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

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# 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. H	ousehold 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



N Y	Newfoundland and Labrador
Y 1H Ir	
1H Ir	Northwest Territories
	/ukon
	n which category does your total household income, before taxes and deductions, fall for the year ending December 31, 2021?
	Less than \$30,000
	530,000 to less than \$60,000
	560,000 to less than \$90,000
	590,000 to less than \$120,000
\$	5120,000 to less than \$150,000
\$	\$150,000 or more
2. Educ	ation
2A V	What is the highest certificate, diploma or degree you have obtained?
L	ess than a high school diploma or equivalent
H	High school diploma or high school equivalency certificate
Т	Trade certificate or diploma
C	College, CEGEP or other non-university certificate or diploma
U	Jniversity certificate or diploma below bachelor level
В	Bachelor's degree
U	Jniversity certificate, diploma or degree above bachelor level
3. Marit	tal status and family
3A I	live:
Δ	Alone
Δ	As a couple
А	As a family
4. Socio	ocultural and sociodemographic information
	Are you First Nation, Métis or Inuk (Inuit)?
4A A	res, First Nations (North American Indian)
Y	es, Métis
Y	Yes, Métis Yes, Inuk (Inuit)
Y	
Y Y Y	es, Inuk (Inuit)
Y Y Y N 4B	Ves, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)
Y Y Y N 4B D	Ves, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)  Do you consider yourself: (Please select all that apply)
Y Y Y Y N A B D A S	Yes, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit) Oo you consider yourself: (Please select all that apply) Arab
4B C A	Yes, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)  Do you consider yourself: (Please select all that apply)  Arab  Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai)
4B	Ves, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)  Do you consider yourself: (Please select all that apply)  Arab  Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai)  West Asian (e.g. Iranian, Afghan)
4B	Ves, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)  Do you consider yourself: (Please select all that apply)  Arab Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai)  West Asian (e.g. Iranian, Afghan)  Caucasian
4B	Ves, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)  Do you consider yourself: (Please select all that apply)  Arab  Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai)  West Asian (e.g. Iranian, Afghan)  Caucasian  Chinese
Y Y Y N N AB C AB AB C C C C K J	Ves, Inuk (Inuit) No, not First Nation, Métis or Inuk (Inuit)  Do you consider yourself: (Please select all that apply)  Arab Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai)  West Asian (e.g. Iranian, Afghan)  Caucasian  Chinese  Korean



	Filipino					
	South Asian (e.g. Indian, Pakistani, Sri Lankan)					
	Other (with an option to specify)					
5. lmr	5. Immigration and citizenship					
5A	Where were you born?					
	Born in Canada					
	Born outside Canada					
5B	Are you a Canadian citizen?					
	Yes, a Canadian citizen by birt					
	Yes, a Canadian citizen by nat	uralization				
	No			5Bi	Are you a permanent resident?	
					Yes	
					No	
6. Lar	nguage					
6A	What is your mother tongue	(first lang	uage 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. He	Health					
7A	Have you ever been diagnosed with COVID-19?					
	No					
	Yes	7Ai	Have you had any symptor	ns of C	OVID-19?	
			No			
			Yes			
		7Aii	Were you hospitalized?			
			No			
			Yes			
7B	Which of the following healt	h conditio	ns 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. Va	ccination						
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 s	ince your la	st dose?		
			Less than 1 month				
			Between 2 and 5 months				
			More than 6 months				
		8Aiii	What are the main reasons for y select all that apply)	ou having g	otten vaccinated? (Please		
			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?		
			Somewhat likely		[Text field]		
			Unlikely				
			Very unlikely				
	No	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 ve	ry sick			
			We do not know the long-term si	de effects			



			I don't know who to believe			
			I don't know how, when or where	to get vaccin	nated	
			I should be given a choice			
			There was a problem with the app	ointment		
			I didn't have time			
			I've already had COVID-19			
			I don't want to get vaccinated at t	his time		
			In general, I don't believe in vaccir			
			The vaccine I want is not available	or has not b	een offered to me	
			I don't trust the vaccine offered to	me		
			I don't trust the health system bed	ause of a ba	d experience	
			Cultural, philosophical or religious	reasons		
			I'm pregnant or plan to become p			
			I'm not sure that vaccines against	COVID-19 ar	re effective	
			Or please specify			
		8Aaii	In the future, how likely are you full-vaccine regimen recommend		nated according to the	
			Very likely	8Aaiii	Why?	
			Somewhat likely		[Text field]	
			Unlikely			
			Very unlikely			
8B	What do you think is the me get) the COVID-19 vaccine?		ul message to convince or support y	you in your o	decision to get (or not	
	[Text field]					
9. V	accination of children	(aged 5	5–11)			
9A	Have your child(ren) (aged !	5–11) been	previously vaccinated against othe	r diseases?		
	Yes					
	No					
	I do not have any children ag	ged 5–11				
9B	Have your child(ren) (aged	5–11) been	vaccinated against COVID-19?			
	Yes	9Bi	How many doses of COVID-19 va 11) received so far?	accine have	your child(ren) (aged 5–	
			One dose			
			Two doses			
			Three doses			
		9Bii	How many months has it been si	nce their las	t dose?	
			Less than 1 month			
			Between 2 and 5 months			
			More than 6 months			
		9Biii	How likely is it that you will have to the full-vaccine regimen recon			
			Very likely	9Biv	Why?	
			Somewhat likely		[Text field]	



			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 to	or 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 chil	d(ren) won't	be very sick	
			We do not know the long-term sid	e effects of	the vaccine that was	
			I don't know who to believe			
			I don't know how, when or where	to get my ch	nild(ren) vaccinated	
			I should be given a choice			
			There was a problem with the app	ointment		
			I didn't have time			
			They've already had COVID-19			
			I don't want my child(ren) to get va	accinated 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 a	re effective	
			In general, the risks associated with vaccines are greater than the benefits			
			Or please specify			
		9Bbii	In the future, how likely are you according to the full-vaccine regi			
			Very likely	9Bbiii	Why?	
			Somewhat likely		[Text field]	
			Unlikely			
			Very unlikely			
10. B	eliefs					
10A	In general, vaccines are safe	, despite t	he risks.			
	Strongly agree					
	Agree					
	Disagree					
	Strongly disagree					
10B	In general, COVID-19 vaccir	es are safe	e, despite the risks.			
	Strongly agree					
	Agree					

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



10K	Those who have already had COVID-19 do not need to get vaccinated.				
	Strongly agree				
	Agree				
	Disagree				
	Strongly disagree				
11. A	access to information				
11A	What source(s) do you trust to provide information against COVID-19? (Please select all that apply)				
	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	What method(s) do you use to validate information about COVID-19 found on the Internet? (Please select all that apply)				
	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

АВ	Association canadienne-	Chairperson: Sheila Risbud	acfa@acfa.ab.ca	
Ab	française de l'Alberta (ACFA)	Executive Director: Isabelle Laurin	acia@acia.ab.ca	
	Fédération des francophones	Chairperson: Lily Crist		
ВС	de la Colombie-Britannique (FFCB)	Executive Director: Emmanuelle Corne Bertrand	ffcb@ffcb.ca	
DE .	Société acadienne et	Chairperson: Edgar Arsenault		
PE	francophone de l'Île-du-Prince- Édouard	Executive Director: Isabelle DaSylva-Gill	info@safile.org	
NB	Société de la francophonie	Chairperson: Angela Cassie	sfm@sfm.mb.ca	
IND	manitobaine (SFM)	Executive Director: Daniel Boucher	SimeSim.mb.ca	
NS	Fédération acadienne de la	Chairperson: Kenneth Deveau	info@federationacadienne.ca	
INS	Nouvelle-Écosse (FANE)	Executive Director: Marie-Claude Rioux	inio@rederationacadienne.ca	
NB	Société de l'Acadie du	Chairperson: Alexandre Cedric Doucet	sanb@nb.aibn.com	
IND	Nouveau-Brunswick (SANB)	Executive Director: Ali Chaisson	Sanbenb.albn.com	
NU	Association des francophones	Chairperson: Goump Djalogue	direction@afnunavut.ca	
INO	du Nunavut (AFN)	Executive Director: Christian Ouaka	direction@amunavut.ca	
ON	Assemblée de la francophonie	Chairperson: Carol Jolin	info@monassemblee.ca	
ON	de l'Ontario (AFO)	Executive Director: Peter Hominuk	imo@monassemblee.ca	
SK	Assemblée communautaire	Chairperson: Denis Simard	acf@sasktel.net	
3IX	fransaskoise (ACF)	Executive Director: Ronald Labrecque	aciwsaskiei.nei	
	Fédération des francophones	Chairperson: Sophie Thibodeau		
NL	de Terre-Neuve et du Labrador (FFTNL)	Executive Director: Gaël Corbineau	info@fftnl.ca	
YT	Association franco-yukonnaise	Chairperson: Lorraine Taillefer	afy@afy.yk.ca	
	(AFY)	Executive Director: Isabelle Salesse	arywary.yk.ca	