Testing Creatives for the Aboriginal Diabetes Initiative

Final Report

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Le rapport en français sera fourni sur demande.

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Table of Contents

Introduction and Background

Based on information provided by Health Canada, diabetes was almost unknown among Aboriginal people before 1940. By 2006, type 2 diabetes had reached epidemic rates among First Nations peoples with a prevalence of three to five times higher than that of Canada's non-Aboriginal population. While there is no cure for type 2 diabetes, it can be prevented. Early diagnosis and timely provision of care and treatment are also invaluable in the prevention of serious complications.

Type 2 diabetes is usually considered a disease as a result of aging in most populations. However, in the Aboriginal community, there is a trend being witnessed towards diagnosis at earlier ages – and this is expected to persist because of the following direct and indirect risk factors common in many Aboriginal communities:

- High rates of obesity
- Unhealthy eating
- Lower levels of physical activity
- Genetic susceptibility and family history
- Social, economic, and physical barriers
- More cases of gestational diabetes among pregnant women
- Issues related to the Determinants of Health

These higher-than-average rates of diabetes are compounded by other concerns, including: earlier onset; greater severity at diagnosis; high rates of complications; and a lack of accessible services due to geographic isolation.

The Government of Canada will utilize social marketing approaches to generate increased awareness and knowledge and to motivate behavioural changes that generally support the overall Aboriginal Diabetes Initiative (ADI) program objectives. More specifically, the program intends to increase awareness that type 2 diabetes is preventable, that is it a manageable disease, and that it cannot be cured.

Furthermore, the program aims at increasing disease prevention, and diagnosis and treatment knowledge about: risk factors (including obesity, poor nutrition, lack of physical activity, genetics, etc.); signs and symptoms associated with the disease (namely frequent thirst, low energy, dizziness, frequent urination, and blurred vision); complications or effects the disease has on the body (namely poor circulation, heart problems, eyesight, kidney and limb problems); control and prevention practices (namely good nutrition, being physically active, and maintaining a healthy weight); and encouragement to consult a health professional by stressing the importance of blood screening and early diagnosis.

The program's goal is also to encourage attitudinal and behavioural changes that focus on communicating that the best time for prevention is now; that even small, consistent efforts can lead to tangible results; as well as individual, family, and community commitments to eating well, being active, and maintaining a healthy body weight; and discussing personal diabetes concerns with a local health professional and testing for diabetes regularly.

The Aboriginal Diabetes Initiative - Creative information

The multi-year comprehensive social marketing strategy developed for the Aboriginal Diabetes Initiative outlines four primary pillars of activities: knowledge (education), information (awareness), program promotion (community outreach), and diagnosis (screening and management).

Over the course of many years and through several 'renewals', the ADI has come to be a recognized and credible source for diabetes-related information and effective community-based programs. It is trusted by Aboriginal people living across Canada. It is prudent, desirable, and appropriate to capitalize on these public perceptions in future communications materials and activities. Therefore, Health Canada intends to test various components developed for each of these pillars, specifically:

ADI Creative Concepts Approaches:
The ADI engaged an Aboriginal agency to come up with visual elements that could be used in a variety of communications products. These elements included slogans and creative images. They were tested to determine appeal, appropriateness, and cultural relevance.

Radio Scripts and Print Text:
The ADI recognizes that audience responses to 'calls to action' can be affected by the relevant or perceived 'motivation' and 'connection'. Often two approaches are used in health communications: health beneficial ("Eat well and stay active and you may live a healthy, long life") and health consequential ("If you don't eat well and get active you may become ill"). These two different approaches were tested during the focus groups and the in-depth interviews, each version including one print advertisement, one poster, one booklet, a series of magnets, and one radio public service announcement. The approaches were tested to determine appropriateness, appeal, and relevance.

Fact Sheets and Brochures:
Two designs (layouts) for a fact sheet and for a brochure were tested. The preferred format was assessed during the discussions given that content was not discussed.

Webspots:
Two short animated advertisements developed for the Internet were also tested. The advertisements had both a visual and an audio component and made use of avatars.

Research Rationale and Objectives

The study aimed at testing creative and communications materials developed as part of the Aboriginal Diabetes Initiative. The results of this research will help provide Health Canada with the necessary information needed to select and adapt appropriate materials to be used in this pilot project. Specifically, the study will help determine 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) should be used, and to potentially fine tune and improve the approach, as well as ensure that Health Canada develops products that are pertinent and useful to the target audience.

Specific objectives of the research are as follows:

- To determine if the creatives 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
- To elicit suggestions for potential changes to make the concepts more effective at reaching the target audience.

To achieve the research objectives, a total of 8 focus groups/dialogue circles were conducted with First Nations people living on reserve in 4 locations. In addition, 10 in-depth telephone interviews were conducted with health and para-health professionals primarily working with First Nations people.

This report presents the detailed description of the research methodology, an executive summary of research findings, a series of conclusions and recommendations derived from the analysis, and the detailed findings from the focus group discussions, followed by the detailed findings from the in-depth interviews.

Research Methodology

To achieve the study objectives, a two-phase research approach was undertaken.

Focus Groups

A total of 8 focus groups/dialogue circles were conducted with First Nations people. Two audiences were targeted, namely:

- **Audience 1**: First Nations people 18 to 65 years old who had been formally diagnosed with diabetes by a health professional, as well as those who had recently discussed diabetes with a health professional; and
- **Audience 2**: First Nations people 18 to 35 years old who did not report that they had diabetes.

Participants also included a mix of gender and age within the prescribed age groups mentioned above. All had been primarily living on reserve over the past twelve months.

The following table presents the focus group schedule.

Location	Date	Language	Number of groups		
			Audience 1	Audience 2	Total
Big Cove, New Brunswick	April 28, 2008	English	1	1	2
Wendake, Quebec	April 29, 2008	French	1	1	2
Fort William, Ontario	May 7, 2008	English	1	1	2
Montreal Lake, Saskatchewan	May 7, 2008	English	1	1	2
Total			**4**	**4**	**8**

In each group, a total of 11 individuals were recruited. Attendance ranged between 7 and 11 participants per group. Group discussions were held on reserve and each lasted approximately 2 hours. Participants each received $75 following the discussion in appreciation for their time.

In-depth Interviews

A total of 10 in-depth telephone interviews were conducted from May 12 to 22, 2008 with health and para-health professionals 25 to 55 years old. Interviews each lasted an average of 45 minutes. Participants included those who had worked at least 50 percent of their time over the past month with First Nations people. Individuals considered included nurses, community health representatives, physicians, diabetes testing technicians, dieticians and community health directors. Interviews were conducted with professionals working with First Nations people in Yukon (2 interviews), British Columbia (2 interviews), Manitoba (1 interview), Ontario (2 interviews), Quebec (1 interview), New Brunswick (1 interview), and Nova Scotia (1 interview). An incentive of $75 was provided in appreciation for participants' time, in the form of a personal cheque or as a donation to a registered charity of their choice. All interviews were conducted in English, with each participant having the choice of the discussion being conducted in English or French.

Context of Qualitative Research

Focus group and in-depth interview discussions are intended as moderator-directed, informal, and non-threatening discussions with participants whose characteristics, habits, and attitudes are considered relevant to the topic of discussion. The primary benefits of focus group and in-depth interview 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. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Focus groups and in-depth interviews allow for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion."

The focus group and in-depth interview techniques are 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 population of individuals.

Executive Summary

Corporate Research Associates Inc.
Contract Number: H1011-070046/001/CY
Date: 2008-03-28

Health Canada commissioned Corporate Research Associates Inc. (CRA) to conduct a qualitative study to gather feedback on creative and communications materials developed as part of the Aboriginal Diabetes Initiative. Materials tested included two approaches for a social marketing campaign (each version including one print advertisement, one poster, one radio public service announcement, one booklet and a series of magnets). For the purpose of the discussion, one campaign was entitled Beneficial and highlighted the positive influence of blood screening, healthy eating and physical activity to identify and manage diabetes. The other campaign was referred to as Consequential and informed about possible health consequences if diabetes is undiagnosed and untreated. Both campaigns were discussed individually without being compared to one another. Also discussed were two designs for a fact sheet and a brochure, two slogans and visual identifiers, and two animated advertisements intended for the Internet.

The study aimed to assess the materials' clarity, credibility and relevance to the targeted audience, their appeal and cultural appropriateness, how memorable the materials were, the materials' ability to motivate the audience to action, as well as providing insight on changes required to more effectively reach the target audience. A total of 8 focus groups/dialogue circles were conducted with First Nations people living on reserve who were diagnosed with diabetes or who had discussed the matter with a health professional and with those who did not reportedly have diabetes. Groups were held in four locations: Big Cove, NB; Wendake, QC; Fort William, ON; and Montreal Lake, SK. In addition, a cross-country selection of 10 in-depth telephone interviews were conducted with health and para-health professional primarily working with First Nations people.

Findings from the *Testing Creatives for the Aboriginal Diabetes Initiative* study suggest that the materials developed to promote diabetes prevention were generally well received by First Nations people and health and para-health professionals alike. Specific reactions to the campaign ideas were, however, different between First Nations people who took part in the group discussions and health and para-health professionals interviewed.

The Beneficial campaign was well liked by interviewees for its positive approach, its cultural relevance and its positive outlook on effectively managing diabetes. This version was deemed informative and more closely aligned with existing educational approaches used with Aboriginal people. Professionals suggested they would happily use and distribute the materials from this campaign. In contrast, while group participants generally liked the informative nature of the materials, they believed this campaign was visually cluttered, lacked originality, did not highlight the importance of getting tested for diabetes

and could easily be mistaken for a campaign focused on promoting healthy living in general. In general, it lacked appeal, did not stand out and was not memorable.

The Consequential campaign was well liked by focus group participants. The movie theme was deemed to be original and presented diabetes as having potential serious health consequences if left undiagnosed and untreated. This approach communicated a sense of urgency that compelled group participants to want to find out more information or to get tested (if applicable). Interviewees, on the other hand, generally disliked the negative approach from this campaign and criticized the manner in which it positioned diabetes as a 'life-threatening' and 'hopeless' disease. Some feared the shock value could result in scaring individuals and preventing them from wanting to find out if they were diabetic or not. As such, a few interviewees mentioned they would refuse to use the materials from this campaign if made available to them.

These findings suggest that there is merit in adopting a campaign that primarily focuses on diabetes (rather than healthy living) and positions diabetes as a serious disease. The manner in which this is to be communicated is, however, unclear based on study findings, and further research may be required to better understand the resulting impacts of communications initiatives based on the approach taken (e.g. beneficial vs., consequential). Should the Consequential campaign be selected, a communications strategy must be considered to secure health and para-health professionals' collaboration to use and disseminate the materials.

Group participants expressed an interest for additional information on diabetes. As such, the campaign selected should ensure it explains the higher rates of diabetes among Aboriginal people, details the incidence of diabetes by age group, explains the risk factors and the potential consequences of untreated diabetes, and lists the symptoms or 'warning signs' indicative of diabetes.

When presented with two distinct versions for a fact sheet, both group participants and interviewees preferred a layout that presented the text and the visuals side-by-side, giving each component equal importance. Group participants clearly expressed a preference for a fact sheet that featured photographs rather than illustrations, while mixed opinions were offered by interviewees. Preference between a series of single page fact sheets each covering one topic and a brochure that encompassed all topics appeared to be context dependent. Fact sheets were deemed best for guided consultations that covered single topics, while a brochure would hold greater appeal as reading material in a waiting room and its format was deemed easier to 'pick up' and carry.

Of the two slogans and visual identifiers shown, the one titled, 'Learning. Sharing. Living/Apprendre, partager et mieux vivre' was preferred by both audiences. It was deemed most culturally-relevant and health-related, as well as communicating warmth, friendliness and personality. In general, the whole story behind the slogan came to life only when shown with the visual treatment, suggesting that both the slogan and the identifier should always be presented together.

Two webspots consisting of animated advertisements featuring avatars were shown and briefly discussed during the focus group discussions. The messages being communicated were well received but the use of inanimate and cartoon-looking avatars was not seen as compelling and made the ads look unfinished to many. Television and radio were considered better media for these advertisements compared with the Internet, given the perceived relevance, clarity and conciseness of the advertisements' audio component.

As it moves forward with the development of communications and marketing materials for the Aboriginal Diabetes Initiative, Health Canada must ensure that the materials stand out creatively, focus on diabetes, provide new and detailed information on diabetes, use simple language, present information in an uncluttered manner, include culturally-relevant foods, activity and symbols, and employ photography rather than illustrations.

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

Sommaire

Corporate Research Associates Inc.
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Santé Canada a retenu les services de Corporate Research Associates Inc. (CRA) afin de mener une étude qualitative pour recueillir des rétroactions sur les documents créatifs et de communication élaborés aux fins de l'initiative sur le diabète chez les Autochtones. Les documents testés incluaient deux approches pour une campagne de marketing social (chaque version comprenait une publicité imprimée, une affiche, un message radiophonique d'intérêt public, un livret et une série d'aimants). Pour les fins de la discussion, une campagne a été nommée Avantageuse et soulignait l'incidence positive du dépistage sanguin, d'une saine alimentation et de l'activité physique, pour dépister et gérer le diabète. L'autre campagne était appelée Corrélative et renseignait sur les conséquences possibles sur la santé si le diabète n'est pas diagnostiqué ni traité. La discussion portait sur les deux campagnes individuellement sans les comparer l'une à l'autre. On a aussi discuté de deux modèles pour une fiche de renseignements et une brochure, deux slogans et identificateurs visuels, et deux publicités animées destinées à Internet.

L'étude visait à évaluer la clarté, la crédibilité et la pertinence des documents pour le public ciblé, leur intérêt et leur applicabilité culturelle, le côté mémorable des documents, leur capacité à inciter le public à passer à l'action ainsi que la façon dont ils fournissaient un aperçu des changements nécessaires pour atteindre le public ciblé. Un total de huit groupes de discussion/cercles de dialogue ont été menés auprès de membres des Premières nations habitant sur une réserve qui avaient reçu un diagnostic de diabète ou qui avaient discuté du sujet avec un professionnel de la santé et ceux qui n'ont pas le diabète. Les groupes se sont déroulés dans quatre emplacements : Big Cove, N.-B.; Wendake, Qc; Fort William, Ont. et Montreal Lake, Sask. De plus, une sélection de 10 entrevues téléphoniques en profondeur a été réalisée à l'échelle nationale avec des professionnels et des paraprofessionnels de la santé travaillant principalement avec des membres des Premières nations.

Les résultats de l'étude *Test de concepts créatifs pour l'initiative sur le diabète chez les Autochtones* suggèrent que les documents élaborés pour promouvoir la prévention du diabète étaient généralement bien reçus par les membres des Premières nations ainsi que par les professionnels et les paraprofessionnels de la santé. Toutefois, les réactions spécifiques par rapport aux idées de la campagne étaient différentes entre les membres des Premières nations ayant pris part aux groupes de discussion et les professionnels et paraprofessionnels de la santé interrogés.

Les intervenants interrogés ont bien aimé la campagne Avantageuse en raison de son approche positive, sa pertinence culturelle et ses perspectives positives sur la gestion efficace du diabète. Cette version a été jugée éducative et plus étroitement en harmonie avec les approches pédagogiques existantes utilisées par les membres des Premières nations. Les professionnels ont suggéré qu'ils seraient heureux d'utiliser et de distribuer la documentation de cette campagne. À l'opposée, bien que les participants des groupes ont généralement aimé la nature éducative de la documentation, ils considéraient que cette campagne était un méli-mélo visuel, qu'elle manquait d'originalité, qu'elle n'insistait pas sur l'importance de se faire tester pour le diabète et qu'elle pouvait facilement être confondue avec une campagne mettant l'accent sur la promotion d'une vie saine en général. De façon générale, elle manquait d'intérêt, ne ressortait pas et n'était pas mémorable.

Les participants des groupes de discussion ont bien aimé la campagne Corrélative. Le thème du film a été jugé original et présentait le diabète comme ayant des conséquences potentielles sérieuses sur la santé s'il n'était pas diagnostiqué ou traité. Cette approche créait un sentiment d'urgence qui incitait les participants du groupe à vouloir obtenir davantage de renseignements ou à se faire tester (s'il y a lieu). D'autre part, les intervenants interrogés n'ont généralement pas aimé l'approche négative de cette campagne et ont critiqué la manière dont elle faisait voir le diabète comme étant une maladie « constituant un danger de mort » et « sans issue ». Certains craignaient que le côté choquant pouvait effrayer certaines personnes et les empêcher de vouloir savoir si elles étaient diabétiques ou non. Par conséquent, certains intervenants interrogés ont mentionné qu'ils refuseraient d'utiliser la documentation de cette campagne si elle était en leur possession.

Selon ces résultats, il serait fondé d'adopter une campagne mettant principalement l'accent sur le diabète (plutôt que sur un mode de vie sain) et qui fait état du diabète comme étant une maladie sérieuse. Cependant, selon les résultats de l'étude, la façon dont cela devrait être communiqué demeure obscure et une recherche plus approfondie pourrait être nécessaire pour mieux comprendre les incidences résultantes des initiatives de communication en fonction de l'approche utilisée (p. ex., Avantageuse par rapport à Corrélative). Si la campagne Corrélative était choisie, une stratégie de communication devrait être considérée afin d'assurer la collaboration des professionnels et paraprofessionnels de la santé à utiliser et distribuer la documentation.

Les participants des groupes de discussion ont exprimé leur intérêt à obtenir davantage de renseignements sur le diabète. Par conséquent, la campagne choisie devrait s'assurer d'expliquer les taux plus élevés de diabète chez les autochtones, de détailler l'incidence du diabète par groupe d'âge, d'expliquer les facteurs de risque et les conséquences potentielles d'un diabète non traité, et d'énumérer les symptômes ou « avertissements » indiquant la présence du diabète.

Lorsqu'on leur a présenté deux versions différentes pour une fiche de renseignements, les participants des groupes et les intervenants interrogés ont préféré une mise en page qui présentait le texte et les illustrations côte-à-côte, donnant ainsi une importance égale à chaque élément. Les participants des groupes ont clairement exprimé leur préférence pour une fiche de renseignements qui offrait des photos plutôt que des illustrations alors que l'opinion des intervenants interrogés était partagée. La préférence entre une série de fiches de renseignements d'une page, chacune couvrant un sujet, et une brochure regroupant tous les sujets semblait dépendre du contexte. Les fiches de renseignements ont été considérées supérieures pour les consultations dirigées qui portaient sur un seul sujet, tandis qu'une brochure serait plus intéressante comme document à lire dans une salle d'attente et son format a été jugé plus facile à « saisir » et à apporter.

Parmi les deux slogans et identificateurs visuels montrés, celui intitulé « Apprendre, partager et mieux vivre/Learning. Sharing. Living » a été préféré par les deux publics. Il a été considéré davantage pertinent sur le plan culturel et lié à la santé. De plus, son message était chaleureux, amical et personnel. De manière générale, l'histoire derrière le slogan a pris forme seulement lorsque montrée avec l'élément visuel, suggérant ainsi que à la fois le slogan et l'identificateur devraient toujours être présentés ensemble.

Deux cybermessages consistant en des publicités animées avec des avatars ont été montrés et ont fait brièvement l'objet de discussions parmi les groupes. Les messages communiqués ont été bien reçus mais l'utilisation d'avatars inanimés et semblables à des dessins animés n'a pas été considérée comme étant convaincante et, pour beaucoup de personnes, les publicités semblaient non finies. La télévision et la radio ont été considérées comme étant de meilleurs médias pour ces publicités comparativement à Internet, étant donné la pertinence perçue, la clarté et la concision de l'élément audio des publicités.

Lors de l'élaboration de documents de communication et de marketing pour l'initiative sur le diabète chez les Autochtones, Santé Canada doit s'assurer que les documents ressortent sur le plan de la créativité, mettent l'accent sur le diabète, procurent de nouveaux renseignements détaillés sur le diabète, utilisent un langage simple, présentent l'information de manière claire, incluent des aliments, des activités et des symboles pertinents à la culture, et emploient des photos plutôt que des illustrations.

Conclusions

Focus Groups

The following conclusions have been drawn from the analysis of group discussions with First Nations people.

- ***Additional information on the prevalence of diabetes among First Nations people, as well as a listing of the symptoms and warning signs, were of interest.***

  In all groups and locations, there was a strong interest to find out more information regarding the prevalence of diabetes, how the situation among First Nations people compares to other populations, how it varies by age group, and how it has changed or evolved over the years. A desire to know what causes higher rates of diabetes among First Nations people was also expressed, as well as gaining further insight to understand what impacts the spreading of the illness.

  With regards to social marketing materials, regardless of the creative approach presented, participants expressed a strong interest for a listing of symptoms or warning signs indicative of diabetes. This was most notably the case among those who had not been diagnosed with diabetes at the group discussions. This information would render the advertisement more personally relevant and entice individuals to reflect on their own health condition. It would act as an 'eye-opener' and help recognize or reinforce the need for getting screened in situations that specifically apply to them.

- ***The Consequential campaign was deemed impactful, memorable, thought-provoking, and positioning undiagnosed diabetes as having serious health consequences.***

  The Consequential campaign generally elicited positive reactions. This campaign was viewed as primarily targeting First Nations people 18 to 40 years old. The approach was deemed original, thought provoking, attention-grabbing, and to some extent, memorable. The message clearly stated in a simple manner the importance of diabetes screening, as undiagnosed and untreated diabetes can have serious and damaging health consequences. While some felt that the 'scare tactic' was too negative, most considered it stressed the urgency of the situation. The campaign was deemed informative yet not overwhelming despite information in the booklet being a little repetitive. Overall, these elements contributed to a stronger intended call to action to get tested or talk about diabetes with health professionals or friends/family.

The layout of the print materials was deemed visually pleasing, bold and high contrast, and the images contributed to strengthening the seriousness of the message while being seen as natural-looking, compelling and relevant to participants and their respective communities. The campaign was viewed as simple yet informative, despite suggestions to add a list of symptoms or warning signs. Other suggestions for improvements included placing a greater focus on the existing warning signs / list of consequences (e.g., larger font/section); increasing the size of the word 'diabetes' in the headline to avoid confusion with a movie announcement; clarifying words such as 'onset', and the relationship between diabetes and dialysis; adding a checklist in the booklet to engage readers; shortening the radio public service announcement; identifying the desired accent of the announcer in the radio advertisement (e.g., urban or northern rural); adding visual appeal to the magnets and increasing the font size; and using the magnets to inform about symptoms and provide contact information for resources on diabetes.

- ***The Beneficial campaign was deemed positive and informative despite being less obviously focused on diabetes and lacking visual appeal.***

The Beneficial campaign was deemed a positive approach to positioning diabetes as a manageable disease that can either be prevented or managed through healthy eating and physical activity. Overall, this concept was viewed as targeting a wider audience, ranging from children to elders. This campaign was deemed more traditional-looking, lacking originality but featuring colours that are culturally familiar. While some appreciated the positive outlook on diabetes, others felt that it focused too much on healthy lifestyle choices rather than on diabetes and, as a result, had limited impact and was not memorable. The intended call to action was weak as a result.

The print materials (print ad, poster, booklet, and magnets) were considered informative but visually-cluttered as well as lacking unifying elements and the contrast necessary to stand out when printed in black and white. The booklet content was deemed comprehensive, interactive, informative, and effective at introducing new and relevant information (including the types of diabetes). Overall, the photos showed a range of ages, suggested a wide target audience, and depicted individuals and situations relevant to First Nations people.

The radio public service announcement was deemed the weakest component of this campaign. It was thought to be too lengthy and lacking credibility as it did not reflect a typical conversation within the targeted communities and it positioned diabetes as a positive life event. In particular, care must be taken when promoting traditional cooking as a healthy alternative given the prominence of frying some foods among selected communities.

The magnets from this concept were liked. They were deemed colourful and featuring larger font.

- ***Preference between a fact sheet and a brochure appeared to be context dependent, although the use of photographs was deemed more relevant and attractive than illustrations.***

  Opinions were generally split as to the preference for a series of single page fact sheets each focusing on one topic and a brochure that would encompass all of the topics. Most indicated a preference based on where and how the information would be obtained. A fact sheet was deemed more appropriate as a document provided by health professionals as a follow up to a discussion on diabetes prevention. Its focus, simplicity, and limited amount of text were considered positive attributes.

  On the other hand, a brochure would be more complete, more formal-looking, easier to carry, and it would stand out among other print materials. Preference was expressed for this format when reading this type of information alone, in a health clinic's waiting room, for example.

  There was also no clear preference when discussing the documents' layout and style. Some liked to have the visuals and the text side-by-side therefore giving equal prominence to the text, the visuals, and the headings. Slightly fewer, however, liked to have the visuals at the top so they stand out more and visually isolate the text. Regardless of style preference, the use of photographs was widely preferred to the use of illustrations, and participants liked that the font used on the fact sheet featuring photographs looked larger and bolder to participants compared to the fact sheet featuring illustrations. They also liked the font style diversity (regular, bold, italic).

- ***The slogan and visual identifier titled "Learning. Sharing. Living./Apprendre, partager et mieux vivre" was deemed most visually pleasing and culturally relevant.***

  Of the two slogans and visual identifiers discussed, the one titled "Learning. Sharing. Living/Apprendre, partager et mieux vivre" was preferred across groups and locations for its cultural relevance and its metaphorical depth. While the slogan on its own did not suggest diabetes prevention, the graphic and visual treatment implied a journey through life towards wellness and a quest for improvement. The colour relationship between the visual elements and the words (e.g., red linking the word 'learning' and the path; black linking the word 'sharing' and the circle; and yellow linking the word 'living' to the sun) further reinforced the message that an individual would first learn about diabetes then share information with family or the community towards achieving a healthy and happy life/lifestyle. The use of the Medicine Wheel colours also appealed to participants.

In contrast, most participants found the other slogan and visual identifier titled "Share, Live, Learn/Apprends, partage, vis" lacked cultural relevance and symbolism. The word sequence did not tell a story and its graphic presentation further isolated each term. The font and visual treatment looked too 'mechanical' or 'computerized', and colours were less attractive and lacked cultural relevance or strong symbolism. While the addition of a visual component strengthened the slogan, it did not provide strong symbolisms. Some participants did, however, appreciate the photographs.

Both statements on their own, however, originally reminded English-speaking participants of a school setting or playground. The slogans benefited from the addition of a visual identifier, despite the relationship with diabetes prevention remaining weak in participants' minds.

- ***The webspots lacked visual appeal and relevance despite the message being well-received.***

Participants were shown two animated advertisements intended for the Internet. Reactions to the creative approach were generally negative, and the use of inanimate illustrations was deemed emotionless and amateur-looking. Most described the approach as "cartoon-like", something more appropriate for children rather than adults. The content, however, grabbed participants' attention, and was deemed relevant and engaging. The Internet was generally deemed an inappropriate medium for this type of advertisement given the participants' perception of limited use among First Nations people. Television and radio were, however, suggested as more suited applications for these advertisements. The advertisements' audio component was well liked for its relevance, clarity and conciseness, making it suitable for radio.

In-Depth Interviews

The following presents conclusions drawn from the analysis of in-depth interview discussions with health and para-health professionals.

- ***Reactions to the Consequential campaign were polarized with some liking the originality of the approach while others feared a negative reaction from the target audience.***

Opinions of this creative approach were quite polarized among health and para-health professionals. A few health and para-health professionals liked the creative originality of the Consequential campaign, as well as the manner in which it positioned diabetes as a serious disease and used the movie theme reminiscent of story-telling.

That being said, most interviewees disliked this approach for its negative stance. In fact, a few of them disliked this idea so much that they indicated they would not use this material as part of their work and would rather resort to non-Aboriginal specific

materials. There were negative reactions with respect to the manner in which the campaign positioned diabetes akin to a 'life-threatening' disease, something counterproductive to most of these professionals' constructive and positive educational approaches. Some feared that the 'scare tactic' may prevent individuals from coming forward and getting tested for fear of having to live with such an awful disease if diagnosed. Other criticisms each mentioned by one or two interviewees included: the imperative and 'ordering' tone being inconsistent with Aboriginal culture; forcing people to get tested out of guilt; and the use of dark tones/lack of colour.

Despite the opinions held on the overall campaign, listing consequences resulting from uncontrolled diabetes was viewed positively by interviewees, especially as it relates to sensitive topics like erectile dysfunction. Most interviewees also appreciated the testimonial approach of the radio public service announcement. This campaign was deemed as targeting young Aboriginal adults 18 to 45 years old.

- ***The Beneficial campaign elicited positive reactions for its cultural relevance and the manner in which it presented diabetes as a manageable illness.***

  Reactions to this campaign were consistently positive among interviewees. Positive attributes were identified as the campaign's encouraging and hopeful tone, the use of traditional colours, and the abundance of photographs.

  The content was deemed comprehensive, providing advice and tools on dealing with diabetes, as well as informing the reader about the disease. While the amount of text first appeared overwhelming, the manner in which it is visually broken down was believed to make it manageable. Specific suggestions were, however, made to further simplify the content by using shorter sentences and common words. A couple of interviewees did note that the campaign referred to concepts more common among a working population (e.g., post-it notes and course names numbered 101), which is generally not the norm within the Aboriginal populations. The target audience was deemed wider, including children, teenagers, adults, and elders.

- ***Public places, as well as health-related or general events, were deemed best venues to distribute the booklet, the magnets, and display the poster. Local radio stations and print publications should also be considered.***

  Interviewees were generally of the opinion that both on and off reserve public locations should be considered to display and distribute the campaign materials. Suggestions included schools, nursing stations, Band offices, friendship centres, hospitals, diabetes clinics, and pharmacies. In addition, public events such as Pow Wows, health fairs, diabetes support groups, school presentations, and educational initiatives should be tapped. Local print publications and radio stations were also mentioned as media to consider for this type of advertisement.

- ***Mixed opinions were offered regarding the preference for photographs or illustrations and with respect to presenting the information in a series of fact sheets or a single brochure.***

  A clear preference was expressed for the fact sheet layout that presented the visual and the text side-by-side. The 'curvy' lines contributed to a relaxed and friendly look, while the font size appeared larger. That being said, mixed opinions were offered with respect to the type of visuals used, with some liking the realistic nature of photographs, while others preferred the artistic flavour of illustrations. Regardless of preferences, featuring traditional and commonly available/eaten foods was deemed of importance. As such, questions were raised with the choice of salad, celery, and what appeared as fried food (bannock). There were no clear preferred format between a series of one-pager single topic fact sheets and a single brochure encompassing all topics.

- ***The slogan and visual identifier titled, 'Learning. Sharing. Living.' was preferred for its flow, its cultural relevance, and strong symbolism.***

  Preference was clearly expressed for the slogan and visual treatment titled, 'Learning. Sharing. Living.' The statement 'Learning. Sharing. Living.' on its own when presented in the context of diabetes prevention made more sense to interviewees that the alternate version (i.e., 'Share. Live. Learn.'), as you would first learn about the disease, then share information prior to living with it. The use of a font that resembles handwriting added warmth and personality. The Medicine Wheel colours introduced cultural relevance as well as strengthening the health theme. The visual treatment strengthened the slogan, and the visual and symbolic relationship between slogan and visual was obvious to interviewees.

  Interviewees did not understand the word sequence from the slogan 'Share. Live. Learn.' and the graphic elements did not enhance this statement nor did they clarify its meaning. The choices of colours were generally deemed random and lacking symbolism. The font, the colours, and the use of circles in this manner made the slogan look modern and sterile. The visual treatment was seen as contributing to clarifying the statement.

Recommendations

The following recommendations are drawn from the study findings and are presented for Health Canada's consideration.

1. **In-depth information regarding the prevalence of diabetes should be made available in ADI materials to heighten the initiative's credibility.**

   In all focus groups and locations, the top-of-mind reaction to the social marketing campaigns' content was to ask questions about diabetes. Indeed, there was a strong interest for knowing more about diabetes prevalence and its causes; how the situation among First Nations people compares to that within the mainstream population; how it differs by age group; and how it has evolved over time. Participants sought to know not only the current situation, but also supporting facts. As such, it is recommended that ADI materials include more scientific facts pertaining to diabetes while still communicating this information in a simple language. The resulting effect of a more informed population will likely be a higher likelihood of action.

2. **The social marketing campaign selected should include a list of symptoms and warning signs of diabetes to increase personal relevance.**

   While the campaigns tested compelled participants to reflect on diabetes and, to some extent, to take action, there is limited knowledge among those who do not knowingly have diabetes of the illness' physical triggers. As such, there is merit in ensuring that symptoms of diabetes or warning signs be clearly identified in advertisement and communications materials. This approach will provide a further incentive to those exhibiting the symptoms to seek advice and get tested. Indeed, it was clear during the group discussions that consequences of diabetes affecting daily lives (e.g., frequent urination) were not well-known and therefore not automatically associated with or potentially caused by diabetes.

3. **The selected social marketing campaign should primarily focus on diabetes and present it as a serious disease with significant consequences if left undiagnosed and untreated.**

   Study findings suggest that the Consequential campaign was very well received by First Nations people that took part in the focus groups, as it presents diabetes as a serious illness that can have significant and life-changing consequences if left undiagnosed and untreated. It was deemed impactful, attention-grabbing, and original with all factors making it stand out. In fact, it is interesting to note that, during the discussions, many expressed a desire to hear that diabetes needs to be taken seriously, and to be reminded of its possible negative health impacts, even before being shown the Consequential campaign.

In contrast however, health and para-health professionals were generally not keen on an approach that positioned diabetes in a negative light, as it is counterproductive to their positive educational efforts. A few even said they would refuse to use such campaign materials. In light of this, it is apparent that the final social marketing campaign message must primarily focus on diabetes (rather than a healthy lifestyle in general), as well as provide information on the disease's health consequences and symptoms, though the manner in which this information should be communicated is unclear.

One suggestion consists of Health Canada launching both the Consequential and the Beneficial campaign in pilot sites to gauge reactions from the community, and health and para-health professionals. Alternatively, research could be used to understand the effectiveness of approaches that have been used in the past few years for health educational campaigns (not only related to diabetes). Additional research could also be conducted to better understand negative reactions and how they could be addressed. Regardless, if Health Canada decides to use the Consequential campaign as is, it will need to develop a communications strategy specifically targeting health and para-health professionals to get their collaboration. While the Beneficial campaign would have greater appeal among all audiences, study findings suggest that it may have less impact than the Consequential campaign among the target audience.

4. **The use of real-life photography is encouraged over illustrations or drawings.**

Findings from this study and previous research initiatives show that Aboriginal people relate better to real-life photography than artwork in communications materials. As such, Health Canada should consider using photography when possible on its program material. The importance of showing culturally-relevant surroundings, activity, and foods in visuals selected should not be underestimated.

5. **In-depth information on diabetes and preventative measures should be available in both a fact sheet and a brochure format.**

Opinions from both First Nations people, and health and para-health professionals suggest the merit of both a series of single-topic one-page fact sheets and of a single brochure grouping all topics together based on its intended use. It appears that a fact sheet would be best used when introduced by a health professional and when discussing individual topics over a period of time. In contrast, a brochure looks more official and is deemed a more practical format when consulted without direction (e.g., in waiting room) or when discussing all topics during one consultation/education session. Regardless of format, a document layout that gives equal prominence to the text and the visuals appears to have the greatest impact.

6. The slogan and visual treatment titled, 'Learning. Sharing. Living./Apprendre, partager et mieux vivre' should be considered for the ADI.

Reactions to the slogan and visual treatment titled, 'Learning. Sharing. Living./Apprendre, partager et mieux vivre' were consistently positive among focus group participants and interviewees. Not only was this concept culturally-relevant, but it also provided symbolism related to health prevention. As such, it is recommended that this concept be adopted as part of the ADI without any modification. That being said, it is not intuitively associated with diabetes and health matters, and as such, should always be presented alongside information pertaining to diabetes. Similarly, the slogan on its own did not carry the full depth of symbolism, and as such, consideration should be given to always present it next to the visual identifier.

Key Findings ~ Focus Group Discussions

The following sections present the detailed findings from the focus group discussions.

Information on Diabetes

Additional information on the prevalence of diabetes among First Nations people, as well as a listing of the symptoms and warning signs, were of interest.

Participants were presented with two creative approaches for a social marketing campaign, each including five components: a print ad, a poster, a booklet, a series of magnets, and a radio public service announcement. Each campaign was presented and discussed individually, with the presentation order rotated between groups to avoid biases. Prior to discussing reactions to each individual campaign, it is worth mentioning a number of elements pertaining to information provided in the materials in both campaigns, as follows:

The main criticism with respect to both campaigns' content was the lack, or minimal amount, of information provided regarding the symptoms or warning signs related to diabetes. Providing detailed information would compel participants, especially non-diabetic individuals, to reflect on their own situation and consider getting tested. This was deemed a good way to make the message even more relevant to each individual, as well as provide clues to participants regarding their own health situation.

In addition, regardless of the campaigns shown, participants generally wondered why the rate of diabetes was highest among Aboriginal people. Most were interested in learning this information in order to understand the context and the nature of the problem. In addition, a few mentioned that providing statistics (e.g., the percentage of Aboriginal people who are diabetic in comparison to the percentage of the overall Canadian population with diabetes) would have a greater impact than simply comparing diabetes rates (e.g., saying that the rate of diabetes is three to five times higher among Aboriginal people than in the general Canadian population).

> *"Why is occurrence of diabetes higher among Aboriginal people? They don't say that."*

A couple of participants in Fort William (non-diabetic group) also wanted to find out the prevalence of diabetes by age group and how the illness has progressed over the years among First Nations people.

A few participants in the non-diabetic group in Wendake also would have like more details regarding the blood screening process, including where it is conducted (e.g., on or near the reserve, in a clinic, or at the hospital), how long it takes, and what it involves.

Reactions to the Consequential Campaign

The Consequential campaign was deemed impactful, memorable and thought-provoking, and positioning undiagnosed diabetes as having serious health consequences.

Key Messages

This campaign was generally considered impactful and attention-grabbing, presenting diabetes as a serious issue that could have important and shocking consequences if left undiagnosed or uncontrolled. The materials clearly communicated both the urgency to get tested to avoid complications, as well as the idea that 'life is not a rehearsal', and that living better involves eating healthily and exercising. Participants found the content of the ads to be compelling and believable.

> *"They are saying, this is what is going to happen to you if you don't get yourself to a clinic to get tested."*

While not mentioned in the non-diabetic groups, many of those in the diabetic groups praised this campaign for its serious stance towards the disease. In Montreal Lake particularly, participants were grateful for this tone, noting that often the disease is not taken seriously by others in the community, and that this campaign would make people understand that it is a dangerous condition and also motivate people to look after their health.

> *"Sometimes people laugh at you because you're diabetic. This might change their minds and make them look at it seriously."*

> *"The sense of fear gives you motivation. It makes you want to look after yourself a lot more. Take your pills, check your sugar."*

A few participants in Fort William identified a secondary message as the fact that diabetes is becoming more prevalent at a younger age and that it is primarily genetic.

A few participants in Wendake (diabetic group), however, believed that the message was positioning diabetes in a negative light, suggesting that life was over once diagnosed with the illness. This message was deemed inconsistent with their own situation.

> *"On dit que ta vie peut devenir un cauchemar si ça [diabète] t'arrive." (They say that your life can become a nightmare if you have diabetes.)*

This opinion was echoed by a couple of participants in Fort William.

> *"If diabetes was a movie, it would be a frightening thriller."*

Strengths and Weaknesses

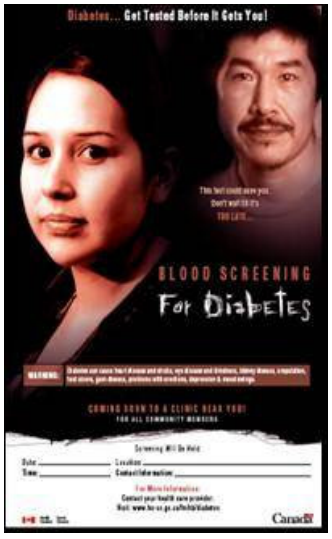
In general, the concept of a scary movie announcement was seen as interesting and original. A few participants in Fort William considered the materials reminiscent of that seen for the Blair Witch Project movie a few years ago. The campaign was found to be informative, with many 'eye-opening' or surprising facts, including its links to kidney disease, blindness, erectile dysfunction, and amputation. A few participants commented positively on the mention of erectile dysfunction as it introduces a sensitive topic and, as a result, could open up the lines of communication between men and healthcare practitioners. Mentioning serious health consequences was deemed as contributing to making the campaign memorable.

> *"It's scary. I wouldn't want to lose any body parts. The blindness and the erections, that's surprising too."*

Not only was this approach considered eye-opening, but it was also thought to provide simple and direct information about diabetes.

> *"It opens your eyes, is really informative. I like the detail and it's straight to the point."*

Overall, just a few individuals found the 'scary movie' concept 'cheesy' and lacking originality.



In general, images in this campaign were deemed personally relevant and reflective of others in the community.

A number of comments pertained to specific components of this campaign. The simple layout of the ***print ad*** and the ***poster***, including bold colours/high contrast and limited information (text) contributed to the visual appeal. The message about getting tested was praised for its clarity and simplicity. However, it was suggested by many to place additional emphasis on the well-recognized "warning" word/section by increasing its size. The headline 'Get tested before it gets you' was deemed to be scary but high impact, promoting the idea of going to see a health professional.

A couple of participants in Wendake (non-diabetic group) suggested to increase the size of the word 'diabetes' ('Blood Screening For Diabetes'), further clarifying the topic of the advertisements, so as not to confuse it with a real movie announcement. The print ad attracted attention despite being in black and white, due to its high contrast and effective layout.

The content of the ***booklet*** was seen to be visually arresting (particularly the image of the foot with amputated toes) and informative. Indeed, some participants noted that the visuals in the booklet were the most memorable part of the campaign for them. They related to the Aboriginal people shown, and noted that their facial expression contributed to heightening the seriousness and sense of urgency communicated by this campaign.

Shorter paragraphs and limited information were appreciated, despite participants generally wanting a list of symptoms or warning signs, as previously noted. Some felt that the wording in the booklet was confusing (they wondered what the word 'onset' meant and how kidneys could be damaged by diabetes). A few others in all locations found the content of the booklet to be repetitive (especially the diabetes rate comparisons and the consequences mentioned).

This was viewed negatively by some non-diabetic participants who felt additional information would be beneficial to learn about the illness, while others felt the repetition helped to drive home the message. Nonetheless, as mentioned earlier, there was a desire to have a clear checklist of both the signs of diabetes, as well as risk factors in the brochure to inform, but also engage the reader. In Wendake, a few participants believed that the reference to: "chez les autochtones" (among Aboriginal people) was too often mentioned in the booklet, and that the images strongly identifying the target audience as Aboriginal people made the repetitive statement irrelevant.

The ***radio*** ad was deemed realistic, despite being too long for some participants. The music and the tone of the announcer's voice presented diabetes as a serious illness that can affect personal life if undiagnosed. Participants quickly picked up and remembered some of the warning signs/symptoms of diabetes mentioned in the script. In addition, a few participants picked up on the mention of "not being interested in my wife, if you know what I mean", an approach they felt added humour and relevance. The radio ad was particularly relevant to participants in Montreal Lake, who found the voice to be familiar with a local-sounding accent.

"You can tell Cree is their second language. I like that."

Participants in other locations were more apt, however, to believe that the accent spoken was most representative of "northern" or "remote" communities rather than their own.

There were also some weaknesses associated with the radio ad. Some participants felt that the use of the dialysis machine might be confusing to some, as they were previously unaware of the connection between kidney failure and diabetes, and it was not properly introduced in the radio ad. A couple of participants expressed concern that the advertisement did not include a male and female announcer, therefore primarily targeting males.

Finally, one participant in Wendake noted that the scenario did not follow the 'scary movie theme' approach obvious with other campaign materials, although it was not viewed as problematic.

Some participants felt the ***magnets*** were visually unattractive and feature text that is too small. One participant in Fort William noted that movie tickets are more often associated with a pleasant and fun event rather than a serious occurrence. The greatest criticisms, however, were the small text and the lack of visuals. In contrast, a few others felt that the 'movie ticket' theme of the magnets was attractive and the text offered a scary warning / reminder of the consequences of uncontrolled diabetes.

Despite some participants suggesting that they may use the magnets on their fridge, there was mixed opinion with respect to how likely they would be to reference the information. Suggestions were made by Fort William's participants to list the symptoms or warning signs on the magnet as a reminder, as well as provide a diabetic "hotline" phone number, namely a place where one could call to find out more about diabetes.

The following table presents a summary of strengths and weaknesses associated with the Consequential campaign.

Consequential Campaign
Summary of Strengths and Weaknesses

Strengths	Weaknesses
• High visual contrast / bold • Simple layout • Limited text • Unique /stands out • 'Scare' tactic attracts attention • 'Warning' sign/box common symbol • Radio ad credible • Can relate to the photos of First Nations people • Presents diabetes as a serious issue • Movie theme grabs attention/is unique/different • Includes surprising and informative content	• Gloomy / negative • Repetitive information • Does not mention symptoms / warning signs • 'Scare' tactic "cheesy" • Radio ad more directed at men • Could be misunderstood as a movie ad

Target Audience

This campaign was deemed most appropriate for a younger adult audience, between the ages of 18 and 40 years old. Some felt that the target of the campaign was primarily those with diabetes, intending for these individuals to look after themselves to avoid complications of the disease. Others felt that it had a broader target audience, aiming at anyone within the Aboriginal population who could be at risk of developing diabetes.

"I like that it's aiming at Aboriginal people."

Call to Action

Participants were asked what action, if any, they would take as a result of seeing this campaign. Many stated that the campaign would cause them to get tested for diabetes. Others mentioned that they would talk to family members about the disease. In general, participants were compelled to take some action, from simply mentioning the ads within their personal network to getting tested.

"The message is that it's serious. It jumps out and makes you want to get a blood screening test."

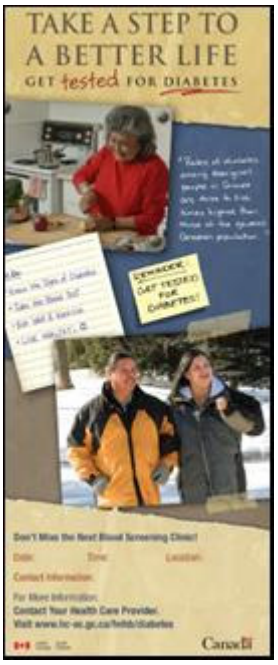
Reactions to the Beneficial Campaign

The Beneficial campaign was deemed positive and informative despite being less obviously focused on diabetes and lacking visual appeal.

Key Messages

This campaign was generally seen as positioning diabetes as a potential consequence of an unhealthy lifestyle. Overall, participants felt that the campaign's link to diabetes was weak, as the focus both from a visual and a text perspective appeared to be more so on healthy lifestyle choices rather than on diabetes. Indeed, the message was deemed as mostly focused on the benefits of healthy eating and physical activity. This impression was reinforced by the generic headline, "Take a Step to a Better Life", which was more prominently featured than the sub-headline mentioning diabetes.

To draw attention to the campaign, one participant in Wendake suggested phrasing the heading as a question rather than a statement, to remind the reader to assess their own health situation in light of diabetes prevention. No specific suggestion was provided.



Nonetheless, after reading the materials from this campaign, participants generally concurred that the main message was that diabetes is a manageable disease if diagnosed and controlled by a healthy lifestyle. As such, many viewed the intended action as getting tested for diabetes.

While less impactful, the positive message appealed to many participants who were drawn to its focus on hope.

> *"This is more harm reduction than scare tactic."*

Mentioning the rate of diabetes within the Aboriginal population attracted some participants' attention, despite lacking an explanation for the higher incidence.

Strengths and Weaknesses

This campaign was generally deemed visually unattractive and lacking originality (due to a familiar design), despite featuring colours familiar to First Nations people. It displayed what was described as a "tame" look, featuring dull colours, and communicated positive and subdued messages. Some participants, predominantly in the diabetic group, noted that the positive tone, particularly the phrase in the booklet "This is my life. I want to be diabetes free!", offered false hope as it was understood that diabetes is not a condition that can be eliminated, despite being controllable. Nonetheless, the presence of individuals in images contributed to making the message more personable and relevant to First Nations people.

Comments specific to each component of this campaign were offered. The ***print*** ad was deemed informative despite being visually too busy. Some also felt it lacked sufficient contrast to be visible and attractive when printed in black and white. In general, both print and posters were thought to lack unifying elements.

Similarly, the ***poster*** was found to be visually unattractive by many, not carrying a unifying element, and appearing 'scattered.'

> *"It looks sloppy, there's too much going on yet nothing catches my eye. Something should jump out to me."*

Some, however, praised the poster for showing a variety of ages of individuals in the visuals, highlighting the fact that diabetes is not solely an affliction of the elderly.

The ***booklet*** was considered comprehensive and effective at introducing new and relevant information about diabetes. Participants generally liked the interactive approach of the "Risk Factors 101" checklist, and highlighted this element for offering new and relevant information.

Similarly, the "123s of Blood Tests" and list of types of diabetes were elements that were deemed informative. Despite praise for these elements, many wished the booklet contained a more thorough list of the symptoms of diabetes.

Some felt there was too much text, while others liked the variety of fonts and displays. The booklet format was deemed traditional-looking and featuring a culturally-relevant look appealing to some, but deemed "boring" by others.

One participant in Wendake suggested using numerical characters in the booklet instead of spelling out numbers for added simplicity.

A few participants in Fort William believed that the photographs were "too posed" despite the individuals shown being relevant and strongly positioning the campaign at First Nations people.

The ***radio*** ad's scenario and delivery were deemed unrealistic and amateur, presenting diabetes as a positive life event rather than an illness to be taken seriously. The length of the advertisement was too long to hold participants' attention until the end. The script was not deemed to be reflective of how Aboriginal people speak in their respective communities, but rather too choreographed.

> *"It is too chirpy to be realistic. It sounded like an ad from the 1950's or 1960's."*

> *"Ça a l'air facile son affaire mais en réalité, le diabète, c'est loin d'être drôle." (It looks easy for him, but in reality, diabetes is not funny.)*

One participant in Wendake was reminded of what she described as "tacky" and "cheesy" Canadian Tire television ads that feature the couple using multi-purpose household items. Another participant in Fort William thought it sounded like an advertisement for a dating service.

It was also mentioned in Wendake that traditional cooking can be unhealthy, especially in communities where some foods are deep fried. As such, any mention to traditional cooking should be more specific to avoid strengthening misperceptions.

While usage intentions were mixed regarding the ***magnets***, the design of the magnets was deemed eye-caching due to the colours, the large font, and the variety of designs reflective of hand-written notes typically posted on a fridge. Some felt that the word 'diabetes' could be written in a larger font on the magnets. A few participants recommended using the magnets to communicate symptoms/warning signs more prominently. Some felt that the magnets would be a useful 'icebreaker' to begin speaking about diabetes with friends or family members, while others indicated that the presence of the magnets on their fridge may serve as a reminder to eat more healthily.

> *"I like the magnets, they would always remind you that you are what you eat and you should eat healthy when you open the fridge!"*

Some suggested that a useful additional element of the campaign could be bookmarks reminding people to eat healthily.

The following table presents a summary of strengths and weaknesses associated with the Beneficial campaign.

Beneficial Campaign
Summary of Strengths and Weaknesses

Strengths	Weaknesses
• Positive tone / message • Colours familiar to First Nations • Informative • Use of checklist / engaging • Images of people makes it personable • Rate of diabetes makes you think about it	• Dull colours • Busy / too much text • No unifying elements • Familiar design / traditional approach • Radio ad too long / unrealistic scenario / unnatural conversation • Booklet too long / too much information • Images are too 'posed' • Greater focus on general health rather than on diabetes • Print component lacks contrast in black and white • Traditional cooking perceived as unhealthy / fatty • Overly positive tone offers false hope of becoming diabetes-free

Target Audience

Participants clearly believed that the target audience was generally "all First Nations people," regardless of age group or background. A few participants questioned this fact, wondering why a campaign would be aimed specifically at the Aboriginal population given the prevalence of diabetes among the general population. Others felt that this attention on the Aboriginal population was a welcomed focus.

That being said, based solely on the accent heard in the radio ad, many participants in Fort William and Wendake felt that the campaign is targeted at First Nations people living "up north", in remote and isolated communities. Those in Big Cove and Montreal Lake, however, did not express this, stating that the campaign was aimed at Aboriginal people more widely.

Call to Action

Participants were asked what action, if any, they would take as a result of seeing this campaign. Many felt that they would not do anything as a result of seeing this campaign.

> *"If I saw it, I wouldn't pay attention. It's too regular, standard format. Something to ignore."*

Others felt that it would be useful information that they may pass on to others regarding the risk factors for diabetes and the importance of eating healthily.

> *"It would make me watch what I eat."*

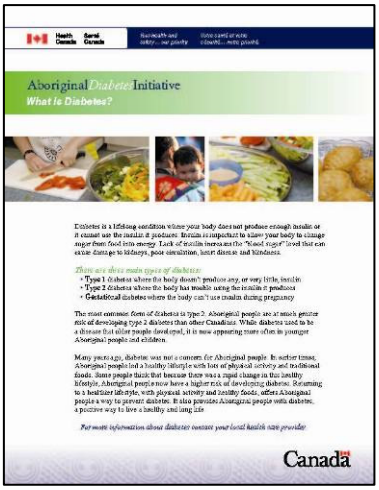
Most, however, would be compelled to complete the "Risk Factors 101" checklist in the booklet and, as a result, would perhaps look through the brochure more closely.

Fact Sheets and Brochures

Preference between a fact sheet and a brochure appeared to be context-dependent, although the use of photographs was deemed more relevant and attractive than illustrations.

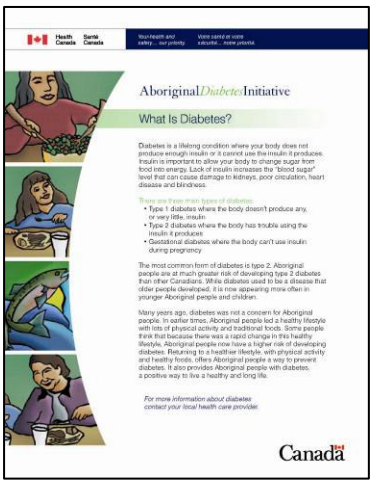
Participants were informed that the government is in the process of developing a program to promote diabetes prevention. The program would include a variety of activities, like education programs in schools, promotions through community health professionals or via media such as print, radio, the Internet, or television, and other components. One of these components would consist of brochures or fact sheets intended to provide more in-depth information on diabetes prevention. The following sections present participants' reactions to the concepts of fact sheets and brochures, as well as their preferred format.

Fact Sheets



Participants were first shown two facts sheets for their comments. Since the content was not finalized, they were asked to focus on the visual components of the material, including the layout, the style and the font chosen, as well as the amount of information.

There was mixed opinion with respect to the preferred fact sheet format, with some liking the prominence of the visuals when shown at the top of the page, while others felt a greater balance was achieved between text and visuals when presented side-by-side, placing equal focus on the heading, the text, and the visuals.



Overall, however, participants clearly preferred the use of photographs over the illustrations, despite the images focusing on food and eating rather than incorporating other components associated with diabetes prevention. The last photograph on the right-hand side of the brochure was confusing to many participants who wondered what it was depicting. Some saw it as fried food, which was deemed confusing on a brochure about diabetes and healthy eating. Some suggested including more traditional or cultural foods. However, participants in Montreal Lake and Big Cove noted the use of salads and fish in the drawing version of the fact sheet, finding these elements to have strong links to healthy eating and traditional food.

One participant in Fort William suggested that the photographic images chosen were too "official-looking" as if "taken out of a text book". This sentiment was echoed in Montreal Lake where participants felt that the banner use of photographs made the fact sheet look overly 'governmental' and something that did not attract attention or hold visual appeal. Others, however, noted that the presence of the Government visual on the fact sheet added credibility to the document's content.

Overall, however, using photographs was deemed more realistic and relevant.

> *"J'aime mieux les couleurs et ça ressemble plus à notre vie. L'autre est trop enfantine." (I like the colours and it looks more like our life. The other one is too child-like.)*

The use of illustrations on the other fact sheet suggested to many an unfinished product targeted at children or an art form that is not true to native art.

> *"It looks like a non native attempt at native art."*

> *"It's the digital age – the graphics don't look finished and should be much more eye catching."*

The use of photographs, the bullet point information, bolded type and the coloured headlines, and subheadlines were the most attractive visual elements from the version that included the photographs. In this version, the font also appeared as larger and 'tighter' to participants, therefore making it easier to read.

> *" …the bold font in the body catches my eye." (referring to the photograph version)*

> *"There is a better use of fonts; it is bold, italicized and it makes it easier to read." (referring to the photograph version)*

Regardless of preference regarding this version, it was felt by some participants in the diabetic groups in Wendake, Montreal Lake, and Big Cove that the font was too small, and therefore difficult to read. The text was also deemed too lengthy. That said, most participants concurred that comprehensive information would be useful on a fact sheet that is distributed by health professionals. A suggestion was made to add subheadlines to more clearly identify topics covered and visually break the expanse of text. On either version, the Health Canada logo was deemed as offering importance and credibility to the document.

Brochure

Participants were also shown a print-out of two versions of a brochure that each included 4 pages. The material reviewed was not in its final format and participants were asked to comment on the general layout of the brochure, primarily in comparison to the fact sheet reviewed. The visual elements in the brochures reflected those found on the fact sheets.

Similar to comments regarding the fact sheets, both the 'drawing' and photograph' versions of the brochure text were viewed as too small to read, particularly for the elderly or diabetic patients who had trouble with their vision.

The front page of the 'drawing' brochure was viewed as having a clear title, but was otherwise not seen as visually appealing. However, subsequent pages were found to be more appealing with the highlighted questions (e.g. 'What is Diabetes?') written clearly and highlighted in green. The titles in the inside pages of the 'photograph' brochure were thought to be less visually appealing on a white background. However, the use of photographs was appreciated on the front cover. Some suggested using larger photos on the front in order to be more eye-catching. Suggestions were also made to insert photographs on all pages throughout the brochure.

"I would like to see bigger pictures. As it is, nothing grabs my attention."

In general, bulleted text was appreciated as showing clear, succinct facts. The name 'Aboriginal Diabetes Initiative' written at the bottom of the brochure was noted by a few participants who found it to be an unnecessary element.

Preferred Format

Mixed opinions were expressed regarding the preferred delivery format for in-depth information on diabetes. Some felt that the fact sheet is more approachable and a more concise way to present the relevant information by topic, and that it appears like less content to read and therefore a more attractive way of disseminating information.

> *"On voit tout sur une page; c'est direct au fait." (We see everything on one page and it is to the point.)*

Others preferred a brochure that would offer all-encompassing information, look more official, and would be easier to carry / find in a pile of paper. This version was also more official-looking to some participants in Wendake and Montreal Lake, further increasing the content's credibility. It was also deemed as standing out among other official information.

> *"I can just stick it in my pocket; it is more practical."*

Many, however, expressed a preference that would be context-dependent. Indeed, a fact sheet would be most appropriate when provided by a health professional as a reminder to a discussion, while a brochure would be best, and stand out more, as reading material while in a waiting room.

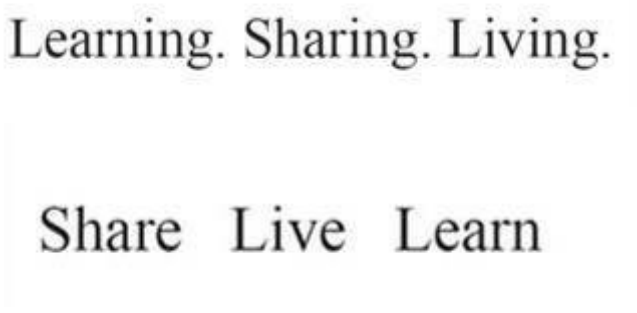
Slogans and Visual Treatments

The slogan and visual identifier titled "Learning. Sharing. Living./Apprendre, partager et mieux vivre" was deemed most visually pleasing and culturally relevant.

Participants were informed that the Aboriginal Diabetes Initiative would be identified using a slogan and a visual component that may appear on campaign and program materials. Two slogans were first presented and discussed as statements prior to being shown with graphic elements, and subsequently accompanied by a visual. The following sections present participants' opinions of the slogans presented as a statement, the slogans with graphic elements, and the slogans accompanied with a visual identifier.

Statements Alone

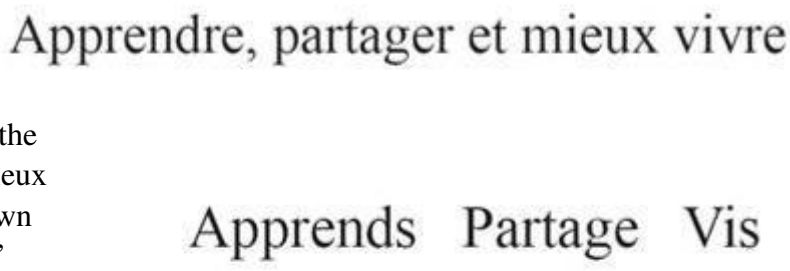
Two slogans were presented as statements alone, without any visual treatment. The slogans were presented and discussed one at a time, with the presentation order rotated between groups to avoid presentation bias.



The English slogans discussed were: 1) Learning. Sharing. Living; and 2) Share Live Learn. In the English-speaking groups, there wasn't a clear preference for either slogan when discussing the statements on their own. Both initially reminded participants of a playground or school setting/initiative such as learning how to read, particularly the 'Learning. Sharing. Living' statement. Most simply felt that the statements did not provide sufficient links to the topics of diabetes, health, or health prevention to stand alone. The following comments were provided with respect to each of the statements discussed.

> *"It is generic; it does not tell you anything." (Learning. Sharing. Living.)*

> *"C'est banal, répétitif et ça sort pas de l'ordinaire." (It is bland, repetitive and it does not stand out from the ordinary.)*



The two French slogans were: 1) Apprendre, partager et mieux vivre; and 2) Apprends Partage Vis. In the French-speaking groups, the statement "Apprendre, Partager et mieux vivre" was slightly preferred on its own to the slogan "Apprends Partage Vis" primarily due to the unfamiliarity with

the conjugation of the verb "vivre" in the second slogan, which reminded participants of the word "screw" in French. In fact, it was generally viewed as a grammatical mistake and it certainly did not "roll off the tongue" easily. The statements on their own once again did not provide sufficient clues to automatically identify them to diabetes or health-related topics. As such, it was felt that they should not stand alone in any communication material.

When informed that those statements would appear on materials related to diabetes prevention, participants could generally make limited sense of the statements after some discussion. In this context, the term "learning/learn" ("apprendre/apprends") was deemed as referring to finding out about diabetes, learning to cope or live with the illness, and learning to recognize the symptoms. Some found the word "sharing/share" ("partager/partage") to be confusing and of little relevance to diabetes. Indeed, some in the non-diabetic groups questioned if diabetes was a communicable disease after reading this word. Others, however, believed it referred to sharing information or knowledge regarding diabetes. Finally, the term "living/live" ("mieux vivre/vis") reflected living or learning to live with diabetes or living a long life despite diabetes. One participant in Wendake noted that replacing "vivre" with "accepter" (accept) would be more relevant as a first step to living with diabetes. Another participant noted that the term "mieux vivre" implied that life is currently not ideal, which is not necessarily the case of a diabetic at the time of being diagnosed.

In all English groups across locations, it was felt that the word sequence in the slogan "Learning. Sharing. Living." introduced a storyline, whereby one would first learn about diabetes, then share this information with others, prior to finally live with the disease. English-speaking participants were puzzled with the word sequence of the slogan "Share Live Learn" as it looked like the words did not have any relationship with one another.

> *"How can you share before you learn about something? It should be 'Learn. Share. Live."*

Slogans with Graphic Elements

Participants were then asked their opinion of the same slogans, but this time presented with graphic elements, as shown here. Overall, opinions of the slogans changed little when presented with the graphic elements.

The graphic element for the slogan "Learning. Sharing. Living./Apprendre, partager et mieux vivre" was preferred for its visual impact, the colour-relevance to First Nations culture, the warmth and personable feeling communicated by the hand-writing font style, and the more logical wording sequence (i.e., you first learn, then share knowledge, then live with diabetes).

The slogan "Share, Live, Learn/Apprends Partage Vis" was less appealing as the font and circles looked too "mechanic", "computerized," and more formal. Indeed, they reminded some participants of video game buttons or an electronic game console. Colours were also deemed less attractive, and many participants questioned their choice and intended symbolism.

Slogans with Visuals

Participants were then shown a visual identifier for each slogan and asked how, if at all, it influenced their perceptions of the slogan. For both slogans, the visuals provided additional context, and based on both the slogan and visual component together, preference was generally expressed for the slogan "Learning, Sharing, Living / Apprendre, partager et mieux vivre".

Participants clearly saw a relationship between the words and specific components of the illustration, primarily because of a colour link. The red term ("Learning/Apprendre") was associated with the path, often seen as the path of life. The black word ("Sharing/Partager") was associated with the circle, which implies community as a support structure, or life more generally. The yellow word ("Living/mieux vivre") was symbolized by the sun, an icon often associated with life or wellness. A few participants in Wendake and Montreal Lake suggested that this slogan referred to a journey, in a positive way.

> *"Ça me rejoint plus. Le cercle, c'est la famille, le sentier c'est le chemin parcouru et le soleil c'est la lumière et le bonheur." (It is more like me. The circle represents family, the path means the path travelled and the sun means light and happiness.)*

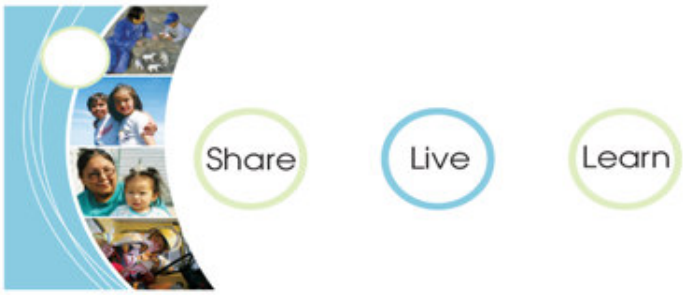
> *"That one speaks to me because it looks like a journey – a learning journey, following the right path."*

One participant in Fort William noted that the message implies a safe path down life, while another felt the sun suggests a message of hope as it illustrates the beginning of a new day. To many, the visual also resembled Aboriginal art, something that grabbed their attention and held their interest.

> *"It stands out as a native picture and it drew my attention more."*

While this was in large measure viewed positively, a few participants questioned how this related to diabetes, particularly if the intent is to prevent the disease.

> *"It's a nice drawing, but it doesn't say diabetes or diabetes prevention. It tells me to take a path to a better tomorrow."*



Opinions of the slogan "Share Live Learn/Apprends, partage, vis" remained less positive despite the visual identifier adding some clarity. On a positive note, participants were attracted to photographs of real people. However, some suggested the addition of photographs of people exercising in order to depict living a fuller and healthier life. The circle was also associated by some participants with life or the community.

> *"The visual of real people makes it look more human, more family-like. And the circle could be the circle of life."*

> *"Les photos représente la vie, le partage, la communauté et de vivre à fond." (Photos represent life, sharing, community and living to the fullest.)*

While participants recognized that the images illustrated situations where the words from the slogan applied, they did not see any further symbolism. Based on this, they believed that this slogan lacked depth. Participants were also puzzled with the colours that appeared randomly chosen to some. The relationship between the visual and the slogan appeared weaker in this version, and participants felt that very little other than the content of the photographs linked both components. A few participants in Wendake believed that the circles depicting life and the community were confusing, as they were too far apart to suggest a relationship or collaboration typical of Aboriginal communities.

Webspots

The webspots lacked visual appeal and relevance despite the message being well-received.

The last creative materials shown to participants consisted of two animated advertisements intended for the Internet. Participants were shown the advertisements on a computer screen, one after the other, prior to briefly discussing their reactions. Presentation order was rotated by group. Overall, while the content elicited interest, the approach for the webspots was disliked. Using still illustrations suggested the advertisements were unfinished and lacked emotion, while appearing as targeting children rather than adults. To many, the still images resembled a cartoon and therefore the message lacked credibility. One participant in Wendake noted the resemblance with the children's show titled, 'Caillou'.

"I just think it is a big joke. It looks low budget. I don't take it seriously."

"If they talk about being active, they should show being active."

A few participants in Wendake and Montreal Lake, however, appreciated the text in the background that provided complementary information, including symptoms of diabetes.

The wording 'ask about getting tested' was disliked by some participants who suggested that it be changed to 'get tested' as they found it unnecessary to ask about the test. In addition, the wording 'get out and be active' insinuated to some participants that they were not active, believing this to only be part of the story about diabetes.

"It shouldn't say to ask about getting screened. Just go and get it done!"

"'Get Active' - It says we're lazy, and doesn't tell the whole story. It's the same old message."

Overall, when discussing the choice of medium, the webspots were deemed most appropriate as television commercials, given the medium's greater appeal and wider audience among First Nations' communities. A number of participants in Fort William, Montreal Lake, and Wendake believed that the scripts would be best suited for a radio advertisement / announcement, due to its shorter length, greater depth of information, and the announcer's natural tone of voice. In Wendake, it was noted that the term "collectivité" was not common to refer to the community and should be replaced with "communauté".

Some participants suggested that the ads could be more powerful if part or all of the ads were translated into a local dialect.

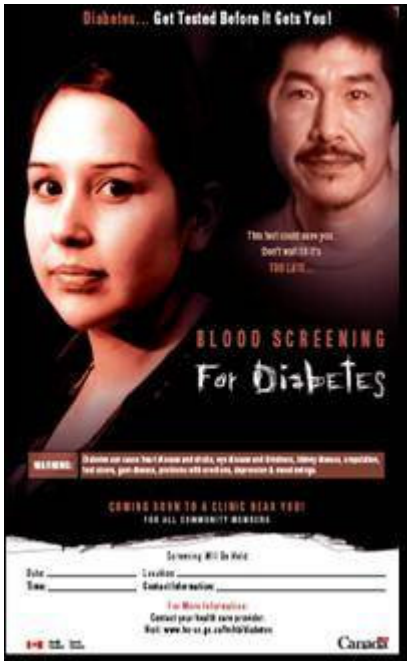
Key Findings ~ In-Depth Interviews

The following sections present the detailed findings from the in-depth interview discussions.

Reactions to the Consequential Campaign

Reactions to the Consequential campaign were polarized with some liking the originality of the approach while others feared a negative reaction from the target audience.

Key Messages



Across participants, the campaign was perceived as primarily suggesting that diabetes is a serious illness if left undiagnosed.

> *"I think it is trying to achieve awareness and motivate people to think about [diabetes] and getting themselves checked and assessed for it."*

While some believed the seriousness of the message prevailed, others felt that it presented diabetes in a very dark light.

> *"[Diabetes is presented as] a hopeless situation and it will kill you."*

One participant felt the key message was misleading, as not only the test but also a healthy lifestyle can help individuals effectively deal with diabetes.

Strengths and Weaknesses

Mixed reactions were offered by health and para-health professionals toward the Consequential campaign. Reactions were generally more polarized than noted during the focus group discussions. Some liked the originality of the movie announcement theme, as well as the manner in which it positioned diabetes as a serious illness. Others, however, felt that the fatalistic tone and the limited useful information on how to prevent diabetes do not align with their approach to discussing the disease with their respective clients.

> *"I was torn about this campaign. You don't want to scare people but there needs more emphasis on complications and the devastating effects of diabetes if left uncontrolled."*

"The actual process of prevention is missing. What you can do to avoid diabetes rather than focusing on what's happening to you."

The greatest concern expressed by those who did not like this campaign was its approach at positioning diabetes as an illness that is potentially life-threatening. Despite those participants recognizing the seriousness of the disease, they felt that the message implied that nothing can be done to get better once diagnosed with diabetes, which is something they disagreed with. Furthermore, these participants felt that this approach may have an ill effect of scaring people and dissuading them from getting tested rather than encourage action.

"People will be too scared to even enquire. 'Get tested before it gets you', these are all scare tactics that make people more afraid. They don't encourage people to get tested."

"…the one guy holding his head appears more like it is the end of the world. Aboriginal people get enough negative messages that it is important to take a positive outlook."

"The research shows that a positive approach works best. The shock value, the scary, the murder movie theme is awful and that is what's part of preventing people from getting tested."

In addition, one participant suggested that the tone of the message, encouraging individuals to take responsibility and proactively take control was inconsistent with behaviours and attitudes noticed within the Aboriginal culture. According to those comments, this campaign does not take a suggestive tone, but rather a forceful approach deemed inappropriate to some. Another participant believed that the campaign forced people into getting tested out of guilt, a negative approach to involving First Nations people in addressing their health issues.

"I don't like this whole need that the campaign has to say that Aboriginal people want to hear 'fight back', 'take your life back'. That is not a mentality that is shared by Aboriginal people."

"It is lacking sensitivity. It is ordering people. It is demanding."

Other weaknesses identified included the lack of colours / dark tone, its visual similarity to advertisements about suicide prevention, its reminiscence to materials regarding residential school experiences, and its lack of positive messages.

"More doom and gloom. I did not like the darkness and the black used."

On a positive note, participants generally appreciated that consequences linked to untreated diabetes are listed. They were especially pleased that erectile dysfunction was mentioned in the radio and print materials, as it could help open up the discussion on this sensitive topic.

> *"Words like erection are absolutely necessary to be in there because it is often an unspoken concern of First Nations [people]. It is an area of concern often not acknowledged in First Nations communities."*

Those who liked this campaign also felt that the message was thought-provoking and could help motivate individuals at risk to consider getting tested. They also felt the movie theme would appeal to younger Aboriginal people and that it was reminiscent of story-telling, something deemed culturally relevant. One participant noted a preference for this campaign as it counteracts the existing perception within communities that diabetes is inevitable and somewhat 'normalized'.

> *"[This campaign] is real and it does not try to sugar-coat anything. A buzz will get going initially and you may get a bunch of people who will be interested in diabetes. There is complacency about diabetes and it is so normalized that people don't think it is a big deal."*

The photographs were also deemed relevant to First Nations people across the country, despite showing primarily younger individuals.

> *"I know in working with First Nations [people], they like to see their own people on ads and the skin colour is excellent [on these materials]."*

Of all the materials included in this campaign, the radio public service announcement was much appreciated across interviewees. The message was made more relevant by the testimonial approach and the focus on how diabetes can affect an individual's life. That being said, one participant suggested that the script was too morbid and did not clearly tie-in with the campaign's movie announcement theme.

Specific suggestions provided to improve the campaign's content included:

- Booklet – use the term 'registered dietician' rather than 'nutritionist' since, in some communities, the term nutritionist is loosely used by non-professionals.
- Use the term 'blood test' rather than 'blood screening' as it is more familiar to First Nations people.
- Increase relevance to the Medicine Wheel by graphics or use of relevant colours.
- Magnets should provide more specific information on complications.
- Use both the Metric and the Imperial Systems as the latter is most common among First Nations people, but some use the Metric system as well.

While some health and para-health professionals would use materials from this campaign as part of their initiatives on diabetes prevention, a few interviewees clearly stated they would not do so under any circumstances.

> *"If I had a choice I would not use it. I would use material not Aboriginal specific rather than this."*

> *"I would not use these because they are too scary and it would undue so much [of] the work I already have done."*

A couple of participants also noted they may modify the materials to retain only the constructive and informative messages. An additional participant was unsure if the materials would be of value as part of their work. There does not seem to be a geographic trend with respect to opinions on usage of materials from the Consequential campaign.

Target Audience

For the most part, it was felt that this campaign targets a younger audience. Some believed the movie theme and the images provided those clues. The perceived audience included young and middle age adults, somewhere between 18 and 45 years old.

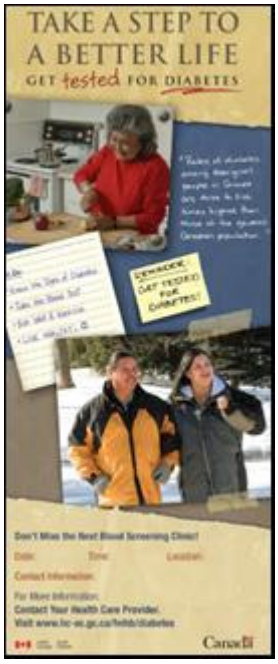
> *"I would like to know what young people think. They might think this poster is interesting because it looks like a poster style and it is scary. They might read it because it looks 'holliwoodish' but I don't think the message is clear."*

Most agreed, however, that the materials would not be suitable for use in a school setting, although a couple of participants noted they may use this material with older high school students.

Reactions to the Beneficial Campaign

The Beneficial campaign elicited positive reactions for its cultural relevance and the manner in which it presented diabetes as a manageable illness.

Key Messages



It was believed that this campaign creates hope and positions diabetes as a manageable illness. Most interviewees highlighted the key message as getting tested for diabetes and adopting a healthy lifestyle in order to be able to manage diabetes. A few also indicated that the campaign is doing a good job at suggesting that testing is fast and easy and that complications can easily be avoided.

> *"[It says] that even if you do have diabetes you can live a good life. That it is easy."*

> *"It is a softer sale. It is still saying 'get tested' but not' get tested or else you could die or get horrible complications'."*

The message and the approach were deemed more in line with existing initiatives undertaken by most of those interviewed, therefore complementing their efforts.

> *"We look at diabetes as being a journey. If you accept diabetes early enough you can put things in place towards a better life in general."*

One participant noted that the underlying tone of the campaign is somewhat condescending and care should be taken to ensure that the message is communicated in a respectful manner.

> *"I don't like the word 'better'. What's to say that their life isn't better now? It seems like it is looking down at their life. It should say take a step to a healthier life rather than [a] better [life]."*

Based on these reactions, it is not surprising to note that all participants indicated they would likely use the materials from this campaign as part of their educational initiatives.

Strengths and Weaknesses

Reactions to this campaign were consistently positive among stakeholders interviewed. It was deemed a positive approach that focused on managing diabetes, while providing tools and suggestions to live a healthy life. A couple of interviewees, however, believed that the campaign was 'too happy', and did not clearly communicate the need to identify and address diabetes to avoid serious health complications. Mostly, though, participants felt that the positive message offers lasting benefits.

> *"[A] positive message has a longer effect on people. A negative shocking approach will make them move faster but it won't last."*

The campaign materials were considered colourful and inviting, using traditional tones and an abundance of photographs showing positive-looking individuals/settings. Interviewees also appreciated the cross-generational approach to showing individuals in the photography, broadening the perceived target audience. The style of the booklet was also deemed more traditional-looking, with further emphasis provided to the leather bound look. One interviewee also believed that the overall 'scrapbook' or note-taking approach was reminiscent of a therapy tool, as well as contributing to the visual appeal.

> *"I liked the format and style of journaling. It is encouraged as part of therapy and visually it breaks out information."*

Despite the amount of text first appearing as overwhelming, most participants believed that it is simple, well divided, and manageable. One participant suggested that the various font and display approaches to provide the information contributed to the 'airy' and approachable feeling.

> *"Information is a little different than it has been in the past. It is short and simple. It is eye-catching and you don't have to stand there for 10 minutes to read it. You can read these things quickly."*

> *"At first I thought it was too busy but then I liked the bits of information all over. It is little bits of information to swallow."*

A couple others, however, considered that this approach was not reflective of Aboriginal people's lifestyle. Indeed, it was felt that, given the high unemployment rate within those communities, the use of 'post-it' notes and 'to do' lists was uncommon. Another interviewee felt that the term 'Risk Factors 101' would not be commonly associated with a basic educational component, given the low rate of post-secondary education within the Aboriginal population.

> *"I don't know a lot of Aboriginal people in the community that use post-it [notes]. You have to think that 80 percent of people are not working."*

Most also appreciated the detailed information regarding diabetes, as they felt it provides the target audience with additional information on a common illness. Including a description of the types of diabetes was deemed especially valuable.

"Everybody knows about diabetes but I don't think they really know what it is about."

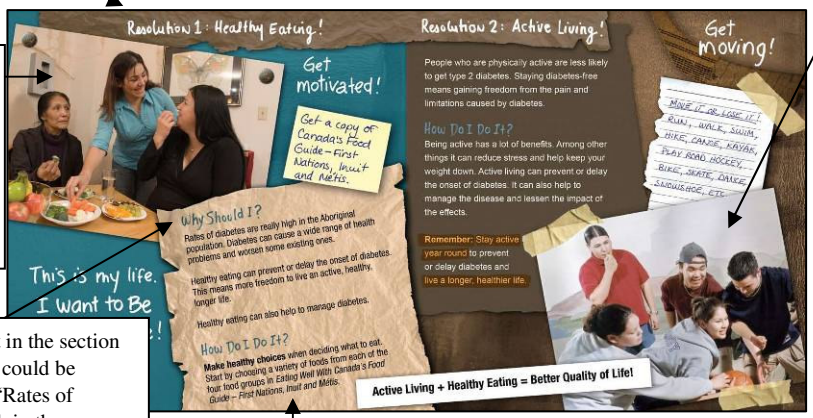
That being said, suggestions were provided to further simplify the text in the booklet to reduce the length, as shown below.

One interviewee did not like the negative connotation of the word "raging" used in the section titled "Aboriginal People and Diabetes".

One interviewee mentioned that the term "resolution" has a negative connotation as it is reminiscent of "New Year's resolutions", which are promises too often forgotten. It was suggested to change "resolution" to "step".

One participant suggested showing teenagers more actively playing basketball (e.g., shooting a hoop) as the actual image does not clearly indicate they are playing the game.

Many would have liked to see more representation of traditional foods in images (i.e., berries, corn, squash, and wild meat).



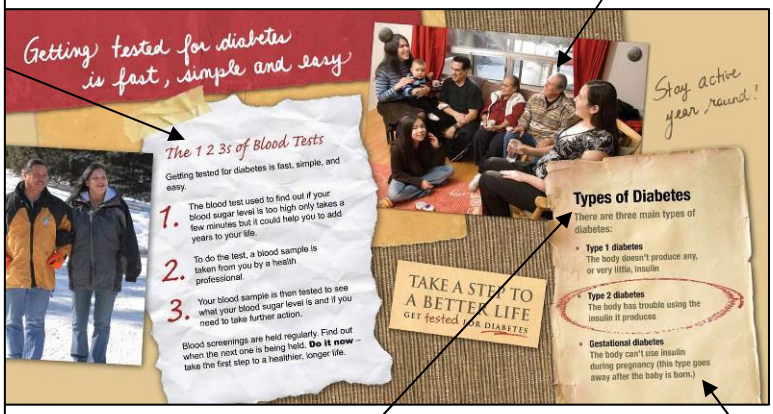
It was felt that the text in the section titled "Why Should I" could be tighter. Specifically, "Rates of diabetes are really high in the Aboriginal population" could be replaced with "Diabetes is raging in the Aboriginal population".

"Diabetes can cause a wide range of health problems and worsen some existing ones" could be replaced with "Diabetes causes serious health problems". Similarly, "Healthy eating can prevent or delay the onset of diabetes" could read "Healthy eating can stop diabetes" and "This means more freedom to live an active, healthy, longer life" may be changed to "This means more freedom to enjoy life".

Suggestions pertaining to the section titled "The 1 2 3s of Blood Tests" included:

- Adding a comma to separate numbers;
- Changing some of the text; and
- Simplifying the statement that reads, "Getting tested for diabetes is fast, simple and easy" to "Getting tested for diabetes is easy".
- Under step 2 of the 1 2 3s, some questioned the use of the term "health professional" and suggested to replace with the more common "healthcare provider" for consistency.

It was suggested that the photo of the family sitting down and discussing does not reflect the statement next to it, which says: "Stay active year round!".



One interviewee believed that additional information should be provided under "Types of Diabetes" in the booklet, more specifically a note regarding the fact that the body does not produce enough insulin or that it has difficulty using what it produces to further explain type 2 diabetes.

One interviewee suggested that the statement under "gestational diabetes" is false, as this type of diabetes does not always go away following the baby's birth.

While most interviewees liked the radio public announcement, a couple suggested that the script was overly positive, unnatural, and did not represent the type of conversation familiar to them.

> *"It [the radio public announcement] is like guy gets girl because he is losing some weight. It is 'cheesy'."*

> *"It sounds like the guy just changed his whole lifestyle overnight and he was having a good time; it is not really realistic."*

A few suggestions for improvement each provided by one or two stakeholders interviewed include:

- Approach the topic of body weight and its impact on diabetes.
- Use additional Aboriginal cultural icons (e.g., artwork, Medicine Wheel).
- Provide information on what do to once diagnosed with diabetes (e.g., things to do, resources).
- Provide more information regarding possible complications due to undiagnosed diabetes.
- Instead of saying 'Are you overweight?' be more specific regarding the desired BMI given that most people feel overweight.
- Rather than saying 'sisters or brothers' refer to 'family members'.
- List the symptoms of diabetes to further provide incentives to get tested.

Target Audience

Most participants believed that the target audience for this campaign would be broader than for the other concept, and that it could range from children to elders. In fact, many interviewees suggested they would use the booklet and the magnets in schools, as part of the presentations and educational sessions they currently deliver to school-age children.

> *"It is for families. You have a grandmother and some people who are young and middle age. It tries to target all groups."*

Media and Distribution Considerations

Public places, as well as health-related or general events, were deemed best venues to distribute the booklet, the magnets, and display the poster. Local radio stations and print publications should also be considered.

Regardless of the preferred campaigns, it was felt that the booklet and magnets could be distributed or made available to First Nations people throughout public places (e.g., schools, health clinics, nursing stations, Band offices, community centres, friendship centres, and pharmacies), as well as during targeted community events (e.g., Pow Wow, health fairs, diabetes support groups, educational initiatives, and school presentations). One participant also noted the merit of distributing materials to hospitals and clinics/centres that specialize in diabetes prevention.

One participant working in an urban setting suggested that some First Nations people living off reserve do not always use facilities and services specifically designed for them, and as such, there would be merit in disseminating campaign materials in more mainstream locations.

> *"That is often a criticism; that a lot of Aboriginal people do not access the resources designed for them. They don't even access help or social services so it should be taken a little out of the community. Go where people are."*

A couple of stakeholders also noted the importance of disseminating campaign materials, including the print and poster components, during scheduled community health events on diabetes.

It was believed that there is value in featuring the public service announcements on local and community radio stations on or nearby reserves. Local print publications were also deemed a good medium for the print ads, despite interviewees being vague regarding specific publications to consider.

Fact Sheets and Brochures

Mixed opinions were offered regarding the preference for photographs or illustrations, and with respect to presenting the information in a series of fact sheets or a single brochure.

Fact Sheets

There were mixed opinions among interviewees regarding a preferred format for the fact sheets. The primary point of differentiation identified pertained to the use of photographs versus illustrations. While most liked the visual appeal, clarity, and credibility resulting from the use of photographs, a few others deemed illustrations less clinical and relating to an art form that is common among Aboriginal people.

> *"People would relate more to pictures than cartoons. It is more real."*

> *"Drawings are really good. They remind me of a local artist we have here with the bright colours and the people can identify themselves in the images."*

Some mentioned that the people illustrated did not clearly display facial features associated with Aboriginal people. Furthermore, it was believed that the foods illustrated were not clearly identifiable or did not look appealing. In contrast, those who did not like the photographs suggested that the food in the right hand side image could not be clearly identified, and looked like bannock, a food that is often fried. One participant also noted that the logo appearing on the apron singled out an organization and it should be removed. Suggestions were made to show more traditional foods in the photographs. To that end, one participant noted that a food that is illustrated, namely salad, is not commonly eaten by Aboriginal people. Questions were raised by another interviewee regarding the nutritive value of celery and the need to illustrate this vegetable.

The layout of information from the version featuring the artwork was, however, clearly preferred, as it looked less structured and it gave equal prominence to the visual and text. The font on this version also appeared larger, which was liked, and the headline was more visible as it was visually connected to the text. Indeed, a few participants believed that separating the headline from the text by using photographs reduced the emphasis on the

headline. The artwork version also presented narrower paragraphs, a layout that facilitates reading, and gives the appearance of less text, further simplifying the look.

> *"[This version] seems less clinical and more inviting to read it does not seem so structured."*

A couple of participants, however, preferred the font on the fact sheet with photographs, as it appears bolded.

Brochure vs. Fact Sheets

Participants were asked which format would be best to present detailed information on diabetes prevention: a series of individual one-pager fact sheets, each covering a single topic, or a multi-page brochure that combines information.

There was, again, no clear preferred format. While some preferred the brochure as it is all-encompassing, others viewed the fact sheets as providing more manageable information for those taking part in information sessions. A couple of participants suggested that a brochure might be best for recipients as it provides complete information in a practical format, while the fact sheets would be preferred by educators who break down their educational initiatives by topic.

> *"For community members, probably the brochure because it is 'all in one'. They probably would lose more the fact sheet than the brochure. Whereas for myself, I would prefer the fact sheets that I could use by topic."*

> *"Single [topic] pages would be more practical because [it provides] little information to process [at one time] and [it is] topic-driven. But handing out 6 pages might be overwhelming if covering all of the topics."*

> *"Combine all in one brochure. It is easier for education, you will not give them 10 facts sheets and the brochure would be easier to keep. It would be an informative booklet rather than just one page. As a health care provider, you can say this week, you can read page one or this section."*

> *"For me I do different presentations on different topics and you can just take separate handouts with targeted topics."*

> *"I prefer to have them covered in one brochure. There has been a series of fact sheets distributed in the past and I did not find I was turning to them often. It took time to decide which ones would be best for people. On a fact sheet they may be more readable but having the information together would be something I would use more."*

Slogans and Visual Treatments

The slogan and visual identifier titled, 'Learning. Sharing. Living' was preferred for its flow, its cultural relevance and strong symbolism.

Statements Alone

Interviewees were asked their opinion of the two statements being considered for a slogan that could be part of the branding elements for the Aboriginal Diabetes Initiative. Interviewees were told to think of the statements in the context of diabetes prevention. Overall, interviewees suggested the statements on their own do not provide sufficient clues on the topic of diabetes prevention. The following presents reactions to each statement.

Learning. Sharing. Living. This statement flowed better according to interviewees. It was believed that one would first learn about diabetes prevention or living with diabetes, then share this information with friends and relatives with the intent of strengthening a support network, prior to finally learning to live with the illness with the hopes of a long, healthy life.

> *"It flows together better: you learn first then you share and everybody lives a better life."*

It was felt that the idea of learning is commonly promoted by health educators, and that the concept of sharing is a key component of the Aboriginal culture. Most participants also picked up on the verb tense which suggests movement and action.

> *"It is active. It is currently going on and will continue to go on."*

Share. Live. Learn. Although this statement was deemed as capturing the overall storyline of learning, sharing, and then living, interviewees questioned the different wording order. No one could come up with a story where sharing would occur first, followed by living, and then learning. One interviewee liked the active verb tense, while another one commented on the short, 'to the point' and the visually pleasing component of the terms chosen. One participant believed that the verb tense was abrasive, making the statement more akin to a command rather than a suggestion.

Slogans with Graphic Elements

Interviewees were then asked to comment on each slogan presented with graphic elements, but without any corresponding visuals. The following presents an overview of their feedback.

Learning. Sharing. Living. While the slogan retained the original meaning from the statement, the graphic elements added a culturally-relevant touch. Participants appreciated the use of the Medicine Wheel colours, clearly deemed as Aboriginal colours, as well as the definition resulting for contrasting colours. Indeed, each colour placed equal emphasis on each word. The words being next to one another suggested closeness and the importance of the community in addressing health issues. Furthermore, the font that resembles handwriting added personality and warmth.

> *"I like the font much better. Much more relaxed, much more fluid looking, less composed."*

> *"The handwriting is very personal and clean and the colours are inviting and the black is grounding. It is very modern without being stark."*

Share. Live. Learn. It was felt that the graphic treatment did not contribute to clarifying or enhancing this slogan. In fact, most interviewees questioned the use of pastel colours and were under the impression that the colours used did not carry any symbolism. They also considered the colours unattractive, boring, and lacking presence. Some felt that the colours, along with the straight font, and the clean lines of the circles suggested a modern sterile look.

> *"The colours are not Aboriginal. I don't know where the colours came from. The font is very cold, bold. Not warm."*

> *"It looks modern and the colours are not really indicative of anything I think of when I think of traditional or culturally appropriate kind of material."*

Only one participant liked the 'freshness' of the colours which were reminiscent of nature, water, trees, and the mountains.

> *"It looks clean, crisp, uncluttered and the eye is drawn to the 'live' in the middle."*

Another participant mentioned that the circle may have been used to suggest a holistic approach, although the stark visual treatment did not communicate this overall feeling.

Slogans with Visuals

Participants were finally asked their comments regarding the slogans accompanied with a visual component. The following presents their opinion of each respective slogan and visual treatment.

Learning. Sharing. Living. The visual treatment was deemed as strengthening the slogan. Participants liked the visual relevance between the word 'learning' and the path/river, the word 'sharing' and the circle/community/earth, and the word 'living' and the sun. The colours were deemed as appropriately linking each word with individual components of the visual treatment. The circle shown in the visual also introduced the notion of a holistic approach to addressing diabetes prevention.

> *"The colours are bright, it is like art and the sunshine says there is hope. It is vivid."*

> *"The learning is in red and it goes across the landscape. The sharing is the concept of community which is in a circle and the wellness is the sun."*

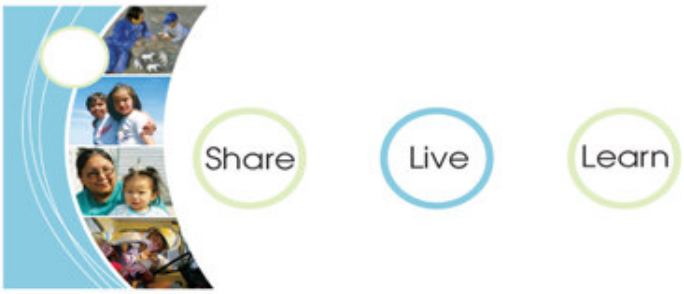
For a couple of interviewees, the image was reminiscent of a journey, something that is clearly associated with diabetes management.

> *"Diabetes is forever changing with the treatment so you are continuously going to be learning, sharing and living and grow older."*

One participant also noted the universal appeal of this approach.

> *"I like the simplicity and the usability by everyone or all communities. It speaks to everyone."*

Share. Live. Learn. The image was deemed as providing more insight into the meaning of the slogan. Photographs, in addition to being relevant and eye-catching, supported the message of sharing with friends, family or the community in general, living with others, and teaching to the younger generations.



"You share; there is more than one person in each picture. It is showing life and learning."

"It is better with photos because the meaning is not left up to your imagination. It says community support and that you are not alone."

"Sharing …[with] family, passing down from generation to generation. Living: live your life, enjoy it. And caring and learning and that's how we learn is by talking together."

Preferred Slogan and Visual Treatment

Most interviewees preferred the slogan and visual treatment 'Learning, Sharing, Living.' for its symbolism, its cultural relevance, and the warmth it communicates. The few participants who preferred the slogan and visual treatment 'Share Live Learn' liked the liveliness of the photographs.

Appendix A:
Focus Group
Recruitment Screener

REVISED FINAL Screener April 24, 2008
(HCPOR-07-88) Testing Creatives for the Aboriginal Diabetes Initiative

Name:_____

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

Group 1 2 3 4 5 6 7 8

Location: Big Cove / Elsipogtog First Nation, New Brunswick - ENGLISH

Date: Monday April 28, 2008
Time: Group 1: 5:30pm to 7:30pm
Group 2: 8:00pm to 10:00pm

Location: **Healing Lode**
Main Meeting Room
Elsipogtog First Nation

Location: Wendake (near Quebec City), Quebec - FRENCH

Date: Tuesday April 29, 2008
Time: Group 1: 5:30pm to 7:30pm
Group 2: 8:00pm to 10:00pm

Location: **Hôtel-Musée Premières Nations**
5, place de la Renontre
''Ekionkiestha''
Room: Kabir Kouba

Location: Fort William (near Thunder Bay), Ontario - ENGLISH

Date: Wednesday May 7, 2008
Time: Group 1: 5:30pm to 7:30pm
Group 2: 8:00pm to 10:00pm

Location: **Spiritual Room**
Fort William First Nations Cultural Center
400 Anemki Drive

Location: Montreal Lake (near Prince Albert), Saskatchewan - ENGLISH

Date: Wednesday May 7, 2008
Time: Group 1: 5:00pm to 7:00pm
Group 2: 7:30pm to 9:30pm

Location: **Montreal Lake Cree Nation School**
Behavior Mod Room

SPECIFICATIONS SUMMARY

- ***8 groups, 4 locations***
- ***First Nations adults (Please see age quotas)***
- ***Mix of gender***
- ***Groups 1, 3, 5 & 7: one group in each location with people who reportedly have diabetes***
- ***Groups 2, 4, 6 & 8: one group in each location with people who have not bee diagnosed with diabetes***
- ***All First Nations participants must live on reserve***
- Never been to 3 or more focus groups
- Never been to one regarding 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 Health Canada. We are conducting a study on a promotional campaign and we would like to speak with someone in your household who is 18 to 35 years of age. We are conducting small group discussions - 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 you are free to opt out at any time. Thank you.

1 Gender (By Observation):

Female	1	
Male	2	RECRUIT MIX IN EACH GROUP

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

Less than 18	1	**THANK & TERMINATE**
18-24	2	See QUOTAS
25-29	3	
30-34	4	
35-39	5	
40-44	6	
45-49	7	
50-54	8	
55-59	9	
60-69	10	
70+	11	**THANK & TERMINATE**

QUTOA for Q2:

Group 1 – Mix of Ages – Ideally no more than ½ the group to be 50-69 years old
(NOTE: For those over the age of 50, please recruit as many as possible who are in their early to mid 50s)

Group 2 – Mix of Ages – 18-35

3 Would you identify yourself as First Nations?

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

4 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**

5 Do you have diabetes that has been diagnosed by a health professional and/or has a health professional talked to you about your risk of getting diabetes?

Yes	1	Consider for groups 1, 3, 5 & 7
No	2	Consider for groups 2, 4, 6 & 8

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

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

7 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

If employed (1 or 2 in Q6), ask…

8 What is your current occupation/job? _____

TERMINATE IF SENSITIVE OCCUPATIONS IN Q7
-- REQUIRE MIX OF OCCUPATIONS --

9 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**

10 What was the subject of the group(s)? _____

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

12 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 DIABETES OR ADVERTISING, THANK & TERMINATE

<u>INVITATION</u>

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 a promotional campaign. A focus group is similar to a dialogue circle.

13 The discussion will include 8 to 11 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**

14 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**

15 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**

16 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 participate that you make every effort to attend. In the event you are unable to attend, please call_____ (collect) at _____as soon as possible so we can find a replacement.

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

ATTENTION RECRUITERS

1. Recruit **11** 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)
4. Remind them to bring reading glasses if required

Questionnaire de recrutement – Final – 24 avril 2008
(HCPOR-07-88) Tests créatifs de l'initiative sur le diabète chez les Autochtones

Nom :_____

Tél. (domicile) :_____ Tél. (travail) :_____

Groupes 1 2 3 4 5 6 7 8

Emplacement : Wendake (près de Québec), Québec - FRANÇAIS

Date : Mardi 29 avril 2008

Heure : *Groupe 1 : 17h30 à 19h30*

Groupe 2 : 20h00 à 22h00

Emplacement : **Hôtel-Musée Premières Nations**
5, place de la Renontre
''Ekionkiestha''
Kabir Kouba

SOMMAIRE DES EXIGENCES	
• ***8 groupes, 4 emplacements***	• ***Tous les participants des Premières nations doivent résider dans une réserve.***
• ***Adultes des Premières nations (S.V.P. voir le contingent d'âges)***	• Les personnes n'ont pas participé à trois (3) groupes de discussion ou plus
• ***Mélange de sexes***	• Les personnes n'ont jamais assisté à un groupe de discussion portant sur le diabète
• ***Groupes 1, 3, 5 et 7 : un groupe de chaque emplacement composé de personnes qui disent être diabétiques***	• Les personnes sont aptes à participer à des exercices écrits ou visuels
• ***Groupes 2, 4, 6 et 8 : un groupe de chaque emplacement composé de personnes qui n'ont pas été diagnostiqué comme étant diabétiques***	• Les personnes sont à l'aise pour donner leur opinion

Bonjour, je m'appelle ____ et je travaille pour Corporate Research Associates, une société d'étude de marché et de sondage d'opinion publique. Aujourd'hui, je vous appelle de la part de Santé Canada. Nous menons une étude sur une campagne promotionnelle et nous désirons parler à un membre de votre famille âgé entre 18 et 35 ans. Nous formons actuellement des petits groupes de discussion – similaires à des cercles de dialogue - et nous sommes à la recherche d'une diversité de participants. Puis-je vous poser quelques questions très brèves pour voir si vous faites partie du type de participant que nous recherchons? Ces renseignements demeureront strictement confidentiels et vous êtes libres de refuser de participer en tout temps. Merci.

17 Sexe (par observation) :

Féminin..... 1 .....
Masculin ..... 2 RECRUTER UNE COMBINAISON DANS CHAQUE GROUPE

18 Dans laquelle des catégories d'âge suivantes vous situez-vous? Avez-vous...?

Moins de 18..... 1 **REMERCIER & TERMINER**
18-24 2
25-29 3
30-34 4
35-39 ..... 5 **Voir les CONTINGENTS**
40-44 6
45-49 7
50-54 8
55-59 9
60-69 10
70+ ..... 11 **REMERCIER & TERMINER**

Contingent pour la Q.2 :

Groupe 1 – Mélange d'âges – Idéalement, pas plus de la moitié du groupe devrait comprendre ceux âgés de 50 à 69 ans (NOTE : Pour ceux âgés de 50 ans et plus, S.V.P. recruter le plus que possible ceux qui sont au début des années 50 jusqu'au mi-50s)
Groupe 2 – Mélange d'âges – De 18 à 35 ans

19 Vous identifiez-vous comme faisant d'une Première nation?

Oui	1	CONTINUER
Non	2	**REMERCIER ET TERMINER L'ENTREVUE**

20 Au cours des 12 derniers mois, avez-vous vécu principalement dans une réserve ou hors réserve?

Dans une réserve	1	CONTINUER
Hors réserve	2	**REMERCIER ET TERMINER L'ENTREVUE**
Ne sait pas/S.O.	3	**REMERCIER ET TERMINER L'ENTREVUE**

21 Avez-vous été diagnostiqué comme souffrant de diabète par un professionnel de la santé et/ou y a-t-il un professionnel de la santé qui vous a parlé du danger de souffrir de diabète?

Oui	1	À considérer pour les groupes 1, 3, 5 et 7
Non	2	À considérer pour les groupes 2, 4, 6 et 8

22 Nous aimerions maintenant connaître votre situation face à l'emploi. Êtes-vous...?
LIRE TOUTES LES RÉPONSES ET CODER TOUTES CELLES QUI S'APPLIQUENT

Employé à temps plein	1	.....
Employé à temps partiel	2	.....
Personne à la maison	3	
Au chômage	4	.....
Étudiant	5	.....

23 Est-ce que vous ou quelqu'un de votre foyer travaille ou a déjà travaillé dans l'un des secteurs suivants?

Marketing/Études de marché	1
Relations publiques	2
Publicité	3
Médias (télévision, radio, journaux)	4
Soins de santé	5
(Ex. : médecin, infirmier, personnel du service des soins de santé ou d'une clinique, etc.)	
Santé Canada	6

SI LA RÉPONSE EST OUI À L'UNE DES RÉPONSES CI-DESSUS, REMERCIER ET TERMINER L'ENTREVUE

Si la personne est employée (1 ou 2 de la question 6), demander

24 Quelle est votre profession ou votre emploi actuel? _____

TERMINER S'IL S'AGIT D'UN EMPLOI SEMBLABLE À CEUX DE LA QUESTION 6
-- RECRUTER DES PERSONNES DE PROFESSIONS DIFFÉRENTES --

25 Avez-vous déjà participé à un petit groupe de discussion pour lequel vous avez été rémunéré?

Oui	1	CONTINUER **(Recruter MAXIMUM 5 par groupe)**
Non	2	**Passer à l'invitation**

26 Quel était le sujet de la discussion? _____

27 Quand avez-vous participé à un groupe de discussion pour la dernière fois? _____

28 À combien de groupes de discussion avez-vous participé? _____

SI LA PERSONNE A PARTICIPÉ À UN GROUPE DE DISCUSSION AU COURS DES SIX DERNIERS MOIS, REMERCIER ET TERMINER L'ENTREVUE.

SI LA PERSONNE A PARTICIPÉ À TROIS GROUPES OU PLUS, REMERCIER ET TERMINER L'ENTREVUE.

SI LA PERSONNE A PARTICIPÉ À UN GROUPE DE DISCUSSION SUR LE DIABÈTE OU LA PUBLICITÉ, REMERCIER ET TERMINER L'ENTREVUE.

INVITATION

J'aimerais vous inviter à participer à un groupe de discussion que nous organisons à _____ le _____. La discussion se déroulera de manière informelle et permettra de recueillir des renseignements sur un sujet en particulier. Dans ce cas-ci, la discussion portera sur une campagne promotionnelle. Un groupe de discussion, c'est une sorte de cercle de dialogue.

29 Entre 8 et 11 personnes participeront à la discussion, qui sera très informelle. Elle durera environ 2 heures. Nous servirons des rafraîchissements et si vous participez, vous recevrez 75 $ en guise de remerciement pour le temps que vous nous aurez accordé. Seriez-vous intéressé(e) à participer?

Oui	1	**CONTINUER**
Non	2	**REMERCIER ET TERMINER L'ENTREVUE**

30 La discussion à laquelle vous prendrez part sera enregistrée pour nos besoins seulement. Soyez assuré que vos commentaires et réponses demeureront strictement confidentiels. Êtes-vous à l'aise si la discussion est enregistrée?

Oui	1	**CONTINUER**
Non	2	**REMERCIER ET TERMINER L'ENTREVUE**

31 Les participants devront lire des textes et inscrire leurs réponses par écrit. Serait-ce possible pour vous de prendre part à ces activités en **français** (ou anglais) dans le cadre de la discussion?

Oui	1	**CONTINUER**
Non	2	**REMERCIER ET TERMINER L'ENTREVUE**

32 Les participants des groupes de discussion doivent exprimer leurs pensées et leur opinion de manière libre et dans un contexte informel avec d'autres personnes. À quel point êtes-vous à l'aise avec un tel exercice? Êtes-vous...

Tout à fait à l'aise	1	**CONTINUER**
À l'aise	3	**CONTINUER**
Pas vraiment à l'aise	4	**REMERCIER ET TERMINER L'ENTREVUE**
Pas du tout à l'aise	5	**REMERCIER ET TERMINER L'ENTREVUE**

Nous demandons à tous ceux qui participent au groupe de discussion d'apporter une pièce d'identité avec photo si possible, puisque vous devrez peut-être la présenter. Veuillez également apporter vos lunettes de lecture.

Puisqu'il s'agit de petits groupes, le succès du groupe pourrait être compromis si l'une des personnes invitées manquait à l'appel. C'est pourquoi je vous demande, si vous avez décidé de participer, de faire tout votre possible pour y assister. Si jamais vous étiez dans l'impossibilité de participer, veuillez appeler _____ au _____ (appel à frais virés) dès que possible afin que nous puissions trouver un autre participant pour vous remplacer.

Nous vous remercions de votre intérêt pour notre étude. Nous avons hâte de vous rencontrer et de connaître vos pensées et votre opinion.

AVIS AUX RECRUTEURS

10. Recruter **11** participants par groupe
11. VOIR LES CONTINGENTS
12. Ne PAS recruter les membres d'une famille dans le même groupe
13. Si possible, ne pas recruter des personnes qui se connaissent (parents ou amis)
14. S'assurer que chaque participant a de bonnes habilités d'expression orale et écrite (dans le doute, NE PAS INVITER)
15. Ne pas inscrire les noms sur la feuille de profils à moins d'un engagement ferme
16. Confirmer la date, l'heure et l'endroit où se tiendra la discussion avant de raccrocher
17. Vérifier les renseignements clés lors de la confirmation
18. Demander d'arriver 20 minutes à l'avance

Confirmation

5. Confirmer en **début de journée**, la veille de la discussion.
6. Confirmer toutes les questions clés d'admissibilité
7. Confirmer l'heure et l'endroit (demander aux répondants s'ils connaissent l'endroit)
8. Rappeler d'apporter des lunettes de lecture si nécessaire

Appendix B:
Email Invitation and Script

Subject: In-depth interviews to test Health Canada's Aboriginal Diabetes Initiative promotional campaign

We are writing to invite you to take part in a research study currently being conducted to garner feedback on promotional materials developed by Health Canada for its Aboriginal Diabetes Initiative. As part of this study, we are interested in obtaining the views and opinions of health and para-health professionals working with First Nations people in Canada. The interview will be conducted over the telephone at a scheduled time convenient for you and will last approximately 30 minutes.

Are you interested in participating? If you are, kindly provide your contact information (name, daytime telephone number and email address) to Corporate Research Associates Inc. (CRA) **by May 10, 2008** by email at diabetesprevention@cra.ca or by calling 1-888-272-6777. Following this, you will be contacted by a CRA representative with further information about the study. Please note that we are conducting a limited number of interviews, and there is some possibility that not all who are interested can be included in the study. Those who qualify and attend the discussion will receive a monetary incentive of $75 in appreciation for their time.

Thank you for your interest and we look forward to your feedback.

Objet : Entrevue de fond afin d'évaluer la campagne promotionnelle de l'initiative sur le diabète chez les autochtones de Santé Canada.

Nous aimerions vous inviter à prendre part à l'étude de marché présentement en cours afin d'obtenir des réactions au sujet de matériel promotionnel développé par Santé Canada pour l'initiative sur le diabète chez les autochtones. Dans le cadre de l'étude en cours, nous aimerions obtenir le point de vue et les opinions de professionnels du milieu de la santé et d'occupations connexes qui travaillent auprès des Premières nations du Canada. L'entrevue sera effectuée par téléphone à l'heure qui vous convient et durera environ 30 minutes.

Êtes-vous intéressé à participer? Si vous l'êtes, veuillez laisser vos coordonnées (nom, numéro de téléphone pendant la journée et adresse the courriel) auprès de Corporate Research Associates Inc. (CRA) **avant le 10 mai 2008**, par courriel à diabetesprevention@cra.ca ou en appelant le 1-888-272-6777. Un représentant de CRA vous contactera afin de vous donner plus d'information sur l'étude, une fois que vous aurez communiqué votre intérêt à participer. Veuillez noter qu'un nombre limité d'entrevues sera complété et qu'il est possible que nous ne puissions inclure tous ceux et celles désirant participer. Les personnes qui se qualifieront et compléteront l'entrevue recevrons une compensation financière de 75 $ en remerciement.

Nous vous remercions de votre intérêt et il nous tarde de recevoir vos commentaires.

FINAL Invite – (HCPOR-07-88) Testing Creatives for the Aboriginal Diabetes Initiative
Health Professionals
Revised April 23, 2008

Name: _____ **Phone #:** _____

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

EMAIL: _____

Interview date: _____ **Time (local):** _____

Hello, may I speak with [***NAME OF HEALTH PROFESSIONAL AS INDICATED FROM SAMPLE***]? Hello, my name is _____ and I work with Corporate Research Associates, a research company. As you may recall, we are conducting a study on behalf of Health Canada. Health Canada has undertaken social marketing approaches to generate increased awareness and knowledge of type 2 Diabetes among First Nations people. The purpose of this research is to evaluate the creative materials currently developed.

The study includes focus groups with First Nations people, as well as in-depth interviews with health and para-health professionals working with First Nations people in an official or volunteer capacity. We are calling today to invite you to participate in an in-depth interview. Please be assured that your participation is voluntary. You will remain anonymous and your answers will be kept confidential. May I ask you a few quick questions to see if you qualify to participate? Thank you.

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

1. Gender (By Observation):

Male	1	
Female	2	RECRUIT MIX IF POSSIBLE

2. What is your current professional occupation (job)?

Nurse	1	RECRUIT MIX
Community health representative	2	
Physician	3	
Diabetes testing technician	4	
Dietician	5	
Community health director	6	
Other	7	**THANK & TERMINATE**

3. Are you or anyone in your household currently employed or has ever been employed by Health Canada or one of its related agencies?
READ ONLY IF REQUIRED: Agencies include the Public Health Agency of Canada, Chief Public Health Officer, Assisted Human Reproduction Canada, Canadian Institutes for Health Research, Hazardous Materials Information Review, and the Patented Medicine Prices Review Board.

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

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

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

QUOTA:
Recruit 2 Health Professionals from the Northern Region (i.e., Northwest Territories, Yukon) and 2 from British Columbia – Recruit a Mix of Provinces or Territories for the remaining interviews

5. Over the past month, approximately what percentage of your time have you spent working with First Nations clients or communities on health-related initiatives? **INTERVIEWER: DO NOT CONSIDER WORK WITH MÉTIS OR INUIT**

   RECORD PERCENTAGE: _____ % **RECRUIT IF 50% OR MORE**

6. In which of the following age groups do you fall. Are you…?

Less than 25 years old	1	**THANK & TERMINATE**
25 to 34 years old	2	RECRUIT MIX
35 to 44 years old	3	
45 to 55 years old	4	
56 years or older	5	**THANK & TERMINATE**

7. Within the past six months, have you participated in any research about Diabetes, such as a telephone interview or a focus group?

Yes	1	**THANK & TERMINATE**
No	2	CONTINUE
Don't know/No answer	3	**THANK & TERMINATE**

INVITATION:

We would like to invite you to participate in a more in-depth interview to gather your thoughts on creative materials for a diabetes promotional campaign that is currently being considered by Health Canada. If you agree to participate, the interview will last approximately 30 minutes and will be conducted over the telephone at a scheduled time convenient to you. You will also receive a $75 cheque in appreciation for your time, or a donation for this amount can be made in your name to a registered charity of your choice.

Interviews will take place over the next two to three weeks. Are you still interested in participating? ***IF NO, ASK FOR REFERRAL AND THANK & TERMINATE***

IF YES, SAY: When would you be available for the interview? We ask that you choose a time when you can fully participate to the interview, without interruption. *(**Arrange interviews during outlined schedule**) - set date/ time:_____.*

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

We would like to courier a copy of the creative material to you. At what street address could we courier the material to you over the next few days?

Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Telephone number: _____

We also would like to send you electronically a copy of the creative materials as a back up. May I please have your email address?

Email:_____

You will need to review these materials prior to the interview. As you do so, please note any parts you like, any parts you don't like, and anything you do not find clear or easy to understand to discuss during the call.

As I mentioned, we will be pleased to offer a financial compensation in appreciation for the time you will spend reviewing the material and completing the interview. Following the interview, would you prefer receiving a $75 cheque or would you like us to make a donation in your name to a registered charitable organization of your choice?

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

Address:_____

City: _____ Province/Territory:_____ Postal Code: _____

IF DONATION, ASK FOR REGISTERED NAME OF CHARITY: _____

ADDRESS OF CHARITY (IF AVAILABLE): _____

TELEPHONE NUMBER OF CHARITY (IF AVAILABLE): _____

GET INTERVIEWEE'S NAME/ADDRESS FOR TAX RECEIPT PURPOSES

Address of Interviewee for tax receipt purposes: _____

_____

We will call you the day before your interview to confirm. We kindly ask that you call_____ at _____ in the event you are unable to make the scheduled interview or if you have not received the creative material two days prior to the interview.

Attention Recruiters:

- Recruit 10 health or para-health professionals;
- Schedule interviews 60 minutes apart;
- Confirm spelling of their name in full;
- Confirm mailing address / email address;
- Confirm preferred language for interview and schedule accordingly;
- Confirm phone number for interview; and
- Confirm date and time of interview.

When confirming

- Confirm they have received by email or courier the creative material and have had time to review. IF NOT, RESCHEDULE INTERVIEW
- Confirm qualifying questions (Q2, Q4, Q5) and ensure they work with First Nations

Invitation FINALE – (HCPOR-07-88) Test de concepts créatifs pour l'initiative sur le diabète chez les Autochtones
Professionnels de la santé
Révisé le 6 mai 2008

Nom : _____ N° de tél. : _____

Province : _____ Langue de l'entrevue : _____

Courriel : _____

Date de l'entrevue : _____ Heure (locale) : _____

Bonjour, pourrais-je parler à [***NOM DU PROFESSIONNEL DE LA SANTÉ À PARTIR DE L'ÉCHANTILLON***]? Bonjour, je m'appelle_____ et je travaille pour Corporate Research Associates, une société de recherche. Comme vous avez peut-être constaté, Santé Canada nous a demandé de mener une étude. Santé Canada a entrepris des approches de marketing social afin d'accroître la sensibilisation et les connaissances associées au diabète de type 2 parmi les membres des Premières nations. Cette étude vise à évaluer les documents créatifs qui sont en cours de développement.

L'étude comprend des groupes de discussion avec des membres des Premières nations, ainsi que des entrevues approfondies avec des professionnels et des paraprofessionnels de la santé qui travaillent avec des membres des Premières nations dans un rôle officiel ou bénévole. Nous vous appelons aujourd'hui pour vous inviter à participer à une entrevue approfondie. Soyez assuré que votre participation est volontaire. De plus, votre participation est anonyme, et vos réponses demeureront confidentielles. Est-ce que je peux vous poser quelques questions pour savoir si vous êtes admissible à participer? Merci.

ORGANISER UN RAPPEL AU BESOIN; SI LA PERSONNE INTERROGÉE A DES QUESTIONS SUR LE SONDAGE : PRENDRE SON SOM ET SON NUMÉRO DE TÉLÉPHONE EN NOTE ET CLAUDE PERREAULT LA RAPPELLERA. <u>NE PAS</u> ACCEPTER DE DISCUTER AVEC LES ADJOINTS ADMINISTRATIFS.

8. Sexe (par observation)

Masculin 1	
Féminin……..2	RECRUTER UN BON MÉLANGE SI POSSIBLE

9. Quel est votre profession ou occupation actuelle?

Infirmière 1	
Représentant en santé communautaire .. 2	
Médecin 3	
Technicien en tests sur le diabète..... 4	RECRUTER UN BON MÉLANGE
Diététiste 5	
Directeur en santé communautaire 6	
Autre 7	**REMERCIER ET TERMINER**

10. Est-ce que vous ou un membre de votre famille est actuellement employé ou a déjà été employé par Santé Canada ou une de ses agences?

LIRE SEULEMENT SI NÉCESSAIRE : Les agences incluent l'Agence de santé publique du Canada, l'administrateur en chef de la santé publique, l'Agence canadienne de contrôle de la procréation assistée, les Instituts de recherche en santé du Canada, le Contrôle des renseignements relatifs aux matières dangereuses et le Conseil d'examen du prix des médicaments brevetés.

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

11. Dans quel territoire ou province effectuez-vous la majorité de votre travail?

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

QUOTA :
Recruter deux professionnels de la santé de la Région du nord (c.-à-d. Territoires du Nord-Ouest et Yukon) et deux de la Colombie-Britannique. Recruter un bon mélange de provinces ou de territoires pour les autres entrevues

12. Au cours du dernier mois, environ quel pourcentage de votre temps avez-vous passé à travailler avec les clients ou les communautés des Premières nations sur des initiatives associées à la santé? **Intervieweur : NE PAS PRENDRE EN COMPTE LE TRAVAIL AVEC DES MÉTIS OU DES INUITS**

INSCRIRE LE POURCENTAGE : _____ % **RECRUTER SI 50 % OU DAVANTAGE**

13. Dans laquelle des catégories d'âge suivantes vous situez-vous? Êtes-vous...?

âgé de moins de 25 ans	1	**REMERCIER ET TERMINER**
âgé de 25 à 34 ans	2	RECRUTER UN BON MÉLANGE
âgé de 35 à 44 ans	3	
âgé de 45 à 55 ans	4	
âgé de 56 ans et plus	5	**REMERCIER ET TERMINER**

14. Au cours des six derniers mois, avez-vous participé à une étude sur le diabète, comme une entrevue téléphonique ou un groupe de discussion?

Oui	1	**REMERCIER ET TERMINER**
Non	2	CONTINUER
Ne sait pas/n'a pas répondu	3	**REMERCIER ET TERMINER**

INVITATION :

Nous désirons vous inviter à participer à une entrevue individuelle approfondie, qui nous permettra de connaître vos opinions et vos idées sur des documents créatifs pour une campagne de publicité sur le diabète actuellement en cours de développement par Santé Canada. Si vous acceptez de participer, l'entrevue durera environ 30 minutes et sera effectuée au téléphone à un moment qui vous convient. Vous recevrez aussi un chèque de 75 dollars pour vous remercier du temps que vous nous avez consacré. Nous pouvons aussi faire don de ce montant en votre nom à un organisme de bienfaisance enregistré.

Les entrevues auront lieu au cours des deux à trois prochaines semaines. Êtes-vous toujours intéressé à participer? ***SINON, DEMANDER À ÊTRE RÉFÉRÉ À QUELQU'UN D'AUTRE, REMERCIER ET TERMINER***

SI LA RÉPONSE EST OUI, DIRE : Quand seriez-vous disponible pour cette entrevue? Nous vous demandons de choisir un moment où vous allez être libre de participer pleinement à l'entrevue, sans interruption. *(**Fixer le moment de l'entrevue à l'intérieur de l'horaire indiqué**) – date et heure choisies :*_____

À quel numéro devrions-nous vous joindre pour faire cette entrevue? (Confirmer le numéro de téléphone) : _____

En quelle langue officielle désirez-vous que l'entrevue se déroule, le français ou l'anglais? _____

Nous aimerions vous expédier une copie des documents créatifs par messagerie. À quelle adresse postale pouvons-nous expédier les documents envoyés par messagerie au cours des quelques prochains jours?

Adresse : _____

Ville : _____ Province/territoire : _____ Code postal : _____

N^{o} de téléphone : _____

Nous aimerions aussi vous envoyer une copie électronique des documents créatifs comme solution de rechange. Pouvez-vous me donner s'il vous plaît votre adresse électronique?

Courriel :_____

Vous devrez réviser ces documents avant le début de l'entrevue. Quand vous le ferez, nous vous demandons de prendre en note les parties qui vous plaisent et celles qui vous déplaisent, ainsi que tout ce qui vous semble peu clair ou difficile à comprendre. Nous en discuterons pendant l'entrevue.

Comme je vous l'ai mentionné, nous serons heureux de vous offrir une récompense financière pour vous remercier du temps que vous aurez passé à consulter les documents et à participer à l'entrevue. Une fois l'entrevue réalisée, préférerez-vous recevoir un chèque de 75 dollars ou, plutôt, que l'on fasse un don en votre nom à l'organisme de bienfaisance enregistré que vous choisissez?

SI C'EST UN CHÈQUE, DEMANDER : Où désirez-vous que nous envoyions le chèque après l'entrevue? ***DEMANDER L'ADRESSE POSTALE***

Adresse :_____

Ville : _____ Province/territoire :_____ Code postal : _____

SI C'EST UN DON, DEMANDER LE NOM ENREGISTRÉ DE L'ORGANISME DE BIENFAISANCE : _____

ADRESSE DE L'ORGANISME DE BIENFAISANCE (SI DISPONIBLE) :

_____

NUMÉRO DE TÉLÉPHONE DE L'ORGANISME DE BIENFAISANCE (SI DISPONIBLE) :

_____

OBTENIR LE NOM ET L'ADRESSE DE LA PERSONNE INTERVIEWÉE POUR LE REÇU AUX FINS DE L'IMPÔT

Adresse de la personne interviewée pour le reçu aux fins d'impôt : _____

_____

Nous vous appellerons la veille du jour de l'entrevue pour confirmer votre participation. Nous vous demandons de bien vouloir appeler_____ au _____, s'il vous est impossible d'être disponible au moment convenu ou si vous n'avez pas reçu les documents créatifs deux jours avant l'entrevue.

Avis aux recruteurs :

- recrutez 10 professionnels ou paraprofessionnels de la santé;
- fixez les entrevues à 60 minutes d'intervalle;
- confirmez l'épellation du nom au complet;
- confirmez l'adresse électronique et l'adresse postale;
- confirmez la langue préférée et fixez le moment de l'entrevue selon cette information;
- confirmez le numéro de téléphone pour l'entrevue;
- confirmez la date et l'heure de l'entrevue.

Au moment de la confirmation

- Confirmez que la personne a reçu les documents créatifs par courriel ou par messagerie et qu'elle a eu le temps de les consulter. SINON, ÉTABLIR UN NOUVEAU MOMENT POUR RÉALISER L'ENTREVUE
- Confirmez les questions d'admissibilité (Q2, Q4, Q5) et assurez-vous que la personne travaille avec des membres des Premières nations

Appendix C:
Moderator's Guide

Introduction & Warm-up: 10 minutes

- **Welcome** - Intro self, role as moderator.
- **Study sponsor**: Health Canada.
- **Explain purpose** – Today we are going to discuss diabetes awareness materials that will be used in potential campaigns. I will be showing you some ideas and listening to your comments.
- **Explain process** – focus group; observation (if applicable); audio taping; all opinions are important; no wrong answers; need to understand agreement/disagreement; talk one at a time; individual comments are confidential/anonymous;
- **Explain content** – some of the images used in the materials you will look at today are not finalized and are being presented only as demonstration of where the images would appear.
- **Participant introductions** - first name, who lives in your house, and what you like to do in your spare time.

Campaigns 60 minutes

As I mentioned earlier, we will be looking at ideas for materials that are being considered for possible future diabetes awareness campaigns. I will be showing you two different ideas for an advertising campaign. Each campaign includes a number of products that look and feel similar, and will be used together. The campaigns I will show you today each include one poster, one print ad, one booklet, a series of magnets and one radio public service announcement. We will discuss each campaign one at a time, without comparing them. Let's look at the first one.

Moderator shows/reads through one campaign and distributes copies of the printed creatives to participants – 1) poster 2) print PSA 3) booklet 4) recorded radio (play twice) and 5) magnets. Repeat for other idea once discussion is over - Rotate order for each group

Exercise 1 - *Before we talk about this idea together, I am interested in your individual opinion. On your exercise sheet I want you to tell me to what extent you personally agree or disagree with each of the statements listed. (Using a 'thumbs up, thumbs down' scale, two thumbs down would mean you strongly disagree with the statement, while two thumbs up would mean you strongly agree). Remember your rating is based on the campaign overall, including all materials presented. Any questions? I'll give you a few minutes to review the material and complete the exercise.*

Discussion on each campaign (20 minutes per campaign):

Overall reaction/Comprehension

- Overall, what do you think of this campaign? ***(Rating?)***
- What do you like about it? What don't you like? ***Probe for***: visuals; font; layout.
- What is it saying to you? What is the main message?
- What do these campaign materials suggest about diabetes?
- What do you think of the amount of text shown on the poster? The print ad? The booklet? Too little/too much?
- How do you feel about the length of the radio ad? Too long/too short/just right?

Attention / Target / Relevance

- What, if anything, grabs your attention? ***(Rating?)*** What part of each component do you remember most? ***Probe on each component individually***. Why?
- What kind of person is this talking to, someone like you or someone different?
- Do you find the images appealing? Relevant to you? To your community? Why? If not, what's missing or seem out of place?
- Does this speak to you? Why/why not? ***(Rating?)***
- What would make it more relevant to you personally?
- ***Radio:*** What do you think of the dialogue? Does it keep your attention? Is this the type of dialogue you would hear in this community? Do people speak this way?
- What would you do with the magnet? Would they be useful to you? How, if at all, would you use them? Would you share them with friends or other family members not living with you? Is anything unclear on those magnets?

Clarity / Believability

- Is there anything not clear about the idea? Are there any words or sentences that are not clear? If so, what would make it less confusing?
- Do you believe what it is saying? Why / why not? ***(Rating?)***

Call to action

- What is this campaign asking you to do? ***If get information, probe:*** How?
- And what action might you personally take after seeing this campaign, if any?

Let's have a look at the other campaign***. (Repeat exercise/questioning for the 2nd campaign)***

Probe, as a group, once both campaigns have been reviewed:

- ***(If time permits, ask:)*** Where would you expect to see the posters?
- ***(If time permits, ask:)*** What about the print ads? Are there publications in your community where you would expect to see this?
- ***(If time permits, ask:)*** How do you want to access the booklet? Would you share it with friends or other family members?
- Based on these campaign materials, would you want to find out more information? If so, about what? How would you do that?
- Where do you typically look for health-related information or advice? ***Probe for: people (who?) / material (what? And where?)*** Who or what do you trust most? Why

Fact Sheets versus Brochure — 15 minutes

The government is in the process of developing a program to promote diabetes prevention. The program would include a variety of activities, like education programs in schools, promotions through the community health professional(s) or via media like print, radio, the internet or television, like what I have shown you already, but it could also include other components.

I would like to show you some of these other components. First, let's look at different fact sheets that could all be available at a nursing station or health clinic. The purpose for these fact sheets is to provide more information regarding diabetes. Since the content has not yet been finalized, we will only discuss the layout and the format. I would like to show you two different designs; let's look at them one at a time.

Moderator reads / distributes copies of fact sheets to participants and reads

Probe, as a group for each version:

- What grabs your attention?
- What do you think of the way the information is presented on this version (e.g. layout; font style and size; bullet point format)?

Let's have a look at another version. ***(Repeat questions for 2nd version)***

After both fact sheets versions have been discussed:

Exercise #2 - Now that we have looked at two different versions, please take a moment and jot down which one you prefer and why. I will give you a moment.

Probe, as a group:

Which design did you choose? Why?

The information included on the fact sheets could be available on separate sheets of paper or in a brochure format. ***Moderator shows brochure format to participants.***

Probe, as a group:

- What do you think of the way information and visuals are laid out in the brochure? What do you like? Dislike?
- Would you prefer to have the fact sheets available separately as tear off panels (***moderator to show paper pad as an example***) or do you prefer them combined in a brochure? Why?

Slogan / Visuals — 25 minutes

All of these activities would fall under the same program – the Aboriginal Diabetes Initiative. I would like your thoughts on two different design concepts. Each concept includes a design for the slogan and a graphic - and these may appear together or separately on program materials. Let's look at each concept one at a time.

Moderator shows one concept / distributes copies to participants
Rotate presentation order for each group

Probe, as a group:

Slogan (as text only):

- What is this statement suggesting to you? What is it saying?
- Is there anything confusing about it?
- Likes / Dislikes?

Repeat above probes for other slogan.

- Does one of the slogans stand out to you?

These slogans could be presented as visual designs and I'd like your opinion on these.

- Seeing the slogan with a visual design, does it suggest something different to you compared to seeing the slogan on its own? If so, how? What, if anything, stands out to you?

Repeat for other slogan.

Each concept could also include a graphic - and these may appear together or separately on program materials. Let's look at each concept one at a time.

- Seeing the slogan with a graphic, does it suggest something different to you compared to seeing the slogan on its own?
- What do you like about this image? What don't you like?
- Is the image relevant to you? To your community? How so? If no, what's missing?
- Does it look familiar to you (have you seen this before)? How so?

Let's have a look at the other concept***. (Repeat questioning for the 2nd concept)***

Once both sets have been reviewed…

Exercise #3 - Now that we have looked at both concepts, I would like to know which one speaks to you the most. On your exercise sheet, indicate which one you prefer and jot down the reasons why. I will give you a few minutes to do so.

Probe, as a group:

- Which concept do you like best? Why?

Web Spots 10 minutes

To finish up, I would like to show you two advertisements that could appear on the Internet or on television. Let's look at both ads one after the other before discussing them.

Moderator shows two ads one after the other – Rotate order by group

Probe, as a group:

- What do you think of this idea?
- What is it trying to communicate?
- What do you like about it? Is there anything you don't like?
- What grabs your attention?
- Would you like to see these on the Internet? And what about on television?
- Do you think these ads would be appealing / interesting / engaging / informative as a TV ad?
- Would you pay more attention to the ad if it were on television (versus the Internet)?

Thanks & Closure:

On behalf of Health Canada, thank you for your participation!

Individual Exercise Sheet

Exercise #1 – CAMPAIGN A	Strongly disagree				Strongly agree
I like this idea overall					
I believe what it says					
This grabs my attention					
This speaks to me personally					

Exercise #1 – CAMPAIGN B	Strongly disagree				Strongly agree
I like this idea overall					
I believe what it says					
This grabs my attention					
This speaks to me personally					

Exercise #2:

Choice: _____

Why :

_____

_____

_____

_____

Exercise #3:

Choice: _____

Why :

_____

_____

_____

_____

Version finale du guide du modérateur

29 avril 2008

Tests des matériaux conçues pour l'initiative sur le diabète chez les Autochtones
(POR-07-88 / HEA001-1019)

Introduction et mise en train : 10 minutes

- **Bienvenue** - Présentez-vous, et expliquez votre rôle en tant que modérateur.
- **Commanditaire de l'étude** : Santé Canada
- **Expliquer le but** – Aujourd'hui, nous allons parler du matériel de sensibilisation à la question du diabète qui sera utilisé dans des campagnes éventuelles. Je vais vous montrer quelques idées, puis je vais écouter vos commentaires.
- **Expliquer le processus** – Groupe de discussion; observation (s'il y a lieu) enregistrement audio, pas de mauvaises réponses, besoin de comprendre pourquoi en accord ou en désaccord, parler un à la fois, les commentaires individuels sont confidentiels et anonymes.
- **Présentation des participants** - Prénom, personnes vivant dans votre domicile et ce que vous aimez faire dans vos temps libres.

Campagnes 60 minutes

Tel que mentionné plus tôt, nous regardons actuellement des esquisses de matériel qui pourraient potentiellement se retrouver dans une campagne de sensibilisation sur le diabète. Je vous présenterai deux idées différentes pour une campagne publicitaire. Chaque campagne inclut un nombre de produits qui ont l'air semblable et qui seront utilisés ensemble. Les campagnes que je vais vous montrer aujourd'hui comprennent chacune une affiche, une publicité imprimée, un dépliant, une série d'aimants et un message d'intérêt public pour la radio. Nous discuterons de chacune des campagnes, une à la fois, sans les comparer. Jetons un coup d'œil à la première.

Le modérateur montre ou lit le matériel d'une campagne et distribue des copies des concepts créatifs imprimés aux participants – 1) affiche 2) message d'intérêt public imprimé 3) dépliant 4) publicité pour la radio enregistrée (jouer deux fois) et 5) aimants. Une fois la discussion terminée, répéter avec l'autre idée – Faire la rotation de l'ordre pour chaque groupe

Exercice nº1 - Avant de discuter ensemble de cette idée, j'aimerais d'abord connaître votre opinion personnelle. Sur votre feuille d'exercice, je veux que vous me disiez à quel point vous êtes personnellement d'accord ou en désaccord avec chacun des énoncés énumérés. (En utilisant l'échelle « pouce en haut, pouce en bas », l'icone deux pouces en bas signifie que vous êtes complètement en désaccord avec l'énoncé et l'icone deux pouces en haut, que vous êtes complètement en accord). Rappelez-vous que l'évaluation est basée sur l'ensemble de la campagne, ce qui comprend tout le matériel présentés. Avez-vous des

questions? Je vais vous accorder quelques minutes pour étudier le matériel et terminer l'exercice.

Discussion sur chaque campagne (20 minutes par campagne) :

Réaction générale/Compréhension

- De façon générale, que pensez-vous de cette campagne? ***(Évaluation?)***
- Qu'est-ce que vous aimez à propos de celle-ci? Qu'est-ce que vous n'aimez pas? ***Questionnez sur*** : les images; les polices de caractères; la présentation.
- Qu'est-ce qu'elle vous communique? Quel est le message principal?
- Que suggère le matériel de cette campagne au sujet du diabète?
- Que pensez-vous de la quantité de texte sur l'affiche? La publicité imprimée? Le dépliant? Y a-t-il assez ou trop de texte ou est-ce adéquat?
- Que pensez-vous de la durée de la publicité pour la radio? Est-elle trop longue, trop courte ou juste de la bonne longueur?

Attention / Cible / Pertinence

- Y a-t-il des éléments qui ont attiré votre attention? ***(Évaluation?)*** De quelle section de chaque composante vous souvenez-vous le plus? ***Questionnez sur chaque composante individuelle***. Pourquoi?
- À quel type de personne ce message s'adresse-t-il, à quelqu'un comme vous ou à quelqu'un d'autre?
- Trouvez-vous les images attrayantes? Sont-elles pertinentes pour vous? Votre communauté? Pourquoi? Sinon, qu'est-ce qui manque ou qui ne semble pas être à sa place?
- Est-ce que cela vous touche? Pourquoi / Pourquoi pas? ***(Évaluation?)***
- Qu'est-ce qui la rendrait plus pertinente pour vous personnellement?
- ***Radio :*** Que pensez-vous du dialogue? Y portez-vous attention? Est-ce le genre de dialogue que vous pourriez entendre ici dans la communauté? Est-ce que les gens parlent de cette façon?
- Que feriez-vous avec les aimants? Les utiliseriez-vous personnellement? De quelle façon? Les donneriez-vous à vos amis ou aux membres de votre famille n'habitant pas avec vous? Y a-t-il des choses qui ne sont pas claires sur ces aimants?

Clarté / crédibilité

- Y a-t-il quelque chose qui n'est pas clair à propos de l'idée? Y a-t-il des mots ou des phrases qui ne sont pas clairs? Si c'est le cas, qu'est-ce qui pourrait les clarifier?
- Croyez-vous au message qui est transmis? Pourquoi / Pourquoi pas? ***(Évaluation?)***

Appel à l'action

- Qu'est-ce que cette campagne vous demande de faire? ***Si la réponse est « obtenir de l'information », demandez :*** De quelle façon?
- Et quelles actions poseriez-vous personnellement après avoir vu cette campagne, s'il y a lieu?

Jetons un coup d'œil à l'autre campagne***. (Répéter l'exercice/les questions pour la 2e campagne)***

Lorsque les deux campagnes ont été étudiées, demandez au groupe :

- ***(Si le temps le permet, demander :)*** À quel endroit vous attendez-vous de voir ces affiches?
- ***(Si le temps le permet, demander :)*** Et les publicités imprimées? Y a-t-il des publications dans votre communauté dans lesquelles vous vous attendriez à voir celle-ci?
- ***(Si le temps le permet, demander :)*** Comment voulez-vous accéder au dépliant? Le donneriez-vous à des amis ou à d'autres membres de votre famille?
- En vous basant sur les composantes de ces campagnes, désirez-vous obtenir davantage d'information? Si tel est le cas, à propos de quoi?
  De quelle façon procéderiez-vous?
- Habituellement, où recherchez-vous des renseignements ou des conseils liés à la santé?
  Questionnez le participant sur : les personnes (qui?) le matériel (quoi? et où?)
  Sur qui ou sur quoi vous fiez-vous le plus? Pourquoi?

Feuillets d'information/Brochure — 15 minutes

Le gouvernement procède présentement à l'élaboration d'un programme visant à promouvoir la prévention du diabète. Ce programme comprendrait diverses activités, notamment des programmes d'éducation dans les écoles, des promotions par le biais de professionnel(s) de la santé au sein de la collectivité ou de médias tels que la presse imprimée, la radio, Internet ou la télévision, comme je viens de vous montrer, mais il pourrait inclure d'autres composantes.

J'aimerais vous présenter certaines de ces autres composantes. Tout d'abord, examinons différents feuillets d'information qui pourraient être disponibles à un poste de soins infirmiers ou dans une clinique médicale. Le but de ces feuillets d'information est de procurer davantage de renseignements sur le diabète. Comme le contenu n'a pas encore été finalisé, nous ne discuterons que de la présentation et du format. J'aimerais vous montrer deux modèles différents. Regardons-en un à la fois.

Le modérateur lit/distribue des copies des feuillets d'information aux participants et lit.

Pour chaque version, demandez au groupe :

- Qu'est-ce qui retient votre attention?
- Que pensez-vous de la façon dont l'information est présentée dans cette version (p. ex., présentation; style et taille des polices de caractères; format de listes à puces)?

Passons maintenant à l'autre version. ***(Répéter les questions pour la 2e version)***

Après avoir discuté des deux versions de feuillets d'information :

Exercice nº 2 - Maintenant que nous avons parlé des deux versions différentes, veuillez prendre un moment pour noter celle que vous avez préférée et pourquoi. Je vous laisse le temps de répondre.

Demandez au groupe :

- Quel modèle avez-vous choisi? Pourquoi?

L'information contenue dans les feuillets d'information pourrait être disponible sur des feuilles de papier séparées ou sous forme de brochure. ***Le modérateur montre la brochure aux participants.***

Demandez au groupe :

- Que pensez-vous de la manière dont l'information et les images sont disposés dans la brochure? Qu'aimez-vous? Qu'est-ce que vous n'aimez pas?
- Préféreriez-vous avoir les feuillets d'information séparément en blocs détachables (***le modérateur montre un bloc de papier comme exemple***) ou préféreriez-vous qu'elles soient regroupées dans une brochure? Pourquoi?

Slogan / Images — 25 minutes

Toutes ces activités seraient réunies sous le même programme : l'initiative sur le diabète chez les Autochtones. J'aimerais votre opinion au sujet de deux concepts visuels différents. Chaque concept inclut un slogan et une image – et ceux-ci pourraient être présentés ensemble ou séparément sur les composantes de la campagne. Regardons chaque concept l'un après l'autre.

Le modérateur montre un concept / en distribue des copies aux participants
Faire la rotation de l'ordre de présentation pour chaque groupe

Demandez au groupe :

Slogan (texte seulement) :

- Que vous suggère cet énoncé? Que veut-il dire?
- Y a-t-il des éléments qui ne sont pas clair?
- Qu'est-ce que vous avez aimé et moins aimé?

Répétez les questions ci-dessus pour l'autre slogan

- Est-ce que l'un des slogans se démarque à vos yeux?

Ces slogans pourraient être présentés avec des éléments graphiques et j'aimerais votre opinion sur ceux-ci.

- En voyant les slogans avec des éléments visuels, est-ce que cela suggère quelque chose de différent par rapport aux slogans par eux-mêmes? Si oui, de quelle(s) façon(s)? Qu'est-ce qui se démarque selon vous, s'il y a lieu?

Répétez pour l'autre slogan.

Chacun des concepts pourrait aussi inclure un visuel – ceux-ci pourraient apparaître ensemble ou séparément sur le matériel du programme. Regardons chacun des concepts, un à la fois.

Images ***:***

- Est-ce que de voir le slogan avec le visuel suggère quelque chose de différent par rapport au slogan par lui-même?
- Qu'est-ce que vous aimez de cette image? Qu'est-ce que vous n'aimez pas?
- Est-ce que cette image est pertinente pour vous? Pour votre communauté? De quelle(s) façon(s)? Si ce n'est pas le cas, qu'est-ce qui manque?
- Est-ce que cela vous semble familier (avez-vous déjà vu ceci auparavant)? De quelle(s) façon(s)?

Jetons un coup d'œil à l'autre concept***. (Répéter les questions pour le 2e concept)***

Lorsque les deux concepts ont été étudiés…

Exercice no 3 - Maintenant que nous avons vu les deux concepts, j'aimerais savoir lequel vous touche le plus. Sur votre feuille d'exercice, indiquez lequel vous préférez et notez les raisons. Je vais vous donner quelques minutes pour écrire vos réponses.

Demandez au groupe :

- Quel concept préférez-vous? Pourquoi?

Messages sur le Web — 10 minutes

Pour terminer, j'aimerais vous montrer deux annonces publicitaires qui pourraient paraître sur Internet ou à la télévision. Regardons d'abord les deux annonces, l'une après l'autre, avant d'en discuter.

Le modérateur montre les deux annonces, l'une après l'autre – Modifier l'ordre pour chaque groupe

Demandez au groupe :

- Que pensez-vous de cette idée?
- Qu'est-ce qu'elle essaie de communiquer?
- Qu'est-ce que vous aimez à propos de celle-ci? Y a-t-il des choses que vous n'aimez pas?
- Qu'est-ce qui retient votre attention?
- Aimeriez-vous voir celles-ci dans Internet? Et à la télévision?
- Pensez-vous que ces publicités seraient attrayante / intéressantes / engageantes / informatives si elles étaient présentées à la télévision?
- Porteriez-vous plus attention à ces publicités à la télévision (par rapport à Internet)?

Remerciements et clôture :

De la part de Santé Canada, je vous remercie de votre participation!

Feuille d'exercices individuels

Exercice n° 1 – CAMPAGNE A	Fortement en désaccord				Fortement en accord
Dans l'ensemble, j'aime cette idée					
Je crois en ce qui est dit					
Elle attire mon attention.					
Elle me touche personnellement					

Exercice n° 1 – CAMPAGNE B	Fortement en désaccord				Fortement en accord
Dans l'ensemble, j'aime cette idée					
Je crois en ce qui est dit					
Elle attire mon attention.					
Elle me touche personnellement					

Exercice n° 2 :

Choix : _____

Pourquoi :

_____

_____

_____

_____

Exercice n° 3 :

Choix : _____

Pourquoi :

_____

_____

_____

_____

Appendix D:
Interviewer Protocol

Testing Creatives for the Aboriginal Diabetes Initiative
(POR-07-88 / HEA001-1019)
~ Final Interview Protocol – May 2, 2008 ~

Introduction — 3 minutes

I would like to begin by thanking you for taking the time to help us with our market research study. Our discussion should take about 30 minutes. As you may recall from the information provided when we first contacted you, Health Canada has undertaken social marketing approaches to generate increased awareness and knowledge of type 2 Diabetes among First Nations people. The purpose of this research is to evaluate the creative materials currently developed. We are conducting focus groups/dialogue circles with First Nations people, as well as telephone interviews with health and para-health professionals working with First Nations people.

With your permission, I would like to audio tape our discussion today, so I don't have to write a lot of notes. I will be the only person who will listen to the tape, and it will only be used to help me write my report on the findings from this study. Everything you say today will be kept anonymous and confidential. Your comments will be combined with those from other people that I interview, as part of a detailed study report. Any questions before we begin? Did you have time to review the creative material we sent you/you accessed online? IF NO, RESCHEDULE THE INTERVIEW

We will discuss a lot of different ideas in a short timeframe, so I will direct you to the appropriate document for each section of the interview. I suggest you pull them out in front of you while discussing them.

Campaigns — 17 minutes

To begin, I would like your thoughts on the two different ideas for an advertising campaign. Each campaign includes one poster, one print ad, one booklet, a series of magnets and one radio public service announcement. All of these components together form one campaign that includes a family of ads. We will discuss each campaign one at a time, without comparing them. Let's begin with campaign [A/B]. ***Rotate order by interview.***

For each campaign, ask:

- What do you like about this campaign? In your opinion, what could be improved?
- What do these campaign materials suggest about diabetes?
- Based on your experience, who will this message appeal to?
- What would make it more relevant to the First Nations people you work with?
- Is anything unclear or confusing? How could that be improved?
- How, if at all, would you use these materials as part of your work? ***Probe for:*** referencing the message in discussions with clients; giving out magnets/booklets; other

Let's look at the second campaign idea. Keep in mind that we are not comparing the campaigns. ***Repeat questions above.***

Now that we have looked at both ideas…

- In your opinion, what specific radio stations and print publications should be considered?
- And where should the magnets, the booklet and the poster be featured?

Fact Sheets / Brochures — 5 minutes

The government's program on diabetes prevention would include a variety of activities, like education programs in schools, promotions through the community health professional(s) or via media like print, radio, the internet or television, like what I have shown you already, but it could also include other components. I would like to show you some of these other components. First, let's discuss different fact sheets that could all be available at a nursing station or health clinic. The purpose for these fact sheets is to provide more information regarding diabetes. Since the content has not yet been finalized, we will only discuss the layout and the format. There are two different versions. Let's discuss them together.

- What do you think of the way the information is presented on each version? (e.g. layout; font style and size; bullet point format)? Please comment on each version.
- What do you like? Dislike?
- Which of the two versions do you think First Nations audiences would prefer? Why?

The information included on the fact sheets could be available on separate sheets of paper or in a brochure format. Have a look at the brochure design we sent you.

- What do you think of the way information and visuals are laid out in the brochure?
- What do you like? Dislike?
- Would you think First Nations people would prefer to have the fact sheets available separately as tear off panels, similar to a pad of paper, or do you prefer them combined in a brochure? Why?

Slogan / Visuals (If time permits) — 5 minutes

I would like your thoughts on two different design concepts for the Aboriginal Diabetes Initiative program. Each concept includes a design for the slogan and a graphic - and these may appear together or separately on program materials. Let's look at each concept one at a time, beginning with discussing the slogans without graphic elements.

For each slogan, ask:

- What is the statement suggesting to you? What do you think it would suggest to First Nations people?

Looking at the slogan with graphic elements…

For each slogan, ask:

- Seeing the slogan with a visual design, does it suggest something different to you compared to seeing the slogan on its own? If so, how?

Now looking at the slogan and the visual image together…

For each concept, ask:

- Seeing the slogan with a graphic, does it suggest something different to you compared to seeing the slogan on its own?
- What do you like about the image? Is there anything you consider to be in need of improvement?

Let's review the second concept. ***Repeat questions above.***
Now that we have looked at two different concepts…

- Which one do you think First Nations people would like best? Why?

Closing

That concludes my questions. On behalf of Health Canada, thank you for your participation.
CONFIRM PREFERRED COMPENSATION, SPELLING OF NAME AND MAILING ADDRESS

IF QUESTIONED REGARDING AVAILABILITY OF THE REPORT: ***The report should be available to the public by July 2008. To access a copy from the Library and Archives Canada website at www.porr-rrop.gc.ca.***

Test de concepts créatifs pour l'initiative sur le diabète chez les Autochtones (POR-07-88 / HEA001-1019)

~ Protocole final pour l'entrevue – le 14 mai 2008 ~

Introduction — 3 minutes

J'aimerais commencer par vous remercier de prendre le temps de participer à notre étude de marché. Notre entrevue devrait durer environ 30 minutes. Comme vous vous en rappelez peut-être, nous avons discuté lors d'une conversation précédente que Santé Canada a entrepris des approches de marketing social afin d'accroître la sensibilisation et les connaissances associées au diabète de type 2 parmi les membres des Premières nations. Cette étude vise à évaluer les documents créatifs qui sont en cours de développement. Nous menons actuellement des groupes de discussion avec des membres des Premières nations, ainsi que des entrevues téléphoniques avec des professionnels et des paraprofessionnels de la santé qui travaillent avec des membres des Premières nations.

J'aimerais, si vous le permettez, enregistrer notre conversation aujourd'hui afin de ne pas avoir à prendre beaucoup de notes. Je serai la seule personne qui écoutera l'enregistrement, et je ne l'utiliserai que pour m'aider à rédiger mon rapport sur les résultats de cette étude. Tout ce que vous allez me dire aujourd'hui demeurera anonyme et confidentiel. Vos commentaires seront ajoutés à ceux des autres répondants, en vue de la rédaction d'un rapport d'étude détaillé. Avez-vous des questions avant de commencer? Avez-vous pu consulter les documents créatifs que nous vous avons envoyés, ou avez-vous pu consulter ces documents en ligne? SINON, CHOISIR UN NOUVEAU MOMENT POUR RÉALISER L'ENTREVUE

Nous allons discuter d'un grand nombre d'idées dans un court délai, alors je vais mentionner les documents à utiliser pour chacune des sections de l'entrevue. Je vous suggère de placer devant vous les documents dont nous allons discuter.

Campagnes — 17 minutes

J'aimerais tout d'abord savoir ce que vous pensez des deux différentes idées de campagne publicitaire. Chaque campagne comprend une affiche, une publicité imprimée, un livret, une série d'aimants, ainsi qu'un message d'intérêt public pour la radio. Tous ces éléments forment une campagne qui inclut une gamme de publicités. Nous discuterons de chacune des campagnes, une à la fois, sans les comparer. Commençons par la campagne [A/B]. ***Alternez l'ordre de présentation des campagnes pour les entrevues.***

<u>Pour chacune des campagnes, demander :</u>

- Qu'est-ce que vous aimez de cette campagne? Selon vous, qu'est-ce qui pourrait être amélioré?
- Qu'est-ce que les documents de cette campagne expriment au sujet du diabète?
- Selon votre expérience, à qui ce message est-il destiné?
- Qu'est-ce qui pourrait le rendre plus pertinent pour les membres des Premières nations avec qui vous travaillez?
- Est-ce qu'il y a quelque chose qui n'est pas clair ou qui pourrait porter à la confusion? Comment pourrait-on améliorer la situation?
- Comment utiliseriez-vous ces documents dans le cadre de votre travail, s'il y a lieu? ***Explorer :*** mentionner le message lors de discussions avec des clients, distribuer les aimants et les livrets, etc.

Jetons un coup d'œil au deuxième concept publicitaire. N'oubliez pas que nous n'essayons pas de comparer les campagnes. ***Répéter les questions ci-dessus.***

Maintenant que nous avons regardé les deux idées...

- Selon vous, quelles sont les stations de radio et les publications imprimées qui devraient être considérées en particulier?
- Et où devrait-on présenter les aimants, le livret et l'affiche?

Feuillets d'information / brochures — 5 minutes

Le programme gouvernemental comprendrait diverses activités, notamment des programmes d'éducation dans les écoles, des promotions par le biais de professionnels de la santé de la collectivité ou de médias tels que la presse imprimée, la radio, Internet ou la télévision, comme je viens de vous montrer, mais il pourrait également inclure d'autres composantes. J'aimerais vous présenter certaines de ces autres composantes. Tout d'abord, examinons différents feuillets d'information qui pourraient être offerts à un poste de soins infirmiers ou dans une clinique médicale. Le but de ces feuillets d'information est de procurer davantage de renseignements sur le diabète. Puisque le contenu n'en est pas à la version finale, nous allons discuter seulement de la mise en page et du format. Il existe deux versions différentes. Discutons de ces deux versions à la fois.

- Qu'est-ce que vous pensez de la façon dont les renseignements sont présentés dans chacune des versions (p. ex., mise en page, style et taille des caractères, format à puces)? Quels sont vos commentaires au sujet de chacune des versions?
- Qu'est-ce que vous aimez? Qu'est-ce que vous n'aimez pas?
- Selon vous, quelle version serait préférée par les membres des Premières nations? Pourquoi?

Les renseignements contenus dans les feuillets d'information pourraient être offerts sur des feuilles de papier séparées ou sous forme de brochure. Jetez un coup d'œil à la brochure que nous vous avons envoyée.

- Qu'est-ce que vous pensez de la façon dont les renseignements et les éléments visuels sont présentés dans cette brochure?
- Qu'est-ce que vous aimez? Qu'est-ce que vous n'aimez pas?
- Selon vous, est-ce que les membres des Premières nations préféreraient recevoir ces feuilles d'information sous forme de panneaux détachables semblables aux feuilles d'un calepin ou, encore, réunis dans une brochure? Pourquoi?

Slogan et éléments visuels (s'il reste du temps disponible) — 5 minutes

J'aimerais savoir ce que vous pensez du modèle des deux concepts publicitaires pour le programme de l'initiative sur le diabète chez les Autochtones. Chaque concept comprend un modèle pour le slogan et une image. Ces deux éléments pourraient être utilisés ensemble ou séparément dans les documents associés au programme. Penchons-nous sur les concepts un par un, en commençant par discuter des slogans sans tenir compte des éléments graphiques.

Pour chacun des slogans, demander :

- Qu'est-ce que cet énoncé vous communique? Qu'est-ce que vous croyez qu'il communiquerait aux membres des Premières nations?

Et maintenant, en regardant le slogan en compagnie des éléments graphiques...

Pour chacun des slogans, demander :

- En voyant les slogans avec des éléments visuels, est-ce que cela suggère quelque chose de différent par rapport aux slogans par eux-mêmes? Si oui, de quelle(s) façon(s)?

Ensuite, en regardant le slogan en compagnie de l'image...

Pour chacun des concepts, demander :

- En voyant ce slogan en compagnie de l'image, est-ce que cela suggère quelque chose de différent par rapport aux slogans par eux-mêmes?
- Qu'est-ce que vous aimez de cette image? Est-ce qu'il a quelque chose qui pourrait être amélioré?

Passons maintenant au deuxième concept. ***Répéter les questions ci-dessus.***

Maintenant que nous avons vu les deux concepts...

- Selon vous, quel concept plairait davantage aux membres des Premières nations? Pourquoi?

Conclusion

Cela met fin à mes questions. Au nom de Santé Canada, je vous remercie de votre participation.

CONFIRMER LA FAÇON D'ATTRIBUER LA RÉCOMPENSE, L'ÉPELLATION DU NOM ET L'ADRESSE POSTALE

SI LE PARTICIPANT POSE DES QUESTIONS AU SUJET DE LA DISPONIBILITÉ DU RAPPORT : ***Le rapport devrait être publié d'ici le mois de juillet 2008. Il sera possible de le consulter en ligne par le biais du site Web de Bibliothèque et Archives Canada à l'adresse suivante : www.porr-rrop.gc.ca.***

Appendix E:
Creative Materials Tested

Do it today

To Find Out More:

Contact your health care provider.

Visit www.hc-sc.gc.ca/fnihb/diabetes

Health Canada / Santé Canada

Canada

TAKE A STEP TO A BETTER LIFE

GET tested FOR DIABETES

"this is for you..."

WHAT IS DIABETES?

Diabetes is a lifelong condition that causes high "blood sugar" levels. Diabetes used to be more common amongst older people, but Aboriginal people are now getting diabetes at a much younger age.

Health problems caused by diabetes can change your life forever.

This is my life.
I Want to Be
Diabetes Free!

Am I at Risk?

Risk Factors 101

	YES	NO
Are you over 40?	☐	☐
Are you overweight?	☐	☐
Do you have parents, brothers or sisters with diabetes?	☐	☐
Do you have high blood pressure or high cholesterol?	☐	☐
Did you have diabetes when you were pregnant?	☐	☐
Have you had a baby that weighed more than 4kg at birth?	☐	☐

If you answered YES to any of these questions, get tested.

Aboriginal People and Diabetes

Diabetes is raging amongst Aboriginal people. In fact, rates of type 2 diabetes are 3 to 5 times higher than in the general Canadian population. It's also appearing more and more often in younger Aboriginal people. Even children are getting it.

Aboriginal people are at high risk of suffering from health problems related to diabetes.

Aboriginal people of **all ages** need to get tested if they are at risk or show any of the signs of diabetes.

To Do:
- ✓ Know the risk factors
- ✓ Watch for the signs
- ✓ Get tested if I'm at risk
- ✓ Exercise every day
- ✓ Eat healthy every day
- ✓ Stop smoking!! Starting Today

Resolution 1: Healthy Eating!

Get motivated!

Get a copy of Canada's Food Guide – First Nations, Inuit and Métis.

Why Should I?

Rates of diabetes are really high in the Aboriginal population. Diabetes can cause a wide range of health problems and worsen some existing ones.

Healthy eating can prevent or delay the onset of diabetes. This means more freedom to live an active, healthy, longer life.

Healthy eating can also help to manage diabetes.

How Do I Do It?

Make healthy choices when deciding what to eat. Start by choosing a variety of foods from each of the four food groups in *Eating Well With Canada's Food Guide – First Nations, Inuit and Métis.*

This is my life. I want to Be Diabetes Free! ☺

Resolution 2: Active Living!

People who are physically active are less likely to get type 2 diabetes. Staying diabetes-free means gaining freedom from the pain and limitations caused by diabetes.

How Do I Do It?

Being active has a lot of benefits. Among other things it can reduce stress and help keep your weight down. Active living can prevent or delay the onset of diabetes. It can also help to manage the disease and lessen the impact of the effects.

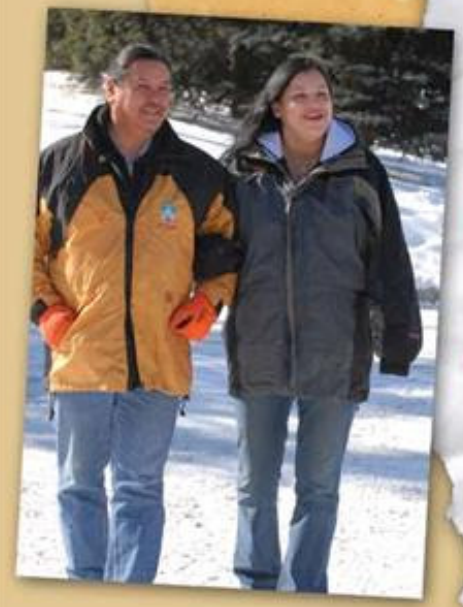
Remember: Stay active year round to prevent or delay diabetes and live a longer, healthier life.

Get moving!

MOVE IT OR LOSE IT!
RUN, WALK, SWIM,
HIKE, CANOE, KAYAK,
PLAY ROAD HOCKEY,
BIKE, SKATE, DANCE,
SNOWSHOE, ETC.

Active Living + Healthy Eating = Better Quality of Life!

Getting tested for diabetes is fast, simple and easy



The 1 2 3s of Blood Tests

Getting tested for diabetes is fast, simple, and easy.

1. The blood test used to find out if your blood sugar level is too high only takes a few minutes but it could help you to add years to your life.

2. To do the test, a blood sample is taken from you by a health professional.

3. Your blood sample is then tested to see what your blood sugar level is and if you need to take further action.

Blood screenings are held regularly. Find out when the next one is being held. **Do it now** – take the first step to a healthier, longer life.

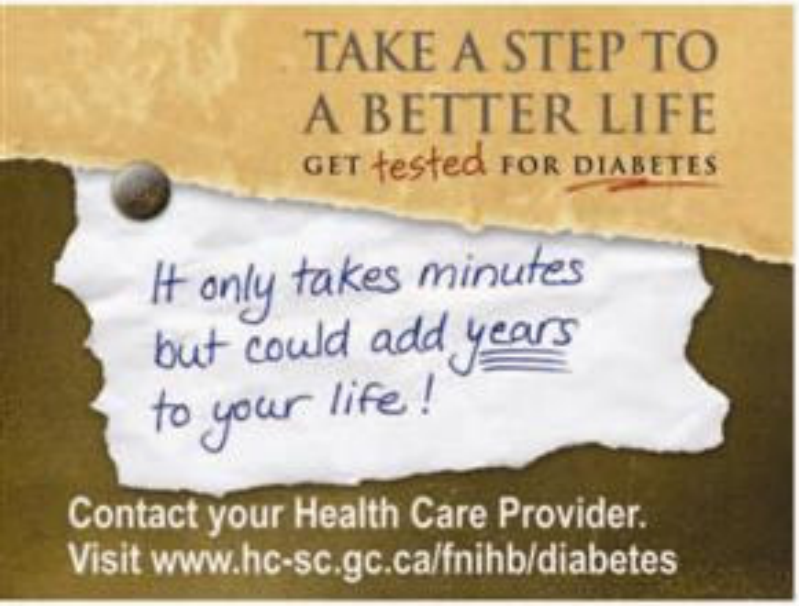
Stay active year round!

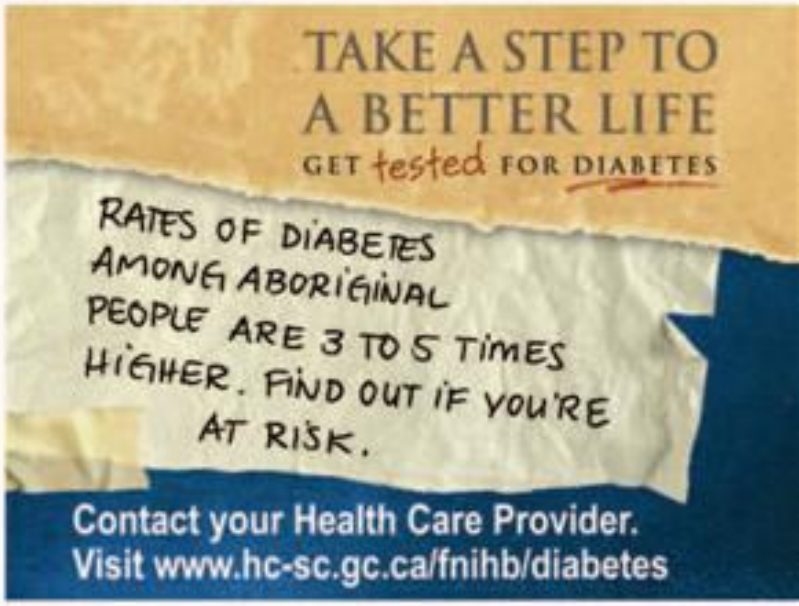
TAKE A STEP TO A BETTER LIFE
GET tested FOR DIABETES

Types of Diabetes

There are three main types of diabetes:

- **Type 1 diabetes**
  The body doesn't produce any, or very little, insulin
- **Type 2 diabetes**
  The body has trouble using the insulin it produces
- **Gestational diabetes**
  The body can't use insulin during pregnancy (this type goes away after the baby is born.)





Health Canada Santé Canada

Canada

TAKE A STEP TO A BETTER LIFE

GET tested FOR DIABETES

"Rates of diabetes among Aboriginal people in Canada are three to five times higher than those of the general Canadian population."

To Do:
- Know the Signs of Diabetes
- Take the Blood Test
- Eat Well & Exercise
- LIVE HEALTHY! ☺

REMINDER:
GET TESTED FOR DIABETES!

Don't Miss the Next Blood Screening Clinic!

Date: Time: Location:

Contact Information:

For More Information:
Contact Your Health Care Provider.
Visit www.hc-sc.gc.ca/fnihb/diabetes

Health Canada Santé Canada

Canada

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To Do:

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"Rates of diabetes among Aboriginal people in Canada are three to five times higher than those of the general Canadian population."

Am I at Risk?

- Choosing to live a healthy lifestyle will help all of us to live longer, healthier, more active lives with our families and friends. Take the first step: get tested for diabetes. It only takes minutes but could add years to your life!

REMINDER: GET TESTED FOR DIABETES!

Don't Miss the Next Blood Screening Clinic!

Date: Time: Location:

Contact Information:

To Find Out More:
Contact Your Health Care Provider. Visit www.hc-sc.gc.ca/fnihb/diabetes

Health Canada Santé Canada

Canada

A Shocking Behind the Scenes Look at Diabetes

Diabetes is a lifelong condition that causes high "blood sugar" levels. This can damage your kidneys, heart, blood vessels, and eyes. It can lead to poor circulation, heart disease, strokes, blindness, gum disease, foot ulcers, kidney disease, and amputation. Diabetes can even cause problems with erections.

Diabetes used to be more common amongst older people, but Aboriginal people are now getting diabetes at a much younger age.

Health problems caused by diabetes can change your life forever. Or take your life.

Get Tested Before It Gets You!

★★★★★ YOUR HEALTH CENTRE DAILY

"The message is simple: if you're at risk, get tested."
Your Community Health Representative

Diabetes is raging amongst Aboriginal people.

Don't get caught! Diabetes is three to five times higher amongst Aboriginal people in Canada than amongst the general Canadian population. Left unmanaged it can cause heart disease and stroke, eye disease and blindness, kidney disease, amputation, foot ulcers, problems with teeth and gums, and problems with erections. ***Fight back!*** A simple blood test can save you. Know the risks. Get tested. Learn how to prevent problems and how to manage diabetes if you do have it. ***Don't wait till it's too late!***

SHOCKING!

" When I saw what can happen when diabetes is not diagnosed, I called the Health Centre to arrange a blood test. "
– Lucy, 34

SCARY!!!

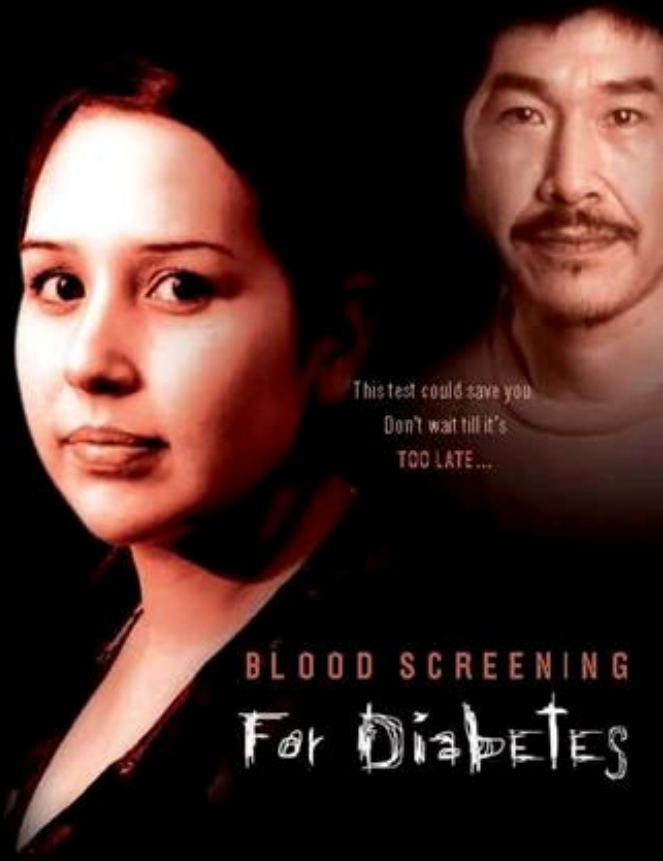
" I'd rather get a blood test now than an amputation later! "
– Derek, 26

SPECIAL FEATURES

A Shocking Behind the Scenes Look At Diabetes
Setting the Scene: There's a Danger Amongst Us!
Diabetes Unmasked: Are YOU at Risk?
Live Footage: Active Living, Healthy Eating
Diabetes vs Aboriginal People: Who will Survive?
It's in the Blood! ... Get Tested
Feature Commentary

For More Information:
Contact your health care provider.
Visit: www.hc-sc.gc.ca/fnihb/diabetes

Diabetes... Get Tested Before It Gets You!



This test could save you.
Don't wait till it's
TOO LATE...

BLOOD SCREENING For Diabetes

Health Canada / Santé Canada

Canada

SETTING THE SCENE:
There's a Danger Amongst Us!

Diabetes is raging amongst Aboriginal people. In fact, rates of type 2 diabetes are 3 to 5 times higher than in the general Canadian population. It's also appearing more and more often in younger Aboriginal people - even in children!

Aboriginal people *of all ages* need to get tested if they are at risk or show any signs of diabetes.

Your role is to watch for the signs, get tested if you're at risk, and lead a healthy, active life.

DIABETES UNMASKED:
Are YOU at Risk?

YOU MAY BE AT RISK if you're over 40, overweight, have parents or brothers or sisters with diabetes, have high blood pressure or high cholesterol, had diabetes while pregnant, or had a baby that weighed more than 4kg at birth. **GET TESTED!**

If diabetes is left lurking in your system without being treated, it *will* cause damage.

★ ★ ★ ★ ★

"DON'T GET CAUGHT!
Know the risks, watch for signs, get tested, and stay active."

LIVE FOOTAGE:
Active Living, Healthy Eating

Lights, camera, ACTION...

SCENE 1: Active Living

People who are not physically active are more likely to get type 2 diabetes. So, get moving. Active living can prevent or delay the onset of diabetes. Don't let it get you!

Life is not a rehearsal. You only have one shot at it - so stay active to keep diabetes at bay.

Diabetes... *You can run but you can't hide!*

SCENE 2: Healthy Eating

Healthy eating can prevent or delay the onset of diabetes. It can also help to manage the effects - like eye disease, foot ulcers, and kidney disease. Diabetes can even lead to amputations and death.

Make healthy choices. Take your cues from *Eating Well With Canada's Food Guide - First Nations, Inuit and Métis.*

What's My Motivation? Healthy eating will help you to **feel better** and **look better**.

★ ★ ★ ★ ★

"GIVE THE BEST PERFORMANCE OF YOUR LIFE.
An active lifestyle and healthy eating are two of the best ways to
1. prevent diabetes if you don't have it and
2. to manage it if you do." Your Local Nutritionist

Diabetes vs Aboriginal People

Who will Survive?

Aboriginal people are at high risk of suffering from serious health problems related to diabetes. Active living can prevent or delay the onset of diabetes. It can also help to manage the disease and lessen the impacts. Stay active year round to keep diabetes at bay.

IT'S IN THE BLOOD!
...GET TESTED

This test can save your life. The blood test used to find out if your blood sugar level is too high only takes a few minutes but it could help to add years to your life.

To do the test, a blood sample is taken from you by a health professional. This sample is then tested to see what your blood sugar level is and if you need to take further action.

Blood screenings are held often. Find out when the next one is being held. Do it now - before it's too late.

★ ★ ★ ★ ★

"RUN! Walk, swim, kayak, play road hockey, snowshoe... whatever you can do and like to do, do it. Diabetes won't catch you so easily if you're not standing still!"
Sam, 38

★ ★ ★ ★ ★

"I WAS TOO AFRAID to get tested. I wish now I'd taken the test years earlier. If I had maybe I wouldn't be blind today." Winona, 62

Diabetes is threatening the lives of Aboriginal people. Rates of diabetes are 3 to 5 times higher amongst Aboriginal people in Canada than amongst the general Canadian population. Don't let it get you.

For More Information:
Please contact your health care provider.
Visit www.hc-sc.gc.ca/fnihb/diabetes

If you're at risk or show signs of diabetes, GET TESTED.
...a few minutes could save your life.

For More Information:
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Warning:
Diabetes can cause heart disease and stroke, eye disease and blindness, kidney disease, amputation, foot ulcers, problems with teeth and gums, and problems with erections. Complications caused by diabetes can lead to death. Don't let life get complicated. GET TESTED.

For More Information:
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Health problems caused by diabetes
can change your life forever.
Or take your life.

For More Information:
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Visit www.hc-sc.gc.ca/fnihb/diabetes

Life is not a rehearsal.
You only have one shot at it - so stay active to prevent or delay diabetes. If you're at risk or show signs, GET TESTED.

For More Information:
Please contact your health care provider.
Visit www.hc-sc.gc.ca/fnihb/diabetes

Complications caused by diabetes can lead to death.
Fight back! A quick and easy blood test can save you.

For More Information:
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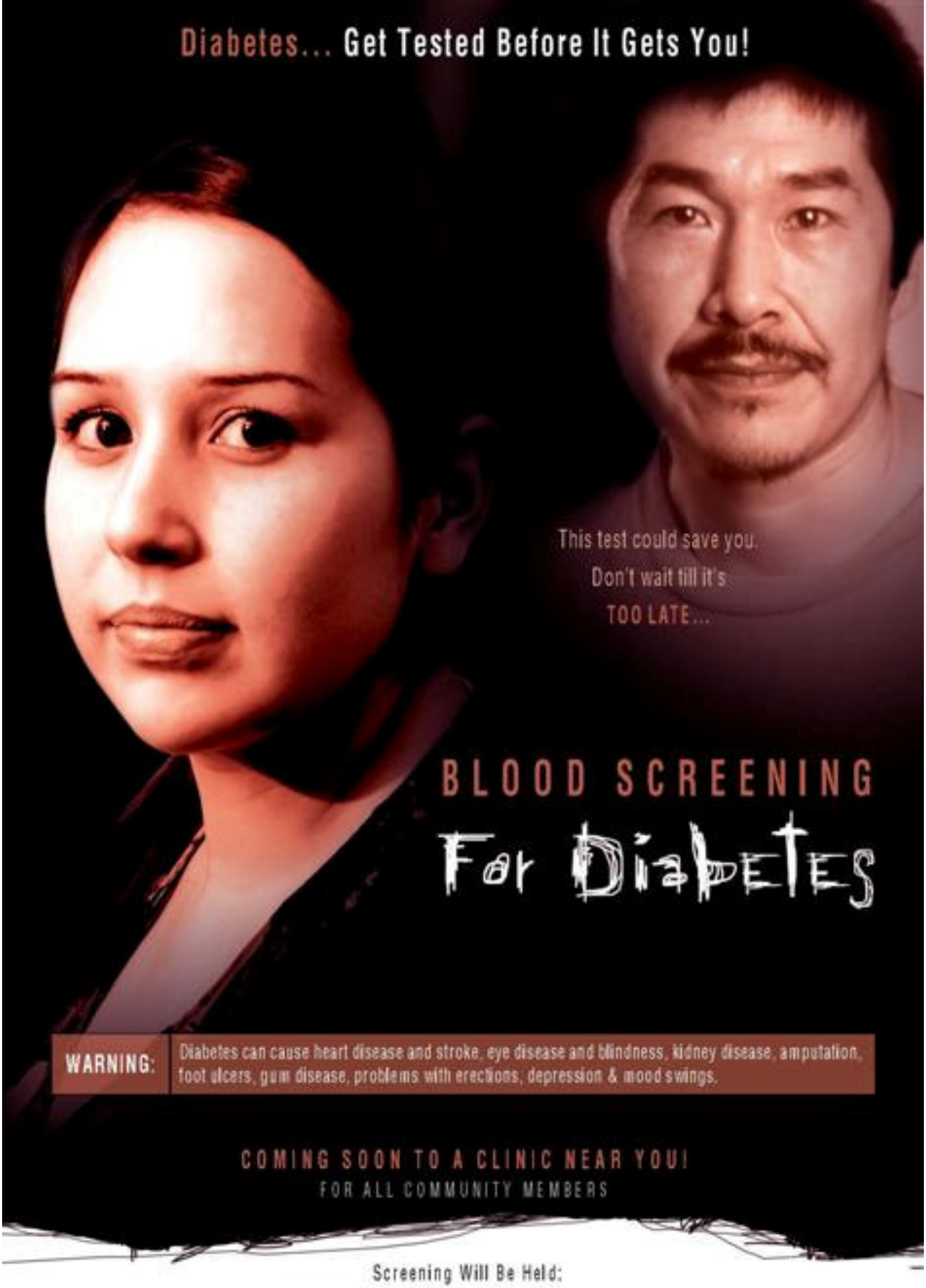
Health Canada Santé Canada

Canada

Diabetes... Get Tested Before It Gets You!



BLOOD SCREENING For Diabetes

WARNING: Diabetes can cause heart disease and stroke, eye disease and blindness, kidney disease, amputation, foot ulcers, gum disease, problems with erections, depression & mood swings.

COMING SOON TO A CLINIC NEAR YOU!
FOR ALL COMMUNITY MEMBERS

Screening Will Be Held:

Date: _____ **Location:** _____

Time: _____ **Contact Information:** _____

For More Information:
Contact your health care provider.
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Health Canada Santé Canada

Canada

Diabetes... Get Tested Before It Gets You!

This test could save you.
Don't wait till it's
TOO LATE...

BLOOD SCREENING For Diabetes

A few minutes could save your life...

WARNING:	Diabetes can cause heart disease and stroke, eye disease and blindness, kidney disease, amputation, foot ulcers, gum disease, problems with erections, depression & mood swings.

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Health Canada Santé Canada

Canada

Health Canada / Santé Canada

Your health and safety: our priority. / Votre santé et votre sécurité : notre priorité.

Aboriginal Diabetes Initiative

DIABETES FACTS

Learning.
Sharing.
Living.

Canada

What is Diabetes?

Diabetes is a lifelong condition where your body does not produce enough insulin or it cannot use the insulin it produces. Insulin is important to allow your body to change sugar from food into energy. Lack of insulin increases the "blood sugar" level that can cause damage to kidneys, poor circulation, heart disease and blindness.

There are three main types of diabetes:

- **Type 1** diabetes where the body doesn't produce any, or very little, insulin
- **Type 2** diabetes where the body has trouble using the insulin it produces
- **Gestational** diabetes where the body can't use insulin during pregnancy

The most common form of diabetes is type 2. Aboriginal people are at much greater risk of developing type 2 diabetes than other Canadians. While diabetes used to be a disease that older people developed, it is now appearing more often in younger Aboriginal people and children.

Many years ago, diabetes was not a concern for Aboriginal people. In earlier times, Aboriginal people led a healthy lifestyle with lots of physical activity and traditional foods. Some people think that because there was a rapid change in this healthy lifestyle, Aboriginal people now have a higher risk of developing diabetes. Returning to a healthier lifestyle, with physical activity and healthy foods, offers Aboriginal people a way to prevent diabetes. It also provides Aboriginal people with diabetes, a positive way to live a healthy and long life.

For more information about diabetes contact your local health care provider.

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Health Canada | Santé Canada

Your health and safety: our priority. | Votre santé et votre sécurité : notre priorité.

Aboriginal Diabetes Initiative

DIABETES FACTS

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Aboriginal *Diabetes* Initiative

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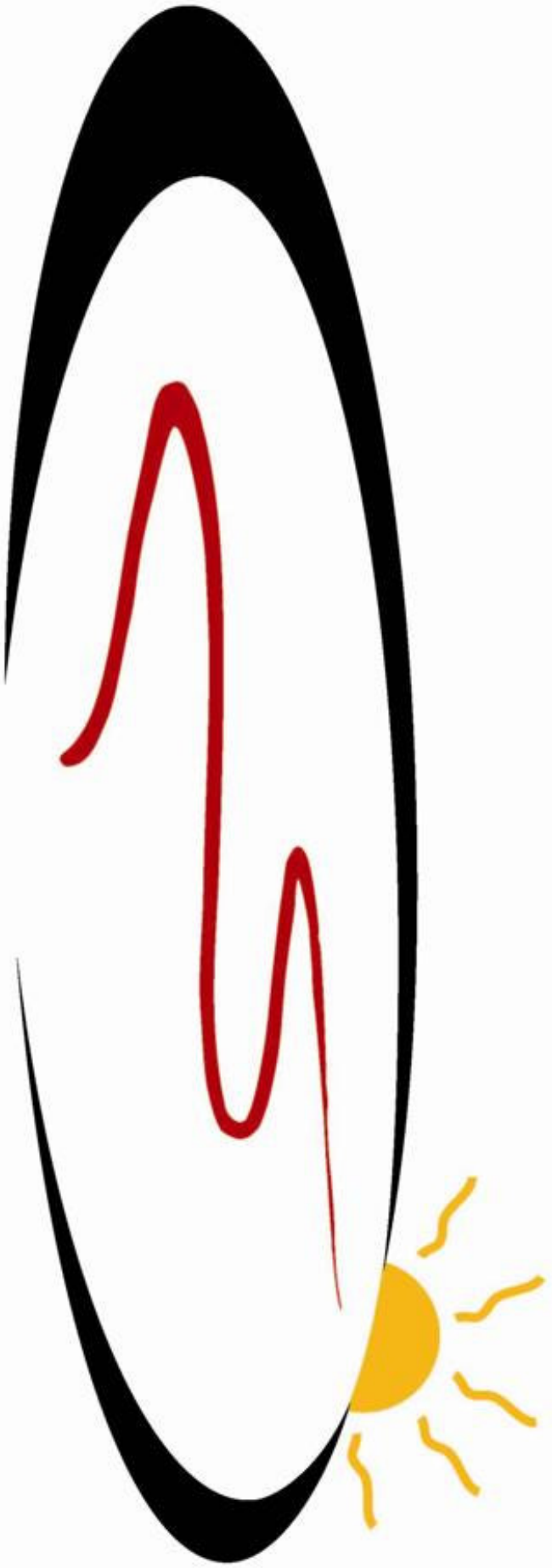
Canada


Share
Live
Learn

Learning. Sharing. Living.



N'attendez pas demain

Pour en savoir plus :

Communiquez avec votre professionnel de la santé.

Visitez le www.hc-sc.gc.ca/fnihb/diabetes

Santé Canada Health Canada

Canada

UN PAS VERS UNE MEILLEURE VIE

PASSEZ UN test DE DIABÈTE

"C'est pour vous..."

QU'EST-CE QUE LE DIABÈTE?

Le diabète est un problème qui cause des « taux de sucre élevés dans le sang » et dure toute la vie. Avant, le diabète était plus fréquent chez les personnes âgées, mais maintenant les Autochtones l'ont dès leur jeune âge.

Les problèmes de santé causés par le diabète peuvent changer à jamais votre vie.

C'est ma vie
Je la veux
Sans diabète

Suis-je à risque?

Facteurs de risque

	OUI	NON
Avez-vous plus de 40 ans?	☐	☐
Avez-vous un excès de poids?	☐	☐
Vos parents, frères ou sœurs ont-ils le diabète?	☐	☐
Votre pression sanguine et votre taux de cholestérol sont-ils élevés?	☐	☐
Avez-vous déjà fait du diabète pendant la grossesse?	☐	☐
Avez-vous eu un bébé qui pesait plus de 4 kg à la naissance?	☐	☐

Si vous avez répondu OUI à l'une ou l'autre de ces questions, passez un test.

Les Autochtones et le diabète

Le diabète est dévastateur chez les Autochtones. De fait, les taux de diabète de type 2 sont de trois à cinq fois plus élevés que dans l'ensemble de la population canadienne. Il apparaît de plus en plus souvent chez les jeunes Autochtones, même les enfants.

Les Autochtones courent des risques élevés de souffrir de problèmes de santé causés par le diabète.

Les Autochtones de **tous âges** doivent passer un test s'ils sont à risque d'avoir le diabète ou en ont les symptômes.

À FAIRE:

- ✓ Connaître les facteurs de risque
- ✓ Surveiller les symptômes
- ✓ Passer un test si vous êtes à risque
- ✓ Faire de l'activité physique tous les jours
- ✓ Manger sainement tous les jours
- ✓ Arrêter de fumer dès AUJOURD'HUI!

Résolution 1 : Saine alimentation!

Soyez motivé!

Me procurer une copie du Guide alimentaire canadien – Premières Nations, Inuit et Métis.

Pourquoi devrais-je le faire?

Les taux de diabètes sont très élevés dans la population autochtone. Le diabète cause une foule de problèmes de santé et peut aussi en aggraver.

Une saine alimentation peut prévenir ou retarder l'apparition du diabète, autrement dit, une plus grande liberté de vivre une vie en santé, active et plus longue.

Une saine alimentation aide aussi dans la prise en charge du diabète.

Comment puis-je le faire?

Choisissez des aliments sains. Commencez par choisir une variété d'aliments provenant des quatre groupes alimentaires que vous trouverez dans la publication *Bien manger avec le Guide alimentaire canadien - Premières Nations, Inuit et Métis.*

C'est ma vie, je la veux sans diabète! ☺

Résolution 2 : Vie active!

Les gens qui font de l'activité physique risquent moins d'avoir le diabète de type 2. Vivre sans diabète signifie être à l'abri de la douleur et des restrictions causées par le diabète.

Comment puis-je le faire?

L'activité physique apporte beaucoup de bienfaits. Entre autres, elle peut réduire le stress et maintenir votre poids santé. L'activité physique peut prévenir ou retarder l'apparition du diabète. Elle aide aussi à prendre en charge la maladie et à en atténuer les répercussions.

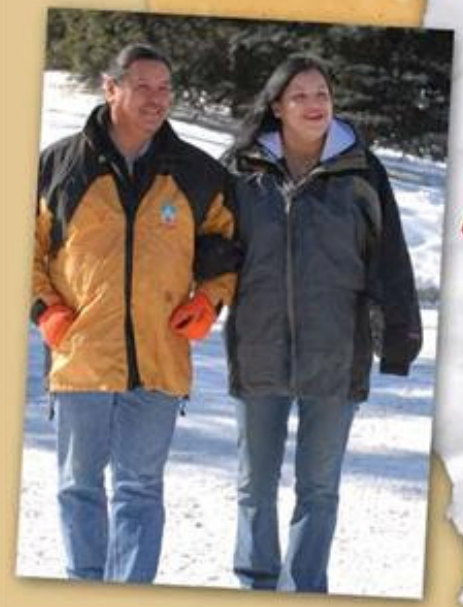
N'oubliez pas : restez actifs toute l'année pour tenir le diabète à distance et vivre une vie plus longue et en santé.

Bougez!

BOUGEZ OU PERDEZ!
COUREZ, MARCHEZ,
NAGEZ, FAITES DU KAYAK,
DU CANOT, DE LA
RAQUETTE, DU PATIN,
DE LA DANSE, DU VÉLO,
JOUEZ AU HOCKEY, ETC.

Vie active + saine alimentation = meilleure qualité de vie!

Le test de dépistage du diabète est rapide, simple et facile.



L'abc du test de sang

Le test de dépistage du diabète est rapide, simple et facile.

A. Le test pour mesurer si le taux de sucre est trop élevé dans votre sang ne prend que quelques minutes, mais il peut prolonger votre vie de plusieurs années.

B. Pour ce test, un professionnel de la santé vous fait un prélèvement de sang.

C. Le spécimen est analysé pour mesurer le taux de sucre dans le sang et déterminer si vous devez prendre d'autres mesures.

On organise souvent des cliniques de dépistage. Renseignez-vous pour savoir quand la prochaine aura lieu. **Faites-le maintenant.** Faites le premier pas vers une vie plus longue et en santé.

Restez actifs toute l'année !

UN PAS VERS UNE MEILLEURE VIE

PASSEZ UN test DE DIABÈTE

Types de diabète

Il existe trois principaux types de diabète :

- **Le diabète de type 1 :** le corps ne produit pas ou seulement très peu d'insuline.
- **Le diabète de type 2 :** le corps a des problèmes à utiliser l'insuline qu'il produit.
- **Le diabète gestationnel :** le corps ne peut pas utiliser l'insuline durant la grossesse (ce type de diabète disparaît à la naissance du bébé).

Santé Canada Health Canada

Canada

UN PAS VERS UNE MEILLEURE VIE

PASSEZ UN *test* DE DIABÈTE

"Il y a de trois à cinq fois plus de diabète chez les Autochtones que dans le reste de la population canadienne."

À faire :

- Connaître les signes du diabète
- Passer un test de sang
- Bien manger et faire de l'activité physique
- VIVRE EN SANTÉ !

RAPPEL :
PASSER UN TEST DE DÉPISTAGE DU DIABÈTE !

Ne manquez pas la prochaine clinique de dépistage!

Date : Heure : Lieu :

Coordonnées :

Pour plus de renseignements :
Communiquez avec votre professionnel de la santé.
Visitez le www.hc-sc.gc.ca/fnihb/diabetes

Santé Canada Health Canada

Canada

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PASSEZ UN *test* DE DIABÈTE

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"Il y a de trois à cinq fois plus de diabète chez les Autochtones que dans le reste de la population canadienne."

Suis-je à risque?

- Choisir un mode de vie sain nous aidera tous à vivre plus longtemps, en meilleure santé et une vie active avec nos familles et amis. Faites le premier pas : passez un test de diabète. Ces quelques minutes pourraient ajouter des années à votre vie!

RAPPEL:
PASSER UN TEST DE DÉPISTAGE DU DIABÈTE!

Ne manquez pas la prochaine clinique de dépistage!

Date : Heure : Lieu :

Coordonnées :

Pour plus de renseignements :
Communiquez avec votre professionnel de la santé. Visitez le www.hc-sc.gc.ca/fnihb/diabetes

Santé Canada Health Canada

Canada

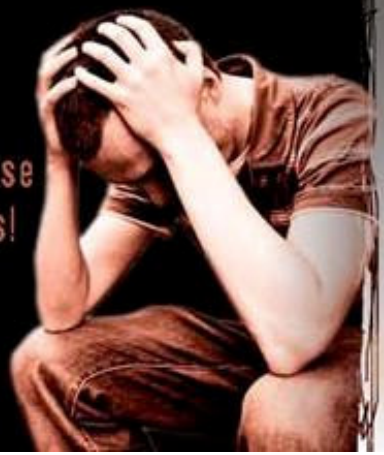
Regard choquant derrière les coulisses du diabète

Le diabète est un problème qui cause des « taux de sucre élevés dans le sang » et dure toute la vie. Il peut endommager vos reins, votre cœur, vos vaisseaux sanguins et vos yeux. Il peut provoquer une mauvaise circulation, des maladies du cœur, un accident vasculaire cérébral; il peut rendre aveugle et entraîner des maladies des gencives, des ulcères aux pieds, des maladies du rein et l'amputation. Le diabète amène même des problèmes d'érection.

Avant, le diabète était plus fréquent chez les personnes âgées, mais maintenant les Autochtones l'ont dès leur jeune âge.

Les problèmes de santé causés par le diabète peuvent changer à jamais votre vie. Ou même vous l'enlever.

Passez un test de dépistage avant qu'il cause des dommages!



★★★★★ DERNIÈRES NOUVELLES DE VOTRE CENTRE DE SANTÉ

« Le message est simple : si vous êtes à risque, passez un test. »
Votre représentant de la santé communautaire

Le diabète rôde chez les Autochtones

Ne le laissez pas vous avoir. Le diabète est de trois à cinq fois plus fréquent chez les Autochtones que dans le reste de la population canadienne. Sans traitement, il peut causer des maladies du cœur et des accidents vasculaires cérébraux, des maladies du rein et de l'œil, la cécité, l'amputation, des ulcères aux pieds, des problèmes de gencives, de dents et d'érection. ***Défendez-vous!*** Un simple test de sang peut vous sauver. Connaissez les risques. Passez un test. Apprenez comment prévenir les problèmes et prendre en charge le diabète si vous l'avez. ***N'attendez pas qu'il soit trop tard!***

CHOQUANT!

« Quand j'ai vu ce qui arrivait si le diabète n'est pas diagnostiqué, j'ai appelé le centre de santé pour passer un test de dépistage. »
– Lucie, 34 ans

ÉPOUVANTABLE!!!

« J'aime mieux passer un test de sang maintenant que de me faire amputer plus tard! »
– Denis, 26 ans

EN VEDETTE

Pour en savoir plus :
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Visitez notre site Web à www.hc-sc.gc.ca/fnihb/diabetes

Le diabète... Passez un test de dépistage avant qu'il cause des dommages!

Ce test peut vous sauver.
N'attendez pas qu'il soit
TROP TARD...

TEST DE DÉPISTAGE
du diabète

Santé Canada Health Canada

Canada

LE SCÉNARIO :
Il y a un danger parmi nous!

Le diabète est dévastateur chez les Autochtones. De fait, les taux de diabète de type 2 sont de trois à cinq fois plus élevés chez les Autochtones que dans l'ensemble de la population canadienne. Il apparaît de plus en plus souvent chez les jeunes Autochtones, même les enfants.

Les Autochtones *de tous âges* doivent passer un test s'ils sont à risque d'avoir le diabète ou en ont les symptômes.

Votre rôle, c'est de surveiller les signes, de passer un test si vous êtes à risque et d'adopter un mode de vie sain et actif.

LE DIABÈTE DÉMASQUÉ :
Êtes-VOUS à risque?

VOUS POURRIEZ ÊTRE À RISQUE si vous avez plus de 40 ans, un excès de poids, vos parents, frères ou sœurs ont le diabète, votre pression sanguine ou votre taux de cholestérol sont élevés, vous avez eu le diabète pendant la grossesse ou votre bébé pesait plus de 4 kg à la naissance. **PASSEZ UN TEST!**

Si vous laissez agir le diabète dans votre système sans le traiter, il causera *certainement* des dommages.

★ ★ ★ ★ ★

« **NE TOMBEZ PAS DANS LE PIÈGE!** Connaissez les risques, surveillez les signes et restez actif. »

LONG MÉTRAGE :
Vie active, saine alimentation

Projecteurs, caméra, ACTION...

SCÈNE 1 : Vie active

Les personnes qui ne sont pas actives physiquement sont plus vulnérables au diabète de type 2. Alors, bougez. L'activité physique peut prévenir ou retarder l'apparition du diabète. Ne le laissez pas vous avoir!

La vie n'est pas une répétition. Vous n'en avez qu'une – alors, soyez actif pour tenir le diabète à distance.

Le diabète... ***Vous pouvez courir mais vous ne pouvez pas vous cacher!***

SCÈNE 2 : Saine alimentation

Une saine alimentation peut prévenir ou retarder l'apparition du diabète. Elle aide aussi à en atténuer les effets – comme les maladies de l'œil, les ulcères aux pieds et les maladies du rein. Le diabète peut entraîner même une amputation et la mort.

Faites les bons choix pour votre santé. Suivez les conseils dans la publication Bien manger avec *le Guide alimentaire canadien - Premières nations, Inuit et Métis*.

Qu'est-ce qui pourrait me motiver? Une saine alimentation vous fait **mieux paraître** et vous **sentir mieux**.

★ ★ ★ ★ ★

« **DONNEZ LA MEILLEURE PERFORMANCE DE VOTRE VIE.** Une vie active et une saine alimentation sont les deux meilleurs moyens de prévenir le diabète si vous ne l'avez pas et de le prendre en charge si vous l'avez. » Votre nutritionniste

Le diabète contre les Autochtones

Qui survivra?

Les Autochtones courent de grands risques de souffrir de sérieux problèmes de santé associés au diabète. Une vie active peut prévenir ou retarder l'apparition du diabète. Elle aide aussi à prendre en charge la maladie et à en atténuer les répercussions. Restez actif toute l'année pour tenir le diabète à distance.

C'EST DANS LE SANG!
...PASSEZ UN TEST!

Ce test peut vous sauver la vie. Le test, pour mesurer si le taux de sucre est trop élevé dans votre sang, ne prend que quelques minutes, mais il peut prolonger votre vie de plusieurs années.

Pour ce test, un professionnel de la santé vous fait un prélèvement de sang. Le spécimen est analysé pour mesurer le taux de sucre dans le sang et déterminer si vous devez prendre d'autres mesures.

On organise souvent des cliniques de dépistage. Renseignez-vous pour savoir quand la prochaine aura lieu. Faites-le maintenant, avant qu'il soit trop tard.

★ ★ ★ ★ ★

« **COUREZ!** Marchez, nagez, faites du kayak, jouez au hockey bottine... tout ce que vous pouvez et aimez faire, faites-le! Le diabète vous rattrapera si vous restez immobile! » Sam, 38 ans

★ ★ ★ ★ ★

« **J'AVAIS TROP PEUR** de passer un test. Avoir su, je l'aurais fait il y a longtemps. Peut-être qu'aujourd'hui, je ne serais pas aveugle. » Winona, 62 ans

Le diabète menace la vie des Premières nations. Les taux de diabète sont de 3 à 5 fois plus élevés chez les Autochtones au Canada que dans l'ensemble de la population canadienne. Ne le laissez pas vous avoir.

Pour en savoir plus :
Communiquez avec votre professionnel en soins de la santé.
Visitez notre site Web à www.hc-sc.gc.ca/fnihb/diabeles

Si vous êtes à risque ou présentez des signes de diabète, PASSEZ UN TEST.

...quelques minutes pourraient vous sauver la vie.

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Avertissement : Le diabète peut causer des maladies du cœur et un AVC, des maladies de l'œil et la cécité, des maladies du rein, une amputation, des ulcères aux pieds, des problèmes de dents, de gencives et d'érection. Les complications du diabète peuvent entraîner la mort. Ne laissez pas le diabète vous compliquer la vie. PASSEZ UN TEST.

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Les problèmes de santé causés par le diabète peuvent changer à jamais votre vie. Ou même vous l'enlever.

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La vie n'est pas une pratique. Vous n'avez qu'un seul essai – restez actif pour prévenir ou retarder le diabète. Si vous êtes à risque ou présentez des signes, PASSEZ UN TEST.

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Les complications du diabète peuvent causer la mort. Défendez-vous! Un simple et rapide test de sang peut vous sauver.

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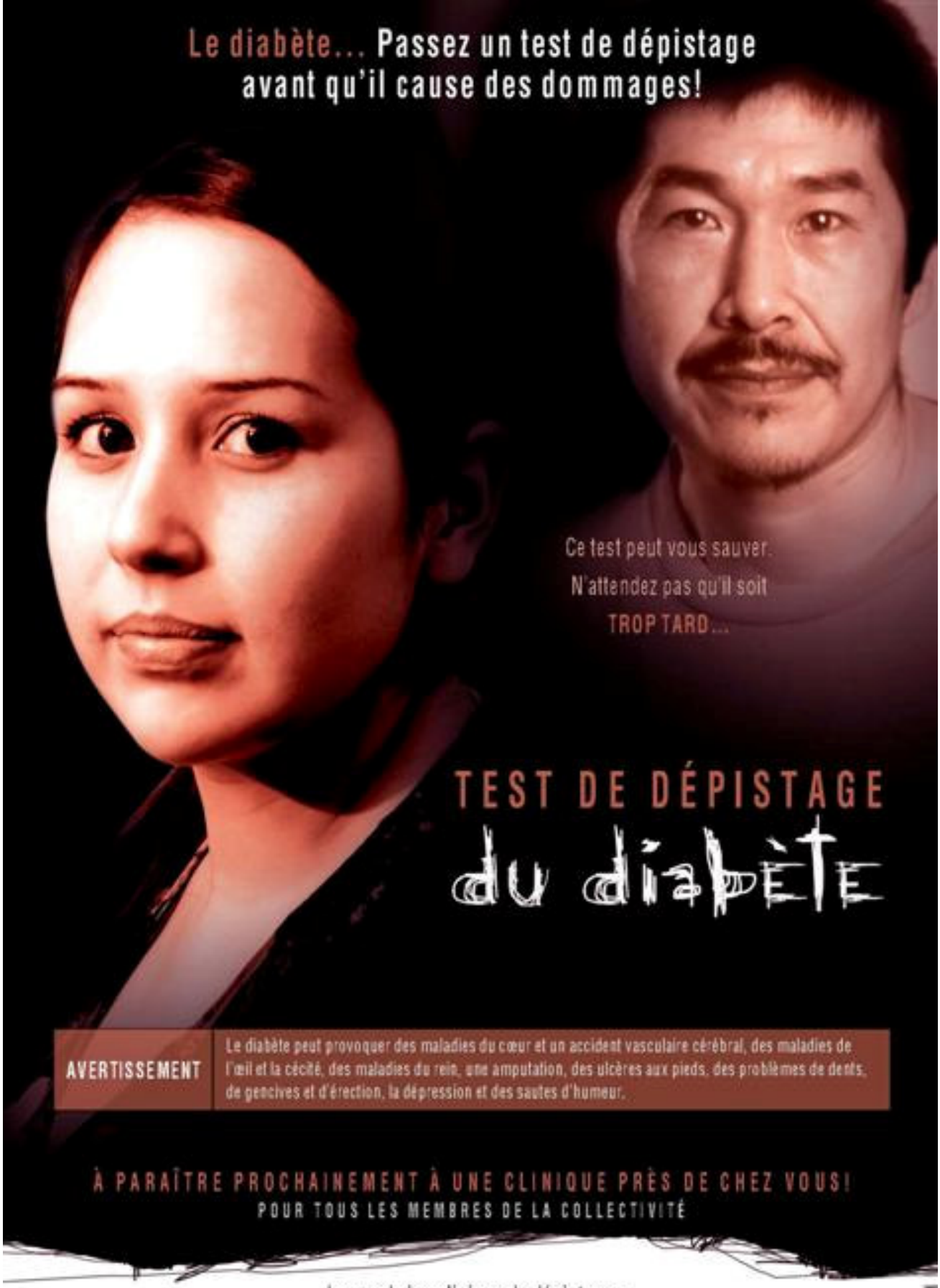

La prochaine clinique de dépistage :

Date : _____ **Lieu :** _____

Heure : _____ **Coordonnées :** _____

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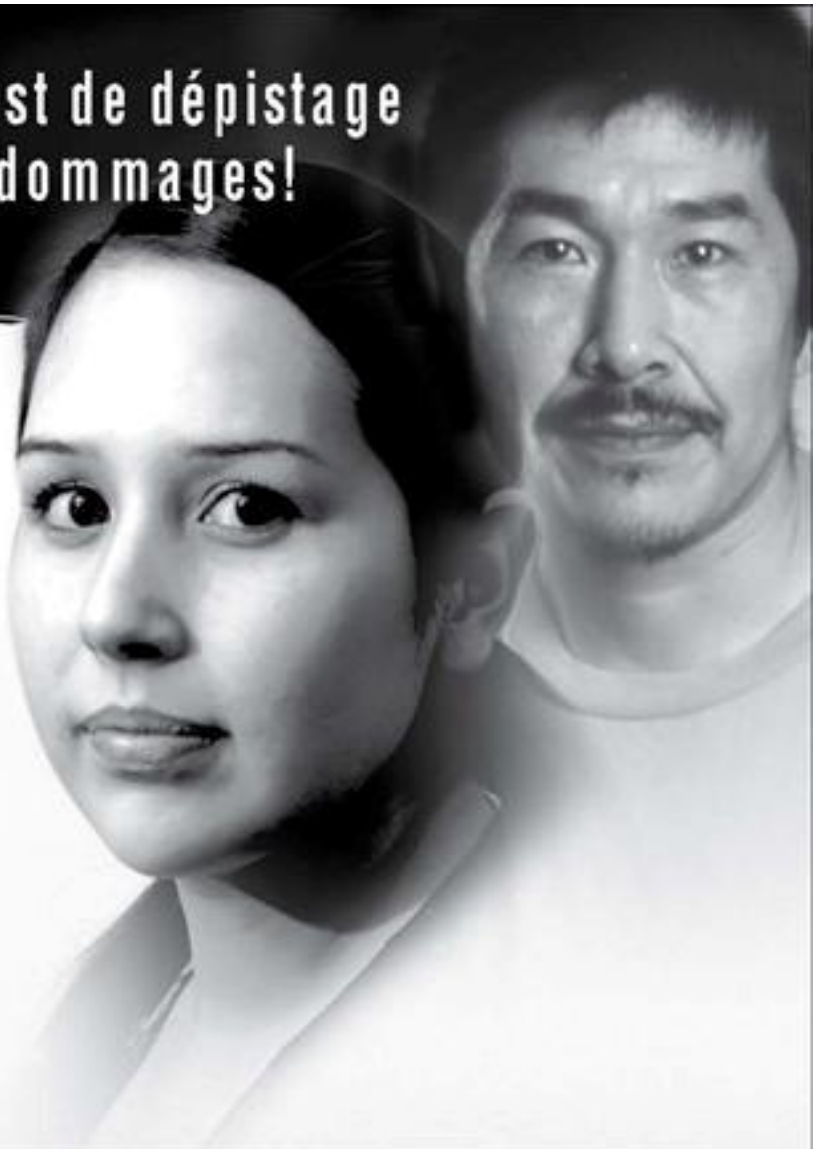

Ce test peut vous sauver.
N'attendez pas qu'il soit
TROP TARD...

TEST DE DÉPISTAGE du diabète

Quelques minutes pourraient sauver votre vie...

AVERTISSEMENT	Le diabète peut provoquer des maladies du cœur et un accident vasculaire cérébral, des maladies de l'œil et la cécité, des maladies du rein, une amputation, des ulcères aux pieds, des problèmes de dents, de gencives et d'érection, la dépression et des sautes d'humeur.

À PARAÎTRE PROCHAINEMENT À UNE CLINIQUE PRÈS DE CHEZ VOUS!

POUR TOUS LES MEMBRES DE LA COLLECTIVITÉ

La prochaine clinique de dépistage :

Date : _____ **Lieu :** _____
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Initiative sur le *Diabète* chez les Autochtones

FAITS DE DIABÈTE

Apprendre.
Partager.
Mieux Vivre.

Canada

Qu'est-ce que le diabète?

Le diabète est un état permanent faisant en sorte que l'organisme ne produit pas assez d'insuline ou n'arrive pas à utiliser celle qu'il produit. Le corps a besoin d'insuline pour transformer le sucre des aliments en énergie. Un taux d'insuline insuffisant fait augmenter le taux de glycémie (de « sucre dans le sang »), ce qui pourrait causer des dommages aux reins ou encore donner lieu à une circulation sanguine insuffisante, à des maladies cardiaques ou provoquer la cécité.

Il existe trois principaux types de diabète :

- **Type 1** : l'organisme ne produit que peu ou pas d'insuline;
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Le diabète de type 2 est le plus répandu. Les Autochtones sont de trois à cinq fois plus à risque que les autres Canadiens d'être atteints d'un diabète de type 2. En outre, ce diabète est de plus en plus souvent diagnostiqué chez les jeunes et les enfants autochtones, alors que cette maladie touchait généralement les personnes plus âgées.

À une certaine époque, les populations autochtones n'avaient pas à se soucier du diabète. Les Autochtones avaient jadis un mode de vie sain caractérisé par une grande activité physique et une alimentation traditionnelle. Certains croient que l'évolution rapide de leur mode de vie a accru chez eux les risques liés au diabète. Néanmoins, les Autochtones peuvent prévenir le diabète en revenant à un mode de vie sain, à savoir un niveau d'activité physique appréciable et une saine alimentation. Chez les Autochtones qui sont diabétiques, de telles habitudes ouvrent la voie à une vie longue et en santé.

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Initiative sur le *Diabète* chez les Autochtones

Qu'est-ce que le diabète ?

Le diabète est un état permanent faisant en sorte que l'organisme ne produit pas assez d'insuline ou n'arrive pas à utiliser celle qu'il produit. Le corps a besoin d'insuline pour transformer le sucre des aliments en énergie. Un taux d'insuline insuffisant fait augmenter le taux de glycémie (de « sucre dans le sang »), ce qui pourrait causer des dommages aux reins ou encore donner lieu à une circulation sanguine insuffisante, à des maladies cardiaques ou provoquer la cécité.

Il existe trois principaux types de diabète :

- **Type 1** : l'organisme ne produit que peu ou pas d'insuline;
- **Type 2** : le corps produit de l'insuline, mais ne peut pas l'utiliser correctement;
- **Diabète gestationnel** : l'organisme n'utilise pas l'insuline correctement pendant la grossesse.

Le diabète de type 2 est le plus répandu. Les Autochtones sont de trois à cinq fois plus à risque que les autres Canadiens d'être atteints d'un diabète de type 2. En outre, ce diabète est de plus en plus souvent diagnostiqué chez les jeunes et les enfants autochtones, alors que cette maladie touchait généralement les personnes plus âgées.

À une certaine époque, les populations autochtones n'avaient pas à se soucier du diabète. Les Autochtones avaient jadis un mode de vie sain caractérisé par une grande activité physique et une alimentation traditionnelle. Certains croient que l'évolution rapide de leur mode de vie a accru chez eux les risques liés au diabète. Néanmoins, les Autochtones peuvent prévenir le diabète en revenant à un mode de vie sain, à savoir un niveau d'activité physique appréciable et une saine alimentation. Chez les Autochtones qui sont diabétiques, de telles habitudes ouvrent la voie à une vie longue et en santé.

Pour obtenir de plus amples renseignements à propos du diabète, consultez votre fournisseur de soins de santé.

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