Health Canada Santé Canada

Post-Campaign ACET for Phase 3 of the Childhood Vaccination Campaign

Executive Summary

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Ce rapport est également disponible en français.

Summary

Leger is pleased to submit this report to Public Health Agency of Canada detailing the methodology of an online survey assessing ad recall for phase 3 of the Childhood Vaccination Campaign. The goal of this campaign was to raise awareness of the importance of childhood vaccination among vaccine hesitant Canadians of the following groups: parents of children under the age of six, women who are pregnant and women who are planning to become pregnant over the next year.

Background and Objectives

Immunization through vaccination is considered to be one of the greatest public health achievements of the 20th century, providing a cost-effective tool to control and eliminate life-threatening diseases that were once very common in Canada. Since the introduction of vaccines, the incidence of pertussis, measles and polio have been reduced by 87%, 99% and 100%, respectively. Yet, vaccine-preventable diseases (VPD) cases are still reported every year, primarily among infants and seniors who have not been vaccinated. Maintaining a high vaccine coverage is essential to maintaining low disease rates.

While the vast majority of Canadians are vaccinated, pockets of under- or un-vaccinated individuals exist across the country. Childhood vaccination coverage estimates in Canada have been relatively stable over time, but have generally been below the national coverage goals of 95% recently established under the federal-provincial-territorial Public Health Network. For instance, the vaccine coverage for measles in two year-old children was estimated at 89% in 2015.

To be successful in reducing the prevalence and incidence of VPD, vaccination programs rely on a high uptake level. In addition to direct protection for vaccinated individuals, high vaccination coverage rates induce indirect protection for the population at large, a term known as herd immunity, by limiting or eliminating the transmission of VPD. Achieving these thresholds (for example, a vaccination rate of 95% for measles), helps protect more susceptible segments of the community such as children who are too young to be vaccinated, cancer patients, and immuno-compromised individuals.

Vaccine hesitancy is one barrier to achieving optimal vaccine coverage rates. Vaccine hesitancy refers to delay in acceptance or refusal of vaccination despite availability of vaccination services. It is determined by confidence in vaccine or the lack thereof, the convenience (easiness of access) and complacency.

According to the Continuum of Vaccine Acceptance (see Target Audience section), vaccine-hesitant individuals are represented in two key categories: late/selective

vaccinators and vaccine acceptors. Approximately 15-20% of the population falls into the former category as a result of doubts regarding the safety, effectiveness or importance of vaccines. Further compounding the problem is that a significant proportion of those who accept all vaccines (the latter category) may actually harbour concerns about vaccination. Although they may choose to follow the recommended vaccination schedule, they have doubts concerning their decision.

This makes both groups susceptible to opposing views from the anti-vaccination movement, personal stories on adverse reactions, media controversies, pseudo-science (e.g., retracted Lancet article linking autism with MMR vaccine), and other opinions contrary to the body of scientific evidence supporting vaccination, and the advice of national and global health authorities. Such concerns can undermine vaccine acceptance, increase hesitancy, and erode vaccination confidence. In fact, research has shown that even 5-10 minutes on an anti-vaccine website can dramatically alter one's perception and decrease acceptance of vaccines.

Such opinions are validated in the Public Health Agency of Canada 2015 Childhood National Immunization Coverage Survey, which identified that:

- The majority of respondent parents strongly agreed or somewhat agreed that childhood vaccines are safe (97%), effective (98%) and are important for children's health (98%).
- 66% of parents expressed concerns about the side effects of vaccines.
- 38% of parents agreed with the statement that a vaccine can cause the same disease it was meant to prevent.
- 15% of respondents agreed that alternative practices, such as homeopathy or chiropractors, can eliminate the need for vaccines.

In response to this public health priority, the Government of Canada implemented a two year advertising campaign to promote the importance, safety and effectiveness of vaccinations, with the goal of increasing vaccination rates. The first flight of the Childhood Vaccination Advertising Campaign ran from April to May 2018. The media mix was comprised of online ads on social media, search engines and websites. A second ad flight took place from August to December 2018 and included similar placements as the first flight complemented with television and movie theatre ads, ads in printed magazines, and posters in clinical waiting rooms. A baseline Advertising Campaign Evaluation Tool (ACET) was conducted in March 2018, and a post-campaign ACET took place in December 2018 to assess the first and second advertising waves.

A third wave of advertising launched in April 2019 was in market until late June 2019. A new ACET project was therefore needed to measure the impact of this latest ad flight.

The objectives of the research were as follows:

- Determine if people had seen the advertisements associated with the campaign;
- Determine where the ads had been seen;
- Measure recall of specific elements of the campaign;
- Identify attitudinal changes and actions taken as a result of the advertising campaign.

Application of results

The results of this research will allow Public Health Agency of Canada to assess the recall of the ad campaign based on feedback from the survey data and analysis.

Methodology—Quantitative research

Quantitative research was conducted through an online survey using Computer Aided Web Interviewing (CAWI) technology.

Fieldwork for the survey was conducted from June 17 to June 30, 2019. The national participation rate for the survey was 17.82%. Calculation of the Web survey's participation rate is presented in Appendix A. A pre-test of 30 interviews, in both official languages, was completed on June 11, 2019. More specifically, 20 interviews were conducted in French and 10 were conducted in English. Survey interviews lasted 7 minutes each on average.

A total sample of 1,005 Canadian adults were surveyed in all regions of the country.

No regional quotas were set but we ensured a minimum number in every region of the country. The following table shows the effective sample collected:

Table 1. Distribution by Region

Regions	Effective sample n
Atlantic	**56**
Québec	**282**
Ontario	**397**
Prairies (Saskatchewan + Manitoba)	**68**
Alberta	**102**
British Columbia + Yukon	**100**
TOTAL	**1,005**

The target audiences for the survey were vaccine-hesitant (VH) parents of children under the age of six, VH women who were pregnant and VH women who were planning to become pregnant over the next year. Quotas were set to ensure a minimum of the main target audiences of interest, namely pregnant women and women planning to become pregnant in the next year. A minimum quota of 75 in each of these two groups was set, while the remainder of respondents were parents of children under the age of six. To note, the objective of the study was to focus on women, so a maximum quota of 30% of men was set for the parents sample.

The following table shows the effective sample collected by Leger:

Table 2. Distribution by Target Audiences

Group	Effective sample n
Parents of children under the age of six	**726**
Women who are pregnant	**78**
Women who are planning to become pregnant over the next year	**201**
TOTAL	**1,005**

Based on data from Statistics Canada's 2016 national census, Leger weighted the results of the parents' sample of this survey by gender, age and region, whereas the sample of pregnant women or those who expect to become pregnant in the next year was weighted by region and age.

Since a sample drawn from an Internet panel is non-probabilistic in nature, the margin of error cannot be calculated for this survey. Survey data are weighted by age, gender and region to ensure that they replicate what the latest census would indicate is the composition of the adult population of Canada. Details regarding the weighting procedures and participation rate can be found in Appendix A.

Leger meets the strictest quantitative research guidelines. The questionnaire was prepared in accordance with the Standards for the Conduct of Government of Canada Public Opinion Research— Series A—fieldwork and data tabulation for online surveys.
The details of the methodology and more information on Leger's quality control mechanisms are presented in Appendix A.

The questionnaire is available in Appendix B.

Notes on the interpretation of the findings

The opinions and observations expressed in this document do not reflect those of the Public Health Agency of Canada. This report was compiled by Leger based on research conducted specifically for this project. This research is non-probabilistic; the results cannot be applied to the general population of Canada. The research was not designed with this objective in mind.

Declaration of political neutrality and contact information

I hereby certify, as Executive VP of Leger, that the deliverables are in full compliance with the neutrality requirements of the *Policy on Communications and Federal Identity* and the Directive on the Management of Communications—Appendix 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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