

EXECUTIVE SUMMARY

COVID-19 Tracking Survey and Focus Groups on Canadians' Views 2022-23

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COVID-19 Tracking Survey and Focus Groups on Canadians' Views 2022-23 **Prepared for Health Canada**

Supplier Name: Leger

Executive Summary

March 2023

This public opinion research report presents the results of a tracking survey conducted by Leger Marketing Inc. on behalf of Health Canada. The research was conducted with the Canadian general population.

Cette publication est aussi disponible en français sous le titre : Sondage de suivi et groupes de discussion concernant le point de vue des Canadiens sur la COVID-19 2022-23.

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1. Executive Summary

Leger is pleased to present Health Canada with this report on findings from wave sixteen (3.1) to wave twenty (3.5) of the tracking survey on respondents' views relating to COVID-19 issues. This report presents the results of three waves of quantitative surveys and two waves of qualitative research.

This report was prepared by Leger who was contracted by Health Canada (contract number HT372-224613 awarded August 5, 2022).

1.1 Background and Objectives

The COVID-19 pandemic has been a significant challenge for the entire world. Since the beginning of the pandemic, the Government of Canada has acted — in collaboration with provincial and territorial governments and international partners—to minimize the health, economic, and social impacts of this evolving public health issue. Part of Health Canada (HC) and the Public Health Agency of Canada's (PHAC) response to COVID-19 is a tailored and ongoing public education and advertising campaign, to ensure that the response is effective and appropriate, HC and PHAC rely on several feedback mechanisms, including public opinion research (POR).

In addition to gathering information through POR on COVID-19 from various sources (e.g., PCO, external research firms, StatCan), since 2020, HC and PHAC have conducted a tracking survey using a multi-wave approach to seek Canadians' views, opinions and behavioural information on COVID-19 issues, as well as their mental health concerns and access to mental health services, allowing the timely development of effective communications and initiatives.

As Canada and the world gradually transition from a pandemic to an endemic state, Health Canada continued to track Canadians' awareness, opinions and behaviours through quantitative and qualitative research to ensure constant communications' effectiveness.

1.2 Quantitative Methodology for Wave 16

The quantitative research was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology. The online survey was conducted from September 8 to 29, 2022. The participation rate for the survey was 12.41%. Calculation of the Web survey's participation rate is presented in Appendix A. A pre-test of the survey questions was carried out by conducting 43 interviews in both official languages (27 in English, 16 in French). The pre-test was completed on September 8, 2022. Survey interviews lasted 10 minutes on average.

A total sample of 3,004 Canadian adults were surveyed in all regions of the country, including an oversample of 400 Black-identifying individuals and 200 Indigenous-identifying individuals.

Special attention was given to ensure a distribution of respondents that provides a sufficient sample size to support analyses in the subgroups of the sample. The following table shows the effective sample collected by Leger in the different regions of the country:

Table 16.1. Sample Distribution by Region for wave 16

Region	Number of respondents
Ontario	1,127
Quebec	761
British Columbia and Territories	360
Alberta	341
Prairies	219
Atlantics	196
Total	3,004

Based on the most recent data from Statistics Canada’s national census, Leger weighted the results of this survey by age, gender, region, first language (mother tongue), education level, presence of children in the household, place of birth, and ethnicity. The most recent data regarding age, gender, region and first language was from the 2021 census. The data for education level, presence of children in the household, place of birth and ethnicity came from the 2016 census.

Details regarding the weighting procedures can be found in Appendix A.

As a member of the Canadian Research and Insights Council (CRIC), Leger adheres to the most stringent guidelines for quantitative research and acts in accordance with the Government of Canada requirements for quantitative research and Standards of the Conduct of Government of Canada Public Opinion Research. The details of the methodology and more information on Leger’s quality control mechanisms are presented in Appendix A. The questionnaire is available in Appendix B.

1.3 Overview of Findings of Wave 16

- A little less than half of the respondents (46%) had been (37%) or thought they had been (9%) infected with COVID-19, and a vast majority (86%) knew people in their immediate social network who had been infected.
- Overall, one person out of three considered themselves at risk. The proportion was higher among those over 55 years old (56%).
- Personal financial situation (22%) and the economy (17%) were the top two most pressing concerns, way ahead of physical health (9%) and the health of family/friends (9%).
- One person out of three rated their mental health as average (27%), bad (8%) or very bad (2%). Respondents under the age of 55, parents of children under 18, and those who had been infected with COVID-19 or believed they had been infected were more likely than other respondents to report their mental health as "average".

- One person out of ten (11%) had received mental health support in the month preceding the survey.
- Post-COVID concerns included crowded places (32%) and that the pandemic will never end (30%) for three people out of ten. One person out of five was not worried about COVID-19 (22%) or life after COVID-19 (19%), but the same proportion was worried about a new pandemic (20%).
- A vast majority of respondents were vaccinated at least once (92%): four in ten have received three doses (41%), and around one in four have either two (23%) or four doses (26%).
- Seven out of ten (71%) stated it was very (48%) or somewhat (23%) likely that they get a booster dose.
- The top three of reasons not to get a booster dose included: considering that current protection is enough (22%), belief that the vaccine does not protect much as infection remains possible (17%), and concern about the long-term effects of the vaccine (16%).
- Over eight children out of ten aged 12-17 were vaccinated with at least one dose: almost two-thirds were vaccinated with two doses (62%), and one in five had received three doses (21%).
- Around two-thirds of children aged 5-11 had received at least one dose of the COVID-19 vaccine (64%): 44% had received two doses, 13% had received one dose, and 7% had received three.
- Among parents of children under 18, the top reason for hesitation about vaccinating their children with a booster dose was the concern about long-term effects (26%).
- One out of five people (21%) stated that their children aged between 6 months and 5 years old were vaccinated (21%). One-third stated they would not get their child(ren) vaccinated (33%).
- Less than one person out of ten have stated that they missed or delayed their routine vaccinations because of the pandemic (8%).
- Confidence in vaccines was the same as before the pandemic for half the respondents (54%), while one in five stated being more confident (19%), and the same proportion stated being less confident now (21%).
- The top reasons for the decrease in general vaccine confidence included a negative impact of the COVID-19 vaccine on general views (44%) and increased concern about the safety of vaccines at large (44%).
- Half of the respondents planned on getting the flu shot in 2022 (48%). Those who did not mention never having gotten one as the main reason (47%).
- Washing hands (80%), staying home when sick (78%), and using hand sanitizer (66%) were the three individual public health measures that were practised by at least two-thirds of the population. Indoor (39%) and outdoor (21%) mask-wearing, along with improving ventilation (36%) were the three measures that were practised by less than half of the respondents.
- Over eight out of ten (84%) believed that individual public health measures help reduce the spread of other respiratory infectious diseases.
- Almost nine out of ten were confident in making their own decisions regarding the practice of public health measures (89%). Clear communications from the government and or public health officials on when and which individual public health measures should be used was considered the most useful element in helping decision-making (43%). Government of Canada websites (49%), local or regional health authorities (46%) were the main sources of

information among respondents, along with conversations with their health care provider (47%).

- Three people out of ten (30%) stated feeling pressured by others to practise or not practice individual public health measures.
- Two people out of three (65%) stated being familiar with the potential long-term effects of COVID-19, and over half (54%) mentioned being very (17%) or somewhat (36%) worried about developing them. Worries about long-COVID were mainly due to uncertainty about future health prospects (67%) and limitations to leisure/personal life (64%).

1.4 Qualitative Methodology for Wave 17

Leger conducted a series of eight virtual discussion group sessions with French-speaking and English-speaking Canadians recruited from all the regions in Canada. Participants were recruited, screened for vaccination status and assigned to virtual discussion groups by vaccination status and demographics of interest (e.g., young adults, parents, vaccinated/unvaccinated). Twelve participants were recruited by our professional recruiters for each discussion group session. A total of 64 recruits participated in the virtual discussion groups (see Table below for details). All participants received an honorarium of \$135.

Table 17.1. Details of the discussion sessions

Session Detail	Date	Recruits	Participants	Language
#1 (Young adults, two doses (18-35), Ontario and ATL)	September 26th, 2022	12	8	English
#2 (Young adults, two doses (18-35), BC, Prairies, Territories)	September 26th, 2022	12	9	English
#3 (Young adults, two doses (18-35), QC, NB)	September 26th, 2022	12	9	French
#4 (Gen pop 18+, three doses or more, BC, Prairies, Territories)	September 27th, 2022	12	8	English
#5 (Gen pop 18+, three doses or more, Ontario and ATL)	September 27th, 2022	12	7	English
#6 (Gen pop 18+, three doses or more, QC, NB)	September 26th, 2022	12	8	French
#7 (Vaccinated parents (mix of unvaccinated and vaccinated child, BC, prairies, Ontario)	September 28th, 2022	12	5	English
#8 (Vaccinated parents (mix of unvaccinated and vaccinated child), QC, NB)	September 27th, 2022	12	10	French

The virtual discussion group sessions lasted between 1h30 minutes and 2 hours and were conducted by a moderator using the CMNTY online platform. The choice of platform helped to facilitate the moderation, ensure an optimal interface between moderator and participants, and enable interaction as the discussion unfolded. The online platform also allowed for remote viewing of each session by Leger and Health Canada observers.

Further details regarding the qualitative methodology can be found in Appendix A. The screening and discussion guides are available in Appendix C and D.

1.5 Overview of Findings of Wave 17

Concerns about COVID-19:

- Most participants mentioned that COVID-19 was not a top-of-mind concern anymore. They mentioned now living “normally” without thinking about it too much.
- Participants worried more about infecting other people with COVID-19, especially those who are vulnerable, rather than getting it themselves.
- Some participants mentioned getting anxious and worried when they felt any type of respiratory symptom and would wonder whether it was COVID-19 or just a common cold. Some parents mentioned they were worried about potential negative impacts on their children’s schooling and their willingness to study.
- The fact that most participants had been infected with COVID-19 influenced their attitudes towards the pandemic: they felt like it was not “*a big deal*”, and some of them considered that it was likely they would get it again, which did not bother them much.
- Regarding the end of fall and the arrival of winter, most considered that cases of COVID-19 were going to rise again, as well as infection with other illnesses (the flu and gastroenteritis).
- Although virtually all participants agreed that there will be a rise in cases of COVID-19 and possibly other diseases during the winter, they did not express much worry.

Public health measures:

- Most participants mentioned they continued to wash their hands and use hand sanitizer as frequently as possible. Hygiene measures seem to have become part of their daily habits.
- Most parents stated they kept their children at home if they had symptoms of any disease, not just COVID-19.
- In regard to masks, some participants mentioned not wearing them anymore unless it is mandatory (i.e., for travel), while others mentioned still wearing them in crowded or indoor places. Some participants mentioned they kept wearing masks by their own volition, out of consideration for more vulnerable people and those working in schools and hospitals.
- Aside from people working in schools or hospitals, participants were not really aware of ventilation measures other than opening windows. Most participants agreed that

ventilation helps decrease the transmission of COVID-19 and other viruses but felt that it was a measure that may require more effort and time. They agreed that masks were a cheaper and efficient alternative for the time being.

Influence of COVID-19 infection:

- A majority of participants mentioned they had contracted COVID-19 at least once. Some had caught it before vaccine roll out, and others were infected after getting their primary doses. Most of them got tested, either by PCR or rapid tests.
- Different types of impacts of a COVID-19 infection were mentioned. Some of those who were infected and were already planning on getting their booster dose stated the infection did not have any impact on their intentions. Those who were already hesitant about getting the booster mentioned that since they were infected despite being vaccinated, and/or since their symptoms were mild, they did not see the need to get booster doses. Some participants mentioned they got sicker from the COVID-19 vaccine and booster than from the COVID-19 infection, which made them not want any other booster dose.
- On the other hand, others mentioned that because they did not get very sick from COVID-19, it meant that the vaccines were working, which motivated them to get the boosters.

Vaccines:

- Regarding the expression “staying up to date with COVID-19 vaccines,” most participants agreed that it meant getting the latest booster dose available. Some participants mentioned feeling discouraged by this expression since they felt the booster vaccination was endless, as they were expected to get a booster dose on a regular basis for the foreseeable future.
- Some participants were very decided on getting all booster doses available to them in order to maximize their protection. They trust public health recommendations and follow them closely. On the other hand, a few participants considered that the booster doses were “overkill” and unnecessary. They felt like the initial doses were enough.
- The bivalent vaccine had a low awareness among participants. Most of them had not heard of it. Most participants mentioned that the existence of a bivalent vaccine did not change their intention to get a booster dose, because new variants were bound to appear, leading to the development of new doses.

Mental Health:

- The cost of living and inflation were seen as very impactful on mental health at large. These made participants feel anxious and helpless. Other elements that impacted their mental health were transitioning back to in-person activities and work, anxiety over small respiratory symptoms that immediately lead to suspecting being infected with COVID-19, personal health, and heavy workloads.
- A majority of participants mentioned the significant obstacles to accessing mental health care: lack of availability in the public system, prohibitive cost in the private system, etc.

- Some participants were dubious regarding online mental health services. They mentioned the importance of having in-person contact with the therapist or mental health professional to establish trust. For others, online resources were an option they would consider as they stated they would feel more comfortable talking about their personal issues in a virtual setting rather than in-person.
- Participants expected from the government to have a one-stop website referencing all types of help available. Since mental health is very personal and different from one person to another, some participants felt like the more information there is, the more chance people have to find the type of help that suits them.
- One participant indicated that they would have liked to see mental health resources available for children, especially during times of isolation, when the lack of social interactions weighted the most on children.

1.6 Quantitative Methodology for Wave 18

The quantitative research was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology. The eighteenth wave of this online survey was conducted from November 18th to December 8th, 2022. The participation rate for the survey was 14.5%. Calculation of the Web survey’s participation rate is presented in Appendix A. A pre-test of the survey questions was carried out by conducting 38 interviews in both official languages (25 in English, 13 in French). The pre-test was completed on November 18th, 2022. Survey interviews lasted 10 minutes on average.

A final sample of 3,000 Canadians was targeted, including 2,400 respondents from the general population and an oversample of Black (400) and Indigenous people (200). A total of 3,026 respondents completed wave 18 of the survey.

Special attention was given to ensure a distribution of respondents that provides a sufficient sample size to support analyses in the subgroups of the sample. The following table shows the effective sample collected by Leger in the different regions of the country:

Table 18.1. Sample distribution by region

Region	Number of respondents
Ontario	1,127
Quebec	813
British Columbia and Territories	382
Alberta	302
Prairies	212
Atlantic	190
Total	3,026

The following table details the distribution of the sample by ethnicity.

Table 18.2. Sample distribution by ethnicity

Ethnicity	Number of respondents
White	2,008
Indigenous	260
Black	432
South Asian	89
East Asian	132
Other / None of the above	210
Total	3,026

Based on the most recent data from Statistics Canada’s national census, Leger weighted the results of this survey by age, gender, region, first language (mother tongue), education level, presence of children in the household, place of birth, and ethnicity. The most recent data regarding age, gender, region and first language was from the 2021 census. The data for education level, presence of children in the household, place of birth and ethnicity came from the 2016 census.

Details regarding the weighting procedures can be found in Appendix A.

As a member of the Canadian Research and Insights Council (CRIC), Leger adheres to the most stringent guidelines for quantitative research and acts in accordance with the Government of Canada requirements for quantitative research and Standards of the Conduct of Government of Canada Public Opinion Research. The details of the methodology and more information on Leger’s quality control mechanisms are presented in Appendix A. The questionnaire is available in Appendix E.

1.7 Overview of Findings of Wave 18

COVID-19 infection

- Around half of the respondents (50%) either had been (43%) or thought they had been (7%) infected with COVID-19, and a vast majority (89%) knew people in their immediate social network who had been infected.
- One person out of three considered themselves at risk (26%). The proportion was higher among those over 55 years old (58%).
- Around four people out of ten (42%) are either very (12%) or somewhat (30%) worried about becoming infected with COVID-19. On the other hand, a third of people state being a little worried (33%), and one out of four is not worried at all (24%). Those who were not worried mentioned they were vaccinated or that they previously caught COVID-19. While those who were worried were mostly anxious about getting others sick or themselves getting really sick.

Mental health

- Personal financial situation (21%) and the economy (17%) were the top two most pressing concerns, way ahead of physical health (10%) and the health of family/friends (8%).

- Over a third (38%) rated their mental health as average (28%), bad (8%) or very bad (2%). Respondents under the age of 55, parents of children under 18, and those who had been infected with COVID-19 or believed they had been infected were more likely than other respondents to report their mental health as "average".
- One person out of ten (13%) had received mental health support in the month preceding the survey.

COVID-19 vaccine

- A vast majority of respondents were vaccinated at least once (93%): three in ten have received three doses (29%), and around one out of four have either two (22%) or four doses (27%). Over one out of ten received five doses (14%).
- Four out of ten of those who have received at least one COVID-19 dose received it less than three months before data collection (42%), while around one out of four received either 3-6 months prior or six months to a year prior (25% and 27% respectively).
- Seven out of ten (69%) stated it was very (46%) or somewhat (23%) likely that they keep their COVID-19 doses up to date.
- The top three reasons not to get a booster dose included: the belief that the vaccine is not efficient as infection remains possible (16%), concern about the long-term effects of the vaccine (16%) and considering that current protection is enough (15%).
- Around one out of four respondents stated they have been reluctant to get a COVID-19 booster dose (23%), mainly because they were concerned about its safety and/or side effects (57%).
- Three out of four respondents mentioned it was likely they would get a COVID booster at the same time as a flu shot (74%) and if it were offered twice a year (78%).
- Around two out of three were likely to get vaccinated against COVID-19 routinely (64%). The main reason to hesitate about routine COVID-19 vaccines is concern about the long-term effects (20%).
- Over four out of ten respondents were aware of the bivalent vaccine (44%) while almost half (47%) were not. After being presented with brief information, four out of ten were more likely to get a bivalent booster dose (38%).
- Among parents of children aged 12-17, over eight out of ten stated their children were vaccinated with at least one dose: around half were vaccinated with two doses (51%), and one in four had received three doses (26%). A little less than one out of ten had four doses (8%).
- Among parents of children aged 5-11, around two-thirds stated their children were vaccinated with at least one dose (65%): a little less than half were vaccinated with two doses (45%), and around one out of ten had received either one (9%) or three (12%) doses.
- Among parents of children under 18, the top reason for hesitation about vaccinating their children with a booster dose was the concern about long-term effects (31%).
- One out of five people (21%) stated that their children between six months and five years old were vaccinated (21%). One-third stated they would not get their child(ren) vaccinated (35%).
- After reading about the bivalent vaccine, three out of ten parents of children under 18 (29%) stated it was more likely that they would have their child(ren) vaccinated with it.

Routine vaccinations

- Confidence in vaccines was the same as before the pandemic for half the respondents (51%), while one in five stated being more confident (20%), and the same proportion stated being less confident now (24%).
- The top reasons for the decrease in general vaccine confidence included a negative impact of the COVID-19 vaccine on general views (43%) and increased concern about the safety of vaccines at large (41%).

Flu vaccine

- One out of four respondents planned on getting the flu shot (24%), and around the same proportion (27%) has already received it. Regarding those who did not get the flu shot, they mentioned never having gotten one as the main reason (48%).

Public health measures

- Staying home when sick (81%), wearing a mask indoors with others when feeling sick (59%), and using individual public health measures when interacting with someone at-risk (56%) were the three individual public health measures that were practised by at least half of the population. Indoor mask-wearing (46%), ventilation improvement (37%) and outside mask-wearing (25%) were done by less than half of the respondents.
- Over eight out of ten (84%) believed that individual public health measures help reduce the spread of other respiratory infectious diseases. Around half would agree with reinstating mandatory public health measures (51%). The three main reasons to support individual public health measures reinstatement include a rising number of COVID-related hospitalizations (50%), healthcare system overload (46%), and a rising death toll (45%).
- Two people out of three (64%) stated being familiar with the potential long-term effects of COVID-19, and around three out of five (60%) mentioned being very (19%) or somewhat (40%) worried about developing them. Worries about long-COVID were mainly due to uncertainty about future health prospects (68%) and limitations to leisure/personal life (63%).

1.8 Qualitative Methodology for Wave 19

Leger conducted a series of eight focus group sessions with French-speaking and English-speaking Canadians. Conducting the groups online offered the opportunity to regroup people from all the regions in Canada. Two focus groups were held with 2SLGBTQIA+ identifying individuals (18-55 years old), two groups were held with racialized populations (18-55 years old), three groups were held with parents and people who are pregnant, and one group was held with young adults (18-34 years old). All groups were interviewed using the same discussion guide, but questions were adapted for the parents' groups in order to gain insights on specific challenges they may face and perceptions they may hold regarding the topics under study. Overall, three focus groups were conducted in French (one of each demographic), and the remaining five were conducted in English.

For each online discussion session, ten participants were recruited by our professional recruiters. A total of 60 recruits participated in the online discussion sessions. All participants in each discussion session received an honorarium of \$135. All groups were scheduled to be held on

February 7th, 8th, and 9th, 2023. Because the study dealt with topics some participants may have found distressing, the following mental health resources were shared both at the beginning and the end of each focus group through the chat function:

- Get Help Here: <https://www.canada.ca/mental-health>
- Wellness Together Canada: <https://www.wellnesstogether.ca/en-CA>
- Talk Suicide Canada: <https://talksuicide.ca/>
- The Hope for Wellness Helpline: <https://www.hopeforwellness.ca/>

Groups were held in the following regions on the dates specified in Table below. Further details regarding the qualitative methodology can be found in Appendix A. The screening guide and discussion guide are available in Appendix F and G.

Table 19.1. Detailed recruitment

GR	Region	Recruits	Participants	Target	Language	Date	Time
1	BC, Prairies, Ontario	10	8	2SLGBTQI+ (18-55 years old)	English	February 7th, 2023	5pm
2	Québec, New-Brunswick	10	6	2SLGBTQI+ (18-55 years old)	French	February 7th, 2023	5pm
3	Ontario	10	9	Racialized populations (18-55 years old)	English	February 7th, 2023	7pm
4	Québec, New-Brunswick	10	7	Racialized populations (18-55 years old)	French	February 7th, 2023	7pm
5	BC, Prairies	10	8	Young adults (18-34 years old)	English	February 9th, 2023	7pm
6	Ontario, Atlantic	10	6	Parents, people who are pregnant	English	February 8th, 2023	5pm

7	BC, Prairies, Territories	10	8	Parents, people who are pregnant	English	February 8th, 2023	7pm
8	Québec, New- Brunswick	10	8	Parents, people who are pregnant	French	February 8th, 2023	5pm
Total		80	60				

1.9 Overview of Findings of Wave 19

Mental health

- Participants noticed a certain decline in mental health state around them during the pandemic. They mentioned the examples of frontline and healthcare workers, the impacts of isolation and lockdowns on mental health, the closing of schools, and return to school's impact on their children, along with negative news coverage and an increase in violent attacks and domestic violence as examples illustrating this decline. However, they acknowledged the pandemic's role in raising awareness around mental health issues.
- Mental health has mostly a neutral connotation to Canadians. Those who view it positively do so because there is less and less stigma surrounding and more open conversations, while those who viewed it negatively did so because of said stigma.
- When participants were asked to define mental health, they defined it as psychological wellness at large, closely relating to day-to-day well-being and ability to perform daily tasks and challenges. Definitions of mental health were vaguer in parents' groups compared to others.
- Signs of poor mental health that have been mentioned include disruption in daily activities because of a lack of motivation, feeling sad, irritated, overwhelmed, having thoughts of self-harm or harming others, and not feeling like oneself.
- Workload, personal finances, negative news coverage, and personal family situations were the main aggravating factors to mental health.
- Lack of accessibility, unaffordability, excessively long waiting times, lack of education and accessible resources were the main barriers to taking care of one's mental health that were mentioned by participants. Social and cultural stigma surrounding mental health, feelings of inadequacy and failure were also elements that prevented some participants from seeking support. These barriers were mainly brought up by racialized participants, but a few men also mentioned social stigma surrounding mental health support.
- Close friends and family were the first lines of support for many participants, along with employee assistance programs offered by workplaces. However, among 2SLGBTQI+ groups, most participants mentioned not being comfortable addressing these issues with their family.

- In terms of signs of when to seek mental health support, the following elements were the most mentioned by participants: when there is a lack of enjoyment of usual activities, when they are having a hard time functioning daily, thoughts of suicide and self-harm.
- Participants mentioned wanting more accessible resources, online and in-person, and more timely support.
- Sleeping and eating well, taking time for oneself, making an effort to socialize, exercising and meditating were the main ways that participants take care of their mental health.
- Most participants admitted only thinking about their mental health when they were not doing well but acknowledged the need to care for it regularly just like physical health. The barriers they mentioned, like lack of time and accessibility, were some of the main reasons.
- Regarding message testing, participants wanted contact information to be included in the statements, and wished the statements were phrased more clearly and included more detailed information about the topics they dealt with.

Vaccines

- While some participants were in favour of the flu vaccine, most expressed serious doubts about its efficiency and had concerns about the potential side effects. Regardless of the opinion, they agreed that vaccination should be personal decision.
- Most participants mentioned the pandemic did not change their views on vaccines at large but confirmed their pre-existing opinions.
- Parents, even when they were vaccinated themselves, specifically had serious concerns about the COVID-19 vaccine's potential side effects on their children, and most of them preferred waiting for more studies before making a decision.
- Mistrust of the COVID-19 and flu vaccines did not bleed into other existing, established vaccines such as tetanus, polio, and measles, that benefit from high levels of confidence.
- Keeping up to date with routine vaccinations varied highly: while parents were up to date and aware of their and their children's vaccines, those who were not parents were much less knowledgeable on the topic and did not keep track.
- Only a few participants expressed concern about the COVID-19 vaccine's impact on their fertility, most had not heard of the link. A few parents were worried about their children's fertility after getting vaccinated.

Public health measures

- Only a couple of participants mentioned having seen the public health measure ads before the focus groups.
- Reactions towards the ads were mixed, both regarding their format and their content. A few participants found them too short and too fast, and some did not enjoy the holiday theme as they preferred for public health authorities to be straightforward with their messaging, rather than tying the topic of the COVID-19 pandemic into a cheerful period (holidays and Christmas).
- While a few participants mentioned these ads could be inefficient because of Canadians' pandemic fatigue, most acknowledged the ongoing need to broadcast such messages for caution.
- Most participants mentioned they kept practicing some public health measures like washing hands, disinfecting and wearing masks or staying home when feeling sick. A few participants mentioned they continued wearing masks in indoor or crowded spaces and

wished others did so as well. Improving ventilation was not done by any of the participants.

1.10 Quantitative Methodology for Wave 20

The quantitative research was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology. The online survey was conducted from January 12 to 23, 2023. The participation rate for the survey was 20.14%. Calculation of the Web survey’s participation rate is presented in Appendix A. A pre-test of the survey questions was carried out by conducting 47 interviews in both official languages (24 in English, 23 in French). The pre-test was completed on January 12, 2023. Survey interviews lasted 14 minutes on average.

A total of 3,026 respondents participated in the survey, including a general population sample of 2,426 respondents as well as oversamples of 400 Black-identifying individuals and 200 Indigenous-identifying individuals.

Special attention was given to ensure a distribution of respondents that provides a sufficient sample size to support analyses in the subgroups of the sample. The following table shows the effective sample collected by Leger in the different regions of the country:

Table 20.1. Sample Distribution by Region

Region	Number of respondents
Ontario	1,114
Quebec	767
British Columbia and Territories	366
Alberta	351
Prairies	231
Atlantic provinces	197
Total	3,026

The following table details the distribution of the sample by ethnicity.

Table 20.2. Sample distribution by ethnicity

Ethnicity	Number of respondents
White	1961
Indigenous	262
Black	437
South Asian	110
East Asian	135
Other / None of the above	173
Total	3,026

Based on the most recent data from Statistics Canada’s national census, Leger weighted the results of this survey by age, gender, region, first language (mother tongue), education level, presence of children in the household, place of birth, and ethnicity. The most recent data regarding age, gender, region and first language was from the 2021 census. The data for education level, presence of children in the household, place of birth and ethnicity came from the 2016 census.

Details regarding the weighting procedures can be found in Appendix A.

As a member of the Canadian Research and Insights Council (CRIC), Leger adheres to the most stringent guidelines for quantitative research and acts in accordance with the Government of Canada requirements for quantitative research and Standards of the Conduct of Government of Canada Public Opinion Research. The details of the methodology and more information on Leger’s quality control mechanisms are presented in Appendix A. The questionnaire is available in Appendix H.

1.11 Overview of Findings of Wave 20

COVID-19 infection

- More than half of respondents (54%) had been (47%) or thought they had been (8%) infected with COVID-19.
- Around a third of respondents considered themselves at risk (31%). The proportion was higher among respondents living with a disability (55%) or those over 55 years old (52%).
- Around four people out of ten (37%) are either very (9%) or somewhat (28%) worried about becoming infected with COVID-19. On the other hand, over a third of people state being a little worried (34%), and a quarter is not worried at all (27%).
- Those who were not worried mentioned as a top reason the fact that they are vaccinated so their symptoms would be mild. While those who were worried were mostly anxious about getting other sick or themselves getting really sick.

Mental health

- Personal financial situation (19%) and the economy (14%) were the top two most pressing concerns.
- More than half of respondents (57%) rated their mental health positively: either very good (20%) or good (36%). The remaining respondents rated their mental health status more negatively, ranging from average (30%) to bad (10%) or very bad (2%).
- Top actions taken to maintain a good mental health are to make sleep a priority (52%) or to engage in activities that they enjoy (51%).
- A third of respondents (33%) mentioned that it is easy to manage their mental health, while around a quarter of respondents (23%) mentioned that it is difficult to do so. One respondent out of four (41%) think it is neither easy nor difficult to manage mental health challenges.
- When facing a mental health challenge, the top way of taking care of it is to reach out to friends and family, mentioned by one Canadian out of four (44%).

- The factors that influence the services and resources used to manage mental health challenges are mainly the availability (32%), the cost (32%) and the fact that it depends on how serious they feel about the challenge.
- The first step or the first person Canadians would contact to seek help are their primary health care provider (38%) and their family and friends (25%).
- More than half of Canadians know how to access resources and tips for taking care of yourself (61%), in-person support from support workers, social workers, psychologists or other professionals (55%). Less than half of respondents know how to access phone support (44%), online/virtual support from professionals (42%), digital apps or platforms (36%), resources and/or services through your provincial/territorial government (35%), support from a local or non-for-profit organization (34%), resources and/or services through your local government (32%) and resources and services through the Government of Canada (32%).
- Over half of Canadians (54%) are comfortable talking about their mental health needs, while around one out of five Canadians (22%) are uncomfortable doing so.
- More than one person out of ten (15%) had received mental health support in the month preceding the survey.
- The most popular types of support received are in person support from professionals (31%) and online/virtual support from professionals (28%).
- The main reasons for not seeking out mental health support are because they felt like they don't need it (54%), followed by the fact that they prefer to manage the challenge themselves (25%).
- When asked about their level of agreement on certain aspects of mental health, a majority of Canadians agreed that doing something enjoyable contributes to good mental health (90%), that mental health is interconnected with physical health, and central to overall health and well-being (84%), that factors such as resiliency and coping contribute to good mental health (81%), and that perceived control over life contributes to good mental health (71%). Around two thirds of Canadians agreed that they know when they need help with their mental health (66%) and that they have enough time to take care of their mental health (61%).
- More than half of Canadians agreed that they practice taking care of their mental health on a regular basis (59%), that they know how or where to get help for their mental health (57%), that they think they can manage their mental health struggle on their own (56%), that they are aware of free mental health and substance use resources online or by phone (52%), or that spirituality contributes to good mental health (52%). Less than half of Canadians agreed that they feel they have adequate access to mental health support services (47%), that they can afford to see a therapist (41%), that they can afford mental health support (40%) or that it's hard to ask for help if they are struggling with mental health (38%).
- Among Canadians who find it hard asking for mental health support (27%), the main reasons mentioned as a difficulty are that they cannot afford mental health support (25%) or that they are worried about what others would think of them (24%).
- A majority of Canadians (55%) would like to see links to free support services on the Government of Canada Website.

COVID-19 Vaccine

- A vast majority of respondents were vaccinated at least once (91%): either with one dose (1%), 2 doses (25%), 3 doses (26%), 4 doses (25%) or 5 doses (14%).
- Three out of four Canadians (72%) received at least one booster dose, while around a quarter (28%) have not received one.
- A quarter of those who have received at least one COVID-19 booster dose received it less than three months before data collection (27%), while around a third received either 3-6 months prior (34%), a quarter received it six months to a year prior (25%) and one out of ten (13%) received it over a year ago.
- Six out of ten (61%) stated it was very (39%) or somewhat (22%) likely that they keep their COVID-19 doses up to date.
- The top two reasons not to get a booster dose included: the belief that they are protected enough with the number of doses received (18%) or that they are concerned about the long-term effects of the vaccine (15%).
- The main source of motivation to get a booster dose among those who have not gotten one yet is to have more knowledge about the safety of booster doses (14%).

- Around one out of five respondents stated they have been reluctant to get a COVID-19 booster dose (22%), mainly because they were concerned about its safety and/or side effects (59%).
- Despite their initial reluctance, the main reasons mentioned getting the booster dose are because of the high number of COVID-19 cases (32%) and that the benefits are more important than risks (24%).
- Almost six out of ten respondents (58%) mentioned it was likely they would get a COVID-19 vaccine if it was offered as a routine vaccine.
- Among those who are not likely to get a COVID-19 vaccine as a routine vaccine, mentioned not wanting to do so mainly because they are concerned about the long-term effects of the vaccine (16%).
- If it was offered twice a year, three quarters (75%) of Canadians would be likely to get the COVID-19 vaccine.
- Almost half of respondents were aware of the bivalent vaccine (47%) while a similar proportion (44%) were not. After being presented with brief information, three out of ten were more likely to get a bivalent booster dose (28%).

Childhood vaccination

- Among parents of children aged 12-17, over eight out of ten (83%) stated their children were vaccinated with at least one dose: more than half were vaccinated with two doses (52%), and one in five had received three doses (21%). A little less than one out of ten had four doses (8%).
- Around four out of ten parents of children aged 12-17 (38%) are likely to have their children receive a booster dose of COVID-19 vaccine.
- Among parents of children aged 5-11, six out of ten (61%) stated their children were vaccinated with at least one dose: 12% received one dose, 35% received two doses and 14% received three doses.

- More than half of parents of children aged 5-11 (56%) stated being likely to have their children receive a booster dose of COVID-19 vaccine.
- Among parents of children aged 5-17, the top reason for hesitation about vaccinating their children with a booster dose was the concern about long-term effects (26%).
- One out of four parents (23%) stated that their children between six months and five years old were vaccinated. One-third stated they would not get their child(ren) vaccinated (34%).
- The main motivation to get parents of children aged between 6 months to 5 years to vaccinate their children is to have more information on children who have received the COVID-19 vaccine (19%). A quarter of parents (27%) stated that nothing would make them likely to vaccinate their children.
- After reading about the bivalent vaccine, a quarter of parents of children under 18 (25%) stated it was more likely that they would have their child(ren) vaccinated with it.

Confidence in vaccination

- Confidence in vaccines was the same as before the pandemic for half the respondents (51%), while one in five stated being more confident (19%), and the same proportion stated being less confident now (23%).
- The top reasons for the decrease in general vaccine confidence included a negative impact of the COVID-19 vaccine on general views (43%) and increased concern about the safety of vaccines at large (41%).

Public health measures

- Staying home when sick (79%), wearing a mask indoors with others when feeling sick (57%), and using individual public health measures when interacting with someone at-risk (56%) were the three individual public health measures that were practised by at least half of the population. Indoor mask-wearing (44%), ventilation improvement (37%) and outside mask-wearing (24%) were done by less than half of the respondents.
- Over two respondents out of five (44%) agree either strongly (19%) or somewhat (25%) with reinstating mandatory public health measures. One out of five people neither agreed nor disagreed (20%). On the other hand, a third of respondents disagreed either somewhat (11%) or strongly (22%).
- The main condition to reinstate mandatory public health measures would be if there is a rising number of hospitalizations related to COVID-19 (48%).

Long-COVID

- Around two-thirds of respondents mentioned being familiar with long-COVID (63%): around one out of ten stated being very familiar (12%), and around half were somewhat familiar (51%). On the other hand, one out of four was not very familiar (24%), and around 8% were not at all familiar.
- More than half (56%) mentioned being worried about developing long-term symptoms from a COVID-19 infection.

- The main reasons Canadians worry about post COVID-19 condition are the uncertainty about their future health prospects (66%) and limitations to their leisure/personal life (65%).

1.12 Intended Use of the Research Results and Benefits for Canadians

As defined in the request for proposal documents, the results of this public opinion study will be put to various uses:

Manner in which research supports government or departmental priorities

As part of their mandate to promote and protect Canadians' health as well as respond to public health emergencies, HC and PHAC need to gain a solid understanding of Canadians' level of awareness, knowledge, concerns, behaviours and opinions on specific COVID-19 issues, as well as vaccines more broadly. The research will provide HC and PHAC essential health-specific information to support the ongoing public health response and communications.

Manner in which research findings will benefit Canadians

The research will allow the Government of Canada to develop and refine communications activities to meet the specific needs of Canadians with timely, up-to-date, easily understood information based on the current perceptions of Canadians in the requisite COVID-19 areas and vaccines more broadly.

1.13 Statement of Limitations

The quantitative portion of the research is based on a web-survey methodology. Respondents for this survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted to reflect the demographic composition of the target population. Because the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated.

The qualitative portion of the research is based on a series of focus groups. Qualitative research is designed to reveal a rich range of participants' opinions, perceptions and interpretations. It does not and can not measure what percentage of the target population holds a given opinion or perception. Findings are qualitative in nature and cannot be used quantitatively to estimate the numeric proportion or number of individuals in the population who hold a particular opinion.

1.14 Notes on Interpretation of Research Findings

The views and observations expressed in this document do not reflect those of Health Canada. This report was compiled by Leger based on the research conducted specifically for this project. This research is not probabilistic; the results cannot be inferred to the general population of Canada.

1.15 Political Neutrality Statement and Contact Information

I hereby certify as Senior Officer of Leger that the deliverables fully comply with the Government of Canada's political neutrality requirements outlined in the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications-Appendix C](#) (Appendix C: Mandatory Procedures for Public Opinion Research).

Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

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To obtain more information on this study, please email: hc.cpab.por-rop.dgcap.sc@canada.ca