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Aboriginal Tobacco Cessation Ads Disaster Check (POR-06-06)
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Report (final)

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WESTERN OPINION RESEARCH

Andrew J. Enns
Senior Vice President
204-989-8986
ae@nrgresearchgroup.com

Nadia Papineau-Couture
Senior Research Associate
514-278-5699

www.nrgresearchgroup.com

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EXECUTIVE SUMMARY

Six focus groups were conducted in three locations with First Nations and Inuit people. The groups were conducted with on-reserve First Nations in Kenora, Ontario and Baie-Comeau, Quebec. Two groups were conducted with Inuit in Baker Lake, Nunavut. All participants were between the ages of 18 and 43. The groups were made up of active smokers who have previously attempted or contemplated quitting smoking in the past. The groups in each location were divided between males and females. Focus groups are a qualitative research method, where participants are led through a discussion by a moderator. Participants are encouraged to provide open-ended and detailed responses to questions that allow for probing of inner thoughts and feelings.

The primary objective of the sessions was to test the execution of television and radio ads that had previously been tested in a rough preliminary form. This campaign was aimed at motivating both First Nations and Inuit to quitting smoking.

The First Nations messages were similar in English and French, only the execution differed while the message targeted to Inuit people was conceptually different. This report is structured to reflect the fact that there were distinct differences in the communication materials tested between each location.

Overall Reactions to the Concept/Message

Overall, all four ads (2 TV and 2 radio) deliver the intended message and fulfill the desired communication objectives. The scenarios depicted in the ads are suitable for the intended First Nations/Inuit audience in that they contain scenes and dialogue that can be related to. There were positive reactions from participants to seeing actual First Nations or Inuit actors used in ads of this nature (subject to execution comments below). The presence of a First Nations or Inuit doctor at the end of each commercial seemed to add credibility to the message content while First Nations or Inuit actors in the first portion of the commercials helped the audience identify with the situations depicted.

The ads were often recognized as being different than the usual 'quit smoking' ads in that these were talking about or showing situations intended to help a person quit as opposed to the usual approach of 'scaring' people into quitting.

This said, it is important to note that the more powerful and direct advertising approach of using fairly graphic visuals or situations to communicate the dangers of smoking is still perceived or described as an important element of encouraging an individual to quit smoking. This appears to be particularly the case with the Inuit who expressed the strongest views among all participants that the 'scare' approach was still very effective and necessary to get an individual thinking about quitting.

Execution Issues

The issues that did arise with the advertising relate to how the concept and message is delivered and not the message or concept itself. The issues relating to how the ads are executed are discussed below by location to reflect comments made about each specific execution tested.

Kenora (English First Nations)

There were no significant execution issues with the English First Nations advertising. The actors and scenarios depicted were generally well received by individuals.

Baie-Comeau (French First Nations)

The only issue, but it is a major one, is the credibility of the message delivery. This is related to casting and acting. In terms of casting there are two points to consider:

- The doctor featured at the end of both commercials is credible and his part of the scenario contributes to the overall credibility of the message. The only negative comment made in both groups by some participants, is the choice of a Huron from Wendake to represent the First Nations doctor as this community is not perceived by these particular participants as a "real Indian" community given its integration in a very urban environment. This consideration appeared to be somewhat secondary and had no apparent impact on message understanding, credibility or motivational power.

- The female character was played by Josephine Bacon, a native of the reserve where the research was conducted and a relatively well known narrator. Given the nature of the scenario, e.g. an everyday life situation, participants expected a real slice of life that would be delivered by the people who had actually lived the situations. The choice of a well-known actor, in itself, becomes a problem, particularly when the "talent" is local e.g. from their Reserve.

The second execution point related to acting, specifically the perceived poorness of it. The tone and style of the ad's acting left participants believing the message was not real because it came across as "phoney" and not credible. The dialogue did not flow like a normal conversation. It seemed recited in a fake, not very believable way.

Baker Lake (Inuit English and Inuktitut)

In the Baker Lake sessions the ads were tested in English and Inuktitut. The execution issues with the English versions of the ads were relatively minor. One of the radio spots—The List—could be re-read. It was perceived as being poorly done, particularly the male characters dialogue.

The primary concerns with the Inuit targeted creative arises when considering the Inuktitut versions. The translations provided are not appropriate for a Central Arctic audience. The dialects used in the advertising are Baffin (Eastern Arctic) and High Arctic (Western Arctic). This caused problems of comprehension for the Baker Lake residents.

An additional and related point is the translated ads tested contained two Inuktitut dialects (as noted above). This should be avoided, again, for ease of comprehension.

A somewhat more minor point relates to the voice-over approach utilized for the Inuk doctor. The use of a voice-over surprised the audience. It is difficult to determine if this was the effect of the voice-over itself or the fact the voice-over was speaking in a different Inuktitut dialect than what was previously used in the ad. One thing that is clear was that it was odd and cast some doubt on the 'Inuk' doctor who is unable to speak the language. Consideration should be given to avoid this in the future.

Considerations & Recommendations

Of primary concern are the findings associated with the French language First Nations creative. The concerns outlined above lead to a significant question:

- *Are these perceptions due to the fact that Josephine Bacon is well-known by the participants who then don't believe what she says because she is paid as an actress to deliver the message versus a real testimonial or is it the tone and style of the acting itself that is responsible for this credibility issue. If this is the case, the credibility issue would not be limited to people from Betsiamites but could also apply to other First Nations.*

The sense is that both elements contributed to this situation but, in what proportions is difficult to determine.

Given the fact that there are relatively few First Nations who speak French as their second or main language in Québec, and taking into consideration the nature of the campaign's concept, it might be preferable to cast First Nations or Inuit talent that are not so well known as actors in the community. An 'every-day person', with a natural delivery, would probably ensure that the target market would associate with the message and recognize itself in the situation depicted and would avoid the risk of creating a credibility issue.

It should be noted that character or acting issues with the ads leads to un-desired focus toward other aspects of the creative, such as the white back-drop style. When the ads are holding the attention of viewers (like in the case with English First Nations) the white back-drop has the desired effect with viewers—that is focussing attention on the scene and dialogue. However, if the acting is poor or there is a concern with a character, viewer attention appears to stray to other elements of the ad, diminishing the overall impact of the message.

In the current situation, there are a few options to consider:

1. Keep the commercials as they are and live with a negative reaction and a credibility issue for the target audience tested and, possibly, for all French speaking First Nations;

2. Redo the commercials with new talent that will be both credible as individuals and will deliver the message in a convincing yet not artificial/fake fashion;

3. Test the campaign in another location in order to determine whether Josephine Bacon and her son are acceptable actors i.e. that they are not individually perceived negatively and that their performance/delivery of the message is adequate.

   Should this prove to be acceptable elsewhere, Health Canada would then have to decide if it wants to go ahead with a campaign that presumably works adequately in the other First Nations communities outside the Betsiamite reserve.

The Inuit creative also warrants some review—in particular the dialect issues.

1. At a minimum the ads should be re-read in one consistent dialect. If possible avoid a voice-over on the dialogue.

2. The local Inuit communities should be consulted to determine the appropriateness of various dialects to use in different parts of the Arctic. It would appear that there are

several distinct dialects in use across Nunavut and the Northwest Territories. It may be necessary to create communications pieces in several different dialects to be able to play across the Arctic. Alternatively, one dialect can be selected for a particular campaign, but then this translated ad should only be shown in a certain part of the Arctic.

It is important to note that there were no detectable concerns raised in the sessions when the ads were tested in English. It would appear that the target age group with this particular campaign—18 to 43—is conversant and comfortable with English.

A final consideration regarding the Inuit creative is to re-read the radio ad The List. It raised several concerns for sounding 'forced' and not very believable. It appears this perception was unique to the radio version of The List, as the television version did not elicit similar comments.

Next Phase Thoughts

A follow-up phase of advertising along similar lines of the approach test appears warranted. In the First Nations groups the concept was reacted to well and viewed as something new and different. In all three locations the use of First Nations or Inuit actors (mindful of the French language concerns) was seen, overall, as a very positive step.

There is no shortage of various scenarios for a follow-up phase of advertising. One broad theme that surfaces frequently when individuals discuss the challenges of quitting smoking is how to deal with the resultant stress that not only smoking helps alleviate, but quitting may in fact exacerbate.

Another area that could be developed into future advertising is how to replace the routine of smoking with other activities.

FAITS SAILLANTS

Six groupes de discussion ont été réalisés à trois endroits différents auprès des Premières nations et des Inuits : les groupes étaient composés de membres des Premières nations qui habitaient les réserves de Kenora en Ontario et de Betsiamites (Baie-Comeau) au Québec. Les deux groupes de discussion avec les Inuits ont été effectués à Baker Lake au Nunavut. Tous les participants étaient âgés de 18 à 43 ans et étaient des fumeurs actifs qui avaient essayé d'arrêter de fumer auparavant ou qui avaient déjà envisagé cette possibilité. À chaque endroit, les groupes se subdivisaient entre hommes et femmes. Les groupes de discussions sont une méthode de recherche qualitative où un animateur oriente la discussion à l'aide d'un guide d'entrevue. On y encourage les participants à fournir des réponses détaillées aux questions afin de pouvoir sonder en profondeur leurs pensées et leurs impressions.

L'objectif principal de cette étape de recherche consistait à évaluer des annonces télévisées et des annonces radiophoniques, dans leur forme finale. Le concept de ces annonces avait été évalué au préalable dans une forme préliminaire plus rudimentaire. Cette campagne visait à motiver à la fois les Premières nations et les Inuits à cesser de fumer.

Les messages destinés aux Premières nations étaient similaires en français et en anglais, seule l'exécution, c'est-à-dire la façon de livrer ce message, était distincte. Le message ciblant les communautés inuites reflétait un concept différent. Ce rapport est structuré de façon à relever le fait que le matériel de communication testé était différent dans chaque endroit.

Réaction globale aux concepts/messages

Globalement, les quatre annonces (2 annonces télévisées et 2 annonces radiophoniques) ont livré le message désiré et ont rempli les objectifs de communication fixés. Les scénarios décrits dans les annonces conviennent aux auditoires des Premières nations et des Inuits visés et comportent des scènes et un dialogue qui les touchent. Les participants ont réagi de façon positive au fait d'utiliser des acteurs issus des Premières nations ou des communautés inuites dans le cadre d'annonces de cette nature (en tenant compte des commentaires relatifs à l'exécution qui suivent). La présence d'un médecin issu des Premières nations ou de la communauté inuite à la fin de chaque annonce a semblé ajouter de la crédibilité au contenu du message alors que l'utilisation d'acteurs des Premières nations ou inuits, dans la première partie de l'annonce, a aidé l'auditoire à s'identifier aux situations décrites.

Les annonces étaient souvent perçues comme différentes des annonces habituelles visant à inciter à arrêter de fumer parce qu'elles mentionnaient ou mettaient en scène des situations qui visaient à aider une personne à arrêter de fumer plutôt que d'utiliser l'approche plus usuelle qui vise à faire peur aux gens pour qu'ils arrêtent de fumer.
Cela dit, il est important de souligner le fait qu'une approche publicitaire plus musclée et directe, utilisant des illustrations graphiques ou des situations pour communiquer les dangers du tabac, est encore perçue ou décrite comme élément important pour encourager les gens à arrêter de fumer. Ceci semble être plus particulièrement le cas chez les Inuits qui, parmi l'ensemble des participants, ont exprimé les opinions les plus fortes au sujet du fait que l'approche qui consiste à faire peur aux gens est encore très efficace et qu'elle est nécessaire pour qu'un individu finisse par songer à arrêter de fumer.

Problèmes reliés à l'exécution

Les problèmes soulevés par cette campagne publicitaire portent sur la façon dont le concept et le message sont livrés et non sur le concept ou le message eux-mêmes. Ces problèmes sont discutés ci-après, selon l'endroit, de façon à refléter les commentaires faits au sujet de chacune des exécutions qui ont été évaluées à chaque endroit.

Kenora (Première nation anglophone)

L'exécution de l'annonce anglaise destinée aux Premières nations ne comporte aucun problème significatif. Les acteurs et le scénario sont généralement bien accueillis par les participants.

Baie-Comeau (Première nation francophone)

Le seul problème, mais il est majeur, est un problème de crédibilité qui provient de la façon dont le message est livré. Il se situe au niveau du choix des acteurs et de la façon dont ils jouent leur rôle. En matière de choix des acteurs, deux aspects sont à considérer :

- Le médecin que l'on voit à la fin des deux annonces est crédible et son rôle contribue à la crédibilité globale du message. Le seul commentaire négatif formulé dans les deux groupes par certains participants, est le choix d'un Huron de Wendake pour représenter le médecin autochtone puisque cette communauté n'est pas perçue par ces participants comme une « vraie communauté indienne » puisqu'elle s'est intégrée dans un environnement très urbain. Cette considération semble relativement secondaire et n'a pas eu d'impact apparent sur la compréhension du message, sur sa crédibilité ou sur sa capacité à motiver.

- Le rôle féminin était joué par Joséphine Bacon, une native de la réserve où la recherche a été faite et une narratrice qui est relativement bien connue. Compte tenu de la nature du scénario, à savoir une situation de la vie quotidienne, les participants anticipaient un vrai épisode de la vie quotidienne qui serait livré par les gens qui l'auraient réellement vécu. Le choix d'un acteur bien connu, en soi, devient problématique, particulièrement lorsque le comédien provient du milieu c'est-à-dire de leur propre réserve.

Le deuxième aspect est relié à la façon de jouer ce rôle, et plus particulièrement à la piètre qualité du jeu proprement dit. Le ton et le style de jeu ont incité les participants à croire que le message n'était pas vrai parce qu'il est perçu comme faux/simulé et non crédible. Le dialogue ne coulait pas comme une conversation normale : il semblait récité de façon fausse ou apprise par cœur et pas de façon très crédible.

Baker Lake (Inuit version anglaise et Inuktitut)

À Baker Lake, les participants ont évalué les annonces dans leur version anglaise et en Inuktitut. Les problèmes reliés à la version anglaise étaient relativement mineurs. Une des annonces radiophoniques « The List » pourrait être relue : le message était perçu comme rendu de piètre façon, particulièrement en ce qui a trait au dialogue du personnage masculin.

Les principaux problèmes de la campagne ciblant la clientèle inuite surgissent lorsqu'on considère les versions Inuktitut. Les traductions fournies ne sont pas appropriées à un auditoire du Centre de l'Arctique. Les dialectes utilisés dans les annonces sont de la région de Baffin (Arctique de l'Est) et du Haut Arctique (Arctique de l'Ouest). Cette situation a causé des problèmes de compréhension aux résidents de Baker Lake.

De plus, un autre problème se greffe à cette situation, soit le fait que les annonces testées comportaient deux dialectes Inuktitut différents (tel que mentionné ci-haut.). Ceci devrait être évité, encore une fois pour faciliter la compréhension.

Un problème un peu moins important relève de l'utilisation d'une voix hors-champ pour réciter le dialogue du médecin inuit. L'utilisation de cette voix hors-champ a surpris l'auditoire. Il est difficile de déterminer si ce problème provient de l'utilisation d'une voix hors-champ en tant que telle où s'il provient du fait que cette voix hors-champ parle un dialecte Inuktitut différent de celui qui était utilisé dans la partie précédente de l'annonce. Une chose demeure cependant claire, il s'agit d'une situation étrange et qui sème le doute au sujet du médecin inuit qui n'est pas capable de parler la langue. Ce genre de situation devrait être évitée à l'avenir.

Considérations et recommandations

Le principal problème réside dans les résultats associés à la campagne destinée aux Premières nations francophones. Les problèmes soulignés précédemment nous amènent à nous poser une question cruciale :

- *Ces perceptions sont-elles dues au fait que Joséphine Bacon était une narratrice bien connue des participants qui, en conséquence, ne croient pas ce qu'elle dit parce qu'elle est payée comme comédienne pour livrer ce message au lieu que ce soit un vrai témoignage? Ou alors, est-ce le ton et le style du jeu lui-même qui a engendré ce problème de crédibilité? Dans la seconde alternative, le problème de crédibilité ne se limiterait pas aux gens de Betsiamites mais pourrait également s'appliquer à d'autres Premières nations.*

Il semble que ces deux aspects aient contribué à créer cette situation, mais il est difficile de déterminer dans quelles proportions.

En tenant compte du fait qu'il y a relativement peu de Premières nations qui parlent français comme langue seconde ou comme langue principale au Québec et en tenant également compte de la nature du concept publicitaire, il serait préférable de choisir des comédiens des Premières nations ou inuits qui ne sont pas reconnus comme comédiens dans leurs communautés. Une « personne normale », avec un jeu et un débit naturel, garantirait probablement le fait que la clientèle cible pourrait s'associer au message et se reconnaîtrait dans les situations décrites: on éviterait ainsi le risque de créer un problème de crédibilité.

On doit signaler que les problèmes qui relèvent du choix de comédiens et de leur jeu amènent les gens à faire davantage attention à d'autres aspects de l'annonce comme le fond de scène tout blanc. Lorsque les annonces retiennent l'attention des spectateurs (comme c'est le cas des annonces anglaises destinées aux Premières nations), le fond de scène tout blanc réussit à produire l'effet désiré, c'est-à-dire à centrer l'attention sur le scénario et sur le dialogue. Cependant, si le jeu est mauvais ou si on se questionne au sujet du comédien, l'attention du spectateur se déplace vers d'autres éléments de l'annonce, ce qui diminue l'impact global du message.

Dans la situation actuelle, il y a quelques options à envisager :

4. Conserver les annonces radiophoniques telles quelles et vivre avec une réaction négative et un problème de crédibilité auprès du public cible étudié et, possiblement aussi, pour l'ensemble des Premières nations francophones;

5. Refaire les annonces avec de nouveaux comédiens qui seront à la fois crédibles comme individus et qui livreront le message de façon convaincante sans être artificielle ou fausse;

6. Tester la campagne ailleurs pour déterminer si Joséphine Bacon et son fils sont des comédiens acceptables, c'est-à-dire s'ils ne sont pas des personnes qu'on perçoit négativement et si leur performance/jeu pour livrer le message est adéquat.

   Si cette solution s'avère acceptable ailleurs, Santé Canada devra décider si le ministère veut aller de l'avant avec une campagne qu'il anticipe fonctionner adéquatement auprès

des autres communautés des Premières nations, à l'extérieur de la réserve des Betsiamites.

La campagne destinée aux Inuits requière aussi des révisions, particulièrement concernant la problématique relative aux dialectes utilisés.

3. Au minimum, les annonces devraient être relues dans un seul et même dialecte et, si possible, éviter les voix hors-champ pour lire le dialogue.

4. Les diverses communautés inuites devraient être consultées pour s'assurer que les divers dialectes utilisés dans les diverses régions de l'Arctique sont appropriés. Il semble qu'il y ait plusieurs dialectes distincts utilisés à travers le Nunavut et les Territoires du Nord-Ouest. Il pourrait s'avérer utile de créer du matériel de communication dans plusieurs dialectes différents pour être capable de communiquer adéquatement à travers l'Arctique. Comme solution alternative, on pourrait choisir un seul dialecte pour une campagne spécifique, mais alors, la traduction de cette annonce devrait être diffusée seulement dans certaines parties de l'Arctique.

Il est important de souligner que nous n'avons pas détecté de problèmes lorsque nous avons testé les annonces en anglais dans ces sessions. Il semble que le groupe d'âge ciblé, les 18-43 ans, parle et comprend bien l'anglais.

Une dernière considération à propos de la campagne destinée aux Inuits est la reprise de l'annonce radiophonique « The List » pour relire le texte. Cette annonce a en effet suscité plusieurs commentaires au sujet de la lecture qui semblait forcée et pas très crédible. Cette perception ressort uniquement dans le cas de la version radiophonique de l'annonce « The List », la version télévisée n'a pas suscité les mêmes commentaires.

Considérations pour les phases subséquentes

Une phase publicitaire subséquente qui emprunterait une approche similaire à celle de la campagne évaluée semble légitime. Les groupes des Premières nations ont bien réagi au concept et l'ont perçu comme une approche nouvelle et différente. Dans les trois endroits, l'utilisation de comédiens des Premières nations ou inuits a été globalement reçu comme un pas très positif (sans pourtant oublier la problématique reliée aux groupes francophones).

Il n'y a pas de pénurie de scénarios potentiels pour une phase publicitaire subséquente. Un grand thème qui ressurgit fréquemment, lorsque les gens discutent des défis reliés au fait d'arrêter de fumer, est la façon de gérer le stress qui en résulte : plusieurs disent que fumer aide à calmer le stress et que le fait d'arrêter de fumer pourrait l'exacerber.

Une autre avenue qui pourrait être envisagée dans de futures annonces est la façon de remplacer la routine qui va de pair avec le fait de fumer, par d'autres activités.

STUDY BACKGROUND & RESEARCH DESIGN

Background & Objectives

Health Canada is in the final stages of development of a new tobacco cessation advertising campaign. The campaign is a First Nations On-reserve and Inuit in Inuit communities adaptation of the successful Bob/Martin mainstream tobacco cessation ads. The objectives of the advertising campaign are:

- Encourage quit attempts by the target audience and ultimately increase the success rate of quitting;
- Increase awareness of Health Canada resources by inviting members of the target audience to visit their health care provider;
- Reinforce the message that it often takes several attempts to quit;
- Provide tips on quitting smoking; and,
- Inform smokers that help is available to quit and it is often easier to quit with help.

Health Canada developed a series of tobacco cessation television and radio ads in the hopes of decreasing the non-traditional use of tobacco in First Nations and Inuit communities. In early 2005, the initial ad concepts were viewed and tested over two rounds of focus groups. The ads were refined based on the feedback from this research. A final evaluation of the smoking cessation television and radio ads was required to ensure all the feedback has been incorporated properly.

#1 A key objective was to evaluate the effectiveness of the produced smoking cessation television and radio ads with the specific target audiences identified below. The ultimate purpose was to #2 identify if the spots and messaging are well suited to the target audiences. The materials must be culturally appropriate, credible, relevant and motivational.

Specific objectives of the ad testing include evaluating and determining if the messages:

3 • are credible and relevant with the segmented audiences;
4 • are clear and concise;
5 • appeal and are sensitive to the cultural and emotional sensitivities of the above audience;
6 • have a memorable impact in the minds of the target audience; and,
7 • have the ability to motivate the target audience to consider quitting smoking.

The target audience consisted of First Nations On-reserve and Inuit living in Inuit communities who were smokers aged 18-43 years old. These individuals had contemplated quitting or were in the action phase of quitting. The sample and recruit has been conducted and managed by WOR. Recruiting was done via a structured questionnaire that provided the following information:

- Gender
- Age (18 to 43)
- Smoking behaviour:
  - number of years smoking;
  - number of attempts to quit;
  - intention to quit or in the process of quitting;

- Employment status (student, occupation or currently unemployed)

The screening process eliminated people in conflicting occupations such as media, marketing or marketing research, government employees, health care professionals and local community leaders.

Methodology

Western Opinion Research (WOR)[1] was contracted by Health Canada through the Qualitative Standing Offer list to provide the research services necessary to address the study objectives.

A series of six focus group sessions were conducted, broken out across three First Nations and Inuit communities in Canada:

Location	Population	Date	Moderator
Kenora, Ontario	On Reserve First Nation	June 19, 2006	Andrew Enns
Baie-Comeau, Québec	On Reserve First Nation	June, 20, 2006	Nadia Papineau-Couture
Baker Lake, Nunavut	Inuit	June 21, 2006	Andrew Enns

Groups consisted of approximately 8-12 participants in each session. The groups in each location were divided by gender—one group of females and one group of males. A total of 50 participants attended the sessions (30 First Nations and 20 Inuit individuals).

WOR was responsible for the recruitment of individuals to participate in the focus group sessions. Participants were informed during the recruitment and reminded again the evening of the groups that the sessions are being audio taped for research purposes. All attending participants provided oral or written consent to this.

The groups lasted for approximately $1^{1/2}$ to 2 hours. Andrew Enns and Nadia Papineau-Couture were the moderators for this study.

Context of Qualitative Research

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

The focus group technique is used in marketing research as a means of gaining insight and direction, rather than collecting quantitatively precise data or absolute measures.

[1] Western Opinion Research still operates as fully functional research company providing research services to the Federal Government under the qualitative standing offer list. NRG Research Group (NRG) was formed in 2005 from the merger of Western Opinion Research and Nordic Research Group, two companies whose combined legacy as leaders in the field of market and public opinion research totals over forty years.

KEY FINDINGS

Smoking and Quitting Characteristics

The focus groups began with a very general discussion about when participants started smoking, why they started and their experiences trying to quit smoking.

The vast majority of participants in all sessions said they began smoking in their early teens—usually somewhere between 11 and 15 years of age. A handful of people said they began to regularly smoke in their later teens (17 to 19 years of age).

A very common reason mentioned by individuals for starting to smoke was peer pressure—"*Other kids, everyone else was doing it, so thought I might as well try.*" It appeared from comments that the peer pressure stemmed from friends, other kids from school (*"the in-crowd"*), and siblings. Other comments related to why participants began to smoke included:

- *Started out chewing tobacco, snuff, and smoking seemed the next step.*
- *My two older brothers smoked.*
- *My parents smoked so sneaked cigarettes from them.*
- *Grew up watching my mother smoke so I ended up smoking.*
- *Hanging out with the wrong crowd. More of a follower than a leader.*
- *For the buzz. You need that little high.*
- *Not much else to do around here sometimes, especially in the winter. Might as well smoke.*

Approximately a third to about a half of participants in each group indicated that they had actively tried to quit smoking in the past. The remainder of the participants all had considered quitting in the past or were thinking about trying to quit in the future.

The over-arching reason for quitting smoking was most often health related, as noted below in the comments. There were a few mentions of the economic cost of smoking, particularly in the Baker Lake sessions, but these were in the minority in the sessions.

The health related reasons provided for quitting or thinking about quitting smoking are exemplified in the comments below:

- *I'm 36 years old and I have a coughing problem.*
- *I'm losing my breath.*
- *I have diabetes.*
- *I used to be athletic and play a lot of baseball. It is not so much fun anymore.*
- *I can't get out be very active with my son. He wants to play.*
- *Started thinking about it seriously because my uncle passed away from a heart attack. He was a smoker.*
- *I tried quitting during my pregnancies.*
- *When I was pregnant I just quit cold turkey.*
- *When I got my daughter I thought it may be time to quit.*
- *My wife thought I smoked too much.*
- *Saw some commercials—2nd hand cancer woman (*Heather Crowe*) and the guy with the hole in his throat.*
- *Pictures on the cigarette packs.*

In all instances the quit attempts did not succeed. Primarily this was because of the pressures of having most people around them still smoking—*"I tried* [quitting] *after my baby, but everyone else smokes around me so it drove me crazy."* In a few cases individuals said they quit smoking for several months, but the majority of people who quit said they lasted only a few weeks or less.

Apart from the constant exposure to smoking the other main reason provided why the quit attempts failed was the inability to cope with the resulting stress and irritability that was said to occur when trying to give-up cigarettes. Another concern associated with quitting smoking was provided by an individual in Baker Lake, *"when I quit I started eating a lot. That is expensive up here. Might as well start smoking again."*

Most participants had not consulted anyone about quitting, particularly anyone in a professional capacity, such as a healthcare worker. Quite often individuals commented that the decision to quit smoking had to be your own if it was going to work. There were a few comments of individuals not being comfortable having to report to nurses or doctors or *"having people check up on me"* in relation to trying to quit smoking.

A few people mentioned speaking to family members or close friends about quitting smoking, but this was usually not very effective as these individuals also typically smoked.

A number of people said they had tried different products to help them quit smoking. The patch, nicotine chewing gum and the drug Zyban were mentioned in this regard. These products were not found particularly effective by the users.

A final note of interest when it comes to smoking habits of the study participants was that in all sessions there appeared to be a growing trend of not smoking inside the home. The catalyst for smoking outside the home was usually the arrival of a newborn, but a few people mentioned it was for aesthetic reasons—*"could smell the food cooking, clothes and furniture don't smell as much since smoking outside the house."*

Even in Baker Lake, where the weather could get very inhospitable for smoking outside the home, there was fairly widespread agreement that most people do not smoke inside the home.

Creative Material – Television and Radio Ads

The next section of the focus groups was devoted to testing different advertising creative. Two television and two radio ads were tested and discussed in each group. The format of the test phase was as follows:

1. The ad was played twice without discussion to participants
2. After viewing or listening to the ad participants were asked to independently complete a short questionnaire rating the ad with pictograms on 5 core attributes (see appendix for example of questionnaire). The purpose of the questionnaire was to assists participants in their evaluation of the ad.
3. After the rating sheet was completed participants reactions were discussed
4. This process was repeated for each ad tested.

The ads tested were conceptually (main message) similar across all three locations: First Nations had identical scenarios in each language (mother/son) while the Inuit had a different scenario featuring a couple. However the execution and actors were different for each target

audience/language. On the Betsiamites Reserve, the ads were tested in French only. In Kenora the test occurred in English. In Baker Lake the test and main discussion revolved around English language version of the ads, however, participants in this location were also asked to comment on an Inuktitut translation of the creative.

Please see the appendices section of this report for printed scripts of the tested TV and radio ads.

First Nations – English

The ads tested in Kenora, Ontario with First Nations on-reserve residents were entitled:

- The Pact
- Nic Fit

For each approach (title) a television and a radio version were tested in the sessions. The television ads were tested first in both sessions (The Pact first with females, Nic Fit with males) followed by the radio spots in the same order.

Television Ads

Overall, the television ads were well received by this audience. Both The Pact and Nic Fit were understandable with main message coming through clearly. At the conclusion of the discussion on both ads there was a general view that the ads would get them to at least think about quitting smoking.

For The Pact the main message came through as showing a way and a reason to quit smoking. In addition, several people commented on having the information at the end of the ad—support services—as an important part of the ad's message.

Both ads generated positive reactions from participants in terms of portraying recognizable, "*realistic*" situations.

Several people, most often males, acknowledged the agreement or *"bet"* portrayed in The Pact was fairly common and they could see themselves doing something similar with a friend in future. In addition, the idea of quitting smoking to set an example for a young child was a circumstance that appeared to relate well to many individuals—"*The fact that he was quitting for his child makes me think, I no longer smoke inside because of my son."*

The Nic Fit ad also generated several comments that it depicted realistic situations. The idea of 'nic fits' was not an uncommon one for participants, particularly females. Another part of the ad that generated positive reactions was the line from the ad "I was talking to Anita and could hear her smoking down that phone." Many people said they could relate to that scenario. Another line that was referenced several times as being very believable was "I know, it sure is hard when you are trying to quit and everyone around you smokes."

The English First Nations TV ads were viewed positively from an execution and acting standpoint. The characters and the situations they portrayed seemed credible. There were many positive comments in both sessions about seeing First Nations characters in these ads.

In both ads, a few participants identified specific points that they felt were providing them some new information. In The Pact this was the fact that "6 out of 10 First Nation people smoke." In Nic Fit the new information most noted by participants was "...it's also true that as quickly as two days after quitting, your risk [for heart attack and stroke] starts to decrease."

There were a few concerns expressed about the television ads. In both sessions it was noted by several individuals that neither of these ads were particularly eye-catching or attention grabbing. A few participants said that you really had to listen to the ads to get the main message. They were not seen as very visual.

Specific to The Pact TV ad a number of people commented that the female character seemed "too willing" to quit smoking with her son—*"It's not that easy in real life."*. In the Nic Fit spot several males found the female character's callisthenics or *"dancing"* to be a bit *"corny"* or *"cheesy"*. Female participants, however, found that part of the ad to inject some humour and also was somewhat attention grabbing.

The concluding portion of the ad—the First Nation doctor providing the wrap-up dialogue—was received well in both sessions. Evan Adams was seen as a successful First Nations person. Again, similar to an earlier point, many individuals noted that it was good to see a successful First Nation individual used in this kind of advertising.

In both groups there was a noticeable amount of discussion among participants initially as to where they had seen the doctor before. It was only when in The Pact ad dialogue the doctor identified himself as an actor as well as a doctor that there were many collective *"ahhaas"* around the table. A couple of female participants commented that they felt the overt identification as an actor was not necessary and for them it distracted them somewhat from the main medical message of the ad. Male participants had the same reaction as the female participants in terms of knowing they knew the doctor from somewhere, but not quite sure.

Providing both a 1-800 phone number along with a web address was viewed as a good approach for allowing for follow-up requests. The Internet, with the study participants in these sessions, was a common tool for searching out information.

Radio Ads

In the Kenora sessions the radio spots were tested after the television ads. The radio ads were very similar in terms of message and context as the TV ads (see appendix for scripts) therefore the summary below includes findings unique to the radio ad discussion.

Overall, the main message of the ads came through in a similar fashion as with the TV versions.

Participants quickly identified the similar or thematic approach of having two different delivery approaches of the same concept (TV and Radio). Individuals said this was a good idea as it probably would reach a broader audience. In addition, several participants commented that after seeing the TV ad, the radio ad might catch their attention easier having a visual already in mind to go along with the radio version.

The Pact ad was the stronger of the two radio ads. In both groups the message was noted by individuals as being even clearer and more direct than on the TV version—*"Voices were clear. It was until the second time watching on TV that I heard him say 'mom', but it was very clear on*

radio." To a few participants, this radio ad seemed shorter and more to the point than the TV version. This was good according to participants.

The Nic Fit radio version was not as well received in terms of clarity. The female character's portrayal of callisthenics did not translate well from the TV version to radio.

- *It doesn't make sense when she starts breathing heavy, it seems like she is getting bad news. I thought she was crying.*
- *It sounded funny... she was breathing hard...who knows what she was doing. I was laughing at her.*
- *The main message did not come across as clear because I was trying to figure what the woman was doing. I was trying to remember from the TV.*

At the end of the radio version the contact coordinates for additional information was read out as opposed to be shown on screen. Most participants commented that they clearly heard the contact numbers and web address. Several people noted that it might be a good thing to read them out on TV as well—*"Not everyone always watches the commercial on TV to the end so reading the information still gets it out there."*

First Nations – French

The ads tested in the Baie-Comeau, Québec area with First Nations on-reserve residents were entitled:

- Le Pacte [The Pact]
- Rage de Nicotine [Nic Fit]

For each approach (title) a television and a radio version were tested in the sessions. The females participants listened and commented on the radio versions of the materials first (The Pact first). The males began with the television ads (The Pact first).

Television Ads

As found with the English versions of these ads, the French language ads, Le Pacte and Rage de Nicotine, both did a good job in communicating their main message and intent.

For Le Pacte, aside from quitting smoking, participants said the main idea of this ad was to give a "*be a good example for a child* ", to throw your cigarette pack away and to help each other. In addition, several people in the sessions noted that the identification of places where to find help/assistance (including the Web site) was an important part of the ad.

Similarly, apart from the main point of quitting smoking, participants felt the Rage de Nicotine ad communicated the need to find other things or occupations to take your mind off the desire for a cigarette, such as, physical exercise to take their "mind" away from wanting to smoke. A few people also said that physical exercise or being around people who don't smoke can help them quit. This related to the line in the ad referring to how hard it is to quit smoking when everyone around smokes. Some participants also mentioned the importance of information telling people about being more at risk of having a heart attack if one smoked.

Participants noted both TV ads were easy to understand and follow. In addition, the situations depicted came across to individuals as familiar ones which they could relate to. Many individuals noted that the situation in Le Pacte was a good one—the fact a son is helping his mother and a grandmother doing something because she is a new "grandma".

As noted earlier in the discussion of the Kenora participant reactions, in the Baie-Comeau sessions there were numerous positive comments about having First Nations actors in the ads. This was particularly the case in the males group.

The elements of Le Pacte which were most often cited by individuals as being most memorable was the attempted exchange of a cigarette between mother and son and the act of the mother throwing the pack of cigarettes into the pail. For Rage de Nicotine the woman exercising was noted as being the most memorable part of that ad. In addition, there were several comments associated with Rage de Nicotine that various props in the ad (telephone, table and chair) stood out starkly against the white back-drop. The white back-drop raised a number of comments which are discussed in greater detail below.

The information regarding assistance specifically for quitting smoking was considered by many participants as new and useful information. Some individuals said it was good to know that it was there even if you did not necessarily contact or need to contact. Other people thought they may investigate further—contact the web address. In the Rage de Nicotine ad the comment regarding lessening one's chance of a heart attack after quitting smoking for two days generated some positive reaction from participants as being new and important information to know.

With the above findings noted, there were some very strong concerns expressed by participants regarding the execution of the French language television ads. These concerns can be broadly grouped into these areas:

1. Choice of actors
2. Quality of acting
3. Setting/Back-drop

One of the primary characters in both ads was played by a locally know individual. Josephine Bacon was recognized by the majority of participants in both groups as a narrator. This person was from the local reserve (the same reserve study participants were from). One participant even said she is related to his family.

Individuals were aware that she is a narrator. Many participants said her accent was annoying and even irritating to them. A majority of participants in both groups strongly disliked the way she talks in Le Pacte ad--"*her voice is hesitating and she is not convincing*".

Impressions of Ms. Bacon did not improve when viewing the other TV ad—Rage de Nicotine. Many people said they cannot imagine Josephine Bacon in this type of situation. A good number of individuals felt she was playing in a comedy and not credible in this role. A few participants in the female group felt the commercial should feature somebody they don't know.

Apart from specific concerns regarding the choice of one of the main actors, there were criticisms raised regarding the general quality of the acting. Participants commented during the discussion for both ads that acting was not of a very good calibre in their opinion. The conversation did not come across as natural and something that would normally occur between

a mother and son. As noted earlier the situations depicted in the ads were credible, but the way they were brought to life was not.

A final concern expressed about TV ads was the usage of an all-white back-drop. Unlike the reaction in other locations, both these groups found the all-white back-drop to be a problem. One comment was that—*"having no background scenery focussed attention on the acting, which was bad."* With Le Pacte the white back-drop raised some negative comments. It was viewed as too simple. A number of participants said they would like a kitchen or other room that would look like their own home in order to be able to relate more to the story. Other people in the sessions suggested that the ad should take place in the forest because this is perceived to be a universal type of location for all First Nations and Inuit people.

The doctor's message and the way it was delivered was felt to be both important and credible. The only drawback or negative comment related to the mention of the Huron Wendat Nation as it is described as not representative of "real" First Nations as it is more assimilated or urban than the others. The doctor's examination room setting was felt to reinforce the doctor's message credibility and described as contrasting the white backdrop used in the initial part of the message.

Radio Ads

With the radio ads the message was clearly perceived to be that smoking is bad for the health and that one should try to quit smoking. In addition, Le Pacte ad communicated a message that smoking is dangerous for children and that quitting could set a good example to them. A few people noted that Le Pacte left them with the impression of how smoking is perpetuated from one generation to the next.

Rage de Nicotine, for many participants, communicated the message that—*"it is difficult to stop smoking, but it is possible to succeed."* In addition, as noted above in reference to the TV version, the reference to reducing heart attack risk after quitting smoking for two days was noticed by a number of participants.

Both radio ads were viewed as being consistent with their television counterparts. Also, similar to the TV commercials, the radio spots were easy to understand and follow.

A few particular positive reactions from individuals unique to the radio ads were comments associated with the background music. There were several comments that people noticed and liked the music at the end of the radio ads.

Another positive reaction which came from the male participants who were exposed to the TV ads prior to listening to the radio ads was that lack of a visual made it easier to concentrate on the man message of the ad--*"il est préférable de ne rien voir plutôt que d'avoir le décor qu'il y avait dans l'autre annonce".* As noted above, the white back-drop used in the TV ads generated some concerns. It is interesting, however, that many females, who tested the radio ads first, spontaneously commented that they would have preferred a TV version of the commercial—*"We aboriginals are visual, we like to see images. It helps us understand."*

Other concerns expressed about the radio ads related to similar issues raised earlier in this report with the television creative. The execution of the radio ads—the reading—was not perceived to be done in a natural, conversational manner. Females in particular, felt this was the case when it came to Le Pacte. They mentioned it seemed more like a "sketch" rather than a

real slice of a life situation--*"On dirait que c'est pas vrai"... "On dirait qu'ils font ça parce qu'on leur a demandé de le faire. Si quelqu'un vivait ça, ce serait différent."* Both radio ads, however, were criticized as not sounding natural which ultimately affected their overall impact and credibility.

Individuals noted the tone used when reading the message was not credible—*"on dirait qu'ils ont appris le texte par coeur, qu'ils l'ont étudié pour savoir le réciter.* " Male participants had already addressed this issue when viewing the TV commercials prior to listening to the radio commercials.

A few people, notably males, expressed the concern that Le Pacte radio ad was read too fast. Particularly at the end of the ad when the contact numbers for additional information were read out to the listener.

Inuit

The same format was followed in the Baker Lake sessions as with the two other locations. Two TV ads and two radio ads were tested with two groups of participants. In addition, however, after each the English language ads were discussed a version of the ad conducted in Inuktitut was shown and discussed with the group. The main goal of this discussion was to determine if the there were any differences in interpretation with the Inuktitut version compared to the English version already discussed.

The ads tested were entitled:

1. The List
2. Bronchitis

The female group began with the TV ads (The List first). The males group began with the radio ads (Bronchitis first). (See appendix for scripts)

<u>Television Ads</u>

Both television ads were conceptually understood by participants. The main message which came through clearly related to quitting smoking. In addition, there was a prevailing view from many participants that there was a sense of one individual helping another individual with a difficult challenge

The situations depicted in both TV ads were recognized by most individuals as being identifiable to their own circumstances to a degree. Some specific points which were noted as being particularly relevant to their situation were:

The List

- Hard to quit when everyone around you puffs
- You have to find other things to keep busy
- The idea of making a list of things to do

Bronchitis

- Coffee and cigarettes going together
- Concern about not being able to hunt

- Tubes up one's nose and an oxygen tank

The ads' main characters were generally well received by participants. They were believable and did a good job portraying their various situations—the male character out of breath, the female character expressing empathy with her friends plight. As one individual noted, *"looks like normal folks, especially the man trying to quit smoking."*

Participants in both sessions did not identify any new pieces of information that they recalled the ads communicating. A few people noted the contact information at the end of the ad to get help quitting smoking as something they were not aware of.

The concluding segment in the TV ads with the doctor from Inuvik received mixed reactions. There were many positive comments about having an "Inuk doctor" in the ad—*"nice to see"*. People generally found the message she was delivering credible. There were a few concerns, however, regarding the setting around the doctor. Several people, particularly males, suggested the doctor should be situated in a more clinical setting—*"Doctor should be in a different area, not in an office. Not just sitting down and seem to be showing off her office and books."* Several females suggested that, while the doctor was OK, maybe more recognizable characters could be used as well, such as Elders or even a well-known provincial MLA. Most in this group thought that this type of individual could also credibly deliver a 'quit smoking' message.

In terms of concerns regarding the television ads there were no specific issues with the ads themselves or how they were depicted. One person mentioned that the white back-drop was *"kind of boring and maybe could be in someone's kitchen"*, but for the most part people were comfortable with the way the TV ads were.

The concerns expressed in these sessions were more of a broader nature. One such concern was a general view in both sessions that, while the messages in these ads were fine, harder, more graphic messages about the dangers and consequences of smoking were needed. Several individuals mentioned the second hand smoke commercials and the woman who died from lung cancer, but never smoked (Heather Crowe). Many participants, particularly females, used the word "scary" in terms of describing what was needed.

- *Why don't they put ads or make ads like this kind a lot "scarier" e.g. TV ads with actual people with holes in their throats*
- *I've seen parent suffer and it's scary and especially when your child tells you to quit and explains what can happen is scary*
- *Scarier ads would make more people want to quit smoking – these kinds of ads do not have as big an impact on anyone*

The above concern had the effect of muting the reaction somewhat to these ads. The general view was they were not bad ads, but may not be powerful enough to really capture anyone's attention. There was a view this was definitely a worthwhile message to get out, but many people suggested incorporating a more direct and harder approach to deliver it. This said, there were also individuals in both sessions who related strongly with some of the messaging in the two ads to the point where they admitted it has got them thinking about quitting.

Radio Ads

The two radio ads elicited a similar reaction in terms of main messages as their television counterparts. The quitting smoking message theme was identified clearly. The radio ads were understandable for people.

The male group, which tested the radio ads before the television ads, did not raise any strong concerns about the either ad in terms of message or comprehension. As was the case with the TV ad Bronchitis, several males identified the comments about 'hunting' and 'having tubes up one's nose'. The same was the case for The List ad where several people picked up on the line that it is difficult to quit smoking when others around you are smoking.

A few people commented on the music accompanying the radio ad (not raised during the discussion of the television ads). They suggested "throat singing" or "drumming" might be more attention catching. Overall, there were no strong views one way or the other regarding the background music.

One of the radio ads, Bronchitis, was recorded primarily in English, but incorporated, at different times throughout the ad, Inuktitut phrases. A few people found this hard to follow. Most individuals, however, said this was a more normal and familiar way of speaking. Many participants commented (and in fact conducted themselves in the sessions) that they often move back and forth between English and Inuktitut.

Several participants did express some concerns regarding the male character on The List radio spot. This was the only 'execution' related concern expressed regarding the ads. There were several comments in both sessions that they found the male character's read during The List ad sounded forced—*"doesn't sound like conversation. Sounds more like he is acting."*

The majority of participants in both groups preferred the television ads over radio. The ads were perceived to be more interesting visually.

Inuktitut Dialect Issues

One significant issue that arose during the discussion over both the TV and radio ads related to the Inuktitut version of the material—specifically, the dialects used for the translation of the ads.

Immediately upon playing the first translated Inuktitut ad—TV or radio—many participants raised concerns regarding the language. The level of concern ranged from not being too familiar with some of the words to not being able to follow at all. Below are some examples of participant reactions:

- *Cannot understand Inuktitut version, too fast, mumbling words.*
- *Cannot understand it at all.*
- *Dialect is too fast, cannot really understand.*
- *Mumbling.*
- *Few words are not in our dialect.*
- *Seems not right because of the words we don't understand.*

The dialect issue can be broken into two areas. The first was a concern over the dialects chosen to record the ads. From the group discussion it was apparent that the versions of

Inuktitut used to tape the communication material was not a common one in the Baker Lake area—*"Why only Western Arctic dialect and Baffin dialect so we can understand, why not include Kivalliq dialect so that we can understand?"*

From the discussion in both groups it appeared there were three relatively unique dialects of Inuktitut: Eastern Arctic (or Baffin), Western Arctic (or High Arctic) and Central Arctic (Kivalliq). Most participants indicated they were able to follow the ads, but, based on reactions it was not easy or comfortable doing so—*"If made in a region, i.e. Kivalliq region, it'd be easier to relate to, easier to understand."* It should also be remembered that the ads had already been thoroughly discussed in English so it is difficult to truly evaluate the participant comprehension levels when it came to the Inuktitut versions.

A second dialect issue related to the ads was the usage of two different dialects, in this case, Baffin and Western Arctic, in the same ad. This also contributed to confusion among participants:

- *Different dialects, stick to one dialect.*
- *Actors and Doctor and Message have different dialects – threw me off.*
- *Can understand the ad but should keep it consistent.*
- *Beginning: Baffin area, Dr. from Western Arctic, Last piece from High Arctic.*
- *Dialect? Too many dialects, can't really understand them. Can't even understand the last one.*

A final point regarding the Inuktitut versions of the ad relate to the voice over approach used with the doctor monologue at the end of each ad. The doctor's monologue begins with the doctor introducing herself in her voice then switches into a woman's voice speaking in Inuktitut.

It is difficult to isolate precisely the concern with this section. The switch from the doctor's voice to another woman's voice definitely surprised participants when it was first heard. However, it should be noted that voice-over dialect was different from the version used in the main body of the ad, which may have contributed to this participant reaction.

A number of individuals expressed some concern that the doctor who identified herself as an "Inuk doctor" could not speak the language. There was a view that it would be preferable to avoid the voice-over approach and, as already noted above, be consistent in the use of the same Inuktitut dialect throughout the ad.

The notion was put forward whether it would have been better to not provide a voice-over translation of the doctor's monologue, but rather just have her speak in English. This was not well received as it was believed by several participants that it should be possible to find someone to have at the end of the ad who could speak Inuktitut.

A Combined Television & Radio Ad Campaign

Participants reacted positively to the idea of combining the television ads with the radio spots in terms of an overall campaign approach. The most frequent reaction across all groups was that having the same message coming through TV and radio could not hurt—*"some people do not listen to both."* In addition, there was also a fairly strong view (and finding, depending on the order the material was tested) that radio ads were made more effective after seeing the visuals from its twin TV ad.

Sponsorship Thoughts

At the conclusion of testing the television ads participants were asked their views regarding the sponsorship of the ads. The TV ads concluded with the Government of Canada logo. Most individuals in the sessions remembered seeing this logo and determined the sponsor of the commercial to be the Government of Canada.

Participants in the First Nations sessions—Kenora and Baie-Comeau—felt that while it was not a big issue, it would be more appropriate if Health Canada was the sponsor of the advertising as opposed to the Government of Canada. The prevailing view was that it was a health related topic so it made sense to have Health Canada associated. In Baie-Comeau, several individuals raised the point that the Government of Canada collects taxes from cigarette sales so it seemed contradictory that they also be sponsoring ads promoting quitting. These individuals felt that, even though Health Canada was an arm of the Government of Canada it still looked better if they were the sponsor.

In Baker Lake the view on the advertising sponsorship was not as clear. The comments raised in both sessions tended to portray a more negative or 'edgier' view of the Government of Canada generally and Health Canada specifically. There were several suggestions that the Government of Nunavut be involved, even as a co-sponsor.

Print Material

Toward the end of the sessions draft print pieces (with headlines, but without body copy) were circulated to participants for comment. The materials were presented to individuals as possible examples of newspaper ad copy or perhaps even a poster.

Participants in all three locations recognized the thematic connection of the print material with the electronic creative previously tested. There was support in the groups for including a print approach to communicating this message. Posters in particular, were mentioned as being an important (and common) alternative approach to get information like this out to people in their respective community.

Specifically, participants in the groups tended to prefer the print copy that more directly identified the subject matter in the title:

Thinking About Quitting – First Nations English
C'est le Temps d'Arrêter – First Nations French
Quitting Time - Inuit

In the English First Nations groups a few individuals commented that they did not like the Nic Fit visual. The comments were that the son appeared to be "*sneering*" or "*making fun*" of his mother as opposed to being supportive.

In the French First Nations group there were a few comments regarding the visual with Rage de Nicotine not clearly supporting the intended message of the print ad. Most participants said the picture could represent a number of different situations instead of focussing on cigarette cessation.

Next Phase Ideas

At the conclusion of each session participants were asked to describe the main barrier that they feel would be hardest to overcome in order to try to quit smoking. The purpose of this section of the discussion was to provide some ideas for possible new ads in the future.

In all locations, two broad themes were mentioned numerous times by individuals. These were:

1. To manage stress
2. Smoking is an integral or natural part of a routine

Participants mentioned always having a smoke with their coffee or when having a beer (or several beers). There were also comments about the routine of enjoying a cigarette after meals. Smoking as a stress or anger 'manager' was also a frequent mention. Males often said smoking helped control their temper while women tended to mention concerns about experiencing increased stress levels as a barrier to quitting.

A compilation of actual comments provided by participants is provided below:

- *For myself, I really believe it releases stress, it probably doesn't but I believe it does.*
- *It's just a habit, mornings going to work.*
- *Stress reliever, I know I could go without smoking for a couple days but then I get mad or frustrated, I find when I do have a cigarette I tend to relax a little.*
- *After a hard day, you just have a cigarette.*
- *It makes it easier to relax.*
- *It's my quiet time, I get out of the house and I get away from the kids, my kids know it's my time and I don't want them around when I am smoking.*
- *Everyday tasks.*
- *Seeing people smoking or smelling smoke.*
- *My family, everyone smokes in the house, it's pretty hard to quit.*
- *The craving.*
- *I need it all the time, feels good to smoke.*
- *When you are frustrated or if you have something on your mind.*
- *It would be way easier if your household tried to quit.*
- *Defensive reaction, it's my life, it's up to me, natural instinct feeling.*
- *Stress.*
- *Hard to quit and it keeps you focused, concentration is lost when one hasn't had a cigarette in a while.*
- *Would just smoke more if told to quit smoking.*
- *My friends smoke, everyone around me smokes, it's gonna be hard to quit.*
- *Coffee break routine would be different.*
- *It'd be hard to get by with the cravings.*
- *I'd become unpleasant to be around – be grumpy.*
- *Addicted to coffee and cigarettes.*
- *I'd miss just being in the in-crowd.*
- *Hangs around smokers so it's hard.*
- *I'd probably end up dying with 2nd hand smoke with all my friends and family smoke.*
- *Addicted to it, makes me feel too good in my body.*
- *Stress from family and being around the house. Peer pressure.*

- *Mood Swings.*
- *Wife smokes. Can't quit if she doesn't.*
- *Socializing. If I didn't smoke I couldn't hang out with co-workers at coffee breaks.*
- *Habit. Addicted – even in middle of the night and my eyes are closed I still light up a cigarette.*
- *Part of every day routine, I have to smoke at work during my breaks.*
- *Kinda hard for me to quit. I've watched a lot of people smoking growing up.*

Males seem to feel they would have to change their daily routine and find this almost impossible while women tend to say they need to have something in their hands. In both groups, the fact they see people around them smoking seemed to dissuade participants from quitting.

APPENDICES

A) Recruitment Instrument

Hello, my name is _____. I'm calling from **Western Opinion Research**, a national opinion research firm. We're organizing a discussion group to explore current issues that affect different communities. **Focus Groups are in-depth, qualitative interviews involving a small number of people that are brought together to discuss a number of different topics.** About ten people like yourself will be taking part, all of them randomly recruited by telephone just like you. Health Canada is sponsoring this research.

Participation is voluntary and all your answers will be kept confidential and will be used for research purposes only. We are simply interested in hearing your opinions – no attempt will be made to sell you anything. The format is a "round table" discussion lead by a research professional. An audio tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed.

For their time, participants will receive a cash gift of $75.00. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I ask you a few questions?

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

1. Record sex (***Do not ask***)

Eligible for Group 1	**Female**	1
Eligible for Group 2	**Male**	2

2. Are you or any members of your household, employed in or retired from...(***Read List***)

		Yes	**No**
a.	Market research	1	2
b.	Advertising, marketing, public relations	1	2
c.	Media (e.g., print/radio/TV)	1	2
d.	Health profession (doctor, nurse, aides, etc.)	1	2
e.	Government (at the political level e.g. assistant to a MP, or member of the cabinet, political consultant, or anyone who is part of the political decision making process. People who work as civil servants in departments other than Health Canada are eligible.	1	2

IF YES TO ANY, THANK & TERMINATE

3) Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	CONTINUE
No	2	**GO TO Q5**

4a) When was the last time you attended a group? _____

11) Would you be comfortable writing out answers to a questionnaire or reading a brochure or magazine?

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

(MUST BE ARTICULATE AND RESPONSIVE)

Bonjour/Bonsoir, je suis_____ d'Opinion-Impact, une compagnie nationale de recherche en marketing. Nous organisons présentement une discussion de groupe pour obtenir les opinions et réactions des gens au sujet de problématiques qui touchent vos communautés. Vous êtes totalement libre d'y participer ou non.

Nous n'essaierons pas de vous vendre quoique ce soit. Nous sommes strictement intéressés à connaître vos opinions. Il s'agit d'une table ronde ou discussion de groupe animée par un chercheur professionnel. Pour ces discussions, on invite seulement une dizaine de personnes comme vous qui viennent discuter de quelques sujets de façon plus approfondie. Les personnes sont choisies de façon aléatoire. Les commentaires et opinions émis durant la discussion demeurent strictement confidentiels. La discussion sera enregistrée sur bande audio strictement pour aider à la rédaction du rapport d'analyse, elles ne seront utilisées que par le chercheur professionnel et seront détruites lorsque le rapport sera complété. Les participants reçoivent un montant de **75,00$** en argent comptant pour les remercier d'avoir participé. Avant de vous inviter à participer, je dois cependant vous poser quelques questions pour m'assurer que nous obtiendrons une bonne répartition de tous les groupes qui composent notre société. Puis-je vous poser quelques questions?

Oui	**1**	**CONTINUEZ**
Non	**2**	**REMERCIEZ ET TERMINEZ**

Seriez-vous disponible le **20 juin à 17h30/19h30** pour participer à cette discussion de groupe? Cela prendra deux heures et vous recevrez la somme de **75$** pour vous remercier du temps que vous nous consacrerez.

Oui	**1**	**CONTINUEZ**
Non	**2**	**REMERCIEZ ET TERMINEZ**

1. Inscrire sexe (***NE PAS DEMANDER)***

Éligible Groupe 1	Femme	1
Éligible Groupe 2	Homme	2

2. Est-ce que vous-même ou un autre membre de votre famille travaille présentement ou a déjà travaillé dans les domaines....**(LIRE LISTE)**

		Oui	Non
a.	de la recherche en marketing	1	2
b.	de la publicité, du marketing ou des relations publiques	1	2
c.	des media comme imprimé, radio ou télévision	1	2
d.	des soins de la santé comme		

7. Dans laquelle des catégories d'âge suivantes, dois-je vous inscrire? **(LIRE LISTE, ASSURER UNE BONNE RÉPARTITION DES GROUPES D'ÂGE)**

a.	Moins de 18 ans	1	Remerciez et Terminez
b.	De 18 – 23 ans	2	Assurez une bonne répartition
c.	De 24 - 33 ans	3	
d.	De 34 - 43 ans	4	
e.	De 44 – 53 ans	5	Remerciez et Terminez
f.	54 ans et plus	6	**Remerciez etTerminez**

8. Fumez-vous la cigarette ***(LIRE LISTE)***

	Régulièrement	1
	Occasionnellement	2
REMERCIER & TERMINER	Non fumeur	3

9. Depuis combien d'années fumez-vous?

_____
NOMBRE D'ANNÉES

10. Est-ce que vous :

	Envisagez la possibilité d'arrêter de fumer	1
	Êtes présentement dans le processus d'arrêter	2
REMERCIER ET TERMINER	N'avez pas l'intention d'arrêter de fumer	3

Introduction, Guidelines & Warm-Up (10 min)

- *Introduce the moderator*

- *Introduce assignment and role of the focus group*
  - Health Canada is the sponsor of these focus groups
  - Talk about a project Health Canada has for an advertising campaign
  - We will look at some materials and get your reactions.
  - Only talking with a few groups of First Nation/Inuit people across Canada, thus your observations and opinions are important.
- *Conduct of the discussion*
  - Not all at once, but do not need to wait for me to call on you
  - Respect
  - No right or wrong answers.
  - Want to get individual thoughts and opinions—we're not looking for a consensus. Encourage individual group members to participate.
- *Audio recording and presence of observers.*
  - Assure participants we are not selling anything; this meeting is strictly for research purposes.
  - Colleagues observing via close circuit in the next room (in room)
  - I have a note-taker helping me as I won't take any notes
  - Confirm that individual responses will be kept confidential. The purpose is not to report on individuals, but instead to get a better understanding of the needs across different types of Canadians.
- *Roundtable Intros*

Introduction

What I'd like you to do is go around the room and introduce yourself, first name is fine, and tell me what keeps you busy these days—work, family, hobbies.

PLAY TV/RADIO AD #1 TWICE (10 MIN)

EXPLAIN THE PROCEDURE FOR TESTING CREATIVE

Introducing

We will be showing you some advertising that Health Canada is thinking about using for its tobacco cessation advertising campaign in your local area. We are going to view and discuss the ads one at a time. Before I play each one I am going to hand around a one page sheet. It has a couple of questions I want you to fill out after you have viewed the ad. There are only a few questions just to help you think about the ads, nothing complicated. There is nothing to write just a few things to circle.

I have 2 TV ads for you to watch and 2 radio ads for you to listen to.

[SEE ROTATION GRID FOR TESTING ORDER]
Explain rating sheet. Play commercial twice.

Allow couple of minutes to complete rating sheet 1 to 10 scale set up so just circle a number

Practice: How is the temperature today? (Ad theme)

practice exercise

a. Easy to understand vs. Hard to understand

This could happen to people in my community or (Reserve)

b. Something that could happen to people I know in my community/on the reserve vs. I don't know anybody who could be in this story

They speak and act in a normal way

c. The way they speak and act in the story is normal vs. The way they speak and act in the story is strange/weird

It tells me things I did not know or think of

d. The story tells me things I did not know or had not thought of before vs. The story repeats things I already know

e. It really helps me think I could probably try to quit (again) vs. It does not change anything for me in terms of trying to quit

PLAY AD ONE MORE TIME

AFTER VIEWING/LISTENING TO ADS

INTRODUCE SECOND SET OF ADS (TV OR RADIO DEPENDING ON ROTATION) (10 min)

Moderator – Repeat instructions as necessary. Hand-out rating sheet

rating exercise

a. Easy to understand *vs.* Hard to understand

b. Something that could happen to people I know in my community/on the reserve *vs.* I don't know anybody who could be in this story

c. The way they speak and act in the story is normal *vs.* The way they speak and act in the story is strange/weird

d. The story tells me things I did not know or had not thought of before *vs.* The story repeats things I already know

e. It really helps me think I could probably try to quit (again) *vs.* It does not change anything for me in terms of trying to quit

discussion

PLAY AD A THIRD TIME THAN DISCUSS

1ab 16. To start, what is the main idea or message you get from this advertisement? What else is it telling you? (1a, 1b)

2 17. Is this ad easy to understand? [REFER TO RATING SHEET] Show of hands who rated less than 5? (2a)

3a b 18. What parts of the commercial are the most memorable? And what other parts stand out? (3a, 3b)

4 19. What did you like about the commercial?

5 20. And what did you dislike about it?

6ab 21. **[IF RADIO]** Do you listen to the radio? Do you think the radio is a good place to have this kind of advertising? (6a, 6b)

Moderator probe using rating questions from questionnaire.

7abc 22. Do you recognize yourself in the ad? How about others in your community or your community in general? Why or why not? (7a, 7b)

8abc 23. Is the ad realistic? Does it seem real to you and believable? What is believable or not in the ad to you? (8a, 7c, 8b, 8c)

9ab 24. What new information did you learn in the ad? Anything else? (9a, 9b)

10abcd 25. Did watching the ad get you thinking about maybe trying to quit (again)? Why or why not? What part of the ad was most effective? Least effective? (10a, 10b, 10c, 10d)

PRINT MATERIAL (5 min)

Moderator hand-out print piece. Explain that it is draft only and interested in comments relating to the look and lay-out of the page not the content. Allow few minutes to review.

31. What do you think? What is the main message from what you can tell?

32. Is this material easy to understand?

33. What parts of the hand-out are the most memorable or stand-out for you? And what other parts stand out?

PHASE II – NEXT STEPS (10 min)

We are just about done our discussion. I have a few questions on what Health Canada might do as a follow-up to this advertising you have just reviewed.

34. If what we just discussed was the beginning of a series of commercials what would else should Health Canada say and show in the future commercials.

35. What other information or approaches would you suggest Health Canada look at in terms of helping people to quit smoking? We have seen a couple of approaches in these ads, but what else might Health Canada say to get this message out effectively to people in this community?

36. Can you think of other good ways to get the message out to people that there is help when it comes to trying to quit smoking?

37. Do you think TV and radio ads should be used again or is there another way to deliver this message to people like yourselves?

38. When you think about quitting smoking, what is the one, the main thing, holding you back?

WRAP-UP

Any last comments for me?

Is this a good idea for Health Canada to try to communicate on in your community—the idea that there is help for you if you want to quit smoking?

Thank you
Good night

Introduction et Consignes (10 min)

- *Présentation de l'animatrice*

- *Expliquer le mandat et le rôle des groupes de discussion*
  - Mandat de Santé Canada
  - Discuter d'un projet de campagne publicitaire de Santé Canada
  - Nous regarderons et parlerons ensemble du matériel pour obtenir vos impressions et réactions
  - On ne parle qu'à un petit nombre de groupes des Premières Nations et d'Inuit à travers le Canada donc vos commentaires et opinions sont très importants.
- *Revue du processus*
  - SVP ne pas parler tous en même temps, vous n'avez pas besoin d'attendre que je vous invite à parler
  - Respect
  - Pas de bonnes/mauvaises réponses.
  - Opinions individuelles, nous ne recherchons pas de consensus. C'est important d'avoir l'opinion de chacun.
- *Enregistrement audio et observateurs* .
  - Nous ne vendons strictement rien: notre métier consiste simplement à recueillir l'opinion des gens.
  - Observatrice: son rôle consiste à rapporter l'information aux personnes concernées à Santé Canada.
  - Confidentialité: -prénoms durant la discussion, -pas de noms dans le rapport. L'objectif n'est pas de rapporter les propos de chacun mais plutôt d'obtenir une meilleure compréhension des besoins des différents groupes de gens à travers le Canada.
- *Présentation des participants*

  -prénom

  -De quoi vous occupez-vous surtout ces temps-ci? (travail, famille, loisirs)

TEST DES ANNONCES (PREMIÈRE SÉRIE TV OU RADIO SELON LA ROTATION) (10 MIN)

Jouer l'annonce TV/Radio #1 deux fois

EXPLIQUER LE PROCESSUS

Nous allons vous montrer des annonces que Santé Canada pense utiliser pour sa campagne pour cesser de fumer dans votre région. Nous allons regarder les annonces une à la fois. Avant de vous faire voir/entendre chaque annonce, je vais vous donner une feuille qui contient une couple de questions auxquelles je vais vous demander de répondre après que vous aurez vu/entendu l'annonce. Ce n'est pas compliqué, il y a juste quelques petites questions pour vous aider à penser à l'annonce. Il n'y a rien à écrire, il faut simplement encercler votre choix de réponse.

Nous avons deux annonces TV et 2 annonces radio à regarder et écouter ensemble.

[CONSULTER L'ORDRE DE ROTATION DANS LA GRILLE]
Expliquer la feuille d'évaluation. Faire jouer l'annonce 2 fois.

Accorder quelques minutes pour remplir la feuille d'évaluation en encerclant les réponses.

Session de pratique: Comment trouvez-vous la température aujourd'hui?

L'annonce est facile à comprendre.

a. Facile à comprendre *vs.* Difficile à comprendre

Ceci pourrait arriver à des gens de ma réserve.

b. Quelque chose qui pourrait arriver à des gens que vous connaissez sur la réserve vs je ne connais personne à qui ce genre d'histoire pourrait arriver.

Dans l'annonce, ils parlent et agissent de façon normale.

c. La façon dont ils parlent et ce qu'ils font dans l'histoire est normal vs la façon dont ils parlent et agissent dans l'histoire est étrange/bizarre.

L'annonce me dit des choses que je ne savais pas ou auxquelles je ne pensais pas.

d. L'histoire me dit des choses que je ne savais pas où auxquelles je n'avais pas pensé avant vs l'histoire répète des choses que je sais déjà.

L'annonce m'aide vraiment à penser que je pourrais probablement essayer d'arrêter de fumer (à nouveau).

e. Ça m'aide vraiment à penser que je pourrais probablement essayer d'arrêter (à nouveau) *vs.* Ça ne change rien pour moi pour ce qui est d'essayer d'arrêter de fumer.

des deux qui vous semble plus crédible ou qui convient mieux au sujet de cette annonce?

Et que pensez-vous de la possibilité d'inclure deux logos?

PRÉSENTER LA DEUXIÈME SÉRIE D'ANNONCES (TV OU RADIO SELON LA ROTATION) (10 min)

Animatrice – Répéter les instructions si nécessaire. Distribuer les feuilles d'évaluation.

L'annonce est facile à comprendre.

a. Facile à comprendre vs. Difficile à comprendre

Ceci pourrait arriver à des gens de ma réserve.

b. Quelque chose qui pourrait arriver à des gens que vous connaissez sur la réserve vs je ne connais personne à qui ce genre d'histoire pourrait arriver.

Dans l'annonce, ils parlent et agissent de façon normale.

c. La façon dont ils parlent et ce qu'ils font dans l'histoire est normal vs la façon dont ils parlent et agissent dans l'histoire est étrange/bizarre.

L'annonce me dit des choses que je ne savais pas ou auxquelles je ne pensais pas.

d. L'histoire me dit des choses que je ne savais pas où auxquelles je n'avais pas pensé avant vs l'histoire répète des choses que je sais déjà.

L'annonce m'aide vraiment à penser que je pourrais probablement essayer d'arrêter de fumer (à nouveau).

e. Ça m'aide vraiment à penser que je pourrais probablement essayer d'arrêter (à nouveau) *vs.* Ça ne change rien pour moi pour ce qui est d'essayer d'arrêter de fumer.

***FAIRE JOUER L'ANNONCE UNE TROISIÈME FOIS ***

APRÈS AVOIR VU/ENTENDU L'ANNONCE

54. Pour commencer, quelle est l'idée principale, le message que cette annonce vous communique? Qu'est-ce que ça vous dit d'autre?

55. Est-ce que cette annonce est facile à comprendre? [SE RÉFÉRER À LA FEUILLE D'ÉVALUATIONS] LEVER LA MAIN : Ceux qui ont donné des pouces vers le bas?

56. De quelles parties de l'annonce est-ce que vous vous souviendriez le plus? Qu'est-ce que vous diriez au sujet de cette annonce à quelqu'un qui ne l'a jamais vue?

57. Qu'est-ce que vous aimez dans cette annonce?

58. Et qu'est-ce que vous n'aimez pas?

67. Qu'est-ce que vous pensez du fait d'avoir un lien de ce genre entre une annonce TV et une annonce radio? Est-ce efficace d'après-vous? Pourquoi pensez-vous cela?

68. Pouvez-vous pensez à d'autres façons que Santé Canada pourrait employer pour élaborer ou construire davantage un thème ou sujet en utilisant d'autres formes d'information ou de publicité pour communiquer ce message à votre communauté?

MATÉRIEL IMPRIMÉ (5 min)

Distribuer les 2 annonces imprimées expliquer qu'il s'agit d'un brouillon et que nous sommes simplement intéressés à leurs commentaires au sujet de l'apparence et de la mise en page MAIS PAS du contenu. Allouer quelques minutes aux participants.

69. Que pensez-vous? D'après ce que vous pouvez en comprendre, quel est le message principal?

70. Est-ce que c'est facile à comprendre?

71. Quelles parties sont les plus mémorables ou ressortent le plus pour vous? Et quelles sont les autres parties qui ressortent?

PHASE II – PROCHAINES ÉTAPES (10 min)

On a presque fini notre discussion. J'ai maintenant quelques questions au sujet de ce que Santé Canada pourrait faire comme suivi ou comme suite aux annonces que nous venons de discuter.

72. Si ce que nous avons vu et discuté était le commencement d'une série d'annonces, qu'est-ce que Santé Canada devrait dire et montrer dans ses prochaines annonces?

73. Quelles autres informations ou façons de faire est-ce que Santé Canada devrait utiliser ou envisager pour aider les gens à arrêter de fumer? Nous avons vu quelques approches dans ces annonces, mais qu'est-ce que Santé Canada pourrait dire pour faire passer ce message de façon efficace aux gens de votre communauté?

74. À quels autres moyens pouvez-vous penser pour communiquer le message qu'il y a de l'aide disponible pour les gens qui veulent essayer d'arrêter de fumer?

75. Pensez-vous qu'on devrait se servir encore d'annonces à la télé et à la radio ou y a-t-il une autre façon de livrer ce message aux gens comme vous?

76. Lorsque vous pensez à arrêter de fumer, quelle est la principale chose, en fait LA CHOSE, qui vous retient?

CONCLUSION
Avez-vous d'autres commentaires à faire?
Est-ce une bonne idée que Santé Canada essaie de communiquer, dans votre communauté, le fait qu'il y a de l'aide pour vous si vous voulez arrêter de fumer?

Remercier les participants !

Feuille d'évaluation individuelle

Exercise # – Annonce:

Encerclez l'image avec le pouce en haut ou en bas qui représente le mieux votre opinion personnelle à propos de l'annonce que vous venez tout juste de voir ou d'entendre.

Comment trouvez-vous la température extérieure aujourd'hui?	
Cette annonce est facile à comprendre.	
Ceci pourrait arriver à des gens de ma réserve.	
Dans l'annonce, ils parlent et agissent de façon normale.	
L'annonce me dit des choses que je ne savais pas où auxquelles je ne pensais pas.	
L'annonce m'aide vraiment à penser que je pourrais probablement essayer d'arrêter de fumer (à nouveau).	

DEREK
Well, then uh... Let's quit together.

Derek looks at her for a moment.

Lorraine throws her pack in the nearby plastic pail.

LORRAINE
Good idea! You're on!

They do the First Nations handshake.

SFX: Music sting.

A room in a Health Centre.

Dr. Evan Adams wearing a stethoscope around his neck.

DR. ADAMS
It's a shocking fact that almost 6 out of 10 First Nations people smoke.
Hi, I'm Dr Evan Adams. I'm Coast Salish from the Sliammon First Nation. Some of you may know me as an actor but I'm also a doctor and I am here to remind you that quitting smoking is one of the best things you can do for your health. And there is help. For tips on how to quit visit your local Health Centre, log on to our website. Or call this toll free number.

Website www.gosmokefree.ca and toll-free number 1 800 622-6232

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

LORRAINE
You're on!

A room in a Health Centre.

DR. ADAMS
It's a shocking fact that almost 6 out of 10 First Nations people smoke.
Hi, I'm Doctor Evan Adams. I'm Coast Salish from the Sliammon First Nation.
Quitting smoking is one of the best things you can do for your health.
And there is help. To get tips on how to quit visit your local Health Centre, log on to gosmokefree.ca or call toll free 1 800 622-6232.

ANNOUNCER
A message from the Government of Canada.

SFX: Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you'd like information on kicking the addiction visit your health centre.

DEREK
You're gone a give yourself a heart attack, though.

LORRAINE She is already breathing easily
You couldn't be more wrong Derek. I'm preventing one.

Derek looks at her for a moment.

DEREK (UNCONVINCED)
Oh yeah?

LORRAINE
I found out at the health centre, as soon as you quit smoking you reduce the risk of a heart attack.

SFX: Music sting.

A room in a Health Centre.

DR. ADAMS
Smokers are at increase risk of heart attack and stroke but it's also true that as quickly as two days after quitting, your risk starts to decrease.

Hi, I'm Dr. Evan Adams. I'm Coast Salish from the Sliammon First Nation. If you'd like help to quit visit your local Health Centre, log on to our website. Or call this toll free number.

Website www.gosmokefree.ca and toll-free number 1 800 622-6232

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

Lorraine let's out a deep breath.

DEREK
You're gonna give yourself a heart attack, though.

LORRAINE (She is already breathing easily)
No Derek... I'm preventing one.

A room in a Health Centre.

DR. ADAMS
Smokers are at much higher risks for heart attack and stroke but as quickly as two days after you quit, your risks starts to decrease.

Hi, I'm Dr. Evan Adams. I'm Coast Salish from the Sliammon First Nation. If you'd like help to quit visit your local Health Centre, log on to gosmokefree.ca or call toll free 1 800 622-6232.

ANNOUNCER
A message from the Government of Canada.

SFX Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you'd like information on kicking the addiction visit your health centre.

MANON.
Maintenant, je suis grand-mère. Il faut que je donne l'exemple, moi aussi.

STÉPHANE
Aïe, si on arrêtait ensemble ?

Stéphane regarde sa mère un moment.

MANON
O.K. !

Manon jette son paquet dans le sceau à côté d'elle.

MANON
Bonne idée !

Ils se font une poignée de main typique aux Premières Nations.

Bruitage : Fondu musical à la fermeture.

Dans un Centre de santé.

Dr Christian Sioui est en clinique, il tourne vers le caméra.

Dr SIOUI
C'est effarant de constater que 6 membres des Premières Nations sur 10 sont des fumeurs. Bonjour, je suis le docteur Christian Sioui, de la Première Nation huronne-wendat. La meilleure des choses à faire afin de prendre soin de votre santé est de cesser de fumer. Pour obtenir des trucs, visitez votre centre de santé, consultez notre site web, ou composez le numéro d'appel sans frais.

Site web www.vivezsansfumee.ca et numéro d'appel sans frais 1 800 622-6232.

Logo du Gouvernement du Canada

ANNONCEUR
Un message du Gouvernement du Canada.

Fondu au noir

Puis…

Bruitage : Manon écrase sa cigarette avec son pied sur le gravier.

MANON :
Mmm… Bonne idée !

Dans un Centre de santé.

Dr SIOUI
Près de 6 membres des Premières Nations sur 10 sont des fumeurs.
Bonjour, je suis le Dr Christian Sioui, de la Première Nation huronne-wendat.
L'une des meilleures choses à faire afin de prendre soin de votre santé est de cesser de fumer.
Pour obtenir des trucs, visitez votre centre de santé, consultez le site vivezsansfumee.ca ou composez sans frais 1 800 622 6232.

ANNONCEUR
Un message du Gouvernement du Canada.

Bruitage : Fondu musical à la fermeture.

Fondu au noir

ANNONCE-ANNEXE – LANGUE AUTOCHTONE :
Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

STÉPHANE
Continue comme ça m'man, tu vas finir par faire une crise cardiaque.

MANON (QUI RESPIRE DÉJÀ NORMALEMENT)
C'est tout le contraire Stéphane. J'évite la crise cardiaque.

Stéphane regarde sa mère un moment.

STÉPHANE (SCEPTIQUE)
Ah ouais?

Puis…

MANON
Au centre de santé, j'ai découvert qu'aussitôt que t'arrête de fumer, les risques de crise cardiaque diminuent.

Bruitage : Fondu musical à la fermeture.

Dans un Centre de santé.

Dr SIOUI
Les fumeurs sont plus exposés aux accidents cardio-vasculaires tels les crises cardiaques, à peine deux jours après avoir cessé de fumer, les risques commencent déjà à diminuer.

Bonjour, je suis le docteur Christian Sioui, de la Première Nation huronne-wendat.
Si vous cherchez de l'aide pour arrêter de fumer, visitez votre centre de santé, consultez notre site web, ou composez le numéro sans frais.

Site web www.vivezsansfumee.ca et numéro d'appel sans frais 1 800 622-6232.

Logo du Gouvernement du Canada
ANNONCEUR
Un message du Gouvernement du Canada.

Fondu au noir

STÉPHANE
Par contre, tu vas finir par faire une crise cardiaque.

MANON (ELLE RESPIRE DÉJÀ NORMALEMENT)
Au contraire Stéphane. J'évite la crise cardiaque.

Dans un Centre de santé.

Dr SIOUI
Les fumeurs sont plus exposés aux accidents cardio-vasculaires tel les crises cardiaques. À peine deux jours après avoir cessé de fumer, les risques commencent déjà à diminuer.

Bonjour, je suis le docteur Christian Sioui, de la Première Nation huronne-wendat.
Si vous cherchez de l'aide pour arrêter de fumer, visitez votre centre de santé, consultez le site vivezsansfumee.ca ou composez sans frais 1 800 622-6232.

ANNONCEUR
Un message du Gouvernement du Canada.

Bruitage : Fondu musical à la fermeture.

Fondu au noir

ANNONCE-ANNEXE – LANGUE AUTOCHTONE :
Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

Like what?

Siila sits down beside him.

SIILA
Uuh, make a cup of tea.

PIITA
Mmmm, Mmmm.

SIILA
Let's make a list of things that you can do stick it on the fridge.

PIITA (AGREEING)
Mmmm, Mmmm. Maybe like making more hunting tools.

SIILA
Mmmm, Mmmm.

SFX: Music sting.

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw an Inuk from Inuvik. Quitting smoking may be one of the biggest challenges you'll ever face. Eight out of ten smokers have tried quitting more than once. I am here to remind you that quitting smoking may be the best thing you can do for your life.

If you'd like to quit, visit your local Health Centre, log on to our website or call this toll-free number.

Website www.gosmokefree.ca and toll-free number 1 800 622-6232

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

Like making more hunting tools.

SIILA
"Good idea." (in Inuktitut)

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw, an Inuk from Inuvik. Quitting smoking may be one of the biggest challenges you'll ever face but it's one of the best things you can do for your life.

For more tips on how to quit visit your local Health Centre, log on to gosmokefree.ca or call 1 800 622-6232.

ANNOUNCER
A message from the government of Canada.

SFX: Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you would like information on kicking the addiction visit your health centre.

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw an Inuk from Inuvik.

Like Piita, too many people wait until they have an incurable disease before they quit smoking. Why wait?

For support and ideas on how you can quit, visit your local Health Centre, log on to our website or call this toll-free number.

Website www.gosmokefree.ca and toll-free number 1 800 O CANADA (1 800 622-6232)

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

PIITA
How would I hunt caribou like that?

SIILA
"Oh, yes!" (in Inuktitut)

Pause.

PIITA (MAKING AN EFFORT TO BRIGHTEN UP)
Hey, pass me those cards. I gotta learn to do something else with my hands.

SFX: She gathers up the cards.

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw, an Inuk from Inuvik.

Like Piita, too many people wait until they have an incurable disease before they quit smoking. Why wait?

Visit your local Health Centre for ideas on how you can quit, log on to gosmokefree.ca or call toll free at 1 800 622-6232.

ANNOUNCER
A message from the Government of Canada.

SFX: Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you'd like information on kicking the addiction visit your health centre.

ID CODE 1 06 10 01 /2

Western Opinion Research

enrg

Health Canada



Santé Canada

Health Canada

Aboriginal Tobacco Cessation Ads Disaster Check (POR-06-06)
Call-Up#: H1011-060006/001/CY

Report (final)

October 18, 2006

WESTERN OPINION RESEARCH

Andrew J. Enns
Senior Vice President
204-989-8986
ae@nrgresearchgroup.com

Nadia Papineau-Couture
Senior Research Associate
514-278-5699

www.nrgresearchgroup.com

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EXECUTIVE SUMMARY

Six focus groups were conducted in three locations with First Nations and Inuit people. The groups were conducted with on-reserve First Nations in Kenora, Ontario and Baie-Comeau, Quebec. Two groups were conducted with Inuit in Baker Lake, Nunavut. All participants were between the ages of 18 and 43. The groups were made up of active smokers who have previously attempted or contemplated quitting smoking in the past. The groups in each location were divided between males and females. Focus groups are a qualitative research method, where participants are led through a discussion by a moderator. Participants are encouraged to provide open-ended and detailed responses to questions that allow for probing of inner thoughts and feelings.

The primary objective of the sessions was to test the execution of television and radio ads that had previously been tested in a rough preliminary form. This campaign was aimed at motivating both First Nations and Inuit to quitting smoking.

The First Nations messages were similar in English and French, only the execution differed while the message targeted to Inuit people was conceptually different. This report is structured to reflect the fact that there were distinct differences in the communication materials tested between each location.

Overall Reactions to the Concept/Message

Overall, all four ads (2 TV and 2 radio) deliver the intended message and fulfill the desired communication objectives. The scenarios depicted in the ads are suitable for the intended First Nations/Inuit audience in that they contain scenes and dialogue that can be related to. There were positive reactions from participants to seeing actual First Nations or Inuit actors used in ads of this nature (subject to execution comments below). The presence of a First Nations or Inuit doctor at the end of each commercial seemed to add credibility to the message content while First Nations or Inuit actors in the first portion of the commercials helped the audience identify with the situations depicted.

The ads were often recognized as being different than the usual 'quit smoking' ads in that these were talking about or showing situations intended to help a person quit as opposed to the usual approach of 'scaring' people into quitting.

This said, it is important to note that the more powerful and direct advertising approach of using fairly graphic visuals or situations to communicate the dangers of smoking is still perceived or described as an important element of encouraging an individual to quit smoking. This appears to be particularly the case with the Inuit who expressed the strongest views among all participants that the 'scare' approach was still very effective and necessary to get an individual thinking about quitting.

Execution Issues

The issues that did arise with the advertising relate to how the concept and message is delivered and not the message or concept itself. The issues relating to how the ads are executed are discussed below by location to reflect comments made about each specific execution tested.

Kenora (English First Nations)

There were no significant execution issues with the English First Nations advertising. The actors and scenarios depicted were generally well received by individuals.

Baie-Comeau (French First Nations)

The only issue, but it is a major one, is the credibility of the message delivery. This is related to casting and acting. In terms of casting there are two points to consider:

- The doctor featured at the end of both commercials is credible and his part of the scenario contributes to the overall credibility of the message. The only negative comment made in both groups by some participants, is the choice of a Huron from Wendake to represent the First Nations doctor as this community is not perceived by these particular participants as a "real Indian" community given its integration in a very urban environment. This consideration appeared to be somewhat secondary and had no apparent impact on message understanding, credibility or motivational power.

- The female character was played by Josephine Bacon, a native of the reserve where the research was conducted and a relatively well known narrator. Given the nature of the scenario, e.g. an everyday life situation, participants expected a real slice of life that would be delivered by the people who had actually lived the situations. The choice of a well-known actor, in itself, becomes a problem, particularly when the "talent" is local e.g. from their Reserve.

The second execution point related to acting, specifically the perceived poorness of it. The tone and style of the ad's acting left participants believing the message was not real because it came across as "phoney" and not credible. The dialogue did not flow like a normal conversation. It seemed recited in a fake, not very believable way.

Baker Lake (Inuit English and Inuktitut)

In the Baker Lake sessions the ads were tested in English and Inuktitut. The execution issues with the English versions of the ads were relatively minor. One of the radio spots—The List—could be re-read. It was perceived as being poorly done, particularly the male characters dialogue.

The primary concerns with the Inuit targeted creative arises when considering the Inuktitut versions. The translations provided are not appropriate for a Central Arctic audience. The dialects used in the advertising are Baffin (Eastern Arctic) and High Arctic (Western Arctic). This caused problems of comprehension for the Baker Lake residents.

An additional and related point is the translated ads tested contained two Inuktitut dialects (as noted above). This should be avoided, again, for ease of comprehension.

A somewhat more minor point relates to the voice-over approach utilized for the Inuk doctor. The use of a voice-over surprised the audience. It is difficult to determine if this was the effect of the voice-over itself or the fact the voice-over was speaking in a different Inuktitut dialect than what was previously used in the ad. One thing that is clear was that it was odd and cast some doubt on the 'Inuk' doctor who is unable to speak the language. Consideration should be given to avoid this in the future.

Considerations & Recommendations

Of primary concern are the findings associated with the French language First Nations creative. The concerns outlined above lead to a significant question:

- *Are these perceptions due to the fact that Josephine Bacon is well-known by the participants who then don't believe what she says because she is paid as an actress to deliver the message versus a real testimonial or is it the tone and style of the acting itself that is responsible for this credibility issue. If this is the case, the credibility issue would not be limited to people from Betsiamites but could also apply to other First Nations.*

The sense is that both elements contributed to this situation but, in what proportions is difficult to determine.

Given the fact that there are relatively few First Nations who speak French as their second or main language in Québec, and taking into consideration the nature of the campaign's concept, it might be preferable to cast First Nations or Inuit talent that are not so well known as actors in the community. An 'every-day person', with a natural delivery, would probably ensure that the target market would associate with the message and recognize itself in the situation depicted and would avoid the risk of creating a credibility issue.

It should be noted that character or acting issues with the ads leads to un-desired focus toward other aspects of the creative, such as the white back-drop style. When the ads are holding the attention of viewers (like in the case with English First Nations) the white back-drop has the desired effect with viewers—that is focussing attention on the scene and dialogue. However, if the acting is poor or there is a concern with a character, viewer attention appears to stray to other elements of the ad, diminishing the overall impact of the message.

In the current situation, there are a few options to consider:

1. Keep the commercials as they are and live with a negative reaction and a credibility issue for the target audience tested and, possibly, for all French speaking First Nations;

2. Redo the commercials with new talent that will be both credible as individuals and will deliver the message in a convincing yet not artificial/fake fashion;

3. Test the campaign in another location in order to determine whether Josephine Bacon and her son are acceptable actors i.e. that they are not individually perceived negatively and that their performance/delivery of the message is adequate.

   Should this prove to be acceptable elsewhere, Health Canada would then have to decide if it wants to go ahead with a campaign that presumably works adequately in the other First Nations communities outside the Betsiamite reserve.

The Inuit creative also warrants some review—in particular the dialect issues.

1. At a minimum the ads should be re-read in one consistent dialect. If possible avoid a voice-over on the dialogue.

2. The local Inuit communities should be consulted to determine the appropriateness of various dialects to use in different parts of the Arctic. It would appear that there are

several distinct dialects in use across Nunavut and the Northwest Territories. It may be necessary to create communications pieces in several different dialects to be able to play across the Arctic. Alternatively, one dialect can be selected for a particular campaign, but then this translated ad should only be shown in a certain part of the Arctic.

It is important to note that there were no detectable concerns raised in the sessions when the ads were tested in English. It would appear that the target age group with this particular campaign—18 to 43—is conversant and comfortable with English.

A final consideration regarding the Inuit creative is to re-read the radio ad The List. It raised several concerns for sounding 'forced' and not very believable. It appears this perception was unique to the radio version of The List, as the television version did not elicit similar comments.

Next Phase Thoughts

A follow-up phase of advertising along similar lines of the approach test appears warranted. In the First Nations groups the concept was reacted to well and viewed as something new and different. In all three locations the use of First Nations or Inuit actors (mindful of the French language concerns) was seen, overall, as a very positive step.

There is no shortage of various scenarios for a follow-up phase of advertising. One broad theme that surfaces frequently when individuals discuss the challenges of quitting smoking is how to deal with the resultant stress that not only smoking helps alleviate, but quitting may in fact exacerbate.

Another area that could be developed into future advertising is how to replace the routine of smoking with other activities.

FAITS SAILLANTS

Six groupes de discussion ont été réalisés à trois endroits différents auprès des Premières nations et des Inuits : les groupes étaient composés de membres des Premières nations qui habitaient les réserves de Kenora en Ontario et de Betsiamites (Baie-Comeau) au Québec. Les deux groupes de discussion avec les Inuits ont été effectués à Baker Lake au Nunavut. Tous les participants étaient âgés de 18 à 43 ans et étaient des fumeurs actifs qui avaient essayé d'arrêter de fumer auparavant ou qui avaient déjà envisagé cette possibilité. À chaque endroit, les groupes se subdivisaient entre hommes et femmes. Les groupes de discussions sont une méthode de recherche qualitative où un animateur oriente la discussion à l'aide d'un guide d'entrevue. On y encourage les participants à fournir des réponses détaillées aux questions afin de pouvoir sonder en profondeur leurs pensées et leurs impressions.

L'objectif principal de cette étape de recherche consistait à évaluer des annonces télévisées et des annonces radiophoniques, dans leur forme finale. Le concept de ces annonces avait été évalué au préalable dans une forme préliminaire plus rudimentaire. Cette campagne visait à motiver à la fois les Premières nations et les Inuits à cesser de fumer.

Les messages destinés aux Premières nations étaient similaires en français et en anglais, seule l'exécution, c'est-à-dire la façon de livrer ce message, était distincte. Le message ciblant les communautés inuites reflétait un concept différent. Ce rapport est structuré de façon à relever le fait que le matériel de communication testé était différent dans chaque endroit.

Réaction globale aux concepts/messages

Globalement, les quatre annonces (2 annonces télévisées et 2 annonces radiophoniques) ont livré le message désiré et ont rempli les objectifs de communication fixés. Les scénarios décrits dans les annonces conviennent aux auditoires des Premières nations et des Inuits visés et comportent des scènes et un dialogue qui les touchent. Les participants ont réagi de façon positive au fait d'utiliser des acteurs issus des Premières nations ou des communautés inuites dans le cadre d'annonces de cette nature (en tenant compte des commentaires relatifs à l'exécution qui suivent). La présence d'un médecin issu des Premières nations ou de la communauté inuite à la fin de chaque annonce a semblé ajouter de la crédibilité au contenu du message alors que l'utilisation d'acteurs des Premières nations ou inuits, dans la première partie de l'annonce, a aidé l'auditoire à s'identifier aux situations décrites.

Les annonces étaient souvent perçues comme différentes des annonces habituelles visant à inciter à arrêter de fumer parce qu'elles mentionnaient ou mettaient en scène des situations qui visaient à aider une personne à arrêter de fumer plutôt que d'utiliser l'approche plus usuelle qui vise à faire peur aux gens pour qu'ils arrêtent de fumer.
Cela dit, il est important de souligner le fait qu'une approche publicitaire plus musclée et directe, utilisant des illustrations graphiques ou des situations pour communiquer les dangers du tabac, est encore perçue ou décrite comme élément important pour encourager les gens à arrêter de fumer. Ceci semble être plus particulièrement le cas chez les Inuits qui, parmi l'ensemble des participants, ont exprimé les opinions les plus fortes au sujet du fait que l'approche qui consiste à faire peur aux gens est encore très efficace et qu'elle est nécessaire pour qu'un individu finisse par songer à arrêter de fumer.

Problèmes reliés à l'exécution

Les problèmes soulevés par cette campagne publicitaire portent sur la façon dont le concept et le message sont livrés et non sur le concept ou le message eux-mêmes. Ces problèmes sont discutés ci-après, selon l'endroit, de façon à refléter les commentaires faits au sujet de chacune des exécutions qui ont été évaluées à chaque endroit.

Kenora (Première nation anglophone)

L'exécution de l'annonce anglaise destinée aux Premières nations ne comporte aucun problème significatif. Les acteurs et le scénario sont généralement bien accueillis par les participants.

Baie-Comeau (Première nation francophone)

Le seul problème, mais il est majeur, est un problème de crédibilité qui provient de la façon dont le message est livré. Il se situe au niveau du choix des acteurs et de la façon dont ils jouent leur rôle. En matière de choix des acteurs, deux aspects sont à considérer :

- Le médecin que l'on voit à la fin des deux annonces est crédible et son rôle contribue à la crédibilité globale du message. Le seul commentaire négatif formulé dans les deux groupes par certains participants, est le choix d'un Huron de Wendake pour représenter le médecin autochtone puisque cette communauté n'est pas perçue par ces participants comme une « vraie communauté indienne » puisqu'elle s'est intégrée dans un environnement très urbain. Cette considération semble relativement secondaire et n'a pas eu d'impact apparent sur la compréhension du message, sur sa crédibilité ou sur sa capacité à motiver.

- Le rôle féminin était joué par Joséphine Bacon, une native de la réserve où la recherche a été faite et une narratrice qui est relativement bien connue. Compte tenu de la nature du scénario, à savoir une situation de la vie quotidienne, les participants anticipaient un vrai épisode de la vie quotidienne qui serait livré par les gens qui l'auraient réellement vécu. Le choix d'un acteur bien connu, en soi, devient problématique, particulièrement lorsque le comédien provient du milieu c'est-à-dire de leur propre réserve.

Le deuxième aspect est relié à la façon de jouer ce rôle, et plus particulièrement à la piètre qualité du jeu proprement dit. Le ton et le style de jeu ont incité les participants à croire que le message n'était pas vrai parce qu'il est perçu comme faux/simulé et non crédible. Le dialogue ne coulait pas comme une conversation normale : il semblait récité de façon fausse ou apprise par cœur et pas de façon très crédible.

Baker Lake (Inuit version anglaise et Inuktitut)

À Baker Lake, les participants ont évalué les annonces dans leur version anglaise et en Inuktitut. Les problèmes reliés à la version anglaise étaient relativement mineurs. Une des annonces radiophoniques « The List » pourrait être relue : le message était perçu comme rendu de piètre façon, particulièrement en ce qui a trait au dialogue du personnage masculin.

Les principaux problèmes de la campagne ciblant la clientèle inuite surgissent lorsqu'on considère les versions Inuktitut. Les traductions fournies ne sont pas appropriées à un auditoire du Centre de l'Arctique. Les dialectes utilisés dans les annonces sont de la région de Baffin (Arctique de l'Est) et du Haut Arctique (Arctique de l'Ouest). Cette situation a causé des problèmes de compréhension aux résidents de Baker Lake.

De plus, un autre problème se greffe à cette situation, soit le fait que les annonces testées comportaient deux dialectes Inuktitut différents (tel que mentionné ci-haut.). Ceci devrait être évité, encore une fois pour faciliter la compréhension.

Un problème un peu moins important relève de l'utilisation d'une voix hors-champ pour réciter le dialogue du médecin inuit. L'utilisation de cette voix hors-champ a surpris l'auditoire. Il est difficile de déterminer si ce problème provient de l'utilisation d'une voix hors-champ en tant que telle où s'il provient du fait que cette voix hors-champ parle un dialecte Inuktitut différent de celui qui était utilisé dans la partie précédente de l'annonce. Une chose demeure cependant claire, il s'agit d'une situation étrange et qui sème le doute au sujet du médecin inuit qui n'est pas capable de parler la langue. Ce genre de situation devrait être évitée à l'avenir.

Considérations et recommandations

Le principal problème réside dans les résultats associés à la campagne destinée aux Premières nations francophones. Les problèmes soulignés précédemment nous amènent à nous poser une question cruciale :

- *Ces perceptions sont-elles dues au fait que Joséphine Bacon était une narratrice bien connue des participants qui, en conséquence, ne croient pas ce qu'elle dit parce qu'elle est payée comme comédienne pour livrer ce message au lieu que ce soit un vrai témoignage? Ou alors, est-ce le ton et le style du jeu lui-même qui a engendré ce problème de crédibilité? Dans la seconde alternative, le problème de crédibilité ne se limiterait pas aux gens de Betsiamites mais pourrait également s'appliquer à d'autres Premières nations.*

Il semble que ces deux aspects aient contribué à créer cette situation, mais il est difficile de déterminer dans quelles proportions.

En tenant compte du fait qu'il y a relativement peu de Premières nations qui parlent français comme langue seconde ou comme langue principale au Québec et en tenant également compte de la nature du concept publicitaire, il serait préférable de choisir des comédiens des Premières nations ou inuits qui ne sont pas reconnus comme comédiens dans leurs communautés. Une « personne normale », avec un jeu et un débit naturel, garantirait probablement le fait que la clientèle cible pourrait s'associer au message et se reconnaîtrait dans les situations décrites: on éviterait ainsi le risque de créer un problème de crédibilité.

On doit signaler que les problèmes qui relèvent du choix de comédiens et de leur jeu amènent les gens à faire davantage attention à d'autres aspects de l'annonce comme le fond de scène tout blanc. Lorsque les annonces retiennent l'attention des spectateurs (comme c'est le cas des annonces anglaises destinées aux Premières nations), le fond de scène tout blanc réussit à produire l'effet désiré, c'est-à-dire à centrer l'attention sur le scénario et sur le dialogue. Cependant, si le jeu est mauvais ou si on se questionne au sujet du comédien, l'attention du spectateur se déplace vers d'autres éléments de l'annonce, ce qui diminue l'impact global du message.

Dans la situation actuelle, il y a quelques options à envisager :

4. Conserver les annonces radiophoniques telles quelles et vivre avec une réaction négative et un problème de crédibilité auprès du public cible étudié et, possiblement aussi, pour l'ensemble des Premières nations francophones;

5. Refaire les annonces avec de nouveaux comédiens qui seront à la fois crédibles comme individus et qui livreront le message de façon convaincante sans être artificielle ou fausse;

6. Tester la campagne ailleurs pour déterminer si Joséphine Bacon et son fils sont des comédiens acceptables, c'est-à-dire s'ils ne sont pas des personnes qu'on perçoit négativement et si leur performance/jeu pour livrer le message est adéquat.

   Si cette solution s'avère acceptable ailleurs, Santé Canada devra décider si le ministère veut aller de l'avant avec une campagne qu'il anticipe fonctionner adéquatement auprès

des autres communautés des Premières nations, à l'extérieur de la réserve des Betsiamites.

La campagne destinée aux Inuits requière aussi des révisions, particulièrement concernant la problématique relative aux dialectes utilisés.

3. Au minimum, les annonces devraient être relues dans un seul et même dialecte et, si possible, éviter les voix hors-champ pour lire le dialogue.

4. Les diverses communautés inuites devraient être consultées pour s'assurer que les divers dialectes utilisés dans les diverses régions de l'Arctique sont appropriés. Il semble qu'il y ait plusieurs dialectes distincts utilisés à travers le Nunavut et les Territoires du Nord-Ouest. Il pourrait s'avérer utile de créer du matériel de communication dans plusieurs dialectes différents pour être capable de communiquer adéquatement à travers l'Arctique. Comme solution alternative, on pourrait choisir un seul dialecte pour une campagne spécifique, mais alors, la traduction de cette annonce devrait être diffusée seulement dans certaines parties de l'Arctique.

Il est important de souligner que nous n'avons pas détecté de problèmes lorsque nous avons testé les annonces en anglais dans ces sessions. Il semble que le groupe d'âge ciblé, les 18-43 ans, parle et comprend bien l'anglais.

Une dernière considération à propos de la campagne destinée aux Inuits est la reprise de l'annonce radiophonique « The List » pour relire le texte. Cette annonce a en effet suscité plusieurs commentaires au sujet de la lecture qui semblait forcée et pas très crédible. Cette perception ressort uniquement dans le cas de la version radiophonique de l'annonce « The List », la version télévisée n'a pas suscité les mêmes commentaires.

Considérations pour les phases subséquentes

Une phase publicitaire subséquente qui emprunterait une approche similaire à celle de la campagne évaluée semble légitime. Les groupes des Premières nations ont bien réagi au concept et l'ont perçu comme une approche nouvelle et différente. Dans les trois endroits, l'utilisation de comédiens des Premières nations ou inuits a été globalement reçu comme un pas très positif (sans pourtant oublier la problématique reliée aux groupes francophones).

Il n'y a pas de pénurie de scénarios potentiels pour une phase publicitaire subséquente. Un grand thème qui ressurgit fréquemment, lorsque les gens discutent des défis reliés au fait d'arrêter de fumer, est la façon de gérer le stress qui en résulte : plusieurs disent que fumer aide à calmer le stress et que le fait d'arrêter de fumer pourrait l'exacerber.

Une autre avenue qui pourrait être envisagée dans de futures annonces est la façon de remplacer la routine qui va de pair avec le fait de fumer, par d'autres activités.

STUDY BACKGROUND & RESEARCH DESIGN

Background & Objectives

Health Canada is in the final stages of development of a new tobacco cessation advertising campaign. The campaign is a First Nations On-reserve and Inuit in Inuit communities adaptation of the successful Bob/Martin mainstream tobacco cessation ads. The objectives of the advertising campaign are:

- Encourage quit attempts by the target audience and ultimately increase the success rate of quitting;
- Increase awareness of Health Canada resources by inviting members of the target audience to visit their health care provider;
- Reinforce the message that it often takes several attempts to quit;
- Provide tips on quitting smoking; and,
- Inform smokers that help is available to quit and it is often easier to quit with help.

Health Canada developed a series of tobacco cessation television and radio ads in the hopes of decreasing the non-traditional use of tobacco in First Nations and Inuit communities. In early 2005, the initial ad concepts were viewed and tested over two rounds of focus groups. The ads were refined based on the feedback from this research. A final evaluation of the smoking cessation television and radio ads was required to ensure all the feedback has been incorporated properly.

A key objective was to evaluate the effectiveness of the produced smoking cessation television and radio ads with the specific target audiences identified below. The ultimate purpose was to identify if the spots and messaging are well suited to the target audiences. The materials must be culturally appropriate, credible, relevant and motivational.

Specific objectives of the ad testing include evaluating and determining if the messages:

- are credible and relevant with the segmented audiences;
- are clear and concise;
- appeal and are sensitive to the cultural and emotional sensitivities of the above audience;
- have a memorable impact in the minds of the target audience; and,
- have the ability to motivate the target audience to consider quitting smoking.

The target audience consisted of First Nations On-reserve and Inuit living in Inuit communities who were smokers aged 18-43 years old. These individuals had contemplated quitting or were in the action phase of quitting. The sample and recruit has been conducted and managed by WOR. Recruiting was done via a structured questionnaire that provided the following information:

- Gender
- Age (18 to 43)
- Smoking behaviour:
  - number of years smoking;
  - number of attempts to quit;
  - intention to quit or in the process of quitting;

- Employment status (student, occupation or currently unemployed)

The screening process eliminated people in conflicting occupations such as media, marketing or marketing research, government employees, health care professionals and local community leaders.

Methodology

Western Opinion Research (WOR)[1] was contracted by Health Canada through the Qualitative Standing Offer list to provide the research services necessary to address the study objectives.

A series of six focus group sessions were conducted, broken out across three First Nations and Inuit communities in Canada:

Location	Population	Date	Moderator
Kenora, Ontario	On Reserve First Nation	June 19, 2006	Andrew Enns
Baie-Comeau, Québec	On Reserve First Nation	June, 20, 2006	Nadia Papineau-Couture
Baker Lake, Nunavut	Inuit	June 21, 2006	Andrew Enns

Groups consisted of approximately 8-12 participants in each session. The groups in each location were divided by gender—one group of females and one group of males. A total of 50 participants attended the sessions (30 First Nations and 20 Inuit individuals).

WOR was responsible for the recruitment of individuals to participate in the focus group sessions. Participants were informed during the recruitment and reminded again the evening of the groups that the sessions are being audio taped for research purposes. All attending participants provided oral or written consent to this.

The groups lasted for approximately $1^{1/2}$ to 2 hours. Andrew Enns and Nadia Papineau-Couture were the moderators for this study.

Context of Qualitative Research

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

The focus group technique is used in marketing research as a means of gaining insight and direction, rather than collecting quantitatively precise data or absolute measures.

[1] Western Opinion Research still operates as fully functional research company providing research services to the Federal Government under the qualitative standing offer list. NRG Research Group (NRG) was formed in 2005 from the merger of Western Opinion Research and Nordic Research Group, two companies whose combined legacy as leaders in the field of market and public opinion research totals over forty years.

KEY FINDINGS

Smoking and Quitting Characteristics

The focus groups began with a very general discussion about when participants started smoking, why they started and their experiences trying to quit smoking.

The vast majority of participants in all sessions said they began smoking in their early teens—usually somewhere between 11 and 15 years of age. A handful of people said they began to regularly smoke in their later teens (17 to 19 years of age).

A very common reason mentioned by individuals for starting to smoke was peer pressure—"*Other kids, everyone else was doing it, so thought I might as well try.*" It appeared from comments that the peer pressure stemmed from friends, other kids from school (*"the in-crowd"*), and siblings. Other comments related to why participants began to smoke included:

- *Started out chewing tobacco, snuff, and smoking seemed the next step.*
- *My two older brothers smoked.*
- *My parents smoked so sneaked cigarettes from them.*
- *Grew up watching my mother smoke so I ended up smoking.*
- *Hanging out with the wrong crowd. More of a follower than a leader.*
- *For the buzz. You need that little high.*
- *Not much else to do around here sometimes, especially in the winter. Might as well smoke.*

Approximately a third to about a half of participants in each group indicated that they had actively tried to quit smoking in the past. The remainder of the participants all had considered quitting in the past or were thinking about trying to quit in the future.

The over-arching reason for quitting smoking was most often health related, as noted below in the comments. There were a few mentions of the economic cost of smoking, particularly in the Baker Lake sessions, but these were in the minority in the sessions.

The health related reasons provided for quitting or thinking about quitting smoking are exemplified in the comments below:

- *I'm 36 years old and I have a coughing problem.*
- *I'm losing my breath.*
- *I have diabetes.*
- *I used to be athletic and play a lot of baseball. It is not so much fun anymore.*
- *I can't get out be very active with my son. He wants to play.*
- *Started thinking about it seriously because my uncle passed away from a heart attack. He was a smoker.*
- *I tried quitting during my pregnancies.*
- *When I was pregnant I just quit cold turkey.*
- *When I got my daughter I thought it may be time to quit.*
- *My wife thought I smoked too much.*
- *Saw some commercials—2nd hand cancer woman (*Heather Crowe) *and the guy with the hole in his throat.*
- *Pictures on the cigarette packs.*

In all instances the quit attempts did not succeed. Primarily this was because of the pressures of having most people around them still smoking—*"I tried* [quitting] *after my baby, but everyone else smokes around me so it drove me crazy."* In a few cases individuals said they quit smoking for several months, but the majority of people who quit said they lasted only a few weeks or less.

Apart from the constant exposure to smoking the other main reason provided why the quit attempts failed was the inability to cope with the resulting stress and irritability that was said to occur when trying to give-up cigarettes. Another concern associated with quitting smoking was provided by an individual in Baker Lake, *"when I quit I started eating a lot. That is expensive up here. Might as well start smoking again."*

Most participants had not consulted anyone about quitting, particularly anyone in a professional capacity, such as a healthcare worker. Quite often individuals commented that the decision to quit smoking had to be your own if it was going to work. There were a few comments of individuals not being comfortable having to report to nurses or doctors or *"having people check up on me"* in relation to trying to quit smoking.

A few people mentioned speaking to family members or close friends about quitting smoking, but this was usually not very effective as these individuals also typically smoked.

A number of people said they had tried different products to help them quit smoking. The patch, nicotine chewing gum and the drug Zyban were mentioned in this regard. These products were not found particularly effective by the users.

A final note of interest when it comes to smoking habits of the study participants was that in all sessions there appeared to be a growing trend of not smoking inside the home. The catalyst for smoking outside the home was usually the arrival of a newborn, but a few people mentioned it was for aesthetic reasons—*"could smell the food cooking, clothes and furniture don't smell as much since smoking outside the house."*

Even in Baker Lake, where the weather could get very inhospitable for smoking outside the home, there was fairly widespread agreement that most people do not smoke inside the home.

Creative Material – Television and Radio Ads

The next section of the focus groups was devoted to testing different advertising creative. Two television and two radio ads were tested and discussed in each group. The format of the test phase was as follows:

1. The ad was played twice without discussion to participants
2. After viewing or listening to the ad participants were asked to independently complete a short questionnaire rating the ad with pictograms on 5 core attributes (see appendix for example of questionnaire). The purpose of the questionnaire was to assists participants in their evaluation of the ad.
3. After the rating sheet was completed participants reactions were discussed
4. This process was repeated for each ad tested.

The ads tested were conceptually (main message) similar across all three locations: First Nations had identical scenarios in each language (mother/son) while the Inuit had a different scenario featuring a couple. However the execution and actors were different for each target

audience/language. On the Betsiamites Reserve, the ads were tested in French only. In Kenora the test occurred in English. In Baker Lake the test and main discussion revolved around English language version of the ads, however, participants in this location were also asked to comment on an Inuktitut translation of the creative.

Please see the appendices section of this report for printed scripts of the tested TV and radio ads.

First Nations – English

The ads tested in Kenora, Ontario with First Nations on-reserve residents were entitled:

- The Pact
- Nic Fit

For each approach (title) a television and a radio version were tested in the sessions. The television ads were tested first in both sessions (The Pact first with females, Nic Fit with males) followed by the radio spots in the same order.

Television Ads

Overall, the television ads were well received by this audience. Both The Pact and Nic Fit were understandable with main message coming through clearly. At the conclusion of the discussion on both ads there was a general view that the ads would get them to at least think about quitting smoking.

For The Pact the main message came through as showing a way and a reason to quit smoking. In addition, several people commented on having the information at the end of the ad—support services—as an important part of the ad's message.

Both ads generated positive reactions from participants in terms of portraying recognizable, "*realistic*" situations.

Several people, most often males, acknowledged the agreement or *"bet"* portrayed in The Pact was fairly common and they could see themselves doing something similar with a friend in future. In addition, the idea of quitting smoking to set an example for a young child was a circumstance that appeared to relate well to many individuals—"*The fact that he was quitting for his child makes me think, I no longer smoke inside because of my son."*

The Nic Fit ad also generated several comments that it depicted realistic situations. The idea of 'nic fits' was not an uncommon one for participants, particularly females. Another part of the ad that generated positive reactions was the line from the ad "I was talking to Anita and could hear her smoking down that phone." Many people said they could relate to that scenario. Another line that was referenced several times as being very believable was "I know, it sure is hard when you are trying to quit and everyone around you smokes."

The English First Nations TV ads were viewed positively from an execution and acting standpoint. The characters and the situations they portrayed seemed credible. There were many positive comments in both sessions about seeing First Nations characters in these ads.

In both ads, a few participants identified specific points that they felt were providing them some new information. In The Pact this was the fact that "6 out of 10 First Nation people smoke." In Nic Fit the new information most noted by participants was "...it's also true that as quickly as two days after quitting, your risk [for heart attack and stroke] starts to decrease."

There were a few concerns expressed about the television ads. In both sessions it was noted by several individuals that neither of these ads were particularly eye-catching or attention grabbing. A few participants said that you really had to listen to the ads to get the main message. They were not seen as very visual.

Specific to The Pact TV ad a number of people commented that the female character seemed "too willing" to quit smoking with her son—"*It's not that easy in real life.*". In the Nic Fit spot several males found the female character's callisthenics or "*dancing*" to be a bit "*corny*" or "*cheesy*". Female participants, however, found that part of the ad to inject some humour and also was somewhat attention grabbing.

The concluding portion of the ad—the First Nation doctor providing the wrap-up dialogue—was received well in both sessions. Evan Adams was seen as a successful First Nations person. Again, similar to an earlier point, many individuals noted that it was good to see a successful First Nation individual used in this kind of advertising.

In both groups there was a noticeable amount of discussion among participants initially as to where they had seen the doctor before. It was only when in The Pact ad dialogue the doctor identified himself as an actor as well as a doctor that there were many collective "*ahhaas*" around the table. A couple of female participants commented that they felt the overt identification as an actor was not necessary and for them it distracted them somewhat from the main medical message of the ad. Male participants had the same reaction as the female participants in terms of knowing they knew the doctor from somewhere, but not quite sure.

Providing both a 1-800 phone number along with a web address was viewed as a good approach for allowing for follow-up requests. The Internet, with the study participants in these sessions, was a common tool for searching out information.

Radio Ads

In the Kenora sessions the radio spots were tested after the television ads. The radio ads were very similar in terms of message and context as the TV ads (see appendix for scripts) therefore the summary below includes findings unique to the radio ad discussion.

Overall, the main message of the ads came through in a similar fashion as with the TV versions.

Participants quickly identified the similar or thematic approach of having two different delivery approaches of the same concept (TV and Radio). Individuals said this was a good idea as it probably would reach a broader audience. In addition, several participants commented that after seeing the TV ad, the radio ad might catch their attention easier having a visual already in mind to go along with the radio version.

The Pact ad was the stronger of the two radio ads. In both groups the message was noted by individuals as being even clearer and more direct than on the TV version—*"Voices were clear. It was until the second time watching on TV that I heard him say 'mom', but it was very clear on*

radio." To a few participants, this radio ad seemed shorter and more to the point than the TV version. This was good according to participants.

The Nic Fit radio version was not as well received in terms of clarity. The female character's portrayal of callisthenics did not translate well from the TV version to radio.

- *It doesn't make sense when she starts breathing heavy, it seems like she is getting bad news. I thought she was crying.*
- *It sounded funny... she was breathing hard...who knows what she was doing. I was laughing at her.*
- *The main message did not come across as clear because I was trying to figure what the woman was doing. I was trying to remember from the TV.*

At the end of the radio version the contact coordinates for additional information was read out as opposed to be shown on screen. Most participants commented that they clearly heard the contact numbers and web address. Several people noted that it might be a good thing to read them out on TV as well—*"Not everyone always watches the commercial on TV to the end so reading the information still gets it out there."*

First Nations – French

The ads tested in the Baie-Comeau, Québec area with First Nations on-reserve residents were entitled:

- Le Pacte [The Pact]
- Rage de Nicotine [Nic Fit]

For each approach (title) a television and a radio version were tested in the sessions. The females participants listened and commented on the radio versions of the materials first (The Pact first). The males began with the television ads (The Pact first).

Television Ads

As found with the English versions of these ads, the French language ads, Le Pacte and Rage de Nicotine, both did a good job in communicating their main message and intent.

For Le Pacte, aside from quitting smoking, participants said the main idea of this ad was to give a "*be a good example for a child* ", to throw your cigarette pack away and to help each other. In addition, several people in the sessions noted that the identification of places where to find help/assistance (including the Web site) was an important part of the ad.

Similarly, apart from the main point of quitting smoking, participants felt the Rage de Nicotine ad communicated the need to find other things or occupations to take your mind off the desire for a cigarette, such as, physical exercise to take their "mind" away from wanting to smoke. A few people also said that physical exercise or being around people who don't smoke can help them quit. This related to the line in the ad referring to how hard it is to quit smoking when everyone around smokes. Some participants also mentioned the importance of information telling people about being more at risk of having a heart attack if one smoked.

Participants noted both TV ads were easy to understand and follow. In addition, the situations depicted came across to individuals as familiar ones which they could relate to. Many individuals noted that the situation in Le Pacte was a good one—the fact a son is helping his mother and a grandmother doing something because she is a new "grandma".

As noted earlier in the discussion of the Kenora participant reactions, in the Baie-Comeau sessions there were numerous positive comments about having First Nations actors in the ads. This was particularly the case in the males group.

The elements of Le Pacte which were most often cited by individuals as being most memorable was the attempted exchange of a cigarette between mother and son and the act of the mother throwing the pack of cigarettes into the pail. For Rage de Nicotine the woman exercising was noted as being the most memorable part of that ad. In addition, there were several comments associated with Rage de Nicotine that various props in the ad (telephone, table and chair) stood out starkly against the white back-drop. The white back-drop raised a number of comments which are discussed in greater detail below.

The information regarding assistance specifically for quitting smoking was considered by many participants as new and useful information. Some individuals said it was good to know that it was there even if you did not necessarily contact or need to contact. Other people thought they may investigate further—contact the web address. In the Rage de Nicotine ad the comment regarding lessening one's chance of a heart attack after quitting smoking for two days generated some positive reaction from participants as being new and important information to know.

With the above findings noted, there were some very strong concerns expressed by participants regarding the execution of the French language television ads. These concerns can be broadly grouped into these areas:

1. Choice of actors
2. Quality of acting
3. Setting/Back-drop

One of the primary characters in both ads was played by a locally know individual. Josephine Bacon was recognized by the majority of participants in both groups as a narrator. This person was from the local reserve (the same reserve study participants were from). One participant even said she is related to his family.

Individuals were aware that she is a narrator. Many participants said her accent was annoying and even irritating to them. A majority of participants in both groups strongly disliked the way she talks in Le Pacte ad--"*her voice is hesitating and she is not convincing*".

Impressions of Ms. Bacon did not improve when viewing the other TV ad—Rage de Nicotine. Many people said they cannot imagine Josephine Bacon in this type of situation. A good number of individuals felt she was playing in a comedy and not credible in this role. A few participants in the female group felt the commercial should feature somebody they don't know.

Apart from specific concerns regarding the choice of one of the main actors, there were criticisms raised regarding the general quality of the acting. Participants commented during the discussion for both ads that acting was not of a very good calibre in their opinion. The conversation did not come across as natural and something that would normally occur between

a mother and son. As noted earlier the situations depicted in the ads were credible, but the way they were brought to life was not.

A final concern expressed about TV ads was the usage of an all-white back-drop. Unlike the reaction in other locations, both these groups found the all-white back-drop to be a problem. One comment was that—*"having no background scenery focussed attention on the acting, which was bad."* With Le Pacte the white back-drop raised some negative comments. It was viewed as too simple. A number of participants said they would like a kitchen or other room that would look like their own home in order to be able to relate more to the story. Other people in the sessions suggested that the ad should take place in the forest because this is perceived to be a universal type of location for all First Nations and Inuit people.

The doctor's message and the way it was delivered was felt to be both important and credible. The only drawback or negative comment related to the mention of the Huron Wendat Nation as it is described as not representative of "real" First Nations as it is more assimilated or urban than the others. The doctor's examination room setting was felt to reinforce the doctor's message credibility and described as contrasting the white backdrop used in the initial part of the message.

Radio Ads

With the radio ads the message was clearly perceived to be that smoking is bad for the health and that one should try to quit smoking. In addition, Le Pacte ad communicated a message that smoking is dangerous for children and that quitting could set a good example to them. A few people noted that Le Pacte left them with the impression of how smoking is perpetuated from one generation to the next.

Rage de Nicotine, for many participants, communicated the message that—*"it is difficult to stop smoking, but it is possible to succeed."* In addition, as noted above in reference to the TV version, the reference to reducing heart attack risk after quitting smoking for two days was noticed by a number of participants.

Both radio ads were viewed as being consistent with their television counterparts. Also, similar to the TV commercials, the radio spots were easy to understand and follow.

A few particular positive reactions from individuals unique to the radio ads were comments associated with the background music. There were several comments that people noticed and liked the music at the end of the radio ads.

Another positive reaction which came from the male participants who were exposed to the TV ads prior to listening to the radio ads was that lack of a visual made it easier to concentrate on the man message of the ad--*"il est préférable de ne rien voir plutôt que d'avoir le décor qu'il y avait dans l'autre annonce".* As noted above, the white back-drop used in the TV ads generated some concerns. It is interesting, however, that many females, who tested the radio ads first, spontaneously commented that they would have preferred a TV version of the commercial—*"We aboriginals are visual, we like to see images. It helps us understand."*

Other concerns expressed about the radio ads related to similar issues raised earlier in this report with the television creative. The execution of the radio ads—the reading—was not perceived to be done in a natural, conversational manner. Females in particular, felt this was the case when it came to Le Pacte. They mentioned it seemed more like a "sketch" rather than a

real slice of a life situation--*"On dirait que c'est pas vrai"... "On dirait qu'ils font ça parce qu'on leur a demandé de le faire. Si quelqu'un vivait ça, ce serait différent."* Both radio ads, however, were criticized as not sounding natural which ultimately affected their overall impact and credibility.

Individuals noted the tone used when reading the message was not credible—*"on dirait qu'ils ont appris le texte par coeur, qu'ils l'ont étudié pour savoir le réciter.* " Male participants had already addressed this issue when viewing the TV commercials prior to listening to the radio commercials.

A few people, notably males, expressed the concern that Le Pacte radio ad was read too fast. Particularly at the end of the ad when the contact numbers for additional information were read out to the listener.

Inuit

The same format was followed in the Baker Lake sessions as with the two other locations. Two TV ads and two radio ads were tested with two groups of participants. In addition, however, after each the English language ads were discussed a version of the ad conducted in Inuktitut was shown and discussed with the group. The main goal of this discussion was to determine if the there were any differences in interpretation with the Inuktitut version compared to the English version already discussed.

The ads tested were entitled:

1. The List
2. Bronchitis

The female group began with the TV ads (The List first). The males group began with the radio ads (Bronchitis first). (See appendix for scripts)

<u>Television Ads</u>

Both television ads were conceptually understood by participants. The main message which came through clearly related to quitting smoking. In addition, there was a prevailing view from many participants that there was a sense of one individual helping another individual with a difficult challenge

The situations depicted in both TV ads were recognized by most individuals as being identifiable to their own circumstances to a degree. Some specific points which were noted as being particularly relevant to their situation were:

The List

- Hard to quit when everyone around you puffs
- You have to find other things to keep busy
- The idea of making a list of things to do

Bronchitis

- Coffee and cigarettes going together
- Concern about not being able to hunt

- Tubes up one's nose and an oxygen tank

The ads' main characters were generally well received by participants. They were believable and did a good job portraying their various situations—the male character out of breath, the female character expressing empathy with her friends plight. As one individual noted, *"looks like normal folks, especially the man trying to quit smoking."*

Participants in both sessions did not identify any new pieces of information that they recalled the ads communicating. A few people noted the contact information at the end of the ad to get help quitting smoking as something they were not aware of.

The concluding segment in the TV ads with the doctor from Inuvik received mixed reactions. There were many positive comments about having an "Inuk doctor" in the ad—*"nice to see"*. People generally found the message she was delivering credible. There were a few concerns, however, regarding the setting around the doctor. Several people, particularly males, suggested the doctor should be situated in a more clinical setting—*"Doctor should be in a different area, not in an office. Not just sitting down and seem to be showing off her office and books."* Several females suggested that, while the doctor was OK, maybe more recognizable characters could be used as well, such as Elders or even a well-known provincial MLA. Most in this group thought that this type of individual could also credibly deliver a 'quit smoking' message.

In terms of concerns regarding the television ads there were no specific issues with the ads themselves or how they were depicted. One person mentioned that the white back-drop was *"kind of boring and maybe could be in someone's kitchen",* but for the most part people were comfortable with the way the TV ads were.

The concerns expressed in these sessions were more of a broader nature. One such concern was a general view in both sessions that, while the messages in these ads were fine, harder, more graphic messages about the dangers and consequences of smoking were needed. Several individuals mentioned the second hand smoke commercials and the woman who died from lung cancer, but never smoked (Heather Crowe). Many participants, particularly females, used the word "scary" in terms of describing what was needed.

- *Why don't they put ads or make ads like this kind a lot "scarier" e.g. TV ads with actual people with holes in their throats*
- *I've seen parent suffer and it's scary and especially when your child tells you to quit and explains what can happen is scary*
- *Scarier ads would make more people want to quit smoking – these kinds of ads do not have as big an impact on anyone*

The above concern had the effect of muting the reaction somewhat to these ads. The general view was they were not bad ads, but may not be powerful enough to really capture anyone's attention. There was a view this was definitely a worthwhile message to get out, but many people suggested incorporating a more direct and harder approach to deliver it. This said, there were also individuals in both sessions who related strongly with some of the messaging in the two ads to the point where they admitted it has got them thinking about quitting.

Radio Ads

The two radio ads elicited a similar reaction in terms of main messages as their television counterparts. The quitting smoking message theme was identified clearly. The radio ads were understandable for people.

The male group, which tested the radio ads before the television ads, did not raise any strong concerns about the either ad in terms of message or comprehension. As was the case with the TV ad Bronchitis, several males identified the comments about 'hunting' and 'having tubes up one's nose'. The same was the case for The List ad where several people picked up on the line that it is difficult to quit smoking when others around you are smoking.

A few people commented on the music accompanying the radio ad (not raised during the discussion of the television ads). They suggested "throat singing" or "drumming" might be more attention catching. Overall, there were no strong views one way or the other regarding the background music.

One of the radio ads, Bronchitis, was recorded primarily in English, but incorporated, at different times throughout the ad, Inuktitut phrases. A few people found this hard to follow. Most individuals, however, said this was a more normal and familiar way of speaking. Many participants commented (and in fact conducted themselves in the sessions) that they often move back and forth between English and Inuktitut.

Several participants did express some concerns regarding the male character on The List radio spot. This was the only 'execution' related concern expressed regarding the ads. There were several comments in both sessions that they found the male character's read during The List ad sounded forced—*"doesn't sound like conversation. Sounds more like he is acting."*

The majority of participants in both groups preferred the television ads over radio. The ads were perceived to be more interesting visually.

Inuktitut Dialect Issues

One significant issue that arose during the discussion over both the TV and radio ads related to the Inuktitut version of the material—specifically, the dialects used for the translation of the ads.

Immediately upon playing the first translated Inuktitut ad—TV or radio—many participants raised concerns regarding the language. The level of concern ranged from not being too familiar with some of the words to not being able to follow at all. Below are some examples of participant reactions:

- *Cannot understand Inuktitut version, too fast, mumbling words.*
- *Cannot understand it at all.*
- *Dialect is too fast, cannot really understand.*
- *Mumbling.*
- *Few words are not in our dialect.*
- *Seems not right because of the words we don't understand.*

The dialect issue can be broken into two areas. The first was a concern over the dialects chosen to record the ads. From the group discussion it was apparent that the versions of

Inuktitut used to tape the communication material was not a common one in the Baker Lake area—*"Why only Western Arctic dialect and Baffin dialect so we can understand, why not include Kivalliq dialect so that we can understand?"*

From the discussion in both groups it appeared there were three relatively unique dialects of Inuktitut: Eastern Arctic (or Baffin), Western Arctic (or High Arctic) and Central Arctic (Kivalliq). Most participants indicated they were able to follow the ads, but, based on reactions it was not easy or comfortable doing so—*"If made in a region, i.e. Kivalliq region, it'd be easier to relate to, easier to understand."* It should also be remembered that the ads had already been thoroughly discussed in English so it is difficult to truly evaluate the participant comprehension levels when it came to the Inuktitut versions.

A second dialect issue related to the ads was the usage of two different dialects, in this case, Baffin and Western Arctic, in the same ad. This also contributed to confusion among participants:

- *Different dialects, stick to one dialect.*
- *Actors and Doctor and Message have different dialects – threw me off.*
- *Can understand the ad but should keep it consistent.*
- *Beginning: Baffin area, Dr. from Western Arctic, Last piece from High Arctic.*
- *Dialect? Too many dialects, can't really understand them. Can't even understand the last one.*

A final point regarding the Inuktitut versions of the ad relate to the voice over approach used with the doctor monologue at the end of each ad. The doctor's monologue begins with the doctor introducing herself in her voice then switches into a woman's voice speaking in Inuktitut.

It is difficult to isolate precisely the concern with this section. The switch from the doctor's voice to another woman's voice definitely surprised participants when it was first heard. However, it should be noted that voice-over dialect was different from the version used in the main body of the ad, which may have contributed to this participant reaction.

A number of individuals expressed some concern that the doctor who identified herself as an "Inuk doctor" could not speak the language. There was a view that it would be preferable to avoid the voice-over approach and, as already noted above, be consistent in the use of the same Inuktitut dialect throughout the ad.

The notion was put forward whether it would have been better to not provide a voice-over translation of the doctor's monologue, but rather just have her speak in English. This was not well received as it was believed by several participants that it should be possible to find someone to have at the end of the ad who could speak Inuktitut.

A Combined Television & Radio Ad Campaign

Participants reacted positively to the idea of combining the television ads with the radio spots in terms of an overall campaign approach. The most frequent reaction across all groups was that having the same message coming through TV and radio could not hurt—*"some people do not listen to both."* In addition, there was also a fairly strong view (and finding, depending on the order the material was tested) that radio ads were made more effective after seeing the visuals from its twin TV ad.

Sponsorship Thoughts

At the conclusion of testing the television ads participants were asked their views regarding the sponsorship of the ads. The TV ads concluded with the Government of Canada logo. Most individuals in the sessions remembered seeing this logo and determined the sponsor of the commercial to be the Government of Canada.

Participants in the First Nations sessions—Kenora and Baie-Comeau—felt that while it was not a big issue, it would be more appropriate if Health Canada was the sponsor of the advertising as opposed to the Government of Canada. The prevailing view was that it was a health related topic so it made sense to have Health Canada associated. In Baie-Comeau, several individuals raised the point that the Government of Canada collects taxes from cigarette sales so it seemed contradictory that they also be sponsoring ads promoting quitting. These individuals felt that, even though Health Canada was an arm of the Government of Canada it still looked better if they were the sponsor.

In Baker Lake the view on the advertising sponsorship was not as clear. The comments raised in both sessions tended to portray a more negative or 'edgier' view of the Government of Canada generally and Health Canada specifically. There were several suggestions that the Government of Nunavut be involved, even as a co-sponsor.

Print Material

Toward the end of the sessions draft print pieces (with headlines, but without body copy) were circulated to participants for comment. The materials were presented to individuals as possible examples of newspaper ad copy or perhaps even a poster.

Participants in all three locations recognized the thematic connection of the print material with the electronic creative previously tested. There was support in the groups for including a print approach to communicating this message. Posters in particular, were mentioned as being an important (and common) alternative approach to get information like this out to people in their respective community.

Specifically, participants in the groups tended to prefer the print copy that more directly identified the subject matter in the title:

Thinking About Quitting – First Nations English
C'est le Temps d'Arrêter – First Nations French
Quitting Time - Inuit

In the English First Nations groups a few individuals commented that they did not like the Nic Fit visual. The comments were that the son appeared to be "*sneering*" or "*making fun*" of his mother as opposed to being supportive.

In the French First Nations group there were a few comments regarding the visual with Rage de Nicotine not clearly supporting the intended message of the print ad. Most participants said the picture could represent a number of different situations instead of focussing on cigarette cessation.

Next Phase Ideas

At the conclusion of each session participants were asked to describe the main barrier that they feel would be hardest to overcome in order to try to quit smoking. The purpose of this section of the discussion was to provide some ideas for possible new ads in the future.

In all locations, two broad themes were mentioned numerous times by individuals. These were:

1. To manage stress
2. Smoking is an integral or natural part of a routine

Participants mentioned always having a smoke with their coffee or when having a beer (or several beers). There were also comments about the routine of enjoying a cigarette after meals. Smoking as a stress or anger 'manager' was also a frequent mention. Males often said smoking helped control their temper while women tended to mention concerns about experiencing increased stress levels as a barrier to quitting.

A compilation of actual comments provided by participants is provided below:

- *For myself, I really believe it releases stress, it probably doesn't but I believe it does.*
- *It's just a habit, mornings going to work.*
- *Stress reliever, I know I could go without smoking for a couple days but then I get mad or frustrated, I find when I do have a cigarette I tend to relax a little.*
- *After a hard day, you just have a cigarette.*
- *It makes it easier to relax.*
- *It's my quiet time, I get out of the house and I get away from the kids, my kids know it's my time and I don't want them around when I am smoking.*
- *Everyday tasks.*
- *Seeing people smoking or smelling smoke.*
- *My family, everyone smokes in the house, it's pretty hard to quit.*
- *The craving.*
- *I need it all the time, feels good to smoke.*
- *When you are frustrated or if you have something on your mind.*
- *It would be way easier if your household tried to quit.*
- *Defensive reaction, it's my life, it's up to me, natural instinct feeling.*
- *Stress.*
- *Hard to quit and it keeps you focused, concentration is lost when one hasn't had a cigarette in a while.*
- *Would just smoke more if told to quit smoking.*
- *My friends smoke, everyone around me smokes, it's gonna be hard to quit.*
- *Coffee break routine would be different.*
- *It'd be hard to get by with the cravings.*
- *I'd become unpleasant to be around – be grumpy.*
- *Addicted to coffee and cigarettes.*
- *I'd miss just being in the in-crowd.*
- *Hangs around smokers so it's hard.*
- *I'd probably end up dying with 2nd hand smoke with all my friends and family smoke.*
- *Addicted to it, makes me feel too good in my body.*
- *Stress from family and being around the house. Peer pressure.*

- *Mood Swings.*
- *Wife smokes. Can't quit if she doesn't.*
- *Socializing. If I didn't smoke I couldn't hang out with co-workers at coffee breaks.*
- *Habit. Addicted – even in middle of the night and my eyes are closed I still light up a cigarette.*
- *Part of every day routine, I have to smoke at work during my breaks.*
- *Kinda hard for me to quit. I've watched a lot of people smoking growing up.*

Males seem to feel they would have to change their daily routine and find this almost impossible while women tend to say they need to have something in their hands. In both groups, the fact they see people around them smoking seemed to dissuade participants from quitting.

APPENDICES

A) Recruitment Instrument

Hello, my name is _____. I'm calling from **Western Opinion Research**, a national opinion research firm. We're organizing a discussion group to explore current issues that affect different communities. **Focus Groups are in-depth, qualitative interviews involving a small number of people that are brought together to discuss a number of different topics.** About ten people like yourself will be taking part, all of them randomly recruited by telephone just like you. Health Canada is sponsoring this research.

Participation is voluntary and all your answers will be kept confidential and will be used for research purposes only. We are simply interested in hearing your opinions – no attempt will be made to sell you anything. The format is a "round table" discussion lead by a research professional. An audio tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed.

For their time, participants will receive a cash gift of $75.00. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I ask you a few questions?

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

1. Record sex (***Do not ask***)

Eligible for Group 1	**Female**	1
Eligible for Group 2	**Male**	2

2. Are you or any members of your household, employed in or retired from...(***Read List***)

		Yes	**No**
a.	Market research	1	2
b.	Advertising, marketing, public relations	1	2
c.	Media (e.g., print/radio/TV)	1	2
d.	Health profession (doctor, nurse, aides, etc.)	1	2
e.	Government (at the political level e.g. assistant to a MP, or member of the cabinet, political consultant, or anyone who is part of the political decision making process. People who work as civil servants in departments other than Health Canada are eligible.	1	2

IF YES TO ANY, THANK & TERMINATE

3) Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	CONTINUE
No	2	**GO TO Q5**

4a) When was the last time you attended a group? _____

11) Would you be comfortable writing out answers to a questionnaire or reading a brochure or magazine?

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

(MUST BE ARTICULATE AND RESPONSIVE)

Bonjour/Bonsoir, je suis_____ d'Opinion-Impact, une compagnie nationale de recherche en marketing. Nous organisons présentement une discussion de groupe pour obtenir les opinions et réactions des gens au sujet de problématiques qui touchent vos communautés. Vous êtes totalement libre d'y participer ou non.

Nous n'essaierons pas de vous vendre quoique ce soit. Nous sommes strictement intéressés à connaître vos opinions. Il s'agit d'une table ronde ou discussion de groupe animée par un chercheur professionnel. Pour ces discussions, on invite seulement une dizaine de personnes comme vous qui viennent discuter de quelques sujets de façon plus approfondie. Les personnes sont choisies de façon aléatoire. Les commentaires et opinions émis durant la discussion demeurent strictement confidentiels. La discussion sera enregistrée sur bande audio strictement pour aider à la rédaction du rapport d'analyse, elles ne seront utilisées que par le chercheur professionnel et seront détruites lorsque le rapport sera complété. Les participants reçoivent un montant de **75,00$** en argent comptant pour les remercier d'avoir participé. Avant de vous inviter à participer, je dois cependant vous poser quelques questions pour m'assurer que nous obtiendrons une bonne répartition de tous les groupes qui composent notre société. Puis-je vous poser quelques questions?

Oui	**1**	**CONTINUEZ**
Non	**2**	**REMERCIEZ ET TERMINEZ**

Seriez-vous disponible le **20 juin à 17h30/19h30** pour participer à cette discussion de groupe? Cela prendra deux heures et vous recevrez la somme de **75$** pour vous remercier du temps que vous nous consacrerez.

Oui	**1**	**CONTINUEZ**
Non	**2**	**REMERCIEZ ET TERMINEZ**

1. Inscrire sexe (***NE PAS DEMANDER)***

Éligible Groupe 1	Femme	1
Éligible Groupe 2	Homme	2

2. Est-ce que vous-même ou un autre membre de votre famille travaille présentement ou a déjà travaillé dans les domaines....**(LIRE LISTE)**

		Oui	Non
a.	de la recherche en marketing	1	2
b.	de la publicité, du marketing ou des relations publiques	1	2
c.	des media comme imprimé, radio ou télévision	1	2
d.	des soins de la santé comme		

7. Dans laquelle des catégories d'âge suivantes, dois-je vous inscrire? **(LIRE LISTE, ASSURER UNE BONNE RÉPARTITION DES GROUPES D'ÂGE)**

a.	Moins de 18 ans	1	Remerciez et Terminez
b.	De 18 – 23 ans	2	Assurez une bonne répartition
c.	De 24 - 33 ans	3	
d.	De 34 - 43 ans	4	
e.	De 44 – 53 ans	5	Remerciez et Terminez
f.	54 ans et plus	6	**Remerciez etTerminez**

8. Fumez-vous la cigarette ***(LIRE LISTE)***

	Régulièrement	1
	Occasionnellement	2
REMERCIER & TERMINER	Non fumeur	3

9. Depuis combien d'années fumez-vous?

_____
NOMBRE D'ANNÉES

10. Est-ce que vous :

	Envisagez la possibilité d'arrêter de fumer	1
	Êtes présentement dans le processus d'arrêter	2
REMERCIER ET TERMINER	N'avez pas l'intention d'arrêter de fumer	3

Introduction, Guidelines & Warm-Up (10 min)

- *Introduce the moderator*

- *Introduce assignment and role of the focus group*
  - Health Canada is the sponsor of these focus groups
  - Talk about a project Health Canada has for an advertising campaign
  - We will look at some materials and get your reactions.
  - Only talking with a few groups of First Nation/Inuit people across Canada, thus your observations and opinions are important.
- *Conduct of the discussion*
  - Not all at once, but do not need to wait for me to call on you
  - Respect
  - No right or wrong answers.
  - Want to get individual thoughts and opinions—we're not looking for a consensus. Encourage individual group members to participate.
- *Audio recording and presence of observers.*
  - Assure participants we are not selling anything; this meeting is strictly for research purposes.
  - Colleagues observing via close circuit in the next room (in room)
  - I have a note-taker helping me as I won't take any notes
  - Confirm that individual responses will be kept confidential. The purpose is not to report on individuals, but instead to get a better understanding of the needs across different types of Canadians.
- *Roundtable Intros*

What I'd like you to do is go around the room and introduce yourself, first name is fine, and tell me what keeps you busy these days—work, family, hobbies.

PLAY TV/RADIO AD #1 TWICE (10 MIN)

EXPLAIN THE PROCEDURE FOR TESTING CREATIVE

We will be showing you some advertising that Health Canada is thinking about using for its tobacco cessation advertising campaign in your local area. We are going to view and discuss the ads one at a time. Before I play each one I am going to hand around a one page sheet. It has a couple of questions I want you to fill out after you have viewed the ad. There are only a few questions just to help you think about the ads, nothing complicated. There is nothing to write just a few things to circle.

I have 2 TV ads for you to watch and 2 radio ads for you to listen to.

[SEE ROTATION GRID FOR TESTING ORDER]
Explain rating sheet. Play commercial twice.

Allow couple of minutes to complete rating sheet 1 to 10 scale set up so just circle a number

Practice: How is the temperature today?

a. Easy to understand vs. Hard to understand

This could happen to people in my community or (Reserve)

b. Something that could happen to people I know in my community/on the reserve vs. I don't know anybody who could be in this story

They speak and act in a normal way

c. The way they speak and act in the story is normal vs. The way they speak and act in the story is strange/weird

It tells me things I did not know or think of

d. The story tells me things I did not know or had not thought of before vs. The story repeats things I already know

e. It really helps me think I could probably try to quit (again) vs. It does not change anything for me in terms of trying to quit

PLAY AD ONE MORE TIME

AFTER VIEWING/LISTENING TO ADS

INTRODUCE SECOND SET OF ADS (TV OR RADIO DEPENDING ON ROTATION) (10 min)

Moderator – Repeat instructions as necessary. Hand-out rating sheet

a. Easy to understand *vs.* Hard to understand

b. Something that could happen to people I know in my community/on the reserve *vs.* I don't know anybody who could be in this story

c. The way they speak and act in the story is normal *vs.* The way they speak and act in the story is strange/weird

d. The story tells me things I did not know or had not thought of before *vs.* The story repeats things I already know

e. It really helps me think I could probably try to quit (again) *vs.* It does not change anything for me in terms of trying to quit

PLAY AD A THIRD TIME THAN DISCUSS

16. To start, what is the main idea or message you get from this advertisement? What else is it telling you?
17. Is this ad easy to understand? [REFER TO RATING SHEET] Show of hands who rated less than 5?
18. What parts of the commercial are the most memorable? And what other parts stand out?
19. What did you like about the commercial?
20. And what did you dislike about it?
21. **[IF RADIO]** Do you listen to the radio? Do you think the radio is a good place to have this kind of advertising?

Moderator probe using rating questions from questionnaire.

22. Do you recognize yourself in the ad? How about others in your community or your community in general? Why or why not?
23. Is the ad realistic? Does it seem real to you and believable? What is believable or not in the ad to you?
24. What new information did you learn in the ad? Anything else?
25. Did watching the ad get you thinking about maybe trying to quit (again)? Why or why not? What part of the ad was most effective? Least effective?

PRINT MATERIAL (5 min)

Moderator hand-out print piece. Explain that it is draft only and interested in comments relating to the look and lay-out of the page not the content. Allow few minutes to review.

31. What do you think? What is the main message from what you can tell?

32. Is this material easy to understand?

33. What parts of the hand-out are the most memorable or stand-out for you? And what other parts stand out?

PHASE II – NEXT STEPS (10 min)

We are just about done our discussion. I have a few questions on what Health Canada might do as a follow-up to this advertising you have just reviewed.

34. If what we just discussed was the beginning of a series of commercials what would else should Health Canada say and show in the future commercials.

35. What other information or approaches would you suggest Health Canada look at in terms of helping people to quit smoking? We have seen a couple of approaches in these ads, but what else might Health Canada say to get this message out effectively to people in this community?

36. Can you think of other good ways to get the message out to people that there is help when it comes to trying to quit smoking?

37. Do you think TV and radio ads should be used again or is there another way to deliver this message to people like yourselves?

38. When you think about quitting smoking, what is the one, the main thing, holding you back?

WRAP-UP

Any last comments for me?

Is this a good idea for Health Canada to try to communicate on in your community—the idea that there is help for you if you want to quit smoking?

Thank you
Good night

Introduction et Consignes (10 min)

- *Présentation de l'animatrice*

- *Expliquer le mandat et le rôle des groupes de discussion*
  - Mandat de Santé Canada
  - Discuter d'un projet de campagne publicitaire de Santé Canada
  - Nous regarderons et parlerons ensemble du matériel pour obtenir vos impressions et réactions
  - On ne parle qu'à un petit nombre de groupes des Premières Nations et d'Inuit à travers le Canada donc vos commentaires et opinions sont très importants.
- *Revue du processus*
  - SVP ne pas parler tous en même temps, vous n'avez pas besoin d'attendre que je vous invite à parler
  - Respect
  - Pas de bonnes/mauvaises réponses.
  - Opinions individuelles, nous ne recherchons pas de consensus. C'est important d'avoir l'opinion de chacun.
- *Enregistrement audio et observateurs* .
  - Nous ne vendons strictement rien: notre métier consiste simplement à recueillir l'opinion des gens.
  - Observatrice: son rôle consiste à rapporter l'information aux personnes concernées à Santé Canada.
  - Confidentialité: -prénoms durant la discussion, -pas de noms dans le rapport. L'objectif n'est pas de rapporter les propos de chacun mais plutôt d'obtenir une meilleure compréhension des besoins des différents groupes de gens à travers le Canada.
- *Présentation des participants*

  -prénom

  -De quoi vous occupez-vous surtout ces temps-ci? (travail, famille, loisirs)

TEST DES ANNONCES (PREMIÈRE SÉRIE TV OU RADIO SELON LA ROTATION) (10 MIN)

Jouer l'annonce TV/Radio #1 deux fois

EXPLIQUER LE PROCESSUS

Nous allons vous montrer des annonces que Santé Canada pense utiliser pour sa campagne pour cesser de fumer dans votre région. Nous allons regarder les annonces une à la fois. Avant de vous faire voir/entendre chaque annonce, je vais vous donner une feuille qui contient une couple de questions auxquelles je vais vous demander de répondre après que vous aurez vu/entendu l'annonce. Ce n'est pas compliqué, il y a juste quelques petites questions pour vous aider à penser à l'annonce. Il n'y a rien à écrire, il faut simplement encercler votre choix de réponse.

Nous avons deux annonces TV et 2 annonces radio à regarder et écouter ensemble.

[CONSULTER L'ORDRE DE ROTATION DANS LA GRILLE]
Expliquer la feuille d'évaluation. Faire jouer l'annonce 2 fois.

Accorder quelques minutes pour remplir la feuille d'évaluation en encerclant les réponses.

Session de pratique: Comment trouvez-vous la température aujourd'hui?

L'annonce est facile à comprendre.

a. Facile à comprendre *vs.* Difficile à comprendre

Ceci pourrait arriver à des gens de ma réserve.

b. Quelque chose qui pourrait arriver à des gens que vous connaissez sur la réserve vs je ne connais personne à qui ce genre d'histoire pourrait arriver.

Dans l'annonce, ils parlent et agissent de façon normale.

c. La façon dont ils parlent et ce qu'ils font dans l'histoire est normal vs la façon dont ils parlent et agissent dans l'histoire est étrange/bizarre.

L'annonce me dit des choses que je ne savais pas ou auxquelles je ne pensais pas.

d. L'histoire me dit des choses que je ne savais pas où auxquelles je n'avais pas pensé avant vs l'histoire répète des choses que je sais déjà.

L'annonce m'aide vraiment à penser que je pourrais probablement essayer d'arrêter de fumer (à nouveau).

e. Ça m'aide vraiment à penser que je pourrais probablement essayer d'arrêter (à nouveau) *vs.* Ça ne change rien pour moi pour ce qui est d'essayer d'arrêter de fumer.

des deux qui vous semble plus crédible ou qui convient mieux au sujet de cette annonce?

Et que pensez-vous de la possibilité d'inclure deux logos?

PRÉSENTER LA DEUXIÈME SÉRIE D'ANNONCES (TV OU RADIO SELON LA ROTATION) (10 min)

Animatrice – Répéter les instructions si nécessaire. Distribuer les feuilles d'évaluation.

L'annonce est facile à comprendre.

a. Facile à comprendre vs. Difficile à comprendre

Ceci pourrait arriver à des gens de ma réserve.

b. Quelque chose qui pourrait arriver à des gens que vous connaissez sur la réserve vs je ne connais personne à qui ce genre d'histoire pourrait arriver.

Dans l'annonce, ils parlent et agissent de façon normale.

c. La façon dont ils parlent et ce qu'ils font dans l'histoire est normal vs la façon dont ils parlent et agissent dans l'histoire est étrange/bizarre.

L'annonce me dit des choses que je ne savais pas ou auxquelles je ne pensais pas.

d. L'histoire me dit des choses que je ne savais pas où auxquelles je n'avais pas pensé avant vs l'histoire répète des choses que je sais déjà.

L'annonce m'aide vraiment à penser que je pourrais probablement essayer d'arrêter de fumer (à nouveau).

e. Ça m'aide vraiment à penser que je pourrais probablement essayer d'arrêter (à nouveau) *vs.* Ça ne change rien pour moi pour ce qui est d'essayer d'arrêter de fumer.

***FAIRE JOUER L'ANNONCE UNE TROISIÈME FOIS ***

APRÈS AVOIR VU/ENTENDU L'ANNONCE

54. Pour commencer, quelle est l'idée principale, le message que cette annonce vous communique? Qu'est-ce que ça vous dit d'autre?

55. Est-ce que cette annonce est facile à comprendre? [SE RÉFÉRER À LA FEUILLE D'ÉVALUATIONS] LEVER LA MAIN : Ceux qui ont donné des pouces vers le bas?

56. De quelles parties de l'annonce est-ce que vous vous souviendriez le plus? Qu'est-ce que vous diriez au sujet de cette annonce à quelqu'un qui ne l'a jamais vue?

57. Qu'est-ce que vous aimez dans cette annonce?

58. Et qu'est-ce que vous n'aimez pas?

67. Qu'est-ce que vous pensez du fait d'avoir un lien de ce genre entre une annonce TV et une annonce radio? Est-ce efficace d'après-vous? Pourquoi pensez-vous cela?

68. Pouvez-vous pensez à d'autres façons que Santé Canada pourrait employer pour élaborer ou construire davantage un thème ou sujet en utilisant d'autres formes d'information ou de publicité pour communiquer ce message à votre communauté?

MATÉRIEL IMPRIMÉ (5 min)

Distribuer les 2 annonces imprimées expliquer qu'il s'agit d'un brouillon et que nous sommes simplement intéressés à leurs commentaires au sujet de l'apparence et de la mise en page MAIS PAS du contenu. Allouer quelques minutes aux participants.

69. Que pensez-vous? D'après ce que vous pouvez en comprendre, quel est le message principal?

70. Est-ce que c'est facile à comprendre?

71. Quelles parties sont les plus mémorables ou ressortent le plus pour vous? Et quelles sont les autres parties qui ressortent?

PHASE II – PROCHAINES ÉTAPES (10 min)

On a presque fini notre discussion. J'ai maintenant quelques questions au sujet de ce que Santé Canada pourrait faire comme suivi ou comme suite aux annonces que nous venons de discuter.

72. Si ce que nous avons vu et discuté était le commencement d'une série d'annonces, qu'est-ce que Santé Canada devrait dire et montrer dans ses prochaines annonces?

73. Quelles autres informations ou façons de faire est-ce que Santé Canada devrait utiliser ou envisager pour aider les gens à arrêter de fumer? Nous avons vu quelques approches dans ces annonces, mais qu'est-ce que Santé Canada pourrait dire pour faire passer ce message de façon efficace aux gens de votre communauté?

74. À quels autres moyens pouvez-vous penser pour communiquer le message qu'il y a de l'aide disponible pour les gens qui veulent essayer d'arrêter de fumer?

75. Pensez-vous qu'on devrait se servir encore d'annonces à la télé et à la radio ou y a-t-il une autre façon de livrer ce message aux gens comme vous?

76. Lorsque vous pensez à arrêter de fumer, quelle est la principale chose, en fait LA CHOSE, qui vous retient?

CONCLUSION
Avez-vous d'autres commentaires à faire?
Est-ce une bonne idée que Santé Canada essaie de communiquer, dans votre communauté, le fait qu'il y a de l'aide pour vous si vous voulez arrêter de fumer?

Remercier les participants !

Feuille d'évaluation individuelle

Exercise # – Annonce:

Encerclez l'image avec le pouce en haut ou en bas qui représente le mieux votre opinion personnelle à propos de l'annonce que vous venez tout juste de voir ou d'entendre.

Comment trouvez-vous la température extérieure aujourd'hui?	
Cette annonce est facile à comprendre.	
Ceci pourrait arriver à des gens de ma réserve.	
Dans l'annonce, ils parlent et agissent de façon normale.	
L'annonce me dit des choses que je ne savais pas où auxquelles je ne pensais pas.	
L'annonce m'aide vraiment à penser que je pourrais probablement essayer d'arrêter de fumer (à nouveau).	

DEREK
Well, then uh… Let's quit together.

Derek looks at her for a moment.

Lorraine throws her pack in the nearby plastic pail.

LORRAINE
Good idea! You're on!

They do the First Nations handshake.

SFX: Music sting.

A room in a Health Centre.

Dr. Evan Adams wearing a stethoscope around his neck.

DR. ADAMS
It's a shocking fact that almost 6 out of 10 First Nations people smoke.
Hi, I'm Dr Evan Adams. I'm Coast Salish from the Sliammon First Nation. Some of you may know me as an actor but I'm also a doctor and I am here to remind you that quitting smoking is one of the best things you can do for your health. And there is help. For tips on how to quit visit your local Health Centre, log on to our website. Or call this toll free number.

Website www.gosmokefree.ca and toll-free number 1 800 622-6232

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

LORRAINE
You're on!

A room in a Health Centre.

DR. ADAMS
It's a shocking fact that almost 6 out of 10 First Nations people smoke.
Hi, I'm Doctor Evan Adams. I'm Coast Salish from the Sliammon First Nation.
Quitting smoking is one of the best things you can do for your health.
And there is help. To get tips on how to quit visit your local Health Centre, log on to gosmokefree.ca or call toll free 1 800 622-6232.

ANNOUNCER
A message from the Government of Canada.

SFX: Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you'd like information on kicking the addiction visit your health centre.

DEREK
You're gone a give yourself a heart attack, though.

LORRAINE She is already breathing easily
You couldn't be more wrong Derek. I'm preventing one.

Derek looks at her for a moment.

DEREK (UNCONVINCED)
Oh yeah?

LORRAINE
I found out at the health centre, as soon as you quit smoking you reduce the risk of a heart attack.

SFX: Music sting.

A room in a Health Centre.

DR. ADAMS
Smokers are at increase risk of heart attack and stroke but it's also true that as quickly as two days after quitting, your risk starts to decrease.

Hi, I'm Dr. Evan Adams. I'm Coast Salish from the Sliammon First Nation. If you'd like help to quit visit your local Health Centre, log on to our website. Or call this toll free number.

Website www.gosmokefree.ca and toll-free number 1 800 622-6232

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

Lorraine let's out a deep breath.

DEREK
You're gonna give yourself a heart attack, though.

LORRAINE (She is already breathing easily)
No Derek... I'm preventing one.

A room in a Health Centre.

DR. ADAMS
Smokers are at much higher risks for heart attack and stroke but as quickly as two days after you quit, your risks starts to decrease.

Hi, I'm Dr. Evan Adams. I'm Coast Salish from the Sliammon First Nation. If you'd like help to quit visit your local Health Centre, log on to gosmokefree.ca or call toll free 1 800 622-6232.

ANNOUNCER
A message from the Government of Canada.

SFX Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you'd like information on kicking the addiction visit your health centre.

MANON.
Maintenant, je suis grand-mère. Il faut que je donne l'exemple, moi aussi.

STÉPHANE
Aïe, si on arrêtait ensemble ?

Stéphane regarde sa mère un moment.

MANON
O.K. !

Manon jette son paquet dans le sceau à côté d'elle.

MANON
Bonne idée !

Ils se font une poignée de main typique aux Premières Nations.

Bruitage : Fondu musical à la fermeture.

Dans un Centre de santé.

Dr Christian Sioui est en clinique, il tourne vers le caméra.

Dr SIOUI
C'est effarant de constater que 6 membres des Premières Nations sur 10 sont des fumeurs. Bonjour, je suis le docteur Christian Sioui, de la Première Nation huronne-wendat. La meilleure des choses à faire afin de prendre soin de votre santé est de cesser de fumer. Pour obtenir des trucs, visitez votre centre de santé, consultez notre site web, ou composez le numéro d'appel sans frais.

Site web www.vivezsansfumee.ca et numéro d'appel sans frais 1 800 622-6232.

Logo du Gouvernement du Canada

ANNONCEUR
Un message du Gouvernement du Canada.

Fondu au noir

Puis…

Bruitage : Manon écrase sa cigarette avec son pied sur le gravier.

MANON :
Mmm… Bonne idée !

Dans un Centre de santé.

Dr SIOUI
Près de 6 membres des Premières Nations sur 10 sont des fumeurs.
Bonjour, je suis le Dr Christian Sioui, de la Première Nation huronne-wendat.
L'une des meilleures choses à faire afin de prendre soin de votre santé est de cesser de fumer.
Pour obtenir des trucs, visitez votre centre de santé, consultez le site vivezsansfumee.ca ou composez sans frais 1 800 622 6232.

ANNONCEUR
Un message du Gouvernement du Canada.

Bruitage : Fondu musical à la fermeture.

Fondu au noir

ANNONCE-ANNEXE – LANGUE AUTOCHTONE :
Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

STÉPHANE
Continue comme ça m'man, tu vas finir par faire une crise cardiaque.

MANON (QUI RESPIRE DÉJÀ NORMALEMENT)
C'est tout le contraire Stéphane. J'évite la crise cardiaque.

Stéphane regarde sa mère un moment.

STÉPHANE (SCEPTIQUE)
Ah ouais?

Puis…

MANON
Au centre de santé, j'ai découvert qu'aussitôt que t'arrête de fumer, les risques de crise cardiaque diminuent.

Bruitage : Fondu musical à la fermeture.

Dans un Centre de santé.

Dr SIOUI
Les fumeurs sont plus exposés aux accidents cardio-vasculaires tels les crises cardiaques, à peine deux jours après avoir cessé de fumer, les risques commencent déjà à diminuer.

Bonjour, je suis le docteur Christian Sioui, de la Première Nation huronne-wendat.
Si vous cherchez de l'aide pour arrêter de fumer, visitez votre centre de santé, consultez notre site web, ou composez le numéro sans frais.

Site web www.vivezsansfumee.ca et numéro d'appel sans frais 1 800 622-6232.

Logo du Gouvernement du Canada
ANNONCEUR
Un message du Gouvernement du Canada.

Fondu au noir

STÉPHANE
Par contre, tu vas finir par faire une crise cardiaque.

MANON (ELLE RESPIRE DÉJÀ NORMALEMENT)
Au contraire Stéphane. J'évite la crise cardiaque.

Dans un Centre de santé.

Dr SIOUI
Les fumeurs sont plus exposés aux accidents cardio-vasculaires tel les crises cardiaques. À peine deux jours après avoir cessé de fumer, les risques commencent déjà à diminuer.

Bonjour, je suis le docteur Christian Sioui, de la Première Nation huronne-wendat.
Si vous cherchez de l'aide pour arrêter de fumer, visitez votre centre de santé, consultez le site vivezsansfumee.ca ou composez sans frais 1 800 622-6232.

ANNONCEUR
Un message du Gouvernement du Canada.

Bruitage : Fondu musical à la fermeture.

Fondu au noir

ANNONCE-ANNEXE – LANGUE AUTOCHTONE :
Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

Like what?

Siila sits down beside him.

SIILA
Uuh, make a cup of tea.

PIITA
Mmmm, Mmmm.

SIILA
Let's make a list of things that you can do stick it on the fridge.

PIITA (AGREEING)
Mmmm, Mmmm. Maybe like making more hunting tools.

SIILA
Mmmm, Mmmm.

SFX: Music sting.

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw an Inuk from Inuvik. Quitting smoking may be one of the biggest challenges you'll ever face. Eight out of ten smokers have tried quitting more than once. I am here to remind you that quitting smoking may be the best thing you can do for your life.

If you'd like to quit, visit your local Health Centre, log on to our website or call this toll-free number.

Website www.gosmokefree.ca and toll-free number 1 800 622-6232

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

Like making more hunting tools.

SIILA
"Good idea." (in Inuktitut)

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw, an Inuk from Inuvik. Quitting smoking may be one of the biggest challenges you'll ever face but it's one of the best things you can do for your life.

For more tips on how to quit visit your local Health Centre, log on to gosmokefree.ca or call 1 800 622-6232.

ANNOUNCER
A message from the government of Canada.

SFX: Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you would like information on kicking the addiction visit your health centre.

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw an Inuk from Inuvik.

Like Piita, too many people wait until they have an incurable disease before they quit smoking. Why wait?

For support and ideas on how you can quit, visit your local Health Centre, log on to our website or call this toll-free number.

Website www.gosmokefree.ca and toll-free number 1 800 O CANADA (1 800 622-6232)

Canada wordmark

ANNOUNCER
A message from the Government of Canada.

Fade-out

PIITA
How would I hunt caribou like that?

SIILA
"Oh, yes!" (in Inuktitut)

Pause.

PIITA (MAKING AN EFFORT TO BRIGHTEN UP)
Hey, pass me those cards. I gotta learn to do something else with my hands.

SFX: She gathers up the cards.

A room in a Health Centre.

DOCTOR
Hi, I'm Dr. Cindy Orlaw, an Inuk from Inuvik.

Like Piita, too many people wait until they have an incurable disease before they quit smoking. Why wait?

Visit your local Health Centre for ideas on how you can quit, log on to gosmokefree.ca or call toll free at 1 800 622-6232.

ANNOUNCER
A message from the Government of Canada.

SFX: Music sting.

Fade out

ABORIGINAL LANGUAGE TAG:
If you'd like information on kicking the addiction visit your health centre.