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# EXECUTIVE SUMMARY

## COVID-19 STUDY ON CANADIANS' VIEWS 2021-2022

Prepared for:  
Health Canada

Prepared by:  
Leger

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Canada

# COVID-19 TRACKING SURVEY ON CANADIANS' VIEWS

## Executive Summary

### Prepared for Health Canada

Supplier Name: Leger Marketing Inc.

August 2022

This public opinion research report presents the technical aspects of a tracking survey online conducted by Leger Marketing Inc. on behalf of Health Canada as well as qualitative findings report that provides insight into the eight focus groups that were conducted in June and July 2022. The research was conducted with Canadians aged 18 and over.

Cette publication est aussi disponible en français sous le titre : Étude concernant le point de vue des Canadiens sur la COVID-19.

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# 1. Executive Summary

Leger is pleased to present the Government of Canada, Health Canada (HC) and the Public Health Agency of Canada (PHAC) with this report on the methodology used for this quantitative and qualitative study on health-related public opinion during the COVID-19 pandemic.

This report was prepared by Leger who was contracted by Health Canada (contract number HT372-214310/001/CY awarded June 16, 2022).

## 1.1 Background and Objectives

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

To that end, HC and PHAC implemented a study with multiple survey waves combined with focus groups to provide qualitative information. This project made it possible to survey the opinions of the Canadian population and measure the evolution of behaviours several times over the course of a few months.

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

General objectives were established for all seven waves of the study (six quantitative waves and one qualitative). In addition, specific objectives for each wave were also established. The specific objectives of each wave are mentioned in the methodology section.

The general objectives were to understand Canadians' level of awareness, knowledge, concerns, behaviours and opinions on specific COVID-19 issues such as, but not limited to:

- Individual public health measures
- Approved COVID-19 rapid tests
- COVID-19 vaccines/vaccination
- Vaccine confidence broadly

- COVID-19 variants
- COVID-19 passport
- Risk perceptions and decision making, including among vulnerable populations
- Mental health
- Sociodemographic characteristics
- Measure changes in behaviours and attitudes over time
- Travel

To achieve the study’s objectives, a research plan based on a hybrid method, with qualitative and quantitative components, was developed. The two phases of the research were conducted in parallel: one phase being independent of the results of the other.

For the quantitative portion, eight initial waves of web surveys were conducted as part of this project during 2020-2021. Information regarding those waves is available in the following report: *COVID-19 Tracking Survey on Canadians’ Views 2020-2021* (Catalogue Number: H14-389/2021E-PDF). This report covers waves 9 to 14 only.

## 1.2 Quantitative Methodology

The quantitative part of this study was conducted through a web-based survey of the Canadian population aged 18 and over who can speak English or French. The respondents were randomly selected through the *Leo* panel, Leger’s panel.

Six waves of the study were conducted for the second portion of the research project. Details on methodology for each wave are provided in this methodological report.

Wave	Target Audience	Fieldwork
Wave 9	3,000 Canadians 18+ with an oversample of Black and Indigenous respondents.	November 23, 2021 to December 8, 2021
Wave 10	1,000 Canadians 18+	February 7-14, 2022
Wave 11	1,000 Canadians 18+	February 22, 2022 to March 6, 2022
Wave 12	1,000 Canadians 18+	March 8-16, 2022
Wave 13	3,000 Canadians 18+ with an oversample of Black and Indigenous respondents.	April 6-23, 2022
Wave 14	3,000 Canadians 18+ with an oversample of Black and Indigenous respondents.	June 21 to July 8, 2022

The results of this survey are not statistically projectable to the target population, because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error. Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal

statistical inferences can be drawn between the sample results and the broader target population it may be intended to reflect. Survey data is weighted to ensure that they replicate what the latest census would indicate in the composition of the adult population of Canada. Details regarding the weighting procedures and participation rate can be found in Appendix A.

### 1.3 Qualitative Methodology

Leger conducted a series of eight online discussion sessions with French and English speaking Canadians of 18 to 34 years of age, French and English speaking Canadians of 35 to 60 years of age, and French and English speaking parents.

Conducting the discussion sessions online offered the opportunity to regroup people from all regions in Canada. Five sessions were held in English and three were held in French. For each online discussion session, ten participants were recruited by our professional recruiters. A total of 64 recruits participated in the online discussion sessions. All participants in each discussion session received an honorarium of \$135. All groups were scheduled to be held on June 20, 21 or 22, 2022. However, due to technical difficulties, two groups had to be rescheduled in the last week of June and one in July. Each session lasted approximately 120 minutes. Every session was recorded for analysis purposes.

The recruitment and discussion guides can be found in Appendix F, G and H respectively.

#### Locations and dates

Groups were held in the following regions on the dates specified in Table 3.

**Table 1. Detailed recruitment**

GR	Region	Recruits	Participants	Target	Time	Language	Date
1	Ontario	10	8	Young adults (18-34)	5pm	English	June 20th, 2022
2	BC, Prairies, Territories	10	9	Young adults (18-34)	5pm	English	July 6th, 2022 (originally scheduled on June 20th, 2022)
3	Québec, New-Brunswick	10	10	Young adults (18-34)	5pm	French	June 20th, 2022

4	BC, Prairies, Territories	10	8	Adults (35-60)	5pm	English	June 21st, 2022
5	Ontario	10	9	Adults (35-60)	7pm	English	June 21st, 2022
6	Québec, New- Brunswick	10	8	Adults (35-60)	5pm	French	June 29th, 2022 (originally scheduled on June 20th, 2022)
7	BC, Prairies, Ontario	10	3	Parents	5pm	English	June 22nd, 2022
8	Québec, New- Brunswick	10	9	Parents	5pm	French	June 21st, 2022
<b>Total</b>		<b>80</b>	<b>64</b>				

## 1.4 Overview of Qualitative Findings

- With regards to feelings towards COVID-19, participants generally agreed that the health emergency and that the risks related to COVID-19 were no longer as present and pressing as in recent months and/or years. Many believed that we are at a point where we will have to live with the virus and the risks associated with it, often comparing COVID-19 to a “heavy flu”. They generally feel like COVID-19 is likely to “remain in the background in some shape or form” for the foreseeable future.
- Participants working with vulnerable people, those with vulnerable family members or those who were more vulnerable seemed to be more sensitive to the need to remain careful compared to other participants. Some of these participants felt that the loosening of restrictions and safeguards happened a bit quickly.
- When it comes to getting the COVID-19 vaccine, the fact that a valid proof of vaccination was mandatory for many things, the desire to be able to do social activities and to travel again were among the main reasons that influenced participants. Other mentioned the fear to lose their jobs, the desire to protect their community or that they simply trust science and the health authorities as a motivation to get vaccinated. Only a few mentioned the possible long-term effects of having COVID-19 as a reason

to get the vaccine. Parents expressed their concern to be responsible for their children being hospitalized as a result of being infected with COVID-19 if not vaccinated.

- The rapid development of the vaccines and the uncertainty surrounding potential risks associated with them and the lesser-known mRNA technology were mentioned by many participants as the reasons why they did not get vaccinated. Allergies, specific health conditions, and the unknown risks for pregnant or breastfeeding women and their children were also mentioned by some participants. Some participants mentioned not being at risk enough for getting vaccinated or preferring to rely on their own immune system rather than on a vaccine. Long-COVID and the availability of antiviral treatments did not seem to have an impact on their decision. Overall, the COVID-19 pandemic did not have much of an impact on views and decisions related to vaccines in general.
- Regarding booster doses, participants were mostly waiting to see how the pandemic will evolve before getting them. They often did not seem to find it necessary at the moment with the COVID-19 situation seeming less threatening. A few participants mentioned planning to get the booster doses in the next months, when they would be eligible. Others said they refused to take any booster dose, some of them specifying that they would not take it unless there were clear incentives such as having to keep their proof of vaccination up-to-date to travel or to go out, for example. Some participants stated that the short-term side effects they experienced after getting the vaccine prevented them from getting booster doses.
- The participants had mixed perceptions of the effectiveness of the vaccine. Some of them considered that preventing serious outcomes such as hospitalization could be considered effective, while others considered vaccines ineffective if they do not completely prevent getting or spreading the disease. The fact that booster doses need to be taken more than once a year in order to stay better protected against COVID-19 seemed to weaken considerably the perception of mRNA vaccines being effective among participants. Many participants stated being somewhat unwilling to take new COVID-19 vaccines reformulated for current or new variants of the virus. Some of them specified that they would not take such vaccines unless they prove much more efficient and long-lasting than the existing ones.
- Participants generally mentioned having complied with official COVID-19 measures when implemented by local authorities. They cited washing hands, practicing social distancing, wearing masks, and isolating when showing symptoms of illness as examples. Certain participants added that not having the possibility to work from home or not having access to paid sick leave was a significant barrier to self-isolation. Many participants expressed their concerns and their confusion relating to the reasons for the variations in public health guidelines. Many stated that they did make efforts to follow the guidelines, but that the reasons given to implement many of the

restrictions were difficult to understand and communicated poorly. A large proportion of participants agreed that some public health measures should be adopted by Canadians to prevent the spread of illnesses of all kinds. These include washing our hands more, wearing masks when sick and isolating, if needed. However, many were opposed to going back to the imposition of such measures by governments.

- Regarding impact on mental health, abrupt solitude and isolation from friends and family was the main factor mentioned by participants in terms of negative impacts. Respondents who lived alone seemed to have felt a more negative impact on their mental health than those living with roommates, friends or with their family. Loss of employment and revenue also caused acute stress to some participants. Some parents mentioned having struggled with keeping their children isolated from friends and family. They often worried about the impacts of the COVID-19 restrictions would have on their children, including their mental health and social development. The participants mostly agreed that the lifting of measures helped them recover from mental health-related issues, and that they were not anxious about the measures being lifted.
- In regard to message testing, participants agreed overall that the terms *Booster*, *Staying up to date*, *Primary Series* need to be clarified. Participants also mentioned that messages should not be moralizing, and should be short, simple and easy to understand.

## **1.5 Notes on the Interpretation of the Findings**

The opinions and observations expressed in this document do not reflect those of the Government of Canada, Health Canada (HC) or the Public Health Agency of Canada (PHAC). This report was compiled by Leger based on research conducted specifically for this project.

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

## **1.6 Declaration of Political Neutrality and Contact Information**

I hereby certify, as chief agent of Leger, that the deliverables are in full compliance with the neutrality requirements of the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications—Appendix C](#) (Appendix C: Mandatory Procedures for Public Opinion Research).



Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, party positions, or the assessment of the performance of a political party or its leaders.

Signed by:

A handwritten signature in blue ink, appearing to read "Christian Bourque". The signature is fluid and cursive, with the first name "Christian" and last name "Bourque" clearly distinguishable.

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