



Health Canada Santé Canada

Study of Health Professionals' Awareness and Perceptions of Environmental Health Issues (Chemicals and Health) – 2019

Executive Summary

Submitted to Health Canada

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Study of Health Professionals' Awareness and Perceptions of Environmental Health Issues - (Chemicals and Health) - 2019

EXECUTIVE SUMMARY

Prepared for Health Canada

Supplier Name: Leger Marketing Inc.

December 2019

This public opinion research report presents the methodology and the results of a series of focus groups conducted by Leger Marketing Inc. on behalf of Health Canada. The research was conducted with health professionals between July 18 and August 20, 2019.

Cette publication est aussi disponible en français sous le titre : ÉTUDE SUR LA NOTORIÉTÉ ET LES PERCEPTIONS DES PROFESSIONNELS DE LA SANTÉ À L'ÉGARD DES QUESTIONS DE SANTÉ ENVIRONNEMENTALE (PRODUITS CHIMIQUES ET SANTÉ)

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EXECUTIVE SUMMARY

Leger is pleased to present Health Canada with these findings from a series of focus groups on the awareness and perceptions of environmental health issues and Health Canada Materials on the subject. This report was prepared by Leger, the research firm contracted by the Department of Health (contract number: HT372-192583/001/CY, awarded June 16, 2019).

Background

Family physicians are a front-line health resource for many Canadians, particularly among vulnerable populations. They are a reliable and credible resource, and as such, they are important partners for Health Canada in disseminating and strengthening the federal department's messages.

There is some evidence to suggest that environmental health, in particular related to chemicals and pollutants in Canadians' living environments, is not a key component of family physician visits.

As such, Health Canada wants to ensure that it is effectively engaging family physicians in Canada on this issue in the coming years.

It is in this context that this study explored physicians' awareness and perceptions of environment health, with an emphasis on chemicals of concern and pollutants in an around the home, to ultimately allow Health Canada to more effectively tailor materials for, and build relationships with physicians.

Objectives

The qualitative research objectives were to assess:

- 1. The perceptions and awareness of health risks of chemicals and pollutants found in and around the home, and Government of Canada's Chemicals Management Plan
- 2. The concerns regarding the impact of household chemicals of concern and pollutants on the health of their patients, with a focus on vulnerable populations
- 3. The sources of information on environmental health and barriers/challenges/ suggestions for discussing with patients
- 4. The preferences for tools/materials from Health Canada and information content
- 5. The recommendations for health professional organizations that Health Canada could partner with on environmental health and the CMP



Overview of the Methodology

A total of eight (8) "mini" groups were planned in four (4) different provinces: Nova Scotia, Quebec, Ontario and British Columbia. Two separate groups were planned in each location, for a total of eight (8) groups.

A first series of groups (4) were conducted with physicians working mainly in urban areas in their respective provinces. These physicians were located in the Census Metropolitan Area (CMAs) of the following cities: Halifax (NS), Montreal (QC), Toronto (ON) and Vancouver (BC). A second series of groups (4) were planned with physicians working mainly in rural areas: Ontario, Quebec, Nova Scotia and British Columbia. Due to recruitment problems, the group of rural physicians in Quebec was cancelled. Given the difficulty in obtaining lists of physicians who accept to participate in opinion research in rural Quebec, recruitment had to be done through direct calls to medical clinics from numbers available in the telephone directory. Since recruitment took place in the middle of the summer vacation period, it has not been feasible to meet the quota set for this group. It should be noted that "rural" recruitment has been difficult in every region, not only in Quebec. A total of 7 groups were therefore carried out under the mandate.

Groups were comprised of family physicians reflecting as much as possible, a good mix of age and gender. Groups were held online via the Itracks Video Chat platform.

Recruitment

Leger was responsible for participant recruitment. Leger recruited six (6) physicians in each group to ensure that at least four (4) or five (5) would show up for the group discussion. Recruitment was done over the phone using lists of family physicians. Recruiters work from lists of physicians who have already participated in opinion research in the past and who volunteer to participate in such research. When these lists become insufficient, cold calls were made directly to clinics. Groups were held in evenings as daytime events make recruitment more difficult with physicians. The screener guide was developed by Leger in collaboration with the project authority, so the profiles of physicians clearly matched the research objectives.

The recruitment screener informed physicians of their rights under Canada's Privacy legislation and the Standards for the Conduct of Government of Canada Public Opinion Research. More specifically, that their confidentiality was guaranteed, and that participation was voluntary. They were also informed that the results of the research were going to be made available to the public through Library and Archives Canada.



Physicians received an honorarium of \$425 for their participation in the discussion.

Dates and Locations

The following table shows the dates and locations of physicians for all focus groups.

City	Language	Recruit	Participate	Date
Toronto (urban)	EN	6	5	July 18
Ontario (rural)	EN	6	4	August 20
Montréal (urban)	FR	6	6	July 18
Québec (rural)	FR	6	0	CANCELLED
Halifax (urban)	EN	6	3	July 22
Nova Scotia (rural)	EN	6	4	July 25
Vancouver (urban)	EN	6	6	July 22
British Columbia (rural)	EN	6	5	August 20
Total		48	33	

Moderation

Groups lasted approximately 90 minutes, and were conducted in English (except in Montreal, where the groups were conducted in French). The moderation of the groups was carried out by a senior researcher from Leger.

Overview of the Qualitative Findings

General Knowledge of Environmental Health Issues

Participating physicians were aware of health issues related to the environment. They were all able to define what it was and give examples of it. The majority of participants felt that the environment, both water and air quality as well as the living and working environment, is an important determinant of the health of Canadians.



However, the majority of them considered their level of knowledge in this regard to be quite limited beyond general awareness. They did not consider themselves to be overly well informed on the subject. Few physicians participating in the focus groups had to treat patients with environmental health problems, except for cases of allergies or other problems caused by a pre-existing health condition.

Very few participants recalled seeing or reading environmental health information published by Health Canada. In fact, very few recalled specific initiatives. At best, some vaguely recalled information on radon, carbon monoxide, Zika, Lyme disease and mould.

The Importance of Environmental Health

Although considered an important issue to physicians, environmental health does not translate to a priority in their practice. Unless a patient presents particular risks due to a specific condition where the patient directly raises the environmental aspect of a problem or if there is doubt about the cause of symptoms, environmental health is not included in the regular topics covered during routine patient visits. Physicians consider that the time spent with each patient is too short and does not necessarily allow the environmental dimension of health to be addressed each time. Only if a patient addresses the subject directly, will it be part of the discussion.

Obstacles that Keep Canadians from Being Well-Informed on Environmental Issues

According to physicians, access to health knowledge and information is more difficult for immigrant populations in some parts of the country. They felt it was important for Health Canada to disseminate information in languages other than English and French to make the information accessible to as many people as possible. In addition to the language barriers posed by immigration, the low health literacy of many Canadians is also an issue that can hinder the dissemination of vital information. Health Canada must take these factors into account in its efforts to communicate with the public.

Environmental Health, A Public Health Issue

Physicians do not feel it is their role to inform Canadians on potential risk factors, viewing environmental health rather as a public health issue, mainly important at a preventative stage. They also consider that they lack the necessary expertise to discuss environmental health issues with patients. Indeed, physicians consider that their role is less to inform the public about environmental health than to treat the potential direct impacts of environmental factors on the health of their patients. Informing and educating the public, fighting myths, beliefs, misinformation and raising public awareness is seen as falling under Health Canada's role and responsibilities. Physicians consider it is important that Health Canada provides



verified and reliable information to Canadians. As such, physicians consider that Health Canada's reputation can be reassuring to Canadians.

Health Canada, A Credible but Ineffective Resource

Most of the physicians who participated in the focus groups have a good opinion of Health Canada. Physicians interviewed in the focus groups considered Health Canada to be a credible source of information. However, most of them almost never use Health Canada resources and information in their work. They prefer sources provided by Canadian health associations (e.g., Canadian Lung Association, etc.) or peer-reviewed sources.

For now, if necessary, physicians will search the Internet (Google) for credible and useful information on environmental health issues. A few physicians reported having a hard time finding information on the Health Canada website. They considered the website difficult to navigate. There is a clear need expressed by physicians to have a site that archives and stores information on the most common environmental health issues in Canada, such as a credible searchable repository. This was reflected in the review of the Healthy Home website which was well received as a centralized resource for their patients.

Opinion About Health Canada Documents

Physicians expressed a preference for material resources that are simple, clear, direct, accurate, colourful, evidence-based and that provide up-to-date information. Documents must be short enough to be used, read and understood quickly by both physicians and patients. If the resource is seen as too big or too deep, physicians doubt that Canadians will bother to search for and read this type of material.

Note on the Interpretation of the Findings

The views and observations expressed in this document do not reflect those of Health Canada/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 physicians, selected by Leger for their capacity to directly convey the views and opinions of physicians, in their own words.



Declaration of Political Neutrality and Contact Information

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

Declaration of Political Neutrality

I hereby certify, as chief agent of Leger, that the deliverables are in full compliance with the neutrality requirements of the *Policy on Communications and Federal Identity* and the <u>Directive on the Management of Communications—Appendix</u>

C (Appendix C: Mandatory Procedures for Public Opinion Research). Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party positions, or the assessment of the performance of a political party or its leaders.

Signed by:

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APPENDIX

SCREENE	R GUID	E									
Study of Hea 2019	alth Profe	ssional	s' Awa	reness and Perceptic	ons of Enviro	onmental I	Health Iss	ues (Ch	emicals	and He	ealth) -
Hello, my n	ame is			from Leger Re	esearch. We	e are con	ducting a	series	of focu	ıs grou _l	р
discussions	with fam	ily phy	/sician:	s on behalf of the G	Governmen	t of Canad	da. The r	esearch	is rela	ited to	health
issues of co	ncern to	all Car	nadians	s and we think that	you'll find	the topic	interesti	ng.			
or change yo	our point o	of view s will r	The fo	y. We are interested ormat is a "round tab anonymous and will I	le" discussio	n led by a	research	professi	onal wi	ith up to	ten
the provision privacy legisl	ns of the I lation. For	Privacy more	Act, le	UT <u>PRIVACY LAWS</u> , Son a sister of the Government of the Governmen	ernment of	Canada, a	nd to the	provisio	ns of r	elevant	provincia
A1.											
May I contin	ue?										
		4									
	'es	1	_								
N	No.	2 —	→ т	hank and terminate							
I need to ask	you a fev	v quest	ions to	see if you fit the pro	ofile of the ty	pe of peo	ole we are	e looking	g for in	this res	earch.
A2.											
The group di Physicians w	ill need to	have	a comp	zing are going to be houter, a high-speed Inipate under these co	nternet conr		, ,				•
Y	'es	1									
N	No	2 —	→ T	hank and terminate	!						
Δ3.											

9

Physicians in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your

opinions in a group discussion with others your age? Are you...?

READ OPTIONS



Very comfortable 1 MIN 5 PER GROUP

Fairly comfortable 2

Not very comfortable 3 THANK & TERMINATE

Very uncomfortable 4 THANK & TERMINATE

Note to recruiter: When terminating a call with someone, say: *Thank you for your cooperation. We already have enough physicians who have a similar profile to yours, so we are unable to invite you to participate.*

Q1.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	CONTINUE
I prefer not to answer	9	TERMINATE

Q2.

INDICATE GENDER, PLEASE TRACK WITHOUT ASKING DO NOT ASK

Male 1 Female 2

ENSURE A GOOD DIVERSITY OF GENDER IN EACH GROUP

Q3.

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
ENSURE A GOOD DIVERSITY OF AGE IN EACH G	ROUP	
Q4.		
Q4.		
Do you consider yourself to be a member of a v	isible et	hno-cultural group?
Yes 1		
No 2		
Q5.		
What is your ethnic background? RECORD		
RECORD ETHNICITY:		
Q6.		
Could you confirm that you are a general physic	cian?	
Yes	1	CONTINUE
No	2	TERMINATE
I prefer not to answer	99	TERMINATE

Q7.

Approximately how many years have you been practicing medicine, post fellowship in Canada?



Less than 10 years	1					
More than 10 years	2					
I prefer not to answer	9	TERMINATE				
ENSURE A GOOD DIVERSITY OF EXPERIENCE IN EACH	GROUP					
Q8.						
Is your medical practice located in an urban/suburban	or in a r	ural area?				
Urban (i.e. located within city)/Suburban (i.e. located i	mmedia	tely outside city)	1			
Rural area			2			
I prefer not to answer			9	TERMINATE		
URBAN/SUBURBAN – invite for groups 1-3-5-7						
RURAL – invite for groups 2-4-6-8						
Q9.						
Can you tell me approximately what percentage of you	ur practio	ce is				
Young children?		1				
Elderly?		2				
Women?		3				
New Canadians?		4				
Indigenous/Aboriginal Persons?		5				
Other?		6				
Refusal		96				
Q10.						
Have you ever attended a focus group discussion for which you received a sum of money?						
Yes	NTINUE –	MAX 5 per group				



No
IF YES at Q10 ASK Q11
Q11.
And when was the last time you attended a discussion group?
6 months ago or less
More than 6 months ago2
Q12.
How many times did you attend a discussion group or an in-depth interview in the last five years?
5 times or more
Less than five times2
Q13.
What topics have you ever discussed?
~IF THEY HAVE BEEN TO A GROUP ON ENVIRONMENTAL HEALTH IN THE PAST 5 YEARS, <u>THANKS & TERMINATE</u> ~
INIVITATION
INVITATION
We are thrilled to have you as one of our physicians 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], onXX(date/time) XX .

Please note that the session will be video and audio recorded. Your interview may also be observed by people who are directly working on the research study.

For your participation, you will receive a cash gratuity of \$425.

Just a quick reminder that the groups of discussion are going to be held over the Internet. They are going to be "online focus groups". You will need a computer, a high-speed Internet connection and a WebCam in order to participate in the group.



INV1.				
Are you	u interested in	participatiı	ng in th	is research study?
Yes	[]			
No	[] TERMINAT	ΤΕ		
	•			e kept confidential and will only be disclosed to those who are directly working on c of discussion.
INV2.				
-	ation. You will		-	oserving the discussion, but will not have access to any of your private a consent form in order to participate in this research. Would you be willing to
Yes	[]			
No	[] TERMINAT	ΓE		
PRIVA	CY SECTION			
your co	-	issues tha	t enabl	to privacy, your personal information and the research process. We will need e us to conduct our research. As I run through these questions, please feel free clarified.
P1)	(screener resp	oonses) so of Canada (that the departn	e platform and session moderator with a list of respondents' names and profiles ey can sign you into the group. This information will not be shared with the ment organizing this research. Do we have your permission to do this? I assure dential.
	Yes		1	GO TO P2
	No		2	READ RESPONDENT INFO BELOW
	attending the	focus grou ust have th	p beca is infor	platform and session moderator with the names and background of the people use only the individuals invited are allowed in the session and the facility and mation for verification purposes. Please be assured that this information will be P1A
P1a)	Now that I've moderator?	explained	this, do	I have your permission to provide your name and to the online platform and
	Yes		1	GO TO P2



P2)		•	f the group session will be produced for research purposes. The tapes will be used teger to assist in preparing a report on the research findings.
			/or video taped for research purposes only?
	Yes	1	THANK & GO TO Invitation
	No	2	READ RESPONDENT INFO BELOW
	It is necessary for t material to comple		h process for us to audio/video tape the session as the researcher needs this ort.
P2a)	Now that I've expla	ained this, o	do I have your permission for audio/video taping?
	Yes	1	THANK & GO TO Invitation
	No	2	THANK AND TERMINATE
reason our off	you are unable to p ice. Please ask for	articipate, ·	er of people to take part, your participation is very important to us. If for some please call so that we can get someone to replace you. You can reach us at at moothly, we remind you:
	 To make su To turn off Make sure To bring re To make su 	ure you are your cellul your Web(ading glass ure you will	connected to Internet and logged on 15 minutes in advance of the group lar phones – to avoid disruptions during the group; Cam is ON and functional ses, if necessary, to be able to go over the test material; I be located in a clear room (luminous) or recorded for analysis purposes only.
			connect to the session before the group. We will also send you Health Canada participation. We kindly ask you to read it before the discussion session.
Email a	ddress :		
Thank	you very much for y	our collab	oration!

THANK & TERMINATE

No

2



Group specifications: General physicians

URBAN/SUBURBAN – invite for groups 1-3-5-7

RURAL – invite for groups 2-4-6-8

City	Language	Recruit	Participate	Tentative Date
Toronto (urban)	ÉN	6	4-5	July 18
Ontario (rural)	EN	6	4-5	August 20
Montréal (urban)	FR	6	4-5	July 18
Québec (rural)	FR	6	4-5	CANCELLED
Halifax (urban)	EN	6	4-5	July 22
Nova Scotia (rural)	EN	6	4-5	July 25
Vancouver (urban)	EN	6	4-5	July 22
British Columbia (rural)	EN	6	4-5	August 20
Total		48	32-40	



MODERATOR GUIDE

Introduction (10 MINS)

Introduction

Introduce moderator and welcome physicians 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 environmental health issues as well as your opinion on Health Canada's materials 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 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.

Physicians should introduce themselves, using their first names only.

How many years have you been practicing 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 environmental health issues and your opinion regarding Health Canada materials on this issue.



Section 1: Perceptions and Awareness of Environmental Health issues and <u>Health Canada's work on the Chemicals</u> Management Plan and Healthy Home Campaign (10 MINS)

To begin, let's talk a little bit about environmental health issues – i.e. impacts of chemicals, air, and water on health.

Environmental health can broadly be defined as risks to health that can occur through environmental factors from nature itself, products we use, the air we breathe, the food we eat, or the water we drink. Specifically, at Health Canada, they work to reduce the risks to Canadians from exposure to chemicals and pollutants in air, water, food, and consumer products, and also, climate change and noise, among others.

- Before you have read the material we sent you, what did you know about environmental health issues in Canada?
- Before e-mailing the material to you for review for the focus group discussion, were you aware of Health Canada's work on environmental health, specifically managing the health risks of toxic substances (Chemicals Management Plan)?
- What do you know about Health Canada's activities and guidance for Canadians in keeping their home environment healthy, i.e., the Healthy Home campaign?

Section 2: Concerns about the Health of their Patients due to chemicals or pollutants (10 MINS)

Do you consider that environmental health issues are important in Canada?

If yes, which ones in particular?

• And in your practice, how often do environmental health issues arise?

What issues in particular?

Do patients ask about any environmental health issues? Which ones?

Do you have some patients you perceive or who may self-diagnose as more vulnerable to environmental issues?

If yes, who and to what environmental contaminants or concerns?

- In your opinion, what are the main factors influencing your patients' ability to protect their own health from contaminants/pollutants in the environment? (e.g. language barriers, lack of information, socioeconomic status, physical disabilities, geography, etc.)
- Do you think your patients follow physician advice related to environmental health?



 Are there any questions about environmental health you feel should be asked as part of regular check-up inquiries such as smoking, exercise, etc? For example, in your opinion, do you think it is important to ask patients if they've tested for radon in their homes, knowing that radon is the leading cause of lung cancer in non-smokers?

Section 3: Sources of Information and Barriers in discussing environmental health with Patients (15 MINS)

SECTION 3-A - Obtaining the information

- How do you currently obtain and/or receive information about impacts of chemicals and pollutants on health? How do you use this information in your practice?
- What are your main sources of information about environmental health? If you had to look for information about this, what would be your sources?
- Do you feel you have enough information on the subject of environmental health? Do you consider yourself well prepared for dealing with environmental health issues/patient concerns? **PROBE**

If not, PROBE: what is missing to be better prepared to deal with these kinds of issues? Are there some environmental health issues you are more knowledgeable of than others?

Do you use any Health Canada materials in your practice?

If yes, how do you use this material? Is it for you or your patient?

How often do you refer to it?

• With respect to health issues related to the environment (e.g. contaminants, pollutants, chemicals), do you view Health Canada credible as a source of information?

PROBE: Why YES or Why NOT?

SECTION 3-B - Transferring information

Do you give advice to your patients regarding any specific environmental health issues?

If so, PROBE: which patients?

If so, PROBE: what type of advice do you usually give your patients to minimize the impacts of their environments (the environment) on their health?

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 environmental health? What kind of barriers/difficulties?

SECTION 3-C – Best practices



- In your opinion, what is the best way to transfer prevention information to patients who are vulnerable to environmental risks, and those who care for them?
- Have you developed tips for conveying this kind of information?
- What would enable you to better help your patients protect their health from environmental contaminants/pollutants/etc?

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

FOR EACH OF THE FOLLOWING DOCUMENTS

- 1. TALC ADVISORY
- 2. TALC INFOGRAPHIC
- 3. HEALTHY HOME WEBSITE
- 4. TEN TIPS
- 5. SENIORS' ENVIRONMENTAL HEALTH GUIDE

[DISPLAY DOCUMENTS ONE AT A TIME AND COMPLETE THE FIRST SECTION (4-A) FOR EACH PRODUCT BEFORE PROCEEDING TO SECTION 4-B and 4-C.]

SECTION 4A

- Had you seen this product before we sent it to you for this discussion group?
- What do you think about it? What is your general opinion?
- Would or do you use it in your practice?

If YES, PROBE: How do or would you use it? If NOT, Why don't or wouldn't you use it?

- What are the strengths? What do you like about it?
- What are the weaknesses? What improvement could be made?
- Is the information contained in this product clear for you?

SECTION 4B - GENERAL QUESTIONS ABOUT THE PRODUCTS

• Do you feel that any of these documents would be 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
- People with pre-existing health conditions (e.g. asthma, COPD, immudeficiencies)
- Youth/young/children
- Athletes/physically active/individuals working outdoors
- Certain ethnic groups / New Canadians
- Individuals with low socioeconomic status
- Indigenous people
- Pregnant women
- Parents or people without children
- Are there other groups you can think of?
- Do you think these documents are effective? Why or why not? With which types of patients might they be less effective?
- How do you think these documents could be more effective among patients whose may be more vulnerable to environmental health?
- 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 4-C SUGGESTIONS FOR ADDITIONAL INFORMATION

- In your opinion, how can Health Canada help family physicians provide appropriate health advice to their patients on environmental health risks?
- What would enable you to better help address your patients concerns and questions about chemicals and health, or environmental health more generally?
- What training format would be most helpful to you to learn about the impacts of harmful substances on health, e.g. lead, talc, endocrine-disrupting chemicals (EDCs)? Some examples of training include: online training courses, continuing education courses, online resources, in-person courses, etc.

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 environmental health?



LINKS TO HEALTH CANADA MATERIAL

Talc infographic

EN: https://www.canada.ca/content/dam/hc-sc/documents/services/publications/healthy-living/talc-infographic-2018/pub-eng.pdf

Talc advisory for health professionals

EN: https://www.healthycanadians.gc.ca/recall-alert-rappel-avis/hc-sc/2018/68320a-eng.php

Healthy Home webpage

EN: www.Canada.ca/healthy-home

Ten tips

EN: https://www.canada.ca/content/dam/themes/health/campaigns/healthy-home/ten-tips.pdf

Is your home healthy: Seniors' environmental health guide

EN: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/hl-vs/alt_formats/pdf/pubs/seniors-aines/senior-guide-aines-eng.pdf