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Childhood Vaccination Advertising Campaign – Concept Testing

Health Canada

Final Report

July 2023

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Ce rapport est aussi disponible en français.

**Childhood Vaccination Advertising Campaign – Concept Testing
Final Report**

Prepared for Health Canada and the Public Health Agency of Canada
Supplier name: Quorus Consulting Group Inc.
July 2023

This public opinion research report presents the results of 15 online focus groups conducted by Quorus Consulting Group on behalf of Health Canada in June 2023. The focus groups consisted of Canadians aged 18 years or older and were split based on the following segments: (a) Vaccine-hesitant parents of children 0-6 years old; (b) pregnant people and those planning on becoming pregnant in the next year; (c) vaccine confident parents of children 0-6 who may have missed a shot during the pandemic. Focus groups were conducted with participants from the following regions: Atlantic Canada, Quebec, Ontario/Nunavut, the Prairies/NWT, and British Columbia/Yukon. The sessions were completed between June 20 and June 29, 2023. A total of 102 individuals participated in the focus groups.

Cette publication est aussi disponible en français sous le titre : Campagne publicitaire sur la vaccination des enfants - Test de concept

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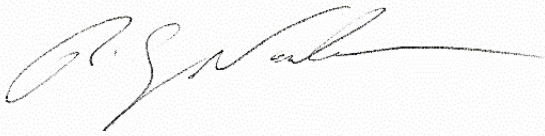


Political Neutrality Statement

I hereby certify as Senior Officer of Quorus Consulting Group Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the [Policy on Communications and Federal Identity](#) and the [Directive on the Management of Communications - Appendix C](#).

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

Signed:

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

July 12, 2023
Rick Nadeau, President
Quorus Consulting Group Inc.

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Executive summary

Background

In Canada, vaccination is a shared responsibility. While vaccine recommendations are made at the federal level, provinces, and territories (PTs) are responsible for designing and implementing immunization programs for infants and children based on their unique circumstances.

Vaccination programs, including routine childhood vaccination programs for children ages zero to six years, are a critical public health intervention that have saved countless lives.¹

High vaccination coverage is essential in preventing the transmission of vaccine-preventable diseases (VPD).² Infants and young children are particularly susceptible to VPDs because their immune systems are less mature and therefore less able to fight infection and, as a result, they require timely immunization.³ Vaccines can also protect children from the symptoms and possible complications of up to 15 serious diseases.⁴ For example, polio, measles, mumps, and rubella.⁵

Nationally, most parents and guardians of children agree that vaccines for children are safe and effective.^{6,7} However, at the same time, almost 50% of parents are concerned about possible vaccine side effects.⁸ The benefits of authorized vaccines outweigh documented, tracked, and acknowledged risks to vaccination.

Canada's provinces and territories have indicated that the COVID-19 pandemic has resulted in disruptions, delays, and gaps in routine vaccinations for children. Some parents are opting not to vaccinate their kids against vaccine-preventable diseases due to vaccine hesitancy and some children have faced delays in receiving routine vaccinations due to school and doctor office closures during the pandemic.

Health Canada plans to execute a childhood vaccination social marketing and advertising campaign to help promote the importance, safety, and effectiveness of vaccinations. The messages are aimed at promoting the importance of routine childhood vaccinations, and to remind those with children that missed vaccinations over the last two years to get their vaccinations up to date.

¹ Health Canada (2022). [Canadian Adverse Events Following Immunization Surveillance System \(CAEFISS\)](#)

² PHAC (2022). [Vaccine hesitancy in Canadian parents](#)

³ Health Canada (2022). [Canadian Immunization Guide](#)

⁴ PHAC (2022). [Vaccines for children: Diseases that vaccine prevent](#)

⁵ PHAC (2022). [Vaccination coverage goals and vaccine preventable disease reduction targets by 2025](#)

⁶ Statistics Canada (2021). [Childhood National Immunization Coverage Survey, 2019](#)

⁷ PHAC (2022). [Highlights from the 2019 childhood National Immunization Coverage Survey \(cNICS\)](#)

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Research objectives

The objective of the research is to test the creative concepts for the advertising campaign to determine, based on the following specific goals, which concept resonates most with the target audiences.

Specifically, the goals were to explore reactions to, and further the understanding of the impact of three draft health-related messages developed for possible display on childhood vaccination promotions, and to determine if the concepts are:

- clearly understood by the audiences;
- credible, relevant and of value to the audiences;
- appealing and appropriate to the audiences;
- memorable in the minds of the audiences;
- able to motivate the audiences to take intended actions.

The research also gathered feedback assessing a number of health-related messages on childhood vaccination promotions.

Methodology

The research methodology consisted of 15 online focus groups with people who are parents of at least one child zero to six years of age as well as parents-to-be (in other words, they are pregnant, planning on becoming pregnant within the next year or planning on adoption a child zero to six years of age within the next year). The focus groups were held between June 20 and June 29, 2023, and included individuals from across the country. Focus groups were segmented by parent group and vaccine status: vaccine-hesitant parents of children 0-6, pregnant people and those planning to become pregnant or adopt a child in the next year, and vaccine confident parents of children 0-6 years old who missed/delayed regular vaccinations during the COVID-19 pandemic. Each focus group session lasted approximately 90 minutes. Participants were informed upfront that the research was being conducted on behalf of Health Canada and they each received an honorarium of \$125 for their participation. In total, 102 individuals participated in the research.

Research results

Three video ad concepts with an accompanying static social media post concept were presented (Concept C was removed from testing after the first six focus groups):

- A. “Unsolicited opinions,” featuring different situations where parents or soon-to-be parents receive unsolicited parenting advice.

- B. “Above and beyond,” featuring a family going above and beyond to protect their children as they prepare to visit a local park.
- C. “Reality show,” an ad about children in a daycare voicing their concerns about childhood diseases.

Overall, “**Unsolicited opinions**” was often chosen as the top concept and recommended for production. Participants felt this would be the most effective ad, as it was seen as relatable, inclusive, slightly humorous, and well-rounded, making it most likely to stand out and be remembered. Many participants saw themselves reflected in this concept, giving it a broad appeal and a wide target audience. Its main message of trusting the facts and vaccinating your child was generally easily identified and understood.

On the other hand, some of the criticisms of this concept included that the message about childhood vaccinations came too late in the ad, that it should include more information about the different diseases, and that there should be more of an emphasis (earlier on in the concept) on encouraging people to speak with a healthcare provider.

The social media post that accompanied this ad had mixed reviews. Those who liked the post noted that the message and call to action was straightforward. Those who liked it less felt that the visual impact was weak based on the mock-up and their perception of what the finished product may look like.

In general, “**Above and beyond**,” received more mixed reviews leaning towards the positive, and was also quite often chosen as the preferred concept. The idea of prevention and protection was clearly understood and appreciated by many participants. It was also seen as a relatable scenario with a feel-good and accurate message: that parents do everything to protect their children. The main critiques of this concept were that the tone was too light for the serious nature of the message and that it lacked basic information about vaccines. There was also a general sense that the overprepared parenting style idea might not work for a few main reasons: many parents or parents-to-be might not appreciate how the ad is intentionally exaggerating over-protection; how it highlights the ‘helicopter’ parenting style which may not connect with many parents; and, how it seems to convey that only these types of parents would be concerned with staying on top of childhood vaccinations.

The social media post for this concept received mixed reviews. Those who liked it mentioned that the message was clear and the image and text complimented each other. Those who liked it less felt that the images did not connect with the bolded text embedded in the image. The main point made in this context was that the images did not relate to vaccines; when looking for a theme, the images were more likely to convey “summer” or “summer products” to participants.

The concept “**Reality show**” was not well received. The concept was not something that would peak many participants’ interest. One of its strengths was that it mentioned specific diseases. While the main message was mostly clear, it was also often said that the idea was too basic, not relatable, and too humorous. The daycare setting was also questioned by participants who either could not relate because their children don’t go to daycare, that the ad might cast daycares in a negative light, or that children will get sick at daycare no matter what they do.

The social media post also received mostly negative reviews. As was the case with the overall concept, the idea of the fake TV show with “episodes” did not strike a chord. A few participants appreciated the clear message conveyed in the text, despite the lack of information about the 14 preventable diseases.

Reactions to alternate healthcare provider statement

Participants were presented with an alternate healthcare provider statement: “We know you might have more questions and that’s okay, talk to your healthcare provider.”

Some participants preferred the longer version. Those who liked it noted how inclusive, relatable, empathetic, and compassionate it was, despite often initially being seen as too wordy. Those who preferred the status quo statement mentioned the new statement could be seen as condescending in nature, it was just generally too long without adding any new information or value.

Feedback on message testing

Participants were asked to rate potential messages that Health Canada is considering for online and social media advertising. General reactions to all the statements were mostly positive. Participants preferred statements that were short, conveyed specific facts and/or a clear demonstration that vaccines have a track record. There was a keen interest in statements that were backed up by statistics or data. Participants had lower ratings for statements that were too vague, broad, used technical or ambiguous language, or called into question their own beliefs or (anecdotal) evidence they had seen or heard about.

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.

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Detailed results

Background

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High vaccination coverage is essential in preventing the transmission of vaccine-preventable diseases (VPD).¹⁰ Infants and young children are particularly susceptible to VPDs because their immune systems are less mature and therefore less able to fight infection and, as a result, they require timely immunization.¹¹ Vaccines can also protect children from the symptoms and possible complications of up to 15 serious diseases.¹² For example, polio, measles, mumps, and rubella.¹³

Nationally, most parents and guardians of children agree that vaccines for children are safe and effective.^{14,15} However, at the same time, almost 50% of parents are concerned about possible vaccine side effects.¹⁶ The benefits of authorized vaccines outweigh documented, tracked, and acknowledged risks to vaccination.

Canada's provinces and territories have indicated that the COVID-19 pandemic has resulted in disruptions, delays, and gaps in routine vaccinations for children. Some parents are opting not to vaccinate their kids against vaccine-preventable diseases due to vaccine hesitancy and some children have faced delays in receiving routine vaccinations due to school and doctor office closures during the pandemic.

Health Canada plans to execute a childhood vaccination social marketing and advertising campaign to help promote the importance, safety, and effectiveness of vaccinations. The messages are aimed at promoting the importance of routine childhood vaccinations, and to remind those with children that missed vaccinations over the last two years to get their vaccinations up to date.

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¹⁰ PHAC (2022). [Vaccine hesitancy in Canadian parents](#)

¹¹ Health Canada (2022). [Canadian Immunization Guide](#)

¹² PHAC (2022). [Vaccines for children: Diseases that vaccine prevent](#)

¹³ PHAC (2022). [Vaccination coverage goals and vaccine preventable disease reduction targets by 2025](#)

¹⁴ Statistics Canada (2021). [Childhood National Immunization Coverage Survey, 2019](#)

¹⁵ PHAC (2022). [Highlights from the 2019 childhood National Immunization Coverage Survey \(cNICS\)](#)

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The research also gathered feedback assessing a number of health-related messages on childhood vaccination promotions.

Concept presentation context

Before seeing the concepts (presented as storyboards and static social media posts), participants were provided the following information:

- The concepts are draft versions and not yet finalized.
- If the Government of Canada decided to move forward with any of the video ad concepts, they would be professionally produced with actors, etc. The video ad concepts currently being considered by the Government of Canada are 30-second video ads that could eventually appear on digital or traditional media such as social media or television.
- 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 tested for the first six focus groups and two concepts (Concepts A and B), were shown for the remaining nine focus groups. The order in which the concepts were shown was randomized. Details on the order of concepts shown per session are available in the appendix in the Moderator's Guide.

It should also be noted that, unless otherwise indicated, most feedback and reactions were very consistent across the various target audiences involved in this research.

Concept A – Unsolicited Opinions

The following storyboard was presented in all focus groups.

 <p>A parent's arm rests on a stroller with a child at a cafe table. The parent sits beside their partner. The camera pans up to a stranger passing by.</p>	 <p>The stranger kneels to look at the stroller, then to the parent.</p> <p>STRANGER: It's chilly. Where's your child's toque?</p>	 <p>We swipe, like a roulette wheel, to another scene at a gathering with friends.</p> <p>COUPLE: Listen, just sleep when baby sleeps.</p>	 <p>On a phone screen (Instagram reel/influencer content).</p> <p>INFLUENCER: How I stop meltdowns in 3 easy steps.</p>
 <p>At a picnic table with grandma.</p> <p>GRANDMA: Won't that spoil their dinner?</p> <p>VO: Everyone's got opinions. When it comes to childhood vaccines, rely on the facts.</p>	 <p>We see parents and their child in a doctor's office with a healthcare professional.</p> <p>VO: Childhood vaccines have been around for decades and are safe and proven to protect your child against fourteen preventable diseases.</p>	 <p>A super fades in over the scene.</p> <p>Learn more at Canada.ca/childhood-vaccines</p> <p>VO: Speak with a healthcare provider to learn more.</p>	 <p>ANNCR: A message from the Government of Canada.</p> <p><i>♪ O Canada musical signature</i></p>

General reactions

This concept received moderate to high ratings across all groups. The main finding and strength of this concept is its relatability. The concept was well-received because of its broad appeal, with the various scenes and circumstances showing types of “unsolicited advice” that most participants had also received, or that reminded them of other advice they had received about parenting. While not all scenes were relatable to everyone, the overall idea was seen as relatable, and having “something for everyone.” Some also said that it was relatable because of the growing and more pervasive misinformation about vaccines they had seen or heard in recent years about the COVID-19 vaccines.

The different scenarios of parents receiving unsolicited, and in some cases unproven or unscientific advice, and the link (or reluctance) to seeking out expert and factual advice about childhood vaccination was appreciated by most. The concept was also generally felt as conveying a positive message, with the words “safe” and “around for decades” often mentioned as comforting. It was noted that the concept overall was clear and easy to understand.

This concept was also praised for its memorable approach to communicating the importance of childhood vaccinations without being overly heavy handed, finger pointing or negative. It was, as some said, a gentle reminder without telling them what to do, and even somewhat funny or

tongue-in-cheek. Furthermore, the approach was seen as a clever way to inform or remind parents about seeking out information from credible sources about the 14 preventable diseases. The introduction of a healthcare professional at the end was also seen as a strong element of this concept by many; again, this was a logical tie-in to vaccines. Also mentioned as a strong finish was the message that clearly pointed to where to get more information.

Among those who liked it less, there was some feedback that the concept appeared to be abrasive. A few participants had some issues with the tone of the ad, saying for example that it was nonchalant, too general, boring, or lacked originality. The main concern was that the ad evoked hostile or negative feelings, especially the “stranger” giving an unsolicited opinion. Since the ad highlights the judgmental nature of unsolicited advice and reminded parents of their own negative experiences in similar situations, it rubbed some the wrong way and irritated them from the beginning. Detractors often also said that the link to vaccines came too late and that they may not watch it all the way through to get to the main message. To help alleviate this, a few suggested that the ad could reduce the number of scenarios featured.

There were also a few participants who wanted the ad to show more facts, for example about the 14 diseases, about vaccine schedules, or more sources of information. This was especially true among a small group who mentioned they did not necessarily trust their doctor to stay up to date about ever-changing vaccine policies and protocols, or that they did not feel comfortable speaking with their doctor about their doubts or questions. Also, it was mentioned that many people either do not have family doctors, or do not have timely access to a healthcare provider, especially if just to ask them questions or to get more information.

In one group, a few participants who did not like the concept that much said they did not like the message to blindly follow advice from a doctor, rather than to do their own research.

Perceived main messages

Overall, there was a mix of those who felt this concept had a positive and hopeful message (trust the facts and get your child vaccinated), and those who said it brought them down (because of the annoying or irritating feelings the opinions in the ad triggered).

The main messages seen in this concept were:

- Get your children vaccinated.
- Do your own research into childhood vaccines.
- Childhood vaccinations are backed up by facts, not opinions.

- Trust the facts provided by a healthcare professional.
- Don't trust general opinions.

A few participants also mentioned the messages that vaccines had been around for decades and were safe or “proven,” and that there were 14 preventable diseases.

Perceived call to action

Participants said that this concept asked them to:

- Speak to a healthcare professional for expert advice regarding childhood vaccines.
- Go to the Health Canada website for more information.
- Get your child vaccinated.

While few said that seeing this ad would change their minds on vaccinating their children, some said it would serve as a reminder to check whether their children's vaccines were up to date, or to go online to see what the 14 diseases are and to make sure their children are vaccinated against all of them. Some also said it was reassuring.

Other unsolicited opinions

Participants were also asked what other “unsolicited opinions” they have been given, from pregnancy through the first few years of their child's life. Responses pertained to the following themes:

- Clothing/appearance
 - “Why are you letting your child wear _____?”
 - “You should put a toque on your child's head, it's cold outside.”
 - “Their hair is too long.”
 - “Don't let them go outside with wet hair.”
- Food/feeding
 - “Breast is best.”
 - “You should go somewhere private or a bathroom to breastfeed.”
 - “Are they hungry?” (when baby cries)

- “They should eat whatever you give them.”
- Family size
 - “Why do you have so many children?”
- Parenting styles
 - “Let your child cry.”
 - “Don’t spoil your child too much.”
 - “Don’t cuddle them too much/cuddle them more.”
 - “Don’t let your child go to daycare/elementary school with a runny nose.”
 - “Why would or would you not vaccinate your child with the COVID-19 vaccine?”
 - “Don’t let your child have too much screen time.”
 - “Your kids get away with everything.”
 - “Let your child do that on their own.”
- Sleep
 - “Don’t co-sleep with your child.”
 - “Let them cry it out.”
 - “Shouldn’t they be in bed by now?”

Participant suggestions for improvement

While the overall theme of the concept was understood and mostly appreciated, some participants offered feedback on each of the scenes and shared which ones worked or did not particularly work for them. A suggestion that was made in many of the groups was to remove the stranger from the storyboard, or to not have this be the opening scene, since the idea was less relatable and made them feel uncomfortable right at the beginning of the ad and would likely turn them away from it.

The social media influencer also got some mixed reviews. Those who used social media either in general or specifically for anything to do with their children, feeling this was a great scene. On the other hand, there were also some who felt this was over-the-top and not relatable to them and should be removed.

There were also comments about the grandmother scene. Those who liked the scene found it the most relatable. Those who liked it less suggested that the scene should be replaced or changed

because it is usually the grandparents who spoil their grandchildren. It was also mentioned anecdotally by a select few that it could be a sign of disrespect not to listen to the elders or that it could cause spouses to point fingers at their in-laws leading to conflict.

In several groups, participants wanted to see the link to vaccinations earlier in the ad, or they suggested adding unsolicited advice about medical topics, such as vaccination, to tie it all together.

Given the challenges that some participants would encounter in trying to access a healthcare provider, it was suggested that alternate resources be made available. For instance, some suggested there could be a number for a helpline or a link to get personal advice. This would give Canadians access to healthcare providers who are available to answer questions via phone or online.

In a few groups, there was some discussion about the use of the term “healthcare provider.” It was mentioned that this may not be the plainest and best-understood language, especially for new Canadians, or that it was too broad (“would that mean I should ask my chiropractor about vaccines?”). It was also mentioned anecdotally that in some communities with a higher level of anti-vaccination sentiments, it would likely be healthcare providers such as chiropractors or naturopaths advise people against vaccinations. Some suggested changing it to “doctor, nurse or pharmacist,” although this was also argued not to be sufficiently inclusive. Changing it to “healthcare provider such as doctor, nurse or pharmacist” was suggested, or to “doctor, nurse, pharmacist or other healthcare provider.”

Concept A – social media post

A static social media post concept was tested in all groups except Groups 3 and 4.

Concept tested in Groups 1 and 2:

Concept tested in Groups 5 to 15:



General reactions

(Note: The feedback summarized in this section focuses on the second version of the static social media post concept.)

This static social media post concept received mixed reviews.

Those who liked the social media post appreciated how the bold text embedded in the image was attention-grabbing, informative and clear and easy to understand. The overall message was considered cohesive and the image of the healthcare provider tied nicely into the text. There was also much appreciation for focusing on the facts and including terms like 'facts' and 'decades.' It was easy to recognize that the post was about vaccinations and didn't leave people guessing. The call-to-action to click on the link to find out more was clear, although many would say they would likely not click through themselves. However, some said the mention of 14 diseases would make them want to find out more about which diseases they are by clicking on the link.

Those who liked it less felt the post was too generic, it would blend in with other social media posts and would likely not grab their attention. Most of the negative reviews focused on a perceived lack of visual impact and the concept's emphasis on trusting the facts instead of encouraging Canadians to speak with a healthcare provider or to do their own research. This latter message was said to be a strong feature of the video concept and spoke particularly to those who say it as important for them to do their own research rather than to blindly follow what the government or healthcare community would tell them about vaccines.

From a design perspective, many also noted that the image did not immediately suggest that the people were in a doctor's office. Given the context of the video concept, this became somewhat obvious but without the benefit of the video concept, the image just shows three people with a baby.

There were also mixed reviews about the reference to "14 diseases." While it drew many in and made them want to look up what the 14 diseases are, some others said they should be listed, or that at least a few should be listed.

Participant suggestions for improvement

Across the board, there was keen interest in what the 14 preventable diseases are. It was also mentioned that the text at the top should not repeat the same message as in the headline but could instead be used to share more unique information, for example (some of) the names of the 14 different diseases or links to more information, encouraging parents to do their own research.











Others suggested to make it more relatable, for example by using language that speaks more directly at parents, such as "your child." This would be more visually appealing and would provide parents with the opportunity to assess the relevance of the post for them and the best course of action.

Other suggestions included:

- Feature different family types in the post for broad appeal.
- The second social media post concept stirred up some discussion regarding family structures and how challenging it might be to find an image that might not alienate certain types of families. As such, a few suggested removing the parents from the image and focusing on an image that featured a doctor and a baby to minimize any controversy.
- Change the images in the post to make it more related to vaccines (i.e., vaccine passport).
- Move "when it comes to childhood vaccines, rely on facts" to the main text in the image since that is what people notice first.

Concept B – Above and Beyond

The following storyboard was presented in all focus groups.

			
<p>The following is a rapid sequence of shots. We see parents' hands packing child/baby items. It's very rhythmic and percussive, almost like an ASMR "Get ready with me"/organization video.</p> <p>Snacks, bottles, water Diaper bag Clothing for any possible weather + sunscreen/accessories, rain gear, sunglasses, etc Transportation things (stroller, wrap/carrier, car seat, tricycle for child Comfort items (blanket/mat, bike helmet)</p>			<p>The front door opens, two new parents with their baby and preschool aged child and ALL the gear head out into the world. It looks like they've packed enough for a 3-day excursion.</p>
			
<p>They wince at the sun, they've been inside for days. They walk, and we realise they're merely headed to the playground across the street.</p>		<p>They park the stroller and take a seat on a bench. Other families and their kids are playing. The clouds part in the sky, allowing the sun to shine brighter.</p>	<p>PARENT: The hat?? The parents panic, rifling through their bags for a hat. They find the hat, put it on their child, and sit down, exhaling to relax.</p>
		<p>VO: Parents go above and beyond to protect their children.</p> <p>A proven way to help protect children is by ensuring they are vaccinated as recommended. Vaccines safely help to protect children against fourteen vaccine-preventable diseases.</p>	
<p>Learn more at Canada.ca/childhood-vaccines</p> <p>A super fades in over the scene.</p> <p>VO: Speak with a healthcare provider to learn more.</p>	<p>ANNCR: A message from the Government of Canada.</p> <p>♪ O Canada musical signature</p>		

General reactions

This concept received mixed reviews, with many middle-of-the-road ratings with some leaning towards higher ratings.

The main reason for the positive feedback was the use of humor and, to a certain extent, the intrigue at the beginning created by the ASMR approach. Many said the hook of the opening sequence would likely grab their attention and would make them want to continue to watch the rest of the ad to find out more of what it was about. It was said that the concept was cute, memorable, and relatable to a fair number of participants. Those who saw themselves in this concept and could relate in some way generally gave more positive feedback. The concept was also praised for its general and broad appeal to all parents or parents-to-be, including parents of children of various ages, and both mothers and fathers.

The idea of parents protecting their children and keeping them safe, combined with the tagline "parents go above and beyond to protect their children" was also seen as a strong point in this ad.

Many commented that the concept was clear, memorable, and effectively conveyed the main message. It was seen as a feel-good message that spoke to parents and to the essence of parenting, and it was said to be the right combination of tapping into emotions and rationality that made for a good argument regarding vaccinating children. The idea of protecting children against the weather was appreciated and especially said to be relatable to Canadian parents who deal with hot summers, cold winters and variable weather in general and having to dress their kids for extremes.

The sentence “vaccines safely help to protect children against fourteen vaccine-preventable diseases” was also appreciated by many.

On the other hand, those who gave lower scores felt humor was inappropriate when talking about childhood vaccinations. In their view, childhood vaccinations are something to be taken seriously. They would prefer a more serious tone, more emphasis on childhood vaccinations or something more “shocking” to persuade those who are vaccine-averse or hesitant.

There was also some feedback that the concept appeared disjointed. The main view expressed in this context was the transition from the (already somewhat ambiguous) concept of protection to a focus on vaccines was not smooth and came too late in the ad. Many also felt that the pace lulled after a hectic start and that they might lose interest before getting to the main message. To some others, there was also a disconnect between the high importance of vaccinations and the potential seriousness of the consequences of not vaccinating children, compared to the relatively small consequences of not applying the other protections portrayed. It was also mentioned that initially, it appeared to be an advertisement for something related to summer, which would not necessarily draw them in to pay closer attention to the rest of the message.

A few mentioned that this ad would be anxiety-inducing. The ad reminded participants of how they used to act or of how others felt they should act. Some also said that it suggested that only these types of stressed out, over the top “helicopter parents” would be vaccinating their children. It was also suggested that the ad was very similar to some COVID-19 ads they recalled seeing, especially since the narrative includes a family that stayed inside for a long time, which is reminiscent of the isolation many experienced during the pandemic.

Although this concept was relatable to some, it was not universally relatable. In fact, it turned some off because they said they were not like that and could therefore not relate, and in some cases, it offended them that the message appeared to say that “over the top” parenting was the (only) “right” way to parent. As well, first-time parents-to-be mentioned that this ad was not relatable to them since they don’t have children yet or they don’t know whether this is how they will parent in the future.

Perceived main messages

The main message in this concept was generally clear to participants and seen to tie into the idea that vaccines are part of an overall “protection plan.”

The main messages seen in this concept were:

- Parents protect their children and want to do what’s best for their children.
- Protect your children, get them vaccinated.
- Vaccines are important.

Some who liked the concept less and could not relate to it, said the message was that they aren’t good parents because they are not over-protective of their children.

Perceived call to action

Participants said that this concept asked them to:

- Protect your children by getting them vaccinated.
- Speak with a healthcare professional to learn and understand how vaccines can protect your children.
- Go to the Health Canada website for more information.
- Ask questions.

Some also mentioned that there was no call to action. There was a sense that this concept was created to increase awareness of childhood vaccines as well as serve as a reminder check to ensure their child is up to date with their vaccinations. Only a few participants said that this ad would prompt them to check, however, or to go online to find out more. Furthermore, it would not compel them to change their current behaviors or how they think about vaccines.

Participant suggestions for improvement

In general, the main suggestion for improvement from those who liked the concept less was to be more focused and to have a more coherent, single message about childhood vaccines that came forward earlier in the ad. The concept was too ambiguous for them. For example, the concept would be more effective if the visual of a healthcare professional was introduced, or if it included more facts about vaccines, vaccine schedules or the diseases they are preventing.

In several groups, participants generally suggested that this concept is narrowly focused on and targeted to first time parents. If the target audience would be all parents, the concept should be changed for broader appeal. For example, the concept could show different parents or families doing their own thing to protect their children (i.e., one scene shows parents putting sunscreen on the child and another scene shows parents putting a helmet on the child before riding a bike, etc.). This approach would be more appealing instead of emphasizing the one story with the “helicopter” parenting style.

Some other suggestions included:

- Add more information about the 14 diseases that vaccines protect children from.
- Add the vaccine passport in the items being packed up.
- Add the term “routine” when referring to vaccines.

Concept B – social media post

A static social media post concept was tested in all groups except Groups 3 and 4.

Concept tested in Groups 1 and 2:

Concept tested in Groups 5 to 15:



General reactions

(Note: The feedback summarized in this section focuses on the second version of the static social media post concept.)

This static social media post received negative to mixed reviews.

Those who gave positive reviews praised the post for its simplicity and clear message in the headline. They also said that the images clearly tied in with the headline message referring to “protection.”

It was also often said the post had a good use of language as many liked the word “proven.” This supported the connection to the theme of protection and the link at the bottom to “facts”, making the post more captivating and cohesive.

A few said that the post would draw them in to read the smaller text, thus prompting them to click on the Health Canada link to find more information.

There were a fair number of criticisms from those who did not like the concept as much. This most often had to do with the connection, or lack thereof, between the images and the text or main headline. It was mentioned that the text in the image did not align with the images, and because of this, the message could be misinterpreted. For example, the post could be interpreted to be about summer and keeping children safe, rather than about childhood vaccinations. The image of the vial (“the medical bottle”) was often not recognized as that and for many did therefore not represent the idea of vaccinations. Additionally, some did not feel that vaccinations should be categorized in the same way as the other protective measures depicted, given the much greater importance of vaccines.

As well, the images were not seen as overly exciting, new or original, therefore not doing much to draw participants into exploring the post further. Many mentioned that it blends in with other social media posts and does not cut through the clutter.

Finally, the post would not appeal to everyone. Some groups felt they already knew what they needed to know about vaccinating their children and the post does not suggest that anything new needs to be learned.

Participant suggestions for improvement

Participants generally felt that the concept is visually appealing, although many mentioned there was a disconnect between the headline and the images. It was suggested to add an image of a child surrounded by four items allowing the viewer to connect to the notion of protection more easily without having to read the text, or to include an image of a syringe or vaccine passport to convey the reference more effectively to vaccines, which some felt the bottle with the red cross did not do as well.

Some other suggestions included:

- Add images to the post that are more related to vaccinations.
- Add the name of the diseases the vaccines protect children against.
- Increase the size or change the text in the caption so that it would be emphasized more.
- For broader appeal (for vaccine-averse/hesitant parents in particular), the phrase “Parents go above and beyond to protect their children” should become the headline and be switched with the phrase “vaccination is proven to protect children against 14 diseases.”

Concept C – Reality Show

The following storyboard was presented in focus groups 1 through 6.

			
<p>We open on a super and dramatic reality show music:</p> <p>ANNCR: Today on Daycares and Doses...</p>	<p>We quickly see a shot of kids at a daycare running (or looking) around. The camera movement is fast and handheld.</p> <p>ANNCR: Problems in the playpen.</p>	<p>We cycle through children (babies and toddlers) posed in a confessional reality show style. They have adult “reality show” personalities.</p> <p>Toddler Ethan: (A little shady/sassy) Some things just don’t need to make a comeback.</p>	<p>Toddler Aliyah: I had never even heard about measles before. It doesn’t sound fun. I came here to make new friends, not catch old diseases.</p>
			
<p>We see reality TV-style footage of a baby crying at home.</p> <p>ANNCR: And Baby Jaden shows her vulnerable side...</p>	<p>We see the same baby in a confessional with an adult personality.</p> <p>Baby Jaden: I’m still processing everything. I heard that measles can cause some really serious complications which I really want to avoid.</p> <p>ANNCR: Luckily, she’s vaccinated...</p>	<p>The camera expands beyond the close-cropped confessional shot, revealing a more normal, less “produced” setting. Baby Jaden is just sitting at home.</p> <p>ANNCR: The reality? Measles, whooping cough and many other diseases could still be part of our children’s lives, particularly if they haven’t received all their vaccinations.</p>	<p>Her dad picks her up to soothe her.</p> <p>ANNCR: Making a decision about your child’s health isn’t always easy.</p> <p>A proven way to help protect children is by ensuring they are vaccinated as recommended.</p>
	<p>Canada.ca/childhood-vaccines</p>		
<p>Cut to a wide shot of a living room. Dad continues to walk with Jaden.</p> <p>ANNCR: Vaccines safely help to protect children against 14 vaccine-preventable diseases.</p>	<p>ANNCR: Speak with a healthcare provider to learn more.</p>	<p>ANNCR: A message from the Government of Canada.</p> <p>♫ O Canada musical signature</p>	

General reactions

This concept received low to moderate ratings across all groups in which it was presented.

One of its strengths, and something that was often said to be missing from other concepts after seeing this concept, was the focus on the diseases, particularly the inclusion of the names of some diseases.

Those who liked it also said the message was clear from the beginning. Some also mentioned that they liked the idea of a reality show, reminding them of the television show 'The Office.' They also appreciated having the children be messengers, since this was an unusual approach, and it highlighted the importance of childhood vaccinations in a unique way.

However, the overall idea was not well-received in terms of execution. For the most part, the general idea of a reality show and childhood vaccinations fell flat. The concept was said to be disjointed, dry and overly 'silly.' This would lead to viewers feeling disconnected and uninterested in the ad and therefore the overall message. Many participants said that the concept was difficult to relate to and that they would not be drawn into it from the beginning.

Many had issues with the daycare setting. For example, some parents said they could not relate because their children do not go to daycare. Moreover, the ad evoked emotions and thoughts about how daycares are generally little Petrie dishes where children often catch colds and flus and other communicable diseases from others, making this the least logical setting to use when talking about preventing childhood diseases. For most, there was no connection with the idea of children playing the role of communicators about vaccines. The idea confused participants because they knew it wasn't realistic that young children would know anything about diseases or vaccines as well as asking their parents for permission to get vaccinated.

The tone of this concept was also too dark for many. It was also mentioned that the use of "Doses" in the title could have different interpretations, with some saying that "doses" can be associated with partying and recreational drugs (for example "micro-dosing"), especially among younger adults.

Perceived main messages

In general, the main message in this concept was not always very clear. Overall, the messages seen in this concept were:

- Old diseases aren't dead yet.
- Make sure your children are up to date with their vaccinations to protect themselves as well as others.
- Speak with a healthcare professional for more information.
- Help and protect your children, get them vaccinated.
- Vaccinations can prevent the measles.

There was also some confusion about the message, with some saying that it was more about what happened in daycares than about vaccines, while others said the message was unclear because it was relayed by children, which is unrealistic.

Perceived call to action

Participants said that this concept asked them to:

- Get their child vaccinated, especially those going to daycare; and
- Speak with a healthcare professional to learn more about childhood vaccinations.

Many participants said that they were confused about the call to action. They mentioned the circularity idea portrayed in the concept was “all over the place” and should be simplified to convey the message (get your children vaccinated).

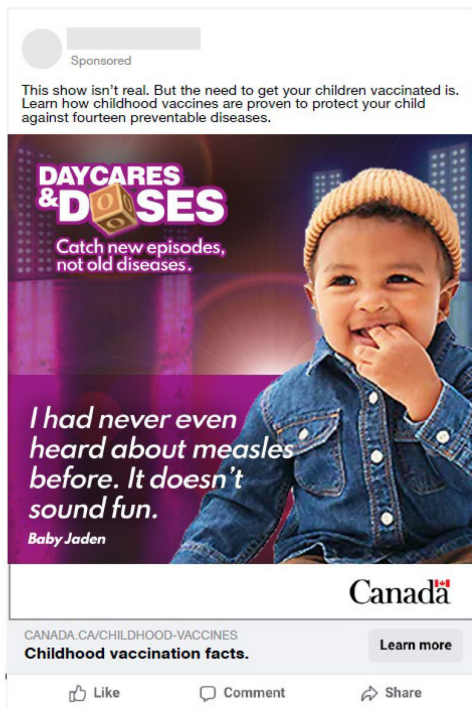
Participant suggestions for improvement

Some suggestions included:

- To remove the children as communicators and focus more on the parents.
- Change the name of the reality show.
- Change the concept of a reality show since it's an ad and not a recurring TV show.

Concept C – social media post

A single version of the static social media post concept was tested in Groups 1 and 2.



General reactions

The static social media post was not well received. While the image and some of the text (“learn how childhood vaccines are proven to protect your child against fourteen preventable diseases”) was appreciated by some, most said that the connection between the “Daycares and Doses” headline, mention of new episodes (that many mentioned actually did not exist) and disease prevention/vaccines is not clear. Others felt that the post had an odd background and was misleading, since they did not clearly understand the overall message at first glance and because they would be looking for a tie-in to a reality show that did not exist.

Participant suggestions for improvement

There were no suggestions to improve the static social media post, as the overall concept was not well received and was mostly deemed unfixable.

Final advertising concept comparison

After evaluating each concept separately, a brief discussion was held to identify everyone’s top storyboard concept (participants were asked to focus exclusively on the video storyboard concepts

for this exercise). The basis for participant's choices was first and foremost the level of personal relatability.

Overall, the concept most often chosen as the winning concept was Concept A (Unsolicited advice). This concept was particularly appealing among vaccine-confident parents and parents-to-be. This concept was chosen because it was the most relatable. It was also said to have a broad appeal beyond current parents, and the inclusion of different familiar images of people offering parental advice on different topics was likely to connect to most parents in some way. It was said to have a clear message about vaccines and diseases at the end, both through the text, voice over and images, while also evoking some emotional reaction.

Concept B (Above and Beyond), at a close second, was also chosen by a fair number of participants as their top choice. Overall, those who preferred this concept felt it was relatable to them specifically and it had a clear and cohesive story that tied into vaccines nicely. The overall theme of protection and the desire for parents to protect their children was also the reason for many to prefer this concept.

Alternative healthcare provider statement

After discussing the advertising concepts, participants were asked to provide feedback on the following two statements:

- Status quo version: "Speak with a healthcare provider to learn more."
- Alternate version: "We know you might have more questions and that's okay, talk to your healthcare provider."

There was support for the alternate statement among many participants because it is relatable, more empathic, non-judgmental, and compassionate. Specifically, these participants liked how the statement could appeal to parents who are hesitant or feel a certain level of shame about asking questions about vaccines for their children, or who may be hesitant about vaccination in general. They felt the alternate statement normalized or allowed parents to feel more comfortable asking questions and doing research before deciding.

However, there were also a fair number who preferred the original, shorter message ("Speak with a healthcare provider to learn more"). Those who liked the status quo felt the alternate statement was too long and the tone was condescending ("of course I know I can ask questions, I'm an adult and don't need to get permission to do that"). They preferred the statement to be short, clear, easier to understand and concise, especially for the social media post.

A suggestion to improve and shorten the alternate statement was to delete “We know...” Others said this would set the tone as friendlier and provide an option for parents rather than telling them what to do.

The main concern raised with both the original and the revised statements was access to a healthcare provider and willingness of healthcare providers to discuss vaccines. Others said the message was disingenuous because they knew their doctor did not want to talk to them about their questions, even if they wanted to bring them up. For those who don’t have a primary healthcare provider or who don’t feel they can turn to theirs, a link to a website should be provided where more information can be found, or a telehealth number they can call and speak to a healthcare professional who will be receptive to their questions.

Reactions to childhood vaccine-related messages

In closing, participants were asked to rate potential childhood vaccine-related messages that Health Canada is considering for online and social media advertising. After rating all the messages (thumbs up if they liked it, thumbs down if not, and a flat hand if it left them indifferent or neutral), participants were asked to discuss the messages. In summary:

Statements that performed the best included...

- A. Most childhood vaccines are 90% to 99% effective in preventing disease.
- E. *Vaccines have kept children healthy, have saved millions of lives for decades and some help to protect not only the individual, but also those around them and their community. / **Vaccines have kept children healthy and saved millions of lives for decades.
- G. *Science and history have shown that vaccination is one of the best tools to protect us from certain infectious diseases. / **Science and history have shown that vaccination is one of the best tools to protect us from vaccine-preventable infectious diseases.

Statements that performed moderately or received mixed reviews included...

- B. *For the best protection, it’s important for children to get all recommended vaccinations on time. Recommended schedules are designed to provide infants and children immunity early in life, before they are exposed to serious and potentially life-threatening diseases. / **Recommended schedules are designed to provide infants and children immunity early in life, before they are exposed to serious and potentially life-threatening diseases.
- C. *For some of the vaccines, more than 1 dose is required over time. This is needed for some vaccines because each dose improves the immune response. / **For some of the childhood vaccines, more than 1 dose is required over time. This is needed for some vaccines because each dose improves the immune response.
- D. When you vaccinate your child, you help to protect them as well as those around them who are unable to be vaccinated or for whom vaccines do not work as well.

F. *Children may have mild side effects after vaccination because their bodies are working to develop an immune response. / **Children may have side effects after vaccination because their bodies are working to develop an immune response.

Statements that performed poorly included...

H. Vaccines have saved more lives in Canada than any other medical intervention in the past 50 years.

I. *All vaccines are put through a careful review process before they can be used in Canada and continue to be monitored for safety and effectiveness once in use. / **All childhood vaccines are put through a careful review process before they can be used in Canada and continue to be monitored for safety and effectiveness once in use.

J. *Your child's immune system can learn from more than 1 vaccine at a time. For instance, babies can respond to 10,000 different antigens at any one time. There is no reason for your child to get the vaccines one at a time. / **Your child's immune system can learn from more than 1 vaccine at a time. Babies can respond to 10,000 different antigens at any one time. There is no reason for your child to get the vaccines one at a time.

* version tested in Groups 1 through 8

** version tested in Groups 9 through 15

Overall, the statements received mostly positive reactions. In general, participants appreciated statements more if they fell in line with what they believed to be true or indisputable information. Information that was contradictory to what they believed or was not backed up by facts, was likely to be less highly rated. Also, positive messages were better received than those that were seen as negative or scary. Generally, most statements that showed that childhood vaccines have a history, or a track record were also well-received. The terminology used in the statements also influenced how they were rated by participants – in particular, statements that were too technical were often rated lower, as were those that were seen as too vague or broad.

Results did vary somewhat by language in a few different ways (the French version of statements is available in the appendix). The most appreciated statements among Anglophones were B, C and A whereas in Francophone sessions, they were A, E and G. It was also noticed that Francophones were more inclined to express support for all messages whereas Anglophones were more likely to feel neutral or opposed to a specific handful of statements. That said, the least appealing messages were the same among both Anglophones and Francophones (statements I, H and J) - the only difference was that Francophones liked them more than Anglophones did.

Across all groups, the most popular statement was A, followed by statements E and G.

Participants mentioned that these statements were given a higher rating because they were short, were supported by statistics or data, and conveyed positive and uplifting information. These statements provided participants with a sense of relief and instead of questioning their validity,

they were the most-often taken at face-value. Statement A was also appreciated because it “admitted” that vaccines were not bulletproof.

Statement G was well received because of its reference to science and history. A few participants felt that more details or facts could be added, while others said they felt it was good as-is because it was short and to the point.

Statements B, C, D, and F performed moderately well but also received some criticism.

Statement B, while often liked for being “factual,” caused a bit of confusion. It was mentioned that different provinces have different vaccination schedules, which made participants question what the “right” schedule really is. In early sessions, a suggestion was made to potentially flip the sentence structure (starting it with “Recommended”) so that it would be received better among Canadians across the country. As well, parents-to-be often did not understand this message as they were not familiar with vaccines or the fact that there are recommended schedules.

Statement C was also often appreciated for being specific and “factual.” However, especially among parent-to-be participants, there were some questions about this, as they were less likely to be familiar with vaccine schedules and boosters. Some in these groups felt that they would be looking carefully into the need for more than one vaccine.

Statement D was appreciated because of the community aspect. It was a message that made them feel good about their decision to vaccinate, as they were contributing to the protection of others. Participants of ethnic minority backgrounds often particularly found this statement to be very relatable, mentioning that their cultures focus on community rather than self. That said, some parents argued that their focus and priority is their own child and that they would not base a decision as important as vaccination on the impact it could have on others around them.

Statement F received mixed feedback. While some liked it because they felt it gave straightforward and true information that would potentially help parents in anticipating side effects and not worry if their children had them, it also drew many criticisms. Some participants saw the statement as “scary” and contentious given the recent experiences with the COVID-19 vaccines. They also questioned the validity of the ‘side effects’ on children’s bodies working to develop an immune response. Based on some participants’ experience with childhood vaccines, they had seen or heard of side effects that they did not see as “mild” side effects. A few felt that there should be more information about the types of “side effects.” Others mentioned that it made them think of side effects of other pharmaceuticals and felt that using the words “feeling unwell” might be better. It was also suggested to switch the flow of this sentence to lead with immune response (positive connotation) and end with the idea of side effects (negative connotation).

Statements H, I and J had the most detractors.

Statement H was often said to be vague and too general (“any other intervention”) and not really making a compelling argument.

The credibility of statement I was weakened by the COVID-19 pandemic. Participants recalled that the COVID-19 vaccines were rolled out very quickly. Many said that this statement questioned how safe the COVID-19 vaccines were at the time of deployment.

Statement J fell flat for several reasons. It was often said to be confusing and too technical, most pointing to the use of the word “antigens.” Some felt that the idea of giving babies more than one vaccine at a time was too risky and did not “feel” like the right thing to do, no matter what. This was particularly the case among parents-to-be.

The appeal of the statements overall differed among the three segments. Appeal and agreement were generally higher across the board among “vaccine confident” and “parents-to-be” groups. Participants in the “vaccine hesitant” groups found many of the statements to be less appealing because they often questioned their validity and factual legitimacy or accuracy. Some also mentioned that the government was trying to convince or persuade them to act and believe something that they knew to be untrue, unproven, or debatable given what they had heard from other sources or had witnessed for themselves. On the other hand, “vaccine confident” and “parents-to-be” participants mentioned the higher appeal was due to how informative and factual the statements were.

Methodology

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.

All research work was conducted in accordance with the professional standards established by the Government of Canada Public Opinion Research Standards.

Target audience and sample frame

The target audience for this research study consisted of individuals from the following regions:

- Atlantic Canada
- Quebec
- Ontario/Nunavut
- The Prairies/Northwest Territories
- British Columbia/Yukon

The groups held in each region were segmented based on participants' parent group and views on childhood vaccination:

- Vaccine-hesitant parents of children 0-6 years old,
- Pregnant people and those planning to become pregnant or adopt in the next year, and,
- Vaccine confident parents of children 0-6 years old who encountered delays in routine vaccination because of the COVID-19 pandemic.

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, racialized and Indigenous 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 a racialized community (other than an Indigenous person)

Regarding representation from members of racialized communities and Indigenous peoples, the recruitment aimed for the following levels of representation in the focus groups:

- Approximately two individuals in each focus group were to identify as a member of an ethnic community.
- A minimum of six to eight Indigenous participants across all groups.

In addition to the general participant profiling criteria noted above, additional screening measures to ensure quality respondents included the following:

- No participant (nor anyone in their immediate family or household) was recruited who worked in related government departments/agencies, nor in advertising, marketing research, public relations, a legal or law firm, or the media (radio, television, newspaper, film/video production, etc.).
- No participant acquainted with another participant was knowingly recruited for the same study, unless they were recruited into separately scheduled sessions.
- No participant was recruited who had attended a qualitative research session within the past six months.
- No participant was recruited who had attended five or more qualitative research sessions in the past five years.
- No participant was recruited who had attended a qualitative research session on the same general topic as defined by the Researcher/Moderator in the past two years.

Description of data collection procedures

Data collection consisted of online focus groups, each lasting 90 minutes.

For each focus group, Quorus attempted to recruit eight participants to achieve six to eight participants per focus group. All focus group participants were offered an honorarium of \$125 for their participation.

Participants invited to participate in the focus groups were recruited by telephone through random digit dialing of the public, social media advertising, referrals, as well as through the use of a proprietary opt-in database.

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.
- Participants were informed of their rights under the *Privacy and Access to Information Acts* and ensured that those rights were protected throughout the research process. This included: informing participants of the purpose of the research, identifying both the sponsoring department or agency and research supplier, informing participants that the study will be made available to the public in 6 months after field completion through Library and Archives Canada, and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act*.

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. Quorus ensured that prior consent was obtained at the recruitment stage and that they were informed again at the beginning of each session.

All sessions were conducted in the evening after regular business hours. The research team used the Zoom platform to host and record focus group sessions (through microphones and webcams connected to the moderator and participants electronic devices, such as their laptop, tablet, or smartphone) enabling client remote viewing.

A total of 15 online focus groups were conducted with 102 participants between June 20 and June 29, 2023. The details of these groups are outlined in the table below.

Summary of focus group schedule and details

Date	Time (EDT)	Region	Segment	Language	Number of participants
June 20, 2023	5:00 PM	Ontario/Nunavut	Vaccine-hesitant parents	English	7
	8:00 PM	Yukon/BC	Vaccine-hesitant parents	English	8
June 21, 2023	4:00 PM	Atlantic Canada	Vaccine-hesitant parents	English	6
	6:00 PM	Ontario/Nunavut	Vaccine confident parents	English	7
June 22, 2023	4:00 PM	Atlantic Canada	Vaccine confident parents	English	8
	7:00 PM	Prairies/NWT	Vaccine-hesitant parents	English	7

June 26, 2023	5:00 PM	Quebec	Vaccine-hesitant parents	French	5
	8:00 PM	Yukon/BC	Vaccine confident parents	English	7
June 27, 2023	5:00 PM	Quebec	Vaccine confident parents	French	7
	7:00 PM	Ontario/Nunavut	Pregnant people and those planning to become pregnant or adopt	English	7
	7:00 PM	Prairies/NWT	Vaccine confident parents	English	6
June 28, 2023	5:00 PM	Atlantic Canada	Pregnant people and those planning to become pregnant or adopt	English	7
	8:00 PM	Yukon/BC	Pregnant people and those planning to become pregnant or adopt	English	6
June 29, 2023	5:00 PM	Quebec	Pregnant people and those planning to become pregnant or adopt	French	7
	7:00 PM	Prairies/NWT	Pregnant people and those planning to become pregnant or adopt	English	8
TOTAL: 102					

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.

Appendices

Appendix A: recruitment screener

Specifications

- Recruit 8 participants per group, for 6 to 8 to show.
- All sessions last **90 minutes**.
- All participants to be paid \$125.
- 15 online focus groups with Canadians from 5 regions across Canada
 - Atlantic Canada
 - Ontario/Nunavut
 - Prairies (MB/SK/AB)/NWT
 - BC/Yukon
 - Quebec (French)
- 3 groups will be held in each region, divided into the following segments:
 - **Segment A:** Vaccine-hesitant parents of children 0-6
 - **Segment B:** Pregnant people and those expecting to become pregnant or adopt a child 0-6 years old in the next year
 - **Segment C:** Vaccine confident parents of children 0-6 that may have missed a shot during the pandemic
- Recruitment will aim for a mix of ages in each group where feasible, as well as a flexible gender balance.
- Recruitment will aim for some representation from participants in rural/small town areas.
- Within each group, recruitment will aim to have 2 participants who identify as racialized.
- Recruit a minimum of 6 to 8 members of the Indigenous communities across all groups combined.

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

Group 1
Ontario/Nunavut
Vaccine-hesitant
parents
June 20, 2023
5:00 pm EDT

Group 2
Yukon/BC
Vaccine-hesitant
parents
June 20, 2023
5:00 pm PDT

Group 3
Atlantic Canada
Vaccine-hesitant
parents
June 21, 2023
5:00 pm ADT

Group 4
Ontario/Nunavut
Vaccine confident
parents
June 21, 2023
6:00 pm EDT

Group 5
Atlantic Canada
Vaccine confident
parents
June 22, 2023
5:00 pm ADT

Group 6
Prairies/NWT
Vaccine-hesitant
parents
June 22, 2023
6:00 pm CDT

Group 7 [FRENCH]
Quebec
Vaccine-hesitant
parents
June 26, 2023
5:00 pm EDT

Group 8
Yukon/BC
Vaccine confident
parents
June 26, 2023
5:00 pm PDT

Group 9 [FRENCH]
Quebec
Vaccine confident
parents

June 27, 2023
5:00 pm EDT

Group 10
Ontario/Nunavut
Pregnant people and
those planning to
become pregnant or
adopt
June 27, 2023
7:00 pm EDT

Group 11
Prairies/NWT
Vaccine confident
parents

June 27, 2023
6:00 pm CDT

Group 12
Atlantic Canada
Pregnant people and
those planning to
become pregnant or
adopt
June 28, 2023
6:00 pm ADT

Group 13
Yukon/BC
Pregnant people and
those planning to
become pregnant or
adopt
June 28, 2023
5:00 pm PDT

Group 14 [FRENCH]
Quebec
Pregnant people and
those planning to
become pregnant or
adopt
June 29, 2023
5:00 pm EDT

Group 15
Prairies/NWT
Pregnant people and
those planning to
become pregnant or
adopt
June 29, 2023
6:00 pm CDT

Segment A: Vaccine-hesitant parents of children 0-6

Segment B: Pregnant people and those expecting to become pregnant or adopt a child 0-6 years old in the next year

Segment C: Vaccine confident parents of children 0-6 that may have missed a shot during the pandemic

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. The research will focus on obtaining feedback on some health-related advertising concepts being considered. 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

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

IF UNDER 18 YEARS OLD, THANK & TERMINATE

3. 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 |
| ...the federal or provincial government department or agency? | 3 |

IF YES TO ANY, THANK & TERMINATE

4. 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 Q8

5. 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	

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

RECORD: _____ **THANK/TERMINATE IF RELATED TO VACCINATION**

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

Fewer than 5	1	
Five or more	2	THANK & TERMINATE

8. Are you pregnant, planning to become pregnant within the next year or planning to adopt a child 6 years of age or younger within the next year?

Yes – I am/we are pregnant	1
Yes – I am/we are planning on becoming pregnant in the next year	2
Yes – I am/we are planning on adopting in the next year	3
None of the above	4

9. Are you the parent or guardian of at least one child 0 months to 6 years old?

Yes – a parent or guardian	1
No (not a parent/guardian/grandparent)	2

10. [ASK IF Q9=1] How involved would you say you are in the daily life of your child or children 0 to 6 years of age, including decisions related to education and healthcare?

Very involved	1
Somewhat involved	2
Not very involved	3
Not at all involved	4

IF Q8=4 AND Q9=2, THANK AND TERMINATE [NO YOUNG CHILDREN AT HOME AND NOT EXPECTING]

IF Q8=4 AND Q10>2, THANK AND TERMINATE [NOT EXPECTING AND IS NOT RESPONSIBLE FOR YOUNG CHILDREN]

IF Q8<4 AND Q9=2, RECRUIT AS SEGMENT B AND PROCEED TO Q13 [EXPECTING AND NO YOUNG CHILDREN AT HOME]

IF Q8<4 AND Q10>2, RECRUIT AS SEGMENT B AND PROCEED TO Q13 [EXPECTING AND NOT RESPONSIBLE FOR YOUNG CHILDREN AT HOME]

IF Q8<4 AND Q10<3, PRIORITIZE FOR SEGMENT B, OTHERWISE PROCEED AND SCREEN FOR OTHER SEGMENTS BELOW [EXPECTING AND RESPONSIBLE FOR YOUNG CHILDREN]

IF Q8=4 AND Q10<3, PROCEED AND SCREEN FOR OTHER SEGMENTS BELOW [NOT EXPECTING BUT IS RESPONSIBLE FOR YOUNG CHILDREN]

IN THE CONTEXT OF THIS RESEARCH, VACCINE-HESITANT PARENTS AND VACCINE CONFIDENT PARENTS WILL BE DEFINED BASED ON THEIR RESPONSES TO Q11 AND Q12

11. Let's focus for a moment on your child/children 0 to 6 years of age. Children in that age range typically receive a variety of routine vaccines as they reach certain ages, including polio, measles, mumps, and rubella. Please note that for this study, we are **NOT** considering COVID-19 vaccines a routine vaccine. When your child/children reaches the appropriate age to receive routine vaccines, will you choose/have you chosen to get them vaccinated? Would you say.... **READ LIST**

Yes, as soon as they reach the required/suggested age for the vaccine (tag as "Vaccine confident")	1
Yes, but you will wait a bit (tag as "Vaccine hesitant")	2
Yes, your child/children will receive <u>some but not all</u> routine vaccines (tag as "Vaccine hesitant")	3
No, you will not get this/these child/children vaccinated (tag as "Vaccine hesitant")	4
[DO NOT READ] You do not make these decisions	5
[DO NOT READ] Not sure (tag as "Vaccine hesitant")	6

**RECRUIT “VACCINE HESITANT” FOR SEGMENT A SESSIONS
IF RESPONDENT “DOES NOT MAKE THESE DECISIONS”, THANK AND TERMINATE**

12. **[ONLY ASK THOSE WHO WERE “Vaccine confident” IN THE PREVIOUS QUESTION]** Have any of your child/children’s regular vaccinations been missed/delayed as a result of the pandemic?
- | | |
|---|---|
| Yes, we missed or faced delays and still need to catch up | 1 |
| Yes, we missed or faced delays but are all caught up | 2 |
| No, we did not miss any regular vaccines or face delays | 3 |
| [DO NOT READ] Not sure | 4 |

**IF Q12= “YES”, RECRUIT FOR SEGMENT C SESSIONS
IF Q12>1, PRIORITIZE FOR SEGMENT B IF ELIGIBLE, OTHERWISE THANK AND TERMINATE**

13. We want to make sure we speak to a diversity of people. Do you identify as any of the following?
SELECT ONE
- | | |
|--|---|
| An Indigenous person (First Nations, Inuit or Métis) | 1 |
| A member of a racialized community (other than an Indigenous person) | 2 |
| None of the above | 3 |

AIM FOR APPROXIMATELY TWO MEMBERS OF ETHNIC/VISIBLE MINORITY GROUPS IN EACH GROUP

RECRUIT A MINIMUM OF 6 TO 8 INDIGENOUS PERSONS ACROSS ALL GROUPS

14. **[ASK ONLY IF Q13=2]** What is your ethnic background?

RECORD ETHNICITY: _____

RECRUIT A MIX OF ETHNICITIES IF POSSIBLE

15. **[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 |

16. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

- | | |
|--|---|
| Male | 1 |
| Female | 2 |
| Prefer to self-describe, please specify: _____ | 3 |
| Prefer not to say | 4 |

AIM FOR 50/50 SPLIT OF MALE AND FEMALE, WHILE RECRUITING OTHER GENDER IDENTITIES AS THEY FALL

17. 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 |

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

18. Which of the following categories best corresponds to the total annual income, before taxes, of all members of your household, for 2022? **READ OPTIONS**

- | | | |
|------------------------|---|---|
| Under \$40,000 | 1 | ENSURE REPRESENTATION FROM LOW INCOME BRACKETS |
| \$40,000 to \$60,000 | 2 | |
| \$60,000 to \$80,000 | 3 | |
| \$80,000 to \$100,000 | 4 | |
| \$100,000 to \$150,000 | 5 | |
| \$150,000 and over | 6 | |
| Prefer not to say | 7 | |

19. 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 | |

20. Do you have access to a stable internet connection, capable of sustaining a 90 minute-long online video conference?

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

21. 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	

22. Is there anything we could do to ensure that you can participate?

Yes	1	
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

23. What specifically? [OPEN END]

INTERVIEWER TO NOTE FOR POTENTIAL ONE-ON-ONE INTERVIEW

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

24. 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 participants from your region. 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 \$125 to thank them for their time.

25. Would you be interested in taking part in this study?

Yes	1	
No	2	THANK & TERMINATE

26. 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

27. 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 \$125 to thank you for your time.

28. 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 Zoom. **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.**

Appendix B: moderation guide

Introduction to Procedures (15 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 Health Canada.
 - Today we will be talking about different advertising concepts related to vaccinating children 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. 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 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 use the chat function. **[MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]**. 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 website of the Library of Parliament or Library and 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 from Quorus and Health Canada 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 first name and a little bit about yourself, such as where you live, who lives with you, what you do for a living, etc. Since the focus this evening is children, please share with the group your children's ages. If you are expecting or are planning to have a child or adopt, let us know if this will be your first.

Concept Setup (5 minutes)

Tonight, we are going to be sharing with you some advertisement concepts that are related to routine vaccinations for children.

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) ad concepts that are currently being considered by the Government of Canada to produce thirty (30) second video ads that could eventually appear on digital media such as social media or on websites and they could appear on television. For each concept I will also show a static social media post, in other words a clickable image that would be used for social media advertising, like on Facebook/Instagram. **Also keep in mind that depending on where you see these ads, you would be able to click on them to get more information from a web site.**

Here is what we will be looking at for the video concepts:

- 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 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.

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.

So, when you look at them you will have to use your imagination. Note as well that we are trying to convey the same message across all three ad concepts so please focus more on the creative approach used since that will be different from one concept to the next.

We will be looking at three (3) different concepts. I'll show you the storyboards and one static post for one concept and we'll discuss those before we move on to the storyboards and static post for the next concept.

FOR INTERNAL USE ONLY:

Concept A = Unsolicited opinions

Concept B = Above and beyond

Concept C = Reality show

Randomize concepts for each group as follows:

Session 1: A, B, C	Session 6: C, B, A	Session 11: B, A, C
Session 2: B, C, A	Session 7: A, B, C	Session 12: C, B, A
Session 3: C, A, B	Session 8: B, C, A	Session 13: A, B, C
Session 4: A, C, B	Session 9: C, A, B	Session 14: B, C, A
Session 5: B, A, C	Session 10: A, C, B	Session 15: C, A, B

Concept Evaluation (15 minutes per concept = 45 minutes)

Here are the storyboards and the social media post for the first advertising campaign concept – it is called Concept A/B/C. **MODERATOR SHOWS THE CONCEPT**

MODERATOR SHOWS VIDEO STORYBOARD ON SCREEN: In the chat box, provide a rating for the storyboard concept I just showed you – **we will discuss the social media post later**. Using a scale from 1 to 10 (where 10 is the best score possible), how would you rate the advertising concept overall in terms of the message and general approach taken?

1. Overall, what are your initial thoughts and feelings about this concept? **PROBE:** Why did you give it this rating? What did you like and dislike about this ad?
2. **[MAIN MESSAGE]** In a few words, what do you think is the main message? ...what are they trying to tell us?

3. **[CALL TO ACTION]** What do you think this concept is trying to get us to do?
 - Does this approach get you thinking about childhood vaccination any differently? If so, in what way?
 - Would this approach motivate you to do anything in particular? For instance, would it motivate you to make sure your child's vaccinations are up-to-date? Anything else?

4. **CONCEPT A – UNSOLICITED OPINIONS:** In addition to what we are seeing in the ad, what are some of the most common “opinions” you’ve been given, from pregnancy through the first few years of your child’s life?

5. **MODERATOR SHOWS SOCIAL MEDIA POST ON SCREEN:** Let’s now get your thoughts on the social media post for this concept:
 - Overall, what are your thoughts and feelings about it?
 - Would it get your attention?

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

6. **AFTER ALL THREE CONCEPTS HAVE BEEN DISCUSSED:** What are your thoughts if the following were added near the end of the video concepts:
 - **SHARE ON SCREEN:** "We know you might have more questions and that’s okay, talk to your health care provider."

[Ads Comparison \(10 minutes\)](#)




We have seen and discussed three approaches for the advertising campaign. I would like to show you all of them again for a final exercise. **MODERATOR SHARES ALL THREE CONCEPTS AGAIN ON ONE SCREEN.**

7. 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.
 - For those who chose A...why did you select that concept?
 - For those who chose B...why did you select that concept?
 - For those who chose C...why did you select that concept?

8. Why does this one approach speak to you the most? **PROBE:** Is it the creative idea, the tone, or something else?
9. Do you see an opportunity for the Government of Canada to improve the one you picked?

Messages Rating (15 minutes)

10. I would now like to get your **quick** ratings on potential messages that Health Canada is considering for online and social media advertising. For each one, I will ask you to vote on whether you like the message (thumbs up), dislike it (thumbs down) or if it leaves you feeling indifferent (flat hand). I'd like each of you to vote on each message. **MODERATOR SHOWS ONE MESSAGE AT A TIME ON THE SCREEN AND KEEPS A WRITTEN TALLY OF VOTES**

			
A. Most childhood vaccines are 90% to 99% effective in preventing disease.			
B. For the best protection, it's important for children to get all recommended vaccinations on time. Recommended schedules are designed to provide infants and children immunity early in life, before they are exposed to serious and potentially life-threatening diseases.			
C. For some of the vaccines, more than 1 dose is required over time. This is needed for some vaccines because each dose improves the immune response.			
D. When you vaccinate your child, you help to protect them as well as those around them who are unable to be vaccinated or for whom vaccines do not work as well.			
E. Vaccines have kept children healthy, have saved millions of lives for decades and some help to protect not only the individual, but also those around them and their community.			
F. Children may have mild side effects after vaccination because their bodies are working to develop an immune response.			
G. Science and history have shown that vaccination is one of the best tools to protect us from certain infectious diseases.			
H. Vaccines have saved more lives in Canada than any other medical intervention in the past 50 years.			
I. All vaccines are put through a careful review process before they can be used in Canada and continue to be monitored for safety and effectiveness once in use.			
J. Your child's immune system can learn from more than 1 vaccine at a time. For instance, babies can respond to 10,000 different antigens at any one time. There is no reason for your child to get the vaccines one at a time.			

MODERATOR SHARES ALL STATEMENTS ON ONE SCREEN. All statements are up on your screen – help me understand your reactions to some of these statements.

- ...which ones did you find really **appealing** and why?
- ...which ones did you find really **unappealing** and why?

Wrap-up (5 minutes)

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, THANK YOU FOR YOUR PARTICIPATION

Appendix C: French concepts

Concept A – Opinions non sollicitées

<p>On ouvre à une table de café. Le bras d'un parent repose sur une poussette transportant un enfant.</p>	<p>Un client du café arrive près d'eux pour leur dire un commentaire.</p>	<p>On est maintenant dans un rassemblement avec des amis.</p>	<p>Le parent est maintenant sur son cellulaire et écoute une vidéo d'un influenceur.</p>
<p>À une table de pique-nique avec la grand-mère. GRAND-MÈRE : Ben là, elle n'aura pas faim pour souper?!</p>	<p>Nous voyons un parent et un enfant dans le cabinet d'un médecin avec un professionnel de la santé.</p>	<p>COUPLE : Le truc, c'est de dormir seulement quand le bébé dort.</p>	<p>INFLUENCEUR : Allo tout le monde! Voici comment arrêter de faire pleurer votre bébé en 3 étapes faciles.</p>
<p>VHC : Tout le monde a des opinions. Quand il s'agit de la vaccination pour enfants, fiez-vous aux faits.</p>	<p>VHC : Les vaccins pour enfants existent depuis longtemps et sont la façon la plus sécuritaire de protéger votre enfant contre quatorze maladies évitables.</p>	<p>VHC : Parlez à un professionnel de la santé pour en savoir plus.</p>	<p>ANN : Un message du Gouvernement du Canada.</p>

Concept A – Message sur les médias sociaux

Only one version of the Concept A social media post was tested in French.

Sponsored

Quand il s'agit de la vaccination pour enfants, fiez-vous aux faits.

La vaccination protège vos enfants contre 14 maladies évitables.

Canada

CANADA.CA/VACCINS-ENFANCE
Les faits sur les vaccins pour enfants. [En savoir plus](#)

Concept B – Tout faire

Dans un montage rythmé, nous voyons les mains de parents mettre dans un sac tous les objets essentiels pour leur bébé/enfant. On voit qu'il y a énormément d'objets, ce qui nous donne l'impression qu'ils partent pour une grosse sortie.

Collations, biberons, eau. Sac à couches. Vêtements pour toutes les conditions météorologiques possibles + crème solaire, équipement de pluie, lunettes de soleil, etc. Éléments de transport (poussette, siège auto, tricycle pour enfant). Couverture, tapis.

Ils se mettent à marcher et nous réalisons qu'ils se dirigent simplement vers le parc juste en face de chez eux.

Ils garent la poussette et s'assoient sur un banc. D'autres familles sont là avec leurs enfants qui jouent. Les nuages se dissipent dans le ciel et laissent le soleil briller plus fort.

PARENT : Le chapeau?!
Les parents paniquent, fouillent dans leurs sacs à la recherche d'un chapeau. Ils trouvent le chapeau, le mettent sur la tête de leur enfant et s'assoient en poussant un soupir pour se détendre.

VHC : On fait tout pour protéger nos enfants.

Une façon éprouvée de les protéger, c'est de s'assurer qu'ils soient vaccinés selon les recommandations. C'est la façon la plus sécuritaire d'immuniser vos enfants contre quatorze maladies évitables.

Obtenez plus d'informations au Canada.ca/vaccins-enfance

Canada

VHC : Parlez à un professionnel de la santé pour en savoir plus.

ANN : Un message du Gouvernement du Canada.

Concept B – Message sur les médias sociaux

Only one version of the Concept B social media post was tested in French.

Sponsored











Les parents font tout pour protéger leurs enfants. La façon éprouvée de les protéger, c'est la vaccination.

La vaccination protège vos enfants contre 14 maladies évitables.

Canada

CANADA.CA/VACCINS-ENFANCE
Les faits sur les vaccins pour enfants. [En savoir plus](#)

Concept C -Téléréalité

			
<p>On ouvre sur une musique dramatique et un panneau d'ouverture d'une émission de télé réalité.</p>	<p>On voit des bébés jouer de façon chaotique dans une aire de jeux.</p>	<p>À tour de rôle, on voit des bébés passer dans un confessionnal, comme dans une télé réalité. Ils sont comme des personnages d'adultes de télé réalité.</p>	<p>Jasmin : La rougeole? Ouf, je veux pas avoir ça. Je suis venu ici pour me faire des amis, pas pour attraper des maladies.</p>
<p>ANN : Aujourd'hui à Occupation-bébé!</p>	<p>ANN : De la bisbille dans l'aire de jeux.</p>	<p>Léa : (Elle fait de l'attitude) Il y a des choses qui n'ont juste pas leur place ici.</p>	<p>Jasmin : La rougeole? Ouf, je veux pas avoir ça. Je suis venu ici pour me faire des amis, pas pour attraper des maladies.</p>
			
<p>Toujours dans un style de télé réalité, on voit un bébé qui pleure.</p>	<p>Fabrice est maintenant dans le confessionnal, en panique.</p>	<p>Le plan de caméra s'élargit et on découvre que Fabrice n'est pas dans un confessionnal de télé réalité, mais simplement à la maison dans le salon.</p>	<p>Le père de Fabrice le prend dans ses bras pour le calmer.</p>
<p>ANN : Oh! Fabrice montre son côté vulnérable.</p>	<p>Fabrice : Je suis encore sous le choc. J'ai entendu dire que la rougeole peut causer de sérieuses complications. Des complications... la vie est déjà assez compliquée comme ça!</p>	<p>ANN : La réalité? La rougeole, la coqueluche et de nombreuses autres maladies pourraient encore faire partie de la vie de nos enfants si les vaccins n'existaient pas.</p>	<p>ANN : Prendre une décision pour la santé de son enfant n'est pas toujours facile.</p>
	<p>Obtenez plus d'informations au Canada.ca/vaccins-enfance</p>		<p>La meilleure façon pour les protéger est de les vacciner selon les recommandations.</p>
<p>On coupe à un plan large du salon. Papa continue de marcher avec Fabrice.</p>	<p>VHC : Parlez à un professionnel de la santé pour en savoir plus.</p>	<p>ANN : Un message du gouvernement du Canada.</p>	<p>La meilleure façon pour les protéger est de les vacciner selon les recommandations.</p>
<p>ANN : La vaccination protège vos enfants contre quatorze maladies évitables.</p>			

Concept C – Message sur les médias sociaux

Note: A static social media post concept was not tested for Concept C.

Évaluation des messages – version française

A. La plupart des vaccins pour enfants ont un taux d'efficacité de 90 % à 99 % en matière de protection contre les maladies.
B. Pour obtenir la meilleure protection, il est important que les enfants reçoivent tous les vaccins recommandés à temps. Les calendriers recommandés de vaccinations sont conçus pour immuniser les nourrissons et les enfants à un très jeune âge, avant qu'ils soient exposés à des maladies graves et potentiellement mortelles.
C. Pour certains vaccins, plusieurs doses sont requises au fil du temps puisque chaque dose améliore la réaction immunitaire.
D. Quand vous faites vacciner votre enfant, vous contribuez à le protéger et à protéger ceux qui l'entourent et qui ne peuvent être vaccinés ou pour qui les vaccins ne fonctionnent pas aussi bien.
E. Les vaccins permettent aux enfants de rester en santé, ont sauvé des millions de vies pendant des décennies, et certains protègent non seulement les individus, mais également leur entourage et leur communauté.
F. Il est possible que les enfants aient de légers effets secondaires après avoir reçu un vaccin parce que leur corps travaille pour développer une réaction immunitaire.
G. La science et l'histoire ont démontré que la vaccination est l'un des meilleurs moyens de se protéger contre certaines maladies infectieuses.
H. Les vaccins ont sauvé plus de vies au Canada que toutes les autres interventions médicales au cours des 50 dernières années.
I. Tous les vaccins sont soumis à un processus d'examen rigoureux avant de pouvoir être utilisés au Canada et continuent de faire l'objet de surveillance pour leur sécurité et leur efficacité en cours d'utilisation.
J. Le système immunitaire de votre enfant peut apprendre de plusieurs vaccins à la fois. Par exemple, les bébés peuvent réagir à 10 000 antigènes différents à tout moment. Il n'y a aucune raison pour que votre enfant reçoive ses vaccins un à la fois.