

# Survey to Identify the Public Health Ethics Needs of Public Health Practitioners in Canada: Preliminary Results

March 2018

## Purpose

This document presents a preliminary, graphic summary of results from a questionnaire that was intended to survey Canadian public health practitioners on the subject of public health ethics. The National Collaborating Centre for Healthy Public Policy (NCCHPP) launched this survey to learn about public health ethics practice in Canada. The goal was to add to current knowledge of the extent to which public health ethics figures into public health practice, what resources are being used, what resources might be needed and practitioners' interest in additional resources or training in ethics. This is a picture that we want to share as part of a collective effort to support ethics in public health practice. For the purposes of this survey, **ethics** was defined as the enquiry into our actions, practices and interventions involving values (e.g., equity, well-being, privacy), principles (beneficence, justice) or theories (e.g., utilitarianism, deontology) to help us determine what we should do or not do. A situation encompasses **ethical issues** when values or principles are in tension or conflict, thereby making it difficult to make a decision. Concretely, ethics often draws attention to the ways in which our practices can affect different people or populations (e.g., justice, stigmatization, discrimination, etc.).

## Target participants and outreach

We were seeking feedback from any interested public health practitioners in Canada, including Medical Officers of Health (MOHs) staff at health units, workers in federal and provincial health organizations, interested parties in not-for-profit organizations, consultants and others. Our efforts focused on outreach to health authorities and MOHs but also included the Public Health Agency of Canada, provincial organizations, etc. In May 2017, we sent 1829 email invitations to participate to Canadian public health practitioners selected from various branches and roles within

regional and local public health units as well as provincial and federal organizations whose email addresses were publicly available, and 195 to MOHs. We encouraged potential respondents to forward our email invitation to others in their organizations. We also publicized and provided access to the survey on the NCCHPP's website and through our e-Bulletin. The survey was open from May 23 to June 14 2017. A total of 401 responses were received, 306 in English and 95 in French.

## Ethics approval

No ethics approval was sought for this needs assessment. Participation was voluntary and participants were informed that responding to this survey implied their consent to participate. Responses were depersonalized and security measures are in place to ensure confidentiality.

## Presenting the preliminary analysis

The presentation below offers a quick, graphic overview of the results. As the survey was offered in both English and in French, we have generally combined the results in one graph. We have not included every question in this summary, and some responses have been summarized for clarity in presentation. As a next step, this survey will be a part of a larger project that includes a survey on ethics teaching in public health schools and programs in Canada. More information about that survey is available here:

[http://www.ncchpp.ca/127/Publications.ccnpps?id\\_article=1774](http://www.ncchpp.ca/127/Publications.ccnpps?id_article=1774). A research team from the

Université de Montréal School of Public Health, with whom we collaborated on the survey, is currently conducting a secondary analysis of the depersonalized data; ethics approval was obtained from the Ethics Committee of Health Research of the Université de Montréal (15-057-CERES-D, November 10, 2017). This is a preliminary analysis, and further analysis may lead to minor variations from the results



presented here based on how the data are interpreted.

For further information, please contact Michael Keeling ([michael.keeling@inspq.qc.ca](mailto:michael.keeling@inspq.qc.ca)) or Olivier Bellefleur ([olivier.bellefleur@inspq.qc.ca](mailto:olivier.bellefleur@inspq.qc.ca)).

## Highlights and key points drawn from the survey responses

401 respondents representing every Canadian province and territory, all levels of government and various health-related organizations participated.

Francophone and Anglophone respondents differed in terms of the tools available to them and in those they seek out. (Questions 2.7.1 and 2.8.1)

Seven public health activities were identified by over 60% of respondents as being ones where they encounter important ethical issues:

- When planning, implementing and evaluating interventions;
- When allocating resources;
- When interacting with groups and communities;
- When interacting with clients and colleagues;
- When advocating for a policy or program;
- When conducting research;
- When communicating with the media or the public.

(Question 2.4)

More than four out of five respondents would be interested in resources and training in public health ethics. (Question 3.1)



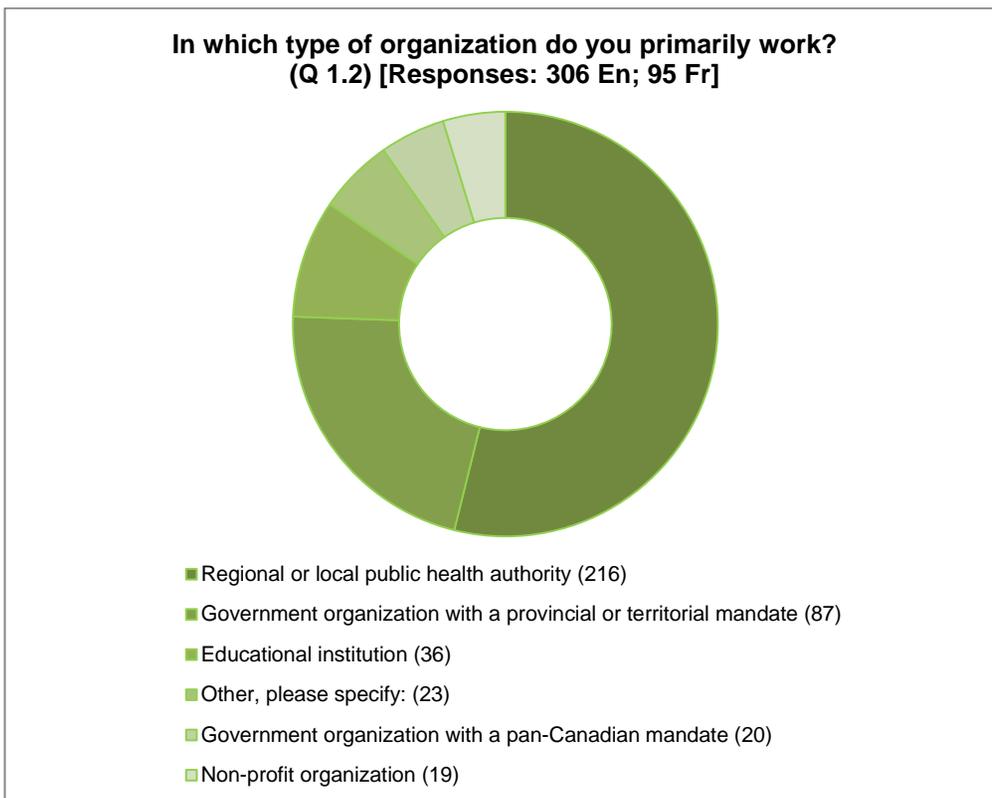
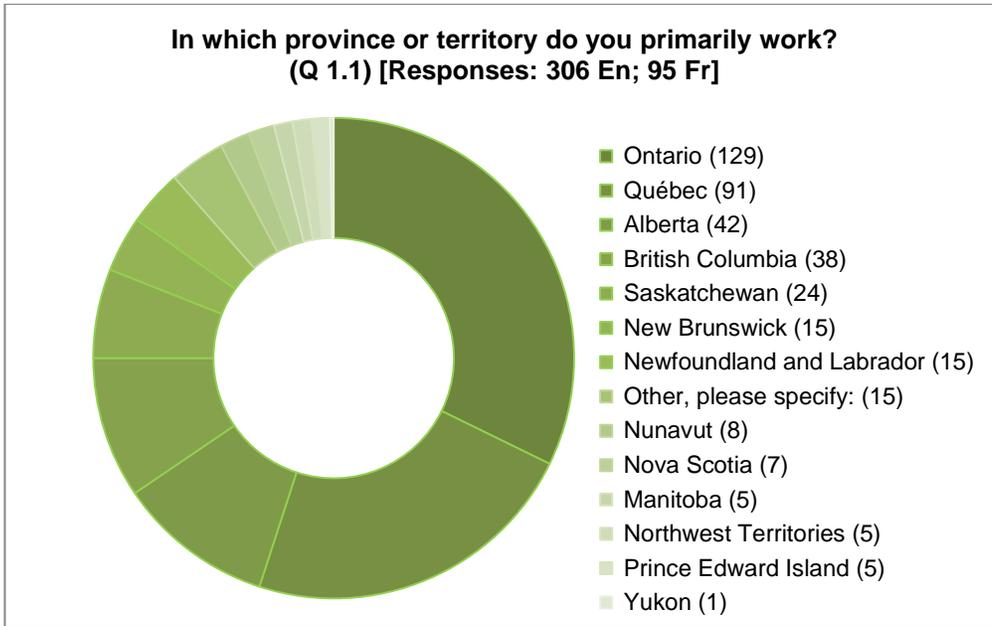
The favoured formats for resources and training:

- Short documents,
- Case studies,
- Webinars,
- Collections of ethics frameworks, and
- Online courses.

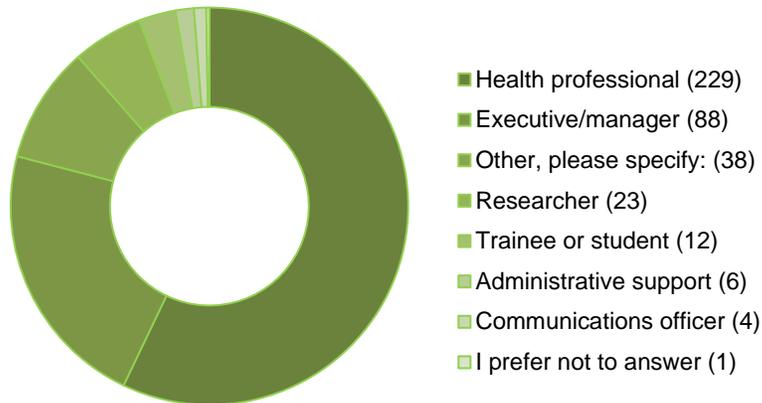
(Question 3.2)

92% of respondents think that the postsecondary training of public health practitioners should include a minimum number of hours and basic material in public health ethics. (Question 2.2)

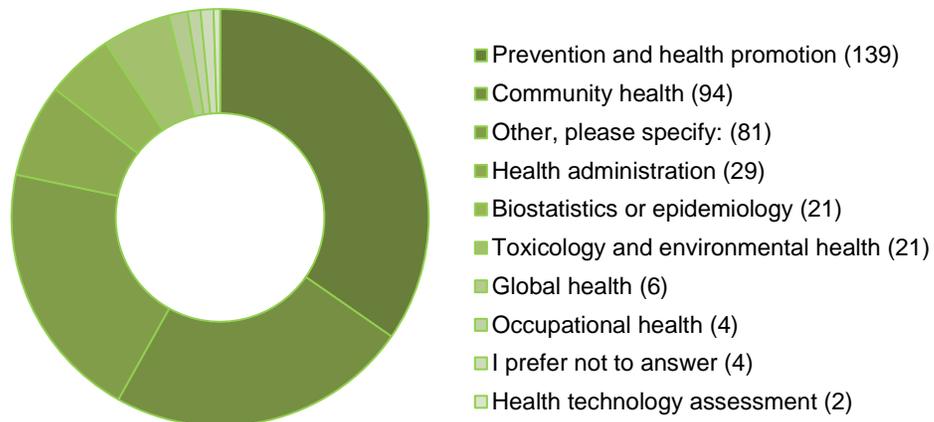
Just under half of respondents use mechanisms, tools or resources other than those recommended by their organizations in order to help them with ethical deliberation and decision making. (Question 2.8)



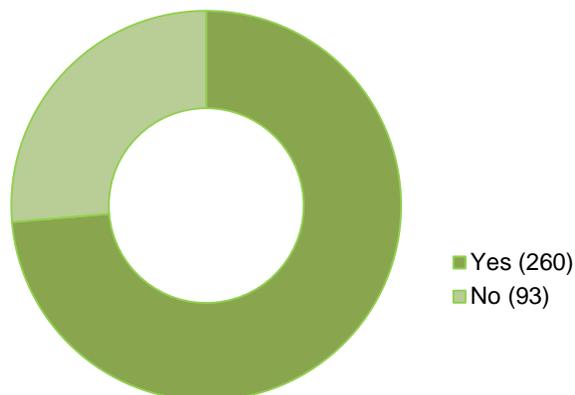
**What is your main role within this organization?  
(Q 1.3) [Responses: 306 En; 95 Fr]**



**What is your main field of activity?  
(Q 1.4) [Responses: 306 En; 95 Fr]**



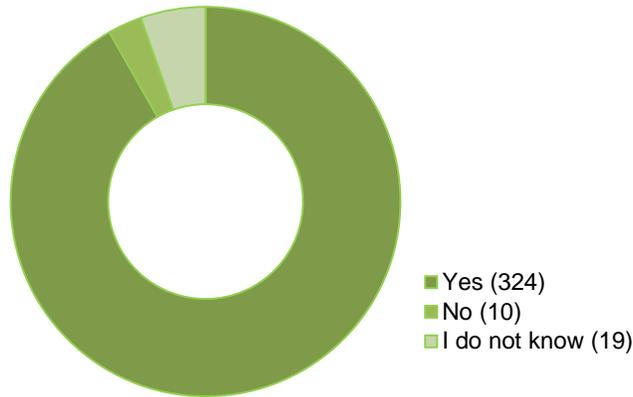
**During your postsecondary training, did you follow courses or receive training in ethics (e.g., bioethics, clinical ethics, medical ethics, research ethics, public health ethics, etc.)? (Q 2.1) [Responses: 269 En; 84 Fr]**



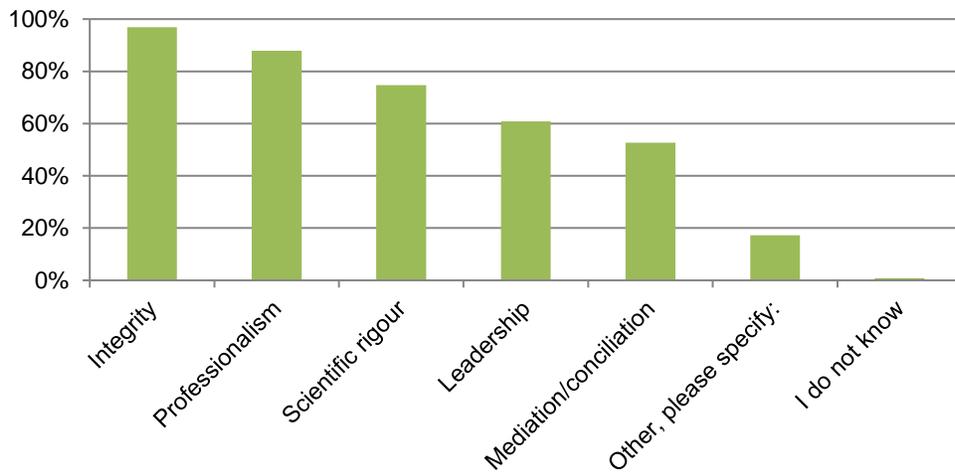
**What is the approximate number of hours that you spent on postsecondary courses in ethics? (Q 2.1.1)**

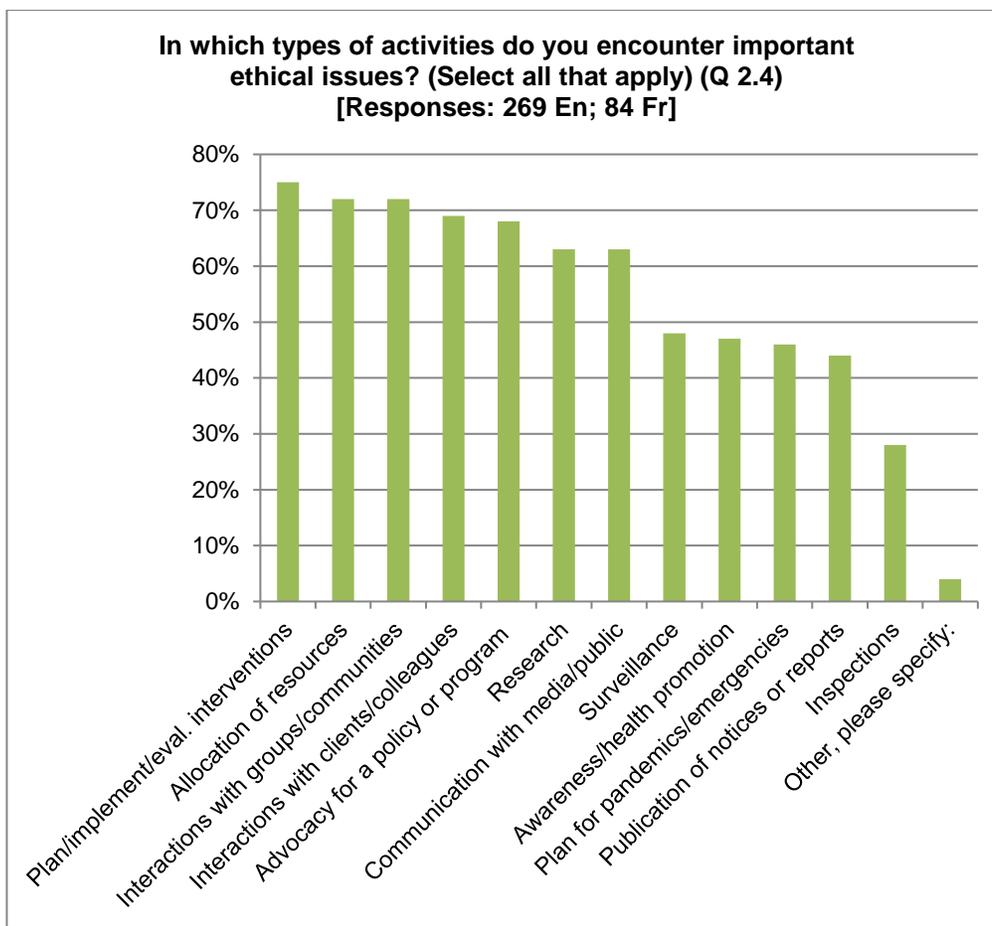
In this follow-up question for those who responded yes to question 2.1 above, in English, 88 out of 206 persons responded with a clear number of hours of training, ranging from 1 hour to 1500 hours. (Outlier: one respondent indicated 10000 hours.) In French, 44 out of 54 persons responded with a clear number of hours of training, ranging from 3 to 1400 hours.

**Do you believe that the postsecondary training of public health practitioners should include a minimum number of hours and basic material in public health ethics?**  
(Q 2.2) [Responses: 269 En; 84 Fr]



**In your opinion, ethics includes: (Select all that apply)**  
(Q 2.3) [Responses: 269 En; 84 Fr]



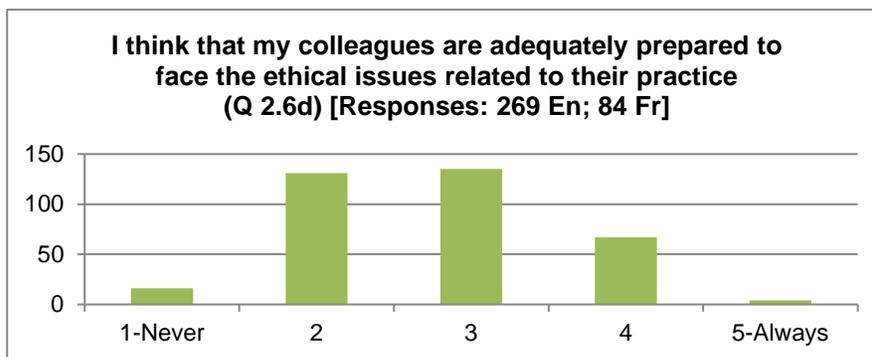
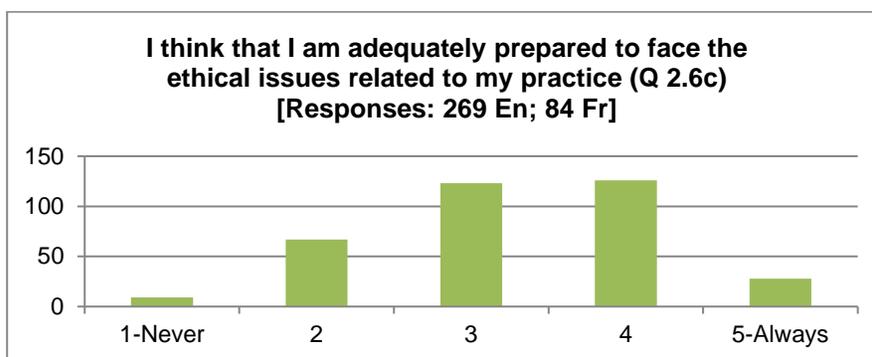
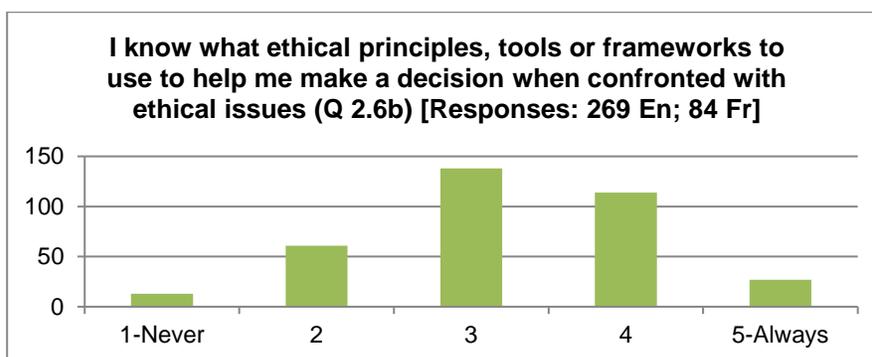
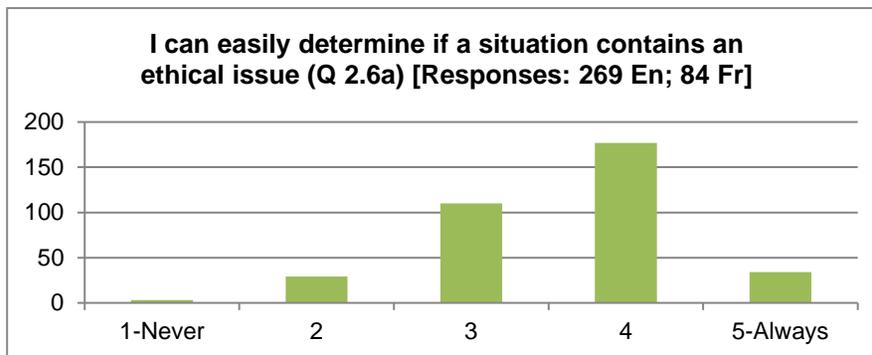


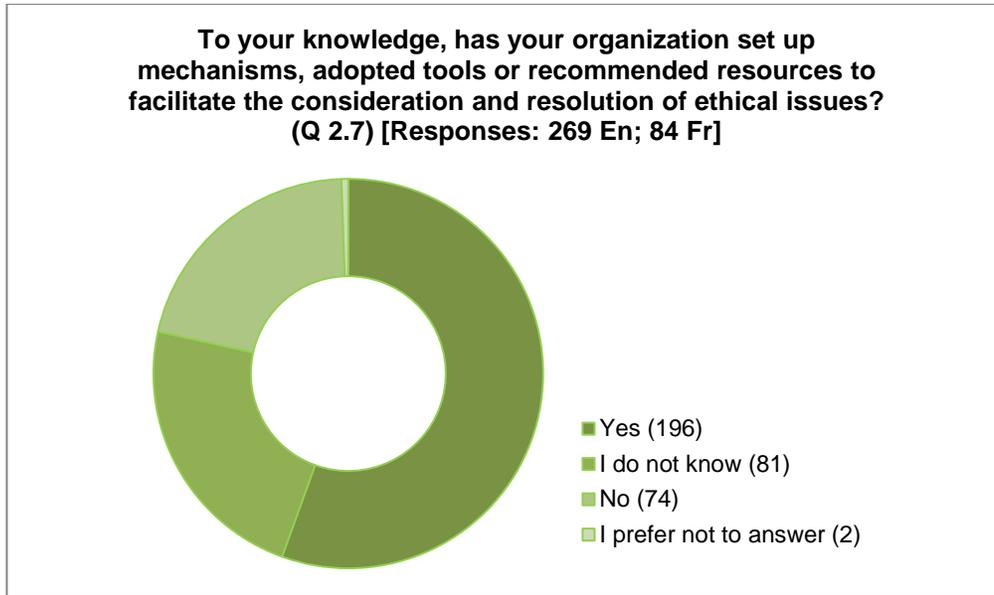
**Currently, what are the main ethical issues you encounter in your practice? (Q 2.5)**

This unbounded question invited respondents to type in their thoughts, and generated over 200 responses. Some of the issues that were mentioned several times (and in various ways) included, among others:

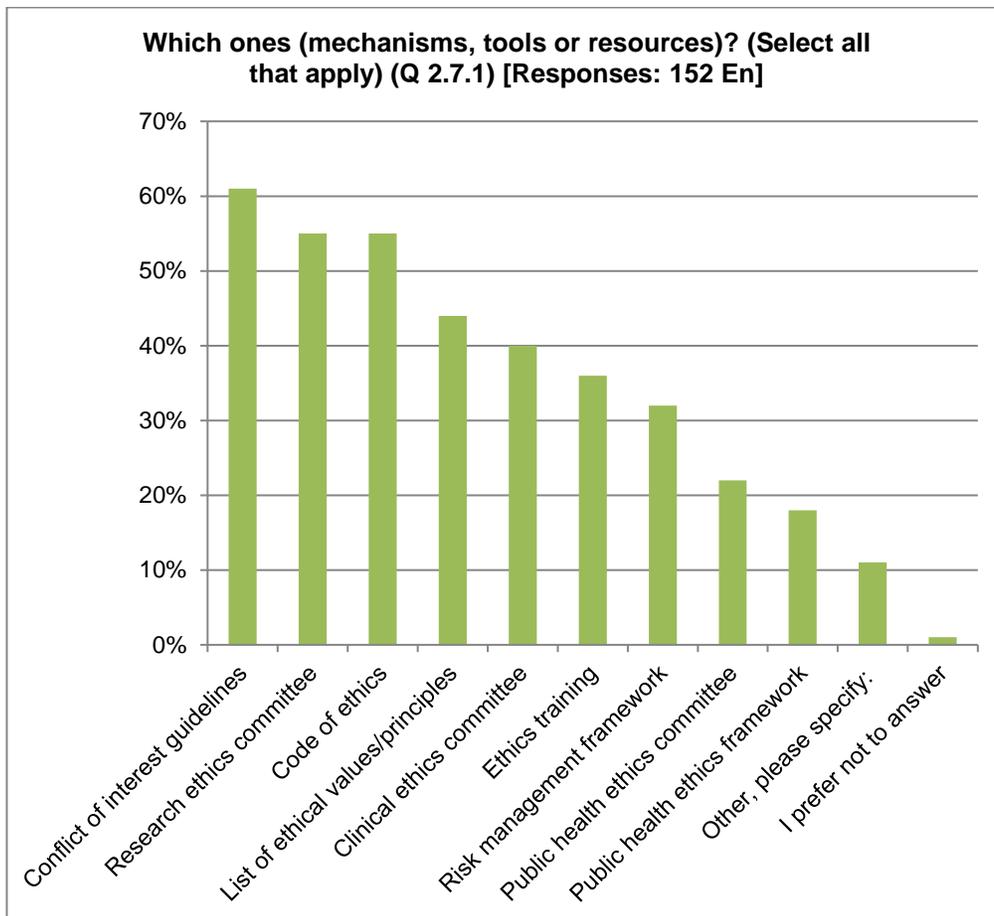
- Advocacy
- Allocation of resources
- Balancing competing interests
- Confidentiality/privacy/use of data
- Equity/inequities/social justice
- Honesty and transparency in communicating and in framing messages
- Research

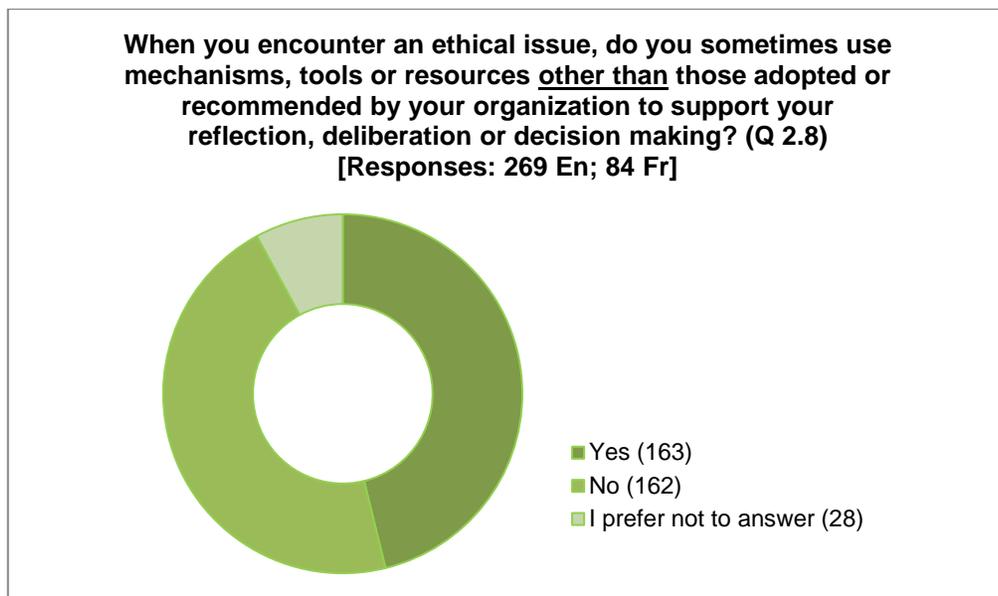
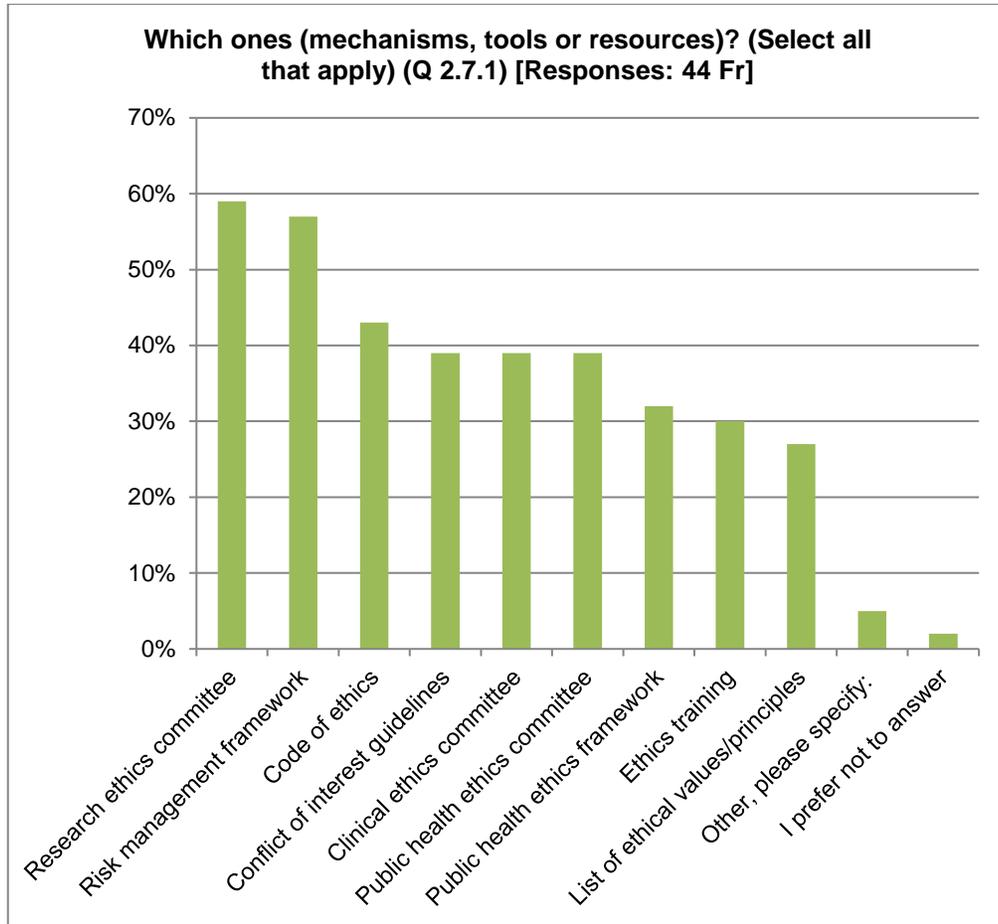
Please indicate the extent to which each of these statements corresponds to your own situation (Q 2.6a to 2.6d)



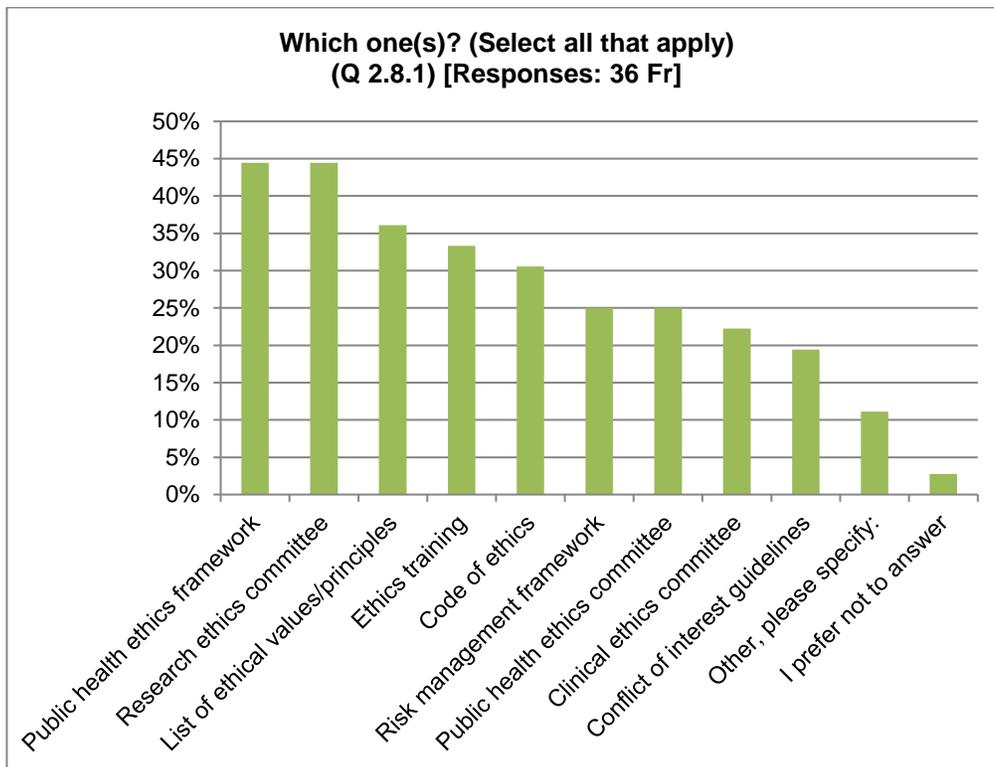
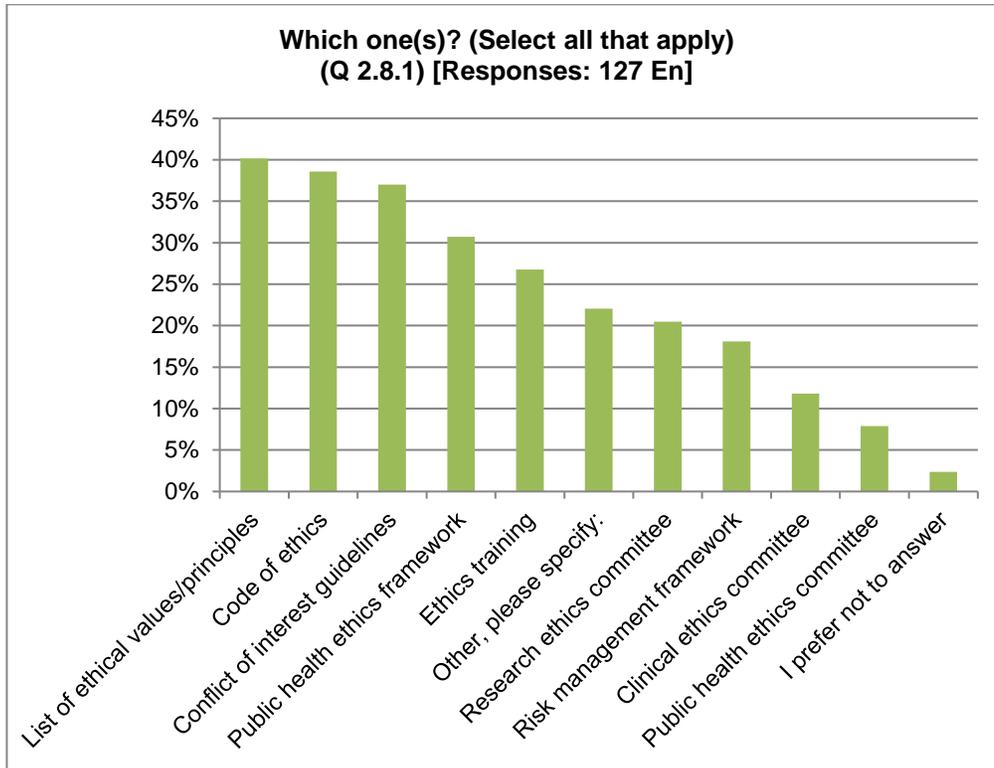


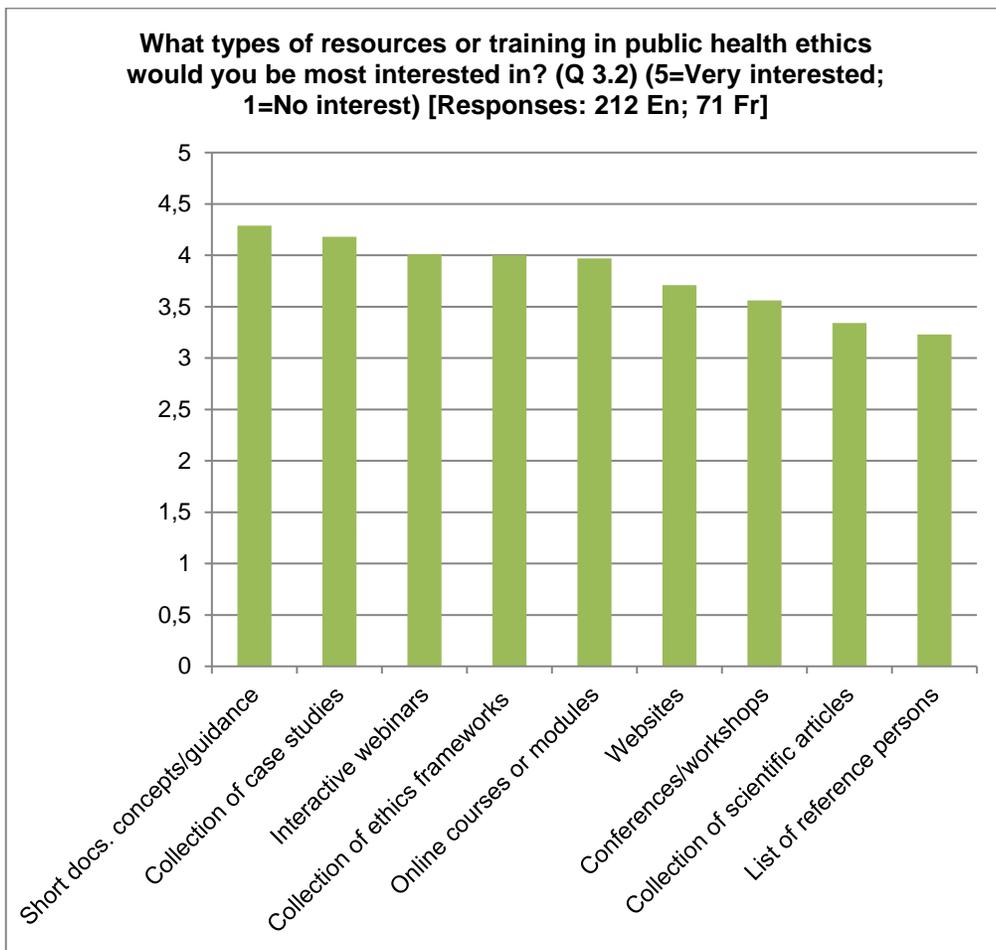
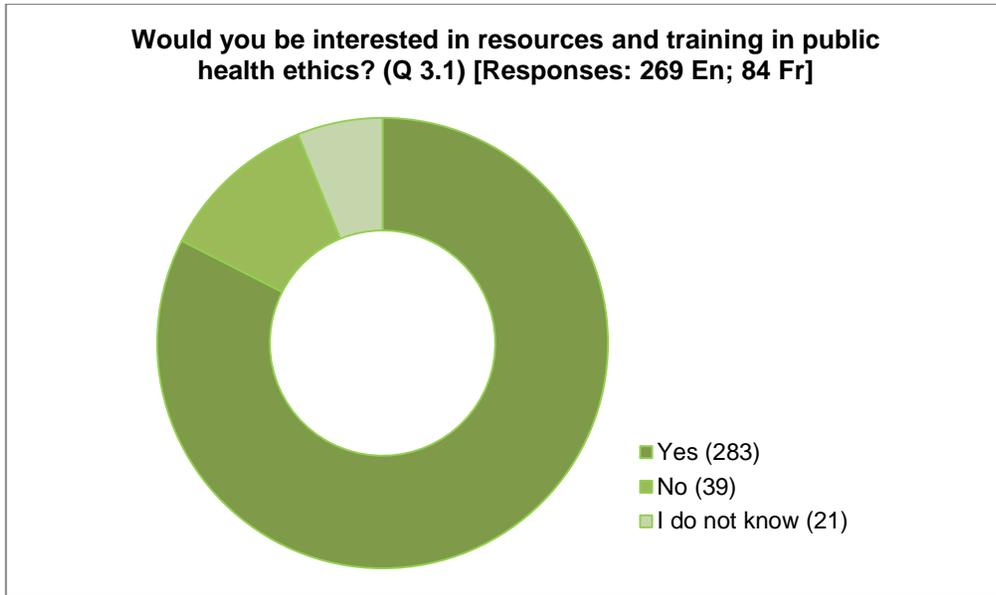
The responses to the next question varied considerably between English-language respondents and Francophone respondents, so they are presented in two tables, below.





Again, the responses to the next question varied considerably between English-language respondents and Francophone respondents, so they are presented in two tables, below.





Note: The bars represent weighted averages.

## March 2018

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### SUGGESTED CITATION

Keeling, M., Ringuette, L., Bellefleur, O., Bélisle-Pipon, J.-C., Williams-Jones, B., Ravitsky, V., Doudenkova, V., Maguire, M., and Roy, M.-C. (2018). *Survey to Identify the Public Health Ethics Needs of Public Health Practitioners in Canada: Preliminary Results*. Montréal, Québec: National Collaborating Centre for Healthy Public Policy.

### ACKNOWLEDGMENTS

The authors wish to thank Katie Dilworth (Toronto Public Health) and Greg Penney (Canadian Public Health Association) for their comments regarding a preliminary version of this document.

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for the National Collaborating Centre for Healthy Public Policy (NCCHPP). The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

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Legal Deposit – 3<sup>rd</sup> Quarter 2018  
Bibliothèque et Archives nationales du Québec  
ISBN: 978-2-550-81111-4 (French PDF)  
ISBN: 978-2-550-81112-1 (PDF)

