

COVID-19 Public Health Measures and Mental Health Concept Testing (2021-22), Phases 1 and 2

Health Canada

Final report

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This public opinion research report presents the results of two waves of research consisting of 26 online focus groups conducted by Quorus Consulting Group on behalf of Health Canada. The research consisted of a first phase of 10 online focus groups (from September 23 to September 29, 2021) that focused on young adults 18 to 34 years of age, adults 35 years of age and older, and on members of Indigenous communities. A second phase consisted of 16 online focus groups (from October 13 to October 25, 2021) which focused on youth (18 to 24), seniors (65 and older), parents (with school-aged children), members from Indigenous communities, and ethnic and racialized individuals.

Cette publication est aussi disponible en français sous le titre : Test de concepts (2021-22) - mesures de santé publique et santé mentale en lien avec la COVID-19, phases 1 et 2.

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Signed:

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

April 11, 2022
Rick Nadeau, President
Quorus Consulting Group Inc.

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Executive summary

Background

COVID-19 continues to have serious public health measures and mental health implications.

Throughout the COVID-19 pandemic, even as case counts slowly come down and vaccine uptake increases, public health measures have remained an important preventative practise to also help reduce the spread of the virus. However, public support for continuing to practise these measures has wavered – particularly among younger segments of the Canadian population aged 18 to 39 years. To address this, Health Canada and the Public Health Agency of Canada have undertaken work to educate and motivate younger Canadians to continue practising core public health measures.

In addition to normalizing public health measures, Health Canada (HC) and the Public Health Agency of Canada (PHAC) continue to address mounting mental health and substance use stresses that have grown under the pressures of the pandemic through informational and support services.

Public communications efforts to make Canadian aware of and motivate interest in preventative information and free supports continue to be a necessity. This calls for research with Canadians to continue putting their health and safety needs at the heart of HC and PHAC's pandemic response.

Research purpose and objectives

HC and PHAC commissioned Quorus to conduct exploratory research through two phases of focus groups to be held in 2021 and 2022. Research was completed in late 2021 to assist the development of creative advertising concepts. Held in late September, the first phase campaign's early objectives were to reach Canadians aged 18 to 39 years to make them aware and motivate interest in practising core public health measures to protect themselves and the health and safety of others. Held in late October, the objectives of the second phase were to raise awareness of the pandemic's effect on Canadians' mental health and to motivate the use of free resources, tools, and professional support services available through the [Wellness Together Canada](#) web portal.

This research was designed to support the Government of Canada's mandate to pre-test campaign creatives with a media buy over \$1 million and to assist the goals of COVID-19 prevention and public safety measures.¹ It was also designed to elicit insights from audience groups relevant to designing future creative concepts and supporting materials for PHAC and HC COVID-19 advertising and marketing campaigns. It would also further develop the understanding of attitudes

¹ <https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=30682>

towards the campaign's creative concepts, building on knowledge gained from previous public opinion research.

Methodology

This report is based on online focus groups that Quorus completed between September 23 and October 25, 2021.

- A first wave of groups, held in late September 2021, consisted of 10 focus groups, of which four were with young Canadians 18 to 34 years of age, four were with adults 35 years of age and older, one was with members of the general population, 18 years of age and older, and one was with members of Indigenous communities. English sessions were conducted with participants in Atlantic Canada, Ontario, Prairies, British Columbia and in the three Territories, and French sessions were held with participants from Quebec.
- A second wave of groups, held from October 13 to October 25, 2021, consisted of 16 focus groups. The sessions were exclusively with specific target audiences, notably: four sessions with youth (18 to 24), three with seniors (65 and older), three with parents (with school-aged children), two with members from Indigenous communities, and four with ethnic and racialized individuals. English sessions were conducted with participants in Atlantic Canada, Ontario, Prairies, and in British Columbia, and French sessions were held with participants from Quebec and some francophones in Atlantic Canada.

In total, 162 individuals participated in the research.

Qualitative research disclaimer

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

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

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

Research results – phase 1

Four concepts were tested in the first wave of research, namely:

- A. “Hello goodbye,” featuring a series of pandemic-related scenes that showcase some activities and actions that Canadians are being encouraged to continue practicing and others that they can look forward to not having to experience anymore;
- B. “It’s okay,” featuring two characters (Cat and Matt) who are each successfully navigating public health measures in their own ways;
- C. “Rhythm,” an ad featuring various pandemic-related sounds coming together to create a cohesive rhythm or beat; and,
- D. “Good work,” showing people practicing public health measures being celebrated and encouraged to keep up the good work.

“**Hello goodbye**” was fairly well received in most groups, mostly for its lighthearted and memorable approach to communicating the importance of public health measures without being heavy handed or overly negative. Although some could not relate to some of the scenes, many felt the concept took a positive and optimistic angle and it motivated them to keep practicing public health measures because it reminded them of what they did not want to relive while also showing what they could look forward to once the pandemic is over. Participants felt that the main weaknesses in this concept was its ill-timed use of humour, its focus on the past, and the overall flow from beginning to end. There was also a sense that the general messaging lacked originality and that the concept featured information that was already well-known. In terms of the main message, most felt this concept was reminding Canadians to stay the course and to keep practicing public health measures, especially if they do not want to relive the past. Most participants would describe the tone in this concept as lighthearted, humorous, funny, positive and optimistic. That said, not everyone felt that the lighthearted tone was necessarily a positive feature of this concept and would sooner describe the overall tone as trite. If this ad were seen, there was limited interest in visiting the website.

“**It’s okay**” generally received moderate ratings with stronger ratings in a few groups. The key strength of this concept is that it suggests that Canadians have some say in how they practise public health measures and that it did not come across as moralizing. The concept instills confidence in how each Canadian might be practicing public health measures and recognizes that we can all achieve a common goal through individual approaches. Although some could not relate to the main characters, many appreciated that the characters reflected ethnic and gender diversity and that they also appeared to be trendy and healthy. The main concern with this concept was that it was perhaps too accommodating towards all the different ways that one can practice public health measures and that the overall message was somewhat contradictory to what public health agencies are telling them, which is that all public health measures should be practiced rather than

some sort of subset based on personal preferences and lifestyles. For most, the main message focused on reminding them to keep fighting COVID their own way and that together, we will succeed. Overall, participants felt this concept was lighthearted, simple and accepting. If this ad were seen, there was limited interest in visiting the website.

“Rhythm” generally received strong ratings overall, especially in the focus groups with young Canadians. This concept was widely praised for its potential to be a fun, unique, creative and engaging way to remind Canadians about the importance of practising public health measures. Although there was nothing new in the concept, it was communicating known information in a different, non-judgmental way which was refreshing to many. Another commonly noted strength were parts of the tagline that say “We’ve found our rhythm for staying well.” and “don’t miss a beat.” In terms of weaknesses, participants felt the concept was taking a roundabout way to convey a fairly simple message that they have been seeing and hearing far too often. Some were also concerned that the combination of noises might not be pleasant. While a few felt that the ad could still be effective given the self-explanatory nature of the images used and the good tagline on the last frame, most were skeptical that the ad would be effective without any sound. When asked about the main message, many were tempted to just repeat the voice-over script – that the Government is asking us to not miss a beat. The perceived tone largely depended on what participants’ expectations were of the sounds or music that would accompany the images. On a fairly consistent basis, youth were much more likely to perceive positive types of tones whereas adults were for the most part more neutral or negative. This concept would prompt some participants to visit the website, mostly out of curiosity.

“Good work” fared moderately well and was generally more likely to appeal to adults compared to younger Canadians. The unique and creative approach taken to celebrate the many small things and hard work that is done to limit the spread of viruses was praised. Participants felt that an ad that celebrates their efforts and indirectly says “thank you” is a refreshing and welcomed change. They also liked that the ad focuses on the importance to “help us, our friends, and our families stay safe” and “let’s keep up the good work.” Those less inclined to like this concept felt the ad ‘childish’ and that the government was treating Canadians like children who needed positive reinforcement for doing a job well done. Some also considered the tone overly celebratory and joyful which many felt was either inappropriate or disconnected from the fact that Canada was still in a pandemic state. Participants consistently felt that the main message was to “keep up the good work.” Whether the concept was liked or not, participants detected a celebratory, festive and cheerful tone in this concept. There was limited interest in visiting the website based on this concept and those who would visit it, tended to be adults.

After evaluating each concept separately, a brief discussion was held to identify the concept that participants feel would be most successful in motivating them to continue following public health

measures. Concept A (Hello goodbye) was most often selected as the preferred concept, mostly because of humour, relatable scenes and how it depicts what we want to avoid and what we want to achieve. This was closely followed by Concept C (Rhythm), which was liked for its creative potential, its unique musical approach to presenting a comprehensive list of public health measures and its strong tagline. It was a particularly popular concept among youth and younger participants not only for these reasons, but they were also generally more open to the idea of being reminded of the full range of public health measures compared to older audiences.

At the end of most sessions, participants were asked to focus on the four calls-to-action featured across all the concepts and asked to select the one they preferred. Participants tended to prefer options B (Learn how to keep up with healthy habits @ Canada.ca/coronavirus) and D (Let's keep up the good work. Learn how @ Canada.ca/coronavirus):

- Option B was concise and has a clear call to action that points straight to the website. It suggests that the website might have new information and it also suggests, through “keep up” that the information will be changing on an ongoing basis.
- Youth were less inclined to like any option that came across as a directive or an instruction – they did not like being “told what to do.” For this reason, many gravitated towards option D. There was appreciation for its positive, reinforcing and motivating tone. This was also a popular option among those who were no longer interested in learning anything new about public health measures or who felt there was nothing new to learn.

Research results – phase 2

Four concepts were tested in the second wave of research, namely:

- A. “More help,” featuring a series of words preceded by the term “more”, starting with negative words, gradually becoming increasingly positive as the ad progresses;
- B. “Help is everywhere,” featuring three different approaches to reaching out to Canadians who might be experiencing certain types of pandemic-related duress: pandemic news overload on a coffee cup, financial worries on an overdue bill, and isolation on a crossword puzzle;
- C. “Get help here,” an ad featuring four different approaches that each show a scene that are intended to depict loneliness or isolation: an empty park bench, a sofa in a family room, a table at a diner, and public transportation bench.

“More help” garnered very mixed reactions. Those who liked it could relate to the words featured, they appreciated the simplicity in the overall approach and the logical flow of the words, from

negative to positive, as well as the background colouring from dark to light. The repetition of the word “more” was also effective. Those who liked the concept less felt it did not grab their attention and that there was too much to read. To some, the concept felt unoriginal, outdated or of low production value. It was also noted that the concept lacked an early “hook” to keep them engaged and that the negativity at the beginning of the ad would likely deter them from wanting to see more. For most, the main message was related to “help” or “support” - that even though the pandemic has been difficult, there is hope and help to make things better for Canadians, and that some of this help is being offered by the federal government. The call to action to visit the website was for the most part clear to participants. In most groups, there were a few participants who indicated they would potentially click on the link, even if only out of curiosity to see what type of “free” help the government would have to offer. Even some who may not feel that they themselves needed help, mentioned that they may want to see what information or supports there are so that they can pass it along to others in their lives.

“Help is everywhere” garnered a moderate amount of appeal in most groups. Appeal was largely driven by relatability to the narrative or the situation shown (especially paying bills) and that the concept featured people, which enhanced the relatability of the concept. Getting a drink at a coffeeshop was not necessarily something that everyone could relate to, especially those who lived outside urban centers or those who said that they hadn’t gone out much during the pandemic. The voice over script was a positive element of this concept, as were the words “Help is here” above the URL. Those who liked it less could not relate personally or struggled to make a connection between the scenes (coffee shop or paying bills) and the pandemic and to COVID-related mental health issues. For all three variations, many suggested showing the face of someone who is visibly sad, struggling or otherwise in distress or in need of help, in order to enhance relatability as well as the main message. Due to some of the confusion related to the coffeeshop and paying bills, the perceived main messages were not always understood as they were intended. That said, the overarching main messages that were seen were that the government of Canada is here to help with mental health and substance use issues and is offering free support online. For the most part, the calls to action were seen as the same as the main messages. Visiting the website was also understood by the majority of participants as the intended and most important call to action, however, there was limited interest in visiting the website based on what was shown in these concepts.

“Get help here” generally received middle-of-the-road to positive reactions from participants. The creative execution of going from dark to light was deemed effective as it clearly depicted a way out, or hope. The voice over was seen as a strong element and the overall tone was considered empathetic, which was generally appreciated. The call to action to “get help” also appeared early in the concept, helping to draw viewers in. In terms of relatability, the park bench (C1) and couch (C2) were the most successful. Those who liked it less felt the concept in general was boring or

gloomy (at the beginning) and would not likely catch their attention. Others conveyed that the images shown didn't speak to them or their situation. Many across all groups felt a person should be featured and that the concept would be improved if it combined the images from all four concepts to better convey the notion of "anywhere." The main message of this concept was generally seen as a call for people to seek help for mental health issues resulting from the pandemic, and to seek it from the Government of Canada for free – no matter where they are, and no matter when. The call to action to visit the website for more information or for help was clear for most participants. A few in each group indicated they would click on the link to find out what type of free support was offered, although if they would, it would mainly be out of curiosity or to pass along to others.

After evaluating each concept separately, a brief discussion was held to identify the concept that participants feel would be most effective. The concept that received the most positive feedback and that was most often selected as the preferred one to be produced, was concept C, with A and B not too far behind, essentially tied for second place. Concept C was generally seen as the most comprehensive, relatable and "complete" concept. The idea to "Get help" conveyed early on as well as the prompt start of the voice over contributed to this. The visual of going from dark to light and the hope or positive outcome this insinuated were also appreciated. In this concept, the variations with the empty couch and the empty park bench tested better than the other variations although there was strong support for using variety of settings within a single ad rather than using one setting.

In two groups with Indigenous participants, radio concepts were tested – one in English and one in French. In both groups, the radio concepts received overwhelmingly positive feedback, mostly for having a relatable and to-the-point message conveyed with clear language and for being an ad that would engage them from beginning to end. Notorious Cree and Samian were recognized and popular among Indigenous youth on social media and great people to relay this message. "Culturally responsive" in particular was mentioned as a very positive term in the English concept. Participants also liked that there would be help in Indigenous languages and that more languages should be included. It was suggested that a simpler, shorter URL without hyphens would be better and more memorable.

In most groups, a brief discussion was held about the expectations for website content. Suggestions included a 24/7 phone number to speak directly to a mental health professional, a list of local and regional resources, an online live chat feature, FAQs on mental health, advice on how people can help themselves, including coping mechanisms, and free group-based or one-on-one counseling sessions.

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The project

Background

The pandemic has been hard on all Canadians.² Well over a year into it, the virus and variants have challenged the physical and mental wellbeing of many citizens.^{3,4}

As case counts slowly come down and vaccine uptake increases, public health measures have remained an important preventative practise to also help reduce the spread of the virus. However, public support for continuing to practise these measures has wavered – particularly among younger segments of the Canadian population aged 18 to 39 years.

To address this, Health Canada and the Public Health Agency of Canada have undertaken work to educate and motivate younger Canadians to continue practising core public health measures.

This work intends to earn support so that public health measures become routinely incorporated into everyday actions. The effects of these actions are expected to result in less transmission and much fewer COVID-19 cases, particularly among younger Canadians, even as the virus continues to circulate.

In addition to normalizing public health measures, HC and PHAC continue to address mounting mental health and substance use stresses that have grown under the pressures of the pandemic through informational and support services. Many Canadians of all ages are facing depression and anxiety for the first time in their lives, resulting from their demographics, feelings of social isolation, financial pressures, recovering from a COVID-19 infection, added caretaking responsibilities and more.^{5,6,7,8} For Canadians with existing mental health challenges, the pandemic has sparked additional stresses with a range of emotional, financial, and substance use effects.

COVID-19 continues to have serious public health measures and mental health implications. Public communications efforts to make Canadian aware of and motivate interest in preventative

² Health Canada. Current situation – Count of total cases of COVID-19 by province/territory as of March 29, 2021 <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html?stat=num&measure=total&map=pt#a2>

³ Statistics Canada (2021). COVID-19 in Canada: a one year update on social and economic impacts. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm>

⁴ Abacus Data (2021). Everything and nothing has changed: the pandemic one year later. <https://abacusdata.ca/pandemic-one-year-anniversary/>

⁵ S. Brooks et al (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. <https://www.sciencedirect.com/science/article/pii/S0140673620304608>

⁶ CAMH (2020). Mental health in Canada: COVID-19 and beyond. <https://www.camh.ca/-/media/files/pdfs--public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf>

⁷ Statistics Canada (2021). COVID-19 in Canada: a one year update on social and economic impacts - uneven social and economic impacts of COVID-19. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2021001-eng.htm#a4>

⁸ M. Taquet et al (2021). Bidirectional associations between COVID-19 and psychiatric disorder: retrospective cohort studies of 62 354 COVID-19 cases in the USA. *The Lancet*. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30462-4/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30462-4/fulltext)

information and free supports continue to be a necessity.^{9,10,11} This calls for research with Canadians to continue putting their health and safety needs at the heart of HC and PHAC's pandemic response.

Research purpose and objectives

HC and PHAC commissioned Quorus to conduct exploratory research through two phases of focus groups to be held in 2021 to assist the development of creative advertising concepts, starting the **first phase** in September 2021. The first phase campaign's early objectives are to reach Canadians aged 18 to 39 years to make them aware and motivate interest in practising core public health measures to protect themselves and the health and safety of others. This campaign builds on previous public health measures campaigns and is expected to influence an increased uptake of preventative measures.

The early objectives of the **second phase** are to raise awareness of the pandemic's effect on Canadians' mental health and to motivate the use of free resources, tools, and professional support services available through the [Wellness Together Canada](#) web portal. This campaign would build on smaller mental health digital advertising campaigns in fall 2020 and early 2021. This work will include special attention to demographics who have been disproportionately affected by the pandemic that might add to mental health challenges.¹²

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

- To identify a 'winning' or preferred creative concept among several options through one or more phases of testing to be produced.
- To evaluate each of the creative concepts and determine if the content is:
 - relevant to the audience,
 - clearly understood by the audience,
 - creatively appealing to the audience, and,
 - motivating the audience to action.
- To elicit suggestions/options for potential changes to ensure the message(s) and/or visual(s) resonate with the target audience, and to ensure the ad's messages and call-to-action are:
 - noticeable;
 - credible and relevant;

⁹ N. Panchal et al (2021). The implications of COVID-19 for mental health and substance abuse. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

¹⁰ Mental Health Commission of Canada (2021). COVID-19 and suicide: potential implications and opportunities to influence trends in Canada – policy brief. https://www.mentalhealthcommission.ca/sites/default/files/2020-11/covid19_and_suicide_policy_brief_eng.pdf

¹¹ D. Dozois (2020). Anxiety and depression in Canada during the COVID-19 pandemic: a national survey. *Canadian Psychology*. <https://psycnet.apa.org/fulltext/2020-63541-001.pdf>

¹² Statistics Canada (2020). Impacts on mental health. <https://www150.statcan.gc.ca/n1/pub/11-631-x/2020004/s3-eng.htm>

- in plain language and understood (in the intended way);
 - culturally appropriate for the target audiences;
 - effective at informing and educating Canadians about the virus; and
 - leaving a memorable impact on the target audiences.
- To elicit insights from audience groups relevant to designing future creative concepts and supporting materials for PHAC and HC COVID-19 advertising and marketing campaigns.
- Further develop the understanding of attitudes towards the campaign's creative concepts, building on knowledge gained from previous public opinion research.

Methodology

This report is based on online focus groups that Quorus completed between September 23 and October 25, 2021.

- A first wave of groups, held in September 2021, consisted of 10 focus groups, of which four were with young Canadians 18 to 34 years of age, four were with adults 35 years of age and older, one was with members of the general population, 18 years of age and older, and one was with members of Indigenous communities. English sessions were conducted with participants in Atlantic Canada, Ontario, Prairies, British Columbia and in the three Territories, and French sessions were held with participants from Quebec.
- A second wave of groups, held from October 13 to October 25, 2021, consisted of 16 focus groups. The sessions were exclusively with specific target audiences, notably: four sessions with youth (18 to 24), three with seniors (65 and older), three with parents (with school-aged children), two with members from Indigenous communities, and four with ethnic and racialized individuals. English sessions were conducted with participants in Atlantic Canada, Ontario, Prairies, and in British Columbia, and French sessions were held with participants from Quebec and some francophones in Atlantic Canada.

In total, 162 individuals participated in the research.

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

Findings

Research results – phase 1

Concept presentation context

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

- The concepts are draft versions and not yet finalized.
- If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. The ad concepts are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital or traditional media, such as social media or radio. These ads may also be translated in several other Indigenous and ethnic languages.
- Participants were reminded that depending on where they see these ads, they would be able to click on them to get more information.

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

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

Concept A – Hello goodbye

The following concept was shown in all sessions:

Well Canada, we've been putting in some great work, but let's not be too quick to say goodbye to all we've learned. We see quick cuts of people rolling up their sleeves, showing off their vaccine bandages,

...and respecting public health measures.

Like this! Let's keep doing this. We see different people washing their hands and using hand sanitizer.

Oh, and this. Looking good while staying safe! We see various shots of people wearing masks—one makes a real fashion statement.

This—this can stay. We see friends gathering together outdoors.

But remember this? Byeeee! We see bare shelves in the toilet paper aisle.

This? Hello, never a bad idea. We see a pharmacy with signs for flu shots and rapid tests.

Hmm, what else can go? THIS. We see a person who's clearly sick at their desk at work.

And this? We see a guy getting a bad amateur haircut from his roommate at home.

Buh-bye. Forever.

Let's keep saying hello to public health measures.
Canada.ca/coronavirus

Let's keep saying hello to public health measures. Find them at Canada.ca/coronavirus

Canada

A message from the Government of Canada.

General reactions

This concept was fairly well received in most groups. This concept was mostly praised for its lighthearted and memorable approach to communicating the importance of public health measures without being heavy handed or overly negative. It was, as some said, a gentle reminder without telling them what to do. As well, many felt the concept took a positive and optimistic angle that reinforced what we could all look forward to if we stay the course. In some ways, the concept motivated them to keep practicing public health measures because it reminded them of what they did not want to relive while also showing what they could look forward to once the pandemic is over.

Many could also relate to most if not all scenes in the concept, both in terms of what they did not like in the worse of the pandemic and what they look forward to when the pandemic subsides. Those who appreciated this concept also felt that the message was clear, precise and provided simple guidelines in terms of what they should be doing.

Finally, a few also noticed that the concept was a gentle reminder that there are some public health measures that should probably survive the pandemic because there will continue to be other reasons, especially seasonal viruses, that will warrant ongoing practise of these measures.

Participants felt that the main weaknesses in this concept was how it approached humour, its focus on the past, and the overall flow from beginning to end. More specifically, some felt that the pandemic is a serious matter that warrants serious advertising and messaging. As such, the lighthearted and casual tone was seen as inappropriate. Furthermore, some participants would prefer a concept and messaging that is forward-focused rather than one that relives the negative aspects of the past. From a flow perspective, some participants felt that the sequencing of the scenes was uneven and that there was no logical or easy storyline. Some also felt that the concept could have benefited from being more direct and brief.

There was also a sense that the general messaging lacked originality and that the concept featured information that was already well-known. On a related note, a few also felt that saying “hello” to some of the public health measures seemed awkward since they have been with us already for some time. If anything, we should “continue to say hello to...” the various public health measures. In the end, some participants were frustrated that this type of advertising was still needed. This frustration was focused on non-complying citizens who continue to disregard public health measures rather than being focused on the Government for putting out this type of advertisement.

A few additional issues that participants had with this concept included:

- Some participants in Atlantic Canada could not relate to some of the scenes since they did not experience the same types of lockdowns as other parts of the country.
- The concept lacked diversity since we do not see any children, seniors, or people with a disability.
- A few did not appreciate the language in the voice-over script, especially “buh-bye.” It was suggested that the ad was trying to be “cool.”

Perceived main messages

According to most participants, Concept A was reminding Canadians to stay the course and to keep practicing public health measures, especially if they do not want to relive the past. Participants repeatedly used terms like “keep it up,” “keep up what we’ve been doing” and “keep on going” to stress how the concept was conveying a need to stay the course. Some also noted how the concept was telling us that good times are ahead if keep practicing public health measures and that history

will repeat itself if we decide to stray. A few also saw that the concept was reminding us that public health measures cannot be ignored even if we are vaccinated.

Other messages seen in this concept included:

- These are lessons learned, let's keep learning
- It will be OK
- Practice makes progress
- This is the new normal

Participants did not feel this concept was effective in terms of conveying the work that Canadians have done to limit the spread of COVID-19. In fact, some feel it was quite weak in this respect, especially given all the significant sacrifices and hurdles Canadians have had to overcome since the beginning of the pandemic, including the work done by front-line workers, the job loss, illness, isolation/not seeing friends and family, death and other changes that Canadians have had to make to their daily routines (e.g., working from home, etc.). If anything, the ad shows how Canadians have become creative and resourceful by showing stylish masks and homemade haircuts.

However, the concept was seen as fairly effective at helping Canadians understand the importance of public health measures to slow the spread of COVID-19. Participants felt the concept achieved this by showing the consequences of not following public health measures and the benefits of following them. That said, some felt the “consequences” featured (e.g., a bad haircut and a toilet paper shortage) were too inconsequential and that more serious impacts should be featured, such as sick or dying people.

Perceived tone

Most participants would describe the tone in this concept as lighthearted/humorous/funny, positive and optimistic. That said, not everyone felt that the lighthearted tone was necessarily a positive feature of this concept and would sooner describe the overall tone as trite.

A few also felt that the Government was talking down to them through simple humour and “low grade simplicity”, which made them feel like the approach was condescending. Those who felt that the overall flow was disjointed described the overall tone as confusing and inconsistent.

Other perceived tones included:

- Balanced
- Going forward backwards
- For hipsters

Call to action

If this ad were seen, there was limited interest in visiting the website. Participants explained that the ad did not feature anything new or did not suggest that by visiting the website, they might learn anything new. The ad struck them as a friendly reminder rather than a prompt to go to a website to learn about public health measures that have been around for nearly 18 months. Many also explained that, while they might not be opposed to friendly reminders from time to time, they are not interested in learning about new public health measures.

The few who would visit the website would want to find the following:

- More positive reinforcement, i.e., other reasons to keep practicing public health measures
- Additional measures beyond those featured in the ad
- Ideas about what the public health measure priorities are moving forward
- Resources on where and how to get vaccinated in their province
- Public health measures specific to their province
- Statistics in general but also specific statistics on vaccination rates

Concept B – It's okay

The following concept was shown in all sessions:

 <p>This is Cat. This is Matt. We see a split screen of two people, each in their homes. Both are pretty happy to be fully vaccinated against COVID-19. Cat does a happy dance. Matt gives a calm thumbs up.</p>	 <p>And both have different strategies for helping everyone stay healthy. We see a close-up on Cat washing her hands, and a close-up on Matt cleaning high-touch surfaces.</p>	 <p>Cat's gonna keep following public health measures, like staying in when she feels sick. We see Cat eating soup on the couch, wrapped in a blanket.</p>	 <p>Matt's going to add a few extras, like dining outdoors and opening windows for ventilation. We see Matt eating pho on a patio with a friend.</p>
 <p>It's okay to be Cat. It's okay to be Matt. The screen splits, with a close-up on Cat sneezing into her elbow and Matt putting on his mask.</p>	 <p>It's okay to stay well—your way. We see Cat and Matt in their original settings. They look to each other (through the split screen) and smile.</p>	<p>Learn how to keep up with healthy habits. Canada.ca/coronavirus</p>	 <p>Canada</p>
		<p>Learn how to keep up with healthy habits at Canada.ca/coronavirus</p>	<p>A message from the Government of Canada.</p>

General reactions

This concept generally received moderate ratings with stronger ratings in a few groups. The key strength of this concept is that it suggests that Canadians have some say in how they practise public health measures. Participants liked that it did not come across as moralizing or “judgy” (i.e., non-judgmental) for the choices that people make and that, through the characters featured, the concept instills confidence in how each Canadian might be practicing public health measures. Participants appreciated that the concept recognizes that we can all achieve a common goal through individual approaches and that we have flexibility and choice. A few felt that this inclusive approach contrasts with the divisive debates they are hearing and seeing on a lot of the airwaves and headlines.

The concept was also praised for its choice of characters. Although some did not like the choice of names (more voiced annoyance with the names than there were who actively said that they liked them), many appreciated that the characters themselves captured ethnic and gender diversity and that they also appeared to be trendy and healthy.

Participants also praised the concept for its simplicity, both in terms of the types of actions that one could take but also in terms of the easy-to-follow flow of information.

The main concern that participants had with this concept was that it was perhaps too accommodating towards all the different ways that one can practice public health measures. They explained that excess in “individualistic” approaches to handling the pandemic is exactly why we cannot seem to move beyond it. They feel the concept leaves too much to interpretation and overly encourages citizens to take their own liberties with public health measures.

Participants also felt that the overall message was somewhat contradictory to what public health agencies are telling them which is that all public health measures should be practiced rather than some sort of subset based on personal preferences and lifestyles. They feel that public health agencies are telling them that they must be both Cat and Matt.

Some participants suggested the concept should go beyond just showing specific public health measures by giving reasons why these measures are important. On the one hand, a few suggested that the concept does not do enough to convey the consequences of not practicing public health measures and that it should take a more severe tone to encourage compliance. On the other hand, a few felt the concept would be improved by showcasing what vaccinated people are looking forward to doing, such as travel, meet-up with friends, etc.

Another weakness in the concept was that not everyone could relate to the characters. For instance, a few older white participants could not relate to either character while some participants from northern and rural Canada could not relate to the idea of eating pho. A few older participants liked that the ad focused on millennials since they are considered a cohort that seems to be overly casual regarding public health measures. In the end though, there was interest in seeing more diversity in the ad. A few suggestions to help achieve this included:

- The ad should only feature one character at a time.
- A few also suggested that a series of similar ads could be produced to represent other individuals in society and other ways of practicing public health measures.

A few additional issues that participants had with this concept included:

- Some concern with the focus on high touch surfaces when COVID is said to be airborne.
- Sneezing into one's elbow may work for regular flu but not for COVID.
- The concept did not present anything new.

Perceived main messages

According to most participants, Concept B was reminding Canadians to keep fighting COVID their own way and that together, we will succeed. In a related manner, the concept was also seen as saying that there is no definitive or single way of containing the virus. Some also felt that the concept was specifically reminding vaccinated Canadians that they need to keep practicing public health measures while others felt the concept was encouraging all Canadians to “keep going”/ “keep it up.”

Other messages seen in this concept included:

- Be safe for yourself and for others
- Everybody is different
- Get vaccinated and be happy
- You can still live your life within “our” (i.e., the government’s) guidelines

The concept was not seen as effective at helping Canadians understand the importance of public health measures to slow the spread of COVID-19. If anything, it seems to suggest that the measures are all optional.

Perceived tone

Overall, participants felt this concept was lighthearted, simple and accepting. Those who liked the concept felt the tone was reassuring, comforting, positive and conciliatory. Those who were less inclined to like this concept described the tone as confusing, conflicting or “neutral” – that it did not really make them feel one way or another. Finally, a few felt the tone was passive or too soft, and that the tone should instead be stronger or harsher. Other perceived tones included:

- Hip
- Trendy
- Calm

Call to action

If this ad were seen, there was limited interest in visiting the website. Participants explained that the ad did not feature anything new or did not suggest that by visiting the website they might learn anything new. Participants explained that the ad seemed to clearly explain what needed to be done and it reinforced that even if what they were doing is not shown in the ad, the underlying message suggested that what they were doing was probably okay.

The few who would visit the website would want to find the following:

- Things we should and should not do
- Different or new scenarios and strategies to practice public health measures
- Tips
- The latest ways to follow the rules
- What else should be done other than vaccination
- Ongoing measures that can be taken beyond the pandemic

Concept C – Rhythm

The following concept was shown in all sessions:

We hear paper being pulled off a bandage, then see it placed on a recently vaccinated person's arm.

We hear the squeaks of a faucet and the rush of water running as a person washes their hands.

We layer in a squirt of hand sanitizer and the sound of hands rubbing together in a steady rhythm. We hear sounds of sprays and wiping as someone cleans a high-touch surface.

Each sound fits together, creating a looping rhythm. We layer in the sound of someone opening a rapid test kit.

We layer in sounds of windows opening to improve ventilation.

We layer in sounds of someone typing a "home sick today" text to their manager, then sending it off with a "whoosh."

We layer in the snap of elastic ear loops as people put on their masks.

We layer in a squeak of a sneaker on the floor as someone steps to the side to keep their distance from others.

All the sounds and rhythms loop, building a fuller, more powerful song. **We've found our rhythm for staying well.**

Don't miss a beat.
Learn how at Canada.ca/coronavirus

Learn how to keep up with healthy habits so you don't miss a beat.

Canada

A message from the Government of Canada.

General reactions

This concept had strong appeal overall, especially in the focus groups with young Canadians. This concept was widely praised for its potential to be a fun, unique, creative and engaging way to remind Canadians about the importance of practising public health measures. Participants explained that although there was nothing new in the concept itself, it was communicating known information in a different way which was refreshing to many. Participants also appreciated that the concept did not come across as overly pushy or moralizing.

Another commonly noted strength was the tag line, especially the segments that say "We've found our rhythm for staying well." and "don't miss a beat." Participants explained that this was a simple, relevant and catchy way of capturing where we are in the pandemic and why it is important to keep practicing public health measures. A few also suspected that just like each sound is needed to make a complete song, each public health measure needs to be practised to achieve the goal of ending the pandemic.

Many also enjoyed how the ad would build into a song with good pace, rhythm, and momentum, rising into a crescendo. A few also expected that if the song is catchy, that it could become quite memorable and ultimately "stay in the back of your head."

Finally, many positive comments were made about how comprehensive the ad was (i.e., it shows everything there is to know and do), that the shown measures came across as simple actions, and that they were all quite familiar: “there is no guesswork.”

In terms of weaknesses, participants primarily focused on the excessive number of images that have become all too familiar to them. There was a concern that the concept was taking a roundabout way to convey a fairly simple message but that in the end, it is something they feel they have been seeing and hearing far too often.

Some were also concerned about whether the combination of noises could in fact lead to a pleasant song. There was concern that some of the individual sounds might not be pleasant at all (e.g., the squeak of faucet, a squirt of sanitizer, or the squeak of a sneaker) and that combining them might be even less pleasant. A few even felt that the cacophony of noises might in fact be somewhat anxiety-inducing or annoying.

The choice of images was also questioned by some who felt that a few could easily be taken out of context or apply to something entirely different and that without the proper initial setup or introduction, the viewer might disconnect before they get to the catchy punchline. A few also suggested that the images had an overly “medical” theme to them and that this was a turn-off.

Finally, a few spontaneously questioned whether the concept would be effective if there was no sound to the ad. In addition to proposing that the ad would not be completely accessible for those with a hearing impairment, some also explained that they do not always have the volume on their television or on their computer. While a few felt that the ad could still be effective given the self-explanatory nature of the images used and the good tagline on the last frame, most were skeptical that the ad would be effective without any sound.

Perceived main messages

When prompted to explain the main message, many were tempted to just repeat the voice-over script – that the Government is asking us to not miss a beat. Many comments were a play on this phrase, including: keep the rhythm; keep going /keep on going; keep it up; keep doing what you are doing; we can’t stop now (translation of “Faut pas lâcher!”).

A few also felt that the main message hinted at the importance of a collective effort and that only together can we achieve “harmony.” These participants proposed messages such as: Doing it together is stronger; If we take all these steps, we will get through this together; and let’s work together – let’s not give up.

Other messages seen in this concept included:

- We've been doing this all along, it's easy to keep going
- What we are doing is working, keep doing it
- The fight is not over

The concept was seen as taking a very soft and subtle approach to conveying the importance of following public health measures. While it was certainly effective at summarizing everything that needs to be done, the implications of “missing a beat” are left to interpretation. The ad does not explicitly indicate why it is important to follow public health measures.

Perceived tone

The perceived tone largely depended on what participants' expectations were of the sounds or music that would accompany the images. On a fairly consistent basis, youth were much more likely to perceive positive types of tones whereas adults were for the most part more neutral or negative.

- On the one hand, youth tended to describe the tone as: upbeat, playful, pleasant, engaging, hopeful, uplifting, happy, festive, optimistic, energetic and rhythmic.
- On the other hand, adults tended to describe the tone as: steady with no real emotion, negative, repetitive, boring, childlike, annoying, and condescending.

This pattern was not perfectly consistent however – there certainly were adults who were excited to hear the end product and some younger participants disliked the concept.

Call to action

This concept would prompt some participants to visit the website, mostly out of curiosity. Those who would visit the website would want to find the following:

- New preventative measures – what there is to do, with the caveat that what is on the website needs to be more than what is featured in the ad concept.
- Since there are images pertaining to getting vaccinated and tested, these was an expectation that the site would inform them on where they could get vaccinated and tested.
- Some information conveying why it is important to keep practicing public health measures.
- Have an opportunity to hear or watch the ad again.

- Access a central portal that provides information on what is happening in each province in terms of public health measures.
- Information that would help them stay up to date or informed (so as not to miss a beat) – for instance a newsletter.

In one focus group with youth, all participants saw themselves sharing this ad on social media, which could further extend the impact of the campaign concept.

Concept D – Good work

The following concept was shown in all sessions:

A woman starts washing her hands in her kitchen. Suddenly, she hears a scuttling sound.

She glances over and sees her fridge magnet letters have assembled to say "WAY TO GO LINDA." She turns off the tap, and the letters go back to being mixed up. She turns on the tap, and they rearrange themselves to say "YESSSSS."

A man starts to put on his mask before entering a store. As he puts it on,

*...confetti begins to fall. He looks confused. He takes the mask off, and the confetti freezes. He puts the mask back on, and the confetti starts to fall again. **We've picked up lots of healthy behaviours, and that's a pretty big deal.***

A man is disinfecting his kitchen with his kids. He opens the kitchen window, and then disinfects the countertop, while his kids wipe down doorknobs.

*A disco ball drops down from the ceiling, and colourful lights twinkle under the countertop. The family stops and looks confused. The lights stop flashing. They look at each other, shrug and one of the kids gets back to cleaning. The lights start flashing again, and the kitchen is full of bright disco lighting. **Let's celebrate the hard work we've put in by sticking with the habits that can help us, our friends, and our families stay safe.***

Let's keep up the good work.
Canada.ca/coronavirus

Learn how at Canada.ca/coronavirus

Canada

A message from the Government of Canada.

General reactions

Overall, this concept fared moderately well and was generally more likely to appeal to adults compared to younger Canadians. The concept did also attract its fair share of critics among segments.

Those who liked this concept typically focused on the unique approach taken to celebrate the many small things and hard work that is done to limit the spread of viruses. Participants feel that they are usually seeing ads that remind them that they need to keep following public health measures, which most feel they are actually doing. To then see an ad that celebrates those efforts and indirectly says “thank you” is a refreshing and welcomed change.

Participants also liked the voice-over script and the tag line at the end of the ad. Even those who were less inclined to enjoy the creative execution of the concept seemed to feel like the script was strong. Segments that particularly stood out included references to “help us, our friends, and our families stay safe” and “let’s keep up the good work.” Participants felt the script conveyed three important themes:

- It recognized the hard work Canadians have been doing
- It captured why this work is being done, and,
- It effectively reminds them to continue going without coming across as overly “bossy.”

The creative execution also played an important role in generating appeal for this concept. Participants explained that the scenes depicted, the stop-and-go actions and the unusual start to the ad all came together to create an ad that hooked them from the start, motivated them to keep watching and made them feel good by the end.

- The start of the concept either led to intrigue and interest in the concept or it turned participants off. The ‘phantom’ movement of letters on a fridge door confused some early in the concept which turned them off the ad entirely whereas for others, curiosity was piqued, and they wanted to know where the rest of the ad would take them.

Finally, some appreciated that the concept focused on everyday tasks that can be done (and celebrated), that the measures featured also included household activities and that they are all things that can be done quite easily. A few also noted how the concept seemed to suggest that these are things that we could be doing beyond the pandemic.

Those who were less inclined to like this concept focused on two main issues. First, there was a sense that the ad was ‘childish’ and that the government was in turn treating Canadians like children who needed positive reinforcement for doing a job well done. On a related note, a few participants explained that they are not sure why they are being rewarded for things that they are being told they must do, such as wear a mask. As well, a few felt that they are not following public health measures so that they can get a proverbial pat on the back from the Government – they are self-motivated and are following the measures for bigger reasons.

- It was suggested that the voice over script also refer to how Canadians are working towards keeping their communities safe as well.

The other main issue raised by participants was that the concept was considered overly celebratory and joyful which many felt was either inappropriate or disconnected from the fact that Canada is still in a pandemic state. The sense was that insofar as people were still getting sick and even dying, there was nothing to celebrate – “we are not out of the woods yet.”

A few felt that a public service announcement should convey new or important information, which this concept was not seen as doing at all.

Finally, a few participants would have preferred an approach that clearly showed why it is important to follow public health measures. Suggestions included either a more severe or harsher tack by showing the consequences of not following public health measures, or conversely, by showing real-life rewards for doing all this work, rather than confetti and disco balls.

Perceived main messages

From group to group, participants consistently felt that the main message was to “keep up the good work,” which is the final tag line in the concept. Some took it one step further and felt the message was to keep up the good work and we will eventually be rewarded. Variations on these themes included:

- Keep doing what you do
- There’s positive for everyone if we keep doing this
- Miracles will happen if you keep doing these things
- Keep up healthy habits
- Keep going
- Carry on
- Let’s keep it up and we’ll get through this
- Good things will happen if we protect ourselves
- Follow the guidelines and it will all work out
- Keep yourself and your bubble safe

A few felt that the Government was cheering them on, congratulating them or saying “thank you.” Other messages seen in this concept included:

- Stay safe – stay clean
- We’ve been through a lot – we are all doing our share

The concept was seen as taking an indirect approach to conveying the importance of following public health measures. Many felt that the reasons for needing to follow public health measures are inferred – that we will eventually be rewarded.

Perceived tone

Whether the concept was liked or not, participants detected a celebratory, festive and cheerful tone in this concept. Those who enjoyed the concept noted that this tone was a positive feature of the concept whereas those who did not like the concept felt that the tone was excessively or inappropriately celebratory, festive and cheerful. A few would also indicate that the celebratory mood was cheesy or corny or lacked authenticity.

Other terms used by those who liked the concept included: uplifting, catchy, appreciated, hopeful, fun, optimistic, lighthearted, energetic, and jovial.

Other terms used by those who did not like the concept included: light and fluffy, tone-deaf, tacky, off-putting, awkward thank you, repetitive (with all the other COVID ads), exaggerated, confusing, unrealistic, and childish.

Call to action

There was limited interest in visiting the website based on this concept and those who would visit it, tended to be adults. Participants explained that the concept focuses on celebrating our achievements and saying “thank you” - it does not give them a reason to visit the website. Besides, many feel they already know the various public health measures and are in many ways feeling inundated with that type of information so they will not go through the trouble of seeking more out on the website.

Other than a few who would simply visit the site out of curiosity, those who would visit the website would want to find the following:

- Statistics that showcase how far we’ve come, i.e., positive statistics such as vaccination rates, etc.
- Different ways to stay safe / alternatives to the usual sanitizing products being used
- A list of things to keep doing
- More positive reinforcement – more examples of celebration scenes

Advertising concept comparison

After evaluating each concept separately, a brief discussion was held to identify the concept that participants feel would be most successful in motivating them to continue following public health measures.

Concept A (Hello Goodbye) was most often selected as the preferred concept, mostly because of humour, relatable scenes and how it depicts what we want to avoid and what we want to achieve. This concept was the stand-alone “winner” in three sessions and split the vote in two other sessions.

The next most popular concept was Concept C (Rhythm), especially given its creative potential, its unique musical approach to presenting a comprehensive list of public health measures and its strong tagline. This concept was the stand-alone “winner” in two sessions and split the vote in four other sessions. It was a particularly popular concept among youth and younger participants not only for the reasons listed above but they were also generally more open to the idea of being reminded of the full range of public health measures compared to older audiences.

The next most popular concept was Concept D (Good Work) mostly because of its creative and unique approach combined with a positive message that focused on encouragement and motivation. Here as well, participants felt the message was clear and compelling. For all its strengths, this concept did tend to be one of the most polarizing concepts tested. This concept was the stand-alone “winner” in one session and split the vote in two other sessions.

Finally, Concept B (It’s Okay) was deemed the least motivating concept although it still garnered some support in a few sessions (it split the vote in two sessions). These participants liked that this concept celebrated diversity, individual choice, and was not divisive. The trendy and lighthearted tones were also appreciated.

Calls-to-action preferences

At the end of most sessions, participants were asked to focus on the four calls-to-action featured across all the concepts and asked to select the one they preferred:

- A. Let's keep saying hello to public health measures.
Find them @ Canada.ca/coronavirus**
- B. Learn how to keep up with healthy habits @ Canada.ca/coronavirus**
- C. Learn how to keep up with healthy habits so you don't miss a beat. Learn here @ Canada.ca/coronavirus**
- D. Let's keep up the good work.
Learn how @ Canada.ca/coronavirus**

Participants tended to prefer options B and D for the following reasons:

- Option B has a clear call to action that points straight to the website. It suggests that the website might have new information and it also suggests, through “keep up” that the information will be changing on an ongoing basis. This tended to be a popular option among adults who were much more open to learning about new public health measures and anything new pertaining to the pandemic. For many, options B and C were interchangeable, but B was preferred because it was more concise.
- Youth on the other hand were less inclined to like any option that came across as a directive or an instruction – they did not like being “told what to do.” For this reason, many gravitated towards option D. Among both adults and youth who liked option D, there was also appreciation for its positive, reinforcing and motivating tone. This was also a popular option among those who were no longer interested in learning anything new about public health measures (or who felt there was nothing new to learn).

Option C also had its proponents and they tended to be mostly, although not exclusively, youth. The musical metaphor was appealing. As well, the invitation to learn healthy habits was intriguing to participants, including some youth, who did not have an issue with learning something new about public health measures.

Option A was never selected in any of the groups, mostly because it sounded awkward, and it was not motivating.

Research results – phase 2

Concept presentation context

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

- The concepts are draft versions and not yet finalized.
- If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally produced with actors, etc. The ad concepts are currently being considered by the Government of Canada to produce short video ads that could eventually appear on digital media.
- Participants were reminded that depending on where they see these ads, they would be able to click on them to get more information.

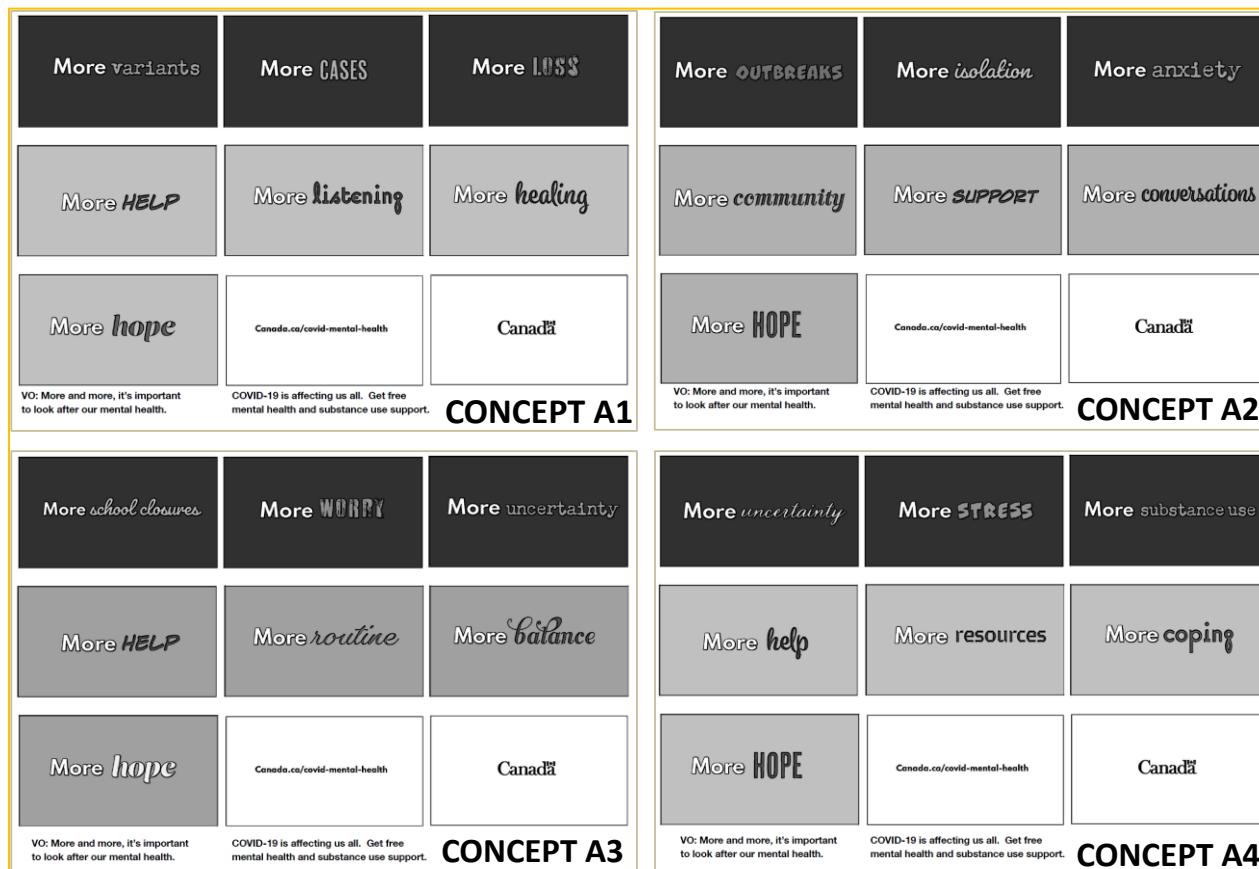
A total of three “concepts” were presented in each session. Each concept had a number of variations, with groups shown only one variation for two concepts (A and B), and all variations for a third concept (C). The specific variation prioritized in each session was based on the target audience – the client team identified which concept variation they wanted tested for each target audience. The order of concepts A, B and C for each session was randomized. Details on the order of concepts shown per session is available in the moderation guide available in the main report’s appendix.

In the two focus groups with Indigenous audiences, a radio ad concept was also tested – one in English and one in French.

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

Concept A – More help

Each group was shown one of the following four concept variations:



Concept A1 was targeted towards seniors and racialized Canadians; concept A2 towards youth, seniors and Indigenous audiences; A3 towards youth and parents; and A4 towards the general population.

General reactions

This concept overall garnered very mixed reactions, with some participants giving very positive feedback and others being quite negative – and everything in between.

Those who liked it often mentioned that the concept's simplicity spoke to them, commenting that it was straightforward, with words that were clearly understood and that did not leave much up to anyone's imagination or interpretation. The logical flow of the words, from negative to positive, as well as the background colouring from dark to light were also often seen as positive elements of this concept and giving the message overall a positive spin. These elements were said to lead not only logically to the word "hope" but also that it actually instilled a sense among participants that there is hope in the current situation, or that the government is helping with finding solutions. There were also those who said the repetition of the word "more" was effective.

Some participants also said they could relate to the words and the story the words were telling. For example, many parents said that school closures (A3) had affected them and their families. Others said that many people felt stress (A4), for example students having stress related to online school or exams.

There was also some positive feedback about the voice over. Participants often focused on the idea of “free” support, which was said to be a good message and one that grabbed people’s attention. Moreover, some said that the text “affecting us all” in the voice over made this an inclusive concept with a potential for broad appeal.

Those who liked it less generally said that the concept did not appeal to them or did not grab their attention. To some, it felt a bit unoriginal, outdated or a concept with low production value. Others said that they would not want to have to read this much. Some also said they could not make a personal connection to a concept with only words that did not depict people.

There were also a fair number of participants who felt that the concept was too broad and did not connect to the pandemic until the very end, at which point they would likely no longer be watching. The negative, “depressing” words and dark colours at the beginning made this concept not very appealing or eye-catching from the start, making it unlikely that it would be viewed through to the end. The connection to mental health was also not clear to all, particularly if the words shown were not relatable to viewers. Moreover, there were those who did not feel that mental health and substance use were a natural fit to be together in one advertising concept. Related to this, it was said that this concept would therefore give the sense that it was only geared towards those experiencing both, leaving a big part of the actual target audience to feel it was not for them.

A number of participants across groups expressed that some of the words (such as “anxiety,” in A2 or “variants” and “cases” in A1, or “résilience” in A4 in French¹³) were overused and had lost some meaning because of this. As well, for A1, feedback from some seniors included that it was misleading because there were in fact not more cases and deaths now compared to the past. Moreover, for A1, some argued that not everyone would be able to relate to “loss.”

In the voice over, there were participants across groups, including parents, who took offence to the idea of “more and more,” arguing that mental health has always been important.

Perceived main message

¹³ Refer to the appendix for the French version of the concepts.

The main message was for most clearly related to “help” or “support”:

- Even though the pandemic has been difficult on many/all people, there is hope and help to make things better for Canadians – there is light at the end of the tunnel if you are open to seeking help.
- There are new support and services offered by the federal government.
- This is geared to those who suffer from mental health issues and/or substance use issues as a result of the pandemic so they can get the support they need.

Call to action

The call to action to visit the website was for the most part clear to participants. In most groups, there were a few participants who indicated they would potentially click on the link, even if only out of curiosity to see what type of “free” help the government would have to offer. Even some participants who may not feel that they themselves needed help, mentioned that they may want to see what information or supports there are so that they can pass it along to others in their lives. A few parents mentioned they would look to see if there would be anything on the website that would help them support their children. Seniors in general were also less likely to visit the website for themselves but to nonetheless be curious and willing to pass along information if they thought it would benefit others around them.

On the other hand, many others felt that the concept was not compelling enough to go look for resources, or that the URL came too late in the ad (and that they therefore would not see it.)

To some, the call to action was not clear or not explicit enough. They suggested that instead of just a URL, there would be a clear prompt to “visit” or “go to” the website. This could be a verbal or visual cue, for example “click here for help”. Some also suggested that there could also be some more specific hint of what they may be able to find on the site – providing a clear reason to check it out. A few participants, mainly seniors, felt that the call to action was, or should be, to “call for help” but that a phone number was missing.

Some alternative calls to action mentioned included for people to be positive or to seek help in general.

Alternative voice over

In about half of the groups, an alternative voice over was tested, as follows:

Dealing with the impacts of COVID-19 can be difficult. More and more, it’s important to look after our mental health.

Get free mental health and substance use support at Canada.ca/covid-mental-health

While not everyone appreciated the alternative or said it was a better alternative, overall, many felt that it conveyed clearer and stronger messages than the original.

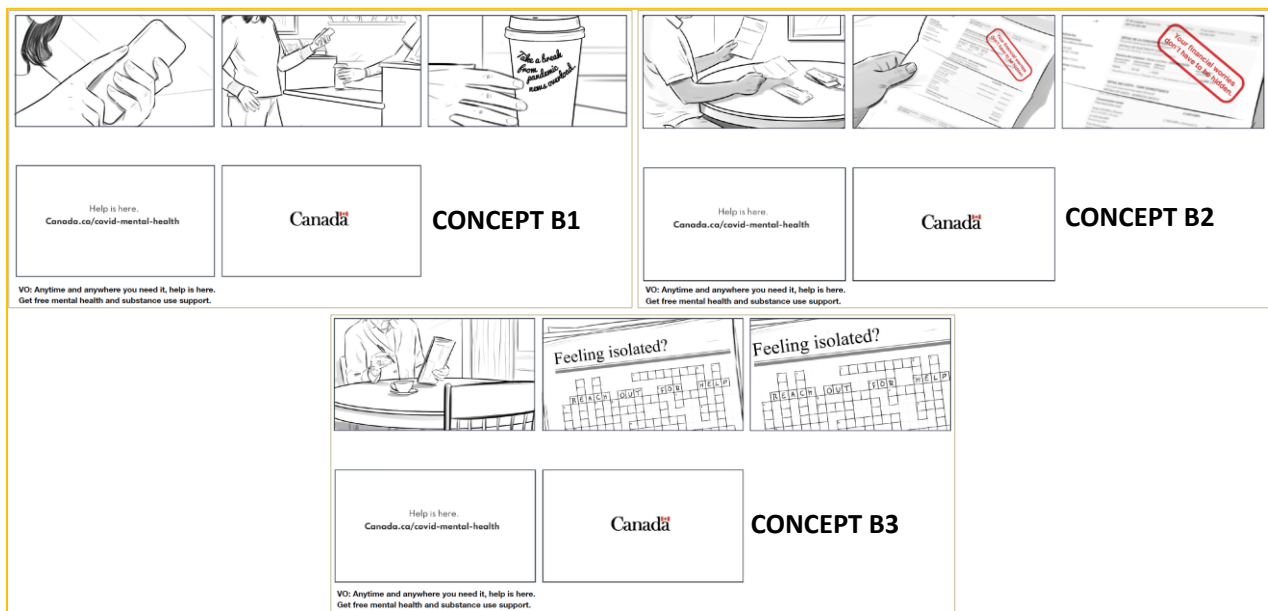
Those who preferred the alternative, often liked the mention of the website, which made the call to action clearer for them. As well, the new first sentence was said to be more relatable and doing a better job at contextualizing the words on the screen and tying everything together as an ad for government help for those suffering from mental health issues due to the pandemic. Some also said it normalized mental health as a challenge through acknowledging that it was difficult in general / for all or many people. This was especially true among parents, who specifically said that the words “dealing with” and “difficult” resonated and made the message speak to them more. Some seniors as well shared this sentiment, in some cases saying that the word “impact” was effective.

Among those who preferred the original voice over, the main reason for that was because it was shorter and broader than the alternative.

Some also felt there was not a real difference and did not like either of the options because the text “more and more” that they did not like, appeared in both versions.

Concept B – Help is everywhere

Each group was shown one of the following three concept variations:



Concept B1 was targeted towards the general population; concept B2 towards parents, Indigenous and racialized audiences; and B3 towards seniors.

General reactions

Overall, this concept had a moderate appeal in most groups. Many agreed that each of the variations had a few issues in either execution or messaging that could be resolved with some changes in the overall approach.

Those who liked it most often said that it was because they could personally relate to the narrative or the situation shown – whether to the idea of news overload or needing a break from their phones (B1), paying bills or financial worries (B2), or feeling isolated (B3). This created an emotional connection.

The fact that this concept featured a person was seen as a strong point, adding to the relatability factor.

Of the three variations, the idea of paying bills (B2) in particular garnered broad recognition, with participants saying that “everyone has to pay bills.” On the other hand, getting a drink at a coffeeshop (B1) was not necessarily something that everyone could relate to, especially not those who lived outside urban centers or those who said that they hadn’t gone out much during the pandemic. While the isolation theme (B3) was discussed with the senior cohort, some said that it could relate to Canadians of all ages, while others felt that it would speak more to the very elderly (i.e., participants’ parents, those in their 90s) and among that group, specifically those who lived on their own.

The voice over script was also mentioned as a positive element of this concept, as was the addition of “Help is here” above the URL, which enhanced the message and the call to action. Again, the offer of “free” help was also intriguing to participants. Some also mentioned that the idea of help being there “anytime, anywhere” was encouraging.

Some said that they liked that this concept focused on an issue or problem, with a clear solution. For example, for B3, seniors expressed that the question/answer element of “Feeling isolated/help is here” was a positive, clear, and direct message.

Those who liked it less often could not relate personally, or were confused by elements of the concepts, particularly B1 and B2. In general, these participants struggled to make a connection between the scenes (coffee shop or paying bills) and the pandemic and to COVID-related mental health issues as well as to the message conveyed in the voice over and the final frames.

For all variations of this concept, there was also a call by some to show the face of the person, preferably someone who is visibly sad, struggling or otherwise in distress or in need of help, in order to enhance relatability as well as the main message.

For B1, there was some confusion with the opening scene, which felt more like an ad for a coffeeshop. The words on the coffee cup were jarring to some, and not clear to others in that they did not see a connection to mental health struggles or substance use. It was suggested that the words should not be on the coffee cup, but rather somewhere else in the scene or in the voice over. This made for a seeming disconnect between the visuals and the ultimate intended message of getting help for COVID-19-related mental health issues, leading to a general dislike and sense that the ad would not be effective.

It was mentioned in a few groups that the notion of news overload felt a bit outdated or “too little too late,” – that this far into the pandemic, people had likely found their balance or were not as easily affected any more by news about the pandemic. This also led to the sense that, of all the different stresses Canadians may be feeling related to the pandemic for which they may want to seek help, news overload was a relatively minor one. Participants were not convinced that this issue should be the focus of a government ad designed to compel people to seek help for pandemic-related mental health challenges.

Concept B2 was the variation that caused the most confusion, with many participants indicating that the links between paying bills, financial stress, the pandemic in general and/or mental health issues or substance use due to the pandemic, were quite weak and too subliminal to pick up on. In each group there were one or a few participants who thought this would be an ad for financial support (from the government) or would be related to debt relief rather than an ad for mental health or addiction support.

Among seniors shown concept B3 who were less supportive of the concept focused on two aspects of the approach taken. They either focused on the fact that it was not targeted to them (but rather to older, lonely Canadians) or that it should not be targeted to them exclusively because isolation during the pandemic was something everyone, regardless of age, could experience.

In a few groups, participants once again called for the addition of a phone number, especially if they felt that they may want to forward this as a resource to others who were less likely to be online (for example seniors or those really struggling and needing immediate support). It was also said that it would be easier to jot down a phone number rather than a website link.

Perceived main message

Due to some of the confusion about concepts B1 and B2 in particular, the perceived main messages were not always understood as they were intended.

For this concept the overarching main messages that were seen were that the government of Canada is here to help with mental health and substance use issues, and is offering free support online. Specific to the variations, other messages were also seen, as outlined below.

For B1, other main messages mentioned were:

- Take a break (from news, social media) when you feel overwhelmed; put down your phone.
- Disconnect and assess your own mental health and need for help.
- Stay away from the news but get your information from the Government of Canada.
- There is help for COVID-19 fatigue.
- You're not alone.
- Help is here – use it.

For this variation, a few also mentioned that the message was somewhat contradictory in one of two ways:

- On one hand to disconnect from news and from one's phone; on the other hand, to go online and find help on the government website.
- On one hand that we are in a pandemic and should "do what we need to do" (stay at home, stay away from people); on the other hand, that it is ok to go grab a coffee and connect with other people.

A few participants were somewhat insulted that the government would be telling them not to follow the news on such an important topic, and that they were essentially being told to "stick their head in the sand."

For B2, other main messages mentioned were:

- The government is here to help with your financial woes.
- A lot of people have financial worries.
- Get help if you have financial struggles.

For B3, other main messages mentioned were:

- The pandemic causes isolation.
- We should reach out for help.

Call to action

For the most part, the calls to action were seen as the same as the main messages. Visiting the website was also understood by the majority of participants as the intended and most important call to action.

However, there was limited interest in visiting the website based on what was shown in these concepts. A few participants said they might click out of curiosity, to clear up the confusion about the message(s) they received, or to forward it to someone for whom it may be of more relevance or help.

As well, since some of the variations, particularly B1 and B2, were said to also include main messages that were not related to visiting the website, some participants said that they may heed some other advice. For example, for concept B1, some said they might consider disconnecting from their phones more or reflecting on their own overall mental health. There was a sense among some that the issue of news overload would not be solved by visiting the website. For B2, some said they would click to see whether financial support or tips for those struggling financially was offered.

Alternative voice over

In about half of the groups, an alternative voice over script was tested, as follows:

**The impacts of COVID-19 can be felt anywhere. Anytime, wherever you need it, help is available.
Get free mental health and substance use support.**

Many liked this new voice over script because it was said to do a better job than the original at tying in the images or the story with the message and call to action. It was said to go a long way to bridge that gap and provide context for what many felt to be the missing links in the concept, namely the tie to impacts of COVID-19 and the reason why people may want to seek help.

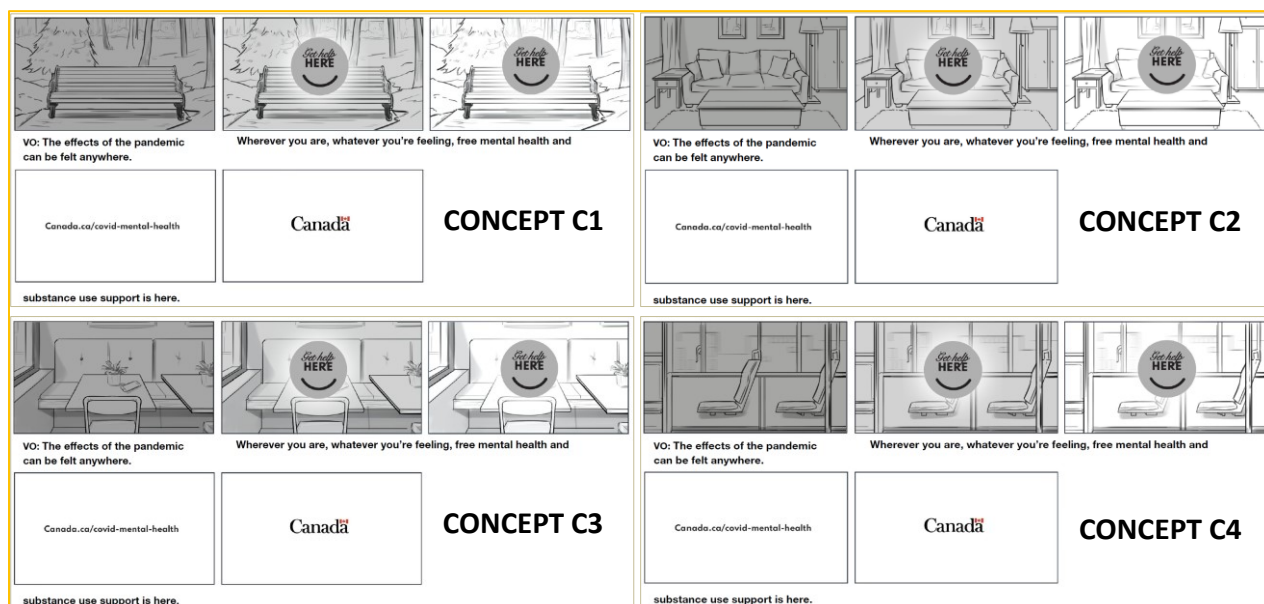
In general, many also liked the alternative because it was more direct in showing that there is

support. The new first sentence also struck a chord because it would draw in or relate to those who may not necessarily relate to the specific scenario of the concept, but who did agree that the impacts in general are there – anywhere and for anyone. As well, the addition of “you” in the second sentence was appreciated as making the voice over sound more like it was reaching out directly to the viewer – no matter who they were. This added a sense of inclusivity.

Those who preferred the status quo mostly felt that the simpler, shorter messages in general were better. Some also preferred the original because it was broader and not necessarily only related to the pandemic.

Concept C – Get help here

In each group, one of the following four concept variations was shown first and discussed in-depth. This was followed by a brief discussion of the other three variations:



Concept C1 was targeted towards the general population; concept C2 towards parents, Indigenous audiences and youth; C3 towards youth; and C4 towards youth and racialized Canadians.

General reactions

Overall, this concept received middle-of-the-road to positive reactions from participants.

Those who liked it most often pointed out the creative execution of going from dark to light as something that was effective as it clearly depicted a way out, or hope. The voice over was also

mentioned in a few ways as a strong element of this concept. Some pointed out that the fact that the voice over started right away helped them contextualize the images with the message from the get-go, making it immediately clear that this ad would be about the pandemic, leaving less to imagination and helping to draw them in. Others mentioned that the voice over gave this ad a broad and inclusive appeal. The overall tone of the concept was seen as empathetic, which was generally appreciated.

The call to action to “get help” also came early on in the concept, helping to draw viewers in – particularly for those who assumed this would be a clickable button.

Depending on the variation, relatability was also seen as a strength of this concept. Overall, the park bench (C1) and couch (C2) were more broadly relatable, while the coffee shop (C3) and transit settings (C4) did not play as well.

The park bench was seen as epitomizing a place where people should be but that was empty, as well as being an effective symbol for how people feel or felt during the pandemic (lonely, empty).

The couch was appreciated because “everyone has a couch.” Furthermore, during the pandemic, the couch symbolized loneliness for quite a few participants – it epitomized a place where they were or had been too much as a result of the restrictions. It was also commonly seen as a place where they may not have felt good or where they fell into unhealthy habits (too much sitting, too much TV watching, too much eating/drinking, etc.).

While the transit variation had more limited appeal, some (younger, urban) transit-users said that they related to this scene, or to the feeling of being disconnected or alone when on a bus or train, even when they were surrounded by people. Some also felt that this was a setting where they tend to do a lot of introspection and thinking, which is when they might be most likely to realize if they are going through mentally challenging times.

Those who liked it less often said the concept in general was boring or gloomy (at the beginning) and would not likely catch their attention. Others conveyed that the images shown didn’t speak to them or their situation. Some said that especially without sound, this concept would fall flat.

And while for many the idea of going from dark to light was a strength of the concept, there were a few who said that this was not strong enough to convey the message of hope, as the image essentially remained the same throughout.

When it came to relatability, a general comment about the concept was that the lack of a person in the settings made it difficult for them to feel an emotional connection. Participants suggested

that perhaps showing one lonely person, who was visibly sad or suffering, would be more powerful. In terms of the variations, both the empty coffee shop and transit did not have the broadest appeal, as many said they had not been going to coffeeshops or not had access to these, or to public transit (particularly in the case of more rural, northern or on-reserve participants). Moreover, there was some sense that we should not want to be in coffeeshops or on transit anyway, as that is where the virus is most likely to spread. Also related to the public transit variation, a few participants expressed that this was not a place where they would typically go to socialize, seek help or be around other people anyway, as was the case for the other three variations.

And while the empty park bench did connect for many, some participants said that being alone in nature was a positive experience for them rather than something to want to seek solace from.

A few participants pointed out that while the voice over said “anywhere,” only one situation or location was shown. Participants suggested to combine the images from the four concepts into one in order to convey the notion of “anywhere” more broadly. In fact, some even offered the idea of showing diverse scenes ahead of seeing alternative settings.

Creatively, in most groups, one or more participants commented that the “smiley face” with the “get help here” text was very jarring, out of place and confusing, as its cheerfulness was seemingly contradicting the rather somber and serious message.

Some suggested that the website could come in earlier in the concept and could be shown longer by for example being etched on the bench (concept C1).

In French groups, there was some discussion about the length and convoluted language used in the voice over, making it less appealing. The main concern was how the sentence ended with “ici” and that a better formulation would specifically reference the website.

Perceived main message

The main message of this concept was generally seen as a call for people to seek help for mental health issues resulting from the pandemic, and to seek it from the Government of Canada (or “here” as it says on the button) for free – no matter where they are, and no matter when. Doing this could bring light to darkness or help find brighter days. The message was generally seen as inclusive, pointing out that the pandemic potentially affected everyone and that there is help for everyone. Some said that it normalized mental health issues, suggesting that it is ok to seek help.

Call to action

The call to action to visit the website for more information or for help was clear for most participants.

However, a few participants questioned whether the “smiley face button” asked them to click on it to go to the same website, or that this would lead somewhere else. Some also said that the prompt to actually go to the website could be a bit stronger.

A few participants in each group indicated they would click on the link to find out what type of free support was offered, although if they would, it would mainly be out of curiosity or to pass along to others (if it was deemed useful or new information).

Alternative voice over

In about half of the groups, an alternative voice over script was tested, as follows:

**Hope, comfort, help, resiliency, community – they’ve kept us going throughout the COVID-19 pandemic.
But sometimes, we just may need some help.
No matter where you are, free mental health and substance use support is available.**

This alternative garnered mixed reactions. While for some, this was an improvement, others felt the opposite.

Those who preferred this new option tended to point out that they liked the following:

- The initial sentence, because they related to it and because they liked the positive sentiments it expressed. The word “community” in particular was appreciated by quite a few participants, notably Indigenous participants.
- The idea in the second sentence that suggested that it is alright to admit to needing help.
- The overall message, which was broader and more inclusive.
- It conveyed the idea of a partnership.

Those who liked the alternative less than the original, said this was because:

- The alternative was too long and wordy.
- It was merely “a bunch of buzzwords strung together.”
- It tied in less with the images than the original.

Advertising concept comparison

After evaluating each concept separately, a brief discussion was held to identify the concept that participants feel would be most effective.

The concept that received the most positive feedback and that was most often selected as the preferred one to be produced, was concept C, with A and B not too far behind, essentially tied for second place.

Concept C was generally seen as the most comprehensive, relatable and “complete” concept. The idea to “Get help” conveyed early on as well as the prompt start of the voice over contributed to this. The visual of going from dark to light and the hope or positive outcome this insinuated were also appreciated. In this concept, the variations with the empty couch and the empty park bench tested better than the other variations although there was strong support for using variety of settings within a single ad rather than using one setting.

Concept A, when chosen as the preferred concept, was said to be simple and with a clear message that could have a broad appeal. The words used had clear meanings and kept the guesswork out of the message. They also said that it had the potential to become a visually attractive and interesting ad if executed well, and that adding the appropriate music could also do a lot to make it effective.

Concept B was typically chosen by those who liked the visuals best, particularly because it was the only concept that showed a person. It was also more often preferred by those who could relate to the scenario they were shown, and by those who understood the message clearly.

Radio concept

In two groups with Indigenous participants, radio concepts were tested – one in English and one in French, as follows:

English:

Hi, I’m James Jones from Tall Cree First Nation, but you might know me better online as Notorious Cree.

This past year has been especially challenging for Indigenous communities. Sometimes the best way to face challenges is to ask for help.

The counsellors on the Hope for Wellness Help Line are ready to listen. They provide free, culturally responsive mental health support and crisis intervention in English and French. You can also request services in Cree, Ojibway and Inuktitut.

**To learn more, visit Canada.ca/Coronavirus-ISC
A message from the Government of Canada.**

French:

Ici Samian. Je suis rappeur, mais je suis aussi membre de la Première Nation Abitibiwinni.

Je sais que l'année qui vient de passer a été particulièrement difficile pour nos communautés autochtones. Et je sais que parfois, la meilleure façon de faire face aux obstacles est de demander de l'aide.

Les conseillers de la ligne téléphonique Espoir pour le mieux-être le savent aussi. Et ils sont là pour offrir un soutien gratuit en mieux-être et en santé mentale, en français, en anglais, mais aussi sur demande en cri, ojibwé et inuktitut.

**Pour en savoir plus, visitez Canada.ca/Coronavirus-SAC
Un message du Gouvernement du Canada.**

In both groups, the radio concepts received overwhelmingly positive feedback.

Younger participants who knew Notorious Cree (in the English version) and Samian (in the French version), said they were popular among Indigenous youth on social media and great people to relay this message. However, others too (who did not know the personalities) said that this was a relatable message for them as well, with clear language, a to-the-point message, and an ad that would get them to listen carefully from the beginning.

“Culturally responsive” in particular was mentioned as a very positive term in the English concept.

Participants also liked that there would be help in Indigenous languages. However, although they were happy with the language options presented, feeling that the “main bases were covered,” some said it may be even better if more could be offered. One suggestion in Quebec would be to add Mi'kmaq, while in BC, there was mention of popular coastal Salish languages that could be added.

The URL was brought up (unprompted) as having too many slashes and hyphens and therefore being too difficult to remember if on the radio. It was suggested that a simpler, shorter URL without hyphens would be better and more memorable. Others suggested that the main URL used in the visual concepts tested should also be used for the radio concepts.

Website expectations

In most groups, a brief discussion was held about the expectations for website content. What participants thought, or hoped, they would find if clicking through was:

- A 24/7 phone number to speak directly to a mental health professional. In many groups, it was mentioned that given the potential seriousness of people's issues or dire state of mind, there should (also) be a number for a specific crisis helpline for those who need immediate support.
- A list of local and regional resources, potentially based on postal code, including contact information and websites. In some groups, participants suggested that this should be done in collaboration with provincial governments.
- An online live chat to ask questions or to get in touch with mental health professionals or someone who could provide further guidance on where to get help.
- FAQs on mental health, for example on symptoms, as well as on substance use.
- Tips and tricks on how people can help themselves, including coping mechanisms.
- Free counseling sessions – through self-help peer groups or group support, as well as one-on-one support.
- A “one-stop shop” website that is easily navigable without too many clicks or links to other sites.
- New information and support that was not already readily available elsewhere.
- A mobile-friendly site.

Impact of pandemic on mental health

In a few groups, a short discussion was held about participants' mental health throughout the pandemic, and whether or where they had found help.

Those who talked about their experiences with mental health challenges throughout the pandemic made mention of feelings of sadness or loneliness, of challenges their children faced, or of a general sense of malaise, of feeling “down and out.” Switching school or jobs to online settings was also difficult on some, as well as the restrictions imposed, particularly earlier on during the pandemic. However, there were also those who said they never experienced any negative mental health effects, and those who said that while they may have experienced some previously, they were doing better now that vaccines are widespread, and cases/deaths were down in their area.

Only a few participants connected to the message about substance use help mentioned in the concepts. In fact, if it was mentioned at all, it was more likely to be confusing or questioned. In

those cases where it became a topic for discussion, (mainly urban and Indigenous) participants mentioned that they had seen more substance use around them as well as more overdoses due to the changed way in which people were using illicit drugs as a result of the pandemic (namely alone rather than with other people around who could potentially help).

When it came to finding support, there was mention of going back to or continuing the resources they had consulted before the pandemic, as well as of specific new (regional or provincial) programs that had emerged in response to the pandemic. Some participants indicated that their employment benefits had been enhanced to allow for more coverage for counseling or therapy. On the other hand, there were also those who said that it was difficult to find help, and that if found, it was often cost-prohibitive and that if it was free, the wait list was too long. Many, particularly seniors, said they had or would always go to their family physician first. Some said they would call their provincial health helpline.

Methodology

The research methodology for phases 1 and 2 consisted of 26 online focus groups. Quorus was responsible for coordinating all aspects of the research project including designing and translating the recruitment screener and the moderation guide, coordinating all aspects of participant recruitment, coordinating the online focus group platform and related logistics, moderating all sessions, and delivering required reports at the end of data collection.

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

- **Phase 1:** young Canadians 18 to 34 years of age, adults 35 years of age and older, members of the general population 18 years of age and older, and members of Indigenous communities; and,
- **Phase 2:** youth (18 to 24), seniors (65 and older), parents (with school-aged children), members from Indigenous communities, and ethnic and racialized individuals.

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

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

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

Do you identify as any of the following?

An Indigenous person (First Nations, Inuit or Métis)

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

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

- Representation from Indigenous communities, specifically members from Inuit communities.
- Representation from the Territories.
- Some of the Indigenous participants should speak an Indigenous language.
- Representation across members of ethnocultural communities who speak, read or understand a third language.
- Some participants should be a parent or guardian of a child under 18.

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

- Representation across members of ethnocultural communities whose first language is other than English or French.
- Parent or guardian of a school-aged child (5 to 17 years of age).

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

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

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

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

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

- All recruitment was conducted in the participant's official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus' privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.

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

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

A total of 26 online focus groups were conducted across Canada with 162 Canadians, as per the table below:

Phase 1 - summary of focus group schedule and details

Location	Segment	Language	Number of participants	Date and Time* (2021)
Atlantic Canada	Young adults (18-34)	English	6	September 23 – 5:00 PM
Atlantic Canada	Adults (35+)	English	5	September 23 – 7:00 PM
Ontario	Young adults (18-34)	English	6	September 27 – 5:00 PM
Ontario	Adults (35+)	English	7	September 27 – 7:00 PM
Prairies	Young adults (18-34)	English	7	September 28 – 5:00 PM
Prairies	Adults (35+)	English	6	September 28 – 7:00 PM
Quebec	Young adults (18-34)	French	7	September 29 – 5:00 PM
Quebec	Adults (35+)	French	7	September 29 – 7:00 PM
BC	General population, 18+	English	7	September 29 – 7:00 PM
Yukon/NWT/Nunavut	Indigenous, 18+	English	4	September 29 – 5:00 PM

*all times are local times

Phase 2 - summary of focus group schedule and details

Location	Segment	Language	Number of participants	Date and Time* (2021)
Atlantic Canada	Youth (18-24)	English	8	October 13 – 5:00 PM
Ontario	Youth (18-24)	English	5	October 13 – 7:00 PM
Quebec/Atlantic	Parents	French	6	October 14 – 5:30 PM
Ontario	Parents	English	8	October 14 – 8:00 PM
Ontario	Seniors	English	8	October 16 – 1:00 PM
Prairies/BC	Seniors	English	8	October 16 – 12:00 PM
Quebec	Youth (18-24)	French	4	October 18 – 5:30 PM
Prairies/BC	Youth (18-24)	English	6	October 18 – 5:00 PM
Quebec/Atlantic	Seniors	French	4	October 19 – 5:30 PM
Prairies/BC	Parents	English	6	October 19 – 5:00 PM
Ontario	Ethnic communities	English	6	October 20 – 5:30 PM
Quebec	Ethnic communities	French	7	October 20 – 8:00 PM
Atlantic Canada	Ethnic communities	English	7	October 21 – 5:30 PM
Prairies/BC	Ethnic communities	English	8	October 21 – 5:00 PM
Quebec / NB / Ontario	Indigenous	French	4	October 25 – 6:00 PM
BC / Territories	Indigenous	English	5	October 25 – 5:00 PM

*all times are local times

All online focus groups conducted in French were moderated by Rick Nadeau, one of Quorus' bilingual senior researchers on the Government of Canada Standing Offer. Groups conducted in English were split between Rick Nadeau and Danielle Armengaud, another of Quorus' senior researchers on the Government of Canada Standing Offer.

Appendices

Recruitment screener – phase 1

Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- Participants to be paid \$100

General Population Groups:

- 9 online focus groups with Canadians (which includes ethnic communities) in the following five locations:
 - Atlantic (English)
 - Ontario (English)
 - Prairies (English)
 - Quebec (French)
 - BC (English)
- 2 online groups will be held with participants in each of the first four regions, split based on participants' age:
 - “Youth and young adults” are defined as anyone from age 18 to 34 years old
 - “Adults” are defined as anyone over the age of 34 years old.
- One focus group in British Columbia with Canadians 18+
- Approximately 1-2 participants from an ethnic community should speak, read, or understand a third language in each group
- Approximately 1-2 participants per group should be a parent or guardian of a child under 18.
- At least 1-2 participants per adult group (35+) should be senior (65+); at least 1-2 participants per 18+ group (BC and Territories) should be senior (65+)

Indigenous Community Group:

- One focus group with members of the Indigenous community 18+ located in Northwest Territories, Yukon and Nunavut
 - Aim for 50% Inuit among Group 10 participants **OR** 50% Inuit among all Indigenous community members across all groups
- Some of these participants should speak, read, or understand an Indigenous language (as much as possible but not mandatory).

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

Group 1
Atlantic
Youth/Young adults
September 23
5:00 pm ADT
18-34

Group 2
Atlantic
Adults
September 23
7:00 pm ADT
35+

Group 3
Ontario
Youth/Young adults
September 27
5:00 pm EDT
18-34

Group 4
Ontario
Adults
September 27
7:00 pm EDT
35+

Group 5
Prairies
Youth/Young adults
September 28
5:00 pm MDT*
18-34

Group 6
Prairies
Adults
September 28
7:00 pm MDT*
35+

Group 7 [FRENCH]
Quebec
Youth/Young adults
September 29
5:00 pm EDT
18-34

Group 8 [FRENCH]
Quebec
Adults
September 29
7:00 pm EDT
35+

Group 9
BC
General population
September 29
7:00 pm PDT
18+

Group 10
Yukon/NWT/Nunavut
Indigenous 18+
September 29
5:00 pm PDT
18+

*MDT is the time zone for Alberta and the same time for Saskatchewan participants. This is +1 hour for Manitoba participants (6 pm and 8 pm).

Questionnaire

A. Introduction

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

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

[INTERVIEWER NOTE 2: During the recruiting, if someone from the Quebec region asks to participate in English, or if someone from another region outside Quebec asks to participate in French, efforts will be made to include them in a group in their preferred language in the nearest time zone to where they live.]

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. This is for the purposes of developing health-related resources that Canadians could access during the current stage of the COVID-19 pandemic. The groups will last up to one and a half hours (90 minutes) and people who take part will receive a cash gift to thank them for their time.

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

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

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

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

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

AGE	GROUP	RECRUITMENT SPECIFICATIONS FOR GROUPS 1 TO 8	RECRUITMENT SPECIFICATIONS FOR GROUPS 9 AND 10
18-34	YOUNG ADULT GROUPS	Under 18 THANK/TERMINATE 18-24 } Mix of ages (aim for 50/50 split between age groups) 25-34 }	Under 18 THANK/TERMINATE 18-24 } 25-34 } Mix of ages 35-44 } 45-54 } 55-64 }
35+	ADULT GROUPS	35-44 } Mix of ages 45-54 } 55-64 } 65-74 AIM FOR 75+ 2 PER GROUP (ESPECIALLY IN QC)	65-74 AIM FOR 75+ 2 PER GROUP

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

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

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

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

IF YES TO ANY, THANK & TERMINATE

5. Are you the parent or guardian of a child under 18 years of age, and if so, how many?

Yes: _____ child(ren) under 18 years of age

No (not a parent/guardian of a child under 18) 99

AIM FOR 1-2 PARENTS/GUARDIANS PER GROUP

6. Record gender by observation.

Female	1	RECRUIT 4 PER GROUP
Male	2	RECRUIT 4 PER GROUP

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

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

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

8. Do you identify as any of the following?

An Indigenous person (First Nations, Inuit or Métis)	1
A member of an ethnocultural or a visible minority group other than an Indigenous person	2
None of the above	3

INDIGENOUS PERSON: Only members of Indigenous communities can participate in Group 10. Recruitment for other sessions can happen as it falls.

9. **[ASK ONLY IF Q8=1]** Do you identify as First Nations, Inuit or as Métis?

First Nations	1
Inuit	2
Métis	3

INUIT: Aim for 50% Inuit among Group 10 participants OR 50% Inuit among all Indigenous community members across all groups

10. **[ASK ONLY IF Q8=1 AND RECRUITING FOR GROUP 10]** How well do you speak, read or understand an Indigenous language? Would you say...

Quite well	1	IDEALLY UP TO 3 IN GROUP 10 SHOULD SPEAK/READ/ UNDERSTAND AN INDIGENOUS LANGUAGE
Fairly well	2	
Not very well	3	
Not at all	4	

11. **[ASK ONLY IF Q8=2]** What is your ethnic background? **RECORD – RECRUIT A MIX ACROSS ALL GROUPS**

RECORD ETHNICITY: _____

12. **[ASK ONLY IF Q8=2]** How well do you speak, read or understand at least one language other than English or French? Would you say...

Quite well	1
Fairly well	2
Not very well	3
Not at all	4

UP TO 2 PARTICIPANTS PER GENERAL POPULATION GROUP SPEAK/READ/UNDERSTAND A THIRD LANGUAGE

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

Yes	1	
No	2	GO TO Q17

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

Within the last 6 months	1	THANK & TERMINATE
Over 6 months ago	2	

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

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

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

Fewer than 5	1	
Five or more	2	THANK & TERMINATE

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

- Very comfortable 1 **MIN 5 PER GROUP**
- Fairly comfortable 2
- Not very comfortable 3 **THANK & TERMINATE**
- Very uncomfortable 4 **THANK & TERMINATE**

18. Do you have access to a stable internet connection, capable of sustaining a one and a half hour-long online video conference (90 minutes)?

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

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

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

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

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

C. INVITATION TO PARTICIPATE

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

Would you be interested in taking part in this study?

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

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

Yes 1

No 2 **THANK & TERMINATE**

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

Yes 1

No 2 **THANK & TERMINATE**

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

23. Are you interested and available to attend?

Yes 1

No 2 **THANK & TERMINATE**

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

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

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

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

First name_____

Last Name_____

Email_____

Day time phone number_____

Night time phone number_____

Thank you!

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

Recruitment screener – phase 2

Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- Participants to be paid \$100
- 16 online focus groups with Canadians distributed by region and by segment in the following manner:

Target audiences	Language	Regions	# of groups	Total groups
Youth (18-24)	En	Prairies/BC Ontario Atlantic Canada	3	4
	Fr	Quebec	1	
Seniors (65+)	En	Prairies/BC Ontario	2	3
	Fr	Quebec/Atlantic Canada	1	
Parents (with school-aged children)	En	Prairies/BC Ontario	2	3
	Fr	Quebec/Atlantic Canada	1	
Indigenous	En	BC/Territories	1	2
	Fr	Quebec/NB/Ontario	1	
Ethnic and Racialized Populations	En	Prairies/BC Ontario Atlantic Canada	3	4
	Fr	Quebec	1	
			Total	16

- Recruitment will aim for a mix of ages in each group where feasible, as well as a gender balance
- Recruitment will aim for some representation from participants in rural/small town areas
- For parents, recruitment will aim for a mix of ages for the school-aged children (5-17 years old)

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

Group 1
Atlantic
Youth (18-24)
October 13
5:00 pm ADT

Group 2
Ontario
Youth (18-24)
October 13
7:00 pm EDT

Group 3 [FRENCH]
Quebec/Atlantic
Parents
October 14
5:30 pm EDT

Group 4
Ontario
Parents
October 14
8 pm EDT

Group 5
Ontario
Seniors (65+)
October 16
1 pm EDT

Group 6
BC/Prairies
Seniors (65+)
October 16
12 PM PDT

Group 7 [FRENCH]
Quebec
Youth (18-24)
October 18
5:30 pm EDT

Group 8
BC/Prairies
Youth (18-24)
October 18
5:00 pm PDT

Group 9 [FRENCH]
Quebec/Atlantic
Seniors (65+)
October 19
5:30 pm EDT

Group 10
BC/Prairies
Parents
October 19
5:00 pm PDT

Group 11
Ontario
Ethnic Communities
October 20
5:30 pm EDT

Group 12 [FRENCH]
Quebec
Ethnic Communities
October 20
8 pm EDT

Group 13
Atlantic Canada
Ethnic Communities
October 21
5:30 pm ADT

Group 14
BC/Prairies
Ethnic Communities
October 21
5:00 pm PDT

Group 15 [FRENCH]
Quebec/NB/Ontario
Indigenous
October 25
6:00 pm ADT

Group 16
BC/Territories
Indigenous
October 25
5:00 pm PDT

Questionnaire

A. Introduction

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

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

[INTERVIEWER NOTE 2: During the recruiting, if someone from the Quebec region asks to participate in English, or if someone from another region outside Quebec asks to participate in French, efforts will be made to include them in a group in their preferred language in the nearest time zone to where they live.]

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. This is for the purposes of developing health-related resources that Canadians could access during the current stage of the COVID-19 pandemic. The groups will last up to one and a half hours (90 minutes) and people who take part will receive a cash gift to thank them for their time.

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

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

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

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

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

SEGMENT	RECRUITMENT SPECIFICATIONS
YOUTH SEGMENT	18 TO 24 YEARS OLD EXCLUSIVELY – MIX OF AGES IN THIS BRACKET
SENIORS	65+ EXCLUSIVELY – MIX OF AGES IN THIS BRACKET
PARENTS	NO AGE REQUIREMENTS
INDIGENOUS	A MIX OF AGES IF POSSIBLE
ETHNIC COMMUNITIES	A MIX OF AGES

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

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

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

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

IF YES TO ANY, THANK & TERMINATE

5. Are you the parent or guardian of a child 5 to 17 years of age, and if so, how many are in each of the following age groups?

5 to 8 years old _____
 9 to 12 years old _____
 13 to 17 years old _____

No (not a parent/guardian of a child 5 to 17 years old) 99

**OBTAIN A MIX OF AGES OF SCHOOL-AGED CHILDREN
 PRIORITIZE PARENTS FOR GROUPS 3, 4 AND 10**

6. Record gender by observation.

Female	1	RECRUIT 4 PER GROUP
Male	2	RECRUIT 4 PER GROUP

7. Do you currently live in... **[READ LIST]**
- | | |
|---|---|
| A city or metropolitan area with a population of at least 100,000 | 1 |
| A city with a population of 30,000 to 100,000 | 2 |
| A city or town with a population of 10,000 to 30,000 | 3 |
| A town or rural area with a population under 10,000 | 4 |

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

8. Do you identify as any of the following?
- | | |
|--|---|
| An Indigenous person (First Nations, Inuit or Métis) | 1 |
| A member of an ethnocultural or a visible minority group other than an Indigenous person | 2 |
| None of the above | 3 |

INDIGENOUS PERSON: Prioritize for Groups 15 and 16 but can also be included in Groups 1 to 10 if needed and qualified

ETHNIC AND RACIALIZED PERSONS: Prioritize for Groups 11 to 14 but can also be included in Groups 1 to 10 if needed and qualified

9. **[ASK ONLY IF Q8=2]** What is your ethnic background? **RECORD – RECRUIT A MIX ACROSS ALL GROUPS**
RECORD ETHNICITY: _____

10. **[ASK ONLY IF Q8=2]** What is the language that you first learned as a child and that you still understand? Would you say...

- | | |
|-----------------------------------|-------|
| English | 1 |
| French | 2 |
| Another language – please specify | _____ |

RECRUIT A MIX OF ENGLISH, FRENCH AND “OTHER” AMONG ALL PARTICIPANTS WHO IDENTIFY AS A MEMBER OF AN ETHNOCULTURAL OR A VISIBLE MINORITY GROUP

11. 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 Q15 |

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

- | | | |
|--------------------------|---|------------------------------|
| Within the last 6 months | 1 | THANK & TERMINATE |
| Over 6 months ago | 2 | |

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

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

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

Fewer than 5 1

Five or more 2 **THANK & TERMINATE**

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

READ OPTIONS

Very comfortable 1 **MIN 5 PER GROUP**

Fairly comfortable 2

Not very comfortable 3 **THANK & TERMINATE**

Very uncomfortable 4 **THANK & TERMINATE**

16. Do you have access to a stable internet connection, capable of sustaining a one and a half hour-long online video conference (90 minutes)?

Yes 1

No 2 **THANK & TERMINATE**

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

Yes 1 **THANK & TERMINATE**

No 2

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

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

C. INVITATION TO PARTICIPATE

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

Would you be interested in taking part in this study?

Yes 1
No 2 **THANK & TERMINATE**

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

Yes 1
No 2 **THANK & TERMINATE**

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

Yes 1
No 2 **THANK & TERMINATE**

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

21. Are you interested and available to attend?

Yes 1
No 2 **THANK & TERMINATE**

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

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

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, **you cannot send someone to participate on your behalf** - please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

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

First name _____

Last Name _____

Email _____

Day time phone number _____

Night time phone number _____

Thank you!

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

Moderation guide – phase 1

Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
 - Today we will be talking about different health-related concepts for advertisements that the Government of Canada is thinking about producing.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
 - My job is to facilitate the discussion, keeping us on topic and on time.
 - Your job is to offer your opinions on the concepts I’ll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I’ll be showing you tonight so please feel free to share what you like and what you think might need improving.
 - There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other young Canadians.
 - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
 - I will be sharing my screen to show you some things.
 - We will be making regular use of the chat function. To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called “chat”. It will open a chat screen on the far right of your screen. I’d like to ask you to use chat throughout our discussion tonight. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
 - I also want to say that if you feel you didn’t have a chance to express your opinion on anything during the session, you can feel free to comment in writing in the “chat”. For the most part chat with “everyone” unless you feel you need to send me a private message.
- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.

- The report can be accessed through the Library of Parliament or Archives Canada.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
 - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.

Tonight, we are going to be sharing with you several advertisement concepts. These concepts are about continuing to slow the spread of COVID-19 viruses by practicing public health measures.

By “public health measures,” I simply mean everyday actions you and others can take to reduce the spread of viruses, such as getting fully vaccinated, wearing masks in public, washing your hands, social distancing, opening windows for ventilation, and so on. But more than that, they are also about how we can continue to make these practices a part of our every day lives to protect ourselves and others from viruses in general, including other respiratory viruses such as the seasonal flu.

Concept Setup (5 minutes)

Let's now turn our attention to the new concepts being considered. I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you four (4) ad concepts. These ads could eventually appear on digital or traditional media, such as social media or radio. These ads may also be translated in several other Indigenous and ethnic languages.

Here is what we will be looking at:

- Each of these ad concepts has images and text.
- The images you will see look like a comic strip. This is called a “storyboard”.
- You will also see text on these storyboards.
- Some of this text is directions for the actor. Some of this text is for a voice that will be heard over the ad, spoken by a voice actor. And some of this text explains what is happening in one of the images.

So, when you look at them you will have to use your imagination. I would like you to focus on the overall idea and takeaway message and not so much on the presentation format.

What you will see is not what the final product will look like. Your input from tonight will help improve them. If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally-produced with an advertising agency.

We will be looking at four (4) different concepts being considered, and I will ask you the same questions for each of the four concepts.

FOR INTERNAL USE ONLY:

Concept A = Hello Goodbye

Concept B = It's Okay

Concept C = Rhythm

Concept D = Good Work

Randomize concepts for each group as follows:

Session 1: A, B, C, D

Session 2: B, D, C, A

Session 3: D, C, A, B

Session 4: C, A, B, D

Session 5: B, A, D, C

Session 6: D, C, B, A

Session 7: A, B, D, C

Session 8: C, D, A, B

Session 9: A, B, C, D

Session 10: B, D, C, A

Concept Evaluation (+15 minutes per concept = 60 minutes)

This is the first advertising campaign concept – it is called Concept A/B/C/D. **MODERATOR SHOWS THE CONCEPT** In the chat box, I'd like you to rate this concept on a scale from 1 to 10 (where 10 is the best score possible), how would you rate the advertising campaign overall in terms of the message, creative idea, and memorability.

1. Overall, what's your first impression of this ad? Does the ad speak to you?
 - **EXPLORE RATINGS AS NEEDED** – Why did you give it this rating?
2. What do you think is the main message of this ad? ...what are they trying to tell us?
 - **EXPLORE AS NEEDED** - What did you notice about the ad's tone -- any particular feeling?
3. Do you think this ad helps you understand the importance of public health measures to slow the spread of COVID-19 -- and other respiratory infections like the seasonal flu?
 - **FOLLOW-UP:** are there any specific measures in the ad that stand out to you?
4. **ONLY ASK FOR CONCEPT C = THE RHYTHM:** Do you think that you would understand this ad if you saw it online without the sound on?

- **FOLLOW-UP:** would the ad lose its meaning to you if you saw it without the sound on?

5. **ONLY ASK FOR CONCEPT A = HELLO GOODBYE:** What, if anything, does this ad say about the work Canadians have done to limit the spread of COVID-19 so we can one day return to everyday activities? Is it motivating?

- **EXPLORE IF NOTHING IS NOTICED:** How do you think the ad could recognize Canadians for their hard work to protect themselves and others from COVID-19?

6. Do you think if you saw this ad on a website or social media that you would click on it to visit the Government of Canada's COVID-19 website?

- **FOLLOW-UP IF YES:** What do you expect to find on this website?

7. Do you have any suggestions on what could be added or removed to make the ad more appealing, such as showing other public health measures?

MODERATOR TO REPEAT THE SAME SEQUENCE OF QUESTIONS FOR EACH OF THE FOUR CONCEPTS

Most Effective Ad Concept (10 minutes)

We have seen and discussed four concepts for the advertising campaign. I would like to show you the concepts again for a final exercise. **MODERATOR SHARES ALL CONCEPTS AGAIN REPEATING THE LETTERS FOR EACH CONCEPT.**

Which is the one (1) concept that you think is most effective in terms of motivating you to follow public health measures? Type your selection in the chat and we'll discuss.

- **FOLLOW-UP AND EXPLORE:** Do you see an opportunity for the Government of Canada to improve the ad concept you picked?

We also saw a number of messages (calls-to-action) at the end of each of the ad concepts. These were designed to also motivate you to visit a website. I would like to read them to you again for a final exercise. **MODERATOR READS AND SHOWS ON ONE PAGE ALL CALLS TO ACTION**

- A. **Let's keep saying hello to public health measures.
Find them @ Canada.ca/coronavirus**
- B. **Learn how to keep up with healthy habits @ Canada.ca/coronavirus**
- C. **Learn how to keep up with healthy habits so you don't miss a beat. Learn here @ Canada.ca/coronavirus**

D. Let's keep up the good work.
Learn how @ Canada.ca/coronavirus

Which one of these calls-to-action did you prefer – and why? It's okay to prefer a call to action that's different than the ad concept you thought was the most effective.

General Feedback on Public Health Measures (10 minutes)

ASK THESE QUESTIONS, OR VARIATIONS OF THEM, IF TIME ALLOWS

After seeing all of these ads concepts, can some of you quickly tell me about some of the public health measures you've practiced throughout the pandemic to today?

- **FOLLOW-UP AND EXPLORE:** When the pandemic ends, but the virus is still somewhat around ("endemic"), do you plan to keep practicing public health measures, such as wearing a mask?
 - ...if so, which ones/why?
 - If not, why not? Is there anything that would motivate you to practice public health measures?

Over the past 6 months, where have you gotten your information about COVID-19 -- such as news and how to protect yourself?

- **FOLLOW-UP FOR THOSE WHO DID NOT SEEK OUT INFORMATION:** If you haven't, why not?

Wrap-up (5 minutes)

With the time we have left, I was wondering if anyone has any additional thoughts on what you've seen tonight.

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

On behalf of the Government of Canada and Quorus, thank you for participating tonight. Stay healthy and safe.

Moderation guide – phase 2

Introduction to Procedures (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
 - Today we will be talking about different concepts for advertisements that the Government of Canada is thinking about producing.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
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 - There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians.
 - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
 - I will be sharing my screen to show you some things.
 - We will be making regular use of the chat function. To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called “chat”. It will open a chat screen on the far right of your screen. I’d like to ask you to use chat throughout our discussion tonight. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
 - I also want to say that if you feel you didn’t have a chance to express your opinion on anything during the session, you can feel free to comment in writing in the “chat”. For the most part chat with “everyone” unless you feel you need to send me a private message.

- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
 - The report can be accessed through the Library of Parliament or Archives Canada.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
 - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc.

Ad Concept Setup (5 minutes)

Let's now turn our attention to the draft advertising concepts being considered by the Government of Canada. I want to emphasize that these concepts are drafts at this stage and have not been finalized.

I'm going to show you three (3) different ad concepts. I will also show you a few other potential versions of these concepts.

These ads could eventually appear on digital media, such as social media.

Here is what we will be looking at:

- Each of these ad concepts has images and text.
- The images you will see look like a comic strip. This is called a "storyboard".
- You will also see text on these storyboards.
- Some of this text is directions for the actor. Some of this text is for a voice that will be heard over the ad, spoken by a voice actor. And some of this text explains what is happening in one of the images.

So, when you look at them you will have to use your imagination. I would like you to focus on the overall idea and takeaway message and not so much on the presentation format.

What you will see is not what the final product will look like. Your input from tonight will help improve them. If the Government of Canada decides to move forward with any of these ad concepts, they would be professionally-produced with an advertising agency.

FOR INTERNAL USE ONLY:

Concept A = More help

Concept B = Help is everywhere

Concept C = Get help here

Radio Ad = Audio clip or script format

Randomize concepts for each group as follows:

Session 1: A, B, C

Session 2: B, C, A

Session 3: C, A, B

Session 4: B, A, C

Session 5: A, C, B

Session 6: C, B, A

Session 7: B, C, A

Session 8: C, A, B

Session 9: A, B, C

Session 10: B, C, A

Session 11: C, B, A

Session 12: A, C, B

Session 13: B, A, C

Session 14: C, A, B

Session 15: A, B, C + Radio Ad

Session 16: C, A, B + Radio Ad

Rotation of the variation to show first in each group:

Concept		Target audiences				
Concept	Variation Name	Youth	Seniors	Parents	Indigenous	Racialized
A. More Help	A1 - Bereavement		Gr 5			Gr 11,13
	A2 - Crisis	Gr 1, 8	Gr 6		Gr 15	
	A3 - Childcare	Gr 2		Gr 3, 10		
	A4 – Uncertainty (Gen pop)	Gr 7	Gr 9	Gr 4	Gr 16	Gr 12,14
B. Help is everywhere	B1 – Uncertainty (Gen pop)	Gr 1,2,7,8	Gr 5,9	Gr 3	Gr 16	Gr 11,14
	B2 – Financial Stress			Gr 4,10	Gr 15	Gr 12,13
	B3 – Isolation		Gr 6			
C. Get help Here	C1 – Substance use (Gen pop)	Gr 1	Gr 5,6,9	Gr 4		Gr 11,12
	C2 - Violence	Gr 2		Gr 3, 10	Gr 15,16	
	C3 – Loneliness I	Gr 7				
	C4 – Loneliness II	Gr 8				Gr 13, 14
RADIO	Radio Ad 1				Gr 15,16	

Concept and Potential Variation Evaluation (60 minutes)

This is the first advertising campaign concept – it is called Concept A/B/C. **MODERATOR SHOWS THE CONCEPT VARIATION BEING TESTED FOR THE SPECIFIC TARGET AUDIENCE SEGMENT.**

1. In the chat box, how would you rate this concept on a scale from 1 to 10, where 10 is the best score possible?
 - **EXPLORE AS NEEDED:** Why did you give it this rating? Tell me more about your overall impression of the ad.
2. Based on your rating, what did you like and dislike about this ad?
3. What do you think is the main message of this ad? ...what is it trying to tell us?
4. What is the “call to action?”
 - **EXPLORE AS NEEDED** – Do you think this call to action to visit Canada.ca/covid-mental-health is clear/strong? If not, how would recommend making this clearer/stronger?
5. What would you do/think after seeing this ad on a website or social media?
 - **EXPLORE AS NEEDED:** Why would you/wouldn't you click on the ad?
 - **IF PARTICIPANTS SAY THEY WILL CLICK:** What would you expect to find on Canada.ca/covid-mental-health if you clicked on the ad?
 - **IF PARTICIPANTS SAY THEY WOULD NOT CLICK:** Would the ad help you know where to start looking for mental health and substance use help?

I'm now going to show you other potential versions for this same ad concept. **MODERATOR SHOWS EACH OF THE OTHER VERSIONS.**

6. What do you like and dislike about these other potential versions? Is there anything specific that stands out to you to improve?

MODERATOR TO REPEAT THE SAME SEQUENCE OF QUESTIONS FOR EACH OF THE THREE CONCEPTS

Most Effective Ad Concept (10 minutes)

We have seen and discussed three (3) concepts for the advertising campaign, as well as potential variations on each of them. I would like to show you the concepts again for a final exercise. **MODERATOR SHARES ALL CONCEPTS AGAIN REPEATING THE LETTERS FOR EACH CONCEPT.**

1. Which is the one (1) advertising concept that you think is the most effective? The one that you would want the Government of Canada to produce. Type your selection in the chat and we'll discuss.
2. Based on your selection, would you share this ad (i.e., online, by text, word of mouth, etc.) – or the information on the website the ad features – with someone struggling with their mental health? Why or why not?

Feedback on Radio Concept (5 minutes)

[FOR INDIGENOUS GROUPS ONLY]

I'd now like to get your reactions to a short audio concept that could become a radio ad. I'll play the ad twice and then we'll have a short discussion. **MODERATOR PLAYS AUDIO CLIP TWICE OR READS SCRIPT ONCE**

1. In the chat box, how would you rate this concept on a scale from 1 to 10, where 10 is the best score possible?
 - **EXPLORE AS NEEDED:** Why did you give it this rating? Tell me more about what you liked or disliked about this ad.
2. If you heard this ad on the radio, would you look for the website at a later time?
 - **EXPLORE AS NEEDED:** Would you remember the website URL in the ad?

General Feedback on COVID-19 Mental Health (5 minutes)

[EXPLORE IN ALL GROUPS TIME PERMITTING]

Before we finish tonight's session, I want to ask you about how the COVID-19 pandemic has affected your mental health or that of someone you know.

1. Has your mental health been affected by the pandemic – or someone close to you? How so?
 - Have you looked for any information and tips on how to cope during this time, (e.g., websites, organizations, help lines, social media, etc.)? Which ones?
2. If you have not sought out help for yourself or another person, why not? Is there anything that would motivate you to do so?

Wrap-up (1 minute)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

Thank you – have a nice evening!

French concepts – phase 1

Concept A – Salut, au revoir



Ouais, on peut dire qu'on a fait du bon travail, mais faut pas dire au revoir trop rapidement à tout ce qu'on a appris. Défilement de plans de gens qui se remontent les manches, en montrant leur pansement de vaccin



...et en respectant les mesures de santé publique.



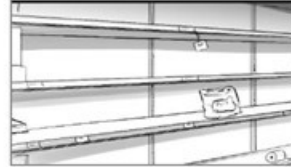
Comme ça! Continuons de faire ça. Séquence de différentes personnes en train de se laver les mains et d'utiliser du désinfectant à mains.



Oh, et ça. C'est stylé de se protéger! Des gens qui portent des masques—une personne a un masque très... original.



Ça — ça peut rester. On voit des amis rassemblés à l'extérieur à la fin de l'automne/au début de l'hiver.



Mais, vous vous rappelez de ça? C'iao!!!! Des étagères vides dans la rangée du papier de toilette.



Ça? Euh allô, c'est jamais une mauvaise idée. On voit une pharmacie avec un panneau où il est écrit « VACCIN CONTRE LA GRIPPE et TEST RAPIDE ».



Hmm, on pourrait se passer de quoi d'autre? De ÇA. Une personne clairement malade s'est rendue à son poste de travail.



Ça par exemple, c'est non. On voit un gars recevoir une coupe de cheveux amateur par son coloc.



Pour toujours, mettons.



Continuons de dire bonjour aux mesures de santé publique. Trouvez-les au Canada.ca/le-coronavirus.



Un message du Gouvernement du Canada.

Concept B – C'est correct



Voici Cath. Voici Math. L'écran est séparé en deux, chacun des personnages est dans sa maison. Les deux sont bien contents d'être pleinement vaccinés contre la COVID-19. Cath fait une petite danse de bonheur. Math met son pouce en l'air, calmement.



Et les deux ont des stratégies ben différentes pour aider à garder tout le monde en santé. Plan rapproché de mains qui se lavent (Cath). Plan rapproché sur des mains qui nettoient une surface (Math).



Cath va continuer de suivre les mesures de santé publique, comme rester à la maison quand elle se sent malade. Plein écran : Cath, emmitouffée dans une couverture, mange de la soupe sur son divan.



Math va en faire un petit peu plus, comme manger à l'extérieur et ouvrir les fenêtres pour mieux aérer son espace. Plein écran : Math mange une soupe Pho sur son balcon avec un ami (vêtements appropriés selon la saison, masques visibles sur la table).



C'est correct d'être comme Cath. C'est correct d'être comme Math. L'écran se sépare à nouveau, avec un plan rapproché sur Cath qui étremue dans son coude et sur Math qui met un masque.



C'est correct de se protéger — à sa façon. On voit Cath et Math dans leur décor original. Ils se regardent à travers l'écran séparé et sourient.



Apprenez à maintenir des habitudes saines au Canada.ca/le-coronavirus.



Un message du Gouvernement du Canada

Concept C – Le rythme



On entend du papier tiré d'un pansement, puis on voit le pansement placé sur le bras d'une personne fraîchement vaccinée.



On entend les couinements d'un robinet et la chute d'eau qui s'ensuit alors que quelqu'un se lave les mains.



On superpose le son d'un jet de désinfectant à mains et le son de mains qui se frottent ensemble pour créer un premier semblant de rythme. On ajoute aussi les sons de produits de nettoyage en aérosol et de lingettes qui essuient une surface de contact. Les sons s'entremêlent bien, créant ainsi notre rythme de base.



On ajoute le son de quelqu'un qui ouvre une trousse de test rapide (ou qui clique sur la capsule pour enclencher le test).



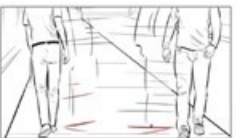
On ajoute le son de fenêtres qui s'ouvrent pour améliorer l'aération des espaces.



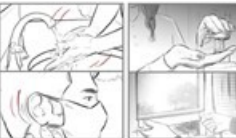
On ajoute des sons de clavier de texto. Le message qu'on voit est « Je reste à la maison ajd, je suis malade ». On entend aussi le son d'envoi du message.



On ajoute le son d'élastiques de masques qui claquent derrière les oreilles de ceux qui les portent.



On ajoute le son d'une chaussure qui marque le sol alors que quelqu'un recule pour rester à une distance adéquate de quelqu'un d'autre.



Tous les sons et les rythmes sont en boucle, créant une chanson de plus en plus riche et puissante.

C'est pas le temps de ralentir le rythme en matière d'habitudes saines.

Canada.ca/coronavirus

Apprenez à maintenir de saines habitudes pour vous protéger.



Concept D – Bon travail



Une femme s'apprête à se laver les mains dans sa cuisine.



Soudainement, elle entend un bruit précipité. Elle se tourne et voit les aimants sur son frigo qui se sont assemblés pour écrire « BRAVO LINDA ». Elle ferme le robinet, et les lettres se mélangent. Elle rouvre le robinet, et les aimants se replacent pour écrire « OUIIIIIIIIIII ».



Un homme s'apprête à mettre son masque avant d'entrer dans un magasin.



Des confettis se mettent à tomber. Il a l'air confus. Il enlève son masque et les confettis s'immobilisent dans les airs. Il remet son masque et les confettis se remettent à tomber.
VHC: On a adopté plein d'habitudes saines, et c'est pas mal une grosse affaire.



Un homme désinfecte sa cuisine avec ses enfants. Il ouvre la fenêtre de sa cuisine, puis désinfecte le comptoir, alors que les enfants nettoient les poignées de porte.



Une boule disco tombe du plafond et ses lumières scintillent sur le comptoir. La famille s'arrête, l'air confus. Les lumières s'arrêtent. Ils se regardent, haussent les épaules et un des enfants se remet au boulot. Les lumières repartent et la cuisine est pleine de lumières colorées.
VHC: Célébrons notre bon travail en maintenant les habitudes qui peuvent nous aider nous, nos amis et nos familles à rester en santé.



Apprenez-en plus au
Canada.ca/le-coronavirus.



Un message du Gouvernement du
Canada.

French concepts – phase 2

Concept A – Plus d'aide

Plus de variantes	Plus de CAS	Plus de DÉMÈLS
Plus d'AIDE	Plus d'écoute	Plus de guérison
VO : C'est de plus en plus important de prendre soin de notre santé mentale.		
Plus d'espoir	Canada.ca/sante-mentale-covid	Canada

La COVID-19 nous affecte tous. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT A1

Plus d'ÉCLOSIONS	Plus d'isolement	Plus d'anxiété
Plus de COMMUNAUTÉ	Plus de SOUTIEN	Plus de conversations
VO : C'est de plus en plus important de prendre soin de notre santé mentale.		
Plus d'espoir	Canada.ca/sante-mentale-covid	Canada

La COVID-19 nous affecte tous. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT A2

Plus de fermetures d'écoles	Plus d'INQUIÉTUDES	Plus d'incertitude
Plus d'AIDE	Plus de routine	Plus d'équilibre
VO : C'est de plus en plus important de prendre soin de notre santé mentale.		
Plus d'espoir	Canada.ca/sante-mentale-covid	Canada

La COVID-19 nous affecte tous. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT A3

Plus d'incertitude	Plus de STRESS	Plus de consommation de substances
Plus d'aide	Plus de ressources	Plus de résilience
VO : C'est de plus en plus important de prendre soin de notre santé mentale.		
Plus d'ESPOIR	Canada.ca/sante-mentale-covid	Canada

La COVID-19 nous affecte tous. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT A4

Concept B – Il y a de l'aide



Il y a de l'aide. Canada.ca/sante-mentale-covid	Canada
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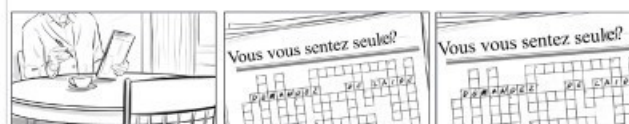
VO: Peu importe où et quand vous en avez besoin, il y a de l'aide. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT B1

Il y a de l'aide. Canada.ca/sante-mentale-covid	Canada
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VO: Peu importe où et quand vous en avez besoin, il y a de l'aide. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT B2







Il y a de l'aide. Canada.ca/sante-mentale-covid	Canada
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VO: Peu importe où et quand vous en avez besoin, il y a de l'aide. Obtenez du soutien gratuit en santé mentale ou en cas de consommation de substances.

CONCEPT B3

Concept C – Obtenez de l'aide ici

 <p>VO: Les effets de la pandémie se font sentir partout.</p> <p>Peu importe où vous êtes ou comment vous vous sentez, vous pouvez obtenir du soutien gratuit en matière de santé mentale</p> <p>Canada.ca/sante-mentale-covid</p> <p>Canada</p> <p>ou de consommation de substances ici.</p> <p>CONCEPT C1</p>	 <p>VO: Les effets de la pandémie se font sentir partout.</p> <p>Peu importe où vous êtes ou comment vous vous sentez, vous pouvez obtenir du soutien gratuit en matière de santé mentale</p> <p>Canada.ca/sante-mentale-covid</p> <p>Canada</p> <p>ou de consommation de substances ici.</p> <p>CONCEPT C2</p>
 <p>VO: Les effets de la pandémie se font sentir partout.</p> <p>Peu importe où vous êtes ou comment vous vous sentez, vous pouvez obtenir du soutien gratuit en matière de santé mentale</p> <p>Canada.ca/sante-mentale-covid</p> <p>Canada</p> <p>ou de consommation de substances ici.</p> <p>CONCEPT C3</p>	 <p>VO: Les effets de la pandémie se font sentir partout.</p> <p>Peu importe où vous êtes ou comment vous vous sentez, vous pouvez obtenir du soutien gratuit en matière de santé mentale</p> <p>Canada.ca/sante-mentale-covid</p> <p>Canada</p> <p>ou de consommation de substances ici.</p> <p>CONCEPT C4</p>