

Qualitative Testing of Health Messages for Tobacco Promotions

Health Canada

Final Report

July 2023

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This public opinion research report is based on 15 online focus groups that Quorus completed between April 24 and May 4, 2023. Sessions were held with individuals who smoke aged 18 to 24 and 25 or older and individuals who do not smoke and who are at least 18 years of age. Focus groups spanned the country and lasted approximately 90 minutes. All participants were informed the research was for the Government of Canada. A total of 96 individuals participated in this study.

Cette publication est aussi disponible en français sous le titre : Test qualitatif des messages liés à la santé sur les promotions du tabac.

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Signed:

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

May 29, 2023
Rick Nadeau, President
Quorus Consulting Group Inc.

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Executive summary

Background and research objectives

Tobacco use continues to be the leading preventable cause of illness and premature death in Canada. While tobacco use has decreased, a significant number of Canadians still use tobacco. Approximately 48,000 Canadians die each year from tobacco use. The health and economic costs associated with tobacco use in Canada were estimated at \$12.3 billion in 2017, with direct health care costs of \$6.1 billion.

Under the *Tobacco and Vaping Products Act* (TVPA), tobacco promotion is restricted, but not prohibited. Some tobacco companies voluntarily apply health-related messages, but are not required to do so. Since 2020, a health warning must be conveyed on vaping product advertisements under the TVPA's *Vaping Products Promotion Regulations*.

Canada is a Party to the *World Health Organization Framework Convention on Tobacco Control* (FCTC), an international treaty that addresses a wide range of tobacco issues. Canada is not yet fully compliant with its obligations relating to tobacco advertising, promotion and sponsorship, as it does not “require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship”, contrary to Article 13, paragraph 4, of the FCTC.

To inform future direction, Health Canada was interested in exploring the following elements for health-related messages that could appear on tobacco promotions:

- Message Size (percentage of the total surface area of the advertisement and promotion)
- Message Placement (location of the health message on the advertisement and promotion)
- Typography of Message (typeface and point sizes)
- Message Colours
- Message Content

Research objectives

The objective of the research was to gather feedback on a variety of draft health-related messages that could appear on tobacco promotions.

Specifically, to explore reactions to, and further the understanding of the impact of 6 draft health-related messages to determine if the concepts are:

- noticeable;
- credible and relevant for the target audiences;
- in plain language and understood (in the intended way) by the target audiences;
- culturally appropriate for the target audiences;
- effective at informing and educating Canadians about the health hazards and health effects of tobacco use; and
- memorable.

The research also gathered feedback assessing the impact of size and placement of the health-related messages on tobacco promotions.

Methodology

The research methodology consisted of 15 online focus groups with people who smoke as well as those who do not smoke in Canada. The focus groups were held between April 24 and May 4, 2023, and included individuals from across the country. Focus groups were segmented by age group and smoking status: young adults who smoke (aged 18-24), adults who smoke (aged 25 and older), and adult who do not smoke (aged 18 and older). 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, 96 individuals participated in the research.

Qualitative research results

Tobacco promotions – general discussion

At the beginning of each session, participants were asked if they had any personal experience where they recalled seeing promotions for tobacco products in the recent past. Overall, very few participants recalled seeing any sort of advertising for a tobacco product over the past few years. Among the very few who did recall seeing advertisements for tobacco products, they included the following:

- Advertising for “natural tobacco” on public transportation in the Vancouver area
- Online advertising for “knock off versions” of name brand cigarettes
- Online advertising for cigarette products available from Indigenous reserves

These advertisements were described by participants as ordinary, featuring mostly an image of the product. As well, they did not seem to recall seeing a health message or warning on the advertisement.

Health Warning/ Message Concepts

Participants were presented with six draft concepts developed by Health Canada. The draft concepts can be found in the detailed results section of the full report.

Each concept was presented and discussed individually. The order in which the concepts were shown changed from one session to the next.

Feedback and reactions were very consistent across regions and across the three target segments. The key strengths and weaknesses of each concept are presented below.

Concept 1 – Wondering about vaping?

Key strengths:

- The yellow background was eye-catching
- Effective formatting and visibility of “Wondering about vaping?”
- Considered 7 relevant among a few participants who had used vaping to help them reduce their use of tobacco

Key weaknesses:

- The concept was considered to contain too much text
- The message lacked credibility – many participants believed that there wasn’t enough research on the health effects of vaping to make any conclusions, and few seemed to believe that vaping is genuinely less harmful than smoking cigarettes
- The message seemed contradictory – on the one hand the message encourages vaping while on the other it discourages vaping
- Too many font variations were used
- The concept was perceived to be lacking an effective image, or that the image used (a large white question mark) is weak

Concept 2 – Impotence

Key strengths:

- Effective at capturing attention, the image was particularly effective at drawing attention
- Effective use of colour, including an impactful use of “Warning”
- Short text with a simple message was seen as effective

- The message was considered informative for some
- The concept was considered humorous by many. The approach was considered to be refreshing coming from a Government department and for a tobacco health warning

Key weaknesses:

- The concept has a narrow target audience – the concept only focuses on men’s health
- The concept lacked some credibility among men who have not experienced what the message conveys
- Some participants felt the humorous approach to relay a serious message weakens the overall intent of the message
- A few participants felt there are probably more serious health impacts related to tobacco use that should be prioritized

Concept 3 – Quitting can help you get closer.

Key strengths:

- Participants appreciated an approach that uses positive reinforcement in an effort to reduce tobacco use
- Participants liked the approach as a reminder of how using tobacco can also impact the health of others. This connected with people who smoke, in particular with older participants

Key weaknesses:

- The visual appeal was considered moderate to weak overall
- Many participants did not understand or were not clear what the tag line “Quitting can help you get closer meant.
- Many did not understand the connection between the two sentences in the message. Most recommended removing the tagline “Quitting can help you get closer” entirely.
- The image was not well received – some felt using an image of an adult/ grandparent playing in the park with their child/grandchild would be more appropriate.
- Some participants who smoke did not believe that smoking hindered their ability to get close with others.

Concept 4 – Protect your baby

Key strengths:

- Effective use of image and colour to draw attention

- Strong layout and formatting of text which consisted of a short, impactful title, followed by a short and simple health-related message accompanied by a clear and an image that generated an emotional response
- Considered the best formatting approach for the contact / quit line information
- Resonated with participants even if they are not pregnant

Key weaknesses:

- A few felt it was focused on a very narrow target audience: pregnant women
- Seemed by some to be communicating information that should be well known
- Some confusion around whether the message also applied to health effects related to second-hand smoke exposure. Making this clear could make the concept more impactful since it broadens overall relevance.

Concept 5 – Difficulty concentrating?

Key strengths:

- Message on mental health was seen by many to be very relevant
- The message about impact of smoking on concentration was considered new information for some participants

Key weaknesses:

- Not effective from a visual standpoint, including a poor image selection
- The concept was not perceived to be effective at appearing as a warning
- The concept was considered to be more like an ad completely unrelated to harms related to smoking cigarettes (for instance, a tutoring service)
- The concept was not considered believable by most participants who smoke – in their opinion, smoking actually helps them concentrate
- The link to concentration was not seen as a sufficiently serious subject to be part of a health warning related to tobacco use

Concept 6 – Cigarettes aren't attractive as you think

Key strengths:

- Very effective at capturing attention
- Many participants were immediately drawn to the image, especially the mouth
- The approach to use a “checklist” was seen as effective

Key weaknesses:

- Image was perceived as fake or exaggerated by several participants, which weakened the credibility of the message

- The second sentence was considered unnecessary
- Few seemed to believe that there are people who consider cigarettes “attractive”, which weakens the impact of the first sentence
- Many participants who smoke and some who do not smoke felt they recognized this concept and felt that something new would be needed to get their attention or have a meaningful impact
- Some felt the message should refer to more serious health impacts of tobacco use

At the end of review of concepts, participants were asked which concepts were most effective at drawing their attention and effective at informing them of the health impacts of tobacco use. Participants almost always selected concepts 2, 4 and 6 as the ones that were the most effective at drawing their attention away from the tobacco ad and as the ones that had the most impact on them.

The quit line information included on each of the concepts was noticed by most participants. While few would see themselves calling the quit line or accessing the cessation web site, most felt the information was important to include. The approach could be further improved by adding a QR code.

Almost all participants felt that including an image in the concept was an important factor in its effectiveness at catching their attention and making them want to read the content of a health warning.

Health Warning / Message Size

Participants were quickly shown three versions of the same concept one at a time, with the size of the health warning/message increasing each time. The sizes of health warning/messages took up 30%, 35%, and 40% of the space of the advertisement. The presentation of the three approaches was always the same, starting with the smallest footprint and ending with the largest of the three. These mock-ups can be found in the detailed results section of the full report.

Many did not feel that the health warning/message with the larger size have a significant impact on the noticeability or ease of reading of the concept. However, if they were to choose, the largest health warning/message approach was considered by most to be the most noticeable and the easiest to read.

Health Warning / Message Placement

Participants were quickly shown two versions of a concept one at a time, each with a different placement of the health warning/message. One with the health warning displayed at the top of

the advertisement and another with the health warning displayed within and at the right side of the advertisement. The order of presentation of the two approaches alternated from session to session. These mock-ups can be found in the detailed results section of the full report.

Reactions to the two approaches were mixed with most gravitating to the approach with the health warning/message displayed at the top of the advertisement as the more effective approach. Those who preferred this approach felt it looked more like a “warning” and, because they are naturally inclined to read from top-to-bottom, this approach had them notice the warning before the tobacco advertisement portion. They also felt that the approach with the health warning/message imbedded within the advertisement seemed to make it look like the tobacco warning was a sticker or an afterthought whereas the vertical approach clearly shows the warning as a separate and distinct element at the top.

Those who preferred the health warning/message imbedded within the advertisement felt like that the warning appeared larger in that format and made it both more noticeable and easier to read. They also liked that the warning appears to overtake the visual elements of the tobacco advertisement.

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

Research purpose and objectives

Tobacco use continues to be the leading preventable cause of illness and premature death in Canada. While tobacco use has decreased, a significant number of Canadians still use tobacco. Approximately 48,000 Canadians die each year from tobacco use. The health and economic costs associated with tobacco use in Canada were estimated at \$12.3 billion in 2017, with direct health care costs of \$6.1 billion.

Under the *Tobacco and Vaping Products Act* (TVPA), tobacco promotion is restricted, but not prohibited. For example, tobacco promotions can appear in publications addressed and sent to a named adult (including online communications) or in places where young persons are legally not allowed to enter, such as casinos and bars. Some tobacco companies voluntarily apply health-related messages, but are not required to do so. As a result, adults may be exposed to tobacco promotions without being informed about the health hazards associated with tobacco use. Since 2020, a health warning must be conveyed on vaping product advertisements under the TVPA's *Vaping Products Promotion Regulations*.

Canada is a Party to the *World Health Organization Framework Convention on Tobacco Control* (FCTC), an international treaty that addresses a wide range of tobacco issues. Canada is not yet fully compliant with its obligations relating to tobacco advertising, promotion and sponsorship, as it does not “require that health or other appropriate warnings or messages accompany all tobacco advertising and, as appropriate, promotion and sponsorship”, contrary to Article 13, paragraph 4, of the FCTC.

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- effective at informing and educating Canadians about the health hazards and health effects of tobacco use; and
- memorable.

The research also gathered feedback assessing the impact of size and placement of the health-related messages on tobacco promotions.

Qualitative research results

Tobacco promotions – general discussion

At the beginning of each session, participants were asked if they recalled seeing promotions for tobacco products recently. Overall, very few participants recalled seeing any sort of advertising for a tobacco product over the past few years. Some of the few who shared about tobacco advertising they could recall mentioned advertisements or sponsorships they could remember from several years ago.

Among the very few who did recall seeing something, they tended to be the following:

- Advertising for “natural tobacco” on public transportation in the Vancouver area
- Online advertising for “knock off versions” of name brand cigarettes
- Online advertising for cigarette products available from Indigenous reserves

These ads were described by participants as ordinary, featuring mostly an image of the product. As well, they did not seem to include any sort of health message or warning.

Additionally, one participant faintly remembered seeing a cigarette poster in a corner store and another an ad in a bar.

Draft warning / health message testing

In this exercise, participants were presented with six draft concepts developed by Health Canada. Each concept was presented and discussed individually.

For each concept, follow up questions were used to evaluate the following:

- Whether the message was clear and easy to understand
- Credibility of the message
- Relevance of the message
- Whether anything new or useful was learned from the message
- Whether the message prompted thoughts about the health hazards of using tobacco
- Whether the message prompted thoughts about quitting or reducing tobacco use (for participants who smoke)

The order in which the concepts were shown changed from one session to the next.

Feedback and reactions to the concepts were very consistent across regions and across the three target segments.

Concept 1 – Wondering about vaping?



From a visual perspective, many considered this concept effective at capturing attention, particularly with the yellow background, red font, and the tagline “Wondering about vaping?” which some said draws their eyes more to the warning than to the advertisement below. Participants felt the formatting and visibility of the tagline were effective.

The message conveyed in this health warning was considered accurate among a few participants who had used vaping to help them reduce their use of tobacco.

One participant perceived the message as a good reminder of the harmful chemicals in cigarette smoke.

“I feel like the whole ‘you will immediately reduce your exposure to harmful chemicals’ is a reminder of what you’re actually smoking.” – Female, 24, person who smokes, New Brunswick

On the other hand, those who shared criticism for this concept felt that the message was too wordy and looked busy. From a visual perspective, some felt that there were too many font variations, and it lacked an eye-catching image. The use of both red and black font within the same sentence was also confusing to some.

The message was said to be contradictory by some. These participants felt that the message was encouraging vaping while simultaneously discouraging vaping. A few felt that the message was a strange way of encouraging quitting smoking, and the message should focus on quitting entirely

rather than substituting smoking cigarettes with vaping. A few voiced both surprise and concern that this advice is coming from Health Canada.

While some participants who had used vaping to reduce their use of tobacco felt the message was credible, many participants were skeptical, suggesting that there has not been enough research done on the health effects of vaping. Among people who smoke as well as those who do not smoke, many stated that in their opinion, vaping is just as harmful as smoking cigarettes. Thus, they felt the message lacked credibility.

Despite the effectiveness of the use of colour, many participants felt this concept was not particularly engaging or relevant. A few participants expressed that if they saw this warning on an advertisement, they would ignore it after reading the tagline “wondering about vaping” as they would lose interest.

Despite being considered “wordy”, the concept was typically considered to be clear and easy to understand.

For most, the concept did not effectively convey the health hazards of using tobacco products and few participants who smoke felt it prompted thoughts about quitting or reducing tobacco use.

Concept 2 - Impotence



From a visual perspective, this concept was said to be very effective at capturing attention, especially due to the “provocative” image used. The image effectively grabbed attention and encouraged participants to want to read the message. Most found this concept humorous, with many giggling as they discussed the image.

This concept was also effective at visually drawing attention due to the use of bright high contrasting colours and including an impactful presentation of the word “Warning”. Participants liked that this concept used short messages with easy to understand text, especially when compared to some of the other concepts that had longer messages.

Some participants were not aware that impotence is a health effect associated with smoking cigarettes, and thus it was new and informative to these individuals.

As well, the humorous and “cheeky” image used was considered a refreshing approach for a Government of Canada department and for a tobacco health warning.

Conversely, some found the humorous approach weakened the overall impact by reducing the seriousness of health message. In addition, a few participants felt there are more serious health consequences related to smoking cigarettes that should be prioritized in these warnings.

“Putting a statistic or a fact like that on a box where it’s supposed to be a little more serious than erectile dysfunction... They should be more so posing the cancer risks and stuff. It is only based on one gender as well... girls are still going to smoke when they see that.” –

Male, 21, person who smokes, Nova Scotia

In terms of the content of the health message, the concept lacked some credibility among men who indicated they have not experienced what the message conveys. As well, many participants, especially women brought up that the message has a narrow target audience as it only focuses on men’s health. With that being said, a few women expressed that they could still resonate with the ad in the sense that the health consequence discussed could affect people they care about, including through second-hand smoke exposure.

Overall, almost all participants agreed that this concept caught their attention and was easy to understand.

Across the groups, there were quite a few participants who said this concept made them think about the health consequences of smoking cigarettes. With that being said, when those who smoke were asked whether this health warning would lead them to consider quitting or reducing their use of tobacco, the number who agreed was lower.

When probed, participants did not feel that this concept was stigmatising.

Concept 3 – Quitting can help you get closer



When it comes to strengths of this health message, many appreciated the positive reinforcement approach found in the message and felt this approach was different than the usual “gross” images found in many health warnings or those that only mention negative health consequences of smoking.

“I think it’s a different take, a more psychological take rather than seeing how it can affect your physical health. It got my attention in terms of having never seen this type of information from Health Canada. The health warnings that I’ve seen, its just like gross pictures.” – Female, 21, person who smokes, British Columbia

Some participants perceived the message as one that gets people thinking about how tobacco use also has an impact on others around us. This made the message more relatable and created a connection among people who smoke, especially older participants.

“It kind of makes me think of the emotional side of when you lose somebody from smoking... Usually it’s more of a physical thing... but this is more like how it’s going to affect the other people in your life, your loved ones.” – Female, 54, person who smokes, British Columbia

A few participants liked that the concept featured family, as they felt this was important to them. One participant felt that the messaging could be improved by changing the wording to “your [daughter/son/child/grandchild] wants you to live a longer, healthier life”.

Conversely, the concept created some confusion among participants, particularly when it came to the tagline. Many did not understand the meaning of “Quitting can help you get closer.” It prompted many to ask, “closer to what?” As well, many participants did not understand the connection between the two sentences in the message. Most recommended removing the first line entirely.

The overall visual appeal for this concept was considered weak to moderate across all segments. There was criticism when it came to the visual elements. The image was not considered effective, with some uncomfortable or unclear what it was portraying. Some participants felt that an image of a couple would make more sense with the tagline that discusses getting closer. Some felt using an image of an adult/ grandparent playing in the park with their child/grandchild would be more appropriate and make more sense. An image featuring an older adult or grandparent would be more suitable and effective given the context of the message that encourages living a longer and healthier life.

As well, the colours used were not considered as eye-catching as other concepts shown, which made it less appealing and impactful overall.

“The colour scheme is a little different from the previous [concepts], the previous two were a little brighter. So, when I first saw this, because of the colour tones are darker, it doesn’t feel like it’s as impactful. Usually if it’s a warning it would be brighter, like red or yellow...

You don’t feel that it’s important.” – Female, 28, person who does not smoke, British Columbia

Some participants, especially, but not limited to people who smoke, did not believe that smoking hindered one’s ability to get close with others.

“I also agree that “Quitting can help you get closer” [...] are the wrong words. It’s making it sound like if you smoke, you’re at a distance from everyone, you have no relationships... It just doesn’t sound right.” – Female, 47, person who does not smoke, British Columbia

“That to me is bad messaging... I think you could say if you don’t smoke, you may have longer to spend with your loved ones. But to imply that [people who smoke] are not as close to their loved ones is not fair.” – Female, 72, person who does not smoke, Prince Edward Island

Overall, this concept was not considered to be particularly attention grabbing.

Some considered this health message to be unclear or difficult to understand, mainly due to the tagline as well as the image used.

Credibility of the health warning was moderate to high. Those who felt it was less credible disagreed with the implications of the message, that it is harder to be close with your loved ones if you smoke, which also made this concept less likely to resonate with them.

Very few said they learned anything new from this health warning. One participant suggested that the warning could include a statistic about life expectancy which would make it more effective.

Some participants said that this concept made them think about the health hazards of smoking and for some of those who smoke, it made them think about quitting or reducing their tobacco use.

Concept 4 – Protect your baby



This concept was deemed by many to be very effective from a visual standpoint and impactful due to the message.

Visually, many participants described how the layout and formatting, consisting of a short, impactful title, followed by a short and simple health-related message accompanied by a clear and image that elicited an emotional impact worked very well. This health message was also considered to have the most effective formatting approach for the cessation contact and quit line information.

In terms of the content of this message, it was said to be impactful. The message resonated with many participants and generated an emotional response even if they themselves were not pregnant. Many participants, including some of the male participants, discussed how they want to

have children at some point in the future, so they felt the message was important and effective at raising awareness of the health hazards noted.

Some weaknesses of the concept were also brought up. A few felt that the health warning was focused on a very narrow target audience: notably pregnant women. The message was also critiqued by some who felt that the message that cigarette smoke is harmful to a baby's brain and lungs should already be common sense, so the warning did not provide any new information.

"I think it's desensitized. This is something that is well known. I think that me seeing this, I get bored of the same old messages. Tell me something new about smoking, or some new stats, something. This to me is not of any interest because it is common knowledge." –

Female, 47, person who smokes, Alberta

There was also some confusion around whether the message also applied to second-hand smoke exposure. Participants felt that if the message was clearer about second-hand smoke health effects, it would be more impactful to a wider audience since it broadens the overall relevance.

Overall, most participants felt that this concept caught their attention and found it easy to understand, and to be credible.

Few participants said that they learned anything new from this health warning, with many discussing that this information is well known and for most, common knowledge. With that being said, the lack of new information did not diminish the effectiveness of the message or participants' ability to resonate with the concept. Participants, especially females, relayed that this is still an important message that should be conveyed.

Many participants said that this health message made them think about the health hazards of smoking. However, when those who smoke were asked, few said that it made them consider quitting or reducing their use of tobacco.

Concept 5 – Difficulty concentrating?



This concept received mixed feedback from participants, and typically received more negative feedback than positive among most groups, particularly among younger participants.

In terms of what this concept did well, many participants liked that it brings up the subject of mental health and not just physical health, which many saw as a very relevant issue these days, especially post-pandemic.

The messages link to concentration was new information for some who were not aware of this potential health consequence of smoking cigarettes.

This message was relatable to a few participants who had smoked in the past and experienced this side effect.

“As a former smoker... It hits home to me because that is some of the stuff I experienced. I found that I would be working on something, and I would have to go for a smoke. It would break my concentration.” – Male, 63, person who does not smoke, Ontario

A few participants liked the non-threatening approach of this health warning, which was a different take than many other health warnings.

Although many approved of the message’s connection to mental health, several participants, particularly younger participants who smoke, did not seem to think this message was credible. In their experience, they often use cigarettes to help them concentrate, such as when studying.

As well, participants did not consider the impact of cigarettes on concentration to be a sufficiently serious health consequence which they felt weakened the effectiveness of the warning.

“When you think about all of the different negative side effects of smoking... difficulty concentrating seems a little low on the list.” – Male, 65, person who smokes, British Columbia

This concept was also considered to be weak from a visual standpoint. Participants felt that this health message had poor overall visual appeal and impact. For starters, the use of colours was not as eye catching and the presentation was not perceived as a health warning when compared to some of the other concepts presented. It was generally agreed that the concepts which made use of bright colours such as yellow did a better job at drawing the viewers’ eyes up to the warning instead of the advertisement.

The image received a fair amount of criticism as it was not eye catching and did not seem to relate to a health message about tobacco or cigarettes. Many felt that it did not look like a health warning and did not appear to even be related to smoking cigarettes. Some felt that it looked like an advertisement for a tutoring service, or a mobile app to help people concentrate.

Among those who smoke, this concept was typically said to be unlikely to motivate participants to decrease their use of tobacco or quit smoking, mainly because the message was not seen as a significant health risk.

“I think this is not the most severe side effect of smoking. So, if the more severe side effects of smoking haven’t made me quit yet, then the concentration piece probably isn’t going to put me over the edge to actually quit.” – Female, 45, person who smokes, Manitoba

“Not being able to concentrate as well as I could is way less of a deterrent than somebody having lung cancer. It doesn’t seem that serious.” – Female, 54, person who smokes, British Columbia

One older participant said they would maybe do some research on their own to better understand the correlation between smoking and concentration, as this was new information for them. However, this participant expressed that they probably would opt to do a Google search rather than using the website or helpline provided in the message.

Overall, few said that this warning would catch their attention. As well, few felt that this health message resonated with them or that they learned anything new.

The extent to which the warning was credible was mixed, with the most skepticism coming from younger participants, particularly those who smoke. A fair number of older participants and

participants who do not smoke seemed to believe that lack of concentration was a health consequence of smoking.

Concept 6 – Cigarettes aren't as attractive as you think



This concept was said to have very strong visual impact and appeal, catching the eye of the viewer and encouraging them to read the message. Specifically, many participants were immediately drawn to the image, especially the mouth area.

Participants also found the “checklist” approach used in this health message to be effective. This approach was deemed by many to be relevant health consequences related to smoking cigarettes.

On the other hand, participants also flagged several weaknesses of this health warning. Firstly, the image used was said to appear “fake” and exaggerated which weakened the credibility of the message. For example, a few discussed how the woman in the image does not look like an actual person who smokes. Some also mentioned that they recognized the image from previous health warning campaigns felt it was over-used, leading many to believe that it would not get their attention.

“The whole face thing... they used to have similar ones on the packages back in the day and I always just felt that they were almost over-exaggerated... It's like they are pushing an agenda too hard, and its not realistic.” – Female, 63, person who does not smoke, Saskatchewan

Few participants seemed to believe that there are people who actually consider cigarettes “attractive”, which weakens the impact of the first sentence/tagline. Additionally, when it comes

to the messaging, some felt that the second sentence, “Chemicals in tobacco smoke damage your whole body,” was unnecessary.

If the intent of the concept was to focus exclusively on the impact of smoking cigarettes on a person’s appearance, this was not immediately understood by some participants. Some felt that the message would be more effective if it also referred to more serious health impacts in the checklist, such as cancer or lung-related diseases. Some participants, particularly in the younger groups, viewed the health consequences discussed in this warning, such as bad breath, to be “manageable”, and thus, not very concerning.

Overall, most participants felt that this warning grabbed their attention and was easy to understand. Of the very few participants who felt this message was not fully clear, they typically mentioned the small font size used for the second sentence. However, once they read the message, they had no problems understanding the information presented.

Most participants did not feel that they learned anything new through this health warning.

For many participants, this health warning made them think about the health hazards of smoking. As well, for participants who smoke, many said that it made them think about quitting or reducing their use of tobacco.

Most effective health warning / health message

At the end of the review of the six messages, participants were asked which ones were most effective at drawing their attention and considered the most impactful. Participants almost always selected concepts 2 (“Impotence”), 4 (“Protect your baby”) and 6 (“Cigarettes aren’t as attractive as you think”) as the ones that were the most effective at drawing their attention away from the tobacco advertisement and as the ones that had the most impact on them. A general trend showed that men most often selected concepts 2 (“Impotence”) and 6 (“Cigarettes aren’t as attractive as you think”) while women most often selected concepts 4 (“Protect your baby”) and 6 (“Cigarettes aren’t as attractive as you think”).

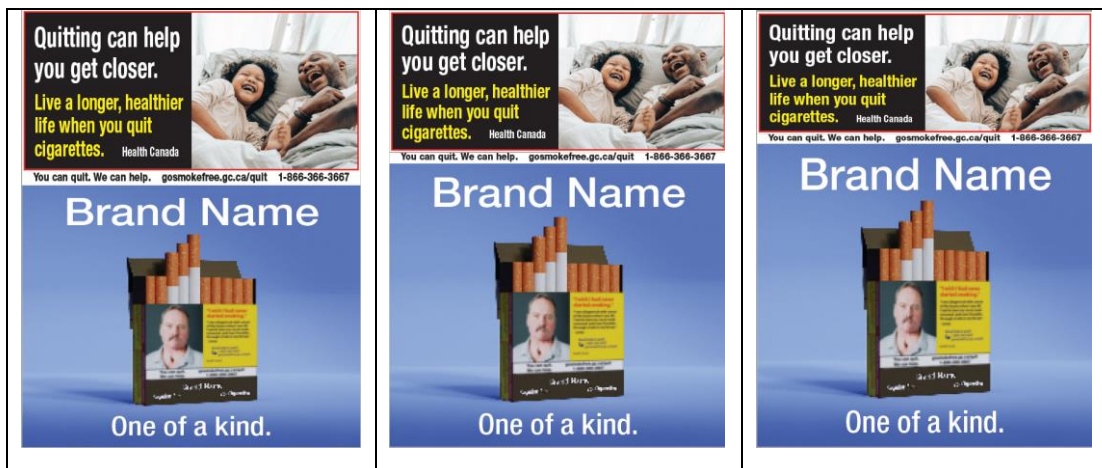
The quit line information was considerable noticeable by most participants, with the visual approach from concept 4 (“Protect your baby”) consistently selected as the most appealing. Generally, few participants see themselves using it, however, most felt the information should be available, nonetheless. A few suggested that the approach would be further improved by adding a QR code to access the cessation information.

When asked what general approach would be most effective at catching their attention and making them read the content of a health warning, participants near-unanimously opted for an

approach that combined text with an image over an approach without an image. Participants emphasized that “a picture is worth a thousand words”, an image helps establish a quick connection with the reader, an image can help support the text, and an effective image can help the health warning/message better compete for attention with the creative that the tobacco company would be using in their promotion.

Draft warning / health message size

In this exercise, the impact of different health warning/message sizes was explored with participants. Participants were quickly shown three versions of the same concept (as shown below), one at a time, with the size of the health warning/message increasing each time. The sizes of the three health warning/messages took up 30%, 35%, and 40% of the space of the advertisement. The presentation order of the three approaches was always the same, starting with the smallest size of health warning, gradually increasing in size and taking up more of the advertising space.



Many participants did not feel that the difference in health warning/message size had a meaningful impact on noticeability or ease of reading the message. In other words, the size of the health warning, as presented, did not make a significant difference in how quickly they would grasp the message. Some participants said they did not notice the size difference at first viewing.

However, after more consideration the third approach was considered by most to be the most noticeable and the easiest to read due to the larger size.

“Obviously the bigger is better. I mean the bigger it is the more focus it will take away from [the advertisement].” – Male, 44, person who does not smoke, Alberta

Draft warning / health message placement

In this exercise, the impact of different placements for health warning/message within an advertisement was explored with participants. Participants were quickly shown two versions of a concept (as shown below), one at a time, each with a different placement of the health warning/message. One approach showed the health warning/message concept displayed at the top of the advertisement, while the other approach showed the health warning/message displayed in a box on the right-hand side and within the advertisement. The presentation of the two approaches alternated from session to session.



Reactions to the two approaches were mixed with most gravitating to the vertical approach – where the health warning/message was displayed at the top of the advertisement. Those who preferred that approach felt it looked more like a “warning” and also because they are naturally inclined to read top-to-bottom, this approach had them notice the warning before the tobacco advertisement. They also felt that the horizontal approach – where the health warning/message was displayed in a box within the message - seemed like the tobacco warning looked like a sticker or afterthought whereas the vertical approach clearly shows the warning as a separate and distinct element.

For some the display in the horizontal approach gave the impression that the warning is an integrated part of the tobacco advertisement which was effective and impactful for those who preferred that approach. They also perceived the warning to be larger in this format than the one in the vertical approach, which made it both more noticeable and easier to read. They also found in this format the warning appeared to overtake the visual elements of the tobacco advertisement which made this approach more effective than the vertical approach.

Methodology

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

Quorus was responsible for coordinating all aspects of the research project including working with Health Canada in designing and translating the recruitment screener and the moderation guide, coordinating all aspects of data collection logistics, including participant recruitment, providing the online focus group platform and moderating all focus groups and delivering required reports at the end of data collection. The research approach is outlined in greater detail below.

Target audience and sample frame

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

- Eastern Canada (NL, PEI, NS, NB, QC, ON) (English)
- Quebec (French)
- Prairies (MB, SK, AB) (English)
- Western Canada (BC, Territories) (English)
- Eastern Canada outside Quebec (NL, PEI, NS, NB, ON) (French)

Three groups were held in each region, segmented based on participants' age and smoking status:

- Individuals who smoke (age 18-24)
- Individuals who smoke (age 25+)
- Individuals who do not smoke (18+)

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualified for the research program and to ensure, where applicable, a good representation by age, region, gender, ethnicity and 2SLGBTQI+ status.

In addition to the general participant profiling criteria noted above, additional screening measures to ensure quality respondents include 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 tobacco or vaping company, a smoking cessation company, a legal or law firm, a cannabis-related company, 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 with individuals who smoke cigarettes as well as those who do not smoke. Each focus group lasted approximately 90 minutes.

For each focus group, Quorus recruited 8 participants with the goal of achieving 6-8 participants per session. All individuals who participated in a focus group received an honorarium of \$125.

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

The recruitment of 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 ensure 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 being conducted for the Government of Canada and Health Canada. Participants were informed of the audio/video recording of their session and of the presence of Health Canada observers. Quorus ensured that prior consent was obtained at the recruitment stage and before participants began their focus group.

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 across Canada between April 24 and May 4, 2023. The details of these groups are outlined in the table below.

Date	Time (EDT)	Region	Segment	Language	Number of participants
April 24, 2023	5:00 PM	Eastern Canada	Individuals who smoke (age 18-24)	English	7
	8:00 PM	Western Canada	Individuals who smoke (age 18-24)	English	6
April 25, 2023	5:00 PM	Eastern Canada	Individuals who smoke (age 25+)	English	7
	8:00 PM	Western Canada	Individuals who smoke (age 25+)	English	7
April 26, 2023	5:00 PM	Eastern Canada	Individuals who do not smoke (18+)	English	7
	8:00 PM	Western Canada	Individuals who do not smoke (18+)	English	8
April 27, 2023	5:00 PM	Eastern Canada (Outside Quebec)	Individuals who smoke (age 18-24)	French	4
	7:00 PM	Prairies	Individuals who smoke (age 18-24)	English	7
May 1, 2023	5:00 PM	Eastern Canada (Outside Quebec)	Individuals who smoke (age 25+)	French	5
	7:00 PM	Prairies	Individuals who smoke (age 25+)	English	5
May 2, 2023	5:00 PM	Eastern Canada (Outside Quebec)	Individuals who do not smoke (18+)	French	6
	7:00 PM	Prairies	Individuals who do not smoke (18+)	English	7

Date	Time (EDT)	Region	Segment	Language	Number of participants
May 3, 2023	5:00 PM	Quebec	Individuals who smoke (age 18-24)	French	6
	7:00 PM	Quebec	Individuals who smoke (age 25+)	French	7
May 4, 2023	5:00 PM	Quebec	Individuals who do not smoke (18+)	French	7
TOTAL: 96					

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
- Participants to be paid \$125
- Efforts will be made to recruit members of racialized communities and members of 2SLGBTQI+ communities in all groups
- Efforts will aim for approximately 8 to 10 members of Indigenous communities across all groups
- 15 online focus groups will be conducted with Canadians in the following five locations:
 - Eastern Canada (NL, PEI, NS, NB, QC, ON) (English)
 - Quebec (French)
 - Prairies (MB, SK, AB) (English)
 - Western Canada (BC, Territories) (English)
 - Eastern Canada outside Quebec (NL, PEI, NS, NB, ON) (French)
- 3 online groups will be held with participants in each region, split based on participants' age and smoking status:
 - Smokers (age 18-24)
 - Smokers (age 25+)
 - Adult non-smokers (18+)

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

<p>Group 1 Eastern Canada April 24 5:00 pm EST Smokers (age 18-24)</p>	<p>Group 2 Western Canada April 24 5:00 pm PST Smokers (age 18-24)</p>	<p>Group 3 Eastern Canada April 25 5:00 pm EST Smokers (age 25+)</p>	<p>Group 4 Western Canada April 25 5:00 pm PST Smokers (age 25+)</p>
<p>Group 5 Eastern Canada April 26 5:00 pm EST Adult non-smokers (18+)</p>	<p>Group 6 Western Canada April 26 5:00 pm PST Adult non-smokers (18+)</p>	<p>Group 7 - FRENCH Eastern Canada (outside QC) April 27 5:00 pm EST Smokers (age 18-24)</p>	<p>Group 8 Prairies April 27 6:00 pm CST Smokers (age 18-24)</p>
<p>Group 9 - FRENCH Eastern Canada (outside QC) May 1 5:00 pm EST Smokers (age 25+)</p>	<p>Group 10 Prairies May 1 6:00 pm CST Smokers (age 25+)</p>	<p>Group 11 - FRENCH Eastern Canada (outside QC) May 2 5:00 pm EST Adult non-smokers (18+)</p>	<p>Group 12 Prairies May 2 6:00 pm CST Adult non-smokers (18+)</p>
<p>Group 13- FRENCH Quebec May 3 5:00 pm EST Smokers (age 18-24)</p>	<p>Group 14 – FRENCH Quebec May 3 7:00 pm EST Smokers (age 25+)</p>	<p>Group 15 - FRENCH Quebec May 4 5:00 pm EST Adult non-smokers (18+)</p>	

Questionnaire

A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a national public opinion 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: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR. EFFORTS WILL BE MADE TO INCLUDE THEM IN A GROUP IN THEIR PREFERRED LANGUAGE IN THE NEAREST TIME ZONE TO WHERE THEY LIVE. ONE-ON-ONE INTERVIEWS CAN ALSO BE ACCOMMODATED AS THE NEED ARISES.]

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 getting your reactions to concepts and materials being considered. The groups will last up to 90 minutes (one and a half hours) 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 the online web conferencing platform Zoom, 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."]

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

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

2. 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? | 3 |
| ...a tobacco or vaping company? | 4 |
| ...a smoking cessation company? | 5 |
| ...a legal or law firm? | 6 |

IF YES TO ANY, THANK AND TERMINATE

3. 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 Q7 |

4. 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 | |

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

RECORD: _____

THANK/TERMINATE IF RELATED TO SMOKING / CIGARETTES / TOBACCO

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

- | | | |
|--------------|---|------------------------------|
| Fewer than 5 | 1 | |
| Five or more | 2 | THANK & TERMINATE |

7. During the past 30 days, how often did you smoke cigarettes?

- Daily 1
- Less than daily , but at least once in the past week 2
- Less than once a week, but at least once in the past month 3
- Not at all 4

RECRUIT AS A SMOKER IF 1, 2 OR 3

8. [ASK IF Q7= 1, 2, OR 3] How long have you been smoking?

- Less than 2 years 1
- 2-5 years 2
- 6-10 years 3
- 11-20 years 4
- Over 20 years 5

RECRUIT A MIX FOR SMOKER GROUPS

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

AGE	SMOKERS	NON-SMOKERS
18-24	YOUNG ADULT SMOKERS GROUPS – RECRUIT A MIX OF AGES	RECRUIT A MIX OF AGES
25-34	ADULT SMOKERS GROUPS – RECRUIT A MIX OF AGES	RECRUIT A MIX OF AGES
35-44		
45-54		
55-64		
65-74		
75+	THANK AND TERMINATE	THANK AND TERMINATE

10. 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

11. 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 |

RECRUIT MEMBERS OF INDIGENOUS AND RACIALIZED COMMUNITIES ACROSS ALL GROUPS

12. [ASK ONLY IF Q11=2] What is your ethnic background?

RECORD ETHNICITY: _____

RECRUIT A MIX OF ETHNICITIES

13. Do you currently live in... [READ LIST]

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

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

14. Do you identify as a member of the 2SLGBTQI+ community?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

AIM FOR REPRESENTATION OF MEMBERS OF THE 2SLGBTQI+ COMMUNITY IN EACH GROUP

15. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with other adults Are you... **READ OPTIONS**

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

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

Yes	1	
No	2	THANK & TERMINATE

17. Participants will be asked to provide their answers through an online web conferencing platform using a computer or a tablet (**not a smartphone**) in a quiet room. It is necessary for participation, as the moderator will be gauging reactions to advertising 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	
No	2	SKIP TO INVITATION

18. 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

19. 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

20. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other Canadians in 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 90 minutes (one and a half hours). People who attend will receive \$125 to thank them for their time.

Would you be interested in taking part in this study?

Yes 1

No 2 **THANK & TERMINATE**

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

Yes 1

No 2 **THANK & TERMINATE**

22. There will be some people from Health Canada and/or the Government 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**

23. Thank you. Just to make sure, the group will take place on **[DAY OF WEEK], [DATE], at [TIME]** and it will last 90 minutes (one and a half hours). Following your participation, you will receive \$125 to thank you for your time. 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 (10 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of Health Canada.
 - Today we will be interested in getting your reactions to some concepts of health messages being considered specifically for tobacco products, such as cigarettes and cigars.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We may 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 topics I’ll be presenting to you tonight/today.
 - Your honest opinion is valued. 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 consumers.
 - 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!
 - We might 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.

- 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 final report for this session, and others, can be accessed through the Library of Parliament or Library and Archives Canada's website once it's posted.
 - 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.
 - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

Introductions (5 minutes)

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

Section 1: Tobacco promotions – general discussion (10 minutes)

This evening, we will be mostly discussing advertisement for tobacco products. We are **not** referring to anything that is vaping-related. We are also focusing on your experiences **in Canada only**. So do **not** consider anything you might have seen or heard while traveling outside Canada. Finally, let's try to focus on the **past few years** at most...no need to go too far back in time!

Any questions so far?

Let's start with a few general questions about tobacco ads. Do any of you remember seeing any sort of advertising for a tobacco product over the past few years?

IF YES, EXPLORE:

- Tell me a bit more about what you remember seeing...**PROBE THE FOLLOWING AS NEEDED**
 - **Where** was the ad placed (e.g., in a magazine, as a poster/billboard somewhere, online, etc.)?
 - **How often** do you feel you see advertising for tobacco products? And where do you tend to see these types of ads more often? ...are most of the ones you see online? ...elsewhere?
 - What can you tell me about the ad itself? What words would you use to **describe the ad** (e.g., glamorous, attractive, ordinary, etc.)?
 - Do you remember any sort of **health warning or message** as part of the ad? **IF YES:** Do you remember at all what the message was?

Before I move on, do any of you remember seeing any advertising for a tobacco product online or in social media? **[IF YES, MODERATOR REVISITS QUESTIONS FROM ABOVE]**

Section 2: Draft Warning / Health Message Testing (50 minutes)

CONTEXT: Currently, ads for tobacco products are permitted in certain instances, such as publications addressed and sent to an adult audience, including online communications sent to an adult audience. They are also permitted in places where young persons are legally not allowed to enter, such as casinos, bars and events. However, unlike tobacco product packages, like a pack of cigarettes, Health Canada does not require any sort of health warning or message on this type of advertisement.

Health Canada might require tobacco advertisers to include a health warning or message on this type of advertising, including ads you might see online, in magazines with an adult readership, on posters you might see in a bar or a casino, so on and so forth.

What I'd like to do is present a series of possible approaches that Health Canada is considering. For each one, we'll have a short discussion.

Please keep the following in mind:

- These are mock-ups and do not represent ads for actual tobacco products but they should give you a very good idea of how the warning or message could appear on the ad.
- Note as well that the size of the warning or health message could vary from one ad to the next.

INTERNAL NOTE: Mock-ups shown to participants are 8 ½ x 11 inches in size, with the warning/health message appearing at the top of the advertisement and occupying 30% of the total surface area.

CONCEPTS IN APPENDIX 1 TO BE ROTATED FROM ONE SESSION TO THE NEXT:

Group 1: 1-2-3-4-5-6

Group 2: 2-3-4-5-6-1

Group 3: 3-4-5-6-1-2

Group 4: 4-5-6-1-2-3

Group 5: 5-6-1-2-3-4

Group 6: 6-1-2-3-4-5

Group 7: 1-2-3-4-5-6

Group 8: 1-2-3-4-5-6

Group 9: 1-2-3-4-5-6

Group 10: 2-3-4-5-6-1

Group 11: 3-4-5-6-1-2

Group 12: 4-5-6-1-2-3

Group 13: 5-6-1-2-3-4

Group 14: 6-1-2-3-4-5

Group 15: 1-2-3-4-5-6

MODERATOR SHOWS ONE CONCEPT AT A TIME, THEN SPENDS AT MOST 7-8 MINUTES

DISCUSSING:

- What is your **overall impression** of this health warning or message? Why do you say that?
- Would this health warning or message catch your attention if it appeared in an ad like this?
 - What, if anything, should be done differently for the health warning or message to have a greater impact?
- Is the health warning or message **clear and easy to understand**? If not, what is unclear?
- Is the message **credible**? If not, why not?
- Does this **strike a chord** in you at all? Do you feel this is **relevant** to you in any way?
- Are you **learning anything new or useful**?
- Does the health warning or message **make you think** about the health hazards of using tobacco products? **ASK SMOKERS:** What about quitting or reducing your tobacco use?

Look and Feel:

- **IF APPLICABLE:** Is the **choice of imagery** effective? If not, why not? What would you change?

In the end...

- Is there anything you would change about this warning/health message that would make it more effective? ...if so what?

ONCE ALL MESSAGES HAVE BEEN REVIEWED, SHOW ALL CONCEPTS ON THE SCREEN AT ONCE WITH THEIR NUMBERING:

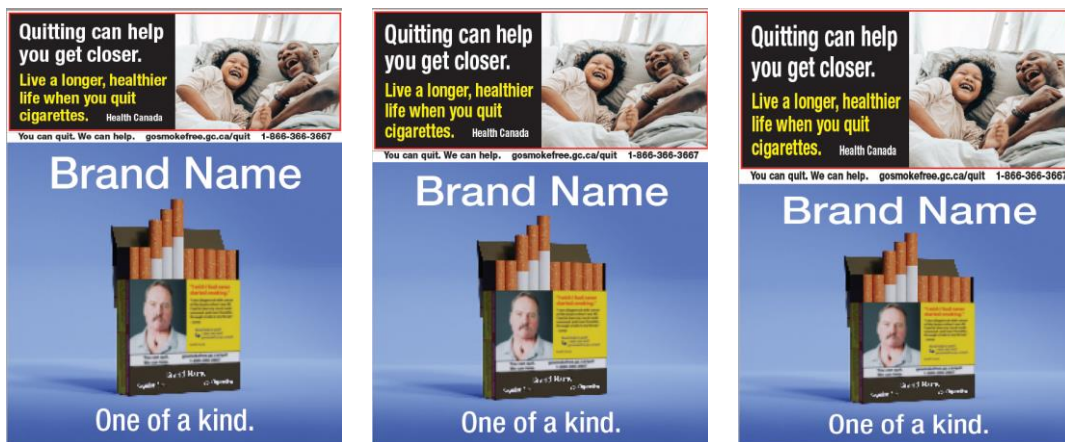
- Do any of the concepts draw your attention away from the tobacco ad more than any other? Which ones perform the best in that regard?
- **ASK SMOKERS:** Did any of you notice the quit line information like the phone number and web address in any of the concepts? Is this information relevant to you?
- Let's wrap up this exercise – please go into the chat and type in the number of the two concepts you feel had the most impact on you?

Section 3: Draft Warning / Health Message Size (8 minutes)

Let's now consider different ways of displaying the health warning or message. I'll show you three different concepts and then we'll have a quick discussion.

MODERATOR SHOWS EACH FRAME INDIVIDUALLY (WITHOUT SHOWING % COVERAGE) FOR 3 SECONDS THEN FINISHES ON A BLANK SCREEN FOR DISCUSSION.

INTERNAL NOTE: Mock-ups shown to participants are 8 ½ x 11 inches in size, with the warning/health message appearing at the top of the advertisement and occupying three different sizes - 30% of the total surface area, 35% of the total surface area, and 40% of the total surface area.



- What difference did you notice, if any, as I cycled through the three concepts? What difference did you notice?

AS NEEDED:

- Do you remember any of the options being more **noticeable** than another? If yes, which one and why?
- Do you remember any of the options being easier to **read** than another? Were any of them difficult to read?

MODERATOR SHOWS ALL THREE OPTIONS ON THE SCREEN AT ONCE:

- Here they are again in the order in which I showed them – do any of you feel any of these options is more effective at informing and educating Canadians about the health hazards and health effects of tobacco use? If yes, which one and why?

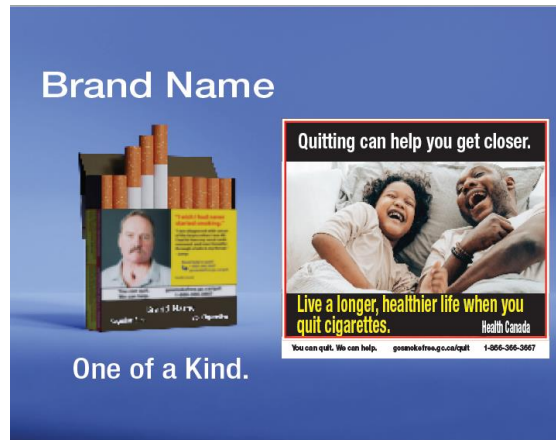
Section 4: Draft Warning / Health Message Placement (7 minutes)

Let's now consider different placements of the message on the ad. I'll show you two options and then we'll have a quick discussion.

MODERATOR SHOWS EACH FRAME INDIVIDUALLY FOR 4 SECONDS THEN FINISHES ON A BLANK SCREEN FOR DISCUSSION [FRAMES WILL BE ROTATED FROM ONE SESSION TO THE NEXT – ODD NUMBER GROUPS SHOW 1-2; EVEN NUMBER GROUPS SHOW 2-1].

INTERNAL NOTE: Mock-ups shown to participants are 8 ½ x 11 inches in size, with the warning/health message appearing at the top of the advertisement and occupying two different placement areas:

- A horizontal label across the top edge of the advertisement, spanning from the left to the right edge of the advertisement
- A square label at the top left edge of the advertisement, featuring a margin with a size being a percentage of the width or height of the health label.



- Did you feel that the positioning of the health warning or message made any difference to you? What difference did it make?

AS NEEDED:

- Do you remember one option being more **noticeable** than the other? If yes, which one and why?
- Do you remember one option being easier to **read** than the other? Were any of them difficult to read?

MODERATOR SHOWS ALL OPTIONS ON THE SCREEN AT ONCE:

- Here they are again – do any of you feel one of these options is more effective at informing and educating Canadians about the health hazards and health effects of tobacco use? If yes, which one and why? Let's vote **[SHOW OF HANDS VOTE]!**

MODERATOR TO STOP SHARING THE SCREEN

- There are two options on which I'd like to get your opinion: which do you think is more effective at catching your attention and making you read the content of the health warning:
 - A message combined with an image, or
 - a text-only message?

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

Thank you – have a nice evening!

CONCEPTS FOR SECTION 2

CONCEPT 1

Wondering about vaping?

Switching completely to vaping nicotine is less harmful than continuing to smoke cigarettes.

You will immediately reduce your exposure to harmful chemicals found in cigarette smoke.

Youth and people who do not smoke should not vape.

Health Canada

You can quit. We can help. gosmokefree.gc.ca/quit 1-866-366-3667

Brand Name



One of a kind.

CONCEPT 2

WARNING

IMPOTENCE

Cigarettes reduce blood flow to the penis.

This makes it difficult to have or keep an erection.

Health Canada



You can quit. We can help. gosmokefree.gc.ca/quit 1-866-366-3667

Brand Name



One of a kind.

CONCEPT 3

Quitting can help you get closer.

Live a longer, healthier life when you quit cigarettes.

Health Canada



You can quit. We can help. gosmokefree.gc.ca/quit 1-866-366-3667

Brand Name



One of a kind.

CONCEPT 4

Protect your baby

Cigarette smoke damages a baby's growing brain and lungs.

Health Canada



You can quit. We can help. gosmokefree.gc.ca/quit 1-866-366-3667

Brand Name



One of a kind.

CONCEPT 5

Difficulty concentrating?

Quitting cigarettes improves your physical and mental health.

Health Canada



You can quit. We can help. gosmokefree.gc.ca/quit 1-866-366-3667

Brand Name



One of a kind.

CONCEPT 6

Cigarettes aren't as attractive as you think.

Chemicals in tobacco smoke damage your whole body.

- Bad breath
- Wrinkled skin
- Yellow fingers

Health Canada



You can quit. We can help. gosmokefree.gc.ca/quit 1-866-366-3667

Brand Name



One of a kind.