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The Impact of the Pandemic Experience on Future Vaccine-Related Intentions and Behaviours (2022)

Executive Summary

Prepared for the Public Health Agency of Canada

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Canada

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This public opinion research report presents the results of an online survey and focus groups conducted concurrently by Earnscliffe Strategy Group on behalf of the Public Health Agency of Canada. The fieldwork for the qualitative research was conducted in November 2022 and in December 2022 for the quantitative research.

Cette publication est aussi disponible en français sous le titre : L'impact de l'expérience de la pandémie de COVID-19 sur les intentions et les comportements futurs liés aux vaccins (2022).

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Executive summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to the Public Health Agency of Canada (PHAC) summarizing the results of quantitative and qualitative research undertaken to understand the impact of the pandemic experience on future vaccine-related intentions and behaviours.

Vaccines are a core public health tool to protect the population's health. Public sentiment around COVID-19 vaccines has been even more dynamic and rapidly changing than with other vaccines, reflecting evolving epidemiology and anxieties about the newness of COVID-19 vaccines and emerging variants, reported risks of side-effects, misinformation circulating, vaccine and public health measure fatigue, and increased distrust of government and science.

Research prior to the pandemic established various key factors and determinants that impacted vaccine confidence and resulting vaccine behaviours. However, the pandemic experience has been novel to this generation and has necessitated the general population to engage with intense and ongoing adaptation. The consequences of this burden are still unknown and as society transitions towards recovery, it was critical that PHAC gain insight into how these events are processed and what this might mean for vaccine confidence (that is, routine and/or boosters for COVID-19) going forward.

To that end, the primary objective of this research was to provide PHAC with insights into Canadians' overall awareness, perceptions, and concerns about the impacts of the COVID-19 pandemic, including mental health impacts, government relief efforts and expectations, recovery, public health measures, and vaccines in order to develop targeted communications strategies and products. The contract value for this project was \$171,545.30 including HST.

To meet the current objectives, Earnscliffe conducted a two-phased research program involving both quantitative and qualitative research that ran concurrently.

The quantitative phase involved an online survey of 2,088 Canadians aged 18 and older. The online survey was conducted using Leger's opt-in panel between December 1 and 6, 2022. The online survey was completed in either English or French and took an average of 16 minutes to complete.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data was weighted to reflect the demographic composition of the Canadian population aged 18 and older. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys. Appendix A provides full details on the survey methodology and Appendix C provides the survey instrument used.

At the same time, qualitative research was undertaken, which included a series of sixteen (16) focus groups between November 21 and 24, 2022 with adults aged 18 and older, adults 18-39, Indigenous adults aged 18 and older who live off-reservation, and health care professionals. A maximum of ten (10) individuals were recruited for each group. In total, 144 people participated in the focus group discussions. One discussion group among each target audience was conducted with residents of Atlantic Canada (Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick), Quebec, Ontario, and the West/North (Manitoba, Saskatchewan, Alberta, British Columbia, Yukon, Northwest Territories, Nunavut). Those living in official language minority communities (OLMCs) were invited to participate in a group in their preferred language at a date and time that was convenient to them. The sessions were approximately 90 minutes in length.

It is important to note that qualitative research is a form of scientific, social, policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved, the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number. As such, results are directional only.

The key findings from the research are presented below.

Key quantitative findings

- Roughly half of respondents say they have personally been infected with COVID-19 (51%) and/or a member of their household has (52%).
- Current uptake of COVID-19 vaccinations is quite high in that the majority of respondents (93%) say they have received two doses (primary series) (22%) or one booster dose (that is 3 or more doses) (71%) of COVID-19 vaccines. The remainder (7%) say they have received a single dose (1%) or none (6%).
- Nearly two-thirds of respondents are likely (65%) to get additional doses in the future including half (49%) who are very likely to or definitely will.
 - Among those likely to get a future COVID-19 vaccine dose, the vast majority (80%) are likely to get a flu shot as well.
- Respondents 40 years and older are more likely to say that they have received all the recommended doses as compared to respondents 18 to 39 years (53% versus 41%). Similarly, they are more likely (58% versus 32%) to get additional doses in the future.
- The most common reasons respondents say they are not likely to get future COVID-19 vaccine doses are concerns over the long-term side effects of the vaccines (32%), the belief that the vaccine is not effective enough (29%), and the perception that they themselves are protected enough by the doses they already have (20%).

- Pandemic fatigue varies widely. However, more respondents say they are experiencing higher levels of pandemic fatigue (rating between 6 and 10; 48%) than those who rate their pandemic fatigue lower or non-existent (rating between 0 and 4; 36%). The remaining respondents (16%) would mark their pandemic fatigue at the mid-point between no fatigue and the worst possible fatigue.
- Fewer than half say their pandemic experience has impacted their future vaccination intentions for themselves or their child(ren), for either the COVID-19 vaccine doses (45% for themselves) or routine vaccines (36% for oneself and 37% for their child(ren)).
 - Among those who say it has, more say their experiences have made them more likely to get future vaccinations than less likely.
- While most do not say their pandemic experience has impacted their trust in any of the sources tested, among those for which it has the impact on trust varies among the sources.
 - More say they are more likely to trust healthcare workers (34% vs. 9%) and scientists (31% vs. 12%) than less likely to, whereas the reverse is true for social (4% vs. 25%) and traditional (11% vs. 22%) media.
- The majority of respondents support the proof-of-vaccination system (64%) and say they always adhere to the most recommended public health measures, including:
 - Staying at home when they are sick (70%), using individual public health measures around vulnerable people (62%), wearing a mask indoors when they're feeling sick (60%), and wearing a mask indoors when in public or around people from outside their household (56%).
 - If required to prevent widespread outbreak, most respondents would support reimplementing most of the public health measures except stay-at-home orders (47% support), closing schools or daycares (44% support), and closing businesses (31% support).

Key qualitative findings

- Virtually every participant had firsthand experience with COVID-19 infection and were very forthcoming in sharing their experience(s). The stories shared varied widely and tended to focus on descriptions of symptoms, their severity, and the length of time it took to recover from infection.
- The stated impacts on non-health care professionals' lives included: their work or income being negatively impacted; the struggle to deal with the logistics of quarantining themselves or others in their household; being unable to do things they needed or wanted to do; and, for parents, the challenges of trying to work from home while caring for children.
- While the impacts on the personal lives of health care professionals were very consistent, the additional impacts on their work, included: for family physicians, the move to virtual care, and concern for the quality of care; for nurses, the emotional toll associated with being one of the

primary points of care and information in a highly uncertain environment; and, for pharmacists, especially those owning their own businesses, a surge in the success of their businesses as pharmacies became a go-to location for just about everything pandemic-related.

- When prompted to discuss how they coped, responses ranged widely and seemingly in correlation with the severity of the illness. For some, their experience with the infection was insignificant, and the notion of “coping” felt overstated; while for others, their lives were far more disrupted and stressful including beyond infection.
 - Some Indigenous participants in the West/North and Quebec raised Indigenous-specific aspects to coping. These included traditional medicine, spiritual resilience, and interacting with elders or others in the community to provide or receive help.
- Some participants reflected on, or explained when prompted, that one of the reasons they felt their symptoms were milder than anticipated was because they had received (at least one dose of) the COVID-19 vaccine. However, there were also participants who felt the fact they were vaccinated did little or nothing for them.
- Provided with a definition of pandemic fatigue participants expressed varying degrees of fatigue though there was a sense that their rating would have been higher had they been asked at the beginning of the pandemic.
- For non-health care professionals, the imposition of public health recommendations and requirements and/or dealing with the social pressures of complying or being vaccinated were higher sources of fatigue. Parents also appeared to have higher degrees of pandemic fatigue given the challenges of juggling work from home, home schooling, and caring for children.
- On a personal level, health care professionals shared all of these same feelings and challenges and described their pandemic fatigue in much the same way. On a professional level, however, there was a certain amount of fatigue and concern about the long-term impact of the pandemic on the health care system.
- The overwhelming majority of non-health care professionals acknowledged that their pandemic experience would have an influence on their behaviours going forward. For some, they will be at least as committed to vaccines and/or other public health measures. Others will be less committed and cited the milder than anticipated symptoms, inconsistency in recommendations, and/or counter-intuitive changes that were seen as unhelpful.
- Health care professionals spoke of relaxing some of their own behaviours over the course of the pandemic, but in contrast to non-health care professionals, they had not relaxed on mask-wearing and felt that guidelines surrounding mask-wearing were relaxed too early.
- On the topic of vaccines, non-health care professionals’ perspectives ranged from being absolutely committed to receiving the COVID-19 vaccines doses whenever they are recommended to being absolutely committed to never getting a dose. The rationale for not continuing to get doses included concern about unknown long-term side effects and/or a sense the vaccine was not as effective as they had expected. When the vaccine was

assumed to be effective and the risk of infection seen as having very dire consequences, some seemed to find it easier to set aside nagging thoughts they had about side effects.

- For nearly all, the pandemic had no effect on their intentions regarding routine vaccines. The distinction tended to be around the certainty of routine vaccines at blocking the possibility of contracting a certain illness, whereas the COVID-19 vaccine seemed to only lessen the severity of the symptoms.
- The discussion around how their trust in information sources had been affected by their pandemic experience, there were few who indicated that their trust in any source had increased and many who indicated having lost trust in one or more sources.
 - One sentiment that came up during this discussion was that some non-health care professionals stopped looking for or accessing information – sometimes because it had become overwhelming, or difficult to reconcile, or too heated an issue.
- Some non-health care professionals felt less trust in one level of government or another (or multiple) – this much was echoed by health care professionals who indicated their patients' trust in at least one level of government had waned. Health care professionals explained that information from the government was fast evolving (too fast), not always clear, and at times contradictory.
- Health care professionals also often blamed social media for the misinformation over the course of the pandemic. Mirroring this, at least one non-health care professional in each group noted that social media was one source in which they had less trust now.
- Asked what the remedy might be for restoring trust, participants suggested being honest and admit your mistakes about the trials and tribulations faced.
 - Participants want factual, balanced, unbiased, and politically neutral information that includes source attribution (especially scientific evidence); laying out the reasoning behind the recommended guidelines; the pros and cons of COVID-19 vaccines; different side effects of the vaccines; how many people experienced side effects; and the positive results/impact of vaccines on addressing the COVID-19 pandemic (though they appreciated this would be difficult to do).

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I hereby certify as a representative of Earncliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed:

Date: January 20, 2023

A handwritten signature in black ink, appearing to read "Stephanie Constable". The signature is written in a cursive, flowing style.

Stephanie Constable
Principal, Earncliffe