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Focus Group Testing for Air Quality Health Index (AQHI) Supplemental Health Messaging

Final Report

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Prepared for:
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Ce rapport est aussi disponible en français.

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Executive Summary

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Background and Objectives

To assist in finalizing the development of nine Air Quality Health Index (AQHI) messages tailored for individuals identified as being more at risk of health impacts from air pollution, Health Canada commissioned a series of eight focus groups in four locations. The research aimed to assess the effectiveness of the new messages, as well as evaluate them for clarity, credibility, comprehensiveness, and for inspiring action. At the same time, awareness and understanding of the AQHI were briefly assessed. From December 6th to 8th, 2016, English group discussions were held in Toronto (ON), Vancouver (BC), and Halifax (NS), while French sessions were conducted in Montreal (QC). In each location, one group included members from the general public while the second group was comprised of those identified as being of the 'at-risk' population (parents of young children, pregnant women, people who are active outdoors, and people who have or have someone in their care who has, a respiratory condition, cardiovascular disease or diabetes). A total of 70 individuals took part in the discussions, across locations. Caution must be exercised when interpreting the results from this study, as qualitative research is directional only. Results cannot be attributed to the overall population under study, with any degree of confidence. The total contracted value of the research was \$58,324.95 (including HST).

Political Neutrality Certification

I hereby certify as a Representative of Corporate Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed



Margaret Brigley, President & COO
Corporate Research Associates

Date: January 10, 2017



Findings

Findings from the *Focus Testing for Air Quality Health Index (AQHI) Supplemental Health Messages* reveal a desire from the participants to receive information on air quality, notably on the health impacts of air pollution, accompanied by specific recommendations on how to minimize the health impacts from exposure. That being said, given the perceived good quality of air in Canada, air quality is infrequently considered by the general public outside of a major event, such as a forest fire or smog alert. It is, however, more top-of-mind among those considered 'at-risk', although still not a daily consideration.

There is limited knowledge among participants of what influences air quality, though a variety of factors related to pollution, environmental considerations (e.g., level of humidity; extreme heat or cold), and specific events or disasters are perceived as having some impact. In terms of assessing the level of air quality, sensory feelings are widely relied upon, in addition to considering news reports and ratings of air quality and the level of pollen in the air, primarily on the Weather Network, and to a lesser extent from Environment Canada, meteorological news reports, and outdoor signage.

While there is recognition among participants that people with a compromised immune system due to health conditions or illnesses, children, and the elderly are most at risk of suffering from air pollution, there is a perception that it affects everyone. Despite general knowledge that air quality is rated, specific awareness of the Air Quality Health Index varies. In Vancouver and Edmonton, the AQHI is known despite not being well understood by participants, while participants' awareness is moderate in Halifax and non-existent in Montreal. That said, participants' usage is low across locations since the Index is not well understood or because of a perceived lack of need given good air quality.

The following provides an overview of participants' reactions to each of the nine messages discussed during the focus groups, including broad conclusions from the analysis of findings:

- ***Message 1 effectively targets parents and caregiver with a simple, but important message, despite a weak call to action.***

This message was generally appreciated by participants for being clear, concise, credible, and generally actionable, although additional explanation is required for concepts such as 'taking it easy', the level of activities referred to, and ways to identify when one 'feels better'. Symptoms listed should also be labelled as being a result of air pollution, to clearly differentiate them from symptoms of other illnesses. For added clarity, the acronym AQHI should be spelled out, according to many participants. While the target audience was widely identified as parents and caregivers, and to a lesser extent seniors, there is value in communicating this message to everyone who takes part in outdoors activities. Interestingly, personal relevance was higher in the mainstream public than in the 'at-risk' group.



- ***Message 2 lacks interest, focus, and a clear call to action, despite some value as a reminder of the health risks for specific audiences.***

According to the participants' reactions, this message fails at grabbing the readers' attention for its long list of health conditions at the beginning, and for the lack of clear actionable advice. The target audience is deemed too narrow and could be expanded by speaking to those with the health situations described, as well as people who know of someone with any of these conditions. The other main concern with this statement is the lack of clear call to action. While it clearly states that air pollution can have an important impact on the health of the population identified, it does not clearly define what they should do to protect themselves. Introducing the notion of the impact of air pollution on diabetic people is seemed helpful by the participants as this relationship is not well-known. For that reason, greater explanation is warranted to increase this claim's credibility and relevance.

- ***While the intent of message 3 is endorsed, its purpose is perceived as vague and lacks a clear focus on the AQHI.***

Mixed opinions are offered regarding this message, primarily due to its use of vague terms and poorly explained concepts, such as 'moderate AQHI levels', 'higher values', 'experienced symptoms', 'strenuous activities', 'healthy children', as well as the use of the expression, 'generally speaking'. At the same time, there appears to be message confusion, with equal weight given to the importance of physical activity and the impact of air quality on one's health, without a strong connection between those two ideas. Further, the claim that 'the benefits of being active outweigh the risks of air pollution' was considered by some participants as minimizing the health effects of air pollution. Again, this message, though directed at parents and children, was deemed as valuable for the general public, and thus should be positioned more broadly or clearly labelled as including advice for parents.

- ***Message 4 is problematic, as it is felt to be contradictory, lacking credibility, and is not believed to sufficiently substantiate its claims.***

Focus group discussions revealed two main issues with this message: providing contradictory messaging, and making claims that are not sufficiently substantiated. As such, participants mentioned a lack of clarity, credibility, and usefulness. The message saying both there is evidence of an effect of air pollution on the fetus and that research is not conclusive elicited serious questions from participants. At the same time, the message's cautionary tone that ends with a statement suggesting the status quo for pregnant women caused confusion as to the purpose for communicating this information. As such, there is a clear need for identified sources of scientific evidence and quantifiable information to substantiate the claims. Further, limiting the use of vague references (e.g., 'small degree', 'might affect', and 'lesser extent') might instill a higher level of trust in the information provided.



- ***Message 5 causes confusion among participants, provides too much information, and lacks a clear purpose and call to action.***

The greatest issues with this message are its lack of clear purpose and call to action, even when introduced as providing detailed information on occupations or tasks most at risk of being affected by air pollution. Moreover, participants were hard-pressed to come up with realistic and actionable advice for those people without their employers' engagement in providing adaptable work conditions based on air pollution. There is also confusion with the listing of indoors activities given the perception that the AQHI applies to outdoors air quality. Finally, both metric and imperial systems should be referenced, to reach a broader audience across age groups.

- ***The purpose message 6 is unclear and the tone deemed condescending to some.***

This message lacked a clear focus and would benefit from the addition of a header to clarify its intent. At the same time, according to participants, the use of directive instructions (e.g., 'you need to') rather than recommendations ('you should'), and for reminding the target audience to 'keep your chronic disease under good control' positioned the message as condescending and to some, demeaning. Consideration should be given to change the tone and provide actionable recommendations on how behaviours should be adapted per the AQHI levels. It should also be noted, that there is great concern with the message implying that medication could be increased or altered, albeit with a doctor's advice, as this may be misunderstood as a recommendation to self-medicate when needed. Finally, added explanation should be included regarding the 'harmful effects' and what to look for if a 'condition worsens significantly', thus providing additional tools for a stronger call to action.

- ***Message 7: There is skepticism about the claim from message 7 that odors and visibility are not related to air quality, based on personal experience.***

This message generally received positive feedback from all groups for dispelling a myth about odours and visibility in relation to air quality, although participants think it lacks sufficient explanation to support this claim. This is especially true where participants saw a direct relationship between odours or visible signs from pollutants they know affect air quality, such as smoke, vehicle exhaust, and smog. Enhancing the message's credibility is important given the current prevalence of sensory feelings to assess air quality. To strengthen the call to action, additional explanation should be provided regarding the 'appropriate advice' provided by the AQHI, and the 'experienced symptoms' to be aware of. The French text lacked flow and appeared to participants as a direct translation from English, rather than an interpretation of the English message.

- ***While deemed actionable, message 8 was felt by some to be repetitive, difficult to interpret, and unrealistic for urban residents given their constant proximity to high-traffic areas.***

This message provides specific recommendations which elicited positive reactions among participants, although urban residents questioned how actionable they would be in their community given the proximity of outdoor areas they use (e.g., parks; schools; playgrounds) to high-traffic areas. As such, the message should be framed more strongly as a recommendation 'whenever possible'. Additional information to explain the rationale supporting these



recommendations was desired, and could be provided through hyperlinks. Participants felt there is no need to present the information in duplicate format, with some preferring the simplicity of the text, while others liked the clarity of the table format. At the same time, additional references should be provided to help the public visualize the distances referred to in the table.

- ***The intent of message 9 was well received, though the way it is communicated was deemed condescending to some, and the link with AQHI is perceived as weak.***

While this message is deemed by participants as credible, clear, and providing guidance for action, it lacks personal relevance for non-asthmatic participants, primarily as it speaks to asthmatic people. Once again, some of the recommendations, such as to keep a condition under control, contributed to a condescending tone. At the same time, the link to the AQHI was unclear. The message was deemed as long and drawn out for the intended purpose, including some statements that were considered as common sense (e.g., 'make sure your asthma is under control before exercising').

