Communicating the COVID-19 Crisis: A Rapid Thematic Analysis of Official Statements from Canada's Top Doctors

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Abstract

Background: During the COVID-19 crisis, Canada's Chief Medical Officers of Health (CMOHs) have provided regular and high-profile updates on the pandemic response. We analyzed the key messages they have conveyed to the public, paying particular attention to variation in messaging over time and across jurisdictions.

Methods: We conducted a comprehensive thematic analysis of all news releases on government websites that were issued by or with the CMOHs of each province during the initial phases of the COVID-19 outbreak. We analysed 290 releases issued between January 21 and March 31, 2020.

Results: Messaging across jurisdictions was surprisingly consistent. News releases described the government's preparedness and capacity-building; issued recommendations and mandates; reassured and encouraged the public; and promoted public responsibility. The majority of messages were prescriptive, conveying recommendations and mandates to slow transmission. Cross-jurisdictional variations in messaging reflected local realities, such as evidence of community transmission, and the different roles that provinces ascribe to their CMOHs. Messaging also reflected changing information about the pandemic over time, shifting from a tone of reassurance early on, to a sudden emphasis on social distancing measures, to a concern with public responsibility to slow transmission.

Interpretation: Official statements from Canada's top doctors must be evaluated in the context of the information they possess, circumstances in their jurisdiction, and the role in which they are cast. Our analysis indicates inherent tensions in the design of the CMOH position, with their independence in non-crisis situations pitted against their role as the face of the government response in emergencies.

Introduction

Canada's Chief Medical Officers of Health (CMOHs)[1] have multiple roles, including advising elected officials and speaking on their behalf as trusted scientific experts during emergencies (1,2). Over the course of the COVID-19 crisis, CMOHs have become household names, providing regular updates on the pandemic and the government's response to it. Public opinion data from the COVID-19 outbreak indicate that Canadians have a high degree of trust in CMOHs and strongly value the role of scientific evidence and medical advice in government decision-making and emergency response (3). The confidence placed in these public health officials underscores the importance of understanding the messages they convey to the public.

While Canada's top doctors have received extensive praise for their handling of the crisis, they have also faced scrutiny over issues such as the consistency of their messaging across jurisdictions and over time (e.g. 4,5). We analyzed the key messages that Canada's CMOHs have conveyed to the public during the initial phases of the COVID-19 crisis, paying particular attention to cross-provincial and temporal variation. We found that messaging across jurisdictions was largely consistent, with variations reflecting each province's unique local context and changing epidemiological information.

Methods

We conducted a comprehensive thematic analysis of all news releases on government websites that were published by or with the CMOHs of each province since the beginning of the COVID-19 outbreak. We analysed 290 news releases issued between January 21 and March 31, 2020. Each news release was read in its entirety and coded according to the key messages it contained. We then constructed conceptual themes that allowed us to connect similar messages under common headings to facilitate more meaningful interpretation and analysis. Finally, we conducted a comparative analysis exploring the frequency and timing of each theme between and within provinces (Table 1).

While CMOHs have used various communication channels throughout the pandemic, we focused on news releases because they were consistently employed across most provinces and, as highly regulated communications, can be presumed to reflect CMOHs' official positions. We did not include messaging through other channels, such as press conferences and social media. Since the federal Chief Public Health Officer has relied primarily on daily press conferences rather than news releases to communicate with the public, only provincial CMOHs were included in our analysis. As our analysis was conducted on publicly available statements, no ethics approval was required.

[1] The title of the senior public health official varies by jurisdiction. The most common term in Canadian jurisdictions is Chief Medical Officer of Health. Henceforth in this article, we use this term collectively to refer to the provincial officials who occupy this position.

Results

Themes Addressed in CMOH Communications

Provincial governments began issuing official news releases about COVID-19 at different times and vary in the number released (Table 1). Provinces also employed different approaches to these communications. While CMOHs occasionally issued news releases alone (or, in the case of Prince Edward Island, used this as the main approach), the majority of CMOHs most commonly issued joint releases with elected officials such as the Premier or Minister of Health (Table 1).

The statements we reviewed consistently fell into four broad thematic categories: 1) describing the government's preparedness and capacity-building; 2) issuing recommendations and mandates; 3) expressing reassurance and encouraging the public; and 4) promoting public responsibility.

1) Describing Preparedness and Capacity-Building

These themes described the approach taken by each jurisdiction as officials explored how best to prepare for and respond to COVID-19. News releases reflecting this theme communicated government efforts to understand the scope of the pandemic and outlined measures taken by the government and public health officials to address it. Statements typically relied on epidemiological data and outlined contingency plans for addressing healthcare resource scarcity.

2) Issuing Recommendations and Mandates

News releases often communicated recommendations and restrictions to slow the spread of COVID-19 through social distancing, event cancellations, workplace and school closures, and travel-related self-monitoring and isolation. They also addressed the enforcement of these measures and included cases where CMOHs characterized (or used their statutory authority to declare) the pandemic as a public health emergency that both permitted and required the government to impose stricter regulations.

3) Expressing Reassurance and Encouraging the Public

These themes emerged in statements oriented toward reassuring the public and mitigating panic. These news releases generally discouraged fear, reminded individuals that normal life would eventually resume, encouraged ongoing cooperation with restrictions, and praised positive contributions from healthcare workers and the public. They often referred to the low risk of transmission, particularly at the beginning of the pandemic, and to public health experts who should be relied upon to handle the situation.

4) Promoting Public Responsibility

Themes in this category characterized public health as a collective responsibility. They emphasized the importance of changing individual behaviours to prevent disease transmission

and called upon everyone to "do their part". Statements provided the public with information about COVID-19, including symptoms and methods of prevention. While the majority of news releases in this category focused on working together toward a common goal, some reprimanded those who were not abiding by the restrictions and admonished them for putting others at risk.

[INSERT TABLE 1]

Consistency and Variation in CMOH Communications Across Jurisdictions

As illustrated in Table 1, the themes communicated by each province showed many similarities. In particular, prescriptive themes relating to cancellations, closures, and other social distancing measures appeared in over half of news releases issued by eight of the ten provinces and in over one-third of the releases issued by the remaining two provinces. As shown in Figure 1, this consistency was also reflected in the actions that provinces took to address the pandemic.

Across jurisdictions, news releases were also used for broadly similar purposes. In keeping with their role within the government (as opposed to being at arm's length), statements by and with CMOHs have been used to inform the public of the provincial government's pandemic response rather than to question or criticize it. However, there were rare occasions where provincial communications questioned the federal response to COVID-19 or urged stronger action. For example, early in the pandemic, new releases from Quebec urgently called on the federal government to limit entry to foreign visitors, stating that it was inconsistent to ask Quebec's population to self-isolate after travelling abroad without also restricting incoming travel (6,7).

News releases commonly referred to advice from the World Health Organization and the Public Health Agency of Canada as guiding policy and planning decisions and emphasized the ongoing communication and coordination among officials at the pan-Canadian level. However, evolving local circumstances also played an important role in provincial governments' messaging. For example, early recommendations often focused on ensuring recent travelers took appropriate precautions upon returning to Canada. In many cases, these recommendations shifted to broader social distancing measures for everyone once community transmission had been provincially documented. Evidence of community transmission (or lack thereof) was cited as a primary factor in the timing of major policy decisions regarding closures and restrictions in Alberta, Saskatchewan and New Brunswick and was also referenced in relation to widespread social distancing measures in British Columbia, Nova Scotia and Prince Edward Island (8–13). In Alberta, for example, evidence of community transmission was cited as a driving factor in the decision to close schools, childcare facilities, and other gathering sites just two days after issuing a recommendation that schools should remain open (10). Similarly, in New Brunswick, testing protocols were changed considerably to allow individuals who had not travelled to be tested as a direct result of the first evidence of community transmission (9).

The local differences in communications that we observed were also consistent with the varying roles that CMOHs play across jurisdictions. No two provinces structure the CMOH role in the same way, with each province putting different emphases on CMOHs' advisory, management, and communications roles, which in turn shape what these officials can say to the public and how they deliver their message (1,2). In jurisdictions that emphasize the CMOH's technical advisory role (i.e., NL, PE, SK), news releases primarily conveyed factual information about COVID-19 and measures to contain it (Table 1). In provinces that give more emphasis to the CMOH's role in communicating independent information to the public (i.e., BC, MB, NB, ON), statements typically covered a wider range of themes, with messages of reassurance and/or collective responsibility intermingling with messages on containment measures. Those provinces where the CMOH's internal role as a high-level advisor and/or manager is emphasized (i.e., AB, NS, QC) were less consistent in the content of their messaging, but they all relied almost exclusively on statements issued with elected officials, consistent with the CMOH's positioning as a loyal public servant.

Variations in Messaging Over Time

During the pandemic, information about the virus and its local prevalence has changed continuously, and government communications have shifted in tandem (Table 2). Statements released early in the pandemic frequently expressed reassurance. This theme appeared in a considerable proportion of news releases in Quebec (67%), British Columbia (48%), and Ontario (46%), but considerably less often in Alberta (13%), Nova Scotia (14%), Newfoundland (14%) and PEI (15%) (Table 1). Reassurance also appeared less frequently over time even among the provinces that expressed it most frequently, with steep declines over the January to March 2020 study period in British Columbia, Manitoba, and Ontario.

[INSERT TABLE 2]

Reflecting growing national and international concern, as well as consistently-timed action across Canada (Figure 1), references to cancellations and social distancing recommendations emerged quite suddenly in the week of March 8-14 for all provinces except British Columbia, where the theme appeared one week earlier. Similarly, mentions of collective responsibility became concentrated later in the outbreak in nearly all jurisdictions. In Alberta, Saskatchewan, Ontario, Prince Edward Island, and Newfoundland & Labrador, all communications mentioning this theme were released on or after March 15. Similar trends appeared in British Columbia, New Brunswick, and Nova Scotia, where the majority of references to this theme also appeared after this date.

[INSERT FIGURE 1]

CMOHs often referenced the rapidly-changing epidemiological and information landscape to explain the government's latest response and advice. This contextualization was particularly pronounced early in the pandemic, when officials emphasized the novelty of the situation, the daily increase in knowledge about the virus and its transmission, and the adjustments that governments were making based on new evidence.

Interpretation

Throughout the COVID-19 pandemic, news releases issued by or with CMOHs have generally been used as a means of engaging the public. The majority of messages have been prescriptive, offering recommendations and mandates to slow transmission. There was notable consistency overall in the content of news releases across jurisdictions. This consistency may be the result of the ongoing frequent communication among CMOHs on a pan-Canadian level as well as the broadly similar purpose of news releases across provinces. While we did document variations in the tone and timing of certain messaging, this was in line with different and changing realities across contexts. The trajectory and severity of the COVID-19 pandemic has not been uniform across jurisdictions, and provinces' differing demographics and healthcare capacities create different underlying risk profiles. We find that provincial news releases carefully and appropriately balanced the national and international situation with attention to specific and shifting local circumstances.

Our analysis adds an important dimension to the literature on the multi-faceted roles of CMOHs and CPHOs (1,2). In particular, we show how the previously-analyzed statutory duty to communicate with the public plays out in practice during an emergency, and demonstrate that the different models of the position identified in previous work have implications for CMOHs' public communications (1). Further, we show that the integration of the position within government, which has previously been identified as involving trade-offs (1,2), manifests in a communications model that positions the CMOH as part of a broader government crisis response team.

This study has important implications for CMOH communications specifically and for their role as senior public health officials more broadly. The media, scientific community, and general public must evaluate the content of top doctors' messages in the context of the information these officials have at their disposal, circumstances in their jurisdiction, and the role in which they are cast. Rather than prioritizing consistency at all costs, we should continue to leverage the benefits of having provincial-level CMOHs who can tailor their responses to their jurisdiction's local context while also sharing information and coordinating measures at the pan-Canadian level. In their communications, CMOHs should maximize transparency regarding the information and events driving their decisions, in order to clarify the bases for differences over time and across jurisdictions – particularly in a federal context like Canada where varying messages across provinces, however appropriate locally, might generate confusion.

The COVID-19 communications response has also challenged the current understanding of the CMOH position and highlighted tensions between their crisis and non-crisis roles. There is an expectation within the public health community that CMOHs serve as autonomous experts who provide the public and policymakers with the best available scientific evidence and, in some cases, serve as advocates who voice independent critiques of government policy (1,2). These expectations are inconsistent with the realities and demands of emergency situations for two reasons. First, the COVID-19 experience has made clear that CMOHs are not the only voices that bring the available evidence to bear on the pandemic response. Not only are they part of a broader government scientific advisory system, but amid extraordinarily high stakes, experts and non-specialists outside of government have publicly challenged the accuracy, timeliness, appropriateness, and interpretation of the evidence underlying government advice and policy choices (e.g. 14–17).

The pandemic communications model examined here also reveals a second, more structural flaw in the design of the CMOH role across Canada. The expectation that CMOHs serve an advocacy role – already in tension during non-crisis times (1,2) – breaks down in emergency situations. Whereas during non-crisis situations CMOHs are positioned as credible scientific experts who may have autonomy to comment on government policy, during an emergency they are called on to be reliable team players who contribute to a rapid, coordinated and unified government response. During the COVID-19 crisis, CMOHs' messaging has been highly interconnected with that of elected officials, as noted through the marked absence of any challenges to their own provincial governments' responses to the pandemic in our analysis. Additionally, the frequency with which CMOH messages were delivered as joint statements alongside government officials presents the CMOH as one member of a team responding to the outbreak rather than as an independent voice. The more the CMOH is integrated into communications issued by the government, the greater the likelihood that they will be perceived as a government spokesperson, potentially also implying endorsement of government policy decisions. This perception can then compromise the degree to which they are viewed as independent experts during non-crisis situations.

In light of these challenges seen during COVID-19, governments should consider how to optimize the CMOH role for both crisis and non-crisis situations. Particular consideration should be given to whether it is possible for one person to credibly act as an independent voice during non-crisis situations and the face of the government response during emergencies.

Limitations

Since we focused on official news releases issued on government websites, we did not capture messaging issued through other channels. In provinces that favoured other communication methods or did not explicitly include the CMOH in their communications, relatively fewer news releases were available for us to analyze. While this may have restricted the number of messages

that we were able to draw upon for our analysis, our emphasis on this method of communication was deliberate. Given that official news releases are highly regulated communications, they may be presumed to reflect the official position of the CMOH and the provincial government.

Conclusion

While the Canadian response to COVID-19 has generally been praised, it has also been criticized for a lack of cross-provincial uniformity. Our analysis indicates that the response has in fact been surprisingly consistent, with the country's top doctors delivering similar messages to the public and recommending very similar responses. Where variation was documented, we believe it was appropriate for the local context. Tailoring a pandemic response to the needs of the population may be more appropriate than issuing a one-size-fits-all approach that may not suit the different ways in which each province experiences the outbreak. The ability of CMOHs to issue recommendations that align with their provinces' unique circumstances should be viewed as a strength rather than evidence of a lack of coordination.

Data Sharing Statement: Data were derived from publicly available sources but can be provided upon request to the corresponding author.

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Table 1. Coding summary of provincial news releases issued by and with Chief Medical Officers of Health

		Province										
		BC	**AB**	**SK**	**MB**	**ON**	**QC**	**NB**	**NS**	**PE**	**NL**	**Total**
	First COVID-19 News Release	21 January	14 March	13 February	28 January	25 January	22 January	1 March	28 February	28 February	10 March	-
	News Releases Primarily Issued by CMOHs or Jointly with other Officials	Joint	Joint	Joint	Joint	Mixed	Joint	Mixed	Joint	Solo	Joint	-
	Number of News Releases	N=56 (100%)	N=23 (100%)	N=29 (100%)	N= 44 (100%)	N=41 (100%)	N= 15 (100%)	N= 25 (100%)	N= 29 (100%)	N= 20 (100%)	N= 7 (100%)	N= 290 (100%)
Describing Preparedness and Capacity-Building	**Increasing and Improving Testing and Case Identification**	n=19 (34%)	n=2 (9%)	n=7 (24%)	n=9 (20%)	n=4 (10%)	n=3 (20%)	n=5 (20%)	n=9 (31%)	n=1 (5%)	-	N=59 (20%)
	Emergency Preparedness and Contingency Planning	n=17 (30%)	n=1 (4%)	n=11 (38%)	n=12 (27%)	n=21 (51%)	n=4 (27%)	n=6 (24%)	n=13 (45%)	n=3 (15%)	-	N=88 (30%)
Issuing Recommendations and Mandates	**Cancellations, Closures, and Social Distancing Recommendations**	n=26 (46%)	n=19 (83%)	n=18 (62%)	n=22 (50%)	n=14 (34%)	n=5 (33%)	n=13 (52%)	n=16 (55%)	n=16 (80%)	n=5 (71%)	N=154 (53)
	Travel-related Recommendations/Restrictions	n=11 (20%)	n=5 (22%)	n=12 (41%)	n=25 (57%)	-	n=4 (27%)	n=6 (24%)	n=26 (90%)	n=10 (50%)	n=2 (29%)	N=101 (35)
	Enforcement of Restrictions	n=4 (7%)	n=5 (22%)	-	n=2 (5%)	n=1 (2%)	-	n=2 (8%)	n=2 (7%)	n=6 (30%)	-	N=22 (8)
	Characterization of Pandemic as Serious/Emergency Situation	n=5 (9%)	n=2 (9%)	n=5 (17%)	n=6 (14%)	n=7 (17%)	n=3 (20%)	n=2 (8%)	n=2 (7%)	n=3 (15%)	n=1 (14%)	N=36 (12)
Expressing Reassurance and Encouraging the Public	**Public Reassurance**	n=27 (48%)	n=3 (13%)	n=8 (28%)	n=9 (20%)	n=19 (46%)	n=10 (67%)	n=5 (20%)	n=4 (14%)	n=3 (15%)	n=1 (14%)	N=89 (31)
	Acknowledgement of Community Cooperation/Contributions	n=11 (20%)	n=5 (22%)	-	n=2 (5%)	n=1 (2%)	n=8 (53%)	n=3 (12%)	n=5 (17%)	n=3 (15%)	-	N=38 (13)
Promoting Public Responsibility	**Transmission Prevention as Collective Responsibility**	n=16 (29%)	n=14 (61%)	n=4 (14%)	n=4 (9%)	n=4 (10%)	n=6 (40%)	n=12 (48%)	n=10 (34%)	n=1 (5%)	n=1 (14%)	N=72 (25)
	Providing the Public with COVID-19 Information	n=9 (16%)	n=5 (22%)	n=3 (10%)	n=12 (27%)	n=4 (10%)	n=3 (20%)	n=9 (36%)	n=8 (28%)	n=5 (25%)	n=2 (29%)	N=60 (21)

Table 2. Themes emphasized during different phases of the COVID-19 pandemic

Late January – Early March 2020	Mid-March 2020	Late March 2020
LOCAL REASSURANCE	**PUBLIC ACTION**	**COLLECTIVE DUTY**
"Je tiens à réitérer que le réseau de la santé est prêt et bien préparé à faire face à une apparition de cas au Québec. La population ne doit pas s'inquiéter. Bien que les cinq cas soient infirmés, comme la situation épidémiologique évolue rapidement, il est attendu et normal que d'autres cas soient investigués. Le Québec a mis en place un système de détection efficace et fiable, et demeure proactif et vigilant." [QC's Dr. Arruda, 24 January]	"Dr. Heather Morrison has confirmed the first positive case of COVID-19 in the province, and urges Islanders to follow recommendations to limit the potential number of cases and spread of the virus… It is strongly recommended that Islanders follow the advice of the Chief Public Health Office and… reconsider attending social gatherings where a 2-meter distance between people is not possible, especially if elderly or immune-compromised people are present" [PE news release citing Dr. Morrison, 14 March]	"We have to protect our health-care workers, so they can carry on with this important work… When we take actions to limit the spread of this disease, among those we are protecting are the front-line workers that are so valuable in this situation. When you stay home and practice social distancing, you are not only protecting yourselves, you are protecting the people who may soon be saving your life." [NB's Dr. Russell, 23 March]
"While the risk to residents in Saskatchewan remains low, we are working closely with the Public Health Agency of Canada on preparedness, procedures and reporting to quickly identify and manage any cases that present for care… Canada has multiple systems in place to prepare for, detect and respond to the spread of serious infectious diseases like novel coronavirus." [SK's Dr. Shahab, 13 February]	"The new cases that have emerged today, particularly those demonstrating transmission into communities and school settings, means we need to put in place additional restrictions for schools, day cares, continuing care facilities, and worship gatherings. These decisions are not made lightly, and I know they will have a tremendous impact on Albertans' day-to-day lives, particularly parents, children, and seniors. But it is crucial we do everything possible to contain and limit the spread of COVID-19." [AB's Dr. Hinshaw, 15 March]	"Given the number of returning travellers, including snowbirds, and more testing being done, an increase in cases is expected…We're three weeks into our response and I know this is hard for everyone. Please continue to be part of flattening the curve by following public health advice and direction." [NS' Dr. Strang, 28 March]
"The government and public health officials are reminding Manitobans the risk of acquiring COVID-19 in Manitoba remains low, but is increasing given events occurring in Canada and around the world. We must continue to prepare for this virus in Manitoba" [MB's Dr. Roussin, 10 March]	"This death is further evidence of the increasingly seriousness of the situation we are in, which is why the province has been taking decisive steps to manage the spread of COVID-19 in Ontario. Earlier today, the Ontario government enacted a declaration of emergency closing all facilities providing indoor recreational programs, public libraries, private schools, licensed child care centres, theatres, cinemas, concert venues and bars and restaurants, except to the extent that such facilities provide takeout food and delivery." [ON's Dr. Williams, 17 March]	"We are at a critical juncture in our provincial COVID-19 response. Every British Columbian has a part to play to flatten the curve. We must all do the right thing and be 100% committed" [BC's Dr. Henry & A. Dix, 31 March].

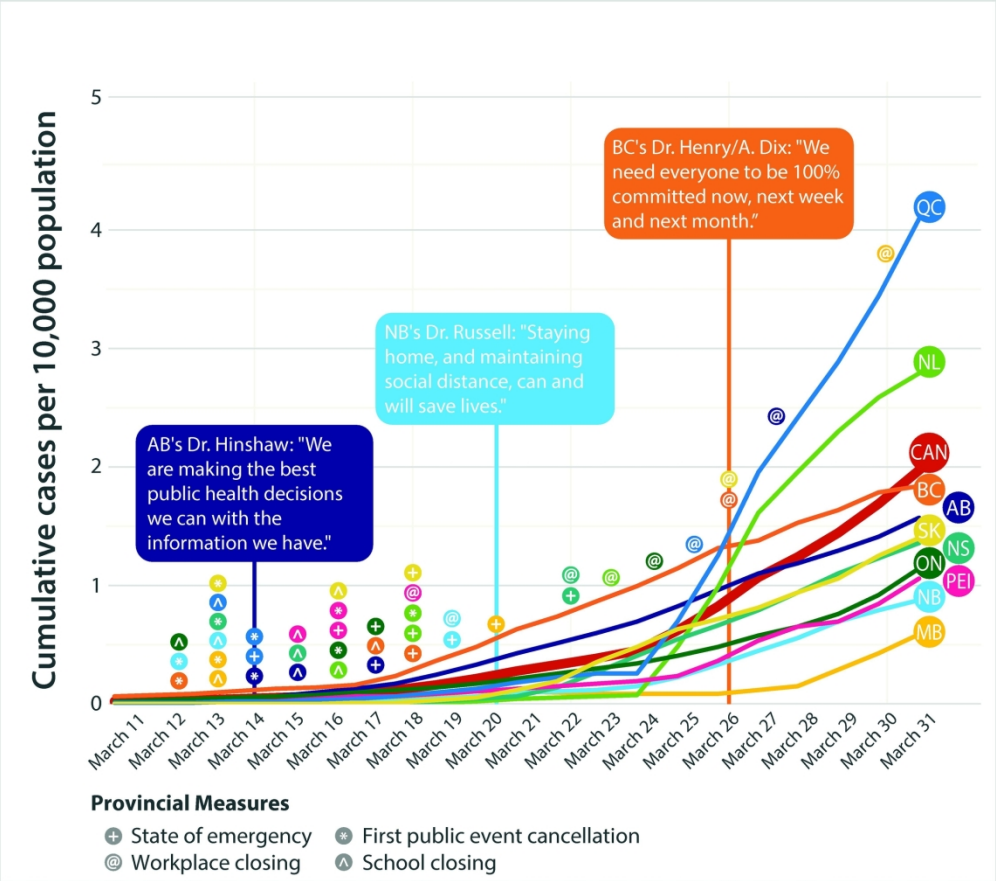

Figure 1. Trajectory of provincial cases, measures, and communications, March 11-31 2020*

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