in my opinion it did a good job of that in bringing the matter to light.”

Comprehensiveness

Many participants considered the booklet as covering the topics in sufficient depth, without burdening readers with unnecessary information. That said, some participants felt that the booklet was too long or wordy.

“I thought it was quite well written, fairly clear and concise.”

“I found the introduction a little bit wordy, a little bit hard on the head...seemed to have a lot on one page and not say a whole lot.”

Some others did note there was some repetitiveness in some places, with information in some sections (e.g., foreword, introduction) being repeated again later in the document.

“Some repetition, particularly toward the beginning. In the Foreword and Introduction, I felt there were a couple of times when things were mentioned... and mentioned a couple of more times and ...mentioned in pretty much the same way, so it felt that was pretty repetitive.”



There were some unanswered questions, each raised by one or two participants including:

- Who are the “experts” referred to in the booklet?
- Who is most at risk?
- How do human and avian viruses re-assort or mix?
- How would the vaccine/antiviral be distributed or made available to the population?/Who would first receive the vaccine/antiviral?
- How are people going to know about the booklet?
- How would the population be notified if there were a pandemic?
- Ability of the infrastructure (e.g., hospitals) to handle a pandemic.
- Validity of no avian viruses having been detected in Canada (participant recalled a news story that suggested there had been).
- Seemingly contradictory pieces of information, namely, the “Impact of an Influenza Pandemic in Canada” section describes a pandemic of moderate severity, with estimates of 58,000 deaths. At the same time, another estimate is provided for missing work for a half of day, which did not seem that serious.

Understandability

For the most part, participants found the language in the booklet easy to understand, with several describing it as well written. There are some instances where there were some questions (see findings for each Booklet part), more so among English-speaking participants than among French-speaking ones.

“Overall, it is easy to understand, even though English is not my mother tongue.”

“Took something very complicated and, in my opinion, made it easy to understand.”

“I found it pretty easy to understand, could see how parts would be more difficult than others. Explained as easy as possible- H gene and N gene, proteins – could see how people couldn’t understand that, but easily explained there, didn’t make it difficult.”

“No difficulty in understanding it. Obviously there are words in there or just descriptions of stuff that might be difficult to understand, but other than that, everything is pretty much straight forward and to the point.”

“It guided me in a way that I could understand it – not all over the place, it was all connected.”

“Really well written and for the most part, in very simple language, so understandable to somebody who knows nothing about the pandemic.”

Despite the overall ease of understanding this booklet, there were some terms and concepts that perplexed occasional participants such as H5N1, avian flu, and proteins. However, often these terms were later more fully defined and explained.



“Something else that I found a little bit confusing – the eggs and the protein... seemed a little bit confusing to me. Once you started talking about the particular virus, like the H5N1 or whatever, then it got a little easier to understand. But when the proteins were being talked about abstractly, I found that hard to follow.”

Other participants were generally pleased with the manner in which the concepts were explained, suggesting that it provided them with a greater understanding of terms they hear in the media.

“[J’ai aimé] l’explication des protéines parce j’entends ça aux nouvelles H5N1 alors c’est l’fun de pouvoir identifier ce que c’est. Tout le monde en parle sans vraiment savoir c’est quoi.” (I liked the explanation of the proteins because I hear on the news H5N1 so it is nice to be able to know what it means. Everybody is talking about it without really knowing what it is.)

Relevance

While several participants felt that the booklet was geared towards someone like themselves, several others felt that it or parts of it was more geared toward the health sector (one participant cited the statement in the Foreword that “the Plan provides guidance specifically for the health sector”) or were a little uncertain about the target audience. Several participants expressed some concern regarding the appropriateness of the booklet for those with lower levels of education and those who do not speak English or French. In this regard, they were concerned about getting the information out there to all of the population.

“Every level. It reinforces people who are already aware, educates people who weren’t aware in a way easy to understand.”

“In some places it does seem a little wordy. I had to step back and say who is it written for...it’s not for the general public is the general impression that I get.”

In addition, participants in the French group felt that the target audience would include individuals expressing an interest on the topic of influenza. It was felt that the booklet was inappropriate as a tool to inform the population at large of the government’s planning activities, as the alarmist tone of some information might create a panic among some people.

“Tous le monde devrait quand même être au courant que ça peut arriver quoique ça pourrait créer une panique.” (Everyone should be aware that it could happen, although it could create a panic.)

“Chez certaines personnes, ça pourrait déclencher une petite panique.” (It could create a panic among some people.)



Believability

Participants generally found the information in the booklet to be believable. They felt that the potential for a pandemic is realistic and found the information in the booklet to be largely credible.

“It gives me more background that is not being done with the panic mongers. It is useful that way.”

“Seems to be relevant with SARS and the Avian Flu. It just seems to be things we are hearing about all the time.”

“Les renseignements sont bien présentés et la démarche à une suite logique et les données sont là pour venir approfondir l’information. Ça me semble crédible.” (The information is presented in a good way, the steps taken appear logical and there is data to support the information. It seems credible.)

Of note, one participant suggested certain areas that seemed to exaggerate the potential threat of a pandemic to the broad population and “makes it sound scarier than it really needs to be”.

“When they are talking about people being hospitalized and the percentage that will die...they’re not specifying what demographic of people – assume it would be the elderly or children or people who have compromised immune systems, but it is without specification...but the healthy average person doesn’t have to be concerned about dying and it might convey that.”

Impact of Booklet

Some indicated they would file the information away for future use in the event that they hear more about the topic, others indicated they might look for more information on the Internet, be more tuned into the news on avian flu and other related matters, and discuss with family or friends.

“I do believe the government is trying to let people know that we are doing our best to plan for this and here is what you kind of need to know about it and if you are not taking it seriously, it is coming.”

I am going to read up more about it, but I am not going to get all worried. It is nice to know that these things are in place...”

“J’irai chercher les informations sur Internet. J’ai bien aimé avoir les adresses Internet où on peut aller chercher des informations supplémentaires.” (I would find information on Internet. I liked that they included Internet addresses where we can access additional information.)



A few others suggested they would pay attention to their own prevention behaviours to limit the risks of contracting influenza.

“This pandemic I never thought about before...but after reading this book, I really have to be very alert and do all the preparation like the checklist of things in the book and to follow exactly and really try to prevent from getting infected.”

“Ça m’a sensibilisé et concrètement il y a une chose que je ne fais pas mais que je vais faire plus, c’est nettoyer les poignées de portes et les interrupteurs.” (It made me more aware and one thing I was not doing that I will consider is cleaning door handles and light switches.)

Some others indicated they would not really use this information in any way, beyond the awareness it has already provided them.

“I don’t think...that after you read the booklet it is – so then what – this is just an outline of what the feds are looking at. It doesn’t really come down to... so what do you expect from me.”

“Ça a piqué ma curiosité et ça a réussi à m’intéressé au sujet.” (It makes me more curious and increased my interest level in the topic.)

Some participants felt more comfortable now about preparation for an influenza pandemic because of the knowledge of the plan that is in place. Reassuring facts include that there is vaccine contract in place, a stockpile of antivirals, and surveillance occurring.

“They do say there is enough vaccine for every Canadian citizen and that they are working on getting enough shots for everybody as well... good information in that respect.”

“A reassurance that there is a plan in place...I don’t get from it that this is a specific plan that this is what you do if it happens, but this is what we are trying to do to prevent it from happening.”

“I didn’t even know that any of these things were in place...so I think they have got a pretty good thing going on...feel a little bit better about things...I didn’t freak out...it’s reassuring.”

Some others felt more uncomfortable and found it “kind of scary”. This was due to their increased awareness and appreciation for the potential of a pandemic and the seriousness of the risks, as well as their concern about the capacity of the health care system to actually deal with the number of people who will be sick.

“It has given me more education so I am more aware of what the risks are.”



“It’s fine to say government officials have thought about it and plans have been put in place, and contracts have been put in place for vaccines, but when it comes down to it, does the frontline have the infrastructure to support the mass of people being sick?”

“... the rest of the population, they don’t know this information. I think if a pandemic were to occur, we wouldn’t be as prepared as the book tries to make us feel.”

“There were a couple of statements that hit me in the face...that the first pandemic will start outside of Canada and arrive here in 3 months...and then ...that they have a contract with this manufacturer which is wonderful, but after the virus hits, it is at least six months before they develop a vaccine. These are the two statements that scared me.”

Prior to reviewing the booklet, participants generally had not given much thought to the subject, other than paying attention to some of the things in the media on avian flu and SARS. For some, their concern about the issue has increased.

“It wasn’t something that I thought about, it wasn’t something that concerned me...I am a little more concerned about it differently now, because a few of the points were a little scary...like anything , until it hits closer to home, it doesn’t register with you. It’s telling me I need to take it a little more seriously than I have been.”

“When I began reading it, I assumed it was just the flu and I could stay healthy, but now reading about how the strains can morph...it really brought into light that I should take things seriously and really be educated about this.”

Suggestions

While the comments on each of the three parts that follow includes any suggestions made for those parts, a couple of suggestions for the booklet overall were put forth including:

- Have a glossary of terms; and
- Call annexes appendices, a term more familiar to more people (English version).



Part 1 – Understanding Influenza

Part 1 was useful to broaden and reinforce participant knowledge about influenza and its prevention. However, it did generate some questions.

Participants generally understood the purpose of Part 1 was to provide background information or to educate particularly in terms of what is meant by influenza and confirmed the section was effective in helping them understand influenza. In essence, it was “a good quick summary of the background of the flu”.

“Just inform you about how the flu spreads, what are the specific symptoms, and just general information about it. And it was really simple to understand.”

“Background information, just fleshing out exactly what they mean by the flu.”

“Interpret what influenza was... more details about the vaccination... how to avoid getting influenza. So I thought it was more about educating you as to what influenza was and about what the pandemic was.”

“Pour nous expliquer c’est quoi un microbe, un virus, comment ça se crée, ça vient d’où, comment ça interagit pour en créer d’autres plus virulent. C’est une description de la bestiole, du bobo.” (It explains what is a microbe, a virus, how it is created, where it comes from, how it interacts to become more virulent. It is a description of the bug.)

Some participants further commented this section helped them learn some new things including the difference between a flu and a cold (although that was an unanswered question for one English participant and a number of French-speaking participants), and the difference and connection among avian, seasonal and pandemic flu, and that it is unlikely humans will catch avian flu.

“I did like the chart, made it very straight forward and separated the avian, seasonal and pandemic...made it easier to understand.”

A couple of participants noted having a better understanding of flu vaccinations than they previously had. They explained they had previously thought the flu vaccine actually involved being injected with the flu.

“Always thought they were giving you the flu, didn’t know that it was an inactivated or dead virus...so the information about the vaccine was informative.”

“I never thought of taking the flu shot. When it describes that it helps with the immune system, what it builds, what it can prevent when you do annual flu shots and making sure you maintain those because of the changes.”



It is interesting to note that some participants thought the information on page 9 in the flu prevention checklist was basic information that people already know (and therefore perhaps did not fit this booklet).

“I’m not sure the flu prevention checklist fits in there. It is just kind of stuck in the middle there.”

Others commented on how this was really useful information to them. Yet others clarified that while they personally might already know this, they do not believe that all of the population is cognizant of this information and such information should be included.

“People don’t wash their hands the way they should. It is worth repeating.”

One French-speaking participant suggested that the checklist found on page 11 could also include a bullet point suggesting that people at risk receive yearly vaccination against influenza.

One section within this part that received more criticism among some English-speaking participants was the “Avian Influenza” one. Some felt the level of detail in terms of explaining the proteins was not necessary or not as applicable to the average person who does not come into contact with birds.

“It doesn’t affect humans directly, unless you are handling or dealing with that, it almost seems irrelevant to the average person.”

However, a couple of participants noted that mention of H5N1 is important, as this is a term they have heard in the news and on which they would like more information.

“They toss around the H5N1. Now I have some idea of what they are talking about.”

Some noted that the mention of the survey of wild birds as an early warning system was a pertinent piece of information that should be more prominent/closer to the top. One participant also suggested including information on the government’s policies with respect to importation of birds from elsewhere.

“The early warning system, that is kind of interesting. That might be a little further up in the paragraph. It is almost like a ‘by the way’. It needs to be incorporated a little more.”

“Think it is important to know that, at the very end of it where it says ‘the Canadian governments have undertaken a survey of wild birds’ ...kind of gives people a comfort level that ‘hey, we are looking for it, we are not just waiting for it to happen’.”



There were some unanswered questions for this section:

- Whether or not there is any distinction between “regular” flu symptoms and pandemic ones. A couple of participants indicated they would expect different symptoms (although others clarified they did not expect any difference in terms of symptoms).
- If someone catches the avian flu, whether or not they can then pass it on to others.
- Whether a vaccine that is 70% effective is positive or negative.
- The need to highlight the difference between a cold and the flu (in French, “grippe” and “rhume”).
- What pathogenic means.
- How often mutations occur and how often mutations are serious ones.

“Or even how to recognize it [pandemic] as different from other flus if there is a way. What symptoms of it would be different from another flu?”



Part 2 – Preparing for an Influenza Pandemic

While Part 2 was perceived as communicating the seriousness of a potential pandemic, it did not seem to fully meet expectations.

Several participants interpreted the purpose of this section as the “take notice” section, that is, it communicated the seriousness of the issue, the potential impacts, and the need for addressing them.

“It did give us a lot of information, statistics, things we might not have known about. The word death is used a lot.”

“I felt this was sort of the scare section...and maybe rightfully so, but to scare you that something has to be planned for.”

“Section was devoted to driving the point home that this is an issue that should be dealt with immediately...that it is a more immediate and widespread threat.”

“This section to me was kind of the punch. The first section was the background and the general information. This section says like okay, now this is what could possibly happen...this is the impact it could have on Canada, which is what I found a bit scary.”

Some participants noted that they did not take away a good sense of what the plan is from this section. A couple of participants in Toronto described its purpose as trying to give people “warm and fuzzy”, that is, it is trying to reassure people that planning is being done, but that it does not explicitly state the desired outcomes of planning have been achieved. Wording was seen as contributing to this perception.

“Doesn’t really say anything about the preparation, just who is involved. So that doesn’t mean that they are preparing, just the model that is in place, the jurisdictions that are involved. But it really doesn’t say anything about the plan or what they are doing, just that they are getting together and talking about it.”

Part 2 was also described by some as explaining why planning should be done for an influenza pandemic, rather than communicating what planning is being done or what the plan is (which was perceived as covered in Part 3).

“It doesn’t really give me a good understanding. It affirms there is a plan in place, but it doesn’t give me a good understanding of exactly what that plan is.”

“Don’t just tell us you are working on this plan, what are they, what are the actual plans.”



“At the end I was worried that I wasn’t going to find out what happened in the plan because what the actual plan contained isn’t mentioned until Part 3. So thought something could be worked in there because I felt like it lays out the plan so nicely...but it never really says what the plan contains.”

At the same time, a few of French-speaking participants suggested that this section does not provide the reasons supporting the need to prepare ourselves *at this time*, suggesting that the government is withholding information regarding the severity of the current situation.

“Ils ne disent pas vraiment pourquoi on a besoin de se préparer. Ils nous annoncent des chiffres, des scénarios possibles de comment pourrait être la pandémie et combien de victimes ou de personnes touchées, mais le pourquoi, non.” (They are not explaining why we need to get ready. They give numbers, provide possible scenarios on pandemic situations and how many victims there could be, but they do not explain why we need to get ready.)

“Pourquoi pensent-ils que cette année il pourrait y avoir une pandémie cette année plutôt qu’une autre ?” (Why do they think there could be a pandemic this year, rather than during another year?)

“C’est quoi les vraies raisons de se préparer maintenant? Est-ce parce que c’est un partenariat international? Est-ce à cause des répercussions économiques d’une pandémie?” (What are the real reasons to get ready now? Is it because it is an international partnership? Is it because of the possible economic impact of a pandemic situation?)

Some expected Part 2 to give them more a sense of preparation at their individual level. For example, what should they do if news of a pandemic arises, where should they be looking for information or alerts for information regarding the beginning of a pandemic and the actions they should take. (It should be noted that some of this is covered in Part 3).

“To be prepared, you have to tell the individual people how to prepare for it, not just give them figures. You have to give them some ideas on how to be alert and when things happen how to direct... stay at home, don’t go to work...”

“It did not mention what the normal people have to take part as well...should also put in the preparing that the average people have to take part in as well.”

“It is not doing anything for me...it doesn’t tell me how to prepare for anything, it just tells me kind of vaguely what is going on...it sounds like a lot of jargon.”

A small number of English-speaking participants had difficulty with the chart dealing with estimated health impacts on page 13. They explained they could not put the numbers in perspective of the population, whereby percentages are better (which are included in the body of the text). Conversely, some other participants, notably French-speaking ones,



mentioned that figures were more impactful than percentages in establishing the importance of the situation.

“To me it would be nice to know that 1% of the population, as opposed to the 11,000 to 58,000...out of what – I don’t know what the population of Canada is, to me percentages would mean more.”

“You don’t have a good appreciation for what that means in terms of population, what that means in my province, city...listing the impacts seems to be more of a lead in as to why you would plan...tells me why we should plan, but what is the plan?”

“Looks like some figures and evidence for the experts, not for the common people.”

“Les chiffres parlent plus que les pourcentages. Ça dit rien 70 pour cent de la population. Les pourcentages, c’est plus pour les experts.” (Numbers speak louder than percentages. Seventy percent of the population does not mean anything. Percentages are more for experts.)

Of note, one person felt this information should be clarified in terms of what sector of the population would be most at risk, with a sense that the average healthy individual would be less impacted. It was also noted by a couple of participants that this information was scary and perhaps not for the average person, but more so for a health professional.

“...on page 13, that one was kind of too detailed at the level of the medical people and to me, it’s kind of scary.”

A couple of participants misunderstood the information regarding influenza arriving in three months, thinking it was the next three months, rather than three months after a pandemic starts elsewhere. Others clearly understood this information.

Some participants commented on the repetitiveness of the information in the “Canadian Pandemic Influenza Plan” with the information in the introduction. Some others felt the whole section could be reduced in length.

“I found it repeated word for word from the introduction...there is no need to repeat it...we don’t need to hear it again.”

“I think the whole section could be reduced to one or two paragraphs, what Canada is planning and these are the groups that are involved in the planning process.”

While some appreciated the “Terminology” section, a few French-speaking participants suggested the heading “Terminology” was inappropriate for the section explaining the phases of a pandemic, as the term “terminologie” is more suggestive of a glossary.

“Very straight forward, I actually like it because it mapped out the different stages of a pandemic clearly without being too wordy.”



Participants raised some unanswered questions for this section including:

- Who are the 200 officials and experts?
- What is the US model based on (what illness/event is it based on)?
- How many waves of illness can occur (suggestion to change “more than one wave” to “multiple waves”)?
- How long a healthy person would be sick and contagious for?
- When stating that up to 70% of the population could become infected, with 15-35% that will become ill enough to miss work; French-speaking participants questioned whether those missing work would equate to 15-35% of the entire population or of the contaminated population.

“De 15 à 35 pour cent sur le 70 pour cent ou sur le 100 pour cent. Sur la population totale ou sur la population atteinte? Ça manque de précision.” (From 15 to 35 percent among the 70 percent or among the 100 percent. In other words, is it among the entire population or only among those who are infected? It is not precise.)



Part 3 – Key Components of Pandemic Planning

Participants frequently gleaned important and reassuring pieces of information from this section.

Participants easily understood the purpose of this section was to inform them of the components of the Pandemic Planning and did feel that it gave them a better understanding in this regard.

‘I do like that section...does break down what is actually happening with the plan, what they are actually doing in the laboratories...pretty clear to the average person how they are monitoring it and studying it and how their studying works...reassuring.’

“Ça démontre l’état des troupes et les munitions qu’on a face à l’ennemi.” (It shows the state of the troops and the ammunitions we have to face the enemy.)

Some commented that they liked the specificity of this section in terms of outlining what is actually being done. This is the section that provided them with the reassurance that plans are in place. For some, this was the very information that they were looking for throughout their review.

“Telling you a little bit more of what they are doing, not just what hoping to do.”

“This is the information we have all been talking about.”

“This was the strongest section, laid everything out really well...the things that it had in it were really interesting.”

At the same time, a small number of participants noted that this section might be better positioned as a continuation of Part 2, helping to improve the conciseness of the booklet. One participant also mentioned that the bullets stood out in this section more so than the remainder of the text.

“We’re talking about in part 2 preparing for the pandemic, and then part 3 is components of the planning, it almost seems like it all should be in one section.”

In particular, several participants reported the fact that there is a contract with a manufacturer to develop a vaccine (although the 6 month time frame was a little uncomfortable) and the fact that there is a stockpile of antivirals helped increase their confidence. Some also commented on the importance of knowing about the surveillance being done.

One French-speaking participant suggested that the subheading “Éloignement social” could be perceived as discriminatory and should be replaced by “Écart préventif” or “Congé préventif”.



“J’ai de la misère avec le terme éloignement social parce que ça fait discriminatoire. Peut-être retrait temporaire préventif, écart préventif, congé préventif, quelque chose comme ça. Autrement, les gens vont dire, voyons, j’ai pas la peste.” (I have a problem with the term ‘éloignement social’ because I feel it is discriminatory. Maybe ‘retrait temporaire préventif’, ‘écart préventif’, ‘congé préventif’ or something like that. Otherwise, people will say, I don’t have the plague.)

One participant questioned why FluWatch was bolded, when nothing else had been bolded in the document.

Unanswered questions for this section included:

- What information sources people should turn to in a pandemic? (While there is a section on communication, it might need to highlight where people should turn for information).
- Is a person’s family doctor part of the FluWatch (i.e., how extensive is the network)?
- What is the basis of the prioritization for the vaccines?
- Why were antivirals not available during last pandemics (e.g., was it because they did not exist)?
- What type of medication are antivirals (e.g., requiring a prescription or not; pills or injection; etc.)

“It doesn’t tell you what you are supposed to do or what you are supposed to listen for if there is a pandemic.”



Look and Feel

The booklet format, while not considered attention grabbing, was generally approved as functional and in keeping with the subject.

Cover

While participants felt the cover was okay, they indicated they did not see it as something that would grab attention, using terms such as “clinical”, “bland”, “dull”, and “grim” to describe it. At the same time, several participants noted they wouldn’t expect something bright given the topic.

“Grim looking. Not expecting to get anything bright and cheery, but it is kind of dulled down...they have done the best they possibly can...not going to put a bunch of daisies.”

“I think the cover is very clinical and certainly not intended to jump out of shelf at you. People who are looking to read this type of material are going to read it, but it is not going to catch people who wouldn’t necessarily read this type of material.”

They explained that if they saw it in a doctors’ office or pharmacy they would not be inclined to pick it up. A few noted the formal look might appeal to health care workers, as it highlights the seriousness of the publication.

“I didn’t think that it [cover] was particularly grabbing, but it’s nice and it looks ok. I thought there could have been something a little bit more wanting to make you read it.”

At the same time, a few French-speaking participants were of the opinion that the official look and feel of the booklet further reiterated the importance and seriousness of the topic covered.

“Ça impose un certain respect. Ça fait sérieux, pas trop flasher. Ça fait brochure médicale sérieuse. C’est bon parce que c’est quand même un sujet important.” (It commands respect. It is serious looking, not too flashy. It resembles a serious medical brochure, which is good because it covers an important topic.)

Layout

While participants generally liked the organization of the booklet into sections and use of headings, some English-speaking participants felt there was wasted space in the booklet in terms of the white space and repeated graphic at the top of every page. At the same time, others liked the graphic.

“Graphic on the top of every page was waste of space, repetitive.”



Some English-speaking participants also did not like the size of the booklet, specifically indicating that it should either be smaller or a normal 8 by 10 size page. They explained that this size was more difficult to handle and keep track of.

“One thing that I totally disliked about the booklet is that it is totally uncomfortable to hold in your hands...hands are actually hurting. Should be letter size or smaller.”

“...I don’t like the size. It is half of a book...when you talk about filing it or trying to find it again. If you put it on a shelf, this thing is going to disappear.”

Participants unanimously liked the font style and size in the booklet, citing the importance of having larger print and size in the booklet. The one suggestion was to have the Table of Contents the same size as the font in the rest of the booklet. A few French-speaking participants suggested the font used in the table shown on page 10 might be too small.



Appendix A: Recruitment Screener

**Qualitative Research around the “Preparing for an Influenza Pandemic” Booklet (POR-06-57)
Final Invitation for Telephone Group Interviews**

Name: _____

Province: _____

Tel. (H): _____ Tel. (W): _____

Group: 1 2 3 4 5

Halifax
Date: Monday, November 20, 2006
Time: Group 1 – 6:00pm AST
 (6 PM AST)

Bridge:

Toronto
Date: Monday, November 20, 2006
Time: Group 2 – 7:00pm EST
 (8 PM AST)

Bridge:

Quebec City (**French**)
Date: Tuesday, November 21, 2006
Time: Group 3 – 6:00pm EST
 (7 PM AST)

Bridge:

Winnipeg
Date: Tuesday, November 21, 2006
Time: Group 4 – 6:00pm CST
 (8 PM AST)

Bridge:

Vancouver
Date: Tuesday, November 21, 2006
Time: Group 5 – 6:00pm PST
 (10 PM AST)

Bridge:

SPECIFICATIONS SUMMARY	
<ul style="list-style-type: none"> • 50/50 gender split • Between 18 and 65 years of age, mix of age groups • Mix of education • Mix of income 	<ul style="list-style-type: none"> • Mix of ethnicity (especially in Toronto and Vancouver groups) • Not been to focus group in last 6 months • Never been to 3 or more focus groups • Comfortable sharing opinion

Hello, my name is ____ and I am with Corporate Research Associates, a public opinion and market research firm. Today, we are conducting a brief study on health. May I ask you a few quick questions please? Thank you.

Roughly 50/50 split male/female

Gender (By Observation):

- Female 1
- Male 2

To begin:

1. Are you or anyone in your household currently employed, have ever been employed, in or are retired from any of the following types of industries...?

- Marketing/Market Research 1
- Public relations 2
- Advertising or graphic design..... 3
- Media (TV, Radio, Newspaper)..... 4
- Health care 5

IF YES TO ANY OF THE ABOVE, THANK AND TERMINATE

MIX OF AGES BETWEEN 18 AND 65

2. Into which of the following age groups do you fall? Are you...?

- Less than 18..... 1 **Thank and terminate**
- 18-24 2 **Continue**
- 25-34 3 **Continue**
- 35-44 4 **Continue**
- 45-54 5 **Continue**
- 55-65 6 **Continue**
- 66+ 7 **Thank and terminate**

MIX OF EDUCATION LEVELS

3. What is the highest level of education you have completed?

- Elementary (Grades 1-8) 1 **Thank and terminate**
- Some High School/Vocational 2 **Thank and terminate**
- Completed High School 3 **Continue**
- Some College / Technical Training 4 **Continue**
- Completed College / Technical Training..... 5 **Continue**
- Some University 6 **Continue**
- Completed university..... 7 **Continue**

MIX OF ETHNIC ORIGINS, ESPECIALLY TARGET VISIBLE MINORITIES IN VANCOUVER AND TORONTO

4. We are interested in speaking to people of different ethnic origins. What is your ethnic origin? Do not read list. Check one only.

- European (British, Scottish, Irish) 1
- Asian (Japanese, Chinese, Vietnamese, Korean, etc.) 2
- African (South Africa, Ethiopian, Somalian, etc.) 3
- Pacific (Taiwan, Philippines, Indonesia, etc.) 4
- Latin/Central/South America (Mexico, Venezuelan, etc.) 5
- Caribbean (Barbados, Jamaica) 6
- Aboriginal 7
- Black origins 8
- Other **Please specify** 9

MIX OF INCOME LEVELS

5. Which of the following best describes your total household income before taxes in 2005? Would you say...?

- Less than \$25,000 1
- At least \$25,000 but less than \$40,000 2
- At least \$40,000, but less than \$70,000 3
- \$70,000 or more 4

6. Have you ever attended a focus group discussion for which you received a sum of money?

- Yes 1 **Continue**
- No 2 **Go To Invitation**

7. What was the subject of the group? _____

8. When was the last time you attended a focus group? _____

9. How many focus groups have you attended? _____

**IF THEY HAVE BEEN TO A GROUP IN THE PAST 6 MONTHS, THANK & TERMINATE,
IF THEY HAVE BEEN TO 3 OR MORE GROUPS, THANK & TERMINATE**

INVITATION

I would like to invite you to participate in a small group discussion that will be conducted over the telephone at _____(time) on _____(date). This conference call will be used to gather thoughts and opinions of a small group of people on a draft booklet called 'Preparing for an Influenza Pandemic'.

10. The discussion will consist of 3 to 5 people and will be very informal. This discussion will last no more than 1 ½ hours and you will receive \$75 as a thank you for your time. Would you be interested in participating?

Yes 1 Continue
No 2 Thank and Terminate

11. Participants will be asked to read materials individually prior to the group discussion. Would it be possible for you to take part in these activities in English (*or French*)?

Yes 1 Continue
No 2 Thank and Terminate

12. The discussion in which you will be participating will be audio recorded for internal reference only. Please be assured your comments and responses are strictly anonymous in accordance with Canada's privacy legislation. Are you comfortable with the discussion being audio taped?

Yes 1 Continue
No 2 Thank and Terminate

13. There may also be observers from the Government of Canada that will listen to the discussion, for research purposes only. Are you comfortable with having observers?

Yes 1 Continue
No 2 Thank and Terminate

As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. In the event you are unable to attend, please call _____ (collect) at _____ as soon as possible in order that a replacement may be found.

To connect into the conference call, please dial the toll-free number **1.866.305.1460** and enter the following access code 2243302 **followed by the pound key (#)**. Could we have an email address where we can send you these instructions?

Record email address (and verify): _____.

Please call in 5 minutes before the beginning of the conference call. If you arrive late, we will not be able to include you in the discussion, and will not be able to provide you with the \$75 incentive.

As mentioned earlier, we will be pleased to provide participants with a \$75 cheque, in appreciation of your time, after the group discussion. Could I have the mailing address where you would like the cheque mailed?

Postal address: _____

City: _____

Province: _____ Postal Code: _____

And please confirm the spelling of your name: _____

We also would like to send you by courier a copy of the booklet that will be discussed during the group interview. Where would you like this material sent to you; at the address mentioned earlier or another street address? ***Please ensure this is a street address not a postal address. Record alternate STREET address if necessary:***

Street address: _____

City: _____

Province: _____ Postal Code: _____

You will need to read this booklet prior to the group discussion. As you do so, please note any parts you like, any parts you don't like, and anything you do not find clear or easy to understand to discuss during the call.

ATTENTION RECRUITERS

1. Recruit 5 participants for each group
2. CHECK QUOTAS
3. Ensure participant has a good speaking (overall responses)&written ability-If in doubt, DO NOT INVITE
4. Do not put names on profile sheet unless you have a firm commitment.
5. Repeat the date, time and bridge instructions before hanging up.
6. Verify key information when confirming.

Confirming

1. Confirm at the beginning of the day prior to the day of the groups
2. Confirm all key qualifying questions
3. Verify time and bridge instructions (ask if they are familiar)
4. Verify that they have received the material by courier

Appendix B: Moderator's Guide

FINAL Moderator’s Guide

November 8, 2006

Introduction & Warm-up:

5 minutes

- **Welcome** - Intro self, role as moderator; confirm participants have reviewed the booklet in full
- **Explain Purpose** – opinions on the Preparing for an Influenza Pandemic booklet
- **Name sponsor of study:** Public Health Agency of Canada
- **Explain process** – teleconference; audio taping; all opinions are important; important to understand agreement/disagreement; talk one at a time; no right/wrong answers; individual comments are confidential
- **Introductions** - Participant introduction: ask them to introduce themselves: name, what they like to do in their spare time.

Overall Reactions

35 minutes

Now that you have looked at the draft Booklet, we will talk about your general impressions first before looking at the sections.

- **Overall** – What is your overall impression of the Booklet 
- **Relevance/fit/appropriateness** - Who is it for, someone like you or someone different? Why? 
- **Message/Purpose** – What do you see as the overall purpose of this booklet? What is it trying to do? 
- **Use** – How would you use this booklet? What sections would you use? Which ones would you not use? 
- **Appeal** –Do this booklet appeal to you? Why / why not? What elements caught your attention? What do you like/dislike? 
- **Believability:** Do you believe what this booklet is saying? Why / why not? 
- **Language** – is the writing in the booklet easy to understand? What, if anything, was not easy to understand? 
- **Comprehensiveness** – What do you think of the information in the booklet? Is it the right type of information? Any types of information you would like to see more/less of? 
 - Is there too much? Too little?
- **Impact** – How, if at all, does this booklet change how you think or feel about preparing for an influenza pandemic? 
 - Is it a topic that concerns you? Why/why not?
 - After reading this booklet, are you more or less comfortable about preparedness for influenza pandemic? Why?



- **Call to Action** – What, if anything, would you do after reading this booklet? Would you look for more information? If so, where would you look? 
- **Cover** – What do you think of the cover? 
- **Layout** – What do you think about how the information is laid out? Is the font size and style clear? 

Section 1 – Understanding Influenza
--

15 minutes

- **Message/Purpose** – What do you see as the purpose of this section? What is it trying to do? Is the purpose easy to understand? Why/why not? 
- **Clarity/understandability** – Is the information clear in this section? What, if anything, is not clear or difficult to understand? (Probe on different components)
 - How could it be made less confusing? 
 - Anything missing?
 - Anything you feel is not necessary?
- **Effectiveness** – How much, if at all, does this section help you understand influenza? How so?
 - What, if anything, did you learn, that you did not already know?
 - What else, if anything, would you want to know? 

Section 2 – Preparing for an Influenza Epidemic
--

15 minutes

- **Message/Purpose** – What do you see as the purpose of this section? What is it trying to do? Is the purpose easy to understand? Why/why not? 
- **Clarity/understandability** – Is the information clear in this section? What, if anything, is not clear or difficult to understand? (Probe on different components)
 - How could it be made less confusing? 
 - Anything missing?
 - Anything you feel is not necessary?
- **Effectiveness** – How much, if at all, does the section give you a general understanding of pandemic planning activities from a health perspective? How so?
 - What else, if anything, would you need to know? 



Section 3 – Key Components of Plan

15 minutes

- **Message/Purpose** – What do you see as the purpose of this section? What is it trying to do? Is the purpose easy to understand? Why/why not? 
- **Clarity/understandability** – Is the information clear in this section? What, if anything, is not clear or difficult to understand? (Probe on different components)
 - How could it be made less confusing? 
 - Anything missing?
 - Anything you feel is not necessary?
- **Effectiveness** – How much, if at all, does the booklet help you understand the key components of pandemic planning? 
 - What else, if anything, would you need to know to better understand pandemic planning?

Thanks & Closure:

On behalf of the Public Health Agency of Canada, thank you for your participation!



Booklet Sections (for reference/probing)

- Introduction
- Understanding Influenza
 - Influenza ‘the flu’
 - Influenza Vaccination
 - Flue Prevention Checklist
 - Influenza Pandemic
 - Avian Flu
- Preparing for an Influenza Pandemic
 - Canadian Pandemic Influenza Plan
 - Roles and Responsibilities
 - Impact of an Influenza Pandemic in Canada
 - Origins and Timing
 - Estimated Health Impacts
 - Terminology
- Key Components of Pandemic Planning
 - Surveillance and laboratory preparedness
 - Pandemic Vaccine
 - Antivirals
 - Public Health Measures
 - Health Services
 - Communications
 - Emergency Preparedness and Coordination

