

Final Check of Flu and SARS
Materials For Public Release Survey

Final Report

POR-03-67 H1011-03-0101

Submitted to:
Health Canada
November 2003



Table of Contents

INTRODUCTION	1
BACKGROUND	1
Research Purpose	1
Research Objectives.....	2
METHODOLOGY	2
Focus Groups	2
Stakeholder Interviews.....	2
KEY FINDINGS	3
Flu/SARS	3
Participant Designed Materials.....	3
Assessment of Infectious Diseases Brochure.....	3
Recommendations.....	4
Perceptions of Infectious Diseases Poster	5
Perceptions of Existing SARS Screening Measures	5
DETAILED FINDINGS	7
STAKEHOLDER INTERVIEWS	7
Overall View of Brochure.....	7
Public Health Perspective	7
Public Communications Perspective.....	8
Brochure Content.....	8
Distribution.....	9
Views on Airport SARS Screening.....	10
FOCUS GROUPS	11
TERMINOLOGY: INFECTIOUS DISEASES	11
PERCEPTIONS OF SARS/FLU	12
Flu.....	12
Family physicians are identified the primary source of information on flu. SARS.....	12
SARS	13
PARTICIPANT DESIGNED INFORMATION MATERIALS	14
BROCHURE TESTING “INFECTIOUS DISEASES BROCHURE”	16
Overall Assessment of Brochure.....	16
Boost Visual Appeal and Relevance	17
Brochure Information	18
Summary of Key Changes	19
BROCHURE DISTRIBUTION	20
Distribution to Canadians.....	20
Distribution to travellers.....	20

PERCEPTIONS OF “INFECTIOUS DISEASES POSTER 21
 Comments On Poster..... 21
 Suggested Locations..... 22

EXISTING SCREENING MEASURES 23

NEW SCREENING MEASURES 23

APPENDIX I – SCREENER 25

APPENDIX II- MODERATOR’S GUIDE..... 28

INTRODUCTION

This report summarizes the findings of the qualitative component of Health Canada's research initiative "Final Check of Flu and SARS Materials For Public Release". Details of this research initiative are set out in the following sections. *The research findings for the quantitative component of this research initiative are contained within a separate report.*

BACKGROUND

Flu season is upon us. Influenza (or the flu) is a common respiratory illness affecting millions of Canadians each year. An influenza vaccination (or flu shot) every year can help prevent the infection or reduce the severity of the illness.

The purpose of the print material tested is to inform/educate average Canadians about infectious respiratory diseases and to prompt them to take appropriate actions to protect their own health and that of others. The material featured specific advice for travelers and points to sources of additional information including a flu specific Health Canada website. Messages included issues like – emerging diseases such as SARS get a lot of attention but other infectious diseases, such as influenza, are far more common and can also cause serious health effects. Other messages included flu shots for health care workers and people at high risk of serious health effects, regular hand washing, staying home from school and work if you have the flu and so on.

The print materials were tested through focus groups and executive interviews and Canadians will be surveyed through an omnibus vehicle to statistically determine their level of awareness and additional information needs.

Research Purpose

The purpose of this research is three pronged. The focus groups among the general public and those who have travelled internationally within the last year and executive interviews with key stakeholders were used to test the effectiveness and appropriateness of the print materials while omnibus questions will address baseline awareness of the differences between flu and SARS like symptoms, awareness of availability of the flu shots, and additional information needs.

This information will be used to shape communications initiatives surrounding flu shots and SARS issues.

Research Objectives

There are two specific objectives to this research. The first is to gauge target audience members reaction to the print material designed around the flu and SARS and to obtain insights on how to improve the potential impact these materials will have if necessary.

The second objective is to obtain quantitative insight into Canadians views on the differences between flu and SARS like symptoms, awareness of availability of the flu shots, intention to get the flu shot and additional information needs.

METHODOLOGY

Focus Groups

Eight focus groups were held in Halifax, Montreal, Toronto and Vancouver between November 13th and 17th, 2003 with the general public and travellers (travelled internationally within the last year). The groups were one and a half hours in duration and a draft brochure "What are infectious diseases?" and a draft poster "Need advice on infectious diseases" were tested.

Stakeholder Interviews

In addition to the focus groups, key stakeholders were consulted via 7 executive interviews between November 17th and 19th, 2003. Stakeholders included the following:

- Health associations;
- Health care professional associations;
- Travel/Tourism associations; and,
- Airport authorities.

KEY FINDINGS

These findings summarize the key findings of the research among the general public, travellers and stakeholders.

- ❑ Overall, the general public participants shared the same views as the participants who have travelled within the last year.
- ❑ Term "Infectious Disease" has a much broader meaning than flu and SARS. General public and traveller participants and stakeholders shared this perception.

Flu/SARS

- ❑ Participants appreciated the seriousness of flu and importance of the flu shot. Often of less importance on a personal level and identified as of greater importance for high-risk populations.
- ❑ While most participants agreed that SARS had been a very serious event, they felt it was no longer on most people's radar screen.
- ❑ Some participants expressed the view that SARS will return.

Participant Designed Materials

- ❑ Participants designed information materials included: Fact and statistics, risk factors, symptoms, prevention measures, treatment, role of health care professionals and contact information.
- ❑ Distribution of materials: Health care professions, TV/radio spots (public health announcements and health spot on news), public transportation, mail-outs, travel agent and anywhere large amounts of people gather.

Assessment of Infectious Diseases Brochure

- ❑ On the positive side, Health Canada was seen as having a clear and very credible role to play in disseminating information on SARS and flu.
- ❑ Additionally, many participants felt that Health Canada is on the right track along with the right materials (type of information and booklet format).
- ❑ However, their reaction to the brochure and poster suggests that Health Canada is only about 40% of the way there in terms of a final product.

- ❑ Stakeholders agreed that brochure needed to be re-focused on SARS/flu. They strongly disagreed that the brochure could be positioned as an alternative to the SARS screening measures currently being discontinued.
- ❑ Currently the main barriers for the brochure are brochure colours, presentation, and title “What are infectious diseases”, both in terms of focus and its unfortunate association with STDs.
- ❑ Many participants and the stakeholders felt that the title of the brochure “What are infectious diseases?” suggests primarily STD’S and not SARS or flu. Even in Toronto, where there was a stronger link between the term “infectious diseases” and SARS, few felt that the current title of the brochure in anyway suggests that the brochure is intended to focus on SARS or flu.
- ❑ Significantly, participants in Vancouver and Toronto said that due to the common association of the brochure title with STDs, it would potentially embarrassing to be seen picking up the brochure.
- ❑ Some said, that even if the brochure were to be picked up, that Health Canada would lose readers due to the lack of focus and specifics on page one within the brochure.

Recommendations

- ❑ In order to overcome the common perception that the brochure is unpolished, most of the work involved will mean a rework of the visual presentation of graphics, colour and information.
- ❑ Boost Visual Appeal and Relevance - Most participants agreed that a brighter colour such as yellow or red, a bolder font and pictures of real people of various ages (communicating a broader range of people could be at risk) and backgrounds would make the brochure more visually attractive, eye catching and personally relevant.
- ❑ There was a strong sense among the participants and stakeholders that it is necessary to get to the point about SARS and flu, both on the front page and first page of the brochure. Otherwise, brochure contains good information.
- ❑ Several participants felt that the current brochure is too safe and too generalized. In Halifax and Toronto, there is a strong sense that hard-hitting facts and strong pictures are needed to drive the message home. In Toronto, there was a sense that it might be better to be more controversial (get people talking about the brochure), rather than unmemorable.

- ❑ In order to break the perception that the brochure contains somewhat boring and dense paragraphs, participants felt the use of bullets, check lists, bolded information and statistics within separate areas on each page (as on page 3) would enhance the readability of the brochure and hold the readers interest.
- ❑ Additionally, participants felt that the inside cover should be used for an index and contact information.
- ❑ When distinguishing SARS and flu information, most participants felt that they need to know when the flu is not the flu, and when and how to seek treatment for SARS
- ❑ Distribution of brochure: airports (check-in, security, departure lounges, on-board, food courts), passport, public transit stations, and doctors offices and anywhere with large amounts of people gathering.

Perceptions of Infectious Diseases Poster

- ❑ While the majority of participants felt that a poster was necessary to engage Canadians' and travellers' interest in information about SARS and flu, few felt that the current draft poster came close to doing so.
- ❑ The poster was seen as lacking focus, visual appeal, both in terms of colour and title. Additionally, it lacks contact information. Most participants felt that many people would associate the poster with information on STD, rather than Fu or SARS.
- ❑ In, Montreal, the current wording suggests or asks whether one is interested in counselling on SARS/flu.
- ❑ Suggested locations for the poster includes airports (check-in, security, food courts and departure lounges), washrooms, public transit, passport office, medical clinics and travel agents.

Perceptions of Existing SARS Screening Measures

- ❑ Awareness of existing screening measures is higher among the Toronto participants and travellers. Stakeholders demonstrated a higher level of awareness and were generally, aware the self-assessment forms and thermo-scanners are not an effective means of screening for SARS.
- ❑ While Halifax, Montreal and Vancouver participants tended to demonstrate less awareness for airport SARS screening measures, the general population group in Halifax

and a few in the same group in Vancouver questioned the need to “stand down” the thermo-scanners.

- ❑ Generally, travellers regardless of location demonstrated little concern for the “standing down” of existing screening measures and felt that it was enough to say that these measures could be brought back quickly.
- ❑ In Toronto and Vancouver, participants in both groups demonstrated a surprising amount of ambivalence toward existing and potential screening measures.
- ❑ While, there was generally a low level of awareness of screening measures in Vancouver, many Toronto participants had heard through the media that the forms and thermo-scanners had not/are not effective means of screening travellers for SARS.
- ❑ Interestingly, few expressed concern over how travellers could be screening effectively in the event of another outbreak.
- ❑ A message about the lack of effectiveness of the self-assessment health forms and thermo-scanners as a justification for “standing down” these measures could be problematic as it could undermine confidence in Health Canada’s health protection measures in the future. Canadians and travellers need reassurance that Health Canada has a plan to effectively deal with any future outbreaks of SARS or new infectious diseases. This perception is shared by most of the stakeholders.
- ❑ Participants have some trouble understanding how and when quarantine officers become involved. Some stakeholders question now and when quarantine officers become involved. Also, they doubted that there are enough quarantine officers.

DETAILED FINDINGS

STAKEHOLDER INTERVIEWS

Overall, compared to members of the general public or travellers, stakeholders were better able to assess the “Infectious Diseases” brochure from an informed viewpoint. Stakeholder’s comments on the brochure are from public health and public awareness communication perspectives.

Overall View of Brochure

Public Health Perspective

Stakeholders view public health and infectious diseases from an informed and broad perspective. As a result, their comments about the draft brochure related first to the suggested focus of the brochure “Infectious Diseases” and the amount of corresponding detail provided. More specifically, their understanding of the broad scope of infectious diseases lead them to question the overall purpose and focus of the brochure. For most, if as the title suggested the brochure is intended to provide information on infectious diseases, it falls far short on that count. For most, infectious diseases include: Among others - Hepatitis A, B and C, Aids, and tuberculosis. However, when informed of the main purpose of the brochure, stakeholders felt that the brochure should be more specifically focussed on SARS and flu.

"If only about SARS and flu – then this brochure could be rescued"

"The current title is misleading. The brochure is not about infectious diseases"

"Infectious diseases in the current title raises expectations of the brochure"

"Is this brochure actually meant to inform Canadians and travellers, or is it intended to promote that they are doing something"

Currently, due to its current limited visual appeal and the corresponding low expectation that few people would read the brochure, stakeholders felt that the brochure is a poor communications vehicle. However, most stakeholders felt that the brochure has potential and contains good and basic information about flu and SARS. Additionally, there was a sense that a reworked brochure that focussed on flu and SARS could be useful for health care professionals the public and travellers.

Public Communications Perspective

From an informed public communications perspective, some stakeholders questioned the timing and strategic purpose of the brochure. However, there was a general recognition that Health Canada is responsible for informing Canadians and travellers about potential health threats.

When thinking of the requirements of physicians, public health clinics and public health nurses, some stakeholders felt that ideally, a brochure informing Canadians and Stakeholders about flu and SARS should be in the hands of health care professionals prior to the onset of flu season. Additionally, while some felt that the reworked brochure could be a useful tool, they wondered whether Health Canada would be able to adequately supply health care professionals.

From a broader perspective involving the overall health care system, some stakeholders felt that Health Canada should support the recommendations contained in the Kirby report - "Official Title: Volume Five (Principles and Recommendations for Reform - Part I) of the Senate Standing Committee on Social Affairs, Science and Technology for its study of the state on the health care system in Canada, chaired by The Honourable Michael Kirby", using evidence based strategies to manage a public health threat. Further to this, it was felt that public expectations cannot be managed through a communications strategy.

"Health Canada should support the recommendations of the Kirby report"

"Health Canada should not try to manage public expectations through a communications exercise"

From a more positive viewpoint, some stakeholders felt that Health Canada has an excellent opportunity to inform Canadians about the measures taken to manage the SARS crisis. However, some later said that the removal of existing screening procedures (thermo-scanners and yellow/cherry self-assessment forms) on the basis that these measures were not effective, could undermine Canadians confidence in future Health Canada screening and public health protection measures.

It was also mentioned that a NGO endorsement would increase the credibility of the information contained in the brochure.

"There should be an NGO endorsement to demonstrate credibility and partnerships"

Brochure Content

Like the general population and travellers in the focus groups, stakeholders felt that the brochure contained good and basic information. Generally, they approved of the literacy level. However, and not surprisingly, stakeholders were somewhat more critical of the content and

tended to question the quoted incidence (between 10 – 25 %) and mortality rates of flu (500 – 1500) and SARS (none provided). Consistent with comments made later about the new SARS screening measures, stakeholders tended to think that the focus should be on prevention. It was mentioned that reference to sexual contact should be removed from page one, as it is not relevant to the transmission of SARS or flu. The language about transmission of droplets was also questioned. Some stakeholders felt that a checklist of symptoms would be helpful.

"Literacy level looks okay"

"I find it a little confusing, too many subject areas, funny numbers such as between 10 and 20 percent of Canadians get the flu"

"SARS and flu symptoms are the same and can be confused."

"Section on prevention – hand washing is good"

"Some people may not take the term flu as seriously as influenza"

Stakeholders approved of the contact information and felt that it should be at the bottom of each section and repeated on a contact page. Like the focus group participants, stakeholders felt that the brochure would benefit from an index and improved headings and fonts.

Distribution

Much like the participants of the focus groups, stakeholders felt that the brochure should be distributed through public transit systems (signage and brochures), airports in departure lounges, check-ins and custom officials, corporate locations, passport office, health clinics and travel offices. Some stakeholders felt that Health Canada should make this information available in language other than English and French.

While participants in focus groups felt that the brochure should be available during flights, stakeholders tended not to feel that this was a realistic expectation of airlines. Instead, they felt that the brochure could be given to passengers when disembarking from planes and going through customs. Airport officials cautioned Health Canada about the potential degree of wastage, as some travellers would simply dispose of the material they had been given. They suggested a limited period of two to three months, where travellers are handed the brochure directly, after which, the brochures would be available on the brochure racks and supported by bright signage. This suggestion was premised on the assumption that there would be no existing cases of SARS.

"Could be useful for physicians and public health nurses"

"It is not the job of airlines to do Health Canada's communications"

"Maybe a waste of money for travellers, few people would read it"

Views on Airport SARS Screening

When asked about their perceptions of the existing airport SARS screening measures, most stakeholders were cognizant of their effectiveness. They understood that thermo-scanners and self-administered health assessment forms are not effective ways of screening for SARS. Instead they tended to speak to the importance of risk factors and prevention, areas of the brochure they approved of.

In terms of standing down the thermo-scanners and self-administered health forms and replacing these procedures with a brochure on infectious diseases, it is fair to say that stakeholders felt very strongly, that the proposed brochure cannot be positioned as a screening mechanism. Instead, it was thought that it would be more appropriate to position it as information on how to reduce one's risk of contracting the flu or SARS. Their reactions to the standing down on these SARS screening procedures based on their general lack of effectiveness was mixed. On one hand, they agreed that these measures did not screening a single case of SARS, yet offered the public some reassurances at the time on how the SARS crisis was being handled. On the other hand, to justify standing down these measures based on their ineffectiveness could undermine Health Canada's credibility during the next SARS outbreak and other future health scares. Some stakeholders felt that it was important that Health Canada offer some form of reassurance to Canadians and travellers about their efforts to manage and contain similar situations in the future.

"The section on screening, they aren't going to be screening at airports"

"It would not be appropriate to use this brochure as an airport screening mechanism"

"It would be ridiculous to see this as a screening mechanism"

"What is this line about "People who die in route?"

"This section isn't very reassuring.....it is vague"

"Not that truthful – we aren't doing screening"

FOCUS GROUPS

TERMINOLOGY: INFECTIOUS DISEASES

As an initial start to the group discussion, participants were asked what they immediately associated the terms "Infectious Diseases" with. For many participants, the term "Infectious Diseases" were not immediately associated with SARS or flu. Instead, many participants mentioned diseases such as Aids, Hepatitis C, tuberculosis or mumps. In Toronto and Vancouver, participants seemed more able to associate infectious diseases with SARS and flu.

"SARS, flu, something dangerous that I need to be concerned about"

"HIV, Aids, contagious diseases"

"SARS, flu, colds, chicken pox or STD's"

"HIV, Aids, contagious diseases"

"Flu, Aids, HIV and I pictured a head line about tuberculosis in a third world country"

"Flu, Hep A, B, C, e-coli, SARS and Malaria"

"SARS, Aids"

PERCEPTIONS OF SARS/FLU

In Vancouver, Halifax and Montreal, participants demonstrated less personal concern for SARS/Flu than their counterparts in Toronto.

Flu

When asked about the upcoming flu season and the degree to which Canadians are preparing for its arrival, there was a common perception among participants (in both groups) that people who are in high risk populations (elderly, very young and those with suppressed immune systems) are becoming prepared for the upcoming flu season. Otherwise, on a personal level most participants felt that they had enough information.

In Ontario, they understood the importance of flu shots, whereas, in provinces such as Nova Scotia, British Columbia and Quebec, where flu shots are not universally offered, participants were more likely to see flu shots as a prevention measure for the very young, old and those with weak immune systems.

"I have heard that it is important to get a flu shot"

"I have heard that getting a flu shot can help rule out some symptoms, so physicians can determine if it [the illness] is SARS instead"

"People like the very old or young or those with weak immune systems are most at risk when it comes to the flu"

"I am not really concerned because I am young and healthy and I don't think I will get sick"

"There is a new strain coming our way [to Vancouver] and I hear that our flu shot will not cover it"

"I won't get a flu shot, because I hear that you can get sick from it"

"I heard about the flu shot on TV and I have seen ads on public transit"

Family physicians are identified the primary source of information on flu.

SARS

In Vancouver, Halifax and Montreal, participants demonstrated less personal concern for SARS than their counterparts in Toronto. There was little difference in perceptions about SARS between the groups involving the general population and those involving travellers. For the most part, SARS has receded in minds of most participants. Vancouver participants said that SARS had not impacted on people/travellers in their region to the extent it did in Toronto and demonstrated a corresponding lower level of concern and awareness of SARS.

"People forget pretty quickly about SARS, if it is not top of their list"

"It [SARS] has died down"

"It has been quiet lately"

"They have it pretty well under control"

"It was really a Toronto problem"

"It was serious, but a lot more people are affected by and die from the flu each year"

In Toronto, the impact of SARS, public/media information campaigns on SARS and flu/flu shots was evident. Participants in Toronto demonstrated higher levels of awareness/concern for SARS, flu and potential links or overlap of symptoms between the two diseases. At present, they said that SARS has receded off the radar screen of most people, and that flu and flu shots are of more relevance now. However, participants in Toronto acknowledged that SARS could be just one outbreak away. Some participants expressed the view, that SARS will likely become more commonplace in the future.

"Not something we can forget about – I heard that it will come back"

"If there is another outbreak, we will hear about it, because the media will be all over it"

Sources of information on SARS tended to be broader and involve the following: Family physicians, public health units, Internet and Health Canada. In Toronto, there was an expectation that the media has a large role to play in informing Canadians about SARS.

Trusted sources of information include physicians, nurses and government, mainly Health Canada. There is an expectation that Health Canada has an overview of Canada and is able to see the "big picture" on SARS and flu.

PARTICIPANT DESIGNED INFORMATION MATERIALS

Participants were asked to design materials about SARS and flu. The table below contains the results of this exercise. While Toronto participants identified the same sources of information as participants in other cities, the potential role of the media in disseminating information on flu/SARS is greater.

Type of Information
<ul style="list-style-type: none"> • Specific diseases • Statistics on risk of developing illness • Mortality rate of each • Symptoms of each disease • Disease Transmission information • Contact information (telephone number, Internet) • Risk factors for each • Prevention measures for yourself and your family (including hygiene) • When and where to seek treatment • Flu shots – importance of – where to get flu shot • Information for employers and employees on how much time and money is lost through sick days due to flu. <p>Travellers (Differences only)</p> <ul style="list-style-type: none"> • Plain English • Other languages • SARS brochure and flu brochure • Sanitary precautions to minimize risk • Maps showing incidence and spread of SARS around the world • Short self- administered tests to test knowledge of flu/SARS
Distribution
<ul style="list-style-type: none"> • Brochures • Web sites • Posters • One page ads in newspapers • Television and radio spots <p>Travellers (Differences only)</p> <ul style="list-style-type: none"> • Community health clinics (CLSC in Quebec) • Bus stations/shelters • Train stations subway • Anywhere, where large groups of people gather • Immigration and customs offices • Mail out information • Travellers clinics • Travel agencies

<p>Target Groups</p> <ul style="list-style-type: none"> • General population • High risk people (elderly, very young and those with suppressed immune systems) • Travellers • Health care workers • Diabetics, asthmatics • Family members of those at risk – information transmitted via these groups • School children – information goes home with children <p>Travellers – (Differences only)</p> <ul style="list-style-type: none"> • Visitors to Canada • Day care workers, teachers • Nursing home/hospital patients • Those who are chronically ill • Via the media • Internet Search Engine Web sites (Yahoo, etc)
<p>Difference between SARS and flu</p> <ul style="list-style-type: none"> • Distinguish between the symptoms of each disease • Severity of each • Incidence of each (flu much more common), SARS more deadly, but lower incidence • Life threatening aspects of each • Immediate assistance information if you think you have SARS • Disease specific contact information • Do you know how to protect yourself on SARS • SARS – don't just go to physicians office – call first, but seek treatment ASAP • Flu – symptoms, rest, monitor aged/young
<p>Travellers – How to reach</p> <ul style="list-style-type: none"> • Brochures at airport • Travel agents • Physicians • On airplane • Travel agencies • Travellers clinics
<p>Responsible for Informing Canadians/ Travellers</p> <ul style="list-style-type: none"> • Health Canada • Provincial Ministry of Health

BROCHURE TESTING "INFECTIOUS DISEASES BROCHURE"

Overall Assessment of Brochure

While most participants felt that Health Canada's SARS/Flu initiative is worthwhile, they assigned a yellow light to the materials as currently developed. Very few participants in Halifax, Toronto and Montreal assigned the brochure a green light. Participants in Vancouver were split: 2/3 Green light and 1/3 yellow light. Overall, there were little difference between the views of the general public and travellers.

On the positive side, Health Canada was seen as having a clear and very credible role to play in disseminating information on SARS and flu and no one really doubts the accuracy or the relevance of the information contained in the draft brochure. Additionally, many participants felt that Health Canada is on the right track along with the right materials (type of information and booklet format). Also, participants approve of the partnerships detailed on the last page.

On the whole, participant reaction to the brochure and poster suggests that Health Canada is only about 40% of the way there in terms of a final product. Currently the main barriers for the brochure are brochure colours, presentation, and title "What are infectious diseases", both in terms of focus and its unfortunate association with STDs. In order to overcome the common perception that the brochure is unpolished, most of the work involved will mean a rework of the visual presentation of graphics, colour and information. Several participants said that the current draft of the brochure would have to find them, as they would not pick it up.

"It looks like it was quickly put together"

"Very good, but SARS and flu are missing off the cover"

"It is a good size, but the presentation is bad"

"It would be better, more interesting, with clearer information, statistics, graphs and it needs a good phrase"

"Is it an effective way of informing Canadians? It is a good start"

"It is worthwhile to proceed, but with significant changes"

Boost Visual Appeal and Relevance

While, the brochure was somewhat more favourably received in Vancouver, these participants agreed with the perception of their eastern counterparts that the current draft brochure has limited appeal due to current graphics and colour. More specifically, as is, few participants said that they would pick up the brochure for these reasons.

"This is about what I would expect of a government publication"

"I think the size and booklet format is excellent and user friendly"

"People are not going to look at this. It is so basic and a waste of money. The design is terrible"

"Red rather than blue"

"It's a terrible cover – really"

"Some people are readers and will read everything, but others have to be enticed – this doesn't do that yet"

Many participants felt that the title of the brochure "What are infectious diseases?" suggests primarily STD'S and not SARS or flu. Even in Toronto, where there is a stronger link between the term "infectious diseases" and SARS, few felt that the current title of the brochure in anyway suggests that the brochure is intended to focus on SARS or flu. Significantly, participants in Vancouver and Toronto said that due to the common association of the brochure title with STDs, it would potentially embarrassing to be seen picking up the brochure. Some said, that even if the brochure were to be picked up, that Health Canada would lose readers due to the lack of focus and specifics on page one within the brochure.

"I would be embarrassed to be seen picking up a brochure about infectious diseases."

"People will walk by this in an airport and think it is about STDs"

"Even if it is about SARS and flu, this title will make people think that it is about STDs"

"It takes until page three to get to the point"

There was a strong sense among the participants that it is necessary to get to the point about SARS and flu, both on the front page and first page of the brochure. Additionally, the current colours are not seen as visually eye catching. Most participants agreed that a brighter colour such as yellow or red, a bolder font and pictures of real people of various ages (communicating

a broader range of people could be at risk) and backgrounds would make the brochure more visually attractive, eye catching and personally relevant. People liked the question mark.

Brochure Information

Several participants felt that the current brochure is too safe and too generalized. In Halifax and Toronto, there was a strong sense that hard-hitting facts and stronger pictures are needed to drive the message home. In Toronto, there was a sense that it might be better to be more controversial (get people talking about the brochure), rather than unmemorable.

"It answered a lot of questions"

"Layout is good, it is easy to read"

"It gave me good information that we wanted, but I found it bordering on too basic"

"I think that the information on the incidence of flu is good"

"Nothing new here for me"

"It is boring, I was relieved to see that it was half French"

"There is not enough information here"

"The information is very general"

"Information should be packaged so it stands out more"

"I would not pick this up to read, the information needs to be more specific about what this brochure is about"

"As a traveller, I wouldn't read it, it is too long, and people won't read it"

"Text is heavy and sentences are long. People prefer point form"

"Needs more detail"

While most participants felt that the brochure contains good and basic information, they felt that it lacks specifics about the incidence of SARS/FLU, sharp and relevant graphics and good use of space. Some participants felt that the current paragraph set up of the information does a poor job of engaging and holding reader interest. In order to break the perception of that the brochure contains somewhat boring and dense paragraphs, participants felt the use of bullets, bolded information and statistics within separate areas on each page (as on page 3) would

enhance the readability of the brochure and hold the readers interest. Participants felt that Health Canada should use all available space to detail specifics of the diseases, etc. Additionally, participants felt that the inside cover should be used for an index and contact information.

"The blank spots should be used for statistics about the diseases"

"All available spaces should be used for good pictures about the diseases or prevention measures"

"I couldn't tell that was a picture of someone washing their hands"

In Toronto, many participants felt that the brochure was not telling them anything new. Additionally, they felt that the information on SARS did nothing to address the continuing mystery of SARS (origin). When distinguishing SARS and flu information, most participants felt that they need to know when the flu is not the flu and when and how to seek treatment for SARS. Additionally, participants felt that while it is necessary to communicate the risk of developing flu or SARS, it is necessary to address the fact that while SARS is potentially deadly and less predictable, flu has a greater likelihood of affecting and killing many more people world wide.

"SARS was serious, but really, more people die from the flu"

Some participants felt that Health Canada could narrow the range of people affected by the flu (between 10% - 25%) and improve upon the information on the incidence and mortality rates of SARS.

Summary of Key Changes

The following is a summary of the key changes suggested by participants:

- Brochure needs to focus on SARS/Flu – Requires a very catchy SARS/Flu specific title and focussed introduction to SARS/Flu on the first page inside the brochure. Get to the point on the front cover – SARS/Flu "Are you at risk";
- Some degree of shock value – goes back to public's perception that people won't pay attention unless they have to, although they balance this with need to avoid scaring people;
- Pictures of real people (variety of ages – communicate relevance beyond traditional high risk groups):
- Boost visual appeal, with strong graphics, fonts, pictures and point form information;
- Break dense paragraphs into visually appealing and user friendly bullets;
- Use the coloured blocks to present important statistics that communicate the health risk to everyone
- Move contact information ahead – repeat within each relevant section and on cover; and
- Provide contact and web site information for both diseases.

BROCHURE DISTRIBUTION

Distribution to Canadians

- Physicians and public health unit (CLSC – Quebec)
- Pharmacies
- Theatres – before movie
- Schools
- Insert in print publications (Newspapers and magazines)
- Direct mail-outs
- Community and senior centres
- Airport seating areas
- Food concessions
- Posters in airports and public transit
- In different languages (beyond English and French)
- Washrooms (Posters)
- Along with airline ticket
- Travel agents
- In each seat of airplane
- Country of origin when travelling to Canada
- Passport offices

Distribution to travellers

- Airport seating areas
- Food concessions
- Posters in airports
- In different languages (beyond English and French)
- Washrooms (Posters)
- Along with airline ticket
- Travel agents
- In each seat of airplane
- Country of origin when travelling to Canada
- Passport offices

PERCEPTIONS OF “INFECTIOUS DISEASES POSTER”

While the majority of participants felt that a poster was necessary to engage Canadians’ and travellers’ interest in information about SARS and flu, few felt that the current draft poster came close to doing so. The poster was seen as lacking focus, visual appeal, both in terms of colour and title. Additionally, it lacks contact information. Most participants felt that many people would associate the poster with information on STDs, rather than Fu or SARS. In, Montreal, the current wording suggests or asks whether one is interested in counselling on SARS/flu. Suggested locations for the poster includes airports (check-in, security, food courts and departure lounges), washrooms, public transportation, passport office, medical clinics and travel agents. The poster was seen as needing a complete rework.

"Looks like something for measles, mumps or Scarlet Fever"

"I would walk right by this"

"Same comments as brochure – get to the point about SARS and Flu"

"If we hadn't been talking about SARS and flu, I would think this is a poster about STD's"

"If I came from another country, it wouldn't do anything for me"

"Message is lost here"

"Font is all wrong"

"Need contact information"

"Need people , bright colours – something to catch the eye"

"Need tagline such as "SARS and flu - Are you at risk?"

Comments On Poster

- Not eye catching;
- Not specific enough – get to the point – SARS/FLU – Are you at risk?;
- Change the colours (yellow or red);
- The question mark is not always distinguished;
- Font is wrong;
- If improvements were made to the poster – changed font, colour and title, participants felt that travellers would be more interested in the information; and,

- Use visuals (images of flu and SARS involving people).

Suggested Locations

- General endorsement for brochure racks
- Food areas;
- Airports - Check in, departure lounges, food courts, customs;
- Washroom posters;
- Public transportation (Train, bus and subways);
- Workplace; and
- Passport offices (Although travellers said, that would only be relevant when applying for or renewing a passport).

EXISTING SCREENING MEASURES

Please note that between the Montreal and Halifax groups on November 13th, and the Toronto/Vancouver groups on the 17th, information about the standing down of the thermo-scanners and the fact that they did not screen a single person with SARS had been released through the media.

Awareness of existing screening measures is higher among the Toronto participants. While Halifax, Montreal and Vancouver participants tended to demonstrate less awareness for airport SARS screening measures, the general population group in Halifax and a few in the same group in Vancouver questioned the need to “stand down” the thermo-scanners. The travellers group in Halifax acknowledged that they had not been concerned about travelling by air during the SARS outbreak, as they were able to avoid Pearson airport. Generally, travellers regardless of location demonstrated little concern for the “standing down” of existing screening measures and felt that it was enough to say that these measures could be brought back quickly.

"Scanners looked like metal detectors"

"[Thermo-scanners and self-assessment forms] They didn't work – people could still have SARS, but not the symptoms"

"I thought the measures were very effective"

"In hindsight, maybe they weren't so effective, but we were in a middle of a crisis and they [Health Canada] did what they could"

"They [the measures] offered Canadians the reassurance that something was being done"

NEW SCREENING MEASURES

In Toronto and Vancouver, participants in both groups demonstrated a surprising amount of ambivalence toward existing and potential screening measures. While, there was generally a low level of awareness of screening measures in Vancouver, many Toronto participants had heard through the media that the forms and thermo-scanners had not/are not effective means of screening travellers for SARS. Interestingly, few expressed concern over how travellers could be screening effectively in the event of another outbreak.

"Good idea - I heard the scanners don't work"

"Fine with me - the scanners and forms didn't catch a single case of SARS"

"Why stand down these measures – especially the scanners – I mean, what does it cost to man them?"

"96 hours is too long , 24 hours is too long [To ramp thermo-scanners and self-assessment forms back up]"

"If Health Canada is going to stand down these measures they need to reassure Canadians and travellers that they have an effective plan to deal with a new outbreak"

"So, what good would it do to ramp up these measures again, if they aren't effective in the first place"

"Health Canada needs to reassure Canadians – that they are doing something"

"Trust is low for public institutions – look at the blood situation – People need to be able to trust Health Canada"

Participants have some trouble understanding how and when quarantine officers become involved.

The information that the thermo-scanners and some other existing airport screening measures could be re-implemented quickly (24 – 96 hours) resonates well among the participants. Travellers in Halifax demonstrated less concern than their general population counterparts about the standing down of some screening measures. Some general population participants in Halifax did not approve of the standing down of the thermo-scanners and were more likely to question the necessity of removing the scanners. However, this is influenced by their lack of knowledge of how the scanners are manned (not their effectiveness) and perhaps, their lack of knowledge of how much it costs to maintain this service. Again, participants in Atlantic Canada did not feel that they were ever really at risk of being exposed to SARS. In Atlantic Canada their distance from Toronto and their ability to travel and avoid going through Pearson airport influenced travellers. Quarantine measures receive strong approval from both audiences.

APPENDIX I – SCREENER

Good morning/afternoon/evening, my name is _____ and I am calling from the Ipsos-Reid Corporation, a national marketing research organization. We are a professional public opinion research firm that gathers opinions from people. From time to time, we solicit opinions by sitting down and talking with people. We are preparing to conduct a series of these discussions and are calling to see if you would be willing to participate. The discussion will take about one hour and those who qualify and attend will receive **[Gen pop – G1 \$60.00 – travellers – G2 \$75.00]** as a token of our appreciation.

Would you be interested in participating in one of these discussions, which would be held at a location in:

- Halifax November 13th
- Montreal, November 13th
- Toronto, November 17th
- Vancouver, November 17th

Yes CONTINUE

No THANK AND TERMINATE

Now, I would like to ask you a few questions to see if you qualify to attend.

NOTE TO INTERVIEWER: TORONTO, VANCOUVER AND MONTREAL 5 AND 6:30/ Halifax 10 am and 12 pm

GROUP 1: General population – good gender /working/not working mix

GROUP 2: those who have travelled outside Canada within the last year.

1. Please tell me if you have travelled outside of Canada within the last year?
 - Yes – Continue – G2
 - No – Continue – G1
2. Have you attended a group discussion or in-depth interview in the past year?
 - Yes THANK AND TERMINATE
 - No CONTINUE
3. Do you or does anyone in your household work in any of the following areas?
(READ LIST) IF “YES” TO ANY – THANK AND TERMINATE

- In an advertising agency
 - A market research company
 - The media, that is for TV, Radio or a newspaper
 - A graphic design or Web-site design firm
 - In Computer hardware and or software sales
 - The federal government
 - The health care sector (doctor/nurse)
4. (INTERVIEWER RECORD GENDER, DO NOT ASK: OBTAIN 50/50 SPLIT IF POSSIBLE)
- Male
 - Female
5. Which of the following age groups do you belong to? (READ LIST AND OBTAIN A GOOD MIX)
- Under 25
 - 25 to 34
 - 35 to 44
 - 45 to 54
 - 55 to 64
 - 65 or older
6. What is the highest level of formal education that you have completed? [READ LIST] READ LIST AND OBTAIN A GOOD MIX)
- Some high school or high school
 - Some college/university or technical school
 - College, university or post-university
7. Which of the following categories best describes the total annual income for your entire HOUSEHOLD before taxes and other deductions? Please stop me at the right category for your household income. [READ LIST]
- Less than \$30,000 (CONTINUE)
 - \$30,000 to \$60,000 (CONTINUE)
 - Over \$60,000 (CONTINUE)
8. Which of the following bests describes your occupation? Please stop me when I get to the right category. [READ LIST] – FOR GEN POP GROUP – TRY FOR GOOD MIX OR WORKING AND NOT WORKING.
- Work full-time
 - Work part-time
 - Not currently working
 - Full-time home maker
 - Student
 - Retired

Wonderful, you qualify to participate in one of our discussion sessions. You will receive **(GEN POP - \$60) (TRAVELLERS - \$75)** as a token of our appreciation.

The session will be held on (Read from list. ALL SESSIONS TO BE 1.5HR IN LENGTH).

Group times are indicated below.

Thursday, November 13th 5 pm and 6:30 pm	Monday, November 17th, 5 pm and 6:30 pm
Halifax: Omni Facts Coswell Tower 2000 Barrington Street Suite 800, Halifax, NS 902-491-2534	Vancouver: Ipsos-Reid 1199 West Hastings Street Suite 1100 Tel: (604) 257-3200
Montreal: Head Research 1610 St Catharine West Suite 411 Montreal, Quebec 514-938-4323	Toronto: Ipsos-Reid 160 Bloor Street East 6th Floor Tel: (416) 324-2900

We are reserving a special place for you at this session. There will only be a small number of people attending, so if for any reason you cannot attend, please call **(FIELD SUPERVISOR NUMBER, PHONE NUMBER)** as soon as possible so that we can select someone else to take your place. Also, someone from our office will be calling you back to confirm these arrangements. Could I please have your name and phone number where we can reach you during the evening and during the day?

NAME: _____

DAYTIME PHONE NUMBER: _____

EVENING PHONE NUMBER: _____

**THANK YOU VERY MUCH!
WE LOOK FORWARD TO SEEING YOU THERE.**

RECRUITED BY: _____

CONFIRMED BY: _____

APPENDIX II- MODERATOR'S GUIDE

Health Canada
Moderator's Guide
SARS/FLU

INTRODUCTION (5 MINUTES)

- Explain to participants:
- introduction to Ipsos-Reid
- the length of session (1.5 hours)
- taping of the discussion
- some colleagues viewing but they will not be taking part in the discussions
- results are confidential and reported in aggregate/individuals are not identified/participation is voluntary
- this group is being sponsored by Health Canada. .
- the role of moderator is to ask questions, timekeeper, objective/no vested interest
- role of participants: no need to reach consensus, speak openly and frankly about opinions, no right/wrong answers

WARM- UP – 15 minutes

- What comes to mind when you think about infectious diseases?
 - Do you think Canadians are getting prepared for the flu season this year?
 - What have you heard lately about the flu? PROBE: Where have you heard this?
 - Do you think that Canadians are currently more or less concerned about SARS?
 - What have you heard lately about SARS? Where have you heard this?
-
- If you were looking for information about FLU/SARS what type of information would you be interested in?

 - What sources of information would you look to first?

INTRODUCTION TO EVALUATION OF MATERIALS

Participant Designed Information Materials – 20 minutes

- Currently, Health Canada is developing materials to inform Canadians about infectious respiratory diseases such as the flu (Influenza) and SARS (Severe Acute Respiratory Syndrome).
- Tonight we are going to examine some possible materials that are designed to provide Canadians with information on infectious diseases such as the flu (Influenza) and SARS (Severe Acute Respiratory Syndrome) and what can be done to help Canadians prepare for the upcoming flu season.
- Before we do that, I would like to know if you were in charge of developing such materials what would they look like?
 - What type of information should they include? Anything else?
 - Would they include facts and statistics? Why? Why not?
 - Probe differences between information needs on SARS and information on flu.
 - Who should they target? Why? Anyone else?
 - What about people who are travelling? [To Canada and from Canada]
 - What would be the best ways of getting this information to Canadians? To Travellers (**in airports**)? Probe: brochures in airports, passport office or travel medicine clinics. Anywhere else
 - Who is responsible for providing Canadians with information on the flu and SARS?

Brochure Testing “Infectious Diseases Brochure” - 30 minutes

- Now, I am going to hand out a draft of a brochure and I would like to get your views on it. I will give you a few minutes to read through it and to fill out a short questionnaire.
- Also, I would like each of you to use a green marker to highlight the parts that you like or agree with, or that are clear and easy to understand, and use a red marker to highlight any sections or any parts that you do not like or do not agree with or that are not as clear and easy to understand.
- Please feel free to write additional comments on the brochure.

General Probes

- ❑ Before we go through the brochure, I would like you to think about when we talked about what your materials would look like. Tell me does this meet your expectations? Why? Why not?
- ❑ What are your views overall? Likes? Dislikes?
- ❑ How did you answer the questionnaire? (Overall design, Believable? Appropriate? Relevant? Informative? Interesting?)
- ❑ Would you read it?
- ❑ What would be the best way to distribute this brochure to Canadians [travellers]?
- ❑ Would you call the 1-800 number for more information?
- ❑ Would you visit the web site for more information?
- ❑ Is there anything you would like to see added to the brochure? Any information? Any creative suggestions?

- ❑ Health Canada is considering using a poster/brochure and display cases to inform travellers about SARS. [SHOW POSTER/TAG LINE/DISPLAY CASE]
 - What do you think about the poster? Would it catch your attention or just part of the blur in the airport? Likes/dislikes?
 - What about the tag line [READ TAGLINE]. What do you think when you read this tag line? Catchy? Effective?
 - Suggestions?
 - Where should these display cases be located? [Airports where in the airport – push for exact locations/passport offices/ medicine clinics. Anywhere else?

- ❑ Green/yellow/red light?

TRAVELLERS SECTION – 15 minutes

[REACHING TRAVELLERS] This brochure is designed to replace the some of the current SARS screening measures that were developed earlier this year. These include:
[IN YOUR OWN WORDS GIVE PARTICIPANTS A SHORT IDEA OF THE FOLLOWING]:

Screening Measures

1. Quarantine Officers and health care professionals stationed at airports to screen passengers;
2. the distribution of yellow Health Alert Notices with questions on all international flights into Vancouver, Toronto, Ottawa, Calgary and Montreal;
3. the distribution of cherry coloured health questionnaires to all international passengers departing from Pearson International Airport;
4. an in-flight video providing information on SARS on airlines flying from Asia into Canada;
5. thermal scanning machines at Pearson and Vancouver airports; and
6. the distribution of yellow Health Alert Notices to people entering Canada at selected land border crossings.

- Were you aware of these measures?
- How effective were/are they? Why/Why not?

New Screening Measures

Health Canada is considering implementing some new screening measures. These could include [AGAIN, IN YOUR OWN WORDS GIVE PARTICIPANTS AN IDEA OF THE FOLLOWING]

1. The Government of Canada will maintain Quarantine Services at the Toronto, Vancouver, Montreal, Calgary, and Ottawa international airports, and will expand the services to Edmonton and Halifax international airports to be able to respond quickly to any return of SARS.
2. The other screening measures will be discontinued. However, if SARS re-emerges into a community anywhere in the world, we will be able to reinstate full scale screening measures at airports within 24 to 96 hours.
3. The Department has also developed a brochure on infectious diseases with information on personal protective measures for general infectious diseases including SARS, This brochure will be used to educate people, particularly the travelling public, about infectious diseases including SARS. It will be available at airports as well as other locations including passport offices and travel medicine clinics.

- What do you think about this plan? Good/bad idea? Why? Concerned/Not concerned?
- Health Canada could ramp up the screening measures in between 24 and 96 hours. How does that make you feel?
- How would your opinion change, if I told you that experts have indicated that the thermo screening and the cherry/yellow cards do not work because symptoms might not be detectable?
(PROBE; THEROMO SCANNERS DID NOT IDENTIFY ANYONE WITH SARS AND QUARANTINE IS MOST EFFECTIVE MEASURE TO CONTAIN SARS)
- Is this brochure/poster/display stand in airports, passport offices and medicine clinics the best way to reach travellers? Why? Why not?
- Green/Yellow/Red light as way to reach travellers?

CONCLUSION (5 MINUTES)

- Do you have any other comments on the issues we discussed this evening?

Thank you