



# COVID-19 Vaccines Mass Campaign – Concept Testing

## Health Canada

*Final Report*

September 2022

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## **COVID-19 Vaccines Mass Campaign – Concept Testing**

### **Final Report**

Prepared for Health Canada and the Public Health Agency of Canada

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This public opinion research report presents the results of three separate phases consisting collectively of 45 online focus groups conducted by Quorus Consulting Group on behalf of Health Canada. The research consisted of a first phase of 17 online focus groups (from March 15 to March 25, 2021) that focused on members of the general population, 18 years of age and older, healthcare workers, and members of Indigenous and ethnic communities. A second phase consisted of 12 online focus groups (from June 28 to July 8, 2021) which focused on parents with at least one child 17 years of age or younger. A third phase consisted of 16 online focus groups (from July 14 to July 28, 2022) which sought feedback on two separate campaigns. The “(Fall 2022 COVID Vaccine Campaign” consisted of eight focus groups that focused on members of the general population, between the ages of 18 and 39, and members of Indigenous and ethnic communities between the ages of 18 and 60. The “Vaccine for children 6 months to 5 years of age Campaign” consisted of eight focus groups that focused on vaccine cautious general population parents and ethnic community parents at least 18 years of age.

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Signed:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

September 21, 2022

Rick Nadeau, President  
Quorus Consulting Group Inc.

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# Executive summary

## Background and research objectives

In December 2019, a new coronavirus (COVID-19) was confirmed to be identified in humans, quickly evolving into a worldwide pandemic. As of December 2020, the total number of cases in Canada had risen to almost 378,000 cases, with over 12,000 deaths. Vaccination has been deemed an effective measure to protect Canadians from infection and to remove the restrictions placed on society and the economy. The largest inoculation campaign in Canada's history began in December 2020 after the first COVID-19 vaccine was authorized by Health Canada (HC).

The goal of Canada's COVID-19 pandemic immunization response was to enable as many Canadians to be immunized as quickly as possible against COVID-19. Public education has a significant role to play in achieving this goal, ensuring understanding, confidence, acceptance and uptake of the vaccine among Canadians. A mass campaign launched in Spring 2021, once the vaccines were available to all Canadians.

HC and the Public Health Agency of Canada (PHAC) commissioned Quorus to conduct exploratory research through three phases of online focus groups to assist the development of creative advertising concepts. This research was designed to support the Government of Canada's mandate to pre-test campaign creatives to assist the goal of COVID-19 immunization response to enable as many Canadians to be immunized as quickly as possible against COVID-19.

## Methodology

This report is based on online focus groups that Quorus completed between March 15, 2021 and July 28, 2022.

- A first wave of groups, held from March 15 to March 25, 2021, consisted of 17 focus groups, of which eight were with members of the general population, 18 years of age and older, four sessions were conducted with healthcare workers, and another five were with members of Indigenous (two sessions) and ethnic communities (three sessions). English sessions were conducted with participants in Atlantic Canada, Ontario/Nunavut, Prairies/Northwest Territories, and in British Columbia/Yukon, and French sessions were held with participants mostly from Quebec, with some representation from francophones in Ontario and New Brunswick.
- A second wave of groups, held from June 28 to July 8, 2021, consisted of 12 focus groups with parents with at least one child 17 years of age or younger. Seven sessions were with general population parents at least 18 years of age, another two sessions were with parents and grandparents from Indigenous communities at least 16 years of age, and three

were with parents from ethnic communities at least 18 years of age. English sessions were conducted with participants in Atlantic Canada, Ontario, Prairies, and in British Columbia, and French sessions were held with participants from Quebec.

- A third wave of 16 groups was held from July 14 to July 28, 2022 with sessions split between two different advertising campaigns. The “Vaccine for children 6 months to 5 years of age Campaign” consisted of eight focus groups among which six were held with general population vaccine cautious parents at least 18 years of age, and another two sessions were with ethnic community vaccine cautious parents at least 18 years of age. The “Fall 2022 COVID Vaccine Campaign” testing consisted of eight focus groups among which five sessions were with members of the general population, between the ages of 18 and 39, and another two sessions were with members of ethnic communities, between the ages of 18 and 60, with representation from francophones in Quebec and Anglophones in Ontario, Manitoba, Saskatchewan and Alberta. A final session was with members of Indigenous communities, between the ages of 18 to 60, with representation from Anglophones in Manitoba, Saskatchewan, Ontario, Quebec, and Atlantic Canada.

In total, 240 individuals participated in the research.

#### **Qualitative research disclaimer**

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

#### **Research results – wave 1**

A total of four “concepts” were presented in each session, with each concept consisting of multiple storyboards. Each concept featured at least one “Phase 1” (Educate and build trust) storyboard and some concepts also featured “Phase 2” storyboards.

- A. “From the experts”: Phase 1, featuring a woman who is a “dog walking expert” asking Dr, Njoo a question about vaccines, Phase 2A, featuring a young girl who is a “hug expert” who is missing out on hugging people during the pandemic, in addition to a line-up of

medical experts working towards making vaccines available to all Canadians, and, Phase 2B featuring a man who is a “cheering expert” who is missing out on watching his kid’s sporting events, attending concerts, in addition to a line-up of medical experts working towards making vaccines available to all Canadians;

- B. “Reasons why”: Phase 1, featuring a man discussing his reasons for getting vaccinated as he is about to receive a dose and, Phase 2, featuring a healthcare worker explaining her reasons for getting vaccinated as she is about to receive a dose;
- C. “The ripple effect”: Phase 1, which follows a breeze of wind as it travels to various Canadians, each viewing different vaccine-related content from the Government of Canada and ultimately leads to a Canadian standing outside of a vaccine clinic, Phase 2 – V1 featuring a sequence of characters getting vaccinated with a “rippled” visual transition approach which ultimately leads to the final character shown in a crowded stadium, and, Phase 2 – V2, featuring various Canadians getting their vaccine with a freeze frame visual effect which leads to scenes of individuals participating in activities such as sports, traveling and attending ceremonies; and,
- D. “Ask the experts”: Phase 1A, featuring a man asking a medical expert a question about vaccine testing and approvals followed by the expert’s answer, Phase 1B, featuring a woman asking a medical expert whether they had received a vaccine themselves, followed by the expert’s answer, and, Phase 1C, featuring a woman asking a medical expert about vaccine side effects, followed by the expert’s answer.

“From the experts” received moderate ratings across all groups and in a few groups, tended to be fairly polarizing. Participants appreciated that the concept normalized asking questions and provided a reliable source of information (such as experts rather than through social media). They could also connect with the two characters featured in the Phase 2 concepts, specifically to the struggles faced by the two characters and the desire of “getting back to normal.” Phase 1 was appreciated for having a rational approach whereas Phase 2 relied on emotional triggers, although the creative approach used in Phase 1 was thought to lack authenticity. The main weakness of the Phase 2 storyboards was the over-use (or for some, the misuse) of the term experts, which many felt was diluting or diminishing the true value of expertise. Participants also disliked being told to get vaccinated. Ultimately, participants liked the Phase 2 concepts for the human elements and moments they captured but did not connect at all with the broader message prompting them to let the experts get back to what they do best. According to participants, Concept A conveyed two main messages, both fairly distinct based on the storyboard phases. The Phase 1 storyboard suggested to respondents that the Government of Canada is telling us that it is okay to ask questions but mostly that it is important to obtain answers from reliable sources, notably from experts. The second set of storyboards (for Phase 2), mostly suggested to participants that if we want to get back to normal or back to doing what we enjoy the most, we need to get vaccinated.

**“Reasons why”** mostly received good to strong reviews among participants. Those who liked it appreciated the script and the relatability with the average person. Participants could sympathize and relate to the main character in both phases of the concept, even if they had not gone through the same experiences. The main weakness in the concept was the part of the tagline in both storyboards that reads “Get vaccinated” as many participants believe that getting vaccinated remains a choice and that they are not receptive to any messaging that is telling them what to do. Featuring the healthcare worker in Phase 2 had mixed reactions. Some felt it showed her leading by example, and, as a healthcare worker, she was considered more informed about the vaccine which led many to conclude that if she is getting it, then it is probably safe. Others questioned why she was not already vaccinated or brought up that she may be biased due to her work, so featuring “an average person” would be more convincing. Participants largely saw that the main message focused on the importance of asking questions, of getting information on vaccines and to use credible sources.

**“The ripple effect”** received different reactions based on the various storyboards presented (as the concept was updated at various points during the fieldwork). The initial storyboard (Phase 1) was considered too slow and unrelatable. The first version of the Phase 2 storyboard received mediocre to good ratings, with many simply finding appeal in the final scene featuring a crowded stadium. The second version of the Phase 2 storyboard received good to strong ratings, as the concept shows where we are today and where we want to be and captured a rich diversity of people and situations. The main weakness was the tagline, which told the audience to “get vaccinated” which participants considered an order rather than a suggestion. Participants looking for rational reasons to get vaccinated felt the ad lacked any useful information and they did not appreciate the emotional angle of the concept. Irrespective of the storyboard versions, participants who liked the concept noted that it referred to the importance of community and felt that the underlying message was optimistic and positive. Regarding the taglines, participants disliked parts of the taglines that read “get vaccinated” as it was too authoritative. “Get the facts” was more appreciated. “Join the movement” received mixed reactions with some appreciating the sense of community promoted while others felt it encouraged Canadians to blindly follow what others are doing without putting more thought into the decision to get vaccinated. In terms of the main message participants felt these concepts were basically asking Canadians to get vaccinated and that, together, we’ll get to where we want to be, which is to get back to normal.

**“Ask the experts”** was often the most popular concept tested and regularly received strong ratings. Participants liked that the concept normalized and encouraged Canadians to ask questions. Many were also pleased to see that there is a site they can reference for answers from experts, and many had similar questions to those included in the concept. For the initial versions of the storyboard, participants were not satisfied with the answers provided by the experts, however feedback was more positive for the revised versions of the storyboards although there

remained some who were still interested in more details (e.g., statistics, data, links to studies, etc.). Many also liked the approach that involved everyday Canadians videorecording their question and then having that question answered by a recognized expert which added genuineness and credibility. However, some questioned what makes the specific individuals “experts” and would like to know what makes them unbiased. Some participants would not accept the information provided at face value and would like to find references to statistics of studies on the website as well. Appeal of the concept was higher when the experts were changed to actual Canadian experts. Participants perceived the main message as the Government of Canada encouraging them to ask questions and to visit their website to obtain the answers from experts.

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action. Concept D (Ask the experts) was most often selected as the preferred concept, mostly because it is short, simple and to the point and it addresses the immediate need that participants have for information. Participants also liked that it is factual, it empowers Canadians and suggests they have a choice – it is not pushing a message.

In the sessions dedicated to members of Indigenous and ethnic communities, the moderator explored whether participants felt the ad concepts shown were relevant to the community to which they belong. They also asked if anything should be added or changed so that they feel their community is better represented through these concepts. These participants did not feel their preferred concepts needed to change to have their ethnic or Indigenous community better represented. Ultimately, participants explained that the human elements and the main messages presented in the concepts were more important than capturing diversity.

## Research results – wave 2

A total of four “concepts” were presented in each session, of which one was for Phase 1 and three were for Phase 2. In all sessions, the three Phase 2 concepts were presented and discussed first and the Phase 1 concept was left for the end of each session. The three Phase 2 concepts were:

- A. “Anything is possible,” an ad featuring various inanimate objects such as children’s toys communicating about activities the children will be able to return to once they are vaccinated;
- B. “Happy everything,” featuring teenagers and young children celebrating many holidays and special occasions simultaneously, with the voiceover suggesting that vaccinations are an important step in catching up on what has been missed out on; and,
- C. “The crew,” an ad featuring various gatherings including a sleepover, a soccer game and a graduation celebration with a voiceover suggesting to parents to have their children vaccinated so that “kids can get back to being kids”.

**“Anything is possible”** received weak to moderate ratings with strong appeal among a limited number of participants. Generally, participants felt the concept was more appealing and engaging for children than for parents. Parents liked that the concept was highlighting some sort of “return to normal” because of vaccination, however, most would have preferred seeing the excitement through the eyes of people rather than through toys and items of décor. Parents also liked the message encouraging parents to “learn more” as many did have questions, and this left the option of vaccination more “open-ended” and less directive. The use of the word “safe” received mixed reactions with some feeling reassured and likely to consider vaccination while others disliked the use of this term in the ad. Some could not relate to the concept as much as their families were able to leave the house during the pandemic (particularly in areas where lockdowns were less frequent), and others felt that the ad casted a negative light on being at home and having a busy household when in fact, many families learned to appreciate home living during the pandemic. The main message was to get vaccinated so that life could get back to normal.

**“Happy everything”** received moderate to good ratings. Those who appreciated the concept liked the creative approach to showing life events that their children have missed since the start of the pandemic, which some found humorous, and others felt piqued their curiosity as they could not figure out what was going on initially. It was also said to effectively capture different age groups and cultures. Those who gave lower scores felt that despite the concept’s strengths, the concept contained too many details which would get missed or be overwhelming if the ad was aired on television or online. Participants felt that some of the events featured in the concept were not really missed by their children, or they found other ways to celebrate, which made the concept less relatable, especially in regions such as Atlantic Canada which experienced fewer restrictions and lockdowns. Participants felt the concept was too focused on the past and would prefer a future-focused approach. Additionally, participants felt the tagline was too authoritative. In terms of the main message, participants consistently said that the Government of Canada was telling them to get their children vaccinated.

**“The crew”** received moderate to strong ratings and was consistently the popular choice across all sessions. Participants appreciated its simplicity and felt it captured one of the things their children missed out on most during the pandemic: being with other kids. The concept was praised for being highly relatable as most parents could relate to at least one scene, or the message being conveyed in general. Parents felt that the concept captured activities for a variety of age groups, with the exception of very young children for which they suggested to include a group of parents pushing strollers at the park. The concept was considered energetic and optimistic (even without hearing any audio or music). Parents liked that the concept was future-focused and aspirational and was the most effective in conveying the importance of socialization and the mental and physical health of their children. A concern raised by a few participants was that the ad seemed

unrealistic because it seemed to suggest that if children get vaccinated, they can immediately start socializing, which to them seemed to contradict suggestions by public health authorities. A few also felt the tagline was a bit “bossy” and should suggest parents get their children vaccinated rather than telling them to do so. The main message was perceived to be the idea that getting children vaccinated will allow them to get back to the business of being kids, which overall was a very meaningful and impactful message for parents.

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action. Concept C (The crew) was the most popular concept in each session. Compared to all other concepts, this concept was praised for its simplicity, the focus on the future, its emphasis on group and social activities, its ability to capture various age groups, its relatability, and for its tagline which zeroed in on the link between vaccines and “kids being kids.”

Participants were also presented with a concept from Phase 1, “Ask the Experts”, an advertisement featuring real Canadians (not actors) who have recorded themselves asking a question followed by an expert who provides an answer. When asked what other questions they might have for an expert, the primary focus was on side-effects, with a particular focus on long-term effects. In terms of who they would trust to provide the answers to their questions, participants tended to mention pediatricians and immunization experts, especially ones working at a well-known children’s hospital. For the most part, participants are looking for someone who is above all neutral and unbiased, meaning they are not connected to the pharmaceutical companies producing the vaccines, nor are they connected to the government, who, for many, is seen as predisposed to wanting Canadians to get vaccinated.

### Research results – wave 3

The third wave of research consisted of two campaigns, each with a different target audience.

- Vaccine for children 6 months to 5 years of age Campaign
- Fall 2022 COVID Vaccine Campaign

Three concepts were tested for the Vaccine for children 6 months to 5 years of age Campaign, namely:

- A. “Keep them safe,” featuring different parents as they take safety measures to keep their children safe;
- B. “Lots of questions,” featuring parents seeking information to ensure they are keeping their children safe; and,
- C. “Brand new,” an ad filmed from a child’s point of view as they experience new things for the first time.



**“Keep them safe”** generally received moderate ratings, with many expressing that the message and theme of “protection” were effective and came across as a “soft sell” for the vaccine. It was strongly appreciated that this ad included specific mention of the age requirements for the vaccine rather than requiring additional research from the viewer. Alternatively, some participants perceived the ad as threatening, thinking that it was suggesting children would not be able to return to fall activities if they did not get vaccinated. As well, a few felt that it played on guilt rather than factual information by leaving the viewer feeling like they are bad parents if they choose not to vaccinate their children. A few were also confused regarding the intended target audience of the ad, as they felt the children including in the scenes were a variety of ages. In terms of the main message, most felt the ad suggested that parents should vaccinate their children to keep them protected and safe and so they could return to fall activities and “regular life”. However, several felt that this message was one-sided, and it did not seem like they were really being offered a choice. There was low interest in visiting the website as a response to viewing this ad. Participants did feel that the ad was targeting them as parents.

**“Lots of questions”** generally received moderate to high ratings, with many participants being able to relate to the scenarios, particularly those with young children. Participants saw the main strength of the concept was that it placed importance on making informed choices rather than telling the audience what to do, leaving them feeling in control of their decision and less pressured. The main weakness discussed was the lack of factual or scientific information, with participants suggesting the ad could explicitly answer the questions brought up by the parents in the ad. A few also felt that the examples shown in the beginning of the ad were not comparable to the concern for the safety of the vaccine for children. When it comes to the main message, participants agreed that the ad was trying to inform parents that vaccines are available for their children and are safe and offer the best protection against COVID-19. It also conveyed to parents that it is normal to have questions or concerns while guiding the audience to the website to seek information. A few participants would be motivated to do more research as a result of seeing the ad (although not necessarily on the Government of Canada website). Most participants felt that the ad was targeting them as parents.

**“Brand new”** generally received moderate ratings, with many appreciating the emphasis of “making an informed decision” as well as the research focus (through reference to a statistic) which grabbed their attention and was intriguing and reassuring. Parents appreciated the messaging that they experience many new things just as their children do. The creative approach received mixed feedback, with some describing the child’s point of view to be attention grabbing and “pulling at the heart strings” while others felt like this perspective was comparing the viewer to a child. A few also believed that this approach was not effective as it is up to the parents to make a decision regarding the vaccine, not the child. Participants mentioned other drawbacks of

the ad including a lack of information as well as continual reference to the word “new”, which is not reassuring to those who want to hear that the vaccine is “tried and true”. Participants perceived the main message was that vaccines are available for children and are safe and effective. The message was also perceived to encourage informed decisions. There was mixed interest in visiting the website as a result of seeing the ad. Relevance of the concept was moderate, with some parents feeling targeted while a few did not as they expressed that their kids were older than those featured in the ad.

After evaluating each concept separately, a brief discussion was held to discuss preferred concepts as well as explore various elements of the ads. Concept A and Concept B were selected as the favourites across the groups. Concept A was seen as the most informative, memorable and relatable to many, and was praised for its focus on safety and protection. Participants appreciated the direct reference to the age at which children can be vaccinated, and felt this ad could be strengthened further by including statistics as seen in Concept C. Concept B was also seen as relevant and informative with a clear connection between the message and examples included in the ad. Some preferred that this ad did not play on emotions or make the viewer feel guilty (as a few noted with Concept A).

Participants were also asked if they would prefer to see live actors or animated characters if one of the concepts is chosen to become an advertisement. Almost all participants who had a preference suggested real actors. Typically, women seemed to have a preference while the men in the groups were more indifferent on this topic.

For focus groups with ethnic communities, participants were asked if they felt the concepts were relevant to the community to which they belong. To achieve appropriate diversity in the concepts, participants would like to see families and kids and other family members from diverse ethnic backgrounds throughout the ad, as well as group activities (birthday parties, school scenes, etc.) featuring diversity among the children in these groups.

Four concepts were tested for the Fall 2022 COVID Vaccine Campaign, namely:

- A. “Take action,” featuring large block letters spelling the word “protection.” As the camera pans across each letter, it shows people participating in “normal” activities. As the camera pans to the letter “C”, the word “protection” fades and changes to “Action”;
- B. “Friendly reminder,” an ad featuring various reminder messages for COVID-19 vaccinations, reminding us that vaccine protection fades;
- C. “Tuning out,” features people participating in “regular” activities as a radio announcer (voiced by Dr. Njoo) gives reminders to stay protected with booster doses; and,

- D. “Plan ahead,” showing individuals experiencing unexpected situations, with voiceover messaging encouraging Canadian’s to “plan ahead” and find out if they are due for their next vaccine dose.

“**Take action**” received strong appeal across the groups. The main strength was the creative approach used, the concept’s conciseness and its ability to effectively convey the message. Participants could relate to many of the activities shown, which reminded them of things they missed during previous lockdowns such as going to the gym. The concept reminded some of the importance of vaccines and the steps we need to follow to get back to a “normal life” and came across as a “gentle nudge” focused on protection rather than fear. The main drawback of the concept was the tagline “it’s time to take action” as some felt they had already been taking action by getting the initial doses, so the tagline did not seem fitting for an ad for booster doses. It was suggested that the ad could instead ask Canadians to “continue taking action”. Others would like to see more information in the ad such as the length of time before protection from the vaccine starts to fade. The main message was perceived to be that COVID-19 is ongoing and you need to stay up to date on vaccines to protect yourself and others and continue enjoying the activities you enjoy.

“**Friendly reminder**” generally received moderate ratings across the first four groups of campaign B and was removed from testing for the remaining sessions. Those who liked the ad felt that it was informative and found the references to “long COVID” and natural immunity to be interesting and helpful in conveying the importance of booster shots. Participants who were less fond of the ad felt that it was boring and did not grab the viewer’s attention and that the key message was lost in some scenes. Some felt that the specific mentions of potential long-term side effects could come across as a scare tactic. In terms of the main message, participants felt that the ad was trying to convey that COVID-19 will continue to be around and thus, that we will continue needing further doses and that vaccine protection fades. The ad was fairly relevant to participants, however some younger participants felt that it was targeting an older demographic given how a day planner and email reminders are featured.

“**Tuning out**” received mixed reactions (some positive and some negative) across the groups. Those who liked the concept appreciated the message “don’t tune out”, acknowledging that many Canadians are getting apathetic towards COVID messaging, as well as the non-threatening tone. Many liked the summary from the voiceover as well as the scenes showing characters living their “normal lives” as it demonstrates the benefits of getting vaccinated. The ad was also said to be easy to follow (the storyline follows one character), and participants appreciated the diversity of the characters. Some also enjoyed the informal tone of the ad, the tagline “boost your protection” as well as the credibility derived from including Dr. Njoo in the voiceover and ad. On the other hand, some felt the scene in the car did not flow as well with the rest of the ad, and felt the radio

broadcaster interrupting could make some people uncomfortable as it seems like they are listening in or watching. For some, the assumption that the audience wants to tune out came across negatively and judgmental and left some feeling that the ad was telling them what to do. Others felt the ad was busy and could include more information such as how long the booster is effective for. The main message was perceived to be that Canadians must get the required booster doses to continue to be protected from the effects of COVID-19 and continue to live a “normal life”. Many participants felt that the ad was relevant to them and could be targeting any demographic.

**“Plan ahead”** received moderate to high ratings. Participants felt the ad was upbeat and relatable, especially those who were parents or who had gotten a puppy during the pandemic. The ad was seen as having an emotional appeal and a positive message. Participants appreciated the tagline suggesting to plan ahead rather than simply being told to get vaccinated. They also appreciated that the ad says to “see if you are due for your next dose” as not all viewers will be due for their booster. The main weakness of the ad was that it was considered a bit busy and confusing due to the different storylines. It was suggested to only use one storyline (preferably the scenes with the dog) and strengthen the transition from the earlier scenes to mention of the vaccine. The main message was perceived as planning ahead and taking precautions to protect oneself and others. Participants saw the ad as moderately relevant. Some felt that it could be targeting others while a few felt that it was targeting individuals with a family who own their own home or those who own a dog.

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action. Concept A (Take action) was selected the most across the groups. This concept was said to be the most direct and straightforward when it came to getting the message and call to action across. Participants felt that the ad had good visuals and a good fit between the voiceover and imagery, with a slight emotional appeal.

Across the concepts, three Government of Canada doctors were featured: Dr. Njoo, Deputy Chief Public Health Officer of Canada, Dr. Tam, Chief Public Health Officer of Canada, and, Dr. Sharma, Chief Medical Advisor, Health Canada. When asked whether they had a preference, most were indifferent and felt that the overall message and concept were more impactful than which doctor is shown. For those who had a preference, Dr. Tam was typically mentioned as she is the most recognized and trusted. However, some felt that there may be messaging fatigue when it comes to Dr. Tam, as she is highly associated with COVID-19, so it might be best to start using the other doctors in new messaging.

For focus groups with individuals from ethnic and Indigenous communities, participants were asked if they felt the concepts were relevant to the community to which they belong. These participants felt that the concepts were adequately diverse, with some specifically mentioning that they noticed diversity of characters in Concept A, and even more so in Concept C. The focus group with individuals from Indigenous communities appreciated seeing representation of ethnic communities in general and felt it would be nice to also see some Indigenous representation.

**Supplier name: Quorus Consulting Group Inc.**

**Contract number: HT372-204504/001/CY**

**Contract award date: February 12, 2021**

**Contract amount (including HST): \$233,291.96**

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# The Project

## Background

In December 2019, a new coronavirus (COVID-19) was confirmed to be identified in humans, quickly evolving into a worldwide pandemic. As of December 2020, the total number of cases in Canada had risen to almost 378,000 cases, with over 12,000 deaths. Vaccination has been deemed an effective measure to protect Canadians from infection and to remove the restrictions placed on society and the economy. The largest inoculation campaign in Canada's history began in December 2020 after the first COVID-19 vaccine was authorized by Health Canada.

Canada has purchased quantities of many promising vaccinations. Vaccination is a safe and effective method of protecting the health of Canadian families and community members who wish to receive it. With many drugs and vaccines in clinical trials, Health Canada expects to review additional vaccines for authorization in the near future.

The goal of Canada's COVID-19 pandemic immunization response is to enable as many Canadians to be immunized as quickly as possible against COVID-19. Public education has a significant role to play in achieving this goal, ensuring understanding, confidence, acceptance and uptake of the vaccine among Canadians.

The advertising campaign comprised two phases and targeted Canadians and Health Professionals:

- Phase 1: Educate and build trust + Priority Groups (February to March 2021)
- Phase 2: Mass campaign to all Canadians (Spring 2021)

The mass campaign launched in Spring 2021, once the vaccines were available to all Canadians.

## Research Purpose and Objectives

HC and PHAC commissioned Quorus to conduct exploratory research through three phases of focus groups to test advertising campaign materials, including messaging, in order to determine which creative concept best resonates with the target audiences and supports the campaign objectives. This research aims to support the Government of Canada's mandate to pre-test campaign creatives to assist the goal of Canada's COVID-19 pandemic immunization response to enable as many Canadians to be immunized as quickly as possible against COVID-19. Generating insights will ensure advertising improves awareness, interest and engagement surrounding Canadians access to information and resources about the virus.

The main objectives of the research were as follows:

- To evaluate each of the creative concepts and determine if the content is:
  - relevant to the audience,
  - clearly understood by the audience,
  - creatively appealing to the audience, and,
  - motivating the audience to action.
- To elicit suggestions/options for potential changes to ensure the message(s) and/or visuals(s) resonate with the target audience.
- To elicit insights from audience groups relevant to designing future creative concepts and supporting materials for PHAC and HC COVID-19 advertising and marketing campaigns.
- Further develop the understanding of attitudes towards the campaign's creative concepts, building on knowledge gained from previous POR.

## Methodology

This report is based on online focus groups that Quorus completed between March 15, 2021, and July 28, 2022.

- A first wave of groups, held in March 2021, consisted of 17 focus groups, of which eight were with members of the general population, 18 years of age and older, four sessions were conducted with healthcare workers, and another five were with members of Indigenous (2 sessions) and ethnic communities (3 sessions). English sessions were conducted with participants in Atlantic Canada, Ontario/Nunavut, Prairies/North West Territories, and in British Columbia/Yukon, and French sessions were held with participants mostly from Quebec, with some representation from francophones in Ontario and New Brunswick.
- A second wave of groups, held from June 28 to July 8, 2021, consisted of 12 focus groups with parents with at least one child 17 years of age or younger. Seven sessions were with general population parents at least 18 years of age, another two sessions were with parents and grandparents from Indigenous communities at least 16 years of age, and three were with parents from ethnic communities at least 18 years of age. English sessions were conducted with participants in Atlantic Canada, Ontario, Prairies, and in British Columbia, and French sessions were held with participants from Quebec.
- A third wave of groups, held between July 14 and July 28, 2022, consisted of 16 focus

groups with spread across two different campaigns. Campaign A (Fall 2022 COVID Vaccine Campaign) consisted of 8 focus groups between July 14 to July 21. Within this campaign, 6 sessions were with general population parents at least 18 years of age, and another 2 sessions were with ethnic community parents at least 18 years of age. Campaign B (Vaccine for children 6 months to 5 years of age Campaign) consisted of 8 focus groups between July 21 to July 28. Within this campaign, five sessions were with members of the general population, between the ages of 18 and 39, another two sessions were with members of ethnic communities, between the ages of 18 and 60, with representation from francophones in Quebec and Anglophones in Ontario, Manitoba, Saskatchewan and Alberta, and a final session was with members of Indigenous communities, between the ages of 18 to 60, with representation from Anglophones in Manitoba, Saskatchewan, Ontario, Quebec, and Atlantic Canada.

In total, 240 individuals participated in the research.

More details can be found in the Methodology section of the report.



# Findings

## Research Results – Wave 1

### Concept Presentation Context

Before seeing the concepts (presented as storyboards), participants were provided the following information:

- The advertisement concepts that they will see are related to COVID-19 vaccination.
- The concepts are draft versions and not yet finalized.
- If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. The ad concepts are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television.
- In terms of timing, participants were informed that these ads probably won't appear for another few months and that the ads that encourage Canadians to get vaccinated will only appear when the vaccines will be widely available. In the weeks leading up to those specific ads being released, information would be widely shared about the vaccines, such as their effectiveness, safety, etc.
- Participants were reminded that depending on where they see these ads, they would be able to click on them to get more information.

A total of four “concepts” were presented in each session, with each concept consisting of multiple storyboards. Each concept featured at least one “Phase 1” (Educate and build trust) storyboard and some concepts also featured “Phase 2” storyboards. For concepts featuring at least one storyboard for each phase, the Phase 1 storyboard(s) was always presented before the Phase 2 storyboard(s). Participants were informed that they did not need to choose between Phase 1 and Phase 2 storyboards, but instead were asked to consider the overall creative and messaging approach for all storyboards within a concept. The order in which the concepts were shown was randomized. Details on the order of concepts shown per session is available in the moderation guide available in the main report's appendix.

It should also be noted that, unless otherwise indicated, feedback and reactions were very consistent across the various target audiences involved in this phase of research, including across regions, age groups, ethnic groups, etc.

## Concept A – From the experts

The specific storyboards used in testing this concept changed throughout the course of the research wave. The details pertaining to each storyboard for this concept, how they evolved through the research, and the dates on which each version was tested are summarized in the grid below. Concept A was completely removed from the rotation of concepts tested with healthcare workers (March 24 and 25)<sup>1</sup>.

STORYBOARD	Description of storyboard and summary of edits
Phase 1 – V1	<b>Tamara, dog walking expert, meets Dr. Njoo</b> Dates tested: March 15, 16, 17 and 18
Phase 1 – V2	<b>Tamara, dog walking expert, meets Dr. Njoo</b> Edits made on March 22: <ul style="list-style-type: none"> <li>• dog walking expert is walking several dogs</li> <li>• more detailed answer provided by Dr. Njoo</li> <li>• updated tagline from "From one expert to another" to "Trust the experts."</li> </ul> Dates tested: March 22, 23
Phase 2A – V1	<b>Gracie, hug expert</b> Dates tested: March 15, 16, 17 and 18
Phase 2A – V2	<b>Gracie, hug expert</b> Edits made on March 22: <ul style="list-style-type: none"> <li>• updated tagline from "From one expert to another" to "Trust the experts."</li> </ul> Dates tested: March 22, 23
Phase 2B – V1	<b>Ben, cheering expert</b> Dates tested: March 15, 16, 17 and 18
Phase 2B – V2	<b>Ben, cheering expert</b> Edits made on March 22: <ul style="list-style-type: none"> <li>• updated tagline from "From one expert to another" to "Trust the experts."</li> </ul> Dates tested: March 22, 23

<sup>1</sup> Only the most recent versions of the storyboards are inserted in the main body of the report. The complete set of concepts used throughout the focus group are available in the Appendix section.

## Phase 1



**Tamara, Dog Walking Expert**

A woman in her 30s walking several dogs enters the frame.

**WOMAN:** Hi, I'm Tamara. I'm a dog walking expert.  
**SUPER:** Tamara, Dog Walking Expert

**Dr. Njoo, Canada's Deputy Chief Public Health Officer**

Dr. Njoo enters the frame, also walking a dog. He stops six feet away from Tamara.

**EXPERT:** I'm Dr. Njoo, Canada's Deputy Chief Public Health Officer.  
**SUPER:** Dr. Njoo, Deputy Chief Public Health Officer

**Woman:** So you're a COVID-19 vaccine expert.

**Dr. Njoo:** Yep.

**WOMAN:** Then can I ask you this? How were COVID-19 vaccines developed so quickly?

**Dr. Njoo:** Sure. International collaboration and increased funding helped speed up vaccine development without skipping any safety steps. Health Canada only approves vaccines after reviewing data from thousands of participants in clinical trials and when it is certain the vaccines are safe and effective.

**Tamara looks down at her phone as if she's reading something.**

**WOMAN:** Hm. That makes a lot more sense than what @CarGuy294837 said.

Looking for more answers from real experts?  
Visit [Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine)

Canada

## Phase 2A



**Gracie, Hug Expert**

We open on a little girl.

**VO:** This is Gracie. Hug Expert.

We see her hugging her dad's legs. Then a friend. Then a dog. Then a tree.

We see Gracie on a video chat with her grandma, looking like she misses her. She hugs a stuffed animal.

**VO:** Since the pandemic started, Gracie hasn't been able to hug many people.

We see a line-up of experts, including nurses, scientists, immunologists, Dr. Njoo, Dr. Evan Adams, etc.

**VO:** But luckily, vaccine experts have been hard at work to make vaccines available to all Canadians.

Trust the experts. Get vaccinated today.  
[Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine)

Canada

We see Gracie running towards her grandmother. She gives her a big hug.

**VO:** So every expert can go back to doing what they do best.

## Phase 2B

**Ben, Cheering expert**

We open on a man.  
**VO:** This is Ben, Cheering Expert.

We see him cheering at his kid's soccer game, cheering at a concert, and cheering when his wife brings home pizza.

We see Ben, masked, walking by a field gazing longingly at the stands.  
**VO:** Since the pandemic started, Ben hasn't been cheering as much.

We see a line-up of experts, including nurses, scientists, immunologists, Dr. Njoo, Dr. Evan Adams, etc.  
**VO:** But luckily, vaccine experts have been hard at work to make vaccines available to all Canadians.

We see Ben with his friends holding tickets to a game. Ben cheers excitedly.  
**VO:** So every expert can go back to doing what they do best. Now that's something to cheer about.

Trust the experts.  
Get vaccinated today.  
[Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine)

Canada

## General reactions

This concept received moderate ratings across all groups and in a few groups, tended to be fairly polarizing. Participant appreciated that the concept normalized asking questions about the vaccines and provided a reliable source of information. Participants quickly recognized that the concept was communicating the importance of relying on expert sources rather than on information provided from other unreliable types of sources, including through social media. They could also connect with the two characters featured in the Phase 2 concepts. More specifically, they could relate to the struggles faced by the two characters and shared the same desire to want to hug loved ones and to get back together with friends, all of which meant “getting back to normal.”

Some participants liked that the Phase 1 storyboard provided a rational approach to the vaccines whereas those for Phase 2 relied on emotional triggers to motivate Canadians.

Inasmuch as participants liked the idea of having an advertisement that featured someone asking questions about vaccines, as seen in the Phase 1 storyboard, they did not like the overall creative approach taken. Many felt the approach lacked authenticity and came across as too staged and unrealistic. If participants had already seen Concept D (Ask the experts), they generally preferred the more direct approach taken and information relayed in that concept compared to the one taken in Concept A.

The main weaknesses in the Phase 2 storyboards revolved around the over-use, and for some the misuse, of the term “experts.” Many felt that by referring to the main characters as “experts” it

was diluting or diminishing the true value of expertise, something which is more appropriate for the healthcare workers featured in the storyboards. For others, it created confusion in terms of identifying who the experts were in the final call to action. Participants also disliked being told to get vaccinated, which is how both Phase 2 storyboards end. Ultimately, participants liked the Phase 2 concepts for the human elements and moments they captured but did not connect at all with the broader message prompting them to let the experts get back to what they do best.

## **Perceived main messages**

According to participants, Concept A conveyed two main messages, both fairly distinct based on the storyboard phases. The Phase 1 storyboard suggested to respondents that the Government of Canada is telling us that it is OK to ask questions but mostly that it is important to obtain answers from reliable sources, notably from experts. The second set of storyboards, those for Phase 2, mostly suggested to participants that if we want to get back to normal or back to doing what we enjoy the most, we need to get vaccinated.

Other messages seen in this concept included:

- Only get your information from experts
- Trust the experts
- Talk to your doctor about the vaccine
- Experts have developed the vaccine and they should be trusted
- Get vaccinated
- Experts are in favour of vaccination
- Everyone wants to get back to normal

## **Perceived call to action**

Just as the messages were different for the Phase 1 and Phase 2 storyboards, so were the calls to action. For the Phase 1 storyboard, participants felt the ad was encouraging them to ask questions and to consult the Government of Canada website to get answers from experts. Phase 2 storyboards were, for most, telling them to get vaccinated.

Other calls to action inspired by Concept A included:

- Trust the experts
- Get the proper information before getting vaccinated

The Phase 1 storyboard would compel many to visit the Government of Canada website whereas only a few indicated they would be motivated to do anything based on the Phase 2 storyboards. If anything, they might motivate them to get vaccinated because they pointedly highlight what they miss the most, such as hugging, being with others, etc.

## **Reactions to the taglines**

The taglines were one of the elements in the storyboards that attracted the most attention and had an important impact on how much participants liked or disliked the overall concept. One consistent reaction was appreciation for the tagline in the Phase 1 storyboard: “Looking for more answers from real experts?”, followed by the website. Participants liked that it prompted for more questions and provided a resource they could easily access, which most believe was motivating, validating and reassuring. For many, the tagline for the Phase 1 storyboard did not need to change at all.

Not everyone was immediately swayed by this tagline. A few would want to know more about the so-called experts before completely trusting their answers. A few also indicated they were either expert-saturated (i.e. everyone is an expert these days) or they felt that experts are contradicting each other or always changing their minds such that answers from such experts should be taken with a grain of salt.

The tagline for the Phase 2 storyboards evolved through the testing. The original tagline (“From one expert to another: Get vaccinated today”) was considered weak in two main ways. First, participants could not connect with any of the main characters as experts. Although they understood their respective areas of so-called expertise (dog walking, hugs and cheering), they still did not feel they deserved to be considered experts. Adding more dogs to the dog walker did not change anything in this regard. Furthermore, the tagline tells them to get vaccinated, rather than suggesting that they do so and this was a major sticking point for many participants. It sounded authoritative and they did not like being told to get vaccinated. Even once the tagline was later changed to read “Trust the experts. Get vaccinated today.”, participants still felt that they were being ordered to get vaccinated rather than being asked to get vaccinated and this was enough to convince some participants to dislike the storyboards featuring this tagline. Some did like the part that reads “Trust the experts” but then that was all that seemed to work well in the revised version of this tagline.

## Participant suggestions for improvement

For many, softening the tone of the tagline in Phase 2 would go a long way to improving the appeal of these storyboards. Asking or encouraging Canadians to get vaccinated would be preferred over telling them to get vaccinated.

Other suggestions included:

- Making Dr. Njoo’s answer more conversational, casual and specific rather than prepared and generic.
- Phase 2 storyboards should place more emphasis on what happens if we don’t get vaccinated to hammer home the consequences.
- Some felt that the humorous elements in the concept might not go over well with those who are struggling through the pandemic.
- Tamara (the dog-walker) could be asking more questions.
- Those looking for rational reasons to get vaccinated are not at all motivated by the current Phase 2 storyboards.
- Provide information on how one can get vaccinated rather than being told to get vaccinated.
- Show more images featuring the things that Ben is missing out on.
- Phase 2 storyboards seem to be a bit misleading since some believe it will take years before we can be back to normal even if we get vaccinated.

## Concept B – Reasons why






The specific storyboards used in testing this concept changed throughout the course of the research wave. The details pertaining to each storyboard for this concept, how they evolved through the research, and the dates on which each version was tested are summarized in the grid below.

<b>STORYBOARD</b>	<b>Description of storyboard and summary of edits</b>
<b>Phase 1 – V1</b>	<b>Man explains how he got the facts</b> Dates tested: March 15, 16, and 17
<b>Phase 1 – V2</b>	<b>Man explains how he got the facts</b> Edits made on March 18: <ul style="list-style-type: none"><li>• Changed script to say “So, I looked for answers. From credible sources. And I’m glad I did, because now I’m making a choice I feel good about.”</li></ul> Dates tested: March 18, 22, 23, 24 and 25
<b>Phase 2 – V1</b>	<b>HCW explains her reasons for getting vaccinated</b>



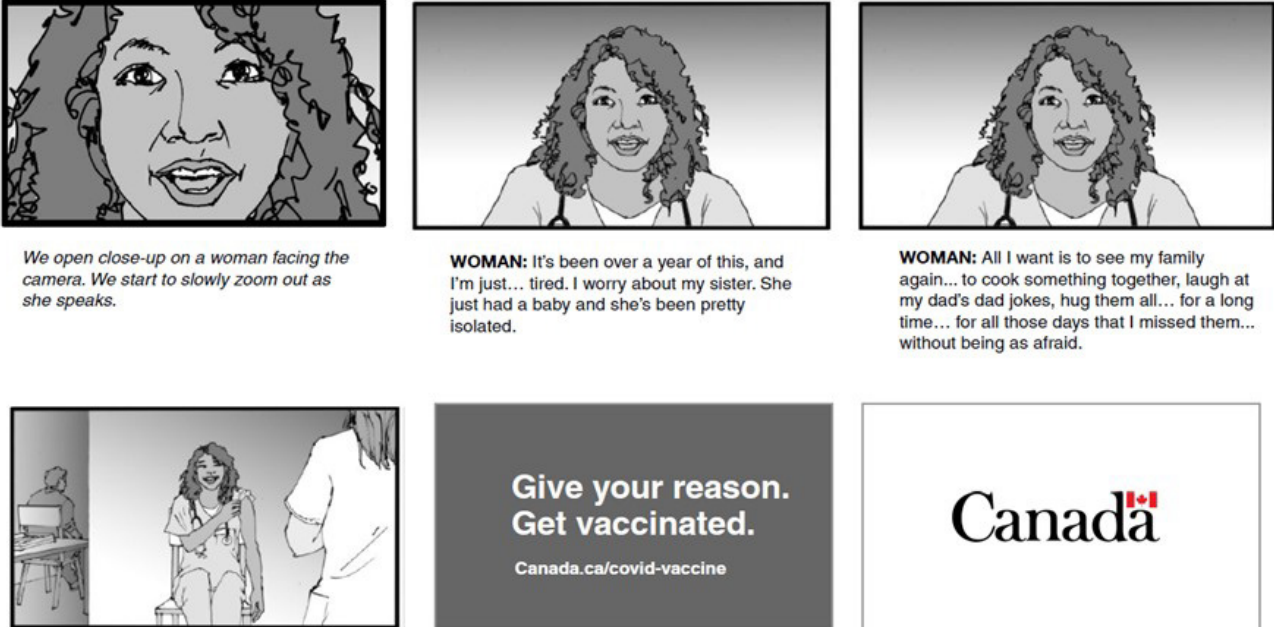
STORYBOARD	Description of storyboard and summary of edits
	Dates tested: March 15, 16, 17, and 18
Phase 2 – V2	<p><b>HCW explains her reasons for getting vaccinated</b></p> <p>Edits made on March 22:</p> <ul style="list-style-type: none"> <li>• Instead of saying “That’s my reason for getting vaccinated”, the HCW says “That was my reason for getting vaccinated as soon as I could. What’s your reason?”</li> </ul> <p>Dates tested: March 22, 23, 24, and 25</p>

## Phase 1

		
<p><i>We open on a close-up of a man facing the camera.</i></p> <p><b>MAN:</b> It's been a tough year. I lost my job, my kids miss their grandparents... we all just want things to go back to the way they were, but...</p>	<p><i>We start slowly zooming out as he speaks.</i></p> <p><b>MAN:</b> I'll admit, I've had questions about these vaccines. Like how do I know they're safe? It's a big decision that affects my whole family. So, I looked for answers. From credible sources.</p>	<p><b>MAN:</b> And I'm glad I did, because now...</p>
	<p><b>Get the facts. Get vaccinated.</b></p> <p><a href="https://Canada.ca/covid-vaccine">Canada.ca/covid-vaccine</a></p>	
<p><i>We zoom out to reveal that the man is sitting on a chair, about to get his vaccine.</i></p> <p><b>MAN:</b> ... I'm making a choice I feel good about.</p>		



## Phase 2



The storyboard consists of six panels. The first panel is a close-up of a woman's face. The second and third panels show the woman from a medium shot, speaking. The fourth panel shows her in a healthcare worker's uniform sitting on a chair. The fifth panel is a dark grey box with white text. The sixth panel is a white box with the Canada logo.

*We open close-up on a woman facing the camera. We start to slowly zoom out as she speaks.*

**WOMAN:** It's been over a year of this, and I'm just... tired. I worry about my sister. She just had a baby and she's been pretty isolated.

**WOMAN:** All I want is to see my family again... to cook something together, laugh at my dad's dad jokes, hug them all... for a long time... for all those days that I missed them... without being as afraid.

*We zoom out to reveal that she's a healthcare worker sitting on a chair, about to get her vaccine.*

**WOMAN:** That's my reason for getting vaccinated as soon as I could. What's your reason?

**Give your reason.  
Get vaccinated.**

Canada.ca/covid-vaccine

**Canada**

## General reactions

This concept mostly received good to strong reviews among participants. Concept B was mostly praised for its script and how it was able to connect with the average person, especially in terms of the struggles that the main characters have gone through. As one participant summarized, “I feel it could have been any of us on the screen.” Participants could sympathize with both main characters and, even if they had not lived the same experiences as these characters, they could easily relate to them: “We all have our reasons.”

Participants also felt they could relate to the man in the Phase 1 storyboard because, like him, they have many questions. Participants liked that this storyboard normalizes doubt and recognizes that many Canadians have questions about the vaccines. They also like that the concept orients viewers to a website and stresses that it is important to get credible information. In early testing, there was a sense that this storyboard was skipping a step – that the man went from having doubts and questions to then getting vaccinated. The script was revised to address this gap and participants who saw this revised version of the storyboard did not raise any concerns with the flow. Some would have appreciated getting some of the answers to the questions that the man had but very few pointed out that he did not do his research before making his choice. To many,

the fact that he used reliable information to help make his choice was a compelling and credible storyline, and a good example to follow.

The main weakness in the concept was the part of the tagline in both storyboards that reads “Get vaccinated.” Similar to reactions seen in other concepts, many participants believe that getting vaccinated remains a choice and that they are not receptive to any messaging that is telling them what do to, even if they are in favour of vaccination.

Featuring a healthcare worker in the Phase 2 storyboard evoked various responses. Some liked that she was a healthcare worker since it showed her leading by example. As a healthcare worker, she was also seen as someone who would be well informed about the vaccines and that if she is getting it, then it is probably safe. On the other hand, some questioned why she was not already vaccinated, especially if Phase 2 ads are expected to appear when the vaccines are more readily available to all Canadians. Some also felt that healthcare workers have an inherent bias in favour of the vaccine because of where they work and that featuring “an average person” would be more convincing. Similarly, some explained that they would relate more to her story if she was someone who had a choice to get vaccinated rather than a healthcare worker who, for some, is seen as not having this choice.

### **Perceived main messages**

Participants largely saw that the main message focused on the importance of asking questions, of getting information on vaccines and to use credible sources. Some also detected that the Government of Canada was informing us that their website is a credible source of information and that if we want to get back to normal, we need to get vaccinated. Some simply felt that the Government of Canada was asking Canadians to get vaccinated.

Other messages seen in this concept included:

- It is OK to have questions
- Use reliable information to help make an informed choice
- It is worthwhile to get vaccinated
- The sooner we get vaccinated, the sooner we get back to normal
- We all have valid reasons to get vaccinated

## Perceived call to action

The Phase 1 storyboard was seen by most participants as asking Canadians to ask questions, use a reliable source to obtain answers, and to then get vaccinated. For some, it was just about getting informed and for others it was all about getting vaccinated.

For the Phase 2 storyboard, the call to action was not as clear. As much as they could imagine that most people do have their reasons for getting vaccinated, they were not certain what the ad was asking them to do exactly other than getting vaccinated. Some felt that being told to “Give your reason” was an awkward ask of Canadians and a source of confusion, and that perhaps instead of “give” the tagline should encourage Canadians to “think about” or to act on their reason.

Many would be motivated to do something after seeing Concept B, especially the storyboard from Phase 1 which would compel many to visit the website or refer others they know to the website. Some also felt that Concept B would compel them to get vaccinated.

## Reactions to the taglines

Participants were quite consistent in their reactions to the taglines. “Get the facts.” was very well received mostly because it speaks to a common need among many participants to obtain information about the many questions they have about the vaccines. Conversely, “Get vaccinated.” was often considered authoritative and was not well received, especially among younger participants or participants who were already unhappy with the federal government for some reason or another.

Finally, “Give your reason.” was more or less well received. While many saw the line as well-intentioned, they were not convinced that it was well formulated. As noted above, the tagline should encourage Canadians to “think about” or to act on their reason or it could engage Canadians by asking them “What is your reason?” This idea could be broadened to soften the entire tagline for the Phase 2 storyboard by asking “What is your reason for getting vaccinated?” which not only engages Canadians but also considerably reduces the authoritative tone seen in the current version of the tagline. Additional suggestions included: “Share your reason.” “We all have our reasons.” “What is your *why*?” “Join the conversation – what is your reason?” “Whatever your reason, get vaccinated.” and to change “Get vaccinated.” with “It is important to get vaccinated.” When prompted, only a few participants would be compelled to actually share their reason in a blog or via some sort of social media.

## Participant suggestions for improvement

For many, softening the tone of the second part of each tagline would go a long way to improving the appeal of these storyboards. Asking or encouraging Canadians to get vaccinated would be preferred over telling them to get vaccinated.

Another common suggestion was to replace the healthcare worker in the Phase 2 storyboard with a more neutral or “regular” character who, according to some participants, would have had a choice to make regarding whether or not to get vaccinated, or who are also at risk from dealing with the general public – suggestions included “an average mom”, a bus driver, a grocery store employee, etc.

Other suggestions included:

- A few suggested that a series of each storyboard should be developed to increase the odds that someone would see themselves in one of the characters. Having a series or a variety of similar ads would also increase engagement with the campaign since we would not always be hearing the same story over and over again. A variety of ages and types of people could be featured to maximize variety and inclusiveness.
- Some participants, especially younger ones and healthcare workers, are looking for more rational or scientific reasons to get vaccinated and fewer emotional ones. For instance, they would be interested in information like efficacy statistics and the answers to some of the man’s questions in the Phase 1 storyboard that compelled or convinced him to get vaccinated.
- A few felt that the ads were not sufficiently impactful to sway anti-vaxxers and that the consequences of not getting vaccinated needed to be showcased.

Participants were prompted to provide their own reason(s) for getting vaccinated. Most focused on wanting to reunite with friends and family again and to basically get back to normal. Some focused on wanting to keep others around them safe, especially older family members and those who are immune compromised. Other common reasons included:

- To go back to school in person
- To travel
- It is just the right thing to do
- To do my part
- Don’t want to die or end up in hospital
- To stop worrying every time they leave the house, or to stop worrying in general
- To participate in group activities or team sports
- To reopen their small business

- To get their job back
- To have parties/ larger gatherings
- To go to restaurants, dancing or clubs
- To no longer work from home / To put an end to meeting by videoconference

Healthcare workers could relate to many of the reasons listed above. They also explained that they would get vaccinated to help protect patients, colleagues, friends and family. They were also keen on reducing their use of PPE.

Younger participants tended to focus on their social lives, including gatherings, concerts, restaurants, dancing, going to clubs and to return to school in person. Older Canadians tended to focus on seeing their grandchildren, traveling.

### Concept C – The ripple effect

The specific storyboards used in testing this concept changed throughout the course of the research wave. The details pertaining to each storyboard for this concept, how they evolved through the research, and the dates on which each version was tested are summarized in the grid below.

STORYBOARD	Description of storyboard and summary of edits
<b>Phase 1</b>	<b>Ripple effect of sharing information</b> Dates tested: March 15, 16, and 17 (V1 was removed from testing beginning March 18)
<b>Phase 2 – V1</b>	<b>Ripple effect of getting vaccinated</b> Dates tested: March 15, 16, 17, and 18
<b>Phase 2 – V2</b>	<b>Ripple effect of getting vaccinated</b> Edits made on March 22: <ul style="list-style-type: none"> <li>• Entire storyboard was changed</li> </ul> Dates tested: March 22, 23, 24, and 25

## Phase 1



We see a woman on her phone reading "The Vaccine and You" content.

**VO:** It starts with one small action.



She swipes to send it out. This motion creates a subtle "swoosh," which evolves into a light breeze.

**VO:** But it isn't so small, really.



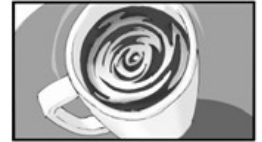
We watch this breeze travel past the woman, creating ripples through grass, then laundry on clotheslines.

**VO:** One action can create a ripple. And then another.



It passes a window, through which we see a man on his laptop, also reading Health Canada-approved vaccine information while drinking coffee.

**VO:** Together, creating something bigger.



As he sets down his mug, this causes the coffee to ripple, sending out another swoosh-like breeze. The breeze travels, sending ripples through the curtains, back outside.

**VO:** We've seen this in so many ways over the past year.



past a dog's fur, then to a person downtown, standing outside a store window watching a TV broadcasting a GoC press conference. They text a friend to tune in.

**VO:** We can all do our part to get there.



A neon sign overhead follows a rippling motion, evolving back to the breeze.



which finally reaches a person approaching a building. As they enter, it becomes clear that it's a COVID-19 vaccine clinic.

**VO:** But it starts with one small action.



**VO:** Join the movement. Get the facts.



## Phase 2 – V1



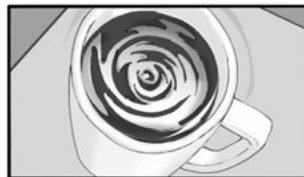
Open on a nurse sitting down while a doctor prepares her vaccine. She rolls up her sleeve and we zoom in on her arm.

**VO:** It starts with one simple action.



Camera zooms out and the same nurse (sleeves rolled up) is pushing a senior around a corner to receive her vaccination.

**VO:** But one thing we've all learned from this past year is that something small can spread quickly.



As the senior eagerly rolls up her sleeve, we zoom in on the ripple and transition to ripples in a cup of coffee in front of a man eating breakfast. His kids play behind him.



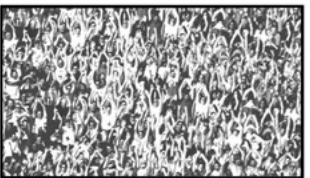
He pensively looks over at his left shoulder and puts his right hand over where the vaccine would be administered.

**VO:** When enough of us do our part,



We zoom out as both his arms shoot up in the air.

**VO:** a ripple can become a wave.



We see he is now in a crowded stadium doing the wave.



**VO:** Join the movement. Get vaccinated.





## Phase 2 – V2

			
<p>We see a healthcare worker getting his vaccine. <b>VO: It all starts with one simple action.</b></p>	<p>As he stands up from the chair, we see a trail of freeze frames behind him. As he walks off-screen, the camera starts following a new person.</p>	<p>She sits down, gets her vaccine, stands up, and walks off-screen. With every movement, she also leaves a trail of freeze frames behind her.</p>	<p>We speed up, repeating this sequence with multiple Canadians of different ages, ethnicities and abilities, all being vaccinated. <b>VO: But one thing we've all learned from this past year is that something small can spread quickly.</b></p>
			
<p>We zoom out to see the freeze frame trails from all of those people being vaccinated connected into one continuous wave. <b>VO: When enough of us do our part, a ripple</b></p>	<p>The camera follows the direction of the wave, and we begin to see the people's vaccine-related actions change to activities we can hope to do in the future. Like attending a graduation ceremony, travelling</p>	<p>and returning to organized sports. Finally, we see a father and son.</p>	<p>The boy runs toward his grandmother, climbs into her lap and gives her a long-awaited hug. <b>VO: can become a wave.</b></p>
	<p><b>Join the movement. Get vaccinated.</b> <a href="https://Canada.ca/covid-vaccine">Canada.ca/covid-vaccine</a></p>		

## General reactions

Reactions to the “ripple effect” concept storyboards were noticeably different from one storyboard to the next.

Among those who saw the Phase 1 storyboard featuring the ripple effects of sharing information, ratings were for the most part low or mediocre, with only a few participants liking the concept. Although there was some appreciation for what the concept was trying to convey, especially in terms of having something start small and grow into something bigger, participants struggled to accept the creative execution. Many felt the approach was too drawn out and that it was taking too long to get to the point of the ad: “You lost me at the cup of coffee.” Some, especially older participants, could not relate to the idea of sharing information in the manner shown in the storyboard. Those who did like the concept especially appreciated the creative approach, could vividly imagine what it would look like in video format and liked the underlying message about how one small action can create a ripple and grow into something much bigger. There were also some participants who liked the tagline: “Join the movement. Get the facts.” mostly because they too are interested in getting more information about the vaccines.

The first version of the Phase 2 storyboard (which ends with a crowded stadium doing the wave) received mediocre to good ratings. The appeal of the concept however was not necessarily driven by the creative execution of ripples but rather by the fact that the storyboard ends with a man in a crowded stadium, which is something to which many participants could relate. There was some appreciation for how something small can become something much bigger however the end goal is what triggered interest in this concept. This concept's tagline was met with mixed reactions, with most not liking "get vaccinated."

Finally, the second version of the Phase 2 storyboard (which ends with a child hugging their grandmother), received good to strong ratings, mostly because participants could readily see a wave, the concept shows how we can get from where we are today to where we want to be, and it captured a rich diversity of people and situations. The main weakness of this version of the storyboard was its tagline, which, like the previous version, told them to "get vaccinated" which many took as an order rather than a suggestion. As discussed below, reactions to "join the movement" were not all positive either. Participants looking for rational reasons to get vaccinated felt the ad lacked any useful information and they did not appreciate the emotional angle taken by this storyboard.

Irrespective of the storyboard versions, participants who liked the concept noted that it referred to the importance of community and that only a collective effort will get us to where we want to be. They also felt that the underlying message was optimistic and positive.

### **Perceived main messages**

Participants felt these concepts were basically asking Canadians to get vaccinated and that, together, we'll get to where we want to be, we will get back to normal. Participants grasped that the concepts emphasized the collective effort that is needed to achieve the main goal of ending the pandemic and that this can only be achieved through individual actions.

Other main messages perceived through this concept included:

- Everyone is doing it, so should you / be a follower
- Everyone has a role to play / we all have to do our part
- To get back to normal, we all need to get vaccinated
- Tell others to get vaccinated
- We are all in this together
- A small gesture can make a big difference



- Getting vaccinated is the best path back to normalcy
- There is light at the end of the tunnel

## Perceived call to action

Many different calls to action were detected through this concept. For the most part, participants felt the ads were asking them to get vaccinated. Some participants felt the concept was asking them to be part of something bigger and to do their share in getting everyone, not just themselves, back to normalcy. Those who saw the Phase 1 storyboard felt this concept was asking them to become more informed about the vaccines but few seemed to connect to the bigger message of sharing that information with others in order to create an information ripple effect.

## Reactions to the taglines

Participants had strong reactions to the taglines in this concept, especially the parts of the tagline that read “Get vaccinated.” Similar to the reactions obtained in other concepts featuring this statement, many participants reiterated how much they feel this language is heavy handed and authoritative and that did not like having their government telling them what to do.

When revisiting the Phase 1 storyboard, participants did like the directive to “Get the facts” since most participants feel they are in a fact-finding these days when it comes to the vaccines.

The prompt to “join the movement” evoked a range of reactions, some positive and some negative. Those who liked it felt it was promoting a sense of community and the importance of a collective effort to get through the pandemic. They were excited at the prospect of being part of something bigger and reminded them that success can only be achieved together. Those who liked it less felt it encouraged Canadians to blindly follow what other people are doing without putting more thought into the decision to get vaccinated. They used language like “lemmings”, “sheep”, military recruitment/enlisting, and “followers” to describe how the statement made them feel and argued that if they decide to get vaccinated, it will be because of specific reasons and based on credible information, not because other people are doing it. A few others, including a few members of the Indigenous community, felt that being part of a movement implied assimilation or blending in with everyone else and that individuality no longer mattered, and this is not something they want to associate with their decision to get vaccinated. Finally, a few felt that the statement suggested that if one is not in the movement, then they are against it.

Instead of saying “join the movement”, some suggested language like “we need you”, “Chaque geste compte”, and “Chaque geste est important.”

## Participant suggestions for improvement

For many, softening the tone of the second part of each tagline would go a long way to improving the appeal of these storyboards. Asking or encouraging Canadians to get vaccinated would be preferred over telling them to get vaccinated. For others, it would be important to change “join the movement” to convey the importance of acting together without suggesting that Canadians should simply blindly follow or do something because others are doing it.

Other suggestions included:

- Add “For more information visit...” to the closing frame
- Show a regular person instead of a healthcare worker as the first person getting their vaccine
- Include other examples such as weddings, restaurants open, church gatherings as part of the larger “wave” to remind individuals of the things we have not been able to enjoy during the pandemic and that we look forward to doing again
- Include younger people in the ads (not only older people) dating or partying at night clubs since this is the audience that needs to be convinced these days

## Concept D – Ask the experts

The specific storyboards used in testing this concept changed throughout the course of the research wave. The details pertaining to each storyboard for this concept, how they evolved through the research, and the dates on which each version was tested are summarized in the grid below.

STORYBOARD	Description of storyboard and summary of edits
Phase 1A – V1	<b>Man asks expert how vaccines were developed so quickly</b> Dates tested: March 15, 16, and 17
Phase 1A – V2	<b>Man asks Dr. Adams how vaccines were developed so quickly</b> Edits made on March 18: <ul style="list-style-type: none"><li>• Physician super changed to refer to Dr. Adams and his position</li></ul> Dates tested: March 18
Phase 1A – V3	<b>Man asks expert what kind of testing was done before the COVID-19 vaccines were approved in Canada</b> Edits made on March 22: <ul style="list-style-type: none"><li>• Opening frame changed to show all individuals in the series</li></ul>








STORYBOARD	Description of storyboard and summary of edits
	<ul style="list-style-type: none"> <li>• Man asks a different question</li> <li>• Physician super changed back to refer to Dr. Smith</li> <li>• Expert position is changed to read “Health Canada Vaccine Research Scientist”</li> <li>• Detailed answer provided by the expert</li> <li>• Additional frame featuring three questions in bubbles added to the storyboard under the heading “Got questions?”</li> </ul> <p>Dates tested: March 22, 23, 24, and 25</p>
<b>Phase 1B – V1</b>	<p><b>Woman asks expert how she is to know if vaccines are safe</b></p> <p>Dates tested: March 15, 16, and 17</p>
<b>Phase 1B – V2</b>	<p><b>Woman asks Dr. MacDonald how she is to know if vaccines are safe</b></p> <p>Edits made on March 18:</p> <ul style="list-style-type: none"> <li>• Physician super changed to refer to Dr. MacDonald and her position</li> </ul> <p>Dates tested: March 18</p>
<b>Phase 1B – V3</b>	<p><b>Woman asks Dr. MacDonald if they’ve received a vaccine themselves and what research they looked at before making that decision</b></p> <p>Edits made on March 22:</p> <ul style="list-style-type: none"> <li>• Opening frame changed to show all individuals in the series</li> <li>• Woman asks a different question</li> <li>• Detailed answer provided by the expert</li> <li>• Additional frame featuring three questions in bubbles added to the storyboard under the heading “Got questions?”</li> </ul> <p>Dates tested: March 22, 23, 24, and 25</p>
<b>Phase 1C – V1</b>	<p><b>Woman asks expert if vaccines have side-effects</b></p> <p>Dates tested: March 15, 16, and 17</p>
<b>Phase 1C – V2</b>	<p><b>Woman asks Dr. Njoo if vaccines have side-effects</b></p> <p>Edits made on March 18:</p> <ul style="list-style-type: none"> <li>• Physician super changed to refer to Dr. Njoo and his position</li> </ul> <p>Dates tested: March 18</p>
<b>Phase 1C – V3</b>	<p><b>Woman asks Dr. MacDonald if they’ve received a vaccine themselves and what research they looked at before making that decision</b></p> <p>Edits made on March 22:</p> <ul style="list-style-type: none"> <li>• Opening frame changed to show all individuals in the series</li> </ul>

STORYBOARD	Description of storyboard and summary of edits
	<ul style="list-style-type: none"> <li>Additional frame featuring three questions in bubbles added to the storyboard under the heading “Got questions?”</li> </ul> <p>Dates tested: March 22, 23, 24, and 25</p>

### Phase 1A

			
<p>We see the faces of the different Canadians featured in this video series.</p>	<p><b>MAN:</b> What kind of testing was done before the COVID-19 vaccines were approved in Canada?</p>	<p>Cut to the expert in an office with official title as super.</p>	<p><b>EXPERT:</b> (to camera) COVID-19 vaccines have been tested since March 2020, and while increased funding and international collaboration have helped speed up the process, Health Canada only approves vaccines after reviewing data from thousands of participants in clinical trials and when it is certain they are safe and effective.</p>
			
<p>VO: Got questions?</p>	<p>VO: Good. We've got answers.</p>		

### Phase 1B

			
<p>We see the faces of the different Canadians featured in this video series.</p>	<p><b>WOMAN:</b> (to camera) I want to ask a medical expert if they've received a vaccine themselves and what research they looked at before making that decision.</p>	<p>Cut to the expert in an office with official title as super.</p>	<p><b>EXPERT:</b> That's a great question! I signed up for my vaccine the first day I was eligible. It was really exciting when I got mine, not only because it was important to protect myself, but because I know if enough people get vaccines as soon as they can, I might be able to travel soon to see my family in person again. I've looked at the rigorous testing process Health Canada uses when approving vaccines, so I knew that I could trust any vaccine they approved.</p>
			
<p>VO: Got questions?</p>	<p>VO: Good. We've got answers.</p>		

## Phase 1C

**Your COVID-19 questions, answered.**

We see the faces of the different Canadians featured in this video series.

**WOMAN:** (to camera) Do COVID-19 vaccines have side effects?

**Dr. Njoo**  
Canada's Deputy Chief Public Health Officer

Cut to the expert in an office with official title as super.

**Got questions?**

Are some vaccines better than others?  
Are vaccines still being tested?  
Do I need to get two doses?

**Good.**  
We've got answers.  
Canada.ca/covid-vaccine

**Canada**

**Expert:** You may feel some mild side effects. This is a sign that your body is building protection, and they should resolve within a few days on their own. Severe reactions to a vaccine are very rare.

**VO:** Got questions?

**VO:** Good. We've got answers.

## General reactions

This concept was often the most popular concept tested and regularly received strong ratings. Popularity was equally high among young and older participants, across regions and among healthcare workers. This concept was especially popular because it aligned with the fact-finding mode in which most individuals are these days when it comes to the vaccines. If they do not have any questions about the vaccine, they almost certainly know someone who does (e.g. patients) and many would be interested in sharing the information they find with others.

Generally, participants liked that the concept normalized and encouraged Canadians to ask questions. Many were also pleased to see that there is a site they can reference for answers from experts and many were looking forward to exploring it (a few did so during their session).

Most liked the kinds of questions being asked and admitted that they had very similar questions themselves. While the questions were appreciated, some were not satisfied with the answers provided by the experts. Criticism of the answers was higher for the initial versions of the storyboards, where many participants felt the answers did not provide enough information and seemed generic. Some, especially younger participants and healthcare workers, indicated that if these were the types of answers provided on the website, the ad would discourage them from visiting the website. Feedback was more positive for the revised versions of the storyboards although there remained some who were still interested in more details (e.g. statistics, data, links to studies, etc.) and were hopeful that the website could provide those details.

Even though they would not submit a video themselves, many also liked the approach that

involved everyday Canadians videorecording their question and then having that question answered by a recognized expert. This approach made the concept more genuine and credible.

The fact that the answers were coming from experts was for the most part well received. Some did question what made these specific individuals “experts” and they would like to know what, if anything, made them unbiased. A few healthcare workers would prefer that the experts not come from federal government branches, department or agencies since they are not convinced that Canadians will see them as entirely unbiased. They recommended that the experts featured should be more community-based rather than government-based.

Some participants also explained that while they will probably read the information on the website, they will not accept that information at face value since they feel they are seeing experts provide a range of opinions on vaccination and they also see experts contradict themselves. As such, they will not necessarily decide to get vaccinated based solely on what one group of experts are saying on a government website. For this reason, some would like to find references to data, statistics and studies on the website in addition to the opinions of experts.

There was no noticeable change in the appeal of the concept after the names of the experts were changed to actual Canadian experts. The concepts were already fairly popular before that change was made although some did emphasize that they appreciate getting the answers from experts that have been in the media during the pandemic and that this would be important in terms of adding credibility to the campaign and to the answers provided.

### **Perceived main messages**

For the most part, participants felt the Government of Canada was encouraging them to ask questions and to visit their website to obtain the answers from experts. Participants sensed that the federal government is acknowledging that Canadians have questions and that they recognize that they need a reliable resource to get answers which in turn will allow them to make an informed choice regarding vaccination.

To a lesser extent, some felt they were being told to trust experts or to trust the Government of Canada’s experts. A few also felt the main message was about dispelling myths and to counter all the misinformation regarding the vaccines.

Other main messages perceived through this concept included:

- There is an answer to all your questions
- The Government of Canada is listening to our concerns

- Trust the Government no matter what
- Trust the experts
- The vaccine is safe / Don't be afraid of the vaccine
- Go get vaccinated
- Questions are good / it is normal to have questions

## **Perceived call to action**

Firstly, most participants felt the ad was encouraging them to ask questions. As well, participants felt the ad was telling them to visit the federal government website to obtain reliable answers, which many participants believe they would do if they saw this concept online or on television. Some of those who were skeptical about vaccines or about experts in general indicated they would still visit the website based on this ad campaign because they are curious to see what they could learn from it. Even those who did not have questions would want to visit the website out of curiosity.

Healthcare workers, who were for the most part already vaccinated, were still interested in the website since they are looking for resources to which they can refer their patients. They hear many of the same questions featured in the storyboards and are happy to hear how some of their peers are answering those questions.

To a lesser extent, some participants felt the ad was asking them to get vaccinated.

## **Reactions to the taglines**

Nearly all participants liked the tagline for this concept: "Got questions? Good. We've got answers." Participants felt it was appropriate, it was confident, it was relevant, it was short and it was catchy. It says what it needs to say.

Of the few criticisms raised, the most common one was to change or remove the word "Good" since it came across as cynical, overconfident or arrogant. As well, a few in the francophone sessions felt the use of the term "Parfait" was too informal and that the tagline could easily be improved by removing that one word.

Unlike in many of the other concepts, participants appreciated that they were not being told to do something.

## Participant suggestions for improvement

For many, this concept needed little in the way of improvements. Participants felt the ad addressed current and relevant concerns they have about the vaccines, the ad was easy to understand and was to the point.

Some of the suggestions included:

- The opening frame should refer to “COVID-19 vaccines”
- Use Dr. Fauci, Dr. Tam, the Dean of medicine of a recognized university, or someone of that caliber
- Use local health officers that people in the regions know
- Ensure some ethnic and gender diversity among the experts featured
- Provide a toll-free hotline since not everyone will want to or can visit a website

Some of the suggestions for the website included:

- Have an opportunity to ask questions directly on the website
- To include links with information from other countries for those who don't trust the Government of Canada as a source of information
- To use simple language
- To provide detailed statistics, data and links to studies for those who want more detailed information

## Ideas for additional questions

Participants were asked what other questions they might have for an expert. Many admitted that the questions asked in the storyboards were the main ones they would ask. Additional questions provided by participants included the following (items with an asterisk (\*) were specifically asked by healthcare workers):

Side-effects:

- What are the typical side-effects? / What are the side effects?
- What are the major and minor side effects?
- How do we know it's safe long-term?
- What are the long-term effects?
- What are the effects on other organs (i.e. liver, kidneys)?



- Do they produce blood clots in the long term?
- What is the percentage of people who get blood clots from the vaccine?
- How do we know there are no long-term side effects?
- Is there a risk of dying by taking a vaccine?
- How long do the side-effects last?
- Convince me it is 100% safe?
- What is the incidence of side-effects by demographic segment?
- How long do side effects last?
- Have they tested side effects on fertility?
- What is the percent of adverse side effects?\*

#### Duration:

- How long before need to get the 2nd shot?
- Does it wear off? ...do I need to get this every year? What does the future hold? Will it be like the flu shot?
- How long does the vaccine last?
- Do we need to get the vaccine again in a year? / How long is the vaccine effective?\*

#### Difference between vaccines:

- What are issues with specific vaccines?
- What is the difference between the vaccines from different manufacturer?
- Why are there different types of vaccines?
- Which one does the federal government recommend?
- Which vaccine is the safest/best?\*

#### Children:

- What about kids?
- What research has been done about vaccines on children?  
When will children get vaccinated?\*

#### Access:

- When is it my turn?
- Do I have access to the better vaccine?
- What are the specifics to not qualify for the vaccine?\*

#### Efficacy / mechanism of action:

- How long after vaccination can we get back to normal?
- Do the vaccines protect against variants?
- How do vaccines work with people with a previous medical condition (i.e. diabetes, hypertension, etc.)?

- What percentage are you protected with the first dose and what percentage after the second dose?
- How does it compare to get COVID-19 antibodies vs getting the vaccine?
- How does the vaccine work?
- What is the difference with mRNA ones?
- Why is it an mRNA vaccine and not a dead virus?
- Why should I get vaccinated...how does this change/improve my immune system?
- Are the vaccines 100% effective against COVID-19?
- How reliable is the efficacy of the vaccine?
- When can I stop wearing a mask?
- What is the vaccine protection (%) with the new variants and mutations?
- What's in a vaccine?
- Would like to see real-world data that is evolving, especially regarding the efficacy.\*
- What are the ingredients of the vaccines (for religious limitations)?\*
- What is the efficacy against variants?
- How long do we have to wait for the vaccine to be effective and see the social change (back to normal)?\*
- Are there fetal parts in the vaccine?\*

#### Overall research process:

- Why can't we find solutions this quickly for other diseases?
- How did the vaccines come out so fast compared to others?
- What were the advances in science that allowed to get the vaccine so quickly?
- How did scientists develop the vaccine but don't understand the virus?
- Who are the humans used for the trials?
- How are trials still in stage 4?
- What got cut in the process to get the vaccine developed so fast compared to other vaccines?
- Why do they choose certain data for certain guidelines?\*
- Are there studies going on for pregnant women? Are there guidelines for pregnant women coming out?\*

#### Obtaining information on the vaccines:

- Where can you go to get more answers?
- What is fake news and what is real news?
- Is there an online vaccine tracker to follow the coverage of vaccination among the population?\*

#### Other questions:

- Why is it important to get the vaccine?
- Would you take this vaccine?
- Which vaccine did the experts get and why?\*

## Advertising Concept Comparison

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action.

Concept D (Ask the experts) was most often selected as the preferred concept, mostly because it is short, simple and to the point and it addresses the immediate need that participants have for information. Participants also liked that it is factual, it empowers Canadians and suggests they have a choice – it is not pushing a message.

The next most popular concept was Concept C (The ripple effect), especially after revisions were made to the concept and only the new Phase 2 storyboard was tested. Generally, those who preferred this approach felt that it showcases “back to normal” and speaks to the collective effort needed to emerge from the pandemic: “l’union fait la force.” Participants also liked that it is an inclusive and representative approach, it is hopeful, and that it pulls on the heartstrings.

Although not the most popular concept, Concept B (Reasons why) was also quite popular and often received good support from participants. Participants liked the human and highly relatable elements in the scripts and the process that the characters, especially the man, go through to then come to a decision with which they feel comfortable.

## Indigenous and Ethnic Community Representativeness in the Concepts

In the sessions dedicated to members of Indigenous and ethnic communities, the moderator explored whether participants felt the ad concepts shown were relevant to the community to which they belong. They also asked if anything should be added or changed so that they feel their community is better represented through these concepts.

These participants did not feel their preferred concepts needed to change to have their ethnic or Indigenous community better represented. While most would want to see diversity in the people featured in the ads, nothing more than what has already been done is necessary. Ultimately, participants explained that the human elements and the main messages presented in the concepts were more important than capturing diversity. Some also explained that it would be impossible to capture every possible Indigenous and ethnic community through these concepts so they cannot expect their specific community to be represented. That said, they did agree that the issues, challenges and aspirations featured in the concepts were relevant to their communities and that they could relate to most if not all of the main characters in the various concepts.

## Research Results – Wave 2

### Concept Presentation Context

Before seeing the concepts (presented as storyboards), participants were provided the following information:





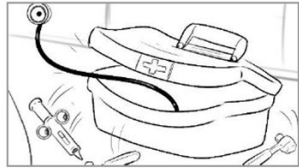




- The advertisement concepts that they will see are related to COVID-19 vaccination of children.
- The concepts are draft versions and not yet finalized.
- If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. The ad concepts are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television.
- The overall campaign would consist of two phases. Phase 1, which would be in market fairly soon, would focus on educating parents about vaccinating children, including effectiveness, safety, etc. Phase 2, which would be in market sometime in August 2021, would appear only after the Phase 1 ads had been in market for a while.

A total of four “concepts” were presented in each session, of which one was for Phase 1 and three were for Phase 2. In all sessions, the three Phase 2 concepts were presented and discussed first and the Phase 1 concept was left for the end of each session. The order in which the three Phase 2 concepts were shown was randomized. Details on the order of concepts shown per session is available in the moderation guide available in the main report’s appendix.

It should also be noted that, unless otherwise indicated, feedback and reactions were very consistent across the various target audiences involved in this phase of research, including across regions, age groups, ethnic groups, etc.

## Concept A – Anything is possible

The following concept was shown in all sessions:

 <p>We open on an entryway in a family home. The front door closes, and everything is suddenly quiet. Nobody's home.</p>	 <p>We cut through quick shots of different rooms in the home. A hallway, a living room, a teen's bedroom, a child's bedroom.</p>	 <p>We see a stuffed elephant in the child's bedroom with its trunk hanging on by a thread. It lets out a large sigh. <b>ELEPHANT TOY: Finally, they're gone.</b></p>	 <p>A poster of a boy band / pop star on the wall responds. <b>POSTER: I know, with the pandemic these kids are home ALLLLL the time.</b></p>
 <p><b>PLASTIC DOCTOR'S KIT:</b> Their mom just took them to get vaccinated! Think my hints worked? A toy syringe, stethoscope, and reflex hammer spill onto the floor. We hear an excited shriek from the teen's closet. <b>SHIRT + TIE:</b> Vaccinated?! So I can finally go to a semi-formal???</p>	 <p><b>VIDEO GAME:</b> Have fun, I'm going into sleep mode. Switch back to the young child's room. <b>PILLOWS:</b> Sleep?! I'm ready to stay up all night! <b>Bring on the slumber parties!!</b> <b>SOCCER BALL:</b> And soccer games! <b>MAP OF CANADA:</b> And road trips!</p>	 <p>The camera pulls back to the hallway. We hear different toys, objects and decorations from the kids' rooms shouting out things the kids will be able to do once vaccinated.</p>	<p><b>Learn more about COVID-19 vaccines for children.</b></p> <p><a href="https://Canada.ca/covid-vaccine">Canada.ca/covid-vaccine</a></p>
 <p><b>SYRINGE FROM PLASTIC DOCTOR'S KIT:</b> (jumping for joy) I did it!!!</p>			

## General reactions

For the most part, this concept received weak to moderate ratings with strong appeal among a limited number of participants.

Generally, participants felt the concept was more appealing and engaging for children than for parents. In fact, a good number of parents thought the concept intentionally targeted children, especially younger ones, which a few saw as manipulative while a few others felt it was a good way to engage children and encourage them to talk to their parents about vaccination. While some liked the “Toy Story”/“The Brave Little Toaster” approach, many felt it was too juvenile for parents, generally lacking the seriousness that they believed vaccinating children deserved.

Parents liked that the concept was highlighting some sort of “return to normal” because of vaccination. That said, most would have preferred seeing the excitement of rediscovering long-lost activities and of leaving other types of activities behind through the eyes of people rather than through toys and items of décor. A few explained that they would be able to relate or connect a

bit more with the sentiments the concept is trying to convey if they could see people in the concept.

Parents also liked that part of the overall message involved encouraging parents to “learn more,” which resonated strongly with them because many did have a good number of unresolved questions related to COVID-19 vaccination of children. As will be seen later in this report when presenting the reactions to other taglines, participants liked that this tagline left the option of vaccination more “open-ended” and came across as less of a directive.

Many also liked that the tagline referred to safety, something which is not done in the taglines for the other concepts. That said, use of the word “safe” in the tagline did elicit a range of reactions among participants. While most did admit that the word reassured them and gave them a legitimate reason to consider vaccination, there were also many who felt that if the Government were encouraging parents to vaccinate their children, then safety was implied and that it did not need to be mentioned in the tagline. A few outright disliked the use of the term and felt it was more likely to raise red flags with them than it was to reassure them.

There was some discussion around whether participants could relate to or even enjoy the idea of an empty house as a result of children getting their vaccines. Participants explained that a “return to normal” does not necessarily mean that the house will be empty. Others explained that the pandemic did not necessarily mean that their family could not leave the house, a sentiment particularly common in parts of the country where lockdowns were either less frequent or did not happen at all. Conversely, some of those who did appreciate the concept could relate to the feeling of wanting an empty house.

Finally, for a few participants, either certain scenes in the concept (e.g. the empty house, the elephant with a torn trunk, etc.) or the concept overall were considered depressing. A few also explained that the concept seemed to cast a negative light on being at home and having a busy household when in fact, many families learned to appreciate home living during the pandemic and that many elements of that lifestyle will be missed once things return to normal.

### **Perceived main messages and calls to action**

For the most part, participants felt the Government of Canada was encouraging them to get their children vaccinated so that life could get back to normal. This was also widely seen as the main call to action. Other main messages perceived through this concept included:

- Child vaccination is now safe

- Parents should find out more about child vaccination / get informed by visiting the website
- That it's safe to leave the house
- Vaccination equals freedom
- If you want to leave the house, get vaccinated
- Vaccinate your kids to get them out of the house (seen in a negative way)
- If you don't want to keep playing indoors, get vaccinated
- Enable kids to do what they want, give them what they need so they can go outside

Other than perhaps reassuring them about the safety aspect of vaccination, parents did not feel that this concept made them see vaccination any differently than they did before.

### **Ideas for additional activities**

Participants were asked what other activities they believe might get a break once things return to normal and what activities will see the light of day again.

Additional activities that will slow down or get a break included:

- Pets
- The home Internet connection
- The fridge door
- Face masks
- Screens / electronics in general / television
- Parents and caretakers

Additional activities that will get picked up again include:

- Birthday parties
- Gender reveal parties
- Graduations
- Ballet
- Travel
- Sports in general
- Water toys / outdoor toys (e.g., skipping rope)
- Getting together with friends
- Fancy dresses for weddings, etc.

Members of indigenous and ethnic communities tended to suggest the same kinds of activities as participants from the general population. A few additional ideas proposed by those from indigenous communities included:






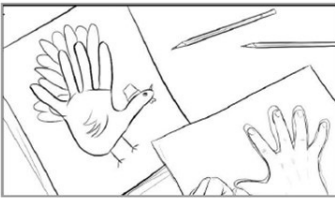

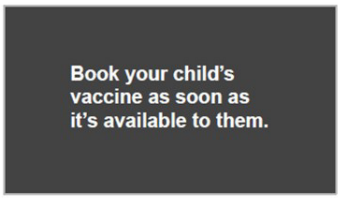

- Powwows
- Spending more time with grandparents and elders
- Smudging
- Using symbolic colours (i.e., white, yellow, red and black) strategically in the ad. Not necessarily flagrant use, but something subtle like in a poster in one of the kid’s rooms.

## Concept B – Happy Everything

The specific storyboards used in testing this concept changed throughout the course of the research wave. The details pertaining to each storyboard for this concept, how they evolved through the research, and the dates on which each version was tested are summarized in the grid below.

STORYBOARD	Description of storyboard and summary of edits
Concept B – V1	Dates tested: June 28 and 29; July 5 and 6
Concept B – V2	<ul style="list-style-type: none"> <li>• Third frame changed to a school celebration</li> <li>• Text from fourth frame updated to refer to some of the children in the previous frame</li> </ul> Dates tested: July 7 and 8

### Concept B – V1

		
<p>We see a teen looking at themselves in the mirror. They're putting the final touches on their outfit,</p>	<p>which is a combination of clothes one might wear to prom, Halloween, a sporting event, and a birthday party.</p>	<p>We cut to see a young brother and sister decorating the house and arranging party favours and crafts. We see a pumpkin carved for Valentine's Day, a first-place science fair project, a St. Paddy's Day garland, Chinese New Year lanterns,</p>
		
<p>and one of the siblings tracing their hand to make a turkey craft with a rainbow feathered tail.</p>	<p>We see someone walk across the stage. We hear the crowd chant as a clock counts down to midnight. The graduate is wearing their mortar board, a Dorothy costume, and skis. Instead of a pulpit, they step onto a podium and receive their diploma, a bouquet and a medal.</p>	<p><b>VO: COVID-19 has made kids miss out on a lot of big moments. Vaccination is an important step to catching up. Book your child's vaccine as soon as it's available to them.</b></p>
		



## Concept B – V2



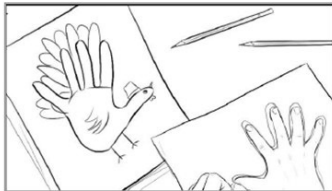
We see a teen looking at themselves in the mirror. They're putting the final touches on their outfit,



which is a combination of clothes one might wear to prom, Halloween, a sporting event, and a birthday party.



We cut to see a group of young children having fun together at a school celebration. The school gym is decorated for various festivities. We see pumpkins carved for Valentine's Day, a St. Paddy's Day garland, and Chinese New Year lanterns.



Some of the kids are blowing up balloons, while others are tracing their hands to make a turkey craft with a rainbow feathered tail.



We cut to see someone walk across a stage. We hear the crowd chant as a clock counts down to midnight. The graduate is wearing their mortar board, a Dorothy costume, and skis. Instead of a pulpit, they step onto a podium and receive their diploma, a bouquet and a medal.

**Book your child's vaccine as soon as it's available to them.**

**VO: COVID-19 has made kids miss out on a lot of big moments. Vaccination is an important step to catching up. Book your child's vaccine as soon as it's available to them.**

Canada

## General reactions

For the most part, this concept received moderate to good ratings.

Those who appreciated this concept the most liked the creative approach to capturing a collection of life events that their children have missed since the start of the pandemic. It reminded them of how many events had been either missed or celebrated differently. Although some appreciated that they could not necessarily “catch-up”, they felt the concept reinforced how vaccination could help ensure that future events are not missed either for their own family or others. The graduation scene was especially poignant for those in the groups who had one of their children graduate.

Some also liked the creative approach because it was humorous. Some also liked that it piqued their curiosity from the beginning since they could not really figure out what was going on. Wanting to see how all the different elements came together in the end was an effective hook to get them to pay attention from the beginning to the end.

Finally, those who liked this concept felt it effectively cut across different child age groups and across cultures.

While the concept did have certain strengths, its weaknesses outweighed these strengths for many participants. In fact, many who gave moderate to low scores for this concepts did agree that it touched on important life events, that it was relatable for a broad range of child ages and that it touched on a nice variety of cultural events. That said, the concept's weaknesses were so important it pulled down their overall score.

A common reaction was that participants felt the concept was trying to do too much and contained too many details. Participants felt somewhat overwhelmed with all the details and were concerned that many of those details would be missed if they had seen this ad on television or online: "I don't have the attention span to figure all this out." All those who shared this concern felt that the concept would be more effective if only one type of event were featured at a time rather than trying to blend many into each scene.

Participants also felt that some of the events featured in the concept were not really missed by their children (e.g., Hallowe'en). For some of the events, parents explained that they found workarounds or different ways to celebrate. As such, these parents could not relate as much to this concept as other parents whose children really missed out. Parents also explained that the restrictions in some parts of the country, such as in Atlantic Canada, were not as limiting as in other parts of the country, such as in Ontario, which made the concept less relatable across the country.

Some parents also felt that the concept, especially V1, did not effectively highlight the benefits of vaccination since most of the characters were either alone or in their family bubble. Parents felt that kids should be shown in larger groups to reinforce the fact that they can now be with their friends if they get vaccinated. This was in some ways corrected through V2 but nonetheless, this remained an important drawback for the overall concept.

A few participants also felt that the concept was too focused on the past whereas they would prefer an approach that was future-focused. In other words, they did not want to see, or be reminded of what they have missed because of the pandemic. Instead, they would prefer to see what their children will be able to do if they get vaccinated – they preferred a future-focused concept. Along these same lines, a few participants did not feel as though "catching up" is realistic. Again, these participants would prefer if the ad focused on being able to fully celebrate future events, and not suggest that what has been missed can be relived.

Finally, some participants felt the tagline was a weakness for the concept. First, some felt that the tagline was too authoritative – they felt like the Government of Canada was telling them what to do, which was not something they appreciated in the context of vaccinating their children. As well, those who liked the reference to “safety” in Concept A felt that its absence in this tagline was a weakness.

## **Perceived main messages and calls to action**

In terms of the main message, participants consistently said that the Government of Canada was telling them to get their children vaccinated. This was also widely seen as the main call to action. Other main messages perceived through this concept included:

- Get your children vaccinated so that...
  - ... they can get back to life.
  - ...they can catchup.
  - ...they can have a great life.
  - ...they don't miss out anymore
- Getting children vaccinated means we can live what we missed.
- Getting children vaccinated means we can get back to normal.
- We've missed out on a lot.
- Get kids vaccinated but stay distanced.
- Back to normal is around the corner.
- If you don't want to miss more big events, get vaccinated.
- Kids are missing out, so take the steps to allow them to get back to life. / They have missed out so much, let's not miss more.
- Kids are missing out on socializing, which is important to them.

For the most part, parents did not feel that this concept made them see vaccination any differently than they did before. It did remind a few that they have missed out on a lot and, to avoid missing out on more, vaccination is the way to go.

## **Ideas for additional events**

Participants were asked what other life events they believe their children have been missing out on. Examples provided tended to cut across regions, the age of their children and were just as

likely to be mentioned by parents from ethnic and indigenous communities as they were to be mentioned by parents from the general population. Some of the ideas provided included:

- Travel / Seeing family in other provinces / annual vacation or trip
- Sports in general / sports events: hockey tournaments
- Brownies and Scouts
- Christmas
- Seeing grandparents / visiting grandparents at their retirement home
- Family events: big family meals, child's birthday party, getting together for a drink
- Being with friends in general / socializing: going to the park, teen dances, having friends over, backyard campouts
- Graduation / Prom / Junior high graduation
- Birthday parties
- Regular school events
- Birth of a sibling
- Canada Day

As noted above, members of indigenous and ethnic communities tended to suggest the same kinds of events as participants from the general population. Some suggested that diversity could be captured through the people in the concept rather than through culture-specific events.

Activities like large family meals and travel were also consistently mentioned by parents in the groups featuring parents from ethnic communities. They explained that many ethnic families have relatives "back home" and that travel is an important activity for them. A few also explained that regular Canadian events like Canada Day are also important to immigrant communities. A few additional ideas proposed by those from ethnic communities included:

- Eid
- Jewish wedding
- Christmas
- Fireworks for Diwali
- Caribana

A few additional ideas proposed by those from indigenous communities included:







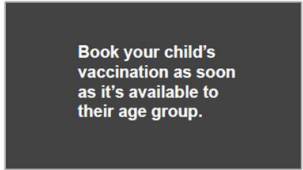


- Powwow
- Seeing "our faces" in the mix of people in the concept

## Concept C – The Crew

The specific storyboards used in testing this concept changed throughout the course of the research wave. The details pertaining to each storyboard for this concept, how they evolved through the research, and the dates on which each version was tested are summarized in the grid below.

STORYBOARD	Description of storyboard and summary of edits
Concept C – V1	Dates tested: June 28 and 29; July 5
Concept C – V2	<ul style="list-style-type: none"> <li>Second event changed to a child’s birthday party being celebrated by family and friends</li> </ul> Date tested: July 6
Concept C – V3	<ul style="list-style-type: none"> <li>Supers removed throughout</li> <li>Fourth event added featuring newly graduated teens at a friend’s home</li> <li>Removed next to last frame showing the tagline in text format</li> <li>Removed final frame showing soccer player tightening her ponytail</li> <li>Dates tested: July 7 and 8</li> </ul>

### Concept C – V1

			
<p><i>In this spot, we'll celebrate the social activities our kids are excited to return to, using music with attitude, dramatic slo-mo camera work, and edgy supers.</i> We see little girls in their jammies jumping on a bed, pillow fighting, having a blast.</p>	<p><b>SUPER: Hello, sleepover season</b></p>	<p>We see a group of teenage boys and girls absolutely tearing into a pizza. Cheese pulls everywhere. High fives.</p>	<p><b>SUPER: Pizza Party Crew: Unlocked</b></p>
			
<p>We see minivans roll up to a parking lot. Slowly, the doors open and little soccer players spill out, rushing the field in slow motion.</p>	<p><b>SUPER: Yup, back in the game</b></p>	<p><b>VO: COVID-19 vaccines can help kids get back to being kids.</b> Book your child's vaccination as soon as it's available to their age group.</p>	<p>We see a little soccer player stare into the camera. They tighten their ponytail.</p>
			



## Concept C – V2



*In this spot, we'll celebrate the social activities our kids are excited to return to, using music with attitude, dramatic slo-mo camera work, and edgy supers.*  
We see little girls in their jammies jumping on a bed, pillow fighting, having a blast.



**SUPER: Hello, sleepover season**



We see a child's birthday party being celebrated by family and friends.



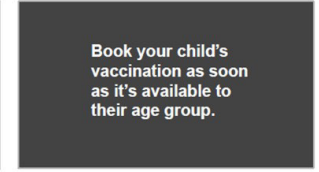
**SUPER: Pizza Party Crew. Unlocked**



We see minivans roll up to a parking lot. Slowly, the doors open and little soccer players spill out, rushing the field in slow motion.



**SUPER: Yup, back in the game**



**Book your child's vaccination as soon as it's available to their age group.**



We see a little soccer player stare into the camera. They tighten their ponytail.

Canada

## Concept C – V3



We see little girls in their jammies jumping on a bed, pillow fighting, having a blast.



We see a child's birthday party being celebrated by family and friends.



A minivan rolls up to a parking lot. Slowly, the doors open and little soccer players spill out, rushing the field in slow motion.



We see a group of newly graduated teens show up to their friend's home. They're laughing, snacking and generally crowding the kitchen. The friend's mom looks a little taken by surprise when she sees so many kids in her home.



We zoom in on the mother's face. She smiles.  
**VO: Book your child's vaccination as soon as it's available to them.**

Canada

**VO: COVID-19 vaccines can help kids get back to being kids.**

## General reactions

For the most part, this concept received moderate to strong ratings.

This concept was consistently the popular choice across all sessions. Participants praised its simplicity and how it effectively captured one of the things that their children seemed to be missing out on the most through the pandemic: being with other kids. Even though they could not relate to each of the scenes featured in the concept, nearly every parent could relate to at least one of them, or they could relate to the “idea” being conveyed in at least one of them. For instance, parents whose children missed playing hockey or baseball could relate to the soccer team spilling out onto the pitch. The highly relatable element of the concept was often praised as one of the concept’s key strengths.

Parents could also feel the energy and the optimism being conveyed through the concept, and this without even hearing any audio or music. Some imagined hearing the children’s laughter, excited chatter and squeals of excitement, all of which seemed to evoke an emotional response to the overall concept.

Parents also felt that the concept captured important activities for a variety of age groups and as such, parents of young and older children could appreciate the overall concept. One exception would be the parents of very young kids, who suggested that perhaps the concept could feature a group of parents pushing strollers or a scene at a park in order to include very young children in the mix.

A few parents also liked that, unlike Concept B, this concept was future-focused and aspirational. The concept showed what the future could look like if children get vaccinated. As well, contrary to what some saw in Concept B, this concept focused on group activities rather than showing children alone or in their family bubble. Also, importantly, some parents were pleased to see how each scene only focused on one type of activity or event and that, unlike Concept B, it did not try to combine a full range of events into each scene. This simplicity was appreciated, especially in contrast to Concept B.

This concept was also most likely to effectively convey the importance of the connection between socializing and the mental and physical health of their children. The scenes showing kids being with other kids along with the tagline that referred to how “vaccines can help kids get back to being kids” seemed to be important factors in helping parents make those connections.

It should be noted that all these strengths were raised irrespective of the version of the concept shown to participants, and that even if some suggestions for improvements were raised, these strengths more than outweighed any weaknesses.

That said, participants did have some suggestions to improve the concept. A few felt that last scene in the V1 version (where the young girl is tightening her ponytail) was either odd or unnecessary. A few suggested that she could be replaced with a group scene, such as the entire team enjoying a post-game treat or meal. Although some did like the look of determination on her face, very little pushback was received when the idea of removing that frame was proposed. This frame was removed for the V3 version of the concept and this did not diminish the appeal or the impact of the overall concept.

There was also some discussion regarding the value of the supers. In early sessions, some participants did not feel the supers added value and a few did not particularly like some of the words used, such as “Yup” or “unlocked.” For the V3 version, supers were removed, a modification which did not seem to weaken the overall appeal of the concept. When specifically prompted by the moderator to consider if supers could improve the concept, participants who were shown V3 were split on the idea. Some felt the scenes were sufficiently self-explanatory and that added text would not be helpful. Others felt the supers could confirm that characters are “outside their bubble” while a few also felt that the supers would get their attention and further engage the audience especially if nobody is speaking in the ad until the end.

One of the concerns a few participants had was that the ad seemed unrealistic because it seemed to suggest that if children get vaccinated, they can immediately start socializing. This, to them, seemed to contradict what was being suggested by public health authorities.

A few also suggested that the first few scenes (e.g. sleepover, family meal) do not explicitly say that these are happening outside the family’s bubble. Suggestions included adding a mix of girls at the sleepover from different ethnic groups and having a meal scene with a much larger group of people.

A few were critical of the tagline, which, like the one used for Concept B, came across as too “bossy.” Participants would have preferred an approach that suggested that parents get their children vaccinated rather than one that told them to do so. As well, some would have liked a reference to the safety of the vaccines.



## Perceived main messages and calls to action

In terms of the main message, this concept generally conveyed the idea that getting children vaccinated will allow them to get back to the business of being kids, which overall was a very meaningful and impactful message for parents. In the end, the main call to action was to get their children vaccinated. Other main messages perceived through this concept included:

- Get your children vaccinated so that...
  - ... they can return to normal.
  - ...we can get our life back.
  - ...they can socialize safely.
  - ...they can get back to group activities.
- It is a message of hope and optimism.
- Vaccinate for the sanity of your kids.

For the most part, parents did not feel that this concept made them see vaccination any differently than they did before. It did remind a few of what their children have been missing and comforted them for having taken the decision to vaccinate their children. It also comforted a few knowing that parents who were still undecided about vaccination would see this ad and it might persuade them to move forward with vaccination. The concept also got some excited about what could be just around the corner.

## Ideas for additional activities

Participants were asked what other activities they believe their children have been missing out on. Examples provided tended to cut across regions, the age of their children and were just as likely to be mentioned by parents from ethnic and indigenous communities as they were to be mentioned by parents from the general population. Some of the ideas provided included:

- Family gatherings: pool parties, BBQs,
- Going to a park / Amusement parks / water parks / Indoor playground or jungle gym
- Back to school / school events (e.g. assemblies, concerts, etc.) / Graduation / Formal
- Weddings
- Birthday parties, especially those indoors (e.g. in a restaurant)
- Sports in general: swimming, baseball, soccer, martial arts, hockey,
- Travel
- Seeing and hugging grandparents
- Going to the mall (for older teens)
- Large crowd events: sports events (e.g. a Blue Jays game), concerts

- Movie theater / movie night at home
- Going to a restaurant
- A “gamer’s” night

As noted above, members of indigenous and ethnic communities tended to suggest the same kinds of events as participants from the general population. Parents from ethnic and indigenous communities do not feel anything else is needed for them to feel like their community is reflected in the concept. They explained that just showing a mix of people in the ads is sufficient, and that the events themselves do not need to be ethnic-specific.

## Advertising Concept Comparison

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action.

Concept C (The crew) was the most popular concept in each session. Compared to all other concepts, this concept was praised for its simplicity, the focus on the future, its emphasis on group and social activities, its ability to capture various age groups, its relatability, and for its tagline which zeroed in on the link between vaccines and “kids being kids.” As one participant summarized it: “it’s where I want to be.”

Of the few who preferred Concept B, the appeal was mostly driven by the unique and creative approach taken. It was also praised for the range of events and activities that children have missed out on although it could benefit from a scene featuring a large family gathering. That said, even by adding a family scene to the concept, few who preferred Concept C would change their minds in favour of Concept B.

The few who preferred Concept A enjoyed the creative approach that could also engage younger audiences. The nostalgic tack combined with elements of humour were also appreciated. Participants also felt that the tagline for this concept was the best one presented because it referred to safety and it provided a link to a website for more information.

## Tagline Comparison

As participants commented on the overall concepts, they also tended to comment on the tagline featured in each concept. The three versions tested in this wave of research were:

- **Option 1:** It’s safe to vaccinate your child for COVID-19 as soon as they’re eligible.
  - **Reactions:** This option was a strong favourite among anglophone participants for two main reasons. First, it referred to safety. Second, it does not come

across as a directive – it is a softer approach to encouraging parents to get their children vaccinated.

- **Option 2:** Book your child’s vaccine as soon as it’s available to them.
  - **Option 3:** Book your child’s vaccination as soon as it’s available to their age group.
- **Reactions:** Many participants were indifferent between Options 2 and 3 – they considered them very similar. Those who tended to prefer one of these options instead of Option 1 explained that they did not like the reference to “safety” in the first option because their government should not have to refer to safety if in fact the vaccines are safe. They also felt like the language in Options 2 and 3 were more direct and instructional.

Francophones tended to gravitate towards Options 2 and 3. They felt that the formulation of Option 1 (*Faire vacciner votre enfant contre la COVID-19 dès qu’il est admissible est sécuritaire.*) was awkward with the words “est sécuritaire” at the end of the statement.

When forced to choose, participants would tend to lean towards Option 3 since it uses language which is relatable to most participants. Referring to “age groups” is what they have been hearing in the media and from public health authorities and as such it is familiar to them.

### Reactions to “Ask the Expert”

Having completed the review of the Phase 2 concepts, participants were given additional context for the Phase 1 concept that would be explored in the session. They were informed that this concept would support efforts to educate and inform parents about vaccinating their children. Just like the concepts for Phase 2, this concept would be a 30-second video that could be seen on television, in social media or online. Participants were also told that the individuals in the Phase 1 ads would not be actors – that they would be real Canadians who recorded a video of themselves asking a vaccination-related question that would then be answered by an actual expert.

The following concept was the only one shown to participants:

**COVID-19 vaccine questions**

**MAN: (to camera)**  
Should children get the COVID-19 vaccine as soon as it's available to them?

**Dr. James Smith**  
Pediatric immunization specialist

Cut to the expert at home with official title as super. We see pictures on the fridge drawn by the expert's children.

**EXPERT: (to camera)** Yes. When you get your child vaccinated, you're helping to protect them from developing serious illness. All new vaccines, including the COVID-19 vaccines, go through a very specific and scientific process of testing and review to make sure they are safe and effective. When you and your child get vaccinated, you're also helping them get one step closer to doing what they love, which is also what they need for their mental health and well-being.

**Got questions?**  
What's the difference between the vaccines?  
Do I need a vaccine if I've already had COVID-19?  
How do the vaccines work?

**Good. We've got answers.**  
Canada.ca/covid-vaccine

**Canada**

VO: Got questions?      VO: Good. We've got answers.

Participants were asked what other questions they might have for an expert. The primary focus was on side-effects, with a particular focus on long-term effects.

#### Side-effects / safety profile:

- What are the side-effects / risks?
- How safe is it for kids <17 years of age?
- How do you know if it is "safe"?
- Are there any implications on fertility / reproductive system?
- What are the long-term effects?
- What is the long-term impact on the child's immune system?
- How safe is it for infants? ...vulnerable populations? ...immune-compromised children? ...autistic children?
- What are implications if child has comorbidities/ pre-existing conditions (e.g., myocarditis, anaphylactic)?
- I experienced side-effects when I got vaccinated – will my child experience something similar?
- Can it be potentially fatal?
- What do we do if a child experiences symptoms after getting vaccinated?
- What are potential reactions or risks of mixing vaccines between dose one and dose two

#### Dosage:

- Do kids get the same vaccine as adults?
- Do kids get the same dose as adults?
- Do kids get the same concentration as adults?
- Do kids also need two doses?
- Does the dose vary according to body size?

#### Duration:

- How long is the vaccine effective for?
- Is it a one-time vaccine or will it need to be annual? ...will boosters be needed?

### Difference between vaccines:

- Can children mix vaccines from one dose to the next?
- Will kids have the choice of vaccine brand?
- How different are the vaccines?
- Which vaccine should I choose for my child? / Which vaccine is recommended for my child?

### Motivations:

- Why should we vaccinate children?
- If all adults are vaccinated, why would kids need to be vaccinated?
- Do they need a vaccine if they have already contracted COVID?

### Efficacy / mechanism of action:

- What is the effectiveness rate among kids?
- How does the vaccine work in children?
- Once vaccinated, what are the odds of contracting COVID?
- What is the efficacy, based on specific vaccines and based on mixing vaccines?
- Is the vaccine effective against the Delta variant?

### Age:

- Starting at what age?
- Do those under 12 need to get vaccinated?
- Why is the cut-off 12 years of age?

### Overall research process:

- How long should a study last to effectively determine side-effects in kids and adults?
- How much research has been put into this?
- How long did it take the vaccine to come out?
- Why did it take such a short period to develop the vaccine?
- Why did it take such a short period to approve the vaccine?
- Help me understand the whole vaccine-development process.
- What is the testing and approval process for children's vaccines?
- Who did the tests?

### Other questions:

- Why are young kids so asymptomatic?
- What is the risk/reward of getting the vaccine versus contracting COVID?
- Where are the vaccines coming from?

By and large, the types of questions or areas of concern for parents did not seem to be related to the age of their children. Parents confirmed that their questions apply to any age groups.

In terms of who they would trust to provide the answers to their questions, participants tended to mention pediatricians and immunization experts, especially one working at a well-known

children's hospital. From time to time, a more specific type of expert would be requested such as a scientist involved in developing the vaccines, a virologist, an infectious disease expert, an immunologist, or an epidemiologist. Some would be satisfied to hear from a community-based general practitioner or a pharmacist. For the most part, participants are looking for someone who is above all neutral and unbiased, meaning they are not connected to the pharmaceutical companies producing the vaccines, nor are they connected to the government, who, for many, is seen as predisposed to wanting Canadians to get vaccinated.

There was some appeal in the idea of having different specialists answer different questions. For instance, some answers would be more credible from someone who helped develop the vaccines while others more credible from those administering the doses. Others admitted that they were fairly indifferent about the type of expert answering the question since they do not know enough about the different types of experts to assess whether one type is better suited than another to answer certain questions.

Whether or not the expert is also a parent meant little to some parents and a lot for others. Those who valued it felt that the expert would be sympathetic to the concerns of other parents and, if they chose to get their child vaccinated, then they are also practicing what they preach. Those who were indifferent about whether the expert was also a parent felt that they are seeking this person's opinion as a medical expert, not as a parent and that above all, they would want the ads to feature the most qualified expert to answer their question, not the most qualified expert who also happens to be a parent. A few also felt it would be important for the expert to be seen in a professional setting – seeing them at home in casual attire with their kid's drawings behind them on the fridge seemed less authoritative to them compared to a scene where they are in their medical office or in a lab, wearing a lab coat.

Parents were quite comfortable with the overall approach of having a parent featured in the ad next to their child, with the parent asking the question. Participants were pleased to see that the child is also in the frame since the decision to vaccinate has a direct impact on their well-being. It also shows that the parent is concerned. A few participants felt it might be interesting to hear children ask some of their own questions, although they would not want a child to ask a question that is clearly beyond their level of comprehension. A few participants also suggested that different family configurations could be featured through a series of ads, including two parents with one child, a grandparent along with their grandchild (as suggested by an indigenous parent), etc. Participants also appreciated that a series of ads could effectively capture the diversity in Canada's population.

## Research Results – Wave 3 (Vaccine for children 6 months to 5 years of age campaign)

### Concept Presentation Context

Before seeing the concepts (presented as storyboards), participants were provided the following information:

- The advertisement concepts that they will see are related to COVID-19 vaccination.
- The concepts are draft versions and not yet finalized.
- If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. The ad concepts are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television.

A total of three “concepts” were presented in each session. The order in which the three concepts were shown was randomized. Details on the order of concepts shown per session is available in the moderation guide available in the main report’s appendix.

It should also be noted that, unless otherwise indicated, feedback and reactions were very consistent across the various target audiences involved in this phase of research, including across regions, age groups, ethnic groups, etc.

### Concept A – Keep them safe

STORYBOARD VERSION	Summary of edits (only English concepts were revised)
Original design	Dates tested: July 14
Revision #1	Edits made on July 18: <ul style="list-style-type: none"><li>• Image in the last frame replaced to show a younger boy receiving his vaccine</li></ul> Dates tested: July 18
Revision #2	Edits made on July 19: <ul style="list-style-type: none"><li>• Frame in which the voice over says “Make the best choice for your family” is removed</li></ul> Dates tested: July 19, July 20

**VO: We do everything we can to keep our little ones safe.**  
A baby is taking their first steps. A parent scoops them up just before they fall.

**VO: Now, children as young as six months old can benefit from COVID-19 vaccines.**  
A parent is baby-proofing their home. We see them install a baby gate and electrical outlet guards.

**VO: Vaccination can help keep children safe from severe illness and the potential long-term effects of COVID-19.**  
The other parent is holding the infant in a rocking chair. The first parent walks over to kiss the baby on the head.

**VO: This layer of protection is especially important as children return to indoor activities and playdates this fall.**  
On a pool deck, a parent finishes buckling a lifejacket on their child before they go to join their swimming lesson with other children.

**VO: Learn more about the COVID-19 vaccines and children, including how to book appointments.**  
We see a parent and child at a vaccination clinic.

Learn more and book their appointment at [Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine)

**Canada**

**VO: A message from the Government of Canada.**

## General reactions

For the most part, this concept received moderate ratings.

Those who liked this concept the most felt that it was relatable and hit close to home. The examples shown in the concept were things that some felt they do all the time to protect their children. Many felt that the message was effective and liked the theme of protection as a metaphor for the vaccine as it made it seem like “just another way to protect your children” which got a few participants thinking. Some felt that this seemed like a “soft sell” for the vaccine.

Participants strongly appreciated that the ad explicitly mentions the minimum age their child needs to be to receive a vaccine rather than requiring them to do additional research or access the government website to find this information.

Conversely, some participants perceived the concept as being pushy or threatening. A few felt that the ad was suggesting that their children would not be able to return to fall activities if they decide not to get them vaccinated. Others felt the ad leaves them feeling that if they choose not to get their children vaccinated, they are bad parents. Additionally, one participant described the ad as overly dramatic and felt that the safety measures shown in the concept were far more important than the vaccine.

Some felt that the ad played on emotions and guilt and lacked factual information. Participants would prefer to see more research and facts about the vaccine presented in the ad. As many are uncertain about the safety of getting their children vaccinated, they would appreciate having these



concerns acknowledged. They would prefer if the ad suggested resources for getting more information, such as by discussing with a health care professional, rather than simply being told to get their children vaccinated.

There was also some confusion surrounding the age groups of children in the ad and who the intended target audience was supposed to be since there were children of different ages featured in the scenes.

Lastly, some participants would appreciate a concept featuring ethnic diversity across the characters as well as non-traditional family types. It was suggested that the gender roles presented in the concept could be more diverse as well.

The concept originally featured a tagline that read: “Make the best choice for your family – book your child’s appointment at [Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine)”. When specifically prompted on this tagline, participants had mixed reactions. Some saw the tagline as encouraging them to “do their homework” and make the right decision for their family, while others viewed the tagline as telling them that the vaccine is the right choice, which was less well received. This was especially true among parents in Atlantic Canada and the Prairies who felt that the tagline was pushy and came off as pressuring them into getting their children vaccinated rather than suggesting they do so. These individuals felt that they were being “talked down to” by the ad.

### **Perceived main messages and calls to action**

In terms of the main message, this concept generally conveyed the idea that parents should vaccinate their children to keep them protected and safe. Several parents felt that this message was one-sided and did not feel like they were being given a choice. Other main messages perceived through this concept included:

- Get your children vaccinated so that...
  - ... they will be protected.
  - ... they can return to fall activities.
  - ...they can get back to “regular life.”
- It is another form of protection for children.
- Getting children vaccinated will keep them and others safe.

Parents described the call to action as booking an appointment and getting their children 6 months of age and older vaccinated before the fall.

When asked whether they would visit the website as a response to viewing the ad, there was low interest. Some felt the ad would simply be a reminder that the vaccine is available and would get them thinking about the vaccine as a means for protecting their kids. Other parents felt that the ad itself should present data and information and not “mind games” as they have been hearing about COVID-19 for over 2 years and thus “new” stats or information is needed to make the ad attention grabbing or create interest in hearing more. Parents also had low interest in visiting the website as they suspected it would only present one-sided facts and arguments regarding the vaccine.

Overall, participants typically felt that the ad was targeting them as parents. They felt the ad would also be relevant to any first-time parents or any parent with young children.

### Ideas for additional scenarios



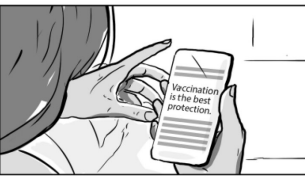
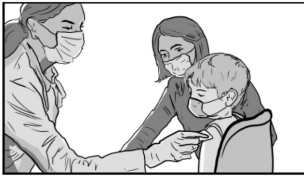
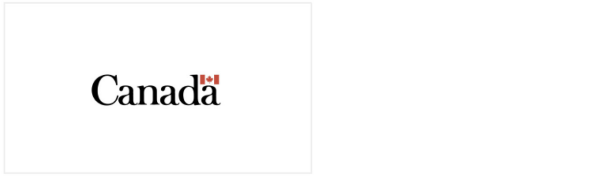
Participants were asked to share examples of other ways that parents keep their young children safe. The examples shared were similar across all groups, including ethnic community parents and Indigenous parents. Some of the ideas provided included:

- Seatbelts and car seats
- Holding hands while crossing the street
- Bicycle helmets
- Sunscreen
- Baby gates
- Outdoor fences
- Baby monitors
- Keeping household chemicals out of reach or locked up / ensuring cleaning products or consumer products are safe
- Reading the labels on food packaging

### Concept B – Lots of Questions

STORYBOARD VERSION	Summary of edits (only English concepts were revised)
Original design	Dates tested: July 14
Revision #1	Edits made on July 18: <ul style="list-style-type: none"> <li>• Image in second frame is replaced. Original version showed a mother reading a medicine bottle while holding a syringe in her other hand. In the foreground we see a shadow of a baby with their hands in the air. This image is replaced with</li> </ul>

STORYBOARD VERSION	Summary of edits (only English concepts were revised)
	<p>a mother reading a medicine bottle (syringe and baby have been removed).</p> <ul style="list-style-type: none"> <li>Image in the last frame replaced to show a younger boy receiving his vaccine</li> </ul> <p>Dates tested: July 18, July 19, July 20</p>

			
<p><b>VO: It's normal to wonder what's safe for your child.</b> A parent checks the packaging on a child's toy. It says 1+.</p>	<p><b>VO: Now that COVID-19 vaccines are here for children under 5, you probably have some questions.</b> A parent reads the back of a medicine bottle to determine dosage.</p>	<p><b>VO: Information is available. Like how COVID-19 infections can lead to potential long-term complications. And how vaccination provides longer-lasting protection against severe illness than natural immunity.</b> A parent sits on a couch, looking at their smartphone.</p>	<p><b>VO: Learn how COVID-19 vaccines help protect your child</b> We cut to a view over the shoulder of the parent. We see the phone's screen clearly. A sentence is highlighted: "... Vaccination is the best protection..."</p>
	<p>Learn more about COVID-19 vaccines and children. <a href="https://Canada.ca/covid-vaccine">Canada.ca/covid-vaccine</a></p>		
<p><b>VO: at Canada.ca/covid-vaccine</b> We see a parent and child at a vaccination clinic.</p>	<p><b>VO: A message from the Government of Canada.</b></p>		

## General reactions

For the most part, this concept received moderate to high ratings.

Those who liked this concept felt that the scenarios shown were highly relatable. Many parents with young children could see themselves as the parents in the ad and related to aspects of the concept such as researching things on their cell phone and having questions about the vaccine. Participants appreciated the focus on safety and the explicit acknowledgement in the script that many parents have questions or concerns over the safety of getting their children vaccinated.

Participants felt that this ad placed importance on getting informed and making informed choices rather than simply telling the audience what to do. They felt the ad encouraged parents to get the vaccine without any “guilt tripping” or judgement. As well, the concept did not suggest a deadline (Concept A suggested children should be vaccinated before the fall), which ultimately made the audience feel more in control of their decision and less pressured.

Overall, the concept was perceived to be clear and to the point with good creative flow and a strong connection between the visuals and the voiceover. Participants felt that the concept clearly

portrays the message that the government/Health Canada is trying to get across, with the option to do further research on the website.

Participants also highlighted some drawbacks to the concept. Many felt that the ad could be more informative and based on facts and scientific research. While the ad reflects parents having questions regarding the vaccine, participants suggested that having these questions explicitly asked and answered would be more effective to those who are unsure.

It was also mentioned that the examples shown in the first few frames such as reading the medication bottle and the packaging of the children's toy were not an appropriate comparison to the concern for the safety of the vaccine for children. A few suggested that including a pediatrician in the ad and showing parents having discussions regarding the vaccine safety would be more effective.

Several vaccine cautious parents expressed dissatisfaction with the information that is shown on the cell phone ("Vaccination is the best protection"). They felt this text was too direct or pushy. One participant also stated that they found the information in the voiceover in frame 3 to be unbelievable. These participants offered suggestions to improve this aspect of the ad including:

- Making the sentence more neutral
- Showing a website URL on the phone
- Replacing the sentence with "Get informed" or "Make an informed decision"
- Rephrasing the sentence to "Vaccination **may** be the best protection"
- Having the cell phone show a website home page, graphs, or stats instead
- Have the cell phone show the answer to one of the questions asked in the voice over

Some participants expressed that the vaccination felt forced on them through the ad, or that they were being guilted rather than being given a real choice. This push for parents to vaccinate their children was perceived to contradict the first few frames of the ad which were thought to be more open and understanding. One suggested that the ad should refer the audience to the website rather than trying to showcase facts and convince people to get their children vaccinated.

Lastly, a few mentioned that the ad overall did not stand out and seemed like an ordinary government of Canada advertisement. One participant stated that the child in the last frame seemed older than the rest of the children in the ad which did not seem fitting.

## **Perceived main messages and calls to action**

When it comes to the main message, participants agreed that the ad was trying to inform parents that vaccines are available for their children. It was also discussed that the ad was trying to convey

that vaccines are safe for children and are the best protection against COVID-19, as was explicitly mentioned in the ad. The ad was also perceived to convey the message that it is normal to have questions or concerns and that parents should get informed and access the necessary information through the website to learn more about the vaccine for children.

Participants felt that the call to action was to visit the website for more information and to get informed and ultimately book an appointment to get children under the age of 5 vaccinated in order to control the spread of COVID-19 and keep children protected.

In terms of next steps, a few parents felt that after watching the ad, they would be encouraged to do more research themselves (however, not necessarily on the Government of Canada website). Some would also be compelled to have conversations with their doctor or pediatrician surrounding the decision to have their child vaccinated. Additionally, a few would strike up conversations with others after viewing the ad. Parents in Atlantic Canada and the Prairies were a bit more skeptical of visiting the website as they felt the information presented would be one-sided.


Overall, parents felt that the ad was relevant to them as the target audience, especially those with young children. Some did feel that there was a bit of confusion regarding whether the ad was targeting parents of younger kids or older kids as the child in the last scene appeared to be older.

### **Ideas for additional scenarios**

Participants were asked to share examples of other ways that parents keep their young children safe. Some of the examples provided included:

- Chatting with a healthcare provider before getting a child vaccinated
- Reading reviews and taking tours of preschools or daycares before registering their child
- Checking the temperature of food before feeding their child
- Checking food packaging for allergens and health information
- Selecting an appropriate car seat or booster seat
- Parental controls on video games or internet access


## Concept C – Brand new



**VO: As a parent, you get to rediscover the world through your child's eyes.**  
*We see the world through a child's eyes. They blink as they awake in bed. For a moment, everything is blurry and out of focus. They sit up in bed to see a parent smiling at them from the doorway of the room.*

**VO: For them, everything is new.**  
*A series of vignettes. All scenes are from a child's point of view: a toy moving towards the camera, hands playing with finger paint, feet jumping in a puddle, a parent tickling them, hands playing with a dog.*

**VO: Sometimes things are new to you, too. Like making decisions about COVID-19 vaccines.**  
*Still from a child's point of view, we see their parents discussing with their child's pediatrician.*



**VO: Millions of children in Canada have already received safe and effective COVID-19 vaccines. Now that children under 5 are eligible, you'll want to make an informed choice. Get the facts about COVID-19 vaccines and children**  
*From the child's point of view, we are now in a different hospital/clinic room, where a vaccine has been administered. The nurse smiles kindly at the child and puts a sticker on their hand.*

Learn more at [Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine)

Canada

VO: at [Canada.ca/covid-vaccine](https://Canada.ca/covid-vaccine).

VO: A message from the Government of Canada.

## General reactions

This concept received moderate ratings from vaccine hesitant parents, with slightly lower ratings from parents in Quebec.

Those who liked this concept praised it for not being too forceful and instead emphasizing making an “informed decision”. Many parents felt that this ad had more of a research focus, as it had reference to a statistic: “millions of children”. Participants felt that this sentence caught their attention and was intriguing, informative and reassuring.

Participants, especially newer parents appreciated the message “sometimes things are new to you too”. They felt that this highlighted the learning experience that comes from parenthood and that sometimes parents experience new things just as children do.

Parents liked the scene of the parent talking to a pediatrician, which was an aspect they felt could improve the other ads.

A few found the camera perspective to be intriguing and attention grabbing, particularly others with young children who felt this creative approach pulled at their heart strings.

On the other hand, many participants did not enjoy the creative approach of seeing the visuals through the eyes of a child and did not understand the purpose of this. A few participants felt that

this creative approach was comparing the viewer to a child, with one suggesting that it seemed to portray the audience as babies while the government is the parent. Another felt that this creative approach was not effective as it is up to the parent to make a decision regarding the vaccination, not the child.

Others felt that the concept did not include enough information and did not address the concerns they had regarding the vaccine or around vaccinating their children. A few commented on the specific wording used, with one suggesting that the references to things being “new” throughout the ad was not reassuring to parents who would instead want to hear that the vaccine is “tried and true” and reliable. Another commented on the use of “safe and effective” to describe the vaccine and argued that it was too early to make this kind of statement.

The initial scenes featuring experiences as seen through the eyes of a child were considered unnecessary or irrelevant to some, with one suggesting it seemed like a diaper or toy commercial. Another suggested that the early scenes were confusing and did not seem to connect well to the ending scenes. These participants would prefer to go right into the information and facts surrounding the vaccine.

### **Perceived main messages and calls to action**

Participants generally felt that the main message conveyed in this concept was that vaccines for children are available, and that they are safe and effective because millions of children have already received a dose. Additionally, most participants agreed that the message emphasized informed decisions and communicated that parents should learn more about the COVID-19 vaccine through the government and health care professionals and make an informed choice to vaccinate their children.

On the other hand, some were slightly confused when it came to the messaging in this ad. One felt that the ad was suggesting that parents are not informed about vaccinating their children and therefore need to learn.

Similar to the main message, participants perceived the call to action in the ad was to learn more information through the website, ask questions about the vaccine, consult with pediatricians, make an informed decision and get their children vaccinated.

There was mixed interest in visiting the website as a result of seeing this ad. Relevance of the ad was moderate, with some parents explaining that the ad targeted them, especially those who were new parents or had younger children. Others did not feel like they were part of the target audience as their children were older.

## Ideas for additional scenarios

Participants were asked to share other examples of new experiences or new information for children and for parents. Some of the ideas provided included:

For children:

- Taking a first step
- Learning to crawl
- Riding a bike

For parents:

- Changing a diaper for the first time
- Making a decision on which school to send child to
- Sending child off for first day of school

## Advertising concept comparison

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action.

Concept A and Concept B were selected as the favourites across the groups.

Concept A (Keep them safe) was seen as the most informative and was praised for its focus on safety and protection. This ad was seen as the most memorable and most relatable to many, with some mentioning that it had an emotional appeal. Participants liked that it provided details on the age of which children can be vaccinated and included more subtle language such as “the vaccine can help children...”. Some felt that it was a reminder of upcoming group activities and the importance that vaccinations play in that context. Some felt this concept could be improved by adding more statistics and including the words “make an informed choice” from concept C.

Concept B (Lots of questions) was also seen as relevant and informative to many parents in the groups. The message and call to action were said to be clear and well connected to the examples. Some explained that it had less of an emotional or “guilt trip” tone which they preferred. While some felt that concept A was pushy, this was not the case for concept B which was said to empower making your own choice, asking questions and getting educated on the topic. One felt this ad would be the most effective at pushing them to the website. Participants felt this ad could be improved by replacing the ending with the last few frames of concept C.



Of the few who preferred concept C (Band new), they felt that this ad touched their heart strings and felt the least one-sided. These participants enjoyed the creative approach and felt the ad presented facts.

Some had interest in combining elements of the different concepts such as the safety aspect of Concept A, research aspect of Concept B and the pediatrician shown in Concept C.

Participants also offered some additional suggestions for the ads including:

- Include more statistics on the number of children who had been vaccinated, as those unsure about the vaccine would probably not go out of their way to look for this information on the websites
- Show some elderly characters in the concepts as this would enforce that the vaccine protects all those around us, not just the kids
- Have concepts either push vaccination or encourage parents to get information, not both at the same time
- Acknowledge parents' concerns about the vaccine and drive them to the website where they can find information and make a decision

### **Preference for actors**

Participants were asked if they would prefer to see live actors or animated characters if one of the concepts is chosen to become an advertisement. Almost all participants who had a preference suggested real actors. Typically, women seemed to have a preference while the men in the groups were more indifferent on this topic.

Some felt that COVID is a serious topic and ads should include real people to make the ads more impactful. Others want to be able to “see themselves” as characters in the ad and would want these characters to be representative of different ethnicities and types of people. Others felt that animated characters would make the ad appear as if it is for kids, and that as parents, they would not pay attention themselves.

## Ethnic representation

For focus groups with ethnic communities, participants were asked if they felt the concepts were relevant to the community to which they belong.

To achieve appropriate diversity in the concepts, participants would like to see families and kids and other family members from diverse ethnic backgrounds throughout the ad, as well as group activities (birthday parties, school scenes, etc.) featuring diversity among the children in these groups.

## Research Results – Wave 3 (Fall 2022 COVID vaccine campaign)

### Concept Presentation Context

Before seeing the concepts (presented as storyboards), participants were provided the following information:

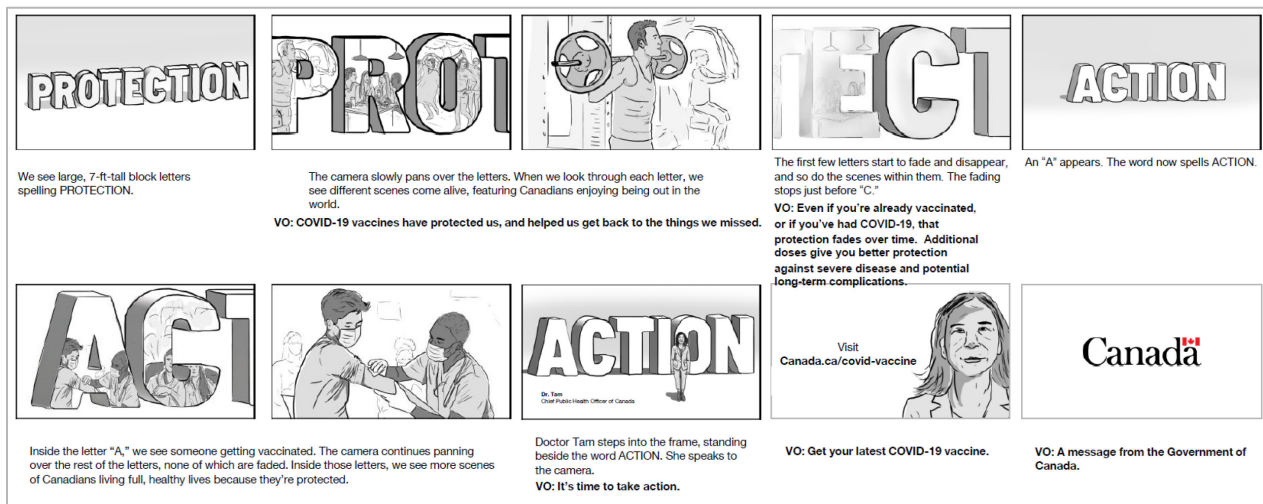
- The advertisement concepts that they will see are related to COVID-19 vaccination.
- The concepts are draft versions and not yet finalized.
- If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. The ad concepts are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television.

A total of four “concepts” were presented in the first four sessions and three “concepts” were presented in the last four sessions (Concept B was not tested in the last four sessions). The order in which the concepts were shown was randomized. Details on the order of concepts shown per session is available in the moderation guide available in the main report’s appendix.

It should also be noted that, unless otherwise indicated, feedback and reactions were very consistent across the various target audiences involved in this phase of research, including across regions, age groups, ethnic groups, etc.

## Concept A – Take action

STORYBOARD VERSION	Summary of edits (only English concepts were revised)
Original design	Dates tested: July 21, July 25
Revision #1	<p>Edits made on July 26:</p> <ul style="list-style-type: none"> <li>• Voice over text for the fourth frame is changed:           <ul style="list-style-type: none"> <li>○ <b>Original:</b> “Over time, that protection fades. Additional doses give you better protection against infection, severe disease, and potential long-term complications.”</li> <li>○ <b>Revised:</b> “Even if you’re already vaccinated, or if you’ve had COVID-19, that protection fades over time. Additional doses give you better protection against severe disease and potential long-term complications.”</li> </ul> </li> <li>• In the final frames, Dr. Sharma is replaced by Dr. Tam.</li> <li>• In the frame showing the spokesperson in front of the words “Action”, the line spoken is changed:           <ul style="list-style-type: none"> <li>○ <b>Original:</b> “With virus season near, it’s important to take action.”</li> <li>○ <b>Revised:</b> “It’s time to take action.”</li> </ul> </li> </ul> <p>Dates tested: July 26, July 27, July 28</p>



## General reactions

Overall, this concept received strong appeal across the groups.

Those who liked the ad most explained that the creative approach of panning over letters to reveal different scenes and the fading on the letters to reveal a new word were a good visual effect. As well, many felt that the overall ad seemed concise, and to the point, particularly the voiceover, which they felt got the message and call to action across effectively.

The scenes shown in the letters were relatable to some participants, such as the gym scene which reminded some of how much they missed working out at the gym during lockdowns. One participant mentioned how the multiple letters have lots of potential to show different activities in order to be relevant to different audiences. Participants felt that these scenes highlighted the importance of vaccines and the steps we need to follow to get back to a “normal life”. Some also felt that the fading of letters was an effective reminder of how vaccine protection can fade.

Some described the concept as a “gentle nudge” and was focused on protection. They did not feel that it was pushy or focused on fear, which they felt was the case for advertisements earlier on in the pandemic.

Conversely, participants shared some drawbacks which could be improved in the concept. A few participants critiqued the tagline: “It’s time to take action”. One felt that they and others had already been taking action since the beginning of the pandemic by getting the initial vaccines, and thus the tagline did not seem fitting for an ad for the booster doses. It was suggested that the ad could instead ask Canadians to “continue taking action”. It was also discussed how the ad is about taking action now, but some may not be eligible for the booster dose yet.

Some would like to see more information shown in the ad, such as more details on the length of time before protection from the vaccine starts to fade. Another felt that the ad was only somewhat motivating and that it should mention more benefits of the booster.

A few participants discussed how the word “protection” initially made them think of sexual protection rather than COVID protection. One suggested that the ad could show the word “protection” land on the word “COVID” at the start so that it is clear the ad is about protection against COVID-19. One participant also felt that the transition from the word “protection” to “action” seemed forced.

A few participants had feedback on the government official at the end of the ad. One felt that Dr. Tam should be shown earlier in the ad to highlight the importance, however others felt that seeing government officials in ads causes them to lose interest.

Other weaknesses of the ad mentioned by a few participants were that the ad was too broad, too busy, or boring. Some felt that the ad should immediately focus on the activities we would miss out on if there was another lockdown in order to grab attention.

### **Perceived main messages and calls to action**

Participants generally agreed on a few main messages from this concept:

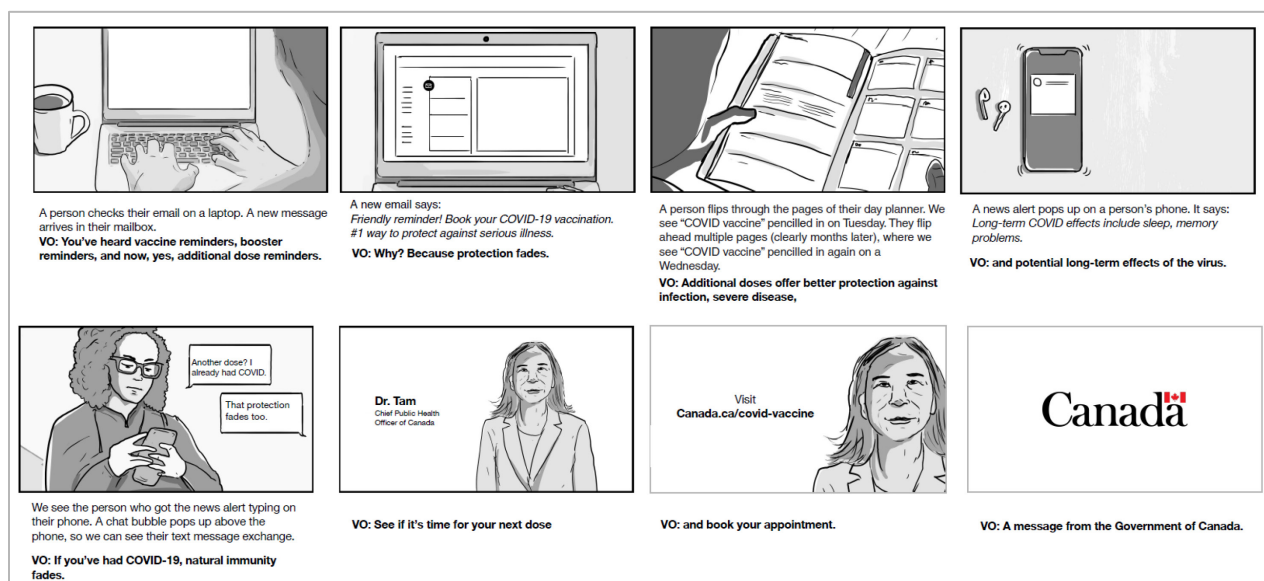
- COVID-19 is still ongoing, and you need to continue to get vaccinated and stay up to date with booster shots in order to stay protected and protect others
- Protection from the vaccine fades, so you need to get booster shots to stay protected
- We have been able to get back to many activities that we missed out on during lockdowns and will need to continue getting booster shots so that we don't lose out on these activities
- By staying up to date on vaccines, you can live a normal life

The call to action from this concept was ultimately thought to be “get your booster vaccine”. Participants also felt the call to action was to be proactive and take responsibility by staying up to date on booster doses by checking the website to see if they are due for another dose.

In terms of the target audience, participants felt that the concept was moderately to highly relevant. Some related to specific scenes such as seeing a character exercise at the gym. Many felt the concept seemed quite broad and could target many Canadians, particularly relating to those who want to get back to regular activities. A few thought the ad was geared towards younger individuals.

## Concept B – Friendly reminder

The following concept was shown in the first four groups of campaign B and was removed from testing for the remaining sessions.



## General reactions

This concept overall had moderate appeal, with stronger interest among participants in Atlantic Canada and in the Prairies.

Those who liked the concept the most felt that it was informative and got the point across. Some mentioned that they found the references to natural immunity and “long COVID” to be particularly interesting and felt that it helped convey the importance of booster shots.

Participants who liked the concept less felt that it was boring and would not be attention grabbing or memorable. One felt that the key message was lost in some of the scenes, and another felt that there was too much going on in the ad.

Some felt that the ad may come across as a “scare tactic” or “fear mongering” as it mentions the potential long-term side effects of COVID-19. While one participant was not against mentions of the long-term effects of COVID-19, they felt that the way the ad listed them was too blunt. Another described the reminders in the ad as feeling a bit harassing and felt there was “reminder overload”.

## Perceived main messages and calls to action

In terms of the main message, participants felt that the ad was trying to convey that COVID-19 will continue to be around and thus, that we will continue needing further doses and that vaccine protection fades. It was thought to express the importance of booster shots. Some mentioned that the ad also demonstrates ways to help remind the audience to book their next vaccine appointment. One participant who gave a lower rating felt that the ad was saying you will continue getting reminders of the booster even if you do not want to.

Participants felt that, ultimately, the call to action was to get the booster dose when it is time. They felt the ad told the audience stay organized and up to date with booster shots by planning ahead to see when your next dose should be or contacting your doctor to check if you are ready for the next dose, scheduling an appointment and making sure to keep the appointment and receive the vaccine.

The ad was fairly relevant to participants, however some younger participants felt that it was targeting an older demographic given how a day planner and email reminders are featured, something they feel is not relatable to younger individuals.

### Concept C – Tuning out

STORYBOARD VERSION	Summary of edits (only English concepts were revised)
Original design	Dates tested: July 21, July 25
Revision #1	Edits made on July 26: <ul style="list-style-type: none"><li>• Voice over text in the fourth frame is changed:<ul style="list-style-type: none"><li>○ <b>Original:</b> “COVID-19 vaccines helped get us this far. But virus season’s coming...”</li><li>○ <b>Revised:</b> “COVID-19 vaccines helped get us this far, but things can change quickly...”</li></ul></li></ul> Dates tested: July 26, July 27, July 28



## General reactions

This concept received mixed reactions, with the strongest appeal coming from Atlantic Canada, the Prairies, ethnic communities in Ontario and the Prairies, and English Indigenous communities, and lower appeal in Quebec.

Those who liked the concept most appreciated the message “don’t tune out” as it acknowledges that Canadians are getting apathetic towards COVID messaging and carries a non-threatening tone. Many felt it was relatable as they do indeed tend to tune out when it comes to COVID-19 messaging and advertising.

Many participants liked that the ad showed “normal life” through the main character visiting busy places with crowds of people and reminds the viewer of activities they can engage in by continuing to get booster shots (for example, movie theatres, gyms, concerts). They felt that the visuals demonstrate the benefits of getting vaccinated along with the informative summary delivered through the voiceover.

Some also mentioned that the ad follows one character throughout which was easy to follow. The diversity shown through the main character and those in the background was also noticed and appreciated.

Additionally, some enjoyed the informal tone in the ad. It was also felt that using Dr. Njoo’s voice throughout the ad and having him appear on stage was interesting and added credibility to the message. Some also felt that “Boost your protection” was a memorable tagline.



On the other hand, some participants shared aspects of the ad which they did not like as much. Some felt that the scene in the car did not flow well with the rest of the ad while others felt that this scene could make some people uncomfortable as it appears that the radio broadcaster is listening in or watching. A few described these initial scenes as bizarre or confusing and felt that it started the ad with a negative tone that assumes the audience wants to tune out. This came across as judgmental or parental and left some feeling like the ad is telling them what to do.

Others explained that the ad was too busy, with quite a lot happening between the various scenes. It was suggested that the ad could start at frame four where the voiceover says, “vaccines helped get us this far”. Another felt the ad lacked an emotional hook.

Lastly, some felt that the tagline “boost your protection with another booster dose” was cheesy and lacked information such as how long the booster is effective for. One mentioned that not everyone is due for a booster, so the messaging would be more effective if it suggested “checking” if you are due for a booster.

### **Perceived main messages and calls to action**

Participants generally felt that the main message conveyed through this concept was that Canadians must get the required booster doses in order to continue to be protected from the effects of COVID-19 and continue to live a “normal life”. More specifically:

- Vaccines work, but they fade over time
- If you don’t have a booster, you are not protected
- Being up to date with vaccines allows you to be social
- To not lose these privileges, get a booster
- Don’t lose focus, COVID-19 is still around

In terms of the call to action, participants agreed that the ad is asking Canadians to get their booster doses to continue protecting themselves and others against COVID-19 so that things can return to normal. Many explained that the ad acknowledges that Canadians have returned to many activities they enjoy, but things can quickly change so they need to continue getting booster doses and not lose focus.

Many participants felt that this ad was relevant to them as the target audience. Some felt that it could be targeting all demographics, especially as virus season is approaching and so is cold weather, which means more time spent indoors. Others felt that the ad might be targeting

younger demographics due to the approach and language used. One participant felt that the ad was less relevant to those who already believe in the importance of booster doses and have been proactive in staying up to date on these doses.

## Concept D – Plan ahead

STORYBOARD VERSION	Summary of edits (only English concepts were revised)
Original design	Dates tested: July 21, July 25
Revision #1	<p>Edits made on July 26:</p> <ul style="list-style-type: none"> <li>• Voice over text in the third frame is changed: <ul style="list-style-type: none"> <li>○ <b>Original:</b> “Planning ahead is worth it. Especially before virus season.”</li> <li>○ <b>Revised:</b> “Planning ahead is worth it.”</li> </ul> </li> <li>• Voice over text in the fourth frame is changed: <ul style="list-style-type: none"> <li>○ <b>Original:</b> “Even if you’ve already had COVID, or two primary vaccines, or a booster, or all three, immunity fades over time.”</li> <li>○ <b>Revised:</b> “Even if you’re already vaccinated, or if you’ve had COVID-19, that protection fades over time.”</li> </ul> </li> </ul> <p>Dates tested: July 26, July 27, July 28</p>



## General reactions

This concept received moderate to high ratings.

Those who liked this concept most felt that it was upbeat and relatable. Some participants were parents or had gotten a puppy during the pandemic and found this concept to be particularly relatable and intriguing. These individuals could relate to the characters and found similarities with their real life. Even those without any pets found the scene with the dog to be an exciting start to the ad. Some also felt that seeing the family was an important reminder to also consider others.

Many praised the ad for having a strong emotional appeal, uplifting tone and a positive message. Participants appreciated the tagline “plan ahead” and the statement “protection fades over time” as it encourages Canadians to be proactive and stay protected rather than simply telling the viewer to get vaccinated, which comes off more threatening. They also appreciated that the ad says to “see if you are due for your next dose” as not all viewers will be due for their booster. Participants enjoyed the voice over, they felt that the ending of the ad had a clear call to action and that the government official made the ad more authentic.

Lastly, a few participants commented on the diversity included in the ad, which was appreciated.

Those who liked the concept less highlighted some weaknesses. Some felt that the early frames were too busy and confusing as they follow two storylines. These participants would prefer to have the ad focus on just one storyline (preferably the dog) rather than the back and forth between the dog and expecting parents. Some also felt that the transition from action scenes into talking about the virus was abrupt and could be improved with a smoother or quicker transition to “get to the point”.

Some participants questioned how the scenes showing the dog or pregnancy of twins was related to COVID or felt that this comparison was a stretch. One said that seeing the dog made them question if dogs could transmit COVID-19. A few others without kids or dogs simply felt that it was less relatable to them.

## Perceived main messages and calls to action

Participants perceived the main message in this concept as planning ahead and taking precautions to protect themselves and others. Others shared similar ideas, including:

- Plan for “the worst”
- You can never be too careful
- Vaccination doesn’t mean you’re safe – protection can fade

- Don't get complacent or let your guard down
- The more you plan ahead, the better prepared you will be

Focus group participants felt that the call to action presented through the ad was to take precautions such as getting the vaccine and booster shot and being responsible for checking when you are due for your next dose.

This concept was moderately relevant to participants. While some felt that the ad could be targeting anyone, younger participants felt that the target audience was people in their 30's who are more likely to have a family and own their home. Some could not relate to the characters or messaging or felt that they were not targeted since they did not have kids or a dog. One participant also explained that they are on top of their vaccinations and boosters already and this do not feel like the ad was intended for them.

### **Advertising concept comparison**

After evaluating each concept separately, a brief discussion was held to identify the concept that participants preferred the most or would be most likely to compel them to action.

Concept A (Take action) was selected as the favourite the most across the groups. This concept was said to be the most direct and straightforward when it came to getting the message and call to action across. Participants felt that the ad had good visuals and a good fit between the voiceover and imagery, with a slight emotional appeal. Some liked the theme of protection for not just oneself, but for others as well – “the greater community”. Several also mentioned that the various letters have great potential to showcase a diverse group of characters and activities. Participants felt this concept could be improved by changing the ending message from “It's time to take action” to “Continue taking action”. Another suggested adding the “Don't tune out” element from Concept C.

Those who preferred concept C (Don't tune out) felt that it was clear in its message and provided quick and concise information, showcasing the benefits of the vaccine. It acknowledged messaging fatigue and the desire to “tune out” in a non-threatening way. Participants liked that the concept showcased crowds and busy places and felt the ad was a reminder that COVID is still around, but also a reminder of what “normal life” can be like if Canadians continues to stay protected with the vaccines. Many also appreciated the diversity represented through the characters. One felt this ad could be improved with the “plan ahead” tagline from concept D. Another would like to see information on the frequency of booster shots (for example “Don't tune out, get your booster dose every X number of months”).

Of those who preferred concept D (Plan ahead), many felt that it was memorable, had a sense of comic relief, good visuals and was relatable to those who have dogs or kids. These participants felt that this concept was the least alienating, got the point across and told the audience to plan ahead, consider virus season and check if they are due for a booster (rather than simply telling the audience to get a booster). Some felt this could be improved by including more information about the vaccine as seen in concept C, or by removing the parents storyline and focusing on the dog storyline.

## Terminology

Different terms were used throughout the four concepts to reference additional COVID-19 doses. These included:

- Booster
- additional dose
- next dose, and,
- latest COVID-19 vaccine (only used in the English concepts).

Participants were asked if they understood the terms and whether they had preferences.

Feedback was mixed across the different terms used. “Latest dose” was often the most popular term in the groups, although each term came with some pros and cons. Specifically:

- booster
  - This was the most familiar term, and many felt reassured as it reminded them of other vaccines and booster doses they received as a child. As well, participants felt this term was the most consistent with language already used throughout the pandemic and that it implies recurrence without sounding “endless”. Some also felt that this term was clear and sounds like “part of the overall program”.
  - Some were confused and did not seem to know the difference between “booster” and “vaccine.”
  - For one, booster seemed “overused” and begged the question “how many boosters can you have?” As well, this term assumed that the initial vaccine(s) have been received.
- additional dose
  - This term was liked by a few who felt that it was neutral and could apply to anyone irrespective of where they are in their vaccines and boosters

- Some felt that this term suggested that more doses are to come and gave a sense that the doses were “endless”. Some mentioned that this term would not apply for those who have not yet received any doses. Additionally, some felt that this term made it seem optional or not as necessary.
- next dose
  - Some liked this term as it could apply to anyone, regardless of where they are at in their vaccine journey (for instance, not everyone is at the booster stage). It was also seen as future looking.
  - One felt that this term does imply that the doses will never end.
- latest COVID-19 vaccine
  - Those who liked this term explained that the vaccine could change or be a different brand than the last dose received, and this term could also apply to those who have yet to receive any doses.
  - Many felt that this term seemed to describe a new or different vaccine entirely, rather than another dose of the same vaccine. That being said, some liked this as they thought maybe the vaccine might be new in order to keep up with the different variants.

## Preferred doctor

Across the concepts, three Government of Canada doctors were featured:

- Dr. Njoo, Deputy Chief Public Health Officer of Canada,
- Dr. Tam, Chief Public Health Officer of Canada, and,
- Dr. Sharma, Chief Medical Advisor, Health Canada.

Participants were asked which doctor they would prefer to see in the final ad.

Most were indifferent to the specific doctor and felt the overall message and concept was more impactful than the doctor featured. Some felt that by the end of the ad, the message is clear regardless of the doctor shown.

Those who had a preference typically mentioned Dr. Tam as they felt she was the most recognized and trusted. Participants felt that she was the authority figure with whom they were most familiar as she has been at the forefront throughout the entire pandemic. One young female participant also felt that she would be more inclined to trust a female health care professional.

Alternatively, some considered that there could be messaging fatigue when seeing Dr. Tam as she is highly associated with COVID-19. There were concerns of overexposure and some felt that she is “politicized” so it may be best to start using the other two doctors, especially with new messaging.

Others did not have a preference on who the spokesperson was, as long as it was someone highly respected and recognized with a good reputation. Some felt than any of the three doctors would be a good choice as they are all experts in health care.

### **Ethnic representation**

For focus groups with individuals from ethnic and Indigenous communities, participants were asked if they felt the concepts were relevant to the community to which they belong.

These participants felt that the concepts were adequately diverse, with some specifically mentioning that they noticed diversity of characters in concept A, and even more so in concept C.

The focus group with individuals from Indigenous communities appreciated seeing representation of ethnic communities in general and felt it would be nice to also see some Indigenous representation.



# Methodology

The research methodology for Waves 1, 2 and 3 consisted of 45 online focus groups. Quorus was responsible for coordinating all aspects of the research project including designing and translating the recruitment screener and the moderation guide, coordinating all aspects of participant recruitment, coordinating the online focus group platform and related logistics, moderating all sessions, and delivering required reports at the end of data collection.

The target population for each phase of focus groups was different:

- **Wave 1:** members of the general population, 18 years of age and older, healthcare workers, and members of Indigenous and ethnic communities
- **Wave 2:** general population parents at least 18 years of age, parents and grandparents from Indigenous communities at least 16 years of age, and parents from ethnic communities at least 18 years of age; and,
- **Wave 3:** The “Vaccine for children 6 months to 5 years of age Campaign” focused on general population and ethnic community vaccine cautious parents at least 18 years of age. The “Fall 2022 COVID Vaccine Campaign” focused on members of the general population, between the ages of 18 and 39, and members of Indigenous and ethnic communities, between the ages of 18 and 60.

Participants invited to participate in the focus groups were recruited by telephone from the general public as well as from an opt-in database.

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualify for the research program and to ensure, as needed, a good representation within each group across ages, gender, rural/urban locations and cultural backgrounds.

In the context of this research, Indigenous and ethnic communities’ participants were defined as a participant who self-identified as such at the following question:

*Do you identify as any of the following?*

*An Indigenous person (First Nations, Inuit or Métis)*

*A member of an ethnocultural or a visible minority group other than an Indigenous person*

The recruitment process for Wave 1 also specifically targeted the following:

- Representation from the Territories.

The recruitment process for Wave 2 also specifically targeted or monitored for the following:

- Representation from Indigenous communities, specifically members from Inuit communities.

In addition to the general participant profiling criteria noted above, additional screening was done to ensure quality respondents, such as:

- No participant (nor anyone in their immediate family or household) may work in an occupation that has anything to do with a federal or provincial government departments/agencies, nor in advertising, marketing research, public relations or the media (radio, television, newspaper, film/video production, etc.).
- No participants acquainted with each other may be knowingly recruited for the same study, unless they are in different sessions that are scheduled separately.
- No participant may be recruited who has attended a qualitative research session within the past six months.
- No participant may be recruited who has attended five or more qualitative research sessions in the past five years.
- No participant should be recruited who has attended, in the past two years, a qualitative research session on the same general topic as defined by the Researcher/Moderator.

Data collection consisted of online focus groups, each lasting 90 minutes. For each focus group, Quorus attempted to recruit 8 participants to achieve six to eight participants per focus group.

All focus groups were held in the evenings on weekdays or Saturdays during the day using the Zoom web conferencing platform, allowing the client team to observe the sessions in real-time. The research team used the Zoom platform to host and record sessions (through microphones and webcams connected to the moderator and participants electronic devices, such as laptops and tablets) enabling client remote viewing. Recruited participants were offered an honorarium of \$100 for their participation with the exception of health care workers in the Wave 1 who were offered \$250.

The recruitment of focus group participants followed the screening, recruiting and privacy considerations as set out in the *Standards for the Conduct of Government of Canada Public Opinion Research—Qualitative Research*. Furthermore, recruitment respected the following requirements:

- All recruitment was conducted in the participant's official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus' privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.
- Inform respondents of their rights under the Privacy Act, Personal Information Protection and Electronic Documents Act and Access to Information Act and ensure that those rights

are protected throughout the research process. This includes: informing respondents of the purpose of the research; identifying the sponsoring department/agency or Government of Canada as a whole; that their participation is voluntary, and that the information provided will be administered according to the requirements of the Privacy Act, the Access to Information Act, and any other pertinent legislation.

At the recruitment stage and at the beginning of each focus group, participants were informed that the research was for the Government of Canada/Health Canada. Participants were informed of the recording of their session in addition to the presence of Health Canada observers/ listeners. Quorus ensured that prior consent was obtained at the recruitment stage and that they were informed again at the beginning of each session.

A total of 45 online focus groups were conducted across Canada with 240 Canadians, as per the tables below:

### Wave 1 – summary of focus group schedule and details

Date	Time (EDT)	Segment	Language	Number of participants
March 15, 2021	5:00 PM	Atlantic Canada GenPop (18+)	English	5
	7:00 PM	Prairies / NWT GenPop (18+)	English	6
March 16, 2021	5:00 PM	Quebec GenPop (18-34)	English	8
	7:00 PM	Quebec GenPop (35+)	English	8
March 17, 2021	5:00 PM	Ontario / Nunavut GenPop (18-34)	French	6
	7:00 PM	Ontario / Nunavut GenPop (35+)	French	7
March 18, 2021	8:00 PM	BC / Yukon GenPop (18-34)	English	6
	10:00 PM	BC / Yukon GenPop (35+)	English	8
March 22, 2021	5:00 PM	QC/ON/NB Indigenous	French	5
	7:00 PM	QC/ATL Ethnic Communities	French	7
March 23, 2021	5:00 PM	Ontario Ethnic Communities	English	7
	7:00 PM	Prairies Ethnic Communities	English	8
	9:00 PM	BC / Yukon Indigenous	English	6
March 24, 2021	5:30 PM	Ontario HCWs	English	6
	7:30 PM	Quebec HCWs	French	8

Date	Time (EDT)	Segment	Language	Number of participants
March 25, 2021	6:30 PM	Prairies HCWs	English	6
	8:30 PM	BC HCWs	English	8
				TOTAL: 81

## Wave 2 – summary of focus group schedule and details

Date	Time (EDT)	Segment	Language	Number of participants
June 28, 2021	4:00 PM	Atlantic Canada - GenPop Parents (18+ years old)	English	5
	6:00 PM	Ontario/Atlantic - GenPop Parents (18+ years old, vaccine cautious)	English	5
June 29, 2021	7:00 PM	Manitoba/Saskatchewan/Alberta - GenPop Parents (18+ years old)	English	5
	9:00 PM	Manitoba/Saskatchewan/Alberta - GenPop Parents (18+ years old, vaccine cautious)	English	5
July 5, 2021	5:00 PM	Quebec - GenPop Parents (18+ years old)	French	7
	7:00 PM	Ontario - GenPop Parents (18+ years old)	English	7
July 6, 2021	5:00 PM	Ontario - Ethnic Community Parents (18+ years old)	English	6
	8:00 PM	BC - GenPop Parents (18+ years old)	English	5
July 7, 2021	5:00 PM	Quebec - Ethnic Community Parents (18+ years old)	French	7
	9:00 PM	Manitoba/Saskatchewan/Alberta/British Columbia - Ethnic Community Parents (18+ years old)	English	5
July 8, 2021	5:00 PM	Quebec/Ontario/New Brunswick - Indigenous Parents (16+ years old)	French	8
	9:00 PM	Manitoba/Saskatchewan/Alberta/British Columbia - Indigenous Parents (16+ years old)	English	4
				TOTAL: 69

### Wave 3 – summary of focus group schedule and details

Date	Time (EDT)	Campaign	Segment	Language	Number of participants
July 14, 2022	9:00 PM	Vaccine for children 6 months to 5 years of age campaign	BC Parents (18+)	English	5
July 18, 2022	4:00 PM	Vaccine for children 6 months to 5 years of age campaign	Atlantic Canada Parents (18+)	English	2
	7:00 PM	Vaccine for children 6 months to 5 years of age campaign	MB/SK/AB Parents (18+)	English	6
July 19, 2022	5:00 PM	Vaccine for children 6 months to 5 years of age campaign	Ontario Parents (18+)	English	6
	7:00 PM	Vaccine for children 6 months to 5 years of age campaign	ON/MB/SK/AB Ethnic Parents (18+)	English	7
July 20, 2022	5:00 PM	Vaccine for children 6 months to 5 years of age campaign	Quebec Parents (18+)	French	7
	7:00 PM	Vaccine for children 6 months to 5 years of age campaign	Quebec Ethnic Parents (18+)	French	7
July 21, 2022	11:00 AM	Vaccine for children 6 months to 5 years of age campaign	Atlantic Parents (18+)*	English	5
	4:00 PM	Fall 2022 COVID vaccine campaign	Atlantic Canada General Population (18-39)	English	5
	7:00 PM	Fall 2022 COVID vaccine campaign	MB/SK/AB General Population (18-39)	English	6
July 25, 2022	5:00 PM	Fall 2022 COVID vaccine campaign	Ontario General Population (18-39)	English	7
	8:00 PM	Fall 2022 COVID vaccine campaign	BC General Population (18-39)	English	5
July 26, 2022	5:00 PM	Fall 2022 COVID vaccine campaign	Quebec General Population (18-39)	French	5
	7:00 PM	Fall 2022 COVID vaccine campaign	Quebec Ethnic (18-60)	French	5
July 27, 2022	7:00 PM	Fall 2022 COVID vaccine campaign	ON/MB/SK/AB Ethnic (18-60)	English	6
July 28, 2022	6:00 PM	Fall 2022 COVID vaccine campaign	MB/SK/ON/QC/ Atlantic Canada Indigenous	English	6
					TOTAL: 90

\*An additional session with parents from Atlantic Canada was added due to a low participation rate in the initial session.

# Appendices

## Recruitment Screener – Wave 1

### Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- All sessions last **90 minutes**.
- General Population participants to be paid \$100 and Health Care Workers (HCW) to be paid \$250 **if participating in the HCW sessions**.
- General mix of age, gender, rural/urban location and ethnicity (where applicable)
- 8 online focus groups with Canadians 18 years of age and older:
  - A minimum of 6 participants must live in the Territories (no need for all these participants to be Indigenous).

Location	Segment	Language	Recruit (for 6-8 to show)
Atlantic	GenPop, 18+	English	8
Quebec	GenPop, 18-34	<b>French</b>	8
	GenPop, 35+	<b>French</b>	8
Ontario/Nunavut	GenPop, 18-34	English	8
	GenPop, 35+	English	8
Prairies/North West Territories	GenPop, 18+	English	8
British Columbia/Yukon	GenPop, 18-34	English	8
	GenPop, 35+	English	8
<b>Total recruited</b>			<b>64</b>

- 4 online groups with HCW's:
  - No age, gender or ethnicity requirements

Location	Segment	Language	Recruit (for 6-8 to show)
Ontario	Health Care Workers	English	8
British Columbia		English	8
Quebec		<b>French</b>	8
Prairies (Manitoba, Saskatchewan, Alberta)		English	8
<b>Total recruited</b>			<b>32</b>



- 5 online groups with members of Indigenous or ethnic communities:

Location	Segment	Language	Recruit (for 6-8 to show)
British Columbia / Yukon	Indigenous peoples	English	8
Prairies	Ethnic communities	English	8
Mostly Quebec, with some representation from New Brunswick and Ontario	Indigenous peoples	French	8
Quebec with some representation from Atlantic	Ethnic communities	French	8
Ontario	Ethnic communities	English	8
<b>Total recruited</b>			<b>40</b>

**All times are stated in local area time unless specified otherwise**

<b>Group 1</b>	<b>Group 2</b>	<b>Group 3</b>	<b>Group 4</b>
<b>Atlantic Canada GenPop (18+)</b>	<b>Prairies / NWT GenPop (18+)</b>	<b>Quebec GenPop (18-34)</b>	<b>Quebec GenPop (35+)</b>
March 15 6:00 pm AST	March 15 6:00 pm CST	March 16 5:00 pm EST <b>**FRENCH**</b>	March 16 7:00 pm EST <b>**FRENCH**</b>
<b>Group 5</b>	<b>Group 6</b>	<b>Group 7</b>	<b>Group 8</b>
<b>Ontario / Nunavut GenPop (18-34)</b>	<b>Ontario / Nunavut GenPop (35+)</b>	<b>BC / Yukon GenPop (18-34)</b>	<b>BC / Yukon GenPop (35+)</b>
March 17 5:00 pm EST	March 17 7:00 pm EST	March 18 5:00 pm PST	March 18 7:00 pm PST
<b>Group 9</b>	<b>Group 10</b>	<b>Group 11</b>	<b>Group 12</b>
<b>QC/ON/NB Indigenous</b>	<b>QC/ATL Ethnic Communities</b>	<b>Ontario Ethnic Communities</b>	<b>Prairies Ethnic Communities</b>
March 22 5:00 pm EST <b>**FRENCH**</b>	March 22 7:00 pm EST <b>**FRENCH**</b>	March 23 5:00 pm EST	March 23 6:00 pm CST
<b>Group 13</b>	<b>Group 14</b>	<b>Group 15</b>	<b>Group 16</b>
<b>BC / Yukon Indigenous</b>	<b>Ontario HCWs</b>	<b>Quebec HCWs</b>	<b>Prairies HCWs</b>
March 23 6:00 pm PST	March 24 5:30 pm EST	March 24 7:30 pm EST <b>**FRENCH**</b>	March 25 5:30 pm CST
<b>Group 17</b>			
<b>BC HCWs</b>			
March 25 5:30 pm PST			

## Questionnaire

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### A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a Canadian market research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

**[INTERVIEWER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]**

**[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR.]**

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. This is for the purposes of developing information for Canadians to learn about the COVID-19 vaccine. The groups will last up to an hour and a half and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using an online web conferencing platform similar to Zoom or Skype, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will be gauging reactions to concepts and materials. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.

**[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the *Privacy Act*, legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation. For more information about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca)."]**

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	<b>CONTINUE</b>
No	2	<b>THANK/DISCONTINUE</b>

## B. Qualification

2. We are looking to include people of various ages in the group discussion. May I have your age please? **RECORD AGE:** \_\_\_\_\_

AGE	GROUP	RECRUITMENT SPECIFICATIONS
18-34	YOUNG ADULT GROUPS	RECRUIT A MIX OF AGES FOR GENPOP, INDIGENOUS AND ETHNIC COMMUNITY GROUPS
35+	ADULT GROUPS	RECRUIT A MIX OF AGES FOR GENPOP, INDIGENOUS AND ETHNIC COMMUNITY GROUPS

3. **[CONFIRM WITH RESPONDENT]** In which province or territory do you live?

Alberta	1
British Columbia	2
Manitoba	3
New Brunswick	4
Newfoundland and Labrador	5
Northwest Territories	6
Nova Scotia	7
Nunavut	8
Ontario	9
Prince Edward Island	10
Quebec	11
Saskatchewan	12
Yukon	13

4. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...the federal or provincial government department or agency?	3

### IF YES TO ANY, THANK & TERMINATE

5. Record gender by observation.

Female	1	<b>RECRUIT 4 PER GROUP [EXCEPT HCW GROUPS]</b>
Male	2	<b>RECRUIT 4 PER GROUP [EXCEPT HCW GROUPS]</b>

6. Do you currently live in... **[READ LIST]**

A city or metropolitan area with a population of at least 100,000	1
A city with a population of 30,000 to 100,000	2
A city or town with a population of 10,000 to 30,000	3
A town or rural area with a population under 10,000	4

**FOR EACH GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND THOSE WHO LIVE IN SMALLER TOWNS/RURAL**

7. Do you identify as any of the following?

An Indigenous person (First Nations, Inuit or Métis)	1	<b>PRIORITIZE FOR GROUPS DEDICATED TO INDIGENOUS PEOPLES IN THE DESIGNATED REGIONS</b>
A member of an ethnocultural or a visible minority group other than an Indigenous person	2	<b>PRIORITIZE FOR GROUPS DEDICATED TO MEMBERS OF ETHNIC COMMUNITIES IN THE DESIGNATED REGIONS</b>
None of the above	3	

**MEMBER OF AN ETHNOCULTURAL OR VISIBLE MINORITY GROUP:** For the general population groups, recruit a mix across all groups.

8. **[ASK ONLY IF Q7=1]** Do you identify as First Nations, Inuit or as Métis?

First Nations	1	<b>RECRUIT</b>
Inuit	2	<b>A</b>
Métis	3	<b>MIX</b>

9. **[ASK ONLY IF Q7=2]** What is your ethnic background?

**RECORD ETHNICITY:** \_\_\_\_\_

10. **[ASK ONLY IF Q7=2]** What languages, other than English or French, do you speak or read fluently?

Only speaks/reads English and/or French	1
Arabic	2
Simplified Chinese	3
Farsi	4
Hindi	5
Korean	6
Mandarin	7
Punjabi	8
Spanish	9
Tagalog	10
Tamil	11
Urdu	12
Vietnamese	13
Other – please specify: _____	77

11. Some of our sessions will be dedicated entirely to specific types of health care workers – are you or anyone else in your household a healthcare worker? **SELECT ALL THAT APPLY**

Yes, I am	1	
Yes, someone else in the household is	2	<b>ASK TO RECRUIT IF NEEDED</b>
No	3	<b>SKIP TO Q13</b>

12. Please let me know if you/they work in any of the following: **PRIORITIZE FOR THE HCW SESSIONS IN DESIGNATED REGIONS - RECRUIT A MIX**

- Admin Clinical** (These individuals oversee the day-to-day operations in a medical office or clinical setting. Their position requires them to work closely with medical staff and plan and direct the delivery of healthcare services. Clinical Administrators are high-level executives within the healthcare field.) 1
- Admin Non-Clinical** (A non-clinical job is a role in the healthcare sector that does not involve administering medicine and is not directly involved in diagnosis and treatment processes. These administrative roles could see you working in any department in a hospital, from Radiography and Oncology departments to Accident and Emergency) 2
- Allied Health**, including Occupational therapists, Operating Department Practitioners/Operating Room Technicians, Orthoptists, Osteopaths, Paramedics, Physiotherapists, Prosthetists and Orthotists, Radiographers, Speech and language therapists, and Personal Support Workers 3
- Dentistry** 4
- Midwifery** 5
- Nursing** 6
- Pharmacy** 7
- Physician** 8
- Medical /nurse /other health care worker or professional student or trainee** 9
- None of the above 10

13. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

- Yes 1
- No 2 **GO TO Q17**

14. When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1	<b>THANK &amp; TERMINATE</b>
Over 6 months ago	2	

15. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

**RECORD:** \_\_\_\_\_ **THANK/TERMINATE IF RELATED TO COVID-19**

16. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5	1	
Five or more	2	<b>THANK &amp; TERMINATE</b>

17. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with others your age? Are you...

**READ OPTIONS**

Very comfortable	1	<b>MIN 5 PER GROUP</b>
Fairly comfortable	2	
Not very comfortable	3	<b>THANK &amp; TERMINATE</b>
Very uncomfortable	4	<b>THANK &amp; TERMINATE</b>

18. Do you have access to a stable internet connection, capable of sustaining a 90 minute-long online video conference?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

19. Participants will be asked to provide their answers through an online web conferencing platform using a computer or a tablet (not a smartphone) in a quiet room. It is necessary for participation, as the moderator will be gauging reactions to concepts and materials. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	<b>THANK &amp; TERMINATE</b>
No	2	

**TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS DIFFICULTIES PARTICIPATING IN AN ONLINE WEB CONFERENCE, A SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY.**

**RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY:** “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

### C. INVITATION TO PARTICIPATE

20. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other Canadians. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using an online web conferencing platform, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last an hour and a half (90 minutes). People who attend will receive \$100 **[\$250 for HCW’s participating in HCW sessions]** to thank them for their time.

Would you be interested in taking part in this study?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

21. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

22. There will be some people from Health Canada, from the Public Health Agency of Canada, and other individuals involved in this project observing the session. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

Thank you. We would like to invite you to attend one of the online discussion groups, which will be led by a researcher from the national public opinion research firm, Quorus Consulting Group. The group will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last one and a half hours (90 minutes). Following your participation, you will receive \$100 **[\$250 for HCW’s participating in HCW sessions]** to thank you for your time.

23. Are you interested and available to attend?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>



To conduct the session, we will be using a screen-sharing application called **[PLATFORM]**. **We will need to send you by email the instructions to connect.** The use of a computer or tablet (not a smartphone) in a quiet room is necessary since the moderator will want to show material to participants to get their reactions – that will be an important part of the discussion.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

***If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.***

## Recruitment Screener – Wave 2

### Specifications

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- Recruit 8 participants per group, for 6 to 8 to show
- All sessions last **90 minutes**.
- All participants to be paid \$100.

#### GENERAL POPULATION PARENTS (7 GROUPS)

- General mix of age, gender, rural/urban location and ethnicity
- Recruit a mix of ages of children across the following: 6 or younger; 7 to 11; 12 to 17

Location	Segment	Language	Recruit (for 6-8 to show)
Atlantic	GenPop parents, 18+	English	8
Quebec	GenPop parents, 18+	French	8
Ontario/Atlantic	GenPop parents, 18+ (vaccine cautious)	English	8
Ontario	GenPop parents, 18+	English	8
Prairies	GenPop parents, 18+	English	8
	GenPop parents, 18+ (vaccine cautious)	English	8
British Columbia	GenPop parents, 18+	English	8
Total recruited			56

#### ETHNIC COMMUNITY PARENTS (3 GROUPS)

- General mix of age, gender and ethnicity
- Recruit a mix of ages of children across the following: 6 or younger; 7 to 11; 12 to 17

Location	Segment	Language	Recruit (for 6-8 to show)
Ontario	Ethnic community parents, 18+	English	8
MB/SK/AB/BC	Ethnic community parents, 18+	English	8
Quebec	Ethnic community parents, 18+	French	8
Total recruited			24

## INDIGENOUS PARENTS/GRANDPARENTS (2 GROUPS)

- General mix of age
- For session in Western Canada/Territories (Group 12), aim for 50/50 split of First Nations and Inuit and some representation from the Territories

Location	Segment	Language	Recruit (for 6-8 to show)
Mostly Quebec, with some representation from New Brunswick and Ontario	Indigenous parents/grandparents, 16+	French	8
MB/SK/AB/BC/TERRITORIES	Indigenous parents/grandparents, 16+	English	8
Total recruited			16

### All times are stated in local area time unless specified otherwise

Group 1	Group 2	Group 3	Group 4
Atlantic Canada GenPop parents (18+)	Ontario/Atlantic GenPop parents (18+, vaccine cautious)	MB/SK/AB GenPop parents (18+)	MB/SK/AB GenPop parents (18+, vaccine cautious)
June 28 5:00 pm ADT	June 28 6:00 pm EDT	June 29 5:00 pm CST/MDT*	June 29 7:00 pm CST/MDT**
Group 5	Group 6	Group 7	Group 8
Quebec GenPop parents (18+)	Ontario GenPop parents (18+)	Ontario Ethnic community parents (18+)	BC GenPop parents (18+)
July 5 5:00 pm EDT <b>FRENCH</b>	July 5 7:00 pm EDT	July 6 5:00 pm EDT	July 6 5:00 pm PDT
Group 9	Group 10	Group 11	Group 12
Quebec Ethnic community parents (18+)	MB/SK/AB/BC Ethnic community parents (18+)	QC/ON/NB Indigenous parents	MB/SK/AB/BC / Territories Indigenous parents
July 7 5:00 pm EDT <b>FRENCH</b>	July 7 7:00 pm CST/MDT***	July 8 5:00 pm EDT <b>FRENCH</b>	July 8 7:00 pm CST/MDT***

\*6 pm in Manitoba; 5 pm in Alberta

\*\*8 pm in Manitoba; 7 pm in Alberta

\*\*\*8 pm in Manitoba; 7 pm in Alberta; 6 pm in BC

## Questionnaire

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### A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a Canadian market research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

**[INTERVIEWER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]**

**[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR.]**

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. This is for the purposes of developing information for Canadians to learn about the COVID-19 vaccine. The groups will last up to an hour and a half and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using an online web conferencing platform similar to Zoom or Skype, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will be gauging reactions to concepts and materials. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.

**[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the *Privacy Act*, legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation. For more information about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca)."]**

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	<b>CONTINUE</b>
No	2	<b>THANK/DISCONTINUE</b>

## B. Qualification

2. We are looking to include people of various ethnic backgrounds in the group discussion. Do you identify as any of the following?

An Indigenous person (First Nations, Inuit or Métis)	1	<b>PRIORITIZE FOR GROUPS DEDICATED TO INDIGENOUS PEOPLES IN THE DESIGNATED REGIONS</b>
A member of an ethnocultural or a visible minority group other than an Indigenous person	2	<b>PRIORITIZE FOR GROUPS DEDICATED TO MEMBERS OF ETHNIC COMMUNITIES IN THE DESIGNATED REGIONS</b>
None of the above	3	

### FOR THE GENERAL POPULATION GROUPS, ENSURE REPRESENTATION OF ETHNIC/VISIBLE MINORITY GROUPS

3. **[ASK ONLY IF Q2=2]** What is your ethnic background?  
**RECORD ETHNICITY:** \_\_\_\_\_

### FOR THE GROUPS WITH ETHNIC COMMUNITIES, RECRUIT A MIX OF ETHNIC BACKGROUNDS

4. **[ASK ONLY IF Q2=1]** Do you identify as First Nations, Inuit or as Métis?
- |               |   |                     |
|---------------|---|---------------------|
| First Nations | 1 | <b>RECRUIT</b>      |
| Inuit         | 2 | <b>A MIX ACROSS</b> |
| Métis         | 3 | <b>ALL GROUPS</b>   |

### AIM FOR 50/50 SPLIT OF FIRST NATIONS AND INUIT FOR GROUP 12

5. **[ASK ONLY IF Q2=1]** Are you the parent, guardian or grandparent of at least one child under 18 years of age?
- |  |   |                            |
|--|---|----------------------------|
| Yes – a parent                         | 1 |                            |
| Yes – a grandparent                    | 2 |                            |
| No (not a parent/guardian/grandparent) | 3 | <b>THANK AND TERMINATE</b> |
6. **[ASK ONLY IF Q2=2 OR 3]** Are you the parent or guardian of at least one child under 18 years of age?
- |                            |   |                            |
|----------------------------|---|----------------------------|
| Yes                        | 1 |                            |
| No (not a parent/guardian) | 2 | <b>THANK AND TERMINATE</b> |

7. How involved would you say you are in the daily life of these children, including decisions related to education and healthcare?

- |                     |   |                            |
|---------------------|---|----------------------------|
| Very involved       | 1 |                            |
| Somewhat involved   | 2 |                            |
| Not very involved   | 3 | <b>THANK AND TERMINATE</b> |
| Not at all involved | 4 | <b>THANK AND TERMINATE</b> |

8. Considering the children for whom you are involved in their daily lives, how many fall into each of the following age categories?

- |                    |       |
|--------------------|-------|
| 6 or younger       | _____ |
| 7 to 11 years old  | _____ |
| 12 to 17 years old | _____ |

**RECRUIT A MIX OF PARENTS/GRANDPARENTS WITH CHILDREN IN EACH OF THE AGE GROUPS; IF CHILDREN FALL INTO MORE THAN ONE CATEGORY, PRIORITIZE THE CATEGORY LEAST REPRESENTED**

9. When a COVID-19 vaccine becomes available to your child/children, will you choose to get your child/children under 18 vaccinated? Would you say... **READ LIST**

- |   |   |
|---|---|
| Yes, as soon as it is available   | 1 |
| Yes, but you will wait a bit (tag as "Vaccine cautious")                        | 2 |
| No, you will not get your child/children vaccinated (tag as "Vaccine cautious") | 3 |
| [DO NOT READ] You do not make these decisions                                   | 4 |
| [DO NOT READ] Not sure (tag as "Vaccine cautious")                              | 5 |
| Your child/children is/are already vaccinated                                   | 6 |

**RECRUIT "VACCINE CAUTIOUS" PARENTS FOR GROUPS 2 AND 4; KEEP IN PARTICIPANT PROFILE FOR ALL OTHER SESSIONS**

10. May I have your age please? **RECORD AGE:** \_\_\_\_\_

AGE	RECRUITMENT SPECIFICATIONS
16-17	ONLY QUALIFIES FOR INDIGENOUS SESSIONS
18-34	RECRUIT A MIX OF AGES FOR GENPOP, INDIGENOUS AND ETHNIC COMMUNITY GROUPS
35-54	
55+	

**AGE ELIGIBILITY FOR GENERAL POPULATION/ETHNIC COMMUNITY GROUPS: 18+**

**AGE ELIGIBILITY FOR INDIGENOUS GROUPS: 16+**

11. **[CONFIRM WITH RESPONDENT]** In which province or territory do you live?

Alberta	1
British Columbia	2
Manitoba	3
New Brunswick	4
Newfoundland and Labrador	5
Northwest Territories	6
Nova Scotia	7
Nunavut	8
Ontario	9
Prince Edward Island	10
Quebec	11
Saskatchewan	12
Yukon	13

**RECRUIT SOME PARTICIPANTS LIVING IN THE TERRITORIES FOR GROUP 12**

12. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...the federal or provincial government department or agency?	3

**IF YES TO ANY, THANK & TERMINATE**

13. Record gender by observation.

Female	1	<b>RECRUIT 4 PER GROUP</b>
Male	2	<b>RECRUIT 4 PER GROUP</b>

14. Do you currently live in... **[READ LIST]**

A city or metropolitan area with a population of at least 100,000	1
A city with a population of 30,000 to 100,000	2
A city or town with a population of 10,000 to 30,000	3
A town or rural area with a population under 10,000	4

**FOR EACH GENERAL POPULATION GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND THOSE WHO LIVE IN SMALLER TOWNS/RURAL**

15. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1	
No	2	<b>GO TO Q19</b>

16. When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1	<b>THANK &amp; TERMINATE</b>
Over 6 months ago	2	

17. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

**RECORD:** \_\_\_\_\_ **THANK/TERMINATE IF RELATED TO COVID-19**

18. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5	1	
Five or more	2	<b>THANK &amp; TERMINATE</b>

19. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with others your age? Are you...

**READ OPTIONS**

Very comfortable	1	<b>MIN 5 PER GROUP</b>
Fairly comfortable	2	
Not very comfortable	3	<b>THANK &amp; TERMINATE</b>
Very uncomfortable	4	<b>THANK &amp; TERMINATE</b>

20. Do you have access to a stable internet connection, capable of sustaining a 90 minute-long online video conference?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

21. Participants will be asked to provide their answers through an online web conferencing platform using a computer or a tablet (not a smartphone) in a quiet room. It is necessary for participation, as the moderator will be gauging reactions to concepts and materials. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	<b>THANK &amp; TERMINATE</b>
No	2	

**TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS DIFFICULTIES PARTICIPATING IN AN ONLINE WEB CONFERENCE, A SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY.**



**RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY:** “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

### C. INVITATION TO PARTICIPATE

22. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other Canadians. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using an online web conferencing platform, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last an hour and a half (90 minutes). People who attend will receive \$100 to thank them for their time.

Would you be interested in taking part in this study?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

23. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

24. There will be some people from Health Canada, from the Public Health Agency of Canada, and other individuals involved in this project observing the session. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

Thank you. We would like to invite you to attend one of the online discussion groups, which will be led by a researcher from the national public opinion research firm, Quorus Consulting Group. The group will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last one and a half hours (90 minutes). Following your participation, you will receive \$100 to thank you for your time.

25. Are you interested and available to attend?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

To conduct the session, we will be using a screen-sharing application called **[PLATFORM]**. **We will need to send you by email the instructions to connect.** The use of a computer or tablet (not a smartphone) in a quiet room is necessary since the moderator will want to show material to participants to get their reactions – that will be an important part of the discussion.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

***If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.***

## Recruitment Screener – Wave 3

### Specifications

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- Recruit 8 participants per group, for 6 to 8 to show
- All sessions last **90 minutes**.
- All participants to be paid \$100.

#### CAMPAIGN A - COVID-19 vaccines for children 6 months - 4 years old

##### GENERAL POPULATION PARENTS (5 GROUPS)

- General mix of age, gender, rural/urban location and ethnicity
- All participants should be “vaccine cautious”.
- Recruit a mix of parents and/or legal guardians of children 12 and younger; approximately 4 or 5 in each group should be parents and/or legal guardians of children 6 months to 4 years old
- Recruit a minimum of 5 Indigenous parents across all groups

Location	Segment	Language	Recruit (for 6-8 to show)
Atlantic	GenPop parents, 18+	English	8
Quebec	GenPop parents, 18+	French	8
Ontario	GenPop parents, 18+	English	8
Prairies (MB/SK/AB)	GenPop parents, 18+	English	8
BC	GenPop parents, 18+	English	8
Total recruited			40

## ETHNIC COMMUNITY PARENTS (2 GROUPS)

- General mix of age, gender and ethnicity
- Recruit a mix of parents and/or legal guardians of children 12 and younger; approximately 4 or 5 in each group should be parents of children 6 months to 4 years old
- All participants should be “vaccine cautious”.

Location	Segment	Language	Recruit (for 6-8 to show)
Ontario/MB/SK/AB	Ethnic community parents, 18+	English	8
Quebec	Ethnic community parents, 18+	French	8
Total recruited			16

## CAMPAIGN B – Fall 2022 COVID vaccine campaign

### GENERAL POPULATION YOUNG ADULTS 18-39 (5 GROUPS)

- General mix of age, gender, rural/urban location and ethnicity
- Recruit a minimum of 5 Indigenous young adults across all groups

Location	Segment	Language	Recruit (for 6-8 to show)
Atlantic	Young adults, 18-39	English	8
Quebec	Young adults, 18-39	French	8
Ontario	Young adults, 18-39	English	8
Prairies (MB/SK/AB)	Young adults, 18-39	English	8
BC	Young adults, 18-39	English	8
Total recruited			40

## INDIGENOUS COMMUNITY ADULTS UNDER 60 (1 GROUP)

- Anglophone
- General mix of age, gender

Location	Segment	Language	Recruit (for 6-8 to show)
Saskatchewan / Manitoba / Ontario / Quebec / Atlantic Canada	Indigenous community 18-60	English	8
<b>Total recruited</b>			<b>8</b>

## ETHNIC COMMUNITY ADULTS UNDER 60 (2 GROUPS)

- General mix of age, gender and ethnicity

Location	Segment	Language	Recruit (for 6-8 to show)
Ontario/MB/SK/AB	Ethnic community 18-60	English	8
Quebec	Ethnic community 18-60	French	8
<b>Total recruited</b>			<b>16</b>

**All times are stated in local area time unless specified otherwise**

**Legend:**

CAMPAIGN A FOCUS GROUPS - COVID-19 vaccines for children 6 months - 4 years old

CAMPAIGN B FOCUS GROUPS - Fall 2022 COVID vaccine campaign

<b>Group 8</b>	<b>Group 9</b>	<b>Group 10</b>	<b>Group 11</b>
<b>BC Parents (18+)</b>	<b>Atlantic Canada Parents (18+)</b>	<b>MB/SK/AB Parents (18+)</b>	<b>Ontario Parents (18+)</b>
July 14 6:00 pm PDT	July 18 5:00 pm ADT	July 18 5:00 pm MDT*	July 19 5:00 pm EDT
<b>Group 12</b>	<b>Group 13</b>	<b>Group 14</b>	<b>Group 1</b>
<b>ON/MB/SK/AB Ethnic parents (18+)</b>	<b>Quebec Parents (18+)</b>	<b>Quebec Ethnic parents (18+)</b>	<b>Atlantic Canada GenPop 18-39</b>
July 19 7:00 pm EDT**	July 20 5:00 pm EDT <b>FRENCH</b>	July 20 7:00 pm EDT <b>FRENCH</b>	July 21 5:00 pm ADT
<b>Group 2</b>	<b>Group 3</b>	<b>Group 4</b>	<b>Group 5</b>
<b>MB/SK/AB GenPop 18-39</b>	<b>Ontario GenPop 18-39</b>	<b>BC GenPop 18-39</b>	<b>Quebec GenPop 18-39</b>
July 21 5:00 pm MDT*	July 25 5:00 pm EDT	July 25 5:00 pm PDT	July 26 5:00 pm EDT <b>FRENCH</b>
<b>Group 6</b>	<b>Group 7</b>	<b>Group 15</b>	
<b>Quebec Ethnic 18-60</b>	<b>ON/MB/SK/AB Ethnic 18-60</b>	<b>SK/MB/ON/QC/ Atlantic Canada Indigenous 18-60</b>	
July 26 7:00 pm EDT <b>FRENCH</b>	July 27 7:00 pm EDT**	July 28 6:00 pm EDT	

\*6 pm in Manitoba; 5 pm in Alberta and Saskatchewan

\*\*6 pm in Manitoba; 5 pm in Alberta and Saskatchewan

## Questionnaire

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### A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a Canadian market research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

**[INTERVIEWER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]**

**[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR.]**

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. This is for the purposes of developing information for Canadians to learn about the COVID-19 vaccine. The groups will last up to an hour and a half and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using an online web conferencing platform similar to Zoom or Skype, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will be gauging reactions to concepts and materials. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.

**[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the *Privacy Act*, legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation. For more information about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca)."]**

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	<b>CONTINUE</b>
No	2	<b>THANK/DISCONTINUE</b>

## B. Qualification

2. We are looking to include people of various ethnic backgrounds in the group discussion. Do you identify as any of the following?

An Indigenous person (First Nations, Inuit or Métis)	1	<b>PRIORITIZE FOR GROUP DEDICATED TO MEMBERS OF INDIGENOUS COMMUNITIES IN THE DESIGNATED REGIONS</b>
A member of an ethnocultural or a visible minority group other than an Indigenous person	2	<b>PRIORITIZE FOR GROUPS DEDICATED TO MEMBERS OF ETHNIC COMMUNITIES IN THE DESIGNATED REGIONS</b>
None of the above	3	

### FOR THE “GENERAL POPULATION GROUPS” (PARENTS AND YOUNG ADULTS):

- **ENSURE REPRESENTATION OF ETHNIC/VISIBLE MINORITY GROUPS**
- **RECRUIT A MINIMUM OF 5 INDIGENOUS PERSONS ACROSS ALL GROUPS**

3. **[ASK ONLY IF Q2=2]** What is your ethnic background?

**RECORD ETHNICITY:** \_\_\_\_\_

### FOR THE GROUPS WITH ETHNIC COMMUNITIES, RECRUIT A MIX OF ETHNIC BACKGROUNDS

4. **[ASK ONLY IF Q2=1]** Do you identify as First Nations, Inuit or as Métis?

First Nations	1	<b>RECRUIT</b>
Inuit	2	<b>A MIX ACROSS</b>
Métis	3	<b>ALL GROUPS</b>

5. **[ASK ONLY IF Q2=1]** Are you the parent, guardian or grandparent of at least one child 6 months to 12 years of age?

Yes – a parent or guardian	1	
Yes – a grandparent	2	
No (not a parent/guardian/grandparent)	3	<b>SKIP TO Q11</b>



6. **[ASK ONLY IF Q2=2 OR 3]** Are you the parent or guardian of at least one child 6 months to 12 years of age?

Yes 1  
No (not a parent/guardian) 2 **SKIP TO Q11**

7. How involved would you say you are in the daily life of these children, including decisions related to education and healthcare?

Very involved 1  
Somewhat involved 2  
Not very involved 3 **SKIP TO Q11**  
Not at all involved 4 **SKIP TO Q11**

8. Considering the children for whom you are involved in their daily lives, how many fall into each of the following age categories?

6 months to 4 years old \_\_\_\_\_  
5 to 12 years old \_\_\_\_\_

**4 TO 5 PARTICIPANTS IN EACH PARENT GROUP SHOULD HAVE A CHILD 6 MONTHS TO 4 YEARS OLD**

9. **[ASK PARENTS OF CHILDREN 6 MONTHS TO 4 YEARS OLD]** When a COVID-19 vaccine becomes available to your child/children 6 months to 4 years old, will you choose to get them vaccinated? Would you say... **READ LIST**

Yes, as soon as it is available	1
Yes, but you will wait a bit (tag as "Vaccine cautious")	2
No, you will not get this/these child/children vaccinated (tag as "Vaccine cautious")	3
[DO NOT READ] You do not make these decisions	4
[DO NOT READ] Not sure (tag as "Vaccine cautious")	5

10. **[ASK PARENTS OF CHILDREN 5 TO 12 YEARS OLD]** Thinking about your child/children 5 to 12 years old, how many doses of a COVID-19 vaccine have they received?

1 dose (tag as "Vaccine cautious")	1
2 doses	2
3 doses	3
None. You'll wait a bit before getting them vaccinated (tag as "Vaccine cautious")	4
None. You will not get them vaccinated (tag as "Vaccine cautious")	5
[DO NOT READ] Not sure (tag as "Vaccine cautious")	6
[DO NOT READ] You do not make these decisions	7

**ONLY RECRUIT "VACCINE CAUTIOUS" PARENTS FOR CAMPAIGN A FOCUS GROUPS; ALSO RECRUIT FOR CAMPAIGN B GROUPS AS NEEDED AND IF OTHERWISE ELIGIBLE AND AVAILABLE**

11. May I have your age please? **RECORD AGE:** \_\_\_\_\_

AGE	RECRUITMENT SPECIFICATIONS
18-39	<ul style="list-style-type: none"> <li>• NO AGE MIX OR LIMIT REQUIRED FOR CAMPAIGN A FOCUS GROUPS</li> <li>• FOR CAMPAIGN B FOCUS GROUPS:               <ul style="list-style-type: none"> <li>○ AGE LIMIT OF 18-39 FOR GENERAL POPULATION ADULT GROUPS – RECRUIT A MIX</li> <li>○ AGE LIMIT OF 18-60 FOR ETHNIC AND INDIGENOUS COMMUNITY GROUPS – RECRUIT A MIX</li> </ul> </li> </ul>
39-60	
61+	

12. **[CONFIRM WITH RESPONDENT]** In which province or territory do you live?

Alberta	1
British Columbia	2
Manitoba	3
New Brunswick	4
Newfoundland and Labrador	5
Northwest Territories	6
Nova Scotia	7
Nunavut	8
Ontario	9
Prince Edward Island	10
Quebec	11
Saskatchewan	12
Yukon	13

13. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...the federal or provincial government department or agency?	3

**IF YES TO ANY, THANK & TERMINATE**

14. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

Male	1
Female	2
Prefer to self-describe, please specify: _____	3
Prefer not to say	4

**AIM FOR 50/50 SPLIT OF MALE AND FEMALE, WHILE RECRUITING OTHER GENDER IDENTITIES AS THEY FALL**

15. Do you currently live in... **[READ LIST]**

- |   |   |
|---|---|
| A city or metropolitan area with a population of at least 100,000 | 1 |
| A city with a population of 30,000 to 100,000                     | 2 |
| A city or town with a population of 10,000 to 30,000              | 3 |
| A town or rural area with a population under 10,000               | 4 |

**FOR EACH "GENERAL POPULATION" GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND THOSE WHO LIVE IN SMALLER TOWNS/RURAL**

16. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

- |     |   |                  |
|-----|---|------------------|
| Yes | 1 |                  |
| No  | 2 | <b>GO TO Q20</b> |

17. When did you last attend one of these discussion groups or interviews?

- |                          |   |                              |
|--------------------------|---|------------------------------|
| Within the last 6 months | 1 | <b>THANK &amp; TERMINATE</b> |
| Over 6 months ago        | 2 |                              |

18. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

**RECORD: \_\_\_\_\_ THANK/TERMINATE IF RELATED TO COVID-19**

19. How many discussion groups or interviews have you attended in the past 5 years?

- |              |   |                              |
|--------------|---|------------------------------|
| Fewer than 5 | 1 |                              |
| Five or more | 2 | <b>THANK &amp; TERMINATE</b> |

20. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with others your age? Are you...

**READ OPTIONS**

Very comfortable	1	<b>MIN 5 PER GROUP</b>
Fairly comfortable	2	
Not very comfortable	3	<b>THANK &amp; TERMINATE</b>
Very uncomfortable	4	<b>THANK &amp; TERMINATE</b>

21. Do you have access to a stable internet connection, capable of sustaining a 90 minute-long online video conference?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

22. Participants will be asked to provide their answers through an online web conferencing platform using a computer or a tablet (not a smartphone) in a quiet room. It is necessary for participation, as the moderator will be gauging reactions to concepts and materials. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	<b>THANK &amp; TERMINATE</b>
No	2	

**TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS DIFFICULTIES PARTICIPATING IN AN ONLINE WEB CONFERENCE, A SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY.**

**RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY:** “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

### C. INVITATION TO PARTICIPATE

23. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other Canadians. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using an online web conferencing platform, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last an hour and a half (90 minutes). People who attend will receive \$100 to thank them for their time.

Would you be interested in taking part in this study?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

24. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

25. There will be some people from Health Canada, from the Public Health Agency of Canada, and other individuals involved in this project observing the session. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

Thank you. We would like to invite you to attend one of the online discussion groups, which will be led by a researcher from the national public opinion research firm, Quorus Consulting Group. The group will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last one and a half hours (90 minutes). Following your participation, you will receive \$100 to thank you for your time.

26. Are you interested and available to attend?

- Yes 1  
No 2      **THANK & TERMINATE**

To conduct the session, we will be using a screen-sharing application called **[PLATFORM]**. **We will need to send you by email the instructions to connect.** The use of a computer or tablet (not a smartphone) in a quiet room is necessary since the moderator will want to show material to participants to get their reactions – that will be an important part of the discussion.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse **THANK & TERMINATE.**

## Moderation Guide – Wave 1

### Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
  - Thanks for attending.
  - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
  - Today we will be talking about different concepts for COVID-19 (coronavirus) advertisements that the Government of Canada is thinking about producing.
  - The discussion will last approximately 90 minutes.
  - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
  - A discussion group is a “round table” discussion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions on the concepts I’ll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I’ll be showing you tonight so please feel free to share what you like and what you think might need improving.
  - There are no right or wrong answers. This is not a knowledge test.
  - Everyone’s opinion is important and should be respected.
  - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
  - I will be sharing my screen to show you some things.
  - We will be making regular use of the chat function. To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called “chat”. It will open a chat screen on the far right of your screen. I’d like to ask you to use chat throughout our discussion tonight. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
  - I also want to say that if you feel you didn’t have a chance to express your opinion on anything during the session, you can feel free to comment in writing in the “chat”. For the most part chat with “everyone” unless you feel you need to send me a private message.
- Explanations.



- Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
  - The report can be accessed through the Library of Parliament or Archives Canada.
  - Your responses will in no way affect your dealings with the Government of Canada.
  - The session is being audio-video recorded for report writing purposes / verify feedback. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
  - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

**INTRODUCTIONS:** Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.

### Concept Setup (5 minutes)

Tonight, we are going to be sharing with you some advertisement concepts that are related to COVID-19 vaccination.

I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you four (4) ad concepts that are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television. These probably won't appear for another few months and rest assured that ads that encourage Canadians to get vaccinated will only appear when the vaccines will be widely available. Between now and when these ads would appear, information will be widely shared about the vaccines, such as their effectiveness, safety, etc. **Also keep in mind that depending on where you see these ads, you would be able to click on them to get more information.**

**[FOR MODERATOR INFORMATION ONLY:** The concepts may also be used in social media as static posts/tweets, as banner ads, as radio, print or out of home ads. For online concepts, the user will either be able to click on the ad to get to more information, the web site, or there will be a vanity URL (i.e. Canada.ca/covid-vaccine), or a phone number to get more information where the ad does not link directly to the web site.]

When we look at these, I would like to focus on the creative idea behind each concept, the message and the content of the ad and not so much on the presentation format since what you will see is not what the final product will look like. Here is what we will be looking at:

- Each of these ad concepts has images and text.
  - The images you will see look like a comic strip. This is called a “storyboard”.
  - You will also see text on these storyboards.
  - Some of this text is directions for the actor. Some of this text is for a voice that will be heard over the ad, spoken by a voice actor.

If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. So, when you look at them you will have to use your imagination.

We will be looking at four (4) different concepts, and for a few of these concepts, two phases are being considered. So I’ll be showing you a few storyboards for each concept and we’ll discuss those before we move on to the storyboards for the next concept.

**FOR INTERNAL USE ONLY:**

**Concept A = FROM THE EXPERTS**

**Concept B = REASONS WHY**

**Concept C = THE RIPPLE EFFECT**

**Concept D = ASK THE EXPERT**

**Randomize concepts for each group as follows:**

**Session 1: A, B, C, D**

**Session 2: B, D, C, A**

**Session 3: D, C, A, B**

**Session 4: C, A, B, D**

**Session 5: B, A, D, C**

**Session 6: D, C, B, A**

**Session 7: A, B, D, C**

**Session 8: C, D, A, B**

**Session 9: A, B, C, D**

**Session 10: B, D, C, A**

**Session 11: D, C, A, B**

**Session 12: C, A, B, D**

**Session 13: B, A, D, C**

**Session 14: D, C, B, A**

**Session 15: A, B, D, C**

**Session 16: C, D, A, B**

**Session 17: A, B, C,**

**Concept Evaluation (15 minutes per concept = 60 minutes)**

Here are the storyboards for the first advertising campaign concept – it is called Concept A/B/C/D. The idea is not that we need to choose between the storyboards within the same concept – each storyboard is trying to achieve something different and if one of these concepts is chosen, a few or all of the storyboards for that concept could eventually be used. If all storyboards will be used, they would roll out over time in the order in which I’ll be presenting them.

**MODERATOR SHOWS THE CONCEPT**

**[FOR “ASK THE EXPERT”]** For this concept, it would feature questions sent in by real Canadians on videos they recorded themselves. The following are examples of what it could look like.

In the chat box, I’d like you to rate the overall approach taken in the two storyboards I just showed you. Using a scale from 1 to 10 (where 10 is the best score possible), how would you rate the advertising concept overall in terms of the message and general approach taken?

1. Overall, what are your initial thoughts and feelings about this concept? **PROBE:** Why did you give it this rating?
2. Do you find this ad easy to understand? Does the idea and message make sense to you?
3. **[MAIN MESSAGE]** In a few words, what do you think is the main message of this ad? ...what are they trying to tell us?
4. **[CALL TO ACTION]** What do you think these ads are trying to get us to do? Do you see a difference in what each ad is trying to get us to do?
  - Does this concept get you thinking about COVID-19 vaccines any differently? If so, in what way?
  - Would this ad motivate you in any way to click through to the Government website to find out more?
  - **[FOR V2 OF EACH CONCEPT AS APPLIES]** Would this specific version of the ad...
    - i. ...motivate you to get vaccinated?
    - ii. ...motivate you to share on social media that you are vaccinated?
    - iii. Would you engage with others any other way once you get vaccinated?
  - **MODERATOR TO GET FEEDBACK ON TAGLINES FOR EACH STORYBOARD AS NEEDED:** What are your thoughts on the taglines seen in these storyboards?
5. Do you think this ad is relevant to you? Who do you feel this advertising campaign is targeting?
  - **SHOW OF HANDS** – how many feel the concept is targeting you or Canadians like you? ...and if not you, then who is that ad targeting? Why do you say that?

6. What could be added or removed to make this ad better?

**[FOR “REASONS WHY”]**

7. The concept goes through different reasons why we should get vaccinated...thinking of your own personal reasons, what other examples could be added to the ad so that they hit home a bit more?

- **IF NEEDED FOR HCW’S:** Thinking about the work that you do in healthcare, are there examples you can provide from that perspective?

**[FOR “THE RIPPLE EFFECT” – ONLY FOR HCW/INDIGENOUS/ETHNIC COMMUNITY GROUPS]**

8. The concept shows different images illustrating “ripples” – do you have a few more examples for me?

9. And do you have other examples of how getting vaccinated could have a ripple effect across Canada?

10. Do you have other examples where we’ve seen something start small and but then through a ripple effect, grew to be something positive, or impactful in a good way? **FOLLOW-UP:** What would be a good image that could capture that idea?

- **IF NEEDED:** Are there perhaps examples in sports, in the workplace, in certain industries, cultural examples, in society in general, etc.

**[FOR “ASK THE EXPERT”]**

11. If you could ask a question to an expert about COVID-19 vaccines, what would you ask?

**MODERATOR TO REPEAT THE SAME SEQUENCE OF QUESTIONS FOR SECOND THEME**

**Ads Comparison (10 minutes)**

We have seen and discussed four concepts for the advertising campaign. I would like to show you the four concepts again for a final exercise. **MODERATOR SHARES ALL FOUR CONCEPTS AGAIN ON ONE SCREEN.**

12. Which concept makes you want to take action and what would that action be? ...type your selection in the chat and then we’ll discuss.

- For those who chose A...why did you select that concept?
- For those who chose B...why did you select that concept?

- For those who chose C...why did you select that concept?
- For those who chose D... why did you select that concept?

13. Why does this one approach speak to you the most? **PROBE:** Is it the creative idea, the tone, or something else?

14. Do you see an opportunity for the Government of Canada to improve the one you picked?

15. **FOR ETHNIC AND INDIGENOUS FOCUS GROUPS:** As you all know, Canada is made up of a variety of Indigenous / ethnic communities.

- Do you feel the ad concepts we showed you tonight are relevant to the community to which you belong?
- What, if anything, do you think could be added or changed so that you feel your community is better represented through these concepts?

#### Wrap-up (5 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

**ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION**

## Moderation Guide – Wave 2

### Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
  - Thanks for attending.
  - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
  - Today we will be talking about different concepts for COVID-19 (coronavirus) advertisements that the Government of Canada is thinking about producing.
  - The discussion will last approximately 90 minutes.
  - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
  - A discussion group is a “round table” discussion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions on the concepts I’ll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I’ll be showing you tonight so please feel free to share what you like and what you think might need improving.
  - There are no right or wrong answers. This is not a knowledge test.
  - Everyone’s opinion is important and should be respected.
  - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
  - I will be sharing my screen to show you some things.
  - We will be making regular use of the chat function. To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called “chat”. It will open a chat screen on the far right of your screen. I’d like to ask you to use chat throughout our discussion tonight. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
  - I also want to say that if you feel you didn’t have a chance to express your opinion on anything during the session, you can feel free to comment in writing in the “chat”. For the most part chat with “everyone” unless you feel you need to send me a private message.
- Explanations.

- Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
  - The report can be accessed through the Library of Parliament or Archives Canada.
  - Your responses will in no way affect your dealings with the Government of Canada.
  - The session is being audio-video recorded for report writing purposes / verify feedback. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
  - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

**INTRODUCTIONS:** Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, age of child/children, what you do for a living, etc.

### Concept Setup (5 minutes)

Tonight, we are going to be sharing with you some advertisement concepts that are related to COVID-19 vaccination.

I'm going to show you four (4) ad concepts being considered by the Government of Canada that will be shown to Canadians over two phases:

- We recognize education and information about children and the COVID-19 vaccines will be important for parents. There will be ads in market prior to the concepts that I am about to show you that will provide this key information. We will have a discussion about this at the end of the session.
- After this information-focused ad has been appearing for some time, we might see one of the other three concepts I am about to show you. These probably won't appear for another few months.

If selected, these concepts would become thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television. **Depending on where you see these ads, you would be able to click on them to get more information.**

**[FOR MODERATOR INFORMATION ONLY:** The concepts may also be used in social media as static posts/tweets, as banner ads, as radio, print or out of home ads. For online concepts, the user will either be able to click on the ad to get to more information, the web site, or there will be a vanity URL (i.e. Canada.ca/covid-vaccine), or a phone number to get more information where the ad does not link directly to the web site.]

I want to emphasize that these concepts are drafts at this stage and have not been finalized. When we look at these, I would like you to focus on the creative idea behind each concept, the message and the content of the ad and not so much on the presentation format since what you will see is not what the final product will look like. Here is what we will be looking at:

- Each of these ad concepts has images and text.
  - The images you will see look like a comic strip. This is called a “storyboard”.
  - You will also see text on these storyboards.
  - Some of this text is directions for the actor. Some of this text is for a voice that will be heard over the ad, spoken by a voice actor.

If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. So, when you look at them you will have to use your imagination.

### Phase 2 Concept Evaluation (15 minutes per concept = 45 minutes)

Now let’s look at the concepts being considered for Phase 2, which would be shown after Canadians had been seeing informational ads for some time.

I’ll walk you through one of the concepts and then we will have a short discussion about that concept. Once we are done discussing that concept, we will move on to the next one.

#### **MODERATOR SHOWS THE CONCEPT**

##### ***FOR INTERNAL USE ONLY:***

**Concept A = ANYTHING IS POSSIBLE**

**Concept B = HAPPY EVERYTHING**

**Concept C = THE CREW**

##### **Randomize concepts for each group as follows:**

**Session 1: A, B, C**

**Session 2: C, A, B**

**Session 3: B, A, C**

**Session 4: C, B, A**

**Session 5: B, C, A**



Session 6: A, C, B  
Session 7: A, C, B  
Session 8: B, C, A  
Session 9: C, B, A  
Session 10: B, A, C  
Session 11: C, A, B  
Session 12: A, B, C

Here is the storyboard for the first advertising campaign concept – it is called Concept A/B/C.

#### **MODERATOR SHOWS THE CONCEPT**

In the chat box, I'd like you to rate the overall approach taken in the storyboard I just showed you. Using a scale from 1 to 10 (where 10 is the best score possible), how would you rate the advertising concept overall in terms of the message and general approach taken?

1. Overall, what are your initial thoughts and feelings about this concept? **PROBE:** Why did you give it this rating?
2. Do you find this ad easy to understand? Does the idea and message make sense to you?
3. **[MAIN MESSAGE]** In a few words, what do you think is the main message of this ad? ...what are they trying to tell us?
4. **[CALL TO ACTION]** What do you think these ads are trying to get us to do?
  - Does this concept get you thinking about COVID-19 vaccines any differently? If so, in what way?
  - Considering you would have already seen the informational ad a number of times and obtained answers to your questions, would seeing this concept then motivate you to get your child/children vaccinated? Or talk about it?
  - **MODERATOR TO GET FEEDBACK ON TAGLINES FOR EACH STORYBOARD AS NEEDED:** What are your thoughts on the tagline seen in this storyboard?
5. What could be added or removed to make this ad better?

**[FOR “ANYTHING IS POSSIBLE”]**

6. In this concept, we hear from different toys, objects and decor. Once the pandemic is over, some of these will get a break and some will have the chance to get out into the world again. Do other examples come to mind?

- What activities have children been missing the most and which object or toy do you think could be used to best capture that activity?

**[FOR “HAPPY EVERYTHING”]**

7. What other big moments have children been missing out on the most? Is there an object, a decor or something they could wear to capture that moment?

**[FOR “THE CREW”]**

8. What other social activities are your kids excited to get back to?

9. **FOR ETHNIC AND INDIGENOUS FOCUS GROUPS:** As you all know, Canada is made up of a variety of Indigenous and ethnic communities.

- For those of you in our session who identify with these communities, what, if anything, do you think could be added or changed so that you feel your community is better represented through these concepts?

**MODERATOR TO REPEAT THE SAME SEQUENCE OF QUESTIONS FOR THE NEXT CONCEPT**

**Ads Comparison (10 minutes)**

We have seen and discussed three concepts for Phase 2 of the advertising campaign. I would like to show you the three concepts again for a final exercise. **MODERATOR SHARES ALL THREE CONCEPTS AGAIN ON ONE SCREEN.**

10. Which concept makes you want to take action and what would that action be? ...type your selection in the chat and then we'll discuss.

- For those who chose A...why did you select that concept?
- For those who chose B...why did you select that concept?
- For those who chose C...why did you select that concept?

11. Why does this one approach speak to you the most? **PROBE:** Is it the creative idea, the tone, or something else?
12. Do you see an opportunity for the Government of Canada to improve the one you picked?
13. Do these ads make you feel more confident that, should you decide to vaccinate/if you will/did vaccinate your kids, you are making the right decision?
14. I'd like to show you a slide that shows the three different messages that were featured in the concepts we just discussed – which one do you prefer and why?
  - **It's safe to vaccinate your child for COVID-19 as soon as they're eligible.**
  - **Book your child's vaccine as soon as it's available to them.**
  - **Book your child's vaccination as soon as it's available to their age group.**

#### “Ask the Expert” Evaluation (10 minutes)

You will remember I want to share one concept that will be used for Phase 1, the public education phase. I'll walk you through the concept and then I'll have a few questions for you. For this concept, it would feature questions sent in by real Canadians on videos they recorded themselves. The following are examples of what it could look like.

#### **MODERATOR SHOWS THE CONCEPT**

The general “ask an expert” approach being considered for this concept will not be changing however the creative team is interested in getting your feedback on a few things:

15. First of all, what are some of the questions you have about the COVID-19 vaccines and children?
  - By show of hands, how many have children 12 to 17 years old? And how many have younger children? The reason I ask is I was wondering if your questions or concerns are different depending on the age group your child is in? **[MODERATOR TO MAKE SURE PARTICIPANTS ASSOCIATE THE CONCERN/QUESTION WITH THE SPECIFIC AGE GROUP]**
16. When it comes to answering those questions, who would you trust?
  - Does the source change depending on the question being asked? If so, in what way?

17. What are your quick reactions to the idea of having a parent and child appear together in the ad, with the parents asking the questions?
18. Finally, by a show of hands, if you were to see this ad in social media or elsewhere on the Internet, how many of you would click through to the Government website to find out more?
  - Other than answers to questions being asked in the ad, what else would you hope to find on that website?
19. Appreciating that parents have many different views on vaccinating their children, I was curious whether there was anyone in our session today who is really leaning against the idea of vaccinating one of their children and to share a little bit of their thinking behind that? I am just curious to understand opinions around this – I am not here to try to convince you otherwise.
  - Was there anything you saw or heard here today that now has you thinking a little differently about vaccinating your children? Help me understand that.

#### Wrap-up (5 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

**ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION**

## Moderation Guide – Wave 3 (Campaign A)

### CAMPAIGN A – Vaccine 6 mths-5 yrs Campaign

**Script is for all sessions unless otherwise indicated.**

#### Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
  - Thanks for attending.
  - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
  - Today we will be talking about different concepts for COVID-19 (coronavirus) advertisements that the Government of Canada is thinking about producing.
  - The discussion will last approximately 90 minutes.
  - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
  - A discussion group is a “round table” discussion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions on the concepts I’ll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I’ll be showing you tonight so please feel free to share what you like and what you think might need improving.
  - There are no right or wrong answers. This is not a knowledge test.
  - Everyone’s opinion is important and should be respected.
  - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
  - I will be sharing my screen to show you some things.
  - We will be making regular use of the chat function. To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called “chat”. It will open a chat screen on the far right of your screen. I’d like to ask you to use chat throughout our discussion tonight. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.

- I also want to say that if you feel you didn't have a chance to express your opinion on anything during the session, you can feel free to comment in writing in the "chat". For the most part chat with "everyone" unless you feel you need to send me a private message.
  - Explanations.
    - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
    - The report can be accessed through the website of the Library of Parliament or Library and Archives Canada.
    - Your responses will in no way affect your dealings with the Government of Canada.
    - The session is being audio-video recorded for report writing purposes / verify feedback. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
    - Some of my colleagues from Quorus and Health Canada involved in this project are watching this session and this is only so they can hear the comments first-hand.
  - Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.
- Any questions?

**INTRODUCTIONS:** Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.

### Concept Setup (5 minutes)

Tonight, we are going to be sharing with you some advertisement concepts that are related to COVID-19 vaccination.

I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you three (3) ad concepts that are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television. **Also keep in mind that depending on where you see these ads, you would be able to click on them to get more information.**

Here is what we will be looking at:

- Each of these ad concepts has images and text.
- The images you will see look like a comic strip. This is called a "storyboard".
- You will also see text on these storyboards.

- Some of this text is for a voice that will be heard over the ad, spoken by a voice actor. And some of this text explains what is happening in one of the images.

So, when you look at them you will have to use your imagination. I would like you to focus on the overall idea and takeaway message and not so much on the presentation format.

What you will see is not what the final product will look like. Your input from tonight will help improve them. If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally-produced with an advertising agency.

We will be looking at three (3) different concepts. I'll show you the storyboards for one concept and we'll discuss those before we move on to the storyboards for the next concept.

**FOR INTERNAL USE ONLY:**

**Concept A = Keep them safe**

**Concept B = Lots of questions**

**Concept C = Brand new**

**Randomize concepts for each group as follows:**

**Session 1: A, B, C**

**Session 2: B, C, A**

**Session 3: C, A, B**

**Session 4: A, C, B**

**Session 5: B, A, C**

**Session 6: C, B, A**

**Session 7: A, B, C**

**Concept Evaluation (20 minutes per concept = 60 minutes)**

Here are the storyboards for the first advertising campaign concept – it is called Concept A/B/C.

**MODERATOR SHOWS THE CONCEPT**

In the chat box, I'd like you to rate the overall approach taken in the storyboards I just showed you. Using a scale from 1 to 10 (where 10 is the best score possible), how would you rate the advertising concept overall in terms of the message and general approach taken?

1. Overall, what are your initial thoughts and feelings about this concept? **PROBE:** Why did you give it this rating? What did you like and dislike about this ad?
2. **[MAIN MESSAGE]** In a few words, what do you think is the main message of this ad? ...what are they trying to tell us?
3. **[CALL TO ACTION]** What do you think these ads are trying to get us to do?
  - Does this concept get you thinking about COVID-19 vaccines any differently? If so, in what way?

- Would this ad motivate you to do anything in particular? For instance, would it motivate you to click through to the Government website to find out more? Anything else?
4. **[TAGLINE – ONLY FOR CONCEPT A]** What are your thoughts on the tagline featured in this concept?
  5. Do you think this ad is relevant to you? Who do you feel this advertising campaign is targeting?
    - **SHOW OF HANDS** – how many feel the concept is targeting you or Canadians like you? ...and if not you, then who is that ad targeting? Why do you say that?
  6. What could be added or removed to make this ad better?
  7. **CONCEPT-SPECIFIC PROBES**

- **CONCEPT A (Keep them safe) PROBES:**

- i. In this concept, there are different examples of things parents do to keep their young children safe. Do other scenarios come to mind when you think of things you do to protect your child(ren)?

- **CONCEPT B (Lots of questions) PROBES:**

- i. What are other examples of questions you ask to ensure something is safe for your child?

- **CONCEPT C (Brand new) PROBES:**

- i. This concept features a few different scenarios of new experiences or new information for children – do any others come to mind?

**MODERATOR TO REPEAT THE SAME SEQUENCE OF QUESTIONS FOR EACH OF THE THREE CONCEPTS**



## Ads Comparison (10 minutes)

We have seen and discussed three concepts for the advertising campaign. I would like to show you all the concepts again for a final exercise. **MODERATOR SHARES ALL THREE CONCEPTS AGAIN ON ONE SCREEN.**

8. Which is the one (1) advertising concept that you think is the most effective? The one that you would want the Government of Canada to produce. Type your selection in the chat and we'll discuss.
  - For those who chose A...why did you select that concept?
  - For those who chose B...why did you select that concept?
  - For those who chose C...why did you select that concept?
9. Why does this one approach speak to you the most? **PROBE:** Is it the creative idea, the tone, or something else?
10. Do you see an opportunity for the Government of Canada to improve the one you picked?
11. **[IF NEEDED]** When creating the ad, we could either use live actors or we could use animation – do any of you have any strong preferences one way or the other?
12. **FOR ETHNIC FOCUS GROUPS:** As you all know, Canada is made up of a variety of ethnic communities.
  - Do you feel the ad concepts we showed you tonight are relevant to the community to which you belong?
  - What, if anything, do you think could be added or changed so that you feel your community is better represented through these concepts?

## Wrap-up (5 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

**ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION**

## Moderation Guide – Wave 3 (Campaign B)

### CAMPAIGN B – Fall 2022 COVID Vaccine Campaign

**Script is for all sessions unless otherwise indicated.**

#### Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
  - Thanks for attending.
  - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
  - Today we will be talking about different concepts for COVID-19 (coronavirus) advertisements that the Government of Canada is thinking about producing.
  - The discussion will last approximately 90 minutes.
  - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
  - A discussion group is a “round table” discussion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions on the concepts I’ll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I’ll be showing you tonight so please feel free to share what you like and what you think might need improving.
  - There are no right or wrong answers. This is not a knowledge test.
  - Everyone’s opinion is important and should be respected.
  - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
  - I will be sharing my screen to show you some things.
  - We will be making regular use of the chat function. To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called “chat”. It will open a chat screen on the far right of your screen. I’d like to ask you to use chat throughout our discussion tonight. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
  - I also want to say that if you feel you didn’t have a chance to express your opinion on anything during the session, you can feel free to comment in writing in the “chat”. For the most part chat with “everyone” unless you feel you need to send me a private message.

- Explanations.
    - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
    - The report can be accessed through the website of the Library of Parliament or Library and Archives Canada.
    - Your responses will in no way affect your dealings with the Government of Canada.
    - The session is being audio-video recorded for report writing purposes / verify feedback. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
    - Some of my colleagues from Quorus and Health Canada involved in this project are watching this session and this is only so they can hear the comments first-hand.
  - Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.
- Any questions?

**INTRODUCTIONS:** Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.

### Concept Setup (5 minutes)

Tonight, we are going to be sharing with you some advertisement concepts that are related to COVID-19 vaccination.

I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you four (4) ad concepts that are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television. **Also keep in mind that depending on where you see these ads, you would be able to click on them to get more information.**

Here is what we will be looking at:

- Each of these ad concepts has images and text.
- The images you will see look like a comic strip. This is called a “storyboard”.
- You will also see text on these storyboards.
- Some of this text might be what one of the individuals in the ad might be saying or it might be what will be heard over the ad, spoken by a voice actor. And some of this text explains what is happening in one of the images.

So, when you look at them you will have to use your imagination. I would like you to focus on the overall idea and takeaway message and not so much on the presentation format.

What you will see is not what the final product will look like. Your input from tonight will help improve them. If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally-produced with an advertising agency.

We will be looking at four (4) different concepts. I'll show you the storyboards for one concept and we'll discuss those before we move on to the storyboards for the next concept.

***FOR INTERNAL USE ONLY:***

**Concept A = Take action**

**Concept B = Friendly reminder**

**Concept C = Tuning out**

**Concept D = Plan ahead**

**Randomize concepts for each group as follows:**

**Session 1: A, B, C, D**

**Session 2: B, D, C, A**

**Session 3: D, C, A, B**

**Session 4: C, A, B, D**

**Session 5: B, A, D, C**

**Session 6: D, C, B, A**

**Session 7: A, B, D, C**

**Session 8: C, D, A, B**

## Concept Evaluation (15 minutes per concept = 60 minutes)

Here are the storyboards for the first advertising campaign concept – it is called Concept A/B/C/D.

### **MODERATOR SHOWS THE CONCEPT**

In the chat box, I'd like you to rate the overall approach taken in the storyboards I just showed you. Using a scale from 1 to 10 (where 10 is the best score possible), how would you rate the advertising concept overall in terms of the message and general approach taken?

1. Overall, what are your initial thoughts and feelings about this concept? **PROBE:** Why did you give it this rating? What did you like and dislike about this ad?
2. **[MAIN MESSAGE]** In a few words, what do you think is the main message of this ad? ...what are they trying to tell us?
3. **[CALL TO ACTION]** What do you think these ads are trying to get us to do?
  - Does this concept get you thinking about COVID-19 vaccines any differently? If so, in what way?
  - Would this ad motivate you to do anything in particular? For instance, would it motivate you to click through to the Government website to find out more? Or consider an additional dose? Anything else?
4. Do you think this ad is relevant to you? Who do you feel this advertising campaign is targeting?
  - **SHOW OF HANDS** – how many feel the concept is targeting you or Canadians like you? ...and if not you, then who is that ad targeting? Why do you say that?
5. What could be added or removed to make this ad better?

**MODERATOR TO REPEAT THE SAME SEQUENCE OF QUESTIONS FOR EACH OF THE FOUR CONCEPTS**

## Ads Comparison (10 minutes)

We have seen and discussed four concepts for the advertising campaign. I would like to show you all the concepts again for a final exercise. **MODERATOR SHARES ALL CONCEPTS AGAIN ON ONE SCREEN.**

6. Which is the one (1) advertising concept that you think is the most effective? The one that you would want the Government of Canada to produce. Type your selection in the chat and we'll discuss.

- For those who chose A...why did you select that concept?
- For those who chose B...why did you select that concept?
- For those who chose C...why did you select that concept?
- For those who chose D...why did you select that concept?

7. Why does this one approach speak to you the most? **PROBE:** Is it the creative idea, the tone, or something else?

8. Do you see an opportunity for the Government of Canada to improve the one you picked?

9. **[TERMINOLOGY]** Different terms were used throughout the four concepts to reference additional COVID-19 doses. These included:

- Booster
- additional dose
- next dose and
- latest COVID-19 vaccine.

Do all of the terms make sense? Is there one you prefer?

10. **[PREFERRED DOCTOR]** Three Government of Canada doctors were used in the concepts:

- Dr. Njoo, Deputy Chief Public Health Officer of Canada,
- Dr. Tam, Chief Public Health Officer of Canada, and,
- Dr. Sharma, Chief Medical Advisor, Health Canada.

Which doctor would you prefer to see in the final ad?

11. **FOR ETHNIC/INDIGENOUS FOCUS GROUPS:** As you all know, Canada is made up of a variety of ethnic and Indigenous communities.

- Do you feel the ad concepts we showed you tonight are relevant to the community to which you belong?
- What, if anything, do you think could be added or changed so that you feel your community is better represented through these concepts?

### Wrap-up (5 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

**ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION**