Qualitative Research on Health Professionals' Awareness and Perceptions of Heat Health Issues and Health Canada Materials
Fall 2017

Report on Qualitative Findings

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DEPARTMENT OF HEALTH/PHAC
CPAB_por-rop_DGCAP@hc-sc.gc.ca

Prepared by:
Leger

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THE RESEARCH INTELLIGENCE GROUP

507, Place d'Armes, bureau 700, Montreal, Québec G1R 2K2 ● Phone: 514-982-2464 ● Fax: 514-987-1960
● www.Leger360.com ●

Table of contents

1. Executive Summary

Leger is pleased to present Health Canada with these findings from a series of focus groups on the awareness and perceptions of heat issues and Health Canada Materials on the subject. This report was prepared by Leger, the research firm contracted by the Department of Health/PHAC (contract number: HT372-173310/001/CY, awarded September 22, 2017).

1.1 Background and Objectives

Via funding allocated through the 2016 and 2017 Budgets, the Climate Change and Innovation Bureau is mandated to (a) increase Canadians' knowledge, capacity, and tools related to climate change and its associated health risks, and (b) increase Canadians' resiliency to extreme heat. Specific responsibilities include developing and disseminating heat health information and training to our key target audiences: healthcare and public health professionals.

Many materials and heat health guidelines have been developed by the Bureau, including a number of guidelines for extreme heat events (designed for health professionals), and more general brochures (designed for the public). At present, there is a need to evaluate their utility more systematically, and to ensure the most effective materials are provided. It is important to confirm that any Health Canada (HC) materials used by health professionals are not only meeting their needs, but also effective in transmitting accurate and appropriate information to their patients with respect to health protection measures related to extreme heat. By gathering qualitative information from front-line health professionals (e.g. family physicians), the Bureau will be able to (a) assess perceptions and awareness of heat health issues and HC's heat program, (b) better understand any associated behaviors (e.g. distribution/use of HC materials, and advice given to patients), and (c) gather specific feedback on HC extreme heat publications in order to identify strengths, weaknesses, and areas in need of updating.

Specifically, the qualitative research objectives were to:

- assess perceptions and awareness levels of heat health issues and Health Canada's heat program;
- gain a better understanding of the distribution and use of Health Canada's heat health materials by family physicians;
- understand any concerns from family physicians related to the heat health of their

patients;
- understand and examine any barriers family physicians encounter when transferring heat health information to their patients; and
- gather feedback on Health Canada's extreme heat publications in order to identify strengths, weaknesses, and areas in need of updating.

1.2 Methodology

Methodology

As outlined in the Statement of Work, a total of eight (8) "mini" groups were conducted in four (4) different cities: Montreal, Toronto, Halifax, and Vancouver (i.e. two "mini" groups per city). Groups were comprised of family physicians, reflecting a good mix of age, gender, and area of specialty. Physicians who took part in the groups had an average of 20 years of experience; some participants had over 30 years of experience, while others were just starting in the profession (i.e. one candidate had two years of experience). Most of the doctors were generalists practicing in a clinic or in a hospital, but some had a specialty, such as gerontology, chronic pain, pediatrics, dietetics, travel medicine, palliative care, mental health, or immigrant health. Wherever possible, groups were held in professional facilities equipped a one-way mirror.

Recruitment

Leger was responsible for participant recruitment. Leger recruited five (5) physicians for each group to ensure that at least three (3) showed up. The recruitment screener (see Appendix A) was developed by Leger in collaboration with the project authority so that the physician profiles clearly matched the research objectives.

The recruitment screener informed participants of all their rights under Canada's Privacy legislation and the Standards for the Conduct of Government of Canada Public Opinion Research. Specifically, their confidentiality was guaranteed, their participation was voluntary, and the results of the research would be made available to the public through Library and Archives Canada.

General practitioners were selected from a physician panel at Consumer Vision (a wholly owned subsidiary of Leger, which was responsible for all of the qualitative work). If, however, the

panel had proved insufficient in one city or another, random calling from available lists of GPs could have been used to supplement panel recruiting.

Incentive

Participants received an honorarium of $200. Participant incentive payment signature sheets were used, and a summary outlining (a) the total number of participants, and (b) the corresponding incentives paid, was completed and signed by each focus group host. These sheets (with family names removed to protect participants' confidentiality) were submitted to Health Canada.

Locations and dates

The following locations and dates were finalized in conjunction with the project authority. Evening groups were held between 5:30PM (first group) and 7:30PM (second group).

City	Composition	Language	Recruited	Participated	Tentative Date
Montreal, QC	Physicians	French	10	9	November 27, 2017
Toronto, ON	Physicians	English	10	8	November 28, 2017
Halifax, N.-É.	Physicians	English	10	10	November 29, 2017
Vancouver, BC	Physicians	English	10	9	December 5, 2017
Total			**40**	**36**	

Moderation

Groups lasted approximately 90 minutes, and were conducted in English (except in Montreal, where the groups were conducted in French).

1.3 Overview of Qualitative Findings

Extreme heat is relatively important, yet not a vital issue for physicians

- Though relatively important, extreme heat is not viewed as a major problem. It is, however, expected to grow in importance in the coming years because of global warming. As such, physicians expect that climate change will have a direct impact on this issue in Canada.

- The subject of extreme heat isn't a priority for family doctors. They do not have enough time to think about it, and since they believe it's a very rare problem, they don't consider it to be an issue in their daily practices. They mentioned that other professionals in the health care system, such as emergency physicians and responders, nurses, home care workers, and pharmacists, should be more preoccupied with this phenomenon, compared to the average physician working in a clinic.

- Physicians don't immediately think about doing prevention, but when they do, it is mostly to advise patients who intend to travel. Even then, physicians tend to focus on hydration and putting on sunscreen, while neglecting to address the specific effects of heat. They don't advise on how to keep a home cool, ways to cool off the body, or other types of information that can be found in the documents reviewed in the "mini" groups.

- Physicians who practise in coastal regions (like Halifax or Vancouver) tend to think there are more cases of extreme heat in central Canada, and downplayed the effects of heat for their patients and region. In turn, physicians practising in central Canada did not feel extreme heat was a major issue, like it would be in warmer countries. As a result, the degree of the problem was minimized in every group because participants tended to compare themselves with other, warmer regions.

- In all four cities, physicians usually believed they had underestimated the risks and impact of heat on their patients' health AFTER reading the Health Canada documentation sent to them for review prior to the discussions.

Health Canada's role in broadcasting information about Extreme Heat was unknown to participants

Participants had never seen the Health Canada documents on extreme heat presented to them prior to coming to the groups. They also hadn't received any other communications about the issue from other sources. For most participants, the Health

Canada documents were the first official pieces of information they could remember seeing that addressed the issue of heat illness.

- Some said they do not understand why Health Canada is working on the matter of extreme heat, as it is a matter that should be addressed by each Canadian province, while others would like to have more information about it – and/or even training – as this problem will likely grow over time (although they did not mention what kind of training they would like).

- Most physicians believed that among the documents reviewed, the factsheets were particularly important, and needed to be distributed or made available to all health care workers. Many compared these documents to the important and valuable information they receive in the fall about the upcoming flu season.

Succinct documents will be used mostly as a reference

- Physicians found the documents to be a good reminder, and could be useful as a reference, but they were too lengthy and not clearly targeted to them. To feel targeted, the documentation needs to be short, simple, and clear, and contain calls-to-action, color, statistics, graphs and charts, and a list of symptoms that they can easily and quickly review.

Prioritizing other health care workers and facility managers before physicians

- Physicians feel that the information in the documents should be targeted to other health care workers and facility managers before being sent to them. Nurses, paramedics, social workers, and other home care workers would be more likely to see a patient showing signs and symptoms of heat stroke or exhaustion; as such, the factsheets would be more vital to them. On the preventative medicine side, physicians generally feel pharmacists would play a key role in educating patients about which medication classes are directly impacted by heat. Pharmacists are not only qualified to understand how heat will affect certain patients (depending on what they are prescribed), they're also more likely to talk to patients on a regular basis. However, having pharmacists hand out information can be counterproductive for some physicians, as some patients tend to be "scared" by pharmacists' warnings and then do not follow their treatment plan, or decide to stop treatment on a hot day.

- To physicians, extreme heat is a "public health" issue, not primarily a physician issue. They believe that public education is important, and that a great way to reach the population would be through public service announcements in traditional media or at the time of issuing Environment Canada warnings (in the form of tips and reminders about what to do). Physicians believe extreme heat is an issue that should be talked

about by physicians and health professionals, yes, but by everyone else, as well: it is everyone's responsibility to know what to do in case of extreme heat.

Language barriers may be the biggest obstacle in reaching all Canadians

- Language barriers due to immigration represent a major potential obstacle preventing the population from being well informed about heat illness. Often, recent immigrants are misinformed about Canada's climate and put themselves at risk without even knowing it, or even knowing what they could do in case of an emergency. This information could be especially important to recent immigrants who come from warmer countries because they tend to downplay the effect and nature of heat in Canada.

The elderly and infants are the most vulnerable, but extreme heat is mainly driven by socio-economic factors and social isolation

- In terms of age, physicians recognize that those most at risk are the old and the young, but the discussion on primary targets soon focused on socio-economic factors that lead to a greater risk of heat illness, such as older buildings that do not offering air conditioning, social isolation, and a lack of nearby cooling areas.

Regional differences

- It should be noted that if the report does not directly name a region or directly reports a noticeable difference between locations, the reader should assume that no significant regional differences were apparent. As such, much of this report will be from a national perspective.

1.4 Note on the Interpretation of Research Findings

The views and observations expressed in this document do not reflect those of the Department of Health/PHAC. This report was compiled by Leger and based on the research conducted specifically for this project. The analysis presented represents what Leger believes were the most salient points during the focus group sessions. All words and sentences in quotation marks are actual verbatim comments from participants, selected by Leger for their capacity to directly convey the views and opinions of participants, in their own words.

Findings from these the focus groups should be considered directional only, and results should not be projected as representative of the entire Canadian population. It is intended to provide deeper insight into the underlying reasons for opinions or lack thereof.

1.5 Political Neutrality Statement and Contact Information

Leger certifies that the final deliverables fully comply with the Government of Canada's political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research.

Additional information

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To obtain more information on this study, please email CPAB_por-rop_DGCAP@hc-sc.gc.ca

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Christian Bourque, Executive Vice-President and Associate

2. Detailed Qualitative Findings

2.1 The Importance of Extreme Heat

- Overall, physicians said they found the problem of extreme heat to be important, but did not go so far as to describe it as a major problem.

- Some recognized global warming is an important issue (because of it, the climate will only get warmer in years to come). As a result, physicians believe the importance of this issue will grow in correlation over time. Several physicians referred to the introduction of the Technical Guide as a key indication that climate change will affect the prevalence of heat illness.

- Two different groups appeared less concerned about extreme heat: the first group in Montreal, and the first group in Toronto. In the Montreal group, only one physician out of four recognized the issue as relatively important. (As for the other three, their indifferent feelings towards extreme heat seemed to be linked to the fact they are living in Quebec, a region that doesn't typically experience extreme heat on a regular basis.) Toronto's first group also didn't recognize extreme heat as a relatively important issue, since physicians believed people who are at risk are often already taken care of by different services like social services or the CCAC.

- The fact that physicians don't seem to view extreme heat as a major problem is mostly due to two different factors:
    1. They have rarely, if ever, seen a case of extreme heat exhaustion and/or heatstroke in their practices/careers. According to them, this is due to the fact they practice in a clinic, and patients affected by heat will usually go directly to the ER.
    2. Physicians did not seem to be aware of the mortality rate related to extreme heat. This lessens the importance of the problem in their eyes. Some also indicated that if one of their patients had been hospitalized, or had an event of heat-related illness, their patient file likely wouldn't reflect that, or at least wouldn't mention heat as the probable cause.
- Given that they say they are bombarded with information on many other "important issues," physicians would only pay attention to heat related messages if they were sent to them in the summer months (i.e. June or July, depending on the region). Otherwise, the message would likely get lost in the shuffle.

- Physicians practicing in more coastal regions of Canada, Halifax or Vancouver, mentioned that their geographic locations make summer temperatures much milder than elsewhere in the country. Therefore they feel that the problem is much more important in other areas. To them, this is an inland or central Canada issue.

2.2 Physicians' Degree of Knowledge on Heat Illness

- When asked if they felt well informed about extreme heat, most physicians said the documents were common sense to them, but the documents did remind them of certain key issues related to the impact of heat on a patient's health. Several said the documents taught them something they did not know or may have underestimated in the past, such as medication classes and heat, or how to cool down a patient depending on the symptoms shown.

- They mentioned hearing about heat issues from traditional media, but added that these warnings would only refer to quick, common sense tips about how to keep cool.

- Particularly in Vancouver, physicians mentioned they lack training. They'd like to have more information about the subject, as it will only grow in importance in the coming years.

2.3 Obstacles that Keep Canadians from Being Well-Informed on the Issue

- When asked about barriers that could potentially prevent the population from being better informed about the subject, language barriers were identified in all surveyed markets. Indeed, due to both to the number of recent immigrants and to the diversity of ethnic groups, especially in large cities, English and/or French warnings or factsheets may not be enough.

- Especially in Toronto, but also in Montreal and Vancouver, physicians mentioned certain ethnic groups are more likely to be less aware of the situation. The language barrier, coupled by the fact that they originate from warmer countries, may make them less sensitive to heat-related messages here. A doctor practicing in a clinic in Toronto mentioned that these kinds of patients are not used to the city's high humidex factor, which makes all the difference during periods of extreme heat.

- The literacy rate was also mentioned. According one physician, the number of people who cannot read is higher than we think in the population. Therefore, people who aren't able to read won't be able to get the information this way.

- Social isolation and mental illness were also mentioned as obstacles, as key messages may not make it to them.

2.4 Physician Perspectives on Patients Vulnerable to Heat

- Spontaneously, in all sessions, the elderly; children, babies, and infants; as well as people with fragile health (i.e. patients with heart disease, kidney problems, COPD, etc.) remain the most vulnerable to suffering from heat illness. Those who take specific medication classes are also at a higher risk of suffering from extreme heat, as their prescribed medicine tends to dehydrate the body or inhibit one's capacity to regulate body temperature.

- Physicians in all regions then focused on socio-economic and social isolation variables that may increase the risk of heat illness. People who are isolated from society, that is to say people who live in precarious conditions/poverty, who are alone, and/or who have families who live far away, were also mentioned several times. Physicians indicated that this group tended to be mainly the elderly.

- They also counted mental health patients, long-term care patients, diabetics, the elderly living in retirement homes, industry and construction workers, pregnant women, homeless people, athletes, and tourists among at-risk groups.

- Immigrants are at risk for reasons previously listed (i.e. they may underestimate heat in Canada, for example), but also because they may be culturally averse to using air conditioning, as it is sometimes seen as a "rich person's device." Many immigrants live in precarious conditions, with no air circulation and sometimes no windows that actually open. Other physicians believed that certain ethnic groups tend to cook a lot, even if the weather is very warm, and may not be attentive to the amount of heat they generate in their home.

2.5 Physicians, Media, and Public Health Issues

- To physicians, extreme heat is a "public health" issue, not primarily a physician issue. They believe that public education is important and that a great way to reach the

population would be through public service announcements (a) via traditional media, or (b) at the time of issuing an Environment Canada warning (i.e. tips and reminders of what to do during a bout of extreme heat). Physicians believe extreme heat is an issue that should be talked about physicians, health professionals, *as well as* everyone else; it is everyone's responsibility to know what to do during periods of extreme heat.

- Physicians believe that traditional media still remains a great way to reduce risks associated to heat in major cities. They believe it's a better way to inform the public over other forms of health information, like brochures and/or posters in a doctor's office or waiting area.

- Participants agreed that it is the Public Health Department's role to let people know about extreme weather conditions, and that the issue of extreme heat should be addressed in a similar way as other prevention campaigns, like the PSAs shown each year about the importance of getting the flu vaccination, or the regular PSAs highlighting the risks of smoking. One physician mentioned media should put emphasis on the prevention of extreme heat during the proper period (i.e. in May or June, the months leading up to summer).

- Physicians all agreed that their role is more to advise, warn, and prevent, as they'd be unlikely to actually treat a patient presenting signs or symptoms of heat stroke or exhaustion. An important part of their role would be to warn patients about the effects of heat as it relates to a patient's medication or condition.

- Physicians did admit that they do not readily think about informing their patients about the risks of extreme heat, except perhaps during warm periods, and when summer is about to arrive. Montreal's first group of participants, for example, mentioned having roughly eight minutes, on average, with a given patient. When, in that eight minutes, they must take a look at the patient's medical file, his or her blood pressure, inform him or her about healthy habits, review medications, advise him or her on weight loss or remind him or her to exercise, the subject of extreme heat is far from being a priority. Physicians simply do not have enough time, and since it's a problem rarely encountered in their practice, they simply do not think about it. "It doesn't rank in my consciousness with the kinds of problems that we see on a daily basis and the intervention we're doing to change health. It hasn't had a priority."

- One doctor, whose practice is mainly with pregnant women and children, mentioned regularly talking to these types of patients about extreme heat, as it is an important issue that concerns these types of people directly. But she never talks to her other patients about heat. (She did admit, however, that it's an important problem that deserves to be mentioned.)

- Overall, extreme heat is not just a matter of concern for the doctors, but all health care workers, including nurses, pharmacists, home care workers, social workers, community centre workers, and any first responders (like paramedics). Physicians believe that frontline workers with patients, and those who deal with sick relatives on a regular basis, should be aware of this information.

- Physicians aren't always by the patient's side to remind them to stay hydrated and stay out of hot areas – and they certainly aren't going to call every one of their patients over the phone to tell them to stay careful. As a result, physicians believe it's not their job to remind their patients of the potential danger of heat waves. One physician even said that it's taken for granted that their patients know when, and how often, to drink. "I think a lot of patients who come into our offices can know, in advance, if they have a heat-related issue, and they can treat it themselves, if they were aware of the situation." Physicians suggested the idea of a telephone line other than 9-1-1, which would repatriate calls made about heat illnesses, would help unclog the emergency line.

- Again, physicians mentioned the fact that they aren't familiar with the mortality rate related directly to extreme heat, which keeps them from doing more prevention.

- Most of the time, when they do advise patients about extreme heat, it's about staying hydrated and putting on sunscreen. These warnings tend to be offered to patients travelling abroad, and are not a systematic warning to all at-risk patient groups.

- It could be useful to send some type of prevention to patients directly.

2.6 When Does Heat Become a Health Issue?

- Physicians tended to say that heat becomes an issue at around 28 to 32 degrees. But after thinking about it a little longer, they agreed that it really depends on the patient. Some people tolerate heat – and even love it – compared to others who can't stand it. In that sense, temperatures as low as 26 degrees can put certain patients at risk. Several physicians also pointed to the difference between warm days and warm nights, as outlined in the Health Canada documentation they had reviewed.

- One physician in Halifax said a combination of factors will produce heat exhaustion and/or heatstroke. He mentioned that it's when someone stops sweating that it becomes dangerous, or when someone starts feeling dizzy, sick, and/or lightheaded. It's more a matter of symptoms than an exact temperature. It really depends on the physiology of the person and also on the humidex factor.

- Two physicians mentioned the temperature degree which is starting to become dangerous for the body is probably lower than we think it is and heat exhaustion and/or heat stroke happens more frequently than we are aware of.

- One physician practicing in Vancouver said people aren't as prepared as they should be to face extreme heat because a lot of housing in Vancouver still is not equipped with air conditioning. Some physicians in Vancouver also mentioned that using AC is not in the culture of the city, historically.

- Several participants mentioned the fact there are not enough places to cool off in their city, or that they are unaware of the presence of any cooling centres. They feel community centres aren't as adapted as they should be – especially for families, as there is often not enough room for strollers. Also, some physicians were preoccupied with malls being the main place to cool off for patients. While malls may be cool, some people may not want to go there, and some might feel compelled to buy something or spend money in some way, though it may not be within their means to do so. In any case, conditions aren't as ideal as they should be for people to face extreme heat.

2.7 The Issue May not be that Important, since Physicians Rarely Address it with Patients

- Physicians in Halifax and Vancouver said they don't really give advice on extreme heat to patients, except for when patients are travelling. These physicians believe that doctors practicing in places in Central Canada, like Toronto or Montreal, are surely more inclined on advising patients about the risks. In both Halifax and Vancouver, physicians tended to refer to dehydration and not heat health or heat illness specifically, as if both terms were interchangeable.

- Participants in Vancouver's first group said they don't address the issue often, yet some of them had treated heat rash and feverish symptoms in the ER before (which are, in fact, symptoms of heat illness). One physician in Toronto practiced travel medicine for some time and said that he had to focus on certain things, one of them being an emphasize on hydration and the prevention of heat-related symptoms. One doctor also recognized that conditions have improved a lot in recent years in the sports industry. He once had to treat a patient once in a sports competition for dehydration, but nowadays, competitions are better equipped with lots of water bottles and cold towels.

- Overall, physicians said that when a patient visits their office, he or she often feels overwhelmed due to the amount of information he or she usually gets. For that reason, doctors tend to limit the volume of information given to the patient, focusing on the "crucial," and don't believe that extreme heat should be part of it. Physicians maintain that it's a relatively minor problem, even though they found it quite important when

surveyed about it. As a result, there is no need for them to talk to patients about it in detail.

2.8 General Opinions of the Health Canada Documents

- When asked if they have ever seen the documents before, all physicians interviewed across all regions said they had never seen them or consulted them. Some even claimed they did not even know Health Canada was working on the matter.

- Despite the documents being seen as voluminous and daunting at first, reaction towards the factsheets was mainly positive. Physicians believed the Technical Guide was a reference document providing key evidence in support of the factsheets.

- They would not read or consult these documents in the context of their practice.

- Overall, physicians found the materials targeted managers and health care workers who work closely with patients, not doctors specifically, and mentioned that if they don't feel the information is for them, they (a) won't bother reading it, and (b) won't bother searching for the section specific for doctors. Many believed, however, that all physicians should be made aware of the Acute Care Factsheet.

- In order to reach doctors, the documents should be concise and practical; they should also contain facts, charts/pictograms, colors, and calls-to-action. They like it when it's easy to read and contains a summary; their time is precious and very limited. They like brief, direct, short and simple communications. Some of them mentioned they appreciate the communications they periodically receive from INESSS and the Collège des Médecins.

- Physician reaction in Montreal was a little more negative (relative to the other regions). They said the documents are very office oriented, lacked "punch," and that nothing really stood out. The documents don't seem to be adapted to their reality, which is to answer demands right away. As a result, the documents didn't seem useful, since they don't really address the problem fully and directly. According to these physicians, the documents were too exhaustive and not practical enough. They would prefer a flow chart presentation format, or an algorithm presentation format, over text.

- In Halifax, initial reactions were more positive. Physicians there found the documents informative and "a good refresher." They also liked the color. More specifically, they liked that the orange was in sync with the theme. "We get the feeling of oppressive heat just by the image, and I think it counterbalances with the clarity of the characters."

- Toronto physicians said they liked how the factsheet indicated how different symptoms will involve a different way to cool a patient.

- Several physicians mentioned that because they do multiple things every day in their job, they tend to forget and/or neglect extreme heat. This documentation could not only help increase their awareness, but remind them of the importance of the issue, as well. Physicians do warn, though, that the documentation should be received during the hot season (i.e. summer); otherwise, they would simply "forget" about it.

- Vancouver's physicians liked the graph showing the progression of heat-related illnesses over a period of time. An interesting point was made by one physician in Vancouver's second group, which was about how his initial reaction changed as he went through the documentation:

  "My first reaction was that this wasn't a very important issue because this is Canada; it doesn't get too hot here. But then, as I began to read the documents, I realized this really is relevant, and what impresses me the most is that there is a real deficiency in education at our level. We've all been around a while, and this didn't [initially strike] me as a relevant problem – I hadn't spent much time on this topic – but clearly, it is an important topic. . . . One of the main things the Government of Canada needs to do is to educate us."

  Another physician agreed with him, adding that once she read the statistics with what's been happening due to global warming and the weather getting warmer, she began to believe that heat-related illness is becoming more of an important issue now.

  In the same group, another participant mentioned she feels she doesn't have a lot of training and knowledge about the issue. She considered herself to be at a very basic level regarding this problem. "I am not sure I would be able to manage or recognize everything," she said. "It didn't come up in medical school, in residency . . ."

- Overall, physicians agreed that extreme heat will become a greater issue in the future and that it is important to be aware of it. The documents represent a good reminder, and some physicians even learned something new by reading through them (which was mostly about medications and heat, but also on ways to cool the body down). That being said, a more practical, summarized version would be more appropriate and better able to grab their attention.

2.9 Who Should Receive Health Canada Heat Health Publications

- Physicians appreciate the work of pharmacists, and several suggested that pharmacists should actually be the health professionals responsible for distributing heat-related information to patients. In addition to having more time with patients and in a much more relaxed context, many patients now consult pharmacists directly before going to

the doctor's office. Therefore, physicians believe pharmacists are better suited to do any prevention or long-term follow-ups -- especially since, in the case of at-risk individuals (like the elderly), pharmacists would likely seem them regularly, since they'd often be coming in to renew their prescriptions.

- A few physicians from both Vancouver groups mentioned that letting pharmacists distribute the information could potentially have an adverse effect. Pharmacists need to provide patients with a factsheet listing any side effects and/or other indications for any medication the patient needs to take. Some believe this list of warnings may scare patients away, who may then reduce or stop taking a certain medication without being fully conscious on how this may have negative effects. Some patients might even stop taking their treatment on hot days, which could put them at greater risk than the heat factor itself.

- One doctor from Toronto suggested that informative pamphlets could be hung in the aisle of pharmacies, along with medications and other drugs. It would therefore not become necessary for a health professional to give someone the documentation directly. If the documents were available in their own clinics, along with other existent pamphlets, physicians largely believe the documents would end up in the trash or not read at all.

- Some physicians said they would like to have this information on a poster they could hang on their clinic and/or their bathroom walls, as patients have nothing better to do when they are waiting for their appointments.

- Ultimately, physicians believe that other health professionals should be aware and be able to give out the information, as it is a public matter anyway. As previously cited, administration, home retirement managers, nurses, social workers, and other professionals (such as home care nurses, paramedics and other first responders, etc.) who work frontline with people already in distress, or who might be at a higher risk, are to be considered.

- As mentioned before, immigrants put themselves at a higher risk because they might not be properly aware of the temperature in Canada. For that reason, it would be important to make this information accessible to people who work with ethnic groups directly (i.e. social workers or other professionals in constant contact with immigrants).

- One physician suggested that Health Canada send this information to the Medical Health Officer in each region and have the Officer adapt it to the local area/situation, instead of mailing this out to thousands of doctors across Canada.

- Most physicians said they would read the documents if it was a one-pager faxed to them once a year to remind them that (a) heat is coming, and (b) the importance of prevention (which already happens with influenza each year). An electronic format would also be appreciated, as it would be environmentally friendly, accessible and wouldn't get lost amongst all the other information they already receive. (It's also environmentally friendly.) For certain patients, though, a different format would need to be considered, as many elderly people, for example, tend to have difficulties reading.

2.10 The Factsheets

In general, the factsheets were "good reminders," well-liked, and positively reviewed when it came to their content, though some physicians believe the documents were "too wordy" and not incisive enough to grab their attention. Physicians understand the issue and the need for these documents, but weren't entirely concerned about it. In their opinion, other professionals would likely find this information a lot more useful; as family doctors, they generally aren't the ones who see these types of patients anyway.

If it did happen, physicians say they would need to send the right person to the right place, and for that reason, the documents need to contain an exhaustive list of calls-to-action, accompanied by step-by-step procedures.

Some physicians discussed how patient files will sometimes include reminders that "tag" the patient, like being a smoker, or taking a certain medication, but there's never anything that "tags" a patient is at risk due to heat.

2.10.1 Factsheet: ACUTE CARE DURING EXTREME HEAT

- Overall, the factsheet on **Acute Care during Extreme Heat** is a good reminder and made sense (especially the signs and symptoms and the medication part). It is fairly succinct, and gives a good overview of medical conditions and heat care medication. Physicians believed it was sufficient and useful to them, but mentioned it would also be useful to other professionals, like pharmacists and nurses. The difference between heat exhaustion and heatstroke is the criteria that was most appreciated. They liked the format and the fact that it is quick and easy to read. "Even adding this to one of the journals we receive would be a good idea."

- However, it is too exhaustive and there are too many words. Also, in order to feel more concerned about the issue, the factsheet would need to be more technical. Physicians believe more work could be done to take some of the language out without harming the depth of the content.

- The list of medication classes and how they interact with extreme heat was the most useful part of the document. Many said they learned something new from this section. While some questioned how Health Canada has decided on which medication class to prioritize over others, most believed that physicians (for prevention) and front-line workers (for acute care and treatment) needed to have this information handy.

- Physicians would've liked to have seen a URL link on the document so that patients have a place to go online where they can assess their own risks.

- The risk factors presented were essentially common sense to them, although children were believed to be missing from the list, along with adults aged 75+. Other than that, it was a succinct overview that someone could scan in less than a minute.

- Physicians also mentioned that some problems were listed without any solutions or calls-to-action. They suggested a type of heat-related issues protocol that could be easily and quickly applied. It would also be a good idea to make this document more accessible, and to distribute it directly, as one doctor mentioned he had difficulty finding it on the internet.

- One physician mentioned he was surprised to read someone could die of heatstroke.

- Discussing the Acute Care Factsheet, physicians took the opportunity to state that they would like a similar factsheet directed at patients. This factsheet should emphasize who is at risk, the symptoms, what may cause it (triggers), and a list of quick tips on how to cool down. It should also mention that 9-1-1 should be called if symptoms become severe.

- Most groups said they would like to receive this document in May or mid-June – except in Nova Scotia, where they said it could be distributed at the beginning of July, as it doesn't typically get too hot before then.

- One physician said she would've liked to know the delay between recognizing heatstroke and treating it, as it could be useful information in case of an emergency.

- Commented one physician: "If I see someone came in with signs of dizziness and headache during the summer, [a heat-related illness] might not be the first thing I think about, especially when it's very hot outside and I am in an air-conditioned medical clinic. It might not occur to me. Let's say I'm volunteering at a marathon, and you're seeing an athlete collapse in front of you who's otherwise healthy, [*then*] I will think about this. But let's say a patient suffering from renal failure, diabetes, or Parkinson's, comes in with these symptoms. I won't think of heat exhaustion right away for sure."

- One physician said he gets most of his medical information through pharmaceutical companies. Despite this, this is something he felt he should know, even though he isn't sure he would ever receive this document otherwise. With that in mind, he believes Health Canada should go around every office and distribute the information personally.

2.10.2 Factsheet: COMMUNITY CARE DURING EXTREME HEAT

- The **Community Care during Extreme Heat** factsheet seems to target facility managers and community care workers more than physicians or other hospital care workers. Physicians said it would be practical for family members of a sick or older relative, as well as the general public, as it is relatively easy to read and doesn't require medical training to understand. Overall, it is still a good reminder for doctors, but again, to reach them effectively, the document would need to be (a) addressed to them clearly (i.e. by writing explicitly "FOR DOCTORS" on top of the sheet), and (b) kept short and straight to the point. Charts and lists are always a good way to do that, and maybe a list of symptoms could be added.

- The checklist is the element that was most appreciated, but some questioned its utility. Although they liked it, they found it pretty lengthy, mentioning they just won't use something so cumbersome. In other words, physicians liked the questionnaire/checklist format, but believed it was too wordy and hard to work with. They often wondered if it was actually designed as a checklist to be used during home visits.

- Other physicians believed the document "took too long" to get to the action items related to cooling off a person who may be presenting signs of suffering from the heat. Others believed this factsheet was more about evaluating the risk for a patient, rather than an acute care/treatment factsheet.

- Some doctors mentioned that the addresses of local cooling centres could be a useful addition, along with some quick tips that health-care workers could provide to patients while doing home visits.

- One physician from Halifax said the food safety at the bottom of the sheet was interesting.

- One group in Toronto found the document too busy; there was just too much going on. "The message gets lost because it's too busy. I think we need to keep it simple and narrow it down."

- A version of this document could also be addressed to patients themselves, and placed in community centres or clinics for patients to better understand how to keep their home cooler.

- Some believed this factsheet would have more of an impact if it used more dramatic language or a more "punchy" title. The factsheet could be simplified as well. In its present format, some physicians felt it was more of a training tool than an actual questionnaire to use in the field.

2.10.3 Factsheet: HEALTH FACILITIES PREPARATION FOR EXTREME HEAT

- Though useful, the **Health Preparation for Extreme Heat** factsheet contained information that was deemed the most removed from physicians and their profession, relative to the other two factsheets. Physicians hoped that facilities already had an emergency plan in place for hot days and/or nights. While they felt that such a contingency plan should be mandatory, they doubted its existence in many care facilities. In different cities, physicians mentioned how older infrastructure do not typically include air conditioning or a "cool area" in the facility, and that they had often come across short term solutions (i.e. fans of different types) which were certainly not adequate for patients.

- In Montreal's second group, some physicians believed that some of the terminology wasn't clear enough. For example, the definition of "cooling jackets," which in French can be read as "chemise de refroidissement," wasn't well understood.

- In Vancouver's first group, physicians felt the documentation was more *reactive* than *proactive*, in terms of preparation. Both groups in Vancouver mentioned that during the summer months, fans can become out-of-stock in the area, which doesn't help the situation.

- Some physicians said this document should be mandatory for people running a nursing home, and that nursing homes should have a protocol for when it gets too hot (similar to the protocols in place for a fire emergency).

2.11 THE USER GUIDE

- The **User Guide** also garnered positive reviews. They liked the fact it was a good reminder, although they felt it was targeted to other health care professionals more than doctors (mostly because doctors already know how to establish a diagnosis).

Physicians felt that the introduction to the document, stating the projected number of hot days in the future, was a good reminder that this public health issue is a growing concern for the community. They were also attracted to the table on medication classes and how these may be impacted by heat.

- Participants mostly looked at the charts and images. Even though the document is shorter than the technical guide, it is still too lengthy for them, and, it is believed, for other professionals as well. They just don't have the time to read something like this. Unless they felt specifically targeted, they wouldn't bother going through every page; and even if they made time to read it, it likely wouldn't get read in its entirety, due to the amount of work physicians have in a given week. Perhaps facility managers and community health managers should read the document and integrate it into their work.

- Length aside, physicians also mentioned there are just too many things in it (too many boxes, in particular). The colors are good (yellow, red, etc.) which represents the subject of heat well, but a few mentioned it lacked "punch," overall.

- Once again, in order to reach them, it would need to be shorter. They liked the idea it could be summarized into facts/conclusions and highlights, which would be enough for them, as they don't need to know every small detail there is.

- One physician from Montreal mentioned he doesn't need to know all the resources available to patients because it is not something doctors should know specifically. He doesn't feel it is part of his job to know every care centre out there for his patients.

- For the most part, physicians agreed with the document, but appreciated it as a reference only. They agree with it being available online, but Health Canada wouldn't need to distribute it to physicians directly.

2.12 THE TECHNICAL GUIDE

- In all groups, every participant mentioned the **Technical Guide** was very daunting because of its length – especially for a subject matter of that scale. Some participants even said they only looked at what was in color and/or in charts. They felt that having this as a reference document on the Health Canada website is still positive, as it shows all of the evidence behind the shorter documents (i.e. the factsheets).

- While they said they would not read it, physicians found some of the information very useful. The sections on risk groups, the physiology of the patient and the effects of heat, and medication classes, were the most useful sections. They also liked the useful graph

on page 5. This one could – and *should* – be adapted to other regions. (Currently, the statistics are only for the province of Quebec.) They liked the graph comparing temperature and mortality; they found the correlation both interesting and surprising.

- Sections 5 and 6 were also appreciated. The questions and answers outlined to prevent heat-related illnesses could be very useful for patients. Also, the layout is well done and easy to read. This document is also good to have as a resource for doctors.

- Medication that may put people at risk was also interesting. "It's good to know because I wasn't aware of all medications, so that really is helpful."

- Family doctors working in a clinic aren't the ones who would find this guide most useful to (although it is interesting). Overall, the factsheets are better suited for their practice and their needs, and they don't feel the need for more documents about the issue. They like to think they are practical and pragmatic; therefore, knowing the facts (i.e. the "important stuff" they could realistically apply in their practice) is all they realistically need.

2.13 RECOMMENDATIONS

- In order to attract physicians' attention, communications done by Health Canada should be brief and contain simple and clear protocols, colors, lists, and charts, and be easy and quick to read.

- Doctors would like to have fast, responsive algorithms. Documentation should also be clear and address the physician directly and explicitly. When they do not feel concerned by the title of the document, they won't even consider it.

- Developing an emergency plan would be a good idea. Like a building's fire emergency plan, a heat-related issues plan should be put into place, especially for retirement homes.

- Tourists aren't being reached with the documentation presented. New ways to inform tourists about heat conditions in proper areas are to be considered.

- A small, publicly available pamphlet, in different languages, would be a good initiative. It would also need to be easily accessible online.

- Health Canada's communications should favour an intervention or "call to action" approach. Physicians said people need to know what to do in case of an emergency, and liked the idea of presenting step-by-step guidance targeting the general population.

Physicians would like to see short instructions and protocols that quickly address their initial questions about extreme heat and health when they see a patient.

Appendix A – Recruitment Guide

Public Opinion Research: Study of Health Professionals' Awareness and Perceptions of Heat Health Issues and Health Canada Materials – 2017

Hello, my name is _____ from Leger Research. We are conducting a series of focus group discussions with family physicians' behalf of Health Canada. The research is related to health issues of concern to all Canadians and we think that you'll find the topic interesting.

Your participation in the research is completely voluntary and the purpose is to understand the opinions and experiences of Canadians not to sell any service or product.

The sessions will be audio and video recorded for research purposes. Representatives of Health Canada will also be observing the discussions. The information is being collected under Section 4 of the Department of Health Act and other applicable privacy laws. The full names of participants will not be provided to the government or any other third party. Also, the results from the discussions will be grouped together in a report, which will contain non-identifying information. Would you be interested in participating?

Yes ..... Continue to Q1
No ..... Terminate call

RECRUITMENT

1. Group 1 : Montreal, Monday, November 27th - 17h30
2. Group 2 : Montreal, Monday, November 27th - 19h30
3. Group 3 : Toronto, Tuesday, November 28th - 17h30
4. Group 4 : Toronto, Tuesday, November 28th - 19h30
5. Group 5 : Halifax, Wednesday, November 29th - 17h30
6. Group 6 : Halifax, Wednesday, November 29th - 19h30
7. Group 7 : Vancouver, Monday/ Tuesday, December 4th/5th - 17h30
8. **Group 8 : Vancouver, Monday/ Tuesday, December 4th/5th - 19h30**

Q-1 Do you or any member of your household or immediate family currently work for?

TICK ALL THAT APPLY

Advertising company	1	**TERMINATE**

Marketing/Market Research company		2	**TERMINATE**
A pharmaceutical company	3	**TERMINATE**	
A biotechnology Company		4	**TERMINATE**
A government healthcare agency		5	**TERMINATE**
None of the above / Aucune de ces réponses			6
I prefer not to answer	9	**TERMINATE**	

INDICATE GENDER, PLEASE TRACK WITHOUT ASKING DO NOT ASK

Q-2 Gender

Men	1
Women	2

Q-3 What age group do you belong to?

Under 25		1
Between 25 and 34		2
Between 35 and 44		3
Between 45 and 54		4
Between 55 and 64		5
65 and older		6
I prefer not to answer	9	**TERMINATE**

Q-4 Which of the following medical sub-specialties do you practise?

Family Practice/ General Practice		1	
Internal Medicine		2	
Endocrinology	3		
Sports and exercise medicine		4	
Gerontology		5	
Environmental Health	6		
Pediatrics		7	
Emergency medicine	8		
Immigrant health		9	
Indigenous/Aboriginal health		10	
Respirology		11	
Cardiology		12	

I prefer not to answer 99 **TERMINATE**

Q-5 Approximately how many years have you been practising medicine, post fellowship in Canada?

Less than 10 years 1
More than 10 years 2
I prefer not to answer 9 **TERMINATE**

Q-6 Is your medical practice located in an urban or a suburban area?

Urban (i.e. located within the city) 1
Suburban (i.e. located immediately outside the city) 2
I prefer not to answer 9 **TERMINATE**

Q-7 Do you have experience using Health Canada heat health publications and information to advise or treat patients?

Yes 1
No 2
I prefer not to answer 9 **TERMINATE**

Q-8 Can you tell approximately, what is the percentage of your practice are…

… Young children? 1
… Elderly? 2
… Women? 3
… New Canadians? 4
… Indigenous/Aboriginal Persons? 5
… Other? 6
… Refusal 96

Q-9 Which of the following ethnic groups do you consider yourself to be a part of?

… White 1
… Chinese 2
… South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.) 3

… Black 4
… Filipino 5
… Latin American 6
… Southeast Asian (e.g. Cambodian, Indonesian, Laotian, Vietnamese, etc.) 7
… Arab 8
… West Asian (e.g. Afghan, Iranian, etc.) 9
… Japanese 10
… Korean 11
… Other / Refusal 96

INVITATION

We are thrilled to have you as one of our participants in this study; your profile perfectly fits the target respondent we are looking for. We would like to invite you to participate in a focus group which will be facilitated by an experienced professional moderator, and will last approximately 90 minutes. The session will take place at [XX], on____XX____ (date/time) __XX__.

For your participation in the in facility XXXXXXXXXXXXX you will receive a cash gratuity of $__XX____.

Please note that the session will be video and audio recorded and may be video-streamed* (see definition below). Your interview may also be observed by people who are directly working on the research study.

*Video-streaming for this project is defined as a sequence of images sent over a secure, encrypted internet connection to those directly working on the research study.

Are you interested in participating in this research study?
Yes [ ]
No [ ] TERMINATE

The information provided by you will be kept confidential and will only be disclosed to those who are directly working on the research that is relevant to the topic of discussion.

Representatives of our client may be observing the discussion, but will not have access to any of your private information. You will be asked to sign a consent form in order to participate in this research. Would you be willing to do this?
Yes [ ]
No [ ] TERMINATE

Thank you very much for your collaboration!

Take the doctor's email address, we will have to send him Health Canada documents, which will be used as a basis for the discussion.
We kindly ask them to read it before the discussion session.

Doctor's information:
E-mail :

Appendix B – Discussion Guide

Discussion Guide

Study of Health Professionals' Awareness and Perceptions of Heat Health Issues and Health Canada Materials

2017/11/15

Introduction (10 MINS)

Introduction

- Introduce moderator and welcome participants to the focus group.
- As we indicated during the recruiting process, we are conducting focus group discussions on behalf of the Government of Canada (Health Canada).
- The focus of tonight's discussion is to get your perception and opinion regarding heat health issues as well as your opinion on Health Canada's materials (Extreme Heat Events Guidelines: User Guide and Technical Guide and associated Fact Sheets for Health Care Workers) on this topic.
- The discussion will last approximately 90 minutes.

Explanation

- Other people who are also involved in this study will be listening to the focus groups. My colleague – who is an analyst at Leger – will be taking notes.
- It is also important for you to know that your responses today will in no way affect your dealings with the Government of Canada.
- **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 will be available through Library and Archives Canada.**
- We are going to take attendance for your incentive and to certify that you have participated.

Describe how a discussion group functions:

- Discussion groups are designed to encourage 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 the topic and on time.

- Your **role is to answer questions and voice your opinions**. We are looking for all opinions 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 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.
- It is also important that you talk loud enough for everyone to hear and that you **talk one at a time** so I can follow the discussion.

Please note that **I am not an employee of the Government of Canada** and may not be able to answer all of your questions.

- Moderator introduces herself/himself.

- Participants should introduce themselves, using their first names only.

- Which medical subspecialities do you practise? How many years have you been practising medicine? Where is your medical practice located? What kinds of patients do see in your practice?

As stated earlier, the **objectives of today's focus group are to better understand your opinion and perception regarding heat health issues and your opinion regarding Health Canada materials on this issue.**

Section 1: Perceptions and Awareness of Heat Health issues and Health Canada's Heat Program (20 MINS)

- Before e-mailing the material to you for the review for the focus group discussion, were you aware of Health Canada's material regarding heat health issues? What do you know about Health Canada's activities and guidance for preventing and addressing heat-related illnesses and deaths?

- Which Health Canada documents were you familiar with? Any others? Have you read them all? How often do you refer to them?

- *What is your general opinion of these Health Canada documents? Are they useful or not for physicians, why or why not?

- In addition to Health Canada, do you use other sources, documents on the subject of heat-related health problems? Whether for you and / or your patients?

- If yes, **PROBE:** Which ones?

- What would enable you to better help your patients stay healthy during extreme heat events?

- *What training format would be most helpful to you to learn about preventing, diagnosing, and treating heat illness? Some examples of training include: online training courses, continuing education courses, online resources, in-person courses, etc.

- In your opinion, how can Health Canada help family physicians provide appropriate health advice to their patients during extreme heat events, and prevent, diagnose and treat heat illness?

FOR MATERIAL / DOCUMENT MENTIONED:

- How do you use this material? Is it for you or your patient?

- Exactly how do you use it? How often do you refer to it?

- What content is useful for you? What are the material's strengths? What do you like about this material? What are the material's weaknesses?

- And what content is useful for your patients?

- Are they equally effective for all your patients?

Section 2: Concerns about the Heat Health of their Patients (5 MINS)

To begin, let's talk a little bit about **heat health issues – i.e. health issues associated with extreme heat events (heat waves)**.

- What do you know about heat health issues?

- Do you consider that heat-related health issues are important in Canada?

- And in your practice, are health issues associated with extreme heat important?

- Is this a concern for your patients' health?

- Do you have patients who are more at risk of suffering from heat health illnesses?

- Do you feel this is an important issue considering the profile of your patients?

- *What are your main concerns about the health of your patients during extreme heat events?

- Do you have to treat many patients with heat-related health issues (heat illnesses) each year? In general, how often does this happen each year?

- *In your opinion, what are the main factors influencing your patients' ability to protect their own health during extreme heat events? (e.g. language barriers, access to cooling areas, socioeconomic status, etc.)

- *What would enable you to better help your patients stay healthy during extreme heat events?

- *In your opinion, how can Health Canada help family physicians provide appropriate health advice to their patients during extreme heat events, and prevent, diagnose and treat heat illness?

Section 3: Sources of Information and Barriers when Transferring Heat Health Information to Patients (15 MINS)

- Do you consider yourself well acquainted with health issues related to extreme heat (e.g. heat illness)? Is it something you find rather routine, need to brush up on, etc.?
- Do you have enough information on this subject? Do you consider yourself well prepared for dealing with heat-related health issues?

PROBE

If not, PROBE: what is missing to be better prepared to deal with these kinds of issues?
• Do you give advice to your patients regarding heat health issues?

If so, PROBE: which patients?
If so, PROBE: what type of advice do you usually give your patients at risk of and/or suffering from heat health issues?
If so, PROBE: Do you have leave-behinds or brochures or any material to hand out to these patients?

- *Do you encounter any difficulties when transferring information to patients related to heat health issues? What kinds of barriers/difficulties?

- Are there some types of patients with whom you have more difficulties when transferring information related to heat health?

- *In your opinion, what is the best way to transfer health information to patients who are vulnerable to extreme heat, and those who care for them?

- How do you deal with these difficulties? Have you developed tips for conveying heat health information?

- What are your main sources of information about extreme heat-related health problems? If you had to look for information about this, what would be your sources?

- *How do you currently obtain and/or receive information about preventing, diagnosing and treating heat illnesses during extreme heat events? How do you use this information in your practice?

- With respect to health issues related to extreme heat, is Health Canada credible as a source of information? **PROBE:** Why YES or Why NOT?

Section 4: Feedback on Health Canada's Extreme Heat Publications in order to Identify Strengths, Weaknesses and Areas for Improvement (40 MINS)

FOR EACH OF THE FOUR DOCUMENTS (ALWAYS START WITH USER GUIDE)
1. EXTREME HEAT EVENTS GUIDELINES USER GUIDE
2. EXTREME HEAT EVENTS GUIDELINES TECHNICAL GUIDE
3. FACTSHEET - ACUTE CARE DURING EXTREME HEAT
4. FACTSHEET - COMMUNITY CARE DURING EXTREME HEAT
5. FACTSHEET - HEALTH FACILITIES PREPARATION FOR EXTREME HEAT

- Had you seen this document before we sent it to you for this discussion group?

- What do you think about it? What is your general opinion?

- Do you use it in your practice?

If YES, PROBE: How do you use it?
If NOT, why don't you use it?

- What are their strengths? What do you like about them?

- What are their weaknesses? What improvement could be done on these documents?

- Is the information contained in this document clear for you? **AND** For your patients?

- Are the documents useful for your patients? Are they more useful for some type of patients? Why? Which ones?

OR

- Are they less useful for some type of patients? Why? Which ones?

PROBE :

- Elderly
- Youth/young/children
- Athletes/physically active/individuals working outdoors
- Ethnic groups / New Canadians
- Individuals with low socioeconomic status
- First Nations or Indigenous people
- Women (including pregnant women)
- Are there other groups you can think of?

- Do you think these documents help you advise your patients on the importance of protecting their health during extreme heat events? Why is that?

- Do you think your patients follow physician advice related to heat health?

- Do you think these documents are effective? Are they equally effective for all of your patients? Why or why not? With which types of patients are they less effective?

- How do you think these documents could be more effective among patients whose heat health needs are not met?

- What changes would you make to this/these document(s) to make it/them more relevant, effective and useful for physicians? How would you improve distribution, access and use of Health Canada publications and online materials by family physicians?

Section 5: Conclusion (5 minutes)

Once all concepts have been covered, ask the concluding question below.

We are basically done. Do you have any further comments or suggestions for Health Canada on how they could better inform you and Canadian citizens about extreme heat health issues?

Thank you very much for your time and comments.

Appendix C – Links to Health Canada's Material

- **Acute Care during Extreme Heat: Recommendations and Information for Health Care Workers**
- **Community Care during Extreme Heat: Heat Illness: Prevention and Preliminary Care**
- **Health Facilities Preparation for Extreme Heat: Recommendations for Retirement and Care Facility Managers**
- **Extreme Heat Events Guidelines: User Guide for Health Care Workers and Health Administrators**
- **Extreme Heat Events Guidelines: Technical Guide for Health Care Workers**