



Childhood Immunization Coverage Survey in Key Populations (KPCICS) – Urban Indigenous Parents

Summary

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This public opinion research report presents the results of an online survey conducted by EKOS Research Associates Inc. on behalf of Health Canada. The research study was conducted with 231 urban Indigenous parents, legal guardians or persons making health care decisions for children under 18, collected between March 30 and June 1, 2023.

Cette publication est aussi disponible en français sous le titre Enquête sur la couverture vaccinale des enfants dans les populations clés (ECVEPC) : Parents autochtones urbains.

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EXECUTIVE SUMMARY

A. BACKGROUND AND OBJECTIVES

Vaccines have proven to be an effective tool to reduce or eliminate diseases. An examination of Canadian cases has shown that routine childhood vaccines have eliminated polio, reduced the observed cases of measles, mumps, rubella, and diphtheria by 99%, and reduced cases of whooping cough by 87%¹. Surveillance data, however, suggests that vaccine coverage in Canada is uneven.

The childhood National Immunization Coverage Survey (cNICS) measures the immunization status of the general population of children in Canada and collects data on parental knowledge of vaccines and the diseases they prevent. The cNICS helps to determine coverage and changes in update of recommended immunization schedules, provides international organizations with estimates of coverage of specific vaccines in Canada, and provides information on parent and guardian knowledge and beliefs about vaccines².

The data produced from the cNICS is limited in the ability to provide information from children in all age ranges, and from key at-risk populations. Further, the COVID-19 pandemic has increased the discussion of vaccines and shifted the knowledge, attitudes and beliefs of some Canadians. The prevalence of vaccine hesitancy and refusal of COVID-19 vaccines for some has resulted in the need to understand the implications on childhood immunization coverage, and any education support needed to promote continued vaccination among children.

The Public Health Agency of Canada (PHAC) intends to address data coverage gaps related to at-risk populations through a new surveillance initiative: the Childhood Immunization Coverage Survey Among Key At-Risk Populations (KPCICS) in Canada. This study was conducted among Urban Indigenous who are parents, legal guardians, or persons most knowledgeable for a child or children aged 17 or younger.

¹ Public Health Agency of Canada. *Vaccines Work*. October 9, 2019. Online: [Infographic: Vaccines Work - Canada.ca](#)

² Statistics Canada. Childhood National Immunization Coverage Survey (CNICS). August 8, 2022. Online: [Childhood National Immunization Coverage Survey \(CNICS\) \(statcan.gc.ca\)](#)

Study Objectives

This survey provides up-to-date childhood vaccine coverage data specific to urban Indigenous people who have children. The opinions and views of parents, guardians, or persons most knowledgeable collected will help to inform the following areas:

- Their child's immunization uptake, as well as vaccine hesitancy and vaccine refusal, the reasons for vaccine hesitancy and the impact on routine childhood immunization.
- The unknown effects of the COVID-19 pandemic on concurrent childhood immunizations to determine priorities for vaccine-preventable diseases, with the aim of identifying whether catch-up routine immunization campaigns are required.

Specifically, the surveillance project collected information on:

- Routine childhood and COVID-19 immunizations status;
- Intent to get vaccinated for those not yet vaccinated;
- Reasons for non-vaccination (including barriers);
- Parent/ legal guardian/ other PMK's knowledge, attitudes and beliefs (KAB) toward child's immunization;
- Sources of information on immunization, including routine childhood vaccines and COVID-19 vaccines; and,
- Sociodemographic characteristics that are linked to inequalities in vaccination uptake.

B. METHODOLOGY

The survey sample includes 231 respondents who indicated that they are an Indigenous person who is 18 years of age or older, living in an urban community³ and are also a parent or legal guardian or person responsible for health decisions for a child 17 years of age or younger. Eligible parents indicated the number of children 17 years of age or younger that they are a parent, legal guardian or person most knowledgeable for. One child was then randomly selected as the child that the parent would complete the survey about. All analyses provided herein are in regard to immunization experiences relating to the randomly selected child.

The primary sample source used was our in-house *Probit* panel of randomly recruited Canadians. The survey was intended to be administered online among eligible participants recruited from the panel, though a proportion of participants was to be recruited through telephone if the panel source was not sufficient to achieve the intended sample size. Because we did not expect that

³ Included those living in communities with 1,000 or more residents. First Nations parents living in rural areas (i.e., with fewer than 1,000 residents) were included in the sample provided they do not live on a reserve.

our in-house panel would be sufficient to complete the number of cases required, we supplemented our in-house panel sample with a nationally representative sample, including landlines selected through random digit dialing (RDD), as well as cell phone sample in a 30%:70% ratio. The screened sub-sample completed the survey by telephone. Although the original intent was to include 350 respondents in the final sample, we collected 231 but were unable to collect the remaining 119 responses with urban Indigenous parents, due in part to considerably higher than expected refusal rates, and an eligibility rate that was lower than expected.

A total of 111 of the 231 were completed by telephone in order to maximize the sample of completed cases (87 completed with panel members and 24 completed with members of the general public through RDD sample). Half of the sample (n=120) was completed online by panel members. Each panel member received one initial email invitation and up to three email reminders. About half of sampled panel members received between one and four follow-up telephone calls, although many received up to nine calls over the course of six weeks.

The *Probit* panel is assembled using an RDD process for sampling from a blended land-line cellphone frame, which provides full coverage of Canadians with telephone access. The distribution of the recruitment process is meant to mirror the actual population in Canada (as defined by Statistics Canada). As such, our more than 120,000-member panel can be considered representative of the general public in Canada (meaning the incidence of a given target population within our panel very closely resembles the public at large) and margins of error can be applied. All households/individuals in the *Probit* panel are contacted by telephone, the nature of the panel is explained in greater detail (as are our privacy policies), and demographic information is collected. At this time, the online/off-line as well as landline/cellphone status is ascertained in order to determine the method of completing surveys (i.e., online, telephone, or mail). Ongoing activities take place several times each year to monitor, maintain, and refresh the panel. These activities include review of data quality and participation rates, and ongoing recruitment of new panel members.

The online survey was conducted between March 30 and June 1, 2023. Appendix A provides details on the characteristics of the sample. The randomly recruited probability sample carries with it a margin of error⁴ of +/-6.5%. The margin of error for most segments within the sample

⁴ Level of precision associated with each sample segment for which results are isolated in the survey (i.e., results are expected to be within this range of the reported findings, 19 times out of 20).

for which results were isolated is between +/-8% and +/-14%⁵. Results were not isolated for segments with fewer than 10 responses to ensure that confidentiality was not compromised, and due to higher imprecision (i.e., margin of error) associated with small sample sizes. The primary sample source was an in-house *Probit* panel of randomly recruited Canadians⁶. The survey instrument was delivered online as well as by telephone and available in both official languages. The average length of the survey was 14 minutes online and 22 minutes by telephone. The overall response rate for the survey was 18%. [Appendix A](#) presents further details on the methodology for the survey.

The survey sample was not weighted since no population figures were available for the precise population reflected in the sample (i.e., Indigenous parents living in communities of 1,000 or more residents, with the exception of First Nations parents living off-reserve) as well as due to small number of survey respondents.

C. KEY FINDINGS

Urban Indigenous parents were asked for their description of their physical and mental health using a five-point scale from “poor” to “excellent”. Both physical health and mental health were rated moderately with 77% describing their physical health as “good” to “excellent”, and 74% saying the same about their mental health. Another 23% and 25%, respectively, described their physical and mental health as only “fair” or “poor”.

Childhood Vaccination

Among all parents in the sample, 93% indicated that their child had received at least “some” of the recommended vaccines for their age, with 58% of these reporting that they received “all” of the recommended routine childhood vaccines. Among the parents indicating that their child had received “some” (but not “all”) of the recommended routine childhood vaccines for the child’s age, these were most commonly the vaccine for influenza (42%), Human Papillomavirus (HPV) vaccine (29%), the Hepatitis A and B combined vaccine (28%), Hepatitis B (26%), Chickenpox vaccine (26%) or the Diphtheria, Tetanus or Pertussis vaccine (24%). One in five children who had received only “some” recommended vaccines for their age group did not receive the rotavirus (21%), polio (20%), measles, mumps or rubella (20%) vaccines.

⁵ The margin of error is between 8% and 16% in 19 of the 22 segments, however, it is +/-16% among parents of children who are between six months and under 5 years of age, and those living in Quebec or the Atlantic. It is +/-19% among Inuit parents.

⁶ *Probit* panellists were selected using a random-digit dial (RDD) landline-cell phone hybrid sample frame.

The majority of parents (62%) said they did not encounter any obstacles that made it more difficult to get their child vaccinated. However, fear of needles (8%), difficulty booking time for the appointment (7%) and issues with access to health care (6%) were noted most often when there were obstacles. Four percent of parents indicated parental opposition to one or more of the recommended vaccines. Among parents whose child did not receive one or more of the recommended vaccines, more than one in four (27%) said they did not consider one or more of the recommended vaccines to be necessary, and 20% had concerns about the risk of side effects of vaccines.

The primary reason stated by parents for immunizing their child is to protect their child themselves, and others from disease (73%). The second most common reason was that they received advice from their doctor or health care professional (60%). Half indicated that the benefits are more important than the risks (51%).

Just over one in five (22%) parents said that they are or have been hesitant in the past about their child receiving one or more of the recommended routine childhood vaccines. Among these parents, 60% have concerns about the safety of the vaccine and/or side effects, 24% indicated mistrust of vaccine-related information, and 22% have concerns about the effectiveness of the vaccine(s).

COVID-19 Vaccination

Two in three parents (67%) indicated that their child has received a COVID-19 vaccine; including 6% who received one dose, 36% received two doses, and 26% with three or more doses. Parents reported a multitude of reasons for vaccinating their child against COVID-19, including to protect themselves and/or household members against COVID-19 infection and/or severe outcomes (69%). Close to half of parents said their child received a COVID-19 vaccine to protect themselves against long COVID (47%), or to prevent the spread of COVID-19 in their community (46%). Four in 10 said their child received a COVID-19 vaccine based on public health recommendations (41%) and slightly fewer indicated it was to help restore a more normal life (36%). Close to half of parents (46%) are or have been hesitant to vaccinate their child against COVID-19; the majority indicated this is because of concerns of the safety of the vaccine and/or side effects (58%) or that not enough research on the vaccine has been done on children (52%).

Views about Vaccination

Prior to the COVID-19 pandemic, 93% of parents believed that vaccines were safe and effective for children. In general, 36% of parents agree that their views about vaccines have changed since the pandemic. While nine in ten parents believe that vaccines were effective (89%) and safe (87%), this is reduced to 65% when it comes to safety of the COVID-19 vaccines and 61% with regard to the effectiveness of the COVID-19 vaccines. While 77% of parents expect they will get their child vaccinated with the recommended childhood routine vaccines in the future, much fewer (52%) will get their child vaccinated with the COVID-19 vaccine.

Parents were asked to react to a series of positive and negative statements about childhood immunizations. In terms of reactions to positive statements, 92% of parents agree that vaccines help protect their child's health and 83% of parents agree that having their child vaccinated protects others in the family and community. More than seven in 10 (74%) parents also agree that unvaccinated children are at higher risk of getting some serious diseases, including COVID-19. More than two in three believe that most parents have their child vaccinated (70%) and the same proportion (65%) agree that delaying childhood vaccines causes risk to their child's health.

When considering negative statements, 74% of parents disagree that the use of alternative practices such as homeopathy or naturopathy can eliminate the need for vaccination. Two in three (65%) disagree that a healthy lifestyle can replace the need for vaccination, although 31% agree. Two in three (65%) also disagree that children receive too many vaccinations overall; however, 25% agree with this view. Just over half (58%) parents disagree that it is better to develop immunity from having a disease rather than from a vaccine; however, 34% agree. The same proportion of parents agree that children receive too many vaccines at the same visit (34%).

Sources of Childhood Immunization Information

Most parents said they would be most likely to consult health care providers (78%), the Public Health Agency of Canada or Health Canada (60%), or their local public health unit or clinic (58%) in order to find information about childhood immunization. About half would consult scientific publications and journals (53%), the Ministry of Health within their province or territory (50%), or a community nursing stations or clinics (46%). Fewer would refer to international organizations (39%), the National Advisory Committee on Immunization (NACI) (38%) or an Indigenous organization (34%). Other sources include the family and friends (26%), news or media (23%), or social media (12%).

D. NOTE TO READERS

Detailed findings are presented in the sections that follow. Overall results are presented in the main portion of the narrative and are typically supported by graphic or tabular presentation of results. The programmed survey instrument can be found in Appendix B.

It should be noted that the survey asks a number of questions about behaviours that may have a tendency to exert pressure to respond in a socially desirable way for respondents to under-report their attitudes and behaviours related to vaccine hesitancy⁷. Results for the proportion of respondents in the sample who either said “don’t know” or did not provide a response are not indicated in the graphic representation of the results of survey questions where multiple resources were possible, particularly where they are not sizable (i.e., 10% or less). Results may also not total 100% due to rounding or where multiple responses could be provided.

E. CONTRACT VALUE

The contract value for the POR project is \$39,299.12 (including HST).

⁷ Ivar Krumpal, “Determinants of Social Desirability Bias in Sensitive Surveys: A Literature Review”, *Quality and Quantity*, June 2013, Volume 47, Issue 4, pp. 2025-2047.

F. POLITICAL NEUTRALITY CERTIFICATION

I hereby certify as Senior Officer of EKOS Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Policy on Communications and Federal Identity and the Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed by:



Susan Galley (Vice President)