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**KNOWLEDGE AND PERCEPTIONS OF THE CANADIAN SCIENCE CENTRE FOR**

**HUMAN AND ANIMAL HEALTH – 2017**

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# EXECUTIVE SUMMARY

The Public Health Agency of Canada (PHAC) and the Canadian Science Centre for Human and Animal Health (CSCHAH) wished to understand Winnipeggers’ awareness and perceptions of the CSCHAH and compare these to results obtained in 2008. The 2017 survey was conducted in the same months of the year (January, February, and March) as the 2008 survey was. The information collected will better position the CSCHAH to provide information to and instill peace of mind in the public about its operations.

To assess Winnipeggers’ perceptions, PHAC and CSCHAH engaged PRA Inc. to conduct a random-digit telephone survey of Winnipeggers using PRA’s monthly Winnipeg Omnibus over a three-month period. PHAC included the same questions on this survey at three points in time: January 12 to February 11, 2017; February 13 to March 4, 2017, and March 8 to 27, 2017. Over this three-month period, PRA interviewed a random sample of 1,448 Winnipeg residents, 18 years of age and over, by telephone on a range of issues. Such a sample provides a theoretical error rate of ± 2.6%, 19 times out of 20.

**Findings**

Most respondents appear to be aware of the CSCHAH. Although they generally know the type of work done there, they have difficulty providing specifics.

* The majority of respondents (71%) are aware of the CSCHAH facility, although this proportion is down from 2008 (77%).
* Among those who are aware of the facility, most (87%) can provide an idea of the type of work done there. Most commonly, respondents say the facility does medical research, including research on viruses, bacteria, or diseases (41%).
* When it was explained that the facility conducts diagnostic testing and research for infectious diseases such as influenza, Foot and Mouth Disease, and the Ebola virus, almost all Winnipeggers (97%) say the work being done at the facility is important, including 82 percent who say it is very important. This is on par with results from the 2008 survey (84%).
* When it was explained that the laboratory is the only one of its kind in Canada, 89 percent of Winnipeggers say they are proud that the facility is in the city, similar to 2008 results (90%).
* When asked to recall specific activities or accomplishments of the CSCHAH, nearly one-third of Winnipeggers (31%) mention the lab’s work on the Ebola vaccine, which has made international news over the last five years. In addition, while 56 percent of respondents cannot recall a specific activity or accomplishment, this is an improvement over the 2008 survey (68%).
* Over half of respondents (55%) feel they are not receiving sufficient information about the facility. Most (53%) would prefer to receive information through the media, such as the newspaper, TV, or radio, although some would prefer to be kept informed through social media, such as Facebook or Twitter (17%), or contacted directly with a newsletter sent either by mail or email (13%).
* Over six in ten Winnipeggers (63%) say they are not concerned with having a Level 4 facility in Winnipeg. The remaining four in ten say they are somewhat(27%)or very (10%) concerned. These results are similar to those of the 2008survey. Those who are concerned indicate that their greatest concerns with the facility are about safety, especially in terms of accidents, spills, and contamination.
* Over three-quarters of respondents (77%) believe there is little or no risk to themselves or their families in having the CSCHAH located in Winnipeg. One-fifth (20%) say there is at least some risk, including three percent who believe there is a great risk.
* Among all questions asked, there were no significant differences, either positive or negative, resulting from a respondent’s proximity to the lab. That is, those living closer to the lab did not show any heightened negative perceptions of the lab when compared to those living in other areas of Winnipeg.

The total contract value of this POR project was $22,050.

# Background and objectives

The Canadian Science Centre for Human and Animal Health (CSCHAH) is an infectious disease laboratory complex in Winnipeg, Manitoba, owned and operated by the Government of Canada. This modern facility is home to two laboratories: the [Public Health Agency of Canada](https://en.wikipedia.org/wiki/Public_Health_Agency_of_Canada)’s (PHAC) [National Microbiology Laboratory](https://en.wikipedia.org/wiki/National_Microbiology_Laboratory) (NML) and the [Canadian Food Inspection Agency](https://en.wikipedia.org/wiki/Canadian_Food_Inspection_Agency)’s (CFIA) [National Centre for Foreign Animal Disease](https://en.wikipedia.org/wiki/National_Centre_for_Foreign_Animal_Disease) (NCFAD). The laboratory complex plays an essential role in the public health system, providing research and diagnostics that are unique in Canada.

Because infectious disease prevention and control is a government priority, it is important to understand the local community’s knowledge and perceptions of CSCHAH. Around the world, including Canada, a Containment Level 4 laboratory is of considerable community interest, and its presence sometimes results in antagonism from the local population. Public disapproval of the facility could potentially limit the work scientists are able to do — something seen at other labs seeking to perform research on high-consequence infectious agents.

Information on Winnipeggers’ perceptions of the facility is based on media reports and anecdotal evidence. In 2008, PHAC worked with PRA Inc. to administer PRA’s Omnibus survey, consisting of 10 baseline questions. The intention of this research is to replicate the questions and methodology from 2008 to allow CSCHAH to collect new evidence-based data on the public’s views and identify any changes to those views between 2008 and 2017. The 2017 survey was conducted in the same months of the year (January, February, and March) as the 2008 survey was.

The objective of this research is to evaluate the community’s knowledge and perceptions of the Winnipeg facility by using a number of measures:

* awareness and knowledge of the facility and its activities
* knowledge of accomplishments associated with the facility
* pride in the facility
* level of concern about the facility
* perceived risk of the facility
* volume of information about the facility
* preferred media to receive information about the facility

# How this research was conducted

The Omnibus surveys were conducted in January, February, and March 2017 with 1,448 Winnipeggers aged 18 years and older. PRA interviewed respondents by telephone on a number of topics.

Respondents were selected by random-digit dialling, which allowed PRA to include those with unlisted or new numbers. The sample included a mix of landline and cellphone numbers. About 13% of the phone numbers loaded were identified as cellphone numbers. This technique produces a random sample that includes the highest possible percentage of eligible respondents.

The pretest took place on January 11, 2017. The pretest was conducted with 20 respondents: 17 in English and three in French. Since French-speaking Manitobans make up a relatively small proportion of the Winnipeg population, we arranged to pretest the survey questions with French-speaking staff working at PHAC. Five such individuals were identified, of which three could be reached for the pretest. Although the pretest resulted in no changes to the questions, the three French-language pretests were excluded from the final sample.

Each Omnibus varied in length depending on the number of other client questions included on the survey. The average running time of the questions related to CSCHAH’s questions (plus demographics) was approximately 6.5 minutes.

**Table 1: Summary of methodology**

|  |
| --- |
| 2017 Omnibus  |
| Pretest | January 11, 2017 |
| Survey dates | January 12 to February 11, 2017 |
|  | February 13 to March 4, 2017 |
|  | March 8 to March 27, 2017 |
| Sample size | n = 1,448 |
| Interview method | Telephone |
| Sample selection | Random-digit dialling |
| Approximate error rate (theoretical: Manitoba) | + 2.6%, 19 times out of 20 |

## Weighting

In some cases, when the random sample produces a divergence from Canadian census data, we correct for slight discrepancies in gender, age, and income. For example, since men tend to refuse to participate more often than women do, and younger people are generally more difficult to contact and tend to refuse more often when contacted, we weight the data to conform more closely to Statistics Canada information.

The data presented in this report were weighted to correct for differences between the demographics of the sample and the Winnipeg population. Tables presented are weighted unless stated otherwise. Since this technique assigns a percentage weight to a respondent, the number of weighted respondents may be slightly different from the total number interviewed.

## Participant profile

Table 2 shows the profile of Winnipeggers who completed the survey (unweighted and weighted) and compares them to the 2011 Census.

**Table 2: Profile of participants – Winnipeggers (unweighted)**

|  |  |  |
| --- | --- | --- |
|  | **Overall 2017****%****(n=1,448)** | 2011 Census% |
| **Unweighted** | **Weighted** |
| **Gender** |  |  |  |
|  Women | 59% | 52% | 52% |
|  Men | 41% | 48% | 48% |
| **Age** |  |  |  |
|  18 to 29 | 11% | 23% | 22% |
|  30 to 44 | 22% | 24% | 25% |
|  45 to 64 | 42% | 34% | 35% |
|  65 and older | 25% | 19% | 18% |
| **Income\*** |  |  |  |
|  Under $40,000 | 22% | 33% | 33% |
|  $40,000 to $70,000 | 28% | 25% | 26% |
|  $70,000 to $100,000 | 23% | 19% | 18% |
|  Over $100,000 | 28% | 24% | 23% |

\* 25% of respondents did not provide their household income and have been removed from the percentages shown

Note: Due to rounding, column totals may not sum to 100%. Income data are from the 2011 National Household Survey, as the 2011 Census did not collect household income data.

## Defining proximity to CSCHAH

One of CSCHAH’s objectives was to determine if those living in closer proximity to the facility (1015 Arlington Street, Winnipeg, MB) differed from those living elsewhere in the city. To assess those living in close proximity, PRA defined “close proximity” as respondents living in the Forward Sortation Area (FSA) R3E (the FSA where the facility is located) or any adjacent FSAs. These included R2R, R2W, R2X, R3A, R3B, R3C, R3E, and R3H.

No attempt was made to oversample in the FSAs in close proximity to CSCHAH. In total, 214 respondents reported living in close proximity, as defined by these FSAs.

## Quality Control measures

PRA Inc. took a number of quality control measures as part of this research.

* All interviewers working on this project were trained on the questionnaire and participated in a briefing that included background to the project; question-by-question review to ensure interviewers were familiar with the survey; the sample; and any potential problems.
* All interviewers were provided a briefing sheet that included information about the questionnaire, including instructions/conditions for administration of the questionnaire.
* Multiple attempts were made to call back potential respondents before their number was replaced (normally, a minimum of eight call-backs were made).
* All interviewing was conducted from a centralized call centre under constant supervision. Ten percent of all calls were monitored by a supervisor.

## Non-response bias

As with all general population surveys, the challenge with this survey was to achieve a random representative sample. As mentioned above, some subgroups of the population are more difficult to include in a survey. We use two methods to attempt to overcome the bias that might result from under-representing these subgroups: PRA sets minimum (or maximum) quotas for gender and age groups, and weights the data to bring gender, age, and household income to bring the sample in line with these known characteristics of the population. While this helps address non-response bias, the nature of the bias remains unknown.

Non-response bias among the survey questions appears to be minimal. Very few respondents refused outright to answer any of the questions. The response, “don’t know” ranged from 1% to 56%, but in those cases with a high percentage of “don’t know” responses, this was a legitimate response to the question being asked.

# Summary of results

This section summarizes the results of the 2017 survey, comparing it to survey results PRA collected as part of its Omnibus research in 2008.

## Awareness of the Canadian Science Centre for Human and Animal Health

Overall, 71 percent of Winnipeggers claim to be aware of the CSCHAH. This proportion is down from 77 percent, the result when this survey was first conducted in 2008.

**Table 3: Awareness of the facility**

*Are you aware of the Canadian Science Centre for Human and Animal Health, that is, the federal laboratory on Arlington, which is sometimes called the virology lab or the National Microbiology Lab?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Yes | 77% | 71% |
| No  | 22% | 28% |
| Don’t know/no response | 1% | 1% |

Note: Due to rounding, column totals may not sum to 100%.

Assessing awareness by demographic group in 2017 shows that 18 to 29 year olds (49% aware) and those with a household income of less than $40,000 (63%) have a lower awareness than their counterparts. Those who have completed university or college (77%) are more likely to be aware of the facility. These results are similar to the 2008 survey. Although it appears that those living in close proximity to the facility are less likely to be aware of it, this result is not statistically significant.

**Table 4: Profile of awareness of the facility**

|  |  |
| --- | --- |
|  | **% aware of facility** |
| **2008****(n = 1,421)** | **2017****(n = 1,448)** |
| **Overall** | 77% | 71% |
| **Gender** |
|  Female | 73% | 67% |
|  Male  | 81% | 75% |
| **Age\*** |
|  18 to 29 | **47%** | **49%** |
|  30 to 44 | **78%** | **71%** |
|  45 to 64 | **84%** | **83%** |
|  65 and older | **79%** | **77%** |
| **Income\*\*** |
|  Under $40,000 | **66%** | **63%** |
|  $40,000 to $70,000 | **76%** | **78%** |
|  $70,000 to $100,000 | **80%** | **77%** |
|  Over $100,000 | **83%** | **84%** |
| **Education** |
|  Less than high school | **70%** | **58%** |
|  High school graduate | **75%** | **64%** |
|  Some post-secondary education | **70%** | **67%** |
|  Completed university/college | **82%** | **77%** |
| **Location** |
|  Close proximity | - | 64% |
|  Other | - | 73% |

\*For the 2008 survey, the age categories were as follows: 18 to 24; 25 to 39; 40 to 64; and 65 and older.

\*\*For the 2008 survey, the income categories were as follows: under $35,000; $35,000 to $50,000; $50,000 to $75,000; and more than $75,000.

Note: Bolded percentages indicate a statistically significant difference between groups.

## Type of work done

Winnipeggers who are aware of the facility were asked about the type of work the CSCHAH does. As seen in Table 5, the most common response is *medical research, including research on viruses, bacteria, or diseases* (41%), just as it was for the 2008 survey (62%). Other common answers included *trying to find antidotes/cures/vaccines* (19%), *testing and experimenting* (14%), and *general scientific work* (10%).

**Table 5: Understanding of the type of work done at the facility**

*As far as you know, in general, what type of work goes on there?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,094)** | **2017****%****(n = 1,031)** |
| Medical research | 62% | 41% |
| Trying to find antidotes/cures/vaccines  | 8% | 19% |
| Testing/experimenting | - | 14% |
| General scientific work | 15% | 10% |
| Disease control | - | 6% |
| Virology, work with viruses | 9% | 5% |
| Biological/microbiological research | - | 5% |
| Dangerous/bio-hazard work | 5% | 3% |
| Animal health research | - | 3% |
| Level 4 lab/high security work | 4% | 2% |
| Developed Ebola vaccine | - | 2% |
| World famous | - | <1% |
| Other | 5% | 6% |
| Don’t know/no response | 11% | 13% |

Note: Multiple responses were accepted; therefore column totals may sum to more than 100%.

BASE: Those aware of CSCHAH.

## Importance of work done at the facility

Virtually all Winnipeggers (97%) feel the lab’s work is important, with 82 percent who say it is very important. This is on par with the 2008 survey (97%, including 84% very important).

**Table 6: Importance of work done at the facility**

*As you may know, the Canadian Science Centre for Human and Animal Health conducts diagnostic testing and research for infectious diseases such as influenza, Foot and Mouth Disease and Ebola virus. How important do you think the work being done at this laboratory is?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Very important | 84% | 82% |
| Somewhat important | 13% | 15% |
| Not very important | 1 | <1% |
| Not at all important | <1% | <1% |
| Don’t know/no response | 2% | 2% |

Note: Due to rounding, column totals may not sum to 100%.

While young adults and those making under $40,000 are less likely than their counterparts to say the facility’s work is very important, the differences are not statistically significant.

**Table 7: Profile of importance of the facility**

|  |  |
| --- | --- |
|  | **% very important** |
| **2008****(n = 1,421)** | **2017****(n = 1,448)** |
| **Overall** | 84% | 82% |
| **Gender** |
|  Female | 85% | 82% |
|  Male  | 83% | 82% |
| **Age\***  |
|  18 to 29 | 76% | 74% |
|  30 to 44 | 82% | 84% |
|  45 to 64 | 87% | 85% |
|  65 and older | 88% | 84% |
| **Income\*\***  |
|  Under $40,000 | 82% | 77% |
|  $40,000 to $70,000 | 83% | 87% |
|  $70,000 to $100,000 | 84% | 86% |
|  Over $100,000 | 87% | 85% |
| **Education**  |
|  Less than high school | 83% | 78% |
|  High school graduate | 84% | 82% |
|  Some post-secondary education | 80% | 79% |
|  Completed university/college | 87% | 84% |
| **Location**  |
|  Close proximity | - | 80% |
|  Other | - | 82% |

\*For the 2008 survey, the age categories were as follows: 18 to 24; 25 to 39; 40 to 64; and 65 and older.

\*\*For the 2008 survey, the income categories were as follows: under $35,000; $35,000 to $50,000; $50,000 to $75,000; and more than $75,000.

Note: Bolded percentages indicate a statistically significant difference between groups.

## Pride that the facility is in Winnipeg

As seen in Table 8, a large majority of Winnipeggers (89%) are proud that the CSCHAH is located in Winnipeg, which is virtually unchanged from the 2008 survey (90%).

**Table 8: Proud the facility is in Winnipeg**

*This laboratory is the only one of its kind in Canada. As a Winnipegger, are you proud to have this facility in the city?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Yes | 90% | 89% |
| No | 4% | 4% |
| Don’t know/no response | 6% | 6% |

Note: Due to rounding, column totals may not sum to 100%.

Most respondents — regardless of gender, age, income, or education — said they are proud the facility is in Winnipeg.

**Table 9: Profile of pride in the facility being in Winnipeg**

|  |
| --- |
|  |
|  | **% proud facility is in Winnipeg** |
| **2008****(n = 1,421)** | **2017****(n = 1,448)** |
| **Overall** | 90% | 89% |
| **Gender** |
|  Female | 91% | 90% |
|  Male  | 89% | 89% |
| **Age\***  |
|  18 to 29 | 90% | 89% |
|  30 to 44 | 92% | 87% |
|  45 to 64 | 86% | 91% |
|  65 and older | 94% | 92% |
| **Income\*\***  |
|  Under $40,000 | 91% | 90% |
|  $40,000 to $70,000 | 90% | 90% |
|  $70,000 to $100,000 | 88% | 93% |
|  Over $100,000 | 94% | 91% |
| **Education**  |
|  Less than high school | 91% | 88% |
|  High school graduate | 91% | 95% |
|  Some post-secondary education | 92% | 83% |
|  Completed university/college | 89% | 90% |
| **Location**  |
|  Close proximity | - | 87% |
|  Other | - | 90% |

\*For the 2008 survey, the age categories were as follows: 18 to 24; 25 to 39; 40 to 64; and 65 and older.

\*\*For the 2008 survey, the income categories were as follows: under $35,000; $35,000 to $50,000; $50,000 to $75,000; and more than $75,000.

## Accomplishments of the lab

When asked to recall specific activities or accomplishments of the CSCHAH, almost one-third of respondents (31%) recalled the facility’s work on the Ebola vaccine, which has made international news within the last five years. While 56 percent of respondents could not recall a specific activity or accomplishment, this is an improvement over the 2008 survey when 68 percent could not recall anything.

Table 10: Recalled accomplishments involving the facility

*What, if any, specific activities or accomplishments can you recall that involved the lab?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Ebola research/developed Ebola vaccine | 5% | 31% |
| Discovery of a vaccine/cure (unspecified) | 1% | 3% |
| General flu research | 1% | 3% |
| AIDS/HIV research | 4% | 2% |
| Zika virus research | - | 2% |
| Heard about spill/leakage/contamination | 2% | 1% |
| Other disease/virus research | 3% | 1% |
| Research by Dr. Frank Plummer | 2% | 1% |
| Scientists from lab in Africa for research | 2% | 1% |
| Lab is involved in international research | 1% | 1% |
| SARS research | 6% | 1% |
| Mad cow disease research | 2% | <1% |
| Bird flu/avian flu research | 2% | <1% |
| Discovered flu vaccine | - | <1% |
| Cancer/breast cancer research | 1% | <1% |
| West Nile virus research | 3% | <1% |
| Other | 5% | 4% |
| Heard about something, but can’t remember | 1% | 1% |
| Nothing/haven’t heard anything | 1% | 1% |
| Don’t know/no response | 68% | 56% |

Note: Multiple responses were accepted; therefore, column totals may sum to more than 100%.

## Public information on the lab

Over one-third of Winnipeggers (35%) feel they receive sufficient information about the lab, which is unchanged from the 2008 survey. Over half of Winnipeggers (53%) prefer to receive information about the facility through *the media* *(newspaper, radio, TV)*, while 17 percent of respondents would prefer to receive information through *social media (Facebook, Twitter)*.

In terms of receiving information, Winnipeggers 18 to 29 years old (34%) are more likely than their counterparts (11%) to prefer to receive information through *social media*, while respondents with a high school education or less (20%) are more likely than those with at least some post-secondary education (11%) to say they prefer *newsletters by mail or email*. There are no other statistically significant differences among demographics in terms of receiving sufficient information.

Table 11: Public information on the lab

*Currently, do you feel you receive sufficient information about the facility? How would you prefer to receive information about the facility? Would you prefer to receive updates on its activities through...*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| **Sufficient information** |
| Yes | 35% | 35% |
| No | 58% | 55% |
| Don’t know/no response | 7% | 10% |
| **Preferred method of receiving information** |
| The media (newspaper, radio, TV) | 56% | 53% |
| Social media (Facebook, Twitter) | - | 17% |
| A newsletter by mail or email | 25% | 13% |
| Posting on a website | 13% | 10% |
| In-person community information sessions/meetings | 1% | 2% |
| Not needed/not interested | - | 1% |
| Other | 1% | 1% |
| Don’t know/no response | 3% | 3% |

Note: Due to rounding, column totals may not sum to 100%.

When assessing those who say they receive sufficient information about the facility, results show that Winnipeggers 18 to 29 years old are the least likely to say they do; however, the differences among age groups are not statistically significant.

**Table 12: Profile of receiving information**

|  |  |
| --- | --- |
|  | **% receive sufficient information** |
| **2008****(n = 1,421)** | **2017****(n = 1,448)** |
| **Overall** | 35% | 35% |
| **Gender** |
|  Female | **30%** | 35% |
|  Male  | **40%** | 36% |
| **Age\***  |
|  18 to 29 | 31% | 29% |
|  30 to 44 | 33% | 35% |
|  45 to 64 | 36% | 41% |
|  65 and older | 37% | 35% |
| **Income\*\***  |
|  Under $40,000 | 26% | 35% |
|  $40,000 to $70,000 | 29% | 34% |
|  $70,000 to $100,000 | 41% | 37% |
|  Over $100,000 | 41% | 39% |
| **Education**  |
|  Less than high school | 37% | 35% |
|  High school graduate | 32% | 35% |
|  Some post-secondary education | 29% | 33% |
|  Completed university/college | 38% | 36% |
| **Location**  |
|  Close proximity | - | 34% |
|  Other | - | 36% |

\*For the 2008 survey, the age categories were as follows: 18 to 24; 25 to 39; 40 to 64; and 65 and older.

\*\*For the 2008 survey, the income categories were as follows: under $35,000; $35,000 to $50,000; $50,000 to $75,000; and more than $75,000.

Note: Bolded percentages indicate a statistically significant difference between groups.

## Concerns about the facility

### Safety concerns

Over six in 10 Winnipeggers (63%) are not concerned about having a Level 4 lab in Winnipeg, while one-quarter (27%) are *somewhat concerned*, and 10 percent are *very concerned*. As seen in Table 13, these results are similar to the 2008 survey.

Table 13: Concern related to having the facility in Winnipeg

*The facility is a Level 4 lab, constructed to handle some of the world's most aggressive infectious diseases. How concerned are you with having a Level 4 facility in the city?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Very concerned | 10% | 10% |
| Somewhat concerned | 29% | 27% |
| Not concerned | 60% | 63% |
| Don’t know/no response | 1% | 1% |

Note: Due to rounding, column totals may not sum to 100%.

Winnipeggers with a high school diploma or less and those making less than $70,000 are more likely than their counterparts to be at least *somewhat concerned* about having a Level 4 lab in Winnipeg.

**Table 14: Profile of concern related to the facility being in Winnipeg**

|  |  |
| --- | --- |
|  | **% very or somewhat concerned** |
| **2008****(n = 1,421)** | **2017****(n = 1,448)** |
| **Overall** | 39% | 37% |
| **Gender** |
|  Female | 41% | 40% |
|  Male  | 37% | 33% |
| **Age\*** |
|  18 to 29 | 42% | 36% |
|  30 to 44 | 35% | 41% |
|  45 to 64 | 41% | 37% |
|  65 and older | 36% | 31% |
| **Income\*\***  |
|  Under $40,000 | **47%** | **41%** |
|  $40,000 to $70,000 | **39%** | **45%** |
|  $70,000 to $100,000 | **36%** | **33%** |
|  Over $100,000 | **30%** | **27%** |
| **Education**  |
|  Less than high school | 49% | **53%** |
|  High school graduate | 41% | **40%** |
|  Some post-secondary education | 42% | **39%** |
|  Completed university/college | 35% | **32%** |
| **Location**  |
|  Close proximity | - | 39% |
|  Other | - | 36% |

\*For the 2008 survey, the age categories were as follows: 18 to 24; 25 to 39; 40 to 64; and 65 and older.

\*\*For the 2008 survey, the income categories were as follows: under $35,000; $35,000 to $50,000; $50,000 to $75,000; and more than $75,000.

Note: Bolded percentages indicate a statistically significant difference between groups.

### Types of concerns

When asked what concerns they have about the facility, the majority of respondents (62%) have no specific concerns, which is an increase from the 2008 survey (54%). The most common concerns mentioned are *safety-related* (16%), the proportion of which has decreased since 2008 (25%).

Table 15: Types of concerns

*What concerns, if any, do you have about the facility?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Safety (accidents/spills/contamination) | 25% | 16% |
| Terrorists targeting/stealing diseases | 11% | 5% |
| Security of the building (well-contained) | - | 5% |
| Staff following safety procedures | - | 3% |
| Location (easier to spread disease) | - | 2% |
| Security/safety of staff | - | 2% |
| Funding issues | - | 2% |
| Emergency plans/procedures | 2% | 1% |
| Transportation of diseases | 2% | 1% |
| Lack of information | - | 1% |
| Concern about animal testing/abuse | - | <1% |
| No concerns as long as no problems arise | 1% | <1% |
| Other | 7% | 2% |
| No concerns | 54% | 62% |
| Don’t know/no response | 4% | 4% |

Note: Multiple responses were accepted; therefore, column totals may sum to more than 100%.

## Personal risk of having the lab in the city

As seen in Table 16, 40 percent of Winnipeggers think there is *no risk* in having the CSCHAH in the city, which is up from about 34 percent in 2008. One-fifth (20%) say there is at least some risk, including three percent who believe there is a great risk.

Table 16: Perceived level of risk in having the facility in Winnipeg

*Thinking about you and your family, do you think there is great risk, some risk, little risk, or no risk from having the lab in Winnipeg?*

|  |  |  |
| --- | --- | --- |
|  | **2008****%****(n = 1,421)** | **2017****%****(n = 1,448)** |
| Great risk | 3% | 3% |
| Some risk | 21% | 17% |
| Little risk | 40% | 37% |
| No risk | 34% | 40% |
| Don’t know/no response | 2% | 3% |

Note: Due to rounding, column totals may not sum to 100%.

There are statistically significant differences among age and education: Winnipeggers who did not graduate high school and those age 65 and older are less likely than their counterparts to say there is at least a *little risk* in the lab being in Winnipeg.

**Table 17: Profile of concern related to the facility being in Winnipeg**

|  |  |
| --- | --- |
|  | **% great, some, or little risk** |
| **2008****(n = 1,421)** | **2017****(n = 1,448)** |
| **Overall** | 64% | 57% |
| **Gender** |
|  Female | 65% | 58% |
|  Male  | 63% | 57% |
| **Age\***  |
|  18 to 29 | **64%** | **60%** |
|  30 to 44 | **67%** | **61%** |
|  45 to 64 | **68%** | **59%** |
|  65 and older | **51%** | **47%** |
| **Income\*\***  |
|  Under $40,000 | 59% | 55% |
|  $40,000 to $70,000 | 68% | 61% |
|  $70,000 to $100,000 | 68% | 63% |
|  Over $100,000 | 30% | 58% |
| **Education**  |
|  Less than high school | 51% | **44%** |
|  High school graduate | 64% | **57%** |
|  Some post-secondary education | 68% | **59%** |
|  Completed university/college | 65% | **58%** |
| **Location**  |
|  Close proximity | - | 60% |
|  Other | - | 57% |

\*For the 2008 survey, the age categories were as follows: 18 to 24; 25 to 39; 40 to 64; and 65 and older.

\*\*For the 2008 survey, the income categories were as follows: under $35,000; $35,000 to $50,000; $50,000 to $75,000; and more than $75,000.

Note: Bolded percentages indicate a statistically significant difference between groups.

## Media’s impact on key indicators

In November 2016, a few months prior to the start of the survey, local Winnipeg media reported that an employee at CSCHAH had possibly been exposed to the Ebola virus.[[1]](#footnote-1) This story did not seem to have any significant impacts on results, as there was very little change in perceptions between 2008 and 2017.

However, about one-third of the way through fielding on February 2, 2017, CBC News reported that there were 14 cases involving employees possibly being exposed to various pathogens over a 22-month period.[[2]](#footnote-2)

To assess the potential impact of the February 2 CBC News report, PRA examined responses for two key questions by two key indicators: *concern with having the facility in Winnipeg* and *perceived level of risk of having the facility in Winnipeg*. As seen in the two tables below, there were virtually no differences (statistical or practical) either before or after the report came out.

Table 18: Concern related to having the facility in Winnipeg by when survey was completed

*The facility is a Level 4 lab, constructed to handle some of the world's most aggressive infectious diseases. How concerned are you with having a Level 4 facility in the city?*

|  |  |  |
| --- | --- | --- |
|  | **Prior to February 2, 2017****%****(n = 329)** | **February 2, 2017 and later****%****(n = 1,119)** |
| Very concerned | 10% | 9% |
| Somewhat concerned | 24% | 28% |
| Not concerned | 64% | 62% |
| Don’t know/no response | 1% | 1% |

Note: Due to rounding, column totals may not sum to 100%.

Table 19: Perceived level of risk in having the facility in Winnipeg by when survey was completed

*Thinking about you and your family, do you think there is great risk, some risk, little risk, or no risk from having the lab in Winnipeg?*

|  |  |  |
| --- | --- | --- |
|  | **Prior to February 2, 2017****%****(n = 329)** | **February 2, 2017 and later****%****(n = 1,119)** |
| Great risk | 3% | 3% |
| Some risk | 16% | 18% |
| Little risk | 37% | 38% |
| No risk | 43% | 39% |
| Don’t know/no response | 2% | 3% |

Note: Due to rounding, column totals may not sum to 100%.

Appendix A – Questionnaire

CA1:

CA1. Changing topics… Are you aware of the Canadian Science Centre for Human and Animal Health, that is, the federal laboratory on Arlington which is sometimes called the virology lab or the National Microbiology Lab?(PROMPT: It is located near the Health Sciences Centre on Arlington Street at William Avenue)

=> /P8

if NOT P15=#7-#41

Yes 1

No 2 => /CA3

Not sure 8 => /CA3

No response 9 => /CA3

CA2:

CA2. As far as you know, in general, what type of work goes on there?

Response (specify) 66 O

Don't know 88 X

No response 99 X

CA3:

CA3. As you may know, the Canadian Science Centre for Human and Animal Health conducts diagnostic testing and research for infectious diseases such as influenza, Foot and Mouth Disease, and Ebola virus. How important do you think the work being done at this laboratory is? Would you say it is very important, somewhat important, not very important, or not at all important?

Very important 4

Somewhat important 3

Not very important 2

Not at all important 1

Don't know 8

No response 9

CA4:

CA4. This laboratory is the only one of its kind in Canada. As a Winnipegger, are you proud to have this facility in the city?

Yes 1

No 0

Not sure 8

No response 9

CA5:

CA5. What, if any, specific activities or accomplishments can you recall that involved the lab?

Response (specify) 66 O

Don't know 88

No response 99

CA6:

CA6. Currently, do you feel you receive sufficient information about the facility?

Yes 1

No 0

Not sure 8

No response 9

CA7:

CA7. How would you prefer to receive information about the facility? Would you prefer to receive updates on its activities through... (READ RESPONSES) (SELECT ONLY ONE)

rotation -> 1

The media (newspaper, radio, TV) 01

Newsletter by mail or email 02

Social media (Facebook, Twitter) 03

Posting on a website 04

In-person community information sessions 05

Other (specify) 66 FO

(DO NOT READ) Don't know 88 XF

(DO NOT READ) No response 99 XF

CA8:

CA8. The facility is a Level 4 lab, constructed to handle some of the world´s most aggressive infectious diseases. How concerned are you with having a Level 4 facility in the city? (READ)

Very concerned 3

Somewhat concerned 2

Not concerned 1

Don't know 8

No response 9

CA9:

CA9. What concerns, if any, do you have about the facility?

Concerns (specify) 66 O

No concerns 00 X

Don't know 88 X

No response 99 X

CA10:

CA10. Thinking about you and your family, do you think there is...great risk, some risk, little risk, or no risk .. from having the lab in Winnipeg?

Great risk 4

Some risk 3

Little risk 2

No risk 1

Don't know 8

No response 9

Appendix B – Call records

|  |
| --- |
| Call record for Winnipeg Omnibus: 2017 |
| **Outcome** | **January** | **February** | **March** |
| **N** | **%** | **N** | **%** | **N** | **%** |
| A Total numbers attempted | 14,280 |  | 14,728 |  | 12,528 |  |
| 1. Not in service | 3,045 |  | 3,622 |  | 3,018 |  |
| 2. Fax  | 123 |  | 129 |  | 128 |  |
| 3. Business | 89 |  | 138 |  | 107 |  |
| Remaining | 11,023 |  | 10,839 |  | 9,275 |  |
| B Total eligible numbers | 11,023 |  | 10,839 |  | 9,275 |  |
| 4. Busy | 135 |  | 131 |  | 97 |  |
| 5. Answering machines | 3,297 |  | 3,258 |  | 2,673 |  |
| 6. No answer | 945 |  | 742 |  | 562 |  |
| 7/8. Language/illness/incapability | 408 |  | 368 |  | 342 |  |
| 9. Selected/eligible respondent not available | 583 |  | 423 |  | 396 |  |
| Remaining | 5,655 |  | 5,917 |  | 5,205 |  |
| C Total asked | 5,655 |  | 5,917 |  | 5,205 |  |
| 10. Household refusal | 449 |  | 377 |  | 360 |  |
| 11. Respondent refusal | 2,071 |  | 2,241 |  | 1,943 |  |
| 12. Qualified respondent break off | 29 |  | 38 |  | 16 |  |
| Remaining | 3,106 |  | 3,261 |  | 2,886 |  |
| D Co-operative contacts | 3,106 |  | 3,261 |  | 2,886 |  |
| 13. Disqualified | 2,623 |  | 2,781 |  | 2,406 |  |
| 14. Completed interviews | 483 |  | 480 |  | 480 |  |
| Refusal rate = (10+11+12)/C | 2,549 | 45% | 2,656 | 45% | 2,319 | 45% |
| Response rate (D/B) | 3,106 | 28% | 3,261 | 30% | 2,886 | 31% |

Appendix C – Political Neutrality Certification

***POLITICAL NEUTRALITY CERTIFICATION***

I hereby certify as a Representative of PRA 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, and standing with the electorate or ratings of performances of a political party or its leaders.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_April 20, 2017\_\_\_\_

1. CBC News (2016, November 8). Employee possibly exposed to Ebola virus at Winnipeg lab. Retrieved from http://www.cbc.ca/news/health/ebola-lab-incident-1.3841733. [↑](#footnote-ref-1)
2. CBC News (2017, February 2). Workers may have been exposed to Ebola, HIV and TB at Winnipeg lab, reports reveal. Retrieved from http://www.cbc.ca/news/canada/manitoba/iteam/microbiology-lab-winnipeg-ebola-hiv-tb-1.3962515. [↑](#footnote-ref-2)