Health Canada Santé Canada

Report

Youth Marketing Product Validation – Quantitative and Qualitative Study

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Leger
507 Place d'Armes, Suite 700
Montréal, Québec
G1R 2K2
Phone: 514-982-2464
Fax: 514-987-1960

For more information on this report, please contact Health Canada at: hc.cpab.por-rop.dgcap.sc@canada.ca

Ce rapport est aussi disponible en français.

Canada

Youth Marketing Product Validation- Quantitative and Qualitative Study

Prepared for Health Canada and the Public Health Agency of Canada

Supplier Name: Leger

March 2024

This public opinion research report presents the results of a three-wave quantitative and qualitative study conducted by Leger Marketing Inc. on behalf of Health Canada and the Public Health Agency of Canada. The research was conducted with young Canadians aged 12-17.

Cette publication est aussi disponible en français sous le titre : Validation de produits de marketing chez les jeunes - Étude quantitative et qualitative

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1. Executive Summary

Leger is pleased to present Health Canada and the Public Health Agency of Canada with this report on findings from the youth marketing product validation study. This report details the findings from two waves of research on personal protective measures, which include a survey and focus groups, as well as from a third wave of research focusing on Health Canada's vaping module, conducted through focus groups.

This report was prepared by Leger who was contracted by Health Canada and the Public Health Agency of Canada (contract number CW2329161 awarded November 22, 2023).

1.1 Background and Objectives

In recent years, there has been a greater focus on marketing activities aimed specifically to youth and young adult audiences ranging in age from 12 to 24 years. When possible, these marketing elements were created through feedback received by youth who participated in Health Canada led student workshops, youth engagement committees or student ambassador networks. However, the input provided through these groups was not representative of youth from across Canada (i.e., socio-economic status, cultural backgrounds, or even urban vs. rural experiences, etc.).

To ensure these activities are as effective as possible in producing the behaviour change required, it is critical that marketing elements be tested directly with youth and young adults.

Marketing products typically developed for youth audiences can range from simple taglines, posters, and social media messaging to proposed concepts, web content, draft storyboards or even partially completed videos.

This study relates to marketing communications and campaign pertaining to the use of personal protective measures (PPMs) to reduce the spread of respiratory infectious diseases (RIDs) as well as vaping.

The objective of the research is to test a variety of marketing elements across different campaigns directly with youth. Specifically, the goal is to:

- determine if the content is:
    - clearly understood by the audience(s);
    - credible, relevant and of value to the audience(s);
    - appealing and appropriate to the audience(s);
    - memorable in the minds of the audience(s);
    - able to motivate the audience(s) to take intended action(s).
- elicit suggestions/options for improving the campaign materials; and
- elicit insights from youth on the campaign marketing elements.
- elicit insights from youth on how and where they would like to receive health-related information;
- better understand perceptions and knowledge around campaigns' topics

1.2 Quantitative Methodology – wave 1 (RID and PPM marketing product validation)

The quantitative research was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology. The online survey was conducted from February 1st to February 14th, 2024. The participation rate for the survey was 9.45%. Calculation of the Web survey's participation rate is presented in Appendix A.

A pre-test of the survey questions was carried out by conducting 46 interviews in both official languages (24 in English, 22 in French). The pre-test was completed between February 1st and 2nd, 2024. Survey interviews lasted 7 minutes and 29 seconds on average.

A total sample of 661 Canadians aged 12-17 were surveyed in all regions of the country.

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

Table 1. Sample Distribution by Region

Region	Number of respondents
British Columbia	60
Alberta	75
Prairies	45
Ontario	261
Quebec	180
Atlantic	40
Total	**661**

Based on the most recent data from Statistics Canada's 2021 national census, Leger weighted the results of this survey by age, gender, and region.

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

The survey results cannot be reliably applied to the entire target population, as the sampling method employed does not ensure the sample accurately reflects the target group within a known margin of 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 target population it may be intended to reflect.

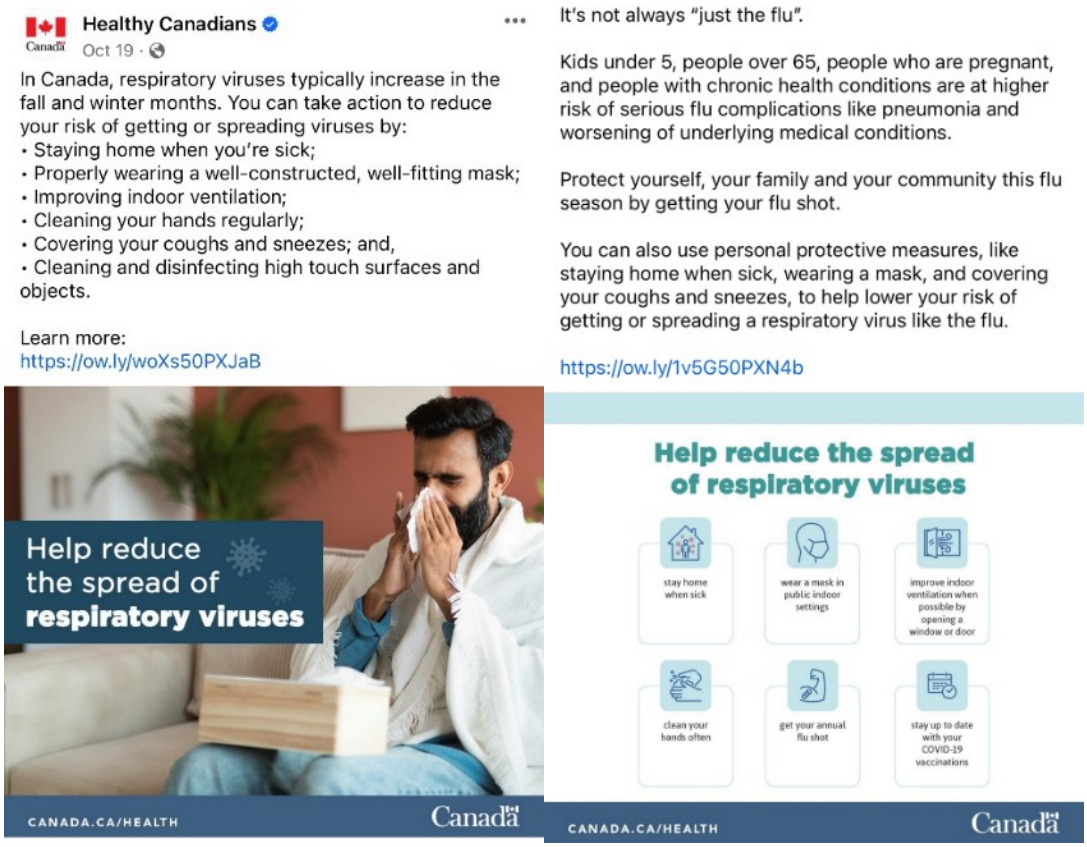
As a member of the Canadian Research and Insights Council (CRIC), Leger adheres to the most stringent guidelines for quantitative research and acts in accordance with the Government of Canada requirements for quantitative research and Standards of the Conduct of Government of Canada Public Opinion Research.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

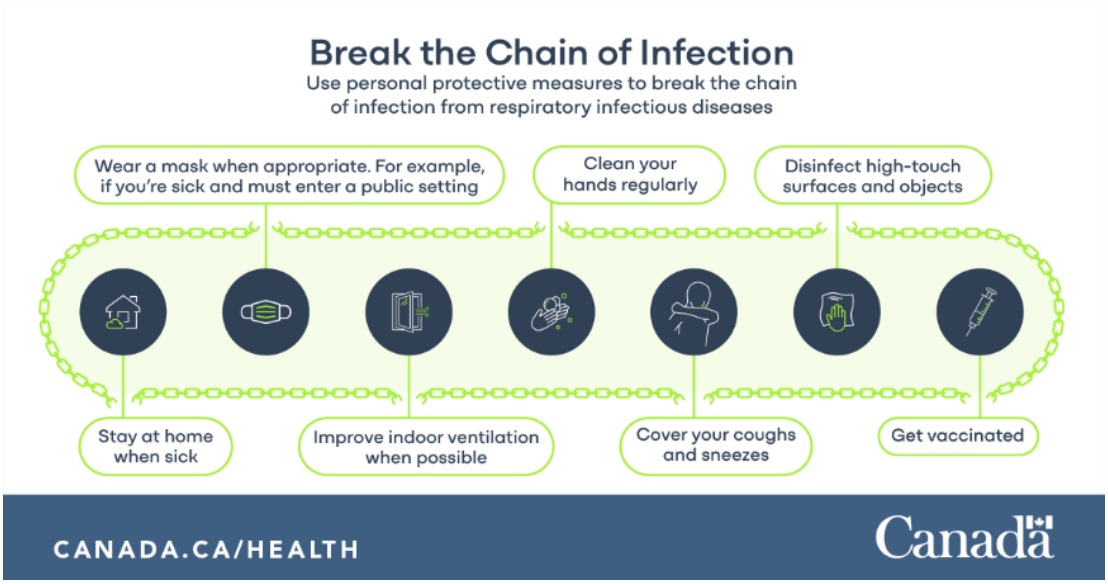
1.3 Overview of Quantitative Findings – wave 1 (RID and PPM marketing product validation)

Knowledge and perceptions of Respiratory Infectious Diseases (RIDs) and Personal Protective Measures (PPMs)

- Around half of young Canadians aged 12-17 had heard of the term "Respiratory Infectious Diseases" (RIDs) prior to the study (49%).
- Around half of them considered themselves somewhat familiar (51%), with a small minority being very familiar (4%).
- When it came to knowledge level evaluation, half of all young Canadians had all four answers correct (50%), one-in-four had three answers correct (24%), and one-in-five had half of the answers correct (18%). A small proportion had one (5%) or no answers right (3%).
- Around a third of young Canadians were worried about spreading a RID (very worried: 7%; worried: 27%) or catching it themselves (very worried: 8%; worried: 24%).
- Knowledge of personal protective measures was a little higher than that of RIDs, as around 55% stated they had heard of the term before.
- Among those familiar with PPMs, around 17% were very familiar and two thirds were somewhat familiar (68%) with the term PPM.
- The level of knowledge of personal protective measures was however more diffuse, as less than three-in-ten (28%) respondents had all six answers right, and around one-in-five had five (22%) or four (21%) answers right.
- According to participants, measures that help the most in reducing the spread of RIDs are hand cleaning (helps a lot: 77%), staying home when sick (helps a lot: 76%), and cleaning and disinfecting high-touch surfaces (68%). On the other hand, less than half agreed that getting vaccinated helps a lot in reducing the spread of RIDs (47%).
- While less than half of 12–17-year-olds use PPMs regularly (44%), most of them mentioned they covered their coughs and sneezes (78%), that they regularly cleaned their hands (78%), and stayed home when sick (66%).
- Less than half of respondents were vaccinated for COVID-19 or had received a seasonal flu within the past year (46%).

Marketing products





- Both the social media posts and the infographic were liked by a majority of respondents, (50% and 51% respectively), and one-fifth strongly liked the social media posts and the infographic (20% and 19% respectively).
- Attitudes towards the posts and the infographic were fairly similar as most participants found the materials to be credible (73% and 72% respectively), that the materials might encourage them to use PPMs (63% and 62%), that the materials have caught their

attention (59% and 56%) and the materials have taught them something new (52% for both). A little less than half of participants found that the posts stand out (47% and 48% respectively). The social media posts were however easier to understand (81%) than the infographic (74%).

Influences on PPM use

- A vast majority of respondents agreed that PPMs help them protect themselves (84%) and other people (83%) from RIDs, and that it is important to use PPMs to reduce the spread of RIDs (79%).
- Family members had the most influence on young Canadians' decision to use PPMs (71%), followed by doctors and other health professionals (49%), and teachers (42%). Among participants who cited multiple sources of influence, family members were identified as the most influential (63%).
- A little over half of Canadians appreciate reminders to use PPMs (54%), while the remainder preferred to remember on their own (43%).

1.4 Qualitative Methodology – wave 2 (RID and PPM marketing product validation)

From January 29th to 31st, 2024, Leger conducted a series of **eight virtual discussion group sessions** with French-speaking and English-speaking young Canadians (four groups of young Canadians aged between 12 and 15 and four groups of young Canadians aged 16-17, recruited from all the regions in Canada). Participants were recruited and assigned to virtual discussion groups by demographics of interest (e.g., young Canadians aged 12-15, young Canadians aged 16-17). Ten participants were recruited by our professional recruiters for each discussion group session. A total of 69 recruits participated in the virtual discussion groups (see Table below for details). All participants received an honorarium of $125.

Table 2. Details of the discussion sessions

Session Detail	Date	Recruits	Participants	Language
#1 (Youth 16-17, B.-C., Prairies or Territories)	January 29th, 2024	10	9	English
#2 (Youth 16-17, ON)	January 31st, 2024	10	8	English
#3 (Youth 16-17, Atlantic provinces)	January 30th, 2024	10	9	English
#4 (Youth 16-17, Quebec)	January 31st, 2024	10	7	French
#5 (Youth 12-15, B.-C., Prairies or Territories)	January 29th, 2024	10	10	English
#6 (Youth 12-15, ON)	January 31st, 2024	10	9	English
#7 (Youth 12-15, Atlantic provinces)	January 30th, 2024	10	9	English
#8 (Youth 12-15, Quebec)	January 31st, 2024	10	8	French

The virtual discussion group sessions lasted around 90 minutes and were conducted by a moderator using the CMNTY online platform. The platform helped to facilitate the moderation, ensuring an optimal interface between moderator and participants, and enabled interaction as the discussion unfolded. The online platform also allowed for remote viewing of each session by Leger, Health Canada and Public Health Agency of Canada observers.

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

Note on the interpretation of qualitative research findings

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable. Specific terms are used to refer to the prevalence of opinions and responses among participants. Definitions are provided in the table below.

Term	**Meaning**
Few	Few is used when less than 10% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
A majority	A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous or almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

1.5 Overview of Qualitative Findings – wave 2 (RID and PPM marketing product validation)

Terms knowledge and understanding

Respiratory Infectious Diseases (RIDs)

- Participants initially had limited awareness of the term "respiratory infectious diseases." While some anglophone participants had heard of the term prior to the group, none of the francophone participants were familiar with it. Whether they had heard of the term or not, the level of knowledge of RIDs across the groups was low. Participants seemed to deduct the meaning of the phrase rather than being familiar with the concept.
- Most of those who had never heard of the term were able to infer its meaning contextually. A couple of francophone participants had a wrong understanding of the term, thinking it referred to vaping or smoking related illnesses.
- Whether they had heard of the term or not, the definitions of RIDs provided by the participants were basic and mentioned illnesses that affect the lungs and that can be transmitted from one person to another. None of the participants mentioned specific diseases (e.g., the flu, COVID-19).
- Overall, participants were not worried about catching RIDs as they considered they were not at-risk of severe disease or outcomes because of their young age. If anything, they were more worried about spreading the diseases to other people, mainly the older members of their family (e.g., grandparents). Some participants mentioned their anxiety during the COVID-19 pandemic.

Personal Protective Measures (PPMs)

- While knowledge of personal protective measures (PPMs) was higher than that of RIDs, participants seemed to draw their knowledge from common sense and to deduce the meaning of the phrase rather than being familiar with the concept itself. That being said, most anglophone participants knew what the term referred to. However, awareness was very low among francophones as none of them had heard of the term before. Their knowledge mainly stemmed from the pandemic period, as it required heightened caution in terms of hygiene to avoid spreading COVID-19.
- Most commonly mentioned examples include hand washing, coughing/sneezing in elbow, staying home when feeling ill, and mask wearing. Improving ventilation was rarely brought up by participants.
- All participants agreed that PPMs were important and effective in reducing the spread of RIDs.
- Most commonly used PPMs are hand washing and staying home when sick. A few participants mentioned wearing masks when in contact with more vulnerable individuals, especially in English-speaking groups.

- When it came to being influenced to use PPMs, most participants mentioned their parents as the main influencer.
- Most participants did not systematically encourage friends and family to use PPMs. Some of them mentioned they had developed the habit of using PPMs and reminding their peers to use PPMs during the COVID-19 pandemic but admitted to having lost these habits.
- A few participants mentioned they did remind their peers to use PPMs, mainly hand washing or wearing masks when feeling unwell.
- Many participants acknowledged that they experienced mental fatigue after being constantly reminded of using PPMs by their parents or by advertising campaigns, and they considered the frequency of the messaging somewhat annoying. However, they all agreed that it was for the greater good and understood the necessity of reminders. Some participants also acknowledged the importance of PPMs, especially during periods when the risk of transmission is higher like the fall or winter.

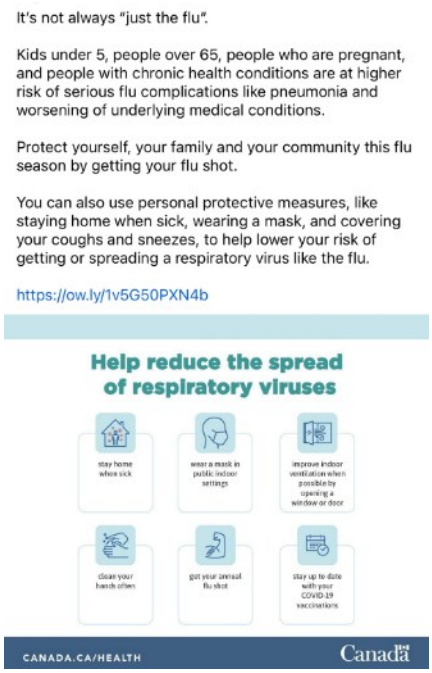
Marketing products validation

After the discussion of RIDs and PPMs, participants were shown various marketing products to evaluate. Participants were shown two social media posts, one infographic, and two 15-second videos. Most of the participants had not seen any of the advertisements before.

Social media post 1

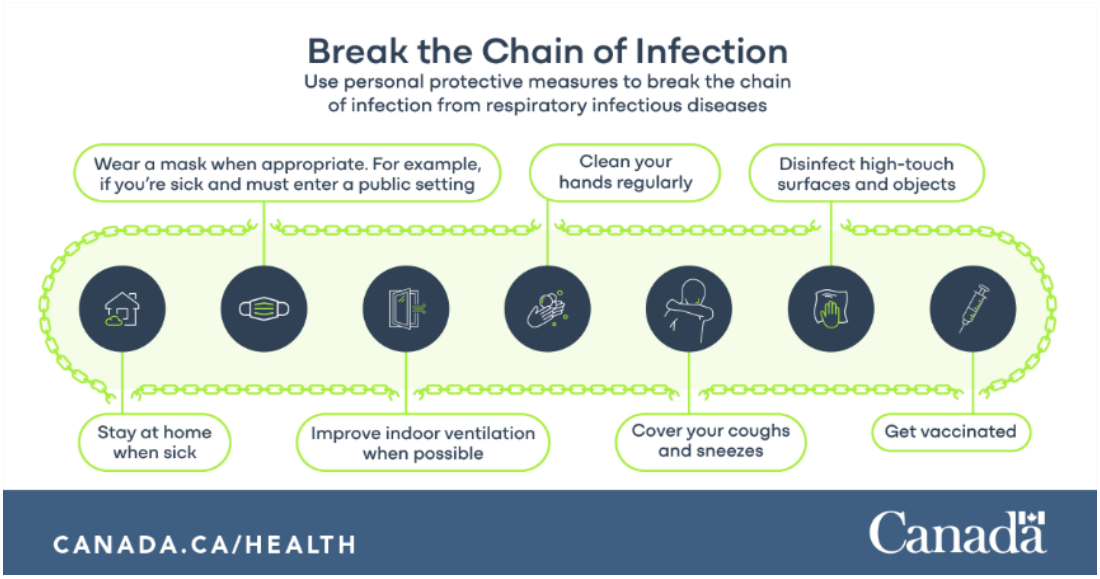
This post was deemed basic by a majority of participants. While they agreed it was clear and easy to understand, it did not catch their attention whatsoever as it lacked eye-catching elements (colours, catchphrase, etc.). Almost all participants agreed that if this post showed up on their social media, they would scroll past it without paying any attention to it. They did however acknowledge the usefulness of the ad as it provided good and relevant advice.

Social media post 2



While this ad was deemed wordy and containing too much text, participants preferred it to the first social media post. Most of them found the leading sentence "It's not always 'just the flu'" catchy. Some of them stated they had learned about the at-risk groups through the first paragraph, which grabbed their attention further. However, some participants found the information redundant between the text and the image, as the same elements are repeated. While this post was received more positively, it was still deemed inefficient as most would scroll past it in social media.

Infographic



Participants were torn on this infographic. While some found the illustration of the broken chain to be effective, others did not see it or were confused by it. Those who did not like the infographic mentioned that the colours should be different (i.e., “flashier”), and the chain should be bigger and stand out more as the light colour makes it fade into the background. However, most agreed that the title was eye-catching, and they enjoyed the more visual aspect (compared to the social media posts). But similar to the social media posts, they admitted they would probably scroll past it if it were on their social media, but it might catch their attention in public spaces like on a poster at school, on the metro, or on the bus.

Video – Find your rhythm

Many participants expressed that they liked this ad. In addition to the dynamism and the fact that it catches their attention, many participants mentioned that they liked the music that makes this video more entertaining. However, many participants stated that this video is too fast, which makes it difficult to understand the message after just one viewing of the ad. Most participants agreed that this ad stood out from other similar ads because it is more upbeat and rhythmic, but many others also found the same elements to be confusing. Many participants stated the video was too fast and did not allow to intake the information. They were therefore torn about its effectiveness in encouraging people to use PPMs, as some found it engaging but others found it too confusing to follow.

Video – Help protect yourself and others this respiratory virus season

Many participants mentioned that this ad is concise, efficient and goes straight to the point. They also liked the fact that the ad is short and colourful. Those who did not enjoy the ad thought it was too fast paced. However, most participants viewed this ad as a quick reminder of personal protective measures, as they did not learn anything new from it. Therefore, this ad did encourage participants to use the protective measures more than they already do. The participants also shared that the ad is similar to other advertising they are used to seeing.

Information sources

- Most participants mentioned TikTok, Instagram, YouTube, and Snapchat as their main social media platforms. Regarding other websites and media, many participants mentioned Google and using their web browser to look up information or news (without any mentions of specific websites/platforms).
- Regarding looking for health-related information, most participants mentioned turning to their family doctor or other healthcare professional, their parents, the Health Canada website, search engines (mainly Google), and official federal and provincial websites. A few participants also mentioned YouTube and news channels.
- When asked how they prefer to receive information about public health and reminders to use PPMs, many participants mentioned it would be better to receive them in physical locations such as bus stops, inside buses, and at school in a poster format. Their main argument was that social media is overloaded with information and they have developed the habit of automatically scrolling through sponsored content. Those who preferred receiving them online mentioned ads on YouTube, as they cannot be skipped.

1.6 Qualitative Methodology – wave 3 (vaping module validation)

The third wave of the study was conducted in two steps: an online community including module exploration and short survey, followed by online focus groups to further discuss opinions towards the online module.

The third wave was conducted from February 12th to 15th, 2024 with youth aged 13-18 and educators.

During the first two days, participants **were invited to visit and explore the self-led online module on vaping**. This module is an online interactive tool aimed at providing information on the dangers of vaping. They were then **required to answer around ten questions** about their experience, including closed-ended and open-ended questions. The results of the closed-ended and open-ended questions have been treated as qualitative data. Given the small number of participants, the results cannot be considered representative of the opinions or the experiences the entire population of educators and young people aged 13 to 18 years. Thus, only general trends are reported. The analysis focuses on the points of convergence and divergence between the answers to the questions and the insights gathered during the focus groups.

Participants were recruited to represent a mix of demographics (age, region), including both English and French speakers, to ensure linguistic and cultural diversity within the sample.

Subsequently, Leger conducted a series of **six virtual discussion group sessions** with French-speaking and English-speaking young Canadians (two groups of young Canadians aged 13-15 and two groups for ages 16-18) and educators (two groups) recruited from all the regions within Canada. Educators were defined as those whose primary professional involvement centered on working with young Canadians, including roles such as teachers, counselors, psychoeducators, social workers, special education technicians, or student life coordinators. Participants were recruited and assigned to virtual discussion groups based on specific demographic interests, with groups separately categorized for young Canadians aged 13-18 and for educators. Six participants were recruited by our professional recruiters for each discussion group session. A total of 26 recruits participated in the virtual discussion groups (see Table below for details). All participants received an honorarium of $125.

Table 3. Details of the discussion sessions

Session Detail	Date	Recruits	Participants	Language
#1 (Youth 16-18, ON, Atlantic provinces, English)	February 14th, 2024	6	3	English
#2 (Youth 13-15, BC, Prairies except AB, English)	February 14th, 2024	6	6	English
#3 (Youth 16-18, QC, ON, French)	February 14th, 2024	6	4	French
#4 (Youth 13-15, QC, Atlantic provinces, French)	February 14th, 2024	6	4	French

#5 (Educators, BC, ON, Prairies except AB)	February 15th, 2024	6	4	English
#6 (Educators, QC and ON)	February 15th, 2024	6	5	French

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

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

The transcripts from these discussions were analyzed using thematic analysis to identify common themes and patterns in the participants' responses. This involved coding the data for recurring topics, such as engagement with the content, perceptions of the module's educational value, and suggestions for improvement.

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable.

1.7 Overview of Qualitative Findings – wave 3 (vaping module validation)

Overall module opinion

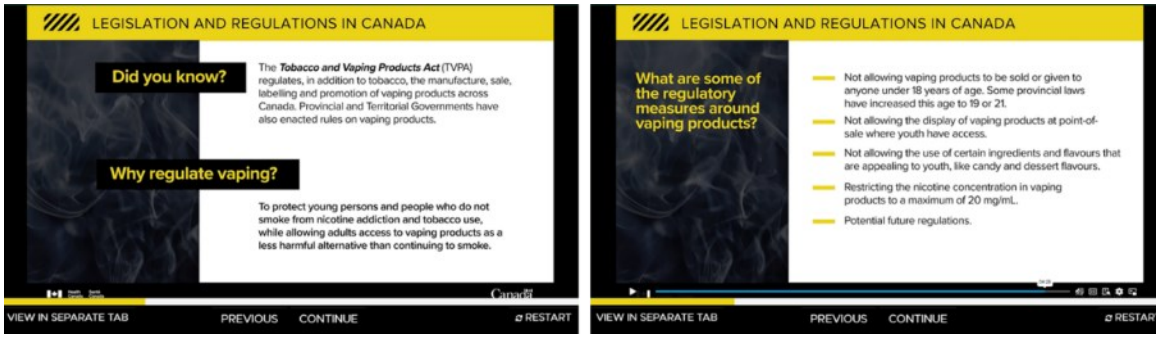
- Participants aged 13 to 15 found the module informative yet not always engaging. They appreciated learning new facts but desired more interactive and entertaining elements to maintain interest. The amount of text and the pace of narration were generally well-received, suggesting a preference for balanced information delivery that caters to their learning pace.
- Participants aged 16 to 18 recognized the module's educational value but echoed the need for more engaging content. Some found the information to be a review of what they had already learned in school, indicating a need for newer insights or deeper dives into topics to capture their attention.
- Educators focused on the module's potential as a tool for initiating discussions about vaping risks. They highlighted the importance of interactive engagement and suggested that while the module provides a good foundation for information, it requires supplementary discussion and activities to truly resonate with students. Educators also

noted the need for clearer and more direct language to convey the risks of vaping effectively**.**

- A few of the young participants echoed the need for more interactive and entertaining content to capture and retain young learners' interest more effectively, without sacrificing the richness of information provided. A few of educators noted the need for clearer and more direct language to convey the risks of vaping effectively. As they considered that the content was not new information, some teenagers indicated a need for newer insights or deeper dives into topics to capture their attention.
- While their opinions were overall positive, many teenagers acknowledged that the module did not change their opinion on vaping and expressed doubts about its ability to persuade individuals who already vape. They found the section about the costs of vaping to potentially be the most persuasive.

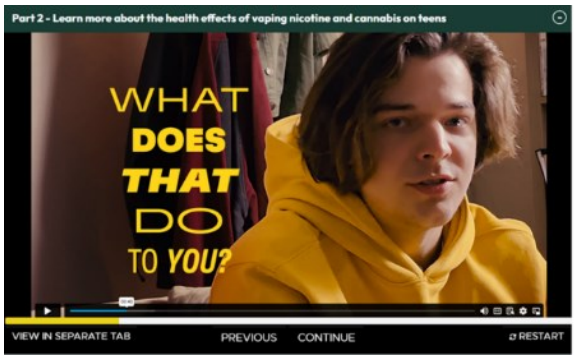
Perception of the online module on vaping

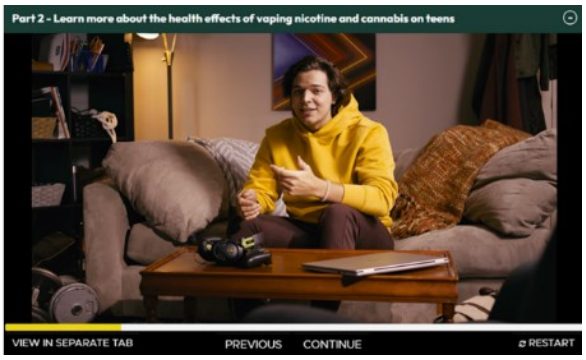
Part 1 – Introduction to teen vaping and its harms and risks



- Participants across both youth age groups acknowledged the module's educational value in learning about vaping products and devices, the risks and harms of vaping, and the relevant Canadian legislation and regulations.
- However, there's a clear preference for reducing the amount of text and integrating more visual and interactive elements to improve engagement and comprehension. While the quality and importance of the content were not questioned, the manner of presentation—particularly the need to balance textual information with more engaging formats—was highlighted as an area for improvement.
- Feedback about the narration indicates a desire for a more engaging, possibly younger, and more energetic voice, especially to captivate younger audiences. While the narration aids in understanding, aligning it closer with the preferences and expectations of the target audience could enhance engagement and retention of the module's content.

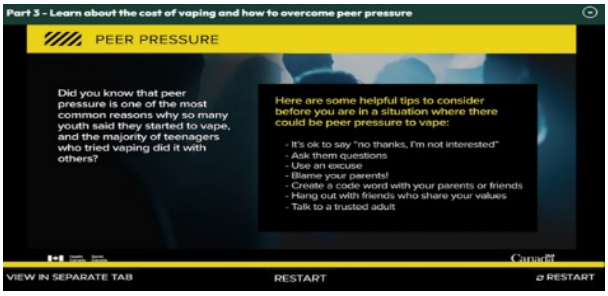
Part 2 – Learn more about the health effects of vaping nicotine and cannabis on teens





- This was one of the preferred sections. All participants, young Canadians and educators alike, found it more interesting than the first part of the module. There was a consensus that while the module served as a good introduction to the risks of vaping, it could benefit from diversification in content presentation, including more detailed information. The repetition of known facts was a common criticism, suggesting a need for more nuanced, detailed information tailored to the audience's existing knowledge base.
- Participants aged 13 to 15 appreciated learning about vaping risks but wanted content that was less repetitive. Those aged 16 to 18 highlighted a preference for content that dives deeper into the scientific aspects of vaping and its health impacts, indicating that the module often reiterated information they already knew. Educators emphasized the need for the module to include more comprehensive details on the long-term effects of vaping, expressing that the content could be enhanced by integrating more current research findings.

Part 3 – Learn about the cost of vaping and how to overcome peer pressure

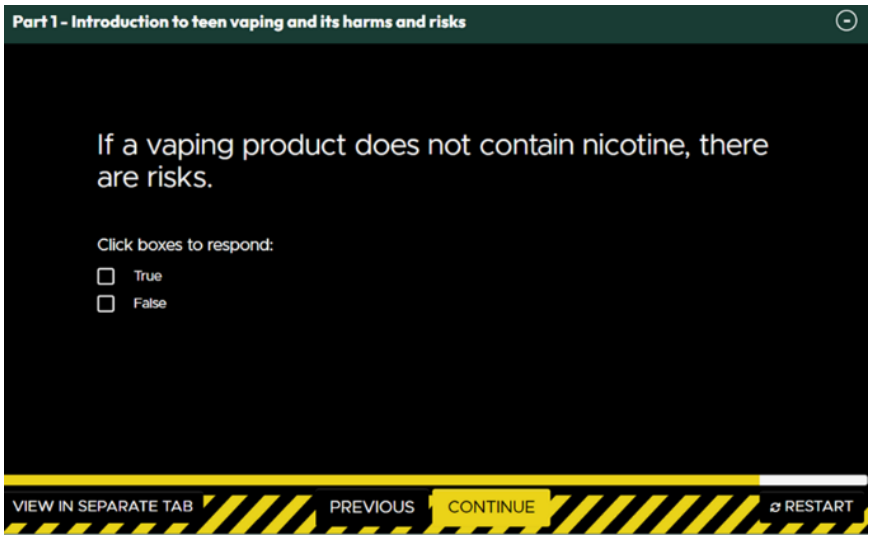


- The "Cost of Vaping" section was one of the favorite and most interesting sections according to the participants. It was highlighted as an effective component of the module, providing crucial information that was previously underappreciated or unknown. This section not only broadened the understanding of vaping's consequences but also introduced a practical perspective on the behaviour's implications, which could be a significant deterrent for potential and current users.
- Participants aged 13 to 15 found the section informative, suggesting it successfully added a new dimension to their understanding of vaping beyond health risks. For those aged 16 to 18, learning about the cost of vaping was an eye-opener. This group appreciated seeing the financial costs laid out clearly, which some found surprising and influential in their

perception of vaping. Educators recognized the importance of discussing the financial costs of vaping, acknowledging it as a critical component of comprehensive vaping awareness.

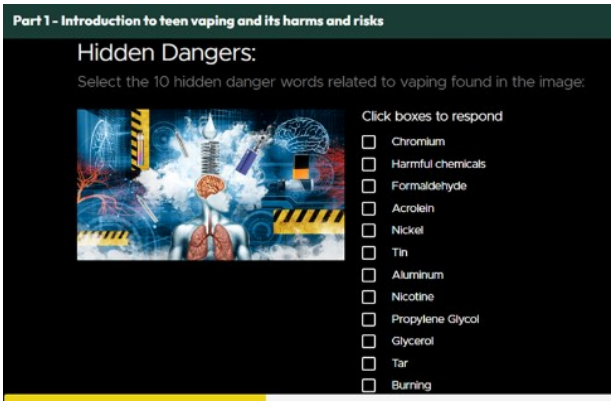
- All groups agreed on the significance of peer pressure as a factor in vaping initiation and appreciated the module's attempt to provide strategies to combat it. Younger participants seemed more receptive to the practical strategies offered, while older participants and educators called for more sophisticated or nuanced approaches. Educators emphasized the need for additional context and strategies, suggesting a deeper exploration of the social dynamics at play.

Perception of the interactive games and quizzes



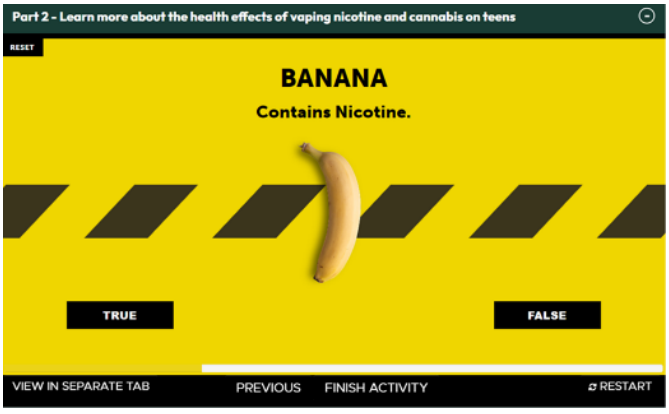
- The feedback on quiz questions across different groups revealed a consensus on their value for reinforced learning, with some nuanced differences in preferences and suggestions for improvement.
- Teenagers aged 13 to 15 found the quizzes to be easy and engaging, effectively reinforcing the module's content. They appreciated the quizzes for their ability to make them think back on what they had learned. The older teens expressed a desire for slightly more challenging quizzes. While they appreciated the quizzes for their interactivity and the reinforcement of learning, some felt that increasing the difficulty could enhance the learning experience. Educators suggested making the quizzes less predictable, with less obvious answers to increase their educational value.

Hidden Dangers



- Across all groups, there was a desire for the game to be more intuitive and directly educational. While the game's concept was generally appreciated for its attempt to make learning interactive, the execution—particularly in terms of ease of use, clarity of instructions, and direct educational value—was seen as an area that needs significant improvement. Participants suggested enhancements ranging from better visual cues, more contrast (for color blind people) and instructions to incorporate more straightforward educational feedback mechanisms to reinforce learning objectives.
- Participants aged 13 to 15 suggested making the game elements easier to identify within the game environment. The need for clearer instructions and perhaps simplifying the game mechanics to improve understanding was noted. For those aged 16 to 18, providing introductory content was suggested to help players understand what to look for in the game, thereby enhancing its educational impact.
- Among the educators, there was a suggestion to include more intuitive instructions and potentially redesigning the game to ensure it was both engaging and informative. The idea of adding pop-up descriptions or more interactive feedback upon finding items was mentioned as a way to enhance learning outcomes.

Contains Nicotine?



- This content caused confusion among some participants, as they did not really understand the reason behind the exercise and found it juvenile. A couple of participants suggested the exercise aimed at drawing a link with vaping liquid flavors. They then suggested a link with the flavors of vaping liquids.
- The feedback received from all groups suggests that while the interactive game component of the module was successful in engaging participants to some extent, there is a clear need for enhancing its complexity and educational depth (make it more obvious) to make it a more effective learning tool for all age groups, especially the older participants and to meet educators' expectations for content that stimulates deeper learning and reflection on the subject matter.
- Younger teenagers found the game too easy and perceived it as designed for a younger audience. They expressed a desire for greater complexity and challenge. Older teenagers suggested making the game more engaging by incorporating elements that require quicker reflexes or more strategic thinking, hinting at a desire for a more sophisticated interactive experience that aligns with their age and knowledge level. Educators saw potential in the game for engaging students but echoed the sentiment that it needed to be more challenging to truly be effective as a learning tool.

1.8 Intended Use of the Research Results and Benefits for Canadians

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

Manner in which research supports government or departmental priorities:
Implementing focus groups and surveys for youth audiences specifically generates several benefits for Health Canada and the Public Health Agency of Canada including:

- allows limited campaign budgets to be used more efficiently,
- ensures communication products developed are reflective of Canadian youth across Canada
- allows content to be adapted more quickly based on direct youth feedback and as a result for objectives to be realized sooner, and
- provides an opportunity to keep up to date on topics of most concern to youth and to proactively adjust plans or products accordingly.

Manner in which research findings will benefit Canadians:
Canadian youth and young adults will be more likely to make informed decisions about their health because the marketing products developed by Health Canada and the Public Health Agency of Canada will be more relevant and engaging to them. Arming youth and young adults with the information they need to make health-related decisions, allows them to adopt healthier lifestyle habits that will remain with them throughout their lives. This can reduce the incidence of chronic disease as well as respiratory infectious diseases in future and curtail the financial and strain impact on Canada’s health care system.

1.9 Statement of Limitations

The quantitative portion of the research (wave 1) is based on a web-survey methodology. Respondents for this survey were selected from among those who have volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted to reflect the demographic composition of the target population. Because the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated.

The qualitative portion of the research (waves 2 and 3) is based on a series of focus groups. Qualitative research is designed to reveal a rich range of participants' opinions, perceptions and interpretations. It does not and cannot measure what percentage of the target population holds a given opinion or perception. Findings are qualitative in nature and cannot be used quantitatively to estimate the numeric proportion or number of individuals in the population who hold a particular opinion.

1.10 Notes on Interpretation of Research Findings

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

1.11 Political Neutrality Statement and Contact Information

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

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

Signed:

Christian Bourque
Executive Vice-President and Associate

Leger
507 Place d'Armes, bur 700
Montréal, Québec
H2Y 2W8
cbourque@leger360.com

Additional information
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Contract number: CW2329161
POR 042-23
Contract Value: $134,675.66 (HST included)

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

2. Detailed Results – wave 1

Note on testing for statistical differences

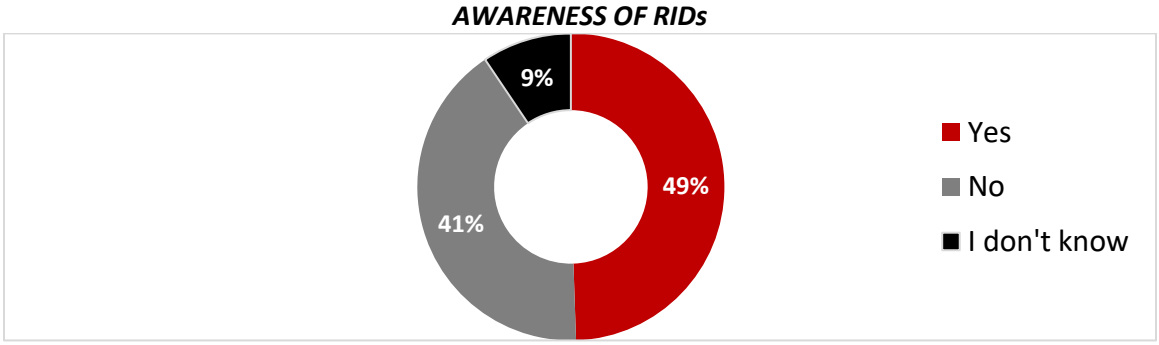
According to the normal distribution, a two-tailed test is always done between two proportions and based on the unweighted total columns. The test is performed by comparing a percentage with the percentage formed by the complement of the relevant category (e.g., of the male subgroup is the female subgroup; the complement of the 12-15 age subgroup is the 16-17 age subgroup). The test results (if they are significant at a confidence level of at least 95%) are mentioned in the table analysis.

In the report, when we indicate that a sub-group of the sample is "more likely" or "less likely", it means that the statistical testing returned a valid statistically significant difference between this subgroup and its complement, even if the percentage is low. Only relevant and statistically significant differences are mentioned.

2.1 Knowledge & Perceptions of RIDs and PPMs

Respondents were asked if they have ever heard the term "respiratory infectious diseases". Around half of 12–17-year-olds have heard of the term "respiratory infectious diseases" (49%), around two-in-five have never heard of it (41%), and one-in-ten were unsure (9%).

Figure 1: Have you ever heard of the term "respiratory infectious diseases" (RIDs)?
Sample frame: All respondents (n=661)

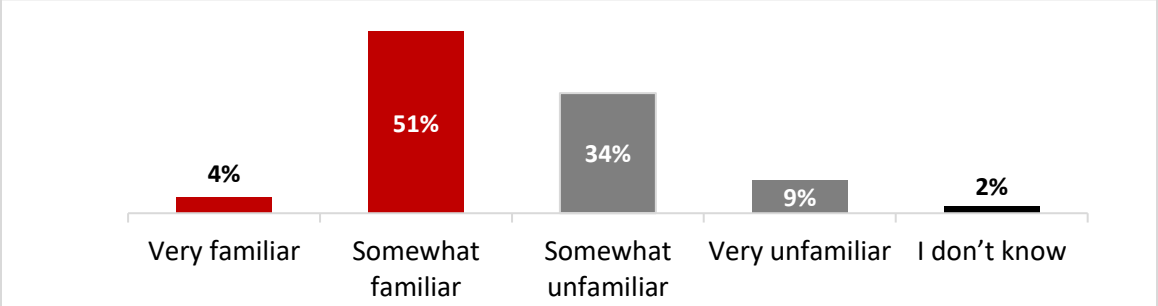


Respondents from Quebec were more likely to have not heard the term RIDs (53%).

Those who said they have heard the term were asked how familiar they were with the concept. Over half of respondents consider themselves very (4%) or somewhat (51%) familiar with RIDs. On the other hand, around four-in-ten are somewhat (34%) or very (9%) unfamiliar.

Figure 2: How familiar would you say you are with respiratory infectious diseases (RIDs)?
Sample frame: Those who have heard the term "respiratory infectious diseases" (n=320)

FAMILIARITY WITH RIDS



The following subgroups were more likely to consider themselves very or somewhat familiar with RIDs:

- 12–15-year-old respondents (60%)
- Ontario respondents (63%)
- Respondents who identify as part of an ethno-cultural minority (75%)
- Those who have been vaccinated in the past year (66%)

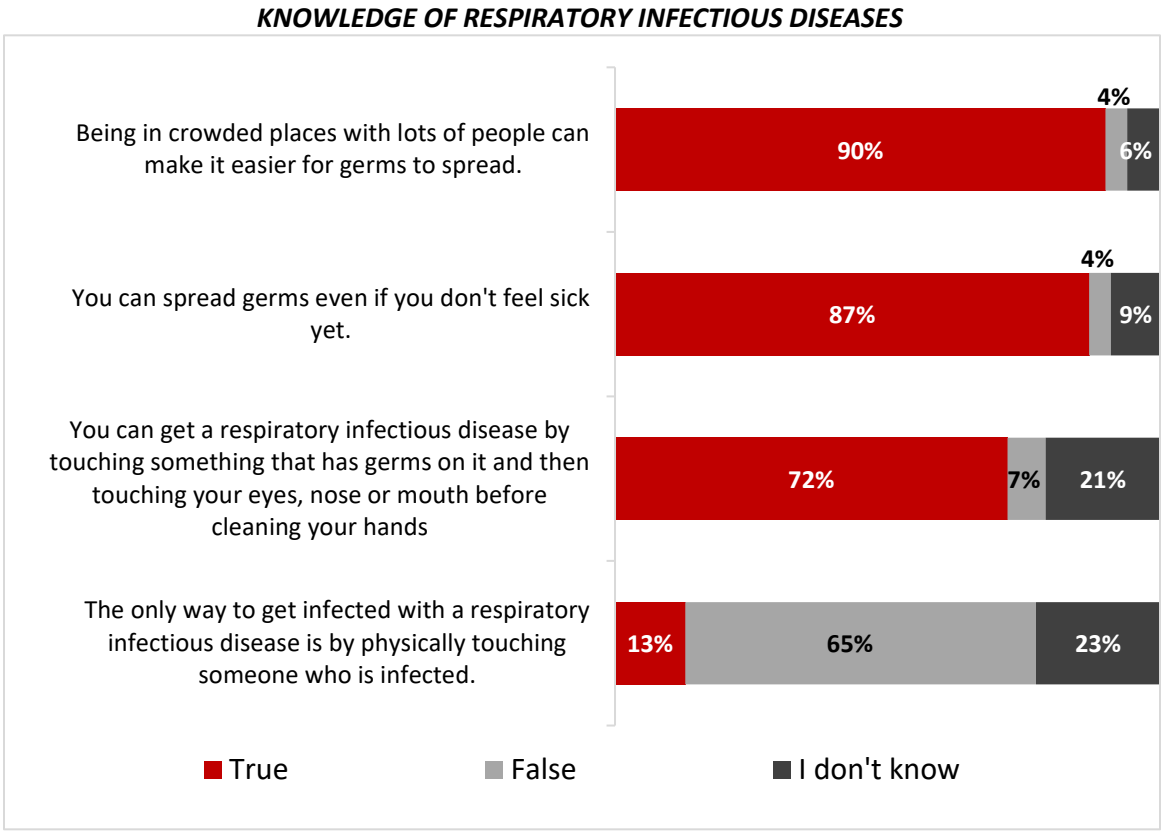
To test respondents' knowledge of respiratory infectious diseases, they were asked four true or false questions.

A vast majority of respondents considered the statements "being in crowded places with lots of people can make it easier for germs to spread" and "You can spread germs even if you don't feel sick yet" to be true, which is the right answer (90% and 87% respectively).

A little less than three-in-four respondents aged 12-17 considered the statement "You can get a respiratory infectious disease by touching something that has germs on it and then touching your eyes, nose or mouth before cleaning your hands" to be true (72%), which was the right answer.

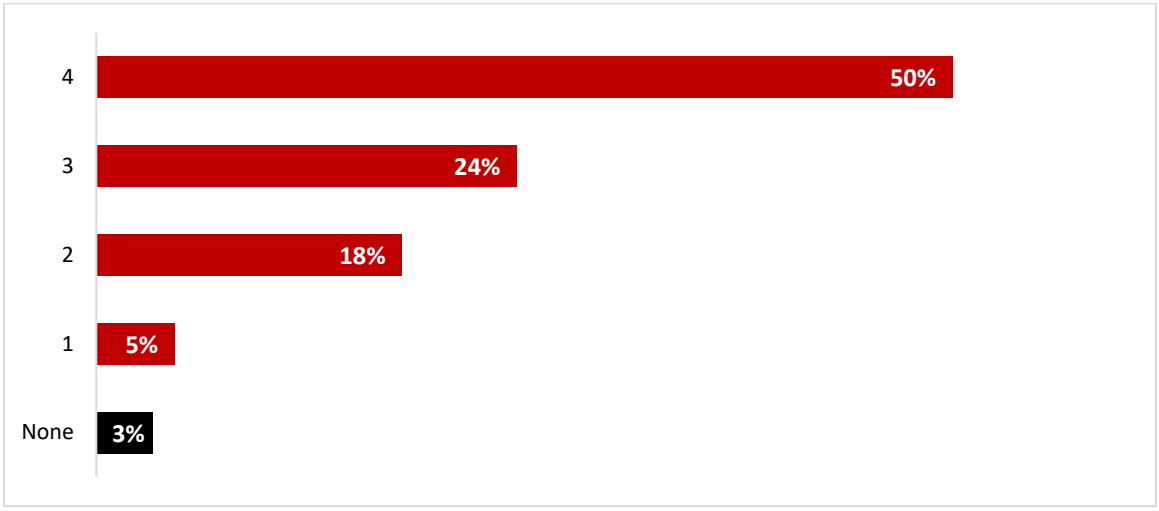
Around two-thirds of respondents considered that "The only way to get infected with a respiratory infectious disease is by physically touching someone who is infected" is false, which is the right answer (65%).

Figure 3: True or false?
Sample frame: All respondents (n=661)



In order to get a better understanding of 12–17-year-old Canadians' knowledge of RIDs, a variable counting the number of right answers was calculated. Half of the respondents had all four questions right (50%). Around one-in-four had three answers rights (24%), less than one-in-five had two answers right (18%), and a small portion had only one (5%) or no answer (3%) right.

Figure 4: True or false? – Number of right answers
Sample frame: All respondents (n=661)

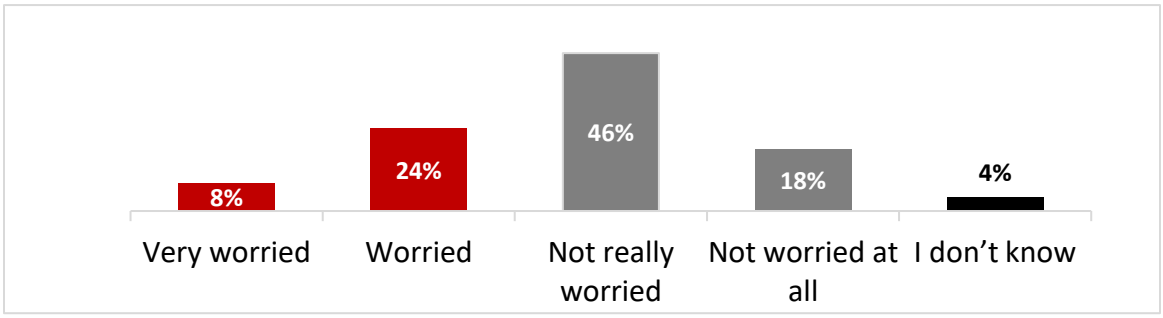


Significant differences in terms of knowledge of RIDs include:

- Girls were more likely to get all four answers right than boys (56% compared to 43%)
- Respondents from Quebec were more likely to not get any answer right (8%)

Respondents were then asked how worried they were about getting a RID. Less than one-in-ten were very worried (8%), and one-in-four were worried (24%). Around half were not really worried (46%), and less than one-in-five were not worried at all (18%). A small proportion of respondents did not answer the question (4%).

Figure 5: How worried are you about getting a respiratory infectious disease?
Sample frame: All respondents (n=661)



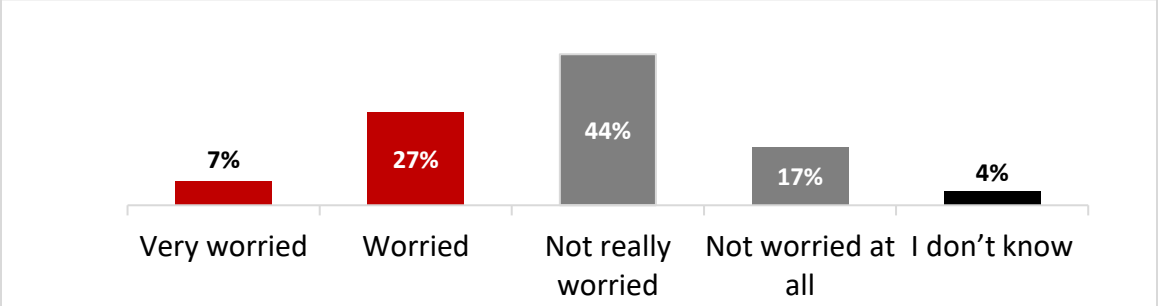
Significant differences in terms of level of worry regarding getting a RID include:

- 12–15-year-olds were more likely to be very worried (10%) or worried (27%) than 16–17-year-olds (4% and 16% respectively).
- Respondents from Ontario (31%) and those who consider themselves part of a visible ethno-cultural group (39%) were more likely to be worried.
- Those who were born outside of Canada were more likely to be very worried (21%)
- Those who were working full-time were more likely to be very worried (26%).
- Respondents who were vaccinated in the past year were more likely to be very worried (13%) or worried (31%).

Respondents were also asked to what extent they were worried about spreading a RID, and results were similar. Less than one-in-ten were very worried (7%), and a little over one-quarter were worried (27%). Less than half were not really worried (44%), and less than one-in-five were not worried at all (17%). A small proportion of respondents did not provide an answer (4%).

Figure 6: How worried are you about spreading a respiratory infectious disease?
Sample frame: All respondents (n=661)

CONCERN ABOUT SPREADING RIDs



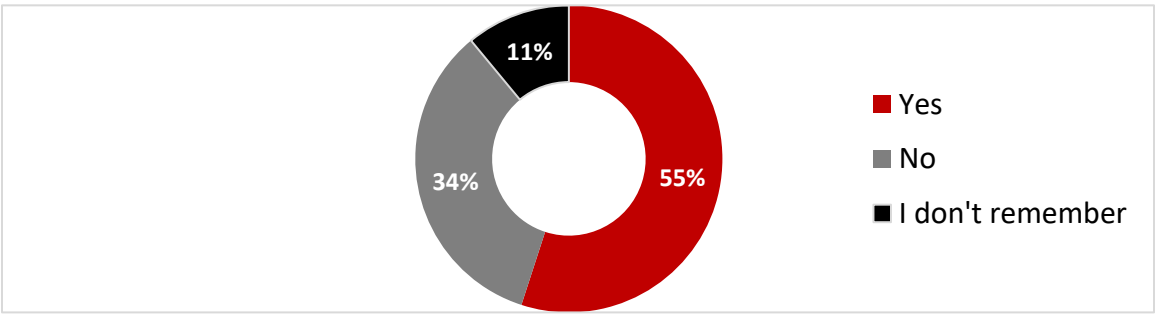
Significant differences in terms of level of worry regarding spreading a RID include:

- Respondents born in Canada were slightly more likely to not be really worried (46%) about spreading a RID, while those born outside were more likely to be worried (47%).
- Those studying full-time were also more likely to not be really worried (46%), while those who are not students were more likely to be very worried (21%).
- Respondents working full-time were more likely to be very worried (21%).
- Respondents who were vaccinated in the past year were more likely to be very worried (11%) or worried (38%).

Respondents were then asked the same series of questions about personal protective measures (PPMs). Over half (55%) stated having heard of the term PPMs, while a third have not heard of it (34%), and one-in-ten were unsure (11%).

Figure 7: Have you ever heard of the term "personal protective measures" (PPMs)?
Sample frame: All respondents (n=661)

AWARENESS OF PPMS

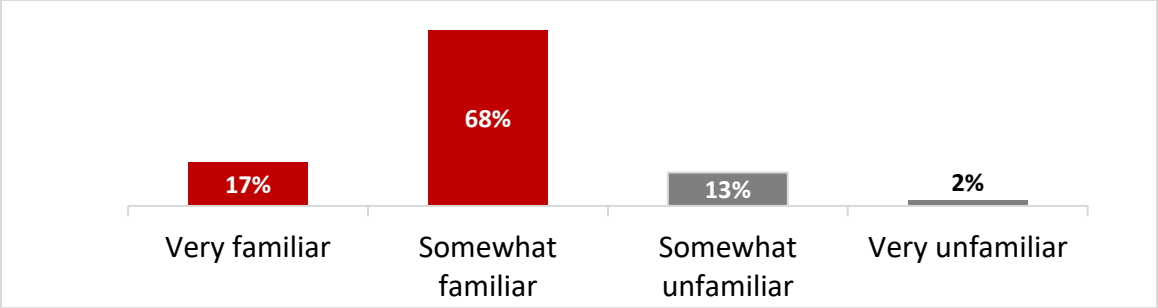


Respondents from Ontario were more likely to have heard the term (63%), while those from British Columbia were more likely to have not (no: 49%). Respondents who were aware of RIDs were also more likely to be aware of PPMs (70%).

Regarding familiarity with the term "personal protective measures" among those who have heard the term before, around 17% of respondents stated they were very familiar with it, and over two thirds were somewhat familiar (68%). On the other hand, a little over one-in-ten stated they were somewhat unfamiliar (13%), and a negligible proportion were very unfamiliar (2%).

Figure 8: How familiar would you say you are with "personal protective measures" (PPMs)?
Sample frame: Those who have heard the term "personal protective measures" (n=364)

FAMILIARITY WITH PPMs



Respondents from Alberta were more likely to be very or somewhat familiar with PPMs (95%).

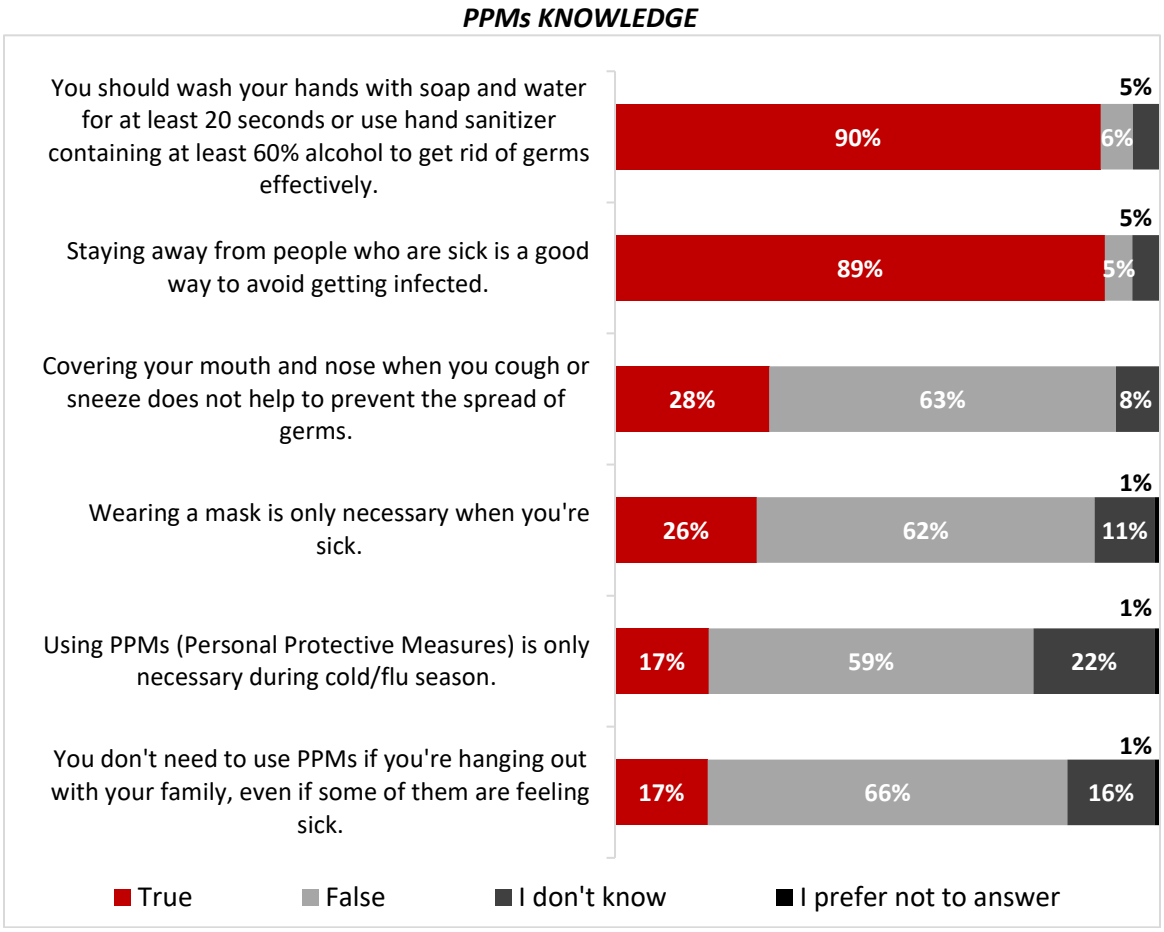
To test respondents' knowledge of personal protective measures (PPMs), they were asked six true or false questions. A majority of respondents correctly identified the following statements as true:

- You should wash your hands with soap and water for at least 20 seconds or use hand sanitizer containing at least 60% alcohol to get rid of germs effectively (90%)
- Staying away from people who are sick is a good way to avoid getting infected (89%)

Around six in ten respondents correctly identified the following statements as being false:

- You don't need to use PPMs if you're hanging out with your family, even if some of them are feeling sick (66%)
- Covering your mouth and nose when you cough or sneeze does not help to prevent the spread of germs (63%)
- Wearing a mask is only necessary when you're sick (62%)
- Using PPMs is only necessary during cold/flu season (59%)

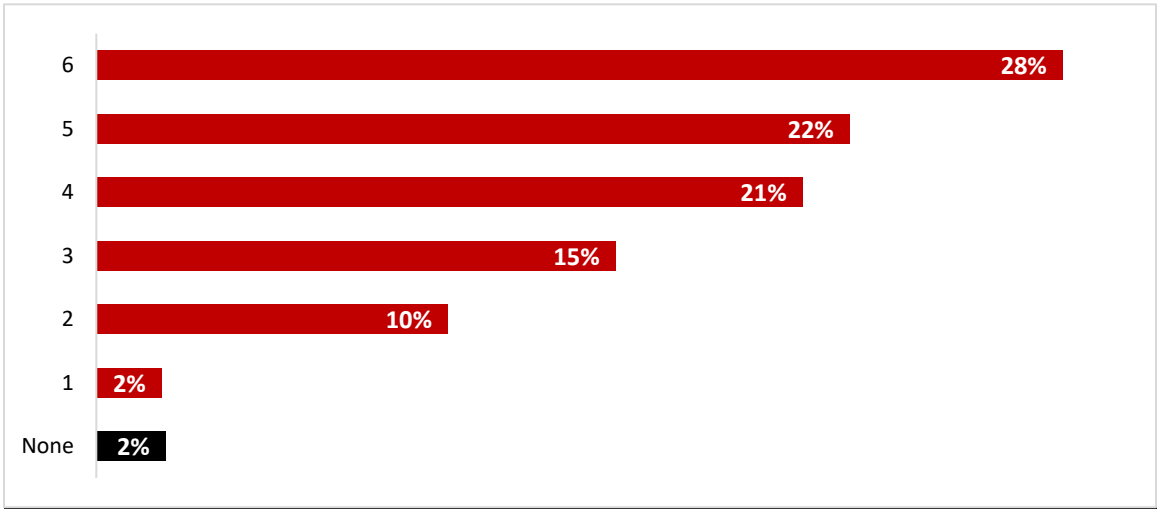
Figure 9: True or false?
Sample frame: All respondents (n=661)



A variable counting the number of right answers was calculated. A little less than three-in-ten respondents had all six answers right (28%). Around one-in-five had five (22%) or four (21%) answers right. Around 15% had half the answers right, and one-in-ten had two answers right (10%). A small proportion of respondents had one (2%) or no (2%) correct answer.

Figure 10: True or false? – Number of right answers
Sample frame: All respondents (n=661)

PPMs KNOWLEDGE - NUMBER OF RIGHT ANSWERS



The following subgroups were more likely to get all six answers right:

- Respondents aged 16-17 (43%) compared to those aged 12-15 (21%).
- Ontario respondents (34%)
- Respondents who are part of a visible ethno-cultural group (40%)
- Respondents who are full-time students (29%)
- Respondents who have been vaccinated in the past year (35%)

Respondents were then asked about several PPMs and how effective they think they are in helping reduce the spread of RIDs.

Around or over nine-in-ten respondents agreed that the following four measures help in reducing the spread of RIDs, with less than one-in-ten considering they don't help much or at all:

- cleaning your hands regularly (a lot: 77%; a little: 17%)
- staying at home when sick (a lot: 76%; a little: 18%)
- cleaning and disinfecting high-touch surfaces and objects (a lot: 68%; a little: 24%)
- covering your coughs and sneezes with your elbow or a tissue (a lot: 56%; a little: 33%)

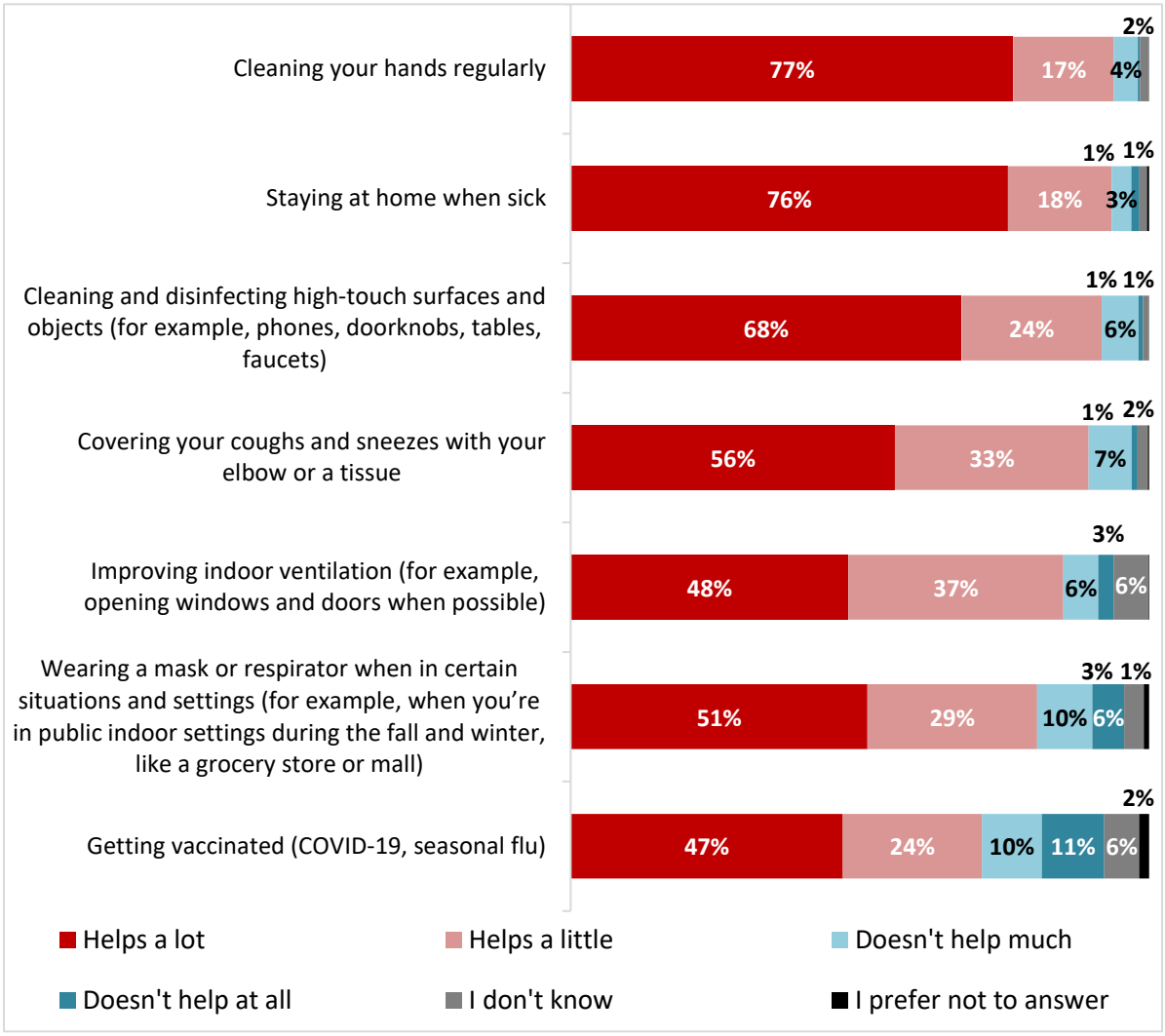
Around eight-in-ten respondents agreed that the following two measures help a lot or a little in reducing the spread of RIDs, with around one-in-ten thinking they don't help much or at all:

- Improving indoor ventilation (a lot: 48%, a little: 37%). Around 6% consider it doesn't help much, and around 3% consider it doesn't help at all.
- Wearing a mask or respirator in certain situations and settings (a lot: 51%, a little: 29%). Around one-in-ten consider it does not help much (10%), and 6% consider it does not help at all.

Getting vaccinated came out as the least helpful among all seven measures in terms of helping reduce the spread of RIDs, as a little less than half of the respondents agreed it helps a lot (47%) and one-fourth considered it helps a little (24%). On the other hand, around one-in-ten consider it doesn't help much (10%) or at all (11%).

Figure 11: In your opinion, how much do you think the following measures (PPMs) help reduce the spread of respiratory infectious diseases (RIDs)?
Sample frame: All respondents (n=661)

PERCEIVED EFFECTIVENESS OF PPMS

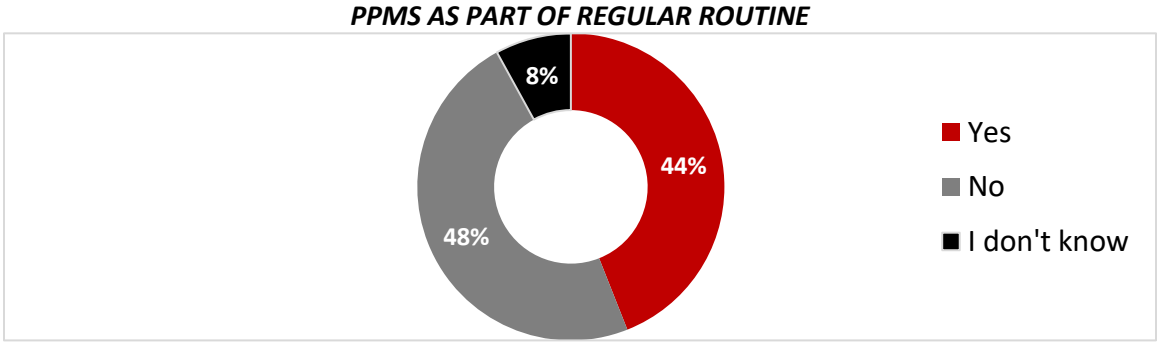


Some subgroups were significantly more likely to consider some or all of the measures to be helpful in helping prevent the spread of RIDs:

- Respondents with a high knowledge of PPMs (i.e., those who had all PPM true or false answers correct), and those who use PPMs regularly were more likely to consider all measures to be helpful.
- Respondents from Ontario were more likely to consider that improving indoor ventilation helps a lot (54%).
- Respondents born outside of Canada and those who were vaccinated in the past year were more likely to consider that it is helpful to wear a mask or respirator when in certain situations and settings (100% and 91% respectively) and to get vaccinated (88% and 90% respectively).

Respondents were then asked If they use personal protective measures (PPMs) as part of their regular routine. Over two-in-five replied yes (44%), and a little less than half said they did not (48%). A little less than one-in-ten did not know (8%).

Figure 12: Do you use PPMs as part of your regular routine?
Sample frame: All respondents (n=661)



A significantly higher proportion of the following subgroups of respondents use PPMs as part of their regular routine:

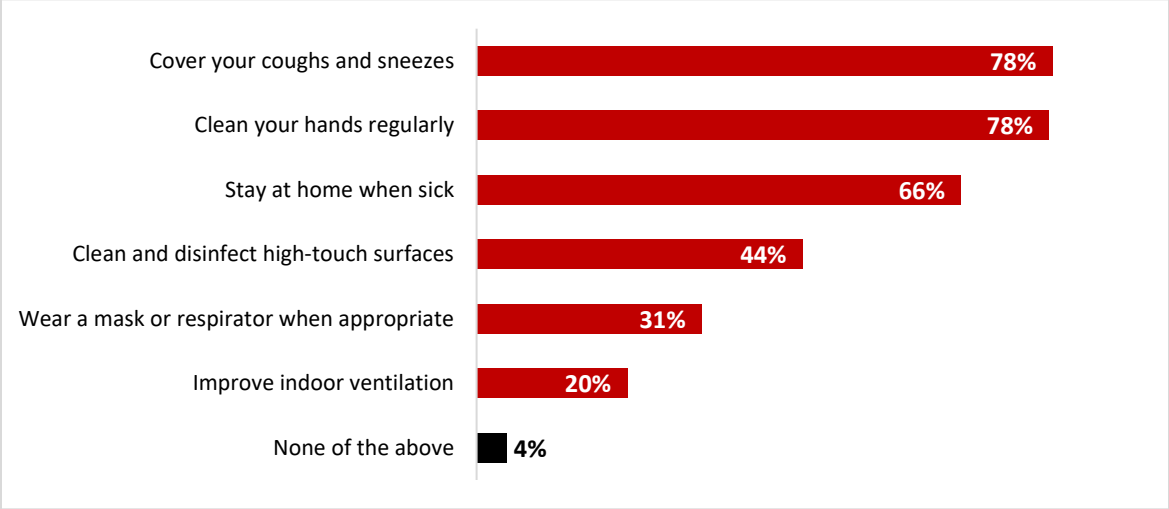
- Full-time students (46%)
- Respondents who are aware of RIDs (51%)
- Respondents who have high knowledge of RIDs (i.e., who had all four answers about RIDs correct) (53%)
- Respondents who worry about catching (57%) or spreading (57%) RIDs
- Respondents who are aware of PPMs (49%), and those who are familiar with them (53%)
- Respondents who have high knowledge of PPMs (i.e., who had all six answers about PPMs correct) (62%)
- Respondents who have been vaccinated in the past year (58%)

Respondents were asked which measures among a list they have used in the past month. Covering coughs and sneezes (78%) and regular hand cleaning (78%) came out first on the list, followed by staying at home when sick (66%). Less than half cleaned and disinfected high-touch surfaces (44%), around three-in-ten wore a mask or respirator when appropriate (31%), and one-in-five improved indoor ventilation (20%). A small proportion of respondents (4%) have not used any of the measures in the past month.

Figure 13: In the past month, which of the measures on the list have you used? *Please select all that apply*

Sample frame: All respondents (n=661)

USE OF PPMS IN THE PAST MONTH



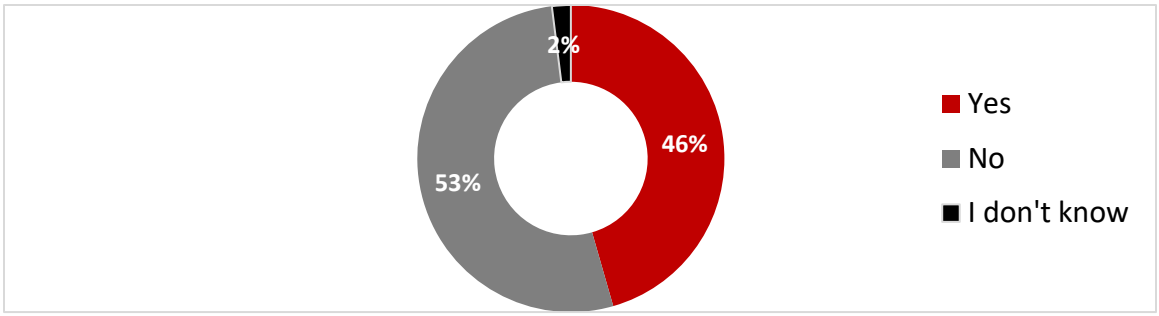
Some subgroups were significantly more likely to mention having used certain measures, including:

- Girls were more likely to cover their coughs and sneezes than boys (84% compared to 72%).
- Respondents from Ontario (37%) and those who identify as part of a visible ethno-cultural group (45%) were more likely to use masks or respirators when appropriate.
- Respondents who were born outside of Canada were more likely to cover their coughs and sneezes (88%), clean and disinfect high-touch surfaces (62%), wear a mask or respirator when appropriate (51%), and improve indoor ventilation (43%).
- Respondents who are full-time students were more likely to clean their hands regularly (80%) and stay at home when sick (68%), while those who are not were more likely to clean and disinfect high-touch surfaces (65%).
- Respondents who were familiar with RIDs were more likely to stay at home when sick (72%), clean and disinfect high-touch surfaces (59%), wear a mask or respirator when appropriate (45%), and improve indoor ventilation (32%).
- Respondents with high knowledge of RIDs were more likely to cover their coughs and sneezes (86%) and clean their hands regularly (84%).
- Respondents who are worried about catching or spreading RIDs were more likely to stay at home when sick (74% and 73% respectively), clean and disinfect high-touch surfaces (56% and 57% respectively), wear a mask or respirator when appropriate (52% and 50% respectively). Respondents who worry about spreading RIDs were also more likely to improve indoor ventilation (28%).
- Respondents with high knowledge of PPMs were more likely to use all but two of the measures (staying at home when sick and improving indoor ventilation).
- Respondents who were vaccinated in the past year were more likely to use all but one measure (staying at home when sick).

A little less than half of respondents stated they had gotten vaccinated for COVID-19 or the seasonal flu in the past year (46%), and a little over half had not (53%).

Figure 14: In the past year, have you been vaccinated for COVID-19 or the seasonal flu?
Sample frame: All respondents (n=661)

PROPORTION OF RESPONDENTS VACCINATED FOR COVID-19 OR THE SEASONAL FLU IN THE PAST YEAR

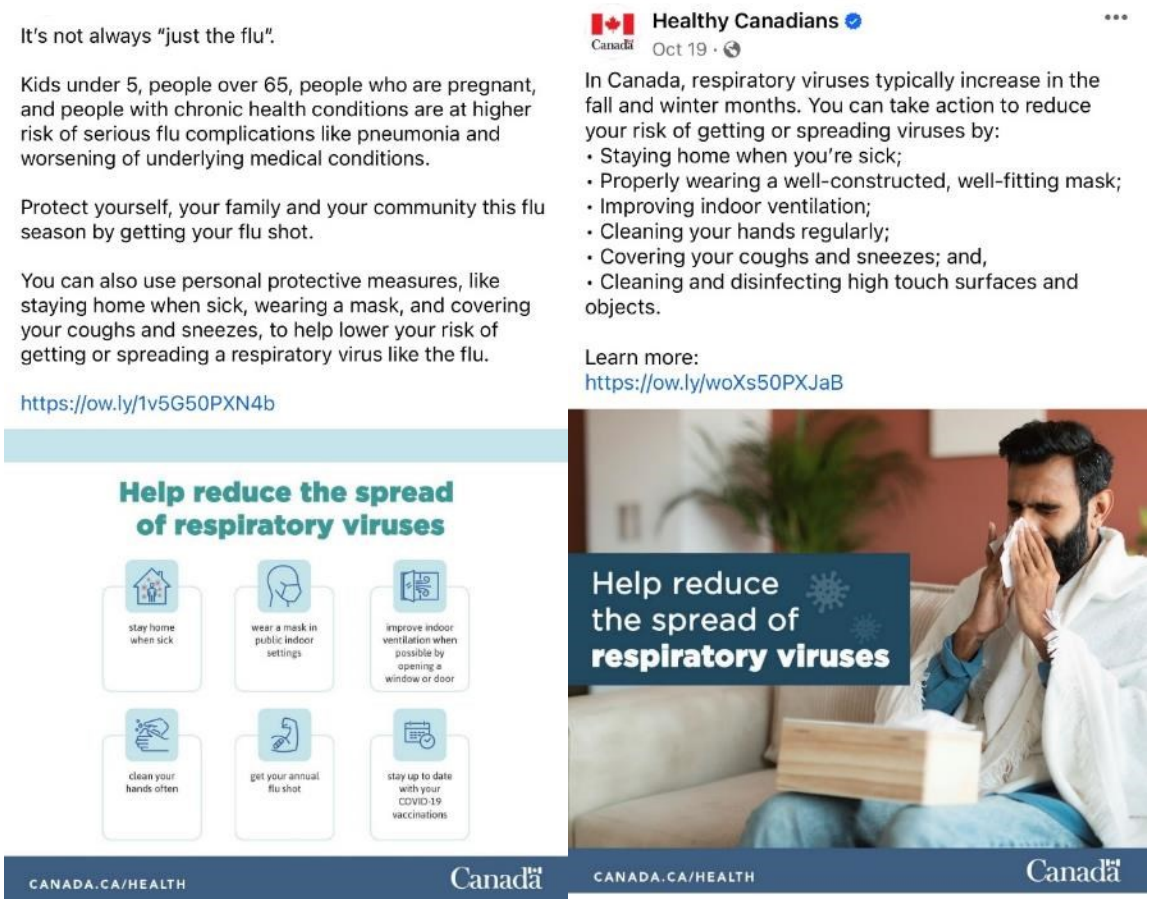


A significantly higher proportion of the following subgroups of respondents have been vaccinated for COVID-19 or the seasonal flu in the past year:

- Respondents born outside Canada (71%)
- Respondents working full time (64%)
- Respondents who were familiar with RIDs (57%)
- Respondents who worry about spreading (65%) or catching (62%) RIDs
- Respondents who have high knowledge of PPMs (56%) and those who use PPMs regularly (60%)

2.2 Marketing Products

Respondents were asked about their appreciation and evaluation of different marketing products. The first products evaluated were the following social media posts.

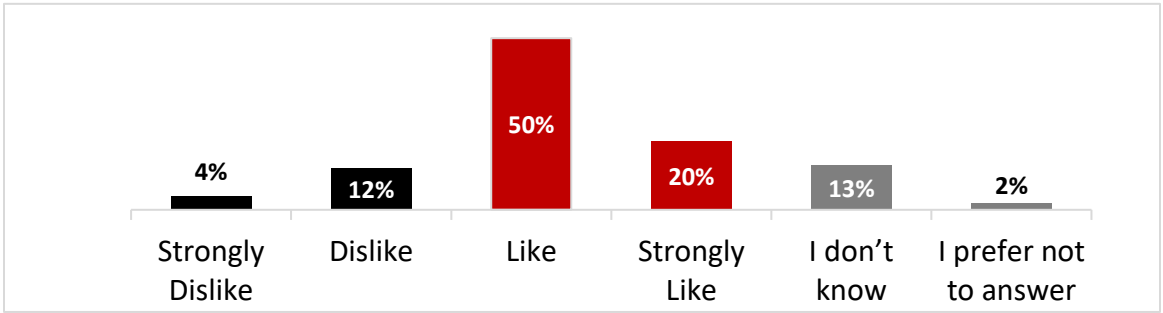


After being shown these social media posts, respondents were asked to rate their appreciation of them.

A small minority of respondents strongly disliked them (4%), and around one-in-ten disliked them (12%). On the other hand, seven-in-ten enjoyed the post, as half stated they liked them (50%), and one-in-five strongly liked them (20%). A little over one-in-ten respondents did not provide an answer, either because they did not know (13%) or because they preferred not to answer (2%).

Figure 15: Using the scale below, please rate these social media posts.
Sample frame: All respondents (n=661)

SOCIAL MEDIA POSTS APPRECIATION



The following subgroups were more likely to like the social media posts (net like and strongly like presented):

- Respondents from Ontario (79%)
- Respondents from a visible ethno-cultural group (81%)
- Respondents who were born outside of Canada (89%)
- Respondents working full-time (85%)
- Respondents who are familiar with RIDs (82%)
- Respondents who worry about catching (89%) or spreading (88%) RIDs
- Respondents who have high knowledge of PPMs (84%)
- Respondents who use PPMs regularly (82%)
- Respondents who have been vaccinated in the past year (85%)

Respondents were then asked to rate their agreement with statements regarding the social media posts. Around eight-in-ten respondents agreed that the posts are easy to understand (strongly agree: 32%; somewhat agree: 50%) and around three-in-four agreed they were credible (strongly agree: 29%; somewhat agree: 45%). Around one-in-ten somewhat disagreed (11% and 10% respectively) and a smaller proportion strongly disagreed (3% and 7% respectively) with both statements.

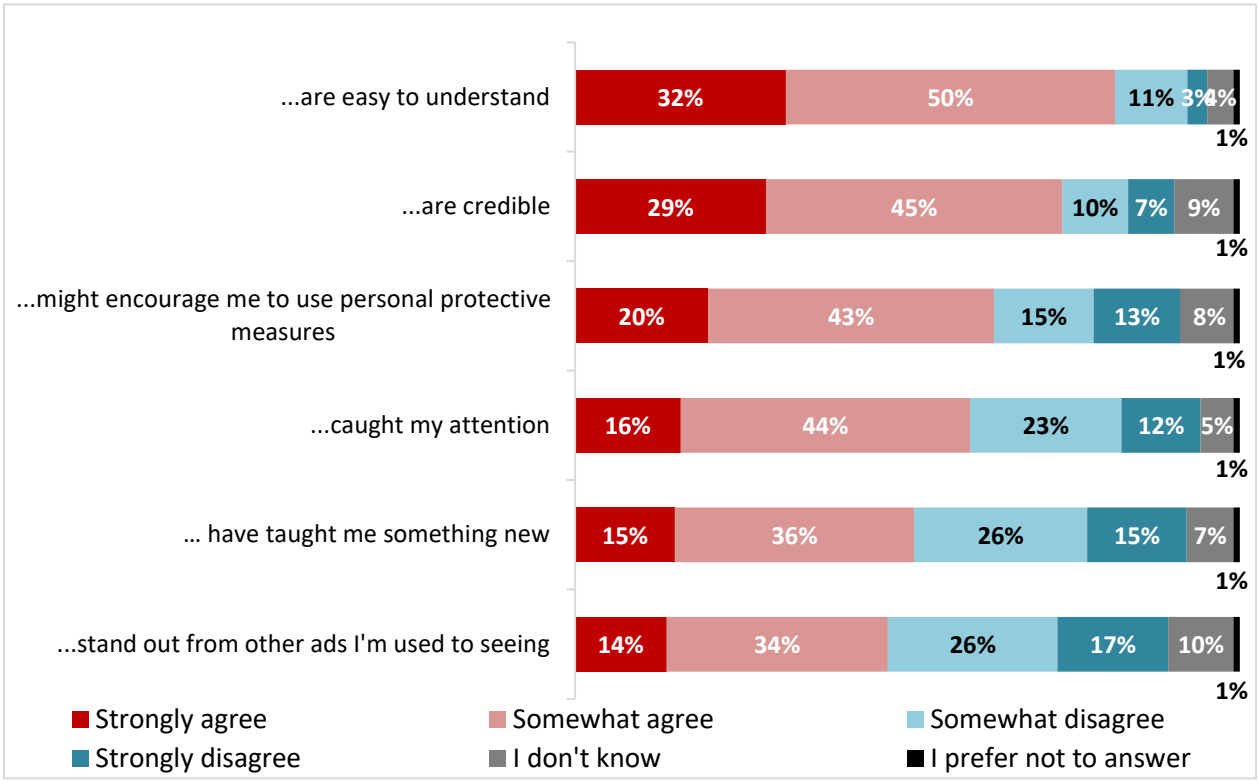
A little less than two-thirds of respondents agreed that the social media posts might encourage them to use personal protective measures (strongly agree: 20%; somewhat agree: 43%), and a little less than three-in-ten disagreed (somewhat: 15%; strongly: 13%).

Almost six-in-ten agreed that the social media posts caught their attention, as around 16% strongly agreed and around 44% somewhat agreed. Conversely, around one-in-four respondents somewhat disagreed (23%), and a little over one-in-ten strongly disagreed (12%).

Around half of respondents agreed with the final two statements: that these social media posts have taught them something new (strongly agree: 15%; somewhat agree: 36%) and that they stand out from other ads they were used to seeing (strongly agree: 14%; somewhat agree: 34%). Similar proportions disagreed with the statements, either somewhat (26% and 26% respectively) or strongly (15% and 17% respectively).

Figure 16: Do you agree or disagree with the following statements about the social media posts you have just seen?
These social media posts...
Sample frame: All respondents (n=661)

ATTITUDES TOWARDS SOCIAL MEDIA POSTS

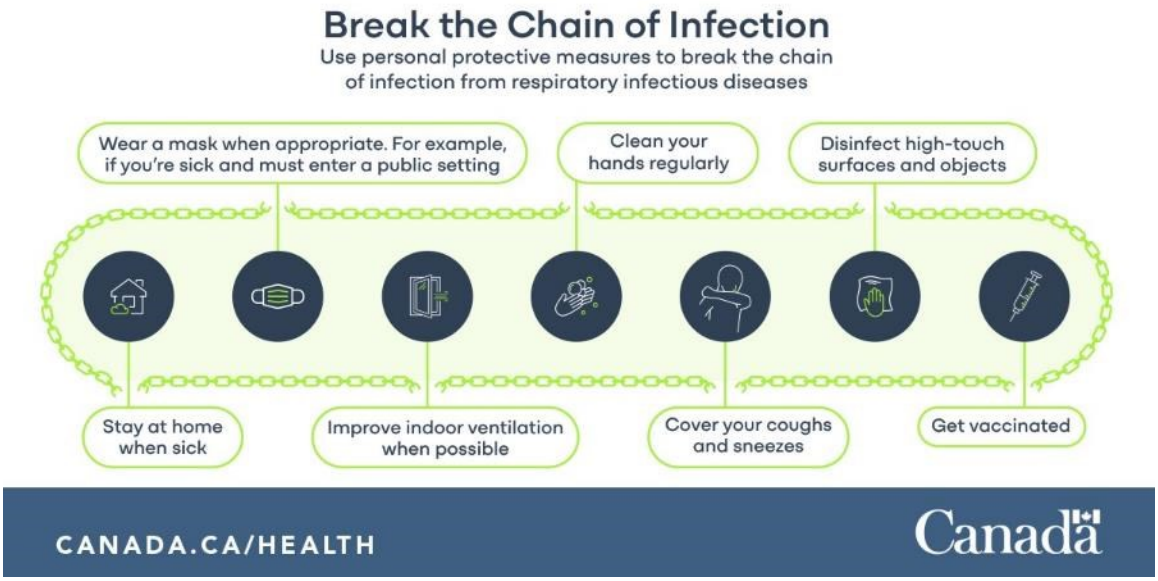


Significant differences in terms of attitudes towards the social media posts include:

- Boys were more likely to consider that the posts stand out (55% compared to 40% among girls).
- Respondents from Ontario were more likely to agree with all statements but two ('these social media posts are easy to understand" and "these social media posts might encourage me to use PPMs").
- Respondents born outside of Canada were significantly more likely to agree with all statements.
- Respondents who were full-time students were more likely to agree that the posts are easy to understand (84%) and credible (75%).
- Respondents who are worried about catching or spreading RIDs, along with those who have been vaccinated in the past year were significantly more likely to agree with all statements.
- Respondents who have high knowledge of PPMs and those who use PPMs regularly were more likely to agree with all statements but the last one ("these social media posts stand out from other ads I'm used to seeing").
- Respondents who were familiar with RIDs were more likely to agree with all statements but the second one ("these social media posts are credible").
- Respondents who are familiar with PPMs were more likely to agree that these social media posts might encourage them to use PPMs (67%) and that they have taught them something new (54%).

- Respondents who liked or strongly liked the social media posts or the infographic were more likely to agree with all statements.

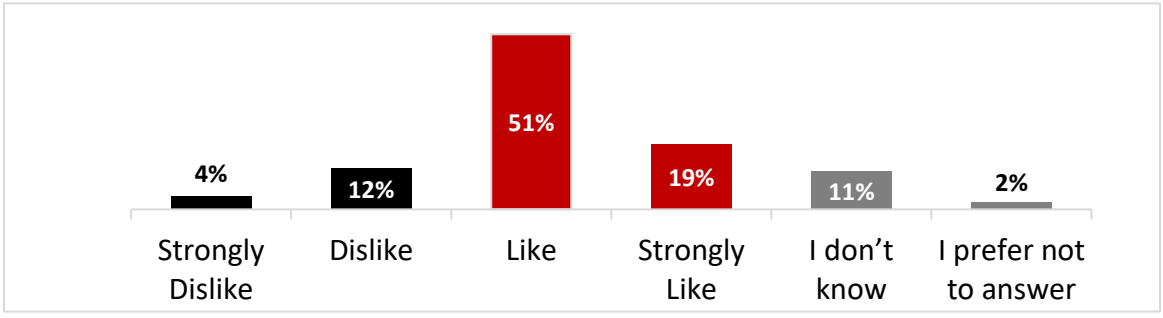
Respondents were then showed the following infographic and asked the same set of questions.



This infographic was liked by similar proportions to the social media posts: a small proportion of respondents strongly disliked it (4%), and around one-in-ten disliked it (12%). Conversely, half of respondents stated they liked it (51%), and one-in-five strongly liked it (19%). Around one-in-ten did not know (11%) and around 2% preferred not to answer.

Figure 17: Using the scale below, please rate this infographic.
Sample frame: All respondents (n=661)

INFOGRAPHIC APPRECIATION



Some subgroups were significantly more likely to like this infographic (net like + strongly like presented), including:

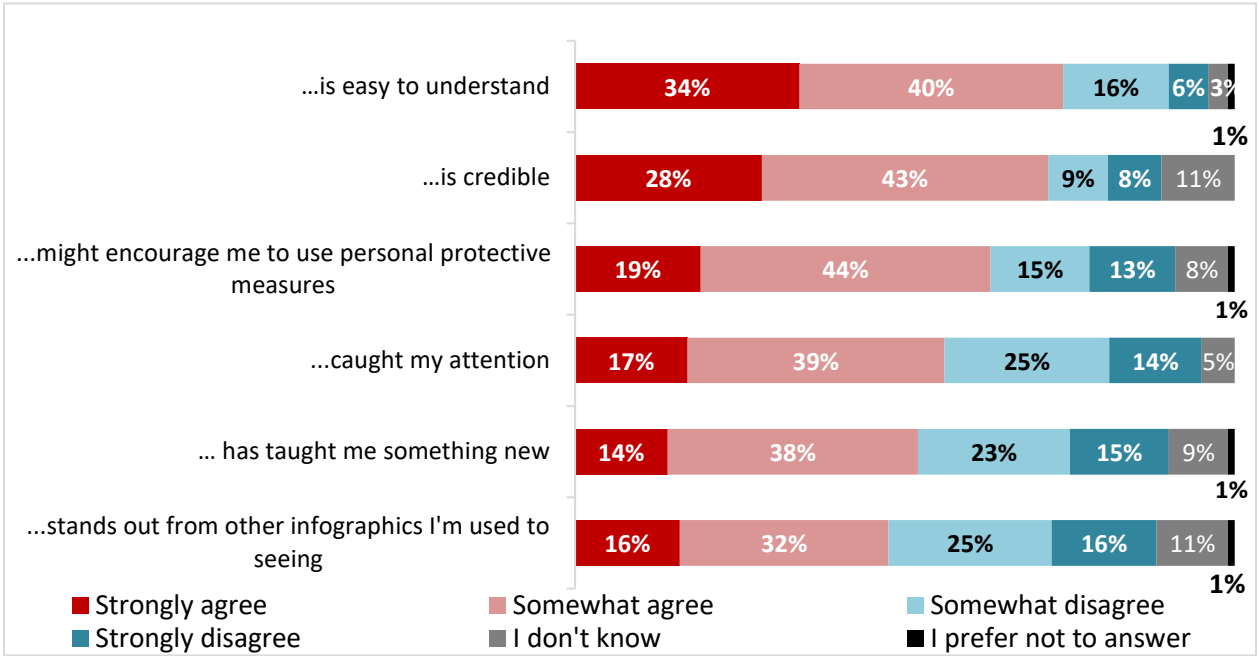
- Respondents who were born outside of Canada (85%)
- Respondents who are familiar with RIDs (81%)
- Respondents who are worried about catching (81%) or spreading (80%) RIDs

- Respondents who are familiar with PPMs (73%)
- Respondents who have high knowledge of PPMs (79%)
- Respondents who use PPMs regularly (81%)
- Respondents who have gotten vaccinated in the past year (80%)

Respondents were then asked about their attitudes towards the infographic.
Around three-in-four respondents agreed that this infographic is easy to understand (strongly agree: 34%; somewhat agree: 40%), and credible (strongly agree: 28%; somewhat agree: 43%). Conversely, around 6% and 8% strongly disagreed with both statements (respectively), and around 16% and 9% somewhat disagreed.
Almost two thirds of respondents agreed that this infographic might encourage them to use personal protective measures (strongly agree: 19%; somewhat agree: 44%), with less than three-in-ten disagreeing (somewhat: 15%; strongly: 13%).
Finally, similar proportions of respondents agreed with the last three statements: less than one-in-five strongly agreed that it caught their attention (17%), has taught them something new (14%), and that it stands out from other ads they're used to seeing (16%), and around a third somewhat agreed with all three statements (in the same order: 39%, 38%, and 32%). Around one-in-four somewhat disagreed with all three statements (in the same order: 25%, 23% and 25%), and a little over one-in-ten strongly disagreed (in the same order: 14%, 15%, 16%).

Figure 18: Do you agree or disagree with the following statements about the infographic you have just seen?
This infographic...
Sample frame: All respondents (n=661)

ATTITUDES TOWARDS THE INFOGRAPHIC



Significant differences in terms of attitudes towards the infographic include:

- Respondents aged 12-15 years old were more likely to state the infographic has caught their attention (61% compared to 47% among 16–17-year-olds).
- Respondents from Ontario were more likely to agree that this infographic has taught them something new (60%).
- French-speaking respondents and those who are full-time students were more likely to agree that the infographic is easy to understand (91% and 76% respectively) and credible (91% and 74%).
- Respondents born outside of Canada were significantly more likely to agree with all statements.
- Respondents who are worried about catching or spreading RIDs, along with those who have been vaccinated in the past year were significantly more likely to agree with all statements but the first one ("this infographic is easy to understand").
- Respondents who use PPMs regularly were more likely to agree with all statements.
- Respondents who were familiar with RIDs were more likely to agree with all statement but the second one ("these social media posts are credible").
- Respondents who are familiar with PPMs were more likely to agree that this infographic might encourage them to use PPMs (66%), that it has taught them something new (55%), and that it stands out from other infographics they are used to seeing (49%).
- Respondents who have high knowledge of PPMs were more likely to agree that this infographic is easy to understand (84%), that it is credible (82%), and that it might encourage them to use PPMs (74%).
- Respondents who liked or strongly liked the social media posts or the infographic were more likely to agree with all statements.

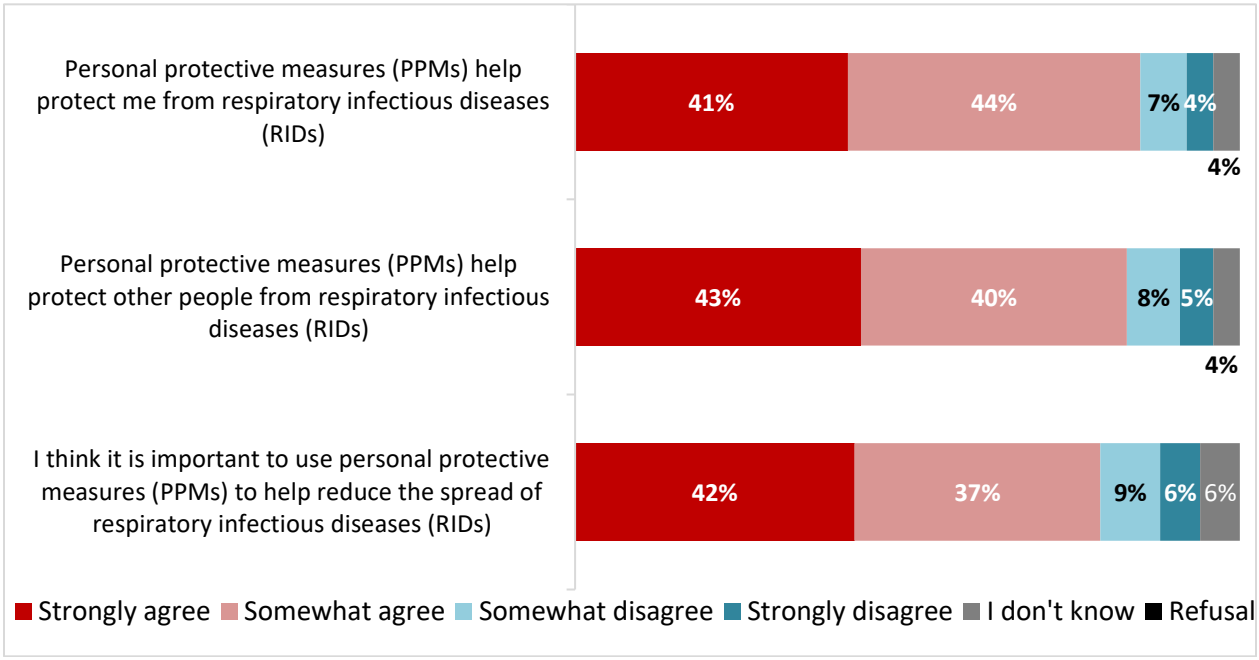
2.3 Influences on PPM use

Respondents were asked about their general attitudes towards PPMs and the influences in their life that push them to use them.

Respondents were first asked about their agreement level with three statements. Around or over eight-in-ten respondents agreed with all three statements, with an almost even halfway split between strongly and somewhat agree. On the other hand, less than one-in-ten disagreed with all three statements, and a small proportion strongly disagreed with them.

Figure 19: Do you agree or disagree with the following statements?
Sample frame: All respondents (n=661)

LEVEL OF AGREEMENT WITH PPM STATEMENTS



Significant differences regarding agreement levels with the statements include (net strongly + somewhat agree presented):

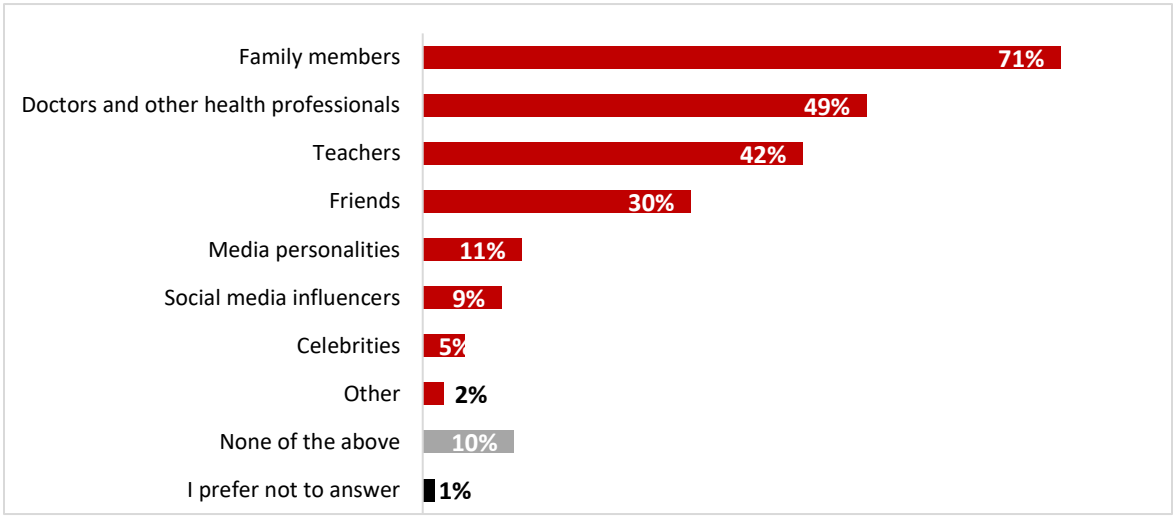
- Respondents from Ontario were more likely to agree with the first two statements: "personal protective measures (PPMs) help protect me from respiratory infectious diseases" (89%) and "personal protective measures (PPMs) help protect other people from respiratory infectious diseases (RIDs)" (88%).
- Respondents who are familiar with PPMs were more likely to agree that they help protect other people from RIDs (88%).
- The following subgroups were more likely to agree with all three statements (percentages presented in statement order):
    - Respondents born outside Canada (98%; 98%; and 90%)
    - Those who are full-time students (86%; 86%; and 81%)
    - Respondents who have high knowledge of RIDs (90%; 88%; and 86%) and those with high knowledge of PPMs (99%; 98%; and 98%)
    - Respondents who are worried about catching (93%; 91%; and 88%) or spreading (94%; 91%; 91%) RIDs
    - Respondents who use PPMs regularly (96%; 94%; and 94%)
    - Respondents who have been vaccinated in the past year (93%; 90%; and 87%)

Respondents were then asked about who encourages them to use PPMs. Family members came out first (71%), twenty points ahead of doctors and other health professionals (49%). Teachers came in third (42%), followed by friends (30%). Media personalities (11%) and social media influencers (9%) were mentioned by around one respondent out of ten, and celebrities were

mentioned by half of that (5%). Around one-in-ten respondents stated that none of the elements on the list encouraged them to use PPMs (10%).

Figure 20: Who encourages you to use personal protective measures? *Select all that apply*
Sample frame: All respondents (n=661)

INFLUENCES ON USING PPMs



Significant differences in terms of influences on using PPMs include:

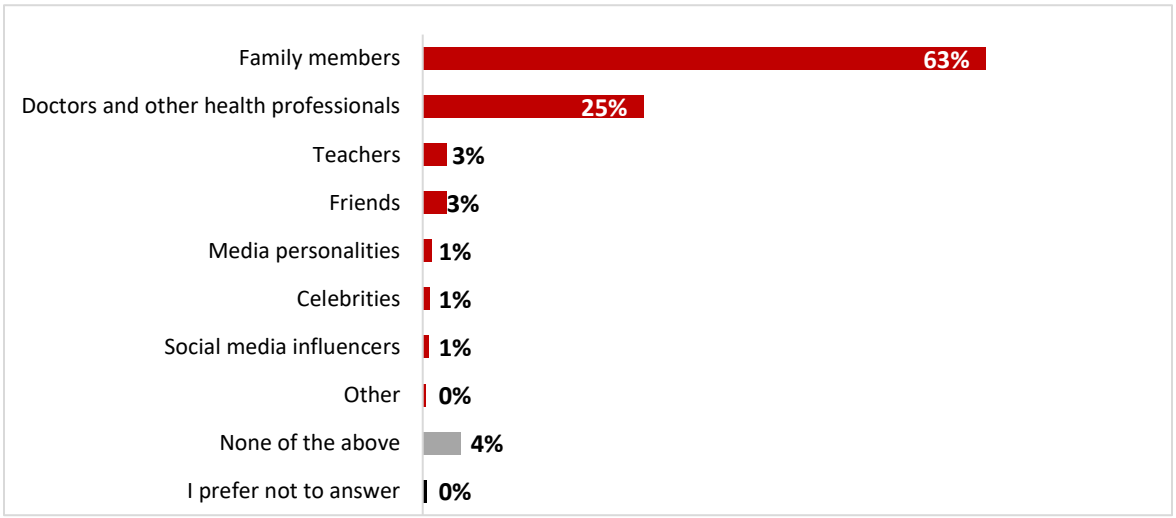
- Respondents aged 16-17 were more likely to mention doctors and other health professionals (64%), friends (39%), media personalities (23%), social media influencers (17%), and celebrities (8%), while those aged 12-15 were more likely to select “None of the above” (12%).
- Respondents from Ontario were more likely to mention doctors and other health professionals (59%) and social media influencers (12%).
- Respondents from a visible ethno-cultural group were more likely to mention doctors and other health professionals (63%).
- Respondents who were born outside of Canada, along with those who use PPMs regularly were more likely to mention the first four elements of the list: family members (90% and 86% respectively), doctors and other health professionals (66% and 57% respectively), teachers (60% and 53% respectively), and friends (49% and 37% respectively).
- Respondents who are full-time students were more likely to mention family members (74%) and teachers (44%).
- Respondents who worry about catching RIDs were more likely to mention family members (80%), doctors and health professionals (56%), and friends (38%)
- Respondents who are worried about spreading RIDs were more likely to mention family members (81%) and friends (39%).
- Respondents who have high knowledge of PPMs and those who were vaccinated in the past year were more likely to mention family members (86% and 83% respectively),

doctors and other health professionals (59% and 57% respectively), and friends (42% and 39% respectively).

Those who mentioned at least two influences on their use of PPMs were asked about their main influence, and family members came out far ahead of others (63%). They were followed by doctors and other health professionals (25%). Other answer options were mentioned to a lesser extent (3% of respondents or less).

Figure 21: Who has the most influence on your decision to use these personal protective measures?

Sample frame: Those who have more than one influence in using PPMs (n=419)



Differences among subgroups in terms of main sources of influence on using PPMs include:

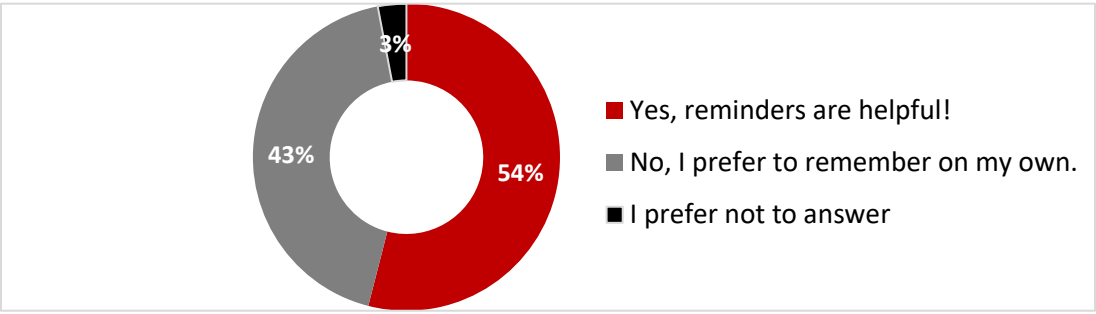
- Respondents aged 12-15 were more likely to mention family members (74%), while those aged 16-17 were more likely to mention doctors and other health professionals (39%).
- Respondents from Alberta and Ontario were more likely to mention doctors and other health professionals (40% and 31% respectively), while those from Quebec were more likely to mention family members (73%).
- Respondents who did not know the term RIDs were more likely to mention family members (69%).

Respondents were then asked about whether they appreciated reminders to use PPMs. Over half of respondents said yes (54%), and four-in-ten said no as they preferred to remember on their own (43%).

Figure 22: Do you appreciate reminders to use personal protective measures, like wearing masks or washing hands?

Sample frame: All respondents (n=661)

REMINDERS PREFERENCE FOR PPMs



The following subgroups were more likely to appreciate reminders to use PPMs:

- Respondents aged 12-15 (58%)
- Respondents born outside of Canada (78%)
- Respondents working full-time (69%)
- Respondents who consider themselves familiar with RIDs (67%) and PPMs (58%)
- Respondents who worry about catching and spreading RIDs (75% respectively)
- Those who have high knowledge of PPMs (62%)
- Those who use PPMs regularly (69%)
- Those who have been vaccinated in the past year (71%)

3. Detailed Results – wave 2 (focus groups: youth marketing product validation)

Note on the interpretation of qualitative research findings

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable. Specific terms are used to refer to the prevalence of opinions and responses among participants. Definitions are provided in the table below.

Term	Meaning
Few	Few is used when less than 10% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
A majority	A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous or almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

3.1 Terms knowledge and understanding

3.1.1 Respiratory Infectious Diseases (RIDs)

At the beginning of the discussion, participants were asked if they had ever heard of the term respiratory infectious diseases (or RIDs). In general, the level of awareness of RIDs across the groups was low. Only a few anglophone participants had heard of the term prior to the group, while none of the francophone participants were familiar with it.

Then, the participants were invited to share what the term meant for them and what definition they would give to it. In general, participants provided basic definitions of RIDs. The participants who had never heard of the term were able to infer its meaning contextually. Thus, respiratory infectious diseases were defined by participants as illnesses that affect the lungs/the respiratory system and that can be transmitted from one person to another. A couple of French-speaking participants had a wrong understanding of RIDs, thinking it referred to drugs or smoking related

illnesses: "*Ce serait pas un truc en lien genre avec la cigarette ou de la drogue ou du buzz ou whatever?*" (*"Isn't that related to cigarettes or drugs or "buzz" or whatever?"* – 16–17-year-old participant, Quebec/Atlantic).

Most of the participants who had heard of RIDs before the discussion admitted that they became familiar with it during the pandemic. Some participants mentioned that they had heard about it at school. After they shared what the term meant for them, participants were shown the definition presented below:

Respiratory infectious diseases (RIDs) are illnesses caused by germs (like viruses and bacteria) that can spread to an uninfected person from a person who is infected or from a contaminated object. This includes diseases such as COVID-19, the flu and common colds.

Overall, participants were not worried about catching RIDs as they considered they were not at-risk because of their young age: *"I never really get too sick. […] I'm young enough, so it's probably not gonna be too big of a deal."* (16–17-year-old participant, Atlantic). If anything, they were more worried about spreading the diseases to other people, mainly the older members of their family (e.g. grandparents). Nevertheless, several participants feared the negative impacts of RIDs on their daily lives: *"It's hard because you miss some activities, and I wouldn't want to not be able to go to school or play my sports."* (12–15-year-old participant, British Columbia, Prairies and Territories). A few participants made a connection with the anxiety they experienced during the COVID-19 pandemic. Having to go through a quarantine, lockdowns, and the negative impacts of infectious diseases such as COVID-19 were cited as the main sources of concern.

3.1.2 Personal Protective Measures (PPMs)

Afterwards, the participants were asked if they had ever heard of the term personal protective measures (or PPMs). Knowledge of PPMs was higher than that of RIDs. While some anglophone participants knew what the term referred to, none of the French-speaking participants had heard of the term before. Personal protective measures were mainly defined by participants as all the things they can do to protect themselves as well as people around them from getting sick. Whether they had heard of the term or not, participants deduced its meaning based on context or related experiences during the COVID-19 pandemic. After they defined and expressed their understanding of PPMs, participants were shown the definition presented below:

Personal protective measures, or PPMs, are <u>actions</u> you can take to lower your chances of getting or spreading a respiratory infectious disease. PPMs work by breaking the chain of infection. This means stopping viruses and bacteria from spreading to an uninfected person through contaminated objects or a person who is infected. For example, PPMs can include staying at home when sick, cleaning and disinfecting high-touch surfaces, wearing a mask when appropriate, cleaning hands regularly, etc. PPMs help protect you and others from RIDs.

Most mentioned examples of PPMs were hand washing, coughing/sneezing in elbow, staying home when feeling ill/physical distancing, and mask wearing. All participants agreed with the

effectiveness and the importance of these measures in reducing the spread of RIDs: *"Because it's important to take those measures, because if you're trying to eliminate a certain disease or infection, it's better to take the chances of taking those steps and doing the extra washing your hands and stuff"* (12-15-year-old participant, British Columbia, Prairies and Territories). Staying home when sick was the measure most frequently cited by participants. Most of the participants also shared that hand washing became a habit. A few participants mentioned wearing masks more and more, particularly when they are in contact with more vulnerable people.

Most participants, regardless of their age, mentioned their parents, especially their mother, as the ones who encourage them the most to use PPMs: "*My mom is the one who talks the most about it. She reminds me to wash my hands, to pack a healthy lunch, to stay healthy, to wear a mask when I'm sick."* (12-15-year-old participant, British Columbia/Prairies/Territories). A couple of participants also talked about the crucial influence of their teachers and their friends on their decision to use personal protective measures. Participants who have a student job also shared that their employer or their work environment accustomed them to using these protective measures: "*Mais je dirais que dans mon milieu de travail, on doit tout le temps laver toutes les surfaces qui ont été touchées. Ça m'a un petit peu plus sensibilisé à le faire, même dans ma vie personnelle* » (*"In my workplace, we must constantly clean all surfaces that have been touched. I think it has made me more aware of doing the same in my personal life"* – 16-17-year-old participant, Quebec). Participants who have sick or vulnerable relatives around them shared that they were constantly reminded to be careful and to use PPMs. For instance, they are always asked to wash their hands to prevent the spread of germs or infectious diseases. Only a few participants spontaneously mentioned advertisements, regardless of the type, as having an influence on their decision to use PPMs.

When it came to encouraging their friends and family to use personal protective measures, only a few participants mentioned that they are used to doing it. Most of them said that they reminded their peers to wash their hands or to wear a mask when feeling unwell because they want their peers to stay healthy. Other participants mentioned that having someone sick around them motivated them to do these actions. However, many participants did not systematically encourage their friends and family to use PPMs. Some of them mentioned that they had developed the habit to use PPMs and remind their peers to use PPMs during the COVID-19 pandemic but admit having lost the habit. Others chose not to do so, feeling that it is not their place to do it.

In fact, all the participants agreed that the numerous reminders to use personal protective measures are for the greater good. A lot of them recognized that those reminders helped them to include the measures in their everyday lives, which made them feel safe:

"I like the reminders, because sometimes there's things on the advertisements that make me remember that I wasn't doing something that I should be. And it's just a small thing that makes a big difference" (12-15-year-old participant, Atlantic). Some participants also acknowledged their importance, especially during periods when the risk of RID transmission is increased, like fall or

winter, or before school starts. Nevertheless, although they considered that those reminders are helpful and beneficial, many participants acknowledged that they experienced fatigue after being constantly reminded of using PPMS by their peers or by advertising campaigns. Across all groups, many participants shared that the frequency of the messaging is somewhat annoying: *"It's good to give reminders, but I get a little bit tired if I always hear 'wear a mask or wash your hands'. It can be annoying if I hear it 10 times in a row"* (12-15-year-old participant, British Columbia, Prairies and Territories).

3.2. Marketing products validation

After discussing of RIDs and PPMs, participants were shown various marketing products to evaluate. Participants were shown two social media posts, one infographic, and two 15-second videos.

3.2.1 Social media post 1

Only a few English-speaking participants had seen this social media post before. The positive feedback on this post also came largely from English-speaking participants. They not only agreed that this post helped people remember that they can get sick, but also pointed out that it was a good reminder for people to use protective measures. For that reason, many of them thought that this post was useful: *"I think this post is useful. It shows all the information you need to know […] and I like how it's spreading awareness."* (12-15-year-old participant, Atlantic). Many participants also stated that this social media post was simple, easy to understand and went straight to the point. A participant liked the picture used in this post. He stated that the picture of the sick person who is blowing his nose would have caught his attention if he had seen this ad on his social media.

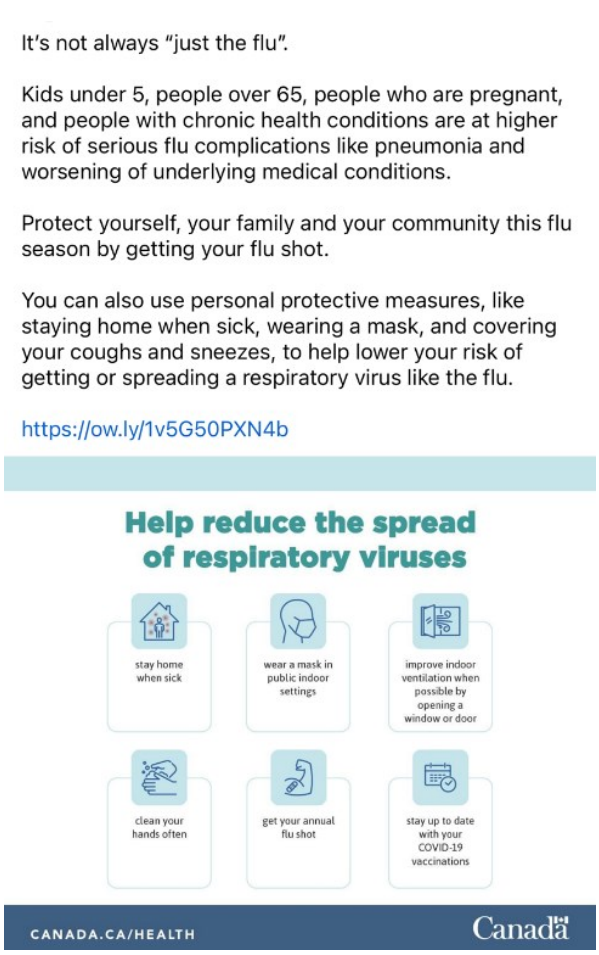
Most of the participants mentioned that this ad would not catch their attention whatsoever; the main reason being that it's too wordy.

They added that if this post showed up on their social media, they would scroll past it without paying any attention to it: *"If this was to pop up now, I feel like everybody's just so sick of hearing about it and I feel like they wouldn't actually take the time to read it […] After going through a few years of this and seeing all these advertisements and these readings all over the place, I feel like no one would really take their time to read this.." (16-17-year-old participant, British Columbia/ Prairies/Territories).."* Certain participants emphasized that this post was unappealing due to the blend colours and the lack of scary statistics/shocking information. A participant deplored that this ad was more suited to an adult audience or those who follow politics.

Most of the respondents mentioned that they did not learn anything new after seeing this social media post. They also said that this ad doesn't stand out from other advertising they are used to seeing. However, they all agreed that it was credible and trustworthy, mainly because of the link "Canada.ca/Health". Most of the respondents also indicated that this ad was more of a reminder of the personal protective measures than a tool that could encourage them to use those measures.

Many participants considered the current colors of this ad to be bland, so they would use brighter colours to make the ad more attractive: *"This one does not really catch your eye and does not really make you stop and read it. I would make the picture and the blue background a little bit brighter to make it more unmissable"* (12-15-year-old participant, British Columbia/Prairies/Territories). Many participants also said that they would have shortened the amount of text. While some of them mentioned that they would use less words and only keep the most important information, others suggested that they would add more pictures instead. Several participants underlined that they would add the consequences of not using the PPMs to improve the message of the ad. For instance, they would put the diseases as well as the symptoms that they could have.

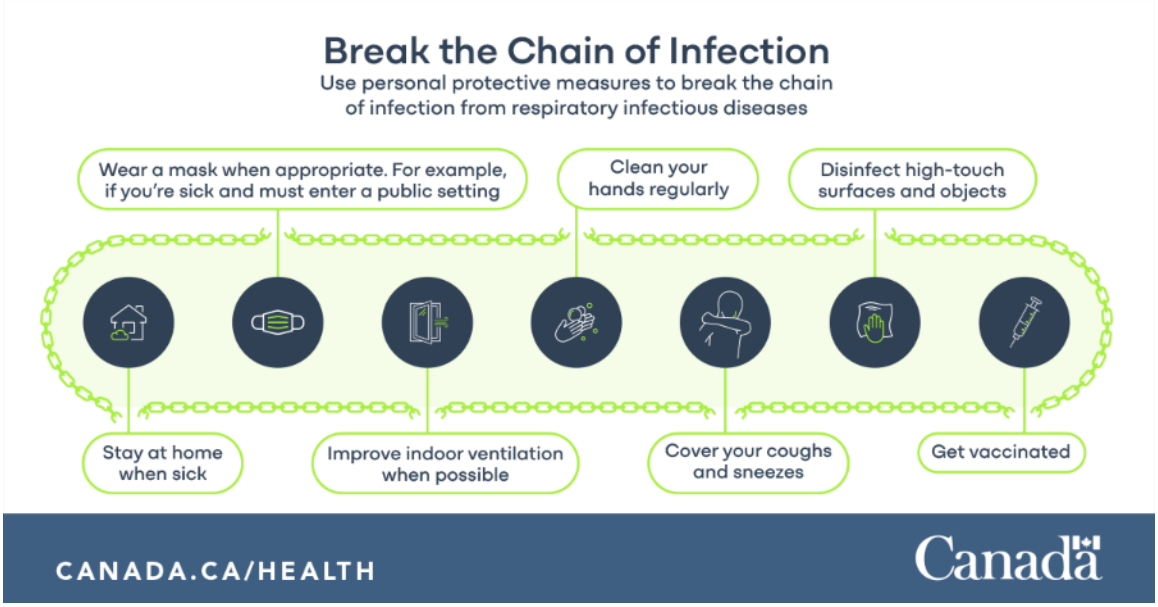
3.2.2 Social media post 2



Overall, participants preferred this post to the first social media post. They considered that this one was easier to understand at first sight and more straightforward. In addition, many of them liked that this post contained clear information on the things to do to prevent RIDs. Some participants stated that they had learned about the at-risk groups after seeing this post: "*When it says that kids under five or people over 65 are more at risk… I really did not know those facts. That's what I learned from it*." (16-17-year-old participant, Ontario). Plus, participants generally agreed that this post was more eye catching. By the way, several participants found the leading sentence "It's not always just the flu" catchy.

While this post was received more positively, several participants admitted that they would scroll past it if they saw it on their social media. While some participants mentioned that the colors and the image of this post make it unappealing, certain participants mentioned that they just skip this type of ads, especially on social media. Others expressed that this ad was wordy and contained too much text, which did not make them want to read it: "*It's very informational. I would probably read the first few lines and get bored with it"* (16-17-year-old participant, Atlantic). Moreover, some of them found the information redundant between the text (in particular the last paragraph) and the image, as the same elements were repeated. Therefore, when they were asked how they would improve the presentation of this post, many participants answered that they would remove the last paragraph. Others mentioned that the key information in the text should be highlighted and more visible, while some participants suggested removing as much text as possible and adding more images to make this publication more appealing.

3.2.3 Infographic – Break the Chain of Infection



Across all groups, very few participants had seen this infographic before. They had seen it at school, on the bus or on the metro. Many participants liked the title "Break the Chain of Infection" combined with the chain's image: *"I liked it when you said break the chain of infection with the broken chain. I could see it visually."* (12-15-year-old participant, Ontario). Some of them added that the infographic was beautiful, while others approved the choice of colors (blue and green). Several participants who liked this infographic shared that the title and the icons made this ad more appealing. In addition, some participants agreed that the icons accurately illustrated the text and helped them understand the message conveyed in this infographic.

Many participants shared that they preferred this infographic to the two social media posts that were presented to them. Some of them believed that this infographic might catch their attention if posted in public spaces (at school, on the metro, or on the bus). However, several participants retorted that there were too many words on this infographic; consequently, they would scroll past it. Certain participants also shared that they got confused by this infographic: *"I didn't understand what it meant at first, it took me a moment to connect it with the text."* (16-17-year-old participant, Ontario).

To improve the presentation of this infographic, some participants mentioned that they would reduce the amount of text. They argued that by simply looking at the image and the icons, they automatically understood the meaning of this post, so there's no need for so many words. Instead, they would focus on the visual aspect by adding more icons and symbols. Many participants also said that the text was too small. To put things right, they would make the text bigger and bolder. Participants would also favor flashy and striking colours to make this infographic more attractive. A French-speaking participant suggested to modify the title for "*Démolir ou détruire la chaine d'infection"* instead of "*Briser la chaine d'infection*" ("*Demolish or destroy the chain of infection*" - 16-17-year-old participant, Quebec).

Although many participants said that this ad did not stand out from other advertising they are used to seeing, they agreed that it was more likely to attract the young audience's attention than the two other social media post that were presented to them: *"There are icons for each point, like for stay at home, there's the house, it's mor eye-catching, I feel. And the chain and just how it's displayed, it's a different format"* (16-17-year-old participant, British Columbia/Prairies/Territories). Plus, the participants unanimously agreed that this infographic was credible and trustworthy. However, most of them said that they did not learn anything new after seeing this infographic as they already knew the different measures to break the chain of infection. Rather than a tool that encourages them to use personal protective measures, this infographic was seen more as a reminder of the PPMs.

3.2.4 Video – Find your rhythm

Across all groups, only one participant had seen this ad before. Many participants expressed that they liked this video. They described it as being quick, dynamic and exciting, and in their opinion, that's what made it eye-catching and more appealing in comparison with other video/infographic presented. Plus, many of them admitted that this ad would be one of the ads you would see and play until the end due to its short length: *"It may be more effective than a longer ad, which some people might just skip entirely, and it would ignore the entire point of the ad." (12-15-year-old participant, Ontario).* In addition to the dynamism and the fact that it catches their attention, many participants mentioned that they liked the music which makes this video more entertaining.

Most participants agreed that this ad stood out from other similar ads because it is more upbeat and rhythmic. A couple of participants also liked that multiple concrete examples of personal protective measures were shown in this ad. Participants were torn about its effectiveness in encouraging people to use PPMs, as some found it engaging but others found it too confusing to follow. The fact that some people in the ad were wearing masks was one of the main reasons why

the participants believed that this kind of ad would encourage them to use PPMs. Other participants who found this ad engaging expressed that this video gave a positive message on the topic and promoted the use of PPMs in a relatable way.

The confusion was partly due to the numerous transitions and scene changes. Some participants also deplored that this video is too fast, which makes it difficult to intake the information and understand the message after just one viewing of the ad: *“C'était un peu trop rapide pour qu'on ait le temps de le lire.”* (*"It was a bit too fast for us to have the time to read it."* – 16-17-year-old participant, Quebec).

A couple of participants thought that this ad should have a stronger presence on YouTube or Tik Tok. For instance, one participant suggested that it could be a non-skippable ad that could be played before/while viewing a video content on YouTube. Participants who thought that this video was too fast proposed to extend the video, but also to slow down the music and the narrator’s pace to give them time to grasp the information. One participant mentioned that he would show examples of PPMs that are not talked about enough.

3.2.5 Video – Help protect yourself and others this respiratory virus season

Across all groups, only two French-speaking participants had seen this video before. Many participants mentioned that this ad is concise, efficient and goes straight to the point. Except for a few participants who noted that the video was too fast, the participants indicated that the pace of this video allowed them to grasp all the information and to understand the conveyed message.

Participants liked the fact that this ad is short and shared that they would not skip it, as they would do with longer videos: “*Que ça soit court c’est bien aussi parce que t’as pas vraiment envie de skipper, les vidéos de une minute tu les passes, mais quinze secondes ça va*.” (“*It’s good that it’s short because you don’t really want to skip it, one-minute videos you skip, but fifteen seconds is okay”* - 16-17-year-old participant, Quebec).

Many participants also liked that this ad is colourful and aesthetically pleasing. According to them, these beautiful colours made this video more eye catching. Several participants liked the icons, the smooth transition between the different statements as well as the steps to follow to protect themselves, which were demonstrated through examples. A participant also pointed out that he enjoyed seeing the Canada theme at the end of the video.

A couple of participants shared that they preferred the other video that was shown to them. They expressed that this ad was less dynamic and did not capture their attention as much as the other one. Plus, most of the participants noted that they did not learn anything new from this ad. Instead, they perceived it as a quick reminder of PPMs. Therefore, this ad did not encourage them to use the protective measures more than they already do.

Some participants also deplored that this ad was redundant to other advertising they are used to seeing. Unlike the other video that they found memorable, some participants shared that they won't remember the points from this ad: "*I already forgot some of the points after watching the video"* (16-17-year-old participant, Ontario). On the other hand, all the participants admitted that this ad is credible and trustworthy with the Canada flag at the end of the video. Some of them added that this ad also looked professional.

The participants who perceived the video as being too fast suggested to expand the length of the video. Some of them proposed to add an introduction to grab the viewers attention and to help them process what's happening. Those who mentioned that the video was too fast also suggested to change the tone of the narrator to make it slower. While certain participants would add the negative effects of the respiratory infectious diseases in this ad, a couple of participants proposed to include people suffering from these diseases in the ad. According to them, that would be more appealing and more interesting than the actual narrator. Otherwise, many participants thought that this short ad should be more visible on online video sharing and social media platforms such as YouTube.

3.3. Information sources

Most of the participants mentioned TikTok, Instagram YouTube, Snapchat and Pinterest as their main social media platforms. While several participants also mentioned that they listen to podcasts on Spotify, a couple of participants shared that they frequently use Netflix and Disney. Only a few participants cited Facebook as a social media that they consult on a daily basis. There were also very few participants who mentioned that they frequently watch TV or read articles. Regarding other websites and media, many participants mentioned Google and Wikipedia, but also web browsers such as Safari to look up information or news.

Regarding looking for health-related information, most participants expressed a preference for credible and authoritative sources. Therefore, they mentioned turning to their family doctor or other healthcare professional. Otherwise, they cited their parents as being a reliable source when it comes to obtaining health-related information. The Health Canada website, search engines (mainly Google) and official federal and provincial websites were also frequently consulted when

seeking for health-related information. Only a few participants mentioned YouTube and news channels.

When asked how they prefer to receive information about public health and reminders to use PPMs, many participants mentioned it would be better to receive them in physical locations such as bus stops, inside buses, and at school in a poster format. According to them, given that these places are highly frequented, these posters will be seen by a large number of people.

In fact, many other participants preferred to receive that information online. Most of them mentioned ads on YouTube, as they cannot be skipped but also because people expect to see ads on YouTube. A couple of participants also mentioned TikTok or Instagram, because they believed that the audience is more captivated and that the large amount of people can get the information. However, some participants believed that social media is not a good place knowing that it's overloaded with information and that people have developed the habit of automatically scrolling through sponsored content. Very few participants mentioned articles or news as a source of information related to personal protective measures or other health-related content.

Whether it's on YouTube, TikTok, Instagram or any other platform, participants mentioned that they would prefer a short video. For most of the respondents, the ideal duration of any video or advertisement about personal protective measures would be 15 seconds. Some participants also mentioned that they could pay attention to social media posts that includes any eye-catching infographic or visual content.

4. Detailed Results – wave 3 (online communities and focus groups: vaping module)

Note on the interpretation of qualitative research findings

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable. Specific terms are used to refer to the prevalence of opinions and responses among participants. Definitions are provided in the table below.

Term	Meaning
Few	Few is used when less than 10% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
A majority	A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous or almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

4.1 Overall module opinion

On the online community questionnaire, educators (defined as those whose primary professional involvement centered around working with young Canadians - see appendix A.3 for detailed definition) and teenagers were invited to indicate their level of appreciation for their overall experience on the "Self-guided Online Module" website. Most educators and young Canadians reported enjoying their experience on the website, with both groups expressing liking or strongly liking it, although a few young Canadians felt neutral towards it.

When asked how they would qualify their experience when navigating the module, the fact that it's informative and educational were the two features most associated with the module by the participants. This was also confirmed during the focus groups. Regarding their first impressions as they explored the site, young Canadians found the module informative and recognized its educational value. The educators also admitted that the module provided a good information foundation. However, many of them pointed out the module's lack of appeal and attractiveness:

"*Les informations de taille passaient mais il y a trop de mots et ça capte pas assez l'attention des jeunes, ils vont passer par-dessus. […] Pour les jeunes, ils vont passer à d'autres choses*. " ("*There was a lot of information. But, when there are too many words, it doesn't capture the attention of young people. They'll see that and just move on to other things*" – Educator – Quebec/Ontario).

Many educators believed that educational materials should be crafted to not only inform but also motivate and captivate students to enhance information retention, which is why they preferred dynamic content over text-heavy sections. Therefore, they suggested that enhancements in interactivity and design could significantly improve the module's appeal to young learners. A couple of educators also noted the need for clearer and more direct language to convey the risks of vaping effectively.

Only a few young participants considered the module to be fun or entertaining. During the online discussions, some of them expressed that they found the module not engaging enough. Thus, they echoed the need for more interactive and entertaining content that can capture and retain their interest more effectively, without sacrificing the richness of information provided.

Initially, almost all the educators indicated that they learned a few things on vaping from the content presented in the module. For their part, many young Canadians qualified the module as interesting. During the focus groups, many of them shared that they appreciated learning new facts, especially on the long-term health effects of nicotine and financial costs of vaping: *"On ne connait pas vraiment les effets à long terme du vapotage et que ça contenait beaucoup de produits chimiques dont je connaissais même pas l'existence, et que c'était vraiment une dépense très chère au long terme.*» (*"We don't really know the long-term effects of vaping and that it contained a lot of chemicals of which I didn't even know the existence, and that it was really a very expensive expense in the long term."* – 13-15-year-old participant, Quebec/Atlantic).

Young participants, particularly those aged 13 to 15, were confused when they started navigating on the "Self-guided Online Module" website. Several mentioned that this confusion was caused by the information overload. However, once they got the hang of it, the initial confusion gave way to appreciation for the navigability on the website: "*It was well set up. I've done other trainings and informative sessions before and I thought it was particularly well set up and easy to navigate.*" (16-18-year-old participant, Ontario/Atlantic). Nevertheless, a couple of teenagers considered that the content was more of a refresher on information they already knew rather than new information. Plus, some of them indicated a need for more novel insights or deeper dives into topics to capture their attention.

When they answered the questionnaire, some teenagers qualified the module as straight to the point and fun. Some educators also found the module straight to the point. During the focus groups, they reiterated this opinion by referring to the games and quizzes that made their experience more fun and engaging. They also reiterated during the discussion that this module goes straight to the point. A couple of teenagers also indicated that they found the module long,

boring or overwhelming. However, during the focus groups, those young participants did not elaborate on these opinions when they talked about their opinions of the module.

On the questionnaire, many teenagers described the visual design of the module as being serious and modern. Some of them also indicated that they found it trendy. They were however torn about the aesthetic appreciation of the module. While some enjoyed the use of bright colours, others found the combination of yellow and black to be too distressing. On their side, many educators described the visual design as being aesthetically pleasing and some of them shared that it was appealing, modern and trendy. Most young participants and educators found the three-part structure of the module moderately or extremely helpful in organizing the information and facilitating the site navigation. During the discussions, only one teenager stated that he encountered technical issues or bugs on the website.

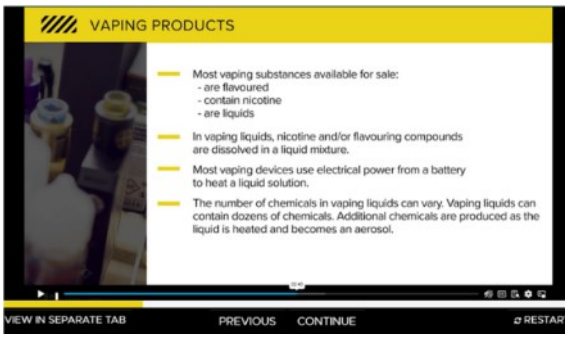
4.2. Perception of the online module on vaping

4.2.1 Part 1 – Introduction to teen vaping and its harms and risks

Based on the detailed feedback from both age groups of Canadian youths (13-15 and 16-18 years) and educators regarding Health Canada's online module on vaping, a comprehensive analysis reveals nuanced opinions about its effectiveness, content, and presentation. The first part of the module, designed to introduce teen vaping and its associated harms and risks, including health risk of exposure to potentially harmful chemicals and legal regulations in Canada, received varied responses on its overall perception.

Participants across both youth age groups acknowledged the module's educational value in learning about vaping products and devices, the risks and harms of vaping, and the relevant Canadian legislation and regulations. However, a common critique was the module's extensive amount of text, which was seen as potentially overwhelming and disengaging for younger audiences. The younger group (13-15 years) seemed more receptive to the content format, suggesting a curiosity and openness to learning through text. In contrast, the older teens (16-18 years) indicated a preference for more concise, impactful messaging, possibly reflecting a more sophisticated consumption of information and a desire for straight-to-the-point facts.

4.2.1.1 Learning about vaping products and devices and the risks and harms of vaping



Participants, both young groups and educators, discussed their learning from the module about vaping products, devices, and the associated risks and harms. Younger respondents (13-15 years)

expressed that the module was informative, providing new insights into the harmful effects of vaping, which they previously were unaware of: "*It was just all kind of interesting because I didn't really know any of it. So, like learning, like all the harms and stuff was pretty interesting.*" (13-15-year-old participant, British Columbia/Manitoba/Saskatchewan). Participants found the presentation on the harms and risks associated with vaping particularly engaging and educational, indicating a significant gain in awareness from the module.

Older participants (16-18 years) also shared learning experiences but with a perspective that suggests they were perhaps more aware of some of the risks beforehand. Their feedback implied a reinforcement of existing knowledge rather than encountering entirely new information: "*I honestly wouldn't say. So, I feel like everything that was in this module, I've learned in like health classes in the past. So, there was nothing, no really new information*" (16-18-year-old participant, Ontario/Atlantic). Nonetheless, they appreciated the depth of information provided on vaping's health risks, showcasing an engagement with the content that might stem from a more mature understanding or prior exposure to similar information. Although they found the content informative, some participants expressed the desire for the module to present more physical consequences of vaping or health consequences related to vaping.

Overall, most of the younger respondents indicated on the questionnaire and during the focus groups that they learned some new information within the module. A majority of participants also indicated on the questionnaire and during the focus groups, that learning about the risks and harms of vaping was one of the most interesting pieces of information presented in the module.

Educators recognized the module's potential in increasing awareness among youths, as most said that they learned some new information on the questionnaire, but also indicated the necessity for active facilitation to ensure the information resonates well with students during the focus groups. This feedback underscores a shared educational goal between educators and Health Canada and the Public Health Agency of Canada: to inform and protect youths from vaping's harms by presenting compelling, comprehensible, and relevant information tailored to their developmental stages and prior knowledge levels.

In addition, educators expressed a desire for the module to adopt a more shocking or even aggressive tone when discussing vaping products, devices, and the associated risks and harms. They felt the language used was sometimes too gentle and not impactful enough to significantly alter the students' perception of vaping: "*I agree that it needs to be a little bit more aggressive. We need to scare these kids. Some of the language is I would say too gentle, like 'sometimes tin can be found in this' like I need more concrete, I guess*." (Educator, British Columbia/Ontario/Manitoba/Saskatchewan). While acknowledging unknown health impacts might sound concerning, educators worried that students might interpret "unknown" as "not necessarily bad" and therefore not take the risks seriously. To truly resonate with young audiences, educators advocated for the use of more direct, concrete examples that could better illustrate the severity of the risks involved. They believed that a stronger approach, including real examples of hospitalizations and deaths, could more effectively convey the message and encourage students to reconsider their attitudes towards vaping. This feedback underscores the educators' belief in the necessity of a more forceful narrative to make the real dangers of vaping hit home for the youth.

4.2.1.2 The laws around vaping (Legislation and regulations in Canada)

Both youth groups, ages 13-15 and 16-18, indicated a pre-existing familiarity with the legislation surrounding vaping. They reflected on their pre-existing knowledge. However, the younger group (13-15 years) showed a different kind of engagement with the legislative content. This group was a little bit more receptive to the new information presented in the module.

Educators expressed mixed feelings about the module's focus on vaping legislation. One educator felt the legislative content was generally interesting but too lengthy for young audiences, suggesting a reduction in focus as youths are often aware of legal boundaries yet indifferent to them: "*Si on veut présenter ça à des jeunes je couperais un peu dans la législation. En général, ils savent ce qui est légal et ce qui est pas légal, ils s'en foutent un peu*" ("*If we want to present that to the young people, I would in fact cut the legislation part a bit. In general, they know what is legal and what is not legal. Then even if it's not legal, they don't care much*." – Educator, Quebec/Ontario). Another participant in the educators group shared this view, doubting the effectiveness of legal information in deterring youth vaping, emphasizing the importance of content on vaping's contents instead. Conversely, a third educator advocated for educating youths on legal consequences and responsibilities, likening it to understanding repercussions in cyberbullying, highlighting the importance of early legal awareness: "*Donc je pense que c'est peut-être mal dit pour la législation, mais c'est important que les jeunes savent très jeunes qu'ils ont aussi des responsabilités*" ("*So I think it might be poorly phrased regarding the legislation, but it's important that young people know from a very young age that they also have responsibilities*" – Educator, Quebec/Ontario).

4.2.1.3 Opinion on the amount of text and the narrator

The 13-15-year-olds offered nuanced feedback on the module's text content, acknowledging its accessibility but suggesting an optimal balance between text and visuals: "*I was reading it and also listening because I was going back and forth*" (13-15-year-old participant, British Columbia/Manitoba/Saskatchewan). This group appreciated the structured, bullet-point format that made the information easier to digest, highlighting their preference for clear, concise content. Yet, they expressed a desire for more engaging elements, such as visuals and interactive components, to enhance their learning experience.

For the 16-18-year-olds, the reaction to the text amount was mixed, reflecting diverse reading habits and levels of interest. For some, the amount of text was perfectly adequate: "*And yeah, I think it was good, the amount of text that was there. I think it was just right*" (16-18-year-old participant, Ontario/Atlantic). Some participants admitted that even if they read all the text, they would like for this part to be more dynamic, with more images: "*Oui mais quand même. Je pense qu'il pourrait y avoir plus d'images, plus de choses que parce que c'est beaucoup de seulement du texte*" ("*Yes, but still. I think that I could have more images, more things because it's a lot of just text*" – 16-18-year-old participant, Quebec/Ontario).

While some of them believed that there was too much text, which could make some people less engaged in the module, some also thought the amount of text was perfect for younger people. The educators that echoed the concerns about the module's text density, suggested that the heavy reliance on written content might not be the most effective approach for engaging teens. They recommended incorporating more interactive and multimedia elements to cater to varied learning styles and increase the module's appeal. One participant said "*So when they see texts, they, again, they're very much the TikTok, Instagram video generation. So even for me, I said, there's probably a bit too much text, but I agree with where you might have some keywords and then some fillers*." (Educator – Quebec/Ontario). Their perspective supports a multimodal approach, combining text with interactive and visual elements to cater to different learning styles: "*And, and then again, it helps with the special ed as well because that's like a universal learning design, those who like can't read well or have issues with reading or attention span*" (Educator – British Columbia/Ontario/Manitoba/Saskatchewan). This approach not only aids in maintaining student interest but also reinforces learning outcomes by presenting information in a more dynamic and accessible manner, which is crucial, according to educators, for effectively communicating the health risks associated with vaping to young audiences.

The narration style of the module also garnered feedback, with suggestions for making it more engaging and relatable to the target demographic. Participants in the younger age group (13 to 15 years) expressed mixed opinions on the module's narration. While some found it clear and professional, enhancing the understandability of the content, others suggested that a more dynamic approach could improve engagement. The professional tone of the narrator was appreciated for aiding comprehension, especially for auditory learners: "*Personnellement ça a vraiment aidé à suivre parce que les informations que normalement j'aurais pas retenu en lisant seulement je les ai mieux compris à l'aide de la voix*" ("*Personally, it helps to follow along. Because the information that I normally wouldn't have retained just by reading, I understood better with the help of the voice*" – 13-15-year-old participant, Quebec/Atlantic).

Older adolescents (16-18 years) also suggested some technical improvements, such as the option to replace video content with text-to-speech functionality for increased control over the pace of information delivery or adding an on-off switch for the narration voice. Criticisms included the narration sounding robotic and not aligning well with personal reading speeds, suggesting a need for synchronization between text and voice: "*Il parlait, mais le texte était déjà affiché, genre il finissait le paragraphe, ça fait une minute qui a été affiché*" ("*He was speaking, but the text was already displayed, like he finished the paragraph. It was displayed for a minute*" – 16-18-year-old participant, Quebec/Ontario). Despite these critiques, some found the narration to be an

improvement over other experiences with learning modules, indicating the voice sounded professional and liked having options of text and narration: "*In general, I thought it was fine that it had both and there wasn't text all the time*" (16-18-year-old participant, Ontario/Atlantic).

Educators focused on the broader implications of narration for engagement, noting the challenge of catering to a visually oriented generation. Suggestions included using a more cheerful and varied tone to capture younger audiences' attention and considering a narrator who resonates more authentically with young people: *"C'est correct, mais c'est qu'on veut parler aux jeunes. Je pense que ce serait peut-être bien d'avoir une voix similaire à leur voix"* ("*It's alright, but if we want to talk to young people, I think it would be good to have a voice similar to their own*" – Educator, Quebec/Ontario). They recognized the good quality of the content but emphasized the necessity of dynamic delivery to enhance its appeal to students, suggesting that even well-delivered narration might need further adaptation to meet the diverse needs and preferences of their students effectively. Moreover, just like the younger audience, educators noted a desynchronization with the text and the narration which could be confusing for some readers: "*Actually one thing that did bother me, was that the person that was speaking wasn't always using exactly the same words as what was typed out like they were adding more, which is good to add more. But sometimes I think for some people when they're trying to read along to what is being said, they get stuck*" (Educator, British Columbia/Ontario/Manitoba/Saskatchewan).

Overall, participants suggested that a more dynamic and varied narrative approach could help sustain interest and enhance the learning experience. The feedback across groups underscores the critical role of narration in engaging learners with digital content. While younger participants stated being receptive to professional and clear narration, they, along with older adolescents, see value in dynamic and varied delivery styles that can maintain their interest. Educators' insights highlighted a strategic perspective, emphasizing the need for narration that not only conveys information effectively but also captivates and retains the attention of a generation that consumes content across various digital platforms. The divergences in feedback suggest a nuanced approach to narration is necessary, one that balances professionalism with engagement, and possibly incorporates varied delivery styles to cater to the diverse preferences of its audience.

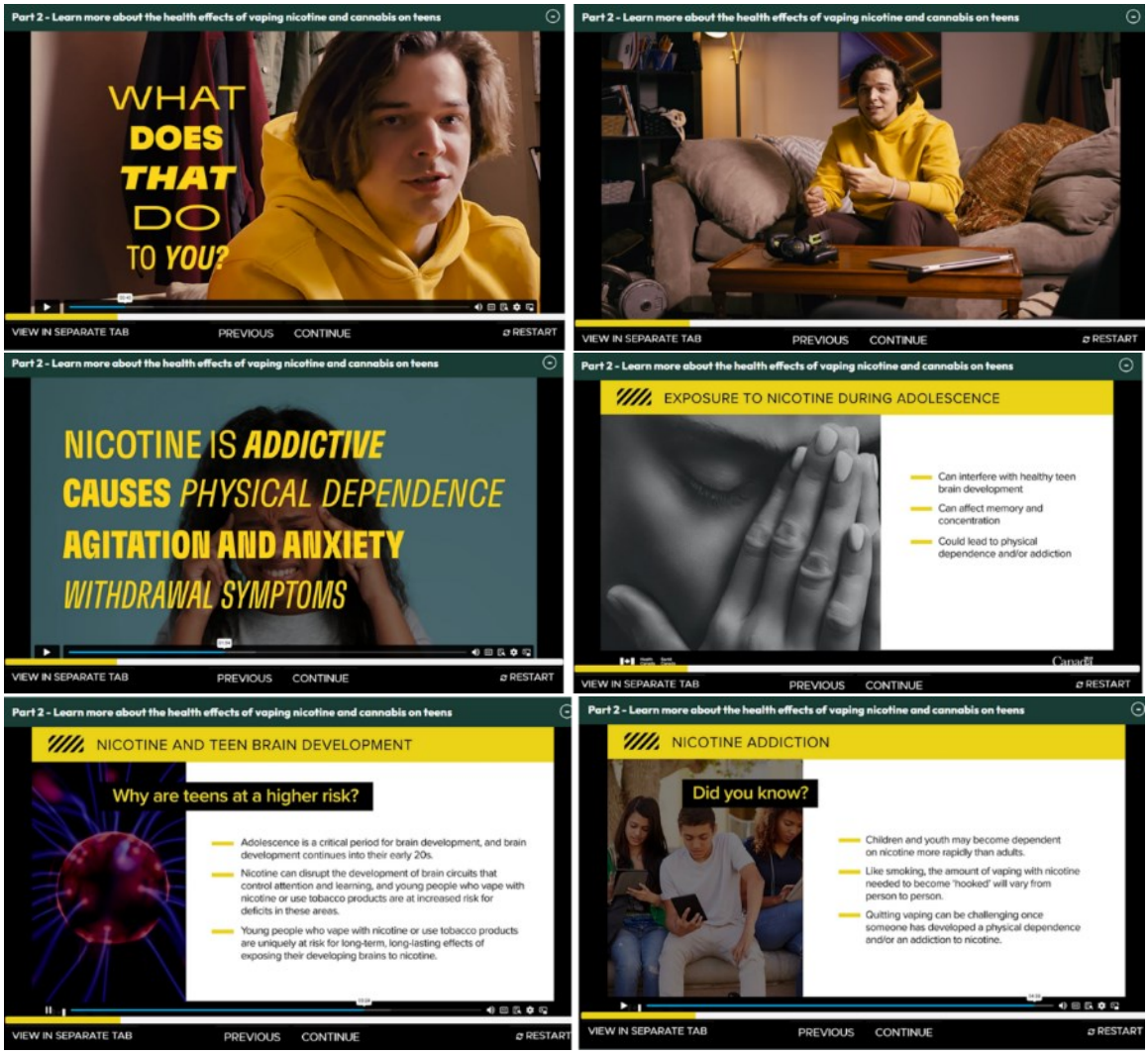
4.2.1.4 Suggestions to improve this section

Enriching the content depth and relatability of Health Canada's vaping module can significantly enhance its educational impact. By incorporating nuanced statistics on teen vaping and providing a more detailed exploration of its physical and social effects, the module can offer a comprehensive learning experience that resonates with students of varying knowledge levels. Adding layers of content that address different aspects of vaping, from health implications to societal impact, ensures that the module is both informative and engaging for all students.

Moreover, diversifying narration and presentation techniques further amplifies this effect. Adopting a range of narration styles and voices that connect with the target demographic, alongside integrating interactive storytelling and visually engaging elements, can captivate students' interest throughout the module. This multifaceted approach not only educates but also fosters a deeper understanding and reflection on the consequences of vaping. All these

enhancements are aimed at making the module more accessible and appealing to its intended audience, thereby increasing its potential to effectively convey the risks associated with vaping and influence positive behavior change.

4.2.2 Part 2 – Learn more about the health effects of vaping nicotine and cannabis on teens



The feedback on the information regarding the health effects of vaping nicotine and cannabis on teens and the exposure to nicotine during adolescence reveals a mix of awareness and new insights among the different groups.

13-15-year-olds were intrigued by the information of the video, noting they provided more detailed information than the first part of the module. They learned about the higher risk of addiction for teens and the health impact of nicotine on brain development, which was new information for some: "*J'ai aussi trouvé ça assez intéressant, assez captivant de voir des quelqu'un de notre âge, de pouvoir parler de ce genre de sujet. Et aussi de voir que la nicotine affecte plus notre cerveau qu'on le pense en général. Je trouvais ça assez intéressant d'apprendre cette*

information. Donc ouais, moi j'ai bien aimé." (*"I also found it quite interesting, quite captivating to see someone our age able to talk about this kind of subject. And also to see that nicotine affects our brain more than we generally think, I found it interesting to learn this information. So yeah, I liked it*" – 13-15-year-old participant, Quebec/Atlantic). It is also important to note that even if most said the video provided new information on the health effects and risks of vaping, some found the information repetitive. They were already familiar with the information presented because it was covered in school by some classes or invited community organizations*: "Là c'est pas très frais dans ma tête, mais en général, on a des organismes qui viennent à l'école pour nous dire ce genre d'information*." ("*It's not very fresh in my mind, but in general, we have organizations that come to school to tell us this kind of information*" *– 13-15-year-old participant, Quebec/Atlantic).* Interestingly, most agreed that the format helped make the information memorable and emphasized the serious risks associated with vaping.

Some of the feedback of the 16-18-year-olds was similar to the feedback provided by younger participants. They also found the content to be somewhat repetitive, with many feeling that it reiterated what they already knew from health classes: *"Um well, a lot of the stuff we did learn in health class for sure. […] but I think it's definitely good to have it on the slide just to repeat the stuff, you know"* (16-18-year-old participant, Ontario/Atlantic). However, some acknowledged the value of being reminded about the health risks of vaping: "*I feel like I haven't had a health class since like grade eight or grade seven. So, when I'm reading this stuff, I'm like, oh, yeah, I learned that like, what, three or four years ago, but it's good to remember it. Right?*" (16-18-year-old participant, Ontario/Atlantic). A few were introduced to new perspectives, such as the comparative harm of vaping versus smoking, though this did not universally translate into new knowledge for all participants in this age group. Once again, some participants expressed the desire for the module to present more concrete examples of risks associated with vaping, suggesting real testimonies about physical consequences of vaping or health consequences related to it.

Educators highlighted the importance of addressing misconceptions about nicotine, such as its supposed calming effects, and the need for more in-depth discussion on its mental health implications. They appreciated the clear presentation of long-term effects of nicotine and dependence but, just like the 16-18 year olds, expressed a desire for more detailed graphical data to illustrate the risks related to vaping and the increasing need for nicotine over time: "*I would love to see a graph just showing the general need to up the nicotine every time so that the kids can see that over time you need more and more nicotine. So, it's only going to get worse. I would really like sort of a, just a general bar graph just displaying something like that.*" (Educator, British Columbia/Ontario/Manitoba/Saskatchewan).

This feedback underscores the module's success in reinforcing existing knowledge and introducing new information to younger audiences. However, it also highlights the need for a tailored approach that addresses the varied levels of prior knowledge and engages older students with deeper, more challenging content.

4.2.2.1 Opinion on the video format

The presentation of information through videos in the second part of the module received positive feedback across all groups, highlighting the effectiveness of this medium in engaging and educating the audience.

13- 15 years old students found the video format intriguing and more engaging than the first part of the module: *"I think I was a lot more interested in that video than the one in part one because there's actually a physical person in front of you telling you everything about it and it was more like you're talking to a person almost. And it helped me remember it easier and the info was pretty good."* (13-15-year-old participant, British Columbia/Manitoba/Saskatchewan). The presence of a narrator who could be seen as a peer made the information more relatable and easier to remember: "*J'ai bien aimé qu'il y a une vidéo, et une personne assez jeune aussi, on peut plus se voir dans la personne, puis c'est plus intéressant*" (*"I really liked the fact that there was a video. There was also a fairly young person. We can see ourselves more in the person and it's more interesting"* – 13-15-year-old participant, Quebec/Atlantic*).* The format was praised for its ability to make serious topics about the risks of vaping more accessible, with participants appreciating the direct communication style that made it feel like a conversation.

Participants aged 16-18 years old gave mixed feedback; while some found the videos to be repetitive, others appreciated the reminder of the risks associated with vaping: *"My opinion on the second thing is that it was a little bit repetitive, but I really like the video. I feel like since the guy was talking to me and I kind of saw the guy's face, I feel like I trusted him or whatever. And I really like the video. I understand the video more"* (16-18-year-old participant, Ontario/Atlantic). For some in the 16 to 18 years old group, the use of videos was considered more engaging, especially for visual learners who benefit from seeing information presented in an illustrative manner. This age group acknowledged the video format as a significant improvement over more traditional methods of learning, like reading text. The visual and auditory elements of the videos helped to capture their attention more effectively, making complex information on vaping's risks more accessible and easier to understand.

Just like the two other groups, educators appreciated the use of younger speakers in the videos, believing that this approach would resonate more effectively with young audiences: "*Juste le fait qu'il y ait un jeune, ça fait une grosse différence, c'est ce qu'on essaie de dire depuis le début. Donc un jeune qui parle aux jeunes, donc même s'il parle pas de ses expériences ou qu'est-ce que ça lui a fait ça c'est évidemment ça, ça va aller toucher plus de jeunes qui ont fait l'expérience*." (*"Just the fact that there was a young person makes a big difference, which is what we've been trying to say from the start. So, a young person talking to young people. So even if he doesn't talk about his experiences or what it did to him, that's obviously going to resonate more with young people who have had the experience"* – Educator, Quebec/Ontario) They noted that students became more attentive and engaged, thanks in part to the relatable presentation style: *"I like the model or the actor. I think that would be very engaging for the students"* (Educator, British Columbia/Ontario/Manitoba/Saskatchewan).

Overall, the video form was successful in making the module more engaging and accessible, with the use of relatable messengers and direct communication styles proving particularly effective.

4.2.2.2 Suggestions to improve this section

Many actions could be implemented to address the feedback that came out of the discussions on this part of the module. To begin enhancing engagement with real-life testimonials by incorporating video testimonials from young individuals who have experienced the effects of vaping first-hand could provide the users of the module with more knowledge of the possible health risks of vaping as well as conscientizing them even further. These stories could provide a more personal perspective than just stating and presenting straight information, making the consequences of vaping more relatable and impactful for some.

In addition, for educators seeking more detailed data, "*So it does say like that there are long-term, long-lasting effects of this exposure. I just want more detail on that. I would like to know what these effects are*" (Educator, British Columbia/Ontario/Manitoba/Saskatchewan). Integrating interactive graphs and charts that users can manipulate to see trends over time, such as the increase in vaping among teens or the correlation between vaping and health issues could encourage active learning and engagement with the material.

By implementing these suggestions, the module could better accommodate diverse learning needs, reduce repetitiveness, and enhance the overall educational value of the content on the health effects of vaping nicotine and cannabis on teens.

4.2.3 Part 3 – Learn about the cost of vaping and how to overcome peer pressure

When they answered the questionnaire, many educators indicated that the section on "How to overcome peer pressure" was their favorite section overall, while many teenagers tended to mention the "Cost of Vaping" section as their most preferred. During the focus groups, many participants, particularly the educators, reiterated that this section was the most interesting and helpful one: "*I think the cost of vaping was the most interesting part because it's something that I've never really talked about before in any like classes or anything*" (16-18-year-old participant, Ontario/Atlantic).

4.2.3.1 The Cost of Vaping

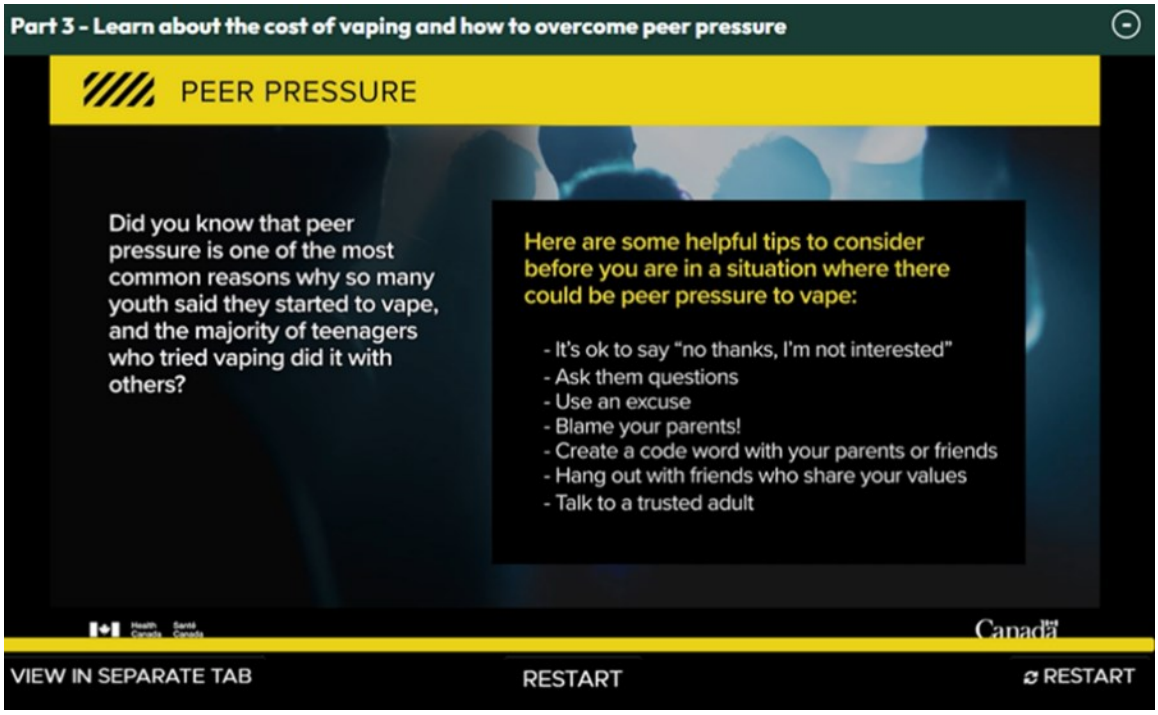
The “Cost of Vaping” section was highlighted as an effective component of the module, providing crucial information that was previously underappreciated or unknown. Many younger teenagers found this section informative and suggested that it added a new dimension to their understanding of vaping. One participant liked that the “Cost of Vaping” section went beyond the health effects caused by vaping to include the financial implications of vaping. Many teenagers, even the older ones, shared that they had never discussed or seen any content related to the economic impact of vaping before.

Therefore, learning about the financial cost of vaping was an eye-opener. Participants aged between 16 to 18 shared that they were surprised by the amount of money that people spend on vaping or that can be saved by not vaping. They also appreciated seeing the financial cost laid out clearly. The comparison of vaping expenses to alternative spending options resonated strongly. Many of them expressed how costly vaping is and some participants aged 16-18 considered the potential savings or alternative uses for the money spent on vaping.

Generally, educators recognized the importance of discussing the financial costs of vaping, acknowledging it as a critical component of comprehensive vaping education. They also shared that it was interesting to see the amount of money they could save if they don't spend it on vaping. Some educators believed that the "Cost of Vaping" section resonated more with older teenagers. Therefore, they questioned its relevance to the younger teens who might be less familiar with the value of money or who don't spend money on vaping. For this reason, an educator participant suggested to adapt this section to make it relatable and understandable by the younger and the older teens.

A couple of educators noted that after selecting "no" to the question "Do you vape?", they did not see the slides on the costs associated with vaping. According to them, the costs associated with vaping should also be shown to the ones who do not vape to discourage them from starting. The idea behind this suggestion was to prevent new users rather than focusing solely on current vapers.

4.2.3.2 Peer Pressure



Overall, participants agreed on the significance of peer pressure as a factor in vaping initiation and appreciated the module's attempt to provide strategies to combat it. Regardless of their age, young Canadians generally valued the inclusion of specific excuses to avoid vaping. For instance, many of them mentioned that the strategies to resist peer pressure, such as having excuses ready or blaming parents were practical and helpful.

However, some teenagers, particularly the older ones, were skeptical about the effectiveness of some strategies, such as the use of code words with parents, in real-life scenarios. In fact, they thought that certain examples were overly simplistic and unrealistic: *"Some of the peer pressure*

things like create a code with your parents or friends… I think that no one really does that in real life. So yeah, it's pretty unrealistic" (13-15-year-old participant, British Columbia/Manitoba/Saskatchewan). A couple of teenagers also found the module's approach to combatting peer pressure somewhat repetitive, as it reiterated lessons from health education classes, concepts or things they already knew. Even though they appreciated the intent behind these suggestions, many teens yearned for more realistic approaches that align more closely with the complexities of their interpersonal dynamics and the subtleties of peer influence they could encounter.

For their part, the educators generally appreciated the focus on peer pressure and supported the inclusion of strategies to help youth resist peer pressure, given its significant role in influencing young people's choices about vaping. A couple of educator participants thought that the examples shown during this part were more suitable for younger children, knowing that they start vaping at a very young age nowadays. Nevertheless, many educators emphasized the need for more sophisticated approaches and resources for the older teens to reflect their real-life experiences and offer them practical tools to navigate the complexities of peer influence related to vaping.

Across all groups, only one educator made the distinction between "peer pressure" (referring to the process by which members of the same social group influence other members to do things that they may be resistant to or that they would not do otherwise) and "social pressure" (referring to the influence that our peers and other social groups have on our behaviour and decision-making). The educator who made this distinction called for more nuanced approaches and strategies to help youth resist peer pressure and social pressure.

4.3 Perception of the interactive games and quizzes

Overall, across all groups, interactive games and quizzes were seen as valuable tools for reinforcing learning, as some described it as "aesthetically pleasing", "playful" and "appealing", though the feedback also highlighted areas for improvement. While younger participants were generally more receptive to the interactive elements, the older group sought enhancements to make these components more engaging and less juvenile. Educators described the game as "aesthetically pleasing", "playful" and "appealing" although insights align with the need for a diverse range of interactive activities, underscoring the importance of tailoring educational content to meet the varying needs and preferences of students. The call for clearer instructions and more intuitive game design points to an opportunity to refine these elements, ensuring they are accessible and engaging for all users. Overall, the feedback suggests that while interactive games and quizzes are effective in reinforcing knowledge, there is room for improvement in design and diversity to maximize their impact and appeal across different age groups.

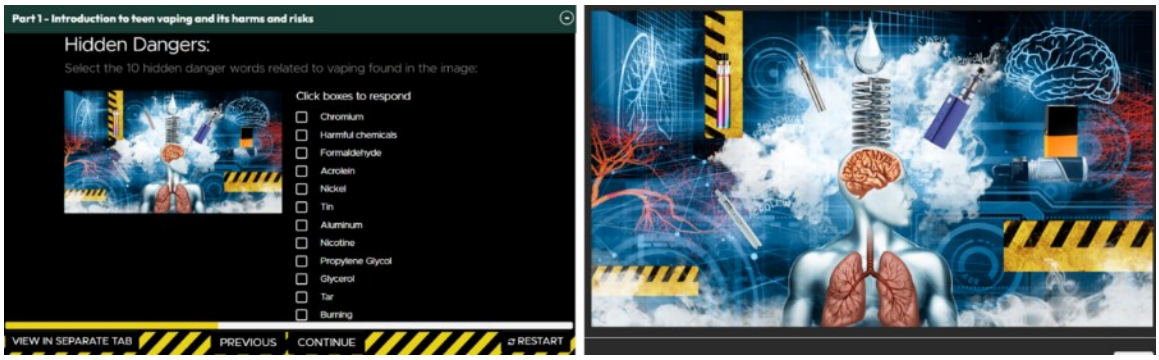
4.3.1 Interactive games

4.3.1.1 Hidden Dangers Game

13-15-year-old participants had mixed feelings about the game. While some found it fun and informative, particularly in learning about harmful chemicals in vapes, some struggled with understanding how the game worked and felt it was more stressful than educational. Suggestions for improvement included making the game's objectives clearer and incorporating different types of interactive elements, like true or false questions, to enhance learning and engagement. However, a majority still found the game interesting.

Older participants (16-18 years old) appreciated the educational content of the game, learning about the potentially harmful chemicals in vapes. However, a suggestion could be to add more contrast regarding the colors of the games as some also faced challenges with the game's design, such as issues with color contrast for colorblind players, "*Je l'ai trouvé un peu compliqué parce que je suis daltonien, que j'avais de la misère à avoir certains mots qui étaient avec les teintes, que c'était difficile. Mais sinon je trouve ça bien*." ("*I found it a bit complicated, because I am colorblind, and I have trouble seeing certain words, which were with shades, that is difficult, but otherwise, I think it's good*" – 16-18-year-old participant, Quebec/Ontario). Participants found the game amusing and different but suggested improvements in visibility and contrast to make the game more accessible and enjoyable for all players. Some participants also noted that the instructions of the game were unclear, making the game confusing and harder: "*I think doing the game did help me remember better, but I agree, like when I first got to it, I was a bit confused, like if the picture had anything to do with it or if I did click things on the picture or whatever. So, I thought just the way it started was a bit confusing, but I do think it was good to have a game in there*." (16-18-year-old participant, Ontario/Atlantic).

Educators also expressed concerns about the game's intuitiveness and educational impact. They suggested enhancing functionality, such as adding pop-ups for interactive learning, and criticized the game for not being engaging enough: "*I agree that there could have been some more functionality. Maybe if they found the word and clicked it, then some information would pop up rather than there's no description so they're just clicking buttons and then that's it*" (Educator, British Columbia/Ontario/Manitoba/Saskatchewan). There was confusion about the game's objectives, with recommendations for clearer instructions and more dynamic elements to make the learning process more appealing and effective for students: One participant had this comment in the questionnaire: "*The first activity was unclear. It needs to be redesigned. Both in terms of its instructions and graphics. Ideally, it would be more interactive*". While some of the other educators said that the game was interesting and informative on the questionnaire, they nevertheless agreed that with improvements, the game would be even more educative and engaging for retaining new information.



4.3.1.2 Does this product contain nicotine?

Overall, this game was qualified as interesting by a majority of younger participants as well as informative and too easy for some. This game was more appreciated by the younger participants (13-15 years old). Indeed, this group found the second game easy and fun, with some considering it their favorite part of the module. They appreciated the true or false format and the repetition of key information about vaping products containing nicotine. The feedback suggests a successful blend of entertainment and education, reinforcing important messages in an accessible manner.

The 16-18-year-olds provided mixed reviews, appreciating the game's concept but criticizing it for being too easy and juvenile. Some found the examples used (e.g., cupcakes not containing nicotine) too obvious, "*Just because it was kind of obvious that cupcakes didn't contain nicotine. So, yeah, I did. I liked this one the least out of all three*" (16-18-year-old participant, Ontario/Atlantic), suggesting a need for more challenging content that could better engage and educate this age group about the nuances of nicotine products.

Educators were also more critical of the game, describing it as overly simplistic and potentially too obvious. In the questionnaire, some described it as "juvenile" or "too easy", but also "interesting" and "informative". They recommended avoiding common items like bananas in favor of more thought-provoking examples that could stimulate deeper learning about nicotine and its sources: "*Choose items that are gonna make the kids think and they're gonna wonder. Well, ok, what is nicotine? It comes from a plant. What could it be in this? Like things like that. Whereas other things are so obvious that it's not there. They're just false, true, false, true*" (Educator, British Columbia/Ontario/Manitoba/Saskatchewan). The feedback underscores the need for a balance between humor and seriousness to effectively engage students without undermining the educational value. Moreover, some believed that the comparisons with fruits and nicotine products was to convey an underlying message on vaping flavors, but that it was too hard to understand for a younger audience and that the link could be clearer: "*C'est sûr qu'il y a un meilleur moyen de jumeler les saveurs, puis de faire un lien avec les vapoteuses*" ("*I'm sure there's a better way to pair the flavors and link it with vapes."* – Educator, Quebec/Ontario).

4.3.2 Quizzes

4.3.2.1 First quiz

Participants in the 13-15 age group found the quiz easy and helpful for reinforcing what they had learned*: "I think it's a good way to retain information because if you have a wrong answer, usually afterwards, you have an easier time getting it right the next time".* They appreciated the mix of different types of questions, which made the quiz more intriguing compared to the game. The feedback suggests that while the quiz was straightforward and beneficial for retention, incorporating visual elements could enhance engagement and enjoyment.

16-18-year-old participants considered the quiz as one of their favorite parts of the module, appreciating its role in reinforcing learning in a manner that is similar to health class. They found the quiz easy and effective for wrapping up the module, "*Moi je trouve, c'est une bonne façon de retenir des informations parce que si tu as une mauvaise réponse normalement après tu comprends, t'as plus de facilité à l'avoir la prochaine fois* " ("*I also really like, um, having a quiz at the end of this type of thing just because I feel like it does help me retain the information better*" – 13-15-year-old participant, Quebec/Atlantic), though some wished for a greater challenge: "*Yeah, it could have been a bit more challenging, especially like the first question because we just did like a game on that. So, I feel like that could have been a bit more challenging, but overall, I think it was just the right amount of easy*" (16-18-year-old participant, Ontario/Atlantic). The preference for true or false questions highlighted the need for simplicity and fun in learning assessments.

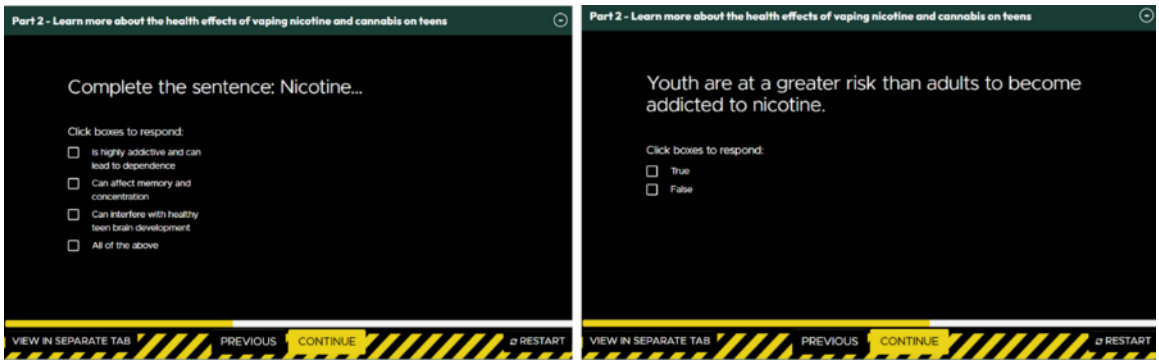
In the same way, educators also valued the quiz for its focus on nicotine and its potential harms, even in nicotine-free vaping products. They found interactive elements like clicking to be engaging for students, although some wording was suggested to be revised for clarity: "*I didn't mind these and I think it is a good way to, you know, reinforce your learning of what you must recall. And like you said about the clicking, I think it's true. It's giving them something to do and it's easy to understand. I like the content but yeah, the wording could be changed slightly too*" (Educator, British Columbia/Ontario/Manitoba/Saskatchewan). The educators' feedback underscores the importance of concise, clear, and interactive content in educational quizzes to enhance learning and retention.

4.3.2.2 Second quiz

Teenagers aged between 13-and-15 found the second quiz more challenging yet engaging, appreciating its ability to reinforce learning through reflection. Some found the questions to be more interesting and engaging than those in the first quiz, suggesting a positive impact on their retention of information: "*I really like that quiz. It was a little bit harder than the first one on part one but not hard enough that I was like, I could do it like use questions of stuff that I just learned*" (13-15-year-old participant, British Columbia/Manitoba/Saskatchewan).

Older teenagers appreciated the quiz for its interactivity and relevance to the module content, finding it an effective way to wrap up and retain information: "*I feel like the quiz was the best part of this module. I feel like it related to the actual content of it more than the game did or anything. And again, I feel like quizzes are a good way to wrap things up and just help retain information*" (16-18-year-old participant, Ontario/Atlantic). They preferred it over earlier games, noting its educational value and less juvenile approach.

Educators suggested making the quiz more challenging to ensure students are paying attention, recommending less obvious answers. They preferred a format that requires students to commit to an answer before seeing if it's correct and to enhance the educational impact and reinforce topics like memory and concentration related to nicotine use., "*I would prefer to be able to click and then click on something else and then submit my answer to see if I was right or wrong*" (Educator - British Columbia/Ontario/Manitoba/Saskatchewan).



Suggestions to improve quizzes and interactives games

To enhance the educational module on vaping, it's crucial to address feedback from all games and quizzes comprehensively. Incorporating the feedback received, some refined suggestions for enhancing the educational module include:

- Introducing complex critical thinking scenarios in games, like navigating peer pressure situations, can significantly enhance engagement.
- Clear, step-by-step instructions should be provided for each game, addressing specific objectives to eliminate user confusion.
- Diversifying quiz questions with formats such as drag-and-drop and fill-in-the-blanks will cater to various learning styles.
- Implementing accessibility features, like high-contrast modes and symbols for colorblind users, ensures inclusivity.

- Balancing educational content with entertainment through light-hearted, interactive elements can make learning more enjoyable.
- Offering detailed feedback after quiz questions, including explanations for correct and incorrect answers, will reinforce learning and improve retention.

These enhancements, grounded in concrete examples from user feedback, are designed to optimize the educational module, making it a more effective and memorable tool for educating young Canadians on the consequences of vaping.

4.4 Learning preferences and the use of the online module on vaping

Young participants expressed a preference for a mix of learning methods, appreciating both the interactive nature of games and quizzes as well as the informative value of videos or texts. They mentioned that they particularly enjoyed the engagement and fun offered by games and quizzes and they saw the videos as a preparatory tool before engaging in interactive activities. However, a few teenagers who have difficulty focusing and paying attention were less fond of videos.

Generally, teenagers preferred learning about topics like vaping through a self-led module. Most of them valued the autonomy and the comfort it offers. They also appreciated the ability to learn at their own pace: *"You can learn at your own pace, and you can stop and start whenever you want."* (16-18-year-old participant, Ontario/Atlantic). In addition, some participants added that the self-led module also reduces the awkwardness of direct interaction. However, some participants praised the benefit of having an instructor for immediate questions, clarification on complex topics and deeper discussions on the topic. A young participant suggested the possibility of having both self-led and guided elements to learn on the topic.

It is important to recall that the teenagers who were invited to visit and explore the self-led module on vaping were given an incentive, which suggests that otherwise they might not have done it voluntarily. Initially, almost all the educators indicated on the questionnaire that the self-led module could be effective in raising awareness of the risks of vaping. However, during the focus groups, they were more pessimistic about the effectiveness of the self-led module. They highlighted the challenge of motivating teenagers to independently seek out and engage with the content. They expressed concerns about relying solely on a self-led module: "*Qu'est-ce qui fait que ces jeunes-là voudraient aller regarder ces informations-là? […] 'Oh moi je vais aller sur le site du gouvernement pour chercher des informations sur le vapotage*'… *Non, ça n'arriverait pas*. […] *Ça prend quelqu'un qui leur en parle d'abord*" (*"What makes these young people want to go look at that information? […] 'Oh, I'm going to go on the government website to look for information on vaping'... No, that wouldn't happen. […] It takes someone who talks to them about it first."* – Educator, Quebec/Ontario). They stressed the importance of structured and mandatory educational settings. Thus, they suggested that an educator involvement is crucial for directing attention to these resources and ensuring comprehensive understanding.

When they answered the questionnaire, most of the educators indicated that they would be somewhat likely to recommend this module to a colleague or other educators. In addition, a vast

majority of them thought that this module is most well-suited to teenagers aged 13 to 15. During the focus groups, some educators shared that they would consider using or sharing this module with young people to educate them about the risks and harms associated with vaping. However, they mentioned that they would use it in workshops that target youth in schools or youth centers to raise awareness on this topic.

4.5 Effectiveness of the module in engaging younger audiences

During the discussions, many young participants mentioned that their view on vaping didn't change because they never wanted to vape or that they already had the knowledge about the negative effects of vaping. However, a lot of them mentioned that the module could raise awareness among people who are not well-informed about the financial or the health impacts of vaping. Some teenagers revealed that their view on vaping definitely changed after they learned about the risks involved: "*Après avoir lu toutes les conséquences du vapotage, puis les substances qui sont dedans, ça me donne l'impression de comment une petite chose peut vraiment changer ma vie. Et donc dans mon point de vue, moi ça me fait, ça me donne envie de pas fumer, à cause de toutes les conséquences que j'ai vues, les conséquences économiques, mentales et physiques, et aussi comment ça peut affecter mes amis et ma famille*." ("*After reading about all the consequences of vaping and the substances that are in it, I realized how a small thing can really change my life and how it could affect my friends and my family. It makes me want to not smoke because of all the economic, mental, and physical consequences I have seen"* – 13-15-year-old participant, Quebec/Atlantic).

Many teenagers were skeptical about the effectiveness of the module to persuade people who vape to rethink their vaping. They noted that many individuals who vape are already aware of the risks but still choose to overlook them: *"A lot of people do kind of already know some of this information and don't really care"* (16-18-year-old participant, Ontario/Atlantic). However, older teens indicated that the cost of vaping emerged as an innovative means of persuasion. They believed that the financial implications might be a relevant concern for the older teenagers: *"The cost of vaping is probably something new that they haven't been told before. I feel that a lot of people haven't thought about that. So I think having the comparisons of what you could use your money for is good and I think it could work for some people"* (16-18-year-old participant, Ontario/Atlantic). On the other hand, the younger teens were more likely to express intentions to share the module's insights on health risks with friends.

Appendix A–Detailed Research Methodology

A.1 Quantitative Methodology – wave 1 (RID and PPM marketing product validation)

Quantitative research was conducted through online surveys using Computer Aided Web Interviewing (CAWI) technology. As a CRIC Member, Leger adheres to the most stringent guidelines for quantitative research. The survey was conducted in accordance with the Government of Canada requirements for quantitative research, including the Standards of the Conduct of Government of Canada Public Opinion Research—Series D—Quantitative Research. Respondents were assured of the voluntary, confidential and anonymous nature of this research. As with all research conducted by Leger, all information that could allow for the identification of participants was removed from the data in accordance with the *Privacy Act*.

Sampling Procedures

Computer Aided Web Interviewing (CAWI)

Leger conducted a panel-based Internet survey with a sample of adult Canadians. A total of 661 respondents participated in the survey. The exact distribution is presented in the following section. Participant selection was done randomly from *Leo's* online panel.

Leger owns and operates an Internet panel of more than 400,000 Canadians from coast to coast. An Internet panel is made up of Web users profiled on different sociodemographic variables. The majority of Leger's panel members (61%) have been recruited randomly over the phone over the past decade, making it highly similar to the actual Canadian population on many demographic characteristics.

Since an Internet sample is non-probabilistic in nature, the margin of error does not apply.

Quality Control Measures

To make sure that online respondents answered the survey properly and seriously, Leger proposes two basic methods. The first one is to insert a simple validation question within the questionnaire, such as: "To ensure that your browser is downloading the content of this survey properly, please select the number four below". Respondents who do not choose the number four would then be automatically excluded from the survey. Our experience shows that including such a question reduces the likelihood that respondents do not read the questions. The filter question used varies from survey to survey so as not become too obvious to all respondents.

In addition to this simple filter, Leger also checks its survey completion times so that all questionnaires filled more than twice as fast as the median completion time are checked for internal consistency. If there are any indications that responses are following a "straight-lining" pattern or contain too many residual answers (don't know or refused), this respondent would be removed from the study. Any respondent that answered the survey in less than 30% of the median

completion time is automatically removed from the sample as such speeds are simply not achievable when reading questions properly.

Data Collection

Fieldwork for the survey was conducted from February 1st to February 14th, 2024. The participation rate for the survey was 9.45%. A pre-test of 46 interviews was completed between February 1st and 2nd, 2024. More specifically, 24 interviews were conducted in English and 22 were conducted in French. Survey interviews lasted 7 minutes and 29 seconds on average.

To achieve data reliability in all subgroups, a total sample of 661 Canadians aged 12-17 were surveyed in all regions of the country.

Table A1. Respondents per Region

Region	Number of respondents
British Columbia	60
Alberta	75
Prairies	45
Ontario	261
Quebec	180
Atlantic	40
Total	**661**

Since a sample drawn from an Internet panel is not probabilistic in nature, the margin of error cannot be calculated for this survey. Respondents for this survey were selected from those who volunteered to participate/registered to participate in online surveys. The results of such surveys cannot be described as statistically projectable to the target population. The data have been weighted to reflect the demographic composition of the target population. Because the sample is based on those who initially self-selected for participation, no estimates of sampling error can be calculated.

Based on the most recent data from Statistics Canada's 2021 national census, Leger weighted the results of this survey by age, gender and region.

Participation Rate for the Web Survey

The overall participation rate for this study is 9.45%.

Below is the calculation of the Web survey's participation rate. The participation rate is calculated by dividing the number of completed questionnaires by the number of invitations sent. The typical participation rates for Web-surveys are between 20% and 30%. A response rate of 9.45% may seem a bit low but given the limited amount of time for fieldwork, invitations had to be spread more widely in the panel to achieve the objectives, which has an impact on the participation rate.

Table A2. Participation Rate

Total email addresses used	
Invalid Cases	
-invitations mistakenly sent to people who did not qualify for the study	372
-incomplete or missing email addresses	-
Unresolved (U)	**6,367**
-email invitations bounce back	7
-email invitations unanswered	6,360
In-scope non-responding units (IS)	**61**
-respondent refusals	-
-language problem	-
-early breakoffs	61
Responding units (R)	**671**
-completed surveys disqualified—quota filled	127
-completed surveys disqualified for other reasons	10
-completed surveys	661
Participation rate/response rate = R ÷ (U + IS + R)	**9.45%**

Additional Socio-Demographic Analysis

A basic comparison of the unweighted and weighted sample sizes was conducted to identify any potential non-response bias that could be introduced by lower response rates among specific demographic subgroups (see tables below).

Unweighted and Weighted Samples

The table below presents the geographic distribution of respondents before and after weighting. There were almost no imbalances in geographical distribution in the unweighted sample. The weighting process has mainly adjusted some minor discrepancies.

Table A3. Unweighted and Weighted Sample Distribution by Province

Province/Territory	Unweighted	Weighted
British Columbia	60	80
Alberta	75	86
Prairies	45	51
Ontario	261	259
Quebec	180	148
Atlantic	40	37

The following tables present the demographic distribution of respondents according to gender, and age group. First, regarding gender, we can see that weighting has adjusted slightly the proportion of boys and girls.

Table A4. Unweighted and Weighted Sample Distribution by Gender

GENDER	Unweighted	Weighted
Boy	295	318
Girl	354	323
Non-binary / Another gender identity	10	17

Regarding age distribution, the weighting process has corrected some minor discrepancies.

Table A5. Unweighted and Weighted Sample Distribution by Age Group

AGE	Unweighted	Weighted
12-15	500	450
16-17	161	211

There is no evidence from the data that having achieved a different age or gender distribution prior to weighting would have significantly changed the results of this study. The relatively small weight factors (see the section below) and differences in responses between various subgroups suggest that data quality was not affected. The weight that was applied corrected the initial imbalance for data analysis purposes, and no further manipulations were necessary.

As with all research conducted by Leger, the contact information was kept entirely confidential and all information that could allow for the identification of participants was removed from the data in accordance with Canada's *Privacy Act*.

Note on testing for statistical differences

According to the normal distribution, a two-tailed test is always done between two proportions and based on the unweighted total columns. The test is performed by comparing a percentage with the percentage formed by the complement of the relevant category (e.g., of the male subgroup is the female subgroup; the complement of the 12-15 age subgroup is the 16-17 age subgroup). The test results (if they are significant at a confidence level of at least 95%) are mentioned in the table analysis.

In the report, when we indicate that a sub-group of the sample is "more likely" or "less likely", it means that the statistical testing returned a valid statistically significant difference between this subgroup and its complement, even if the percentage is low. Only relevant and statistically significant differences are mentioned.

Weighting Factors

Some subgroups are sometimes under or overrepresented in a sample compared to their actual distribution in the population. The weighting of a sample makes it possible to correct the differences that exist in the representation of the various subgroups of this sample compared to what is usually observed in the population under study. Therefore, the weighting factors are the weight given to each respondent corresponding to a subgroup of the sample.

The following tables present the weight accorded to each target of the sample.

Table A6. Weight by Gender, Age and Province/Territory

GENDER BY AGE BY PROVINCE/TERRITORY	WEIGHT
12-13 - British Columbia Male	2.19
14-15 - British Columbia Male	2.12
16-17 - British Columbia Male	1.83
12-13 - British Columbia Female	2.04
14-15 - British Columbia Female	1.97
16-17 – British Columbia Female	1.99
12-13 - Alberta Male	2.37
14-15 - Alberta Male	2.21
16-17 - Alberta Male	2.13
12-13 - Alberta Female	2.24
14-15 - Alberta Female	2.08
16-17 - Alberta Female	1.99
12-13 - Manitoba/Saskatchewan Male	1.38
14-15 - Manitoba/Saskatchewan Male	1.29
16-17 - Manitoba/Saskatchewan Male	1.26
12-13 - Manitoba/Saskatchewan Female	1.31
14-15 - Manitoba/Saskatchewan Female	1.22
16-17 – Manitoba/Saskatchewan Female	1.18
12-13 - Ontario Male	6.82
14-15 - Ontario Male	6.70
16-17 - Ontario Male	6.71
12-13 - Ontario Female	6.41
14-15 - Ontario Female	6.30
16-17 - Ontario Female	6.29
12-13 - Quebec Male	4.11
14-15 - Quebec Male	3.80
16-17 - Quebec Male	3.55

12-13 - Quebec Female	3.91
14-15 - Quebec Female	3.62
16-17 - Quebec Female	3.37
12-13 - Atlantic Male	1.06
14-15 - Atlantic Male	1.02
16-17 - Atlantic Male	0.61
12-13 - Atlantic Female	1.00
14-15 - Atlantic Female	0.95
16-17 - Atlantic Female	0.96

Table A7. Weight by Province/Territory

PROVINCE/TERRITORY	WEIGHT
British Columbia	12.14
Alberta	13.02
Saskatchewan	3.58
Manitoba	4.08
Ontario	39.23
Quebec	22.37
Newfoundland	0.86
New Brunswick	1.95
Nova Scotia	2.36
Prince Edward Island	0.43

A.2 Qualitative Methodology – wave 2 (RID and PPM marketing product validation)

Leger conducted a series of **eight virtual discussion group sessions** with French-speaking and English-speaking young Canadians (four groups of young Canadians aged between 12 and 15 and four groups of young Canadians aged 16-17 recruited from all the regions in Canada). Participants were recruited and assigned to virtual discussion groups by demographics of interest (e.g., young Canadians aged 12-15, young Canadians aged 16-17). Participants were recruited to represent a mix of demographics (age, region), including both English and French speakers, to ensure linguistic and cultural diversity within the sample.

Ten participants were recruited by our professional recruiters for each discussion group session. A total of 69 recruits participated in the virtual discussion groups (see Table below for details). All participants received an honorarium of $125.

All sessions allowed for remote viewing by Leger and Government of Canada observers. All groups were scheduled to be held on January 30th, 30th, and 31st, 2024.

Table 2. Details of the discussion sessions

Session Detail	Date	Recruits	Participants	Language
#1 (Youth 16-17, B.-C., Prairies or Territories)	January 29th, 2024	10	9	English
#2 (Youth 16-17, ON)	January 31st, 2024	10	8	English
#3 (Youth 16-17, Atlantic provinces)	January 30th, 2024	10	9	English
#4 (Youth 16-17, Quebec)	January 31st, 2024	10	7	French
#5 (Youth 12-15, B.-C., Prairies or Territories)	January 29th, 2024	10	10	English
#6 (Youth 12-15, ON)	January 31st, 2024	10	9	English
#7 (Youth 12-15, Atlantic provinces)	January 30th, 2024	10	9	English
#8 (Youth 12-15, Quebec)	January 31st, 2024	10	8	French

The virtual discussion group sessions lasted 1 hour and 30 minutes to ensure the contribution of every participant and were conducted by a moderator using the CMNTY online platform. The choice of platform helped to facilitate the moderation, ensure an optimal interface between moderator and participants, and enable interaction as the discussion unfolded. The online platform also allowed for remote viewing of each session by Leger, Health Canada and Public Health Agency of Canada observers.
The screening and discussion guides are available in Appendix C and D.

Recruitment was carried out by professional recruiters. The recruitment guide (available in the appendix C) ensured that the participants met the profiles sought for each session and that they were equipped to participate in an online discussion session. To do so, they had to confirm that they had a high-speed Internet connexion, a computer or laptop.

Moderation

All focus group sessions were moderated and supervised by a Leger researcher assisted by a research analyst. One researcher moderated the groups in French and one other moderated the groups in English. The discussion guide (available in appendix B) consisted of a semi-structured discussion guide. It allowed moderators to follow the thread of the discussion and ensured that an array of themes was covered while leaving sufficient room for the participants to express themselves and develop in detail their experiences, ideas, opinions and perceptions.

This qualitative portion of the research provides insight into the opinions of a population, rather than providing a measure in percent of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as directional only. No inference to the general population can be done with the results of this research.

Quality Control

Leger recruited participants with the help of CRC Research, our qualitative recruitment partner, using a hybrid method. First, an online screening was used followed by a final recruitment screening over the phone. The online recruitment enabled us to find many potential candidates that fit the recruitment criteria across all regions of Canada. Then, these potential candidates were contacted by phone by CRC's professional recruiters to confirm their eligibility and that they have access to a computer, a high-speed online connection as well as a webcam to participate in the online discussion session. After being adequately screened and recruited, participants (as well as observers) received detailed instructions from CRC Research on how to log in to the live session and other key information regarding the procedure itself.

The recruitment screener informed participants of all their rights under Canada's Privacy legislation and the Standards for the Conduct of Government of Canada Public Opinion Research. Specifically, their confidentiality was guaranteed, and that participation is voluntary.
After each group, a meeting was organized with the researchers in order to get the general outlines and trends.

Limitation

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable. Specific terms are used to

refer to the prevalence of opinions and responses among participants. Definitions are provided in the table below.

Term	**Meaning**
Few	Few is used when less than 10% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
A majority	A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous or almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

A.3 Qualitative Methodology – wave 3 (vaping module validation)

The third wave of the study was conducted in two steps: an online community including module exploration and short survey, followed by online focus groups to further discuss opinions towards the online module. The study was conducted with young individuals aged 13 to 18 years old, and educators. Educators were defined as those whose primary professional involvement centered around working with young Canadians, including roles such as teachers, counselors, psycho-educators, social workers, special education technicians, or student life coordinators.

During the first two days, participants **were invited to visit and explore the self-led online module on vaping**. They were then **required to answer around ten questions** about their experience, including closed-ended and open-ended questions. The results of the closed-ended and open-ended questions have been treated as qualitative data. Given the small number of participants, the results cannot be considered representative of the entire population of young people aged 13 to 18 years and educators. Thus, only general trends are reported. The analysis focus on the points of convergence and divergence between the results to the questions and the insights gathered during the focus groups.

Participants were recruited to represent a mix of demographics (age, region), including both English and French speakers, to ensure linguistic and cultural diversity within the sample.

Subsequently, Leger conducted a series of **six virtual discussion group sessions** with French-speaking and English-speaking young Canadians (two groups of young Canadians aged 13-15 and two groups for ages 16-18) and educators (two groups) recruited from all the regions in Canada. Educators were defined as those whose primary professional involvement centered around working with young Canadians, including roles such as teachers, counselors, psychoeducators, social workers, special education technicians, or student life coordinators. Participants were recruited and assigned to virtual discussion groups by demographics of interest (e.g., young adults, educators). Six participants were recruited by our professional recruiters for each discussion group session. A total of 26 recruits participated in the virtual discussion groups (see Table below for details). All participants received an honorarium of $125.

Table 3. Details of the discussion sessions

Session Detail	Date	Recruits	Participants	Language
#1 (Youth 16-18, ON, Atlantic provinces, English)	February 14th, 2024	6	3	English
#2 (Youth 13-15, BC, Prairies except AB, English)	February 14th, 2024	6	6	English
#3 (Youth 16-18, QC, ON, French)	February 14th, 2024	6	4	French
#4 (Youth 13-15, QC, Atlantic provinces, French)	February 14th, 2024	6	4	French
#5 (Educators, BC, ON, Prairies except AB)	February 15th, 2024	6	4	English

#6 (Educators, QC and ON)	February 15th, 2024	6	5	French

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

The screening and discussion guides are available in Appendix E and F.

The transcripts from these discussions were analyzed using thematic analysis to identify common themes and patterns in participants' responses. This involved coding the data for recurring topics, such as engagement with the content, perceptions of the module's educational value, and suggestions for improvement.

Recruitment was carried out by professional recruiters. The recruitment guide (available in appendix 2) ensured that the participants met the profiles sought for each session and that they were equipped to participate in an online discussion session. To do so, they had to confirm that they had a high-speed Internet connection, a computer, or a laptop.

Moderation

All focus group sessions were moderated and supervised by a senior Leger researcher, assisted by a research analyst. Health Canada and Public Health Agency of Canada employees were able to observe the discussion forum. The discussion guide (available in appendix 3) consisted of a semi-structured discussion guide. It allowed the moderator to follow the thread of the discussion and ensured that an array of themes was covered while leaving sufficient room for the participants to express themselves and develop in detail their experiences, ideas, opinions and perceptions.

The qualitative portion of the research provides insight into the opinions of a population, rather than providing a measure in percent of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as directional only. No inference to the general population can be done with the results of this research.

Quality Control

Leger recruited participants with the help of CRC Research, our qualitative recruitment partner, using a hybrid method. First, an online screening was used followed by a final recruitment screening over the phone. The online recruitment enabled us to find many potential candidates that fit the recruitment criteria across all regions of Canada. Then, these potential candidates were contacted by phone by CRC's professional recruiters to confirm their eligibility and that they have access to a computer, a high-speed online connection as well as a webcam to participate in the online discussion session. After being adequately screened and recruited, participants (as well

as observers) received detailed instructions from CRC Research on how to log in to the live session and other key information regarding the procedure itself.

The recruitment screener informed participants of all their rights under Canada's Privacy legislation and the Standards for the Conduct of Government of Canada Public Opinion Research. Specifically, their confidentiality was guaranteed, and that participation is voluntary.
After each group, a meeting was organized with the researchers in order to get the general outlines and trends.

Limitation

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. These results must not be used to estimate the numeric proportion or number of individuals in the population who hold a particular opinion because they are not statistically projectable. Specific terms are used to refer to the prevalence of opinions and responses among participants. Definitions are provided in the table below.

Term	**Meaning**
Few	Few is used when less than 10% of participants have responded with similar answers. The sentiment of the response was articulated by these participants but not by other participants.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
A majority	A majority is used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous or almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

Appendix B – SURVEY QUESTIONNAIRE

Wave 1 – Web survey with Canadian 12-17

SKIP PARENT CONSENT IF TARGETED PANELIST IS 16 and over

PARENTAL CONSENT

Would you prefer to continue in English or French?

Préférez-vous continuer en français ou en anglais?

- English / Anglais
- French / Français

Are you the parent of or legal guardian to a child aged 12-15 years who lives in your household?
Yes - Continue
No - Terminate

The following information is provided to inform you about the research. We would like your consent to invite your child aged 12 to 15 to participate in a research study conducted on behalf of Health Canada (HC) and the Public Health Agency of Canada (PHAC) by Leger Marketing (a public opinion firm). The objective of the study is to measure youths' attitudes, opinions, perceptions and behaviours related to PHAC messaging on respiratory infectious diseases and personal protective measures.

How does the online survey work?

- Your child is being asked to offer their opinions and experiences through an online survey.
- We anticipate that the survey will take 12 minutes to complete.
- Your child's participation in the survey is completely voluntary.
- Your child's responses are confidential and 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 allow your child to participate will not affect any dealings you may have with the Government of Canada.

Do you agree to have your child participate in this research? The survey will take about 12 minutes to complete.

- Yes
- No - **THANK AND TERMINATE**

Since privacy is important while respondents answer this survey, we request that your child be able to complete the survey in a setting where their answers will not be seen by others.

For more information about the privacy:

What about your child's personal information?

- *The personal information your child will provide to Health Canada is governed in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act in accordance with the Treasury Board Directive on Privacy Practices. We only collect the information we need to conduct the research project.*
- ***Purpose of collection:*** *We require your child's personal information such as demographic information to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will never be identified.*
- ***For more information:*** *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.*
- ***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 child's personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your child personal information has been handled improperly.*

The final report written by Leger Marketing will be available to the public from Library and Archives Canada (http://www.bac-lac.gc.ca) six months after the end of fieldwork.

If you have any questions about the survey, you may contact Leger Marketing at support@legeropinion.com.

When your child is ready to answer the survey, click on the following button to access the questionnaire.

Alternativement, pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

INTRODUCTION – SHOW ALL

Would you prefer to continue in English or French?

Préférez-vous continuer en français ou en anglais?

- English / Anglais
- French / Français

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 12 minutes to complete.

Background information

This research is being conducted by Léger Marketing, a Canadian public opinion research firm on behalf of the Government of Canada, more specifically Health Canada and the Public Health Agency of Canada on topics of interest to Canadians.

How does the online survey work?

You are being asked to offer your opinions and experiences through an online survey. We anticipate that the survey will take 12 minutes to complete. Your participation in the survey is completely voluntary. Your responses are confidential and 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.

You can read our Privacy Policy here: https://www.legeropinion.com/en/privacy-policy/.

If you wish to verify the authenticity of this survey, visit:

https://www.canadianresearchinsightscouncil.ca/rvs/home/?lang=en

The CRIC Research Verification Service project code is: 20240124-LE718

If you are experiencing technical issues while responding to the survey or have specific accessibility needs to participate in this research, please contact Leger's technical support team at support@legeropinion.com.

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

Section 1: Screening questions

PROV
In which province or territory do you currently live?
1-British Columbia
2- Alberta
3- Saskatchewan
4- Manitoba
5- Ontario
6- Quebec
7- New Brunswick
8- Nova Scotia
9- Prince Edward Island

10- Newfoundland and Labrador
11- Northwest Territories
12- Yukon
13- Nunavut

AGE
How old are you?

- Less than 12 years old - TERMINATE
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- Over 17 years old - TERMINATE

GDR
What is your gender identity?

1. Boy
2. Girl
3. Non-binary / Another gender identity
99. I prefer not to answer

** Gender refers to current gender which may be different from sex assigned at birth and may be different from what is indicated on legal documents.*

Section 2: Knowledge & Perceptions about RIDs and PPMs

ASK ALL
SIMPLE MENTION
Q1
Have you ever heard of the term "respiratory infectious diseases" (RIDs)?

1. Yes
2. No
3. I don't know

ASK IF Q1=YES
SIMPLE MENTION
Q2
How familiar would you say you are with respiratory infectious diseases (RIDs)?

1. Very familiar
2. Somewhat familiar
3. Somewhat unfamiliar
4. Very unfamiliar
5. I don’t know

ASK ALL
SIMPLE MENTION (TRUE OR FALSE)
CAROUSEL FOR EACH ITEM
Q3
True or false?

A. You can get a respiratory infectious disease by touching something that has germs on it and then touching your eyes, nose or mouth before cleaning your hands
B. The **only** way to get infected with a respiratory infectious disease is by physically touching someone who is infected.
C. Being in crowded places with lots of people can make it easier for germs to spread.
D. You can spread germs even if you don't feel sick yet.

1. True
2. False
3. I don’t know
4. I prefer not to answer

SHOW DEFINITION TO ALL
Respiratory infectious diseases (RIDs) are illnesses caused by germs (like viruses and bacteria) that can spread to an uninfected person from a person who is infected or from a contaminated object. This includes diseases such as COVID-19, the flu and common colds.

ASK ALL
SIMPLE MENTION
Q4A
How worried are you about getting a respiratory infectious disease?

1. Very worried
2. Worried
3. Not really worried
4. Not worried at all

5. I don’t know
6. I prefer not to answer

ASK ALL
SIMPLE MENTION
Q4B
How worried are you about spreading a respiratory infectious disease?

1. Very worried
2. Worried
3. Not really worried
4. Not worried at all
5. I don’t know
6. I prefer not to answer

ASK ALL
SIMPLE MENTION
Q5
Have you ever heard of the term “personal protective measures” (PPMs)?

1. Yes
2. No
3. I don’t remember

ASK IF Q5=YES
SIMPLE MENTION
Q6
How familiar would you say you are with “personal protective measures” (PPMs)?

1. Very familiar
2. Somewhat familiar
3. Somewhat unfamiliar
4. Very unfamiliar
5. I don’t know

ASK ALL
SIMPLE MENTION (TRUE OR FALSE)
CAROUSEL FOR EACH ITEM
Q7
True or false?

A. Wearing a mask is **only** necessary when you're sick.
B. You should wash your hands with soap and water for at least 20 seconds or use hand sanitizer containing at least 60% alcohol to get rid of germs effectively.
C. Staying away from people who are sick is a good way to avoid getting infected.
D. Covering your mouth and nose when you cough or sneeze **does not** help to prevent the spread of germs.
E. Using PPMs is **only** necessary during cold/flu season.
F. You don't need to use PPMs if you're hanging out with your family, even if some of them are feeling sick.

1. True
2. False
3. I don’t know
4. I prefer not to answer

SHOW DEFINITION

"Personal protective measures, or PPMs, are **actions** you can take to lower your chances of getting or spreading a respiratory infectious disease. PPMs work by breaking the chain of infection. This means stopping viruses and bacteria from spreading to an uninfected person through contaminated objects or a person who is infected. For example, PPMs can include staying at home when sick, wearing a mask when appropriate, cleaning hands regularly, cleaning and disinfecting high-touch surfaces and objects, etc.".

ASK ALL

SIMPLE MENTION GRID
CAROUSEL FOR THE ITEM LIST
Q8
In your opinion, how much do you think the following measures (PPMs) help reduce the spread of respiratory infectious diseases (RIDs)?

A. Staying at home when sick
B. Cleaning and disinfecting high-touch surfaces and objects (for example, phones, doorknobs, tables, faucets)
C. Wearing a mask or respirator when in certain situations and settings (for example, when you’re in public indoor settings during the fall and winter, like a grocery store or mall)
D. Covering your coughs and sneezes with your elbow or a tissue
E. Cleaning your hands regularly

F. Improving indoor ventilation (for example, opening windows and doors when possible)
G. Getting vaccinated (COVID-19, seasonal flu)

1. Helps a lot
2. Helps a little
3. Doesn't help much
4. Doesn't help at all
5. I don’t know
6. I prefer not to answer

ASK ALL
SIMPLE MENTION
Q9a
Do you use PPMs as part of your regular routine?

1. Yes
2. No
3. I don’t know

ASK ALL
MULTIPLE MENTION
Q9b
In the past month, which of the measures on the list have you used?

Please select all that apply

1. Stay at home when sick
2. Clean and disinfect high-touch surfaces
3. Wear a mask or respirator when appropriate
4. Cover your coughs and sneezes
5. Clean your hands regularly
6. Improve indoor ventilation
7. None of the above
8. I prefer not to answer

ASK ALL
SINGLE MENTION
Q9C
In the past year, have you been vaccinated for COVID-19 or the seasonal flu?

1. Yes
2. No
3. I don't know

Section 3: Marketing Products

NOTE FOR PROGRAMMING: RANDOMIZE ORDER OF THE FOLLOWING SECTIONS

1) SOCIAL MEDIA POSTS D + Q10A-B; AND 2) IMAGE C + Q11A-B

SHOW SOCIAL MEDIA POSTS D – HELP REDUCE THE SPREAD OF RESPIRATORY VIRUSES

Q10A
ASK ALL
SIMPLE MENTION
Using the scale below, please rate these social media posts.

1. Strongly Dislike
2. Dislike
3. Like
4. Strongly Like
5. I don’t know
6. I prefer not to answer

Q10B
ASK ALL
Do you agree or disagree with the following statements about the social media posts you have just seen?
These social media posts...

A. ...caught my attention
B. ...are credible
C. ...are easy to understand
D. ...stand out from other ads I'm used to seeing
E. … have taught me something new
F. ...might encourage me to use personal protective measures

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
5. I don’t know

6. I prefer not to answer

SHOW IMAGE C – BREAK THE CHAIN INFOGRAPHIC

Q11A
ASK ALL
SIMPLE MENTION
Using the scale below, please rate this infographic.

1. Strongly Dislike
2. Dislike
3. Like
4. Strongly Like
5. I don't know
6. I prefer not to answer

Q11B
ASK ALL
Do you agree or disagree with the following statements about the infographic you have just seen?
This infographic...

A. ...caught my attention
B. ...is credible
C. ...is easy to understand
D. ...stands out from other infographics I'm used to seeing
E. … has taught me something new
F. ...might encourage me to use personal protective measures

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
5. I don't know
6. I prefer not to answer

Section 4: Influences on PPM use

ASK ALL
SIMPLE MENTION GRID
Q12
Do you agree or disagree with the following statements?

A. Personal protective measures (PPMs) help protect me from respiratory infectious diseases (RIDs)
B. Personal protective measures (PPMs) help protect other people from respiratory infectious diseases (RIDs)
C. I think it is important to use personal protective measures (PPMs) to help reduce the spread of respiratory infectious diseases (RIDs)

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
5. I don't know
6. I prefer not to answer

ASK ALL
MULTIPLE MENTIONS
Q13
Who encourages you to use personal protective measures?

Select all that apply

1. Family members
2. Friends
3. Teachers
4. Doctors and other health professionals
5. Media personalities
6. Social media influencers
7. Celebrities
8. Other
9. None of the above
10. I prefer not to answer

ASK IF Q13=1-8 AND MORE THAN 1 ANSWER SELECTED
SIMPLE MENTION – BASED ON CHOICES AT Q15
Q14
Who has the most influence on your decision to use these personal protective measures?

11. Family members
12. Friends
13. Teachers
14. Doctors and other health professionals
15. Media personalities
16. Social media influencers
17. Celebrities
18. Other
19. None of the above
20. I prefer not to answer

ASK ALL
SIMPLE MENTION
Q15
Do you appreciate reminders to use personal protective measures, like wearing masks or washing hands?

1. Yes, reminders are helpful!
2. No, I prefer to remember on my own.
3. I prefer not to answer

Section 5: Socio-Demo

SCOLA
Which of the following categories best describes your current situation?

SELECT ONE ONLY

- a student attending school full-time **[NOTE PROGRAM: ALWAYS SHOW FIRST]**
- I am not a student anymore.
- I prefer not to answer.

OCCUP
Do you have an occupation?

- Yes, I am working full-time.
- Yes, I am working part-time.
- No, I am not working.
- I prefer not to answer.

IMMI1
Where were you born?

- born in Canada
- born outside Canada
    - ➥ Specify the country:

IMMI2

In what year did you first move to Canada?

☐

YYYY

ADMISSIBLE RANGE: 2001-2019

MINO

Do you identify as…[select all that apply]

Your answers will not be shared with anybody.

- An Indigenous person (First Nation, Métis or Inuit)?
- A member of a visible ethno-cultural group?
- Part of the LGBTQ2 community?
- None of the above
- Prefer not to answer.

LANGU

What is the language you first learned at home as a child and still understand?

SELECT UP TO TWO

- English
- French
- Other language, specify _____

THANKS AND TERMINATE.

Appendix C – SCREENING GUIDE – FOCUS GROUPS

CONSENT FORM – ONLY FOR PARENTS OF CHILDREN UNDER 16 YEARS OF AGE.

The following information is provided to inform you about the research. We would like your consent to invite your child aged 12 to 15 to participate in a research study conducted on behalf of Health Canada and the Public Health Agency of Canada.

Who is conducting this research?
The research is being conducted by Leger Marketing (a public opinion firm) on behalf of Health Canada (HC) and the Public Health Agency of Canada (PHAC).

What is Health Canada?
Health Canada is the department of the Government of Canada responsible for national health policy. For more information about Health Canada, please visit: https://www.canada.ca/en/health-canada.html

What is the Public Health Agency of Canada?
The Public Health Agency of Canada is part of the federal health portfolio. Its activities focus on preventing disease and injuries, responding to public health threats, promoting good physical and mental health, and providing information to support informed decision making. For more information about PHAC, please visit: https://www.canada.ca/en/public-health.html

What is the purpose of the research?
Leger is organizing a series of focus groups with young Canadians aged 12 to 15. The purpose of this research is to gather information and opinions of young Canadians on different campaigns (on public health measures and personal protective measures for respiratory infectious diseases).

Specifically, the goal is to determine if the content of the marketing campaign is understood; credible, relevant and of value; appealing and appropriate; memorable; and able to motivate the audience(s) to take intended action(s).

Who can participate?
The research is open to young Canadians aged 12 to 15, who reside in Canada and who can express themselves in English or French.

How long will it take to participate in the focus groups?
Each focus groups will take approximately **90 minutes**.

What will happen to the information I provide?
The participation in this project is voluntary. The focus groups will be housed on a secure server located in Canada. All information collected during this research will remain confidential. Only the information and consent form will contain personal details (name, contact information, etc.). It will be stored on Leger's secure servers. No identifying information will be linked to the records or data derived from participation in focus groups. The data will be anonymized, making it impossible to connect study data to a specific participant.

Publicly, the data collected by the focus groups will be reported as group results only, and personal information will not be identifiable in any reports that Leger produces.

Voluntary Participation and Right to Withdraw

Participation in this project is entirely voluntary, and you may withdraw at any time with a simple verbal notice without having to justify your decision, with no consequences for you.

However, once the analyses have been conducted, we will not be able to delete the transcriptions and the data derived from them. Since the data from the focus groups have been anonymized, it is impossible to link them to a participant. Therefore, we cannot delete your data if you choose to withdraw from the project because we will not know which data corresponds to your statements.

What are the risks of the study?
There is no direct or indirect risk to you or your child in participating in this study.

Benefits
Canadian youth and young adults will be more likely to make informed decisions about their health because the marketing products developed by Health Canada and PHAC will be more relevant and engaging to them. Arming youth and young adults with the information they need to make health-related decisions allows them to adopt healthier lifestyle habits that will remain with them throughout their lives.

Who can I contact about the research?
If you have any concerns about the research or how it is being conducted, please email *cpab por-rop_dgcap@hc-sc.gc.ca*. You can also request a copy of the information provided about the study.

How do I participate?
If you understand the information above and wish to complete the research survey, please indicate your consent to participate by clicking the button below.
If you consent to your child's participation in this research, please indicate your consent below.

I consent to my child's participation in research

No, I do not consent to my child's participation in this research.

B) Child Consent to Participate in the Project

Declaration

• As I am a minor, my parents authorize me to participate in such a focus group.
• I understand that I can take my time to reflect before giving my consent to participate in the project or not.
• I can ask questions to the project team.

• I understand that by participating in this project, I do not waive any of my rights.
• I am aware of the study's objective and agree to participate in a focus group.

Participant's Signature: _____

Date: _____

Name: _____

First Name: _____

Parent's Signature: _____ Date: _____

Name: _____

First Name: _____

Project Coordinator's Commitment

I have explained to the participant the conditions of participation in the project. I have answered to the best of my knowledge any questions asked and ensured the participant's understanding. I commit, along with the firm responsible for the focus groups, to abide by what has been agreed upon in this information form.

Name: _____

First Name: _____

Recruiter's Signature: _____ Date: _____

SCREENER GUIDE

PROJECT DESCRIPTION

The groups will be held online via CMNTY.
8 groups in total: two group in French (2) with French speakers (Quebec) and six (6) groups in English (all provinces)
Note: residents of Quebec province might be overrepresented in the French groups.
The objective is to have 8 participants per focus group (recruit 10 per group).

	DATE / TIME	PARTICIPANTS
GROUP 1 8 participants	JANUARY 29TH 7H30PM (PST) 10H30PM (EST)	**Groups with youth (English)** • *Canadians aged 16-17* • *A good mix of: Gender, place of residence (rural/urban)* • *British Columbia, Prairies and Territories* • *Language spoken: English*
GROUP 2 8 participants	JANUARY 31ST 7H00 PM (EST)	**Groups with youth (English)** • *Canadians aged 16-17* • *A good mix of: Gender, place of residence (rural/urban)* • *Ontario* • *Language spoken: English*
GROUP 3 8 participants	JANUARY 30TH 7H00 PM (AST) 6H00 PM (EST)	**Groups with youth (English)** • *Canadians aged 16-17* • *A good mix of: Gender, place of residence (rural/urban)* • *Atlantic* • *Language spoken: English*
GROUP 4 8 participants	JAUARY 31ST 7H00 PM (EST)	**Groups with youth (French)** • *Canadians aged 16-17* • *A good mix of: Gender, place of residence (rural/urban)* • *Quebec* • *Language spoken: French* •
GROUP 5 8 participants	JAUARY 29TH 5H30PM (PST) 8H30PM (EST)	**Groups with youth (English)** • *Canadians aged 12-15* • *A good mix of: Gender, place of residence (rural/urban)* • *British Columbia, Prairies and Territories*

		• *Language spoken: English*
GROUP 6 8 participants	JANUARY 31ST 5H00 PM (EST)	**Groups with youth (English)** • *Canadians aged 12-15* • *A good mix of: Gender, place of residence (rural/urban)* • *Ontario* • *Language spoken: English*
GROUP 7 8 participants	JANUARY 30TH 5H00 PM (AST) 4H00 PM (EST)	**Groups with youth (English)** • *Canadians aged 12-15* • *A good mix of: Gender, place of residence (rural/urban)* • *Atlantic* • *Language spoken: English*
GROUP 8 8 participants	JANUARY 31ST 5H00 PM (EST)	**Groups with youth (French)** • *Canadians aged 12-15* • *A good mix of: Gender, place of residence (rural/urban)* • *Quebec* • *Language spoken: French*

For each participant, collect the following information:

Participant name:	
Phone number at home:	
Cell phone:	
Email address:	
Recruitment date:	Recruiter :
Group #:	Confirmation (date):

INTRODUCTION

MUST BE COMPLETED BY THE CHILD 12-15 FOR GROUPS 5-6-7-8- WITH THE HELP OF THE PARENT.

Hello/Bonjour, I'm _____ of Leger, a marketing research company. We are organizing a research project on behalf of Health Canada and the Public Health Agency of Canada. The research's objective is to collect opinions from young Canadians aged 12 to 17 on Marketing products (campaigns) developed by Health Canada and the Public Health Agency of Canada.

We are now preparing to hold a few research sessions with young people like yourself. Participation is completely voluntary. We are interested in your opinions. The format is an "online" discussion led by a research professional with up to ten participants. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy. You don't need to be an expert to participate. We don't have anything to sell and we don't advertise and it's not an opinion poll on current events or politics. We are organizing several of these discussions. We would be interested in possibly having you participate.

Your participation is voluntary. All information collected, used and/or disclosed will be used for research purposes only and the research is entirely confidential. We are also committed to protecting the privacy of all participants. The names of the participants will not be provided to any third party. May I continue?

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the Privacy Act, the legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation.]

The focus group would take place online on the (**INSERT DATE/TIME**) and will be a maximum of **90 minutes**. You will be compensated **$125** for your time.

I repeat that participation is entirely voluntary, and all information you provide is completely confidential. The full names of participants will not be provided to any third party.

A1. **Are you interested in participating?**

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

I would now like to ask you a few questions to see if you meet our eligibility criteria to participate.

When you conclude, say: Thank you for your cooperation. We have already reached the number of participants with a profile similar to yours. Therefore, we cannot invite you to participate.

A2. The group discussions we are organizing are going to be held **over the Internet**. They are going to be "online focus groups". Participants will need to have **a computer**, a **high-speed Internet connection,** and a **WebCam** in order to participate in the group. Would you be able to participate under these conditions?

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

PROFILING

INTRO1.
Do anyone in your immediate family work or have you ever worked in ...?

Marketing Research	1 **THANK AND CONCLUDE**
Marketing and Advertising	2 **THANK AND CONCLUDE**
Public relations, communications	3 **THANK AND CONCLUDE**
Media (newspapers, television, radio, etc.)	4 **THANK AND CONCLUDE**
Telecommunications	5 **THANK AND CONCLUDE**
None of the above	9

Gender
How do you identify?

Boy	1
Girl	2
Non-binary / another gender identity	3

Gender: Ensure a good mix during the recruitment, no minimum quota on Non-binary / another gender identity

IMM1
Were you born in Canada?

Yes	1
No	2

ETHN
What is your ethnic origin?

White / Caucasian	1
First Nations / Metis / Inuk (Inuit)	2
South Asian (Indian, Bangladeshi, Pakistani, Sri Lankan, etc.)	3
Chinese	4
Black (African, African-American, etc.)	5
Filipino	6
Arabic (Middle East, North Africa)	7

Latin American (Mexican, Chilean, Costa Rican, etc.)	8
Southeast Asian (Vietnamese, Cambodian, Malaysian, etc.)	9
West Asian (Iranian, Afghan, etc.)	10
Korean	11
Japanese	12
Other	13
I prefer not to answer	99

Ensure some non-White / Caucasian and during the recruitment for the groups.

AGE
What age category do you fall into?

Under 12	1 **THANK AND CONCLUDE**
12	2
13	3
14	4
15	5
16	6
17	7
18 and over	8 **THANK AND CONCLUDE**

Age: Ensure a good mix of age during the recruitment

Language
Which of French or English that you understand and express best?

INT: If respondent mentions a language other than French or English, determine which language they are most familiar with between French and English.

French	1
English	2

Province
In which province or territory do you live?

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

Province: Ensure a good mix in English groups. Quebec may be overrepresented in French groups, but include French speaking participants from other provinces if possible.

AREA
What type of community do you live in?

Urban	**1**
Suburban	**2**
Rural	**3**

Ensure a good mix of community sizes

PSPC POR1
Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1
No	2 **GO TO PSPC POR2**

PSPC POR2
When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1 **THANK AND CONCLUDE**
Over 6 months ago	2

PSPC POR 3
Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?
RECORD: _____ **THANK/TERMINATE IF RELATED TO HEALTH OR PUBLIC HEALTH**

PSPC POR4
How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5	1
Five or more	2 **THANK AND CONCLUDE**

By participating in this focus group, you will be asked to discuss with other participants and share your opinion on different marketing campaign material made by Health Canada and the Public Health Agency of Canada. Please note that you do not need to be an expert to participate. You may also be asked to read during the meeting.

How comfortable do you feel in such an environment?

Read the answer choices.

Very comfortable	1
Somewhat comfortable	2
Not very comfortable	3 **THANK AND CONCLUDE**
Not at all comfortable	4 **THANK AND CONCLUDE**

INVITATION

Thank you. We'd like to invite you to participate in this focus group.

We are thrilled to have you as one of our participants in this study; your profile perfectly fits the target respondent we are looking for. We would like to invite you to participate in an online focus group that will be facilitated by an experienced professional moderator and will last approximately 90 minutes. The session will take place at [XX], on____XX____ (date/time) __XX__.

For your participation, you will receive a financial incentive of $125.

Please note that the session will be recorded. Your interview may also be observed by people who are directly working on the research study.

Just a quick reminder that the groups of discussion are going to be held over the Internet. They are going to be "online focus groups". You will need a computer, a high-speed Internet connection, and a WebCam in order to participate in the group.

Appendix D – DISCUSSION GUIDE – FOCUS GROUPS

BLOC 1	**Introduction and explanation**
Length	**10 MINUTES**

WELCOME AND PRESENTATION
- Reception of participants
- Introduction of the moderator
- Presentation of Leger

PRIMARY AIM
- The research is being conducted by Léger Marketing on behalf of Health Canada and the Public Health Agency of Canada. The objective of the meeting is to gather the views of young people like you on materials produced by Health Canada and the Public Health Agency, (for example, videos, social media messages and images (such as infographics)) that provide information on measures that you can use to reduce your risk of getting or spreading a respiratory infectious disease.

RULES OF DISCUSSION
- Dynamics of the discussion (duration, discussion, round table)
- No wrong answers
- Importance of giving personal, spontaneous and honest opinions
- Importance of reacting respectfully to the opinions of others
- Importance of speaking one person at a time

PRESENTATION OF THE GROUP ROOM
- Audio and video recording for subsequent analysis
- Presence of observers from HC and PHAC
- Presence of analyst to take notes

RESULTS CONFIDENTIALITY
- The discussions we will have this evening will remain confidential at all times.
- Your name will never be mentioned in the report
- Information collected for study purposes only

Do you have any questions before we get started?

INTRODUCTION OF PARTICIPANTS
- What's your first name?
- Your place of residence (in what city you live in)?

BLOC 2	**WARM UP – TERMS KNOWLEDGE AND UNDERSTANDING**
LENGTH	**10 MINUTES**

To start our conversion, I would like to ask you…

Have you ever heard of the term **Respiratory Infectious Diseases (or RIDs)**? Please raise your hand if you have.

Those who have never heard of that term, what do you think it means? What definition would you give that term if you had to guess?

PROBE: what makes you say that?

And now those who have heard of the term before, how would you define it in your own words? What is your understanding of the term?

PROBE: Do you remember where you have heard of that term? *(If needed probe: school, family, friends, social media, TV, etc.)*

SHOW DEFINITION ON SCREEN

Respiratory infectious diseases (RIDs) are illnesses caused by germs (like viruses and bacteria) that can spread to an uninfected person from a person who is infected or from a contaminated object. This includes diseases such as COVID-19, the flu and common colds.

Do you ever feel worried about getting an RID? Why or why not? What about spreading? Why or why not?

How about the term **Personal Protective Measures (PPMs)**. Have you ever heard that term before today? Please raise your hand if you have.

Those who have never heard of that term, what do you think it means? What definition would you give that term if you had to guess?

PROBE: what makes you say that?

And now those who have heard of the term before, how would you define it in your own words? What is your understanding of the term?

PROBE: Do you remember where you have heard of that term? *(If needed probe: school, family, friends, social media, TV, etc.)*

SHOW DEFINITION ON SCREEN

*Personal protective measures, or PPMs, are **actions** you can take to lower your chances of getting or spreading a respiratory infectious disease. PPMs work by breaking the chain of infection. This means stopping viruses and bacteria from spreading to an uninfected person through contaminated objects or a person who is infected. For example, PPMs can include staying at home when sick, cleaning and disinfecting high-touch surfaces, wearing a mask when appropriate, cleaning hands regularly, etc. PPMs help protect you and others from RIDs.*

Do you think PPMs help protect you from RIDs? If so, which ones?

Do you think PPMs help protect other people from RIDs? If so, which ones?

Do you think it's important to use PPMs to reduce the spread of RIDs? If so, why or why not?

Do you use PPMs as part of your every day routine? Have you used any in the past month? If so, which ones?

BLOC 3	**MARKETING PRODUCTS VALIDATION**
LENGTH	**50 MINUTES**

I will now present you with different videos, social media posts and infographics that you might have seen (or not) on social media, in advertisements, online etc. regarding different topics related to personal protective measures and respiratory infectious diseases. After each ad, we will talk about what you think.

Group	Order of presentation
1	Video 1 – The Rhythm 15s Video 2 – Reminder 15s Repiquage Social Media Posts – Help reduce the spread of respiratory viruses Infographic 2 – Break the Chain
2	Video 2 - Reminder 15s Repiquage Video 1 - The Rhythm 15s Social Media Posts - Help reduce the spread of respiratory viruses Infographic 2 - Break the Chain
3	Video 1 - The Rhythm 15s Video 2 - Reminder 15s Repiquage Infographic 2 – Break the Chain Social Media Posts - Help reduce the spread of respiratory viruses

4	Video 2 - Reminder 15s Repiquage Video 1 - The Rhythm 15s Infographic 2 - Break the Chain Social Media Posts - Help reduce the spread of respiratory viruses
5	Social Media Posts - Help reduce the spread of respiratory viruses Infographic 2 – Break the Chain Video 1 - The Rhythm 15s Video 2 - Reminder 15s Repiquage
6	Infographic 2 – Break the Chain Social Media Posts - Help reduce the spread of respiratory viruses Video 1 - The Rhythm 15s Video 2 - Reminder 15s Repiquage
7	Social Media Posts - Help reduce the spread of respiratory viruses Infographic 2 – Break the Chain Video 2 - Reminder 15s Repiquage Video 1 - The Rhythm 15s
8	Infographic 2 – Break the Chain Social Media Posts - Help reduce the spread of respiratory viruses Video 2 - Reminder 15s Repiquage Video 1 - The Rhythm 15s

AFTER EACH MARKETING PRODUCTS ASK THE FOLLOWING QUESTIONS

Have you seen this video/social media post/infographic before? If so, where did you see it (for example, TV, online, social media)?

Did you like or dislike what you just saw and read? Why would you say that?

What did you like about it (this video, this social media post, this infographic)? What didn't you like about it?

Does it stand out from other advertising or messages you are used to seeing? Was it credible/trustworthy/reliable?

Did you learn anything new by watching or reading this? If so, what is it?

Was it easy to understand the information being presented? What in particular did you find easy to understand? What information was difficult to understand?

What do you think about the length/amount of recommendations (for example, were they too long or too many)? Were there any key recommendations that stood out to you? Which ones?

Would this kind of ad encourage you to use personal protective measures? In what way? How?

How would you improve the presentation of this video/infographic/message? What would you do differently to improve it?

Would you change the words used? The amount of text? The visuals (for example, the images/illustrations)? The music? The voice over? The tone (for example, serious or funny)? What format (for example, video, image, text, audio, combination of formats, etc.)? Anything else you would change?

ASK AFTER THE MARKETING PRODUCTS SECTION

Does anyone encourage you to use personal protective measures, like your family or friends? Who has the most influence on your decision to use personal protective measures?

Do you encourage friends and family to use personal protective measures? Why do you or why don't you do it?

Is there anything else that could encourage or motivate you to do these actions?

How does it make you feel to hear reminders about using personal protective measures? Do you find reminders more useful during certain times for year (for example, before starting school, during cold/flu season, before holidays when large gatherings typically occur)?

BLOC 4	**INFORMATION SOURCES**
LENGTH	**15MINUTES**

When you think about your daily routine, what sources do you consult or look at?

- Is it TV? If so, which channel or streaming service?
- Is it social media? Which ones (YouTube, TikTok, Snapchat, Instagram, X, others)?
- Is it apps or websites that are not social media ones? Which ones?
- Do you listen to podcasts?

If you were looking for health information, where would you go? What source would you trust?

When you think about the videos, infographic and post I showed you earlier in the meeting, where would you like to receive this information about personal protective measures?

PROBE FOR IF NOT MENTIONED SPONTANEOUSLY:

- On social media
- Anywhere in your school
- Anywhere in your community
- Shopping centers
- Parks and recreational areas
- On apps, if so, which ones?
- Youth clubs or community centers
- At sports events and sport centers
- Movie theaters
- Gaming centers or arcades
- Music concerts or events

In what format would you like to receive information about personal protective measures?

PROBE FOR IF NOT MENTIONED SPONTANEOUSLY:

- Text on social media platforms
- Short video clips for example, 30 seconds or less
- Long video clips for example, 30 seconds or more
- Radio advertisements
- Advertisements on Youtube and/or social media platforms (e.g., Tik Tok, Instagram, other)
- Visual posters
- Other format? If so, which ones?

BLOC 5	**CONCLUSION**
DURÉE	**5 MINUTES**

Do you have any final comments you would like to add on the topics we just discussed?

THANK YOU VERY MUCH FOR YOUR PRECIOUS COLLABORATION!
CONCLUDE AND END THE MEETING.

Appendix E – SCREENER – ONLINE COMMUNITIES

CONSENT FORM – ONLY FOR PARENTS OF CHILDREN UNDER 16 YEARS OF AGE.

The following information is provided to inform you about the research. We would like your consent to invite your child aged 13 to 15 to participate in a research study conducted on behalf of Health Canada and the Public Health Agency of Canada.

Who is conducting this research?
The research is being conducted by Leger Marketing (a public opinion firm) on behalf of Health Canada (HC..

What is Health Canada?
Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health. One of Health Canada's core roles is to be an information provider to ensure that Canadians are informed of and protected from health risks associated with food, products, substances and environments. For more information about Health Canada, please visit: https://www.canada.ca/en/health-canada.html

What is the purpose of the research?
Leger is organizing a series of focus groups with young Canadians aged 13 to 15. The purpose of this research is to gather information and opinions, as well as to obtain feedback from young Canadians on an online self-led module about vaping and its effects on health.

Specifically, the goal is to determine if the content of the vaping module is understood; credible, perceived as relevant and providing value; appealing and appropriate; memorable; and whether or not it motivates the intended audience(s) to take intended action(s).

Who can participate?
The research is open to young Canadians aged 13 to 15, who reside in Canada and who can express themselves in English or French.

How long will it take to participate in this project?
The total duration is about 2 hours spread over a few days. Here are the activities:

1) During the first few days (Monday-Tuesday), participants will be invited to go online to consult and familiarize themselves with the self-led module on vaping. They will then be asked to answer a few content-related survey questions. This should take about 1 hour in total.
2) On the last day (Wednesday), participants will be invited to take part in a discussion with other young people (around 4 people) to discuss the module in greater depth. This focus group should take about 1 hour, in total.

The study will be managed by a public opinion researcher from Léger.

What will happen to the information my child provides?
Participation in this project is voluntary. The online activities and the focus groups will be hosted on a secure server located in Canada. All information collected during this research will remain

confidential. Only the information and consent form—to be stored on Leger's secure servers -- will contain personal details (name, contact information, etc.). No identifying information will be linked to the records or data derived from participation in focus groups. The data will be anonymized, making it impossible to connect study data to a specific participant.

Publicly, the data collected by the focus groups will be reported as group results only, and personal information will not be identifiable in any reports that Leger produces.

Voluntary Participation and Right to Withdraw

Participation in this project is entirely voluntary, and your child may withdraw at any time with a simple verbal notice without having to justify your decision, with no consequences for your child.

However, once the analyses have been conducted, we will not be able to delete the transcriptions and the data derived from them. Since the data from survey questions and focus groups have been anonymized, it is impossible to link them to a participant. Therefore, we cannot delete your child's data if your child choose to withdraw from the project because we will not know which data corresponds to your statements.

What are the risks of the study?
There is no direct or indirect risk to you or your child in participating in this study.

Benefits
Canadian youth and young adults will be more likely to make informed decisions about their health because the marketing products developed by Health Canada will be more relevant and engaging to them. Arming youth and young adults with the information they need to make health-related decisions allows them to adopt healthier lifestyle habits that will remain with them throughout their lives.

Who can I contact about the research?
If you have any concerns about the research or how it is being conducted, please email *cpab por-rop_dgcap@hc-sc.gc.ca*. You can also request a copy of the information provided about the study.

How do I participate?
If you understand the information above and wish to participate in this research, please indicate your consent by clicking the button below.
If you consent to your child's participation in this research, please indicate your consent below.

I consent to my child's participation in research.

No, I do not consent to my child's participation in this research.

B) Child Consent to Participate in the Project

Declaration

• As I am a minor, my parents authorize me to participate in such a research activities and focus group.
• I understand that I can take my time to reflect before giving my consent to participate in the project or not.
• I can ask questions to the project team.
• I understand that by participating in this project, I do not waive any of my rights.
• I am aware of the study's objective and agree to participate in a focus group.

Participant's Signature:_____ Date: _____

Name:_____

First Name: _____

Parent's Signature:_____ Date: _____

Name:_____

First Name: _____

Project Coordinator's Commitment

I have explained to the participant the conditions of participation in the project. I have answered to the best of my knowledge any questions asked and ensured the participant's understanding. I commit, along with the firm responsible for the focus groups, to abide by what has been agreed upon in this information form.

Name: _____

First Name: _____

Recruiter's Signature: _____ Date: _____

SCREENER GUIDE - PROJECT DESCRIPTION

This research project will be held online via the CMNTY platform.

6 groups in total: three group of French participants (3) mostly from Quebec and three (3) groups with English participants from different Canadian regions.

Note: residents of Quebec province might be overrepresented in the French groups.

The objective is to have 4 participants per focus group (recruit 6 per group).

	DATE / TIME	PARTICIPANTS
GROUP 1 4 participants	ACTIVITY1 : FEBRUARY 12-13 ACTIVITY/2 : FEBRUARY 14 6H00 PM EST	**Groups with youth (English in Ontario and Atlantic)** • *Canadians aged 16-18* • *A good mix of: Gender from Ontario and Atlantic* • *Language spoken: English*
GROUP 2 4 participants	ACTIVITY1 : 77 12-13 ACTIVITY2 : FEBRUARY 14 5H00 PM PST 8H00 PM EST	**Groups with youth (English – British Columbia and Prairies but excluding Alberta)** • *Canadians aged 13-15* • *A good mix of: Gender from BC and Prairies except Alberta* • *Language spoken: English*
GROUP 3 4 participants	ACTIVITY1 : FEBRUARY 12-13 ACTIVITY2 : FEBRUARY 15 5H00 PM EST	**Groups with Educators (English – could be from British Columbia, Ontario, Prairies but excluding Alberta)** • *Educators working with young Canadians 13-17* • *A good mix of: Gender from BC, Ontario and Prairies but excluding Alberta* • *Language spoken: English*
GROUP 4 4 participants	ACTIVITY1 : FEBRUARY 12-13 ACTIVITY2 : FEBRUARY 14 6H30 PM EST	**Groups with youth (French from Québec with at least one from Ontario)** • *Canadians aged 16-18* • *A good mix of: Gender from Quebec and Ontario* • *Language spoken: French*
GROUP 5 4 participants	ACTIVITY1 : FEBRUARY 12-13 ACTIVITY2 : FEBRUARY 14 5H00 PM EST	**Groups with youth (French from Quebec with at least one from Atlantic)** • *Canadians aged 13-15* • *A good mix of: Gender from Quebec and Atlantic* • *Language spoken: French*
GROUP 6 4 participants	ACTIVITY1 : FEBRUARY 12-13 ACTIVITY2 :	**Groups with Educators (French from Quebec with one from Ontario)** • *Educators working with young Canadians 13-17*

	FEBRUARY 15 5H00 PM EST	• *A good mix of: Gender from Quebec and Ontario* • *Language spoken: French*

For each participant, collect the following information:

Participant name:	
Phone number at home:	
Cell phone:	
Email address:	
Recruitment date:	Recruiter :
Group #:	Confirmation (date):

SCREENER GUIDE FOR EDUCATORS – GROUPS 3 AND 6 – FOLLOWS THE RECRUITMENT GUIDE FOR YOUNG CANADIANS.

INTRODUCTION - YOUTH

MUST BE COMPLETED BY THE CHILD 13-15 FOR GROUPS 2 and 5 WITH THE HELP OF THE PARENT.
16 to 18 YEAR OLDS CAN COMPLETE AND CONSENT TO PARTICIPATE WITHOUT PARENTAL SUPERVISION.

Hello/Bonjour, I'm _____ from Leger, a marketing research company. We are organizing a research project on behalf of Health Canada. The research's objective is to collect opinions from young Canadians aged 13 to 18 on an online module about vaping that has been developed by Health Canada.

We are now preparing to hold a few research sessions with young people like yourself. Participation is completely voluntary. We are interested in your opinions. The format is an "online" community led by a research professional with up to six participants. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy. You don't need to be an expert to participate. We don't have anything to sell and we don't advertise and it's not an opinion poll on current events or politics. We would be interested in possibly having you participate.

The format of the online community is as follow:

1) During the first few days (**Monday-Tuesday**), you will be invited to go online to consult and familiarize yourself with Health Canada's self-led module on vaping. You will then be asked to answer a few content-related survey questions. This should take **about 1 hour total**.

2) On the last day (**Wednesday**), you will be invited to take part in a one-hour discussion with other young people (around 4 people) to discuss the module in greater depth. This focus group should take **about 1 hour total**.

Your participation is voluntary. All information collected, used and/or disclosed will be used for research purposes only and the research is entirely confidential. We are also committed to protecting the privacy of all participants. The names of the participants will not be provided to any third party. May I continue?

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the Privacy Act, the legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation.]

The activities and the focus group would take place online on the (**INSERT DATE/TIME**) and will be a maximum of **120 minutes total including the online activities and the focus groups**. You will be compensated **$125** for your time.

I repeat that participation is entirely voluntary, and all information you provide is completely confidential. The full names of participants will not be provided to any third party.

A1. **Are you interested in participating?**

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

I would now like to ask you a few questions to see if you meet our eligibility criteria to participate.

When you conclude, say: Thank you for your cooperation. We have already reached the number of participants with a profile similar to yours. Therefore, we cannot invite you to participate.

A2. The group discussions we are organizing are going to be held **over the Internet**. They are going to be "online focus groups". Participants will need to have **a computer**, a **high-speed Internet connection,** and a **WebCam** in order to participate in the group. Would you be able to participate under these conditions?

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

PROFILING

INTRO1.
Do anyone in your immediate family work or have you ever worked in ...?

Marketing Research	1 **THANK AND CONCLUDE**
Marketing and Advertising	2 **THANK AND CONCLUDE**
Public relations, communications	3 **THANK AND CONCLUDE**
Media (newspapers, television, radio, etc.)	4 **THANK AND CONCLUDE**
Telecommunications	5 **THANK AND CONCLUDE**
None of the above	9

Gender
How do you identify?

Boy	1
Girl	2
Non-binary / another gender identity	3

Gender: Ensure a good mix during the recruitment, no minimum quota on Non-binary / another gender identity

IMM1
Were you born in Canada?

Yes	1
No	2

ETHN
What is your ethnic origin?

White / Caucasian	1
First Nations / Metis / Inuk (Inuit)	2
South Asian (Indian, Bangladeshi, Pakistani, Sri Lankan, etc.)	3
Chinese	4
Black (African, African-American, Afro-Caribbean, etc.)	5
Arab (Middle Eastern, North African)	6
Latin American (Mexican, Chilean, Costa Rican, etc.)	7
Southeast Asian (Vietnamese, Cambodian, Malaysian, Filipino etc.)	8
West Asian (Iranian, Afghan, etc.)	9
Korean	10
Japanese	11
Other	12
I prefer not to answer	13

AGE
What age category do you fall into?

12 and under	2 **THANK AND CONCLUDE**
13	3
14	4
15	5
16	6
17	7
18	8
19 and over	9 **THANK AND CONCLUDE**

Language
Which of French or English that you understand and express best?

INT: If respondent mentions a language other than French or English, determine which language they are most familiar with between French and English.

French	1
English	2

Province
In which province or territory do you live?

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

AREA
What type of community do you live in?

Urban	**1**
Suburban	**2**
Rural	**3**

PSPC POR1
Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1 **GO TO PSPC POR 2**
No	2 **GO TO PSPC POR 5**

PSPC POR2
When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1 **THANK AND CONCLUDE**
Over 6 months ago	2

PSPC POR 3

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

RECORD: _____ **THANK/TERMINATE IF RELATED TO HEALTH OR PUBLIC HEALTH**

PSPC POR4

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

Fewer than 5	1
Five or more	2 **THANK AND CONCLUDE**

PSPC POR5

By participating in this focus group, you will be asked to discuss with other participants and share your opinion on a website about vaping made by Health Canada. Please note that you do not need to be an expert to participate. You may also be asked to read during the meeting.

How comfortable do you feel in such an environment?

Read the answer choices.

Very comfortable	1
Somewhat comfortable	2 **THANK AND CONCLUDE**
Not very comfortable	3 **THANK AND CONCLUDE**
Not at all comfortable	4 **THANK AND CONCLUDE**

INVITATION

Thank you. We'd like to invite you to participate in this online community.

The online project will take place from **jj-mm-2024** to **jj-mm-2024**. Over three days you will do easy activities, visit a website, answer some questions online and participate in an online discussion with other participants. This will only take about two hours (one hours per activities). The project will be facilitated by an experienced professional moderator form Leger.

If you take part **for the entire three days**, you will get a $125 Visa Gift Card.

If you would like to take part, please reply to this email with your full address, including unit number, if applicable. You will then receive an email invitation to join Leger's online CMTY and will be able to start participating on **jj-mm-2024**.

Please note that the session will be recorded. Your interview may also be observed by people who are directly working on the research study.

Just a quick reminder that the group discussion is going to be held over the Internet. It is an "online focus groups". You will need a computer, a high-speed Internet connection, and a WebCam in order to participate in the group.

INTRODUCTION - EDUCATORS

Hello/Bonjour, I'm _____ of Leger, a marketing research company. We are organizing a research project on behalf of Health Canada. The research's objective is to collect opinions from Canadian educators on an online self-led module about vaping that has been developed by Health Canada.

We are now preparing to hold a few research sessions with educators in different Canadian regions. Participation is completely voluntary. We are interested in your opinions. The format is an "online" community led by a research professional with up to six participants. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy. We don't have anything to sell, we don't advertise and it's not an opinion poll on current events or politics. We would be interested in possibly having you participate.

The format of the online community is as follow:

1) During the first few days (**Monday-Tuesday**), you will be invited to go online to consult and familiarize yourself with HC-PHAC's module on vaping on your own time. You will then be asked to answer a few content-related survey questions. This exercise should take **about 1 hour total**.

2) On the last day (**Wednesday**), you will be invited to take part in a one-hour discussion with other educators (around 4 people) to discuss the module in greater depth. This focus group should take **about 1 hour total**.

Your participation is voluntary. All information collected, used and/or disclosed will be used for research purposes only and the research is entirely confidential. We are also committed to protecting the privacy of all participants. The names of the participants will not be provided to any third party. May I continue?

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the Privacy Act, the legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation.]

The activities and the focus group would take place online on the (**INSERT DATE/TIME**) and will be a maximum of **120 minutes total including the online activities and the focus groups**. You will be compensated **$125** for your time.

I repeat that participation is entirely voluntary, and all information you provide is completely confidential. The full names of participants will not be provided to any third party.

A1. **Are you interested in participating?**

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

I would now like to ask you a few questions to see if you meet our eligibility criteria to participate.

When you conclude, say: Thank you for your cooperation. We have already reached the number of participants with a profile similar to yours. Therefore, we cannot invite you to participate.

A2. The group discussions we are organizing are going to be held **over the Internet**. They are going to be "online focus groups". Participants will need to have **a computer**, a **high-speed Internet connection,** and a **WebCam** in order to participate in the group. Would you be able to participate under these conditions?

Yes	1	**CONTINUE**
No	2	**THANK AND CONCLUDE**

PROFILING

INTRO1.
Do anyone in your immediate family work or have you ever worked in ...?

Marketing Research	1 **THANK AND CONCLUDE**
Marketing and Advertising	2 **THANK AND CONCLUDE**
Public relations, communications	3 **THANK AND CONCLUDE**
Media (newspapers, television, radio, etc.)	4 **THANK AND CONCLUDE**
Telecommunications	5 **THANK AND CONCLUDE**
None of the above	9

Educators 1
For this project, we would like to have the participation of educators. Is your primary professional involvement centered around working with young Canadians, including roles such as teachers, counselors, psychoeducators, social workers, special education technicians, or student life coordinators?

No	1 **THANK AND CONCLUDE**
Yes	2

Educators 2
To what extent does your professional role directly involve interaction with **teenagers 13 to 17**?

No direct interaction	1 **THANK AND CONCLUDE**
Occasional interaction	2 **THANK AND CONCLUDE**
Regular interaction	3

Gender
How do you identify?

Male	1
Female	2
Non-binary / another gender identity	3

Gender: Ensure a good mix during the recruitment, no minimum quota on Non-binary / another gender identity

IMM1
Were you born in Canada?

Yes	1
No	2

ETHN
What is your ethnic origin?

White / Caucasian	1
First Nations / Metis / Inuk (Inuit)	2
South Asian (Indian, Bangladeshi, Pakistani, Sri Lankan, etc.)	3
Chinese	4
Black (African, African-American, Afro-Caribbean, etc.)	5
Arab (Middle Eastern, North African)	6
Latin American (Mexican, Chilean, Costa Rican, etc.)	7
Southeast Asian (Vietnamese, Cambodian, Malaysian, Filipino etc.)	8
West Asian (Iranian, Afghan, etc.)	9
Korean	10
Japanese	11
Other	12
I prefer not to answer	13

AGE
What age category do you fall into?

Under 18	2 **THANK AND CONCLUDE**
18-24	3
25-34	4
35-44	5
45-54	6
55-64	7
65 and over	8

Language
Which of French or English that you understand and express best?

INT: If respondent mentions a language other than French or English, determine which language they are most familiar with between French and English.

French	1
English	2

Province
In which province or territory do you live?

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

AREA

What type of community do you live in?

Urban	**1**
Suburban	**2**
Rural	**3**

PSPC POR1

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

Yes	1
No	2 **GO TO PSPC POR2**

PSPC POR2

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

Within the last 6 months	1 **THANK AND CONCLUDE**
Over 6 months ago	2

PSPC POR 3

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

RECORD: _____ **THANK/TERMINATE IF RELATED TO HEALTH OR PUBLIC HEALTH**

PSPC POR4

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

Fewer than 5	1
Five or more	2 **THANK AND CONCLUDE**

By participating in this research, you will be asked to discuss with other participants and share your opinion on a website about vaping made by Health Canada and the Public Health Agency of Canada. Please note that you do not need to be an expert to participate. You may also be asked to read during the meeting.

How comfortable do you feel in such an environment?

Read the answer choices.

Very comfortable	1
Somewhat comfortable	2
Not very comfortable	3 **THANK AND CONCLUDE**
Not at all comfortable	4 **THANK AND CONCLUDE**

INVITATION

Thank you. We'd like to invite you to participate in this online community.

The online project will take place from **jj-mm-2024** to **jj-mm-2024**. Over three days you will do easy activities, visit a website, answer some questions online and participate in an online discussion with other participants. This will only take about two hours (one hours per activities). The project will be facilitated by an experienced professional moderator form Leger.

If you take part **for the entire three days**, you will get a $125 Visa Gift Card.

If you would like to take part, please reply to this email with your address and unit number. You will then receive an email invitation to join Leger's online CMTY and will be able to start participating on **jj-mm-2024**.

Please note that the session will be recorded. Your interview may also be observed by people who are directly working on the research study.

Just a quick reminder that the group discussion is going to be held over the Internet. It is an "online focus groups". You will need a computer, a high-speed Internet connection, and a WebCam in order to participate in the group.

Appendix F – ONLINE COMMUNITIES SURVEY AND DISCUSSION GUIDE

MODERATOR GUIDE - YOUTH

ACTIVITIES 1 - VISIT THE HEALTH CANADA EXPERIENCES WEBSITE "Consider the Consequences of Vaping online self-led module" AND ANSWER SURVEY QUESTIONS.

Introduction

Welcome to the activity portal of this research project on vaping. The objective of this research project is to gather the opinions of young Canadians on a self-guided online module focusing on the risks and dangers of vaping. This research project consists of two activities.

The **first activity** involves familiarizing yourself with the content of the three parts of the self-led online module and answering some questions regarding your appreciation and understanding of the module's content (about 1 hour).

The **second activity** involves participating in a small discussion group of up to six young individuals to share your perceptions and opinions regarding the module (about 1 hour).

Activity #1

Instructions

A) Please visit the "Self-led Online Module" website (URL below) to complete **PART 1**, **PART 2**, and **PART 3**.

B) Then return to this platform to answer a series of questions about your experience.

You can take notes along the way about what you like and don't like, to help you answer the question later, and to aid your thinking for the focus group.

Here is the link to access the site and complete the 3 parts:

https://healthcanadaexperiences.ca/programs/consider-the-consequences-of-vaping/online-self-led-module/ (This hyperlink directs to an online education module. Given the dynamic state of digital educational resources, there's a chance this link may become non-functional or outdated over time.)

Activity duration: approx. 1 hour

Survey Questions

Q1. Please indicate your level of appreciation for your overall experience on the "Self-guided Online Module" website.

- Strongly Dislike
- Dislike
- Neutral
- Like
- Strongly Like

Q2. How would you qualify your experience when navigating the "Consider the Consequences of Vaping online" self-led module?

Select all that apply.

- Fun
- Educational
- Interesting
- Boring

- Long
- Straight to the point
- Overwhelming
- Repetitive
- Confusing
- Too juvenile
- Informative
- Entertaining
- Not enough information

Q3. Thinking of the overall module, what information did you find most interesting?
*You can choose more than one (**max 3**)*

Part 1
- Learning about vaping products and devices
- The risks and harms of vaping
- The laws around vaping (Legislation and regulations in Canada)

Part 2
- The health effects of vaping nicotine and cannabis on teens
- The exposure to nicotine during adolescence

Part 3
- The cost of vaping
- How to overcome peer pressure

Q4. Did you learn anything new on vaping from the content presented in the module?
- Yes, I learned a lot
- Yes, I learned a few things
- No, I did not learn new information

Q5. What did you think of the game in part 1 "**Hidden Dangers**"?
*You can choose more than one (**max 3**)*
- Interesting
- Boring
- Challenging
- Juvenile
- Unclear
- Informative
- Too easy

Q6. What did you think of the game in part 2, "**Do you know which products contain nicotine**?"
*You can choose more than one (**max 3**)*
- Interesting
- Boring
- Challenging
- Juvenile

- Unclear
- Informative
- Too easy

Q7. What did you think of the game in part 3, "**The cost of vaping**"?
*You can choose more than one (**max 3**)*

- Interesting
- Boring
- Challenging
- Juvenile
- Unclear
- Informative
- Too easy

Q8. How would you describe the visual design of the module (colours, typology, images, etc.)?
*You can choose more than one (**max 3**)*

- Trendy
- Outdated
- Aesthetically pleasing
- Modern
- Serious
- Playful
- Dark
- Captivating
- Appealing

Q9. How would you describe the animations and interactive components (games, quiz, etc.)?
*You can choose more than one (**max 3**)*

- Trendy
- Outdated
- Aesthetically pleasing
- Modern
- Serious
- Playful
- Dark
- Captivating
- Appealing

Q10. Did you find the three-part structure of the module helpful in organizing the information and facilitating the site navigation?

- Extremely helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful

Q11. Did you encounter any technical issues or bugs during your visit to the module?

- Yes

- No

IF Yes
Q12. Could you explain the technical issues or bugs you encountered?
Please specify: _____

Q13. What specific changes would you recommend to improve the module for young people like yourself?

Please specify: _____

Activity #2 – Focus Groups
Instructions

A) Please come back to the platform and log in to the group session approximately 15 minutes before the session starts to allow time for a connection, camera, and microphone test. A technician will be available to assist you if needed.

Activity duration: approx. 1 hour

BLOC 1	**Introduction and explanation**
Length	**5 MINUTES**

WELCOME AND PRESENTATION
- Welcoming of participants
- Introduction of the moderator
- Presentation of Leger

PRIMARY AIM
- The research is being conducted by Léger Marketing on behalf of Health Canada. The objective of the discussion is to explore with you your perceptions and opinions of the self-led vaping module you've visited over the past few days.

RULES OF DISCUSSION
- Dynamics of the discussion (duration, discussion, round table)
- No wrong answers
- Importance of giving personal, spontaneous and honest opinions
- Importance of reacting respectfully to the opinions of others
- Importance of speaking one person at a time

PRESENTATION OF THE GROUP ROOM
- Audio and video recording for subsequent analysis
- Presence of observers from HC
- Presence of analyst to take notes

RESULTS CONFIDENTIALITY
- The discussions we will have this evening will remain confidential at all times.
- Your name will never be mentioned in the report
- Information collected for study purposes only
- Report available…

Do you have any questions before we get started?

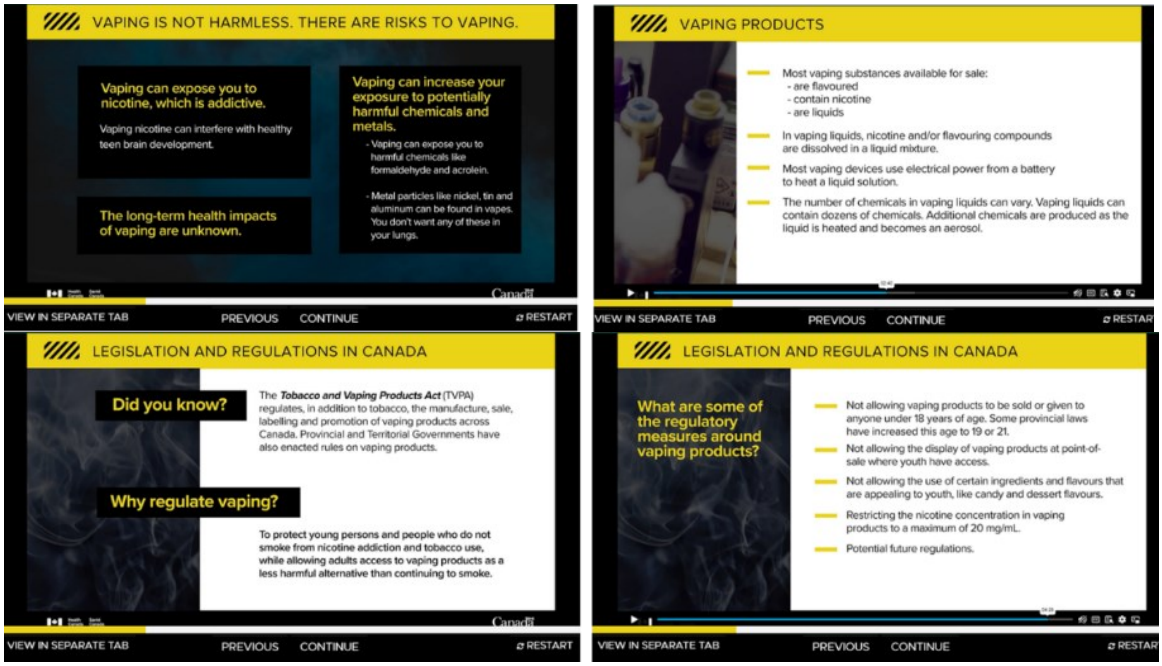
INTRODUCTION OF PARTICIPANTS
- What's your first name?
- Your place of residence (in what city you live in)?

BLOC 2	**WARM UP – OVERALL MODULE OPINION**
Length	**10 MINUTES**

To start our conversion, I would like to ask you…
What were your first impressions as you explored the site?
Can you share an example of something you learned on the site that particularly impressed you?

BLOC 3	**PART EXPLORATION**
LENGTH	**30MINUTES**

Part 1.
Show 00:35 – Show 02:40 – Show 03:20 – Show 04:28

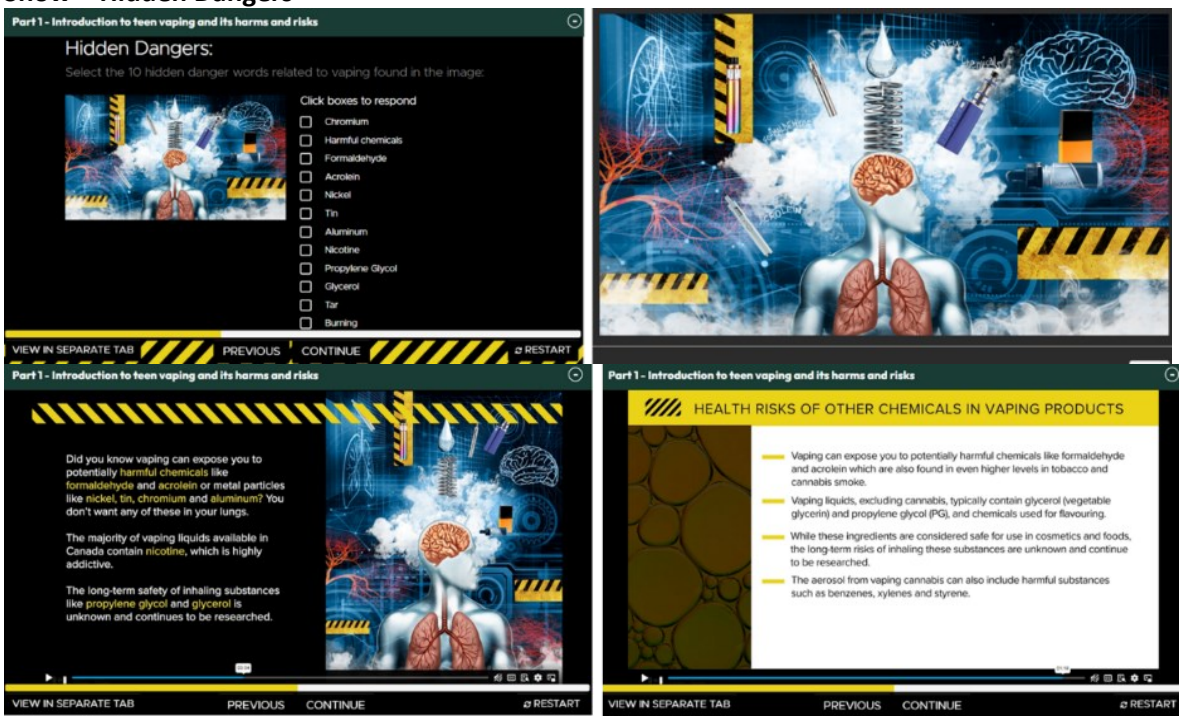


What do you think of this presentation in general? What did you like, dislike and why?
Were there any parts of this presentation that surprised you and made you want to learn more?
Did you gain any new knowledge or perspectives after watching this presentation? What did you learn?

Was there too much text, too little, or just the right amount for you in this part?
Did you read most of the text on the slides? If NOT, why did you stop reading?

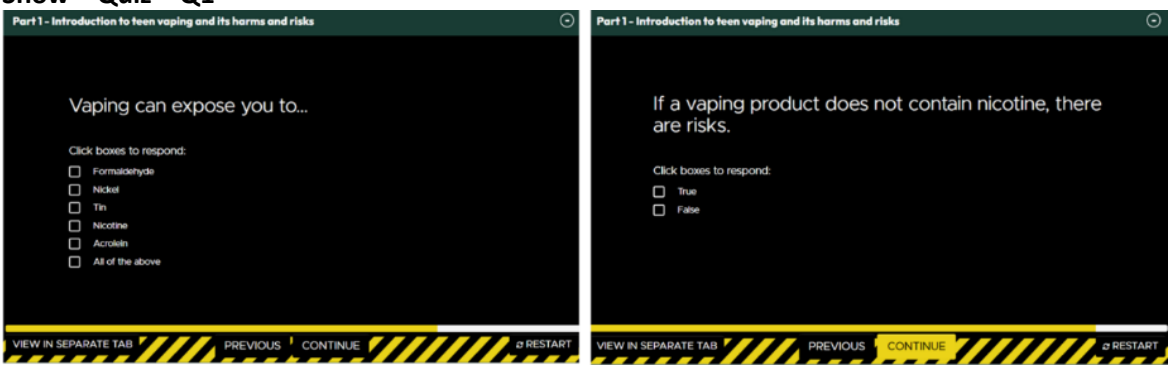
What did you think about the narrator? Did it make it easier to understand the content of the slide?
When you listened to the narrator, how did you feel about the way he spoke? Did it seem friendly, professional, boring, exciting, or something else?
Sometimes the narrator follows the text on the slides, sometimes the narrator speaks and there is no text. What did you think of that? Would you suggest another approach?

Show – Hidden Dangers



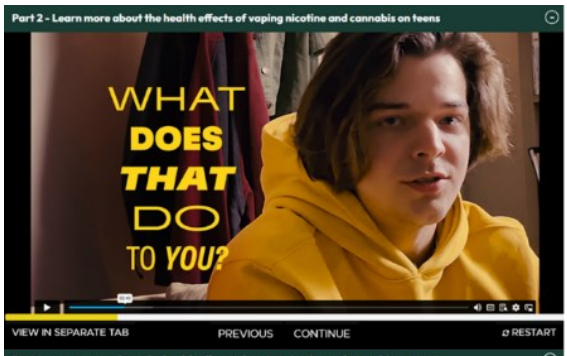
PART 1 - GAMES – HIDDEN DANGERS
What did you think of this game? Why? Did you learn anything from this interactive game?
If you were involved in designing this game: What would you change?
What would you have done differently to make the game more informative and interesting?

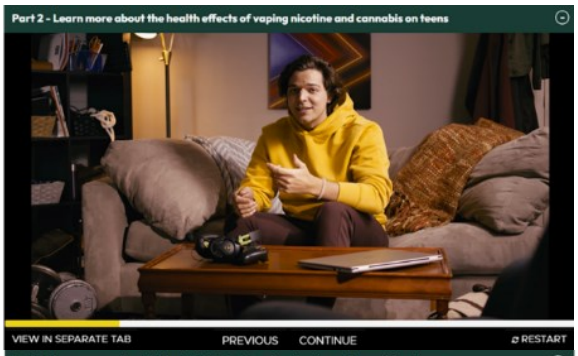
Show – Quiz – Q1

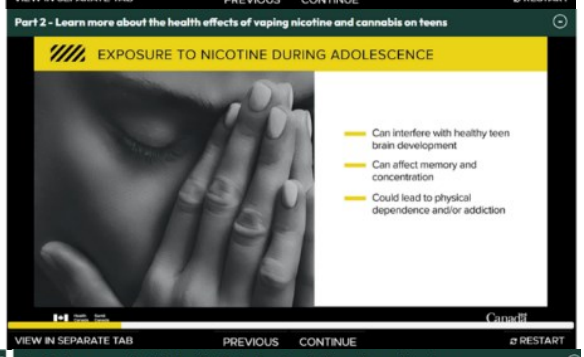


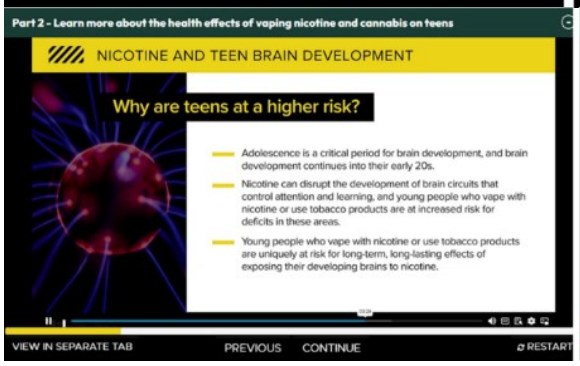
PART 1 - QUIZZES
Did you like that quiz? Why?
Do you find quizzes a good way to help you remember important things?

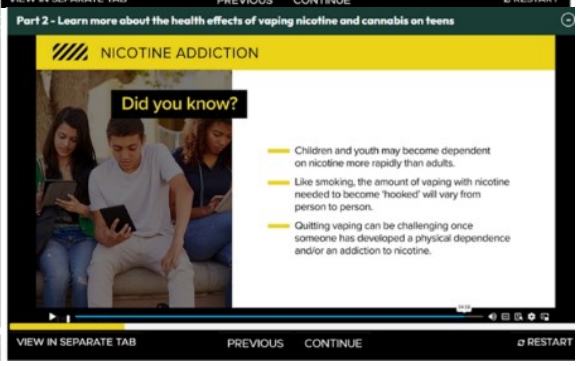
Part 2.
Show image of the presentation 00:36 – 01:52 – 01:57; Show 02:57, Show 3:28, Show 4:38









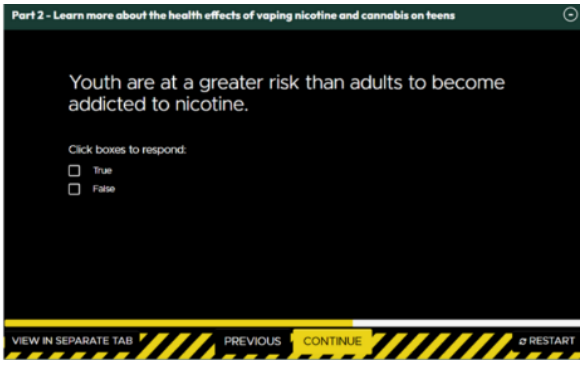


What do you think of this presentation in general? What did you like, dislike and why?
Were there any parts of this presentation that surprised you and made you want to learn more?
Did you gain any new knowledge or perspectives? What did you learn?

Show interactive activity (Nicotine can be found in banana, cigarettes, vaping products)

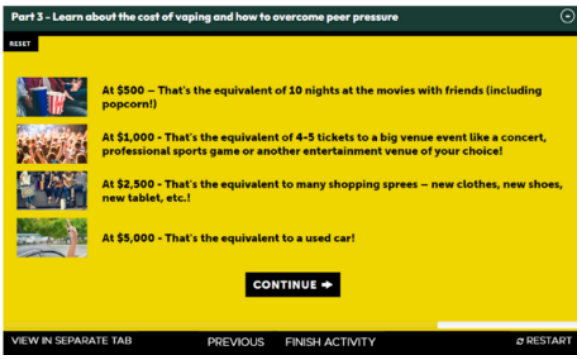
PART 2 - INTERACTIVE GAME
What did you think of this interactive game? Did you like it or not? Why?
Did you learn anything from the game? Did it help you understand the content and information of the module?
If you could change something about the games, what would it be?

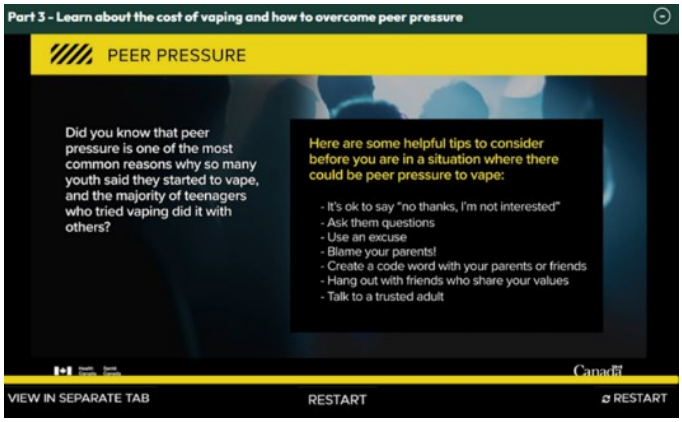
Show some quiz questions



PART 2 - QUIZZES
Did you like that quiz? Why?
Do you find quizzes a good way to help you remember important things?

Part 3.
Show presentation 00:35
Show the cost of vaping question and information to random answers and their equivalent
Show 00:09, Show 03:03





What did you think of this presentation about the cost of vaping and peer pressure?
What did you like, dislike and why?

Were there any parts of this presentation that surprised you and made you want to learn more?
Did you gain any new knowledge or perspectives after watching this presentation? What did you learn?
What would you have done differently to make this section more useful?

Which of the different sections of the module were **most interesting (*see list below*)**?
Why/What?
Which of the different sections of the module were **least interesting (*see list below*)**?
Why/What?
Part 1

- Learning about vaping products and devices
- The risks and harms of vaping
- The laws around vaping (Legislation and regulations in Canada)

Part 2

- The health effects of vaping nicotine and cannabis on teens
- The exposure to nicotine during adolescence

Part 3

- The cost of vaping
- How to overcome peer pressure

Was there any topic or information you hoped to find in the module about vaping but didn't? Can you suggest any specific content or features that you think should be added to make the website more informative or engaging for someone your age?
Do you prefer learning through games and quizzes or through other forms of content like videos or texts? Or a mix of everything?
Do you prefer learning about topics like vaping through a self-led module, or would you rather have an instructor or guide? Why?
After going through the Vaping module, has your view on vaping changed in any way? Can you explain how?
Do you think this module could be effective in persuading young people to rethink their vaping habits? Why or why not? What actions or steps you would take/or consider taking now that you have explored this module?

BLOC 4	**CONCLUSION**
DURÉE	**5 MINUTES**

Do you have any final comments you would like to add on the topics we just discussed?

THANK YOU VERY MUCH FOR YOUR PRECIOUS COLLABORATION!
CONCLUDE AND END THE MEETING.

MODERATOR GUIDE – EDUCATORS

ACTIVITIES 1 - VISIT THE HEALTH CANADA EXPERIENCES WEBSITE "CONSIDER THE CONSEQUENCES OF VAPING ONLINE SELF-LED MODULE" AND ANSWER SURVEY QUESTIONS.

Introduction

Welcome to the activity portal of this research project on vaping. The objective of this research project is to gather the opinions of professionals working with young Canadians on a self-guided online module focusing on the risks and dangers of vaping. This research project consists of two activities.

The **first activity** involves familiarizing yourself with the content of the three parts of the self-led online module and answering some questions regarding your appreciation and understanding of the module's content (about 1 hour).

The **second activity** involves participating in a small discussion group of up to six educators/professionals working with young Canadians to share your perceptions and opinions regarding the module (about 1 hour).

Activity #1

Instructions

A) Please visit the "Self-led Online Module" website (URL below) to complete **PART 1**, **PART 2**, and **PART 3**.

B) Then return to this platform to answer a series of questions about your experience.

You can take notes along the way about what you like and don't like, to help you answer the question later, and to aid your thinking for the focus group.

Here is the link to access the site and complete the 3 parts: https://healthcanadaexperiences.ca/programs/consider-the-consequences-of-vaping/online-self-led-module/ (This hyperlink directs to an online education module. Given the dynamic state of digital educational resources, there's a chance this link may become non-functional or outdated over time.)

Activity duration: approx. 1 hour

Survey Questions

Q1. Please indicate your level of appreciation for your overall experience on the "Self-guided Online Module" website.

- Strongly Dislike
- Dislike
- Neutral
- Like
- Strongly Like

Q2. How would you qualify your experience when navigating the "Consider the Consequences of Vaping" online self-led module?
Select all that apply.

- Fun
- Educational
- Interesting
- Boring
- Long
- Straight to the point
- Overwhelming
- Repetitive
- Confusing
- Too juvenile
- Informative
- Entertaining
- Not enough information

Q3. Did you, as an educator or a professional working with young people, learn anything new on vaping from the content presented in the module?

- Yes, I learned a lot
- Yes, I learned a few things
- No, I did not learn any new information

Q4. From an educational standpoint, what did you think of the game in part 1 "**Hidden Dangers**"?
*You can choose more than one (**max 3**)*

- Interesting
- Boring
- Challenging
- Juvenile
- Unclear
- Informative
- Too easy

Q5. From an educational standpoint, what did you think of the game in part 2, "**Do you know which products contain nicotine**?"
*You can choose more than one (**max 3**)*

- Interesting
- Boring
- Challenging
- Juvenile
- Unclear
- Informative
- Too easy

Q6. From an educational standpoint, what did you think of the game in part 3, "**The cost of vaping**"?
*You can choose more than one (**max 3**)*

- Interesting
- Boring
- Challenging
- Juvenile
- Unclear
- Informative
- Too easy

Q7A. As an educator or a professional working with young people, what information within the module did you find most relevant and interesting for younger Canadians 13 to 15?
*You can choose more than one (**max 3**)*

Part 1

- Learning about vaping products and devices
- The risks and harms of vaping
- The laws around vaping (Legislation and regulations in Canada)

Part 2

- The health effects of vaping nicotine and cannabis on teens
- The exposure to nicotine during adolescence

Part 3

- The cost of vaping
- How to overcome peer pressure

Q7B. As an educator or a professional working with young people, what information within the module did you find most relevant and interesting for younger Canadians 16 to 18?
*You can choose more than one (**max 3**)*

Part 1

- Learning about vaping products and devices
- The risks and harms of vaping
- The laws around vaping (Legislation and regulations in Canada)

Part 2

- The health effects of vaping nicotine and cannabis on teens
- The exposure to nicotine during adolescence

Part 3

- The cost of vaping
- How to overcome peer pressure

Q8. How would you describe the visual design of the module (colours, typology, images, etc.) in terms of its suitability and appeal to young people?
*You can choose more than one (**max 3**)*

- Trendy
- Outdated
- Aesthetically pleasing
- Modern
- Serious
- Playful
- Dark
- Captivating
- Appealing

Q9. How would you describe the animations and interactive components (games, quiz, etc.) in terms of their potential effectiveness in engaging young people?
*You can choose more than one (**max 3**)*

- Trendy
- Outdated
- Aesthetically pleasing
- Modern
- Serious
- Playful
- Dark
- Captivating
- Appealing

Q10. Do you think the three-part structure of the module was helpful in organizing information and facilitating navigation for young users?

- Extremely helpful
- Moderately helpful
- Slightly helpful
- Not at all helpful

Q11. Thinking of the young people you work with; would you consider this self-led module to be potentially effective in raising awareness of the risks of vaping?

- Yes
- No

- Don’t know

Q12. Based on your experience with the module and your professional understanding, for what age do you think this self-led module is most well-suited?

You can choose more than one.

- 13
- 14
- 15
- 16
- 17
- 18

Q13. Considering your experience, how likely are you to recommend this module to a colleague or other educators?

- Very likely
- Somewhat likely
- Unlikely
- Very unlikely

Q14. Did you encounter any technical issues or bugs during your visit to the module?

- Yes
- No

IF Yes

Q15. Please specify the technical issues or bugs as it could help improve the user experience for young people.

Please specify: _____

Q16. From your professional perspective, what specific changes would you recommend to improve the module in making it more appropriate and successful in engaging with young people?

Please specify: _____

Activity #2 – Focus Groups

Instructions

B) Please come back to the platform and log in to the group session approximately 15 minutes before the session starts to allow time for a connection, camera, and microphone test. A technician will be available to assist you if needed.

Activity duration: approx. 1 hour

BLOC 1	Introduction and explanation
Length	5 MINUTES

WELCOME AND PRESENTATION
- Welcoming of participants
- Introduction of the moderator
- Presentation of Leger

PRIMARY AIM
- The research is being conducted by Léger Marketing on behalf of Health Canada. The aim of this discussion is to delve into your insights and views on the self-led vaping module you've recently explored, particularly in relation to your professional experience and understanding of young people's needs and behaviors.

RULES OF DISCUSSION
- Dynamics of the discussion (duration, discussion, round table)
- No wrong answers
- Importance of giving personal, spontaneous and honest opinions
- Importance of reacting respectfully to the opinions of others
- Importance of speaking one person at a time

PRESENTATION OF THE GROUP ROOM
- Audio and video recording for subsequent analysis
- Presence of observers from HC
- Presence of analyst to take notes

RESULTS CONFIDENTIALITY
- The discussions we will have this evening will remain confidential at all times
- Your name will never be mentioned in the report
- Information collected for study purposes only
- Report available from Library and Archives Canada.

Do you have any questions before we get started?

INTRODUCTION OF PARTICIPANTS
- What's your first name?
- Your place of residence (in what city you live in)?
- What role do you play with young people?

BLOC 2	**WARM UP – OVERALL MODULE OPINION**
LENGTH	**10 MINUTES**

To start our conversion, I would like to ask you…

What were your first impressions as you explored the site?

Can you share an example of something you learned or saw on the site that particularly impressed you that you find relevant?

Does you answer apply to 13-18 year old or a more specific segment?

BLOC 3	**PART EXPLORATION**
LENGTH	**30MINUTES**

Part 1.

Show 00:35 – Show 02:40 – Show 03:20 – Show 04:28

What do you think of this presentation? What did you like, dislike and why?

From your professional viewpoint, how effective do you believe this presentation would be in engaging young audiences? Can you explain why?

Were there any elements or messages in the presentation that you think would particularly resonate with or surprise young people, prompting them to learn more? If so, why?

As an educator or professional working with young people, do you believe the presentation provides new knowledge or perspectives that are valuable to young people? What specific learnings do you think they would take away from it?

Was there too much text, too little, or just the right amount for you in this part?

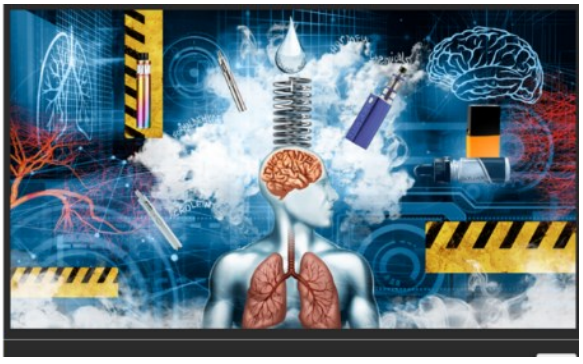
Considering your understanding of young people's attention spans and reading habits, do you think most would read/listen and absorb the information presented on the slides? If not, what might cause them to lose interest?

How would you evaluate the narrator's ability to convey the content to a young audience? Did it aid in understanding the material presented?

In your opinion, did the tone and style of the narrator suit the target age group? Did it strike the right balance between being engaging and professional?

Sometimes the narrator follows the text on the slides, and sometimes they speak without any corresponding slides or text. Do you think this approach is helpful or potentially confusing for young people? Would you suggest other approach?

Show – Hidden Dangers



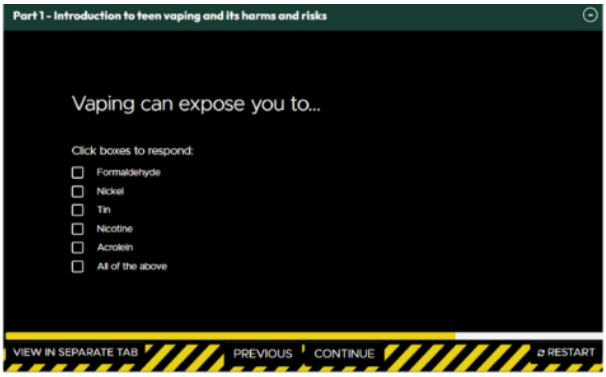
What did you think of this game?

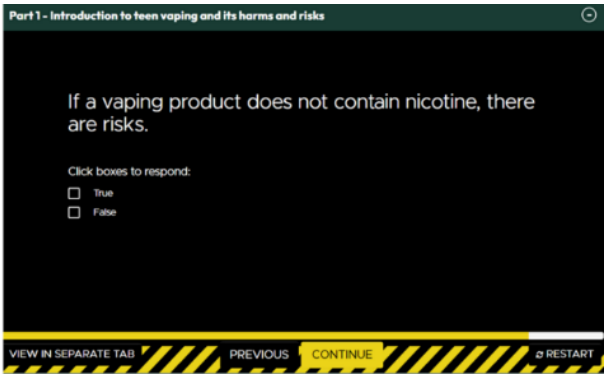
From your professional standpoint, how would you assess this activity's ability to engage and educate young people? Could you explain why?

As an educator or professional working with young people, what changes would you suggest that would enhance the educational value of this game?

If you had the opportunity to modify this game, what would you do differently to make it more informative/educational and appealing for young audiences?

Show – Quiz – Q1





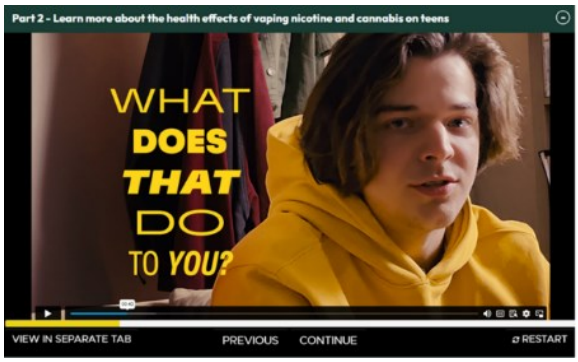
What did you think of this game?

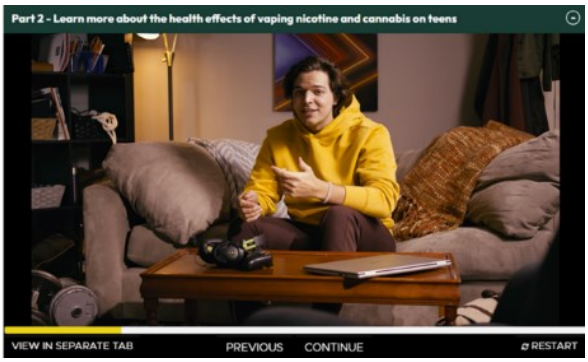
What do you think of the educative value of the quiz for young people?

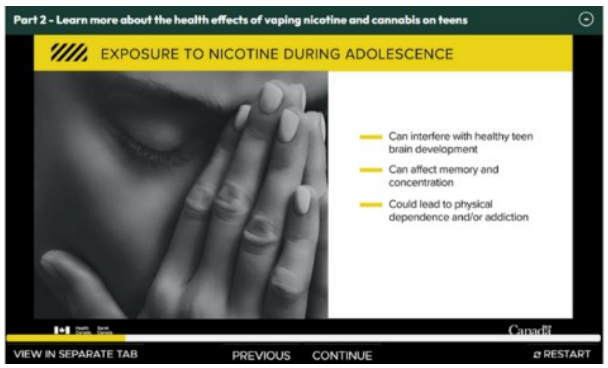
What would you have done differently to make the questions more useful for young people?

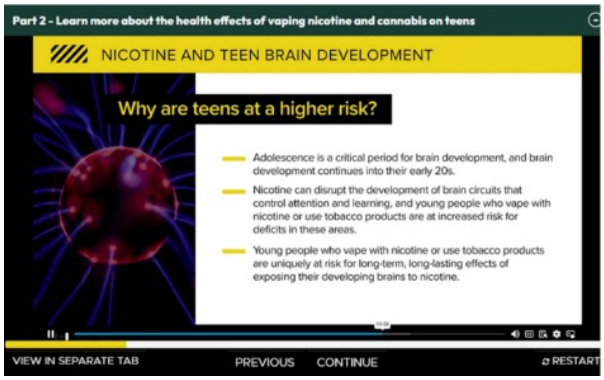
Part 2.

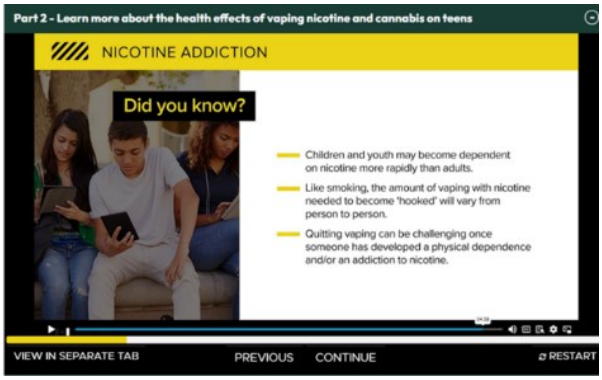
Show image of the presentation 00:36 – 01:52 – 01:57; Show 02:57, Show 3:28, Show 4:38











Did you like this presentation or not? Why?

From your professional viewpoint, how successful do you think this presentation is in engaging young audiences? Can you explain why?

Were there any elements or messages in the presentation that you think would particularly resonate with or surprise young people, prompting them to learn more? Why?

As an educator, do you believe the presentation provides new knowledge or perspectives that are valuable for young people? What specific learnings do you think they would take away from it?

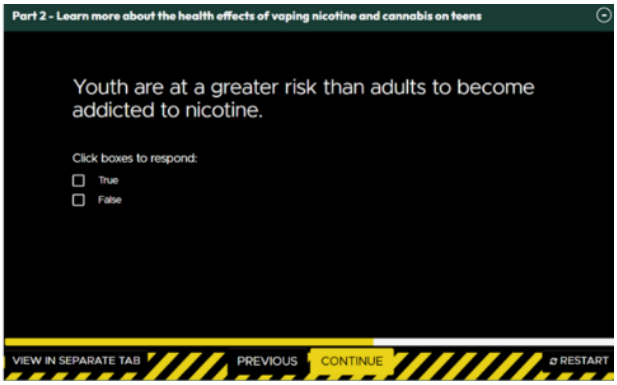
Show interactive activity – (nicotine can be found in? banana, cigarettes, vaping products)

What did you think of this interactive game? Did you like it or not? Why?

Do you think this game is suited for young people 13 to 18? Do you think this game can help them understand the content and information of the module?

If you could change something about the games, what would it be?

Show some quiz questions



Did you like that quiz? Why?

What do you think of the educational value of the quiz for young people?

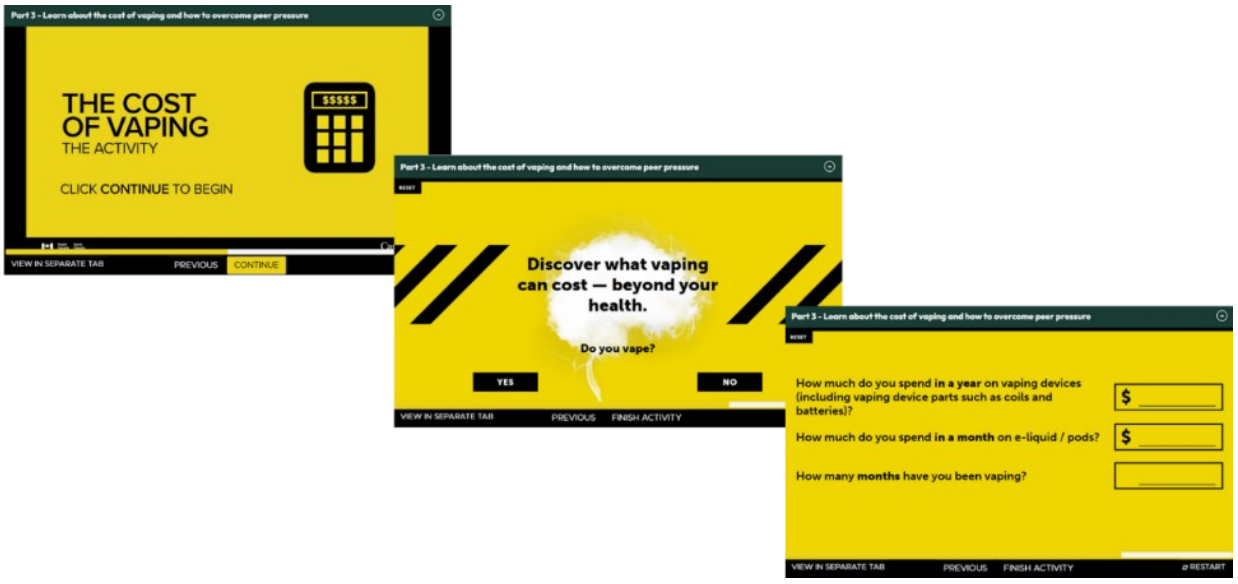
What would you have done differently to make the questions more useful for young people?

Part 3.

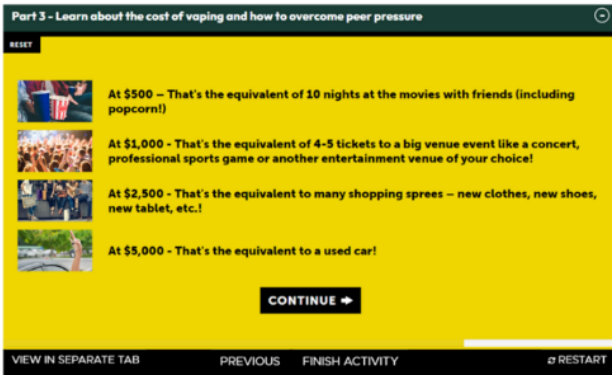
Show presentation 00:35

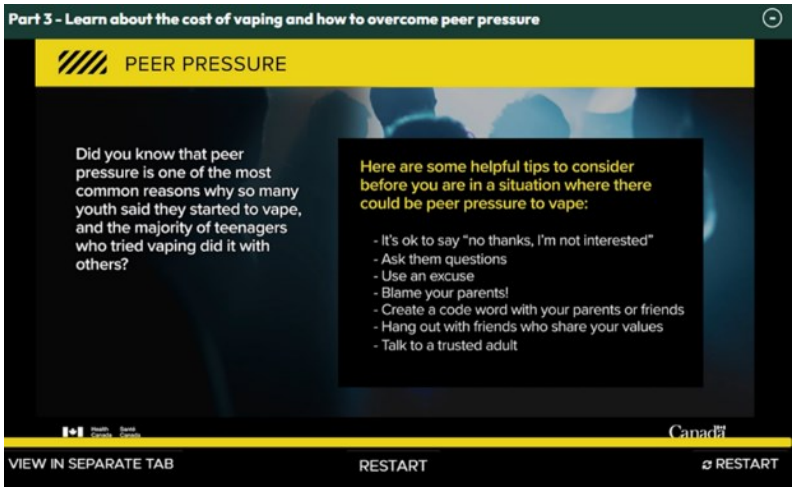
Show the cost of vaping question and information to random answers and their equivalent

Show 00:09, Show 03:03


Part 3 - Learn about the cost of vaping and how to overcome peer pressure
THE COST OF VAPING
THE ACTIVITY
CLICK CONTINUE TO BEGIN
$$$$$
VIEW IN SEPARATE TAB
PREVIOUS
CONTINUE
Part 3 - Learn about the cost of vaping and how to overcome peer pressure
RESET
Discover what vaping can cost — beyond your health.
Do you vape?
YES
NO
VIEW IN SEPARATE TAB
PREVIOUS
FINISH ACTIVITY
Part 3 - Learn about the cost of vaping and how to overcome peer pressure
RESET
How much do you spend in a year on vaping devices (including vaping device parts such as coils and batteries)?
$
How much do you spend in a month on e-liquid / pods?
$
How many months have you been vaping?
VIEW IN SEPARATE TAB
PREVIOUS
FINISH ACTIVITY
RESTART


RESET
This is how much vaping is costing you
$15 per week
$67 per month
$800 per year
Did you know you spent approximately $800 to date on vaping?
SO IN 5 YEARS, THAT'S $4,000 WHICH IS EQUAL TO...
VIEW IN SEPARATE TAB
PREVIOUS
FINISH ACTIVITY
RESTART


Part 3 - Learn about the cost of vaping and how to overcome peer pressure
RESET
At $500 – That's the equivalent of 10 nights at the movies with friends (including popcorn!)
At $1,000 - That's the equivalent of 4-5 tickets to a big venue event like a concert, professional sports game or another entertainment venue of your choice!
At $2,500 - That's the equivalent to many shopping sprees – new clothes, new shoes, new tablet, etc.!
At $5,000 - That's the equivalent to a used car!
CONTINUE
VIEW IN SEPARATE TAB
PREVIOUS
FINISH ACTIVITY
RESTART


Part 3 - Learn about the cost of vaping and how to overcome peer pressure
PEER PRESSURE
Did you know that peer pressure is one of the most common reasons why so many youth said they started to vape, and the majority of teenagers who tried vaping did it with others?
Here are some helpful tips to consider before you are in a situation where there could be peer pressure to vape:
- It's ok to say "no thanks, I'm not interested"
- Ask them questions
- Use an excuse
- Blame your parents!
- Create a code word with your parents or friends
- Hang out with friends who share your values
- Talk to a trusted adult
VIEW IN SEPARATE TAB
RESTART
RESTART

From your professional viewpoint, how well does the presentation communicate the realities of vaping costs and peer pressure to young people? What are your reasons for this assessment?

Were there any elements or aspects in this presentation that you believe would be particularly impactful or surprising for young audiences, encouraging them to seek further information?

As an educator or a professional working with young people, do you think the presentation offers new insights or perspectives that are important for young people to understand about vaping? What key messages or information do you think they would learn from it?

In your view, what modifications or additions could be made to this section of the video to enhance its utility and relevance for young viewers?

In your opinion, which of the different sections of the module is **most interesting (*see list below*)** for a young audience? Why?

In your opinion, which of the different sections of the module were the **least interesting (*see list below*)** for a young audience? Why?

Part 1

- Learning about vaping products and devices
- The risks and harms of vaping
- The laws around vaping (Legislation and regulations in Canada)

Part 2

- The health effects of vaping nicotine and cannabis on teens
- The exposure to nicotine during adolescence

Part 3

- The cost of vaping
- How to overcome peer pressure

Were there any topics or information you hoped to find in the module about vaping but didn't?

Can you suggest any specific content or features that you think should be added to make the website more informative or engaging for young Canadians?

In your professional experience, do you find that young people engage better with interactive methods like games and quizzes, or do they respond more to traditional forms like videos or texts or a mix of everything?

Based on your understanding, do young people benefit more from self-led modules or from guided instructions when learning about health topics such as vaping? Please help me understand your thoughts on this.

Having reviewed the Vaping module, do you believe it has the potential to alter young people's perceptions or attitudes towards vaping? Can you explain how?

Would you consider using or sharing this module with young people in your professional setting to educate them about the risks and harms associated with vaping?

What resources would you recommend to support your role as an educator? Are there existing resources elsewhere that you have used and found helpful? If so, which ones and why?

BLOC 4	**CONCLUSION**
DURÉE	**5 MINUTES**

Do you have any final comments you would like to add on the topics we just discussed?

THANK YOU VERY MUCH FOR YOUR PRECIOUS COLLABORATION!
CONCLUDE AND END THE MEETING.