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Testing Creatives for the Aboriginal Wellness Campaign: Healthy Pregnancy and Diabetes

Final Report

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Introduction and Background

Despite improved health, there remains a number of preventable health issues facing Canada's Aboriginal populations. Information provided by Health Canada suggests that Aboriginal people continue to be over-represented in the incidence for certain preventable diseases and the complications that arise with delayed diagnosis or treatment. Evidence points to chronically higher rates for obesity, poorer nutrition, irregular physical activity, early onset of type 2 Diabetes, complications due to delayed diagnosis or care, FASD births, high birth weights, and teen pregnancies. More specifically, in comparison to non-Aboriginal populations, childhood obesity rates are two to three times greater among Aboriginal people and the average life expectancy rates are six years less. Additionally, teen pregnancy rates (among Inuit) are four times greater, type 2 Diabetes rate (among First nations) are three to five times greater and high birth weights rates (a risk factor for Diabetes) are twice as high.

As part of its efforts to address these health concerns, Health Canada has developed the Aboriginal Wellness campaign. In the first year of this multi-year campaign, Wellness will focus on two key health issues: Diabetes and Healthy Pregnancy. The 2007-2008 Wellness campaign is intended to motivate the adoption of health-beneficial behaviours like eating well, being active, not smoking or using substances, and meeting with a health professional regularly.

Specific objectives of the campaign include the increased knowledge of risk factors and prevention behaviours; increasing the distribution of 'Our Communities Support a Healthy Pregnancy'; increasing the demand for Canada's Food Guide - First Nations, Métis and Inuit and the Physical Activity Guides; increasing the use of Nutrition Facts tables when choosing foods and increasing the demand for 'On the Road to Quitting'. Health Canada's social marketing campaign will use a multi-media staged approach this year.

In the process of developing advertising for the Aboriginal Wellness campaign, Health Canada wished to test the campaign's creative concepts with the primary target audiences, using qualitative research. As such, it commissioned Corporate Research Associates Inc. (CRA) to conduct a series of eight focus groups/dialogue circles with the target audiences.

More specifically, the research aimed at determining the effectiveness of the content and language used and its fit and appeal with the target audience. Feedback from the research will help to determine which creative concept(s) and collateral pieces should be used and to potentially fine tune and improve the approach and ensure that Health Canada develops products that are pertinent and useful to the target audience.

Specific objectives of the research included, to:

- Evaluate four of the twelve planned 'avatars' to determine whether they are:
  - successful at capturing audience attention
  - appealing and appropriate to the cultural and emotional sensitivities of the audience;
  - memorable in the minds of the audience;
  - suitable for television advertisement;
- Assess which of the two sets of designs for avatars is most compelling and culturally relevant;
- Determine if the healthy pregnancy and diabetes radio scripts are:
  - clear, credible and relevant with the segmented audiences;
  - appealing and appropriate to the cultural and emotional sensitivities of the audience;
  - memorable in the minds of the audience;
  - able to motivate the audience to action; and
- Elicit suggestions for potential changes to make the concepts more effective at reaching the target audience.

This report includes a detailed description of the study methodology, an executive summary, a series of conclusions and recommendations and the detailed analysis from the focus group/dialogue circle discussions. Working documents are appended to this report and include one recruitment screener (Appendix A), one moderator's guide (Appendix B) and the creative materials presented (Appendix C).

Research Methodology

To meet study objectives, a total of eight (8) focus groups/dialogue circles were conducted with Aboriginal people. The following table presents the schedule of group discussions:

Location	Date & Time	Target Audience	Number of Groups	Language of Discussions
Richibucto, NB	Monday February 18, 2008, 5:00pm and 7:30pm	First Nations from the Big Cove reserve	2	English
Fort St. James, BC	Tuesday February 19, 2008, 5:00pm and 7:30pm	First Nations from the Fort St. James reserve	2	English
Iqaluit, NU	Wednesday February 20, 2008, 5:00pm and 7:30pm	Inuit from Iqaluit communities	2	English
Natashquan, QC	Thursday February 21, 2008, 5:00pm and 7:30pm	First Nations from the Natashquan reserve	2	French

In each location, the first group consisted of Aboriginal women aged 16 to 25 years old who were pregnant at the time, had been pregnant before and/or stated that they were likely to become pregnant in the future. In each of these groups, at least five (5) participants reported household incomes of less than $60,000 and at least five (5) reported an education level of some college or less. The second group consisted of Aboriginal people aged 18 to 35 with a mix of gender, household income and education level. All participants reported living on reserve or in Inuit communities.

Group discussions lasted approximately 2 hours each and were held during the evenings. Participants each received $75 as an incentive to participate and in appreciation for their time.

Context of Qualitative Research

Focus group discussions 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 focus group discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. The group discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Focus groups 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 focus group 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.

Executive Summary

Corporate Research Associates Inc. conducted the Testing Creatives for the Aboriginal Wellness Campaign: Healthy Pregnancy and Diabetes Study on behalf of Health Canada. The study aimed at gathering feedback on two designs for avatars, as well as radio scripts and taglines for use in an advertising campaign. The study consisted of four (4) focus groups/dialogue circles with Inuit and on reserve First Nations women aged 16 to 25 years old and an additional four (4) focus groups/dialogue circles with Inuit and on reserve First Nations people aged 18 to 35 years old, mix of gender.

Overall, findings from the study suggest that the avatars shown in Concept A are more relevant and compelling to First Nations people than those shown in Concept B. That being said, in general Inuit participants did not relate to either concept discussed as the visual elements lacked relevance to them (facial and body features) and they felt the faces were emotionless.

Visuals presented in Concept A were deemed more personable and representative of First Nations people's facial and body features (i.e. high cheekbones, wide shoulders, darker skin tone, shorter people). The design also more clearly identified characters being represented, including a health professional, a male elder, a young pregnant female and a young male. However, characters' facial features were felt to be emotionless or express sadness and this was widely disliked by participants across target audiences in all locations. Furthermore, despite the movement and liveliness implied by the colours not following the black outline in the drawing, it made the design looked unfinished to a few participants and suggested carelessness on the part of the designers. Overall reactions suggest that this concept should be further developed to target the First Nations people, with minimal changes. In contrast, consideration should be given to tailoring an avatar design more closely aligned to Inuit facial/body features and clothing style.

Concept B appeared incomplete to participants due to the white outlining, faded and minimal facial features, and the perception of missing feet (which may suggest amputation resulting from Diabetes). The characters were found to be confusing and emotionless due to unclear facial features. Although the style of drawing was appreciated by a few for its artistic qualities, the characters were nonetheless difficult for participants to relate to as a means of receiving a message about health. They were also felt to be less easily identifiable than those shown in Concept A, especially for the health professional (considered a female elder) and the young female (not always deemed pregnant).

When using avatars in a television commercial, care must be taken to ensure that the visual elements are interrelating with each other and that they contribute to delivering the campaign's intended message. The example of the television commercial tested elicited lukewarm reactions as avatars do not appear to have a coherent function in delivering the message. In contrast, the radio scripts and recording were widely compelling and relevant

to participants across groups and locations. They felt as though they effectively communicated the intended message in a culturally-appropriate manner. Recommendations were made to clarify terms or acronyms such as AVC (among French-speaking First Nations), folic acid, and cholesterol, as well as provide additional suggestions of physical activities. Using multiple and gender-specific voices in the recording was liked and stood out against the soft background music. First Nations people suggested adding a drumming sound to represent a heart beat using this traditional instrument.

The strong messaging from the radio advertisements was communicated in part by the Aboriginal taglines which clearly suggested the importance of adopting healthy behaviours and consulting a health professional prior or during pregnancy or to prevent Diabetes. The statements' positive tone and the fact that it implied the importance of the community in supporting health prevention also resonated with participants. In the Diabetes Prevention tagline, while the term "screened" was well understood, "tested" or "checked" was more commonly used. Reactions were equally as positive towards the signature line "Wellness is knowing", which implied that individuals are empowered to prevent diseases and illnesses. In French, "santé" was considered a more commonly used term than "mieux-être".

As it moves forward with the development of its Aboriginal Wellness campaign, Health Canada should consider the appeal of more realistic-looking visuals featuring facial features that express emotions. The advertisements' success will be influenced by ensuring the avatars are positioned to communicate a message (through emotions, relationships, movements, or activities). Additionally, a positive tone that clearly communicates the importance of community support in health prevention would draw the audiences' attention. The importance of health professionals as a trusted source of health information should not be underestimated and it is recommended that a component of the Wellness campaign addresses their involvement in the call to action resulting from the advertisements.

Corporate Research Associates Inc.
Contract Number: H1011-070034/001/CY
Contract Date: 2008-01-15

To obtain more information on this study, please e-mail por-rop@hc-sc.gc.ca

Sommaire

Corporate Research Associates Inc. a dirigé les tests créatifs de la Campagne autochtone sur le mieux-être: Étude sur la grossesse en santé et le diabète, pour Santé Canada. L'étude avait pour objectif de recueillir les commentaires à propos de deux conceptions d'avatars, ainsi que des scripts pour la radio et des titres d'appel pour une campagne publicitaire. L'étude comprenait quatre (4) groupes de discussion composés de femmes de 16 à 25 ans inuites ou faisant partie d'une Première nation et vivant dans une réserve, ainsi que quatre (4) autres groupes de discussion composés d'hommes et de femmes de 18 à 35 ans inuits ou faisant partie d'une Première nation et vivant dans une réserve.

De manière générale, l'étude a révélé que les avatars du concept A sont plus pertinents et attirent davantage l'attention des membres des Premières nations que ceux du concept B. Cela dit, en général, les participants inuits n'ont pu s'identifier à aucun des deux concepts puisque les éléments visuels ne les touchaient pas (caractéristiques corporelles et traits). Ils ont également jugé que les visages manquaient d'émotion.

Les participants ont jugé que les illustrations du concept A étaient plus agréables et représentaient mieux les caractéristiques corporelles et les traits des membres des Premières nations (c.-à-d. pommettes hautes, épaules larges, teint foncé, petite taille). De plus, les personnages représentés étaient plus faciles à identifier, notamment le professionnel de la santé, l'aîné, la jeune femme enceinte et le jeune homme. Toutefois, les participants ont jugé que leurs traits étaient dépourvus d'émotion ou qu'ils exprimaient une certaine tristesse. Cet aspect a déplu aux participants des différents publics ciblés à tous les endroits. De plus, malgré le mouvement et la vivacité suggérés par les couleurs dépassant du contour noir des illustrations, certains participants ont jugé que l'illustration avait l'air incomplète, ce qui suggérait le laisser-aller du dessinateur. Les réactions générales ont indiqué que ce concept devrait être développé un peu plus loin et légèrement modifié pour mieux viser les membres des Premières nations. Par ailleurs, il faudrait penser à créer un avatar dont les traits, les caractéristiques corporelles et les vêtements ressemblent davantage à ceux des Inuits.

Les avatars du concept B, avec leur contour blanc, leurs traits effacés et à peine visibles, et leurs pieds paraissant inexistants (ce qui peut évoquer l'idée d'une amputation découlant du diabète), ont paru incomplets aux participants. Ces derniers ont jugé que les personnages étaient difficiles à cerner et qu'ils manquaient d'émotion puisque leurs traits étaient vagues. Bien que certains aient apprécié le style de dessin d'un point de vue artistique, les participants ont jugé qu'il était difficile de s'identifier aux personnages comme moyens de diffusion d'un message traitant de la santé. Ils ressentaient également qu'il était plus difficile de les identifier que les avatars du concept A, surtout pour le professionnel de la santé (identifiée comme une femme aînée) et la jeune femme (qu'ils n'ont pas toujours reconnue comme étant enceinte).

Pour utiliser des avatars dans une publicité à la télévision, il faut s'assurer que les éléments visuels interagissent et qu'ils contribuent à communiquer le message prévu de la campagne. L'exemple de publicité télévisée n'a pas été reçu très chaleureusement, puisque les avatars n'arrivent pas à faire passer le message d'une façon pertinente. Par comparaison, les participants des différents groupes et des différents endroits ont jugé que les scripts pour la radio et l'enregistrement ont un attrait important et leur semblaient pertinents. Ils ont trouvé qu'ils communiquaient bien le message d'une manière appropriée du point de vue culturel. Certains ont recommandé de clarifier quelques termes ou acronymes, comme « AVC » (parmi les premières nations francophones), « acide folique » et « cholestérol », ainsi que de donner d'autres suggestions d'exercices physiques. Les participants ont apprécié les différentes voix des hommes et des femmes qui ressortaient bien contre la douce musique de fond de l'enregistrement. Les membres des Premières nations ont proposé d'ajouter un son de tambour produit par un instrument traditionnel pour évoquer les battements de cœur.

Le message puissant des publicités pour la radio a bien été communiqué en partie à cause des concepts autochtones suggérant l'importance d'adopter un comportement sain et de consulter un professionnel de la santé avant et pendant la grossesse, ainsi que pour prévenir le diabète. Le ton positif des énoncés et l'importance qu'ils accordaient à la communauté dans la prévention en santé ont également plu aux participants. Dans le message sur le diabète, le mot « screened », en anglais, a été compris, mais les participants y préféraient les termes « tested » et « checked ». Les réactions étaient également positives pour le slogan « Wellness is knowing », qui souligne que les gens ont le pouvoir de prévenir les maladies. En français, par contre, le terme « santé » était jugé préférable à « mieux-être ».

Au fil de la Campagne de mieux-être autochtone, Santé Canada devrait penser à concevoir de nouvelles images réalistes avec des traits exprimant des émotions. Le succès des publicités sera influencé par la capacité des avatars à communiquer un message (avec leurs émotions, leurs relations, leurs mouvements et leurs activités). En outre, un ton positif soulignant l'importance du soutien de la communauté pour la prévention en santé permettrait d'attirer encore mieux l'attention du public. Enfin, il ne faut pas sous-estimer non plus l'importance des professionnels de la santé comme sources fiables de renseignements sur la santé. Il est donc recommandé d'inclure leur participation dans l'appel à l'action des publicités de la campagne du mieux-être.

Corporate Research Associates Inc.
Numéro de contrat : H1011-070034/001/CY
Date du contrat : 2008-01-15

Pour obtenir de plus amples renseignements sur cette étude, veuillez écrire à l'adresse électronique suivante por-rop@hc-sc.gc.ca

Conclusions

The following conclusions have been drawn from the detailed analysis of the focus group/dialogue circle discussions.

- ***Use of photographs were deemed more compelling than illustrations, though only when they depict features representative of their specific national, cultural or community identity.***

  Participants across groups expressed a desire to see photographs of 'real people', as the ability to see and understand an individual's emotion and expression is seen as crucial in order to be able to relate to a character. As such, they relate more to photographs than drawings. That being said, to be effective, photographs need to illustrate people from the various nations/communities, as participants would look for familiar facial and body features.

- ***Avatars in Concept A were preferred among First Nations people as they were easily recognizable and included familiar features while Inuit people did not see themselves in these images.***

  The key elements of the avatars represented in Concept A, including clothing style, facial features and hairstyles, were viewed by First Nations participants as more clearly representative of their communities. In contrast, Inuit participants largely saw these images as representing First Nations people rather than themselves. Despite the cartoonish style of the drawing deemed more suitable to children, participants suggested they could relate to the characters illustrated. The illustrations were clearly identified as a health professional, a young male, a young pregnant woman, and an elder.

  While the drawing style looked to some as suggesting movement and animation, a few participants mentioned that it could imply an unfinished product and carelessness on the part of the designer given that this is targeting Aboriginal people. In addition, the individuals illustrated were felt to look negative, worried, or sad attitude based on the limited facial expressions.

- ***The avatars in Concept B were less relevant to Aboriginal people and their stylized nature made character identification more difficult.***

  The stylized nature of the drawings in Concept B were not easy to relate to for most participants, who found the lack of clear definition of body parts and the lack of facial features confusing. The style was considered too "urban" and "modern" to realistically represent Aboriginal people. Limited or lacking facial features were also felt to make the drawings look lifeless and emotionless. This component, along with the lack of feet and the white outlines used to define body parts, all suggested the artwork remains unfinished. A few participants also perceived that the lack of feet suggested

amputation, knowing that the topic would be Diabetes prevention.

Characters were less easily identifiable in this concept. Most participants did not look at the older female as a health professional because of her skirt, overcoat which looks like a sweater, and long, braided hair, a look not typical of health professionals in targeted communities. Similarly, not everyone saw the young female as being pregnant, given her belly size is smaller than the avatar in Concept A.

Despite overall negative perceptions of this concept, it was often considered as better communicating the "togetherness" of community members and their supporting role in health prevention. The placement of the avatars (looking at each other) gave participants this impression. This is a concept they value and that appears important in communicating a health prevention message.

- ***The lack of animation and the avatars moving in isolation would make a television commercial emotionless and lacking appeal.***

There was a lukewarm reaction towards the manner in which avatars moved in the television commercial presented for the purpose of the discussion. Given that the avatars shown in the ad were not the ones tested as part of this study, participants were asked to comment only on the overall look and feel of the animation rather than the visual images or the message.

Overall, the lack of body and facial feature movement suggested a lack of emotion and, as such, participants believed this is likely to make the message less compelling. The avatars also moved in isolation, not clearly identifying the relationship between them as well as the role of the community in supporting health prevention. Indeed, it was felt by some participants that health prevention is a community matter and that this should be reflected in advertisements. Additionally, the avatars moved too quickly for participants to understand the message that was being visually communicated, raising questions as to the purpose of the visuals in the overall message. The fact that none of the avatars tested in Concept A or B, and none those in the television commercial were taking part in an activity also made participants question their role in communicating a message if used in advertisements. Even when the health professional was identifiable, participants felt it did not partake in an activity.

- ***The radio scripts were deemed personally relevant and compelling and the recording grabbed attention and was considered culturally appropriate.***

Participants in both the Healthy Pregnancy and Diabetes Prevention groups were compelled by the messages conveyed by the respective radio scripts reviewed. The Healthy Pregnancy scripts communicated the importance of healthy eating habits and physical activity during pregnancy and the importance to consult a health professional during this time. Despite planned pregnancy being considered uncommon, the script

titled "Planning a Pregnancy / Planifier une grossesse" also stressed the importance of stopping or limiting tobacco, drug and alcohol consumption before and during pregnancy. Suggestions made to improve comprehension of the Healthy Pregnancy scripts included explaining what folic acid is (e.g. "vitamin" or "supplement"), describing the Food Guide tailored for First Nations, Inuit and Métis, further stressing the importance of ceasing the use of tobacco and alcohol, and providing additional suggestions of physical activities.

The call to action conveyed by the Diabetes Prevention radio scripts was less clear, although the ads did suggest the importance of adopting healthy behaviours to prevent Diabetes. Additionally, it stressed the importance of assessing the risks by getting screened. Being informed of the negative consequences from untreated Diabetes made an impression on participants, especially the possibility of amputation. Suggested improvements included enhancing credibility through the use of statistics, limiting the use of acronyms (e.g. spell out AVC in the French script), explaining cholesterol and its effect on Diabetes, explaining why checking feet is linked to avoiding amputation or identifying Diabetes, and being more specific about preventative measures that can cut the risks of Diabetes.

The radio ad recording was highly compelling among First Nations and Inuit participants, as they identified with the voices and appreciated the positive tone. The background music was deemed soothing and not overshadowing the spoken message. First Nations participants suggested increasing the drum sounds for greater cultural relevance and as a reminder of the sound of a heart beat.

- ***The Aboriginal taglines were widely accepted and viewed as strengthening the radio advertisements.***

The Aboriginal taglines clearly communicated the importance of being informed to improve your own health. Furthermore, the taglines implied that there are resources within the community to find out more about healthy habits and behaviours. Although the term "screened" is well understood, the terms "tested" or "checked" are more commonly used. Using a locally understood Aboriginal language/dialect inserted in English or French radio advertisements was deemed attention-grabbing, culturally respectful, reaching a wider audience, and providing an opportunity to open the dialogue between generations.

Reactions to the signature line "Wellness is Knowing / Le mieux être c'est savoir" were also positive. This line implies everyone's personal responsibility to find out more about a balanced lifestyle, including physical, mental, psychological and spiritual components. French speaking participants suggested that the term "santé" was more commonly used than "mieux être".

- ***Community health professionals and others who have experienced the said condition (e.g. pregnancy or Diabetes) were deemed most trusted sources of health information.***

  During a brief discussion on preferred sources of health information, participants suggested they primarily rely on health professionals within their community, the Internet, parents, and friends or relatives that have experienced the health condition as sources of information. It was also noted by some that they would call the toll free number or go to the specific website mentioned in the advertisements to find out more regarding healthy pregnancy and diabetes prevention.

Recommendations

The following recommendations are presented for Health Canada's consideration.

1. **Consideration should be given to further develop the avatars identified in this study as "Concept A", with minor changes.**

   The study findings suggest that, among First Nations people, the avatars represented in Concept A are clearly preferred over those featured in Concept B. The more realistic drawings, the more precise facial features/expressions and the more familiar body features for First Nations people all contributed to the greater appeal. As such, it is recommended that this concept be further developed. That being said, a number of suggestions should be considered to improve relevance, as follows:

   - Use more realistic drawings (less cartoonish);
   - Ensure the colour is carefully drawn within the black outline to avoid an "unfinished" look;
   - Include more pronounced facial features to clearly communicate emotions;
   - Make smiles obvious to set a positive tone; and
   - Ensure the colour of the clothing is realistic (no purple pants).

2. **A different visual approach should be developed to effectively reach an Inuit audience.**

   Findings suggest that Inuit participants were not compelled by either avatar design. Both concepts were deemed most representative of First Nations people, by virtue of the facial and body features and the clothing style. Furthermore, participants sought to understand the characters' emotions in order for them to relate to the illustrations and empathize with the intended character. Illustrations showing shorter people with rounded faces, a more yellowish skin tone, wider eyes, and darker hair would more clearly suggest Inuit are the intended target audience. As such, it is recommended that Health Canada considers the development of a different set of images for its print and television campaign featured in Inuit communities.

   It is worth noting, however, that the radio scripts and recording tested compelled Inuit participants to pay attention and would work at communicating the intended message in a culturally-relevant manner.

3. **When using the avatars in advertisements, Health Canada should not underestimate the importance of the community in health prevention among Aboriginal people.**

   Findings clearly suggest that Aboriginal people rely on the support from the community in instances of health prevention. More specifically, parents, elders and community health practitioners are trusted resources for advice. As such, when presenting the avatars in print or television advertisements, there is merit in carefully considering the relationships between each individual depicted. Attention should also be paid to what the body language communicates.

4. **The importance of community health professionals as a trusted source of health information must not be overlooked.**

   Given the suggested effectiveness of one of the campaign's call to actions, namely contacting a health professional, as well as the level of trust in this resource, the importance of health professionals must not be overlooked in communicating the campaign's message. As such, Health Canada must ensure it takes an integrated approach in delivering its Wellness campaign by providing health professionals with additional tools to deliver consistent advice on preferred healthy behaviours. This approach will also ensure consistency in the message being communicated as a follow-up to the advertising campaign.

5. **Radio advertisements should take a positive tone, include multiple voices and use music that is culturally relevant.**

   Findings suggest that the approach used for the recording discussed should be used when finalizing the radio commercials that are part of this campaign. Specifically, the use of multiple gender-specific voices, the liveliness and positive tone of voices, and the softness and cultural relevance of the background music all contribute favourably to the overall impact. The material tested requires minimal changes other than a few elements to clarify the messaging (e.g. limit use of acronyms, further explaining folic acid, cholesterol, and Canada's Food Guide for First Nations, Inuit and Métis). Consideration should be given, however, to include subtle drum sounds in a way to remind listeners of the human heart beat. It is also strongly recommended to include the Aboriginal tagline at the end of each radio commercial, but recorded in an Aboriginal language/dialect familiar to the communities where the advertisements will be aired.

Key Findings

Use of Illustrations

Use of photographs were deemed more compelling than illustrations, though only when they depict features representative of their specific national, cultural or community identity.

To start discussions, and after having seen one set of avatars, participants were asked for their thoughts on representing people with illustrations rather than photographs. Across groups and locations, participants considered photographs of people to be more compelling than illustrations, as they provide a clearer definition of facial features and more clearly convey emotions.

> *"I relate more to photographs of people. I can't really see myself or anybody else I know in these images."*

In general, many felt strongly that being able to see the detail of an individual's facial expression is crucial in order to understand and relate. Unaided, many individuals volunteered the suggestion to use photographs of real people instead of images.

> *"Real photos would show you more feeling, more expression. [Images] are too fake."*

It is assumed, however, that photographs would include individuals' representative of participants' specific nation or community. Familiar facial and body features were deemed essential in ensuring photography is compelling.

Interestingly, it was felt that neither set of images discussed in Concept A and B showed sufficient facial expression to understand or relate to the character of each individual. For some participants, the use of illustrations decreased the seriousness of the message being delivered. That is, the 'cartoonishness' reminded these individuals of children's books or television shows and took away from an image's ability to represent someone in a serious context.

However, some participants understood the value of using illustrations as a means of grabbing attention in order to communicate a message. Indeed, these participants recognized that illustrations can be drawn in such a way to ensure that body or facial features are not readily associated with any given group or community. As such, an individual can better relate to avatars illustrated and envision others from the community.

> *"It gives you more opportunity for your imagination because if you have a photo of someone it is sort of specific but if you have generalized characters, many people can possibly see themselves in that situation."*

A few others also recognized that the use of illustrations is warranted for national campaigns given the diversity of facial and body features within the First Nations and Inuit populations. While this was seen as necessary to accomplish this goal, others disliked what was perceived as the 'blending of cultures or generic representation of Aboriginal people.

> *"The images are too confusing between Native and Inuit. We are different and this looks like you're trying to blend. It's generic."*

It should be noted, that while some individuals felt that focused attention and tailoring of a campaign to all Aboriginal cultures represented a sense of respect, others mentioned that having a campaign where individual characters are meant to represent Aboriginal communities only served to reinforce differences and stereotypes.

Avatars: Concept A

Avatars in Concept A were preferred among First Nations people as they were easily recognizable and included familiar features, while Inuit people did not see themselves in these images.

Overall Reactions

First Nations participants across locations and groups expressed a preference for the avatars illustrated in Concept A in comparison to those presented in Concept B, although not enthusiastically given their preference for the use of photographs as noted above.

Among Inuit participants, the opinions of the images were overall quite mixed. While the Healthy Pregnancy group clearly preferred Concept B, the Diabetes group clearly preferred Concept A. However, across both groups it was felt that neither set of images truly represented Inuit people, who they identified as having darker hair (black), different coloured skin (yellower tint), shorter stature (particularly for elder figures), rounder facial features, and different clothing (including parkas and kamiks in particular) than is represented in either set of images.

The images in Concept A were not seen to represent Inuit people (particularly the male figures and the style of clothing which was identified by some as looking First Nations rather than Inuit). The younger male's braid was pointed to by Inuit participants as particularly unrealistic. However, both female figures were thought to be closer to an Inuk look.

Strengths and Weaknesses

Elements liked by First Nations participants about Concept A included the more realistic art style (that is, less stylized) and the facial and body features representative of First Nations people from participants' community (i.e. darker skin tone, high cheekbones, wider eyes, thin female chin, 'stockier' body shape, short people, wide shoulders). The hairstyles and colour was also clearly associated with First Nations people for most participants.

> *"They look native. The darker complexion and the hair is dark."*

> *"I like the fact that the nose is actually drawn and not just coloured. It looks more real."*

> *"C'est comme des autochtones. Ils ont des visages autochtones. La couleur de la peau, les cheveux noirs." (They look like Aboriginal people. They have Aboriginal faces. The skin colour and the dark hair.)*

That being said, some (particularly in Big Cove) stated a preference for darker, even black hair, in order to better represent their community. The casual style of clothing and the earth tone colours were deemed realistic, although in Natashquan, participants suggested dressing in even more dull and dark colours than those illustrated. In general, participants also liked that facial features are more pronounced in this concept in comparison to the avatars shown in Concept B.

Despite a general positive impression, a number of elements were disliked by First Nations participants. Despite being considered better than for Concept B, the lack of detailed facial features made it difficult for them to assess emotions. Most considered these avatars sad or pensive due to their lack of smile and inexpressive eyes. This was deemed inappropriate, especially for the pregnant woman who was seen not to be portraying a happy pregnancy, but rather a tired, sick, stressed, and worried time (no smile, looking down, small eyes that look closed).

> *"She looks like a stressed, hardworking mother. Her eyes make her look sick of being pregnant."*

> *"Elle à l'air fatigué. On est fatigué et on a l'air fatigué quand on est enceinte." (She looks tired. We are tired and we look tired when pregnant.)*

The position of her arm further contributed to this perception (on top of the belly as if 'protecting' the baby rather than underneath the belly as a supportive and loving gesture). This expression was generally disliked as participants in the Healthy Pregnancy groups stated that, if they were to receive advice about their health or pregnancy, they would like to hear this advice from someone who has been through a successful pregnancy and is happy

about it.

The style of drawing was liked by some for its informality, while others found it to be too casual, indicating a lack of effort. The comic-style approach was also criticized as being targeted at a younger audience and for not communicating the issue in a serious manner. It is worth noting that, in most locations, First Nations participants felt that the style of drawing, where the colours do not precisely align with the black outlines, illustrates movement. The black outlines also contributed to making the visuals dynamic.

> *"[The colours not following the lines] gives it motion; movement. I like it."*

In Natashquan and Iqaluit, however, participants in both groups mentioned that such an approach suggests little attention was paid in drawing the avatars, evoking an uncaring attitude towards Aboriginal people.

> *"C'est comme si les autochtones avait pas d'importance. On dirait qu'ils ont fait ça de travers parce que c'est pour des autochtones. Vite fait, (comme si) c'est pas grave (pour nous)." (It is as if Aboriginal people are not important. It looks like they did it wrong because it targets Aboriginal people. Quickly, as if it did not matter to us.)*

> *"Ils ont pensé que nous on ne remarquerait pas (qu'ils ont fait ça vite)." (They thought we would not notice that they did it quickly.)*

Among the Inuit groups, Concept A was viewed as more lifelike, less abstract, and showing more emotion than Concept B. The female figures were viewed as more closely representing Inuk women than the male figures. When asked what could make the images look more appealing and easier to relate to, suggestions included to darken the hair colour, to add children, and again, to add more detail to the expressions.

> *"We smile a lot. These people don't look happy."*

Smiling faces and a happy demeanor were also suggested changes to make this concept more relevant to First Nations people.

> *"Les bouches sont un peu comme si c'était triste. Ils ne sourient pas." (The mouth suggests they are sad. They are not smiling.)*

The following table presents a summary of strengths and weaknesses associated with Concept A avatars.

Concept A Summary of Strengths and Weaknesses	
Strengths	**Weaknesses**
• Facial and body features familiar to First Nations; • More prominent and clear facial features; • Characters clearly recognizable; • Casual clothes more commonly worn; • Black outlines make the images stand out; • Colours and lines not aligning implies movement;	• Looks "cartoonish"; • No smiles suggests unhappiness, worry (especially the pregnant woman); • Young male looks like he does not care about the situation; • Colours and lines not aligning suggest carelessness towards Aboriginal people; • Facial features not sufficiently detailed to suggest emotions;

Character Identification

Participants were asked to identify who each avatar represented. Characters in this set were easily identifiable by participants across groups and locations.

Health Professional. The health professional was most often perceived as a nurse or a doctor, although a couple of participants suggested it could be a chemist or a pharmacist. Some felt however, that she looked too young to be taken seriously. Inuit participants suggested scrubs would more closely represent the health professionals they are accustomed to seeing, while First Nations people clearly recognized the medical lab coat.

Nonetheless, it was felt that the visual as presented clearly represented a health professional, suggesting no additional 'prompts' were required for clarity. The addition of a stethoscope, while considered appropriate, would be associated to a doctor more so than other health professionals. Other suggested additions to further identify this character as a health professional included a clipboard, white shoes, or a nametag. In Natashquan, one participant commented on the positive message sent by showing an Aboriginal health professional, suggesting a successful career path.

> *"Un autochtone a réussi d'être infirmière. C'est positif." (An Aboriginal person has succeeded in becoming a nurse. That's positive.)*

Young Female. The pregnant woman was clearly viewed as being pregnant, although worried given her facial features and the position of her arm. Some felt she could be a teenager given that she is wearing jeans, while most believed she was between 18 and 30 years old.

Young Male. More generic and vague descriptions were provided for the young male, often identified just as a young male. Some First Nations participants felt he could be the

father-to-be, a brother, a business person, a student, a fisherman, or a store owner. Across locations, his braid, long nose and oblong face was seen as representing First Nations people, but the braid was deemed overly stereotypical and old fashioned. A few participants felt that his smirk suggested he does not take the situation seriously. A few participants in Fort St. James and Natashquan commented that a man wearing purple pants isn't realistic.

> *"Purple pants? Which guy wears purple pants?"*

Male Elder. The older male character was most often associated with an elder or grandfather. Despite a clear identification, a few participants in Fort St. James did not recognize elders from their community in this drawing. Indeed, the illustration suggested to them that the elder's shirt is improperly buttoned up (because it is not aligned at the bottom) and isn't tucked in, a careless attitude not often found in elders they know.

> *"Most of the elders I know are well kept and this guy, his shirt needs to be better; it does not line up. His shirt is off."*

When informed of the intended use of the avatars to speak about healthy behaviours during pregnancy, a number of participants in the Healthy Pregnancy groups indicated that a female elder would be more credible than a male elder in speaking about pregnancy.

> *"Take out the old man. He wouldn't know about pregnancy. I would want to see an older Aboriginal woman who knows a lot."*

Avatars: Concept B

The avatars in Concept B were less relevant to Aboriginal people and their stylized nature made character identification more difficult.

Overall Reactions

For the most part, participants across locations had difficulty relating to the avatars illustrated in Concept B. Although they appreciated the artistic value of this idea, the abstract nature of the artwork made it less compelling than for Concept A. These avatars were viewed by some First Nations participants as representing 'sleek', 'sexy', and 'modern' individuals they seldom associate with Aboriginal people. Concept B was seen by some Inuit participants as overly generic and difficult to discern the race. First Nations participants

also expressed difficulty identifying the population illustrated. Indeed, some thought it could represent unspecified First Nations, but "from away", suggesting that it was not reflective of people from their own community.

> *"On dirait des Métis ou des autochtones qui viennent de loin. Peut-être des Inuits ou des autochtones de Masteuiash? Mais pas nous." (They look like Métis or Aboriginal people that come from far away. Maybe Inuit people or Aboriginal people from Masteuiash? But not ourselves.)*

Although some participants recognized these images as reminiscent of Inuit art, others found that the choice of characters was not reflective of true Inuit families.

> *"It looks like a Christian family, not us."*

There was also a feeling among Inuit groups that the images were not "real" enough, that there was no feeling evident in the individuals' faces. Some found them overly generic, looking Aboriginal, native or western, but not specifically Inuit. This was due to a perception that the eyes were too small, the skin too dark and the hair to be the wrong colour. Some said they found the images to be reminiscent of a children's book or something that could appear on Aboriginal television. In contrast, First Nations participants suggested this idea was more reflective of the Inuit population given the shape of the eyes.

Strengths and Weaknesses

There were a number of elements disliked about this concept. Among them, the stylized feet and hands which were vague and in some cases the feet were seen as missing. This made the illustrations look unfinished and participants questioned the meaning of not drawing any feet or shoes.

> *"They need feet or moccasins or something."*

Of note, First Nations participants in the Natashquan Diabetes Prevention group mentioned that perhaps the feet missing suggested amputation, a possible negative consequence of suffering from Diabetes.

> *"(Si le message est la prévention du diabète) c'es-tu pour ça que les pieds sont amputés?" (If the message is Diabetes prevention, is this why the feet are amputated?)*

The limited and unnoticeable facial features were also considered unrealistic and dull.

> *"It needs to be more realistic. It is too vague, there is no detail [in the faces]."*

In fact, many participants across locations felt that the existing facial expression suggested a serious and somber environment.

"They look really serious."

"Si le message est positif, ils devraient avoir des sourires." (If the message is positive, they should smile.)

From an artistic point of view, some First Nations participants believed the style of art and the colours chosen were deemed most representative of Inuit people. The white outline, stylized feet (seen as missing), and faded facial features also suggested to participants that the drawings were unfinished.

"Why are there gaps? It looks not finished."

Furthermore, the more formal art style was reminiscent of computer-generated images, according to some participants.

Very few positive attributes were associated with this concept. Elements liked by participants across locations included the 'roundness' of the drawings and the body position (e.g. open arms, etc.) which suggested openness and support. This element, coupled with the position of the avatars looking at each other, suggested 'togetherness' and communicated the role of the community in addressing an issue. A few participants were also familiar with the manner in which the hairstyle was illustrated (i.e. well-defined and rounded), often seen in Aboriginal drawings.

The art was also deemed more visually pleasing and more 'adult-looking' than Concept A, despite being less compelling to most participants. Despite not representative of how First Nations people dressed, the clothing colours are deemed vibrant and cheerful.

The following table presents a summary of strengths and weaknesses associated with Concept B avatars.

Concept B
Summary of Strengths and Weaknesses

Strengths	Weaknesses
• Colourful; • Visually-pleasing; • Style resembles Aboriginal art; • Hairstyle more familiar to First Nations people; • Image of togetherness represented by placement of individual characters / open arms; • More 'adult-looking' style of art;	• Too stylized; • Does not look like First Nations (too "urban" and "modern" looking); • The lack of feet makes the drawing look unfinished / suggestive of amputation due to the topic of Diabetes prevention; • Generic, sterile looking; • Looks computer generated; • Limited facial features and white lines makes it look unfinished; • Pregnant woman looks unhappy / tired; • Health professional not easily recognizable; • Viewed by First Nations as more representative of Inuit art; • Inuit participants did not relate to these images;

Character Identification

Characters in Concept B were not as easily identifiable as in Concept A. This was particularly the case of the health professional and, to some extent, the young, pregnant female.

Health Professional. Very few participants across locations identified the health professional. They mostly suggested this character represents a female elder or grandmother-to-be. A few First Nations participants also noted she could be a midwife, a medicine woman, or a traditional healer. Many Inuit participants felt she represented a member of the church due to the style of her robe. The hairstyle (braided) and clothing (wearing a skirt and a sweater) were more reminiscent of an elder than a health professional. Some noted that a lab coat typically has buttons and is squared off at the bottom.

> *"Son veston blanc, c'est comme les Inuits. Mais ils ont des dessins par exemple. Les docteurs ils ont un manteau carré." (The white vest is similar to an Inuit vest but without drawings. Doctors have a squared off vest.)*

Adding a stethoscope, a clipboard or a nametag was noted as additional icons that would make her more easily identifiable. Her hand gesture was, as noted above, deemed accusatory or judgmental by some (questioning how the woman could have become pregnant in her situation) while it was viewed by others as supportive (being open, engaging, and providing advice).

Young Female. The young female character was seen as pregnant by some, but not as obviously as for the avatar represented in Concept A. Those who felt she is obviously pregnant indicated that the size and shape of the belly and the position of the arm provided sufficient clues. The fact that she looks down at her belly also supports this impression.

> *"She has a big belly and she looks down at it."*

Others felt that the belly is not large enough to suggest pregnancy and could be mistaken for representing an overweight person. While some felt her facial features expressed peace and happiness, others suggested the shadows underneath her eyes indicated she was tired ("exhausted"). She was seen by many to be younger than the pregnant figure in Concept A, and therefore easier to relate to.

Young Male. The young male was deemed as younger than the one illustrated in Concept A. A couple of participants in Fort St. James suggested that this avatar, being the only one facing the viewer and being larger in size in comparison to the other illustrations, suggested the focus / messaging would relate to him.

Male Elder. The older male was deemed an elder or a grandfather. He was seen to be

younger than the elder in Concept A given the lack of facial wrinkles. In Natashquan, however, the white hair colour suggested an older male.

> *"Un vieil homme à cause des cheveux blancs. Il n'a pas de cheveux gris." (It is an old man because of the white hair. He does not have gray hair.)*

Some in Richibucto perceived him as angry. It should be noted that the body position of the older male was seen to be confrontational by many. In contrast, Inuit participants felt he was too tall and had too much hair to represent an Inuk elder.

Characters Missing From Either Concept

When asked who was missing from the line up of individuals represented in either concept, participants across locations and group types suggested children or babies. In the case of the topic of a Healthy Pregnancy, participants felt that a baby would represent the positive outcome of adopting healthy behaviours during pregnancy. In the case of participants in the Diabetes Prevention group, they indicated that children would remind viewers of the risks for all age groups of becoming diabetic. Healthy Pregnancy participants also noted the absence of a female elder in Concept A. Participants across group types also noted the absence of a health professional in Concept B.

Use of Avatars in Television Commercial

The lack of animation and the avatars moving in isolation would make a television commercial emotionless and lacking appeal.

Participants were shown on the computer a brief television commercial as an example of how avatars could be used in animated advertisements. The commercial was not designed or produced for the Wellness campaign tested as part of this study, but did feature still images similar to the avatars discussed. The avatars shown in the commercial moved across the screen in a sweeping or zooming in/out fashion, but their body and facial features remained still. As such, participants were asked to focus their attention and limit their comments to the visual design and overall look and feel of the commercial rather than the specific images and intended message.

There were lukewarm reactions to the manner in which the avatars would be used in a television commercial. While some appreciated the movement of avatars on the screen, most participants felt that, unless the images were animated (i.e. arms, head, and facial features moving), the use of still images in a television ad further reinforced the lack of expression on the faces and therefore lessened the appeal and the comprehension of the message. Indeed, it appears that emotions communicate an important part of the message.

Additionally, a few participants in Natashquan noted that none of the avatars tested as part of the discussion, namely Concept A and B, took part in an activity and most did not clearly suggest an occupation. As such, these participants were puzzled with the role of each individual in conveying a message. In Fort St. James, a few participants said that the avatars appeared more like "statues", without a clear indication of their purpose in the overall advertisements.

"They [the avatars] should all come together instead of passing each other."

Furthermore, the avatars being presented next to each other suggested to participants that they operate individually rather than implying community support. Questions were raised with respect to this approach as it was deemed by some that health prevention is a community matter. Many participants also noted that the images moved too fast in the example presented for them to understand the message conveyed.

Radio Advertisements

The radio scripts were deemed personally relevant and compelling and the recording grabbed attention and was considered culturally appropriate.

Radio Scripts

For each target audience, participants were shown two radio scripts. In each location, the first group discussed scripts pertaining to healthy pregnancy and, in the second group, participants discussed scripts relating to Diabetes prevention. In general and regardless of the topic covered, the message conveyed by each radio script was deemed easy to identify and relevant. Very few suggestions were made to improve the radio scripts presented. The following sections present comments specific to each radio campaign presented.

Healthy Pregnancy Scripts

The script titled "Eat Well, Be Active / Bien manger et être active" suggested to most participants the need for healthy eating habits and an active lifestyle when pregnant. It also highlighted the need for vitamins and food supplements, and recommended consulting the Canada Food Guide for advice. A couple of participants in Fort St. James also noted that it highlights in a positive manner the role the father can play during pregnancy.

As such, the call to action from the pregnancy ads was understood as encouraging people to eat well and be active. Additionally, a few participants in Fort St. James mentioned that the physical activity would result in being more energetic. Although the desired outcomes were primarily considered behavioural changes, there were still a few participants in each location that viewed the desired call to action as contacting a health professional when pregnant.

> *"Get knowledge from the website or the number you could call or go see a nurse."*

Reactions to the "Planning a Pregnancy / Planifier une grossesse" script were equally positive. The messages conveyed included the importance of preparing a woman's body prior to becoming pregnant by increasing the level of physical activity and adopting healthy eating habits. Ceasing to smoke, doing drugs or drinking alcohol was also viewed as a key message.

A few First Nations and Inuit participants noted however, that it is highly unlikely that a young woman would plan a pregnancy, therefore suggesting that this radio script targeted older women and to some extent those who already have children. Because of this, the creative approach was viewed as "someone else's point of view", suggesting a non-Aboriginal person came up with this idea.

Very few suggestions were made to improve either script presented. Additions to the

Healthy Pregnancy ads included more stark warnings about alcohol and tobacco use during pregnancy and additional suggestions of how to be active (other than walking). Furthermore, it was suggested that in the "Eat Well Be Active" ad, folic acid be labeled as "vitamin" or "supplement" for added clarity and that examples of iron-rich foods be provided. Additionally, providing examples of iron-rich foods so listeners know it is easy to adapt their diet.

> *"They need to explain about the iron and what the foods are. What can prevent and maybe they will consider taking it. If all they have to do is eat a banana they may say, well that is easy."*

Finally, a few participants in Fort St. James questioned the qualifier "First Nations, Inuit and Métis" next to "Food Guide", unaware that there was a Guide specifically designed for this target audience. Suggestions were made to clarify this point so as to avoid the perception that the statement implies this target audience is requiring the help of Canada's Food Guide more so than mainstream populations.

> *"What's with the First Nations, Inuit and Métis here after food guide? They should explain why they put that there."*

Diabetes Prevention Scripts

The call to action from the Diabetes ads wasn't as strong, however participants recognized the message of the importance of staying fit, preventing Diabetes, and getting screened in both scripts, titled "Risk Factors / "Les facteurs de risque en commun" and "Physical Activity / Le mode de vie – Le diabète et l'activité physique".

> *"It is telling me to get screened and get educated about Diabetes."*

Very few mentioned they would call the toll free telephone number of go online to find out more information as a result of hearing these ads. In fact some did not recognize the presence of a website address (because of the lack of 'www.')

The idea of talking about consequences of diabetes was endorsed by many participants. In Fort St. James a few participants perceived the urgency of getting screened from the overall tone of the scripts. Additionally, most participants were shocked to learn that amputation could be a consequence of untreated Diabetes. They suggested that knowing of such possible consequence would motivate them to find out more about the disease. Although less of a strong reaction was noted in other locations, speaking of consequences appeared attention-grabbing.

> *"The amputation part - it would make me panic. It got my attention because I want to keep my feet."*

Fort St. James participants believed having a male voice in an ad that would speak of Diabetes prevention was a good idea to effectively reach this target audience. Indeed, hearing a male voice in the recording would sound less "preachy" than having a woman communicate the same message.

> *"As women, the nature of who we are, we have to deal with more medical stuff. If something is wrong, we will go and check it out. But I think guys will take this more seriously because of the male voices. Are you going to listen to your mom, your sister or your aunt that say 'eh dude, go get tested'?"*

It was suggested by very few participants that the message include something more closely aligned with younger people, otherwise the message is understood to apply more to older people.

A few suggestions were made for improvement. There was a note that statistics would be useful to further strengthen the message. For example, when the ad states that "our people are more likely," a few participants asked "how much more likely?" Additionally, in Natashquan, participants in one group questioned the use of the acronym "AVC" suggesting that it be spelled out to avoid confusion with the well-known acronym ACV.

Among Inuit participants in the Diabetes group, there was a desire for further explanation of some of the terms and points, including cholesterol and its effect on diabetes; how checking feet has anything to do with amputation or diabetes; if diabetes can really result in blindness; and what kinds of preventative measures can cut the risk of diabetes.

Radio Recording

After the discussion on the scripts, participants were asked to listen to a recording of one of the scripts, titled "Healthy Pregnancy: Healthy Eating and Physical Activity / Grossesse en santé: Bien manger et être active". They were asked to focus only on the audio elements of the ad, including the sounds and voices, and not on the messaging. The same recording was played in all groups.

The audio elements of the radio recording were liked across group types and locations. The flute and drum background music was identified as clearly representing something targeted at First Nations individuals, although some participants in Fort St. James and Natashquan suggested that a more prominent drumming sound would resonate with them even more as well as represent a heartbeat (consistent with the ads' health theme). Inuit participants suggested that the flute and drums are not typical of their culture, although they found the audio elements pleasing.

The individuals speaking in the ad were clearly associated with Aboriginal people, and the number of voices and variety of accents used was deemed appropriate to create interest while not being confusing. Some participants from the pregnancy group in Richibucto

clearly liked the fact that the pregnant woman sounded confident and happy.

Taglines

The Aboriginal taglines were widely accepted and viewed as strengthening the radio advertisements.

Aboriginal Taglines

Participants were asked to comment on the taglines that appeared at the end of each radio script. The following taglines were discussed in each respective group, along with corresponding participant reactions:

The following tagline was discussed among participants in the Healthy Pregnancy groups:

> "Wellness is knowing your community supports healthy pregnancies. If you're pregnant, it's important to visit your health care provider early."
>
> "Le mieux-être, c'est savoir que votre communauté encourage les grossesses en santé. Si vous êtes enceinte, c'est important de consulter un professionnel de la santé dès le début de votre grossesse."

The main message from the tagline was thought to include the idea that there exist individuals who are in the community willing to help if you are pregnant. This concept was viewed as both important and understandable by participants.

> *"It makes you think that your community does care about pregnant women and that there is help for you."*

Additionally, the tagline suggested the importance of getting knowledge and adopting healthy behaviours. A few Natashquan participants indicated that this message implies that the health of the baby is the priority during pregnancy.

The following tagline was discussed among participants in the Diabetes Prevention groups:

> "Wellness begins with knowing about diabetes. Visit your health care provider regularly and make an appointment to be screened."
>
> "Le mieux-être commence par se renseigner au sujet du diabète. Consultez régulièrement un professionnel de la santé et prenez rendez-vous pour un test de dépistage."

Participants' reactions were generally positive. The message of getting screened was clear, but the call to action was less striking, again because the idea of consequences was not clearly reiterated.

> *"I know they're saying to go get tested but if I don't feel any symptoms, it wouldn't be*

worth […] the time. They need to tell you what can happen if you don't."

Although the term "screened" was understood, many participants suggested using other more common words such as "tested" or "checked". A few female participants also noted that "screened" is often associated with breast cancer screening. The tagline was deemed as suggesting the importance of getting educated about Diabetes in addition to getting screened.

Aboriginal Recording

Participants were informed that the tagline would be read in a local Aboriginal language/dialect, while the remainder of the ad would be in English or French. Most participants in Richibucto and Natashquan stated that they could understand either the Miq'maq or the Innu language and would like to hear it used in an ad. They pointed out that, since the tagline reiterates some of the points made earlier in the script, it would be effective to have it read a second time in another language.

"It shows that our community cares if this is in our language and that there is a health professional in this area that speaks your language."

Those in Fort St. James, however, do not readily speak their native tongue, although they still perceived the Aboriginal tagline positively as a tool to engage conversation between younger people and elders who understand their native tongue.

In Natashquan and Iqaluit, participants felt strongly that the ads should be entirely translated in their native tongue, thereby showing respect and ensuring a wider reach, particularly if endeavoring to reach an older audience for the diabetes ad.

Wellness is Knowing

Comments were also sought regarding a signature line appearing at the beginning of the radio scripts, namely "Wellness is Knowing / Le mieux-être, c'est savoir". The concept of 'Wellness' was seen to be about well being, a holistic notion of taking care of oneself and one's unborn child (for pregnancy groups). It was described as 'inclusive' and 'including the balance of mental, spiritual, emotional, and physical health'. In Natashquan, although "Mieux-être" was deemed as having a similar meaning, most participants suggested that the word "Santé" is more commonly used.

"[It means that] knowing all of the info makes you healthy."

"To get people more awareness that the more they know the healthier they could be."

Wellness also implied feeling comfortable with oneself ("être bien dans sa peau"), taking care of yourself, and being happy.

Information Sources

Community health professionals and others who have experienced the said condition (e.g. pregnancy or Diabetes) were deemed most trusted sources of health information.

Participants were briefly asked about where they would likely turn to find out information about healthy behaviours. Most suggested relying on health professionals within their community as well as the Internet. A few participants across groups also suggested they would likely call the advertised toll free telephone number or visit the stated website address identified in the advertisements.

Other sources of information included someone who had experienced the situation (e.g. being pregnant or diabetic), parents and female elders (for healthy pregnancy advice). It is worth noting that, given this reaction, some participants in the Healthy Pregnancy groups were therefore puzzled about the presence of a male elder. Indeed, they would not turn to a male for advice on pregnancy, including an elder.

Regardless of preferred sources, the most trusted sources of information consistently included health professionals and people who have experienced the said health condition.

Appendix A:
Recruitment Screener

FINAL Screener January 24 2008
Health Canada Testing Creatives for the Wellness Social Marketing Campaign:
Aboriginal Healthy Pregnancy and Diabetes

Name:_____

Tel. (H):_____ Tel. (W):_____

Group 1 2 3 4 5 6 7 8

Location: Big Cove, NB (RICHIBUCTO FIRST NATIONS – ENGLISH)
Date: Monday, February 18, 2008
Time: Group 1: 5:00 Females (16-25 yrs old)
Group 2: 7:30pm Males / Females (18-35 yrs old)
Location: **Habitant Restaurant & Hotel**
9600 Main Street, Richibucto
(T) (506)523-4421

Location: Prince George/ Fort St James, BC (FIRST NATIONS – ENGLISH)
Date: Tuesday, February 19, 2008
Time: Group 3: 5:00pm Females (16-25 yrs old)
Group 4: 7:30pm Males / Females (18-35 yrs old)
Location: **Band Health Centre**
(Nak'azdli Health Centre)
284 Kwah Road West
(P) 250-996-7400

Location: Iqualuit, NU (INUIT – ENGLISH)
Date: Wednesday, February 20, 2008
Time: Group 5: 5:00 Females (16-25 yrs old)
Group 6: 7:30pm Males / Females (18-35 yrs old)
Location: **The Navigator**
Salon "C"
(T) 867-979-6201

Location: Natashquan, QC (NUTASHKUAN FIRST NATIONS (INNU) – FRENCH)
Date: Thursday, February 21, 2008
Time: Group 7: 5:00 Females (16-25 yrs old)
Group 8: 7:30pm Males / Females (18-35 yrs old)
Location: **Municipalité Natashquan**
29, chemin d'en Haut
(T) (418) 726-3362

SPECIFICATIONS SUMMARY

- 8 groups, 4 locations
- Groups 1, 3, 5 & 7: one group in each location with women ages 16 to 25:
  - Either pregnant or considering becoming pregnant in the future (regardless of whether they have children or not)
  - Minimum 5 per group with household income less than $60K
  - Minimum 5 with education being some college or less
- Groups 2, 4, 6 & 8: one group in each location with a mix of men and women between 18 and 35
- All First Nations participants must live on reserve
- Never been to 3 or more focus groups
- Never been on one regarding pregnancy / diabetes
- Able to take part in written/visual exercises
- Comfortable sharing opinion

Hello, my name is____ and I am with Corporate Research Associates, a public opinion and market research firm. Today I am calling on behalf of the Government of Canada. We are conducting a study on advertising and we would like to speak with someone in your household who is 16 to 35 years of age. We are conducting small group discussions - ***for First Nations, say:*** similar to dialogue circles - and are looking to include a variety of participants. May I ask you a few quick questions please to see if you are the type of participant we are looking for? This information will remain completely confidential and your are free to opt out at any time. Thank you.

1 Gender (By Observation):

Female ..... 1 Consider for ALL Groups
Male..... 2 Consider for Groups 2, 4, 6 & 8 ONLY – Max 6 males per group

2 Into which of the following age groups do you fall? Are you…?

Less than 16	1	**THANK & TERMINATE**
16-17	2	CHECK QUOTAS – Recuit Mix
18-20	3	
21-25	4	
26-30	5	
31-35	6	
over 35	7	**THANK & TERMINATE**

QUOTAS:
Recruit mix of ages among 16 to 25 year olds (Females) for Groups 1, 3, 5 & 7
Recruit mix of ages among 18 to 35 year olds (Females & Males) for Groups 2, 4, 6 & 8

For FIRST NATIONS LOCATIONS – All others skip to Q5:

3 **(FOR FIRST NATIONS LOCATIONS ONLY)** Would you identify yourself as First Nations?

Yes	1	CONTINUE
No	2	**THANK & TERMINATE**

4 **(FOR FIRST NATIONS LOCATIONS ONLY)** Over the last 12 months, have you been living primarily on or off reserve?

On reserve	1	CONTINUE
Off reserve	2	**THANK AND TERMINATE**
Don't know / NA	3	**THANK AND TERMINATE**

For INUIT LOCATIONS ONLY – All others skip to Q7:

5 **(INUIT LOCATION ONLY)** Would you identify yourself as Inuit?

Yes	1	CONSIDER FOR GROUPS 5 AND 6
No	2	**THANK & TERMINATE**

6 **(INUIT LOCATION ONLY)** Would you be able to read material written in the West Baffin dialect of Inuktitut during the discussion?

Yes	1	RECRUIT MINIMUM OF 6 PER GROUP 5 AND 6
No	2	**THANK & TERMINATE**

For Females ONLY, Males Skip to Q9

7 Are you currently pregnant or have you ever been pregnant in the past?

Yes, currently pregnant	1	GO TO Q9
Yes, has been pregnant in the past	2	
No, I am not pregnant and have never been pregnant before	3	

8 **(IF CODE 2 OR 3 IN Q7)** Are you likely to become pregnant sometime in the future?

Yes, I am likely	1	CONTINUE
Maybe	2	CONTINUE
No I am not likely / Don't know / No answer	3	**THANK & TERMINATE**

9 We would like to know your work status at this time. Are you…?
READ RESPONSES – CODE ALL THAT APPLY

Employed full-time	1	**Require Mix**
Employed part-time	2	
Homemaker	3	
Unemployed	4	
Student	5	

If employed, ask…
10 What is your current occupation/job? _____

TERMINATE IF SENSITIVE OCCUPATIONS IN Q11
-- REQUIRE MIX OF OCCUPATIONS --

11 Are you or anyone in your household <u>currently</u> employed or has ever been employed in any of the following types of industries…?

Marketing/Market Research....1
Public relations....2
Advertising....3
Media (TV, Radio, Newspaper)....4
Healthcare....5
(i.e., physician, nurse, work for health department or clinic, etc…)
Health Canada....6

IF YES TO ANY OF THE ABOVE, THANK AND TERMINATE

12 Which of the following best describes your <u>total household</u> income before taxes were taken off in 2007? Would you say…?

Less than $25,000	1	**SEE QUOTA**
At least $25,000 but less than $60,000	2	
$60,000 or more	3	
VOLUNTEERED		
Refused	4	

<u>QUOTAS:</u>
Groups 1, 3, 5 & 7 – Minimum 5 per group have income of less than $60,000 (Answer code 1 or 2)
Groups 2, 4, 6 & 8 - Recruit mix of income levels

13 What is the highest level of education you have finished?

Elementary (Grade 1-6 in Quebec / Grades 1-8 in ROC)	1	**SEE QUOTA**
Some High School/Vocational	2	
Completed High School	3	
Some College / Technical Training	4	
Completed College / Technical Training	5	
Some University	6	
Completed university	7	

<u>QUOTAS:</u>
Groups 1, 3, 5 & 7 – Minimum 5 per group have "Some College" or less (Answer code 1, 2, 3, 4)
Groups 2, 4, 6 & 8 - Recruit mix of education levels

14 Have you ever attended a small group discussion for which you received a sum of money?

Yes	1	CONTINUE **(Recruit NO MORE than 5 per group)**
No	2	**Go To Invitation**

15 What was the subject of the group? _____

16 When was the last time you attended a group discussion? _____

17 How many group discussions have you attended? _____

IF THEY HAVE BEEN TO A GROUP IN THE PAST 6 MONTHS, THANK & TERMINATE,
IF THEY HAVE BEEN TO 3 OR MORE GROUPS, THANK & TERMINATE
IF THEY HAVE BEEN TO 1 GROUP ON PREGNANCY OR DIABETES, THANK & TERMINATE

INVITATION

I would like to invite you to participate in the discussion group we are holding at _____ on _____. This is what we call a focus group and it uses an informal discussion to gather information on a particular subject matter. In this case the discussion will be on advertising. ***For First Nations only:*** A focus group is similar to a dialogue circle.

18 The discussion will include 8 to 12 people and will be very informal. It will last approximately 2 hours. Refreshments will be served and if you participate, you will receive $75 as a thank you for your time. Would you be interested in attending?

Yes	1	**CONTINUE**
No	2	**THANK & TERMINATE**

19 The discussion in which you will be participating will be audio recorded for our reference use only. Please be assured your comments and responses are strictly confidential. Are you comfortable with the discussion being audio recorded?

Yes	1	**CONTINUE**
No	2	**THANK & TERMINATE**

20 Participants will be asked to read materials and write out responses. Would it be possible for you to take part in these activities in **English** (or French) as part of the discussion?

Yes	1	**CONTINUE**
No	2	**THANK & TERMINATE**

21 Since participants in focus groups are asked to express their thoughts and opinions freely in an informal setting with others, we'd like to know how comfortable you are with such an exercise. Would you say you are…?

Very comfortable	1	**CONTINUE**
Comfortable	3	**CONTINUE**
Not very comfortable	4	**THANK & TERAMINATE**
Not at all comfortable	5	**THANK & TERMINATE**

We ask everyone who is participating in the focus group to bring along a piece of I.D., picture if possible. You may be asked to show your I.D. Please also bring with you any reading glasses you may need.

As these are small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort. In the event you are unable to attend, please call_____ (collect) at _____as soon as possible in order that a replacement may be found.

Thank you for your interest in our study. We look forward to meeting you and hearing your thoughts and opinions.

ATTENTION RECRUITERS

1. Recruit **12** participants for each group
2. CHECK QUOTAS
3. Do not recruit family members in the same group
4. If at all possible, do not recruit individuals who know each other (relatives or friends)
5. Ensure participant has a good speaking (overall responses) & written ability - If in doubt, DO NOT INVITE
6. Do not put names on profile sheet unless you have a firm commitment.
7. Repeat the date, time and location before hanging up.
8. Verify key information when confirming.
9. Ask them to arrive 20 minutes prior to the start time

Confirming

1. Confirm at the **beginning of the day** prior to the day of the groups
2. Confirm all key qualifying questions
3. Verify time and location (ask if they are familiar)

Santé Canada - Évaluation de concepts créatifs pour la campagne de marketing social sur le bien-être : Grosse en santé et diabète chez les autochtones

Nom :_____

Tél. (M) :_____ Tél. (T) :_____

Groupe 1 2 3 4 5 6 7 8

Endroit : Big Cove, N.-B. (RICHIBUCTO PREMIÈRE NATION – ANGLAIS)
Date : Lundi le 18 février 2008 **Lieu :** **Habitant Restaurant & Hotel**
Heure : Groupe 1 : 17h00 Femmes (16-25 ans) 9600 Main Street
Groupe 2 : 20h00 Hommes / Femmes (18-35 ans) (T) (506)523-4421

Endroit : Prince George, C.-B. (PREMIÈRE NATION - ANGLAIS)
Date : Mercredi le 19 février 2008 **Lieu :** **Band Health Centre (Nak'azdli Health Centre)**
Heure : Groupe 3 : 17h00 Femmes (16-25 ans) 284 Kwah Road West
Groupe 4 : 20h00 Hommes / Femmes (18-35 ans) (P) 250-996-7400

Endroit : Iqualuit, NU (INUIT – ANGLAIS)
Date : Mercredi le 20 février 2008 **Lieu :** **The Navigator**
Heure : Groupe 5 : 17h00 Femmes (16-25 ans) Salon "C"
Groupe 6 : 20h00 Hommes / Femmes (18-35 ans) (T) 867-979-6201

Endroit : Natashquan, QC (NUTASHKUAN PREMIÈRE NATION (INNU) – FRANÇAIS)
Date : Jeudi le 21 février 2008 **Lieu :** **Municipalité Natashquan**
Heure : Groupe 7 : 17h00 Femmes (16-25 ans) 29, chemin d'en Haut
Groupe 8 : 20h00 Hommes / Femmes (18-35 ans) (T) (418) 726-3362

SOMMAIRE DES SPÉCIFICATIONS

- 8 groupes, 4 endroits
- Groupes 1, 3, 5 & 7: un groupe à chaque endroit avec des femmes âgées de 16 à 25 ans :
  - Soit enceintes ou aptes à le devenir plus tard (sans égard aux enfants qu'elles ont actuellement)
  - Minimum 5 par groupe avec un revenu familial de 60 000 $ ou moins
  - Minimum 5 par groupe avec un niveau d'éducation collégial partiel ou niveau moins élevé
- Groupes 2, 4, 6 & 8 : un groupe à chaque endroit avec un mélange d'hommes et de femmes âgés entre 18 et 35 ans
- Tous les membres des Premières nations qui participent doivent vivres sur la réserve
- N'ont pas assisté à 3 groupes de discussion ou plus
- N'ont jamais assisté à un groupe au sujet de la grossesse / le diabète
- Capable de participer à des exercices écrits / visuels
- À l'aise pour partager ses opinions

Bonjour, je m'appelle____ et je travaille pour Corporate Research Associates, une société d'études de marché et d'opinion publique. Je vous appelle aujourd'hui au nom du Gouvernement du Canada. Nous menons une étude sur la publicité et aimerions parler avec une personne de votre foyer âgée entre 16 et 35 ans. Nous effectuons de petites discussions de groupe – ***Pour Premières nations, dire :*** ressemblant à des cercles de dialogue – et nous aimerions inviter une variété de participants. Est-ce que je peux vous poser quelques questions afin de voir si vous correspondez au profil recherché? Toutes les informations resteront strictement confidentielles et vous êtes libre d'arrêter de répondre quand vous le voulez. Merci.

1 Sexe (selon vos observations) :

Femme ..... 1 **Considérer pour TOUS les groupes**
Homme..... 2 **Considérer pour les groupes 2, 4, 6 & 8 SEULEMENT – Max 6 hommes par groupe**

2 À laquelle des catégories d'âge suivantes appartenez-vous? Etes-vous âgé de…?

Moins de 16 ans	1	**REMERCIER & TERMINER**
16-17	2	VOIR QUOTAS – Recruter mélange
18-20	3	
21-25	4	
26-30	5	
31-35	6	
Plus de 35 ans	7	**REMERCIER & TERMINER**

QUOTAS:
Recruter un mélange d'âge de 16 à 25 ans (femmes) pour les groupes 1, 3, 5 &7
Recruter un mélange d'âge de 18 à 35 ans (femmes et hommes) pour les groupes 2, 4, 6 & 8

Pour les ENDROITS PREMIÈRES NATIONS – Tous les autres, aller à la Q.5 :

3 **(POUR LES ENDROITS PREMIÈRES NATIONS SEULEMENT)** Vous identifiez-vous comme un membre des Premières nations?

Oui	1	CONTINUER
Non	2	**REMERCIER ET TERMINER**

4 **(POUR LES ENDROITS PREMIÈRES NATIONS SEULEMENT)** Au cours des 12 derniers mois, avez-vous demeuré principalement dans la réserve ou à l'extérieur de celle-ci?

Dans la réserve	1	CONTINUER
À l'extérieur de la réserve	2	**REMERCIER ET TERMINER**
Ne sais pas / s.o.	3	**REMERCIER ET TERMINER**

Pour les ENDROITS INUITS SEULEMENT – Tous les autres, aller à la Q.7 :

5 **(ENDROITS INUITS SEULEMENT)** Vous identifiez-vous comme étant Inuit?

Oui	1	CONSIDÉRER POUR LES GROUPES 5 ET 6
Non	2	**REMERCIER ET TERMINER**

6 **(ENDROIT INUITS SEULEMENT)** Êtes-vous en mesure de lire du matériel écrit dans le dialecte Inuktitut Baffin ouest lors de la discussion?

Oui	1	RECRUTER UN MINIMUM DE 6 PAR GROUPE 5 ET 6
Non	2	**THANK & TERMINATE**

Pour femmes SEULEMENT, hommes aller à la Q.9

7 Êtes-vous présentement enceinte ou avez-vous déjà été enceinte dans le passé?

Oui, présentement enceinte	1	ALLER À LA Q.9
Oui, a été enceinte dans le passé	2	
Non, je ne suis pas enceinte et je ne l'ai pas été dans le passé	3	

8 **(SI CODE 2 OU 3 À LA Q.7)** Prévoyez-vous devenir enceinte à un moment donné dans le futur?

Oui, il est possible que je sois enceinte	1	CONTINUER
Peut-être	2	CONTINUER
Non, il est impossible / Je ne sais pas / Pas de réponse	3	**REMERCIER & TERMINER**

9 Nous aimerions connaître votre situation d'emploi actuelle. Êtes-vous…?
LIRE LES RÉPONSES – SÉLECTIONNER TOUTES CELLES QUI S'APPLIQUENT

Employée à temps plein 1
Employée à temps partiel 2
Au foyer 3
Sans emploi 4
Étudiant / étudiante 5

Obtenez des gens de situations différentes

Si la personne travaille, demandez-lui…
10 Quel est votre emploi actuel? _____

METTEZ FIN À L'APPEL DANS LE CAS D'EMPLOIS IDENTIFIÉS À LA Q11
-- BESOIN D'EMPLOIS DIFFÉRENTS --

11 Est-ce que vous ou une personne de votre foyer travaille présentement ou a déjà travaillé dans l'un des secteurs d'activité suivants …?

Marketing/Recherche Marketing 1
Relations publiques 2
Publicité 3
Média (TV, Radio, Journaux) 4
Soins de santé 5
(ex: médecin, infirmière, travaille dans un département de Santé ou une clinique)
Santé Canada 6

SI OUI À UNE DES MENTIONS CI-DESSUS, REMERCIER & TERMINER

12 Parmi les énoncés suivants, lequel décrit le mieux le revenu annuel total de votre foyer avant impôt pour l'année 2007 ? Diriez-vous …?

Moins de 25,000 $ 1
Au moins 25,000 $ mais moins de 60,000 $ 2
60,000 $ ou plus 3
NE PAS MENTIONNER
Refus 4

VOIR LES QUOTAS

QUOTAS:
Groupes 1, 3, 5 & 7 – Minimum 5 par groupe qui ont un revenue de moins de 60,000$ (Ont répondu code 1 ou 2)
Groupes 2, 4, 6 & 8 – Recruter une diversité de revenus

13 Quel est le dernier niveau de scolarité que vous ayez complété?

Elémentaire (1 à 6ème année au Québec / 1e à 8e année ailleurs au Canada) ... 1
Secondaire en partie 2
Secondaire complété 3
Cégep/École technique en partie 4
Cégep/École technique complété 5
Université en partie 6
Université complété 7

VOIR QUOTAS

QUOTAS:
Groupes 1, 3, 5 & 7 – Minimum 5 par groupe qui ont "Cégep/école technique en partie" ou un niveau moins élevé (Ont répondu code 1, 2, 3, 4)
Groupes 2, 4, 6 & 8 – Recruter une diversité de niveau d'éducation

14 Avez-vous déjà participé à un petit groupe de discussion pour lequel vous avez reçu une somme d'argent ?

Oui	1	CONTINUER **(Recruter PAS PLUS de 5 par groupe)**
Non	2	**PASSER À L'INVITATION**

15 Quels ont été les sujets des groupes? _____

16 À quand remonte votre dernière participation à une discussion de groupe? _____

17 A combien de discussion de groupe avez-vous participé? _____

SI ILS/ELLES ONT PARTICIPÉ À UN GROUPE AU COURS DES 6 DERNIERS MOIS, REMERCIER ET TERMINER
SI ILS/ELLES ONT PARTICIPÉ À 3 GROUPES OU PLUS, REMERCIER & TERMINER
SI ILS/ELLES ONT PARTICIPÉ À UN GROUPE SUR LA GROSSESS OU LE DIABÈTES, REMERCIER ET TERMINER

INVITATION

J'aimerais vous inviter à participer à un groupe de discussion qui aura lieu à _____ le _____.
C'est ce que l'on appelle un groupe de discussion et cela consiste en une discussion informelle afin de recueillir de l'information sur un sujet en particulier. Dans le cas de ce projet, nous allons parler de la publicité. ***Pour les Premières nations seulement :*** Un groupe de discussion ressemble à un cercle de dialogue.

18 La rencontre réunira 8 à 12 personnes et sera informelle. Elle durera environ 2 heures. Des rafraîchissements vous seront servis et vous recevrez 75$ en gage de remerciement pour votre temps. Êtes-vous intéressée à participer?

Oui	1	**CONTINUER**
Non	2	**REMERCIER & TERMINER**

19 La discussion à laquelle vous participerez sera enregistrée sur bande sonore aux fins de référence seulement. Soyez assurée que vos commentaires et vos réponses demeureront strictement confidentiels. Êtes-vous à l'aise avec le fait que la discussion soit enregistrée sur bande sonore?

Oui	1	**CONTINUER**
Non	2	**REMERCIER & TERMINER**

20 On demandera aux participantes de lire du matériel ou encore d'écrire leurs réponses. Vous sentez-vous à l'aise de le faire en **anglais (ou français)** lors de la discussion?

Oui	1	**CONTINUER**
Non	2	**REMERCIER & TERMINER**

21 Comme nous demandons aux participantes du groupe de discussion d'exprimer leurs pensées et opinions librement devant d'autres personnes, vous sentez-vous confortable pour participer ? Diriez-vous que vous êtes… …?

Très confortable	1	**CONTINUER**
Confortable	3	**CONTINUER**
Pas très confortable	4	**REMERCIER & TERMINER**
Pas du tout confortable	5	**REMERCIER & TERMINER**

Nous demandons à toutes les personnes qui participent à un groupe de discussion d'apporter avec elles, au groupe, une pièce d'identité avec photo si possible. Nous allons peut être vous demander de la présenter. Veuillez aussi penser à apporter vos lunettes si vous en avez besoin.

Comme ce sont de petits groupes et que si une personne ne se présente pas, cela peut compromettre le succès du projet de recherche, je vous demanderais que lorsque vous aurez accepté de participer, que vous fassiez tous les efforts possible afin d'assister. Veuillez nous téléphoner le plus rapidement possible au _____ (à frais virés) si jamais il vous est impossible de vous présenter. Nous devrons trouver une personne pour vous remplacer.

Merci de votre intérêt pour notre étude. Il nous fera plaisir de vous rencontrer et d'obtenir votre perspective et vos opinions.

ATTENTION RECRUTEURS

1. Recruter **12** participantes pour chaque groupe
2. VOIR QUOTAS
3. Ne pas inviter des individus d'une même famille pour le même groupe de discussion
4. Si possible, ne pas recruter des individus qui se connaissent (familles ou amis)
5. Assurer que les participantes sont en mesure de bien s'exprimer et savent écrire - en cas de doute, NE PAS LES INVITER
6. Ne pas inscrire leur nom sur la feuille de profil à moins d'avoir un consentement ferme de leur part.
7. Redonner la date, l'heure et le lieu avant de raccrocher.
8. Vérifier les informations clés à la confirmation/validation.
9. Leur demander d'être présente 20 minutes avant le début du groupe

Confirmation

1. Confirmer **au début du jour** précédant la tenue des groupes
2. Confirmer les questions clés
3. Vérifier l'heure et le lieu (demander s'ils sont familiers avec l'endroit)

Appendix B:
Moderator's Guide

Final Moderator's Guide

February 16, 2008

Wellness Social Campaign Creative Testing: Healthy Pregnancy and Diabetes (HEA001-1018)

Introduction & Warm-up: 10 minutes

- **Welcome** - Intro self, role as moderator.
- **Study sponsor**: Government of Canada
- **Explain purpose** – Today we are going to discuss advertising. I will be showing you some ideas and listening to your comments.
- **Explain process** – focus group; observation; audio taping; all opinions are important; no wrong answers; need to understand agreement/disagreement; talk one at a time; individual comments are confidential/anonymous;
- **Participant introductions** - first name, who lives in your house, and what you like to do in your spare time.

Avatars 50 minutes

To start, I would like to get your opinions on two sets of images that could be used in advertisements to represent people. These are illustrations or drawings and not photographs. They could be printed on brochures, be presented on the Internet or in a television advertisement, along with more information. We will look at them one at a time and discuss your thoughts on the first set of images (Group shot - all 4 images together) before moving on the second one. Before we talk about your opinions together, I would like you to complete an individual exercise. I will give each of you a copy of the first set of images along with an individual exercise sheet.

Moderator shows one idea and passes out copies to participants along with an exercise sheet. Rotate presentation order by group/location.

Exercise #1 – Now that you've had a chance to look at the images, on your exercise sheet, I'd like you to jot down who you believe each person represents. I will give you a moment to do this.

Exercise #2 - Now rate the images overall by indicating how much you agree or disagree with each of the statements listed on your exercise sheet (e.g. 'The images grab my attention'). I'd like you to use a thumbs up / thumbs down scale where 2 thumbs up means you completely agree with the statement listed and two thumbs down means you completely disagree. These are the statements:

1) These images grab my attention.
2) I see myself in these images.
3) I see other people from my community in these images.
4) These images look familiar to me; they remind me of something I have seen before.

I will give you a few more minutes to do this.
Okay, now I'd like to discuss the images as a group.

Probe, as a group, beginning with first set of images:

Overall reactions

- What do you think of the idea of representing people with illustrations rather than photographs?
- How does it make you feel?
- What caught your attention?
- Does this look like something you have seen before? How so?

Relevance

- Who is each person representing? ***Probe for:*** gender, age, occupation. What gives you that impression?
- Which ones represent a woman / a man? What give you this impression?
- How would you describe their look?
- What do you think about their facial features? Their expression? Do they represent First Nations people? Inuit? Métis?
- Do you see yourself in these people? If no, what's missing?
- Do these images represent people in your community? Who? How so?

Clarity / Likes / Dislikes / Graphic Elements

- Is there anything confusing about these images? If so, what would make them clearer?
- What do you like best about these images?
- What do you like least? What would make these images better? What could be done to make sure the last image on the right is clearly associated with a health professional? ***If not mentioned, probe for:*** adding a stethoscope or other medical instruments.
- What do you think of the style of the art?
- "Does any image stand out as not belonging with, or being different from, the rest of the images? If so, why? Does this bother you, is it distracting?

Show second sets of images and repeat exercises and relevant probes

These images would be used in a television commercial or perhaps on a poster or in a brochure telling you about the importance of taking care of your health while giving you advice on what you could do to remain healthy.

- Knowing this, would you watch and listen to what they are saying?
- Knowing that these images will be used to talk about healthy behaviours [***Healthy Pregnancy Groups:*** during pregnancy / ***Diabetes Groups***: to prevent diabetes], is there anyone missing? Someone else you would relate to more?

Exercise #3 - Now that we have seen two different versions, I am interested in knowing which one speaks to you the most. On your individual exercise sheet, circle which set of images you relate to most and write down why. Choose the set of images in which you see yourself and others from your community. I will give you a few minutes to do this. Any questions?

Give participants a few minutes to complete the exercise

Probe, as a group:

- Which of the two ideas do you prefer? Why?
- What if anything would make the idea better and more relevant to you?

The images we have just looked at could be used in an advertisement on television or on the Internet. The images would not be animated, but would move around the screen as still images. Voices in the ads would be associated with the images and there could be some subtle music in the background. I'd like you to imagine how this might appear.

Probe, as a group:

- What do you think of the way the images could move on the screen?
- Do you feel differently about the images knowing they would be used this way?

Radio Scripts — 40 minutes

Now I would like your thoughts on radio advertisements. There are two (2) different ideas but they have not yet been recorded so I will read the storyline or scenario to you and also give you each a copy to read. We will look at them one at a time.

Moderator distributes one script at a time –
Read with participants then probe prior to looking at other scripts

Overall reaction/Comprehension

- What is this saying? What is it telling you?
- What is it suggesting about your health?

- Is the subject relevant to you? Why / why not?
- Are you interested in what it is saying?
- Is there anything mentioned here you were not aware of before tonight?

Attention / Target / Clarity / Believability

- What grabs your attention?
- Do you believe what it says? If no, what would make it more believable?
- Who is this speaking to; someone like you or someone different? People from your community? Why/ Why not?
- What would make it more relevant or compelling to you personally?
- Is there anything confusing about this radio ad? If so, what could make it less confusing?

Let's have a look at the script for the second radio ad***. (Repeat questioning)***

After the 2 scripts have been reviewed:

- What are these ads asking you to do? How likely would you do these things after hearing the ad?
- ***If seeking information mentioned:*** What would you want to find out? How would you do that? Where would you go?
- ***If seeking information not mentioned, ask:*** If you were looking for other types of information on how to keep healthy, where would you go to find out more?
- Who would you would trust most?

You may have noticed a phrase at the beginning of the radio ads that says, "*Wellness" is knowing*'. Let's discuss it together.

Probe, as a group:

- What does this phrase suggest to you? What is it saying?
- Anything confusing about it?
- ***If not mentioned, ask:*** What does "wellness" mean to you? What does it entail?

There is another phrase I would like to discuss with you. ***Moderator reads tagline.***
This phrase would also be mentioned in all of the radio ads.

> ***Healthy Pregnancy tagline:*** "Wellness" is knowing your community supports healthy pregnancies. If you're pregnant, it's important to visit your health care provider early.
> ***Diabetes tagline:*** "Wellness" begins with knowing about diabetes. Visit your health care provider regularly and make an appointment to be screened.

Probe, as a group:

- What does this phrase suggest to you? What is it saying?

- Anything confusing about it? What does the word "screened" mean? ***If problematic:*** What word would be better?
- If this phrase was read in an Aboriginal language/dialect by a local person at the end of each radio ad, what would be your reactions?
- How would you perceive the ads, if this was the case?

Recorded Radio Ad — 10 minutes

For Healthy Pregnancy Groups: One of the radio ads has been recorded just to give you an idea of what it might sound like. I will play the ad for you after which we will discuss it together.

For the Diabetes Groups: I would like to play an example of a similar ad that has been recorded just to give you an idea of what it might sound like. Keep in mind that the topic of this ad is different than that of the scripts we have just discussed. I will play the ad for your after which we will discuss it together.

Moderator plays radio ad – Play twice

Probe, as a group:

- What do you think of the voices used? Who do they represent? Is the number of voices used appropriate? Confusing? Why?
- Does anything grab your attention? What part do you remember most? If not, what's missing to grab your attention?
- Is there anything else you like about the ad? Is there anything you don't like?

Finally,

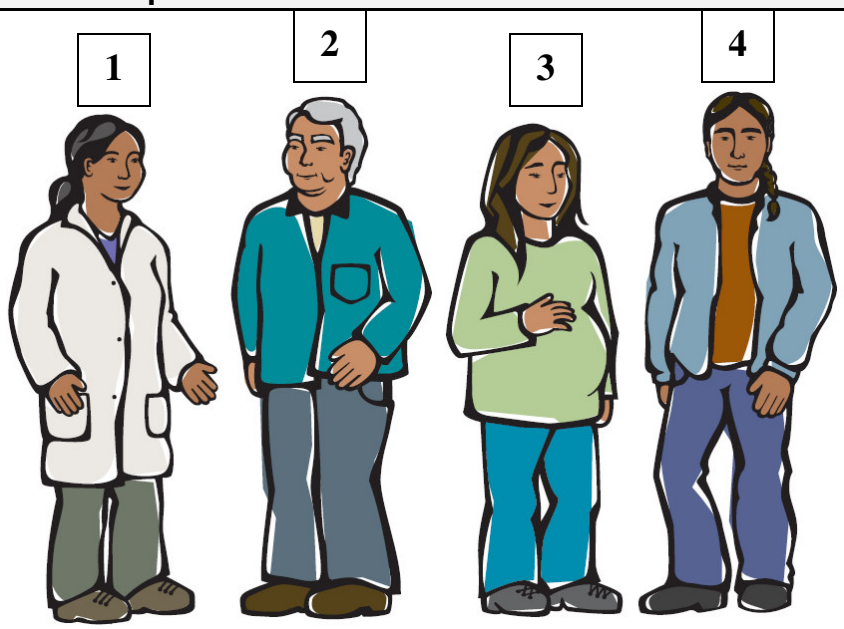
- Any final comments or suggestions?

Thanks & Closure:

On behalf of the Government of Canada, thank you for your participation!

Exercise Sheet

Exercise #1 – Concept A:



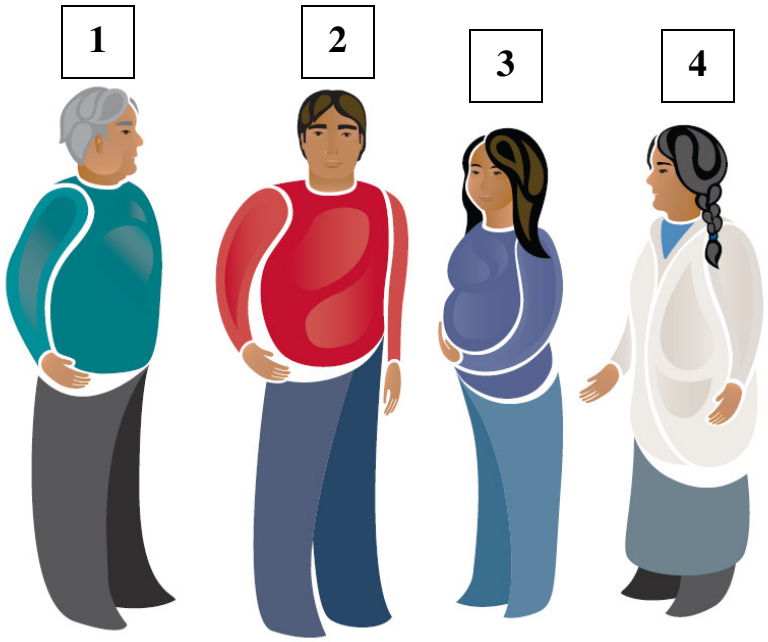
1._____ 2._____ 3._____ 4. _____

Exercise #2 – Concept A:

	Strongly Disagree				*Strongly Agree*
These images grab my attention.					
I see myself in these images.					
I see other people from my community in these images.					
These images look familiar to me; they remind me of something I have seen before.					

Exercise Sheet

Exercise #1 – Concept B:



1._____ 2._____ 3._____ 4. _____

Exercise #2 – Concept B:

	Strongly Disagree				*Strongly Agree*
These images grab my attention.					
I see myself in these images.					
I see other people from my community in these images.					
These images look familiar to me; they remind me of something I have seen before.					

Exercise Sheet

Exercise #3:

A **B**

Why?

Version finale du guide du modérateur

Le 16 février 2008

Tests créatifs pour la campagne du mieux-être : Grossesse en santé et diabète (HEA001-1017)

Introduction et mise en train — 10 minutes

- **Bienvenue** - Présentez-vous, ainsi que votre rôle en tant que modérateur.
- **Commanditaire de l'étude** : gouvernement du Canada
- **Expliquer le but** – Aujourd'hui, nous allons discuter de publicité. Je vais vous donner quelques idées, puis je vais écouter vos commentaires.
- **Expliquer le processus** – Groupe de discussion, observation, enregistrement audio, toutes les réponses sont importantes, pas de mauvaises réponses, besoin de comprendre pourquoi en accord ou en désaccord, parler un à la fois, les commentaires individuels sont confidentiels/anonymes.
- **Présentation des participants** - Prénom, personnes vivant dans votre domicile et ce que vous aimez faire dans vos temps libres.

Avatars — 50 minutes

Pour commencer, j'aimerais avoir votre opinion sur deux ensembles d'images qui pourraient être utilisées dans des publicités pour représenter des gens. Ce sont des illustrations ou des dessins, mais pas des photographies. Elles pourraient être imprimées sur des dépliants, affichées sur Internet ou présentées à la télévision, et accompagnées de renseignements. Nous allons les regarder une à la fois et parler de ce que vous pensez du premier ensemble d'images (affichage des quatre (4) images ensemble – image de groupe) avant de passer au second. Avant de parler de votre opinion, j'aimerais que vous complétiez un exercice individuel. Je vais donner à chacun une copie de l'ensemble des premières images avec une feuille d'exercices.

Le modérateur montre une idée et passe les copies et les feuilles d'exercice aux participants. Faire la rotation de l'ordre de présentation en fonction du groupe et de l'emplacement.

Exercice nº 1 – Maintenant que vous avez pu voir les images, j'aimerais que vous inscriviez, selon vous, quelle personne est censée être représentée par chacune des images. Vous avez quelques instants pour répondre.

Exercice nº 2 **-** Ensuite, donnez à chaque image une note indiquant à quel point vous êtes d'accord ou non avec l'énoncé inscrit sur votre feuille d'exercices (p. ex., « cette image attire mon attention »). Je vous prie d'utiliser l'échelle « pouce levé, pouce baissé » ainsi : les deux pouces levés signifient que vous êtes complètement en accord avec l'énoncé, tandis que les deux pouces baissés signifient que vous êtes complètement en désaccord. Voici les énoncés :

1) Ces images attirent mon attention.
2) Je peux m'identifier à ces images.
3) Je peux identifier des gens de ma communauté à ces images.
4) Ces images me semblent familières, elles me font penser à quelque chose que j'ai déjà vu.

Je vais vous donner quelques minutes pour répondre à ces questions.
Bon, maintenant j'aimerais qu'on parle des images en groupe.

Demander au groupe, en commençant par le premier ensemble d'images :
Réactions générales

- Que pensez-vous de l'idée de représenter les gens avec des illustrations plutôt qu'avec des photos?
- Que ressentez-vous?
- Qu'est-ce qui a attiré votre attention?
- Est-ce que cela vous **fait penser** à quelque chose que vous avez déjà vu? De quelle(s) façon(s)?

Pertinence

- Qui est représenté par chaque personne? ***Approfondir pour obtenir :*** le sexe, l'âge, l'occupation. Qu'est-ce qui vous donne cette impression?
- Quelle(s) image(s) représente(nt) un homme/une femme? Qu'est-ce qui vous donne cette impression?
- Comment décririez-vous leur apparence?
- Que pensez-vous de leurs traits? De leur expression? Est-ce que ces images représentent des membres des Premières nations? Des Inuits? Des métis?
- Vous identifiez-vous à ces gens? Si ce n'est pas le cas, pourquoi pas?
- Ces images représentent-elles des membres de votre communauté? Qui donc? De quelle(s) façon(s)?

Clarté/appréciation/éléments graphiques

- Y a-t-il quelque chose dans ces images qui pourrait porter à confusion? Si oui, qu'est-ce qui pourrait les rendre plus claires?
- Qu'aimez-vous le plus dans ces images?
- Qu'aimez-vous le moins? Comment serait-il possible d'améliorer ces images? Comment pourrait-on s'assurer que la dernière image à droite soit clairement associée à un professionnel de la santé? ***Si non mentionné, approfondir :*** ajouter un stéthoscope ou d'autres instruments médicaux.
- Que pensez-vous du style d'illustration?
- Certaines images vous semblent-elles différentes du reste, ou sortir du lot? Si oui, pourquoi? Est-ce que cela vous dérange ou vous distrait?

Montrer le deuxième ensemble d'images, puis répéter l'exercice et les questions

Ces images seraient utilisées dans une publicité à la télévision, sur une affiche ou dans un dépliant suggérant l'importance de prendre soin de sa santé en plus de donner des conseils au sujet de ce que vous pouvez faire afin de rester en santé.

- Si c'était le cas, écouteriez-vous ou liriez-vous leur message?
- Sachant que ces images seraient utilisées afin de parler de comportement sains [***Grossesse en santé :*** lors de la grossesse / ***Diabète*** : afin de prévenir le diabète], y a-t-il quelqu'un qui manque? Quelqu'un d'autre avec qui vous vous identifierez plus?
- Puisque le message porte plus particulièrement sur les habitudes saines à adopter durant la grossesse, pensez-vous qu'il manque quelqu'un? Quelqu'un à qui vous pourriez davantage vous identifier?

Exercice nº 3 - Maintenant que nous avons vu les deux différentes versions, j'aimerais savoir à laquelle des deux vous vous identifiez le plus. Veuillez encercler sur votre feuille d'exercices l'ensemble d'images auquel vous vous identifiez le plus et noter la raison. Autrement dit, selon vous, lequel des deux ensembles vous représente le plus, vous et votre communauté? Je vais vous donner quelques minutes pour écrire vos réponses. Avez-vous des questions?

Donner quelques minutes aux participants pour finir l'exercice

Demander au groupe :

- Laquelle des deux idées préférez-vous? Pourquoi?
- Y a-t-il quelque chose qui améliorerait l'idée et la rendrait plus pertinente à vos yeux? Si oui, quoi donc?

Les images que vous venez de voir pourraient être utilisées dans une publicité télévisée ou sur Internet. Les images ne seraient pas animées, mais se déplaceraient à travers l'écran en tant qu'images fixes. Les voix de la publicité correspondraient aux images et il pourrait y avoir de la musique douce en arrière-fond. Imaginez comment cela pourrait apparaître à l'écran.

Demander au groupe :

- Que pensez-vous de la manière dont les images pourraient se déplacer à l'écran?
- Avez-vous une impression différente des images maintenant que vous savez qu'elles pourraient être utilisées de cette manière?

Scripts pour la radio — 40 minutes

J'aimerais maintenant savoir ce que vous pensez de quelques publicités pour la radio. Il y a deux (2) idées différentes, mais elles ne sont pas encore enregistrées; je vais donc vous lire

l'histoire ou le scénario et je vais vous en donner un exemplaire que vous pourrez lire. Nous les lirons l'un après l'autre.

Le modérateur distribue les scripts l'un après l'autre –
Lire avec les participants et poser les questions avant de regarder les autres scripts

Réaction générale/Compréhension

- Qu'est-ce qui est dit? Que vous dit-il?
- Qu'est-ce que cela suggère à propos de votre santé?
- Le sujet vous touche-t-il? Pourquoi / Pourquoi pas?
- Êtes-vous intéressé par ce qui est dit?
- Avez-vous appris quelque chose de nouveau dans les messages mentionnés?

Attention / cible / clarté / crédibilité

- Qu'est-ce qui a attiré votre attention?
- Croyez-vous ce qui est dit? Si non, qu'est-ce qui rendrait le message plus crédible?
- Selon vous, à qui s'adresse cette publicité; quelqu'un comme vous ou quelqu'un de différent? Les gens de votre communauté? Pourquoi / Pourquoi pas?
- Qu'est-ce qui pourrait rendre le message plus pertinent pour vous personnellement?
- Y a-t-il quelque chose dans cette publicité qui pourrait porter à confusion? Si c'est le cas, qu'est-ce qui pourrait la clarifier?

Jetons un coup d'œil au script de la deuxième publicité radio***. (Répéter les questions)***

Après analyse des 2 scripts:

- Qu'est-ce que ces publicités vous demandent-elles de faire? Seriez-vous enclins à faire ces choses après avoir entendu ces publicités?
- ***Si on mentionne « chercher des renseignements » :*** Quels renseignements voudriez-vous trouver? De quelle façon procéderiez-vous? Où iriez-vous?
- ***Si on ne mentionne pas « chercher des renseignements » :*** Si vous cherchiez d'autres renseignements pour savoir comment rester en santé, où iriez-vous?
- À qui feriez-vous le plus confiance?

Vous aurez peut-être remarqué une phrase au début de la publicité, « *Le mieux-être, c'est savoir* ». Parlons-en.

Demander au groupe :

- Que signifie cette phrase pour vous? Que veut-elle dire?
- Peut-elle porter à confusion?
- ***Si non mentionné, demander :*** Que signifie le mot « mieux-être » pour vous? Qu'est-ce que ça implique?

J'aimerais parler d'une autre phrase avec vous. ***Le modérateur lit le titre d'appel.*** Cette phrase serait mentionnée dans toutes les publicités radiophoniques.

> ***Titre d'appel pour la grossesse en santé:*** Le mieux-être, c'est savoir que votre communauté encourage les grossesses en santé. Si vous êtes enceinte, c'est important de consulter un professionnel de la santé dès le début de votre grossesse.
> ***Titre d'appel pour le diabète :*** Le mieux-être commence par se renseigner au sujet du diabète. Consultez régulièrement un professionnel de la santé et prenez rendez-vous pour un test de dépistage.

Demander au groupe :

- Que signifie cette phrase pour vous? Que veut-elle dire?
- Peut-elle porter à confusion? Que veut-on dire par « test de dépistage »? ***Si le mot pose problème :*** Quel autre mot pourrait mieux convenir?
- Si cette phrase était lue dans une langue ou un dialecte autochtone par une personne de la région à la fin de chaque publicité, quelle serait votre réaction?
- Quelle serait alors votre perception des publicités dans ce cas?

Publicité radiophonique enregistrée 10 minutes

Pour les groupes sur la grossesse en santé : L'une des publicités radiophonique a été enregistrée pour vous donner une idée de ce dont elles pourraient avoir l'air. Je vais la faire jouer, puis nous en discuterons ensemble.

Pour les groupes sur le diabète : Je vais faire jouer un exemple de publicité qui a été enregistrée pour vous donner une idée de ce dont les publicités pourraient avoir l'air. N'oubliez pas que le sujet de cette publicité est différent des scripts dont nous venons de parler. Je vais vous jouer la publicité, puis nous en discuterons ensemble.

Le modérateur fait jouer la publicité radiophonique deux fois

Demander au groupe :

- Que pensez-vous des voix choisies? Qui représentent-elles? Est-ce que le nombre de voix utilisé est adéquat? Porte à confusion? Pourquoi?
- Y a-t-il quelque chose qui a attiré votre attention? De quelle partie vous souvenez-vous le plus? Sinon, que faudrait-il pour attirer votre attention?
- Y a-t-il quelque chose d'autre que vous aimez dans la publicité? Y a-t-il quelque chose que vous n'aimez pas?

Finalement,

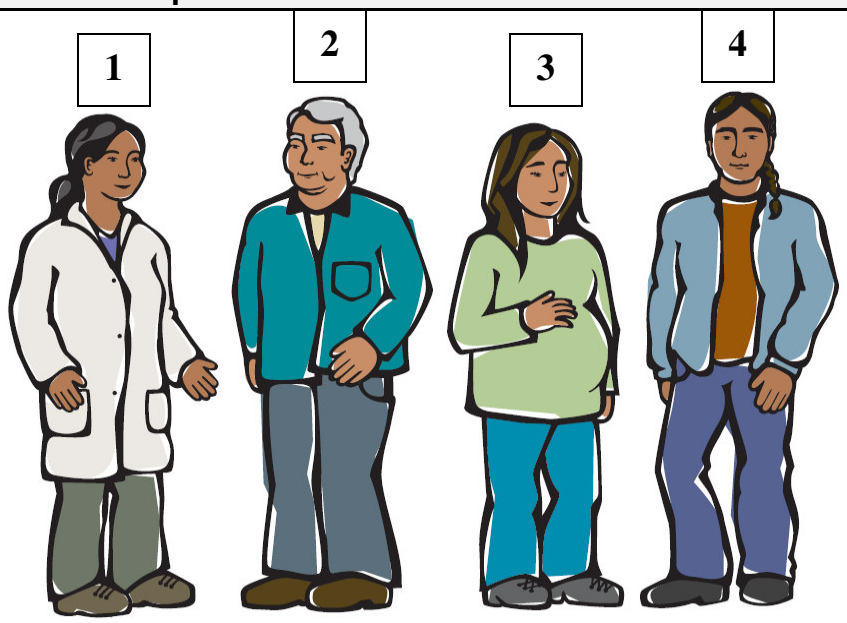
- avez-vous des commentaires ou des suggestions?

Remerciements et clôture :

Au nom du gouvernement du Canada, je vous remercie de votre participation!

Feuille d'exercices

Exercice n° 1 – Concept A :



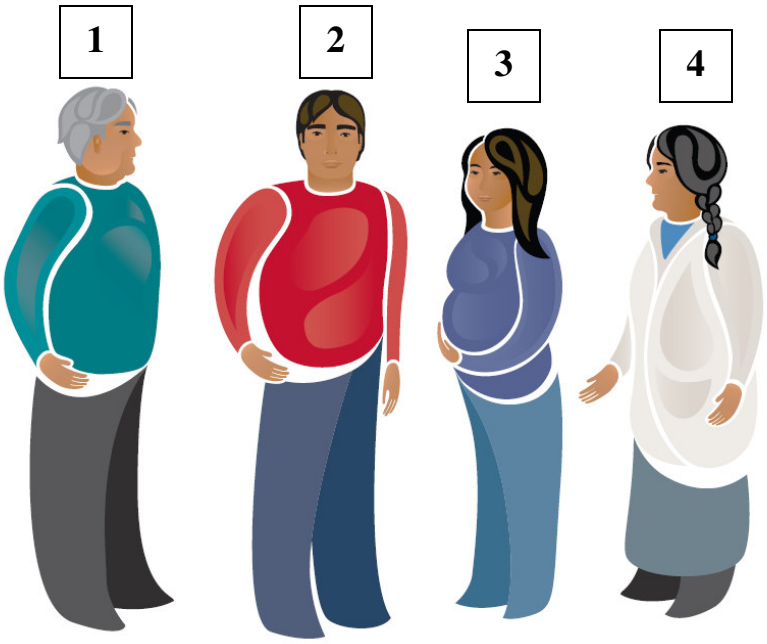
1._____ 2._____ 3._____ 4. _____

Exercice n° 2 – Concept A :

	Complètement en désaccord				*Complètement en accord*
Ces images attirent mon attention.					
Je peux m'identifier à ces images.					
Je peux identifier des gens de ma communauté à ces images.					
Ces images me semblent familières, elles me font penser à quelque chose que j'ai déjà vu.					

Feuille d'exercices

Exercice n° 1 – Concept B :



1._____ 2._____ 3._____ 4. _____

Exercice n° 2 – Concept B :

	Complètement en désaccord				*Complètement en accord*
Ces images attirent mon attention.					
Je peux m'identifier à ces images.					
Je peux identifier des gens de ma communauté à ces images.					
Ces images me semblent familières, elles me font penser à quelque chose que j'ai déjà vu.					

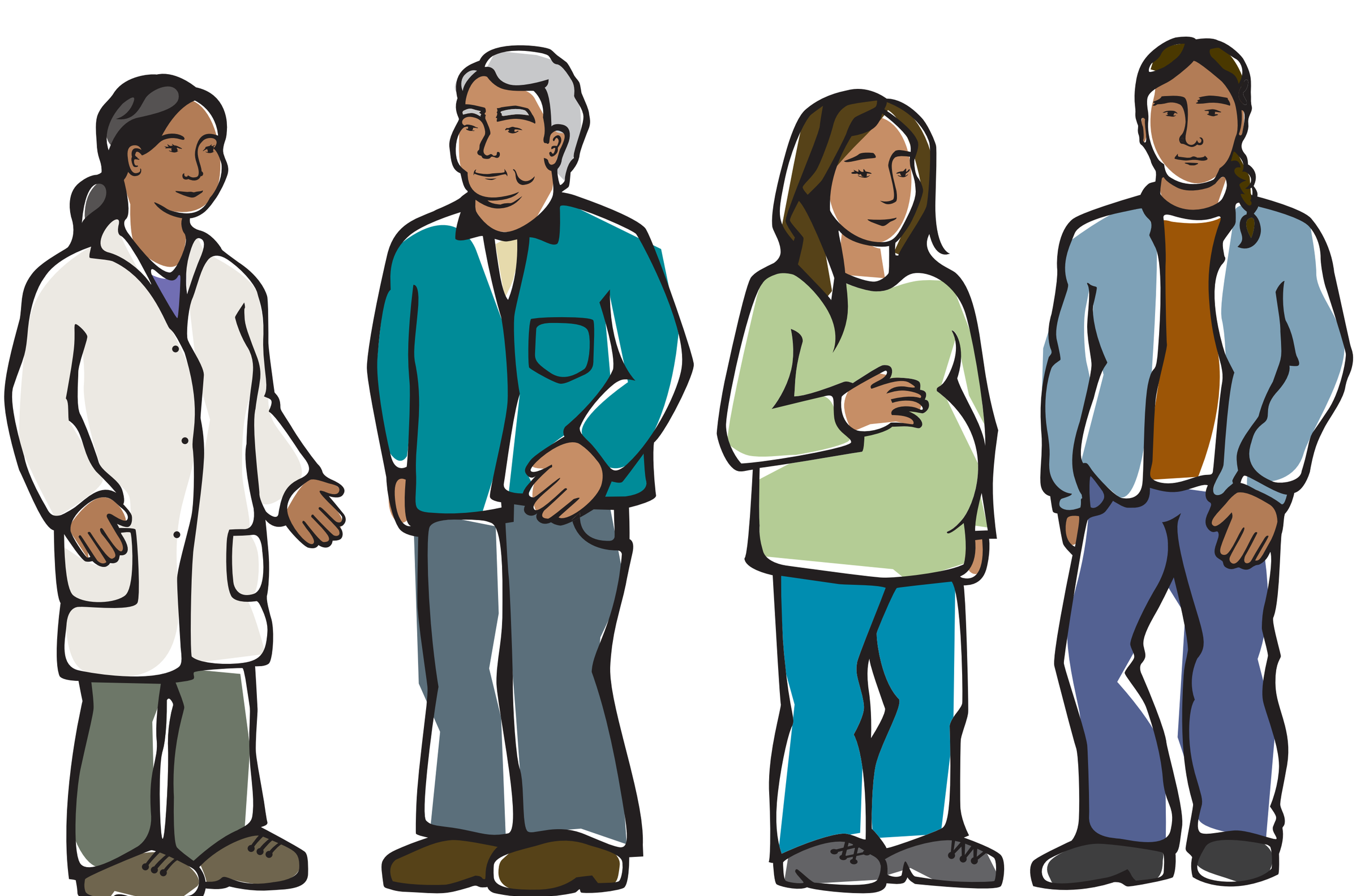
Feuille d'exercices

Exercice n° 3 :

A **B**

Pourquoi?

Appendix C:
Creative Materials Tested



DIABETES – Risk Factors

Darlene: Wellness is knowing …

Kevin: We just got back from the health centre …

Joe: My brother was surprised when the nurse told him he should be screened for diabetes.

Kevin: … because my mom and uncle have it and with my high cholesterol level, I could be at greater risk for it too.

Darlene: I see many people in my community that aren't aware of the risk factors for diabetes. Things like being overweight, being inactive, or having relatives who have diabetes or having it when you were pregnant.

Joe: Eating healthy foods, being physically active … and managing stress are great ways to prevent or manage diabetes.

Darlene: Finding out early if you have diabetes gives you a head start to living a long and healthy life.

Kevin: If you want to learn more about diabetes, visit your health care provider and make an appointment to be screened.

For more information about diabetes go to healthycanadians.ca or call toll-free at 1 800 622-6232.

A message from the Government of Canada.

Aboriginal Tag: *Wellness begins with knowing about diabetes. Visit your health care provider regularly and make an appointment to be screened.*

Les facteurs de risque en commun

Louise : Le mieux-être, c'est savoir…

Paul : On revient juste du centre de santé…

Jean : …et mon frère a été surpris quand l'infirmière lui a conseillé de passer un test de diabète.

Kevin: … parce que ma mère et mon oncle en font et, avec mon taux de cholestérol élevé, je cours plus de risques d'en faire moi aussi.

Louise : Il y a bien des gens dans ma collectivité qui ne connaissent par les facteurs de risque du diabète, comme un surplus de poids, l'inactivité ou le fait d'avoir des membres de la famille qui font du diabète ou en ont fait pendant la grossesse.

Jean : Manger des aliments sains, faire de l'exercice… et gérer le stress sont tous de bons moyens de prévenir ou de contrôler le diabète.

Louise : En sachant dès le début que vous faites du diabète, vous pouvez vivre longtemps et en bonne santé.

Paul : Consultez un professionnel de la santé pour vous renseigner sur le diabète et prendre rendez-vous pour un test de dépistage.

Pour en savoir plus sur le diabète, visitez canadiensensanté.ca ou appelez sans frais au
1-800-622-6232.

Un message du gouvernement du Canada.

Annonce-annexe pour les Autochtones : Le mieux-être commence par se renseigner au sujet du diabète. Consultez régulièrement un professionnel de la santé et prenez rendez-vous pour un test de dépistage.

DIABETES – Physical Activity

Darlene: Wellness is knowing …

Kevin: Regular physical activity can prevent or lower your risk of getting diabetes …

Joe: … or help you manage it if you have diabetes.

Darlene: When you're physically active, you'll achieve a healthy weight, balance your blood sugar levels, and reduce your risk for heart attack, stroke and blindness.

Joe: If you are regularly moving around and working your muscles, lungs and heart, you will improve your health.

Darlene: And do things that are fun! – like going for regular walks, swimming, snowshoeing or playing road hockey with your kids.

Joe: Our people are more likely to have diabetes-related amputations …

Darlene: … so make sure to look after your feet.

Kevin: If you want to learn more about diabetes, visit your health care provider and make an appointment to be screened.

For more information about diabetes go to healthycanadians.ca or call toll-free at 1 800 622-6232.

A message from the Government of Canada.

Aboriginal Tag: *Wellness begins with knowing about diabetes. Visit your health care provider regularly and make an appointment to be screened.*

Le mode de vie – Le diabète et l'activité physique

Louise : Le mieux-être, c'est savoir …

Paul : Si vous êtes actifs sur base régulière, vous pouvez prévenir le diabète ou courir moins de risque d'en faire…

Jean : …ou, si vous en faites, vous pouvez mieux le contrôler.

Louise : L'activité physique vous aide à garder un poids santé, à équilibrer les taux de sucre dans votre sang et réduit vos risques de faire une crise cardiaque, un AVC ou de devenir aveugle.

Jean : En bougeant régulièrement, en faisant travailler vos muscles, vos poumons et votre cœur, vous serez en meilleure santé.

Louise : Et vous pouvez vous amuser en même temps! Prenez l'habitude de prendre une marche, de nager, ou de jouer au hockey bottine avec les enfants.

Jean : Les amputations à cause du diabète arrivent plus souvent dans notre population…

Louise : … alors prenez bien soin de vos pieds.

Paul : Consultez un professionnel de la santé pour vous renseigner sur le diabète et prendre rendez-vous pour un test de dépistage.

Pour en savoir plus sur le diabète, visitez canadiensensanté.ca ou appelez sans frais au For 1-800-622-6232.

Un message du gouvernement du Canada.

Annonce-annexe pour les Autochtones : Le mieux-être commence par se renseigner au sujet du diabète. Consultez régulièrement un professionnel de la santé et prenez rendez-vous pour un test de dépistage.

HEALTHY PREGNANCY – Eating Well and Being Active

Kevin: Wellness is knowing …

Debbie: I'm pregnant and know it's important to eat well and be active!

Kevin: So we use Canada's Food Guide - First Nations, Inuit and Métis …

Debbie: … to make sure that we eat healthy foods from each of the four food groups.

Darlene: At the Health Centre, we tell expectant moms to eat a variety of foods, especially iron rich foods and to take folic acid even before they become pregnant …

Kevin: We started going for walks everyday to stay active.

Debbie: The walks make me feel good and give me more energy.

Kevin: Once the baby is born, we'll still go for our daily walks …

Debbie: … only then, there'll be three of us!

Darlene: If you're pregnant, it's important to visit your health care provider early.

For more information on healthy pregnancy go to healthycanadians.ca or call toll-free at 1 800 622-6232.

A message from the Government of Canada.

Aboriginal Tag: *Wellness is knowing your community supports healthy pregnancies. If you're pregnant, it's important to visit your health care provider early.*

Bien manger et être active

Jean : Le mieux-être, c'est savoir …

Louise: Je suis enceinte et je sais que c'est important de bien manger et d'être active!

Jean : C'est pourquoi on suit le Guide alimentaire canadien pour les Premières nations, les Inuit et les Métis…

Louise : pour s'assurer que l'on mange des aliments sains provenant des quatre groupes alimentaires.

Nathalie : Au centre de santé, on encourage les futures mamans à manger des aliments variés, surtout des aliments riches en fer, et à prendre de l'acide folique même avant la grossesse…

Jean : On a également commencé à prendre des marches tous les jours pour rester actifs.

Louise : Après, je me sens si bien et j'ai plus d'énergie.

Jean : Après la naissance du bébé, on continuera nos marches quotidiennes…

Louise : …mais alors, on sera trois!

Nathalie : Si vous êtes enceinte, c'est important de consulter un professionnel de la santé dès le début de votre grossesse.

Pour en savoir plus sur la grossesse en santé, visitez canadiensensante.ca ou appelez sans frais au 1-800-622-6232.

Un message du gouvernement du Canada.

Annonce-annexe pour les Autochtones : Le mieux-être, c'est savoir que votre communauté encourage les grossesses en santé. Si vous êtes enceinte, c'est important de consulter un professionnel de la santé dès le début de votre grossesse.

HEALTHY PREGNANCY – Planning A Pregnancy

Kevin: Wellness is knowing …

Debbie: We wanted to be healthy before starting our family …

Kevin: … so we eat healthy foods, stay active and don't smoke.

Debbie: Before trying to have a baby, we talked to our nurse at the Health Centre.

Kevin: She told us how to plan for a healthy pregnancy.

Darlene: Planned pregnancy allows you to reduce your risks, because you can stop using alcohol and drugs before you get pregnant. It also gives you time to cut down or quit smoking.

Debbie: My nurse told me to eat a variety of foods, especially iron rich foods and to take folic acid even before becoming pregnant.

Darlene: If you're pregnant, it's important to visit your health care provider early.

For more information on healthy pregnancy go to healthcanadians.ca or call toll-free at 1 800 622-6232.

A message from the Government of Canada.

Aboriginal Tag: *Wellness is knowing your community supports healthy pregnancies. If you're pregnant, it's important to visit your health care provider early.*

Planifier une grossesse

Jean : Le mieux-être, c'est savoir …

Louise : On voulait être en bonne santé avant de fonder notre famille…

Jean : …alors on mange des aliments sains, on fait de l'exercice et on ne fume pas.

Louise : Avant d'essayer d'avoir un enfant, on a consulté notre infirmière au centre de santé.

Jean : Elle nous a expliqué comment planifier une grossesse en santé.

Nathalie : Planifier votre grossesse vous aide à réduire les risques pour vous et pour votre bébé. Vous pouvez arrêter de consommer de l'alcool ou des drogues avant de devenir enceinte. Vous avez aussi le temps d'arrêter de fumer ou de réduire votre usage.

Louise : Mon infirmière m'a conseillé de manger une variété d'aliments sains, surtout des aliments riches en fer, et de prendre de l'acide folique même avant la grossesse.

Jean : Si vous êtes enceinte, c'est important de consulter un professionnel de la santé dès le début de la grossesse.

Pour en savoir plus sur la grossesse en santé, visitez canadiensensante.ca ou appelez sans frais au 1-800-622-6232.

Un message du gouvernement du Canada.

Annonce-annexe pour les Autochtones : Notre communauté encourage une grossesse en santé. Si vous êtes enceinte, il est important de consulter un professionnel de la santé dès le début de la grossesse.