Public Health Agency of Canada | Agence de la santé publique du Canada

Use of Public Health Measures (PHMs), Advice and Risk Assessment Survey

Executive Summary

Prepared for the Public Health Agency of Canada
Supplier name: Abacus Data
Contract number: CW2245692 - 6D034-225051
Contract value: $172,236.86
Award date: October 19, 2023
Delivery date: March 20, 2023

Registration number: POR 063-22
For more information on this report, please contact Health Canada at:
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Canada

Use of Public Health Measures (PHMs), Advice and Risk Assessment Survey

Executive Summary

Prepared for the Public Health Agency of Canada by Abacus Data

March 2023

The Public Health Agency of Canada commissioned Abacus Data to conduct a public opinion research survey to understand how people make decisions regarding the use of public health measures (PHMs) during the COVID-19 pandemic and beyond. A total of 6200 Canadians were surveyed using an online panel to reflect the Canadian population. The online survey was conducted between February 7 and 24, 2023. In addition, a total of 9 focus groups were conducted online in the Fall of 2022. This publication reports on the findings of this research.

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Catalogue Number: H14-444/2023E-PDF
International Standard Book Number (ISBN): 978-0-660-49430-2

Cette publication est aussi disponible en français sous le titre: *L'utilisation des conseils sur les mesures de santé publique (MSP) et l'évaluation des risques*.

Numéro de catalogue : H14-444/2023F-PDF
Numéro international normalisé du livre (ISBN) : 978-0-660-49431-9

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Executive Summary

1.1. Research Purpose

The Public Health Agency of Canada (PHAC) needs to understand how people make decisions regarding the use of Public Health Measures (PHMs) during the COVID-19 pandemic and beyond. PHMs have been one of the primary tools available to public health organizations to reduce COVID-19 transmission in communities during the pandemic and for other public health issues. A key area of interest is understanding how people assess and understand their risk and how this informs their decisions about the use of PHMs.

The results of the research will inform future development of public facing PHM guidance products, tools, and messaging.

1.2. Research Objectives

The overall objectives of the research are to:

- Understand how people use and understand risk assessments to make decisions during the COVID-19 pandemic and going forward.
- Measure and understand how people access PHM information; and
- Evaluate how people use PHM advice to protect themselves and those around them.

1.3. Methodology

Qualitative Research

The purpose of the qualitative, focus group phase is to inform the development of the survey and to test assumptions. The qualitative phase of the research consisted of nine (9) online focus groups with the Canadian public conducted between November 28 and December 1, 2022.

- Details of the focus groups are shown in the table opposite.
- In total, there were 82 participants.
- Each focus group was 90 minutes in length.
- Observers from PHAC and other government stakeholders attended each focus group.

- The focus groups were moderated based on an approved discussion guide and included a review of materials developed by PHAC.

Quantitative Research

The online quantitative survey was conducted between February 7 and February 24, 2023. A total of 6,200 surveys were completed across Canada using an online panel. As a non-probability sample, the results cannot be extrapolated to the general population, and there is no margin of error associated with the findings.

Sub-group analyses and rounding

In addition to descriptive analysis, analysis was undertaken to establish any differences in views based on personal demographic characteristics, such as location (province and rural versus urban), gender, and identity (e.g., Indigenous). Where appropriate, analysis of differences based on experiences (previous COVID-19 illness), vaccination status, and attitudes (such as trust) were also undertaken.

Key sub-groups analyzed throughout the report are: demographics (e.g., age, gender, geographic location), at-risk status, and vaccination status. The full breakdown of the results is included in the accompanying data tables under separate cover.

Those at high risk of severe illness and negative health outcomes due to COVID-19 include those who haven't received all of their recommended COVID-19 vaccine doses as well as those with a number of other age and heath factors.[1] For the purposes of this report, those at-risk due to age and health factors will be differentiated from those at-risk due to their vaccination status as these groups vary significantly in their perceptions of risk, attitudes and behaviours relating to COVID-19.

Within the report when discussing those at-risk due to age and health factors, they will be identified as 'at-risk' and are based on the following characteristics:

- Being immune compromised.
- living with obesity.
- having a chronic medical condition.
- being pregnant.
- being over the age of 60.

Those who have not received their recommended COVID-19 vaccine doses also remain at high risk but have been reported on separately within the report. Not vaccinated are anyone who has not received the primary series.

[1] https://www.canada.ca/en/public-health/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19.html

Note that due to rounding, in some cases it may appear that merged categories collapsed together are different by a percentage point from how they are presented individually, and totals may not add up to 100%.

1.4. Contract value

The total contract value for the project was $172,236.86 including applicable taxes.

1.5. Statement of Political Neutrality

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

Richard Jenkins, Ph.D., CAIP

1.6. Summary of Findings

Perceptions of Risk

Three aspects of risk (likelihood of getting an infection, susceptibility to having a severe consequence, and the perceived severity of the illness) were tested for three illnesses (COVID-19, Respiratory syncytial virus (RSV), and Influenza (the flu)).

- Influenza has the highest perceived likelihood of getting an infection (mean=4.2 out of 10) followed by COVID-19 (4.1) and RSV (3.4).
- The flu has the lowest perceived susceptibility to severe outcomes from an illness (mean=3.5) and COVID-19 has the highest (3.8).
- COVID-19 is widely viewed as a serious illness by respondents, as 32% think it is either life-threatening or requiring hospitalization, but RSV is also recognized as either life-threatening or requiring hospitalization (39%). Only 17% think the flu is that serious.

Perceptions of all three constructs, likelihood of infection, susceptibility to severe consequences and seriousness of the illness are driven by similar demographic and attitudinal differences. The multivariate regression indicates that the three most important drivers of perceived risk for all three concepts are:

- Being at-risk because of having a health condition (chronic illness, immune compromised, obese, or pregnant) or being over 60 years of age is a driver of perceived risk. In particular, at-risk individuals think they are more susceptible to having a severe outcome from COVID-19, RSV or the flu.
- Those who are vaccinated against COVID-19 are more likely to think they could get COVID-19, more likely to think they are susceptible to a serious illness, and more likely to think it is a serious illness. Those with 2 or more boosters are even more likely than those with only the primary series to have higher likelihood, susceptibility, and to think COVID-19 is serious.
- Trust in government and to a lesser degree, trust in hospitals/health care workers, is associated with higher perceived risk on all three measures.

Focus group participants have some confusion regarding their assessment of their risk of getting infected compared to the amount of risk they are willing to accept. Several mention that though they believe the risk of infection remains high, they are not as concerned about severe outcome on a personal level (for reasons such as being vaccinated, perception that newer variants of COVID are not as severe, and personal experience with a previous infection).

In the survey, the top information that survey participants respondents identify they use to assess their risk are their health status (54%), vaccination status (47%), and reported data on the illness (35%). Other types of information that are important include information about the people one will be interacting with (30%), experience of friends (29%), reported information about circulating variants (28%), information about the places that will be visited (26%), and previous experience with respiratory infectious diseases (25%).

Focus group participants are sensitive to the risk of interacting with others and will seek information about how many people will be present and assess whether they know and trust them. Information about the places visited that are salient among focus group participants include space and ability to distance, ventilation, and the availability of fresh air. The sense of personal control and risk to others, especially those at a high-risk, is also noted as important in the focus groups.

Survey respondents express higher concern about COVID-19 (mean=4.7 out of 10) than for RSV (4.2) and the flu (4.2). While a large proportion of respondents have a low level of concern (e.g., 41% rate their concern 1, 2, or 3), there is a group of 14-20% who are highly concerned with getting each illness.

At the time of the survey (February 2023), the perceived risk of various social activities are quite modest for most respondents. Attending a concert (55% very or extremely risky) and going to a bar to meet with friends (41%) are viewed as the riskiest. In comparison, only 27% think shopping in a large retail grocery or department store has this level of risk. Similarly, only 28% think having a dinner party with people from different households is very risky. People who are concerned with the illness are more likely to think it is risky to engaged in these behaviours.

Trust and Information Sources

Trust, particularly in the Government and health care sector, is central to the effectiveness of public health measures. While respondents have a lot of trust in hospitals and healthcare workers (mean=7.3 out of 10), trust in the federal government (e.g., the Public Health Agency of Canada) is much lower (5.7). In fact, 24% have very little trust (1, 2, or 3 on a 10-point scale) compared with 32% with high trust (8-10).

Traditional news outlets (53%), the Public Health Agency of Canada (50%), and local health authorities (47%) are the top 3 sources of information about COVID-19 and other respiratory infectious diseases. Friends and family (35%) are another important source for many. Social media, either generally (20%) or government accounts (20%), are less important.

Focus group participants appeared to be clearly informed about COVID-19 and the resulting public health measures and those in the high-risk groups appeared to have spent more time researching and looking for information. Trust is a key factor in explaining how the participants used information sources, with several participants identifying social media as not credible or trustworthy, which is reflected in its use as indicated by survey respondents.

Attitudes about and Adherence to Public Health Measures

A large majority of survey respondents believe they have the skills/capabilities to use public health measures. More than eight in ten agree or somewhat agree that it's easy to use public health measures (82%) and 85% know how to use them.

Three quarters (74%) of respondents are motivated to use PHMs when they are concerned about getting sick. A similar proportion of respondents think PHMs are effective (77%) and say that using public health measures is important to them (78%).

Almost two thirds (64%) are more likely to use a mask when they see others around them using a mask.

When deciding whether to attend an event or gathering, respondents indicate that their health status is the most important consideration (46% very important). The next most important considerations are a range of other information factors, such as current local public health recommendations (33%), the number of COVID-19 cases in the community (32%), level of other respiratory illnesses in the community (31%), and the size of the gathering (31%).

A large majority (85%) think it is important for people to stay home and away from others when they have symptoms of a respiratory infectious disease; a small (11%) group rejects this idea.

To test how people decide to cancel (or not) plans due to illness, an experiment was conducted in the survey. Each respondent was randomized to consider a scenario where they had cold or flu symptoms and either: 1. had not tested for COVID-19; 2. had a negative COVID-19 test; or 3. had a positive COVID-19 test.

In considering the scenario of going to a restaurant for a meal, those who had a positive COVID-19 test are the most likely to cancel plans (58%), and those who tested negative are least likely to cancel (41%). Those who did not take a test are in the middle of these two other groups (49%). Surprisingly, among those who tested positive for COVID-19, one in ten are not at all likely to cancel plans for going to a restaurant.

For those in the positive test group, there is little variation in cancelling plans across the different scenarios. These individuals are the most likely to cancel plans for going to work (63%) and least likely to cancel plans for going shopping in a large retail grocery or department store (53%). There is more variation across the scenarios for the negative or no test groups. The no test group were most likely to cancel plans for visiting someone at-risk (59%) and least likely to cancel plans for going to work (41%) or shopping (41%). The negative test group is also most likely to cancel visiting someone at-risk (53%) and least likely to cancel plans for going to work (32%) or going to a pub to meet friends (33%).

Attitudes about Masks, Mandates and Staying Home

Participant attitudes about masks are generally positive regarding their effectiveness and use. Three quarters (75%) at least somewhat agree that masks are an effective way to reduce the transmission of respiratory infectious diseases. Many respondents (65%) indicate they always have a mask when they go out, and 63% have a specific plan for when they will wear a mask.

When it comes to mask mandates, respondents are supportive of mask mandates when there are high number of cases (75% at least somewhat agree). That said, 35% of respondents don't think mask mandates are effective.

Health status is again the most important consideration (46% very important) for deciding on wearing a mask, followed by current local public health recommendations (35%), the number of COVID-19 cases in the community (36%), level of other respiratory illnesses in the community (34%), and the size of the gathering (33%).

Always wearing a mask in different situations is common for a relatively small group. For example, only 9% of respondents always wear a mask outside and 10% in a private indoor setting with people outside their household. The most likely situations that prompt wearing a mask is when feeling sick around others (33% always) or when interacting with someone who is at a risk of more severe outcomes from a respiratory illness (32% always).

The top reason for wearing a mask is to protect more vulnerable individuals (35%). The next most mentioned reasons are the reduced likelihood of getting COVID-19 and other viruses (32%), mask mandates (31%), and reducing the spread of illnesses, including COVID-19 (31%). One in five (21%) respondents say that public health recommendations are in their top 3.

The top reason cited for not wearing a mask is that it is not required (26%). The next most mentioned reasons are they forget to have one (19%), masks are uncomfortable (18%), no one else is wearing a mask (14%), and they are sick and tired of wearing a mask (14%). Just over a quarter of respondents said there are no reasons for them not wearing a mask.

In the focus group discussions, the most common measures that participants mention taking to mitigate their risk at this stage in the pandemic (November – December 2022) include the use of hand sanitizer and masking (though, most participants freely admit it is limited to specific activities/scenarios, i.e., they do not generally mask). Some also continue to stay at home as much as possible and limit contact with others as much as possible. However, in general, most participants are not nearly as conscientious about public health measures as they were during the height of the pandemic. This is a result of a confluence of factors: pandemic fatigue, vaccinations, and the perception that COVID outcomes are not as severe as before.

COVID-19 Other Illnesses and Actions Taken

Almost half (45%) of respondents report that they have tested positive for COVID-19 since the start of the pandemic, and 11% have had multiple infections. More than a quarter (28%) of those who tested positive since the start of the pandemic have had an infection since October 2022.

For those who tested positive for COVID-19 at some point, most (83%) isolated themselves from people outside their household, and 88% of those who work outside the home avoided going to work the last time they tested positive for COVID-19. Most respondents (76%) also wore a mask when around others because of their positive test. Not as many (57%) isolated themselves from others in their household. Half (51%) were instructed by health authorities to isolate but instructions to isolate were more prominent among those whose last infection was in 2020 (62% were instructed) compared with the first two months of 2023 (36%). The fewer instructions to isolate likely is related to the fact that the testing regime changed from clinic testing site (where the instructions could be given) to at home rapid tests.

For those who tested positive and isolated from others, 92% isolated for at least 5 days and 33% for 10 or more days. Over time, the frequency of isolating for 10 or more days declined. In 2020, 41% isolated for 10 or more days compared with only 18% of those whose last infection was in the first 2 months of 2023. In addition, 19% left the house during their isolation and may have come into contact with other people. Leaving the house was most likely early in the pandemic (28% in 2020) and in the first couple months of 2023 (29%).

Respondents were also asked about how they dealt with having other illnesses or suspected COVID-19 in the past 30 days. Those who were sick with something other than COVID-19 or suspected they might have COVID-19 (unconfirmed by a test) were less likely than those who tested positive for COVID-19 to take precautions. Most commonly, these respondents isolated themselves from people outside of their household (69%) and avoided going to work (68%). Of those who isolated, 72% isolated for 5 days or more. Almost four in ten (38%) left their house during their isolation. Leaving the house was most likely early in the pandemic (57% in 2020) and declined in 2022 (39%) and 2023 (35%).

COVID-19 Vaccination Status and At-Risk Health

More than eight in ten (85%) respondents reported that they have received the primary series of the COVID-19 vaccine, and 33% have had at least one booster.

A series of health conditions such as being obese, immune compromised, having a chronic medical condition and being pregnant increase the risk that individuals face from a COVID-19 illness.[2] Forty-one percent had one of these health conditions. Those who are 60 years and older are also at a greater risk. Using these two qualifications (age and health), 56% of respondents are at a greater risk. The at-risk population is 61% if those who are not fully vaccinated are included.

[2] https://www.canada.ca/en/public-health/services/publications/diseases-conditions/people-high-risk-for-severe-illness-covid-19.html