

Exploring Secondary Analysis of Qualitative Data to Better Understand

Public Perceptions of Public Health During Covid-19

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Introduction

Public health is crucial to providing guidance and programs to support better population health. Understanding the contemporary views of Canadians about public health will help to improve the functioning of a strong public health system. Various methodologies can contribute to this goal. However, while surveys are more statistically generalizable, declining response rates threaten their use and there is a risk of confusion among respondents between public health care and public health. Qualitative methods provide the ability to have deeper discussions about individual experiences, avoid topic miscommunication, and to better understand public and frontline workers' views on public health. However, they often only include small numbers and are not generalizable. In an effort to ameliorate these issues, we explored the use of secondary analysis of qualitative data in combination with a large team literature review to better understand public desires for public health systems in Canada.

Secondary Analysis

Secondary analysis (SA) refers to use of data collected by others to address another researcher's question (Hughes & Tarrant, 2019).

Advantages:

When applied to qualitative methods, it allows existing data to be mined to advance unexplored questions, saving time and primary data collection resources (Timescapes Archive, 2024).

Barriers:

Appropriately merging relevant data sets while maintaining data quality, as well as ethical constraints, often prevents the sharing of whole datasets with third parties. UK qualitative researchers have created amalgamated datasets that open access to others, but this requires ethical consent for wider archival use. Sharing data remains difficult in Canada, both due to common research ethical practices and researcher concern for data use beyond their control.

Methods

Secondary Analysis

This project explored a collaborative solution to these issues for the Canadian setting, involving coding by the original researchers using a deductive coding framework of a new (secondary) research question about values, evidence & data, services, and democratic processes in public health. Three investigators explored various aspects of pandemic experience with public health within their data sets. These included a mix of qualitative interviews and focus group data from British Columbia, Ontario, and Quebec. These re-coded and anonymized data reports were explored for key themes.

Co-Investigator Literature Review

We are combining this in-depth re-analysis of original data with a literature review of the Canadian studies of the 10 co-investigators on the project for key findings and recommendations related to public health.

Public good – “So, what I want to make sure is that what the government is putting forward is for the benefit of society, the benefit of the individuals and also the society.”

Choice – “What I don't like about the vaccination campaign... when they started forcing people ... I'm not against vaccines in life. I've got all my vaccines up to date. But to make me feel obliged to do it, I didn't like the feeling it gave me.”

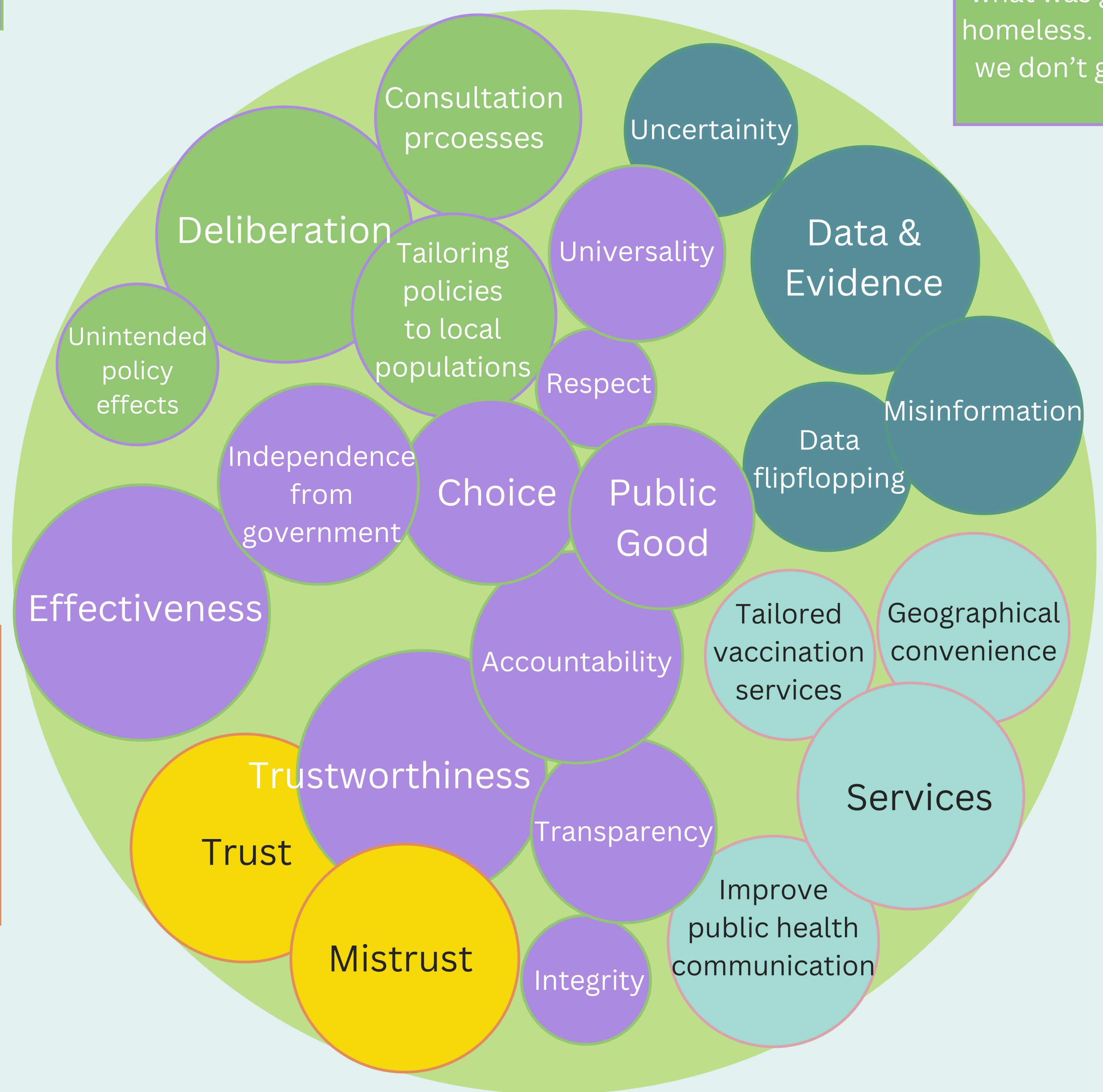
Evidence clarity - “More communication, more data would be great ... Do a very brief here's what research we did to base this decision on ... Like show me that data. Show me the justification.”

There is a need for a consultation processes with sub-groups and local communities to avoid unintended policy effects. “The community centres were closed, and homeless people don't have access to a TV – to get the information. I didn't know what was going on 'cause I was homeless. we don't got phones, we don't got TVs. We're lost in the dark.”

Trustworthiness – “How are you supposed to take [policies] seriously when you see all these public officials jetting off to Hawaii and Mexico and Tofino and then telling us you guys have to stay six feet apart and also don't travel, don't sit with your grandparents at Thanksgiving.”

Tailored communication - “We asked a group dedicated to literacy to work with us, with a group of people with low literacy skills to revise all the information tools ... so that they are truly accessible”

Effectiveness – Individuals expressed the desire for public health measures to work: “People got their vaccines, people go in time, people got the best vaccines which can be available in the world. So, as soon as things started getting to us, it really got a lot of my respect”



Recommended Actions: Public Health Governance Co-Investigators' Publications

Tailored Communication

(Aylsworth et al. 2022; Driedger et al. 2023a; Dubé et al. 2021a; Guay et al., 2023; Henderson et al., 2020; Lowe et al., 2022a; MacDonald et al., 2021a; Manca et al., 2022; MacDoanld & Dubé, 2020; MacKenzie et al., 2021; McKinnon et al. 2021; Nascimento et al., 2023; Leigh et al. 2023; Steenbeek et al., 2022; Zhu et al., 2023)

- Target equity-deserving populations immunization ambassadors or use of community leaders in communication

(Bhalla et al., 2022; MacDonald et al., 2021a; Dubé et al., 2023a)

- Cannot assume language, literacy, technology, and identification (Aylsworth et al. 2022)

Trust

- Public health officials should be trained in risk and crisis communication emphasis on emphatic communication (Capurro et al., 2022b) (Capurro et al., 2022c)

- Develop public trust in government and counter misinformation (Dubé et al., 2022b; Herati et al., 2023) (Dionne et al., 2023; Dubé et al., 2021b; Dubé et al. 2022b; Dubé et al., 2022c; Dubé et al. 2022d; Dubé et al., 2023b; Rotolo et al., 2022; Burns et al., 2024; Vivion et al., 2022)

Public Health Design with equity-deserving populations

- “Public health officials can and should work on building trust with, and follow the guidance of, community leaders, grassroots initiatives, and local non-profit organizations” (Bhalla et al., 2022, p. 552)

“key moments of success were driven by diverse public health teams who could harness their knowledge of local language and cultural conventions to build engagement strategies that had positive impacts” (Pringle et al., 2022: P. s21)

Future Research

- Examining COVID-19 vaccination uptake in underserved population groups (Humble et al., 2021; Guay et al., 2023)

- Create a measure to assess levels of trust (Burns et al., 2023)
- Understand how risk messaging will impact trust (Driedger et al. 2021b)
- Evaluate policy interventions on health outcomes (Zakkar et al., 2021)

Implications for Future Research

- Qualitative secondary analysis can contribute to understanding experiences and needs for a Canadian public health system in a wider way than a single qualitative study.
- Attention to ethical consent for open access early in the design of qualitative projects would provide additional possibility for secondary analysis. This will require consultation and training about potential benefits and harms would contribute to building qualitative public health datasets for both public health researchers and research ethics boards.
- Collaborative work-arounds under current ethical practices are possible, provided that researchers agree on coding frameworks and resources to undertake additional analysis.