Dr. Ed Baker, Director of the U.S.-based Center for Disease Control’s Public Health Practice Program Office, was quoted recently as saying, “As we move into the 21st century, communication may well become the central science of Public Health practice.” Events in Canada since 2000 seem determined to prove him right – Walkerton, SARS, Mad Cow, blackouts, forest fires – the list seems endless.

The SARS and Mad Cow situations offer prime examples of how public opinion responds to a crisis, rising to meet the challenge so to speak and then returning to normal as the threat recedes.

Needless to say, six months ago, these issues did not register on the public’s radar screen. Once they struck, the public was primed by the media, who told them that these issues were important, but also conveyed information regarding the extent to which these crises threatened them personally. The media also communicated a strong sense that these problems were likely to be contained – there was hope in these stories, often expressed alongside frustration that international actors weren’t recognizing the causes for hope.

As a result, despite the saturation media coverage attending these two crises, at no point did the level of concern among the public reach the more general and long-standing concern over the standard of healthcare – even in the areas directly impacted by SARS and Mad Cow. On the other hand, concern about Quebec separation, terrorism and war with Iraq, have at various times surpassed healthcare in the past few years. As we will see, the key is providing information that leads to reason for hope of quick improvement.

POLLARA fielded a national telephone survey (n = 1,678) with a representative sample of adult Canadians between June 2 and June 8, 2003, during the SARS and Mad Cow crises. Overall results are accurate to within +/-2.3%, nineteen times out of twenty.

At that time, nearly two-thirds (63%, up 1% from March) of Canadians reported intense concern about the standard of healthcare – even in the areas directly impacted by SARS and Mad Cow. Some 44% of GTA residents were very concerned about SARS, still far fewer than the number concerned about the standard of healthcare.

Meanwhile, one in five Canadians (20%) reported intense concern over Mad Cow Disease. As one might expect, concern over Mad Cow Disease was highest in the Prairies (34%; 35% in Alberta).

Three-quarters (74%) of Canadians (79% in Alberta) expected the Mad Cow issue to improve, while seven in ten held this opinion about SARS (71%; 80% in the GTA). By comparison, just half of Canadians expect to see improvements in the standard of healthcare.

The economic impact of both SARS and Mad Cow will be felt for some time, and Canadians are keenly aware of that. However, the sense of optimism about containment and recovery gave people confidence to pitch in on this side as well. Canadians in some parts of the country were so optimistic and so confident about Alberta beef that they started eating more, rather than less. Toronto residents were so confident that many of them started going out more rather than less to show their support.

The lesson to be learned here is that the best means of ensuring that crisis doesn’t harm your ability to deliver and maintain confidence in your services is to welcome the public in, rather than freeze them out. Aim to provide the fullest information with a goal of reaching a mutual understanding of the problem, because mutual understanding leads to shared goals and shared understanding of the means to achieve them. Point to the reasons for hope and meet your commitments. The public will respond.

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