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Final Report
TESTING MESSAGES FOR THE CHIEF PUBLIC HEALTH OFFICER (CPHO) OF CANADA'S ANNUAL REPORT (HC POR 07-29)

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I. Executive Summary

Executive Summary

The Strategic Counsel is pleased to present this report on the findings from 10 focus groups held between February 4th and February 7th, 2008. The groups were commissioned by The Public Health Agency of Canada (PHAC) to probe views on public health, to test the key messages to be used in communicating the Chief Public Health Officer's (CPHO) first annual report, to determine effective communication methods and to ascertain the most effective way to credibly present the CPHO and PHAC to Canadians.

The CPHO is required to produce an annual report on the State of Public Health in Canada for Parliament. The first of these annual reports, with its focus on health inequalities in Canada, is to be tabled in the House of Commons in the spring of 2008. This report is likely to be scrutinized by the media and be a part of the public debate on health in Canada. As such, this report provides opportunities for the CPHO and PHAC to demonstrate their relevance to Canadians and clearly establish their leadership in promoting and maintaining public health across Canada. It is also a key opportunity to foster debate among key stakeholders regarding public health issues affecting Canadians and establish accepted benchmarks for assessing the state of public health in Canada.

As a result, this qualitative research program was structured to address the following objectives:

- Probe views on improving public health in participants' communities and, importantly, develop an understanding of how the term "public health" is understood among the general public;
- Ensure the report's key messages are credible and relevant with the key audiences;
- Assess whether there are noticeable differences in views across Canada in order to appropriately adapt communications to regional specificities;
- Determine which communication methods are most effective in reaching the general population; and
- Ascertain the best way to explain the CPHO/PHAC.

Focus groups were undertaken in five locations: Toronto, Halifax, Montreal (in French), Winnipeg and Vancouver. The first set of groups in each location was comprised of general population participants, who represented a cross-section of the Canadian population by age, household income and education. The second set of groups was comprised of opinion leaders.

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 public health, as well as some of the challenges and opportunities that exist in developing and communicating the messages that surround the CPHO's report.

Group discussions were structured in order to allow participants an opportunity to present their top-of-mind connections and associations with the notion of public health and to reflect on the individual, community and government roles in the public health system.

The majority of each session was spent identifying the importance of the various key messages and issues related to public health, discussing their potential impact on reducing health inequalities, and recognizing which of the messages resonated most with participants. In the latter part of the sessions a PHAC-approved definition of public health was provided to the participants and discussion focused on understanding the type of characteristics that participants would expect to be embodied by the CPHO in order for him to be viewed as a leading, credible, and trustworthy source on public health in Canada.

A. Key Findings

1. The Main Challenge

Fundamentally, the distinction between the public health system and the health care system was not at all clear to participants. The term "public health" holds almost no resonance as a concept separate from the health care system, which forms a significant communications challenge for the Chief Public Health Officer and the Public Health Agency of Canada – the results of the focus groups were clear that these titles readily imply a responsibility for Canada's overall health care system.

Across all of the groups there was confusion around the term "public health", much of which emanated principally from participants' correlation of the term "public" with the notion of "universality," a core principal of Canada's health care system. Across most of the groups, top-of-mind responses to the term public health were concentrated on the infrastructure of Canada's health care system, including such issues as overcrowding, wait times and shortages of professionals.

While a few participants did associate public health (correctly) with infection/disease control, vaccines/immunization, and prevention, these types of associations were rare, and there was little linking of the term "public health" with prevention and community health.

While posing an interesting communications challenge for PHAC, this key finding is not surprising, and is indicative of the ongoing focus of public attention and concern on the institutional component of the health care system itself.

- *"I would use the terms interchangeably."*
- *"I am completely confused."*

2. Health Inequalities in Canada

While the term "health inequalities" was not a phrase or concept that participants were immediately familiar with, upon discussion they did understand the term's meaning and readily understood that these types of inequalities are present in Canada. The participants readily identified specific demographics where gaps are seen to exist, including Aboriginals, the elderly, infants/children, lower income/less educated, the homeless, those suffering addictions, the mentally ill and recent immigrants

Factors that were cited as contributing to these gaps included: income, education, access (living in remote areas), government inaction (Aboriginals), social environment (background and upbringing) and lifestyles.

In general though, the state of Canadians' health overall within society was perceived as average or above by most participants. When compared to other countries, it was thought to be *"good"* and *"better than average"* but in some cases was also perceived as only *"fair"* due to some strong opinions about prevalent Canadian health issues such as obesity, smoking, hospital wait times, and finding family doctors.

Diet and exercise was a top-of-mind issue for many participants, and they clearly connected this theme with the notion of public health. They were aware of the impact that this could have on making oneself healthier, and thus preventing future reliance on the health care system: *"(Diet and exercise) can prevent a lot of the health problems that you may have."*

Numerous participants also agreed that the root causes of poorer health are often related to inadequate income (i.e. the means of being healthier) and education (i.e. an understanding of how to be healthier). Many participants were suggesting that Canadians, particularly those in lower income groups, needed to be better informed and educated about healthy lifestyles and healthy choices.

Other top-of-mind issues mentioned included: heredity and genetics, smoking, environmental pollution and stress and depression. Stress was also frequently mentioned in both the context of financial stress/economic security, and work/life balance:

- *"There is more stress depending on your income. When I came to Toronto I had to start a life, and I had to start from minimum wage and it was such a stress to start from down there…and I started to crack up. But the minute I got into this (new job), I felt better, my life turned around."*

On a few occasions type of job (e.g. one allowing/not allowing you to go exercise), good relationships and self-esteem (particularly with respect to peer/societal pressure) were also mentioned as factors perceived to influence overall health.

In discussing the state of Canadians' health, the notion that some people are less healthy than others was readily acknowledged, and this was mentioned as an unprompted thought on a number of occasions: *« Je pense que la majorité est en bonne santé mais il y en a une partie qui est plus à risque».*

3. Individual, Community, and Workplace/Employer Actions Affecting Public Health

Given the lack of top-of-mind understanding of public health in general, it was not surprising that on balance participants had trouble mapping out the people, institutions and other elements that comprise the public health system. Despite having been presented with a definition of public health at this point in the discussion, participants nonetheless had trouble grasping the concept of public health.

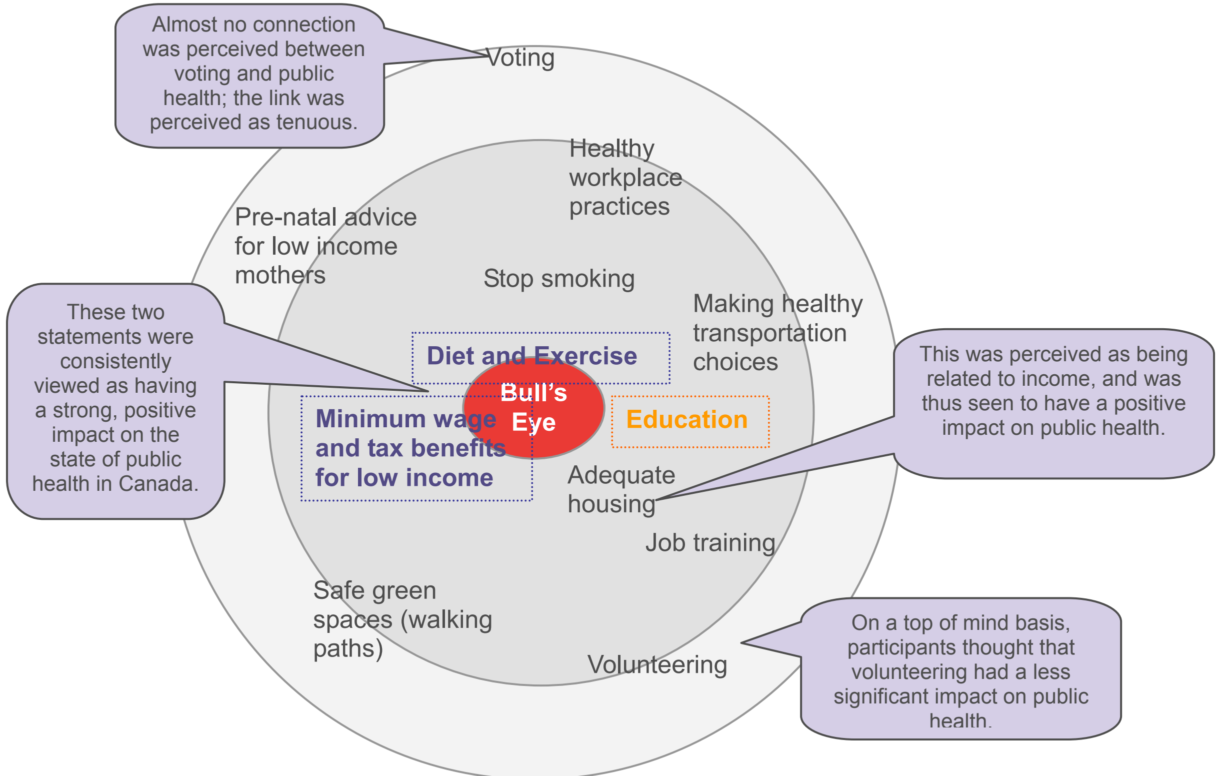
Participants often saw hospitals, clinics, doctors, pharmaceutical companies, research and development and government as having a role in the public health system. In a few cases participants did make mention of research laboratories, charitable organizations and volunteers as part of the system. Several participants also saw home nurses such as VON as being part of the public health system.

With respect to their own personal role, participants rarely mentioned themselves as being a part of the public health system. However when prompted they reasoned that their role was that of patients or funders, largely (via taxes). Notably, within some of the opinion leader groups, several participants did admit that they do have a responsibility for their own health, and that their staying healthy could serve to reduce pressures on the health care system.

With respect to the role of communities and employers in the public health system, participants had very few top-of-mind thoughts. Some believed that communities could play a role in supporting organizations that help individuals with health issues, such as the Canadian Cancer Society or supporting individuals themselves who are in need of care or support (e.g. those in need of alcohol/drug abuse support). When asked about the role of employers, they were seen to have the role of providing day care, gym passes and the like, to help reduce employee stress and perhaps increase employee productivity. When the discussion turned to the role of government, it was largely seen as a funding organization, whether it be in terms of support to employers in the form of tax credits to enable them to provide programs to their employees, or to funding the public health system itself.

4. Message Testing

One of the most enlightening exercises that was conducted during the focus groups was the “bull’s eye” activity which illustrated the activities that were perceived as having the most impact on reducing health inequalities in Canada. Participants were presented with activities that could be undertaken by either communities and/or individuals, and were then asked how, if at all, these activities could reduce the gap between those who are healthy and those who are less healthy. The closer the message was placed to the target depended on the degree to which it was perceived to reduce the gap between those in Canada who are healthy and those who are less healthy:



On balance, the messages that resonated most with participants were diet and exercise and minimum wage and tax benefits for low income. On average, participants could see the link between these activities and public health, and they felt that these types of activities could have a positive impact on the state of public health in Canada. Again, it is important to note that little distinction was made between personal and public health.

While not among the messages tested, across all groups many agreed (unprompted) that better education is vitally important to addressing issues of health inequalities and improving Canadians' overall health status.

Much like supporting raising minimum wages, the ideas of adequate housing and, to a lesser degree, job training were positively received as possible strategies to directly create the financial security required to enhance public health. Participants felt as though financial security could serve to help reduce stress,provide adequate family income, and allow families to purchase affordable foods as well as participate in recreational/sports activities. However, while many supported raising minimum wages, there was often debate by at least one or two individuals in a group about the relative benefits of a "hand-out" versus a "hand-up" strategy.

In general the link between the act of voting and reducing health inequalities were perceived as tenuous at best. Compared to the other activities listed, voting was perceived as having considerably less of a positive

impact on reducing health inequalities in Canada. This perception is very much intertwined with general perceptions of voter inefficacy and the perceived general lack of credibility of politicians.

In a subsequent exercise where the complete messages were displayed to participants individuals had more specific ideas about the actions that could be taken to impact public health and reduce health inequalities. However, the overall sentiments about the messages themselves remained similar to those exhibited during the bull's eye exercise. The activities that were generally perceived as having the most impact on public health were:

- Ensure Canadians have adequate income (through tax benefits, minimum wage, etc.).
- Making healthy choices about the way we live, including diet, exercise, smoking and transportation.

Participants showed the greatest level of engagement with these issues and linked each activity with improving overall public health. While the healthy choices option was seen largely as an individual responsibility, again it was emphasized that most problems stem from the issue of adequate income: *"It all comes back to the price and the ability to afford."*

Across the groups, the messages below were generally perceived to have a much lesser impact on public health. The link between public health and these activities was tenuous at best for participants, and they simply did not see the connection between the activity and reducing health inequalities. The activities that were seen as having the least impact on improving public health were:

- Vote, thereby sending a message that politicians need to make a difference in the health and well-being of the citizens they serve.
- Creating safe, affordable and more accessible spaces for physical activity for everyone.
- Being able to volunteer our time or money to support less advantaged members of our communities, either through organized efforts or through individual family or friend support.

On a top-of-mind basis, many were sceptical about the connection between public health and volunteering. However, once involved in discussions surrounding volunteering, and upon further probing about the potential impacts of volunteering on public health, some participants began to see the connection between volunteering and better health through improved self-esteem or self-worth. These were seen to benefit either the volunteer, those being helped by the volunteer or in some cases by both.

5. Regional Variations

There were notable differences between the different regions with respect to their views on health inequalities and impact of the various action statements on reducing public health inequalities.

- Those in Winnipeg were generally more sensitive to the issues faced by Aboriginals, and they were more aware of the health inequalities faced by the Aboriginal community.

- In Vancouver, there was very little interest in the idea of more affordable, safer and accessible public spaces as a solution to addressing health inequalities, whereas in both Toronto and Halifax the interest surrounding this concept was more centered on the idea of safety rather than the space itself.
- Pre-natal advice was seen as having more of an impact in reducing health inequalities in the Vancouver groups compared to the rest of Canada.
- In Montreal, there were some questions as to why the federal government was discussing health issues as this was known to be a provincial matter. Also, participants in Montreal placed particular emphasis on the notion of lower income individuals helping themselves, rather than connecting with the notion of raising the minimum wage.

6. Public Health Information Sources and the CPHO

Participants generally cited the Internet, newspapers, television and radio as the primary sources they would consult for information on public health. With the Internet, usually the use of key words in search engines was the preferred way to search for information online.

Many were interested in hearing more about the state of public health itself, and a number of participants commented that they were less interested in the media citing the problems and more interested in hearing about solutions. They also expressed more of an interest in stories that had a personal touch, stated facts and numbers, and contained news about the government taking action.

Numerous participants said that they would be interested in hearing about the state of public health in Canada, specifically understanding the current system – *"a proper understanding of the whole system*" – understanding the current safeguards that are in place, and hearing about the information that they currently have access to.

Furthermore, consistent with the lack of understanding of the concept of public health, there was a lack of awareness of PHAC and the position of the CPHO across all the groups. When prompted with information about the CPHO however, most thought that the person occupying this position should be a physician (at arm's length from the government), knowledgeable, credible (e.g. with strong medical credentials) and personable (e.g. a good public speaker).

Some of the characteristics associated with the position included knowledge, education, accountability, and responsibility.

Participants also felt that the individual occupying the position of CPHO should have more visibility so that the issue of public health would in turn have more profile: "*By making a public statement to the media, we need to see this person; we would have more of a connection with who is in charge."*

B. Recommendations

1. Define "Public Health"

It is difficult to start communicating clearly in this area without first building a broader understanding of the concept of public health. The publication of the first annual report provides an excellent opportunity to start chipping away at this challenge, but against a backdrop of the deep lack of understanding this will be a long-term challenge and will need to remain the primary focus of PHAC communications.

The two core concepts of "prevention" and "overall health of our society" (or possibly "of our community") will need to be continually reiterated. The subconscious link between the words "public" and "universal" when linked to "health" needs to be broken over time, and replaced with "prevention" and possibly "community".

2. Focus on the Role of the Individual in Public Health

Communication activities focused on the role of the individual will have resonance and can be used to draw people into broader discussions. During the groups, participants continually related to public health issues through the lens of personal health and health care. As one of the necessary objectives of the CPHO Report is to clearly situate public health as distinct from the health care system, using the personal connection will be more effective from a strategic communications point of view. For example, discussions of the flu could start through communication on what individuals can do to help themselves, and then can expand to include vaccination campaigns, pandemic preparedness and new issues such as preventative social distancing.

3. Introduce the CPHO as Spokesperson for Key Prevention Campaigns

This initial focus on the individual could possibly be used to develop a broader, credible profile for the CPHO and reinforce the prevention aspect of public health by actively using the CPHO as a spokesperson and a face for prevention activities. This could be as simple as using his face and quotes on the PHAC Web site in issue-specific sub-sites, or as complex as a national media relations and/or advertising program (e.g. Dr. David Butler-Jones reminding Canadians about flu season). This could put a human face on public health, and work to develop the understanding of what public health is in Canada as well as the role of the CPHO.

MORE INFORMATION

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II. Sommaire

Sommaire

The Strategic Counsel est heureux de présenter ce rapport des résultats de dix groupes de discussion tenus du 4 au 7 février 2008. Les groupes étaient mandatés par l'Agence de la santé publique du Canada (ASPC) et visaient à recueillir des points de vue sur la santé publique, à vérifier les messages clés pour le rapport annuel de l'administrateur en chef de la santé publique (ACSP), à déterminer des méthodes de communication efficaces et à établir la meilleure façon de présenter l'ACSP et l'ASPC de façon crédible aux Canadiens.

L'ACSP doit produire un rapport annuel sur l'état de la santé publique au Canada pour le Parlement. Le premier de ces rapports annuels, qui porte sur les inégalités en matière de santé au Canada, sera déposé à la Chambre des communes au printemps 2008. Selon toute vraisemblance, ce rapport pourra être scruté à la loupe par les médias et alimentera le débat public sur la santé qui a cours au Canada. Par conséquent, ce rapport constitue pour l'ACSP et l'ASPC une occasion de démontrer leur pertinence aux Canadiens, et d'établir clairement leur leadership en matière de promotion et de maintien de la santé publique au Canada. C'est aussi une occasion en or pour encourager un débat entre les principaux intervenants sur les questions de santé publique touchant les Canadiens, et d'établir des points de référence pour évaluer l'état de la santé publique au Canada.

Par conséquent, ce programme de recherche qualitative a été conçu pour atteindre les objectifs suivants :

- Recueillir des points de vue sur les façons d'améliorer la santé publique dans les communautés des participants et, fait plus important, comprendre comment le terme « santé publique » est interprété au sein de la population;
- Garantir que les messages clés du rapport sont crédibles et pertinents pour les auditoires visés;
- Déterminer s'il y a des différences notables au niveau des perceptions à travers le Canada afin d'adapter les communications aux spécificités régionales;
- Déterminer quelles méthodes de communication sont les plus efficaces pour rejoindre le grand public; et
- Établir la meilleure façon d'expliquer ce que sont l'ACSP et l'ASPC.

Les groupes de discussion ont eu lieu à cinq endroits : Toronto, Halifax, Montréal (en français), Winnipeg et Vancouver. Le premier ensemble de groupes dans chaque ville était composé de participants issus du grand public qui constituaient un échantillon représentatif de la population canadienne en fonction de l'âge, du revenu du ménage et de la scolarité. Le deuxième ensemble de groupes était composé de leaders d'opinion.

Le lecteur doit garder à l'esprit que les constatations des groupes de discussion ne sont pas statistiquement fiables et que, contrairement aux sondages à l'échelle nationale, elles ne peuvent être extrapolées à la population en général. Malgré tout, les résultats qui suivent donnent un aperçu de l'opinion publique

concernant la santé publique et révèlent certains des défis qui devront être surmontés lors de la mise au point des messages concernant le rapport de l'ACSP, de même que des occasions de les communiquer.

Les groupes de discussion ont été conçus de façon à permettre aux participants d'énoncer les liens et les associations qu'ils font spontanément avec la notion de santé publique, et pour leur donner l'occasion de réfléchir au rôle des personnes, des communautés et du gouvernement dans le système de santé publique.

La majeure partie de chaque séance était consacrée à déterminer l'importance des divers messages clés et problèmes liés à la santé publique. La discussion a porté sur leur impact possible pour réduire les inégalités en matière de santé et a permis de déterminer quels messages touchent le plus les participants. Vers la fin des séances, une définition de la santé publique, approuvée par l'ASPC, était remise aux participants et la discussion était alors centrée sur les caractéristiques que les participants s'attendent à retrouver chez l'ACSP pour qu'il soit perçu comme une source importante, crédible et digne de confiance en matière de santé publique au Canada.

A. Principales constatations

1. Le plus grand défi

Essentiellement, la distinction entre le système de santé publique et le système de soins de santé n'était pas claire du tout pour les participants. L'expression « santé publique » n'a pratiquement aucun sens pour eux comme concept distinct du système de soins de santé, ce qui représente un défi important en termes de communication pour l'administrateur en chef de la santé publique et pour l'Agence de la santé publique du Canada. Les résultats des groupes de discussion établissent clairement que ces titres impliquent aisément une responsabilité au niveau du système de soins de santé du Canada.

Dans tous les groupes, on notait une confusion quant au terme « santé publique » qui découlait surtout de la corrélation que les participants faisaient entre le mot « publique » et la notion d'universalité qui est au cœur du système de soins de santé du Canada. Dans la plupart des groupes, les associations spontanées au terme « santé publique » étaient surtout en lien avec l'infrastructure du système de soins de santé du Canada, y compris les problèmes comme le surachalandage, les temps d'attente et la pénurie de professionnels.

Si quelques participants associaient (correctement) santé publique et contrôle des maladies et des infections, vaccination/immunisation et prévention, ces types d'association étaient rares, et très peu de liens ont été établis entre l'expression « santé publique », la prévention et la santé de la communauté.

Si ces réponses posent un défi de communication intéressant pour l'ASPC, elles ne sont pas surprenantes et reflètent l'inquiétude à l'endroit de la composante institutionnelle du système de soins de santé et l'attention continue qui lui est portée.

- *"I would use the terms interchangeably."*

- *" I am completely confused."*

2. Inégalités en matière de santé au Canada

Si l'expression « inégalités en matière de santé » n'évoquait pas un concept familier pour les participants, au fil de la discussion ils ont compris son sens et le fait que ces types d'inégalités existent au Canada. Les participants ont facilement identifié les groupes démographiques précis où les écarts semblent exister, y compris les Autochtones, les personnes âgées, les bébés et les enfants, les gens à revenu plus faible et moins scolarisés, les sans-abris, les toxicomanes, les gens souffrant de problèmes mentaux et les immigrants récents.

Les facteurs cités comme éléments contribuant à ces écarts incluaient : le revenu, la scolarité, l'accès (le fait de vivre en région éloignée), l'inaction du gouvernement (Autochtones), l'environnement social (antécédents et éducation) et le mode de vie.

En général toutefois, l'état de santé des Canadiens dans l'ensemble en tant que société était perçu comme moyen ou supérieur à la moyenne par les participants. En comparaison à d'autres pays, il était jugé « *bon »* et *« meilleur que la moyenne »,* mais, dans certains cas, il était aussi seulement perçu comme « *passable »* en raison de l'idée bien ancrée de la prévalence de certains problèmes de santé chez les Canadiens, soit l'obésité, le tabagisme, les délais d'attente dans les hôpitaux et la difficulté à dénicher un médecin de famille.

Le régime alimentaire et l'exercice étaient en tête de liste pour la plupart des participants, et ils reliaient clairement ce thème à la notion de santé publique. Ils étaient conscients de l'impact que cet aspect peut avoir sur la santé d'une personne, et par le fait même de sa capacité à prévenir une dépendance future à l'endroit du système de soins de santé : *"(Diet and exercise) can prevent a lot of the health problems that you may have."*

La plupart des participants étaient également d'accord que les causes fondamentales d'une mauvaise santé sont souvent liées à un revenu insuffisant (c'est-à-dire aux moyens d'être en santé) et à l'éducation (c'est-à-dire comprendre comment être plus en santé). Plusieurs participants ont suggéré que les Canadiens, surtout ceux faisant partie des tranches de revenu plus faibles, avaient besoin d'être mieux informés et sensibilisés aux habitudes de vie saines et aux choix santé.

Parmi les autres problèmes mentionnés spontanément, soulignons l'hérédité et le caractère génétique, le tabagisme, la pollution environnementale, le stress et la dépression. Le stress a été souvent mentionné, tant dans le contexte du stress financier et de la sécurité économique que de l'équilibre travail / vie personnelle.

- *"There is more stress depending on the income – when I came to Toronto I had to start a life, and I had to start from minimum wage and it was such a stress to start from down there…and I started to crack up. But the minute I got into this (new job), I feel better, my life turned around."*

Certains types d’emploi (p.ex. un emploi vous permettant / ne vous permettant pas de faire de l’exercice), de bonnes relations et l’estime de soi (surtout par rapport à la pression des pairs et de la société) ont aussi été mentionnés quelques fois comme facteurs influant sur la santé globale.

En discutant de l’état de santé des Canadiens, la notion que certaines personnes sont moins en santé que d’autres a été facilement acceptée, et cette réflexion a été faite à plusieurs reprises de façon spontanée : *« Je pense que la majorité est en bonne santé mais il y en a une partie qui est plus à risque.»*

3. Gestes posés par les particuliers, les communautés et les milieux de travail / employeurs qui touchent la santé publique

Étant donné le peu de compréhension initiale de la notion de santé publique en général, il n’est pas surprenant que, dans l’ensemble, les participants aient eu de la difficulté à définir les personnes, les institutions et les autres éléments qui forment le système de santé publique. Même si, à cette étape de la discussion, les participants avaient vu une définition de la santé publique, ils ont tout de même eu de la difficulté à saisir le concept.

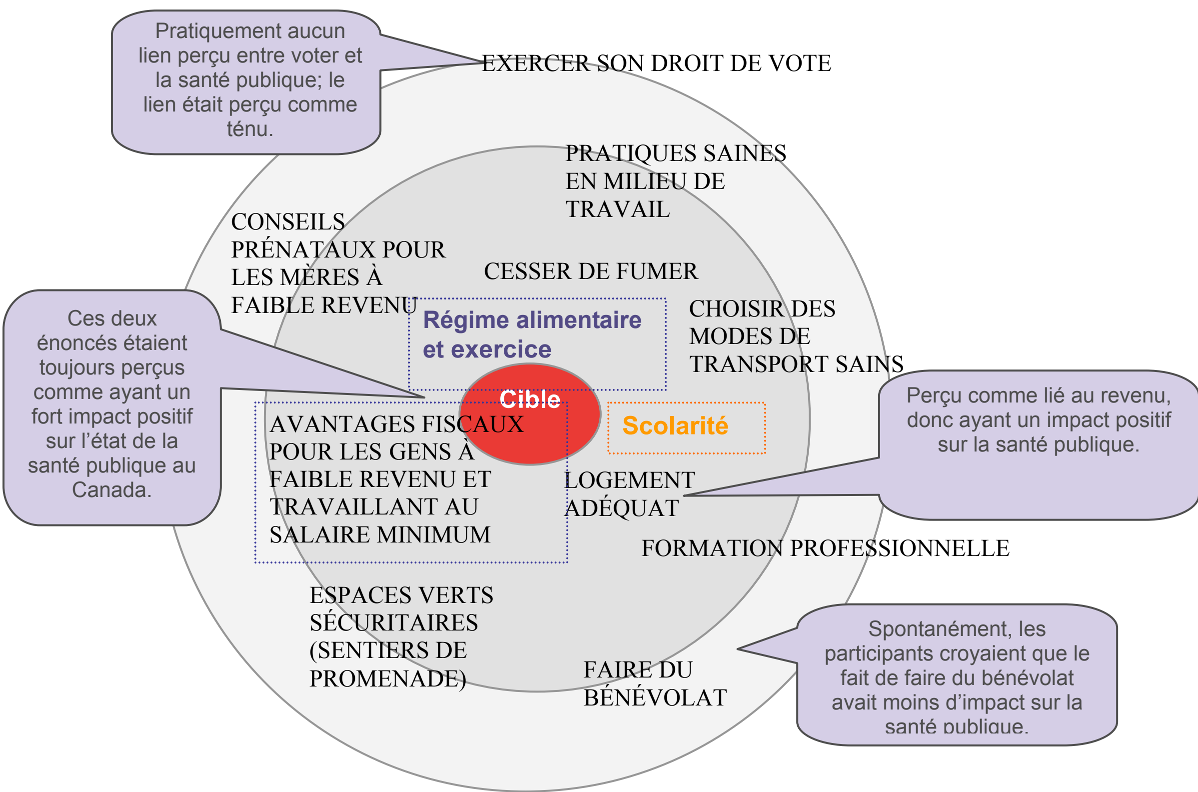
Les participants croyaient souvent que les hôpitaux, les cliniques, les compagnies pharmaceutiques, les entreprises de recherche et de développement et le gouvernement jouaient un rôle dans le système de santé publique. Quelques participants ont mentionné les laboratoires de recherche, les organismes de bienfaisance et les bénévoles comme faisant partie du système. Plusieurs participants incluaient aussi les infirmières à domicile.

Pour ce qui est de leur propre rôle, les participants se sont rarement nommés comme faisant partie du système. Cependant, lorsqu’on les a interrogés à ce sujet, ils ont déduit que leur rôle était celui de patients ou de bailleurs de fonds (via les impôts). Fait à souligner, parmi les leaders d’opinion, des participants ont avoué avoir une responsabilité à l’égard de leur propre santé, et que le fait de demeurer en santé pouvait permettre de réduire la pression sur le système de soins de santé.

Pour ce qui est du rôle des communautés et des employeurs au niveau du système de santé publique, les participants avaient très peu de réponses spontanées. La plupart croyaient que les communautés pouvaient jouer un rôle en appuyant des organismes qui aident les personnes ayant des problèmes de santé, comme la Société canadienne du cancer, ou directement les personnes qui ont besoin de soins ou de soutien (p.ex. celles qui ont besoin d’aide pour se désintoxiquer de l’alcool ou de drogues). Lorsqu’on leur a demandé quel était le rôle des employeurs, les participants les voyaient fournir un service de garde ou un laissez-passer pour le gymnase afin de réduire le stress de leurs employés et peut-être augmenter leur productivité. Lorsque la discussion s’est tournée vers le rôle du gouvernement, il a surtout été perçu comme un organisme de financement, que ce soit au niveau du soutien aux employeurs sous forme de crédits fiscaux pour leur permettre d’offrir des programmes à leurs employés ou pour financer le système lui-même.

4. Réactions aux messages

Un des exercices les plus éclairants effectués au cours des groupes de discussion a été celui de la cible montrant les activités étant perçues comme les plus pertinentes pour réduire les inégalités en matière de santé au Canada. Plus une description était vue comme ayant un impact positif sur la santé publique au Canada, plus l'étiquette était placée près du centre de la cible :



Dans l'ensemble, les messages qui ont trouvé le plus écho chez les participants étaient ceux liés au régime alimentaire et à l'exercice, ainsi qu'au salaire minimum et aux avantages fiscaux pour les gens à faible revenu. En général, les participants pouvaient voir le lien entre ces activités et la santé publique, et ils trouvaient que ces types d'activités pouvaient avoir un impact positif sur l'état de la santé publique au Canada. Encore une fois, il est important de souligner que les participants faisaient peu de distinction entre santé personnelle et santé publique.

Bien que cet élément ne faisait pas partie des messages testés, dans tous les groupes de nombreux participants ont spontanément acquiescé qu'une meilleure éducation est essentielle pour régler le problème des inégalités en matière de santé et pour améliorer l'état de santé général des Canadiens.

Tout comme la hausse du salaire minimum, l'idée du logement adéquat et, dans une moindre mesure, celle de la formation professionnelle ont été bien reçues comme stratégies possibles pour créer directement la sécurité financière requise pour améliorer la santé publique. Les participants avaient l'impression que la

sécurité financière pouvait contribuer à réduire le stress, à procurer un revenu familial décent, à permettre aux familles d'acheter des aliments abordables et à participer à des activités de sport ou de loisir. Cependant, si bien des participants étaient en faveur d'une hausse du salaire minimum, dans plusieurs groupes au moins une ou deux personnes ont remis en question les avantages relatifs d'une stratégie d'aide par rapport à une stratégie de formation.

En général, le lien entre le fait d'exercer son droit de vote et la réduction des inégalités en matière de santé était perçu comme faible au mieux. Par rapport aux autres activités énumérées, le fait de voter était perçu comme ayant beaucoup moins d'impact positif sur la réduction des inégalités en matière de santé au Canada. Cette perception était étroitement liée à l'idée généralisée qu'un vote est inutile et au manque de crédibilité générale des politiciens.

Dans le prochain exercice, lorsque les messages complets ont été présentés aux participants, ils ont eu des idées plus précises quant aux gestes qui pourraient être posés pour améliorer la santé publique et réduire les inégalités en matière de santé. Cependant, le sentiment général à l'endroit des messages eux-mêmes est demeuré semblable à celui exprimé pendant l'exercice de la cible. Les activités qui étaient généralement perçues comme ayant le plus d'impact sur la santé publique étaient :

- Garantir que les Canadiens aient un revenu suffisant (par le biais d'avantages fiscaux, du salaire minimum, etc.).
- Faire des choix sains quant au mode de vie, y compris le régime alimentaire, l'exercice, le tabagisme et le transport.

Les participants se sont surtout intéressés à ces dernières options et ont lié chacune de ces activités à l'amélioration de la santé publique en général. Bien que l'option des choix sains a été grandement perçue comme une responsabilité individuelle, encore une fois, il a été souligné que la plupart des problèmes découlent d'un revenu insuffisant :*"It all comes back to the price and the ability to afford."*

Dans la plupart des groupes, ces messages ont généralement été perçus comme ayant beaucoup moins d'impact sur la santé publique. Le lien entre la santé publique et ces activités est faible au mieux pour les participants, et ils ne voyaient tout simplement pas le lien entre l'activité et la réduction des inégalités en matière de santé. Les activités perçues comme ayant le moins d'impact sur l'amélioration de la santé publique étaient :

- Exercer son droit de vote, soit envoyer un message que les politiciens doivent faire une différence au niveau de la santé et du bien-être des citoyens qu'ils desservent.
- Créer des espaces sécuritaires, abordables et plus accessibles pour tous pour l'activité physique.
- Pouvoir faire du bénévolat ou donner de l'argent pour soutenir les membres moins fortunés de la communauté, que ce soit par l'entremise d'efforts concertés ou en soutenant directement un membre de la famille ou un ami.

Spontanément, la plupart des participants étaient sceptiques quant au lien entre la santé publique et le bénévolat. Cependant, une fois les discussions au sujet du bénévolat entamées, et après d'autres questions au sujet de l'impact possible du bénévolat sur la santé publique, certains participants ont commencé à voir le lien entre le bénévolat et une meilleure santé grâce à une meilleure estime de soi. Ces impacts étaient perçus comme profitant au bénévole, aux personnes aidées par le bénévole ou, dans certains cas, aux deux.

5. Variations régionales

Des différences importantes ont été notées entre les régions quant à la perception des inégalités en matière de santé, et à l'impact de divers gestes sur la réduction de ces inégalités.

- Les participants de Winnipeg étaient en général plus sensibles aux problèmes touchant les Autochtones, et étaient plus au fait des inégalités en matière de santé auxquelles fait face la communauté autochtone.
- À Vancouver, l'idée d'espaces publiques plus abordables, sécuritaires et accessibles a soulevé très peu d'intérêt comme solution pour réduire les inégalités en matière de santé, tandis qu'à Toronto et à Halifax, l'intérêt envers ce concept portait beaucoup plus sur l'aspect sécuritaire que sur l'espace en soi.
- Les conseils prénataux étaient perçus comme ayant plus d'impact sur la réduction des inégalités en matière de santé au sein des groupes de Vancouver que du reste du Canada.
- À Montréal, on s'est demandé pourquoi le gouvernement fédéral aborde les problèmes de santé alors qu'il s'agit d'une compétence provinciale. Aussi, les participants de Montréal ont beaucoup insisté sur la notion que les personnes à faible revenu s'aident elles-mêmes, plutôt que sur le lien avec la hausse du salaire minimum.

6. Sources d'information sur la santé publique et l'ACSP

En général, les participants ont mentionné l'Internet, les journaux, la télévision et la radio comme principales sources qu'ils consulteraient pour de l'information sur la santé publique. La façon préférée de chercher de l'information en ligne était habituellement le recours aux mots clés dans les moteurs de recherche.

Plusieurs participants désiraient en savoir davantage sur l'état de la santé publique, et certains ont mentionné qu'ils étaient peu intéressés à ce que les médias énumèrent les problèmes, mais qu'ils souhaitaient davantage entendre parler des solutions. Ils étaient aussi très intéressés par les histoires qui avaient une touche personnelle, les faits et les données établis et les nouvelles au sujet de mesures prises par le gouvernement.

La plupart des participants ont déclaré qu'ils seraient intéressés à en savoir davantage au sujet de l'état de la santé publique au Canada, et plus particulièrement à comprendre le système actuel – *"a proper understanding of the whole system*" – les mesures de protection en place et à quelle information ils peuvent présentement accéder.

Comme le concept de santé publique était peu compris, l'ASPC et l'ACSP étaient peu connus de tous les groupes. Toutefois, lorsqu'on leur a donné de l'information au sujet de l'ACSP, la plupart des participants croyaient que la personne occupant ce poste devrait être un médecin (sans lien de dépendance au gouvernement), bien informé, crédible (c'est-à-dire avec des titres de compétences médicales solides) et bien de sa personne (c'est-à-dire un bon orateur public).

Certaines des caractéristiques associées au poste sont les connaissances, l'éducation, l'obligation de rendre compte et la responsabilité.

Les participants croyaient aussi que la personne occupant le poste d'ACSP devrait avoir plus de visibilité afin que la question de la santé publique ait par ricochet plus de visibilité : *"By making a public statement to the media, we need to see this person; we would have more of a connection with who is in charge."*

B. Recommandations

1. Définir la « santé publique »

Il est difficile de commencer à communiquer clairement dans ce domaine sans d'abord établir une plus vaste compréhension du concept de santé publique. La publication du premier rapport annuel offre une excellente occasion de s'attaquer à ce défi, mais compte tenu de l'énorme manque de compréhension il s'agit d'un défi à long terme et il devra demeurer à l'avant-plan des communications de l'ASPC.

Les deux concepts de base de « prévention » et de « santé globale de notre société » (ou possiblement « de notre communauté » devront être sans cesse réitérés. Le lien subconscient entre les mots « publique » et « universel », lorsqu'ils sont liés à la « santé », doit être brisé et remplacé par le mot « prévention » et possiblement « communauté ».

2. Mettre l'accent sur le rôle de la personne en matière de santé publique

Les activités de communication portant sur le rôle des personnes rejoindront les gens et peuvent être utilisées pour les entraîner vers des sujets plus vastes. Les participants aux groupes ont sans cesse abordé les questions de santé publique par la lorgnette de la santé personnelle et des soins de santé. Un des objectifs nécessaires du rapport de l'ACSP est de situer clairement la santé publique comme une entité distincte du système de soins de santé. D'un point de vue de communication stratégique, utiliser une connexion personnelle sera plus efficace. Par exemple, la campagne sur la grippe peut être abordée avec des communications portant sur ce que les gens peuvent faire pour s'aider, puis inclure l'information sur les campagnes de vaccination, la préparation aux pandémies et de nouveaux problèmes comme l'application de la distance sociale.

3. Présenter l'ACSP comme porte-parole des campagnes de prévention

L'accent initial mis sur la personne peut servir à établir un profil plus vaste et crédible pour l'ACSP, et à renforcer l'aspect préventif de la santé publique en ayant activement recours à l'ACSP comme porte-parole et visage pour les activités de prévention. Cet élément peut être aussi simple que d'utiliser son visage et des citations au site Web de l' ASPC dans des sous-sites portant sur des questions précises, ou aussi complexe que des relations avec les médias ou une campagne publicitaire à l'échelle nationale (p.ex. le Dr David Butler-Jones rappelle aux Canadiens que c'est la saison de la grippe). La santé publique pourrait ainsi avoir un visage humain et cela pourrait fonctionner pour mieux faire comprendre ce qu'est la santé publique au Canada et le rôle de l'ACSP.

INFORMATION SUPPLÉMENTAIRES

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Numéro du contrat :	HT344-070006/001/CY
Date du contrat :	2007-10-30

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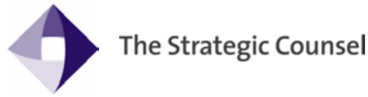


III. Research Objectives and Methodology

Research Objectives and Methodology

A. Background and Objectives

The Strategic Counsel is pleased to present PHAC with this report on the findings from a series of 10 focus groups on the topic of public health.

The topic of health consistently engages Canadians due to its high degree of personal relevance and its fundamental link to quality of life. While the general focus of public attention is typically concerned with the institutional component of the health care system, in recent years, in light of such public events as the SARS outbreak, the spread of West Nile Virus, and others, along with the rise of chronic illness, attention is increasingly being given to the related topics of disease control and prevention.

The Public Health Agency of Canada (PHAC) was created in May 2004 amid growing concerns about the capacity of Canada's public health system to anticipate and respond effectively to public health threats. PHAC is intended to deliver on the Government of Canada’s commitment to help protect the health and safety of all Canadians, and provides a clear focal point for federal leadership and accountability in managing public health emergencies. Focused on more effective efforts to prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies and infectious disease outbreaks, PHAC works closely with provinces and territories to keep Canadians healthy and to help reduce pressures on the health care system.

A defining moment for the Agency and the CPHO is set for spring 2008, as this will mark the first time that the CPHO releases his one-of-a-kind report on public health in Canada. While the main target audience for the Report is parliamentarians, it will also likely garner media attention and foster debate among the public and also among key stakeholders regarding public health issues affecting Canadians. The Report will also ideally allow the Agency and its head to demonstrate that the CPHO is a trusted doctor and leader for Canadians in the realm of public health.

In order to ensure that the Report succeeds in fostering debate and establishing the credibility of both PHAC and the CPHO, it is essential to understand how to best present the report’s key messages to the general public and opinion leaders across the country. As such, the qualitative research in the form of focus groups was undertaken in order to address the research objectives.

The objectives of this series of focus groups were to:

- Probe views on improving public health in the participants’ community:
  - What do Canadians expect to see in this regard?
  - How is the term “public health” understood among the general public?
- Ensure the report’s key messages:

  - Are credible and relevant with the segmented audiences; and
  - Appeal and are sensitive to the cultural and emotional sensitivities of the audience.
- Test the resonance of the report's key messages with the target audience:
  - Does it attract their attention?
  - Is the language clear?
  - Do they understand the messaging?
  - What are the best media for release?
- Assess whether there are noticeable differences in views across Canada in order to appropriately adapt communications to regional specificities
- Determine which communication methods are most effective in reaching the general population
  - Establish the audience's preferences regarding the formats in which the report's content could be made available to them (i.e. Web, pdf, printed, fact sheets, etc.)
- Ascertain the best way to introduce the CPHO, its role and its mandate for the purpose of the release as a means of better understanding what attracts audience attention to a potential news story about the report.

B. Methodology

A series of 10 focus groups were conducted across Canada between February 4th and 7th, 2008 in Toronto, Halifax, Montreal, Winnipeg and Vancouver. 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, which were conducted in French.

The advantage of focus groups is the opportunity they provide to engage a targeted audience in open and relatively unstructured discussion. This approach allows participants to share their thoughts and contemplate issues with minimal prompting, thereby providing policy-makers and communicators in government with a more subtle understanding of the public opinion context or backdrop for important issues.

The focus groups were conducted with two separate groups of people:

- General population Canadians aged 18 and over; and
- Opinion leaders.

For the purposes of this research, opinion leaders were defined as Canadians aged 18 years and older, having at least some university education and a personal annual income of $55,000 or more. Opinion leaders are also required to self-identify as having formal, informal, or multiple influence based on their responses

to screening questions describing five behavioural attributes associated with leadership in public opinion formation. These behavioural attributes include: daily readership of newspaper, leadership roles in one or more organizations, speaking at public or organizational meetings, discussing current events with friends and family members, and their ability to persuade others to one's own viewpoints.

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, education and income (within the categories noted above).

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

IV. Detailed Findings

Detailed Findings

A. Defining "Public Health"

Across most of the groups, top-of-mind responses to the term public health were concentrated on such things as doctors, nurses, hospitals, health care and funding:

- *"Hospital, doctor and medicine."*
- *"Healthcare, doctors, hospitals."*
- *« Médicaments, hôpital et argent. »*

In discussing prevalent public health issues in Canada today, the discussion tended to gravitate towards the issues and challenges related to the infrastructure of Canada's health care system, particularly to wait times and shortages of medical professionals. This was not surprising, and is indicative of the ongoing focus of public attention and concern on the institutional component of the health care system itself:

- *"Waiting times."*
- *« Nous avons des problèmes d'attente. »*
- *"Long surgical wait list."*
- *"Need more doctors and nurses."*
- *« Manque de financement, manque de médecins et attente pour spécialistes. »*

While there were a range of responses elicited when presented with the phrase "public health", it is very evident from the groups that this term was not familiar to participants overall, nor is the term a part of our common vocabulary.

There was a large amount of confusion surrounding the term "public health", much of it stemming from an inability to distinguish between the public health system and the health care system. The distinction between these two systems was not clear to participants, and some were confused as to whether the systems were the same or overlapping. Overall, many acknowledged that the distinction between the two systems was not at all clear. And for the participants who did perceive there to be differences between the "health care system" and the "public health system", on balance, the differences they identified were not accurate:

- *« Les soins de santé c'est prescrit par le médecin, et la santé publique c'est général, du Canada. »*
- *"I thought the health care system, was more in-home nurses, health care, like specialty care. Public health is hospitals, doctors, whatever is covered by OHIP."*
- *"Health care system would get into the wellness, where you are trying to do preventative things. And public health comes in and corrects problems."*

Much of the confusion around the term "public health" emanated from participants' associations of the term "public" with the notion of "universality," a core principal of our health care system. As such, some participants linked the term "health care system" to the notion of private health care (e.g. paying out of pocket for services):

- *"I thought health care was more something you have to pay for out of your pocket."*
- *"I would think that the term public would imply there is a private, is the private a part of the health care system."*
- *« Soins de santé est privé. C'est l'inverse de santé publique. »*
- *"Public health means it is covered by the government, and health care means something that you pay additionally for that is better."*
- *"We often talk about the public healthcare system in Canada to differentiate from the private health care system in the U.S."*

While several participants did associate public health (correctly) with infection/disease control, vaccines/immunization, and prevention, these types of associations were generally rare. However, the exception was the opinion leader group in Montreal, which did, on balance, associate the term public health with the notion of prevention:

- *« Épidémies, alertes, alimentation. »*
- *« Alimentation, soin et prévention. »*
- *« Priorité, contrôle et prévention. »*

However despite the accurate initial word associations, it became clear in further discussion within this group, as in the others, that the distinctions between public health vs. health care system were in fact blurred.

B. Perceptions of Public Health in Canada

In general the state of Canadians' health overall within society was perceived as average or above, but responses to this question did vary. Many felt that Canadians were healthy: *« dans l'ensemble les Canadiens sont en santé »*, and when compared to other countries the state of Canadian's health was generally perceived as *"good"* and *"better than average"*.

However, overall health was also perceived as only "*fair*" on numerous occasions, due to opinions about what were seen as prevalent health issues in Canadian society: obesity, smoking, hospital wait times, and finding family doctors. Some participants also identified the rise of chronic diseases such as cancer, heart disease and diabetes as top health priorities for Canada: *"The rise of diabetes, or the increase in different conditions.*"

Furthermore, the notion of an "over medicated society" was mentioned in a few groups as something that negatively affected the state of public health in Canada:

- *"Overuse of antibiotics."*
- *"We live in an overmedicated society."*

In some groups participants perceived the over-use of hospital emergency facilities (e.g. when visiting a clinic would suffice) as a major problem in Canada. While this issue would likely be associated as an issue related to the health care system as opposed to the public health system, the "fuzzy" distinction between the two meant that participants felt that this issue placed an excessive burden on the public health system:

- *« Il y a beaucoup de gens qui vont aux hôpitaux, c'est ça qui est le problème. Tu ne vas a pas à l'hôpital parce que tu as mal à la tête. Tu prends deux aspirines jusqu'à ça s'éteint. »*
- *"The overcrowding of hospitals, especially of the emergency care. Most people, a lot of people, they are not really emergencies and they are taking away from the real emergencies."*

1. Factors Perceived to Influence Overall Health

When the focus groups evolved into discussing factors perceived to influence one's overall health, the key top-of-mind ideas and themes that emerged and that seemed to resonate most with most participants were:

- **Diet and Exercise:** Diet and exercise was a top-of-mind issue for most participants, and this issue of a healthy diet and exercise was clearly connected to generally being a healthier person overall:
  - *« Le sport. »*
  - *"Proper eating habits, exercise."*
  - *"Being physically active."*
  - *"Eating healthy food."*

  Overall participants were very aware of the impact that these activities could have on making oneself healthier, and thus preventing future reliance on the health care system: *"Being proactive with respect to your eating habits, as opposed to waiting for the ailment to arise before you take any action."* Furthermore, the notion of a healthy diet and exercise was also inextricably linked to income, as it is oftentimes an adequate income that allows a person eat healthily and to be able to provide healthy food to their family:

  - *"It all comes back to the price, and the ability to afford."*
  - *"Nutrition for our children, there are so many obese children, and income, because they can't afford the vegetables and they are eating more processed foods."*
  - *"I would say the cost of food – a lot of people are eating unhealthy because it is more expensive to eat organically. They are influenced by their income."*
  - *« De l'argent – si tu as de l'argent ça va bien, mais si non… »*

- **Income and Education:** Most participants agreed that the root causes of poorer health are often related to inadequate income and education. By education, many participants were suggesting that Canadians, and particularly those in lower income groups, need to be better informed and educated about healthy lifestyles and healthy choices:
  - *"I think how much you educate yourself (matters).And I don't mean in the sense that you have to have a lot of money – you can go to the library and read for free."*
  - *"Public education about what is healthy and what isn't."*
  - *« L'éducation. Si on est bien éduqué, on va bien manger. »*
  - *"I may get a negative response to this…but I think a lot of health is reflected by income. For those who are lower income, maybe the nutrition isn't as great, or maybe they have to work longer hours, and there is less time for exercise."*

  Interestingly, when further discussed, one participant aptly noted: *"Your health should not be related to your income but it is. So what I am saying is that this is something that should be addressed. That is a problem; we don't believe in it, it is not universal."*

- **Stress:** Many talked about stress management and stress reduction as an important factor in maintaining overall health, from the perspective of mental, emotional, and physical health. Stress was frequently mentioned in the context of work/life balance and financial stress/economic security:
  - *"I would say stress is a big problem, it affects you physically as well as mentally."*

- Additional top-of-mind issues mentioned that were seen to influence overall health included:
  - Job: This was mentioned particularly as a negative factor contributing both to increased time constraints and overall stress: *"If you work shifts, you wouldn't be able to go to the gym."*
  - Heredity and genetics
  - Smoking
  - Environmental pollution
  - Relationships and self-esteem: Good relationships and positive self-esteem were on occasion mentioned as influencing overall health and well-being: *"(In) a good relationship you would laugh a lot, and feel better."*

2. The Public Health System

Given the lack of top-of-mind understanding of public health in general, it was difficult for participants to understand the various components and key elements of Canada's public health system. Common top-of-mind elements mentioned as components of the public health system included hospitals, clinics, doctors, pharmaceutical companies and government. In some cases, although rarely, participants did mention laboratories as well as charitable organizations and volunteers as part of the system. Some also thought of

home nurses – such as VON – as being part of the public health system. However, on an unprompted basis, participants had few thoughts as to whom or what is involved in the system.

Given the general lack of knowledge about the public health system, it was not surprising that participants did not see their own role in the public health system as more than patients or funders (via taxes). Oftentimes it seemed as though the word "system" itself was linked to something that worked independently, without individuals themselves necessarily contributing directly: *"I can interact with the system, but I am definitely not part of it."*

Upon further discussion more people did admit that they have a responsibility for their own health, most often via the choices they make with relation to diet and exercise:

- *"I think (diet and exercise) is more of a thing that individuals have to do for themselves."*
- *"I think it is probably the most important thing, because really when it comes down to it your health is up to each person, and when something goes wrong the health care system takes care of it."*
- *«C'est a moi de s'assurer qu'il y a des pommes des oranges des fruits dans le frigaud. »*

Notably, however, participants were inclined to underscore numerous barriers which prevented them from pursuing a healthier lifestyle through better diet and exercise.

As to the role of communities within the public health system, when asked, some believed that communities could play a role in supporting organizations who help individuals with health issues specifically (e.g. Canadian Cancer Society or Diabetes Association) or supporting individuals themselves who are in need of alcohol/drug abuse support. Employers were seen to have the role of providing day care, gym passes and the like, and government was primarily seen as a funding organization.

Again, due to the forced nature of this discussion, it is important to underscore that on average participants did not know enough about the public health system itself to be able to understand the players and components involved in making it work. There was considerable prompting and guidance that was given by the moderator in order to be able to have a discussion on the topic of the system itself.

3. Health Inequalities

In discussing the state of Canadians' health, the notion that some people are less healthy than others was readily acknowledged: *« Je pense que la majorité est en bonne santé mais il y en a une partie qui est plus à risque »*. As one Vancouver participant responded to the question about whether or not all Canadians are equally healthy: *"obviously not."*

While people did not generally recognize the term "health inequalities", most of the participants were in full agreement with the notion of health being unequally distributed among Canadians, and that differences in health do exist across various groups in Canada. While people recognized that there are inherent factors

such as age and genetics which affect individuals' general health and contribute to these health inequalities, the factors that were cited time and again as contributing to the health gaps included:

- **Income**

  – *"Poorer kids and poorer elderly people will be less healthy than their richer peers in the same demographic groups."*

  – *« Les gens pauvres, ils sont moins en santé .»*

Many participants felt that income was a significant factor that contributed to health inequalities among Canadians. Individuals with lower incomes were perceived to lack the financial means to be healthier, and as such lower income was perceived as a root cause of poorer health. Participants perceived that this group of Canadians faced barriers in grocery shopping (not able to afford healthier food such as fruits and vegetables), work-life balance (having to work for longer hours to make ends meet), and in some cases with respect to physical exercise (not being able to afford to put their children into structured physical activities/sports). Many participants also felt as though individuals in lower income groups needed to be provided with more education and information concerning healthy lifestyles and healthy choices.

- **Education**

  – *"Education and creating awareness, starting in primary schools and high schools. Awareness of preventative health care, non-smoking all those kinds of things."*

  – *"I do think education is a great way to prevent (health inequalities). Maybe volunteers and education can't fix anything right now, but maybe volunteering and education could go a long way to help prevent."*

  – *"They have to start out with the little kids in the elementary school and in the community center."*

Numerous participants also agreed that an additional root cause of poorer health among certain segments of the population was due to lack of education. It was felt that some, especially those with lower incomes, were not provided with enough education or information on health and making healthy choices. As such, it was perceived that they lacked the understanding of how to be healthier. This lack of knowledge was perceived to widen the gap among the healthy and unhealthy Canadians. Numerous participants mentioned the education factor on an unprompted basis, and they also agreed that education within the school system (preferably at an early age) would be one of the ways through which future health inequalities could be prevented.

- **Access (to health services and to information)**

  – *"In larger cities people are healthier. They have more information and more access to more healthcare."*

  – *"I think that access to information is very poor. Some people are not even aware of what you could get, or how to get it or where to get it."*

– *"Access (to facilities, to doctors) in smaller communities - not so much in the cities but in the rural areas."*

A shortage of easily accessible health related facilities was also seen to contribute to health inequalities among some Canadians. Participants perceived those living in rural or remote areas to be, on occasion, less healthy than others due to the fact that they simply do not have adequate facilities within a reasonable distance of their home. Others felt that certain vulnerable groups of individuals, such as the elderly and those with certain disabilities, often could not easily access health care facilities. Some also expressed additional concerns regarding access to information about health and healthy lifestyles. They felt that some groups were not aware of the health information available to them, and participants perceived this to be largely attributed to a lack of education.

- **Social environment (background and upbringing)**

– *« Des fois ça vient de famille en famille. Quand tu viens d'une famille pauvre il faut que tu t'élèves les manches et dis : ma vie ne va pas être comme ça. »*

– *"I think in certain parts of the country people are healthier than others. In smaller communities, for example native communities, healthcare is terrible there, and I don't think that they are very healthy at this point."*

Some participants strongly felt that an individual's background and upbringing also influence their overall health. As such, when an individual comes from a lower income background or lives in a community with a significant amount of health issues or problems, they felt that it was difficult for the individual to remain as healthy as they potentially could. Some felt that social environment was a considerable factor that influences a person's ability to maintain their health, and other associated factors also mentioned were living and working conditions as well as food and diet.

- **Lifestyles**

– *"Way of life, how you live. Eating habits, physical exercise, managing stress.*"

The participants were also readily able to identify key groups where they thought there was likely to be health inequalities. They felt individual lifestyle factors to be an important determinant of health and health inequalities in Canada. While there were regional variations in priority, there was a clear consensus that these groups are:

- **Aboriginals:** This group was seen to be at risk for such health issues as diabetes, suicide, and obesity. Oftentimes it was the remote locations of some Aboriginals that affected their access to healthcare facilities or even grocery stores compared to someone in a more central location. Government inaction was also cited as a factor that contributed to the health inequality of Aboriginals, along with lack of education. Those in Winnipeg were generally more sensitive to the

issues faced by this population, and were more aware of the health inequalities faced by the Aboriginal community

- **Elderly**: The elderly were often seen as a group that were living on a fixed income, and who could have problems affording medication or accessing the care that they needed. They were also viewed on occasion as somewhat isolated, and participants felt that this isolation could lead them to become less healthy.

- **Infants/children:** This group was considered to be at risk since it is not their own but rather their parents'/caregivers' responsibility to ensure that they are healthy. They worried that oftentimes this group was not as healthy as they should be:

  - *« Au niveau des jeunes; le lunch c'est souvent pas très (nutritif). Si leur alimentation et leurs habitudes de vie ne changent pas je ne sais pas s'ils vont être en santé dans le futur. »*

- **Lower income/Less educated:** The notions of lower income and a lower level of education were intertwined for many participants. It was fundamentally the lack of education that was seen to pre-dispose this segment of the population to more health problems, due to a lack of awareness of healthy eating habits, lack of funds to buy healthy foods, etc.

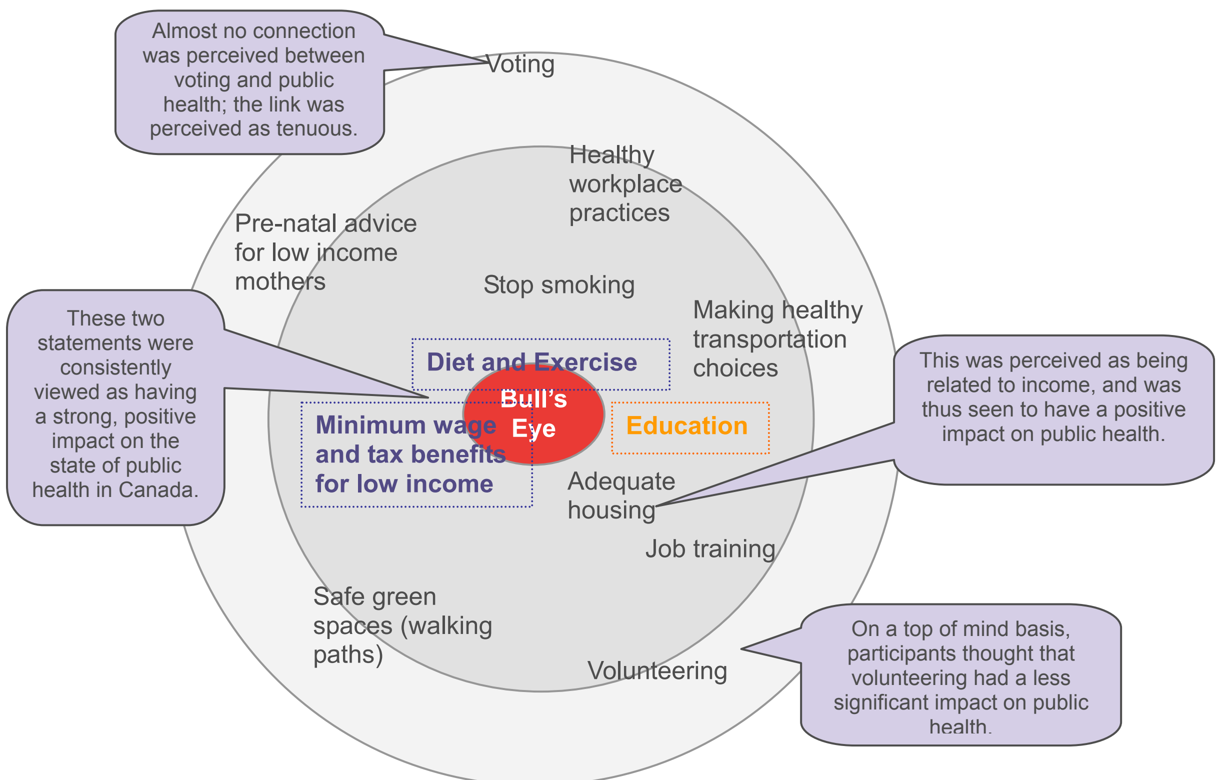
- **Others**: Recent immigrants, the homeless, those suffering addictions and the mentally ill were also seen as marginalized groups in society who were likely to be less healthy.

C. Perceived Impact of Various Actions/Factors on Public Health and Reaction to Key Messages

1. Bull's Eye Exercise – Short Messages

In this exercise, a bull's eye was placed on the wall and 11 short key messages were presented to participants. They were then asked to place the message closer to the target depending on the degree to which they perceived the activity could serve to reduce the gap between those in Canada who are healthy and those who are less healthy.

The target below is a graphical representation of, in general, how participants perceived each activity to impact public health.



Participants perceived diet and exercise as something they have control over, and a choice that they have to make for themselves. However, it was also made clear that participants are not highly motivated to alter their lifestyles, nor do they see it as an immediate possibility for the disadvantaged groups cited above. Barriers to doing so are numerous, but mostly related to financial constraints, access, time pressures, convenience, peer pressure, and the prevalence of less healthy food products (particularly fast food products).

Much like supporting raising minimum wages, the ideas of adequate housing and to a lesser degree job training were positively received as possible strategies going directly to creating the financial security required to enhance public health. It was though this financial security could serve to help reduce stress, provide adequate family income, and allow families to purchase affordable foods as well as participate in recreational/sports activities. However, while many supported the notion of raising minimum wages, there was often debate by at least one or two individuals in each group about the relative benefits of a "hand-out" versus "hand-up" strategy. The latter was strongly preferred in the Montreal groups.

While many participants understood the idea of healthy workplace practices, participants usually felt this might tend to benefit working people over low income earners who may not have the kinds of jobs that would allow them to benefit from these types of programs. In some groups, the links between job training and reducing health inequalities were seen as unconvincing: *"I think the link between job training and reducing the health gap is tenuous."*

There was some discussion around the merits of more affordable/safe space for physical activity, with the consensus being that this would not have as considerable an impact on public health as some of the other activities. In Vancouver, there was very little interest in the idea of more affordable, safer and accessible public spaces as a solution to addressing health inequalities, whereas in both Toronto and Halifax, the interest in this concept was more focussed on the idea of safety rather than the space itself. The scepticism around the impact of green spaces largely stemmed from the notion of choice. Participants felt that the availability of such spaces does not necessarily mean that individuals would choose to use them.

Participants in numerous cities thought that pre-natal advice should be available regardless of income level, as this goes directly to creating good role models and setting children/infants on the right course for life. For the few who placed pre-natal advice much closer to the target, they also perceived this activity to have a long term advantage of benefiting the unborn child throughout their entire life:

- *"This sort of raises the idea that relatively small actions may have a larger impact in the future. If somebody drinks when they are pregnant, it might cause an unhealthy person for 60-70 years – a lifetime."*
- *"If a mother really needs help, if you don't give her the help she needs it is going to create all sorts of problems. It is like preventative medicine."*

Pre-natal advice was seen as having more of an impact in reducing health inequalities in the Vancouver groups compared to the rest of Canada.

In numerous instances, participants associated the concept of volunteering specifically with volunteering in fields they perceived to be related to public health. Furthermore, many comments were made regarding the fact that volunteers are not always qualified to serve in health related positions: *"Volunteers are generally not experts in the health field."* Due to this perception, it was not widely felt that this activity would have a considerable impact on reducing gaps in health.

Though prompted to make the connection, once involved in discussions surrounding volunteering, and upon further probing about the potential impacts of volunteering on public health, some participants began to see the connection between volunteering and better health through improved self esteem or self worth. These benefits were seen to be had by either the volunteer, or those being helped by the volunteer, or in some case by both:

- *"I moved to a new place and I started to volunteer at the local community centre and I met a lot of people that I had walked by before but didn't know… I built a bit of a social network, we had some things in common, and it was a general sense of well being and the sense that I was doing something good. And that was good."*

However, many remained sceptical about the connection between public health and volunteering, and as one particularly dubious individual remarked: *"It is partly that it is so vague. Is it that being a volunteer is*

somehow supposed to improve your health? To me that is somewhat ridiculous. Or is it that we are supposed to go and volunteer to prop up our health system? I don't see the connection – it is non-existent."

In general the links between the act of voting and reducing health inequalities were tenuous at best. The idea that voting has any direct impact on improving public health and/or reducing health inequalities was almost roundly rejected by all but a very few participants, as many felt that their vote has little to do with directly influencing health policy:

- *"The only impact it has is that it makes people think they have a choice when they don't."*
- *« Il n'y a pas de structure…il n'y a pas un lieu public où on peut voter sur la santé publique. »*

2. Complete Message Testing – Display of Messages on Boards

When delving more thoroughly into the messages and displaying the full messages on boards to the participants, a more complete discussion ensued as the participants had some additional thoughts about how these actions could positively impact public health and reduce health inequalities. However, if there was little or no connection perceived between the activity and public health in the first place, the participants were again much less likely to be able to connect the two together.

Overall, in this exercise the general sentiments about the messages themselves remained similar to those expressed in the bull's eye exercise. Participants were also asked to identify who (e.g. individual, community, employee, government or society) they believed was primarily responsible for each of the activities. The additional insights gained from these conversations can be further understood through the numerous quotes and comments made in relation to each of the messages.

Once again, adequate income (F) and healthy choices (C) were most often cited among the top two activities most likely to have a positive impact on public health. In many groups, participants clearly linked making healthy choices and having an adequate income to positive outcomes overall with respect to the health of Canadians. The notion of healthy choices was largely seen as an individual choice, and as such, the barriers to this option were that individuals would simply not choose to makes those choices.

Government and the education system were also seen to have a role in educating the public about what healthy choices are. As some of the participants mentioned, not all Canadian know how to make healthy choices: *« On oublie que la population n'est pas toute bien éduqué et sensibilisé.»*

C. Making healthy choices about the way we live, including diet, exercise, smoking and transportation.
"You can prevent a lot of the health problems that you may have... you won' t have to spend the money on medications." *"Maybe you can take the burden off the health care system by being healthier yourself."*

“And if you are aware of healthy choices, you can teach your children to follow suit.”
Responsibility: Individuals, education system, government (as an educator)

Adequate income was something that was seen as a basic necessity, which would allow for individuals to then make good health choices. According to many participants, the responsibility for ensuring adequate income lies with the federal government.

F. Ensure Canadians have adequate income (through tax benefits, minimum wage, etc.).
“If you have adequate income, then you are more liable to be relaxed enough in your daily life to think about making healthy choices about the way you live including diet, exercise, smoking, and transportation. If you are just pressed to the wall endlessly, you will just grab whatever you can grab, doesn't matter how you feel, you just have to hit that financial deadline.” *“We are assuming that if we are giving people more money, that they will do these things. So the free or subsidized services are a better idea.”* *« Ça devrait changer l'alimentation un peu, ça va aider à acheter les légumes qui sont plus chères. »*
Responsibility: Government (federal)

Message (I) regarding adequate and healthy housing was also seen to be of higher importance, and participants seemed to link the notion of a better living arrangement with a more positive outlook on life, and better overall health.

I. Make sure Canadians have adequate and healthy housing.
“This is a very important one. Say there is mould or something in the house – that is a huge issue.” *“It is segregated – every welfare person has to live with every other welfare person.”*
Responsibility: Government (federal)

The messages of safe green spaces (D), volunteering (A) and voting (B) were among the activities that were consistently perceived as having a lesser impact on public health in Canada. Participants generally did not see the need for additional green spaces, and they did not see that this would necessarily incite people to be more physically active. The notion of healthy choices (C) seemed to resonate more with participants in this respect. They generally thought that individuals must be encouraged to make their own healthy choices, rather than simply be “given” more spaces for exercise.

D. Creating safe, affordable and more accessible spaces for physical activity for everyone.
“I think there are lots of places that you can go out and have affordable physical activity.” *“As far as I know, walking is one of the most important exercises that you can ever have. And it is relatively less expensive. You don't need major complexes to walk.”* *“We have enough space, but it is not necessarily safe.”*

Responsibility: The community, provincial government

With the messages of volunteering and voting, again the links here to public health were tenuous, especially in the case of voting. Many of the comments surrounding these activities were brought to light during the bull's eye exercise, and to a large extent participants simply reiterated their earlier comments when presented with the complete messages.

A. Being able to volunteer our time or money to support less advantaged members of our communities, either through organized efforts or through individual family or friend support.
"I think if you reduce the isolation of people, like visit and show care and compassion and reduce that person's isolation, that person could feel better and healthier" *"Volunteering could maybe make an impact on mental health rather than physical health."*
Responsibility: Individuals, the community

B. Vote, thereby sending a message that politicians need to make a difference in the health and well-being of the citizens they serve.
"I think we have done this time after time and we are not being listened to." *"The only impact it has is that it makes people think they have a choice when they don't."* *"Is it vote as opposed to not vote? Or is it vote for health issues? I am sorry, I don't understand."*
Responsibility: Individuals

While the remaining messages concerning healthy workplace practices (E), training (G), and pre-natal advice (H) were perceived to be connected to the notion of public health, these activities were generally seen as relatively less important compared to the other activities presented.

E. Support healthy workplace practices (flexible work schedules, support for working parents, healthy cafeteria food, on-site day-cares and fitness centres).
"If you don' t have to think; 'I have to get up at 5:00 this morning to go to my fitness class before my 8:00 meeting', you will be less stressed." *"That is very helpful too. It can reduce stress."* *"It is a great idea, but it will not target the inequalities because people who can be affected by this are already in well paying jobs. What about the guy who works in the convenience store or works (at) McDonald's?"*
Responsibility: Employers, government (funding), employees

G. Training that helps people get and keep jobs.
"If you get the proper training, and can get the better job, then you can better yourself in life in general. You can eat healthier, live healthier."

« Ça aiderai les gens défavorisées qui veulent sortir. »
Responsibility: Little response, unsure

H. Provide pre-natal advice to low-income mothers.
"You can train the mothers about how it is supposed to be, but you also need to raise the income level." *"If the mother doesn't make the proper choices while the child is in the womb, then the child has no chance. They are already at a disadvantage."* *« De revenu faible ou moyen – il faut que tu le saches. »*
Responsibility: Education (government, community programs)

D. Communications surrounding Public Health and the CPHO

Participants generally cited the Internet, newspapers, television and radio as sources they would use to find out information on public health. With the Internet, usually the use of key words in search engines was the preferred way to search for information online. They expressed more of an interest in stories that had a personal touch, stated facts and numbers, and contained news about the government taking action:

- *"Something that happened to someone."*
- *"Stories that target your heart – hardship."*
- *"I would like to know how prepared we are for an epidemic, and what would happen if something hit us."*
- *"I think it is usually a story about an individual."*

Many people said that they would be interested in hearing about the state of public health in Canada, specifically understanding the current system, the safeguards that are in place, and the information that they have access to. Others also indicated that they were interested in hearing more about the state of public health. A number of participants commented that they were more interested hearing about solutions rather than hearing about the problems themselves: *"Where there is something innovative, a good solution to a problem."*

There was a consistent lack of awareness of the Public Health Agency, and especially of the CPHO himself (both the person currently in the position, and the position itself).

However, when asked, several thought that the person in this position should be a physician (at arm's length from the government), and a person who is knowledgeable, credible and personable (e.g. a good public speaker). For many groups, credibility was often associated with a clinical notion, e.g. a physician with

medical credentials. Other characteristics that were associated with the position included sincerity, impartiality, accountable, responsible and knowledgeable.

Many participants responded positively to the idea of the CPHO, as they would like to see someone take ownership of public health issues: "*That definition of public health does not have any ownership – it is a bunch of words, but who is saying it? I would like him to say it.*" They would also like this position to have meaningful goals: *"The individual holding the office needs to have a vision and a mission so that we feel that they care about all Canadians. There needs to be an aim, a fixed aim as to how this office is going to achieve that aim, and it has to be visible."*

The title of Canada's Public Health Expert was generally well received compared to the other titles read to participants. Many participants felt the current title adequately reflected the position, although some did suggest that Canada's Surgeon General might be more apt (mostly because they are much more familiar with this position in the U.S.) than they are with its Canadian equivalent. Participants also felt that perhaps there should be a clinical association within this title, so that it is easily recognized that the individual in this position is a recognized medical professional:

- *"I think it needs to be more political. I think that when most people think of health, a doctor is what they look to, so have something clinical like chief physician attached to their name."*
- *"I think 'public health' should be in there."*

Many participants within the groups also felt that the individual occupying the position of CPHO should have more visibility, so that the issue of public health in Canada would in turn have more of a high profile:

- *"By making a public statement to the media, we need to see this person. We would have more of a connection with who is in charge."*
- *"If the person has more visibility it will have more impact."*
- *"They need to make a public statement. It is more credible."*

E. Conclusion

One of the fundamental findings coming out of this research program is that participants make little if any distinction between the public health system and the health care system. The terms public health and health care, or public health care system and health care system, are essentially understood as interchangeable in the minds of most participants. Participants' comments suggested that many continue to view health on an individual level rather than from a broader community or societal perspective. Most tellingly, in discussions about what participants identify as the main components of the public health system, most see themselves as patients (e.g. users of the system) rather than as contributors or as a broader community with the ability to influence societal public health. They also identified their primary interactions within this system as being with health professionals and institutions (e.g. doctors, nurses, hospitals and clinics). Few considered the

role of other social structures or networks within our society and their impact on public health. As such, it has been obvious from the focus group discussions that participants do not readily grasp the social and economic context of disease and health without prompting and much discussion. Rather, they view health as predominantly a direct outcome of personal choices such as diet, exercise and lifestyle.

However, there nevertheless appears to be a rudimentary intellectual underpinning that presents a basic foundation for further public discussions about public health. Participants did readily acknowledge that some groups in Canada are less healthy than others, although the specific term “health inequalities” had little resonance. They also understood, upon further discussion, that income and education played a critical role in determining health status, leaving some groups such as seniors, youth, immigrants, and Aboriginals disadvantaged in this regard. Beyond this, there was little consideration given to employing the wider array of social or economic policy levers to affect a positive impact on societal health. Again, this more narrow view of health, health determinants and health outcomes understandably has been heavily influenced by past public discussions about health that have tended to focus more on treatment and personal choice than on prevention, as well as on individual rather than societal health outcomes.

The inaugural report from the Chief Public Health Officer thus presents a key opportunity to lay the groundwork to recast the discussion of health in Canada, to promote a better understanding of public health amongst Canadians and to profile the position of the CPHO. Clearly, this will be a challenge. The complete conflation of the terms “public health”, “health” and “health care”, let alone a higher level of confusion once the word “system” is included, creates a difficult communications environment. However, the fact that Canadians intuitively grasp that there are some clearly identifiable socio-economic groups within society that have poorer health outcomes provides a point of departure for effective communication, and as a result it is fortuitous that health inequality is the theme for the first CPHO report.

V. Recruiting Scripts

Recruiting Scripts

A. Recruiting Script – English

Public Health Agency of Canada: Testing Messages for the CPHO of Canada's Report
Recruiting Script – Gen Pop and Opinion Leaders
Final – January 18th, 2008

Good morning/afternoon. My name is ______________ and I am calling from *The Strategic Counsel* a national public opinion research firm. We would like to invite you to attend a discussion group that is being conducted on behalf of the Public Health Agency of Canada, part of the Government of Canada, to explore health-related issues with Canadians.

Your participation is completely voluntary and all your answers are confidential. They will be used for research purposes only. We are simply interested in hearing your opinions – no attempt will be made to sell you anything. The format is a "round table" discussion led by a research professional. Any personal information that you share with us will remain confidential. Any reports that are produced from the series of discussion groups we are holding will not contain comments that are attributed to specific individuals.

But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people in each of the groups. May I ask you a few questions?

Yes - CONTINUE
No – THANK AND TERMINATE

1. First, are you or is any member of your household or your immediate family employed in: Market Research, Advertising, Marketing, Public Relations, Any Media (print, radio, tv.), or Government, including at the federal, provincial or municipal levels?

IF YES, THANK AND TERMINATE CALL
IF NO, CONTINUE
IF REFUSED, THANK AND TERMINATE CALL

2. Are you familiar with the concept of a focus group?

IF YES, CONTINUE
IF NO, EXPLAIN THE FOLLOWING "*a focus group consists of eight to ten participants and one moderator. During a 2- hour session, participants are asked to discuss a wide range of issues related to the topic being examined.*"

3. How comfortable are you in expressing your views in public, reading written materials or looking at images projected onto a screen?

Very Comfortable
Somewhat Comfortable
Somewhat Uncomfortable (THANK & TERMINATE)

Very Uncomfortable (THANK & TERMINATE)

4. Have you ever participated in a focus group for which you received a sum of money?

YES NO – Skip to Q.5 and Continue

IF YES – How long ago was that? ______
(TERMINATE IF LESS THAN 6 MTHS)

How many have you been involved with? ________
(TERMINATE IF MORE THAN 3 FOCUS GROUPS)

Were any of these groups being conducted on behalf of the Government of Canada?
(IF YES, THANK AND TERMINATE)

5. Which of the following age categories do you fall into?

Under 18 (THANK AND TERMINATE)
18- 24
25-34
35-44
45-54
55-64
65-75
75 +

GEN POP AND OPINION LEADER GROUPS: ENSURE GOOD MIX OF PARTICIPANTS. LIMIT NUMBER OF THOSE AGED 75+ TO ONE PER GROUP.

6. And, which of the following income categories would your annual personal annual income for 2007 fall into?

Under $20,000
$20,000-$29,999
$30,000-$39,999
$40,000-$49,999
$50,000-$54,999

$55,000-$59,999
$60,000-$69,999
$70,000-$79,999
$80,000-$89,999
$90,000-$99,999
$100,000-$124,999
$125,000 +

GEN POP GROUPS: ENSURE GOOD MIX OF PARTICIPANTS REPRESENTING ALL INCOME CATEGORIES.

OPINION LEADER GROUPS: MINIMUM PERSONAL INCOME OF $55,000+. ENSURE GOOD MIX OF PARTICIPANTS ACROSS ALL INCOME CATEGORIES ABOVE THAT LEVEL.

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

Have not completed high school
Completed high school
Some college
Completed college
Some university
Completed university (with undergraduate degree)
Post-graduate degree (current or completed)

GEN POP GROUPS: ENSURE GOOD MIX OF EDUCATION
OPINION LEADER GROUPS: MINIMUM OF SOME UNIVERSITY

8. And, what is your current occupation?

Student
Homemaker
Unemployed
Disability benefits
Management
Business, Finance, Administration
Sciences (Natural or Applied)
Health
Social Sciences, Education or Religion
Sales and Service
Arts, Culture, Recreation or Sport
Trades, Transport, Equipment Operators and Related Occupations
Processing, Manufacturing, Utilities

Other: Please specify ________________________
Retired

BOTH GROUPS: ENSURE GOOD MIX OF OCCUPATIONS

9. Record gender

Male
Female

BOTH GROUPS: AIM FOR 50/50 GENDER SPLIT

10. Now I will read you a list of activities and behaviours that may or may not describe you well. For each, please tell me whether or not this sounds “very much like you” or “not” … (READ AND ROTATE LIST)

OPINION LEADERS ACTIVITY BATTERY	SOUNDS VERY MUCH LIKE YOU	DOES NOT SOUND VERY MUCH LIKE YOU
INFORMAL INFLUENCE CRITERIA		
I read a newspaper everyday (either online or hard copy)	1	2
I frequently discuss current events in the news with friends or family members	1	2
When I hold a strong opinion, I often persuade others to share my views	1	2
FORMAL INFLUENCE CRITERIA		
I currently serve in a leadership role in one or more organizations	1	2
I often speak up at public or organizational meetings	1	2

NOTE: COMPOSITION OF OPINION LEADER GROUPS WILL BE EQUALLY SPLIT AMONGST THE FOLLOWING THREE CATEGORIES:

INFORMAL INFLUENCERS: THOSE WHO SELECT CODE 1 FOR AT LEAST ONE OF THE 'INFORMAL INFLUENCE CRITERIA' ATTRIBUTES

FORMAL INFLUENCERS: THOSE WHO SELECT CODE 1 FOR AT LEAST ONE OF THE 'FORMAL INFLUENCE CRITERIA' ATTRIBUTES

MULTIPLE INFLUENCERS: THOSE WHO SELECT CODE 1 FOR AT LEAST ONE OF THE 'INFORMAL INFLUENCE CRITERIA' ATTRIBUTES AND SELECT CODE 1 FOR AT LEAST ONE OF THE 'FORMAL INFLUENCE CRITERIA' ATTRIBUTES

I would like to invite you to attend this session on (give city particulars, dates and times):

SCHEDULE OF GROUPS

Proposed Date*	Location	Facility***	Language	Group type	Time of Groups
Feb. 4th, 2008	Toronto**	Research House	English	Gen pop	5:30 p.m.
				Opinion leaders	7:30 p.m.
Feb. 5th, 2008	Halifax	Omnifacts	English	Gen pop	5:30 p.m.
				Opinion leaders	7:30 p.m.
Feb 6th , 2008	Montreal	CRC	French	Gen pop	5:30 p.m.
				Opinion leaders	7:30 p.m.
Feb 6th, 2008	Winnipeg	NRG	English	Gen pop	5:30 p.m.
				Opinion leaders	7:30 p.m.
Feb 7th, 2008	Vancouver	Pollara	English	Gen pop	5:30 p.m.
				Opinion leaders	7:30 p.m.

*Note: These are proposed dates. Dates are to be confirmed based on approval of Project Authority and availability of facilities.
**Webcasting will be available for Toronto groups only.
***These facilities are tentatively booked.

This is a firm commitment. If you anticipate anything preventing you from attending the group (either home- or work-related), please let me know now and we will keep your name for a future study.

Thank you for agreeing to participate in this study. If you foresee anything at a later date that may cause you to be unable to attend the group please call to let me know (Tel: xxx-xxx-xxxx).

Recruitment Specifications:

GENERAL POPULATION GROUPS:
Q.5 – good mix of age
Q.6 – good mix of income
Q.7 – good mix of education
Q.8 – good mix of occupations
Q.9 – aim for 50/50 gender split

OPINION LEADER GROUPS:
Q.6 – personal income equal to or greater than $55,000/good mix of income above that level
Q.7 – at minimum – some university
Q.8 – good mix of occupations
Q.9 – 50/50 gender split
Q.10: each group of opinion leaders to be split equally amongst the following:

INFORMAL INCLUENCERS: THOSE WHO SELECT CODE 1 FOR AT LEAST ONE OF THE 'INFORMAL INFLUENCE CRITERIA' ATTRIBUTES

FORMAL INCLUENCERS: THOSE WHO SELECT CODE 1 FOR AT LEAST ONE OF THE 'FORMAL INFLUENCE CRITERIA' ATTRIBUTES

MULTIPLE INCLUENCERS: THOSE WHO SELECT CODE 1 FOR AT LEAST ONE OF THE 'INFORMAL INFLUENCE CRITERIA' ATTRIBUTES AND SELECT CODE 1 FOR AT LEAST ONE OF THE 'FORMAL INFLUENCE CRITERIA' ATTRIBUTES

$50 incentive for all participants
Recruit 10 maximum per group

B. Recruiting Script - French

Agence de la santé publique du Canada: Un test des messages pour le rapport de l'administrateur en chef de la santé publique (ACSP) du Canada
Script de recrutement – Population et leaders d'opinion
Finale – le 18 janvier, 2008

Bonjour / bonsoir, je m'appelle ______________ et je vous appelle de la part du *Strategic Counsel*, une firme nationale de sondage de l'opinion publique. Nous aimerions vous inviter à participer à un groupe de discussion tenu au nom de Santé Canada, le ministère fédéral responsable de protéger et de promouvoir la santé des Canadiens.

Votre participation est entièrement volontaire. Toutes vos réponses seront traitées de manière confidentielle, et elles ne seront utilisées qu'aux fins de cette recherche. Nous sommes tout simplement intéressés à connaître votre opinion – en aucune façon essaierons-nous de vous vendre quoi que ce soit. Le format de la discussion est une table ronde menée par un professionnel de la recherche. Tous les renseignements personnels que vous nous communiquerez demeureront strictement confidentiels. Les rapports qui découleront de la série de groupes de discussion que nous organisons ne contiendront pas de commentaires attribués à des personnes précises.

Mais avant de vous demander de participer, nous avons quelques questions à vous poser afin de nous assurer d'avoir un bon équilibre / une bonne variété de gens dans chaque groupe. Puis-je vous poser quelques questions ?

Oui - CONTINUER
Non – REMERCIER ET METTRE FIN À L'APPEL

1. Premièrement, est-ce que vous travaillez, ou est-ce qu'un membre de votre famille immédiate ou de votre ménage travaille dans le domaine des études de marché, de la publicité, du marketing, des relations publiques, dans les médias (journal, radio ou télévision), ou encore pour le gouvernement, que ce soit fédéral, provincial ou municipal ?

SI OUI, REMERCIER ET METTRE FIN À L'APPEL
SI NON, CONTINUER
SI REFUSE DE RÉPONDRE, REMERCIER ET METTRE FIN À L'APPEL

2. Connaissez-vous le concept d'un groupe de discussion?

SI OUI, CONTINUER
SI NON, EXPLIQUER : « *un groupe de discussion comprend de huit à dix participants et un modérateur. Durant une session d'une heure et demie, les participants sont invités à discuter de divers enjeux reliés au sujet sur lequel porte l'étude* ».

3. Dans quelle mesure êtes-vous à l'aise à l'idée d'exprimer vos opinions en public, de lire des documents sur papier ou de regarder des images projetées sur un écran ?

Très à l'aise
Plutôt à l'aise
Plutôt mal à l'aise (REMERCIER ET METTRE FIN À L'APPEL)
Très mal à l'aise (REMERCIER ET METTRE FIN À L'APPEL)

4. Avez-vous déjà participé à un groupe de discussion pour lequel vous avez reçu une somme d'argent ?

OUI NON – Passer à Q.5 et continuer

SI OUI – Il y a combien de temps de cela ? ______
(METTRE FIN À L'APPEL SI CELA FAIT MOINS DE 6 MOIS)

À combien de ces groupes avez-vous pris part au total ? ________
(METTRE FIN À L'APPEL SI PLUS DE 3 GROUPES DE DISCUSSION)

Est-ce qu'un ou plusieurs de ces groupes ont été tenus au nom du gouvernement du Canada ?
(SI OUI, REMERCIER ET METTRE FIN À L'APPEL)

5. Dans lequel des groupes d'âge suivants vous situez-vous ?

Moins de 18 ans (REMERCIER ET METTRE FIN À L'APPEL)
Entre 18 et 24 ans
Entre 25 et 34 ans
Entre 35 et 44 ans
Entre 45 et 54 ans
Entre 55 et 64 ans
Entre 65 et 75 ans
Plus de 75 ans

GROUPES GRAND PUBLIC ET GROUPES DE LEADERS D'OPINION : S'ASSURER D'AVOIR UN BON ÉVENTAIL D'ÂGES. SEULEMENT UN INDIVIDUEL ÂGÉ PLUS DE 75 ANS PAR GROUPE.

6. Et dans laquelle des catégories de revenus suivantes se situe votre **revenu personnel** pour l'année 2007?

Moins de 20 000 $
Entre 20 000 et 29 999 $
Entre 30 000 et 39 999 $
Entre 40 000 et 49 999 $
Entre 50 000 $ et 54 999 $

Entre 55 000 $ et 59 999 $
Entre 60 000 $ et 69 999 $
Entre 70 000 $ et 79 999 $
Entre 80 000 $ et 89 999 $
Entre 90 000 $ et 99 999 $
Entre 100 000 $ et 124 999$

125 000 $ +

GROUPES GRAND PUBLIC : S'ASSURER D'AVOIR UN BON ÉVENTAIL DE REVENUS

GROUPES DE LEADERS D'OPINION : REVENU MINIMAL PERSONNEL DE 55 000 $ ET PLUS. S'ASSURER D'AVOIR UN BON EVANTAIL DE REVENUES AU-DESSUS DE 55 000$.

7. Quel est le plus haut niveau de scolarité que vous ayez complété ?

Études secondaires non complétées
Diplôme d'études secondaires
Études collégiales en partie
Diplôme d'études collégiales
Études universitaires en partie
Diplôme universitaire (baccalauréat)
Maîtrise ou doctorat (en cours ou complété)

GROUPES GRAND PUBLIC : S'ASSURER D'AVOIR UN BON ÉVENTAIL DE NIVEAUX DE SCOLARITÉ

GROUPES DE LEADERS D'OPINION : **DOIVENT** DÉTENIR AU MOINS UNE SCOLARITÉ UNIVERSITAIRE (COMPLÉTÉE OU NON).

8. Et quelle est votre occupation courante ?

Étudiant-e
Homme ou femme au foyer
Sans emploi
Prestataire de rentes d'invalidité
Gestion
Affaires, finance, administration
Sciences (naturelles ou appliquées)
Santé
Sciences sociales, éducation ou religion
Vente et services
Arts, culture, loisirs ou sport
Travail manuel, transport, opération de machinerie lourde et fonctions connexes
Transformation, fabrication, services publics

Autre : veuillez préciser ________________________
Retraité-e

POUR LES DEUX GROUPES - S'ASSURER D'AVOIR UN BON ÉVENTAIL D'OCCUPATIONS

9. Noter le sexe

Homme
Femme

LES DEUX GROUPES: TANTER D'OBTENIR 50 F/50 H POUR LE SEXE

10. Je vais vous lire une liste d'activités et de comportements. Pour chacun d'entre eux, veuillez me dire s'il vous ressemble beaucoup ou pas tellement. (LIRE ET RENOUVELER LA LISTE)

ACTIVITÉS	**Me ressemble beaucoup**	**Ne me ressemble pas tellement**
CRITÈRE D'INFLUENCE INFORMELLE		
Je lis le journal chaque jour (en ligne ou en version imprimée)	1	2
Je discute souvent de l'actualité avec des amis ou des membres de ma famille.	1	2
Lorsque j'ai une opinion tranchée, je persuade souvent d'autres personnes de la partager.	1	2
CRITÈRE D'INFLUENCE FORMELLE		
J'occupe présentement un rôle de chef de file dans une ou plusieurs organisations.	1	2
Je prends souvent la parole à des assemblées publiques ou d'organisation.	1	2

REMARQUE : LES GROUPES DE LEADERS D'OPINION DOIVENT COMPRENDRE ÉGALEMENT DES PARTICIPANTS RÉPONDANT À CES CRITÈRES :

INFLUENCEURS INFORMELS : RÉPONDANTS AYANT INDIQUÉ LE CODE 1 POUR **AU MOINS UN** DES CRITÈRES D'INFLUENCE INFORMELLE

INFLUENCEURS FORMELS : RÉPONDANTS AYANT INDIQUÉ LE CODE 1 POUR **AU MOINS UN** DES CRITÈRES D'INFLUENCE FORMELLE

INFLUENCEURS MULTIPLES : RÉPONDANTS AYANT INDIQUÉ LE CODE 1 POUR **AU MOINS UN** DES CRITÈRES D'INFLUENCE INFORMELLE ET **AU MOINS UN** DES CRITÈRES D'INFLUENCE FORMELLE

J'aimerais vous inviter à participer à une session ayant lieu (dicter le lieu, la date et l'heure du groupe) :

HORAIRE DES GROUPES

Date*	**Ville**	**Endroit**	**Langue**	**Type de groupe**	**Heure des groupes**
le 4 février, 2008	Toronto**	A déterminer	Anglais	Grand public	17 h 30
				Leaders d'opinion	19 h 30
le 5 février, 2008	Halifax	A déterminer	Anglais	Grand public	17 h 30
				Leaders d'opinion	19 h 30
le 6 février, 2008	Montréal	A déterminer	Français	Grand public	17 h 30
				Leaders d'opinion	19 h 30

le 6 février, 2008	Winnipeg	A déterminer	Anglais	Grand public	17 h 30
				Leaders d'opinion	19 h 30
le 7 février, 2008	Vancouver	A déterminer	Anglais	Grand public	17 h 30
				Leaders d'opinion	19 h 30

 * Provisoire
**le "web-casting" sera disponible seulement pour les groupes à Toronto.

Ceci est un engagement ferme. Si vous prévoyez quoi que ce soit qui puisse vous empêcher d'être présent/présente (que ce soit relié à la maison ou au travail), veuillez s.v.p. me le mentionner dès maintenant et nous garderons votre nom pour une étude dans l'avenir.

Merci de nous avoir accordé votre temps. Si au cours des prochains jour vous prévoyez quoi que ce soit qui puisse vous empêcher d'être présent/présente, s.v.p. appelle-moi. (Tél. : xxx-xxx-xxxx)

Spécifications générales de recrutement :

GROUPES GRAND PUBLIC :
Q.5 – bon éventail d'âges
Q.6 – bon éventail de revenus
Q.7– bon éventail de scolarité
Q.8 – bon éventail d'occupations
Q.9 – bon équilibre des sexes

GROUPES DE LEADERS D'OPINION :
Q.6 – revenu du ménage équivalent ou supérieur à 55 000 $
Q.7 – au moins des études universitaires en partie
Q.8 – bon éventail d'occupations
Q.9 – bon équilibre des sexes
Q.10: chaque groupe doit comprendre également des participants répondant à ces critères :

INFLUENCEURS INFORMELS : RÉPONDANTS AYANT INDIQUÉ LE CODE 1 POUR AU MOINS UN DES CRITÈRES D'INFLUENCE INFORMELLE

INFLUENCEURS FORMELS : RÉPONDANTS AYANT INDIQUÉ LE CODE 1 POUR AU MOINS UN DES CRITÈRES D'INFLUENCE FORMELLE

INFLUENCEURS MULTIPLES : RÉPONDANTS AYANT INDIQUÉ LE CODE 1 POUR AU MOINS UN DES CRITÈRES D'INFLUENCE INFORMELLE ET AU MOINS UN DES CRITÈRES D'INFLUENCE FORMELLE

Compensation : 50$ pour chaque participant
Recruter 10 maximum pour chaque groupe

VI. Moderator's Guides

Moderator's Guides

A. Moderator's Guide – English

Public Health Agency of Canada
Moderator's Guide
Testing Messages for the CPHO of Canada's Report
FINAL – February 5, 2008

Section 1 - 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 Public Health Agency of Canada, an agency of the Government of Canada. This evening's discussion will focus on your attitudes and opinions about public health in Canada. We would like to talk about this topic in general and then get your feedback on some specific public health issues and ways to communicate this information to the general public. I'll explain more on that in a moment.

- The discussion will last approximately 2 hours. Feel free to excuse yourself during the session if necessary.

- Explanation re:
  - Audio/video-taping – The session is being video/audio-taped for analysis purposes, in case we need to double-check the proceedings against our notes. These video-tapes remain in our possession and will not be released to anyone without written consent from all participants.
  - One-way mirror – There are observers representing the government and colleagues who will be watching the discussion from behind the glass. They are there to assist me in analyzing the findings, as I may not remember all that I hear in various groups. However, they will not take part in this discussion.
  - Confidentiality – Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. The report can be accessed through the Library of Parliament or Archives Canada or via the web site www.porr-rrop.gc.ca.

- 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 and on time.
  - 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. This is not a test of your knowledge. We did not expect you to do anything in preparation for this group.

- (Moderator introduces herself/himself). Please note that the moderator is not an employee of the Government of Canada and may not be able to answer some of your questions about the program we will be discussing. Participants should introduce themselves, using their first names only.
  - Please tell us a little bit about yourself.

Section 2 - Warm-up/Context: Knowledge/Understanding and Perceptions of Public Health (20 minutes)

- Let's start by playing a bit of a word association game. Since we are going to be talking about public health in Canada for the remainder of this evening, I'd like to know what comes to mind when I use that term "public health." Please use the piece of paper and pencil in front of you. When I say "public health" to you, what do you think of? Please write down, very quickly, the first three things that come to mind? It could be anything, including words, feelings or images.

  – Now, let's go around the table quickly and tell me what you thought of when I used that term. (ROUND TABLE)

- How would you rate the state of Canadians' health, overall as a society? Explain. In your view, what are the most important public health issues in Canada today? What do you feel are or should be the top public health priorities for Canada? (MODERATOR TO RECORD ON FLIP CHART)

- And, what types of things or factors influence your health and that of your family? (e.g. MODERATOR TO DRAW TWO COLUMNS ON CHART; ONE FOR A LIST OF THOSE THINGS THAT POSITIVELY INFLUENCE PUBLIC HEALTH AND ONE FOR THOSE THINGS THAT NEGATIVELY INFLUENCE PUBLIC HEALTH)
  – IF NOT MENTIONED: Are there are any social or economic factors that influence our health? If so, which? If not mentioned top-of-mind, probe for:
    - Income
    - Housing

    - Diet & exercise
    - Environment
    - Employment
    - Education and Literacy
    - Getting a good start in life (i.e. early childhood development)
    - Sense of community/belonging
    - Social support (i.e. ethnic groups, family, church, etc.)

- Would you say that Canada has a strong public health system or one that needs some improvement? Explain. Probe for:

  – If improvement required: What is required to improve the system? What needs to be done?

- And, how do you view the **public health system** in relation to the **health care system** in Canada? Are they the same thing or something different? Explain. Probe for:

– What, if any, is the distinction between the two? (MODERATOR TO DRAW TWO COLUMNS ON FLIP CHART LABELED PUBLIC HEALTH AND HEALTH CARE AND RECORD ITEMS/FEATURES ASSOCIATED WITH EACH IN THE RELEVANT COLUMN.) Probe for:
  - Prevention versus treatment-oriented
  - Community-based versus institutionally-based
  - Focus on population versus focused on individual
  - Focus on improving overall population health versus focus on treating individuals with disease/conditions

– Do the two systems work together or not? If so, briefly explain how they work together?

Section 3 - Individual, Community, and Workplace/Employer Actions Affecting Public Health (20 minutes)

There is a structure of people, institutions and other elements that make up the public health system, and there are many influences on public health. Based on what you know, what are some of the key features or elements of Canada's public health system? What comprises Canada's public health system – whether it is individuals, structures or institutions? Who's involved and how does it work? MODERATOR TO USE FLIP CHART TO RECORD. NOTE THAT SOME OF THESE ISSUES/ELEMENTS MAY HAVE COME OUT IN EARLIER DISCUSSION.

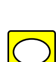
- Let's try to briefly map out some of the main elements, starting at the center or core of the system … what would you put at the heart of the public health system and then let's work from there? PROBE FOR:

  – Where would you put yourself? What is your role or the role of the individual with respect to overall public health? What can you do either yourself or within your community to improve overall public health? How can what you do as an individual affect public health?

  – And, what about communities? What is the state of public health in your community? What more could be done to improve it? What do communities need to do to improve public health? What things/activities could be put in place?

  – What about employers? What can they do? And, how does what they do affect public health?

  – What about governments? Who might they be? What kind of an impact can they have on public health? What could they do?



  – What about other decision-makers in our society? Who might they be? What kind of an impact can they have on public health? What could they do?

- In general, do you think that all Canadians are equally healthy? Why or why not? Probe for:

  – Do you feel that some groups of people are more or less healthy than others? If so, why is that? If not, why?
  – What types of things contribute to the gap between healthier and less healthy Canadians? MODERATOR TO NOTE ON FLIP CHART.

– How should that be addressed?

Section 4 - Bull's Eye Exercise: Testing Perceived Impact on Public Health (10 minutes):

In Canada, public health professionals talk about 'health inequalities'. Essentially, they are talking about health being unevenly distributed across the population, resulting in poorer health for many Canadians. Now, I'd like to get your reaction to some types of activities that communities and individuals might do and how, if at all, they could reduce the gap between those who are healthy and unhealthy. To get this conversation started, I'd like each of you to complete a quick exercise. (HAND OUT SET OF 11 STICKERS TO EACH PARTICIPANT.)

VOLUNTEERING	VOTING	DIET AND EXERCISE
MAKING HEALTHY TRANSPORTATION CHOICES	STOP SMOKING	SAFE GREEN SPACES (WALKING PATHS)
JOB TRAINING	HEALTHY WORKPLACE PRACTICES	PRE-NATAL ADVICE FOR LOW INCOME MOTHERS
ADEQUATE HOUSING	MINIMUM WAGE AND TAX BENEFITS FOR LOW INCOME	

- You'll find a list of words on this page, each of them printed on a sticker. Using the target that I have taped to the wall, I would like each of you to place your stickers somewhere on the target. The idea is to place them either closer to or further from the bull's eye or the centre of the target depending on the degree to which you think doing this type of activity can have a positive impact on the state of public health in Canada. The more you find a description to positively impact public health in Canada, the closer it will be to the centre or "bull's eye" of the target. Conversely, if you feel that the impact of the activity does not positively impact the state of public health in Canada, or may in fact negatively impact public health, the farther away it should be put from the centre of the target. GIVE SOME TIME TO COMPLETE.
- Probe for why these choices were made
- Are there other activities that you think would have a more positive impact on public health than the ones on these stickers? If so, what are they and where would I place them on the target?

MODERATOR TO READ FROM A BOARD TO THE PARTICPANTS THE DEFINITION OF PUBLIC HEALTH. BOARD TO REMAIN ON DISPLAY FOR THE REMAINED OF THE SESSION.

- "Public Health is focussed on efforts to prevent infectious diseases like influenza, prevent chronic diseases, like cancer and heart disease, prevent injuries and respond to public health emergencies, outbreaks and environmental risks, in order to keep Canadians healthy and help reduce pressures on the health care system."

Section 5 - Laddering Exercise: Reaction to Key Messages (Understanding, Relevance and Credibility) (40 minutes)

Now, I'd like to look a little more closely at some of these actions that individuals, employers or communities could take. For some of the actions that I asked you to place on the target, I have a board containing a more complete sentence with a little more explanation and context. I'm going to show them to you one at a time and I'd like to get your reaction to each as well as to discuss specifically how you see doing each of these will have an impact on public health.

MESSAGES:

A. Being able to volunteer our time or money to support less advantaged members of our communities, either through organized efforts or through individual family or friend support.

B. Vote, thereby sending a message that politicians need to make a difference in the health and well-being of the citizens they serve.

C. Making healthy choices about the way we live, including diet, exercise, smoking and transportation.

D. Creating safe, affordable and more accessible spaces for physical activity for everyone.

E. Support healthy workplace practices (flexible work schedules, support for working parents, healthy cafeteria food, on-site day-cares and fitness centres).

F. Ensure Canadians have adequate income (through tax benefits, minimum wage, etc.).

G. Training that helps people get and keep jobs.

H. Provide pre-natal advice to low-income mothers.

I. Make sure Canadians have adequate and healthy housing.

NOTE: G, H & I TO BE DISCUSSED AT THE END OF THIS SECTION

NOTE: MESSAGES WILL EACH BE PLACED ON INDIVIDUAL BOARDS TO BE DISPLAYED TO THE GROUPS.

NOTE TO MODERATORS: TWO GROUPS ARE BEING CONDUCTED IN EACH CITY. THE ORDERING OF PRESENTATION OF MESSAGES A THROUGH F SHOULD BE ROTATED IN EACH GROUP ACCORDING TO THE FOLLOWING SCHEDULE:

LOCATION	GROUP 1	GROUP 2
Toronto	Message A – Volunteer Message B – Vote Message C– Healthy choices Message D – Safe spaces Message E – Healthy workplace Message F – Adequate income	Message C– Healthy choices Message B – Vote Message F – Adequate income Message D – Safe spaces Message A – Volunteer Message E – Healthy workplace

LOCATION	GROUP 1	GROUP 2
Halifax	Message B – Vote Message A – Volunteer Message D – Safe spaces Message C– Healthy choices Message F – Adequate income Message E – Healthy workplace	Message F – Adequate income Message E – Healthy workplace Message D – Safe spaces Message C– Healthy choices Message A – Volunteer Message B – Vote
Montreal	Message F – Adequate income Message E – Healthy workplace Message D – Safe spaces Message C– Healthy choices Message B – Vote Message A – Volunteer	Message C– Healthy choices Message B – Vote Message F – Adequate income Message D – Safe spaces Message A – Volunteer Message E – Healthy workplace
Winnipeg	Message B – Vote Message A – Volunteer Message D – Safe spaces Message C– Healthy choices Message F – Adequate income Message E – Healthy workplace	Message F – Adequate income Message E – Healthy workplace Message D – Safe spaces Message A – Volunteer Message C– Healthy choices Message B – Vote
Vancouver	Message A – Volunteer Message B – Vote Message C– Healthy choices Message D – Safe spaces Message E – Healthy workplace Message F – Adequate income	Message F – Adequate income Message D – Safe spaces Message B – Vote Message E – Healthy workplace Message C– Healthy choices Message A – Volunteer

- Now let's go through each of the statements, reflecting specific types of activities that you, as an individual, could do. FOR EACH, ASK:
  - First, is it clear to you what this statement means? What does this mean to you? In plain language, what does this statement mean?

    - PROBE FOR: How would you phrase this differently?
    - PROBE FOR: What makes this statement or message more confusing? Which words in particular? Elaborate.
  - Can you elaborate with a specific example to illustrate what it means? Give me an example of what you personally would or could do.

  - And, in your mind, how, if at all, would doing this, or doing more of this, have any impact on public health? Please connect the dots for me. MODERATOR TO USE FLIP CHART FOR EACH STATEMENT AND WRITE KEY WORDS FROM STATEMENT AT TOP OF CHART/PUBLIC HEALTH AT BOTTOM, WITH LADDER AND SEVERAL RUNGS ON LADDER IN BETWEEN. So, tell me how we get from doing this to improving public health? (AS AN EXAMPLE, MODERATOR WOULD DRAW A LADDER TO CONNECT VOLUNTEERING

WITH PUBLIC HEALTH. ASK PROBING QUESTIONS SUCH AS: SO, IF YOU OR I VOLUNTEER OUR TIME, HOW IS THIS HELPING LESS ADVANTAGED MEMBERS OF OUR COMMUNITY? WHO ARE THESE LESS ADVANTAGED PEOPLE? WHAT IS THE BENEFIT TO THEM? HOW DO THOSE BENEFITS TRANSLATE INTO BETTER PUBLIC HEALTH?)

- How much of an impact do you think doing this would really have on public health, or reducing inequalities in health (or the gap between healthy and unhealthy Canadians?) – a lot, some, a little? Explain.
- Is this something you or the community at large are likely to do? Why/why not?
- How would you respond to being asked to do more of this? Would you react positively or negatively? Why? Probe for:
  - Are there any barriers to you doing this? If so, what are they? What would you need to address these barriers in order to be able to do this?
- Now let's look at some additional statements. MODERATOR TO DISPLAY STATEMENTS G, H & I ONE AT A TIME. Is there a link between this statement and public health? If so, what is the link? Can you explain how doing this would have an impact on public health?
  G. Training that helps people get and keep jobs.
  H. Provide pre-natal advice to low-income mothers.
  I. Make sure Canadians have adequate and healthy housing.

AFTER ALL INDIVIDUAL MESSAGES/STATEMENTS HAVE BEEN REVIEWED:

- Now, looking at each of these statements, let's discuss who is primarily responsible for these activities. Earlier we talked about your role, the community's role, employee's role, government's role and society's decision-maker's role. Let's go back to that discussion and tell me whose is primarily responsible for these activities. Let's go through the activities one by one. FOR EACH OF THE INDIVIDUAL ACTIVITIES (A – I), MODERATOR TO PROBE AND GENERATE DISCUSSION ABOUT WHERE THE RESPONSIBILITY LIES:
  - Individual
  - Community
  - Employers
  - Government
  - Leaders / Decision-makers in society

- MODERATOR ALSO TO PROBE FOR EACH ACTIVITIY:
  - Who is this statement direct to? In other words, who is this statement talking to?

- Who are the groups that have roles to play in order for this activity to be realized? What is their role?
  - Are there some groups who are more or less important in this activity being carried out? Why?

- Now, having discussed these activities more fully and looking again at all of these statements, which TWO activities do you think will have the most impact on improving public health and which TWO will have the least impact. Explain.

Section 6 - Effective Communications: Interest in the Report and Channel Preferences (15 minutes)

- We've spent a lot of time talking about various things that could be done to improve public health in Canada. How do you generally pick up information on this topic to inform your views? How are your impressions formed? Probe for:
  - Magazines (which ones?)
  - Internet (which web sites?)
  - News media (which ones?)
  - Books, other reference sources (elaborate)
  - Government (federal, provincial, municipal?)
  - Physicians and/or others in the health care profession

- What are the kinds of stories that most often attract your attention on this topic? Tell me about the most recent information you came across (what was it, where did you come across it?). Probe for:
  - Are they stories about issues?
  - Are they stories about people?
  - Are they stories about places?
  - Are they stories that compare your community/Canada with other communities/countries?

- How interested would you be in hearing about the state of public health in Canada? Why/why not? Probe for:
  - If you saw or heard a headline that contained the words "public health in Canada" would you read on or listen? Why/why not?

- If a report is produced, what would be the best way for you to get information on or in the report? Probe for:
  - Fact sheets
  - Summaries
  - Presentation deck showing highlights
  - Web

- News stories

Section 7 - Branding of the CPHO (10 minutes)

- Who would you expect to hear from on the state of public health in Canada and to make recommendations about how to address key issues? Whose responsibility is it?
- Have any of you ever heard of the Chief Public Health Officer? Probe for:
  - What attributes or characteristics would you associate with that position?
  - What kind of values or traits the person in this position exhibit/demonstrate?

Moderator to explain the CPHO and his role:

The Chief Public Health Officer (CPHO) is the head of a federal agency called the Public Health Agency of Canada. Among other things, the Chief Public Health Officer oversees the collection, development and distribution of information to help Canadians get and stay healthy, and acts as the federal government spokesperson on chronic and infectious diseases, and injury prevention, particularly during public health emergencies, like a flu pandemic.

MODERATOR TO WRITE EACH TITLE OUT ONE BY ONE ON THE FLIP CHART. PROBE FOR REACTION TO EACH OF THE FOLLOWING TITLES:

- Canada's doctor
- The nation's doctor
- Canada's public health expert
- Canada's champion of public health
- Canada's Chief Medical Health Officer

- When it comes to information or making decisions that affect the health and safety of Canadians, how much trust do you, or would you, have in what the CPHO may say? Why or why not?
- Do you have any final remarks or comments?

THANK PARTICIPANTS.

B. Moderator's Guide – French

Service de santé publique du Canada
Guide du modérateur
Essai de messages pour le rapport de l'administrateur en chef de la santé publique du Canada - FINALE – Le 5 février 2008

Section 1 - 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 service de santé publique du Canada, une agence du gouvernement fédéral. La discussion de ce soir portera sur votre attitude à propos de la santé publique au Canada et de votre opinion à son égard. Nous aimerions aborder le sujet en général, puis recueillir vos commentaires à propos de certains problèmes de santé publique précis et des façons de communiquer cette information au grand public. Je vous expliquerai davantage dans un instant.
- La discussion durera environ deux heures. Au besoin, n'hésitez pas à sortir de la salle.
- Expliquez :
    - Enregistrement audio-vidéo - La séance sera enregistrée à des fins d'analyse si nous devions contrevérifier son compte-rendu avec nos notes. Ces bandes vidéo demeurent en notre possession et ne seront transmises à personne sans le consentement écrit de tous les participants.
    - Miroir sans tain – Des observateurs représentant le gouvernement et les agences qui ont conçu les publicités suivront le déroulement de la discussion de l'autre côté du miroir.
    - Confidentialité – Prenez note que tout ce que vous direz au cours de cette discussion demeurera confidentiel. Les auteurs des commentaires ne sont pas identifiés. Notre rapport résume les constatations des groupes, mais ne mentionne aucun nom. Le rapport sera accessible par l'entremise de Bibliothèque et Archives Canada ou du site Web www.porr-rrop.gc.ca.
- 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. Ce n'est pas un contrôle de vos connaissances, et vous n'aviez aucune préparation à faire pour participer au groupe.
- Prenez note que 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. Les participants doivent se présenter en ne disant que leur prénom.
    - Parlez-nous un peu de vous.

Section 2 – Contexte : Connaissance, compréhension et perceptions de la santé publique (20 minutes)

- Commençons par un petit jeu d'association de mots. Comme nous allons parler de la santé publique au Canada pour le reste de la soirée, j'aimerais savoir ce qui vous vient à l'esprit lorsque j'utilise le terme « santé publique ». Veuillez utiliser le crayon et le papier devant vous. Lorsque je vous dis « santé publique », à quoi pensez-vous? Veuillez inscrire très rapidement les trois premières choses qui vous viennent à l'esprit? Ce peut être n'importe quoi, y compris des mots, des sentiments ou des images.
- Faisons un rapide tour de table et dites-moi à quoi vous avez pensé lorsque j'ai utilisé ce terme. (TABLE RONDE)
- Comment évalueriez-vous l'état de santé des Canadiens dans l'ensemble en tant que société? Expliquez. Selon vous, quelles sont les problèmes de santé les plus importants au Canada aujourd'hui? Quelles sont, selon vous, ou quelles devraient être, les principales priorités en matière de santé publique pour le Canada? (LE MODÉRATEUR LES INSCRIT SUR LE TABLEAU DE PAPIER)
- Et quels genres de choses ou de facteurs influent sur votre santé et celle de votre famille? (LE MODÉRATEUR TRACE DEUX COLONNES AU TABLEAU, UNE POUR LA LISTE DES CHOSES QUI INFLUENT POSITIVEMENT SUR LA SANTÉ PUBLIQUE ET L'AUTRE POUR CELLES QUI INFLUENT NÉGATIVEMENT SUR LA SANTÉ PUBLIQUE)
  - SI NON MENTIONNÉ : Y a-t-il des facteurs sociaux ou économiques qui influent sur votre santé? Si oui, lesquels? Si non-mentionner, Interrogez pour :
    - Revenu
    - Logement
    - Régime alimentaire et exercice
    - Environnement
    - Emploi
    - Scolarité et alphabétisme
    - Avoir un bon départ dans la vie (c.-à-d. le développement à la petite enfance)
    - Sentiment d'appartenance à la communauté / Sentiment d'appartenance
    - Soutien social (p.ex. groupes ethniques, famille, église, etc.)
- Diriez-vous que le Canada a un fort système de santé publique ou un système qui a besoin d'amélioration? Expliquez. Interrogez :
  - Si besoin d'amélioration : Qu'est-ce qu'il faut pour améliorer le système? Que doit-on faire?
- Et comment percevez-vous le système de santé publique par rapport au système de soins de santé au Canada? S'agit-il de la même chose ou de deux choses différentes? Expliquez. Interrogez :
  - S'il y a lieu, quelle est la distinction entre les deux? (LE MODÉRATEUR TRACE DEUX COLONNES AU TABLEAU IDENTIFIÉE « SANTÉ PUBLIQUE » ET « SOINS DE SANTÉ » ET INSCRIT LES ÉLÉMENTS / CARACTÉRISTIQUES ASSOCIÉS À CHACUN DANS LA COLONNE PERTINENTE.) Interrogez :

- Prévention par rapport au traitement
- Communautaire par rapport à institutionnel
- Accent mis sur la population par rapport aux particuliers
- Accent mis sur l'amélioration de la santé de la population en général par rapport à l'accent mis sur le traitement des particuliers souffrant de maladies ou d'états pathologiques

– Est-ce que les deux systèmes fonctionnent ensemble, ou non? Si oui, expliquez brièvement comment ils fonctionnent ensemble?

Section 3 – Gestes individuels, communautaires, sur les lieux de travail ou de l'employeur, touchant la santé publique (20 minutes)

Le système de santé publique est composé de gens, d'institutions et d'autres éléments, et la santé publique est influée par de nombreux facteurs. D'après ce que vous savez, quels sont certains des éléments ou certaines des caractéristiques clés du système de santé publique du Canada? Que comprend le système de santé publique du Canada, qu'il s'agisse de personnes, de structures ou d'institutions? Qui y participe et comment fonctionne-t-il? LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU. PRENEZ NOTE QUE CERTAINS DE CES PROBLÈMES OU ÉLÉMENTS ONT PU ÊTRE MENTIONNÉS PLUS TÔT AU COURS DE LA DISCUSSION.

- Essayons de dresser brièvement la liste de certains des principaux éléments, en commençant par le centre ou le cœur du système… Que placeriez-vous au cœur du système de santé publique? Continuons ensuite à partir de là. INTERROGEZ :
  - – Où vous situeriez-vous? Quel est votre rôle ou le rôle du particulier pour ce qui est de la santé publique dans son ensemble? Que pouvez-vous faire, seul ou au sein de la communauté, pour améliorer la santé publique en général? Comment ce que vous faites à titre individuel peut-il influer sur la santé publique?
  - – Et qu'en est-il des communautés? Quel est l'état de la santé publique au sein de votre communauté? Que peut-on faire de plus pour l'améliorer? Que doivent faire les communautés pour améliorer la santé publique? Quelles choses ou activités peuvent être mises en place?
  - – Qu'en est-il des employeurs? Que peuvent-ils faire? Et comment ce qu'ils font peut-il toucher la santé publique?
  - – Qu'en est-il des gouvernements? Qui sont-ils? Quel genre d'impact peuvent-ils avoir sur la santé publique? Que peuvent-ils faire?
  - – Qu'en est-il des autres décideurs de notre société? Qui sont-ils? Quel genre d'impact peuvent-ils avoir sur la santé publique? Que peuvent-ils faire?
- En général, croyez-vous que tous les Canadiens sont équitablement en santé? Pourquoi ou pourquoi pas? Interrogez :
  - – Croyez-vous que certains groupes de personnes sont plus ou moins en santé que les autres? Si oui, pourquoi est-ce ainsi? Si non, pourquoi?

- Quels genres de choses contribuent à l'écart entre les Canadiens les plus en santé et ceux les moins en santé? LE MODÉRATEUR INSCRIT LES RÉPONSES AU TABLEAU DE PAPIER
- Comment cette question devrait-elle être gérée?

Section 4 – Exercice de cible : Essai de l'impact perçu des particuliers / des comportements sur la santé publique (10 minutes) :

Au Canada, les professionnels de la santé publique parle « d'inégalités en matière de santé ». Essentiellement, ils parlent de la répartition inégale de la santé au sein de la population qui fait en sorte que de nombreux Canadiens sont en mauvaise santé. J'aimerais avoir votre réaction à certains types d'activités que les communautés et les personnes peuvent pratiquer et comment, s'il y a lieu, elles peuvent réduire l'écart entre ceux qui sont en santé et ceux qui ne le sont pas. Pour lancer cette conversation, j'aimerais que chacun d'entre vous fasse un bref exercice. (REMETTEZ L'ENSEMBLE DE ONZE ÉTIQUETTES À CHAQUE PARTICIPANT.)

FAIRE DU BÉNÉVOLAT	EXERCER SON DROIT DE VOTE	RÉGIME ALIMENTAIRE ET EXERCICE
CHOISIR DES MODES DE TRANSPORT SAINS	CESSER DE FUMER	ESPACES VERTS SÉCURITAIRES (SENTIERS DE PROMENADE)
FORMATION PROFESSIONNELLE	PRATIQUES SAINES EN MILIEU DE TRAVAIL	CONSEILS PRÉNATAUX POUR LES MÈRES À FAIBLE REVENU
LOGEMENT ADÉQUAT	SALAIRE MINIMUM ET AVANTAGES FISCAUX POUR LES GENS À FAIBLE REVENU	

- Vous trouverez une liste d'énoncés sur cette page; chacun d'entre eux est imprimé sur une étiquette. J'aimerais que chacun d'entre vous place ses étiquettes sur la cible que j'ai accrochée au mur. L'idée est de les placer plus ou moins près du centre, selon la mesure dans laquelle vous jugez que pratiquer ce type d'activité peut avoir un impact positif sur l'état de la santé publique au Canada. Plus vous trouvez qu'une description a un impact positif sur la santé publique au Canada, plus vous placerez l'étiquette près du centre de la cible. À l'inverse, si vous trouvez qu'une activité n'a pas un impact positif sur la santé publique au Canada, ou peut même avoir un impact négatif sur celle-ci, vous devriez la placer plus loin du centre de la cible. ALLOUEZ DU TEMPS POUR FAIRE L'EXERCICE.
- Interrogez sur la raison de ces choix

- Y a-t-il d'autres activités qui, selon vous, auraient un impact plus positif sur la santé publique que celles inscrites sur les étiquettes? Si c'est le cas, quelles sont-elles et où devrais-je les placer sur la cible?

LE MODÉRATEUR LIT AUX PARTICIPANTS LA DÉFINITION DE LA SANTÉ PUBLIQUE INSCRITE SUR UN CARTON. CELUI-CI DEMEURE À L'AVANT POUR LE RESTE DE LA SÉANCE.

« La santé publique est orientée vers les efforts pour

- prévenir les maladies infectieuses comme l'influenza,
- prévenir les maladies chroniques comme le cancer et les cardiopathies,
- prévenir les blessures, et
- réagir aux urgences de santé publique, aux épidémies et aux risques en matière d'environnement

afin de garder les Canadiens en santé et ainsi contribuer à réduire les pressions sur le système de soins de santé. »

Section 5 – Exercice d'échelonnement : réaction aux messages clés (compréhension, pertinence et crédibilité) (40 minutes)

J'aimerais maintenant examiner de plus près certains des gestes que les personnes, les employeurs ou les communautés peuvent poser. Pour certains de ces gestes que je vous ai demandé de placer sur la cible, j'ai un carton avec une phrase plus complète expliquant un peu mieux l'activité et le contexte. Je vais vous les montrer, un à la fois et j'aimerais avoir votre réaction à chacun d'entre eux et discuter plus précisément comment vous percevez que le fait de poser ce geste aura un impact sur la santé publique.

MESSAGES :

A. Donner du temps ou de l'argent pour aider les personnes moins fortunées dans nos communautés grâce à des efforts organisés ou avec l'aide de nos parents et amis.
B. Voter. Ainsi, nous disons aux politiciens qu'ils doivent changer les choses pour contribuer à la santé et au bien-être des citoyens qu'ils servent.
C. Faire des choix de vie sains, y compris en ce qui concerne l'alimentation, le sport, le tabagisme et les moyens de transport.
D. Créer des endroits sûrs, abordables et accessibles à tous pour la pratique de l'activité physique.
E. Favoriser les pratiques de travail saines (horaires de travail souples, aide aux parents qui travaillent, aliments sains à la cafétéria, services de garderie et centres de conditionnement physique sur les lieux).
F. S'assurer que les Canadiens ont un revenu adéquat (grâce aux prestations fiscales, au salaire minimum, etc.).
G. Encourager la formation pour aider les gens à obtenir un emploi et à le conserver.

H. Fournir des conseils prénataux aux mères à faible revenu.

I. S'assurer que les Canadiens ont un logement salubre et adéquat.

REMARQUE : LES MESSAGES G, H ET I DEVRONT ÊTRE DISCUTÉS À LA FIN DE CETTE SECTION

REMARQUE : LES MESSAGES SERONT PLACÉS SUR DES CARTONS INDIVIDUELS À PRÉSENTER AUX GROUPES.

REMARQUE À L'INTENTION DES MODÉRATEURS : DEUX GROUPES ONT LIEU DANS CHAQUE VILLE. L'ORDRE DE PRÉSENTATION DES MESSAGES A À F DOIT ÊTRE RENOUVELÉ DANS CHAQUE GROUPE SELON CE TABLEAU :

EMPLACEMENT	GROUPE 1	GROUPE 2
Toronto	Message A – Faire du bénévolat Message B – Exercer son droit de vote Message C– Choix sains Message D – Espaces sécuritaires Message E – Milieux de travail sains Message F – Revenu adéquat	Message C– Choix sains Message B – Exercer son droit de vote Message F – Revenu adéquat Message D – Espaces sécuritaires Message A – Faire du bénévolat Message E – Milieux de travail sains
Halifax	Message B – Exercer son droit de vote Message A – Faire du bénévolat Message D – Espaces sécuritaires Message C– Choix sains Message F – Revenu adéquat Message E – Milieux de travail sains	Message F – Revenu adéquat Message E – Milieux de travail sains Message D – Espaces sécuritaires Message C– Choix sains Message A – Faire du bénévolat Message B – Exercer son droit de vote
Montréal	Message F – Revenu adéquat Message E – Milieux de travail sains Message D – Espaces sécuritaires Message C– Choix sains Message B – Exercer son droit de vote Message A – Faire du bénévolat	Message C– Choix sains Message B – Exercer son droit de vote Message F – Revenu adéquat Message D – Espaces sécuritaires Message A – Faire du bénévolat Message E – Milieux de travail sains
Winnipeg	Message B – Exercer son droit de vote Message A – Faire du bénévolat Message D – Espaces sécuritaires Message C– Choix sains Message F – Revenu adéquat Message E – Milieux de travail sains	Message F – Revenu adéquat Message E – Milieux de travail sains Message D – Espaces sécuritaires Message A – Faire du bénévolat Message C– Choix sains Message B – Exercer son droit de vote

EMPLACEMENT	GROUPE 1	GROUPE 2
Vancouver	Message A – Faire du bénévolat Message B – Exercer son droit de vote Message C– Choix sains Message D – Espaces sécuritaires Message E – Milieux de travail sains Message F – Revenu adéquat	Message F – Revenu adéquat Message D – Espaces sécuritaires Message B – Exercer son droit de vote Message E – Milieux de travail sains Message C– Choix sains Message A – Faire du bénévolat

- Passons maintenant chacun de ces énoncés parlant de types précis d'activités que vous, en tant que personnes, pourriez faire en revue. POUR CHACUN, DEMANDEZ :
  - – Tout d'abord, est-ce clair pour vous ce que cet énoncé signifie? Que signifie-t-il pour vous? En langage clair, que veut dire cet énoncé?
    - INTERROGEZ : Comment le formuleriez-vous différemment?
    - INTERROGEZ : Qu'est-ce qui fait que cet énoncé ou ce message porte davantage à confusion? Quels mots en particulier? Élaborez.
  - – Pouvez-vous élaborer avec un exemple précis pour illustrer ce qu'il signifie? Donnez-moi un exemple de ce que vous pourriez faire ou feriez personnellement.
  - – Et, dans votre esprit, le cas échéant, comment le fait de faire cette activité, ou d'en faire plus, a un impact sur la santé publique? Veuillez préciser. LE MODÉRATEUR UTILISE LE TABLEAU POUR CHAQUE ÉNONCÉ ET INSCRIT LES MOTS CLÉS DE L'ÉNONCÉ AU HAUT ET « SANTÉ PUBLIQUE » AU BAS AVEC UNE ÉCHELLE ET PLUSIEURS ÉCHELONS ENTRE LES DEUX. Alors, dites-moi, comment passons-nous de faire cette activité à améliorer la santé publique? (PAR EXEMPLE, LE MODÉRATEUR TRACE UNE ÉCHELLE POUR RELIER « FAIRE DU BÉNÉVOLAT » À « SANTÉ PUBLIQUE ». POSER DES QUESTIONS D'APPROFONDISSEMENT DU GENRE : DONC SI VOUS ET MOI FAISONS DU BÉNÉVOLAT, COMMENT CETTE ACTIVITÉ AIDE-T-ELLE LES MEMBRES MOINS FAVORISÉS DE NOTRE COMMUNAUTÉ? QUI SONT CES GENS MOINS FAVORISÉS? QUEL EST L'AVANTAGE POUR EUX? COMMENT CES AVANTAGES SE TRADUISENT-ILS EN UNE MEILLEURE SANTÉ PUBLIQUE?)
- À quel point croyez-vous que cette activité aura réellement un impact sur la santé publique ou la réduction des inégalités en santé (ou sur l'écart entre les Canadiens en santé et ceux qui ne le sont pas?) – beaucoup, quelque peu, un peu? Expliquez.
- Est-ce quelque chose que vous seriez porté à faire, ou que la communauté dans son ensemble serait portée à faire? Pourquoi/pourquoi pas?
- Comment réagiriez-vous si on vous demandait d'en faire plus? Réagiriez-vous positivement ou négativement? Pourquoi? Interrogez :
  - – Y a-t-il des obstacles pour que vous le fassiez? Si oui, quels sont-ils? De quoi auriez-vous besoin pour franchir ces obstacles pour être en mesure de le faire?

- Voyons maintenant quelques autres énoncés. LE MODÉRATEUR AFFICHE LES ÉNONCÉS G, H ET I, UN À LA FOIS. Y a-t-il un lien entre cet énoncé et la santé publique? Si oui, quel est-il? Pouvez-vous expliquer comment le fait de faire cette activité aurait un impact sur la santé publique?
  J. Training that helps people get and keep jobs.
  K. Provide pre-natal advice to low-income mothers.
  L. Make sure Canadians have adequate and healthy housing.

APRÈS QUE TOUS LES MESSAGES OU ÉNONCÉS INDIVIDUELS AIENT ÉTÉ LUS :

- En regardant maintenant chacun de ces énoncés, parlons de qui est principalement responsable de ces activités. Plus tôt nous avons parlé de votre rôle, du rôle de la communauté, du rôle de l'employé, du rôle du gouvernement et du rôle des décideurs de la société. Revenons à cette discussion et dites-moi qui est principalement responsable de ces activités. Passons les activités en revue une par une. POUR CHACUNE DES ACTIVITÉS (A – H), LE MODÉRATEUR INTERROGE ET LANCE UNE DISCUSSION AU SUJET DES RESPONSABLES :
  – Particuliers
  – Communauté
  – Employeur
  – Gouvernement
  – Leaders/Décideurs au sein de la société

- LE MODÉRATEUR INTERROGE AUSSI À PROPOS DE CHAQUE ACTIVITÉ :
  – À qui s'adresse cet énoncé? En d'autres mots, à qui parle cet énoncé?
  – Quels sont les groupes qui ont des rôles à jouer pour que cette activité se réalise? Quel est leur rôle?
    - Y a-t-il des groupes qui sont plus ou moins importants dans la réalisation de cette activité? Pourquoi?
- En ayant maintenant discuté de ces activités plus en détail et en regardant à nouveau ces énoncés, quelles sont les DEUX activités qui, selon vous, auront le plus d'impact sur l'amélioration de la santé publique et quelles sont les DEUX qui en auront le moins? Expliquez.

Section 6 – Communications efficaces : Intérêt envers le rapport et préférences pour les canaux de diffusion (15 minutes)

- Nous avons passé beaucoup de temps à parler de diverses choses qui pourraient être faites pour améliorer la santé publique au Canada. En général, comment recueillez-vous de l'information sur ce sujet afin d'éclairer vos impressions? Comment vos impressions se forgent-elles ? Interrogez :
  – Magazines (lesquels?)

  - Internet (Quels sites Web?)
  - Médias d'information (Lesquels?)
  - Livres, autres sources de référence (Élaborez)
  - Gouvernement (Fédéral, provincial, municipal?)
  - Médecins ou autres professionnels des soins de la santé
- Quels genres d'histoires attirent le plus souvent votre attention sur ce sujet? Parlez-moi de la plus récente information que vous avez trouvée (qu'est-ce que c'était, où l'avez-vous trouvée?). Interrogez :
  - S'agit-il d'histoires au sujet de problèmes?
  - S'agit-il d'histoires au sujet de gens?
  - S'agit-il d'histoires au sujet d'endroits?
  - S'agit-il d'histoires qui comparent votre communauté ou le Canada à d'autres communautés ou pays?
- À quel point seriez-vous intéressé à entendre parler de l'état de la santé publique au Canada? Pourquoi/pourquoi pas? Interrogez :
- Si vous voyiez ou entendiez une manchette qui contient les mots « santé publique au Canada », liriez-vous ou écouteriez-vous ce qui suit? Pourquoi/pourquoi pas?
- Si un rapport est produit, quelle serait la meilleure façon pour vous d'obtenir l'information sur ce rapport ou sur ce qu'il contient? Interrogez :
  - Feuilles d'information
  - Sommaires
  - Présentation présentant les faits saillants
  - Site Web
  - Reportages

Section 7 – Stratégie de la marque pour l'ACSP (10 minutes)

- Qui vous attendriez-vous à voir parler de l'état de la santé publique au Canada et faire des recommandations quant aux façons de faire face aux principaux problèmes? À qui incombe cette responsabilité?
- Est-ce que certains d'entre vous ont déjà entendu parler de l'administrateur en chef de la santé publique? Interrogez :
  - Quels attributs ou quelles caractéristiques associez-vous à ce poste?
  - De quels genres de valeurs ou de traits la personne à ce poste devrait-elle faire preuve ou démontrer?

Le modérateur explique ce qu'est l'ACSP et son rôle :

L'administrateur en chef de la santé publique (ACSP) est à la tête d'une agence fédérale appelée le Service de santé publique du Canada. Entre autres, l'administrateur en chef de la santé publique supervise la collecte, le développement et la diffusion d'information pour aider les Canadiens à être en santé et à le demeurer et agit à titre de porte-parole du gouvernement fédéral pour les maladies chroniques et infectieuses, la prévention des blessures et, surtout, lors d'urgences de santé publique comme une épidémie de grippe.

LE MODÉRATEUR INSCRIT CHAQUE TITRE UN PAR UN AU TABLEAU DE PAPIER. INTERROGEZ POUR LA RÉACTION À CHACUN DE CES TITRES :

- – Le médecin du Canada
- – Le médecin de la nation
- – L'expert en santé publique du Canada
- – Le défenseur de la santé publique du Canada
- – Le médecin-conseil en chef en santé publique du Canada

- Lorsqu'il est question d'information ou de prendre des décisions qui touchent la santé et la sécurité des Canadiens, à quel point faites-vous confiance, ou auriez-vous confiance, en ce que l'ACSP dit? Pourquoi ou pourquoi pas?
- Avez-vous d'autres remarques ou commentaires à formuler?

REMERCIEZ LES PARTICIPANTS.