Public Health Agency of Canada | Agence de la santé publique du Canada

Decision-making Regarding the Use of Personal Protective Measures to Prevent the Spread of Respiratory Infectious Diseases

Report

Prepared for the Public Health Agency of Canada

Supplier name: Abacus Data

Contract number: CW2337715

Contract value: $247,799.40

Award date: 2023-11-15

Delivery date: March 25, 2024

Registration number: POR 085-23

For more information on this report, please contact the Public Health Agency of Canada at: cpab_por-rop_dgcap@hc-sc.gc.ca

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Canada

Decision-making Regarding the Use of Personal Protective Measures to Prevent the Spread of Respiratory Infectious Diseases

Final Report

Prepared for the Public Health Agency of Canada by Abacus Data

March 2024

The Public Health Agency of Canada commissioned Abacus Data to conduct a public opinion research survey to understand how people make decisions regarding the use of personal protective measures (PPMs) to protect themselves from respiratory infectious diseases. A total of 6,611 people in Canada were surveyed using an online panel to reflect the Canadian population. The online survey was conducted between February 15 and February 28, 2024. In addition, a total of 8 focus groups were conducted online in the Fall of 2023 and an online qualitative community with 100 participants took place in January of 2024. This publication reports on the findings of this research.

Cette publication est aussi disponible en français sous le titre: Prise de décisions concernant le recours à des mesures de protection individuelle pour prévenir la propagation des maladies respiratoires infectieuses.

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Catalogue Number: H14-638/2024E-PDF

International Standard Book Number (ISBN): 978-0-660-72728-8

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1 Executive Summary

1.1 Research Purpose

The Public Health Agency of Canada (PHAC) and Health Canada need to understand how people make decisions regarding the use of public health measures (PHMs) to protect themselves and those around them from COVID-19 and other respiratory infectious diseases (RIDs). PHMs have been one of the primary tools available to public health organizations to reduce COVID-19 transmission in communities during the pandemic and for other infectious diseases. Non-pharmaceutical PHMs that can be used by individuals, otherwise known as personal protective measures (PPMs), include interventions such as wearing a mask, staying home when sick, and improving indoor ventilation.

The purpose of the qualitative phase is to better understand how the Canadian public understands, perceives, and uses PPMs in an evolving COVID-19 and other RIDs context. Specifically, the qualitative research will help PHAC understand key decision inputs and the decision-making processes for the initial uptake of PPMs and their sustained use over time and across respiratory disease contexts.

The purpose of the quantitative phase of the research is to build on the qualitative findings with quantitative data. The research measures how people understand and use PPMs to protect themselves and those around them. The survey also allows for the measurement of contextual factors, external information and barriers encountered by people living in Canada when it comes to making decisions about uptake and sustained use of PPMs.

Taken together the research will inform and support the development of PPM guidance and communication strategies related to use of PPMs, which will contribute to the prevention, control and reduction of the spread of infectious diseases among people in Canada. The results will build on our understanding of individual risk assessments to better understand how individuals make decisions when it comes to using PPMs for COVID-19 and other respiratory infectious diseases.

The results of this POR will help ensure that guidance on using PPMs remains effective and relevant. It will also inform the future development of public facing PPM products, tools, and messaging, helping ensure that people in Canada are well informed and protected.

1.2 Research Objectives

The overall objective of the research is to understand how people make decisions on how and when they use PPMs to protect themselves and others from respiratory infectious diseases. The findings will inform the development of public facing PPM products, tools, and messaging.

Specific research objectives include, but are not limited to, the following:

1. Identify and understand how people in Canada access, perceive and use PPM advice
2. Explore the barriers, motivators and facilitators for the uptake and sustained use of PPMs across respiratory infectious disease contexts;
3. Determine the drivers of the Canadian population’s perceptions of the importance of the adoption of PPM advice;

4. Identify key decision inputs and understand decision making processes for the initial uptake of PPMs and their sustained use over time and across respiratory infectious disease contexts; and
5. Understand the evolution of attitudes and perceptions about PPMs throughout pandemic, inter-pandemic, and cyclic respiratory infectious disease seasons.

1.3 Methodology

1.3.1 Qualitative Research

The results from the qualitative research cannot be extrapolated to a broader audience because participants were not randomly selected. By its nature, qualitative research is directional in nature.

Focus Groups

The qualitative phase of the research consisted of eight (8) online focus groups with the public in Canada conducted between December 11 and December 14, 2023.

- Details of the focus groups are shown in appendix.
- In total, there were 90 participants across all eight focus groups.
- Each focus group was between 115 and 120 minutes in length.
- Observers from PHAC attended each focus group.

The focus group discussion guides (English and French), as well as the recruiting screeners used, are provided in Appendix.

Online Community

The online community took place from January 7 to 22, 2024 with 102 adults across the country. The online community was designed to probe and explore the evolving PPMs adopted by individuals in response to the pandemic and beyond and examine how people perceive risk, their decision-making processes when it comes to PPM use, as well as barriers, facilitators and motivators for PPM use.

An online community is a qualitative form of research in which participants are invited to participate in a series of tasks (some of which are viewed only by the moderators and some of which are viewed by other participants). The Recollective platform was used for this project and allowed participants to share information and discuss ideas, regardless of geographical location or time of day.

Participants in the community were asked to complete an online journal for 3-5 days, detailing their activities, perceived risk of contracting an RID, and how they decided to use/not use PPMs. The discussion guide for the community is provided as an Appendix. Recruitment was conducted by surveying participants using a screening process, and candidates were selected based on specific target groups identified for the study seen below (the recruiting screener is also found in the Appendix).

1.3.2 Quantitative Research

The online quantitative survey was conducted between February 15 and February 28, 2024. A total of 6,611 surveys were completed across Canada using an online panel. The 6,611 includes regional

oversamples as well as an oversample of 200 Indigenous persons and 400 youths (12 to 17 years of age), resulting in n=301 Indigenous persons and n=470 youth responding. All results were weighted to the 2021 Canadian Census from Statistics Canada. The weighting ensures that the results for the overall percentages reported are not influenced by the decision to oversample key groups.

All those 16 years and younger (and some of those 17 and 18 years old) were recruited through their parents or guardians to complete the survey.

As a non-probability sample, the results cannot be extrapolated to a broader audience and there is no margin of error associated with the findings because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error. Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal statistical inferences can be drawn between the sample results and the broader population.

Sub-group analyses and rounding

In addition to descriptive analysis, analysis was undertaken to establish any differences in views based on personal demographic characteristics such as location, gender, and identity (e.g., Indigenous). Differences between groups are highlighted in the report if they are large enough to be substantively meaningful (e.g., they change our understanding of the underlying structure of opinion or inform different communication challenges/opportunities) and are based on samples that are large enough to be reliable.

Please note that due to rounding, in some cases it may appear that merged categories collapsed together are different by a percentage point from how they are presented individually, and totals may not add up to 100%.

Key sub-groups analyzed throughout the report are: demographics (e.g., age, gender, geographic location), at-risk status, and vaccination status. The full breakdown of the results is included in the accompanying data tables under separate cover.

Differences between subgroups were first identified using cell comparisons at the p-value <0.05 level. Differences that highlight meaningful patterns within the survey sample or address a hypothesis within the results were highlighted throughout the report. While inferential statistics were first used to support the identification of these differences, they only serve to highlight trends within the existing data set as they cannot be extrapolated to a broader audience.

A regression and segmentation analysis were conducted to further understand the results and meet the project objectives. Further details on the segmentation is available in section 4.6 and the regression methodology is outlined in the Appendix.

A note on tracking from previous surveys. In 2023, Abacus Data undertook a similar survey on PHMs and some of those questions were repeated in the current survey. The 2023 survey was only conducted among adults, therefore, comparisons to 2023 only use the adult completions from 2024.

Those at high risk of severe illness and negative health outcomes include those who haven't received all of their recommended vaccine doses as well as those with a number of other age and health factors. For

the purposes of this report, those at-risk due to age and health factors will be differentiated from those at-risk due to their vaccination status as these groups vary significantly in their perceptions of risk, attitudes and behaviours relating to respiratory infectious diseases.

Within the report when discussing those at-risk due to age and health factors, they will be identified as 'at-risk' and are based on the following characteristics[1]:

- being immune compromised.
- living with obesity.
- having a chronic medical condition.
- being pregnant.
- being over the age of 60.

1.4 Contract value

The total contract value for the project was $247,799.40 including applicable taxes.

1.5 Statement of Political Neutrality

I hereby certify as a representative of Abacus Data that the 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 apolitical party or its leaders.

Richard Jenkins, Ph.D., CAIP

1.6 Summary of Findings

1.6.1 Current Environment – Perceived Risk and Circulation

Public health guidance for respiratory infectious diseases (RIDs) continues to be relevant for the adoption of PPMs against RIDs but the public perceptions of the risks have evolved slightly over time. Compared with a 2023 survey, perceived risks relating to COVID-19 have declined (though not its perceived seriousness), while perceived risks and concerns related to respiratory syncytial virus (RSV), and influenza (the flu) have declined.

- Respondents view influenza as the most probable illness to contract (mean score of 4.0 on a scale of 1 to 10), slightly down from 4.2 in the previous year. The perceived risk of contracting COVID-19 has dropped from 4.1 to 3.6, and RSV from 3.4 to 3.2).

[1] Youth (12-17 years of age) will be identified by a single question asking them to self-report their at-risk status.

- The mean perceived risk associated with getting COVID-19 has dropped from 4.1 in 2023 to 3.6 this year. The perceived risk of contracting RSV has also declined from 3.4 to 3.2.

Both COVID-19 and RSV are perceived with equal levels of risk for severe consequences, each scoring 3.6 (mean on a 10-point scale), followed by the flu at 3.4. Perceptions have shifted slightly from the previous year, with COVID-19 showing a decline in perceived personal risk of severe consequences from 3.8 to 3.6, while perceptions for RSV and the flu have mostly remained steady.

While perceived individual risk of a severe outcome has declined for COVID-19, it continues to be viewed as a serious illness (30% say it is “life threatening” or “requires hospitalization”) among adults. RSV is viewed as more serious (37% believe it would at least necessitate hospitalization) while the flu is viewed as the least serious.

On average, people are most concerned about contracting COVID-19, rating concern with COVID-19 at 4.6 out of 10 (down from 4.7 last year), closely followed by RSV (4.5 up from 4.3) and influenza (4.4 up from 4.2). Overall, the stated level of concern about an illness is a reflection of the perceived likelihood, susceptibility, and severity of the illnesses. People are generally more concerned if they think they are likely to get ill from the disease and/or think they could suffer severe consequences from the illness.

The lower concern and perceived risks associated with COVID-19 are also reflected in the focus group discussions in which COVID-19 is still top of mind whereas influenza and RSV are less frequently discussed and are viewed as not being as infectious or severe as COVID-19.

In the survey, a small percentage (14%) think the level of circulation of RIDs in the community in their area is high or very high whereas almost four in ten (37%) think the level is low or very low.

These findings align with the focus groups which found the risk environment has changed and that there is less media attention on the risks.

In addition, the online communities highlight that perceptions of risk are nuanced – with those feeling the most risk when in crowded situations with strangers (i.e., in public transit) than in more intimate gatherings with trusted individuals, such as dinner parties with family and friends. The size of crowds or the number of people present significantly influences their decision to attend an event and/or use PPMs. Most prefer attending events with less crowded environments. The ability to maintain a 'safe' distance is a key consideration for PPM use, highlighting the importance of spatial awareness in their risk assessment and mitigation strategies.

1.6.2 Decision-making and Information Sources for PPMs

Overall, there is widespread confidence when it comes to personal capacity to safeguard oneself and others from RIDs (84% at least somewhat agree) and 79% feel adequately informed. Nevertheless, about a quarter (27%) report feeling confused about where to obtain reliable information about PPMs. While they express confidence in their own abilities, 65% are concerned that people around them are not taking sufficient steps to prevent the transmission of RIDs.

Traditional news outlets (39%), the Public Health Agency of Canada (39%), and local public health authorities (38%) are the top three sources for information on COVID-19 and other RIDs – all three of

which are authoritative sources in public health communication. Friends and family (33%), however, rank as a more common source for information than primary healthcare providers (30%) and government social media accounts (16%). Notably, this is an area where youth and younger respondents differ from adults in relying less on official sources and traditional news outlets and relying more on family and teachers.

Overall, there is a high level of trust in public health information from both the Government of Canada and healthcare providers. Trust is slightly higher for healthcare providers, with 83% of respondents expressing trust or partial trust in healthcare providers, compared to 77% for the Government of Canada. Two in three (64%) think there is a significant amount of misinformation circulating in Canadian society regarding how to protect oneself from respiratory infectious diseases.

1.6.3 Attitudes about the Use of PPMs

Perceptions of risk and the current circulation of RIDs are consistent with how respondents currently behave and think more broadly of PPMs.

General attitudes about PPMs are supportive but not unanimous. A large majority (81%) think that adhering to public health advice regarding these measures is an effective way to protect the vulnerable people in their community. Seven in ten (71%) at least somewhat agree that using PPMs is important to them and over half of respondents (59%) report using PPMs to protect themselves from getting sick.

More than half (52%) find it harder to implement PPMs now compared to during the pandemic and 44% report feeling judged when wearing masks or using other protective measures. The influence of social norms on behaviour is further reflected by the fact that 60% say they are more likely to use a mask when they observe others doing the same.

Some attitudes among adults have changed since the 2023 survey. Much fewer adults say that they use PPMs because they are concerned with getting sick (59% in 2024 compared with 72% in 2023). Fewer also say that using PPMs is important to them (71% vs. 78%) and that they are more likely to wear a mask when they see others using one (60% vs. 64%).

In the qualitative research, focus group participants did mention using PPMs to protect oneself (particularly if one was at-risk). Some were very fearful of the risks to their health and isolated themselves as much as possible. Protecting others is also mentioned as a key motivation by focus group participants. Many of these participants said they (and others) should use “common sense”, which could be interpreted to mean staying at home when sick to protect others or using PPMs to protect vulnerable individuals.

Consistent with the survey findings, the main motivation cited in the focus groups for using PPMs is to limit the risk of contracting or spreading an RID in a crowded setting or closed quarters (most low adopter participants said they would only use PPMs to protect others).

The online communities also demonstrate how attitudes about masking have changed. In general, people respect others' decisions about wearing masks and other protective measures. Some feel safer and more comfortable when everyone follows these measures but for others, whether or not those around them are wearing a mask has no impact on their decision. Nevertheless, some feel judged or

uncomfortable when wearing a mask, while others feel guilty, uncomfortable or judged if they're not wearing a mask in a crowd of mask-wearers.

1.6.4 Use of PPMs

There is considerable variation in the use of PPMs with four main categories:

- The most frequently consistently self-reported adopted practices are covering coughs and sneezes with an elbow or a tissue (84% always/often) and regular hand cleaning (83%). These PPMs are reported to be almost universally adopted at least often, which is less true for other PPM behaviours.
- A majority (62% always or often) report staying home when sick but only 35% always do. Only those who report a recent illness were asked about staying home behaviour.
- Approximately half report engaging in cleaning and disinfecting high-touch surfaces and objects (54% always or often) and improving indoor ventilation (50%).
- The least reported adopted PPM is mask wearing in indoor public settings with only about 1 in 4 individuals (24%) reporting that they always or often wear masks in an indoor public setting.

A regression analysis (Section 4.3.4) was undertaken to understand the drivers of PPM use. Each PPM was assessed in terms of attitudes, demographics, behaviours and the perceived effectiveness of the PPM. The most important driver in most of the regression models is the belief that the PPM in question is effective. For all PPMs, those who think that the PPM is effective in reducing the spread of RIDs are more likely to use that PPMs compared to those who tend to think that the PPM is less effective.

There are also several variables that are positively associated with using all or most of the PPMs.

- Respondents who are worried other people are not taking steps to avoid getting or spreading RIDs are more likely to use all of the PPMs compared with those who are not worried.
- Compared to those who do not report that they use PPMs because they are concerned with getting sick, those who report that they use PPMs because they are concerned with getting sick are more likely to use all forms of PPMs except covering coughs and sneezes. The impact is the highest for wearing a mask, cleaning and disinfecting as well as improving ventilation.
- Males are less likely to use PPMs than females, except for wearing a mask where there is no difference between males and females.

Overall, the results point to the fact that drivers of PPM use vary by the measure (adj-r^2 varies from 0.216 for Stay home when sick to 0.407 for wearing a mask). We can explain mask wearing more than we can explain other PPM use.

The focus groups found that use of PPMs tend to be situational as people evaluate factors such as the number of people (crowds), who they might be seeing, their understanding of infection rates in the community, the ability to maintain safe distances, especially in crowded, public situations; and whether or not they are exhibiting symptoms themselves. Those in the high-risk[2] category tend to take a more

[2] The at-risk category is defined by having a health condition that makes one more vulnerable to a severe outcome if they get a respiratory infectious disease or being 60 and older.

cautious approach, plan ahead, and are more likely to see situations as posing a greater risk compared to those in the general population.

As participants in the online community have continued practicing the initial precautions/guidelines which were adopted at the outset of the pandemic, some have adjusted their daily routines slightly with precautionary measures such as regular handwashing, changing shopping habits, distancing or masking in some scenarios, while for others, "normal life" has fully resumed.

When respondents in the survey were asked why they do not adhere to a specific PPM, a mix of barriers that reflect challenges in using the PPM or attitudes and perceptions are raised that suggest taking these actions are not necessary.

Only one in five (18%) report frequently (always or often) observing others wearing masks in indoor settings. A larger portion, 37%, note occasional masking by others, while 45% indicate rarely or never witnessing individuals wearing masks indoors. As such there is a potential for the normalized lack of mask wearing in indoor settings to act as a barrier for others when it comes to wearing a mask.

Focus group participants agree that the use of PPMs has been normalized and has become habit for many. By normalized, they explain that it is not surprising to observe mask usage, sanitizing surfaces or hand washing. However, it does not mean that it is normal for everyone to do it as consistently as during the pandemic.

Overall, all PPMs are overwhelmingly perceived as at least somewhat effective in reducing the spread of RIDs. Staying home when sick is deemed the most effective measure, with 95% considering it at least somewhat effective, followed closely by regular handwashing (95%) and covering coughs and sneezes (93%).

Additionally, cleaning and disinfecting high-touch surfaces and objects are viewed as effective by 90% of respondents, while improving indoor ventilation is seen as effective by 88%. Despite ranking the lowest for effectiveness of all PPMs listed, wearing masks in indoor public settings is still considered effective by a large majority (80%).

1.6.5 Cancelling Plans if Sick

Cancelling plans when one experiences symptoms of an illness represents an important protective measure to reduce the public's exposure to one's own illness.

- A majority of respondents are at least somewhat likely to cancel plans if they are sick, particularly when the scenario involves close contact with loved ones/someone close to them or those at risk of severe outcomes. For example, 59% are very likely to cancel plans when visiting someone vulnerable.
- Other situations which entail intimate settings with individuals one knows personally are also associated with a high likelihood of cancelling due to illness such as restaurant gatherings (53% very likely), gatherings with friends at pubs, bars, or coffee shops (52%), and meetings with friends or family from different households (50%).
- The likelihood of cancellation (% very likely to cancel) due to illness slightly decreases when it comes to larger gatherings with less familiar faces, such as attending work in person (46%),

attending concerts or sporting events (45%), canceling travel plans (42%), or returning to school in person (42%).

Compared with a similar question in 2023, respondents are now more likely to not go to work (46% very likely to cancel in 2024 vs. 41% in 2023) when they are sick and less likely to cancel plans to attend a concert (45% vs 47% in 2023) when they are sick.

The role that health status plays in adopting PPMs is a theme in the online communities. If people feel unwell, they report opting to stay home, indicating a proactive approach to symptom management and prevention of community spread.

1.6.6 Facilitators, barriers, and influences of PPMs

In the online communities, participants identified a number of barriers that hinder their adoption of PPMs. These include COVID-19 fatigue, perceived cultural or societal norms, physical or mental health challenges and a perception that COVID-19, and other respiratory illnesses, are not significant risks.

The survey also included a number of questions that addressed overcoming the barriers to adopting PPMs. Touchless faucets, soap dispensers, and paper towel dispensers in public washrooms (88% very or somewhat helpful), along with readily available masks and hand sanitizer at indoor public space entrances (86%). Additionally, most find having outdoor gathering venues (78%) to be beneficial in supporting their use of PPMs. Adults were also asked about affordable portable air purifiers and 78% find them helpful for supporting their use of PPMs.

Currently, individuals have access to various health risk indices such as the UV index and air quality index, and 80% of respondents believe that having an index for the level of RIDs within the community would be helpful. Specifically, 37% think such an index would be very helpful.

1.6.7 Motivators for Taking Precautions

The most likely influences on taking precautions to protect oneself are a recommendation by a family member (77% very or somewhat likely) or a friend (73%). Seeing a trusted source like a government or health official taking precautions such as wearing a mask during a press briefing is also likely (71%) to lead a person to take precautions. In addition, 63% say they would be at least somewhat more likely to take precautions if there was less stigma about wearing masks in public.

Another way to understand motivators for taking precautions is to understand the context in which a public health authority has made a recommendation whether it is because of (a) a high risk of getting a RID in your community; or (b) a new RID being present. Testing the two options reveals that the reasoning for a public health recommendation is less important than the fact that it is a public health recommendation in itself as the results are similar in both scenarios.

In both scenarios, the most likely actions are to adhere to regular hand hygiene practices (91% very or somewhat likely for the 1st scenario), covering their coughs and sneezes (91% likely), and staying home when sick (90%). Somewhat fewer are likely to clean and disinfect high-touch surfaces (86%), to improve indoor ventilation (81%) or wear a mask under either circumstance (80%). These findings suggest a

strong willingness among individuals to adopt precautionary measures in response to public health recommendations of a serious threat.

In the focus groups, virtually everyone reported that they would adapt or be flexible about PPM use if circumstances warrant. There was consensus that a government mandate would be followed; but without mandates, there is not a high level of perceived risk, and participants make decisions based on the information available.

2 Detailed findings from the Focus Groups

2.1 Use of Personal Protective Measures (PPMs) during the COVID-19 Pandemic

During the COVID-19 pandemic, participants from all types of groups (gen pop, low adopters, high risk) indicated they closely followed guidelines and mandates with regard to the use of PPMs, which included:

- staying home/working from home
- hand washing and using hand sanitizer
- mask wearing
- physical distancing
- coughing and sneezing into sleeves.

Some, but not all, participants also mentioned improving ventilation (opening windows) when in a position to do so.

> *"Every day, coming home from work, sanitizing light switches, those types of things."* – Female, 35-60 years, gen pop

> *"I started wearing masks very early on. I took it as protecting others more than myself. I got used to it and wore it as much as I could during that time*" – Male, 60+ years, high risk

When mandates weren't in place, *some gen pop participants, and most low adopters*, indicated they tended to stay home when sick, and/or continue to work from home if organization policy permitted. They also reported that they continue hand-washing and using hand sanitizer, and most indicated they continued to use physical distancing.

- Most said they would only wear masks "where necessary", which tended to include public transportation, healthcare and long-term care settings, and when coming into contact with vulnerable individuals.
- Very few, if any of these participants indicated they paid attention to ventilation.
- Exceptionally, some *low adopters* indicated they only followed mandates because "they had no other option" and did not feel they were at risk at any point. However, they also realized that others did perceive a risk, and they expressed tolerance for other views.

High risk participants tended to continue with all of the PPMs described above, including mask wearing in most situations where they were in contact with the public. Some were very fearful of the risks to their health and isolated themselves as much as possible. Also, many high-risk participants indicated that they used PPMs primarily to protect themselves. In contrast, participants in other groups shared that they used PPMs as much or more to protect others.

> "*I've reduced the use of PPMs since the peak of COVID, maybe because the fear has subsided a bit."* – Male, 35-60 years, high risk

"*A lot of us didn't have access to tap water (on reserves). And getting sanitizer to the community was a bit difficult, so handwashing was very difficult in my community*." – Female, 60+ years, Indigenous

"*Me, I didn't have any concerns. There are others that couldn't cope with that, but to each their own*." – Male, 60+, low adopter

Keeping up to Date with Information Regarding the Use of Personal Protective Measures (PPMs)

Most *gen pop* and *low adopters* said that they have not kept up with respiratory infection disease (RID) information over the last 12 months, at least not proactively. Some said they passively hear certain things on the news; for example, some French participants indicated they have seen news reports of rising cases of flu and RSV and extracts from news conferences given by Medical Officers of Health.

The primary reasons for not keeping up to date given by many of these participants are twofold: first, they feel that they are already very well-informed as a result of the extensive coverage during the pandemic; and second, many feel reporting now is "overblown" and there is fatigue – the consensus in these groups was that "they just want to move past this".

Sources of information used by these participants included television news, YouTube, Health Canada, and hospital websites; however, these participants said **they generally do not actively seek out RID information or information on using PPMs**. A few *low adopters and gen pop* participants indicated they sometimes came across information on social media but did not proactively seek out information on these channels, and generally did not find social media as a credible source of information regarding RIDs or public health guidelines.

"24 or 36 months ago I was actively seeking information and it certainly had a great impact on our behaviour…in the last 12 months, I feel somewhat guilty, but I'm passive. I feel things really changed in the past 12 months." – Female, 35-60 years, gen pop.

"*I don't look. I don't keep up. I just think it's overblown, the news reporting is overblown. We don't even know if we're getting factual information."* – Female, 35-60 years, low adopter

When asked what further information they would like to see, most *gen pop and low adopters* felt they were (more than) adequately informed and just wanted to move on. On the other hand, *most high-risk participants* said they continue to stay apprised of RID information. Many *high-risk* participants also indicated they consult their health professionals. Some participants in several groups said they seek out scientific information (journals), as well as information as to what is happening in other countries. Still others indicated they don't seek out information as actively as they did during the pandemic, but they pay more attention to news media reports. Those who are proactive subscribe to research newsletters and updates from government or other sources such as Ottawa Public Health, Mayo Clinic, and broadcast news (CBC, CTV, TVA, LCN, Radio-Canada). Most said they avoid social media for this type of information as they believe there is much misinformation on social media.

In addition, several high-risk participants indicated they would like to see more of the type of information which was provided during the pandemic, such as case counts, deaths, and hospitalization rates.

"I try my best. I would say I'm guilty of not checking as much as I used to but I still do try my best to keep up on updates on what's going on with the different variants and if there's updates on the flu and whatnot." – Male, 18-34 years, high risk

"*At one point it became confusing. At work there was certain information. On TV there was others. We didn't know whom to believe*." – Female, 35-59, gen pop.

"*I had to get information every day….to see if the schools were open, etc. I watched LCN, and Radio-Canada as well*." – Female, 35-59, gen pop.

"I depend on science, on data: the World Health Organization, specialists. You can fall into one extreme or the other. There's a lot of misinformation." – Female, 60+, high-risk

2.2 Decision-Making

Participants from all three segments tend to make decisions on the use of PPMs **based on the specific situation encountered and their <u>perceived</u> risk of contracting or spreading an RID**. Whatever the situation, participants in all groups base their decision to use or not to use PPMs, and especially mask-wearing on the following key criteria: the number of individuals with whom they may come into contact, whether they are known (family/friends) or members of the public; and the quality of the ventilation, ranging from outdoors (little or no risk), to close quarters in doors. This being said, several participants indicated that if the government issues a mandate they would comply with the use of PPMs.

2.2.1 Gen Pop Participants and Low Adopters

However, the similarity in decision-making tends to end here, as members of the different segments will often look at the same situation and see different levels of risk to themselves or others. *Low adopters and gen pop* participants tend to acknowledge there may be some risk in situations such as grocery stores, public transit, restaurants, and parties, etc.; however, they discount the risk of contracting serious disease themselves and therefore decline to use most PPMs in these situations. Typically, their rationale is that **they feel they are in good health** and/or **they discount the seriousness of the disease and equate it to a mild cold or flu**, often because they have already had the disease and only experienced mild symptoms. Many also said that since they had been vaccinated, they did not need further protection.

Many *gen pop participants* also reported that they made decisions around PPM more to protect others, rather than themselves. As indicated above, many felt that even if they contract an RID, it wouldn't be serious. In contrast, only very few *low adopters* indicated they took any precautions whatsoever.

In terms of the timing of decisions, many *gen pop* and *low adopters* have decided that they would likely *not* use PPMs in most situations (their default), with the reason being they believe there is little risk to themselves; however, when encountering a situation where they feel there may be risk to others, many said they would either avoid it (stay home), or use PPMs (e.g. using hand sanitizer and/or wearing a mask when visiting older or immunocompromised individuals). Again, many of these participants said

they (and others) should use "common sense", which could be interpreted to mean staying at home when sick to protect others or using PPMs to protect vulnerable individuals.

> "*It's based on what the audience is. If the audience is susceptible to catching something or giving something, I'm going to protect myself and them."* – Male, 60+ years, low adopter

> "*We have to be quick to react to our new reality is and adapt to whatever new recommended protocols are from places like PHAC*." – Male, 35-60 years, high risk

> "*It depends on the situation. We wouldn't wear a mask, except if we go to a retirement home or something like that. We wouldn't want to be responsible for passing on the disease to someone vulnerable."* – Male, 18-34, low adopter

2.2.2 High-Risk Participants

While decisions regarding the use of PPMs also tends to be situational, most high-risk participants evaluate the risk to themselves or others of the same situations as being much greater. **High-risk participants are more concerned, even fearful, about contracting RIDs**, citing the risk of more severe symptoms, hospitalization, and even death. Several also mentioned the **risks of long-COVID**.

Their **key risk criteria** are similar to those mentioned previously, except that their threshold for using PPMs will be much lower:

- the **number of individuals** with whom they may be in contact,
- their **familiarity with those individuals**, i.e. immediate family poses the least risk (but still some risk), the general public pose the most risk. Also, young children, even family members (e.g. grandchildren) pose a high risk due to their attendance at schools and daycare and close contact with other children,
- the ability to maintain **sufficient space between people** (2 meters/6 feet), and,
- the **quality of the ventilation** (ranging from outdoors to closed quarters with poor ventilation).

Whereas most *low adopters* and many *gen pop* participants indicated they would only use PPMs in exceptional situations, the opposite is true with high-risk participants. Most report **they plan ahead and avoid situations** which they feel may place them at risk (e.g. crowded public areas, public transportation, etc.). They also report being well prepared all the time in case they encounter a situation they feel puts them at risk. They indicated they **always carry hand sanitizer and masks**. **Distancing and (more and more thorough) hand-washing have also become habitual**, although several *gen pop* participants said this is the case for them as well.

> *"The situation dictates it. Outdoors, not talking to each other, no PPE. If I'm in a crowded room, I'm wearing it absolutely"* – Female, 60+ years, high risk

> *"Where it's required…anywhere where people are congested in a closed space, where someone is gonna breathe on you. That's when I always mask up."* – Male, 35-60 years, high risk

"*My life continues as if we were still in the pandemic. I still wear a mask. I stay home. I haven't had visitors since then. I've had health problems."*– Female, 60+, high risk

"As soon as we put our foot in the airport: mask. When we go out on the street, we can take it off. When we go into the casino, we put the mask on again. When we go outside, we can relax a little." – Male, 35-59, high risk

2.3 Motivation and Facilitators for using PPMs

2.3.1 Motivation

The main motivation for using PPMs is to limit the **risk of contracting or spreading an RID** in a crowded setting or closed quarters (Most low adopter participants said they would only use PPMs to protect others).

2.3.2 Facilitators

The following considerations facilitate or encourage the use of PPMs:

- **Ease of use** of PPMs (physical distancing, use of hand-sanitizer [if/when available], staying home/working from home (Gen pop, High Risk and even some low adopters [to protect others])
- **Ready availability**. For example, available hand-sanitizer bottles in retail outlets often spurs spontaneous use, as does having masks available. (Gen pop and High-Risk)
- **Not attracting attention/social influence:** Participants tended to favour PPMs which they can do without attracting the attention of others, such as staying home, using hand sanitizer, coughing into sleeve, and physical distancing (Gen pop and some High Risk). Likewise, they would tend to use more visible PPMs (e.g. mask wearing) in situations where many others are doing the same or when they feel it is socially expected (e.g. public transit, healthcare settings, airports and crowded planes).

  "Motivator for me is my daughter. I don't want to get my family sick." – Male, 35-60 years, high risk

  "When I found out that someone at my gym had COVID, I wore a mask the next day. I caught COVID anyway." – Male, 60+, gen pop.

2.4 Barriers to using PPMs

Key barriers to using PPMs include:

- **Comfort and convenience:** of using PPMs, especially mask wearing (Gen pop). *Low adopters*, *gen pop*, and even some *high-ris*k participants use mask wearing as a last resort because of the lack of comfort

- **Perceived invincibility:** Especially true amongst *young gen pop and low adopter participants*, these individuals feel that they are in good health and so their natural immune systems provide sufficient protection against serious illness. In addition, many of these participants indicated that they have already contracted COVID-19, and symptoms were mild, so they feel that even if they contract the disease again, it would be inconsequential. For those reasons, they make the trade-off of not using most PPMs, especially mask wearing or attending social gatherings. That being said, they also said they would use PPMs (including masks) in situations where they needed to protect vulnerable individuals (e.g. visiting a long-term care facility)
- **Lack of availability of PPMs** in many public places. Participants report that far fewer stores have hand sanitizer available, and places that used to offer masks no longer do so. Participants in several groups indicated that it is reflex that they will reach for hand sanitizer when provided in various public locations, but if it is not there they will not use other PPMs
- **Affordability**: masks and hand sanitizers (as well as testing kits) are no longer available free of charge, and many say they and others can't afford them.
- **Ceremonial reasons:** (Indigenous participants) discourage or prohibit mask wearing

"Some people may feel if they're the only one in the room or restaurant wearing a mask, maybe they feel uncomfortable being the outcast." – Male, 35-60+ years, gen pop.

"The pushback from the people around you that are COVID fatigued." – Female, 35-60+ years, high risk

"I don't do anything anymore. I'm in good health. I don't need to wear a mask. I'm not scared. I have a good immune system." – Male, 18-34 years, gen pop.

- **Misinformation:** (e.g. about the effectiveness of masks, limiting the body's natural immunity). Several participants, even some in the *high risk* groups, mentioned conflicting advice and guidelines about the effectiveness of masks, or the usefulness of using hand sanitizer for RIDs transmitted by aerosol or droplets in the air. In addition, some participants in each group believe that by constantly using PPMs, especially mask wearing, that one is not allowing the one's immune system to develop anti-bodies to fight off any infections.
- **Social stigma**: *gen pop*, and high-risk participants in particular, expressed that they feel self-conscious and isolated as they are often the only ones wearing masks in different situations, so they believe others feel that they are the ones that are sick and possibly contagious. Also, several older participants said that it limits their ability to interact properly with close family (can't see smiles, faces).
- **Mental Health:** Several *high risk* participants indicated that staying home/isolation, as well as mask wearing and other highly visible PPMs was taking a toll on their mental health. Even though several feel uncomfortable doing so, they explained that they (carefully) have re-integrated into family and friend activities simply because their sense of isolation has become overwhelming. Some also mentioned that despite their sense of trepidation, they felt they needed to conform with the societal trend:

"Eventually, we need to learn to live with the risks." – Male, 60+, high risk

"If you always doing that (wearing a mask) you're preventing your immune system from developing anti-bodies" – Female, 60+ years, high risk

"Today, I feel very isolated from society." – Female, 35-60+ years, high risk

2.5 PPM Knowledge, Attitudes and Perceptions

Participants in all of the groups indicated that they have little or no knowledge of the current PPM recommendations. Many also believed that there were currently *no* recommendations at all. Some simply **assumed that they have not changed since the COVID-19 pandemic**, and many feel that they "have been well-trained" about the use of PPMs. Many in the *low adopters'* groups and some in the *gen pop* groups also tended to be more skeptical about the information provided by various government sources. They point to inconsistent and often changing recommendations from government in the early stages of the pandemic.

Several participants across the different groups also assume that the **lack of presence or media exposure means that there is no serious risk**, and therefore no need to increase the use of PPMs beyond what they have previously indicated.

There is also a sense among many *gen pop and low adopter participants* that there is a lack of clear guidelines as there is no centralized source of 'truth' of information resulting in a lack of consistency. Doctors and the medical community are the most trusted; social media has the least credibility.

When asked which PPMs were more important than others, some (gen pop, high-risk) said it is the combination of different PPMs which is the most effective; while others said it was those PPMs which they still practiced regularly: hand-washing and staying at home when sick. Most *gen pop and high risk* participants also mentioned that vaccination was also important to provide protection from RIDs. *Low adopters* had mixed attitudes about this, but the moderators deliberately steered discussion away from this topic as it was beyond scope.

In terms of whether participants are open to increasing their use of PPMs, most *gen pop* and low adopter participants indicated that only another pandemic of the severity of COVID-19 would result in greater use of PPMs, and high-risk participants tended to indicate they are already taking those precautions.

> *"Back then it was something that was alarming or would catch your attention, and now if you see a mask it's more normal for people to say they're just being safe."* – Female, 60+ years, high risk
>
> *"No matter what your stance on masking or government protocols, I'm flexible the next time there is a rise in RSV or COVID that I'll make a decision based on that info not on old info."* – Male, 35-60 years, low adopter

"We feel abandoned by our governments. There's nothing on the news any more about what's going on, even though COVID is still around. It's not over. And plus, there's the flu, and RSV." -

2.6 Participant Suggestions to Increase PPM Use

- Participants in several of the focus groups *spontaneously* said that governments should launch an awareness campaign with a variety of objectives and messages:
    - The prevalence of *different* RIDs and the importance of not just using PPMs to protect against COVID-19
    - Reducing the social stigma associated with using PPMs (most notably mask wearing) by promoting empathy with the situation faced by high-risk individuals
    - Consistent messaging (between provinces, federal government, and even internationally) regarding the effectiveness and proper use of various PPMs, especially masks
    - Focus on reasons to use PPMs (e.g. minimize hospitalizations/healthcare burden, protect others, especially loved-ones)
- Provide recommendations from physicians (as opposed to politicians or even members of the public service)
- Provide references where the public can view information independently
- Encourage private sector organizations to provide PPMs more widely (masks, hand sanitizer)
- Leverage social media (traditional media misses a large segment of the population)
- Either develop/create an app (similar to UV updates, air quality index) to provide risk indicators or make data available to existing apps (e.g., weather apps) so that a similar index can be added that covers respiratory infectious disease activity.

"The people who are not doing it for selfish reasons…how do we appeal to that selfishness? Messaging should be do this to protect yourself for whatever reason, rather than just do it for the community." – Female, 35-60 years, high risk

"Provide reliable masks at drug stores, libraries where there is a lot of public access." – Female, 35-60 years, gen pop.

"Nothing. Let people use their common sense. We all have different views about the risks." – Male, 35-60 years, gen pop

"It would take an awareness campaign. People have forgotten about the risks. They've all gone back to the normal before the pandemic, but COVID is still around." – Female, 35-60 years, high-risk

2.7 Insights and Conclusions

- PPMs are still being used albeit not at near the intensity as during the pandemic. Use tends to be situational as people evaluate factors such as the number of people (crowds), who they might be seeing, their understanding of infection rates in the community, the ability to maintain safe distances, especially in crowded, public situations; and whether or not they are exhibiting symptoms themselves. Those in the high-risk category tend to take a more cautious approach, plan ahead, and are more likely to see situations as posing a greater risk compared to those in the *gen pop* and low adopter segments.
- Most participants agree that the use of PPMs has been normalized and has become habit for many. By normalized, they mean it is not surprising to observe mask usage, sanitizing surfaces or hand washing. However, it does not mean that it is normal for everyone to do it as consistently as during the pandemic.
- Virtually everyone shared that they would adapt or be flexible about PPM use if circumstances warrant. The low adopter group would want to see what they view as independent (i.e., politically neutral, not only from government) evidence before changing their behaviour. There was consensus that a government mandate would be followed; but without mandates, there is not a high level of perceived risk, and participants make decisions based on the information available.
- Although the discussion was about RIDs, in the minds of almost all participants COVID is still top of mind and the infection that concerns them the most. Influenza and RSV are less frequently discussed, as they are not viewed as infectious or severe as COVID.
- One of the main differences in perceptions of RIDs between the *high risk* and low adopter categories is that the former still have a sense of fear about the effect (of COVID) while the latter are much less concerned. The key difference is the evaluations of one's own health, combined with their perception of the seriousness of effects of contracting RIDs. *Gen pop* and *low adopters* feel that they are in good health and that symptoms will not be more severe than the common cold, often because they had already contracted COVID and/or the flu. On the other hand, high risk participants are fearful that COVID or other RID symptoms can lead to their hospitalization, and even death, due to their age and/or relative ill-health. Severe outcomes and long COVID specifically were of particular concern to many of those in the high-risk segment.
- There is broad consensus (even among those in the high-risk segment) that there is COVID fatigue, which leads to a sense of complacency among some (in terms of using PPMs).
- Many participants explain that a lack of media presence and dissemination of information through mass media leads them to discount the level of risk of contracting/spreading RIDs, which in turn results in them taking fewer precautions (using PPMs). Many participants suggested information campaigns as a key strategy to increase awareness of RIDs and the use of PPMs to protect oneself and others.

3 Detailed findings from the Online Community

3.1 Personal protective measures used during the COVID-19 pandemic

The COVID-19 pandemic prompted individuals to adopt and adapt several personal protective measures to safeguard themselves and their communities. A diverse range of actions, often a reflection of adherence to health guidelines, were implemented. Throughout the communities, these mainly included:

Staying at home - self-isolation and quarantine: most individuals remained at home as a measure to control the spread of the virus. More specifically, those who felt unwell or exhibited symptoms especially adhered to self-isolation protocols by staying home when they were sick. Exposure to others who were sick (COVID-19 or something else) could also lead to people staying at home or at least considering the consequences. Many were diligent in testing once the rapid tests became available.

> *"To avoid getting affected and affecting others I stayed away from others and avoided unnecessarily going out. I even switched to getting my education online."* – 18 to 24, Central Canada, low risk individual based on health condition

> *"The biggest thing I did to avoid getting infected was to stay at home".* – 25 to 34, Western Canada, low risk individual based on health condition

Wearing masks: many individuals consistently wore masks to protect themselves and others – particularly in certain scenarios such as on public transit, in hospitals, senior residences, etc.

> *"During the pandemic when I went out I always put on a mask." – 65 or older, Atlantic Canada, low risk based on health condition*

> *"From the first-time masks were mandatory I always wore one and had clean spare ones in my purse to give to other people."* – 55 to 64, Western Canada, low risk based on health condition

> *"I made sure to wear a mask and although I still went out, I never did get sick."* – 45 to 54, Atlantic Canada, high risk individual based on health condition

> *"Since the beginning of the COVD-19 pandemic, I have bought many face masks and hand sanitizers to protect myself from getting sick."* –45 to 54, Central Canada, high risk individual based on health condition, Indigenous

Hygienic practices: regular hand washing, and the use of hand sanitizers, were common practices. Disinfecting surfaces, doorknobs, taps, light switches, and items brought in from outside was also routine. Some mentioned changing their clothes upon their return home.

> *"I used hand sanitizer regularly and would disinfect the doorknobs, taps, and light switches daily."* – 65 or older, Atlantic Canada, low risk individual based on health condition

> *"When I returned home, I would wash everything I buy."* – 35 to 44, Atlantic Canada, low adopter of PPMs, low risk individual based on health condition

"I also washed my hands every time I came home, wiped down groceries, and regularly sanitized high-touch points in my home." – 35 to 44, Western Canada, low adopter of PPMs, low risk based on health conditions, Indigenous

Physical distancing: maintaining physical distance from others, especially in crowded places, was a common measure. Some individuals limited their interactions with friends and family, gathered outside and or avoided gatherings altogether, specifically to avoid getting sick.

"I made sure to keep a social distance of 2 meters away from people I did not know." – 45 to 54, Central Canada, low adopter of PPMs, low risk due to health condition

"I kept my distance from others and wore a mask when I could not." – 65 or older, Central Canada, low adopter of PPMs, high risk due to health condition

"During the pandemic, my kiddo and I took extra precautions to stay safe in Edmonton. We made sure to wear masks, wash our hands regularly, and keep a safe distance from others." – 25 to 34, Western Canada, low risk based on health conditions, Indigenous

Online and remote activities: majority switched to online education, virtual appointments, and remote work.

"I worked remotely for months at a time during the pandemic. I wore a mask when I returned to work and while out in public." – 25 to 34, Atlantic Canada, low risk due to health condition

"I even switched to getting my education online." – 18 to 24, Central Canada, low risk based on health condition

"I choose to self isolate through most of the pandemic but I became very proficient using technology to connect with friends, family, faith community, book club etc." – 65 or older, Central Canada, low risk based on health condition

Lifestyle changes: adaptations to daily routines were common. This often included avoiding unnecessary outings, making quicker trips, opting for online shopping, limiting the number of people leaving the home (for example sending only one family member out for chores) and shopping during off-peak hours etc.

"I, as the most healthy in our household I took on the role of doing all the shopping and activities that required interaction in public settings as my wife has a compromised immune system." – 45 to 54, Atlantic Canada, low adopter of PPMs, low risk based on health condition, Indigenous

"I ensured that I did that grocery shopping for my family. Especially my mother who lives by herself. I practised social distancing, wore a mask, and washed my hands and/or used sanitizer frequently." – 45 to 54, Western Canada, Low adopter of PPMs, low risk based on health condition

"I started to shop more online." - 18 to 24, Central Canada, low adopter of PPMs, low risk based on health condition

Homeopathic methods: some mentioned engaging in holistic health practices such as taking supplements, maintaining exercise routines and dietary changes.

> *"I took vitamin D, C and zinc. When I felt like I was getting sick I took elder berry and quercetin. I got exercise everyday and tried to get more sleep. Finally, tried to eat better with lots of fruits and vegetables."* – 35 to 44, Central Canada, low risk based on health condition, Indigenous

> *"Made sure to keep my diet quite healthy."* – 55 to 64, Atlantic Canada, low adopter of PPMs, low risk based on health condition

Most Canadians took the COVID-19 guidelines seriously and made efforts to adhere to them – using words like "adhering", "staying up to date", "following" and "complying" with health guidelines and protocols, particularly among those with vulnerable family members.

> *"Staying updated on health guidelines was crucial, and we adjusted our activities accordingly."* – 25 to 34, Western Canada, low risk based on health conditions

> *"I followed all the recommendations issued by the health authorities."* - 55 to 64, Central Canada, low adopter of PPMs, low risk based on health condition

However, not everyone adhered to preventive measures. While some faced mental and emotional challenges, others expressed skepticism towards government guidelines or questioned the severity of COVID-19.

> *"You guys won't like me. I didn't wear a mask barely ever. After the first couple months, we resumed seeing friends and family that would. My kids were sad and depressed during the lock/shutdowns. It wasn't good."* – 45 to 55, Western Canada, low risk based on health condition

> *"I felt that the rules we were required to follow made no sense." - 35 and 44, Central Canada, low risk based on health condition*

> *"I never trusted a syllable said from the government about Covid and masking after that day, all their credibility evaporated for me." – 45 and 55, Western Canada, high risk based on health condition*

Note: Please be advised that all subsequent sections to this report represent current personal protective measures (PPMs) behaviours unless stated otherwise.

3.2 Use of personal protective measures today

For some participants in the online community, there is little or no on-going adoption of personal protective measures. Whether this is because they do not perceive a threat from respiratory infectious diseases for themselves or they are skeptical of the effectiveness of the measures, life has returned to pre-pandemic practices for these individuals.

> *“Usually once a month we will go out for appetizers with another couple we are friends with. Nothing is brought. No masks no sanitizer. Just normal life.”* – 45 to 54, Western Canada, low risk based on health condition

> *"Nothing out of the ordinary.” [from daily journal] – 45 and 55, Atlantic Canada, low risk due to health condition*

For others, the adoption of personal protective measures varies from relatively easy habits they formed during the pandemic (e.g., handwashing) to more extensive measures (e.g., masks).

Participants commonly emphasized the importance of regular handwashing and/or hand sanitizing as a fundamental practice to prevent the spread of germs and maintain hygiene.

> *"I washed my hands frequently." [from daily journal]* – 55 and 64, Central Canada, high risk based on health condition, Indigenous

> *"Brought hand sanitizer with me." [from daily journal] – 55 and 64, Western Canada, low risk due to health condition*

Physical distancing, combined with avoiding large gatherings and isolating when necessary, emerged as ongoing measures to limit exposure to potential contagions for some participants.

> *"Distanced at the grocery store, bought groceries." [from daily journal]* – 45 to 54, Central Canada, Low risk based on health condition

> *"Kept my distance from large groups." [from daily journal]* – 35 to 44, Prairies, low adopter of PPMs, low risk based on health condition

> *“I tested positive for COVID on Friday though a self testing kit that I had left over from last year. I have been at home since then with a very bad cold.”* – 55 and 64, Central Canada, high risk due to health condition

For many, changes to shopping behaviour, such as limiting outings and embracing online shopping, have solidified as long-term practices. Furthermore, even those who are not implementing these changes are often visiting stores at low-traffic times in the day.

> *“I do my groceries online at Walmart, I don’t want to take any chances and catch something.”* - 55 and 64, Central Canada, low risk due to health condition

> *“Well I started ordering my groceries from Walmart and had them delivered. After the Pandemic was considered over my adult daughter and I went in person to Walmart. We both felt very uncomfortable with it being so crowded, no masks, no social distancing and my daughter hates masks. We decided we would just keep ordering our groceries from Walmart.”* – 55 to 64, Central Canada, high risk based on health condition

The use of masks, although not universally adopted, is noted as a precautionary step, particularly in situations with close contact or as a gesture of protection when interacting with others but is not adopted as a regular practice for most people.

"I wore a face mask as I was in close contact to the Denturist." [from daily journal] – 35 to 44, Central Canada, low adopter of PPMs, low risk based on health conditions

"I wore a mask." [from daily journal] – 55 and 64, Central Canada, low risk based on health conditions

" I wear a mask when I go out." [from daily journal] – 55 to 64, Central Canada, low risk based on health conditions

These preventive measures are complemented by broader health practices, such as taking vitamins, exercising regularly, and prioritizing good nutrition. Participants consistently highlighted the significance of maintaining a healthy lifestyle, encompassing physical activity, balanced nutrition, and sufficient rest. Additionally, the incorporation of breaks, stretches, and relaxation techniques, such as yoga, reflects a holistic approach to overall well-being.

"Took my medication and vitamins" [from daily journal] – 55 to 64, Western Canada, low risk based on health condition

"Ate healthily with seeds, nuts and fruit." [from daily journal] – 35 to 44, Western Canada, low risk based on health condition

"Kept active." [from daily journal] – 45 to 54, Atlantic Canada, low adopter of PPMs, low risk based on health conditions

"I took my medication." [from daily journal] – 65 or older, Central Canada, low adopter of PPMs, low risk based on health condition

"I had a good 8-hour sleep." [from daily journal] – 65+, Central Canada, low adopter of PPMs, high risk due to health condition

Individuals who are either older/more vulnerable, or have members in their close social circles who are, demonstrate an elevated level of caution and vigilance in their daily activities.

"We still are cautious as we have older family members who we don't want to make sick, and wear masks around some of them still." – 35 to 44, Prairies, low adopter of PPMs, low risk based on health condition

"I'm severely immunocompromised therefore I mask up not only to protect myself but also protect others." – 45 to 54, Central Canada, high risk based on health condition, Indigenous

"Still to this day when I visit my elderly mother in old age home I still wear a mask and sanitize my hands every visit." – 45 and 55, Central Canada, low adopters of PPMs, low risk based on health conditions

"COVID is not gone and I just wish in crowded places people would take more precautions." [from daily journal] – 55 to 64, Central Canada, high risk based on health conditions

3.3 Perceived risks of illness and personal protective measure use vary depending on the scenario

3.3.1 Public transit

In the scenarios provided to participants of the community, public transit emerges as the location where people were most likely to take precautions to avoid catching a cold or other illnesses. For some this means taking personal protective measures such as masking, sanitizing, and keeping a distance from others when they can.

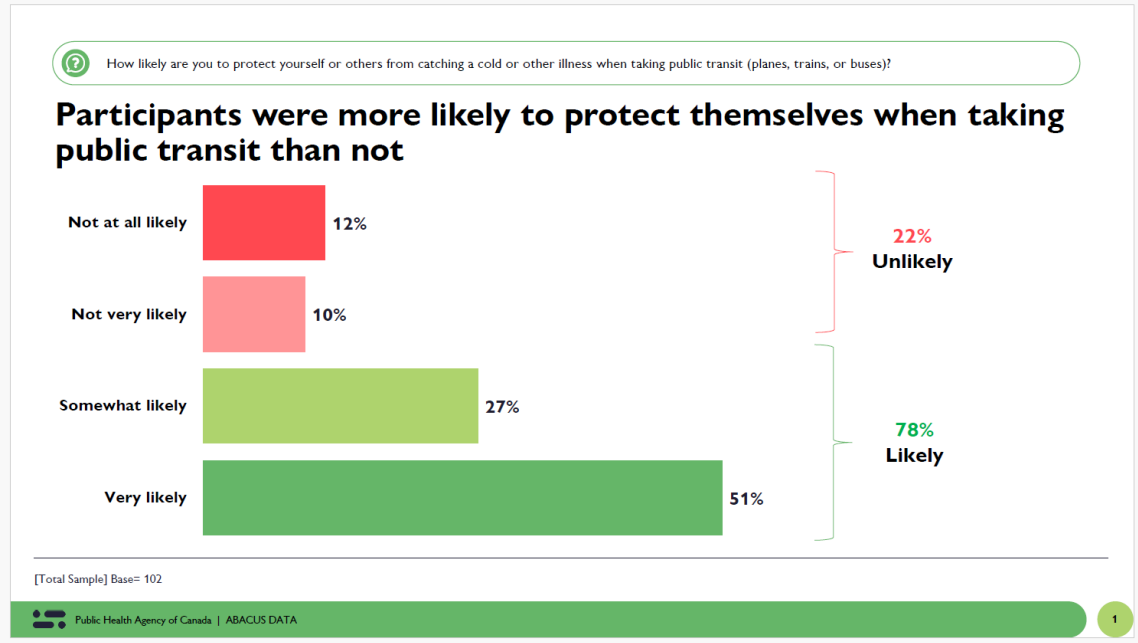


Chart 1: How likely are you to protect yourself or others from catching a cold or other illness when taking public transit (planes, trains, or buses)?

Alt text: Chart 1 depicting the likelihood of individuals protecting themselves or others from catching a cold or other illness when using public transit (planes, trains, or buses). The headline reads "Participants were more likely to protect themselves when taking public transit than not." The chart shows that 12% are not at all likely, 10% are not very likely, 27% are somewhat likely, and 51% are very likely. Callouts indicate that 22% overall are unlikely, and 78% overall are likely. The base of 102 participants is indicated below.

> *"I typically take public transit a few times a week to go to school. I wear a mask and I feel okay."* – 18 to 24, Western Canada, low risk based on health condition

> *"I sit in the back of the bus and place my backpack beside me so no one can sit beside me unless the bus starts to get full."* – 55 and 64, Central Canada, high risk due to a health condition

Many express concerns about safety or personal comfort on public transit, leading some to actively avoid public transit when possible.

> *"I do not take public transit or trains due to avoiding respiratory diseases."* – 55 and 64, Atlantic Canada, low adopters of PPMs, low risk due to health condition, Indigenous
>
> *"I try to avoid public transportation as of now to avoid getting bacteria or Covid-19."*- 55 and 64, Atlantic Canada, low adopters of PPMs, low risk due to health condition, Indigenous

Instead, they opt for alternative modes of transportation such as walking, biking, or personal vehicles to minimize potential exposure to crowded or uncomfortable situations.

> *"I avoid taking the bus as much as possible, I will call a cab, ride my bike, or walk to my destination before I take the city bus."* – 25 and 34, Central Canada, low risk due to health condition
>
> *"I walk mostly everywhere now, for health reasons, both prevention of illness and just good cardiovascular exercise."* – 35 to 44, Central Canada, high risk based on health condition, Indigenous

To further mitigate concerns associated with public transit, individuals strategize by planning trips during less crowded times, choosing specific seats, avoiding crowded buses, or exploring alternative transportation methods altogether.

> *"As a responsible commuter, I carefully consider when to take public transit, often opting for less crowded times to minimize exposure."* – 25 to 34, Western Canada, low risk based on health condition, Indigenous
>
> *"I try to go during day or evening after rush hours so less busy... Feelings about using public transit can vary, but overall, I approach it with a positive mindset."* – 25 to 34, Western Canada, low risk based on health condition, Indigenous

Public transit is also an area with the highest perceived risk. After viewing the image of Figure 1 below, participants were prompted to provide an overall rating on a scale of 1 to 3, where 1 indicated low or no health risk, and 3 indicated high health risk. Public transit received an average rating of 2.67 out of 3 for overall risk.

Figure 1: Group 3 - Heat Map - Perceived risks in taking public transit.

Alt text: Figure 1 depicts a densely packed public transit vehicle with passengers gripping handles and supports. A heat map overlays areas perceived as higher risk by group 3, concentrated mainly around the handles.

The perceived risks associated with using public transit are mostly related to crowding (and an inability to distance), the sharing of communal surfaces such as handrails as hotspots for germs/viruses and lack of adequate ventilation for fresh air and circulation.

> *"Passengers are very close together without the possibility of distancing whatsoever."* – 35 to 44, Prairies, low adopter of PPMs, high risk due to health condition

> *"So close together in an enclosed space, all breathing in the same air."* – 35 to 44, Western Canada, low risk due to health condition, Indigenous

> *"So many different hands touching the handles, God only knows where those many hands have been."* – 35 to 44, Central Canada, high risk due to health condition, Indigenous

Overall, these factors contribute to a heightened sense of risk among commuters, prompting many to take precautions such as wearing masks and practicing hand hygiene to minimize their chances of contracting illnesses while using public transportation.

> *"There is a high risk for catch something, so close together, germs are on anything you touch, not many are wearing masks, in this situation I would wear a mask."* – 55 and 64, Western Canada, low adopter of PPMs, high risk due to health condition

> *"I may consider wearing a mask in this situation if I had one. I would certainly use hand sanitizer and/or wash my hands thoroughly after disembarking."* – 45 and 54, Western Canada, low adopter of PPMs, low risk due to health condition

> *"This would make me nervous, and I would not get on this transit, whether it be a subway or a bus. no one looks like they're taking precautions. They're sharing handrails breathing on each other and this is sure fire away to catch something. I would not put myself in the scenario."* – 55 and 64, Central Canada, high risk due to health condition

3.3.2 Shopping and using the checkout line

Shopping is another area where some take precautions while others approach their shopping routines without specific precautions, opting to shop simply when and how it suits their convenience.

> *"I usually go on the weekend. I don't take any specific precautions regarding health risks. Sometimes we plan the day before by looking at flyers."* - 35 to 44, Atlantic Canada, low risk due to health condition

> *"I usually get my groceries on the way home after work. Around 4:30pm. I don't bring anything with me. No masks no sanitizer. I'll never wear a mask again. No problem with others doing so, I just won't."* – 45 to 54, Western Canada, low risk based on health condition

> *"I make no plans in protecting myself."* – 65 or older, Atlantic Canada, low risk based on health condition

> *"I am fine in public and in lines. I think we need to get back to normal life. Of course we can still do things to help minimize the spread of colds and flus but some people have stayed in the constant fear."* – 45 to 54, Atlantic Canada, low risk based on health condition

Some have embraced small behavioural changes in their shopping habits such as shopping during off-peak hours or opting for online shopping instead.

> *"I go in the morning when there are less people."* – 55 to 64, Western Canada, low adopter of PPMs

> *"I will only shop early in the morning when stores first open to avoid crowds."* – 55 to 64, Western Canada, high risk based on health condition

> *"I completely changed my grocery shopping habits. […] I avoid crowds at the cash and I maintain a distance of 6 feet, like I did during the pandemic."* - 55 to 64, Central Canada, low adopter of PPMs, low risk based on health condition

> *"I do my groceries fairly late in the evening when I know there will be hardly anyone there. I feel like it is safer for me to have less contact with strangers."* – 55 to 64, Central Canada, low adopter of PPMs, high risk based on health condition

Lastly, some individuals continue to prioritize their use of personal protective measures when shopping to safeguard their health and the well-being of others through actions such as masking, social distancing and sanitizing.

"The grocery stores I usually go to are busy so I wear a mask to protect myself and others. I feel good." - 18 and 24, Western Canada, low risk due to health condition

"I bring my mask and hand sanitizer to protect myself." – 45 to 54, Central Canada, high risk based on health condition

"I'm going tomorrow to the grocery store and I'll be wearing my mask for sure." – 55 to 64, Western Canada, low risk based on health conditions

When shopping and using the checkout line, individuals tend to perceive moderate risk with an overall rating of 1.94/3 for health risks specifically in the checkout line.

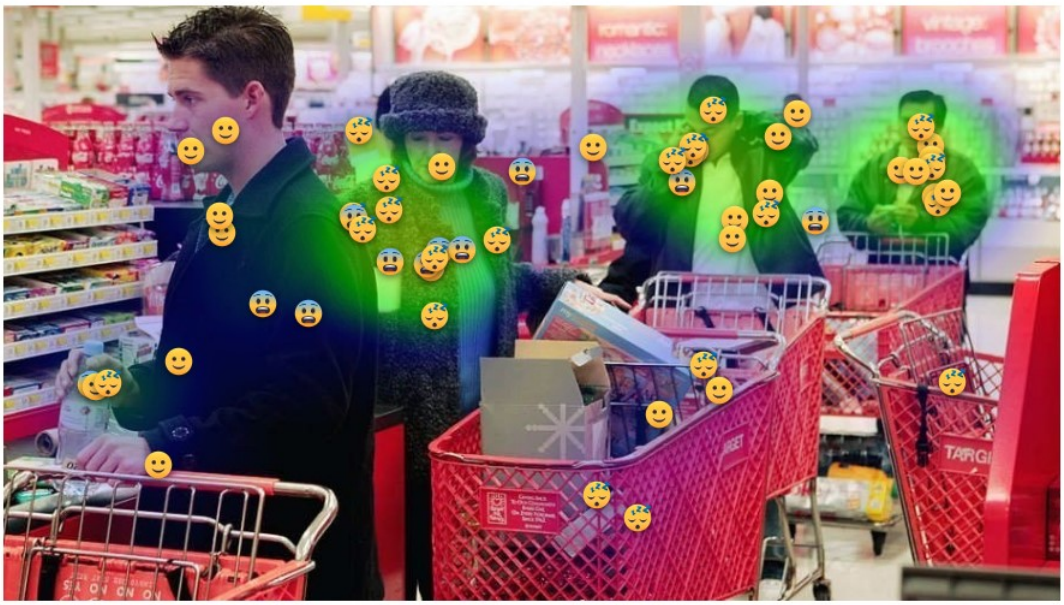


Figure 2: Group 4: Heat Map - Perceived risks in checkout line.

Alt text: Figure 2 illustrates a grocery store checkout line with four individuals queued up, spaced apart by approximately a cart's length, except for the first two individuals who are closer together. The third person in line is engaged in a phone call, and no one is wearing a mask. A heat map overlays areas of perceived risk from group 4, primarily focusing on the vicinity of the closer individuals and the individual on the phone.

When considering the checkout line at a grocery store, some Canadians acknowledge the existence of risks but often express confidence in their visual judgment of others' health. Some are not overly worried, citing observations that people generally appear healthy.

"I see no reason to be concerned at all about this line up of people." - 55 and 64, Atlantic Canada, low adopter of PPMs, low risk due to health condition

"Honestly, at this time, I try to live as I did pre Covid. Just keep a little more distance between others when in line. If the person in front of you seems really ill, move to another line." - 45 and 54, Central Canada, low adopter of PPMs, low risk due to health condition

> *“Everyone looks healthy; I see no reason to use protective measures.”* - 35 and 44, Central Canada, low risk due to health condition

Some, who would otherwise be worried about getting sick, are less concerned due to the precautionary measures they personally take, such as wearing masks or maintaining physical distance. Notably, there are discrepancies in individuals' perceptions of a "good distance," highlighting variations in the understanding of social distancing.

> *“I feel that keeping the length of a cart between me and the other shoppers is safe enough for everyone in line.”* - 55 and 64, Central Canada, low risk due to health condition

> *“It would be better if people stayed further away from each other.” - 65+, Central Canada, low adopter of PPMs, low risk due to health condition*

With that said, some see no risks in the situation at all.

> *“I do not really see any health risks people are not on top of each other.”* - 45 and 54, Atlantic Canada, low adopter of PPMs, low risk due to health condition

> *“I would not change a thing. no worries here. Flu seasons happens every year. I do not put too much thought into it.”* - 35 and 44, Central Canada, low risk due to health condition, Indigenous

> *“I feel no issues with this scene. I don't have problems being around other people. We did this before 2020.”* - 35 and 44, Atlantic Canada, low risk due to health condition

> *“No health risks there at all. Live life like normal. That is my mantra.”* - 45 and 54, Western Canada, low risk due to health condition

3.3.3 Dinner parties

The frequency of social gatherings varies among participants and it is clear that most of these events have returned to normal for all but the most risk-adverse people. Most attend dinner parties on special occasions, holidays, or monthly family gatherings.

> *"I feel fine about dinner parties and I usually bring food or wine. I typically go on special occasions like a birthday or holiday, and it is usually just friends or family."* – 18 to 24, Central Canada, low risk based on health condition

> *"If I'm invited I go. Depends how much notice is given usually 1-2 weeks in advance is given. Unless I'm feeling really sick I go. I don't take any precautions."* – 35 to 44, Atlantic Canada, low risk based on health condition

> *"Usually once a month, we will go out for appetizers with another couple we are friends with. Nothing is brought. No masks no sanitizer. Just normal life."* – 45 to 54, Western Canada, low risk based on health condition

Planning and preparation habits for dinner parties are diverse, ranging from spontaneous gatherings to meticulously planned events weeks in advance, with the majority preferring the familiarity of family or close friends during these events, often sticking to their trusted social circles and sometimes asking those with symptoms not to attend.

> *“Meals with friends and family usually happen at Christmas and New Year’s.”* - 45 to 54, Central Canada, low adopter of public health conditions, low risk based on health conditions

Feelings about dinner parties range from positive and excited to negative and concerned. Some Canadians express positive sentiments, emphasizing the joy of socializing and spending time with loved ones. However, there are concerns about the risk of respiratory infectious diseases, particularly COVID-19.

> *"Our dinner parties are few in number and never involve more than 8 people. We do ask that people not attend if they have symptoms of a respiratory infection."* – 65 or older, Central Canada, low risk based on health condition

> *"About once a month we go to a family members house for dinner. We do not plan anything as far as illness protection, other than hand washing while out and when we get home. It is typically family members there, sister-in-law, nieces, nephews. I feel very positive about attending these dinners, and if anyone is really ill they will reschedule."* – 45 to 54, Western Canada, low risk based on health conditions, Indigenous

> *"Well I must admit since Covid I don't really attend dinner parties anymore or go to restaurants. There is no way to protect one's self. You can cover your mouth when you cough or sneeze, not shake hands and try to social distance but that's it. It's impossible to wear a mask to a dinner party or at a restaurant. I feel very negative about large parties and restaurants these days."* – 55 to 64, Central Canada, high risk based on health condition

Compared with the pre-pandemic period, the nature of attending these events has changed for many. A key theme is that **there is more focus on ensuring everyone is healthy enough to gather and there's an expectation that those feeling unwell will test themselves and/or stay home. This expectation is often based on the personal likelihood to do the same in this situation**.

> *"[…] Beforehand, I'd make sure to take a rapid antigen test, as I don't want to infect anyone at the party."* – 25 to 34, Western Canada, low risk based on health condition

> *"If we feel unwell we do not go. We hope the people we are spending time with do the same."* – 55 to 64, Central Canada, low risk based on health condition

> *"I often feel positive about it, as it's nice to gather with people you know, and it's usually pretty safe as others tend to take tests too."* – 25 to 34, Western Canada, low risk based on health condition

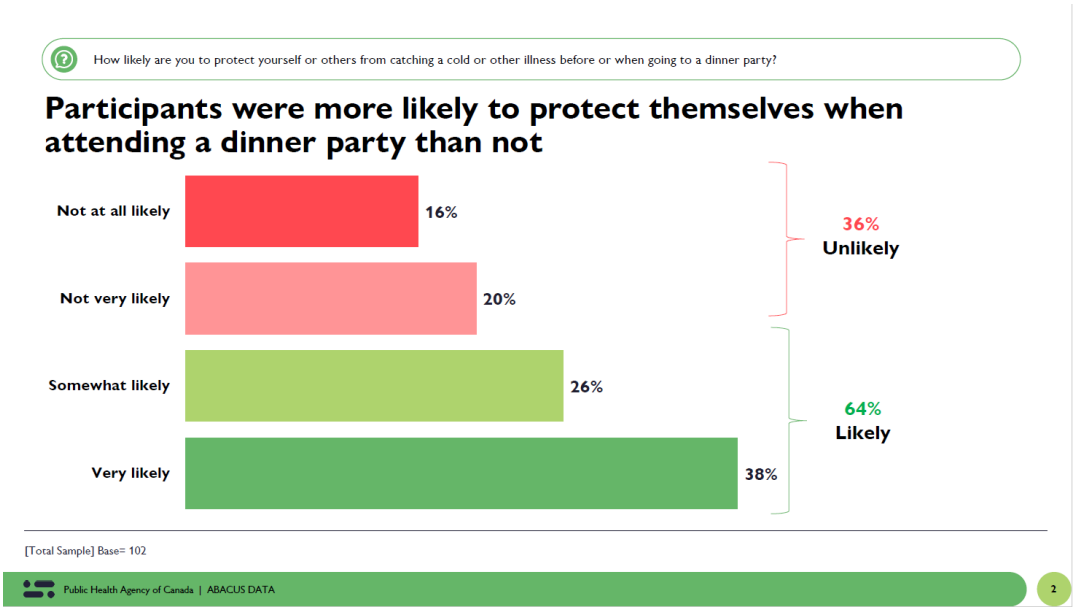


Chart 2: How likely are you to protect yourself or others from catching a cold or other illness before or when going to a dinner party?

Alt text: Chart 2 depicting the likelihood of individuals protecting themselves or others from catching a cold or other illness when attending a dinner party. The headline reads "Participants were more likely to protect themselves when attending a dinner party than not." The chart shows that 16% are not at all likely, 20% are not very likely, 26% are somewhat likely, and 38% are very likely. Callouts indicate that 36% overall are unlikely, and 64% overall are likely. The base of 102 participants is indicated below.

Those likely to protect themselves at a dinner party do so mainly because they are high risk, because they don't know the health status of those in attendance or because they simply don't want to get sick. Some choose to protect themselves by simply not going.

> *"Being high risk and knowing enough information, even my schedule, I need to protect myself."* – 65+, Central Canada, high risk due to health condition
>
> *"I would not want anyone to catch an illness from the party."* - 45 and 54, Western Canada, low adopter of PPMs, low risk due to health condition
>
> *"I would not know every individual's state of health or whether or not they would pass a virus on to me, so I would be careful not to touch anything that others have touched."* - 18 and 24, Atlantic Canada, low adopter of PPMs, low risk due to health condition
>
> *"By not attending any dinner parties." - 55 and 64, Atlantic Canada, low adopter of PPMs, low risk due to health condition, Indigenous*

3.4 People's experience and motivations for using personal protective measures

Those who place a high priority on keeping healthy are taking proactive measures to protect themselves - demonstrating a heightened sense of personal responsibility in safeguarding their health. In response to scenarios like someone coughing nearby, many individuals actively participate in their personal protection by moving away from the coughing individual or wearing a mask to proactively protect themselves in these scenarios.

> *"I would continue to get what I needed done but would try to social distance from this person more, keep my mask on and avoid being coughed on. And as a precaution washing my hands afterwards."* – 18 to 24, Central Canada, low risk based on health condition

> *"My comfort level would dissolve. They aren't wearing a mask so my mask won't prevent me from catching their virus."* – 55 to 64, Central Canada, high risk based on health condition

> *"I would be quite uncomfortable and want to move away."* – 45 to 54, Central Canada, low adopter of PPMs, low risk based on health conditions.

> *"I would mask and step away from them."* – 55 to 64, Central Canada, low risk based on health condition, Indigenous

Some express discomfort or anxiety about being close to someone who is unwell and may adjust their behaviour, once again actively engaging in the adoption of their own personal protective measures by maintaining distance or using a mask.

> *"I would be uncomfortable and keep my distance."* – 25 to 34, Central Canada, low risk based on health condition

> *"Yes, I'd be afraid of getting sick."* – 18 to 24, Central Canada, low adopter of PPMs, low risk based on health condition

In response to feeling unwell, participants overwhelmingly express a commitment to staying home to prevent the spread of germs. The consensus is to refrain from attending social events or public places, and some mention notifying others about their condition. Safety measures such as wearing masks, maintaining distance, and self-isolating are frequently mentioned as specific personal protective measures in this case.

> *"I would stay home until I was feeling better and not sick."* – 18 to 24, Central Canada, low risk based on health condition

> *"I would be wearing a mask as to not share my virus."* – 55 to 64, Central Canada, high risk based on health condition

> *"[…] I stay home and take care of myself to avoid respiratory issues. I avoid going out, but if I have to, I wear a mask."* – 55 to 64, Central Canada, low adopter of PPMs, low risk based on health condition

In their daily journals, individuals who noted being sick themselves or came in close contact with someone sick noted several ways in which they protected their health. Rest was a recurring theme, with many recognizing its importance in aiding recovery. **Individuals with a sick roommate diligently cleaned shared spaces** to prevent the further spread of illness. Similarly, **individuals caring for sick children prioritized staying at home, frequently washing their hands, sanitizing and even wearing masks**.

> *[Individual with a sick child] "Washed my hands, sanitized and wore a mask." [from daily journal]* – 35 to 44, Western Canada, low risk based on health condition, Indigenous
>
> *[Individual with COVID-19 while participating in the community] "This whole week has been so not typical. Staying in for this long is getting annoying but then I think that is a sign I am getting better. Staying in to protect myself and others." [from daily journal]* – 55 to 64, Central Canada, low risk based on health condition
>
> *[Individual with a sick roommate] "I cleaned the common area of the kitchen with disinfecting." [from daily journal]* – 45 to 54, Western Canada, low risk based on health condition, Indigenous

3.5 Influence of others on the use of personal protective measures

In general, people respect others' decisions about wearing masks and other protective measures. Some are open to wearing masks to keep themselves and others safe. Some feel safer and more comfortable when everyone follows these measures. For others, whether or not those around them are wearing a mask has no impact on their decision.

> *"I respect their choice. It doesn't affect me."/ "I'm thankful they are considering others." / "Good on them for taking precautions."* – 55 to 64, Central Canada, low adopter of PPMs, low risk based on health condition
>
> *"Makes me want to put on mine also!"* – 55 to 64, Western Canada, low risk based on health condition
>
> *"I would feel more at ease if the person next to me was wearing a mask."/ "I would feel more comfortable that they could not give me a virus through breathing."* – 55 to 64, Central Canada, low adopter of PPMs, high risk based on health condition
>
> *"I respect their decision. It doesn't necessarily make me feel obligated to wear one, but I will try and give them additional space to protect myself/them." – 35 to 44, Prairies, low adopter of PPMs, low risk based on health condition*

Some feel judged or uncomfortable when wearing a mask, while others feel guilty, uncomfortable or judged if they're not wearing a mask in a crowd of mask-wearers.

> *"A lot of people wear masks and right away we tend to think they have COVID. It's worrisome. It feels like we are judging others."* - 35 and 44, Central Canada, low risk due to health condition, Indigenous

“I would certainly feel pressure and concern to wear a mask as well.” - 45 and 54, Western Canada, low adopter of PPMs, low risk due to health condition

"I don’t really care if other people do it however if everyone else is wearing one, I would feel judged if I wasn’t." – 18 to 24, Western Canada, low risk based on health condition

"I would feel uncomfortable, like I missed a sign to be wearing a mask or like there is an outbreak I wasn’t aware of." – 25 to 34, Atlantic Canada, low risk based on health condition

“I’d feel cheap not having one.” - 55 to 64, Central Canada, high risk based on health condition

There is some concern rooted in the ambiguity surrounding the reasons for mask-wearing with some individuals suggesting that the presence of masks could be interpreted as a sign of existing sickness rather than a preventive measure.

"I think that would be great and I would thank them, but I would also wonder why they were wearing a mask and if they were sick, I’m only human." - 55 and 64, Central Canada, high risk due to health condition

When asked how they would feel if the majority of people around them were wearing masks, responses varied. Some acknowledged that they would put on a mask if they saw majority around them wearing one – showcasing the influence of social norms on the adoption of personal protective measures. Others, are unmoved by the actions of the majority and express skepticism or discomfort with wearing masks if it is not mandated or if they don’t see the necessity.

"I would probably go with the majority and wear a mask." – 65 or older, Atlantic Canada, low risk due to health condition

"I will put on a mask if the majority rules to protect others." – 55 and 64, Central Canada, low risk due to health condition

"I am still unmoved by what the majority tends to do and I would remain maskless." – 55 and 64, Atlantic Canada, low risk due to health condition

3.6 Reactions to infographic on breaking the chain of infection for respiratory infectious diseases

Overall, participants responded positively to the infographic, giving it a rating of 4.4 out of 5. Some found the infographic to be informative and helpful while others found it overwhelming or felt this information was nothing new.

Infographic: Public Health Agency of Canada - *Break the chain of infection: Respiratory infectious diseases*

Alt text: Infographic titled "Break the Chain of Infection" created by Public Health Agency of Canada.

Positive reactions to the infographic were often related to an appreciation for the information provided, its encouragement of protective measures, its visual clarity and its focus on protecting vulnerable populations.

> "It is highly informative." – 35 and 44, Atlantic Canada, low adopter of PPMs, low risk due to health condition
>
> *"I think this is a great picture. I would like to see this posted everywhere."* – 35 and 44, Prairies, low adopter of PPMs, low risk due to health condition
>
> "Good knowledge to respect those more vulnerable." – 45 and 54, Central Canada, low adopter of PPMs, low risk due to health condition

For those with negative or neutral reactions to the infographic, some felt the information was too crowded, did not offer any new information or have simply grown tired of hearing about COVID-19.

> *"It is crowded with information and I wouldn't bother reading all this unless I was bored."* – 18 and 24, Central Canada, low risk due to health condition
>
> *"I just get so tired of the COVID pushiness."* – 45 and 54, Western Canada, low risk due to health condition

"This isn't new I have always stayed home when ill." / "It's common sense to do this." – 45 and 54, Western Canada, low risk due to health condition, Indigenous

3.7 Low adopters of personal protective measures

Low adopters[3] of personal protective measures did not all begin this way. At the start of the pandemic, they adopted personal protective measures including staying at home as much as possible, wearing face masks in public spaces, practicing distancing, frequent handwashing, and utilizing hand sanitizer. They avoided unnecessary outings, especially during the peak of the pandemic, and adhered to government guidelines and health recommendations and altered their routines, such as working remotely or opting for grocery delivery services.

When examining the personal protective measures adopted by these individuals in their daily lives today, most mentioned doing nothing in particular to protect their health. For those who did mention activities aimed at maintaining health, they were more general in nature, such as adhering to regular personal hygiene routines like handwashing and showering, as well as focusing on overall well-being through nutrition, exercise and vitamin intake, rather than specific measures like wearing masks, practicing physical distancing, and avoiding crowded areas.

When grocery shopping, many low adopters are not wearing masks consistently and use hand sanitizer or wipes sporadically. Some may sanitize their carts or avoid touching unnecessary items, but overall, precautions are minimal. Many, however, choose less crowded times for shopping, such as early mornings, weekdays, or late evenings, to avoid crowds.

> *"This morning around 8am I went shopping at Food Basic. As soon as I got there I sanitized my cart. I was luck as their where very few customers. I just had few thing to pick up. I did not wear mask and also did see any of the employees with one. I was in out very quickly. I used the self check-out."* – 55 to 64, Central Canada, low adopter of PPMs, low risk based on health conditions

> *"Beyond hand sanitizer and limiting touching everything I don't take allot of precautions anymore."* – 45 to 54, Atlantic Canada, low adopter of PPMs, low risk based on health condition, Indigenous

For some low adopters, public transit isn't a regular part of their routine, with some mentioning actively avoiding it to minimize the risk of illness. However, among those who do use public transit, there's a prevalent sense of returning to pre-pandemic behaviors, suggesting that life has largely resumed its normal course – describing experiences to be similar to those of "pre-pandemic". Despite this perception, there are still individuals who opt to wear masks and make conscious efforts to maintain

[3] * Low adopters of personal protective measures were defined as those who rarely or never used PPMs such as wearing masks, staying home when ill, or physical distancing in crowded spaces in the past six months but did express at least some concern about respiratory infectious diseases and/or placed some importance on the adoption of PPMs, despite not always adopting them themselves.

distance from others while using public transportation, indicating a continued awareness of potential health risks.

> *"However, since the restrictions were relaxed, I have felt very comfortable traveling as before the pandemic in this situation, with no protective mask... just keeping a safe distance from others when and where possible."* – 65 or older, Central Canada, low adopter of PPMs, high risk based on health conditions

> *"I do not take public transit or trains due to avoid respiratory diseases."* – 55 to 64, Atlantic Canada, low adopter of PPMs, low risk based on health conditions, Indigenous

When someone around them is coughing, low adopters generally feel uneasy, uncomfortable, or anxious. Many mentioned they would instinctively distance themselves from the person coughing, either by physically moving away or by suggesting the person cough into their elbow. When someone tells them they're not feeling well, they feel caution and concern and would likely advise the person to stay home and get better.

> [If the person next to them starts coughing] *"I would wear the mask but not willingly."* – 55 to 64, Atlantic Canada, low adopter of PPMs, low risk based on health condition

> [If the person next to them starts coughing] *"Je suis rassuré mais je veux quand même garder une bonne distance pour atténuer les risques d'une éventuelle contagion."* – 65 or older, Central Canada, low adopter of PPMs, low risk based on health condition

When they're not feeling well or someone in their house is sick, individuals in this group generally prioritize staying at home and avoiding contact with others to prevent potential transmission of illness. Many would wear a mask if they needed to go out for essential reasons, such as getting groceries or seeking medical attention.

> *[If they are not feeling well] "I would stay home as much as possible. If I really needed to be out, I would wear protective mask etc and try to social distance."* – 45 to 54, Western Canada, low adopter of PPMs, low risk based on health condition

Overall, low adopters generally forego personal protective measures to prevent from getting sick, but still feel concern and uncomfortable when they are presented with a potential risk (i.e. someone coughing or stating they are sick within their vicinity). While life has largely resumed its pre-pandemic routine for them, certain habits such as consistent handwashing and adhering to staying home when unwell have persisted as enduring practices.

Additional differences between individuals who continue to use personal protective measures frequently, as opposed to low adopters, tend to be:

- Perception of Personal Health: Those who perceive themselves to be in good health tend to downplay the risks associated with situations where personal protective measures are recommended. Conversely, individuals who feel their health is compromised, either due to higher risk situations or age-related concerns, are more likely to adhere to personal protective

measure usage.

- Trust in Government and Public Service Messaging: the degree of trust and belief individuals have in government and public service health messaging can also be a determinant of personal protective measure usage. Low adopters sometimes exhibit varying levels of trust in these communications, citing issues of consistency in pandemic responses/messaging and overall confidence in government entities. Alternatively, consistent users of personal protective measures tend to demonstrate higher levels of trust and belief in government and public service health messaging.

3.8 Individuals at high risk due to health condition

Individuals considered high-risk due to having health conditions took similar measures as others to protect themselves during the pandemic. Many emphasized the importance of wearing masks, maintaining physical distance, and practicing good hygiene. Some individuals limited their exposure to crowded places and moved to online shopping for example to minimize contact. Overall, individuals at high-risk took proactive steps to safeguard their health, such as getting vaccinated, following health guidelines, and adjusting their daily routines to reduce the risk of infection.

> *"I wear a mask inside the group home... and use hand sanitizer when I go out."* – 55 and 64, Central Canada, high risk due to health condition

> *"To avoid getting infected and avoid infecting others, I always wore a face mask, an N95 mask as much as possible."* – 35 and 44, Central Canada, high risk due to health condition

However, individuals at higher risk tended to take on proactive measures more frequently to protect themselves than the general population by adopting personal protective measures such as masking, shopping online to avoid crowds, sanitizing frequently, and avoiding large crowds. Some feel confident enough to forgo masks in certain situations, while others express frustration over the lack of consistency and consideration in mask usage by others. They tend to feel safer when among a majority of other mask wearers.

> *"I usually go to the grocery store once a week to do all my shopping I bring my mask and hand sanitizer to protect myself."* – 45 and 54, Central Canada, high risk due to health condition

> *"I also feel comfortable enough in the last 2-3 months to not wear a mask since the relaxed restrictions have been in place."* – 65+, Central Canada, high risk due to health condition

> *"You'd think knowing others that are high risk are out there would mask, esp. knowing about these health issues. I was beyond frustrated and said, I need to move away from you."* – 55 and 64, Central Canada, high risk due to health condition

> *"I would feel very much at ease with the majority of people present wearing masks."* – 55 and 64, Central Canada, high risk due to health condition

3.9 Indigenous participants

Participants who identify as Indigenous, like those who do not identify as Indigenous, displayed a range of behaviours aimed at preventing the spread of respiratory infectious diseases. During the pandemic, Indigenous participants adhered to commonly recommended measures such as frequent handwashing, masking when necessary, online shopping, disinfecting items, maintaining physical distance, and meeting in small groups. This group noted practicing slightly more holistic methods of keeping healthy such as dietary considerations, nutritional supplements, and regular exercise into their routines.

> *"Since the beginning of the COVID-19 pandemic, I have bought many face masks and hand sanitizers to protect myself from getting sick. I have only gone shopping about twice a month for necessities and only outside peak hours. I have learned and I am learning to do more online shopping to avoid large crowds. I have always stayed home when I had even mild cold or flu symptoms so that I did not make other people sick."* – 45 to 54, Central Canada, high risk based on health condition, Indigenous

> *"I took vitamin D, C and zinc. When I felt like I was getting sick I took elder berry and quercetin. I got exercise everyday and tried to get more sleep. Finally, tried to eat better with lots of fruits and vegetables. In addition, hand washing."* 35 to 45, Central Canada, low risk based on health conditions, Indigenous

For personal protective measures undertaken today, Indigenous participants mentioned isolating when feeling unwell, washing their hands regularly, carrying/using hand sanitizer, and sometimes wearing masks. They also expressed respect towards those around them who choose to mask in various settings, such as the workplace.

> "*I stay home when I'm sick."* [from daily journal of someone who is sick] – 35 to 44, Central Canada, low risk based on health condition, Indigenous

In the context of shopping and checkout lines, some Indigenous participants reported returning to pre-pandemic behaviours and some have made small adjustments such as shopping during off-peak hours or utilizing online shopping and delivery services to minimize exposure in crowded spaces. Some mentioned always have a mask on hand should it be necessary.

> *"One of my sons and wife go to Superstore for shopping. Seemed like a typical day at the store. I see more masks. I felt fine and took no extra precautions. I am pretty positive."* – 35 to 44, Central Canada, low risk based on health conditions, Indigenous

> *"Before going to the grocery shopping I always make sure that I have a new mask on hand to protect myself before entering the store I apply my mask. I always open the doors using the sleeves of my jacket also do the same with a shopping cart I sanitize my hands when entering the store keep social distancing whether the store is crowded or not. sanitize my hands when leaving the store."* – 55 to 64, Atlantic Canada, low adopter of PPMs, Indigenous

In the scenario of dinner party planning, some resumed hosting or attending family dinners but exercised caution when guests displayed symptoms of illness, opting to maintain distance and prioritize

hand hygiene. Those who choose to forego dinner parties usually do so for reasons unrelated to fear of catching illness.

> *"About once a month we go to a family members house for dinner. We do not plan anything as far as illness protection, other than hand washing while out and when we get home. It is typically family members there, sister-in-law, nieces, nephews."* – 45 to 54, Western Canada, low risk based on health conditions, Indigenous

> *"Easy, I haven't hosted OR attended a dinner party since the onset of covid in 2019! Hard to believe. Maybe yes, but it's the truth. I have gotten so used to this new modified life. And frankly, I enjoy it."* – 35 to 44, Central Canada, high risk based on health condition, Indigenous

In the realm of public transit, some Indigenous participants reported nothing out of the ordinary in their transit routines, however, those who took precautions encouraged masking and tended to avoid public transit when possible, citing concerns about respiratory illnesses. Planning trips in advance and opting for less crowded times were also slight behaviour changes taken.

> *"As a responsible commuter, I carefully consider when to take public transit, often opting for less crowded times to minimize exposure. I typically plan my trips in advance, accounting for factors like peak hours and potential health risks."* – 25 to 34, Western Canada, low risk based on health conditions, Indigenous

> *"I do not take public transportation. I also stopped taking cruises and taking vacations. These are no longer appealing to me."* – 55 to 64, Central Canada, low risk based on health conditions, Indigenous

In summary, Indigenous participants mirror the behaviours of the public in their varied adoption of protective measures against respiratory infectious diseases. Their responses span a spectrum from prioritizing personal protective measures to maintaining normalcy in daily activities, depending on the individual as well as the scenario they are in.

3.10 Conclusions

In summary, the online communities have demonstrated that personal protective measure (PPM) use, decision-making and risk perception vary widely by individual and scenario.

Some participants have continued practicing the initial precautions/guidelines which were adopted at the outset of the pandemic, some have adjusted their daily routines slightly with precautionary measures such as regular handwashing, changing shopping habits, distancing or masking in some scenarios, while for others, "normal life" has fully resumed.

Perceptions of risk are nuanced – with those feeling the most risk when in crowded situations with strangers (i.e., in public transit) than in more intimate gatherings with trusted individuals, such as dinner parties with family and friends. The size of crowds or the number of people present significantly influences their decision to attend an event and/or use PPMs. Most prefer events with less crowded

environments. The ability to maintain a 'safe' distance is a key consideration, highlighting the importance of spatial awareness in their risk assessment and mitigation strategies.

In general, participants reported a sense of respect for other's choices when it comes to protecting themselves. Whether someone prefers to take extra precautions or feels comfortable with fewer measures, others generally respect their decisions.

Among participants who occasionally use PPMs and even low adopters, the primary decision of whether to use a PPM is based on their health status. If they feel unwell, they opt to stay home, indicating a proactive approach to symptom management and prevention of community spread.

The diminishing fear surrounding COVID-19, except among higher-risk populations, presents a challenge in driving increased adoption of PPMs. The adoption of PPMs is predominantly focused on preventing COVID-19 transmission, rather than prevention of other respiratory illnesses like the flu and RSV.

Several barriers hinder individuals from using PPMs against COVID-19. These include COVID-19 fatigue, perceived cultural or societal norms, physical or mental health challenges and a perception that COVID-19, and other respiratory illnesses, are not significant risks.

In summary, the use of PPMs has become normalized for the most part, with people understanding their purpose and proper usage. However, perceptions are changing and many individuals do not perceive respiratory diseases as significant concerns, particularly amidst COVID-19 fatigue.

4 Detailed findings from the Quantitative Research

4.1 Current environment: perceptions and attitudes towards respiratory illnesses

4.1.1 Likelihood of Getting Sick

When it comes to the likelihood of getting ill, the flu is regarded as the most probable, with a rating of 4.0 (on a scale from 1 to 10), followed by COVID-19 at 3.6 and RSV at 3.2. There has been a general decline in perceived likelihood of contracting all three illnesses compared to last year. This is particularly true for contracting COVID-19 (a decline from 4.1 to 3.6).

Table 1. Mean Likelihood of Getting an Illness

Mean	2024			2023
	Total	Youth (12-17)	Adults (18+)	Adults (18+)
Base (n)	(6611)	(470)	(6141)	(6200)
Influenza (flu)	4.0	4.6	4.0	4.2
COVID-19	3.6	3.8	3.6	4.1
Respiratory syncytial virus (RSV)	3.2	3.3	3.2	3.4

Q14. On a 10-point scale where 1 is 'not at all likely' and 10 is 'extremely likely', how likely do you think it is for you personally to get each of the following in the next month?

Only a small group of survey respondents view getting RSV (7%) or COVID-19 (9%) illnesses as highly likely, meaning that they rated the likeliness of getting ill with a score of 8, 9, or 10 (top 3 box). Over one in ten (12%) think getting the flu is highly likely.

- Older people are less likely to perceive that they will get COVID-19 and the flu. For example, among those 65 and older, the average perceived likelihood of getting COVID-19 is 3.4, and only 7% score in the top 3 boxes on the scale.
- Youth are more likely to think they will get the flu than older people. Among those 12-17 years, the average likelihood is 4.6 and 17% score in the top 3 boxes (likelihood of 8/9/10). Among adults the average likelihood is 4.0 and 12% score in the top 3 boxes.
- Those who are at-risk perceive a higher likelihood of getting all three illnesses, but it is those with a specific health risk factor (e.g., anyone who is immune compromised, lives with obesity, has a chronic medical condition or is pregnant) that drives the higher perceived likelihood.
- Those who are not vaccinated against COVID-19 are the least likely to think they will get COVID-19 (mean=2.9), RSV (2.8), or the flu (3.4). In comparison, those who have received a booster in the fall of 2023 are more likely to think they will get COVID-19 (mean=4.0), RSV (3.5), and the flu (4.2).
- Having had symptoms of a respiratory illness is also associated with perceiving a higher risk. Comparing those who experienced symptoms in the past week or two with those who have not

experienced symptoms in the past three months, shows that for all illness likelihood is higher for those with recent symptoms: COVID-19 (4.4 vs. 3.4), RSV (3.8 vs. 3.0), or the flu (5.1 vs. 3.7).

Perceived Risk of Severe Consequences of Illnesses (Individual Susceptibility)

In terms of perceived individual risk for severe consequences, both COVID-19 (3.6) and RSV (3.6) are perceived equally, followed by the flu at 3.4. Perceptions among adults have shifted slightly from the previous year, with COVID-19 showing a decline in perceived severity of consequences from 3.8 to 3.6, while perceptions for RSV and the flu have mostly remained steady.

A significant portion (59%) perceive themselves at low risk for having a severe consequence from COVID-19 (rating it from 1 to 3 on the scale), and only 11% seeing it as a high risk (rating it from 8 to 10 on the scale). Overall, the flu has the lowest proportion of respondents who rate themselves as high risk for a severe consequence at 10%.

Table 2. Risk of Severe Consequences from Illnesses

	2024 (Total 12+)			2024 (Adults 18+)	2023 (Adults 18+)
	Low risk (1-3)	High risk (8-10)	Mean	Mean	Mean
Base (n)		(6611)		(6141)	(6200)
COVID-19	59%	11%	3.6	3.6	3.8
Respiratory syncytial virus (RSV)	58%	11%	3.6	3.6	3.6
Influenza (flu)	60%	10%	3.4	3.4	3.5

Q15. On a 10-point scale where 1 is 'not at all likely' and 10 is 'extremely likely', how likely do you think it is for you personally to have a severe consequence (for example, requiring hospitalization) as a result of being infected from the following?

Perceived individual susceptibility is higher among certain groups:

- There is a clear link to COVID-19 vaccination status. Those who are not vaccinated are much less likely than those with a recent booster (Fall 2023), to think they will have severe consequences of COVID-19 (2.9 vs. 3.9), RSV (3.0 vs. 3.9) and the flu (2.9 vs. 3.7).
- While in the 2023 study, Indigenous respondents were more likely to think they will have serious outcomes from the COVID-19 and the flu, this difference is not evident in 2024.
- Those living in remote locations[4] are more likely to perceive greater individual susceptibility to severe consequences from the flu (4.1) compared with those living in an urban (3.4) or rural but not remote (3.3) locations.

[4] Remote is defined as an area that is located more than 350 km from the nearest healthcare services having year-round road access by land and/or water routes normally used in all weather conditions.

- Those who are at-risk because of age and health status see themselves as more susceptible to severe consequences from COVID-19 (3.9 vs. 3.3 for those not at-risk), RSV (3.9 vs. 3.2) and the flu (3.6 vs. 3.2).
- Those who experienced symptoms of a respiratory illness in the past week or two are more likely to think they are at higher risk of a severe consequences than who have not experienced symptoms in the past three months for COVID-19 (4.0 vs. 3.4), RSV (3.9 vs. 3.4), or the flu (3.9 vs. 3.2).
- Age is not associated with perceiving a higher risk of having a severe outcome from all three illnesses.

Table 3. Risk of Severe Consequences from COVID-19 (Mean) by Sub-Group

Base n=actual	Base	COVID-19 Mean out of 10	RSV Mean out of 10	Flu Mean out of 10
Total	(6611)	3.6	3.6	3.4
Vaccination Status (COVID-19)				
Not vaccinated	(801)	2.9	3.0	2.9
Vaccinated with primary series only	(922)	3.2	3.2	3.2
Vaccinated with primary series + boosters	(1786)	3.5	3.4	3.3
Vaccinated with primary series + Fall 2023 Booster	(3102)	3.9	3.9	3.7
Indigenous Identification				
Indigenous	(301)	3.8	3.8	3.7
Non-Indigenous	(6310)	3.6	3.5	3.4
Age				
12 to 17	(470)	3.4	3.4	3.5
18 to 24 years	(593)	3.7	3.6	3.6
25 to 34 years	(1161)	3.6	3.6	3.6
35 to 44 years	(1020)	3.8	3.7	3.6
45 to 54 years	(906)	3.5	3.4	3.4
55 to 64 years	(1047)	3.6	3.5	3.4
65 and older	(1414)	3.4	3.6	3.2
Symptoms of a respiratory illness in last 3 months				
Yes	(3078)	3.9	3.9	3.8

No	(3533)	3.2	3.2	3.0
Risk due to health condition or 60 years or older				
At-risk	(3346)	3.9	3.9	3.6
Not at risk	(3265)	3.3	3.2	3.2

Q15. On a 10-point scale where 1 is not at all likely and 10 is extremely likely, how likely do you think it is for you personally to have a severe consequence (e.g., requiring hospitalization or death) as a result of being infected from the following?

Perceived Seriousness of Illnesses (Adults)

Perceptions of disease severity are crucial in understanding risk assessment. Among adults, COVID-19 is perceived as the most life-threatening illness (18%), a slight decrease of 2% since 2023. The perceived risk of getting COVID-19 has declined more than the perceptions of its severity. RSV is seen as life-threatening by 13%, while only 7% hold the same perception for the flu (both holding steady compared to 2023).

RSV emerges as the most serious illness when combining "life threatening" or "requiring hospitalization", with 37% believing it would at least necessitate hospitalization. The flu is viewed as the least serious with 46% perceiving the symptoms to be either manageable or ignorable.

Those who are considered at-risk (due to health factors or age) are somewhat more likely to think COVID-19 is at least something that will make you seriously ill than those not at risk (65% vs. 59%) but are not more likely to say it is life threatening. A similar pattern exists for RSV and the flu with those at-risk a little more likely to see the illness as serious.

- Indigenous respondents are more likely than non-Indigenous respondents to think the flu is serious (27% vs. 17%).
- Those who are not vaccinated are less likely to perceive the illnesses as serious. For example, 51% of unvaccinated respondents believe that COVID-19 can be ignored or leads to manageable symptoms, compared with 25% of those who are vaccinated for COVID-19 in the fall.
- Young adults (18 to 24 of years) and those 25 to 34 years of age are more likely to think COVID-19 is life threatening (23% and 21% respectively) than older people in Canada (16% of those 65 and older).
- Recent immigrants (been in Canada for 10 years or less) are more likely than those born in Canada to think COVID-19 (34% vs. 15%) and RSV (20% vs. 12%) are life threatening.

Table 4. Perceived Seriousness of Each Illness (Adults, 18+ Only)

	COVID-19		Respiratory syncytial virus (RSV)		Influenza (flu)	
	2024	2023	2024	2023	2024	2023
Base (n)	(6141)	(6200)	(6141)	(6200)	(6141)	(6200)
Life-threatening	18%	20%	13%	13%	7%	7%
Requiring hospitalization	12%	12%	25%	26%	10%	10%
Seriously ill, but not requiring hospitalization	33%	29%	29%	25%	32%	30%
Manageable symptoms	30%	29%	17%	18%	43%	44%
Can be ignored	4%	4%	2%	3%	3%	4%
Not sure	4%	5%	15%	16%	4%	5%

Q16-18. [ADULTS ONLY] How serious do you think <COVID-19 illness/ RSV (Respiratory syncytial virus)/ Influenza (flu)> is in general?

4.1.2 Concern about Contracting an Illness

Concern tends to reflect expectations about the perceived likelihood, susceptibility, and severity of the tested illnesses. On average, people are most concerned about contracting COVID-19, rating it at 4.6 out of 10, closely followed by RSV (4.5) and influenza (4.4).

Among adults, concern regarding COVID-19 has marginally decreased from 4.7 the previous year, both RSV and influenza have seen a slight uptick, increasing by 0.2 points each (from 4.3 to 4.5 for RSV and from 4.2 to 4.4 for influenza). The level of concern related to contracting the three RIDs is more equal this year compared with 2023.

In general, people are more concerned about catching respiratory infectious diseases than think they are likely to get sick and have severe consequences. Even though individuals anticipate severe consequences for COVID-19 and RSV at similar levels, COVID-19 concerns them the most. People feel the most susceptible to catching the flu but perceive it as more manageable, resulting in the least concern compared to other RIDs. Although many people have low levels of concern for these illnesses (44-45%), there's still a notable group (16-20%) with high levels of concern.

There is a correlation between concern and perceptions of both the likelihood of getting ill from the RID and the perception of the likelihood of suffering a severe outcome. For COVID-19 concern, the Pearson correlation coefficient is 0.49 for likelihood of getting ill and 0.56 for likelihood of suffering a severe outcome.

Table 5. Concern about Illnesses

	2024 (Age 12+)			2024 (Adults 18+)	2023 (Adults 18+)
	Low concern (1-3)	High concern (8-10)	Mean	Mean	Mean
COVID-19	44%	20%	4.6	4.6	4.7
Respiratory syncytial virus (RSV)	45%	19%	4.5	4.5	4.3
Influenza (flu)	45%	16%	4.4	4.4	4.2

Q19. On a 10-point scale where 1 is 'not at all concerned' and 10 is 'extremely concerned', how concerned are you about getting the following respiratory infectious diseases?
Base: 2024, n=6611, 2023, n=6200

Concern varies somewhat by sub-group:

- Notably, those aged 18 to 44 tend to be the most likely to be concerned with each illness. For example, the mean concern among those 35 to 44 years of age are: 4.8 for COVID-19, 4.8 for RSV and 4.7 for the flu. In comparison, the averages for those 65 and older are 4.2, 4.3, and 4.0 respectively. Youth (under 18) are also less concerned (4.1, 3.8 and 4.0).
- Consistent with the tendency for those who have been recently vaccinated, concern for COVID-19 is higher for those who received a fall COVID-19 booster (5.1) and declines as the level of vaccination drops to a low of 3.3 for those who are not vaccinated. Similar declines in concern are evident for RSV and the flu.
- Those who are at risk due to age or health conditions are also more concerned than those who are not at risk across all three conditions (COVID-19, 4.7 vs. 4.4; RSV, 4.7 vs. 4.3; and Flu 4.5 vs. 4.2).
- Respondents who often or sometimes spend time with someone who is at higher risk are more likely than those who do not spend time with someone at risk to be concerned with COVID-19 (5.3 vs. 4.3), RSV (5.3 vs. 4.2) and the flu (5.1 vs. 4.1).
- Recent immigrants (been in Canada for 10 years or less) are more likely than those born in Canada to be concerned with COVID-19 (5.6 vs. 4.4), RSV (5.4 vs. 4.3) and the flu (5.2 vs. 4.2).
- Education is associated with more concern. For those with a postgraduate degree there is more concern with COVID-19 (5.1 vs. 4.3 for those with high school or less), RSV (4.9 vs. 4.3) and the flu (4.8 vs. 4.1).

4.1.3 Recent Experiences of Respiratory Infectious Diseases

Just under half (46%) report experiencing symptoms of a respiratory illness within the last 3 months, which given the survey timing would be referring to the November to January period. Respondents are

answering about a period that includes the cold and flu season. Among the remainder, 28% were sick more than three months ago, while 25% cannot recall the last time they were sick.

- Young people are particularly likely to mention a recent illness. Thirty-two per cent of youth and 36% of those 18 to 24 have experienced symptoms in the past three or four weeks compared with only 16% of those 65 and older.

Table 6. Last Symptoms of a Respiratory Illness

Base n=actual (n=6611)	Total
In the last week or two	13%
Three or four weeks ago	12%
Between a month and three months ago	21%
More than three months ago	28%
I don't remember the last time I had symptoms	25%

Q23. When was the last time you had symptoms of a respiratory illness, for example, a cough, runny nose, sore throat, etc.?

4.1.4 Level of Circulation of Respiratory Infectious Diseases

A small percentage (14%) think the level of circulation of RIDs in the community in their area is high or very high. The largest group (37%) think the level is low or very low. Another 16% are uncertain about the current levels of respiratory infections in their community.

- Those who have had symptoms of a respiratory illness in the last two weeks are the most likely to think the current circulation is high or very high (31%). In comparison, only 15% of those whose last symptoms are a month to 3 months ago think the current level is high or very high.
- People who often or sometimes spend time with someone who is at higher risk of a severe illness or outcomes also perceive the current level to be high (23%). In comparison, only 10% of those who don't spend time with people at a higher risk think the level is high.
- Older people are more likely to think the current level of circulation is low or very low. For example, 44% of those 65 and older perceive it to be low or very low compared with only 38% of those 18 to 24 and 39% of youth (12 to 17 years).
- Rural residents (43%) are more likely than urban residents (36%) to think the level is low or very low.
- Provincially, those who live in Newfoundland and Labrador are particularly likely to think circulation is high or very high (23%). Nova Scotians also view the circulation as high or very high (18%). In comparison, only 11% of British Columbians say high or very high.

Table 7. Perceived Level of Circulation in the Community

Base n=actual (n=6611)	Total
Very high	4%
High	10%
Medium	33%
Low	24%
Very low	14%
Not sure	16%

Q20. What is the current level of circulation in your community of respiratory infectious diseases such as the flu, COVID-19 or a common cold or cough (for example, the number of people sick with these diseases in your community right now)?

4.2 Decision-making and Information Sources for Personal Protective Measures (PPMs)

4.2.1 Personal Capacity versus Societal Actions

A significant majority, approximately 84%, at least somewhat agree that they possess the knowledge and ability to safeguard themselves and others from contracting such illnesses. Additionally, 79%, feel adequately informed about the latest recommendations and information on protective measures and 68% are not confused. One quarter of respondents (27%) report feeling confused about where to obtain reliable information about PPMs.

There is, however, concern (65% agree) that people around them are not taking sufficient steps to prevent the transmission of RIDs.

- Individuals aged 65 or older have the highest confidence (90%) in their ability to protect themselves against respiratory infectious diseases, alongside heightened awareness of current recommendations (87%), but express heightened concern (71%) about others not taking preventive measures. In contrast, those 18 to 24 years are less confident (73%) and less aware of latest information (67%), with greater confusion regarding information sources (42%).
- Those who received a Fall 2023 booster are more confident about how to protect themselves (86%) than those who are not vaccinated (77%). They are also more likely to feel they are aware of the latest information (83% vs. 71%) and are more concerned that other people are not taking steps to avoid getting or spreading RIDs (75% vs. 42%).
- At-risk individuals have slightly more confidence in their ability to protect themselves from illness (86%) than those who are not at-risk (81%). They are also more likely to feel aware of the latest information and recommendations compared to those without such conditions (81% vs. 76%), are more likely to be worried about the conduct of others (69% vs. 61%), and less likely to feel confusion (24% vs. 31%) about where to access reliable information.

- Indigenous respondents are less confident than non-Indigenous respondents in protecting themselves against respiratory infectious diseases (78% vs. 84%). Indigenous respondents are also more likely to report being confused about where to get reliable information (34% vs. 27%).

Table 8. Attitudes about Protecting Oneself from RIDs

Base (n) = 6611	Agree	Somewhat agree	Somewhat disagree	Disagree	Not sure
I am confident that I know how to protect myself and others from getting a respiratory infectious disease	34%	50%	9%	3%	4%
I am aware of the latest information and recommendations on how to protect myself and others from getting a respiratory infectious disease	31%	48%	12%	5%	5%
I am confused about where to get reliable information about personal protective measures	8%	20%	28%	40%	4%
I am worried that people aren't taking steps to avoid getting sick or spreading respiratory infectious diseases	23%	43%	18%	12%	6%

Q21. Do you agree or disagree with each of the following?

4.2.2 Information Used to Make Decisions

Traditional news outlets (39%), the Public Health Agency of Canada (39%), and local public health authorities (38%) as the top three sources for information on COVID-19 and other respiratory infectious diseases (RIDs) – all three of which are authoritative sources in public health communication. Friends and family (33%), however, rank as a more common source for information than primary healthcare providers (30%) and government social media accounts (16%) – demonstrating the influential role of interpersonal networks. While official channels remain crucial, the inclusion of friends and family suggests a blend of formal and informal sources in decision-making processes.

- Older individuals aged 65 and above rely heavily on traditional news outlets (66%), local public health authorities (53%), and the Public Health Agency of Canada (49%) for information on respiratory infectious diseases. Conversely, youth (12-17 years) primarily rely on parents/guardians (52%), followed by friends and family (48%), with school/workplaces (33%) and teachers (33%) also playing significant roles.
- Individuals not vaccinated for COVID-19 are more likely to say that they use none of the platforms or sources for information on RIDs (26%) compared with those who received a booster for COVID-19 in the fall (4%). Those who have received all COVID-19 vaccinations, including the Fall 2023 booster, are more likely to rely on traditional news outlets (49% vs. 18% for the unvaccinated), the Public Health Agency of Canada (48% vs. 18%), and local health authorities (47% vs. 19%) as their primary sources.

- Individuals at risk due to age or health conditions also use traditional news (51% vs. 28% for those not at-risk), the Public Health Agency of Canada (44% vs. 34%), local health authorities (44% vs. 33%), and their health provider (37% vs. 24%) for information on RIDs. At-risk individuals are less likely to rely on people they see on social media (10% vs. 18%), school/work sources (10% vs. 18%), or friends and family (31% vs. 35%).

Table 9. Platforms/ Sources for Information on COVID-19 and Other RIDs

Base n=6611	Total 2024	Adults (18+)
Traditional news outlets (e.g., television, radio and print news)	39%	41%
Public Health Agency of Canada	39%	40%
Local public health authorities	38%	39%
Friends and family	33%	32%
Online news sites	31%	31%
My primary healthcare provider (e.g., family doctor, nurse practitioner)	30%	31%
Government social media accounts	16%	17%
People I see on social media (e.g., TikTok, Twitch, Instagram, Facebook, Threads)	14%	14%
School/Workplace sources	14%	12%
Digital news aggregators (e.g., Apple News)	9%	9%
Digital/streaming (e.g., Spotify, Podcasts, Netflix)	7%	7%
Parents or guardians [Youth only]	4%	--
Faith-based or religious leaders	4%	4%
Teachers [Youth only]	2%	--
Other, please specify	1%	2%
None of the above	10%	10%

Q36.Which of the following platforms/sources do you use to keep informed about COVID-19 and other respiratory infectious diseases (e.g., RSV and influenza (flu))? Select all that apply.

4.2.3 Trust

A key variable in understanding whether the public follows recommended public health measures is the level of trust that people have in those developing, recommending, and communicating them.

There is a high level of trust in public health information from both the Government of Canada and healthcare providers. Trust is slightly higher for healthcare providers, with 83% expressing trust or partial trust, compared to 77% public health information from the Government of Canada.

- Individuals aged 65 and above report higher trust in public health information from the Government of Canada (85%) and healthcare providers (91%). Trust in Government of Canada information is lowest among 25 to 34-year-olds (72%), while 18 to 24-year-olds exhibit the lowest trust in healthcare providers (76%).
- Urban residents report greater trust in information from healthcare providers than their rural counterparts (84% vs. 79%) and the Government of Canada (78% vs. 72%).
- Trust in information from healthcare providers and the Government of Canada is much lower among those unvaccinated for COVID-19 (50% and 39% respectively) compared to those who have received a Fall 2023 booster (93% and 90%).
- Those born outside of Canada are more likely (84%) to trust Government of Canada public health information compared to those born in Canada (74%).
- University-educated individuals also report higher trust in healthcare providers (90% vs. 80% for high school or less) and the Government of Canada (85% vs. 72%).
- Indigenous respondents report lower trust in health information from healthcare providers (76% compared to 83% for non-Indigenous) and the Government of Canada (71% vs. 77%).

Table 10. Trust in Public Health Information from Government of Canada and Healthcare Providers

Base (n) = 6611	Agree	Somewhat agree	Somewhat disagree	Disagree	Not sure
I trust the public health information I receive from the Government of Canada	38%	39%	10%	9%	4%
I trust the public health information I receive from healthcare providers	44%	39%	8%	6%	3%

Q37. How much do you agree or disagree with the following statements?

4.2.4 Presence of Misinformation

A majority (64%) agree that there is a significant amount of misinformation circulating in Canadian society regarding how to protect oneself from respiratory infectious diseases. One in four (26%) disagree with this notion, while 10% remain unsure.

Table 11. Degree of Misinformation

Base (n) = 6611	Total
Agree	25%
Somewhat agree	39%
Somewhat disagree	18%
Disagree	8%
Not sure	10%

Q37(c). How much do you agree or disagree with the following statement: There is a lot of misinformation about how to protect yourself from respiratory infectious diseases circulating in Canadian society.

4.2.5 Mask Mandates

A vast majority, 81%, at least somewhat agree that masks are effective in reducing the transmission of RIDs. This belief in mask effectiveness is reflected in strong support for mask mandates when deemed necessary by public health organizations, with 79% of individuals at least somewhat agreeing to support such mandates. The high willingness to support mask mandates contrasts with the relatively low use of masks as a PPM.

- In specific provinces, such as Newfoundland and Labrador (87%) and British Columbia (83%), there exists notable support for mask mandates. Residents of these same provinces also tend to acknowledge masks as an effective measure in reducing the transmission of RIDs (85% in British Columbia, 82% in Ontario, and 89% in Newfoundland and Labrador). Provinces like Saskatchewan (74%) and Quebec (74%) exhibit less support for mask mandates.
- Urban residents display greater support for mask mandates (80%) compared to rural residents (75%).
- Individuals who have received their Fall 2023 booster exhibit significantly higher levels of support for mask mandates when necessary (92%) compared to those who are not vaccinated (47%). Similarly, masks are considered more effective in reducing transmission among those vaccinated with a Fall 2023 booster (93%) than among the unvaccinated (47%).
- Support for mask mandates is notably higher among individuals classified as being at risk (83%) due to underlying health conditions compared to those who are not (76%). Individuals at high risk are also more inclined to recognize masks as effective in reducing transmission (84%) compared to their counterparts who are not at high risk (78%).
- Those born outside Canada exhibit greater support for mask mandates when necessary (86%) and are more likely to perceive masks as effective in reducing the spread (87%) compared to individuals born in Canada (77% and 79%, respectively).
- University educated individuals demonstrate higher levels of support for necessary mask mandates (86% vs. 76% for those with high school or less) and higher agreement on mask effectiveness (87% vs. 77%).

Table 12. Perceived Effectiveness and Support for Mask Mandates

Base (n) = 6611	Agree	Somewhat agree	Somewhat disagree	Disagree	Not sure
I am supportive of mask mandates when public health organizations say it is necessary	54%	26%	8%	10%	2%
Masks are an effective way to reduce the transmission of respiratory infectious diseases	49%	32%	8%	8%	3%

Q56. Do you agree or disagree with each of the following?

4.3 Use of PPMs

4.3.1 Attitudes about PPM Use

A significant portion, 71%, agree or somewhat agree that using personal protective measures (PPMs) is important to them. Over half of respondents, 59%, at least somewhat agree to using PPMs to protect themselves from getting sick. The vast majority, 81%, at least somewhat agree that adhering to public health advice regarding these measures is an effective way to protect the vulnerable people in their community.

Opinion among adults has changed since 2023. There has been a large decline in the view that using personal protective measures is important (71% compared with 78% in 2023). There has been a somewhat smaller decline in the share of respondents who say they are more likely to use a mask when they see others around them using one (59% compared with 64%).

Despite a perceived growing trend of people in Canada taking more precautions to protect themselves and others from getting sick since the pandemic, as noted by 67% of respondents, challenges persist. More than half (52%) find it harder to implement PPMs now compared to during the pandemic and 44% report feeling judged when wearing masks or taking other protective measures. This underscores the influence of social norms on behaviour, as indicated by 60% of respondents being more likely to use a mask when they observe others doing the same.

Table 13. Personal Protective Measure Behaviours

Base (n) = 6611	Agree	Somewhat agree	Somewhat disagree	Disagree	Not sure
I use personal protective measures (e.g. wearing a mask, improving indoor ventilation) because I'm concerned about getting sick	24%	35%	19%	18%	4%
Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community	39%	42%	8%	6%	5%
I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases	15%	29%	21%	29%	7%
It is harder to use personal protective measures than it was during the pandemic [Adults only]	19%	33%	21%	21%	5%
I'm more likely to use a mask when I see others around me using one	23%	37%	18%	18%	5%
Using personal protective measures is important to me	30%	41%	15%	10%	4%
As a result of the pandemic, people in Canada are taking more steps to protect ourselves and others from getting sick	18%	49%	18%	8%	6%

Q35. How much do you agree or disagree with each of the following?

Table 14. Personal Protective Measure Behaviours (2023 vs. 2024), % Agree or Somewhat Agree

	2024 (Adults, 18+)	2023 (Adults, 18+)
Base (n)	(6141)	(6200)
Using personal protective measures is important to me	71%	78%
I use personal protective measures (e.g. wearing a mask, improving indoor ventilation) because I'm concerned about getting sick	59%	72%
I'm more likely to use a mask when I see others around me using one	59%	64%

Q35. How much do you agree or disagree with each of the following?

The role of social norms and stigma – which are reflected in feelings of judgement when wearing a mask or feeling more comfortable if others are using them – varies notably by group.

- Younger people (both youth 12-17 (69% agree) and young adults aged 18-24 (66%) are more likely to wear a mask if they see someone else wearing one compared with older respondents (61% of those 65 or older and 54% of those 55 to 64).
- People who are at-risk (39%) are less likely than those who are not at-risk (49%) to feel that others are judging them.

Beliefs around the motivators for PPM use also vary by group.

- Older people, particularly those 65 and older (89%), are more likely to say that PPMs are an effective way to protect vulnerable people compared with those 18 to 24 years (75%). They are also more likely to say that using PPMs are important to them (77% vs. 72%).
- People who are at-risk are more likely than those who are not at-risk to agree that PPMs are an effective way to protect vulnerable people (84% vs. 78%). They are also more likely to say that using PPMs are important to them (74% vs. 68%) and that they use PPMs because they are concerned with getting sick (61% vs. 56%).

4.3.2 Drivers of PPM Importance

A regression analysis (see Appendix for additional details) was undertaken to identify the underlying drivers of attitudes about the importance of using personal protective measures. Three different models were undertaken with all respondents (Table 57) and with just adults (18 plus) (Table 58). The different models help explain the role that variables play, especially given that some independent variables are correlated with other independent variables.

The initial regression models (Models 1 and 2) showed that some of the importance that people place on using PPMs can be explained by factors such as perceived risk of RIDs, level of circulation of RIDs, vaccination status, time spent with someone at risk, trust in public health information from the Government of Canada, and gender.

Specifically:

- Those who perceive themselves to be at a higher risk of a severe outcome from RIDs are more likely to say that using PPMs is important to them compared to those who do not perceive themselves to be at higher risk. The impact of perceiving a higher risk goes away when other attitudinal variables are included.
- Those who think there is a high level of circulation of RIDs in their community are more likely than those who perceive the level of circulation to be lower to say that using PPMs is important to them in models that exclude attitudes about RIDs and PPMs.
- Using PPMs is more important for those who spend more time with people at-risk of a severe outcome from an RID than for those who spend little or no time.
- Those who have never been vaccinated for COVID-19 are less likely than those who have been vaccinated recently (last fall) to say that using PPMs is important to them in models that do not include attitudes about PPMs.
- Trust in the public health information from the Government of Canada is also a key predictor of placing a high importance on PPM use.
- Men are less likely than women to think using PPMs is important to them.
- People who are at-risk because of a health condition are not more likely to think using PPMs is important to them compared with those who are not at-risk in the models.

The explanatory power of Model 1 is, however, fairly modest (adj-r^2=0.101) and is improved somewhat in Model 2 with the inclusion of trust in the public health information from the Government of Canada (adj-r^2=0.227).

We can explain more of the variation in PPM importance (adj-r^2=0.521) when attitudinal variables about PPMs and RIDs are included in the model (Model 3). Four of the five attitude variables are drivers of reporting that PPMs are important to the respondent. The most impactful attitudes are:

- People who report that they use PPMs because they are concerned with getting sick are more likely to say that using PPMs are important to them compared to those who do not report that they use PPM because they are concerned with getting sick.
- Those who believe that following public health advice by using PPMs is an effective way to protect the vulnerable people in their community are more likely to think using PPMs is important to them than those who do not believe this.

Being worried that people aren't taking steps to avoid getting and spreading RIDs and feeling more likely to use a mask when others are using one are also positively associated with reporting that "PPMs are important to me".

The impact of the other variables is reduced, reversed, and/or goes away when we add these attitudinal variables to the model. For example, the role of disease severity, vaccination status and spending time with people at risk are all reduced to no importance.

Adding education to the model, which removes youth from the model, has a minor impact. Education is a predictor in Model 1 but is not a predictor in Model 2.

4.3.3 Current Behaviour Overall

In terms of current PPMs habits over the past three months, the most frequently adopted practices include covering coughs and sneezes with an elbow or a tissue (84% always/often) and regular hand cleaning (83%). These PPMs are almost universally adopted, which is less true for other PPM behaviours.

While a majority (62%) stay home when sick (always or often), only 35% always do and 15% rarely or never do. Since the question only asked about behaviour over the past three months, only those who reported a recent illness were asked about staying home. More people always stay at home when they're sick (35%) compared to those who always wear masks when sick (18%)**.**

Approximately half engage in cleaning and disinfecting high-touch surfaces and objects (54%) and 50% improve indoor ventilation. The least taken PPM measure is mask wearing in indoor public settings with only about 1 in 4 individuals (24%) always or often wearing masks in an indoor public setting.

- Women are more likely to take PPMs than men except when it comes to wearing masks. The largest difference in taking PPMs is in relation to staying home when sick as 70% of women always or often do this compared with only 54% of men. The differences are also large when it comes to cleaning and disinfecting high-touch surfaces and objects (60% vs. 48%), covering coughs and sneezes (89% vs. 79%), and cleaning your hands regularly (88% vs. 78%).
- Older respondents stand out from the other age groups on three of the PPMs. They are more likely to cover their coughs and sneezes (89% for those 65 and older compared with 75% for those 18-24 and 82% for youth), clean their hands regularly (90% vs. 77% and 79%), and stay home when sick (76% vs. 57% and 60%).
- Those who are at-risk themselves are more likely to take action to protect themselves except when it comes to improving indoor ventilation and cleaning and disinfecting high-touch surfaces. The largest difference is for staying home when sick as 66% of those at-risk always or often doing so compared with 58% of those not at risk.
- PPMs use is also slightly higher among those who often or sometimes spend time with someone else who is at-risk of severe illness or outcomes. For example, 66% this group always or often stay home when sick and 35% always or often wear a mask in public.

Table 15. Frequency of Personal Protective Measures

Base (n) = 6611	Always	Often	Sometimes	Rarely	Never	NA
Wearing a mask when in indoor public settings	11%	13%	23%	20%	30%	3%
Staying home when sick [Only if sick less than 3 months ago]	35%	27%	20%	8%	7%	3%
Cleaning your hands regularly	55%	28%	11%	3%	2%	1%
Covering coughs and sneezes with your elbow or a tissue	64%	20%	9%	4%	1%	2%
Improving indoor ventilation	23%	26%	26%	13%	9%	3%
Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)	25%	29%	25%	13%	7%	1%

Q25. Within the past three months, how often have you taken the following personal protective measures (PPMs)?
NA=Not applicable

In 2023, survey respondents were asked the frequency of wearing a mask in a public indoor setting. At that time, 20% always and 11% often wore a mask in the previous 3 months. Among comparable adults in 2024, only 11% always and 14% often wore a mask.

Since use of PPMs may be a function of the perception of the risk, it is worth considering whether people are more likely to take actions if they believe that respiratory infectious diseases (RID) are widely circulating in their community and if they are personally concerned with an RID. It turns out both hypotheses are true for some decisions around PPMs but not necessarily all.

For two decisions, covering coughs and sneezes with your elbow or a tissue and cleaning your hands regularly, the perception of the current level of RID circulating has no impact. There is also no discernable impact on PPM decisions of being concerned with the flu. These habits appear to be immune from current concern.

For the other PPMs, perceptions of the current state of RIDs matters. For example, those who think the current level of RIDs is high or very high in their community are much more likely to wear a mask when in an indoor setting (46% compared with 18% for those who think the current level is low or very low). The same pattern emerges for the other PPMs. For example, 69% of those who believe the circulation level is high will stay home when sick compared with only 59% who think it is low.

Concern with the flu also has the same impact. Those who are concerned are more likely to take PPMs more frequently.

- 44% of those who are concerned with the flu will wear a mask in an indoor setting compared with 16% of those who are not concerned.
- 69% of those who are concerned with the flu will disinfect surfaces compared with 48% of those who are not concerned.

- 64% of those who are concerned with the flu will improve indoor ventilation compared with 46% of those who are not concerned.

Table 16. Frequency of Personal Protective Measures (% Always/Often) by Concern and Conditions

	Degree RIDs are Circulating			Concern with Flu		
Base (n) = 6611	Very high/High	Medium	Low/Very low	Low (1-3)	Medium (4-7)	High (8-10)
Covering coughs and sneezes with your elbow or a tissue	85%	82%	85%	85%	82%	86%
Cleaning your hands regularly	83%	81%	85%	83%	83%	85%
Staying home when sick	69%	60%	59%	59%	61%	69%
Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)	63%	55%	52%	48%	54%	69%
Improving indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)	57%	50%	49%	46%	48%	64%
Wearing a mask when in indoor public settings (e.g., transit, stores, concerts)	46%	25%	18%	16%	25%	44%

Q25. Within the past three months, how often have you taken the following personal protective measures (PPMs)?

4.3.4 Drivers of PPM Use

A regression analysis (see Appendix for additional details) was undertaken to examine the drivers of use of each of the PPMs separately (e.g., use of masks in indoor public locations, staying home when sick, regularly cleaning hands, covering coughs and sneezes, cleaning and disinfecting high-touch surfaces and objects, and improving indoor ventilation).

The most important driver in most of the regression models is the belief that the PPM in question is effective. For all PPMs, those who think that the PPM is effective in reducing the spread of RIDs are more likely to use that PPMs compared to those who tend to think that the PPM is less effective.

There are also several variables that are positively associated with using all or most of the PPMs.

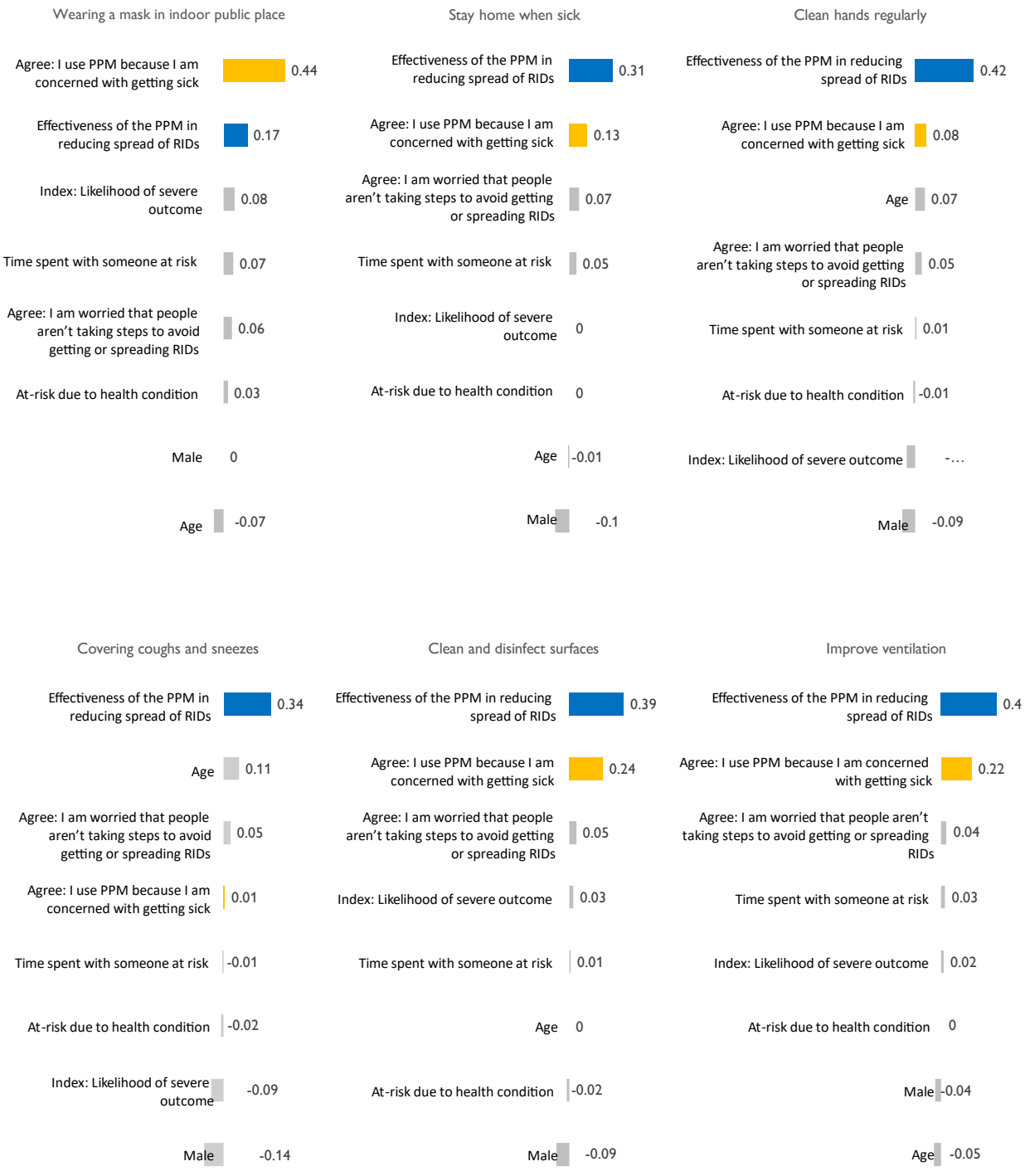
- Respondents who are worried other people are not taking steps to avoid getting or spreading RIDs are more likely to use all of the PPMs compared with those who are not worried.
- Compared to those who do not report that they use PPMs because they are concerned with getting sick, those who report that they use PPMs because they are concerned with getting sick are more likely to use all forms of PPMs except covering coughs and sneezes. The impact is the highest for wearing a mask, cleaning and disinfecting as well as improving ventilation.
- Males are less likely to use PPMs than females, except for wearing a mask where there is no difference between males and females.

There are also several variables that are associated with using specific PPMs.

- Wearing a mask in public indoors and cleaning and disinfecting surfaces and objects are both more likely among those who perceive themselves to be at a higher risk of a severe outcome from RIDs compared with those who think they are at a low risk. This does not emerge as an important positive driver for the other PPMs. In fact, perceiving a high risk compared with a low risk is associated with being *less* likely to clean hands regularly and cover coughs and sneezes.
- Wearing a mask in indoor public places, staying home when sick, and improving indoor ventilation are all more prevalent among those who spend a lot of time with someone at risk compared to those who do not spend much time with someone at risk.
- Those who think there is a high level of circulation of RIDs in their community are more likely than those who perceive a lower level to wear a mask and stay home when sick but this is not a key driver of other PPM use. In fact, those who think there is a high level of circulation of RIDs in their community are less likely to improve ventilation compared to those who perceive a lower level of circulation of RIDs.
- Those who are older are more likely than younger respondents to clean hands and to cover their coughs and sneezes but are less likely to wear a mask in indoor public places or improve ventilation.
- Thinking that following public health advice by using PPMs is an effective way to protect the vulnerable people in one's community is positively associated with staying home when sick, cleaning hands regularly and covering coughs and sneezes.
- Being at high risk due to a health condition and having had a recent illness are both positively associated with reporting wearing a mask in indoor public places but neither variables are associated with reporting use of the other PPMs.
- Being vaccinated is positively associated with wearing a mask in indoor public spaces, but negatively associated with staying home when sick. Vaccination status is not associated with the other PPMs.
- Reporting being more likely to use a mask when seeing others using one was negatively associated with cleaning hands regularly and covering coughs and sneezed. This was not associated with reported use of the other PPMs.
- Reporting trusting the public health information received from the Government of Canada was negatively associated with cleaning and disinfecting surfaces and objects and was not associated with the use of the remaining PPMs.
- Students are less likely to report wearing a mask in indoor public places, cleaning and disinfecting and improving ventilation compared to other occupational categories (i.e. those who work, are unemployed and/or retired). Student are, however, more likely to report covering coughs and sneezes. Further, those who work are more likely to report cleaning hands regularly and covering coughs and sneezes compared to those in other occupational categories. Finally, compared to those in other occupational categories, those who are retired are more likely to stay home when sick and less likely to report cleaning and disinfecting.

Figure 3 (below) summarizes the 6 regression models (one for each dependent variable). The Beta coefficients, which vary between -1 and +1 are shown so that one can compare the impact of the independent variables across the models.

Figure 3. Summary of Regression Findings



Overall the results point to the fact that drivers of PPM use vary by the measure (adj-r^2 varies from 0.216 for stay home when sick to 0.407 for wearing a mask). We can explain mask wearing more than we can explain other PPM use.

4.3.5 Reasons for non-usage of PPMs

As discussed earlier, many people do not take PPMs. When we ask why, we get a mix of barriers that reflect challenges in using the PPM or attitudes and perceptions that suggest taking these actions are not necessary.

Not Staying Home When Sick

While staying home when sick is perceived as an effective PPM, 35% said they sometimes, rarely or never stay at home when they are ill. The most common reason for not staying home is a lack of option to work/study from home when sick (24%), followed by it is not required (21%), it is difficult for them to stay at home (18%) and they do not have access to sick leave (16%).

Table 17. Reasons for Not Staying Home when Sick in Last Three Months

Base (n) [Did not stay home when sick over the last 3 months] = 1060	Total
I don't have the option to work/study from home while sick	24%
It's not required	21%
It's difficult for me to stay at home	18%
I don't have access to sick leave	16%
It won't have a big impact	13%
I don't like to cancel plans	13%
There are better ways to protect others from getting sick	11%
I am tired of isolating when sick	11%
No one else is staying home when sick	9%
No reasons	9%
It's not important to me	8%
I am concerned what friends and family will think	7%
Friends/family pressure me to not stay home	7%
I don't like being told what to do	6%
Other, please specify:	5%

Q26. [THOSE WHO HAVE NOT STAYED HOME WHEN SICK IN PAST THREE MONTHS] Why have you not stayed at home when sick in the past three months? Please select up to 3

Not Practicing Hand Hygiene

When examining why people aren't regularly cleaning their hands, factors such as forgetfulness, a perceived lack of necessity, skepticism about effectiveness, and a lack of concern about personal health risks all contribute to gaps in the use of this PPM. The most common reason was forgetting to bring hand sanitizer with them when they went out (17%), followed by a lack of requirement to do so (17%), a perception that washing hands won't have a big impact (16%), and simply not being worried about getting sick (15%).

Table 18. Reasons for Not Cleaning Hands Regularly in Last Three Months

	Total
I forget to bring hand sanitizer with me when I go out	17%
It's not required	17%
It won't have a big impact	16%
I'm not worried about getting sick	15%
It won't protect me from getting sick	14%
There are better ways to protect myself from getting sick	13%
It won't help prevent the spread of illnesses	11%
I don't have the time to clean my hands regularly	11%
I am tired of using hand sanitizer	10%
I don't have access to hand sanitizer or a sink	9%
It's difficult for me to clean my hands regularly	9%
No reasons	8%
I don't like being told what to do	7%
Hand washing is uncomfortable	6%
It makes doing other things more difficult (i.e., job or other daily tasks)	6%
I am concerned what friends and family will think if I stop to clean my hands	5%
Friends/family pressure me to not use hand sanitizer or clean my hands regularly	5%
No one else is cleaning their hands regularly	4%
Other, specify	2%

Q27. [THOSE WHO HAVE NOT CLEANED THEIR HANDS REGULARLY IN PAST 3 MONTHS] Why have you not cleaned your hands regularly in the past three months? Please select up to 3

Not Covering Coughs or Sneezes Regularly

When exploring why people aren't covering their coughs and sneezes properly, various factors emerge. Insufficient time or reflexes (14%), belief in limited impact (13%), forgetfulness of tissues (12%), and the absence of requirement (12%) are the top reasons listed.

Table 19. Reasons for Not Covering Coughs and Sneezes

Base (n) [Did not cover their coughs or sneezes regularly over the last 3 months] = 156	Total
I don’t have enough time or quick enough reflexes	14%
It won’t have a big impact	13%
It’s not required	12%
I forget to bring tissues with me when I go out	12%
It won’t help prevent the spread of illnesses	11%
It’s not important to me	11%
I don’t want to get my sleeves dirty	10%
It’s difficult for me to cover my coughs and sneezes	10%
I am tired of covering my coughs and sneezes	10%
Using a tissue is uncomfortable	9%
I don’t like being told what to do	9%
No one else is covering their coughs and sneezes	8%
Friends/family pressure me to not use tissues	7%
I am concerned what friends and family will think if I use tissues	6%
It makes doing other things more difficult (i.e. job or other daily tasks)	4%
Other, please specify:	8%
No reasons	11%

Q28. [THOSE WHO HAVE NOT COVERED THEIR COUGHS AND SNEEZES REGULARLY IN PAST 3 MONTHS] Why have you not covered your coughs and sneezes with your elbow or tissue in the past three months? Please select up to 3

Not Regularly Cleaning and Disinfecting High-touch Surfaces and Objects

Almost half (45%) do not at least often clean and disinfect high-touch surfaces and objects and the failure to do so reflects a range of reasons. For one in five (20%), the reason for not doing so frequently is that they are not worried about getting sick. Another reason is the belief that cleaning and disinfecting won't have much of an impact (17%) or that there are better ways to protect themselves from getting sick (16%). Another top barrier is forgetfulness as 16% acknowledge simply forgetting to clean high-touch surfaces and objects.

Table 20. Reasons for Not Cleaning and Disinfecting High-touch Surfaces and Objects [Adults Only]

Base (n) [Did not clean and disinfect high-touch surfaces and objects over the last 3 months] = 601	Total
I'm not worried about getting sick	20%
It won't have a big impact	17%
I forget to clean high-touch surfaces when I do housework	16%
There are better ways to protect myself from getting sick	16%
It's not required	15%
It won't protect me from getting sick	11%
I am tired of cleaning and disinfecting	11%
It won't help prevent the spread of illnesses	7%
I'm not responsible for housework in my home	6%
I don't have access to cleaners or disinfectants	5%
It's difficult for me to clean high-touch surfaces and objects	5%
No one else is cleaning and disinfecting	5%
It makes doing other things more difficult (i.e., job or other daily tasks)	4%
Cleaning with disinfectants is uncomfortable	3%
I am concerned what friends and family will think if they see me cleaning and disinfecting high-touch surfaces and objects	3%
I don't like being told what to do	3%
Friends/family pressure me to not pay such close attention to these areas	2%
Other, please specify	13%
No reasons	13%

Q29. [THOSE WHO DID NOT CLEAN AND DISINFECT HIGH-TOUCH SURFACES AND OBJECTS IN PAST THREE MONTHS AND ADULTS] Why have you not cleaned and disinfected high-touch surfaces and objects in the past three months? Please select up to 3

Not Improving Indoor Ventilation

Almost half (48%) do not at least often improve indoor ventilation. Almost half (47%) are concerned about feeling cold due to open windows. Additionally, 13% cited discomfort associated with having windows open and another 13% expressed a lack of resources to invest in tools for improving air circulation. It should be noted that the online interviews took place in February when external temperatures are generally cold.

Table 21. Reasons for Not Improving Indoor Ventilation

Base (n) [Did not improve indoor ventilation over the last 3 months] = 667	Total
It's too cold to open a window	47%
I don't have money to spend on tools to improve air circulation	13%
Having the window open is uncomfortable	13%
It's not required	11%
It's challenging for me to improve the ventilation in my home	11%
It won't have a big impact	10%
I'm not worried about getting sick	10%
I don't have control over my home's ventilation system (e.g. renting)	9%
It won't protect me from getting sick	9%
There are better ways to protect myself from getting sick	9%
I forget to open a window or turn on the air purifier	7%
It won't help prevent the spread of illness	7%
I am not sure when I should improve indoor ventilation	6%
I don't have access to information to improve ventilation	5%
No one else is worried about ventilation	5%
It makes doing other things more difficult (i.e. job or other daily tasks)	2%
I am concerned what friends and family will think if I open a window	2%
Friends/family pressure me to not open the window	2%
I don't like being told what to do	2%
I am tired of trying to improve indoor ventilation	2%
Other, please specify	3%
No reasons	8%

Q30. [THOSE WHO HAVE NOT IMPROVED INDOOR VENTILATION IN PAST THREE MONTHS & ADULTS] Why have you not improved indoor ventilation in the past three months? Please select up to 3

4.3.6 Information Used When Making Decisions about Actions to Protect Oneself

The top information source that is used when making decisions about how to protect oneself from getting sick are one's own health status (60%). Next most used are public health recommendations (48%), vaccination status (46%) and the health status people in the household (36%).

Table 22. Information Used When Deciding How to Protect Oneself

Base n=6611	Total
My own health status	60%
Public health recommendations and advice from health authorities	48%
My vaccination status for COVID-19 and/or other viruses such as influenza (flu)	46%
The health status of people I live with (e.g., if they are at risk of severe illness)	36%
The types and severity of colds and viruses that are currently spreading in my community	33%
Experiences of friends and other people I know	31%
Information about the people I will be visiting/ interacting with	30%
Reported data such as infection rates, hospitalizations, and intensive care unit (ICU) admissions	27%
Information about the places I intend/need to visit (e.g., number of people, venue size, air circulation)	27%
My previous experience with getting a respiratory infectious disease	26%
Local hospital capacity	14%
I do not take actions to protect myself	5%
Other	1%

Q22: What information do you use when making decisions about the actions you will take to protect yourself from getting sick? Select all that apply

Age and health status are key determinants of what information sources are used:

- Adults (18+) are much more likely than youth (12 to 17 years) to use public health recommendations (48% vs. 37%), vaccination status (47% vs. 36%). Youth are more likely than adults to use the experiences of friends other people they know (42% vs. 30%). Among adults, it is those 65 and older who are the most likely to their own health status (74%), public health recommendations (65%), vaccination status (73%).
- In general, those who are at-risk are more likely to use information sources. For example, they are more likely than those who are not at-risk to use their own health status (66% vs. 55%), public health recommendations (55% vs. 40%), vaccination status (56% vs. 36%), the types and severity of RIDs spreading in the community (38% vs. 28%), and reported data (31% vs. 22%).

Table 23. Effectiveness of Personal Protective Measures (% Very) by Age

Base (n) = 6611	Age						
	12 to 17	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
My own health status	59%	49%	54%	54%	57%	65%	74%
Public health recommendations and advice from health authorities	37%	33%	42%	40%	47%	53%	65%
My vaccination status for COVID-19 and/or other viruses such as influenza (flu)	36%	35%	36%	32%	41%	48%	73%
The health status of people I live with (e.g., if they are at risk of severe illness)	39%	36%	37%	33%	35%	33%	38%
The types and severity of colds and viruses that are currently spreading in my community	25%	25%	29%	30%	31%	35%	44%
Experiences of friends and other people I know	42%	33%	31%	29%	28%	27%	31%
Information about the people I will be visiting/ interacting with	31%	28%	29%	28%	29%	30%	35%
Reported data such as infection rates, hospitalizations, and intensive care unit (ICU) admissions	16%	21%	24%	24%	26%	28%	36%
Information about the places I intend/need to visit (e.g., number of people, venue size, air circulation)	24%	24%	27%	26%	25%	24%	31%
My previous experience with getting a respiratory infectious disease	25%	25%	24%	27%	24%	29%	26%
Local hospital capacity	11%	15%	16%	15%	14%	13%	12%
I do not take actions to protect myself	6%	5%	5%	6%	6%	5%	2%
Other	1%	0%	0%	1%	1%	1%	1%

Q22: What information do you use when making decisions about the actions you will take to protect yourself from getting sick? Select all that apply

4.3.7 Effectiveness of PPMs

Overall, all PPMs are overwhelmingly perceived as at least somewhat effective in reducing the spread of respiratory infectious diseases. Staying home when sick is deemed the most effective measure, with 95% considering it at least somewhat effective, followed closely by regular handwashing (95%) and covering coughs and sneezes (93%).

Additionally, cleaning and disinfecting high-touch surfaces and objects are viewed as effective by 90% of respondents, while improving indoor ventilation is seen as effective by 88%. Despite ranking the lowest for effectiveness of all PPMs listed, wearing masks in indoor public settings is still considered effective by a large majority (80%).

Very few people view these PPMs as ineffective. The one exception is masks which one in five believe is not effective or somewhat not effective.

Table 24. Perceived Effectiveness of PPMs

Base (n) = 6611	Very effective	Somewhat effective	Somewhat not effective	Not effective
Staying home when sick	72%	22%	4%	1%
Cleaning your hands regularly	67%	27%	4%	1%
Covering coughs and sneezes with your elbow or a tissue	53%	40%	6%	2%
Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)	49%	41%	8%	2%
Wearing a mask when in indoor public settings (e.g. transit, stores, concerts)	39%	41%	12%	8%
Improving indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)	37%	51%	9%	3%

Q33. How effective do you think each of the following personal protective measures are in reducing the spread of respiratory infectious diseases?

There are some notable differences in the perceived effectiveness of PPMs.

- Young adults (aged 18 to 24) and youth (aged 12 to 17) are less likely to think some PPMs are very effective. As the table below shows, 85% of those 65 and older think staying home when sick is very effective compared with only 62% of young adults (18-24 years) and 66% of youths. Older respondents are also more likely to think wearing a mask in indoor public settings is very effective (45%) compared with 36% and 34% for young adults and youths respectively.
- Those who received a COVID-19 booster in the fall are more likely to believe that all of the PPMs are effective. Those who have had no COVID-19 vaccinations are the least likely to think they are

effective. For example, 77% of those with a fall 2023 booster think staying home when sick is very effective compared with only 58% for those who are not vaccinated. The biggest difference is on the perceived effectiveness of masks (47% vs. 21%).

- Education is not associated with the perceived effectiveness of PPMs except when it comes to masks. Those with post-graduate education are more likely to think masks are very effective (49%) compared, for example, with someone with a high school education or less (38%).
- While people born in Canada are more likely than those born outside of Canada (73% vs. 69%) to think staying home when sick is very effective, those born outside of Canada are more likely to think covering coughs (58% vs. 51%), wearing a mask indoors (48% vs. 36%) and improving ventilation (46% vs. 34%) are very effective.

Table 25. Effectiveness of Personal Protective Measures (% Very) by Age

	Age						
Base (n) = 6611	12 to 17	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
Staying home when sick	66%	62%	65%	66%	73%	79%	85%
Cleaning your hands regularly	68%	62%	63%	63%	69%	73%	72%
Covering coughs and sneezes with your elbow or a tissue	51%	53%	49%	50%	51%	55%	59%
Cleaning and disinfecting high-touch surfaces and objects	48%	49%	48%	48%	51%	51%	47%
Wearing a mask when in indoor public settings	34%	36%	38%	37%	35%	41%	45%
Improving indoor ventilation	35%	34%	37%	36%	40%	39%	38%

Q33. How effective do you think each of the following personal protective measures are in reducing the spread of respiratory infectious diseases?

4.3.8 Motivators and Barriers for Wearing Masks

Only about 1 in 4 individuals (24%) wear masks in an indoor public setting always or often and 47% when we include sometimes. The principal reasons for wearing a mask are reducing the likelihood of getting sick (31%) and reducing the spread of COVID-19 and other viruses (30%). Protecting more vulnerable individuals (25%) and having requirements in the place where they were visiting (23%) are next most important. The rest of the reasons reflect a combination of altruistic reasons (e.g., protecting the community, protecting the healthcare system), concerns about others, and personal motivations (e.g., easy for me to do; I feel better about myself).

Table 26. Reasons for Wearing a Mask

Base (n)	Total
It will reduce the likelihood of getting COVID-19 and other viruses, such as the influenza (flu)	31%
It will reduce the spread of COVID-19 and other viruses, such as influenza (flu)	30%
To protect more vulnerable individuals	25%
The place (e.g., doctor's office, long term care facility) I was visiting required people to wear a mask	23%
To protect the health of my community	20%
I don't trust others to stay home when sick	19%
It is easy for me to do	16%
Recommendations by local public health authority	16%
It is part of my routine now	15%
To protect the healthcare system	14%
I will feel better about myself	13%
I often go to places with higher risk (for example, crowded indoor places)	12%
I am concerned what friends and family will think if I don't wear a mask	6%
Recommendations by employer	6%
Support/encouragement from friends and family	5%
Other, please specify	1%
No reasons	1%

Q31. [ALWAYS, OFTEN OR SOMETIMES WEAR A MASK INDOORS] Which of the following was the main reasons that you choose to wear a mask? Please select up to 3

Half of respondents (50%) never or rarely wear masks in an indoor public setting. The principal reason for not wearing a mask is that it is not required (41%). Secondary reasons are that no one else is wearing a mask (22%), personal dislike of masks (e.g., tired of wearing masks (18%), masks are uncomfortable (18%)), and a lack of concern with getting sick (17%).

Table 27. Reasons for Not Wearing a Mask

Base (n)	Total
It's not required	41%
No one else is wearing a mask	22%
I am tired of wearing a mask	18%
Masks are uncomfortable	18%
I'm not worried about getting sick	17%
There are better ways to protect myself from getting sick	11%
It won't protect me from getting sick	10%
It won't have a big impact	10%
I forget to bring a mask with me when I go out	9%
It won't help prevent the spread of illness	9%
It makes doing other things more difficult (i.e., job or other daily tasks)	8%
It's difficult for me to wear a mask	8%
I don't like being told what to do	3%
I don't have access to masks	2%
I am concerned what friends and family will think if I wear a mask	2%
Friends/family pressure me to not wear a mask	2%
Other, please specify	5%
No reasons	7%

Q32. [RARELY OR NEVER WEAR A MASK INDOORS] Why have you not worn a mask in the past three months? Please select up to 3

4.3.9 PPM Use When Sick

Mask Use Among those With a Recent Illness

Those who reported an illness in the previous 3 months were asked the frequency of wearing a mask. Mask usage increases to 39% (always or often) among individuals who were sick in the last three months when they were around others.

Wearing a mask was somewhat higher for certain groups:

- Those 65 and older (45% always or often) were more likely than other age groups to wear a mask when they had symptoms. For example, only 38% of those 54 to 64 years of age did so.
- Women (42%) were more likely than men (35%) to wear a mask.
- Those who received a recent COVID-19 booster (47%) wear a mask more often than those who were vaccinated in the past (35% for those who received the primary series + at least one booster) or not at all (28%).
- Those who often visit someone who is more at risk, are more likely to wear a mask (55%) if they have symptoms.

Table 28. Wearing a Mask if Sick in the Past Three Months

Base (n) [if sick less than 3 months ago] = 3078	Always	Often	Sometimes	Rarely	Never	Not applicable
Wear a mask when around others when you last had symptoms of a respiratory illness	18%	21%	27%	16%	16%	3%

Q24. [THOSE WHO HAVE HAD SYMPTOMS OF RESPIRATORY ILLNESS LESS THAN 3 MONTHS AGO] How often did you wear a mask when around others when you last had symptoms of a respiratory illness (for example, a cough, runny nose, sore throat)?

4.3.10 Cancelling Plans if Sick

A majority of respondents are at least somewhat likely to cancel plans if they are sick, particularly when the scenario involves close contact with loved ones/someone close to them or those at risk of severe outcomes. For example, 59% are very likely to cancel plans when visiting someone vulnerable.

Other situations which entail intimate settings with individuals one knows personally are also associated with a high likelihood of cancelling such as restaurant gatherings (53% very likely), gatherings with friends at pubs, bars, or coffee shops (52%), and meetings with friends or family from different households (50%).

When it comes to larger gatherings with less familiar faces, such as attending work in person (46%), attending concerts or sporting events (45%), canceling travel plans (42%), or returning to school in person (42%), the likelihood of cancellation slightly decreases.

Depending on the type of plans, from about one in five to one in four (20% to 27%) are not likely to cancel their activities if they were experiencing symptoms.

Table 29. Likelihood of Cancelling Plans if Experiencing Symptoms

Base (n) = 6611	Very likely	Somewh at likely	Not very likely	Not at all likely	NET: Not likely	NA
Going to work in person [If goes to work location]	46%	29%	14%	9%	23%	2%
Going to school in person [If goes to school location]	42%	31%	18%	9%	27%	1%
Attending concerts or sporting event	45%	22%	13%	11%	24%	9%
Going to a restaurant for a meal	53%	24%	11%	9%	20%	3%
Going to a pub, bar or coffee shop to meet with friends [Adults only]	52%	20%	11%	10%	21%	7%
Meeting with friends or family from different households either at your place or theirs	50%	26%	12%	9%	21%	3%
Visiting those who are at risk of more severe disease or outcomes	59%	15%	10%	12%	22%	5%
Shopping in a large retail grocery or department store	41%	30%	17%	10%	27%	2%
Travel plans (e.g., flights) [Adults only]	42%	22%	15%	12%	27%	9%

Q49. If you were sick with symptoms such as runny nose, fatigue, coughing, sneezing or fever, how likely are you to cancel plans for each of the following?
NA=Not applicable to me

It should be noted that in 2023 respondents were shown one of three scenarios to compare if there was a difference in their likelihood to cancel plans they were sick depending on whether they tested positive for COVID-19, tested negative for COVID-19 or had not taken a test at all. The table below compares the *had not taken a test* group with the current results for the very likely column among adults for both surveys. Changes are small but in 2024 people are more likely to cancel plans to go to work and less likely to cancel plans to attend a concert.

Table 30. Likelihood of cancelling plans if experiencing symptoms: 2023 vs 2024 [Adults Only]

% Very likely	2024	2023*
Base (n)	(6141)	(2026)
Going to work in person [If goes to work location]	46%	41%
Going to school in person [If goes to school location]	37%	Not asked
Attending concerts or sporting event	46%	47%
Going to a restaurant for a meal	54%	49%
Going to a pub, bar or coffee shop to meet with friends**	52%	49%
Meeting with friends or family from different households either at your place or theirs	52%	50%
Visiting those who are at risk of more severe disease or outcomes	60%	59%
Shopping in a large retail grocery or department store	42%	41%
Travel plans (e.g., flights) [Adults only]	42%	Not asked

Q49. If you were sick with symptoms such as runny nose, fatigue, coughing, sneezing or fever, how likely are you to cancel plans for each of the following?
** In 2023 an experiment was conducted and the respondents were told they had cold or flu symptoms but has not taken a COVID-19 test*
*** In 2023, the attribute was "Going to a pub or bar to meet with friends"*

4.3.11 Seeing People Wearing Masks in Public Indoor Spaces

When examining the masking behaviours of those around them, only 18% of respondents report frequently (always or often) observing others wearing masks in indoor settings. A larger portion, 37%, note occasional masking by others, while 45% indicate rarely or never witnessing individuals wearing masks indoors. As such there is a potential for the normalized lack of mask wearing in indoor settings to act as a psychological barrier for others when it comes to wearing a mask.

- Older people (those 55 to 64 or 65 and older) are less likely to notice others wearing a mask indoors (51% and 48% rarely or never) compared with, for example, those 18 to 24 years old (37%). Youth are also a little less likely to notice people wearing masks (47%).

Table 31. Masking Norms

Base (n) = 6611	Total
Always	4%
Often	14%
Sometimes	37%
Rarely	41%
Never	5%

Q34. When you go to indoor public places, how often do you see other people wearing masks?

Those who wear masks also tend to notice other people wearing masks. For example, among those who always wear masks themselves, 18% always notice others wearing masks.

Table 32. Frequency of Seeing Other People Wearing Masks Indoors by Own Behaviour

		Frequency of Wearing a Mask in an Indoor Setting				
Base (n) = 6611	Total	Always	Often	Sometimes	Rarely	Never
Always	4%	18%	7%	2%	1%	1%
Often	14%	18%	30%	20%	9%	5%
Sometimes	37%	30%	38%	53%	35%	27%
Rarely	41%	32%	25%	24%	51%	56%
Never	5%	2%	1%	1%	4%	10%

Q34. When you go to indoor public places, how often do you see other people wearing masks?

4.4 Facilitators, barriers, and influences of PPMs

4.4.1 Helpfulness in Supporting Use of PPMs

There are various factors that facilitate the use of PPMs. Touchless faucets, soap dispensers, and paper towel dispensers in public washrooms, along with readily available masks and hand sanitizer at indoor public space entrances, are deemed helpful by 88% and 86% of respondents, respectively. Additionally, 78% find having outdoor gathering venues and affordable portable air purifiers (78%, adults only) beneficial for supporting their use of PPMs.

- There are age differences for both the helpfulness of free and accessible masks and hand sanitizers at entrances to indoor public places and for touchless faucets, soap dispensers and driers in public washrooms. For example, 92% of those 65 and older think free and accessible masks/hand sanitizers are helpful compared with only 80% of those aged 18-24. Youths (12-17 years old) are also less likely to view this as helpful (83%). Equipping public washrooms with touchless infrastructure is also viewed as more helpful for those 65 and older (93%) compared with those 18-24 years (82%). Youth (aged 12-17) are, however, more likely to acknowledge these are helpful (89%).
- Those who are at-risk are also slightly more likely than those not at risk to think it would be helpful to have touchless washroom infrastructure (90% vs. 86%, respectively) and free accessible masks and sanitizers (88% vs. 84%, respectively).
- Those who are not vaccinated view all of the facilitators as less helpful than those who are vaccinated. For example, 92% of those with a fall vaccination for COVID-19 think touchless infrastructure in public washrooms is helpful compared with only 73% of those who are not vaccinated against COVID-19.
- Those born outside of Canada are more likely to think all of the measures are helpful. The differences are largest for affordable air purifiers (adults only) as 84% of those born outside Canada find this helpful compared with only 75% of those born in Canada.
- Those who believe that RIDs are circulating at a high level within their community are more likely to think these measures are helpful except for touchless infrastructure in public washrooms. For example, 83% of those who think the current level of RIDs in their community is high think affordable air purifiers would be helpful compared with only 75% of those who think the current level is low.
- Those with a heightened concern regarding the flu also have an increased perception of the helpfulness of certain measures. For example, helpfulness of free and accessible masks/sanitizers at entrances to indoor places varies from 81% among those with a low level of concern with the flu to 93% for those with high level of concern with the flu.

Table 33. Helpfulness of Facilitators of PPMs

Base (n) = 6611	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Not sure
Touchless faucets, soap dispensers and driers/paper towel dispensers in public washrooms	54%	34%	7%	3%	2%
Free and easily accessible masks and hand sanitizer at entrances to indoor public spaces	51%	35%	8%	4%	2%
Affordable portable air purifiers [Adults only]	37%	40%	12%	5%	5%
Outdoor venues for gatherings	35%	43%	12%	5%	5%

Q51. How helpful would each of the following be for supporting your use of personal protective measures (PPMs)?

Table 34. Helpfulness (Very or Somewhat Helpful) of Facilitators of PPMs by Concern and Conditions

	Degree RIDs are Circulating			Concern with Flu		
Base (n) = 6611 % Very or somewhat helpful	Very high/High	Medium	Low/Very low	Low (1-3)	Medium (4-7)	High (8-10)
Touchless faucets, soap dispensers and driers/paper towel dispensers in public washrooms	90%	89%	88%	85%	90%	94%
Free and easily accessible masks and hand sanitizer at entrances to indoor public spaces	89%	88%	83%	81%	89%	93%
Affordable portable air purifiers [Adults only]	83%	82%	75%	71%	80%	89%
Outdoor venues for gatherings	84%	81%	75%	72%	80%	87%

Q51. How helpful would each of the following be for supporting your use of personal protective measures (PPMs)?

4.4.2 Index of Respiratory Infectious Diseases

People in Canada currently have access to several health risk indices such as the UV index and air quality index at this time and 80% think that having an index for level of respiratory infectious diseases within the community, would be helpful. In fact, 37% think such an index would be very helpful.

- While women are more inclined than men to rate the index as "very helpful" (41% vs. 33% for men), the overall helpfulness NET scores between genders are very similar (81% vs. 79%).
- Those with a university or post-graduate education (85%) are more likely than those with a high school or less (77%) to think the index would be helpful.

Table 35. Helpfulness of Index for Level of Respiratory Infectious Diseases

Base (n) = 6611	Total
Very helpful	37%
Somewhat helpful	43%
Not very helpful	9%
Not at all helpful	3%
Not sure	7%

Q52. As you may know, Canadians can currently learn about health risks from sun exposure (UV Index) and poor air quality (Air Quality Index) available from sources like weather apps. How helpful do you think a similar index for the level of respiratory infectious diseases circulating in your community would be?

4.4.3 Taking Precautions

Likelihood of Taking Precautions from Getting Sick or Spreading Sickness

To understand why people use PPMs for protection, it is important to consider how potential motivators affect their likelihood of taking risk-minimizing actions. The most likely influences on taking action to protect oneself are a recommendation by a family member (77% very or somewhat likely to take precautions) or a friend (73%).

- A 12 to 14 year old is particularly likely to respond to family member recommendations (85%).
- Those 65 years and older are the most likely to take actions if a family member recommends precautions (82%) compared with someone 18 to 24 years (72%).
- Those who were vaccinated in the fall (85%) are more likely than those with less recent (primaries and a less recent booster, 80%) or no vaccinations (54%) for COVID-19 to take precautions if a family member recommends it. A similar pattern follows for a recommendation from a friend.
- Being at-risk because of age or health condition also makes a person more likely to take a family recommendation (80% vs. 75%).

Seeing a trusted source like a government or health official taking precautions such as wearing a mask during a press briefing is also likely (71%) to lead a person to take precautions.

- Older people are also more likely to take actions if they see a trusted source taking precautions; 75% of those 65 and older compared with 68% of those 12 to 17 years.
- A trusted source taking a precaution is also more likely to have an impact on people who are already following public health advice. For example, 82% of those with a recent booster for COVID-19 are likely to take actions compared with only 44% of those who are not vaccinated.

Notably, 63% say they would be at least somewhat more likely to take precautions if there was less stigma about wearing masks in public.

Table 36. Likelihood of Taking Precautions in Certain Scenarios

Base (n) = 6611	Very likely	Somewhat likely	Not very likely	Not at all likely	NA
You see a trusted source (for example, health or government official) taking precautions by wearing a mask during a press briefing	34%	37%	16%	9%	4%
Someone in your family recommends taking precautions	34%	43%	13%	6%	4%
One of your friends recommends taking precautions	28%	45%	16%	7%	4%
There was less stigma about wearing masks in public	26%	37%	18%	11%	9%

Q53. How likely are you to take precautions to prevent you from getting sick or spreading a sickness if …
NA=Not applicable to me

Likelihood of Taking Actions Depending on Circumstances

When it comes to how people will respond to public health authority recommendations, two potential scenarios were tested. Respondents saw each of the following scenarios with the order randomized:

- Scenario 1: A public health authority issues a strong recommendation to use PPMs because the risk of getting a serious respiratory infectious disease is extremely high in the community; or
- Scenario 2: A public health authority issues a strong recommendation to use PPMs because of a new infectious disease.

The research design ensured that the answer to one scenario did not bias the other scenario across the study. Each scenarios generated an equal likelihood of taking precautions. In both scenarios, the most likely actions are to adhere to regular hand hygiene practices (91% very or somewhat likely for the 1st scenario), covering their coughs and sneezes (91%), and staying home when sick (90%). Somewhat fewer are likely to clean and disinfect high-touch surfaces (86%), to improve indoor ventilation (81%) or wear a mask under either circumstance (80%). These findings suggest a strong willingness among individuals to adopt precautionary measures in response to public health recommendations of a serious threat.

Table 37. Likelihood of Taking Precautions if There is a Public Health Authority Recommendation

Base (n) = 6611	Very likely	Somewhat likely	Not very likely	Not at all likely	N.A.
#1 If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because the risk of getting a serious respiratory infectious disease is extremely high in your community					
Wearing a mask when in indoor public settings	54%	26%	10%	7%	2%
Staying home when sick	69%	21%	6%	3%	2%
Cleaning your hands regularly	71%	21%	5%	2%	2%
Covering coughs and sneezes with your elbow or a tissue	71%	21%	5%	2%	2%
Cleaning and disinfecting high-touch surfaces and objects	55%	30%	9%	3%	2%
Improving indoor ventilation	46%	35%	12%	4%	3%
#2 If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because of a new infectious disease, how likely are you to do each of the following?					
Wearing a mask when in indoor public settings	54%	26%	10%	8%	2%
Staying home when sick	68%	21%	6%	2%	2%
Cleaning your hands regularly	71%	20%	5%	2%	1%
Covering coughs and sneezes with your elbow or a tissue	71%	21%	6%	2%	1%
Cleaning and disinfecting high-touch surfaces and objects	56%	29%	9%	3%	2%
Improving indoor ventilation	47%	34%	12%	4%	3%

Q54/Q55. If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because <the risk of getting a serious respiratory infectious disease is extremely high in your community/ of a new infectious disease>, how likely are you to do each of the following?
NA=Not applicable to me

Those who are concerned with the flu are more likely to respond by using PPMs under both conditions. When the public health authority recommendation is based on a high risk in the community (scenario 1), several things are worth noting. Those who have a high concern with the flu are more likely to say they are very likely to wear a mask (69% compared with 49% with low concern).

There are also large differences by level of concern when it comes to cleaning and disinfecting high-touch surfaces and objects (70% vs. 51%) and for improving indoor ventilation (61% vs. 42%). Covering coughs and sneezes and cleaning hands regularly are not related to concern with the flu.

Table 38. Likelihood of Taking Precautions if There is a Public Health Authority Recommendation (%Very) by Concern

		Level of Concern with the Flu		
Base (n) = 6611	Total	Low concern (1-3)	Medium (4-7)	High (8-10)
#1 If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because the risk of getting a serious respiratory infectious disease is extremely high in your community				
Wearing a mask when in indoor public settings	54%	49%	54%	69%
Staying home when sick	69%	69%	67%	75%
Cleaning your hands regularly	71%	71%	69%	75%
Covering coughs and sneezes with your elbow or a tissue	71%	72%	68%	75%
Cleaning and disinfecting high-touch surfaces and objects	55%	51%	54%	70%
Improving indoor ventilation	46%	42%	44%	61%
#2 If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because of a new infectious disease, how likely are you to do each of the following?				
Wearing a mask when in indoor public settings	54%	49%	54%	68%
Staying home when sick	68%	69%	67%	72%
Cleaning your hands regularly	71%	72%	69%	76%
Covering coughs and sneezes with your elbow or a tissue	71%	71%	68%	76%
Cleaning and disinfecting high-touch surfaces and objects	56%	52%	55%	70%
Improving indoor ventilation	47%	43%	45%	61%

Q54/Q55. If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because <the risk of getting a serious respiratory infectious disease is extremely high in your community/ of a new infectious disease>, how likely are you to do each of the following?

The likelihood of acting if health authorities issue a strong recommendation to use PPMs, regardless of the reason, is higher for some groups.

- Women (59%) are very likely to wear a mask in indoor settings compared with only 49% of men. A similar pattern emerges for staying home when sick (75% vs. 63%), cleaning hands regularly (77% vs. 64%), covering coughs and sneezes (78% vs. 64%), cleaning high-touch surfaces (62% vs. 48%) and improving indoor ventilation (52% vs. 40%).
- Older respondents are more likely to use PPMs. For example, 70% of those 65 and older are very likely to wear a mask in indoor settings compared with only 46% of youths (12 to 17 years). A similar pattern emerges for staying home when sick (87% vs. 63%), cleaning hands regularly (84% vs. 63%), covering coughs and sneezes (86% vs. 63%), cleaning high-touch surfaces (61% vs. 47%) and improving indoor ventilation (52% vs. 42%).
- At-risk individuals are also more likely to follow public health advice to use PPMs. Three quarters (77%) of those at-risk cover coughs and sneezes compared with only 65% of those not at-risk. They are also more likely to clean hands regularly (76% vs. 65%), wear a mask in indoor settings (61% vs. 47%), stay home when sick (76% vs. 62%), clean high-touch surfaces (59% vs. 52%) and improve indoor ventilation (50% vs. 43%).

Table 39. Likelihood (%Very) of Taking Precautions if There is a Public Health Authority Recommendation by Age

	Age						
Base (n) = 6611	12 to 17	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65+
If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because the risk of getting a serious respiratory infectious disease is extremely high in your community							
Wearing a mask when in indoor public settings	46%	44%	47%	46%	53%	58%	70%
Staying home when sick	63%	54%	60%	60%	70%	75%	87%
Cleaning your hands regularly	63%	58%	62%	65%	74%	77%	84%
Covering coughs and sneezes with your elbow or a tissue	63%	59%	64%	62%	72%	77%	86%
Cleaning and disinfecting high-touch surfaces and objects	47%	47%	51%	51%	61%	61%	61%
Improving indoor ventilation	42%	41%	43%	40%	50%	48%	52%

Q54. If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because the risk of getting a serious respiratory infectious disease is extremely high in your community, how likely are you to do each of the following?

Importance for Taking Precautions

The ability to stay home when sick (86% important or very important) is the most important consideration when deciding whether or not to take precautions. The ability to gather outdoors is seen as a lesser priority, but still important to 64%.

For adults, access to information about the type and severity of viruses and illnesses currently prevalent in the community (76%), the presence of consistent messaging from all healthcare authorities (71%) and information about the strain on the local healthcare system or hospital capacity (71%) are all important. Fewer adults think practical, low-cost tips for improving indoor ventilation are important (66%).

For youth (aged 12 to 17), access to information about current viruses and illnesses in the community is important (69%) along with getting the same advice from multiple sources about how to avoid getting sick (69%).

Table 40. Factors Influencing Precautionary Decision-Making: Information, Messaging, and Physical Locations.

Base (n) = 6611	Very important	Important	Somewhat important	Not important	Not sure
Being able to stay home when sick	59%	27%	10%	3%	2%
Having access to information about the type and severity of the viruses and illnesses that are currently spreading in my community [Adults only]	41%	35%	16%	5%	3%
Having access to information about the level of strain on the local health care system or hospital capacity in my community [Adults only]	35%	36%	19%	6%	3%
Seeing consistent messages from health care authorities that all recommend the same preventive behaviours [Adults only]	36%	35%	17%	8%	3%
Practical, low-cost tips for improving indoor ventilation [Adults only]	30%	36%	21%	9%	4%
Being able to gather outdoors (e.g., outdoor seating areas in parks/at restaurants)	28%	35%	21%	12%	4%
Having information about the viruses and illnesses currently in my community [Youth only]	32%	37%	19%	6%	5%
Getting the same advice from multiple sources about how to avoid getting sick [Youth only]	28%	41%	19%	5%	6%

Q50. How important are each of the following when it comes to deciding to take precautions to prevent you from getting sick or spreading illness?

Key group differences include:

- Older respondents think all of the items are more important than younger respondents except when it comes to practical, low-cost tips for improving indoor ventilation and being able to gather outdoors. The biggest difference is the ability to stay home when sick; 93% of those 65 and older think it is at least somewhat important compared with only 78% of those 18 to 24 years of age. There are also large differences when it comes to the importance of seeing consistent messages from health care authorities that all recommend the same preventive behaviours (80% vs. 68%) and having access to information about the type and severity of the viruses and illnesses in the community (84% vs. 72%).
- Those who are at-risk are more likely than those who are not at-risk to place importance on consistent messages from health care authorities that all recommend the same preventive behaviours (76% vs. 67%), having access to information about the type and severity of the viruses and illnesses that are currently spreading (79% vs. 72%) and having access to information about the level of strain on the local health care system (74% vs. 68%).
- Women are more likely than men to think it is important to be able to stay home when sick (89% vs. 83%), have practical, low-cost tips for improving indoor ventilation (68% vs. 63%) and gather outdoors (66% vs. 62%).

4.4.4 Vaccinations

Almost half of respondents report that they received a COVID-19 booster in the fall of 2023. Twelve per cent have not been vaccinated for COVID-19 at all while the rest have the primary series[5] and may have had at least one booster.

- Older people are more likely to be vaccinated for COVID-19 and, in particular, to have received their latest booster in the fall. Among those 65 and older, 70% received a fall 2023 COVID-19 booster compared with only 43% of those 18 to 24 years and 39% of those 12 to 17 years.
- Indigenous respondents are more likely to not be vaccinated (19% vs. 12% for non-Indigenous respondents) but equally likely to have received a booster in the fall (45% vs. 47%)
- 57% of respondents who are at-risk because of their age and health factors received their latest booster in the fall. Those not at-risk are less likely to have their fall booster (37%).
- Respondents from British Columbia (55%) are the most likely to have a fall booster and New Brunswick is the least likely (39%).
- Those living in rural locations are the most likely to have not received any doses (17%, compared to the urban residents 12%).

Four in ten (40%) received a flu vaccine in the fall of 2023 and 3% received a RSV vaccine. Since RSV is aimed at those 60 and older, it is interesting that 12% of those 65 and older have received it. For the flu shot, there are also some notable differences, including by age.

[5] A primary series is a 2-dose series of a COVID-19 vaccine (with the exception of Janssen Jcovden which is a 1-dose schedule).

- Those 65 and older are the most likely age group to have the flu shot (69%) compared with only 24% for those 18 to 24 years. Youths (12-17) are more likely than young adults to be vaccinated against the flu (33%).
- Those at-risk are more likely than those not at-risk to have received a flu vaccine (52% vs. 27%) and an RSV vaccine (6% vs. 0%) since September last year.
- Those with a post-graduate education are more likely than those with high school or less to have received a flu vaccine (46% vs. 36%) and COVID-19 booster (54% vs. 40%).
- Indigenous respondents are much less likely than non-Indigenous respondents to have received a flu vaccine (28% vs. 40%).

Table 41. Recent Vaccinations

Base (n=6611)	Total
Yes, flu vaccine	40%
Yes, COVID-19 booster	47%
Yes, RSV vaccine	3%
No	43%
Rather not say	2%

Q44.Have you received any of the following vaccinations since September 2023? Select all that apply.

Table 42. COVID-19 Vaccination Status

Base (n=6611)	Total
COVID-19 booster in Fall of 2023	47%
Primary series + at least one booster	27%
Primary series only	13%
Not vaccinated	12%
Rather not say	2%

Q44. Have you received any of the following vaccinations since September 2023? Select all that apply.
Q45. [IF NOT VACCINATED FOR COVID-19 THIS FALL] Have you previously been vaccinated for COVID-19?

4.4.5 People At-Risk Due to Health Conditions or Age

Individuals who have a health condition or are aged 60 and older are considered more at-risk for getting ill and for experiencing more extreme outcomes. Using this definition of at-risk, 50% of the respondents fall within an at-risk category. Where adult respondents were asked about specific health conditions, youth respondents were asked about whether they had a condition that made them at higher risk of a severe illness or outcome.

Table 43. Health Conditions Experienced, % Yes

	2024 (Adults 18+)	2023 (Adults 18+)
Base (n)	(6141)	
Adults		
Do you have any conditions that affect your immune system (e.g., autoimmune diseases, HIV, treatment for cancer, treatment for inflammatory diseases, anti-rejection drugs for organ transplants, etc.)?	13%	15%
Do you live with obesity (Body Mass Index (BMI) over 40)?	15%	15%
Do you have a chronic medical condition such as asthma, dementia, diabetes, heart disease, high blood pressure, kidney disease, liver disease, lung disease, or stroke?	28%	32%
Are you currently pregnant?	2%	3%
Age 60 and older	30%	31%
Youth (Base: n=470)		
Are you at higher risk of a severe illness or outcomes because of an underlying health condition (for example an autoimmune disease, asthma, diabetes, living with obesity or other medical condition)?	10%	Not asked

4.5 A Youth Perspective on Personal Protective Measures

Youth aged 12-17 have distinct perceptions, concerns and personal protective measure behaviours regarding respiratory infectious diseases (RIDs) compared with adults.

4.5.1 Perceptions and concerns

Youth 12-17 years old perceive themselves as more likely to contract the flu (4.6 out of 10 compared to adults, 4.0). Those aged 12-14 are even more likely to expect to get the flu (4.7). Youth are not more likely to think they will get RSV or COVID-19.

Despite having a higher expectation they could get the flu, they express relatively lower levels of concern about getting sick. Youth rate their concern with COVID-19 at 4.1, RSV at 3.8 and the flu at 4.0. Youth tend to perceive the current circulation of community RIDs as "very low" more than any other age group at 18%.

Table 44. Likelihood of Getting Respiratory Infectious Diseases: Youth versus Adults

Base n=actual (n=6611)	12-14 Years	15 to 17 Years	NET: Youth	NET: Adults
COVID-19	3.8	3.8	3.8	3.6
RSV	3.2	3.4	3.3	3.2
Influenza	4.7	4.5	4.6	4.0

Q14. On a 10-point scale where 1 is 'not at all likely' and 10 is 'extremely likely', how likely do you think it is for you personally to get each of the following in the next month?

Table 45. Concern with Respiratory Infectious Diseases: Youth versus Adults

Base n=actual (n=6611)	12-14 Years	15 to 17 Years	NET: Youth	NET: Adults
COVID-19	4.0	4.2	4.1	4.6
RSV	3.7	3.9	3.8	4.5
Influenza	4.1	4.0	4.0	4.4

Q19. How concerned are you about getting the following respiratory infectious diseases?

4.5.2 Sources of information and trust

Youth rely heavily on the experiences and information of friends and family when making decisions about PPMs against respiratory illnesses. This reliance on peer and familial experiences highlights the importance of social influences in shaping their behaviours.

Parents or guardians (52%), friends and family (48%), as well as school/workplaces (33%) and teachers (33%) serve as primary sources of information for 12–17-year-olds regarding RIDs.

Table 46. Sources or Platforms Used to Keep Informed: Youth versus Adults

	12-14 Years	15 to 17 Years	NET: Youth	NET: Adults
Base (n)	(187)	(283)	(470)	(6141)
Parents or guardians	55%	51%	52%	--
Friends and family	48%	49%	48%	32%
School/Workplace sources	33%	34%	33%	12%
Teachers	34%	32%	33%	0%
Public Health Agency of Canada	19%	32%	27%	40%
Local public health authorities	16%	31%	25%	39%
Online news sites	19%	28%	25%	31%
My primary healthcare provider (e.g., family doctor, nurse practitioner)	22%	21%	22%	31%
Traditional news outlets (e.g., television, radio and print news)	18%	22%	20%	41%
People I see on social media (e.g., TikTok, Twitch, Instagram, Facebook, Threads)	12%	22%	18%	14%
Government social media accounts	9%	17%	14%	17%
Digital news aggregators (e.g., Apple News)	5%	13%	10%	9%
Digital/streaming (e.g., Spotify, Podcasts, Netflix)	8%	11%	10%	7%
None of the above	8%	7%	7%	10%
Faith-based or religious leaders	5%	4%	4%	4%
Other, please specify	0%	0%	0%	2%

Q36. Which of the following platforms/sources do you use to keep informed about COVID-19 and other respiratory infectious diseases (e.g., RSV and influenza (flu))?

The social influence on youth is strong which is further reflected in the information they use when making decisions about actions they will take to protect themselves and others. Youth are much more

likely to consider the experiences of friends and other people they know (42%) compared with adults (30%). This is second only to their own health status (59%) as a source of information. In contrast, adults report using public health recommendations (48%) and their vaccination status (47%).

4.5.3 Attitudes about PPMs

Youth are equally as likely as adults to trust public health information they receive (36% for youth and 38% for adults) and are equally as likely to be confident that they know how to protect themselves (85% vs. 83%). They are also just as likely as adults to say that using PPMs is important to them (68% vs. 72%).

Peer pressure and familial support play crucial roles in motivating mask-wearing behaviours among this age group. Youth (69%) are more likely than adults (59%) to agree that they're more likely to use a mask when they see others around them using one. Youth also are more likely to explain their lack of mask wearing in terms of the fact that no one else is wearing a mask (34% vs. 20% for adults).

Like adults, youth generally think that PPMs are effective in reducing the spread of RIDs. They are less likely than adults to think that staying home when sick is very effective (66% vs. 73%) but are equally likely to think that cleaning hands regularly (68% vs. 67%), covering coughs and sneezes (51% vs. 53%), cleaning and disinfecting high-touch surfaces and objects (48% vs. 49%), and wearing a mask in indoor settings (34% vs. 39%) are very effective.

4.5.4 Behavioural patterns

Youth (32%) are more likely than adults (25%) to have been sick in the past month. Youth were less likely, however, to have always or often worn a mask when they were symptomatic (28% compared with 40% for adults). In fact, this is a pattern of youth being slightly less likely to adopt PPMs compared with adults.

Table 47. Frequency (% Always/often) of Personal Protective Measures: Youth versus Adults

Base (n) = 6611	12-14 Years	15 to 17 Years	NET: Youth	NET: Adults
Wearing a mask when in indoor public settings	19%	21%	20%	25%
Staying home when sick [Only if sick less than 3 months ago]	63%	58%	60%	62%
Cleaning your hands regularly	81%	78%	79%	84%
Covering coughs and sneezes with your elbow or a tissue	79%	83%	82%	84%
Improving indoor ventilation	44%	47%	46%	50%
Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)	49%	44%	46%	54%

Q25. Within the past three months, how often have you taken the following personal protective measures (PPMs)?
NA=Not applicable

Youth are also less likely to cancel plans if they are sick with symptoms such as a runny nose, fatigue, coughing, sneezing or fever. The only exceptions are for going to school in person, where youth are more likely than adults to cancel, and for going to work in person where there is no difference. The largest difference is for meeting with friends or family. In this case, 52% of adults are likely to cancel compared with only 37% of youth. Notably, in most cases, younger youths (12 to 14) are more likely to cancel than their older counterparts.

Table 48. Likelihood of Cancelling Plans if Experiencing Symptoms: Youth versus Adults

Base (n) = 6611	12-14 Years	15 to 17 Years	NET: Youth	NET: Adults
Going to work in person [If goes to work location]	38%	43%	41%	46%
Going to school in person [If goes to school location]	56%	41%	46%	37%
Attending concerts or sporting event	40%	31%	34%	46%
Going to a restaurant for a meal	43%	38%	40%	54%
Meeting with friends or family from different households either at your place or theirs	41%	35%	37%	52%
Visiting those who are at risk of more severe disease or outcomes	53%	47%	50%	60%
Shopping in a large retail grocery or department store	38%	33%	35%	42%

Q49. If you were sick with symptoms such as runny nose, fatigue, coughing, sneezing or fever, how likely are you to cancel plans for each of the following?

4.6 Segmentation

4.6.1 Segments

A segmentation analysis was conducted using Latent Class Analysis (LCA) to explore how PPM use, attitudes, behaviour and demographics might align different subgroups of respondents. LCA identifies latent subpopulations within a population based on a set of variables. Like other segmentation approaches, LCA approaches are very sensitive to the variables entered and the maximum number of sub-populations that are allowed to exist. The segmentation analysis was done in an iterative approach, looking at multiple LCA variable combinations and numbers of clusters to understand the impact of different variables in the overall result.

Variables included:

- Demographic/profile variables:
    - Gender
    - Age
    - Q9. Do you identify as any of the following? An Indigenous person (First Nations, Inuit or Métis)
    - Vaccination Status: Q44. Have you received any of the following vaccinations since September 2023?/ Q45. Have you previously been vaccinated for COVID-19?
    - At-risk health indicators (e.g., obesity, being pregnant, being immune compromised, having a chronic health condition and being 60 years and older).
- Attitude variables:
    - Q20. What is the current level of circulation in your community of respiratory infectious diseases such as the flu, COVID-19 or a common cold or cough (for example, the number of people sick with these diseases in your community right now)?
    - Q21: Agree Statement: I am confident that I know how to protect myself and others from getting a respiratory infectious disease
    - Q21: Agree Statement: I am aware of the latest information and recommendations on how to protect myself and others from getting a respiratory infectious disease
    - Q21: Agree Statement: I am confused about where to get reliable information about personal protective measures
    - Q21: Agree Statement: I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases
    - Q22. What information do you use when making decisions about the actions you will take to protect yourself from getting sick?
    - Q25. Within the past three months, how often have you taken the following personal protective measures (PPMs)?
    - Q33. How effective do you think each of the following personal protective measures are in reducing the spread of respiratory infectious diseases?
    - Q34. When you go to indoor public places, how often do you see other people wearing masks?
    - Q35. Agree statement: I use personal protective measures (e.g. wearing a mask, improving indoor ventilation) because I'm concerned about getting sick.
    - Q35. Agree statement: Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community

- Q35. Agree statement: I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases
- Q35. Agree statement: It is harder to use personal protective measures than it was during the pandemic
- Q35. Agree statement: I'm more likely to use a mask when I see others around me using one
- Q35. Agree statement: Using personal protective measures is important to me
- Q35. Agree statement: As a result of the pandemic, people in Canada are taking more steps to protect ourselves and others from getting sick.
- Q37. Agree statement: I trust the public health information I receive from the Government of Canada.
- Q37. Agree statement: I trust the public health information I receive from healthcare providers.
- Q37. Agree statement: There is a lot of misinformation about how to protect yourself from respiratory infectious diseases circulating in Canadian society.
- Q56. Agree statement: I am supportive of mask mandates, when public health organizations say it is necessary
- Q56. Agree statement: Masks are an effective way to reduce the transmission of respiratory infectious diseases

Overall the model presented below was identified as the most useful in terms of exploring unique segments based on PPM use, attitudes, behaviour and demographics. Some models tested included additional variables like risk but these were rejected because risk came to dominate the cluster. These analyses are exploratory in nature as the study was not specifically designed to conduct this analysis, and therefore, some variables that may importantly distinguish the clusters were not collected (e.g., broader attitudes and perspectives on health and on public health advice). Additional research on this topic would be warranted.

The analysis identified 5 key respondent groups.

Cluster 1 (28%) – This respondent cluster is defined by being older and more likely to have an underlying health condition. While this group believes that PPMs are effective and will take some actions, they are less likely to do so comprehensively (e.g., less likely than Cluster 2 to wear a mask). This group would cancel plans if they had symptoms but otherwise are somewhat less engaged as PPM users. This group perceives a higher risk of getting RIDs and in suffering severe outcomes.

Cluster 2 (16%) – Cluster 2 is the most likely to use PPMs. Almost everyone in this group always or often stays home when sick (78%) and cleans their hands regularly (95%). This group is more likely to think that RIDs are circulating in their community. This group trusts public health advice and believes (like Cluster 1) that PPMs are effective. This group perceives RIDs are circulating and are more likely than most other groups to think they are at risk and that illnesses like COVID-19 are serious.

Cluster 3 (33%) –While most will clean their hands regularly and cover their coughs and sneezes, few would wear a mask in a public setting. Only 65% would stay home when sick. Overall, Cluster 3 thinks the current level of circulation of RIDs in their community is low or very low. Like Cluster 4, this group is

less likely to think that PPMs are effective. So, while they agree that following public health advice by using PPMs is an effective way to protect the vulnerable people in their community, they don't appear to see the need to do so. They will, however, cancel plans if they are sick.

Cluster 4 (17%) – This is a group that is generally younger than the other groups and recognizes the risk of getting COVID-19, RSV and the flu. They are even concerned with getting these illnesses but not because they think the illnesses are serious. This group shares with Cluster 5 the tendency to use relatively few PPM measures in their day-to-day life and being quite skeptical of the effectiveness of many measures. They are also less likely to cancel plans if they have symptoms of being sick. They are, however, generally trusting of public health information and supportive of mask mandates if deemed necessary, though not to the degree that the Cluster 1 and Cluster 2 trust public health information. Notably, a high percentage don't know where to get reliable information about PPMs and they are relatively more likely than most groups to say that it is harder to use PPMs now than it was during the pandemic.

Cluster 5 (14%) – Respondents in this cluster are the least likely to use PPMs. For example, only 2% always or often wear a mask in public settings. In fact, of those who reported a recent illness, only 5% always wear a mask when sick. This group is the most likely to be unvaccinated for COVID-19 (40%) and the least trusting of public health advice. This group is also the least likely to think they will get sick (low risk of getting COVID-19, RSV or the flu) and the least likely to think these are serious illnesses. In fact, they are the least likely to think RIDs are circulating in their community.

4.6.2 Demographic Profile of Segments

The segments vary somewhat by demographics.

- Cluster 4 is dominated by men (64%) while Cluster 1 is more likely to have women (61%).
- Cluster 1 is the oldest cluster with 40% 65 or older. Cluster 3 is the next oldest (27%).
- Cluster 1 is the most likely to have had a fall booster against COVID-19 (72%) while Cluster 5 is the least likely (9%).
- Almost half of Cluster 1 are at-risk because of a health condition.

Table 49. Demographics (Selected Categories) by Segment [Used in Segmentation]

% Agree	Cluster #1	Cluster 2	Cluster 3	Cluster 4	Cluster 5
	(1398)	(1058)	(2178)	(1034)	(943)
Gender [Used in Segmentation Model]					
Female	61%	51%	51%	36%	48%
Male	39%	49%	49%	64%	52%
Age [Used in Segmentation Model]					
Youth: 12-17	4%	10%	8%	9%	8%
18 to 24	6%	15%	6%	22%	5%
65+	40%	9%	27%	5%	15%
Q9. Do you identify as any of the following? An Indigenous person [Used in Segmentation Model]					
Yes	3%	8%	3%	8%	4%
At-risk due to health condition [Used in Segmentation Model]					
Yes	49%	34%	36%	33%	32%
No	51%	66%	64%	67%	68%
Vaccination Status: Q44/Q45 [Used in Segmentation Model]					
Not vaccinated	1%	12%	6%	15%	37%
Primary series only	5%	12%	12%	15%	25%
Primary series + boosters	21%	26%	32%	23%	25%
Fall 2023 Booster	72%	49%	49%	42%	9%
Not sure	1%	2%	1%	4%	5%

4.6.3 Segments and Use of PHMs

Using some of the key questions, we can illustrate how the segments differ across variables that were used and not used to create the segmentation model.

Attitudes

The segments also differ in interesting ways in their overall attitudes about getting sick and PPMs.

- Cluster 1 (85%) and Cluster 2 (83%) share a worry that other people aren't doing enough to avoid getting/spreading RIDs. A concern not as shared by other groups. For example, only 67% of Cluster 3 and 17% of Cluster 5 are worried. Both Cluster 1 (96%) and 2 (96%) also think using PPMs is important to them.

- Cluster 1 (99%), Cluster 2 (99%) and Cluster 3 (93%) all trust public health information from healthcare providers. Cluster 4 (73%) is less trusting, and Cluster 5 is much less trusting (36%)
- Cluster 4 (47%) and Cluster 2 (51%) are higher when it comes to knowing where to get reliable information.
- Cluster 3 is less likely to think using PPM is important to them (72%).
- Cluster 5 is the least likely to agree with all statements. Few are worried that other people aren't taking steps to avoid getting or spreading RIDs (17%), are less likely to trust public health information (36%) and are less supportive of mask mandates (18%).

Table 50. Attitudes by Segment [Used in Segmentation]

% Agree	Cluster #1	Cluster 2	Cluster 3	Cluster 4	Cluster 5
	(1398)	(1058)	(2178)	(1034)	(943)
I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious disease	85%	83%	67%	60%	17%
I am confused about where to get reliable information about personal protective measures	10%	51%	20%	47%	18%
I trust the public health information I receive from healthcare providers	99%	93%	93%	71%	36%
Using personal protective measures is important to me	96%	96%	72%	58%	19%
I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases	38%	73%	37%	59%	15%
I am supportive of mask mandates, when public health organizations say it is necessary	99%	97%	89%	69%	18%

Use of PPMs

Cluster 1 and Cluster 2 are the most likely to use each of the PPMs tested. Cluster 2 is particularly more likely (51%) to have worn a mask in indoor settings (51%), clean and disinfect high-touch surfaces (83%) and improve indoor ventilation (83%).

Cluster 3 frequently cleaned their hands (92%) and covered their coughs and sneezes (92%) but is the second least likely to have worn a mask indoors (13%).

Cluster 4 and 5 are the least likely to use PPMs frequently. In particular, very few Cluster 5 respondents wore a mask in an indoor setting (2%).

Table 51. Frequency of Using PPMs by Segment [Used in Segmentation]

% Always/Often	Cluster #1	Cluster 2	Cluster 3	Cluster 4	Cluster 5
	(1398)	(1058)	(2178)	(1034)	(943)
Wearing a mask when in indoor public settings (e.g., transit, stores, concerts)	39%	51%	13%	21%	2%
Staying home when sick	84%	78%	65%	37%	41%
Cleaning your hands regularly	96%	95%	92%	47%	74%
Covering coughs and sneezes with your elbow or a tissue	96%	94%	92%	50%	78%
Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)	68%	83%	50%	30%	34%
Improving indoor ventilation	61%	83%	41%	31%	35%

Q25. Within the past three months, how often have you taken the following personal protective measures (PPMs)

Effectiveness of PPMs

Cluster 1 and Cluster 2 are the most likely to have used PPMs as noted above and they are also the clusters that tend to view PPMs as very effective. Most (81% very effective) of Cluster 3 believe staying home when sick is effective and a majority (73%) think cleaning your hands is effective. Cluster 4 is the most skeptical across the PPMs as it scores the lowest for all PPMs except masks. Cluster 5 is more skeptical of PPMs generally than Cluster 1, 2 and 3 but stand out most in rating the effectiveness of masks particularly low (4%).

Table 52. Effectiveness of PPMs by Segment [Used in Segmentation]

% Very Effective	Cluster #1	Cluster 2	Cluster 3	Cluster 4	Cluster 5
	(1398)	(1058)	(2178)	(1034)	(943)
Staying home when sick	96%	89%	81%	23%	59%
Cleaning your hands regularly	89%	90%	73%	18%	56%
Covering coughs and sneezes with your elbow or a tissue	73%	84%	51%	12%	41%
Cleaning and disinfecting high-touch surfaces and objects	71%	84%	45%	10%	29%
Wearing a mask when in indoor public settings	73%	77%	28%	9%	4%
Improving indoor ventilation	53%	77%	28%	8%	24%

Q33. [% VERY Effective] How effective do you think each of the following personal protective measures are in reducing the spread of respiratory infectious diseases?

Circulation of RIDs

Cluster 2 are the most likely to believe that the current levels of circulation of RIDs is high in their communities (13% very high). Cluster 5 are either not sure or think it is low (27% and 29% respectively). Cluster 1 and Cluster 3 tend to view the current circulation of RIDs in their community as medium or low and therefore may not to be motivated by this concern.

Table 53. Current Circulation of RIDs by Segment [Used in Segmentation]

	Cluster 1	Cluster 2	Cluster 3	Cluster 4	Cluster 5
	(1398)	(1058)	(2178)	(1034)	(943)
Very high	2%	13%	1%	4%	1%
High	13%	15%	7%	14%	3%
Medium	31%	34%	32%	46%	18%
Low	26%	15%	30%	19%	21%
Very low	12%	12%	10%	10%	29%
Not sure	16%	12%	18%	7%	27%

Q. What is the current level of circulation in your community of respiratory infectious diseases such as the flu, COVID-19 or a common cold or cough (for example, the number of people sick with these diseases in your community right now)?

Perception of Risk by Segment

While risk perceptions were not used to create the segments, it is clear that the clusters have different risk profiles.

- Cluster 5 perceive the likelihood of all three illnesses as being low and also don't think they are serious (e.g., life threatening).
- Cluster 2 have some of the highest levels of perceived risk of getting all three illnesses and are the most likely to think they are serious.
- Cluster 4 are more likely than most to think they will get sick but they don't see any of the tested illnesses as serious.

Table 54. Perception of Diseases by Segment [Not Used in Segmentation]

	Cluster #1	Cluster 2	Cluster 3	Cluster 4	Cluster #5
	(1398)	(1058)	(2178)	(1034)	(943)
Q14. How likely do you think it is for you personally to get each of the following? (Mean)					
COVID-19	3.7	3.9	3.6	4.4	2.4
Respiratory syncytial virus (RSV)	3.3	3.4	3.1	3.9	2.2
Influenza (flu)	4.0	4.3	4.0	4.8	3.1
Q16-18. How serious do you think…? % life threatening					
COVID-19	26%	36%	11%	13%	5%
Respiratory syncytial virus (RSV)	18%	26%	7%	9%	6%
Influenza (flu)	11%	16%	3%	6%	4%

5 Conclusion

The evolution of attitudes and perceptions about PPMs

While the surveys both took place during cold/flu season, the COVID-19 pandemic was no longer considered a public health emergency during this round of data collection. Reflective of this, only a small percentage of survey respondents (14%) rate the level of circulation of RIDs in their community as high or very high.

Among adults, the quantitative survey found a general decline in perceived likelihood of contracting all three illnesses (COVID-19, RSV, and the flu) compared to last year. This is particularly true for contracting COVID-19 (a decline from a mean of 4.1 to 3.6, out of 10). The mean likelihood of experiencing severe consequences of a COVID-19 illness also declined from 3.8 to 3.6, while perceptions for RSV and the flu have mostly remained steady.

Several attitudinal markers also changed among adults since the 2023 survey. There has been a decline in the view that using personal protective measures (PPMs) is important (71% compared with 78% in 2023). Additionally, there was a decline in the share of respondents who say they are more likely to use a mask when they see others around them using one (59% compared with 64%).

The least adopted PPM measure is mask wearing in indoor public settings with only about 1 in 4 individuals adults always (11%) or often (14%) wearing masks in an indoor public setting. Mask wearing is lower than in 2023 when 20% always and 11% often wore a mask in a public indoor setting.

A majority of respondents are at least somewhat likely to cancel plans if they are sick, particularly when the scenario involves close contact with loved ones/someone close to them or those at risk of severe outcomes. There are, however, several differences from 2023. In 2024, respondents are more likely to cancel plans to go to work and less likely to cancel plans to attend a concert. Norms around work may then have changed more than norms around public places in general.

In general, survey respondents expressed a high likelihood of using PPMs if there was a strong recommendation to do so because the risk of getting a serious RID is assessed as extremely high in their community. Given the current context, where PPM mandates and recommendations have been lifted or relaxed following the COVID-19 pandemic, this finding may help explain why respondents may not be consistently using PPMs.

How people in Canada access, perceive and use PPM advice

The access and use of PPM advice is constrained, in part, by how people think about their own knowledge and capabilities. For example, 84%, at least somewhat agree that they possess the knowledge and ability to safeguard themselves and others from contracting RIDs. Almost as many (79%) feel adequately informed about the latest recommendations and information on protective measures.

This consequence of this self-belief was particularly evident in the focus groups. Most general public and low adopter participants said that they have not kept up with RID information over the last 12 months, at least not proactively. The primary reasons for not keeping up to date shared by many of these participants are twofold: first, they feel that they are already very well-informed as a result of the extensive coverage during the pandemic; and second, many feel reporting now is "overblown" and there is fatigue – the consensus in these groups was that "they just want to move past this". There is some acknowledgement of passive consumption of new PPM information.

The top three sources for information on COVID-19 and other RIDs selected by survey respondents included traditional news outlets (39%), the Public Health Agency of Canada (39%), and local public health authorities (38%). These authoritative sources of public health information were also mentioned in the focus groups. In the survey, friends and family (33%) are also mentioned as a key source, particularly by youth. Social media (selected by 14% of survey respondents) is a relatively low used source and focus groups participants indicated they sometimes came across information on social media but did not proactively seek out information on these channels and generally did not find social media as a credible source of information regarding RIDs or public health guidelines.

Two other factors provide important context for the confidence that respondents have in their own knowledge.

- First, a majority (64%) agree that there is a significant amount of misinformation circulating in Canadian society regarding how to protect oneself from RIDs.
- However, overall, there is a high level of trust in public health information from both the Government of Canada (77%) and healthcare providers (83%).

In the segmentation analysis, the group who is not trusting of government public health information is notably less likely to be vaccinated against COVID-19 and tends to not perceive RIDs as posing serious health risks (see Cluster 5).

Drivers of perceptions of the importance of using PPMs

A significant portion (71%), agree or somewhat agree that using PPMs is important to them. This leaves almost three in ten who do not feel this way. In general, those who are older (e.g., 65 and older) are more likely than those 18 to 24 years of age to report that using PPMs is important to them (77% vs. 72%). Those who are at-risk of a severe outcome from an RID are also more likely to say that using PPMs is important to them than those who are not at-risk of a severe outcome (74% vs. 68%). A regression analysis seeking to understand what drives people to place importance on using PPMs points to the role of the current environment (e.g., perception of the level of circulation), trust in the message, one's own sense of vulnerability, one's own worry about RIDs, social pressures, wanting to protect others and gender.

Barriers, motivators, and facilitators for the uptake and sustained use of PPMs

The importance of both protecting oneself and others was a key theme in the focus groups. High risk participants tended to be very fearful of the risks to their health and mentioned that they used PPMs primarily to protect themselves. In contrast, participants in other groups reported that they used PPMs as much or more to protect others. Many of the general public participants felt that even if they contract an RID, it wouldn't be serious.

According to the quantitative survey, the most frequently adopted practices include covering coughs and sneezes with an elbow or a tissue (84% always/often) and regular hand cleaning (83%). A majority (62%) stay home when sick (always or often) but 15% rarely or never do. Approximately half engage in cleaning and disinfecting high-touch surfaces and objects (54%) and improving indoor ventilation (50%). The least adopted PPM is mask wearing in indoor public settings with only about 1 in 4 individuals (24%) always or often wearing a mask in an indoor public setting.

In the online community it was apparent that the use of PPMs varied considerably. For some there is little or no on-going adoption of PPMs because they do not perceive a personal threat from RIDs or they are skeptical of the effectiveness of the measures. For others, the adoption of PPMs varies from relatively easy habits they formed during the pandemic (e.g., handwashing) to more extensive measures (e.g., masks) driven by their perceived risk level.

Whatever the situation, focus group participants in all groups base their decision to use or not to use PPMs, and especially mask-wearing, on the following key criteria: the number of individuals with whom they may come into contact, whether they are known (family/friends) or members of the public; and the quality of the ventilation, ranging from outdoors (assessed as little or no risk) to close quarters indoors.

These situational factors are echoed in the online communities. Public transit is the most likely place to use PPMs because of the high risk driven by the exposure to a large number of unknown people. The perceived risks associated with using public transit are mostly related to crowding (and an inability to distance), the sharing of communal surfaces such as handrails which are considered hotspots for germs/viruses, and lack of adequate ventilation for fresh air and circulation. Shopping is also assessed as an activity with higher risk for which participants described their strategies for navigating this risk, especially if they felt at-risk for severe outcomes. The online community participants assessed dinner parties as being less risky from a RID perspective.

Multivariate analyses revealed that one of the key drivers for the uptake and use of PPMs are beliefs around their effectiveness. For every PPM, respondents who believe that a PPM is effective are much more likely to use that PPM compared to those who believe that the PPM is less effective. Being worried that people aren't taking steps to avoid getting or spreading RIDs is also an important driver of use of all PPMs. The remaining drivers for PPM use are specific to the PPM, with the most important drivers including:

- Using PPMs due to concern with getting sick
- Identifying as a woman
- Perceived likelihood of a severe outcome associated with RIDs
- Reporting a higher local level of RID circulation in one's community

- Believing that following public health advice by using PPMs is an effective way to protect vulnerable people in the community
- Occupational status (i.e. student, working, retired)
- Age
- Spending more time with someone at risk
- Reporting being more likely to use a mask when others around are using one

Those who don't usually use PPMs were asked in the survey why they do not use them and there are a mix of reasons across the PPMs. Several themes are evident. First, a lack of a requirement/mandate is mentioned as a reason for many PPMs. Second, barriers in implementing the PPM include not having an option to work from home while sick, forgetting to bring hand sanitizer, or lacking resources to improve air circulation. Third, a lack of belief that the PPM will make a difference.

For focus group participants, the main motivation for using PPMs is to limit the risk of contracting or spreading an RID in a crowded setting or closed quarters. Some of the factors that facilitated using PPMs align with the survey findings. First, ease of use of PPMs (physical distancing, use of hand-sanitizer [if/when available], staying home/working from home). Second, readily available PPMs such as available hand-sanitizer bottles or masks. Third, not attracting attention/social influence when adopting the PPM. Some participants tended to favour PPMs which they can do without attracting the attention of others, such as staying home, using hand sanitizer, coughing into sleeve, and physical distancing. The role of peer pressure noted in the focus groups was somewhat evident in the survey as 44% report feeling judged when wearing masks or taking other protective measures.

6 Methodology

6.1 Quantitative Methodology and Profile of Respondents

The online quantitative survey was conducted between February 15 and February 28, 2024. A total of 6,611 surveys were completed across Canada using an online panel.

Sample Source

Abacus Data access online panel respondents through an online Marketplace that is run by Lucid (a sub-contractor on our Standing Offer). The marketplace is effectively the Abacus Data panel because Abacus is responsible for managing who completes the survey and quality control.

Questionnaire

The questionnaire (both English and French) was developed by Abacus Data in close consultation with the Public Health Agency of Canada and Health Canada to ensure the survey captured the key areas of interest around the public's attitudes and behaviour around public health measures.

Survey Pretest

The online survey pretest was completed on February 15, 2024. Twenty-five interviews were completed (minimum of 10 in each official language). Pretest results were kept in the final data as changes did not impact the results.

Response Rate

Abacus Data calculates two rates that reflect the participation rate for the survey. The first is the Completion rate which is the % of completed or disqualified respondents divided by the total number of respondents who started the survey.

Completion Rate:

((completes = 6,611) + disqualified (1295))/ (Total Responses: 8,637) = 91.5%.

The second is a Participation rate that includes respondents who viewed the survey on the marketplace but did not proceed to start it.

Participation Rate:

((completes = 6,611) + disqualified (1295))/ (Total viewed: 9600) = 82.3%.

Sources of Bias

There is a possibility of non-response bias, which is introduced because certain types of individuals may be more or less likely to respond to the survey. The survey does not, for example, include members of the population who do not have access to the Internet. In addition, there are some groups within the population that are systemically less likely to answer surveys. The 12 to 17 year old sample, which was

mostly recruited through parents, may also be impacted by the decision of the parent to allow/encourage their child to complete the survey.

To address the issue of non-response bias, data were weighted to be reflective of the population of Canada aged 12 and older using age, gender, province and Indigenous identification.

In addition to respondent potential misunderstanding of the questions/scale options, two of the other types of potential bias with online survey research are social desirability bias and recall bias. Social desirability bias occurs when respondents censor their own views and report attitudes or behaviour they think the researcher/the public would expect them to have. Recall bias occurs when respondents misremember the timing of an activities either by thinking it was more recent than it really was or alternatively thinking it took place a long time ago.

Sample Distribution

The following table shows the breakdown of the completions by province/territory as well as other key groups. Small provinces and territories were allocated more sample than their share of the population so that there would be enough sample for reliable analysis at the regional and/or provincial level. An oversample of Indigenous people in Canada (+150 respondents) was also included in the survey plan to boost the total number of respondents in this groups. As such it is important that the data is weighted (see below). The effect of this weighting is to ensure that the results are not skewed by the oversamples.

The sample targets were based on the share of the population for the main 5400 respondents plus the additional 1200 completions were from sample allocated to small provinces/territories or to people identifying as Indigenous.

Below is a summary of the target and final respondent profile using unweighted data. This approach shows the number of cases that each type of respondent was available in the analysis.

Table 55. Sample Distribution (unweighted)

Geographic name	Sample Target[1]	Unweighted completions		Weighted completions	
		#	%	#	%
Newfoundland and Labrador	155	158	2.4%	93	1.4%
Prince Edward Island	130	126	1.9%	26	0.4%
Nova Scotia	345	345	5.2%	178	2.7%
New Brunswick	340	339	5.1%	139	2.1%
Quebec	1250	1256	19.0%	1,481	22.4%
Ontario	2110	2116	32.0%	2,578	39.0%
Manitoba	400	400	6.1%	231	3.5%
Saskatchewan	375	369	5.6%	192	2.9%
Alberta	680	678	10.3%	740	11.2%
British Columbia	740	749	11.3%	926	14.0%
Territories	75	75	1.1%	20	0.3%
Canada	6,600	6,611	100.0%	6611	100.0%
OTHER TARGETS					
Youth (12-17)	400	470	7.1%	489	7.4%
Indigenous peoples	250	301	4.6%	331	5.0%

[1]*Includes projected targets for distribution of Indigenous people in Canada*

The sample was structured and weighted to the national population by region, age and gender with specific targets for youth and Indigenous respondents. Other core demographics are important for the analysis were included with natural fallout the respondent profile is highlighted below compared to the final weighted data.

Table 56. Unweighted and Weighted Frequencies for Core Demographics

Geographic name	Unweighted completions		Weighted completions	
	#	%	#	%
Gender				
Man/boy	3278	50%	3268	49%
Woman/girl	3295	50%	3304	50%
Prefer not to answer	16	0%	16	0%
An identity not listed	22	0%	23	0%
Age				
12 to 17	470	7%	492	7%

18 to 24	593	9%	665	10%
25 to 34	1161	18%	1105	17%
35 to 44	1020	15%	1030	16%
45 to 54	906	14%	918	14%
55 to 64	1047	16%	983	15%
65+	1414	21%	1419	21%
Do you identify as any of the following? Select all that apply				
An Indigenous person	301	5%	331	5%
A member of an ethnocultural or a visible minority group	847	13%	888	13%
A member of the LGBTQ2S+ community	433	7%	443	7%
A person living with disabilities	738	11%	696	11%
None of the above	4369	66%	4330	65%
I prefer not to answer	208	3%	210	3%
Urban area or a rural area				
Urban (in a city or large town with population over 1,000)	5475	83%	**5621**	85%
Rural (outside a city or large town with population under 1,000)	1136	17%	990	15%
Rural and remote	131	2%	121	2%
Rural but not remote	948	14%	822	12%
Where were you born?				
Born in Canada	5076	77%	5014	76%
Born outside Canada	1535	23%	1597	24%
Length of time in Canada				
More than 10 years	834	54%	898	56%
6 to 10 years	201	13%	204	13%
Last 5 years	500	33%	495	31%
Highest level of formal education [Adults only]				
Some high school or less	253	4%	252	4%
High school diploma or equivalent	1521	25%	1519	25%
Registered Apprenticeship or other trades certificate or diploma	386	6%	382	6%
College, CEGEP or other non-university certificate or diploma	1460	24%	1426	23%
University certificate or diploma below bachelors level	353	6%	354	6%
Bachelors degree	1462	24%	1474	24%
Postgraduate degree above bachelors level	669	11%	675	11%
Current employment status?				
Working full-time or part-time	3340	51%	3349	51%
Self-employed	462	7%	472	7%

Unemployed, but looking for work	385	6%	376	6%
A student	665	10%	706	11%
Retired	1489	23%	1453	22%
Not in the workforce	357	5%	349	5%
Other employment status	83	1%	84	1%
I prefer not to answer	58	1%	61	1%
At-risk due to health condition or over 60 years				
No	3265	49%	3329	50%
Yes	3346	51%	3282	50%

Weighting

Weighting adjustments were applied to the final edited, clean data to ensure the data is reflective of the population by age, gender and province for 2021 from Statistics Canada census data for people in Canada 12 and older. The weighting was done using a Random Iterative Method (RIM weighting). Targets were established for age within gender, with additional weighting levels for province and for Indigenous persons (due to the oversample).

Margin of Error / Confidence Interval

No margin of error is reported because the sample was not a probability sample of the Canadian population. As such, the results of this survey are not statistically projectable to the target population because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error. Respondents were sourced from a panel. Because it is a non-probability sample, the results cannot be extrapolated to a broader audience.

Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal statistical inferences can be drawn between the sample results and the broader target population it may be intended to reflect.

Tabulated Data

Detailed tables are included under separate cover.

Tables include statistical testing using column, cell percentages. Letters refer to the column with capital letters indicating a p value of <.001 (99.9%) and lower case letters indicating a p value of <.05 (95%).

6.2 Qualitative Methodology

The results from the qualitative research cannot be extrapolated to a broader audience because participants were not randomly selected. By its nature, qualitative research is directional in nature.

6.2.1 Focus groups

The first qualitative phase of the research consisted of eight (8) online focus groups with the Canadian public conducted between December 11 and December 14, 2023.

- Details of the focus groups are shown in the table on the following page.
- In total, there were 90 participants across all eight focus groups.
- Each focus group was between 115 and 120 minutes in length.
- Observers from PHAC attended each focus group.

The focus group discussion guides (English and French), and the recruiting screeners used, are provided in Appendix.

Region/ Language	Audience	Date/Time (EST)	# of participants	Gender	Community type	Age	
National English	Gen Pop 18+, Indigenous (4)	Dec 11, 7pm	10	Male: 4 Female: 6	Urban: 8 Rural: 2	•18-34: 1 •35-60: 8	•60+: 1
National French	Gen Pop 18+	Dec 11, 7pm	12	Male: 6 Female: 6	Urban: 11 Rural: 1	•18-34: 4 •35-60: 6	•60+: 2
Atlantic English	Low adopters*	Dec 12, 5:30pm	12	Male: 8 Female: 4	Urban: 8 Rural: 4	•18-34: 2 •35-60: 7	•60+: 3
West/North English	Low adopters*	Dec 12, 8:30 pm	12	Male: 8 Female: 4	Urban: 9 Rural: 3	•18-34: 1 •35-60: 7	•60+: 4
East French	Low adopters*	Dec 13, 6pm	11	Male: 7 Female: 4	Urban: 10 Rural: 1	•18-34: 2 •35-60: 4	•60+: 5
Atlantic English	High Risk	Dec 13, 6pm	11	Male: 5 Female: 6	Urban: 11 Rural: 0	•18-34: 2 •35-60: 6	•60+: 3
West/North English	High Risk Indigenous (2)	Dec 14, 8:30pm	11	Male: 5 Female: 5 Other: 1	Urban: 10 Rural: 1	•18-34: 1 •35-60: 8	•60+: 2
East French	High Risk	Dec 14, 6pm	11	Male: 5 Female: 6	Urban: 11 Rural: 0	•18-34: 2 •35-60: 5	•60+: 4

*Low adopters rarely or never used PPMs but did not outright reject them – they expressed at least some concern about RIDs or placed some importance on the adoption of PPMs (despite not adopting them themselves).

6.2.2 Online community

Recruiting

The survey was conducted online with 700 respondents from January 3 to 18, 2024. A random sample of panelists were invited to complete the survey.

The data were weighted according to census data to ensure that the sample matched Canada's population according to age, gender, and region. Totals may not add up to 100 due to rounding.

The survey took less than 5 minutes to complete.

Community Participation

The online community took place from January 7 to 22, 2024 with 102 Canadian adults across the country.

An online community is a qualitative form of research in which participants are invited to participate in a series of tasks (some of which are viewed only by the moderators and some of which are viewed by other participants). The Recollective platform was used for this project and allowed participants to share information and discuss ideas, regardless of geographical location and time of day.

Participants in the community were asked to complete an online journal for 3-5 days, detailing their activities, their perceived risk of contracting an RID, and how they decided to use/not use PPMs. The discussion guide for the community is provided as an Appendix. Recruitment was conducted by surveying participants using a screening process, and candidates were selected based on specific target groups identified for the study seen below (the recruiting screener is also found in the Appendix).

TARGET GROUP	Participants
Total number of participants	102
General Population 18+ [no other group below]	17
Indigenous peoples	17
Individuals at high risk due to health condition	24
Individuals at high risk due to not receiving recommended vaccine doses	29
Low adopters of personal protective measures (PPMs)*	52
English	73
French	29
* Low adopters of personal protective measures were defined as those who rarely or never used PPMs such as wearing masks, staying home when ill, or physical distancing in crowded spaces in the past six months but did express at least some concern about respiratory infectious diseases and/or placed some importance on the adoption of PPMs, despite not always adopting them themselves. Note: Individuals in each target group are not mutually exclusive and may overlap. For instance, someone could identify as Indigenous while also being categorized as a low adopter of PPMs.	

6.3 Regression Analysis

Using Personal Protective Measures is Important to Me

An important variable in understanding the adoption of PPMs is the degree to which using PPMs is important to the respondent. Using this as a dependent variable, we estimate a number of models to understand the role of different variables in accounting for variation in the dependent variable. Other variables such as other measures of risk and geographic location were included in some preliminary models.

Three models are presented below with different sets of independent variables. Each new model adds new explanatory or independent variables.

- Model 1: Includes perceptions of one's personal risk of a severe outcome and the perceptions of the current circulation of RIDs in the community. In addition to demographics, the model also includes personal health factors (e.g., vaccination status).
- Model 2: Includes everything in Model 1 and adds trust in public health information.
- Model 3: Includes everything in Model 2 and adds other attitudinal variables.

Variable list:

Dependent variable: Q35: How much do you agree or disagree with each of the following? Using personal protective measures is important to me

    - SCALE: Agree (4); Somewhat agree (3), Not sure (2.5), Somewhat disagree (2), disagree (1)

Independent variables:

- Trust: Q37(a) "I trust the public health information I receive from the Government of Canada". SCALE: Agree (4); Somewhat agree (3), Not sure (2.5), Somewhat disagree (2), disagree (1)
- Perceived Risk:[6]
    - Q15(a-c): "how likely do you think it is for you personally to have a severe consequence (for example, requiring hospitalization) as a result of being infected from the following?" Scale reliability will be tested for the 3 disease profiles and an index will be used.
- Local exposure: Q20: "What is the current level of circulation in your community of respiratory infectious diseases such as the flu, COVID-19 or a common cold or cough (for example, the number of people sick with these diseases in your community right now)?" Coded 0 – very low to 5 – very high
- Motivators/barriers: (agree scale as 1-4 from disagree to agree)
    - Q21(d): "I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases
    - Q35(a): "I use personal protective measures (e.g. wearing a mask, improving indoor ventilation) because I'm concerned about getting sick"

[6] We will likely not use severity for models since Youth did not answer these questions.

    - Q35: (b) “Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community
    - Q35(c): “I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases:
    - Q35(e): I’m more likely to use a mask when I see others around me using one
- At-risk status: 0 if not at-risk due to age or health condition, 1 if at-risk.
- Vaccination status:
    - Q44: Either yes, no been vaccinated since September or Index based on number of vaccinations
    - Q45: Previous vaccination for COVID, no =0; received some vaccination previous=1
- Time spent with someone at risk: Q43. Do you spend a lot of time (e.g., live with and/or meet with) with someone who is at higher risk of a severe illness or outcomes because of an underlying health condition or their age?
- Recent respiratory illness: Q23. When was the last time you had symptoms of a respiratory illness, for example, a cough, runny nose, sore throat, etc.?
- Age: Ordinal variable based on categories
- Education: Ordinal variable based on categories
- Gender: 0 for Female and 1 for not female

Findings:
A regression analysis seeking to understand what drives people to place importance on using PPMs shows that:

- Risk is a key driver. Those who think they are at a higher risk of a severe outcome and/or believe that RIDs are circulating to a higher degree are more likely to place a higher importance.
- Spending time with people at-risk influences importance. Those who spend a lot of time with someone who it at-risk are more likely than those who do not spend time with someone at risk to think it is important.
- Previous actions to protect oneself is a key indicator of importance. One’s previous vaccination history for COVID-19 is a strong driver of placing importance on PPM use.
- Trust matters. Those who report higher levels of trust in the public health information received from the Government of Canada are more likely to report that using PPMs is important to them compared to those who report lower levels of trust in this information.
- Demographics matter somewhat: Men are less likely than women to think it is important to adopt PPM advice even when we control for other variables. There is no age or at-risk impact when we add risk and spending time with others at risk to the model.
- Attitudes about PPMs drive a lot of the variation in importance of PPMs across respondents. In fact, the impact of the other variables is reduced, reversed, and/or goes away when we add these attitudinal variables to the model. Most notably, two variables are particularly important:
    - Respondents who report that they use PPMs because they are concerned with getting sick are more likely to say that using PPMs are important to them controlling for other variables.
    - Those who believe that following public health advice by using PPMs is an effective way to protect the vulnerable people in their community are more likely to think using PPMs is important to them than those who do not believe this.

Together these findings point to the role of the current environment (e.g., perception of the level of circulation), trust in the message, one's own sense of vulnerability, one's own worry about RIDs and wanting to protect others.

Table 57. Regression Model for Importance of PPMs

	Model 1		Model 2		Model 3	
Adj-r2	0.101		0.227		0.521	
n	6610		6610		6610	
	Coefficient	Sig.	Coefficient	Sig.	Coefficient	Sig.
Q15: Index: Likelihood of severe outcome	**0.109**	***	**0.092**	***	-0.005	
Q20: Local Circulation Level of RIDs	**0.078**	***	**0.052**	***	**-0.020**	*
Q37: Trust: I trust the public health information I receive from the Government of Canada			**0.390**	***	**0.066**	***
Q21d: I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases					**0.099**	***
Q35a: I use PPM because I am concerned with getting sick					**0.426**	***
Q35b: Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community					**0.258**	***
Q35c: I'm more likely to use a mask when I see others around me using one					**0.055**	***
Q35e: I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases					0.012	
At-risk due to health condition (only)	-0.010		0.007		0.001	
Vaccination Status (COVID-19)	**0.235**	***	**0.081**	***	0.005	
Time spent with someone at risk	**0.041**	**	**0.048**	***	0.005	
Recent respiratory illness	0.005		0.008		0.007	
Age	0.002		-0.001		0.004	
Men	**-0.079**	***	**-0.062**	***	**-0.044**	***
Education						

Regression Model: Ordinary Least Squares
Coefficients are Beta values, which allow more easy comparisons given that the values are standardized (-1 to 1)
Significance: * p < .05; ** p < .01; *** p < .001

Table 58. Regression Model for Importance of PPMs [Adults only]

	Model 1		Model 2		Model 3	
Adj-r2	0.102		0.227		0.521	
n	6082		6082		6082	
	Coefficient	Sig.	Coefficient	Sig.	Coefficient	Sig.
Q15: Index: Likelihood of severe outcome	**0.109**	***	**0.092**	***	-0.005	
Q20: Local Circulation Level of RIDs	**0.076**	***	**0.051**	***	**-0.021**	*
Q37: Trust: I trust the public health information I receive from the Government of Canada			**0.389**	***	**0.066**	***
Q21d: I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases					**0.099**	***
Q35a: I use PPM because I am concerned with getting sick					**0.425**	***
Q35b: Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community					**0.258**	***
Q35c: I'm more likely to use a mask when I see others around me using one					**0.055**	***
Q35e: I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases					0.011	
At-risk due to health condition (only)	-0.006		0.008		0.001	
Vaccination Status (COVID-19)	**0.228**	***	**0.079**	***	0.005	
Time spent with someone at risk	**0.043**	**	**0.049**	***	0.005	
Recent respiratory illness	0.003		0.008		0.007	
Age	0.003		0.000		0.004	
Men	**-0.080**	***	**-0.062**	***	**-0.044**	***
Education	**0.040**	**	0.018		0.004	

Regression Model: Ordinary Least Squares
Coefficients are Beta values, which allow more easy comparisons given that the values are standardized (-1 to 1)
Significance: * p < .05; ** p < .01; *** p < .001

Regression Model: Use of Individual PPMs

The survey collected information on the use of 6 PPMs. Using these as 6 different dependent variables, we estimate the role of different variables in accounting for variation in PPM use. The regression models include perceived effectiveness of the PPM, perceptions of one's personal risk of a severe outcome, the perceptions of the current circulation of RIDs in the community, trust in public health information and attitudes about PPMs. In addition, demographics and personal health factors (e.g., vaccination status) were included.

Variable list:

Dependent variable: Q25:

Within the past three months, how often have you taken the following personal protective measures (PPMs)?

a) Wearing a mask when in indoor public settings (e.g. transit, stores, concerts)
b) Staying home when sick
c) Cleaning your hands regularly
d) Covering coughs and sneezes with your elbow or a tissue
e) Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)
f) Improving indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)

[SCALE: Always (5), often (4), sometimes (3), rarely (2), never (1)]

Independent variables:

- Trust: Q37(a) "I trust the public health information I receive from the Government of Canada". SCALE: Agree (4); Somewhat agree (3), Not sure (2.5), Somewhat disagree (2), disagree (1)
- Perceived Risk:
    - Q15(a-c): "how likely do you think it is for you personally to have a severe consequence (for example, requiring hospitalization) as a result of being infected from the following?" Scale reliability will be tested for the 3 disease profiles and an index will be used.
- Local exposure: Q20: "What is the current level of circulation in your community of respiratory infectious diseases such as the flu, COVID-19 or a common cold or cough (for example, the number of people sick with these diseases in your community right now)?" Coded 0 – very low to 5 – very high
- Motivators/barriers: (agree scale as 1-4 from disagree to agree)
    - Q21(d): "I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases
    - Q35(a): "I use personal protective measures (e.g. wearing a mask, improving indoor ventilation) because I'm concerned about getting sick"
    - Q35: (b) "Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community
    - Q35(e): I'm more likely to use a mask when I see others around me using one
- At-risk status: 0 if not at-risk due to age or health condition, 1 if at-risk.
- Vaccination status:

    - Q44: Either yes, no been vaccinated since September or Index based on number of vaccinations
    - Q45: Previous vaccination for COVID, no =0; received some vaccination previous=1
- Time spent with someone at risk: Q43. Do you spend a lot of time (e.g., live with and/or meet with) with someone who is at higher risk of a severe illness or outcomes because of an underlying health condition or their age?
- Recent respiratory illness: Q23. When was the last time you had symptoms of a respiratory illness, for example, a cough, runny nose, sore throat, etc.?
- Age: Ordinal variable based on categories
- Gender: 0 for Female and 1 for not female
- Work status: Separate variables (0, no; 1 yes) for working, retirement and student.
- Effectiveness: Q33. How effective do you think each of the following personal protective measures are in reducing the spread of respiratory infectious diseases? Separate variables for each PPM on a scale where 1 is not effective and 4 is very effective

Table 59. Regression Drivers of Individual PPM Use including Effectiveness

	Wearing a mask in indoor public place		Stay home when sick		Clean hands regularly		Covering coughs and sneezes		Clean and disinfect surfaces		Improve ventilation	
Adj-R^2	0.407		0.216		0.276		0.222		0.287		0.272	
N	6412		2974		6566		6494		6538		6436	
Effectiveness of the PPM in reducing spread of RIDs	**0.17**	***	**0.31**	***	**0.42**	***	**0.34**	***	**0.39**	***	**0.40**	***
Q15: Index: Likelihood of severe outcome	**0.08**	***	0.00		**-0.06**	***	**-0.09**	***	**0.03**	**	0.02	
Q20: Local Circulation Level of RIDs	**0.05**	***	**0.04**	*	0.00		-0.01		-0.02		**-0.03**	*
Q21d: I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases	**0.06**	***	**0.07**	***	**0.05**	***	**0.05**	***	**0.05**	***	**0.04**	**
Q35a: I use PPM because I am concerned with getting sick	**0.44**	***	**0.13**	***	**0.08**	***	0.01		**0.24**	***	**0.22**	***
Q35b: Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community	0.00		**0.06**	*	**0.10**	***	**0.14**	***	-0.01		0.00	
Q35c: I'm more likely to use a mask when I see others around me using one	-0.01		0.00		**-0.04**	**	**-0.03**	*	-0.02		-0.02	
Q37: Trust: I trust the public health information I receive from the Government of Canada	-0.02		0.00		-0.01		0.01		**-0.03**	*	-0.01	
At-risk due to health condition (only)	**0.03**	**	0.00		-0.01		-0.02		-0.02		0.00	
Vaccination Status (COVID-19)	**0.03**	*	-0.04	*	0.01		-0.02		0.01		-0.02	
Time spent with someone at risk	**0.07**	***	**0.05**	**	0.01		-0.01		0.01		**0.03**	**
Recent Illness	**0.03**	**	0.01		0.00		0.02		0.00		-0.02	
Age	**-0.07**	***	-0.01		**0.07**	***	**0.11**	***	0.00		**-0.05**	**
Male	0.00		**-0.10**	***	**-0.09**	***	**-0.14**	***	**-0.09**	***	**-0.04**	**
Working	-0.01		-0.01		**0.03**	*	**0.06**	**	0.01		0.00	
Retired	0.00		**0.11**	***	0.00		0.00		**-0.05**	**	-0.01	
Student	**-0.05**	***	-0.02		-0.01		**0.03**	*	**-0.08**	***	**-0.06**	***

Regression Model: Ordinary Least Squares
Coefficients are Beta values, which allow more easy comparisons given that the values are standardized (-1 to 1)
Significance: * p < .05; ** p < .01; *** p < .001

7 Appendix: Research Materials

7.1 Survey Instrument

Introduction

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 18 minutes to complete.

[Begins as adult survey but gateways into youth when it is applicable]

Background information

This research is being conducted by Abacus Data, a Canadian public opinion research firm on behalf of the Public Health Agency of Canada.

The purpose of this online survey is to collect opinions from Canadians that will be used by the Public Health Agency of Canada to help inform government actions and decisions.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey. You have to be 16 or over in order to participate in this survey or provide consent for your child to participate.
- We anticipate that the survey will take 18 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses will only ever be reported in aggregate - to reduce the risk that anyone could identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Abacus Data will be collected on behalf of the Public Health Agency of Canada (PHAC) in accordance with the Privacy Act, applicable Treasury Board directives, Abacus' privacy policy (https://abacusdata.ca/privacy-policy/) and the Personal Information Protection and Electronics Documents Act. This collection is authorized by Section 4 of the Department of Health Act. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your personal information, such as demographic information, to better understand the views of survey respondents. However, your responses are always combined with the responses of others for analysis and reporting; you will not be directly identified.
- **Your rights under the Privacy Act:** In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact hc.cpab.por-rop.dgcap.sc@canada.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

- This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.

If you are experiencing technical issues while responding to the survey, please contact Abacus's technical support team at survey@abacusdata.ca

Your help is greatly appreciated, and we look forward to receiving your feedback.

This research is being conducted by Abacus Data, a Canadian Research Insights Council (CRIC) member company that follows the CRIC Pledge to Canadians. This project is a research initiative and is not selling or marketing products. It is registered with the CRIC Research Verification Service which allows you to verify its legitimacy and share your feedback. The registration number is: 20240205-AB857. If you have feedback on this research, you can share it by going to: https://www.canadianresearchinsightscouncil.ca/rvs

[CONTINUE]

Screening Questions

NOTE: For quota and oversampling requirements we need to confirm certain individual information at the beginning of the survey

1. What is your gender identity? This refers to your current gender, which may be different from sex assigned at birth or from what is indicated on legal documents

   Man 1
   Woman 2
   An identity not listed, please specify 3
   Prefer not to answer 9

2. In what year were you born?

   [Validation between 1900 and 2006]; [TERMINATE BETWEEN 2004 and 2023]
   [YYYY]
   I prefer not to answer

3. [ASK IF PREFER NOT TO ANSWER at Q2] Would you be willing to indicate in which of the following age categories you belong?

   Under 16 [TERMINATE]
   Between 16 and 17
   Between 18 and 24
   Between 25 and 34
   Between 35 and 44
   Between 45 and 54
   Between 55 and 64
   65 or older
   I prefer not to answer [TERMINATE]

4. Do you have children in the following age ranges who live in your household at least part-time? *Select all that apply.*

Under 2 years of age 1
2 to 5 years of age 2
6 to 11 years 3
12 to 17 years .....4 [Qualify for youth survey]
18 years and older 5
I do not have children.....9

[Qualify for youth survey; ensure quotas are not impacted for general population]

Dear Parent or Guardian,

We are seeking permission for your child who is at least 12 years old to participate in the survey about public health measures and some of the actions that people may take to protect themselves and others from getting a respiratory infectious disease, such as the flu, COVID-19 or a common cold. Abacus Data is conducting the survey on behalf of the Public Health Agency of Canada. The answers your child provides are confidential and anonymous. The survey will take 15 minutes to complete.

If you grant permission for your child to participate, please indicate this in the check box below. If not, please exit the survey.

I grant permission for my child to participate in this survey

5. Is your child aged 12 to 17 available to complete the questionnaire with you right now?

Yes
No [DISQUALIFY]

[DISPLAY] Here is how we recommend you complete this survey:

- Before you start this survey, please invite your child between the ages of 12 to 17 (or one of them if you have more than one) into the room with you.
- We request that your child complete the survey on your device themselves, or you can be the interviewer and ask them the questions.
- It is really important to our study that we get answers directly from the child instead of you answering the questions on their behalf.

Are these instructions clear to you?

Yes
No [DISQUALIFY]

[DISPLAY] The following questions should be responded to by your child.

[Repeat study background and privacy information from survey intro with modification that the survey is now 15 minutes]

6. Do you understand how the survey works and consent to participate in the survey?

   Yes
   No [DISQUALIFY]

7. [YOUTH GENDER] What is your gender identity? This refers to your current gender, which may be different from sex assigned at birth or from what is indicated on legal documents

   Boy.....1
   Girl.....2
   An identity not listed, please specify.....3
   Prefer not to answer 9

8. [YOUTH AGE] Would you be willing to indicate in which of the following age categories you belong?

   Under 12 [TERMINATE]
   12 years old
   13 years old
   14 years old
   15 years old
   16 years old
   17 years old
   18 years or older
   I prefer not to answer

9. Do you identify as any of the following? *Select all that apply.*

   NOTE: For quota and oversampling requirements we need Indigenous person but do not necessarily need the others

   An Indigenous person (First Nations, Inuit or Métis) 1
   A member of an ethnocultural or a visible minority group.....2
   A member of the LGBTQ2S+ community 3
   A person living with disabilities...4
   None of the above.....5
   I prefer not to answer 9

10. [IF IDENTIFIES AS INDIGENOUS IN Q9] Are you…?

    First Nations living on-reserve.....1
    First Nations not living on reserve.....2
    Inuit 3
    Métis.....4
    None of the above.....5
    I prefer not to answer 9

11. In which province or territory do you currently live?

    [LIST PROVINCES AND TERRITORIES]

12. Would you say you live in an urban area or a rural area?

Urban (in a city or large town with population over 1,000).....1 [SKIP NEXT QUESTION]
Rural (outside a city or large town and with population under 1,000) 2

13. [IF RURAL IN Q12] Is your residence located more than 350 km away from the nearest healthcare services that are accessible year-round?

Yes 01
No 02
Do not know 03

Main Survey

Risk perception and Context

NOTE: These questions will be useful to establish the overall understanding of the current environment in which people are making PPM decisions.

14. On a 10-point scale where 1 is '*not at all likely'* and 10 is '*extremely likely'*, how likely do you think it is for you **personally to get each of the following in the next month**?

a. COVID-19
b. Respiratory syncytial virus (RSV)
c. Influenza (flu)

15. On a 10-point scale where 1 is '*not at all likely*' and 10 is '*extremely likely'*, how likely do you think it is for you personally to **have a severe consequence** (for example, requiring hospitalization) as a result of being infected from the following?

- COVID-19
- Respiratory syncytial virus (RSV)
- Influenza (flu)

[Q16 – Q18 – Keep order of questions below but randomize which of the three is shown first – where applicable]

16. [ADULTS] How serious do you think **COVID-19** illness is in general? [RANDOMIZE]

Life-threatening..... 1
Requiring hospitalization..... 2
Seriously ill, but not requiring hospitalization..... 3
Manageable symptoms 4
Can be ignored 5
Not sure..... 9

17. [ADULTS] How serious do you think **RSV (Respiratory syncytial virus)** is in general? [RANDOMIZE]

Life-threatening..... 1
Requiring hospitalization..... 2
Seriously ill, but not requiring hospitalization..... 3

Manageable symptoms 4
Can be ignored 5
Not sure..... 9

18. [ADULTS] How serious do you think **influenza (flu)** is in general? [RANDOMIZE]

Life-threatening..... 1
Requiring hospitalization..... 2
Seriously ill, but not requiring hospitalization..... 3
Manageable symptoms 4
Can be ignored 5
Not sure..... 9

19. On a 10-point scale where 1 is '*not at all concerned*' and 10 is '*extremely concerned*', how concerned are you **about getting the following** respiratory infectious diseases. [RANDOMIZE] [ASKED IN 2023]

[Pop-up/hover definition of respiratory infectious diseases: "Respiratory infectious diseases (RIDs) are illnesses caused by germs (like viruses and bacteria) that can spread from person to person or from contaminated objects/surfaces. These illnesses can include symptoms such as runny nose, fatigue, coughing, sneezing or fever."]

- COVID-19
- Respiratory syncytial virus (RSV)
- Influenza (flu)

20. What is the current level of circulation in your community of respiratory infectious diseases such as the flu, COVID-19 or a common cold or cough (for example, the number of people sick with these diseases in your community right now)? [CIRCULATION]

Very high 1
High 2
Medium 3
Low 4
Very low.....5
Not sure.....9

NOTE: Question 21 gets at the sense of personal skills and beliefs about personal protective measures (PPMs).

21. How much do you agree or disagree with each of the following? [RANDOMIZE]

a) I am **confident** that I know how to protect myself and others from getting a respiratory infectious disease
b) I am **aware** of the latest information and recommendations on how to protect myself and others from getting a respiratory infectious disease
c) I am **confused** about where to get reliable information about personal protective measures
d) I am worried that people aren't taking steps to avoid getting or spreading respiratory infectious diseases

[SCALE: Agree, somewhat agree, somewhat disagree, disagree, not sure]

[Pop-up/hover definition of respiratory infectious diseases: " Respiratory infectious diseases (RIDs) are illnesses caused by germs (like viruses and bacteria) that can spread from person to person or from contaminated objects/surfaces. These illnesses can include symptoms such as runny nose, fatigue, coughing, sneezing or fever."]

22. What information do you use when making decisions about the actions you will take to protect yourself from getting sick? *Select all that apply*. [RANDOMIZE] [ASKED IN 2023 - MODIFIED]

Reported data such as infection rates, hospitalizations, and intensive care unit (ICU) admissions 1
The types and severity of colds and viruses that are currently spreading in my community 2
Public health recommendations and advice from health authorities 3
Local hospital capacity 4
Information about the places I intend/need to visit (e.g., number of people, venue size, air circulation) 5
Information about the people I will be visiting/ interacting with 6
My own health status 7
The health status of people I live with (e.g., if they are at risk of severe illness) 8
My previous experience with getting a respiratory infectious disease 9
My vaccination status for COVID-19 and/or other viruses such as influenza (flu) 10
Experiences of friends and other people I know 11
I do not take actions to protect myself ..... 12 [Exclusive]
Other, please specify 99

23. When was the last time you had symptoms of a respiratory illness, for example, a cough, runny nose, sore throat, etc.?

In the last week or two
Three or four weeks ago
Between a month and three months ago
More than three months ago
I don't remember the last time I had symptoms

24. [ASK IF Q23 = LESS THAN 3 MONTHS AGO] How often did you wear a mask when around others when you last had symptoms of a respiratory illness (for example, a cough, runny nose, sore throat)?

Always
Often
Sometimes
Rarely
Never
Not applicable

Use of Personal Protective Measures and Decision-Making (PPMs)

25. Within the past three months, how often have you taken the following personal protective measures (PPMs)? [DIARY STUDY CROSSOVER]

[Pop-up/hover definition of personal protective measures (PPM): "Actions you can take to reduce your risk of getting or spreading respiratory infectious diseases (for example, using a mask to protect yourself and others from COVID-19). These actions are also known as public health measures that can be used by individuals."]

[PROVIDE FOLLOWING NOTE ON QUESTIONS WITH 'MASK' IN THIS SECTION]
"The word mask refers to a respirator (e.g., N95, KN95), medical mask (e.g. blue surgical mask) or non-medical mask (e.g. cloth mask)."

g) Wearing a mask when in indoor public settings (e.g. transit, stores, concerts)
h) [ASK IF Q23 = LESS THAN 3 MONTHS AGO] Staying home when sick
i) Cleaning your hands regularly
j) Covering coughs and sneezes with your elbow or a tissue
k) Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)
l) Improving indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)

[SCALE: Always, often, sometimes, rarely, never, not applicable]

[For Q26-31 ask no more than 3 of the questions – Prioritize 'staying home when sick' for all Q25b=Sometimes, rarely, never, and the question about reasons FOR masking (for those who always/often/sometimes mask in Q25a] [Youth will not respond to the cleaning/disinfecting nor indoor ventilation 'why not' questions]

26. [IF Q25b =Sometimes, rarely, never] Why have you not **stayed at home when sick** in the past three months? *Please select up to 3*. [RANDOMIZE]

It's not required
I don't have access to sick leave
I don't like to cancel plans
It's difficult for me to stay at home
I don't have the option to work/study from home while sick
No one else is staying home when sick
I am concerned what friends and family will think
Friends/family pressure me to not stay home
There are better ways to protect others from getting sick
It won't have a big impact
It's not important to me
I don't like being told what to do
I am tired of isolating when sick
Other, please specify:
No reasons

27. [IF Q25c =Rarely, never] Why have you not **cleaned your hands regularly** in the past three months? *Please select up to 3*. [RANDOMIZE]

It's not required
I don't have access to hand sanitizer or a sink
I don't have the time to clean my hands regularly

I forget to bring hand sanitizer with me when I go out
Hand washing is uncomfortable
It's difficult for me to clean my hands regularly
It makes doing other things more difficult (i.e., job or other daily tasks)
No one else is cleaning their hands regularly
I am concerned what friends and family will think if I stop to clean my hands
Friends/family pressure me to not use hand sanitizer or clean my hands regularly
It won't protect me from getting sick
It won't help prevent the spread of illnesses
There are better ways to protect myself from getting sick
It won't have a big impact
I am not sure when I should clean my hands
I 'm not worried about getting sick
I don't like being told what to do
I am tired of using hand sanitizer
Other specify:
No reasons

28. [IF Q25d =Rarely, never] Why have you not **covered your coughs and sneezes with your elbow or tissue** in the past three months? *Please select up to 3*. [RANDOMIZE]

It's not required
I don't have enough time or quick enough reflexes
I forget to bring tissues with me when I go out
Using a tissue is uncomfortable
I don't want to get my sleeves dirty
It's difficult for me to cover my coughs and sneezes
It makes doing other things more difficult (i.e., job or other daily tasks)
No one else is covering their coughs and sneezes
I am concerned what friends and family will think if I use tissues
Friends/family pressure me to not use tissues
It won't help prevent the spread of illnesses
It won't have a big impact
It's not important to me
I don't like being told what to do
I am tired of covering my coughs and sneezes
Other, please specify:
No reasons

29. [ADULTS ONLY] [IF Q25e =Rarely, never] Why have you not **cleaned and disinfected high-touch surfaces and objects** in the past three months? *Please select up to 3*. [RANDOMIZE]

It's not required
I'm not responsible for housework in my home
I don't have access to cleaners or disinfectants
I forget to clean high-touch surfaces when I do housework
Cleaning with disinfectants is uncomfortable

It's difficult for me to clean high-touch surfaces and objects
It makes doing other things more difficult (i.e., job or other daily tasks)
No one else is cleaning and disinfecting
I am concerned what friends and family will think if they see me cleaning and disinfecting high-touch surfaces and objects
Friends/family pressure me to not pay such close attention to these areas
It won't protect me from getting sick
It won't help prevent the spread of illnesses
There are better ways to protect myself from getting sick
It won't have a big impact
I'm not worried about getting sick
I don't like being told what to do
I am tired of cleaning and disinfecting
Other, please specify
No reasons

30. [ADULTS ONLY] [IF Q25f =Rarely, never] Why have you not **improved indoor ventilation** in the past three months? *Please select up to 3*. [RANDOMIZE]

It's not required
I don't have access to information to improve ventilation
I don't have money to spend on tools to improve air circulation
I don't have control over my home's ventilation system (e.g. renting)
I forget to open a window or turn on the air purifier
Having the window open is uncomfortable
It's too cold to open a window
It's challenging for me to improve the ventilation in my home
It makes doing other things more difficult (i.e., job or other daily tasks)
No one else is worried about ventilation
I am concerned what friends and family will think if I open a window
Friends/family pressure me to not open the window
It won't protect me from getting sick
It won't help prevent the spread of illness
There are better ways to protect myself from getting sick
It won't have a big impact
I am not sure when I should improve indoor ventilation
I'm not worried about getting sick
I don't like being told what to do
I am tired of trying to improve indoor ventilation
Other, please specify
No reasons

31. [IF Q0a =Always/Often/Sometimes] Which of the following was the main reasons that you **choose to wear a mask**? *Please select up to 3*. [MODIFIED FROM QUESTION IN 2023] [MOTIVATORS]

[RANDOMIZE LIST]

Recommendations by local public health authority

Recommendations by employer
The place (e.g., doctor's office, long term care facility) I was visiting required people to wear a mask
It will reduce the spread of COVID-19 and other viruses, such as influenza (flu)
It will reduce the likelihood of getting COVID-19 and other viruses, such as the influenza (flu)
I will feel better about myself
To protect the healthcare system
It is part of my routine now
To protect more vulnerable individuals
To protect the health of my community
I often go to places with higher risk (for example, crowded indoor places)
Support/encouragement from friends and family
I am concerned what friends and family will think if I don't wear a mask
I don't trust others to stay home when sick
It is easy for me to do
Other, please specify:
No reasons [Exclusive]

32. [IF Q0a=Rarely/Never] Why have you not **worn a mask** in the past three months? *Please select up to 3*. [RANDOMIZE] [ASKED IN 2023 - MODIFIED]

It's not required
I don't have access to masks
I forget to bring a mask with me when I go out
Masks are uncomfortable
It's difficult for me to wear a mask
It makes doing other things more difficult (i.e., job or other daily tasks)
No one else is wearing a mask
I am concerned what friends and family will think if I wear a mask
Friends/family pressure me to not wear a mask
It won't protect me from getting sick
It won't help prevent the spread of illness
There are better ways to protect myself from getting sick
It won't have a big impact
I'm not worried about getting sick
I don't like being told what to do
I am tired of wearing a mask
Other, please specify:
No reasons [Exclusive]

33. How effective do you think each of the following personal protective measures are in reducing the spread of respiratory infectious diseases? [EFFECTIVENESS][RANDOMIZE]

a) Wearing a mask when in indoor public settings (e.g. transit, stores, concerts)
b) Staying home when sick
c) Cleaning your hands regularly
d) Covering coughs and sneezes with your elbow or a tissue
e) Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs)
f) Improving indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)
[Very effective, somewhat effective, somewhat not effective, not effective]

34. When you go to indoor public places, how often do you see other people wearing masks? **[NORMS]**

Always 1
Often 2
Sometimes.....3
Rarely 4
Never.....5

35. How much do you agree or disagree with each of the following? [RANDOMIZE]

a) I use personal protective measures (e.g. wearing a mask, improving indoor ventilation) because I'm concerned about getting sick. [ASKED IN 2023 - Modified]
b) Following public health advice by using personal protective measures is an effective way to protect the vulnerable people in my community
c) I feel like other people are judging me when I wear a mask or take other measures to reduce my exposure to diseases
d) [ADULTS ONLY] It is harder to use personal protective measures than it was during the pandemic
e) I'm more likely to use a mask when I see others around me using one [ASKED IN 2023]
f) Using personal protective measures is important to me
g) As a result of the pandemic, people in Canada are taking more steps to protect ourselves and others from getting sick.

[SCALE: Agree, somewhat agree, somewhat disagree, disagree, not sure]

Information

36. Which of the following platforms/sources do you use to keep informed about COVID-19 and other respiratory infectious diseases (e.g., RSV and influenza (flu))? *Select all that apply*. [RANDOMIZE]

Public Health Agency of Canada
Local public health authorities
Traditional news outlets (e.g., television, radio and print news)
Online news sites
Digital news aggregators (e.g. Apple News)
Digital/streaming (e.g. Spotify, Podcasts, Netflix)Friends and family
Government social media accounts
School/Workplace sources
My primary healthcare provider (e.g., family doctor, nurse practitioner)
People I see on social media (e.g., TikTok, Twitch, Instagram, Facebook, Threads)
[YOUTH] Parents or guardians
[YOUTH] Teachers
Faith-based or religious leaders
Other, please specify
None of the above [Exclusive]

37. How much do you agree or disagree with the following statement: [RANDOMIZE]

a) I trust the public health information I receive from the Government of Canada.
b) I trust the public health information I receive from healthcare providers.

c) There is a lot of misinformation about how to protect yourself from respiratory infectious diseases circulating in Canadian society.

[SCALE: Agree, somewhat agree, somewhat disagree, disagree, not sure]

Health Status

We would like to ask some questions about your health.

[Q38-41 not asked to youth but instead rolled into one question at Q42]

38. [DO NOT ASK YOUTH] Do you have any conditions that affect your immune system (e.g., autoimmune diseases, HIV, treatment for cancer, treatment for inflammatory diseases, anti-rejection drugs for organ transplants, etc.)? [ASKED IN 2023]

    Yes 1
    No 2
    Prefer not to answer 3

39. [DO NOT ASK YOUTH] Do you live with obesity (Body Mass Index (BMI) over 40)? [ASKED IN 2023]

    Yes 1
    No 2
    Prefer not to answer 3

40. [DO NOT ASK YOUTH] Do you have a chronic medical condition such as asthma, dementia, diabetes, heart disease, high blood pressure, kidney disease, liver disease, lung disease, or stroke? [ASKED IN 2023]

    Yes 1
    No 2
    Prefer not to answer 3

41. [DO NOT ASK YOUTH] [ASK IF FEMALE OR ANOTHER GENDER] Are you currently pregnant? [ASKED IN 2023]

    Yes 1
    No 2
    Prefer not to answer 3

42. [YOUTH ONLY] Are you at higher risk of a severe illness or outcomes because of an underlying health condition (for example an autoimmune disease, asthma, diabetes, living with obesity or other medical condition)?

    Yes
    No
    I don’t know
    Prefer not to answer

43. Do you spend a lot of time (e.g., live with and/or meet with) with someone who is at higher risk of a severe illness or outcomes because of an underlying health condition or their age?

Yes, often
Yes, sometimes
No
I don't know

44. Have you received any of the following vaccinations since September 2023? *Select all that apply*.

Yes, flu vaccine 1
Yes COVID-19 booster 2
Yes, RSV vaccine [ASK THOSE 60+ AND PREGNANT Q41=1]
No .....3 [Exclusive]
Not sure.....4 [Exclusive]

45. [IF NOT VACCINATED FOR COVID-19 THIS FALL] Have you previously been vaccinated for COVID-19?

Yes, I have received the primary series* and at least 1 booster 1
Yes, I have received the primary series* only 2
No 3

* A primary series is a 2-dose series of a COVID-19 vaccine (with the exception of Janssen Jcovden which is a 1-dose schedule).

How people respond to being sick

46. Which of the following categories best describes your current employment status? Are you... *Please select all that apply*

Working full-time or part-time 1
Self-employed 2
Unemployed, but looking for work 3
A student 4
[ADULTS ONLY] Retired 5
Not in the workforce (e.g., full-time homemaker, full-time parent, or unemployed and not looking for work) .....6 [Exclusive]
Other employment status. 7
I prefer not to answer 9

47. [IF WORKING] Do you have regular face-to-face contact with the public as a part of your job?

Yes, I regularly work with the public
No, I work from home 100% of the time
No, I work in an office or other similar setting with no face-to-face contact with the public
Other, please specify
Don't know

48. [IF STUDENT] Which of the following best describes your school situation?

I attend classes online 100% of the time..... 1
I attend school in person at least some of the time..... 2

49. If you were sick with symptoms such as runny nose, fatigue, coughing, sneezing or fever, how likely are you to **cancel plans** for each of the following? [VARIATION ASKED IN 2023 but reduced to single condition]

a) Going to work in person [SKIP IF DOES NOT GO TO WORK LOCATION]
b) Going to school in person [SKIP IF DOES NOT GO TO SCHOOL LOCATION]
c) Attending concerts or sporting events
d) Going to a restaurant for a meal
e) [ADULTS ONLY] Going to a pub, bar or coffee shop to meet with friends
f) Meeting with friends or family from different households either at your place or theirs
g) Visiting those who are at risk of more severe disease or outcomes
h) Shopping in a large retail grocery or department store
i) Travel plans (e.g., flights) [DO NOT ASK YOUTH]

[SCALE: Very likely, somewhat likely, not very likely, not at all likely, not applicable to me]

Facilitators of PPM Use

50. How important are each of the following when it comes to deciding to take precautions to prevent you from getting sick or spreading illness? [RANDOMIZE]

a) Having access to information about the type and severity of the viruses and illnesses that are currently spreading in my community [DO NOT ASK YOUTH]
b) Having access to information about the level of strain on the local health care system or hospital capacity in my community [DO NOT ASK YOUTH]
c) Seeing consistent messages from health care authorities that all recommend the same preventive behaviour [DO NOT ASK YOUTH]
d) Practical, low-cost tips for improving indoor ventilation [DO NOT ASK YOUTH]
e) Having information about the viruses and illnesses currently in my community [DO NOT ASK ADULTS]
f) Getting the same advice from multiple sources about how to avoid getting sick [DO NOT ASK ADULTS]
g) Being able to gather outdoors (e.g., outdoor seating areas in parks/at restaurants)
h) Being able to stay home when sick

[SCALE: Very important, important, somewhat important, not important, not sure]

51. How helpful would each of the following be for supporting your use of personal protective measures (PPMs)?

a) Touchless faucets, soap dispensers and driers/paper towel dispensers in public washrooms
b) Affordable portable air purifiers [DO NOT ASK YOUTH]
c) Outdoor venues for gatherings (e.g., picnic tables in parks, outdoor seating at restaurants etc.)

d) Free and easily accessible masks and hand sanitizer at entrances to indoor public spaces (for example, in a doctor's office, transit buses, shopping malls)

[SCALE: Very helpful, somewhat helpful, not very helpful, not at all helpful, not sure]

52. As you may know, Canadians can currently learn about health risks from sun exposure (UV Index) and poor air quality (Air Quality Index) available from sources like weather apps.

How helpful do you think a similar index for the level of respiratory infectious diseases circulating in your community would be?

[POP-UP DEFINITION AVAILABLE AGAIN FOR RIDS]

[SCALE: Very helpful, somewhat helpful, not very helpful, not at all helpful, not sure]

53. How likely are you to take precautions to prevent you from getting sick or spreading a sickness if … [RANDOMIZE]

a) You see a trusted course (for example, health or government official) taking precautions by wearing a mask during a press briefing
b) Someone in your family recommends taking precautions
c) One of your friends recommends taking precautions
d) There was less stigma about wearing masks in public

[SCALE: Very likely, somewhat likely, not very likely, not at all likely, not applicable to me]

~~5455~~ RANDOMIZE ORDER OF Q54 AND Q55]

54. If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because **the risk of getting a serious respiratory infectious disease is extremely high in your community**, how likely are you to do each of the following?

a) Wear a mask when in indoor public settings (e.g. transit, stores, concerts)
b) Stay home when sick
c) Clean your hands regularly
d) Cover coughs and sneezes with your elbow or a tissue
e) Clean and disinfect high-touch surfaces and objects (for example, phones, doorknobs)
f) Improve indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)

[SCALE: Very likely, somewhat likely, not very likely, not at all likely, not applicable to me]

55. If public health authorities issue a strong recommendation to use personal protective measures (PPMs) because of **a new infectious disease**, how likely are you to do each of the following?

a) Wear a mask when in indoor public settings (e.g. transit, stores, concerts)
b) Stay home when sick
c) Clean your hands regularly
d) Cover coughs and sneezes with your elbow or a tissue
e) Clean and disinfect high-touch surfaces and objects (for example, phones, doorknobs)

f) Improve indoor ventilation (for example, opening windows and doors when possible and/or using a portable air purifier)

[SCALE: Very likely, somewhat likely, not very likely, not at all likely, not applicable to me]

56. Do you agree or disagree with each of the following? [RANDOMIZE]

a) I am supportive of mask mandates, when public health organizations say it is necessary
b) Masks are an effective way to reduce the transmission of respiratory infectious diseases [ASKED IN 2023]

[SCALE: Agree, somewhat agree, somewhat disagree, disagree, not sure]

Demographic Questions

[SHOW ALL]
The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

57. What is the language you first learned at home as a child and still understand? Please select all that apply.

English 1
French.....2
Other, please specify _____ 98
I prefer not to answer 99

58. [ADULTS ONLY] What is the highest level of formal education that you have completed? [SELECT ONE ONLY]

Some high school or less 1
High school diploma or equivalent.....2
Registered Apprenticeship or other trades certificate or diploma 3
College, CEGEP or other non-university certificate or diploma 4
University certificate or diploma below bachelor's level 5
Bachelor's degree.....6
Postgraduate degree above bachelor's level 7
I prefer not to answer 9

59. Which of the following ethnicity(ies) do you identify as …? Select all that apply.

Western European (UK, Spain, Portugal, France, Germany, Austria, Switzerland, etc.) □
Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.) □
African (Nigeria, Ethiopia, Tanzania, etc.) .....□
Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.)....□
South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.).....□
Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.) □
East Asian (China, Korea, Japan, Taiwan, etc.) .....□
South/Central/Latin American (Argentina, Mexico, Brazil, etc.)□
West Indian (Caribbean).....□
Indigenous from within North America (First Nations, Métis, Inuit (Inuk), etc.)

Indigenous from outside North America (Central/South American Indigenous, Māori, Aborigine, Sumi, etc.)
Other, please specify: _____.....□
Prefer not to answer .....□

60. Where were you born?

Born in Canada
Born outside Canada

61. [Those born outside Canada] Specify the country:

[ASK IF Q60=BORN OUTSIDE CANADA]

62. In what year did you first move to Canada? YYYY

ADMISSIBLE RANGE: 1900-2024
[RECENT MIGRANT <5 YEARS]

63. Which of the following categories best describes your current living situation? *Select all that apply.*

Living with parents/guardians 1
Living with a boyfriend, girlfriend, or partner/spouse 2
Living with roommates..... 3
Living on your own, without roommates .....4 [Exclusive]
Other, please specify_____
Prefer not to answer 9

64. [IF NOT LIVING ALONE] How many people live with you in your household?

Enter #

65. [DO NOT SHOW TO YOUTH] Do you rent or own your home?

Rent
Own
Other, please specify:

66. [ADULTS ONLY] Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes? [SELECT ONE ONLY]

Under $20,000
Between $20,000 and $40,000
Between $40,000 and $60,000
Between $60,000 and $80,000
Between $80,000 and $100,000
Between $100,000 and $150,000
$150,000 and above
Prefer not to say

67. What are the first three digits of your postal code?

[OPEN TEXT: VALIDATION - FORCE THE TEXT FORMAT TO BE A9A]

A9A [FORMAT]
I prefer not to answer A9A

Thank you for your time on this important study! The results, once compiled, can be found on the Library and Archives website. [https://www.bac-lac.gc.ca/].

7.2 Focus Group Guide

7.2.1 Introduction (10 minutes)

Thank you all for joining the focus group today/this evening!

- **Introduce moderator/firm and welcome participants to the focus group**
  - Thanks for attending/value you being here.
  - Tonight/today, we're conducting research on behalf of the Public Health Agency of Canada (PHAC).
  - **Our discussion today will be about your thoughts on Personal Protective Measures (PPMs) as it relates to respiratory infectious diseases such as COVID, RSV and the flu. PPMs are the actions/measures, such as wearing a mask and staying home when sick, that may be used to lower the risk of getting or spreading a respiratory infectious disease. We're going to avoid discussions about vaccines, medications, and testing for today.**
  - The discussion will last approximately 120 minutes.
  - If you have a cell phone or other electronic device, please turn it off.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. As well, in the list of participants, we will make sure only your first name appears (moderator can edit the names of participants as needed to remove last names).
- **Describe focus group**
  - A discussion group is a "round table" discussion. My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your open and honest opinions. You're in a "safe space", there is no judgement here. There are no right or wrong answers. This is not a knowledge test, and you will not be penalized based on the thoughts, opinions, and information you share.
  - I realize that there may be sharp differences of opinion on this subject, but everyone's opinion is equally 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 who are not in the room tonight/today.

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.

- **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 in about six to eight months.
- Your responses will in no way affect your dealings with the Government of Canada.
- The session is being audio-video recorded. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent. The recording is only for report writing purposes / verify feedback.

- **Observers:**
  - There are individuals from PHAC involved in this project who may be watching this online; this is only so they can hear the comments first-hand.
- **Any questions?**
  - Please note that the moderator is 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 discussion, we will try to get answers for you before we wrap up the session.
  - 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!
  - Also, since it is difficult to understand if more than one of you speak at the same time, please use the "Raise Hand" feature (SHOW IF NECESSARY) so I can make sure I hear from all of you.
- **Roundtable introduction:**
  - To get us started off, I'd like to hear a little bit from each of you. Please tell us your first name and what you enjoy doing in your spare time.

7.2.2 PPM use (30 minutes)

- I'd like to start off the discussion by asking each of you about how you protected yourself and others during the COVID-19 pandemic.
  - What did you do to avoid getting infected with a respiratory illness, other than getting vaccinated?
    - **Probe** on various PPMs: mask-wearing, physical distancing, handwashing, etc.
  - What about preventing the spread of infection to others (i.e., protecting others)? How, if at all, do the measures used differ when thinking about protecting others / the spread of infection?
    - **Probe** on various PPMs: staying at home when ill (mention quarantine and isolation as needed, since these terms were commonplace during the COVID-19 pandemic), mask-wearing, physical distancing, handwashing, etc.
    - **AVOID direct questioning on specific measures (social desirability bias, politicization)**

- I'd like you to think about the past year. Have you made an effort to keep up-to-date on information about respiratory infectious diseases that continue to circulate (like COVID-19, RSV and the flu)?
    - IF YES:
        - What type of information have you looked for? i.e., information about the diseases, about recommendations, or something else?
        - Where do you get your information? What sources?
        - Do you actively search out this information, or do you wait till it's shared in the media, online, etc.
        - What do you do with this information once you've seen it? Does it change your behaviour in any way?
    - IF NO:
        - Why not? Probe on reasons: e.g., no fear of the diseases, lack of trust in message, lack of accessibility, social influences, public health messaging fatigue, etc.

I would like to understand if the way you protect yourself and others from respiratory infectious diseases has changed over the last year to today (i.e., this cold and flu season).

- In general, what are the personal protective measures you use today to protect yourself and others from Respiratory Infectious Diseases? **Probe for which ones, ask if not mentioned**:
    - Wearing a mask
    - Staying home when sick
    - Hand washing/hygiene
    - Improving indoor ventilation
    - Covering coughs and sneezes
    - Cleaning and disinfecting surfaces and objects
- Are the measures you take now different, or similar, to how you protected yourself during the various waves of the pandemic? **Probe** on whether all, some, or none of the measures used during the pandemic are still being used or if new measures are being used now, whereas they weren't used in the past.
    - IF DIFFERENT:
        - What are you doing differently, and why (probe on factors that have led to different behaviour)?
            - **Probe** as needed: for example, perception that diseases aren't as severe, you have been vaccinated, hospitals are no longer cancelling elective surgeries due to being overrun, desire to return to pre-pandemic norms, etc.? Or, perhaps there are reasons for the more recent uptake of personal protective measures (i.e., illness, new caregiving responsibilities, newfound increased risk perceptions, etc.)
    - IF SAME:
        - Why have you continued to use these specific measures?
        - Would you say these measures are now part of your normal behaviour (has it become a habit, if so, how, why, and when)?

- Do you use these measures in all circumstances, or only at selected times/places (if so, which ones)?

7.2.3 PPM decision making, barriers, motivators, and facilitators (35 minutes)

During the next part of our discussion, I would like to talk about how you decide which personal protective measures you use. This includes understanding your motivations to do so, and also what would stop you from doing so (i.e., what are the barriers).

- How do you decide on which protective measures you will use to minimize your risk of getting or spreading a respiratory infectious disease? Please explain your decision-making process in detail for this situation. **Probe if not mentioned**:
    - What specific information or factors influence what you decide to do?
    - Is it based on your own personal risk factors, the situation you're in, or people you're around (e.g., being at risk of severe disease/complications, visiting a crowded place, spending time with someone who's immunocompromised, being in a setting where others are/aren't using measures, etc.)?
    - Does this decision-making process look different when you think about minimizing the risk to others / the spread of infection?
- At what point do you make decisions about your use of personal protective measures? Explain.
    - Does your decision to use personal protective measures vary or is it consistent? For example, did you decide at one point early in the pandemic about your use of personal protective measures, or does your decision to use these measures change? If so, based on what?
- Has your decision-making changed since the beginning of the pandemic? If so, how and in what way? (e.g., the type of information you look for, the circumstances in which you use personal protective measures, influence of mandates, etc.)
- What information would you like to have that would help you make decisions about using personal protective measures?
    - How and when would you like to get this information?

I'm going to give you a couple of real-life situations that you might encounter this cold and flu season (now). Let me know how you would make a decision on whether you would or would not use personal protective measures in these situations. **Potential scenarios:**

- Grocery shopping, visiting an immunocompromised family member at their home, travel on a plane or train, attending holiday parties, eating at a restaurant, going to a concert, and visiting a group living setting like a retirement home.
- If you are starting to feel sick (e.g., starting to get a sore throat and/or getting a running nose), what do you think about or consider in terms of carrying on with your day, who you see, what plans do you keep or postpone? **Probe** about masking.

MODERATOR WILL PROVIDE A COUPLE OF SCENARIOS TO DISCUSS

- Describe your thought process when deciding whether to use personal protective measures while <**provide scenario**> : e.g.
    - What information do you consider?

- Is it dependent on how many people you will encounter, or who you will be seeing?
- The setting of the scenario (i.e., inside versus outside, indoor air quality, etc.)?
- How you are feeling physically? How other people might be feeling?
- Upcoming plans?
- Mandates/requirements?
- Other?

We've talked about which personal protective measures you use and the process you go through to make decisions about the use of these measures. Let's now discuss the specific reasons you choose to use these measures (i.e., your motivations).

- What motivates or drives you to use personal protective measures, i.e., what are the reasons you use these measures? What things make it easier for you to use personal protective measures? **Probe on the following if not mentioned**:
  - Knowledge of the recommendations about the personal protective measures, which recommendations?
  - Understanding how and when to use the measures
  - Ability to use the measures in your workplace
  - Available resources, such as masks, hand soap or sanitizer, paid time off when sick, etc.
  - Beliefs in benefits of personal protective measures; which benefits specifically?
  - Social influences; from whom…colleagues, family, etc.?
  - Reinforced messaging about importance of personal protective measures; which messages?
  - How have these motivators and facilitators changed from the early stages of the pandemic to now? In what way?
- Now what about barriers to using personal protective measures. What makes it harder to use these measures? What stops you from using them? **Probe on the following if not mentioned**:
  - Certain environments/environmental constraints
  - Lack of understanding of/unwillingness to see the benefits of personal protective measures
  - Lack of resources
  - Social influences; from whom…family, colleagues, etc.
  - Emotions (i.e., pandemic fatigue or frustration)
  - Concern over environmental impact (i.e., disposable masks)
  - No consequence / no concern about the consequences of not using
- How have these barriers changed from the early stages of the pandemic to now? In what way?
- In your opinion, can the barriers to your use of personal protective measures be addressed? How?

7.2.4 PPM knowledge, attitudes and perceptions (20 minutes)

I want to now understand how you view personal protective measures within the current Respiratory Infectious Disease season.

- Are you aware of recommended personal protective measures? If so, which ones?
- What do you think about these personal protective measures? Do you feel neutral, positively or negatively towards them? Why?
    - Which ones do you feel are necessary and important
    - Which ones do you feel are unnecessary and less important
    - Do you believe/trust the advice provided about personal protective measures?
        - If not, which parts of the advice do you not trust and why?
        - Does it matter which sources this advice comes from?
- Do you see personal protective measures becoming an accepted/regular/normal part of life? Please explain.
- Do you think your feelings about personal protective measures will change? (i.e., all or nothing? Flexible?) Why/why not?

7.2.5 Strategies to increase PPM uptake (15 minutes)

The last thing I'd like to get is your opinions on ways to improve the uptake or use of personal protective measures.

- What, if anything, might increase your use of personal protective measures?
- What specifically could the Government of Canada do to encourage/support you to use personal protective measures?
    - Communication strategies (e.g., social media posts, radio ads, television ads, etc.)
    - Types of information shared
    - Other strategies
- Finally, is there anything you feel that the Government of Canada does which might make you not use, or want to use, personal protective measures (e.g., different communication or media campaigns)?

7.2.6 Observer Questions (10 minutes)

Observers will have the opportunity to provide questions throughout the focus group using the chat function (direct messaging me). The Moderator will proceed to ask these questions of the group.

Thank Participants and Adjourn
Total Time: 120 minutes

7.3 Focus Group Screener

Hello, my name is____ and I am calling from Tele-Surveys Plus and Abacus Inc., national public research firms. We are conducting a series of online group discussions on behalf of the Government of Canada, specifically the Public Health Agency of Canada (PHAC) on the use of personal protective measures such as staying home when sick and wearing a well-fitting mask to protect against respiratory infectious diseases like RSV, the flu and COVID. Let me assure you that we are not trying to sell you anything.

Would you prefer that I continue in English or French? / Préférez-vous que je continue en français ou en anglais?

NOTE TO RECRUITERS: if someone from the Quebec region asks to participate in English, or if someone from another region outside Quebec asks to participate in French, please include them in a group in their preferred language in the nearest time zone to where they live.

We would like to speak with someone 18 years old or older regarding these group discussions. Would that be you? IF SO, CONTINUE. IF NO, ASK TO SPEAK TO SOMEONE ELSE IN THE HOUSEHOLD AND REINTRODUCE YOURSELF. IF NO ONE IS ELIGIBLE, THANK & TERMINATE.

The main objective of this research is to support the development of federal guidance and advice regarding protective measures, or actions that can be used to prevent and control the spread of respiratory infectious diseases, like the flu or COVID-19 in Canada. Your participation is voluntary, and the discussion will not be attributed to you in report publication.

[IF ONLINE, PROVIDE A LINK TO PRIVACY POLICY AT THE BOTTOM OF EACH PAGE:]

[IF BY PHONE: Our privacy policy is available upon request. IF ASKED, PROVIDE PRIVACY POLICY LINK BY PHONE OR RECORD EMAIL WHERE IT WILL BE SENT]

This research is registered with the Canadian Research Insights Council Research Verification Service.
[IF NEEDED, SPECIFY: to verify the research, you can visit
https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en
The registration number is: [#]

We are looking for people who would be willing to participate in a 2-hour online focus group. Up to 10 people will be taking part and you would be paid $150 for your time. The groups will be held between December 11 and December 15, 2023, between 4:00 pm and 8:30 pm (local time). Is this something you might be interested in?

Yes	01	
No	02	THANK AND TERMINATE

**IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The information you provide will not be linked with your name on any document including the consent form or the discussion*

form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly. For more information, the collection of your personal information is described in Info Source at infosource.gc.ca. Refer to the personal information bank (PIB) PSU 914 – Public Communications.

S1. May I ask you a few quick questions to see if you fit the profile we are looking for? This should take about 10 minutes. The information you provide will remain confidential and you are free to opt out at any time.

To begin, do you or anyone in your household currently work or have worked in any of the following areas?

	Yes	No
Health Canada, the Public Health Agency of Canada, your provincial ministry of health, or any other public health agency	01 Terminate	02
A healthcare organization, such as a hospital, medical clinic, community health centre	01 Terminate	02
The advertising or public relations industry	01 Terminate	02
The marketing research or media industry	01 Terminate	02

S1b. Are you or is someone in your immediate family or household a healthcare practitioner such as a physician, nurse, clinician, nurse practitioner or public health official?

Yes	01	Terminate
No	02	
Do not know	03	

S2. Just to confirm, are you between the ages of 18 to 34, 35 to 60, or 60 and older?

Aged less than 18	01	THANK AND TERMINATE
Aged 18 to 34	02	
Aged 35 to 60	03	
Aged 60 +	04	
[DO NOT READ] Prefer not to answer	98	THANK AND TERMINATE

Q1. What gender do you identify as?

Male	01	A good mix
Female	02	
Another gender	03	
[DO NOT READ] Prefer not to answer	98	

Q2. In which province or territory do you live?

Newfoundland and Labrador	01	
Nova Scotia	02	
New Brunswick	03	
Prince Edward Island	04	
Quebec	05	
Ontario	06	
Manitoba	07	
Saskatchewan	08	
Alberta	09	
British Columbia	10	
Nunavut	11	
Northwest Territories	12	
Yukon	13	
Outside of Canada	97	Terminate

Q3. Would you say you live in an urban area or a rural area?

Urban (in a city or large town with population ≥ 1,000)	01	A good mix
Rural (outside a city or large town with population < 1,000)	02	

As we will be talking about public health in the focus groups, we would like to ask some questions about your health. We need to recruit a variety of people, including those who have certain health conditions. This information will not be shared with other group participants. You will not need to reveal or talk about it at any time during the focus group. **RECRUITERS AIM FOR MIX.**

Q4. How concerned are you personally about respiratory infectious diseases like COVID, RSV and the flu?

Very concerned	01	
Concerned	02	
Not that concerned	03	
Not concerned at all	04	

Q5. How important do you think public health measures / personal protective measures are, not including vaccination, to prevent and control respiratory infectious diseases like COVID, RSV and the flu?

*If needed: Public health measures or personal protective measures include Staying home when sick, wearing a well-fitting respirator or mask, improving indoor ventilation, practicing regular hand hygiene, covering coughs and sneezes; and disinfecting high touch surfaces and objects.

Very important	01	
Important	02	
Not that important	03	

Not important at all	04	

Q6. Within the last 6 months, how often have you used personal protective measures such as wearing masks, staying home when ill, or physical distancing in crowded spaces?

Always	01	
Often	02	
Rarely	03	
Never	04	

Invited to Group 3,4,5 (LOW ADOPTERS) if:

- RID concerned (Q4=1,2) and PPM not important (Q5=3,4), and Don't use PPMs (Q6=3,4)
- RID not important (Q4=3,4) and Not Concerned (Q5=3,4), Don't wear masks (Q6=3,4)
- Q4=4 not concerned at all= **AND** Q5=4 not important at all, **AND** Q6=4 never **– SCREEN OUT/TERMINATE**

At-risk of severe outcomes due to health conditions

Q7. Are you pregnant?

Yes	01	Groups 6, 7, 8
No	02	
Prefer not to answer	03	

Q8. Are you an individual living with Down's Syndrome?

Yes	01	Groups 6, 7, 8
No	02	
Prefer not to answer	03	

Q9. Do you have any conditions that affect your immune system (e.g., autoimmune diseases, HIV, treatment for cancer, treatment for inflammatory diseases, anti-rejection drugs for organ transplants, etc.)?

Yes	01	Groups 6, 7, 8
No	02	
Don't know/Prefer not to answer	03	

Q10. Do you live with obesity (BMI over 40)?

Yes	01	Groups 6, 7, 8

No	02	
Prefer not to answer	03	

Q11. Do you have a chronic medical condition such as asthma, dementia, diabetes, heart disease, high blood pressure, kidney disease, liver disease, lung disease, or stroke?

Yes	01	Groups 6, 7, 8
No	02	
Prefer not to answer	03	

Q12 Participants in these types of sessions are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in a small group setting? Are you…

Very comfortable	
Comfortable	
Not very comfortable	Terminate
Very uncomfortable	Terminate

Q13 To make sure that we speak to a diversity of people, could you tell me what is your racial and/or ethnic background?

Black (African, Afro-Caribbean, African Canadian descent)	01
East Asian (Chinese, Korean, Japanese, Taiwanese descent)	02
Indigenous (First Nations, Inuit, Métis) – **RECRUIT MIN OF 4 PERSONS**	03
Latin American (Hispanic descent)	04
Middle Eastern (West Asian or North African descent, e.g., Afghan, Egyptian, Iranian)	05
South Asian (Indian, Pakistani, Sri Lankan, Indo-Caribbean descent)	06
Southeast Asian (Filipino, Vietnamese, Cambodian, Thai descent)	07
White (European descent)	08
Other (specify)	97
[DO NOT READ] Prefer not to answer	98

Q14. What is your current employment status?

Working full-time	01
Working part-time	02
Self-employed	03
Retired	04
Unemployed	05
Student	06
Other (specify)	97
[DO NOT READ] Prefer not to answer	98

Q15. What is the highest level of education that you have completed?

Some high school only	01
Completed high school	02
Some Cegep / College	03
Completed Cegep / College	04
Some university	05
Completed university	06
Post-graduate studies	07
Other (specify)	97
[DO NOT READ] Prefer not to answer	98

Q16. What was your household's total income last year? That is, the total income of all persons in your household combined, before taxes?

Under $ 20,000	01
$20,000 to under $40,000	02
$40,000 to under $60,000	03
$60,000 to under $80,000	04
$80,000 to under $100,000	05
$100,000 to under $150,000	06
$150,000 or more	07
[DO NOT READ] Prefer not to answer	98
[DO NOT READ] Don't know	99

Previous FG Experience

Q17. Have you participated in a qualitative research (individual interviews or focus groups) project in the past 6 months?

Yes	01	Terminate
No	02	
Don't know	99	Terminate

Q17a. In the past 6 months, have you participated in any qualitative research projects about COVID-19?

Yes	01	Terminate
No	02	
Do not know	99	Terminate

Q18. In the past 5 years, in how many qualitative research projects have you participated in?
_____ Exact number

None	01	
From 1 to 5	02	
More than 5	03	Terminate

Don’t know	99	Terminate

Technology

Q19. The focus groups for this project will be conducted online on the Zoom platform and will require the use of a laptop or desktop computer, or a computer tablet, connected to high-speed Internet and equipped with a webcam, a microphone, and speakers.

Do you have access to a tablet, or a computer equipped with high-speed internet and working camera and audio, or a smart phone with the capability to view images and videos while participating?

Yes	01	
No	02	Terminate
Do not know	99	Terminate

Q20. You will need to be in a place that is quiet and free of distractions for the duration of the session. This includes being on your own, without pets, children, or other people nearby, and in a quiet room. An outdoor area, a vehicle, or a public place are ***NOT acceptable*** locations. Are you able to secure a quiet environment without distractions or noises for the duration of the focus group session?

Yes	01	
No	02	Terminate
Do not know	99	Terminate

INSTRUCTIONS FOR THANK & TERMINATE: Based on your responses, we are unable to invite you to take part in this online focus group, as you do not meet the technical or logistic requirements. We thank you for your interest in this research.

PRIVACY QUESTIONS (All Participants)

Now we have a few other questions that relate to privacy, your personal information, and the research process. We will need your consent on a few issues that enable us to conduct our research.

P1) First, we will be providing a list of participants' first names and profiles (screener responses) to the moderator so that they can sign you into the group. Do we have your permission to do this?

Yes	1	GO TO P2
No	2	READ EXPLANATION BELOW; GO TO P1A

We need to provide the first names and background of the people attending the focus group because only the individuals invited are allowed in the session. This information is necessary for verification purposes. Please be assured that this information will be kept strictly confidential. GO TO P1A

P1a) Do we have your permission to provide your first name and profile?

Yes	1	GO TO P2
No	2	THANK & TERMINATE

P2) A recording of the group session will be produced for research purposes. The recordings will be used by the research professional to assist in preparing a report on the research findings. Be assured that your comments and responses will not be attributed to you in any reporting and that your name will not be included in the research report.

Do you agree to be recorded for research and reporting purposes only?

Yes	1	THANK & GO TO P3
No	2	READ EXPLANATION BELOW; GO TO P2A

It is necessary for the research process for us to record the session as the researchers need this material to complete the report.

P2a) Do we have your permission for recording?

Yes	1	THANK & GO TO P3
No	2	THANK & TERMINATE

P3) Employees from the Government of Canada may also be online to observe the groups. They will be provided with a list of participants' first names and profiles for their reference during the groups. They will not be given the last names of participants.

Do you agree to be observed by Government of Canada employees?

Yes	1	THANK; GO TO INVITATION
No	2	READ EXPLANATION; GO TO P3A

It is standard procedure for focus groups like this to invite the organization requesting the research, in this case, Government of Canada employees, to observe the groups online. They will be there simply to hear your opinions firsthand, although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group. They will only be exposed to your first names and screening profile but will never have access to your contact information.

P3a) Do you agree to be observed by Government of Canada employees?

Yes	1	THANK & GO TO INVITATION
No	2	THANK & TERMINATE

INVITATION

Thank you so much for answering these questions.

We would like to invite you to take part in the focus group discussion which will be scheduled on <INSERT DATE> from <INSERT TIME> to <INSERT TIME>. The session will last about two hours. After the session, we would send you $150 in appreciation for your participation.

The next steps are as follows:

If at any moment, you realize that you are unable to make it to the group, please send an email to field@tsp.ca and we will replace you. Note that you cannot send another person in your place.

So that we can send the email invitation (zoom link) and call you to remind you about the focus group or contact you should there be any changes, can you please confirm your name and contact information for me?

First Name: _____
Last Name (Initial): _____
Email: _____
Phone: _____

You will receive an email invitation before the group with a link and you will need to confirm your presence.

Regarding the incentive payment, would you like to receive the incentive by check or e-transfer?

E-transfer	1
Check	2

E-TRANSFER: We will send the e-transfer to the email address you have given us. Just to confirm the payment will go to:

<Recalled name and E-Mail> Is this correct? (Please allow 1-2 week for arrival after the group session.)

Yes, it is correct	1
No. This is not correct (ENTER CORRECTED INFORMATION)	2

CHECK: Please confirm your full name and mailing address so that we can send you the check once you have completed the session. (Please allow 2-3 weeks for arrival after the group session.)

First Name: _____
Last Name: _____
Address: _____
City: _____
Province: _____
Postal Code: _____

We ask that you login a few minutes before the session to be sure you are able to connect and to test your sound (speaker and microphone). If you require glasses for reading, please make sure you have them handy as well. Late arrivals will not be admitted and will not be eligible for the incentive.

As we are only inviting a small number of people, your participation is very important to us. We thank you for participating in this study.

7.4 Online Community Recruitment Screener

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 3 minutes to complete.

Background information

This research is being conducted by Abacus Data, a Canadian public opinion research firm on behalf of the Public Health Agency of Canada. Abacus Data will be conducting a series of online communities on behalf of the Government of Canada, specifically the Public Health Agency of Canada (PHAC) on the use of personal protective measures such as staying home when sick and wearing a well-fitting mask to protect against respiratory infectious diseases like RSV, the flu and COVID. The survey will be used to recruit participants to participate in one of the communities. If you are selected and able to complete the community, you will receive an incentive.

An online community is a set of activities and conversations over the span of three days that take place on an online discussion platform. This includes a combination of open-end responses and multiple-choice questions. In the community, you would also be asked to offer your opinion in group discussions, and the moderator may ask follow-up questions to your responses. All responses will to the survey and online community will be reported only in aggregate and not associated with you personally.

How does the online survey work?

- You are being asked to offer your opinions, experiences and background through an online survey and if you would be interested in participating in the next phase of the research. You have to be 18 or over in order to participate in this survey.
- We anticipate that the survey will take 3 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses will only ever be reported in aggregate - never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information we need to conduct the research project.
- Purpose of collection: We require your personal information, such as demographic information, to better understand the views of survey respondents. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- Your rights under the Privacy Act: In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact survey@abacusdata.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

For more information, The collection of your personal information is described in Info Source at infosource.gc.ca. Refer to the personal information bank (PIB) PSU 914 – Public Communications.

Your help is greatly appreciated, and we look forward to receiving your feedback.

This research is being conducted by Abacus Data, a CRIC member company that follows the CRIC Pledge to Canadians. This project is a research initiative and is not selling or marketing products. It is registered with the CRIC Research Verification Service which allows you to verify its legitimacy and share your feedback. If you have feedback on this research, you can share it by going to:
https://www.canadianresearchinsightscouncil.ca/rvs

[CONTINUE]

1. To begin, do you or anyone in your household currently work or have worked in any of the following areas?

   - Health Canada, the Public Health Agency of Canada, your provincial ministry of health, or any other public health agency
   - A healthcare organization, such as a hospital, medical clinic, community health centre
   - The advertising or public relations industry
   - The marketing research or media industry

   Yes [TERMINATE]
   No

2. Are you or is someone in your immediate family or household a healthcare practitioner such as a physician, nurse, clinician, nurse practitioner or public health official?

   Yes [TERMINATE]
   No

3. What is your age?

   Under 18 [TERMINATE]
   Between 18 and 24
   Between 25 and 34
   Between 35 and 44
   Between 45 and 54
   Between 55 and 64
   65 or older
   I prefer not to answer [TERMINATE]

4. What is your gender?

   Male
   Female

Another gender
Prefer not to answer

5. In which province or region do you live?

   Alberta
   British Columbia
   Manitoba
   New Brunswick
   Newfoundland and Labrador
   Northwest Territories
   Nova Scotia
   Nunavut
   Ontario
   Prince Edward Island
   Quebec
   Saskatchewan
   Yukon

6. Would you say you live in an urban area or a rural area?

   Urban (in a city or large town with population ≥ 1,000)
   Rural (outside a city or large town with population < 1,000)

7. How concerned are you personally about respiratory infectious diseases like COVID, RSV and the flu?

   Very concerned
   Concerned
   Not that concerned
   Not concerned at all

8. How important do you think public health measures / personal protective measures* are, not including vaccination, to prevent and control respiratory infectious diseases like COVID, RSV and the flu?

*If needed: Public health measures or personal protective measures include Staying home when sick, wearing a well-fitting respirator or mask, improving indoor ventilation, practicing regular hand hygiene, covering coughs and sneezes; and disinfecting high touch surfaces and objects.

   Very important
   Important
   Not that important
   Not important at all

9. Within the last 6 months, how often have you used the following personal protective measures?
    a. Wearing masks
    b. Staying home when ill
    c. Physical distancing in crowded spaces?

    Always
    Often
    Rarely
    Never

We would like to ask some questions about your health.

10. This fall have you been vaccinated for the influenza (flu) and/or COVID-19?
    Yes, flu vaccine
    Yes COVID-19 booster
    No
    Not sure

11. Do you have any conditions that affect your immune system (e.g., autoimmune diseases, HIV, treatment for cancer, treatment for inflammatory diseases, anti-rejection drugs for organ transplants, etc.)?
    Yes
    No
    Prefer not to answer

12. Do you live with obesity (BMI over 40)?
    Yes
    No
    Prefer not to answer

13. Do you have a chronic medical condition such as asthma, dementia, diabetes, heart disease, high blood pressure, kidney disease, liver disease, lung disease, or stroke?
    Yes
    No
    Prefer not to answer

14. [ASK IF FEMALE OR ANOTHER GENDER] Are you currently pregnant?
    Yes
    No
    Prefer not to answer

The last few questions are strictly for statistical purposes. All of your answers will not be attributed to you in any report and will be shared only with the research team and observers.

15. What is the highest level of formal education that you have completed? SELECT ONE ONLY

Some high school or less
High school diploma or equivalent
Registered Apprenticeship or other trades certificate or diploma
College, CEGEP or other non-university certificate or diploma
University certificate or diploma below bachelor's level
Bachelor's degree
Postgraduate degree above bachelor's level
I prefer not to answer

16. Which of the following categories describes your current employment status? Are you... SELECT ALL

Working full-time (35 or more hours per week)
Working part-time (less than 35 hours per week)
Self-employed
Unemployed, but looking for work
A student attending school full-time
Retired
Not in the workforce (full-time homemaker, full-time parent, or unemployed and not looking for work)
Other employment status.
I prefer not to answer

17. Which of the following ethnicity(ies) do you identify as …? Select all that apply.

Western European (UK, Spain, Portugal, France, Germany, Austria, Switzerland, etc.)
Eastern European (Poland, Hungary, Romania, Ukraine, Russia, etc.)
African (Nigeria, Ethiopia, Tanzania, etc.)
Middle Eastern (Israel, Syria, Jordan, Egypt, Iran, Iraq, etc.)
South Asian (India, Afghanistan, Pakistan, Sri Lanka, etc.)
Southeast Asian (Thailand, Vietnam, Singapore, the Philippines, Indonesia, Cambodia, etc.)
East Asian (China, Korea, Japan, Taiwan, etc.)
South/Central/Latin American (Argentina, Mexico, Brazil, etc.)
West Indian (Caribbean)
Canadian Indigenous (First Nations, Métis, Inuit (Inuk), etc.)
Other, please specify
Prefer not to answer

18. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes? SELECT ONE ONLY

Under $20,000
Between $20,000 and $40,000
Between $40,000 and $60,000
Between $60,000 and $80,000
Between $80,000 and $100,000

Between $100,000 and $150,000
$150,000 and above
Prefer not to say

We are recruiting participants for an online community or online discussion forum that focuses on the use of personal protective measures, such as staying home when sick and wearing a well-fitting mask to protect against respiratory infectious diseases like RSV, the flu and COVID. Each participant will receive a gift card of **$150** for completion of all activities.

If you are selected, you would be asked to complete a set of activities and conversations over the span of three days. This includes a combination of open-end responses and multiple-choice questions. You would also be asked to offer your opinion in group discussions, and the moderator may ask follow-up questions to your responses. Other participants and moderators will only be exposed to your first name and will never have access to your contact information.

19. Would you like to be invited to participate in the online community?
    a. Yes
    b. No [TERMINATE]

20. Are you available to participate in the online community once a day at your convenience (anytime) between the dates of Monday, xxxxxx, 2023?
    Yes
    No [TERMINATE]

21. What language(s) would you feel comfortable communicating in to participate in the online community?

    English
    French
    Other:

Now we have a few other questions that relate to privacy, your personal information, and the research process. We will need your consent on a few issues that enable us to conduct our research.

22. First, some of the tasks you will be asked to complete will take place in a group setting where the participants can see each other's contribution to the discussion. Other participants will only be exposed to your first name and will never have access to your contact information.

    Do you agree to be participate in the group interaction component of the community?

    Yes
    No

23. Employees from the Government of Canada may also be online to observe the online community. They will be provided with a list of participants' first names and profiles for their reference during the groups. They will not be given the last names of participants or their contact information.

Do you agree to be observed by Government of Canada employees?

Yes	1	THANK; GO TO INVITATION
No	2	

Thank you so much for answering these questions if you are still interested in participating please enter your name and email below.

Your email will be used to contact you if you are selected to participate in the online community in the next few days.

First Name: _____
Last Name: _____
Email Address: _____

7.5 Online Community Guide

7.5.1 Home Page – Hello and Welcome!

Hi everyone! We will be your co-moderators for this activity. We're greatly looking forward to understanding how you feel about health topics and protecting yourself and others from respiratory infectious diseases (such as COVID-19, the flu and Respiratory Syncytial Virus or RSV) over the next couple of days. This page will display your next available activity, as well as any relevant community updates — please check-in regularly and contact me if you have any questions or concerns. We also urge you to click on the discussion below, which is an open forum. You'll see the instructions when you get there.

7.5.2 Activity 1: [Day 1] Hello and Welcome

Task 1: Introduction and Preliminary Information about the Study

Prompt Task (no response required)

Share Settings (Public)

Hello everyone and welcome to our Recollective discussion group! We are conducting this group on behalf of the Public Health Agency of Canada. Over the next few days, we will ask you about your thoughts on **Personal Protective Measures (PPM)** as they relate to respiratory infectious diseases such as COVID-19, RSV and the flu.

We'll be talking about actions/measures, such as wearing a mask and staying home when sick, that may be used to lower the risk of catching or spreading a respiratory infectious disease. **We're going to avoid discussions about vaccines, medications, and testing for this study.**

Our discussion will be divided into a series of activities (today's first activity is this introduction). In each activity, you will be guided through a series of simple tasks, which include invitations to answer questions through text, pictures, and other activities.

We ask that you log in at least once or twice a day over the next few days. Each activity should take no more than 15-20 minutes or so to complete. You will also have the opportunity to interact with your fellow participants, so please feel free to post what's on your mind! **There are no right or wrong answers. Your honest opinion is what counts. Please consider this a safe space; there is no judgement.**

A couple of important points:

- Your name and contact information will be kept anonymous and confidential at all times. You will be seen by others as "Participant #". You may choose to post a photo of yourself, but that's completely optional. For any other photos shared, please be conscious of privacy of family and friends when sharing.
- Each activity will identify if what you are sharing will be shared with the group, will be private, or will be displayed for others only after they share their response.
- There will be representatives from the Public Health Agency of Canada (PHAC) who will be able to see your posts, but not your name or contact information. They will not be able to interact with you directly.
- Your participation in this exercise will not affect any dealings you may have with the Government of Canada and will remain completely confidential.
- The study report will be based primarily on aggregate or grouped information. It may include excerpts of your posts for emphasis, but will not include any images which could identify you. None of these excerpts will be attributed to you by name. If you are interested, the report will be available to the public through Library of Parliament or Archives Canada in approximately six months.

By continuing to the study, you are acknowledging that you have read and are agreeing to the above.

So, with all the preliminary information out of the way, **click on "Continue to Study"** and let's get started with the fun stuff.

Task 2: Some Helpful Information

(Etiquette and Moderation Rules)

Prompt Task (no response required)

Share Settings (Public)

Some Helpful Information

Moderation Rules

All public facing contributions - that is, contributions that can be seen by other website users are moderated in accordance with the moderation rules set out below.

1. Never post personal information about yourself or another participant. This includes identifying any individual by their real name if they have not already done so, or providing personal contact information.
2. Never identify a staff member of the consulting organisation by name.
3. Don't defame anyone or any organisation. A comment is defamatory if it lowers or harms the reputation of a person or organisation. If you wish to insult anyone, this is not the place to do it. If you wish to accuse anyone of wrongdoing or incompetence, this is not the place to do it.
4. Don't post anything that could be considered intolerant of a person's race, culture, appearance, gender, sexual preference, religion or age.
5. Don't be obscene and don't use foul language. Lots of people from different backgrounds participate on this website. We want them to be able to continue to do so from home, work, school, university or wherever they may be. Disguising swear words by deliberately misspelling them doesn't make them any less offensive.
6. Don't personally insult or harass other participants. Always focus on the logic of the argument rather than the individuals involved in the argument. Participants are entitled to choose not to enter into debate with you.
7. Don't post or link to any inappropriate, offensive or illegal material. Don't post any advertisements.
8. Don’t promote self-harm, suicide, violence or criminal activity of any kind.
9. The use of emoji or images to convey inappropriate meaning consistent with the rules outlined above will also be moderated.
10. Ensure comments seek to address the topic or focus of the engagement activity at hand. Users which intentionally distract from or ignore the discussion topic may have their comments treated as off-topic and removed.
11. Please don't raise concerns about the moderation on the site as it disrupts the flow of any discussion. Please direct any queries regarding moderation directly to the moderator [CONTACT LINK].

Etiquette

The following are not enforceable rules, rather they are suggestions about etiquette to help keep the website respectful and constructive.

1. It's a good idea to read through the information on the site and the other participant comments before getting involved in the discussion yourself.
2. Always respect the views of other participants even if they don't agree with you.
3. Be constructive. It's okay to disagree with other forum participants, in fact we encourage debate, just keep the dialogue positive.
4. Always keep things civil. We recognize that this can be difficult sometimes, especially when you are passionate about an issue, but it is important to keep the discussion focused on the issues rather than letting it deteriorate into personal insults.
5. Once you've left your comment keep an eye on the project to see what other people have to say.
6. If you feel that someone has insulted you, report their comment to the moderator by clicking the “Contact Me” button on the Home page. Don't perpetuate the dispute. The moderator will take a look at the offending comment and decide whether it should be removed.
7. Stay on topic. The projects on this website have been created for a specific purpose. Please stay within the boundaries of the subject matter.
8. Turn off the "CAPS LOCK". Writing in ALL CAPS is the equivalent of SHOUTING and can cause offence.
9. Choose one place to post each of your unique comments. Don't cut and paste the same comment into lots of different places on the website. These may be considered duplicates and could be removed.
10. Don't be a "troll". Trolls intentionally incite annoyance or offense. They do not participate constructively in the discussion and do not add any value to the debate.
11. Don't bully, harass or threaten other participants. If another participant proffers an opinion that you don't agree with, you have no right to demand that they support their position with a detailed argument. They do not have to respond to your questions. It is up to each individual to participate as much or as little as they wish.
12. Please respect the moderators. Their job is to keep the forum safe and constructive so that everybody gets to have their fair say. It is not always an easy job.

Task 3: Please tell us about yourself

Sharing Settings: Public

I'll start. My name is xx and I'll be your moderator. I live in Ottawa with my wife and two grown sons. In my spare time, I love to travel and to cook - mostly comfort food, Italian, French and Indian.

Now tell the group a little bit about yourself.....

Please share what you are comfortable sharing with the group, you could tell us about your household and hobbies, who do you live with? What area of the country are you from? Please post pictures (optional).

A friendly reminder, your privacy and comfort are important to us – I ask that you avoid sharing any personal information that could identify you (last name, contact details, employer name) in your responses.

Task 4: Let's Keep Going (Prompt to next task)

Sharing Settings: Public

Now that we know a little bit about you, we'd like to know how you may have been affected by the COVID-19 pandemic.

Your response to this question will be shared with the group, you will be able to see their responses once you share your post.

7.5.3 Activity 2: [Day 1] Protecting yourself and others during the COVID-19 Pandemic.

Task 1: Protecting yourself and others

Sharing settings: Uninfluenced

- The pandemic changed the way many of us think, feel, and act during our daily lives. Other than vaccination, tell us what you did, if anything, to avoid getting infected.
- Tell us what you did to protect others.
- Once you have entered your response, feel free to share your experiences and to respond to other participants as well. Photos and images are encouraged, but not mandatory.
- Your responses will be visible to all once they respond.

Task 2: Moving on to your journal (Prompt Task to Link to Next Activity).

Now we would like to know the main activities you have in a typical day, whether you encounter or notice any health risks associated with these activities, and what actions, if any, you take to protect yourself or the other people you engage with or are around. We'll ask you to do this every day for the duration of the discussion (3 days).

Your response to this question will not be shared with other participants.

Activity 3: [DAILY] Daily Journal - What did you do yesterday?

Sharing Settings: Private

Activity type: Journal – Repeat every 1 day, minimum 1 entry

Note: This activity will be private and will only be seen by the moderator and clients, not other participants. Participants will repeat all the tasks in this activity for each day of the study (3 days).

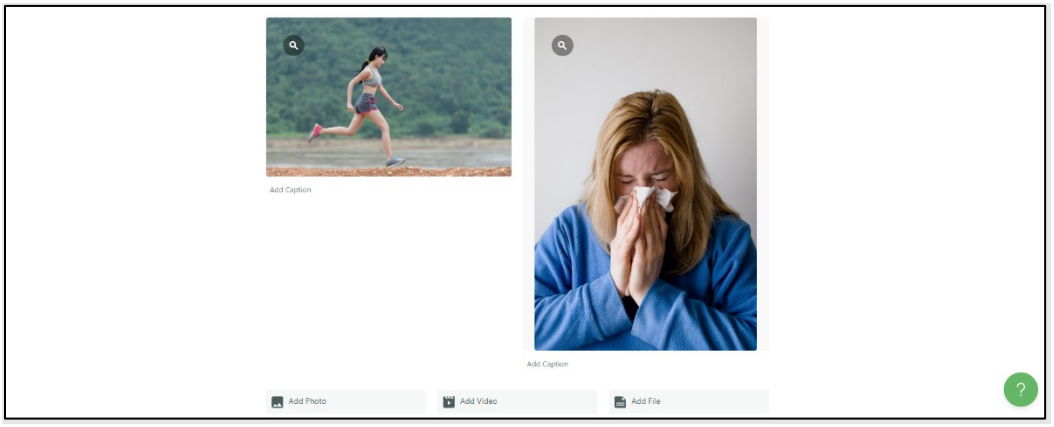
Task 1: How do you feel today?

Post a picture from the Internet of how you feel today, health wise. Tell us how you feel. We won't share this with other participants.

Task 2: Your Daily Health Diary

This task will be repeated each day of the study.

Please share with me what you did and how you felt today (if you are filling this out before these things have happened today, tell me about yesterday instead). Be sure to include as much detail as you can so I can really picture the whole thing.



Alt text: Screenshot of Recollective Platform illustrating layout of activity with examples of participant ability to select images to illustrate their responses - such as a man running or a woman blowing her nose.

Yesterday morning I did this: [Text field]

And I did this to protect my health: [Text field]

Yesterday afternoon I did this: [Text field]

And I did this to protect my health: [Text field]

Yesterday evening I did this: [Text field]

And I did this to protect my health: [Text field]

Would you characterize this as a "typical" day for you? How so? What was different?

Health Risks in Different Environments

This task will also be repeated each day of the study.

Thank you for sharing your entry, to help me to better understand your daily activities. **Can you indicate which of the following type of environments you visited <u>yesterday</u>?** Once you have responded you will be asked to identify any health risks you encountered.

- ☐ Going to a grocery store or other large surface store, such as a home renovation store
- ☐ Having a dinner part in your home with 8-10 people from outside your immediate household during the Holidays
- ☐ Going to a large family and friends gathering, such as a wedding or funeral
- ☐ Going out to a crowded restaurant or bar
- ☐ Going to a Holiday party with dinner, music, and dancing in a public setting
- ☐ Going to a concert in an arena
- ☐ Going to the gym or working out in an indoor public setting
- ☐ I didn't do any of these yesterday

For each situation which you encountered, at any time did you feel there were any health risks? What, if anything did you do? Did you use any personal protective measures, such as wearing a mask? Why? Why not? If you didn't do any of these, just click "Done".

Did you use any personal protective measures (such as...)? Why? Why not?

Task 3: What were other people doing?

This task will also be repeated each day of the study.

During your day, did you notice any others taking precautions to protect themselves in these situations? What was the situation or environment? What were they doing? How did this make you feel? Did this make you reconsider or feel better about what you were doing (or not doing)? Feel free to post images to illustrate.

Task 4: Thanks for completing the diary, now some situations…. (Prompt task to link to next activity)

Now that you have filled in your Daily Health Diary for every day, we'd like to see how you feel about some common situations which tend to occur particularly at this time of year.

7.5.4 Activity 4: Day 2 - What would you do in this situation?

Share setting: Uninfluenced

Task 1: Shopping and the Checkout Line - Planning

I'd like to get a sense of how you plan for different activities during your week. You may have encountered this situation already this week or might plan to go later. I am interested to hear your journey.

Tell us a bit about how you make decisions when you go grocery shopping.

- When do you typically go? Why?
- Do you bring anything with you?
- Who else is there? How busy is the grocery store when you go?
- How far in advance do you plan? Do you do any planning related to protecting yourself or others from getting sick? Or, is it more spontaneous?
- How do you feel (positive/negative)?

Alt Text: A grocery store checkout line with four individuals queued up, spaced apart by approximately a cart's length, except for the first two individuals who are closer together. The third person in line is engaged in a phone call, and no one is wearing a mask. A heat map overlays areas of perceived risk from group 4, primarily focusing on the vicinity of the closer individuals and the individual on the phone.

Task 2: Shopping and the Checkout Line – Using PPMs

Now, look at the image again. This time, enter an overall rating on the scale, then you will be prompted to continue by adding icons to the picture. You can add as many as five different icons. For each icon, you need to answer the prompt questions to continue.

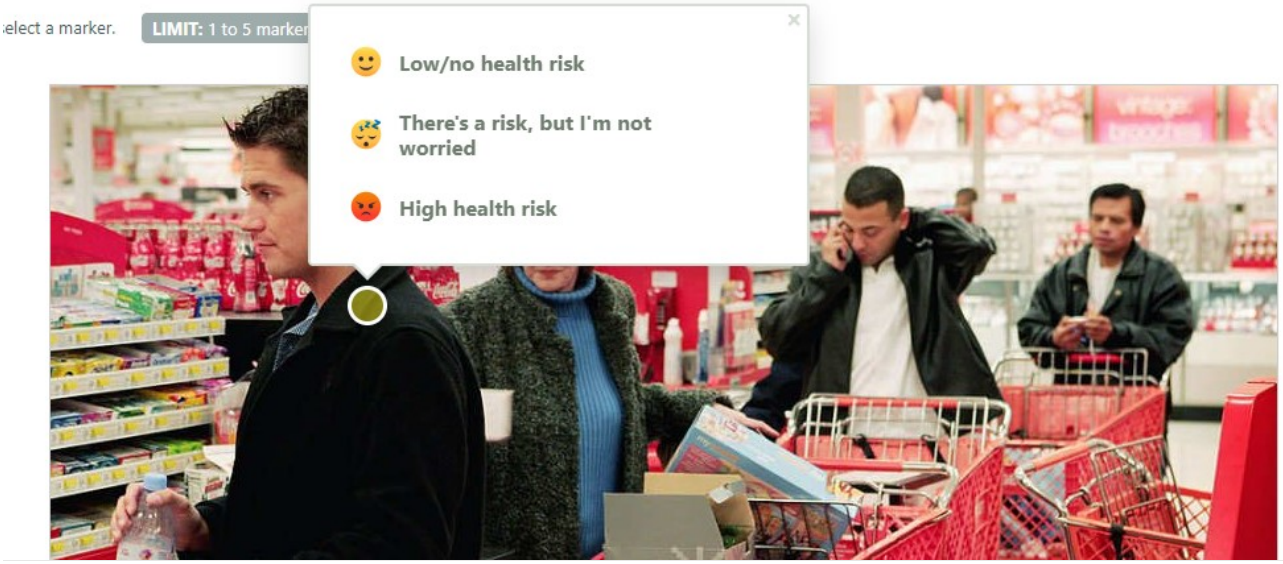
Tell us about the scene. What, if anything, would you do to protect yourself or others in this situation

How likely are you to act to protect yourself or others from catching a cold or other illness when shopping?

Enter an overall rating on the scale, then you will be prompted to continue by adding icons to the picture to places where you have identified risks or that call your attention in the photo. You can add as many as five different icons. For each icon, you need to answer the prompt questions to continue.

- **Low or no health risk** – Prompt: What would you do, if anything, in this situation to protect yourself? Why?
- **A health risk but not worried** – Prompt: Why are you not worried? What, if anything, would make you worried in this situation?
- **High health risk** – Prompt: Why is there a health risk? What would you do to protect yourself?

Tell us about the scene, any health risks and what, if anything, you would do to protect yourself or others and why or why not.



Alt text: Image of four people at a retail store with a menu superimposed to illustrate the functionality of the heat map question to highlight areas of low/no health risk, where there is a health risk, but they are not worried or where there is a high health risk using emoticons.

Task 3: Dinner Party - Planning

I'd like to get a sense of how you plan for different activities during your week. You may have encountered this situation already this week or might plan to go later. I am interested to hear how you tackle planning and making decisions.

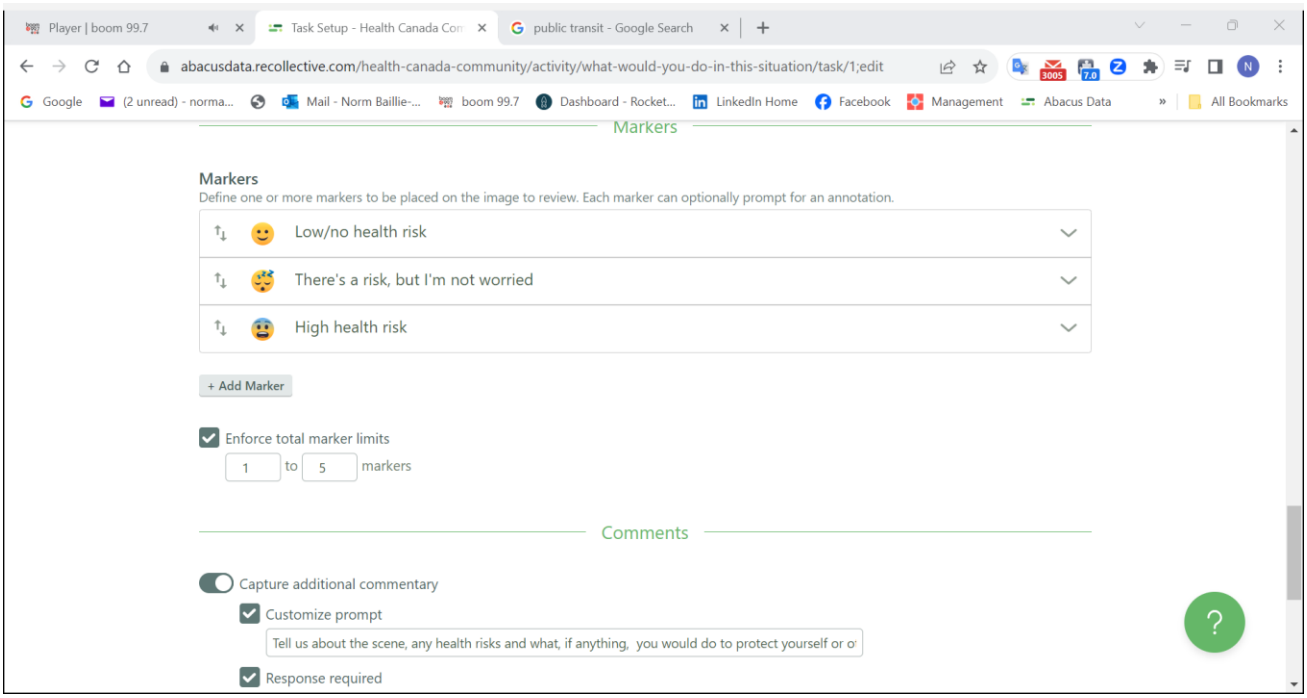
Tell us a bit about how you make decisions when you **host or attend a dinner party.**

- When do you typically go? Why?
- Do you bring anything with you?
- Who else is typically there?
- How far in advance do you plan? Do you do any planning related to protecting yourself or others from getting sick before or after the event? Or, is it more spontaneous?
- How do you feel (positive/negative)?

Task 4: Dinner Party – Using Personal Protective Measures (1)

How likely are you to act to protect yourself or others from catching a cold or other illness before or when going to a dinner party?

Very likely, Somewhat likely, Not very likely, Not at all likely



Alt text: Image of the Recollective platform task set up that shows three options for markers: low/no health risk, there's a high risk, but I'm not worried and high health risk.

Why do you say that?

Alt text: Image of a group around a dining table raising their wine glasses at a shared meal.

Task 5: Dinner Party – Using Personal Protective Measures (2)

Image Review

Enter an overall rating on the scale, then you will be prompted to continue by adding icons to the picture. You can add as many as five different icons. For each icon, you need to answer the prompt questions to continue.

- Low or no health risk – Prompt: What would you do, if anything, in this situation to protect yourself? Why?
- A health risk but not worried – Prompt: Why are you not worried? What, if anything, would make you worried in this situation?
- High health risk – Prompt: Why is there a health risk?

What would you do to protect yourself? Tell us about the scene, any health risks and what, if anything, you would do to protect yourself or others and why or why not?

Tell us about the scene, any health risks and what, if anything, you would do to protect yourself or others and why or why not.

Task 5: Taking Public Transit - Planning

I'd like to get a sense of how you plan for different activities during your week. You may have encountered this situation already this week or might plan to go later. I am interested to hear how you tackle planning and making decisions about anything you do to protect your health in this situation.

Tell us a bit about how you make decisions when you **take public transit (bus, plane, train).**

- When do you typically go? Why?
- How far in advance do you plan your trip? Do you do any planning related to protecting yourself or others from getting sick?
- How do you feel (positive/negative)?

Alt text: Image of a train on the tracks approaching a platform with blurred background to show movement.

Task 5: Taking Public Transit – Using Personal Protective Measures (1)

How likely are you to act to protect yourself or others from catching a cold or other illness when taking public transit?

Very likely, Somewhat likely, Not very likely, Not at all likely

Task 6: Taking Public Transit – Using Personal Protective Measures (2)

Enter an overall rating on the scale, then you will be prompted to continue by adding icons to the picture. You can add as many as five different icons. For each icon, you need to answer the prompt questions to continue.

- Low or no health risk – Prompt: What would you do, if anything, in this situation to protect yourself? Why?
- A health risk but not worried – Why are you not worried? What, if anything, would make you worried in this situation?
- High health risk – Why is there a health risk? What would you do to protect yourself?

Alt text : Image of the interior of a full train with many people standing and holding on to supports.

Tell us about the scene, any risks and what, if anything, you would do to protect yourself or others and why or why not.

Task 7: Moving Right Along (Prompt task to link to next activity)

Next, we would like to know about your comfort level if these situations were altered slightly and how you decide (or have decided, or not) to use different personal protective measures to guard against sickness.....

7.5.5 Activity 5: Day 3 Reflection and How You Decide to use Personal Protective Measures

Task 1: Reflection (1)

Thinking about the three scenarios we went through together, please reflect on if the following would change your comfort level with these activities or if you think you would act differently. Why/why not?

[Three images again with the scenario names as reminders.]

- The person next to you starts coughing.
- Someone tells you they have not been feeling well.
- You yourself have not been feeling well.
- There is a government recommendation to wear a mask when in indoor public settings during cold and flu season

Task 2: Reflection (2)

Thinking about the three scenarios we went through together, please reflect on if the following would change your comfort level with these activities or if you think you would act differently. Why/why not?

[Three images again with the scenario names as reminders.]

- The person next to you is wearing a mask.
- The majority of others present are wearing masks
- This is a ***government mandate*** to wear a mask in crowded, indoor public places

Task 2: Infographic/Picture Review

Image Review

This week we have covered different ways you are or might protect yourself and others from respiratory infections this cold & flu season. We are interested in your feedback on supporting everyone in Canada to take precautions to avoid getting sick this season. Below is a link to a picture (infographic) which includes more detailed information about the personal protective measures you can take to keep yourself and others from catching an illness this season.

Using the rating scale below, how informative would you say this picture is for you?

After you provide your rating, please place an icon on those protective measures you use, and explain why and/or in what situations. Also use the "thumbs up" or "thumbs down" icons to identify anything particularly you like or dislike about the picture.

Finally, after you do that, we have some more questions at the bottom for you.

[INFOGRAPHIC INSERTED HERE]

Alt text: Screen shot of the Recollective tool summary of icons to be used in the activity including a green checkmark next to the words “Do/Use this sometimes or often”, a red X next to the words “Never do/use this”, a thumbs up next to “I like this” and a thumbs down next to “I don’t like this”.

Does anything surprise you in this graphic or the topics we discussed this week (i.e. did you learn anything)?

If you saw this information, would it motivate you to do anything differently? Why or why not?

If yes, what would you be motivated to do?

If not, what could be improved to motivate you to use personal protective measures?

Where would you expect to see something like this? Where would this information be most accessible/helpful?

Task 3: Thanks! (Prompt task to link to discussion board)

Thank you so much for your contributions. If you haven’t yet, please go to the discussion board and tell us how you feel about your health before, during (and after) this Holiday Season.

Discussion Board

The discussion board is visible on the Home Page but can be accessed at any time during the study session. After the final task, participants will be routed back to complete the Discussion Board.

How do you feel about health risks now?

Welcome to our discussion area! Use this area to talk with your fellow participants on any of the topics below. In this discussion, we would like to know about how you fee about protecting your health “Post-pandemic”. How much of a risk do you still feel is out there? Which situations are you most concerned about? What measures, if any, do you take to protect yourself or others? How do you feel about wearing masks? Physical distancing? Do you think this is all overblown? Tell us what you think. This is your chance to engage with us and your fellow participants on this topic or anything you feel is important.

As always, keep all comments respectful.

Observer Questions and Interaction with Participants

PHAC observers will be granted "Client Status" and will have observer access to the study throughout its duration. While clients/observers will not have direct access to participants, they will be able to message the moderator at any time in order to probe and explore interesting insights.

Also, please note that the moderators will log on several times a day throughout the study period in order to interact with participants. **Moderators will "Like", "Comment", and most importantly, probe responses to extract more detail and insights.**