



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

# Travellers' Risk Perceptions, Values and Preferences

## Executive Summary



**Prepared for the Public Health Agency of Canada (PHAC)**

Supplier name: Kantar

Contract number: 6D026-184081/001/CY

Contract value: \$79,422.26 (including HST)

Award date: January 16, 2019

Delivery date: June 2019

Registration number: POR # 110-18

For more information on this report, please contact: [hc.cpab.por-rop.dgcap.sc@canada.ca](mailto:hc.cpab.por-rop.dgcap.sc@canada.ca)

**Ce rapport est aussi disponible en français.**

Canada 

# 1. Executive Summary

## 1.1. Research Purpose and Objectives

Health risks associated with travel are a public health concern as travellers are at risk of contracting serious infectious diseases during their trip which they may then spread to other Canadians upon their return. The Public Health Agency of Canada (PHAC) has been working with key stakeholders to increase awareness of the health risks associated with travel and to develop informational products and reports for Canadians. A key challenge in doing so has been to effectively reach the travelling public with messages that influence them to take actions to protect their health.

As such, PHAC needed additional information on risk perception, attitudes and behaviours of Canadian travellers. In addition, the 2017-18 Departmental Plan indicates that “PHAC will improve and integrate its travel health programs to better prevent, respond to, and minimize the impact of travel-related public health risks such as malaria, the Zika virus and food and water-borne illnesses”. The integrated programming will focus on the traveller, respond to a range of travel-related public health risks, and identify priorities to enhance communication to Canadians about travel-related risks.

The information collected through this research will be used to support future messaging and enhance communications to Canadians about travel health. Additionally, it will support the Border and Travel Health communications strategy, a detailed and targeted marketing plan and the overarching approach for outreach to communicate with Canadians. Finally, the results from the survey will be used to support ongoing work with health care professionals when developing evidence-based recommendations related to travel health risk.

### Research Objectives

The overall objective of this research was to better understand the knowledge, attitudes, and behaviours of Canadians regarding travel-related health risks.

Specific research objectives included:

- Understand Canadians’ level of awareness in relation to travel health risks
- Understand the values and preferences of travellers related to when and how they choose to prepare for travel-related health risks with a health care professional
- Identify key messages that may influence the adherence to travel health recommendations
- Identify travel health subjects that are important to Canadians
- Identify what sources, tools or other resources Canadians currently use for travel health information and travel booking
- Understand the level of motivation among Canadian travellers to modify behaviour to reduce travel health risks
- Determine if attitudes, values, preferences and/or awareness differ among various demographic groups

## 1.2. Summary of Findings

To address the objectives of this research, certain groups of people were targeted for the survey. Specifically, these were Canadians who have travelled outside of Canada and the United States, including Alaska and Hawaii in the past 12 months or those who plan to travel outside of Canada and the United States, including Alaska and Hawaii in the next twelve months (hereinafter called “international travellers”). In total, surveys were conducted among 2,000 international travellers age 18 years and older. Quotas were placed to achieve 1,000 completions among international travellers who had travelled in the past 12 months; and 1,000 completions among those who plan to travel internationally in the next 12 months. Among the 2000 completes there was a good distribution for age, gender and region. Specifically, 27 percent were aged 18-34, 40 percent were aged 35-54 and 34 percent were aged 55 or older; 54 percent were female and 45 percent were male; and regionally, survey completions were distributed as per

their quotas to ensure the ability to undertake analyses among regions of interest: Atlantic (13%), Quebec (25%), Ontario (35%), Prairies (10%) and BC/Territories (18%).

The following is a summary of the results, which at a high level, demonstrate that international travellers generally understand and agree that international travel can pose certain health risks to travellers. It also demonstrates that many international travellers would like to have health risk information and recommendations before travelling and are willing to follow the recommended advice. In fact, many international travellers undertake a variety of risk mitigation behaviours both before and during their trip to protect their health.

Although most international travellers are willing to follow recommendations, many don't believe it is important to see a health care professional or go to a travel health clinic prior to travelling. This is largely driven by the belief that they are already prepared for (e.g. have the necessary vaccinations) or are aware of the health risks associated with their travel.

Given that online resources for travel health information are most popular and the Government of Canada website is trusted by most international travellers, it becomes increasingly important to ensure travel health information is readily available, up-to-date, and easily accessible online so that international travellers can be informed and follow recommendations on actions to take to mitigate health risks that they may encounter at their destination.

### **1.2.1. Canadian International Travellers' Travel Habits**

More than half of international travellers surveyed take at least one international trip per year (53%). In the past 12 (twelve) months, international trips were most often to Europe (27%), the Caribbean (18%), Central America and Mexico (15%), Asia (12%) and/or Territories of the United States (10%). Fewer trips were taken to South America (4%), the Middle East (3%), Africa (3%), Australia or New Zealand (2%), the Pacific Islands (1%) or elsewhere (3%).

Intended travel over the next 12 (twelve) months takes a similar pattern, with plans most likely to involve trips to Europe (36%), the Caribbean (28%), Central America and Mexico (19%), Territories of the United States (13%) and/or Asia (13%). Fewer plan to travel to South America (7%), Australia or New Zealand (5%), Africa (3%), the Middle East (3%), the Pacific Islands (2%) or elsewhere (4%).

Most (65%) international travellers typically book their travel arrangements two or more months in advance while the remainder (35%) book a month or less in advance. International travellers consult a variety of resources while planning and booking travel. Online sources are most popular and include general internet search engines (58%), travel websites (49%), online booking sites (44%) and government websites (42%). Just over one-third use travel providers such as airlines, tour companies, etc. (36%) and/or travel agents (35%).

### **1.2.2. Attitudes Towards Travel Health Risks**

Three-quarters (75%) of international travellers surveyed agree that travelling internationally poses health risks that are not present in Canada. Fewer however, believe all international travellers should see a health care professional before they travel (64%) or, that an appointment should be booked with a health care professional at least six weeks before an international trip (62%).

For the most part, most international travellers (72-82%) assess the level of health risk to be either low or medium for most types of travel. Travel for volunteer/humanitarian work and adventure travel are considered "high" risk by more international travellers than other types of travel (55% and 45% respectively).

Furthermore, a small but sizeable proportion of international travellers find travelling to a familiar destination (18%) and/or travelling to visit friends and family (16%) to have no risk to their health.

For most international travellers, health risk plays a role in destination choice. Few international travellers (8%) indicate that health risks do not influence their choice of travel destination. Nearly one-quarter (24%) indicate health risk influences destination choice to a small extent, while the remainder (66%) indicate health risks influence their destination choice to a moderate (36%) or great extent (30%).

### 1.2.3. Researching Travel-Related Health Risks and Recommendations

The vast majority (89%) of international travellers look for health risks and associated travel health recommendations prior to travel. Many (40%) look for health risks more than six weeks before their trip, while nearly half (49%) look in the six weeks leading up to their trip.

The circumstances under which international travellers look for health risks varies, with less than half (45%) looking every time they travel to an international destination. Close to one-third (31%) look when they are travelling to places that they believe have health risks and one-fifth (21%) look when they are travelling to a destination for the first time and/or when they hear about health risks in the news or on social media.

Interestingly, while less than half (45%) of international travellers look at health risks every time they travel to an international destination, approximately three-quarters of international travellers consider it very important to know about:

- Vaccinations required to enter the country (79%);
- Infectious diseases or illness they can get from food and/or water at the destination (78%);
- Vaccinations recommended to prevent diseases that occur at the destination (74%);
- Infectious diseases or illness they can get from other people at the destination (71%); and/or
- Infectious diseases or illness they can get from insects at the destination (70%).

International travellers trust a variety of sources for accurate information about travel health. Government of Canada websites are trusted by nearly two-thirds (63%) of international travellers, followed by health care professionals (56%), international agencies (41%) and travel health clinics (40%).

### 1.2.4. Risk Mitigation Behaviours

When asked about the importance of a variety of risk mitigation behaviors, approximately seven-out-of-ten international travelers believe that it is very important to:

- Purchase or have existing travel health insurance (72%);
- Obtain the recommended vaccinations for their travel destination (72%);
- Ensure their routine vaccinations are up-to-date (71%);
- Follow travel health recommendations on how to protect themselves against health risks at their destination (70%); and/or
- Look for health risks that are present at their destination (65%).

Despite this, fewer believe that it is very important see a health care professional (49%), visit a travel health clinic (38%) and/or consult a pharmacist (29%).

Only one percent of international travellers will not follow travel health recommendations when travelling to a destination with a known infectious disease. Nearly all international travellers intend to undertake a variety of risk mitigation activities prior to embarking on (94%) or during (98%) a trip.

Common risk mitigation activities while preparing for a trip include:

- Purchasing or having existing travel health insurance (58%);
- Researching health risks present at their destination (50%);
- Obtaining vaccinations required to enter the country (49%);
- Ensuring their routine vaccinations are up-to-date (48%);
- Getting the recommended vaccinations for their destination (46%);
- Getting advice on how to protect themselves against health risks at their destination (42%); and/or
- Seeing a health care professional (40%).

As expected, given the lower perceived importance placed on travel health clinics and pharmacists, few will visit a travel health clinic (22%) or consult a pharmacist (20%) prior to travel.

Common risk mitigation activities while travelling include:

- Cleaning hands regularly (78%);
- Practicing safe eating and drinking habits (75%);
- Avoiding close contact with sick individuals (67%);
- Protecting oneself from insect bites (65%);
- Practicing proper coughing and sneezing etiquette (57%);
- Avoiding close contact with wild (56%) or domesticated (43%) animals; and/or
- Protecting oneself from sexually transmitted infections (44%).

A variety of factors influence whether international travellers follow recommendations to protect themselves from getting sick on an international trip. These factors are:

- The likelihood of spreading illnesses to loved ones and others upon return (68%);
- How well the recommended actions will work (55%);
- The possible side effects of the recommended actions (49%);
- The type of activities the traveller is planning (47%);
- The familiarity with or frequency of travel to the destination (46%);
- The cost of the recommended actions (40%); and/or
- The purpose of travel (38%).

Among those who do not typically visit a health care professional or go to a travel health clinic prior to travel (50%), a variety of reasons were provided. Many of these relate to being prepared for or aware of the risks associated with their travel such as:

- Being up-to-date on all vaccines (35%);
- A perception that there are no health risks associated with their travel plans (31%);
- Travelling to the same place(s) often (30%);
- A perception of low or no health risks because they are generally healthy (29%); and/or
- A belief that they are already aware of the health risks associated with their travel plans (26%).

Few cite costs (8%), lack of time (7%) or lack of available appointments (7%) as reasons for not visiting a health care professional or travel health clinic.

Several barriers exist that prevent international travellers from following travel health recommendations. In fact, nearly half (53%) of international travellers cited at least one reason that prevented them from following travel health recommendations in the past. Reasons tend to be quite varied, with no single reason preventing a large portion of international travellers from following travel health recommendations. These include:

- Believing the risk was too low to warrant taking the advice (15%);
- Being unaware of the recommendation(s) (14%);
- Being worried about the side effects (10%);
- Not realizing their vaccination(s) expired (8%); and/or
- Not having enough time for the recommended vaccines or medications to take effect before their trip (8%), to get the recommended vaccinations or medications (8%) or to see a health care professional or go to a travel health clinic (7%).

Few (10%) reported cost-related barriers such as believing the cost was too high compared to the risk and/or that they could not afford the cost of the recommendations (6%). Lastly, a small number (6%) reported vaccine/medications not being available.

When it comes to international travellers, not all have similar attitudes and behaviours towards travel risk. Several factors seem to play a role and should be considered when targeting particular types of travellers or when conveying specific messages. Age, gender, being born outside of Canada and the purpose of the trip all seem to play a role in attitudes and associated behaviours related to travel health.

## Age

Destination choice as well as attitudes and behaviours surrounding travel health risk vary by age. Younger international travellers (18-34) are more likely to have travelled to Asia (18% vs 7-12%), South America (8% vs 1-4%) and/or Territories of the United States (13% vs 6-10%) than their older counterparts (35+) and they are more likely to have plans to travel to Asia (20% vs 6-12%). They are also more likely than their older counterparts to book travel closer to their departure date (three weeks or less) (24% vs 5-16%).

Younger (18-34) and middle aged (35-54) international travellers also have a different perception of risk than older travellers (55+). Those 18-54 are more likely to rate familiar destinations (12-13% vs 2-5%), destinations they travel to frequently (10-13% vs 2-5%) and visits to family and friends (12-14% vs 5%) as high risk compared to older international travellers (55+).

Younger (18-34) and senior (71+) international travellers are less likely than those 35-69 to research travel health risks every time they travel (40-41% vs 47%). Further, when younger and middle aged (18-54) travellers do look for travel-related health risks, they do so closer to their departure date (3 weeks or less before their trip) (26-39% vs 14-15%). Interestingly however, younger and middle aged international travellers are less likely than their older counterparts (55+) to believe it is very important to:

- Obtain the recommended vaccinations for their travel destination (64-68% vs 81-90%);
- Ensure their routine vaccinations are up-to-date (61-67% vs 81-94%);
- Purchase or have existing travel health insurance (58-69% vs 84-93%);
- Follow travel health recommendations on how to protect themselves against health risks at their destination (58-67% vs 80-94%); and/or
- Look for health risks that are present their destination (56-63% vs 75%).

As well, those aged 18-54 are less likely than their older counterparts to undertake most risk mitigation activities prior to and during travel, except for visiting a travel health clinic, consulting a pharmacist, signing up with ROCA and/or downloading the Travel Smart app where incidence is similar regardless of age. Furthermore, younger international travellers (18-34) are more likely to report protect themselves from sexually transmitted infections than their older counterparts (54% vs 34-43%) when travelling.

Younger international travellers (18-34) also tend to report higher incidences of all barriers to following travel health recommendations compared to their older counterparts. As the international traveller ages, they are more likely to report experiencing no barriers (70% for those 18-34 vs 25% for those 71+).

## Gender

There are several gender-based differences when it comes to travel health risk perception and actions taken to mitigate risk. In particular, women are more likely than men to research health risks present at their destination (53% vs 45%), look at travel health risks every time they travel (43% vs 48%) and to seek advice on how to protect themselves against health risks at their destination (44% vs 39%). Men are more likely to book trips closer to their departure date (3 weeks or less before their trip) than women (22% vs 10%).

Compared to men, women are more likely to consider it very important to know about all aspects of destination-specific infectious diseases and vaccinations; and more likely to believe it is very important to:

- Purchase or have existing travel health insurance (75% vs 67%);
- Obtain the recommended vaccinations for their travel destination (75% vs 68%);

- Follow travel health recommendations on how to protect themselves against health risks at their destination (74% vs 65%);
- Ensure their routine vaccinations are up-to-date (73% vs 67%); and/or
- Look for health risks that are present their destination (69% vs 61%).

In addition, women are also more likely than men to undertake all precautions while travelling, except for protecting themselves from sexually transmitted infections and avoiding contact with domesticated animals where both genders take similar precautions. Lastly, women report experiencing fewer barriers to following travel health recommendations than men (50% vs 56%).

### **Born Outside of Canada**

As one might expect, international travellers who were born outside of Canada have slightly different habits, perspectives and behaviours related to travel health compared to those who were born in Canada. First, international travellers born outside of Canada are more likely than those born in Canada to have travelled in the past twelve months to Asia (26% vs 8%), the Middle East (5% vs 2%) and/or Africa (5% vs 2%). Those born outside of Canada are also more likely to have plans to travel to Asia (25% vs 9%) and/or the Middle East (5% vs 2%) in the next twelve months than those born in Canada. Those born outside of Canada are also more likely to book their travel at least four months in advance of their departure date. (31% vs 25%).

Not only do the travel habits of international travellers born outside of Canada differ, but also their attitudes and behaviours related to travel health risks differ. More specifically, international travellers born outside of Canada are less likely than those born in Canada to agree that travelling internationally poses health risks that are not present in Canada (67% vs 78%); are less likely to believe all international travellers should see a health care professional before they travel (55% vs 66%); and/or that an appointment should be booked with a health care professional at least 6 weeks before an international trip (56% vs 64%).

International travellers born outside of Canada are also less likely to look at travel health risks every time they travel (34% vs 48%) and when they do look for health risks, they are more likely to look closer to their trip date (3 weeks or less before their trip) (33% vs 22%). Compared to those born in Canada, international travellers born outside of Canada are less likely to believe it is very important to:

- Obtain the recommended vaccinations for their travel destination (67% vs. 74%);
- Follow travel health recommendations on how to protect themselves against health risks at their destination (65% vs 71%);
- Purchase or ensure they have existing travel health insurance (64% vs 74%);
- Ensure their routine vaccinations are up-to-date (64% vs. 73%); and/or
- See a health care professional (45% vs 51%).

Lastly, international travellers that were born outside of Canada are more likely to report barriers to following travel health recommendations than those who were born in Canada (59% vs 51%). Barriers are varied and can include but are not limited to lack of awareness, cost or time. They are also less likely to undertake risk mitigation activities including:

- Purchasing or ensuring they have existing travel health insurance (48% vs. 62%);
- Obtaining vaccines required to enter the country (36% vs. 53%);
- Researching health risks present at their destination (44% vs. 52%);
- Ensuring their routine vaccinations are up-to-date (40% vs. 51%);
- Obtaining the recommended vaccinations for their travel destination (36% vs. 49%);
- Seeking advice on how to protect themselves against health risks at their destination (36% vs. 43%); and/or
- Seeing a health care professional (30% vs. 43%).

## **Purpose of travel**

Looking at travel habits, international travellers that are travelling for volunteer/humanitarian work, business, or education/research book closer to the departure date (three weeks or less) than those travelling for tourism/pleasure, to visit friends or family or for adventure (30-43% vs 11-20%).

Risk assessments also differ. International travellers that primarily travel for tourism/pleasure or to visit friends and family are less likely to rate all trip types (except volunteer/humanitarian and adventure travel) as high risk compared to those who travel for volunteer/humanitarian work, business, education/research or adventure. They are also less likely to typically look for health risks and associated travel health recommendations compared to those travelling for volunteer/humanitarian work, business, education/research and adventure (88-89% vs 94-97%).

Tourism/pleasure travellers who look for travel health recommendations tend to do so further in advance of their trips (more than six weeks before travel) (44%) compared to those who travel for other reasons (i.e., volunteer/humanitarian work, business, education/research and adventure (28-37%)) and are also more likely to undertake many of the recommended precautions during their trip and report fewer barriers to following travel health recommendations (49% vs 66-89%). They are also more likely to say they would definitely follow travel health recommendations (73% vs. 61-69%).

In summary, international travellers are usually interested in protecting their health while travelling and many actively seek out and follow travel health recommendations and advice. However, some disparities exist among the various types of travellers and the purpose of travel; therefore, targeted messaging or approaches to informing Canadians about travel health risk may be required for various groups.

## **1.3. Methodology**

These findings are based on online surveys conducted from March 14 to March 26, 2019. Respondents were randomly selected from the Kantar online panel and invited via email to participate in the survey. In total, surveys were conducted among 2,000 Canadians age 18 years and older. Quotas were placed to achieve 1,000 completions among Canadians who have travelled outside of Canada and the United States, including Alaska and Hawaii, in the past 12 months; and 1,000 completions among those who plan to travel outside of Canada and the United States, including Alaska and Hawaii, in the next 12 months. A pre-test consisting of 10 completed English surveys and 10 completed French surveys was completed on March 13, 2019 before fielding the survey.

The results of panel surveys are considered a non-probability sample, meaning they are not a random selection from the general population of Canada, rather they are a subset of people who have signed up to participate in online surveys. As such, margin of error does not apply and conclusions from these results cannot be generalized to any population.

Surveying was conducted in the respondent's official language of choice and took an average of 15 minutes to complete. A detailed methodology can be found in Chapter 3.

### **1.3.1. Sub-group analyses, statistical significance and rounding**

Analysis was undertaken to establish differences between the total population that was surveyed and a number of demographics within this group. More specifically analysis was undertaken to identify any differences based on age, gender, region, education, born in or outside of Canada, trip purpose, travel party composition, past or future 12-month traveller, accommodation typically booked, travel frequency, influence of health risk on travel destination and whether or not travellers look for health risks. Exact breaks can be found in the detailed tables. Only differences significant at the 95% confidence level are presented in this report. Any differences that are statistically significant (t-test) between these subgroups are indicated by denoting the column letter within the tables throughout the report. For



example, in the table below younger (18-34) and middle-aged international travellers (35-54) are significantly more likely to rate travelling to a familiar destination as high risk compared to older international travellers (55+).

	Age				
	Total (A)	18-34 (B)	35-54 (C)	55-70 (D)	71+ (E)
<b>Base = actual</b>	(2000) %	(535) %	(792) %	(565) %	(108) %
Travelling to a familiar destination	10	13 DE	12 DE	5	2

The numbers presented throughout this report are rounded to the closest full number. Due to this rounding, in some cases it may appear that ratings collapsed together are different by a percentage point from when they are presented individually, and totals may not add up to 100%.

**1.4. Contract Value**

The total contract value for the project was **\$79,422.26** including applicable taxes.

**1.5. Statement of Political Neutrality**

I hereby certify as a representative of Kantar TNS that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Directive on the Management of Communications and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, or standings with the electorate or ratings of the performance of a political party or its leaders.



Tanya Whitehead  
 Kantar  
 Senior Director, Public Practice Leader