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Exploring the Impact of the National Influenza Immunization Campaign

Final Report

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Ce sommaire est aussi disponible en français.

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Introduction

Corporate Research Associates, Inc. (CRA) is pleased to present the results of the study, **Exploring the Impact of the National Influenza Immunization Campaign**, conducted on behalf of the Public Health Agency of Canada.

In 2006, the National Influenza Campaign was developed with support from the Public Health Agency of Canada (PHAC), in collaboration with the Canadian Coalition for Immunization Awareness & Promotion (CCIAP). Evaluation of the campaign, in the form of feedback concerning the Influenza Immunization Awareness Kits, was deemed important. Thus, so as to understand the impact of the influenza kits, the present research was conducted.

The purpose of this research was to better understand the levels of knowledge about influenza among pharmacists and public health officials who received the original influenza immunization kit. More specifically, objectives of this study included:

- To determine the awareness and knowledge levels of the National Advisory Committee on Immunization's (NACI) recommendation for influenza relating to immunization issues among the survey population;
- To determine the target audience's attitudes towards Government of Canada immunization communications to date;
- To determine use and regional or local dissemination of the promotional and educational tools provided to front line providers;
- To ascertain if the information kit was viewed as a relevant, useful and credible source of information on immunization;
- To gather information on expectations of the role of Public Health Agency of Canada; and
- To determine barriers to understanding or applying the knowledge provided by the information kits.

To achieve these objectives, quantitative interviews were conducted with 800 pharmacists and 142 public health care providers from March 7, 2007 to May 7, 2007. The results from a sample of 800 pharmacists would be expected to provide results accurate to within plus or minus 3.3 percentage points, 19 times out of 20. A sample of 142 public health care providers would be expected to provide results accurate to within plus or minus 6.7 percentage points, 19 times out of 20. In addition, a total of 14 in-depth qualitative interviews were conducted (9 with public health officials and 5 with pharmacists) over the telephone, each lasting an average of 30 minutes.

Appended are copies of the survey questionnaire (Appendix A), tabular results (Appendix B), the recruitment screener (Appendix C), and the qualitative interview protocol (Appendix D). The banner tables break out the results according to region, recall, and usefulness of the information kit. It should be noted that due to sample restrictions, subgroup analysis of data specific to public health offices is not possible. A more complete description of the study's methodology is provided at the end of this report.

Executive Summary

The **Exploring the Impact of the National Influenza Immunization Campaign** study reveals pharmacists and public health care providers are actively involved in educating clients concerning influenza. Public health care providers are more consistent than are pharmacists in terms of their delivery of influenza information, with most such providers *always* relaying either verbal or other information to high-risk clients recommending the flu shot. In contrast, only a minority of pharmacists consistently recommends the flu shot to high-risk clients.

Recall of the National Influenza Immunization Kit is slightly higher among public health care providers than among pharmacists, although it is strong across both groups. Pharmacists are also less clear in terms of the source of the kit. Indeed, many pharmacists are unable to provide a response concerning the source of the sponsorship and distribution of these kits. Further, public health care providers are also more likely to confirm receipt of additional influenza information materials. The source of this additional information tends to be provider specific, with many public health care providers citing their provincial or territorial governments, and many pharmacists identifying other pharmacies or pharmacists.

Many pharmacists and public health care providers consider the kit to be useful in conveying information to clients. In fact, the majority indicates the information kit is provided to front line health workers. Overall, the kit is considered to be easy to understand, contains just the right amount of information, and serves to at least somewhat increase influenza awareness. In terms of the various components of the kit, the Quick Facts section receives the highest satisfaction rating. In contrast, the telephone consultation script receives a somewhat lower level of satisfaction, with most pharmacists and public health care providers indicating moderate satisfaction with this component. In addition, qualitative findings suggest the importance of the poster and the stickers in helping health care practitioners communicate with their target audiences. Public health care providers also use information found in the kit as part of their own internal communications.

Finally, influenza clinics are far more common in public health offices than in pharmacies, with no change in this pattern expected before or during the next flu season. Methods used to publicize such clinics tend to be specific to the type of organization. Many pharmacies utilize signs in the store to notify the public of an upcoming clinic, while public health offices primarily utilize newspaper and radio advertisements. It is encouraging to note that many pharmacies and public health offices made use of materials in the information kit to promote their clinics.

Résumé

L'étude sur l'Exploration de l'incidence de la campagne nationale pour l'immunisation contre la grippe révèle que les pharmaciens et les fournisseurs de soins de santé publique prennent des mesures concrètes pour sensibiliser leur clientèle à la grippe. Les fournisseurs de soins de santé sont plus constants que sont les pharmaciens en ce qui a trait à la communication d'information au sujet de la grippe : la plupart d'entre eux transmettent toujours des renseignements, à l'oral ou autrement, à leurs clients à risque élevé pour les inciter à se faire vacciner contre la grippe. En revanche, seulement une minorité des pharmaciens recommandent de façon constante à leurs clients à risque élevé de se faire vacciner contre la grippe.

Les fournisseurs de soins de santé publique sont légèrement plus nombreux que les pharmaciens à se rappeler de la trousse nationale sur l'immunisation contre la grippe, quoique, en général, les deux groupes s'en souviennent bien. Les pharmaciens sont également moins certains de l'origine de la trousse. En effet, de nombreux pharmaciens n'en connaissent ni le commanditaire ni le distributeur de ces trousses. Par ailleurs, les fournisseurs de soins de santé publique sont plus nombreux à confirmer avoir reçu de la documentation supplémentaire au sujet de la grippe. La source de cette documentation supplémentaire a tendance à différer selon les groupes : de nombreux fournisseurs de soins de santé publique indiquent que c'est leur gouvernement provincial ou territorial qui leur a fourni la documentation, tandis que de nombreux pharmaciens disent l'avoir reçue d'autres pharmacies ou pharmaciens.

Bon nombre des pharmaciens et des fournisseurs de soins de santé publique considèrent la trousse utile pour transmettre des renseignements à leurs clients. En fait, la majorité d'entre eux indiquent avoir remis la trousse d'information aux travailleurs de la santé qui sont en contact avec le public. Globalement, on considère que la trousse est facile à comprendre, qu'elle contient la quantité idéale d'information et qu'elle sert, au moins dans une certaine mesure, à sensibiliser les gens à la grippe. En ce qui concerne les diverses composantes de la trousse, la section « Faits en bref » a obtenu la meilleure cote de satisfaction. Au contraire, le scénario de consultation téléphonique a été moins bien coté : la plupart des pharmaciens et des fournisseurs de soins de santé publique se sont dits moyennement satisfaits de cette composante. Par ailleurs, les résultats qualitatifs laissent entendre que l'affiche et les autocollants sont importants comme outils pour permettre aux professionnels de la santé de communiquer avec leurs auditoires cibles. Les fournisseurs de soins de santé publique utilisent aussi l'information de la trousse dans le cadre de leurs communications internes.

Finalement, les séances de vaccination contre la grippe sont beaucoup plus courantes dans les bureaux de la santé publique que dans les pharmacies et l'on ne prévoit aucun changement à cet égard ni avant ni pendant la prochaine saison de la grippe. Les méthodes utilisées pour faire la promotion de ces séances ont tendance à varier selon le type d'organisation. Bon nombre des pharmacies ont recours à l'affichage de pancartes dans la pharmacie pour informer le public d'une séance à venir, tandis que les bureaux de la santé publique se servent souvent d'annonces dans les journaux et à la radio. Il est encourageant de constater que de nombreuses pharmacies et de nombreux bureaux de la santé publique ont utilisé le matériel contenu dans la trousse d'information

pour faire la promotion de leurs séances de vaccination.

Conclusions

The following conclusions are drawn from the findings of this study:

Quantitative Phase

- ***While both pharmacists and public health care providers identify various high-risk groups for influenza, public health care providers are far more likely to always recommend the flu shot to high-risk clients.***

  Pharmacists and public health care providers identify seniors, small children, and those with chronic conditions, as high-risk groups for influenza. A small number of both pharmacists and health care providers also place those in the health care sector in the high-risk category.

  In terms of communicating with clients who could be considered high risk for the flu, public health care providers are more consistent in their delivery of influenza information. Most of these providers *always* provide either verbal or other information to high-risk clients recommending the flu shot. Conversely, only a minority of pharmacists always recommends flu shots to high-risk clients. This finding is noteworthy, given the fact that the pharmacists' information kit contains stickers for prescription bottles recommending the flu shot. Almost one-in-two pharmacists indeed indicate they *rarely or never* use these stickers.

- ***Aided Recall of the information kit is somewhat higher among public health officials than among pharmacists, although recall is strong across both groups.***

  Aided recall of the National Influenza Immunization Kit is modestly higher among public health care providers than among pharmacists, although recall is strong across both groups. Pharmacists are also less clear concerning the source of the kit. In fact, almost one-half of pharmacists are unable to provide a response concerning who is responsible for the sponsorship and distribution of these kits.

  Many public health care providers, and to a lesser extent pharmacists, indicate that additional influenza information materials have subsequently been received from other sources. Public health care providers are more likely to cite their provincial or territorial governments as the source of additional information, while many pharmacists identify other pharmacies or pharmacists.

- ***The influenza information kit was deemed to be useful by many, with the highest level of satisfaction reserved for the Quick Facts section.***

  Among those who recalled receiving the influenza information kit, many pharmacists and public health care providers consider the kit to be *useful or very useful* in conveying information to clients. Moreover, the majority indicates that the information kit is provided to *all* front line workers. Overall, the kit is easy to understand, contains the right amount of information, and serves to at least somewhat increase influenza awareness.

  In terms of the various components of the kit, the Quick Facts section receives the highest satisfaction rating. Pharmacists are also very satisfied with the listing of drugs that suggest high-risk status. The telephone consultation script, however, generated a somewhat lower level of satisfaction, with most pharmacists indicating moderate satisfaction with this component.

- ***Among pharmacists, satisfaction with the listing of drugs that suggest high-risk status is the strongest driver of opinion vis-à-vis the influenza information kit.***

  Regression analysis identified four variables as significant drivers of pharmacists' opinion concerning the usefulness of the influenza information kit. Satisfaction with the listing of drugs that suggest high-risk status is the strongest driver of opinion with the information kit overall. Pharmacists who frequently make use of the prescription bottle stickers were more likely to find the information kit useful, as were those who indicate increased influenza awareness as a result of receiving the kit. Satisfaction with the Quick Facts about influenza section is also associated with perceived usefulness of the information kit.

- ***Public health offices are almost three times as likely as pharmacies to conduct influenza clinics.***

  Influenza clinics are far more common in public health offices as compared with pharmacies. Specifically, approximately nine in ten public health offices conducted an influenza clinic in the past six months, compared with three in ten pharmacies. A similar pattern of clinics can be expected before or during the next flu season. Receipt of the kit appears to influence the decision to conduct flu clinics in pharmacies, with a significantly higher proportion of those who recall the kit indicating clinics have been conducted and future plans are in place.

  Methods used to publicize these clinics tend to be specific to the sort of organization. Pharmacies use signs in the store to notify the public of an upcoming clinic, while public health offices primarily use newspaper and radio advertisements. It is encouraging to note that one-half of pharmacies and almost seven in ten public health offices made use of the materials in the information kit to promote their clinics.

Qualitative Phase

- ***Most frequently used and trusted sources of information for PHOs are NACI, PHAC and CCIAP, while pharmacists primarily rely on the Canadian Pharmacist Association, vaccine manufacturers, government in general, and the pharmacy's head office.***

  In general, public health officers (PHO) relied on a variety of sources of influenza immunization information, primarily the National Advisory Committee on Immunization (NACI), The Public Health Agency of Canada (PHAC), the Canadian Coalition for Immunization Awareness & Promotion (CCIAP) and provincial health departments. Pharmacists sought information from the Canadian Pharmacist Association, vaccine manufacturers, government in general, and the pharmacy's head offices. Across both groups, government remains the most trusted source of information. Materials received or requested are often used by health officials to engage the public in influenza immunization.

- ***Although the kit is deemed a useful tool for health care practitioners to further the public's education on the need for influenza immunization, the dissemination of materials is not systematic.***

  The material included in the kit was considered most useful to help open up the discussion about influenza immunization between health care practitioners and their patients. PHOs appreciated having access to materials that is already 'packaged' in such a way that it can be immediately used by physicians and other health care practitioners they serve. Similarly, pharmacists liked the inclusion of materials that can easily be provided to patients, helping them recall any discussion with the pharmacist. However, there does not appear to be a systematic distribution of the kit within pharmacies and public health offices. Rather, the individual who receives the kit decided how it would or would not be used within a specific office, suggesting the importance to address the material to those in charge. Interviewees who were directly involved in an influenza immunization clinic primarily used the posters to help them with the organization of this event.

- ***Participants believed the kit to be clear, well laid out and easy to use, and they pointed out very few areas for improvement.***

  For the most part, the kit is perceived as comprehensive, clear and well laid out which contributes to making it easy to use. Interviewees noted the simplicity of presentation and the compact size, with elements formatted in such a way to be easily photocopied. The kit's visual appeal, particularly as it pertains to the poster, was also noted. Many also appreciated the components that dispelled myths about the influenza shot. Few weaknesses were identified, with just a few mentions pertaining to the inability to tailor the poster or add information, incomplete information (e.g. dispelling myths promoted in the media; identifying the variety of flu strains; explaining the potential severity of the flu), limited access to online material, and a lack of instructions concerning how to best use this resource.

A few additional recommendations for improvement each provided by one or two participants included:

- Include stickers that could be used to reward children for vaccination; stickers for patients' chart to indicate vaccination status; and stickers to put on pharmacy prescription bags
- Translate the kit's information into Aboriginal languages
- Include more 'myth-busting' information to address misperceptions resulting from erroneous publicity
- Increase advertising on television on the importance of influenza immunization
- Make a template of documents available online for offices to use their own logo or print their own information (e.g. scheduling of clinics)
- Send out the kit earlier in the year (e.g. August/September)
- Provide information on Tylenol or antipyretic dosing for patients who self-medicate

- ***The most useful parts of the kit were stated to be the poster, stickers and the Quick Facts document. A hard copy of the kit is preferred.***

The format of the kit is deemed appropriate for use by health care professionals as a reference tool, and to photocopy select information for dissemination to practitioners or patients. For this reason, and considering practitioners' busy schedule, receiving a hard copy of the kit is preferred. A few PHOs did, however, suggest having materials available online allowing them to 'cut and paste' relevant information for their own internal communication. Distributing the kit exclusively on the Internet or via e-mail was considered problematic for northern or remote communities, and for chain pharmacies with limited Internet access.

In discussing each component of the kit, interviewees expressed higher recall of the poster, the stickers and the Quick Facts about influenza section. It is therefore not surprising that they deem this material most relevant and useful. Suggestions were made by PHOs to include stickers they can use on patients' charts to indicate vaccination, or other stickers they can distribute to children as a reward for getting the flu shot.

- ***Participants are satisfied with the work done by the Government of Canada and the Public Health Agency of Canada in handling influenza.***

Both public health care providers and pharmacists are satisfied with the public education initiatives undertaken in recent years by the Government of Canada. PHOs explain their positive assessment on the perceived increase in awareness of influenza immunization and a noted increase in the number of individuals getting the flu shot every year. Of note, many interviewees had limited knowledge of the role played by the Public Health Agency of Canada.

Areas for Future Consideration

Based on the results and conclusions drawn from this study, the following areas for consideration are presented to the Public Health Agency of Canada:

1. **Encourage pharmacists to streamline communication with high-risk clients.**

   As health care professionals, pharmacists play an important role in the delivery of influenza information not only to high-risk clients, but overall to the general public as well. On a daily basis, pharmacists come into contact with members of the public seeking to fill prescriptions or enquiring about over-the-counter medications. Each encounter provides pharmacists with an opportunity to discuss the benefits of receiving the flu shot. The research indicates that these health care professionals are not wholly consistent in their delivery of influenza information to potentially high-risk clients. As such, pharmacists should be encouraged to streamline communication with these clients.

2. **Pharmacies and public health offices should be encouraged to work together to promote and facilitate influenza clinics.**

   While it is the mandate of public health care offices to educate the public about health promotion and disease prevention, pharmacists also play an important role in patient health. Most pharmacists practice in community settings and come into contact with the general public on a daily basis. As such, they have a significant opportunity to promote influenza clinics. In combination, pharmacists' access to the public, together with public health care providers' expertise, could serve to improve the level of information delivered to high-risk and other clients.

3. **To promote wider use of the information kit, modification and process recommendations from participants should be considered.**

   Pharmacists and public health offices describe the information kit as useful when conveying information to clients. In-depth interviews with providers, however, yielded several important recommendations for improving the kit. For example, firstly, interviewees suggest an earlier mail-out of the kit allowing for preparation of internal communications. Secondly, many recommend the inclusion of a template for the posters and other materials. These templates could be adapted to suit individual needs. Thirdly, interviewees strongly suggest having the materials translated into Aboriginal languages to ease explanation with some communities.

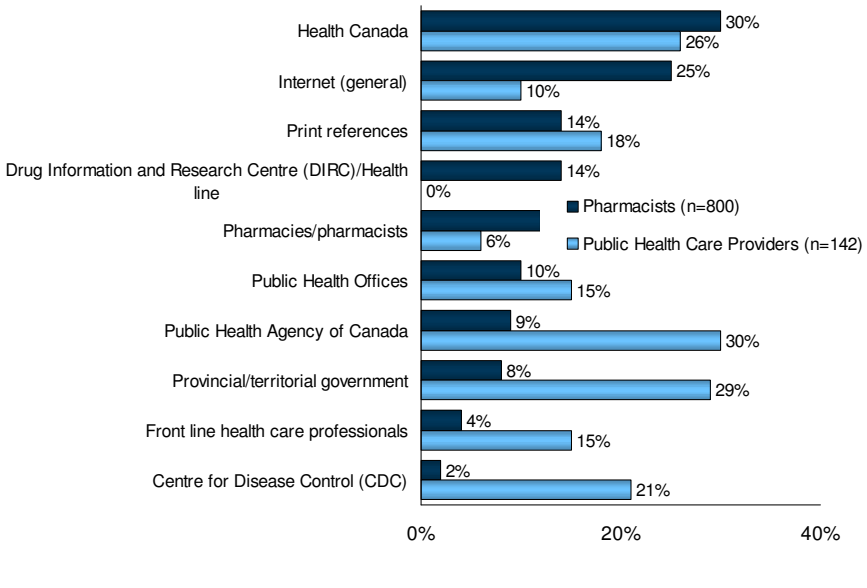
Detailed Analysis – Quantitative Phase

Awareness and Familiarity

While both pharmacists and public health care providers identify various high-risk groups for influenza, public health care providers are far more likely to always recommend the flu shot to high-risk clients.

Public health care providers and pharmacists are able to provide many and varied suggestions regarding the sources or organizations they would turn to when seeking information about influenza. Approximately three-in-ten public health care providers offer the PHAC (30%), the provincial or territorial government (29%), and Health Canada (26%) as key sources. (Table 3)

Sources for Information about Influenza/Related Topics
(Key Mentions)

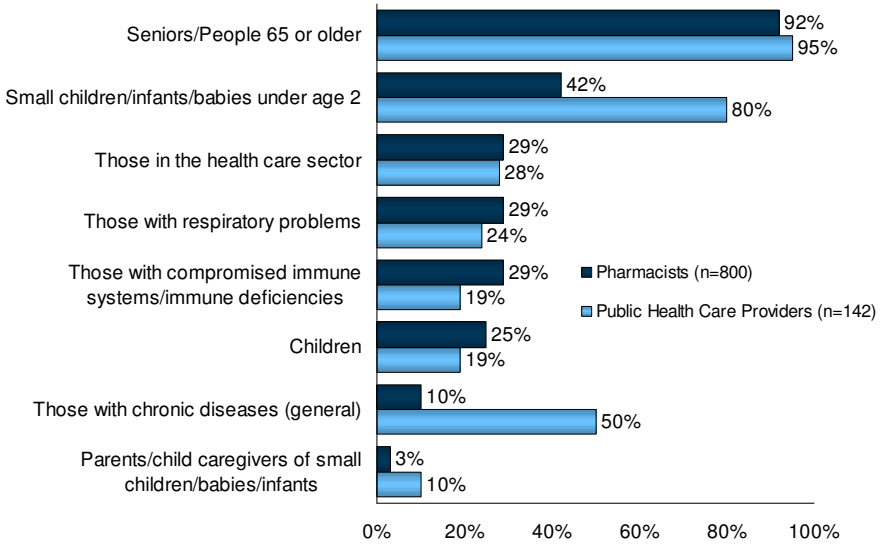


Q.3

Pharmacists suggest they would also rely on Health Canada for information on influenza and related topics. One-quarter of this group would search for information on the Internet. In Ontario, pharmacists are more likely than those in other regions to suggest the Drug Information and Research Centre (30%) as a reliable source of influenza information. (Table 3)

Pharmacists as well as public health care providers are knowledgeable about which members of the population are in the high-risk group for influenza. The top unaided responses include seniors, small children, and those with chronic conditions. Approximately three in ten pharmacists (29%) and public health care providers (28%), however, suggest those in the health care sector are also at high risk. (Table 6)

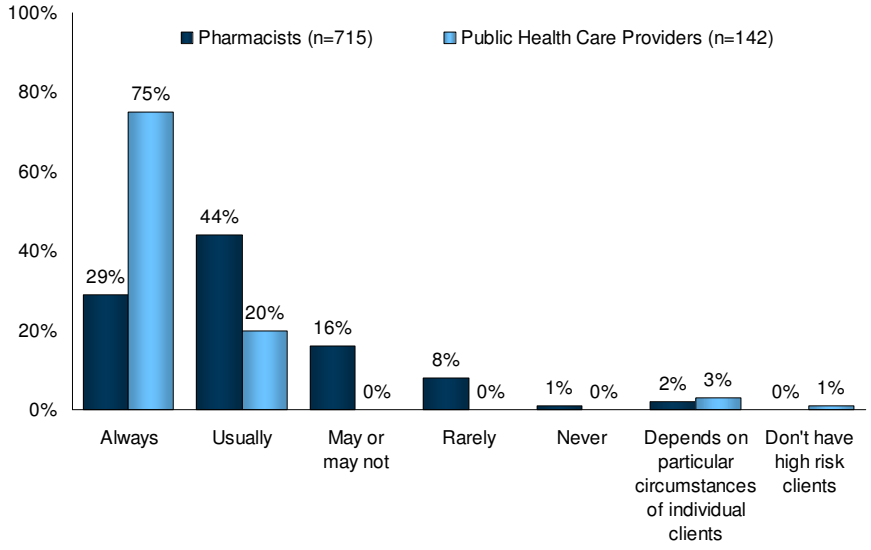
Perceived High-Risk Groups for Influenza
(Key Mentions)



Q.6

In terms of communicating with clients that could be termed higher risk for the flu, three-quarters of public health care providers *always* provide verbal or other information recommending the flu shot. A further 20 percent indicate that they *usually* provide this information to high-risk clients. In comparison, less than three in ten pharmacists (29%) indicate that they *always* provide such information to high-risk clients. Indeed, approximately one in ten pharmacists (9%) state that they *rarely or never* provide verbal or other information to high-risk clients. (Table 7)

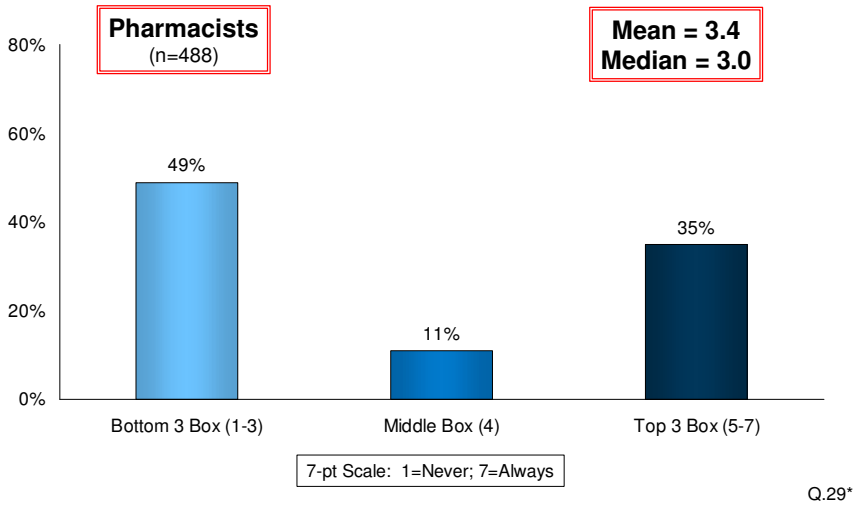
Provide Verbal/Other Information Recommending Flu Shot



Q.7

The information kit provided to pharmacists also contained stickers designed to be placed on prescription bottles. The stickers recommend that high-risk patients get the flu shot. About five in ten pharmacists (49%) indicate they *never or rarely* use these stickers. Regionally, pharmacists in Atlantic Canada and Ontario are more likely than those in other regions *to usually or always* use the stickers provided in the kit (both at 42%). (Table 29)

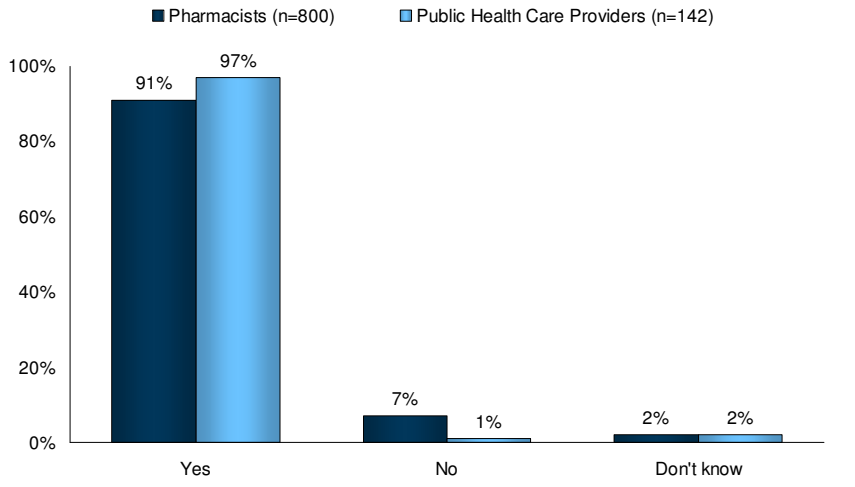
Use of Stickers in the National Influenza Immunization Kit to Recommend Flu Shot to High-Risk Patients
(Among Those Recalling Kit)



Q.29*

Pharmacists as well as public health care providers provide an unequivocal response in terms of the Public Health Agency of Canada having a responsibility to inform Canadians regarding the spread of influenza. Over nine in ten pharmacists (91%) and virtually all public health care providers (97%) believe the PHAC should be responsible for providing such information to the general public. (Table 38)

Public Health Agency of Canada Should be Responsible for Informing Canadians About Preventing the Spread of Influenza



Q.38

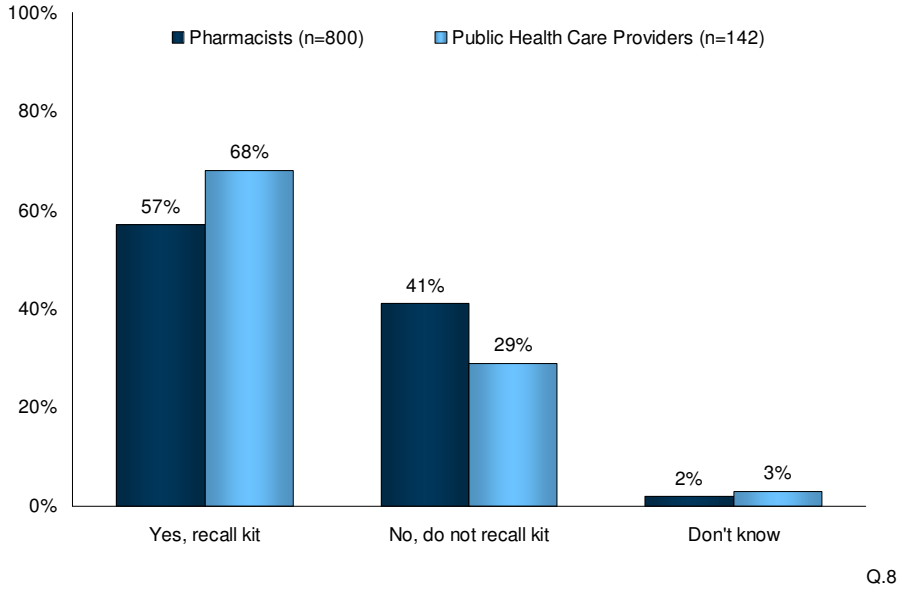
Information Kit Aided Recall

Aided recall of the information kit is somewhat higher among public health care providers than among pharmacists, although recall is strong across both groups.

In 2006, materials were developed to support a National Influenza Immunization Campaign. A central feature of this campaign was a kit that was distributed in the autumn of 2006 to pharmacies and public health offices. The pharmacist kit included medication stickers warning high-risk customers to get a flu shot, as well as a pocket guide, a poster, and a bag stuffer. The public health offices received campaign posters and other promotional and educational material.

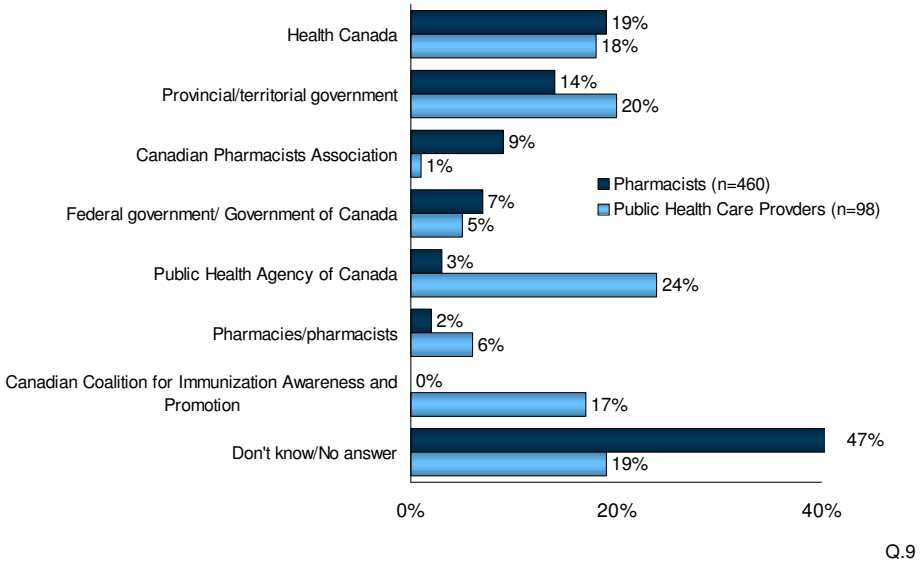
Over one-half of all pharmacists (57%) recall receiving the kit associated with the National Influenza Immunization Campaign, while almost seven in ten public health care providers (68%) recall the kit. Regionally, pharmacists in the Atlantic region (72%) are more likely to recall receiving the information kit, while those in Ontario (49%) are least likely to recall the kit. (Table 8)

Aided Recall of National Influenza Immunization Kit



In addition to lower recall of the information kit, pharmacists are also less certain concerning the source of the kit. Specifically, almost one-half of pharmacists (47%) were unable to provide a suggestion as to which source was responsible for the sponsorship and distribution of these kits. Approximately, two in ten pharmacists offered Health Canada (19%), while approximately one in ten suggested the provincial government (14%), the Canadian Pharmacists Association (9%), or the federal government (7%). (Table 9)

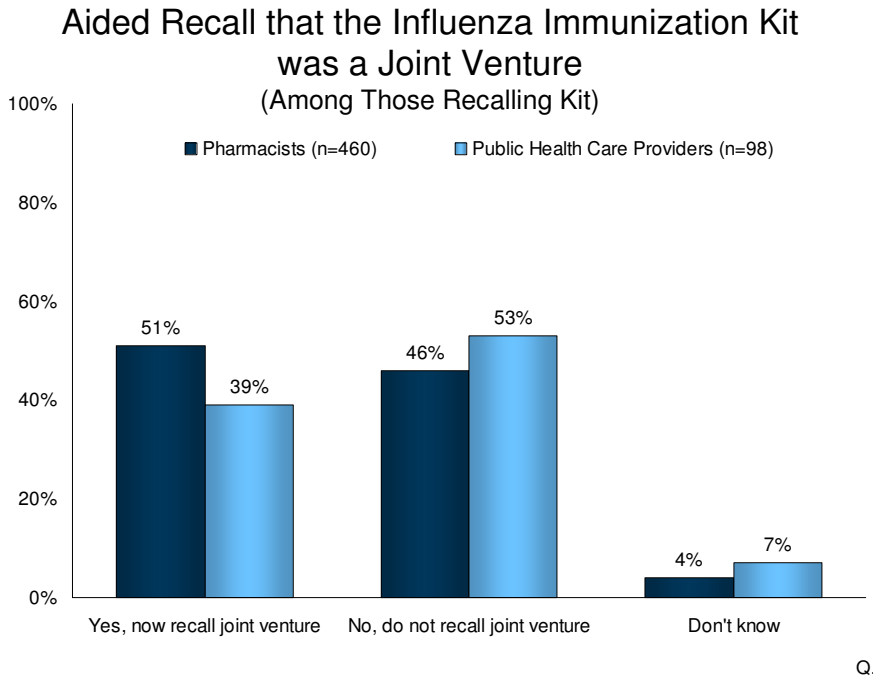
Perceived Sponsor/Distributor of the Influenza Immunization Kit
(Key Mentions Among Those Recalling Kit)



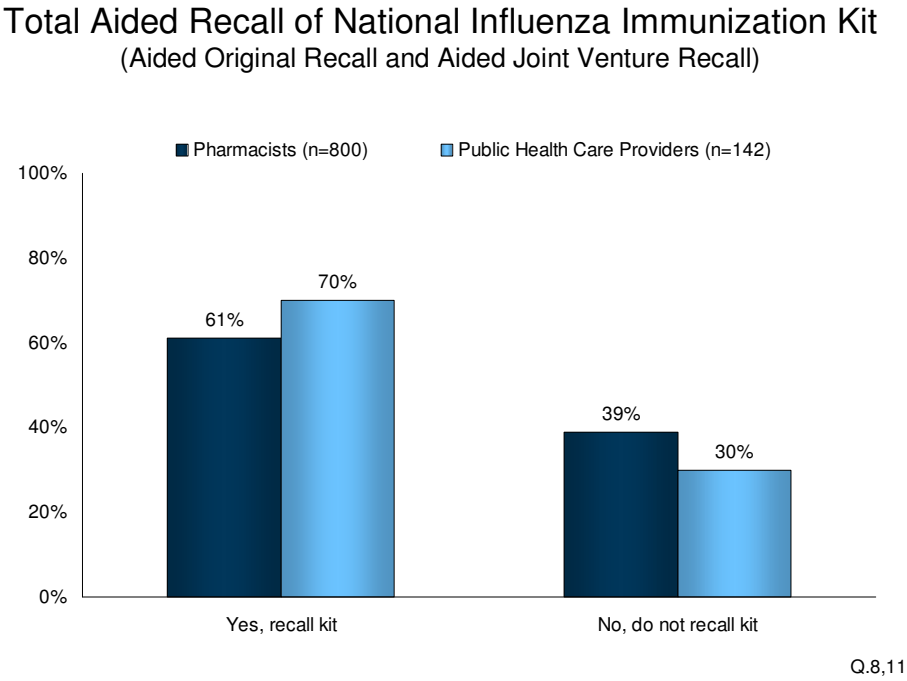
Q.9

In comparison, just under two in ten public health care providers (19%) did not know who had sponsored and distributed the information kit. Overall, approximately two in ten public health care providers offered the PHAC (24%), the provincial government (20%), Health Canada (18%), or the Canadian Coalition for Immunization Awareness and Promotion as the source (17%). (Table 9)

Pharmacists and public health care providers were then informed that the influenza information kit was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. Among those who had previously recalled receiving the information kit, over one-half of pharmacists (51%) were able to recall this joint venture, while approximately four in ten public health care providers (39%) echoed this response. (Table 10)

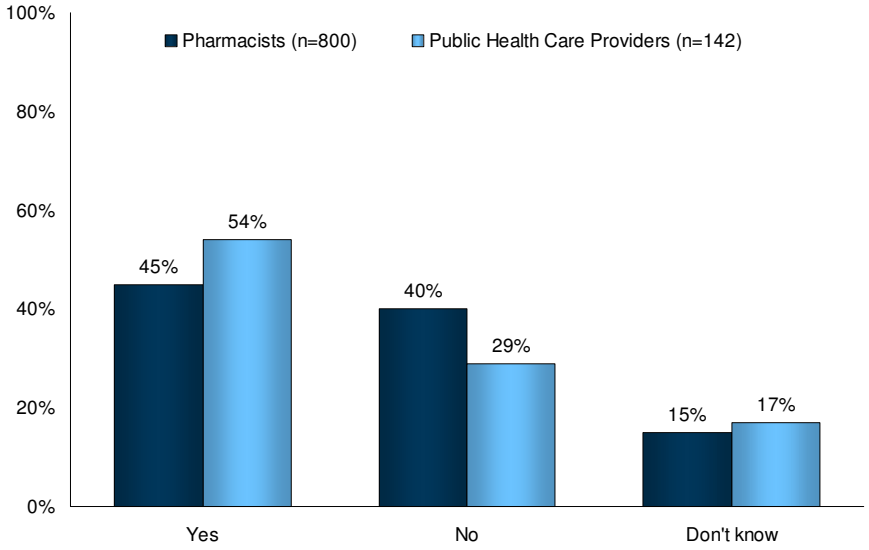


Total recall of the information kit, aided by the description of the joint venture, is improved only slightly above and beyond the preceding aided recall query. Over six in ten pharmacists (61%), when aided, are able to recall the influenza immunization information kit (four percentage points higher than the aided recall total prior to mentioning the joint venture), along with seven in ten public health care providers (70%, two percentage points higher than the aided recall total prior to mentioning the joint venture). (Tables 8 and 11 combined)



In addition to the influenza immunization information kit, many pharmacists and public health care providers received other influenza-related information materials since the kit was distributed. In fact, 45 percent of pharmacists and 54 percent of public health care providers indicate that additional materials had been received. (Table 13)

Received Other Influenza Information Materials Since Last Summer

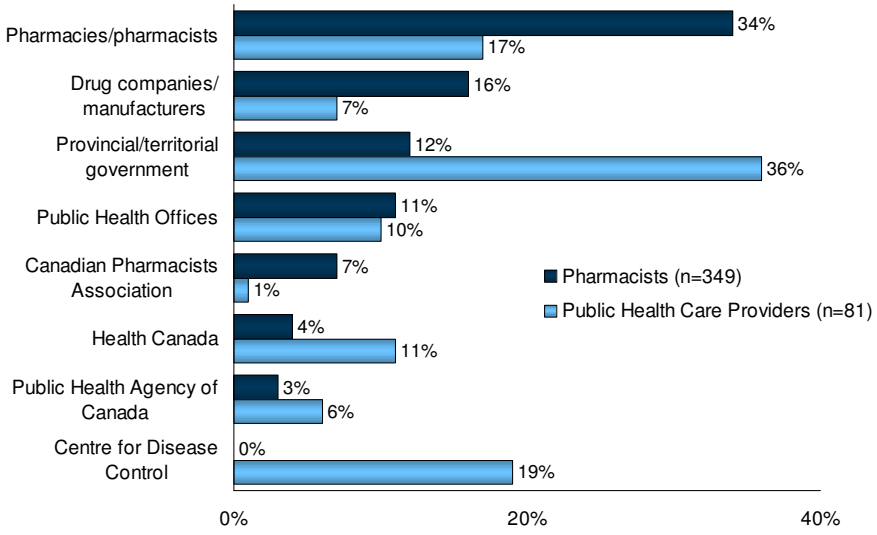


Q.13

In terms of the source of this additional influenza information, public health care providers are most likely to identify their provincial or territorial government, while pharmacists identify pharmacies or other pharmacists. (Table 14)

Other Sources Received Influenza Information Materials from Since Last Summer

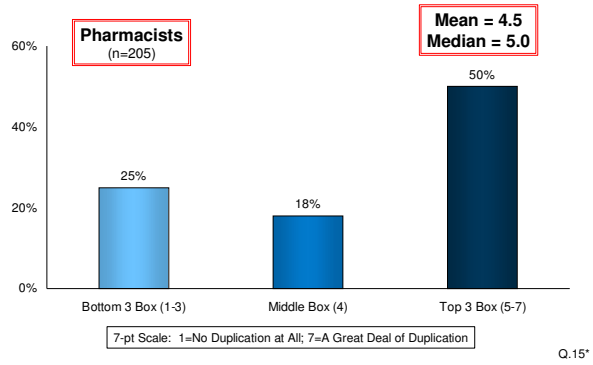
(Key Mentions Among Those Receiving Materials from Other Sources)



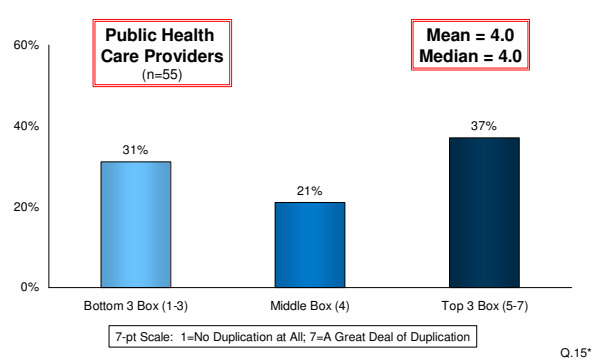
Q.14

Among those who could recall the information kit, many believe it duplicated, to some extent, the information received from other sources. One-half of pharmacists indicate much or a great deal of duplication with respect to the influenza-related information in the kit. Almost four in ten public health care providers (37%) also held this opinion. (Table 15)

Duplication Between the National Influenza Immunization Kit and Material Received from Other Sources
(Among Those Recalling Kit and Receiving Other Materials)



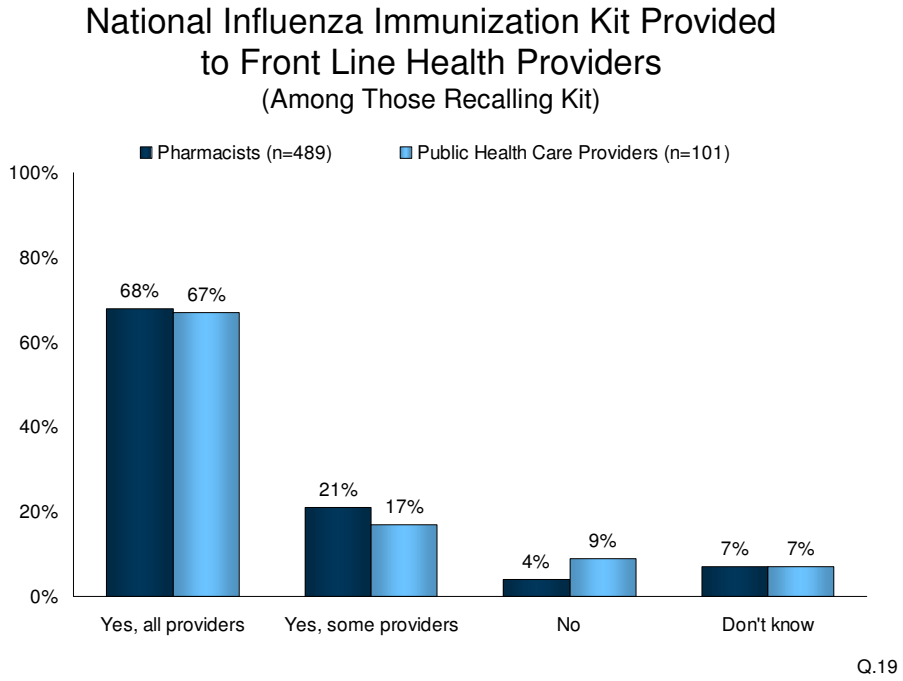
Duplication Between the National Influenza Immunization Kit and Material Received from Other Sources
(Among Those Recalling Kit and Receiving Other Materials)



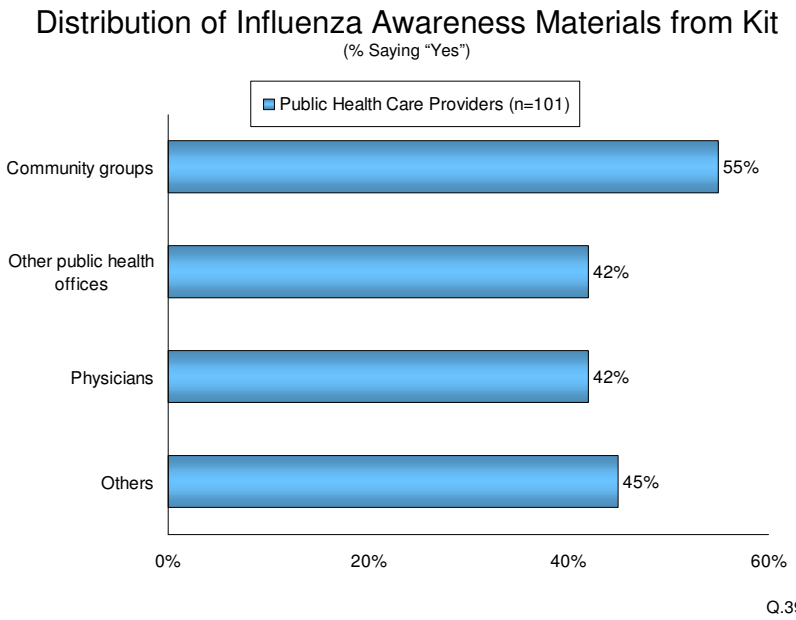
Information Kit Assessment

The influenza information kit was deemed to be useful, with the highest level of satisfaction reserved for the Quick Facts section.

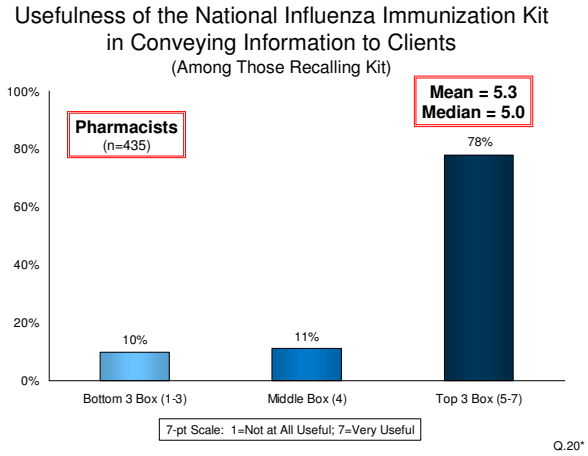
Among those who recalled receiving the influenza information kit, over two-thirds of pharmacists (68%) and a similar percentage of public health care providers (67%) distributed the kit's promotional and educational tools to *all* front line health providers. (Table 19)

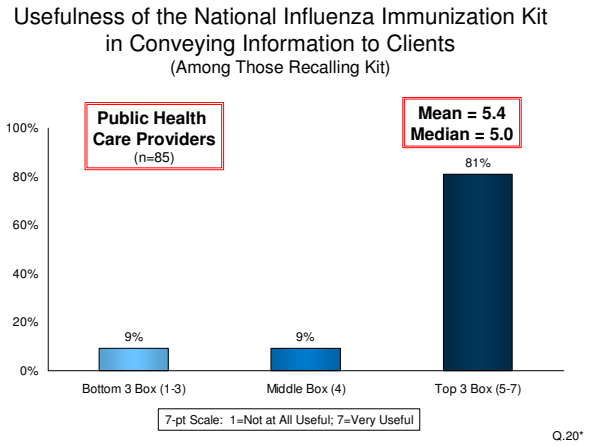


In addition to front line health providers, public health care providers indicate that the influenza awareness materials from the kit were also distributed to community groups, and to a lesser extent, other public health offices and physicians. (Tables 39a-d)

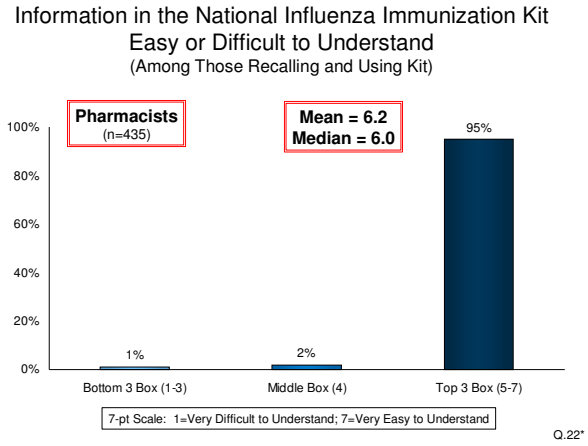


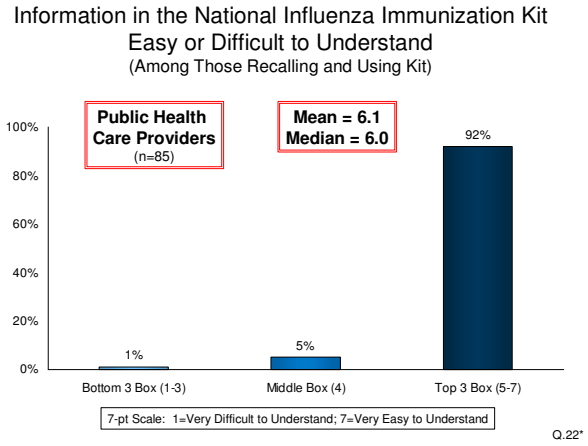
Overall, pharmacists as well as public health care providers found the influenza kit useful when conveying information to clients. In fact, over eight in ten public health care providers (81%) are of the opinion that the information kit is *useful or very useful*. (Table 20)



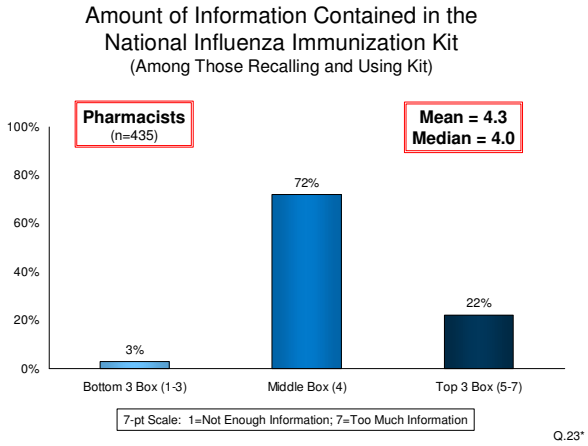


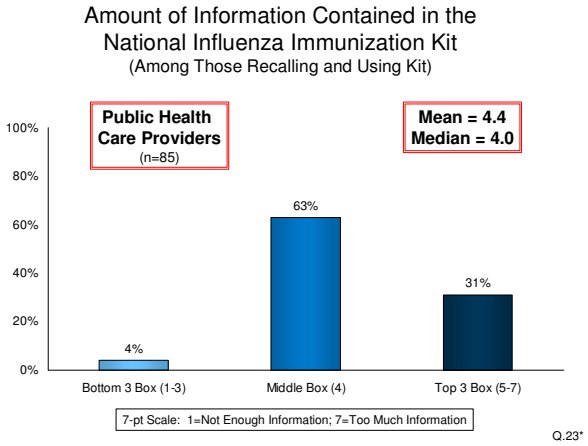
Moreover, the information provided in the influenza kit was deemed by most to be *easy or very easy* to understand. Ninety-five percent of pharmacists and 92 percent of public health care providers affirm this sentiment. Amongst both groups, those who rated the information kit as very useful were also more likely to rate the comprehension level as easy. (Table 22)



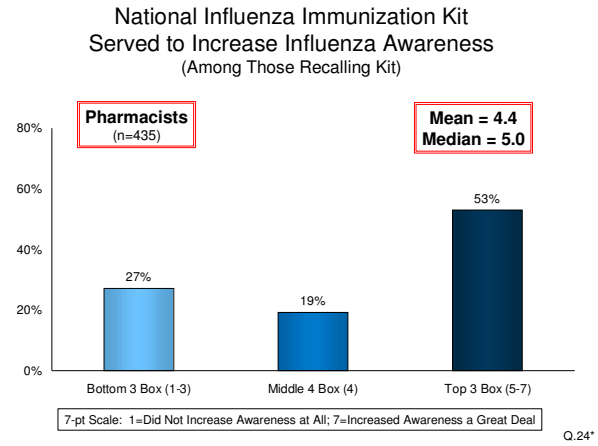


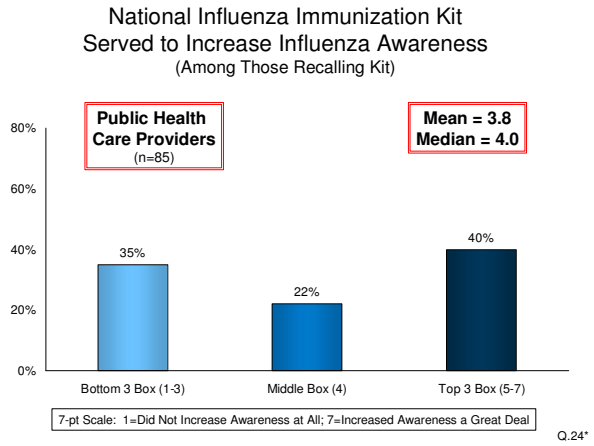
According to the majority of pharmacists (72%) and public health care providers (63%) who had made use of the influenza kit, the resource contains just the right amount of information. This finding is consistent across all regions. (Table 23)





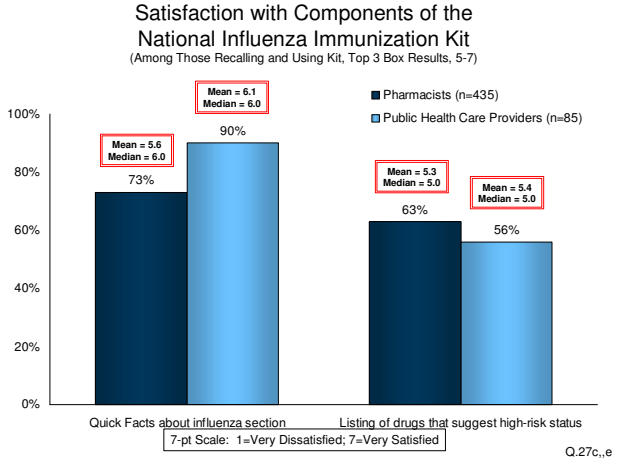
In terms of the kit's impact on their personal influenza awareness, most pharmacists (53%) believe the information kit increased their awareness *a lot or a great deal*. Public health care providers are split with respect to this issue. Four in ten state that their influenza awareness increased *a lot or a great deal*, while an approximately equal proportion (35%) are of the opinion that information kit had *little or no* impact on their awareness. (Table 24)

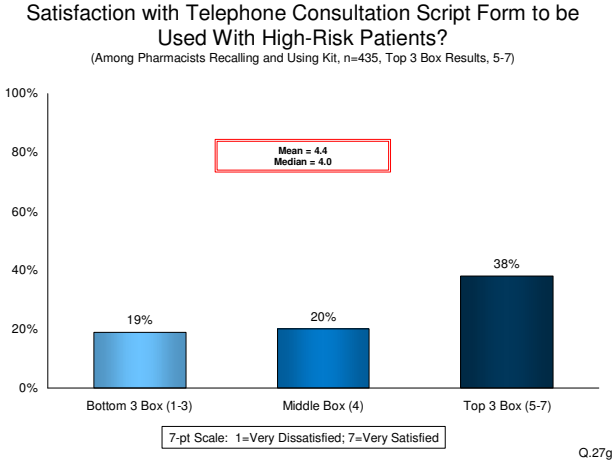




As a further assessment of the influenza information kit, pharmacists and public health care providers were asked to comment on their level of satisfaction with various components of the kit. The Quick Facts about influenza section received the highest satisfaction rating, with almost three-quarters of pharmacists (73%) and 90 percent of public health care providers indicating that they are *somewhat or very satisfied* with this component. Perhaps not surprisingly, pharmacists were more likely than public health care providers to be *somewhat or very satisfied* with the listing of drugs that suggest high-risk status (63% and 56% respectively). (Tables 27c, e)

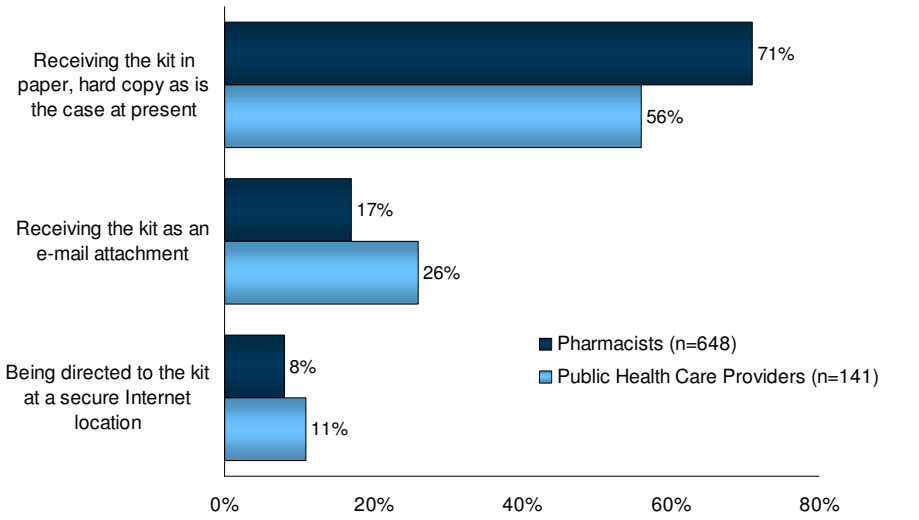
Most pharmacists were moderately satisfied with the telephone consultation script form to be used with high-risk clients. It should be noted, however, that over two in ten pharmacists (23%) could not provide a satisfaction rating for this component of the influenza information kit. (Table 27g)





In terms of kit delivery, most pharmacists and public health care providers would prefer to continue receiving the influenza kits in paper hard copy, as is currently the case. Over one-quarter of public health care providers (26%), however, would prefer to receive the kit as an e-mail attachment. (Table 31)

Most Convenient Methods of Receiving Influenza Kit/Information



Q.31

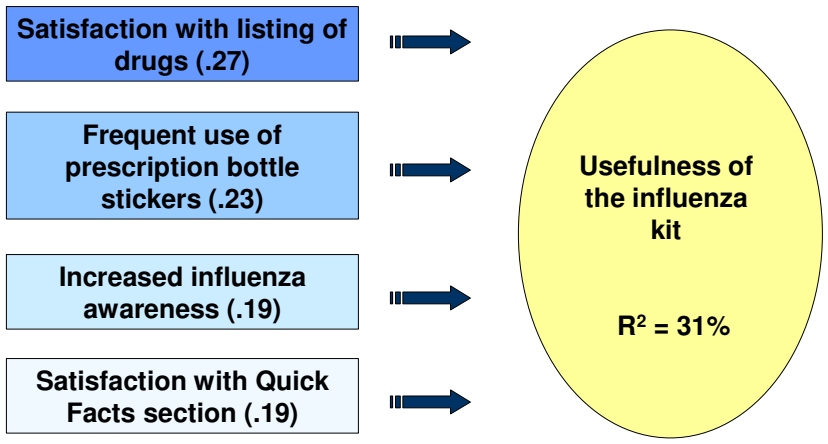
Drivers of Opinion Concerning the Influenza Information Kit

Among pharmacists, satisfaction with the listing of drugs that suggest high-risk status is the strongest driver of opinion vis-à-vis the influenza information kit.

A multiple regression analysis was conducted to identify the key drivers of opinion concerning the utility of the influenza kit in conveying information to clients. Regression analysis produces an equation that is the best possible attempt at predicting an overall rating – in this case usefulness of the information kit – from answers to a variety of other questions. Only questions that significantly contribute to the overall measure are considered drivers, and each driver is weighted according to its contribution. To perform this analysis, a bevy of survey questions were included as potential drivers of opinion, including: ease of understanding the influenza information, the amount of information contained in the kit, increased influenza awareness, and satisfaction with various components of the kit. It should be noted that due to the small sample size, responses from public health care providers were not included.

The regression analysis identified four variables as heightened drivers of pharmacists' opinions regarding the influenza information kit: satisfaction with the listing of drugs, frequency of use for prescription bottle stickers, increased influenza awareness as a result of receiving the kit, and satisfaction with the Quick Facts about influenza section. Together, these four factors explain 31 percent of the variability in ratings of overall opinion regarding the influenza information kit, indicative of a moderately strong model. The following graphic indicates the *beta weights*, which represent the strength with which each factor contributes to ratings of satisfaction.

Regression Model
Usefulness of Influenza Information Kit

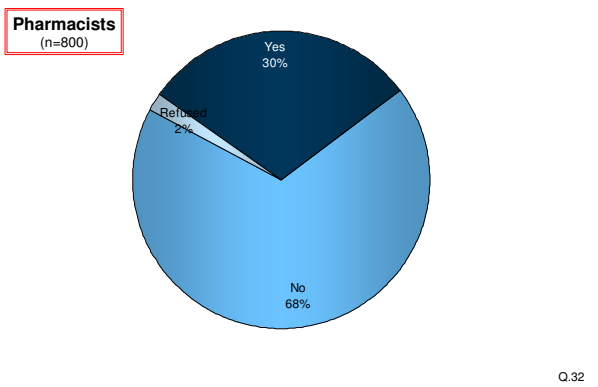


Influenza Clinics

Public health offices are almost three times as likely as pharmacies to conduct influenza clinics.

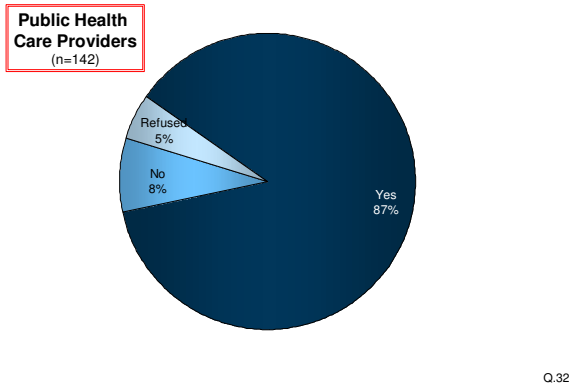
Influenza clinics are far more common in public health offices compared with pharmacies. Specifically, approximately nine in ten public health offices (87%) conducted an influenza clinic in the past six months, compared with three in ten pharmacies. Regionally, only two in ten pharmacies in Atlantic Canada (21%) conducted influenza clinics in the past six months. (Table 32)

Conducted an Influenza Clinic in the Past Six Months



Q.32

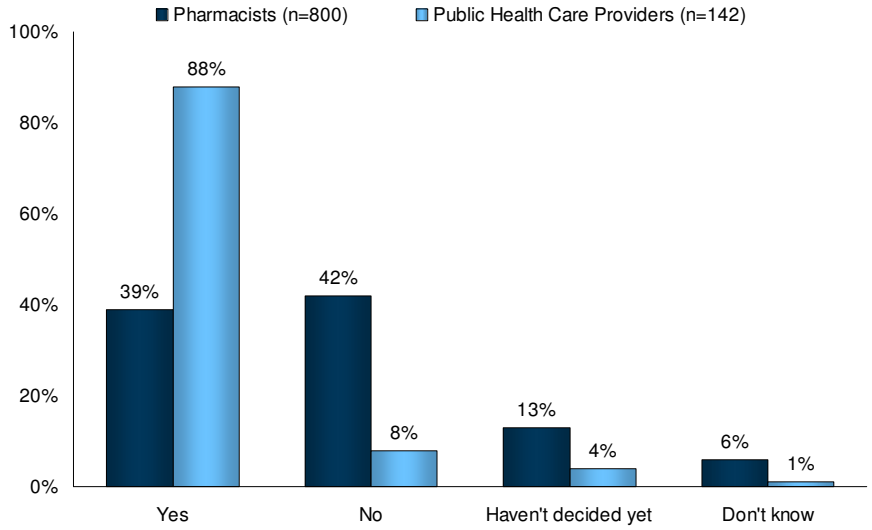
Conducted an Influenza Clinic in the Past Six Months



Q.32

Not surprisingly, given the incidence of clinics in the past, a greater proportion of public health offices are planning to conduct an influenza clinic before next year's flu season. Almost nine-in ten public health offices across Canada (88%) are making plans for the next flu season, compared with almost four in ten pharmacies (39%). Once again, pharmacies in Atlantic Canada are least likely to indicate that flu clinics will be conducted in the next flu season. (Table 37)

Plan to Conduct an Influenza Clinic Before/During Next Year's Flu Season

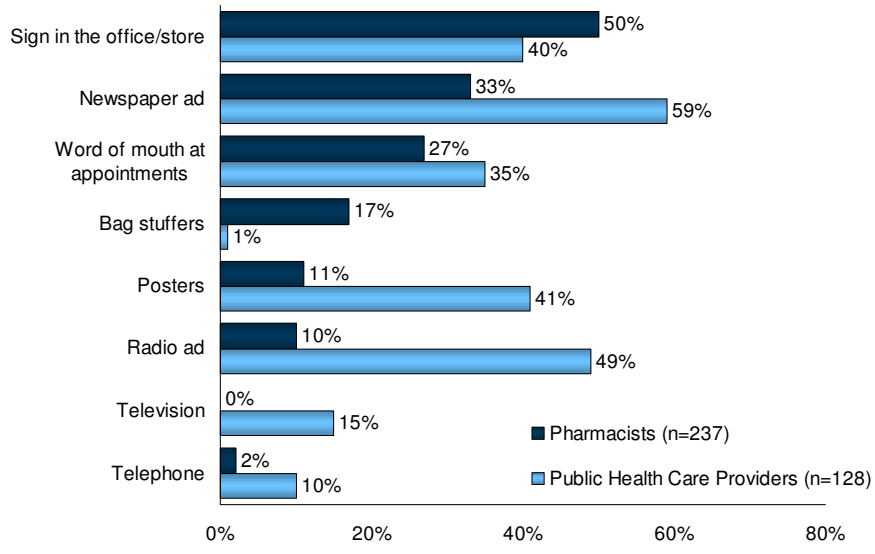


Q.37

Pharmacies as well as public health offices use a variety of methods to publicize influenza clinics. Pharmacies are more likely to utilize signs in the store to publicize the clinic, while the public health offices primarily use newspaper and radio advertisements. Of note, pharmacies in British Columbia and the Territories are far more likely to use newspaper advertisements (76%) to publicize influenza clinics. (Table 33)

Methods of Publicizing Influenza Clinics

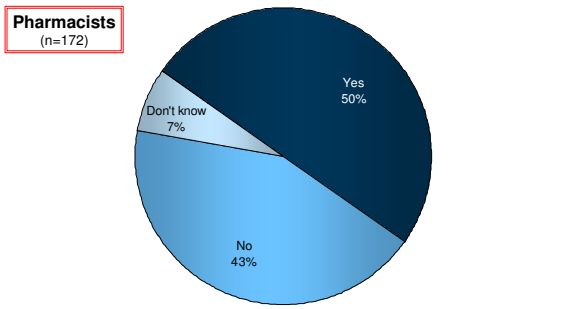
(Key Mentions Among Those Conducting Clinic in Past Six Months)



Q.33

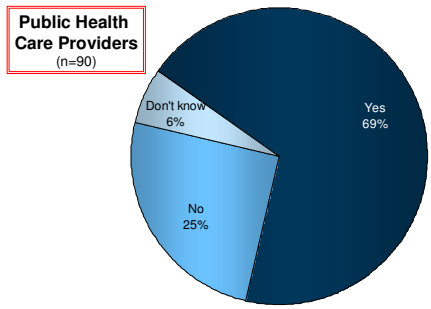
Considering total unaided and aided responses, 50 percent of pharmacies and 69 percent of public health offices that had conducted influenza clinics in the past six months, had used the materials in the immunization kit to publicize their clinics. Regionally, pharmacies in British Columbia and the Territories are less likely to use materials from the information kit to promote their clinics (27%) while pharmacies in Atlantic Canada are the most likely to use materials from the information kit to promote their clinics (64%). (Tables 33 and 34 combined)

Used the Immunization Kit to Help Publicize Clinics
(Among Those Recalling Kit, Conducting Clinics in Past Six Months, But Not Mentioning Using Kit to Publicize Clinics in an Unaided Manner)



Q.33/34

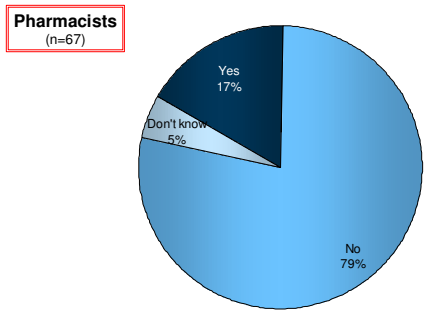
Used the Immunization Kit to Help Publicize Clinics
(Among Those Recalling Kit, Conducting Clinics in Past Six Months, But Not Mentioning Using Kit to Publicize Clinics in an Unaided Manner)



Q.33/34

With respect to specific material included in the information kit, the promotional letter to physicians and retirement home directors is not widely used. Among those who indicated, in an aided manner, that material in the information kit had been used to publicize the influenza clinics, only 17 percent of pharmacists had made use of the promotional letter. (Table 35)

Used the Promotional Letter to Physicians and Retirement Home Directors to Help Publicize Clinics
(Among Those Mentioning Using the Kit when Asked in an Aided Manner)

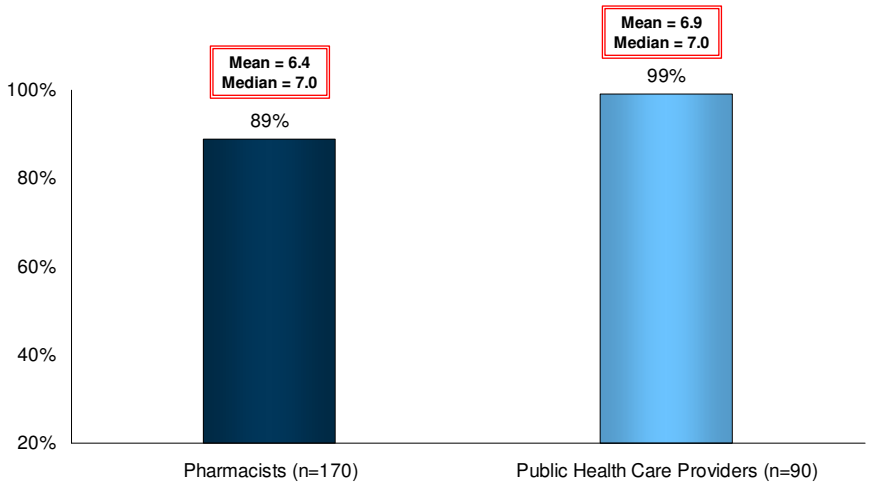


Q.35

Receipt of the information kit did not markedly influence the decision of either pharmacies or public health offices to conduct an influenza clinic. Specifically, almost nine in ten pharmacies (89%) and virtually all the public health offices (99%) definitely would have conducted an influenza clinic in the past six months, even if the influenza information kit had not been received. (Table 36)

Conducted Influenza Clinic in Past Six Months if Had Not Received the Influenza Immunization Kit

(Among Those Recalling Kit and Receiving Materials from Other Sources, Top 3 Box Results, 5-7)

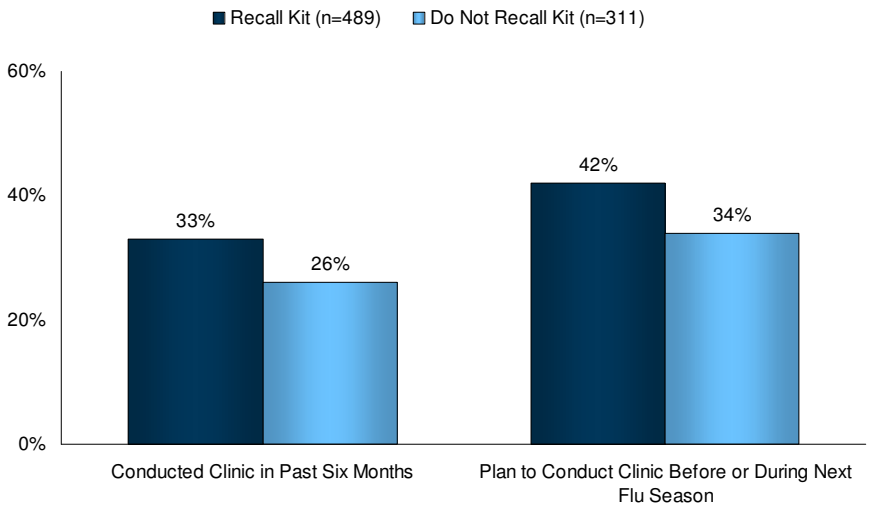


Q.36*

Even though many pharmacists indicate they are not influenced by the kit, the information kit does appear to have had an impact on their decision, for example, to conduct influenza clinics. Among pharmacists, those who recall the information kit are *significantly* more likely to have conducted an influenza clinic in the past six months (33%), in comparison with pharmacists who did not recall the kit (26%). Additionally, pharmacists who recall the kit are also *significantly* more likely than those who do not to indicate that influenza clinics will be conducted before or during next year's flu season (42% vs 34% respectively). (Tables 32 and 37)

Impact of Information Kit on Pharmacists' Decision to Conduct Influenza Clinics

(% Saying "Yes")



Q.32 and Q37

Detailed Analysis – Qualitative Phase

Participants were asked for their opinions regarding the National Influenza Immunization Campaign information kit. The discussions began by addressing the availability of general information about influenza immunization, which was followed by an in-depth discussion of the kit itself. Detailed findings are discussed below, beginning with sources used to access information on influenza immunization, followed by a targeted discussion on the National Influenza Immunization Campaign information kit.

Influenza Materials and Sources

Most frequently used and trusted sources of information for PHOs are NACI, PHAC and CCIAP, while pharmacists primarily rely on the Canadian Pharmacist Association, vaccine manufacturers, government in general, and the pharmacy's head office.

Sources

Interviewees were asked which sources they turn to for information regarding influenza immunization. In general participants noted the use of a wide range of sources, with the most frequently mentioned by public health officers (PHO) being the National Advisory Committee on Immunization (NACI), The Public Health Agency of Canada (PHAC) and the Canadian Coalition for Immunization Awareness & Promotion (CCIAP). Pharmacists, for their part, primarily relied on information provided by the Canadian Pharmacist Association, vaccine manufacturers, government in general, and the pharmacy's head office if it is part of a chain of stores. Many in both target populations also spoke of having used information from provincial or territorial offices and local public health units.

> *"The national statement by NACI is really significant. We also tend to follow anything that is put out by PHAC." (PHO)*

> *"The vaccine we used was Fluvax so [we used] the pamphlet or information that came with the vaccine itself." (Pharmacist)*

Public Health Officers also mentioned use of the following:

- The Canadian Immunization Coalition's website
- E-mail updates from the US Centre for Disease Control
- CPS (Compendium of Pharmaceutical and Specialties)
- Provincial CDC (Communicable Disease Control unit)
- CCDR (Canada Communicable Disease Report) including annual recommendations
- MMWR (Morbidity and Mortality Weekly Reports)
- Hospital or any of the public health offices
- Provincial or national health websites
- Pharmaceutical companies
- CPHA (Canadian Public Health Association)

Pharmacists generally expressed the view that the CCIAP kit they received was comprehensive, however if they require additional information they also consult the manufacturer of the vaccine directly.

Material received

While many interviewees stated that they did not receive any information other than the National Influenza Immunization Campaign information kit, some said they had received and used the following:

- Publications and explanatory documents from the Canadian Pharmacy Association
- Some information and pamphlets received from provincial governments
- Pharmacies frequently mentioned having received in-house program materials including leaflets, bookmarks and posters

Credibility

In general, those materials that are distributed nationally and by Government are particularly trusted. Many interviewees cited PHAC documentation and information as the most trusted source. Other credible resources mentioned included materials from the CCDR, NACI and US immunization guides.

> *"Public health [Public Health Agency of Canada] is most credible. People usually trust the Government and their publications." (Pharmacist)*

There was less credibility noted for materials distributed by pharmaceutical companies:

> *"You always have to remember that there is a desire on behalf of the company to sell the vaccine." (PHO)*

However one pharmacist disagreed with this and said he relies almost solely on information from the vaccine manufacturer.

Usage

In general interviewees found the materials available to them very useful and widely distributed them among patients.

> *"They [the materials] were easy to use and opened up the dialogue to talk about it [influenza] for people not aware of it or had questions." (Pharmacist)*

Interviewees from Northern and First Nations communities cited the use of posters in schools and throughout their communities including local stores, band offices and waiting rooms in the health centres.

> *"Posters are useful because it puts it in people's mind, saying it [influenza vaccination] is coming. [The posters] are simplified. Other information gets a little complex. If it is too wordy, people won't read it or their reading skills are not that great." (PHO)*

> *"Communities like the posters because for the first time there are First Nations faces on them." (PHO)*

Many interviewees took materials received and adapted them for their own local campaigns. For example, several participants mentioned taking the NACI statement and the CCIAP's FAQ and adapting or editing them to suit local needs. Others used the kit's information purely as a reference to develop their own campaigns and pamphlets. For this reason some stated that they particularly like material from the Internet as it can be cut and pasted, making it easier to pass along the information to patients in a revised format.

Information Kit Overall Opinion and Perceived Purpose

The kit is deemed a useful tool for health care practitioners to further the public's education on the need for influenza immunization although the dissemination of materials is not systematic.

Purpose

Participants were first asked what they perceived to be the rationale for the National Influenza Immunization Campaign information kit. Interviewees generally perceived the purpose of the kit to be a means of ensuring protection against influenza – i.e. to increase public awareness and to provide tools for health care providers in order to speak with authority and good evidence to patients about influenza vaccinations. In other words, to ensure that practitioners have easy access to correct information and to promote the use of the vaccine. Also mentioned as a key purpose was the enhancement of the general population's knowledge about the flu. Pharmacists generally understood the kit to be aimed at individual patients, while PHOs generally felt the kit to be aimed at assisting health care providers.

> *"To make sure those who are at risk receive the flu shot. How to protect against the flu." (Pharmacist)*

> *"I would think it is to ensure that practitioners have easy access to correct information to promote the receipt of the influenza vaccine." (PHO)*

Other purposes listed by interviewees included:

- To help identify which patients would benefit from the flu vaccine and to educate them if they are going to be vaccinated.
- To encourage pharmacies to hold their own flu clinic.
- To provide resources available for additional information.
- To provide health care officers with support materials for their own influenza vaccination promotional campaigns.

Usage

Overall opinion was that the kit was very useful, complete, easy to understand and relevant. Most felt its primary benefit is to help open the discussion with patients regarding influenza immunization. PHOs also liked that the information is in a format usable by health care professionals they cater to.

> *"We are a small jurisdiction and we have the influenza campaign as an important piece of work in the fall. We are in contact with all the facilities and practitioners because we get the vaccine for all of those locations. What I find is that I get the material and send it to the right people and it makes my job much easier." (PHO)*

Furthermore, pharmacists were pleased with the inclusion of materials tailored to the general public (e.g. leaflet; information tear sheet) as well as with the quick summary of NACI recommendations on who should get the flu vaccine.

> *"We like the material that people can take because sometimes if you just discuss it with them they don't recall most of it so they can refer to it later." (Pharmacist)*

> *"It is good to help identify which patients require flu shots so people don't fall through the cracks. We used it to help identify who is requiring a flu shot." (Pharmacist)*

Specific uses of the kit among PHOs included:

- Distribution to all facilities and practitioners in the community
- Use as part of in-service sessions for nurses about immunization (one interviewee mentioned having presented to more than 250 in the past 3 years)
- Reproductions of the kit for classes, particularly the FAQ document
- Reproduction of partial information as part of an internal newsletter

And primary use of the kit among pharmacists included:

- Giving the tear-out sheet to patients with questions about whether or not to get the flu shot or to those who were worried that they had contracted the flu.
- Having the materials available on pharmacy counters for the public to 'help themselves'
- Distributing the pamphlets within prescription bags
- Using the stickers on targeted patients' prescriptions
- Displaying the poster to encourage patients to inquire about influenza vaccination

Few PHOs conducted influenza immunization clinics, other than remote communities particularly those located in northern communities. One Northern community held a community party in the school auditorium with the price of admission being getting a flu shot. This 'party' is advertised in part through use of the glossy posters. Some pharmacies stated having held an influenza clinic and used some of the materials from the kit along with information from the vaccine manufacturer.

In terms of **who** uses the kit, a wide range of health care professionals were listed, although for the most part, the material is generally not disseminated within pharmacies or offices but rather used by those who "happened to get a hold of it". Specific mentions of who might have used the kit included:

- Head of public health nursing programs
- Public health communications professionals (who used the PR materials)
- Pharmacists and technicians within pharmacies
- Health nurses who administer vaccines
- Physicians
- Occupational Health Therapists in hospital

"I probably would have used this kit but I did not know about it [before this interview]." Referring to the telephone consultation script and the Quick Facts About Influenza section of the kit (Pharmacist)

Strengths and Weaknesses

Participants believed the kit to be clear, well laid out and easy to use, and they pointed out very few areas for improvement.

Strengths

The most commonly articulated ***strengths*** of the kit were its clarity and ease of use. Other strengths included the kit's:

- Simplicity
- Visual appeal
- Completeness / all-inclusiveness
- Ability to provoke discussion
- Ability to dispel myths about the shot particularly in explaining that getting immunized doesn't cause sickness and the differences between a cold and the flu
- Handiness of the hard copy
- Condensed format
- Size – particularly of information sheets allowing easy photocopying

Weaknesses

There was hesitation among participants when asked about ***weaknesses*** of the kit, with many interviewees stating that there were no weaknesses at all. Those that did listed the following:

- Posters should have a space for posting individual doctor or clinic information
- A lack of information regarding how to respond to questions relating to some of the potential negative media impacts such as the potential of a flu pandemic
- A lack of information regarding the different strains of flu virus
- Should have been a better explanation of the potential severity of the flu
- Some items including the guide for health care providers and the media kit are too dense and heavy to allow wide dissemination or easy reading
- Unavailability of material online for non-members
- A lack of clear instructions on how to use each component of the kit / lack of a personal resource for questions or comments

Participants' Recommendations

Participants provided a number of recommendations on improving the kit, some of which pertained to ensuring it is more widely used. The following lists those comments:

- **More stickers** - PHOs suggested stickers as an addition to the kit particularly for children who receive vaccination (e.g. "I got my flu shot") in addition to a tear-off sticker for charts to easily determine if a person has been immunized for the flu that year. There was also the suggestion to print logos on stickers for pharmacists to put directly on prescription bags.

- **Translation into Aboriginal languages -** Many interviewees strongly suggested having the materials available in Aboriginal languages to ease explanation within some communities. One Northern PHO said that the kit was not widely used in the community because it was not provided in local languages. The suggestion was made that if the materials were available earlier (e.g. the middle of summer) then local bodies would have the opportunity to translate materials themselves.

"It wasn't that useful for us but it does provide a wide variety of materials at different levels. There is information in here we would have used if translated." (PHO)

- **More clear explanations and myth-busting -** There were several recommendations for further clarification on explanations of what the flu shot does and does not do to correct misperceptions that the shot makes you sick. Another suggestion is to ensure that myths promoted in the media (e.g. flu pandemic) be addressed in the kit. Providing additional information on flu strains and the health impacts of a flu shot was also suggested.

- **Greater exposure of the message -** A suggestion was made by one pharmacist for greater exposure of the message, perhaps via TV as this individual felt that despite the materials, a large proportion of the population don't read it thoroughly.

- **Request for template -** Many interviewees recommended that the kit be sent along with a template for posters and other materials that could be adapted to suit individual needs. This was most notably the case of PHOs who create their own internal communications on influenza vaccination for community or regional health care practitioners.

- **Earlier mail-out -** The suggestion was made for materials to arrive earlier in the year (e.g. August/September) allowing for preparation of internal communications as well as translation in Aboriginal languages if required. Also some complaints that the vaccine itself arrived late in the previous year (November and January) and that there were not sufficient supplies of the vaccine making informing people about the vaccine irrelevant.

- **Self-medication advice -** There was the recommendation to add information on Tylenol or antipyretic dosing for patients who self-medicate.

Format and Content

The most useful parts of the kit were stated to be the poster, stickers and the Quick Facts document. A hard copy of the kit is preferred.

Format

Participants listed the one-page ***format*** as a positive element of the kit materials, allowing for photocopying and wide distribution. Many noted how useful the FAQ document was in helping patients to understand the benefit of immunization. Pharmacists particularly noted the leaflet (explaining the vaccine people need – Recommended Pneumococcal Polysaccharide Vaccine (PPV) as a good and easy-to-use format. The larger posters were generally well liked however many participants would have preferred an even bigger size to ensure visual impact.

Content

Regarding ***content***, most found it very relevant and appropriate particularly the diagram on the front of the FAQ document defining the difference between influenza and cold. However there was some skepticism expressed regarding the flu vaccine itself and whether it should be promoted so strongly.

> *"I felt that they pushed for the shots but I am not sure if the flu vaccine was as effective as what they anticipated."(Pharmacist)*

Many participants liked the inclusion of content related to dosage and intended recipients of the vaccine. The warnings and expectation content was also appreciated.

Specific comments on individual elements within the kit:

Poster

- Generally very well liked for its clarity and used by pharmacists and PHOs.

> *"I like the poster, that went up right away. That catches people's attention. I put it on the front door and I like how it sparked conversation." (Pharmacist)*

- Suggestion by several interviewees to leave room at the bottom of the poster to add local clinic information/logo. A further suggestion that posters should have the ability to be tailored to local needs, i.e. that some of the information on the poster may not offer the exact advice a given clinic or pharmacy may choose.

> *"One downside is … that it is hard to create a poster that is specific for one's own circumstances. So when the poster says 'Ask your doctors for a flu shot', that is not exactly what we want people to do. We might want to put in an exact contact number or address. So we end up finding another poster to put the information on."(PHO)*

- Many said the poster size was too small and could be increased for visual impact.
- Could be more bold and attention-grabbing in order to make it stand out from the other materials on pharmacy walls.
- Suggestion to include more information or facts e.g. 4,000 to 8,000 Canadians die every year from flu ('Did you know' format).
- Showing Aboriginal people in the photographs is well appreciated.

Media campaign materials[1]

- Seldom recalled by pharmacists, while most PHOs remember seeing it.
- For those who used it, it was reported to be helpful. However many stated that they didn't use it or didn't recall what it was.
- One interviewee used the introductory letter from David Butler Jones including fast facts (e.g. percentage of people who will get the flu) when speaking with the media.

Listing of drugs that suggest high-risk status **(available only in pharmacist's kit)**

- Generally there was not a lot of recall of this list among pharmacists.
- For one pharmacist, the listing wasn't relevant or useful as their own computer system identified high-risk status, which targets age and illnesses (e.g. diabetes).

Stickers

- Those that received stickers (pharmacists) generally said how useful they are to include on senior and diabetic prescriptions as a reminder to get the flu shot and as an instigator for discussion.

"Easy to implement and invited the dialogue. Easy to work into our day-to-day activities." (Pharmacist)

- Some PHOs expressed a desire to receive stickers for use on charts indicating a patient was vaccinated or as a take-home gift for children receiving the shot.

[1] Please note, the media campaign materials were not available in the PHO influenza kit, although they were available in the kit distributed to pharmacists. However, it should not be assumed that PHO respondents were erroneous in their responses to this query, as they could have readily gained access to this media information online, as it was available through that medium.

Quick facts

- Consistently listed by PHOs as the most useful element of the kit and were cited as easy to disseminate for the public in waiting rooms, clinics and to physicians. A couple of PHOs called this item the "FAQ" or "Q&A" document.
- Pharmacists generally did not recall this document and were uncertain of its intended purpose in the context of their work.

"I did not do anything with it. How was I supposed to use it?" (Pharmacist)

List of reference materials

- Not a lot of general recall of this item among both pharmacists and PHOs.
- One pharmacist stated that they did not have a need for this but noted that if someone was in need of finding out more information that it could be helpful.

Telephone consultation script for use with high-risk patients **(available only in pharmacist's kit)**

- Not included in some people's packages, while others did not recall having received it.
- One pharmacist stated that since they don't do a lot of call backs it wasn't that useful. However noted that it would be perfect for a pharmacy internship.
- Another pharmacist said they liked it and wouldn't change anything about it.

Duplication

Participants generally felt the information is repetitive and can be found elsewhere, but it did not appear problematic. There were some comments from pharmacists that the information was repetitive of in-house materials (though many said it was clearer and easier to use than other materials). Even so, some saw benefit in repetition in that the more information available, the more awareness about influenza.

"It may well duplicate what is already out there. But if there is multiple sources for this information that is probably a good thing." (PHO)

Medium

Most interviewees prefer the hard copy of the kit because it is immediately useful. Some others like downloading information in order to be able to adapt the content. Some do not like the electronic version because it is not practical for busy offices to print off. Furthermore, it was suggested that remote health clinics are not well equipped to print materials or to access the Internet. Furthermore, pharmacists that operate as part of a chain of stores suggested having limited, if no access to the Internet.

"The only problem we have with [emailing] is our store does not have open access to the Internet. They have an Intranet where you can go only to certain site." (Pharmacist)

"[Going online] is another couple of steps and in busy pharmacy it is sometimes difficult to get the time to search for information." (Pharmacist)

However, those who used the materials as a basis for the creation of local campaigns found an electronic version easier to manage (in order to be able to copy and paste). It was also stated that having an online version of the kit would be useful as it allows easy dissemination to staff via email. A suggestion was made that when emailing documents, they should not be in PDF format as it does not allow any changes or adaptations to suit local needs.
One pharmacist also suggested sending a hard copy followed up by a reminder call from one of the kit's sponsor. This is deemed most important as the kit was not addressed to a specific individual.

Satisfaction With Government's Handling of Influenza

Participants are satisfied with the work done by the Government of Canada and the Public Health Agency of Canada in handling influenza.

Participants were asked how satisfied they were with the manner in which the Government of Canada and the Public Health Agency of Canada is dealing with influenza. For the most part, both public health officials and pharmacists are pleased with the work done, suggesting influenza awareness has increased in recent years.

Similarly, a few public health officials were of the impression that influenza immunization also increased recently, further highlighting the effectiveness of the Government's initiatives.

"I think it is a good program. Over the years, we have seen a big increase in the number of people that have been vaccinated." (PHO)

Interviewees had limited knowledge of the Public Health Agency of Canada and therefore were for the most part unable to express an educated opinion of the work they are doing. That being said, many participants were under the impression that the Agency's work would be similar to that of other federal government's branches that handles health issues. As such, most were under the impression the Agency's work in dealing with influenza was adequate.

"I don't have any complaints but I am not sure what they [PHAC] are doing." (PHO)

A few pharmacists expressed frustrations in not being able to access the vaccines on time or in sufficient numbers, and those participants were under the impression the Government of Canada played a role in this process.

Research Methodology

Quantitative Phase

Questionnaire Design

The questionnaires utilized for this study were designed in consultations involving representatives from Corporate Research Associates, Inc., Health Canada, and the Public Health Agency of Canada.

Sample Design and Selection

This study was designed to complete interviews with a representative sample of 800 pharmacists and 142 public health care providers across Canada. A current database of pharmacies was purchased from a commercial database supplier, and a listing of public health offices was provided by PHAC. All commercial pharmacies and all public health offices had received the influenza information kits in the autumn of 2006, and thus were eligible to be surveyed.

Survey Administration

The survey was conducted by telephone from March 7 to May 7, 2007. All interviewing took place from Corporate Research Associates' data collection facilities, and all interviewing was conducted by fully trained and supervised interviewers. A minimum of 10 percent of all completed interviews was subsequently verified. The average length of time required to complete an interview was 13 minutes.

Completion Results

Among all eligible respondents contacted, the combined response rate was 19 percent. Response rate is calculated as the number of cooperative contacts (defined as respondents who have either completed an interview, or have been disqualified during the screening process = 1,015), divided by the total number of eligible telephone numbers called (5,214). The final disposition of all sample telephone numbers dialed is presented on the following page, in a format derived from that recommended by the Marketing Research and Intelligence Association (MRIA) in its Standard Record of Calls document.

Completion Results	
A. Total Numbers Attempted	**5634**
Discontinued Number/Not In Service	176
Fax/Modem	59
Cell Phone/Pager	2
Non Business Number	10
Wrong Number	95
Blocked Number	11
Duplicate	49
Head Office Number	18
B. Eligible Numbers	**5214**
Busy	201
Answering Machine	372
No Answer	260
Scheduled Call Backs	1570
Language Problem	10
Qualified Not Available	175
C. Total Asked	**2626**
Gatekeeper Refusal	129
Mid Terminate	13
Respondent Refusal	1389
Never Call List	22
Hang Up	58
D. Co-operative Contacts	**1015**
Complete - Public Health Offices	142
Complete – Pharmacies	800
Did Not Qualify - Terminate at Q.2a	73

Weighting

The data in this study are weighted to reflect the provincial and territorial distribution of public health offices and pharmacies as determined from the sample database.

Analysis

Due to sample restrictions (n=142), extensive subgroup analysis of data specific to public health offices is not recommended. Indeed, sample sizes for the public health offices in Atlantic Canada and Quebec are sufficiently small that it was deemed necessary to combine these regions for reporting purposes. In addition, it was possible to complete only ten interviews with public health care providers in Ontario.

In this survey a number of questions utilize a 7-point numeric scale. As a means of interpreting these scales, the middle value remains unchanged while the upper (5 through 7) and lower (1 through 3) values have been collapsed. In the text, these collapsed scales have a verbal description assigned after the fact. For example, the top three box on a 7-point scale, where one represents *never* and 7 represents *always*, is referred to as *usually or always.* In the body of this report, the table numbers for these graphs have been marked with an asterisk for quick reference.

Sample Size and Tolerances

An overall total of 800 interviews with pharmacists, drawn from a population of approximately 8,100, would be expected to provide a sampling error of plus or minus 3.3 percentage points, 19 times out of 20. Interviews with 142 public health offices, if randomly drawn from a population of 410, would be expected to provide a sampling error of plus or minus 6.7 percentage points, 19 times out of 20. The margin of sampling error will be greater for sub-samples, as presented in the following table:

Pharmacies					
Sample Size	Proportion				
	90% 10%	80% 20%	70% 30%	60% 40%	50% 50%
50	8.3%	11.1%	12.7%	13.5%	13.8%
100	5.8%	7.8%	8.9%	9.5%	9.7%
200	4.1%	5.5%	6.3%	6.7%	6.8%
300	3.3%	4.4%	5.1%	5.4%	5.6%
400	2.9%	3.8%	4.4%	4.7%	4.8%
500	2.5%	3.4%	3.9%	4.2%	4.2%
600	2.3%	3.1%	3.5%	3.8%	3.8%
700	2.1%	2.8%	3.2%	3.5%	3.5%
800	2.0%	2.6%	3.0%	3.2%	3.3%

Public Health Offices					
Sample Size	Proportion				
	90% 10%	80% 20%	70% 30%	60% 40%	50% 50%
50	7.8%	10.4%	11.9%	12.7%	13.0%
100	5.1%	6.8%	7.8%	8.4%	8.5%
142	4.0%	5.3%	6.1%	6.5%	6.7%

Qualitative Phase

Methodology

A total of fourteen (14) in-depth interviews were conducted, namely nine (9) interviews with public health care providers and five (5) interviews with pharmacists. Interviews were selected so as to allow for a diverse provincial representation, as well as ensure representation of professionals working with Aboriginal populations. In total, four interviews were conducted with public health officials working with this latter target population.

Interviews were conducted over the telephone at a time convenient to participants and each interview lasted an average of 30 minutes. Pharmacists received a financial compensation of $100 for their time, and as an incentive to participate. All participants had recalled receiving the National Influenza Immunization Campaign information kit and had used at least one of its components. Interviews were conducted from March 28 to May 15, 2007.

Context of Qualitative Research

In-depth qualitative interviews are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of in-depth qualitative interviews are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. In-depth interviews allow for flexibility in exploring other areas that may be pertinent to the investigation. Moreover, in-depth qualitative interviews allow for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion."

The in-depth qualitative interview technique is used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. Due to the inherent biases in the technique, the data should not be projected to any universe of individuals.

Appendix A:
Study Questionnaire

GENERAL INSTRUCTIONS:

o Interviewer must read each set of instructions for each part of this questionnaire.

o Interviewer must record all responses clearly and verbatim where required.

o Interviewer must avoid paraphrasing or rewording responses.

RECORD FOLLOWING INFORMATION:

Respondent's Name: _____

Telephone #: _____

Community: _____

Postal Code: _____

CRA ID: _____

SECTION A: INTRODUCTION

Hello, may I speak with [**the head pharmacist on duty today/a public health care provider**]? Hello, my name is _____ and I work with Corporate Research Associates, a research company. Today we are conducting an important survey on behalf of the Government of Canada. The purpose of this research is to better understand the levels of knowledge about influenza among pharmacists and public health officials. Please be assured that we are not trying to sell anything, and your participation is voluntary. You will remain anonymous and your answers will be confidential. The survey meets the requirements of the Privacy Act, and the questionnaire should take 10 minutes or so to complete. This survey is registered with the national survey registration system. To thank you for participating, we would be pleased to provide you with a summary of the survey's results.

ARRANGE CALLBACK IF NECESSARY – IF RESPONDENT HAS QUESTIONS ABOUT THE SURVEY, PLEASE RECORD NAME AND NUMBER AND PETER MacINTOSH WILL CALL HIM/HER BACK. DO NOT ACCEPT PHARMACIST ASSISTANTS.

1. **RECORD FROM SAMPLE - CODE ONE ONLY**

   1 Pharmacy
   2 Public Health Office

2. In which official language would you prefer to be interviewed?
   READ RESPONSES - CODE ONE ONLY

   1 English
   2 French

2a. **[POSE Q.2a ONLY IF A PHARMACY RESPONDENT]** Have I reached you at a non-commercial pharmacy that is located in a hospital or health care facility?
   CODE ONE ONLY

   1 Yes **THANK, TERMINATE, AND RECORD**
   2 No **CONTINUE**

SECTION B: AWARENESS AND FAMILIARITY

3. To which sources or organizations would you turn, if you were seeking information about influenza and related topics? **PROBE:** Any others?
DO NOT READ RESPONSES - CODE AS MANY AS APPLY

01 Public Health Agency of Canada
02 Health Canada
03 Provincial/territorial government
04 Canadian Coalition for Immunization Awareness and Promotion
05 Doctors associations
06 Nurses associations
07 Front line health care professionals
08 Pharmacies/pharmacists
09 Canadian Association of Chain Drug Stores (CACDS)
10 Canadian Pharmacists Association
11 Federal government/Government of Canada
12 Native groups/First nations/Aboriginals/Metis
13 Public Health Offices
14 National Advisory Committee on Immunization
97 Would not be seeking such information
98 Don't know/No answer
99 Other (**SPECIFY**: _____)

Q.4 is deleted.

Q.5 is deleted.

6. To the best of your knowledge, which members of the population are considered to be in the high-risk group for influenza? **PROBE:** Any others? **DO NOT READ RESPONSES – CODE AS MANY AS APPLY**

01 Everyone
02 Small children/Infants/babies **UNDER TWO YEARS OF AGE/TWO OR YOUNGER**
03 Children
04 Seniors/People 65 or older
05 Those with respiratory problems
06 Parents/child caregivers **OF SMALL CHILDREN/BABIES/INFANTS**
07 Parents/child caregivers
08 Those in the health care sector
09 Aboriginals/Natives/First Nations
10 People taking specific medications
97 No one is considered higher risk than anyone else
98 Don't know/No answer
99 Other (**SPECIFY**: _____)

SECTION C: BEHAVIOUR

7. Now I have a question about your experience in communicating with clients who could be termed higher risk for the flu. In consulting with such clients around the time of the flu season, do you **[READ RESPONSES IN ORDER]** provide verbal or other information recommending that they should get the flu shot? **CODE ONE ONLY**

1 Always
2 Usually
3 May or may not
4 Rarely, or
5 Never
VOLUNTEERED
96 Depends on the particular circumstances of the individual clients
97 Don't have any high-risk clients
98 Don't know/No answer

SECTION D: KIT RECALL

8. In 2006, materials were developed to support a National Influenza Immunization Capaign. A central feature of this campaign was a kit that was distributed last fall to [pharmacies/Public Health Offices]. These materials reinforced the importance of annual influenza immunization. **READ IF PHARMACIST RESPONDENT:** The pharmacists information kit included medication stickers warning high-risk customers to get a flu shot, a pocket guide, a poster, and a bag stuffer. **READ IF PUBLIC HEALTH OFFICE RESPONDENT:** The public health offices information kit included campaign posters plus other promotional and educational materials. **READ TO EVERYONE:** Do you recall seeing this kit over the past few months? **CODE ONE ONLY**

1 Yes, recall kit
2 No, do not recall kit
8 Don't know/No answer

9. **[POSE Q.9 ONLY IF "YES, RECALL KIT" IN Q.8]** To the best of your knowledge, who sponsored and distributed this kit? **PROBE:** Any others?
DO NOT READ RESPONSES - CODE AS MANY AS APPLY

01 Public Health Agency of Canada
02 Health Canada
03 Provincial/territorial government
04 Canadian Coalition for Immunization Awareness and Promotion
05 Doctors associations
06 Nurses associations
07 Front line health care professionals
08 Pharmacies/pharmacists
09 Canadian Association of Chain Drug Stores (CACDS)
10 Canadian Pharmacists Association
11 Federal government/Government of Canada
12 Native groups/First nations/Aboriginals/Metis
13 Public Health Offices
14 National Advisory Committee on Immunization
98 Don't know/No answer
99 Other (**SPECIFY**: _____)

10. **[POSE Q.10 ONLY IF "YES, RECALL KIT" IN Q.8]** This influenza immunization information kit actually was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. Knowing this, do you now recall that the kit was a joint venture of these groups? **CODE ONE ONLY**

    1 Yes, now recall joint venture
    2 No, do not recall joint venture
    8 Don't know/No answer

11. **[POSE Q.11 IF "NO, DO NOT RECALL KIT" OR "DON'T KNOW/NO ANSWER" IN Q.8]** The influenza immunization information kit actually was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. Does knowing this lead you to recall seeing this kit over the past few months?
    CODE ONE ONLY

    1 Yes, recall kit
    2 No, do not recall kit
    8 Don't know/No answer

Q.12 is deleted.

13. Other than the influenza kit we just discussed, has your [pharmacy/Public Health Office] received other influenza information materials since last summer?
    CODE ONE ONLY

    1 Yes
    2 No
    8 Don't know/No answer

14. **[POSE Q.14 ONLY IF "YES" IN Q.13]** As best as you can recall, from what <u>other sources</u> did your [pharmacy/Public Health Office] receive influenza information materials since last summer? **PROBE:** Any others? **DO NOT READ RESPONSES - CODE AS MANY AS APPLY**

    01 Public Health Agency of Canada
    02 Health Canada
    03 Provincial/territorial government
    04 Canadian Coalition for Immunization Awareness and Promotion
    05 Doctors associations
    06 Nurses associations
    07 Front line health care professionals
    08 Pharmacies/pharmacists
    09 Canadian Association of Chain Drug Stores (CACDS)
    10 Canadian Pharmacists Association
    11 Federal government/Government of Canada
    12 Native groups/First nations/Aboriginals/Metis
    13 Public Health Offices
    14 National Advisory Committee on Immunization
    97 Don't recall the kit
    98 Don't know/No answer
    99 Other (**SPECIFY**: _____)

SECTION E: KIT AND SPONSORS' ASSESSMENT

15. **[POSE Q.15 ONLY IF: ("YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11), *AND* IF "YES" IN Q.13]** [And,] To what extent, if at all, was the influenza–related information in the kit you received duplicated in the information you received from other sources since last summer? Please use a scale from "1" to "7" where "1" means "no duplication at all," and "7" means "a great deal of duplication."
CODE ONE ONLY – PROBE TO AVOID ACCEPTING A RANGE

1 No duplication at all
2
3
4
5
6
7 A great deal of duplication
VOLUNTEERED
8 Don't know/No answer

Q.16 is deleted

Q.17 is deleted

Q.18 is deleted

I will now move along to a series of questions about the influenza information kit.

19. **[POSE Q.19 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11]** To the best of your knowledge, were the kit's promotional and educational tools provided to front line health providers in your [pharmacy/Public Health Office]?" **CODE ONE ONLY – READ RESPONSES IF NECESSARY - PROBE FOR SPECIFIC RESPONSE IF "YES"**

1 Yes, all providers
2 Yes, some providers
3 No
VOLUNTEERED
8 Don't know/No answer

20. **[POSE Q.20 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11]** [And,] How useful did you find the influenza kit when conveying information to your clients? Please use a 7-point scale, where "1" means "not at all useful," and "7" means "very useful."
CODE ONE ONLY – PROBE TO AVOID ACCEPTING A RANGE

01 Not at all useful
02
03
04
05
06
07 Very useful
VOLUNTEERED
97 Didn't use kit
98 Don't know/No answer

Q.21 is deleted.

22. **[POSE Q.22 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.22 IF "DIDN'T USE KIT" IN Q.20]** And was the information in the influenza kit easy or difficult to understand? Please use a 7-point scale, where "1" means "very difficult to understand," and "7" means "very easy to understand." **CODE ONE ONLY – PROBE TO AVOID ACCEPTING A RANGE**

01 Very difficult to understand
02
03
04
05
06
07 Very easy to understand
VOLUNTEERED
97 Didn't use kit
98 Don't know/No answer

23. **[POSE Q.23 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.23 IF "DIDN'T USE KIT" IN Q.20 OR Q.22]** And how would you rate the influenza kit in terms of the amount of information contained in it? Please use a 7-point scale, where "1" means "not enough information," "7" means "too much information," and "4," the mid-point, means just the right amount of information. **CODE ONE ONLY – PROBE TO AVOID ACCEPTING A RANGE – IF THE RESPONDENT SAYS "7," CONFIRM THAT S/HE WISHES TO SAY "TOO MUCH INFORMATION"**

01 Not enough information
02
03
04 Just the right amount of information
05
06
07 Too much information
VOLUNTEERED
97 Didn't use kit
98 Don't know/No answer

24. **[POSE Q.24 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11]** And to what extent would you say the kit served to increase your influenza awareness? Please use a 7-point scale, where "1" means "did not increase your influenza awareness at all," "7" means "increased your influenza awareness a great deal." **CODE ONE ONLY – PROBE TO AVOID ACCEPTING A RANGE**

01 Did not increase your influenza awareness at all
02
03
04
05
06
07 Increased your influenza awareness a great deal
VOLUNTEERED
97 Didn't use kit
98 Don't know/No answer

Q.25 is deleted.

Q.26 is deleted.

27. **[POSE Q.27 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.27 IF "DIDN'T USE KIT" IN Q.20 OR Q.22]** I am now going to mention different components of the influenza kit, and I would like you to tell me how satisfied you were with each component. Please again use a 7-point scale, where "1" means "very dissatisfied," and "7" means "very satisfied." [To begin/Next], how satisfied were you with … : **READ AND ROTATE COMPONENTS - CODE ONE ONLY PER COMPONENT - PROBE TO AVOID ACCEPTING A RANGE**

a. Deleted
b. Deleted
c. The listing of drugs that suggest high-risk status
d. Deleted
e. The Quick Facts about influenza section
f. Deleted
g. The telephone consultation script form to be used with high-risk patients

01 Very dissatisfied
02
03
04
05
06
07 Very satisfied
VOLUNTEERED
97 Didn't use kit
98 Don't know/No answer

Q.28 is deleted.

29. **[POSE Q.29 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11; AND POSE Q.29 ONLY IF A PHARMACY RESPONDENT]** And using a scale from "1" to "7" where "1" is "never" and "7" is "always," how often did you use the stickers that were provided in the kit to recommend to high-risk patients that they get the flu shot? These stickers were designed to be placed on prescription bottles. **CODE ONE ONLY – PROBE TO AVOID ACCEPTING A RANGE**

01 Never
02
03
04
05
06
07 Always
VOLUNTEERED
97 Don't have any high-risk clients
98 Don't know/No answer

Q.30 is deleted.

SECTION F: KIT DELIVERY FORMAT

31. Now I have a question about how influenza kits or information could be made available to people such as you in the future. Which one of the following three choices would be most convenient for you?
READ AND ROTATE CHOICES – ACCEPT ONE ONLY

01 Receiving the kit in paper hard copy, as is the case at present
~ ***OR*** ~
02 Receiving the kit as an e-mail attachment
~ ***OR*** ~
03 Being directed to the kit at a secure Internet location
VOLUNTEERED
94 None of the above
95 Any of the above
96 All of the above
97 Don't use kit
98 Don't know/No answer
99 Other (**SPECIFY**: _____)

SECTION G: INFLUENZA CLINICS

32. *Moving along …* Has your [Public Health Office/Pharmacy] conducted an influenza clinic in the past 6 months? **CODE ONE ONLY**

1 Yes
2 No
7 Refused/Cannot recall

33. **[POSE Q.33 ONLY IF "YES" IN Q.32]** How did your [Public Health Office/Pharmacy] publicize this or these influenza clinics? **DO NOT READ RESPONSES – CODE AS MANY AS APPLY**

01 Sign in the office
02 On our website
03 Word of mouth at appointments
04 Used influenza kit materials
05 Radio ad
06 Newspaper ad
97 Nothing specific
98 Don't know/No answer
99 Other (**SPECIFY**: _____)

34. **[POSE Q.34 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. AS WELL, POSE Q.34 ONLY IF "YES" IN Q.32, BUT DO NOT POSE IF "USED INFLUENZA KIT MATERIALS" IN Q.33]** To help publicize your clinic(s), did your [Public Health Office/Pharmacy] use the materials in the immunization kit? **CODE ONE ONLY**

1 Yes
2 No
8 Don't know/No answer

35. **[POSE Q.35 ONLY IF "YES" IN Q.34]** To publicize your influenza clinic, did your [Public Health Office/Pharmacy] use the promotional letter to physicians and retirement home directors that was included in the influenza kit? **CODE ONE ONLY**

    1 Yes
    2 No
    8 Don't know/No answer

36. **[POSE Q.36 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. AS WELL, POSE Q.36 ONLY IF "YES" IN Q.32]** Would your [Public Health Office/Pharmacy] have conducted an influenza clinic in the past 6 months, if it had not received the influenza immunization kit discussed in this survey? Please use a 7-point scale, where "1" means "Definitely would not have had the clinic," and "7" means "Definitely would have had the clinic." **CODE ONE ONLY**

    01 Definitely would not have had the clinic
    02
    03
    04
    05
    06
    07 Definitely would have had the clinic
    VOLUNTEERED
    97 Didn't use kit
    98 Don't know/No answer

37. Does your [Public Health Office/Pharmacy] plan to conduct an influenza clinic before or during next year's flu season?
    CODE ONE ONLY – BE SURE AND DISTINGUISH BETEEN "NO" AND "HAVEN'T DECIDED YET"

    1 Yes
    2 No
    7 Haven't decided yet
    8 Don't know/No answer

SECTION H: STAKEHOLDER EVALUATIONS AND RESPONSIBILITIES

Moving along …

38. Yes or No, do you think the Public Health Agency of Canada should be responsible for informing Canadians about preventing the spread of influenza?
    CODE ONE ONLY

    1 Yes
    2 No
    8 Don't know

Q.39 is deleted.

SECTION I: CLOSING AND DEMOGRAPHICS

39a. **[POSE Q.39a ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. AND, POSE Q.39a ONLY TO PUBLIC HEALTH OFFICES]** Did your public health office distribute influenza awareness materials from the kit to any of the following groups?
READ AND ROTATE GROUPS, EXCEPT ALWAYS POSE "d" LAST – CODE ONE ONLY PER a-c GROUP

a. Other public health offices
b. Physicians
c. Community groups
d. Any others? **PROBE IF "YES":** Which groups? (**SPECIFY:** _____)

1 Yes, did distribute
2 No, did not distribute
VOLUNTEERED
7 Didn't receive enough materials to distribute
8 Don't know/No answer

40. *Moving along …* Would you like to receive a copy of the influenza immunization kit by e-mail, or, could I provide you with an Internet address that contains the kit?
CODE ONE ONLY – PROBE FOR SPECIFIC "YES" RESPONSE. IF ASKED BY RESPONDENT, SAY THE IMMUNIZATION GUIDE CAN BE FOUND AT:
http://www.pharmacists.ca/content/hcp/resource_centre/practice_resources/pdf/InfluenzaGuide_eng.pdf

1 Yes, please e-mail me
2 Yes, please provide Internet address for kit
3 No, want neither

41. Would you like to receive a copy of the survey results, by e-mail?
RECORD E-MAIL ADDRESS, IF "YES"

1 Yes (**RECORD E-MAIL ADDRESS**: _____)
2 No

42. Finally, I would like information about yourself that will help us analyse the survey results. Have you personally had a flu shot in the past 6 months? **CODE ONE ONLY**

1 Yes
2 No
7 Refused/Cannot recall

43. **RECORD GENDER** (By observation):

1 Male
2 Female

44. **[POSE Q.44 ONLY IF INFORMATION IS NOT IN SAMPLE RECORD]** In what city, town, or village do you primarily work? **RECORD COMMUNITY**

_____
97 Refused

45. [**ASK Q. 45 ONLY IF THE RESPONDENT IS A PHARMACY]** Have I reached you at a pharmacy that is part of a chain of drug stores, or is this an independent pharmacy? **CODE ONE ONLY**

1 Chain
2 Independent
8 Don't know/No answer

46. **[POSE Q.46 ONLY IF INFORMATION IS NOT IN SAMPLE RECORD]** Finally, could you provide the postal code of your primary place of work?
RECORD POSTAL CODE – RECORD FIRST THREE ELEMENTS IF ONLY PARTIAL IS AVAILABLE

RECORD: _____
97 Refused/Don't know/No answer

Thank you and have a great day! This survey was sponsored by the Public Health Agency of Canada, which was established by the federal government to help protect the health and safety of Canadians.

Interviewer Certification: I hereby certify that this survey was conducted in the manner in which it was intended and understand that a portion of completed interviews will be verified by a field supervisor.

Interviewer's Name: _____ Date: _____

Directives générales :

L'intervieweur doit lire chaque ensemble de directives apparaissant dans les diverses parties du présent questionnaire.

L'intervieweur doit inscrire clairement toutes les réponses, textuellement au besoin.

L'intervieweur doit éviter de paraphraser ou de reformuler les réponses.

INSCRIRE LES RENSEIGNEMENTS SUIVANTS :

Nom du répondant : _____

N° de téléphone : _____

Communauté : _____

Code postal : _____

Identification CRA : _____

SECTION A : INTRODUCTION

Bonjour. Puis-je parler au [pharmacien responsable/fournisseur de soins de santé]? Mon nom est _____, et je travaille pour Corporate Research Associates, une société de sondage d'opinion. Nous effectuons aujourd'hui un important sondage pour le gouvernement du Canada.

Ce sondage vise à mieux cerner le degré de connaissances des pharmaciens et des agents de santé publique au sujet de l'influenza. Vous pouvez tenir pour certain que nous n'essayons pas de vendre quoi que ce soit, et votre participation est volontaire. Votre participation est à titre anonyme et vos réponses demeureront confidentielles. Le sondage respecte les exigences de la *Loi sur la protection des renseignements personnels* et prend environ 10 minutes.

Ce sondage est enregistré auprès du système national d'enregistrement des sondages. Pour vous remercier de votre participation, nous vous remettrions avec plaisir un résumé des constatations du sondage.

ORGANISER UN RAPPEL AU BESOIN – SI LA PERSONNE INTERROGÉE A DES QUESTIONS SUR LE SONDAGE, PRENDRE NOTE DE SON NOM ET DE SON NUMÉRO DE TÉLÉPHONE, ET PETER MacINTOSH LA RAPPELLERA. NE PAS ACCEPTER LES AIDES-PHARMACIENS COMME RÉPONDANTS.

1. **INSCRIRE LA RÉPONSE PERTINENTE TIRÉE DE L'ÉCHANTILLON – CODER UNE SEULE RÉPONSE**

   1 Pharmacie
   2 Bureau de santé publique

2. Dans quelle langue officielle préférez-vous être interrogé?
LIRE LES RÉPONSES – CODER UNE SEULE RÉPONSE

1 Anglais
2 Français

2a. **[POSER LA Q. 2a SEULEMENT SI LE RÉPONDANT REPRÉSENTE UNE PHARMACIE]** Travaillez-vous dans une pharmacie non commerciale qui est située dans un hôpital ou un établissement de santé?
CODER UNE SEULE RÉPONSE

1 Oui **REMERCIER, TERMINER ET INSCRIRE**
2 Non **POURSUIVRE**

SECTION B : SENSIBILISATION ET CONNAISSANCE

3. À qui demanderiez-vous des renseignements sur l'influenza et les sujets qui s'y rapportent? **APPROFONDIR :** Y en a-t-il d'autres?
NE PAS LIRE LES RÉPONSES – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 Agence de santé publique du Canada
02 Santé Canada
03 Gouvernement provincial ou territorial
04 Coalition canadienne pour la sensibilisation et la promotion de la vaccination
05 Associations médicales
06 Associations infirmières
07 Professionnels de la santé de première ligne
08 Pharmacies/pharmaciens
09 Association canadienne des chaînes de pharmacies (ACCP)
10 Association des pharmaciens du Canada
11 Gouvernement fédéral/gouvernement du Canada
12 Groupes autochtones/des Premières nations/métis
13 Bureaux de santé publique
14 Comité consultatif national de l'immunisation
97 Je ne chercherais pas de tels renseignements
98 Ne sait pas/pas de réponse
99 Autre (**PRÉCISER** : _____)

4. [question supprimée]

5. [question supprimée]

6. Selon vous, quelles sont, parmi la population, les personnes qui font partie du groupe à risque élevé de contracter l'influenza? **APPROFONDIR :** Y en a-t-il d'autres? **NE PAS LIRE LES RÉPONSES – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT**

01 Tout le monde
02 Jeunes enfants/bambins/bébés **DE DEUX ANS OU MOINS**
03 Enfants
04 Aînés/personnes de 65 ans et plus
05 Personnes ayant des troubles respiratoires
06 Parents/gardiens **DE JEUNES ENFANTS/BAMBINS/BÉBÉS**
07 Parents/gardiens
08 Les personnes du secteur des soins de santé
09 Autochtones/Premières nations
10 Les personnes qui prennent certains médicaments particuliers
97 Personne n'est considéré comme étant à risque plus élevé que les autres
98 Ne sait pas/pas de réponse
99 Autre (**PRÉCISER** : _____)

SECTION C : COMPORTEMENT

7. La prochaine question porte sur vos communications avec les clients qu'on peut décrire comme étant à risque élevé de contracter l'influenza. Lors des consultations qui ont lieu pendant la saison de l'influenza, ou près de cette période, quelle est la probabilité que vous recommanderiez la vaccination contre la grippe à un client donné? Diriez-vous que vous recommanderiez la vaccination : **LIRE LES RÉPONSES DANS L'ORDRE – CODER UNE SEULE RÉPONSE**

1 Toujours
2 Habituellement
3 Parfois
4 Rarement
5 Jamais

RÉPONSE DONNÉE SPONTANÉMENT

96 Selon les circonstances particulières de la personne
97 N'a pas de clients à risque élevé
98 Ne sait pas/pas de réponse

SECTION D : SOUVENIR DE LA TROUSSE

8. En 2006, du matériel d'information a été produit pour appuyer une campagne nationale d'immunisation contre la grippe. Une des principales caractéristiques de cette campagne consistait en une trousse d'information distribuée l'automne dernier aux [pharmacies/bureaux de santé publique]. Cette documentation soulignait l'importance de la vaccination annuelle contre l'influenza. **LIRE SI LE RÉPONDANT REPRÉSENTE UNE PHARMACIE :** La trousse à l'usage des pharmaciens incluait des autocollants pour récipients de médicaments qui incitaient les clients à risque à se faire vacciner, un guide de poche, une affiche et du matériel de sensibilisation à distribuer. **LIRE SI LE RÉPONDANT REPRÉSENTE UN BUREAU DE SANTÉ PUBLIQUE :** La trousse d'information à l'usage des bureaux de santé publique incluait des affiches de la campagne ainsi que d'autres documents didactiques et promotionnels. **LIRE À TOUS LES RÉPONDANTS :** Vous souvenez-vous d'avoir vu cette trousse durant les derniers mois?
CODER UNE SEULE RÉPONSE

1 Oui, se souvient de la trousse
2 Non, ne se souvient pas de la trousse
8 Ne sait pas/pas de réponse

9. **[POSER LA Q. 9 SEULEMENT SI LA RÉPONSE À LA Q. 8 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE »]** Selon vous, qui a commandité et distribué cette trousse? **APPROFONDIR :** Y en a-t-il d'autres? **NE PAS LIRE LES RÉPONSES – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT**

01 Agence de santé publique du Canada
02 Santé Canada
03 Gouvernement provincial ou territorial
04 Coalition canadienne pour la sensibilisation et la promotion de la vaccination
05 Associations médicales
06 Associations infirmières
07 Professionnels de la santé de première ligne
08 Pharmacies/pharmaciens
09 Association canadienne des chaînes de pharmacies (ACCP)
10 Association des pharmaciens du Canada
11 Gouvernement fédéral/gouvernement du Canada
12 Groupes autochtones/des Premières nations/métis
13 Bureaux de santé publique
14 Comité consultatif national de l'immunisation
98 Ne sait pas/pas de réponse
99 Autre (**PRÉCISER** : _____)

10. **[POSER LA Q. 10 SEULEMENT SI LA RÉPONSE À LA Q. 8 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE »]** Cette trousse d'information sur la vaccination contre l'influenza était un projet réalisé conjointement par l'Association des pharmaciens du Canada, l'Association canadienne des chaînes de pharmacies, la Coalition canadienne pour la sensibilisation et la promotion de la vaccination, et l'Agence de santé publique du Canada. Sachant cela, vous souvenez-vous maintenant que la trousse était un projet conjoint de ces groupes? **CODER UNE SEULE RÉPONSE**

1 Oui, se souvient du projet conjoint
2 Non, ne se souvient pas du projet conjoint
8 Ne sait pas/pas de réponse

11. **[POSER LA Q. 11 SEULEMENT SI LA RÉPONSE À LA Q. 8 ÉTAIT « NON, NE SE SOUVIENT PAS DE LA TROUSSE » OU « NE SAIT PAS/PAS DE RÉPONSE »]** Cette trousse d'information sur la vaccination contre l'influenza était un projet réalisé conjointement par l'Association des pharmaciens du Canada, l'Association canadienne des chaînes de pharmacies, la Coalition canadienne pour la sensibilisation et la promotion de la vaccination, et l'Agence de santé publique du Canada. Sachant cela, vous souvenez-vous d'avoir vu cette trousse durant les derniers mois? **CODER UNE SEULE RÉPONSE**

    1 Oui, se souvient de la trousse
    2 Non, ne se souvient pas de la trousse
    8 Ne sait pas/pas de réponse

12. [question supprimée]

13. En plus de la trousse d'information sur l'influenza dont nous venons de parler, est-ce que votre [pharmacie/bureau de santé publique] a reçu d'autres documents d'information sur l'influenza depuis l'été dernier? **CODER UNE SEULE RÉPONSE**

    1 Oui
    2 Non
    8 Ne sait pas/pas de réponse

14. **[POSER LA Q. 14 SEULEMENT SI LA RÉPONSE À LA Q. 13 ÉTAIT « OUI »]** Selon vos souvenirs, quelles autres sources ont fourni à votre [pharmacie/bureau de santé publique] des documents d'information sur l'influenza depuis l'été dernier? **APPROFONDIR :** Y en a-t-il d'autres? **NE PAS LIRE LES RÉPONSES – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT**

    01 Agence de santé publique du Canada
    02 Santé Canada
    03 Gouvernement provincial ou territorial
    04 Coalition canadienne pour la sensibilisation et la promotion de la vaccination
    05 Associations médicales
    06 Associations infirmières
    07 Professionnels de la santé de première ligne
    08 Pharmacies/pharmaciens
    09 Association canadienne des chaînes de pharmacies (ACCP)
    10 Association des pharmaciens du Canada
    11 Gouvernement fédéral/gouvernement du Canada
    12 Groupes autochtones/des Premières nations/métis
    13 Bureaux de santé publique
    14 Comité consultatif national de l'immunisation
    97 Ne se souvient pas de la trousse
    98 Ne sait pas/pas de réponse
    99 Autre (**PRÉCISER** : _____)

SECTION E : TROUSSE ET ÉVALUATION DES COMMANDITAIRES

15. **[POSER LA Q. 15 SEULEMENT SI : (LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE »), *ET* SI LA RÉPONSE À LA Q. 13 ÉTAIT « OUI »]** [Et,] Jusqu'à quel point, le cas échéant, l'information sur l'influenza présentée dans la trousse que vous avez reçue était-elle répétée dans les documents que vous avez reçus d'autres sources depuis l'été dernier? Veuillez indiquer votre appréciation sur une échelle de 1 à 7, où 1 signifie « aucune répétition » et 7 signifie « beaucoup de répétitions ».
CODER UNE SEULE RÉPONSE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES

1 Aucune répétition
2
3
4
5
6
7 Beaucoup de répétitions

RÉPONSE DONNÉE SPONTANÉMENT

8 Ne sait pas/pas de réponse

16. [question supprimée]

17. [question supprimée]

18. [question supprimée]

Je vais maintenant passer à une série de questions relatives à la trousse d'information sur l'influenza.

19. **[POSER LA Q. 19 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE »]** Selon vous, les documents didactiques et promotionnels de la trousse ont-ils été fournis aux intervenants de première ligne en matière de santé de votre [pharmacie/bureau de santé publique]?
CODER UNE SEULE RÉPONSE – LIRE LES RÉPONSES SI NÉCESSAIRE – APPROFONDIR POUR OBTENIR UNE RÉPONSE PRÉCISE EN CAS DE « OUI »

1 Oui, à tous les intervenants
2 Oui, à certains intervenants
3 Non

RÉPONSE DONNÉE SPONTANÉMENT

8 Ne sait pas/pas de réponse

20. **[POSER LA Q. 20 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE »]** [Et,] À quel point la trousse d'information sur l'influenza vous a-t-elle été utile pour renseigner vos clients? Veuillez indiquer votre appréciation sur une échelle de 1 à 7, où 1 signifie « pas du tout utile » et 7 signifie « très utile ».
CODER UNE SEULE RÉPONSE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES

01 Pas du tout utile
02
03
04
05
06
07 Très utile
RÉPONSE DONNÉE SPONTANÉMENT
97 N'a pas utilisé la trousse
98 Ne sait pas/pas de réponse

21. [question supprimée]

22. **[POSER LA Q. 22 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE » – NE PAS POSER LA Q. 22 SI LA RÉPONSE À LA Q. 20 ÉTAIT « N'A PAS UTILISÉ LA TROUSSE »** L'information présentée dans la trousse d'information sur l'influenza était-elle facile ou difficile à comprendre? Veuillez indiquer votre appréciation sur une échelle de 1 à 7, où 1 signifie « très difficile à comprendre » et 7 signifie « très facile à comprendre ». **CODER UNE SEULE RÉPONSE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES**

01 Très difficile à comprendre
02
03
04
05
06
07 Très facile à comprendre
RÉPONSE DONNÉE SPONTANÉMENT
97 N'a pas utilisé la trousse
98 Ne sait pas/pas de réponse

23. **[POSER LA Q. 23 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE ». NE PAS POSER LA Q. 23 SI LA RÉPONSE À LA Q. 20 OU À LA Q. 22 ÉTAIT « N'A PAS UTILISÉ LA TROUSSE »]** Comment évalueriez-vous la quantité d'information présentée dans la trousse d'information sur l'influenza? Veuillez indiquer votre appréciation sur une échelle de 1 à 7, où 1 signifie « pas assez d'information », 7 signifie « trop d'information », et 4, le point moyen, signifie « la bonne quantité d'information ».
CODER UNE SEULE RÉPONSE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES – Si LE RÉPONDANT INDIQUE « 7 », CONFIRMER QU'IL VEUT DIRE « TROP D'INFORMATION »

01 Pas assez d'information
02
03
04 La bonne quantité d'information
05
06
07 Trop d'information

RÉPONSE DONNÉE SPONTANÉMENT

97 N'a pas utilisé la trousse
98 Ne sait pas/pas de réponse

24. **[POSER LA Q. 24 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE »]** À quel point la trousse d'information sur l'influenza vous a-t-elle sensibilisé davantage en matière d'influenza? Veuillez indiquer votre appréciation sur une échelle de 1 à 7, où 1 signifie « N'a pas du tout sensibilisé davantage » et 7 signifie « A beaucoup plus sensibilisé ».
CODER UNE SEULE RÉPONSE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES

01 N'a pas du tout sensibilisé davantage
02
03
04
05
06
07 A beaucoup plus sensibilisé

RÉPONSE DONNÉE SPONTANÉMENT

97 N'a pas utilisé la trousse
98 Ne sait pas/pas de réponse

25. [question supprimée]

26. [question supprimée]

27. **[POSER LA Q. 27 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE ». NE PAS POSER LA Q. 27 SI LA RÉPONSE À LA Q. 20 OU À LA Q. 22 ÉTAIT « N'A PAS UTILISÉ LA TROUSSE ».]** Je vais maintenant vous nommer différentes composantes de la trousse d'information sur l'influenza et j'aimerais que vous m'indiquiez votre degré de satisfaction à l'égard de chacune d'entre elles. Veuillez utiliser à nouveau une échelle de 7 points où 1 signifie « très insatisfait » et 7 signifie « très satisfait. » [Pour débuter/Maintenant], À quel point êtes-vous satisfait de … :

LIRE ET FAIRE LA ROTATION DES COMPOSANTES – CODER UNE SEULE RÉPONSE PAR COMPOSANTE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES

c. La liste des médicaments laissant présager un risque élevé

e. La section info-flash sur l'influenza

g. Le formulaire de consultation téléphonique à utiliser avec les patients à risque élevé

01 Très insatisfait
02
03
04
05
06
07 Très satisfait

RÉPONSE DONNÉE SPONTANÉMENT

97 N'a pas utilisé la trousse
98 Ne sait pas/pas de réponse

28. [question supprimée]

29. **[POSER LA Q. 29 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE » ET SI LE RÉPONDANT EST UN PHARMACIEN]** En utilisant une échelle de 1 à 7, où 1 signifie « jamais » et 7 « toujours », indiquez à quelle fréquence vous avez utilisé les autocollants fournis dans la trousse pour recommander aux patients à risque élevé de se faire vacciner contre la grippe? Ces autocollants étaient conçus pour être apposés sur les contenants des médicaments prescrits.

CODER UNE SEULE RÉPONSE – APPROFONDIR POUR ÉVITER D'ACCEPTER UNE PLAGE DE RÉPONSES

01 Jamais
02
03
04
05
06
07 Toujours

RÉPONSE DONNÉE SPONTANÉMENT

97 Je n'ai aucun client à risque élevé
98 Ne sait pas/pas de réponse

30. [question supprimée]

SECTION F : FORMAT DE LA TROUSSE POUR LA LIVRAISON

31. J'ai maintenant une question portant sur la façon dont les trousses d'information sur l'influenza pourraient être expédiées à l'avenir aux gens comme vous. Des trois moyens suivants, lequel serait le plus pratique pour vous?
LIRE ET FAIRE LA ROTATION DES OPTIONS – ACCEPTER UNE SEULE RÉPONSE

01 Recevoir une copie papier de la trousse, comme c'est le cas présentement

- OU -

02 Recevoir la trousse par courriel sous forme de pièce jointe

- OU -

03 Être informé de l'accessibilité de la trousse à un emplacement sécurisé sur Internet

RÉPONSE DONNÉE SPONTANÉMENT

94 Aucun de ces moyens
95 N'importe lequel de ces moyens
96 Tous ces moyens
97 N'utilise pas la trousse
98 Ne sait pas/pas de réponse
99 Autre (**PRÉCISER** : _____)

SECTION G : CLINIQUES DE VACCINATION CONTRE L'INFLUENZA

32. *Passons à la question suivante* … Est-ce que votre [bureau de santé publique/pharmacie] a tenu une clinique de vaccination contre l'influenza au cours des 6 derniers mois?
CODER UNE SEULE RÉPONSE

1 Oui
2 Non
7 Refus/Ne se souvient pas

33. **[POSER LA Q. 33 SEULEMENT SI LA RÉPONSE À LA Q. 32 ÉTAIT « OUI »]** Comment est-ce que votre [bureau de santé publique/pharmacie] a fait la promotion des ces cliniques de vaccination?
NE PAS LIRE LES RÉPONSES – CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT

01 Enseigne dans le bureau
02 Son site Internet
03 Bouche à oreille lors des rendez-vous
04 Utilisation du matériel promotionnel de la trousse d'information
05 Annonce à la radio
06 Annonce dans les journaux
97 Rien de particulier
98 Ne sait pas/pas de réponse
99 Autre (**PRÉCISER** : _____)

34. **[POSER LA Q. 34 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE », ET QUE LA RÉPONSE À LA Q. 32 ÉTAIT « OUI ». NE PAS POSER LA Q. 34 SI LA RÉPONSE À LA Q. 33 ÉTAIT « UTILISATION DU MATÉRIEL PROMOTIONNEL DE LA TROUSSE D'INFORMATION »]** Pour aider à faire la promotion de vos cliniques, est-ce que votre [bureau de santé publique/pharmacie] a utilisé le matériel de la trousse d'immunisation?
CODER UNE SEULE RÉPONSE

1 Oui
2 Non
8 Ne sait pas/pas de réponse

35. **[POSER LA Q. 35 SEULEMENT SI LA RÉPONSE À LA Q. 34 ÉTAIT « OUI »]** Afin de promouvoir votre clinique de vaccination, est-ce que votre [bureau de santé publique/pharmacie] a utilisé les lettres promotionnelles aux médecins et aux directeurs de résidences pour personnes âgées incluses dans la trousse d'information sur l'influenza?
CODER UNE SEULE RÉPONSE

1 Oui
2 Non
8 Ne sait pas/pas de réponse

36. **[POSER LA Q. 36 SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE » ET QUE LA RÉPONSE À LA Q. 32 ÉTAIT « OUI »]** Est-ce que votre [bureau de santé publique/pharmacie] aurait tenu une clinique de vaccination contre la grippe au cours des 6 derniers mois, s'il / si elle n'avait pas reçu la trousse d'information sur la vaccination dont il est question dans le sondage? Veuillez utiliser une échelle de 7 points où 1 signifie « Il n'y aurait certainement pas eu de clinique » et 7 signifie « Il y aurait certainement eu une clinique.»
CODER UNE SEULE RÉPONSE

01 Il n'y aurait certainement pas eu de clinique
02
03
04
05
06
07 Il y aurait certainement eu une clinique
RÉPONSE DONNÉE SPONTANÉMENT
97 N'a pas utilisé la trousse
98 Ne sait pas/pas de réponse

37. Est-ce que votre [bureau de santé publique/pharmacie] prévoit mener une clinique de vaccination avant ou pendant la prochaine saison de la grippe?
CODER UNE SEULE RÉPONSE – S'ASSURER DE BIEN DISTINGUER « NON » ET « PAS ENCORE DÉCIDÉ »

1 Oui
2 Non
7 Pas encore décidé
8 Ne sait pas/pas de réponse

SECTION H : ÉVALUATION ET RESPONSABILITÉS DES INTERVENANTS

Passons à la prochaine question…

38. Pensez-vous, oui ou non, que c'est l'Agence de santé publique du Canada qui devrait être responsable d'informer les Canadiens en matière de prévention de la propagation de l'influenza?
CODER UNE SEULE RÉPONSE

1 Oui
2 Non
8 Ne sait pas

39. [question supprimée]

SECTION I : CONCLUSION ET DONNÉES DÉMOGRAPHIQUES

39a. **[POSER LA Q. 39a SEULEMENT SI LA RÉPONSE À LA Q. 8 OU À LA Q. 11 ÉTAIT « OUI, SE SOUVIENT DE LA TROUSSE » ET SI LE RÉPONDANT REPRÉSENTE UN BUREAU DE SANTÉ PUBLIQUE]** Votre bureau de santé publique a-t-il distribué le matériel de sensibilisation à l'influenza inclus dans la trousse aux groupes suivants?
FAIRE LA ROTATION DES GROUPES – SAUF d, QUI DOIT ÊTRE PRÉSENTÉ EN DERNIER. CODER UNE SEULE RÉPONSE PAR GROUPE POUR LES GROUPES a-c.

a. D'autres bureaux de santé publique
b. De médecins
c. De groupes communautaires
d. Y a-t-il d'autres groupes? **SI OUI, APPROFONDIR :** Lesquels? (**PRÉCISER** : _____)

1 Oui, a distribué du matériel
2 Non, n'a pas distribué de matériel
RÉPONSE SPONTANÉE
7 N'a pas reçu du matériel en quantité suffisante pour le distribuer
8 Ne sait pas/pas de réponse

40. Passons à une autre question… Aimeriez-vous recevoir par courriel une copie de la trousse d'information sur la vaccination contre l'influenza, ou est-ce que je pourrais vous donner l'adresse d'un site Internet sur lequel elle figure?
CODER UNE SEULE RÉPONSE – APPROFONDIR POUR QUE LES RÉPONSES AFFIRMATIVES DONNÉES SOIENT SPÉCIFIQUES. SI LE RÉPONDANT LE DEMANDE, DITES QUE LE GUIDE SUR LA VACCINATION EST DISPONIBLE AU :
http://www.pharmacists.ca/content/hcp/resource_centre/practice_resources/pdf/InfluenzaGuide_fr.pdf

1 Oui, veuillez l'envoyer par courriel
2 Oui, veuillez donner l'adresse Internet de la trousse
3 Non, aucun des deux

41. Aimeriez-vous recevoir une copie des résultats du sondage par courriel?
SI LA RÉPONSE EST « OUI », INSCRIRE L'ADRESSE DE COURRIEL

1 Oui (**INSCRIRE L'ADRESSE DE COURRIEL** : _____)
2 Non

42. Pour terminer, j'aimerais que vous me donniez quelques renseignements sur vous-même qui nous aideront à analyser les résultats du sondage. Avez-vous été vacciné contre la grippe au cours des 6 derniers mois?
CODER UNE SEULE RÉPONSE
1 Oui
2 Non
7 Refus/Ne se souvient pas

43. **INSCRIRE LE SEXE DU RÉPONDANT** (Par observation) :

1 Homme
2 Femme

44. **[POSER LA Q. 44 SEULEMENT SI L'INFORMATION NE FIGURE PAS DANS LES RENSEIGNEMENTS TIRÉS DES DOSSIERS D'ÉCHANTILLONS]** Dans quel ville ou village travaillez-vous principalement? **INSCRIRE LE NOM DE LA VILLE OU DU VILLAGE**

_____
97 A refusé de répondre

45. **[POSER LA Q. 45 SEULEMENT SI LE RÉPONDANT REPRÉSENTE UNE PHARMACIE]** Votre pharmacie fait-elle partie d'une chaîne, ou s'agit-il d'une pharmacie indépendante? **CODER UNE SEULE RÉPONSE**

1 Chaîne
2 Indépendante
8 Ne sait pas/Pas de réponse

46. **[POSER LA Q. 46 SEULEMENT SI L'INFORMATION NE FIGURE PAS DANS LES RENSEIGNEMENTS TIRÉS DES DOSSIERS D'ÉCHANTILLONS]** Pourriez-vous donner le code postal de votre lieu de travail principal?
INSCRIRE LE CODE POSTAL; INSCRIRE LES TROIS PREMIERS CARACTÈRES SI L'INFORMATION N'EST PAS COMPLÈTE

INSCRIRE : _____
97 Refus/Ne sait pas/Pas de réponse

Je vous remercie de votre participation. Bonne journée! Ce sondage est commandité par l'Agence de santé publique du Canada, mise sur pied par le gouvernement fédéral pour protéger la santé et la sécurité des Canadiens.

Attestation de l'intervieweur : J'atteste que ce sondage a été réalisé comme il devait l'être et je comprends que les entrevues seront vérifiées en partie par un superviseur.

Nom de l'intervieweur : _____Date : _____

Appendix B:
Tabular Results

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TABLE LANGUAGE:

Language of person answering phone?

	OVERALL PHARMACY %	OVERALL PHO %
English	86	97
French	14	3
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 2:

In which official language would you prefer to be interviewed?

	OVERALL PHARMACY %	OVERALL PHO %
English	86	97
French	14	3
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

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TABLE 3:

To which sources or organizations would you turn, if you were seeking information about influenza and related topics? PROBE: Any others?

	OVERALL PHARMACY %	OVERALL PHO %
Health Canada	30	26
Internet (general)	25	10
Print references (books, journals, newsletters, etc.)	14	18
Public Health Agency of Canada	9	30
Drug information and research centre (DIRC)/Health line	14	0
Pharmacies/Pharmacists	12	6
Public Health Offices	10	15
Provincial/Territorial government	8	29
Hospital/Clinic/Doctors' offices/Health unit	8	8
Canadian Pharmacists Association	7	1
Front line health care professionals	4	15
Centre for Disease Control (CDC)	2	21
Drug companies/manufacturers	5	0
Federal government/Government of Canada	5	2
Provincial pharmacy associations	5	0
Health websites	4	5
College of Pharmacies	3	0
Doctors associations	2	4
CPS	2	0
Government websites (general)	2	0
World Health Organization (WHO)	1	3

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TABLE 3:

To which sources or organizations would you turn, if you were seeking information about influenza and related topics? PROBE: Any others?

	OVERALL PHARMACY %	OVERALL PHO %
Canadian Coalition for Immunization Awareness and Promotion	0	8
Medscape	1	0
National Advisory Committee on Immunization	0	5
Universities/Universities websites	1	0
Ministry of Health	1	1
Nurses associations	1	1
Native groups/First nations/Aboriginals/Métis	0	3
Canadian Association of Chain Drug Stores (CACDS)	0	1
Would not be seeking such information	0	0
Other	9	17
Don't know/No answer	3	0
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

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TABLE 6:

To the best of your knowledge, which members of the population are considered to be in the high-risk group for influenza? PROBE: Any others?

	OVERALL PHARMACY %	OVERALL PHO %
Seniors/People 65 or older	92	95
Small children/Infants/Babies under two years of age/Two or younger	42	80
Those in the health care sector	29	28
Those with respiratory problems	29	24
Those with compromised immune systems/ immune deficiencies	29	19
Children	25	19
Those with chronic diseases (general)	10	50
People taking specific medications	9	7
Diabetics	8	4
Anyone with a disease/health condition (general)	5	4
People with AIDS/HIV	5	1
Those with heart/cardiac diseases	4	5
Parents/Child caregivers of small children/ babies/infants	3	10
Everyone	4	2
People with cancer	3	3
People in nursing homes/long-term care facilities	3	5
Pregnant women	2	3
Parents/Child caregivers	2	4
Institutionalized/Hospitalized people	3	0
People with COPD	2	0
People with kidney disease/Dialysis patients	0	1

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TABLE 6:

To the best of your knowledge, which members of the population are considered to be in the high-risk group for influenza? PROBE: Any others?

	OVERALL PHARMACY %	OVERALL PHO %
Aboriginals/Natives/First Nations	0	1
Other	11	10
Don't know/No answer	0	0
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

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TABLE 7:

Now I have a question about your experience in communicating with clients who could be termed higher risk for the flu. In consulting with such clients around the time of the flu season, do you always, usually, may or may not, rarely, or never provide verbal or other information recommending that they should get the flu shot?

	OVERALL PHARMACY %	OVERALL PHO %
Always	29	75
Usually	44	20
May or may not	16	0
Rarely	8	0
Never	1	0
Depends on the particular circumstances of the individual clients	2	3
Don't have any high-risk clients	0	1
Don't know/No answer	0	1
WEIGHTED SAMPLE SIZE (#)	**721**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**715**	**142**

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TABLE 8:

In 2006, materials were developed to support a National Influenza Immunization Campaign. A central feature of this campaign was a kit that was distributed last fall to [PHARMACIES/PUBLIC HEALTH OFFICE]. These materials reinforced the importance of annual influenza immunization. [PHARMACIES] The pharmacists information kit included medication stickers warning high-risk customers to get a flu shot, a pocket guide, a poster, and a bag stuffer. [PUBLIC HEALTH OFFICE] The public health offices information kit included campaign posters plus other promotional and educational materials.

Do you recall seeing this kit over the past few months?

	OVERALL PHARMACY %	OVERALL PHO %
Yes, recall kit	57	68
No, do not recall kit	41	29
Don't know/No answer	2	3
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 9:

[POSE Q.9 ONLY IF "YES, RECALL KIT" IN Q.8]

To the best of your knowledge, who sponsored and distributed this kit?

	OVERALL PHARMACY %	OVERALL PHO %
Health Canada	19	18
Provincial/Territorial government	14	20
Canadian Pharmacists Association	9	1
Public Health Agency of Canada	3	24
Federal government/Government of Canada	7	5

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TABLE 9:

[POSE Q.9 ONLY IF "YES, RECALL KIT" IN Q.8]

To the best of your knowledge, who sponsored and distributed this kit?

	OVERALL PHARMACY %	OVERALL PHO %
Canadian Coalition for Immunization Awareness and Promotion	0	17
Drug companies/manufacturers	3	4
Public Health Offices	2	4
Pharmacies/Pharmacists	2	6
Provincial Pharmacy Association	2	0
Ministry of Health	2	1
Nurses associations	0	4
Government	1	0
National Advisory Committee on Immunization	0	2
CPHA	0	2
Native groups/First nations/Aboriginals/Métis	0	2
Center for Disease Control	0	2
Canadian Association of Chain Drug Stores (CACDS)	0	0
Front line health care professionals	0	2
Other	4	7
Don't know/No answer	47	19
WEIGHTED SAMPLE SIZE (#)	**455**	**97**
UNWEIGHTED SAMPLE SIZE (#)	**460**	**98**

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TABLE 10:

[POSE Q.10 ONLY IF "YES, RECALL KIT" IN Q.8]

This influenza immunization information kit actually was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. Knowing this, do you now recall that the kit was a joint venture of these groups?

	OVERALL PHARMACY %	OVERALL PHO %
Yes, now recall joint venture	51	39
No, do not recall joint venture	46	53
Don't know/No answer	4	7
WEIGHTED SAMPLE SIZE (#)	**455**	**97**
UNWEIGHTED SAMPLE SIZE (#)	**460**	**98**

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TABLE 11:

[POSE Q.11 IF "NO, DO NOT RECALL KIT" OR "DON'T KNOW/NO ANSWER" IN Q.8]

The influenza immunization information kit actually was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. Does knowing this lead you to recall seeing this kit over the past few months?

	OVERALL PHARMACY %	OVERALL PHO %
Yes, recall kit	9	7
No, do not recall kit	82	89
Don't know/No answer	9	4
WEIGHTED SAMPLE SIZE (#)	**345**	**45**
UNWEIGHTED SAMPLE SIZE (#)	**340**	**44**

TABLE Aided/Unaided Recall (Q8/Q11):

	OVERALL PHARMACY %	OVERALL PHO %
Yes	61	70
No	39	30
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

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TABLE 13:

Other than the influenza kit we just discussed, has your [PHARMACY/PUBLIC HEALTH OFFICE] received other influenza information materials since last summer?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	45	54
No	40	29
Don't know/No answer	15	17
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 14:

[POSE Q.14 ONLY IF "YES" IN Q.13]

As best as you can recall, from what other sources did your [PHARMACY/PUBLIC HEALTH OFFICE] receive influenza information materials since last summer?

	OVERALL PHARMACY %	OVERALL PHO %
Pharmacies/Pharmacists	34	17
Provincial/Territorial government	12	36
Drug companies/manufacturers	16	7
Public Health Offices	11	10
Canadian Pharmacists Association	7	1
Health Canada	4	11
Provincial Pharmacy Association	4	0
Centre for Disease Control	0	19

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TABLE 14:

[POSE Q.14 ONLY IF "YES" IN Q.13]

As best as you can recall, from what other sources did your [PHARMACY/PUBLIC HEALTH OFFICE] receive influenza information materials since last summer?

	OVERALL PHARMACY %	OVERALL PHO %
Public Health Agency of Canada	3	6
Print references (books, journals, newsletters, etc.)	3	1
Front line health care professionals	2	2
Hospital/Clinic/Doctors' office	2	1
Federal government/Government of Canada	1	2
College of Pharmacies	1	0
Canadian Coalition for Immunization Awareness and Promotion	0	4
Doctors associations	0	1
Canadian Association of Chain Drug Stores (CACDS)	0	0
National Advisory Committee on Immunization	0	1
Native groups/First nations/Aboriginals/Métis	0	1
Nurses associations	0	0
Other	8	12
Don't recall the kit	1	3
Don't know/No answer	16	5
WEIGHTED SAMPLE SIZE (#)	**357**	**76**
UNWEIGHTED SAMPLE SIZE (#)	**349**	**81**

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TABLE 15:

[POSE Q.15 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11, AND IF "YES" IN Q.13]

To what extent, if at all, was the influenza–related information in the kit you received duplicated in the information you received from other sources since last summer? Please use a scale from "1" to "7" where "1" means "no duplication at all", and "7" means "a great deal of duplication."

	OVERALL PHARMACY %	OVERALL PHO %
A great deal of duplication	13	8
6	15	8
5	22	21
4	18	21
3	14	13
2	8	10
No duplication at all	4	9
Don't know/No answer	7	11
WEIGHTED SAMPLE SIZE (#)	**209**	**52**
UNWEIGHTED SAMPLE SIZE (#)	**205**	**55**
TOP 3 BOX (5-7)	50	37
MIDDLE BOX (4)	18	21
BOTTOM 3 BOX (1-3)	25	31
MEAN	4.5	4.0
MEDIAN	5.0	4.0

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TABLE 19:

[POSE Q.19 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11]

To the best of your knowledge, were the kit's promotional and educational tools provided to front line health providers in your [PHARMACY/PUBLIC HEALTH OFFICE]?

	OVERALL PHARMACY %	OVERALL PHO %
Yes, all providers	68	67
Yes, some providers	21	17
No	4	9
Don't know/No answer	7	7
WEIGHTED SAMPLE SIZE (#)	**485**	**100**
UNWEIGHTED SAMPLE SIZE (#)	**489**	**101**

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TABLE 20:

[POSE Q.20 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11]

How useful did you find the influenza kit when conveying information to your clients? Please use a 7-point scale, where "1" means "not at all useful", and "7" means "very useful."

	OVERALL PHARMACY %	OVERALL PHO %
Very useful	19	24
6	28	24
5	31	34
4	11	9
3	6	6
2	3	2
Not at all useful	1	0
Don't know/No answer	1	1
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	78	81
MIDDLE BOX (4)	11	9
BOTTOM 3 BOX (1-3)	10	9
MEAN	5.3	5.4
MEDIAN	5.0	5.0

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TABLE 22:

[POSE Q.22 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.22 IF "DIDN'T USE KIT" IN Q.20]

And was the information in the influenza kit easy or difficult to understand? Please use a 7-point scale, where "1" means "very difficult to understand", and "7" means "very easy to understand".

	OVERALL PHARMACY %	OVERALL PHO %
Very easy to understand	46	37
6	32	40
5	17	15
4	2	5
3	0	1
2	1	0
Very difficult to understand	0	0
Don't know/No answer	2	2
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	95	92
MIDDLE BOX (4)	2	5
BOTTOM 3 BOX (1-3)	1	1
MEAN	6.2	6.1
MEDIAN	6.0	6.0

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TABLE 23:

[POSE Q.23 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.23 IF "DIDN'T USE KIT" IN Q.20 OR Q.22]

And how would you rate the influenza kit in terms of the amount of information contained in it? Please use a 7-point scale, where "1" means "not enough information", "7" means "too much information", and "4", the mid-point, means "just the right amount of information".

	OVERALL PHARMACY %	OVERALL PHO %
Too much information	1	5
6	6	6
5	15	21
Just the right amount of information	72	63
3	3	3
2	0	1
Don't know/No answer	2	1
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	22	31
MIDDLE BOX (4)	72	63
BOTTOM 3 BOX (1-3)	3	4
MEAN	4.3	4.4
MEDIAN	4.0	4.0

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TABLE 24:

[POSE Q.24 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11]

And to what extent would you say the kit served to increase your influenza awareness? Please use a 7-point scale, where "1" means "did not increase your influenza awareness at all", "7" means "increased your influenza awareness a great deal".

	OVERALL PHARMACY %	OVERALL PHO %
increased your influenza awareness a great deal	11	6
6	12	10
5	29	24
4	19	22
3	12	9
2	10	11
did not increase your influenza awareness at all	5	15
Don't know/No answer	1	3
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	53	40
MIDDLE BOX (4)	19	22
BOTTOM 3 BOX (1-3)	27	35
MEAN	4.4	3.8
MEDIAN	5.0	4.0

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TABLE 27c:

[POSE Q.27 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.27 IF "DIDN'T USE KIT" IN Q.20 OR Q.22]

I am now going to mention different components of the influenza kit, and I would like you to tell me how satisfied you were with each component. Please again use a 7-point scale, where "1" means "very dissatisfied", and "7" means "very satisfied".

How satisfied were you with the listing of drugs that suggest high-risk status?

	OVERALL PHARMACY %	OVERALL PHO %
Very satisfied	16	12
6	23	18
5	25	25
4	15	10
3	3	0
2	1	2
Very dissatisfied	1	0
Don't know/No answer	17	32
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	63	56
MIDDLE BOX (4)	15	10
BOTTOM 3 BOX (1-3)	4	2
MEAN	5.3	5.4
MEDIAN	5.0	5.0

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TABLE 27e:

[POSE Q.27 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.27 IF "DIDN'T USE KIT" IN Q.20 OR Q.22]

I am now going to mention different components of the influenza kit, and I would like you to tell me how satisfied you were with each component. Please again use a 7-point scale, where "1" means "very dissatisfied", and "7" means "very satisfied".

How satisfied were you with: The Quick Facts about influenza section?

	OVERALL PHARMACY %	OVERALL PHO %
Very satisfied	23	38
6	30	37
5	20	16
4	12	5
3	2	0
2	1	0
Very dissatisfied	1	0
Don't know/No answer	11	5
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	73	90
MIDDLE BOX (4)	12	5
BOTTOM 3 BOX (1-3)	3	0
MEAN	5.6	6.1
MEDIAN	6.0	6.0

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TABLE 27g:

[POSE Q.27 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. DO NOT POSE Q.27 IF "DIDN'T USE KIT" IN Q.20 OR Q.22]

I am now going to mention different components of the influenza kit, and I would like you to tell me how satisfied you were with each component. Please again use a 7-point scale, where "1" means "very dissatisfied", and "7" means "very satisfied".

How satisfied were you with: The telephone consultation script form to be used with high-risk patients?

	OVERALL PHARMACY %	OVERALL PHO %
Very satisfied	9	7
6	11	11
5	18	19
4	20	8
3	8	6
2	8	4
Very dissatisfied	3	4
Don't know/No answer	23	40
WEIGHTED SAMPLE SIZE (#)	**429**	**85**
UNWEIGHTED SAMPLE SIZE (#)	**435**	**85**
TOP 3 BOX (5-7)	38	37
MIDDLE BOX (4)	20	8
BOTTOM 3 BOX (1-3)	19	14
MEAN	4.4	4.6
MEDIAN	4.0	5.0

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TABLE 29:

[POSE Q.29 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11; AND POSE Q.29 ONLY IF A PHARMACY RESPONDENT]

And using a scale from "1" to "7" where "1" is "never" and "7" is "always," how often did you use the stickers that were provided in the kit to recommend to high-risk patients that they get the flu shot? These stickers were designed to be placed on prescription bottles.

	OVERALL PHARMACY %	OVERALL PHO %
Always	9	0
6	9	0
5	18	0
4	11	0
3	9	0
2	12	0
Never	28	0
Don't know/No answer	5	0
Don't have any high-risk clients	1	0
WEIGHTED SAMPLE SIZE (#)	**483**	**0**
UNWEIGHTED SAMPLE SIZE (#)	**488**	**0**
TOP 3 BOX (5-7)	35	0
MIDDLE BOX (4)	11	0
BOTTOM 3 BOX (1-3)	49	0
MEAN	3.4	.
MEDIAN	3.0	.

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TABLE 31NEW:

Now I have a question about how influenza kits or information could be made available to people such as you in the future. Which one of the following three choices would be most convenient for you?

	OVERALL PHARMACY %	OVERALL PHO %
Receiving the kit in paper hard copy, as is the case at present	71	56
Receiving the kit as an e-mail attachment	17	26
Being directed to the kit at a secure Internet location	8	11
Any of the above	1	2
All of the above	0	1
Other	2	4
None of the above	0	0
Don't know/No answer	0	0
WEIGHTED SAMPLE SIZE (#)	**611**	**138**
UNWEIGHTED SAMPLE SIZE (#)	**648**	**141**

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TABLE 32:

Has your [PHARMACY/PUBLIC HEALTH OFFICE] conducted an influenza clinic in the past 6 months?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	30	87
No	68	8
Refused	2	5
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 33:

[POSE Q.33 ONLY IF "YES" IN Q.32]

How did your [PHARMACY/PUBLIC HEALTH OFFICE] publicize this or these influenza clinics?

	OVERALL PHARMACY %	OVERALL PHO %
Sign in the office/store	50	40
Newspaper ad	33	59
Word of mouth at appointments	27	35
Radio ad	10	49
Posters	11	41
Bag stuffers	17	1
Flyers	9	9
Used influenza kit materials	7	7
Television	0	15

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TABLE 33:

[POSE Q.33 ONLY IF "YES" IN Q.32]

How did your [PHARMACY/PUBLIC HEALTH OFFICE] publicize this or these influenza clinics?

	OVERALL PHARMACY %	OVERALL PHO %
By telephone	2	10
In store (general)	5	1
On our website	1	8
Newsletters	0	9
Pamphlets	4	2
Word of mouth	3	1
Email	0	6
Sign outside the office	3	0
Stickers on prescription bags/Bottle stickers	3	0
Postcards	2	0
Doctors offices/clinics	0	3
Other	12	18
Nothing specific	2	1
Don't know/No answer	1	0
WEIGHTED SAMPLE SIZE (#)	**240**	**124**
UNWEIGHTED SAMPLE SIZE (#)	**237**	**128**

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TABLE 34:

[POSE Q.34 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11. AS WELL, POSE Q.34 ONLY IF "YES" IN Q.32, BUT DO NOT POSE IF "USED INFLUENZA KIT MATERIALS" IN Q.33]

To help publicize your clinic(s), did your [PHARMACY/PUBLIC HEALTH OFFICE] use the materials in the immunization kit?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	45	66
No	48	28
Don't know/No answer	8	7
WEIGHTED SAMPLE SIZE (#)	**157**	**80**
UNWEIGHTED SAMPLE SIZE (#)	**156**	**82**

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TABLE 35:

[POSE Q.35 ONLY IF "YES" IN Q.34]

To publicize your influenza clinic, did your [PHARMACY/PUBLIC HEALTH OFFICE] use the promotional letter to physicians and retirement home directors that was included in the influenza kit?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	17	14
No	79	58
Don't know/No answer	5	28
WEIGHTED SAMPLE SIZE (#)	**70**	**53**
UNWEIGHTED SAMPLE SIZE (#)	**67**	**54**

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TABLE 36:

[POSE Q.36 ONLY IF "YES, RECALL KIT" IN Q.8, OR IF "YES, RECALL KIT" IN Q.11, AND IF "YES" IN Q.13]

Would your [PHARMACY/PUBLIC HEALTH OFFICE] have conducted an influenza clinic in the past 6 months, if it had not received the influenza immunization kit discussed in this survey? Please use a 7-point scale, where "1" means "Definitely would not have had the clinic," and "7" means "Definitely would have had the clinic".

	OVERALL PHARMACY %	OVERALL PHO %
Definitely would have had the clinic	76	92
6	7	5
5	6	1
4	2	0
3	1	0
Definitely would not have had the clinic	4	1
Don't know/No answer	3	0
WEIGHTED SAMPLE SIZE (#)	**171**	**88**
UNWEIGHTED SAMPLE SIZE (#)	**170**	**90**
TOP 3 BOX (5-7)	89	99
MIDDLE BOX (4)	2	0
BOTTOM 3 BOX (1-3)	5	1
MEAN	6.4	6.9
MEDIAN	7.0	7.0

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TABLE 37:

Does your [PHARMACY/PUBLIC HEALTH OFFICE] plan to conduct an influenza clinic before or during next year's flu season?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	39	88
No	42	8
Haven't decided yet	13	4
Don't know/No answer	6	1
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 38:

Yes or no, do you think the Public Health Agency of Canada should be responsible for informing Canadians about preventing the spread of influenza?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	91	97
No	7	1
Don't know	2	2
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

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TABLE 39a:

[POSE Q.39 ONLY IF 'YES, RECALL KIT' IN Q.8, OR IF 'YES, RECALL KIT' IN Q.11. AND, POSE Q.39 ONLY TO PUBLIC HEALTH OFFICES]

Did your public health office distribute influenza awareness materials from the kit to any of the following groups?

Other public health offices

	OVERALL PHARMACY %	OVERALL PHO %
Yes, did distribute	0	42
No, did not distribute	0	50
Don't know/No answer	0	8
WEIGHTED SAMPLE SIZE (#)	**0**	**100**
UNWEIGHTED SAMPLE SIZE (#)	**0**	**101**

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TABLE 39b:

[POSE Q.39 ONLY IF 'YES, RECALL KIT' IN Q.8, OR IF 'YES, RECALL KIT' IN Q.11. AND, POSE Q.39 ONLY TO PUBLIC HEALTH OFFICES]

Did your public health office distribute influenza awareness materials from the kit to any of the following groups?

Physicians

	OVERALL PHARMACY %	OVERALL PHO %
Yes, did distribute	0	42
No, did not distribute	0	50
Don't know/No answer	0	8
WEIGHTED SAMPLE SIZE (#)	**0**	**100**
UNWEIGHTED SAMPLE SIZE (#)	**0**	**101**

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TABLE 39c:

[POSE Q.39 ONLY IF 'YES, RECALL KIT' IN Q.8, OR IF 'YES, RECALL KIT' IN Q.11. AND, POSE Q.39 ONLY TO PUBLIC HEALTH OFFICES]

Did your public health office distribute influenza awareness materials from the kit to any of the following groups?

Community groups

	OVERALL PHARMACY %	OVERALL PHO %
Yes, did distribute	0	55
No, did not distribute	0	32
Don't know/No answer	0	13
WEIGHTED SAMPLE SIZE (#)	**0**	**100**
UNWEIGHTED SAMPLE SIZE (#)	**0**	**101**

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TABLE 39d:

[POSE Q.39 ONLY IF 'YES, RECALL KIT' IN Q.8, OR IF 'YES, RECALL KIT' IN Q.11. AND, POSE Q.39 ONLY TO PUBLIC HEALTH OFFICES]

Did your public health office distribute influenza awareness materials from the kit to any of the following groups?

Any others

	OVERALL PHARMACY %	OVERALL PHO %
Yes, did distribute	0	45
No, did not distribute	0	47
Don't know/No answer	0	7
WEIGHTED SAMPLE SIZE (#)	**0**	**100**
UNWEIGHTED SAMPLE SIZE (#)	**0**	**101**

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TABLE 40:

Would you like to receive a copy of the influenza immunization kit by e-mail, or, could I provide you with an Internet address that contains the kit?

	OVERALL PHARMACY %	OVERALL PHO %
Yes, please e-mail me	40	53
Yes, please provide Internet address for kit	42	32
No, want neither	18	15
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 41:

Would you like to receive a copy of the survey results, by e-mail?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	51	75
No	49	25
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 42:

Finally, I would like information about yourself that will help us analyse the survey results. Have you personally had a flu shot in the past 6 months?

	OVERALL PHARMACY %	OVERALL PHO %
Yes	52	88
No	48	12
Refused/Cannot recall	0	0
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

TABLE 43:

RECORD GENDER (By observation):

	OVERALL PHARMACY %	OVERALL PHO %
Male	56	7
Female	44	93
WEIGHTED SAMPLE SIZE (#)	**800**	**142**
UNWEIGHTED SAMPLE SIZE (#)	**800**	**142**

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TABLE 45:

[ASK Q. 45 ONLY IF THE RESPONDENT IS A PHARMACY]

Have I reached you at a pharmacy that is part of a chain of drug stores, or is this an independent pharmacy?

	OVERALL PHARMACY %	OVERALL PHO %
Chain	65	0
Independent	34	0
Don't know/No answer	1	0
WEIGHTED SAMPLE SIZE (#)	**797**	**0**
UNWEIGHTED SAMPLE SIZE (#)	**798**	**0**

Appendix C:
Recruitment Screener

Name: _____ **Phone #:** _____

Province: _____ **Language of interview:** _____

Interview date: _____ **Time:** _____

Hello, may I speak with [***the head pharmacist on duty today/a public health care provider***]? Hello, my name is _____ and I work with Corporate Research Associates, a research company. We are conducting a study on behalf of the Public Health Agency of Canada, which was established by the federal government to help protect the health and safety of Canadians. The purpose of this research is to better understand the levels of knowledge about influenza among pharmacists and public health officials and identify most common information sources.

The study includes a survey administered to a wide range of stakeholders, as well as a smaller number of in-depth interviews. We are calling today to invite you to participate to an in-depth interview. Please be assured that we are not trying to sell anything, and your participation is voluntary. You will remain anonymous and your answers will be confidential. May I ask you a few quick questions to see if you qualify to participate? Thank you.

ARRANGE CALLBACK IF NECESSARY – IF RESPONDENT HAS QUESTIONS ABOUT THE STUDY, PLEASE RECORD NAME AND NUMBER AND CLAUDE PERREAULT WILL CALL HIM/HER BACK. <u>DO NOT</u> ACCEPT PHARMACIST ASSISTANTS.

1. **RECORD FROM SAMPLE - CODE ONE ONLY**

   Pharmacy 1
   Public Health Office 2

2. In what province or territory do you primarily work?

   Alberta 1
   British Columbia 2
   Manitoba 3
   New Brunswick 4
   Newfoundland and Labrador 5
   Northwest Territories 6
   Nova Scotia 7
   Nunavut 8
   Ontario 9
   Prince Edward Island 10
   Quebec 11
   Saskatchewan 12
   Yukon 13

   SEE QUOTAS

QUOTA: Recruit 5 Pharmacists from everywhere including Nova Scotia – Mix of Provinces or Territories & Recruit 5 Public Health Officers are recruited from a mix of Provinces / Territories **<u>except Nova Scotia</u>**.

3. **(FOR PUBLIC HEALTH OFFICERS ONLY – FROM SAMPLE)** Over the past year, approximately what percent of your time have you spent working with First Nations, Inuit, or Métis clients or communities?

   RECORD PERCENTAGE: _____ % **RECRUIT ONLY 2 PUBLIC HEALTH OFFICERS WITH MIN 50%**

4. In 2006, materials were developed to support a National Influenza Immunization Campaign. A central feature of this campaign was a kit that was distributed last fall to pharmacies and Public Health Offices. These materials reinforced the importance of annual influenza immunization.

   READ IF PHARMACIST RESPONDENT: The pharmacists information kit included medication stickers warning high-risk customers to get a flu shot, a pocket guide, a poster, and a bag stuffer.

   READ IF PUBLIC HEALTH OFFICE RESPONDENT: The public health offices information kit included campaign posters plus other promotional and educational materials.

   READ TO EVERYONE: The influenza immunization information kit was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. Do you recall receiving this specific kit over the past few months? **CODE ONE ONLY**

Yes, recall kit	1	**Continue**
No, do not recall kit	2	**Ask for Referral and Thank & Terminate**
Don't know/No answer/Unsure	3	**Ask for Referral and Thank & Terminate**

5. Have you personally consulted information found in this kit?

Yes	1	**Continue**
No	2	**Ask for Referral and Thank & Terminate**
Don't know/No answer	3	**Ask for Referral and Thank & Terminate**

6. Have you recently engaged in any research about this topic, such as a telephone interview?

Yes	1	**Thank & Terminate**
No	2	**Continue**
Don't know/No answer	3	**Thank & Terminate**

INVITATION:
As you have received and consulted the National Influenza Immunization Campaign Information kit, we would like to invite you to participate to a more in-depth interview to gather your thoughts on influenza immunization information in general, and with respect to the National Influenza Immunization Campaign information kit in particular. If you agree to participate, the interview will last approximately 30 minutes and will be conducted over the telephone at a scheduled time convenient to you.

[***FOR PHARMACISTS ONLY:*** You will also receive $100 in appreciation for your time or a donation can be made in your name to a registered charity of your choice.]

FOR ALL: Interviews will take place over the next two weeks. Research findings will also be made available to participants. Would you be interested in participating? ***IF NO, ASK FOR REFERRAL AND THANK & TERMINATE***

IF YES, SAY: When would you be available for the interview? *(**Arrange interviews during outlined schedule**) - set date/ time:*_____

Where should we reach you for this interview? (Confirm telephone number): _____
In which official language would you prefer to be interviewed, English or French?

FOR PHARMACISTS ONLY: As I mentioned, we will be pleased to offer a financial compensation in appreciation for your time, once the interview is completed. Would you prefer receiving a $100 cheque or would you like us to make a donation in your name to a registered charitable organization of your choice?

IF CHEQUE, ASK: Where would you like us to mail the compensation following the interview? ***ASK FOR <u>POSTAL/MAILING</u> ADDRESS***

Adress:_____

City: _____ Province:_____ Postal Code: _____

IF DONATION, ASK FOR REGISTERED NAME OF CHARITY: _____
GET INTERVIEWEE'S NAME/ADDRESS FOR TAX RECEIPT PURPOSES

Address of Interviewee for tax receipt purposes: _____

_____

As most of the discussion will pertain to your opinion of the National Influenza Immunization Campaign Information kit, we suggest you have the material in hand during the interview.

We will call you the day before your interview to confirm; we kindly ask that you call_____ at _____ in the event you are unable to make the scheduled interview.

Attention Recruiters:

- Recruit 5 pharmacists and 5 public health officials;
- Schedule interviews 60 minutes apart;
- Confirm spelling of their name in full;
- Confirm mailing address;
- Confirm preferred language for interview and schedule accordingly;
- Confirm phone number for interview; and
- Confirm date and time of interview.

Invitation FINALE le 26 mars – Étude sur l'immunisation de 2007 de l'Agence de santé publique du Canada

Nom : _____ N^{o} de tél. : _____

Province : _____ Langue de l'entrevue : _____

Date de l'entrevue : _____ Heure : _____

Bonjour, puis-je parler [***au pharmacien en chef qui est en devoir aujourd'hui / à un fournisseur de soins de santé publics***]? Bonjour, je m'appelle _____ et je travaille avec Corporate Research Associates, une société de recherche. Nous réalisons une étude pour le compte de l'Agence de santé publique du Canada, qui a été établie par le gouvernement fédéral afin d'aider à protéger la santé et la sécurité des Canadiens. L'objectif de cette étude est de permettre de mieux comprendre les niveaux de connaissance à propos de la grippe chez les pharmaciens et les agents de santé publique et d'identifier les sources de renseignements les plus courantes.

Cette étude prévoit un sondage administré par un large éventail d'intervenants, de même qu'un plus petit nombre d'entrevues en profondeur. Nous vous appelons aujourd'hui pour vous inviter à participer à une entrevue en profondeur. Soyez assuré(e) que nous ne tentons pas de vous vendre quoi que ce soit, et que votre participation est volontaire. Vous demeurerez anonyme et vos réponses seront confidentielles. Puis-je vous poser quelques questions rapides pour voir si vous êtes admissible à y participer? Merci.

PRENEZ DES DISPOSITIONS POUR UN RAPPEL SI NÉCESSAIRE – SI LE RÉPONDANT A DES QUESTIONS À PROPOS DE L'ÉTUDE, VEUILLEZ CONSIGNER SON NOM ET SON NUMÉRO, PUIS CLAUDE PERREAULT LE RAPPELLERA. <u>N'ACCEPTEZ PAS</u> DE PARLER À UN AIDE-PHARMACIEN.

1. **CONSIGNEZ À PARTIR DE L'ÉCHANTILLON – UN SEUL CODE**

   Pharmacien 1
   Agent de santé publique..... 2

2. Dans quel province ou territoire exercez-vous principalement vos fonctions?

   Alberta 1
   Colombie-Britannique..... 2
   Manitoba..... 3
   Nouveau-Brunswick 4
   Terre-Neuve-et-Labrador 5
   Territoires du Nord-Ouest..... 6
   Nouvelle-Écosse 7
   Nunavut 8
   Ontario..... 9
   Île-du-Prince-Édouard 10
   Québec..... 11
   Saskatchewan 12
   Yukon 13

   VOIR QUOTAS

QUOTA : Recrutez cinq pharmaciens de chaque endroit, y compris la Nouvelle-Écosse – amalgame de provinces et territoires et recrutez cinq agents de santé publique provenant d'un amalgame de provinces et territoires **<u>à l'exception de la Nouvelle-Écosse</u>**.

3. **(POUR LES AGENTS DE SANTÉ PUBLIQUE SEULEMENT– À PARTIR DE L'ÉCHANTILLON)** Au cours de la dernière année, environ quel pourcentage de votre temps avez-vous consacré au travail avec des clients ou des membres de la communauté des Premières nations, Inuits ou Métis?

   CONSIGNEZ LE POURCENTAGE : _____ % **RECRUTEZ <u>SEULEMENT 2</u> AGENTS DE SANTÉ PUBLIQUE AVEC MIN 50 %**

4. En 2006, de la documentation a été élaborée dans le cadre de la campagne nationale d'immunisation contre la grippe. Au cœur de cette campagne se trouve la trousse qui a été distribuée l'automne dernier aux pharmacies et aux bureaux de santé publique. Cette documentation vient souligner l'importance de l'immunisation annuelle contre la grippe.

   LISEZ CECI SI LE RÉPONDANT EST UN PHARMACIEN : La trousse de renseignements à l'intention des pharmaciens comportait des autocollants pour médicaments visant à avertir les clients à risque élevé de se faire vacciner contre la grippe, de même qu'un guide de poche, une affiche et du matériel promotionnel.

   LISEZ CECI SI LE RÉPONDANT EST UN AGENT DE SANTÉ PUBLIQUE : La trousse de renseignements à l'intention des bureaux de santé publique comportait des affiches de la campagne et d'autres documents promotionnels et éducatifs.

   LISEZ À TOUS : La trousse de renseignements sur la grippe était un projet conjoint de l'Association des pharmaciens du Canada, de l'Association canadienne des chaînes de pharmacies, de la Coalition canadienne pour la sensibilisation et la promotion de la vaccination et de l' l'Agence de santé publique du Canada. Vous souvenez-vous d'avoir reçu cette trousse particulière au cours des derniers mois? **UN SEUL CODE**

Oui, se souvient de la trousse	1	**Continuer**
Non, ne se souvient pas de la trousse	2	**Demander référence, remercier et terminer**
Ne sait pas/Pas de réponse/Pas certain(e)	3	**Demander référence, remercier et terminer**

5. Avez-vous personnellement consulté les renseignements contenus dans la trousse?

Oui	1	**Continuer**
Non	2	**Demander référence, remercier et terminer**
Ne sait pas/Pas de réponse	3	**Demander référence, remercier et terminer**

6. Avez-vous récemment participé à des recherches à ce sujet, par exemple par l'entremise d'une entrevue téléphonique?

Oui	1	**Remercier et terminer**
Non	2	**Continuer**
Ne sait pas/Pas de réponse	3	**Remercier et terminer**

INVITATION :

Comme vous avez bien reçu et consulté la trousse de renseignements de la campagne nationale d'immunisation contre la grippe, nous aimerions vous inviter à participer à une entrevue plus approfondie pour connaître vos réflexions à propos des renseignements sur l'immunisation contre la grippe en général, et à l'égard de la trousse de renseignements de la campagne nationale d'immunisation contre la grippe en particulier. Si vous êtes d'accord pour y participer, l'entretien durera environ 30 minutes et se fera par téléphone au moment qui aura été convenu avec vous.

[***POUR LES PHARMACIENS SEULEMENT :*** Vous toucherez également une somme de 100 $ en guise de remerciement pour le temps que vous nous consacrez, ou un don peut être accordé en votre nom à l'organisme de bienfaisance reconnu de votre choix.]

POUR TOUS : Les entrevues se dérouleront au cours des deux prochaines semaines. Les conclusions de la recherche seront également mises à la disposition des participants. Seriez-vous intéressé(e) à y participer? ***SI NON, DEMANDER UNE RÉFÉRENCE, REMERCIER ET TERMINER***

SI OUI, DITES : Quelle serait votre disponibilité pour l'entrevue? *(**Prévoir les entrevues en fonction du calendrier indiqué**) - date et heure fixées :* _____

Où pouvons-nous vous joindre pour cette entrevue? (Confirmer le numéro de téléphone) : _____
Dans quelle langue officielle préféreriez-vous que se déroule l'entrevue, en français ou en anglais?

POUR LES PHARMACIENS SEULEMENT : Comme je l'ai indiqué, nous serons heureux de vous offrir une prime en guise de remerciement pour votre temps une fois l'entrevue terminée. Préféreriez-vous recevoir un chèque de 100 $ ou que nous fassions un don en votre nom à l'organisme de bienfaisance reconnu de votre choix?

S'IL S'AGIT DU CHÈQUE, DEMANDER : À quelle adresse voulez-vous que nous acheminions la prime à la suite de l'entrevue? ***DEMANDER L'ADRESSE <u>POSTALE</u>***

Adresse : _____

Ville : _____ Province : _____ Code postal : _____

S'IL S'AGIT DU DON, DEMANDER LE NOM D'UN ORGANISME DE BIENFAISANCE RECONNU :
_____

OBTENIR LE NOM ET L'ADRESSE DU RÉPONDANT POUR L'ENVOI DU REÇU AUX FINS DE L'IMPÔT

Adresse du répondant pour l'envoi du reçu aux fins de l'impôt : _____

_____

Comme l'entretien portera principalement sur votre opinion à propos de la trousse de renseignements de la campagne nationale d'immunisation contre la grippe, nous vous suggérons d'avoir la documentation en main au cours de l'entrevue.

Nous vous appellerons la veille de l'entrevue pour confirmer; veuillez nous appeler au _____ à _____ si jamais vous êtes dans l'impossibilité de participer à l'entrevue au moment prévu.

Attention recruteurs :

- Recrutez 5 pharmaciens et 5 agents de santé publique
- Prévoyez les entrevues à 60 minutes d'intervalle
- Confirmez l'orthographe du nom complet
- Confirmez l'adresse postale
- Confirmez la langue privilégiée pour l'entrevue et prévoyez-la en conséquence
- Confirmez le numéro de téléphone pour l'entrevue
- Confirmez la date et l'heure de l'entrevue

Appendix D:
Interview Protocol

Final Interview Protocol

March 27, 2007

Introduction 2 minutes

Name: _____ Phone #: _____
Province: _____ Language of interview: _____
Interview date: _____ Time: _____
Category: Pharmacist: _____ Public Health Official: _____

I would like to begin by thanking you for taking the time to help us with this study we are conducting on behalf of the Public Health Agency of Canada. Our discussion should take about **30 minutes**. The objective of our discussion today is to identify the tools used by pharmacists and public health officials for information on influenza. We will also spend some time discussing your opinions with respect to the National Influenza Immunization Campaign information kit you have received in the fall of 2006. With your permission, I'd like to audio tape our discussion today to help me prepare the study report. Be assured that your participation is voluntary, you will remain anonymous, and your responses will be confidential. Do you have any questions before we begin?

Influenza Materials/Sources 8 minutes

I would like to begin by discussing the availability of information on influenza immunization…

- **Sources -** Where can [pharmacists/public health care providers] turn for such information? Which sources have you or others at work used before? Why those? Where else would you turn to? Why there?
- **Credibility -** Which source is most credible? Why?
- **Material received –** Other than the National Influenza Immunization Campaign information kit, has your pharmacy/office received influenza information material since last summer? If so, which ones? Who distributed these materials?
- **Usage –** Have you used these materials? If so, how? If not, why not?

Influenza Immunization Information Kit 20 minutes

Before our discussion today, you mentioned that you recall having received in the fall of 2006 the influenza information kit that was a joint venture of the Canadian Pharmacists Association, the Canadian Association of Chain Drug Stores, the Canadian Coalition for Immunization Awareness and Promotion, and the Public Health Agency of Canada. I would like to get your opinions specific to this Influenza Information kit.

- **Purpose –** Based on what you have seen, what is the purpose of the kit?
- **Strengths –** Compared to other information tools you have seen before, what do you like most about this Influenza Information kit? Anything else?
- **Weaknesses –** And what needs improvements?
- **Usefulness –** How useful to you personally was the National Influenza Immunization Campaign material kit? Please explain.

- **Usage (If not mentioned earlier) –** How, if at all, have you used this kit? ***Probe for:*** when discussing influenza immunization with your clients/patients? How often have you used or referred to the kit? What were you looking for? What parts or items were most useful? Least useful?
- **Users –** Who, in your [pharmacy/office] used this material?
- **Influenza clinic –** Has your pharmacy/office held an influenza clinic in the past 6 months? If so, how, if at all, have you used items found in the kit for this event?
- **Credibility –** Is the information included in the kit accurate? Relevant? Credible?
- **Duplication -** How does it compare to information found in other similar materials? Is anything duplicated? If so, what information? Where else is it available? ;
- **Comprehension –** Was the information included in the kit complete? If no, what's missing? Was it clear and easy to understand? If no, please explain.
- **Content –** Of the items included in the kit, were some more useful than others? Which ones? How so? What, if anything should be added to or changed in the influenza kit?

I would like your opinion on each item included in the kit. Let's discuss each one at a time…

Discuss each item one at a time:

1. The kit's poster;
2. The materials designed to be used in a media campaign;
3. The listing of drugs that suggest high-risk status;
4. The stickers;
5. The Quick Facts about influenza section;
6. The list containing reference materials and books about influenza; and
7. The telephone consultation script form to be used with high-risk patients.

For each item:

- **Usage –** How did you use this item, if at all? How often? For what purpose?

To finish up…

- **Medium –** How could influenza kits or information be made available to people such as you in the future? ***Probe for:*** hard copy; secured Internet source; E-mail
- **Satisfaction –** How satisfied are you with the manner in which the Government of Canada is dealing with influenza? And what is your opinion of the work done by the Public Health Agency of Canada in this regard?
- Any other suggestions or recommendations?

Wrap-up and Closing

That concludes my questions. On behalf of the Public Health Agency of Canada, thank you for your participation. The result from this study will be made available to participants. Would you like to receive a copy by email? If so, record email address:_____

For Pharmacists only – Confirm registered charitable organization name & receipt address OR postal address for mailing of incentive.

Protocole d'entrevue finale
Le 27 mars 2007

Présentation	**2 minutes**

Nom : _____ N° tél. : _____
Province : _____ Langue de l'entrevue : _____
Date de l'entrevue : _____ Heure : _____
Catégorie : Pharmacien : _____ Agent de santé publique : _____

Je tiens d'abord à vous remercier de prendre le temps de nous aider à réaliser cette étude pour le compte de l'Agence de santé publique du Canada. Notre entretien devrait durer environ **30 minutes**. L'objectif de notre entretien d'aujourd'hui consiste à identifier les outils qu'utilisent les pharmaciens et les agents de santé publique pour obtenir des renseignements à propos de la grippe. Nous prendrons également le temps de discuter de vos opinions à l'égard de la trousse de renseignements de la campagne nationale d'immunisation contre la grippe, que vous avez reçue à l'automne 2006. Si vous me le permettez, je voudrais enregistrer notre entretien d'aujourd'hui sur bande audio, ce qui m'aidera à mieux rédiger le rapport d'étude. Soyez assuré(e) que votre participation est volontaire, que vous demeurerez anonyme et que vos réponses seront confidentielles. Avez-vous des questions avant que nous débutions?

Documentation et sources sur la grippe	**8 minutes**

J'aimerais débuter en discutant de la disponibilité des renseignements sur l'immunisation contre la grippe…

- **Sources –** Où les [pharmaciens/fournisseurs de soins de santé publics] peuvent-ils obtenir de tels renseignements? Quelles sont les sources que vous ou vos collègues avez utilisées par le passé? Pourquoi celles-là? Où tenteriez-vous d'obtenir d'autres renseignements? Pourquoi à cet endroit-là?
- **Fiabilité –** Quelle source est la plus fiable? Pourquoi?
- **Documentation reçue –** Outre la trousse de renseignements de la campagne nationale d'immunisation contre la grippe, avez-vous reçu à votre pharmacie/bureau d'autre documentation à propos de la grippe depuis l'été dernier? Si oui, laquelle? Qui distribuait cette documentation?
- **Utilisation –** Avez-vous utilisé cette documentation? Si oui, à quelles fins? Si non, pourquoi pas?

Trousse de renseignements sur l'immunisation contre la grippe	**20 minutes**

Avant notre entretien d'aujourd'hui, vous nous avez indiqué que vous vous souveniez d'avoir reçu à l'automne 2006 la trousse de renseignements sur la grippe, qui était un projet conjoint de l'Association des pharmaciens du Canada, de l'Association canadienne des chaînes de pharmacies, de la Coalition canadienne pour la sensibilisation et la promotion de la vaccination et de l' l'Agence de santé publique du Canada. J'aimerais connaître votre opinion précise sur cette trousse de renseignements.

- **Objectif –** Selon vos constatations, quel est l'objectif de la trousse **de** renseignements sur la grippe?

- **Points forts –** Par rapport à d'autres trousses de renseignements que vous avez déjà consultées, que préférez-vous de cette trousse de renseignements sur la grippe? Y a-t-il autre chose?
- **Points faibles –** Et qu'est-ce qui pourrait être amélioré?
- **Utilité –** À quel point la trousse de documentation de la campagne nationale d'immunisation contre la grippe vous a-t-elle été utile personnellement? Veuillez élaborer.
- **Utilisation (si elle n'a pas été abordée plus tôt) –** Comment, le cas échéant, avez-vous utilisé cette trousse? ***Sondez :*** Lorsque vous discutez de l'immunisation contre la grippe avec vos clients/patients? À combien de reprises avez-vous utilisé ou consulté la trousse? Que recherchiez-vous? Quels éléments vous ont été les plus utiles? Les moins utiles?
- **Utilisateurs –** Qui, dans votre [pharmacie/bureau] a utilisé cette documentation?
- **Clinique de la grippe –** Avez-vous tenu une clinique de la grippe dans votre pharmacie/bureau au cours des six derniers mois? Si oui, comment, le cas échéant, avez-vous utilisé les éléments de la trousse dans le cadre de cet événement?
- **Fiabilité–** Les renseignements inclus dans la trousse sont-ils exacts? Pertinents? Fiables?
- **Recoupement –** Comment se compare-t-elle aux renseignements qui se trouvent dans d'autre documentation semblable? Y a-t-il des recoupements? Si oui, de quels renseignements s'agit-il? Quelles sont les autres ressources disponibles?
- **Compréhension –** Les renseignements inclus dans la trousse étaient-ils complets? Si non, que manquait-il? Ces renseignements étaient-ils clairs et simples à comprendre? Si non, veuillez élaborer.
- **Contenu –** De tous les éléments inclus dans la trousse, certains étaient-ils plus utiles que d'autres? Lesquels? À quel égard? Que devrait-on ajouter, retrancher ou modifier, s'il y a lieu, dans la trousse de renseignements sur la grippe?

J'aimerais connaître votre opinion sur chacun des éléments inclus dans la trousse. Discutons-en un à la fois …

Discutez de chaque élément un à un :

1. L'affiche de la trousse
2. Le matériel destiné à être utilisé dans une campagne média
3. La liste de médicaments suggérant un risque élevé
4. Les autocollants
5. Les faits en bref sur la grippe
6. La liste de documents de référence et d'ouvrages sur la grippe
7. Le script de consultation téléphonique pour les patients à risque

<u>Pour chaque élément :</u>

- **Utilisation –** Comment avez-vous utilisé cet élément, le cas échéant? À quelle fréquence? Dans quel but?

Pour terminer…

- **Support –** Dans quel format les trousses ou les renseignements sur la grippe pourraient-ils être mis à la disposition de gens comme vous à l'avenir? ***Sondez :*** Sur papier, source Internet sécurisée, courriel
- **Satisfaction –** À quel point êtes-vous satisfait(e) de la manière dont le gouvernement du Canada gère la grippe? Et quelle est votre opinion du travail effectué par l'Agence de santé publique du Canada à cet égard?
- Avez-vous d'autres suggestions ou recommandations?

Récapitulation et conclusion

Voilà qui met fin à mes questions. Au nom de l'Agence de santé publique du Canada, je vous remercie de votre participation. Les résultats de cette étude seront mis à la disposition des participants. Aimeriez-vous que vous nous les transmettions par courriel? Si oui, indiquez l'adresse électronique : _____

Pour les pharmaciens seulement – Confirmez le nom de l'organisme de bienfaisance reconnu et l'adresse d'envoi du reçu OU l'adresse postale où envoyer la prime.