



# Portrait of French-speaking minorities with respect to vaccination against COVID-19

Chloé Desjardins, Jennifer Lacroix Haraysm, Joseph Abdoulnour, Manon Denis-LeBlanc, Daniel Hubert, Salomon Fotsing, Diane Bouchard Lamothe, Sylvain Boet

## Survey, data collection tool

| 1. Household information |   |
|--------------------------|---|
| 1A                       | <b>Including yourself, how many people live in your household?</b>        |
|                          | Min=1   |
|                          | Max=20  |
| 1B                       | <b>Including yourself, how many people aged 18 or over live with you?</b> |
|                          | Min=1   |
|                          | Max=20  |
| 1C                       | <b>Including yourself, how many children aged 12–17 live with you?</b>    |
|                          | Min=0   |
|                          | Max=20  |
| 1D                       | <b>How many children aged 5–11 live with you?</b>                         |
|                          | Min=0   |
|                          | Max=20  |
| 1E                       | <b>What is your age?</b>  |
|                          | Min=14  |
|                          | Max=121   |
| 1F                       | <b>What is your gender?</b>   |
|                          | Female  |
|                          | Male  |
|                          | I prefer not to answer  |
|                          | Or please specify _____   |
| 1G                       | <b>In which province or territory do you reside?</b>                      |
|                          | Alberta   |
|                          | British Columbia  |
|                          | Prince Edward Island  |
|                          | Manitoba  |
|                          | New Brunswick   |
|                          | Nova Scotia   |
|                          | Nunavut   |
|                          | Ontario   |
|                          | Quebec  |
|                          | Saskatchewan  |



|  |  |
|--|--|
|  | Newfoundland and Labrador  |
|  | Northwest Territories  |
|  | Yukon  |
| 1H   | <p><b>In which category does your total household income, before taxes and deductions, fall for the year ending December 31, 2021?</b></p> <p>Less than \$30,000</p> <p>\$30,000 to less than \$60,000</p> <p>\$60,000 to less than \$90,000</p> <p>\$90,000 to less than \$120,000</p> <p>\$120,000 to less than \$150,000</p> <p>\$150,000 or more</p>   |
| <h2>2. Education</h2>                                      |  |
| 2A   | <p><b>What is the highest certificate, diploma or degree you have obtained?</b></p> <p>Less than a high school diploma or equivalent</p> <p>High school diploma or high school equivalency certificate</p> <p>Trade certificate or diploma</p> <p>College, CEGEP or other non-university certificate or diploma</p> <p>University certificate or diploma below bachelor level</p> <p>Bachelor's degree</p> <p>University certificate, diploma or degree above bachelor level</p> |
| <h2>3. Marital status and family</h2>                      |  |
| 3A   | <p><b>I live:</b></p> <p>Alone</p> <p>As a couple</p> <p>As a family</p>   |
| <h2>4. Sociocultural and sociodemographic information</h2> |  |
| 4A   | <p><b>Are you First Nation, Métis or Inuk (Inuit)?</b></p> <p>Yes, First Nations (North American Indian)</p> <p>Yes, Métis</p> <p>Yes, Inuk (Inuit)</p> <p>No, not First Nation, Métis or Inuk (Inuit)</p>   |
| 4B   | <p><b>Do you consider yourself: (Please select all that apply)</b></p> <p>Arab</p> <p>Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai)</p> <p>West Asian (e.g. Iranian, Afghan)</p> <p>Caucasian</p> <p>Chinese</p> <p>Korean</p> <p>Japanese</p> <p>Latin American</p> <p>African American</p>   |



## SUPPLEMENTAL

|  |  |
|--|--|
|  | Filipino   |
|  | South Asian (e.g. Indian, Pakistani, Sri Lankan) |
|  | Other (with an option to specify)                |

## 5. Immigration and citizenship

|     |   |
|-----|---|
| 5A  | Where were you born?                      |
|     | Born in Canada                            |
| 5B  | Born outside Canada                       |
|     | Are you a Canadian citizen?               |
| 5B  | Yes, a Canadian citizen by birth          |
|     | Yes, a Canadian citizen by naturalization |
|     | No  |
| 5Bi | Are you a permanent resident?             |
|     | Yes                                       |
|     | No  |

## 6. Language

|    |   |
|----|---|
| 6A | What is your mother tongue (first language learned)?                                |
|    | French  |
|    | English   |
|    | French and English  |
|    | Indigenous languages  |
|    | Mandarin  |
|    | Cantonese   |
|    | Punjabi   |
|    | Arabic  |
|    | Or please specify _____   |
| 6B | In which of Canada's official languages do you feel most comfortable communicating? |
|    | French  |
|    | English   |
|    | French and English  |
|    | Neither French nor English  |

## 7. Health

|    |   |      |  |
|----|---|------|--|
| 7A | Have you ever been diagnosed with COVID-19?           |      |  |
|    | No  |      |  |
|    | Yes   | 7Ai  | Have you had any symptoms of COVID-19? |
|    |   |      | No                                     |
|    |   |      | Yes                                    |
|    |   | 7Aii | Were you hospitalized?                 |
|    |   |      | No                                     |
|    |   |      | Yes                                    |
| 7B | Which of the following health conditions do you have? |      |  |
|    | Obesity   |      |  |



|  |  |
|--|--|
|  | Heart and/or vascular disease            |
|  | Diabetes                                 |
|  | Liver disease                            |
|  | Chronic kidney disease                   |
|  | Alzheimer's disease                      |
|  | Immunocompromised or immunosuppressed    |
|  | Chronic lung disease (e.g. asthma, COPD) |
|  | I have none of these health conditions   |

## 8. Vaccination

|       |   |   |  |
|-------|---|---|--|
| 8A    | Have you been vaccinated against COVID-19?  |   |  |
|       | Yes   | 8Ai   | How many doses of the COVID-19 vaccine have you received so far? |
|       |   |   | One dose   |
|       |   |   | Two doses  |
|       |   |   | Three doses  |
|       |   |   | Four doses   |
|       | 8Aii  | How many months has it been since your last dose? |  |
|       |   | Less than 1 month                                 |  |
|       |   | Between 2 and 5 months                            |  |
|       |   | More than 6 months                                |  |
| 8Aiii | What are the main reasons for you having gotten vaccinated? (Please select all that apply)                      |   |  |
|       | Vaccination is mandated by my workplace   |   |  |
|       | Vaccination passport  |   |  |
|       | I want to protect myself against serious illness  |   |  |
|       | Return to normal life   |   |  |
|       | I want to protect others  |   |  |
|       | Leisure (e.g. travel, movies, restaurants, etc.)  |   |  |
|       | Or please specify _____   |   |  |
| 8Aiv  | How likely are you to get vaccinated according to the full-vaccine regimen recommended for you?                 |   |  |
|       | Very likely   | 8Av   | Why?<br>[Text field]   |
|       | Somewhat likely   |   |  |
|       | Unlikely  |   |  |
|       | Very unlikely   |   |  |
| 8Aai  | What are the main reasons for you not having gotten vaccinated against COVID-19? (Please select all that apply) |   |  |
|       | The vaccine is not recommended for me   |   |  |
|       | I do not have the necessary information to make a decision  |   |  |
|       | I know too many people who have had side effects  |   |  |
|       | I'm afraid  |   |  |
|       | I am not at a great risk of contracting COVID-19  |   |  |
|       | If I get COVID-19, I will not be very sick  |   |  |
|       | We do not know the long-term side effects   |   |  |



|   |   |   |   |
|---|---|---|---|
|   |   |   | I don't know who to believe   |
|   |   |   | I don't know how, when or where to get vaccinated   |
|   |   |   | I should be given a choice  |
|   |   |   | There was a problem with the appointment  |
|   |   |   | I didn't have time  |
|   |   |   | I've already had COVID-19   |
|   |   |   | I don't want to get vaccinated at this time   |
|   |   |   | In general, I don't believe in vaccines   |
|   |   |   | The vaccine I want is not available or has not been offered to me                           |
|   |   |   | I don't trust the vaccine offered to me   |
|   |   |   | I don't trust the health system because of a bad experience                                 |
|   |   |   | Cultural, philosophical or religious reasons  |
|   |   |   | I'm pregnant or plan to become pregnant   |
|   |   |   | I'm not sure that vaccines against COVID-19 are effective                                   |
|   |   |   | Or please specify _____   |
|   | 8Aaii   | <b>In the future, how likely are you to get vaccinated according to the full-vaccine regimen recommended for you?</b>             |   |
|   |   | Very likely   | 8Aaiii<br>[Text field]  |
|   |   | Somewhat likely   |   |
|   |   | Unlikely  |   |
|   |   | Very unlikely   |   |
| 8B  | <b>What do you think is the most powerful message to convince or support you in your decision to get (or not get) the COVID-19 vaccine?</b><br>[Text field] |   |   |
| <b>9. Vaccination of children (aged 5–11)</b> |   |   |   |
| 9A  | <b>Have your child(ren) (aged 5–11) been previously vaccinated against other diseases?</b>  |   |   |
|   | Yes   |   |   |
|   | No  |   |   |
|   | I do not have any children aged 5–11  |   |   |
| 9B  | <b>Have your child(ren) (aged 5–11) been vaccinated against COVID-19?</b>   |   |   |
|   | Yes   | 9Bi<br>[Text field]   | <b>How many doses of COVID-19 vaccine have your child(ren) (aged 5–11) received so far?</b> |
|   |   |   | One dose  |
|   |   |   | Two doses   |
|   |   |   | Three doses   |
|   | 9Bii<br>[Text field]  | <b>How many months has it been since their last dose?</b>   |   |
|   |   | Less than 1 month   |   |
|   |   | Between 2 and 5 months  |   |
|   |   | More than 6 months  |   |
|   | 9Biii<br>[Text field]   | <b>How likely is it that you will have your child(ren) vaccinated according to the full-vaccine regimen recommended for them?</b> |   |
|   |   | Very likely   | 9Biv<br>[Text field]  |
|   |   | Somewhat likely   |   |
|   |   |   |   |



|                 |      |   |  |        |                      |  |
|-----------------|------|---|--|--------|----------------------|--|
|                 |      |   | Unlikely   |        |                      |  |
|                 |      |   | Very unlikely  |        |                      |  |
| No (or not all) | 9Bbi | What are the main reasons why you haven't had your child(ren) vaccinated against COVID-19? (Please select all that apply) |  |        |                      |  |
|                 |      | The vaccine is not recommended for them   |  |        |                      |  |
|                 |      | I do not have the necessary information to make a decision  |  |        |                      |  |
|                 |      | I know too many people who have had side effects  |  |        |                      |  |
|                 |      | I'm afraid and/or my child(ren) are afraid  |  |        |                      |  |
|                 |      | My child(ren) are not at great risk of contracting COVID-19   |  |        |                      |  |
|                 |      | If they contract COVID-19, my child(ren) won't be very sick   |  |        |                      |  |
|                 |      | We do not know the long-term side effects of the vaccine that was offered to me for them                                  |  |        |                      |  |
|                 |      | I don't know who to believe   |  |        |                      |  |
|                 |      | I don't know how, when or where to get my child(ren) vaccinated   |  |        |                      |  |
|                 |      | I should be given a choice  |  |        |                      |  |
|                 |      | There was a problem with the appointment  |  |        |                      |  |
|                 |      | I didn't have time  |  |        |                      |  |
|                 |      | They've already had COVID-19  |  |        |                      |  |
|                 |      | I don't want my child(ren) to get vaccinated at this time   |  |        |                      |  |
|                 |      | In general, I don't believe in vaccines   |  |        |                      |  |
|                 |      | The vaccine I want for my child(ren) is not available or has not been offered to me                                       |  |        |                      |  |
|                 |      | I don't trust the vaccine offered to me   |  |        |                      |  |
|                 |      | I don't trust the health system because of a bad experience   |  |        |                      |  |
|                 |      | Cultural, philosophical or religious reasons  |  |        |                      |  |
|                 |      | I'm not sure that vaccines against COVID-19 are effective   |  |        |                      |  |
|                 |      | In general, the risks associated with vaccines are greater than the benefits  |  |        |                      |  |
|                 |      | Or please specify _____   |  |        |                      |  |
|                 |      | 9Bbii   | In the future, how likely are you to have your child(ren) vaccinated according to the full-vaccine regimen recommended for them? |        |                      |  |
|                 |      |   | Very likely  | 9Bbiii | Why?<br>[Text field] |  |
| Somewhat likely |      |   |  |        |                      |  |
| Unlikely        |      |   |  |        |                      |  |
| Very unlikely   |      |   |  |        |                      |  |

## 10. Beliefs

|     |  |
|-----|--|
| 10A | In general, vaccines are safe, despite the risks.          |
|     | Strongly agree   |
|     | Agree  |
|     | Disagree   |
|     | Strongly disagree  |
| 10B | In general, COVID-19 vaccines are safe, despite the risks. |
|     | Strongly agree   |
|     | Agree  |



## SUPPLEMENTAL

|     |   |
|-----|---|
|     | Disagree  |
|     | Strongly disagree   |
| 10C | <b>I distrust COVID-19 vaccines because they were developed too quickly.</b>  |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10D | <b>In general, vaccines are effective in protecting people against disease.</b>   |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10E | <b>By getting the COVID-19 vaccine, I am protecting myself against severe forms of this disease.</b>                          |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10F | <b>Physical distancing, frequent hand washing and wearing a mask are effective methods of slowing the spread of COVID-19.</b> |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10G | <b>Physical distancing, frequent hand washing and wearing a mask are enough to protect me against COVID-19.</b>               |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10H | <b>Only those at risk of becoming seriously ill due to COVID-19 need to be vaccinated.</b>                                    |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10I | <b>By getting vaccinated against COVID-19, I'm helping to protect the health of others in my community.</b>                   |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |
| 10J | <b>I prefer to develop immunity to COVID-19 by catching the disease than through the vaccination.</b>                         |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |



|     |   |
|-----|---|
| 10K | <b>Those who have already had COVID-19 do not need to get vaccinated.</b> |
|     | Strongly agree  |
|     | Agree   |
|     | Disagree  |
|     | Strongly disagree   |

## 11. Access to information

|     |   |
|-----|---|
| 11A | <b>What source(s) do you trust to provide information against COVID-19? (Please select all that apply)</b>                    |
|     | Friends, family members or acquaintances (e.g. neighbours)  |
|     | My physician  |
|     | My pharmacist   |
|     | Other health care professionals (e.g. nurses)   |
|     | Community leaders (e.g. religious figures, school authorities, business leaders, etc.)  |
|     | Politicians   |
|     | Social media  |
|     | Alternative medicine professionals (e.g. naturopaths, homeopaths)   |
|     | Public health authorities   |
|     | Health scientists and researchers   |
|     | World Health Organization (WHO)   |
| 11B | <b>What method(s) do you use to validate information about COVID-19 found on the Internet? (Please select all that apply)</b> |
|     | Confirm with other sources  |
|     | Click on the link to read the full article  |
|     | Check the date of the information   |
|     | Check the number of likes or shares   |
|     | Research the author or source   |
|     | Read the comments or take note of the discussions on the subject  |
|     | Consult friends and family  |
|     | Check the credibility of the URL  |
|     | Or please specify _____   |



## Survey invitation letter and distribution list

Hello [name of Executive Director],

My name is Jennifer Lacroix Harasym. I am a program manager at the Faculty of Medicine at University of Ottawa, within the [Francophone Affairs team](#).

We recently received funding from the Public Health Agency of Canada to conduct a study to better understand the vaccination status of French-speaking minority populations (including French-speaking immigrants), as well as the beliefs of these populations concerning COVID-19 vaccination. The data obtained through this study will be used to develop training programs for health care professionals working in French-speaking minority communities, to better equip them to discuss vaccination with their patients.

This information will be collected via an online survey. To reach as many French speakers as possible, we would be extremely grateful if you could circulate the survey among your networks. This could be done by sharing the survey link in a newsletter, on your website, via email, social media, or other means. Data will be collected until June 30, 2022.

If you agree, please reply to this email, we will then send you the necessary information. Daniel Hubert, Manager of Francophone Affairs at the Faculty of Medicine (copied) and I are available to answer any questions you may have.

Best regards,  
Jennifer

### Provincial and territorial agencies

|    |   |   |                             |
|----|---|---|-----------------------------|
| AB | Association canadienne-française de l'Alberta (ACFA)              | Chairperson: Sheila Risbud<br>Executive Director: Isabelle Laurin         | acfa@acfa.ab.ca             |
| BC | Fédération des francophones de la Colombie-Britannique (FFCB)     | Chairperson: Lily Crist<br>Executive Director: Emmanuelle Corne Bertrand  | ffcb@ffcb.ca                |
| PE | Société acadienne et francophone de l'Île-du-Prince-Édouard       | Chairperson: Edgar Arsenault<br>Executive Director: Isabelle DaSylva-Gill | info@safile.org             |
| NB | Société de la francophonie manitobaine (SFM)                      | Chairperson: Angela Cassie<br>Executive Director: Daniel Boucher          | sfm@sfm.mb.ca               |
| NS | Fédération acadienne de la Nouvelle-Écosse (FANE)                 | Chairperson: Kenneth Deveau<br>Executive Director: Marie-Claude Rioux     | info@federationacadienne.ca |
| NB | Société de l'Acadie du Nouveau-Brunswick (SANB)                   | Chairperson: Alexandre Cedric Doucet<br>Executive Director: Ali Chaisson  | sanb@nb.aibn.com            |
| NU | Association des francophones du Nunavut (AFN)                     | Chairperson: Goump Djalogue<br>Executive Director: Christian Ouaka        | direction@afnunavut.ca      |
| ON | Assemblée de la francophonie de l'Ontario (AFO)                   | Chairperson: Carol Jolin<br>Executive Director: Peter Hominuk             | info@monassemblee.ca        |
| SK | Assemblée communautaire fransaskoise (ACF)                        | Chairperson: Denis Simard<br>Executive Director: Ronald Labrecque         | acf@sasktel.net             |
| NL | Fédération des francophones de Terre-Neuve et du Labrador (FFTNL) | Chairperson: Sophie Thibodeau<br>Executive Director: Gaël Corbneau        | info@fftnl.ca               |
| YT | Association franco-yukonnaise (AFY)                               | Chairperson: Lorraine Taillefer<br>Executive Director: Isabelle Salesse   | afy@afy.yk.ca               |