



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

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

## Survey, data collection tool

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



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



	Filipino		
	South Asian (e.g. Indian, Pakistani, Sri Lankan)		
	Other ( <i>with an option to specify</i> )		
<b>5. Immigration and citizenship</b>			
<b>5A</b>	<b>Where were you born?</b>		
	Born in Canada		
	Born outside Canada		
<b>5B</b>	<b>Are you a Canadian citizen?</b>		
	Yes, a Canadian citizen by birth		
	Yes, a Canadian citizen by naturalization		
	No		
	<b>5Bi</b>	<b>Are you a permanent resident?</b>	
		Yes	
		No	
<b>6. Language</b>			
<b>6A</b>	<b>What is your mother tongue (first language learned)?</b>		
	French		
	English		
	French and English		
	Indigenous languages		
	Mandarin		
	Cantonese		
	Punjabi		
	Arabic		
	Or please specify _____		
<b>6B</b>	<b>In which of Canada's official languages do you feel most comfortable communicating?</b>		
	French		
	English		
	French and English		
	Neither French nor English		
<b>7. Health</b>			
<b>7A</b>	<b>Have you ever been diagnosed with COVID-19?</b>		
	No		
	Yes	<b>7Ai</b>	<b>Have you had any symptoms of COVID-19?</b>
	No		
		Yes	
	<b>7Aii</b>	<b>Were you hospitalized?</b>	
		No	
Yes			
<b>7B</b>	<b>Which of the following health conditions do you have?</b>		
	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		
<b>8. Vaccination</b>			
<b>8A</b>	<b>Have you been vaccinated against COVID-19?</b>		
	Yes	<b>8Ai</b>	<b>How many doses of the COVID-19 vaccine have you received so far?</b>
			One dose
			Two doses
			Three doses
			Four doses
		<b>8Aii</b>	<b>How many months has it been since your last dose?</b>
			Less than 1 month
			Between 2 and 5 months
			More than 6 months
		<b>8Aiii</b>	<b>What are the main reasons for you having gotten vaccinated? (Please select all that apply)</b>
			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 _____
		<b>8Aiv</b>	<b>How likely are you to get vaccinated according to the full-vaccine regimen recommended for you?</b>
			Very likely
Somewhat likely			
Unlikely			
Very unlikely			
No	<b>8Aai</b>	<b>What are the main reasons for you not having gotten vaccinated against COVID-19? (Please select all that apply)</b>	
		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 _____											
		<b>8Aaii</b>	<b>In the future, how likely are you to get vaccinated according to the full-vaccine regimen recommended for you?</b> <table border="1"> <tr> <td>Very likely</td> <td rowspan="4"><b>8Aaiii</b></td> <td><b>Why?</b></td> </tr> <tr> <td>Somewhat likely</td> <td>[Text field]</td> </tr> <tr> <td>Unlikely</td> <td></td> </tr> <tr> <td>Very unlikely</td> <td></td> </tr> </table>			Very likely	<b>8Aaiii</b>	<b>Why?</b>	Somewhat likely	[Text field]	Unlikely		Very unlikely	
Very likely	<b>8Aaiii</b>	<b>Why?</b>												
Somewhat likely		[Text field]												
Unlikely														
Very unlikely														
<b>8B</b>	<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> [Text field]													
<b>9. Vaccination of children (aged 5–11)</b>														
<b>9A</b>	<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													
<b>9B</b>	<b>Have your child(ren) (aged 5–11) been vaccinated against COVID-19?</b> Yes													
		<b>9Bi</b>	<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											
		<b>9Bii</b>	<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											
		<b>9Biii</b>	<b>How likely is it that you will have your child(ren) vaccinated according to the full-vaccine regimen recommended for them?</b> <table border="1"> <tr> <td>Very likely</td> <td rowspan="2"><b>9Biv</b></td> <td><b>Why?</b></td> </tr> <tr> <td>Somewhat likely</td> <td>[Text field]</td> </tr> </table>			Very likely	<b>9Biv</b>	<b>Why?</b>	Somewhat likely	[Text field]				
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Somewhat likely		[Text field]												



			Unlikely			
			Very unlikely			
No (or not all)	9Bbi	<b>What are the main reasons why you haven't had your child(ren) vaccinated against COVID-19? (Please select all that apply)</b>				
		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	<b>In the future, how likely are you to have your child(ren) vaccinated according to the full-vaccine regimen recommended for them?</b>			
			Very likely	9Bbiii	<b>Why?</b>	
			Somewhat likely		[Text field]	
			Unlikely			
			Very unlikely			

  

<b>10. Beliefs</b>	
<b>10A</b>	<b>In general, vaccines are safe, despite the risks.</b>
	Strongly agree
	Agree
	Disagree
	Strongly disagree
<b>10B</b>	<b>In general, COVID-19 vaccines are safe, despite the risks.</b>
	Strongly agree
	Agree



	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
<b>11. Access to information</b>	
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)
	Pharmaceutical companies
	Or please specify _____
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 Executive Director: Isabelle Laurin	acfa@acfa.ab.ca
BC	Fédération des francophones de la Colombie-Britannique (FFCB)	Chairperson: Lily Crist Executive Director: Emmanuelle Corne Bertrand	ffcb@ffcb.ca
PE	Société acadienne et francophone de l'Île-du-Prince-Édouard	Chairperson: Edgar Arsenault Executive Director: Isabelle DaSylva-Gill	info@safle.org
NB	Société de la francophonie manitobaine (SFM)	Chairperson: Angela Cassie Executive Director: Daniel Boucher	sfm@sfm.mb.ca
NS	Fédération acadienne de la Nouvelle-Écosse (FANE)	Chairperson: Kenneth Deveau Executive Director: Marie-Claude Rioux	info@federationacadienne.ca
NB	Société de l'Acadie du Nouveau-Brunswick (SANB)	Chairperson: Alexandre Cedric Doucet Executive Director: Ali Chaisson	sanb@nb.aibn.com
NU	Association des francophones du Nunavut (AFN)	Chairperson: Goump Djalogue Executive Director: Christian Ouaka	direction@afnunavut.ca
ON	Assemblée de la francophonie de l'Ontario (AFO)	Chairperson: Carol Jolin Executive Director: Peter Hominuk	info@monassemblee.ca
SK	Assemblée communautaire fransaskoise (ACF)	Chairperson: Denis Simard Executive Director: Ronald Labrecque	acf@sasktel.net
NL	Fédération des francophones de Terre-Neuve et du Labrador (FFTNL)	Chairperson: Sophie Thibodeau Executive Director: Gaël Corbiveau	info@fftnl.ca
YT	Association franco-yukonnaise (AFY)	Chairperson: Lorraine Taillefer Executive Director: Isabelle Salesse	afy@afy.yk.ca