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Success Check of H1N1 Vaccine Ads

FINAL REPORT

Ce rapport est également disponible en français sur demande

Submitted to:

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EXECUTIVE SUMMARY

Objectives and Methodology

The primary objective of the research was to provide Public Health Agency of Canada (PHAC) officials with target audience feedback on a draft version of an H1N1 vaccination television advertisement. In addition, two competing versions of an H1N1 prevention poster were tested in order to help PHAC officials select one for use in a broad public communications campaign. The findings aimed at assisting them in determining the effectiveness of the content and language used and its fit and appeal with the target audience.

A total of six hour-long focus groups were conducted on December 1, 2010 in Montreal and Toronto. Approximately 50 people participated in the research. The groups were segmented by age (i.e., 18 to 29 years, 30 to 49 years, and 50 years of age and older). None of the participants had been vaccinated against H1N1 at the time of the groups. All three of the Montreal focus groups were conducted in French, while the Toronto groups were conducted in English. The total cost of the study is \$31,989.26, inclusive of GST.

Findings and Recommendations

Participants were asked to discuss the main reason why they had not chosen to get vaccinated against the H1N1 flu virus. People fell into the following three groups:

- About one in three said that they intended to get vaccinated but were procrastinating.
- Roughly another third said that they were considering getting the vaccine. Of these, most said that they were waiting for more evidence that the vaccine was safe (e.g., side-effects) and effective.
- The remaining third indicated that they would not get vaccinated because they did not believe in vaccines or were concerned that this particular vaccine had been produced too quickly. Mainly, however, these participants were simply not worried about getting the H1N1 flu: “If I get it, I get it and it will pass in a few days.”

The TV ad passed a success check. No one was offended or confused by it. To most it was a “typical” government ad aimed at gently reminding people to get vaccinated. It was seen as more or less attention getting, serious and factual in tone and also reassuring. The use of Dr. David Butler-Jones (DBJ) lent a high level of credibility to the ad.

There is no evidence to support making significant changes to the ad. Participants did, however, identify a few potential weaknesses in it, which could perhaps be addressed during post-production. We recommend that PHAC officials consider the following points as they move forward:

- Have DBJ spend more time speaking directly to viewers;
- Extend the amount of time that the website and telephone number are on the screen;
- Include “medical scenes” that are more easily recognizable to the average person; and
- Include more ethnic representation.

With respect to the H1N1 prevention poster, of the two versions that were tested in the focus groups, the Blue poster was the clear winner and appears to require only minor modifications. It was selected by the vast majority of participants based on its greater visual appeal, the relevance of its imagery and clarity of its layout.

We recommend that PHAC officials select the Blue version of the poster and consider the following when finalizing it:

- Draw a clearer link between the Preparedness Guide and the ways in which to obtain it (i.e., the telephone number and the website);
- Make “H1N1” more visible in order to make it more eye-catching; and
- Include greater ethnic diversity.

Supplier Name: EKOS Research Associates
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To obtain more information on this study, please e-mail por-rop@hc.gc.ca

SOMMAIRE

Objectifs et méthodologie

La présente recherche avait principalement pour objectif de procurer aux responsables de l'Agence de santé publique du Canada (ASPC) la rétroaction d'un groupe cible à l'ébauche d'une publicité télévisée sur la vaccination contre le virus H1N1. Deux versions concurrentes d'une affiche sur la prévention de la grippe H1N1 ont également été mises à l'essai afin d'aider les responsables de l'Agence à en sélectionner une en vue d'une campagne de communication auprès du grand public. Les observations devaient leur faciliter la tâche en établissant l'efficacité du contenu et des termes employés ainsi que l'adéquation de l'affiche et son attrait auprès du public cible.

En tout, six discussions de groupe d'une heure ont eu lieu le 1er décembre 2009 à Montréal et Toronto. Une cinquantaine de personnes ont pris part à cette recherche. Les groupes ont été répartis selon l'âge (soit 18 à 29 ans, 30 à 49 ans et 50 ans et plus). Aucun participant n'avait été vacciné contre le virus H1N1 au moment de la discussion. Les trois séances tenues à Montréal se sont déroulées en français tandis que les trois de Toronto ont été menées en anglais. Le coût total de l'étude est de 31 989,26 \$, incluant la TPS.

Observations et recommandations

Les participants se sont fait demander la principale raison pour laquelle ils avaient choisi de ne pas se faire vacciner contre le virus de la grippe H1N1. Leur réponse les situe dans trois grandes catégories :

- Environ le tiers ont dit qu'ils avaient l'intention de se faire vacciner mais qu'ils attendaient le bon moment.
- Près d'un tiers encore ont dit qu'ils songeaient à se faire vacciner. La plupart d'entre eux voulaient d'abord avoir la preuve que le vaccin était sécuritaire (du point de vue des effets secondaires) et efficace.
- Ceux du dernier tiers ont affirmé qu'ils ne se feraient pas vacciner parce qu'ils ne croyaient pas aux vaccins ou trouvaient que ce vaccin, en particulier, avait été produit trop rapidement. Par-dessus tout, cependant, ces participants ne craignaient tout simplement pas d'attraper la grippe H1N1 : « Si je l'attrape, tant pis, ça passera en quelques jours ».

La publicité télévisée a été bien perçue. Elle n'a choqué ni confondu personne. La plupart y ont vu une annonce gouvernementale « typique », destinée à rappeler gentiment aux gens de se faire vacciner. On a jugé qu'elle attirait plus ou moins l'attention, qu'elle était sérieuse, factuelle et rassurante. La présence du Dr David Butler-Jones (DBJ) renforçait de beaucoup la crédibilité de l'annonce.

Rien ne justifie de modifier l'annonce de façon importante. Les participants ont toutefois signalé quelques faiblesses potentielles qu'on pourrait peut-être corriger en post-production. Nous recommandons aux responsables de l'ASPC de tenir compte des aspects ci-dessous :

- Faire en sorte que DBJ s'adresse plus longtemps aux spectateurs;
- Prolonger l'apparition de l'adresse du site Web et du numéro de téléphone à l'écran;
- Insérer des « scènes médicales » plus faciles à reconnaître pour l'ensemble des gens;
- Diversifier la représentation d'origines ethniques.

En ce qui concerne l'affiche sur la prévention de la grippe H1N1, des deux versions à l'étude lors des discussions de groupe c'est l'affiche bleue qui sort gagnante et semble ne nécessiter que des modifications mineures. Elle est le choix de la vaste majorité des participants en raison de son attrait visuel supérieur, de la pertinence de son imagerie et de la clarté de sa mise en page.

Nous recommandons aux responsables de l'ASPC de sélectionner la version bleue de l'affiche et de tenir compte des aspects ci-dessous au moment d'y mettre la dernière main :

- Tracer un lien plus évident entre le Guide de préparation et les façons de se le procurer (c.-à-d., le numéro de téléphone et l'adresse du site Web);
- Donner plus de visibilité à l'expression « H1N1 » pour qu'elle attire mieux le regard;
- Diversifier la représentation d'origines ethniques.

Fournisseur : Les Associés de recherche EKOS
N° du contrat avec TPSGC : HT372-090011/001/CY
Date d'attribution du contrat : 26 novembre 2009
Pour de plus amples renseignements, prière d'adresser un courriel à por-rop@hc-sc.gc.ca

1. INTRODUCTION: OBJECTIVES AND METHODOLOGY

1.1 INTRODUCTION AND OBJECTIVES

A number of activities involving risk communications, media relations and marketing were developed to communicate with Canadian target audiences in advance of an H1N1 flu virus outbreak. This Citizen Readiness marketing strategy is a component of the overarching Pandemic Risk Communications strategy. One of the strategy's key components is informing Canadians about the importance of immunization against H1N1. Accordingly, several creative products were developed surrounding the H1N1 vaccine, including a television advertisement that required a final success check before it could be aired. In addition, the strategy included a poster aimed at educating the public about prevention and personal preparedness messages.

The primary objective of the research was to provide Public Health Agency of Canada (PHAC) officials with target audience feedback on a draft version of the H1N1 vaccination television advertisement. In addition, two competing versions of the H1N1 prevention poster were tested in order to help PHAC officials select one for use in a broad public communications campaign. The research was aimed at assisting them in determining the effectiveness of the content and language used and its fit and appeal with the target audience. The main specific issues addressed in the research included:

- clear, credible and relevant with the audience;
- memorable in the minds of the audience;
- able to motivate the audience to action; and
- if in need of improvement, how best to improve it.

1.2 METHODOLOGY

A total of six hour-long focus groups were conducted on December 1, 2009, in Montreal and Toronto. Approximately 50 people participated in the research. The groups were segmented by age, as follows:

- 18 to 29 years;
- 30 to 49 years; and
- 50 years of age and older.

None of the participants had been vaccinated against H1N1. All three of the Montreal focus groups were conducted in French.

Focus group participants were randomly recruited from EKOS' *Probit* Panel of 45,000 Canadians. Lists of potential participants were generated based on key characteristics such as age and location. Participants received a telephone invitation to participate in the research (see Appendix B for the recruitment script). A total of 12 participants were recruited for each of the focus groups.

All of the focus groups were held in dedicated focus group facilities to allow for unobtrusive client observation and audio-taping. Participants were offered a \$100.00 cash incentive to thank them for their involvement in the research.¹

1.3 A NOTE ON QUALITATIVE RESEARCH

It should be kept in mind when reading this report that these findings are drawn exclusively from qualitative research. While every effort is made to balance various demographic characteristics when recruiting participants, these groups (and therefore the findings drawn from them) may not be said to be representative of the larger population as a whole. While groups generally indicate appropriate directionality, they do not serve as a proxy for a fully representative quantitative methodology. For the reader's ease, these findings are depicted to some extent as definitive and "projectable". This is, however, true only for the universe represented by these participants.

¹ A larger incentive than usual was used given the project's extremely short timelines.

2. DETAILED FINDINGS

2.1 AWARENESS OF H1N1 AND KEY QUESTIONS

Everyone had heard of the H1N1 flu virus, with many noting media saturation of the issue: “We’ve been hearing about this on a daily basis for what seems like six months now. I’m pretty tired of it.”

Despite having heard a great deal about H1N1 through the media, most participants were still wondering about various aspects of the issue. No one wanted to know how to protect oneself against H1N1. Rather, most questions pertained to more complex/technical issues, such as the following:

- What is the prevalence and nature of vaccine side effects?
- What is the flu’s rate of spread?
- What is the availability of non-adjuvanted vaccines for non-high risk populations?
- How much are governments spending on vaccinating people?

2.2 TELEVISION AD

The TV ad passed a success check. No one was offended or confused by it. To most, it was a “typical” government ad aimed at gently reminding people to get vaccinated.

The ad was not seen as compelling (e.g., dramatic, alarming, forceful, etc.) or providing new information. Thus, participants felt that its effectiveness might be limited to motivating those who are planning to get vaccinated to do so sooner, as well as help to encourage “fence sitters” to get vaccinated. Some participants also felt the ad might motivate people to seek out more information about the vaccine.

Overall, participants appeared to appreciate the potential negative impacts of airing a more “hard hitting” ad: “If you scare people, more will get vaccinated, but you might also get a backlash.”

People thought the point of the ad was to encourage them to get vaccinated and to remind people that the H1N1 pandemic is not over. Several also mentioned that the fact that there is “enough vaccine for everyone” might motivate those who had hitherto been discouraged by long lines at vaccination clinics.

Most participants thought the ad was aimed at everyone/the general public, though some appeared thrown off by the pregnant couple: “To me, it’s still aimed at those priority groups.”

Everyone identified the ad as being sponsored by the Government of Canada; though few, if any, specifically mentioned the Public Health Agency of Canada.

The ad was judged moderately effective at attracting and keeping one's attention. The tone was often described as "reassuring". Words such as "factual" and "serious" were also used, mainly in a positive light: "It is very Canadian – a soft sell." The ad was thought to be very credible. No one said that they would seek out further information, though some participants thought that seeing the ad would increase their chances of getting vaccinated because it would remind them to do so.

The website address was felt by most to be intuitive and easy to remember. While the ease with which the telephone number could be remembered was judged to be a moot point because no one wanted to call it.

Three main messages were easily identified by most after the first viewing: 1) get vaccinated, 2) Canada has enough vaccine for everyone, and 3) don't just think of yourself, think about protecting others. This last message seemed to resonate with most, particularly among younger people, mainly, it seemed, because many people had not thought about this aspect very much: "I think it's a good message. Personally, I'm not worried. If I get it, I'll tough it out, but yes, you have to think about others."

The use of Dr. David Butler-Jones (DBJ), Canada's Chief Public Health Officer, was well received. Participants thought it added a great deal of credibility to have a "real person" speak to them about the issue, particularly a physician and the person in charge of public health in Canada. No one in Montreal recognized him or knew who he was. After seeing the ad once, most knew he was a physician, but a few thought he might be a politician. The second time around, people understood who he was. In Montreal, DBJ was lauded for speaking French and his accent helped to remove any doubt that people might be watching an actor. In Toronto, several recognized DBJ from the media.

There is no evidence to support making significant changes to the ad. Typically, elements that were seen as weaknesses by some participants were thought to be strengths by others. In short, participants' comments tended to cancel each other out. There were, however, four minor issues raised by a sufficient number of participants to warrant consideration:

- DBJ seemed aloof, apart and isolated, particularly when looking out the window: "It looks like he's in his ivory tower, looking down on the masses and encouraging them to line-up to get vaccinated." In a similar vein, some thought DBJ should spend more time speaking directly to them, face-to-face.
- The website and telephone number were thought to come and go too rapidly for people to make note of or possibly even notice.
- The "medical scenes" were not easily recognizable to some, as well as thought to be somewhat "unrealistic": "In my neighbourhood people have to line up at a school gymnasium."

“It’s a collage of scenes, but you can’t really tell where they are. It looks like a hospital, but it also looks like an office.” “To me it looks like a private clinic, it’s a bit idealistic.”

- Several people in Toronto also felt there should be more ethnic representation in the ad (and some felt it should also include children).

2.3 THE POSTERS

Two competing versions of an H1N1 prevention poster were tested in the focus groups. One poster’s dominant colour was blue, while the other’s was orange (see Appendix C for posters).

The Blue Poster was the clear winner and appears to require only minor modifications. It was selected by a clear majority of participants in five of six groups, the exception being the 50+ group in Toronto.

The Blue poster was thought to have much greater visual appeal. The images/photos were felt to be relevant and attention getting. The layout, particularly the way in which the text is presented, was thought to be vastly superior to the Orange poster’s layout. It seemed to many that the Blue poster has less text, for example.

Participants felt that the colours in the Blue poster were much better than those used in the Orange version. With respect to the latter, some people felt that the blue clashed with the orange and black. Others found the colour black menacing or alarming, while for some the colour conjured up images of Halloween.

As with the TV ad, the posters were thought to be reinforcing key messages about getting vaccinated and other ways to prevent the spread of the virus. No one saw new information. In contrast, there was interest peaked in the Preparedness Guide because it contains information on symptoms and how to take care of others. This was considered “new”.

Participants thought the ads were aimed at the general public. No information gaps were identified in the posters.

The poster was thought to be moderately to highly attention getting, particularly if placed in a health-related environment, such as a clinic or pharmacy. Participants also expected to see this type of poster on public transit, in public spaces such as libraries and on campuses, as well as in public washrooms.

In terms of potential improvements to the Blue poster:

- Many participants felt that there should be a tighter link between the Preparedness Guide and the ways in which to obtain it (i.e., the telephone number and the website).

- Many Toronto participants felt “H1N1” should be more visible to make it more eye-catching.
- Some in Montreal felt that the images should include greater ethnic diversity.

a) Barriers to Vaccination

At the end of the sessions, participants were asked to discuss the reasons why they had yet to be vaccinated against the H1N1 flu virus. People fell into three groups:

- About one in three said that they intended to get vaccinated; they just hadn’t gotten around to it yet.
- Roughly another third said that they were considering getting the vaccine. Of these, most said that they were waiting for more evidence that the vaccine was safe (e.g., side-effects) and effective.
- The remaining third indicated that they would not get vaccinated. Some did not believe in vaccines. Others were concerned that this particular vaccine had been produced too quickly, and, therefore might be less effective, and could produce adverse side effects. Mainly, however, these participants were simply not worried about getting the H1N1 flu: “If I get it, I get it, and it will pass in a few days.”

In terms of potential impacts on perceptions and behaviours, participants generally thought that the ads were a useful reminder of things they already know (i.e., that it was still possible to become infected with the H1N1 flu virus and that getting vaccinated was the best approach to prevention). For this reason, a few participants felt that seeing the ads would increase their likelihood of getting vaccinated. Participants said that the ads did not answer the questions they raised at the start of the groups because no new information was being conveyed.

3. CONCLUSIONS AND RECOMMENDATIONS

The TV ad passed a success check. No one was offended or confused by it. To most it was a “typical” government ad aimed at gently reminding people to get vaccinated. It was seen as more or less attention getting, serious and factual in tone and also reassuring. The use of Dr. Butler-Jones lends a high level of credibility to the ad.

There is no evidence to support making significant changes to the ad. Participants did, however, identify a few potential weaknesses in it, which could perhaps be addressed during post-production. We recommend, therefore, that PHAC officials consider the following as they move forward:

- Have Dr. David Butler-Jones spend more time speaking directly to viewers;
- Extend the amount of time that the website and telephone number are on the screen;
- Include “medical scenes” that are more easily recognizable to the average person; and
- Include more ethnic representation and children.

Of the two versions of the prevention poster that were tested in the focus groups, the Blue poster is the clear winner and appears to require only minor modifications. It was selected by the vast majority of participants based on its greater visual appeal, relevance of imagery and clarity of the layout.

We recommend that PHAC officials select the Blue version of the poster and consider the following when finalizing it:

- Draw a clearer link between the Preparedness Guide and the ways in which to obtain it (i.e., the telephone number and the website);
- Make “H1N1” more visible in order to make it more eye-catching; and
- Include greater ethnic diversity.

APPENDIX A
PARTICIPANT RECRUITMENT SCREENERS



Respondent Name: _____

Home Phone #: _____

Group: _____

Recruiter: _____

RECRUIT 12 (to get 8 or 9) PER GROUP

Hello, my name is _____ from EKOS Research, a Canadian public opinion research company. We are conducting a study on behalf of the Government of Canada which involves a series of group discussions with Canadians who are 18 years of age or older.

Your participation in the research is completely voluntary and your decision to participate or not will not affect any dealings that you may have with the Government of Canada. The discussion may be observed by Government of Canada researchers and the sessions will be audio or video recorded for research purposes. The information is being collected under the authority of the Privacy Act and other applicable privacy laws. The full names of participants will not be provided to the government or any other third party. Also, the government will only receive the final results of the study in the form of a report, which will contain non-identifying aggregate information. By being involved in the discussion, you will help the government improve the way it communicates its messages to Canadians in communities like yours. May I continue? **(If “no”, thank and terminate)**

The session will last a maximum of 1 hour and you will receive a cash honorarium as a thank you for attending the session. May we have your permission to ask you some further questions to see if you fit in our study?

Yes.....1
 No.....2 – **THANK AND TERMINATE**

INDICATE: Male.....1 – Try for a mix
 Female.....2

City		Type of Group	Time and Date
Toronto	Grp 1	18-29 yrs old (English)	Tuesday, December 1: 5:30-6:30pm
	Grp 2	30-49 yrs old (English)	Tuesday, December 1: 6:45-7:45pm
	Grp 3	50 + yrs old (English)	Tuesday, December 1: 8:00-9:00pm

1. Are you or is any member of your household or immediate family employed in:

	No	Yes
Government of Canada	()	()
An advertising agency	()	()
A market research company	()	()
The media (Print, Radio, TV, Internet)	()	()
The healthcare sector	()	()

IF YES TO ANY OF THE ABOVE – THANK AND TERMINATE

2. May I have your age, please?

_____ **SPECIFY**

- Under 18 years.....1 **- THANK AND TERMINATE**
- 18 – 29 years.....2 **→ Group 1**
- 30 – 49 years3 **→ Group 2**
- 50+ years4 **→ Group 3**

3. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you, in voicing your opinions in front of others, in English/French? Are you....

- Very Comfortable.....1
- Comfortable.....2
- Fairly Comfortable.....3
- Not Very Comfortable.....4 **- THANK AND TERMINATE**
- Very Uncomfortable.....5 **- THANK AND TERMINATE**

- Very Comfortable.....1
- Comfortable.....2
- Fairly Comfortable.....3
- Not Very Comfortable.....4 **- THANK AND TERMINATE**
- Very Uncomfortable.....5 **- THANK AND TERMINATE**

4. Some participants in group discussions are asked to watch a short advertisement. How would you rate your ability to, for example, watch and comprehend a TV advertisement? Are you....

- Very Able.....1
- Able.....2
- Reasonably Able.....3
- Not Very Able.....4 **- THANK AND TERMINATE**
- Very Unable.....5 **- THANK AND TERMINATE**

5. Have you ever attended a focus group or one to one discussion for which you have received a sum of money?

- Yes.....1
- No.....2 **- SKIP TO Q. 6**

5b. When did you last attend one of these discussions?

_____ **TERMINATE IF IN THE PAST 6 MONTHS**

6. Have you been vaccinated against the H1N1 flu virus this Fall?

- Yes.....1 **TERMINATE**
- No.....2

NOTE: IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY – THANK AND TERMINATE

IMPORTANT:

The **focus group** is 1 hours in length, but we are asking that all participants arrive 10 minutes prior to the start time of the session. Are you able to be at the facility 10 minutes prior to the session time?

Yes.....1
No.....2 – **TERMINATE**

As mentioned, the group discussion will last approximately 1 hour and we offer each participant a \$100 cash gift as a token of our appreciation. I should also tell you that the groups will be audio AND/OR video taped for research purposes and members of the research team may be observing the discussion from an adjoining room or via the web. Everything you say will be kept confidential.

[] CHECK TO INDICATE YOU HAVE READ THE STATEMENT TO THE RESPONDENT.

City		Type of Group	Time and Date
Toronto	Grp 1	18-29 yrs old (English)	Tuesday, December 1: 5:30-6:30pm
	Grp 2	30-49 yrs old (English)	Tuesday, December 1: 6:45-7:45pm
	Grp 3	50 + yrs old (English)	Tuesday, December 1: 8:00-9:00pm

Group composition summary:

Group 1 → Age 18-29;
12 general public with mix of age and gender

Group 2 → Age 30-49;
12 general public with mix of age and gender

Group 3 → Age 50+
12 general public with mix of age and gender

Location:

EKOS RESEARCH ASSOCIATES INC
480 University Avenue, Suite 1006

If you need to cancel or have any questions about the focus group, please call our toll-free number at 1-800-388-2873



Nom du répondant : _____ # à la maison : _____

Groupe : _____ Recruteur : _____

Recruter 12 (pour avoir 8 ou 9) par groupe

Bonjour/Bonsoir, mon nom est _____ des Associés de recherche EKOS, une entreprise canadienne de recherche sur l'opinion publique. Nous avons été chargé par le Gouvernement du Canada d'entreprendre une série de groupes de discussion avec des Canadiens âgés de 18 ans ou plus.

Votre participation à cette recherche est entièrement volontaire et votre décision d'y participer ou non n'affectera en rien les interactions que vous pourriez avoir avec EKOS ou le Gouvernement du Canada. Il est possible que la discussion soit observée par des chercheurs du Gouvernement du Canada et les sessions seront aussi enregistrées sur bande audio ou vidéo, et ce, dans un but de recherche. Toute information recueillie, utilisée et/ou dévoilée sera utilisée qu'à des fins de recherche seulement et seront traitées conformément aux exigences de la Loi sur la protection des renseignements personnels. Le nom complet des participants ne sera pas communiqué au gouvernement ni à un tiers parti. De plus, le gouvernement recevra seulement les résultats finaux de l'étude sous la forme d'un rapport qui ne contiendra que de l'information globale non identifiée. En vous impliquant dans la discussion, vous aiderez le gouvernement à améliorer la façon dont il communique ses messages aux Canadiens dans des communautés comme la vôtre. Puis-je continuer? **(Si 'NON', remerciez et terminez)**

La session durera un maximum d'une heure et vous recevrez une somme en argent comptant en guise de remerciement pour votre participation. Puis-je avoir votre permission pour vous poser quelques questions afin de voir si vous vous qualifiez à notre étude?

Oui..... 1
Non..... 2 – **REMERCIER ET TERMINER**

INDIQUER: Homme..... 1 –**ESSAYER UN MÉLANGE D'HOMMES ET FEMMES**
Femme..... 2 –

Ville		Type de groupe	DATE ET HEURE:
Montréal	Grp 1	Pop générale 18-29 ans (Français)	1 décembre, 17h30-18h30
	Grp 2	Pop générale 30-49 ans (Français)	1 décembre, 18h45-19h45
	Grp 3	Pop générale 50+ ans (Français)	1 décembre, 20h00-21h00

1. Est-ce que vous ou un membre de votre foyer ou de votre famille immédiate travaille ou a déjà travaillé en:

	Non	Oui
Gouvernement du Canada	()	()
Agence de publicité	()	()
Recherche en marketing	()	()
Un média (Presse écrite, Radio, TV)	()	()
Le secteur de la santé	()	()

SI "OUI" À UNE DES MENTIONS CI-DESSUS – REMERCIER ET TERMINER

2. Puis-je avoir votre âge, s.v.p.? _____ **PRECISER**

Moins de 18 ans.....1 – **REMERCIER ET TERMINER**
18 – 29 ans..... 2 → **Group 1**
30 – 49 ans3 → **Group 2**
50+ ans4 → **Group 3**

3. On demande aux participants d'exprimer leurs opinions et leurs pensées. Dans quelle mesure êtes-vous confortable d'exprimer votre opinion devant les autres? Êtes-vous....
- Très confortable..... 1
 Confortable..... 2
 Assez confortable..... 3
 Pas très confortable..... 4 - **REMERCIER ET TERMINER**
 Très inconfortable 5 - **REMERCIER ET TERMINER**
4. Certains des participants dans le groupe de discussion seront requis de regarder une courte publicité. Quel est votre capacité à regarder et comprendre une publicité à la télévision, par exemple. Êtes-vous...
- Très capable.....1
 Capable.....2
 Raisonnablement capable.....3
 Pas très capable.....4 – **REMERCIER ET TERMINER**
 Incapable.....5 – **REMERCIER ET TERMINER**
5. Avez-vous déjà participé à un groupe de discussion ou à une entrevue face-à-face pour lequel vous avez reçu une somme d'argent?
- Oui.....1
 Non.....2 – **PASSER À LA Q.6**
- 5b. A quand remonte votre dernière participation à une de ces discussions?

TERMINER SI AU COURS DES 6 DERNIERS MOIS

6. Avez-vous été vacciné contre la grippe H1N1 cet automne?
- Oui.....1 **REMERCIER ET TERMINER**
 Non.....2

**NOTE: SI LE RÉPONDANT MENTIONNE UN PROBLÈME VISUEL OU AUDITIF, UN PROBLÈME À ÉCRIRE OU A S'EXPRIMER, UN PROBLÈME À COMMUNIQUER DE FAÇON EFFICACE -
 REMERCIER ET TERMINER**

IMPORTANT:

La **session** durera 1 heure, mais nous demandons à tous les participants d'arriver 10 minutes avant le début de la session. Est-il possible pour vous d'être présent 10 minutes avant le début de la session?

- Oui.....1
 Non.....2 – **TERMINER**

Tel que mentionné, le groupe de discussion durera 1 heure et nous offrons à chaque participant la somme de 100.00 \$ en argent comptant en guise de remerciement pour sa participation. Je dois aussi vous dire que la rencontre sera enregistrée sur bande audio ET/OU bande vidéo, et ce dans un but de recherche, et des membres de l'équipe de recherche observeront à partir d'une pièce voisine. Tout ce que vous direz restera strictement confidentiel.

[] COCHER AFIN D'INDIQUER QUE L'ÉNONCÉ A ÉTÉ LU AU RÉPONDANT

Ville		Type de groupe	DATE ET HEURE:
Montréal	Grp 1	Pop générale 18-29 ans (Français)	1 décembre, 17h30-18h30
	Grp 2	Pop générale 30-49 ans (Français)	1 décembre, 18h45-19h45
	Grp 3	Pop générale 50+ ans (Français)	1 décembre, 20h00-21h00

Composition des groupes :

Groupe 1 → Age 18-29;

Groupe 2 → Age 30-49;

Groupe 3 → Age 50+

Endroit:

CRC Research
1250 rue Guy, Pièce 802, Montréal, QC, Tél: 514-932-7511

APPENDIX B
FOCUS GROUP MODERATOR'S GUIDE

SUCCESS CHECK OF H1N1 VACCINE ADS



MODERATOR'S GUIDE

1. INTRODUCTION (5 MINUTES)

Explanation of format and “ground rules”:

- Purpose of the discussion.
- Discussions are being audio/video taped for research purposes.
- All comments are confidential.
- Please try to speak one at a time. There aren't any wrong answers to the things we'll be talking about — we're just looking for your honest opinions.
- It's okay to disagree. Please speak up even if you think you're the only one who feels a certain way about an issue.
- Moderator's role: raise issues for discussion, watch for time and make sure everyone has a chance to participate.
- Observers behind the glass/via web.
- Participant introductions: First name and household composition (e.g., spouse, children, others?)

2. ICE-BREAKER & TV AD SUCCESS CHECK (35 MINUTES)






-  > The ads we will be looking at this evening deal with the H1N1 flu virus. Have you heard about the H1N1 flu virus?
-  > What, if anything, are you wondering about the H1N1 flu virus? Let's pretend that you could have answers to any questions about H1N1, what would you want to know? Jot down up to 3 questions and we will go around the table to hear what you're wondering about.

I'd like to obtain your reaction to a television advertisement. It's not quite a finished product. The idea is to get your input before it's finalized and goes to air.



I'll play the ad twice. After the first time I'll want to hear your general thoughts. After we watch it a second time, we can go into more detail.















Before you comment on the ad on the first time, I'd like you to jot down a few thoughts/reactions on paper. Once everyone has had a chance to put pen to paper, we'll talk.

[Moderator plays the ad a first time and then encourages participants to jot down key initial reactions]



-  What do you think of the ad?
-  What was going through your mind right after it ended? What did you write down?
-  What was going through your mind while you were watching it?
-  > What are some of the things the ad is saying to you? What do you remember from it?
-  What is the purpose of the ad?
 - > Who is it aimed at (Probe: All Canadians or specific groups)?
 - > Who is the ad sponsored by?

Let's look at the ad a second time...***[Moderator plays the ad a second time]***

-  What do you think of the ad now that you've seen it a second time? Do you feel at all differently about it?
-  Did anything catch your attention this time that you didn't notice the first time?

-  How effective do you think this ad is at attracting and keeping your attention?
-  What is the ad's main message? What does it want you to know/do?
-  Does the ad want you to do anything? What?
-  Is there anything that you think is particularly good or engaging about the ad?
-  Are there any particular words or phrases that you particularly like or dislike?
-  Is there anything that you find annoying or confusing about it?
-  What do you think of the general tone of the ad – too serious/not enough/just right for the situation/appropriate?
-  Do you think the vaccine scene takes in a doctor's office or in a vaccine clinic?
-  What do you think of the pregnant couple – do they help or hinder your perception of the ad?
-  Did you recognize the person who spoke at the start of the ad? Who is he? His name is Dr. David Butler-Jones and he is Canada's Chief Public Health Officer. Do you think he is an appropriate choice for the ad? Why/why not?
-  Would this make you seek further information? What type? How?
-  Is the web/phone number clear/easy to remember?
-  How credible is the information in this ad (e.g., the vaccine, the supply)?
-  Is this ad reflective of the current situation in your area?




*I'd like to get your opinion on something else related to this ad, so I'm going to play it a 3rd time. I'm wondering what kind of an impact (if any) you think this ad might have on the way people you know, such as friends, family and coworkers) think about H1N1 and getting the vaccine.
 ...[Moderator plays the ad again if there appears to be time].*

-  Do you think the ad will have an impact on the way people think and act about H1N1? Why/why not?
-  Did seeing the ad make you think differently about anything?





3. POSTER TESTING (25 MINUTES)

Let's have a look at two draft posters now. We will look at them one at a time, and then compare the two. Let's look at the first one. Feel free to write on the poster (e.g., circle/underline things, make notes) **[Moderator distributes handout of first poster. Moderators will ensure that the presentation order of the posters is rotated across the focus groups.]**

[Participants are given enough time to read all elements of the poster]. Turn the poster over so you can't see it

-  What is the poster's main message? What is it saying to you?
-  What else do you remember from it?
-  How can you obtain more information?



Let's look at the poster again (i.e., turn it over so you can see it).


-  How good/effective do you think this poster is? Why do you say that?
-  Who is this poster aimed at?
-  Where would you expect to see this type of poster?
-  How eye-catching is this poster?
 - ◇ For example, if you were sitting in a physician's waiting room, would it catch your attention? Would you read it? What catches your attention most (text/visuals)?
 - ◇ What do you think of the layout? Do any of you find it too busy?

Now let's look at the second poster **[Moderator distributes handout of second poster and tells participants to put the first poster away for the moment.]**





You will have a chance to put the posters side by side and compare them in a minute. For now, I'd like you to focus on this poster without comparing it to the other one.

[Participants are given enough time to read all elements of the poster]. Turn the poster over so you can't see it

-  What is the poster's main message? What is it saying to you?
-  What else do you remember from it?

-  How can you obtain more information?





Let's look at the poster again (i.e., turn it over so you can see it).

-  How good/effective do you think this poster is? Why do you say that?
-  Who is this poster aimed at?
-  Where would you expect to see this type of poster?
-  How eye-catching is this poster?
 - ◇ For example, if you were sitting in a physician's waiting room, would it catch your attention? Would you read it? What catches your attention most (text/visuals)?
 - ◇ What do you think of the layout? Do any of you find it too busy?

Now, let's look at the posters side-by-side. Take a minute to look at them and think about which one you prefer and why. Jot down a few thoughts.



[Moderator asks for a show of hands (e.g., "Who preferred poster 'A', etc) and then probes as to why participants picked one poster over the other. Moderator should also obtain a sense of whether participants felt that one version was clearly superior. Moderator notes the number of participants who prefer each version of the poster]

-  Which poster is more visually appealing/attention getting (clarity of layout/clutter, colors, fonts, images)?
-  Which one presents the information better?
-  As some of you have noted, the information in both posters is pretty similar. Is there any information about protecting oneself from the H1N1 flu virus that is missing?
-  Is there anything that you would do to improve any aspect of the poster that you prefer? Take a minute to think about and if you wish, draw or jot down ideas on the poster. Let's go around the table to hear your suggestions.

4. ADDITIONAL QUESTIONS AND WRAP-UP (TIME PERMITTING)



One of the things that you have in common is that you have not been vaccinated against the H1N1 flu virus. Can you tell me a bit about some of your thinking on this issue?

- ◇ Do you intend to get vaccinated? When?
- ◇ For those who do not intend to get vaccinated, can you tell us why that is? How did you come to this decision?
- ◇ To what extent, if any, have the ads you've seen tonight made it more likely that you will get vaccinated at all/sooner?



Finally, do you remember the questions you jotted down about H1N1 at the start of the discussion? How useful were the ads in answering these questions?

THANK YOU VERY MUCH FOR YOU PARTICIPATION

Please note that in the coming months the report will be available online via the website porr-rrp.gc.ca

VÉRIFICATION DU SUCCÈS D'UNE PUBLICITÉ SUR LE VACCIN CONTRE LE VIRUS H1N1 GUIDE DU MODÉRATEUR

1. INTRODUCTION (5 MINUTES)

Explication du format et « règles de base » :

- But de la discussion.
- Les discussions sont enregistrées sur bande sonore et vidéo aux fins de la recherche.
- Tous les propos seront traités de façon confidentielle.
- Efforcez-vous d'intervenir une personne à la fois. Il n'y a pas de bonnes ou de mauvaises réponses aux questions que nous allons poser — nous voulons simplement connaître le fond de votre pensée.
- Il est permis d'être en désaccord. Exprimez-vous même si vous vous croyez la seule personne à être d'un certain avis sur un sujet.
- Rôle du modérateur : soulever les questions à débattre, surveiller l'heure et voir à ce que chacun ait la chance de participer.
- Il y a des observateurs derrière le miroir/sur le Web.
- Présentation des participants : prénom et composition du ménage (p. ex., conjoint(e), enfants, autres?)

2. ENTRÉE EN MATIÈRE ET SUCCÈS DE LA PUBLICITÉ TÉLÉVISÉE (35 MINUTES)

- Les publicités que nous allons regarder ce soir concernent le virus de la grippe H1N1. Avez-vous entendu parler du virus de la grippe H1N1?
- Quelles sont vos questions, le cas échéant, au sujet du H1N1? En supposant que vous pourriez obtenir une réponse à toutes les questions que vous auriez au sujet du virus H1N1, qu'est-ce que vous aimeriez savoir? Jetez sur papier trois questions au maximum et nous ferons un tour de table pour savoir ce que vous vous demandez.

J'aimerais obtenir votre réaction à une publicité télévisée. Le produit n'est pas encore tout à fait au point. Il s'agit de savoir ce que vous en pensez avant d'y mettre la dernière main et de le diffuser.

Je vais vous montrer deux fois la publicité. Après la première fois je vous demanderai vos impressions générales. La seconde fois, nous entrerons dans les détails.

Avant de commenter la publicité la première fois, je vais vous demander de jeter sur papier quelques pensées ou réactions. Quand tout le monde aura fini d'écrire, nous commencerons la discussion.

[Le modérateur fait voir la publicité une première fois puis invite les participants à jeter sur papier leurs réactions initiales.]

- Que pensez-vous de cette publicité?
- À la toute fin, qu'est-ce que vous aviez à l'esprit? Qu'est-ce que vous avez écrit?
- À quoi pensiez-vous en la regardant?
- Quelles sont certaines des choses que la publicité vous fait savoir? Qu'est-ce que vous avez retenu?
- Quel est le but de cette publicité?
- À qui s'adresse-t-elle (Approfondir : tous les Canadiens ou des groupes particuliers)?
- Qui est le commanditaire de cette publicité?

Regardons la publicité une seconde fois... **[Le modérateur rejoue la publicité]**

- Que pensez-vous de cette publicité après l'avoir revue? La jugez-vous différemment?
- Y a-t-il quelque chose qui a attiré votre attention cette fois mais non la première fois?
- À quel point trouvez-vous que cette publicité est efficace pour ce qui est d'attirer et de retenir votre attention?
- Quel est le principal message de la publicité? Qu'est-ce qu'on veut que vous sachiez/fassiez?
- Est-ce que la publicité vous demande de faire quoi que ce soit? Quoi donc?
- Y a-t-il quelque chose que vous trouvez particulièrement bon ou motivant au sujet de cette publicité?
- Y a-t-il des mots ou des expressions qui vous plaisent ou vous déplaisent en particulier?
- Est-ce qu'elle comporte quoi que ce soit que vous trouvez embêtant ou qui porte à confusion?
- Que pensez-vous du ton général de la publicité – trop sérieux/pas assez sérieux/juste bien ou qui convient à la situation?
- La scène du vaccin a-t-elle lieu chez un médecin ou dans une clinique de vaccination?
- Que pensez-vous du couple qui attend un enfant – est-ce qu'il contribue ou nuit à votre perception de la publicité?
- Avez-vous reconnu la personne qui intervient au début de l'annonce? Qui est-ce? Il s'agit du Dr David Butler-Jones, Médecin en chef de la santé publique du Canada. Trouvez-vous qu'il est un bon choix pour cette publicité? Pourquoi?
- Est-ce que cela vous incite à aller chercher d'autres renseignements? De quel genre? Par quel moyen?
- L'adresse Web ou le numéro de téléphone sont-ils faciles à lire/à se rappeler?
- Dans quelle mesure l'information contenue dans cette publicité est-elle crédible (p. ex., le vaccin, l'approvisionnement)?
- La publicité reflète-t-elle la situation actuelle dans votre région?

*J'aimerais connaître votre avis sur quelque chose d'autre entourant cette publicité; je vais donc vous la montrer une 3e fois. Je me demande quel serait selon vous son effet (le cas échéant) sur la façon de penser des gens que vous connaissez, comme vos amis, les membres de votre famille et vos collègues, au sujet du virus H1N1 et de l'idée de se faire vacciner... **[Le modérateur montre de nouveau la publicité si le temps semble le permettre.]***

- Croyez-vous que la publicité aura de l'effet sur la façon de penser et d'agir des gens au sujet du H1N1? Pourquoi?
- Le fait de voir cette publicité vous a-t-il amené à penser différemment?

3. TEST DE L'AFFICHE (25 MINUTES)

*Nous allons maintenant examiner deux affiches à l'état d'ébauche. Nous allons les regarder l'une après l'autre et ensuite les comparer. Voyons la première. Ne vous gênez pas pour écrire sur l'affiche (p. ex., encercler, souligner, écrire des notes) **[Le modérateur remet la première affiche. Les modérateurs devront veiller à présenter les affiches en rotation d'un groupe à l'autre.]***

[On accorde suffisamment de temps aux participants pour qu'ils puissent lire tous les éléments de l'affiche.] Retournez maintenant l'affiche de façon à ne pas la voir.

- Quel est le principal message de l'affiche? Qu'est-ce qu'elle vous dit?
- Qu'est-ce que vous avez retenu d'autre?
- Comment pourriez-vous vous renseigner davantage?

Regardons l'affiche de nouveau (i.e., retournez-la du bon côté).

- D'après vous, dans quelle mesure cette affiche est-elle bonne/efficace? Pourquoi êtes-vous de cet avis?
- À qui s'adresse cette affiche?
- Où vous attendriez-vous à voir ce genre d'affiche?
- La trouvez-vous accrocheuse?
 - ◇ Par exemple, si vous étiez assis dans la salle d'attente d'un médecin, est-ce qu'elle attirerait votre attention? La liriez-vous? Qu'est-ce qui vous accroche le plus (le texte/les images)?
 - ◇ Que pensez-vous de la mise en page? Y en a-t-il qui trouvent l'affiche trop chargée?

*Voyons maintenant la seconde affiche. **[Le modérateur distribue la seconde affiche et demande aux participants de mettre pour l'instant la première de côté.]***

Dans un moment vous aurez l'occasion de les placer côte à côte pour les comparer. Pour l'instant, concentrons sur cette affiche sans la comparer à l'autre.

[On accorde suffisamment de temps aux participants pour qu'ils puissent lire tous les éléments de l'affiche.] Retournez maintenant l'affiche de façon à ne pas la voir.

- Quel est le principal message de l'affiche? Qu'est-ce qu'elle vous dit?
- Qu'est-ce que vous avez retenu d'autre?
- Comment pourriez-vous vous renseigner davantage?

Regardons l'affiche de nouveau (i.e., retournez-la du bon côté).

- D'après vous, dans quelle mesure cette affiche est-elle bonne/efficace? Pourquoi êtes-vous de cet avis?
- À qui s'adresse cette affiche?
- Où vous attendriez-vous à voir ce genre d'affiche?
- La trouvez-vous accrocheuse?
 - ◇ Par exemple, si vous étiez assis dans la salle d'attente d'un médecin, est-ce qu'elle attirerait votre attention? La liriez-vous? Qu'est-ce qui vous accroche le plus (le texte/les images)?
 - ◇ Que pensez-vous de la mise en page? Y en a-t-il qui trouvent l'affiche trop chargée?

Plaçons maintenant les affiches côte à côte. Regardez-les un moment, décidez de celle que vous préférez et trouvez-en la raison. Jetez quelques idées sur papier.

[Le modérateur demande de répondre à main levée (p. ex., « Qui préfère l'affiche A », etc.) et cherche ensuite à savoir pourquoi les participants ont choisi une affiche plutôt que l'autre. Le modérateur devrait aussi chercher à savoir si les participants trouvent qu'une version est vraiment supérieure à l'autre. Le modérateur prend note du nombre de participants qui préfèrent chaque version de l'affiche.]

- Quelle affiche est la plus attrayante/accrocheuse visuellement (clarté/encombrement de la mise en page, couleurs, polices de caractères, images)?
- Laquelle présente le mieux l'information?

- Comme certains l'ont mentionné, l'information est assez semblable dans l'une et l'autre affiche. Y a-t-il de l'information qui fait défaut quant à l'idée de se protéger contre le virus de la grippe H1N1?
- Y a-t-il quoi que ce soit que vous feriez pour améliorer tel ou tel aspect de l'affiche que vous préférez? Prenez un instant pour y réfléchir et, si vous le voulez, dessinez ou écrivez quelque chose sur l'affiche. Faisons un tour de table pour connaître vos suggestions.

4. QUESTIONS SUPPLÉMENTAIRES ET RÉCAPITULATION (SI LE TEMPS LE PERMET)

- Vous avez entre autres en commun le fait de ne pas avoir été vaccinés contre le virus de la grippe H1N1. Pouvez-vous me faire part un peu de vos idées sur cette question?
 - ◇ Avez-vous l'intention de vous faire vacciner? Quand?
 - ◇ Pour ceux qui n'en ont pas l'intention, pouvez-vous nous dire pourquoi? Comment en êtes-vous venus à cette décision?
 - ◇ Le cas échéant, dans quelle mesure les publicités que vous avez vues ce soir vous rendent-elles plus susceptibles de vous faire vacciner/de vous faire vacciner plus rapidement?
- Enfin, vous souvenez-vous des questions que vous aviez jetées sur papier au sujet du H1N1 au début de notre discussion? Les publicités vous ont-elles apporté des réponses à ces questions?

MERCI BEAUCOUP DE VOTRE PARTICIPATION

Le rapport de la présente étude sera disponible en ligne dans les prochains mois, dans le site Web porr-rrop.gc.ca

APPENDIX C
DRAFT POSTERS



Public Health
Agency of Canada

Agence de la santé
publique du Canada



PROTECT YOURSELF from the H1N1 flu virus

- ▶ **Get vaccinated**
It is a safe and effective way to protect yourself and others against the H1N1 flu virus
- ▶ Wash your hands frequently
- ▶ Cough and sneeze into your arm not your hand
- ▶ Avoid touching your eyes, nose and mouth with your hands
- ▶ Stay home if you are sick
- ▶ Contact your health care provider if your symptoms get worse or if you are at risk

More detailed information on the H1N1 Flu is available in the *H1N1 Preparedness Guide*

- Symptoms
- Who is at risk
- Caring for others



Visit www.fightflu.ca or call 1 800 O-Canada
(1-800-622-6232) TTY 1-800-926-9105

Canada



Agence de la santé
publique du Canada

Public Health
Agency of Canada



PROTÉGEZ-VOUS CONTRE le virus de la grippe H1N1

► Faites-vous vacciner

C'est un moyen sûr et efficace de vous protéger et de protéger les autres contre le virus de la grippe H1N1.

- Lavez-vous les mains fréquemment.
- Toussez et éternuez dans votre bras et non dans vos mains.

► Évitez de vous toucher les yeux, le nez et la bouche avec les mains.

► Restez à la maison si vous êtes malade.

► Communiquez avec un professionnel de la santé si vos symptômes s'aggravent ou si vous êtes une personne à risque.

Pour obtenir des renseignements détaillés au sujet du virus de la grippe H1N1, consultez **Votre guide de préparation au virus H1N1**.

- Quels sont les symptômes
- Qui sont les personnes à risque
- Comment prendre soin des autres



Consultez www.combattezlagrippe.ca
ou téléphonez au 1-800-O-Canada
(1-800-622-6232) ATS 1-800-926-9105

Canada

PROTECT YOURSELF FROM



► **Get vaccinated.**
It is a safe and effective way to protect yourself and others against the **H1N1** flu virus.

- Wash your hands frequently.
- Cough and sneeze into your arm not your hand.
- Avoid touching your eyes, nose and mouth with your hands
- Stay home if you are sick.
- Contact your health care provider if your symptoms get worse or if you are at risk.



More detailed information on the H1N1 Flu is available in, the H1N1 Preparedness Guide

- Symptoms
- Who is at risk
- Caring for others

VISIT
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TTY
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Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada

PROTÉGEZ-VOUS CONTRE LE VIRUS DE LA GRIPPE



Faites-vous vacciner.
C'est un moyen sûr et efficace de vous protéger et de protéger les autres contre le virus de la grippe H1N1.

- ▶ Lavez-vous les mains fréquemment.
- ▶ Toussez et éternuez dans votre bras et non dans vos mains.
- ▶ Évitez de vous toucher les yeux, le nez et la bouche avec les mains.
- ▶ Restez à la maison si vous êtes malade.
- ▶ Communiquez avec un professionnel de la santé si vos symptômes s'aggravent ou si vous êtes une personne à risque.



Pour obtenir des renseignements détaillés au sujet du virus de la grippe H1N1, consultez Votre guide de préparation au virus H1N1.

- ▶ Quels sont les symptômes
- ▶ Qui sont les personnes à risque
- ▶ Comment prendre soin des autres

CONSULTEZ
www.combattezla-grippe.ca

OU TÉLÉPHONEZ AU
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(1-800-622-6232)

ATS
1-800-926-9105

